CHORUS COMMUNITY HEALTH PLANS

Individual & Family Plan Master Code List

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
00100	Anesthesia for procedures on salivary glands, including biopsy	Pre-1990			NPA
00102	Anesthesia for procedures involving plastic repair of cleft lip	Pre-1990			NPA
00103	Anesthesia for reconstructive procedures of eyelid (eg, blepharoplasty, ptosis surgery)	1/1/1994			NPA
00104	Anesthesia for electroconvulsive therapy	Pre-1990			NPA
00120	Anesthesia for procedures on external, middle, and inner ear including biopsy; not otherwise specified	Pre-1990			NPA
00124	Anesthesia for procedures on external, middle, and inner ear including biopsy; otoscopy	Pre-1990			NPA
00126	Anesthesia for procedures on external, middle, and inner ear including biopsy; tympanotomy	Pre-1990			NPA
00140	Anesthesia for procedures on eye; not otherwise specified	Pre-1990			NPA
00142	Anesthesia for procedures on eye; lens surgery	Pre-1990			NPA
00144	Anesthesia for procedures on eye; corneal transplant	Pre-1990			NPA
00145	Anesthesia for procedures on eye; vitreoretinal surgery	Pre-1990			NPA
00147	Anesthesia for procedures on eye; iridectomy	1/1/1991			NPA
00148	Anesthesia for procedures on eye; ophthalmoscopy	Pre-1990			NPA
00160	Anesthesia for procedures on nose and accessory sinuses; not otherwise specified	Pre-1990			NPA
00162	Anesthesia for procedures on nose and accessory sinuses; radical surgery	Pre-1990			NPA
00164	Anesthesia for procedures on nose and accessory sinuses; biopsy, soft tissue	Pre-1990			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
00170	Anesthesia for intraoral procedures, including biopsy; not otherwise specified	Pre-1990			PA
00172	Anesthesia for intraoral procedures, including biopsy; repair of cleft palate	Pre-1990			NPA
00174	Anesthesia for intraoral procedures, including biopsy; excision of retropharyngeal tumor	Pre-1990			NPA
00176	Anesthesia for intraoral procedures, including biopsy; radical surgery	Pre-1990			NPA
00190	Anesthesia for procedures on facial bones or skull; not otherwise specified	Pre-1990			NPA
00192	Anesthesia for procedures on facial bones or skull; radical surgery (including prognathism)	Pre-1990			NPA
00210	Anesthesia for intracranial procedures; not otherwise specified	Pre-1990			NPA
00211	Anesthesia for intracranial procedures; craniotomy or craniectomy for evacuation of hematoma	1/1/2009			NPA
00212	Anesthesia for intracranial procedures; subdural taps	Pre-1990			NPA
00214	Anesthesia for intracranial procedures; burr holes, including ventriculography	Pre-1990			NPA
00215	Anesthesia for intracranial procedures; cranioplasty or elevation of depressed skull fracture, extradural (simple or compound)	Pre-1990			NPA
00216	Anesthesia for intracranial procedures; vascular procedures	Pre-1990			NPA
00218	Anesthesia for intracranial procedures; procedures in sitting position	Pre-1990			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
00220	Anesthesia for intracranial procedures; cerebrospinal fluid shunting procedures	**Pre-1990**			NPA
00222	Anesthesia for intracranial procedures; electrocoagulation of intracranial nerve	**Pre-1990**			NPA
00300	Anesthesia for all procedures on the integumentary system, muscles and nerves of head, neck, and posterior trunk, not otherwise specified	**Pre-1990**			NPA
00320	Anesthesia for all procedures on esophagus, thyroid, larynx, trachea and lymphatic system of neck; not otherwise specified, age 1 year or older	**Pre-1990**			NPA
00322	Anesthesia for all procedures on esophagus, thyroid, larynx, trachea and lymphatic system of neck; needle biopsy of thyroid	**Pre-1990**			NPA
00326	Anesthesia for all procedures on the larynx and trachea in children younger than 1 year of age	**1/1/2003**			NPA
00350	Anesthesia for procedures on major vessels of neck; not otherwise specified	**Pre-1990**			NPA
00352	Anesthesia for procedures on major vessels of neck; simple ligation	**Pre-1990**			NPA
00400	Anesthesia for procedures on the integumentary system on the extremities, anterior trunk and perineum; not otherwise specified	**Pre-1990**			NPA
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)	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
00404	Anesthesia for procedures on the integumentary system on the extremities, anterior trunk and perineum; radical or modified radical procedures on breast	**Pre-1990**			NPA
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	**Pre-1990**			NPA
00410	Anesthesia for procedures on the integumentary system on the extremities, anterior trunk and perineum; electrical conversion of arrhythmias	**Pre-1990**			NPA
00450	Anesthesia for procedures on clavicle and scapula; not otherwise specified	**Pre-1990**			NPA
00454	Anesthesia for procedures on clavicle and scapula; biopsy of clavicle	**Pre-1990**			NPA
00470	Anesthesia for partial rib resection; not otherwise specified	**Pre-1990**			NPA
00472	Anesthesia for partial rib resection; thoracoplasty (any type)	**Pre-1990**			NPA
00474	Anesthesia for partial rib resection; radical procedures (eg, pectus excavatum)	**Pre-1990**			NPA
00500	Anesthesia for all procedures on esophagus	**Pre-1990**			NPA
00520	Anesthesia for closed chest procedures; (including bronchoscopy) not otherwise specified	**Pre-1990**			NPA
00522	Anesthesia for closed chest procedures; needle biopsy of pleura	**Pre-1990**			NPA
00524	Anesthesia for closed chest procedures; pneumocentesis	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
00528	Anesthesia for closed chest procedures; mediastinoscopy and diagnostic thoracoscopy not utilizing 1 lung ventilation	Pre-1990			NPA
00529	Anesthesia for closed chest procedures; mediastinoscopy and diagnostic thoracoscopy utilizing 1 lung ventilation	1/1/2004			NPA
00530	Anesthesia for permanent transvenous pacemaker insertion	Pre-1990			NPA
00532	Anesthesia for access to central venous circulation	1/1/1992			NPA
00534	Anesthesia for transvenous insertion or replacement of pacing cardioverter-defibrillator	Pre-1990			NPA
00537	Anesthesia for cardiac electrophysiologic procedures including radiofrequency ablation	1/1/2001			NPA
00539	Anesthesia for tracheobronchial reconstruction	1/1/2003			NPA
00540	Anesthesia for thoracotomy procedures involving lungs, pleura, diaphragm, and mediastinum (including surgical thoracoscopy); not otherwise specified	Pre-1990			NPA
00541	Anesthesia for thoracotomy procedures involving lungs, pleura, diaphragm, and mediastinum (including surgical thoracoscopy); utilizing 1 lung ventilation	1/1/2003			NPA
00542	Anesthesia for thoracotomy procedures involving lungs, pleura, diaphragm, and mediastinum (including surgical thoracoscopy); decortication	Pre-1990			NPA
00546	Anesthesia for thoracotomy procedures involving lungs, pleura, diaphragm, and mediastinum (including surgical thoracoscopy); pulmonary resection with thoracoplasty	Pre-1990			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
00548	Anesthesia for thoracotomy procedures involving lungs, pleura, diaphragm, and mediastinum (including surgical thoracoscopy); intrathoracic procedures on the trachea and bronchi	**Pre-1990**			NPA
00550	Anesthesia for sternal debridement	**1/1/2001**			NPA
00560	Anesthesia for procedures on heart, pericardial sac, and great vessels of chest; without pump oxygenator	**Pre-1990**			NPA
00561	Anesthesia for procedures on heart, pericardial sac, and great vessels of chest; with pump oxygenator, younger than 1 year of age	**1/1/2005**			NPA
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	**Pre-1990**			NPA
00563	Anesthesia for procedures on heart, pericardial sac, and great vessels of chest; with pump oxygenator with hypothermic circulatory arrest	**1/1/2001**			NPA
00566	Anesthesia for direct coronary artery bypass grafting; without pump oxygenator	**1/1/2001**			NPA
00567	Anesthesia for direct coronary artery bypass grafting; with pump oxygenator	**1/1/2009**			NPA
00580	Anesthesia for heart transplant or heart/lung transplant	**Pre-1990**			NPA
00600	Anesthesia for procedures on cervical spine and cord; not otherwise specified	**Pre-1990**			NPA
00604	Anesthesia for procedures on cervical spine and cord; procedures with patient in the sitting position	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
00620	Anesthesia for procedures on thoracic spine and cord, not otherwise specified	Pre-1990			NPA
00625	Anesthesia for procedures on the thoracic spine and cord, via an anterior transthoracic approach; not utilizing 1 lung ventilation	1/1/2007			NPA
00626	Anesthesia for procedures on the thoracic spine and cord, via an anterior transthoracic approach; utilizing 1 lung ventilation	1/1/2007			NPA
00630	Anesthesia for procedures in lumbar region; not otherwise specified	Pre-1990			NPA
00632	Anesthesia for procedures in lumbar region; lumbar sympathectomy	Pre-1990			NPA
00635	Anesthesia for procedures in lumbar region; diagnostic or therapeutic lumbar puncture	1/1/2001			NPA
00640	Anesthesia for manipulation of the spine or for closed procedures on the cervical, thoracic or lumbar spine	1/1/2003			NPA
00670	Anesthesia for extensive spine and spinal cord procedures (eg, spinal instrumentation or vascular procedures)	Pre-1990			NPA
00700	Anesthesia for procedures on upper anterior abdominal wall; not otherwise specified	Pre-1990			NPA
00702	Anesthesia for procedures on upper anterior abdominal wall; percutaneous liver biopsy	Pre-1990			NPA
00730	Anesthesia for procedures on upper posterior abdominal wall	Pre-1990			NPA
00731	Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; not otherwise specified	1/1/2018			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
00732	Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; endoscopic retrograde cholangiopancreatography (ERCP)	**1/1/2018**			NPA
00750	Anesthesia for hernia repairs in upper abdomen; not otherwise specified	**Pre-1990**			NPA
00752	Anesthesia for hernia repairs in upper abdomen; lumbar and ventral (incisional) hernias and/or wound dehiscence	**Pre-1990**			NPA
00754	Anesthesia for hernia repairs in upper abdomen; omphalocele	**Pre-1990**			NPA
00756	Anesthesia for hernia repairs in upper abdomen; transabdominal repair of diaphragmatic hernia	**Pre-1990**			NPA
00770	Anesthesia for all procedures on major abdominal blood vessels	**Pre-1990**			NPA
00790	Anesthesia for intraperitoneal procedures in upper abdomen including laparoscopy; not otherwise specified	**Pre-1990**			NPA
00792	Anesthesia for intraperitoneal procedures in upper abdomen including laparoscopy; partial hepatectomy or management of liver hemorrhage (excluding liver biopsy)	**Pre-1990**			NPA
00794	Anesthesia for intraperitoneal procedures in upper abdomen including laparoscopy; pancreatectomy, partial or total (eg, Whipple procedure)	**Pre-1990**			NPA
00796	Anesthesia for intraperitoneal procedures in upper abdomen including laparoscopy; liver transplant (recipient)	**Pre-1990**			NPA
00797	Anesthesia for intraperitoneal procedures in upper abdomen including laparoscopy; gastric restrictive procedure for morbid obesity	**1/1/2002**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
00800	Anesthesia for procedures on lower anterior abdominal wall; not otherwise specified	**Pre-1990**			NPA
00802	Anesthesia for procedures on lower anterior abdominal wall; panniculectomy	**Pre-1990**			NPA
00811	Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; not otherwise specified	**1/1/2018**			NPA
00812	Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; screening colonoscopy	**1/1/2018**			NPA
00813	Anesthesia for combined upper and lower gastrointestinal endoscopic procedures, endoscope introduced both proximal to and distal to the duodenum	**1/1/2018**			NPA
00820	Anesthesia for procedures on lower posterior abdominal wall	**Pre-1990**			NPA
00830	Anesthesia for hernia repairs in lower abdomen; not otherwise specified	**Pre-1990**			NPA
00832	Anesthesia for hernia repairs in lower abdomen; ventral and incisional hernias	**Pre-1990**			NPA
00834	Anesthesia for hernia repairs in the lower abdomen not otherwise specified, younger than 1 year of age	**1/1/2003**			NPA
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	**1/1/2003**			NPA
00840	Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; not otherwise specified	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
00842	Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; amniocentesis	**Pre-1990**			NPA
00844	Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; abdominoperineal resection	**Pre-1990**			NPA
00846	Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; radical hysterectomy	**Pre-1990**			NPA
00848	Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; pelvic exenteration	**Pre-1990**			NPA
00851	Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; tubal ligation/transection	**1/1/2002**			NPA
00860	Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; not otherwise specified	**Pre-1990**			NPA
00862	Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; renal procedures, including upper one-third of ureter, or donor nephrectomy	**Pre-1990**			NPA
00864	Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; total cystectomy	**Pre-1990**			NPA
00865	Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; radical prostatectomy (suprapubic, retropubic)	**1/1/1996**			NPA
00866	Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; adrenalectomy	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
00868	Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; renal transplant (recipient)	**Pre-1990**			NPA
00870	Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; cystolithotomy	**Pre-1990**			NPA
00872	Anesthesia for lithotripsy, extracorporeal shock wave; with water bath	**Pre-1990**			NPA
00873	Anesthesia for lithotripsy, extracorporeal shock wave; without water bath	**1/1/1991**			NPA
00880	Anesthesia for procedures on major lower abdominal vessels; not otherwise specified	**Pre-1990**			NPA
00882	Anesthesia for procedures on major lower abdominal vessels; inferior vena cava ligation	**Pre-1990**			NPA
00902	Anesthesia for; anorectal procedure	**Pre-1990**			NPA
00904	Anesthesia for; radical perineal procedure	**Pre-1990**			NPA
00906	Anesthesia for; vulvectomy	**Pre-1990**			NPA
00908	Anesthesia for; perineal prostatectomy	**Pre-1990**			NPA
00910	Anesthesia for transurethral procedures (including urethrocystoscopy); not otherwise specified	**Pre-1990**			NPA
00912	Anesthesia for transurethral procedures (including urethrocystoscopy); transurethral resection of bladder tumor(s)	**Pre-1990**			NPA
00914	Anesthesia for transurethral procedures (including urethrocystoscopy); transurethral resection of prostate	**Pre-1990**			NPA
00916	Anesthesia for transurethral procedures (including urethrocystoscopy); post-transurethral resection bleeding	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
00918	Anesthesia for transurethral procedures (including urethrocystoscopy); with fragmentation, manipulation and/or removal of ureteral calculus	**1/1/1990**			NPA
00920	Anesthesia for procedures on male genitalia (including open urethral procedures); not otherwise specified	**Pre-1990**			NPA
00921	Anesthesia for procedures on male genitalia (including open urethral procedures); vasectomy, unilateral or bilateral	**1/1/2003**			NPA
00922	Anesthesia for procedures on male genitalia (including open urethral procedures); seminal vesicles	**Pre-1990**			NPA
00924	Anesthesia for procedures on male genitalia (including open urethral procedures); undescended testis, unilateral or bilateral	**Pre-1990**			NPA
00926	Anesthesia for procedures on male genitalia (including open urethral procedures); radical orchiectomy, inguinal	**Pre-1990**			NPA
00928	Anesthesia for procedures on male genitalia (including open urethral procedures); radical orchiectomy, abdominal	**Pre-1990**			NPA
00930	Anesthesia for procedures on male genitalia (including open urethral procedures); orchiopexy, unilateral or bilateral	**Pre-1990**			NPA
00932	Anesthesia for procedures on male genitalia (including open urethral procedures); complete amputation of penis	**Pre-1990**			NPA
00934	Anesthesia for procedures on male genitalia (including open urethral procedures); radical amputation of penis with bilateral inguinal lymphadenectomy	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
00936	Anesthesia for procedures on male genitalia (including open urethral procedures); radical amputation of penis with bilateral inguinal and iliac lymphadenectomy	**Pre-1990**			NPA
00938	Anesthesia for procedures on male genitalia (including open urethral procedures); insertion of penile prosthesis (perineal approach)	**Pre-1990**			NPA
00940	Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); not otherwise specified	**Pre-1990**			NPA
00942	Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); colpotomy, vaginectomy, colporrhaphy, and open urethral procedures	**Pre-1990**			NPA
00944	Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); vaginal hysterectomy	**Pre-1990**			NPA
00948	Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); cervical cerclage	**Pre-1990**			NPA
00950	Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); culdoscopy	**Pre-1990**			NPA
00952	Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); hysteroscopy and/or hysterosalpingography	**Pre-1990**			NPA
01112	Anesthesia for bone marrow aspiration and/or biopsy, anterior or posterior iliac crest	**1/1/2001**			NPA
01120	Anesthesia for procedures on bony pelvis	**Pre-1990**			NPA
01130	Anesthesia for body cast application or revision	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
01140	Anesthesia for interpelviabdominal (hindquarter) amputation	Pre-1990			NPA
01150	Anesthesia for radical procedures for tumor of pelvis, except hindquarter amputation	Pre-1990			NPA
01160	Anesthesia for closed procedures involving symphysis pubis or sacroiliac joint	Pre-1990			NPA
01170	Anesthesia for open procedures involving symphysis pubis or sacroiliac joint	Pre-1990			NPA
01173	Anesthesia for open repair of fracture disruption of pelvis or column fracture involving acetabulum	1/1/2004			NPA
01200	Anesthesia for all closed procedures involving hip joint	Pre-1990			NPA
01202	Anesthesia for arthroscopic procedures of hip joint	Pre-1990			NPA
01210	Anesthesia for open procedures involving hip joint; not otherwise specified	Pre-1990			NPA
01212	Anesthesia for open procedures involving hip joint; hip disarticulation	Pre-1990			NPA
01214	Anesthesia for open procedures involving hip joint; total hip arthroplasty	Pre-1990			NPA
01215	Anesthesia for open procedures involving hip joint; revision of total hip arthroplasty	1/1/2001			NPA
01220	Anesthesia for all closed procedures involving upper two-thirds of femur	Pre-1990			NPA
01230	Anesthesia for open procedures involving upper two-thirds of femur; not otherwise specified	Pre-1990			NPA
01232	Anesthesia for open procedures involving upper two-thirds of femur; amputation	Pre-1990			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
01234	Anesthesia for open procedures involving upper two-thirds of femur; radical resection	Pre-1990			NPA
01250	Anesthesia for all procedures on nerves, muscles, tendons, fascia, and bursae of upper leg	Pre-1990			NPA
01260	Anesthesia for all procedures involving veins of upper leg, including exploration	Pre-1990			NPA
01270	Anesthesia for procedures involving arteries of upper leg, including bypass graft; not otherwise specified	Pre-1990			NPA
01272	Anesthesia for procedures involving arteries of upper leg, including bypass graft; femoral artery ligation	Pre-1990			NPA
01274	Anesthesia for procedures involving arteries of upper leg, including bypass graft; femoral artery embolectomy	Pre-1990			NPA
01320	Anesthesia for all procedures on nerves, muscles, tendons, fascia, and bursae of knee and/or popliteal area	Pre-1990			NPA
01340	Anesthesia for all closed procedures on lower one-third of femur	Pre-1990			NPA
01360	Anesthesia for all open procedures on lower one-third of femur	Pre-1990			NPA
01380	Anesthesia for all closed procedures on knee joint	Pre-1990			NPA
01382	Anesthesia for diagnostic arthroscopic procedures of knee joint	Pre-1990			NPA
01390	Anesthesia for all closed procedures on upper ends of tibia, fibula, and/or patella	Pre-1990			NPA
01392	Anesthesia for all open procedures on upper ends of tibia, fibula, and/or patella	Pre-1990			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
01400	Anesthesia for open or surgical arthroscopic procedures on knee joint; not otherwise specified	**Pre-1990**			NPA
01402	Anesthesia for open or surgical arthroscopic procedures on knee joint; total knee arthroplasty	**Pre-1990**			NPA
01404	Anesthesia for open or surgical arthroscopic procedures on knee joint; disarticulation at knee	**Pre-1990**			NPA
01420	Anesthesia for all cast applications, removal, or repair involving knee joint	**Pre-1990**			NPA
01430	Anesthesia for procedures on veins of knee and popliteal area; not otherwise specified	**Pre-1990**			NPA
01432	Anesthesia for procedures on veins of knee and popliteal area; arteriovenous fistula	**Pre-1990**			NPA
01440	Anesthesia for procedures on arteries of knee and popliteal area; not otherwise specified	**Pre-1990**			NPA
01442	Anesthesia for procedures on arteries of knee and popliteal area; popliteal thromboendarterectomy, with or without patch graft	**Pre-1990**			NPA
01444	Anesthesia for procedures on arteries of knee and popliteal area; popliteal excision and graft or repair for occlusion or aneurysm	**Pre-1990**			NPA
01462	Anesthesia for all closed procedures on lower leg, ankle, and foot	**Pre-1990**			NPA
01464	Anesthesia for arthroscopic procedures of ankle and/or foot	**Pre-1990**			NPA
01470	Anesthesia for procedures on nerves, muscles, tendons, and fascia of lower leg, ankle, and foot; not otherwise specified	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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	**Pre-1990**			NPA
01474	Anesthesia for procedures on nerves, muscles, tendons, and fascia of lower leg, ankle, and foot; gastrocnemius recession (eg, Strayer procedure)	**Pre-1990**			NPA
01480	Anesthesia for open procedures on bones of lower leg, ankle, and foot; not otherwise specified	**Pre-1990**			NPA
01482	Anesthesia for open procedures on bones of lower leg, ankle, and foot; radical resection (including below knee amputation)	**Pre-1990**			NPA
01484	Anesthesia for open procedures on bones of lower leg, ankle, and foot; osteotomy or osteoplasty of tibia and/or fibula	**Pre-1990**			NPA
01486	Anesthesia for open procedures on bones of lower leg, ankle, and foot; total ankle replacement	**Pre-1990**			NPA
01490	Anesthesia for lower leg cast application, removal, or repair	**Pre-1990**			NPA
01500	Anesthesia for procedures on arteries of lower leg, including bypass graft; not otherwise specified	**Pre-1990**			NPA
01502	Anesthesia for procedures on arteries of lower leg, including bypass graft; embolectomy, direct or with catheter	**Pre-1990**			NPA
01520	Anesthesia for procedures on veins of lower leg; not otherwise specified	**Pre-1990**			NPA
01522	Anesthesia for procedures on veins of lower leg; venous thrombectomy, direct or with catheter	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
01610	Anesthesia for all procedures on nerves, muscles, tendons, fascia, and bursae of shoulder and axilla	**Pre-1990**			NPA
01620	Anesthesia for all closed procedures on humeral head and neck, sternoclavicular joint, acromioclavicular joint, and shoulder joint	**Pre-1990**			NPA
01622	Anesthesia for diagnostic arthroscopic procedures of shoulder joint	**Pre-1990**			NPA
01630	Anesthesia for open or surgical arthroscopic procedures on humeral head and neck, sternoclavicular joint, acromioclavicular joint, and shoulder joint; not otherwise specified	**Pre-1990**			NPA
01634	Anesthesia for open or surgical arthroscopic procedures on humeral head and neck, sternoclavicular joint, acromioclavicular joint, and shoulder joint; shoulder disarticulation	**Pre-1990**			NPA
01636	Anesthesia for open or surgical arthroscopic procedures on humeral head and neck, sternoclavicular joint, acromioclavicular joint, and shoulder joint; interthoracoscapular (forequarter) amputation	**Pre-1990**			NPA
01638	Anesthesia for open or surgical arthroscopic procedures on humeral head and neck, sternoclavicular joint, acromioclavicular joint, and shoulder joint; total shoulder replacement	**Pre-1990**			NPA
01650	Anesthesia for procedures on arteries of shoulder and axilla; not otherwise specified	**Pre-1990**			NPA
01652	Anesthesia for procedures on arteries of shoulder and axilla; axillary-brachial aneurysm	**Pre-1990**			NPA
01654	Anesthesia for procedures on arteries of shoulder and axilla; bypass graft	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
01656	Anesthesia for procedures on arteries of shoulder and axilla; axillary-femoral bypass graft	**Pre-1990**			NPA
01670	Anesthesia for all procedures on veins of shoulder and axilla	**Pre-1990**			NPA
01680	Anesthesia for shoulder cast application, removal or repair, not otherwise specified	**Pre-1990**			NPA
01710	Anesthesia for procedures on nerves, muscles, tendons, fascia, and bursae of upper arm and elbow; not otherwise specified	**Pre-1990**			NPA
01712	Anesthesia for procedures on nerves, muscles, tendons, fascia, and bursae of upper arm and elbow; tenotomy, elbow to shoulder, open	**Pre-1990**			NPA
01714	Anesthesia for procedures on nerves, muscles, tendons, fascia, and bursae of upper arm and elbow; tenoplasty, elbow to shoulder	**Pre-1990**			NPA
01716	Anesthesia for procedures on nerves, muscles, tendons, fascia, and bursae of upper arm and elbow; tenodesis, rupture of long tendon of biceps	**Pre-1990**			NPA
01730	Anesthesia for all closed procedures on humerus and elbow	**Pre-1990**			NPA
01732	Anesthesia for diagnostic arthroscopic procedures of elbow joint	**Pre-1990**			NPA
01740	Anesthesia for open or surgical arthroscopic procedures of the elbow; not otherwise specified	**Pre-1990**			NPA
01742	Anesthesia for open or surgical arthroscopic procedures of the elbow; osteotomy of humerus	**Pre-1990**			NPA
01744	Anesthesia for open or surgical arthroscopic procedures of the elbow; repair of nonunion or malunion of humerus	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
01756	Anesthesia for open or surgical arthroscopic procedures of the elbow; radical procedures	**Pre-1990**			NPA
01758	Anesthesia for open or surgical arthroscopic procedures of the elbow; excision of cyst or tumor of humerus	**Pre-1990**			NPA
01760	Anesthesia for open or surgical arthroscopic procedures of the elbow; total elbow replacement	**Pre-1990**			NPA
01770	Anesthesia for procedures on arteries of upper arm and elbow; not otherwise specified	**Pre-1990**			NPA
01772	Anesthesia for procedures on arteries of upper arm and elbow; embolectomy	**Pre-1990**			NPA
01780	Anesthesia for procedures on veins of upper arm and elbow; not otherwise specified	**Pre-1990**			NPA
01782	Anesthesia for procedures on veins of upper arm and elbow; phleborrhaphy	**Pre-1990**			NPA
01810	Anesthesia for all procedures on nerves, muscles, tendons, fascia, and bursae of forearm, wrist, and hand	**Pre-1990**			NPA
01820	Anesthesia for all closed procedures on radius, ulna, wrist, or hand bones	**Pre-1990**			NPA
01829	Anesthesia for diagnostic arthroscopic procedures on the wrist	**1/1/2003**			NPA
01830	Anesthesia for open or surgical arthroscopic/endoscopic procedures on distal radius, distal ulna, wrist, or hand joints; not otherwise specified	**Pre-1990**			NPA
01832	Anesthesia for open or surgical arthroscopic/endoscopic procedures on distal radius, distal ulna, wrist, or hand joints; total wrist replacement	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
01840	Anesthesia for procedures on arteries of forearm, wrist, and hand; not otherwise specified	**Pre-1990**			NPA
01842	Anesthesia for procedures on arteries of forearm, wrist, and hand; embolectomy	**Pre-1990**			NPA
01844	Anesthesia for vascular shunt, or shunt revision, any type (eg, dialysis)	**Pre-1990**			NPA
01850	Anesthesia for procedures on veins of forearm, wrist, and hand; not otherwise specified	**Pre-1990**			NPA
01852	Anesthesia for procedures on veins of forearm, wrist, and hand; phleborrhaphy	**Pre-1990**			NPA
01860	Anesthesia for forearm, wrist, or hand cast application, removal, or repair	**Pre-1990**			NPA
01916	Anesthesia for diagnostic arteriography/venography	**Pre-1990**			NPA
01920	Anesthesia for cardiac catheterization including coronary angiography and ventriculography (not to include Swan-Ganz catheter)	**Pre-1990**			NPA
01922	Anesthesia for non-invasive imaging or radiation therapy	**Pre-1990**			NPA
01924	Anesthesia for therapeutic interventional radiological procedures involving the arterial system; not otherwise specified	**1/1/2002**			NPA
01925	Anesthesia for therapeutic interventional radiological procedures involving the arterial system; carotid or coronary	**1/1/2002**			NPA
01926	Anesthesia for therapeutic interventional radiological procedures involving the arterial system; intracranial, intracardiac, or aortic	**1/1/2002**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
01930	Anesthesia for therapeutic interventional radiological procedures involving the venous/lymphatic system (not to include access to the central circulation); not otherwise specified	1/1/2002			NPA
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])	1/1/2002			NPA
01932	Anesthesia for therapeutic interventional radiological procedures involving the venous/lymphatic system (not to include access to the central circulation); intrathoracic or jugular	1/1/2002			NPA
01933	Anesthesia for therapeutic interventional radiological procedures involving the venous/lymphatic system (not to include access to the central circulation); intracranial	1/1/2002			NPA
01937	Anesthesia for percutaneous image-guided injection, drainage or aspiration procedures on the spine or spinal cord; cervical or thoracic	1/1/2022		**1/1/2022**	NPA
01938	Anesthesia for percutaneous image-guided injection, drainage or aspiration procedures on the spine or spinal cord; lumbar or sacral	1/1/2022		**1/1/2022**	NPA
01939	Anesthesia for percutaneous image-guided destruction procedures by neurolytic agent on the spine or spinal cord; cervical or thoracic	1/1/2022		**1/1/2022**	NPA
01940	Anesthesia for percutaneous image-guided destruction procedures by neurolytic agent on the spine or spinal cord; lumbar or sacral	1/1/2022		**1/1/2022**	NPA
01941	Anesthesia for percutaneous image-guided neuromodulation or intravertebral procedures (eg,	1/1/2022		**1/1/2022**	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	kyphoplasty, vertebroplasty) on the spine or spinal cord; cervical or thoracic				
01942	Anesthesia for percutaneous image-guided neuromodulation or intravertebral procedures (eg, kyphoplasty, vertebroplasty) on the spine or spinal cord; lumbar or sacral	**1/1/2022**		**1/1/2022**	NPA
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	**1/1/2001**			NPA
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	**1/1/2001**			NPA
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)	**1/1/2001**			NPA
01958	Anesthesia for external cephalic version procedure	**1/1/2004**			NPA
01960	Anesthesia for vaginal delivery only	**1/1/2002**			NPA
01961	Anesthesia for cesarean delivery only	**1/1/2002**			NPA
01962	Anesthesia for urgent hysterectomy following delivery	**1/1/2002**			NPA
01963	Anesthesia for cesarean hysterectomy without any labor analgesia/anesthesia care	**1/1/2002**			NPA
01965	Anesthesia for incomplete or missed abortion procedures	**1/1/2006**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
01966	Anesthesia for induced abortion procedures	**1/1/2006**			NPA
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)	**1/1/2002**			NPA
01968	Anesthesia for cesarean delivery following neuraxial labor analgesia/anesthesia (List separately in addition to code for primary procedure performed)	**1/1/2002**			NPA
01969	Anesthesia for cesarean hysterectomy following neuraxial labor analgesia/anesthesia (List separately in addition to code for primary procedure performed)	**1/1/2002**			NPA
01990	Physiological support for harvesting of organ(s) from brain-dead patient	**Pre-1990**			NPA
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	**1/1/2003**			NPA
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	**1/1/2003**			NPA
01996	Daily hospital management of epidural or subarachnoid continuous drug administration	**Pre-1990**			NPA
01999	Unlisted anesthesia procedure(s)	**Pre-1990**			PA
10004	Fine needle aspiration biopsy, without imaging guidance; each additional lesion (List separately in addition to code for primary procedure)	**1/1/2019**			NPA
10005	Fine needle aspiration biopsy, including ultrasound guidance; first lesion	**1/1/2019**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
10006	Fine needle aspiration biopsy, including ultrasound guidance; each additional lesion (List separately in addition to code for primary procedure)	**1/1/2019**			NPA
10007	Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion	**1/1/2019**			NPA
10008	Fine needle aspiration biopsy, including fluoroscopic guidance; each additional lesion (List separately in addition to code for primary procedure)	**1/1/2019**			NPA
10009	Fine needle aspiration biopsy, including CT guidance; first lesion	**1/1/2019**			NPA
10010	Fine needle aspiration biopsy, including CT guidance; each additional lesion (List separately in addition to code for primary procedure)	**1/1/2019**			NPA
10011	Fine needle aspiration biopsy, including MR guidance; first lesion	**1/1/2019**			NPA
10012	Fine needle aspiration biopsy, including MR guidance; each additional lesion (List separately in addition to code for primary procedure)	**1/1/2019**			NPA
10021	Fine needle aspiration biopsy, without imaging guidance; first lesion	**1/1/2002**			NPA
10030	Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst), soft tissue (eg, extremity, abdominal wall, neck), percutaneous	**1/1/2014**			NPA
10035	Placement of soft tissue localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous, including imaging guidance; first lesion	**1/1/2016**			NPA
10036	Placement of soft tissue localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds),	**1/1/2016**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	percutaneous, including imaging guidance; each additional lesion (List separately in addition to code for primary procedure)				
10040	Acne surgery (eg, marsupialization, opening or removal of multiple milia, comedones, cysts, pustules)	**Pre-1990**		**9/1/2023**	PA
10060	Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); simple or single	**Pre-1990**			NPA
10061	Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); complicated or multiple	**Pre-1990**			NPA
10080	Incision and drainage of pilonidal cyst; simple	**Pre-1990**			NPA
10081	Incision and drainage of pilonidal cyst; complicated	**Pre-1990**			NPA
10120	Incision and removal of foreign body, subcutaneous tissues; simple	**Pre-1990**			NPA
10121	Incision and removal of foreign body, subcutaneous tissues; complicated	**Pre-1990**			NPA
10140	Incision and drainage of hematoma, seroma or fluid collection	**Pre-1990**			NPA
10160	Puncture aspiration of abscess, hematoma, bulla, or cyst	**Pre-1990**			NPA
10180	Incision and drainage, complex, postoperative wound infection	**Pre-1990**			NPA
11000	Debridement of extensive eczematous or infected skin; up to 10% of body surface	**Pre-1990**			NPA
11001	Debridement of extensive eczematous or infected skin; each additional 10% of the body surface, or part thereof (List separately in addition to code for primary procedure)	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
11004	Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; external genitalia and perineum	**1/1/2005**			NPA
11005	Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; abdominal wall, with or without fascial closure	**1/1/2005**			NPA
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	**1/1/2005**			NPA
11008	Removal of prosthetic material or mesh, abdominal wall for infection (eg, for chronic or recurrent mesh infection or necrotizing soft tissue infection) (List separately in addition to code for primary procedure)	**1/1/2005**			NPA
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	**Pre-1990**			NPA
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	**Pre-1990**			NPA
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	**Pre-1990**			NPA
11042	Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less	**Pre-1990**			NPA
11043	Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); first 20 sq cm or less	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
11044	Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq cm or less	**Pre-1990**			NPA
11045	Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	**1/1/2011**			NPA
11046	Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	**1/1/2011**			NPA
11047	Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	**1/1/2011**			NPA
11055	Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); single lesion	**1/1/1998**			NPA
11056	Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); 2 to 4 lesions	**Pre-1990**			NPA
11057	Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); more than 4 lesions	**Pre-1990**			NPA
11102	Tangential biopsy of skin (eg, shave, scoop, saucerize, curette); single lesion	**1/1/2019**			NPA
11103	Tangential biopsy of skin (eg, shave, scoop, saucerize, curette); each separate/additional lesion (List separately in addition to code for primary procedure)	**1/1/2019**			NPA
11104	Punch biopsy of skin (including simple closure, when performed); single lesion	**1/1/2019**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
11105	Punch biopsy of skin (including simple closure, when performed); each separate/additional lesion (List separately in addition to code for primary procedure)	**1/1/2019**			NPA
11106	Incisional biopsy of skin (eg, wedge) (including simple closure, when performed); single lesion	**1/1/2019**			NPA
11107	Incisional biopsy of skin (eg, wedge) (including simple closure, when performed); each separate/additional lesion (List separately in addition to code for primary procedure)	**1/1/2019**			NPA
11200	Removal of skin tags, multiple fibrocutaneous tags, any area; up to and including 15 lesions	**Pre-1990**		**9/1/2023**	PA
11201	Removal of skin tags, multiple fibrocutaneous tags, any area; each additional 10 lesions, or part thereof (List separately in addition to code for primary procedure)	**Pre-1990**		**9/1/2023**	PA
11300	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.5 cm or less	**1/1/1993**			NPA
11301	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.6 to 1.0 cm	**1/1/1993**			NPA
11302	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 1.1 to 2.0 cm	**1/1/1993**			NPA
11303	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter over 2.0 cm	**1/1/1993**			NPA
11305	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less	**1/1/1993**			NPA
11306	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.6 to 1.0 cm	**1/1/1993**			NPA
11307	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm	**1/1/1993**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
11308	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter over 2.0 cm	**1/1/1993**			NPA
11310	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less	**1/1/1993**			NPA
11311	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm	**1/1/1993**			NPA
11312	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 1.1 to 2.0 cm	**1/1/1993**			NPA
11313	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter over 2.0 cm	**1/1/1993**			NPA
11400	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.5 cm or less	**Pre-1990**			NPA
11401	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.6 to 1.0 cm	**Pre-1990**			NPA
11402	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 1.1 to 2.0 cm	**Pre-1990**			NPA
11403	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 2.1 to 3.0 cm	**Pre-1990**			NPA
11404	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 3.1 to 4.0 cm	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
11406	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter over 4.0 cm	**Pre-1990**			NPA
11420	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less	**Pre-1990**			NPA
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	**Pre-1990**			NPA
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	**Pre-1990**			NPA
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	**Pre-1990**			NPA
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	**Pre-1990**			NPA
11426	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm	**Pre-1990**			NPA
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	**Pre-1990**			NPA
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	**Pre-1990**			NPA
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	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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	**Pre-1990**			NPA
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	**Pre-1990**			NPA
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	**Pre-1990**			NPA
11450	Excision of skin and subcutaneous tissue for hidradenitis, axillary; with simple or intermediate repair	**Pre-1990**		**9/1/2023**	NPA
11451	Excision of skin and subcutaneous tissue for hidradenitis, axillary; with complex repair	**Pre-1990**		**9/1/2023**	NPA
11462	Excision of skin and subcutaneous tissue for hidradenitis, inguinal; with simple or intermediate repair	**Pre-1990**		**9/1/2023**	NPA
11463	Excision of skin and subcutaneous tissue for hidradenitis, inguinal; with complex repair	**Pre-1990**		**9/1/2023**	NPA
11470	Excision of skin and subcutaneous tissue for hidradenitis, perianal, perineal, or umbilical; with simple or intermediate repair	**Pre-1990**		**9/1/2023**	NPA
11471	Excision of skin and subcutaneous tissue for hidradenitis, perianal, perineal, or umbilical; with complex repair	**Pre-1990**		**9/1/2023**	NPA
11600	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 0.5 cm or less	**Pre-1990**			NPA
11601	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 0.6 to 1.0 cm	**Pre-1990**			NPA
11602	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 1.1 to 2.0 cm	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
11603	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 2.1 to 3.0 cm	Pre-1990			NPA
11604	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 3.1 to 4.0 cm	Pre-1990			NPA
11606	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter over 4.0 cm	Pre-1990			NPA
11620	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less	Pre-1990			NPA
11621	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm	Pre-1990			NPA
11622	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm	Pre-1990			NPA
11623	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm	Pre-1990			NPA
11624	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm	Pre-1990			NPA
11626	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm	Pre-1990			NPA
11640	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.5 cm or less	Pre-1990			NPA
11641	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.6 to 1.0 cm	Pre-1990			NPA
11642	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 1.1 to 2.0 cm	Pre-1990			NPA
11643	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 2.1 to 3.0 cm	Pre-1990			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
11644	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 3.1 to 4.0 cm	Pre-1990			NPA
11646	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter over 4.0 cm	Pre-1990			NPA
11719	Trimming of nondystrophic nails, any number	1/1/1998			NPA
11720	Debridement of nail(s) by any method(s); 1 to 5	Pre-1990			NPA
11721	Debridement of nail(s) by any method(s); 6 or more	Pre-1990			NPA
11730	Avulsion of nail plate, partial or complete, simple; single	Pre-1990			NPA
11732	Avulsion of nail plate, partial or complete, simple; each additional nail plate (List separately in addition to code for primary procedure)	Pre-1990			NPA
11740	Evacuation of subungual hematoma	Pre-1990			NPA
11750	Excision of nail and nail matrix, partial or complete (eg, ingrown or deformed nail), for permanent removal	Pre-1990			NPA
11755	Biopsy of nail unit (eg, plate, bed, matrix, hyponychium, proximal and lateral nail folds) (separate procedure)	Pre-1990			NPA
11760	Repair of nail bed	Pre-1990			NPA
11762	Reconstruction of nail bed with graft	Pre-1990			NPA
11765	Wedge excision of skin of nail fold (eg, for ingrown toenail)	Pre-1990			NPA
11770	Excision of pilonidal cyst or sinus; simple	Pre-1990			NPA
11771	Excision of pilonidal cyst or sinus; extensive	Pre-1990			NPA
11772	Excision of pilonidal cyst or sinus; complicated	Pre-1990			NPA
11900	Injection, intralesional; up to and including 7 lesions	Pre-1990			NPA
11901	Injection, intralesional; more than 7 lesions	Pre-1990			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
11920	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.0 sq cm or less	**Pre-1990**			PA
11921	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.1 to 20.0 sq cm	**Pre-1990**			PA
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)	**Pre-1990**			PA
11950	Subcutaneous injection of filling material (eg, collagen); 1 cc or less	**Pre-1990**			PA
11951	Subcutaneous injection of filling material (eg, collagen); 1.1 to 5.0 cc	**Pre-1990**			PA
11952	Subcutaneous injection of filling material (eg, collagen); 5.1 to 10.0 cc	**Pre-1990**			PA
11954	Subcutaneous injection of filling material (eg, collagen); over 10.0 cc	**Pre-1990**			PA
11960	Insertion of tissue expander(s) for other than breast, including subsequent expansion	**Pre-1990**			PA
11970	Replacement of tissue expander with permanent implant	**Pre-1990**			PA
11971	Removal of tissue expander without insertion of implant	**Pre-1990**			NPA
11976	Removal, implantable contraceptive capsules	**1/1/1992**			NPA
11980	Subcutaneous hormone pellet implantation (implantation of estradiol and/or testosterone pellets beneath the skin)	**1/1/2000**			NPA
11981	Insertion, drug-delivery implant (ie, bioresorbable, biodegradable, non-biodegradable)	**1/1/2002**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
11982	Removal, non-biodegradable drug delivery implant	**1/1/2002**			NPA
11983	Removal with reinsertion, non-biodegradable drug delivery implant	**1/1/2002**			NPA
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	**Pre-1990**			NPA
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	**Pre-1990**			NPA
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	**Pre-1990**			NPA
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	**Pre-1990**			NPA
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	**Pre-1990**			NPA
12007	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); over 30.0 cm	**Pre-1990**			NPA
12011	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less	**Pre-1990**			NPA
12013	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm	**Pre-1990**			NPA
12014	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm	**Pre-1990**			NPA
12015	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
12016	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm	**Pre-1990**			NPA
12017	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm	**Pre-1990**			NPA
12018	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm	**Pre-1990**			NPA
12020	Treatment of superficial wound dehiscence; simple closure	**Pre-1990**			NPA
12021	Treatment of superficial wound dehiscence; with packing	**Pre-1990**			NPA
12031	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.5 cm or less	**Pre-1990**			NPA
12032	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.6 cm to 7.5 cm	**Pre-1990**			NPA
12034	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 7.6 cm to 12.5 cm	**Pre-1990**			NPA
12035	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 12.6 cm to 20.0 cm	**Pre-1990**			NPA
12036	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 20.1 cm to 30.0 cm	**Pre-1990**			NPA
12037	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); over 30.0 cm	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
12041	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.5 cm or less	Pre-1990			NPA
12042	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.6 cm to 7.5 cm	Pre-1990			NPA
12044	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 7.6 cm to 12.5 cm	Pre-1990			NPA
12045	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 12.6 cm to 20.0 cm	Pre-1990			NPA
12046	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 20.1 cm to 30.0 cm	Pre-1990			NPA
12047	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; over 30.0 cm	Pre-1990			NPA
12051	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less	Pre-1990			NPA
12052	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm	Pre-1990			NPA
12053	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm	Pre-1990			NPA
12054	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm	Pre-1990			NPA
12055	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm	Pre-1990			NPA
12056	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm	Pre-1990			NPA
12057	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm	Pre-1990			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
13100	Repair, complex, trunk; 1.1 cm to 2.5 cm	**Pre-1990**			NPA
13101	Repair, complex, trunk; 2.6 cm to 7.5 cm	**Pre-1990**			NPA
13102	Repair, complex, trunk; each additional 5 cm or less (List separately in addition to code for primary procedure)	**1/1/2000**			NPA
13120	Repair, complex, scalp, arms, and/or legs; 1.1 cm to 2.5 cm	**Pre-1990**			NPA
13121	Repair, complex, scalp, arms, and/or legs; 2.6 cm to 7.5 cm	**Pre-1990**			NPA
13122	Repair, complex, scalp, arms, and/or legs; each additional 5 cm or less (List separately in addition to code for primary procedure)	**1/1/2000**			NPA
13131	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 1.1 cm to 2.5 cm	**Pre-1990**			NPA
13132	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 2.6 cm to 7.5 cm	**Pre-1990**			NPA
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)	**1/1/2000**			NPA
13151	Repair, complex, eyelids, nose, ears and/or lips; 1.1 cm to 2.5 cm	**Pre-1990**			NPA
13152	Repair, complex, eyelids, nose, ears and/or lips; 2.6 cm to 7.5 cm	**Pre-1990**			NPA
13153	Repair, complex, eyelids, nose, ears and/or lips; each additional 5 cm or less (List separately in addition to code for primary procedure)	**1/1/2000**			NPA
13160	Secondary closure of surgical wound or dehiscence, extensive or complicated	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
14000	Adjacent tissue transfer or rearrangement, trunk; defect 10 sq cm or less	**Pre-1990**			PA
14001	Adjacent tissue transfer or rearrangement, trunk; defect 10.1 sq cm to 30.0 sq cm	**Pre-1990**			PA
14020	Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10 sq cm or less	**Pre-1990**			PA
14021	Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10.1 sq cm to 30.0 sq cm	**Pre-1990**			PA
14040	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10 sq cm or less	**Pre-1990**			PA
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	**Pre-1990**			PA
14060	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less	**Pre-1990**			PA
14061	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10.1 sq cm to 30.0 sq cm	**Pre-1990**			PA
14301	Adjacent tissue transfer or rearrangement, any area; defect 30.1 sq cm to 60.0 sq cm	**1/1/2010**			PA
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)	**1/1/2010**			PA
14350	Filleted finger or toe flap, including preparation of recipient site	**Pre-1990**			NPA
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	**1/1/2007**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	contracture, trunk, arms, legs; first 100 sq cm or 1% of body area of infants and children				
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)	**1/1/2007**			NPA
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	**1/1/2007**			NPA
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)	**1/1/2007**			NPA
15040	Harvest of skin for tissue cultured skin autograft, 100 sq cm or less	**1/1/2006**			NPA
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	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
15100	Split-thickness autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)	**Pre-1990**			NPA
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)	**Pre-1990**			NPA
15110	Epidermal autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children	**1/1/2006**			NPA
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)	**1/1/2006**			NPA
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	**1/1/2006**			NPA
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)	**1/1/2006**			NPA
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)	**Pre-1990**			NPA
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%	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)				
15130	Dermal autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children	**1/1/2006**			NPA
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)	**1/1/2006**			NPA
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	**1/1/2006**			NPA
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)	**1/1/2006**			NPA
15150	Tissue cultured skin autograft, trunk, arms, legs; first 25 sq cm or less	**1/1/2006**			NPA
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)	**1/1/2006**			NPA
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)	**1/1/2006**			NPA
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	**1/1/2006**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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)	**1/1/2006**			NPA
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)	**1/1/2006**			NPA
15200	Full thickness graft, free, including direct closure of donor site, trunk; 20 sq cm or less	**Pre-1990**			NPA
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)	**Pre-1990**			NPA
15220	Full thickness graft, free, including direct closure of donor site, scalp, arms, and/or legs; 20 sq cm or less	**Pre-1990**			NPA
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)	**Pre-1990**			NPA
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	**Pre-1990**			NPA
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)	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
15260	Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; 20 sq cm or less	**Pre-1990**			NPA
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)	**Pre-1990**			NPA
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	**1/1/2012**			NPA
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)	**1/1/2012**			NPA
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	**1/1/2012**			NPA
15274	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	**1/1/2012**			NPA
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	**1/1/2012**			NPA
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;	**1/1/2012**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure)				
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	**1/1/2012**			NPA
15278	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	**1/1/2012**			NPA
15570	Formation of direct or tubed pedicle, with or without transfer; trunk	**1/1/1992**			NPA
15572	Formation of direct or tubed pedicle, with or without transfer; scalp, arms, or legs	**1/1/1992**			NPA
15574	Formation of direct or tubed pedicle, with or without transfer; forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands or feet	**1/1/1992**			NPA
15576	Formation of direct or tubed pedicle, with or without transfer; eyelids, nose, ears, lips, or intraoral	**1/1/1992**			NPA
15600	Delay of flap or sectioning of flap (division and inset); at trunk	**Pre-1990**			NPA
15610	Delay of flap or sectioning of flap (division and inset); at scalp, arms, or legs	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
15620	Delay of flap or sectioning of flap (division and inset); at forehead, cheeks, chin, neck, axillae, genitalia, hands, or feet	**Pre-1990**			NPA
15630	Delay of flap or sectioning of flap (division and inset); at eyelids, nose, ears, or lips	**Pre-1990**			NPA
15650	Transfer, intermediate, of any pedicle flap (eg, abdomen to wrist, Walking tube), any location	**Pre-1990**			NPA
15730	Midface flap (ie, zygomaticofacial flap) with preservation of vascular pedicle(s)	**1/1/2018**			NPA
15731	Forehead flap with preservation of vascular pedicle (eg, axial pattern flap, paramedian forehead flap)	**1/1/2007**			NPA
15733	Muscle, myocutaneous, or fasciocutaneous flap; head and neck with named vascular pedicle (ie, buccinators, genioglossus, temporalis, masseter, sternocleidomastoid, levator scapulae)	**1/1/2018**			NPA
15734	Muscle, myocutaneous, or fasciocutaneous flap; trunk	**1/1/1990**			NPA
15736	Muscle, myocutaneous, or fasciocutaneous flap; upper extremity	**1/1/1990**			NPA
15738	Muscle, myocutaneous, or fasciocutaneous flap; lower extremity	**1/1/1990**			NPA
15740	Flap; island pedicle requiring identification and dissection of an anatomically named axial vessel	**Pre-1990**			NPA
15750	Flap; neurovascular pedicle	**Pre-1990**			NPA
15756	Free muscle or myocutaneous flap with microvascular anastomosis	**Pre-1990**			NPA
15757	Free skin flap with microvascular anastomosis	**1/1/1997**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
15758	Free fascial flap with microvascular anastomosis	**1/1/1997**			NPA
15760	Graft; composite (eg, full thickness of external ear or nasal ala), including primary closure, donor area	**Pre-1990**			NPA
15769	Grafting of autologous soft tissue, other, harvested by direct excision (eg, fat, dermis, fascia)	**1/1/2020**			PA
15770	Graft; derma-fat-fascia	**Pre-1990**			PA
15771	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50 cc or less injectate	**1/1/2020**			PA
15772	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; each additional 50 cc injectate, or part thereof (List separately in addition to code for primary procedure)	**1/1/2020**			PA
15773	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; 25 cc or less injectate	**1/1/2020**			PA
15774	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; each additional 25 cc injectate, or part thereof (List separately in addition to code for primary procedure)	**1/1/2020**			PA
15775	Punch graft for hair transplant; 1 to 15 punch grafts	**Pre-1990**			PA
15776	Punch graft for hair transplant; more than 15 punch grafts	**Pre-1990**			PA
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)	**1/1/2012**			PA
15778	Implantation of absorbable mesh or other prosthesis for delayed closure of defect(s) (ie, external genitalia,	**1/1/2023**		**2/1/2023**	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	perineum, abdominal wall) due to soft tissue infection or trauma				
15780	Dermabrasion; total face (eg, for acne scarring, fine wrinkling, rhytids, general keratosis)	Pre-1990			PA
15781	Dermabrasion; segmental, face	Pre-1990			PA
15782	Dermabrasion; regional, other than face	Pre-1990			PA
15783	Dermabrasion; superficial, any site (eg, tattoo removal)	Pre-1990			PA
15786	Abrasion; single lesion (eg, keratosis, scar)	Pre-1990			PA
15787	Abrasion; each additional 4 lesions or less (List separately in addition to code for primary procedure)	Pre-1990			PA
15788	Chemical peel, facial; epidermal	1/1/1994			PA
15789	Chemical peel, facial; dermal	1/1/1994			PA
15792	Chemical peel, nonfacial; epidermal	1/1/1994			PA
15793	Chemical peel, nonfacial; dermal	1/1/1994			PA
15819	Cervicoplasty	Pre-1990		9/1/2023	NPA
15820	Blepharoplasty, lower eyelid	Pre-1990			PA
15821	Blepharoplasty, lower eyelid; with extensive herniated fat pad	Pre-1990			PA
15822	Blepharoplasty, upper eyelid	Pre-1990			PA
15823	Blepharoplasty, upper eyelid; with excessive skin weighting down lid	Pre-1990			PA
15824	Rhytidectomy; forehead	Pre-1990			PA
15825	Rhytidectomy; neck with platysmal tightening (platysmal flap, P-flap)	Pre-1990			PA
15826	Rhytidectomy; glabellar frown lines	Pre-1990			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
15828	Rhytidectomy; cheek, chin, and neck	**Pre-1990**			PA
15829	Rhytidectomy; superficial musculoaponeurotic system (SMAS) flap	**Pre-1990**			PA
15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy	**1/1/2007**			PA
15832	Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh	**Pre-1990**			PA
15833	Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg	**Pre-1990**			PA
15834	Excision, excessive skin and subcutaneous tissue (includes lipectomy); hip	**Pre-1990**			PA
15835	Excision, excessive skin and subcutaneous tissue (includes lipectomy); buttock	**Pre-1990**			PA
15836	Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm	**Pre-1990**			PA
15837	Excision, excessive skin and subcutaneous tissue (includes lipectomy); forearm or hand	**Pre-1990**			PA
15838	Excision, excessive skin and subcutaneous tissue (includes lipectomy); submental fat pad	**Pre-1990**			PA
15839	Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area	**Pre-1990**			PA
15840	Graft for facial nerve paralysis; free fascia graft (including obtaining fascia)	**Pre-1990**		**9/1/2023**	NPA
15841	Graft for facial nerve paralysis; free muscle graft (including obtaining graft)	**Pre-1990**		**9/1/2023**	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
15842	Graft for facial nerve paralysis; free muscle flap by microsurgical technique	Pre-1990		9/1/2023	NPA
15845	Graft for facial nerve paralysis; regional muscle transfer	Pre-1990		9/1/2023	NPA
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)	1/1/2007			PA
15850	Removal of sutures under anesthesia (other than local), same surgeon	Pre-1990	12/31/2022		NC
15851	Removal of sutures under anesthesia (other than local), other surgeon	Pre-1990			NPA
15852	Dressing change (for other than burns) under anesthesia (other than local)	Pre-1990			NPA
15853	Removal of sutures or staples not requiring anesthesia (List separately in addition to E/M code)	1/1/2023		2/1/2023	NPA
15854	Removal of sutures and staples not requiring anesthesia (List separately in addition to E/M code)	1/1/2023		2/1/2023	NPA
15860	Intravenous injection of agent (eg, fluorescein) to test vascular flow in flap or graft	Pre-1990			NPA
15876	Suction assisted lipectomy; head and neck	1/1/1990			PA
15877	Suction assisted lipectomy; trunk	1/1/1990			PA
15878	Suction assisted lipectomy; upper extremity	1/1/1990			PA
15879	Suction assisted lipectomy; lower extremity	1/1/1990			PA
15920	Excision, coccygeal pressure ulcer, with coccygectomy; with primary suture	Pre-1990			NPA
15922	Excision, coccygeal pressure ulcer, with coccygectomy; with flap closure	Pre-1990			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
15931	Excision, sacral pressure ulcer, with primary suture	**Pre-1990**			NPA
15933	Excision, sacral pressure ulcer, with primary suture; with ostectomy	**Pre-1990**			NPA
15934	Excision, sacral pressure ulcer, with skin flap closure	**Pre-1990**			NPA
15935	Excision, sacral pressure ulcer, with skin flap closure; with ostectomy	**Pre-1990**			NPA
15936	Excision, sacral pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure	**Pre-1990**			NPA
15937	Excision, sacral pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure; with ostectomy	**Pre-1990**			NPA
15940	Excision, ischial pressure ulcer, with primary suture	**Pre-1990**			NPA
15941	Excision, ischial pressure ulcer, with primary suture; with ostectomy (ischiectomy)	**Pre-1990**			NPA
15944	Excision, ischial pressure ulcer, with skin flap closure	**Pre-1990**			NPA
15945	Excision, ischial pressure ulcer, with skin flap closure; with ostectomy	**Pre-1990**			NPA
15946	Excision, ischial pressure ulcer, with ostectomy, in preparation for muscle or myocutaneous flap or skin graft closure	**Pre-1990**			NPA
15950	Excision, trochanteric pressure ulcer, with primary suture	**Pre-1990**			NPA
15951	Excision, trochanteric pressure ulcer, with primary suture; with ostectomy	**Pre-1990**			NPA
15952	Excision, trochanteric pressure ulcer, with skin flap closure	**Pre-1990**			NPA
15953	Excision, trochanteric pressure ulcer, with skin flap closure; with ostectomy	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
15956	Excision, trochanteric pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure	**Pre-1990**			NPA
15958	Excision, trochanteric pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure; with ostectomy	**Pre-1990**			NPA
15999	Unlisted procedure, excision pressure ulcer	**Pre-1990**			PA
16000	Initial treatment, first degree burn, when no more than local treatment is required	**Pre-1990**			NPA
16020	Dressings and/or debridement of partial-thickness burns, initial or subsequent; small (less than 5% total body surface area)	**Pre-1990**			NPA
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)	**Pre-1990**			NPA
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)	**Pre-1990**			NPA
16035	Escharotomy; initial incision	**Pre-1990**			NPA
16036	Escharotomy; each additional incision (List separately in addition to code for primary procedure)	**1/1/2001**			NPA
17000	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); first lesion	**Pre-1990**			NPA
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)	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
17004	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses), 15 or more lesions	**Pre-1990**			NPA
17106	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); less than 10 sq cm	**1/1/1991**			PA
17107	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); 10.0 to 50.0 sq cm	**Pre-1990**			PA
17108	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq cm	**1/1/1991**			PA
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	**Pre-1990**			NPA
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	**Pre-1990**			NPA
17250	Chemical cauterization of granulation tissue (ie, proud flesh)	**Pre-1990**			NPA
17260	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 0.5 cm or less	**Pre-1990**			NPA
17261	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 0.6 to 1.0 cm	**Pre-1990**			NPA
17262	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	curettement), trunk, arms or legs; lesion diameter 1.1 to 2.0 cm				
17263	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 2.1 to 3.0 cm	**Pre-1990**			NPA
17264	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 3.1 to 4.0 cm	**Pre-1990**			NPA
17266	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter over 4.0 cm	**Pre-1990**			NPA
17270	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less	**Pre-1990**			NPA
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	**Pre-1990**			NPA
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	**Pre-1990**			NPA
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	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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	**Pre-1990**			NPA
17276	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter over 4.0 cm	**Pre-1990**			NPA
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	**Pre-1990**			NPA
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	**Pre-1990**			NPA
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	**Pre-1990**			NPA
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	**Pre-1990**			NPA
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	**Pre-1990**			NPA
17286	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter over 4.0 cm				
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	**1/1/2007**			NPA
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)	**1/1/2007**			NPA
17313	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), of the trunk, arms, or legs; first stage, up to 5 tissue blocks	**1/1/2007**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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)	**1/1/2007**			NPA
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)	**1/1/2007**			NPA
17340	Cryotherapy (CO2 slush, liquid N2) for acne	**Pre-1990**			PA
17360	Chemical exfoliation for acne (eg, acne paste, acid)	**Pre-1990**			PA
17380	Electrolysis epilation, each 30 minutes	**Pre-1990**		**12/15/2023**	PA
17999	Unlisted procedure, skin, mucous membrane and subcutaneous tissue	**Pre-1990**			PA
19000	Puncture aspiration of cyst of breast	**Pre-1990**			NPA
19001	Puncture aspiration of cyst of breast; each additional cyst (List separately in addition to code for primary procedure)	**Pre-1990**			NPA
19020	Mastotomy with exploration or drainage of abscess, deep	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
19030	Injection procedure only for mammary ductogram or galactogram	**Pre-1990**			NPA
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	**1/1/2014**			NPA
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)	**1/1/2014**			NPA
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	**1/1/2014**			NPA
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)	**1/1/2014**			NPA
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	**1/1/2014**			NPA
19086	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed,	**1/1/2014**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	percutaneous; each additional lesion, including magnetic resonance guidance (List separately in addition to code for primary procedure)				
19100	Biopsy of breast; percutaneous, needle core, not using imaging guidance (separate procedure)	**Pre-1990**			NPA
19101	Biopsy of breast; open, incisional	**Pre-1990**			NPA
19105	Ablation, cryosurgical, of fibroadenoma, including ultrasound guidance, each fibroadenoma	**1/1/2007**			NC
19110	Nipple exploration, with or without excision of a solitary lactiferous duct or a papilloma lactiferous duct	**Pre-1990**			NPA
19112	Excision of lactiferous duct fistula	**Pre-1990**			NPA
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	**Pre-1990**			NPA
19125	Excision of breast lesion identified by preoperative placement of radiological marker, open; single lesion	**Pre-1990**			NPA
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)	**Pre-1990**			NPA
19281	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including mammographic guidance	**1/1/2014**			NPA
19282	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds),	**1/1/2014**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	percutaneous; each additional lesion, including mammographic guidance (List separately in addition to code for primary procedure)				
19283	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including stereotactic guidance	**1/1/2014**			NPA
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)	**1/1/2014**			NPA
19285	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including ultrasound guidance	**1/1/2014**			NPA
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)	**1/1/2014**			NPA
19287	Placement of breast localization device(s) (eg clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including magnetic resonance guidance	**1/1/2014**			NPA
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)	**1/1/2014**			NPA
19294	Preparation of tumor cavity, with placement of a radiation therapy applicator for intraoperative radiation	**1/1/2018**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	therapy (IORT) concurrent with partial mastectomy (List separately in addition to code for primary procedure)				
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	**1/1/2005**			NPA
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)	**1/1/2005**			NPA
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	**1/1/2005**			NPA
19300	Mastectomy for gynecomastia	**1/1/2007**			PA
19301	Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy)	**1/1/2007**			NPA
19302	Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy); with axillary lymphadenectomy	**1/1/2007**			NPA
19303	Mastectomy, simple, complete	**1/1/2007**			NPA
19305	Mastectomy, radical, including pectoral muscles, axillary lymph nodes	**1/1/2007**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
19306	Mastectomy, radical, including pectoral muscles, axillary and internal mammary lymph nodes (Urban type operation)	**1/1/2007**			NPA
19307	Mastectomy, modified radical, including axillary lymph nodes, with or without pectoralis minor muscle, but excluding pectoralis major muscle	**1/1/2007**			NPA
19316	Mastopexy	**Pre-1990**			PA
19318	Breast reduction	**Pre-1990**			PA
19325	Breast augmentation with implant	**Pre-1990**			PA
19328	Removal of intact breast implant	**Pre-1990**		**9/1/2023**	PA
19330	Removal of ruptured breast implant, including implant contents (eg, saline, silicone gel)	**Pre-1990**			NPA
19340	Insertion of breast implant on same day of mastectomy (ie, immediate)	**Pre-1990**		**9/1/2023**	PA
19342	Insertion or replacement of breast implant on separate day from mastectomy	**Pre-1990**		**9/1/2023**	PA
19350	Nipple/areola reconstruction	**Pre-1990**		**9/1/2023**	PA
19355	Correction of inverted nipples	**Pre-1990**		**9/1/2023**	PA
19357	Tissue expander placement in breast reconstruction, including subsequent expansion(s)	**1/1/1992**		**9/1/2023**	PA
19361	Breast reconstruction; with latissimus dorsi flap	**Pre-1990**		**9/1/2023**	PA
19364	Breast reconstruction; with free flap (eg, fTRAM, DIEP, SIEA, GAP flap)	**Pre-1990**		**9/1/2023**	PA
19367	Breast reconstruction; with single-pedicled transverse rectus abdominis myocutaneous (TRAM) flap	**Pre-1990**		**9/1/2023**	PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
19368	Breast reconstruction; with single-pedicled transverse rectus abdominis myocutaneous (TRAM) flap, requiring separate microvascular anastomosis (supercharging)	**1/1/1995**		**9/1/2023**	PA
19369	Breast reconstruction; with bipedicled transverse rectus abdominis myocutaneous (TRAM) flap	**1/1/1995**		**9/1/2023**	PA
19370	Revision of peri-implant capsule, breast, including capsulotomy, capsulorrhaphy, and/or partial capsulectomy	**Pre-1990**		**9/1/2023**	NPA
19371	Peri-implant capsulectomy, breast, complete, including removal of all intracapsular contents	**Pre-1990**		**9/1/2023**	NPA
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)	**Pre-1990**			PA
19396	Preparation of moulage for custom breast implant	**Pre-1990**			PA
19499	Unlisted procedure, breast	**Pre-1990**			PA
20100	Exploration of penetrating wound (separate procedure); neck	**1/1/1996**			NPA
20101	Exploration of penetrating wound (separate procedure); chest	**1/1/1996**			NPA
20102	Exploration of penetrating wound (separate procedure); abdomen/flank/back	**1/1/1996**			NPA
20103	Exploration of penetrating wound (separate procedure); extremity	**1/1/1996**			NPA
20150	Excision of epiphyseal bar, with or without autogenous soft tissue graft obtained through same fascial incision	**1/1/1997**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
20200	Biopsy, muscle; superficial	**Pre-1990**			NPA
20205	Biopsy, muscle; deep	**Pre-1990**			NPA
20206	Biopsy, muscle, percutaneous needle	**Pre-1990**			NPA
20220	Biopsy, bone, trocar, or needle; superficial (eg, ilium, sternum, spinous process, ribs)	**Pre-1990**			NPA
20225	Biopsy, bone, trocar, or needle; deep (eg, vertebral body, femur)	**Pre-1990**			NPA
20240	Biopsy, bone, open; superficial (eg, sternum, spinous process, rib, patella, olecranon process, calcaneus, tarsal, metatarsal, carpal, metacarpal, phalanx)	**Pre-1990**			NPA
20245	Biopsy, bone, open; deep (eg, humeral shaft, ischium, femoral shaft)	**Pre-1990**			NPA
20250	Biopsy, vertebral body, open; thoracic	**Pre-1990**			NPA
20251	Biopsy, vertebral body, open; lumbar or cervical	**Pre-1990**			NPA
20500	Injection of sinus tract; therapeutic (separate procedure)	**Pre-1990**			NPA
20501	Injection of sinus tract; diagnostic (sinogram)	**Pre-1990**			NPA
20520	Removal of foreign body in muscle or tendon sheath; simple	**Pre-1990**			NPA
20525	Removal of foreign body in muscle or tendon sheath; deep or complicated	**Pre-1990**			NPA
20526	Injection, therapeutic (eg, local anesthetic, corticosteroid), carpal tunnel	**1/1/2002**			NPA
20527	Injection, enzyme (eg, collagenase), palmar fascial cord (ie, Dupuytren's contracture)	**1/1/2012**			NPA
20550	Injection(s); single tendon sheath, or ligament, aponeurosis (eg, plantar "fascia")	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
20551	Injection(s); single tendon origin/insertion	**1/1/2002**			NPA
20552	Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s)	**1/1/2002**			NPA
20553	Injection(s); single or multiple trigger point(s), 3 or more muscles	**1/1/2002**			NPA
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)	**1/1/2008**			NPA
20560	Needle insertion(s) without injection(s); 1 or 2 muscle(s)	**1/1/2020**			NC
20561	Needle insertion(s) without injection(s); 3 or more muscles	**1/1/2020**			NC
20600	Arthrocentesis, aspiration and/or injection, small joint or bursa (eg, fingers, toes); without ultrasound guidance	**Pre-1990**			NPA
20604	Arthrocentesis, aspiration and/or injection, small joint or bursa (eg, fingers, toes); with ultrasound guidance, with permanent recording and reporting	**1/1/2015**			NPA
20605	Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); without ultrasound guidance	**Pre-1990**			NPA
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	**1/1/2015**			NPA
20610	Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); without ultrasound guidance	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
20611	Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); with ultrasound guidance, with permanent recording and reporting	**1/1/2015**			NPA
20612	Aspiration and/or injection of ganglion cyst(s) any location	**1/1/2003**			NPA
20615	Aspiration and injection for treatment of bone cyst	**Pre-1990**			NPA
20650	Insertion of wire or pin with application of skeletal traction, including removal (separate procedure)	**Pre-1990**			NPA
20660	Application of cranial tongs, caliper, or stereotactic frame, including removal (separate procedure)	**Pre-1990**			NPA
20661	Application of halo, including removal; cranial	**Pre-1990**			NPA
20662	Application of halo, including removal; pelvic	**Pre-1990**			NPA
20663	Application of halo, including removal; femoral	**Pre-1990**			NPA
20664	Application of halo, including removal, cranial, 6 or more pins placed, for thin skull osteology (eg, pediatric patients, hydrocephalus, osteogenesis imperfecta)	**Pre-1990**			NPA
20665	Removal of tongs or halo applied by another individual	**Pre-1990**			NPA
20670	Removal of implant; superficial (eg, buried wire, pin or rod) (separate procedure)	**Pre-1990**			NPA
20680	Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or plate)	**Pre-1990**			NPA
20690	Application of a uniplane (pins or wires in 1 plane), unilateral, external fixation system	**Pre-1990**			NPA
20692	Application of a multiplane (pins or wires in more than 1 plane), unilateral, external fixation system (eg, Ilizarov, Monticelli type)	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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])	**Pre-1990**			NPA
20694	Removal, under anesthesia, of external fixation system	**1/1/1991**			NPA
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)	**1/1/2009**			NPA
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	**1/1/2009**			NPA
20700	Manual preparation and insertion of drug-delivery device(s), deep (eg, subfascial) (List separately in addition to code for primary procedure)	**1/1/2020**		**9/1/2023**	NPA
20701	Removal of drug-delivery device(s), deep (eg, subfascial) (List separately in addition to code for primary procedure)	**1/1/2020**		**9/1/2023**	NPA
20702	Manual preparation and insertion of drug-delivery device(s), intramedullary (List separately in addition to code for primary procedure)	**1/1/2020**		**9/1/2023**	NPA
20703	Removal of drug-delivery device(s), intramedullary (List separately in addition to code for primary procedure)	**1/1/2020**		**9/1/2023**	NPA
20704	Manual preparation and insertion of drug-delivery device(s), intra-articular (List separately in addition to code for primary procedure)	**1/1/2020**		**9/1/2023**	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
20705	Removal of drug-delivery device(s), intra-articular (List separately in addition to code for primary procedure)	**1/1/2020**		**9/1/2023**	NPA
20802	Replantation, arm (includes surgical neck of humerus through elbow joint), complete amputation	**Pre-1990**			NPA
20805	Replantation, forearm (includes radius and ulna to radial carpal joint), complete amputation	**Pre-1990**			NPA
20808	Replantation, hand (includes hand through metacarpophalangeal joints), complete amputation	**Pre-1990**			NPA
20816	Replantation, digit, excluding thumb (includes metacarpophalangeal joint to insertion of flexor sublimis tendon), complete amputation	**Pre-1990**			NPA
20822	Replantation, digit, excluding thumb (includes distal tip to sublimis tendon insertion), complete amputation	**Pre-1990**			NPA
20824	Replantation, thumb (includes carpometacarpal joint to MP joint), complete amputation	**Pre-1990**			NPA
20827	Replantation, thumb (includes distal tip to MP joint), complete amputation	**Pre-1990**			NPA
20838	Replantation, foot, complete amputation	**Pre-1990**			NPA
20900	Bone graft, any donor area; minor or small (eg, dowel or button)	**Pre-1990**			NPA
20902	Bone graft, any donor area; major or large	**Pre-1990**			NPA
20910	Cartilage graft; costochondral	**Pre-1990**			NPA
20912	Cartilage graft; nasal septum	**Pre-1990**			NPA
20920	Fascia lata graft; by stripper	**Pre-1990**			NPA
20922	Fascia lata graft; by incision and area exposure, complex or sheet	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
20924	Tendon graft, from a distance (eg, palmaris, toe extensor, plantaris)	**Pre-1990**			NPA
20930	Allograft, morselized, or placement of osteopromotive material, for spine surgery only (List separately in addition to code for primary procedure)	**Pre-1990**			NPA
20931	Allograft, structural, for spine surgery only (List separately in addition to code for primary procedure)	**Pre-1990**			NPA
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)	**1/1/2019**		**9/1/2023**	NPA
20933	Allograft, includes templating, cutting, placement and internal fixation, when performed; hemicortical intercalary, partial (ie, hemicylindrical) (List separately in addition to code for primary procedure)	**1/1/2019**		**9/1//2023**	NPA
20934	Allograft, includes templating, cutting, placement and internal fixation, when performed; intercalary, complete (ie, cylindrical) (List separately in addition to code for primary procedure)	**1/1/2019**		**9/1//2023**	NPA
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)	**Pre-1990**			NPAR
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)	**Pre-1990**			NPAR
20938	Autograft for spine surgery only (includes harvesting the graft); structural, bicortical or tricortical (through separate	**Pre-1990**			NPAR

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	skin or fascial incision) (List separately in addition to code for primary procedure)				
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)	**1/1/2018**		**12/15/2023**	NC
20950	Monitoring of interstitial fluid pressure (includes insertion of device, eg, wick catheter technique, needle manometer technique) in detection of muscle compartment syndrome	**Pre-1990**			NPA
20955	Bone graft with microvascular anastomosis; fibula	**Pre-1990**			NPA
20956	Bone graft with microvascular anastomosis; iliac crest	**1/1/1997**			NPA
20957	Bone graft with microvascular anastomosis; metatarsal	**1/1/1997**			NPA
20962	Bone graft with microvascular anastomosis; other than fibula, iliac crest, or metatarsal	**Pre-1990**			NPA
20969	Free osteocutaneous flap with microvascular anastomosis; other than iliac crest, metatarsal, or great toe	**Pre-1990**			NPA
20970	Free osteocutaneous flap with microvascular anastomosis; iliac crest	**Pre-1990**			NPA
20972	Free osteocutaneous flap with microvascular anastomosis; metatarsal	**Pre-1990**			NPA
20973	Free osteocutaneous flap with microvascular anastomosis; great toe with web space	**Pre-1990**			NPA
20974	Electrical stimulation to aid bone healing; noninvasive (nonoperative)	**Pre-1990**			NPA
20975	Electrical stimulation to aid bone healing; invasive (operative)	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
20979	Low intensity ultrasound stimulation to aid bone healing, noninvasive (nonoperative)	**1/1/2000**			NPA
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	**1/1/2004**			NPA
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	**1/1/2015**			NPA
20985	Computer-assisted surgical navigational procedure for musculoskeletal procedures, image-less (List separately in addition to code for primary procedure)	**1/1/2008**			NPA
20999	Unlisted procedure, musculoskeletal system, general	**Pre-1990**			PA
21010	Arthrotomy, temporomandibular joint	**Pre-1990**			PA
21011	Excision, tumor, soft tissue of face or scalp, subcutaneous; less than 2 cm	**1/1/2010**		**9/1/2023**	NPA
21012	Excision, tumor, soft tissue of face or scalp, subcutaneous; 2 cm or greater	**1/1/2010**		**9/1/2023**	NPA
21013	Excision, tumor, soft tissue of face and scalp, subfascial (eg, subgaleal, intramuscular); less than 2 cm	**1/1/2010**			NPA
21014	Excision, tumor, soft tissue of face and scalp, subfascial (eg, subgaleal, intramuscular); 2 cm or greater	**1/1/2010**			NPA
21015	Radical resection of tumor (eg, sarcoma), soft tissue of face or scalp; less than 2 cm	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
21016	Radical resection of tumor (eg, sarcoma), soft tissue of face or scalp; 2 cm or greater	1/1/2010			NPA
21025	Excision of bone (eg, for osteomyelitis or bone abscess); mandible	Pre-1990			NPA
21026	Excision of bone (eg, for osteomyelitis or bone abscess); facial bone(s)	Pre-1990			NPA
21029	Removal by contouring of benign tumor of facial bone (eg, fibrous dysplasia)	1/1/1991			NPA
21030	Excision of benign tumor or cyst of maxilla or zygoma by enucleation and curettage	Pre-1990			NPA
21031	Excision of torus mandibularis	1/1/1990			NPA
21032	Excision of maxillary torus palatinus	1/1/1990			NPA
21034	Excision of malignant tumor of maxilla or zygoma	Pre-1990			NPA
21040	Excision of benign tumor or cyst of mandible, by enucleation and/or curettage	Pre-1990			NPA
21044	Excision of malignant tumor of mandible	Pre-1990			NPA
21045	Excision of malignant tumor of mandible; radical resection	Pre-1990			NPA
21046	Excision of benign tumor or cyst of mandible; requiring intra-oral osteotomy (eg, locally aggressive or destructive lesion[s])	1/1/2003			NPA
21047	Excision of benign tumor or cyst of mandible; requiring extra-oral osteotomy and partial mandibulectomy (eg, locally aggressive or destructive lesion[s])	1/1/2003			NPA
21048	Excision of benign tumor or cyst of maxilla; requiring intra-oral osteotomy (eg, locally aggressive or destructive lesion[s])	1/1/2003			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
21049	Excision of benign tumor or cyst of maxilla; requiring extra-oral osteotomy and partial maxillectomy (eg, locally aggressive or destructive lesion[s])	**1/1/2003**			NPA
21050	Condylectomy, temporomandibular joint (separate procedure)	**Pre-1990**			PA
21060	Meniscectomy, partial or complete, temporomandibular joint (separate procedure)	**Pre-1990**			PA
21070	Coronoidectomy (separate procedure)	**Pre-1990**			PA
21073	Manipulation of temporomandibular joint(s) (TMJ), therapeutic, requiring an anesthesia service (ie, general or monitored anesthesia care)	**1/1/2008**			PA
21076	Impression and custom preparation; surgical obturator prosthesis	**1/1/1996**		**9/1/2023**	NPA
21077	Impression and custom preparation; orbital prosthesis	**1/1/1996**			PA
21079	Impression and custom preparation; interim obturator prosthesis	**1/1/1991**			PA
21080	Impression and custom preparation; definitive obturator prosthesis	**1/1/1991**			PA
21081	Impression and custom preparation; mandibular resection prosthesis	**1/1/1991**			PA
21082	Impression and custom preparation; palatal augmentation prosthesis	**1/1/1991**			PA
21083	Impression and custom preparation; palatal lift prosthesis	**1/1/1991**			PA
21084	Impression and custom preparation; speech aid prosthesis	**1/1/1991**			PA
21085	Impression and custom preparation; oral surgical splint	**1/1/1991**			PA
21086	Impression and custom preparation; auricular prosthesis	**1/1/1991**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
21087	Impression and custom preparation; nasal prosthesis	1/1/1991			PA
21088	Impression and custom preparation; facial prosthesis	1/1/1991			PA
21089	Unlisted maxillofacial prosthetic procedure	1/1/1991			PA
21100	Application of halo type appliance for maxillofacial fixation, includes removal (separate procedure)	Pre-1990			NPA
21110	Application of interdental fixation device for conditions other than fracture or dislocation, includes removal	Pre-1990			PA
21116	Injection procedure for temporomandibular joint arthrography	Pre-1990			NPA
21120	Genioplasty; augmentation (autograft, allograft, prosthetic material)	1/1/1991			PA
21121	Genioplasty; sliding osteotomy, single piece	1/1/1991			PA
21122	Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin)	Pre-1990			PA
21123	Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts)	1/1/1991			PA
21125	Augmentation, mandibular body or angle; prosthetic material	1/1/1991			PA
21127	Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft)	1/1/1991			PA
21137	Reduction forehead; contouring only	1/1/1991			PA
21138	Reduction forehead; contouring and application of prosthetic material or bone graft (includes obtaining autograft)	1/1/1991			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
21139	Reduction forehead; contouring and setback of anterior frontal sinus wall	1/1/1991			PA
21141	Reconstruction midface, LeFort I; single piece, segment movement in any direction (eg, for Long Face Syndrome), without bone graft	1/1/1996			PA
21142	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, without bone graft	Pre-1990			PA
21143	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, without bone graft	Pre-1990			PA
21145	Reconstruction midface, LeFort I; single piece, segment movement in any direction, requiring bone grafts (includes obtaining autografts)	1/1/1991			PA
21146	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted unilateral alveolar cleft)	Pre-1990			PA
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)	Pre-1990			PA
21150	Reconstruction midface, LeFort II; anterior intrusion (eg, Treacher-Collins Syndrome)	1/1/1991			PA
21151	Reconstruction midface, LeFort II; any direction, requiring bone grafts (includes obtaining autografts)	1/1/1991			PA
21154	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); without LeFort I	1/1/1991			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
21155	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); with LeFort I	**1/1/1991**			PA
21159	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); without LeFort I	**1/1/1991**			PA
21160	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); with LeFort I	**1/1/1991**			PA
21172	Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, with or without grafts (includes obtaining autografts)	**1/1/1991**			PA
21175	Reconstruction, bifrontal, superior-lateral orbital rims and lower forehead, advancement or alteration (eg, plagiocephaly, trigonocephaly, brachycephaly), with or without grafts (includes obtaining autografts)	**1/1/1991**			PA
21179	Reconstruction, entire or majority of forehead and/or supraorbital rims; with grafts (allograft or prosthetic material)	**1/1/1991**			PA
21180	Reconstruction, entire or majority of forehead and/or supraorbital rims; with autograft (includes obtaining grafts)	**1/1/1991**			PA
21181	Reconstruction by contouring of benign tumor of cranial bones (eg, fibrous dysplasia), extracranial	**1/1/1991**			PA
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	**Pre-1990**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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	**Pre-1990**			PA
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	**Pre-1990**			PA
21188	Reconstruction midface, osteotomies (other than LeFort type) and bone grafts (includes obtaining autografts)	**1/1/1991**			PA
21193	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft	**1/1/1991**			PA
21194	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; with bone graft (includes obtaining graft)	**1/1/1991**			PA
21195	Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation	**1/1/1991**			PA
21196	Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation	**1/1/1991**			PA
21198	Osteotomy, mandible, segmental	**Pre-1990**			PA
21199	Osteotomy, mandible, segmental; with genioglossus advancement	**1/1/2001**			PA
21206	Osteotomy, maxilla, segmental (eg, Wassmund or Schuchard)	**Pre-1990**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
21208	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)	Pre-1990			PA
21209	Osteoplasty, facial bones; reduction	Pre-1990			PA
21210	Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)	Pre-1990			PA
21215	Graft, bone; mandible (includes obtaining graft)	Pre-1990			PA
21230	Graft; rib cartilage, autogenous, to face, chin, nose or ear (includes obtaining graft)	Pre-1990			PA
21235	Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft)	Pre-1990			PA
21240	Arthroplasty, temporomandibular joint, with or without autograft (includes obtaining graft)	Pre-1990			PA
21242	Arthroplasty, temporomandibular joint, with allograft	Pre-1990			PA
21243	Arthroplasty, temporomandibular joint, with prosthetic joint replacement	Pre-1990			PA
21244	Reconstruction of mandible, extraoral, with transosteal bone plate (eg, mandibular staple bone plate)	Pre-1990			PA
21245	Reconstruction of mandible or maxilla, subperiosteal implant; partial	Pre-1990			PA
21246	Reconstruction of mandible or maxilla, subperiosteal implant; complete	Pre-1990			PA
21247	Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts) (eg, for hemifacial microsomia)	1/1/1991			PA
21248	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); partial	Pre-1990			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
21249	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); complete	**Pre-1990**		**9/1/2023**	PA
21255	Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage (includes obtaining autografts)	**1/1/1991**			PA
21256	Reconstruction of orbit with osteotomies (extracranial) and with bone grafts (includes obtaining autografts) (eg, micro-ophthalmia)	**1/1/1991**			PA
21260	Periorbital osteotomies for orbital hypertelorism, with bone grafts; extracranial approach	**Pre-1990**			PA
21261	Periorbital osteotomies for orbital hypertelorism, with bone grafts; combined intra- and extracranial approach	**Pre-1990**			PA
21263	Periorbital osteotomies for orbital hypertelorism, with bone grafts; with forehead advancement	**Pre-1990**			PA
21267	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; extracranial approach	**Pre-1990**			PA
21268	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; combined intra- and extracranial approach	**Pre-1990**			PA
21270	Malar augmentation, prosthetic material	**Pre-1990**			PA
21275	Secondary revision of orbitocraniofacial reconstruction	**Pre-1990**			PA
21280	Medial canthopexy (separate procedure)	**Pre-1990**			PA
21282	Lateral canthopexy	**Pre-1990**			PA
21295	Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); extraoral approach	**Pre-1990**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
21296	Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); intraoral approach	Pre-1990			PA
21299	Unlisted craniofacial and maxillofacial procedure	1/1/1991			PA
21315	Closed treatment of nasal bone fracture with manipulation; without stabilization	Pre-1990			NPA
21320	Closed treatment of nasal bone fracture with manipulation; with stabilization	Pre-1990			NPA
21325	Open treatment of nasal fracture; uncomplicated	Pre-1990			NPA
21330	Open treatment of nasal fracture; complicated, with internal and/or external skeletal fixation	Pre-1990			NPA
21335	Open treatment of nasal fracture; with concomitant open treatment of fractured septum	Pre-1990			NPA
21336	Open treatment of nasal septal fracture, with or without stabilization	1/1/1993			NPA
21337	Closed treatment of nasal septal fracture, with or without stabilization	Pre-1990			NPA
21338	Open treatment of nasoethmoid fracture; without external fixation	Pre-1990			NPA
21339	Open treatment of nasoethmoid fracture; with external fixation	Pre-1990			NPA
21340	Percutaneous treatment of nasoethmoid complex fracture, with splint, wire or headcap fixation, including repair of canthal ligaments and/or the nasolacrimal apparatus	Pre-1990			NPA
21343	Open treatment of depressed frontal sinus fracture	1/1/1990			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
21344	Open treatment of complicated (eg, comminuted or involving posterior wall) frontal sinus fracture, via coronal or multiple approaches	**1/1/1993**			NPA
21345	Closed treatment of nasomaxillary complex fracture (LeFort II type), with interdental wire fixation or fixation of denture or splint	**Pre-1990**			NPA
21346	Open treatment of nasomaxillary complex fracture (LeFort II type); with wiring and/or local fixation	**Pre-1990**			NPA
21347	Open treatment of nasomaxillary complex fracture (LeFort II type); requiring multiple open approaches	**Pre-1990**			NPA
21348	Open treatment of nasomaxillary complex fracture (LeFort II type); with bone grafting (includes obtaining graft)	**1/1/1993**			NPA
21355	Percutaneous treatment of fracture of malar area, including zygomatic arch and malar tripod, with manipulation	**Pre-1990**			NPA
21356	Open treatment of depressed zygomatic arch fracture (eg, Gillies approach)	**1/1/1993**			NPA
21360	Open treatment of depressed malar fracture, including zygomatic arch and malar tripod	**Pre-1990**			NPA
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	**Pre-1990**			NPA
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)	**1/1/1993**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
21385	Open treatment of orbital floor blowout fracture; transantral approach (Caldwell-Luc type operation)	Pre-1990			NPA
21386	Open treatment of orbital floor blowout fracture; periorbital approach	Pre-1990			NPA
21387	Open treatment of orbital floor blowout fracture; combined approach	Pre-1990			NPA
21390	Open treatment of orbital floor blowout fracture; periorbital approach, with alloplastic or other implant	Pre-1990			NPA
21395	Open treatment of orbital floor blowout fracture; periorbital approach with bone graft (includes obtaining graft)	Pre-1990			NPA
21400	Closed treatment of fracture of orbit, except blowout; without manipulation	Pre-1990			NPA
21401	Closed treatment of fracture of orbit, except blowout; with manipulation	Pre-1990			NPA
21406	Open treatment of fracture of orbit, except blowout; without implant	Pre-1990			NPA
21407	Open treatment of fracture of orbit, except blowout; with implant	Pre-1990			NPA
21408	Open treatment of fracture of orbit, except blowout; with bone grafting (includes obtaining graft)	1/1/1993			NPA
21421	Closed treatment of palatal or maxillary fracture (LeFort I type), with interdental wire fixation or fixation of denture or splint	Pre-1990			NPA
21422	Open treatment of palatal or maxillary fracture (LeFort I type)	Pre-1990			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
21423	Open treatment of palatal or maxillary fracture (LeFort I type); complicated (comminuted or involving cranial nerve foramina), multiple approaches	**1/1/1993**			NPA
21431	Closed treatment of craniofacial separation (LeFort III type) using interdental wire fixation of denture or splint	**Pre-1990**			NPA
21432	Open treatment of craniofacial separation (LeFort III type); with wiring and/or internal fixation	**Pre-1990**			NPA
21433	Open treatment of craniofacial separation (LeFort III type); complicated (eg, comminuted or involving cranial nerve foramina), multiple surgical approaches	**Pre-1990**			NPA
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)	**Pre-1990**			NPA
21436	Open treatment of craniofacial separation (LeFort III type); complicated, multiple surgical approaches, internal fixation, with bone grafting (includes obtaining graft)	**1/1/1993**			NPA
21440	Closed treatment of mandibular or maxillary alveolar ridge fracture (separate procedure)	**Pre-1990**			NPA
21445	Open treatment of mandibular or maxillary alveolar ridge fracture (separate procedure)	**Pre-1990**			NPA
21450	Closed treatment of mandibular fracture; without manipulation	**Pre-1990**			NPA
21451	Closed treatment of mandibular fracture; with manipulation	**Pre-1990**			NPA
21452	Percutaneous treatment of mandibular fracture, with external fixation	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
21453	Closed treatment of mandibular fracture with interdental fixation	Pre-1990			NPA
21454	Open treatment of mandibular fracture with external fixation	Pre-1990			NPA
21461	Open treatment of mandibular fracture; without interdental fixation	Pre-1990			NPA
21462	Open treatment of mandibular fracture; with interdental fixation	Pre-1990			NPA
21465	Open treatment of mandibular condylar fracture	Pre-1990			NPA
21470	Open treatment of complicated mandibular fracture by multiple surgical approaches including internal fixation, interdental fixation, and/or wiring of dentures or splints	Pre-1990			NPA
21480	Closed treatment of temporomandibular dislocation; initial or subsequent	Pre-1990			NPA
21485	Closed treatment of temporomandibular dislocation; complicated (eg, recurrent requiring intermaxillary fixation or splinting), initial or subsequent	Pre-1990			NPA
21490	Open treatment of temporomandibular dislocation	Pre-1990			NPA
21497	Interdental wiring, for condition other than fracture	Pre-1990			NPA
21499	Unlisted musculoskeletal procedure, head	Pre-1990			PA
21501	Incision and drainage, deep abscess or hematoma, soft tissues of neck or thorax	Pre-1990			NPA
21502	Incision and drainage, deep abscess or hematoma, soft tissues of neck or thorax; with partial rib ostectomy	Pre-1990			NPA
21510	Incision, deep, with opening of bone cortex (eg, for osteomyelitis or bone abscess), thorax	Pre-1990			NPA
21550	Biopsy, soft tissue of neck or thorax	Pre-1990			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
21552	Excision, tumor, soft tissue of neck or anterior thorax, subcutaneous; 3 cm or greater	**1/1/2010**		**9/1/2023**	NPA
21554	Excision, tumor, soft tissue of neck or anterior thorax, subfascial (eg, intramuscular); 5 cm or greater	**1/1/2010**			NPA
21555	Excision, tumor, soft tissue of neck or anterior thorax, subcutaneous; less than 3 cm	**Pre-1990**		**9/1/2023**	NPA
21556	Excision, tumor, soft tissue of neck or anterior thorax, subfascial (eg, intramuscular); less than 5 cm	**Pre-1990**			NPA
21557	Radical resection of tumor (eg, sarcoma), soft tissue of neck or anterior thorax; less than 5 cm	**Pre-1990**			NPA
21558	Radical resection of tumor (eg, sarcoma), soft tissue of neck or anterior thorax; 5 cm or greater	**1/1/2010**			NPA
21600	Excision of rib, partial	**Pre-1990**			NPA
21601	Excision of chest wall tumor including rib(s)	**1/1/2020**		**4/1/2020**	NPA
21602	Excision of chest wall tumor involving rib(s), with plastic reconstruction; without mediastinal lymphadenectomy	**1/1/2020**		**4/1/2020**	NPA
21603	Excision of chest wall tumor involving rib(s), with plastic reconstruction; with mediastinal lymphadenectomy	**1/1/2020**		**4/1/2020**	NPA
21610	Costotransversectomy (separate procedure)	**Pre-1990**			NPA
21615	Excision first and/or cervical rib	**Pre-1990**			NPA
21616	Excision first and/or cervical rib; with sympathectomy	**Pre-1990**			NPA
21620	Ostectomy of sternum, partial	**Pre-1990**			NPA
21627	Sternal debridement	**Pre-1990**			NPA
21630	Radical resection of sternum	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
21632	Radical resection of sternum; with mediastinal lymphadenectomy	**Pre-1990**			NPA
21685	Hyoid myotomy and suspension	**1/1/2004**			NPA
21700	Division of scalenus anticus; without resection of cervical rib	**Pre-1990**			NPA
21705	Division of scalenus anticus; with resection of cervical rib	**Pre-1990**			NPA
21720	Division of sternocleidomastoid for torticollis, open operation; without cast application	**Pre-1990**			NPA
21725	Division of sternocleidomastoid for torticollis, open operation; with cast application	**Pre-1990**			NPA
21740	Reconstructive repair of pectus excavatum or carinatum; open	**Pre-1990**			PA
21742	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), without thoracoscopy	**1/1/2003**			PA
21743	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), with thoracoscopy	**1/1/2003**			PA
21750	Closure of median sternotomy separation with or without debridement (separate procedure)	**Pre-1990**			NPA
21811	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 1-3 ribs	**1/1/2015**			NPA
21812	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 4-6 ribs	**1/1/2015**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
21813	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 7 or more ribs	**1/1/2015**			NPA
21820	Closed treatment of sternum fracture	**Pre-1990**			NPA
21825	Open treatment of sternum fracture with or without skeletal fixation	**Pre-1990**			NPA
21899	Unlisted procedure, neck or thorax	**Pre-1990**			PA
21920	Biopsy, soft tissue of back or flank; superficial	**Pre-1990**			NPA
21925	Biopsy, soft tissue of back or flank; deep	**Pre-1990**			NPA
21930	Excision, tumor, soft tissue of back or flank, subcutaneous; less than 3 cm	**Pre-1990**			NPA
21931	Excision, tumor, soft tissue of back or flank, subcutaneous; 3 cm or greater	**1/1/2010**		**9/1/2023**	NPA
21932	Excision, tumor, soft tissue of back or flank, subfascial (eg, intramuscular); less than 5 cm	**1/1/2010**			NPA
21933	Excision, tumor, soft tissue of back or flank, subfascial (eg, intramuscular); 5 cm or greater	**1/1/2010**			NPA
21935	Radical resection of tumor (eg, sarcoma), soft tissue of back or flank; less than 5 cm	**Pre-1990**			NPA
21936	Radical resection of tumor (eg, sarcoma), soft tissue of back or flank; 5 cm or greater	**1/1/2010**			NPA
22010	Incision and drainage, open, of deep abscess (subfascial), posterior spine; cervical, thoracic, or cervicothoracic	**1/1/2006**			NPA
22015	Incision and drainage, open, of deep abscess (subfascial), posterior spine; lumbar, sacral, or lumbosacral	**1/1/2006**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
22100	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; cervical	**Pre-1990**			NPA
22101	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; thoracic	**Pre-1990**			NPA
22102	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; lumbar	**Pre-1990**			NPA
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)	**1/1/1996**			NPA
22110	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; cervical	**Pre-1990**			NPA
22112	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; thoracic	**Pre-1990**			NPA
22114	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; lumbar	**Pre-1990**			NPA
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)	**1/1/1996**			NPA
22206	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); thoracic	**1/1/2008**		**9/1/2023**	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
22207	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); lumbar	**1/1/2008**		**9/1/2023**	NPA
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)	**1/1/2008**		**9/1/2023**	NPA
22210	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; cervical	**Pre-1990**		**9/1/2023**	NPA
22212	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; thoracic	**Pre-1990**		**9/1/2023**	NPA
22214	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; lumbar	**Pre-1990**		**9/1/2023**	NPA
22216	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; each additional vertebral segment (List separately in addition to primary procedure)	**Pre-1990**		**9/1/2023**	NPA
22220	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; cervical	**Pre-1990**		**9/1/2023**	NPA
22222	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; thoracic	**Pre-1990**		**9/1/2023**	NPA
22224	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; lumbar	**Pre-1990**		**9/1/2023**	NPA
22226	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; each additional vertebral segment (List separately in addition to code for primary procedure)	**Pre-1990**		**9/1/2023**	NPA
22310	Closed treatment of vertebral body fracture(s), without manipulation, requiring and including casting or bracing	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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	**Pre-1990**			NPA
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	**1/1/2000**			NPA
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	**1/1/2000**			NPA
22325	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1 fractured vertebra or dislocated segment; lumbar	**Pre-1990**			NPA
22326	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1 fractured vertebra or dislocated segment; cervical	**Pre-1990**			NPA
22327	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1 fractured vertebra or dislocated segment; thoracic	**Pre-1990**			NPA
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)	**Pre-1990**			NPA
22505	Manipulation of spine requiring anesthesia, any region	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
22510	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic	**1/1/2015**		**9/1/2023**	NPA
22511	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral	**1/1/2015**		**9/1/2023**	NPA
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)	**1/1/2015**		**9/1/2023**	NPA
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	**1/1/2015**		**9/1/2023**	NPA
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	**1/1/2015**		**1/1/2022**	NPA
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)	**1/1/2015**		**9/1/2023**	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
22526	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single level	**1/1/2007**		**9/1/2023**	PA
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)	**1/1/2007**		**9/1/2023**	PA
22532	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic	**1/1/2004**		**9/1/2023**	NPA
22533	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	**1/1/2004**		**9/1/20233**	NPA
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)	**1/1/2004**		**9/1/2023**	NPA
22548	Arthrodesis, anterior transoral or extraoral technique, clivus-C1-C2 (atlas-axis), with or without excision of odontoid process	**Pre-1990**		**9/1/2023**	NPA
22551	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2	**1/1/2011**		**9/1/2023**	NPA
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 primary procedure)	**1/1/2011**		**9/1/2023**	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
22554	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2	**Pre-1990**		**9/1/2023**	NPA
22556	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic	**Pre-1990**		**9/1/20233**	NPA
22558	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	**Pre-1990**		**9/1/2023**	NPA
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)	**Pre-1990**		**9/1/2023**	NPA
22586	Arthrodesis, pre-sacral interbody technique, including disc space preparation, discectomy, with posterior instrumentation, with image guidance, includes bone graft when performed, L5-S1 interspace	**1/1/2013**		**9/1/2023**	NPA
22590	Arthrodesis, posterior technique, craniocervical (occiput-C2)	**Pre-1990**		**9/1/2023**	NPA
22595	Arthrodesis, posterior technique, atlas-axis (C1-C2)	**Pre-1990**		**9/1/2023**	NPA
22600	Arthrodesis, posterior or posterolateral technique, single interspace; cervical below C2 segment	**Pre-1990**		**9/1/2023**	NPA
22610	Arthrodesis, posterior or posterolateral technique, single interspace; thoracic (with lateral transverse technique, when performed)	**Pre-1990**		**9/1/2023**	NPA
22612	Arthrodesis, posterior or posterolateral technique, single interspace; lumbar (with lateral transverse technique, when performed)	**Pre-1990**		**9/1/2023**	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
22614	Arthrodesis, posterior or posterolateral technique, single interspace; each additional interspace (List separately in addition to code for primary procedure)	**1/1/1996**		**9/1/2023**	NPA
22630	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar;	**Pre-1990**		**9/1/2023**	NPA
22632	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)	**Pre-1990**		**9/1/2023**	NPA
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;	**1/1/2012**		**9/1/2023**	NPA
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 addition to code for primary procedure)	**1/1/2012**		**9/1/2023**	NPA
22800	Arthrodesis, posterior, for spinal deformity, with or without cast; up to 6 vertebral segments	**Pre-1990**		**9/1/2023**	NPA
22802	Arthrodesis, posterior, for spinal deformity, with or without cast; 7 to 12 vertebral segments	**Pre-1990**		**9/1/2023**	NPA
22804	Arthrodesis, posterior, for spinal deformity, with or without cast; 13 or more vertebral segments	**1/1/1996**		**9/1/2023**	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
22808	Arthrodesis, anterior, for spinal deformity, with or without cast; 2 to 3 vertebral segments	**1/1/1996**		**9/1/2023**	NPA
22810	Arthrodesis, anterior, for spinal deformity, with or without cast; 4 to 7 vertebral segments	**Pre-1990**		**9/1/2023**	NPA
22812	Arthrodesis, anterior, for spinal deformity, with or without cast; 8 or more vertebral segments	**Pre-1990**		**9/1/2023**	NPA
22818	Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); single or 2 segments	**1/1/1998**			NPA
22819	Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); 3 or more segments	**1/1/1998**			NPA
22830	Exploration of spinal fusion	**Pre-1990**			NPA
22840	Posterior non-segmental instrumentation (eg, Harrington rod technique, pedicle fixation across 1 interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at C1, facet screw fixation) (List separately in addition to code for primary procedure)	**Pre-1990**			NPA
22841	Internal spinal fixation by wiring of spinous processes (List separately in addition to code for primary procedure)	**Pre-1990**			NPA
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)	**Pre-1990**			NPA
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)	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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)	**Pre-1990**			NPA
22845	Anterior instrumentation; 2 to 3 vertebral segments (List separately in addition to code for primary procedure)	**Pre-1990**			NPA
22846	Anterior instrumentation; 4 to 7 vertebral segments (List separately in addition to code for primary procedure)	**Pre-1990**			NPA
22847	Anterior instrumentation; 8 or more vertebral segments (List separately in addition to code for primary procedure)	**Pre-1990**			NPA
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)	**Pre-1990**			NPA
22849	Reinsertion of spinal fixation device	**Pre-1990**			NPA
22850	Removal of posterior nonsegmental instrumentation (eg, Harrington rod)	**Pre-1990**			NPA
22852	Removal of posterior segmental instrumentation	**Pre-1990**			NPA
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)	**1/1/2017**			NPA
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	**1/1/2017**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	conjunction with interbody arthrodesis, each contiguous defect (List separately in addition to code for primary procedure)				
22855	Removal of anterior instrumentation	**Pre-1990**			NPA
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	**1/1/2009**		**7/1/2022**	NPA
22857	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), single interspace, lumbar	**1/1/2007**		**7/1/2022**	NPA
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)	**1/1/2015**		**7/1/2022**	NPA
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)	**1/1/2017**			NPA
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)	**1/1/2023**		**2/1/2023**	NPA
22861	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	**1/1/2009**		**7/1/2022**	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
22862	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	**1/1/2007**		**7/1/2022**	NPA
22864	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	**1/1/2009**		**7/1/2022**	NPA
22865	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	**1/1/2007**		**7/1/2022**	NPA
22867	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level	**1/1/2017**			NC
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)	**1/1/2017**			NC
22869	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level	**1/1/2017**			NC
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)	**1/1/2017**			NC
22899	Unlisted procedure, spine	**Pre-1990**			PA
22900	Excision, tumor, soft tissue of abdominal wall, subfascial (eg, intramuscular); less than 5 cm	**Pre-1990**		**9/1/2023**	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
22901	Excision, tumor, soft tissue of abdominal wall, subfascial (eg, intramuscular); 5 cm or greater	**1/1/2010**		**9/1/2023**	NPA
22902	Excision, tumor, soft tissue of abdominal wall, subcutaneous; less than 3 cm	**1/1/2010**		**9/1/2023**	NPA
22903	Excision, tumor, soft tissue of abdominal wall, subcutaneous; 3 cm or greater	**1/1/2010**		**9/1/2023**	NPA
22904	Radical resection of tumor (eg, sarcoma), soft tissue of abdominal wall; less than 5 cm	**1/1/2010**			NPA
22905	Radical resection of tumor (eg, sarcoma), soft tissue of abdominal wall; 5 cm or greater	**1/1/2010**			NPA
22999	Unlisted procedure, abdomen, musculoskeletal system	**Pre-1990**			PA
23000	Removal of subdeltoid calcareous deposits, open	**Pre-1990**			NPA
23020	Capsular contracture release (eg, Sever type procedure)	**Pre-1990**			NPA
23030	Incision and drainage, shoulder area; deep abscess or hematoma	**Pre-1990**			NPA
23031	Incision and drainage, shoulder area; infected bursa	**Pre-1990**			NPA
23035	Incision, bone cortex (eg, osteomyelitis or bone abscess), shoulder area	**Pre-1990**			NPA
23040	Arthrotomy, glenohumeral joint, including exploration, drainage, or removal of foreign body	**Pre-1990**			NPA
23044	Arthrotomy, acromioclavicular, sternoclavicular joint, including exploration, drainage, or removal of foreign body	**Pre-1990**			NPA
23065	Biopsy, soft tissue of shoulder area; superficial	**Pre-1990**			NPA
23066	Biopsy, soft tissue of shoulder area; deep	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
23071	Excision, tumor, soft tissue of shoulder area, subcutaneous; 3 cm or greater	**1/1/2010**		**9/1/2023**	NPA
23073	Excision, tumor, soft tissue of shoulder area, subfascial (eg, intramuscular); 5 cm or greater	**1/1/2010**		**9/1/2023**	NPA
23075	Excision, tumor, soft tissue of shoulder area, subcutaneous; less than 3 cm	**Pre-1990**		**9/1/2023**	NPA
23076	Excision, tumor, soft tissue of shoulder area, subfascial (eg, intramuscular); less than 5 cm	**Pre-1990**		**9/1/2023**	NPA
23077	Radical resection of tumor (eg, sarcoma), soft tissue of shoulder area; less than 5 cm	**Pre-1990**			NPA
23078	Radical resection of tumor (eg, sarcoma), soft tissue of shoulder area; 5 cm or greater	**1/1/2010**			NPA
23100	Arthrotomy, glenohumeral joint, including biopsy	**Pre-1990**			NPA
23101	Arthrotomy, acromioclavicular joint or sternoclavicular joint, including biopsy and/or excision of torn cartilage	**Pre-1990**			NPA
23105	Arthrotomy; glenohumeral joint, with synovectomy, with or without biopsy	**Pre-1990**			NPA
23106	Arthrotomy; sternoclavicular joint, with synovectomy, with or without biopsy	**Pre-1990**			NPA
23107	Arthrotomy, glenohumeral joint, with joint exploration, with or without removal of loose or foreign body	**Pre-1990**			NPA
23120	Claviculectomy; partial	**Pre-1990**			NPA
23125	Claviculectomy; total	**Pre-1990**			NPA
23130	Acromioplasty or acromionectomy, partial, with or without coracoacromial ligament release	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
23140	Excision or curettage of bone cyst or benign tumor of clavicle or scapula	**Pre-1990**			NPA
23145	Excision or curettage of bone cyst or benign tumor of clavicle or scapula; with autograft (includes obtaining graft)	**Pre-1990**			NPA
23146	Excision or curettage of bone cyst or benign tumor of clavicle or scapula; with allograft	**Pre-1990**			NPA
23150	Excision or curettage of bone cyst or benign tumor of proximal humerus	**Pre-1990**			NPA
23155	Excision or curettage of bone cyst or benign tumor of proximal humerus; with autograft (includes obtaining graft)	**Pre-1990**			NPA
23156	Excision or curettage of bone cyst or benign tumor of proximal humerus; with allograft	**Pre-1990**			NPA
23170	Sequestrectomy (eg, for osteomyelitis or bone abscess), clavicle	**Pre-1990**			NPA
23172	Sequestrectomy (eg, for osteomyelitis or bone abscess), scapula	**Pre-1990**			NPA
23174	Sequestrectomy (eg, for osteomyelitis or bone abscess), humeral head to surgical neck	**Pre-1990**			NPA
23180	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), clavicle	**Pre-1990**			NPA
23182	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), scapula	**Pre-1990**			NPA
23184	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), proximal humerus	**Pre-1990**			NPA
23190	Ostectomy of scapula, partial (eg, superior medial angle)	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
23195	Resection, humeral head	**Pre-1990**			NPA
23200	Radical resection of tumor; clavicle	**Pre-1990**			NPA
23210	Radical resection of tumor; scapula	**Pre-1990**			NPA
23220	Radical resection of tumor, proximal humerus	**Pre-1990**			NPA
23330	Removal of foreign body, shoulder; subcutaneous	**Pre-1990**			NPA
23333	Removal of foreign body, shoulder; deep (subfascial or intramuscular)	**1/1/2014**			NPA
23334	Removal of prosthesis, includes debridement and synovectomy when performed; humeral or glenoid component	**1/1/2014**			NPA
23335	Removal of prosthesis, includes debridement and synovectomy when performed; humeral and glenoid components (eg, total shoulder)	**1/1/2014**			NPA
23350	Injection procedure for shoulder arthrography or enhanced CT/MRI shoulder arthrography	**Pre-1990**			NPA
23395	Muscle transfer, any type, shoulder or upper arm; single	**Pre-1990**			NPA
23397	Muscle transfer, any type, shoulder or upper arm; multiple	**Pre-1990**			NPA
23400	Scapulopexy (eg, Sprengels deformity or for paralysis)	**Pre-1990**			NPA
23405	Tenotomy, shoulder area; single tendon	**Pre-1990**			NPA
23406	Tenotomy, shoulder area; multiple tendons through same incision	**Pre-1990**			NPA
23410	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute	**Pre-1990**			NPA
23412	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
23415	Coracoacromial ligament release, with or without acromioplasty	**Pre-1990**			NPA
23420	Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)	**Pre-1990**			NPA
23430	Tenodesis of long tendon of biceps	**Pre-1990**			NPA
23440	Resection or transplantation of long tendon of biceps	**Pre-1990**			NPA
23450	Capsulorrhaphy, anterior; Putti-Platt procedure or Magnuson type operation	**Pre-1990**			NPA
23455	Capsulorrhaphy, anterior; with labral repair (eg, Bankart procedure)	**Pre-1990**			NPA
23460	Capsulorrhaphy, anterior, any type; with bone block	**Pre-1990**			NPA
23462	Capsulorrhaphy, anterior, any type; with coracoid process transfer	**Pre-1990**			NPA
23465	Capsulorrhaphy, glenohumeral joint, posterior, with or without bone block	**Pre-1990**			NPA
23466	Capsulorrhaphy, glenohumeral joint, any type multidirectional instability	**Pre-1990**			NPA
23470	Arthroplasty, glenohumeral joint; hemiarthroplasty	**Pre-1990**			PA
23472	Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))	**Pre-1990**			PA
23473	Revision of total shoulder arthroplasty, including allograft when performed; humeral or glenoid component	**1/1/2013**			PA
23474	Revision of total shoulder arthroplasty, including allograft when performed; humeral and glenoid component	**1/1/2013**			PA
23480	Osteotomy, clavicle, with or without internal fixation	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
23485	Osteotomy, clavicle, with or without internal fixation; with bone graft for nonunion or malunion (includes obtaining graft and/or necessary fixation)	**Pre-1990**			NPA
23490	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; clavicle	**Pre-1990**			NPA
23491	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; proximal humerus	**Pre-1990**			NPA
23500	Closed treatment of clavicular fracture; without manipulation	**Pre-1990**			NPA
23505	Closed treatment of clavicular fracture; with manipulation	**Pre-1990**			NPA
23515	Open treatment of clavicular fracture, includes internal fixation, when performed	**Pre-1990**			NPA
23520	Closed treatment of sternoclavicular dislocation; without manipulation	**Pre-1990**			NPA
23525	Closed treatment of sternoclavicular dislocation; with manipulation	**Pre-1990**			NPA
23530	Open treatment of sternoclavicular dislocation, acute or chronic	**Pre-1990**			NPA
23532	Open treatment of sternoclavicular dislocation, acute or chronic; with fascial graft (includes obtaining graft)	**Pre-1990**			NPA
23540	Closed treatment of acromioclavicular dislocation; without manipulation	**Pre-1990**			NPA
23545	Closed treatment of acromioclavicular dislocation; with manipulation	**Pre-1990**			NPA
23550	Open treatment of acromioclavicular dislocation, acute or chronic	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
23552	Open treatment of acromioclavicular dislocation, acute or chronic; with fascial graft (includes obtaining graft)	**Pre-1990**			NPA
23570	Closed treatment of scapular fracture; without manipulation	**Pre-1990**			NPA
23575	Closed treatment of scapular fracture; with manipulation, with or without skeletal traction (with or without shoulder joint involvement)	**Pre-1990**			NPA
23585	Open treatment of scapular fracture (body, glenoid or acromion) includes internal fixation, when performed	**Pre-1990**			NPA
23600	Closed treatment of proximal humeral (surgical or anatomical neck) fracture; without manipulation	**Pre-1990**			NPA
23605	Closed treatment of proximal humeral (surgical or anatomical neck) fracture; with manipulation, with or without skeletal traction	**Pre-1990**			NPA
23615	Open treatment of proximal humeral (surgical or anatomical neck) fracture, includes internal fixation, when performed, includes repair of tuberosity(s), when performed	**Pre-1990**			NPA
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	**Pre-1990**			NPA
23620	Closed treatment of greater humeral tuberosity fracture; without manipulation	**Pre-1990**			NPA
23625	Closed treatment of greater humeral tuberosity fracture; with manipulation	**Pre-1990**			NPA
23630	Open treatment of greater humeral tuberosity fracture, includes internal fixation, when performed	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
23650	Closed treatment of shoulder dislocation, with manipulation; without anesthesia	**Pre-1990**			NPA
23655	Closed treatment of shoulder dislocation, with manipulation; requiring anesthesia	**Pre-1990**			NPA
23660	Open treatment of acute shoulder dislocation	**Pre-1990**			NPA
23665	Closed treatment of shoulder dislocation, with fracture of greater humeral tuberosity, with manipulation	**Pre-1990**			NPA
23670	Open treatment of shoulder dislocation, with fracture of greater humeral tuberosity, includes internal fixation, when performed	**Pre-1990**			NPA
23675	Closed treatment of shoulder dislocation, with surgical or anatomical neck fracture, with manipulation	**Pre-1990**			NPA
23680	Open treatment of shoulder dislocation, with surgical or anatomical neck fracture, includes internal fixation, when performed	**Pre-1990**			NPA
23700	Manipulation under anesthesia, shoulder joint, including application of fixation apparatus (dislocation excluded)	**Pre-1990**			NPA
23800	Arthrodesis, glenohumeral joint	**Pre-1990**			PA
23802	Arthrodesis, glenohumeral joint; with autogenous graft (includes obtaining graft)	**Pre-1990**			PA
23900	Interthoracoscapular amputation (forequarter)	**Pre-1990**			NPA
23920	Disarticulation of shoulder	**Pre-1990**			NPA
23921	Disarticulation of shoulder; secondary closure or scar revision	**Pre-1990**			NPA
23929	Unlisted procedure, shoulder	**Pre-1990**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
23930	Incision and drainage, upper arm or elbow area; deep abscess or hematoma	Pre-1990			NPA
23931	Incision and drainage, upper arm or elbow area; bursa	Pre-1990			NPA
23935	Incision, deep, with opening of bone cortex (eg, for osteomyelitis or bone abscess), humerus or elbow	Pre-1990			NPA
24000	Arthrotomy, elbow, including exploration, drainage, or removal of foreign body	Pre-1990			NPA
24006	Arthrotomy of the elbow, with capsular excision for capsular release (separate procedure)	1/1/1993			NPA
24065	Biopsy, soft tissue of upper arm or elbow area; superficial	Pre-1990			NPA
24066	Biopsy, soft tissue of upper arm or elbow area; deep (subfascial or intramuscular)	Pre-1990			NPA
24071	Excision, tumor, soft tissue of upper arm or elbow area, subcutaneous; 3 cm or greater	1/1/2010		9/1/2023	NPA
24073	Excision, tumor, soft tissue of upper arm or elbow area, subfascial (eg, intramuscular); 5 cm or greater	1/1/2010		9/1/2023	NPA
24075	Excision, tumor, soft tissue of upper arm or elbow area, subcutaneous; less than 3 cm	Pre-1990		9/1/2023	NPA
24076	Excision, tumor, soft tissue of upper arm or elbow area, subfascial (eg, intramuscular); less than 5 cm	Pre-1990		9/1/2023	NPA
24077	Radical resection of tumor (eg, sarcoma), soft tissue of upper arm or elbow area; less than 5 cm	Pre-1990			NPA
24079	Radical resection of tumor (eg, sarcoma), soft tissue of upper arm or elbow area; 5 cm or greater	1/1/2010			NPA
`	Arthrotomy, elbow; with synovial biopsy only	Pre-1990			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
24101	Arthrotomy, elbow; with joint exploration, with or without biopsy, with or without removal of loose or foreign body	**Pre-1990**			NPA
24102	Arthrotomy, elbow; with synovectomy	**Pre-1990**			PA
24105	Excision, olecranon bursa	**Pre-1990**			NPA
24110	Excision or curettage of bone cyst or benign tumor, humerus	**Pre-1990**			NPA
24115	Excision or curettage of bone cyst or benign tumor, humerus; with autograft (includes obtaining graft)	**Pre-1990**			NPA
24116	Excision or curettage of bone cyst or benign tumor, humerus; with allograft	**Pre-1990**			NPA
24120	Excision or curettage of bone cyst or benign tumor of head or neck of radius or olecranon process	**Pre-1990**			NPA
24125	Excision or curettage of bone cyst or benign tumor of head or neck of radius or olecranon process; with autograft (includes obtaining graft)	**Pre-1990**			NPA
24126	Excision or curettage of bone cyst or benign tumor of head or neck of radius or olecranon process; with allograft	**Pre-1990**			NPA
24130	Excision, radial head	**Pre-1990**			NPA
24134	Sequestrectomy (eg, for osteomyelitis or bone abscess), shaft or distal humerus	**Pre-1990**			NPA
24136	Sequestrectomy (eg, for osteomyelitis or bone abscess), radial head or neck	**Pre-1990**			NPA
24138	Sequestrectomy (eg, for osteomyelitis or bone abscess), olecranon process	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
24140	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), humerus	**Pre-1990**			NPA
24145	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), radial head or neck	**Pre-1990**			NPA
24147	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), olecranon process	**Pre-1990**			NPA
24149	Radical resection of capsule, soft tissue, and heterotopic bone, elbow, with contracture release (separate procedure)	**1/1/1997**			NPA
24150	Radical resection of tumor, shaft or distal humerus	**Pre-1990**			NPA
24152	Radical resection of tumor, radial head or neck	**Pre-1990**			NPA
24155	Resection of elbow joint (arthrectomy)	**Pre-1990**			NPA
24160	Removal of prosthesis, includes debridement and synovectomy when performed; humeral and ulnar components	**Pre-1990**			PA
24164	Removal of prosthesis, includes debridement and synovectomy when performed; radial head	**Pre-1990**			PA
24200	Removal of foreign body, upper arm or elbow area; subcutaneous	**Pre-1990**			NPA
24201	Removal of foreign body, upper arm or elbow area; deep (subfascial or intramuscular)	**Pre-1990**			NPA
24220	Injection procedure for elbow arthrography	**Pre-1990**			NPA
24300	Manipulation, elbow, under anesthesia	**1/1/2002**			NPA
24301	Muscle or tendon transfer, any type, upper arm or elbow, single (excluding 24320-24331)	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
24305	Tendon lengthening, upper arm or elbow, each tendon	Pre-1990			NPA
24310	Tenotomy, open, elbow to shoulder, each tendon	Pre-1990			NPA
24320	Tenoplasty, with muscle transfer, with or without free graft, elbow to shoulder, single (Seddon-Brookes type procedure)	Pre-1990			PA
24330	Flexor-plasty, elbow (eg, Steindler type advancement)	Pre-1990			PA
24331	Flexor-plasty, elbow (eg, Steindler type advancement); with extensor advancement	Pre-1990			PA
24332	Tenolysis, triceps	1/1/2002			NPA
24340	Tenodesis of biceps tendon at elbow (separate procedure)	Pre-1990			NPA
24341	Repair, tendon or muscle, upper arm or elbow, each tendon or muscle, primary or secondary (excludes rotator cuff)	1/1/1997			NPA
24342	Reinsertion of ruptured biceps or triceps tendon, distal, with or without tendon graft	Pre-1990			NPA
24343	Repair lateral collateral ligament, elbow, with local tissue	1/1/2002			NPA
24344	Reconstruction lateral collateral ligament, elbow, with tendon graft (includes harvesting of graft)	1/1/2002			NPA
24345	Repair medial collateral ligament, elbow, with local tissue	1/1/2002			NPA
24346	Reconstruction medial collateral ligament, elbow, with tendon graft (includes harvesting of graft)	1/1/2002			NPA
24357	Tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elbow, golfer's elbow); percutaneous	1/1/2008			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
24358	Tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elbow, golfer's elbow); debridement, soft tissue and/or bone, open	**1/1/2008**			NPA
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	**1/1/2008**			NPA
24360	Arthroplasty, elbow; with membrane (eg, fascial)	**Pre-1990**		**9/1/2023**	NPA
24361	Arthroplasty, elbow; with distal humeral prosthetic replacement	**Pre-1990**		**9/1/2023**	NPA
24362	Arthroplasty, elbow; with implant and fascia lata ligament reconstruction	**Pre-1990**		**9/1/2023**	NPA
24363	Arthroplasty, elbow; with distal humerus and proximal ulnar prosthetic replacement (eg, total elbow)	**Pre-1990**		**9/1/20233**	NPA
24365	Arthroplasty, radial head	**Pre-1990**		**9/1/2023**	NPA
24366	Arthroplasty, radial head; with implant	**Pre-1990**		**9/1/2023**	NPA
24370	Revision of total elbow arthroplasty, including allograft when performed; humeral or ulnar component	**1/1/2013**		**9/1/2023**	NPA
24371	Revision of total elbow arthroplasty, including allograft when performed; humeral and ulnar component	**1/1/2013**		**9/1/2023**	NPA
24400	Osteotomy, humerus, with or without internal fixation	**Pre-1990**			NPA
24410	Multiple osteotomies with realignment on intramedullary rod, humeral shaft (Sofield type procedure)	**Pre-1990**			NPA
24420	Osteoplasty, humerus (eg, shortening or lengthening) (excluding 64876)	**Pre-1990**			PA
24430	Repair of nonunion or malunion, humerus; without graft (eg, compression technique)	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
24435	Repair of nonunion or malunion, humerus; with iliac or other autograft (includes obtaining graft)	**Pre-1990**			NPA
24470	Hemiepiphyseal arrest (eg, cubitus varus or valgus, distal humerus)	**Pre-1990**			NPA
24495	Decompression fasciotomy, forearm, with brachial artery exploration	**Pre-1990**			NPA
24498	Prophylactic treatment (nailing, pinning, plating or wiring), with or without methylmethacrylate, humeral shaft	**Pre-1990**			PA
24500	Closed treatment of humeral shaft fracture; without manipulation	**Pre-1990**			NPA
24505	Closed treatment of humeral shaft fracture; with manipulation, with or without skeletal traction	**Pre-1990**			NPA
24515	Open treatment of humeral shaft fracture with plate/screws, with or without cerclage	**Pre-1990**			NPA
24516	Treatment of humeral shaft fracture, with insertion of intramedullary implant, with or without cerclage and/or locking screws	**Pre-1990**			NPA
24530	Closed treatment of supracondylar or transcondylar humeral fracture, with or without intercondylar extension; without manipulation	**Pre-1990**			NPA
24535	Closed treatment of supracondylar or transcondylar humeral fracture, with or without intercondylar extension; with manipulation, with or without skin or skeletal traction	**Pre-1990**			NPA
24538	Percutaneous skeletal fixation of supracondylar or transcondylar humeral fracture, with or without intercondylar extension	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
24545	Open treatment of humeral supracondylar or transcondylar fracture, includes internal fixation, when performed; without intercondylar extension	**Pre-1990**			NPA
24546	Open treatment of humeral supracondylar or transcondylar fracture, includes internal fixation, when performed; with intercondylar extension	**Pre-1990**			NPA
24560	Closed treatment of humeral epicondylar fracture, medial or lateral; without manipulation	**Pre-1990**			NPA
24565	Closed treatment of humeral epicondylar fracture, medial or lateral; with manipulation	**Pre-1990**			NPA
24566	Percutaneous skeletal fixation of humeral epicondylar fracture, medial or lateral, with manipulation	**1/1/1994**			NPA
24575	Open treatment of humeral epicondylar fracture, medial or lateral, includes internal fixation, when performed	**Pre-1990**			NPA
24576	Closed treatment of humeral condylar fracture, medial or lateral; without manipulation	**Pre-1990**			NPA
24577	Closed treatment of humeral condylar fracture, medial or lateral; with manipulation	**Pre-1990**			NPA
24579	Open treatment of humeral condylar fracture, medial or lateral, includes internal fixation, when performed	**Pre-1990**			NPA
24582	Percutaneous skeletal fixation of humeral condylar fracture, medial or lateral, with manipulation	**1/1/1994**			NPA
24586	Open treatment of periarticular fracture and/or dislocation of the elbow (fracture distal humerus and proximal ulna and/or proximal radius)	**Pre-1990**			NPA
24587	Open treatment of periarticular fracture and/or dislocation of the elbow (fracture distal humerus and	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	proximal ulna and/or proximal radius); with implant arthroplasty				
24600	Treatment of closed elbow dislocation; without anesthesia	**Pre-1990**			NPA
24605	Treatment of closed elbow dislocation; requiring anesthesia	**Pre-1990**			NPA
24615	Open treatment of acute or chronic elbow dislocation	**Pre-1990**			NPA
24620	Closed treatment of Monteggia type of fracture dislocation at elbow (fracture proximal end of ulna with dislocation of radial head), with manipulation	**Pre-1990**			NPA
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	**Pre-1990**			NPA
24640	Closed treatment of radial head subluxation in child, nursemaid elbow, with manipulation	**Pre-1990**			NPA
24650	Closed treatment of radial head or neck fracture; without manipulation	**Pre-1990**			NPA
24655	Closed treatment of radial head or neck fracture; with manipulation	**Pre-1990**			NPA
24665	Open treatment of radial head or neck fracture, includes internal fixation or radial head excision, when performed	**Pre-1990**			NPA
24666	Open treatment of radial head or neck fracture, includes internal fixation or radial head excision, when performed; with radial head prosthetic replacement	**Pre-1990**			NPA
24670	Closed treatment of ulnar fracture, proximal end (eg, olecranon or coronoid process[es]); without manipulation	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
24675	Closed treatment of ulnar fracture, proximal end (eg, olecranon or coronoid process[es]); with manipulation	**Pre-1990**			NPA
24685	Open treatment of ulnar fracture, proximal end (eg, olecranon or coronoid process[es]), includes internal fixation, when performed	**Pre-1990**			NPA
24800	Arthrodesis, elbow joint; local	**Pre-1990**			NPA
24802	Arthrodesis, elbow joint; with autogenous graft (includes obtaining graft)	**Pre-1990**			NPA
24900	Amputation, arm through humerus; with primary closure	**Pre-1990**			NPA
24920	Amputation, arm through humerus; open, circular (guillotine)	**Pre-1990**			NPA
24925	Amputation, arm through humerus; secondary closure or scar revision	**Pre-1990**			NPA
24930	Amputation, arm through humerus; re-amputation	**Pre-1990**			NPA
24931	Amputation, arm through humerus; with implant	**Pre-1990**			NPA
24935	Stump elongation, upper extremity	**Pre-1990**			NPA
24940	Cineplasty, upper extremity, complete procedure	**Pre-1990**			PA
24999	Unlisted procedure, humerus or elbow	**Pre-1990**			PA
25000	Incision, extensor tendon sheath, wrist (eg, de Quervains disease)	**Pre-1990**			NPA
25001	Incision, flexor tendon sheath, wrist (eg, flexor carpi radialis)	**1/1/2002**			NPA
25020	Decompression fasciotomy, forearm and/or wrist, flexor OR extensor compartment; without debridement of nonviable muscle and/or nerve	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
25023	Decompression fasciotomy, forearm and/or wrist, flexor OR extensor compartment; with debridement of nonviable muscle and/or nerve	**Pre-1990**			NPA
25024	Decompression fasciotomy, forearm and/or wrist, flexor AND extensor compartment; without debridement of nonviable muscle and/or nerve	**1/1/2002**			NPA
25025	Decompression fasciotomy, forearm and/or wrist, flexor AND extensor compartment; with debridement of nonviable muscle and/or nerve	**1/1/2002**			NPA
25028	Incision and drainage, forearm and/or wrist; deep abscess or hematoma	**Pre-1990**			NPA
25031	Incision and drainage, forearm and/or wrist; bursa	**Pre-1990**			NPA
25035	Incision, deep, bone cortex, forearm and/or wrist (eg, osteomyelitis or bone abscess)	**Pre-1990**			NPA
25040	Arthrotomy, radiocarpal or midcarpal joint, with exploration, drainage, or removal of foreign body	**Pre-1990**			NPA
25065	Biopsy, soft tissue of forearm and/or wrist; superficial	**Pre-1990**			NPA
25066	Biopsy, soft tissue of forearm and/or wrist; deep (subfascial or intramuscular)	**Pre-1990**			NPA
25071	Excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; 3 cm or greater	**1/1/2010**			NPA
25073	Excision, tumor, soft tissue of forearm and/or wrist area, subfascial (eg, intramuscular); 3 cm or greater	**1/1/2010**			NPA
25075	Excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; less than 3 cm	**Pre-1990**			NPA
25076	Excision, tumor, soft tissue of forearm and/or wrist area, subfascial (eg, intramuscular); less than 3 cm	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
25077	Radical resection of tumor (eg, sarcoma), soft tissue of forearm and/or wrist area; less than 3 cm	**Pre-1990**			NPA
25078	Radical resection of tumor (eg, sarcoma), soft tissue of forearm and/or wrist area; 3 cm or greater	**1/1/2010**			NPA
25085	Capsulotomy, wrist (eg, contracture)	**Pre-1990**			NPA
25100	Arthrotomy, wrist joint; with biopsy	**Pre-1990**			NPA
25101	Arthrotomy, wrist joint; with joint exploration, with or without biopsy, with or without removal of loose or foreign body	**Pre-1990**			NPA
25105	Arthrotomy, wrist joint; with synovectomy	**Pre-1990**			NPA
25107	Arthrotomy, distal radioulnar joint including repair of triangular cartilage, complex	**Pre-1990**			NPA
25109	Excision of tendon, forearm and/or wrist, flexor or extensor, each	**1/1/2007**			NPA
25110	Excision, lesion of tendon sheath, forearm and/or wrist	**Pre-1990**			NPA
25111	Excision of ganglion, wrist (dorsal or volar); primary	**Pre-1990**			NPA
25112	Excision of ganglion, wrist (dorsal or volar); recurrent	**Pre-1990**			NPA
25115	Radical excision of bursa, synovia of wrist, or forearm tendon sheaths (eg, tenosynovitis, fungus, Tbc, or other granulomas, rheumatoid arthritis); flexors	**Pre-1990**			NPA
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	**Pre-1990**			NPA
25118	Synovectomy, extensor tendon sheath, wrist, single compartment	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
25119	Synovectomy, extensor tendon sheath, wrist, single compartment; with resection of distal ulna	**Pre-1990**			NPA
25120	Excision or curettage of bone cyst or benign tumor of radius or ulna (excluding head or neck of radius and olecranon process)	**Pre-1990**			NPA
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)	**Pre-1990**			NPA
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	**Pre-1990**			NPA
25130	Excision or curettage of bone cyst or benign tumor of carpal bones	**Pre-1990**			NPA
25135	Excision or curettage of bone cyst or benign tumor of carpal bones; with autograft (includes obtaining graft)	**Pre-1990**			NPA
25136	Excision or curettage of bone cyst or benign tumor of carpal bones; with allograft	**Pre-1990**			NPA
25145	Sequestrectomy (eg, for osteomyelitis or bone abscess), forearm and/or wrist	**Pre-1990**			NPA
25150	Partial excision (craterization, saucerization, or diaphysectomy) of bone (eg, for osteomyelitis); ulna	**Pre-1990**			NPA
25151	Partial excision (craterization, saucerization, or diaphysectomy) of bone (eg, for osteomyelitis); radius	**Pre-1990**			NPA
25170	Radical resection of tumor, radius or ulna	**Pre-1990**			NPA
25210	Carpectomy; 1 bone	**Pre-1990**			NPA
25215	Carpectomy; all bones of proximal row	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
25230	Radial styloidectomy (separate procedure)	**Pre-1990**			NPA
25240	Excision distal ulna partial or complete (eg, Darrach type or matched resection)	**Pre-1990**			NPA
25246	Injection procedure for wrist arthrography	**Pre-1990**			NPA
25248	Exploration with removal of deep foreign body, forearm or wrist	**Pre-1990**			NPA
25250	Removal of wrist prosthesis; (separate procedure)	**Pre-1990**			NPA
25251	Removal of wrist prosthesis; complicated, including total wrist	**Pre-1990**			NPA
25259	Manipulation, wrist, under anesthesia	**1/1/2002**			NPA
25260	Repair, tendon or muscle, flexor, forearm and/or wrist; primary, single, each tendon or muscle	**Pre-1990**			NPA
25263	Repair, tendon or muscle, flexor, forearm and/or wrist; secondary, single, each tendon or muscle	**Pre-1990**			NPA
25265	Repair, tendon or muscle, flexor, forearm and/or wrist; secondary, with free graft (includes obtaining graft), each tendon or muscle	**Pre-1990**			NPA
25270	Repair, tendon or muscle, extensor, forearm and/or wrist; primary, single, each tendon or muscle	**Pre-1990**			NPA
25272	Repair, tendon or muscle, extensor, forearm and/or wrist; secondary, single, each tendon or muscle	**Pre-1990**			NPA
25274	Repair, tendon or muscle, extensor, forearm and/or wrist; secondary, with free graft (includes obtaining graft), each tendon or muscle	**Pre-1990**			NPA
25275	Repair, tendon sheath, extensor, forearm and/or wrist, with free graft (includes obtaining graft) (eg, for extensor carpi ulnaris subluxation)	**1/1/2002**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
25280	Lengthening or shortening of flexor or extensor tendon, forearm and/or wrist, single, each tendon	Pre-1990			NPA
25290	Tenotomy, open, flexor or extensor tendon, forearm and/or wrist, single, each tendon	Pre-1990			NPA
25295	Tenolysis, flexor or extensor tendon, forearm and/or wrist, single, each tendon	Pre-1990			NPA
25300	Tenodesis at wrist; flexors of fingers	Pre-1990			NPA
25301	Tenodesis at wrist; extensors of fingers	Pre-1990			NPA
25310	Tendon transplantation or transfer, flexor or extensor, forearm and/or wrist, single; each tendon	Pre-1990			NPA
25312	Tendon transplantation or transfer, flexor or extensor, forearm and/or wrist, single; with tendon graft(s) (includes obtaining graft), each tendon	Pre-1990			NPA
25315	Flexor origin slide (eg, for cerebral palsy, Volkmann contracture), forearm and/or wrist	Pre-1990			NPA
25316	Flexor origin slide (eg, for cerebral palsy, Volkmann contracture), forearm and/or wrist; with tendon(s) transfer	Pre-1990			NPA
25320	Capsulorrhaphy or reconstruction, wrist, open (eg, capsulodesis, ligament repair, tendon transfer or graft) (includes synovectomy, capsulotomy and open reduction) for carpal instability	Pre-1990			NPA
25332	Arthroplasty, wrist, with or without interposition, with or without external or internal fixation	Pre-1990			PA
25335	Centralization of wrist on ulna (eg, radial club hand)	Pre-1990			PA
25337	Reconstruction for stabilization of unstable distal ulna or distal radioulnar joint, secondary by soft tissue stabilization	1/1/1995			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	(eg, tendon transfer, tendon graft or weave, or tenodesis) with or without open reduction of distal radioulnar joint				
25350	Osteotomy, radius; distal third	**Pre-1990**			NPA
25355	Osteotomy, radius; middle or proximal third	**Pre-1990**			NPA
25360	Osteotomy; ulna	**Pre-1990**			NPA
25365	Osteotomy; radius AND ulna	**Pre-1990**			NPA
25370	Multiple osteotomies, with realignment on intramedullary rod (Sofield type procedure); radius OR ulna	**Pre-1990**			NPA
25375	Multiple osteotomies, with realignment on intramedullary rod (Sofield type procedure); radius AND ulna	**Pre-1990**			NPA
25390	Osteoplasty, radius OR ulna; shortening	**Pre-1990**			NPA
25391	Osteoplasty, radius OR ulna; lengthening with autograft	**Pre-1990**			NPA
25392	Osteoplasty, radius AND ulna; shortening (excluding 64876)	**Pre-1990**			NPA
25393	Osteoplasty, radius AND ulna; lengthening with autograft	**Pre-1990**			NPA
25394	Osteoplasty, carpal bone, shortening	**1/1/2002**			NPA
25400	Repair of nonunion or malunion, radius OR ulna; without graft (eg, compression technique)	**Pre-1990**			NPA
25405	Repair of nonunion or malunion, radius OR ulna; with autograft (includes obtaining graft)	**Pre-1990**			NPA
25415	Repair of nonunion or malunion, radius AND ulna; without graft (eg, compression technique)	**Pre-1990**			NPA
25420	Repair of nonunion or malunion, radius AND ulna; with autograft (includes obtaining graft)	**Pre-1990**			NPA
25425	Repair of defect with autograft; radius OR ulna	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
25426	Repair of defect with autograft; radius AND ulna	**Pre-1990**			NPA
25430	Insertion of vascular pedicle into carpal bone (eg, Hori procedure)	**1/1/2002**			NPA
25431	Repair of nonunion of carpal bone (excluding carpal scaphoid (navicular)) (includes obtaining graft and necessary fixation), each bone	**1/1/2002**			NPA
25440	Repair of nonunion, scaphoid carpal (navicular) bone, with or without radial styloidectomy (includes obtaining graft and necessary fixation)	**Pre-1990**			NPA
25441	Arthroplasty with prosthetic replacement; distal radius	**Pre-1990**			PA
25442	Arthroplasty with prosthetic replacement; distal ulna	**Pre-1990**			PA
25443	Arthroplasty with prosthetic replacement; scaphoid carpal (navicular)	**Pre-1990**			PA
25444	Arthroplasty with prosthetic replacement; lunate	**Pre-1990**			PA
25445	Arthroplasty with prosthetic replacement; trapezium	**Pre-1990**			PA
25446	Arthroplasty with prosthetic replacement; distal radius and partial or entire carpus (total wrist)	**Pre-1990**			PA
25447	Arthroplasty, interposition, intercarpal or carpometacarpal joints	**Pre-1990**			PA
25449	Revision of arthroplasty, including removal of implant, wrist joint	**Pre-1990**			PA
25450	Epiphyseal arrest by epiphysiodesis or stapling; distal radius OR ulna	**Pre-1990**			NPA
25455	Epiphyseal arrest by epiphysiodesis or stapling; distal radius AND ulna	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
25490	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; radius	**Pre-1990**			NPA
25491	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; ulna	**Pre-1990**			NPA
25492	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; radius AND ulna	**Pre-1990**			NPA
25500	Closed treatment of radial shaft fracture; without manipulation	**Pre-1990**			NPA
25505	Closed treatment of radial shaft fracture; with manipulation	**Pre-1990**			NPA
25515	Open treatment of radial shaft fracture, includes internal fixation, when performed	**Pre-1990**			NPA
25520	Closed treatment of radial shaft fracture and closed treatment of dislocation of distal radioulnar joint (Galeazzi fracture/dislocation)	**Pre-1990**			NPA
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	**Pre-1990**			NPA
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	**Pre-1990**			NPA
25530	Closed treatment of ulnar shaft fracture; without manipulation	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
25535	Closed treatment of ulnar shaft fracture; with manipulation	Pre-1990			NPA
25545	Open treatment of ulnar shaft fracture, includes internal fixation, when performed	Pre-1990			NPA
25560	Closed treatment of radial and ulnar shaft fractures; without manipulation	Pre-1990			NPA
25565	Closed treatment of radial and ulnar shaft fractures; with manipulation	Pre-1990			NPA
25574	Open treatment of radial AND ulnar shaft fractures, with internal fixation, when performed; of radius OR ulna	Pre-1990			NPA
25575	Open treatment of radial AND ulnar shaft fractures, with internal fixation, when performed; of radius AND ulna	Pre-1990			NPA
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	Pre-1990			NPA
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	Pre-1990			NPA
25606	Percutaneous skeletal fixation of distal radial fracture or epiphyseal separation	1/1/2007			NPA
25607	Open treatment of distal radial extra-articular fracture or epiphyseal separation, with internal fixation	1/1/2007			NPA
25608	Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 2 fragments	1/1/2007			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
25609	Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 3 or more fragments	**1/1/2007**			NPA
25622	Closed treatment of carpal scaphoid (navicular) fracture; without manipulation	**Pre-1990**			NPA
25624	Closed treatment of carpal scaphoid (navicular) fracture; with manipulation	**Pre-1990**			NPA
25628	Open treatment of carpal scaphoid (navicular) fracture, includes internal fixation, when performed	**Pre-1990**			NPA
25630	Closed treatment of carpal bone fracture (excluding carpal scaphoid [navicular]); without manipulation, each bone	**Pre-1990**			NPA
25635	Closed treatment of carpal bone fracture (excluding carpal scaphoid [navicular]); with manipulation, each bone	**Pre-1990**			NPA
25645	Open treatment of carpal bone fracture (other than carpal scaphoid [navicular]), each bone	**Pre-1990**			NPA
25650	Closed treatment of ulnar styloid fracture	**Pre-1990**			NPA
25651	Percutaneous skeletal fixation of ulnar styloid fracture	**1/1/2002**			NPA
25652	Open treatment of ulnar styloid fracture	**1/1/2002**			NPA
25660	Closed treatment of radiocarpal or intercarpal dislocation, 1 or more bones, with manipulation	**Pre-1990**			NPA
25670	Open treatment of radiocarpal or intercarpal dislocation, 1 or more bones	**Pre-1990**			NPA
25671	Percutaneous skeletal fixation of distal radioulnar dislocation	**1/1/2002**			NPA
25675	Closed treatment of distal radioulnar dislocation with manipulation	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
25676	Open treatment of distal radioulnar dislocation, acute or chronic	**Pre-1990**			NPA
25680	Closed treatment of trans-scaphoperilunar type of fracture dislocation, with manipulation	**Pre-1990**			NPA
25685	Open treatment of trans-scaphoperilunar type of fracture dislocation	**Pre-1990**			NPA
25690	Closed treatment of lunate dislocation, with manipulation	**Pre-1990**			NPA
25695	Open treatment of lunate dislocation	**Pre-1990**			NPA
25800	Arthrodesis, wrist; complete, without bone graft (includes radiocarpal and/or intercarpal and/or carpometacarpal joints)	**Pre-1990**		**9/1/2023**	NPA
25805	Arthrodesis, wrist; with sliding graft	**Pre-1990**		**9/1/2023**	NPA
25810	Arthrodesis, wrist; with iliac or other autograft (includes obtaining graft)	**Pre-1990**		**9/1/2023**	NPA
25820	Arthrodesis, wrist; limited, without bone graft (eg, intercarpal or radiocarpal)	**Pre-1990**		**9/1/2023**	NPA
25825	Arthrodesis, wrist; with autograft (includes obtaining graft)	**Pre-1990**		**9/1/2023**	NPA
25830	Arthrodesis, distal radioulnar joint with segmental resection of ulna, with or without bone graft (eg, Sauve-Kapandji procedure)	**1/1/1995**		**9/1/2023**	NPA
25900	Amputation, forearm, through radius and ulna	**Pre-1990**			NPA
25905	Amputation, forearm, through radius and ulna; open, circular (guillotine)	**Pre-1990**			NPA
25907	Amputation, forearm, through radius and ulna; secondary closure or scar revision	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
25909	Amputation, forearm, through radius and ulna; re-amputation	**Pre-1990**			NPA
25915	Krukenberg procedure	**Pre-1990**			PA
25920	Disarticulation through wrist	**Pre-1990**			NPA
25922	Disarticulation through wrist; secondary closure or scar revision	**Pre-1990**			NPA
25924	Disarticulation through wrist; re-amputation	**Pre-1990**			NPA
25927	Transmetacarpal amputation	**Pre-1990**			NPA
25929	Transmetacarpal amputation; secondary closure or scar revision	**Pre-1990**			NPA
25931	Transmetacarpal amputation; re-amputation	**Pre-1990**			NPA
25999	Unlisted procedure, forearm or wrist	**Pre-1990**			PA
26010	Drainage of finger abscess; simple	**Pre-1990**			NPA
26011	Drainage of finger abscess; complicated (eg, felon)	**Pre-1990**			NPA
26020	Drainage of tendon sheath, digit and/or palm, each	**Pre-1990**			NPA
26025	Drainage of palmar bursa; single, bursa	**Pre-1990**			NPA
26030	Drainage of palmar bursa; multiple bursa	**Pre-1990**			NPA
26034	Incision, bone cortex, hand or finger (eg, osteomyelitis or bone abscess)	**Pre-1990**			NPA
26035	Decompression fingers and/or hand, injection injury (eg, grease gun)	**Pre-1990**			NPA
26037	Decompressive fasciotomy, hand (excludes 26035)	**1/1/1990**			NPA
26040	Fasciotomy, palmar (eg, Dupuytren's contracture); percutaneous	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
26045	Fasciotomy, palmar (eg, Dupuytren's contracture); open, partial	**Pre-1990**			NPA
26055	Tendon sheath incision (eg, for trigger finger)	**Pre-1990**			NPA
26060	Tenotomy, percutaneous, single, each digit	**Pre-1990**			NPA
26070	Arthrotomy, with exploration, drainage, or removal of loose or foreign body; carpometacarpal joint	**Pre-1990**			NPA
26075	Arthrotomy, with exploration, drainage, or removal of loose or foreign body; metacarpophalangeal joint, each	**Pre-1990**			NPA
26080	Arthrotomy, with exploration, drainage, or removal of loose or foreign body; interphalangeal joint, each	**Pre-1990**			NPA
26100	Arthrotomy with biopsy; carpometacarpal joint, each	**Pre-1990**			NPA
26105	Arthrotomy with biopsy; metacarpophalangeal joint, each	**Pre-1990**			NPA
26110	Arthrotomy with biopsy; interphalangeal joint, each	**Pre-1990**			NPA
26111	Excision, tumor or vascular malformation, soft tissue of hand or finger, subcutaneous; 1.5 cm or greater	**1/1/2010**			NPA
26113	Excision, tumor, soft tissue, or vascular malformation, of hand or finger, subfascial (eg, intramuscular); 1.5 cm or greater	**1/1/2010**			NPA
26115	Excision, tumor or vascular malformation, soft tissue of hand or finger, subcutaneous; less than 1.5 cm	**Pre-1990**			NPA
26116	Excision, tumor, soft tissue, or vascular malformation, of hand or finger, subfascial (eg, intramuscular); less than 1.5 cm	**Pre-1990**			NPA
26117	Radical resection of tumor (eg, sarcoma), soft tissue of hand or finger; less than 3 cm	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
26118	Radical resection of tumor (eg, sarcoma), soft tissue of hand or finger; 3 cm or greater	**1/1/2010**			NPA
26121	Fasciectomy, palm only, with or without Z-plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft)	**1/1/1990**			NPA
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)	**Pre-1990**			NPA
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)	**1/1/1990**			NPA
26130	Synovectomy, carpometacarpal joint	**Pre-1990**			NPA
26135	Synovectomy, metacarpophalangeal joint including intrinsic release and extensor hood reconstruction, each digit	**Pre-1990**			NPA
26140	Synovectomy, proximal interphalangeal joint, including extensor reconstruction, each interphalangeal joint	**Pre-1990**			NPA
26145	Synovectomy, tendon sheath, radical (tenosynovectomy), flexor tendon, palm and/or finger, each tendon	**Pre-1990**			NPA
26160	Excision of lesion of tendon sheath or joint capsule (eg, cyst, mucous cyst, or ganglion), hand or finger	**Pre-1990**			NPA
26170	Excision of tendon, palm, flexor or extensor, single, each tendon	**Pre-1990**			NPA
26180	Excision of tendon, finger, flexor or extensor, each tendon	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
26185	Sesamoidectomy, thumb or finger (separate procedure)	1/1/1997			NPA
26200	Excision or curettage of bone cyst or benign tumor of metacarpal	Pre-1990			NPA
26205	Excision or curettage of bone cyst or benign tumor of metacarpal; with autograft (includes obtaining graft)	Pre-1990			NPA
26210	Excision or curettage of bone cyst or benign tumor of proximal, middle, or distal phalanx of finger	Pre-1990			NPA
26215	Excision or curettage of bone cyst or benign tumor of proximal, middle, or distal phalanx of finger; with autograft (includes obtaining graft)	Pre-1990			NPA
26230	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis); metacarpal	Pre-1990			NPA
26235	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis); proximal or middle phalanx of finger	Pre-1990			NPA
26236	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis); distal phalanx of finger	Pre-1990			NPA
26250	Radical resection of tumor, metacarpal	Pre-1990			NPA
26260	Radical resection of tumor, proximal or middle phalanx of finger	Pre-1990			NPA
26262	Radical resection of tumor, distal phalanx of finger	Pre-1990			NPA
26320	Removal of implant from finger or hand	Pre-1990			NPA
26340	Manipulation, finger joint, under anesthesia, each joint	1/1/2002			NPA
26341	Manipulation, palmar fascial cord (ie, Dupuytren's cord), post enzyme injection (eg, collagenase), single cord	1/1/2012			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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	**Pre-1990**			NPA
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	**Pre-1990**			NPA
26356	Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); primary, without free graft, each tendon	**Pre-1990**			NPA
26357	Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); secondary, without free graft, each tendon	**Pre-1990**			NPA
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	**Pre-1990**			NPA
26370	Repair or advancement of profundus tendon, with intact superficialis tendon; primary, each tendon	**Pre-1990**			NPA
26372	Repair or advancement of profundus tendon, with intact superficialis tendon; secondary with free graft (includes obtaining graft), each tendon	**Pre-1990**			NPA
26373	Repair or advancement of profundus tendon, with intact superficialis tendon; secondary without free graft, each tendon	**Pre-1990**			NPA
26390	Excision flexor tendon, with implantation of synthetic rod for delayed tendon graft, hand or finger, each rod	**Pre-1990**			NPA
26392	Removal of synthetic rod and insertion of flexor tendon graft, hand or finger (includes obtaining graft), each rod	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
26410	Repair, extensor tendon, hand, primary or secondary; without free graft, each tendon	**Pre-1990**			NPA
26412	Repair, extensor tendon, hand, primary or secondary; with free graft (includes obtaining graft), each tendon	**Pre-1990**			NPA
26415	Excision of extensor tendon, with implantation of synthetic rod for delayed tendon graft, hand or finger, each rod	**Pre-1990**			NPA
26416	Removal of synthetic rod and insertion of extensor tendon graft (includes obtaining graft), hand or finger, each rod	**Pre-1990**			NPA
26418	Repair, extensor tendon, finger, primary or secondary; without free graft, each tendon	**Pre-1990**			NPA
26420	Repair, extensor tendon, finger, primary or secondary; with free graft (includes obtaining graft) each tendon	**Pre-1990**			NPA
26426	Repair of extensor tendon, central slip, secondary (eg, boutonniere deformity); using local tissue(s), including lateral band(s), each finger	**Pre-1990**			NPA
26428	Repair of extensor tendon, central slip, secondary (eg, boutonniere deformity); with free graft (includes obtaining graft), each finger	**Pre-1990**			NPA
26432	Closed treatment of distal extensor tendon insertion, with or without percutaneous pinning (eg, mallet finger)	**Pre-1990**			NPA
26433	Repair of extensor tendon, distal insertion, primary or secondary; without graft (eg, mallet finger)	**Pre-1990**			NPA
26434	Repair of extensor tendon, distal insertion, primary or secondary; with free graft (includes obtaining graft)	**Pre-1990**			NPA
26437	Realignment of extensor tendon, hand, each tendon	**Pre-1990**			NPA
26440	Tenolysis, flexor tendon; palm OR finger, each tendon	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
26442	Tenolysis, flexor tendon; palm AND finger, each tendon	**Pre-1990**			NPA
26445	Tenolysis, extensor tendon, hand OR finger, each tendon	**Pre-1990**			NPA
26449	Tenolysis, complex, extensor tendon, finger, including forearm, each tendon	**Pre-1990**			NPA
26450	Tenotomy, flexor, palm, open, each tendon	**Pre-1990**			NPA
26455	Tenotomy, flexor, finger, open, each tendon	**Pre-1990**			NPA
26460	Tenotomy, extensor, hand or finger, open, each tendon	**Pre-1990**			NPA
26471	Tenodesis; of proximal interphalangeal joint, each joint	**Pre-1990**			NPA
26474	Tenodesis; of distal joint, each joint	**Pre-1990**			NPA
26476	Lengthening of tendon, extensor, hand or finger, each tendon	**Pre-1990**			NPA
26477	Shortening of tendon, extensor, hand or finger, each tendon	**Pre-1990**			NPA
26478	Lengthening of tendon, flexor, hand or finger, each tendon	**Pre-1990**			NPA
26479	Shortening of tendon, flexor, hand or finger, each tendon	**Pre-1990**			NPA
26480	Transfer or transplant of tendon, carpometacarpal area or dorsum of hand; without free graft, each tendon	**Pre-1990**			NPA
26483	Transfer or transplant of tendon, carpometacarpal area or dorsum of hand; with free tendon graft (includes obtaining graft), each tendon	**Pre-1990**			NPA
26485	Transfer or transplant of tendon, palmar; without free tendon graft, each tendon	**Pre-1990**			NPA
26489	Transfer or transplant of tendon, palmar; with free tendon graft (includes obtaining graft), each tendon	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
26490	Opponensplasty; superficialis tendon transfer type, each tendon	**Pre-1990**			NPA
26492	Opponensplasty; tendon transfer with graft (includes obtaining graft), each tendon	**Pre-1990**			NPA
26494	Opponensplasty; hypothenar muscle transfer	**Pre-1990**			NPA
26496	Opponensplasty; other methods	**Pre-1990**			NPA
26497	Transfer of tendon to restore intrinsic function; ring and small finger	**Pre-1990**			NPA
26498	Transfer of tendon to restore intrinsic function; all 4 fingers	**Pre-1990**			NPA
26499	Correction claw finger, other methods	**Pre-1990**			NPA
26500	Reconstruction of tendon pulley, each tendon; with local tissues (separate procedure)	**Pre-1990**			NPA
26502	Reconstruction of tendon pulley, each tendon; with tendon or fascial graft (includes obtaining graft) (separate procedure)	**Pre-1990**			NPA
26508	Release of thenar muscle(s) (eg, thumb contracture)	**Pre-1990**			NPA
26510	Cross intrinsic transfer, each tendon	**Pre-1990**			NPA
26516	Capsulodesis, metacarpophalangeal joint; single digit	**Pre-1990**			NPA
26517	Capsulodesis, metacarpophalangeal joint; 2 digits	**Pre-1990**			NPA
26518	Capsulodesis, metacarpophalangeal joint; 3 or 4 digits	**Pre-1990**			NPA
26520	Capsulectomy or capsulotomy; metacarpophalangeal joint, each joint	**Pre-1990**			NPA
26525	Capsulectomy or capsulotomy; interphalangeal joint, each joint	**Pre-1990**			NPA
26530	Arthroplasty, metacarpophalangeal joint; each joint	**Pre-1990**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
26531	Arthroplasty, metacarpophalangeal joint; with prosthetic implant, each joint	**Pre-1990**			PA
26535	Arthroplasty, interphalangeal joint; each joint	**Pre-1990**			PA
26536	Arthroplasty, interphalangeal joint; with prosthetic implant, each joint	**Pre-1990**			PA
26540	Repair of collateral ligament, metacarpophalangeal or interphalangeal joint	**Pre-1990**			NPA
26541	Reconstruction, collateral ligament, metacarpophalangeal joint, single; with tendon or fascial graft (includes obtaining graft)	**Pre-1990**			NPA
26542	Reconstruction, collateral ligament, metacarpophalangeal joint, single; with local tissue (eg, adductor advancement)	**Pre-1990**			NPA
26545	Reconstruction, collateral ligament, interphalangeal joint, single, including graft, each joint	**Pre-1990**			NPA
26546	Repair non-union, metacarpal or phalanx (includes obtaining bone graft with or without external or internal fixation)	**Pre-1990**			NPA
26548	Repair and reconstruction, finger, volar plate, interphalangeal joint	**Pre-1990**			NPA
26550	Pollicization of a digit	**Pre-1990**			NPA
26551	Transfer, toe-to-hand with microvascular anastomosis; great toe wrap-around with bone graft	**1/1/1997**			PA
26553	Transfer, toe-to-hand with microvascular anastomosis; other than great toe, single	**1/1/1997**			PA
26554	Transfer, toe-to-hand with microvascular anastomosis; other than great toe, double	**1/1/1997**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
26555	Transfer, finger to another position without microvascular anastomosis	Pre-1990			PA
26556	Transfer, free toe joint, with microvascular anastomosis	1/1/1997			PA
26560	Repair of syndactyly (web finger) each web space; with skin flaps	Pre-1990			NPA
26561	Repair of syndactyly (web finger) each web space; with skin flaps and grafts	Pre-1990			NPA
26562	Repair of syndactyly (web finger) each web space; complex (eg, involving bone, nails)	Pre-1990			NPA
26565	Osteotomy; metacarpal, each	Pre-1990			NPA
26567	Osteotomy; phalanx of finger, each	Pre-1990			NPA
26568	Osteoplasty, lengthening, metacarpal or phalanx	Pre-1990			PA
26580	Repair cleft hand	Pre-1990			PA
26587	Reconstruction of polydactylous digit, soft tissue and bone	Pre-1990			PA
26590	Repair macrodactylia, each digit	Pre-1990			PA
26591	Repair, intrinsic muscles of hand, each muscle	Pre-1990			NPA
26593	Release, intrinsic muscles of hand, each muscle	Pre-1990			NPA
26596	Excision of constricting ring of finger, with multiple Z-plasties	Pre-1990			NPA
26600	Closed treatment of metacarpal fracture, single; without manipulation, each bone	Pre-1990			NPA
26605	Closed treatment of metacarpal fracture, single; with manipulation, each bone	Pre-1990			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
26607	Closed treatment of metacarpal fracture, with manipulation, with external fixation, each bone	**Pre-1990**			NPA
26608	Percutaneous skeletal fixation of metacarpal fracture, each bone	**1/1/1993**			NPA
26615	Open treatment of metacarpal fracture, single, includes internal fixation, when performed, each bone	**Pre-1990**			NPA
26641	Closed treatment of carpometacarpal dislocation, thumb, with manipulation	**Pre-1990**			NPA
26645	Closed treatment of carpometacarpal fracture dislocation, thumb (Bennett fracture), with manipulation	**Pre-1990**			NPA
26650	Percutaneous skeletal fixation of carpometacarpal fracture dislocation, thumb (Bennett fracture), with manipulation	**Pre-1990**			NPA
26665	Open treatment of carpometacarpal fracture dislocation, thumb (Bennett fracture), includes internal fixation, when performed	**Pre-1990**			NPA
26670	Closed treatment of carpometacarpal dislocation, other than thumb, with manipulation, each joint; without anesthesia	**Pre-1990**			NPA
26675	Closed treatment of carpometacarpal dislocation, other than thumb, with manipulation, each joint; requiring anesthesia	**Pre-1990**			NPA
26676	Percutaneous skeletal fixation of carpometacarpal dislocation, other than thumb, with manipulation, each joint	**Pre-1990**			NPA
26685	Open treatment of carpometacarpal dislocation, other than thumb; includes internal fixation, when performed, each joint	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
26686	Open treatment of carpometacarpal dislocation, other than thumb; complex, multiple, or delayed reduction	**Pre-1990**			NPA
26700	Closed treatment of metacarpophalangeal dislocation, single, with manipulation; without anesthesia	**Pre-1990**			NPA
26705	Closed treatment of metacarpophalangeal dislocation, single, with manipulation; requiring anesthesia	**Pre-1990**			NPA
26706	Percutaneous skeletal fixation of metacarpophalangeal dislocation, single, with manipulation	**Pre-1990**			NPA
26715	Open treatment of metacarpophalangeal dislocation, single, includes internal fixation, when performed	**Pre-1990**			NPA
26720	Closed treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb; without manipulation, each	**Pre-1990**			NPA
26725	Closed treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb; with manipulation, with or without skin or skeletal traction, each	**Pre-1990**			NPA
26727	Percutaneous skeletal fixation of unstable phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, with manipulation, each	**Pre-1990**			NPA
26735	Open treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, includes internal fixation, when performed, each	**Pre-1990**			NPA
26740	Closed treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint; without manipulation, each	**Pre-1990**			NPA
26742	Closed treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint; with manipulation, each	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
26746	Open treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint, includes internal fixation, when performed, each	**Pre-1990**			NPA
26750	Closed treatment of distal phalangeal fracture, finger or thumb; without manipulation, each	**Pre-1990**			NPA
26755	Closed treatment of distal phalangeal fracture, finger or thumb; with manipulation, each	**Pre-1990**			NPA
26756	Percutaneous skeletal fixation of distal phalangeal fracture, finger or thumb, each	**Pre-1990**			NPA
26765	Open treatment of distal phalangeal fracture, finger or thumb, includes internal fixation, when performed, each	**Pre-1990**			NPA
26770	Closed treatment of interphalangeal joint dislocation, single, with manipulation; without anesthesia	**Pre-1990**			NPA
26775	Closed treatment of interphalangeal joint dislocation, single, with manipulation; requiring anesthesia	**Pre-1990**			NPA
26776	Percutaneous skeletal fixation of interphalangeal joint dislocation, single, with manipulation	**Pre-1990**			NPA
26785	Open treatment of interphalangeal joint dislocation, includes internal fixation, when performed, single	**Pre-1990**			NPA
26820	Fusion in opposition, thumb, with autogenous graft (includes obtaining graft)	**Pre-1990**			NPA
26841	Arthrodesis, carpometacarpal joint, thumb, with or without internal fixation	**Pre-1990**			NPA
26842	Arthrodesis, carpometacarpal joint, thumb, with or without internal fixation; with autograft (includes obtaining graft)	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
26843	Arthrodesis, carpometacarpal joint, digit, other than thumb, each	**Pre-1990**			NPA
26844	Arthrodesis, carpometacarpal joint, digit, other than thumb, each; with autograft (includes obtaining graft)	**Pre-1990**			NPA
26850	Arthrodesis, metacarpophalangeal joint, with or without internal fixation	**Pre-1990**			NPA
26852	Arthrodesis, metacarpophalangeal joint, with or without internal fixation; with autograft (includes obtaining graft)	**Pre-1990**			NPA
26860	Arthrodesis, interphalangeal joint, with or without internal fixation	**Pre-1990**			NPA
26861	Arthrodesis, interphalangeal joint, with or without internal fixation; each additional interphalangeal joint (List separately in addition to code for primary procedure)	**Pre-1990**			NPA
26862	Arthrodesis, interphalangeal joint, with or without internal fixation; with autograft (includes obtaining graft)	**Pre-1990**			NPA
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)	**Pre-1990**			NPA
26910	Amputation, metacarpal, with finger or thumb (ray amputation), single, with or without interosseous transfer	**Pre-1990**			NPA
26951	Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; with direct closure	**Pre-1990**			NPA
26952	Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; with local advancement flaps (V-Y, hood)	**Pre-1990**			NPA
26989	Unlisted procedure, hands or fingers	**Pre-1990**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
26990	Incision and drainage, pelvis or hip joint area; deep abscess or hematoma	**Pre-1990**			NPA
26991	Incision and drainage, pelvis or hip joint area; infected bursa	**Pre-1990**			NPA
26992	Incision, bone cortex, pelvis and/or hip joint (eg, osteomyelitis or bone abscess)	**Pre-1990**			NPA
27000	Tenotomy, adductor of hip, percutaneous (separate procedure)	**Pre-1990**			NPA
27001	Tenotomy, adductor of hip, open	**Pre-1990**			NPA
27003	Tenotomy, adductor, subcutaneous, open, with obturator neurectomy	**Pre-1990**			NPA
27005	Tenotomy, hip flexor(s), open (separate procedure)	**Pre-1990**			NPA
27006	Tenotomy, abductors and/or extensor(s) of hip, open (separate procedure)	**Pre-1990**			NPA
27025	Fasciotomy, hip or thigh, any type	**Pre-1990**			NPA
27027	Decompression fasciotomy(ies), pelvic (buttock) compartment(s) (eg, gluteus medius-minimus, gluteus maximus, iliopsoas, and/or tensor fascia lata muscle), unilateral	**1/1/2009**			NPA
27030	Arthrotomy, hip, with drainage (eg, infection)	**Pre-1990**			NPA
27033	Arthrotomy, hip, including exploration or removal of loose or foreign body	**Pre-1990**			NPA
27035	Denervation, hip joint, intrapelvic or extrapelvic intra-articular branches of sciatic, femoral, or obturator nerves	**Pre-1990**			NPA
27036	Capsulectomy or capsulotomy, hip, with or without excision of heterotopic bone, with release of hip flexor	**1/1/1997**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	muscles (ie, gluteus medius, gluteus minimus, tensor fascia latae, rectus femoris, sartorius, iliopsoas)				
27040	Biopsy, soft tissue of pelvis and hip area; superficial	**Pre-1990**			NPA
27041	Biopsy, soft tissue of pelvis and hip area; deep, subfascial or intramuscular	**Pre-1990**			NPA
27043	Excision, tumor, soft tissue of pelvis and hip area, subcutaneous; 3 cm or greater	**1/1/2010**			NPA
27045	Excision, tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular); 5 cm or greater	**1/1/2010**		**9/1/2023**	NPA
27047	Excision, tumor, soft tissue of pelvis and hip area, subcutaneous; less than 3 cm	**Pre-1990**		**9/1/2023**	NPA
27048	Excision, tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular); less than 5 cm	**Pre-1990**		**9/1/2023**	NPA
27049	Radical resection of tumor (eg, sarcoma), soft tissue of pelvis and hip area; less than 5 cm	**Pre-1990**			NPA
27050	Arthrotomy, with biopsy; sacroiliac joint	**Pre-1990**			NPA
27052	Arthrotomy, with biopsy; hip joint	**Pre-1990**			NPA
27054	Arthrotomy with synovectomy, hip joint	**Pre-1990**			NPA
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	**1/1/2009**			NPA
27059	Radical resection of tumor (eg, sarcoma), soft tissue of pelvis and hip area; 5 cm or greater	**1/1/2010**			NPA
27060	Excision; ischial bursa	**Pre-1990**			NPA
27062	Excision; trochanteric bursa or calcification	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
27065	Excision of bone cyst or benign tumor, wing of ilium, symphysis pubis, or greater trochanter of femur; superficial, includes autograft, when performed	**Pre-1990**			NPA
27066	Excision of bone cyst or benign tumor, wing of ilium, symphysis pubis, or greater trochanter of femur; deep (subfascial), includes autograft, when performed	**Pre-1990**			NPA
27067	Excision of bone cyst or benign tumor, wing of ilium, symphysis pubis, or greater trochanter of femur; with autograft requiring separate incision	**Pre-1990**			NPA
27070	Partial excision, wing of ilium, symphysis pubis, or greater trochanter of femur, (craterization, saucerization) (eg, osteomyelitis or bone abscess); superficial	**Pre-1990**			NPA
27071	Partial excision, wing of ilium, symphysis pubis, or greater trochanter of femur, (craterization, saucerization) (eg, osteomyelitis or bone abscess); deep (subfascial or intramuscular)	**Pre-1990**			NPA
27075	Radical resection of tumor; wing of ilium, 1 pubic or ischial ramus or symphysis pubis	**Pre-1990**			NPA
27076	Radical resection of tumor; ilium, including acetabulum, both pubic rami, or ischium and acetabulum	**Pre-1990**			NPA
27077	Radical resection of tumor; innominate bone, total	**Pre-1990**			NPA
27078	Radical resection of tumor; ischial tuberosity and greater trochanter of femur	**Pre-1990**			NPA
27080	Coccygectomy, primary	**Pre-1990**			NPA
27086	Removal of foreign body, pelvis or hip; subcutaneous tissue	**Pre-1990**			NPA
27087	Removal of foreign body, pelvis or hip; deep (subfascial or intramuscular)	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
27090	Removal of hip prosthesis; (separate procedure)	**Pre-1990**			NPA
27091	Removal of hip prosthesis; complicated, including total hip prosthesis, methylmethacrylate with or without insertion of spacer	**Pre-1990**			NPA
27093	Injection procedure for hip arthrography; without anesthesia	**Pre-1990**			NPA
27095	Injection procedure for hip arthrography; with anesthesia	**Pre-1990**			NPA
27096	Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed	**Pre-1990**			NPA
27097	Release or recession, hamstring, proximal	**Pre-1990**			NPA
27098	Transfer, adductor to ischium	**Pre-1990**			NPA
27100	Transfer external oblique muscle to greater trochanter including fascial or tendon extension (graft)	**Pre-1990**			NPA
27105	Transfer paraspinal muscle to hip (includes fascial or tendon extension graft)	**Pre-1990**			NPA
27110	Transfer iliopsoas; to greater trochanter of femur	**Pre-1990**			NPA
27111	Transfer iliopsoas; to femoral neck	**Pre-1990**			NPA
27120	Acetabuloplasty; (eg, Whitman, Colonna, Haygroves, or cup type)	**Pre-1990**			PA
27122	Acetabuloplasty; resection, femoral head (eg, Girdlestone procedure)	**Pre-1990**			PA
27125	Hemiarthroplasty, hip, partial (eg, femoral stem prosthesis, bipolar arthroplasty)	**Pre-1990**			PA
27130	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	**Pre-1990**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
27132	Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft	Pre-1990			PA
27134	Revision of total hip arthroplasty; both components, with or without autograft or allograft	Pre-1990			PA
27137	Revision of total hip arthroplasty; acetabular component only, with or without autograft or allograft	Pre-1990			PA
27138	Revision of total hip arthroplasty; femoral component only, with or without allograft	Pre-1990		9/1/2023	NPA
27140	Osteotomy and transfer of greater trochanter of femur (separate procedure)	Pre-1990			NPA
27146	Osteotomy, iliac, acetabular or innominate bone	Pre-1990			NPA
27147	Osteotomy, iliac, acetabular or innominate bone; with open reduction of hip	Pre-1990			NPA
27151	Osteotomy, iliac, acetabular or innominate bone; with femoral osteotomy	Pre-1990			NPA
27156	Osteotomy, iliac, acetabular or innominate bone; with femoral osteotomy and with open reduction of hip	Pre-1990			NPA
27158	Osteotomy, pelvis, bilateral (eg, congenital malformation)	Pre-1990			NPA
27161	Osteotomy, femoral neck (separate procedure)	Pre-1990			NPA
27165	Osteotomy, intertrochanteric or subtrochanteric including internal or external fixation and/or cast	Pre-1990			NPA
27170	Bone graft, femoral head, neck, intertrochanteric or subtrochanteric area (includes obtaining bone graft)	Pre-1990			NPA
27175	Treatment of slipped femoral epiphysis; by traction, without reduction	Pre-1990			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
27176	Treatment of slipped femoral epiphysis; by single or multiple pinning, in situ	**Pre-1990**			NPA
27177	Open treatment of slipped femoral epiphysis; single or multiple pinning or bone graft (includes obtaining graft)	**Pre-1990**			NPA
27178	Open treatment of slipped femoral epiphysis; closed manipulation with single or multiple pinning	**Pre-1990**			NPA
27179	Open treatment of slipped femoral epiphysis; osteoplasty of femoral neck (Heyman type procedure)	**Pre-1990**			NPA
27181	Open treatment of slipped femoral epiphysis; osteotomy and internal fixation	**Pre-1990**			NPA
27185	Epiphyseal arrest by epiphysiodesis or stapling, greater trochanter of femur	**Pre-1990**			NPA
27187	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate, femoral neck and proximal femur	**Pre-1990**			NPA
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	**1/1/2017**			NPA
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	**1/1/2017**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	anesthesia (ie, general anesthesia, moderate sedation, spinal/epidural)				
27200	Closed treatment of coccygeal fracture	**Pre-1990**			NPA
27202	Open treatment of coccygeal fracture	**Pre-1990**			NPA
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	**Pre-1990**			NPA
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)	**Pre-1990**			NPA
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)	**Pre-1990**			NPA
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)	**Pre-1990**			NPA
27220	Closed treatment of acetabulum (hip socket) fracture(s); without manipulation	**Pre-1990**			NPA
27222	Closed treatment of acetabulum (hip socket) fracture(s); with manipulation, with or without skeletal traction	**Pre-1990**			NPA
27226	Open treatment of posterior or anterior acetabular wall fracture, with internal fixation	**1/1/1993**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
27227	Open treatment of acetabular fracture(s) involving anterior or posterior (one) column, or a fracture running transversely across the acetabulum, with internal fixation	**1/1/1993**			NPA
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	**1/1/1993**			NPA
27230	Closed treatment of femoral fracture, proximal end, neck; without manipulation	**Pre-1990**			NPA
27232	Closed treatment of femoral fracture, proximal end, neck; with manipulation, with or without skeletal traction	**Pre-1990**			NPA
27235	Percutaneous skeletal fixation of femoral fracture, proximal end, neck	**Pre-1990**			NPA
27236	Open treatment of femoral fracture, proximal end, neck, internal fixation or prosthetic replacement	**Pre-1990**			NPA
27238	Closed treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; without manipulation	**Pre-1990**			NPA
27240	Closed treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with manipulation, with or without skin or skeletal traction	**Pre-1990**			NPA
27244	Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with plate/screw type implant, with or without cerclage	**Pre-1990**			NPA
27245	Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with intramedullary implant, with or without interlocking screws and/or cerclage	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
27246	Closed treatment of greater trochanteric fracture, without manipulation	**Pre-1990**			NPA
27248	Open treatment of greater trochanteric fracture, includes internal fixation, when performed	**Pre-1990**			NPA
27250	Closed treatment of hip dislocation, traumatic; without anesthesia	**Pre-1990**			NPA
27252	Closed treatment of hip dislocation, traumatic; requiring anesthesia	**Pre-1990**			NPA
27253	Open treatment of hip dislocation, traumatic, without internal fixation	**Pre-1990**			NPA
27254	Open treatment of hip dislocation, traumatic, with acetabular wall and femoral head fracture, with or without internal or external fixation	**Pre-1990**			NPA
27256	Treatment of spontaneous hip dislocation (developmental, including congenital or pathological), by abduction, splint or traction; without anesthesia, without manipulation	**Pre-1990**			NPA
27257	Treatment of spontaneous hip dislocation (developmental, including congenital or pathological), by abduction, splint or traction; with manipulation, requiring anesthesia	**Pre-1990**			NPA
27258	Open treatment of spontaneous hip dislocation (developmental, including congenital or pathological), replacement of femoral head in acetabulum (including tenotomy, etc)	**Pre-1990**			NPA
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	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
27265	Closed treatment of post hip arthroplasty dislocation; without anesthesia	**Pre-1990**			NPA
27266	Closed treatment of post hip arthroplasty dislocation; requiring regional or general anesthesia	**Pre-1990**			NPA
27267	Closed treatment of femoral fracture, proximal end, head; without manipulation	**1/1/2008**			NPA
27268	Closed treatment of femoral fracture, proximal end, head; with manipulation	**1/1/2008**			NPA
27269	Open treatment of femoral fracture, proximal end, head, includes internal fixation, when performed	**1/1/2008**			NPA
27275	Manipulation, hip joint, requiring general anesthesia	**Pre-1990**			NPA
27337	Excision, tumor, soft tissue of thigh or knee area, subcutaneous; 3 cm or greater	**1/1/2010**		**9/1/2023**	NPA
27339	Excision, tumor, soft tissue of thigh or knee area, subfascial (eg, intramuscular); 5 cm or greater	**1/1/2010**		**9/1/2023**	NPA
27340	Excision, prepatellar bursa	**Pre-1990**			NPA
27345	Excision of synovial cyst of popliteal space (eg, Baker's cyst)	**Pre-1990**			NPA
27347	Excision of lesion of meniscus or capsule (eg, cyst, ganglion), knee	**1/1/1999**			NPA
27350	Patellectomy or hemipatellectomy	**Pre-1990**			NPA
27355	Excision or curettage of bone cyst or benign tumor of femur	**Pre-1990**			NPA
27356	Excision or curettage of bone cyst or benign tumor of femur; with allograft	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
27357	Excision or curettage of bone cyst or benign tumor of femur; with autograft (includes obtaining graft)	**Pre-1990**			NPA
27358	Excision or curettage of bone cyst or benign tumor of femur; with internal fixation (List in addition to code for primary procedure)	**Pre-1990**			NPA
27360	Partial excision (craterization, saucerization, or diaphysectomy) bone, femur, proximal tibia and/or fibula (eg, osteomyelitis or bone abscess)	**Pre-1990**			NPA
27364	Radical resection of tumor (eg, sarcoma), soft tissue of thigh or knee area; 5 cm or greater	**1/1/2010**			NPA
27365	Radical resection of tumor, femur or knee	**Pre-1990**			NPA
27369	Injection procedure for contrast knee arthrography or contrast enhanced CT/MRI knee arthrography	**1/1/2019**			NPA
27372	Removal of foreign body, deep, thigh region or knee area	**Pre-1990**			NPA
27380	Suture of infrapatellar tendon; primary	**Pre-1990**			NPA
27381	Suture of infrapatellar tendon; secondary reconstruction, including fascial or tendon graft	**Pre-1990**			NPA
27385	Suture of quadriceps or hamstring muscle rupture; primary	**Pre-1990**			NPA
27386	Suture of quadriceps or hamstring muscle rupture; secondary reconstruction, including fascial or tendon graft	**Pre-1990**			NPA
27390	Tenotomy, open, hamstring, knee to hip; single tendon	**Pre-1990**			NPA
27391	Tenotomy, open, hamstring, knee to hip; multiple tendons, 1 leg	**Pre-1990**			NPA
27392	Tenotomy, open, hamstring, knee to hip; multiple tendons, bilateral	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
27393	Lengthening of hamstring tendon; single tendon	Pre-1990			NPA
27394	Lengthening of hamstring tendon; multiple tendons, 1 leg	Pre-1990			NPA
27395	Lengthening of hamstring tendon; multiple tendons, bilateral	Pre-1990			NPA
27396	Transplant or transfer (with muscle redirection or rerouting), thigh (eg, extensor to flexor); single tendon	Pre-1990			NPA
27397	Transplant or transfer (with muscle redirection or rerouting), thigh (eg, extensor to flexor); multiple tendons	Pre-1990			NPA
27400	Transfer, tendon or muscle, hamstrings to femur (eg, Egger's type procedure)	Pre-1990			NPA
27403	Arthrotomy with meniscus repair, knee	Pre-1990			NPA
27405	Repair, primary, torn ligament and/or capsule, knee; collateral	Pre-1990			NPA
27407	Repair, primary, torn ligament and/or capsule, knee; cruciate	Pre-1990			NPA
27409	Repair, primary, torn ligament and/or capsule, knee; collateral and cruciate ligaments	Pre-1990			NPA
27412	Autologous chondrocyte implantation, knee	1/1/2005			NPA
27415	Osteochondral allograft, knee, open	1/1/2005			NPA
27416	Osteochondral autograft(s), knee, open (eg, mosaicplasty) (includes harvesting of autograft[s])	1/1/2008			NPA
27418	Anterior tibial tubercleplasty (eg, Maquet type procedure)	Pre-1990			NPA
27420	Reconstruction of dislocating patella; (eg, Hauser type procedure)	Pre-1990			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
27422	Reconstruction of dislocating patella; with extensor realignment and/or muscle advancement or release (eg, Campbell, Goldwaite type procedure)	**Pre-1990**			NPA
27424	Reconstruction of dislocating patella; with patellectomy	**Pre-1990**			NPA
27425	Lateral retinacular release, open	**Pre-1990**			NPA
27427	Ligamentous reconstruction (augmentation), knee; extra-articular	**Pre-1990**			NPA
27428	Ligamentous reconstruction (augmentation), knee; intra-articular (open)	**Pre-1990**			NPA
27429	Ligamentous reconstruction (augmentation), knee; intra-articular (open) and extra-articular	**Pre-1990**			NPA
27430	Quadricepsplasty (eg, Bennett or Thompson type)	**Pre-1990**			NPA
27435	Capsulotomy, posterior capsular release, knee	**Pre-1990**			NPA
27437	Arthroplasty, patella; without prosthesis	**Pre-1990**			PA
27438	Arthroplasty, patella; with prosthesis	**Pre-1990**			PA
27440	Arthroplasty, knee, tibial plateau	**Pre-1990**			PA
27441	Arthroplasty, knee, tibial plateau; with debridement and partial synovectomy	**Pre-1990**			PA
27442	Arthroplasty, femoral condyles or tibial plateau(s), knee	**Pre-1990**			PA
27443	Arthroplasty, femoral condyles or tibial plateau(s), knee; with debridement and partial synovectomy	**Pre-1990**			PA
27445	Arthroplasty, knee, hinge prosthesis (eg, Walldius type)	**Pre-1990**			PA
27446	Arthroplasty, knee, condyle and plateau; medial OR lateral compartment	**Pre-1990**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
27447	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)	**Pre-1990**			PA
27448	Osteotomy, femur, shaft or supracondylar; without fixation	**Pre-1990**			NPA
27450	Osteotomy, femur, shaft or supracondylar; with fixation	**Pre-1990**			NPA
27454	Osteotomy, multiple, with realignment on intramedullary rod, femoral shaft (eg, Sofield type procedure)	**Pre-1990**			NPA
27455	Osteotomy, proximal tibia, including fibular excision or osteotomy (includes correction of genu varus [bowleg] or genu valgus [knock-knee]); before epiphyseal closure	**Pre-1990**		**9/1/2023**	NPA
27457	Osteotomy, proximal tibia, including fibular excision or osteotomy (includes correction of genu varus [bowleg] or genu valgus [knock-knee]); after epiphyseal closure	**Pre-1990**		**9/1/2023**	NPA
27465	Osteoplasty, femur; shortening (excluding 64876)	**Pre-1990**			NPA
27466	Osteoplasty, femur; lengthening	**Pre-1990**			NPA
27468	Osteoplasty, femur; combined, lengthening and shortening with femoral segment transfer	**Pre-1990**			NPA
27470	Repair, nonunion or malunion, femur, distal to head and neck; without graft (eg, compression technique)	**Pre-1990**			NPA
27472	Repair, nonunion or malunion, femur, distal to head and neck; with iliac or other autogenous bone graft (includes obtaining graft)	**Pre-1990**			NPA
27475	Arrest, epiphyseal, any method (eg, epiphysiodesis); distal femur	**Pre-1990**			NPA
27477	Arrest, epiphyseal, any method (eg, epiphysiodesis); tibia and fibula, proximal	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
27479	Arrest, epiphyseal, any method (eg, epiphysiodesis); combined distal femur, proximal tibia and fibula	**Pre-1990**			NPA
27485	Arrest, hemiepiphyseal, distal femur or proximal tibia or fibula (eg, genu varus or valgus)	**Pre-1990**			NPA
27486	Revision of total knee arthroplasty, with or without allograft; 1 component	**Pre-1990**			PA
27487	Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component	**Pre-1990**			PA
27488	Removal of prosthesis, including total knee prosthesis, methylmethacrylate with or without insertion of spacer, knee	**Pre-1990**			PA
27495	Prophylactic treatment (nailing, pinning, plating, or wiring) with or without methylmethacrylate, femur	**Pre-1990**			PA
27496	Decompression fasciotomy, thigh and/or knee, 1 compartment (flexor or extensor or adductor)	**Pre-1990**			NPA
27497	Decompression fasciotomy, thigh and/or knee, 1 compartment (flexor or extensor or adductor); with debridement of nonviable muscle and/or nerve	**Pre-1990**			NPA
27498	Decompression fasciotomy, thigh and/or knee, multiple compartments	**Pre-1990**			NPA
27499	Decompression fasciotomy, thigh and/or knee, multiple compartments; with debridement of nonviable muscle and/or nerve	**1/1/1993**			NPA
27500	Closed treatment of femoral shaft fracture, without manipulation	**Pre-1990**			NPA
27501	Closed treatment of supracondylar or transcondylar femoral fracture with or without intercondylar extension, without manipulation	**1/1/1993**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
27502	Closed treatment of femoral shaft fracture, with manipulation, with or without skin or skeletal traction	Pre-1990			NPA
27503	Closed treatment of supracondylar or transcondylar femoral fracture with or without intercondylar extension, with manipulation, with or without skin or skeletal traction	1/1/1993			NPA
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	Pre-1990			NPA
27507	Open treatment of femoral shaft fracture with plate/screws, with or without cerclage	1/1/1993			NPA
27508	Closed treatment of femoral fracture, distal end, medial or lateral condyle, without manipulation	Pre-1990			NPA
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	1/1/1993			NPA
27510	Closed treatment of femoral fracture, distal end, medial or lateral condyle, with manipulation	Pre-1990			NPA
27511	Open treatment of femoral supracondylar or transcondylar fracture without intercondylar extension, includes internal fixation, when performed	Pre-1990			NPA
27513	Open treatment of femoral supracondylar or transcondylar fracture with intercondylar extension, includes internal fixation, when performed	Pre-1990			NPA
27514	Open treatment of femoral fracture, distal end, medial or lateral condyle, includes internal fixation, when performed	Pre-1990			NPA
27516	Closed treatment of distal femoral epiphyseal separation; without manipulation	Pre-1990			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
27517	Closed treatment of distal femoral epiphyseal separation; with manipulation, with or without skin or skeletal traction	**Pre-1990**			NPA
27519	Open treatment of distal femoral epiphyseal separation, includes internal fixation, when performed	**Pre-1990**			NPA
27520	Closed treatment of patellar fracture, without manipulation	**Pre-1990**			NPA
27524	Open treatment of patellar fracture, with internal fixation and/or partial or complete patellectomy and soft tissue repair	**Pre-1990**			NPA
27530	Closed treatment of tibial fracture, proximal (plateau); without manipulation	**Pre-1990**			NPA
27532	Closed treatment of tibial fracture, proximal (plateau); with or without manipulation, with skeletal traction	**Pre-1990**			NPA
27535	Open treatment of tibial fracture, proximal (plateau); unicondylar, includes internal fixation, when performed	**Pre-1990**			NPA
27536	Open treatment of tibial fracture, proximal (plateau); bicondylar, with or without internal fixation	**Pre-1990**			NPA
27538	Closed treatment of intercondylar spine(s) and/or tuberosity fracture(s) of knee, with or without manipulation	**Pre-1990**			NPA
27540	Open treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, includes internal fixation, when performed	**Pre-1990**			NPA
27550	Closed treatment of knee dislocation; without anesthesia	**Pre-1990**			NPA
27552	Closed treatment of knee dislocation; requiring anesthesia	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
27556	Open treatment of knee dislocation, includes internal fixation, when performed; without primary ligamentous repair or augmentation/reconstruction	**Pre-1990**			NPA
27557	Open treatment of knee dislocation, includes internal fixation, when performed; with primary ligamentous repair	**Pre-1990**			NPA
27558	Open treatment of knee dislocation, includes internal fixation, when performed; with primary ligamentous repair, with augmentation/reconstruction	**Pre-1990**			NPA
27560	Closed treatment of patellar dislocation; without anesthesia	**Pre-1990**			NPA
27562	Closed treatment of patellar dislocation; requiring anesthesia	**Pre-1990**			NPA
27566	Open treatment of patellar dislocation, with or without partial or total patellectomy	**Pre-1990**			NPA
27570	Manipulation of knee joint under general anesthesia (includes application of traction or other fixation devices)	**Pre-1990**			NPA
27580	Arthrodesis, knee, any technique	**Pre-1990**			NPA
27590	Amputation, thigh, through femur, any level	**Pre-1990**			NPA
27591	Amputation, thigh, through femur, any level; immediate fitting technique including first cast	**Pre-1990**			NPA
27592	Amputation, thigh, through femur, any level; open, circular (guillotine)	**Pre-1990**			NPA
27594	Amputation, thigh, through femur, any level; secondary closure or scar revision	**Pre-1990**			NPA
27596	Amputation, thigh, through femur, any level; re-amputation	**Pre-1990**			NPA
27598	Disarticulation at knee	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
27599	Unlisted procedure, femur or knee	**Pre-1990**			PA
27600	Decompression fasciotomy, leg; anterior and/or lateral compartments only	**Pre-1990**			NPA
27601	Decompression fasciotomy, leg; posterior compartment(s) only	**Pre-1990**			NPA
27602	Decompression fasciotomy, leg; anterior and/or lateral, and posterior compartment(s)	**Pre-1990**			NPA
27603	Incision and drainage, leg or ankle; deep abscess or hematoma	**Pre-1990**			NPA
27604	Incision and drainage, leg or ankle; infected bursa	**Pre-1990**			NPA
27605	Tenotomy, percutaneous, Achilles tendon (separate procedure); local anesthesia	**Pre-1990**			NPA
27606	Tenotomy, percutaneous, Achilles tendon (separate procedure); general anesthesia	**Pre-1990**			NPA
27607	Incision (eg, osteomyelitis or bone abscess), leg or ankle	**Pre-1990**			NPA
27610	Arthrotomy, ankle, including exploration, drainage, or removal of foreign body	**Pre-1990**			NPA
27612	Arthrotomy, posterior capsular release, ankle, with or without Achilles tendon lengthening	**Pre-1990**			NPA
27613	Biopsy, soft tissue of leg or ankle area; superficial	**Pre-1990**			NPA
27614	Biopsy, soft tissue of leg or ankle area; deep (subfascial or intramuscular)	**Pre-1990**			NPA
27615	Radical resection of tumor (eg, sarcoma), soft tissue of leg or ankle area; less than 5 cm	**Pre-1990**			NPA
27616	Radical resection of tumor (eg, sarcoma), soft tissue of leg or ankle area; 5 cm or greater	**1/1/2010**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
27618	Excision, tumor, soft tissue of leg or ankle area, subcutaneous; less than 3 cm	**Pre-1990**		**9/1/2023**	NPA
27619	Excision, tumor, soft tissue of leg or ankle area, subfascial (eg, intramuscular); less than 5 cm	**Pre-1990**		**9/1/2023**	NPA
27620	Arthrotomy, ankle, with joint exploration, with or without biopsy, with or without removal of loose or foreign body	**Pre-1990**			NPA
27625	Arthrotomy, with synovectomy, ankle	**Pre-1990**			NPA
27626	Arthrotomy, with synovectomy, ankle; including tenosynovectomy	**Pre-1990**			NPA
27630	Excision of lesion of tendon sheath or capsule (eg, cyst or ganglion), leg and/or ankle	**Pre-1990**			NPA
27632	Excision, tumor, soft tissue of leg or ankle area, subcutaneous; 3 cm or greater	**1/1/2010**		**9/1/2023**	NPA
27634	Excision, tumor, soft tissue of leg or ankle area, subfascial (eg, intramuscular); 5 cm or greater	**1/1/2010**		**9/1/2023**	NPA
27635	Excision or curettage of bone cyst or benign tumor, tibia or fibula	**Pre-1990**			NPA
27637	Excision or curettage of bone cyst or benign tumor, tibia or fibula; with autograft (includes obtaining graft)	**Pre-1990**			NPA
27638	Excision or curettage of bone cyst or benign tumor, tibia or fibula; with allograft	**Pre-1990**			NPA
27640	Partial excision (craterization, saucerization, or diaphysectomy), bone (eg, osteomyelitis); tibia	**Pre-1990**			NPA
27641	Partial excision (craterization, saucerization, or diaphysectomy), bone (eg, osteomyelitis); fibula	**Pre-1990**			NPA
27645	Radical resection of tumor; tibia	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
27646	Radical resection of tumor; fibula	**Pre-1990**			NPA
27647	Radical resection of tumor; talus or calcaneus	**Pre-1990**			NPA
27648	Injection procedure for ankle arthrography	**Pre-1990**			NPA
27650	Repair, primary, open or percutaneous, ruptured Achilles tendon	**Pre-1990**			NPA
27652	Repair, primary, open or percutaneous, ruptured Achilles tendon; with graft (includes obtaining graft)	**Pre-1990**			NPA
27654	Repair, secondary, Achilles tendon, with or without graft	**Pre-1990**			NPA
27656	Repair, fascial defect of leg	**Pre-1990**			NPA
27658	Repair, flexor tendon, leg; primary, without graft, each tendon	**Pre-1990**			NPA
27659	Repair, flexor tendon, leg; secondary, with or without graft, each tendon	**Pre-1990**			NPA
27664	Repair, extensor tendon, leg; primary, without graft, each tendon	**Pre-1990**			NPA
27665	Repair, extensor tendon, leg; secondary, with or without graft, each tendon	**Pre-1990**			NPA
27675	Repair, dislocating peroneal tendons; without fibular osteotomy	**Pre-1990**			NPA
27676	Repair, dislocating peroneal tendons; with fibular osteotomy	**Pre-1990**			NPA
27680	Tenolysis, flexor or extensor tendon, leg and/or ankle; single, each tendon	**Pre-1990**			NPA
27681	Tenolysis, flexor or extensor tendon, leg and/or ankle; multiple tendons (through separate incision[s])	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
27685	Lengthening or shortening of tendon, leg or ankle; single tendon (separate procedure)	**Pre-1990**			NPA
27686	Lengthening or shortening of tendon, leg or ankle; multiple tendons (through same incision), each	**Pre-1990**			NPA
27687	Gastrocnemius recession (eg, Strayer procedure)	**Pre-1990**			NPA
27690	Transfer or transplant of single tendon (with muscle redirection or rerouting); superficial (eg, anterior tibial extensors into midfoot)	**Pre-1990**			NPA
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)	**Pre-1990**			NPA
27692	Transfer or transplant of single tendon (with muscle redirection or rerouting); each additional tendon (List separately in addition to code for primary procedure)	**Pre-1990**			NPA
27695	Repair, primary, disrupted ligament, ankle; collateral	**Pre-1990**			NPA
27696	Repair, primary, disrupted ligament, ankle; both collateral ligaments	**Pre-1990**			NPA
27698	Repair, secondary, disrupted ligament, ankle, collateral (eg, Watson-Jones procedure)	**Pre-1990**			NPA
27700	Arthroplasty, ankle	**Pre-1990**			PA
27702	Arthroplasty, ankle; with implant (total ankle)	**Pre-1990**			PA
27703	Arthroplasty, ankle; revision, total ankle	**Pre-1990**			PA
27704	Removal of ankle implant	**Pre-1990**			NPA
27705	Osteotomy; tibia	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
27707	Osteotomy; fibula	**Pre-1990**			NPA
27709	Osteotomy; tibia and fibula	**Pre-1990**			NPA
27712	Osteotomy; multiple, with realignment on intramedullary rod (eg, Sofield type procedure)	**Pre-1990**			NPA
27715	Osteoplasty, tibia and fibula, lengthening or shortening	**Pre-1990**		**9/1/2023**	NPA
27720	Repair of nonunion or malunion, tibia; without graft, (eg, compression technique)	**Pre-1990**			NPA
27722	Repair of nonunion or malunion, tibia; with sliding graft	**Pre-1990**			NPA
27724	Repair of nonunion or malunion, tibia; with iliac or other autograft (includes obtaining graft)	**Pre-1990**			NPA
27725	Repair of nonunion or malunion, tibia; by synostosis, with fibula, any method	**Pre-1990**			NPA
27726	Repair of fibula nonunion and/or malunion with internal fixation	**1/1/2008**			NPA
27727	Repair of congenital pseudarthrosis, tibia	**Pre-1990**		**9/1/2023**	NPA
27730	Arrest, epiphyseal (epiphysiodesis), open; distal tibia	**Pre-1990**			NPA
27732	Arrest, epiphyseal (epiphysiodesis), open; distal fibula	**Pre-1990**			NPA
27734	Arrest, epiphyseal (epiphysiodesis), open; distal tibia and fibula	**Pre-1990**			NPA
27740	Arrest, epiphyseal (epiphysiodesis), any method, combined, proximal and distal tibia and fibula	**Pre-1990**			NPA
27742	Arrest, epiphyseal (epiphysiodesis), any method, combined, proximal and distal tibia and fibula; and distal femur	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
27745	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate, tibia	**Pre-1990**			NPA
27750	Closed treatment of tibial shaft fracture (with or without fibular fracture); without manipulation	**Pre-1990**			NPA
27752	Closed treatment of tibial shaft fracture (with or without fibular fracture); with manipulation, with or without skeletal traction	**Pre-1990**			NPA
27756	Percutaneous skeletal fixation of tibial shaft fracture (with or without fibular fracture) (eg, pins or screws)	**Pre-1990**			NPA
27758	Open treatment of tibial shaft fracture (with or without fibular fracture), with plate/screws, with or without cerclage	**Pre-1990**			NPA
27759	Treatment of tibial shaft fracture (with or without fibular fracture) by intramedullary implant, with or without interlocking screws and/or cerclage	**Pre-1990**			NPA
27760	Closed treatment of medial malleolus fracture; without manipulation	**Pre-1990**			NPA
27762	Closed treatment of medial malleolus fracture; with manipulation, with or without skin or skeletal traction	**Pre-1990**			NPA
27766	Open treatment of medial malleolus fracture, includes internal fixation, when performed	**Pre-1990**			NPA
27767	Closed treatment of posterior malleolus fracture; without manipulation	**1/1/2008**			NPA
27768	Closed treatment of posterior malleolus fracture; with manipulation	**1/1/2008**			NPA
27769	Open treatment of posterior malleolus fracture, includes internal fixation, when performed	**1/1/2008**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
27780	Closed treatment of proximal fibula or shaft fracture; without manipulation	**Pre-1990**			NPA
27781	Closed treatment of proximal fibula or shaft fracture; with manipulation	**Pre-1990**			NPA
27784	Open treatment of proximal fibula or shaft fracture, includes internal fixation, when performed	**Pre-1990**			NPA
27786	Closed treatment of distal fibular fracture (lateral malleolus); without manipulation	**Pre-1990**			NPA
27788	Closed treatment of distal fibular fracture (lateral malleolus); with manipulation	**Pre-1990**			NPA
27792	Open treatment of distal fibular fracture (lateral malleolus), includes internal fixation, when performed	**Pre-1990**			NPA
27808	Closed treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli or medial and posterior malleoli); without manipulation	**Pre-1990**			NPA
27810	Closed treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli or medial and posterior malleoli); with manipulation	**Pre-1990**			NPA
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	**Pre-1990**			NPA
27816	Closed treatment of trimalleolar ankle fracture; without manipulation	**Pre-1990**			NPA
27818	Closed treatment of trimalleolar ankle fracture; with manipulation	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
27822	Open treatment of trimalleolar ankle fracture, includes internal fixation, when performed, medial and/or lateral malleolus; without fixation of posterior lip	**Pre-1990**			NPA
27823	Open treatment of trimalleolar ankle fracture, includes internal fixation, when performed, medial and/or lateral malleolus; with fixation of posterior lip	**Pre-1990**			NPA
27824	Closed treatment of fracture of weight bearing articular portion of distal tibia (eg, pilon or tibial plafond), with or without anesthesia; without manipulation	**1/1/1993**			NPA
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	**1/1/1993**			NPA
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	**Pre-1990**			NPA
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	**Pre-1990**			NPA
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	**Pre-1990**			NPA
27829	Open treatment of distal tibiofibular joint (syndesmosis) disruption, includes internal fixation, when performed	**Pre-1990**			NPA
27830	Closed treatment of proximal tibiofibular joint dislocation; without anesthesia	**Pre-1990**			NPA
27831	Closed treatment of proximal tibiofibular joint dislocation; requiring anesthesia	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
27832	Open treatment of proximal tibiofibular joint dislocation, includes internal fixation, when performed, or with excision of proximal fibula	**Pre-1990**			NPA
27840	Closed treatment of ankle dislocation; without anesthesia	**Pre-1990**			NPA
27842	Closed treatment of ankle dislocation; requiring anesthesia, with or without percutaneous skeletal fixation	**Pre-1990**			NPA
27846	Open treatment of ankle dislocation, with or without percutaneous skeletal fixation; without repair or internal fixation	**Pre-1990**			NPA
27848	Open treatment of ankle dislocation, with or without percutaneous skeletal fixation; with repair or internal or external fixation	**Pre-1990**			NPA
27860	Manipulation of ankle under general anesthesia (includes application of traction or other fixation apparatus)	**Pre-1990**			NPA
27870	Arthrodesis, ankle, open	**Pre-1990**			NPA
27871	Arthrodesis, tibiofibular joint, proximal or distal	**Pre-1990**			NPA
27880	Amputation, leg, through tibia and fibula	**Pre-1990**			NPA
27881	Amputation, leg, through tibia and fibula; with immediate fitting technique including application of first cast	**Pre-1990**			NPA
27882	Amputation, leg, through tibia and fibula; open, circular (guillotine)	**Pre-1990**			NPA
27884	Amputation, leg, through tibia and fibula; secondary closure or scar revision	**Pre-1990**			NPA
27886	Amputation, leg, through tibia and fibula; re-amputation	**Pre-1990**			NPA
27888	Amputation, ankle, through malleoli of tibia and fibula (eg, Syme, Pirogoff type procedures), with plastic closure and resection of nerves	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
27889	Ankle disarticulation	Pre-1990			NPA
27892	Decompression fasciotomy, leg; anterior and/or lateral compartments only, with debridement of nonviable muscle and/or nerve	1/1/1993			NPA
27893	Decompression fasciotomy, leg; posterior compartment(s) only, with debridement of nonviable muscle and/or nerve	1/1/1993			NPA
27894	Decompression fasciotomy, leg; anterior and/or lateral, and posterior compartment(s), with debridement of nonviable muscle and/or nerve	1/1/1993			NPA
27899	Unlisted procedure, leg or ankle	Pre-1990			PA
28001	Incision and drainage, bursa, foot	Pre-1990			NPA
28002	Incision and drainage below fascia, with or without tendon sheath involvement, foot; single bursal space	Pre-1990			NPA
28003	Incision and drainage below fascia, with or without tendon sheath involvement, foot; multiple areas	Pre-1990			NPA
28005	Incision, bone cortex (eg, osteomyelitis or bone abscess), foot	Pre-1990			NPA
28008	Fasciotomy, foot and/or toe	Pre-1990			NPA
28010	Tenotomy, percutaneous, toe; single tendon	Pre-1990			NPA
28011	Tenotomy, percutaneous, toe; multiple tendons	Pre-1990			NPA
28020	Arthrotomy, including exploration, drainage, or removal of loose or foreign body; intertarsal or tarsometatarsal joint	Pre-1990			NPA
28022	Arthrotomy, including exploration, drainage, or removal of loose or foreign body; metatarsophalangeal joint	Pre-1990			NPA
28024	Arthrotomy, including exploration, drainage, or removal of loose or foreign body; interphalangeal joint	Pre-1990			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
28035	Release, tarsal tunnel (posterior tibial nerve decompression)	**Pre-1990**			NPA
28039	Excision, tumor, soft tissue of foot or toe, subcutaneous; 1.5 cm or greater	**1/1/2010**		**9/1/2023**	NPA
28041	Excision, tumor, soft tissue of foot or toe, subfascial (eg, intramuscular); 1.5 cm or greater	**1/1/2010**		**9/1/2023**	NPA
28043	Excision, tumor, soft tissue of foot or toe, subcutaneous; less than 1.5 cm	**Pre-1990**		**9/1/2023**	NPA
28045	Excision, tumor, soft tissue of foot or toe, subfascial (eg, intramuscular); less than 1.5 cm	**Pre-1990**		**9/1/2023**	NPA
28046	Radical resection of tumor (eg, sarcoma), soft tissue of foot or toe; less than 3 cm	**Pre-1990**			NPA
28047	Radical resection of tumor (eg, sarcoma), soft tissue of foot or toe; 3 cm or greater	**1/1/2010**			NPA
28050	Arthrotomy with biopsy; intertarsal or tarsometatarsal joint	**Pre-1990**			NPA
28052	Arthrotomy with biopsy; metatarsophalangeal joint	**Pre-1990**			NPA
28054	Arthrotomy with biopsy; interphalangeal joint	**Pre-1990**			NPA
28055	Neurectomy, intrinsic musculature of foot	**1/1/2007**			NPA
28060	Fasciectomy, plantar fascia; partial (separate procedure)	**Pre-1990**		**9/1/2023**	NPA
28062	Fasciectomy, plantar fascia; radical (separate procedure)	**Pre-1990**			NPA
28070	Synovectomy; intertarsal or tarsometatarsal joint, each	**Pre-1990**			NPA
28072	Synovectomy; metatarsophalangeal joint, each	**Pre-1990**			NPA
28080	Excision, interdigital (Morton) neuroma, single, each	**Pre-1990**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
28086	Synovectomy, tendon sheath, foot; flexor	Pre-1990			NPA
28088	Synovectomy, tendon sheath, foot; extensor	Pre-1990			NPA
28090	Excision of lesion, tendon, tendon sheath, or capsule (including synovectomy) (eg, cyst or ganglion); foot	Pre-1990			NPA
28092	Excision of lesion, tendon, tendon sheath, or capsule (including synovectomy) (eg, cyst or ganglion); toe(s), each	Pre-1990			NPA
28100	Excision or curettage of bone cyst or benign tumor, talus or calcaneus	Pre-1990			NPA
28102	Excision or curettage of bone cyst or benign tumor, talus or calcaneus; with iliac or other autograft (includes obtaining graft)	Pre-1990			NPA
28103	Excision or curettage of bone cyst or benign tumor, talus or calcaneus; with allograft	Pre-1990			NPA
28104	Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus	Pre-1990			NPA
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)	Pre-1990			NPA
28107	Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus; with allograft	Pre-1990			NPA
28108	Excision or curettage of bone cyst or benign tumor, phalanges of foot	Pre-1990			NPA
28110	Ostectomy, partial excision, fifth metatarsal head (bunionette) (separate procedure)	Pre-1990			NPA
28111	Ostectomy, complete excision; first metatarsal head	Pre-1990			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
28112	Ostectomy, complete excision; other metatarsal head (second, third or fourth)	**Pre-1990**			NPA
28113	Ostectomy, complete excision; fifth metatarsal head	**Pre-1990**			NPA
28114	Ostectomy, complete excision; all metatarsal heads, with partial proximal phalangectomy, excluding first metatarsal (eg, Clayton type procedure)	**Pre-1990**			NPA
28116	Ostectomy, excision of tarsal coalition	**Pre-1990**			NPA
28118	Ostectomy, calcaneus	**Pre-1990**			NPA
28119	Ostectomy, calcaneus; for spur, with or without plantar fascial release	**Pre-1990**			NPA
28120	Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); talus or calcaneus	**Pre-1990**			NPA
28122	Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); tarsal or metatarsal bone, except talus or calcaneus	**Pre-1990**			NPA
28124	Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); phalanx of toe	**Pre-1990**			NPA
28126	Resection, partial or complete, phalangeal base, each toe	**Pre-1990**			NPA
28130	Talectomy (astragalectomy)	**Pre-1990**			NPA
28140	Metatarsectomy	**Pre-1990**			NPA
28150	Phalangectomy, toe, each toe	**Pre-1990**			NPA
28153	Resection, condyle(s), distal end of phalanx, each toe	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
28160	Hemiphalangectomy or interphalangeal joint excision, toe, proximal end of phalanx, each	**Pre-1990**			NPA
28171	Radical resection of tumor; tarsal (except talus or calcaneus)	**Pre-1990**			NPA
28173	Radical resection of tumor; metatarsal	**Pre-1990**			NPA
28175	Radical resection of tumor; phalanx of toe	**Pre-1990**			NPA
28190	Removal of foreign body, foot; subcutaneous	**Pre-1990**			NPA
28192	Removal of foreign body, foot; deep	**Pre-1990**			NPA
28193	Removal of foreign body, foot; complicated	**Pre-1990**			NPA
28200	Repair, tendon, flexor, foot; primary or secondary, without free graft, each tendon	**Pre-1990**			NPA
28202	Repair, tendon, flexor, foot; secondary with free graft, each tendon (includes obtaining graft)	**Pre-1990**			NPA
28208	Repair, tendon, extensor, foot; primary or secondary, each tendon	**Pre-1990**			NPA
28210	Repair, tendon, extensor, foot; secondary with free graft, each tendon (includes obtaining graft)	**Pre-1990**			NPA
28220	Tenolysis, flexor, foot; single tendon	**Pre-1990**			NPA
28222	Tenolysis, flexor, foot; multiple tendons	**Pre-1990**			NPA
28225	Tenolysis, extensor, foot; single tendon	**Pre-1990**			NPA
28226	Tenolysis, extensor, foot; multiple tendons	**Pre-1990**			NPA
28230	Tenotomy, open, tendon flexor; foot, single or multiple tendon(s) (separate procedure)	**Pre-1990**			NPA
28232	Tenotomy, open, tendon flexor; toe, single tendon (separate procedure)	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
28234	Tenotomy, open, extensor, foot or toe, each tendon	**Pre-1990**			NPA
28238	Reconstruction (advancement), posterior tibial tendon with excision of accessory tarsal navicular bone (eg, Kidner type procedure)	**Pre-1990**			NPA
28240	Tenotomy, lengthening, or release, abductor hallucis muscle	**Pre-1990**			NPA
28250	Division of plantar fascia and muscle (eg, Steindler stripping) (separate procedure)	**Pre-1990**			NPA
28260	Capsulotomy, midfoot; medial release only (separate procedure)	**Pre-1990**			NPA
28261	Capsulotomy, midfoot; with tendon lengthening	**Pre-1990**			NPA
28262	Capsulotomy, midfoot; extensive, including posterior talotibial capsulotomy and tendon(s) lengthening (eg, resistant clubfoot deformity)	**Pre-1990**			NPA
28264	Capsulotomy, midtarsal (eg, Heyman type procedure)	**Pre-1990**			NPA
28270	Capsulotomy; metatarsophalangeal joint, with or without tenorrhaphy, each joint (separate procedure)	**Pre-1990**			NPA
28272	Capsulotomy; interphalangeal joint, each joint (separate procedure)	**Pre-1990**			NPA
28280	Syndactylization, toes (eg, webbing or Kelikian type procedure)	**Pre-1990**			NPA
28285	Correction, hammertoe (eg, interphalangeal fusion, partial or total phalangectomy)	**Pre-1990**			PA
28286	Correction, cock-up fifth toe, with plastic skin closure (eg, Ruiz-Mora type procedure)	**Pre-1990**			PA
28288	Ostectomy, partial, exostectomy or condylectomy, metatarsal head, each metatarsal head	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
28289	Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; without implant	**1/1/1999**			NPA
28291	Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; with implant	**1/1/2017**			NPA
28292	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with resection of proximal phalanx base, when performed, any method	**Pre-1990**			PA
28295	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with proximal metatarsal osteotomy, any method	**1/1/2017**		**9/1/2023**	PA
28296	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with distal metatarsal osteotomy, any method	**Pre-1990**			PA
28297	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with first metatarsal and medial cuneiform joint arthrodesis, any method	**Pre-1990**			PA
28298	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with proximal phalanx osteotomy, any method	**Pre-1990**			PA
28299	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with double osteotomy, any method	**Pre-1990**			PA
28300	Osteotomy; calcaneus (eg, Dwyer or Chambers type procedure), with or without internal fixation	**Pre-1990**			NPA
28302	Osteotomy; talus	**Pre-1990**			NPA
28304	Osteotomy, tarsal bones, other than calcaneus or talus	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
28305	Osteotomy, tarsal bones, other than calcaneus or talus; with autograft (includes obtaining graft) (eg, Fowler type)	**Pre-1990**			NPA
28306	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; first metatarsal	**Pre-1990**			NPA
28307	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; first metatarsal with autograft (other than first toe)	**Pre-1990**			NPA
28308	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; other than first metatarsal, each	**Pre-1990**			NPA
28309	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; multiple (eg, Swanson type cavus foot procedure)	**Pre-1990**			NPA
28310	Osteotomy, shortening, angular or rotational correction; proximal phalanx, first toe (separate procedure)	**Pre-1990**			NPA
28312	Osteotomy, shortening, angular or rotational correction; other phalanges, any toe	**Pre-1990**			NPA
28313	Reconstruction, angular deformity of toe, soft tissue procedures only (eg, overlapping second toe, fifth toe, curly toes)	**Pre-1990**			PA
28315	Sesamoidectomy, first toe (separate procedure)	**Pre-1990**			PA
28320	Repair, nonunion or malunion; tarsal bones	**Pre-1990**			NPA
28322	Repair, nonunion or malunion; metatarsal, with or without bone graft (includes obtaining graft)	**Pre-1990**			NPA
28340	Reconstruction, toe, macrodactyly; soft tissue resection	**Pre-1990**		**9/1/2023**	PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
28341	Reconstruction, toe, macrodactyly; requiring bone resection	**Pre-1990**			NPA
28344	Reconstruction, toe(s); polydactyly	**Pre-1990**			NPA
28345	Reconstruction, toe(s); syndactyly, with or without skin graft(s), each web	**Pre-1990**		**9/1/2023**	NPA
28360	Reconstruction, cleft foot	**Pre-1990**			NPA
28400	Closed treatment of calcaneal fracture; without manipulation	**Pre-1990**			NPA
28405	Closed treatment of calcaneal fracture; with manipulation	**Pre-1990**			NPA
28406	Percutaneous skeletal fixation of calcaneal fracture, with manipulation	**Pre-1990**			NPA
28415	Open treatment of calcaneal fracture, includes internal fixation, when performed	**Pre-1990**			NPA
28420	Open treatment of calcaneal fracture, includes internal fixation, when performed; with primary iliac or other autogenous bone graft (includes obtaining graft)	**Pre-1990**			NPA
28430	Closed treatment of talus fracture; without manipulation	**Pre-1990**			NPA
28435	Closed treatment of talus fracture; with manipulation	**Pre-1990**			NPA
28436	Percutaneous skeletal fixation of talus fracture, with manipulation	**Pre-1990**			NPA
28445	Open treatment of talus fracture, includes internal fixation, when performed	**Pre-1990**			NPA
28446	Open osteochondral autograft, talus (includes obtaining graft[s])	**1/1/2008**		**9/1/2023**	PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
28450	Treatment of tarsal bone fracture (except talus and calcaneus); without manipulation, each	**Pre-1990**			NPA
28455	Treatment of tarsal bone fracture (except talus and calcaneus); with manipulation, each	**Pre-1990**			NPA
28456	Percutaneous skeletal fixation of tarsal bone fracture (except talus and calcaneus), with manipulation, each	**Pre-1990**			NPA
28465	Open treatment of tarsal bone fracture (except talus and calcaneus), includes internal fixation, when performed, each	**Pre-1990**			NPA
28470	Closed treatment of metatarsal fracture; without manipulation, each	**Pre-1990**			NPA
28475	Closed treatment of metatarsal fracture; with manipulation, each	**Pre-1990**			NPA
28476	Percutaneous skeletal fixation of metatarsal fracture, with manipulation, each	**Pre-1990**			NPA
28485	Open treatment of metatarsal fracture, includes internal fixation, when performed, each	**Pre-1990**			NPA
28490	Closed treatment of fracture great toe, phalanx or phalanges; without manipulation	**Pre-1990**			NPA
28495	Closed treatment of fracture great toe, phalanx or phalanges; with manipulation	**Pre-1990**			NPA
28496	Percutaneous skeletal fixation of fracture great toe, phalanx or phalanges, with manipulation	**Pre-1990**			NPA
28505	Open treatment of fracture, great toe, phalanx or phalanges, includes internal fixation, when performed	**Pre-1990**			NPA
28510	Closed treatment of fracture, phalanx or phalanges, other than great toe; without manipulation, each	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
28515	Closed treatment of fracture, phalanx or phalanges, other than great toe; with manipulation, each	**Pre-1990**			NPA
28525	Open treatment of fracture, phalanx or phalanges, other than great toe, includes internal fixation, when performed, each	**Pre-1990**			NPA
28530	Closed treatment of sesamoid fracture	**Pre-1990**			NPA
28531	Open treatment of sesamoid fracture, with or without internal fixation	**1/1/1993**			NPA
28540	Closed treatment of tarsal bone dislocation, other than talotarsal; without anesthesia	**Pre-1990**			NPA
28545	Closed treatment of tarsal bone dislocation, other than talotarsal; requiring anesthesia	**Pre-1990**			NPA
28546	Percutaneous skeletal fixation of tarsal bone dislocation, other than talotarsal, with manipulation	**Pre-1990**			NPA
28555	Open treatment of tarsal bone dislocation, includes internal fixation, when performed	**Pre-1990**			NPA
28570	Closed treatment of talotarsal joint dislocation; without anesthesia	**Pre-1990**			NPA
28575	Closed treatment of talotarsal joint dislocation; requiring anesthesia	**Pre-1990**			NPA
28576	Percutaneous skeletal fixation of talotarsal joint dislocation, with manipulation	**1/1/1993**			NPA
28585	Open treatment of talotarsal joint dislocation, includes internal fixation, when performed	**Pre-1990**			NPA
28600	Closed treatment of tarsometatarsal joint dislocation; without anesthesia	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
28605	Closed treatment of tarsometatarsal joint dislocation; requiring anesthesia	**Pre-1990**			NPA
28606	Percutaneous skeletal fixation of tarsometatarsal joint dislocation, with manipulation	**Pre-1990**			NPA
28615	Open treatment of tarsometatarsal joint dislocation, includes internal fixation, when performed	**Pre-1990**			NPA
28630	Closed treatment of metatarsophalangeal joint dislocation; without anesthesia	**Pre-1990**			NPA
28635	Closed treatment of metatarsophalangeal joint dislocation; requiring anesthesia	**Pre-1990**			NPA
28636	Percutaneous skeletal fixation of metatarsophalangeal joint dislocation, with manipulation	**1/1/1993**			NPA
28645	Open treatment of metatarsophalangeal joint dislocation, includes internal fixation, when performed	**Pre-1990**			NPA
28660	Closed treatment of interphalangeal joint dislocation; without anesthesia	**Pre-1990**			NPA
28665	Closed treatment of interphalangeal joint dislocation; requiring anesthesia	**Pre-1990**			NPA
28666	Percutaneous skeletal fixation of interphalangeal joint dislocation, with manipulation	**1/1/1993**			NPA
28675	Open treatment of interphalangeal joint dislocation, includes internal fixation, when performed	**Pre-1990**			NPA
28705	Arthrodesis; pantalar	**Pre-1990**		**9/1/2023**	NPA
28715	Arthrodesis; triple	**Pre-1990**		**9/1/2023**	NPA
28725	Arthrodesis; subtalar	**Pre-1990**		**9/1/2023**	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
28730	Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse	**Pre-1990**		**9/1/2023**	NPA
28735	Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse; with osteotomy (eg, flatfoot correction)	**Pre-1990**		**9/1/2023**	NPA
28737	Arthrodesis, with tendon lengthening and advancement, midtarsal, tarsal navicular-cuneiform (eg, Miller type procedure)	**Pre-1990**		**9/1/2023**	NPA
28740	Arthrodesis, midtarsal or tarsometatarsal, single joint	**Pre-1990**		**9/1/2023**	NPA
28750	Arthrodesis, great toe; metatarsophalangeal joint	**Pre-1990**		**9/1/2023**	NPA
28755	Arthrodesis, great toe; interphalangeal joint	**Pre-1990**		**9/1/2023**	NPA
28760	Arthrodesis, with extensor hallucis longus transfer to first metatarsal neck, great toe, interphalangeal joint (eg, Jones type procedure)	**Pre-1990**		**9/1/2023**	NPA
28800	Amputation, foot; midtarsal (eg, Chopart type procedure)	**Pre-1990**			NPA
28805	Amputation, foot; transmetatarsal	**Pre-1990**			NPA
28810	Amputation, metatarsal, with toe, single	**Pre-1990**			NPA
28820	Amputation, toe; metatarsophalangeal joint	**Pre-1990**			NPA
28825	Amputation, toe; interphalangeal joint	**Pre-1990**			NPA
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	**1/1/2006**			PA
28899	Unlisted procedure, foot or toes	**Pre-1990**			PA
29000	Application of halo type body cast (see 20661-20663 for insertion)	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
29010	Application of Risser jacket, localizer, body; only	**Pre-1990**			NPA
29015	Application of Risser jacket, localizer, body; including head	**Pre-1990**			NPA
29035	Application of body cast, shoulder to hips	**Pre-1990**			NPA
29040	Application of body cast, shoulder to hips; including head, Minerva type	**Pre-1990**			NPA
29044	Application of body cast, shoulder to hips; including 1 thigh	**Pre-1990**			NPA
29046	Application of body cast, shoulder to hips; including both thighs	**Pre-1990**			NPA
29049	Application, cast; figure-of-eight	**Pre-1990**			NPA
29055	Application, cast; shoulder spica	**Pre-1990**			NPA
29058	Application, cast; plaster Velpeau	**Pre-1990**			NPA
29065	Application, cast; shoulder to hand (long arm)	**Pre-1990**			NPA
29075	Application, cast; elbow to finger (short arm)	**Pre-1990**			NPA
29085	Application, cast; hand and lower forearm (gauntlet)	**Pre-1990**			NPA
29086	Application, cast; finger (eg, contracture)	**1/1/2002**			NPA
29105	Application of long arm splint (shoulder to hand)	**Pre-1990**			NPA
29125	Application of short arm splint (forearm to hand); static	**Pre-1990**			NPA
29126	Application of short arm splint (forearm to hand); dynamic	**Pre-1990**			NPA
29130	Application of finger splint; static	**Pre-1990**			NPA
29131	Application of finger splint; dynamic	**Pre-1990**			NPA
29200	Strapping; thorax	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
29240	Strapping; shoulder (eg, Velpeau)	**Pre-1990**			NPA
29260	Strapping; elbow or wrist	**Pre-1990**			NPA
29280	Strapping; hand or finger	**Pre-1990**			NPA
29305	Application of hip spica cast; 1 leg	**Pre-1990**			NPA
29325	Application of hip spica cast; 1 and one-half spica or both legs	**Pre-1990**			NPA
29345	Application of long leg cast (thigh to toes)	**Pre-1990**			NPA
29355	Application of long leg cast (thigh to toes); walker or ambulatory type	**Pre-1990**			NPA
29358	Application of long leg cast brace	**Pre-1990**			NPA
29365	Application of cylinder cast (thigh to ankle)	**Pre-1990**			NPA
29405	Application of short leg cast (below knee to toes)	**Pre-1990**			NPA
29425	Application of short leg cast (below knee to toes); walking or ambulatory type	**Pre-1990**			NPA
29435	Application of patellar tendon bearing (PTB) cast	**Pre-1990**			NPA
29440	Adding walker to previously applied cast	**Pre-1990**			NPA
29445	Application of rigid total contact leg cast	**1/1/1995**			NPA
29450	Application of clubfoot cast with molding or manipulation, long or short leg	**Pre-1990**			NPA
29505	Application of long leg splint (thigh to ankle or toes)	**Pre-1990**			NPA
29515	Application of short leg splint (calf to foot)	**Pre-1990**			NPA
29520	Strapping; hip	**Pre-1990**			NPA
29530	Strapping; knee	**Pre-1990**			NPA
29540	Strapping; ankle and/or foot	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
29550	Strapping; toes	Pre-1990			NPA
29580	Strapping; Unna boot	Pre-1990			NPA
29581	Application of multi-layer compression system; leg (below knee), including ankle and foot	1/1/2010			NPA
29584	Application of multi-layer compression system; upper arm, forearm, hand, and fingers	1/1/2012			NPA
29700	Removal or bivalving; gauntlet, boot or body cast	Pre-1990			NPA
29705	Removal or bivalving; full arm or full leg cast	Pre-1990			NPA
29710	Removal or bivalving; shoulder or hip spica, Minerva, or Risser jacket, etc.	Pre-1990			NPA
29720	Repair of spica, body cast or jacket	Pre-1990			NPA
29730	Windowing of cast	Pre-1990			NPA
29740	Wedging of cast (except clubfoot casts)	Pre-1990			NPA
29750	Wedging of clubfoot cast	Pre-1990			NPA
29799	Unlisted procedure, casting or strapping	Pre-1990			PA
29800	Arthroscopy, temporomandibular joint, diagnostic, with or without synovial biopsy (separate procedure)	1/1/1991			PA
29804	Arthroscopy, temporomandibular joint, surgical	1/1/1991			PA
29805	Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)	1/1/2002			NPA
29806	Arthroscopy, shoulder, surgical; capsulorrhaphy	1/1/2002			NPA
29807	Arthroscopy, shoulder, surgical; repair of SLAP lesion	1/1/2002			NPA
29819	Arthroscopy, shoulder, surgical; with removal of loose body or foreign body	Pre-1990			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
29820	Arthroscopy, shoulder, surgical; synovectomy, partial	**Pre-1990**			NPA
29821	Arthroscopy, shoulder, surgical; synovectomy, complete	**Pre-1990**			NPA
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])	**Pre-1990**			NPA
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])	**Pre-1990**			NPA
29824	Arthroscopy, shoulder, surgical; distal claviculectomy including distal articular surface (Mumford procedure)	**1/1/2002**			NPA
29825	Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation	**Pre-1990**			NPA
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)	**Pre-1990**			NPA
29827	Arthroscopy, shoulder, surgical; with rotator cuff repair	**1/1/2003**			NPA
29828	Arthroscopy, shoulder, surgical; biceps tenodesis	**1/1/2008**			NPA
29830	Arthroscopy, elbow, diagnostic, with or without synovial biopsy (separate procedure)	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
29834	Arthroscopy, elbow, surgical; with removal of loose body or foreign body	**Pre-1990**			NPA
29835	Arthroscopy, elbow, surgical; synovectomy, partial	**Pre-1990**			NPA
29836	Arthroscopy, elbow, surgical; synovectomy, complete	**Pre-1990**			NPA
29837	Arthroscopy, elbow, surgical; debridement, limited	**Pre-1990**			NPA
29838	Arthroscopy, elbow, surgical; debridement, extensive	**Pre-1990**			NPA
29840	Arthroscopy, wrist, diagnostic, with or without synovial biopsy (separate procedure)	**Pre-1990**			NPA
29843	Arthroscopy, wrist, surgical; for infection, lavage and drainage	**Pre-1990**			NPA
29844	Arthroscopy, wrist, surgical; synovectomy, partial	**Pre-1990**			NPA
29845	Arthroscopy, wrist, surgical; synovectomy, complete	**Pre-1990**			NPA
29846	Arthroscopy, wrist, surgical; excision and/or repair of triangular fibrocartilage and/or joint debridement	**Pre-1990**			NPA
29847	Arthroscopy, wrist, surgical; internal fixation for fracture or instability	**Pre-1990**			NPA
29848	Endoscopy, wrist, surgical, with release of transverse carpal ligament	**1/1/1992**		**9/1/2023**	NPA
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)	**1/1/1993**			NPA
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)	**1/1/1993**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
29855	Arthroscopically aided treatment of tibial fracture, proximal (plateau); unicondylar, includes internal fixation, when performed (includes arthroscopy)	**Pre-1990**			NPA
29856	Arthroscopically aided treatment of tibial fracture, proximal (plateau); bicondylar, includes internal fixation, when performed (includes arthroscopy)	**Pre-1990**			NPA
29860	Arthroscopy, hip, diagnostic with or without synovial biopsy (separate procedure)	**1/1/1998**			NPA
29861	Arthroscopy, hip, surgical; with removal of loose body or foreign body	**1/1/1998**			NPA
29862	Arthroscopy, hip, surgical; with debridement/shaving of articular cartilage (chondroplasty), abrasion arthroplasty, and/or resection of labrum	**1/1/1998**			NPA
29863	Arthroscopy, hip, surgical; with synovectomy	**1/1/1998**			NPA
29866	Arthroscopy, knee, surgical; osteochondral autograft(s) (eg, mosaicplasty) (includes harvesting of the autograft[s])	**1/1/2005**			NPA
29867	Arthroscopy, knee, surgical; osteochondral allograft (eg, mosaicplasty)	**1/1/2005**			NPA
29868	Arthroscopy, knee, surgical; meniscal transplantation (includes arthrotomy for meniscal insertion), medial or lateral	**1/1/2005**			NPA
29870	Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	**Pre-1990**			NPA
29871	Arthroscopy, knee, surgical; for infection, lavage and drainage	**Pre-1990**			NPA
29873	Arthroscopy, knee, surgical; with lateral release	**1/1/2003**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
29874	Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)	**Pre-1990**			NPA
29875	Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)	**Pre-1990**			NPA
29876	Arthroscopy, knee, surgical; synovectomy, major, 2 or more compartments (eg, medial or lateral)	**Pre-1990**			NPA
29877	Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	**Pre-1990**			NPA
29879	Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture	**Pre-1990**			NPA
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	**Pre-1990**			NPA
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	**Pre-1990**			NPA
29882	Arthroscopy, knee, surgical; with meniscus repair (medial OR lateral)	**Pre-1990**			NPA
29883	Arthroscopy, knee, surgical; with meniscus repair (medial AND lateral)	**Pre-1990**			NPA
29884	Arthroscopy, knee, surgical; with lysis of adhesions, with or without manipulation (separate procedure)	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
29885	Arthroscopy, knee, surgical; drilling for osteochondritis dissecans with bone grafting, with or without internal fixation (including debridement of base of lesion)	**Pre-1990**			NPA
29886	Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion	**Pre-1990**			NPA
29887	Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion with internal fixation	**Pre-1990**			NPA
29888	Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	**Pre-1990**			NPA
29889	Arthroscopically aided posterior cruciate ligament repair/augmentation or reconstruction	**Pre-1990**			NPA
29891	Arthroscopy, ankle, surgical, excision of osteochondral defect of talus and/or tibia, including drilling of the defect	**Pre-1990**			NPA
29892	Arthroscopically aided repair of large osteochondritis dissecans lesion, talar dome fracture, or tibial plafond fracture, with or without internal fixation (includes arthroscopy)	**1/1/1998**			NPA
29893	Endoscopic plantar fasciotomy	**1/1/1998**		**9/1/2023**	NPA
29894	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; with removal of loose body or foreign body	**Pre-1990**			NPA
29895	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; synovectomy, partial	**Pre-1990**			NPA
29897	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; debridement, limited	**Pre-1990**			NPA
29898	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; debridement, extensive	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
29899	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; with ankle arthrodesis	1/1/2003			NPA
29900	Arthroscopy, metacarpophalangeal joint, diagnostic, includes synovial biopsy	1/1/2002			NPA
29901	Arthroscopy, metacarpophalangeal joint, surgical; with debridement	1/1/2002			NPA
29902	Arthroscopy, metacarpophalangeal joint, surgical; with reduction of displaced ulnar collateral ligament (eg, Stener lesion)	1/1/2002			NPA
29904	Arthroscopy, subtalar joint, surgical; with removal of loose body or foreign body	1/1/2008			NPA
29905	Arthroscopy, subtalar joint, surgical; with synovectomy	1/1/2008			NPA
29906	Arthroscopy, subtalar joint, surgical; with debridement	1/1/2008			NPA
29907	Arthroscopy, subtalar joint, surgical; with subtalar arthrodesis	1/1/2008			NPA
29914	Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)	1/1/2011		9/1/2023	NPA
29915	Arthroscopy, hip, surgical; with acetabuloplasty (ie, treatment of pincer lesion)	1/1/2011		9/1/2023	NPA
29916	Arthroscopy, hip, surgical; with labral repair	1/1/2011		9/1/2023	NPA
29999	Unlisted procedure, arthroscopy	1/1/2002			PA
30000	Drainage abscess or hematoma, nasal, internal approach	Pre-1990			NPA
30020	Drainage abscess or hematoma, nasal septum	Pre-1990			NPA
30100	Biopsy, intranasal	1/1/1992			NPA
30110	Excision, nasal polyp(s), simple	Pre-1990			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
30115	Excision, nasal polyp(s), extensive	**Pre-1990**			NPA
30117	Excision or destruction (eg, laser), intranasal lesion; internal approach	**Pre-1990**			NPA
30118	Excision or destruction (eg, laser), intranasal lesion; external approach (lateral rhinotomy)	**Pre-1990**			NPA
30120	Excision or surgical planing of skin of nose for rhinophyma	**Pre-1990**		**9/1/2023**	PA
30124	Excision dermoid cyst, nose; simple, skin, subcutaneous	**Pre-1990**			NPA
30125	Excision dermoid cyst, nose; complex, under bone or cartilage	**Pre-1990**			NPA
30130	Excision inferior turbinate, partial or complete, any method	**Pre-1990**			PA
30140	Submucous resection inferior turbinate, partial or complete, any method	**Pre-1990**			PA
30150	Rhinectomy; partial	**Pre-1990**			NPA
30160	Rhinectomy; total	**Pre-1990**			NPA
30200	Injection into turbinate(s), therapeutic	**Pre-1990**			NPA
30210	Displacement therapy (Proetz type)	**Pre-1990**			NPA
30220	Insertion, nasal septal prosthesis (button)	**Pre-1990**			NPA
30300	Removal foreign body, intranasal; office type procedure	**Pre-1990**			NPA
30310	Removal foreign body, intranasal; requiring general anesthesia	**Pre-1990**			NPA
30320	Removal foreign body, intranasal; by lateral rhinotomy	**Pre-1990**			NPA
30400	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip	**Pre-1990**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
30410	Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip	**Pre-1990**			PA
30420	Rhinoplasty, primary; including major septal repair	**Pre-1990**			PA
30430	Rhinoplasty, secondary; minor revision (small amount of nasal tip work)	**Pre-1990**			PA
30435	Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)	**Pre-1990**			PA
30450	Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)	**Pre-1990**			PA
30460	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only	**1/1/1993**			PA
30462	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip, septum, osteotomies	**1/1/1993**			PA
30465	Repair of nasal vestibular stenosis (eg, spreader grafting, lateral nasal wall reconstruction)	**1/1/2001**		**9/1/2023**	NPA
30468	Repair of nasal valve collapse with subcutaneous/submucosal lateral wall implant(s)	**1/1/2021**		**4/1/2021**	NC
30469	Repair of nasal valve collapse with low energy, temperature-controlled (ie, radiofrequency) subcutaneous/submucosal remodeling	**1/1/2023**		**2/1/2023**	NC
30520	Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft	**Pre-1990**			PA
30540	Repair choanal atresia; intranasal	**Pre-1990**			NPA
30545	Repair choanal atresia; transpalatine	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
30560	Lysis intranasal synechia	**Pre-1990**			NPA
30580	Repair fistula; oromaxillary (combine with 31030 if antrotomy is included)	**Pre-1990**			NPA
30600	Repair fistula; oronasal	**Pre-1990**			NPA
30620	Septal or other intranasal dermatoplasty (does not include obtaining graft)	**Pre-1990**		**9/1/2023**	NPA
30630	Repair nasal septal perforations	**Pre-1990**			NPA
30801	Ablation, soft tissue of inferior turbinates, unilateral or bilateral, any method (eg, electrocautery, radiofrequency ablation, or tissue volume reduction); superficial	**Pre-1990**		**9/1/2023**	NPA
30802	Ablation, soft tissue of inferior turbinates, unilateral or bilateral, any method (eg, electrocautery, radiofrequency ablation, or tissue volume reduction); intramural (ie, submucosal)	**Pre-1990**		**9/1/2023**	NPA
30901	Control nasal hemorrhage, anterior, simple (limited cautery and/or packing) any method	**Pre-1990**			NPA
30903	Control nasal hemorrhage, anterior, complex (extensive cautery and/or packing) any method	**Pre-1990**			NPA
30905	Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; initial	**Pre-1990**			NPA
30906	Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; subsequent	**Pre-1990**			NPA
30915	Ligation arteries; ethmoidal	**Pre-1990**			NPA
30920	Ligation arteries; internal maxillary artery, transantral	**Pre-1990**			NPA
30930	Fracture nasal inferior turbinate(s), therapeutic	**Pre-1990**		**9/1/2023**	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
30999	Unlisted procedure, nose	**Pre-1990**			PA
31000	Lavage by cannulation; maxillary sinus (antrum puncture or natural ostium)	**Pre-1990**			NPA
31002	Lavage by cannulation; sphenoid sinus	**Pre-1990**		**9/1/2023**	NPA
31020	Sinusotomy, maxillary (antrotomy); intranasal	**Pre-1990**			PA
31030	Sinusotomy, maxillary (antrotomy); radical (Caldwell-Luc) without removal of antrochoanal polyps	**Pre-1990**			PA
31032	Sinusotomy, maxillary (antrotomy); radical (Caldwell-Luc) with removal of antrochoanal polyps	**Pre-1990**			PA
31040	Pterygomaxillary fossa surgery, any approach	**Pre-1990**			NPA
31050	Sinusotomy, sphenoid, with or without biopsy	**Pre-1990**			PA
31051	Sinusotomy, sphenoid, with or without biopsy; with mucosal stripping or removal of polyp(s)	**Pre-1990**			PA
31070	Sinusotomy frontal; external, simple (trephine operation)	**Pre-1990**			PA
31075	Sinusotomy frontal; transorbital, unilateral (for mucocele or osteoma, Lynch type)	**Pre-1990**			PA
31080	Sinusotomy frontal; obliterative without osteoplastic flap, brow incision (includes ablation)	**Pre-1990**			PA
31081	Sinusotomy frontal; obliterative, without osteoplastic flap, coronal incision (includes ablation)	**Pre-1990**			PA
31084	Sinusotomy frontal; obliterative, with osteoplastic flap, brow incision	**Pre-1990**			PA
31085	Sinusotomy frontal; obliterative, with osteoplastic flap, coronal incision	**Pre-1990**			PA
31086	Sinusotomy frontal; nonobliterative, with osteoplastic flap, brow incision	**Pre-1990**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
31087	Sinusotomy frontal; nonobliterative, with osteoplastic flap, coronal incision	Pre-1990			PA
31090	Sinusotomy, unilateral, 3 or more paranasal sinuses (frontal, maxillary, ethmoid, sphenoid)	Pre-1990			PA
31200	Ethmoidectomy; intranasal, anterior	Pre-1990			PA
31201	Ethmoidectomy; intranasal, total	Pre-1990			PA
31205	Ethmoidectomy; extranasal, total	Pre-1990			PA
31225	Maxillectomy; without orbital exenteration	Pre-1990			NPA
31230	Maxillectomy; with orbital exenteration (en bloc)	Pre-1990		9/1/2023	NPA
31231	Nasal endoscopy, diagnostic, unilateral or bilateral (separate procedure)	1/1/1994			NPA
31233	Nasal/sinus endoscopy, diagnostic; with maxillary sinusoscopy (via inferior meatus or canine fossa puncture)	1/1/1994		9/1/2023	NPA
31235	Nasal/sinus endoscopy, diagnostic; with sphenoid sinusoscopy (via puncture of sphenoidal face or cannulation of ostium)	1/1/1994		9/1/2023	NPA
31237	Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate procedure)	1/1/1994		9/1/2023	NPA
31238	Nasal/sinus endoscopy, surgical; with control of nasal hemorrhage	Pre-1990			NPA
31239	Nasal/sinus endoscopy, surgical; with dacryocystorhinostomy	1/1/1994			NPA
31240	Nasal/sinus endoscopy, surgical; with concha bullosa resection	1/1/1994			NPA
31241	Nasal/sinus endoscopy, surgical; with ligation of sphenopalatine artery	1/1/2018			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
31253	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including frontal sinus exploration, with removal of tissue from frontal sinus, when performed	**1/1/2018**			NPA
31254	Nasal/sinus endoscopy, surgical with ethmoidectomy; partial (anterior)	**Pre-1990**		**9/1/2023**	NPA
31255	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior)	**Pre-1990**		**9/1/2023**	NPA
31256	Nasal/sinus endoscopy, surgical, with maxillary antrostomy	**Pre-1990**		**9/1/2023**	NPA
31257	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy	**1/1/2018**			NPA
31259	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy, with removal of tissue from the sphenoid sinus	**1/1/2018**			NPA
31267	Nasal/sinus endoscopy, surgical, with maxillary antrostomy; with removal of tissue from maxillary sinus	**Pre-1990**		**9/1/2023**	NPA
31276	Nasal/sinus endoscopy, surgical, with frontal sinus exploration, including removal of tissue from frontal sinus, when performed	**1/1/1995**		**9/1/2023**	NPA
31287	Nasal/sinus endoscopy, surgical, with sphenoidotomy	**Pre-1990**		**9/1/2023**	NPA
31288	Nasal/sinus endoscopy, surgical, with sphenoidotomy; with removal of tissue from the sphenoid sinus	**1/1/1994**		**9/1/2023**	NPA
31290	Nasal/sinus endoscopy, surgical, with repair of cerebrospinal fluid leak; ethmoid region	**1/1/1994**			NPA
31291	Nasal/sinus endoscopy, surgical, with repair of cerebrospinal fluid leak; sphenoid region	**1/1/1994**			NPA
31292	Nasal/sinus endoscopy, surgical, with orbital decompression; medial or inferior wall	**1/1/1994**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
31293	Nasal/sinus endoscopy, surgical, with orbital decompression; medial and inferior wall	**1/1/1994**			NPA
31294	Nasal/sinus endoscopy, surgical, with optic nerve decompression	**1/1/1994**			NPA
31295	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); maxillary sinus ostium, transnasal or via canine fossa	**1/1/2011**		**9/1/2023**	NPA
31296	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); frontal sinus ostium	**1/1/2011**		**9/1/2023**	NPA
31297	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); sphenoid sinus ostium	**1/1/2011**		**9/1/2023**	NPA
31298	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); frontal and sphenoid sinus ostia	**1/1/2018**			NPA
31299	Unlisted procedure, accessory sinuses	**Pre-1990**			PA
31300	Laryngotomy (thyrotomy, laryngofissure), with removal of tumor or laryngocele, cordectomy	**Pre-1990**			NPA
31360	Laryngectomy; total, without radical neck dissection	**Pre-1990**			NPA
31365	Laryngectomy; total, with radical neck dissection	**Pre-1990**			NPA
31367	Laryngectomy; subtotal supraglottic, without radical neck dissection	**Pre-1990**			NPA
31368	Laryngectomy; subtotal supraglottic, with radical neck dissection	**Pre-1990**			NPA
31370	Partial laryngectomy (hemilaryngectomy); horizontal	**Pre-1990**			NPA
31375	Partial laryngectomy (hemilaryngectomy); laterovertical	**Pre-1990**			NPA
31380	Partial laryngectomy (hemilaryngectomy); anterovertical	**Pre-1990**			NPA
31382	Partial laryngectomy (hemilaryngectomy); antero-latero-vertical	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
31390	Pharyngolaryngectomy, with radical neck dissection; without reconstruction	Pre-1990			NPA
31395	Pharyngolaryngectomy, with radical neck dissection; with reconstruction	Pre-1990			NPA
31400	Arytenoidectomy or arytenoidopexy, external approach	Pre-1990			NPA
31420	Epiglottidectomy	Pre-1990			NPA
31500	Intubation, endotracheal, emergency procedure	Pre-1990			NPA
31502	Tracheotomy tube change prior to establishment of fistula tract	1/1/1991			NPA
31505	Laryngoscopy, indirect; diagnostic (separate procedure)	Pre-1990			NPA
31510	Laryngoscopy, indirect; with biopsy	Pre-1990			NPA
31511	Laryngoscopy, indirect; with removal of foreign body	Pre-1990			NPA
31512	Laryngoscopy, indirect; with removal of lesion	Pre-1990			NPA
31513	Laryngoscopy, indirect; with vocal cord injection	Pre-1990			NPA
31515	Laryngoscopy direct, with or without tracheoscopy; for aspiration	Pre-1990			NPA
31520	Laryngoscopy direct, with or without tracheoscopy; diagnostic, newborn	Pre-1990			NPA
31525	Laryngoscopy direct, with or without tracheoscopy; diagnostic, except newborn	Pre-1990			NPA
31526	Laryngoscopy direct, with or without tracheoscopy; diagnostic, with operating microscope or telescope	Pre-1990			NPA
31527	Laryngoscopy direct, with or without tracheoscopy; with insertion of obturator	Pre-1990			NPA
31528	Laryngoscopy direct, with or without tracheoscopy; with dilation, initial	Pre-1990			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
31529	Laryngoscopy direct, with or without tracheoscopy; with dilation, subsequent	**Pre-1990**			NPA
31530	Laryngoscopy, direct, operative, with foreign body removal	**Pre-1990**			NPA
31531	Laryngoscopy, direct, operative, with foreign body removal; with operating microscope or telescope	**Pre-1990**			NPA
31535	Laryngoscopy, direct, operative, with biopsy	**Pre-1990**			NPA
31536	Laryngoscopy, direct, operative, with biopsy; with operating microscope or telescope	**Pre-1990**			NPA
31540	Laryngoscopy, direct, operative, with excision of tumor and/or stripping of vocal cords or epiglottis	**Pre-1990**			NPA
31541	Laryngoscopy, direct, operative, with excision of tumor and/or stripping of vocal cords or epiglottis; with operating microscope or telescope	**Pre-1990**			NPA
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)	**1/1/2005**			NPA
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)	**1/1/2005**			NPA
31551	Laryngoplasty; for laryngeal stenosis, with graft, without indwelling stent placement, younger than 12 years of age	**1/1/2017**			NPA
31552	Laryngoplasty; for laryngeal stenosis, with graft, without indwelling stent placement, age 12 years or older	**1/1/2017**			NPA
31553	Laryngoplasty; for laryngeal stenosis, with graft, with indwelling stent placement, younger than 12 years of age	**1/1/2017**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
31554	Laryngoplasty; for laryngeal stenosis, with graft, with indwelling stent placement, age 12 years or older	1/1/2017			NPA
31560	Laryngoscopy, direct, operative, with arytenoidectomy	Pre-1990			NPA
31561	Laryngoscopy, direct, operative, with arytenoidectomy; with operating microscope or telescope	Pre-1990			NPA
31570	Laryngoscopy, direct, with injection into vocal cord(s), therapeutic	Pre-1990			NPA
31571	Laryngoscopy, direct, with injection into vocal cord(s), therapeutic; with operating microscope or telescope	Pre-1990			NPA
31572	Laryngoscopy, flexible; with ablation or destruction of lesion(s) with laser, unilateral	1/1/2017			NPA
31573	Laryngoscopy, flexible; with therapeutic injection(s) (eg, chemodenervation agent or corticosteroid, injected percutaneous, transoral, or via endoscope channel), unilateral	1/1/2017			NPA
31574	Laryngoscopy, flexible; with injection(s) for augmentation (eg, percutaneous, transoral), unilateral	1/1/2017			NPA
31575	Laryngoscopy, flexible; diagnostic	Pre-1990			NPA
31576	Laryngoscopy, flexible; with biopsy(ies)	Pre-1990			NPA
31577	Laryngoscopy, flexible; with removal of foreign body(s)	Pre-1990			NPA
31578	Laryngoscopy, flexible; with removal of lesion(s), non-laser	Pre-1990			NPA
31579	Laryngoscopy, flexible or rigid telescopic, with stroboscopy	Pre-1990			NPA
31580	Laryngoplasty; for laryngeal web, with indwelling keel or stent insertion	Pre-1990			NPA
31584	Laryngoplasty; with open reduction and fixation of (eg, plating) fracture, includes tracheostomy, if performed	Pre-1990			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
31587	Laryngoplasty, cricoid split, without graft placement	Pre-1990			NPA
31590	Laryngeal reinnervation by neuromuscular pedicle	Pre-1990			NPA
31591	Laryngoplasty, medialization, unilateral	1/1/2017			NPA
31592	Cricotracheal resection	1/1/2017			NPA
31599	Unlisted procedure, larynx	Pre-1990			PA
31600	Tracheostomy, planned (separate procedure)	Pre-1990			NPA
31601	Tracheostomy, planned (separate procedure); younger than 2 years	Pre-1990			NPA
31603	Tracheostomy, emergency procedure; transtracheal	Pre-1990			NPA
31605	Tracheostomy, emergency procedure; cricothyroid membrane	Pre-1990			NPA
31610	Tracheostomy, fenestration procedure with skin flaps	Pre-1990			NPA
31611	Construction of tracheoesophageal fistula and subsequent insertion of an alaryngeal speech prosthesis (eg, voice button, Blom-Singer prosthesis)	1/1/1990			NPA
31612	Tracheal puncture, percutaneous with transtracheal aspiration and/or injection	Pre-1990			NPA
31613	Tracheostoma revision; simple, without flap rotation	Pre-1990			NPA
31614	Tracheostoma revision; complex, with flap rotation	Pre-1990			NPA
31615	Tracheobronchoscopy through established tracheostomy incision	Pre-1990			NPA
31622	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)	Pre-1990			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
31623	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with brushing or protected brushings	**Pre-1990**			NPA
31624	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial alveolar lavage	**Pre-1990**			NPA
31625	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites	**Pre-1990**			NPA
31626	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of fiducial markers, single or multiple	**1/1/2010**			NPA
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])	**1/1/2010**			NPA
31628	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), single lobe	**Pre-1990**			NPA
31629	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), trachea, main stem and/or lobar bronchus(i)	**Pre-1990**			NPA
31630	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with tracheal/bronchial dilation or closed reduction of fracture	**Pre-1990**			NPA
31631	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of tracheal stent(s) (includes tracheal/bronchial dilation as required)	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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)	**1/1/2004**			NPA
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)	**1/1/2004**			NPA
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	**1/1/2011**			NPA
31635	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of foreign body	**Pre-1990**			NPA
31636	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of bronchial stent(s) (includes tracheal/bronchial dilation as required), initial bronchus	**1/1/2005**			NPA
31637	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; each additional major bronchus stented (List separately in addition to code for primary procedure)	**1/1/2005**			NPA
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)	**1/1/2005**			NPA
31640	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with excision of tumor	**Pre-1990**			NPA
31641	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with destruction of tumor or	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	relief of stenosis by any method other than excision (eg, laser therapy, cryotherapy)				
31643	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of catheter(s) for intracavitary radioelement application	**Pre-1990**			NPA
31645	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with therapeutic aspiration of tracheobronchial tree, initial	**Pre-1990**			NPA
31646	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with therapeutic aspiration of tracheobronchial tree, subsequent, same hospital stay	**Pre-1990**			NPA
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	**1/1/2013**			NPA
31648	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of bronchial valve(s), initial lobe	**1/1/2013**			NPA
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)	**1/1/2013**			NPA
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])	**1/1/2013**			NPA
31652	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or	**1/1/2016**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	transbronchial sampling (eg, aspiration[s]/biopsy[ies]), one or two mediastinal and/or hilar lymph node stations or structures				
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	**1/1/2016**			NPA
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])	**1/1/2016**			NPA
31660	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 1 lobe	**1/1/2013**		**9/1/2023**	PA
31661	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 2 or more lobes	**1/1/2013**		**9/1/2023**	PA
31717	Catheterization with bronchial brush biopsy	**Pre-1990**			NPA
31720	Catheter aspiration (separate procedure); nasotracheal	**Pre-1990**			NPA
31725	Catheter aspiration (separate procedure); tracheobronchial with fiberscope, bedside	**Pre-1990**			NPA
31730	Transtracheal (percutaneous) introduction of needle wire dilator/stent or indwelling tube for oxygen therapy	**1/1/1993**			NPA
31750	Tracheoplasty; cervical	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
31755	Tracheoplasty; tracheopharyngeal fistulization, each stage	Pre-1990			NPA
31760	Tracheoplasty; intrathoracic	Pre-1990			NPA
31766	Carinal reconstruction	Pre-1990			NPA
31770	Bronchoplasty; graft repair	Pre-1990			NPA
31775	Bronchoplasty; excision stenosis and anastomosis	Pre-1990			NPA
31780	Excision tracheal stenosis and anastomosis; cervical	Pre-1990			NPA
31781	Excision tracheal stenosis and anastomosis; cervicothoracic	Pre-1990			NPA
31785	Excision of tracheal tumor or carcinoma; cervical	Pre-1990			NPA
31786	Excision of tracheal tumor or carcinoma; thoracic	Pre-1990			NPA
31800	Suture of tracheal wound or injury; cervical	Pre-1990			NPA
31805	Suture of tracheal wound or injury; intrathoracic	Pre-1990			NPA
31820	Surgical closure tracheostomy or fistula; without plastic repair	Pre-1990			NPA
31825	Surgical closure tracheostomy or fistula; with plastic repair	Pre-1990			NPA
31830	Revision of tracheostomy scar	Pre-1990			NPA
31899	Unlisted procedure, trachea, bronchi	Pre-1990			PA
32035	Thoracostomy; with rib resection for empyema	Pre-1990			NPA
32036	Thoracostomy; with open flap drainage for empyema	Pre-1990			NPA
32096	Thoracotomy, with diagnostic biopsy(ies) of lung infiltrate(s) (eg, wedge, incisional), unilateral	1/1/2012			NPA
32097	Thoracotomy, with diagnostic biopsy(ies) of lung nodule(s) or mass(es) (eg, wedge, incisional), unilateral	1/1/2012			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
32098	Thoracotomy, with biopsy(ies) of pleura	1/1/2012			NPA
32100	Thoracotomy; with exploration	Pre-1990			NPA
32110	Thoracotomy; with control of traumatic hemorrhage and/or repair of lung tear	Pre-1990			NPA
32120	Thoracotomy; for postoperative complications	Pre-1990			NPA
32124	Thoracotomy; with open intrapleural pneumonolysis	Pre-1990			NPA
32140	Thoracotomy; with cyst(s) removal, includes pleural procedure when performed	Pre-1990			NPA
32141	Thoracotomy; with resection-plication of bullae, includes any pleural procedure when performed	Pre-1990			NPA
32150	Thoracotomy; with removal of intrapleural foreign body or fibrin deposit	Pre-1990			NPA
32151	Thoracotomy; with removal of intrapulmonary foreign body	Pre-1990			NPA
32160	Thoracotomy; with cardiac massage	Pre-1990			NPA
32200	Pneumonostomy, with open drainage of abscess or cyst	Pre-1990			NPA
32215	Pleural scarification for repeat pneumothorax	Pre-1990			NPA
32220	Decortication, pulmonary (separate procedure); total	Pre-1990			NPA
32225	Decortication, pulmonary (separate procedure); partial	Pre-1990			NPA
32310	Pleurectomy, parietal (separate procedure)	Pre-1990			NPA
32320	Decortication and parietal pleurectomy	Pre-1990			NPA
32400	Biopsy, pleura, percutaneous needle	Pre-1990			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
32408	Core needle biopsy, lung or mediastinum, percutaneous, including imaging guidance, when performed	**1/1/2021**		**4/1/2021**	NPA
32440	Removal of lung, pneumonectomy	**Pre-1990**			NPA
32442	Removal of lung, pneumonectomy; with resection of segment of trachea followed by broncho-tracheal anastomosis (sleeve pneumonectomy)	**Pre-1990**			NPA
32445	Removal of lung, pneumonectomy; extrapleural	**Pre-1990**			NPA
32480	Removal of lung, other than pneumonectomy; single lobe (lobectomy)	**Pre-1990**			NPA
32482	Removal of lung, other than pneumonectomy; 2 lobes (bilobectomy)	**Pre-1990**			NPA
32484	Removal of lung, other than pneumonectomy; single segment (segmentectomy)	**Pre-1990**			NPA
32486	Removal of lung, other than pneumonectomy; with circumferential resection of segment of bronchus followed by broncho-bronchial anastomosis (sleeve lobectomy)	**Pre-1990**			NPA
32488	Removal of lung, other than pneumonectomy; with all remaining lung following previous removal of a portion of lung (completion pneumonectomy)	**Pre-1990**			NPA
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	**Pre-1990**			NPA
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)	**1/1/1996**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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)	**1/1/2006**			NPA
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	**1/1/2006**			NPA
32505	Thoracotomy; with therapeutic wedge resection (eg, mass, nodule), initial	**1/1/2012**			NPA
32506	Thoracotomy; with therapeutic wedge resection (eg, mass or nodule), each additional resection, ipsilateral (List separately in addition to code for primary procedure)	**1/1/2012**			NPA
32507	Thoracotomy; with diagnostic wedge resection followed by anatomic lung resection (List separately in addition to code for primary procedure)	**1/1/2012**			NPA
32540	Extrapleural enucleation of empyema (empyemectomy)	**Pre-1990**			NPA
32550	Insertion of indwelling tunneled pleural catheter with cuff	**1/1/2008**			NPA
32551	Tube thoracostomy, includes connection to drainage system (eg, water seal), when performed, open (separate procedure)	**1/1/2008**			NPA
32552	Removal of indwelling tunneled pleural catheter with cuff	**1/1/2010**			NPA
32553	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-thoracic, single or multiple	**1/1/2010**			NPA
32554	Thoracentesis, needle or catheter, aspiration of the pleural space; without imaging guidance	**1/1/2013**			NPA
32555	Thoracentesis, needle or catheter, aspiration of the pleural space; with imaging guidance	**1/1/2013**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
32556	Pleural drainage, percutaneous, with insertion of indwelling catheter; without imaging guidance	**1/1/2013**			NPA
32557	Pleural drainage, percutaneous, with insertion of indwelling catheter; with imaging guidance	**1/1/2013**			NPA
32560	Instillation, via chest tube/catheter, agent for pleurodesis (eg, talc for recurrent or persistent pneumothorax)	**1/1/2008**			NPA
32561	Instillation(s), via chest tube/catheter, agent for fibrinolysis (eg, fibrinolytic agent for break up of multiloculated effusion); initial day	**1/1/2010**			NPA
32562	Instillation(s), via chest tube/catheter, agent for fibrinolysis (eg, fibrinolytic agent for break up of multiloculated effusion); subsequent day	**1/1/2010**			NPA
32601	Thoracoscopy, diagnostic (separate procedure); lungs, pericardial sac, mediastinal or pleural space, without biopsy	**Pre-1990**			NPA
32604	Thoracoscopy, diagnostic (separate procedure); pericardial sac, with biopsy	**1/1/1994**			NPA
32606	Thoracoscopy, diagnostic (separate procedure); mediastinal space, with biopsy	**1/1/1994**			NPA
32607	Thoracoscopy; with diagnostic biopsy(ies) of lung infiltrate(s) (eg, wedge, incisional), unilateral	**1/1/2012**			NPA
32608	Thoracoscopy; with diagnostic biopsy(ies) of lung nodule(s) or mass(es) (eg, wedge, incisional), unilateral	**1/1/2012**			NPA
32609	Thoracoscopy; with biopsy(ies) of pleura	**1/1/2012**			NPA
32650	Thoracoscopy, surgical; with pleurodesis (eg, mechanical or chemical)	**Pre-1990**			NPA
32651	Thoracoscopy, surgical; with partial pulmonary decortication	**1/1/1994**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
32652	Thoracoscopy, surgical; with total pulmonary decortication, including intrapleural pneumonolysis	**1/1/1994**			NPA
32653	Thoracoscopy, surgical; with removal of intrapleural foreign body or fibrin deposit	**1/1/1994**			NPA
32654	Thoracoscopy, surgical; with control of traumatic hemorrhage	**1/1/1994**			NPA
32655	Thoracoscopy, surgical; with resection-plication of bullae, includes any pleural procedure when performed	**Pre-1990**			NPA
32656	Thoracoscopy, surgical; with parietal pleurectomy	**1/1/1994**			NPA
32658	Thoracoscopy, surgical; with removal of clot or foreign body from pericardial sac	**1/1/1994**			NPA
32659	Thoracoscopy, surgical; with creation of pericardial window or partial resection of pericardial sac for drainage	**1/1/1994**			NPA
32661	Thoracoscopy, surgical; with excision of pericardial cyst, tumor, or mass	**1/1/1994**			NPA
32662	Thoracoscopy, surgical; with excision of mediastinal cyst, tumor, or mass	**1/1/1994**			NPA
32663	Thoracoscopy, surgical; with lobectomy (single lobe)	**Pre-1990**			NPA
32664	Thoracoscopy, surgical; with thoracic sympathectomy	**1/1/1994**		**9/1/2023**	NPA
32665	Thoracoscopy, surgical; with esophagomyotomy (Heller type)	**1/1/1994**			NPA
32666	Thoracoscopy, surgical; with therapeutic wedge resection (eg, mass, nodule), initial unilateral	**1/1/2012**			NPA
32667	Thoracoscopy, surgical; with therapeutic wedge resection (eg, mass or nodule), each additional resection, ipsilateral (List separately in addition to code for primary procedure)	**1/1/2012**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
32668	Thoracoscopy, surgical; with diagnostic wedge resection followed by anatomic lung resection (List separately in addition to code for primary procedure)	**1/1/2012**			NPA
32669	Thoracoscopy, surgical; with removal of a single lung segment (segmentectomy)	**1/1/2012**			NPA
32670	Thoracoscopy, surgical; with removal of two lobes (bilobectomy)	**1/1/2012**			NPA
32671	Thoracoscopy, surgical; with removal of lung (pneumonectomy)	**1/1/2012**			NPA
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	**1/1/2012**			NPA
32673	Thoracoscopy, surgical; with resection of thymus, unilateral or bilateral	**1/1/2012**			NPA
32674	Thoracoscopy, surgical; with mediastinal and regional lymphadenectomy (List separately in addition to code for primary procedure)	**1/1/2012**			NPA
32701	Thoracic target(s) delineation for stereotactic body radiation therapy (SRS/SBRT), (photon or particle beam), entire course of treatment	**1/1/2013**		**9/1/2023**	NPA
32800	Repair lung hernia through chest wall	**Pre-1990**			NPA
32810	Closure of chest wall following open flap drainage for empyema (Clagett type procedure)	**Pre-1990**			NPA
32815	Open closure of major bronchial fistula	**Pre-1990**			NPA
32820	Major reconstruction, chest wall (posttraumatic)	**Pre-1990**			NPA
32850	Donor pneumonectomy(s) (including cold preservation), from cadaver donor	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
32851	Lung transplant, single; without cardiopulmonary bypass	1/1/1994			PA
32852	Lung transplant, single; with cardiopulmonary bypass	1/1/1994			PA
32853	Lung transplant, double (bilateral sequential or en bloc); without cardiopulmonary bypass	1/1/1994			PA
32854	Lung transplant, double (bilateral sequential or en bloc); with cardiopulmonary bypass	1/1/1994			PA
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	1/1/2005			PA
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	1/1/2005			PA
32900	Resection of ribs, extrapleural, all stages	Pre-1990			NPA
32905	Thoracoplasty, Schede type or extrapleural (all stages)	Pre-1990			NPA
32906	Thoracoplasty, Schede type or extrapleural (all stages); with closure of bronchopleural fistula	Pre-1990			NPA
32940	Pneumonolysis, extraperiosteal, including filling or packing procedures	Pre-1990			NPA
32960	Pneumothorax, therapeutic, intrapleural injection of air	Pre-1990			NPA
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	1/1/2018			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	imaging guidance when performed, unilateral; cryoablation				
32997	Total lung lavage (unilateral)	**1/1/2000**			NPA
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, including imaging guidance when performed, unilateral; radiofrequency	**1/1/2007**			NPA
32999	Unlisted procedure, lungs and pleura	**Pre-1990**			PA
33016	Pericardiocentesis, including imaging guidance, when performed	**1/1/2020**		**4/1/2020**	NPA
33017	Pericardial drainage with insertion of indwelling catheter, percutaneous, including fluoroscopy and/or ultrasound guidance, when performed; 6 years and older without congenital cardiac anomaly	**1/1/2020**		**4/1/2020**	NPA
33018	Pericardial drainage with insertion of indwelling catheter, percutaneous, including fluoroscopy and/or ultrasound guidance, when performed; birth through 5 years of age or any age with congenital cardiac anomaly	**1/1/2020**		**4/1/2020**	NPA
33019	Pericardial drainage with insertion of indwelling catheter, percutaneous, including CT guidance	**1/1/2020**		**4/1/2020**	NPA
33020	Pericardiotomy for removal of clot or foreign body (primary procedure)	**Pre-1990**			NPA
33025	Creation of pericardial window or partial resection for drainage	**Pre-1990**			NPA
33030	Pericardiectomy, subtotal or complete; without cardiopulmonary bypass	**Pre-1990**			NPA
33031	Pericardiectomy, subtotal or complete; with cardiopulmonary bypass	**1/1/1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
33050	Resection of pericardial cyst or tumor	Pre-1990			NPA
33120	Excision of intracardiac tumor, resection with cardiopulmonary bypass	Pre-1990			NPA
33130	Resection of external cardiac tumor	Pre-1990			NPA
33140	Transmyocardial laser revascularization, by thoracotomy; (separate procedure)	Pre-1990			NPA
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)	1/1/2001			NPA
33202	Insertion of epicardial electrode(s); open incision (eg, thoracotomy, median sternotomy, subxiphoid approach)	1/1/2007			NPA
33203	Insertion of epicardial electrode(s); endoscopic approach (eg, thoracoscopy, pericardioscopy)	1/1/2007			NPA
33206	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial	Pre-1990			NPA
33207	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular	Pre-1990			NPA
33208	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular	Pre-1990			NPA
33210	Insertion or replacement of temporary transvenous single chamber cardiac electrode or pacemaker catheter (separate procedure)	Pre-1990			NPA
33211	Insertion or replacement of temporary transvenous dual chamber pacing electrodes (separate procedure)	1/1/1994			NPA
33212	Insertion of pacemaker pulse generator only; with existing single lead	Pre-1990			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
33213	Insertion of pacemaker pulse generator only; with existing dual leads	**Pre-1990**			NPA
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)	**1/1/1994**			NPA
33215	Repositioning of previously implanted transvenous pacemaker or implantable defibrillator (right atrial or right ventricular) electrode	**1/1/2003**			NPA
33216	Insertion of a single transvenous electrode, permanent pacemaker or implantable defibrillator	**Pre-1990**			NPA
33217	Insertion of 2 transvenous electrodes, permanent pacemaker or implantable defibrillator	**Pre-1990**			NPA
33218	Repair of single transvenous electrode, permanent pacemaker or implantable defibrillator	**Pre-1990**			NPA
33220	Repair of 2 transvenous electrodes for permanent pacemaker or implantable defibrillator	**Pre-1990**			NPA
33221	Insertion of pacemaker pulse generator only; with existing multiple leads	**1/1/2012**			NPA
33222	Relocation of skin pocket for pacemaker	**Pre-1990**			NPA
33223	Relocation of skin pocket for implantable defibrillator	**Pre-1990**			NPA
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)	**1/1/2003**			NPA
33225	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable	**1/1/2003**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	defibrillator or pacemaker pulse generator (eg, for upgrade to dual chamber system) (List separately in addition to code for primary procedure)				
33226	Repositioning of previously implanted cardiac venous system (left ventricular) electrode (including removal, insertion and/or replacement of existing generator)	**1/1/2003**			NPA
33227	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; single lead system	**1/1/2012**			NPA
33228	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; dual lead system	**1/1/2012**			NPA
33229	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; multiple lead system	**1/1/2012**			NPA
33230	Insertion of implantable defibrillator pulse generator only; with existing dual leads	**1/1/2012**			NPA
33231	Insertion of implantable defibrillator pulse generator only; with existing multiple leads	**1/1/2012**			NPA
33233	Removal of permanent pacemaker pulse generator only	**Pre-1990**			NPA
33234	Removal of transvenous pacemaker electrode(s); single lead system, atrial or ventricular	**1/1/1994**			NPA
33235	Removal of transvenous pacemaker electrode(s); dual lead system	**1/1/1994**			NPA
33236	Removal of permanent epicardial pacemaker and electrodes by thoracotomy; single lead system, atrial or ventricular	**1/1/1994**			NPA
33237	Removal of permanent epicardial pacemaker and electrodes by thoracotomy; dual lead system	**1/1/1994**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
33238	Removal of permanent transvenous electrode(s) by thoracotomy	**1/1/1994**			NPA
33240	Insertion of implantable defibrillator pulse generator only; with existing single lead	**Pre-1990**		**9/1/2023**	NPA
33241	Removal of implantable defibrillator pulse generator only	**Pre-1990**			NPA
33243	Removal of single or dual chamber implantable defibrillator electrode(s); by thoracotomy	**1/1/1994**			NPA
33244	Removal of single or dual chamber implantable defibrillator electrode(s); by transvenous extraction	**1/1/1994**			NPA
33249	Insertion or replacement of permanent implantable defibrillator system, with transvenous lead(s), single or dual chamber	**Pre-1990**		**9/1/2023**	NPA
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	**Pre-1990**			NPA
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	**Pre-1990**			NPA
33254	Operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure)	**1/1/2007**			NPA
33255	Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); without cardiopulmonary bypass	**1/1/2007**			NPA
33256	Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); with cardiopulmonary bypass	**1/1/2007**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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)	**1/1/2008**			NPA
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)	**1/1/2008**			NPA
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)	**1/1/2008**			NPA
33261	Operative ablation of ventricular arrhythmogenic focus with cardiopulmonary bypass	**1/1/1990**			NPA
33262	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; single lead system	**1/1/2012**			NPA
33263	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; dual lead system	**1/1/2012**			NPA
33264	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; multiple lead system	**1/1/2012**			NPA
33265	Endoscopy, surgical; operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure), without cardiopulmonary bypass	**1/1/2007**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
33266	Endoscopy, surgical; operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure), without cardiopulmonary bypass	**1/1/2007**			NPA
33267	Exclusion of left atrial appendage, open, any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip)	**1/1/2022**		**1/1/2022**	NPA
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)	**1/1/2022**		**1/1/2022**	NPA
33269	Exclusion of left atrial appendage, thoracoscopic, any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip)	**1/1/2022**		**1/1/2022**	NPA
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	**1/1/2015**		**9/1/2023**	NPA
33271	Insertion of subcutaneous implantable defibrillator electrode	**1/1/2015**			NPA
33272	Removal of subcutaneous implantable defibrillator electrode	**1/1/2015**			NPA
33273	Repositioning of previously implanted subcutaneous implantable defibrillator electrode	**1/1/2015**			NPA
33274	Transcatheter insertion or replacement of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound,	**1/1/2019**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed				
33275	Transcatheter removal of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, femoral venography), when performed	**1/1/2019**			NPA
33285	Insertion, subcutaneous cardiac rhythm monitor, including programming	**1/1/2019**			NPA
33286	Removal, subcutaneous cardiac rhythm monitor	**1/1/2019**			NPA
33289	Transcatheter implantation of wireless pulmonary artery pressure sensor for long-term hemodynamic monitoring, including deployment and calibration of the sensor, right heart catheterization, selective pulmonary catheterization, radiological supervision and interpretation, and pulmonary artery angiography, when performed	**1/1/2019**			NC
33300	Repair of cardiac wound; without bypass	**Pre-1990**			NPA
33305	Repair of cardiac wound; with cardiopulmonary bypass	**Pre-1990**			NPA
33310	Cardiotomy, exploratory (includes removal of foreign body, atrial or ventricular thrombus); without bypass	**Pre-1990**			NPA
33315	Cardiotomy, exploratory (includes removal of foreign body, atrial or ventricular thrombus); with cardiopulmonary bypass	**Pre-1990**			NPA
33320	Suture repair of aorta or great vessels; without shunt or cardiopulmonary bypass	**Pre-1990**			NPA
33321	Suture repair of aorta or great vessels; with shunt bypass	**1/1/1995**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
33322	Suture repair of aorta or great vessels; with cardiopulmonary bypass	**Pre-1990**			NPA
33330	Insertion of graft, aorta or great vessels; without shunt, or cardiopulmonary bypass	**Pre-1990**			NPA
33335	Insertion of graft, aorta or great vessels; with cardiopulmonary bypass	**Pre-1990**			NPA
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	**1/1/2017**			NPA
33361	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; percutaneous femoral artery approach	**1/1/2013**			NPA
33362	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open femoral artery approach	**1/1/2013**			NPA
33363	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open axillary artery approach	**1/1/2013**			NPA
33364	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open iliac artery approach	**1/1/2013**			NPA
33365	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transaortic approach (eg, median sternotomy, mediastinotomy)	**1/1/2013**			NPA
33366	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transapical exposure (eg, left thoracotomy)	**1/1/2014**			NPA
33367	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with percutaneous peripheral arterial and venous cannulation	**1/1/2013**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	(eg, femoral vessels) (List separately in addition to code for primary procedure)				
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)	**1/1/2013**		**9/1/2023**	NPA
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)	**1/1/2013**		**9/1/2023**	NPA
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)	**1/1/2022**		**1/1/2022**	NC
33390	Valvuloplasty, aortic valve, open, with cardiopulmonary bypass; simple (ie, valvotomy, debridement, debulking, and/or simple commissural resuspension)	**1/1/2017**			NPA
33391	Valvuloplasty, aortic valve, open, with cardiopulmonary bypass; complex (eg, leaflet extension, leaflet resection, leaflet reconstruction, or annuloplasty)	**1/1/2017**			NPA
33404	Construction of apical-aortic conduit	**Pre-1990**			NPA
33405	Replacement, aortic valve, open, with cardiopulmonary bypass; with prosthetic valve other than homograft or stentless valve	**Pre-1990**			NPA
33406	Replacement, aortic valve, open, with cardiopulmonary bypass; with allograft valve (freehand)	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
33410	Replacement, aortic valve, open, with cardiopulmonary bypass; with stentless tissue valve	1/1/2000			NPA
33411	Replacement, aortic valve; with aortic annulus enlargement, noncoronary sinus	Pre-1990			NPA
33412	Replacement, aortic valve; with transventricular aortic annulus enlargement (Konno procedure)	Pre-1990			NPA
33413	Replacement, aortic valve; by translocation of autologous pulmonary valve with allograft replacement of pulmonary valve (Ross procedure)	Pre-1990			NPA
33414	Repair of left ventricular outflow tract obstruction by patch enlargement of the outflow tract	1/1/1994			NPA
33415	Resection or incision of subvalvular tissue for discrete subvalvular aortic stenosis	Pre-1990			NPA
33416	Ventriculomyotomy (-myectomy) for idiopathic hypertrophic subaortic stenosis (eg, asymmetric septal hypertrophy)	1/1/1990			NPA
33417	Aortoplasty (gusset) for supravalvular stenosis	Pre-1990			NPA
33418	Transcatheter mitral valve repair, percutaneous approach, including transseptal puncture when performed; initial prosthesis	1/1/2015			NPA
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)	1/1/2015			NPA
33420	Valvotomy, mitral valve; closed heart	Pre-1990			NPA
33422	Valvotomy, mitral valve; open heart, with cardiopulmonary bypass	Pre-1990			NPA
33425	Valvuloplasty, mitral valve, with cardiopulmonary bypass	Pre-1990			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
33426	Valvuloplasty, mitral valve, with cardiopulmonary bypass; with prosthetic ring	1/1/1990			NPA
33427	Valvuloplasty, mitral valve, with cardiopulmonary bypass; radical reconstruction, with or without ring	1/1/1990			NPA
33430	Replacement, mitral valve, with cardiopulmonary bypass	Pre-1990			NPA
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)	1/1/2019			NPA
33460	Valvectomy, tricuspid valve, with cardiopulmonary bypass	Pre-1990			NPA
33463	Valvuloplasty, tricuspid valve; without ring insertion	1/1/1994			NPA
33464	Valvuloplasty, tricuspid valve; with ring insertion	1/1/1994			NPA
33465	Replacement, tricuspid valve, with cardiopulmonary bypass	Pre-1990			NPA
33468	Tricuspid valve repositioning and plication for Ebstein anomaly	Pre-1990			NPA
33471	Valvotomy, pulmonary valve, closed heart, via pulmonary artery	Pre-1990			NPA
33474	Valvotomy, pulmonary valve, open heart, with cardiopulmonary bypass	Pre-1990			NPA
33475	Replacement, pulmonary valve	1/1/1994			NPA
33476	Right ventricular resection for infundibular stenosis, with or without commissurotomy	Pre-1990			NPA
33477	Transcatheter pulmonary valve implantation, percutaneous approach, including pre-stenting of the valve delivery site, when performed	1/1/2016			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
33478	Outflow tract augmentation (gusset), with or without commissurotomy or infundibular resection	**Pre-1990**			NPA
33496	Repair of non-structural prosthetic valve dysfunction with cardiopulmonary bypass (separate procedure)	**1/1/1998**			NPA
33500	Repair of coronary arteriovenous or arteriocardiac chamber fistula; with cardiopulmonary bypass	**1/1/1990**			NPA
33501	Repair of coronary arteriovenous or arteriocardiac chamber fistula; without cardiopulmonary bypass	**1/1/1993**			NPA
33502	Repair of anomalous coronary artery from pulmonary artery origin; by ligation	**Pre-1990**			NPA
33503	Repair of anomalous coronary artery from pulmonary artery origin; by graft, without cardiopulmonary bypass	**Pre-1990**			NPA
33504	Repair of anomalous coronary artery from pulmonary artery origin; by graft, with cardiopulmonary bypass	**Pre-1990**			NPA
33505	Repair of anomalous coronary artery from pulmonary artery origin; with construction of intrapulmonary artery tunnel (Takeuchi procedure)	**Pre-1990**			NPA
33506	Repair of anomalous coronary artery from pulmonary artery origin; by translocation from pulmonary artery to aorta	**Pre-1990**			NPA
33507	Repair of anomalous (eg, intramural) aortic origin of coronary artery by unroofing or translocation	**1/1/2006**			NPA
33508	Endoscopy, surgical, including video-assisted harvest of vein(s) for coronary artery bypass procedure (List separately in addition to code for primary procedure)	**1/1/2003**			NPA
33509	Harvest of upper extremity artery, 1 segment, for coronary artery bypass procedure, endoscopic	**1/1/2022**		**1/1/2022**	NPA
33510	Coronary artery bypass, vein only; single coronary venous graft	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
33511	Coronary artery bypass, vein only; 2 coronary venous grafts	**Pre-1990**			NPA
33512	Coronary artery bypass, vein only; 3 coronary venous grafts	**Pre-1990**			NPA
33513	Coronary artery bypass, vein only; 4 coronary venous grafts	**Pre-1990**			NPA
33514	Coronary artery bypass, vein only; 5 coronary venous grafts	**Pre-1990**			NPA
33516	Coronary artery bypass, vein only; 6 or more coronary venous grafts	**Pre-1990**			NPA
33517	Coronary artery bypass, using venous graft(s) and arterial graft(s); single vein graft (List separately in addition to code for primary procedure)	**Pre-1990**			NPA
33518	Coronary artery bypass, using venous graft(s) and arterial graft(s); 2 venous grafts (List separately in addition to code for primary procedure)	**Pre-1990**			NPA
33519	Coronary artery bypass, using venous graft(s) and arterial graft(s); 3 venous grafts (List separately in addition to code for primary procedure)	**Pre-1990**			NPA
33521	Coronary artery bypass, using venous graft(s) and arterial graft(s); 4 venous grafts (List separately in addition to code for primary procedure)	**Pre-1990**			NPA
33522	Coronary artery bypass, using venous graft(s) and arterial graft(s); 5 venous grafts (List separately in addition to code for primary procedure)	**Pre-1990**			NPA
33523	Coronary artery bypass, using venous graft(s) and arterial graft(s); 6 or more venous grafts (List separately in addition to code for primary procedure)	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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)	**Pre-1990**			NPA
33533	Coronary artery bypass, using arterial graft(s); single arterial graft	**1/1/1993**			NPA
33534	Coronary artery bypass, using arterial graft(s); 2 coronary arterial grafts	**Pre-1990**			NPA
33535	Coronary artery bypass, using arterial graft(s); 3 coronary arterial grafts	**Pre-1990**			NPA
33536	Coronary artery bypass, using arterial graft(s); 4 or more coronary arterial grafts	**Pre-1990**			NPA
33542	Myocardial resection (eg, ventricular aneurysmectomy)	**Pre-1990**			NPA
33545	Repair of postinfarction ventricular septal defect, with or without myocardial resection	**Pre-1990**			NPA
33548	Surgical ventricular restoration procedure, includes prosthetic patch, when performed (eg, ventricular remodeling, SVR, SAVER, Dor procedures)	**1/1/2006**		**9/1/2023**	NPA
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)	**1/1/1995**			NPA
33600	Closure of atrioventricular valve (mitral or tricuspid) by suture or patch	**1/1/1994**			NPA
33602	Closure of semilunar valve (aortic or pulmonary) by suture or patch	**1/1/1994**			NPA
33606	Anastomosis of pulmonary artery to aorta (Damus-Kaye-Stansel procedure)	**1/1/1994**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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	**1/1/1994**			NPA
33610	Repair of complex cardiac anomalies (eg, single ventricle with subaortic obstruction) by surgical enlargement of ventricular septal defect	**Pre-1990**			NPA
33611	Repair of double outlet right ventricle with intraventricular tunnel repair	**Pre-1990**			NPA
33612	Repair of double outlet right ventricle with intraventricular tunnel repair; with repair of right ventricular outflow tract obstruction	**1/1/1994**			NPA
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)	**1/1/1994**			NPA
33617	Repair of complex cardiac anomalies (eg, single ventricle) by modified Fontan procedure	**1/1/1994**			NPA
33619	Repair of single ventricle with aortic outflow obstruction and aortic arch hypoplasia (hypoplastic left heart syndrome) (eg, Norwood procedure)	**1/1/1994**			NPA
33620	Application of right and left pulmonary artery bands (eg, hybrid approach stage 1)	**1/1/2011**			NPA
33621	Transthoracic insertion of catheter for stent placement with catheter removal and closure (eg, hybrid approach stage 1)	**1/1/2011**			NPA
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	**1/1/2011**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	removal of right and left pulmonary bands (eg, hybrid approach stage 2, Norwood, bidirectional Glenn, pulmonary artery debanding)				
33641	Repair atrial septal defect, secundum, with cardiopulmonary bypass, with or without patch	**Pre-1990**			NPA
33645	Direct or patch closure, sinus venosus, with or without anomalous pulmonary venous drainage	**Pre-1990**			NPA
33647	Repair of atrial septal defect and ventricular septal defect, with direct or patch closure	**Pre-1990**			NPA
33660	Repair of incomplete or partial atrioventricular canal (ostium primum atrial septal defect), with or without atrioventricular valve repair	**Pre-1990**			NPA
33665	Repair of intermediate or transitional atrioventricular canal, with or without atrioventricular valve repair	**Pre-1990**			NPA
33670	Repair of complete atrioventricular canal, with or without prosthetic valve	**Pre-1990**			NPA
33675	Closure of multiple ventricular septal defects	**1/1/2007**			NPA
33676	Closure of multiple ventricular septal defects; with pulmonary valvotomy or infundibular resection (acyanotic)	**1/1/2007**			NPA
33677	Closure of multiple ventricular septal defects; with removal of pulmonary artery band, with or without gusset	**1/1/2007**			NPA
33681	Closure of single ventricular septal defect, with or without patch	**Pre-1990**			NPA
33684	Closure of single ventricular septal defect, with or without patch; with pulmonary valvotomy or infundibular resection (acyanotic)	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
33688	Closure of single ventricular septal defect, with or without patch; with removal of pulmonary artery band, with or without gusset	**Pre-1990**			NPA
33690	Banding of pulmonary artery	**Pre-1990**			NPA
33692	Complete repair tetralogy of Fallot without pulmonary atresia	**Pre-1990**			NPA
33694	Complete repair tetralogy of Fallot without pulmonary atresia; with transannular patch	**Pre-1990**			NPA
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	**1/1/1994**			NPA
33702	Repair sinus of Valsalva fistula, with cardiopulmonary bypass	**Pre-1990**			NPA
33710	Repair sinus of Valsalva fistula, with cardiopulmonary bypass; with repair of ventricular septal defect	**Pre-1990**			NPA
33720	Repair sinus of Valsalva aneurysm, with cardiopulmonary bypass	**Pre-1990**			NPA
33724	Repair of isolated partial anomalous pulmonary venous return (eg, Scimitar Syndrome)	**1/1/2007**			NPA
33726	Repair of pulmonary venous stenosis	**1/1/2007**			NPA
33730	Complete repair of anomalous pulmonary venous return (supracardiac, intracardiac, or infracardiac types)	**Pre-1990**			NPA
33732	Repair of cor triatriatum or supravalvular mitral ring by resection of left atrial membrane	**1/1/1994**			NPA
33735	Atrial septectomy or septostomy; closed heart (Blalock-Hanlon type operation)	**Pre-1990**			NPA
33736	Atrial septectomy or septostomy; open heart with cardiopulmonary bypass	**1/1/1994**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
33737	Atrial septectomy or septostomy; open heart, with inflow occlusion	**Pre-1990**			NPA
33741	Transcatheter atrial septostomy (TAS) for congenital cardiac anomalies to create effective atrial flow, including all imaging guidance by the proceduralist, when performed, any method (eg, Rashkind, Sang-Park, balloon, cutting balloon, blade)	**1/1/2021**		**4/1/2021**	NPA
33745	Transcatheter intracardiac shunt (TIS) creation by stent placement for congenital cardiac anomalies to establish effective intracardiac flow, including all imaging guidance by the proceduralist, when performed, left and right heart diagnostic cardiac catheterization for congenital cardiac anomalies, and target zone angioplasty, when performed (eg, atrial septum, Fontan fenestration, right ventricular outflow tract, Mustard/Senning/Warden baffles); initial intracardiac shunt	**1/1/2021**		**4/1/2021**	NPA
33746	Transcatheter intracardiac shunt (TIS) creation by stent placement for congenital cardiac anomalies to establish effective intracardiac flow, including all imaging guidance by the proceduralist, when performed, left and right heart diagnostic cardiac catheterization for congenital cardiac anomalies, and target zone angioplasty, when performed (eg, atrial septum, Fontan fenestration, right ventricular outflow tract, Mustard/Senning/Warden baffles); each additional intracardiac shunt location (List separately in addition to code for primary procedure)	**1/1/2021**		**4/1/2021**	NPA
33750	Shunt; subclavian to pulmonary artery (Blalock-Taussig type operation)	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
33755	Shunt; ascending aorta to pulmonary artery (Waterston type operation)	**Pre-1990**			NPA
33762	Shunt; descending aorta to pulmonary artery (Potts-Smith type operation)	**Pre-1990**			NPA
33764	Shunt; central, with prosthetic graft	**Pre-1990**			NPA
33766	Shunt; superior vena cava to pulmonary artery for flow to 1 lung (classical Glenn procedure)	**Pre-1990**			NPA
33767	Shunt; superior vena cava to pulmonary artery for flow to both lungs (bidirectional Glenn procedure)	**1/1/1994**			NPA
33768	Anastomosis, cavopulmonary, second superior vena cava (List separately in addition to primary procedure)	**1/1/2006**			NPA
33770	Repair of transposition of the great arteries with ventricular septal defect and subpulmonary stenosis; without surgical enlargement of ventricular septal defect	**1/1/1994**			NPA
33771	Repair of transposition of the great arteries with ventricular septal defect and subpulmonary stenosis; with surgical enlargement of ventricular septal defect	**1/1/1994**			NPA
33774	Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass	**Pre-1990**			NPA
33775	Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass; with removal of pulmonary band	**1/1/1990**			NPA
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	**1/1/1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
33777	Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass; with repair of subpulmonic obstruction	**1/1/1990**			NPA
33778	Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type)	**Pre-1990**			NPA
33779	Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type); with removal of pulmonary band	**1/1/1990**			NPA
33780	Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type); with closure of ventricular septal defect	**1/1/1990**			NPA
33781	Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type); with repair of subpulmonic obstruction	**1/1/1990**			NPA
33782	Aortic root translocation with ventricular septal defect and pulmonary stenosis repair (ie, Nikaidoh procedure); without coronary ostium reimplantation	**1/1/2010**			NPA
33783	Aortic root translocation with ventricular septal defect and pulmonary stenosis repair (ie, Nikaidoh procedure); with reimplantation of 1 or both coronary ostia	**1/1/2010**			NPA
33786	Total repair, truncus arteriosus (Rastelli type operation)	**Pre-1990**			NPA
33788	Reimplantation of an anomalous pulmonary artery	**Pre-1990**			NPA
33800	Aortic suspension (aortopexy) for tracheal decompression (eg, for tracheomalacia) (separate procedure)	**1/1/1993**			NPA
33802	Division of aberrant vessel (vascular ring)	**Pre-1990**			NPA
33803	Division of aberrant vessel (vascular ring); with reanastomosis	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
33813	Obliteration of aortopulmonary septal defect; without cardiopulmonary bypass	**1/1/1990**			NPA
33814	Obliteration of aortopulmonary septal defect; with cardiopulmonary bypass	**1/1/1990**			NPA
33820	Repair of patent ductus arteriosus; by ligation	**Pre-1990**			NPA
33822	Repair of patent ductus arteriosus; by division, younger than 18 years	**Pre-1990**			NPA
33824	Repair of patent ductus arteriosus; by division, 18 years and older	**Pre-1990**			NPA
33840	Excision of coarctation of aorta, with or without associated patent ductus arteriosus; with direct anastomosis	**Pre-1990**			NPA
33845	Excision of coarctation of aorta, with or without associated patent ductus arteriosus; with graft	**Pre-1990**			NPA
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	**Pre-1990**			NPA
33852	Repair of hypoplastic or interrupted aortic arch using autogenous or prosthetic material; without cardiopulmonary bypass	**1/1/1990**			NPA
33853	Repair of hypoplastic or interrupted aortic arch using autogenous or prosthetic material; with cardiopulmonary bypass	**1/1/1994**			NPA
33858	Ascending aorta graft, with cardiopulmonary bypass, includes valve suspension, when performed; for aortic dissection	**1/1/2020**		**4/1/2020**	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
33859	Ascending aorta graft, with cardiopulmonary bypass, includes valve suspension, when performed; for aortic disease other than dissection (eg, aneurysm)	**1/1/2020**		**4/1/2020**	NPA
33863	Ascending aorta graft, with cardiopulmonary bypass, with aortic root replacement using valved conduit and coronary reconstruction (eg, Bentall)	**Pre-1990**			NPA
33864	Ascending aorta graft, with cardiopulmonary bypass with valve suspension, with coronary reconstruction and valve-sparing aortic root remodeling (eg, David Procedure, Yacoub Procedure)	**1/1/2008**			NPA
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 cerebral perfusion (List separately in addition to code for primary procedure)	**1/1/2019**			NPA
33871	Transverse aortic arch graft, with cardiopulmonary bypass, with profound hypothermia, total circulatory arrest and isolated cerebral perfusion with reimplantation of arch vessel(s) (eg, island pedicle or individual arch vessel reimplantation)	**1/1/2020**		**4/1/2020**	NPA
33875	Descending thoracic aorta graft, with or without bypass	**Pre-1990**			NPA
33877	Repair of thoracoabdominal aortic aneurysm with graft, with or without cardiopulmonary bypass	**Pre-1990**			NPA
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	**1/1/2006**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
33881	Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); not involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin	**1/1/2006**			NPA
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	**1/1/2006**			NPA
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)	**1/1/2006**			NPA
33886	Placement of distal extension prosthesis(s) delayed after endovascular repair of descending thoracic aorta	**1/1/2006**			NPA
33889	Open subclavian to carotid artery transposition performed in conjunction with endovascular repair of descending thoracic aorta, by neck incision, unilateral	**1/1/2006**			NPA
33891	Bypass graft, with other than vein, transcervical retropharyngeal carotid-carotid, performed in conjunction with endovascular repair of descending thoracic aorta, by neck incision	**1/1/2006**			NPA
33894	Endovascular stent repair of coarctation of the ascending, transverse, or descending thoracic or abdominal aorta, involving stent placement; across major side branches	**1/1/2022**		**1/1/2022**	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
33895	Endovascular stent repair of coarctation of the ascending, transverse, or descending thoracic or abdominal aorta, involving stent placement; not crossing major side branches	**1/1/2022**		**1/1/2022**	NPA
33897	Percutaneous transluminal angioplasty of native or recurrent coarctation of the aorta	**1/1/2022**		**1/1/2022**	NPA
33900	Percutaneous pulmonary artery revascularization by stent placement, initial; normal native connections, unilateral	**1/1/2023**		**2/1/2023**	NPA
33901	Percutaneous pulmonary artery revascularization by stent placement, initial; normal native connections, bilateral	**1/1/2023**		**2/1/2023**	NPA
33902	Percutaneous pulmonary artery revascularization by stent placement, initial; abnormal connections, unilateral	**1/1/2023**		**2/1/2023**	NPA
33903	Percutaneous pulmonary artery revascularization by stent placement, initial; abnormal connections, bilateral	**1/1/2023**		**2/1/2023**	NPA
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)	**1/1/2023**		**2/1/2023**	NPA
33910	Pulmonary artery embolectomy; with cardiopulmonary bypass	**Pre-1990**			NPA
33915	Pulmonary artery embolectomy; without cardiopulmonary bypass	**Pre-1990**			NPA
33916	Pulmonary endarterectomy, with or without embolectomy, with cardiopulmonary bypass	**1/1/1990**			NPA
33917	Repair of pulmonary artery stenosis by reconstruction with patch or graft	**1/1/1994**			NPA
33920	Repair of pulmonary atresia with ventricular septal defect, by construction or replacement of conduit from right or left ventricle to pulmonary artery	**1/1/1994**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
33922	Transection of pulmonary artery with cardiopulmonary bypass	**1/1/1994**			NPA
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)	**1/1/1996**			NPA
33925	Repair of pulmonary artery arborization anomalies by unifocalization; without cardiopulmonary bypass	**1/1/2006**			NPA
33926	Repair of pulmonary artery arborization anomalies by unifocalization; with cardiopulmonary bypass	**1/1/2006**			NPA
33927	Implantation of a total replacement heart system (artificial heart) with recipient cardiectomy	**1/1/2018**		**9/1/2023**	PA
33928	Removal and replacement of total replacement heart system (artificial heart)	**1/1/2018**		**9/1/2023**	PA
33929	Removal of a total replacement heart system (artificial heart) for heart transplantation (List separately in addition to code for primary procedure)	**1/1/2018**		**9/1/2023**	PA
33930	Donor cardiectomy-pneumonectomy (including cold preservation)	**Pre-1990**		**9/1/2023**	NPA
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	**1/1/2005**			PA
33935	Heart-lung transplant with recipient cardiectomy-pneumonectomy	**Pre-1990**			PA
33940	Donor cardiectomy (including cold preservation)	**Pre-1990**			PA
33944	Backbench standard preparation of cadaver donor heart allograft prior to transplantation, including dissection of	**1/1/2005**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	allograft from surrounding soft tissues to prepare aorta, superior vena cava, inferior vena cava, pulmonary artery, and left atrium for implantation				
33945	Heart transplant, with or without recipient cardiectomy	**Pre-1990**			PA
33946	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; initiation, veno-venous	**1/1/2015**			NPA
33947	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; initiation, veno-arterial	**1/1/2015**			NPA
33948	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; daily management, each day, veno-venous	**1/1/2015**			NPA
33949	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; daily management, each day, veno-arterial	**1/1/2015**			NPA
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)	**1/1/2015**			NPA
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)	**1/1/2015**			NPA
33953	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by	**1/1/2015**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	physician; insertion of peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age				
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	**1/1/2015**			NPA
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	**1/1/2015**			NPA
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	**1/1/2015**			NPA
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)	**1/1/2015**			NPA
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)	**1/1/2015**			NPA
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)	**1/1/2015**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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)	**1/1/2015**			NPA
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)	**1/1/2015**			NPA
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)	**1/1/2015**			NPA
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	**1/1/2015**			NPA
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	**1/1/2015**			NPA
33967	Insertion of intra-aortic balloon assist device, percutaneous	**1/1/2002**			NPA
33968	Removal of intra-aortic balloon assist device, percutaneous	**1/1/2000**			NPA
33969	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by	**1/1/2015**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	physician; removal of peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age				
33970	Insertion of intra-aortic balloon assist device through the femoral artery, open approach	**Pre-1990**			NPA
33971	Removal of intra-aortic balloon assist device including repair of femoral artery, with or without graft	**Pre-1990**			NPA
33973	Insertion of intra-aortic balloon assist device through the ascending aorta	**1/1/1994**			NPA
33974	Removal of intra-aortic balloon assist device from the ascending aorta, including repair of the ascending aorta, with or without graft	**1/1/1994**			NPA
33975	Insertion of ventricular assist device; extracorporeal, single ventricle	**Pre-1990**			NPA
33976	Insertion of ventricular assist device; extracorporeal, biventricular	**Pre-1990**			NPA
33977	Removal of ventricular assist device; extracorporeal, single ventricle	**Pre-1990**			NPA
33978	Removal of ventricular assist device; extracorporeal, biventricular	**Pre-1990**			NPA
33979	Insertion of ventricular assist device, implantable intracorporeal, single ventricle	**1/1/2002**			NPA
33980	Removal of ventricular assist device, implantable intracorporeal, single ventricle	**1/1/2002**			NPA
33981	Replacement of extracorporeal ventricular assist device, single or biventricular, pump(s), single or each pump	**1/1/2010**			NPA
33982	Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, without cardiopulmonary bypass	**1/1/2010**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
33983	Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, with cardiopulmonary bypass	**1/1/2010**			NPA
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	**1/1/2015**			NPA
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	**1/1/2015**			NPA
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	**1/1/2015**			NPA
33987	Arterial exposure with creation of graft conduit (eg, chimney graft) to facilitate arterial perfusion for ECMO/ECLS (List separately in addition to code for primary procedure)	**1/1/2015**			NPA
33988	Insertion of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ECMO/ECLS	**1/1/2015**			NPA
33989	Removal of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ECMO/ECLS	**1/1/2015**			NPA
33990	Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; left heart, arterial access only	**1/1/2013**			NPA
33991	Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; left heart, both arterial and venous access, with transseptal puncture	**1/1/2013**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
33992	Removal of percutaneous left heart ventricular assist device, arterial or arterial and venous cannula(s), at separate and distinct session from insertion	**1/1/2013**			NPA
33993	Repositioning of percutaneous right or left heart ventricular assist device with imaging guidance at separate and distinct session from insertion	**1/1/2013**			NPA
33995	Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; right heart, venous access only	**1/1/2021**		**4/1/2021**	NPA
33997	Removal of percutaneous right heart ventricular assist device, venous cannula, at separate and distinct session from insertion	**1/1/2021**		**4/1/2021**	NPA
33999	Unlisted procedure, cardiac surgery	**Pre-1990**			PA
34001	Embolectomy or thrombectomy, with or without catheter; carotid, subclavian or innominate artery, by neck incision	**Pre-1990**			NPA
34051	Embolectomy or thrombectomy, with or without catheter; innominate, subclavian artery, by thoracic incision	**Pre-1990**			NPA
34101	Embolectomy or thrombectomy, with or without catheter; axillary, brachial, innominate, subclavian artery, by arm incision	**Pre-1990**			NPA
34111	Embolectomy or thrombectomy, with or without catheter; radial or ulnar artery, by arm incision	**Pre-1990**			NPA
34151	Embolectomy or thrombectomy, with or without catheter; renal, celiac, mesentery, aortoiliac artery, by abdominal incision	**Pre-1990**			NPA
34201	Embolectomy or thrombectomy, with or without catheter; femoropopliteal, aortoiliac artery, by leg incision	**Pre-1990**			NPA
34203	Embolectomy or thrombectomy, with or without catheter; popliteal-tibio-peroneal artery, by leg incision	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
34401	Thrombectomy, direct or with catheter; vena cava, iliac vein, by abdominal incision	**Pre-1990**			NPA
34421	Thrombectomy, direct or with catheter; vena cava, iliac, femoropopliteal vein, by leg incision	**Pre-1990**			NPA
34451	Thrombectomy, direct or with catheter; vena cava, iliac, femoropopliteal vein, by abdominal and leg incision	**Pre-1990**			NPA
34471	Thrombectomy, direct or with catheter; subclavian vein, by neck incision	**Pre-1990**			NPA
34490	Thrombectomy, direct or with catheter; axillary and subclavian vein, by arm incision	**Pre-1990**			NPA
34501	Valvuloplasty, femoral vein	**Pre-1990**			NPA
34502	Reconstruction of vena cava, any method	**1/1/1994**			NPA
34510	Venous valve transposition, any vein donor	**Pre-1990**			NPA
34520	Cross-over vein graft to venous system	**Pre-1990**			NPA
34530	Saphenopopliteal vein anastomosis	**Pre-1990**			NPA
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)	**1/1/2018**			NPA
34702	Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube endograft including pre-procedure sizing and device selection, all nonselective	**1/1/2018**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	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)				
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)	**1/1/2018**			NPA
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	**1/1/2018**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)				
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)	**1/1/2018**			NPA
34706	Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-bi-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)	**1/1/2018**			NPA
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	**1/1/2018**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	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)				
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)	**1/1/2018**			NPA
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)	**1/1/2018**			NPA
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	**1/1/2018**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed; initial vessel treated				
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)	**1/1/2018**			NPA
34712	Transcatheter delivery of enhanced fixation device(s) to the endograft (eg, anchor, screw, tack) and all associated radiological supervision and interpretation	**1/1/2018**			NPA
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)	**1/1/2018**			NPA
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)	**1/1/2018**			NPA
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)	**1/1/2018**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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)	**1/1/2018**			NPA
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 extension(s) proximally to the aortic bifurcation and distally in the internal iliac, external iliac, and common femoral artery(ies), and treatment zone angioplasty/stenting, when performed, for rupture or other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, penetrating ulcer, traumatic disruption), unilateral (List separately in addition to code for primary procedure)	**1/1/2020**		**4/1/2020**	NPA
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 extension(s) proximally to the aortic bifurcation and distally in the internal iliac, external iliac, and common femoral artery(ies), and treatment zone angioplasty/stenting, when performed, for other than	**1/1/2020**		**4/1/2020**	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	rupture (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, penetrating ulcer), unilateral				
34808	Endovascular placement of iliac artery occlusion device (List separately in addition to code for primary procedure)	**1/1/2001**			NPA
34812	Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)	**1/1/2001**			NPA
34813	Placement of femoral-femoral prosthetic graft during endovascular aortic aneurysm repair (List separately in addition to code for primary procedure)	**1/1/2001**			NPA
34820	Open iliac artery exposure for delivery of endovascular prosthesis or iliac occlusion during endovascular therapy, by abdominal or retroperitoneal incision, unilateral (List separately in addition to code for primary procedure)	**1/1/2001**			NPA
34830	Open repair of infrarenal aortic aneurysm or dissection, plus repair of associated arterial trauma, following unsuccessful endovascular repair; tube prosthesis	**1/1/2001**			NPA
34831	Open repair of infrarenal aortic aneurysm or dissection, plus repair of associated arterial trauma, following unsuccessful endovascular repair; aorto-bi-iliac prosthesis	**1/1/2001**			NPA
34832	Open repair of infrarenal aortic aneurysm or dissection, plus repair of associated arterial trauma, following unsuccessful endovascular repair; aorto-bifemoral prosthesis	**1/1/2001**			NPA
34833	Open iliac artery exposure with creation of conduit for delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass, by abdominal or retroperitoneal incision, unilateral (List separately in addition to code for primary procedure)	**1/1/2003**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
34834	Open brachial artery exposure for delivery of endovascular prosthesis, unilateral (List separately in addition to code for primary procedure)	**1/1/2003**			NPA
34839	Physician planning of a patient-specific fenestrated visceral aortic endograft requiring a minimum of 90 minutes of physician time	**1/1/2015**		**9/1/2023**	NC
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)	**1/1/2014**		**9/1/2023**	NC
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])	**1/1/2014**		**9/1/2023**	NC
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])	**1/1/2014**		**9/1/2023**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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])	**1/1/2014**		**9/1/2023**	NC
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)	**1/1/2014**		**9/1/2023**	NC
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])	**1/1/2014**		**9/1/2023**	NC
34847	Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm,	**1/1/2014**		**9/1/2023**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	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])				
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])	**1/1/2014**		**9/1/2023**	NC
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	**Pre-1990**			NPA
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	**Pre-1990**			NPA
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	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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	**Pre-1990**			NPA
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	**Pre-1990**			NPA
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	**Pre-1990**			NPA
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	**Pre-1990**			NPA
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	**Pre-1990**			NPA
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	**Pre-1990**			NPA
35082	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, abdominal aorta	**Pre-1990**			NPA
35091	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, abdominal aorta involving visceral vessels (mesenteric, celiac, renal)				
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)	**Pre-1990**			NPA
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)	**Pre-1990**			NPA
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)	**Pre-1990**			NPA
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	**Pre-1990**			NPA
35112	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, splenic artery	**Pre-1990**			NPA
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	**Pre-1990**			NPA
35122	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	graft; for ruptured aneurysm, hepatic, celiac, renal, or mesenteric artery				
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)	**Pre-1990**			NPA
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)	**Pre-1990**			NPA
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)	**Pre-1990**			NPA
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)	**Pre-1990**			NPA
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	**Pre-1990**			NPA
35152	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, popliteal artery	**Pre-1990**			NPA
35180	Repair, congenital arteriovenous fistula; head and neck	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
35182	Repair, congenital arteriovenous fistula; thorax and abdomen	Pre-1990			NPA
35184	Repair, congenital arteriovenous fistula; extremities	Pre-1990			NPA
35188	Repair, acquired or traumatic arteriovenous fistula; head and neck	Pre-1990			NPA
35189	Repair, acquired or traumatic arteriovenous fistula; thorax and abdomen	Pre-1990			NPA
35190	Repair, acquired or traumatic arteriovenous fistula; extremities	Pre-1990			NPA
35201	Repair blood vessel, direct; neck	Pre-1990			NPA
35206	Repair blood vessel, direct; upper extremity	Pre-1990			NPA
35207	Repair blood vessel, direct; hand, finger	Pre-1990			NPA
35211	Repair blood vessel, direct; intrathoracic, with bypass	Pre-1990			NPA
35216	Repair blood vessel, direct; intrathoracic, without bypass	Pre-1990			NPA
35221	Repair blood vessel, direct; intra-abdominal	Pre-1990			NPA
35226	Repair blood vessel, direct; lower extremity	Pre-1990			NPA
35231	Repair blood vessel with vein graft; neck	Pre-1990			NPA
35236	Repair blood vessel with vein graft; upper extremity	Pre-1990			NPA
35241	Repair blood vessel with vein graft; intrathoracic, with bypass	Pre-1990			NPA
35246	Repair blood vessel with vein graft; intrathoracic, without bypass	Pre-1990			NPA
35251	Repair blood vessel with vein graft; intra-abdominal	Pre-1990			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
35256	Repair blood vessel with vein graft; lower extremity	Pre-1990			NPA
35261	Repair blood vessel with graft other than vein; neck	Pre-1990			NPA
35266	Repair blood vessel with graft other than vein; upper extremity	Pre-1990			NPA
35271	Repair blood vessel with graft other than vein; intrathoracic, with bypass	Pre-1990			NPA
35276	Repair blood vessel with graft other than vein; intrathoracic, without bypass	Pre-1990			NPA
35281	Repair blood vessel with graft other than vein; intra-abdominal	Pre-1990			NPA
35286	Repair blood vessel with graft other than vein; lower extremity	Pre-1990			NPA
35301	Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision	Pre-1990			NPA
35302	Thromboendarterectomy, including patch graft, if performed; superficial femoral artery	1/1/2007			NPA
35303	Thromboendarterectomy, including patch graft, if performed; popliteal artery	1/1/2007			NPA
35304	Thromboendarterectomy, including patch graft, if performed; tibioperoneal trunk artery	1/1/2007			NPA
35305	Thromboendarterectomy, including patch graft, if performed; tibial or peroneal artery, initial vessel	1/1/2007			NPA
35306	Thromboendarterectomy, including patch graft, if performed; each additional tibial or peroneal artery (List separately in addition to code for primary procedure)	1/1/2007			NPA
35311	Thromboendarterectomy, including patch graft, if performed; subclavian, innominate, by thoracic incision	Pre-1990			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
35321	Thromboendarterectomy, including patch graft, if performed; axillary-brachial	Pre-1990			NPA
35331	Thromboendarterectomy, including patch graft, if performed; abdominal aorta	Pre-1990			NPA
35341	Thromboendarterectomy, including patch graft, if performed; mesenteric, celiac, or renal	Pre-1990			NPA
35351	Thromboendarterectomy, including patch graft, if performed; iliac	Pre-1990			NPA
35355	Thromboendarterectomy, including patch graft, if performed; iliofemoral	Pre-1990			NPA
35361	Thromboendarterectomy, including patch graft, if performed; combined aortoiliac	Pre-1990			NPA
35363	Thromboendarterectomy, including patch graft, if performed; combined aortoiliofemoral	Pre-1990			NPA
35371	Thromboendarterectomy, including patch graft, if performed; common femoral	Pre-1990			NPA
35372	Thromboendarterectomy, including patch graft, if performed; deep (profunda) femoral	Pre-1990			NPA
35390	Reoperation, carotid, thromboendarterectomy, more than 1 month after original operation (List separately in addition to code for primary procedure)	Pre-1990			NPA
35400	Angioscopy (noncoronary vessels or grafts) during therapeutic intervention (List separately in addition to code for primary procedure)	1/1/1998			NPA
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)	Pre-1990			NPA
35501	Bypass graft, with vein; common carotid-ipsilateral internal carotid	Pre-1990			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
35506	Bypass graft, with vein; carotid-subclavian or subclavian-carotid	Pre-1990			NPA
35508	Bypass graft, with vein; carotid-vertebral	Pre-1990			NPA
35509	Bypass graft, with vein; carotid-contralateral carotid	Pre-1990			NPA
35510	Bypass graft, with vein; carotid-brachial	1/1/2004			NPA
35511	Bypass graft, with vein; subclavian-subclavian	Pre-1990			NPA
35512	Bypass graft, with vein; subclavian-brachial	1/1/2004			NPA
35515	Bypass graft, with vein; subclavian-vertebral	Pre-1990			NPA
35516	Bypass graft, with vein; subclavian-axillary	Pre-1990			NPA
35518	Bypass graft, with vein; axillary-axillary	Pre-1990			NPA
35521	Bypass graft, with vein; axillary-femoral	Pre-1990			NPA
35522	Bypass graft, with vein; axillary-brachial	1/1/2004			NPA
35523	Bypass graft, with vein; brachial-ulnar or -radial	1/1/2008			NPA
35525	Bypass graft, with vein; brachial-brachial	1/1/2004			NPA
35526	Bypass graft, with vein; aortosubclavian, aortoinnominate, or aortocarotid	Pre-1990			NPA
35531	Bypass graft, with vein; aortoceliac or aortomesenteric	Pre-1990			NPA
35533	Bypass graft, with vein; axillary-femoral-femoral	Pre-1990			NPA
35535	Bypass graft, with vein; hepatorenal	1/1/2009			NPA
35536	Bypass graft, with vein; splenorenal	Pre-1990			NPA
35537	Bypass graft, with vein; aortoiliac	1/1/2007			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
35538	Bypass graft, with vein; aortobi-iliac	1/1/2007			NPA
35539	Bypass graft, with vein; aortofemoral	1/1/2007			NPA
35540	Bypass graft, with vein; aortobifemoral	1/1/2007			NPA
35556	Bypass graft, with vein; femoral-popliteal	Pre-1990			NPA
35558	Bypass graft, with vein; femoral-femoral	Pre-1990			NPA
35560	Bypass graft, with vein; aortorenal	Pre-1990			NPA
35563	Bypass graft, with vein; ilioiliac	Pre-1990			NPA
35565	Bypass graft, with vein; iliofemoral	Pre-1990			NPA
35566	Bypass graft, with vein; femoral-anterior tibial, posterior tibial, peroneal artery or other distal vessels	Pre-1990			NPA
35570	Bypass graft, with vein; tibial-tibial, peroneal-tibial, or tibial/peroneal trunk-tibial	1/1/2009			NPA
35571	Bypass graft, with vein; popliteal-tibial, -peroneal artery or other distal vessels	Pre-1990			NPA
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)	1/1/2003			NPA
35583	In-situ vein bypass; femoral-popliteal	Pre-1990			NPA
35585	In-situ vein bypass; femoral-anterior tibial, posterior tibial, or peroneal artery	Pre-1990			NPA
35587	In-situ vein bypass; popliteal-tibial, peroneal	Pre-1990			NPA
35600	Harvest of upper extremity artery, 1 segment, for coronary artery bypass procedure, open	1/1/2001			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
35601	Bypass graft, with other than vein; common carotid-ipsilateral internal carotid	Pre-1990			NPA
35606	Bypass graft, with other than vein; carotid-subclavian	Pre-1990			NPA
35612	Bypass graft, with other than vein; subclavian-subclavian	Pre-1990			NPA
35616	Bypass graft, with other than vein; subclavian-axillary	Pre-1990			NPA
35621	Bypass graft, with other than vein; axillary-femoral	Pre-1990			NPA
35623	Bypass graft, with other than vein; axillary-popliteal or -tibial	1/1/1994			NPA
35626	Bypass graft, with other than vein; aortosubclavian, aortoinnominate, or aortocarotid	Pre-1990			NPA
35631	Bypass graft, with other than vein; aortoceliac, aortomesenteric, aortorenal	Pre-1990			NPA
35632	Bypass graft, with other than vein; ilio-celiac	1/1/2009			NPA
35633	Bypass graft, with other than vein; ilio-mesenteric	1/1/2009			NPA
35634	Bypass graft, with other than vein; iliorenal	1/1/2009			NPA
35636	Bypass graft, with other than vein; splenorenal (splenic to renal arterial anastomosis)	Pre-1990			NPA
35637	Bypass graft, with other than vein; aortoiliac	1/1/2007			NPA
35638	Bypass graft, with other than vein; aortobi-iliac	1/1/2007			NPA
35642	Bypass graft, with other than vein; carotid-vertebral	Pre-1990			NPA
35645	Bypass graft, with other than vein; subclavian-vertebral	Pre-1990			NPA
35646	Bypass graft, with other than vein; aortobifemoral	Pre-1990			NPA
35647	Bypass graft, with other than vein; aortofemoral	1/1/2002			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
35650	Bypass graft, with other than vein; axillary-axillary	**Pre-1990**			NPA
35654	Bypass graft, with other than vein; axillary-femoral-femoral	**Pre-1990**			NPA
35656	Bypass graft, with other than vein; femoral-popliteal	**Pre-1990**			NPA
35661	Bypass graft, with other than vein; femoral-femoral	**Pre-1990**			NPA
35663	Bypass graft, with other than vein; ilioiliac	**Pre-1990**			NPA
35665	Bypass graft, with other than vein; iliofemoral	**Pre-1990**			NPA
35666	Bypass graft, with other than vein; femoral-anterior tibial, posterior tibial, or peroneal artery	**Pre-1990**			NPA
35671	Bypass graft, with other than vein; popliteal-tibial or - peroneal artery	**Pre-1990**			NPA
35681	Bypass graft; composite, prosthetic and vein (List separately in addition to code for primary procedure)	**Pre-1990**			NPA
35682	Bypass graft; autogenous composite, 2 segments of veins from 2 locations (List separately in addition to code for primary procedure)	**Pre-1990**			NPA
35683	Bypass graft; autogenous composite, 3 or more segments of vein from 2 or more locations (List separately in addition to code for primary procedure)	**Pre-1990**			NPA
35685	Placement of vein patch or cuff at distal anastomosis of bypass graft, synthetic conduit (List separately in addition to code for primary procedure)	**1/1/2002**			NPA
35686	Creation of distal arteriovenous fistula during lower extremity bypass surgery (non-hemodialysis) (List separately in addition to code for primary procedure)	**1/1/2002**			NPA
35691	Transposition and/or reimplantation; vertebral to carotid artery	**1/1/1994**			NPA
35693	Transposition and/or reimplantation; vertebral to subclavian artery	**1/1/1994**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
35694	Transposition and/or reimplantation; subclavian to carotid artery	**1/1/1994**			NPA
35695	Transposition and/or reimplantation; carotid to subclavian artery	**1/1/1994**			NPA
35697	Reimplantation, visceral artery to infrarenal aortic prosthesis, each artery (List separately in addition to code for primary procedure)	**1/1/2004**			NPA
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)	**Pre-1990**			NPA
35701	Exploration not followed by surgical repair, artery; neck (eg, carotid, subclavian)	**Pre-1990**			NPA
35702	Exploration not followed by surgical repair, artery; upper extremity (eg, axillary, brachial, radial, ulnar)	**1/1/2020**		**4/1/2020**	NPA
35703	Exploration not followed by surgical repair, artery; lower extremity (eg, common femoral, deep femoral, superficial femoral, popliteal, tibial, peroneal)	**1/1/2020**		**4/1/2020**	NPA
35800	Exploration for postoperative hemorrhage, thrombosis or infection; neck	**Pre-1990**			NPA
35820	Exploration for postoperative hemorrhage, thrombosis or infection; chest	**Pre-1990**			NPA
35840	Exploration for postoperative hemorrhage, thrombosis or infection; abdomen	**Pre-1990**			NPA
35860	Exploration for postoperative hemorrhage, thrombosis or infection; extremity	**Pre-1990**			NPA
35870	Repair of graft-enteric fistula	**Pre-1990**			NPA
35875	Thrombectomy of arterial or venous graft (other than hemodialysis graft or fistula)	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
35876	Thrombectomy of arterial or venous graft (other than hemodialysis graft or fistula); with revision of arterial or venous graft	**1/1/1994**			NPA
35879	Revision, lower extremity arterial bypass, without thrombectomy, open; with vein patch angioplasty	**1/1/2000**			NPA
35881	Revision, lower extremity arterial bypass, without thrombectomy, open; with segmental vein interposition	**1/1/2000**			NPA
35883	Revision, femoral anastomosis of synthetic arterial bypass graft in groin, open; with nonautogenous patch graft (eg, Dacron, ePTFE, bovine pericardium)	**1/1/2007**			NPA
35884	Revision, femoral anastomosis of synthetic arterial bypass graft in groin, open; with autogenous vein patch graft	**1/1/2007**			NPA
35901	Excision of infected graft; neck	**1/1/1994**			NPA
35903	Excision of infected graft; extremity	**1/1/1994**			NPA
35905	Excision of infected graft; thorax	**1/1/1994**			NPA
35907	Excision of infected graft; abdomen	**1/1/1994**			NPA
36000	Introduction of needle or intracatheter, vein	**Pre-1990**			NPA
36002	Injection procedures (eg, thrombin) for percutaneous treatment of extremity pseudoaneurysm	**1/1/2002**			NPA
36005	Injection procedure for extremity venography (including introduction of needle or intracatheter)	**Pre-1990**			NPA
36010	Introduction of catheter, superior or inferior vena cava	**Pre-1990**			NPA
36011	Selective catheter placement, venous system; first order branch (eg, renal vein, jugular vein)	**1/1/1992**			NPA
36012	Selective catheter placement, venous system; second order, or more selective, branch (eg, left adrenal vein, petrosal sinus)	**1/1/1992**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
36013	Introduction of catheter, right heart or main pulmonary artery	**1/1/1992**			NPA
36014	Selective catheter placement, left or right pulmonary artery	**1/1/1992**			NPA
36015	Selective catheter placement, segmental or subsegmental pulmonary artery	**1/1/1992**			NPA
36100	Introduction of needle or intracatheter, carotid or vertebral artery	**Pre-1990**			NPA
36140	Introduction of needle or intracatheter, upper or lower extremity artery	**Pre-1990**			NPA
36160	Introduction of needle or intracatheter, aortic, translumbar	**Pre-1990**			NPA
36200	Introduction of catheter, aorta	**Pre-1990**			NPA
36215	Selective catheter placement, arterial system; each first order thoracic or brachiocephalic branch, within a vascular family	**Pre-1990**			NPA
36216	Selective catheter placement, arterial system; initial second order thoracic or brachiocephalic branch, within a vascular family	**1/1/1992**			NPA
36217	Selective catheter placement, arterial system; initial third order or more selective thoracic or brachiocephalic branch, within a vascular family	**1/1/1992**			NPA
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)	**1/1/1992**			NPA
36221	Non-selective catheter placement, thoracic aorta, with angiography of the extracranial carotid, vertebral, and/or	**1/1/2013**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	intracranial vessels, unilateral or bilateral, and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed				
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	**1/1/2013**			NPA
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	**1/1/2013**			NPA
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	**1/1/2013**			NPA
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	**1/1/2013**			NPA
36226	Selective catheter placement, vertebral artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological supervision and	**1/1/2013**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	interpretation, includes angiography of the cervicocerebral arch, when performed				
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)	**1/1/2013**			NPA
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)	**1/1/2013**			NPA
36245	Selective catheter placement, arterial system; each first order abdominal, pelvic, or lower extremity artery branch, within a vascular family	**Pre-1990**			NPA
36246	Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family	**1/1/1992**			NPA
36247	Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family	**1/1/1992**			NPA
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)	**1/1/1992**			NPA
36251	Selective catheter placement (first-order), main renal artery and any accessory renal artery(s) for renal	**1/1/2012**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	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				
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	**1/1/2012**			NPA
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	**1/1/2012**			NPA
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	**1/1/2012**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	when performed, and flush aortogram when performed; bilateral				
36260	Insertion of implantable intra-arterial infusion pump (eg, for chemotherapy of liver)	**Pre-1990**			NPA
36261	Revision of implanted intra-arterial infusion pump	**Pre-1990**			NPA
36262	Removal of implanted intra-arterial infusion pump	**Pre-1990**			NPA
36299	Unlisted procedure, vascular injection	**Pre-1990**			PA
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	**Pre-1990**			NPA
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	**Pre-1990**			NPA
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	**Pre-1990**			NPA
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)	**Pre-1990**			NPA
36415	Collection of venous blood by venipuncture	**Pre-1990**			NPA
36416	Collection of capillary blood specimen (eg, finger, heel, ear stick)	**1/1/2003**			NPA
36420	Venipuncture, cutdown; younger than age 1 year	**Pre-1990**			NPA
36425	Venipuncture, cutdown; age 1 or over	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
36430	Transfusion, blood or blood components	**Pre-1990**			NPA
36440	Push transfusion, blood, 2 years or younger	**Pre-1990**			NPA
36450	Exchange transfusion, blood; newborn	**Pre-1990**			NPA
36455	Exchange transfusion, blood; other than newborn	**Pre-1990**			NPA
36456	Partial exchange transfusion, blood, plasma or crystalloid necessitating the skill of a physician or other qualified health care professional, newborn	**1/1/2017**			NPA
36460	Transfusion, intrauterine, fetal	**Pre-1990**			NPA
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)	**1/1/2018**		**9/1/2023**	NC
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	**1/1/2018**		**9/1/2023**	NC
36468	Injection(s) of sclerosant for spider veins (telangiectasia), limb or trunk	**1/1/1990**			PA
36470	Injection of sclerosant; single incompetent vein (other than telangiectasia)	**Pre-1990**			NPA
36471	Injection of sclerosant; multiple incompetent veins (other than telangiectasia), same leg	**Pre-1990**			NPA
36473	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated	**1/1/2017**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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)	**1/1/2017**			PA
36475	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated	**1/1/2005**			PA
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)	**1/1/2005**			PA
36478	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated	**1/1/2005**			PA
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)	**1/1/2005**			PA
36481	Percutaneous portal vein catheterization by any method	**1/1/1992**			NPA
36482	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access	**1/1/2018**		**9/1/2023**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	site, inclusive of all imaging guidance and monitoring, percutaneous; first vein treated				
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)	**1/1/2018**		**9/1/2023**	NC
36500	Venous catheterization for selective organ blood sampling	**Pre-1990**			NPA
36510	Catheterization of umbilical vein for diagnosis or therapy, newborn	**Pre-1990**			NPA
36511	Therapeutic apheresis; for white blood cells	**1/1/2003**			NPA
36512	Therapeutic apheresis; for red blood cells	**1/1/2003**			NPA
36513	Therapeutic apheresis; for platelets	**1/1/2003**			NPA
36514	Therapeutic apheresis; for plasma pheresis	**1/1/2003**			NPA
36516	Therapeutic apheresis; with extracorporeal immunoadsorption, selective adsorption or selective filtration and plasma reinfusion	**1/1/2003**			NPA
36522	Photopheresis, extracorporeal	**1/1/1990**			NPA
36555	Insertion of non-tunneled centrally inserted central venous catheter; younger than 5 years of age	**1/1/2004**			NPA
36556	Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older	**1/1/2004**			NPA
36557	Insertion of tunneled centrally inserted central venous catheter, without subcutaneous port or pump; younger than 5 years of age	**1/1/2004**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
36558	Insertion of tunneled centrally inserted central venous catheter, without subcutaneous port or pump; age 5 years or older	**1/1/2004**			NPA
36560	Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; younger than 5 years of age	**1/1/2004**			NPA
36561	Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; age 5 years or older	**1/1/2004**			NPA
36563	Insertion of tunneled centrally inserted central venous access device with subcutaneous pump	**1/1/2004**			NPA
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)	**1/1/2004**			NPA
36566	Insertion of tunneled centrally inserted central venous access device, requiring 2 catheters via 2 separate venous access sites; with subcutaneous port(s)	**1/1/2004**			NPA
36568	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, without imaging guidance; younger than 5 years of age	**1/1/2004**			NPA
36569	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, without imaging guidance; age 5 years or older	**1/1/2004**			NPA
36570	Insertion of peripherally inserted central venous access device, with subcutaneous port; younger than 5 years of age	**1/1/2004**			NPA
36571	Insertion of peripherally inserted central venous access device, with subcutaneous port; age 5 years or older	**1/1/2004**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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	**1/1/2019**			NPA
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; age 5 years or older	**1/1/2019**			NPA
36575	Repair of tunneled or non-tunneled central venous access catheter, without subcutaneous port or pump, central or peripheral insertion site	**1/1/2004**			NPA
36576	Repair of central venous access device, with subcutaneous port or pump, central or peripheral insertion site	**1/1/2004**			NPA
36578	Replacement, catheter only, of central venous access device, with subcutaneous port or pump, central or peripheral insertion site	**1/1/2004**			NPA
36580	Replacement, complete, of a non-tunneled centrally inserted central venous catheter, without subcutaneous port or pump, through same venous access	**1/1/2004**			NPA
36581	Replacement, complete, of a tunneled centrally inserted central venous catheter, without subcutaneous port or pump, through same venous access	**1/1/2004**			NPA
36582	Replacement, complete, of a tunneled centrally inserted central venous access device, with subcutaneous port, through same venous access	**1/1/2004**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
36583	Replacement, complete, of a tunneled centrally inserted central venous access device, with subcutaneous pump, through same venous access	1/1/2004			NPA
36584	Replacement, complete, of a peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, through same venous access, including all imaging guidance, image documentation, and all associated radiological supervision and interpretation required to perform the replacement	1/1/2004			NPA
36585	Replacement, complete, of a peripherally inserted central venous access device, with subcutaneous port, through same venous access	1/1/2004			NPA
36589	Removal of tunneled central venous catheter, without subcutaneous port or pump	1/1/2004			NPA
36590	Removal of tunneled central venous access device, with subcutaneous port or pump, central or peripheral insertion	1/1/2004			NPA
36591	Collection of blood specimen from a completely implantable venous access device	1/1/2008			NPA
36592	Collection of blood specimen using established central or peripheral catheter, venous, not otherwise specified	1/1/2008			NPA
36593	Declotting by thrombolytic agent of implanted vascular access device or catheter	1/1/2008			NPA
36595	Mechanical removal of pericatheter obstructive material (eg, fibrin sheath) from central venous device via separate venous access	1/1/2004			NPA
36596	Mechanical removal of intraluminal (intracatheter) obstructive material from central venous device through device lumen	1/1/2004			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
36597	Repositioning of previously placed central venous catheter under fluoroscopic guidance	**1/1/2004**			NPA
36598	Contrast injection(s) for radiologic evaluation of existing central venous access device, including fluoroscopy, image documentation and report	**1/1/2006**			NPA
36600	Arterial puncture, withdrawal of blood for diagnosis	**Pre-1990**			NPA
36620	Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); percutaneous	**Pre-1990**			NPA
36625	Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); cutdown	**Pre-1990**			NPA
36640	Arterial catheterization for prolonged infusion therapy (chemotherapy), cutdown	**Pre-1990**			NPA
36660	Catheterization, umbilical artery, newborn, for diagnosis or therapy	**Pre-1990**			NPA
36680	Placement of needle for intraosseous infusion	**Pre-1990**			NPA
36800	Insertion of cannula for hemodialysis, other purpose (separate procedure); vein to vein	**Pre-1990**			NPA
36810	Insertion of cannula for hemodialysis, other purpose (separate procedure); arteriovenous, external (Scribner type)	**Pre-1990**			NPA
36815	Insertion of cannula for hemodialysis, other purpose (separate procedure); arteriovenous, external revision, or closure	**Pre-1990**			NPA
36818	Arteriovenous anastomosis, open; by upper arm cephalic vein transposition	**1/1/2005**			NPA
36819	Arteriovenous anastomosis, open; by upper arm basilic vein transposition	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
36820	Arteriovenous anastomosis, open; by forearm vein transposition	**1/1/2002**			NPA
36821	Arteriovenous anastomosis, open; direct, any site (eg, Cimino type) (separate procedure)	**Pre-1990**			NPA
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	**Pre-1990**			NPA
36825	Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); autogenous graft	**Pre-1990**			NPA
36830	Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); nonautogenous graft (eg, biological collagen, thermoplastic graft)	**Pre-1990**			NPA
36831	Thrombectomy, open, arteriovenous fistula without revision, autogenous or nonautogenous dialysis graft (separate procedure)	**Pre-1990**			NPA
36832	Revision, open, arteriovenous fistula; without thrombectomy, autogenous or nonautogenous dialysis graft (separate procedure)	**Pre-1990**			NPA
36833	Revision, open, arteriovenous fistula; with thrombectomy, autogenous or nonautogenous dialysis graft (separate procedure)	**Pre-1990**			NPA
36835	Insertion of Thomas shunt (separate procedure)	**Pre-1990**			NPA
36836	Percutaneous arteriovenous fistula creation, upper extremity, single access of both the peripheral artery and peripheral vein, including fistula maturation procedures (eg, transluminal balloon angioplasty, coil embolization)	**1/1/2023**		**2/1/2023**	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	when performed, including all vascular access, imaging guidance and radiologic supervision and interpretation				
36837	Percutaneous arteriovenous fistula creation, upper extremity, separate access sites of the peripheral artery and peripheral vein, including fistula maturation procedures (eg, transluminal balloon angioplasty, coil embolization) when performed, including all vascular access, imaging guidance and radiologic supervision and interpretation	**1/1/2023**		**2/1/2023**	NPA
36838	Distal revascularization and interval ligation (DRIL), upper extremity hemodialysis access (steal syndrome)	**1/1/2004**			NPA
36860	External cannula declotting (separate procedure); without balloon catheter	**Pre-1990**			NPA
36861	External cannula declotting (separate procedure); with balloon catheter	**Pre-1990**			NPA
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	**1/1/2017**			NPA
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	**1/1/2017**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	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				
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	**1/1/2017**			NPA
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)	**1/1/2017**			NPA
36905	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography,	**1/1/2017**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	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				
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	**1/1/2017**			NPA
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)	**1/1/2017**			NPA
36908	Transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the stenting, and all angioplasty in the central dialysis segment (List separately in addition to code for primary procedure)	**1/1/2017**			NPA
36909	Dialysis circuit permanent vascular embolization or occlusion (including main circuit or any accessory veins),	**1/1/2017**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	endovascular, including all imaging and radiological supervision and interpretation necessary to complete the intervention (List separately in addition to code for primary procedure)				
37140	Venous anastomosis, open; portocaval	**Pre-1990**			NPA
37145	Venous anastomosis, open; renoportal	**Pre-1990**			NPA
37160	Venous anastomosis, open; caval-mesenteric	**Pre-1990**			NPA
37180	Venous anastomosis, open; splenorenal, proximal	**Pre-1990**			NPA
37181	Venous anastomosis, open; splenorenal, distal (selective decompression of esophagogastric varices, any technique)	**Pre-1990**			NPA
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)	**1/1/2003**			NPA
37183	Revision of transvenous intrahepatic portosystemic shunt(s) (TIPS) (includes venous access, hepatic and portal vein catheterization, portography with hemodynamic evaluation, intrahepatic tract recannulization/dilatation, stent placement and all associated imaging guidance and documentation)	**1/1/2003**			NPA
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	**1/1/2006**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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)	1/1/2006			NPA
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 with another percutaneous intervention other than primary mechanical thrombectomy (List separately in addition to code for primary procedure)	1/1/2006			NPA
37187	Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance	1/1/2006			NPA
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	1/1/2006			NPA
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	1/1/2012			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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	**1/1/2012**			NPA
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	**1/1/2012**			NPA
37195	Thrombolysis, cerebral, by intravenous infusion	**1/1/1998**			NPA
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	**1/1/2013**			NPA
37200	Transcatheter biopsy	**1/1/1992**			NPA
37211	Transcatheter therapy, arterial infusion for thrombolysis other than coronary or intracranial, any method, including radiological supervision and interpretation, initial treatment day	**1/1/2013**			NPA
37212	Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day	**1/1/2013**			NPA
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	**1/1/2013**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	contrast injection, position change, or exchange, when performed				
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	**1/1/2013**			NPA
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	**1/1/2005**			NPA
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	**1/1/2005**			NPA
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	**1/1/2014**			NPA
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	**1/1/2015**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
37220	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty	**1/1/2011**			NPA
37221	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	**1/1/2011**			NPA
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)	**1/1/2011**			NPA
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)	**1/1/2011**			NPA
37224	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty	**1/1/2011**			NPA
37225	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed	**1/1/2011**			NPA
37226	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	**1/1/2011**			NPA
37227	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal	**1/1/2011**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed				
37228	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal angioplasty	**1/1/2011**			NPA
37229	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed	**1/1/2011**			NPA
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	**1/1/2011**			NPA
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	**1/1/2011**			NPA
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)	**1/1/2011**			NPA
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)	**1/1/2011**			NPA
37234	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s), includes angioplasty	**1/1/2011**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	within the same vessel, when performed (List separately in addition to code for primary procedure)				
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)	**1/1/2011**			NPA
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 all angioplasty within the same vessel, when performed; initial artery	**1/1/2014**			NPA
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 all angioplasty within the same vessel, when performed; each additional artery (List separately in addition to code for primary procedure)	**1/1/2014**			NPA
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	**1/1/2014**			NPA
37239	Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the	**1/1/2014**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	same vessel, when performed; each additional vein (List separately in addition to code for primary procedure)				
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)	**1/1/2014**			NPA
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)	**1/1/2014**			NPA
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	**1/1/2014**			NPA
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	**1/1/2014**			NPA
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	**1/1/2017**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	interpretation necessary to perform the angioplasty within the same artery; initial artery				
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)	**1/1/2017**			NPA
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	**1/1/2017**			NPA
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)	**1/1/2017**			NPA
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)	**1/1/2016**		**9/1/2023**	NPA
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)	**1/1/2016**		**9/1/2023**	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
37500	Vascular endoscopy, surgical, with ligation of perforator veins, subfascial (SEPS)	1/1/2003			NPA
37501	Unlisted vascular endoscopy procedure	1/1/2003			PA
37565	Ligation, internal jugular vein	Pre-1990			NPA
37600	Ligation; external carotid artery	Pre-1990			NPA
37605	Ligation; internal or common carotid artery	Pre-1990			NPA
37606	Ligation; internal or common carotid artery, with gradual occlusion, as with Selverstone or Crutchfield clamp	Pre-1990			NPA
37607	Ligation or banding of angioaccess arteriovenous fistula	1/1/1994			NPA
37609	Ligation or biopsy, temporal artery	Pre-1990			NPA
37615	Ligation, major artery (eg, post-traumatic, rupture); neck	Pre-1990			NPA
37616	Ligation, major artery (eg, post-traumatic, rupture); chest	Pre-1990			NPA
37617	Ligation, major artery (eg, post-traumatic, rupture); abdomen	Pre-1990			NPA
37618	Ligation, major artery (eg, post-traumatic, rupture); extremity	Pre-1990			NPA
37619	Ligation of inferior vena cava	1/1/2012			NPA
37650	Ligation of femoral vein	Pre-1990			NPA
37660	Ligation of common iliac vein	Pre-1990			NPA
37700	Ligation and division of long saphenous vein at saphenofemoral junction, or distal interruptions	Pre-1990			PA
37718	Ligation, division, and stripping, short saphenous vein	1/1/2006			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
37722	Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below	**1/1/2006**			PA
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	**Pre-1990**			PA
37760	Ligation of perforator veins, subfascial, radical (Linton type), including skin graft, when performed, open,1 leg	**Pre-1990**			PA
37761	Ligation of perforator vein(s), subfascial, open, including ultrasound guidance, when performed, 1 leg	**1/1/2010**			PA
37765	Stab phlebectomy of varicose veins, 1 extremity; 10-20 stab incisions	**1/1/2004**		**9/1/2023**	NPA
37766	Stab phlebectomy of varicose veins, 1 extremity; more than 20 incisions	**1/1/2004**		**9/1/2023**	NPA
37780	Ligation and division of short saphenous vein at saphenopopliteal junction (separate procedure)	**Pre-1990**			PA
37785	Ligation, division, and/or excision of varicose vein cluster(s), 1 leg	**Pre-1990**			PA
37788	Penile revascularization, artery, with or without vein graft	**1/1/1992**		**9/1/2023**	NPA
37790	Penile venous occlusive procedure	**1/1/1994**		**9/1/2023**	NPA
37799	Unlisted procedure, vascular surgery	**Pre-1990**			PA
38100	Splenectomy; total (separate procedure)	**Pre-1990**			NPA
38101	Splenectomy; partial (separate procedure)	**Pre-1990**			NPA
38102	Splenectomy; total, en bloc for extensive disease, in conjunction with other procedure (List in addition to code for primary procedure)	**1/1/1994**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
38115	Repair of ruptured spleen (splenorrhaphy) with or without partial splenectomy	**Pre-1990**			NPA
38120	Laparoscopy, surgical, splenectomy	**1/1/2000**			NPA
38129	Unlisted laparoscopy procedure, spleen	**1/1/2000**			PA
38200	Injection procedure for splenoportography	**Pre-1990**			NPA
38204	Management of recipient hematopoietic progenitor cell donor search and cell acquisition	**1/1/2003**			PA
38205	Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; allogeneic	**1/1/2003**			PA
38206	Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; autologous	**1/1/2003**			PA
38207	Transplant preparation of hematopoietic progenitor cells; cryopreservation and storage	**1/1/2003**			PA
38208	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, without washing, per donor	**1/1/2003**			PA
38209	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, with washing, per donor	**1/1/2003**			PA
38210	Transplant preparation of hematopoietic progenitor cells; specific cell depletion within harvest, T-cell depletion	**1/1/2003**			PA
38211	Transplant preparation of hematopoietic progenitor cells; tumor cell depletion	**1/1/2003**			PA
38212	Transplant preparation of hematopoietic progenitor cells; red blood cell removal	**1/1/2003**			PA
38213	Transplant preparation of hematopoietic progenitor cells; platelet depletion	**1/1/2003**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
38214	Transplant preparation of hematopoietic progenitor cells; plasma (volume) depletion	1/1/2003			PA
38215	Transplant preparation of hematopoietic progenitor cells; cell concentration in plasma, mononuclear, or buffy coat layer	1/1/2003			PA
38220	Diagnostic bone marrow; aspiration(s)	1/1/2002			NPA
38221	Diagnostic bone marrow; biopsy(ies)	1/1/2002			NPA
38222	Diagnostic bone marrow; biopsy(ies) and aspiration(s)	1/1/2018			NPA
38230	Bone marrow harvesting for transplantation; allogeneic	Pre-1990			PA
38232	Bone marrow harvesting for transplantation; autologous	1/1/2012			PA
38240	Hematopoietic progenitor cell (HPC); allogeneic transplantation per donor	Pre-1990			PA
38241	Hematopoietic progenitor cell (HPC); autologous transplantation	Pre-1990			PA
38242	Allogeneic lymphocyte infusions	1/1/2003			NPA
38243	Hematopoietic progenitor cell (HPC); HPC boost	1/1/2013			PA
38300	Drainage of lymph node abscess or lymphadenitis; simple	Pre-1990			NPA
38305	Drainage of lymph node abscess or lymphadenitis; extensive	Pre-1990			NPA
38308	Lymphangiotomy or other operations on lymphatic channels	Pre-1990			NPA
38380	Suture and/or ligation of thoracic duct; cervical approach	Pre-1990			NPA
38381	Suture and/or ligation of thoracic duct; thoracic approach	Pre-1990			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
38382	Suture and/or ligation of thoracic duct; abdominal approach	Pre-1990			NPA
38500	Biopsy or excision of lymph node(s); open, superficial	Pre-1990			NPA
38505	Biopsy or excision of lymph node(s); by needle, superficial (eg, cervical, inguinal, axillary)	Pre-1990			NPA
38510	Biopsy or excision of lymph node(s); open, deep cervical node(s)	Pre-1990			NPA
38520	Biopsy or excision of lymph node(s); open, deep cervical node(s) with excision scalene fat pad	Pre-1990			NPA
38525	Biopsy or excision of lymph node(s); open, deep axillary node(s)	Pre-1990			NPA
38530	Biopsy or excision of lymph node(s); open, internal mammary node(s)	Pre-1990			NPA
38531	Biopsy or excision of lymph node(s); open, inguinofemoral node(s)	1/1/2019			NPA
38542	Dissection, deep jugular node(s)	Pre-1990			NPA
38550	Excision of cystic hygroma, axillary or cervical; without deep neurovascular dissection	Pre-1990			NPA
38555	Excision of cystic hygroma, axillary or cervical; with deep neurovascular dissection	Pre-1990			NPA
38562	Limited lymphadenectomy for staging (separate procedure); pelvic and para-aortic	Pre-1990			NPA
38564	Limited lymphadenectomy for staging (separate procedure); retroperitoneal (aortic and/or splenic)	Pre-1990			NPA
38570	Laparoscopy, surgical; with retroperitoneal lymph node sampling (biopsy), single or multiple	1/1/2000			NPA
38571	Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy	1/1/2000			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
38572	Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling (biopsy), single or multiple	**1/1/2000**			NPA
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	**1/1/2018**			NPA
38589	Unlisted laparoscopy procedure, lymphatic system	**1/1/2000**			PA
38700	Suprahyoid lymphadenectomy	**Pre-1990**			NPA
38720	Cervical lymphadenectomy (complete)	**Pre-1990**			NPA
38724	Cervical lymphadenectomy (modified radical neck dissection)	**Pre-1990**			NPA
38740	Axillary lymphadenectomy; superficial	**Pre-1990**			NPA
38745	Axillary lymphadenectomy; complete	**Pre-1990**			NPA
38746	Thoracic lymphadenectomy by thoracotomy, mediastinal and regional lymphadenectomy (List separately in addition to code for primary procedure)	**Pre-1990**			NPA
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)	**1/1/1994**			NPA
38760	Inguinofemoral lymphadenectomy, superficial, including Cloquet's node (separate procedure)	**Pre-1990**			NPA
38765	Inguinofemoral lymphadenectomy, superficial, in continuity with pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes (separate procedure)	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
38770	Pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes (separate procedure)	Pre-1990			NPA
38780	Retroperitoneal transabdominal lymphadenectomy, extensive, including pelvic, aortic, and renal nodes (separate procedure)	Pre-1990			NPA
38790	Injection procedure; lymphangiography	Pre-1990			NPA
38792	Injection procedure; radioactive tracer for identification of sentinel node	Pre-1990			NPA
38794	Cannulation, thoracic duct	Pre-1990			NPA
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)	1/1/2011			NPA
38999	Unlisted procedure, hemic or lymphatic system	Pre-1990			PA
39000	Mediastinotomy with exploration, drainage, removal of foreign body, or biopsy; cervical approach	Pre-1990			NPA
39010	Mediastinotomy with exploration, drainage, removal of foreign body, or biopsy; transthoracic approach, including either transthoracic or median sternotomy	Pre-1990			NPA
39200	Resection of mediastinal cyst	Pre-1990			NPA
39220	Resection of mediastinal tumor	Pre-1990			NPA
39401	Mediastinoscopy; includes biopsy(ies) of mediastinal mass (eg, lymphoma), when performed	1/1/2016			NPA
39402	Mediastinoscopy; with lymph node biopsy(ies) (eg, lung cancer staging)	1/1/2016			NPA
39499	Unlisted procedure, mediastinum	Pre-1990			PA
39501	Repair, laceration of diaphragm, any approach	Pre-1990			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
39503	Repair, neonatal diaphragmatic hernia, with or without chest tube insertion and with or without creation of ventral hernia	Pre-1990			NPA
39540	Repair, diaphragmatic hernia (other than neonatal), traumatic; acute	Pre-1990			NPA
39541	Repair, diaphragmatic hernia (other than neonatal), traumatic; chronic	Pre-1990			NPA
39545	Imbrication of diaphragm for eventration, transthoracic or transabdominal, paralytic or nonparalytic	Pre-1990			NPA
39560	Resection, diaphragm; with simple repair (eg, primary suture)	1/1/2000			NPA
39561	Resection, diaphragm; with complex repair (eg, prosthetic material, local muscle flap)	1/1/2000			NPA
39599	Unlisted procedure, diaphragm	Pre-1990			PA
40490	Biopsy of lip	Pre-1990			NPA
40500	Vermilionectomy (lip shave), with mucosal advancement	Pre-1990			PA
40510	Excision of lip; transverse wedge excision with primary closure	Pre-1990			PA
40520	Excision of lip; V-excision with primary direct linear closure	Pre-1990			PA
40525	Excision of lip; full thickness, reconstruction with local flap (eg, Estlander or fan)	Pre-1990			PA
40527	Excision of lip; full thickness, reconstruction with cross lip flap (Abbe-Estlander)	Pre-1990			PA
40530	Resection of lip, more than one-fourth, without reconstruction	Pre-1990			PA
40650	Repair lip, full thickness; vermilion only	Pre-1990			PA
40652	Repair lip, full thickness; up to half vertical height	Pre-1990			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
40654	Repair lip, full thickness; over one-half vertical height, or complex	**Pre-1990**			PA
40700	Plastic repair of cleft lip/nasal deformity; primary, partial or complete, unilateral	**Pre-1990**			NPA
40701	Plastic repair of cleft lip/nasal deformity; primary bilateral, 1-stage procedure	**Pre-1990**			NPA
40702	Plastic repair of cleft lip/nasal deformity; primary bilateral, 1 of 2 stages	**Pre-1990**			NPA
40720	Plastic repair of cleft lip/nasal deformity; secondary, by recreation of defect and reclosure	**Pre-1990**			NPA
40761	Plastic repair of cleft lip/nasal deformity; with cross lip pedicle flap (Abbe-Estlander type), including sectioning and inserting of pedicle	**Pre-1990**			NPA
40799	Unlisted procedure, lips	**Pre-1990**			PA
40800	Drainage of abscess, cyst, hematoma, vestibule of mouth; simple	**Pre-1990**			NPA
40801	Drainage of abscess, cyst, hematoma, vestibule of mouth; complicated	**Pre-1990**			NPA
40804	Removal of embedded foreign body, vestibule of mouth; simple	**Pre-1990**			NPA
40805	Removal of embedded foreign body, vestibule of mouth; complicated	**Pre-1990**			NPA
40806	Incision of labial frenum (frenotomy)	**Pre-1990**			NPA
40808	Biopsy, vestibule of mouth	**Pre-1990**			NPA
40810	Excision of lesion of mucosa and submucosa, vestibule of mouth; without repair	**Pre-1990**			NPA
40812	Excision of lesion of mucosa and submucosa, vestibule of mouth; with simple repair	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
40814	Excision of lesion of mucosa and submucosa, vestibule of mouth; with complex repair	**Pre-1990**			NPA
40816	Excision of lesion of mucosa and submucosa, vestibule of mouth; complex, with excision of underlying muscle	**Pre-1990**			NPA
40818	Excision of mucosa of vestibule of mouth as donor graft	**Pre-1990**			NPA
40819	Excision of frenum, labial or buccal (frenumectomy, frenulectomy, frenectomy)	**Pre-1990**			NPA
40820	Destruction of lesion or scar of vestibule of mouth by physical methods (eg, laser, thermal, cryo, chemical)	**Pre-1990**		**9/1/2023**	NPA
40830	Closure of laceration, vestibule of mouth; 2.5 cm or less	**Pre-1990**			NPA
40831	Closure of laceration, vestibule of mouth; over 2.5 cm or complex	**Pre-1990**			NPA
40840	Vestibuloplasty; anterior	**Pre-1990**			NPA
40842	Vestibuloplasty; posterior, unilateral	**Pre-1990**			NPA
40843	Vestibuloplasty; posterior, bilateral	**Pre-1990**			NPA
40844	Vestibuloplasty; entire arch	**Pre-1990**			NPA
40845	Vestibuloplasty; complex (including ridge extension, muscle repositioning)	**Pre-1990**			NPA
40899	Unlisted procedure, vestibule of mouth	**Pre-1990**			PA
41000	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; lingual	**Pre-1990**			NPA
41005	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; sublingual, superficial	**Pre-1990**			NPA
41006	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; sublingual, deep, supramylohyoid	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
41007	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; submental space	Pre-1990			NPA
41008	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; submandibular space	Pre-1990			NPA
41009	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; masticator space	Pre-1990			NPA
41010	Incision of lingual frenum (frenotomy)	Pre-1990			NPA
41015	Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; sublingual	Pre-1990			NPA
41016	Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; submental	Pre-1990			NPA
41017	Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; submandibular	Pre-1990			NPA
41018	Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; masticator space	Pre-1990			NPA
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	1/1/2008			PA
41100	Biopsy of tongue; anterior two-thirds	Pre-1990			NPA
41105	Biopsy of tongue; posterior one-third	Pre-1990			NPA
41108	Biopsy of floor of mouth	Pre-1990			NPA
41110	Excision of lesion of tongue without closure	Pre-1990			NPA
41112	Excision of lesion of tongue with closure; anterior two-thirds	Pre-1990			NPA
41113	Excision of lesion of tongue with closure; posterior one-third	Pre-1990			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
41114	Excision of lesion of tongue with closure; with local tongue flap	**Pre-1990**			NPA
41115	Excision of lingual frenum (frenectomy)	**Pre-1990**			NPA
41116	Excision, lesion of floor of mouth	**Pre-1990**			NPA
41120	Glossectomy; less than one-half tongue	**Pre-1990**			NPA
41130	Glossectomy; hemiglossectomy	**Pre-1990**			NPA
41135	Glossectomy; partial, with unilateral radical neck dissection	**Pre-1990**			NPA
41140	Glossectomy; complete or total, with or without tracheostomy, without radical neck dissection	**Pre-1990**			NPA
41145	Glossectomy; complete or total, with or without tracheostomy, with unilateral radical neck dissection	**Pre-1990**			NPA
41150	Glossectomy; composite procedure with resection floor of mouth and mandibular resection, without radical neck dissection	**Pre-1990**			NPA
41153	Glossectomy; composite procedure with resection floor of mouth, with suprahyoid neck dissection	**Pre-1990**			NPA
41155	Glossectomy; composite procedure with resection floor of mouth, mandibular resection, and radical neck dissection (Commando type)	**Pre-1990**			NPA
41250	Repair of laceration 2.5 cm or less; floor of mouth and/or anterior two-thirds of tongue	**Pre-1990**			NPA
41251	Repair of laceration 2.5 cm or less; posterior one-third of tongue	**Pre-1990**			NPA
41252	Repair of laceration of tongue, floor of mouth, over 2.6 cm or complex	**Pre-1990**			NPA
41510	Suture of tongue to lip for micrognathia (Douglas type procedure)	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
41512	Tongue base suspension, permanent suture technique	**1/1/2009**		**9/1/2023**	PA
41520	Frenoplasty (surgical revision of frenum, eg, with Z-plasty)	**Pre-1990**			NPA
41530	Submucosal ablation of the tongue base, radiofrequency, 1 or more sites, per session	**1/1/2009**		**9/1/2023**	PA
41599	Unlisted procedure, tongue, floor of mouth	**Pre-1990**			PA
41800	Drainage of abscess, cyst, hematoma from dentoalveolar structures	**Pre-1990**			NPA
41805	Removal of embedded foreign body from dentoalveolar structures; soft tissues	**Pre-1990**			NPA
41806	Removal of embedded foreign body from dentoalveolar structures; bone	**Pre-1990**			NPA
41820	Gingivectomy, excision gingiva, each quadrant	**Pre-1990**			PA
41821	Operculectomy, excision pericoronal tissues	**Pre-1990**			PA
41822	Excision of fibrous tuberosities, dentoalveolar structures	**Pre-1990**			PA
41823	Excision of osseous tuberosities, dentoalveolar structures	**Pre-1990**			PA
41825	Excision of lesion or tumor (except listed above), dentoalveolar structures; without repair	**Pre-1990**		**9/1/2023**	NPA
41826	Excision of lesion or tumor (except listed above), dentoalveolar structures; with simple repair	**Pre-1990**		**9/1/2023**	NPA
41827	Excision of lesion or tumor (except listed above), dentoalveolar structures; with complex repair	**Pre-1990**		**9/1/2023**	NPA
41828	Excision of hyperplastic alveolar mucosa, each quadrant (specify)	**Pre-1990**			PA
41830	Alveolectomy, including curettage of osteitis or sequestrectomy	**Pre-1990**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
41850	Destruction of lesion (except excision), dentoalveolar structures	Pre-1990			PA
41870	Periodontal mucosal grafting	Pre-1990			PA
41872	Gingivoplasty, each quadrant (specify)	Pre-1990			PA
41874	Alveoloplasty, each quadrant (specify)	Pre-1990			PA
41899	Unlisted procedure, dentoalveolar structures	Pre-1990			PA
42000	Drainage of abscess of palate, uvula	Pre-1990			NPA
42100	Biopsy of palate, uvula	Pre-1990			NPA
42104	Excision, lesion of palate, uvula; without closure	Pre-1990			NPA
42106	Excision, lesion of palate, uvula; with simple primary closure	Pre-1990			NPA
42107	Excision, lesion of palate, uvula; with local flap closure	Pre-1990			NPA
42120	Resection of palate or extensive resection of lesion	Pre-1990			NPA
42140	Uvulectomy, excision of uvula	Pre-1990			PA
42145	Palatopharyngoplasty (eg, uvulopalatopharyngoplasty, uvulopharyngoplasty)	Pre-1990			PA
42160	Destruction of lesion, palate or uvula (thermal, cryo or chemical)	Pre-1990			NPA
42180	Repair, laceration of palate; up to 2 cm	Pre-1990			NPA
42182	Repair, laceration of palate; over 2 cm or complex	Pre-1990			NPA
42200	Palatoplasty for cleft palate, soft and/or hard palate only	Pre-1990			NPA
42205	Palatoplasty for cleft palate, with closure of alveolar ridge; soft tissue only	Pre-1990			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
42210	Palatoplasty for cleft palate, with closure of alveolar ridge; with bone graft to alveolar ridge (includes obtaining graft)	**Pre-1990**			NPA
42215	Palatoplasty for cleft palate; major revision	**Pre-1990**			NPA
42220	Palatoplasty for cleft palate; secondary lengthening procedure	**Pre-1990**			NPA
42225	Palatoplasty for cleft palate; attachment pharyngeal flap	**Pre-1990**			NPA
42226	Lengthening of palate, and pharyngeal flap	**Pre-1990**			NPA
42227	Lengthening of palate, with island flap	**Pre-1990**			NPA
42235	Repair of anterior palate, including vomer flap	**Pre-1990**			NPA
42260	Repair of nasolabial fistula	**Pre-1990**			NPA
42280	Maxillary impression for palatal prosthesis	**Pre-1990**		**9/1/2023**	NPA
42281	Insertion of pin-retained palatal prosthesis	**Pre-1990**		**9/1/2023**	NPA
42299	Unlisted procedure, palate, uvula	**Pre-1990**			PA
42300	Drainage of abscess; parotid, simple	**Pre-1990**			NPA
42305	Drainage of abscess; parotid, complicated	**Pre-1990**			NPA
42310	Drainage of abscess; submaxillary or sublingual, intraoral	**Pre-1990**			NPA
42320	Drainage of abscess; submaxillary, external	**Pre-1990**			NPA
42330	Sialolithotomy; submandibular (submaxillary), sublingual or parotid, uncomplicated, intraoral	**Pre-1990**			NPA
42335	Sialolithotomy; submandibular (submaxillary), complicated, intraoral	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
42340	Sialolithotomy; parotid, extraoral or complicated intraoral	Pre-1990			NPA
42400	Biopsy of salivary gland; needle	Pre-1990			NPA
42405	Biopsy of salivary gland; incisional	Pre-1990			NPA
42408	Excision of sublingual salivary cyst (ranula)	Pre-1990			NPA
42409	Marsupialization of sublingual salivary cyst (ranula)	Pre-1990			NPA
42410	Excision of parotid tumor or parotid gland; lateral lobe, without nerve dissection	Pre-1990			NPA
42415	Excision of parotid tumor or parotid gland; lateral lobe, with dissection and preservation of facial nerve	Pre-1990			NPA
42420	Excision of parotid tumor or parotid gland; total, with dissection and preservation of facial nerve	Pre-1990			NPA
42425	Excision of parotid tumor or parotid gland; total, en bloc removal with sacrifice of facial nerve	Pre-1990			NPA
42426	Excision of parotid tumor or parotid gland; total, with unilateral radical neck dissection	Pre-1990			NPA
42440	Excision of submandibular (submaxillary) gland	Pre-1990			NPA
42450	Excision of sublingual gland	Pre-1990			NPA
42500	Plastic repair of salivary duct, sialodochoplasty; primary or simple	Pre-1990			NPA
42505	Plastic repair of salivary duct, sialodochoplasty; secondary or complicated	Pre-1990			NPA
42507	Parotid duct diversion, bilateral (Wilke type procedure)	Pre-1990			NPA
42509	Parotid duct diversion, bilateral (Wilke type procedure); with excision of both submandibular glands	Pre-1990			NPA
42510	Parotid duct diversion, bilateral (Wilke type procedure); with ligation of both submandibular (Wharton's) ducts	Pre-1990			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
42550	Injection procedure for sialography	Pre-1990			NPA
42600	Closure salivary fistula	Pre-1990			NPA
42650	Dilation salivary duct	Pre-1990			NPA
42660	Dilation and catheterization of salivary duct, with or without injection	Pre-1990			NPA
42665	Ligation salivary duct, intraoral	Pre-1990			NPA
42699	Unlisted procedure, salivary glands or ducts	Pre-1990			PA
42700	Incision and drainage abscess; peritonsillar	Pre-1990			NPA
42720	Incision and drainage abscess; retropharyngeal or parapharyngeal, intraoral approach	Pre-1990			NPA
42725	Incision and drainage abscess; retropharyngeal or parapharyngeal, external approach	Pre-1990			NPA
42800	Biopsy; oropharynx	Pre-1990			NPA
42804	Biopsy; nasopharynx, visible lesion, simple	Pre-1990			NPA
42806	Biopsy; nasopharynx, survey for unknown primary lesion	Pre-1990			NPA
42808	Excision or destruction of lesion of pharynx, any method	Pre-1990			NPA
42809	Removal of foreign body from pharynx	Pre-1990			NPA
42810	Excision branchial cleft cyst or vestige, confined to skin and subcutaneous tissues	Pre-1990			NPA
42815	Excision branchial cleft cyst, vestige, or fistula, extending beneath subcutaneous tissues and/or into pharynx	Pre-1990			NPA
42820	Tonsillectomy and adenoidectomy; younger than age 12	Pre-1990			PA
42821	Tonsillectomy and adenoidectomy; age 12 or over	Pre-1990			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
42825	Tonsillectomy, primary or secondary; younger than age 12	**Pre-1990**			PA
42826	Tonsillectomy, primary or secondary; age 12 or over	**Pre-1990**			PA
42830	Adenoidectomy, primary; younger than age 12	**Pre-1990**			PA
42831	Adenoidectomy, primary; age 12 or over	**Pre-1990**			PA
42835	Adenoidectomy, secondary; younger than age 12	**Pre-1990**			PA
42836	Adenoidectomy, secondary; age 12 or over	**Pre-1990**			PA
42842	Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; without closure	**Pre-1990**			NPA
42844	Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; closure with local flap (eg, tongue, buccal)	**Pre-1990**			NPA
42845	Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; closure with other flap	**Pre-1990**			NPA
42860	Excision of tonsil tags	**Pre-1990**			NPA
42870	Excision or destruction lingual tonsil, any method (separate procedure)	**Pre-1990**			NPA
42890	Limited pharyngectomy	**Pre-1990**		**9/1/2023**	NPA
42892	Resection of lateral pharyngeal wall or pyriform sinus, direct closure by advancement of lateral and posterior pharyngeal walls	**Pre-1990**		**9/1/2023**	NPA
42894	Resection of pharyngeal wall requiring closure with myocutaneous or fasciocutaneous flap or free muscle, skin, or fascial flap with microvascular anastomosis	**Pre-1990**		**9/1/2023**	NPA
42900	Suture pharynx for wound or injury	**Pre-1990**			NPA
42950	Pharyngoplasty (plastic or reconstructive operation on pharynx)	**Pre-1990**			PA
42953	Pharyngoesophageal repair	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
42955	Pharyngostomy (fistulization of pharynx, external for feeding)	**Pre-1990**			NPA
42960	Control oropharyngeal hemorrhage, primary or secondary (eg, post-tonsillectomy); simple	**Pre-1990**			NPA
42961	Control oropharyngeal hemorrhage, primary or secondary (eg, post-tonsillectomy); complicated, requiring hospitalization	**Pre-1990**			NPA
42962	Control oropharyngeal hemorrhage, primary or secondary (eg, post-tonsillectomy); with secondary surgical intervention	**Pre-1990**			NPA
42970	Control of nasopharyngeal hemorrhage, primary or secondary (eg, postadenoidectomy); simple, with posterior nasal packs, with or without anterior packs and/or cautery	**Pre-1990**			NPA
42971	Control of nasopharyngeal hemorrhage, primary or secondary (eg, postadenoidectomy); complicated, requiring hospitalization	**Pre-1990**			NPA
42972	Control of nasopharyngeal hemorrhage, primary or secondary (eg, postadenoidectomy); with secondary surgical intervention	**Pre-1990**			NPA
42975	Drug-induced sleep endoscopy, with dynamic evaluation of velum, pharynx, tongue base, and larynx for evaluation of sleep-disordered breathing, flexible, diagnostic	**1/1/2022**		**1/1/2022**	NPA
42999	Unlisted procedure, pharynx, adenoids, or tonsils	**Pre-1990**			PA
43020	Esophagotomy, cervical approach, with removal of foreign body	**Pre-1990**			NPA
43030	Cricopharyngeal myotomy	**Pre-1990**			NPA
43045	Esophagotomy, thoracic approach, with removal of foreign body	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
43100	Excision of lesion, esophagus, with primary repair; cervical approach	**Pre-1990**			NPA
43101	Excision of lesion, esophagus, with primary repair; thoracic or abdominal approach	**Pre-1990**			NPA
43107	Total or near total esophagectomy, without thoracotomy; with pharyngogastrostomy or cervical esophagogastrostomy, with or without pyloroplasty (transhiatal)	**1/1/1995**			NPA
43108	Total or near total esophagectomy, without thoracotomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation and anastomosis(es)	**Pre-1990**			NPA
43112	Total or near total esophagectomy, with thoracotomy; with pharyngogastrostomy or cervical esophagogastrostomy, with or without pyloroplasty (ie, McKeown esophagectomy or tri-incisional esophagectomy)	**1/1/1995**			NPA
43113	Total or near total esophagectomy, with thoracotomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es)	**Pre-1990**			NPA
43116	Partial esophagectomy, cervical, with free intestinal graft, including microvascular anastomosis, obtaining the graft and intestinal reconstruction	**1/1/1995**			NPA
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)	**1/1/1995**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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)	**Pre-1990**			NPA
43121	Partial esophagectomy, distal two-thirds, with thoracotomy only, with or without proximal gastrectomy, with thoracic esophagogastrostomy, with or without pyloroplasty	**1/1/1995**			NPA
43122	Partial esophagectomy, thoracoabdominal or abdominal approach, with or without proximal gastrectomy; with esophagogastrostomy, with or without pyloroplasty	**1/1/1995**			NPA
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)	**Pre-1990**			NPA
43124	Total or partial esophagectomy, without reconstruction (any approach), with cervical esophagostomy	**1/1/1995**			NPA
43130	Diverticulectomy of hypopharynx or esophagus, with or without myotomy; cervical approach	**Pre-1990**			NPA
43135	Diverticulectomy of hypopharynx or esophagus, with or without myotomy; thoracic approach	**Pre-1990**			NPA
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	**1/1/2015**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
43191	Esophagoscopy, rigid, transoral; diagnostic, including collection of specimen(s) by brushing or washing when performed (separate procedure)	**1/1/2014**		**9/1/2023**	NPA
43192	Esophagoscopy, rigid, transoral; with directed submucosal injection(s), any substance	**1/1/2014**			NPA
43193	Esophagoscopy, rigid, transoral; with biopsy, single or multiple	**1/1/2014**			NPA
43194	Esophagoscopy, rigid, transoral; with removal of foreign body(s)	**1/1/2014**			NPA
43195	Esophagoscopy, rigid, transoral; with balloon dilation (less than 30 mm diameter)	**1/1/2014**		**9/1/2023**	NPA
43196	Esophagoscopy, rigid, transoral; with insertion of guide wire followed by dilation over guide wire	**1/1/2014**		**9/1/2023**	NPA
43197	Esophagoscopy, flexible, transnasal; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	**1/1/2014**		**9/1/2023**	NPA
43198	Esophagoscopy, flexible, transnasal; with biopsy, single or multiple	**1/1/2014**			NPA
43200	Esophagoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	**Pre-1990**			NPA
43201	Esophagoscopy, flexible, transoral; with directed submucosal injection(s), any substance	**1/1/2003**			NPA
43202	Esophagoscopy, flexible, transoral; with biopsy, single or multiple	**Pre-1990**			NPA
43204	Esophagoscopy, flexible, transoral; with injection sclerosis of esophageal varices	**Pre-1990**			NPA
43205	Esophagoscopy, flexible, transoral; with band ligation of esophageal varices	**1/1/1994**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
43206	Esophagoscopy, flexible, transoral; with optical endomicroscopy	**1/1/2013**			NPA
43210	Esophagogastroduodenoscopy, flexible, transoral; with esophagogastric fundoplasty, partial or complete, includes duodenoscopy when performed	**1/1/2016**			NPA
43211	Esophagoscopy, flexible, transoral; with endoscopic mucosal resection	**1/1/2014**			NPA
43212	Esophagoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	**1/1/2014**			NPA
43213	Esophagoscopy, flexible, transoral; with dilation of esophagus, by balloon or dilator, retrograde (includes fluoroscopic guidance, when performed)	**1/1/2014**			NPA
43214	Esophagoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)	**1/1/2014**			NPA
43215	Esophagoscopy, flexible, transoral; with removal of foreign body(s)	**Pre-1990**			NPA
43216	Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	**1/1/1994**			NPA
43217	Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	**Pre-1990**			NPA
43220	Esophagoscopy, flexible, transoral; with transendoscopic balloon dilation (less than 30 mm diameter)	**Pre-1990**			NPA
43226	Esophagoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) over guide wire	**Pre-1990**			NPA
43227	Esophagoscopy, flexible, transoral; with control of bleeding, any method	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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)	**1/1/2014**			NPA
43231	Esophagoscopy, flexible, transoral; with endoscopic ultrasound examination	**1/1/2001**			NPA
43232	Esophagoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s)	**1/1/2001**			NPA
43233	Esophagogastroduodenoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)	**1/1/2014**			NPA
43235	Esophagogastroduodenoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	**Pre-1990**			NPA
43236	Esophagogastroduodenoscopy, flexible, transoral; with directed submucosal injection(s), any substance	**1/1/2003**			NPA
43237	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound examination limited to the esophagus, stomach or duodenum, and adjacent structures	**1/1/2004**			NPA
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)	**1/1/2004**			NPA
43239	Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or multiple	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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)	**1/1/2001**			NPA
43241	Esophagogastroduodenoscopy, flexible, transoral; with insertion of intraluminal tube or catheter	**Pre-1990**			NPA
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)	**1/1/2001**			NPA
43243	Esophagogastroduodenoscopy, flexible, transoral; with injection sclerosis of esophageal/gastric varices	**Pre-1990**			NPA
43244	Esophagogastroduodenoscopy, flexible, transoral; with band ligation of esophageal/gastric varices	**1/1/1994**			NPA
43245	Esophagogastroduodenoscopy, flexible, transoral; with dilation of gastric/duodenal stricture(s) (eg, balloon, bougie)	**Pre-1990**			NPA
43246	Esophagogastroduodenoscopy, flexible, transoral; with directed placement of percutaneous gastrostomy tube	**Pre-1990**			NPA
43247	Esophagogastroduodenoscopy, flexible, transoral; with removal of foreign body(s)	**Pre-1990**			NPA
43248	Esophagogastroduodenoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) through esophagus over guide wire	**1/1/1994**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
43249	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic balloon dilation of esophagus (less than 30 mm diameter)	**1/1/1995**			NPA
43250	Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	**1/1/1994**			NPA
43251	Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	**Pre-1990**			NPA
43252	Esophagogastroduodenoscopy, flexible, transoral; with optical endomicroscopy	**1/1/2013**			NPA
43253	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided transmural injection of diagnostic or therapeutic substance(s) (eg, anesthetic, neurolytic agent) or fiducial marker(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)	**1/1/2014**			NPA
43254	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic mucosal resection	**1/1/2014**			NPA
43255	Esophagogastroduodenoscopy, flexible, transoral; with control of bleeding, any method	**Pre-1990**			NPA
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	**1/1/2005**		**9/1/2023**	PA
43259	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound examination, including the esophagus, stomach, and either the duodenum or a	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	surgically altered stomach where the jejunum is examined distal to the anastomosis				
43260	Endoscopic retrograde cholangiopancreatography (ERCP); diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	**Pre-1990**		**9/1/2023**	PA
43261	Endoscopic retrograde cholangiopancreatography (ERCP); with biopsy, single or multiple	**Pre-1990**		**9/1/2023**	PA
43262	Endoscopic retrograde cholangiopancreatography (ERCP); with sphincterotomy/papillotomy	**Pre-1990**			PA
43263	Endoscopic retrograde cholangiopancreatography (ERCP); with pressure measurement of sphincter of Oddi	**Pre-1990**			PA
43264	Endoscopic retrograde cholangiopancreatography (ERCP); with removal of calculi/debris from biliary/pancreatic duct(s)	**Pre-1990**			PA
43265	Endoscopic retrograde cholangiopancreatography (ERCP); with destruction of calculi, any method (eg, mechanical, electrohydraulic, lithotripsy)	**Pre-1990**			PA
43266	Esophagogastroduodenoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	**1/1/2014**			PA
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)	**1/1/2014**			NPA
43273	Endoscopic cannulation of papilla with direct visualization of pancreatic/common bile duct(s) (List separately in addition to code(s) for primary procedure)	**1/1/2009**			NPA
43274	Endoscopic retrograde cholangiopancreatography (ERCP); with placement of endoscopic stent into biliary or	**1/1/2014**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent				
43275	Endoscopic retrograde cholangiopancreatography (ERCP); with removal of foreign body(s) or stent(s) from biliary/pancreatic duct(s)	**1/1/2014**			NPA
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	**1/1/2014**			NPA
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	**1/1/2014**			NPA
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	**1/1/2014**			NPA
43279	Laparoscopy, surgical, esophagomyotomy (Heller type), with fundoplasty, when performed	**1/1/2009**			PA
43280	Laparoscopy, surgical, esophagogastric fundoplasty (eg, Nissen, Toupet procedures)	**1/1/2000**			PA
43281	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; without implantation of mesh	**1/1/2010**			PA
43282	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; with implantation of mesh	**1/1/2010**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
43283	Laparoscopy, surgical, esophageal lengthening procedure (eg, Collis gastroplasty or wedge gastroplasty) (List separately in addition to code for primary procedure)	**1/1/2011**			NPA
43284	Laparoscopy, surgical, esophageal sphincter augmentation procedure, placement of sphincter augmentation device (ie, magnetic band), including cruroplasty when performed	**1/1/2017**			NC
43285	Removal of esophageal sphincter augmentation device	**1/1/2017**			NC
43286	Esophagectomy, total or near total, with laparoscopic mobilization of the abdominal and mediastinal esophagus and proximal gastrectomy, with laparoscopic pyloric drainage procedure if performed, with open cervical pharyngogastrostomy or esophagogastrostomy (ie, laparoscopic transhiatal esophagectomy)	**1/1/2018**			NPA
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)	**1/1/2018**			NPA
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	**1/1/2018**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	esophagectomy, McKeown esophagectomy, tri-incisional esophagectomy)				
43289	Unlisted laparoscopy procedure, esophagus	**1/1/2000**			PA
43290	Esophagogastroduodenoscopy, flexible, transoral; with deployment of intragastric bariatric balloon	**1/1/2023**		**2/1/2023**	NC
43291	Esophagogastroduodenoscopy, flexible, transoral; with removal of intragastric bariatric balloon(s)	**1/1/2023**		**2/1/2023**	NC
43300	Esophagoplasty (plastic repair or reconstruction), cervical approach; without repair of tracheoesophageal fistula	**Pre-1990**			NPA
43305	Esophagoplasty (plastic repair or reconstruction), cervical approach; with repair of tracheoesophageal fistula	**Pre-1990**			NPA
43310	Esophagoplasty (plastic repair or reconstruction), thoracic approach; without repair of tracheoesophageal fistula	**Pre-1990**			NPA
43312	Esophagoplasty (plastic repair or reconstruction), thoracic approach; with repair of tracheoesophageal fistula	**Pre-1990**			NPA
43313	Esophagoplasty for congenital defect (plastic repair or reconstruction), thoracic approach; without repair of congenital tracheoesophageal fistula	**1/1/2002**			NPA
43314	Esophagoplasty for congenital defect (plastic repair or reconstruction), thoracic approach; with repair of congenital tracheoesophageal fistula	**1/1/2002**			NPA
43320	Esophagogastrostomy (cardioplasty), with or without vagotomy and pyloroplasty, transabdominal or transthoracic approach	**Pre-1990**			NPA
43325	Esophagogastric fundoplasty, with fundic patch (Thal-Nissen procedure)	**Pre-1990**			NPA
43327	Esophagogastric fundoplasty partial or complete; laparotomy	**1/1/2011**			NPA
43328	Esophagogastric fundoplasty partial or complete; thoracotomy	**1/1/2011**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
43330	Esophagomyotomy (Heller type); abdominal approach	**Pre-1990**			NPA
43331	Esophagomyotomy (Heller type); thoracic approach	**Pre-1990**			NPA
43332	Repair, paraesophageal hiatal hernia (including fundoplication), via laparotomy, except neonatal; without implantation of mesh or other prosthesis	**1/1/2011**		**9/1/2023**	NPA
43333	Repair, paraesophageal hiatal hernia (including fundoplication), via laparotomy, except neonatal; with implantation of mesh or other prosthesis	**1/1/2011**		**9/1/2023**	NPA
43334	Repair, paraesophageal hiatal hernia (including fundoplication), via thoracotomy, except neonatal; without implantation of mesh or other prosthesis	**1/1/2011**		**9/1/2023**	NPA
43335	Repair, paraesophageal hiatal hernia (including fundoplication), via thoracotomy, except neonatal; with implantation of mesh or other prosthesis	**1/1/2011**		**9/1/2023**	NPA
43336	Repair, paraesophageal hiatal hernia, (including fundoplication), via thoracoabdominal incision, except neonatal; without implantation of mesh or other prosthesis	**1/1/2011**		**9/1/2023**	NPA
43337	Repair, paraesophageal hiatal hernia, (including fundoplication), via thoracoabdominal incision, except neonatal; with implantation of mesh or other prosthesis	**1/1/2011**		**9/1/2023**	NPA
43338	Esophageal lengthening procedure (eg, Collis gastroplasty or wedge gastroplasty) (List separately in addition to code for primary procedure)	**1/1/2011**			NPA
43340	Esophagojejunostomy (without total gastrectomy); abdominal approach	**Pre-1990**			NPA
43341	Esophagojejunostomy (without total gastrectomy); thoracic approach	**Pre-1990**			NPA
43351	Esophagostomy, fistulization of esophagus, external; thoracic approach	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
43352	Esophagostomy, fistulization of esophagus, external; cervical approach	Pre-1990			NPA
43360	Gastrointestinal reconstruction for previous esophagectomy, for obstructing esophageal lesion or fistula, or for previous esophageal exclusion; with stomach, with or without pyloroplasty	1/1/1995			NPA
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)	Pre-1990			NPA
43400	Ligation, direct, esophageal varices	Pre-1990			NPA
43405	Ligation or stapling at gastroesophageal junction for pre-existing esophageal perforation	1/1/1995			NPA
43410	Suture of esophageal wound or injury; cervical approach	Pre-1990			NPA
43415	Suture of esophageal wound or injury; transthoracic or transabdominal approach	Pre-1990			NPA
43420	Closure of esophagostomy or fistula; cervical approach	Pre-1990			NPA
43425	Closure of esophagostomy or fistula; transthoracic or transabdominal approach	Pre-1990			NPA
43450	Dilation of esophagus, by unguided sound or bougie, single or multiple passes	Pre-1990			NPA
43453	Dilation of esophagus, over guide wire	Pre-1990			NPA
43460	Esophagogastric tamponade, with balloon (Sengstaken type)	Pre-1990			NPA
43496	Free jejunum transfer with microvascular anastomosis	1/1/1997			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
43497	Lower esophageal myotomy, transoral (ie, peroral endoscopic myotomy [POEM])	**1/1/2022**		**1/1/2022**	NPA
43499	Unlisted procedure, esophagus	**Pre-1990**			PA
43500	Gastrotomy; with exploration or foreign body removal	**Pre-1990**			NPA
43501	Gastrotomy; with suture repair of bleeding ulcer	**Pre-1990**			NPA
43502	Gastrotomy; with suture repair of pre-existing esophagogastric laceration (eg, Mallory-Weiss)	**1/1/1995**			NPA
43510	Gastrotomy; with esophageal dilation and insertion of permanent intraluminal tube (eg, Celestin or Mousseaux-Barbin)	**Pre-1990**			NPA
43520	Pyloromyotomy, cutting of pyloric muscle (Fredet-Ramstedt type operation)	**Pre-1990**			NPA
43605	Biopsy of stomach, by laparotomy	**Pre-1990**			NPA
43610	Excision, local; ulcer or benign tumor of stomach	**Pre-1990**			NPA
43611	Excision, local; malignant tumor of stomach	**1/1/1994**			NPA
43620	Gastrectomy, total; with esophagoenterostomy	**Pre-1990**			NPA
43621	Gastrectomy, total; with Roux-en-Y reconstruction	**1/1/1994**		**12/15/2023**	PA
43622	Gastrectomy, total; with formation of intestinal pouch, any type	**1/1/1994**			NPA
43631	Gastrectomy, partial, distal; with gastroduodenostomy	**1/1/1994**			NPA
43632	Gastrectomy, partial, distal; with gastrojejunostomy	**1/1/1994**			NPA
43633	Gastrectomy, partial, distal; with Roux-en-Y reconstruction	**1/1/1994**			NPA
43634	Gastrectomy, partial, distal; with formation of intestinal pouch	**1/1/1994**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
43635	Vagotomy when performed with partial distal gastrectomy (List separately in addition to code[s] for primary procedure)	**Pre-1990**			NPA
43640	Vagotomy including pyloroplasty, with or without gastrostomy; truncal or selective	**Pre-1990**			NPA
43641	Vagotomy including pyloroplasty, with or without gastrostomy; parietal cell (highly selective)	**Pre-1990**			NPA
43644	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less)	**1/1/2005**			NC
43645	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption	**1/1/2005**			NC
43647	Laparoscopy, surgical; implantation or replacement of gastric neurostimulator electrodes, antrum	**1/1/2007**		**9/1/2023**	PA
43648	Laparoscopy, surgical; revision or removal of gastric neurostimulator electrodes, antrum	**1/1/2007**		**9/1/2023**	PA
43651	Laparoscopy, surgical; transection of vagus nerves, truncal	**1/1/2000**			NPA
43652	Laparoscopy, surgical; transection of vagus nerves, selective or highly selective	**1/1/2000**			NPA
43653	Laparoscopy, surgical; gastrostomy, without construction of gastric tube (eg, Stamm procedure) (separate procedure)	**1/1/2000**			NPA
43659	Unlisted laparoscopy procedure, stomach	**1/1/2000**			PA
43752	Naso- or oro-gastric tube placement, requiring physician's skill and fluoroscopic guidance (includes fluoroscopy, image documentation and report)	**1/1/2001**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
43753	Gastric intubation and aspiration(s) therapeutic, necessitating physician's skill (eg, for gastrointestinal hemorrhage), including lavage if performed	**1/1/2011**			NPA
43754	Gastric intubation and aspiration, diagnostic; single specimen (eg, acid analysis)	**1/1/2011**			NPA
43755	Gastric intubation and aspiration, diagnostic; 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	**1/1/2011**			NPA
43756	Duodenal intubation and aspiration, diagnostic, includes image guidance; single specimen (eg, bile study for crystals or afferent loop culture)	**1/1/2011**			NPA
43757	Duodenal intubation and aspiration, diagnostic, includes image guidance; collection of multiple fractional specimens with pancreatic or gallbladder stimulation, single or double lumen tube, includes drug administration	**1/1/2011**			NPA
43761	Repositioning of a naso- or oro-gastric feeding tube, through the duodenum for enteric nutrition	**Pre-1990**			NPA
43762	Replacement of gastrostomy tube, percutaneous, includes removal, when performed, without imaging or endoscopic guidance; not requiring revision of gastrostomy tract	**1/1/2019**			NPA
43763	Replacement of gastrostomy tube, percutaneous, includes removal, when performed, without imaging or endoscopic guidance; requiring revision of gastrostomy tract	**1/1/2019**			NPA
43770	Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (eg, gastric band and subcutaneous port components)	**1/1/2006**		**12/15/2023**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
43771	Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric restrictive device component only	**1/1/2006**		**12/15/2023**	NC
43772	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device component only	**1/1/2006**		**12/15/2023**	NC
43773	Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric restrictive device component only	**1/1/2006**		**12/15/2023**	NC
43774	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device and subcutaneous port components	**1/1/2006**		**12/15/2023**	NC
43775	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)	**1/1/2010**		**12/15/2023**	NC
43800	Pyloroplasty	**Pre-1990**			NPA
43810	Gastroduodenostomy	**Pre-1990**			NPA
43820	Gastrojejunostomy; without vagotomy	**Pre-1990**			NPA
43825	Gastrojejunostomy; with vagotomy, any type	**Pre-1990**			NPA
43830	Gastrostomy, open; without construction of gastric tube (eg, Stamm procedure) (separate procedure)	**Pre-1990**			NPA
43831	Gastrostomy, open; neonatal, for feeding	**Pre-1990**			NPA
43832	Gastrostomy, open; with construction of gastric tube (eg, Janeway procedure)	**Pre-1990**			NPA
43840	Gastrorrhaphy, suture of perforated duodenal or gastric ulcer, wound, or injury	**Pre-1990**			NPA
43842	Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical-banded gastroplasty	**1/1/1993**		**12/15/2023**	NC
43843	Gastric restrictive procedure, without gastric bypass, for morbid obesity; other than vertical-banded gastroplasty	**1/1/1993**		**12/15/2023**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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)	**1/1/2005**		**12/15/2023**	NC
43846	Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (150 cm or less) Roux-en-Y gastroenterostomy	**Pre-1990**		**12/15/2023**	NC
43847	Gastric restrictive procedure, with gastric bypass for morbid obesity; with small intestine reconstruction to limit absorption	**Pre-1990**		**12/15/2023**	NC
43848	Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric restrictive device (separate procedure)	**Pre-1990**		**12/15/2023**	NC
43860	Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; without vagotomy	**Pre-1990**			NPA
43865	Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; with vagotomy	**Pre-1990**			NPA
43870	Closure of gastrostomy, surgical	**Pre-1990**			NPA
43880	Closure of gastrocolic fistula	**Pre-1990**			NPA
43881	Implantation or replacement of gastric neurostimulator electrodes, antrum, open	**1/1/2007**		**9/1/2023**	PA
43882	Revision or removal of gastric neurostimulator electrodes, antrum, open	**1/1/2007**		**9/1/2023**	PA
43886	Gastric restrictive procedure, open; revision of subcutaneous port component only	**1/1/2006**		**12/15/2023**	NC
43887	Gastric restrictive procedure, open; removal of subcutaneous port component only	**1/1/2006**		**12/15/2023**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
43888	Gastric restrictive procedure, open; removal and replacement of subcutaneous port component only	**1/1/2006**		**12/15/2023**	NC
43999	Unlisted procedure, stomach	**Pre-1990**			PA
44005	Enterolysis (freeing of intestinal adhesion) (separate procedure)	**Pre-1990**			NPA
44010	Duodenotomy, for exploration, biopsy(s), or foreign body removal	**Pre-1990**			NPA
44015	Tube or needle catheter jejunostomy for enteral alimentation, intraoperative, any method (List separately in addition to primary procedure)	**Pre-1990**			NPA
44020	Enterotomy, small intestine, other than duodenum; for exploration, biopsy(s), or foreign body removal	**Pre-1990**			NPA
44021	Enterotomy, small intestine, other than duodenum; for decompression (eg, Baker tube)	**Pre-1990**			NPA
44025	Colotomy, for exploration, biopsy(s), or foreign body removal	**Pre-1990**			NPA
44050	Reduction of volvulus, intussusception, internal hernia, by laparotomy	**Pre-1990**			NPA
44055	Correction of malrotation by lysis of duodenal bands and/or reduction of midgut volvulus (eg, Ladd procedure)	**Pre-1990**			NPA
44100	Biopsy of intestine by capsule, tube, peroral (1 or more specimens)	**Pre-1990**			NPA
44110	Excision of 1 or more lesions of small or large intestine not requiring anastomosis, exteriorization, or fistulization; single enterotomy	**Pre-1990**			NPA
44111	Excision of 1 or more lesions of small or large intestine not requiring anastomosis, exteriorization, or fistulization; multiple enterotomies	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
44120	Enterectomy, resection of small intestine; single resection and anastomosis	**Pre-1990**			NPA
44121	Enterectomy, resection of small intestine; each additional resection and anastomosis (List separately in addition to code for primary procedure)	**1/1/1995**			NPA
44125	Enterectomy, resection of small intestine; with enterostomy	**Pre-1990**			NPA
44126	Enterectomy, resection of small intestine for congenital atresia, single resection and anastomosis of proximal segment of intestine; without tapering	**1/1/2002**			NPA
44127	Enterectomy, resection of small intestine for congenital atresia, single resection and anastomosis of proximal segment of intestine; with tapering	**1/1/2002**			NPA
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)	**1/1/2002**			NPA
44130	Enteroenterostomy, anastomosis of intestine, with or without cutaneous enterostomy (separate procedure)	**Pre-1990**			NPA
44132	Donor enterectomy (including cold preservation), open; from cadaver donor	**1/1/2001**			PA
44133	Donor enterectomy (including cold preservation), open; partial, from living donor	**1/1/2001**			PA
44135	Intestinal allotransplantation; from cadaver donor	**1/1/2001**			PA
44136	Intestinal allotransplantation; from living donor	**1/1/2001**			PA
44137	Removal of transplanted intestinal allograft, complete	**1/1/2005**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
44139	Mobilization (take-down) of splenic flexure performed in conjunction with partial colectomy (List separately in addition to primary procedure)	**1/1/1995**			NPA
44140	Colectomy, partial; with anastomosis	**Pre-1990**			NPA
44141	Colectomy, partial; with skin level cecostomy or colostomy	**Pre-1990**			NPA
44143	Colectomy, partial; with end colostomy and closure of distal segment (Hartmann type procedure)	**Pre-1990**			NPA
44144	Colectomy, partial; with resection, with colostomy or ileostomy and creation of mucofistula	**Pre-1990**			NPA
44145	Colectomy, partial; with coloproctostomy (low pelvic anastomosis)	**Pre-1990**			NPA
44146	Colectomy, partial; with coloproctostomy (low pelvic anastomosis), with colostomy	**Pre-1990**			NPA
44147	Colectomy, partial; abdominal and transanal approach	**Pre-1990**			NPA
44150	Colectomy, total, abdominal, without proctectomy; with ileostomy or ileoproctostomy	**Pre-1990**			NPA
44151	Colectomy, total, abdominal, without proctectomy; with continent ileostomy	**Pre-1990**			NPA
44155	Colectomy, total, abdominal, with proctectomy; with ileostomy	**Pre-1990**			NPA
44156	Colectomy, total, abdominal, with proctectomy; with continent ileostomy	**Pre-1990**			NPA
44157	Colectomy, total, abdominal, with proctectomy; with ileoanal anastomosis, includes loop ileostomy, and rectal mucosectomy, when performed	**1/1/2007**			NPA
44158	Colectomy, total, abdominal, with proctectomy; with ileoanal anastomosis, creation of ileal reservoir (S or J),	**1/1/2007**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	includes loop ileostomy, and rectal mucosectomy, when performed				
44160	Colectomy, partial, with removal of terminal ileum with ileocolostomy	**Pre-1990**			NPA
44180	Laparoscopy, surgical, enterolysis (freeing of intestinal adhesion) (separate procedure)	**1/1/2006**			NPA
44186	Laparoscopy, surgical; jejunostomy (eg, for decompression or feeding)	**1/1/2006**			NPA
44187	Laparoscopy, surgical; ileostomy or jejunostomy, non-tube	**1/1/2006**			NPA
44188	Laparoscopy, surgical, colostomy or skin level cecostomy	**1/1/2006**			NPA
44202	Laparoscopy, surgical; enterectomy, resection of small intestine, single resection and anastomosis	**Pre-1990**			NPA
44203	Laparoscopy, surgical; each additional small intestine resection and anastomosis (List separately in addition to code for primary procedure)	**1/1/2002**			NPA
44204	Laparoscopy, surgical; colectomy, partial, with anastomosis	**1/1/2002**			NPA
44205	Laparoscopy, surgical; colectomy, partial, with removal of terminal ileum with ileocolostomy	**1/1/2002**			NPA
44206	Laparoscopy, surgical; colectomy, partial, with end colostomy and closure of distal segment (Hartmann type procedure)	**1/1/2003**			NPA
44207	Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis)	**1/1/2003**			NPA
44208	Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis) with colostomy	**1/1/2003**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
44210	Laparoscopy, surgical; colectomy, total, abdominal, without proctectomy, with ileostomy or ileoproctostomy	**1/1/2003**			NPA
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	**1/1/2003**			NPA
44212	Laparoscopy, surgical; colectomy, total, abdominal, with proctectomy, with ileostomy	**1/1/2003**			NPA
44213	Laparoscopy, surgical, mobilization (take-down) of splenic flexure performed in conjunction with partial colectomy (List separately in addition to primary procedure)	**1/1/2006**			NPA
44227	Laparoscopy, surgical, closure of enterostomy, large or small intestine, with resection and anastomosis	**1/1/2006**			NPA
44238	Unlisted laparoscopy procedure, intestine (except rectum)	**1/1/2003**			PA
44300	Placement, enterostomy or cecostomy, tube open (eg, for feeding or decompression) (separate procedure)	**Pre-1990**			NPA
44310	Ileostomy or jejunostomy, non-tube	**Pre-1990**			NPA
44312	Revision of ileostomy; simple (release of superficial scar) (separate procedure)	**Pre-1990**			NPA
44314	Revision of ileostomy; complicated (reconstruction in-depth) (separate procedure)	**Pre-1990**			NPA
44316	Continent ileostomy (Kock procedure) (separate procedure)	**Pre-1990**			NPA
44320	Colostomy or skin level cecostomy	**Pre-1990**			NPA
44322	Colostomy or skin level cecostomy; with multiple biopsies (eg, for congenital megacolon) (separate procedure)	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
44340	Revision of colostomy; simple (release of superficial scar) (separate procedure)	**Pre-1990**			NPA
44345	Revision of colostomy; complicated (reconstruction in-depth) (separate procedure)	**Pre-1990**			NPA
44346	Revision of colostomy; with repair of paracolostomy hernia (separate procedure)	**Pre-1990**			NPA
44360	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	**Pre-1990**			NPA
44361	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with biopsy, single or multiple	**Pre-1990**			NPA
44363	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with removal of foreign body(s)	**Pre-1990**			NPA
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	**Pre-1990**			NPA
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	**1/1/1994**			NPA
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)	**Pre-1990**			NPA
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	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	removal by hot biopsy forceps, bipolar cautery or snare technique				
44370	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with transendoscopic stent placement (includes predilation)	**1/1/2001**			NPA
44372	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with placement of percutaneous jejunostomy tube	**Pre-1990**			NPA
44373	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with conversion of percutaneous gastrostomy tube to percutaneous jejunostomy tube	**Pre-1990**			NPA
44376	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	**1/1/1994**			NPA
44377	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with biopsy, single or multiple	**1/1/1994**			NPA
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)	**Pre-1990**			NPA
44379	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with transendoscopic stent placement (includes predilation)	**1/1/2001**			NPA
44380	Ileoscopy, through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
44381	Ileoscopy, through stoma; with transendoscopic balloon dilation	**1/1/2015**			NPA
44382	Ileoscopy, through stoma; with biopsy, single or multiple	**Pre-1990**			NPA
44384	Ileoscopy, through stoma; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	**1/1/2015**			NPA
44385	Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or J]); diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	**Pre-1990**			NPA
44386	Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or J]); with biopsy, single or multiple	**Pre-1990**			NPA
44388	Colonoscopy through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	**Pre-1990**			NPA
44389	Colonoscopy through stoma; with biopsy, single or multiple	**Pre-1990**			NPA
44390	Colonoscopy through stoma; with removal of foreign body(s)	**Pre-1990**			NPA
44391	Colonoscopy through stoma; with control of bleeding, any method	**Pre-1990**			NPA
44392	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	**Pre-1990**			NPA
44394	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	**1/1/1994**			NPA
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)	**1/1/2015**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
44402	Colonoscopy through stoma; with endoscopic stent placement (including pre- and post-dilation and guide wire passage, when performed)	**1/1/2015**			NPA
44403	Colonoscopy through stoma; with endoscopic mucosal resection	**1/1/2015**			NPA
44404	Colonoscopy through stoma; with directed submucosal injection(s), any substance	**1/1/2015**			NPA
44405	Colonoscopy through stoma; with transendoscopic balloon dilation	**1/1/2015**			NPA
44406	Colonoscopy through stoma; with endoscopic ultrasound examination, limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures	**1/1/2015**			NPA
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	**1/1/2015**			NPA
44408	Colonoscopy through stoma; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed	**1/1/2015**			NPA
44500	Introduction of long gastrointestinal tube (eg, Miller-Abbott) (separate procedure)	**1/1/1994**			NPA
44602	Suture of small intestine (enterorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture; single perforation	**1/1/1994**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
44603	Suture of small intestine (enterorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture; multiple perforations	**1/1/1994**			NPA
44604	Suture of large intestine (colorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture (single or multiple perforations); without colostomy	**1/1/1994**			NPA
44605	Suture of large intestine (colorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture (single or multiple perforations); with colostomy	**Pre-1990**			NPA
44615	Intestinal stricturoplasty (enterotomy and enterorrhaphy) with or without dilation, for intestinal obstruction	**1/1/1994**			NPA
44620	Closure of enterostomy, large or small intestine	**Pre-1990**			NPA
44625	Closure of enterostomy, large or small intestine; with resection and anastomosis other than colorectal	**Pre-1990**			NPA
44626	Closure of enterostomy, large or small intestine; with resection and colorectal anastomosis (eg, closure of Hartmann type procedure)	**1/1/1998**			NPA
44640	Closure of intestinal cutaneous fistula	**Pre-1990**			NPA
44650	Closure of enteroenteric or enterocolic fistula	**Pre-1990**			NPA
44660	Closure of enterovesical fistula; without intestinal or bladder resection	**Pre-1990**			NPA
44661	Closure of enterovesical fistula; with intestine and/or bladder resection	**Pre-1990**			NPA
44680	Intestinal plication (separate procedure)	**Pre-1990**			NPA
44700	Exclusion of small intestine from pelvis by mesh or other prosthesis, or native tissue (eg, bladder or omentum)	**Pre-1990**			NPA
44701	Intraoperative colonic lavage (List separately in addition to code for primary procedure)	**1/1/2003**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
44705	Preparation of fecal microbiota for instillation, including assessment of donor specimen	**1/1/2013**			NPA
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	**1/1/2005**		**9/1/2023**	PA
44720	Backbench reconstruction of cadaver or living donor intestine allograft prior to transplantation; venous anastomosis, each	**1/1/2005**		**9/1/2023**	PA
44721	Backbench reconstruction of cadaver or living donor intestine allograft prior to transplantation; arterial anastomosis, each	**1/1/2005**		**9/1/2023**	PA
44799	Unlisted procedure, small intestine	**Pre-1990**			PA
44800	Excision of Meckel's diverticulum (diverticulectomy) or omphalomesenteric duct	**Pre-1990**			NPA
44820	Excision of lesion of mesentery (separate procedure)	**Pre-1990**			NPA
44850	Suture of mesentery (separate procedure)	**Pre-1990**			NPA
44899	Unlisted procedure, Meckel's diverticulum and the mesentery	**Pre-1990**			PA
44900	Incision and drainage of appendiceal abscess, open	**Pre-1990**			NPA
44950	Appendectomy	**Pre-1990**			NPA
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)	**Pre-1990**			NPA
44960	Appendectomy; for ruptured appendix with abscess or generalized peritonitis	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
44970	Laparoscopy, surgical, appendectomy	**1/1/2000**			NPA
44979	Unlisted laparoscopy procedure, appendix	**1/1/2000**			PA
45000	Transrectal drainage of pelvic abscess	**Pre-1990**			NPA
45005	Incision and drainage of submucosal abscess, rectum	**Pre-1990**			NPA
45020	Incision and drainage of deep supralevator, pelvirectal, or retrorectal abscess	**Pre-1990**			NPA
45100	Biopsy of anorectal wall, anal approach (eg, congenital megacolon)	**Pre-1990**			NPA
45108	Anorectal myomectomy	**Pre-1990**			NPA
45110	Proctectomy; complete, combined abdominoperineal, with colostomy	**Pre-1990**			NPA
45111	Proctectomy; partial resection of rectum, transabdominal approach	**Pre-1990**			NPA
45112	Proctectomy, combined abdominoperineal, pull-through procedure (eg, colo-anal anastomosis)	**Pre-1990**			NPA
45113	Proctectomy, partial, with rectal mucosectomy, ileoanal anastomosis, creation of ileal reservoir (S or J), with or without loop ileostomy	**1/1/1995**			NPA
45114	Proctectomy, partial, with anastomosis; abdominal and transsacral approach	**Pre-1990**			NPA
45116	Proctectomy, partial, with anastomosis; transsacral approach only (Kraske type)	**Pre-1990**			NPA
45119	Proctectomy, combined abdominoperineal pull-through procedure (eg, colo-anal anastomosis), with creation of colonic reservoir (eg, J-pouch), with diverting enterostomy when performed	**Pre-1990**			NPA
45120	Proctectomy, complete (for congenital megacolon), abdominal and perineal approach; with pull-through	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	procedure and anastomosis (eg, Swenson, Duhamel, or Soave type operation)				
45121	Proctectomy, complete (for congenital megacolon), abdominal and perineal approach; with subtotal or total colectomy, with multiple biopsies	**Pre-1990**			NPA
45123	Proctectomy, partial, without anastomosis, perineal approach	**1/1/1995**			NPA
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	**1/1/1999**			NPA
45130	Excision of rectal procidentia, with anastomosis; perineal approach	**Pre-1990**			NPA
45135	Excision of rectal procidentia, with anastomosis; abdominal and perineal approach	**Pre-1990**			NPA
45136	Excision of ileoanal reservoir with ileostomy	**1/1/2002**			NPA
45150	Division of stricture of rectum	**Pre-1990**			NPA
45160	Excision of rectal tumor by proctotomy, transsacral or transcoccygeal approach	**Pre-1990**			NPA
45171	Excision of rectal tumor, transanal approach; not including muscularis propria (ie, partial thickness)	**1/1/2010**			NPA
45172	Excision of rectal tumor, transanal approach; including muscularis propria (ie, full thickness)	**1/1/2010**			NPA
45190	Destruction of rectal tumor (eg, electrodesiccation, electrosurgery, laser ablation, laser resection, cryosurgery) transanal approach	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
45300	Proctosigmoidoscopy, rigid; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	**Pre-1990**			NPA
45303	Proctosigmoidoscopy, rigid; with dilation (eg, balloon, guide wire, bougie)	**Pre-1990**			NPA
45305	Proctosigmoidoscopy, rigid; with biopsy, single or multiple	**Pre-1990**			NPA
45307	Proctosigmoidoscopy, rigid; with removal of foreign body	**Pre-1990**			NPA
45308	Proctosigmoidoscopy, rigid; with removal of single tumor, polyp, or other lesion by hot biopsy forceps or bipolar cautery	**1/1/1994**			NPA
45309	Proctosigmoidoscopy, rigid; with removal of single tumor, polyp, or other lesion by snare technique	**1/1/1994**			NPA
45315	Proctosigmoidoscopy, rigid; with removal of multiple tumors, polyps, or other lesions by hot biopsy forceps, bipolar cautery or snare technique	**Pre-1990**			NPA
45317	Proctosigmoidoscopy, rigid; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)	**Pre-1990**			NPA
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)	**Pre-1990**			NPA
45321	Proctosigmoidoscopy, rigid; with decompression of volvulus	**Pre-1990**			NPA
45327	Proctosigmoidoscopy, rigid; with transendoscopic stent placement (includes predilation)	**1/1/2001**			NPA
45330	Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	**Pre-1990**			NPA
45331	Sigmoidoscopy, flexible; with biopsy, single or multiple	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
45332	Sigmoidoscopy, flexible; with removal of foreign body(s)	**Pre-1990**			NPA
45333	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	**Pre-1990**			NPA
45334	Sigmoidoscopy, flexible; with control of bleeding, any method	**Pre-1990**			NPA
45335	Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance	**1/1/2003**			NPA
45337	Sigmoidoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed	**Pre-1990**			NPA
45338	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	**1/1/1994**			NPA
45340	Sigmoidoscopy, flexible; with transendoscopic balloon dilation	**1/1/2003**			NPA
45341	Sigmoidoscopy, flexible; with endoscopic ultrasound examination	**1/1/2001**			NPA
45342	Sigmoidoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s)	**1/1/2001**			NPA
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)	**1/1/2015**			NPA
45347	Sigmoidoscopy, flexible; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	**1/1/2015**			NPA
45349	Sigmoidoscopy, flexible; with endoscopic mucosal resection	**1/1/2015**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
45350	Sigmoidoscopy, flexible; with band ligation(s) (eg, hemorrhoids)	**1/1/2015**			NPA
45378	Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	**Pre-1990**			NPA
45379	Colonoscopy, flexible; with removal of foreign body(s)	**Pre-1990**			NPA
45380	Colonoscopy, flexible; with biopsy, single or multiple	**Pre-1990**			NPA
45381	Colonoscopy, flexible; with directed submucosal injection(s), any substance	**1/1/2003**			NPA
45382	Colonoscopy, flexible; with control of bleeding, any method	**Pre-1990**			NPA
45384	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	**1/1/1994**			NPA
45385	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	**Pre-1990**			NPA
45386	Colonoscopy, flexible; with transendoscopic balloon dilation	**1/1/2003**			NPA
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)	**1/1/2015**			NPA
45389	Colonoscopy, flexible; with endoscopic stent placement (includes pre- and post-dilation and guide wire passage, when performed)	**1/1/2015**			NPA
45390	Colonoscopy, flexible; with endoscopic mucosal resection	**1/1/2015**			NPA
45391	Colonoscopy, flexible; with endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures	**1/1/2005**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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	**1/1/2005**			NPA
45393	Colonoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed	**1/1/2015**			NPA
45395	Laparoscopy, surgical; proctectomy, complete, combined abdominoperineal, with colostomy	**1/1/2006**			NPA
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	**1/1/2006**			NPA
45398	Colonoscopy, flexible; with band ligation(s) (eg, hemorrhoids)	**1/1/2015**			NPA
45399	Unlisted procedure, colon	**1/1/2015**			PA
45400	Laparoscopy, surgical; proctopexy (for prolapse)	**1/1/2006**			NPA
45402	Laparoscopy, surgical; proctopexy (for prolapse), with sigmoid resection	**1/1/2006**			NPA
45499	Unlisted laparoscopy procedure, rectum	**1/1/2006**			PA
45500	Proctoplasty; for stenosis	**Pre-1990**			NPA
45505	Proctoplasty; for prolapse of mucous membrane	**Pre-1990**			NPA
45520	Perirectal injection of sclerosing solution for prolapse	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
45540	Proctopexy (eg, for prolapse); abdominal approach	Pre-1990			NPA
45541	Proctopexy (eg, for prolapse); perineal approach	Pre-1990			NPA
45550	Proctopexy (eg, for prolapse); with sigmoid resection, abdominal approach	Pre-1990			NPA
45560	Repair of rectocele (separate procedure)	Pre-1990			PA
45562	Exploration, repair, and presacral drainage for rectal injury	Pre-1990			NPA
45563	Exploration, repair, and presacral drainage for rectal injury; with colostomy	1/1/1995			NPA
45800	Closure of rectovesical fistula	Pre-1990			NPA
45805	Closure of rectovesical fistula; with colostomy	Pre-1990			NPA
45820	Closure of rectourethral fistula	Pre-1990			NPA
45825	Closure of rectourethral fistula; with colostomy	Pre-1990			NPA
45900	Reduction of procidentia (separate procedure) under anesthesia	Pre-1990			NPA
45905	Dilation of anal sphincter (separate procedure) under anesthesia other than local	Pre-1990			NPA
45910	Dilation of rectal stricture (separate procedure) under anesthesia other than local	Pre-1990			NPA
45915	Removal of fecal impaction or foreign body (separate procedure) under anesthesia	Pre-1990			NPA
45990	Anorectal exam, surgical, requiring anesthesia (general, spinal, or epidural), diagnostic	1/1/2006			NPA
45999	Unlisted procedure, rectum	Pre-1990			PA
46020	Placement of seton	1/1/2002			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
46030	Removal of anal seton, other marker	Pre-1990			NPA
46040	Incision and drainage of ischiorectal and/or perirectal abscess (separate procedure)	Pre-1990			NPA
46045	Incision and drainage of intramural, intramuscular, or submucosal abscess, transanal, under anesthesia	Pre-1990			NPA
46050	Incision and drainage, perianal abscess, superficial	Pre-1990			NPA
46060	Incision and drainage of ischiorectal or intramural abscess, with fistulectomy or fistulotomy, submuscular, with or without placement of seton	Pre-1990			NPA
46070	Incision, anal septum (infant)	Pre-1990			NPA
46080	Sphincterotomy, anal, division of sphincter (separate procedure)	Pre-1990			NPA
46083	Incision of thrombosed hemorrhoid, external	Pre-1990			NPA
46200	Fissurectomy, including sphincterotomy, when performed	Pre-1990			NPA
46220	Excision of single external papilla or tag, anus	Pre-1990			NPA
46221	Hemorrhoidectomy, internal, by rubber band ligation(s)	Pre-1990			NPA
46230	Excision of multiple external papillae or tags, anus	Pre-1990			NPA
46250	Hemorrhoidectomy, external, 2 or more columns/groups	Pre-1990			NPA
46255	Hemorrhoidectomy, internal and external, single column/group	Pre-1990			NPA
46257	Hemorrhoidectomy, internal and external, single column/group; with fissurectomy	Pre-1990			NPA
46258	Hemorrhoidectomy, internal and external, single column/group; with fistulectomy, including fissurectomy, when performed	Pre-1990			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
46260	Hemorrhoidectomy, internal and external, 2 or more columns/groups	**Pre-1990**			NPA
46261	Hemorrhoidectomy, internal and external, 2 or more columns/groups; with fissurectomy	**Pre-1990**			NPA
46262	Hemorrhoidectomy, internal and external, 2 or more columns/groups; with fistulectomy, including fissurectomy, when performed	**Pre-1990**			NPA
46270	Surgical treatment of anal fistula (fistulectomy/fistulotomy); subcutaneous	**Pre-1990**			NPA
46275	Surgical treatment of anal fistula (fistulectomy/fistulotomy); intersphincteric	**Pre-1990**			NPA
46280	Surgical treatment of anal fistula (fistulectomy/fistulotomy); transsphincteric, suprasphincteric, extrasphincteric or multiple, including placement of seton, when performed	**Pre-1990**			NPA
46285	Surgical treatment of anal fistula (fistulectomy/fistulotomy); second stage	**Pre-1990**			NPA
46288	Closure of anal fistula with rectal advancement flap	**1/1/1995**			NPA
46320	Excision of thrombosed hemorrhoid, external	**Pre-1990**			NPA
46500	Injection of sclerosing solution, hemorrhoids	**Pre-1990**		**9/1/2023**	NPA
46505	Chemodenervation of internal anal sphincter	**1/1/2006**		**9/1/2023**	NPA
46600	Anoscopy; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	**Pre-1990**			NPA
46601	Anoscopy; diagnostic, with high-resolution magnification (HRA) (eg, colposcope, operating microscope) and chemical agent enhancement, including collection of specimen(s) by brushing or washing, when performed	**1/1/2015**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
46604	Anoscopy; with dilation (eg, balloon, guide wire, bougie)	**Pre-1990**			NPA
46606	Anoscopy; with biopsy, single or multiple	**Pre-1990**			NPA
46607	Anoscopy; with high-resolution magnification (HRA) (eg, colposcope, operating microscope) and chemical agent enhancement, with biopsy, single or multiple	**1/1/2015**		**9/1/2023**	NPA
46608	Anoscopy; with removal of foreign body	**Pre-1990**			NPA
46610	Anoscopy; with removal of single tumor, polyp, or other lesion by hot biopsy forceps or bipolar cautery	**Pre-1990**			NPA
46611	Anoscopy; with removal of single tumor, polyp, or other lesion by snare technique	**1/1/1994**			NPA
46612	Anoscopy; with removal of multiple tumors, polyps, or other lesions by hot biopsy forceps, bipolar cautery or snare technique	**Pre-1990**			NPA
46614	Anoscopy; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)	**Pre-1990**			NPA
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	**1/1/1994**			NPA
46700	Anoplasty, plastic operation for stricture; adult	**Pre-1990**			NPA
46705	Anoplasty, plastic operation for stricture; infant	**Pre-1990**			NPA
46706	Repair of anal fistula with fibrin glue	**1/1/2003**			NPA
46707	Repair of anorectal fistula with plug (eg, porcine small intestine submucosa [SIS])	**1/1/2010**			NPA
46710	Repair of ileoanal pouch fistula/sinus (eg, perineal or vaginal), pouch advancement; transperineal approach	**1/1/2006**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
46712	Repair of ileoanal pouch fistula/sinus (eg, perineal or vaginal), pouch advancement; combined transperineal and transabdominal approach	**1/1/2006**			NPA
46715	Repair of low imperforate anus; with anoperineal fistula (cut-back procedure)	**Pre-1990**			NPA
46716	Repair of low imperforate anus; with transposition of anoperineal or anovestibular fistula	**Pre-1990**			NPA
46730	Repair of high imperforate anus without fistula; perineal or sacroperineal approach	**Pre-1990**			NPA
46735	Repair of high imperforate anus without fistula; combined transabdominal and sacroperineal approaches	**Pre-1990**			NPA
46740	Repair of high imperforate anus with rectourethral or rectovaginal fistula; perineal or sacroperineal approach	**Pre-1990**			NPA
46742	Repair of high imperforate anus with rectourethral or rectovaginal fistula; combined transabdominal and sacroperineal approaches	**1/1/1994**			NPA
46744	Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty, sacroperineal approach	**1/1/1994**			NPA
46746	Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty, combined abdominal and sacroperineal approach	**Pre-1990**			NPA
46748	Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty, combined abdominal and sacroperineal approach; with vaginal lengthening by intestinal graft or pedicle flaps	**1/1/1994**			NPA
46750	Sphincteroplasty, anal, for incontinence or prolapse; adult	**Pre-1990**			NPA
46751	Sphincteroplasty, anal, for incontinence or prolapse; child	**Pre-1990**			NPA
46753	Graft (Thiersch operation) for rectal incontinence and/or prolapse	**Pre-1990**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
46754	Removal of Thiersch wire or suture, anal canal	**Pre-1990**			NPA
46760	Sphincteroplasty, anal, for incontinence, adult; muscle transplant	**Pre-1990**			PA
46761	Sphincteroplasty, anal, for incontinence, adult; levator muscle imbrication (Park posterior anal repair)	**Pre-1990**			PA
46900	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; chemical	**Pre-1990**			NPA
46910	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; electrodesiccation	**Pre-1990**			NPA
46916	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; cryosurgery	**Pre-1990**			NPA
46917	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; laser surgery	**Pre-1990**			NPA
46922	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; surgical excision	**Pre-1990**			NPA
46924	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	**Pre-1990**			NPA
46930	Destruction of internal hemorrhoid(s) by thermal energy (eg, infrared coagulation, cautery, radiofrequency)	**1/1/2009**			NPA
46940	Curettage or cautery of anal fissure, including dilation of anal sphincter (separate procedure); initial	**Pre-1990**			NPA
46942	Curettage or cautery of anal fissure, including dilation of anal sphincter (separate procedure); subsequent	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
46945	Hemorrhoidectomy, internal, by ligation other than rubber band; single hemorrhoid column/group, without imaging guidance	**Pre-1990**		**9/1/2023**	NPA
46946	Hemorrhoidectomy, internal, by ligation other than rubber band; 2 or more hemorrhoid columns/groups, without imaging guidance	**Pre-1990**		**9/1/2023**	NPA
46947	Hemorrhoidopexy (eg, for prolapsing internal hemorrhoids) by stapling	**1/1/2005**		**9/1/2023**	NPA
46948	Hemorrhoidectomy, internal, by transanal hemorrhoidal dearterialization, 2 or more hemorrhoid columns/groups, including ultrasound guidance, with mucopexy, when performed	**1/1/2020**		**4/1/2020**	NPA
46999	Unlisted procedure, anus	**Pre-1990**			PA
47000	Biopsy of liver, needle; percutaneous	**Pre-1990**			NPA
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)	**1/1/1992**			NPA
47010	Hepatotomy, for open drainage of abscess or cyst, 1 or 2 stages	**Pre-1990**			NPA
47015	Laparotomy, with aspiration and/or injection of hepatic parasitic (eg, amoebic or echinococcal) cyst(s) or abscess(es)	**1/1/1995**			NPA
47100	Biopsy of liver, wedge	**Pre-1990**			NPA
47120	Hepatectomy, resection of liver; partial lobectomy	**Pre-1990**			NPA
47122	Hepatectomy, resection of liver; trisegmentectomy	**Pre-1990**			NPA
47125	Hepatectomy, resection of liver; total left lobectomy	**Pre-1990**			NPA
47130	Hepatectomy, resection of liver; total right lobectomy	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
47133	Donor hepatectomy (including cold preservation), from cadaver donor	**Pre-1990**			NPA
47135	Liver allotransplantation, orthotopic, partial or whole, from cadaver or living donor, any age	**Pre-1990**			PA
47140	Donor hepatectomy (including cold preservation), from living donor; left lateral segment only (segments II and III)	**1/1/2004**		**9/1/2023**	PA
47141	Donor hepatectomy (including cold preservation), from living donor; total left lobectomy (segments II, III and IV)	**1/1/2004**		**9/1/2023**	PA
47142	Donor hepatectomy (including cold preservation), from living donor; total right lobectomy (segments V, VI, VII and VIII)	**1/1/2004**		**9/1/2023**	PA
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	**1/1/2005**		**9/1/2023**	PA
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])	**1/1/2005**		**9/1/2023**	PA
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	**1/1/2005**		**9/1/2023**	PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	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])				
47146	Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; venous anastomosis, each	**1/1/2005**		**9/1/2023**	PA
47147	Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; arterial anastomosis, each	**1/1/2005**		**9/1/2023**	PA
47300	Marsupialization of cyst or abscess of liver	**Pre-1990**			NPA
47350	Management of liver hemorrhage; simple suture of liver wound or injury	**Pre-1990**			NPA
47360	Management of liver hemorrhage; complex suture of liver wound or injury, with or without hepatic artery ligation	**Pre-1990**			NPA
47361	Management of liver hemorrhage; exploration of hepatic wound, extensive debridement, coagulation and/or suture, with or without packing of liver	**1/1/1996**			NPA
47362	Management of liver hemorrhage; re-exploration of hepatic wound for removal of packing	**1/1/1996**			NPA
47370	Laparoscopy, surgical, ablation of 1 or more liver tumor(s); radiofrequency	**1/1/2002**			NPA
47371	Laparoscopy, surgical, ablation of 1 or more liver tumor(s); cryosurgical	**1/1/2002**			NPA
47379	Unlisted laparoscopic procedure, liver	**1/1/2001**			PA
47380	Ablation, open, of 1 or more liver tumor(s); radiofrequency	**1/1/2002**			NPA
47381	Ablation, open, of 1 or more liver tumor(s); cryosurgical	**1/1/2002**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
47382	Ablation, 1 or more liver tumor(s), percutaneous, radiofrequency	**1/1/2002**			NPA
47383	Ablation, 1 or more liver tumor(s), percutaneous, cryoablation	**1/1/2015**			NPA
47399	Unlisted procedure, liver	**Pre-1990**			PA
47400	Hepaticotomy or hepaticostomy with exploration, drainage, or removal of calculus	**Pre-1990**			NPA
47420	Choledochotomy or choledochostomy with exploration, drainage, or removal of calculus, with or without cholecystotomy; without transduodenal sphincterotomy or sphincteroplasty	**Pre-1990**			NPA
47425	Choledochotomy or choledochostomy with exploration, drainage, or removal of calculus, with or without cholecystotomy; with transduodenal sphincterotomy or sphincteroplasty	**Pre-1990**			NPA
47460	Transduodenal sphincterotomy or sphincteroplasty, with or without transduodenal extraction of calculus (separate procedure)	**Pre-1990**			NPA
47480	Cholecystotomy or cholecystostomy, open, with exploration, drainage, or removal of calculus (separate procedure)	**Pre-1990**			NPA
47490	Cholecystostomy, percutaneous, complete procedure, including imaging guidance, catheter placement, cholecystogram when performed, and radiological supervision and interpretation	**Pre-1990**			NPA
47531	Injection procedure for cholangiography, percutaneous, complete diagnostic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; existing access	**1/1/2016**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
47532	Injection procedure for cholangiography, percutaneous, complete diagnostic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; new access (eg, percutaneous transhepatic cholangiogram)	**1/1/2016**			NPA
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	**1/1/2016**			NPA
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	**1/1/2016**			NPA
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	**1/1/2016**			NPA
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	**1/1/2016**			NPA
47537	Removal of biliary drainage catheter, percutaneous, requiring fluoroscopic guidance (eg, with concurrent indwelling biliary stents), including diagnostic	**1/1/2016**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation				
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	**1/1/2016**			NPA
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	**1/1/2016**			NPA
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)	**1/1/2016**			NPA
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	**1/1/2016**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	associated radiological supervision and interpretation, new access				
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)	**1/1/2016**			NPA
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)	**1/1/2016**			NPA
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)	**1/1/2016**			NPA
47550	Biliary endoscopy, intraoperative (choledochoscopy) (List separately in addition to code for primary procedure)	**Pre-1990**			NPA
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)	**Pre-1990**			NPA
47553	Biliary endoscopy, percutaneous via T-tube or other tract; with biopsy, single or multiple	**Pre-1990**			NPA
47554	Biliary endoscopy, percutaneous via T-tube or other tract; with removal of calculus/calculi	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
47555	Biliary endoscopy, percutaneous via T-tube or other tract; with dilation of biliary duct stricture(s) without stent	**Pre-1990**			NPA
47556	Biliary endoscopy, percutaneous via T-tube or other tract; with dilation of biliary duct stricture(s) with stent	**1/1/1992**			NPA
47562	Laparoscopy, surgical; cholecystectomy	**1/1/2000**			NPA
47563	Laparoscopy, surgical; cholecystectomy with cholangiography	**1/1/2000**			NPA
47564	Laparoscopy, surgical; cholecystectomy with exploration of common duct	**1/1/2000**			NPA
47570	Laparoscopy, surgical; cholecystoenterostomy	**1/1/2000**			NPA
47579	Unlisted laparoscopy procedure, biliary tract	**1/1/2000**			PA
47600	Cholecystectomy	**Pre-1990**			NPA
47605	Cholecystectomy; with cholangiography	**Pre-1990**			NPA
47610	Cholecystectomy with exploration of common duct	**Pre-1990**			NPA
47612	Cholecystectomy with exploration of common duct; with choledochoenterostomy	**Pre-1990**			NPA
47620	Cholecystectomy with exploration of common duct; with transduodenal sphincterotomy or sphincteroplasty, with or without cholangiography	**Pre-1990**			NPA
47700	Exploration for congenital atresia of bile ducts, without repair, with or without liver biopsy, with or without cholangiography	**Pre-1990**			NPA
47701	Portoenterostomy (eg, Kasai procedure)	**Pre-1990**			NPA
47711	Excision of bile duct tumor, with or without primary repair of bile duct; extrahepatic	**1/1/1995**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
47712	Excision of bile duct tumor, with or without primary repair of bile duct; intrahepatic	1/1/1995			NPA
47715	Excision of choledochal cyst	Pre-1990			NPA
47720	Cholecystoenterostomy; direct	Pre-1990			NPA
47721	Cholecystoenterostomy; with gastroenterostomy	Pre-1990			NPA
47740	Cholecystoenterostomy; Roux-en-Y	Pre-1990			NPA
47741	Cholecystoenterostomy; Roux-en-Y with gastroenterostomy	1/1/1995			NPA
47760	Anastomosis, of extrahepatic biliary ducts and gastrointestinal tract	Pre-1990			NPA
47765	Anastomosis, of intrahepatic ducts and gastrointestinal tract	Pre-1990			NPA
47780	Anastomosis, Roux-en-Y, of extrahepatic biliary ducts and gastrointestinal tract	Pre-1990			NPA
47785	Anastomosis, Roux-en-Y, of intrahepatic biliary ducts and gastrointestinal tract	1/1/1995			NPA
47800	Reconstruction, plastic, of extrahepatic biliary ducts with end-to-end anastomosis	Pre-1990			NPA
47801	Placement of choledochal stent	Pre-1990			NPA
47802	U-tube hepaticoenterostomy	Pre-1990			NPA
47900	Suture of extrahepatic biliary duct for pre-existing injury (separate procedure)	1/1/1995			NPA
47999	Unlisted procedure, biliary tract	Pre-1990			PA
48000	Placement of drains, peripancreatic, for acute pancreatitis	Pre-1990			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
48001	Placement of drains, peripancreatic, for acute pancreatitis; with cholecystostomy, gastrostomy, and jejunostomy	1/1/1994			NPA
48020	Removal of pancreatic calculus	Pre-1990			NPA
48100	Biopsy of pancreas, open (eg, fine needle aspiration, needle core biopsy, wedge biopsy)	Pre-1990			NPA
48102	Biopsy of pancreas, percutaneous needle	Pre-1990			NPA
48105	Resection or debridement of pancreas and peripancreatic tissue for acute necrotizing pancreatitis	1/1/2007			NPA
48120	Excision of lesion of pancreas (eg, cyst, adenoma)	Pre-1990			NPA
48140	Pancreatectomy, distal subtotal, with or without splenectomy; without pancreaticojejunostomy	Pre-1990			NPA
48145	Pancreatectomy, distal subtotal, with or without splenectomy; with pancreaticojejunostomy	Pre-1990			NPA
48146	Pancreatectomy, distal, near-total with preservation of duodenum (Child-type procedure)	1/1/1994			NPA
48148	Excision of ampulla of Vater	Pre-1990			NPA
48150	Pancreatectomy, proximal subtotal with total duodenectomy, partial gastrectomy, choledochoenterostomy and gastrojejunostomy (Whipple-type procedure); with pancreatojejunostomy	Pre-1990			NPA
48152	Pancreatectomy, proximal subtotal with total duodenectomy, partial gastrectomy, choledochoenterostomy and gastrojejunostomy (Whipple-type procedure); without pancreatojejunostomy	1/1/1994			NPA
48153	Pancreatectomy, proximal subtotal with near-total duodenectomy, choledochoenterostomy and duodenojejunostomy (pylorus-sparing, Whipple-type procedure); with pancreatojejunostomy	1/1/1994			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
48154	Pancreatectomy, proximal subtotal with near-total duodenectomy, choledochoenterostomy and duodenojejunostomy (pylorus-sparing, Whipple-type procedure); without pancreatojejunostomy	**1/1/1994**			NPA
48155	Pancreatectomy, total	**Pre-1990**			NPA
48160	Pancreatectomy, total or subtotal, with autologous transplantation of pancreas or pancreatic islet cells	**Pre-1990**			PA
48400	Injection procedure for intraoperative pancreatography (List separately in addition to code for primary procedure)	**1/1/1994**			NPA
48500	Marsupialization of pancreatic cyst	**Pre-1990**			NPA
48510	External drainage, pseudocyst of pancreas, open	**Pre-1990**			NPA
48520	Internal anastomosis of pancreatic cyst to gastrointestinal tract; direct	**Pre-1990**			NPA
48540	Internal anastomosis of pancreatic cyst to gastrointestinal tract; Roux-en-Y	**Pre-1990**			NPA
48545	Pancreatorrhaphy for injury	**Pre-1990**			NPA
48547	Duodenal exclusion with gastrojejunostomy for pancreatic injury	**Pre-1990**			NPA
48548	Pancreaticojejunostomy, side-to-side anastomosis (Puestow-type operation)	**1/1/2007**			NPA
48550	Donor pancreatectomy (including cold preservation), with or without duodenal segment for transplantation	**Pre-1990**			NPA
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	**1/1/2005**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
48552	Backbench reconstruction of cadaver donor pancreas allograft prior to transplantation, venous anastomosis, each	**1/1/2005**		**9/1/2023**	PA
48554	Transplantation of pancreatic allograft	**1/1/1994**			PA
48556	Removal of transplanted pancreatic allograft	**1/1/1994**			PA
48999	Unlisted procedure, pancreas	**Pre-1990**			PA
49000	Exploratory laparotomy, exploratory celiotomy with or without biopsy(s) (separate procedure)	**Pre-1990**			NPA
49002	Reopening of recent laparotomy	**Pre-1990**			NPA
49010	Exploration, retroperitoneal area with or without biopsy(s) (separate procedure)	**Pre-1990**			NPA
49013	Preperitoneal pelvic packing for hemorrhage associated with pelvic trauma, including local exploration	**1/1/2020**		**4/1/2020**	NPA
49014	Re-exploration of pelvic wound with removal of preperitoneal pelvic packing, including repacking, when performed	**1/1/2020**		**4/1/2020**	NPA
49020	Drainage of peritoneal abscess or localized peritonitis, exclusive of appendiceal abscess, open	**Pre-1990**			NPA
49040	Drainage of subdiaphragmatic or subphrenic abscess, open	**Pre-1990**			NPA
49060	Drainage of retroperitoneal abscess, open	**Pre-1990**			NPA
49062	Drainage of extraperitoneal lymphocele to peritoneal cavity, open	**1/1/1998**			NPA
49082	Abdominal paracentesis (diagnostic or therapeutic); without imaging guidance	**1/1/2012**			NPA
49083	Abdominal paracentesis (diagnostic or therapeutic); with imaging guidance	**1/1/2012**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
49084	Peritoneal lavage, including imaging guidance, when performed	**1/1/2012**			NPA
49180	Biopsy, abdominal or retroperitoneal mass, percutaneous needle	**Pre-1990**			NPA
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	**1/1/2016**			NPA
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	**1/1/2008**			NPA
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	**1/1/2008**			NPA
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	**1/1/2008**			NPA
49215	Excision of presacral or sacrococcygeal tumor	**Pre-1990**			NPA
49250	Umbilectomy, omphalectomy, excision of umbilicus (separate procedure)	**Pre-1990**		**9/1/2023**	NPA
49255	Omentectomy, epiploectomy, resection of omentum (separate procedure)	**Pre-1990**			NPA
49320	Laparoscopy, abdomen, peritoneum, and omentum, diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
49321	Laparoscopy, surgical; with biopsy (single or multiple)	**Pre-1990**			NPA
49322	Laparoscopy, surgical; with aspiration of cavity or cyst (eg, ovarian cyst) (single or multiple)	**Pre-1990**			NPA
49323	Laparoscopy, surgical; with drainage of lymphocele to peritoneal cavity	**Pre-1990**			NPA
49324	Laparoscopy, surgical; with insertion of tunneled intraperitoneal catheter	**1/1/2007**			NPA
49325	Laparoscopy, surgical; with revision of previously placed intraperitoneal cannula or catheter, with removal of intraluminal obstructive material if performed	**1/1/2007**			NPA
49326	Laparoscopy, surgical; with omentopexy (omental tacking procedure) (List separately in addition to code for primary procedure)	**1/1/2007**			NPA
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)	**1/1/2011**			NPA
49329	Unlisted laparoscopy procedure, abdomen, peritoneum and omentum	**1/1/2000**			PA
49400	Injection of air or contrast into peritoneal cavity (separate procedure)	**Pre-1990**			NPA
49402	Removal of peritoneal foreign body from peritoneal cavity	**1/1/2007**			NPA
49405	Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); visceral (eg, kidney, liver, spleen, lung/mediastinum), percutaneous	**1/1/2014**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
49406	Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal, percutaneous	**1/1/2014**			NPA
49407	Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal, transvaginal or transrectal	**1/1/2014**			NPA
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	**1/1/2010**			NPA
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)	**1/1/2011**			NPA
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	**1/1/2011**			NPA
49419	Insertion of tunneled intraperitoneal catheter, with subcutaneous port (ie, totally implantable)	**1/1/2003**			NPA
49421	Insertion of tunneled intraperitoneal catheter for dialysis, open	**Pre-1990**			NPA
49422	Removal of tunneled intraperitoneal catheter	**Pre-1990**			NPA
49423	Exchange of previously placed abscess or cyst drainage catheter under radiological guidance (separate procedure)	**1/1/1998**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
49424	Contrast injection for assessment of abscess or cyst via previously placed drainage catheter or tube (separate procedure)	**Pre-1990**			NPA
49425	Insertion of peritoneal-venous shunt	**Pre-1990**			NPA
49426	Revision of peritoneal-venous shunt	**Pre-1990**			NPA
49427	Injection procedure (eg, contrast media) for evaluation of previously placed peritoneal-venous shunt	**1/1/1993**			NPA
49428	Ligation of peritoneal-venous shunt	**1/1/1995**			NPA
49429	Removal of peritoneal-venous shunt	**1/1/1995**			NPA
49435	Insertion of subcutaneous extension to intraperitoneal cannula or catheter with remote chest exit site (List separately in addition to code for primary procedure)	**1/1/2007**			NPA
49436	Delayed creation of exit site from embedded subcutaneous segment of intraperitoneal cannula or catheter	**1/1/2007**			NPA
49440	Insertion of gastrostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	**1/1/2008**			NPA
49441	Insertion of duodenostomy or jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	**1/1/2008**			NPA
49442	Insertion of cecostomy or other colonic tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	**1/1/2008**			NPA
49446	Conversion of gastrostomy tube to gastro-jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	**1/1/2008**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
49450	Replacement of gastrostomy or cecostomy (or other colonic) tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	**1/1/2008**			NPA
49451	Replacement of duodenostomy or jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	**1/1/2008**			NPA
49452	Replacement of gastro-jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	**1/1/2008**			NPA
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	**1/1/2008**			NPA
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	**1/1/2008**			NPA
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	**1/1/2002**			NPA
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	**1/1/2002**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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	**Pre-1990**			NPA
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	**Pre-1990**			NPA
49500	Repair initial inguinal hernia, age 6 months to younger than 5 years, with or without hydrocelectomy; reducible	**Pre-1990**			NPA
49501	Repair initial inguinal hernia, age 6 months to younger than 5 years, with or without hydrocelectomy; incarcerated or strangulated	**Pre-1990**			NPA
49505	Repair initial inguinal hernia, age 5 years or older; reducible	**Pre-1990**			NPA
49507	Repair initial inguinal hernia, age 5 years or older; incarcerated or strangulated	**Pre-1990**			NPA
49520	Repair recurrent inguinal hernia, any age; reducible	**Pre-1990**			NPA
49521	Repair recurrent inguinal hernia, any age; incarcerated or strangulated	**1/1/1994**			NPA
49525	Repair inguinal hernia, sliding, any age	**Pre-1990**			NPA
49540	Repair lumbar hernia	**Pre-1990**		**9/1/2023**	NPA
49550	Repair initial femoral hernia, any age; reducible	**Pre-1990**		**9/1/2023**	NPA
49553	Repair initial femoral hernia, any age; incarcerated or strangulated	**1/1/1994**			NPA
49555	Repair recurrent femoral hernia; reducible	**Pre-1990**		**9/1/2023**	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
49557	Repair recurrent femoral hernia; incarcerated or strangulated	1/1/1994			NPA
49560	Repair initial incisional or ventral hernia; reducible	Pre-1990	12/31/2022	9/1/2023	NC
49561	Repair initial incisional or ventral hernia; incarcerated or strangulated	1/1/1994	12/31/2022	9/1/2023	NC
49565	Repair recurrent incisional or ventral hernia; reducible	Pre-1990	12/31/2022	9/1/2023	NC
49566	Repair recurrent incisional or ventral hernia; incarcerated or strangulated	1/1/1994	12/31/2022	9/1/2023	NC
49568	Implantation of mesh or other prosthesis for open incisional or ventral hernia repair or mesh for closure of debridement for necrotizing soft tissue infection (List separately in addition to code for the incisional or ventral hernia repair)	Pre-1990	12/31/2022	9/1/2023	NC
49570	Repair epigastric hernia (eg, preperitoneal fat); reducible (separate procedure)	Pre-1990	12/31/2022	9/1/2023	NC
49572	Repair epigastric hernia (eg, preperitoneal fat); incarcerated or strangulated	1/1/1994	12/31/2022	9/1/2023	NC
49580	Repair umbilical hernia, younger than age 5 years; reducible	Pre-1990	12/31/2022	9/1/2023	NC
49582	Repair umbilical hernia, younger than age 5 years; incarcerated or strangulated	Pre-1990	12/31/2022	9/1/2023	NC
49585	Repair umbilical hernia, age 5 years or older; reducible	Pre-1990	12/31/2022	9/1/2023	NC
49587	Repair umbilical hernia, age 5 years or older; incarcerated or strangulated	Pre-1990	12/31/2022	9/1/2023	NC
49590	Repair spigelian hernia	Pre-1990	12/31/2022	9/1/2023	NC
49591	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including	1/1/2023		2/1/2023	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, reducible				
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	**1/1/2023**		**2/1/2023**	NPA
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	**1/1/2023**		**2/1/2023**	NPA
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	**1/1/2023**		**2/1/2023**	NPA
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	**1/1/2023**		**2/1/2023**	NPA
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	**1/1/2023**		**2/1/2023**	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
49600	Repair of small omphalocele, with primary closure	**Pre-1990**		**9/1/2023**	NPA
49605	Repair of large omphalocele or gastroschisis; with or without prosthesis	**Pre-1990**			NPA
49606	Repair of large omphalocele or gastroschisis; with removal of prosthesis, final reduction and closure, in operating room	**Pre-1990**			NPA
49610	Repair of omphalocele (Gross type operation); first stage	**Pre-1990**			NPA
49611	Repair of omphalocele (Gross type operation); second stage	**Pre-1990**		**9/1/2023**	NPA
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	**1/1/2023**		**2/1/2023**	NPA
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	**1/1/2023**		**2/1/2023**	NPA
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	**1/1/2023**		**2/1/2023**	NPA
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,	**1/1/2023**		**2/1/2023**	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	total length of defect(s); 3 cm to 10 cm, incarcerated or strangulated				
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	**1/1/2023**		**2/1/2023**	NPA
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	**1/1/2023**		**2/1/2023**	NPA
49621	Repair of parastomal hernia, any approach (ie, open, laparoscopic, robotic), initial or recurrent, including implantation of mesh or other prosthesis, when performed; reducible	**1/1/2023**		**2/1/2023**	NPA
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	**1/1/2023**		**2/1/2023**	NPA
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)	**1/1/2023**		**2/1/2023**	NPA
49650	Laparoscopy, surgical; repair initial inguinal hernia	**1/1/2000**		**9/1/2023**	NPA
49651	Laparoscopy, surgical; repair recurrent inguinal hernia	**1/1/2000**		**9/1/2023**	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
49652	Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); reducible	1/1/2009	12/31/2022	9/1/2023	NC
49653	Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); incarcerated or strangulated	1/1/2009	12/31/2022	9/1/2023	NC
49654	Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); reducible	1/1/2009	12/31/2022	9/1/2023	NC
49655	Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated	1/1/2009	12/31/2022	9/1/2023	NC
49656	Laparoscopy, surgical, repair, recurrent incisional hernia (includes mesh insertion, when performed); reducible	1/1/2009	12/31/2022	9/1/2023	NC
49657	Laparoscopy, surgical, repair, recurrent incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated	1/1/2009	12/31/2022	9/1/2023	NC
49659	Unlisted laparoscopy procedure, hernioplasty, herniorrhaphy, herniotomy	1/1/2000			PA
49900	Suture, secondary, of abdominal wall for evisceration or dehiscence	Pre-1990			NPA
49904	Omental flap, extra-abdominal (eg, for reconstruction of sternal and chest wall defects)	1/1/2003			NPA
49905	Omental flap, intra-abdominal (List separately in addition to code for primary procedure)	Pre-1990			NPA
49906	Free omental flap with microvascular anastomosis	1/1/1997			NPA
49999	Unlisted procedure, abdomen, peritoneum and omentum	Pre-1990			PA
50010	Renal exploration, not necessitating other specific procedures	Pre-1990			NPA
50020	Drainage of perirenal or renal abscess, open	Pre-1990			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
50040	Nephrostomy, nephrotomy with drainage	**Pre-1990**			NPA
50045	Nephrotomy, with exploration	**Pre-1990**			NPA
50060	Nephrolithotomy; removal of calculus	**Pre-1990**			NPA
50065	Nephrolithotomy; secondary surgical operation for calculus	**Pre-1990**			NPA
50070	Nephrolithotomy; complicated by congenital kidney abnormality	**Pre-1990**			NPA
50075	Nephrolithotomy; removal of large staghorn calculus filling renal pelvis and calyces (including anatrophic pyelolithotomy)	**Pre-1990**			NPA
50080	Percutaneous nephrostolithotomy or pyelostolithotomy, with or without dilation, endoscopy, lithotripsy, stenting, or basket extraction; up to 2 cm	**Pre-1990**			NPA
50081	Percutaneous nephrostolithotomy or pyelostolithotomy, with or without dilation, endoscopy, lithotripsy, stenting, or basket extraction; over 2 cm	**Pre-1990**			NPA
50100	Transection or repositioning of aberrant renal vessels (separate procedure)	**Pre-1990**			NPA
50120	Pyelotomy; with exploration	**Pre-1990**			NPA
50125	Pyelotomy; with drainage, pyelostomy	**Pre-1990**			NPA
50130	Pyelotomy; with removal of calculus (pyelolithotomy, pelviolithotomy, including coagulum pyelolithotomy)	**Pre-1990**			NPA
50135	Pyelotomy; complicated (eg, secondary operation, congenital kidney abnormality)	**Pre-1990**			NPA
50200	Renal biopsy; percutaneous, by trocar or needle	**Pre-1990**			NPA
50205	Renal biopsy; by surgical exposure of kidney	**Pre-1990**			NPA
50220	Nephrectomy, including partial ureterectomy, any open approach including rib resection	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
50225	Nephrectomy, including partial ureterectomy, any open approach including rib resection; complicated because of previous surgery on same kidney	**Pre-1990**			NPA
50230	Nephrectomy, including partial ureterectomy, any open approach including rib resection; radical, with regional lymphadenectomy and/or vena caval thrombectomy	**Pre-1990**			NPA
50234	Nephrectomy with total ureterectomy and bladder cuff; through same incision	**Pre-1990**			NPA
50236	Nephrectomy with total ureterectomy and bladder cuff; through separate incision	**Pre-1990**			NPA
50240	Nephrectomy, partial	**Pre-1990**			NPA
50250	Ablation, open, 1 or more renal mass lesion(s), cryosurgical, including intraoperative ultrasound guidance and monitoring, if performed	**1/1/2006**			NPA
50280	Excision or unroofing of cyst(s) of kidney	**Pre-1990**			NPA
50290	Excision of perinephric cyst	**Pre-1990**			NPA
50300	Donor nephrectomy (including cold preservation); from cadaver donor, unilateral or bilateral	**Pre-1990**			PA
50320	Donor nephrectomy (including cold preservation); open, from living donor	**Pre-1990**			PA
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	**1/1/2005**		**9/1/2023**	PA
50325	Backbench standard preparation of living donor renal allograft (open or laparoscopic) prior to transplantation, including dissection and removal of perinephric fat and	**1/1/2005**		**9/1/2023**	PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	preparation of ureter(s), renal vein(s), and renal artery(s), ligating branches, as necessary				
50327	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; venous anastomosis, each	**1/1/2005**		**9/1/2023**	PA
50328	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; arterial anastomosis, each	**1/1/2005**		**9/1/2023**	PA
50329	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; ureteral anastomosis, each	**1/1/2005**		**9/1/2023**	PA
50340	Recipient nephrectomy (separate procedure)	**Pre-1990**		**9/1/2023**	PA
50360	Renal allotransplantation, implantation of graft; without recipient nephrectomy	**Pre-1990**			PA
50365	Renal allotransplantation, implantation of graft; with recipient nephrectomy	**Pre-1990**			PA
50370	Removal of transplanted renal allograft	**Pre-1990**			PA
50380	Renal autotransplantation, reimplantation of kidney	**Pre-1990**			PA
50382	Removal (via snare/capture) and replacement of internally dwelling ureteral stent via percutaneous approach, including radiological supervision and interpretation	**1/1/2006**			NPA
50384	Removal (via snare/capture) of internally dwelling ureteral stent via percutaneous approach, including radiological supervision and interpretation	**1/1/2006**			NPA
50385	Removal (via snare/capture) and replacement of internally dwelling ureteral stent via transurethral approach, without use of cystoscopy, including radiological supervision and interpretation	**1/1/2008**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
50386	Removal (via snare/capture) of internally dwelling ureteral stent via transurethral approach, without use of cystoscopy, including radiological supervision and interpretation	**1/1/2008**			NPA
50387	Removal and replacement of externally accessible nephroureteral catheter (eg, external/internal stent) requiring fluoroscopic guidance, including radiological supervision and interpretation	**1/1/2006**			NPA
50389	Removal of nephrostomy tube, requiring fluoroscopic guidance (eg, with concurrent indwelling ureteral stent)	**1/1/2006**			NPA
50390	Aspiration and/or injection of renal cyst or pelvis by needle, percutaneous	**Pre-1990**		**9/1/2023**	NPA
50391	Instillation(s) of therapeutic agent into renal pelvis and/or ureter through established nephrostomy, pyelostomy or ureterostomy tube (eg, anticarcinogenic or antifungal agent)	**1/1/2005**		**9/1/2023**	NPA
50396	Manometric studies through nephrostomy or pyelostomy tube, or indwelling ureteral catheter	**Pre-1990**		**9/1/2023**	NPA
50400	Pyeloplasty (Foley Y-pyeloplasty), plastic operation on renal pelvis, with or without plastic operation on ureter, nephropexy, nephrostomy, pyelostomy, or ureteral splinting; simple	**Pre-1990**			NPA
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)	**Pre-1990**			NPA
50430	Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and	**1/1/2016**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	all associated radiological supervision and interpretation; new access				
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	**1/1/2016**			NPA
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	**1/1/2016**			NPA
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	**1/1/2016**			NPA
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	**1/1/2016**			NPA
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	**1/1/2016**			NPA
50436	Dilation of existing tract, percutaneous, for an endourologic procedure including imaging guidance	**1/1/2019**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	(eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, with postprocedure tube placement, when performed				
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	**1/1/2019**			NPA
50500	Nephrorrhaphy, suture of kidney wound or injury	**Pre-1990**			NPA
50520	Closure of nephrocutaneous or pyelocutaneous fistula	**Pre-1990**			NPA
50525	Closure of nephrovisceral fistula (eg, renocolic), including visceral repair; abdominal approach	**Pre-1990**			NPA
50526	Closure of nephrovisceral fistula (eg, renocolic), including visceral repair; thoracic approach	**Pre-1990**			NPA
50540	Symphysiotomy for horseshoe kidney with or without pyeloplasty and/or other plastic procedure, unilateral or bilateral (1 operation)	**Pre-1990**			NPAR
50541	Laparoscopy, surgical; ablation of renal cysts	**1/1/2000**			NPA
50542	Laparoscopy, surgical; ablation of renal mass lesion(s), including intraoperative ultrasound guidance and monitoring, when performed	**1/1/2003**			NPA
50543	Laparoscopy, surgical; partial nephrectomy	**1/1/2003**			NPA
50544	Laparoscopy, surgical; pyeloplasty	**1/1/2000**			NPA
50545	Laparoscopy, surgical; radical nephrectomy (includes removal of Gerota's fascia and surrounding fatty tissue, removal of regional lymph nodes, and adrenalectomy)	**1/1/2001**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
50546	Laparoscopy, surgical; nephrectomy, including partial ureterectomy	**Pre-1990**			NPA
50547	Laparoscopy, surgical; donor nephrectomy (including cold preservation), from living donor	**Pre-1990**			NPA
50548	Laparoscopy, surgical; nephrectomy with total ureterectomy	**Pre-1990**			NPA
50549	Unlisted laparoscopy procedure, renal	**1/1/2000**			PA
50551	Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service	**Pre-1990**			NPA
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	**Pre-1990**			NPA
50555	Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with biopsy	**Pre-1990**			NPA
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	**Pre-1990**			NPA
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	**Pre-1990**			NPA
50562	Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with resection of tumor	**1/1/2003**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
50570	Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service	**Pre-1990**			NPA
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	**Pre-1990**			NPA
50574	Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with biopsy	**Pre-1990**			NPA
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)	**1/1/1994**			NPA
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	**Pre-1990**			NPA
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	**Pre-1990**			NPA
50590	Lithotripsy, extracorporeal shock wave	**Pre-1990**			NPA
50592	Ablation, 1 or more renal tumor(s), percutaneous, unilateral, radiofrequency	**1/1/2006**			NPA
50593	Ablation, renal tumor(s), unilateral, percutaneous, cryotherapy	**1/1/2008**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
50600	Ureterotomy with exploration or drainage (separate procedure)	**Pre-1990**			NPA
50605	Ureterotomy for insertion of indwelling stent, all types	**Pre-1990**			NPA
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)	**1/1/2016**			NPA
50610	Ureterolithotomy; upper one-third of ureter	**Pre-1990**			NPA
50620	Ureterolithotomy; middle one-third of ureter	**Pre-1990**			NPA
50630	Ureterolithotomy; lower one-third of ureter	**Pre-1990**			NPA
50650	Ureterectomy, with bladder cuff (separate procedure)	**Pre-1990**			NPA
50660	Ureterectomy, total, ectopic ureter, combination abdominal, vaginal and/or perineal approach	**Pre-1990**			NPA
50684	Injection procedure for ureterography or ureteropyelography through ureterostomy or indwelling ureteral catheter	**Pre-1990**		**9/1/2023**	NPA
50686	Manometric studies through ureterostomy or indwelling ureteral catheter	**Pre-1990**		**9/1/2023**	NPA
50688	Change of ureterostomy tube or externally accessible ureteral stent via ileal conduit	**Pre-1990**		**9/1/2023**	NPA
50690	Injection procedure for visualization of ileal conduit and/or ureteropyelography, exclusive of radiologic service	**Pre-1990**		**9/1/2023**	NPA
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	**1/1/2016**		**9/1/2023**	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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	**1/1/2016**		**9/1/2023**	NPA
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	**1/1/2016**		**9/1/2023**	NPA
50700	Ureteroplasty, plastic operation on ureter (eg, stricture)	**Pre-1990**		**9/1/2023**	NPA
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)	**1/1/2016**			NPA
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)	**1/1/2016**			NPA
50715	Ureterolysis, with or without repositioning of ureter for retroperitoneal fibrosis	**Pre-1990**			NPA
50722	Ureterolysis for ovarian vein syndrome	**Pre-1990**			NPA
50725	Ureterolysis for retrocaval ureter, with reanastomosis of upper urinary tract or vena cava	**Pre-1990**			NPA
50727	Revision of urinary-cutaneous anastomosis (any type urostomy)	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
50728	Revision of urinary-cutaneous anastomosis (any type urostomy); with repair of fascial defect and hernia	**1/1/1993**			NPA
50740	Ureteropyelostomy, anastomosis of ureter and renal pelvis	**Pre-1990**			NPA
50750	Ureterocalycostomy, anastomosis of ureter to renal calyx	**Pre-1990**			NPA
50760	Ureteroureterostomy	**Pre-1990**			NPA
50770	Transureteroureterostomy, anastomosis of ureter to contralateral ureter	**Pre-1990**			NPA
50780	Ureteroneocystostomy; anastomosis of single ureter to bladder	**Pre-1990**			NPA
50782	Ureteroneocystostomy; anastomosis of duplicated ureter to bladder	**1/1/1993**			NPA
50783	Ureteroneocystostomy; with extensive ureteral tailoring	**1/1/1993**			NPA
50785	Ureteroneocystostomy; with vesico-psoas hitch or bladder flap	**Pre-1990**			NPA
50800	Ureteroenterostomy, direct anastomosis of ureter to intestine	**Pre-1990**			NPA
50810	Ureterosigmoidostomy, with creation of sigmoid bladder and establishment of abdominal or perineal colostomy, including intestine anastomosis	**Pre-1990**			NPA
50815	Ureterocolon conduit, including intestine anastomosis	**Pre-1990**			NPA
50820	Ureteroileal conduit (ileal bladder), including intestine anastomosis (Bricker operation)	**Pre-1990**			NPA
50825	Continent diversion, including intestine anastomosis using any segment of small and/or large intestine (Kock pouch or Camey enterocystoplasty)	**Pre-1990**			NPA
50830	Urinary undiversion (eg, taking down of ureteroileal conduit, ureterosigmoidostomy or ureteroenterostomy with ureteroureterostomy or ureteroneocystostomy)	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
50840	Replacement of all or part of ureter by intestine segment, including intestine anastomosis	Pre-1990			NPA
50845	Cutaneous appendico-vesicostomy	1/1/1994			NPA
50860	Ureterostomy, transplantation of ureter to skin	Pre-1990			NPA
50900	Ureterorrhaphy, suture of ureter (separate procedure)	Pre-1990			NPA
50920	Closure of ureterocutaneous fistula	Pre-1990			NPA
50930	Closure of ureterovisceral fistula (including visceral repair)	Pre-1990			NPA
50940	Deligation of ureter	Pre-1990			NPA
50945	Laparoscopy, surgical; ureterolithotomy	Pre-1990			NPA
50947	Laparoscopy, surgical; ureteroneocystostomy with cystoscopy and ureteral stent placement	1/1/2001			NPA
50948	Laparoscopy, surgical; ureteroneocystostomy without cystoscopy and ureteral stent placement	1/1/2001			NPA
50949	Unlisted laparoscopy procedure, ureter	1/1/2001			PA
50951	Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service	Pre-1990			NPA
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	Pre-1990			NPA
50955	Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with biopsy	Pre-1990			NPA
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	Pre-1990			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
50961	Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with removal of foreign body or calculus	**Pre-1990**			NPA
50970	Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service	**Pre-1990**			NPA
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	**Pre-1990**			NPA
50974	Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with biopsy	**Pre-1990**			NPA
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	**Pre-1990**			NPA
50980	Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with removal of foreign body or calculus	**Pre-1990**			NPA
51020	Cystotomy or cystostomy; with fulguration and/or insertion of radioactive material	**Pre-1990**			NPA
51030	Cystotomy or cystostomy; with cryosurgical destruction of intravesical lesion	**Pre-1990**			NPA
51040	Cystostomy, cystotomy with drainage	**Pre-1990**			NPA
51045	Cystotomy, with insertion of ureteral catheter or stent (separate procedure)	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
51050	Cystolithotomy, cystotomy with removal of calculus, without vesical neck resection	**Pre-1990**			NPA
51060	Transvesical ureterolithotomy	**Pre-1990**			NPA
51065	Cystotomy, with calculus basket extraction and/or ultrasonic or electrohydraulic fragmentation of ureteral calculus	**Pre-1990**			NPA
51080	Drainage of perivesical or prevesical space abscess	**Pre-1990**			NPA
51100	Aspiration of bladder; by needle	**1/1/2008**		**9/1/2023**	NPA
51101	Aspiration of bladder; by trocar or intracatheter	**1/1/2008**		**9/1/2023**	NPA
51102	Aspiration of bladder; with insertion of suprapubic catheter	**1/1/2008**			NPA
51500	Excision of urachal cyst or sinus, with or without umbilical hernia repair	**Pre-1990**			NPA
51520	Cystotomy; for simple excision of vesical neck (separate procedure)	**Pre-1990**			NPA
51525	Cystotomy; for excision of bladder diverticulum, single or multiple (separate procedure)	**Pre-1990**			NPA
51530	Cystotomy; for excision of bladder tumor	**Pre-1990**			NPA
51535	Cystotomy for excision, incision, or repair of ureterocele	**Pre-1990**			NPA
51550	Cystectomy, partial; simple	**Pre-1990**			NPA
51555	Cystectomy, partial; complicated (eg, postradiation, previous surgery, difficult location)	**Pre-1990**			NPA
51565	Cystectomy, partial, with reimplantation of ureter(s) into bladder (ureteroneocystostomy)	**Pre-1990**			NPA
51570	Cystectomy, complete; (separate procedure)	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
51575	Cystectomy, complete; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes	**Pre-1990**			NPA
51580	Cystectomy, complete, with ureterosigmoidostomy or ureterocutaneous transplantations	**Pre-1990**			NPA
51585	Cystectomy, complete, with ureterosigmoidostomy or ureterocutaneous transplantations; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes	**Pre-1990**			NPA
51590	Cystectomy, complete, with ureteroileal conduit or sigmoid bladder, including intestine anastomosis	**Pre-1990**			NPA
51595	Cystectomy, complete, with ureteroileal conduit or sigmoid bladder, including intestine anastomosis; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes	**Pre-1990**			NPA
51596	Cystectomy, complete, with continent diversion, any open technique, using any segment of small and/or large intestine to construct neobladder	**Pre-1990**			NPA
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	**Pre-1990**			NPA
51600	Injection procedure for cystography or voiding urethrocystography	**Pre-1990**		**9/1/2023**	NPA
51605	Injection procedure and placement of chain for contrast and/or chain urethrocystography	**Pre-1990**		**9/1/2023**	NPA
51610	Injection procedure for retrograde urethrocystography	**Pre-1990**		**9/1/2023**	NPA
51700	Bladder irrigation, simple, lavage and/or instillation	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
51701	Insertion of non-indwelling bladder catheter (eg, straight catheterization for residual urine)	**1/1/2003**		**9/1/2023**	NPA
51702	Insertion of temporary indwelling bladder catheter; simple (eg, Foley)	**1/1/2003**		**9/1/2023**	NPA
51703	Insertion of temporary indwelling bladder catheter; complicated (eg, altered anatomy, fractured catheter/balloon)	**1/1/2003**		**9/1/2023**	NPA
51705	Change of cystostomy tube; simple	**Pre-1990**		**9/1/2023**	NPA
51710	Change of cystostomy tube; complicated	**Pre-1990**		**9/1/2023**	NPA
51715	Endoscopic injection of implant material into the submucosal tissues of the urethra and/or bladder neck	**1/1/1994**			NPA
51720	Bladder instillation of anticarcinogenic agent (including retention time)	**Pre-1990**			NPA
51725	Simple cystometrogram (CMG) (eg, spinal manometer)	**Pre-1990**			NPA
51726	Complex cystometrogram (ie, calibrated electronic equipment)	**Pre-1990**		**9/1/2023**	NPA
51727	Complex cystometrogram (ie, calibrated electronic equipment); with urethral pressure profile studies (ie, urethral closure pressure profile), any technique	**1/1/2010**		**9/1/2023**	NPA
51728	Complex cystometrogram (ie, calibrated electronic equipment); with voiding pressure studies (ie, bladder voiding pressure), any technique	**1/1/2010**		**9/1/2023**	NPA
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	**1/1/2010**		**9/1/2023**	NPA
51736	Simple uroflowmetry (UFR) (eg, stop-watch flow rate, mechanical uroflowmeter)	**Pre-1990**		**9/1/2023**	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
51741	Complex uroflowmetry (eg, calibrated electronic equipment)	**Pre-1990**		**9/1/2023**	NPA
51784	Electromyography studies (EMG) of anal or urethral sphincter, other than needle, any technique	**1/1/1995**		**9/1/2023**	NPA
51785	Needle electromyography studies (EMG) of anal or urethral sphincter, any technique	**Pre-1990**		**9/1/2023**	NPA
51792	Stimulus evoked response (eg, measurement of bulbocavernosus reflex latency time)	**Pre-1990**		**9/1/2023**	NPA
51797	Voiding pressure studies, intra-abdominal (ie, rectal, gastric, intraperitoneal) (List separately in addition to code for primary procedure)	**Pre-1990**		**9/1/2023**	NPA
51798	Measurement of post-voiding residual urine and/or bladder capacity by ultrasound, non-imaging	**1/1/2003**		**9/1/2023**	NPA
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	**Pre-1990**			NPA
51820	Cystourethroplasty with unilateral or bilateral ureteroneocystostomy	**Pre-1990**			NPA
51840	Anterior vesicourethropexy, or urethropexy (eg, Marshall-Marchetti-Krantz, Burch); simple	**Pre-1990**			NPA
51841	Anterior vesicourethropexy, or urethropexy (eg, Marshall-Marchetti-Krantz, Burch); complicated (eg, secondary repair)	**Pre-1990**			NPA
51845	Abdomino-vaginal vesical neck suspension, with or without endoscopic control (eg, Stamey, Raz, modified Pereyra)	**Pre-1990**			NPA
51860	Cystorrhaphy, suture of bladder wound, injury or rupture; simple	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
51865	Cystorrhaphy, suture of bladder wound, injury or rupture; complicated	**Pre-1990**			NPA
51880	Closure of cystostomy (separate procedure)	**Pre-1990**			NPA
51900	Closure of vesicovaginal fistula, abdominal approach	**Pre-1990**			NPA
51920	Closure of vesicouterine fistula	**Pre-1990**			NPA
51925	Closure of vesicouterine fistula; with hysterectomy	**Pre-1990**			NPA
51940	Closure, exstrophy of bladder	**Pre-1990**			NPA
51960	Enterocystoplasty, including intestinal anastomosis	**Pre-1990**			NPA
51980	Cutaneous vesicostomy	**Pre-1990**			NPA
51990	Laparoscopy, surgical; urethral suspension for stress incontinence	**1/1/2000**		**9/1/2023**	NPA
51992	Laparoscopy, surgical; sling operation for stress incontinence (eg, fascia or synthetic)	**1/1/2000**		**9/1/2023**	NPA
51999	Unlisted laparoscopy procedure, bladder	**1/1/2006**			NPA
52000	Cystourethroscopy (separate procedure)	**Pre-1990**			NPA
52001	Cystourethroscopy with irrigation and evacuation of multiple obstructing clots	**1/1/2002**			NPA
52005	Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service	**Pre-1990**			NPA
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	**Pre-1990**			NPA
52010	Cystourethroscopy, with ejaculatory duct catheterization, with or without irrigation, instillation, or duct radiography, exclusive of radiologic service	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
52204	Cystourethroscopy, with biopsy(s)	**Pre-1990**			NPA
52214	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands	**Pre-1990**			NPA
52224	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy	**Pre-1990**			NPA
52234	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; SMALL bladder tumor(s) (0.5 up to 2.0 cm)	**Pre-1990**			NPA
52235	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)	**Pre-1990**			NPA
52240	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; LARGE bladder tumor(s)	**Pre-1990**			NPA
52250	Cystourethroscopy with insertion of radioactive substance, with or without biopsy or fulguration	**Pre-1990**			NPA
52260	Cystourethroscopy, with dilation of bladder for interstitial cystitis; general or conduction (spinal) anesthesia	**Pre-1990**			NPA
52265	Cystourethroscopy, with dilation of bladder for interstitial cystitis; local anesthesia	**Pre-1990**			NPA
52270	Cystourethroscopy, with internal urethrotomy; female	**Pre-1990**			NPA
52275	Cystourethroscopy, with internal urethrotomy; male	**Pre-1990**			NPA
52276	Cystourethroscopy with direct vision internal urethrotomy	**Pre-1990**			NPA
52277	Cystourethroscopy, with resection of external sphincter (sphincterotomy)	**Pre-1990**			NPA
52281	Cystourethroscopy, with calibration and/or dilation of urethral stricture or stenosis, with or without meatotomy,	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	with or without injection procedure for cystography, male or female				
52282	Cystourethroscopy, with insertion of permanent urethral stent	**Pre-1990**			NPA
52283	Cystourethroscopy, with steroid injection into stricture	**Pre-1990**			NPA
52285	Cystourethroscopy for treatment of the female urethral syndrome with any or all of the following: urethral meatotomy, urethral dilation, internal urethrotomy, lysis of urethrovaginal septal fibrosis, lateral incisions of the bladder neck, and fulguration of polyp(s) of urethra, bladder neck, and/or trigone	**Pre-1990**			NPA
52287	Cystourethroscopy, with injection(s) for chemodenervation of the bladder	**1/1/2013**			NPA
52290	Cystourethroscopy; with ureteral meatotomy, unilateral or bilateral	**Pre-1990**			NPA
52300	Cystourethroscopy; with resection or fulguration of orthotopic ureterocele(s), unilateral or bilateral	**Pre-1990**			NPA
52301	Cystourethroscopy; with resection or fulguration of ectopic ureterocele(s), unilateral or bilateral	**1/1/1997**			NPA
52305	Cystourethroscopy; with incision or resection of orifice of bladder diverticulum, single or multiple	**Pre-1990**			NPA
52310	Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); simple	**Pre-1990**			NPA
52315	Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); complicated	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
52317	Litholapaxy: crushing or fragmentation of calculus by any means in bladder and removal of fragments; simple or small (less than 2.5 cm)	**Pre-1990**			NPA
52318	Litholapaxy: crushing or fragmentation of calculus by any means in bladder and removal of fragments; complicated or large (over 2.5 cm)	**Pre-1990**			NPA
52320	Cystourethroscopy (including ureteral catheterization); with removal of ureteral calculus	**Pre-1990**			NPA
52325	Cystourethroscopy (including ureteral catheterization); with fragmentation of ureteral calculus (eg, ultrasonic or electro-hydraulic technique)	**Pre-1990**			NPA
52327	Cystourethroscopy (including ureteral catheterization); with subureteric injection of implant material	**1/1/1995**			NPA
52330	Cystourethroscopy (including ureteral catheterization); with manipulation, without removal of ureteral calculus	**Pre-1990**			NPA
52332	Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)	**Pre-1990**			NPA
52334	Cystourethroscopy with insertion of ureteral guide wire through kidney to establish a percutaneous nephrostomy, retrograde	**Pre-1990**			NPA
52341	Cystourethroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)	**1/1/2001**			NPA
52342	Cystourethroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)	**1/1/2001**			NPA
52343	Cystourethroscopy; with treatment of intra-renal stricture (eg, balloon dilation, laser, electrocautery, and incision)	**1/1/2001**			NPA
52344	Cystourethroscopy with ureteroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)	**1/1/2001**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
52345	Cystourethroscopy with ureteroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)	1/1/2001			NPA
52346	Cystourethroscopy with ureteroscopy; with treatment of intra-renal stricture (eg, balloon dilation, laser, electrocautery, and incision)	1/1/2001			NPA
52351	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; diagnostic	1/1/2001			NPA
52352	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)	1/1/2001			NPA
52353	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)	1/1/2001			NPA
52354	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with biopsy and/or fulguration of ureteral or renal pelvic lesion	1/1/2001			NPA
52355	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with resection of ureteral or renal pelvic tumor	1/1/2001			NPA
52356	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)	1/1/2014			NPA
52400	Cystourethroscopy with incision, fulguration, or resection of congenital posterior urethral valves, or congenital obstructive hypertrophic mucosal folds	1/1/2001			NPA
52402	Cystourethroscopy with transurethral resection or incision of ejaculatory ducts	1/1/2005			NPA
52441	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant	1/1/2015			NPA
52442	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; each additional	1/1/2015			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	permanent adjustable transprostatic implant (List separately in addition to code for primary procedure)				
52450	Transurethral incision of prostate	**1/1/1992**			NPA
52500	Transurethral resection of bladder neck (separate procedure)	**Pre-1990**			NPA
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)	**Pre-1990**			NPA
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)	**Pre-1990**			NPA
52640	Transurethral resection; of postoperative bladder neck contracture	**Pre-1990**			NPA
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)	**Pre-1990**			NPA
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)	**Pre-1990**			NPA
52649	Laser enucleation of the prostate with morcellation, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral	**1/1/2008**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)				
52700	Transurethral drainage of prostatic abscess	**Pre-1990**			NPA
53000	Urethrotomy or urethrostomy, external (separate procedure); pendulous urethra	**Pre-1990**		**9/1/2023**	NPA
53010	Urethrotomy or urethrostomy, external (separate procedure); perineal urethra, external	**Pre-1990**			NPA
53020	Meatotomy, cutting of meatus (separate procedure); except infant	**Pre-1990**		**9/1/2023**	NPA
53025	Meatotomy, cutting of meatus (separate procedure); infant	**Pre-1990**		**9/1/2023**	NPA
53040	Drainage of deep periurethral abscess	**Pre-1990**			NPA
53060	Drainage of Skene's gland abscess or cyst	**Pre-1990**		**9/1/2023**	NPA
53080	Drainage of perineal urinary extravasation; uncomplicated (separate procedure)	**Pre-1990**			NPA
53085	Drainage of perineal urinary extravasation; complicated	**Pre-1990**			NPA
53200	Biopsy of urethra	**Pre-1990**		**9/1/2023**	NPA
53210	Urethrectomy, total, including cystostomy; female	**Pre-1990**			NPA
53215	Urethrectomy, total, including cystostomy; male	**Pre-1990**			NPA
53220	Excision or fulguration of carcinoma of urethra	**Pre-1990**			NPA
53230	Excision of urethral diverticulum (separate procedure); female	**Pre-1990**			NPA
53235	Excision of urethral diverticulum (separate procedure); male	**Pre-1990**			NPA
53240	Marsupialization of urethral diverticulum, male or female	**Pre-1990**			NPA
53250	Excision of bulbourethral gland (Cowper's gland)	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
53260	Excision or fulguration; urethral polyp(s), distal urethra	Pre-1990			NPA
53265	Excision or fulguration; urethral caruncle	Pre-1990			NPA
53270	Excision or fulguration; Skene's glands	Pre-1990			NPA
53275	Excision or fulguration; urethral prolapse	Pre-1990			NPA
53400	Urethroplasty; first stage, for fistula, diverticulum, or stricture (eg, Johannsen type)	Pre-1990			NPA
53405	Urethroplasty; second stage (formation of urethra), including urinary diversion	Pre-1990			NPA
53410	Urethroplasty, 1-stage reconstruction of male anterior urethra	Pre-1990			NPA
53415	Urethroplasty, transpubic or perineal, 1-stage, for reconstruction or repair of prostatic or membranous urethra	Pre-1990			NPA
53420	Urethroplasty, 2-stage reconstruction or repair of prostatic or membranous urethra; first stage	Pre-1990			NPA
53425	Urethroplasty, 2-stage reconstruction or repair of prostatic or membranous urethra; second stage	Pre-1990			NPA
53430	Urethroplasty, reconstruction of female urethra	Pre-1990			NPA
53431	Urethroplasty with tubularization of posterior urethra and/or lower bladder for incontinence (eg, Tenago, Leadbetter procedure)	1/1/2002			NPA
53440	Sling operation for correction of male urinary incontinence (eg, fascia or synthetic)	Pre-1990			NPA
53442	Removal or revision of sling for male urinary incontinence (eg, fascia or synthetic)	Pre-1990			NPA
53444	Insertion of tandem cuff (dual cuff)	1/1/2002			NPA
53445	Insertion of inflatable urethral/bladder neck sphincter, including placement of pump, reservoir, and cuff	Pre-1990			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
53446	Removal of inflatable urethral/bladder neck sphincter, including pump, reservoir, and cuff	**1/1/2002**			NPA
53447	Removal and replacement of inflatable urethral/bladder neck sphincter including pump, reservoir, and cuff at the same operative session	**Pre-1990**			NPA
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	**1/1/2002**			NPA
53449	Repair of inflatable urethral/bladder neck sphincter, including pump, reservoir, and cuff	**Pre-1990**			NPA
53450	Urethromeatoplasty, with mucosal advancement	**Pre-1990**			NPA
53451	Periurethral transperineal adjustable balloon continence device; bilateral insertion, including cystourethroscopy and imaging guidance	**1/1/2022**		**1/1/2022**	NC
53452	Periurethral transperineal adjustable balloon continence device; unilateral insertion, including cystourethroscopy and imaging guidance	**1/1/2022**		**1/1/2022**	NC
53453	Periurethral transperineal adjustable balloon continence device; removal, each balloon	**1/1/2022**		**1/1/2022**	NC
53454	Periurethral transperineal adjustable balloon continence device; percutaneous adjustment of balloon(s) fluid volume	**1/1/2022**		**1/1/2022**	NC
53460	Urethromeatoplasty, with partial excision of distal urethral segment (Richardson type procedure)	**Pre-1990**			NPA
53500	Urethrolysis, transvaginal, secondary, open, including cystourethroscopy (eg, postsurgical obstruction, scarring)	**1/1/2004**			NPA
53502	Urethrorrhaphy, suture of urethral wound or injury, female	**Pre-1990**			NPA
53505	Urethrorrhaphy, suture of urethral wound or injury; penile	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
53510	Urethrorrhaphy, suture of urethral wound or injury; perineal	Pre-1990			NPA
53515	Urethrorrhaphy, suture of urethral wound or injury; prostatomembranous	Pre-1990			NPA
53520	Closure of urethrostomy or urethrocutaneous fistula, male (separate procedure)	Pre-1990			NPA
53600	Dilation of urethral stricture by passage of sound or urethral dilator, male; initial	Pre-1990		9/1/2023	NPA
53601	Dilation of urethral stricture by passage of sound or urethral dilator, male; subsequent	Pre-1990		9/1/2023	NPA
53605	Dilation of urethral stricture or vesical neck by passage of sound or urethral dilator, male, general or conduction (spinal) anesthesia	Pre-1990		9/1/2023	NPA
53620	Dilation of urethral stricture by passage of filiform and follower, male; initial	Pre-1990		9/1/2023	NPA
53621	Dilation of urethral stricture by passage of filiform and follower, male; subsequent	Pre-1990		9/1/2023	NPA
53660	Dilation of female urethra including suppository and/or instillation; initial	Pre-1990		9/1/2023	NPA
53661	Dilation of female urethra including suppository and/or instillation; subsequent	Pre-1990		9/1/2023	NPA
53665	Dilation of female urethra, general or conduction (spinal) anesthesia	Pre-1990		9/1/2023	NPA
53850	Transurethral destruction of prostate tissue; by microwave thermotherapy	1/1/1998			NPA
53852	Transurethral destruction of prostate tissue; by radiofrequency thermotherapy	1/1/1998			NPA
53854	Transurethral destruction of prostate tissue; by radiofrequency generated water vapor thermotherapy	1/1/2019		9/1/2023	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
53855	Insertion of a temporary prostatic urethral stent, including urethral measurement	**1/1/2010**			NPA
53860	Transurethral radiofrequency micro-remodeling of the female bladder neck and proximal urethra for stress urinary incontinence	**1/1/2011**		**9/1/2023**	PA
53899	Unlisted procedure, urinary system	**Pre-1990**			PA
54000	Slitting of prepuce, dorsal or lateral (separate procedure); newborn	**Pre-1990**			NPA
54001	Slitting of prepuce, dorsal or lateral (separate procedure); except newborn	**Pre-1990**			NPA
54015	Incision and drainage of penis, deep	**Pre-1990**			NPA
54050	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; chemical	**Pre-1990**			NPA
54055	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; electrodesiccation	**Pre-1990**			NPA
54056	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; cryosurgery	**Pre-1990**			NPA
54057	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; laser surgery	**Pre-1990**			NPA
54060	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; surgical excision	**Pre-1990**			NPA
54065	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
54100	Biopsy of penis; (separate procedure)	**Pre-1990**			NPA
54105	Biopsy of penis; deep structures	**Pre-1990**			NPA
54110	Excision of penile plaque (Peyronie disease)	**Pre-1990**			NPA
54111	Excision of penile plaque (Peyronie disease); with graft to 5 cm in length	**Pre-1990**			NPA
54112	Excision of penile plaque (Peyronie disease); with graft greater than 5 cm in length	**Pre-1990**			NPA
54115	Removal foreign body from deep penile tissue (eg, plastic implant)	**Pre-1990**			NPA
54120	Amputation of penis; partial	**Pre-1990**			NPA
54125	Amputation of penis; complete	**Pre-1990**		**9/1/2023**	NPA
54130	Amputation of penis, radical; with bilateral inguinofemoral lymphadenectomy	**Pre-1990**			NPA
54135	Amputation of penis, radical; in continuity with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes	**Pre-1990**			NPA
54150	Circumcision, using clamp or other device with regional dorsal penile or ring block	**Pre-1990**		**9/1/2023**	NPA
54160	Circumcision, surgical excision other than clamp, device, or dorsal slit; neonate (28 days of age or less)	**Pre-1990**		**9/1/2023**	NPA
54161	Circumcision, surgical excision other than clamp, device, or dorsal slit; older than 28 days of age	**Pre-1990**			NPA
54162	Lysis or excision of penile post-circumcision adhesions	**1/1/2002**			NPA
54163	Repair incomplete circumcision	**1/1/2002**			NPA
54164	Frenulotomy of penis	**1/1/2002**			NPA
54200	Injection procedure for Peyronie disease	**Pre-1990**			NPA
54205	Injection procedure for Peyronie disease; with surgical exposure of plaque	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
54220	Irrigation of corpora cavernosa for priapism	**Pre-1990**			NPA
54230	Injection procedure for corpora cavernosography	**Pre-1990**			NPA
54231	Dynamic cavernosometry, including intracavernosal injection of vasoactive drugs (eg, papaverine, phentolamine)	**1/1/1994**			NPA
54235	Injection of corpora cavernosa with pharmacologic agent(s) (eg, papaverine, phentolamine)	**Pre-1990**			NPA
54240	Penile plethysmography	**Pre-1990**			NPA
54250	Nocturnal penile tumescence and/or rigidity test	**Pre-1990**			NPA
54300	Plastic operation of penis for straightening of chordee (eg, hypospadias), with or without mobilization of urethra	**Pre-1990**			NPA
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	**Pre-1990**			NPA
54308	Urethroplasty for second stage hypospadias repair (including urinary diversion); less than 3 cm	**Pre-1990**			NPA
54312	Urethroplasty for second stage hypospadias repair (including urinary diversion); greater than 3 cm	**Pre-1990**			NPA
54316	Urethroplasty for second stage hypospadias repair (including urinary diversion) with free skin graft obtained from site other than genitalia	**Pre-1990**			NPA
54318	Urethroplasty for third stage hypospadias repair to release penis from scrotum (eg, third stage Cecil repair)	**Pre-1990**			NPA
54322	1-stage distal hypospadias repair (with or without chordee or circumcision); with simple meatal advancement (eg, Magpi, V-flap)	**Pre-1990**			NPA
54324	1-stage distal hypospadias repair (with or without chordee or circumcision); with urethroplasty by local skin flaps (eg, flip-flap, prepucial flap)	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
54326	1-stage distal hypospadias repair (with or without chordee or circumcision); with urethroplasty by local skin flaps and mobilization of urethra	**Pre-1990**			NPA
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	**Pre-1990**			NPA
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	**Pre-1990**			NPA
54336	1-stage perineal hypospadias repair requiring extensive dissection to correct chordee and urethroplasty by use of skin graft tube and/or island flap	**Pre-1990**			NPA
54340	Repair of hypospadias complication(s) (ie, fistula, stricture, diverticula); by closure, incision, or excision, simple	**Pre-1990**			NPA
54344	Repair of hypospadias complication(s) (ie, fistula, stricture, diverticula); requiring mobilization of skin flaps and urethroplasty with flap or patch graft	**Pre-1990**			NPA
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)	**Pre-1990**			NPA
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	**Pre-1990**			NPA
54360	Plastic operation on penis to correct angulation	**Pre-1990**		**9/1/2023**	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
54380	Plastic operation on penis for epispadias distal to external sphincter	**Pre-1990**			NPA
54385	Plastic operation on penis for epispadias distal to external sphincter; with incontinence	**Pre-1990**			NPA
54390	Plastic operation on penis for epispadias distal to external sphincter; with exstrophy of bladder	**Pre-1990**			NPA
54400	Insertion of penile prosthesis; non-inflatable (semi-rigid)	**Pre-1990**			NPA
54401	Insertion of penile prosthesis; inflatable (self-contained)	**Pre-1990**			NPA
54405	Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir	**Pre-1990**			NPA
54406	Removal of all components of a multi-component, inflatable penile prosthesis without replacement of prosthesis	**1/1/2002**			NPA
54408	Repair of component(s) of a multi-component, inflatable penile prosthesis	**1/1/2002**			NPA
54410	Removal and replacement of all component(s) of a multi-component, inflatable penile prosthesis at the same operative session	**1/1/2002**			NPA
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	**1/1/2002**			NPA
54415	Removal of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis, without replacement of prosthesis	**1/1/2002**			NPA
54416	Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis at the same operative session	**1/1/2002**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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	1/1/2002			NPA
54420	Corpora cavernosa-saphenous vein shunt (priapism operation), unilateral or bilateral	Pre-1990			NPA
54430	Corpora cavernosa-corpus spongiosum shunt (priapism operation), unilateral or bilateral	Pre-1990			NPA
54435	Corpora cavernosa-glans penis fistulization (eg, biopsy needle, Winter procedure, rongeur, or punch) for priapism	Pre-1990			NPA
54437	Repair of traumatic corporeal tear(s)	1/1/2016			NPA
54438	Replantation, penis, complete amputation including urethral repair	1/1/2016			NPA
54440	Plastic operation of penis for injury	Pre-1990			NPA
54450	Foreskin manipulation including lysis of preputial adhesions and stretching	Pre-1990			NPA
54500	Biopsy of testis, needle (separate procedure)	Pre-1990			NPA
54505	Biopsy of testis, incisional (separate procedure)	Pre-1990			NPA
54512	Excision of extraparenchymal lesion of testis	1/1/2001			NPA
54520	Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach	Pre-1990			NPA
54522	Orchiectomy, partial	1/1/2001			NPA
54530	Orchiectomy, radical, for tumor; inguinal approach	Pre-1990			NPA
54535	Orchiectomy, radical, for tumor; with abdominal exploration	Pre-1990			NPA
54550	Exploration for undescended testis (inguinal or scrotal area)	Pre-1990			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
54560	Exploration for undescended testis with abdominal exploration	Pre-1990			NPA
54600	Reduction of torsion of testis, surgical, with or without fixation of contralateral testis	Pre-1990			NPA
54620	Fixation of contralateral testis (separate procedure)	Pre-1990			NPA
54640	Orchiopexy, inguinal or scrotal approach	Pre-1990			NPA
54650	Orchiopexy, abdominal approach, for intra-abdominal testis (eg, Fowler-Stephens)	1/1/1994			NPA
54660	Insertion of testicular prosthesis (separate procedure)	Pre-1990			NPA
54670	Suture or repair of testicular injury	Pre-1990			NPA
54680	Transplantation of testis(es) to thigh (because of scrotal destruction)	Pre-1990			NPA
54690	Laparoscopy, surgical; orchiectomy	1/1/2000			NPA
54692	Laparoscopy, surgical; orchiopexy for intra-abdominal testis	Pre-1990			NPA
54699	Unlisted laparoscopy procedure, testis	1/1/2000			PA
54700	Incision and drainage of epididymis, testis and/or scrotal space (eg, abscess or hematoma)	Pre-1990			NPA
54800	Biopsy of epididymis, needle	Pre-1990			NPA
54830	Excision of local lesion of epididymis	Pre-1990			NPA
54840	Excision of spermatocele, with or without epididymectomy	Pre-1990			NPA
54860	Epididymectomy; unilateral	Pre-1990			NPA
54861	Epididymectomy; bilateral	Pre-1990			NPA
54865	Exploration of epididymis, with or without biopsy	1/1/2007			NPA
54900	Epididymovasostomy, anastomosis of epididymis to vas deferens; unilateral	Pre-1990			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
54901	Epididymovasostomy, anastomosis of epididymis to vas deferens; bilateral	**Pre-1990**			NPA
55000	Puncture aspiration of hydrocele, tunica vaginalis, with or without injection of medication	**Pre-1990**			NPA
55040	Excision of hydrocele; unilateral	**Pre-1990**			NPA
55041	Excision of hydrocele; bilateral	**Pre-1990**			NPA
55060	Repair of tunica vaginalis hydrocele (Bottle type)	**Pre-1990**			NPA
55100	Drainage of scrotal wall abscess	**Pre-1990**			NPA
55110	Scrotal exploration	**Pre-1990**			NPA
55120	Removal of foreign body in scrotum	**Pre-1990**			NPA
55150	Resection of scrotum	**Pre-1990**			NPA
55175	Scrotoplasty; simple	**Pre-1990**			PA
55180	Scrotoplasty; complicated	**Pre-1990**			PA
55200	Vasotomy, cannulization with or without incision of vas, unilateral or bilateral (separate procedure)	**Pre-1990**			NPA
55250	Vasectomy, unilateral or bilateral (separate procedure), including postoperative semen examination(s)	**Pre-1990**			NPA
55300	Vasotomy for vasograms, seminal vesiculograms, or epididymograms, unilateral or bilateral	**Pre-1990**			NPA
55400	Vasovasostomy, vasovasorrhaphy	**Pre-1990**			NPA
55500	Excision of hydrocele of spermatic cord, unilateral (separate procedure)	**Pre-1990**			NPA
55520	Excision of lesion of spermatic cord (separate procedure)	**Pre-1990**			NPA
55530	Excision of varicocele or ligation of spermatic veins for varicocele; (separate procedure)	**Pre-1990**			NPA
55535	Excision of varicocele or ligation of spermatic veins for varicocele; abdominal approach	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
55540	Excision of varicocele or ligation of spermatic veins for varicocele; with hernia repair	**Pre-1990**			NPA
55550	Laparoscopy, surgical, with ligation of spermatic veins for varicocele	**1/1/2000**			NPA
55559	Unlisted laparoscopy procedure, spermatic cord	**1/1/2000**			PA
55600	Vesiculotomy	**Pre-1990**			NPA
55605	Vesiculotomy; complicated	**Pre-1990**			NPA
55650	Vesiculectomy, any approach	**Pre-1990**			NPA
55680	Excision of Mullerian duct cyst	**Pre-1990**			NPA
55700	Biopsy, prostate; needle or punch, single or multiple, any approach	**Pre-1990**			NPA
55705	Biopsy, prostate; incisional, any approach	**Pre-1990**			NPA
55706	Biopsies, prostate, needle, transperineal, stereotactic template guided saturation sampling, including imaging guidance	**1/1/2009**		**9/1/2023**	NPA
55720	Prostatotomy, external drainage of prostatic abscess, any approach; simple	**Pre-1990**			NPA
55725	Prostatotomy, external drainage of prostatic abscess, any approach; complicated	**Pre-1990**			NPA
55801	Prostatectomy, perineal, subtotal (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy)	**Pre-1990**			NPA
55810	Prostatectomy, perineal radical	**Pre-1990**			NPA
55812	Prostatectomy, perineal radical; with lymph node biopsy(s) (limited pelvic lymphadenectomy)	**Pre-1990**			NPA
55815	Prostatectomy, perineal radical; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
55821	Prostatectomy (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy); suprapubic, subtotal, 1 or 2 stages	**Pre-1990**			NPA
55831	Prostatectomy (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy); retropubic, subtotal	**Pre-1990**			NPA
55840	Prostatectomy, retropubic radical, with or without nerve sparing	**Pre-1990**			NPA
55842	Prostatectomy, retropubic radical, with or without nerve sparing; with lymph node biopsy(s) (limited pelvic lymphadenectomy)	**Pre-1990**			NPA
55845	Prostatectomy, retropubic radical, with or without nerve sparing; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes	**Pre-1990**			NPA
55860	Exposure of prostate, any approach, for insertion of radioactive substance	**Pre-1990**			NPA
55862	Exposure of prostate, any approach, for insertion of radioactive substance; with lymph node biopsy(s) (limited pelvic lymphadenectomy)	**Pre-1990**			NPA
55865	Exposure of prostate, any approach, for insertion of radioactive substance; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes	**Pre-1990**			NPA
55866	Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed	**1/1/2003**			NPA
55867	Laparoscopy, surgical prostatectomy, simple subtotal (including control of postoperative bleeding, vasectomy,	**1/1/2023**		**9/1/2023**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	meatotomy, urethral calibration and/or dilation, and internal urethrotomy), includes robotic assistance, when performed				
55870	Electroejaculation	**1/1/1992**			NC
55873	Cryosurgical ablation of the prostate (includes ultrasonic guidance and monitoring)	**1/1/2001**			NPA
55874	Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, when performed	**1/1/2018**			NPA
55875	Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or without cystoscopy	**1/1/2007**			NPA
55876	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple	**1/1/2007**			NPA
55880	Ablation of malignant prostate tissue, transrectal, with high intensity-focused ultrasound (HIFU), including ultrasound guidance	**1/1/2021**		**9/1/2023**	NC
55899	Unlisted procedure, male genital system	**Pre-1990**		**9/1/2023**	PA
55920	Placement of needles or catheters into pelvic organs and/or genitalia (except prostate) for subsequent interstitial radioelement application	**1/1/2008**			PA
55970	Intersex surgery; male to female	**Pre-1990**			PA
55980	Intersex surgery; female to male	**Pre-1990**			PA
56405	Incision and drainage of vulva or perineal abscess	**1/1/1993**		**9/1/2023**	NPA
56420	Incision and drainage of Bartholin's gland abscess	**Pre-1990**		**9/1/2023**	NPA
56440	Marsupialization of Bartholin's gland cyst	**Pre-1990**		**9/1/2023**	NPA
56441	Lysis of labial adhesions	**1/1/1991**		**9/1/2023**	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
56442	Hymenotomy, simple incision	**1/1/2007**		**9/1/2023**	NPA
56501	Destruction of lesion(s), vulva; simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	**Pre-1990**		**7/1/2021**	NPA
56515	Destruction of lesion(s), vulva; extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	**Pre-1990**			NPA
56605	Biopsy of vulva or perineum (separate procedure); 1 lesion	**Pre-1990**		**5/1/2023**	NPA
56606	Biopsy of vulva or perineum (separate procedure); each separate additional lesion (List separately in addition to code for primary procedure)	**1/1/1993**		**5/1/2023**	NPA
56620	Vulvectomy simple; partial	**Pre-1990**		**9/1/2023**	NPA
56625	Vulvectomy simple; complete	**Pre-1990**		**9/1/2023**	NPA
56630	Vulvectomy, radical, partial	**Pre-1990**			NPA
56631	Vulvectomy, radical, partial; with unilateral inguinofemoral lymphadenectomy	**1/1/1993**			NPA
56632	Vulvectomy, radical, partial; with bilateral inguinofemoral lymphadenectomy	**1/1/1994**			NPA
56633	Vulvectomy, radical, complete	**Pre-1990**			NPA
56634	Vulvectomy, radical, complete; with unilateral inguinofemoral lymphadenectomy	**1/1/1993**			NPA
56637	Vulvectomy, radical, complete; with bilateral inguinofemoral lymphadenectomy	**1/1/1993**			NPA
56640	Vulvectomy, radical, complete, with inguinofemoral, iliac, and pelvic lymphadenectomy	**Pre-1990**			NPA
56700	Partial hymenectomy or revision of hymenal ring	**Pre-1990**		**9/1/2023**	NPA
56740	Excision of Bartholin's gland or cyst	**Pre-1990**		**9/1/2023**	NPA
56800	Plastic repair of introitus	**Pre-1990**			PA
56805	Clitoroplasty for intersex state	**1/1/1992**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
56810	Perineoplasty, repair of perineum, nonobstetrical (separate procedure)	1/1/1993		9/1/2023	NPA
56820	Colposcopy of the vulva	1/1/2003		9/1/2023	NPA
56821	Colposcopy of the vulva; with biopsy(s)	1/1/2003		9/1/2023	NPA
57000	Colpotomy; with exploration	Pre-1990		9/1/2023	NPA
57010	Colpotomy; with drainage of pelvic abscess	Pre-1990			NPA
57020	Colpocentesis (separate procedure)	Pre-1990		9/1/2023	NPA
57022	Incision and drainage of vaginal hematoma; obstetrical/postpartum	1/1/2001		9/1/2023	NPA
57023	Incision and drainage of vaginal hematoma; non-obstetrical (eg, post-trauma, spontaneous bleeding)	1/1/2001			NPA
57061	Destruction of vaginal lesion(s); simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	Pre-1990		9/1/2023	NPA
57065	Destruction of vaginal lesion(s); extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	Pre-1990		9/1/2023	NPA
57100	Biopsy of vaginal mucosa; simple (separate procedure)	Pre-1990		9/1/2023	NPA
57105	Biopsy of vaginal mucosa; extensive, requiring suture (including cysts)	Pre-1990		9/1/2023	NPA
57106	Vaginectomy, partial removal of vaginal wall	Pre-1990			PA
57107	Vaginectomy, partial removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy)	1/1/1999			NPA
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)	1/1/1999			NPA
57110	Vaginectomy, complete removal of vaginal wall	Pre-1990			PA
57111	Vaginectomy, complete removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy)	1/1/1999			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
57120	Colpocleisis (Le Fort type)	**Pre-1990**			NPA
57130	Excision of vaginal septum	**Pre-1990**		**9/1/2023**	NPA
57135	Excision of vaginal cyst or tumor	**Pre-1990**		**9/1/2023**	NPA
57150	Irrigation of vagina and/or application of medicament for treatment of bacterial, parasitic, or fungoid disease	**Pre-1990**		**9/1/2023**	NPA
57155	Insertion of uterine tandem and/or vaginal ovoids for clinical brachytherapy	**1/1/2002**			NPA
57156	Insertion of a vaginal radiation afterloading apparatus for clinical brachytherapy	**1/1/2011**			NPA
57160	Fitting and insertion of pessary or other intravaginal support device	**Pre-1990**		**9/1/2023**	NPA
57170	Diaphragm or cervical cap fitting with instructions	**Pre-1990**		**9/1/2023**	NPA
57180	Introduction of any hemostatic agent or pack for spontaneous or traumatic nonobstetrical vaginal hemorrhage (separate procedure)	**Pre-1990**		**9/1/2023**	NPA
57200	Colporrhaphy, suture of injury of vagina (nonobstetrical)	**Pre-1990**			NPA
57210	Colpoperineorrhaphy, suture of injury of vagina and/or perineum (nonobstetrical)	**Pre-1990**			NPA
57220	Plastic operation on urethral sphincter, vaginal approach (eg, Kelly urethral plication)	**Pre-1990**			NPA
57230	Plastic repair of urethrocele	**Pre-1990**			NPA
57240	Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele, including cystourethroscopy, when performed	**Pre-1990**			NPA
57250	Posterior colporrhaphy, repair of rectocele with or without perineorrhaphy	**Pre-1990**			NPA
57260	Combined anteroposterior colporrhaphy, including cystourethroscopy, when performed	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
57265	Combined anteroposterior colporrhaphy, including cystourethroscopy, when performed; with enterocele repair	**Pre-1990**			NPA
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)	**1/1/2005**			NPA
57268	Repair of enterocele, vaginal approach (separate procedure)	**Pre-1990**			NPA
57270	Repair of enterocele, abdominal approach (separate procedure)	**Pre-1990**			NPA
57280	Colpopexy, abdominal approach	**Pre-1990**			NPA
57282	Colpopexy, vaginal; extra-peritoneal approach (sacrospinous, iliococcygeus)	**Pre-1990**			NPA
57283	Colpopexy, vaginal; intra-peritoneal approach (uterosacral, levator myorrhaphy)	**1/1/2005**			NPA
57284	Paravaginal defect repair (including repair of cystocele, if performed); open abdominal approach	**Pre-1990**			NPA
57285	Paravaginal defect repair (including repair of cystocele, if performed); vaginal approach	**1/1/2008**			NPA
57287	Removal or revision of sling for stress incontinence (eg, fascia or synthetic)	**1/1/2001**		**9/1/2023**	NPA
57288	Sling operation for stress incontinence (eg, fascia or synthetic)	**Pre-1990**		**9/1/2023**	NPA
57289	Pereyra procedure, including anterior colporrhaphy	**Pre-1990**			NPA
57291	Construction of artificial vagina; without graft	**Pre-1990**			PA
57292	Construction of artificial vagina; with graft	**Pre-1990**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
57295	Revision (including removal) of prosthetic vaginal graft; vaginal approach	**1/1/2006**		**9/1/2023**	NPA
57296	Revision (including removal) of prosthetic vaginal graft; open abdominal approach	**1/1/2007**		**9/1/2023**	NPA
57300	Closure of rectovaginal fistula; vaginal or transanal approach	**Pre-1990**			NPA
57305	Closure of rectovaginal fistula; abdominal approach	**Pre-1990**			NPA
57307	Closure of rectovaginal fistula; abdominal approach, with concomitant colostomy	**Pre-1990**			NPA
57308	Closure of rectovaginal fistula; transperineal approach, with perineal body reconstruction, with or without levator plication	**1/1/1998**			NPA
57310	Closure of urethrovaginal fistula	**Pre-1990**			NPA
57311	Closure of urethrovaginal fistula; with bulbocavernosus transplant	**Pre-1990**			NPA
57320	Closure of vesicovaginal fistula; vaginal approach	**Pre-1990**			NPA
57330	Closure of vesicovaginal fistula; transvesical and vaginal approach	**Pre-1990**			NPA
57335	Vaginoplasty for intersex state	**1/1/1992**		**9/1/2023**	PA
57400	Dilation of vagina under anesthesia (other than local)	**Pre-1990**		**9/1/2023**	NPA
57410	Pelvic examination under anesthesia (other than local)	**Pre-1990**		**9/1/2023**	NPA
57415	Removal of impacted vaginal foreign body (separate procedure) under anesthesia (other than local)	**Pre-1990**		**9/1/2023**	NPA
57420	Colposcopy of the entire vagina, with cervix if present	**1/1/2003**		**9/1/2023**	NPA
57421	Colposcopy of the entire vagina, with cervix if present; with biopsy(s) of vagina/cervix	**1/1/2003**		**9/1/2023**	NPA
57423	Paravaginal defect repair (including repair of cystocele, if performed), laparoscopic approach	**1/1/2008**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
57425	Laparoscopy, surgical, colpopexy (suspension of vaginal apex)	**1/1/2004**			NPA
57426	Revision (including removal) of prosthetic vaginal graft, laparoscopic approach	**1/1/2010**			PA
57452	Colposcopy of the cervix including upper/adjacent vagina	**Pre-1990**		**9/1/2023**	NPA
57454	Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix and endocervical curettage	**Pre-1990**		**9/1/2023**	NPA
57455	Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix	**1/1/2003**		**9/1/2023**	NPA
57456	Colposcopy of the cervix including upper/adjacent vagina; with endocervical curettage	**1/1/2003**		**9/1/2023**	NPA
57460	Colposcopy of the cervix including upper/adjacent vagina; with loop electrode biopsy(s) of the cervix	**Pre-1990**			NPA
57461	Colposcopy of the cervix including upper/adjacent vagina; with loop electrode conization of the cervix	**1/1/2003**			NPA
57465	Computer-aided mapping of cervix uteri during colposcopy, including optical dynamic spectral imaging and algorithmic quantification of the acetowhitening effect (List separately in addition to code for primary procedure)	**1/1/2021**		**4/1/2021**	NC
57500	Biopsy of cervix, single or multiple, or local excision of lesion, with or without fulguration (separate procedure)	**Pre-1990**		**9/1/2023**	NPA
57505	Endocervical curettage (not done as part of a dilation and curettage)	**Pre-1990**		**9/1/2023**	NPA
57510	Cautery of cervix; electro or thermal	**Pre-1990**		**9/1/2023**	NPA
57511	Cautery of cervix; cryocautery, initial or repeat	**Pre-1990**		**9/1/2023**	NPA
57513	Cautery of cervix; laser ablation	**Pre-1990**		**9/1/2023**	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
57520	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; cold knife or laser	**Pre-1990**			NPA
57522	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; loop electrode excision	**1/1/1995**		**9/1/2023**	NPA
57530	Trachelectomy (cervicectomy), amputation of cervix (separate procedure)	**Pre-1990**			NPA
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)	**1/1/1998**			NPA
57540	Excision of cervical stump, abdominal approach	**Pre-1990**			NPA
57545	Excision of cervical stump, abdominal approach; with pelvic floor repair	**Pre-1990**			NPA
57550	Excision of cervical stump, vaginal approach	**Pre-1990**			NPA
57555	Excision of cervical stump, vaginal approach; with anterior and/or posterior repair	**Pre-1990**			NPA
57556	Excision of cervical stump, vaginal approach; with repair of enterocele	**Pre-1990**			NPA
57558	Dilation and curettage of cervical stump	**1/1/2007**		**9/1/2023**	NPA
57700	Cerclage of uterine cervix, nonobstetrical	**Pre-1990**		**9/1/2023**	NPA
57720	Trachelorrhaphy, plastic repair of uterine cervix, vaginal approach	**Pre-1990**			NPA
57800	Dilation of cervical canal, instrumental (separate procedure)	**Pre-1990**		**9/1/2023**	NPA
58100	Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)	**Pre-1990**		**9/1/2023**	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
58110	Endometrial sampling (biopsy) performed in conjunction with colposcopy (List separately in addition to code for primary procedure)	**1/1/2006**		**9/1/2023**	NPA
58120	Dilation and curettage, diagnostic and/or therapeutic (nonobstetrical)	**Pre-1990**			NPA
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	**Pre-1990**			NPA
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	**Pre-1990**			NPA
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	**1/1/2003**			NPA
58150	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s)	**Pre-1990**			PA
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)	**Pre-1990**			PA
58180	Supracervical abdominal hysterectomy (subtotal hysterectomy), with or without removal of tube(s), with or without removal of ovary(s)	**Pre-1990**			PA
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)	**Pre-1990**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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)	**Pre-1990**			PA
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, or any combination thereof	**Pre-1990**			PA
58260	Vaginal hysterectomy, for uterus 250 g or less	**Pre-1990**			PA
58262	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s)	**Pre-1990**			PA
58263	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s), with repair of enterocele	**Pre-1990**			PA
58267	Vaginal hysterectomy, for uterus 250 g or less; with colpo-urethrocystopexy (Marshall-Marchetti-Krantz type, Pereyra type) with or without endoscopic control	**Pre-1990**			PA
58270	Vaginal hysterectomy, for uterus 250 g or less; with repair of enterocele	**Pre-1990**			PA
58275	Vaginal hysterectomy, with total or partial vaginectomy	**Pre-1990**			PA
58280	Vaginal hysterectomy, with total or partial vaginectomy; with repair of enterocele	**Pre-1990**			PA
58285	Vaginal hysterectomy, radical (Schauta type operation)	**Pre-1990**			PA
58290	Vaginal hysterectomy, for uterus greater than 250 g	**1/1/2003**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
58291	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	**1/1/2003**			PA
58292	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s), with repair of enterocele	**1/1/2003**			PA
58294	Vaginal hysterectomy, for uterus greater than 250 g; with repair of enterocele	**1/1/2003**			PA
58300	Insertion of intrauterine device (IUD)	**Pre-1990**		**9/1/2023**	NPA
58301	Removal of intrauterine device (IUD)	**Pre-1990**		**9/1/2023**	NPA
58321	Artificial insemination; intra-cervical	**1/1/1994**			NC
58322	Artificial insemination; intra-uterine	**1/1/1994**			NC
58323	Sperm washing for artificial insemination	**1/1/1994**			NC
58340	Catheterization and introduction of saline or contrast material for saline infusion sonohysterography (SIS) or hysterosalpingography	**Pre-1990**			NPA
58345	Transcervical introduction of fallopian tube catheter for diagnosis and/or re-establishing patency (any method), with or without hysterosalpingography	**1/1/1993**			NPA
58346	Insertion of Heyman capsules for clinical brachytherapy	**1/1/2002**			NPA
58350	Chromotubation of oviduct, including materials	**Pre-1990**			NPA
58353	Endometrial ablation, thermal, without hysteroscopic guidance	**1/1/2001**			NPA
58356	Endometrial cryoablation with ultrasonic guidance, including endometrial curettage, when performed	**1/1/2005**			NPA
58400	Uterine suspension, with or without shortening of round ligaments, with or without shortening of sacrouterine ligaments; (separate procedure)	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
58410	Uterine suspension, with or without shortening of round ligaments, with or without shortening of sacrouterine ligaments; with presacral sympathectomy	**Pre-1990**			NPA
58520	Hysterorrhaphy, repair of ruptured uterus (nonobstetrical)	**Pre-1990**			NPA
58540	Hysteroplasty, repair of uterine anomaly (Strassman type)	**Pre-1990**			NPA
58541	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less	**1/1/2007**			PA
58542	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	**1/1/2007**			PA
58543	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g	**1/1/2007**			PA
58544	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	**1/1/2007**			PA
58545	Laparoscopy, surgical, myomectomy, excision; 1 to 4 intramural myomas with total weight of 250 g or less and/or removal of surface myomas	**1/1/2003**			PA
58546	Laparoscopy, surgical, myomectomy, excision; 5 or more intramural myomas and/or intramural myomas with total weight greater than 250 g	**1/1/2003**			PA
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	**1/1/2007**			PA
58550	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less	**Pre-1990**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
58552	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	**1/1/2003**			PA
58553	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g	**1/1/2003**			PA
58554	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	**1/1/2003**			PA
58555	Hysteroscopy, diagnostic (separate procedure)	**1/1/2000**			NPA
58558	Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C	**1/1/2000**			NPA
58559	Hysteroscopy, surgical; with lysis of intrauterine adhesions (any method)	**1/1/2000**			NPA
58560	Hysteroscopy, surgical; with division or resection of intrauterine septum (any method)	**1/1/2000**			NPA
58561	Hysteroscopy, surgical; with removal of leiomyomata	**1/1/2000**			NPA
58562	Hysteroscopy, surgical; with removal of impacted foreign body	**1/1/2000**			NPA
58563	Hysteroscopy, surgical; with endometrial ablation (eg, endometrial resection, electrosurgical ablation, thermoablation)	**Pre-1990**			NPA
58565	Hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants	**1/1/2005**			NPA
58570	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less	**1/1/2008**			PA
58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	**1/1/2008**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
58572	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g	**1/1/2008**			PA
58573	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	**1/1/2008**			PA
58575	Laparoscopy, surgical, total hysterectomy for resection of malignancy (tumor debulking), with omentectomy including salpingo-oophorectomy, unilateral or bilateral, when performed	**1/1/2018**			PA
58578	Unlisted laparoscopy procedure, uterus	**1/1/2000**			PA
58579	Unlisted hysteroscopy procedure, uterus	**1/1/2000**			PA
58600	Ligation or transection of fallopian tube(s), abdominal or vaginal approach, unilateral or bilateral	**Pre-1990**			NPA
58605	Ligation or transection of fallopian tube(s), abdominal or vaginal approach, postpartum, unilateral or bilateral, during same hospitalization (separate procedure)	**Pre-1990**			NPA
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)	**Pre-1990**			NPA
58615	Occlusion of fallopian tube(s) by device (eg, band, clip, Falope ring) vaginal or suprapubic approach	**Pre-1990**			NPA
58660	Laparoscopy, surgical; with lysis of adhesions (salpingolysis, ovariolysis) (separate procedure)	**1/1/2000**			NPA
58661	Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)	**1/1/2000**			NPA
58662	Laparoscopy, surgical; with fulguration or excision of lesions of the ovary, pelvic viscera, or peritoneal surface by any method	**1/1/2000**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
58670	Laparoscopy, surgical; with fulguration of oviducts (with or without transection)	**1/1/2000**			NPA
58671	Laparoscopy, surgical; with occlusion of oviducts by device (eg, band, clip, or Falope ring)	**1/1/2000**			NPA
58672	Laparoscopy, surgical; with fimbrioplasty	**1/1/2000**			NPA
58673	Laparoscopy, surgical; with salpingostomy (salpingoneostomy)	**1/1/2000**			NPA
58674	Laparoscopy, surgical, ablation of uterine fibroid(s) including intraoperative ultrasound guidance and monitoring, radiofrequency	**1/1/2017**			NPA
58679	Unlisted laparoscopy procedure, oviduct, ovary	**1/1/2000**			PA
58700	Salpingectomy, complete or partial, unilateral or bilateral (separate procedure)	**Pre-1990**			NPA
58720	Salpingo-oophorectomy, complete or partial, unilateral or bilateral (separate procedure)	**Pre-1990**			NPA
58740	Lysis of adhesions (salpingolysis, ovariolysis)	**Pre-1990**			NPA
58750	Tubotubal anastomosis	**Pre-1990**			NC
58752	Tubouterine implantation	**Pre-1990**			NC
58760	Fimbrioplasty	**Pre-1990**			NPA
58770	Salpingostomy (salpingoneostomy)	**Pre-1990**			NPA
58800	Drainage of ovarian cyst(s), unilateral or bilateral (separate procedure); vaginal approach	**Pre-1990**			NPA
58805	Drainage of ovarian cyst(s), unilateral or bilateral (separate procedure); abdominal approach	**Pre-1990**			NPA
58820	Drainage of ovarian abscess; vaginal approach, open	**Pre-1990**			NPA
58822	Drainage of ovarian abscess; abdominal approach	**Pre-1990**			NPA
58825	Transposition, ovary(s)	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
58900	Biopsy of ovary, unilateral or bilateral (separate procedure)	**Pre-1990**			NPA
58920	Wedge resection or bisection of ovary, unilateral or bilateral	**Pre-1990**			NPA
58925	Ovarian cystectomy, unilateral or bilateral	**Pre-1990**			NPA
58940	Oophorectomy, partial or total, unilateral or bilateral	**Pre-1990**			NPA
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	**Pre-1990**			NPA
58950	Resection (initial) of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy	**Pre-1990**			NPA
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	**Pre-1990**		**9/1/2023**	NPA
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)	**Pre-1990**			NPA
58953	Bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy and radical dissection for debulking	**1/1/2002**		**9/1/2023**	NPA
58954	Bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy and radical dissection for	**1/1/2002**		**9/1/2023**	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	debulking; with pelvic lymphadenectomy and limited para-aortic lymphadenectomy				
58956	Bilateral salpingo-oophorectomy with total omentectomy, total abdominal hysterectomy for malignancy	**1/1/2005**		**9/1/2023**	NPA
58957	Resection (tumor debulking) of recurrent ovarian, tubal, primary peritoneal, uterine malignancy (intra-abdominal, retroperitoneal tumors), with omentectomy, if performed	**1/1/2007**			NPA
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	**1/1/2007**			NPA
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	**Pre-1990**			NPA
58970	Follicle puncture for oocyte retrieval, any method	**Pre-1990**			NC
58974	Embryo transfer, intrauterine	**Pre-1990**			NC
58976	Gamete, zygote, or embryo intrafallopian transfer, any method	**Pre-1990**			NC
58999	Unlisted procedure, female genital system (nonobstetrical)	**Pre-1990**			PA
59000	Amniocentesis; diagnostic	**Pre-1990**			NPA
59001	Amniocentesis; therapeutic amniotic fluid reduction (includes ultrasound guidance)	**1/1/2002**			NPA
59012	Cordocentesis (intrauterine), any method	**1/1/1990**			NPA
59015	Chorionic villus sampling, any method	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
59020	Fetal contraction stress test	Pre-1990			NPA
59025	Fetal non-stress test	Pre-1990			NPA
59030	Fetal scalp blood sampling	Pre-1990			NPA
59050	Fetal monitoring during labor by consulting physician (ie, non-attending physician) with written report; supervision and interpretation	Pre-1990			NPA
59051	Fetal monitoring during labor by consulting physician (ie, non-attending physician) with written report; interpretation only	1/1/1995			NPA
59070	Transabdominal amnioinfusion, including ultrasound guidance	1/1/2004			NPA
59072	Fetal umbilical cord occlusion, including ultrasound guidance	1/1/2004			NPA
59074	Fetal fluid drainage (eg, vesicocentesis, thoracocentesis, paracentesis), including ultrasound guidance	1/1/2004			NPA
59076	Fetal shunt placement, including ultrasound guidance	1/1/2004			NPA
59100	Hysterotomy, abdominal (eg, for hydatidiform mole, abortion)	Pre-1990			NPA
59120	Surgical treatment of ectopic pregnancy; tubal or ovarian, requiring salpingectomy and/or oophorectomy, abdominal or vaginal approach	Pre-1990			NPA
59121	Surgical treatment of ectopic pregnancy; tubal or ovarian, without salpingectomy and/or oophorectomy	Pre-1990			NPA
59130	Surgical treatment of ectopic pregnancy; abdominal pregnancy	Pre-1990			NPA
59136	Surgical treatment of ectopic pregnancy; interstitial, uterine pregnancy with partial resection of uterus	1/1/1990			NPA
59140	Surgical treatment of ectopic pregnancy; cervical, with evacuation	Pre-1990			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
59150	Laparoscopic treatment of ectopic pregnancy; without salpingectomy and/or oophorectomy	1/1/1990			NPA
59151	Laparoscopic treatment of ectopic pregnancy; with salpingectomy and/or oophorectomy	1/1/1990			NPA
59160	Curettage, postpartum	Pre-1990			NPA
59200	Insertion of cervical dilator (eg, laminaria, prostaglandin) (separate procedure)	Pre-1990			NPA
59300	Episiotomy or vaginal repair, by other than attending	Pre-1990			NPA
59320	Cerclage of cervix, during pregnancy; vaginal	1/1/1990			NPA
59325	Cerclage of cervix, during pregnancy; abdominal	1/1/1990			NPA
59350	Hysterorrhaphy of ruptured uterus	Pre-1990			NPA
59400	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care	Pre-1990			NPA
59409	Vaginal delivery only (with or without episiotomy and/or forceps)	Pre-1990			NPA
59410	Vaginal delivery only (with or without episiotomy and/or forceps); including postpartum care	Pre-1990			NPA
59412	External cephalic version, with or without tocolysis	Pre-1990			NPA
59414	Delivery of placenta (separate procedure)	1/1/1990			NPA
59425	Antepartum care only; 4-6 visits	1/1/1994			NPA
59426	Antepartum care only; 7 or more visits	1/1/1994			NPA
59430	Postpartum care only (separate procedure)	Pre-1990			NPA
59510	Routine obstetric care including antepartum care, cesarean delivery, and postpartum care	1/1/1990			NPA
59514	Cesarean delivery only	Pre-1990			NPA
59515	Cesarean delivery only; including postpartum care	1/1/1990			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
59525	Subtotal or total hysterectomy after cesarean delivery (List separately in addition to code for primary procedure)	**1/1/1990**			NPA
59610	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care, after previous cesarean delivery	**1/1/1996**			NPA
59612	Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps)	**Pre-1990**			NPA
59614	Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps); including postpartum care	**1/1/1996**			NPA
59618	Routine obstetric care including antepartum care, cesarean delivery, and postpartum care, following attempted vaginal delivery after previous cesarean delivery	**1/1/1996**			NPA
59620	Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery	**Pre-1990**			NPA
59622	Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery; including postpartum care	**1/1/1996**			NPA
59812	Treatment of incomplete abortion, any trimester, completed surgically	**1/1/1990**			NPA
59820	Treatment of missed abortion, completed surgically; first trimester	**Pre-1990**			NPA
59821	Treatment of missed abortion, completed surgically; second trimester	**1/1/1990**			NPA
59830	Treatment of septic abortion, completed surgically	**Pre-1990**			NPA
59840	Induced abortion, by dilation and curettage	**Pre-1990**			NPA
59841	Induced abortion, by dilation and evacuation	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
59850	Induced abortion, by 1 or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines	**Pre-1990**			NPA
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	**Pre-1990**			NPA
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)	**Pre-1990**			NPA
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	**Pre-1990**			NPA
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	**Pre-1990**			NPA
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)	**Pre-1990**			NPA
59866	Multifetal pregnancy reduction(s) (MPR)	**1/1/1997**		**9/1/2023**	PA
59870	Uterine evacuation and curettage for hydatidiform mole	**1/1/1990**			NPA
59871	Removal of cerclage suture under anesthesia (other than local)	**1/1/1998**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
59897	Unlisted fetal invasive procedure, including ultrasound guidance, when performed	1/1/2004			PA
59898	Unlisted laparoscopy procedure, maternity care and delivery	1/1/2000			PA
59899	Unlisted procedure, maternity care and delivery	Pre-1990			PA
60000	Incision and drainage of thyroglossal duct cyst, infected	Pre-1990			NPA
60100	Biopsy thyroid, percutaneous core needle	Pre-1990			NPA
60200	Excision of cyst or adenoma of thyroid, or transection of isthmus	Pre-1990			NPA
60210	Partial thyroid lobectomy, unilateral; with or without isthmusectomy	1/1/1995			NPA
60212	Partial thyroid lobectomy, unilateral; with contralateral subtotal lobectomy, including isthmusectomy	1/1/1995			NPA
60220	Total thyroid lobectomy, unilateral; with or without isthmusectomy	Pre-1990			NPA
60225	Total thyroid lobectomy, unilateral; with contralateral subtotal lobectomy, including isthmusectomy	Pre-1990			NPA
60240	Thyroidectomy, total or complete	Pre-1990			NPA
60252	Thyroidectomy, total or subtotal for malignancy; with limited neck dissection	Pre-1990			NPA
60254	Thyroidectomy, total or subtotal for malignancy; with radical neck dissection	Pre-1990			NPA
60260	Thyroidectomy, removal of all remaining thyroid tissue following previous removal of a portion of thyroid	Pre-1990			NPA
60270	Thyroidectomy, including substernal thyroid; sternal split or transthoracic approach	Pre-1990			NPA
60271	Thyroidectomy, including substernal thyroid; cervical approach	Pre-1990			NPA
60280	Excision of thyroglossal duct cyst or sinus	Pre-1990			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
60281	Excision of thyroglossal duct cyst or sinus; recurrent	**Pre-1990**			NPA
60300	Aspiration and/or injection, thyroid cyst	**1/1/2008**			NPA
60500	Parathyroidectomy or exploration of parathyroid(s)	**Pre-1990**			NPA
60502	Parathyroidectomy or exploration of parathyroid(s); re-exploration	**Pre-1990**			NPA
60505	Parathyroidectomy or exploration of parathyroid(s); with mediastinal exploration, sternal split or transthoracic approach	**Pre-1990**			NPA
60512	Parathyroid autotransplantation (List separately in addition to code for primary procedure)	**Pre-1990**			NPA
60520	Thymectomy, partial or total; transcervical approach (separate procedure)	**Pre-1990**			NPA
60521	Thymectomy, partial or total; sternal split or transthoracic approach, without radical mediastinal dissection (separate procedure)	**1/1/1995**			NPA
60522	Thymectomy, partial or total; sternal split or transthoracic approach, with radical mediastinal dissection (separate procedure)	**1/1/1995**			NPA
60540	Adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal (separate procedure)	**Pre-1990**			NPA
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	**Pre-1990**			NPA
60600	Excision of carotid body tumor; without excision of carotid artery	**Pre-1990**			NPA
60605	Excision of carotid body tumor; with excision of carotid artery	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
60650	Laparoscopy, surgical, with adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal	**1/1/2000**			NPA
60659	Unlisted laparoscopy procedure, endocrine system	**1/1/2000**			PA
60699	Unlisted procedure, endocrine system	**Pre-1990**			PA
61000	Subdural tap through fontanelle, or suture, infant, unilateral or bilateral; initial	**Pre-1990**			NPA
61001	Subdural tap through fontanelle, or suture, infant, unilateral or bilateral; subsequent taps	**Pre-1990**			NPA
61020	Ventricular puncture through previous burr hole, fontanelle, suture, or implanted ventricular catheter/reservoir; without injection	**Pre-1990**			NPA
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	**Pre-1990**			NPA
61050	Cisternal or lateral cervical (C1-C2) puncture; without injection (separate procedure)	**Pre-1990**			NPA
61055	Cisternal or lateral cervical (C1-C2) puncture; with injection of medication or other substance for diagnosis or treatment	**Pre-1990**			NPA
61070	Puncture of shunt tubing or reservoir for aspiration or injection procedure	**Pre-1990**			NPA
61105	Twist drill hole for subdural or ventricular puncture	**Pre-1990**			NPA
61107	Twist drill hole(s) for subdural, intracerebral, or ventricular puncture; for implanting ventricular catheter, pressure recording device, or other intracerebral monitoring device	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
61108	Twist drill hole(s) for subdural, intracerebral, or ventricular puncture; for evacuation and/or drainage of subdural hematoma	**Pre-1990**			NPA
61120	Burr hole(s) for ventricular puncture (including injection of gas, contrast media, dye, or radioactive material)	**Pre-1990**			NPA
61140	Burr hole(s) or trephine; with biopsy of brain or intracranial lesion	**Pre-1990**			NPA
61150	Burr hole(s) or trephine; with drainage of brain abscess or cyst	**Pre-1990**			NPA
61151	Burr hole(s) or trephine; with subsequent tapping (aspiration) of intracranial abscess or cyst	**Pre-1990**			NPA
61154	Burr hole(s) with evacuation and/or drainage of hematoma, extradural or subdural	**Pre-1990**			NPA
61156	Burr hole(s); with aspiration of hematoma or cyst, intracerebral	**Pre-1990**			NPA
61210	Burr hole(s); for implanting ventricular catheter, reservoir, EEG electrode(s), pressure recording device, or other cerebral monitoring device (separate procedure)	**Pre-1990**			NPA
61215	Insertion of subcutaneous reservoir, pump or continuous infusion system for connection to ventricular catheter	**Pre-1990**			NPA
61250	Burr hole(s) or trephine, supratentorial, exploratory, not followed by other surgery	**Pre-1990**			NPA
61253	Burr hole(s) or trephine, infratentorial, unilateral or bilateral	**Pre-1990**			NPA
61304	Craniectomy or craniotomy, exploratory; supratentorial	**Pre-1990**			NPA
61305	Craniectomy or craniotomy, exploratory; infratentorial (posterior fossa)	**Pre-1990**			NPA
61312	Craniectomy or craniotomy for evacuation of hematoma, supratentorial; extradural or subdural	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
61313	Craniectomy or craniotomy for evacuation of hematoma, supratentorial; intracerebral	Pre-1990			NPA
61314	Craniectomy or craniotomy for evacuation of hematoma, infratentorial; extradural or subdural	Pre-1990			NPA
61315	Craniectomy or craniotomy for evacuation of hematoma, infratentorial; intracerebellar	Pre-1990			NPA
61316	Incision and subcutaneous placement of cranial bone graft (List separately in addition to code for primary procedure)	1/1/2003			NPA
61320	Craniectomy or craniotomy, drainage of intracranial abscess; supratentorial	Pre-1990			NPA
61321	Craniectomy or craniotomy, drainage of intracranial abscess; infratentorial	Pre-1990			NPA
61322	Craniectomy or craniotomy, decompressive, with or without duraplasty, for treatment of intracranial hypertension, without evacuation of associated intraparenchymal hematoma; without lobectomy	1/1/2003			NPA
61323	Craniectomy or craniotomy, decompressive, with or without duraplasty, for treatment of intracranial hypertension, without evacuation of associated intraparenchymal hematoma; with lobectomy	1/1/2003			NPA
61330	Decompression of orbit only, transcranial approach	Pre-1990			NPA
61333	Exploration of orbit (transcranial approach), with removal of lesion	Pre-1990			NPA
61340	Subtemporal cranial decompression (pseudotumor cerebri, slit ventricle syndrome)	Pre-1990			NPA
61343	Craniectomy, suboccipital with cervical laminectomy for decompression of medulla and spinal cord, with or without dural graft (eg, Arnold-Chiari malformation)	Pre-1990			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
61345	Other cranial decompression, posterior fossa	Pre-1990			NPA
61450	Craniectomy, subtemporal, for section, compression, or decompression of sensory root of gasserian ganglion	Pre-1990			NPA
61458	Craniectomy, suboccipital; for exploration or decompression of cranial nerves	Pre-1990			NPA
61460	Craniectomy, suboccipital; for section of 1 or more cranial nerves	Pre-1990			NPA
61500	Craniectomy; with excision of tumor or other bone lesion of skull	Pre-1990			NPA
61501	Craniectomy; for osteomyelitis	Pre-1990			NPA
61510	Craniectomy, trephination, bone flap craniotomy; for excision of brain tumor, supratentorial, except meningioma	Pre-1990			NPA
61512	Craniectomy, trephination, bone flap craniotomy; for excision of meningioma, supratentorial	Pre-1990			NPA
61514	Craniectomy, trephination, bone flap craniotomy; for excision of brain abscess, supratentorial	Pre-1990			NPA
61516	Craniectomy, trephination, bone flap craniotomy; for excision or fenestration of cyst, supratentorial	Pre-1990			NPA
61517	Implantation of brain intracavitary chemotherapy agent (List separately in addition to code for primary procedure)	1/1/2003			PA
61518	Craniectomy for excision of brain tumor, infratentorial or posterior fossa; except meningioma, cerebellopontine angle tumor, or midline tumor at base of skull	Pre-1990			NPA
61519	Craniectomy for excision of brain tumor, infratentorial or posterior fossa; meningioma	Pre-1990			NPA
61520	Craniectomy for excision of brain tumor, infratentorial or posterior fossa; cerebellopontine angle tumor	Pre-1990			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
61521	Craniectomy for excision of brain tumor, infratentorial or posterior fossa; midline tumor at base of skull	**Pre-1990**			NPA
61522	Craniectomy, infratentorial or posterior fossa; for excision of brain abscess	**Pre-1990**			NPA
61524	Craniectomy, infratentorial or posterior fossa; for excision or fenestration of cyst	**Pre-1990**			NPA
61526	Craniectomy, bone flap craniotomy, transtemporal (mastoid) for excision of cerebellopontine angle tumor	**Pre-1990**			NPA
61530	Craniectomy, bone flap craniotomy, transtemporal (mastoid) for excision of cerebellopontine angle tumor; combined with middle/posterior fossa craniotomy/craniectomy	**Pre-1990**			NPA
61531	Subdural implantation of strip electrodes through 1 or more burr or trephine hole(s) for long-term seizure monitoring	**Pre-1990**			PA
61533	Craniotomy with elevation of bone flap; for subdural implantation of an electrode array, for long-term seizure monitoring	**Pre-1990**			PA
61534	Craniotomy with elevation of bone flap; for excision of epileptogenic focus without electrocorticography during surgery	**Pre-1990**			PA
61535	Craniotomy with elevation of bone flap; for removal of epidural or subdural electrode array, without excision of cerebral tissue (separate procedure)	**Pre-1990**			PA
61536	Craniotomy with elevation of bone flap; for excision of cerebral epileptogenic focus, with electrocorticography during surgery (includes removal of electrode array)	**Pre-1990**			PA
61537	Craniotomy with elevation of bone flap; for lobectomy, temporal lobe, without electrocorticography during surgery	**1/1/2004**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
61538	Craniotomy with elevation of bone flap; for lobectomy, temporal lobe, with electrocorticography during surgery	Pre-1990			PA
61539	Craniotomy with elevation of bone flap; for lobectomy, other than temporal lobe, partial or total, with electrocorticography during surgery	Pre-1990			PA
61540	Craniotomy with elevation of bone flap; for lobectomy, other than temporal lobe, partial or total, without electrocorticography during surgery	1/1/2004			PA
61541	Craniotomy with elevation of bone flap; for transection of corpus callosum	Pre-1990			NPA
61543	Craniotomy with elevation of bone flap; for partial or subtotal (functional) hemispherectomy	Pre-1990			NPA
61544	Craniotomy with elevation of bone flap; for excision or coagulation of choroid plexus	Pre-1990			NPA
61545	Craniotomy with elevation of bone flap; for excision of craniopharyngioma	Pre-1990			NPA
61546	Craniotomy for hypophysectomy or excision of pituitary tumor, intracranial approach	Pre-1990			NPA
61548	Hypophysectomy or excision of pituitary tumor, transnasal or transseptal approach, nonstereotactic	Pre-1990			NPA
61550	Craniectomy for craniosynostosis; single cranial suture	Pre-1990			PA
61552	Craniectomy for craniosynostosis; multiple cranial sutures	Pre-1990			PA
61556	Craniotomy for craniosynostosis; frontal or parietal bone flap	1/1/1991			PA
61557	Craniotomy for craniosynostosis; bifrontal bone flap	1/1/1991			PA
61558	Extensive craniectomy for multiple cranial suture craniosynostosis (eg, cloverleaf skull); not requiring bone grafts	1/1/1991			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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)	**1/1/1991**			PA
61563	Excision, intra and extracranial, benign tumor of cranial bone (eg, fibrous dysplasia); without optic nerve decompression	**1/1/1991**			NPA
61564	Excision, intra and extracranial, benign tumor of cranial bone (eg, fibrous dysplasia); with optic nerve decompression	**1/1/1991**			NPA
61566	Craniotomy with elevation of bone flap; for selective amygdalohippocampectomy	**1/1/2004**			NPA
61567	Craniotomy with elevation of bone flap; for multiple subpial transections, with electrocorticography during surgery	**1/1/2004**			NPA
61570	Craniectomy or craniotomy; with excision of foreign body from brain	**Pre-1990**			NPA
61571	Craniectomy or craniotomy; with treatment of penetrating wound of brain	**Pre-1990**			NPA
61575	Transoral approach to skull base, brain stem or upper spinal cord for biopsy, decompression or excision of lesion	**Pre-1990**			NPA
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)	**Pre-1990**			NPA
61580	Craniofacial approach to anterior cranial fossa; extradural, including lateral rhinotomy, ethmoidectomy, sphenoidectomy, without maxillectomy or orbital exenteration	**1/1/1994**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
61581	Craniofacial approach to anterior cranial fossa; extradural, including lateral rhinotomy, orbital exenteration, ethmoidectomy, sphenoidectomy and/or maxillectomy	1/1/1994			NPA
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	1/1/1994			NPA
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	1/1/1994			NPA
61584	Orbitocranial approach to anterior cranial fossa, extradural, including supraorbital ridge osteotomy and elevation of frontal and/or temporal lobe(s); without orbital exenteration	1/1/1994			NPA
61585	Orbitocranial approach to anterior cranial fossa, extradural, including supraorbital ridge osteotomy and elevation of frontal and/or temporal lobe(s); with orbital exenteration	1/1/1994			NPA
61586	Bicoronal, transzygomatic and/or LeFort I osteotomy approach to anterior cranial fossa with or without internal fixation, without bone graft	1/1/1997			NPA
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 carotid artery	1/1/1994			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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	**1/1/1994**			NPA
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	**1/1/1994**			NPA
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	**1/1/1994**			NPA
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	**1/1/1994**			NPA
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	**1/1/1994**			NPA
61598	Transpetrosal approach to posterior cranial fossa, clivus or foramen magnum, including ligation of superior petrosal sinus and/or sigmoid sinus	**1/1/1994**			NPA
61600	Resection or excision of neoplastic, vascular or infectious lesion of base of anterior cranial fossa; extradural	**1/1/1994**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
61601	Resection or excision of neoplastic, vascular or infectious lesion of base of anterior cranial fossa; intradural, including dural repair, with or without graft	**1/1/1994**			NPA
61605	Resection or excision of neoplastic, vascular or infectious lesion of infratemporal fossa, parapharyngeal space, petrous apex; extradural	**1/1/1994**			NPA
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	**1/1/1994**			NPA
61607	Resection or excision of neoplastic, vascular or infectious lesion of parasellar area, cavernous sinus, clivus or midline skull base; extradural	**1/1/1994**			NPA
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	**1/1/1994**			NPA
61611	Transection or ligation, carotid artery in petrous canal; without repair (List separately in addition to code for primary procedure)	**1/1/1994**			NPA
61613	Obliteration of carotid aneurysm, arteriovenous malformation, or carotid-cavernous fistula by dissection within cavernous sinus	**1/1/1994**			NPA
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	**1/1/1994**			NPA
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	**1/1/1994**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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)	**Pre-1990**			NPA
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)	**Pre-1990**			NPA
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	**1/1/2003**			NPA
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)	**Pre-1990**			NPA
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)	**Pre-1990**			NPA
61630	Balloon angioplasty, intracranial (eg, atherosclerotic stenosis), percutaneous	**1/1/2006**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
61635	Transcatheter placement of intravascular stent(s), intracranial (eg, atherosclerotic stenosis), including balloon angioplasty, if performed	**1/1/2006**			NPA
61640	Balloon dilatation of intracranial vasospasm, percutaneous; initial vessel	**1/1/2006**			NPA
61641	Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in same vascular territory (List separately in addition to code for primary procedure)	**1/1/2006**			NPA
61642	Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in different vascular territory (List separately in addition to code for primary procedure)	**1/1/2006**			NPA
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)	**1/1/2016**			NPA
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	**1/1/2016**			NPA
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)	**1/1/2016**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
61680	Surgery of intracranial arteriovenous malformation; supratentorial, simple	Pre-1990			NPA
61682	Surgery of intracranial arteriovenous malformation; supratentorial, complex	Pre-1990			NPA
61684	Surgery of intracranial arteriovenous malformation; infratentorial, simple	Pre-1990			NPA
61686	Surgery of intracranial arteriovenous malformation; infratentorial, complex	Pre-1990			NPA
61690	Surgery of intracranial arteriovenous malformation; dural, simple	Pre-1990			NPA
61692	Surgery of intracranial arteriovenous malformation; dural, complex	Pre-1990			NPA
61697	Surgery of complex intracranial aneurysm, intracranial approach; carotid circulation	1/1/2001			NPA
61698	Surgery of complex intracranial aneurysm, intracranial approach; vertebrobasilar circulation	1/1/2001			NPA
61700	Surgery of simple intracranial aneurysm, intracranial approach; carotid circulation	Pre-1990			NPA
61702	Surgery of simple intracranial aneurysm, intracranial approach; vertebrobasilar circulation	Pre-1990			NPA
61703	Surgery of intracranial aneurysm, cervical approach by application of occluding clamp to cervical carotid artery (Selverstone-Crutchfield type)	Pre-1990			NPA
61705	Surgery of aneurysm, vascular malformation or carotid-cavernous fistula; by intracranial and cervical occlusion of carotid artery	Pre-1990			NPA
61708	Surgery of aneurysm, vascular malformation or carotid-cavernous fistula; by intracranial electrothrombosis	Pre-1990			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
61710	Surgery of aneurysm, vascular malformation or carotid-cavernous fistula; by intra-arterial embolization, injection procedure, or balloon catheter	**Pre-1990**			NPA
61711	Anastomosis, arterial, extracranial-intracranial (eg, middle cerebral/cortical) arteries	**Pre-1990**			NPA
61720	Creation of lesion by stereotactic method, including burr hole(s) and localizing and recording techniques, single or multiple stages; globus pallidus or thalamus	**Pre-1990**			NPA
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	**Pre-1990**			NPA
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	**1/1/2022**		**12/15/2023**	PA
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)	**1/1/2022**		**12/15/2023**	PA
61750	Stereotactic biopsy, aspiration, or excision, including burr hole(s), for intracranial lesion	**Pre-1990**			NPA
61751	Stereotactic biopsy, aspiration, or excision, including burr hole(s), for intracranial lesion; with computed tomography and/or magnetic resonance guidance	**Pre-1990**			NPA
61760	Stereotactic implantation of depth electrodes into the cerebrum for long-term seizure monitoring	**Pre-1990**			PA
61770	Stereotactic localization, including burr hole(s), with insertion of catheter(s) or probe(s) for placement of radiation source	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
61781	Stereotactic computer-assisted (navigational) procedure; cranial, intradural (List separately in addition to code for primary procedure)	**1/1/2011**			NPA
61782	Stereotactic computer-assisted (navigational) procedure; cranial, extradural (List separately in addition to code for primary procedure)	**1/1/2011**			NPA
61783	Stereotactic computer-assisted (navigational) procedure; spinal (List separately in addition to code for primary procedure)	**1/1/2011**			NPA
61790	Creation of lesion by stereotactic method, percutaneous, by neurolytic agent (eg, alcohol, thermal, electrical, radiofrequency); gasserian ganglion	**Pre-1990**			NPA
61791	Creation of lesion by stereotactic method, percutaneous, by neurolytic agent (eg, alcohol, thermal, electrical, radiofrequency); trigeminal medullary tract	**Pre-1990**			NPA
61796	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 simple cranial lesion	**1/1/2009**			PA
61797	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, simple (List separately in addition to code for primary procedure)	**1/1/2009**			PA
61798	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 complex cranial lesion	**1/1/2009**			PA
61799	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, complex (List separately in addition to code for primary procedure)	**1/1/2009**			PA
61800	Application of stereotactic headframe for stereotactic radiosurgery (List separately in addition to code for primary procedure)	**1/1/2009**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
61850	Twist drill or burr hole(s) for implantation of neurostimulator electrodes, cortical	**Pre-1990**			PA
61860	Craniectomy or craniotomy for implantation of neurostimulator electrodes, cerebral, cortical	**Pre-1990**			PA
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	**1/1/2004**			PA
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)	**1/1/2004**			PA
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	**1/1/2004**			PA
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)	**1/1/2004**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
61880	Revision or removal of intracranial neurostimulator electrodes	Pre-1990			NPA
61885	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array	Pre-1990			PA
61886	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to 2 or more electrode arrays	Pre-1990			PA
61888	Revision or removal of cranial neurostimulator pulse generator or receiver	Pre-1990			NPA
62000	Elevation of depressed skull fracture; simple, extradural	Pre-1990			NPA
62005	Elevation of depressed skull fracture; compound or comminuted, extradural	Pre-1990			NPA
62010	Elevation of depressed skull fracture; with repair of dura and/or debridement of brain	Pre-1990			NPA
62100	Craniotomy for repair of dural/cerebrospinal fluid leak, including surgery for rhinorrhea/otorrhea	Pre-1990			NPA
62115	Reduction of craniomegalic skull (eg, treated hydrocephalus); not requiring bone grafts or cranioplasty	1/1/1991		9/1/2023	NPA
62117	Reduction of craniomegalic skull (eg, treated hydrocephalus); requiring craniotomy and reconstruction with or without bone graft (includes obtaining grafts)	1/1/1991			NPA
62120	Repair of encephalocele, skull vault, including cranioplasty	Pre-1990			NPA
62121	Craniotomy for repair of encephalocele, skull base	1/1/1991			NPA
62140	Cranioplasty for skull defect; up to 5 cm diameter	Pre-1990			NPA
62141	Cranioplasty for skull defect; larger than 5 cm diameter	Pre-1990			NPA
62142	Removal of bone flap or prosthetic plate of skull	Pre-1990			NPA
62143	Replacement of bone flap or prosthetic plate of skull	Pre-1990			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
62145	Cranioplasty for skull defect with reparative brain surgery	Pre-1990			NPA
62146	Cranioplasty with autograft (includes obtaining bone grafts); up to 5 cm diameter	1/1/1991			NPA
62147	Cranioplasty with autograft (includes obtaining bone grafts); larger than 5 cm diameter	1/1/1991			NPA
62148	Incision and retrieval of subcutaneous cranial bone graft for cranioplasty (List separately in addition to code for primary procedure)	1/1/2003			NPA
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)	1/1/2003			NPA
62161	Neuroendoscopy, intracranial; with dissection of adhesions, fenestration of septum pellucidum or intraventricular cysts (including placement, replacement, or removal of ventricular catheter)	1/1/2003			NPA
62162	Neuroendoscopy, intracranial; with fenestration or excision of colloid cyst, including placement of external ventricular catheter for drainage	1/1/2003			NPA
62164	Neuroendoscopy, intracranial; with excision of brain tumor, including placement of external ventricular catheter for drainage	1/1/2003			NPA
62165	Neuroendoscopy, intracranial; with excision of pituitary tumor, transnasal or trans-sphenoidal approach	1/1/2003			NPA
62180	Ventriculocisternostomy (Torkildsen type operation)	Pre-1990			NPA
62190	Creation of shunt; subarachnoid/subdural-atrial, -jugular, -auricular	Pre-1990			NPA
62192	Creation of shunt; subarachnoid/subdural-peritoneal, -pleural, other terminus	Pre-1990			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
62194	Replacement or irrigation, subarachnoid/subdural catheter	**Pre-1990**			NPA
62200	Ventriculocisternostomy, third ventricle	**Pre-1990**			NPA
62201	Ventriculocisternostomy, third ventricle; stereotactic, neuroendoscopic method	**Pre-1990**			NPA
62220	Creation of shunt; ventriculo-atrial, -jugular, -auricular	**Pre-1990**			NPA
62223	Creation of shunt; ventriculo-peritoneal, -pleural, other terminus	**Pre-1990**			NPA
62225	Replacement or irrigation, ventricular catheter	**Pre-1990**			NPA
62230	Replacement or revision of cerebrospinal fluid shunt, obstructed valve, or distal catheter in shunt system	**Pre-1990**			NPA
62252	Reprogramming of programmable cerebrospinal shunt	**1/1/2001**			NPA
62256	Removal of complete cerebrospinal fluid shunt system; without replacement	**Pre-1990**			NPA
62258	Removal of complete cerebrospinal fluid shunt system; with replacement by similar or other shunt at same operation	**Pre-1990**			NPA
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	**Pre-1990**			PA
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	**1/1/2003**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
62267	Percutaneous aspiration within the nucleus pulposus, intervertebral disc, or paravertebral tissue for diagnostic purposes	**1/1/2009**			PA
62268	Percutaneous aspiration, spinal cord cyst or syrinx	**Pre-1990**			NPA
62269	Biopsy of spinal cord, percutaneous needle	**Pre-1990**			NPA
62270	Spinal puncture, lumbar, diagnostic	**Pre-1990**			NPA
62272	Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter)	**Pre-1990**			NPA
62273	Injection, epidural, of blood or clot patch	**Pre-1990**			NPA
62280	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; subarachnoid	**Pre-1990**			NPA
62281	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, cervical or thoracic	**1/1/1992**			NPA
62282	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, lumbar, sacral (caudal)	**Pre-1990**			NPA
62284	Injection procedure for myelography and/or computed tomography, lumbar	**Pre-1990**		**9/1/2023**	NPA
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	**Pre-1990**		**9/1/2023**	PA
62290	Injection procedure for discography, each level; lumbar	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
62291	Injection procedure for discography, each level; cervical or thoracic	**Pre-1990**			NPA
62292	Injection procedure for chemonucleolysis, including discography, intervertebral disc, single or multiple levels, lumbar	**Pre-1990**		**9/1/2023**	PA
62294	Injection procedure, arterial, for occlusion of arteriovenous malformation, spinal	**Pre-1990**			PA
62302	Myelography via lumbar injection, including radiological supervision and interpretation; cervical	**1/1/2015**			PA
62303	Myelography via lumbar injection, including radiological supervision and interpretation; thoracic	**1/1/2015**			PA
62304	Myelography via lumbar injection, including radiological supervision and interpretation; lumbosacral	**1/1/2015**			PA
62305	Myelography via lumbar injection, including radiological supervision and interpretation; 2 or more regions (eg, lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical)	**1/1/2015**			PA
62320	Injection(s), of diagnostic 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	**1/1/2017**			PA
62321	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)	**1/1/2017**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
62322	Injection(s), of diagnostic 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	**1/1/2017**			PA
62323	Injection(s), of diagnostic 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)	**1/1/2017**			PA
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	**1/1/2017**			NPA
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)	**1/1/2017**			NPA
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	**1/1/2017**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance				
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)	**1/1/2017**			NPA
62328	Spinal puncture, lumbar, diagnostic; with fluoroscopic or CT guidance	**1/1/2020**		**4/1/2020**	NPA
62329	Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter); with fluoroscopic or CT guidance	**1/1/2020**		**4/1/2020**	NPA
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	**Pre-1990**			PA
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	**Pre-1990**			PA
62355	Removal of previously implanted intrathecal or epidural catheter	**1/1/1996**			NPA
62360	Implantation or replacement of device for intrathecal or epidural drug infusion; subcutaneous reservoir	**1/1/1996**			PA
62361	Implantation or replacement of device for intrathecal or epidural drug infusion; nonprogrammable pump	**Pre-1990**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
62362	Implantation or replacement of device for intrathecal or epidural drug infusion; programmable pump, including preparation of pump, with or without programming	**1/1/1996**			PA
62365	Removal of subcutaneous reservoir or pump, previously implanted for intrathecal or epidural infusion	**1/1/1996**			NPA
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	**Pre-1990**			NPA
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	**1/1/1996**			NPA
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	**1/1/2012**			NPA
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)	**1/1/2012**			NPA
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	**1/1/2017**			NPA
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	**Pre-1990**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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	**Pre-1990**		**9/1/2023**	PA
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	**Pre-1990**			PA
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	**Pre-1990**		**9/1/2023**	PA
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)	**1/1/1991**			PA
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	**Pre-1990**			PA
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	**Pre-1990**			PA
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	**Pre-1990**			PA
63020	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy,	**Pre-1990**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, cervical				
63030	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar	Pre-1990			PA
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)	Pre-1990			PA
63040	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; cervical	Pre-1990			PA
63042	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; lumbar	Pre-1990			PA
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)	1/1/2001			PA
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	1/1/2001			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	lumbar interspace (List separately in addition to code for primary procedure)				
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	**Pre-1990**			PA
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	**Pre-1990**			PA
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	**Pre-1990**			PA
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)	**Pre-1990**			PA
63050	Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments	**1/1/2005**			PA
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)	**1/1/2005**			PA
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	**1/1/2022**		**1/1/2022**	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	stenosis]), during posterior interbody arthrodesis, lumbar; single vertebral segment (List separately in addition to code for primary procedure)				
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 vertebral segment (List separately in addition to code for primary procedure)	**1/1/2022**		**1/1/2022**	NPA
63055	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; thoracic	**Pre-1990**		**9/1/2023**	NPA
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)	**Pre-1990**		**9/1/2023**	NPA
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)	**Pre-1990**		**9/1/2023**	NPA
63064	Costovertebral approach with decompression of spinal cord or nerve root(s) (eg, herniated intervertebral disc), thoracic; single segment	**Pre-1990**		**9/1/2023**	NPA
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)	**Pre-1990**		**9/1/2023**	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
63075	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, single interspace	**Pre-1990**		**9/1/2023**	NPA
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)	**Pre-1990**		**9/1/2023**	NPA
63077	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; thoracic, single interspace	**Pre-1990**		**9/1/2023**	NPA
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)	**Pre-1990**		**9/1/2023**	NPA
63081	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, single segment	**Pre-1990**		**9/1/2023**	NPA
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)	**Pre-1990**		**9/1/2023**	NPA
63085	Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach with decompression of spinal cord and/or nerve root(s); thoracic, single segment	**Pre-1990**		**9/1/2023**	NPA
63086	Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach with decompression of spinal cord and/or nerve root(s); thoracic, each	**Pre-1990**		**9/1/2023**	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	additional segment (List separately in addition to code for primary procedure)				
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	**Pre-1990**		**9/1/2023**	NPA
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)	**Pre-1990**		**9/1/2023**	NPA
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	**Pre-1990**		**9/1/2023**	NPA
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)	**Pre-1990**		**9/1/2023**	NPA
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	**1/1/2004**		**9/1/2023**	NPA
63102	Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with	**1/1/2004**		**9/1/2023**	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	decompression of spinal cord and/or nerve root(s) (eg, for tumor or retropulsed bone fragments); lumbar, single segment				
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)	**1/1/2004**		**9/1/2023**	NPA
63170	Laminectomy with myelotomy (eg, Bischof or DREZ type), cervical, thoracic, or thoracolumbar	**Pre-1990**		**9/1/2023**	PA
63172	Laminectomy with drainage of intramedullary cyst/syrinx; to subarachnoid space	**Pre-1990**		**9/1/2023**	PA
63173	Laminectomy with drainage of intramedullary cyst/syrinx; to peritoneal or pleural space	**Pre-1990**		**9/1/2023**	PA
63185	Laminectomy with rhizotomy; 1 or 2 segments	**Pre-1990**			PA
63190	Laminectomy with rhizotomy; more than 2 segments	**Pre-1990**			PA
63191	Laminectomy with section of spinal accessory nerve	**Pre-1990**			PA
63197	Laminectomy with cordotomy, with section of both spinothalamic tracts, 1 stage, thoracic	**Pre-1990**		**9/1/2023**	PA
63200	Laminectomy, with release of tethered spinal cord, lumbar	**Pre-1990**			PA
63250	Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; cervical	**Pre-1990**			PA
63251	Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; thoracic	**Pre-1990**			PA
63252	Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; thoracolumbar	**Pre-1990**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
63265	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; cervical	**Pre-1990**			PA
63266	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; thoracic	**Pre-1990**		**9/1/2023**	PA
63267	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; lumbar	**Pre-1990**			PA
63268	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; sacral	**Pre-1990**		**9/1/2023**	PA
63270	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; cervical	**Pre-1990**			PA
63271	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; thoracic	**Pre-1990**		**9/1/2023**	PA
63272	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; lumbar	**Pre-1990**		**9/1/2023**	PA
63273	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; sacral	**Pre-1990**		**9/1/2023**	PA
63275	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, cervical	**Pre-1990**			PA
63276	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, thoracic	**Pre-1990**		**9/1/2023**	PA
63277	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, lumbar	**Pre-1990**			PA
63278	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, sacral	**Pre-1990**		**9/1/2023**	PA
63280	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, cervical	**Pre-1990**			PA
63281	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, thoracic	**Pre-1990**		**9/1/2023**	PA
63282	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, lumbar	**Pre-1990**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
63283	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, sacral	**Pre-1990**		**9/1/2023**	PA
63285	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, cervical	**Pre-1990**			PA
63286	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, thoracic	**Pre-1990**		**9/1/2023**	PA
63287	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, thoracolumbar	**Pre-1990**			PA
63290	Laminectomy for biopsy/excision of intraspinal neoplasm; combined extradural-intradural lesion, any level	**Pre-1990**			PA
63295	Osteoplastic reconstruction of dorsal spinal elements, following primary intraspinal procedure (List separately in addition to code for primary procedure)	**1/1/2005**			NPA
63300	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, cervical	**Pre-1990**			NPA
63301	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, thoracic by transthoracic approach	**Pre-1990**			NPA
63302	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, thoracic by thoracolumbar approach	**Pre-1990**			NPA
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	**Pre-1990**			NPA
63304	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, cervical	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
63305	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, thoracic by transthoracic approach	**Pre-1990**			NPA
63306	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, thoracic by thoracolumbar approach	**Pre-1990**			NPA
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	**Pre-1990**			NPA
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)	**Pre-1990**			NPA
63600	Creation of lesion of spinal cord by stereotactic method, percutaneous, any modality (including stimulation and/or recording)	**Pre-1990**			NPA
63610	Stereotactic stimulation of spinal cord, percutaneous, separate procedure not followed by other surgery	**Pre-1990**			NPA
63620	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion	**1/1/2009**			PA
63621	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional spinal lesion (List separately in addition to code for primary procedure)	**1/1/2009**			PA
63650	Percutaneous implantation of neurostimulator electrode array, epidural	**Pre-1990**			PA
63655	Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural	**Pre-1990**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
63661	Removal of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed	1/1/2010			PA
63662	Removal of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed	1/1/2010			PA
63663	Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed	1/1/2010			PA
63664	Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed	1/1/2010			PA
63685	Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling	Pre-1990			PA
63688	Revision or removal of implanted spinal neurostimulator pulse generator or receiver	Pre-1990			PA
63700	Repair of meningocele; less than 5 cm diameter	Pre-1990			NPA
63702	Repair of meningocele; larger than 5 cm diameter	Pre-1990			NPA
63704	Repair of myelomeningocele; less than 5 cm diameter	Pre-1990			NPA
63706	Repair of myelomeningocele; larger than 5 cm diameter	Pre-1990			NPA
63707	Repair of dural/cerebrospinal fluid leak, not requiring laminectomy	Pre-1990			NPA
63709	Repair of dural/cerebrospinal fluid leak or pseudomeningocele, with laminectomy	Pre-1990			NPA
63710	Dural graft, spinal	Pre-1990			NPA
63740	Creation of shunt, lumbar, subarachnoid-peritoneal, -pleural, or other; including laminectomy	Pre-1990			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
63741	Creation of shunt, lumbar, subarachnoid-peritoneal, -pleural, or other; percutaneous, not requiring laminectomy	**1/1/1991**			NPA
63744	Replacement, irrigation or revision of lumbosubarachnoid shunt	**Pre-1990**			NPA
63746	Removal of entire lumbosubarachnoid shunt system without replacement	**Pre-1990**			NPA
64400	Injection(s), anesthetic agent(s) and/or steroid; trigeminal nerve, each branch (ie, ophthalmic, maxillary, mandibular)	**Pre-1990**		**9/1/2023**	NPA
64405	Injection(s), anesthetic agent(s) and/or steroid; greater occipital nerve	**Pre-1990**		**9/1/2023**	NPA
64408	Injection(s), anesthetic agent(s) and/or steroid; vagus nerve	**Pre-1990**			NPA
64415	Injection(s), anesthetic agent(s) and/or steroid; brachial plexus	**Pre-1990**			NPA
64416	Injection(s), anesthetic agent(s) and/or steroid; brachial plexus, continuous infusion by catheter (including catheter placement)	**1/1/2003**			NPA
64417	Injection(s), anesthetic agent(s) and/or steroid; axillary nerve	**Pre-1990**			NPA
64418	Injection(s), anesthetic agent(s) and/or steroid; suprascapular nerve	**Pre-1990**		**9/1/2023**	NPA
64420	Injection(s), anesthetic agent(s) and/or steroid; intercostal nerve, single level	**Pre-1990**		**9/1/2023**	NPA
64421	Injection(s), anesthetic agent(s) and/or steroid; intercostal nerve, each additional level (List separately in addition to code for primary procedure)	**Pre-1990**		**9/1/2023**	NPA
64425	Injection(s), anesthetic agent(s) and/or steroid; ilioinguinal, iliohypogastric nerves	**Pre-1990**		**9/1/2023**	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
64430	Injection(s), anesthetic agent(s) and/or steroid; pudendal nerve	**Pre-1990**			NPA
64435	Injection(s), anesthetic agent(s) and/or steroid; paracervical (uterine) nerve	**Pre-1990**			NPA
64445	Injection(s), anesthetic agent(s) and/or steroid; sciatic nerve	**Pre-1990**			NPA
64446	Injection(s), anesthetic agent(s) and/or steroid; sciatic nerve, continuous infusion by catheter (including catheter placement)	**1/1/2003**			NPA
64447	Injection(s), anesthetic agent(s) and/or steroid; femoral nerve	**1/1/2003**			NPA
64448	Injection(s), anesthetic agent(s) and/or steroid; femoral nerve, continuous infusion by catheter (including catheter placement)	**1/1/2003**			NPA
64449	Injection(s), anesthetic agent(s) and/or steroid; lumbar plexus, posterior approach, continuous infusion by catheter (including catheter placement)	**1/1/2004**			NPA
64450	Injection(s), anesthetic agent(s) and/or steroid; other peripheral nerve or branch	**Pre-1990**		**9/1/2023**	NPA
64451	Injection(s), anesthetic agent(s) and/or steroid; nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)	**1/1/2020**		**4/1/2020**	NPA
64454	Injection(s), anesthetic agent(s) and/or steroid; genicular nerve branches, including imaging guidance, when performed	**1/1/2020**		**4/1/2020**	NPA
64455	Injection(s), anesthetic agent(s) and/or steroid; plantar common digital nerve(s) (eg, Morton's neuroma)	**1/1/2009**			NPA
64461	Paravertebral block (PVB) (paraspinous block), thoracic; single injection site (includes imaging guidance, when performed)	**1/1/2016**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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)	**1/1/2016**			PA
64463	Paravertebral block (PVB) (paraspinous block), thoracic; continuous infusion by catheter (includes imaging guidance, when performed)	**1/1/2016**			PA
64479	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), cervical or thoracic, single level	**Pre-1990**			PA
64480	Injection(s), anesthetic agent(s) 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)	**Pre-1990**			PA
64483	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), lumbar or sacral, single level	**Pre-1990**			PA
64484	Injection(s), anesthetic agent(s) 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)	**Pre-1990**			PA
64486	Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) unilateral; by injection(s) (includes imaging guidance, when performed)	**1/1/2015**		**1/1/2021**	NPA
64487	Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) unilateral; by	**1/1/2015**		**1/1/2021**	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	continuous infusion(s) (includes imaging guidance, when performed)				
64488	Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) bilateral; by injections (includes imaging guidance, when performed)	**1/1/2015**		**1/1/2021**	NPA
64489	Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) bilateral; by continuous infusions (includes imaging guidance, when performed)	**1/1/2015**		**1/1/2021**	NPA
64490	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	**1/1/2010**		**1/1/2021**	NPA
64491	Injection(s), diagnostic 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)	**1/1/2010**		**1/1/2021**	NPA
64492	Injection(s), diagnostic 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)	**1/1/2010**		**1/1/2021**	NPA
64493	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	**1/1/2010**		**1/1/2021**	NPA
64494	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy	**1/1/2010**		**1/1/2021**	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	or CT), lumbar or sacral; second level (List separately in addition to code for primary procedure)				
64495	Injection(s), diagnostic 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)	**1/1/2010**		**1/1/2021**	NPA
64505	Injection, anesthetic agent; sphenopalatine ganglion	**Pre-1990**			PA
64510	Injection, anesthetic agent; stellate ganglion (cervical sympathetic)	**Pre-1990**			PA
64517	Injection, anesthetic agent; superior hypogastric plexus	**1/1/2004**			PA
64520	Injection, anesthetic agent; lumbar or thoracic (paravertebral sympathetic)	**Pre-1990**			PA
64530	Injection, anesthetic agent; celiac plexus, with or without radiologic monitoring	**Pre-1990**			PA
64553	Percutaneous implantation of neurostimulator electrode array; cranial nerve	**Pre-1990**			PA
64555	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	**Pre-1990**			PA
64561	Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed	**1/1/2002**			PA
64566	Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming	**1/1/2011**			NPA
64568	Open implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator	**1/1/2011**			PA
64569	Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator electrode array, including connection to existing pulse generator	**1/1/2011**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
64570	Removal of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator	**1/1/2011**			NPA
64575	Open implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	**Pre-1990**			NPA
64580	Open implantation of neurostimulator electrode array; neuromuscular	**Pre-1990**			NPA
64581	Open implantation of neurostimulator electrode array; sacral nerve (transforaminal placement)	**1/1/2002**		**9/1/2023**	NPA
64582	Open implantation of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array	**1/1/2022**		**9/1/2023**	NC
64583	Revision or replacement of hypoglossal nerve neurostimulator array and distal respiratory sensor electrode or electrode array, including connection to existing pulse generator	**1/1/2022**		**9/1/2023**	NC
64584	Removal of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array	**1/1/2022**		**9/1/2023**	NC
64585	Revision or removal of peripheral neurostimulator electrode array	**Pre-1990**			PA
64590	Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling	**Pre-1990**			PA
64595	Revision or removal of peripheral or gastric neurostimulator pulse generator or receiver	**Pre-1990**			PA
64600	Destruction by neurolytic agent, trigeminal nerve; supraorbital, infraorbital, mental, or inferior alveolar branch	**Pre-1990**			PA
64605	Destruction by neurolytic agent, trigeminal nerve; second and third division branches at foramen ovale	**Pre-1990**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
64610	Destruction by neurolytic agent, trigeminal nerve; second and third division branches at foramen ovale under radiologic monitoring	Pre-1990			PA
64611	Chemodenervation of parotid and submandibular salivary glands, bilateral	1/1/2011			NPA
64612	Chemodenervation of muscle(s); muscle(s) innervated by facial nerve, unilateral (eg, for blepharospasm, hemifacial spasm)	Pre-1990			NPA
64615	Chemodenervation of muscle(s); muscle(s) innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral (eg, for chronic migraine)	1/1/2013			PA
64616	Chemodenervation of muscle(s); neck muscle(s), excluding muscles of the larynx, unilateral (eg, for cervical dystonia, spasmodic torticollis)	1/1/2014			PA
64617	Chemodenervation of muscle(s); larynx, unilateral, percutaneous (eg, for spasmodic dysphonia), includes guidance by needle electromyography, when performed	1/1/2014			PA
64620	Destruction by neurolytic agent, intercostal nerve	Pre-1990			PA
64624	Destruction by neurolytic agent, genicular nerve branches including imaging guidance, when performed	1/1/2020		4/1/2020	NPA
64625	Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)	1/1/2020		4/1/2020	NPA
64628	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; first 2 vertebral bodies, lumbar or sacral	1/1/2022		1/1/2022	NC
64629	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; each additional vertebral	1/1/2022		1/1/2022	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	body, lumbar or sacral (List separately in addition to code for primary procedure)				
64630	Destruction by neurolytic agent; pudendal nerve	**Pre-1990**			PA
64632	Destruction by neurolytic agent; plantar common digital nerve	**1/1/2009**			NPA
64633	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	**1/1/2012**			PA
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)	**1/1/2012**			PA
64635	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	**1/1/2012**			PA
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)	**1/1/2012**			PA
64640	Destruction by neurolytic agent; other peripheral nerve or branch	**Pre-1990**			PA
64642	Chemodenervation of one extremity; 1-4 muscle(s)	**1/1/2014**			PA
64643	Chemodenervation of one extremity; each additional extremity, 1-4 muscle(s) (List separately in addition to code for primary procedure)	**1/1/2014**			PA
64644	Chemodenervation of one extremity; 5 or more muscles	**1/1/2014**			PA
64645	Chemodenervation of one extremity; each additional extremity, 5 or more muscles (List separately in addition to code for primary procedure)	**1/1/2014**		**9/1/2023**	PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
64646	Chemodenervation of trunk muscle(s); 1-5 muscle(s)	1/1/2014			PA
64647	Chemodenervation of trunk muscle(s); 6 or more muscles	1/1/2014			PA
64650	Chemodenervation of eccrine glands; both axillae	1/1/2006			NPA
64653	Chemodenervation of eccrine glands; other area(s) (eg, scalp, face, neck), per day	1/1/2006			NPA
64680	Destruction by neurolytic agent, with or without radiologic monitoring; celiac plexus	Pre-1990			PA
64681	Destruction by neurolytic agent, with or without radiologic monitoring; superior hypogastric plexus	1/1/2004			PA
64702	Neuroplasty; digital, 1 or both, same digit	Pre-1990			NPA
64704	Neuroplasty; nerve of hand or foot	Pre-1990			NPA
64708	Neuroplasty, major peripheral nerve, arm or leg, open; other than specified	Pre-1990			NPA
64712	Neuroplasty, major peripheral nerve, arm or leg, open; sciatic nerve	Pre-1990			NPA
64713	Neuroplasty, major peripheral nerve, arm or leg, open; brachial plexus	Pre-1990			NPA
64714	Neuroplasty, major peripheral nerve, arm or leg, open; lumbar plexus	Pre-1990			NPA
64716	Neuroplasty and/or transposition; cranial nerve (specify)	Pre-1990			NPA
64718	Neuroplasty and/or transposition; ulnar nerve at elbow	Pre-1990			NPA
64719	Neuroplasty and/or transposition; ulnar nerve at wrist	Pre-1990			NPA
64721	Neuroplasty and/or transposition; median nerve at carpal tunnel	Pre-1990			NPA
64722	Decompression; unspecified nerve(s) (specify)	Pre-1990			NPA
64726	Decompression; plantar digital nerve	Pre-1990			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
64727	Internal neurolysis, requiring use of operating microscope (List separately in addition to code for neuroplasty) (Neuroplasty includes external neurolysis)	**Pre-1990**			NPA
64732	Transection or avulsion of; supraorbital nerve	**Pre-1990**			NPA
64734	Transection or avulsion of; infraorbital nerve	**Pre-1990**			NPA
64736	Transection or avulsion of; mental nerve	**Pre-1990**			NPA
64738	Transection or avulsion of; inferior alveolar nerve by osteotomy	**Pre-1990**			NPA
64740	Transection or avulsion of; lingual nerve	**Pre-1990**			NPA
64742	Transection or avulsion of; facial nerve, differential or complete	**Pre-1990**			NPA
64744	Transection or avulsion of; greater occipital nerve	**Pre-1990**			NPA
64746	Transection or avulsion of; phrenic nerve	**Pre-1990**			NPA
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)	**Pre-1990**			NPA
64760	Transection or avulsion of; vagus nerve (vagotomy), abdominal	**Pre-1990**			NPA
64763	Transection or avulsion of obturator nerve, extrapelvic, with or without adductor tenotomy	**Pre-1990**			NPA
64766	Transection or avulsion of obturator nerve, intrapelvic, with or without adductor tenotomy	**Pre-1990**			NPA
64771	Transection or avulsion of other cranial nerve, extradural	**Pre-1990**			NPA
64772	Transection or avulsion of other spinal nerve, extradural	**Pre-1990**			NPA
64774	Excision of neuroma; cutaneous nerve, surgically identifiable	**Pre-1990**			NPA
64776	Excision of neuroma; digital nerve, 1 or both, same digit	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
64778	Excision of neuroma; digital nerve, each additional digit (List separately in addition to code for primary procedure)	**Pre-1990**			NPA
64782	Excision of neuroma; hand or foot, except digital nerve	**Pre-1990**			NPA
64783	Excision of neuroma; hand or foot, each additional nerve, except same digit (List separately in addition to code for primary procedure)	**Pre-1990**			NPA
64784	Excision of neuroma; major peripheral nerve, except sciatic	**Pre-1990**			NPA
64786	Excision of neuroma; sciatic nerve	**Pre-1990**			NPA
64787	Implantation of nerve end into bone or muscle (List separately in addition to neuroma excision)	**Pre-1990**			NPA
64788	Excision of neurofibroma or neurolemmoma; cutaneous nerve	**Pre-1990**			NPA
64790	Excision of neurofibroma or neurolemmoma; major peripheral nerve	**Pre-1990**			NPA
64792	Excision of neurofibroma or neurolemmoma; extensive (including malignant type)	**Pre-1990**			NPA
64795	Biopsy of nerve	**Pre-1990**			NPA
64802	Sympathectomy, cervical	**Pre-1990**		**9/1/2023**	NPA
64804	Sympathectomy, cervicothoracic	**Pre-1990**		**9/1/2023**	NPA
64809	Sympathectomy, thoracolumbar	**Pre-1990**		**9/1/2023**	NPA
64818	Sympathectomy, lumbar	**Pre-1990**		**9/1/2023**	NPA
64820	Sympathectomy; digital arteries, each digit	**Pre-1990**		**9/1/2023**	NPA
64821	Sympathectomy; radial artery	**1/1/2002**		**9/1/2023**	NPA
64822	Sympathectomy; ulnar artery	**1/1/2002**		**9/1/2023**	NPA
64823	Sympathectomy; superficial palmar arch	**1/1/2002**		**9/1/2023**	NPA
64831	Suture of digital nerve, hand or foot; 1 nerve	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
64832	Suture of digital nerve, hand or foot; each additional digital nerve (List separately in addition to code for primary procedure)	Pre-1990			NPA
64834	Suture of 1 nerve; hand or foot, common sensory nerve	Pre-1990			NPA
64835	Suture of 1 nerve; median motor thenar	Pre-1990			NPA
64836	Suture of 1 nerve; ulnar motor	Pre-1990			NPA
64837	Suture of each additional nerve, hand or foot (List separately in addition to code for primary procedure)	Pre-1990			NPA
64840	Suture of posterior tibial nerve	Pre-1990			NPA
64856	Suture of major peripheral nerve, arm or leg, except sciatic; including transposition	Pre-1990			NPA
64857	Suture of major peripheral nerve, arm or leg, except sciatic; without transposition	Pre-1990			NPA
64858	Suture of sciatic nerve	Pre-1990			NPA
64859	Suture of each additional major peripheral nerve (List separately in addition to code for primary procedure)	Pre-1990			NPA
64861	Suture of; brachial plexus	Pre-1990			NPA
64862	Suture of; lumbar plexus	Pre-1990			NPA
64864	Suture of facial nerve; extracranial	Pre-1990			NPA
64865	Suture of facial nerve; infratemporal, with or without grafting	Pre-1990			NPA
64866	Anastomosis; facial-spinal accessory	Pre-1990			NPA
64868	Anastomosis; facial-hypoglossal	Pre-1990			NPA
64872	Suture of nerve; requiring secondary or delayed suture (List separately in addition to code for primary neurorrhaphy)	Pre-1990			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
64874	Suture of nerve; requiring extensive mobilization, or transposition of nerve (List separately in addition to code for nerve suture)	**Pre-1990**			NPA
64876	Suture of nerve; requiring shortening of bone of extremity (List separately in addition to code for nerve suture)	**Pre-1990**			NPA
64885	Nerve graft (includes obtaining graft), head or neck; up to 4 cm in length	**1/1/1992**			NPA
64886	Nerve graft (includes obtaining graft), head or neck; more than 4 cm length	**1/1/1992**			NPA
64890	Nerve graft (includes obtaining graft), single strand, hand or foot; up to 4 cm length	**Pre-1990**			NPA
64891	Nerve graft (includes obtaining graft), single strand, hand or foot; more than 4 cm length	**Pre-1990**			NPA
64892	Nerve graft (includes obtaining graft), single strand, arm or leg; up to 4 cm length	**Pre-1990**			NPA
64893	Nerve graft (includes obtaining graft), single strand, arm or leg; more than 4 cm length	**Pre-1990**			NPA
64895	Nerve graft (includes obtaining graft), multiple strands (cable), hand or foot; up to 4 cm length	**Pre-1990**			NPA
64896	Nerve graft (includes obtaining graft), multiple strands (cable), hand or foot; more than 4 cm length	**Pre-1990**			NPA
64897	Nerve graft (includes obtaining graft), multiple strands (cable), arm or leg; up to 4 cm length	**Pre-1990**			NPA
64898	Nerve graft (includes obtaining graft), multiple strands (cable), arm or leg; more than 4 cm length	**Pre-1990**			NPA
64901	Nerve graft, each additional nerve; single strand (List separately in addition to code for primary procedure)	**Pre-1990**			NPA
64902	Nerve graft, each additional nerve; multiple strands (cable) (List separately in addition to code for primary procedure)	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
64905	Nerve pedicle transfer; first stage	**Pre-1990**			NPA
64907	Nerve pedicle transfer; second stage	**Pre-1990**			NPA
64910	Nerve repair; with synthetic conduit or vein allograft (eg, nerve tube), each nerve	**1/1/2007**			NPA
64911	Nerve repair; with autogenous vein graft (includes harvest of vein graft), each nerve	**1/1/2007**			NPA
64912	Nerve repair; with nerve allograft, each nerve, first strand (cable)	**1/1/2018**			NC
64913	Nerve repair; with nerve allograft, each additional strand (List separately in addition to code for primary procedure)	**1/1/2018**			NC
64999	Unlisted procedure, nervous system	**Pre-1990**			PA
65091	Evisceration of ocular contents; without implant	**Pre-1990**			NPA
65093	Evisceration of ocular contents; with implant	**Pre-1990**			NPA
65101	Enucleation of eye; without implant	**Pre-1990**			NPA
65103	Enucleation of eye; with implant, muscles not attached to implant	**Pre-1990**			NPA
65105	Enucleation of eye; with implant, muscles attached to implant	**Pre-1990**			NPA
65110	Exenteration of orbit (does not include skin graft), removal of orbital contents; only	**Pre-1990**			NPA
65112	Exenteration of orbit (does not include skin graft), removal of orbital contents; with therapeutic removal of bone	**Pre-1990**			NPA
65114	Exenteration of orbit (does not include skin graft), removal of orbital contents; with muscle or myocutaneous flap	**Pre-1990**			NPA
65125	Modification of ocular implant with placement or replacement of pegs (eg, drilling receptacle for prosthesis appendage) (separate procedure)	**1/1/1992**			NPA
65130	Insertion of ocular implant secondary; after evisceration, in scleral shell	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
65135	Insertion of ocular implant secondary; after enucleation, muscles not attached to implant	Pre-1990			NPA
65140	Insertion of ocular implant secondary; after enucleation, muscles attached to implant	Pre-1990			NPA
65150	Reinsertion of ocular implant; with or without conjunctival graft	Pre-1990			NPA
65155	Reinsertion of ocular implant; with use of foreign material for reinforcement and/or attachment of muscles to implant	Pre-1990			NPA
65175	Removal of ocular implant	Pre-1990			NPA
65205	Removal of foreign body, external eye; conjunctival superficial	Pre-1990			NPA
65210	Removal of foreign body, external eye; conjunctival embedded (includes concretions), subconjunctival, or scleral nonperforating	Pre-1990			NPA
65220	Removal of foreign body, external eye; corneal, without slit lamp	Pre-1990			NPA
65222	Removal of foreign body, external eye; corneal, with slit lamp	Pre-1990			NPA
65235	Removal of foreign body, intraocular; from anterior chamber of eye or lens	Pre-1990			NPA
65260	Removal of foreign body, intraocular; from posterior segment, magnetic extraction, anterior or posterior route	Pre-1990			NPA
65265	Removal of foreign body, intraocular; from posterior segment, nonmagnetic extraction	Pre-1990			NPA
65270	Repair of laceration; conjunctiva, with or without nonperforating laceration sclera, direct closure	Pre-1990			NPA
65272	Repair of laceration; conjunctiva, by mobilization and rearrangement, without hospitalization	Pre-1990			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
65273	Repair of laceration; conjunctiva, by mobilization and rearrangement, with hospitalization	Pre-1990			NPA
65275	Repair of laceration; cornea, nonperforating, with or without removal foreign body	Pre-1990			NPA
65280	Repair of laceration; cornea and/or sclera, perforating, not involving uveal tissue	Pre-1990			NPA
65285	Repair of laceration; cornea and/or sclera, perforating, with reposition or resection of uveal tissue	Pre-1990			NPA
65286	Repair of laceration; application of tissue glue, wounds of cornea and/or sclera	Pre-1990			NPA
65290	Repair of wound, extraocular muscle, tendon and/or Tenon's capsule	Pre-1990			NPA
65400	Excision of lesion, cornea (keratectomy, lamellar, partial), except pterygium	Pre-1990			NPA
65410	Biopsy of cornea	Pre-1990			NPA
65420	Excision or transposition of pterygium; without graft	Pre-1990			NPA
65426	Excision or transposition of pterygium; with graft	Pre-1990			NPA
65430	Scraping of cornea, diagnostic, for smear and/or culture	Pre-1990			NPA
65435	Removal of corneal epithelium; with or without chemocauterization (abrasion, curettage)	Pre-1990			NPA
65436	Removal of corneal epithelium; with application of chelating agent (eg, EDTA)	Pre-1990			NPA
65450	Destruction of lesion of cornea by cryotherapy, photocoagulation or thermocauterization	Pre-1990			NPA
65600	Multiple punctures of anterior cornea (eg, for corneal erosion, tattoo)	Pre-1990			NPA
65710	Keratoplasty (corneal transplant); anterior lamellar	Pre-1990			NPA
65730	Keratoplasty (corneal transplant); penetrating (except in aphakia or pseudophakia)	Pre-1990			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
65750	Keratoplasty (corneal transplant); penetrating (in aphakia)	**Pre-1990**			NPA
65755	Keratoplasty (corneal transplant); penetrating (in pseudophakia)	**1/1/1991**			NPA
65756	Keratoplasty (corneal transplant); endothelial	**1/1/2009**			NPA
65757	Backbench preparation of corneal endothelial allograft prior to transplantation (List separately in addition to code for primary procedure)	**1/1/2009**			NPA
65760	Keratomileusis	**Pre-1990**			NC
65765	Keratophakia	**Pre-1990**			NC
65767	Epikeratoplasty	**Pre-1990**			NC
65770	Keratoprosthesis	**Pre-1990**			NC
65771	Radial keratotomy	**1/1/1991**			NC
65772	Corneal relaxing incision for correction of surgically induced astigmatism	**Pre-1990**			NPA
65775	Corneal wedge resection for correction of surgically induced astigmatism	**Pre-1990**			NPA
65778	Placement of amniotic membrane on the ocular surface; without sutures	**1/1/2011**			NPA
65779	Placement of amniotic membrane on the ocular surface; single layer, sutured	**1/1/2011**			NPA
65780	Ocular surface reconstruction; amniotic membrane transplantation, multiple layers	**1/1/2004**			NPA
65781	Ocular surface reconstruction; limbal stem cell allograft (eg, cadaveric or living donor)	**1/1/2004**			NPA
65782	Ocular surface reconstruction; limbal conjunctival autograft (includes obtaining graft)	**1/1/2004**			NPA
65785	Implantation of intrastromal corneal ring segments	**1/1/2016**		**9/1/2023**	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
65800	Paracentesis of anterior chamber of eye (separate procedure); with removal of aqueous	**Pre-1990**			NPA
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	**Pre-1990**			NPA
65815	Paracentesis of anterior chamber of eye (separate procedure); with removal of blood, with or without irrigation and/or air injection	**Pre-1990**			NPA
65820	Goniotomy	**Pre-1990**			NPA
65850	Trabeculotomy ab externo	**Pre-1990**			NPA
65855	Trabeculoplasty by laser surgery	**Pre-1990**			NPA
65860	Severing adhesions of anterior segment, laser technique (separate procedure)	**1/1/1993**			NPA
65865	Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); goniosynechiae	**Pre-1990**			NPA
65870	Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); anterior synechiae, except goniosynechiae	**Pre-1990**			NPA
65875	Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); posterior synechiae	**Pre-1990**			NPA
65880	Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); corneovitreal adhesions	**Pre-1990**			NPA
65900	Removal of epithelial downgrowth, anterior chamber of eye	**Pre-1990**			NPA
65920	Removal of implanted material, anterior segment of eye	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
65930	Removal of blood clot, anterior segment of eye	Pre-1990			NPA
66020	Injection, anterior chamber of eye (separate procedure); air or liquid	Pre-1990			NPA
66030	Injection, anterior chamber of eye (separate procedure); medication	Pre-1990			NPA
66130	Excision of lesion, sclera	Pre-1990			NPA
66150	Fistulization of sclera for glaucoma; trephination with iridectomy	Pre-1990			NPA
66155	Fistulization of sclera for glaucoma; thermocauterization with iridectomy	Pre-1990			NPA
66160	Fistulization of sclera for glaucoma; sclerectomy with punch or scissors, with iridectomy	Pre-1990			NPA
66170	Fistulization of sclera for glaucoma; trabeculectomy ab externo in absence of previous surgery	Pre-1990			NPA
66172	Fistulization of sclera for glaucoma; trabeculectomy ab externo with scarring from previous ocular surgery or trauma (includes injection of antifibrotic agents)	1/1/1994			NPA
66174	Transluminal dilation of aqueous outflow canal; without retention of device or stent	1/1/2011			NPA
66175	Transluminal dilation of aqueous outflow canal; with retention of device or stent	1/1/2011			NPA
66179	Aqueous shunt to extraocular equatorial plate reservoir, external approach; without graft	1/1/2015			NPA
66180	Aqueous shunt to extraocular equatorial plate reservoir, external approach; with graft	1/1/1991			NPA
66183	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, external approach	1/1/2014			NPA
66184	Revision of aqueous shunt to extraocular equatorial plate reservoir; without graft	1/1/2015			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
66185	Revision of aqueous shunt to extraocular equatorial plate reservoir; with graft	1/1/1991			NPA
66225	Repair of scleral staphyloma with graft	Pre-1990			NPA
66250	Revision or repair of operative wound of anterior segment, any type, early or late, major or minor procedure	Pre-1990			NPA
66500	Iridotomy by stab incision (separate procedure); except transfixion	Pre-1990			NPA
66505	Iridotomy by stab incision (separate procedure); with transfixion as for iris bombe	Pre-1990			NPA
66600	Iridectomy, with corneoscleral or corneal section; for removal of lesion	Pre-1990			NPA
66605	Iridectomy, with corneoscleral or corneal section; with cyclectomy	Pre-1990			NPA
66625	Iridectomy, with corneoscleral or corneal section; peripheral for glaucoma (separate procedure)	Pre-1990			NPA
66630	Iridectomy, with corneoscleral or corneal section; sector for glaucoma (separate procedure)	Pre-1990			NPA
66635	Iridectomy, with corneoscleral or corneal section; optical (separate procedure)	Pre-1990			NPA
66680	Repair of iris, ciliary body (as for iridodialysis)	Pre-1990			NPA
66682	Suture of iris, ciliary body (separate procedure) with retrieval of suture through small incision (eg, McCannel suture)	Pre-1990			NPA
66700	Ciliary body destruction; diathermy	Pre-1990			NPA
66710	Ciliary body destruction; cyclophotocoagulation, transscleral	Pre-1990			NPA
66711	Ciliary body destruction; cyclophotocoagulation, endoscopic, without concomitant removal of crystalline lens	1/1/2005			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
66720	Ciliary body destruction; cryotherapy	**Pre-1990**			NPA
66740	Ciliary body destruction; cyclodialysis	**Pre-1990**			NPA
66761	Iridotomy/iridectomy by laser surgery (eg, for glaucoma) (per session)	**Pre-1990**			NPA
66762	Iridoplasty by photocoagulation (1 or more sessions) (eg, for improvement of vision, for widening of anterior chamber angle)	**Pre-1990**			NPA
66770	Destruction of cyst or lesion iris or ciliary body (nonexcisional procedure)	**Pre-1990**			NPA
66820	Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); stab incision technique (Ziegler or Wheeler knife)	**Pre-1990**			NPA
66821	Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); laser surgery (eg, YAG laser) (1 or more stages)	**Pre-1990**			NPA
66825	Repositioning of intraocular lens prosthesis, requiring an incision (separate procedure)	**1/1/1993**			NPA
66830	Removal of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid) with corneo-scleral section, with or without iridectomy (iridocapsulotomy, iridocapsulectomy)	**Pre-1990**			NPA
66840	Removal of lens material; aspiration technique, 1 or more stages	**Pre-1990**			NPA
66850	Removal of lens material; phacofragmentation technique (mechanical or ultrasonic) (eg, phacoemulsification), with aspiration	**Pre-1990**			NPA
66852	Removal of lens material; pars plana approach, with or without vitrectomy	**1/1/1991**			NPA
66920	Removal of lens material; intracapsular	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
66930	Removal of lens material; intracapsular, for dislocated lens	**Pre-1990**			NPA
66940	Removal of lens material; extracapsular (other than 66840, 66850, 66852)	**Pre-1990**			NPA
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; without endoscopic cyclophotocoagulation	**1/1/2001**			NPA
66983	Intracapsular cataract extraction with insertion of intraocular lens prosthesis (1 stage procedure)	**Pre-1990**			NPA
66984	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); without endoscopic cyclophotocoagulation	**Pre-1990**			NPA
66985	Insertion of intraocular lens prosthesis (secondary implant), not associated with concurrent cataract removal	**Pre-1990**			NPA
66986	Exchange of intraocular lens	**1/1/1992**			NPA
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	**1/1/2020**		**4/1/2020**	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	patients in the amblyogenic developmental stage; with endoscopic cyclophotocoagulation				
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	**1/1/2020**		**4/1/2020**	NPA
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	**1/1/2022**		**5/1/2022**	PA
66990	Use of ophthalmic endoscope (List separately in addition to code for primary procedure)	**1/1/2003**			NPA
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	**1/1/2022**		**5/1/2022**	PA
66999	Unlisted procedure, anterior segment of eye	**Pre-1990**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
67005	Removal of vitreous, anterior approach (open sky technique or limbal incision); partial removal	Pre-1990			NPA
67010	Removal of vitreous, anterior approach (open sky technique or limbal incision); subtotal removal with mechanical vitrectomy	Pre-1990			NPA
67015	Aspiration or release of vitreous, subretinal or choroidal fluid, pars plana approach (posterior sclerotomy)	Pre-1990			NPA
67025	Injection of vitreous substitute, pars plana or limbal approach (fluid-gas exchange), with or without aspiration (separate procedure)	Pre-1990			NPA
67027	Implantation of intravitreal drug delivery system (eg, ganciclovir implant), includes concomitant removal of vitreous	1/1/1998			NPA
67028	Intravitreal injection of a pharmacologic agent (separate procedure)	1/1/1991			NPA
67030	Discission of vitreous strands (without removal), pars plana approach	Pre-1990			NPA
67031	Severing of vitreous strands, vitreous face adhesions, sheets, membranes or opacities, laser surgery (1 or more stages)	Pre-1990			NPA
67036	Vitrectomy, mechanical, pars plana approach	Pre-1990			NPA
67039	Vitrectomy, mechanical, pars plana approach; with focal endolaser photocoagulation	1/1/1991			NPA
67040	Vitrectomy, mechanical, pars plana approach; with endolaser panretinal photocoagulation	Pre-1990			NPA
67041	Vitrectomy, mechanical, pars plana approach; with removal of preretinal cellular membrane (eg, macular pucker)	1/1/2008			NPA
67042	Vitrectomy, mechanical, pars plana approach; with removal of internal limiting membrane of retina (eg, for	1/1/2008			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	repair of macular hole, diabetic macular edema), includes, if performed, intraocular tamponade (ie, air, gas or silicone oil)				
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	**1/1/2008**			NPA
67101	Repair of retinal detachment, including drainage of subretinal fluid when performed; cryotherapy	**Pre-1990**			NPA
67105	Repair of retinal detachment, including drainage of subretinal fluid when performed; photocoagulation	**Pre-1990**			NPA
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	**Pre-1990**			NPA
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	**Pre-1990**			NPA
67110	Repair of retinal detachment; by injection of air or other gas (eg, pneumatic retinopexy)	**1/1/1991**			NPA
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	**1/1/2008**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	photocoagulation, drainage of subretinal fluid, scleral buckling, and/or removal of lens				
67115	Release of encircling material (posterior segment)	**Pre-1990**			NPA
67120	Removal of implanted material, posterior segment; extraocular	**Pre-1990**			NPA
67121	Removal of implanted material, posterior segment; intraocular	**Pre-1990**			NPA
67141	Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage; cryotherapy, diathermy	**Pre-1990**			NPA
67145	Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage; photocoagulation	**Pre-1990**			NPA
67208	Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; cryotherapy, diathermy	**Pre-1990**			NPA
67210	Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; photocoagulation	**Pre-1990**			NPA
67218	Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; radiation by implantation of source (includes removal of source)	**Pre-1990**			NPA
67220	Destruction of localized lesion of choroid (eg, choroidal neovascularization); photocoagulation (eg, laser), 1 or more sessions	**Pre-1990**			NPA
67221	Destruction of localized lesion of choroid (eg, choroidal neovascularization); photodynamic therapy (includes intravenous infusion)	**1/1/2001**			NPA
67225	Destruction of localized lesion of choroid (eg, choroidal neovascularization); photodynamic therapy, second eye,	**1/1/2002**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	at single session (List separately in addition to code for primary eye treatment)				
67227	Destruction of extensive or progressive retinopathy (eg, diabetic retinopathy), cryotherapy, diathermy	**Pre-1990**			NPA
67228	Treatment of extensive or progressive retinopathy (eg, diabetic retinopathy), photocoagulation	**Pre-1990**			NPA
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	**1/1/2008**			NPA
67250	Scleral reinforcement (separate procedure); without graft	**Pre-1990**			NPA
67255	Scleral reinforcement (separate procedure); with graft	**Pre-1990**			NPA
67299	Unlisted procedure, posterior segment	**Pre-1990**			PA
67311	Strabismus surgery, recession or resection procedure; 1 horizontal muscle	**Pre-1990**			NPA
67312	Strabismus surgery, recession or resection procedure; 2 horizontal muscles	**Pre-1990**			NPA
67314	Strabismus surgery, recession or resection procedure; 1 vertical muscle (excluding superior oblique)	**Pre-1990**			NPA
67316	Strabismus surgery, recession or resection procedure; 2 or more vertical muscles (excluding superior oblique)	**Pre-1990**			NPA
67318	Strabismus surgery, any procedure, superior oblique muscle	**1/1/1991**			NPA
67320	Transposition procedure (eg, for paretic extraocular muscle), any extraocular muscle (specify) (List separately in addition to code for primary procedure)	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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)	Pre-1990			NPA
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)	Pre-1990			NPA
67334	Strabismus surgery by posterior fixation suture technique, with or without muscle recession (List separately in addition to code for primary procedure)	1/1/1991			NPA
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)	Pre-1990			NPA
67340	Strabismus surgery involving exploration and/or repair of detached extraocular muscle(s) (List separately in addition to code for primary procedure)	1/1/1991			NPA
67343	Release of extensive scar tissue without detaching extraocular muscle (separate procedure)	1/1/1991			NPA
67345	Chemodenervation of extraocular muscle	1/1/1990			NPA
67346	Biopsy of extraocular muscle	1/1/2007			NPA
67399	Unlisted procedure, extraocular muscle	Pre-1990			PA
67400	Orbitotomy without bone flap (frontal or transconjunctival approach); for exploration, with or without biopsy	Pre-1990			NPAR
67405	Orbitotomy without bone flap (frontal or transconjunctival approach); with drainage only	Pre-1990			NPAR
67412	Orbitotomy without bone flap (frontal or transconjunctival approach); with removal of lesion	Pre-1990			NPAR

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
67413	Orbitotomy without bone flap (frontal or transconjunctival approach); with removal of foreign body	Pre-1990			NPA
67414	Orbitotomy without bone flap (frontal or transconjunctival approach); with removal of bone for decompression	1/1/1992			NPA
67415	Fine needle aspiration of orbital contents	Pre-1990			NPA
67420	Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with removal of lesion	Pre-1990			NPA
67430	Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with removal of foreign body	Pre-1990			NPA
67440	Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with drainage	Pre-1990			NPA
67445	Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with removal of bone for decompression	1/1/1992			NPA
67450	Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); for exploration, with or without biopsy	Pre-1990			NPA
67500	Retrobulbar injection; medication (separate procedure, does not include supply of medication)	Pre-1990			NPA
67505	Retrobulbar injection; alcohol	Pre-1990			NPA
67515	Injection of medication or other substance into Tenon's capsule	Pre-1990			NPA
67550	Orbital implant (implant outside muscle cone); insertion	Pre-1990			NPA
67560	Orbital implant (implant outside muscle cone); removal or revision	Pre-1990			NPA
67570	Optic nerve decompression (eg, incision or fenestration of optic nerve sheath)	1/1/1992			NPA
67599	Unlisted procedure, orbit	Pre-1990			PA
67700	Blepharotomy, drainage of abscess, eyelid	Pre-1990			NPA
67710	Severing of tarsorrhaphy	Pre-1990			NPA
67715	Canthotomy (separate procedure)	Pre-1990			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
67800	Excision of chalazion; single	Pre-1990			NPA
67801	Excision of chalazion; multiple, same lid	Pre-1990			NPA
67805	Excision of chalazion; multiple, different lids	Pre-1990			NPA
67808	Excision of chalazion; under general anesthesia and/or requiring hospitalization, single or multiple	Pre-1990			NPA
67810	Incisional biopsy of eyelid skin including lid margin	Pre-1990			NPA
67820	Correction of trichiasis; epilation, by forceps only	Pre-1990			NPA
67825	Correction of trichiasis; epilation by other than forceps (eg, by electrosurgery, cryotherapy, laser surgery)	Pre-1990			NPA
67830	Correction of trichiasis; incision of lid margin	Pre-1990			NPA
67835	Correction of trichiasis; incision of lid margin, with free mucous membrane graft	Pre-1990			NPA
67840	Excision of lesion of eyelid (except chalazion) without closure or with simple direct closure	Pre-1990			NPA
67850	Destruction of lesion of lid margin (up to 1 cm)	Pre-1990			NPA
67875	Temporary closure of eyelids by suture (eg, Frost suture)	1/1/1991			NPA
67880	Construction of intermarginal adhesions, median tarsorrhaphy, or canthorrhaphy	Pre-1990			NPA
67882	Construction of intermarginal adhesions, median tarsorrhaphy, or canthorrhaphy; with transposition of tarsal plate	Pre-1990			NPA
67900	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)	1/1/1992			PA
67901	Repair of blepharoptosis; frontalis muscle technique with suture or other material (eg, banked fascia)	Pre-1990			PA
67902	Repair of blepharoptosis; frontalis muscle technique with autologous fascial sling (includes obtaining fascia)	Pre-1990			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
67903	Repair of blepharoptosis; (tarso) levator resection or advancement, internal approach	Pre-1990			PA
67904	Repair of blepharoptosis; (tarso) levator resection or advancement, external approach	Pre-1990			PA
67906	Repair of blepharoptosis; superior rectus technique with fascial sling (includes obtaining fascia)	Pre-1990			PA
67908	Repair of blepharoptosis; conjunctivo-tarso-Muller's muscle-levator resection (eg, Fasanella-Servat type)	Pre-1990			PA
67909	Reduction of overcorrection of ptosis	Pre-1990			PA
67911	Correction of lid retraction	Pre-1990			PA
67912	Correction of lagophthalmos, with implantation of upper eyelid lid load (eg, gold weight)	1/1/2004			PA
67914	Repair of ectropion; suture	Pre-1990			PA
67915	Repair of ectropion; thermocauterization	Pre-1990			PA
67916	Repair of ectropion; excision tarsal wedge	Pre-1990			PA
67917	Repair of ectropion; extensive (eg, tarsal strip operations)	Pre-1990			PA
67921	Repair of entropion; suture	Pre-1990			PA
67922	Repair of entropion; thermocauterization	Pre-1990			PA
67923	Repair of entropion; excision tarsal wedge	Pre-1990			PA
67924	Repair of entropion; extensive (eg, tarsal strip or capsulopalpebral fascia repairs operation)	Pre-1990			PA
67930	Suture of recent wound, eyelid, involving lid margin, tarsus, and/or palpebral conjunctiva direct closure; partial thickness	Pre-1990			NPA
67935	Suture of recent wound, eyelid, involving lid margin, tarsus, and/or palpebral conjunctiva direct closure; full thickness	Pre-1990			NPA
67938	Removal of embedded foreign body, eyelid	Pre-1990			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
67950	Canthoplasty (reconstruction of canthus)	**Pre-1990**			PA
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	**Pre-1990**			PA
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	**Pre-1990**			PA
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	**Pre-1990**			PA
67973	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; total eyelid, lower, 1 stage or first stage	**Pre-1990**			PA
67974	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; total eyelid, upper, 1 stage or first stage	**Pre-1990**			PA
67975	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; second stage	**Pre-1990**			PA
67999	Unlisted procedure, eyelids	**Pre-1990**			PA
68020	Incision of conjunctiva, drainage of cyst	**Pre-1990**			NPA
68040	Expression of conjunctival follicles (eg, for trachoma)	**Pre-1990**			NPA
68100	Biopsy of conjunctiva	**Pre-1990**			NPA
68110	Excision of lesion, conjunctiva; up to 1 cm	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
68115	Excision of lesion, conjunctiva; over 1 cm	Pre-1990			NPA
68130	Excision of lesion, conjunctiva; with adjacent sclera	Pre-1990			NPA
68135	Destruction of lesion, conjunctiva	Pre-1990			NPA
68200	Subconjunctival injection	Pre-1990			NPA
68320	Conjunctivoplasty; with conjunctival graft or extensive rearrangement	Pre-1990			NPA
68325	Conjunctivoplasty; with buccal mucous membrane graft (includes obtaining graft)	Pre-1990			NPA
68326	Conjunctivoplasty, reconstruction cul-de-sac; with conjunctival graft or extensive rearrangement	Pre-1990			NPA
68328	Conjunctivoplasty, reconstruction cul-de-sac; with buccal mucous membrane graft (includes obtaining graft)	Pre-1990			NPA
68330	Repair of symblepharon; conjunctivoplasty, without graft	Pre-1990			NPA
68335	Repair of symblepharon; with free graft conjunctiva or buccal mucous membrane (includes obtaining graft)	Pre-1990			NPA
68340	Repair of symblepharon; division of symblepharon, with or without insertion of conformer or contact lens	Pre-1990			NPA
68360	Conjunctival flap; bridge or partial (separate procedure)	Pre-1990			NPA
68362	Conjunctival flap; total (such as Gunderson thin flap or purse string flap)	Pre-1990			NPA
68371	Harvesting conjunctival allograft, living donor	1/1/2004			NPA
68399	Unlisted procedure, conjunctiva	Pre-1990			PA
68400	Incision, drainage of lacrimal gland	Pre-1990			NPA
68420	Incision, drainage of lacrimal sac (dacryocystotomy or dacryocystostomy)	Pre-1990			NPA
68440	Snip incision of lacrimal punctum	Pre-1990			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
68500	Excision of lacrimal gland (dacryoadenectomy), except for tumor; total	Pre-1990			NPA
68505	Excision of lacrimal gland (dacryoadenectomy), except for tumor; partial	Pre-1990			NPA
68510	Biopsy of lacrimal gland	Pre-1990			NPA
68520	Excision of lacrimal sac (dacryocystectomy)	Pre-1990			NPA
68525	Biopsy of lacrimal sac	Pre-1990			NPA
68530	Removal of foreign body or dacryolith, lacrimal passages	Pre-1990			NPA
68540	Excision of lacrimal gland tumor; frontal approach	Pre-1990			NPA
68550	Excision of lacrimal gland tumor; involving osteotomy	Pre-1990			NPA
68700	Plastic repair of canaliculi	Pre-1990			NPA
68705	Correction of everted punctum, cautery	Pre-1990			NPA
68720	Dacryocystorhinostomy (fistulization of lacrimal sac to nasal cavity)	Pre-1990			NPA
68745	Conjunctivorhinostomy (fistulization of conjunctiva to nasal cavity); without tube	Pre-1990			NPA
68750	Conjunctivorhinostomy (fistulization of conjunctiva to nasal cavity); with insertion of tube or stent	Pre-1990			NPA
68760	Closure of the lacrimal punctum; by thermocauterization, ligation, or laser surgery	Pre-1990			NPA
68761	Closure of the lacrimal punctum; by plug, each	1/1/1993			NPA
68770	Closure of lacrimal fistula (separate procedure)	Pre-1990			NPA
68801	Dilation of lacrimal punctum, with or without irrigation	1/1/1997			NPA
68810	Probing of nasolacrimal duct, with or without irrigation	Pre-1990			NPA
68811	Probing of nasolacrimal duct, with or without irrigation; requiring general anesthesia	1/1/1997			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
68815	Probing of nasolacrimal duct, with or without irrigation; with insertion of tube or stent	1/1/1997			NPA
68816	Probing of nasolacrimal duct, with or without irrigation; with transluminal balloon catheter dilation	1/1/2008			NPA
68840	Probing of lacrimal canaliculi, with or without irrigation	Pre-1990			NPA
68841	Insertion of drug-eluting implant, including punctal dilation when performed, into lacrimal canaliculus, each	1/1/2022		1/1/2022	NPA
68850	Injection of contrast medium for dacryocystography	Pre-1990			NPA
68899	Unlisted procedure, lacrimal system	Pre-1990			PA
69000	Drainage external ear, abscess or hematoma; simple	Pre-1990			NPA
69005	Drainage external ear, abscess or hematoma; complicated	Pre-1990			NPA
69020	Drainage external auditory canal, abscess	Pre-1990			NPA
69090	Ear piercing	Pre-1990			NC
69100	Biopsy external ear	Pre-1990			NPA
69105	Biopsy external auditory canal	Pre-1990			NPA
69110	Excision external ear; partial, simple repair	Pre-1990			NPA
69120	Excision external ear; complete amputation	Pre-1990			NPA
69140	Excision exostosis(es), external auditory canal	Pre-1990			NPA
69145	Excision soft tissue lesion, external auditory canal	Pre-1990			NPA
69150	Radical excision external auditory canal lesion; without neck dissection	Pre-1990			NPA
69155	Radical excision external auditory canal lesion; with neck dissection	Pre-1990			NPA
69200	Removal foreign body from external auditory canal; without general anesthesia	Pre-1990			NPA
69205	Removal foreign body from external auditory canal; with general anesthesia	Pre-1990			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
69209	Removal impacted cerumen using irrigation/lavage, unilateral	1/1/2016			NPA
69210	Removal impacted cerumen requiring instrumentation, unilateral	Pre-1990			NPA
69220	Debridement, mastoidectomy cavity, simple (eg, routine cleaning)	Pre-1990			NPA
69222	Debridement, mastoidectomy cavity, complex (eg, with anesthesia or more than routine cleaning)	Pre-1990			NPA
69300	Otoplasty, protruding ear, with or without size reduction	Pre-1990			PA
69310	Reconstruction of external auditory canal (meatoplasty) (eg, for stenosis due to injury, infection) (separate procedure)	Pre-1990			NPA
69320	Reconstruction external auditory canal for congenital atresia, single stage	Pre-1990			NPA
69399	Unlisted procedure, external ear	Pre-1990			PA
69420	Myringotomy including aspiration and/or eustachian tube inflation	Pre-1990			NPA
69421	Myringotomy including aspiration and/or eustachian tube inflation requiring general anesthesia	Pre-1990			NPA
69424	Ventilating tube removal requiring general anesthesia	Pre-1990			NPA
69433	Tympanostomy (requiring insertion of ventilating tube), local or topical anesthesia	Pre-1990			NPA
69436	Tympanostomy (requiring insertion of ventilating tube), general anesthesia	Pre-1990			NPA
69440	Middle ear exploration through postauricular or ear canal incision	Pre-1990			NPA
69450	Tympanolysis, transcanal	Pre-1990			NPA
69501	Transmastoid antrotomy (simple mastoidectomy)	Pre-1990			NPA
69502	Mastoidectomy; complete	Pre-1990			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
69505	Mastoidectomy; modified radical	**Pre-1990**			NPA
69511	Mastoidectomy; radical	**Pre-1990**			NPA
69530	Petrous apicectomy including radical mastoidectomy	**Pre-1990**			NPA
69535	Resection temporal bone, external approach	**Pre-1990**			NPA
69540	Excision aural polyp	**Pre-1990**			NPA
69550	Excision aural glomus tumor; transcanal	**Pre-1990**			NPA
69552	Excision aural glomus tumor; transmastoid	**Pre-1990**			NPA
69554	Excision aural glomus tumor; extended (extratemporal)	**Pre-1990**			NPA
69601	Revision mastoidectomy; resulting in complete mastoidectomy	**Pre-1990**			NPA
69602	Revision mastoidectomy; resulting in modified radical mastoidectomy	**Pre-1990**			NPA
69603	Revision mastoidectomy; resulting in radical mastoidectomy	**Pre-1990**			NPA
69604	Revision mastoidectomy; resulting in tympanoplasty	**Pre-1990**			NPA
69610	Tympanic membrane repair, with or without site preparation of perforation for closure, with or without patch	**Pre-1990**			NPA
69620	Myringoplasty (surgery confined to drumhead and donor area)	**Pre-1990**			NPA
69631	Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; without ossicular chain reconstruction	**Pre-1990**			NPA
69632	Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; with ossicular chain reconstruction (eg, postfenestration)	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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])	**Pre-1990**			NPA
69635	Tympanoplasty with antrotomy or mastoidotomy (including canalplasty, atticotomy, middle ear surgery, and/or tympanic membrane repair); without ossicular chain reconstruction	**Pre-1990**			NPA
69636	Tympanoplasty with antrotomy or mastoidotomy (including canalplasty, atticotomy, middle ear surgery, and/or tympanic membrane repair); with ossicular chain reconstruction	**Pre-1990**			NPA
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])	**Pre-1990**			NPA
69641	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); without ossicular chain reconstruction	**Pre-1990**			NPA
69642	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with ossicular chain reconstruction	**Pre-1990**			NPA
69643	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with intact or reconstructed wall, without ossicular chain reconstruction	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
69644	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with intact or reconstructed canal wall, with ossicular chain reconstruction	**Pre-1990**			NPA
69645	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); radical or complete, without ossicular chain reconstruction	**Pre-1990**			NPA
69646	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); radical or complete, with ossicular chain reconstruction	**Pre-1990**			NPA
69650	Stapes mobilization	**Pre-1990**			NPA
69660	Stapedectomy or stapedotomy with reestablishment of ossicular continuity, with or without use of foreign material	**Pre-1990**			NPA
69661	Stapedectomy or stapedotomy with reestablishment of ossicular continuity, with or without use of foreign material; with footplate drill out	**Pre-1990**			NPA
69662	Revision of stapedectomy or stapedotomy	**1/1/1990**			NPA
69666	Repair oval window fistula	**Pre-1990**			NPA
69667	Repair round window fistula	**Pre-1990**			NPA
69670	Mastoid obliteration (separate procedure)	**Pre-1990**			NPA
69676	Tympanic neurectomy	**Pre-1990**			NPA
69700	Closure postauricular fistula, mastoid (separate procedure)	**Pre-1990**			NPA
69705	Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); unilateral	**1/1/2021**		**4/1/2021**	NC
69706	Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); bilateral	**1/1/2021**		**4/1/2021**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
69710	Implantation or replacement of electromagnetic bone conduction hearing device in temporal bone	**Pre-1990**			PA
69711	Removal or repair of electromagnetic bone conduction hearing device in temporal bone	**Pre-1990**			PA
69714	Implantation, osseointegrated implant, skull; with percutaneous attachment to external speech processor	**1/1/2001**			PA
69716	Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor	**1/1/2022**		**5/1/2022**	PA
69717	Revision or replacement (including removal of existing device), osseointegrated implant, skull; with percutaneous attachment to external speech processor	**1/1/2001**			PA
69719	Revision or replacement (including removal of existing device), osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor	**1/1/2022**		**5/1/2022**	PA
69720	Decompression facial nerve, intratemporal; lateral to geniculate ganglion	**Pre-1990**			NPA
69725	Decompression facial nerve, intratemporal; including medial to geniculate ganglion	**Pre-1990**			NPA
69726	Removal, osseointegrated implant, skull; with percutaneous attachment to external speech processor	**1/1/2022**		**5/1/2022**	PA
69727	Removal, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor	**1/1/2022**		**5/1/2022**	PA
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	**1/1/2023**		**2/1/2023**	PA
69729	Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech	**1/1/2023**		**2/1/2023**	PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	processor, outside of the mastoid and resulting in removal of greater than or equal to 100 sq mm surface area of bone deep to the outer cranial cortex				
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	**1/1/2023**		**2/1/2023**	PA
69740	Suture facial nerve, intratemporal, with or without graft or decompression; lateral to geniculate ganglion	**Pre-1990**			NPA
69745	Suture facial nerve, intratemporal, with or without graft or decompression; including medial to geniculate ganglion	**Pre-1990**			NPA
69799	Unlisted procedure, middle ear	**Pre-1990**			PA
69801	Labyrinthotomy, with perfusion of vestibuloactive drug(s), transcanal	**Pre-1990**			NPA
69805	Endolymphatic sac operation; without shunt	**Pre-1990**			NPA
69806	Endolymphatic sac operation; with shunt	**Pre-1990**			NPA
69905	Labyrinthectomy; transcanal	**Pre-1990**			NPA
69910	Labyrinthectomy; with mastoidectomy	**Pre-1990**			NPA
69915	Vestibular nerve section, translabyrinthine approach	**Pre-1990**			NPA
69930	Cochlear device implantation, with or without mastoidectomy	**Pre-1990**			PA
69949	Unlisted procedure, inner ear	**Pre-1990**			PA
69950	Vestibular nerve section, transcranial approach	**Pre-1990**			PA
69955	Total facial nerve decompression and/or repair (may include graft)	**Pre-1990**			NPA
69960	Decompression internal auditory canal	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
69970	Removal of tumor, temporal bone	Pre-1990			NPA
69979	Unlisted procedure, temporal bone, middle fossa approach	Pre-1990			PA
69990	Microsurgical techniques, requiring use of operating microscope (List separately in addition to code for primary procedure)	Pre-1990			NPA
70010	Myelography, posterior fossa, radiological supervision and interpretation	Pre-1990			NPA
70015	Cisternography, positive contrast, radiological supervision and interpretation	Pre-1990			NPA
70030	Radiologic examination, eye, for detection of foreign body	Pre-1990			NPA
70100	Radiologic examination, mandible; partial, less than 4 views	Pre-1990			NPA
70110	Radiologic examination, mandible; complete, minimum of 4 views	Pre-1990			NPA
70120	Radiologic examination, mastoids; less than 3 views per side	Pre-1990			NPA
70130	Radiologic examination, mastoids; complete, minimum of 3 views per side	Pre-1990			NPA
70134	Radiologic examination, internal auditory meati, complete	Pre-1990			NPA
70140	Radiologic examination, facial bones; less than 3 views	Pre-1990			NPA
70150	Radiologic examination, facial bones; complete, minimum of 3 views	Pre-1990			NPA
70160	Radiologic examination, nasal bones, complete, minimum of 3 views	Pre-1990			NPA
70170	Dacryocystography, nasolacrimal duct, radiological supervision and interpretation	Pre-1990			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
70190	Radiologic examination; optic foramina	**Pre-1990**			NPA
70200	Radiologic examination; orbits, complete, minimum of 4 views	**Pre-1990**			NPA
70210	Radiologic examination, sinuses, paranasal, less than 3 views	**Pre-1990**			NPA
70220	Radiologic examination, sinuses, paranasal, complete, minimum of 3 views	**Pre-1990**			NPA
70240	Radiologic examination, sella turcica	**Pre-1990**			NPA
70250	Radiologic examination, skull; less than 4 views	**Pre-1990**			NPA
70260	Radiologic examination, skull; complete, minimum of 4 views	**Pre-1990**			NPA
70300	Radiologic examination, teeth; single view	**Pre-1990**			NPA
70310	Radiologic examination, teeth; partial examination, less than full mouth	**Pre-1990**			NPA
70320	Radiologic examination, teeth; complete, full mouth	**Pre-1990**			NPA
70328	Radiologic examination, temporomandibular joint, open and closed mouth; unilateral	**Pre-1990**			NPA
70330	Radiologic examination, temporomandibular joint, open and closed mouth; bilateral	**Pre-1990**			NPA
70332	Temporomandibular joint arthrography, radiological supervision and interpretation	**Pre-1990**			NPA
70336	Magnetic resonance (eg, proton) imaging, temporomandibular joint(s)	**Pre-1990**			NPA
70350	Cephalogram, orthodontic	**Pre-1990**			NPA
70355	Orthopantogram (eg, panoramic x-ray)	**Pre-1990**			NPA
70360	Radiologic examination; neck, soft tissue	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
70370	Radiologic examination; pharynx or larynx, including fluoroscopy and/or magnification technique	**Pre-1990**			NPA
70371	Complex dynamic pharyngeal and speech evaluation by cine or video recording	**Pre-1990**			NPA
70380	Radiologic examination, salivary gland for calculus	**Pre-1990**			NPA
70390	Sialography, radiological supervision and interpretation	**Pre-1990**			NPA
70450	Computed tomography, head or brain; without contrast material	**Pre-1990**			NPA
70460	Computed tomography, head or brain; with contrast material(s)	**Pre-1990**			NPA
70470	Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections	**Pre-1990**			NPA
70480	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	**Pre-1990**			NPA
70481	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; with contrast material(s)	**Pre-1990**			NPA
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	**Pre-1990**			NPA
70486	Computed tomography, maxillofacial area; without contrast material	**Pre-1990**			NPA
70487	Computed tomography, maxillofacial area; with contrast material(s)	**Pre-1990**			NPA
70488	Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections	**Pre-1990**			NPA
70490	Computed tomography, soft tissue neck; without contrast material	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
70491	Computed tomography, soft tissue neck; with contrast material(s)	**Pre-1990**			NPA
70492	Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections	**Pre-1990**			NPA
70496	Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	**1/1/2001**			NPA
70498	Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	**1/1/2001**			NPA
70540	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	**Pre-1990**			NPA
70542	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with contrast material(s)	**1/1/2001**			NPA
70543	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast material(s) and further sequences	**1/1/2001**			NPA
70544	Magnetic resonance angiography, head; without contrast material(s)	**1/1/2001**			NPA
70545	Magnetic resonance angiography, head; with contrast material(s)	**1/1/2001**			NPA
70546	Magnetic resonance angiography, head; without contrast material(s), followed by contrast material(s) and further sequences	**1/1/2001**			NPA
70547	Magnetic resonance angiography, neck; without contrast material(s)	**1/1/2001**			NPA
70548	Magnetic resonance angiography, neck; with contrast material(s)	**1/1/2001**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
70549	Magnetic resonance angiography, neck; without contrast material(s), followed by contrast material(s) and further sequences	**1/1/2001**			NPA
70551	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	**Pre-1990**			NPA
70552	Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)	**1/1/1990**			NPA
70553	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences	**1/1/1992**			NPA
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	**1/1/2007**			NPA
70555	Magnetic resonance imaging, brain, functional MRI; requiring physician or psychologist administration of entire neurofunctional testing	**1/1/2007**			NPA
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	**1/1/2004**			NPA
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)	**1/1/2004**			NPA
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	**1/1/2004**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	material(s), followed by contrast material(s) and further sequences				
71045	Radiologic examination, chest; single view	**1/1/2018**			NPA
71046	Radiologic examination, chest; 2 views	**1/1/2018**			NPA
71047	Radiologic examination, chest; 3 views	**1/1/2018**			NPA
71048	Radiologic examination, chest; 4 or more views	**1/1/2018**			NPA
71100	Radiologic examination, ribs, unilateral; 2 views	**Pre-1990**			NPA
71101	Radiologic examination, ribs, unilateral; including posteroanterior chest, minimum of 3 views	**Pre-1990**			NPA
71110	Radiologic examination, ribs, bilateral; 3 views	**Pre-1990**			NPA
71111	Radiologic examination, ribs, bilateral; including posteroanterior chest, minimum of 4 views	**Pre-1990**			NPA
71120	Radiologic examination; sternum, minimum of 2 views	**Pre-1990**			NPA
71130	Radiologic examination; sternoclavicular joint or joints, minimum of 3 views	**Pre-1990**			NPA
71250	Computed tomography, thorax, diagnostic; without contrast material	**Pre-1990**			NPA
71260	Computed tomography, thorax, diagnostic; with contrast material(s)	**Pre-1990**			NPA
71270	Computed tomography, thorax, diagnostic; without contrast material, followed by contrast material(s) and further sections	**Pre-1990**			NPA
71271	Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	**1/1/2021**		**4/1/2021**	NPA
71275	Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	**1/1/2001**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
71550	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	**Pre-1990**			NPA
71551	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); with contrast material(s)	**1/1/2001**			NPA
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	**1/1/2001**			NPA
71555	Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)	**1/1/1994**			NPA
72020	Radiologic examination, spine, single view, specify level	**Pre-1990**			NPA
72040	Radiologic examination, spine, cervical; 2 or 3 views	**Pre-1990**			NPA
72050	Radiologic examination, spine, cervical; 4 or 5 views	**Pre-1990**			NPA
72052	Radiologic examination, spine, cervical; 6 or more views	**Pre-1990**			NPA
72070	Radiologic examination, spine; thoracic, 2 views	**Pre-1990**			NPA
72072	Radiologic examination, spine; thoracic, 3 views	**Pre-1990**			NPA
72074	Radiologic examination, spine; thoracic, minimum of 4 views	**Pre-1990**			NPA
72080	Radiologic examination, spine; thoracolumbar junction, minimum of 2 views	**Pre-1990**			NPA
72081	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view	**1/1/2016**			NPA
72082	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views	**1/1/2016**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
72083	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 4 or 5 views	**1/1/2016**			NPA
72084	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); minimum of 6 views	**1/1/2016**			NPA
72100	Radiologic examination, spine, lumbosacral; 2 or 3 views	**Pre-1990**			NPA
72110	Radiologic examination, spine, lumbosacral; minimum of 4 views	**Pre-1990**			NPA
72114	Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views	**Pre-1990**			NPA
72120	Radiologic examination, spine, lumbosacral; bending views only, 2 or 3 views	**Pre-1990**			NPA
72125	Computed tomography, cervical spine; without contrast material	**Pre-1990**			NPA
72126	Computed tomography, cervical spine; with contrast material	**Pre-1990**			NPA
72127	Computed tomography, cervical spine; without contrast material, followed by contrast material(s) and further sections	**Pre-1990**			NPA
72128	Computed tomography, thoracic spine; without contrast material	**Pre-1990**			NPA
72129	Computed tomography, thoracic spine; with contrast material	**Pre-1990**			NPA
72130	Computed tomography, thoracic spine; without contrast material, followed by contrast material(s) and further sections	**Pre-1990**			NPA
72131	Computed tomography, lumbar spine; without contrast material	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
72132	Computed tomography, lumbar spine; with contrast material	**Pre-1990**			NPA
72133	Computed tomography, lumbar spine; without contrast material, followed by contrast material(s) and further sections	**Pre-1990**			NPA
72141	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	**Pre-1990**			NPA
72142	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with contrast material(s)	**1/1/1990**			NPA
72146	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	**1/1/1990**			NPA
72147	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with contrast material(s)	**1/1/1990**			NPA
72148	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	**1/1/1990**			NPA
72149	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; with contrast material(s)	**1/1/1990**			NPA
72156	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical	**1/1/1992**			NPA
72157	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; thoracic	**1/1/1992**			NPA
72158	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar	**1/1/1992**			NPA
72159	Magnetic resonance angiography, spinal canal and contents, with or without contrast material(s)	**1/1/1994**		**9/1/2023**	NPA
72170	Radiologic examination, pelvis; 1 or 2 views	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
72190	Radiologic examination, pelvis; complete, minimum of 3 views	**Pre-1990**			NPA
72191	Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	**1/1/2001**			NPA
72192	Computed tomography, pelvis; without contrast material	**Pre-1990**			NPA
72193	Computed tomography, pelvis; with contrast material(s)	**Pre-1990**			NPA
72194	Computed tomography, pelvis; without contrast material, followed by contrast material(s) and further sections	**Pre-1990**			NPA
72195	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s)	**1/1/2001**			NPA
72196	Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	**Pre-1990**			NPA
72197	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s), followed by contrast material(s) and further sequences	**1/1/2001**			NPA
72198	Magnetic resonance angiography, pelvis, with or without contrast material(s)	**1/1/1994**			NPA
72200	Radiologic examination, sacroiliac joints; less than 3 views	**Pre-1990**			NPA
72202	Radiologic examination, sacroiliac joints; 3 or more views	**Pre-1990**			NPA
72220	Radiologic examination, sacrum and coccyx, minimum of 2 views	**Pre-1990**			NPA
72240	Myelography, cervical, radiological supervision and interpretation	**Pre-1990**			NPA
72255	Myelography, thoracic, radiological supervision and interpretation	**Pre-1990**			NPA
72265	Myelography, lumbosacral, radiological supervision and interpretation	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
72270	Myelography, 2 or more regions (eg, lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical), radiological supervision and interpretation	Pre-1990			NPA
72285	Discography, cervical or thoracic, radiological supervision and interpretation	Pre-1990			NPA
72295	Discography, lumbar, radiological supervision and interpretation	Pre-1990			NPA
73000	Radiologic examination; clavicle, complete	Pre-1990			NPA
73010	Radiologic examination; scapula, complete	Pre-1990			NPA
73020	Radiologic examination, shoulder; 1 view	Pre-1990			NPA
73030	Radiologic examination, shoulder; complete, minimum of 2 views	Pre-1990			NPA
73040	Radiologic examination, shoulder, arthrography, radiological supervision and interpretation	Pre-1990			NPA
73050	Radiologic examination; acromioclavicular joints, bilateral, with or without weighted distraction	Pre-1990			NPA
73060	Radiologic examination; humerus, minimum of 2 views	Pre-1990			NPA
73070	Radiologic examination, elbow; 2 views	Pre-1990			NPA
73080	Radiologic examination, elbow; complete, minimum of 3 views	Pre-1990			NPA
73085	Radiologic examination, elbow, arthrography, radiological supervision and interpretation	Pre-1990			NPA
73090	Radiologic examination; forearm, 2 views	Pre-1990			NPA
73092	Radiologic examination; upper extremity, infant, minimum of 2 views	Pre-1990			NPA
73100	Radiologic examination, wrist; 2 views	Pre-1990			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
73110	Radiologic examination, wrist; complete, minimum of 3 views	Pre-1990			NPA
73115	Radiologic examination, wrist, arthrography, radiological supervision and interpretation	Pre-1990			NPA
73120	Radiologic examination, hand; 2 views	Pre-1990			NPA
73130	Radiologic examination, hand; minimum of 3 views	Pre-1990			NPA
73140	Radiologic examination, finger(s), minimum of 2 views	Pre-1990			NPA
73200	Computed tomography, upper extremity; without contrast material	Pre-1990			NPA
73201	Computed tomography, upper extremity; with contrast material(s)	Pre-1990			NPA
73202	Computed tomography, upper extremity; without contrast material, followed by contrast material(s) and further sections	Pre-1990			NPA
73206	Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	1/1/2001			NPA
73218	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s)	1/1/2001			NPA
73219	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; with contrast material(s)	1/1/2001			NPA
73220	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Pre-1990			NPA
73221	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Pre-1990			NPA
73222	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; with contrast material(s)	1/1/2001			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
73223	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s), followed by contrast material(s) and further sequences	**1/1/2001**			NPA
73225	Magnetic resonance angiography, upper extremity, with or without contrast material(s)	**1/1/1994**		**9/1/2023**	NPA
73501	Radiologic examination, hip, unilateral, with pelvis when performed; 1 view	**1/1/2016**			NPA
73502	Radiologic examination, hip, unilateral, with pelvis when performed; 2-3 views	**1/1/2016**			NPA
73503	Radiologic examination, hip, unilateral, with pelvis when performed; minimum of 4 views	**1/1/2016**			NPA
73521	Radiologic examination, hips, bilateral, with pelvis when performed; 2 views	**1/1/2016**			NPA
73522	Radiologic examination, hips, bilateral, with pelvis when performed; 3-4 views	**1/1/2016**			NPA
73523	Radiologic examination, hips, bilateral, with pelvis when performed; minimum of 5 views	**1/1/2016**			NPA
73525	Radiologic examination, hip, arthrography, radiological supervision and interpretation	**Pre-1990**			NPA
73551	Radiologic examination, femur; 1 view	**1/1/2016**			NPA
73552	Radiologic examination, femur; minimum 2 views	**1/1/2016**			NPA
73560	Radiologic examination, knee; 1 or 2 views	**Pre-1990**			NPA
73562	Radiologic examination, knee; 3 views	**Pre-1990**			NPA
73564	Radiologic examination, knee; complete, 4 or more views	**Pre-1990**			NPA
73565	Radiologic examination, knee; both knees, standing, anteroposterior	**1/1/1991**			NPA
73580	Radiologic examination, knee, arthrography, radiological supervision and interpretation	**Pre-1990**			NPA
73590	Radiologic examination; tibia and fibula, 2 views	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
73592	Radiologic examination; lower extremity, infant, minimum of 2 views	Pre-1990			NPA
73600	Radiologic examination, ankle; 2 views	Pre-1990			NPA
73610	Radiologic examination, ankle; complete, minimum of 3 views	Pre-1990			NPA
73615	Radiologic examination, ankle, arthrography, radiological supervision and interpretation	Pre-1990			NPA
73620	Radiologic examination, foot; 2 views	Pre-1990			NPA
73630	Radiologic examination, foot; complete, minimum of 3 views	Pre-1990			NPA
73650	Radiologic examination; calcaneus, minimum of 2 views	Pre-1990			NPA
73660	Radiologic examination; toe(s), minimum of 2 views	Pre-1990			NPA
73700	Computed tomography, lower extremity; without contrast material	Pre-1990			NPA
73701	Computed tomography, lower extremity; with contrast material(s)	Pre-1990			NPA
73702	Computed tomography, lower extremity; without contrast material, followed by contrast material(s) and further sections	Pre-1990			NPA
73706	Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	1/1/2001			NPA
73718	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s)	1/1/2001			NPA
73719	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; with contrast material(s)	1/1/2001			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
73720	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	**Pre-1990**			NPA
73721	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	**Pre-1990**			NPA
73722	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; with contrast material(s)	**1/1/2001**			NPA
73723	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material(s), followed by contrast material(s) and further sequences	**1/1/2001**			NPA
73725	Magnetic resonance angiography, lower extremity, with or without contrast material(s)	**1/1/1994**			NPA
74018	Radiologic examination, abdomen; 1 view	**1/1/2018**			NPA
74019	Radiologic examination, abdomen; 2 views	**1/1/2018**			NPA
74021	Radiologic examination, abdomen; 3 or more views	**1/1/2018**			NPA
74022	Radiologic examination, complete acute abdomen series, including 2 or more views of the abdomen (eg, supine, erect, decubitus), and a single view chest	**Pre-1990**			NPA
74150	Computed tomography, abdomen; without contrast material	**Pre-1990**			NPA
74160	Computed tomography, abdomen; with contrast material(s)	**Pre-1990**			NPA
74170	Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections	**Pre-1990**			NPA
74174	Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	**1/1/2012**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
74175	Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing	**1/1/2001**			NPA
74176	Computed tomography, abdomen and pelvis; without contrast material	**1/1/2011**			NPA
74177	Computed tomography, abdomen and pelvis; with contrast material(s)	**1/1/2011**			NPA
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	**1/1/2011**			NPA
74181	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	**Pre-1990**			NPA
74182	Magnetic resonance (eg, proton) imaging, abdomen; with contrast material(s)	**1/1/2001**			NPA
74183	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences	**1/1/2001**			NPA
74185	Magnetic resonance angiography, abdomen, with or without contrast material(s)	**1/1/1994**			NPA
74190	Peritoneogram (eg, after injection of air or contrast), radiological supervision and interpretation	**1/1/1994**			NPA
74210	Radiologic examination, pharynx and/or cervical esophagus, including scout neck radiograph(s) and delayed image(s), when performed, contrast (eg, barium) study	**Pre-1990**			NPA
74220	Radiologic examination, esophagus, including scout chest radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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	**1/1/2020**		**4/1/2020**	NPA
74230	Radiologic examination, swallowing function, with cineradiography/videoradiography, including scout neck radiograph(s) and delayed image(s), when performed, contrast (eg, barium) study	**Pre-1990**			NPA
74235	Removal of foreign body(s), esophageal, with use of balloon catheter, radiological supervision and interpretation	**Pre-1990**			NPA
74240	Radiologic examination, upper gastrointestinal tract, including scout abdominal radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study	**Pre-1990**			NPA
74246	Radiologic examination, upper gastrointestinal tract, including scout abdominal radiograph(s) and delayed image(s), when performed; double-contrast (eg, high-density barium and effervescent agent) study, including glucagon, when administered	**Pre-1990**			NPA
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)	**1/1/2020**		**4/1/2020**	NPA
74250	Radiologic examination, small intestine, including multiple serial images and scout abdominal radiograph(s), when performed; single-contrast (eg, barium) study	**Pre-1990**			NPA
74251	Radiologic examination, small intestine, including multiple serial images and scout abdominal radiograph(s), when performed; double-contrast (eg, high-density barium and	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	air via enteroclysis tube) study, including glucagon, when administered				
74261	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material	**1/1/2010**			NPA
74262	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contrast material(s) including non-contrast images, if performed	**1/1/2010**			NPA
74263	Computed tomographic (CT) colonography, screening, including image postprocessing	**1/1/2010**			NPA
74270	Radiologic examination, colon, including scout abdominal radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study	**Pre-1990**			NPA
74280	Radiologic examination, colon, including scout abdominal radiograph(s) and delayed image(s), when performed; double-contrast (eg, high density barium and air) study, including glucagon, when administered	**Pre-1990**			NPA
74283	Therapeutic enema, contrast or air, for reduction of intussusception or other intraluminal obstruction (eg, meconium ileus)	**1/1/1990**			NPA
74290	Cholecystography, oral contrast	**Pre-1990**			NPA
74300	Cholangiography and/or pancreatography; intraoperative, radiological supervision and interpretation	**Pre-1990**			NPA
74301	Cholangiography and/or pancreatography; additional set intraoperative, radiological supervision and interpretation (List separately in addition to code for primary procedure)	**Pre-1990**			NPA
74328	Endoscopic catheterization of the biliary ductal system, radiological supervision and interpretation	**Pre-1990**			NPA
74329	Endoscopic catheterization of the pancreatic ductal system, radiological supervision and interpretation	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
74330	Combined endoscopic catheterization of the biliary and pancreatic ductal systems, radiological supervision and interpretation	**Pre-1990**			NPA
74340	Introduction of long gastrointestinal tube (eg, Miller-Abbott), including multiple fluoroscopies and images, radiological supervision and interpretation	**Pre-1990**			NPA
74355	Percutaneous placement of enteroclysis tube, radiological supervision and interpretation	**Pre-1990**			NPA
74360	Intraluminal dilation of strictures and/or obstructions (eg, esophagus), radiological supervision and interpretation	**Pre-1990**			NPA
74363	Percutaneous transhepatic dilation of biliary duct stricture with or without placement of stent, radiological supervision and interpretation	**Pre-1990**			NPA
74400	Urography (pyelography), intravenous, with or without KUB, with or without tomography	**Pre-1990**			NPA
74410	Urography, infusion, drip technique and/or bolus technique	**Pre-1990**			NPA
74415	Urography, infusion, drip technique and/or bolus technique; with nephrotomography	**Pre-1990**			NPA
74420	Urography, retrograde, with or without KUB	**Pre-1990**			NPA
74425	Urography, antegrade, radiological supervision and interpretation	**Pre-1990**			NPA
74430	Cystography, minimum of 3 views, radiological supervision and interpretation	**Pre-1990**			NPA
74440	Vasography, vesiculography, or epididymography, radiological supervision and interpretation	**Pre-1990**			NPA
74445	Corpora cavernosography, radiological supervision and interpretation	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
74450	Urethrocystography, retrograde, radiological supervision and interpretation	**Pre-1990**			NPA
74455	Urethrocystography, voiding, radiological supervision and interpretation	**Pre-1990**			NPA
74470	Radiologic examination, renal cyst study, translumbar, contrast visualization, radiological supervision and interpretation	**Pre-1990**			NPA
74485	Dilation of ureter(s) or urethra, radiological supervision and interpretation	**Pre-1990**			NPA
74710	Pelvimetry, with or without placental localization	**Pre-1990**			NPA
74712	Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single or first gestation	**1/1/2016**			NPA
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)	**1/1/2016**			NPA
74740	Hysterosalpingography, radiological supervision and interpretation	**Pre-1990**			NPA
74742	Transcervical catheterization of fallopian tube, radiological supervision and interpretation	**1/1/1993**			NPA
74775	Perineogram (eg, vaginogram, for sex determination or extent of anomalies)	**Pre-1990**			NPA
75557	Cardiac magnetic resonance imaging for morphology and function without contrast material	**1/1/2008**			NPA
75559	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging	**1/1/2008**			NPA
75561	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences	**1/1/2008**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
75563	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress imaging	**1/1/2008**			NPA
75565	Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)	**1/1/2010**			NPA
75571	Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	**1/1/2010**		**9/1/2023**	PA
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)	**1/1/2010**			NPA
75573	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of left ventricular [LV] cardiac function, right ventricular [RV] structure and function and evaluation of vascular structures, if performed)	**1/1/2010**			NPA
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)	**1/1/2010**			NPA
75600	Aortography, thoracic, without serialography, radiological supervision and interpretation	**Pre-1990**			NPA
75605	Aortography, thoracic, by serialography, radiological supervision and interpretation	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
75625	Aortography, abdominal, by serialography, radiological supervision and interpretation	**Pre-1990**			NPA
75630	Aortography, abdominal plus bilateral iliofemoral lower extremity, catheter, by serialography, radiological supervision and interpretation	**Pre-1990**			NPA
75635	Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	**1/1/2001**			NPA
75705	Angiography, spinal, selective, radiological supervision and interpretation	**Pre-1990**			NPA
75710	Angiography, extremity, unilateral, radiological supervision and interpretation	**Pre-1990**			NPA
75716	Angiography, extremity, bilateral, radiological supervision and interpretation	**Pre-1990**			NPA
75726	Angiography, visceral, selective or supraselective (with or without flush aortogram), radiological supervision and interpretation	**Pre-1990**			NPA
75731	Angiography, adrenal, unilateral, selective, radiological supervision and interpretation	**Pre-1990**			NPA
75733	Angiography, adrenal, bilateral, selective, radiological supervision and interpretation	**Pre-1990**			NPA
75736	Angiography, pelvic, selective or supraselective, radiological supervision and interpretation	**Pre-1990**			NPA
75741	Angiography, pulmonary, unilateral, selective, radiological supervision and interpretation	**Pre-1990**			NPA
75743	Angiography, pulmonary, bilateral, selective, radiological supervision and interpretation	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
75746	Angiography, pulmonary, by nonselective catheter or venous injection, radiological supervision and interpretation	**Pre-1990**			NPA
75756	Angiography, internal mammary, radiological supervision and interpretation	**Pre-1990**			NPA
75774	Angiography, selective, each additional vessel studied after basic examination, radiological supervision and interpretation (List separately in addition to code for primary procedure)	**Pre-1990**			NPA
75801	Lymphangiography, extremity only, unilateral, radiological supervision and interpretation	**Pre-1990**			NPA
75803	Lymphangiography, extremity only, bilateral, radiological supervision and interpretation	**Pre-1990**			NPA
75805	Lymphangiography, pelvic/abdominal, unilateral, radiological supervision and interpretation	**Pre-1990**			NPA
75807	Lymphangiography, pelvic/abdominal, bilateral, radiological supervision and interpretation	**Pre-1990**			NPA
75809	Shuntogram for investigation of previously placed indwelling nonvascular shunt (eg, LeVeen shunt, ventriculoperitoneal shunt, indwelling infusion pump), radiological supervision and interpretation	**Pre-1990**			NPA
75810	Splenoportography, radiological supervision and interpretation	**Pre-1990**			NPA
75820	Venography, extremity, unilateral, radiological supervision and interpretation	**Pre-1990**			NPA
75822	Venography, extremity, bilateral, radiological supervision and interpretation	**Pre-1990**			NPA
75825	Venography, caval, inferior, with serialography, radiological supervision and interpretation	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
75827	Venography, caval, superior, with serialography, radiological supervision and interpretation	**Pre-1990**			NPA
75831	Venography, renal, unilateral, selective, radiological supervision and interpretation	**Pre-1990**			NPA
75833	Venography, renal, bilateral, selective, radiological supervision and interpretation	**Pre-1990**			NPA
75840	Venography, adrenal, unilateral, selective, radiological supervision and interpretation	**Pre-1990**			NPA
75842	Venography, adrenal, bilateral, selective, radiological supervision and interpretation	**Pre-1990**			NPA
75860	Venography, venous sinus (eg, petrosal and inferior sagittal) or jugular, catheter, radiological supervision and interpretation	**Pre-1990**			NPA
75870	Venography, superior sagittal sinus, radiological supervision and interpretation	**Pre-1990**			NPA
75872	Venography, epidural, radiological supervision and interpretation	**Pre-1990**			NPA
75880	Venography, orbital, radiological supervision and interpretation	**Pre-1990**			NPA
75885	Percutaneous transhepatic portography with hemodynamic evaluation, radiological supervision and interpretation	**Pre-1990**			NPA
75887	Percutaneous transhepatic portography without hemodynamic evaluation, radiological supervision and interpretation	**Pre-1990**			NPA
75889	Hepatic venography, wedged or free, with hemodynamic evaluation, radiological supervision and interpretation	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
75891	Hepatic venography, wedged or free, without hemodynamic evaluation, radiological supervision and interpretation	**Pre-1990**			NPA
75893	Venous sampling through catheter, with or without angiography (eg, for parathyroid hormone, renin), radiological supervision and interpretation	**Pre-1990**			NPA
75894	Transcatheter therapy, embolization, any method, radiological supervision and interpretation	**Pre-1990**			NPA
75898	Angiography through existing catheter for follow-up study for transcatheter therapy, embolization or infusion, other than for thrombolysis	**Pre-1990**			NPA
75901	Mechanical removal of pericatheter obstructive material (eg, fibrin sheath) from central venous device via separate venous access, radiologic supervision and interpretation	**1/1/2003**			NPA
75902	Mechanical removal of intraluminal (intracatheter) obstructive material from central venous device through device lumen, radiologic supervision and interpretation	**1/1/2003**			NPA
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 level of celiac artery origin, radiological supervision and interpretation	**1/1/2006**			NPA
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	**1/1/2006**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	extension(s), if required, to level of celiac artery origin, radiological supervision and interpretation				
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	**1/1/2006**			NPA
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	**1/1/2006**			NPA
75970	Transcatheter biopsy, radiological supervision and interpretation	**Pre-1990**			NPA
75984	Change of percutaneous tube or drainage catheter with contrast monitoring (eg, genitourinary system, abscess), radiological supervision and interpretation	**Pre-1990**			NPA
75989	Radiological guidance (ie, fluoroscopy, ultrasound, or computed tomography), for percutaneous drainage (eg, abscess, specimen collection), with placement of catheter, radiological supervision and interpretation	**Pre-1990**			NPA
76000	Fluoroscopy (separate procedure), up to 1 hour physician or other qualified health care professional time	**Pre-1990**			NPA
76010	Radiologic examination from nose to rectum for foreign body, single view, child	**Pre-1990**			NPA
76080	Radiologic examination, abscess, fistula or sinus tract study, radiological supervision and interpretation	**Pre-1990**			NPA
76098	Radiological examination, surgical specimen	**Pre-1990**			NPA
76100	Radiologic examination, single plane body section (eg, tomography), other than with urography	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
76120	Cineradiography/videoradiography, except where specifically included	**Pre-1990**			NPA
76125	Cineradiography/videoradiography to complement routine examination (List separately in addition to code for primary procedure)	**Pre-1990**			NPA
76140	Consultation on X-ray examination made elsewhere, written report	**Pre-1990**			NPA
76145	Medical physics dose evaluation for radiation exposure that exceeds institutional review threshold, including report	**1/1/2021**		**4/1/2021**	NPA
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	**1/1/2006**			NPA
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	**1/1/2006**			NPA
76380	Computed tomography, limited or localized follow-up study	**Pre-1990**			NPA
76390	Magnetic resonance spectroscopy	**1/1/1998**			NPA
76391	Magnetic resonance (eg, vibration) elastography	**1/1/2019**		**9/1/2023**	PA
76496	Unlisted fluoroscopic procedure (eg, diagnostic, interventional)	**1/1/2003**			PA
76497	Unlisted computed tomography procedure (eg, diagnostic, interventional)	**1/1/2003**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
76498	Unlisted magnetic resonance procedure (eg, diagnostic, interventional)	**1/1/2003**			PA
76499	Unlisted diagnostic radiographic procedure	**Pre-1990**			PA
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	**Pre-1990**			NPA
76510	Ophthalmic ultrasound, diagnostic; B-scan and quantitative A-scan performed during the same patient encounter	**1/1/2005**			NPA
76511	Ophthalmic ultrasound, diagnostic; quantitative A-scan only	**Pre-1990**			NPA
76512	Ophthalmic ultrasound, diagnostic; B-scan (with or without superimposed non-quantitative A-scan)	**Pre-1990**			NPA
76513	Ophthalmic ultrasound, diagnostic; anterior segment ultrasound, immersion (water bath) B-scan or high resolution biomicroscopy, unilateral or bilateral	**Pre-1990**			NPA
76514	Ophthalmic ultrasound, diagnostic; corneal pachymetry, unilateral or bilateral (determination of corneal thickness)	**1/1/2004**			NPA
76516	Ophthalmic biometry by ultrasound echography, A-scan	**Pre-1990**			NPA
76519	Ophthalmic biometry by ultrasound echography, A-scan; with intraocular lens power calculation	**Pre-1990**			NPA
76529	Ophthalmic ultrasonic foreign body localization	**Pre-1990**			NPA
76536	Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
76604	Ultrasound, chest (includes mediastinum), real time with image documentation	**Pre-1990**			NPA
76641	Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; complete	**1/1/2015**			NPA
76642	Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; limited	**1/1/2015**			NPA
76700	Ultrasound, abdominal, real time with image documentation; complete	**Pre-1990**			NPA
76705	Ultrasound, abdominal, real time with image documentation; limited (eg, single organ, quadrant, follow-up)	**Pre-1990**			NPA
76706	Ultrasound, abdominal aorta, real time with image documentation, screening study for abdominal aortic aneurysm (AAA)	**1/1/2017**			NPA
76770	Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; complete	**Pre-1990**			NPA
76775	Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; limited	**Pre-1990**			NPA
76776	Ultrasound, transplanted kidney, real time and duplex Doppler with image documentation	**1/1/2007**			NPA
76800	Ultrasound, spinal canal and contents	**Pre-1990**			NPA
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	**1/1/2003**			NPA
76802	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (< 14 weeks 0 days), transabdominal approach;	**1/1/2003**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	each additional gestation (List separately in addition to code for primary procedure)				
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	**Pre-1990**			NPA
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)	**Pre-1990**			NPA
76811	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; single or first gestation	**1/1/2003**			NPA
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)	**1/1/2003**			NPA
76813	Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal approach; single or first gestation	**1/1/2007**			NPA
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)	**1/1/2007**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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	**Pre-1990**			NPA
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 fetus	**Pre-1990**			NPA
76817	Ultrasound, pregnant uterus, real time with image documentation, transvaginal	**1/1/2003**			NPA
76818	Fetal biophysical profile; with non-stress testing	**Pre-1990**			NPA
76819	Fetal biophysical profile; without non-stress testing	**1/1/2001**			NPA
76820	Doppler velocimetry, fetal; umbilical artery	**1/1/2005**			NPA
76821	Doppler velocimetry, fetal; middle cerebral artery	**1/1/2005**			NPA
76825	Echocardiography, fetal, cardiovascular system, real time with image documentation (2D), with or without M-mode recording	**Pre-1990**			NPA
76826	Echocardiography, fetal, cardiovascular system, real time with image documentation (2D), with or without M-mode recording; follow-up or repeat study	**1/1/1993**			NPA
76827	Doppler echocardiography, fetal, pulsed wave and/or continuous wave with spectral display; complete	**Pre-1990**			NPA
76828	Doppler echocardiography, fetal, pulsed wave and/or continuous wave with spectral display; follow-up or repeat study	**Pre-1990**			NPA
76830	Ultrasound, transvaginal	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
76831	Saline infusion sonohysterography (SIS), including color flow Doppler, when performed	**Pre-1990**			NPA
76856	Ultrasound, pelvic (nonobstetric), real time with image documentation; complete	**Pre-1990**			NPA
76857	Ultrasound, pelvic (nonobstetric), real time with image documentation; limited or follow-up (eg, for follicles)	**Pre-1990**			NPA
76870	Ultrasound, scrotum and contents	**Pre-1990**			NPA
76872	Ultrasound, transrectal	**Pre-1990**			NPA
76873	Ultrasound, transrectal; prostate volume study for brachytherapy treatment planning (separate procedure)	**Pre-1990**			NPA
76881	Ultrasound, complete joint (ie, joint space and peri-articular soft-tissue structures), real-time with image documentation	**1/1/2011**			NPA
76882	Ultrasound, limited, joint or 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	**1/1/2011**			NPA
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	**1/1/2023**		**2/1/2023**	NPA
76885	Ultrasound, infant hips, real time with imaging documentation; dynamic (requiring physician or other qualified health care professional manipulation)	**Pre-1990**			NPA
76886	Ultrasound, infant hips, real time with imaging documentation; limited, static (not requiring physician or other qualified health care professional manipulation)	**Pre-1990**			NPA
76932	Ultrasonic guidance for endomyocardial biopsy, imaging supervision and interpretation	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
76936	Ultrasound guided compression repair of arterial pseudoaneurysm or arteriovenous fistulae (includes diagnostic ultrasound evaluation, compression of lesion and imaging)	**Pre-1990**		**9/1/2023**	NPA
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 procedure)	**1/1/2004**			NPA
76940	Ultrasound guidance for, and monitoring of, parenchymal tissue ablation	**1/1/2004**			NPA
76941	Ultrasonic guidance for intrauterine fetal transfusion or cordocentesis, imaging supervision and interpretation	**Pre-1990**			NPA
76942	Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation	**Pre-1990**			NPA
76945	Ultrasonic guidance for chorionic villus sampling, imaging supervision and interpretation	**Pre-1990**			NPA
76946	Ultrasonic guidance for amniocentesis, imaging supervision and interpretation	**Pre-1990**			NPA
76948	Ultrasonic guidance for aspiration of ova, imaging supervision and interpretation	**Pre-1990**			NPA
76965	Ultrasonic guidance for interstitial radioelement application	**1/1/1996**			NPA
76975	Gastrointestinal endoscopic ultrasound, supervision and interpretation	**Pre-1990**			NPA
76977	Ultrasound bone density measurement and interpretation, peripheral site(s), any method	**1/1/1999**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
76978	Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); initial lesion	**1/1/2019**			NC
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)	**1/1/2019**			NC
76981	Ultrasound, elastography; parenchyma (eg, organ)	**1/1/2019**		**9/1/2023**	NPA
76982	Ultrasound, elastography; first target lesion	**1/1/2019**		**9/1/2023**	NPA
76983	Ultrasound, elastography; each additional target lesion (List separately in addition to code for primary procedure)	**1/1/2019**		**9/1/2023**	NPA
76998	Ultrasonic guidance, intraoperative	**1/1/2007**			NPA
76999	Unlisted ultrasound procedure (eg, diagnostic, interventional)	**Pre-1990**			PA
77001	Fluoroscopic guidance for central venous access device placement, replacement (catheter only or complete), or removal (includes fluoroscopic guidance for vascular access and catheter manipulation, any necessary contrast injections through access site or catheter with related venography radiologic supervision and interpretation, and radiographic documentation of final catheter position) (List separately in addition to code for primary procedure)	**1/1/2007**			NPA
77002	Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure)	**1/1/2007**			NPA
77003	Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or	**1/1/2007**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	subarachnoid) (List separately in addition to code for primary procedure)				
77011	Computed tomography guidance for stereotactic localization	**1/1/2007**			NPA
77012	Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation	**1/1/2007**			NPA
77013	Computed tomography guidance for, and monitoring of, parenchymal tissue ablation	**1/1/2007**			NPA
77014	Computed tomography guidance for placement of radiation therapy fields	**1/1/2007**			NPA
77021	Magnetic resonance imaging guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation	**1/1/2007**			NPA
77022	Magnetic resonance imaging guidance for, and monitoring of, parenchymal tissue ablation	**1/1/2007**			NPA
77046	Magnetic resonance imaging, breast, without contrast material; unilateral	**1/1/2019**			NPA
77047	Magnetic resonance imaging, breast, without contrast material; bilateral	**1/1/2019**			NPA
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	**1/1/2019**			NPA
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	**1/1/2019**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
77053	Mammary ductogram or galactogram, single duct, radiological supervision and interpretation	1/1/2007			NPA
77054	Mammary ductogram or galactogram, multiple ducts, radiological supervision and interpretation	1/1/2007			NPA
77061	Diagnostic digital breast tomosynthesis; unilateral	1/1/2015			NPA
77062	Diagnostic digital breast tomosynthesis; bilateral	1/1/2015			NPA
77063	Screening digital breast tomosynthesis, bilateral (List separately in addition to code for primary procedure)	1/1/2015			NPA
77065	Diagnostic mammography, including computer-aided detection (CAD) when performed; unilateral	1/1/2017			NPA
77066	Diagnostic mammography, including computer-aided detection (CAD) when performed; bilateral	1/1/2017			NPA
77067	Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (CAD) when performed	1/1/2017			NPA
77071	Manual application of stress performed by physician or other qualified health care professional for joint radiography, including contralateral joint if indicated	1/1/2007			NPA
77072	Bone age studies	1/1/2007			NPA
77073	Bone length studies (orthoroentgenogram, scanogram)	1/1/2007			NPA
77074	Radiologic examination, osseous survey; limited (eg, for metastases)	1/1/2007			NPA
77075	Radiologic examination, osseous survey; complete (axial and appendicular skeleton)	1/1/2007			NPA
77076	Radiologic examination, osseous survey, infant	1/1/2007			NPA
77077	Joint survey, single view, 2 or more joints (specify)	1/1/2007			NPA
77078	Computed tomography, bone mineral density study, 1 or more sites, axial skeleton (eg, hips, pelvis, spine)	1/1/2007			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
77080	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)	**1/1/2007**			NPA
77081	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel)	**1/1/2007**			NPA
77084	Magnetic resonance (eg, proton) imaging, bone marrow blood supply	**1/1/2007**			NPA
77085	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine), including vertebral fracture assessment	**1/1/2015**			NPA
77086	Vertebral fracture assessment via dual-energy X-ray absorptiometry (DXA)	**1/1/2015**			NPA
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	**1/1/2022**		**1/1/2022**	NPA
77090	Trabecular bone score (TBS), structural condition of the bone microarchitecture; technical preparation and transmission of data for analysis to be performed elsewhere	**1/1/2022**		**1/1/2022**	NPA
77091	Trabecular bone score (TBS), structural condition of the bone microarchitecture; technical calculation only	**1/1/2022**		**1/1/2022**	NPA
77092	Trabecular bone score (TBS), structural condition of the bone microarchitecture; interpretation and report on fracture-risk only by other qualified health care professional	**1/1/2022**		**1/1/2022**	NPA
77261	Therapeutic radiology treatment planning; simple	**Pre-1990**			NPA
77262	Therapeutic radiology treatment planning; intermediate	**Pre-1990**			NPA
77263	Therapeutic radiology treatment planning; complex	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
77280	Therapeutic radiology simulation-aided field setting; simple	**Pre-1990**			NPA
77285	Therapeutic radiology simulation-aided field setting; intermediate	**Pre-1990**			NPA
77290	Therapeutic radiology simulation-aided field setting; complex	**Pre-1990**			NPA
77293	Respiratory motion management simulation (List separately in addition to code for primary procedure)	**1/1/2014**			NPA
77295	3-dimensional radiotherapy plan, including dose-volume histograms	**Pre-1990**			NPA
77299	Unlisted procedure, therapeutic radiology clinical treatment planning	**Pre-1990**			PA
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	**Pre-1990**			NPA
77301	Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications	**1/1/2002**			NPA
77306	Teletherapy isodose plan; simple (1 or 2 unmodified ports directed to a single area of interest), includes basic dosimetry calculation(s)	**1/1/2015**			NPA
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)	**1/1/2015**			NPA
77316	Brachytherapy isodose plan; simple (calculation[s] made from 1 to 4 sources, or remote afterloading	**1/1/2015**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	brachytherapy, 1 channel), includes basic dosimetry calculation(s)				
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)	**1/1/2015**			PA
77318	Brachytherapy isodose plan; complex (calculation[s] made from over 10 sources, or remote afterloading brachytherapy, over 12 channels), includes basic dosimetry calculation(s)	**1/1/2015**			PA
77321	Special teletherapy port plan, particles, hemibody, total body	**Pre-1990**			NPA
77331	Special dosimetry (eg, TLD, microdosimetry) (specify), only when prescribed by the treating physician	**Pre-1990**			NPA
77332	Treatment devices, design and construction; simple (simple block, simple bolus)	**Pre-1990**			NPA
77333	Treatment devices, design and construction; intermediate (multiple blocks, stents, bite blocks, special bolus)	**Pre-1990**			NPA
77334	Treatment devices, design and construction; complex (irregular blocks, special shields, compensators, wedges, molds or casts)	**Pre-1990**			NPA
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	**Pre-1990**			NPA
77338	Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan	**1/1/2010**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
77370	Special medical radiation physics consultation	**Pre-1990**			NPA
77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source Cobalt 60 based	**1/1/2007**			PA
77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based	**1/1/2007**			PA
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	**1/1/2007**			PA
77385	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; simple	**1/1/2015**			NPA
77386	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; complex	**1/1/2015**			NPA
77387	Guidance for localization of target volume for delivery of radiation treatment, includes intrafraction tracking, when performed	**1/1/2015**			NPA
77399	Unlisted procedure, medical radiation physics, dosimetry and treatment devices, and special services	**Pre-1990**			PA
77401	Radiation treatment delivery, superficial and/or ortho voltage, per day	**1/1/1991**			NPA
77402	Radiation treatment delivery, >/=1 MeV; simple	**1/1/1991**			NPA
77407	Radiation treatment delivery, >/=1 MeV; intermediate	**Pre-1990**			NPA
77412	Radiation treatment delivery, >/=1 MeV; complex	**Pre-1990**			NPA
77417	Therapeutic radiology port image(s)	**1/1/1991**			NPA
77423	High energy neutron radiation treatment delivery, 1 or more isocenter(s) with coplanar or non-coplanar	**1/1/2006**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	geometry with blocking and/or wedge, and/or compensator(s)				
77424	Intraoperative radiation treatment delivery, x-ray, single treatment session	**1/1/2012**			NPA
77425	Intraoperative radiation treatment delivery, electrons, single treatment session	**1/1/2012**			NPA
77427	Radiation treatment management, 5 treatments	**Pre-1990**			NPA
77431	Radiation therapy management with complete course of therapy consisting of 1 or 2 fractions only	**Pre-1990**			NPA
77432	Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of 1 session)	**Pre-1990**			NPA
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	**1/1/2007**			NPA
77469	Intraoperative radiation treatment management	**1/1/2012**			NPA
77470	Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral or endocavitary irradiation)	**Pre-1990**			NPA
77499	Unlisted procedure, therapeutic radiology treatment management	**Pre-1990**			PA
77520	Proton treatment delivery; simple, without compensation	**Pre-1990**			PA
77522	Proton treatment delivery; simple, with compensation	**1/1/2001**			PA
77523	Proton treatment delivery; intermediate	**Pre-1990**			PA
77525	Proton treatment delivery; complex	**1/1/2001**			PA
77600	Hyperthermia, externally generated; superficial (ie, heating to a depth of 4 cm or less)	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
77605	Hyperthermia, externally generated; deep (ie, heating to depths greater than 4 cm)	**Pre-1990**			NPA
77610	Hyperthermia generated by interstitial probe(s); 5 or fewer interstitial applicators	**Pre-1990**			NPA
77615	Hyperthermia generated by interstitial probe(s); more than 5 interstitial applicators	**Pre-1990**			NPA
77620	Hyperthermia generated by intracavitary probe(s)	**Pre-1990**			NPA
77750	Infusion or instillation of radioelement solution (includes 3-month follow-up care)	**Pre-1990**			NPA
77761	Intracavitary radiation source application; simple	**Pre-1990**			PA
77762	Intracavitary radiation source application; intermediate	**Pre-1990**			PA
77763	Intracavitary radiation source application; complex	**Pre-1990**			PA
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	**1/1/2016**			PA
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	**1/1/2016**			PA
77770	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 1 channel	**1/1/2016**			PA
77771	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 2-12 channels	**1/1/2016**			PA
77772	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; over 12 channels	**1/1/2016**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
77778	Interstitial radiation source application, complex, includes supervision, handling, loading of radiation source, when performed	**Pre-1990**			PA
77789	Surface application of low dose rate radionuclide source	**Pre-1990**			NPA
77790	Supervision, handling, loading of radiation source	**Pre-1990**			PA
77799	Unlisted procedure, clinical brachytherapy	**Pre-1990**			PA
78012	Thyroid uptake, single or multiple quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)	**1/1/2013**			NPA
78013	Thyroid imaging (including vascular flow, when performed)	**1/1/2013**			NPA
78014	Thyroid imaging (including vascular flow, when performed); with single or multiple uptake(s) quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)	**1/1/2013**			NPA
78015	Thyroid carcinoma metastases imaging; limited area (eg, neck and chest only)	**Pre-1990**			NPA
78016	Thyroid carcinoma metastases imaging; with additional studies (eg, urinary recovery)	**Pre-1990**			NPA
78018	Thyroid carcinoma metastases imaging; whole body	**Pre-1990**			NPA
78020	Thyroid carcinoma metastases uptake (List separately in addition to code for primary procedure)	**1/1/1999**			NPA
78070	Parathyroid planar imaging (including subtraction, when performed)	**Pre-1990**			NPA
78071	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT)	**1/1/2013**			NPA
78072	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently	**1/1/2013**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	acquired computed tomography (CT) for anatomical localization				
78075	Adrenal imaging, cortex and/or medulla	**Pre-1990**			NPA
78099	Unlisted endocrine procedure, diagnostic nuclear medicine	**Pre-1990**			PA
78102	Bone marrow imaging; limited area	**Pre-1990**			NPA
78103	Bone marrow imaging; multiple areas	**Pre-1990**			NPA
78104	Bone marrow imaging; whole body	**Pre-1990**			NPA
78110	Plasma volume, radiopharmaceutical volume-dilution technique (separate procedure); single sampling	**Pre-1990**			NPA
78111	Plasma volume, radiopharmaceutical volume-dilution technique (separate procedure); multiple samplings	**Pre-1990**			NPA
78120	Red cell volume determination (separate procedure); single sampling	**Pre-1990**			NPA
78121	Red cell volume determination (separate procedure); multiple samplings	**Pre-1990**			NPA
78122	Whole blood volume determination, including separate measurement of plasma volume and red cell volume (radiopharmaceutical volume-dilution technique)	**Pre-1990**			NPA
78130	Red cell survival study	**Pre-1990**			NPA
78140	Labeled red cell sequestration, differential organ/tissue (eg, splenic and/or hepatic)	**Pre-1990**			NPA
78185	Spleen imaging only, with or without vascular flow	**Pre-1990**			NPA
78191	Platelet survival study	**Pre-1990**			NPA
78195	Lymphatics and lymph nodes imaging	**Pre-1990**			NPA
78199	Unlisted hematopoietic, reticuloendothelial and lymphatic procedure, diagnostic nuclear medicine	**Pre-1990**			PA
78201	Liver imaging; static only	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
78202	Liver imaging; with vascular flow	Pre-1990			NPA
78215	Liver and spleen imaging; static only	Pre-1990			NPA
78216	Liver and spleen imaging; with vascular flow	Pre-1990			NPA
78226	Hepatobiliary system imaging, including gallbladder when present	1/1/2012			NPA
78227	Hepatobiliary system imaging, including gallbladder when present; with pharmacologic intervention, including quantitative measurement(s) when performed	1/1/2012			NPA
78230	Salivary gland imaging	Pre-1990			NPA
78231	Salivary gland imaging; with serial images	Pre-1990			NPA
78232	Salivary gland function study	Pre-1990			NPA
78258	Esophageal motility	Pre-1990			NPA
78261	Gastric mucosa imaging	Pre-1990			NPA
78262	Gastroesophageal reflux study	Pre-1990			NPA
78264	Gastric emptying imaging study (eg, solid, liquid, or both)	Pre-1990			NPA
78265	Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel transit	1/1/2016			NPA
78266	Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel and colon transit, multiple days	1/1/2016			NPA
78267	Urea breath test, C-14 (isotopic); acquisition for analysis	Pre-1990			NPA
78268	Urea breath test, C-14 (isotopic); analysis	Pre-1990			NPA
78278	Acute gastrointestinal blood loss imaging	Pre-1990			NPA
78282	Gastrointestinal protein loss	Pre-1990			NPA
78290	Intestine imaging (eg, ectopic gastric mucosa, Meckel's localization, volvulus)	Pre-1990			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
78291	Peritoneal-venous shunt patency test (eg, for LeVeen, Denver shunt)	**Pre-1990**			NPA
78299	Unlisted gastrointestinal procedure, diagnostic nuclear medicine	**Pre-1990**			PA
78300	Bone and/or joint imaging; limited area	**Pre-1990**			NPA
78305	Bone and/or joint imaging; multiple areas	**Pre-1990**			NPA
78306	Bone and/or joint imaging; whole body	**Pre-1990**			NPA
78315	Bone and/or joint imaging; 3 phase study	**Pre-1990**			NPA
78350	Bone density (bone mineral content) study, 1 or more sites; single photon absorptiometry	**Pre-1990**		**9/1/2023**	NPA
78351	Bone density (bone mineral content) study, 1 or more sites; dual photon absorptiometry, 1 or more sites	**Pre-1990**		**9/1/2023**	NPA
78399	Unlisted musculoskeletal procedure, diagnostic nuclear medicine	**Pre-1990**			PA
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	**Pre-1990**			NPA
78428	Cardiac shunt detection	**Pre-1990**			NPA
78429	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	**1/1/2020**			PA
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	**1/1/2020**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	concurrently acquired computed tomography transmission scan				
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 and stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan	**1/1/2020**			PA
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)	**1/1/2020**			PA
78433	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability); with concurrently acquired computed tomography transmission scan	**1/1/2020**			PA
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)	**1/1/2020**		**9/1/2023**	NC
78445	Non-cardiac vascular flow imaging (ie, angiography, venography)	**Pre-1990**			NPA
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	**1/1/2010**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	performed); single study, at rest or stress (exercise or pharmacologic)				
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 redistribution and/or rest reinjection	**1/1/2010**			NPA
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)	**1/1/2010**			NPA
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	**1/1/2010**			NPA
78456	Acute venous thrombosis imaging, peptide	**1/1/2000**			NPA
78457	Venous thrombosis imaging, venogram; unilateral	**Pre-1990**			NPA
78458	Venous thrombosis imaging, venogram; bilateral	**Pre-1990**			NPA
78459	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study	**1/1/1996**			PA
78466	Myocardial imaging, infarct avid, planar; qualitative or quantitative	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
78468	Myocardial imaging, infarct avid, planar; with ejection fraction by first pass technique	**Pre-1990**			NPA
78469	Myocardial imaging, infarct avid, planar; tomographic SPECT with or without quantification	**Pre-1990**			NPA
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	**Pre-1990**			NPA
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	**1/1/1992**			NPA
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	**Pre-1990**			NPA
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	**Pre-1990**			NPA
78491	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)	**1/1/1998**			PA
78492	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic)	**1/1/1998**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
78494	Cardiac blood pool imaging, gated equilibrium, SPECT, at rest, wall motion study plus ejection fraction, with or without quantitative processing	**1/1/1999**			NPA
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)	**1/1/1999**			NPA
78499	Unlisted cardiovascular procedure, diagnostic nuclear medicine	**Pre-1990**		**9/1/2023**	PA
78579	Pulmonary ventilation imaging (eg, aerosol or gas)	**1/1/2012**			NPA
78580	Pulmonary perfusion imaging (eg, particulate)	**Pre-1990**			NPA
78582	Pulmonary ventilation (eg, aerosol or gas) and perfusion imaging	**1/1/2012**			NPA
78597	Quantitative differential pulmonary perfusion, including imaging when performed	**1/1/2012**			NPA
78598	Quantitative differential pulmonary perfusion and ventilation (eg, aerosol or gas), including imaging when performed	**1/1/2012**			NPA
78599	Unlisted respiratory procedure, diagnostic nuclear medicine	**Pre-1990**			PA
78600	Brain imaging, less than 4 static views	**Pre-1990**			NPA
78601	Brain imaging, less than 4 static views; with vascular flow	**Pre-1990**			NPA
78605	Brain imaging, minimum 4 static views	**Pre-1990**			NPA
78606	Brain imaging, minimum 4 static views; with vascular flow	**Pre-1990**			NPA
78608	Brain imaging, positron emission tomography (PET); metabolic evaluation	**1/1/1994**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
78609	Brain imaging, positron emission tomography (PET); perfusion evaluation	**1/1/1994**			PA
78610	Brain imaging, vascular flow only	**Pre-1990**			NPA
78630	Cerebrospinal fluid flow, imaging (not including introduction of material); cisternography	**Pre-1990**			NPA
78635	Cerebrospinal fluid flow, imaging (not including introduction of material); ventriculography	**Pre-1990**			NPA
78645	Cerebrospinal fluid flow, imaging (not including introduction of material); shunt evaluation	**Pre-1990**			NPA
78650	Cerebrospinal fluid leakage detection and localization	**Pre-1990**			NPA
78660	Radiopharmaceutical dacryocystography	**Pre-1990**			NPA
78699	Unlisted nervous system procedure, diagnostic nuclear medicine	**Pre-1990**			PA
78700	Kidney imaging morphology	**Pre-1990**			NPA
78701	Kidney imaging morphology; with vascular flow	**Pre-1990**			NPA
78707	Kidney imaging morphology; with vascular flow and function, single study without pharmacological intervention	**Pre-1990**			NPA
78708	Kidney imaging morphology; with vascular flow and function, single study, with pharmacological intervention (eg, angiotensin converting enzyme inhibitor and/or diuretic)	**Pre-1990**			NPA
78709	Kidney imaging morphology; with vascular flow and function, multiple studies, with and without pharmacological intervention (eg, angiotensin converting enzyme inhibitor and/or diuretic)	**Pre-1990**			NPA
78725	Kidney function study, non-imaging radioisotopic study	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
78730	Urinary bladder residual study (List separately in addition to code for primary procedure)	**Pre-1990**			NPA
78740	Ureteral reflux study (radiopharmaceutical voiding cystogram)	**Pre-1990**			NPA
78761	Testicular imaging with vascular flow	**Pre-1990**			NPA
78799	Unlisted genitourinary procedure, diagnostic nuclear medicine	**Pre-1990**			PA
78800	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, single area (eg, head, neck, chest, pelvis), single day imaging	**Pre-1990**			NPA
78801	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, 2 or more areas (eg, abdomen and pelvis, head and chest), 1 or more days imaging or single area imaging over 2 or more days	**Pre-1990**			NPA
78802	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, whole body, single day imaging	**Pre-1990**			NPA
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), single day imaging	**Pre-1990**			NPA
78804	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when	**1/1/2004**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	performed); planar, whole body, requiring 2 or more days imaging				
78808	Injection procedure for radiopharmaceutical localization by non-imaging probe study, intravenous (eg, parathyroid adenoma)	1/1/2009			NPA
78811	Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)	1/1/2005			PA
78812	Positron emission tomography (PET) imaging; skull base to mid-thigh	1/1/2005			PA
78813	Positron emission tomography (PET) imaging; whole body	1/1/2005			PA
78814	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)	1/1/2005			PA
78815	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh	1/1/2005			PA
78816	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	1/1/2005			PA
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	1/1/2020			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	determination/detection of pathology, single area (eg, head, neck, chest, pelvis), single day imaging				
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, abdomen and pelvis), single day imaging, or single area imaging over 2 or more days	**1/1/2020**			PA
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, abdomen and pelvis), single day imaging, or single area imaging over 2 or more days	**1/1/2020**			PA
78835	Radiopharmaceutical quantification measurement(s) single area (List separately in addition to code for primary procedure)	**1/1/2020**		**4/1/2020**	NPA
78999	Unlisted miscellaneous procedure, diagnostic nuclear medicine	**Pre-1990**			PA
79005	Radiopharmaceutical therapy, by oral administration	**1/1/2005**			NPA
79101	Radiopharmaceutical therapy, by intravenous administration	**1/1/2005**			NPA
79200	Radiopharmaceutical therapy, by intracavitary administration	**Pre-1990**			NPA
79300	Radiopharmaceutical therapy, by interstitial radioactive colloid administration	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
79403	Radiopharmaceutical therapy, radiolabeled monoclonal antibody by intravenous infusion	**1/1/2004**			NPA
79440	Radiopharmaceutical therapy, by intra-articular administration	**Pre-1990**			NPA
79445	Radiopharmaceutical therapy, by intra-arterial particulate administration	**1/1/2005**			NPA
79999	Radiopharmaceutical therapy, unlisted procedure	**Pre-1990**			PA
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)	**1/1/2008**			NPA
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)	**Pre-1990**			NPA
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)	**Pre-1990**			NPA
80051	Electrolyte panel This panel must include the following: Carbon dioxide (bicarbonate) (82374) Chloride (82435) Potassium (84132) Sodium (84295)	**Pre-1990**			NPA
80053	Comprehensive metabolic panel This panel must include the following: Albumin (82040) Bilirubin, total (82247)	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	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)				
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)	**Pre-1990**			NPA
80061	Lipid panel This panel must include the following: Cholesterol, serum, total (82465) Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718) Triglycerides (84478)	**Pre-1990**			NPA
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)	**Pre-1990**			NPA
80074	Acute hepatitis panel This panel must include the following: Hepatitis A antibody (HAAb), IgM antibody (86709) Hepatitis B core antibody (HBcAb), IgM antibody	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	(86705) Hepatitis B surface antigen (HBsAg) (87340) Hepatitis C antibody (86803)				
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)	**Pre-1990**			NPA
80081	Obstetric panel (includes HIV testing) This panel must include the following: Blood count, complete (CBC), 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) HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies, single result (87389) 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)	**1/1/2016**			NPA
80143	Acetaminophen	**1/1/2021**		**4/1/2021**	NPA
80145	Adalimumab	**1/1/2020**		**4/1/2020**	NPA
80150	Amikacin	**1/1/1993**			NPA
80151	Amiodarone	**1/1/2021**		**4/1/2021**	NPA
80155	Caffeine	**1/1/2014**			NPA
80156	Carbamazepine; total	**Pre-1990**			NPA
80157	Carbamazepine; free	**1/1/2001**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
80158	Cyclosporine	**1/1/1993**			NPA
80159	Clozapine	**1/1/2014**			NPA
80161	Carbamazepine; -10,11-epoxide	**1/1/2021**		**4/1/2021**	NPA
80162	Digoxin; total	**1/1/1993**			NPA
80163	Digoxin; free	**1/1/2015**			NPA
80164	Valproic acid (dipropylacetic acid); total	**1/1/1993**			NPA
80165	Valproic acid (dipropylacetic acid); free	**1/1/2015**			NPA
80167	Felbamate	**1/1/2021**		**4/1/2021**	NPA
80168	Ethosuximide	**1/1/1993**			NPA
80169	Everolimus	**1/1/2014**			NPA
80170	Gentamicin	**1/1/1993**			NPA
80171	Gabapentin, whole blood, serum, or plasma	**1/1/2014**			NPA
80173	Haloperidol	**1/1/2001**			NPA
80175	Lamotrigine	**1/1/2014**			NPA
80176	Lidocaine	**1/1/1993**			NPA
80177	Levetiracetam	**1/1/2014**			NPA
80178	Lithium	**1/1/1993**			NPA
80179	Salicylate	**1/1/2021**		**4/1/2021**	NPA
80180	Mycophenolate (mycophenolic acid)	**1/1/2014**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
80181	Flecainide	**1/1/2021**		**4/1/2021**	NPA
80183	Oxcarbazepine	**1/1/2014**			NPA
80184	Phenobarbital	**1/1/1993**			NPA
80185	Phenytoin; total	**1/1/1993**			NPA
80186	Phenytoin; free	**1/1/1993**			NPA
80187	Posaconazole	**1/1/2020**		**4/1/2020**	NPA
80188	Primidone	**1/1/1993**			NPA
80189	Itraconazole	**1/1/2021**		**4/1/2021**	NPA
80190	Procainamide	**Pre-1990**			NPA
80192	Procainamide; with metabolites (eg, n-acetyl procainamide)	**1/1/1993**			NPA
80193	Leflunomide	**1/1/2021**		**4/1/2021**	NPA
80194	Quinidine	**1/1/1993**			NPA
80195	Sirolimus	**1/1/2006**			NPA
80197	Tacrolimus	**1/1/1997**			NPA
80198	Theophylline	**1/1/1993**			NPA
80199	Tiagabine	**1/1/2014**			NPA
80200	Tobramycin	**1/1/1993**			NPA
80201	Topiramate	**1/1/1998**			NPA
80202	Vancomycin	**1/1/1993**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
80203	Zonisamide	**1/1/2014**			NPA
80204	Methotrexate	**1/1/2021**		**4/1/2021**	NPA
80210	Rufinamide	**1/1/2021**		**4/1/2021**	NPA
80220	Hydroxychloroquine	**1/1/2022**		**1/1/2022**	NPA
80230	Infliximab	**1/1/2020**		**4/1/2020**	NPA
80235	Lacosamide	**1/1/2020**		**4/1/2020**	NPA
80280	Vedolizumab	**1/1/2020**		**4/1/2020**	NPA
80285	Voriconazole	**1/1/2020**		**4/1/2020**	NPA
80299	Quantitation of therapeutic drug, not elsewhere specified	**1/1/1993**			NPA
80305	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures; capable of being read by direct optical observation only (eg, utilizing immunoassay [eg, dipsticks, cups, cards, or cartridges]), includes sample validation when performed, per date of service	**1/1/2017**			NPA
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	**1/1/2017**			NPA
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	**1/1/2017**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	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				
80320	Alcohols	**1/1/2015**			NPA
80321	Alcohol biomarkers; 1 or 2	**1/1/2015**			NPA
80322	Alcohol biomarkers; 3 or more	**1/1/2015**			NPA
80323	Alkaloids, not otherwise specified	**1/1/2015**			NPA
80324	Amphetamines; 1 or 2	**1/1/2015**			NPA
80325	Amphetamines; 3 or 4	**1/1/2015**			NPA
80326	Amphetamines; 5 or more	**1/1/2015**			NPA
80327	Anabolic steroids; 1 or 2	**1/1/2015**			NPA
80328	Anabolic steroids; 3 or more	**1/1/2015**			NPA
80329	Analgesics, non-opioid; 1 or 2	**1/1/2015**			NPA
80330	Analgesics, non-opioid; 3-5	**1/1/2015**			NPA
80331	Analgesics, non-opioid; 6 or more	**1/1/2015**			NPA
80332	Antidepressants, serotonergic class; 1 or 2	**1/1/2015**			NPA
80333	Antidepressants, serotonergic class; 3-5	**1/1/2015**			NPA
80334	Antidepressants, serotonergic class; 6 or more	**1/1/2015**			NPA
80335	Antidepressants, tricyclic and other cyclicals; 1 or 2	**1/1/2015**			NPA
80336	Antidepressants, tricyclic and other cyclicals; 3-5	**1/1/2015**			NPA
80337	Antidepressants, tricyclic and other cyclicals; 6 or more	**1/1/2015**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
80338	Antidepressants, not otherwise specified	1/1/2015			NPA
80339	Antiepileptics, not otherwise specified; 1-3	1/1/2015			NPA
80340	Antiepileptics, not otherwise specified; 4-6	1/1/2015			NPA
80341	Antiepileptics, not otherwise specified; 7 or more	1/1/2015			NPA
80342	Antipsychotics, not otherwise specified; 1-3	1/1/2015			NPA
80343	Antipsychotics, not otherwise specified; 4-6	1/1/2015			NPA
80344	Antipsychotics, not otherwise specified; 7 or more	1/1/2015			NPA
80345	Barbiturates	1/1/2015			NPA
80346	Benzodiazepines; 1-12	1/1/2015			NPA
80347	Benzodiazepines; 13 or more	1/1/2015			NPA
80348	Buprenorphine	1/1/2015			NPA
80349	Cannabinoids, natural	1/1/2015			NPA
80350	Cannabinoids, synthetic; 1-3	1/1/2015			NPA
80351	Cannabinoids, synthetic; 4-6	1/1/2015			NPA
80352	Cannabinoids, synthetic; 7 or more	1/1/2015			NPA
80353	Cocaine	1/1/2015			NPA
80354	Fentanyl	1/1/2015			NPA
80355	Gabapentin, non-blood	1/1/2015			NPA
80356	Heroin metabolite	1/1/2015			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
80357	Ketamine and norketamine	**1/1/2015**			NPA
80358	Methadone	**1/1/2015**			NPA
80359	Methylenedioxyamphetamines (MDA, MDEA, MDMA)	**1/1/2015**			NPA
80360	Methylphenidate	**1/1/2015**			NPA
80361	Opiates, 1 or more	**1/1/2015**			NPA
80362	Opioids and opiate analogs; 1 or 2	**1/1/2015**			NPA
80363	Opioids and Opiate analogs; 3 or 4	**1/1/2015**			NPA
80364	Opioids and Opiate analogs; 5 or more	**1/1/2015**			NPA
80365	Oxycodone	**1/1/2015**			NPA
80366	Pregabalin	**1/1/2015**			NPA
80367	Propoxyphene	**1/1/2015**			NPA
80368	Sedative hypnotics (non-benzodiazepines)	**1/1/2015**			NPA
80369	Skeletal muscle relaxants; 1 or 2	**1/1/2015**			NPA
80370	Skeletal muscle relaxants; 3 or more	**1/1/2015**			NPA
80371	Stimulants, synthetic	**1/1/2015**			NPA
80372	Tapentadol	**1/1/2015**			NPA
80373	Tramadol	**1/1/2015**			NPA
80374	Stereoisomer (enantiomer) analysis, single drug class	**1/1/2015**			NPA
80375	Drug(s) or substance(s), definitive, qualitative or quantitative, not otherwise specified; 1-3	**1/1/2015**			NPA
80376	Drug(s) or substance(s), definitive, qualitative or quantitative, not otherwise specified; 4-6	**1/1/2015**			NPA
80377	Drug(s) or substance(s), definitive, qualitative or quantitative, not otherwise specified; 7 or more	**1/1/2015**			NPA
80400	ACTH stimulation panel; for adrenal insufficiency This panel must include the following: Cortisol (82533 x 2)	**1/1/1994**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
80402	ACTH stimulation panel; for 21 hydroxylase deficiency This panel must include the following: Cortisol (82533 x 2) 17 hydroxyprogesterone (83498 x 2)	**Pre-1990**			NPA
80406	ACTH stimulation panel; for 3 beta-hydroxydehydrogenase deficiency This panel must include the following: Cortisol (82533 x 2) 17 hydroxypregnenolone (84143 x 2)	**Pre-1990**			NPA
80408	Aldosterone suppression evaluation panel (eg, saline infusion) This panel must include the following: Aldosterone (82088 x 2) Renin (84244 x 2)	**Pre-1990**			NPA
80410	Calcitonin stimulation panel (eg, calcium, pentagastrin) This panel must include the following: Calcitonin (82308 x 3)	**1/1/1994**			NPA
80412	Corticotropic releasing hormone (CRH) stimulation panel This panel must include the following: Cortisol (82533 x 6) Adrenocorticotropic hormone (ACTH) (82024 x 6)	**Pre-1990**			NPA
80414	Chorionic gonadotropin stimulation panel; testosterone response This panel must include the following: Testosterone (84403 x 2 on 3 pooled blood samples)	**Pre-1990**			NPA
80415	Chorionic gonadotropin stimulation panel; estradiol response This panel must include the following: Estradiol, total (82670 x 2 on 3 pooled blood samples)	**Pre-1990**			NPA
80416	Renal vein renin stimulation panel (eg, captopril) This panel must include the following: Renin (84244 x 6)	**1/1/1996**			NPA
80417	Peripheral vein renin stimulation panel (eg, captopril) This panel must include the following: Renin (84244 x 2)	**1/1/1996**			NPA
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)	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	Prolactin (84146 x 4) Human growth hormone (HGH) (83003 x 4) Cortisol (82533 x 4) Thyroid stimulating hormone (TSH) (84443 x 4)				
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)	**Pre-1990**			NPA
80422	Glucagon tolerance panel; for insulinoma This panel must include the following: Glucose (82947 x 3) Insulin (83525 x 3)	**Pre-1990**			NPA
80424	Glucagon tolerance panel; for pheochromocytoma This panel must include the following: Catecholamines, fractionated (82384 x 2)	**1/1/1994**			NPA
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)	**Pre-1990**			NPA
80428	Growth hormone stimulation panel (eg, arginine infusion, l-dopa administration) This panel must include the following: Human growth hormone (HGH) (83003 x 4)	**1/1/1994**			NPA
80430	Growth hormone suppression panel (glucose administration) This panel must include the following: Glucose (82947 x 3) Human growth hormone (HGH) (83003 x 4)	**Pre-1990**			NPA
80432	Insulin-induced C-peptide suppression panel This panel must include the following: Insulin (83525) C-peptide (84681 x 5) Glucose (82947 x 5)	**Pre-1990**			NPA
80434	Insulin tolerance panel; for ACTH insufficiency This panel must include the following: Cortisol (82533 x 5) Glucose (82947 x 5)	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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)	**Pre-1990**			NPA
80436	Metyrapone panel This panel must include the following: Cortisol (82533 x 2) 11 deoxycortisol (82634 x 2)	**Pre-1990**			NPA
80438	Thyrotropin releasing hormone (TRH) stimulation panel; 1 hour This panel must include the following: Thyroid stimulating hormone (TSH) (84443 x 3)	**Pre-1990**			NPA
80439	Thyrotropin releasing hormone (TRH) stimulation panel; 2 hour This panel must include the following: Thyroid stimulating hormone (TSH) (84443 x 4)	**Pre-1990**			NPA
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.	**1/1/2022**		**1/1/2022**	NPA
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.	**1/1/2022**		**1/1/2022**	NPA
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.	**1/1/2022**		**1/1/2022**	NPA
80506	Pathology clinical consultation; prolonged service, each additional 30 minutes (List separately in addition to code for primary procedure)	**1/1/2022**		**1/1/2022**	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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	**Pre-1990**			NPA
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	**1/1/1996**			NPA
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	**Pre-1990**			NPA
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	**1/1/1993**			NPA
81005	Urinalysis; qualitative or semiquantitative, except immunoassays	**Pre-1990**			NPA
81007	Urinalysis; bacteriuria screen, except by culture or dipstick	**Pre-1990**			NPA
81015	Urinalysis; microscopic only	**Pre-1990**			NPA
81020	Urinalysis; 2 or 3 glass test	**Pre-1990**			NPA
81025	Urine pregnancy test, by visual color comparison methods	**1/1/1993**			NPA
81050	Volume measurement for timed collection, each	**1/1/1993**			NPA
81099	Unlisted urinalysis procedure	**Pre-1990**			PA
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)	**1/1/2018**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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)	**1/1/2018**			PA
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)	**1/1/2018**			PA
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)	**1/1/2018**			PA
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])	**1/1/2018**			PA
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)	**1/1/2018**			PA
81111	Human Platelet Antigen 9 genotyping (HPA-9w), ITGA2B (integrin, alpha 2b [platelet glycoprotein IIb of IIb/IIIa complex, antigen CD41] [GPIIb]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion	**1/1/2018**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	purpura), gene analysis, common variant, HPA-9a/b (V837M)				
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)	**1/1/2018**			PA
81120	IDH1 (isocitrate dehydrogenase 1 [NADP+], soluble) (eg, glioma), common variants (eg, R132H, R132C)	**1/1/2018**			PA
81121	IDH2 (isocitrate dehydrogenase 2 [NADP+], mitochondrial) (eg, glioma), common variants (eg, R140W, R172M)	**1/1/2018**			PA
81161	DMD (dystrophin) (eg, Duchenne/Becker muscular dystrophy) deletion analysis, and duplication analysis, if performed	**1/1/2013**			PA
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)	**1/1/2016**			PA
81163	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	**1/1/2019**			PA
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)	**1/1/2019**			PA
81165	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	**1/1/2019**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
81166	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	**1/1/2019**			PA
81167	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	**1/1/2019**			PA
81168	CCND1/IGH (t(11;14)) (eg, mantle cell lymphoma) translocation analysis, major breakpoint, qualitative and quantitative, if performed	**1/1/2021**		**4/1/2021**	PA
81170	ABL1 (ABL proto-oncogene 1, non-receptor tyrosine kinase) (eg, acquired imatinib tyrosine kinase inhibitor resistance), gene analysis, variants in the kinase domain	**1/1/2016**			PA
81171	AFF2 (AF4/FMR2 family, member 2 [FMR2]) (eg, fragile X mental retardation 2 [FRAXE]) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	**1/1/2019**		**9/1/2023**	NC
81172	AFF2 (AF4/FMR2 family, member 2 [FMR2]) (eg, fragile X mental retardation 2 [FRAXE]) gene analysis; characterization of alleles (eg, expanded size and methylation status)	**1/1/2019**		**9/1/2023**	NC
81173	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; full gene sequence	**1/1/2019**			PA
81174	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; known familial variant	**1/1/2019**			PA
81175	ASXL1 (additional sex combs like 1, transcriptional regulator) (eg, myelodysplastic syndrome,	**1/1/2018**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; full gene sequence				
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)	**1/1/2018**			PA
81177	ATN1 (atrophin 1) (eg, dentatorubral-pallidoluysian atrophy) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	**1/1/2019**			PA
81178	ATXN1 (ataxin 1) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	**1/1/2019**			PA
81179	ATXN2 (ataxin 2) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	**1/1/2019**			PA
81180	ATXN3 (ataxin 3) (eg, spinocerebellar ataxia, Machado-Joseph disease) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	**1/1/2019**			PA
81181	ATXN7 (ataxin 7) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	**1/1/2019**			PA
81182	ATXN8OS (ATXN8 opposite strand [non-protein coding]) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	**1/1/2019**			PA
81183	ATXN10 (ataxin 10) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	**1/1/2019**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
81184	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	**1/1/2019**			PA
81185	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; full gene sequence	**1/1/2019**			PA
81186	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; known familial variant	**1/1/2019**			PA
81187	CNBP (CCHC-type zinc finger nucleic acid binding protein) (eg, myotonic dystrophy type 2) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	**1/1/2019**			PA
81188	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	**1/1/2019**			PA
81189	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; full gene sequence	**1/1/2019**			PA
81190	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; known familial variant(s)	**1/1/2019**			PA
81191	NTRK1 (neurotrophic receptor tyrosine kinase 1) (eg, solid tumors) translocation analysis	**1/1/2021**		**4/1/2021**	PA
81192	NTRK2 (neurotrophic receptor tyrosine kinase 2) (eg, solid tumors) translocation analysis	**1/1/2021**		**4/1/2021**	PA
81193	NTRK3 (neurotrophic receptor tyrosine kinase 3) (eg, solid tumors) translocation analysis	**1/1/2021**		**4/1/2021**	PA
81194	NTRK (neurotrophic receptor tyrosine kinase 1, 2, and 3) (eg, solid tumors) translocation analysis	**1/1/2021**		**4/1/2021**	PA
81200	ASPA (aspartoacylase) (eg, Canavan disease) gene analysis, common variants (eg, E285A, Y231X)	**1/1/2012**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
81201	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; full gene sequence	**1/1/2013**			PA
81202	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; known familial variants	**1/1/2013**			PA
81203	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; duplication/deletion variants	**1/1/2013**			PA
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)	**1/1/2019**			PA
81205	BCKDHB (branched-chain keto acid dehydrogenase E1, beta polypeptide) (eg, Maple syrup urine disease) gene analysis, common variants (eg, R183P, G278S, E422X)	**1/1/2012**			PA
81206	BCR/ABL1(t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; major breakpoint, qualitative or quantitative	**1/1/2012**			PA
81207	BCR/ABL1(t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; minor breakpoint, qualitative or quantitative	**1/1/2012**			PA
81208	BCR/ABL1(t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; other breakpoint, qualitative or quantitative	**1/1/2012**			PA
81209	BLM (Bloom syndrome, RecQ helicase-like) (eg, Bloom syndrome) gene analysis, 2281del6ins7 variant	**1/1/2012**			PA
81210	BRAF (B-Raf proto-oncogene, serine/threonine kinase) (eg, colon cancer, melanoma), gene analysis, V600 variant(s)	**1/1/2012**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
81212	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; 185delAG, 5385insC, 6174delT variants	**1/1/2012**			PA
81215	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	**1/1/2012**			PA
81216	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	**1/1/2012**			PA
81217	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	**1/1/2012**			PA
81218	CEBPA (CCAAT/enhancer binding protein [C/EBP], alpha) (eg, acute myeloid leukemia), gene analysis, full gene sequence	**1/1/2016**			PA
81219	CALR (calreticulin) (eg, myeloproliferative disorders), gene analysis, common variants in exon 9	**1/1/2016**			PA
81220	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; common variants (eg, ACMG/ACOG guidelines)	**1/1/2012**			PA
81221	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; known familial variants	**1/1/2012**			PA
81222	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; duplication/deletion variants	**1/1/2012**			PA
81223	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; full gene sequence	**1/1/2012**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
81224	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; intron 8 poly-T analysis (eg, male infertility)	**1/1/2012**			PA
81225	CYP2C19 (cytochrome P450, family 2, subfamily C, polypeptide 19) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *8, *17)	**1/1/2012**		**9/1/2023**	NC
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)	**1/1/2012**		**9/1/2023**	NC
81227	CYP2C9 (cytochrome P450, family 2, subfamily C, polypeptide 9) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *5, *6)	**1/1/2012**		**9/1/2023**	NC
81228	Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number variants, comparative genomic hybridization [CGH] microarray analysis	**1/1/2012**			PA
81229	Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number and single nucleotide polymorphism (SNP) variants, comparative genomic hybridization (CGH) microarray analysis	**1/1/2012**		**9/1/2023**	NC
81230	CYP3A4 (cytochrome P450 family 3 subfamily A member 4) (eg, drug metabolism), gene analysis, common variant(s) (eg, *2, *22)	**1/1/2018**		**9/1/2023**	NC
81231	CYP3A5 (cytochrome P450 family 3 subfamily A member 5) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *7)	**1/1/2018**		**9/1/2023**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
81232	DPYD (dihydropyrimidine dehydrogenase) (eg, 5-fluorouracil/5-FU and capecitabine drug metabolism), gene analysis, common variant(s) (eg, *2A, *4, *5, *6)	**1/1/2018**		**9/1/2023**	NC
81233	BTK (Bruton's tyrosine kinase) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, C481S, C481R, C481F)	**1/1/2019**			PA
81234	DMPK (DM1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; evaluation to detect abnormal (expanded) alleles	**1/1/2019**			PA
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)	**1/1/2013**			PA
81236	EZH2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, myelodysplastic syndrome, myeloproliferative neoplasms) gene analysis, full gene sequence	**1/1/2019**		**9/1/2023**	NC
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)	**1/1/2019**		**9/1/2023**	NC
81238	F9 (coagulation factor IX) (eg, hemophilia B), full gene sequence	**1/1/2018**			PA
81239	DMPK (DM1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; characterization of alleles (eg, expanded size)	**1/1/2019**			PA
81240	F2 (prothrombin, coagulation factor II) (eg, hereditary hypercoagulability) gene analysis, 20210G>A variant	**1/1/2012**			PA
81241	F5 (coagulation Factor V) (eg, hereditary hypercoagulability) gene analysis, Leiden variant	**1/1/2012**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
81242	FANCC (Fanconi anemia, complementation group C) (eg, Fanconi anemia, type C) gene analysis, common variant (eg, IVS4+4A>T)	**1/1/2012**			PA
81243	FMR1 (Fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	**1/1/2012**			PA
81244	FMR1 (fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; characterization of alleles (eg, expanded size and promoter methylation status)	**1/1/2012**			PA
81245	FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia), gene analysis; internal tandem duplication (ITD) variants (ie, exons 14, 15)	**1/1/2012**			PA
81246	FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia), gene analysis; tyrosine kinase domain (TKD) variants (eg, D835, I836)	**1/1/2015**			PA
81247	G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; common variant(s) (eg, A, A-)	**1/1/2018**			PA
81248	G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; known familial variant(s)	**1/1/2018**			PA
81249	G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; full gene sequence	**1/1/2018**			PA
81250	G6PC (glucose-6-phosphatase, catalytic subunit) (eg, Glycogen storage disease, Type 1a, von Gierke disease) gene analysis, common variants (eg, R83C, Q347X)	**1/1/2012**			PA
81251	GBA (glucosidase, beta, acid) (eg, Gaucher disease) gene analysis, common variants (eg, N370S, 84GG, L444P, IVS2+1G>A)	**1/1/2012**		**9/1/2023**	PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
81252	GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; full gene sequence	**1/1/2013**			PA
81253	GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; known familial variants	**1/1/2013**			PA
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)])	**1/1/2013**			PA
81255	HEXA (hexosaminidase A [alpha polypeptide]) (eg, Tay-Sachs disease) gene analysis, common variants (eg, 1278insTATC, 1421+1G>C, G269S)	**1/1/2012**			PA
81256	HFE (hemochromatosis) (eg, hereditary hemochromatosis) gene analysis, common variants (eg, C282Y, H63D)	**1/1/2012**			PA
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)	**1/1/2012**			PA
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	**1/1/2018**			PA
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	**1/1/2018**			PA
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)	**1/1/2012**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
81261	IGH@ (Immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, B-cell), gene rearrangement analysis to detect abnormal clonal population(s); amplified methodology (eg, polymerase chain reaction)	**1/1/2012**			PA
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)	**1/1/2012**			PA
81263	IGH@ (Immunoglobulin heavy chain locus) (eg, leukemia and lymphoma, B-cell), variable region somatic mutation analysis	**1/1/2012**			PA
81264	IGK@ (Immunoglobulin kappa light chain locus) (eg, leukemia and lymphoma, B-cell), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)	**1/1/2012**			PA
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)	**1/1/2012**			PA
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)	**1/1/2012**			PA
81267	Chimerism (engraftment) analysis, post transplantation specimen (eg, hematopoietic stem cell), includes	**1/1/2012**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	comparison to previously performed baseline analyses; without cell selection				
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	**1/1/2012**			PA
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	**1/1/2018**			PA
81270	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) gene analysis, p.Val617Phe (V617F) variant	**1/1/2012**		**3/1/2023**	NPA
81271	HTT (huntingtin) (eg, Huntington disease) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	**1/1/2019**			PA
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 (eg, exons 8, 11, 13, 17, 18)	**1/1/2016**			PA
81273	KIT (v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog) (eg, mastocytosis), gene analysis, D816 variant(s)	**1/1/2016**			PA
81274	HTT (huntingtin) (eg, Huntington disease) gene analysis; characterization of alleles (eg, expanded size)	**1/1/2019**			PA
81275	KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; variants in exon 2 (eg, codons 12 and 13)	**1/1/2012**		**9/1/2023**	PA
81276	KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; additional variant(s) (eg, codon 61, codon 146)	**1/1/2016**		**9/1/2023**	PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
81277	Cytogenomic neoplasia (genome-wide) microarray analysis, interrogation of genomic regions for copy number and loss-of-heterozygosity variants for chromosomal abnormalities	**1/1/2020**			PA
81278	IGH@/BCL2 (t(14;18)) (eg, follicular lymphoma) translocation analysis, major breakpoint region (MBR) and minor cluster region (mcr) breakpoints, qualitative or quantitative	**1/1/2021**		**4/1/2021**	PA
81279	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) targeted sequence analysis (eg, exons 12 and 13)	**1/1/2021**		**3/1/2023**	NPA
81283	IFNL3 (interferon, lambda 3) (eg, drug response), gene analysis, rs12979860 variant	**1/1/2018**		**9/1/2023**	NC
81284	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; evaluation to detect abnormal (expanded) alleles	**1/1/2019**			PA
81285	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; characterization of alleles (eg, expanded size)	**1/1/2019**			PA
81286	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; full gene sequence	**1/1/2019**			PA
81287	MGMT (O-6-methylguanine-DNA methyltransferase) (eg, glioblastoma multiforme) promoter methylation analysis	**1/1/2014**			PA
81288	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; promoter methylation analysis	**1/1/2015**			PA
81289	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; known familial variant(s)	**1/1/2019**			PA
81290	MCOLN1 (mucolipin 1) (eg, Mucolipidosis, type IV) gene analysis, common variants (eg, IVS3-2A>G, del6.4kb)	**1/1/2012**			PA
81291	MTHFR (5,10-methylenetetrahydrofolate reductase) (eg, hereditary hypercoagulability) gene analysis, common variants (eg, 677T, 1298C)	**1/1/2012**		**9/1/2023**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
81292	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	**1/1/2012**			PA
81293	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	**1/1/2012**			PA
81294	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	**1/1/2012**			PA
81295	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	**1/1/2012**			PA
81296	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	**1/1/2012**			PA
81297	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	**1/1/2012**			PA
81298	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	**1/1/2012**			PA
81299	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	**1/1/2012**			PA
81300	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	**1/1/2012**			PA
81301	Microsatellite instability analysis (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) of markers for mismatch repair deficiency (eg, BAT25, BAT26),	**1/1/2012**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	includes comparison of neoplastic and normal tissue, if performed				
81302	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; full sequence analysis	**1/1/2012**			PA
81303	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; known familial variant	**1/1/2012**			PA
81304	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; duplication/deletion variants	**1/1/2012**			PA
81305	MYD88 (myeloid differentiation primary response 88) (eg, Waldenstrom's macroglobulinemia, lymphoplasmacytic leukemia) gene analysis, p.Leu265Pro (L265P) variant	**1/1/2019**			PA
81306	NUDT15 (nudix hydrolase 15) (eg, drug metabolism) gene analysis, common variant(s) (eg, *2, *3, *4, *5, *6)	**1/1/2019**		**9/1/2023**	NC
81307	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; full gene sequence	**1/1/2020**			PA
81308	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; known familial variant	**1/1/2020**			PA
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)	**1/1/2020**			PA
81310	NPM1 (nucleophosmin) (eg, acute myeloid leukemia) gene analysis, exon 12 variants	**1/1/2012**			PA
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)	**1/1/2016**			PA
81312	PABPN1 (poly[A] binding protein nuclear 1) (eg, oculopharyngeal muscular dystrophy) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	**1/1/2019**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
81313	PCA3/KLK3 (prostate cancer antigen 3 [non-protein coding]/kallikrein-related peptidase 3 [prostate specific antigen]) ratio (eg, prostate cancer)	**1/1/2015**		**9/1/2023**	NC
81314	PDGFRA (platelet-derived growth factor receptor, alpha polypeptide) (eg, gastrointestinal stromal tumor [GIST]), gene analysis, targeted sequence analysis (eg, exons 12, 18)	**1/1/2016**			PA
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	**1/1/2012**			PA
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	**1/1/2012**			PA
81317	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	**1/1/2012**			PA
81318	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	**1/1/2012**			PA
81319	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	**1/1/2012**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
81320	PLCG2 (phospholipase C gamma 2) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, R665W, S707F, L845F)	**1/1/2019**		**9/1/2023**	NC
81321	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; full sequence analysis	**1/1/2013**			PA
81322	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; known familial variant	**1/1/2013**			PA
81323	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; duplication/deletion variant	**1/1/2013**			PA
81324	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; duplication/deletion analysis	**1/1/2013**			PA
81325	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; full sequence analysis	**1/1/2013**			PA
81326	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; known familial variant	**1/1/2013**			PA
81327	SEPT9 (Septin9) (eg, colorectal cancer) promoter methylation analysis	**1/1/2017**		**9/1/2023**	NC
81328	SLCO1B1 (solute carrier organic anion transporter family, member 1B1) (eg, adverse drug reaction), gene analysis, common variant(s) (eg, *5)	**1/1/2018**		**9/1/2023**	NC
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	**1/1/2019**		**5/1/2022**	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
81330	SMPD1 (sphingomyelin phosphodiesterase 1, acid lysosomal) (eg, Niemann-Pick disease, Type A) gene analysis, common variants (eg, R496L, L302P, fsP330)	**1/1/2012**			PA
81331	SNRPN/UBE3A (small nuclear ribonucleoprotein polypeptide N and ubiquitin protein ligase E3A) (eg, Prader-Willi syndrome and/or Angelman syndrome), methylation analysis	**1/1/2012**			PA
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)	**1/1/2012**		**9/1/2023**	NC
81333	TGFBI (transforming growth factor beta-induced) (eg, corneal dystrophy) gene analysis, common variants (eg, R124H, R124C, R124L, R555W, R555Q)	**1/1/2019**		**9/1/2023**	NC
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)	**1/1/2018**			PA
81335	TPMT (thiopurine S-methyltransferase) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3)	**1/1/2018**			PA
81336	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; full gene sequence	**1/1/2019**			PA
81337	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; known familial sequence variant(s)	**1/1/2019**			PA
81338	MPL (MPL proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; common variants (eg, W515A, W515K, W515L, W515R)	**1/1/2021**		**4/1/2021**	PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
81339	MPL (MPL proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; sequence analysis, exon 10	**1/1/2021**		**4/1/2021**	PA
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)	**1/1/2012**			PA
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)	**1/1/2012**			PA
81342	TRG@ (T cell antigen receptor, gamma) (eg, leukemia and lymphoma), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)	**1/1/2012**			PA
81343	PPP2R2B (protein phosphatase 2 regulatory subunit Bbeta) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	**1/1/2019**		**9/1/2023**	NC
81344	TBP (TATA box binding protein) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	**1/1/2019**		**9/1/2023**	NC
81345	TERT (telomerase reverse transcriptase) (eg, thyroid carcinoma, glioblastoma multiforme) gene analysis, targeted sequence analysis (eg, promoter region)	**1/1/2019**		**9/1/2023**	NC
81346	TYMS (thymidylate synthetase) (eg, 5-fluorouracil/5-FU drug metabolism), gene analysis, common variant(s) (eg, tandem repeat variant)	**1/1/2018**		**9/1/2023**	NC
81347	SF3B1 (splicing factor [3b] subunit B1) (eg, myelodysplastic syndrome/acute myeloid leukemia) gene analysis, common variants (eg, A672T, E622D, L833F, R625C, R625L)	**1/1/2021**		**9/1/2023**	PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
81348	SRSF2 (serine and arginine-rich splicing factor 2) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variants (eg, P95H, P95L)	**1/1/2021**		**4/1/2021**	PA
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	**1/1/2022**		**9/1/2023**	PA
81350	UGT1A1 (UDP glucuronosyltransferase 1 family, polypeptide A1) (eg, drug metabolism, hereditary unconjugated hyperbilirubinemia [Gilbert syndrome]) gene analysis, common variants (eg, *28, *36, *37)	**1/1/2012**		**9/1/2023**	NC
81351	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; full gene sequence	**1/1/2021**		**4/1/2021**	PA
81352	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; targeted sequence analysis (eg, 4 oncology)	**1/1/2021**		**4/1/2021**	PA
81353	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; known familial variant	**1/1/2021**		**4/1/2021**	PA
81355	VKORC1 (vitamin K epoxide reductase complex, subunit 1) (eg, warfarin metabolism), gene analysis, common variant(s) (eg, -1639G>A, c.173+1000C>T)	**1/1/2012**		**9/1/2023**	NC
81357	U2AF1 (U2 small nuclear RNA auxiliary factor 1) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variants (eg, S34F, S34Y, Q157R, Q157P)	**1/1/2021**		**4/1/2021**	PA
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)	**1/1/2021**		**4/1/2021**	PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
81361	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); common variant(s) (eg, HbS, HbC, HbE)	**1/1/2018**			PA
81362	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); known familial variant(s)	**1/1/2018**			PA
81363	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); duplication/deletion variant(s)	**1/1/2018**			PA
81364	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); full gene sequence	**1/1/2018**			PA
81370	HLA Class I and II typing, low resolution (eg, antigen equivalents); HLA-A, -B, -C, -DRB1/3/4/5, and -DQB1	**1/1/2012**			PA
81371	HLA Class I and II typing, low resolution (eg, antigen equivalents); HLA-A, -B, and -DRB1 (eg, verification typing)	**1/1/2012**			PA
81372	HLA Class I typing, low resolution (eg, antigen equivalents); complete (ie, HLA-A, -B, and -C)	**1/1/2012**			PA
81373	HLA Class I typing, low resolution (eg, antigen equivalents); one locus (eg, HLA-A, -B, or -C), each	**1/1/2012**			PA
81374	HLA Class I typing, low resolution (eg, antigen equivalents); one antigen equivalent (eg, B*27), each	**1/1/2012**			PA
81375	HLA Class II typing, low resolution (eg, antigen equivalents); HLA-DRB1/3/4/5 and -DQB1	**1/1/2012**			PA
81376	HLA Class II typing, low resolution (eg, antigen equivalents); one locus (eg, HLA-DRB1, -DRB3/4/5, -DQB1, -DQA1, -DPB1, or -DPA1), each	**1/1/2012**			PA
81377	HLA Class II typing, low resolution (eg, antigen equivalents); one antigen equivalent, each	**1/1/2012**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
81378	HLA Class I and II typing, high resolution (ie, alleles or allele groups), HLA-A, -B, -C, and -DRB1	**1/1/2012**			PA
81379	HLA Class I typing, high resolution (ie, alleles or allele groups); complete (ie, HLA-A, -B, and -C)	**1/1/2012**			PA
81380	HLA Class I typing, high resolution (ie, alleles or allele groups); one locus (eg, HLA-A, -B, or -C), each	**1/1/2012**			PA
81381	HLA Class I typing, high resolution (ie, alleles or allele groups); one allele or allele group (eg, B*57:01P), each	**1/1/2012**		**12/1/2022**	PA
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	**1/1/2012**		**12/1/2022**	PA
81383	HLA Class II typing, high resolution (ie, alleles or allele groups); one allele or allele group (eg, HLA-DQB1*06:02P), each	**1/1/2012**			PA
81400	Molecular pathology procedure, Level 1 (eg, identification of single germline variant [eg, SNP] by techniques such as restriction enzyme digestion or melt curve analysis) ACADM (acyl-CoA dehydrogenase, C-4 to C-12 straight chain, MCAD) (eg, medium chain acyl dehydrogenase deficiency), K304E variant ACE (angiotensin converting enzyme) (eg, hereditary blood pressure regulation), insertion/deletion variant AGTR1 (angiotensin II receptor, type 1) (eg, essential hypertension), 1166A>C variant BCKDHA (branched chain keto acid dehydrogenase E1, alpha polypeptide) (eg, maple syrup urine disease, type 1A), Y438N variant CCR5 (chemokine C-C motif receptor 5) (eg, HIV resistance), 32-bp deletion mutation/794 825del32 deletion CLRN1 (clarin 1) (eg, Usher syndrome, type 3), N48K variant F2 (coagulation factor 2) (eg, hereditary	**1/1/2012**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	hypercoagulability), 1199G>A variant F5 (coagulation factor V) (eg, hereditary hypercoagulability), HR2 variant F7 (coagulation factor VII [serum prothrombin conversion accelerator]) (eg, hereditary hypercoagulability), R353Q variant F13B (coagulation factor XIII, B polypeptide) (eg, hereditary hypercoagulability), V34L variant FGB (fibrinogen beta chain) (eg, hereditary ischemic heart disease), -455G>A variant FGFR1 (fibroblast growth factor receptor 1) (eg, Pfeiffer syndrome type 1, craniosynostosis), P252R variant FGFR3 (fibroblast growth factor receptor 3) (eg, Muenke syndrome), P250R variant FKTN (fukutin) (eg, Fukuyama congenital muscular dystrophy), retrotransposon insertion variant GNE (glucosamine [UDP-N-acetyl]-2-epimerase/N-acetylmannosamine kinase) (eg, inclusion body myopathy 2 [IBM2], Nonaka myopathy), M712T variant IVD (isovaleryl-CoA dehydrogenase) (eg, isovaleric acidemia), A282V variant LCT (lactase-phlorizin hydrolase) (eg, lactose intolerance), 13910 C>T variant NEB (nebulin) (eg, nemaline myopathy 2), exon 55 deletion variant PCDH15 (protocadherin-related 15) (eg, Usher syndrome type 1F), R245X variant SERPINE1 (serpine peptidase inhi bitor clade E, member 1, plasminogen activator inhibitor - 1, PAI-1) (eg, thrombophilia), 4G variant SHOC2 (soc-2 suppressor of clear homolog) (eg, Noonan-like syndrome with loose anagen hair), S2G variant SRY (sex determining region Y) (eg, 46,XX testicular disorder of sex development, gonadal dysgenesis), gene analysis TOR1A (torsin family 1, member A [torsin A]) (eg, early-onset				

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	primary dystonia [DYT1]), 907_909delGAG (904_906delGAG) variant				
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) ABCC8 (ATP-binding cassette, sub-family C [CFTR/MRP], member 8) (eg, familial hyperinsulinism), common variants (eg, c.3898-9G>A [c.3992-9G>A], F1388del) ABL1 (ABL proto-oncogene 1, non-receptor tyrosine kinase) (eg, acquired imatinib resistance), T315I variant ACADM (acyl-CoA dehydrogenase, C-4 to C-12 straight chain, MCAD) (eg, medium chain acyl dehydrogenase deficiency), commons variants (eg, K304E, Y42H) ADRB2 (adrenergic beta-2 receptor surface) (eg, drug metabolism), common variants (eg, G16R, Q27E) APOB (apolipoprotein B) (eg, familial hypercholesterolemia type B), common variants (eg, R3500Q, R3500W) APOE (apolipoprotein E) (eg, hyperlipoproteinemia type III, cardiovascular disease, Alzheimer disease), common variants (eg, *2, *3, *4) CBFB/MYH11 (inv(16)) (eg, acute myeloid leukemia), qualitative, and quantitative, if performed CBS (cystathionine-beta-synthase) (eg, homocystinuria, cystathionine beta-synthase deficiency), common variants (eg, I278T, G307S) CFH/ARMS2 (complement factor H/age-related maculopathy susceptibility 2) (eg, macular degeneration), common variants (eg, Y402H [CFH], A69S [ARMS2]) DEK/NUP214 (t(6;9)) (eg, acute myeloid leukemia), translocation analysis, qualitative, and quantitative, if performed E2A/PBX1 (t(1;19)) (eg, acute	**1/1/2012**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	lymphocytic leukemia), translocation analysis, qualitative, and quantitative, if performed EML4/ALK (inv(2)) (eg, non-small cell lung cancer), translocation or inversion analysis ETV6/RUNX1 (t(12;21)) (eg, acute lymphocytic leukemia), translocation analysis, qualitative, and quantitative, if performed EWSR1/ATF1 (t(12;22)) (eg, clear cell sarcoma), translocation analysis, qualitative, and quantitative, if performed EWSR1/ERG (t(21;22)) (eg, Ewing sarcoma/peripheral neuroectodermal tumor), translocation a nalysis, qualitative, and quantitative, if performed EWSR1/FLI1 (t(11;22)) (eg, Ewing sarcoma/peripheral neuroectodermal tumor), translocation analysis, qualitative, and quantitative, if performed EWSR1/WT1 (t(11;22)) (eg, desmoplastic small round cell tumor), translocation analysis, qualitative, and quantitative, if performed F11 (coagulation factor XI) (eg, coagulation disorder), common variants (eg, E117X [Type II], F283L [Type III], IVS14del14, and IVS14+1G>A [Type I]) FGFR3 (fibroblast growth factor receptor 3) (eg, achondroplasia, hypochondroplasia), common variants (eg, 1138G>A, 1138G>C, 1620C>A, 1620C>G) FIP1L1/PDGFRA (del[4q12]) (eg, imatinib-sensitive chronic eosinophilic leukemia), qualitative, and quantitative, if performed FLG (filaggrin) (eg, ichthyosis vulgaris), common variants (eg, R501X, 2282del4, R2447X, S3247X, 3702delG) FOXO1/PAX3 (t(2;13)) (eg, alveolar rhabdomyosarcoma), translocation analysis, qualitative, and quantitative, if performed FOXO1/PAX7 (t(1;13)) (eg, alveolar rhabdomyosarcoma), translocation analysis, qualitative, and quantitative, if performed FUS/DDIT3				

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	(t(12;16)) (eg, myxoid liposarcoma), translocation analysis, qualitative, and quantitative, if performed GALC (galactosylceramidase) (eg, Krabbe disease), common variants (eg, c.857G>A, 30-kb deletion) GALT (galactose-1-phosphate uridylyltransferase) (eg, galactosemia), common variants (eg, Q188R, S135L, K285N, T138M, L195P, Y209C, IVS2-2A>G, P171S, del5kb, N314D, L218L/N314D) H19 (imprinted maternally expressed transcript [non-protein coding]) (eg, Beckwith-Wiedemann syndrome), methylation analysis IGH@/BCL2 (t(14;18)) (eg, follicular lymphoma), translocation analysis; single breakpoint (eg, major breakpoint region [MBR] or minor cluster region [mcr]), qualitative or quantitative (When both MBR and mcr breakpoints are performed, use 81278) KCNQ1OT1 (KCNQ1 overlapping transcript 1 [non-protein coding]) (eg, Beckwith-Wiedemann syndrome), methylation analysis LINC00518 (long interge nic non-protein coding RNA 518) (eg, melanoma), expression analysis LRRK2 (leucine-rich repeat kinase 2) (eg, Parkinson disease), common variants (eg, R1441G, G2019S, I2020T) MED12 (mediator complex subunit 12) (eg, FG syndrome type 1, Lujan syndrome), common variants (eg, R961W, N1007S) MEG3/DLK1 (maternally expressed 3 [non-protein coding]/delta-like 1 homolog [Drosophila]) (eg, intrauterine growth retardation), methylation analysis MLL/AFF1 (t(4;11)) (eg, acute lymphoblastic leukemia), translocation analysis, qualitative, and quantitative, if performed MLL/MLLT3 (t(9;11)) (eg, acute myeloid leukemia), translocation analysis, qualitative, and quantitative, if performed MT-				

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	ATP6 (mitochondrially encoded ATP synthase 6) (eg, neuropathy with ataxia and retinitis pigmentosa [NARP], Leigh syndrome), common variants (eg, m.8993T>G, m.8993T>C) MT-ND4, MT-ND6 (mitochondrially encoded NADH dehydrogenase 4, mitochondrially encoded NADH dehydrogenase 6) (eg, Leber hereditary optic neuropathy [LHON]), common variants (eg, m.11778G>A, m.3460G>A, m.14484T>C) MT-ND5 (mitochondrially encoded tRNA leucine 1 [UUA/G], mitochondrially encoded NADH dehydrogenase 5) (eg, mitochondrial encephalopathy with lactic acidosis and stroke-like episodes [MELAS]), common variants (eg, m.3243A>G, m.3271T>C, m.3252A>G, m.13513G>A) MT-RNR1 (mitochondrially encoded 12S RNA) (eg, nonsyndromic hearing loss), common variants (eg, m.1555A>G, m.1494C>T) MT-TK (mitochondrially encoded tRNA lysine) (eg, myoclonic epilepsy with ragged-red fibers [MERRF]), common variants (eg, m.8344A>G, m.8356T>C) MT-TL1 (mitochondrially encoded tRNA leucine 1 [UUA/G]) (eg, diabetes and hearing loss), common variants (eg, m.3243A>G, m.14709 T>C) MT-TL1 MT-TS1, MT-RNR1 (mitochondrially encoded tRNA serine 1 [UCN], mitochondrially encoded 12S RNA) (eg, nonsyndromic sensorineural deafness [including aminoglycoside-induced nonsyndromic deafness]), common variants (eg, m.7445A>G, m.1555A>G) MUTYH (mutY homolog [E. coli]) (eg, MYH -associated polyposis), common variants (eg, Y165C, G382D) NOD2 (nucleotide-binding oligomerization domain containing 2) (eg, Crohn's disease, Blau				

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	syndrome), common variants (eg, SNP 8, SNP 12, SNP 13) NPM1/ALK (t(2;5)) (eg, anaplastic large cell lymphoma), translocation analysis PAX8/PPARG (t(2;3) (q13;p25)) (eg, follicular thyroid carcinoma), translocation analysis PRAME (preferentially expressed antigen in melanoma) (eg, melanoma), expression analysis PRSS1 (protease, serine, 1 [trypsin 1]) (eg, hereditary pancreatitis), common variants (eg, N29I, A16V, R122H) PYGM (phosphorylase, glycogen, muscle) (eg, glycogen storage disease type V, McArdle disease), common variants (eg, R50X, G205S) RUNX1/RUNX1T1 (t(8;21)) (eg, acute myeloid leukemia) translocation analysis, qualitative, and quantitative, if performed SS18/SSX1 (t(X;18)) (eg, synovial sarcoma), translocation analysis, qualitative, and quantitative, if performed SS18/SSX2 (t(X;18)) (eg, synovial sarcoma), translocation analysis, qualitative, and quantitative, if performed VWF (von Willebrand factor) (eg, von Willebrand disease type 2N), common variants (eg, T791M, R816W, R854Q)				
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]) Chromosome 1p-/19q- (eg, glial tumors), deletion analysis Chromosome 18q- (eg, D18S55, D18S58, D18S61, D18S64, and D18S69) (eg, colon cancer), allelic imbalance assessment (ie, loss of heterozygosity) COL1A1/PDGFB (t(17;22)) (eg, dermatofibrosarcoma protuberans),	**1/1/2012**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	translocation analysis, multiple breakpoints, qualitative, and quantitative, if performed CYP21A2 (cytochrome P450, family 21, subfamily A, polypeptide 2) (eg, congenital adrenal hyperplasia, 21-hydroxylase deficiency), common variants (eg, IVS2-13G, P30L, I172N, exon 6 mutation cluster [I235N, V236E, M238K], V281L, L307FfsX6, Q318X, R356W, P453S, G110VfsX21, 30-kb deletion variant) ESR1/PGR (receptor 1/progesterone receptor) ratio (eg, breast cancer) MEFV (Mediterranean fever) (eg, familial Mediterranean fever), common variants (eg, E148Q, P369S, F479L, M680I, I692del, M694V, M694I, K695R, V726A, A744S, R761H) TRD@ (T cell antigen receptor, delta) (eg, leukemia and lymphoma), gene rearrangement analysis, evaluation to detect abnormal clonal population Uniparental disomy (UPD) (eg, Russell-Silver syndrome, Prader-Willi/Angelman syndrome), short tandem repeat (STR) analysis				
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) ANG (angiogenin, ribonuclease, RNase A family, 5) (eg, amyotrophic lateral sclerosis), full gene sequence ARX (aristaless-related homeobox) (eg, X-linked lissencephaly with ambiguous genitalia, X-linked mental retardation), duplication/deletion analysis CEL (carboxyl ester lipase [bile salt-stimulated lipase]) (eg, maturity-onset diabetes of the young [MODY]), targeted sequence analysis of exon 11 (eg, c.1785delC, c.1686delT) CTNNB1 (catenin [cadherin-associated	**1/1/2012**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	protein], beta 1, 88kDa) (eg, desmoid tumors), targeted sequence analysis (eg, exon 3) DAZ/SRY (deleted in azoospermia and sex determining region Y) (eg, male infertility), common deletions (eg, AZFa, AZFb, AZFc, AZFd) DNMT3A (DNA [cytosine-5-]-methyltransferase 3 alpha) (eg, acute myeloid leukemia), targeted sequence analysis (eg, exon 23) EPCAM (epithelial cell adhesion molecule) (eg, Lynch syndrome), duplication/deletion analysis F8 (coagulation factor VIII) (eg, hemophilia A), inversion analysis, intron 1 and intron 22A F12 (coagulation factor XII [Hageman factor]) (eg, angioedema, hereditary, type III; factor XII deficiency), targeted sequence analysis of exon 9 FGFR3 (fibroblast growth factor receptor 3) (eg, isolated craniosynostosis), targeted sequence analysis (eg, exon 7) (For targeted sequence analysis of multiple FGFR3 exons, use 81404) GJB1 (gap junction protein, beta 1) (eg, Charcot-Marie-Tooth X-linked), full gene sequence GNAQ (guanine nucleotide-binding protein G[q] subunit alpha) (eg, uveal melanoma), common variants (eg, R183, Q209) Human erythrocyte antigen gene analyses (eg, SLC14A1 [Kidd blood group], BCAM [Lutheran blood group], ICAM4 [Landsteiner-Wiener blood group], SLC4A1 [Diego blood group], AQP1 [Colton blood group], ERMAP [Scianna blood group] , RHCE [Rh blood group, CcEe antigens], KEL [Kell blood group], DARC [Duffy blood group], GYPA, GYPB, GYPE [MNS blood group], ART4 [Dombrock blood group]) (eg, sickle-cell disease, thalassemia, hemolytic transfusion reactions, hemolytic disease of the fetus or newborn), common variants HRAS (v-Ha-ras Harvey rat				

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	sarcoma viral oncogene homolog) (eg, Costello syndrome), exon 2 sequence KCNC3 (potassium voltage-gated channel, Shaw-related subfamily, member 3) (eg, spinocerebellar ataxia), targeted sequence analysis (eg, exon 2) KCNJ2 (potassium inwardly-rectifying channel, subfamily J, member 2) (eg, Andersen-Tawil syndrome), full gene sequence KCNJ11 (potassium inwardly-rectifying channel, subfamily J, member 11) (eg, familial hyperinsulinism), full gene sequence Killer cell immunoglobulin-like receptor (KIR) gene family (eg, hematopoietic stem cell transplantation), genotyping of KIR family genes Known familial variant not otherwise specified, for gene listed in Tier 1 or Tier 2, or identified during a genomic sequencing procedure, DNA sequence analysis, each variant exon (For a known familial variant that is considered a common variant, use specific common variant Tier 1 or Tier 2 code) MC4R (melanocortin 4 receptor) (eg, obesity), full gene sequence MICA (MHC class I polypeptide-related sequence A) (eg, solid organ transplantation), common variants (eg, *001, *002) MT-RNR1 (mitochondrially encoded 12S RNA) (eg, nonsyndromic hearing loss), full gene sequence MT-TS1 (mitochondrially encoded tRNA serine 1) (eg, nonsyndromic hearing loss), full gene sequence NDP (Norrie disease [pseudoglioma]) (eg, Norrie disease), duplication/deletion analysis NHLRC1 (NHL repeat containing 1) (eg, progressive myoclonus epilepsy), full gene sequence PHOX2B (paired-like homeobox 2b) (eg, congenital central hypoventilation syndrome), duplication/deletion analysis PLN				

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	(phospholamban) (eg, dilated cardiomyopathy, hypertrophic cardiomyopathy), full gene sequence RHD (Rh blood group, D antige n) (eg, hemolytic disease of the fetus and newborn, Rh maternal/fetal compatibility), deletion analysis (eg, exons 4, 5, and 7, pseudogene) RHD (Rh blood group, D antigen) (eg, hemolytic disease of the fetus and newborn, Rh maternal/fetal compatibility), deletion analysis (eg, exons 4, 5, and 7, pseudogene), performed on cell-free fetal DNA in maternal blood (For human erythrocyte gene analysis of RHD, use a separate unit of 81403) SH2D1A (SH2 domain containing 1A) (eg, X-linked lymphoproliferative syndrome), duplication/deletion analysis TWIST1 (twist homolog 1 [Drosophila]) (eg, Saethre-Chotzen syndrome), duplication/deletion analysis UBA1 (ubiquitin-like modifier activating enzyme 1) (eg, spinal muscular atrophy, X-linked), targeted sequence analysis (eg, exon 15) VHL (von Hippel-Lindau tumor suppressor) (eg, von Hippel-Lindau familial cancer syndrome), deletion/duplication analysis VWF (von Willebrand factor) (eg, von Willebrand disease types 2A, 2B, 2M), targeted sequence analysis (eg, exon 28)				
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) ACADS (acyl-CoA dehydrogenase, C-2 to C-3 short chain) (eg, short chain acyl-CoA dehydrogenase deficiency), targeted sequence analysis (eg, exons 5 and 6) AQP2 (aquaporin 2	**1/1/2012**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	[collecting duct]) (eg, nephrogenic diabetes insipidus), full gene sequence ARX (aristaless related homeobox) (eg, X-linked lissencephaly with ambiguous genitalia, X-linked mental retardation), full gene sequence AVPR2 (arginine vasopressin receptor 2) (eg, nephrogenic diabetes insipidus), full gene sequence BBS10 (Bardet-Biedl syndrome 10) (eg, Bardet-Biedl syndrome), full gene sequence BTD (biotinidase) (eg, biotinidase deficiency), full gene sequence C10orf2 (chromosome 10 open reading frame 2) (eg, mitochondrial DNA depletion syndrome), full gene sequence CAV3 (caveolin 3) (eg, CAV3-related distal myopathy, limb-girdle muscular dystrophy type 1C), full gene sequence CD40LG (CD40 ligand) (eg, X-linked hyper IgM syndrome), full gene sequence CDKN2A (cyclin-dependent kinase inhibitor 2A) (eg, CDKN2A-related cutaneous malignant melanoma, familial atypical mole-malignant melanoma syndrome), full gene sequence CLRN1 (clarin 1) (eg, Usher syndrome, type 3), full gene sequence COX6B1 (cytochrome c oxidase subunit VIb polypeptide 1) (eg, mitochondrial respiratory chain complex IV deficiency), full gene sequence CPT2 (carnitine palmitoyltransferase 2) (eg, carnitine palmitoyltransferase II deficiency), full gene sequence CRX (cone-rod homeobox) (eg, cone-rod dystrophy 2, Leber congenital amaurosis), full gene sequence CYP1B1 (cytochrome P450, family 1, subfamily B, polypeptide 1) (eg, primary congenital glaucoma), full gene sequence EGR2 (early growth response 2) (eg, Charcot-Marie-Tooth), full gene sequence EMD (emerin) (eg, Emery-Dreifuss muscular dystro phy),				

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	duplication/deletion analysis EPM2A (epilepsy, progressive myoclonus type 2A, Lafora disease [laforin]) (eg, progressive myoclonus epilepsy), full gene sequence FGF23 (fibroblast growth factor 23) (eg, hypophosphatemic rickets), full gene sequence FGFR2 (fibroblast growth factor receptor 2) (eg, craniosynostosis, Apert syndrome, Crouzon syndrome), targeted sequence analysis (eg, exons 8, 10) FGFR3 (fibroblast growth factor receptor 3) (eg, achondroplasia, hypochondroplasia), targeted sequence analysis (eg, exons 8, 11, 12, 13) FHL1 (four and a half LIM domains 1) (eg, Emery-Dreifuss muscular dystrophy), full gene sequence FKRP (fukutin related protein) (eg, congenital muscular dystrophy type 1C [MDC1C], limb-girdle muscular dystrophy [LGMD] type 2I), full gene sequence FOXG1 (forkhead box G1) (eg, Rett syndrome), full gene sequence FSHMD1A (facioscapulohumeral muscular dystrophy 1A) (eg, facioscapulohumeral muscular dystrophy), evaluation to detect abnormal (eg, deleted) alleles FSHMD1A (facioscapulohumeral muscular dystrophy 1A) (eg, facioscapulohumeral muscular dystrophy), characterization of haplotype(s) (ie, chromosome 4A and 4B haplotypes) GH1 (growth hormone 1) (eg, growth hormone deficiency), full gene sequence GP1BB (glycoprotein Ib [platelet], beta polypeptide) (eg, Bernard-Soulier syndrome type B), full gene sequence (For common deletion variants of alpha globin 1 and alpha globin 2 genes, use 81257) HNF1B (HNF1 homeobox B) (eg, maturity-onset diabetes of the young [MODY]), duplication/deletion analysis HRAS (v-Ha-ras Harvey rat				

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	sarcoma viral oncogene homolog) (eg, Costello syndrome), full gene sequence HSD3B2 (hydroxy-delta-5-steroid dehydrogenase, 3 beta- and steroid delta-isomerase 2) (eg, 3-beta-hydroxysteroid dehydrogenase type II deficiency), full gene sequence HSD11B2 (hydroxysteroid [11-beta] dehydrogenase 2) (eg, mineralocorticoid excess syndrome), full gene sequence HSPB1 (heat shock 27kDa protein 1) (eg, Charcot-Marie-Tooth disease), full gene sequence INS (insulin) (eg, diabetes mellitus), full gene sequence KCNJ1 (potassium inwardly-rectifying channel, subfamily J, member 1) (eg, Bartter syndrome), full gene sequence KCNJ10 (potassium inwardly-rectifying channel, subfamily J, member 10) (eg, SeSAME syndrome, EAST syndrome, sensorineural hearing loss), full gene sequence LITAF (lipopolysaccharide-induced TNF factor) (eg, Charcot-Marie-Tooth), full gene sequence MEFV (Mediterranean fever) (eg, familial Mediterranean fever), full gene sequence MEN1 (multiple endocrine neoplasia I) (eg, multiple endocrine neoplasia type 1, Wermer syndrome), duplication/deletion analysis MMACHC (methylmalonic aciduria [cobalamin deficiency] cblC type, with homocystinuria) (eg, methylmalonic acidemia and homocystinuria), full gene sequence MPV17 (MpV17 mitochondrial inner membrane protein) (eg, mitochondrial DNA depletion syndrome), duplication/deletion analysis NDP (Norrie disease [pseudoglioma]) (eg, Norrie disease), full gene sequence NDUFA1 (NADH dehydrogenase [ubiquinone] 1 alpha subcomplex, 1, 7.5kDa) (eg, Leigh syndrome, mitochondrial complex I deficiency), full gene sequence				

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	NDUFAF2 (NADH dehydrogenase [ubiquinone] 1 alpha subcomplex, assembly factor 2) (eg, Leigh syndrome, mitochondrial complex I deficiency), full gene sequence NDUFS4 (NADH dehydrogenase [ubiquinone] Fe-S protein 4, 18kDa [NADH-coenzyme Q reductase]) (eg, Leigh syndrome, mitochondrial complex I deficiency), full gene sequence NIPA1 (non-imprinted in Prader-Willi/Angelman syndrome 1) (eg, spastic paraplegia), full gene sequence NLGN4X (neuroligin 4, X-linked) (eg, autism spectrum disorders), duplication/deletion analysis NPC2 (Niemann-Pick disease, type C2 [epididymal secretory protein E1]) (eg, Niemann-Pick disease type C2), full gene sequence NR0B1 (nuclear receptor subfamily 0, group B, member 1) (eg, congenital adrenal hypoplasia), full gene sequence PDX1 (pancreatic and duodenal homeobox 1) (eg, maturity-onset diabetes of the young [MODY]), full gene sequence PHOX2B (paired-like homeobox 2b) (eg, congenital central hypoventilation syndrome), full gene sequence PLP1 (proteolipid protein 1) (eg, Pelizaeus-Merzbacher disease, spastic paraplegia), duplication/deletion analysis PQBP1 (polyglutamine binding protein 1) (eg, Renpenning syndrome), duplication/deletion analysis PRNP (prion protein) (eg, genetic prion disease), full gene sequence PROP1 (PROP paired-like homeobox 1) (eg, combined pituitary hormone deficiency), full gene sequence PRPH2 (peripherin 2 [retinal degeneration, slow]) (eg, retinitis pigmentosa), full gene sequence PRSS1 (protease, serine, 1 [trypsin 1]) (eg, hereditary pancreatitis), full gene sequence RAF1 (v-raf-1 murine leukemia viral oncogene				

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	homolog 1) (eg, LEOPARD syndrome), targeted sequence analysis (eg, exons 7, 12, 14, 17) RET (ret proto-oncogene) (eg, multiple endocrine neoplasia, type 2B and familial medullary thyroid carcinoma), common variants (eg, M918T, 2647_2648delinsTT, A883F) RHO (rhodopsin) (eg, retinitis pigmentosa), full gene sequence RP1 (retinitis pigmentosa 1) (eg, retinitis pigmentosa), full gene sequence SCN1B (sodium channel, voltage-gated, type I, beta) (eg, Brugada syndrome), full gene sequence SCO2 (SCO cytochrome oxidase deficient homolog 2 [SCO1L]) (eg, mitochondrial respiratory chain complex IV deficiency), full gene sequence SDHC (succinate dehydrogenase complex, subunit C, integral membrane protein, 15kDa) (eg, hereditary paraganglioma-pheochromocytoma syndrome), duplication/deletion analysis SDHD (succinate dehydrogenase complex, subunit D, integral membrane protein) (eg, hereditary paraganglioma), full gene sequence SGCG (sarcoglycan, gamma [35kDa dystrophin-associated glycoprotein]) (eg, limb-girdle muscular dystrophy), duplication/deletion analysis SH2D1A (SH2 domain containing 1A) (eg, X-linked lymphoproliferative syndrome), full gene sequence SLC16A2 (solute carrier family 16, member 2 [thyroid hormone transporter]) (eg, specific thyroid hormone cell transporter deficiency, Allan-Herndon-Dudley syndrome), duplication/deletion analysis SLC25A20 (solute carrier family 25 [carnitine/acylcarnitine translocase], member 20) (eg, carnitine-acylcarnitine translocase deficiency), duplication/deletion analysis SLC25A4 (solute carrier				

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	family 25 [mitochondrial carrier; adenine nucleotide translocator], member 4) (eg, progressive external ophthalmoplegia), full gene sequence SOD1 (superoxide dismutase 1, soluble) (eg, amyotrophic lateral sclerosis), full gene sequence SPINK1 (serine peptidase inhibitor, Kazal type 1) (eg, hereditary pancreatitis), full gene sequence STK11 (serine/threonine kinase 11) (eg, Peutz-Jeghers syndrome), duplication/deletion analysis TACO1 (translational activator of mitochondrial encoded cytochrome c oxidase I) (eg, mitochondrial respiratory chain complex IV deficiency), full gene sequence THAP1 (THAP domain containing, apoptosis associated protein 1) (eg, torsion dystonia), full gene sequence TOR1A (torsin family 1, member A [torsin A]) (eg, torsion dystonia), full gene sequence TTPA (tocopherol [alpha] transfer protein) (eg, ataxia), full gene sequence TTR (transthyretin) (eg, familial transthyretin amyloidosis), full gene sequence TWIST1 (twist homolog 1 [Drosophila]) (eg, Saethre-Chotzen syndrome), full gene sequence TYR (tyrosinase [oculocutaneous albinism IA]) (eg, oculocutaneous albinism IA), full gene sequence UGT1A1 (UDP glucuronosyltransferase 1 family, polypeptide A1) (eg, hereditary unconjugated hyperbilirubinemia [Crigler-Najjar syndrome]) full gene sequence USH1G (Usher syndrome 1G [autosomal recessive]) (eg, Usher syndrome, type 1), full gene sequence VHL (von Hippel-Lindau tumor suppressor) (eg, von Hippel-Lindau familial cancer syndrome), full gene sequence VWF (von Willebrand factor) (eg, von Willebrand disease type 1C), targeted sequence analysis (eg, exons 26, 27, 37) ZEB2 (zinc finger				

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	E-box binding homeobox 2) (eg, Mowat-Wilson syndrome), duplication/deletion analysis ZNF4 1 (zinc finger protein 41) (eg, X-linked mental retardation 89), full gene sequence				
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) ABCD1 (ATP-binding cassette, sub-family D [ALD], member 1) (eg, adrenoleukodystrophy), full gene sequence ACADS (acyl-CoA dehydrogenase, C-2 to C-3 short chain) (eg, short chain acyl-CoA dehydrogenase deficiency), full gene sequence ACTA2 (actin, alpha 2, smooth muscle, aorta) (eg, thoracic aortic aneurysms and aortic dissections), full gene sequence ACTC1 (actin, alpha, cardiac muscle 1) (eg, familial hypertrophic cardiomyopathy), full gene sequence ANKRD1 (ankyrin repeat domain 1) (eg, dilated cardiomyopathy), full gene sequence APTX (aprataxin) (eg, ataxia with oculomotor apraxia 1), full gene sequence ARSA (arylsulfatase A) (eg, arylsulfatase A deficiency), full gene sequence BCKDHA (branched chain keto acid dehydrogenase E1, alpha polypeptide) (eg, maple syrup urine disease, type 1A), full gene sequence BCS1L (BCS1-like [S. cerevisiae]) (eg, Leigh syndrome, mitochondrial complex III deficiency, GRACILE syndrome), full gene sequence BMPR2 (bone morphogenetic protein receptor, type II [serine/threonine kinase]) (eg, heritable pulmonary arterial hypertension), duplication/deletion analysis CASQ2 (calsequestrin 2 [cardiac muscle]) (eg, catecholaminergic polymorphic	**1/1/2012**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	ventricular tachycardia), full gene sequence CASR (calcium-sensing receptor) (eg, hypocalcemia), full gene sequence CDKL5 (cyclin-dependent kinase-like 5) (eg, early infantile epileptic encephalopathy), duplication/deletion analysis CHRNA4 (cholinergic receptor, nicotinic, alpha 4) (eg, nocturnal frontal lobe epilepsy), full gene sequence CHRNB2 (cholinergic receptor, nicotinic, beta 2 [neuronal]) (eg, nocturnal frontal lobe epilepsy), full gene sequence COX10 (COX10 homolog, cytochrome c oxidase assembly protein) (eg, mitochondrial respiratory chain complex IV deficiency), full gene sequence COX15 (COX15 homolog, cytochrome c oxidase assembly protein) (eg, mitochondrial respiratory chain complex IV deficiency), full gene sequence CPOX (coproporphyrinogen oxidase) (eg, hereditary coproporphyria), full gene sequence CTRC (chymotrypsin C) (eg, hereditary pancreatitis), full gene sequence CYP11B1 (cytochrome P450, family 11, subfamily B, polypeptide 1) (eg, congenital adrenal hyperplasia), full gene sequence CYP17A1 (cytochrome P450, family 17, subfamily A, polypeptide 1) (eg, congenital adrenal hyperplasia), full gene sequence CYP21A2 (cytochrome P450, family 21, subfamily A, polypeptide2) (eg, steroid 21-hydroxylase isoform, congenital adrenal hyperplasia), full gene sequence Cytogenomic constitutional targeted microarray analysis of chromosome 22q13 by interrogation of genomic regions for copy number and single nucleotide polymorphism (SNP) variants for chromosomal abnormalities (When performing cytogenomic [genome-				

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	wide] analysis for constitutional chromosomal abnormalities, see 81228, 81229, 81349) (Do not report analyte-specific molecular pathology procedures separately when the specific analytes are included as part of the microarray analysis of chromosome 22q13) (Do not report 88271 when performing cytogenomic microarray analysis) DBT (dihydrolipoamide branched chain transacylase E2) (eg, maple syrup urine disease, type 2), duplication/deletion analysis DCX (doublecortin) (eg, X-linked lissencephaly), full gene sequence DES (desmin) (eg, myofibrillar myopathy), full gene sequence DFNB59 (deafness, autosomal recessive 59) (eg, autosomal recessive nonsyndromic hearing impairment), full gene sequence DGUOK (deoxyguanosine kinase) (eg, hepatocerebral mitochondrial DNA depletion syndrome), full gene sequence DHCR7 (7-dehydrocholesterol reductase) (eg, Smith-Lemli-Opitz syndrome), full gene sequence EIF2B2 (eukaryotic translation initiation factor 2B, subunit 2 beta, 39kDa) (eg, leukoencephalopathy with vanishing white matter), full gene sequence EMD (emerin) (eg , Emery-Dreifuss muscular dystrophy), full gene sequence ENG (endoglin) (eg, hereditary hemorrhagic telangiectasia, type 1), duplication/deletion analysis EYA1 (eyes absent homolog 1 [Drosophila]) (eg, branchio-oto-renal [BOR] spectrum disorders), duplication/deletion analysis FGFR1 (fibroblast growth factor receptor 1) (eg, Kallmann syndrome 2), full gene sequence FH (fumarate hydratase) (eg, fumarate hydratase deficiency, hereditary leiomyomatosis with renal cell cancer), full gene sequence FKTN (fukutin) (eg,				

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	limb-girdle muscular dystrophy [LGMD] type 2M or 2L), full gene sequence FTSJ1 (FtsJ RNA methyltransferase homolog 1 [E. coli]) (eg, X-linked mental retardation 9), duplication/deletion analysis GABRG2 (gamma-aminobutyric acid [GABA] A receptor, gamma 2) (eg, generalized epilepsy with febrile seizures), full gene sequence GCH1 (GTP cyclohydrolase 1) (eg, autosomal dominant dopa-responsive dystonia), full gene sequence GDAP1 (ganglioside-induced differentiation-associated protein 1) (eg, Charcot-Marie-Tooth disease), full gene sequence GFAP (glial fibrillary acidic protein) (eg, Alexander disease), full gene sequence GHR (growth hormone receptor) (eg, Laron syndrome), full gene sequence GHRHR (growth hormone releasing hormone receptor) (eg, growth hormone deficiency), full gene sequence GLA (galactosidase, alpha) (eg, Fabry disease), full gene sequence HNF1A (HNF1 homeobox A) (eg, maturity-onset diabetes of the young [MODY]), full gene sequence HNF1B (HNF1 homeobox B) (eg, maturity-onset diabetes of the young [MODY]), full gene sequence HTRA1 (HtrA serine peptidase 1) (eg, macular degeneration), full gene sequence IDS (iduronate 2-sulfatase) (eg, mucopolysacchridosis, type II), full gene sequence IL2RG (interleukin 2 receptor, gamma) (eg, X-linked severe combined immunodeficiency), full gene sequence ISPD (isoprenoid synthase domain containing) (eg, muscle-eye-brain disease, Walker-Warburg syndrome), full gene sequence KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, Noonan syndrome), full gene sequence LAMP2 (lysosomal-associated membrane				

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	protein 2) (eg, Danon disease), full gene sequence LDLR (low density lipoprotein receptor) (eg, familial hypercholesterolemia), duplication/deletion analysis MEN1 (multiple endocrine neoplasia I) (eg, multiple endocrine neoplasia type 1, Wermer syndrome), full gene sequence MMAA (methylmalonic aciduria [cobalamine deficiency] type A) (eg, MMAA-related methylmalonic acidemia), full gene sequence MMAB (methylmalonic aciduria [cobalamine deficiency] type B) (eg, MMAA-related methylmalonic acidemia), full gene sequence MPI (mannose phosphate isomerase) (eg, congenital disorder of glycosylation 1b), full gene sequence MPV17 (MpV17 mitochondrial inner membrane protein) (eg, mitochondrial DNA depletion syndrome), full gene sequence MPZ (myelin protein zero) (eg, Charcot-Marie-Tooth), full gene sequence MTM1 (myotubularin 1) (eg, X-linked centronuclear myopathy), duplication/deletion analysis MYL2 (myosin, light chain 2, regulatory, cardiac, slow) (eg, familial hypertrophic cardiomyopathy), full gene sequence MYL3 (myosin, light chain 3, alkali, ventricular, skeletal, slow) (eg, familial hypertrophic cardiomyopathy), full gene sequence MYOT (myotilin) (eg, limb-girdle muscular dystrophy), full gene sequence NDUFS7 (NADH dehydrogenase [ubiquinone] Fe-S protein 7, 20kDa [NADH-coenzyme Q reductase]) (eg, Leigh syndrome, mitochondrial complex I deficiency), full gene sequence NDUFS8 (NADH dehydrogenase [ubiquinone] Fe-S protein 8, 23kDa [NADH-coenzyme Q reductase]) (eg, Leigh syndrome, mitochondrial complex I deficiency), full gene sequence NDUFV1 (NADH				

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	dehydrogenase [ubiquinone] flavoprotein 1, 51kDa) (eg, Leigh syndrome, mitochondrial complex I deficiency), full gene sequence NEFL (neurofilament, light polypeptide) (eg, Charcot-Marie-Tooth), full gene sequence NF2 (neurofibromin 2 [merlin]) (eg, neurofibromatosis, type 2), duplication/deletion analysis NLGN3 (neuroligin 3) (eg, autism spe ctrum disorders), full gene sequence NLGN4X (neuroligin 4, X-linked) (eg, autism spectrum disorders), full gene sequence NPHP1 (nephronophthisis 1 [juvenile]) (eg, Joubert syndrome), deletion analysis, and duplication analysis, if performed NPHS2 (nephrosis 2, idiopathic, steroid-resistant [podocin]) (eg, steroid-resistant nephrotic syndrome), full gene sequence NSD1 (nuclear receptor binding SET domain protein 1) (eg, Sotos syndrome), duplication/deletion analysis OTC (ornithine carbamoyltransferase) (eg, ornithine transcarbamylase deficiency), full gene sequence PAFAH1B1 (platelet-activating factor acetylhydrolase 1b, regulatory subunit 1 [45kDa]) (eg, lissencephaly, Miller-Dieker syndrome), duplication/deletion analysis PARK2 (Parkinson protein 2, E3 ubiquitin protein ligase [parkin]) (eg, Parkinson disease), duplication/deletion analysis PCCA (propionyl CoA carboxylase, alpha polypeptide) (eg, propionic acidemia, type 1), duplication/deletion analysis PCDH19 (protocadherin 19) (eg, epileptic encephalopathy), full gene sequence PDHA1 (pyruvate dehydrogenase [lipoamide] alpha 1) (eg, lactic acidosis), duplication/deletion analysis PDHB (pyruvate dehydrogenase [lipoamide] beta) (eg, lactic acidosis), full gene sequence PINK1 (PTEN induced putative kinase				

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	1) (eg, Parkinson disease), full gene sequence PKLR (pyruvate kinase, liver and RBC) (eg, pyruvate kinase deficiency), full gene sequence PLP1 (proteolipid protein 1) (eg, Pelizaeus-Merzbacher disease, spastic paraplegia), full gene sequence POU1F1 (POU class 1 homeobox 1) (eg, combined pituitary hormone deficiency), full gene sequence PRX (periaxin) (eg, Charcot-Marie-Tooth disease), full gene sequence PQBP1 (polyglutamine binding protein 1) (eg, Renpenning syndrome), full gene sequence PSEN1 (presenilin 1) (eg, Alzheimer disease), full gene sequence RAB7A (RAB7A, member RAS oncogene family) (eg, Charcot-Marie-Tooth disease), full gene sequence RAI1 (retinoic acid induced 1) (eg, Smith-Magenis syndrome), full gene sequence REEP1 (receptor accessory protein 1) (eg, spastic paraplegia), full gene sequence RET (ret proto-oncogene) (eg, multiple endocrine neoplasia, type 2A and familial medullary thyroid carcinoma), targeted sequence analysis (eg, exons 10, 11, 13-16) RPS19 (ribosomal protein S19) (eg, Diamond-Blackfan anemia), full gene sequence RRM2B (ribonucleotide reductase M2 B [TP53 inducible]) (eg, mitochondrial DNA depletion), full gene sequence SCO1 (SCO cytochrome oxidase deficient homolog 1) (eg, mitochondrial respiratory chain complex IV deficiency), full gene sequence SDHB (succinate dehydrogenase complex, subunit B, iron sulfur) (eg, hereditary paraganglioma), full gene sequence SDHC (succinate dehydrogenase complex, subunit C, integral membrane protein, 15kDa) (eg, hereditary paraganglioma-pheochromocytoma syndrome), full				

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	gene sequence SGCA (sarcoglycan, alpha [50kDa dystrophin-associated glycoprotein]) (eg, limb-girdle muscular dystrophy), full gene sequence SGCB (sarcoglycan, beta [43kDa dystrophin-associated glycoprotein]) (eg, limb-girdle muscular dystrophy), full gene sequence SGCD (sarcoglycan, delta [35kDa dystrophin-associated glycoprotein]) (eg, limb-girdle muscular dystrophy), full gene sequence SGCE (sarcoglycan, epsilon) (eg, myoclonic dystonia), duplication/deletion analysis SGCG (sarcoglycan, gamma [35kDa dystrophin-associated glycoprotein]) (eg, limb-girdle muscular dystrophy), full gene sequence SHOC2 (soc-2 suppressor of clear homolog) (eg, Noonan-like syndrome with loose anagen hair), full gene sequence SHOX (short stature homeobox) (eg, Langer mesomelic dysplasia), full gene sequence SIL1 (SIL1 homolog, endoplasmic reticulum chaperone [S. cerevisiae]) (eg, ataxia), full gene sequence SLC2A1 (solute carrier family 2 [facilitated glucose transporter], member 1) (eg, glucose transporter type 1 [GLUT 1] deficiency syndrome), full gene sequence SLC16A2 (solute carrier family 16, member 2 [thyroid hormone transporter]) (eg, specific thyroid hormone ce ll transporter deficiency, Allan-Herndon-Dudley syndrome), full gene sequence SLC22A5 (solute carrier family 22 [organic cation/carnitine transporter], member 5) (eg, systemic primary carnitine deficiency), full gene sequence SLC25A20 (solute carrier family 25 [carnitine/acylcarnitine translocase], member 20) (eg, carnitine-acylcarnitine translocase deficiency), full gene				

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	sequence SMAD4 (SMAD family member 4) (eg, hemorrhagic telangiectasia syndrome, juvenile polyposis), duplication/deletion analysis SPAST (spastin) (eg, spastic paraplegia), duplication/deletion analysis SPG7 (spastic paraplegia 7 [pure and complicated autosomal recessive]) (eg, spastic paraplegia), duplication/deletion analysis SPRED1 (sprouty-related, EVH1 domain containing 1) (eg, Legius syndrome), full gene sequence STAT3 (signal transducer and activator of transcription 3 [acute-phase response factor]) (eg, autosomal dominant hyper-IgE syndrome), targeted sequence analysis (eg, exons 12, 13, 14, 16, 17, 20, 21) STK11 (serine/threonine kinase 11) (eg, Peutz-Jeghers syndrome), full gene sequence SURF1 (surfeit 1) (eg, mitochondrial respiratory chain complex IV deficiency), full gene sequence TARDBP (TAR DNA binding protein) (eg, amyotrophic lateral sclerosis), full gene sequence TBX5 (T-box 5) (eg, Holt-Oram syndrome), full gene sequence TCF4 (transcription factor 4) (eg, Pitt-Hopkins syndrome), duplication/deletion analysis TGFBR1 (transforming growth factor, beta receptor 1) (eg, Marfan syndrome), full gene sequence TGFBR2 (transforming growth factor, beta receptor 2) (eg, Marfan syndrome), full gene sequence THRB (thyroid hormone receptor, beta) (eg, thyroid hormone resistance, thyroid hormone beta receptor deficiency), full gene sequence or targeted sequence analysis of >5 exons TK2 (thymidine kinase 2, mitochondrial) (eg, mitochondrial DNA depletion syndrome), full gene sequence TNNC1 (troponin C type 1 [slow]) (eg, hypertrophic cardiomyopathy or dilated cardiomyopathy), full gene				

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	sequence T NNI3 (troponin I, type 3 [cardiac]) (eg, familial hypertrophic cardiomyopathy), full gene sequence TPM1 (tropomyosin 1 [alpha]) (eg, familial hypertrophic cardiomyopathy), full gene sequence TSC1 (tuberous sclerosis 1) (eg, tuberous sclerosis), duplication/deletion analysis TYMP (thymidine phosphorylase) (eg, mitochondrial DNA depletion syndrome), full gene sequence VWF (von Willebrand factor) (eg, von Willebrand disease type 2N), targeted sequence analysis (eg, exons 18-20, 23-25) WT1 (Wilms tumor 1) (eg, Denys-Drash syndrome, familial Wilms tumor), full gene sequence ZEB2 (zinc finger E-box binding homeobox 2) (eg, Mowat-Wilson syndrome), full gene sequence				
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) ACADVL (acyl-CoA dehydrogenase, very long chain) (eg, very long chain acyl-coenzyme A dehydrogenase deficiency), full gene sequence ACTN4 (actinin, alpha 4) (eg, focal segmental glomerulosclerosis), full gene sequence AFG3L2 (AFG3 ATPase family gene 3-like 2 [S. cerevisiae]) (eg, spinocerebellar ataxia), full gene sequence AIRE (autoimmune regulator) (eg, autoimmune polyendocrinopathy syndrome type 1), full gene sequence ALDH7A1 (aldehyde dehydrogenase 7 family, member A1) (eg, pyridoxine-dependent epilepsy), full gene sequence ANO5 (anoctamin 5) (eg, limb-girdle muscular dystrophy), full gene sequence ANOS1 (anosmin-1) (eg, Kallmann syndrome 1), full gene sequence APP (amyloid beta [A4] precursor protein) (eg,	1/1/2012			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	Alzheimer disease), full gene sequence ASS1 (argininosuccinate synthase 1) (eg, citrullinemia type I), full gene sequence ATL1 (atlastin GTPase 1) (eg, spastic paraplegia), full gene sequence ATP1A2 (ATPase, Na+/K+ transporting, alpha 2 polypeptide) (eg, familial hemiplegic migraine), full gene sequence ATP7B (ATPase, Cu++ transporting, beta polypeptide) (eg, Wilson disease), full gene sequence BBS1 (Bardet-Biedl syndrome 1) (eg, Bardet-Biedl syndrome), full gene sequence BBS2 (Bardet-Biedl syndrome 2) (eg, Bardet-Biedl syndrome), full gene sequence BCKDHB (branched-chain keto acid dehydrogenase E1, beta polypeptide) (eg, maple syrup urine disease, type 1B), full gene sequence BEST1 (bestrophin 1) (eg, vitelliform macular dystrophy), full gene sequence BMPR2 (bone morphogenetic protein receptor, type II [serine/threonine kinase]) (eg, heritable pulmonary arterial hypertension), full gene sequence BRAF (B-Raf proto-oncogene, serine/threonine kinase) (eg, Noonan syndrome), full gene sequence BSCL2 (Berardinelli-Seip congenital lipodystrophy 2 [seipin]) (eg, Berardinelli-Seip congenital lipodystrophy), f ull gene sequence BTK (Bruton agammaglobulinemia tyrosine kinase) (eg, X-linked agammaglobulinemia), full gene sequence CACNB2 (calcium channel, voltage-dependent, beta 2 subunit) (eg, Brugada syndrome), full gene sequence CAPN3 (calpain 3) (eg, limb-girdle muscular dystrophy [LGMD] type 2A, calpainopathy), full gene sequence CBS (cystathionine-beta-synthase) (eg, homocystinuria, cystathionine beta-synthase deficiency), full gene sequence CDH1 (cadherin 1, type 1, E-cadherin				

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	[epithelial]) (eg, hereditary diffuse gastric cancer), full gene sequence CDKL5 (cyclin-dependent kinase-like 5) (eg, early infantile epileptic encephalopathy), full gene sequence CLCN1 (chloride channel 1, skeletal muscle) (eg, myotonia congenita), full gene sequence CLCNKB (chloride channel, voltage-sensitive Kb) (eg, Bartter syndrome 3 and 4b), full gene sequence CNTNAP2 (contactin-associated protein-like 2) (eg, Pitt-Hopkins-like syndrome 1), full gene sequence COL6A2 (collagen, type VI, alpha 2) (eg, collagen type VI-related disorders), duplication/deletion analysis CPT1A (carnitine palmitoyltransferase 1A [liver]) (eg, carnitine palmitoyltransferase 1A [CPT1A] deficiency), full gene sequence CRB1 (crumbs homolog 1 [Drosophila]) (eg, Leber congenital amaurosis), full gene sequence CREBBP (CREB binding protein) (eg, Rubinstein-Taybi syndrome), duplication/deletion analysis DBT (dihydrolipoamide branched chain transacylase E2) (eg, maple syrup urine disease, type 2), full gene sequence DLAT (dihydrolipoamide S-acetyltransferase) (eg, pyruvate dehydrogenase E2 deficiency), full gene sequence DLD (dihydrolipoamide dehydrogenase) (eg, maple syrup urine disease, type III), full gene sequence DSC2 (desmocollin) (eg, arrhythmogenic right ventricular dysplasia/cardiomyopathy 11), full gene sequence DSG2 (desmoglein 2) (eg, arrhythmogenic right ventricular dysplasia/cardiomyopathy 10), full gene sequence DSP (desmoplakin) (eg, arrhythmogenic right ventricular dysplasia/cardiomyopathy 8), full gene se quence EFHC1 (EF-hand domain [C-terminal] containing 1) (eg, juvenile				

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	myoclonic epilepsy), full gene sequence EIF2B3 (eukaryotic translation initiation factor 2B, subunit 3 gamma, 58kDa) (eg, leukoencephalopathy with vanishing white matter), full gene sequence EIF2B4 (eukaryotic translation initiation factor 2B, subunit 4 delta, 67kDa) (eg, leukoencephalopathy with vanishing white matter), full gene sequence EIF2B5 (eukaryotic translation initiation factor 2B, subunit 5 epsilon, 82kDa) (eg, childhood ataxia with central nervous system hypomyelination/vanishing white matter), full gene sequence ENG (endoglin) (eg, hereditary hemorrhagic telangiectasia, type 1), full gene sequence EYA1 (eyes absent homolog 1 [Drosophila]) (eg, branchio-oto-renal [BOR] spectrum disorders), full gene sequence F8 (coagulation factor VIII) (eg, hemophilia A), duplication/deletion analysis FAH (fumarylacetoacetate hydrolase [fumarylacetoacetase]) (eg, tyrosinemia, type 1), full gene sequence FASTKD2 (FAST kinase domains 2) (eg, mitochondrial respiratory chain complex IV deficiency), full gene sequence FIG4 (FIG4 homolog, SAC1 lipid phosphatase domain containing [S. cerevisiae]) (eg, Charcot-Marie-Tooth disease), full gene sequence FTSJ1 (FtsJ RNA methyltransferase homolog 1 [E. coli]) (eg, X-linked mental retardation 9), full gene sequence FUS (fused in sarcoma) (eg, amyotrophic lateral sclerosis), full gene sequence GAA (glucosidase, alpha; acid) (eg, glycogen storage disease type II [Pompe disease]), full gene sequence GALC (galactosylceramidase) (eg, Krabbe disease), full gene sequence GALT (galactose-1-phosphate				

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	uridylyltransferase) (eg, galactosemia), full gene sequence GARS (glycyl-tRNA synthetase) (eg, Charcot-Marie-Tooth disease), full gene sequence GCDH (glutaryl-CoA dehydrogenase) (eg, glutaricacidemia type 1), full gene sequence GCK (glucokinase [hexokinase 4]) (eg, maturity-onset diabetes of the young [MODY]), full gene sequence GLUD1 (glutamate dehydrogenase 1) (eg, familial h yperinsulinism), full gene sequence GNE (glucosamine [UDP-N-acetyl]-2-epimerase/N-acetylmannosamine kinase) (eg, inclusion body myopathy 2 [IBM2], Nonaka myopathy), full gene sequence GRN (granulin) (eg, frontotemporal dementia), full gene sequence HADHA (hydroxyacyl-CoA dehydrogenase/3-ketoacyl-CoA thiolase/enoyl-CoA hydratase [trifunctional protein] alpha subunit) (eg, long chain acyl-coenzyme A dehydrogenase deficiency), full gene sequence HADHB (hydroxyacyl-CoA dehydrogenase/3-ketoacyl-CoA thiolase/enoyl-CoA hydratase [trifunctional protein], beta subunit) (eg, trifunctional protein deficiency), full gene sequence HEXA (hexosaminidase A, alpha polypeptide) (eg, Tay-Sachs disease), full gene sequence HLCS (HLCS holocarboxylase synthetase) (eg, holocarboxylase synthetase deficiency), full gene sequence HMBS (hydroxymethylbilane synthase) (eg, acute intermittent porphyria), full gene sequence HNF4A (hepatocyte nuclear factor 4, alpha) (eg, maturity-onset diabetes of the young [MODY]), full gene sequence IDUA (iduronidase, alpha-L-) (eg, mucopolysaccharidosis type I), full gene sequence INF2 (inverted formin, FH2 and WH2 domain containing) (eg,				

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	focal segmental glomerulosclerosis), full gene sequence IVD (isovaleryl-CoA dehydrogenase) (eg, isovaleric acidemia), full gene sequence JAG1 (jagged 1) (eg, Alagille syndrome), duplication/deletion analysis JUP (junction plakoglobin) (eg, arrhythmogenic right ventricular dysplasia/cardiomyopathy 11), full gene sequence KCNH2 (potassium voltage-gated channel, subfamily H [eag-related], member 2) (eg, short QT syndrome, long QT syndrome), full gene sequence KCNQ1 (potassium voltage-gated channel, KQT-like subfamily, member 1) (eg, short QT syndrome, long QT syndrome), full gene sequence KCNQ2 (potassium voltage-gated channel, KQT-like subfamily, member 2) (eg, epileptic encephalopathy), full gene sequence LDB3 (LIM domain binding 3) (eg, familial dilated cardiomyopathy, myofibrillar myopathy), full gene sequence LDLR (low dens ity lipoprotein receptor) (eg, familial hypercholesterolemia), full gene sequence LEPR (leptin receptor) (eg, obesity with hypogonadism), full gene sequence LHCGR (luteinizing hormone/choriogonadotropin receptor) (eg, precocious male puberty), full gene sequence LMNA (lamin A/C) (eg, Emery-Dreifuss muscular dystrophy [EDMD1, 2 and 3] limb-girdle muscular dystrophy [LGMD] type 1B, dilated cardiomyopathy [CMD1A], familial partial lipodystrophy [FPLD2]), full gene sequence LRP5 (low density lipoprotein receptor-related protein 5) (eg, osteopetrosis), full gene sequence MAP2K1 (mitogen-activated protein kinase 1) (eg, cardiofaciocutaneous syndrome), full gene sequence MAP2K2 (mitogen-activated protein kinase 2)				

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	(eg, cardiofaciocutaneous syndrome), full gene sequence MAPT (microtubule-associated protein tau) (eg, frontotemporal dementia), full gene sequence MCCC1 (methylcrotonoyl-CoA carboxylase 1 [alpha]) (eg, 3-methylcrotonyl-CoA carboxylase deficiency), full gene sequence MCCC2 (methylcrotonoyl-CoA carboxylase 2 [beta]) (eg, 3-methylcrotonyl carboxylase deficiency), full gene sequence MFN2 (mitofusin 2) (eg, Charcot-Marie-Tooth disease), full gene sequence MTM1 (myotubularin 1) (eg, X-linked centronuclear myopathy), full gene sequence MUT (methylmalonyl CoA mutase) (eg, methylmalonic acidemia), full gene sequence MUTYH (mutY homolog [E. coli]) (eg, MYH-associated polyposis), full gene sequence NDUFS1 (NADH dehydrogenase [ubiquinone] Fe-S protein 1, 75kDa [NADH-coenzyme Q reductase]) (eg, Leigh syndrome, mitochondrial complex I deficiency), full gene sequence NF2 (neurofibromin 2 [merlin]) (eg, neurofibromatosis, type 2), full gene sequence NOTCH3 (notch 3) (eg, cerebral autosomal dominant arteriopathy with subcortical infarcts and leukoencephalopathy [CADASIL]), targeted sequence analysis (eg, exons 1-23) NPC1 (Niemann-Pick disease, type C1) (eg, Niemann-Pick disease), full gene sequence NPHP1 (nephronophthisis 1 [juvenile]) (eg, Joubert syndrome), full gene sequence NSD1 (nuclear receptor binding SET domain protein 1) (eg, Sotos syndrome), full gene sequence OPA1 (optic atrophy 1) (eg, optic atrophy), duplication/deletion analysis OPTN (optineurin) (eg, amyotrophic lateral sclerosis), full gene sequence PAFAH1B1 (platelet-activating factor				

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	acetylhydrolase 1b, regulatory subunit 1 [45kDa]) (eg, lissencephaly, Miller-Dieker syndrome), full gene sequence PAH (phenylalanine hydroxylase) (eg, phenylketonuria), full gene sequence PARK2 (Parkinson protein 2, E3 ubiquitin protein ligase [parkin]) (eg, Parkinson disease), full gene sequence PAX2 (paired box 2) (eg, renal coloboma syndrome), full gene sequence PC (pyruvate carboxylase) (eg, pyruvate carboxylase deficiency), full gene sequence PCCA (propionyl CoA carboxylase, alpha polypeptide) (eg, propionic acidemia, type 1), full gene sequence PCCB (propionyl CoA carboxylase, beta polypeptide) (eg, propionic acidemia), full gene sequence PCDH15 (protocadherin-related 15) (eg, Usher syndrome type 1F), duplication/deletion analysis PCSK9 (proprotein convertase subtilisin/kexin type 9) (eg, familial hypercholesterolemia), full gene sequence PDHA1 (pyruvate dehydrogenase [lipoamide] alpha 1) (eg, lactic acidosis), full gene sequence PDHX (pyruvate dehydrogenase complex, component X) (eg, lactic acidosis), full gene sequence PHEX (phosphate-regulating endopeptidase homolog, X-linked) (eg, hypophosphatemic rickets), full gene sequence PKD2 (polycystic kidney disease 2 [autosomal dominant]) (eg, polycystic kidney disease), full gene sequence PKP2 (plakophilin 2) (eg, arrhythmogenic right ventricular dysplasia/cardiomyopathy 9), full gene sequence PNKD (paroxysmal nonkinesigenic dyskinesia) (eg, paroxysmal nonkinesigenic dyskinesia), full gene sequence POLG (polymerase [DNA directed], gamma) (eg, Alpers-Huttenlocher syndrome, autosomal dominant progressive				

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	external ophthalmoplegia), full gene sequence POMGNT1 (protein O-linked mannose beta1,2-N acetylglucosaminyltransferase) (eg, muscle-eye-br ain disease, Walker-Warburg syndrome), full gene sequence POMT1 (protein-O-mannosyltransferase 1) (eg, limb-girdle muscular dystrophy [LGMD] type 2K, Walker-Warburg syndrome), full gene sequence POMT2 (protein-O-mannosyltransferase 2) (eg, limb-girdle muscular dystrophy [LGMD] type 2N, Walker-Warburg syndrome), full gene sequence PPOX (protoporphyrinogen oxidase) (eg, variegate porphyria), full gene sequence PRKAG2 (protein kinase, AMP-activated, gamma 2 non-catalytic subunit) (eg, familial hypertrophic cardiomyopathy with Wolff-Parkinson-White syndrome, lethal congenital glycogen storage disease of heart), full gene sequence PRKCG (protein kinase C, gamma) (eg, spinocerebellar ataxia), full gene sequence PSEN2 (presenilin 2 [Alzheimer disease 4]) (eg, Alzheimer disease), full gene sequence PTPN11 (protein tyrosine phosphatase, non-receptor type 11) (eg, Noonan syndrome, LEOPARD syndrome), full gene sequence PYGM (phosphorylase, glycogen, muscle) (eg, glycogen storage disease type V, McArdle disease), full gene sequence RAF1 (v-raf-1 murine leukemia viral oncogene homolog 1) (eg, LEOPARD syndrome), full gene sequence RET (ret proto-oncogene) (eg, Hirschsprung disease), full gene sequence RPE65 (retinal pigment epithelium-specific protein 65kDa) (eg, retinitis pigmentosa, Leber congenital amaurosis), full gene sequence RYR1 (ryanodine receptor 1, skeletal) (eg, malignant hyperthermia), targeted sequence analysis of				

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	exons with functionally-confirmed mutations SCN4A (sodium channel, voltage-gated, type IV, alpha subunit) (eg, hyperkalemic periodic paralysis), full gene sequence SCNN1A (sodium channel, nonvoltage-gated 1 alpha) (eg, pseudohypoaldosteronism), full gene sequence SCNN1B (sodium channel, nonvoltage-gated 1, beta) (eg, Liddle syndrome, pseudohypoaldosteronism), full gene sequence SCNN1G (sodium channel, nonvoltage-gated 1, gamma) (eg, Liddle syndrome, pseudohypoaldosteronism), full gene sequence SDHA (succinate dehydrogenase complex, subunit A, flavoprotein [Fp]) (eg, Leigh syndrome, mitochondrial complex II deficiency), full gene sequence SETX (senataxin) (eg, ataxia), full gene sequence SGCE (sarcoglycan, epsilon) (eg, myoclonic dystonia), full gene sequence SH3TC2 (SH3 domain and tetratricopeptide repeats 2) (eg, Charcot-Marie-Tooth disease), full gene sequence SLC9A6 (solute carrier family 9 [sodium/hydrogen exchanger], member 6) (eg, Christianson syndrome), full gene sequence SLC26A4 (solute carrier family 26, member 4) (eg, Pendred syndrome), full gene sequence SLC37A4 (solute carrier family 37 [glucose-6-phosphate transporter], member 4) (eg, glycogen storage disease type Ib), full gene sequence SMAD4 (SMAD family member 4) (eg, hemorrhagic telangiectasia syndrome, juvenile polyposis), full gene sequence SOS1 (son of sevenless homolog 1) (eg, Noonan syndrome, gingival fibromatosis), full gene sequence SPAST (spastin) (eg, spastic paraplegia), full gene sequence SPG7 (spastic paraplegia 7 [pure and				

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	complicated autosomal recessive]) (eg, spastic paraplegia), full gene sequence STXBP1 (syntaxin-binding protein 1) (eg, epileptic encephalopathy), full gene sequence TAZ (tafazzin) (eg, methylglutaconic aciduria type 2, Barth syndrome), full gene sequence TCF4 (transcription factor 4) (eg, Pitt-Hopkins syndrome), full gene sequence TH (tyrosine hydroxylase) (eg, Segawa syndrome), full gene sequence TMEM43 (transmembrane protein 43) (eg, arrhythmogenic right ventricular cardiomyopathy), full gene sequence TNNT2 (troponin T, type 2 [cardiac]) (eg, familial hypertrophic cardiomyopathy), full gene sequence TRPC6 (transient receptor potential cation channel, subfamily C, member 6) (eg, focal segmental glomerulosclerosis), full gene sequence TSC1 (tuberous sclerosis 1) (eg, tuberous sclerosis), full gene sequence TSC2 (tuberous sclerosis 2) (eg, tuberous sclerosis), duplication/deletion analysis UBE3A (ubiquitin protein ligase E3A) (eg, Angelman syndrome), full gene sequence UMOD (uromodulin) (eg, glomerulocystic kidney dise ase with hyperuricemia and isosthenuria), full gene sequence VWF (von Willebrand factor) (von Willebrand disease type 2A), extended targeted sequence analysis (eg, exons 11-16, 24-26, 51, 52) WAS (Wiskott-Aldrich syndrome [eczema-thrombocytopenia]) (eg, Wiskott-Aldrich syndrome), full gene sequence				
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)	**1/1/2012**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	ABCC8 (ATP-binding cassette, sub-family C [CFTR/MRP], member 8) (eg, familial hyperinsulinism), full gene sequence AGL (amylo-alpha-1, 6-glucosidase, 4-alpha-glucanotransferase) (eg, glycogen storage disease type III), full gene sequence AHI1 (Abelson helper integration site 1) (eg, Joubert syndrome), full gene sequence APOB (apolipoprotein B) (eg, familial hypercholesterolemia type B) full gene sequence ASPM (asp [abnormal spindle] homolog, microcephaly associated [Drosophila]) (eg, primary microcephaly), full gene sequence CHD7 (chromodomain helicase DNA binding protein 7) (eg, CHARGE syndrome), full gene sequence COL4A4 (collagen, type IV, alpha 4) (eg, Alport syndrome), full gene sequence COL4A5 (collagen, type IV, alpha 5) (eg, Alport syndrome), duplication/deletion analysis COL6A1 (collagen, type VI, alpha 1) (eg, collagen type VI-related disorders), full gene sequence COL6A2 (collagen, type VI, alpha 2) (eg, collagen type VI-related disorders), full gene sequence COL6A3 (collagen, type VI, alpha 3) (eg, collagen type VI-related disorders), full gene sequence CREBBP (CREB binding protein) (eg, Rubinstein-Taybi syndrome), full gene sequence F8 (coagulation factor VIII) (eg, hemophilia A), full gene sequence JAG1 (jagged 1) (eg, Alagille syndrome), full gene sequence KDM5C (lysine [K]-specific demethylase 5C) (eg, X-linked mental retardation), full gene sequence KIAA0196 (KIAA0196) (eg, spastic paraplegia), full gene sequence L1CAM (L1 cell adhesion molecule) (eg, MASA syndrome, X-linked hydrocephaly), full gene sequence LAMB2 (laminin, beta 2 [laminin S]) (eg, Pierson syndrome), full gene sequence				

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	MYBPC3 (myosin binding protein C, cardiac) (eg, familial hypertrophic cardiomyopathy), full gene sequence MYH6 (myosin, heavy chain 6, cardiac muscle, alpha) (eg, familial dilated cardiomyopathy), full gene sequence MYH7 (myosin, heavy chain 7, cardiac muscle, beta) (eg, familial hypertrophic cardiomyopathy, Liang distal myopathy), full gene sequence MYO7A (myosin VIIA) (eg, Usher syndrome, type 1), full gene sequence NOTCH1 (notch 1) (eg, aortic valve disease), full gene sequence NPHS1 (nephrosis 1, congenital, Finnish type [nephrin]) (eg, congenital Finnish nephrosis), full gene sequence OPA1 (optic atrophy 1) (eg, optic atrophy), full gene sequence PCDH15 (protocadherin-related 15) (eg, Usher syndrome, type 1), full gene sequence PKD1 (polycystic kidney disease 1 [autosomal dominant]) (eg, polycystic kidney disease), full gene sequence PLCE1 (phospholipase C, epsilon 1) (eg, nephrotic syndrome type 3), full gene sequence SCN1A (sodium channel, voltage-gated, type 1, alpha subunit) (eg, generalized epilepsy with febrile seizures), full gene sequence SCN5A (sodium channel, voltage-gated, type V, alpha subunit) (eg, familial dilated cardiomyopathy), full gene sequence SLC12A1 (solute carrier family 12 [sodium/potassium/chloride transporters], member 1) (eg, Bartter syndrome), full gene sequence SLC12A3 (solute carrier family 12 [sodium/chloride transporters], member 3) (eg, Gitelman syndrome), full gene sequence SPG11 (spastic paraplegia 11 [autosomal recessive]) (eg, spastic paraplegia), full gene sequence SPTBN2 (spectrin, beta, non-erythrocytic 2) (eg, spinocerebellar ataxia), full gene				

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	sequence TMEM67 (transmembrane protein 67) (eg, Joubert syndrome), full gene sequence TSC2 (tuberous sclerosis 2) (eg, tuberous sclerosis), full gene sequence USH1C (Usher syndrome 1C [autosomal recessive, severe]) (eg, Usher syndrome, type 1), full gene sequence VPS13B (vacuolar protein sorting 13 homolog B [yeast]) (eg, Cohen syndrome), duplication/deletion analysis WDR62 (WD repeat domain 62) (eg, primary autosomal recessive microcephaly), full gene sequence				
81408	Molecular pathology procedure, Level 9 (eg, analysis of >50 exons in a single gene by DNA sequence analysis) ABCA4 (ATP-binding cassette, sub-family A [ABC1], member 4) (eg, Stargardt disease, age-related macular degeneration), full gene sequence ATM (ataxia telangiectasia mutated) (eg, ataxia telangiectasia), full gene sequence CDH23 (cadherin-related 23) (eg, Usher syndrome, type 1), full gene sequence CEP290 (centrosomal protein 290kDa) (eg, Joubert syndrome), full gene sequence COL1A1 (collagen, type I, alpha 1) (eg, osteogenesis imperfecta, type I), full gene sequence COL1A2 (collagen, type I, alpha 2) (eg, osteogenesis imperfecta, type I), full gene sequence COL4A1 (collagen, type IV, alpha 1) (eg, brain small-vessel disease with hemorrhage), full gene sequence COL4A3 (collagen, type IV, alpha 3 [Goodpasture antigen]) (eg, Alport syndrome), full gene sequence COL4A5 (collagen, type IV, alpha 5) (eg, Alport syndrome), full gene sequence DMD (dystrophin) (eg, Duchenne/Becker muscular dystrophy), full gene sequence DYSF (dysferlin, limb girdle muscular dystrophy 2B [autosomal recessive]) (eg, limb-	**1/1/2012**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	girdle muscular dystrophy), full gene sequence FBN1 (fibrillin 1) (eg, Marfan syndrome), full gene sequence ITPR1 (inositol 1,4,5-trisphosphate receptor, type 1) (eg, spinocerebellar ataxia), full gene sequence LAMA2 (laminin, alpha 2) (eg, congenital muscular dystrophy), full gene sequence LRRK2 (leucine-rich repeat kinase 2) (eg, Parkinson disease), full gene sequence MYH11 (myosin, heavy chain 11, smooth muscle) (eg, thoracic aortic aneurysms and aortic dissections), full gene sequence NEB (nebulin) (eg, nemaline myopathy 2), full gene sequence NF1 (neurofibromin 1) (eg, neurofibromatosis, type 1), full gene sequence PKHD1 (polycystic kidney and hepatic disease 1) (eg, autosomal recessive polycystic kidney disease), full gene sequence RYR1 (ryanodine receptor 1, skeletal) (eg, malignant hyperthermia), full gene sequence RYR2 (ryanodine receptor 2 [cardiac]) (eg, cate cholaminergic polymorphic ventricular tachycardia, arrhythmogenic right ventricular dysplasia), full gene sequence or targeted sequence analysis of > 50 exons USH2A (Usher syndrome 2A [autosomal recessive, mild]) (eg, Usher syndrome, type 2), full gene sequence VPS13B (vacuolar protein sorting 13 homolog B [yeast]) (eg, Cohen syndrome), full gene sequence VWF (von Willebrand factor) (eg, von Willebrand disease types 1 and 3), full gene sequence				
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	**1/1/2015**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	FBN1, TGFBR1, TGFBR2, COL3A1, MYH11, ACTA2, SLC2A10, SMAD3, and MYLK				
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	**1/1/2015**			PA
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	**1/1/2016**			PA
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, KCNJ2, KCNQ1, RYR2, and SCN5A	**1/1/2017**			PA
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	**1/1/2017**			PA
81415	Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis	**1/1/2015**			PA
81416	Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis, each	**1/1/2015**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	comparator exome (eg, parents, siblings) (List separately in addition to code for primary procedure)				
81417	Exome (eg, unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained exome sequence (eg, updated knowledge or unrelated condition/syndrome)	**1/1/2015**			PA
81418	Drug metabolism (eg, pharmacogenomics) genomic sequence analysis panel, must include testing of at least 6 genes, including CYP2C19, CYP2D6, and CYP2D6 duplication/deletion analysis	**1/1/2023**		**9/1/2023**	PA
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	**1/1/2021**		**4/1/2021**	PA
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	**1/1/2015**		**10/1/2021**	NPA
81422	Fetal chromosomal microdeletion(s) genomic sequence analysis (eg, DiGeorge syndrome, Cri-du-chat syndrome), circulating cell-free fetal DNA in maternal blood	**1/1/2017**			NC
81425	Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis	**1/1/2015**		**9/1/2023**	NC
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)	**1/1/2015**		**9/1/2023**	NC
81427	Genome (eg, unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously	**1/1/2015**		**9/1/2023**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	obtained genome sequence (eg, updated knowledge or unrelated condition/syndrome)				
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	**1/1/2015**			NC
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	**1/1/2015**			NC
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	**1/1/2016**		**9/1/2023**	NC
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	**1/1/2016**		**9/1/2023**	NC
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	**1/1/2016**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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	**1/1/2015**		**9/1/2023**	PA
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	**1/1/2015**		**9/1/2023**	PA
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	**1/1/2016**			PA
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	**1/1/2016**			PA
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)	**1/1/2017**			PA
81440	Nuclear encoded mitochondrial genes (eg, neurologic or myopathic phenotypes), genomic sequence panel, must	**1/1/2015**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	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				
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, RPS7, SBDS, TERT, and TINF2	**1/1/2023**		**2/1/2023**	PA
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	**1/1/2016**			PA
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, CFTR, DHCR7,	**1/1/2019**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	FANCC, G6PC, GAA, GALT, GBA, GBE1, HBB, HEXA, IKBKAP, MCOLN1, PAH)				
81445	Targeted genomic sequence analysis panel, solid organ neoplasm, DNA analysis, and RNA analysis when performed, 5-50 genes (eg, ALK, BRAF, CDKN2A, EGFR, ERBB2, KIT, KRAS, NRAS, MET, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), interrogation for sequence variants and copy number variants or rearrangements, if performed	**1/1/2015**			PA
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)	**1/1/2018**		**9/1/2023**	NC
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	**1/1/2023**		**9/1/2023**	NC
81450	Targeted genomic sequence analysis panel, hematolymphoid neoplasm or disorder, DNA analysis, and RNA analysis when performed, 5-50 genes (eg, BRAF, CEBPA, DNMT3A, EZH2, FLT3, IDH1, IDH2, JAK2, KRAS, KIT, MLL, NRAS, NPM1, NOTCH1), interrogation for sequence variants, and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed	**1/1/2015**			PA
81451	Targeted genomic sequence analysis panel, hematolymphoid neoplasm or disorder, 5-50 genes (eg, BRAF, CEBPA, DNMT3A, EZH2, FLT3, IDH1, IDH2, JAK2, KIT,	**1/1/2023**		**2/1/2023**	PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	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				
81455	Targeted genomic sequence analysis panel, solid organ or hematolymphoid neoplasm, DNA analysis, and RNA analysis when performed, 51 or greater genes (eg, ALK, BRAF, CDKN2A, CEBPA, DNMT3A, EGFR, ERBB2, EZH2, FLT3, IDH1, IDH2, JAK2, KIT, KRAS, MLL, NPM1, NRAS, MET, NOTCH1, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), interrogation for sequence variants and copy number variants or rearrangements, if performed	**1/1/2015**			PA
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	**1/1/2023**		**9/1/2023**	NC
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	**1/1/2015**			PA
81465	Whole mitochondrial genome large deletion analysis panel (eg, Kearns-Sayre syndrome, chronic progressive	**1/1/2015**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	external ophthalmoplegia), including heteroplasmy detection, if performed				
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, KDM5C, L1CAM, MECP2, MED12, MID1, OCRL, RPS6KA3, and SLC16A2	**1/1/2015**		**9/1/2023**	NC
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, KDM5C, L1CAM, MECP2, MED12, MID1, OCRL, RPS6KA3, and SLC16A2	**1/1/2015**		**9/1/2023**	NC
81479	Unlisted molecular pathology procedure	**1/1/2013**			PA
81490	Autoimmune (rheumatoid arthritis), analysis of 12 biomarkers using immunoassays, utilizing serum, prognostic algorithm reported as a disease activity score	**1/1/2016**		**9/1/2023**	NC
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	**1/1/2016**		**9/1/2023**	NC
81500	Oncology (ovarian), biochemical assays of two proteins (CA-125 and HE4), utilizing serum, with menopausal status, algorithm reported as a risk score	**1/1/2013**			PA
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	**1/1/2013**			PA
81504	Oncology (tissue of origin), microarray gene expression profiling of > 2000 genes, utilizing formalin-fixed paraffin-	**1/1/2014**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	embedded tissue, algorithm reported as tissue similarity scores				
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	**1/1/2013**			PA
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	**1/1/2013**			PA
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	**1/1/2014**			PA
81508	Fetal congenital abnormalities, biochemical assays of two proteins (PAPP-A, hCG [any form]), utilizing maternal serum, algorithm reported as a risk score	**1/1/2013**			PA
81509	Fetal congenital abnormalities, biochemical assays of three proteins (PAPP-A, hCG [any form], DIA), utilizing maternal serum, algorithm reported as a risk score	**1/1/2013**			PA
81510	Fetal congenital abnormalities, biochemical assays of three analytes (AFP, uE3, hCG [any form]), utilizing maternal serum, algorithm reported as a risk score	**1/1/2013**			PA
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)	**1/1/2013**			NPA
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	**1/1/2013**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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	**1/1/2021**		**4/1/2021**	NPA
81514	Infectious disease, bacterial vaginosis and vaginitis, quantitative real-time amplification of DNA 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 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 krusei, when reported	**1/1/2021**		**4/1/2021**	NPA
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, algorithms reported as percentage risk for metastatic recurrence and likelihood of benefit from extended endocrine therapy	**1/1/2019**			PA
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	**1/1/2015**			PA
81520	Oncology (breast), mRNA gene expression profiling by hybrid capture of 58 genes (50 content and 8	**1/1/2018**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a recurrence risk score				
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	**1/1/2018**		**9/1/2023**	NC
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	**1/1/2020**			NC
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	**1/1/2022**		**5/1/2022**	PA
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	**1/1/2016**		**9/1/2023**	NC
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	**1/1/2016**			NPA
81529	Oncology (cutaneous melanoma), mRNA, gene expression profiling by real-time RT-PCR of 31 genes (28 content and 3 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as	**1/1/2021**		**4/1/2021**	PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	recurrence risk, including likelihood of sentinel lymph node metastasis				
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	**1/1/2016**		**9/1/2023**	NC
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)	**1/1/2016**		**9/1/2023**	NC
81538	Oncology (lung), mass spectrometric 8-protein signature, including amyloid A, utilizing serum, prognostic and predictive algorithm reported as good versus poor overall survival	**1/1/2016**		**9/1/2023**	NC
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	**1/1/2017**			NC
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	**1/1/2016**		**9/1/2023**	NC
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	**1/1/2018**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	tissue, algorithm reported as a disease-specific mortality risk score				
81542	Oncology (prostate), mRNA, microarray gene expression profiling of 22 content genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as metastasis risk score	**1/1/2020**			PA
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)	**1/1/2021**		**4/1/2021**	PA
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	**1/1/2018**		**9/1/2023**	NC
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 paraffin-embedded tissue, algorithm reported as risk of metastasis	**1/1/2020**			PA
81554	Pulmonary disease (idiopathic pulmonary fibrosis [IPF]), mRNA, gene expression analysis of 190 genes, utilizing transbronchial biopsies, diagnostic algorithm reported as categorical result (eg, positive or negative for high probability of usual interstitial pneumonia [UIP])	**1/1/2021**		**4/1/2021**	PA
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	**1/1/2022**		**1/1/2022**	PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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	**1/1/2016**			PA
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	**1/1/2019**		**9/1/2023**	NC
81599	Unlisted multianalyte assay with algorithmic analysis	**1/1/2013**			PA
82009	Ketone body(s) (eg, acetone, acetoacetic acid, beta-hydroxybutyrate); qualitative	**Pre-1990**			NPA
82010	Ketone body(s) (eg, acetone, acetoacetic acid, beta-hydroxybutyrate); quantitative	**Pre-1990**			NPA
82013	Acetylcholinesterase	**Pre-1990**			NPA
82016	Acylcarnitines; qualitative, each specimen	**1/1/1999**			NPA
82017	Acylcarnitines; quantitative, each specimen	**1/1/1999**			NPA
82024	Adrenocorticotropic hormone (ACTH)	**Pre-1990**			NPA
82030	Adenosine, 5-monophosphate, cyclic (cyclic AMP)	**Pre-1990**			NPA
82040	Albumin; serum, plasma or whole blood	**Pre-1990**			NPA
82042	Albumin; other source, quantitative, each specimen	**Pre-1990**			NPA
82043	Albumin; urine (eg, microalbumin), quantitative	**1/1/1993**			NPA
82044	Albumin; urine (eg, microalbumin), semiquantitative (eg, reagent strip assay)	**1/1/1993**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
82045	Albumin; ischemia modified	**1/1/2005**			NPA
82075	Alcohol (ethanol); breath	**Pre-1990**			NPA
82077	Alcohol (ethanol); any specimen except urine and breath, immunoassay (eg, IA, EIA, ELISA, RIA, EMIT, FPIA) and enzymatic methods (eg, alcohol dehydrogenase)	**1/1/2021**		**4/1/2021**	NPA
82085	Aldolase	**Pre-1990**			NPA
82088	Aldosterone	**Pre-1990**			NPA
82103	Alpha-1-antitrypsin; total	**1/1/1993**			NPA
82104	Alpha-1-antitrypsin; phenotype	**1/1/1993**			NPA
82105	Alpha-fetoprotein (AFP); serum	**Pre-1990**			NPA
82106	Alpha-fetoprotein (AFP); amniotic fluid	**Pre-1990**			NPA
82107	Alpha-fetoprotein (AFP); AFP-L3 fraction isoform and total AFP (including ratio)	**1/1/2007**			NPA
82108	Aluminum	**Pre-1990**			NPA
82120	Amines, vaginal fluid, qualitative	**1/1/2000**			NPA
82127	Amino acids; single, qualitative, each specimen	**1/1/1999**			NPA
82128	Amino acids; multiple, qualitative, each specimen	**Pre-1990**			NPA
82131	Amino acids; single, quantitative, each specimen	**1/1/1993**			NPA
82135	Aminolevulinic acid, delta (ALA)	**Pre-1990**			NPA
82136	Amino acids, 2 to 5 amino acids, quantitative, each specimen	**1/1/1999**			NPA
82139	Amino acids, 6 or more amino acids, quantitative, each specimen	**1/1/1999**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
82140	Ammonia	**Pre-1990**			NPA
82143	Amniotic fluid scan (spectrophotometric)	**Pre-1990**			NPA
82150	Amylase	**Pre-1990**			NPA
82154	Androstanediol glucuronide	**1/1/1994**			NPA
82157	Androstenedione	**Pre-1990**			NPA
82160	Androsterone	**Pre-1990**			NPA
82163	Angiotensin II	**Pre-1990**			NPA
82164	Angiotensin I - converting enzyme (ACE)	**Pre-1990**			NPA
82172	Apolipoprotein, each	**Pre-1990**			NPA
82175	Arsenic	**Pre-1990**			NPA
82180	Ascorbic acid (Vitamin C), blood	**Pre-1990**			NPA
82190	Atomic absorption spectroscopy, each analyte	**1/1/1993**			NPA
82232	Beta-2 microglobulin	**Pre-1990**			NPA
82239	Bile acids; total	**1/1/1993**			NPA
82240	Bile acids; cholylglycine	**Pre-1990**			NPA
82247	Bilirubin; total	**1/1/1999**			NPA
82248	Bilirubin; direct	**1/1/1999**			NPA
82252	Bilirubin; feces, qualitative	**Pre-1990**			NPA
82261	Biotinidase, each specimen	**1/1/1999**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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)	**Pre-1990**			NPA
82271	Blood, occult, by peroxidase activity (eg, guaiac), qualitative; other sources	**1/1/2006**			NPA
82272	Blood, occult, by peroxidase activity (eg, guaiac), qualitative, feces, 1-3 simultaneous determinations, performed for other than colorectal neoplasm screening	**1/1/2006**			NPA
82274	Blood, occult, by fecal hemoglobin determination by immunoassay, qualitative, feces, 1-3 simultaneous determinations	**1/1/2002**			NPA
82286	Bradykinin	**Pre-1990**			NPA
82300	Cadmium	**Pre-1990**			NPA
82306	Vitamin D; 25 hydroxy, includes fraction(s), if performed	**Pre-1990**			NPA
82308	Calcitonin	**Pre-1990**			NPA
82310	Calcium; total	**Pre-1990**			NPA
82330	Calcium; ionized	**Pre-1990**			NPA
82331	Calcium; after calcium infusion test	**Pre-1990**			NPA
82340	Calcium; urine quantitative, timed specimen	**Pre-1990**			NPA
82355	Calculus; qualitative analysis	**Pre-1990**			NPA
82360	Calculus; quantitative analysis, chemical	**Pre-1990**			NPA
82365	Calculus; infrared spectroscopy	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
82370	Calculus; X-ray diffraction	Pre-1990			NPA
82373	Carbohydrate deficient transferrin	1/1/2001			NPA
82374	Carbon dioxide (bicarbonate)	Pre-1990			NPA
82375	Carboxyhemoglobin; quantitative	Pre-1990			NPA
82376	Carboxyhemoglobin; qualitative	Pre-1990			NPA
82378	Carcinoembryonic antigen (CEA)	1/1/1993			NPA
82379	Carnitine (total and free), quantitative, each specimen	1/1/1999			NPA
82380	Carotene	Pre-1990			NPA
82382	Catecholamines; total urine	Pre-1990			NPA
82383	Catecholamines; blood	Pre-1990			NPA
82384	Catecholamines; fractionated	Pre-1990			NPA
82387	Cathepsin-D	1/1/1993			NPA
82390	Ceruloplasmin	Pre-1990			NPA
82397	Chemiluminescent assay	1/1/1993			NPA
82415	Chloramphenicol	Pre-1990			NPA
82435	Chloride; blood	Pre-1990			NPA
82436	Chloride; urine	Pre-1990			NPA
82438	Chloride; other source	Pre-1990			NPA
82441	Chlorinated hydrocarbons, screen	Pre-1990			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
82465	Cholesterol, serum or whole blood, total	**Pre-1990**			NPA
82480	Cholinesterase; serum	**Pre-1990**			NPA
82482	Cholinesterase; RBC	**Pre-1990**			NPA
82485	Chondroitin B sulfate, quantitative	**Pre-1990**			NPA
82495	Chromium	**Pre-1990**			NPA
82507	Citrate	**Pre-1990**			NPA
82523	Collagen cross links, any method	**1/1/1997**			NPA
82525	Copper	**Pre-1990**			NPA
82528	Corticosterone	**Pre-1990**			NPA
82530	Cortisol; free	**1/1/1993**			NPA
82533	Cortisol; total	**Pre-1990**			NPA
82540	Creatine	**Pre-1990**			NPA
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	**Pre-1990**			NPA
82550	Creatine kinase (CK), (CPK); total	**Pre-1990**			NPA
82552	Creatine kinase (CK), (CPK); isoenzymes	**Pre-1990**			NPA
82553	Creatine kinase (CK), (CPK); MB fraction only	**1/1/1993**			NPA
82554	Creatine kinase (CK), (CPK); isoforms	**1/1/1993**			NPA
82565	Creatinine; blood	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
82570	Creatinine; other source	**Pre-1990**			NPA
82575	Creatinine; clearance	**Pre-1990**			NPA
82585	Cryofibrinogen	**Pre-1990**			NPA
82595	Cryoglobulin, qualitative or semi-quantitative (eg, cryocrit)	**Pre-1990**			NPA
82600	Cyanide	**Pre-1990**			NPA
82607	Cyanocobalamin (Vitamin B-12)	**Pre-1990**			NPA
82608	Cyanocobalamin (Vitamin B-12); unsaturated binding capacity	**Pre-1990**			NPA
82610	Cystatin C	**1/1/2008**			NPA
82615	Cystine and homocystine, urine, qualitative	**Pre-1990**			NPA
82626	Dehydroepiandrosterone (DHEA)	**Pre-1990**			NPA
82627	Dehydroepiandrosterone-sulfate (DHEA-S)	**1/1/1993**			NPA
82633	Desoxycorticosterone, 11-	**Pre-1990**			NPA
82634	Deoxycortisol, 11-	**Pre-1990**			NPA
82638	Dibucaine number	**Pre-1990**			NPA
82642	Dihydrotestosterone (DHT)	**1/1/2019**			NPA
82652	Vitamin D; 1, 25 dihydroxy, includes fraction(s), if performed	**Pre-1990**			NPA
82653	Elastase, pancreatic (EL-1), fecal; quantitative	**1/1/2022**		**1/1/2022**	NPA
82656	Elastase, pancreatic (EL-1), fecal; qualitative or semi-quantitative	**1/1/2005**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
82657	Enzyme activity in blood cells, cultured cells, or tissue, not elsewhere specified; nonradioactive substrate, each specimen	**1/1/1999**			NPA
82658	Enzyme activity in blood cells, cultured cells, or tissue, not elsewhere specified; radioactive substrate, each specimen	**1/1/1999**			NPA
82664	Electrophoretic technique, not elsewhere specified	**Pre-1990**			NPA
82668	Erythropoietin	**Pre-1990**			NPA
82670	Estradiol; total	**Pre-1990**			NPA
82671	Estrogens; fractionated	**Pre-1990**			NPA
82672	Estrogens; total	**Pre-1990**			NPA
82677	Estriol	**Pre-1990**			NPA
82679	Estrone	**Pre-1990**			NPA
82681	Estradiol; free, direct measurement (eg, equilibrium dialysis)	**1/1/2021**		**4/1/2021**	NPA
82693	Ethylene glycol	**1/1/1993**			NPA
82696	Etiocholanolone	**Pre-1990**			NPA
82705	Fat or lipids, feces; qualitative	**Pre-1990**			NPA
82710	Fat or lipids, feces; quantitative	**Pre-1990**			NPA
82715	Fat differential, feces, quantitative	**Pre-1990**			NPA
82725	Fatty acids, nonesterified	**Pre-1990**			NPA
82726	Very long chain fatty acids	**1/1/1999**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
82728	Ferritin	**Pre-1990**			NPA
82731	Fetal fibronectin, cervicovaginal secretions, semi-quantitative	**1/1/1999**			NPA
82735	Fluoride	**Pre-1990**			NPA
82746	Folic acid; serum	**Pre-1990**			NPA
82747	Folic acid; RBC	**1/1/1993**			NPA
82757	Fructose, semen	**Pre-1990**			NPA
82759	Galactokinase, RBC	**Pre-1990**			NPA
82760	Galactose	**Pre-1990**			NPA
82775	Galactose-1-phosphate uridyl transferase; quantitative	**Pre-1990**			NPA
82776	Galactose-1-phosphate uridyl transferase; screen	**Pre-1990**			NPA
82777	Galectin-3	**1/1/2013**			NPA
82784	Gammaglobulin (immunoglobulin); IgA, IgD, IgG, IgM, each	**Pre-1990**			NPA
82785	Gammaglobulin (immunoglobulin); IgE	**Pre-1990**		**1/1/2022**	NPA
82787	Gammaglobulin (immunoglobulin); immunoglobulin subclasses (eg, IgG1, 2, 3, or 4), each	**Pre-1990**			NPA
82800	Gases, blood, pH only	**Pre-1990**			NPA
82803	Gases, blood, any combination of pH, pCO2, pO2, CO2, HCO3 (including calculated O2 saturation)	**Pre-1990**			NPA
82805	Gases, blood, any combination of pH, pCO2, pO2, CO2, HCO3 (including calculated O2 saturation); with O2 saturation, by direct measurement, except pulse oximetry	**1/1/1994**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
82810	Gases, blood, O2 saturation only, by direct measurement, except pulse oximetry	1/1/1994			NPA
82820	Hemoglobin-oxygen affinity (pO2 for 50% hemoglobin saturation with oxygen)	1/1/1993			NPA
82930	Gastric acid analysis, includes pH if performed, each specimen	1/1/2011			NPA
82938	Gastrin after secretin stimulation	Pre-1990			NPA
82941	Gastrin	Pre-1990			NPA
82943	Glucagon	Pre-1990			NPA
82945	Glucose, body fluid, other than blood	1/1/2001			NPA
82946	Glucagon tolerance test	Pre-1990			NPA
82947	Glucose; quantitative, blood (except reagent strip)	Pre-1990			NPA
82948	Glucose; blood, reagent strip	Pre-1990			NPA
82950	Glucose; post glucose dose (includes glucose)	Pre-1990			NPA
82951	Glucose; tolerance test (GTT), 3 specimens (includes glucose)	Pre-1990			NPA
82952	Glucose; tolerance test, each additional beyond 3 specimens (List separately in addition to code for primary procedure)	Pre-1990			NPA
82955	Glucose-6-phosphate dehydrogenase (G6PD); quantitative	Pre-1990			NPA
82960	Glucose-6-phosphate dehydrogenase (G6PD); screen	Pre-1990			NPA
82962	Glucose, blood by glucose monitoring device(s) cleared by the FDA specifically for home use	1/1/1993			NPA
82963	Glucosidase, beta	Pre-1990			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
82965	Glutamate dehydrogenase	**Pre-1990**			NPA
82977	Glutamyltransferase, gamma (GGT)	**Pre-1990**			NPA
82978	Glutathione	**Pre-1990**			NPA
82979	Glutathione reductase, RBC	**Pre-1990**			NPA
82985	Glycated protein	**Pre-1990**			NPA
83001	Gonadotropin; follicle stimulating hormone (FSH)	**Pre-1990**			NPA
83002	Gonadotropin; luteinizing hormone (LH)	**Pre-1990**			NPA
83003	Growth hormone, human (HGH) (somatotropin)	**Pre-1990**			NPA
83006	Growth stimulation expressed gene 2 (ST2, Interleukin 1 receptor like-1)	**1/1/2015**			PA
83009	Helicobacter pylori, blood test analysis for urease activity, non-radioactive isotope (eg, C-13)	**1/1/2005**			NPA
83010	Haptoglobin; quantitative	**Pre-1990**			NPA
83012	Haptoglobin; phenotypes	**Pre-1990**			NPA
83013	Helicobacter pylori; breath test analysis for urease activity, non-radioactive isotope (eg, C-13)	**Pre-1990**			NPA
83014	Helicobacter pylori; drug administration	**Pre-1990**			NPA
83015	Heavy metal (eg, arsenic, barium, beryllium, bismuth, antimony, mercury); qualitative, any number of analytes	**Pre-1990**			NPA
83018	Heavy metal (eg, arsenic, barium, beryllium, bismuth, antimony, mercury); quantitative, each, not elsewhere specified	**Pre-1990**			NPA
83020	Hemoglobin fractionation and quantitation; electrophoresis (eg, A2, S, C, and/or F)	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
83021	Hemoglobin fractionation and quantitation; chromatography (eg, A2, S, C, and/or F)	**Pre-1990**			NPA
83026	Hemoglobin; by copper sulfate method, non-automated	**1/1/1993**			NPA
83030	Hemoglobin; F (fetal), chemical	**Pre-1990**			NPA
83033	Hemoglobin; F (fetal), qualitative	**Pre-1990**			NPA
83036	Hemoglobin; glycosylated (A1C)	**Pre-1990**			NPA
83037	Hemoglobin; glycosylated (A1C) by device cleared by FDA for home use	**1/1/2006**		**9/1/2023**	NPA
83045	Hemoglobin; methemoglobin, qualitative	**Pre-1990**			NPA
83050	Hemoglobin; methemoglobin, quantitative	**Pre-1990**			NPA
83051	Hemoglobin; plasma	**Pre-1990**			NPA
83060	Hemoglobin; sulfhemoglobin, quantitative	**Pre-1990**			NPA
83065	Hemoglobin; thermolabile	**Pre-1990**			NPA
83068	Hemoglobin; unstable, screen	**Pre-1990**			NPA
83069	Hemoglobin; urine	**Pre-1990**			NPA
83070	Hemosiderin, qualitative	**Pre-1990**			NPA
83080	b-Hexosaminidase, each assay	**1/1/1999**			NPA
83088	Histamine	**Pre-1990**			NPA
83090	Homocysteine	**1/1/2001**			NPA
83150	Homovanillic acid (HVA)	**Pre-1990**			NPA
83491	Hydroxycorticosteroids, 17- (17-OHCS)	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
83497	Hydroxyindolacetic acid, 5-(HIAA)	**Pre-1990**			NPA
83498	Hydroxyprogesterone, 17-d	**Pre-1990**			NPA
83500	Hydroxyproline; free	**Pre-1990**			NPA
83505	Hydroxyproline; total	**Pre-1990**			NPA
83516	Immunoassay for analyte other than infectious agent antibody or infectious agent antigen; qualitative or semiquantitative, multiple step method	**Pre-1990**			NPA
83518	Immunoassay for analyte other than infectious agent antibody or infectious agent antigen; qualitative or semiquantitative, single step method (eg, reagent strip)	**Pre-1990**			NPA
83519	Immunoassay for analyte other than infectious agent antibody or infectious agent antigen; quantitative, by radioimmunoassay (eg, RIA)	**Pre-1990**			NPA
83520	Immunoassay for analyte other than infectious agent antibody or infectious agent antigen; quantitative, not otherwise specified	**Pre-1990**			NPA
83521	Immunoglobulin light chains (ie, kappa, lambda), free, each	**1/1/2022**		**1/1/2022**	NPA
83525	Insulin; total	**Pre-1990**			NPA
83527	Insulin; free	**1/1/1994**			NPA
83528	Intrinsic factor	**Pre-1990**			NPA
83529	Interleukin-6 (IL-6)	**1/1/2022**		**1/1/2022**	NPA
83540	Iron	**Pre-1990**			NPA
83550	Iron binding capacity	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
83570	Isocitric dehydrogenase (IDH)	**Pre-1990**			NPA
83582	Ketogenic steroids, fractionation	**Pre-1990**			NPA
83586	Ketosteroids, 17- (17-KS); total	**Pre-1990**			NPA
83593	Ketosteroids, 17- (17-KS); fractionation	**Pre-1990**			NPA
83605	Lactate (lactic acid)	**Pre-1990**			NPA
83615	Lactate dehydrogenase (LD), (LDH)	**Pre-1990**			NPA
83625	Lactate dehydrogenase (LD), (LDH); isoenzymes, separation and quantitation	**Pre-1990**			NPA
83630	Lactoferrin, fecal; qualitative	**1/1/2005**			NPA
83631	Lactoferrin, fecal; quantitative	**1/1/2006**			NPA
83632	Lactogen, human placental (HPL) human chorionic somatomammotropin	**Pre-1990**			NPA
83633	Lactose, urine, qualitative	**Pre-1990**			NPA
83655	Lead	**Pre-1990**			NPA
83661	Fetal lung maturity assessment; lecithin sphingomyelin (L/S) ratio	**Pre-1990**			NPA
83662	Fetal lung maturity assessment; foam stability test	**Pre-1990**			NPA
83663	Fetal lung maturity assessment; fluorescence polarization	**1/1/2001**			NPA
83664	Fetal lung maturity assessment; lamellar body density	**1/1/2001**			NPA
83670	Leucine aminopeptidase (LAP)	**Pre-1990**			NPA
83690	Lipase	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
83695	Lipoprotein (a)	**1/1/2006**			NPA
83698	Lipoprotein-associated phospholipase A2 (Lp-PLA2)	**1/1/2007**		**9/1/2023**	NPA
83700	Lipoprotein, blood; electrophoretic separation and quantitation	**1/1/2006**			NPA
83701	Lipoprotein, blood; high resolution fractionation and quantitation of lipoproteins including lipoprotein subclasses when performed (eg, electrophoresis, ultracentrifugation)	**1/1/2006**			NPA
83704	Lipoprotein, blood; quantitation of lipoprotein particle number(s) (eg, by nuclear magnetic resonance spectroscopy), includes lipoprotein particle subclass(es), when performed	**1/1/2006**			NPA
83718	Lipoprotein, direct measurement; high density cholesterol (HDL cholesterol)	**Pre-1990**			NPA
83719	Lipoprotein, direct measurement; VLDL cholesterol	**Pre-1990**			NPA
83721	Lipoprotein, direct measurement; LDL cholesterol	**Pre-1990**			NPA
83722	Lipoprotein, direct measurement; small dense LDL cholesterol	**1/1/2019**		**9/1/2023**	NC
83727	Luteinizing releasing factor (LRH)	**Pre-1990**			NPA
83735	Magnesium	**Pre-1990**			NPA
83775	Malate dehydrogenase	**Pre-1990**			NPA
83785	Manganese	**Pre-1990**			NPA
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	**1/1/1999**			NPA
83825	Mercury, quantitative	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
83835	Metanephrines	**Pre-1990**			NPA
83857	Methemalbumin	**Pre-1990**			NPA
83861	Microfluidic analysis utilizing an integrated collection and analysis device, tear osmolarity	**1/1/2011**			NPA
83864	Mucopolysaccharides, acid, quantitative	**Pre-1990**			NPA
83872	Mucin, synovial fluid (Ropes test)	**Pre-1990**			NPA
83873	Myelin basic protein, cerebrospinal fluid	**Pre-1990**			NPA
83874	Myoglobin	**Pre-1990**			NPA
83876	Myeloperoxidase (MPO)	**1/1/2009**		**9/1/2023**	NPA
83880	Natriuretic peptide	**1/1/2003**			NPA
83883	Nephelometry, each analyte not elsewhere specified	**1/1/1993**			NPA
83885	Nickel	**Pre-1990**			NPA
83915	Nucleotidase 5'-	**Pre-1990**			NPA
83916	Oligoclonal immune (oligoclonal bands)	**Pre-1990**			NPA
83918	Organic acids; total, quantitative, each specimen	**Pre-1990**			NPA
83919	Organic acids; qualitative, each specimen	**1/1/1999**			NPA
83921	Organic acid, single, quantitative	**1/1/2001**			NPA
83930	Osmolality; blood	**Pre-1990**			NPA
83935	Osmolality; urine	**Pre-1990**			NPA
83937	Osteocalcin (bone g1a protein)	**1/1/1994**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
83945	Oxalate	Pre-1990			NPA
83950	Oncoprotein; HER-2/neu	1/1/2002			NPA
83951	Oncoprotein; des-gamma-carboxy-prothrombin (DCP)	1/1/2009			NPA
83970	Parathormone (parathyroid hormone)	Pre-1990			NPA
83986	pH; body fluid, not otherwise specified	Pre-1990			NPA
83987	pH; exhaled breath condensate	1/1/2010			NPA
83992	Phencyclidine (PCP)	Pre-1990			NPA
83993	Calprotectin, fecal	1/1/2008			NPA
84030	Phenylalanine (PKU), blood	Pre-1990			NPA
84035	Phenylketones, qualitative	Pre-1990			NPA
84060	Phosphatase, acid; total	Pre-1990			NPA
84066	Phosphatase, acid; prostatic	Pre-1990			NPA
84075	Phosphatase, alkaline	Pre-1990			NPA
84078	Phosphatase, alkaline; heat stable (total not included)	Pre-1990			NPA
84080	Phosphatase, alkaline; isoenzymes	Pre-1990			NPA
84081	Phosphatidylglycerol	Pre-1990			NPA
84085	Phosphogluconate, 6-, dehydrogenase, RBC	Pre-1990			NPA
84087	Phosphohexose isomerase	Pre-1990			NPA
84100	Phosphorus inorganic (phosphate)	Pre-1990			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
84105	Phosphorus inorganic (phosphate); urine	**Pre-1990**			NPA
84106	Porphobilinogen, urine; qualitative	**Pre-1990**			NPA
84110	Porphobilinogen, urine; quantitative	**Pre-1990**			NPA
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	**1/1/2011**			NPA
84119	Porphyrins, urine; qualitative	**Pre-1990**			NPA
84120	Porphyrins, urine; quantitation and fractionation	**Pre-1990**			NPA
84126	Porphyrins, feces, quantitative	**Pre-1990**			NPA
84132	Potassium; serum, plasma or whole blood	**Pre-1990**			NPA
84133	Potassium; urine	**Pre-1990**			NPA
84134	Prealbumin	**1/1/1993**			NPA
84135	Pregnanediol	**Pre-1990**			NPA
84138	Pregnanetriol	**Pre-1990**			NPA
84140	Pregnenolone	**1/1/1994**			NPA
84143	17-hydroxypregnenolone	**1/1/1994**			NPA
84144	Progesterone	**Pre-1990**			NPA
84145	Procalcitonin (PCT)	**1/1/2010**			NPA
84146	Prolactin	**Pre-1990**			NPA
84150	Prostaglandin, each	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
84152	Prostate specific antigen (PSA); complexed (direct measurement)	1/1/2001			NPA
84153	Prostate specific antigen (PSA); total	1/1/1993			NPA
84154	Prostate specific antigen (PSA); free	1/1/1999			NPA
84155	Protein, total, except by refractometry; serum, plasma or whole blood	Pre-1990			NPA
84156	Protein, total, except by refractometry; urine	1/1/2004			NPA
84157	Protein, total, except by refractometry; other source (eg, synovial fluid, cerebrospinal fluid)	1/1/2004			NPA
84160	Protein, total, by refractometry, any source	Pre-1990			NPA
84163	Pregnancy-associated plasma protein-A (PAPP-A)	1/1/2005			NPA
84165	Protein; electrophoretic fractionation and quantitation, serum	Pre-1990			NPA
84166	Protein; electrophoretic fractionation and quantitation, other fluids with concentration (eg, urine, CSF)	1/1/2005			NPA
84181	Protein; Western Blot, with interpretation and report, blood or other body fluid	Pre-1990			NPA
84182	Protein; Western Blot, with interpretation and report, blood or other body fluid, immunological probe for band identification, each	Pre-1990			NPA
84202	Protoporphyrin, RBC; quantitative	Pre-1990			NPA
84203	Protoporphyrin, RBC; screen	Pre-1990			NPA
84206	Proinsulin	Pre-1990			NPA
84207	Pyridoxal phosphate (Vitamin B-6)	Pre-1990			NPA
84210	Pyruvate	Pre-1990			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
84220	Pyruvate kinase	Pre-1990			NPA
84228	Quinine	Pre-1990			NPA
84233	Receptor assay; estrogen	Pre-1990			NPA
84234	Receptor assay; progesterone	Pre-1990			NPA
84235	Receptor assay; endocrine, other than estrogen or progesterone (specify hormone)	Pre-1990			NPA
84238	Receptor assay; non-endocrine (specify receptor)	Pre-1990			NPA
84244	Renin	Pre-1990			NPA
84252	Riboflavin (Vitamin B-2)	Pre-1990			NPA
84255	Selenium	Pre-1990			NPA
84260	Serotonin	Pre-1990			NPA
84270	Sex hormone binding globulin (SHBG)	1/1/1993			NPA
84275	Sialic acid	Pre-1990			NPA
84285	Silica	Pre-1990			NPA
84295	Sodium; serum, plasma or whole blood	Pre-1990			NPA
84300	Sodium; urine	Pre-1990			NPA
84302	Sodium; other source	1/1/2003			NPA
84305	Somatomedin	1/1/1993			NPA
84307	Somatostatin	1/1/1993			NPA
84311	Spectrophotometry, analyte not elsewhere specified	1/1/1993			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
84315	Specific gravity (except urine)	**Pre-1990**			NPA
84375	Sugars, chromatographic, TLC or paper chromatography	**Pre-1990**			NPA
84376	Sugars (mono-, di-, and oligosaccharides); single qualitative, each specimen	**Pre-1990**			NPA
84377	Sugars (mono-, di-, and oligosaccharides); multiple qualitative, each specimen	**Pre-1990**			NPA
84378	Sugars (mono-, di-, and oligosaccharides); single quantitative, each specimen	**Pre-1990**			NPA
84379	Sugars (mono-, di-, and oligosaccharides); multiple quantitative, each specimen	**Pre-1990**			NPA
84392	Sulfate, urine	**1/1/2001**			NPA
84402	Testosterone; free	**1/1/1993**			NPA
84403	Testosterone; total	**Pre-1990**			NPA
84410	Testosterone; bioavailable, direct measurement (eg, differential precipitation)	**1/1/2017**			NPA
84425	Thiamine (Vitamin B-1)	**Pre-1990**			NPA
84430	Thiocyanate	**Pre-1990**			NPA
84431	Thromboxane metabolite(s), including thromboxane if performed, urine	**1/1/2010**			NPA
84432	Thyroglobulin	**1/1/1993**			NPA
84433	Thiopurine S-methyltransferase (TPMT)	**1/1/2023**		**2/1/2023**	NPA
84436	Thyroxine; total	**Pre-1990**			NPA
84437	Thyroxine; requiring elution (eg, neonatal)	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
84439	Thyroxine; free	**Pre-1990**			NPA
84442	Thyroxine binding globulin (TBG)	**Pre-1990**			NPA
84443	Thyroid stimulating hormone (TSH)	**Pre-1990**			NPA
84445	Thyroid stimulating immune globulins (TSI)	**Pre-1990**			NPA
84446	Tocopherol alpha (Vitamin E)	**Pre-1990**			NPA
84449	Transcortin (cortisol binding globulin)	**1/1/1994**			NPA
84450	Transferase; aspartate amino (AST) (SGOT)	**Pre-1990**			NPA
84460	Transferase; alanine amino (ALT) (SGPT)	**Pre-1990**			NPA
84466	Transferrin	**1/1/1993**			NPA
84478	Triglycerides	**Pre-1990**			NPA
84479	Thyroid hormone (T3 or T4) uptake or thyroid hormone binding ratio (THBR)	**Pre-1990**			NPA
84480	Triiodothyronine T3; total (TT-3)	**Pre-1990**			NPA
84481	Triiodothyronine T3; free	**Pre-1990**			NPA
84482	Triiodothyronine T3; reverse	**1/1/1993**			NPA
84484	Troponin, quantitative	**1/1/1997**			NPA
84485	Trypsin; duodenal fluid	**Pre-1990**			NPA
84488	Trypsin; feces, qualitative	**Pre-1990**			NPA
84490	Trypsin; feces, quantitative, 24-hour collection	**Pre-1990**			NPA
84510	Tyrosine	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
84512	Troponin, qualitative	1/1/1998			NPA
84520	Urea nitrogen; quantitative	Pre-1990			NPA
84525	Urea nitrogen; semiquantitative (eg, reagent strip test)	Pre-1990			NPA
84540	Urea nitrogen, urine	Pre-1990			NPA
84545	Urea nitrogen, clearance	Pre-1990			NPA
84550	Uric acid; blood	Pre-1990			NPA
84560	Uric acid; other source	Pre-1990			NPA
84577	Urobilinogen, feces, quantitative	Pre-1990			NPA
84578	Urobilinogen, urine; qualitative	Pre-1990			NPA
84580	Urobilinogen, urine; quantitative, timed specimen	Pre-1990			NPA
84583	Urobilinogen, urine; semiquantitative	Pre-1990			NPA
84585	Vanillylmandelic acid (VMA), urine	Pre-1990			NPA
84586	Vasoactive intestinal peptide (VIP)	1/1/1994			NPA
84588	Vasopressin (antidiuretic hormone, ADH)	Pre-1990			NPA
84590	Vitamin A	Pre-1990			NPA
84591	Vitamin, not otherwise specified	1/1/2001			NPA
84597	Vitamin K	Pre-1990			NPA
84600	Volatiles (eg, acetic anhydride, diethylether)	Pre-1990			NPA
84620	Xylose absorption test, blood and/or urine	Pre-1990			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
84630	Zinc	Pre-1990			NPA
84681	C-peptide	Pre-1990			NPA
84702	Gonadotropin, chorionic (hCG); quantitative	Pre-1990			NPA
84703	Gonadotropin, chorionic (hCG); qualitative	Pre-1990			NPA
84704	Gonadotropin, chorionic (hCG); free beta chain	1/1/2008			NPA
84830	Ovulation tests, by visual color comparison methods for human luteinizing hormone	1/1/1993			NPA
84999	Unlisted chemistry procedure	Pre-1990			PA
85002	Bleeding time	Pre-1990			NPA
85004	Blood count; automated differential WBC count	1/1/2003			NPA
85007	Blood count; blood smear, microscopic examination with manual differential WBC count	Pre-1990			NPA
85008	Blood count; blood smear, microscopic examination without manual differential WBC count	Pre-1990			NPA
85009	Blood count; manual differential WBC count, buffy coat	Pre-1990			NPA
85013	Blood count; spun microhematocrit	1/1/1993			NPA
85014	Blood count; hematocrit (Hct)	Pre-1990			NPA
85018	Blood count; hemoglobin (Hgb)	Pre-1990			NPA
85025	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count	Pre-1990			NPA
85027	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count)	Pre-1990			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
85032	Blood count; manual cell count (erythrocyte, leukocyte, or platelet) each	**1/1/2003**			NPA
85041	Blood count; red blood cell (RBC), automated	**Pre-1990**			NPA
85044	Blood count; reticulocyte, manual	**Pre-1990**			NPA
85045	Blood count; reticulocyte, automated	**Pre-1990**			NPA
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	**Pre-1990**			NPA
85048	Blood count; leukocyte (WBC), automated	**Pre-1990**			NPA
85049	Blood count; platelet, automated	**1/1/2003**			NPA
85055	Reticulated platelet assay	**1/1/2004**			NPA
85060	Blood smear, peripheral, interpretation by physician with written report	**Pre-1990**			NPA
85097	Bone marrow, smear interpretation	**Pre-1990**			NPA
85130	Chromogenic substrate assay	**1/1/1993**			NPA
85170	Clot retraction	**Pre-1990**			NPA
85175	Clot lysis time, whole blood dilution	**Pre-1990**			NPA
85210	Clotting; factor II, prothrombin, specific	**Pre-1990**			NPA
85220	Clotting; factor V (AcG or proaccelerin), labile factor	**Pre-1990**			NPA
85230	Clotting; factor VII (proconvertin, stable factor)	**Pre-1990**			NPA
85240	Clotting; factor VIII (AHG), 1-stage	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
85244	Clotting; factor VIII related antigen	Pre-1990			NPA
85245	Clotting; factor VIII, VW factor, ristocetin cofactor	1/1/1993			NPA
85246	Clotting; factor VIII, VW factor antigen	1/1/1993			NPA
85247	Clotting; factor VIII, von Willebrand factor, multimetric analysis	Pre-1990			NPA
85250	Clotting; factor IX (PTC or Christmas)	Pre-1990			NPA
85260	Clotting; factor X (Stuart-Prower)	Pre-1990			NPA
85270	Clotting; factor XI (PTA)	Pre-1990			NPA
85280	Clotting; factor XII (Hageman)	Pre-1990			NPA
85290	Clotting; factor XIII (fibrin stabilizing)	Pre-1990			NPA
85291	Clotting; factor XIII (fibrin stabilizing), screen solubility	Pre-1990			NPA
85292	Clotting; prekallikrein assay (Fletcher factor assay)	Pre-1990			NPA
85293	Clotting; high molecular weight kininogen assay (Fitzgerald factor assay)	Pre-1990			NPA
85300	Clotting inhibitors or anticoagulants; antithrombin III, activity	Pre-1990			NPA
85301	Clotting inhibitors or anticoagulants; antithrombin III, antigen assay	Pre-1990			NPA
85302	Clotting inhibitors or anticoagulants; protein C, antigen	Pre-1990			NPA
85303	Clotting inhibitors or anticoagulants; protein C, activity	1/1/1993			NPA
85305	Clotting inhibitors or anticoagulants; protein S, total	1/1/1992			NPA
85306	Clotting inhibitors or anticoagulants; protein S, free	1/1/1993			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
85307	Activated Protein C (APC) resistance assay	1/1/2001			NPA
85335	Factor inhibitor test	1/1/1993			NPA
85337	Thrombomodulin	1/1/1993			NPA
85345	Coagulation time; Lee and White	Pre-1990			NPA
85347	Coagulation time; activated	Pre-1990			NPA
85348	Coagulation time; other methods	Pre-1990			NPA
85360	Euglobulin lysis	Pre-1990			NPA
85362	Fibrin(ogen) degradation (split) products (FDP) (FSP); agglutination slide, semiquantitative	Pre-1990			NPA
85366	Fibrin(ogen) degradation (split) products (FDP) (FSP); paracoagulation	Pre-1990			NPA
85370	Fibrin(ogen) degradation (split) products (FDP) (FSP); quantitative	Pre-1990			NPA
85378	Fibrin degradation products, D-dimer; qualitative or semiquantitative	Pre-1990			NPA
85379	Fibrin degradation products, D-dimer; quantitative	1/1/1993			NPA
85380	Fibrin degradation products, D-dimer; ultrasensitive (eg, for evaluation for venous thromboembolism), qualitative or semiquantitative	1/1/2003			NPA
85384	Fibrinogen; activity	1/1/1993			NPA
85385	Fibrinogen; antigen	1/1/1993			NPA
85390	Fibrinolysins or coagulopathy screen, interpretation and report	Pre-1990			NPA
85396	Coagulation/fibrinolysis assay, whole blood (eg, viscoelastic clot assessment), including use of any	1/1/2004			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	pharmacologic additive(s), as indicated, including interpretation and written report, per day				
85397	Coagulation and fibrinolysis, functional activity, not otherwise specified (eg, ADAMTS-13), each analyte	**1/1/2009**			NPA
85400	Fibrinolytic factors and inhibitors; plasmin	**Pre-1990**			NPA
85410	Fibrinolytic factors and inhibitors; alpha-2 antiplasmin	**Pre-1990**			NPA
85415	Fibrinolytic factors and inhibitors; plasminogen activator	**1/1/1993**			NPA
85420	Fibrinolytic factors and inhibitors; plasminogen, except antigenic assay	**Pre-1990**			NPA
85421	Fibrinolytic factors and inhibitors; plasminogen, antigenic assay	**Pre-1990**			NPA
85441	Heinz bodies; direct	**Pre-1990**			NPA
85445	Heinz bodies; induced, acetyl phenylhydrazine	**Pre-1990**			NPA
85460	Hemoglobin or RBCs, fetal, for fetomaternal hemorrhage; differential lysis (Kleihauer-Betke)	**Pre-1990**			NPA
85461	Hemoglobin or RBCs, fetal, for fetomaternal hemorrhage; rosette	**1/1/1995**			NPA
85475	Hemolysin, acid	**1/1/1993**			NPA
85520	Heparin assay	**Pre-1990**			NPA
85525	Heparin neutralization	**1/1/1993**			NPA
85530	Heparin-protamine tolerance test	**Pre-1990**			NPA
85536	Iron stain, peripheral blood	**1/1/2001**			NPA
85540	Leukocyte alkaline phosphatase with count	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
85547	Mechanical fragility, RBC	Pre-1990			NPA
85549	Muramidase	Pre-1990			NPA
85555	Osmotic fragility, RBC; unincubated	Pre-1990			NPA
85557	Osmotic fragility, RBC; incubated	Pre-1990			NPA
85576	Platelet, aggregation (in vitro), each agent	Pre-1990			NPA
85597	Phospholipid neutralization; platelet	Pre-1990			NPA
85598	Phospholipid neutralization; hexagonal phospholipid	1/1/2011			NPA
85610	Prothrombin time	Pre-1990			NPA
85611	Prothrombin time; substitution, plasma fractions, each	1/1/1993			NPA
85612	Russell viper venom time (includes venom); undiluted	Pre-1990			NPA
85613	Russell viper venom time (includes venom); diluted	1/1/1993			NPA
85635	Reptilase test	Pre-1990			NPA
85651	Sedimentation rate, erythrocyte; non-automated	Pre-1990			NPA
85652	Sedimentation rate, erythrocyte; automated	1/1/1996			NPA
85660	Sickling of RBC, reduction	Pre-1990			NPA
85670	Thrombin time; plasma	1/1/1994			NPA
85675	Thrombin time; titer	1/1/1994			NPA
85705	Thromboplastin inhibition, tissue	Pre-1990			NPA
85730	Thromboplastin time, partial (PTT); plasma or whole blood	Pre-1990			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
85732	Thromboplastin time, partial (PTT); substitution, plasma fractions, each	**Pre-1990**			NPA
85810	Viscosity	**Pre-1990**			NPA
85999	Unlisted hematology and coagulation procedure	**Pre-1990**			PA
86000	Agglutinins, febrile (eg, Brucella, Francisella, Murine typhus, Q fever, Rocky Mountain spotted fever, scrub typhus), each antigen	**Pre-1990**			NPA
86001	Allergen specific IgG quantitative or semiquantitative, each allergen	**1/1/2001**		**1/1/2022**	NC
86003	Allergen specific IgE; quantitative or semiquantitative, crude allergen extract, each	**1/1/1994**		**1/1/2022**	NC
86005	Allergen specific IgE; qualitative, multiallergen screen (eg, disk, sponge, card)	**Pre-1990**		**1/1/2022**	NC
86008	Allergen specific IgE; quantitative or semiquantitative, recombinant or purified component, each	**1/1/2018**		**1/1/2022**	NC
86015	Actin (smooth muscle) antibody (ASMA), each	**1/1/2022**		**1/1/2022**	NPA
86021	Antibody identification; leukocyte antibodies	**Pre-1990**			NPA
86022	Antibody identification; platelet antibodies	**Pre-1990**			NPA
86023	Antibody identification; platelet associated immunoglobulin assay	**Pre-1990**			NPA
86036	Antineutrophil cytoplasmic antibody (ANCA); screen, each antibody	**1/1/2022**		**1/1/2022**	NPA
86037	Antineutrophil cytoplasmic antibody (ANCA); titer, each antibody	**1/1/2022**		**1/1/2022**	NPA
86038	Antinuclear antibodies (ANA)	**Pre-1990**			NPA
86039	Antinuclear antibodies (ANA); titer	**1/1/1993**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
86051	Aquaporin-4 (neuromyelitis optica [NMO]) antibody; enzyme-linked immunosorbent immunoassay (ELISA)	**1/1/2022**		**1/1/2022**	NPA
86052	Aquaporin-4 (neuromyelitis optica [NMO]) antibody; cell-based immunofluorescence assay (CBA), each	**1/1/2022**		**1/1/2022**	NPA
86053	Aquaporin-4 (neuromyelitis optica [NMO]) antibody; flow cytometry (ie, fluorescence-activated cell sorting [FACS]), each	**1/1/2022**		**1/1/2022**	NPA
86060	Antistreptolysin 0; titer	**Pre-1990**			NPA
86063	Antistreptolysin 0; screen	**Pre-1990**			NPA
86077	Blood bank physician services; difficult cross match and/or evaluation of irregular antibody(s), interpretation and written report	**Pre-1990**			NPA
86078	Blood bank physician services; investigation of transfusion reaction including suspicion of transmissible disease, interpretation and written report	**Pre-1990**			NPA
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	**Pre-1990**			NPA
86140	C-reactive protein	**Pre-1990**			NPA
86141	C-reactive protein; high sensitivity (hsCRP)	**1/1/2002**			NPA
86146	Beta 2 Glycoprotein I antibody, each	**1/1/2001**			NPA
86147	Cardiolipin (phospholipid) antibody, each Ig class	**Pre-1990**			NPA
86148	Anti-phosphatidylserine (phospholipid) antibody	**1/1/1998**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
86152	Cell enumeration using immunologic selection and identification in fluid specimen (eg, circulating tumor cells in blood)	**1/1/2013**			NPA
86153	Cell enumeration using immunologic selection and identification in fluid specimen (eg, circulating tumor cells in blood); physician interpretation and report, when required	**1/1/2013**			NPA
86155	Chemotaxis assay, specify method	**Pre-1990**			NPA
86156	Cold agglutinin; screen	**1/1/1993**			NPA
86157	Cold agglutinin; titer	**1/1/1993**			NPA
86160	Complement; antigen, each component	**1/1/1993**			NPA
86161	Complement; functional activity, each component	**1/1/1993**			NPA
86162	Complement; total hemolytic (CH50)	**Pre-1990**			NPA
86171	Complement fixation tests, each antigen	**Pre-1990**			NPA
86200	Cyclic citrullinated peptide (CCP), antibody	**1/1/2006**			NPA
86215	Deoxyribonuclease, antibody	**Pre-1990**			NPA
86225	Deoxyribonucleic acid (DNA) antibody; native or double stranded	**Pre-1990**			NPA
86226	Deoxyribonucleic acid (DNA) antibody; single stranded	**1/1/1993**			NPA
86231	Endomysial antibody (EMA), each immunoglobulin (Ig) class	**1/1/2022**		**1/1/2022**	NPA
86235	Extractable nuclear antigen, antibody to, any method (eg, nRNP, SS-A, SS-B, Sm, RNP, Sc170, J01), each antibody	**Pre-1990**			NPA
86255	Fluorescent noninfectious agent antibody; screen, each antibody	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
86256	Fluorescent noninfectious agent antibody; titer, each antibody	**Pre-1990**			NPA
86258	Gliadin (deamidated) (DGP) antibody, each immunoglobulin (Ig) class	**1/1/2022**		**1/1/2022**	NPA
86277	Growth hormone, human (HGH), antibody	**Pre-1990**			NPA
86280	Hemagglutination inhibition test (HAI)	**Pre-1990**			NPA
86294	Immunoassay for tumor antigen, qualitative or semiquantitative (eg, bladder tumor antigen)	**1/1/2001**			NPA
86300	Immunoassay for tumor antigen, quantitative; CA 15-3 (27.29)	**1/1/2001**			NPA
86301	Immunoassay for tumor antigen, quantitative; CA 19-9	**1/1/2001**			NPA
86304	Immunoassay for tumor antigen, quantitative; CA 125	**1/1/2001**			NPA
86305	Human epididymis protein 4 (HE4)	**1/1/2010**			NPA
86308	Heterophile antibodies; screening	**1/1/1993**			NPA
86309	Heterophile antibodies; titer	**1/1/1993**			NPA
86310	Heterophile antibodies; titers after absorption with beef cells and guinea pig kidney	**Pre-1990**			NPA
86316	Immunoassay for tumor antigen, other antigen, quantitative (eg, CA 50, 72-4, 549), each	**Pre-1990**			NPA
86317	Immunoassay for infectious agent antibody, quantitative, not otherwise specified	**Pre-1990**			NPA
86318	Immunoassay for infectious agent antibody(ies), qualitative or semiquantitative, single-step method (eg, reagent strip)	**Pre-1990**			NPA
86320	Immunoelectrophoresis; serum	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
86325	Immunoelectrophoresis; other fluids (eg, urine, cerebrospinal fluid) with concentration	Pre-1990			NPA
86327	Immunoelectrophoresis; crossed (2-dimensional assay)	Pre-1990			NPA
86329	Immunodiffusion; not elsewhere specified	Pre-1990			NPA
86331	Immunodiffusion; gel diffusion, qualitative (Ouchterlony), each antigen or antibody	Pre-1990			NPA
86332	Immune complex assay	Pre-1990			NPA
86334	Immunofixation electrophoresis; serum	Pre-1990			NPA
86335	Immunofixation electrophoresis; other fluids with concentration (eg, urine, CSF)	1/1/2005			NPA
86336	Inhibin A	1/1/2002			NPA
86337	Insulin antibodies	Pre-1990			NPA
86340	Intrinsic factor antibodies	Pre-1990			NPA
86341	Islet cell antibody	1/1/1994			NPA
86343	Leukocyte histamine release test (LHR)	Pre-1990			NPA
86344	Leukocyte phagocytosis	Pre-1990			NPA
86352	Cellular function assay involving stimulation (eg, mitogen or antigen) and detection of biomarker (eg, ATP)	1/1/2010			NPA
86353	Lymphocyte transformation, mitogen (phytomitogen) or antigen induced blastogenesis	Pre-1990			NPA
86355	B cells, total count	1/1/2006			NPA
86356	Mononuclear cell antigen, quantitative (eg, flow cytometry), not otherwise specified, each antigen	1/1/2008			NPA
86357	Natural killer (NK) cells, total count	1/1/2006			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
86359	T cells; total count	**1/1/1994**			NPA
86360	T cells; absolute CD4 and CD8 count, including ratio	**1/1/1994**			NPA
86361	T cells; absolute CD4 count	**1/1/1998**			NPA
86362	Myelin oligodendrocyte glycoprotein (MOG-IgG1) antibody; cell-based immunofluorescence assay (CBA), each	**1/1/2022**		**1/1/2022**	NPA
86363	Myelin oligodendrocyte glycoprotein (MOG-IgG1) antibody; flow cytometry (ie, fluorescence-activated cell sorting [FACS]), each	**1/1/2022**		**1/1/2022**	NPA
86364	Tissue transglutaminase, each immunoglobulin (Ig) class	**1/1/2022**		**1/1/2022**	NPA
86367	Stem cells (ie, CD34), total count	**1/1/2006**			NPA
86376	Microsomal antibodies (eg, thyroid or liver-kidney), each	**Pre-1990**			NPA
86381	Mitochondrial antibody (eg, M2), each	**1/1/2022**		**1/1/2022**	NPA
86382	Neutralization test, viral	**Pre-1990**			NPA
86384	Nitroblue tetrazolium dye test (NTD)	**Pre-1990**			NPA
86386	Nuclear Matrix Protein 22 (NMP22), qualitative	**1/1/2012**			NPA
86403	Particle agglutination; screen, each antibody	**Pre-1990**			NPA
86406	Particle agglutination; titer, each antibody	**1/1/1995**			NPA
86430	Rheumatoid factor; qualitative	**Pre-1990**			NPA
86431	Rheumatoid factor; quantitative	**1/1/1993**			NPA
86480	Tuberculosis test, cell mediated immunity antigen response measurement; gamma interferon	**1/1/2006**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
86481	Tuberculosis test, cell mediated immunity antigen response measurement; enumeration of gamma interferon-producing T-cells in cell suspension	**1/1/2011**			NPA
86485	Skin test; candida	**1/1/1993**			NPA
86486	Skin test; unlisted antigen, each	**1/1/2008**			NPA
86490	Skin test; coccidioidomycosis	**Pre-1990**			NPA
86510	Skin test; histoplasmosis	**Pre-1990**			NPA
86580	Skin test; tuberculosis, intradermal	**Pre-1990**			NPA
86590	Streptokinase, antibody	**Pre-1990**			NPA
86592	Syphilis test, non-treponemal antibody; qualitative (eg, VDRL, RPR, ART)	**Pre-1990**			NPA
86593	Syphilis test, non-treponemal antibody; quantitative	**Pre-1990**			NPA
86596	Voltage-gated calcium channel antibody, each	**1/1/2022**		**1/1/2022**	NPA
86602	Antibody; actinomyces	**1/1/1993**			NPA
86603	Antibody; adenovirus	**1/1/1993**			NPA
86606	Antibody; Aspergillus	**1/1/1993**			NPA
86609	Antibody; bacterium, not elsewhere specified	**1/1/1993**			NPA
86611	Antibody; Bartonella	**1/1/2001**			NPA
86612	Antibody; Blastomyces	**1/1/1993**			NPA
86615	Antibody; Bordetella	**1/1/1993**			NPA
86617	Antibody; Borrelia burgdorferi (Lyme disease) confirmatory test (eg, Western Blot or immunoblot)	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
86618	Antibody; Borrelia burgdorferi (Lyme disease)	1/1/1993			NPA
86619	Antibody; Borrelia (relapsing fever)	1/1/1993			NPA
86622	Antibody; Brucella	1/1/1993			NPA
86625	Antibody; Campylobacter	1/1/1993			NPA
86628	Antibody; Candida	1/1/1993			NPA
86631	Antibody; Chlamydia	1/1/1993			NPA
86632	Antibody; Chlamydia, IgM	1/1/1993			NPA
86635	Antibody; Coccidioides	1/1/1993			NPA
86638	Antibody; Coxiella burnetii (Q fever)	Pre-1990			NPA
86641	Antibody; Cryptococcus	1/1/1993			NPA
86644	Antibody; cytomegalovirus (CMV)	1/1/1993			NPA
86645	Antibody; cytomegalovirus (CMV), IgM	1/1/1993			NPA
86648	Antibody; Diphtheria	1/1/1993			NPA
86651	Antibody; encephalitis, California (La Crosse)	1/1/1993			NPA
86652	Antibody; encephalitis, Eastern equine	1/1/1993			NPA
86653	Antibody; encephalitis, St. Louis	1/1/1993			NPA
86654	Antibody; encephalitis, Western equine	1/1/1993			NPA
86658	Antibody; enterovirus (eg, coxsackie, echo, polio)	1/1/1993			NPA
86663	Antibody; Epstein-Barr (EB) virus, early antigen (EA)	1/1/1993			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
86664	Antibody; Epstein-Barr (EB) virus, nuclear antigen (EBNA)	**1/1/1993**			NPA
86665	Antibody; Epstein-Barr (EB) virus, viral capsid (VCA)	**1/1/1993**			NPA
86666	Antibody; Ehrlichia	**1/1/2001**			NPA
86668	Antibody; Francisella tularensis	**Pre-1990**			NPA
86671	Antibody; fungus, not elsewhere specified	**1/1/1993**			NPA
86674	Antibody; Giardia lamblia	**Pre-1990**			NPA
86677	Antibody; Helicobacter pylori	**Pre-1990**			NPA
86682	Antibody; helminth, not elsewhere specified	**1/1/1993**			NPA
86684	Antibody; Haemophilus influenza	**Pre-1990**			NPA
86687	Antibody; HTLV-I	**1/1/1990**			NPA
86688	Antibody; HTLV-II	**1/1/1993**			NPA
86689	Antibody; HTLV or HIV antibody, confirmatory test (eg, Western Blot)	**1/1/1990**			NPA
86692	Antibody; hepatitis, delta agent	**1/1/1993**			NPA
86694	Antibody; herpes simplex, non-specific type test	**1/1/1993**			NPA
86695	Antibody; herpes simplex, type 1	**Pre-1990**			NPA
86696	Antibody; herpes simplex, type 2	**1/1/2001**			NPA
86698	Antibody; histoplasma	**1/1/1993**			NPA
86701	Antibody; HIV-1	**1/1/1993**			NPA
86702	Antibody; HIV-2	**1/1/1993**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
86703	Antibody; HIV-1 and HIV-2, single result	**Pre-1990**			NPA
86704	Hepatitis B core antibody (HBcAb); total	**Pre-1990**			NPA
86705	Hepatitis B core antibody (HBcAb); IgM antibody	**1/1/1998**			NPA
86706	Hepatitis B surface antibody (HBsAb)	**1/1/1998**			NPA
86707	Hepatitis Be antibody (HBeAb)	**1/1/1998**			NPA
86708	Hepatitis A antibody (HAAb)	**Pre-1990**			NPA
86709	Hepatitis A antibody (HAAb), IgM antibody	**1/1/1998**			NPA
86710	Antibody; influenza virus	**1/1/1993**			NPA
86711	Antibody; JC (John Cunningham) virus	**1/1/2013**			NPA
86713	Antibody; Legionella	**1/1/1993**			NPA
86717	Antibody; Leishmania	**1/1/1993**			NPA
86720	Antibody; Leptospira	**1/1/1993**			NPA
86723	Antibody; Listeria monocytogenes	**1/1/1993**			NPA
86727	Antibody; lymphocytic choriomeningitis	**1/1/1993**			NPA
86732	Antibody; mucormycosis	**1/1/1993**			NPA
86735	Antibody; mumps	**1/1/1993**			NPA
86738	Antibody; mycoplasma	**Pre-1990**			NPA
86741	Antibody; Neisseria meningitidis	**1/1/1993**			NPA
86744	Antibody; Nocardia	**1/1/1993**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
86747	Antibody; parvovirus	1/1/1993			NPA
86750	Antibody; Plasmodium (malaria)	1/1/1993			NPA
86753	Antibody; protozoa, not elsewhere specified	1/1/1993			NPA
86756	Antibody; respiratory syncytial virus	1/1/1993			NPA
86757	Antibody; Rickettsia	1/1/2001			NPA
86759	Antibody; rotavirus	1/1/1993			NPA
86762	Antibody; rubella	1/1/1993			NPA
86765	Antibody; rubeola	1/1/1993			NPA
86768	Antibody; Salmonella	1/1/1993			NPA
86771	Antibody; Shigella	1/1/1993			NPA
86774	Antibody; tetanus	1/1/1993			NPA
86777	Antibody; Toxoplasma	1/1/1993			NPA
86778	Antibody; Toxoplasma, IgM	1/1/1993			NPA
86780	Antibody; Treponema pallidum	1/1/2010			NPA
86784	Antibody; Trichinella	Pre-1990			NPA
86787	Antibody; varicella-zoster	1/1/1993			NPA
86788	Antibody; West Nile virus, IgM	1/1/2007			NPA
86789	Antibody; West Nile virus	1/1/2007			NPA
86790	Antibody; virus, not elsewhere specified	1/1/1993			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
86793	Antibody; Yersinia	**1/1/1993**			NPA
86794	Antibody; Zika virus, IgM	**1/1/2018**			NPA
86800	Thyroglobulin antibody	**Pre-1990**			NPA
86803	Hepatitis C antibody	**Pre-1990**			NPA
86804	Hepatitis C antibody; confirmatory test (eg, immunoblot)	**1/1/1998**			NPA
86805	Lymphocytotoxicity assay, visual crossmatch; with titration	**Pre-1990**			NPA
86806	Lymphocytotoxicity assay, visual crossmatch; without titration	**Pre-1990**			NPA
86807	Serum screening for cytotoxic percent reactive antibody (PRA); standard method	**Pre-1990**			NPA
86808	Serum screening for cytotoxic percent reactive antibody (PRA); quick method	**Pre-1990**			NPA
86812	HLA typing; A, B, or C (eg, A10, B7, B27), single antigen	**Pre-1990**			NPA
86813	HLA typing; A, B, or C, multiple antigens	**Pre-1990**			NPA
86816	HLA typing; DR/DQ, single antigen	**Pre-1990**			NPA
86817	HLA typing; DR/DQ, multiple antigens	**Pre-1990**			NPA
86821	HLA typing; lymphocyte culture, mixed (MLC)	**Pre-1990**			NPA
86825	Human leukocyte antigen (HLA) crossmatch, non-cytotoxic (eg, using flow cytometry); first serum sample or dilution	**1/1/2010**			NPA
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)	**1/1/2010**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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	**1/1/2013**			NPA
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	**1/1/2013**			NPA
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	**1/1/2013**			NPA
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	**1/1/2013**			NPA
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	**1/1/2013**			NPA
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	**1/1/2013**			NPA
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	**1/1/2013**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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	**1/1/2013**			NPA
86849	Unlisted immunology procedure	**1/1/1993**			PA
86850	Antibody screen, RBC, each serum technique	**1/1/1993**			NPA
86860	Antibody elution (RBC), each elution	**1/1/1993**			NPA
86870	Antibody identification, RBC antibodies, each panel for each serum technique	**1/1/1993**			NPA
86880	Antihuman globulin test (Coombs test); direct, each antiserum	**1/1/1993**			NPA
86885	Antihuman globulin test (Coombs test); indirect, qualitative, each reagent red cell	**Pre-1990**			NPA
86886	Antihuman globulin test (Coombs test); indirect, each antibody titer	**Pre-1990**			NPA
86890	Autologous blood or component, collection processing and storage; predeposited	**1/1/1993**			NPA
86891	Autologous blood or component, collection processing and storage; intra- or postoperative salvage	**1/1/1993**			NPA
86900	Blood typing, serologic; ABO	**1/1/1993**			NPA
86901	Blood typing, serologic; Rh (D)	**1/1/1993**			NPA
86902	Blood typing, serologic; antigen testing of donor blood using reagent serum, each antigen test	**1/1/2011**			NPA
86904	Blood typing, serologic; antigen screening for compatible unit using patient serum, per unit screened	**1/1/1993**			NPA
86905	Blood typing, serologic; RBC antigens, other than ABO or Rh (D), each	**1/1/1993**			NPA
86906	Blood typing, serologic; Rh phenotyping, complete	**1/1/1993**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
86910	Blood typing, for paternity testing, per individual; ABO, Rh and MN	1/1/1993			NPA
86911	Blood typing, for paternity testing, per individual; each additional antigen system	1/1/1994			NPA
86920	Compatibility test each unit; immediate spin technique	1/1/1993			NPA
86921	Compatibility test each unit; incubation technique	1/1/1993			NPA
86922	Compatibility test each unit; antiglobulin technique	1/1/1993			NPA
86923	Compatibility test each unit; electronic	1/1/2006			NPA
86927	Fresh frozen plasma, thawing, each unit	1/1/1993			NPA
86930	Frozen blood, each unit; freezing (includes preparation)	Pre-1990			NPA
86931	Frozen blood, each unit; thawing	Pre-1990			NPA
86932	Frozen blood, each unit; freezing (includes preparation) and thawing	Pre-1990			NPA
86940	Hemolysins and agglutinins; auto, screen, each	1/1/1993			NPA
86941	Hemolysins and agglutinins; incubated	1/1/1993			NPA
86945	Irradiation of blood product, each unit	1/1/1993			NPA
86950	Leukocyte transfusion	1/1/1993			NPA
86960	Volume reduction of blood or blood product (eg, red blood cells or platelets), each unit	1/1/2006			NPA
86965	Pooling of platelets or other blood products	1/1/1993			NPA
86970	Pretreatment of RBCs for use in RBC antibody detection, identification, and/or compatibility testing; incubation with chemical agents or drugs, each	1/1/1993			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
86971	Pretreatment of RBCs for use in RBC antibody detection, identification, and/or compatibility testing; incubation with enzymes, each	**1/1/1993**			NPA
86972	Pretreatment of RBCs for use in RBC antibody detection, identification, and/or compatibility testing; by density gradient separation	**1/1/1993**			NPA
86975	Pretreatment of serum for use in RBC antibody identification; incubation with drugs, each	**1/1/1993**			NPA
86976	Pretreatment of serum for use in RBC antibody identification; by dilution	**1/1/1993**			NPA
86977	Pretreatment of serum for use in RBC antibody identification; incubation with inhibitors, each	**1/1/1993**			NPA
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	**1/1/1993**			NPA
86985	Splitting of blood or blood products, each unit	**1/1/1993**			NPA
86999	Unlisted transfusion medicine procedure	**Pre-1990**			PA
87003	Animal inoculation, small animal, with observation and dissection	**Pre-1990**			NPA
87015	Concentration (any type), for infectious agents	**Pre-1990**			NPA
87040	Culture, bacterial; blood, aerobic, with isolation and presumptive identification of isolates (includes anaerobic culture, if appropriate)	**Pre-1990**			NPA
87045	Culture, bacterial; stool, aerobic, with isolation and preliminary examination (eg, KIA, LIA), Salmonella and Shigella species	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
87046	Culture, bacterial; stool, aerobic, additional pathogens, isolation and presumptive identification of isolates, each plate	**1/1/2001**			NPA
87070	Culture, bacterial; any other source except urine, blood or stool, aerobic, with isolation and presumptive identification of isolates	**Pre-1990**			NPA
87071	Culture, bacterial; quantitative, aerobic with isolation and presumptive identification of isolates, any source except urine, blood or stool	**1/1/2001**			NPA
87073	Culture, bacterial; quantitative, anaerobic with isolation and presumptive identification of isolates, any source except urine, blood or stool	**1/1/2001**			NPA
87075	Culture, bacterial; any source, except blood, anaerobic with isolation and presumptive identification of isolates	**Pre-1990**			NPA
87076	Culture, bacterial; anaerobic isolate, additional methods required for definitive identification, each isolate	**Pre-1990**			NPA
87077	Culture, bacterial; aerobic isolate, additional methods required for definitive identification, each isolate	**1/1/2001**			NPA
87081	Culture, presumptive, pathogenic organisms, screening only	**Pre-1990**			NPA
87084	Culture, presumptive, pathogenic organisms, screening only; with colony estimation from density chart	**Pre-1990**			NPA
87086	Culture, bacterial; quantitative colony count, urine	**Pre-1990**			NPA
87088	Culture, bacterial; with isolation and presumptive identification of each isolate, urine	**Pre-1990**			NPA
87101	Culture, fungi (mold or yeast) isolation, with presumptive identification of isolates; skin, hair, or nail	**Pre-1990**			NPA
87102	Culture, fungi (mold or yeast) isolation, with presumptive identification of isolates; other source (except blood)	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
87103	Culture, fungi (mold or yeast) isolation, with presumptive identification of isolates; blood	**Pre-1990**			NPA
87106	Culture, fungi, definitive identification, each organism; yeast	**Pre-1990**			NPA
87107	Culture, fungi, definitive identification, each organism; mold	**1/1/2001**			NPA
87109	Culture, mycoplasma, any source	**Pre-1990**			NPA
87110	Culture, chlamydia, any source	**Pre-1990**			NPA
87116	Culture, tubercle or other acid-fast bacilli (eg, TB, AFB, mycobacteria) any source, with isolation and presumptive identification of isolates	**Pre-1990**			NPA
87118	Culture, mycobacterial, definitive identification, each isolate	**Pre-1990**			NPA
87140	Culture, typing; immunofluorescent method, each antiserum	**Pre-1990**			NPA
87143	Culture, typing; gas liquid chromatography (GLC) or high pressure liquid chromatography (HPLC) method	**Pre-1990**			NPA
87147	Culture, typing; immunologic method, other than immunofluorescence (eg, agglutination grouping), per antiserum	**Pre-1990**			NPA
87149	Culture, typing; identification by nucleic acid (DNA or RNA) probe, direct probe technique, per culture or isolate, each organism probed	**1/1/2001**			NPA
87150	Culture, typing; identification by nucleic acid (DNA or RNA) probe, amplified probe technique, per culture or isolate, each organism probed	**1/1/2010**			NPA
87152	Culture, typing; identification by pulse field gel typing	**1/1/2001**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
87153	Culture, typing; identification by nucleic acid sequencing method, each isolate (eg, sequencing of the 16S rRNA gene)	**1/1/2010**			NPA
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	**1/1/2022**		**1/1/2022**	NPA
87158	Culture, typing; other methods	**Pre-1990**			NPA
87164	Dark field examination, any source (eg, penile, vaginal, oral, skin); includes specimen collection	**Pre-1990**			NPA
87166	Dark field examination, any source (eg, penile, vaginal, oral, skin); without collection	**Pre-1990**			NPA
87168	Macroscopic examination; arthropod	**1/1/2001**			NPA
87169	Macroscopic examination; parasite	**1/1/2001**			NPA
87172	Pinworm exam (eg, cellophane tape prep)	**1/1/2001**			NPA
87176	Homogenization, tissue, for culture	**Pre-1990**			NPA
87177	Ova and parasites, direct smears, concentration and identification	**Pre-1990**			NPA
87181	Susceptibility studies, antimicrobial agent; agar dilution method, per agent (eg, antibiotic gradient strip)	**Pre-1990**			NPA
87184	Susceptibility studies, antimicrobial agent; disk method, per plate (12 or fewer agents)	**Pre-1990**			NPA
87185	Susceptibility studies, antimicrobial agent; enzyme detection (eg, beta lactamase), per enzyme	**1/1/2001**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
87186	Susceptibility studies, antimicrobial agent; microdilution or agar dilution (minimum inhibitory concentration [MIC] or breakpoint), each multi-antimicrobial, per plate	**Pre-1990**			NPA
87187	Susceptibility studies, antimicrobial agent; microdilution or agar dilution, minimum lethal concentration (MLC), each plate (List separately in addition to code for primary procedure)	**Pre-1990**			NPA
87188	Susceptibility studies, antimicrobial agent; macrobroth dilution method, each agent	**Pre-1990**			NPA
87190	Susceptibility studies, antimicrobial agent; mycobacteria, proportion method, each agent	**Pre-1990**			NPA
87197	Serum bactericidal titer (Schlichter test)	**Pre-1990**			NPA
87205	Smear, primary source with interpretation; Gram or Giemsa stain for bacteria, fungi, or cell types	**Pre-1990**			NPA
87206	Smear, primary source with interpretation; fluorescent and/or acid fast stain for bacteria, fungi, parasites, viruses or cell types	**Pre-1990**			NPA
87207	Smear, primary source with interpretation; special stain for inclusion bodies or parasites (eg, malaria, coccidia, microsporidia, trypanosomes, herpes viruses)	**Pre-1990**			NPA
87209	Smear, primary source with interpretation; complex special stain (eg, trichrome, iron hemotoxylin) for ova and parasites	**1/1/2006**			NPA
87210	Smear, primary source with interpretation; wet mount for infectious agents (eg, saline, India ink, KOH preps)	**Pre-1990**			NPA
87220	Tissue examination by KOH slide of samples from skin, hair, or nails for fungi or ectoparasite ova or mites (eg, scabies)	**Pre-1990**			NPA
87230	Toxin or antitoxin assay, tissue culture (eg, Clostridium difficile toxin)	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
87250	Virus isolation; inoculation of embryonated eggs, or small animal, includes observation and dissection	**Pre-1990**			NPA
87252	Virus isolation; tissue culture inoculation, observation, and presumptive identification by cytopathic effect	**Pre-1990**			NPA
87253	Virus isolation; tissue culture, additional studies or definitive identification (eg, hemabsorption, neutralization, immunofluorescence stain), each isolate	**Pre-1990**			NPA
87254	Virus isolation; centrifuge enhanced (shell vial) technique, includes identification with immunofluorescence stain, each virus	**1/1/2001**			NPA
87255	Virus isolation; including identification by non-immunologic method, other than by cytopathic effect (eg, virus specific enzymatic activity)	**1/1/2003**			NPA
87260	Infectious agent antigen detection by immunofluorescent technique; adenovirus	**Pre-1990**			NPA
87265	Infectious agent antigen detection by immunofluorescent technique; Bordetella pertussis/parapertussis	**Pre-1990**			NPA
87267	Infectious agent antigen detection by immunofluorescent technique; Enterovirus, direct fluorescent antibody (DFA)	**1/1/2003**			NPA
87269	Infectious agent antigen detection by immunofluorescent technique; giardia	**1/1/2004**			NPA
87270	Infectious agent antigen detection by immunofluorescent technique; Chlamydia trachomatis	**Pre-1990**			NPA
87271	Infectious agent antigen detection by immunofluorescent technique; Cytomegalovirus, direct fluorescent antibody (DFA)	**1/1/2003**			NPA
87272	Infectious agent antigen detection by immunofluorescent technique; cryptosporidium	**Pre-1990**			NPA
87273	Infectious agent antigen detection by immunofluorescent technique; Herpes simplex virus type 2	**1/1/2001**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
87274	Infectious agent antigen detection by immunofluorescent technique; Herpes simplex virus type 1	**Pre-1990**			NPA
87275	Infectious agent antigen detection by immunofluorescent technique; influenza B virus	**1/1/2001**			NPA
87276	Infectious agent antigen detection by immunofluorescent technique; influenza A virus	**Pre-1990**			NPA
87278	Infectious agent antigen detection by immunofluorescent technique; Legionella pneumophila	**Pre-1990**			NPA
87279	Infectious agent antigen detection by immunofluorescent technique; Parainfluenza virus, each type	**1/1/2001**			NPA
87280	Infectious agent antigen detection by immunofluorescent technique; respiratory syncytial virus	**Pre-1990**			NPA
87281	Infectious agent antigen detection by immunofluorescent technique; Pneumocystis carinii	**1/1/2001**			NPA
87283	Infectious agent antigen detection by immunofluorescent technique; Rubeola	**1/1/2001**			NPA
87285	Infectious agent antigen detection by immunofluorescent technique; Treponema pallidum	**Pre-1990**			NPA
87290	Infectious agent antigen detection by immunofluorescent technique; Varicella zoster virus	**Pre-1990**			NPA
87299	Infectious agent antigen detection by immunofluorescent technique; not otherwise specified, each organism	**Pre-1990**			NPA
87300	Infectious agent antigen detection by immunofluorescent technique, polyvalent for multiple organisms, each polyvalent antiserum	**1/1/2001**			NPA
87301	Infectious agent antigen detection by immunoassay technique (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	[IMCA]), qualitative or semiquantitative; adenovirus enteric types 40/41				
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	**1/1/2007**			NPA
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	**Pre-1990**			NPA
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)	**Pre-1990**			NPA
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	**1/1/2001**			NPA
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	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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	**1/1/2004**			NPA
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	**Pre-1990**			NPA
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	**Pre-1990**			NPA
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	**1/1/2001**			NPA
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	**1/1/2001**			NPA
87338	Infectious agent antigen detection by immunoassay technique (eg, enzyme immunoassay [EIA], enzyme-	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	linked immunosorbent assay [ELISA], fluorescenceimmunoassay [FIA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; Helicobacter pylori, stool				
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	**1/1/2001**			NPA
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)	**Pre-1990**			NPA
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	**1/1/2001**			NPA
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)	**Pre-1990**			NPA
87380	Infectious agent antigen detection by immunoassay technique (eg, enzyme immunoassay [EIA], enzyme-	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; hepatitis, delta agent				
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; Histoplasma capsulatum	**Pre-1990**			NPA
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	**1/1/2012**			NPA
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	**Pre-1990**			NPA
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	**Pre-1990**			NPA
87400	Infectious agent antigen detection by immunoassay technique (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay	**1/1/2001**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	[IMCA]), qualitative or semiquantitative; Influenza, A or B, each				
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	**Pre-1990**			NPA
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	**Pre-1990**			NPA
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; Shiga-like toxin	**1/1/2001**			NPA
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	**Pre-1990**			NPA
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	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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	**1/1/2001**			NPA
87467	Hepatitis B surface antigen (HBsAg), quantitative	**1/1/2023**		**2/1/2023**	NPA
87468	Infectious agent detection by nucleic acid (DNA or RNA); Anaplasma phagocytophilum, amplified probe technique	**1/1/2023**		**2/1/2023**	NPA
87469	Infectious agent detection by nucleic acid (DNA or RNA); Babesia microti, amplified probe technique	**1/1/2023**		**2/1/2023**	NPA
87471	Infectious agent detection by nucleic acid (DNA or RNA); Bartonella henselae and Bartonella quintana, amplified probe technique	**1/1/1998**			NPA
87472	Infectious agent detection by nucleic acid (DNA or RNA); Bartonella henselae and Bartonella quintana, quantification	**1/1/1998**			NPA
87475	Infectious agent detection by nucleic acid (DNA or RNA); Borrelia burgdorferi, direct probe technique	**1/1/1998**			NPA
87476	Infectious agent detection by nucleic acid (DNA or RNA); Borrelia burgdorferi, amplified probe technique	**1/1/1998**			NPA
87478	Infectious agent detection by nucleic acid (DNA or RNA); Borrelia miyamotoi, amplified probe technique	**1/1/2023**		**2/1/2023**	NPA
87480	Infectious agent detection by nucleic acid (DNA or RNA); Candida species, direct probe technique	**1/1/1998**			NPA
87481	Infectious agent detection by nucleic acid (DNA or RNA); Candida species, amplified probe technique	**1/1/1998**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
87482	Infectious agent detection by nucleic acid (DNA or RNA); Candida species, quantification	**1/1/1998**			NPA
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	**1/1/2017**			NPA
87484	Infectious agent detection by nucleic acid (DNA or RNA); Ehrlichia chaffeensis, amplified probe technique	**1/1/2023**		**2/1/2023**	NPA
87485	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia pneumoniae, direct probe technique	**1/1/1998**			NPA
87486	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia pneumoniae, amplified probe technique	**1/1/1998**			NPA
87487	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia pneumoniae, quantification	**1/1/1998**			NPA
87490	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, direct probe technique	**1/1/1998**			NPA
87491	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique	**1/1/1998**			NPA
87492	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, quantification	**1/1/1998**			NPA
87493	Infectious agent detection by nucleic acid (DNA or RNA); Clostridium difficile, toxin gene(s), amplified probe technique	**1/1/2010**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
87495	Infectious agent detection by nucleic acid (DNA or RNA); cytomegalovirus, direct probe technique	**1/1/1998**			NPA
87496	Infectious agent detection by nucleic acid (DNA or RNA); cytomegalovirus, amplified probe technique	**1/1/1998**			NPA
87497	Infectious agent detection by nucleic acid (DNA or RNA); cytomegalovirus, quantification	**1/1/1998**			NPA
87498	Infectious agent detection by nucleic acid (DNA or RNA); enterovirus, amplified probe technique, includes reverse transcription when performed	**1/1/2007**			NPA
87500	Infectious agent detection by nucleic acid (DNA or RNA); vancomycin resistance (eg, enterococcus species van A, van B), amplified probe technique	**1/1/2008**			NPA
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	**1/1/2011**			NPA
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	**1/1/2011**			NPA
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)	**1/1/2011**			NPA
87505	Infectious agent detection by nucleic acid (DNA or RNA); gastrointestinal pathogen (eg, Clostridium difficile, E. coli, Salmonella, Shigella, norovirus, Giardia), includes multiplex	**1/1/2015**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 3-5 targets				
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	**1/1/2015**			NPA
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	**1/1/2015**			NPA
87510	Infectious agent detection by nucleic acid (DNA or RNA); Gardnerella vaginalis, direct probe technique	**1/1/1998**			NPA
87511	Infectious agent detection by nucleic acid (DNA or RNA); Gardnerella vaginalis, amplified probe technique	**1/1/1998**			NPA
87512	Infectious agent detection by nucleic acid (DNA or RNA); Gardnerella vaginalis, quantification	**1/1/1998**			NPA
87516	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis B virus, amplified probe technique	**1/1/1998**			NPA
87517	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis B virus, quantification	**1/1/1998**			NPA
87520	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, direct probe technique	**1/1/1998**			NPA
87521	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, amplified probe technique, includes reverse transcription when performed	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
87522	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, quantification, includes reverse transcription when performed	**Pre-1990**			NPA
87525	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis G, direct probe technique	**1/1/1998**			NPA
87526	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis G, amplified probe technique	**1/1/1998**			NPA
87527	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis G, quantification	**1/1/1998**			NPA
87528	Infectious agent detection by nucleic acid (DNA or RNA); Herpes simplex virus, direct probe technique	**1/1/1998**			NPA
87529	Infectious agent detection by nucleic acid (DNA or RNA); Herpes simplex virus, amplified probe technique	**1/1/1998**			NPA
87530	Infectious agent detection by nucleic acid (DNA or RNA); Herpes simplex virus, quantification	**1/1/1998**			NPA
87531	Infectious agent detection by nucleic acid (DNA or RNA); Herpes virus-6, direct probe technique	**1/1/1998**			NPA
87532	Infectious agent detection by nucleic acid (DNA or RNA); Herpes virus-6, amplified probe technique	**1/1/1998**			NPA
87533	Infectious agent detection by nucleic acid (DNA or RNA); Herpes virus-6, quantification	**1/1/1998**			NPA
87534	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, direct probe technique	**1/1/1998**			NPA
87535	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, amplified probe technique, includes reverse transcription when performed	**Pre-1990**			NPA
87536	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, quantification, includes reverse transcription when performed	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
87537	Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, direct probe technique	**1/1/1998**			NPA
87538	Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, amplified probe technique, includes reverse transcription when performed	**Pre-1990**			NPA
87539	Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, quantification, includes reverse transcription when performed	**Pre-1990**			NPA
87540	Infectious agent detection by nucleic acid (DNA or RNA); Legionella pneumophila, direct probe technique	**1/1/1998**			NPA
87541	Infectious agent detection by nucleic acid (DNA or RNA); Legionella pneumophila, amplified probe technique	**1/1/1998**			NPA
87542	Infectious agent detection by nucleic acid (DNA or RNA); Legionella pneumophila, quantification	**1/1/1998**			NPA
87550	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria species, direct probe technique	**1/1/1998**			NPA
87551	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria species, amplified probe technique	**1/1/1998**			NPA
87552	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria species, quantification	**1/1/1998**			NPA
87555	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria tuberculosis, direct probe technique	**1/1/1998**			NPA
87556	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria tuberculosis, amplified probe technique	**1/1/1998**			NPA
87557	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria tuberculosis, quantification	**1/1/1998**			NPA
87560	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria avium-intracellulare, direct probe technique	**1/1/1998**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
87561	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria avium-intracellulare, amplified probe technique	**1/1/1998**			NPA
87562	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria avium-intracellulare, quantification	**1/1/1998**			NPA
87563	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma genitalium, amplified probe technique	**1/1/2020**		**4/1/2020**	NPA
87580	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma pneumoniae, direct probe technique	**1/1/1998**			NPA
87581	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma pneumoniae, amplified probe technique	**1/1/1998**			NPA
87582	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma pneumoniae, quantification	**1/1/1998**			NPA
87590	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, direct probe technique	**1/1/1998**			NPA
87591	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, amplified probe technique	**1/1/1998**			NPA
87592	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, quantification	**1/1/1998**			NPA
87593	Infectious agent detection by nucleic acid (DNA or RNA); orthopoxvirus (eg, monkeypox virus, cowpox virus, vaccinia virus), amplified probe technique, each	**7/26/2022**			NPA
87623	Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), low-risk types (eg, 6, 11, 42, 43, 44)	**1/1/2015**			NPA
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)	**1/1/2015**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
87625	Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), types 16 and 18 only, includes type 45, if performed	**1/1/2015**			NPA
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	**1/1/2013**			NPA
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	**1/1/2013**			NPA
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	**1/1/2013**			NPA
87634	Infectious agent detection by nucleic acid (DNA or RNA); respiratory syncytial virus, amplified probe technique	**1/1/2018**			NPA
87640	Infectious agent detection by nucleic acid (DNA or RNA); Staphylococcus aureus, amplified probe technique	**1/1/2007**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
87641	Infectious agent detection by nucleic acid (DNA or RNA); Staphylococcus aureus, methicillin resistant, amplified probe technique	**1/1/2007**			NPA
87650	Infectious agent detection by nucleic acid (DNA or RNA); Streptococcus, group A, direct probe technique	**1/1/1998**			NPA
87651	Infectious agent detection by nucleic acid (DNA or RNA); Streptococcus, group A, amplified probe technique	**1/1/1998**			NPA
87652	Infectious agent detection by nucleic acid (DNA or RNA); Streptococcus, group A, quantification	**1/1/1998**			NPA
87653	Infectious agent detection by nucleic acid (DNA or RNA); Streptococcus, group B, amplified probe technique	**1/1/2007**			NPA
87660	Infectious agent detection by nucleic acid (DNA or RNA); Trichomonas vaginalis, direct probe technique	**1/1/2004**			NPA
87661	Infectious agent detection by nucleic acid (DNA or RNA); Trichomonas vaginalis, amplified probe technique	**1/1/2014**			NPA
87662	Infectious agent detection by nucleic acid (DNA or RNA); Zika virus, amplified probe technique	**1/1/2018**			NPA
87797	Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; direct probe technique, each organism	**Pre-1990**			NPA
87798	Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; amplified probe technique, each organism	**Pre-1990**			NPA
87799	Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; quantification, each organism	**Pre-1990**			NPA
87800	Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; direct probe(s) technique	**1/1/2001**			NPA
87801	Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; amplified probe(s) technique	**1/1/2001**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
87802	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; Streptococcus, group B	**1/1/2002**			NPA
87803	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; Clostridium difficile toxin A	**1/1/2002**			NPA
87804	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; Influenza	**1/1/2002**			NPA
87806	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies	**1/1/2015**			NPA
87807	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; respiratory syncytial virus	**1/1/2005**			NPA
87808	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; Trichomonas vaginalis	**1/1/2007**			NPA
87809	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; adenovirus	**1/1/2008**			NPA
87810	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; Chlamydia trachomatis	**Pre-1990**			NPA
87850	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; Neisseria gonorrhoeae	**Pre-1990**			NPA
87880	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; Streptococcus, group A	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
87899	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; not otherwise specified	**Pre-1990**			NPA
87900	Infectious agent drug susceptibility phenotype prediction using regularly updated genotypic bioinformatics	**1/1/2006**			NPA
87901	Infectious agent genotype analysis by nucleic acid (DNA or RNA); HIV-1, reverse transcriptase and protease regions	**1/1/2001**			NPA
87902	Infectious agent genotype analysis by nucleic acid (DNA or RNA); Hepatitis C virus	**1/1/2002**			NPA
87903	Infectious agent phenotype analysis by nucleic acid (DNA or RNA) with drug resistance tissue culture analysis, HIV 1; first through 10 drugs tested	**1/1/2001**			NPA
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)	**1/1/2001**			NPA
87905	Infectious agent enzymatic activity other than virus (eg, sialidase activity in vaginal fluid)	**1/1/2009**			NPA
87906	Infectious agent genotype analysis by nucleic acid (DNA or RNA); HIV-1, other region (eg, integrase, fusion)	**1/1/2011**			NPA
87910	Infectious agent genotype analysis by nucleic acid (DNA or RNA); cytomegalovirus	**1/1/2013**			NPA
87912	Infectious agent genotype analysis by nucleic acid (DNA or RNA); Hepatitis B virus	**1/1/2013**			NPA
87999	Unlisted microbiology procedure	**Pre-1990**			PA
88000	Necropsy (autopsy), gross examination only; without CNS	**Pre-1990**		**9/1/2023**	NPA
88005	Necropsy (autopsy), gross examination only; with brain	**Pre-1990**		**9/1/2023**	NC
88007	Necropsy (autopsy), gross examination only; with brain and spinal cord	**Pre-1990**		**9/1/2023**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
88012	Necropsy (autopsy), gross examination only; infant with brain	**Pre-1990**		**9/1/2023**	NC
88014	Necropsy (autopsy), gross examination only; stillborn or newborn with brain	**Pre-1990**		**9/1/2023**	NC
88016	Necropsy (autopsy), gross examination only; macerated stillborn	**Pre-1990**		**9/1/2023**	NC
88020	Necropsy (autopsy), gross and microscopic; without CNS	**Pre-1990**		**9/1/2023**	NC
88025	Necropsy (autopsy), gross and microscopic; with brain	**Pre-1990**		**9/1/2023**	NC
88027	Necropsy (autopsy), gross and microscopic; with brain and spinal cord	**Pre-1990**		**9/1/2023**	NC
88028	Necropsy (autopsy), gross and microscopic; infant with brain	**Pre-1990**		**9/1/2023**	NC
88029	Necropsy (autopsy), gross and microscopic; stillborn or newborn with brain	**Pre-1990**		**9/1/2023**	NC
88036	Necropsy (autopsy), limited, gross and/or microscopic; regional	**Pre-1990**		**9/1/2023**	NC
88037	Necropsy (autopsy), limited, gross and/or microscopic; single organ	**Pre-1990**		**9/1/2023**	NC
88040	Necropsy (autopsy); forensic examination	**Pre-1990**		**9/1/2023**	NC
88045	Necropsy (autopsy); coroner's call	**Pre-1990**		**9/1/2023**	NC
88099	Unlisted necropsy (autopsy) procedure	**Pre-1990**			PA
88104	Cytopathology, fluids, washings or brushings, except cervical or vaginal; smears with interpretation	**Pre-1990**			NPA
88106	Cytopathology, fluids, washings or brushings, except cervical or vaginal; simple filter method with interpretation	**Pre-1990**			NPA
88108	Cytopathology, concentration technique, smears and interpretation (eg, Saccomanno technique)	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
88112	Cytopathology, selective cellular enhancement technique with interpretation (eg, liquid based slide preparation method), except cervical or vaginal	**1/1/2004**			NPA
88120	Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; manual	**1/1/2011**			NPA
88121	Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; using computer-assisted technology	**1/1/2011**			NPA
88125	Cytopathology, forensic (eg, sperm)	**Pre-1990**			NPA
88130	Sex chromatin identification; Barr bodies	**Pre-1990**			NPA
88140	Sex chromatin identification; peripheral blood smear, polymorphonuclear drumsticks	**Pre-1990**			NPA
88141	Cytopathology, cervical or vaginal (any reporting system), requiring interpretation by physician	**Pre-1990**			NPA
88142	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision	**1/1/1998**			NPA
88143	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; with manual screening and rescreening under physician supervision	**1/1/1999**			NPA
88147	Cytopathology smears, cervical or vaginal; screening by automated system under physician supervision	**1/1/1999**			NPA
88148	Cytopathology smears, cervical or vaginal; screening by automated system with manual rescreening under physician supervision	**1/1/1999**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
88150	Cytopathology, slides, cervical or vaginal; manual screening under physician supervision	**Pre-1990**			NPA
88152	Cytopathology, slides, cervical or vaginal; with manual screening and computer-assisted rescreening under physician supervision	**1/1/1998**			NPA
88153	Cytopathology, slides, cervical or vaginal; with manual screening and rescreening under physician supervision	**1/1/1999**			NPA
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)	**Pre-1990**			NPA
88160	Cytopathology, smears, any other source; screening and interpretation	**Pre-1990**			NPA
88161	Cytopathology, smears, any other source; preparation, screening and interpretation	**Pre-1990**			NPA
88162	Cytopathology, smears, any other source; extended study involving over 5 slides and/or multiple stains	**Pre-1990**			NPA
88164	Cytopathology, slides, cervical or vaginal (the Bethesda System); manual screening under physician supervision	**1/1/1999**			NPA
88165	Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and rescreening under physician supervision	**1/1/1999**			NPA
88166	Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and computer-assisted rescreening under physician supervision	**1/1/1999**			NPA
88167	Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and computer-assisted rescreening using cell selection and review under physician supervision	**1/1/1999**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
88172	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy for diagnosis, first evaluation episode, each site	**Pre-1990**			NPA
88173	Cytopathology, evaluation of fine needle aspirate; interpretation and report	**Pre-1990**			NPA
88174	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; screening by automated system, under physician supervision	**1/1/2003**			NPA
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	**1/1/2003**			NPA
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)	**1/1/2011**			NPA
88182	Flow cytometry, cell cycle or DNA analysis	**Pre-1990**			NPA
88184	Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; first marker	**1/1/2005**			NPA
88185	Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; each additional marker (List separately in addition to code for first marker)	**1/1/2005**			NPA
88187	Flow cytometry, interpretation; 2 to 8 markers	**1/1/2005**			NPA
88188	Flow cytometry, interpretation; 9 to 15 markers	**1/1/2005**			NPA
88189	Flow cytometry, interpretation; 16 or more markers	**1/1/2005**			NPA
88199	Unlisted cytopathology procedure	**Pre-1990**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
88230	Tissue culture for non-neoplastic disorders; lymphocyte	Pre-1990			PA
88233	Tissue culture for non-neoplastic disorders; skin or other solid tissue biopsy	Pre-1990			PA
88235	Tissue culture for non-neoplastic disorders; amniotic fluid or chorionic villus cells	Pre-1990			PA
88237	Tissue culture for neoplastic disorders; bone marrow, blood cells	Pre-1990			PA
88239	Tissue culture for neoplastic disorders; solid tumor	Pre-1990			PA
88240	Cryopreservation, freezing and storage of cells, each cell line	1/1/1999			PA
88241	Thawing and expansion of frozen cells, each aliquot	1/1/1999			PA
88245	Chromosome analysis for breakage syndromes; baseline Sister Chromatid Exchange (SCE), 20-25 cells	Pre-1990			PA
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)	Pre-1990			PA
88249	Chromosome analysis for breakage syndromes; score 100 cells, clastogen stress (eg, diepoxybutane, mitomycin C, ionizing radiation, UV radiation)	1/1/1999			PA
88261	Chromosome analysis; count 5 cells, 1 karyotype, with banding	Pre-1990			PA
88262	Chromosome analysis; count 15-20 cells, 2 karyotypes, with banding	Pre-1990			PA
88263	Chromosome analysis; count 45 cells for mosaicism, 2 karyotypes, with banding	Pre-1990			PA
88264	Chromosome analysis; analyze 20-25 cells	1/1/1999			PA
88267	Chromosome analysis, amniotic fluid or chorionic villus, count 15 cells, 1 karyotype, with banding	Pre-1990			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
88269	Chromosome analysis, in situ for amniotic fluid cells, count cells from 6-12 colonies, 1 karyotype, with banding	**Pre-1990**			PA
88271	Molecular cytogenetics; DNA probe, each (eg, FISH)	**1/1/1999**			PA
88272	Molecular cytogenetics; chromosomal in situ hybridization, analyze 3-5 cells (eg, for derivatives and markers)	**1/1/1999**			PA
88273	Molecular cytogenetics; chromosomal in situ hybridization, analyze 10-30 cells (eg, for microdeletions)	**1/1/1999**			PA
88274	Molecular cytogenetics; interphase in situ hybridization, analyze 25-99 cells	**1/1/1999**			PA
88275	Molecular cytogenetics; interphase in situ hybridization, analyze 100-300 cells	**1/1/1999**			PA
88280	Chromosome analysis; additional karyotypes, each study	**Pre-1990**			PA
88283	Chromosome analysis; additional specialized banding technique (eg, NOR, C-banding)	**Pre-1990**			PA
88285	Chromosome analysis; additional cells counted, each study	**Pre-1990**			PA
88289	Chromosome analysis; additional high resolution study	**Pre-1990**			PA
88291	Cytogenetics and molecular cytogenetics, interpretation and report	**1/1/1999**		**9/1/2023**	PA
88299	Unlisted cytogenetic study	**Pre-1990**			PA
88300	Level I - Surgical pathology, gross examination only	**Pre-1990**			NPA
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	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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	**Pre-1990**			NPA
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	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	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				
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	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	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				
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	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
88311	Decalcification procedure (List separately in addition to code for surgical pathology examination)	Pre-1990			NPA
88312	Special stain including interpretation and report; Group I for microorganisms (eg, acid fast, methenamine silver)	Pre-1990			NPA
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	Pre-1990			NPA
88314	Special stain including interpretation and report; histochemical stain on frozen tissue block (List separately in addition to code for primary procedure)	Pre-1990			NPA
88319	Special stain including interpretation and report; Group III, for enzyme constituents	Pre-1990			NPA
88321	Consultation and report on referred slides prepared elsewhere	Pre-1990			NPA
88323	Consultation and report on referred material requiring preparation of slides	Pre-1990			NPA
88325	Consultation, comprehensive, with review of records and specimens, with report on referred material	Pre-1990			NPA
88329	Pathology consultation during surgery	Pre-1990			NPA
88331	Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen	Pre-1990			NPA
88332	Pathology consultation during surgery; each additional tissue block with frozen section(s) (List separately in addition to code for primary procedure)	Pre-1990			NPA
88333	Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), initial site	1/1/2006			NPA
88334	Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), each	1/1/2006			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	additional site (List separately in addition to code for primary procedure)				
88341	Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)	**1/1/2015**			NPA
88342	Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure	**Pre-1990**			NPA
88344	Immunohistochemistry or immunocytochemistry, per specimen; each multiplex antibody stain procedure	**1/1/2015**			NPA
88346	Immunofluorescence, per specimen; initial single antibody stain procedure	**Pre-1990**			NPA
88348	Electron microscopy, diagnostic	**Pre-1990**			NPA
88350	Immunofluorescence, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)	**1/1/2016**			NPA
88355	Morphometric analysis; skeletal muscle	**Pre-1990**			NPA
88356	Morphometric analysis; nerve	**Pre-1990**			NPA
88358	Morphometric analysis; tumor (eg, DNA ploidy)	**Pre-1990**			NPA
88360	Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, per specimen, each single antibody stain procedure; manual	**1/1/2005**			NPA
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	**1/1/2004**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
88362	Nerve teasing preparations	**Pre-1990**			NPA
88363	Examination and selection of retrieved archival (ie, previously diagnosed) tissue(s) for molecular analysis (eg, KRAS mutational analysis)	**1/1/2011**			NPA
88364	In situ hybridization (eg, FISH), per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)	**1/1/2015**			NPA
88365	In situ hybridization (eg, FISH), per specimen; initial single probe stain procedure	**Pre-1990**			NPA
88366	In situ hybridization (eg, FISH), per specimen; each multiplex probe stain procedure	**1/1/2015**			NPA
88367	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; initial single probe stain procedure	**1/1/2005**			NPA
88368	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; initial single probe stain procedure	**1/1/2005**			NPA
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)	**1/1/2015**			NPA
88371	Protein analysis of tissue by Western Blot, with interpretation and report	**Pre-1990**			NPA
88372	Protein analysis of tissue by Western Blot, with interpretation and report; immunological probe for band identification, each	**1/1/1993**			NPA
88373	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted	**1/1/2015**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	technology, per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)				
88374	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; each multiplex probe stain procedure	**1/1/2015**			NPA
88375	Optical endomicroscopic image(s), interpretation and report, real-time or referred, each endoscopic session	**1/1/2013**			NPA
88377	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each multiplex probe stain procedure	**1/1/2015**			NPA
88380	Microdissection (ie, sample preparation of microscopically identified target); laser capture	**1/1/2002**			NPA
88381	Microdissection (ie, sample preparation of microscopically identified target); manual	**1/1/2008**			NPA
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)	**1/1/2010**			NPA
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)	**1/1/2010**			NPA
88399	Unlisted surgical pathology procedure	**Pre-1990**			PA
88720	Bilirubin, total, transcutaneous	**1/1/2009**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
88738	Hemoglobin (Hgb), quantitative, transcutaneous	**1/1/2010**			NPA
88740	Hemoglobin, quantitative, transcutaneous, per day; carboxyhemoglobin	**1/1/2009**			NPA
88741	Hemoglobin, quantitative, transcutaneous, per day; methemoglobin	**1/1/2009**			NPA
88749	Unlisted in vivo (eg, transcutaneous) laboratory service	**1/1/2011**			PA
89049	Caffeine halothane contracture test (CHCT) for malignant hyperthermia susceptibility, including interpretation and report	**1/1/2006**			NPA
89050	Cell count, miscellaneous body fluids (eg, cerebrospinal fluid, joint fluid), except blood	**Pre-1990**			NPA
89051	Cell count, miscellaneous body fluids (eg, cerebrospinal fluid, joint fluid), except blood; with differential count	**Pre-1990**			NPA
89055	Leukocyte assessment, fecal, qualitative or semiquantitative	**1/1/2003**			NPA
89060	Crystal identification by light microscopy with or without polarizing lens analysis, tissue or any body fluid (except urine)	**Pre-1990**			NPA
89125	Fat stain, feces, urine, or respiratory secretions	**Pre-1990**			NPA
89160	Meat fibers, feces	**Pre-1990**			NPA
89190	Nasal smear for eosinophils	**Pre-1990**			NPA
89220	Sputum, obtaining specimen, aerosol induced technique (separate procedure)	**1/1/2004**			NPA
89230	Sweat collection by iontophoresis	**1/1/2004**			NPA
89240	Unlisted miscellaneous pathology test	**1/1/2004**			PA
89250	Culture of oocyte(s)/embryo(s), less than 4 days	**Pre-1990**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
89251	Culture of oocyte(s)/embryo(s), less than 4 days; with co-culture of oocyte(s)/embryos	Pre-1990			NC
89253	Assisted embryo hatching, microtechniques (any method)	1/1/1998			NC
89254	Oocyte identification from follicular fluid	1/1/1998			NC
89255	Preparation of embryo for transfer (any method)	1/1/1998			NC
89257	Sperm identification from aspiration (other than seminal fluid)	1/1/1998			NC
89258	Cryopreservation; embryo(s)	Pre-1990			NC
89259	Cryopreservation; sperm	1/1/1998			NC
89260	Sperm isolation; simple prep (eg, sperm wash and swim-up) for insemination or diagnosis with semen analysis	1/1/1998			NC
89261	Sperm isolation; complex prep (eg, Percoll gradient, albumin gradient) for insemination or diagnosis with semen analysis	1/1/1998			NC
89264	Sperm identification from testis tissue, fresh or cryopreserved	1/1/1999			NC
89268	Insemination of oocytes	1/1/2004			NC
89272	Extended culture of oocyte(s)/embryo(s), 4-7 days	1/1/2004			NC
89280	Assisted oocyte fertilization, microtechnique; less than or equal to 10 oocytes	1/1/2004			NC
89281	Assisted oocyte fertilization, microtechnique; greater than 10 oocytes	1/1/2004			NC
89290	Biopsy, oocyte polar body or embryo blastomere, microtechnique (for pre-implantation genetic diagnosis); less than or equal to 5 embryos	1/1/2004			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
89291	Biopsy, oocyte polar body or embryo blastomere, microtechnique (for pre-implantation genetic diagnosis); greater than 5 embryos	1/1/2004			NC
89300	Semen analysis; presence and/or motility of sperm including Huhner test (post coital)	Pre-1990			NC
89310	Semen analysis; motility and count (not including Huhner test)	Pre-1990			NC
89320	Semen analysis; volume, count, motility, and differential	Pre-1990			NC
89321	Semen analysis; sperm presence and motility of sperm, if performed	1/1/2001			NC
89322	Semen analysis; volume, count, motility, and differential using strict morphologic criteria (eg, Kruger)	1/1/2008			NC
89325	Sperm antibodies	Pre-1990			NC
89329	Sperm evaluation; hamster penetration test	Pre-1990			NC
89330	Sperm evaluation; cervical mucus penetration test, with or without spinnbarkeit test	Pre-1990			NC
89331	Sperm evaluation, for retrograde ejaculation, urine (sperm concentration, motility, and morphology, as indicated)	1/1/2008			NC
89335	Cryopreservation, reproductive tissue, testicular	1/1/2004			NC
89337	Cryopreservation, mature oocyte(s)	1/1/2015			NC
89342	Storage (per year); embryo(s)	1/1/2004			NC
89343	Storage (per year); sperm/semen	1/1/2004			NC
89344	Storage (per year); reproductive tissue, testicular/ovarian	1/1/2004			NC
89346	Storage (per year); oocyte(s)	1/1/2004			NC
89352	Thawing of cryopreserved; embryo(s)	1/1/2004			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
89353	Thawing of cryopreserved; sperm/semen, each aliquot	**1/1/2004**			NC
89354	Thawing of cryopreserved; reproductive tissue, testicular/ovarian	**1/1/2004**			NC
89356	Thawing of cryopreserved; oocytes, each aliquot	**1/1/2004**			NC
89398	Unlisted reproductive medicine laboratory procedure	**1/1/2010**			PA
90281	Immune globulin (Ig), human, for intramuscular use	**1/1/1999**			NPA
90283	Immune globulin (IgIV), human, for intravenous use	**1/1/1999**			NPA
90284	Immune globulin (SCIg), human, for use in subcutaneous infusions, 100 mg, each	**1/1/2008**			NPA
90287	Botulinum antitoxin, equine, any route	**1/1/1999**			NPA
90288	Botulism immune globulin, human, for intravenous use	**1/1/1999**			NPA
90291	Cytomegalovirus immune globulin (CMV-IgIV), human, for intravenous use	**1/1/1999**			NPA
90296	Diphtheria antitoxin, equine, any route	**1/1/1999**			NPA
90371	Hepatitis B immune globulin (HBIg), human, for intramuscular use	**1/1/1999**			NPA
90375	Rabies immune globulin (RIg), human, for intramuscular and/or subcutaneous use	**1/1/1999**			NPA
90376	Rabies immune globulin, heat-treated (RIg-HT), human, for intramuscular and/or subcutaneous use	**1/1/1999**			NPA
90377	Rabies immune globulin, heat- and solvent/detergent-treated (RIg-HT S/D), human, for intramuscular and/or subcutaneous use	**1/1/2021**		**4/1/2021**	NPA
90380	Respiratory syncytial virus, monoclonal antibody, seasonal dose; 0.5 mL dosage, for intramuscular use	**7/17/2023**		**7/17/2023**	PA > 24 months

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
90381	Respiratory syncytial virus, monoclonal antibody, seasonal dose; 1 mL dosage, for intramuscular use	**7/17/2023**		**7/17/2023**	PA > 24 months
90384	Rho(D) immune globulin (RhIg), human, full-dose, for intramuscular use	**1/1/1999**			NPA
90385	Rho(D) immune globulin (RhIg), human, mini-dose, for intramuscular use	**1/1/1999**			NPA
90386	Rho(D) immune globulin (RhIgIV), human, for intravenous use	**1/1/1999**			NPA
90389	Tetanus immune globulin (TIg), human, for intramuscular use	**1/1/1999**			NPA
90393	Vaccinia immune globulin, human, for intramuscular use	**1/1/1999**			NPA
90396	Varicella-zoster immune globulin, human, for intramuscular use	**1/1/1999**			NPA
90399	Unlisted immune globulin	**1/1/1999**			PA
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	**1/1/2011**			NPA
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)	**1/1/2011**			NPA
90471	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)	**Pre-1990**			NPA
90472	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine (single or combination	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	vaccine/toxoid) (List separately in addition to code for primary procedure)				
90473	Immunization administration by intranasal or oral route; 1 vaccine (single or combination vaccine/toxoid)	**1/1/2002**			NPA
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)	**1/1/2002**			NPA
90476	Adenovirus vaccine, type 4, live, for oral use	**1/1/1999**			NPA
90477	Adenovirus vaccine, type 7, live, for oral use	**1/1/1999**			NPA
90480	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV2) (coronavirus disease [COVID-19]) vaccine, single dose	**9/11/2023**		**9/11/2023**	NPA
90581	Anthrax vaccine, for subcutaneous or intramuscular use	**Pre-1990**			NPA
90584	Dengue vaccine, quadrivalent, live, 2 dose schedule, for subcutaneous use	**7/1/2022**		**7/1/2022**	NPA
90585	Bacillus Calmette-Guerin vaccine (BCG) for tuberculosis, live, for percutaneous use	**1/1/1999**			NPA
90586	Bacillus Calmette-Guerin vaccine (BCG) for bladder cancer, live, for intravesical use	**1/1/1999**			NPA
90587	Dengue vaccine, quadrivalent, live, 3 dose schedule, for subcutaneous use	**7/1/2017**		**9/1/2023**	NC
90611	Smallpox and monkeypox vaccine, attenuated vaccinia virus, live, non-replicating, preservative free, 0.5 mL dosage, suspension, for subcutaneous use	**7/26/2022**		**7/26/2022**	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
90619	Meningococcal conjugate vaccine, serogroups A, C, W, Y, quadrivalent, tetanus toxoid carrier (MenACWY-TT), for intramuscular use	**7/1/2019**		**9/1/2023**	NPA
90620	Meningococcal recombinant protein and outer membrane vesicle vaccine, serogroup B (MenB-4C), 2 dose schedule, for intramuscular use	**2/1/2015**			NPA
90621	Meningococcal recombinant lipoprotein vaccine, serogroup B (MenB-FHbp), 2 or 3 dose schedule, for intramuscular use	**2/1/2015**			NPA
90622	Vaccinia (smallpox) virus vaccine, live, lyophilized, 0.3 mL dosage, for percutaneous use	**7/26/2022**		**7/26/2022**	NPA
90625	Cholera vaccine, live, adult dosage, 1 dose schedule, for oral use	**1/1/2016**			NPA
90626	Tick-borne encephalitis virus vaccine, inactivated; 0.25 mL dosage, for intramuscular use	**7/1/2021**			NC
90627	Tick-borne encephalitis virus vaccine, inactivated; 0.5 mL dosage, for intramuscular use	**7/1/2021**			NC
90630	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, for intradermal use	**1/1/2015**			NPA
90632	Hepatitis A vaccine (HepA), adult dosage, for intramuscular use	**1/1/1999**			NPA
90633	Hepatitis A vaccine (HepA), pediatric/adolescent dosage-2 dose schedule, for intramuscular use	**1/1/1999**			NPA
90634	Hepatitis A vaccine (HepA), pediatric/adolescent dosage-3 dose schedule, for intramuscular use	**1/1/1999**			NPA
90636	Hepatitis A and hepatitis B vaccine (HepA-HepB), adult dosage, for intramuscular use	**1/1/1999**			NPA
90644	Meningococcal conjugate vaccine, serogroups C & Y and Haemophilus influenzae type b vaccine (Hib-	**1/1/2011**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	MenCY), 4 dose schedule, when administered to children 6 weeks-18 months of age, for intramuscular use				
90647	Haemophilus influenzae type b vaccine (Hib), PRP-OMP conjugate, 3 dose schedule, for intramuscular use	**1/1/1999**			NPA
90648	Haemophilus influenzae type b vaccine (Hib), PRP-T conjugate, 4 dose schedule, for intramuscular use	**Pre-1990**			NPA
90649	Human Papillomavirus vaccine, types 6, 11, 16, 18, quadrivalent (4vHPV), 3 dose schedule, for intramuscular use	**1/1/2006**			NPA
90650	Human Papillomavirus vaccine, types 16, 18, bivalent (2vHPV), 3 dose schedule, for intramuscular use	**1/1/2009**			NPA
90651	Human Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (9vHPV), 2 or 3 dose schedule, for intramuscular use	**1/1/2015**			NPA
90653	Influenza vaccine, inactivated (IIV), subunit, adjuvanted, for intramuscular use	**1/1/2013**			NPA
90654	Influenza virus vaccine, trivalent (IIV3), split virus, preservative-free, for intradermal use	**1/1/2012**			NPA
90655	Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.25 mL dosage, for intramuscular use	**1/1/2004**			NPA
90656	Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.5 mL dosage, for intramuscular use	**1/1/2005**			NPA
90657	Influenza virus vaccine, trivalent (IIV3), split virus, 0.25 mL dosage, for intramuscular use	**Pre-1990**			NPA
90658	Influenza virus vaccine, trivalent (IIV3), split virus, 0.5 mL dosage, for intramuscular use	**Pre-1990**			NPA
90660	Influenza virus vaccine, trivalent, live (LAIV3), for intranasal use	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
90661	Influenza virus vaccine, trivalent (ccIIV3), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use	**1/1/2008**			NPA
90662	Influenza virus vaccine (IIV), split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use	**1/1/2008**			NPA
90664	Influenza virus vaccine, live (LAIV), pandemic formulation, for intranasal use	**1/1/2011**			NPA
90666	Influenza virus vaccine (IIV), pandemic formulation, split virus, preservative free, for intramuscular use	**1/1/2011**			NPA
90667	Influenza virus vaccine (IIV), pandemic formulation, split virus, adjuvanted, for intramuscular use	**1/1/2011**			NPA
90668	Influenza virus vaccine (IIV), pandemic formulation, split virus, for intramuscular use	**1/1/2011**			NPA
90670	Pneumococcal conjugate vaccine, 13 valent (PCV13), for intramuscular use	**1/1/2010**			NPA
90671	Pneumococcal conjugate vaccine, 15 valent (PCV15), for intramuscular use	**7/1/2021**		**1/28/2022**	NPA
90672	Influenza virus vaccine, quadrivalent, live (LAIV4), for intranasal use	**1/1/2013**			NPA
90673	Influenza virus vaccine, trivalent (RIV3), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use	**1/1/2014**			NPA
90674	Influenza virus vaccine, quadrivalent (ccIIV4), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use	**1/1/2017**			NPA
90675	Rabies vaccine, for intramuscular use	**1/1/1999**			NPA
90676	Rabies vaccine, for intradermal use	**1/1/1999**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
90677	Pneumococcal conjugate vaccine, 20 valent (PCV20), for intramuscular use	**7/1/2021**		**1/28/2022**	NPA
90678	Respiratory syncytial virus vaccine, preF, subunit, bivalent, for intramuscular use	**1/1/2023**		**10/1/2023**	NPA
90679	Respiratory syncytial virus vaccine, preF, recombinant, subunit, adjuvanted, for intramuscular use	**7/1/2023**		**10/1/2023**	NPA
90680	Rotavirus vaccine, pentavalent (RV5), 3 dose schedule, live, for oral use	**Pre-1990**			NPA
90681	Rotavirus vaccine, human, attenuated (RV1), 2 dose schedule, live, for oral use	**1/1/2009**			NPA
90682	Influenza virus vaccine, quadrivalent (RIV4), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use	**1/1/2017**			NPA
90685	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.25 mL dosage, for intramuscular use	**1/1/2013**			NPA
90686	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.5 mL dosage, for intramuscular use	**1/1/2013**			NPA
90687	Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.25 mL dosage, for intramuscular use	**1/1/2013**			NPA
90688	Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.5 mL dosage, for intramuscular use	**1/1/2013**			NPA
90689	Influenza virus vaccine, quadrivalent (IIV4), inactivated, adjuvanted, preservative free, 0.25 mL dosage, for intramuscular use	**1/1/2019**		**9/1/2023**	NC
90690	Typhoid vaccine, live, oral	**1/1/1999**			NPA
90691	Typhoid vaccine, Vi capsular polysaccharide (ViCPs), for intramuscular use	**1/1/1999**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
90694	Influenza virus vaccine, quadrivalent (aIIV4), inactivated, adjuvanted, preservative free, 0.5 mL dosage, for intramuscular use	**1/1/2020**		**4/1/2020**	NPA
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	**1/1/2009**			NPA
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	**1/1/2015**			NPA
90698	Diphtheria, tetanus toxoids, acellular pertussis vaccine, Haemophilus influenzae type b, and inactivated poliovirus vaccine, (DTaP-IPV/Hib), for intramuscular use	**1/1/2004**			NPA
90700	Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), when administered to individuals younger than 7 years, for intramuscular use	**Pre-1990**			NPA
90702	Diphtheria and tetanus toxoids adsorbed (DT) when administered to individuals younger than 7 years, for intramuscular use	**Pre-1990**			NPA
90707	Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use	**Pre-1990**			NPA
90710	Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use	**1/1/1994**			NPA
90713	Poliovirus vaccine, inactivated (IPV), for subcutaneous or intramuscular use	**Pre-1990**			NPA
90714	Tetanus and diphtheria toxoids adsorbed (Td), preservative free, when administered to individuals 7 years or older, for intramuscular use	**1/1/2006**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
90715	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or older, for intramuscular use	**1/1/2004**			NPA
90716	Varicella virus vaccine (VAR), live, for subcutaneous use	**1/1/1994**			NPA
90717	Yellow fever vaccine, live, for subcutaneous use	**Pre-1990**			NPA
90723	Diphtheria, tetanus toxoids, acellular pertussis vaccine, hepatitis B, and inactivated poliovirus vaccine (DTaP-HepB-IPV), for intramuscular use	**1/1/2001**			NPA
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	**Pre-1990**			NPA
90733	Meningococcal polysaccharide vaccine, serogroups A, C, Y, W-135, quadrivalent (MPSV4), for subcutaneous use	**Pre-1990**			NPA
90734	Meningococcal conjugate vaccine, serogroups A, C, W, Y, quadrivalent, diphtheria toxoid carrier (MenACWY-D) or CRM197 carrier (MenACWY-CRM), for intramuscular use	**1/1/2004**			NPA
90736	Zoster (shingles) vaccine (HZV), live, for subcutaneous injection	**1/1/2006**			NPA
90738	Japanese encephalitis virus vaccine, inactivated, for intramuscular use	**1/1/2009**			NPA
90739	Hepatitis B vaccine (HepB), CpG-adjuvanted, adult dosage, 2 dose or 4 dose schedule, for intramuscular use	**1/1/2013**			NPA
90740	Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 3 dose schedule, for intramuscular use	**1/1/2001**			NPA
90743	Hepatitis B vaccine (HepB), adolescent, 2 dose schedule, for intramuscular use	**1/1/2001**			NPA
90744	Hepatitis B vaccine (HepB), pediatric/adolescent dosage, 3 dose schedule, for intramuscular use	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
90746	Hepatitis B vaccine (HepB), adult dosage, 3 dose schedule, for intramuscular use	**Pre-1990**			NPA
90747	Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 4 dose schedule, for intramuscular use	**Pre-1990**			NPA
90748	Hepatitis B and Haemophilus influenzae type b vaccine (Hib-HepB), for intramuscular use	**1/1/1998**			NPA
90749	Unlisted vaccine/toxoid	**Pre-1990**			PA
90750	Zoster (shingles) vaccine (HZV), recombinant, subunit, adjuvanted, for intramuscular use	**1/1/2017**			NPA
90756	Influenza virus vaccine, quadrivalent (ccIIV4), derived from cell cultures, subunit, antibiotic free, 0.5 mL dosage, for intramuscular use	**1/1/2018**			NPA
90758	Zaire ebolavirus vaccine, live, for intramuscular use	**7/1/2021**		**9/1/2023**	NC
90759	Hepatitis B vaccine (HepB), 3-antigen (S, Pre-S1, Pre-S2), 10 mcg dosage, 3 dose schedule, for intramuscular use	**1/1/2022**		**1/1/2022**	NPA
90785	Interactive complexity (List separately in addition to the code for primary procedure)	**1/1/2013**			NPA
90791	Psychiatric diagnostic evaluation	**1/1/2013**			NPA
90792	Psychiatric diagnostic evaluation with medical services	**1/1/2013**			NPA
90832	Psychotherapy, 30 minutes with patient	**1/1/2013**			NPA
90833	Psychotherapy, 30 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)	**1/1/2013**			NPA
90834	Psychotherapy, 45 minutes with patient	**1/1/2013**			NPA
90836	Psychotherapy, 45 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)	**1/1/2013**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
90837	Psychotherapy, 60 minutes with patient	**1/1/2013**			NPA
90838	Psychotherapy, 60 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)	**1/1/2013**			NPA
90839	Psychotherapy for crisis; first 60 minutes	**1/1/2013**			NPA
90840	Psychotherapy for crisis; each additional 30 minutes (List separately in addition to code for primary service)	**1/1/2013**			NPA
90845	Psychoanalysis	**1/1/1990**			NPA
90846	Family psychotherapy (without the patient present), 50 minutes	**1/1/1990**			NPA
90847	Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes	**Pre-1990**			NPA
90849	Multiple-family group psychotherapy	**Pre-1990**			NPA
90853	Group psychotherapy (other than of a multiple-family group)	**Pre-1990**			NPA
90863	Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services (List separately in addition to the code for primary procedure)	**1/1/2013**			NPA
90865	Narcosynthesis for psychiatric diagnostic and therapeutic purposes (eg, sodium amobarbital (Amytal) interview)	**1/1/1998**			NPA
90867	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management	**1/1/2011**		**1/1/2021**	PA
90868	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per session	**1/1/2011**		**1/1/2021**	PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
90869	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent motor threshold re-determination with delivery and management	**1/1/2012**		**1/1/2021**	PA
90870	Electroconvulsive therapy (includes necessary monitoring)	**Pre-1990**			NPA
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	**Pre-1990**			NPA
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	**Pre-1990**			NPA
90880	Hypnotherapy	**Pre-1990**			NPA
90882	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions	**Pre-1990**			NC
90885	Psychiatric evaluation of hospital records, other psychiatric reports, psychometric and/or projective tests, and other accumulated data for medical diagnostic purposes	**1/1/1998**			NC
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	**Pre-1990**			NC
90889	Preparation of report of patient's psychiatric status, history, treatment, or progress (other than for legal or consultative	**Pre-1990**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	purposes) for other individuals, agencies, or insurance carriers				
90899	Unlisted psychiatric service or procedure	**Pre-1990**			PA
90901	Biofeedback training by any modality	**1/1/1997**			NC
90912	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when performed; initial 15 minutes of one-on-one physician or other qualified health care professional contact with the patient	**1/1/2020**		**9/1/2023**	PA
90913	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when performed; each additional 15 minutes of one-on-one physician or other qualified health care professional contact with the patient (List separately in addition to code for primary procedure)	**1/1/2020**		**9/1/2023**	PA
90935	Hemodialysis procedure with single evaluation by a physician or other qualified health care professional	**Pre-1990**		**9/1/2023**	NPA
90937	Hemodialysis procedure requiring repeated evaluation(s) with or without substantial revision of dialysis prescription	**Pre-1990**			NPA
90940	Hemodialysis access flow study to determine blood flow in grafts and arteriovenous fistulae by an indicator method	**1/1/2001**			
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	**Pre-1990**		**9/1/2023**	NPA
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	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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	**1/1/2009**		**9/1/2023**	NPA
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	**1/1/2009**		**9/1/2023**	NPA
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	**1/1/2009**		**9/1/2023**	NPA
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	**1/1/2009**		**9/1/2023**	NPA
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	**1/1/2009**		**9/1/2023**	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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	**1/1/2009**		**9/1/2023**	NPA
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	**1/1/2009**		**9/1/2023**	NPA
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	**1/1/2009**		**9/1/2023**	NPA
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	**1/1/2009**		**9/1/2023**	NPA
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	**1/1/2009**		**9/1/2023**	NPA
90961	End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 2-3 face-to-	**1/1/2009**		**9/1/2023**	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	face visits by a physician or other qualified health care professional per month				
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	**1/1/2009**		**9/1/2023**	NPA
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	**1/1/2009**		**9/1/2023**	NPA
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	**1/1/2009**		**9/1/2023**	NPA
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	**1/1/2009**		**9/1/2023**	NPA
90966	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 20 years of age and older	**1/1/2009**		**9/1/2023**	NPA
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	**1/1/2009**		**9/1/2023**	NPA
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	**1/1/2009**		**9/1/2023**	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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	**1/1/2009**		**9/1/2023**	NPA
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	**1/1/2009**		**9/1/2023**	NPA
90989	Dialysis training, patient, including helper where applicable, any mode, completed course	**1/1/1991**			NPA
90993	Dialysis training, patient, including helper where applicable, any mode, course not completed, per training session	**1/1/1991**		**9/1/2023**	NPA
90997	Hemoperfusion (eg, with activated charcoal or resin)	**Pre-1990**		**9/1/2023**	NPA
90999	Unlisted dialysis procedure, inpatient or outpatient	**Pre-1990**		**9/1/2023**	NPA
91010	Esophageal motility (manometric study of the esophagus and/or gastroesophageal junction) study with interpretation and report	**Pre-1990**			NPA
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)	**1/1/2011**			NPA
91020	Gastric motility (manometric) studies	**Pre-1990**			NPA
91022	Duodenal motility (manometric) study	**1/1/2006**			NPA
91030	Esophagus, acid perfusion (Bernstein) test for esophagitis	**Pre-1990**			NPA
91034	Esophagus, gastroesophageal reflux test; with nasal catheter pH electrode(s) placement, recording, analysis and interpretation	**1/1/2005**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
91035	Esophagus, gastroesophageal reflux test; with mucosal attached telemetry pH electrode placement, recording, analysis and interpretation	**1/1/2005**			NPA
91037	Esophageal function test, gastroesophageal reflux test with nasal catheter intraluminal impedance electrode(s) placement, recording, analysis and interpretation	**1/1/2005**			NPA
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)	**1/1/2005**			NPA
91040	Esophageal balloon distension study, diagnostic, with provocation when performed	**1/1/2005**			NPA
91065	Breath hydrogen or methane test (eg, for detection of lactase deficiency, fructose intolerance, bacterial overgrowth, or oro-cecal gastrointestinal transit)	**Pre-1990**			NPA
91110	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus through ileum, with interpretation and report	**1/1/2004**		**9/1/2023**	PA
91111	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus with interpretation and report	**1/1/2007**		**9/1/2023**	PA
91112	Gastrointestinal transit and pressure measurement, stomach through colon, wireless capsule, with interpretation and report	**1/1/2013**			PA
91113	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), colon, with interpretation and report	**1/1/2022**		**9/1/2023**	PA
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	**1/1/2011**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
91120	Rectal sensation, tone, and compliance test (ie, response to graded balloon distention)	**1/1/2005**			NPA
91122	Anorectal manometry	**Pre-1990**			NPA
91132	Electrogastrography, diagnostic, transcutaneous	**1/1/2001**			NPA
91133	Electrogastrography, diagnostic, transcutaneous; with provocative testing	**1/1/2001**			NPA
91200	Liver elastography, mechanically induced shear wave (eg, vibration), without imaging, with interpretation and report	**1/1/2015**			NPA
91299	Unlisted diagnostic gastroenterology procedure	**Pre-1990**			PA
92002	Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient	**Pre-1990**			NPA
92004	Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; comprehensive, new patient, 1 or more visits	**Pre-1990**			NPA
92012	Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; intermediate, established patient	**Pre-1990**			NPA
92014	Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; comprehensive, established patient, 1 or more visits	**Pre-1990**			NPA
92015	Determination of refractive state	**1/1/1992**		**9/1/2023**	NC
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	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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	**Pre-1990**			NPA
92020	Gonioscopy (separate procedure)	**Pre-1990**			NPA
92025	Computerized corneal topography, unilateral or bilateral, with interpretation and report	**1/1/2007**			NPA
92060	Sensorimotor examination with multiple measurements of ocular deviation (eg, restrictive or paretic muscle with diplopia) with interpretation and report (separate procedure)	**Pre-1990**			NPA
92065	Orthoptic training	**Pre-1990**			NP
92066	Orthoptic training; under supervision of a physician or other qualified health care professional	**1/1/2023**		**2/1/2023**	NPA
92071	Fitting of contact lens for treatment of ocular surface disease	**1/1/2012**			NPA
92072	Fitting of contact lens for management of keratoconus, initial fitting	**1/1/2012**			NPA
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)	**Pre-1990**			NPA
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)	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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 30Â°, 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)	**Pre-1990**			NPA
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)	**Pre-1990**			NPA
92132	Scanning computerized ophthalmic diagnostic imaging, anterior segment, with interpretation and report, unilateral or bilateral	**1/1/2011**		**9/1/2023**	PA
92133	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; optic nerve	**1/1/2011**		**9/1/2023**	PA
92134	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; retina	**1/1/2011**		**9/1/2023**	PA
92136	Ophthalmic biometry by partial coherence interferometry with intraocular lens power calculation	**1/1/2002**			NPA
92145	Corneal hysteresis determination, by air impulse stimulation, unilateral or bilateral, with interpretation and report	**1/1/2015**			NPA
92201	Ophthalmoscopy, extended; with retinal drawing and scleral depression of peripheral retinal disease (eg, for retinal tear, retinal detachment, retinal tumor) with interpretation and report, unilateral or bilateral	**1/1/2020**		**4/1/2020**	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
92202	Ophthalmoscopy, extended; with drawing of optic nerve or macula (eg, for glaucoma, macular pathology, tumor) with interpretation and report, unilateral or bilateral	**1/1/2020**		**4/1/2020**	NPA
92227	Imaging of retina for detection or monitoring of disease; with remote clinical staff review and report, unilateral or bilateral	**1/1/2011**			NPA
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	**1/1/2011**			NPA
92229	Imaging of retina for detection or monitoring of disease; point-of-care automated analysis and report, unilateral or bilateral	**1/1/2021**		**4/1/2021**	NPA
92230	Fluorescein angioscopy with interpretation and report	**Pre-1990**			NPA
92235	Fluorescein angiography (includes multiframe imaging) with interpretation and report, unilateral or bilateral	**Pre-1990**			NPA
92240	Indocyanine-green angiography (includes multiframe imaging) with interpretation and report, unilateral or bilateral	**1/1/1997**			NPA
92242	Fluorescein angiography and indocyanine-green angiography (includes multiframe imaging) performed at the same patient encounter with interpretation and report, unilateral or bilateral	**1/1/2017**			NPA
92250	Fundus photography with interpretation and report	**Pre-1990**			NPA
92260	Ophthalmodynamometry	**Pre-1990**			NPA
92265	Needle oculoelectromyography, 1 or more extraocular muscles, 1 or both eyes, with interpretation and report	**Pre-1990**			NPA
92270	Electro-oculography with interpretation and report	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
92273	Electroretinography (ERG), with interpretation and report; full field (ie, ffERG, flash ERG, Ganzfeld ERG)	**1/1/2019**			NPA
92274	Electroretinography (ERG), with interpretation and report; multifocal (mfERG)	**1/1/2019**			NPA
92283	Color vision examination, extended, eg, anomaloscope or equivalent	**Pre-1990**			NPA
92284	Dark adaptation examination with interpretation and report	**Pre-1990**			NPA
92285	External ocular photography with interpretation and report for documentation of medical progress (eg, close-up photography, slit lamp photography, goniophotography, stereo-photography)	**Pre-1990**			NPA
92286	Anterior segment imaging with interpretation and report; with specular microscopy and endothelial cell analysis	**Pre-1990**			NPA
92287	Anterior segment imaging with interpretation and report; with fluorescein angiography	**Pre-1990**			NPA
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	**Pre-1990**		**9/1/2023**	NC
92311	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens for aphakia, 1 eye	**Pre-1990**			NPA
92312	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens for aphakia, both eyes	**Pre-1990**			NPA
92313	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneoscleral lens	**Pre-1990**			NPA
92314	Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and	**Pre-1990**		**9/1/2023**	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	direction of fitting by independent technician; corneal lens, both eyes except for aphakia				
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	**Pre-1990**			NPA
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	**Pre-1990**			NPA
92317	Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneoscleral lens	**Pre-1990**			NPA
92325	Modification of contact lens (separate procedure), with medical supervision of adaptation	**Pre-1990**			NPA
92326	Replacement of contact lens	**Pre-1990**			NPA
92340	Fitting of spectacles, except for aphakia; monofocal	**Pre-1990**		**9/1/2023**	NPA
92341	Fitting of spectacles, except for aphakia; bifocal	**Pre-1990**		**9/1/2023**	NPA
92342	Fitting of spectacles, except for aphakia; multifocal, other than bifocal	**Pre-1990**		**9/1/2023**	NPA
92352	Fitting of spectacle prosthesis for aphakia; monofocal	**Pre-1990**		**9/1/2023**	NC
92353	Fitting of spectacle prosthesis for aphakia; multifocal	**Pre-1990**		**9/1/2023**	NC
92354	Fitting of spectacle mounted low vision aid; single element system	**Pre-1990**		**9/1/2023**	NC
92355	Fitting of spectacle mounted low vision aid; telescopic or other compound lens system	**Pre-1990**		**9/1/2023**	NC
92358	Prosthesis service for aphakia, temporary (disposable or loan, including materials)	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
92370	Repair and refitting spectacles; except for aphakia	**Pre-1990**		**9/1/2023**	NC
92371	Repair and refitting spectacles; spectacle prosthesis for aphakia	**Pre-1990**		**9/1/2023**	NC
92499	Unlisted ophthalmological service or procedure	**Pre-1990**			PA
92502	Otolaryngologic examination under general anesthesia	**Pre-1990**			NPA
92504	Binocular microscopy (separate diagnostic procedure)	**Pre-1990**			NPA
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	**Pre-1990**			NPA
92508	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals	**Pre-1990**			NPA
92511	Nasopharyngoscopy with endoscope (separate procedure)	**Pre-1990**			NPA
92512	Nasal function studies (eg, rhinomanometry)	**Pre-1990**			NPA
92516	Facial nerve function studies (eg, electroneuronography)	**Pre-1990**			NPA
92517	Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; cervical (cVEMP)	**1/1/2021**		**9/1/2023**	NPA
92518	Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; ocular (oVEMP)	**1/1/2021**		**9/1/2023**	NPA
92519	Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; cervical (cVEMP) and ocular (oVEMP)	**1/1/2021**		**9/1/2023**	NPA
92520	Laryngeal function studies (ie, aerodynamic testing and acoustic testing)	**Pre-1990**			NPA
92521	Evaluation of speech fluency (eg, stuttering, cluttering)	**1/1/2014**			NPA
92522	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria)	**1/1/2014**			NPA
92523	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); with	**1/1/2014**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	evaluation of language comprehension and expression (eg, receptive and expressive language)				
92524	Behavioral and qualitative analysis of voice and resonance	**1/1/2014**			NPA
92526	Treatment of swallowing dysfunction and/or oral function for feeding	**1/1/1996**			NPA
92531	Spontaneous nystagmus, including gaze	**Pre-1990**			NPA
92532	Positional nystagmus test	**Pre-1990**			NPA
92533	Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes 4 tests)	**Pre-1990**			NPA
92534	Optokinetic nystagmus test	**Pre-1990**			NPA
92537	Caloric vestibular test with recording, bilateral; bithermal (ie, one warm and one cool irrigation in each ear for a total of four irrigations)	**1/1/2016**			NPA
92538	Caloric vestibular test with recording, bilateral; monothermal (ie, one irrigation in each ear for a total of two irrigations)	**1/1/2016**			NPA
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	**1/1/2010**			NPA
92541	Spontaneous nystagmus test, including gaze and fixation nystagmus, with recording	**Pre-1990**			NPA
92542	Positional nystagmus test, minimum of 4 positions, with recording	**Pre-1990**			NPA
92544	Optokinetic nystagmus test, bidirectional, foveal or peripheral stimulation, with recording	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
92545	Oscillating tracking test, with recording	**Pre-1990**			NPA
92546	Sinusoidal vertical axis rotational testing	**Pre-1990**			NPA
92547	Use of vertical electrodes (List separately in addition to code for primary procedure)	**Pre-1990**			NPA
92548	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	**1/1/1997**			NPA
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; with motor control test (MCT) and adaptation test (ADT)	**1/1/2020**		**4/1/2020**	NPA
92550	Tympanometry and reflex threshold measurements	**1/1/2010**			NPA
92551	Screening test, pure tone, air only	**Pre-1990**			NPA
92552	Pure tone audiometry (threshold); air only	**Pre-1990**			NPA
92553	Pure tone audiometry (threshold); air and bone	**Pre-1990**			NPA
92555	Speech audiometry threshold	**Pre-1990**			NPA
92556	Speech audiometry threshold; with speech recognition	**Pre-1990**			NPA
92557	Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined)	**Pre-1990**			NPA
92558	Evoked otoacoustic emissions, screening (qualitative measurement of distortion product or transient evoked otoacoustic emissions), automated analysis	**1/1/2012**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
92562	Loudness balance test, alternate binaural or monaural	**Pre-1990**			NPA
92563	Tone decay test	**Pre-1990**			NPA
92565	Stenger test, pure tone	**Pre-1990**			NPA
92567	Tympanometry (impedance testing)	**Pre-1990**			NPA
92568	Acoustic reflex testing, threshold	**Pre-1990**			NPA
92570	Acoustic immittance testing, includes tympanometry (impedance testing), acoustic reflex threshold testing, and acoustic reflex decay testing	**1/1/2010**			NPA
92571	Filtered speech test	**Pre-1990**			NPA
92572	Staggered spondaic word test	**Pre-1990**			NPA
92575	Sensorineural acuity level test	**Pre-1990**			NPA
92576	Synthetic sentence identification test	**Pre-1990**			NPA
92577	Stenger test, speech	**Pre-1990**			NPA
92579	Visual reinforcement audiometry (VRA)	**1/1/1996**			NPA
92582	Conditioning play audiometry	**Pre-1990**			NPA
92583	Select picture audiometry	**Pre-1990**			NPA
92584	Electrocochleography	**Pre-1990**			NPA
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	**Pre-1990**			NPA
92588	Distortion product evoked otoacoustic emissions; comprehensive diagnostic evaluation (quantitative analysis of outer hair cell function by cochlear mapping,	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	minimum of 12 frequencies), with interpretation and report				
92590	Hearing aid examination and selection; monaural	**Pre-1990**			NPA
92591	Hearing aid examination and selection; binaural	**Pre-1990**			NPA
92592	Hearing aid check; monaural	**Pre-1990**			NPA
92593	Hearing aid check; binaural	**Pre-1990**			NPA
92594	Electroacoustic evaluation for hearing aid; monaural	**Pre-1990**			NPA
92595	Electroacoustic evaluation for hearing aid; binaural	**Pre-1990**			NPA
92596	Ear protector attenuation measurements	**Pre-1990**			NPA
92597	Evaluation for use and/or fitting of voice prosthetic device to supplement oral speech	**Pre-1990**			NPA
92601	Diagnostic analysis of cochlear implant, patient younger than 7 years of age; with programming	**1/1/2003**			NPA
92602	Diagnostic analysis of cochlear implant, patient younger than 7 years of age; subsequent reprogramming	**1/1/2003**			NPA
92603	Diagnostic analysis of cochlear implant, age 7 years or older; with programming	**1/1/2003**			NPA
92604	Diagnostic analysis of cochlear implant, age 7 years or older; subsequent reprogramming	**1/1/2003**			NPA
92605	Evaluation for prescription of non-speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour	**1/1/2003**			NPA
92606	Therapeutic service(s) for the use of non-speech-generating device, including programming and modification	**1/1/2003**		**9/1//2023**	NPA
92607	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour	**1/1/2003**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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)	**1/1/2003**			NPA
92609	Therapeutic services for the use of speech-generating device, including programming and modification	**1/1/2003**		**9/1/2023**	NPA
92610	Evaluation of oral and pharyngeal swallowing function	**1/1/2003**			NPA
92611	Motion fluoroscopic evaluation of swallowing function by cine or video recording	**1/1/2003**			NPA
92612	Flexible endoscopic evaluation of swallowing by cine or video recording	**1/1/2003**			NPA
92613	Flexible endoscopic evaluation of swallowing by cine or video recording; interpretation and report only	**1/1/2003**			NPA
92614	Flexible endoscopic evaluation, laryngeal sensory testing by cine or video recording	**1/1/2003**			NPA
92615	Flexible endoscopic evaluation, laryngeal sensory testing by cine or video recording; interpretation and report only	**1/1/2003**			NPA
92616	Flexible endoscopic evaluation of swallowing and laryngeal sensory testing by cine or video recording	**1/1/2003**			NPA
92617	Flexible endoscopic evaluation of swallowing and laryngeal sensory testing by cine or video recording; interpretation and report only	**1/1/2003**			NPA
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)	**1/1/2012**			NPA
92620	Evaluation of central auditory function, with report; initial 60 minutes	**1/1/2005**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
92621	Evaluation of central auditory function, with report; each additional 15 minutes (List separately in addition to code for primary procedure)	**1/1/2005**			NPA
92625	Assessment of tinnitus (includes pitch, loudness matching, and masking)	**1/1/2005**			NPA
92626	Evaluation of auditory function for surgically implanted device(s) candidacy or postoperative status of a surgically implanted device(s); first hour	**1/1/2006**			NPA
92627	Evaluation of auditory function for surgically implanted device(s) candidacy or postoperative status of a surgically implanted device(s); each additional 15 minutes (List separately in addition to code for primary procedure)	**1/1/2006**			NPA
92630	Auditory rehabilitation; prelingual hearing loss	**1/1/2006**			NPA
92633	Auditory rehabilitation; postlingual hearing loss	**1/1/2006**			NPA
92640	Diagnostic analysis with programming of auditory brainstem implant, per hour	**1/1/2007**			NPA
92650	Auditory evoked potentials; screening of auditory potential with broadband stimuli, automated analysis	**1/1/2021**		**4/1/2021**	NPA
92651	Auditory evoked potentials; for hearing status determination, broadband stimuli, with interpretation and report	**1/1/2021**		**4/1/2021**	NPA
92652	Auditory evoked potentials; for threshold estimation at multiple frequencies, with interpretation and report	**1/1/2021**		**4/1/2021**	NPA
92653	Auditory evoked potentials; neurodiagnostic, with interpretation and report	**1/1/2021**		**4/1/2021**	NPA
92700	Unlisted otorhinolaryngological service or procedure	**1/1/2003**			PA
92920	Percutaneous transluminal coronary angioplasty; single major coronary artery or branch	**1/1/2013**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
92921	Percutaneous transluminal coronary angioplasty; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)	**1/1/2013**			NPA
92924	Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; single major coronary artery or branch	**1/1/2013**			NPA
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)	**1/1/2013**			NPA
92928	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch	**1/1/2013**			NPA
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)	**1/1/2013**			NPA
92933	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch	**1/1/2013**			NPA
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)	**1/1/2013**			NPA
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	**1/1/2013**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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)	**1/1/2013**			NPA
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	**1/1/2013**			NPA
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	**1/1/2013**			NPA
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)	**1/1/2013**			NPA
92950	Cardiopulmonary resuscitation (eg, in cardiac arrest)	**Pre-1990**			NPA
92953	Temporary transcutaneous pacing	**Pre-1990**			NPA
92960	Cardioversion, elective, electrical conversion of arrhythmia; external	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
92961	Cardioversion, elective, electrical conversion of arrhythmia; internal (separate procedure)	**1/1/2000**			NPA
92970	Cardioassist-method of circulatory assist; internal	**Pre-1990**			NPA
92971	Cardioassist-method of circulatory assist; external	**Pre-1990**			NPA
92973	Percutaneous transluminal coronary thrombectomy mechanical (List separately in addition to code for primary procedure)	**1/1/2002**			NPA
92974	Transcatheter placement of radiation delivery device for subsequent coronary intravascular brachytherapy (List separately in addition to code for primary procedure)	**1/1/2002**			NPA
92975	Thrombolysis, coronary; by intracoronary infusion, including selective coronary angiography	**Pre-1990**			NPA
92977	Thrombolysis, coronary; by intravenous infusion	**Pre-1990**			NPA
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)	**1/1/1997**			NPA
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)	**1/1/1997**			NPA
92986	Percutaneous balloon valvuloplasty; aortic valve	**1/1/1992**			NPA
92987	Percutaneous balloon valvuloplasty; mitral valve	**1/1/1996**			NPA
92990	Percutaneous balloon valvuloplasty; pulmonary valve	**1/1/1992**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
92997	Percutaneous transluminal pulmonary artery balloon angioplasty; single vessel	**1/1/1998**			NPA
92998	Percutaneous transluminal pulmonary artery balloon angioplasty; each additional vessel (List separately in addition to code for primary procedure)	**1/1/1998**			NPA
93000	Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report	**Pre-1990**			NPA
93005	Electrocardiogram, routine ECG with at least 12 leads; tracing only, without interpretation and report	**Pre-1990**			NPA
93010	Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only	**Pre-1990**			NPA
93015	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report	**Pre-1990**			NPA
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	**Pre-1990**			NPA
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	**Pre-1990**			NPA
93018	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; interpretation and report only	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
93024	Ergonovine provocation test	**Pre-1990**			NPA
93025	Microvolt T-wave alternans for assessment of ventricular arrhythmias	**1/1/2002**			NPA
93040	Rhythm ECG, 1-3 leads; with interpretation and report	**Pre-1990**			NPA
93041	Rhythm ECG, 1-3 leads; tracing only without interpretation and report	**Pre-1990**			NPA
93042	Rhythm ECG, 1-3 leads; interpretation and report only	**Pre-1990**			NPA
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	**1/1/2016**		**9/1//2023**	NC
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	**Pre-1990**			NPA
93225	External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; recording (includes connection, recording, and disconnection)	**Pre-1990**			NPA
93226	External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; scanning analysis with report	**Pre-1990**			NPA
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	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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	**1/1/2009**			NPA
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	**1/1/2009**			NPA
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	**1/1/2021**		**4/1/2021**	NPA
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)	**1/1/2021**		**4/1/2021**	NPA
93243	External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; scanning analysis with report	**1/1/2021**		**4/1/2021**	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
93244	External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; review and interpretation	**1/1/2021**		**4/1/2021**	NPA
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	**1/1/2021**		**4/1/2021**	NPA
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)	**1/1/2021**		**4/1/2021**	NPA
93247	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; scanning analysis with report	**1/1/2021**		**4/1/2021**	NPA
93248	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; review and interpretation	**1/1/2021**		**4/1/2021**	NPA
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	**1/1/2015**			NPA
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	**1/1/2015**			NPA
93264	Remote monitoring of a wireless pulmonary artery pressure sensor for up to 30 days, including at least weekly	**1/1/2019**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	downloads of pulmonary artery pressure recordings, interpretation(s), trend analysis, and report(s) by a physician or other qualified health care professional				
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	**Pre-1990**			NPA
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)	**Pre-1990**			NPA
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	**Pre-1990**			NPA
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	**Pre-1990**			NPA
93278	Signal-averaged electrocardiography (SAECG), with or without ECG	**1/1/1992**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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	**1/1/2009**			NPA
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	**1/1/2009**			NPA
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	**1/1/2009**			NPA
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	**1/1/2009**			NPA
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	**1/1/2009**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	physician or other qualified health care professional; dual lead transvenous implantable defibrillator system				
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	**1/1/2009**			NPA
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	**1/1/2009**			NPA
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	**1/1/2009**			NPA
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	**1/1/2009**			NPA
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	**1/1/2009**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	multiple lead pacemaker system, or leadless pacemaker system				
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	**1/1/2009**			NPA
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	**1/1/2009**			NPA
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	**1/1/2009**			NPA
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	**1/1/2009**			NPA
93293	Transtelephonic rhythm strip pacemaker evaluation(s) single, dual, or multiple lead pacemaker system, includes recording with and without magnet application with	**1/1/2009**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	analysis, review and report(s) by a physician or other qualified health care professional, up to 90 days				
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	**1/1/2009**			NPA
93295	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead implantable defibrillator system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional	**1/1/2009**			NPA
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	**1/1/2009**			NPA
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	**1/1/2009**			NPA
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	**1/1/2009**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
93303	Transthoracic echocardiography for congenital cardiac anomalies; complete	**1/1/1997**			NPA
93304	Transthoracic echocardiography for congenital cardiac anomalies; follow-up or limited study	**1/1/1997**			NPA
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	**1/1/2009**			NPA
93307	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	**Pre-1990**			NPA
93308	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study	**Pre-1990**			NPA
93312	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	**Pre-1990**			NPA
93313	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); placement of transesophageal probe only	**Pre-1990**			NPA
93314	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); image acquisition, interpretation and report only	**Pre-1990**			NPA
93315	Transesophageal echocardiography for congenital cardiac anomalies; including probe placement, image acquisition, interpretation and report	**1/1/1997**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
93316	Transesophageal echocardiography for congenital cardiac anomalies; placement of transesophageal probe only	**1/1/1997**			NPA
93317	Transesophageal echocardiography for congenital cardiac anomalies; image acquisition, interpretation and report only	**1/1/1997**			NPA
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	**1/1/2001**			NPA
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)	**1/1/2022**		**1/1/2022**	NPA
93320	Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); complete	**Pre-1990**			NPA
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)	**1/1/1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
93325	Doppler echocardiography color flow velocity mapping (List separately in addition to codes for echocardiography)	**1/1/1990**			NPA
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	**Pre-1990**			NPA
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	**1/1/2009**			NPA
93352	Use of echocardiographic contrast agent during stress echocardiography (List separately in addition to code for primary procedure)	**1/1/2009**			NPA
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	**1/1/2015**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	echocardiography and, when performed, administration of ultrasound contrast, Doppler, color flow, and 3D				
93356	Myocardial strain imaging using speckle tracking-derived assessment of myocardial mechanics (List separately in addition to codes for echocardiography imaging)	**1/1/2020**		**4/1/2020**	NPA
93451	Right heart catheterization including measurement(s) of oxygen saturation and cardiac output, when performed	**1/1/2011**			NPA
93452	Left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	**1/1/2011**			NPA
93453	Combined right and left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	**1/1/2011**			NPA
93454	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation	**1/1/2011**			NPA
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	**1/1/2011**			NPA
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	**1/1/2011**			NPA
93457	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for	**1/1/2011**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	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				
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	**1/1/2011**			NPA
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	**1/1/2011**			NPA
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	**1/1/2011**			NPA
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	**1/1/2011**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography				
93462	Left heart catheterization by transseptal puncture through intact septum or by transapical puncture (List separately in addition to code for primary procedure)	**1/1/2011**			NPA
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)	**1/1/2011**			NPA
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)	**1/1/2011**			NPA
93503	Insertion and placement of flow directed catheter (eg, Swan-Ganz) for monitoring purposes	**Pre-1990**			NPA
93505	Endomyocardial biopsy	**Pre-1990**			NPA
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)	**1/1/2011**			NPA
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	**1/1/2011**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	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)				
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)	**1/1/2011**			NPA
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)	**1/1/2011**			NPA
93567	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for supravalvular aortography (List separately in addition to code for primary procedure)	**1/1/2011**			NPA
93568	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for pulmonary angiography (List separately in addition to code for primary procedure)	**1/1/2011**			NPA
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)	**1/1/2023**		**2/1/2023**	NPA
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)	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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)	**Pre-1990**			NPA
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)	**1/1/2023**		**2/1/2023**	NPA
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)	**1/1/2023**		**2/1/2023**	NPA
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)	**1/1/2023**		**2/1/2023**	NPA
93580	Percutaneous transcatheter closure of congenital interatrial communication (ie, Fontan fenestration, atrial septal defect) with implant	**1/1/2003**			NPA
93581	Percutaneous transcatheter closure of a congenital ventricular septal defect with implant	**1/1/2003**			NPA
93582	Percutaneous transcatheter closure of patent ductus arteriosus	**1/1/2014**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
93583	Percutaneous transcatheter septal reduction therapy (eg, alcohol septal ablation) including temporary pacemaker insertion when performed	**1/1/2014**			NPA
93590	Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, mitral valve	**1/1/2017**			NPA
93591	Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, aortic valve	**1/1/2017**			NPA
93592	Percutaneous transcatheter closure of paravalvular leak; each additional occlusion device (List separately in addition to code for primary procedure)	**1/1/2017**			NPA
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	**1/1/2022**		**1/1/2022**	NPA
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	**1/1/2022**		**1/1/2022**	NPA
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	**1/1/2022**		**1/1/2022**	NPA
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	**1/1/2022**		**1/1/2022**	NPA
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	**1/1/2022**		**1/1/2022**	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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)	**1/1/2022**		**1/1/2022**	NPA
93600	Bundle of His recording	**Pre-1990**			NPA
93602	Intra-atrial recording	**Pre-1990**			NPA
93603	Right ventricular recording	**Pre-1990**			NPA
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)	**Pre-1990**			NPA
93610	Intra-atrial pacing	**Pre-1990**			NPA
93612	Intraventricular pacing	**Pre-1990**			NPA
93613	Intracardiac electrophysiologic 3-dimensional mapping (List separately in addition to code for primary procedure)	**1/1/2002**			NPA
93615	Esophageal recording of atrial electrogram with or without ventricular electrogram(s)	**Pre-1990**			NPA
93616	Esophageal recording of atrial electrogram with or without ventricular electrogram(s); with pacing	**1/1/1990**			NPA
93618	Induction of arrhythmia by electrical pacing	**Pre-1990**			NPA
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	**Pre-1990**			NPA
93620	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	with induction or attempted induction of arrhythmia; with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording				
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)	**Pre-1990**			NPA
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)	**Pre-1990**			NPA
93623	Programmed stimulation and pacing after intravenous drug infusion (List separately in addition to code for primary procedure)	**1/1/1990**			NPA
93624	Electrophysiologic follow-up study with pacing and recording to test effectiveness of therapy, including induction or attempted induction of arrhythmia	**1/1/1990**			NPA
93631	Intra-operative epicardial and endocardial pacing and mapping to localize the site of tachycardia or zone of slow conduction for surgical correction	**1/1/1990**			NPA
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	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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	**1/1/1994**			NPA
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)	**1/1/1994**			NPA
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)	**1/1/2015**			NPA
93650	Intracardiac catheter ablation of atrioventricular node function, atrioventricular conduction for creation of complete heart block, with or without temporary pacemaker placement	**1/1/1990**			NPA
93653	Comprehensive electrophysiologic evaluation with insertion and repositioning of multiple electrode catheters, induction or attempted induction of an arrhythmia with right atrial pacing and recording and catheter ablation of arrhythmogenic focus, including intracardiac electrophysiologic 3-dimensional mapping, right ventricular pacing and recording, left atrial pacing and recording from coronary sinus or left atrium, and His	**1/1/2013**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	bundle recording, when performed; 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				
93654	Comprehensive electrophysiologic evaluation with insertion and repositioning of multiple electrode catheters, induction or attempted induction of an arrhythmia with right atrial pacing and recording and catheter ablation of arrhythmogenic focus, including intracardiac electrophysiologic 3-dimensional mapping, right ventricular pacing and recording, left atrial pacing and recording from coronary sinus or left atrium, and His bundle recording, when performed; with treatment of ventricular tachycardia or focus of ventricular ectopy including left ventricular pacing and recording, when performed	**1/1/2013**			NPA
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)	**1/1/2013**			NPA
93656	Comprehensive electrophysiologic evaluation including transseptal catheterizations, insertion and repositioning of multiple electrode catheters with intracardiac catheter ablation of atrial fibrillation by pulmonary vein isolation, including intracardiac electrophysiologic 3-dimensional mapping, intracardiac echocardiography including imaging supervision and interpretation, induction or attempted induction of an arrhythmia including left or	**1/1/2013**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	right atrial pacing/recording, right ventricular pacing/recording, and His bundle recording, when performed				
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)	**1/1/2013**			NPA
93660	Evaluation of cardiovascular function with tilt table evaluation, with continuous ECG monitoring and intermittent blood pressure monitoring, with or without pharmacological intervention	**1/1/1992**			NPA
93662	Intracardiac echocardiography during therapeutic/diagnostic intervention, including imaging supervision and interpretation (List separately in addition to code for primary procedure)	**1/1/2001**			NPA
93668	Peripheral arterial disease (PAD) rehabilitation, per session	**1/1/2001**		**9/1//2023**	NC
93701	Bioimpedance-derived physiologic cardiovascular analysis	**1/1/2002**			NPA
93702	Bioimpedance spectroscopy (BIS), extracellular fluid analysis for lymphedema assessment(s)	**1/1/2015**		**9/1/2023**	NC
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)	**1/1/1994**			NPA
93740	Temperature gradient studies	**Pre-1990**			NC
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	**1/1/2005**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	of data to data repository, patient instruction in wearing system and patient reporting of problems or events				
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	**1/1/2010**			NPA
93770	Determination of venous pressure	**Pre-1990**			NPA
93784	Ambulatory blood pressure monitoring, utilizing report-generating software, automated, worn continuously for 24 hours or longer; including recording, scanning analysis, interpretation and report	**Pre-1990**			NPA
93786	Ambulatory blood pressure monitoring, utilizing report-generating software, automated, worn continuously for 24 hours or longer; recording only	**Pre-1990**			NPA
93788	Ambulatory blood pressure monitoring, utilizing report-generating software, automated, worn continuously for 24 hours or longer; scanning analysis with report	**Pre-1990**			NPA
93790	Ambulatory blood pressure monitoring, utilizing report-generating software, automated, worn continuously for 24 hours or longer; review with interpretation and report	**Pre-1990**			NPA
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	**1/1/2018**		**9/1/2023**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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	**1/1/2018**			PA
93797	Physician or other qualified health care professional services for outpatient cardiac rehabilitation; without continuous ECG monitoring (per session)	**Pre-1990**			NPA
93798	Physician or other qualified health care professional services for outpatient cardiac rehabilitation; with continuous ECG monitoring (per session)	**Pre-1990**			NPA
93799	Unlisted cardiovascular service or procedure	**Pre-1990**			PA
93880	Duplex scan of extracranial arteries; complete bilateral study	**1/1/1992**			NPA
93882	Duplex scan of extracranial arteries; unilateral or limited study	**1/1/1992**			NPA
93886	Transcranial Doppler study of the intracranial arteries; complete study	**1/1/1992**			NPA
93888	Transcranial Doppler study of the intracranial arteries; limited study	**1/1/1992**			NPA
93890	Transcranial Doppler study of the intracranial arteries; vasoreactivity study	**1/1/2005**			NPA
93892	Transcranial Doppler study of the intracranial arteries; emboli detection without intravenous microbubble injection	**1/1/2005**			NPA
93893	Transcranial Doppler study of the intracranial arteries; emboli detection with intravenous microbubble injection	**1/1/2005**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
93895	Quantitative carotid intima media thickness and carotid atheroma evaluation, bilateral	**1/1/2015**		**9/1/2023**	NC
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)	**Pre-1990**			NPA
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)	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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	**Pre-1990**			NPA
93925	Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study	**1/1/1992**			NPA
93926	Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study	**1/1/1992**			NPA
93930	Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study	**1/1/1992**			NPA
93931	Duplex scan of upper extremity arteries or arterial bypass grafts; unilateral or limited study	**1/1/1992**			NPA
93970	Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study	**1/1/1992**			NPA
93971	Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study	**1/1/1992**			NPA
93975	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete study	**1/1/1992**			NPA
93976	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; limited study	**1/1/1992**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
93978	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete study	**1/1/1992**			NPA
93979	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; unilateral or limited study	**1/1/1992**			NPA
93980	Duplex scan of arterial inflow and venous outflow of penile vessels; complete study	**1/1/1993**			NPA
93981	Duplex scan of arterial inflow and venous outflow of penile vessels; follow-up or limited study	**1/1/1993**			NPA
93985	Duplex scan of arterial inflow and venous outflow for preoperative vessel assessment prior to creation of hemodialysis access; complete bilateral study	**1/1/2020**		**4/1/2020**	NPA
93986	Duplex scan of arterial inflow and venous outflow for preoperative vessel assessment prior to creation of hemodialysis access; complete unilateral study	**1/1/2020**		**4/1/2020**	NPA
93990	Duplex scan of hemodialysis access (including arterial inflow, body of access and venous outflow)	**1/1/1995**			NPA
93998	Unlisted noninvasive vascular diagnostic study	**1/1/2012**			PA
94002	Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; hospital inpatient/observation, initial day	**1/1/2007**			NPA
94003	Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; hospital inpatient/observation, each subsequent day	**1/1/2007**			NPA
94004	Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; nursing facility, per day	**1/1/2007**			NPA
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	**1/1/2007**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	of laboratories and other studies and revision of orders and respiratory care plan (as appropriate), within a calendar month, 30 minutes or more				
94010	Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation	**Pre-1990**			NPA
94011	Measurement of spirometric forced expiratory flows in an infant or child through 2 years of age	**1/1/2010**			NPA
94012	Measurement of spirometric forced expiratory flows, before and after bronchodilator, in an infant or child through 2 years of age	**1/1/2010**			NPA
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	**1/1/2010**			NPA
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	**Pre-1990**			NPA
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)	**1/1/1999**			NPA
94016	Patient-initiated spirometric recording per 30-day period of time; review and interpretation only by a physician or other qualified health care professional	**Pre-1990**			NPA
94060	Bronchodilation responsiveness, spirometry as in 94010, pre- and post-bronchodilator administration	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
94070	Bronchospasm provocation evaluation, multiple spirometric determinations as in 94010, with administered agents (eg, antigen[s], cold air, methacholine)	**Pre-1990**			NPA
94150	Vital capacity, total (separate procedure)	**Pre-1990**			NPA
94200	Maximum breathing capacity, maximal voluntary ventilation	**Pre-1990**			NPA
94375	Respiratory flow volume loop	**Pre-1990**			NPA
94450	Breathing response to hypoxia (hypoxia response curve)	**Pre-1990**			NPA
94452	High altitude simulation test (HAST), with interpretation and report by a physician or other qualified health care professional	**1/1/2005**			NPA
94453	High altitude simulation test (HAST), with interpretation and report by a physician or other qualified health care professional; with supplemental oxygen titration	**1/1/2005**			NPA
94610	Intrapulmonary surfactant administration by a physician or other qualified health care professional through endotracheal tube	**1/1/2007**			NPA
94617	Exercise test for bronchospasm, including pre- and post-spirometry and pulse oximetry; with electrocardiographic recording(s)	**1/1/2018**			NPA
94618	Pulmonary stress testing (eg, 6-minute walk test), including measurement of heart rate, oximetry, and oxygen titration, when performed	**1/1/2018**			NPA
94619	Exercise test for bronchospasm, including pre- and post-spirometry and pulse oximetry; without electrocardiographic recording(s)	**1/1/2021**		**4/1/2021**	NPA
94621	Cardiopulmonary exercise testing, including measurements of minute ventilation, CO2 production, O2 uptake, and electrocardiographic recordings	**1/1/1999**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
94625	Physician or other qualified health care professional services for outpatient pulmonary rehabilitation; without continuous oximetry monitoring (per session)	**1/1/2022**		**1/1/2022**	NPA
94626	Physician or other qualified health care professional services for outpatient pulmonary rehabilitation; with continuous oximetry monitoring (per session)	**1/1/2022**		**1/1/2022**	NPA
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	**Pre-1990**			NPA
94642	Aerosol inhalation of pentamidine for pneumocystis carinii pneumonia treatment or prophylaxis	**1/1/1991**			NPA
94644	Continuous inhalation treatment with aerosol medication for acute airway obstruction; first hour	**1/1/2007**			NPA
94645	Continuous inhalation treatment with aerosol medication for acute airway obstruction; each additional hour (List separately in addition to code for primary procedure)	**1/1/2007**			NPA
94660	Continuous positive airway pressure ventilation (CPAP), initiation and management	**Pre-1990**			NPA
94662	Continuous negative pressure ventilation (CNP), initiation and management	**Pre-1990**			NPA
94664	Demonstration and/or evaluation of patient utilization of an aerosol generator, nebulizer, metered dose inhaler or IPPB device	**Pre-1990**			NPA
94667	Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; initial demonstration and/or evaluation	**Pre-1990**			NPA
94668	Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; subsequent	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
94669	Mechanical chest wall oscillation to facilitate lung function, per session	**1/1/2014**			NPA
94680	Oxygen uptake, expired gas analysis; rest and exercise, direct, simple	**Pre-1990**			NPA
94681	Oxygen uptake, expired gas analysis; including CO2 output, percentage oxygen extracted	**Pre-1990**			NPA
94690	Oxygen uptake, expired gas analysis; rest, indirect (separate procedure)	**Pre-1990**			NPA
94726	Plethysmography for determination of lung volumes and, when performed, airway resistance	**1/1/2012**			NPA
94727	Gas dilution or washout for determination of lung volumes and, when performed, distribution of ventilation and closing volumes	**1/1/2012**			NPA
94728	Airway resistance by oscillometry	**1/1/2012**			NPA
94729	Diffusing capacity (eg, carbon monoxide, membrane) (List separately in addition to code for primary procedure)	**1/1/2012**			NPA
94760	Noninvasive ear or pulse oximetry for oxygen saturation; single determination	**Pre-1990**			NPA
94761	Noninvasive ear or pulse oximetry for oxygen saturation; multiple determinations (eg, during exercise)	**Pre-1990**			NPA
94762	Noninvasive ear or pulse oximetry for oxygen saturation; by continuous overnight monitoring (separate procedure)	**Pre-1990**			NPA
94772	Circadian respiratory pattern recording (pediatric pneumogram), 12-24 hour continuous recording, infant	**Pre-1990**			NPA
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	**1/1/2007**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	preparation of a report by a physician or other qualified health care professional				
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)	**1/1/2007**			NPA
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	**1/1/2007**			NPA
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	**1/1/2007**			NPA
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	**1/1/2012**			NPA
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)	**1/1/2012**			NPA
94799	Unlisted pulmonary service or procedure	**Pre-1990**			PA
95004	Percutaneous tests (scratch, puncture, prick) with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests	**Pre-1990**		**1/1/2022**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
95012	Nitric oxide expired gas determination	**1/1/2007**			NPA
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	**1/1/2013**		**1/1/2022**	NC
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	**1/1/2013**		**1/1/2022**	NC
95024	Intracutaneous (intradermal) tests with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests	**Pre-1990**		**1/1/2022**	NC
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	**Pre-1990**		**1/1/2022**	NC
95028	Intracutaneous (intradermal) tests with allergenic extracts, delayed type reaction, including reading, specify number of tests	**1/1/1993**		**1/1/2022**	NC
95044	Patch or application test(s) (specify number of tests)	**1/1/1994**		**1/1/2022**	NC
95052	Photo patch test(s) (specify number of tests)	**1/1/1994**		**1/1/2022**	NC
95056	Photo tests	**Pre-1990**		**1/1/2022**	NC
95060	Ophthalmic mucous membrane tests	**Pre-1990**		**1/1/2022**	NC
95065	Direct nasal mucous membrane test	**Pre-1990**		**1/1/2022**	NC
95070	Inhalation bronchial challenge testing (not including necessary pulmonary function tests), with histamine, methacholine, or similar compounds	**Pre-1990**		**1/1/2022**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
95076	Ingestion challenge test (sequential and incremental ingestion of test items, eg, food, drug or other substance); initial 120 minutes of testing	**1/1/2013**		**1/1/2022**	NC
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)	**1/1/2013**		**1/1/2022**	NC
95115	Professional services for allergen immunotherapy not including provision of allergenic extracts; single injection	**Pre-1990**			NPA
95117	Professional services for allergen immunotherapy not including provision of allergenic extracts; 2 or more injections	**Pre-1990**			NPA
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	**Pre-1990**			NPA
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	**Pre-1990**			NPA
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	**Pre-1990**			NPA
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	**Pre-1990**			NPA
95132	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	qualified health care professional, including provision of allergenic extract; 3 stinging insect venoms				
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	**Pre-1990**			NPA
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	**Pre-1990**			NPA
95144	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy, single dose vial(s) (specify number of vials)	**Pre-1990**			NPA
95145	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); single stinging insect venom	**Pre-1990**			NPA
95146	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 2 single stinging insect venoms	**Pre-1990**			NPA
95147	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 3 single stinging insect venoms	**Pre-1990**			NPA
95148	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 4 single stinging insect venoms	**Pre-1990**			NPA
95149	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 5 single stinging insect venoms	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
95165	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; single or multiple antigens (specify number of doses)	**Pre-1990**			NPA
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)	**Pre-1990**			NPA
95180	Rapid desensitization procedure, each hour (eg, insulin, penicillin, equine serum)	**Pre-1990**			NPA
95199	Unlisted allergy/clinical immunologic service or procedure	**Pre-1990**			PA
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	**1/1/2018**			NPA
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	**1/1/2002**			NPA
95251	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; analysis, interpretation and report	**1/1/2006**			NPA
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	**1/1/2020**		**4/1/2020**	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
95705	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, 2-12 hours; unmonitored	**1/1/2020**		**4/1/2020**	NPA
95706	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, 2-12 hours; with intermittent monitoring and maintenance	**1/1/2020**		**4/1/2020**	NPA
95707	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, 2-12 hours; with continuous, real-time monitoring and maintenance	**1/1/2020**		**4/1/2020**	NPA
95708	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, each increment of 12-26 hours; unmonitored	**1/1/2020**		**4/1/2020**	NPA
95709	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, each increment of 12-26 hours; with intermittent monitoring and maintenance	**1/1/2020**		**4/1/2020**	NPA
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	**1/1/2020**		**4/1/2020**	NPA
95711	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; unmonitored	**1/1/2020**		**4/1/2020**	PA
95712	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; with intermittent monitoring and maintenance	**1/1/2020**		**4/1/2020**	PA
95713	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12	**1/1/2020**		**4/1/2020**	PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	hours; with continuous, real-time monitoring and maintenance				
95714	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; unmonitored	**1/1/2020**		**4/1/2020**	PA
95715	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; with intermittent monitoring and maintenance	**1/1/2020**		**4/1/2020**	PA
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	**1/1/2020**		**4/1/2020**	PA
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	**1/1/2020**		**4/1/2020**	NPA
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)	**1/1/2020**		**4/1/2020**	PA
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	**1/1/2020**		**4/1/2020**	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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)	**1/1/2020**		**4/1/2020**	PA
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	**1/1/2020**		**4/1/2020**	NPA
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)	**1/1/2020**		**4/1/2020**	PA
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	**1/1/2020**		**4/1/2020**	NPA
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)	**1/1/2020**		**4/1/2020**	PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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	**1/1/2020**		**4/1/2020**	NPA
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)	**1/1/2020**		**4/1/2020**	NPA
95782	Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, attended by a technologist	**1/1/2013**			NPA
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	**1/1/2013**			NPA
95800	Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time	**1/1/2011**			NPA
95801	Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (eg, by airflow or peripheral arterial tone)	**1/1/2011**			NPA
95803	Actigraphy testing, recording, analysis, interpretation, and report (minimum of 72 hours to 14 consecutive days of recording)	**1/1/2009**			NC
95805	Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of	**1/1/1991**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	physiological measurements of sleep during multiple trials to assess sleepiness				
95806	Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (eg, thoracoabdominal movement)	**Pre-1990**			NPA
95807	Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, attended by a technologist	**1/1/1994**			NPA
95808	Polysomnography; any age, sleep staging with 1-3 additional parameters of sleep, attended by a technologist	**Pre-1990**			NPA
95810	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist	**Pre-1990**			NPA
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	**Pre-1990**			NPA
95812	Electroencephalogram (EEG) extended monitoring; 41-60 minutes	**Pre-1990**			NPA
95813	Electroencephalogram (EEG) extended monitoring; 61-119 minutes	**Pre-1990**			NPA
95816	Electroencephalogram (EEG); including recording awake and drowsy	**Pre-1990**			NPA
95819	Electroencephalogram (EEG); including recording awake and asleep	**Pre-1990**			NPA
95822	Electroencephalogram (EEG); recording in coma or sleep only	**Pre-1990**			NPA
95824	Electroencephalogram (EEG); cerebral death evaluation only	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
95829	Electrocorticogram at surgery (separate procedure)	**Pre-1990**			NPA
95830	Insertion by physician or other qualified health care professional of sphenoidal electrodes for electroencephalographic (EEG) recording	**Pre-1990**			NPA
95836	Electrocorticogram from an implanted brain neurostimulator pulse generator/transmitter, including recording, with interpretation and written report, up to 30 days	**1/1/2019**			NPA
95851	Range of motion measurements and report (separate procedure); each extremity (excluding hand) or each trunk section (spine)	**Pre-1990**		**9/1/2023**	NPA
95852	Range of motion measurements and report (separate procedure); hand, with or without comparison with normal side	**Pre-1990**		**9/1/2023**	NPA
95857	Cholinesterase inhibitor challenge test for myasthenia gravis	**Pre-1990**			NPA
95860	Needle electromyography; 1 extremity with or without related paraspinal areas	**Pre-1990**			NPA
95861	Needle electromyography; 2 extremities with or without related paraspinal areas	**Pre-1990**			NPA
95863	Needle electromyography; 3 extremities with or without related paraspinal areas	**Pre-1990**			NPA
95864	Needle electromyography; 4 extremities with or without related paraspinal areas	**Pre-1990**			NPA
95865	Needle electromyography; larynx	**1/1/2006**			NPA
95866	Needle electromyography; hemidiaphragm	**1/1/2006**			NPA
95867	Needle electromyography; cranial nerve supplied muscle(s), unilateral	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
95868	Needle electromyography; cranial nerve supplied muscles, bilateral	**Pre-1990**			NPA
95869	Needle electromyography; thoracic paraspinal muscles (excluding T1 or T12)	**Pre-1990**			NPA
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	**Pre-1990**			NPA
95872	Needle electromyography using single fiber electrode, with quantitative measurement of jitter, blocking and/or fiber density, any/all sites of each muscle studied	**Pre-1990**			NPA
95873	Electrical stimulation for guidance in conjunction with chemodenervation (List separately in addition to code for primary procedure)	**1/1/2006**			NPA
95874	Needle electromyography for guidance in conjunction with chemodenervation (List separately in addition to code for primary procedure)	**1/1/2006**			NPA
95875	Ischemic limb exercise test with serial specimen(s) acquisition for muscle(s) metabolite(s)	**Pre-1990**			NPA
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)	**1/1/2012**			NPA
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)	**1/1/2012**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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)	**1/1/2012**			NPA
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	**1/1/2010**		**9/1/2023**	NPA
95907	Nerve conduction studies; 1-2 studies	**1/1/2013**			NPA
95908	Nerve conduction studies; 3-4 studies	**1/1/2013**			NPA
95909	Nerve conduction studies; 5-6 studies	**1/1/2013**			NPA
95910	Nerve conduction studies; 7-8 studies	**1/1/2013**			NPA
95911	Nerve conduction studies; 9-10 studies	**1/1/2013**			NPA
95912	Nerve conduction studies; 11-12 studies	**1/1/2013**			NPA
95913	Nerve conduction studies; 13 or more studies	**1/1/2013**			NPA
95919	Quantitative pupillometry with physician or other qualified health care professional interpretation and report, unilateral or bilateral	**1/1/2023**		**9/1/2023**	NPA
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	**Pre-1990**			NPA
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	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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	**Pre-1990**			NPA
95924	Testing of autonomic nervous system function; combined parasympathetic and sympathetic adrenergic function testing with at least 5 minutes of passive tilt	**1/1/2013**			NPA
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	**Pre-1990**			NPA
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	**1/1/1996**			NPA
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	**1/1/1996**			NPA
95928	Central motor evoked potential study (transcranial motor stimulation); upper limbs	**1/1/2005**			NPA
95929	Central motor evoked potential study (transcranial motor stimulation); lower limbs	**1/1/2005**			NPA
95930	Visual evoked potential (VEP) checkerboard or flash testing, central nervous system except glaucoma, with interpretation and report	**1/1/1996**			NPA
95933	Orbicularis oculi (blink) reflex, by electrodiagnostic testing	**Pre-1990**			NPA
95937	Neuromuscular junction testing (repetitive stimulation, paired stimuli), each nerve, any 1 method	**Pre-1990**			NPA
95938	Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites,	**1/1/2012**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	recording from the central nervous system; in upper and lower limbs				
95939	Central motor evoked potential study (transcranial motor stimulation); in upper and lower limbs	**1/1/2012**			NPA
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)	**1/1/2013**			NPA
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)	**1/1/2013**			NPA
95954	Pharmacological or physical activation requiring physician or other qualified health care professional attendance during EEG recording of activation phase (eg, thiopental activation test)	**Pre-1990**			NPA
95955	Electroencephalogram (EEG) during nonintracranial surgery (eg, carotid surgery)	**Pre-1990**			NPA
95957	Digital analysis of electroencephalogram (EEG) (eg, for epileptic spike analysis)	**1/1/1995**			NPA
95958	Wada activation test for hemispheric function, including electroencephalographic (EEG) monitoring	**Pre-1990**			NPA
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	**Pre-1990**			PA
95962	Functional cortical and subcortical mapping by stimulation and/or recording of electrodes on brain	**Pre-1990**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	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)				
95965	Magnetoencephalography (MEG), recording and analysis; for spontaneous brain magnetic activity (eg, epileptic cerebral cortex localization)	**1/1/2002**			NPA
95966	Magnetoencephalography (MEG), recording and analysis; for evoked magnetic fields, single modality (eg, sensory, motor, language, or visual cortex localization)	**1/1/2002**			NPA
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)	**1/1/2002**			NPA
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	**Pre-1990**		**9/1/2023**	NPA
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	**Pre-1990**		**9/1/2023**	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	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				
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	**Pre-1990**		**9/1/2023**	NPA
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	**1/1/2019**			NPA
95977	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving,	**1/1/2019**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	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				
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	**1/1/2008**		**9/1/2023**	NPA
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	**1/1/2008**			NPA
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	**1/1/2008**			NPA
95983	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling,	**1/1/2019**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	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				
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)	**1/1/2019**			NPA
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	**1/1/2003**			NPA
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	**1/1/2004**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
95992	Canalith repositioning procedure(s) (eg, Epley maneuver, Semont maneuver), per day	1/1/2009			NPA
95999	Unlisted neurological or neuromuscular diagnostic procedure	Pre-1990		9/1/2023	NPA
96000	Comprehensive computer-based motion analysis by video-taping and 3D kinematics	1/1/2002			NPA
96001	Comprehensive computer-based motion analysis by video-taping and 3D kinematics; with dynamic plantar pressure measurements during walking	1/1/2002			NPA
96002	Dynamic surface electromyography, during walking or other functional activities, 1-12 muscles	1/1/2002			NPA
96003	Dynamic fine wire electromyography, during walking or other functional activities, 1 muscle	1/1/2002			NPA
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	1/1/2002			NPA
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	1/1/2007			NPA
96040	Medical genetics and genetic counseling services, each 30 minutes face-to-face with patient/family	1/1/2007			NPA
96105	Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading,	1/1/1996			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	spelling, writing, eg, by Boston Diagnostic Aphasia Examination) with interpretation and report, per hour				
96110	Developmental screening (eg, developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument	**Pre-1990**			NPA
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	**1/1/2019**			NPA
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)	**1/1/2019**			NPA
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	**1/1/2006**			NPA
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	**1/1/2019**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	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)				
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	**1/1/2008**			NPA
96127	Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument	**1/1/2015**			NPA
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	**1/1/2019**			NPA
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)	**1/1/2019**			NPA
96132	Neuropsychological testing evaluation services by physician or other qualified health care professional,	**1/1/2019**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	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				
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)	**1/1/2019**			NPA
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	**1/1/2019**			NPA
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)	**1/1/2019**			NPA
96138	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes	**1/1/2019**			NPA
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)	**1/1/2019**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
96146	Psychological or neuropsychological test administration, with single automated, standardized instrument via electronic platform, with automated result only	**1/1/2019**			NPA
96156	Health behavior assessment, or re-assessment (ie, health-focused clinical interview, behavioral observations, clinical decision making)	**1/1/2020**		**4/1/2020**	NPA
96158	Health behavior intervention, individual, face-to-face; initial 30 minutes	**1/1/2020**		**4/1/2020**	NPA
96159	Health behavior intervention, individual, face-to-face; each additional 15 minutes (List separately in addition to code for primary service)	**1/1/2020**		**4/1/2020**	NPA
96160	Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized instrument	**1/1/2017**		**9/1/2023**	NPA
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	**1/1/2017**			NPA
96164	Health behavior intervention, group (2 or more patients), face-to-face; initial 30 minutes	**1/1/2020**		**4/1/2020**	NPA
96165	Health behavior intervention, group (2 or more patients), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)	**1/1/2020**		**4/1/2020**	NPA
96167	Health behavior intervention, family (with the patient present), face-to-face; initial 30 minutes	**1/1/2020**		**4/1/2020**	NPA
96168	Health behavior intervention, family (with the patient present), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)	**1/1/2020**		**4/1/2020**	NPA
96170	Health behavior intervention, family (without the patient present), face-to-face; initial 30 minutes	**1/1/2020**		**4/1/2020**	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
96171	Health behavior intervention, family (without the patient present), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)	**1/1/2020**		**4/1/2020**	NPA
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	**1/1/2023**		**2/1/2023**	PA
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 service)	**1/1/2023**		**2/1/2023**	PA
96360	Intravenous infusion, hydration; initial, 31 minutes to 1 hour	**1/1/2009**			NPA
96361	Intravenous infusion, hydration; each additional hour (List separately in addition to code for primary procedure)	**1/1/2009**			NPA
96365	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour	**1/1/2009**			NPA
96366	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure)	**1/1/2009**			NPA
96367	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); additional sequential infusion	**1/1/2009**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	of a new drug/substance, up to 1 hour (List separately in addition to code for primary procedure)				
96368	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); concurrent infusion (List separately in addition to code for primary procedure)	1/1/2009			NPA
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)	1/1/2009			NPA
96370	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure)	1/1/2009			NPA
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)	1/1/2009			NPA
96372	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular	1/1/2009			NPA
96373	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intra-arterial	1/1/2009			NPA
96374	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug	1/1/2009			NPA
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)	1/1/2009			NPA
96376	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of the same substance/drug provided in	1/1/2009			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	a facility (List separately in addition to code for primary procedure)				
96377	Application of on-body injector (includes cannula insertion) for timed subcutaneous injection	**1/1/2017**		**7/1/2023**	NPA
96379	Unlisted therapeutic, prophylactic, or diagnostic intravenous or intra-arterial injection or infusion	**1/1/2009**			PA
96380	Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection, with counseling by physician or other qualified health care professional	**10/6/2023**		**10/6/2023**	NPA
96381	Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection	**10/6/2023**		**10/6/2023**	NPA
96401	Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic	**1/1/2006**			NPA
96402	Chemotherapy administration, subcutaneous or intramuscular; hormonal anti-neoplastic	**1/1/2006**			NPA
96405	Chemotherapy administration; intralesional, up to and including 7 lesions	**Pre-1990**			NPA
96406	Chemotherapy administration; intralesional, more than 7 lesions	**Pre-1990**			NPA
96409	Chemotherapy administration; intravenous, push technique, single or initial substance/drug	**1/1/2006**			NPA
96411	Chemotherapy administration; intravenous, push technique, each additional substance/drug (List separately in addition to code for primary procedure)	**1/1/2006**			NPA
96413	Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug	**1/1/2006**			NPA
96415	Chemotherapy administration, intravenous infusion technique; each additional hour (List separately in addition to code for primary procedure)	**1/1/2006**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
96416	Chemotherapy administration, intravenous infusion technique; initiation of prolonged chemotherapy infusion (more than 8 hours), requiring use of a portable or implantable pump	**1/1/2006**			NPA
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)	**1/1/2006**			NPA
96420	Chemotherapy administration, intra-arterial; push technique	**1/1/1990**			NPA
96422	Chemotherapy administration, intra-arterial; infusion technique, up to 1 hour	**Pre-1990**			NPA
96423	Chemotherapy administration, intra-arterial; infusion technique, each additional hour (List separately in addition to code for primary procedure)	**Pre-1990**			NPA
96425	Chemotherapy administration, intra-arterial; infusion technique, initiation of prolonged infusion (more than 8 hours), requiring the use of a portable or implantable pump	**1/1/1990**			NPA
96440	Chemotherapy administration into pleural cavity, requiring and including thoracentesis	**1/1/1990**			NPA
96446	Chemotherapy administration into the peritoneal cavity via indwelling port or catheter	**1/1/2011**			NPA
96450	Chemotherapy administration, into CNS (eg, intrathecal), requiring and including spinal puncture	**Pre-1990**			NPA
96521	Refilling and maintenance of portable pump	**1/1/2006**			NPA
96522	Refilling and maintenance of implantable pump or reservoir for drug delivery, systemic (eg, intravenous, intra-arterial)	**1/1/2006**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
96523	Irrigation of implanted venous access device for drug delivery systems	**1/1/2006**			NPA
96542	Chemotherapy injection, subarachnoid or intraventricular via subcutaneous reservoir, single or multiple agents	**1/1/1993**			NPA
96549	Unlisted chemotherapy procedure	**Pre-1990**		**9/1/2023**	PA
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	**1/1/2002**			NPA
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)	**Pre-1990**			NPA
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)	**Pre-1990**			NPA
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	**1/1/2018**			NC
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	**1/1/2018**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	photosensitizing drug(s) provided by a physician or other qualified health care professional, per day				
96900	Actinotherapy (ultraviolet light)	**Pre-1990**			NPA
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	**1/1/1998**			NC
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	**1/1/2007**			NPA
96910	Photochemotherapy; tar and ultraviolet B (Goeckerman treatment) or petrolatum and ultraviolet B	**Pre-1990**			NPA
96912	Photochemotherapy; psoralens and ultraviolet A (PUVA)	**Pre-1990**			NPA
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)	**Pre-1990**			NPA
96920	Laser treatment for inflammatory skin disease (psoriasis); total area less than 250 sq cm	**1/1/2003**			NPA
96921	Laser treatment for inflammatory skin disease (psoriasis); 250 sq cm to 500 sq cm	**1/1/2003**			NPA
96922	Laser treatment for inflammatory skin disease (psoriasis); over 500 sq cm	**1/1/2003**			NPA
96931	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, first lesion	**1/1/2016**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
96932	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition only, first lesion	**1/1/2016**			NPA
96933	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; interpretation and report only, first lesion	**1/1/2016**			NPA
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)	**1/1/2016**			NPA
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)	**1/1/2016**		**7/1/2023**	NC
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)	**1/1/2016**		**7/1/2023**	NC
96999	Unlisted special dermatological service or procedure	**Pre-1990**			PA
97010	Application of a modality to 1 or more areas; hot or cold packs	**Pre-1990**		**7/1/2023**	NC
97012	Application of a modality to 1 or more areas; traction, mechanical	**Pre-1990**			NPA
97014	Application of a modality to 1 or more areas; electrical stimulation (unattended)	**Pre-1990**		**7/1/2023**	NC
97016	Application of a modality to 1 or more areas; vasopneumatic devices	**Pre-1990**			NPA
97018	Application of a modality to 1 or more areas; paraffin bath	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
97022	Application of a modality to 1 or more areas; whirlpool	**Pre-1990**		**1/1/2022**	NC
97024	Application of a modality to 1 or more areas; diathermy (eg, microwave)	**Pre-1990**			NPA
97026	Application of a modality to 1 or more areas; infrared	**Pre-1990**			NPA
97028	Application of a modality to 1 or more areas; ultraviolet	**Pre-1990**			NPA
97032	Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes	**Pre-1990**			NPA
97033	Application of a modality to 1 or more areas; iontophoresis, each 15 minutes	**Pre-1990**			NPA
97034	Application of a modality to 1 or more areas; contrast baths, each 15 minutes	**Pre-1990**			NPA
97035	Application of a modality to 1 or more areas; ultrasound, each 15 minutes	**Pre-1990**		**9/1/2023**	NPA
97036	Application of a modality to 1 or more areas; Hubbard tank, each 15 minutes	**Pre-1990**		**9/1/2023**	NPA
97039	Unlisted modality (specify type and time if constant attendance)	**Pre-1990**			PA
97110	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	**Pre-1990**			NPA
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	**Pre-1990**			NPA
97113	Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises	**Pre-1990**			NC
97116	Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
97124	Therapeutic procedure, 1 or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)	**Pre-1990**			NPA
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	**1/1/2020**		**4/1/2020**	NPA
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)	**1/1/2020**		**4/1/2020**	NPA
97139	Unlisted therapeutic procedure (specify)	**Pre-1990**			PA
97140	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes	**Pre-1990**			NPA
97150	Therapeutic procedure(s), group (2 or more individuals)	**1/1/1995**			NPA
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	**1/1/2019**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan				
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	**1/1/2019**			PA
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	**1/1/2019**			PA
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	**1/1/2019**			PA
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	**1/1/2019**			PA
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	**1/1/2019**			PA
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	**1/1/2019**		**7/1/2023**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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	**1/1/2019**			PA
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.	**1/1/2017**			NPA
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.	**1/1/2017**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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.	**1/1/2017**			NPA
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.	**1/1/2017**			NPA
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	**1/1/2017**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	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.				
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.	**1/1/2017**			NPA
97167	Occupational therapy evaluation, high complexity, requiring these components: An occupational profile and medical and therapy history, which includes review of	**1/1/2017**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	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.				
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.	**1/1/2017**			NPA
97169	Athletic training evaluation, low complexity, requiring these components: A history and physical activity profile with no comorbidities that affect physical activity; An	**1/1/2017**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	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.				
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.	**1/1/2017**			NC
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	**1/1/2017**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	assessment instrument and/or measurable assessment of functional outcome. Typically, 45 minutes are spent face-to-face with the patient and/or family.				
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.	**1/1/2017**			NC
97530	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	**Pre-1990**			NPA
97533	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	**1/1/2001**		**7/1/2023**	NPA
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	**Pre-1990**		**9/1/2023**	PA
97039	Unlisted modality (specify type and time if constant attendance)	**Pre-1990**		**9/1/2023**	NC
97542	Wheelchair management (eg, assessment, fitting, training), each 15 minutes	**Pre-1990**			NC
97545	Work hardening/conditioning; initial 2 hours	**1/1/1993**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
97546	Work hardening/conditioning; each additional hour (List separately in addition to code for primary procedure)	**1/1/1993**			NC
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	**1/1/2005**			NPA
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)	**1/1/2005**			NPA
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	**1/1/2001**		**9/1/2023**	NC
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	**1/1/2005**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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	**1/1/2005**			NPA
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	**1/1/2015**			NPA
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	**1/1/2015**			NPA
97610	Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day	**1/1/2014**			NC
97750	Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes	**1/1/1995**			NPA
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	**1/1/2004**		**9/1/2023**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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	**1/1/2006**			NPA
97761	Prosthetic(s) training, upper and/or lower extremity(ies), initial prosthetic(s) encounter, each 15 minutes	**1/1/2006**			NPA
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	**1/1/2018**			NPA
97799	Unlisted physical medicine/rehabilitation service or procedure	**Pre-1990**			PA
97802	Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes	**1/1/2001**		**9/1/2023**	NPA
97803	Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes	**1/1/2001**		**9/1/2023**	NPA
97804	Medical nutrition therapy; group (2 or more individual(s)), each 30 minutes	**1/1/2001**		**9/1/2023**	NPA
97810	Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient	**1/1/2005**			NC
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)	**1/1/2005**			NC
97813	Acupuncture, 1 or more needles; with electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient	**1/1/2005**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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)	**1/1/2005**			NC
98925	Osteopathic manipulative treatment (OMT); 1-2 body regions involved	**Pre-1990**			NPA
98926	Osteopathic manipulative treatment (OMT); 3-4 body regions involved	**Pre-1990**			NPA
98927	Osteopathic manipulative treatment (OMT); 5-6 body regions involved	**Pre-1990**			NPA
98928	Osteopathic manipulative treatment (OMT); 7-8 body regions involved	**Pre-1990**			NPA
98929	Osteopathic manipulative treatment (OMT); 9-10 body regions involved	**Pre-1990**			NPA
98940	Chiropractic manipulative treatment (CMT); spinal, 1-2 regions	**Pre-1990**			NPA
98941	Chiropractic manipulative treatment (CMT); spinal, 3-4 regions	**Pre-1990**			NPA
98942	Chiropractic manipulative treatment (CMT); spinal, 5 regions	**Pre-1990**			NPA
98943	Chiropractic manipulative treatment (CMT); extraspinal, 1 or more regions	**Pre-1990**			NPA
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	**1/1/2006**			NPA
98961	Education and training for patient self-management by a qualified, nonphysician health care professional using a	**1/1/2006**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; 2-4 patients				
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	**1/1/2006**			NPA
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	**1/1/2008**		**3/1/2023**	NPA
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	**1/1/2008**		**9/1/2023**	NPA
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	**1/1/2008**		**9/1/2023**	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion				
98970	Qualified nonphysician health care professional online digital assessment and management, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes	**1/1/2020**		**3/1/2023**	NPA
98971	Qualified nonphysician health care professional online digital assessment and management, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes	**1/1/2020**		**3/1/2023**	NPA
98972	Qualified nonphysician health care professional online digital assessment and management, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes	**1/1/2020**		**3/1/2023**	NPA
98975	Remote therapeutic monitoring (eg, respiratory system status, musculoskeletal system status, therapy adherence, therapy response); initial set-up and patient education on use of equipment	**1/1/2022**		**1/1/2022**	NC
98976	Remote therapeutic monitoring (eg, respiratory system status, musculoskeletal system status, therapy adherence, therapy response); device(s) supply with scheduled (eg, daily) recording(s) and/or programmed alert(s) transmission to monitor respiratory system, each 30 days	**1/1/2022**		**1/1/2022**	NC
98977	Remote therapeutic monitoring (eg, respiratory system status, musculoskeletal system status, therapy adherence, therapy response); device(s) supply with scheduled (eg, daily) recording(s) and/or programmed alert(s) transmission to monitor musculoskeletal system, each 30 days	**1/1/2022**		**1/1/2022**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
98978	Remote therapeutic monitoring (eg, therapy adherence, therapy response); device(s) supply with scheduled (eg, daily) recording(s) and/or programmed alert(s) transmission to monitor cognitive behavioral therapy, each 30 days	**1/1/2023**		**2/1/2023**	NC
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	**1/1/2022**		**1/1/2022**	NC
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)	**1/1/2022**		**1/1/2022**	NC
99000	Handling and/or conveyance of specimen for transfer from the office to a laboratory	**Pre-1990**		**9/1/2023**	NC
99001	Handling and/or conveyance of specimen for transfer from the patient in other than an office to a laboratory (distance may be indicated)	**Pre-1990**		**9/1/2023**	NC
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	**Pre-1990**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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	**Pre-1990**		**9/1/2023**	NPA
99026	Hospital mandated on call service; in-hospital, each hour	**1/1/2003**			NC
99027	Hospital mandated on call service; out-of-hospital, each hour	**1/1/2003**			NC
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	**Pre-1990**			NC
99051	Service(s) provided in the office during regularly scheduled evening, weekend, or holiday office hours, in addition to basic service	**1/1/2006**			NC
99053	Service(s) provided between 10:00 PM and 8:00 AM at 24-hour facility, in addition to basic service	**1/1/2006**		**9/1/2023**	NPA
99056	Service(s) typically provided in the office, provided out of the office at request of patient, in addition to basic service	**Pre-1990**			NC
99058	Service(s) provided on an emergency basis in the office, which disrupts other scheduled office services, in addition to basic service	**Pre-1990**			NC
99060	Service(s) provided on an emergency basis, out of the office, which disrupts other scheduled office services, in addition to basic service	**1/1/2006**			NC
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	**Pre-1990**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	or other services rendered (list drugs, trays, supplies, or materials provided)				
99071	Educational supplies, such as books, tapes, and pamphlets, for the patient's education at cost to physician or other qualified health care professional	**Pre-1990**			NC
99075	Medical testimony	**Pre-1990**			NC
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)	**Pre-1990**			NC
99080	Special reports such as insurance forms, more than the information conveyed in the usual medical communications or standard reporting form	**Pre-1990**			NC
99082	Unusual travel (eg, transportation and escort of patient)	**Pre-1990**			NC
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	**1/1/2002**			NPA
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)	**Pre-1990**			NPA
99116	Anesthesia complicated by utilization of total body hypothermia (List separately in addition to code for primary anesthesia procedure)	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
99135	Anesthesia complicated by utilization of controlled hypotension (List separately in addition to code for primary anesthesia procedure)	**Pre-1990**			NPA
99140	Anesthesia complicated by emergency conditions (specify) (List separately in addition to code for primary anesthesia procedure)	**Pre-1990**			NPA
99151	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intraservice time, patient younger than 5 years of age	**1/1/2017**			NPA
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	**1/1/2017**			NPA
99153	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; each additional 15 minutes intraservice time (List separately in addition to code for primary service)	**1/1/2017**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
99155	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient younger than 5 years of age	**1/1/2017**			NPA
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	**1/1/2017**			NPA
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)	**1/1/2017**			NPA
99170	Anogenital examination, magnified, in childhood for suspected trauma, including image recording when performed	**1/1/2000**			NPA
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)	**1/1/2001**		**9/1/2023**	NPA
99173	Screening test of visual acuity, quantitative, bilateral	**1/1/2000**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
99174	Instrument-based ocular screening (eg, photoscreening, automated-refraction), bilateral; with remote analysis and report	**1/1/2008**		**9/1/2023**	NPA
99175	Ipecac or similar administration for individual emesis and continued observation until stomach adequately emptied of poison	**Pre-1990**			NPA
99177	Instrument-based ocular screening (eg, photoscreening, automated-refraction), bilateral; with on-site analysis	**1/1/2016**		**9/1/2023**	NC
99183	Physician or other qualified health care professional attendance and supervision of hyperbaric oxygen therapy, per session	**Pre-1990**			PA
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	**1/1/2015**			NPA
99188	Application of topical fluoride varnish by a physician or other qualified health care professional	**1/1/2015**			NC
99190	Assembly and operation of pump with oxygenator or heat exchanger (with or without ECG and/or pressure monitoring); each hour	**Pre-1990**			NPA
99191	Assembly and operation of pump with oxygenator or heat exchanger (with or without ECG and/or pressure monitoring); 45 minutes	**Pre-1990**			NPA
99192	Assembly and operation of pump with oxygenator or heat exchanger (with or without ECG and/or pressure monitoring); 30 minutes	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
99195	Phlebotomy, therapeutic (separate procedure)	**Pre-1990**			NPA
99199	Unlisted special service, procedure or report	**Pre-1990**			PA
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.	**Pre-1990**			NPA
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.	**Pre-1990**			NPA
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.	**Pre-1990**			NPA
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 of medical decision making. When using time for code selection, 60-74 minutes of total time is spent on the date of the encounter.	**Pre-1990**			NPA
99211	Office or other outpatient visit for the evaluation and management of an established patient that may not	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	require the presence of a physician or other qualified health care professional				
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.	**Pre-1990**			NPA
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.	**Pre-1990**			NPA
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.	**Pre-1990**			NPA
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 of medical decision making. When using time for code selection, 40-54 minutes of total time is spent on the date of the encounter.	**Pre-1990**			NPA
99217	Observation care discharge day management (This code is to be utilized to report all services provided to a patient on discharge from outpatient hospital "observation status" if the discharge is on other than the initial date of	**Pre-1990**	**12/31/2022**	**9/1/2023**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	"observation status." To report services to a patient designated as "observation status" or "inpatient status" and discharged on the same date, use the codes for Observation or Inpatient Care Services [including Admission and Discharge Services, 99234-99236 as appropriate.])				
99218	Initial observation care, per day, for the evaluation and management of a patient which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to outpatient hospital "observation status" are of low severity. Typically, 30 minutes are spent at the bedside and on the patient's hospital floor or unit.	**Pre-1990**	**12/31/2022**	**9/1/2023**	NC
99219	Initial observation care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to outpatient hospital "observation status" are of moderate severity.	**Pre-1990**	**12/31/2022**	**9/1/2023**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.				
99220	Initial observation care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to outpatient hospital "observation status" are of high severity. Typically, 70 minutes are spent at the bedside and on the patient's hospital floor or unit.	**Pre-1990**	**12/31/2022**	**9/1/2023**	NC
99221	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of low severity. Typically, 30 minutes are spent at the bedside and on the patient's hospital floor or unit.	**Pre-1990**			NPA
99222	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.				
99223	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of high severity. Typically, 70 minutes are spent at the bedside and on the patient's hospital floor or unit.	**Pre-1990**			NPA
99224	Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: Problem focused interval history; Problem focused examination; Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering, or improving. Typically, 15 minutes are spent at the bedside and on the patient's hospital floor or unit.	**1/1/2011**	**12/31/2022**	**9/1/2023**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
99225	Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Typically, 25 minutes are spent at the bedside and on the patient's hospital floor or unit.	1/1/2011	12/31/2022	9/1/2023	NC
99226	Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant complication or a significant new problem. Typically, 35 minutes are spent at the bedside and on the patient's hospital floor or unit.	1/1/2011	12/31/2022	9/1/2023	NC
99231	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Medical decision making that is straightforward or of low complexity.	Pre-1990			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering or improving. Typically, 15 minutes are spent at the bedside and on the patient's hospital floor or unit.				
99232	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Typically, 25 minutes are spent at the bedside and on the patient's hospital floor or unit.	**Pre-1990**			NPA
99233	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant complication or a significant new problem.	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	Typically, 35 minutes are spent at the bedside and on the patient's hospital floor or unit.				
99234	Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of low severity. Typically, 40 minutes are spent at the bedside and on the patient's hospital floor or unit.	**Pre-1990**			NPA
99235	Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.	**Pre-1990**			NPA
99236	Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of high severity. Typically, 55 minutes are spent at the bedside and on the patient's hospital floor or unit.				
99238	Hospital discharge day management; 30 minutes or less	**1/1/1992**			NPA
99239	Hospital discharge day management; more than 30 minutes	**1/1/1996**			NPA
99241	Office consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 15 minutes are spent face-to-face with the patient and/or family.	**Pre-1990**	**12/31/2022**		NPA
99242	Office consultation for a new or established patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	Usually, the presenting problem(s) are of low severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.				
99243	Office consultation for a new or established patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.	**Pre-1990**			NPA
99244	Office consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.	**Pre-1990**			NPA
99245	Office consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 80 minutes are spent face-to-face with the patient and/or family.				
99251	Inpatient consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 20 minutes are spent at the bedside and on the patient's hospital floor or unit.	**Pre-1990**	**12/31/2022**	**9/1/2023**	NC
99252	Inpatient consultation for a new or established patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Typically, 40 minutes are spent at the bedside and on the patient's hospital floor or unit.	**Pre-1990**			NPA
99253	Inpatient consultation for a new or established patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 55 minutes are spent at the bedside and on the patient's hospital floor or unit.				
99254	Inpatient consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 80 minutes are spent at the bedside and on the patient's hospital floor or unit.	**Pre-1990**			NPA
99255	Inpatient consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 110 minutes are spent at the bedside and on the patient's hospital floor or unit.	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
99281	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor.	**Pre-1990**			NPA
99282	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity.	**Pre-1990**			NPA
99283	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity.	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
99284	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity, and require urgent evaluation by the physician, or other qualified health care professionals but do not pose an immediate significant threat to life or physiologic function.	**Pre-1990**			NPA
99285	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components within the constraints imposed by the urgency of the patient's clinical condition and/or mental status: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity and pose an immediate significant threat to life or physiologic function.	**Pre-1990**			NPA
99288	Physician or other qualified health care professional direction of emergency medical systems (EMS) emergency care, advanced life support	**Pre-1990**			NPA
99291	Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes	**1/1/1992**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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)	**1/1/1992**			NPA
99304	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of low severity. Typically, 25 minutes are spent at the bedside and on the patient's facility floor or unit.	**1/1/2006**			NPA
99305	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of moderate severity. Typically, 35 minutes are spent at the bedside and on the patient's facility floor or unit.	**1/1/2006**			NPA
99306	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive	**1/1/2006**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of high severity. Typically, 45 minutes are spent at the bedside and on the patient's facility floor or unit.				
99307	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering, or improving. Typically, 10 minutes are spent at the bedside and on the patient's facility floor or unit.	**1/1/2006**			NPA
99308	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy	**1/1/2006**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	or has developed a minor complication. Typically, 15 minutes are spent at the bedside and on the patient's facility floor or unit.				
99309	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient has developed a significant complication or a significant new problem. Typically, 25 minutes are spent at the bedside and on the patient's facility floor or unit.	**1/1/2006**			NPA
99310	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A comprehensive interval history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Typically, 35 minutes are spent at the bedside and on the patient's facility floor or unit.	**1/1/2006**			NPA
99315	Nursing facility discharge day management; 30 minutes or less	**1/1/1998**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
99316	Nursing facility discharge day management; more than 30 minutes	**1/1/1998**			NPA
99318	Evaluation and management of a patient involving an annual nursing facility assessment, which requires these 3 key components: A detailed interval history; A comprehensive examination; and Medical decision making that is of low to moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering, or improving. Typically, 30 minutes are spent at the bedside and on the patient's facility floor or unit.	**1/1/2006**	**12/31/2022**		NPA
99324	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Typically, 20 minutes are spent with the patient and/or family or caregiver.	**1/1/2006**	**12/31/2022**	**9/1/2023**	NC
99325	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity. Counseling	**1/1/2006**	**12/31/2022**	**9/1/2023**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent with the patient and/or family or caregiver.				
99326	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent with the patient and/or family or caregiver.	1/1/2006	12/31/2022	9/1/2023	NC
99327	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity. Typically, 60 minutes are spent with the patient and/or family or caregiver.	1/1/2006	12/31/2022	9/1/2023	NC
99328	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3	1/1/2006	12/31/2022	9/1/2023	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant new problem requiring immediate physician attention. Typically, 75 minutes are spent with the patient and/or family or caregiver.				
99334	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Typically, 15 minutes are spent with the patient and/or family or caregiver.	1/1/2006	12/31/2022	**9/1/2023**	NC
99335	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the	1/1/2006	12/31/2022	**9/1/2023**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 25 minutes are spent with the patient and/or family or caregiver.				
99336	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent with the patient and/or family or caregiver.	1/1/2006	12/31/2022	**9/1/2023**	NC
99337	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive interval history; A comprehensive examination; Medical decision making of moderate to high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Typically, 60 minutes are spent with the patient and/or family or caregiver.	1/1/2006	12/31/2022	**9/1/2023**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
99339	Individual physician supervision of a patient (patient not present) in home, domiciliary or rest home (eg, assisted living facility) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes	1/1/2006	12/31/2022	9/1/2023	NC
99340	Individual physician supervision of a patient (patient not present) in home, domiciliary or rest home (eg, assisted living facility) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more	1/1/2006	12/31/2022	9/1/2023	NC
99341	Home visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination;	Pre-1990			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Typically, 20 minutes are spent face-to-face with the patient and/or family.				
99342	Home visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.	**Pre-1990**			NPA
99343	Home visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent face-to-face with the patient and/or family.	**Pre-1990**	**12/31/2022**	**9/1/2023**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
99344	Home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.	**Pre-1990**			NPA
99345	Home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant new problem requiring immediate physician attention. Typically, 75 minutes are spent face-to-face with the patient and/or family.	**Pre-1990**			NPA
99347	Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 15 minutes are spent face-to-face with the patient and/or family.				
99348	Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.	**Pre-1990**			NPA
99349	Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are moderate to high severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.	**Pre-1990**			NPA
99350	Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive interval history; A	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	comprehensive examination; Medical decision making of moderate to high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Typically, 60 minutes are spent face-to-face with the patient and/or family.				
99354	Prolonged service(s) in the outpatient setting requiring direct patient contact beyond the time of the usual service; first hour (List separately in addition to code for outpatient Evaluation and Management or psychotherapy service, except with office or other outpatient services [99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215])	Pre-1990	12/31/2022	9/1/2023	NC
99355	Prolonged service(s) in the outpatient setting requiring direct patient contact beyond the time of the usual service; each additional 30 minutes (List separately in addition to code for prolonged service)	Pre-1990	12/31/2022	9/1/2023	NC
99356	Prolonged service in the inpatient or observation setting, requiring unit/floor time beyond the usual service; first hour (List separately in addition to code for inpatient or observation Evaluation and Management service)	Pre-1990	12/31/2022	9/1/2023	NC
99357	Prolonged service in the inpatient or observation setting, requiring unit/floor time beyond the usual service; each additional 30 minutes (List separately in addition to code for prolonged service)	Pre-1990	12/31/2022	9/1/2023	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
99358	Prolonged evaluation and management service before and/or after direct patient care; first hour	**Pre-1990**			NPA
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)	**Pre-1990**			NPA
99360	Standby service, requiring prolonged attendance, each 30 minutes (eg, operative standby, standby for frozen section, for cesarean/high risk delivery, for monitoring EEG)	**Pre-1990**			NPA
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	**1/1/2008**			NPA
99367	Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more; participation by physician	**1/1/2008**			NPA
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	**1/1/2008**			NPA
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	**Pre-1990**		**9/1/2023**	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	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				
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	**Pre-1990**		**9/1/2023**	NPA
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	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes				
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	**Pre-1990**			NPA
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	**Pre-1990**			NPA
99380	Supervision of a nursing facility patient (patient not present) requiring complex and multidisciplinary care modalities involving regular development and/or revision	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	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				
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)	**Pre-1990**			NPA
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)	**Pre-1990**			NPA
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	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	procedures, new patient; late childhood (age 5 through 11 years)				
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)	**Pre-1990**			NPA
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	**Pre-1990**			NPA
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	**Pre-1990**			NPA
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	**Pre-1990**			NPA
99391	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination,	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; infant (age younger than 1 year)				
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)	**Pre-1990**			NPA
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)	**Pre-1990**			NPA
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)	**Pre-1990**			NPA
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	**Pre-1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	interventions, and the ordering of laboratory/diagnostic procedures, established patient; 18-39 years				
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	**Pre-1990**			NPA
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	**Pre-1990**			NPA
99401	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes	**1/1/1992**			NPA
99402	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes	**1/1/1992**			NPA
99403	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes	**1/1/1992**			NPA
99404	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 60 minutes	**1/1/1992**			NPA
99406	Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes	**1/1/2008**			NPA
99407	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes	**1/1/2008**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
99408	Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; 15 to 30 minutes	**1/1/2008**			NPA
99409	Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; greater than 30 minutes	**1/1/2008**			NPA
99411	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 30 minutes	**1/1/1992**			NPA
99412	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 60 minutes	**1/1/1992**			NPA
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)	**1/1/2016**		**9/1/2023**	NC
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 additional 30 minutes (List separately in addition to code for prolonged service)	**1/1/2016**		**9/1/2023**	NC
99417	Prolonged office or other outpatient evaluation and management service(s) beyond the minimum required time of the primary procedure which has been selected	**1/1/2021**		**9/1/2023**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	using total time, requiring total time with or without direct patient contact beyond the usual service, on the date of the primary service, each 15 minutes of total time (List separately in addition to codes 99205, 99215 for office or other outpatient Evaluation and Management services)				
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 inpatient and observation Evaluation and Management service)	**1/1/2023**		**9/1/2023**	NC
99421	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes	**1/1/2020**		**5/19/2020**	NPA
99422	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes	**1/1/2020**		**5/19/2020**	NPA
99423	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	**1/1/2020**		**5/19/2020**	NPA
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	**1/1/2022**		**1/1/2022**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	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.				
99425	Principal care management services, for a single high-risk disease, with the following required elements: one complex chronic condition expected to last at least 3 months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death, the condition requires development, monitoring, or revision of disease-specific care plan, the condition requires frequent adjustments in the medication regimen and/or the management of the condition is unusually complex due to comorbidities, ongoing communication and care coordination between relevant practitioners furnishing care; each additional 30 minutes provided personally by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)	1/1/2022		**1/1/2022**	NC
99426	Principal care management services, for a single high-risk disease, with the following required elements: one complex chronic condition expected to last at least 3 months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death, the condition requires development, monitoring, or revision of disease-specific care plan, the condition requires frequent adjustments in the medication regimen and/or the management of the condition is unusually complex due to comorbidities,	1/1/2022		**1/1/2022**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	ongoing communication and care coordination between relevant practitioners furnishing care; first 30 minutes of clinical staff time directed by physician or other qualified health care professional, per calendar month.				
99427	Principal care management services, for a single high-risk disease, with the following required elements: one complex chronic condition expected to last at least 3 months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death, the condition requires development, monitoring, or revision of disease-specific care plan, the condition requires frequent adjustments in the medication regimen and/or the management of the condition is unusually complex due to comorbidities, ongoing communication and care coordination between relevant practitioners furnishing care; each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)	**1/1/2022**		**1/1/2022**	NC
99429	Unlisted preventive medicine service	**1/1/1992**			PA
99437	Chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored; each additional 30 minutes by a physician or other qualified health care professional, per	**1/1/2022**		**1/1/2022**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	calendar month (List separately in addition to code for primary procedure)				
99439	Chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored; each additional 20 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)	**1/1/2021**		**4/1/2021**	NC
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	**1/1/2008**			NPA
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	**1/1/2008**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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	**1/1/2008**			NPA
99446	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 5-10 minutes of medical consultative discussion and review	**1/1/2014**			NPA
99447	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 11-20 minutes of medical consultative discussion and review	**1/1/2014**			NPA
99448	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 21-30 minutes of medical consultative discussion and review	**1/1/2014**			NPA
99449	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, including a verbal and written report to the patient's treating/requesting physician or	**1/1/2014**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	other qualified health care professional; 31 minutes or more of medical consultative discussion and review				
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.	**Pre-1990**			NC
99451	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, including a written report to the patient's treating/requesting physician or other qualified health care professional, 5 minutes or more of medical consultative time	**1/1/2019**		**9/1/2023**	NPA
99452	Interprofessional telephone/Internet/electronic health record referral service(s) provided by a treating/requesting physician or other qualified health care professional, 30 minutes	**1/1/2019**		**9/1/2023**	NPA
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	**1/1/2019**		**3/1/2023**	NPA
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	**1/1/2019**		**3/1/2023**	NPA
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	**Pre-1990**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	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.				
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.	**Pre-1990**			NC
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	**1/1/2019**		**9/1/2023**	NPA
99458	Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; each additional 20 minutes (List separately in addition to code for primary procedure)	**1/1/2020**		**9/1/2023**	NPA
99460	Initial hospital or birthing center care, per day, for evaluation and management of normal newborn infant	**1/1/2009**			NPA
99461	Initial care, per day, for evaluation and management of normal newborn infant seen in other than hospital or birthing center	**1/1/2009**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
99462	Subsequent hospital care, per day, for evaluation and management of normal newborn	**1/1/2009**			NPA
99463	Initial hospital or birthing center care, per day, for evaluation and management of normal newborn infant admitted and discharged on the same date	**1/1/2009**			NPA
99464	Attendance at delivery (when requested by the delivering physician or other qualified health care professional) and initial stabilization of newborn	**1/1/2009**			NPA
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	**1/1/2009**			NPA
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	**1/1/2009**			NPA
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)	**1/1/2009**			NPA
99468	Initial inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or younger	**1/1/2009**			NPA
99469	Subsequent inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or younger	**1/1/2009**			NPA
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	**1/1/2009**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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	**1/1/2009**			NPA
99473	Self-measured blood pressure using a device validated for clinical accuracy; patient education/training and device calibration	**1/1/2020**			NC
99474	Self-measured blood pressure using a device validated for clinical accuracy; separate self-measurements of two readings one minute apart, twice daily over a 30-day period (minimum of 12 readings), collection of data reported by the patient and/or caregiver to the physician or other qualified health care professional, with report of average systolic and diastolic pressures and subsequent communication of a treatment plan to the patient	**1/1/2020**			NC
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	**1/1/2009**			NPA
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	**1/1/2009**			NPA
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	**1/1/2008**			NPA
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)	**1/1/2009**			NPA
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)	**1/1/2009**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
99480	Subsequent intensive care, per day, for the evaluation and management of the recovering infant (present body weight of 2501-5000 grams)	**1/1/2009**			NPA
99483	Assessment of and care planning for a patient with cognitive impairment, requiring an independent historian, in the office or other outpatient, home or domiciliary or rest home, with all of the following required elements: Cognition-focused evaluation including a pertinent history and examination, Medical decision making of moderate or high complexity, Functional assessment (eg, basic and instrumental activities of daily living), including decision-making capacity, Use of standardized instruments for staging of dementia (eg, functional assessment staging test [FAST], clinical dementia rating [CDR]), Medication reconciliation and review for high-risk medications, Evaluation for neuropsychiatric and behavioral symptoms, including depression, including use of standardized screening instrument(s), Evaluation of safety (eg, home), including motor vehicle operation, Identification of caregiver(s), caregiver knowledge, caregiver needs, social supports, and the willingness of caregiver to take on caregiving tasks, Development, updating or revision, or review of an Advance Care Plan, Creation of a written care plan, including initial plans to address any neuropsychiatric symptoms, neuro-cognitive symptoms, functional limitations, and referral to community resources as needed (eg, rehabilitation services, adult day programs, support groups) shared with the patient and/or caregiver with initial education and support. Typically, 50	**1/1/2018**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	minutes are spent face-to-face with the patient and/or family or caregiver.				
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.	**1/1/2018**			NC
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	**1/1/2013**			NPA
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)	**1/1/2013**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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.	**1/1/2013**			NPA
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 or 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)	**1/1/2013**			NPA
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,	**1/1/2015**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	revised, or monitored; first 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month.				
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.	**1/1/2019**		**9/1/2023**	NC
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	**1/1/2018**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies.				
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.	**1/1/2018**			NPA
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	**1/1/2018**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	by the treating physician or other qualified health care professional (List separately in addition to code for primary procedure)				
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 Medical decision making of at least moderate complexity during the service period Face-to-face visit, within 14 calendar days of discharge	**1/1/2013**			NPA
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 Medical decision making of high complexity during the service period Face-to-face visit, within 7 calendar days of discharge	**1/1/2013**			NPA
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	**1/1/2015**		**9/1/2023**	NPA
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)	**1/1/2015**		**9/1/2023**	NPA
99499	Unlisted evaluation and management service	**1/1/1992**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
99500	Home visit for prenatal monitoring and assessment to include fetal heart rate, non-stress test, uterine monitoring, and gestational diabetes monitoring	**1/1/2002**			PA
99501	Home visit for postnatal assessment and follow-up care	**1/1/2002**			PA
99502	Home visit for newborn care and assessment	**1/1/2002**			PA
99503	Home visit for respiratory therapy care (eg, bronchodilator, oxygen therapy, respiratory assessment, apnea evaluation)	**1/1/2002**			PA
99504	Home visit for mechanical ventilation care	**1/1/2002**			PA
99505	Home visit for stoma care and maintenance including colostomy and cystostomy	**1/1/2002**			PA
99506	Home visit for intramuscular injections	**1/1/2002**			PA
99507	Home visit for care and maintenance of catheter(s) (eg, urinary, drainage, and enteral)	**1/1/2002**			PA
99509	Home visit for assistance with activities of daily living and personal care	**1/1/2002**			PA
99510	Home visit for individual, family, or marriage counseling	**1/1/2002**			NC
99511	Home visit for fecal impaction management and enema administration	**1/1/2002**			PA
99512	Home visit for hemodialysis	**1/1/2002**			PA
99600	Unlisted home visit service or procedure	**1/1/2003**			PA
99601	Home infusion/specialty drug administration, per visit (up to 2 hours)	**1/1/2004**		**3/1/2023**	NPA
99602	Home infusion/specialty drug administration, per visit (up to 2 hours); each additional hour (List separately in addition to code for primary procedure)	**1/1/2004**		**3/1/2023**	NPA
99605	Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with	**1/1/2008**		**9/1/2023**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	assessment and intervention if provided; initial 15 minutes, new patient				
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	**1/1/2008**		**9/1/2023**	NC
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)	**1/1/2008**		**9/1/2023**	NC
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])	**4/10/2020**		**4/10/2020**	NPA
86408	Neutralizing antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]); screen	**8/10/2020**		**8/10/2020**	NPA
86409	Neutralizing antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]); titer	**8/10/2020**		**8/10/2020**	NPA
86413	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) antibody, quantitative	**9/8/2020**		**9/8/2020**	NPA
86769	Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])	**4/10/2020**		**4/10/2020**	NPA
87426	Infectious agent antigen detection by immunoassay technique (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence	**6/25/2020**		**6/25/2020**	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	immunoassay [FIA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; severe acute respiratory syndrome coronavirus (eg, SARS-CoV, SARS-CoV-2 [COVID-19])				
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	**11/10/2020**		**11/10/2020**	NPA
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	**3/13/2020**		**3/13/2020**	NPA
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	**10/6/2020**		**10/6/2020**	NPA
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	**10/6/2020**		**10/6/2020**	NPA
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])	**10/6/2020**		**10/6/2020**	NPA
87913	Infectious agent genotype analysis by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2	**2/21/2022**		**2/21/2022**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	(SARS-CoV-2) (coronavirus disease [COVID-19]), mutation identification in targeted region(s)				
91300	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, diluent reconstituted, for intramuscular use	12/11/2020	4/18/2023	**9/1/2012**	NC
91301	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5 mL dosage, for intramuscular use	12/18/2020	4/18/2023	**9/1/2023**	NC
91302	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, chimpanzee adenovirus Oxford 1 (ChAdOx1) vector, preservative free, 5x1010 viral particles/0.5 mL dosage, for intramuscular use	12/18/2020		**12/18/2020**	NPA
91303	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, adenovirus type 26 (Ad26) vector, preservative free, 5x1010 viral particles/0.5 mL dosage, for intramuscular use	2/27/2021		**2/27/2021**	NPA
91304	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5 mL dosage, for intramuscular use	7/13/2022		**7/13/2022**	NPA
91305	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use	10/29/2021	4/18/2023	**9/1/2023**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
91306	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.25 mL dosage, for intramuscular use	10/20/2021	4/18/2023	**9/1/2023**	NC
91307	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, for intramuscular use	10/29/2021	4/18/2023	**9/1/2023**	NC
91308	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, for intramuscular use	6/17/2022	4/18/2023	**9/1/2023**	NC
91309	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.5 mL dosage, for intramuscular use	3/29/2022	4/18/2023	**9/1/2023**	NC
91310	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, monovalent, preservative free, 5 mcg/0.5 mL dosage, adjuvant AS03 emulsion, for intramuscular use	4/26/2022			NC
91311	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 25 mcg/0.25 mL dosage, for intramuscular use	6/17/2022	4/18/2023	**9/1/2023**	NC
91312	Severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 30	8/31/2022		**8/31/2022**	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use				
91313	Severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 50 mcg/0.5 mL dosage, for intramuscular use	**8/31/2022**		**8/31/2022**	NPA
91314	Severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 25 mcg/0.25 mL dosage, for intramuscular use	**10/12/2022**		**10/12/2022**	NPA
91315	Severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, for intramuscular use	**10/12/2022**		**10/12/2022**	NPA
91316	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 10 mcg/0.2 mL dosage, for intramuscular use	**10/12/2022**		**10/12/2022**	NPA
91316	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 10 mcg/0.2 mL dosage, for intramuscular use	**12/8/2022**		**12/8/2022**	NPA
91317	Severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNALNP, bivalent spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, for intramuscular use	**12/8/2022**		**12/8/2022**	NPA
91318	Severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine,	**9/11/2023**		**9/11/2023**	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	mRNALNP, spike protein, 3 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use				
91319	Severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNALNP, spike protein, 10 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use	**9/11/2023**		**9/11/2023**	NPA
91320	Severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNALNP, spike protein, 30 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use	**9/11/2023**		**9/11/2023**	NPA
91321	Severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNALNP, 25 mcg/0.25 mL dosage, for intramuscular use	**9/11/2023**		**9/11/2023**	NPA
91322	Severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNALNP, 50 mcg/0.5 mL dosage, for intramuscular use	**9/11/2023**		**9/11/203**	NPA
99072	Additional supplies, materials, and clinical staff time over and above those usually included in an office visit or other non-facility service(s), when performed during a Public Health Emergency, as defined by law, due to respiratory-transmitted infectious disease	**9/8/2020**		**9/1/2023**	NC
0001A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, diluent reconstituted; first dose	**12/11/2020**		**9/1/2023**	NC
0002A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-	**12/11/2020**		**9/1/2023**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, diluent reconstituted; second dose				
0003A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, diluent reconstituted; third dose	**8/12/2021**		**9/1/2023**	NC
0004A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, diluent reconstituted; booster dose	**9/22/2021**		**9/1/2023**	NC
0011A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5 mL dosage; first dose	**12/18/2020**		**9/1/2023**	NC
0012A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5 mL dosage; second dose	**12/18/2020**		**9/1/2023**	NC
0013A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5 mL dosage; third dose	**8/12/2021**		**9/1/2023**	NC
0021A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA,	**12/18/2020**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	spike protein, chimpanzee adenovirus Oxford 1 (ChAdOx1) vector, preservative free, 5x1010 viral particles/0.5 mL dosage; first dose				
0022A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, chimpanzee adenovirus Oxford 1 (ChAdOx1) vector, preservative free, 5x1010 viral particles/0.5 mL dosage; second dose	**12/18/2020**			NC
0031A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, adenovirus type 26 (Ad26) vector, preservative free, 5x1010 viral particles/0.5 mL dosage; single dose	**2/27/2021**		**2/27/2021**	NPA
0034A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, adenovirus type 26 (Ad26) vector, preservative free, 5x1010 viral particles/0.5 mL dosage; booster dose	**10/20/2021**		**10/20/2021**	NPA
0041A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5 mL dosage; first dose	**7/13/2022**		**7/13/2022**	NPA
0042A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine,	**7/13/2022**		**10/29/2021**	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5 mL dosage; second dose				
0044A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 25 mcg/0.25 mL dosage, booster dose	10/12/2022		**10/12/2022**	NPA
0051A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation; first dose	10/29/2021	4/18/2023	**9/1/2023**	NC
0052A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation; second dose	10/29/2021	4/18/2023	**9/1/2023**	NC
0053A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation; third dose	10/29/2021	4/18/2023	**9/1/2023**	NC
0054A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation; booster dose	10/29/2021	4/18/2023	**9/1/2023**	NC
0054A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2	10/12/2022		**10/12/2022**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	(SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, booster dose				
0064A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.25 mL dosage, booster dose	10/20/2021	4/18/2023	9/1/2023	NC
0071A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; first dose	10/29/2021	4/18/2023	9/1/2023	NC
0072A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; second dose	10/29/2021	4/18/2023	9/1/2023	NC
0073A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; third dose	1/3/2022		1/3/2022	NPA
0074A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-	5/17/2022		5/17/2022	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	LNP, spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; booster dose				
0081A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; first dose	6/17/2022	4/18/2023	9/1/2023	NC
0082A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; second dose	6/17/2022	4/18/2023	9/1/2023	NC
0083A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; third dose	6/17/2022	4/18/2023	9/1/2023	NC
0091A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.5 mL dosage; first dose, when administered to individuals 6 through 11 years	6/17/2022	4/18/2023	9/1/2023	NC
0092A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-	6/17/2022	4/18/2023	9/1/2023	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	LNP, spike protein, preservative free, 50 mcg/0.5 mL dosage; second dose, when administered to individuals 6 through 11 years				
0093A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.5 mL dosage; third dose, when administered to individuals 6 through 11 years	6/17/2022	4/18/2023	9/1/2023	NC
0094A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.5 mL dosage; booster dose, when administered to individuals 18 years and over	3/29/2022	4/18/2023	9/1/2023	NC
0104A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, monovalent, preservative free, 5 mcg/0.5 mL dosage, adjuvant AS03 emulsion, booster dose	4/26/2022			NC
0111A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 25 mcg/0.25 mL dosage; first dose	6/17/2022	4/18/2023	9/1/2023	NC
0112A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 25 mcg/0.25 mL dosage; second dose	6/17/2022	4/18/2023	9/1/2023	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
0113A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 25 mcg/0.25 mL dosage; third dose	6/17/2022	4/18/2023	**9/1/2023**	NC
0121A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation; single dose	4/18/2023		**6/1/2023**	NPA
0124A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation, additional dos	8/31/2022		**8/31/2022**	NPA
0134A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 50 mcg/0.5 mL dosage, additional dose	8/31/2022		**8/31/2022**	NPA
0141A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 25 mcg/0.25 mL dosage; first dose	4/18/2023		**6/1/2023**	NPA
0142A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 25 mcg/0.25 mL dosage; second dose	4/18/2023		**6/1/2023**	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
0151A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNALNP, bivalent spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; single dose	**4/18/2023**		**6/1/2023**	NPA
0164A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 10 mcg/0.2 mL dosage, additional dose	**12/8/2022**		**12/8/2022**	NPA
0171A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNALNP, bivalent spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; first dose	**4/18/2023**		**6/1/2023**	NPA
0172A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNALNP, bivalent spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; second dose	**4/18/2023**		**6/1/2023**	NPA
0173A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; third dose	**12/8/2022**		**12/8/2022**	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
0174A	mmunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; additional dose	3/14/2023		**3/14/2023**	NPA
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)	1/1/2004		**10/1/2022**	NPA
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)	1/1/2004		**10/1/2022**	NPA
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)	1/1/2007		**10/1/2022**	NPA
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	1/1/2009		**10/1/2022**	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	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)				
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)	**1/1/2009**		**10/1/2022**	NPA
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)	**1/1/2005**		**10/1/2022**	NPA
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)	**1/1/2005**		**10/1/2022**	NPA
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)]	**1/1/2005**		**10/1/2022**	NPA

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0503F	Postpartum care visit (Prenatal)	1/1/2005		10/1/2022	NPA
0505F	Hemodialysis plan of care documented (ESRD, P-ESRD)	1/1/2008		10/1/2022	NPA
0507F	Peritoneal dialysis plan of care documented (ESRD)	1/1/2008		10/1/2022	NPA
0509F	Urinary incontinence plan of care documented (GER)	1/1/2008		10/1/2022	NPA
0513F	Elevated blood pressure plan of care documented (CKD)	1/1/2009		10/1/2022	NPA
0514F	Plan of care for elevated hemoglobin level documented for patient receiving Erythropoiesis-Stimulating Agent therapy (ESA) (CKD)	1/1/2009		10/1/2022	NPA
0516F	Anemia plan of care documented (ESRD)	1/1/2009		10/1/2022	NPA
0517F	Glaucoma plan of care documented (EC)	1/1/2009		10/1/2022	NPA
0518F	Falls plan of care documented (GER)	1/1/2009		10/1/2022	NPA
0519F	Planned chemotherapy regimen, including at a minimum: drug(s) prescribed, dose, and duration, documented prior to initiation of a new treatment regimen (ONC)	1/1/2009		10/1/2022	NPA
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)	1/1/2009		10/1/2022	NPA
0521F	Plan of care to address pain documented (COA) (ONC)	1/1/2009		10/1/2022	NPA
0525F	Initial visit for episode (BkP)	1/1/2009		10/1/2022	NPA
0526F	Subsequent visit for episode (BkP)	1/1/2009		10/1/2022	NPA
0528F	Recommended follow-up interval for repeat colonoscopy of at least 10 years documented in colonoscopy report (End/Polyp)	1/1/2010		10/1/2022	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
0529F	Interval of 3 or more years since patient's last colonoscopy, documented (End/Polyp)	1/1/2010		10/1/2022	NPA
0535F	Dyspnea management plan of care, documented (Pall Cr)	1/1/2010		10/1/2022	NPA
0540F	Glucorticoid Management Plan Documented (RA)	1/1/2010		10/1/2022	NPA
0545F	Plan for follow-up care for major depressive disorder, documented (MDD ADOL)	1/1/2011		10/1/2022	NPA
0550F	Cytopathology report on routine nongynecologic specimen finalized within two working days of accession date (PATH)	1/1/2012		10/1/2022	NPA
0551F	Cytopathology report on nongynecologic specimen with documentation that the specimen was non-routine (PATH)	1/1/2012		10/1/2022	NPA
0555F	Symptom management plan of care documented (HF)	1/1/2012		10/1/2022	NPA
0556F	Plan of care to achieve lipid control documented (CAD)	1/1/2012		10/1/2022	NPA
0557F	Plan of care to manage anginal symptoms documented (CAD)	1/1/2012		10/1/2022	NPA
0575F	HIV RNA control plan of care, documented (HIV)	1/1/2010		10/1/2022	NPA
0580F	Multidisciplinary care plan developed or updated (ALS)	1/1/2014		10/1/2022	NPA
0581F	Patient transferred directly from anesthetizing location to critical care unit (Peri2)	1/1/2014		10/1/2022	NPA
0582F	Patient not transferred directly from anesthetizing location to critical care unit (Peri2)	1/1/2014		10/1/2022	NPA
0583F	Transfer of care checklist used (Peri2)	1/1/2014		10/1/2022	NPA
0584F	Transfer of care checklist not used (Peri2)	1/1/2014		10/1/2022	NPA
1000F	Tobacco use assessed (CAD, CAP, COPD, PV) (DM)	1/1/2005		10/1/2022	NPA

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1002F	Anginal symptoms and level of activity assessed (NMA-No Measure Associated)	1/1/2005		10/1/2022	NPA
1003F	Level of activity assessed (NMA-No Measure Associated)	1/1/2006		10/1/2022	NPA
1004F	Clinical symptoms of volume overload (excess) assessed (NMA-No Measure Associated)	1/1/2006		10/1/2022	NPA
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)	1/1/2006		10/1/2022	NPA
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]	1/1/2006		10/1/2022	NPA
1007F	Use of anti-inflammatory or analgesic over-the-counter (OTC) medications for symptom relief assessed (OA)	1/1/2006		10/1/2022	NPA
1008F	Gastrointestinal and renal risk factors assessed for patients on prescribed or OTC non-steroidal anti-inflammatory drug (NSAID) (OA)	1/1/2006		10/1/2022	NPA
1010F	Severity of angina assessed by level of activity (CAD)	1/1/2012		10/1/2022	NPA
1011F	Angina present (CAD)	1/1/2012		10/1/2022	NPA
1012F	Angina absent (CAD)	1/1/2012		10/1/2022	NPA
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)	1/1/2007		10/1/2022	NPA

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1018F	Dyspnea assessed, not present (COPD)	1/1/2007		10/1/2022	NPA
1019F	Dyspnea assessed, present (COPD)	1/1/2007		10/1/2022	NPA
1022F	Pneumococcus immunization status assessed (CAP, COPD)	1/1/2007		10/1/2022	NPA
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)	1/1/2007		10/1/2022	NPA
1030F	Influenza immunization status assessed (CAP)	1/1/2007		10/1/2022	NPA
1031F	Smoking status and exposure to second hand smoke in the home assessed (Asthma)	1/1/2012		10/1/2022	NPA
1032F	Current tobacco smoker or currently exposed to secondhand smoke (Asthma)	1/1/2012		10/1/2022	NPA
1033F	Current tobacco non-smoker and not currently exposed to secondhand smoke (Asthma)	1/1/2012		10/1/2022	NPA
1034F	Current tobacco smoker (CAD, CAP, COPD, PV) (DM)	1/1/2007		10/1/2022	NPA
1035F	Current smokeless tobacco user (eg, chew, snuff) (PV)	1/1/2007		10/1/2022	NPA
1036F	Current tobacco non-user (CAD, CAP, COPD, PV) (DM) (IBD)	1/1/2007		10/1/2022	NPA
1038F	Persistent asthma (mild, moderate or severe) (Asthma)	1/1/2007		10/1/2022	NPA
1039F	Intermittent asthma (Asthma)	1/1/2007		10/1/2022	NPA
1040F	DSM-5 criteria for major depressive disorder documented at the initial evaluation (MDD, MDD ADOL)	1/1/2008		10/1/2022	NPA
1050F	History obtained regarding new or changing moles (ML)	1/1/2008		10/1/2022	NPA

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1052F	Type, anatomic location, and activity all assessed (IBD)	1/1/2012		**10/1/2022**	NPA
1055F	Visual functional status assessed (EC)	1/1/2008		**10/1/2022**	NPA
1060F	Documentation of permanent or persistent or paroxysmal atrial fibrillation (STR)	1/1/2008		**10/1/2022**	NPA
1061F	Documentation of absence of permanent and persistent and paroxysmal atrial fibrillation (STR)	1/1/2008		**10/1/2022**	NPA
1065F	Ischemic stroke symptom onset of less than 3 hours prior to arrival (STR)	1/1/2008		**10/1/2022**	NPA
1066F	Ischemic stroke symptom onset greater than or equal to 3 hours prior to arrival (STR)	1/1/2008		**10/1/2022**	NPA
1070F	Alarm symptoms (involuntary weight loss, dysphagia, or gastrointestinal bleeding) assessed; none present (GERD)	1/1/2008		**10/1/2022**	NPA
1071F	Alarm symptoms (involuntary weight loss, dysphagia, or gastrointestinal bleeding) assessed; 1 or more present (GERD)	1/1/2008		**10/1/2022**	NPA
1090F	Presence or absence of urinary incontinence assessed (GER)	1/1/2008		**10/1/2022**	NPA
1091F	Urinary incontinence characterized (eg, frequency, volume, timing, type of symptoms, how bothersome) (GER)	1/1/2008		**10/1/2022**	NPA
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)	1/1/2008		**10/1/2022**	NPA
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)	1/1/2008		**10/1/2022**	NPA
1110F	Patient discharged from an inpatient facility (eg, hospital, skilled nursing facility, or rehabilitation facility) within the last 60 days (GER)	1/1/2008		**10/1/2022**	NPA

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1111F	Discharge medications reconciled with the current medication list in outpatient medical record (COA) (GER)	1/1/2008		10/1/2022	NPA
1116F	Auricular or periauricular pain assessed (AOE)	1/1/2009		10/1/2022	NPA
1118F	GERD symptoms assessed after 12 months of therapy (GERD)	1/1/2009		10/1/2022	NPA
1119F	Initial evaluation for condition (HEP C)(EPI, DSP)	1/1/2009		10/1/2022	NPA
1121F	Subsequent evaluation for condition (HEP C)(EPI)	1/1/2009		10/1/2022	NPA
1123F	Advance Care Planning discussed and documented advance care plan or surrogate decision maker documented in the medical record (DEM) (GER, Pall Cr)	1/1/2009		10/1/2022	NPA
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)	1/1/2009		10/1/2022	NPA
1125F	Pain severity quantified; pain present (COA) (ONC)	1/1/2009		10/1/2022	NPA
1126F	Pain severity quantified; no pain present (COA) (ONC)	1/1/2009		10/1/2022	NPA
1127F	New episode for condition (NMA-No Measure Associated)	1/1/2009		10/1/2022	NPA
1128F	Subsequent episode for condition (NMA-No Measure Associated)	1/1/2009		10/1/2022	NPA
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)	1/1/2009		10/1/2022	NPA
1134F	Episode of back pain lasting 6 weeks or less (BkP)	1/1/2009		10/1/2022	NPA
1135F	Episode of back pain lasting longer than 6 weeks (BkP)	1/1/2009		10/1/2022	NPA

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1136F	Episode of back pain lasting 12 weeks or less (BkP)	1/1/2009		10/1/2022	NPA
1137F	Episode of back pain lasting longer than 12 weeks (BkP)	1/1/2009		10/1/2022	NPA
1150F	Documentation that a patient has a substantial risk of death within 1 year (Pall Cr)	1/1/2010		10/1/2022	NPA
1151F	Documentation that a patient does not have a substantial risk of death within one year (Pall Cr)	1/1/2010		10/1/2022	NPA
1152F	Documentation of advanced disease diagnosis, goals of care prioritize comfort (Pall Cr)	1/1/2010		10/1/2022	NPA
1153F	Documentation of advanced disease diagnosis, goals of care do not prioritize comfort (Pall Cr)	1/1/2010		10/1/2022	NPA
1157F	Advance care plan or similar legal document present in the medical record (COA)	1/1/2010		10/1/2022	NPA
1158F	Advance care planning discussion documented in the medical record (COA)	1/1/2010		10/1/2022	NPA
1159F	Medication list documented in medical record (COA)	1/1/2010		10/1/2022	NPA
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)	1/1/2010		10/1/2022	NPA
1170F	Functional status assessed (COA) (RA)	1/1/2010		10/1/2022	NPA
1175F	Functional status for dementia assessed and results reviewed (DEM)	1/1/2012		10/1/2022	NPA
1180F	All specified thromboembolic risk factors assessed (AFIB)	1/1/2010		10/1/2022	NPA
1181F	Neuropsychiatric symptoms assessed and results reviewed (DEM)	1/1/2012		10/1/2022	NPA
1182F	Neuropsychiatric symptoms, one or more present (DEM)	1/1/2012		10/1/2022	NPA
1183F	Neuropsychiatric symptoms, absent (DEM)	1/1/2012		10/1/2022	NPA

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1200F	Seizure type(s) and current seizure frequency(ies) documented (EPI)	1/1/2011		10/1/2022	NPA
1205F	Etiology of epilepsy or epilepsy syndrome(s) reviewed and documented (EPI)	1/1/2011		10/1/2022	NPA
1220F	Patient screened for depression (SUD)	1/1/2010		10/1/2022	NPA
1400F	Parkinson's disease diagnosis reviewed (Prkns)	1/1/2011		10/1/2022	NPA
1450F	Symptoms improved or remained consistent with treatment goals since last assessment (HF)	1/1/2012		10/1/2022	NPA
1451F	Symptoms demonstrated clinically important deterioration since last assessment (HF)	1/1/2012		10/1/2022	NPA
1460F	Qualifying cardiac event/diagnosis in previous 12 months (CAD)	1/1/2012		10/1/2022	NPA
1461F	No qualifying cardiac event/diagnosis in previous 12 months (CAD)	1/1/2012		10/1/2022	NPA
1490F	Dementia severity classified, mild (DEM)	1/1/2012		10/1/2022	NPA
1491F	Dementia severity classified, moderate (DEM)	1/1/2012		10/1/2022	NPA
1493F	Dementia severity classified, severe (DEM)	1/1/2012		10/1/2022	NPA
1494F	Cognition assessed and reviewed (DEM)	1/1/2012		10/1/2022	NPA
1500F	Symptoms and signs of distal symmetric polyneuropathy reviewed and documented (DSP)	1/1/2014		10/1/2022	NPA
1501F	Not initial evaluation for condition (DSP)	1/1/2014		10/1/2022	NPA
1502F	Patient queried about pain and pain interference with function using a valid and reliable instrument (DSP)	1/1/2014		10/1/2022	NPA
1503F	Patient queried about symptoms of respiratory insufficiency (ALS)	1/1/2014		10/1/2022	NPA
1504F	Patient has respiratory insufficiency (ALS)	1/1/2014		10/1/2022	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
1505F	Patient does not have respiratory insufficiency (ALS)	**1/1/2014**		**10/1/2022**	NPA
2000F	Blood pressure measured (CKD)(DM)	**1/1/2005**		**10/1/2022**	NPA
2001F	Weight recorded (PAG)	**1/1/2006**		**10/1/2022**	NPA
2002F	Clinical signs of volume overload (excess) assessed (NMA-No Measure Associated)	**1/1/2006**		**10/1/2022**	NPA
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]	**1/1/2006**		**10/1/2022**	NPA
2010F	Vital signs (temperature, pulse, respiratory rate, and blood pressure) documented and reviewed (CAP) (EM)	**1/1/2007**		**10/1/2022**	NPA
2014F	Mental status assessed (CAP) (EM)	**1/1/2007**		**10/1/2022**	NPA
2015F	Asthma impairment assessed (Asthma)	**1/1/2012**		**10/1/2022**	NPA
2016F	Asthma risk assessed (Asthma)	**1/1/2012**		**10/1/2022**	NPA
2018F	Hydration status assessed (normal/mildly dehydrated/severely dehydrated) (CAP)	**1/1/2007**		**10/1/2022**	NPA
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)	**1/1/2008**		**10/1/2022**	NPA
2020F	Dilated fundus evaluation performed within 12 months prior to cataract surgery (EC)	**1/1/2008**		**10/1/2022**	NPA
2021F	Dilated macular or fundus exam performed, including documentation of the presence or absence of macular edema and level of severity of retinopathy (EC)	**1/1/2008**		**10/1/2022**	NPA
2022F	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; with evidence of retinopathy (DM)	**1/1/2007**		**10/1/2022**	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
2023F	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy (DM)	**10/1/2019**		**9/1/2023**	NC
2024F	7 standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed; with evidence of retinopathy (DM)	**1/1/2007**		**10/1/2022**	NPA
2025F	7 standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy (DM)	**10/1/2019**		**9/1/2023**	NC
2026F	Eye imaging validated to match diagnosis from 7 standard field stereoscopic retinal photos results documented and reviewed; with evidence of retinopathy (DM)	**1/1/2007**		**10/1/2022**	NPA
2027F	Optic nerve head evaluation performed (EC)	**1/1/2008**		**10/1/2022**	NPA
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)	**1/1/2007**		**10/1/2022**	NPA
2029F	Complete physical skin exam performed (ML)	**1/1/2008**		**10/1/2022**	NPA
2030F	Hydration status documented, normally hydrated (PAG)	**1/1/2008**		**10/1/2022**	NPA
2031F	Hydration status documented, dehydrated (PAG)	**1/1/2008**		**10/1/2022**	NPA
2033F	Eye imaging validated to match diagnosis from 7 standard field stereoscopic retinal photos results documented and reviewed; without evidence of retinopathy (DM)	**10/1/2019**		**9/1/2023**	NC
2035F	Tympanic membrane mobility assessed with pneumatic otoscopy or tympanometry (OME)	**1/1/2009**		**10/1/2022**	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
2040F	Physical examination on the date of the initial visit for low back pain performed, in accordance with specifications (BkP)	**1/1/2009**		**10/1/2022**	NPA
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)	**1/1/2009**		**10/1/2022**	NPA
2050F	Wound characteristics including size and nature of wound base tissue and amount of drainage prior to debridement documented (CWC)	**1/1/2010**		**10/1/2022**	NPA
2060F	Patient interviewed directly on or before date of diagnosis of major depressive disorder (MDD ADOL)	**1/1/2011**		**10/1/2022**	NPA
3006F	Chest X-ray results documented and reviewed (CAP)	**1/1/2007**		**10/1/2022**	NPA
3008F	Body Mass Index (BMI), documented (PV)	**1/1/2011**		**10/1/2022**	NPA
3011F	Lipid panel results documented and reviewed (must include total cholesterol, HDL-C, triglycerides and calculated LDL-C) (CAD)	**1/1/2007**		**10/1/2022**	NPA
3014F	Screening mammography results documented and reviewed (PV)	**1/1/2007**		**10/1/2022**	NPA
3015F	Cervical cancer screening results documented and reviewed (PV)	**1/1/2011**		**10/1/2022**	NPA
3016F	Patient screened for unhealthy alcohol use using a systematic screening method (PV) (DSP)	**1/1/2010**		**10/1/2022**	NPA
3017F	Colorectal cancer screening results documented and reviewed (PV)	**1/1/2007**		**10/1/2022**	NPA
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	**1/1/2010**		**10/1/2022**	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	follow-up in final colonoscopy report documented (End/Polyp)				
3019F	Left ventricular ejection fraction (LVEF) assessment planned post discharge (HF)	**1/1/2012**		**10/1/2022**	NPA
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)	**1/1/2007**		**10/1/2022**	NPA
3021F	Left ventricular ejection fraction (LVEF) less than 40% or documentation of moderately or severely depressed left ventricular systolic function (CAD, HF)	**1/1/2007**		**10/1/2022**	NPA
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)	**1/1/2007**		**10/1/2022**	NPA
3023F	Spirometry results documented and reviewed (COPD)	**1/1/2007**		**10/1/2022**	NPA
3025F	Spirometry test results demonstrate FEV1/FVC less than 70% with COPD symptoms (eg, dyspnea, cough/sputum, wheezing) (CAP, COPD)	**1/1/2007**		**10/1/2022**	NPA
3027F	Spirometry test results demonstrate FEV1/FVC greater than or equal to 70% or patient does not have COPD symptoms (COPD)	**1/1/2007**		**10/1/2022**	NPA
3028F	Oxygen saturation results documented and reviewed (includes assessment through pulse oximetry or arterial blood gas measurement) (CAP, COPD) (EM)	**1/1/2007**		**10/1/2022**	NPA
3035F	Oxygen saturation less than or equal to 88% or a PaO2 less than or equal to 55 mm Hg (COPD)	**1/1/2007**		**10/1/2022**	NPA
3037F	Oxygen saturation greater than 88% or PaO2 greater than 55 mm Hg (COPD)	**1/1/2007**		**10/1/2022**	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
3038F	Pulmonary function test performed within 12 months prior to surgery (Lung/Esop Cx)	1/1/2011		10/1/2022	NPA
3040F	Functional expiratory volume (FEV1) less than 40% of predicted value (COPD)	1/1/2007		10/1/2022	NPA
3042F	Functional expiratory volume (FEV1) greater than or equal to 40% of predicted value (COPD)	1/1/2007		10/1/2022	NPA
3044F	Most recent hemoglobin A1c (HbA1c) level less than 7.0% (DM)	1/1/2008		10/1/2022	NPA
3046F	Most recent hemoglobin A1c level greater than 9.0% (DM)	1/1/2007		10/1/2022	NPA
3048F	Most recent LDL-C less than 100 mg/dL (CAD) (DM)	1/1/2007		10/1/2022	NPA
3049F	Most recent LDL-C 100-129 mg/dL (CAD) (DM)	1/1/2007		10/1/2022	NPA
3050F	Most recent LDL-C greater than or equal to 130 mg/dL (CAD) (DM)	1/1/2007		10/1/2022	NPA
3051F	Most recent hemoglobin A1c (HbA1c) level greater than or equal to 7.0% and less than 8.0% (DM)	1/1/2020		9/1/2023	NC
3052F	Most recent hemoglobin A1c (HbA1c) level greater than or equal to 8.0% and less than or equal to 9.0% (DM)	1/1/2020		9/1/2023	NC
3055F	Left ventricular ejection fraction (LVEF) less than or equal to 35% (HF)	1/1/2012		10/1/2022	NPA
3056F	Left ventricular ejection fraction (LVEF) greater than 35% or no LVEF result available (HF)	1/1/2012		10/1/2022	NPA
3060F	Positive microalbuminuria test result documented and reviewed (DM)	1/1/2007		10/1/2022	NPA
3061F	Negative microalbuminuria test result documented and reviewed (DM)	1/1/2007		10/1/2022	NPA
3062F	Positive macroalbuminuria test result documented and reviewed (DM)	1/1/2007		10/1/2022	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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)	**1/1/2007**		**10/1/2022**	NPA
3072F	Low risk for retinopathy (no evidence of retinopathy in the prior year) (DM)	**1/1/2007**		**10/1/2022**	NPA
3073F	Pre-surgical (cataract) axial length, corneal power measurement and method of intraocular lens power calculation documented within 12 months prior to surgery (EC)	**1/1/2008**		**10/1/2022**	NPA
3074F	Most recent systolic blood pressure less than 130 mm Hg (DM) (HTN, CKD, CAD)	**1/1/2008**		**10/1/2022**	NPA
3075F	Most recent systolic blood pressure 130-139 mm Hg (DM) (HTN, CKD, CAD)	**1/1/2008**		**10/1/2022**	NPA
3077F	Most recent systolic blood pressure greater than or equal to 140 mm Hg (HTN, CKD, CAD) (DM)	**1/1/2007**		**10/1/2022**	NPA
3078F	Most recent diastolic blood pressure less than 80 mm Hg (HTN, CKD, CAD) (DM)	**1/1/2007**		**10/1/2022**	NPA
3079F	Most recent diastolic blood pressure 80-89 mm Hg (HTN, CKD, CAD) (DM)	**1/1/2007**		**10/1/2022**	NPA
3080F	Most recent diastolic blood pressure greater than or equal to 90 mm Hg (HTN, CKD, CAD) (DM)	**1/1/2007**		**10/1/2022**	NPA
3082F	Kt/V less than 1.2 (Clearance of urea [Kt]/volume [V]) (ESRD, P-ESRD)	**1/1/2008**		**10/1/2022**	NPA
3083F	Kt/V equal to or greater than 1.2 and less than 1.7 (Clearance of urea [Kt]/volume [V]) (ESRD, P-ESRD)	**1/1/2008**		**10/1/2022**	NPA
3084F	Kt/V greater than or equal to 1.7 (Clearance of urea [Kt]/volume [V]) (ESRD, P-ESRD)	**1/1/2008**		**10/1/2022**	NPA
3085F	Suicide risk assessed (MDD, MDD ADOL)	**1/1/2008**		**10/1/2022**	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
3088F	Major depressive disorder, mild (MDD)	1/1/2008		10/1/2022	NPA
3089F	Major depressive disorder, moderate (MDD)	1/1/2008		10/1/2022	NPA
3090F	Major depressive disorder, severe without psychotic features (MDD)	1/1/2008		10/1/2022	NPA
3091F	Major depressive disorder, severe with psychotic features (MDD)	1/1/2008		10/1/2022	NPA
3092F	Major depressive disorder, in remission (MDD)	1/1/2008		10/1/2022	NPA
3093F	Documentation of new diagnosis of initial or recurrent episode of major depressive disorder (MDD)	1/1/2008		10/1/2022	NPA
3095F	Central dual-energy X-ray absorptiometry (DXA) results documented (OP)(IBD)	1/1/2008		10/1/2022	NPA
3096F	Central dual-energy X-ray absorptiometry (DXA) ordered (OP)(IBD)	1/1/2008		10/1/2022	NPA
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)	1/1/2008		10/1/2022	NPA
3110F	Documentation in final CT or MRI report of presence or absence of hemorrhage and mass lesion and acute infarction (STR)	1/1/2008		10/1/2022	NPA
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)	1/1/2008		10/1/2022	NPA
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	1/1/2008		10/1/2022	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	initial diagnosis of stroke, TIA, or intracranial hemorrhage (STR)				
3115F	Quantitative results of an evaluation of current level of activity and clinical symptoms (HF)	**1/1/2012**		**10/1/2022**	NPA
3117F	Heart failure disease specific structured assessment tool completed (HF)	**1/1/2012**		**10/1/2022**	NPA
3118F	New York Heart Association (NYHA) Class documented (HF)	**1/1/2012**		**10/1/2022**	NPA
3119F	No evaluation of level of activity or clinical symptoms (HF)	**1/1/2012**		**10/1/2022**	NPA
3120F	12-Lead ECG Performed (EM)	**1/1/2008**		**10/1/2022**	NPA
3126F	Esophageal biopsy report with a statement about dysplasia (present, absent, or indefinite, and if present, contains appropriate grading) (PATH)	**7/1/2014**		**10/1/2022**	NPA
3130F	Upper gastrointestinal endoscopy performed (GERD)	**1/1/2008**		**10/1/2022**	NPA
3132F	Documentation of referral for upper gastrointestinal endoscopy (GERD)	**1/1/2008**		**10/1/2022**	NPA
3140F	Upper gastrointestinal endoscopy report indicates suspicion of Barrett's esophagus (GERD)	**1/1/2008**		**10/1/2022**	NPA
3141F	Upper gastrointestinal endoscopy report indicates no suspicion of Barrett's esophagus (GERD)	**1/1/2008**		**10/1/2022**	NPA
3142F	Barium swallow test ordered (GERD)	**1/1/2008**		**10/1/2022**	NPA
3150F	Forceps esophageal biopsy performed (GERD)	**1/1/2008**		**10/1/2022**	NPA
3155F	Cytogenetic testing performed on bone marrow at time of diagnosis or prior to initiating treatment (HEM)	**1/1/2008**		**10/1/2022**	NPA
3160F	Documentation of iron stores prior to initiating erythropoietin therapy (HEM)	**1/1/2008**		**10/1/2022**	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
3170F	Baseline flow cytometry studies performed at time of diagnosis or prior to initiating treatment (HEM)	**1/1/2008**		**10/1/2022**	NPA
3200F	Barium swallow test not ordered (GERD)	**1/1/2008**		**10/1/2022**	NPA
3210F	Group A Strep Test Performed (PHAR)	**1/1/2008**		**10/1/2022**	NPA
3215F	Patient has documented immunity to Hepatitis A (HEP-C)	**1/1/2009**		**10/1/2022**	NPA
3216F	Patient has documented immunity to Hepatitis B (HEP-C)(IBD)	**1/1/2009**		**10/1/2022**	NPA
3218F	RNA testing for Hepatitis C documented as performed within 6 months prior to initiation of antiviral treatment for Hepatitis C (HEP-C)	**1/1/2009**		**10/1/2022**	NPA
3220F	Hepatitis C quantitative RNA testing documented as performed at 12 weeks from initiation of antiviral treatment (HEP-C)	**1/1/2009**		**10/1/2022**	NPA
3230F	Documentation that hearing test was performed within 6 months prior to tympanostomy tube insertion (OME)	**1/1/2009**		**10/1/2022**	NPA
3250F	Specimen site other than anatomic location of primary tumor (PATH)	**1/1/2010**		**10/1/2022**	NPA
3260F	pT category (primary tumor), pN category (regional lymph nodes), and histologic grade documented in pathology report (PATH)	**1/1/2009**		**10/1/2022**	NPA
3265F	Ribonucleic acid (RNA) testing for Hepatitis C viremia ordered or results documented (HEP C)	**1/1/2009**		**10/1/2022**	NPA
3266F	Hepatitis C genotype testing documented as performed prior to initiation of antiviral treatment for Hepatitis C (HEP C)	**1/1/2009**		**10/1/2022**	NPA
3267F	Pathology report includes pT category, pN category, Gleason score, and statement about margin status (PATH)	**1/1/2012**		**10/1/2022**	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
3268F	Prostate-specific antigen (PSA), and primary tumor (T) stage, and Gleason score documented prior to initiation of treatment (PRCA)	1/1/2009		**10/1/2022**	NPA
3269F	Bone scan performed prior to initiation of treatment or at any time since diagnosis of prostate cancer (PRCA)	1/1/2009		**10/1/2022**	NPA
3270F	Bone scan not performed prior to initiation of treatment nor at any time since diagnosis of prostate cancer (PRCA)	1/1/2009		**10/1/2022**	NPA
3271F	Low risk of recurrence, prostate cancer (PRCA)	1/1/2009		**10/1/2022**	NPA
3272F	Intermediate risk of recurrence, prostate cancer (PRCA)	1/1/2009		**10/1/2022**	NPA
3273F	High risk of recurrence, prostate cancer (PRCA)	1/1/2009		**10/1/2022**	NPA
3274F	Prostate cancer risk of recurrence not determined or neither low, intermediate nor high (PRCA)	1/1/2009		**10/1/2022**	NPA
3278F	Serum levels of calcium, phosphorus, intact Parathyroid Hormone (PTH) and lipid profile ordered (CKD)	1/1/2009		**10/1/2022**	NPa
3279F	Hemoglobin level greater than or equal to 13 g/dL (CKD, ESRD)	1/1/2009		**10/1/2022**	NPA
3280F	Hemoglobin level 11 g/dL to 12.9 g/dL (CKD, ESRD)	1/1/2009		**10/1/2022**	NPA
3281F	Hemoglobin level less than 11 g/dL (CKD, ESRD)	1/1/2009		**10/1/2022**	NPA
3284F	Intraocular pressure (IOP) reduced by a value of greater than or equal to 15% from the pre-intervention level (EC)	1/1/2009		**10/1/2022**	NPA
3285F	Intraocular pressure (IOP) reduced by a value less than 15% from the pre-intervention level (EC)	1/1/2009		**10/1/2022**	NPA
3288F	Falls risk assessment documented (GER)	1/1/2009		**10/1/2022**	NPA
3290F	Patient is D (Rh) negative and unsensitized (Pre-Cr)	1/1/2009		**10/1/2022**	NPA
3291F	Patient is D (Rh) positive or sensitized (Pre-Cr)	1/1/2009		**10/1/2022**	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
3292F	HIV testing ordered or documented and reviewed during the first or second prenatal visit (Pre-Cr)	1/1/2009		10/1/2022	NPA
3293F	ABO and Rh blood typing documented as performed (Pre-Cr)	1/1/2011		10/1/2022	NPA
3294F	Group B Streptococcus (GBS) screening documented as performed during week 35-37 gestation (Pre-Cr)	1/1/2011		10/1/2022	NPA
3300F	American Joint Committee on Cancer (AJCC) stage documented and reviewed (ONC)	1/1/2009		10/1/2022	NPA
3301F	Cancer stage documented in medical record as metastatic and reviewed (ONC)	1/1/2009		10/1/2022	NPA
3315F	Estrogen receptor (ER) or progesterone receptor (PR) positive breast cancer (ONC)	1/1/2009		10/1/2022	NPA
3316F	Estrogen receptor (ER) and progesterone receptor (PR) negative breast cancer (ONC)	1/1/2009		10/1/2022	NPA
3317F	Pathology report confirming malignancy documented in the medical record and reviewed prior to the initiation of chemotherapy (ONC)	1/1/2009		10/1/2022	NPA
3318F	Pathology report confirming malignancy documented in the medical record and reviewed prior to the initiation of radiation therapy (ONC)	1/1/2009		10/1/2022	NPA
3319F	1 of the following diagnostic imaging studies ordered: chest x-ray, CT, Ultrasound, MRI, PET, or nuclear medicine scans (ML)	1/1/2009		10/1/2022	NPA
3320F	None of the following diagnostic imaging studies ordered: chest X-ray, CT, Ultrasound, MRI, PET, or nuclear medicine scans (ML)	1/1/2009		10/1/2022	NPA
3321F	AJCC Cancer Stage 0 or IA Melanoma, documented (ML)	1/1/2010		10/1/2022	NPA
3322F	Melanoma greater than AJCC Stage 0 or IA (ML)	1/1/2010		10/1/2022	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
3323F	Clinical tumor, node and metastases (TNM) staging documented and reviewed prior to surgery (Lung/Esop Cx)	**1/1/2011**		**10/1/2022**	NPA
3324F	MRI or CT scan ordered, reviewed or requested (EPI)	**1/1/2011**		**10/1/2022**	NPA
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)	**1/1/2009**		**10/1/2022**	NPA
3328F	Performance status documented and reviewed within 2 weeks prior to surgery (Lung/Esop Cx)	**1/1/2011**		**10/1/2022**	NPA
3330F	Imaging study ordered (BkP)	**1/1/2009**		**10/1/2022**	NPA
3331F	Imaging study not ordered (BkP)	**1/1/2009**		**10/1/2022**	NPA
3340F	Mammogram assessment category of "incomplete: need additional imaging evaluation" documented (RAD)	**1/1/2009**		**10/1/2022**	NPA
3341F	Mammogram assessment category of "negative," documented (RAD)	**1/1/2009**		**10/1/2022**	NPA
3342F	Mammogram assessment category of "benign," documented (RAD)	**1/1/2009**		**10/1/2022**	NPA
3343F	Mammogram assessment category of "probably benign," documented (RAD)	**1/1/2009**		**10/1/2022**	NPA
3344F	Mammogram assessment category of "suspicious," documented (RAD)	**1/1/2009**		**10/1/2022**	NPA
3345F	Mammogram assessment category of "highly suggestive of malignancy," documented (RAD)	**1/1/2009**		**10/1/2022**	NPA
3350F	Mammogram assessment category of "known biopsy proven malignancy," documented (RAD)	**1/1/2009**		**10/1/2022**	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
3351F	Negative screen for depressive symptoms as categorized by using a standardized depression screening/assessment tool (MDD)	1/1/2009		10/1/2022	NPA
3352F	No significant depressive symptoms as categorized by using a standardized depression assessment tool (MDD)	1/1/2009		10/1/2022	NPA
3353F	Mild to moderate depressive symptoms as categorized by using a standardized depression screening/assessment tool (MDD)	1/1/2009		10/1/2022	NPA
3354F	Clinically significant depressive symptoms as categorized by using a standardized depression screening/assessment tool (MDD)	1/1/2009		10/1/2022	NPA
3370F	AJCC Breast Cancer Stage 0 documented (ONC)	1/1/2010		10/1/2022	NPA
3372F	AJCC Breast Cancer Stage I: T1mic, T1a or T1b (tumor size </= 1 cm) documented (ONC)	1/1/2010		10/1/2022	NPA
3374F	AJCC Breast Cancer Stage I: T1c (tumor size > 1 cm to 2 cm) documented (ONC)	1/1/2010		10/1/2022	NPA
3376F	AJCC Breast Cancer Stage II documented (ONC)	1/1/2010		10/1/2022	NPA
3378F	AJCC Breast Cancer Stage III documented (ONC)	1/1/2010		10/1/2022	NPA
3380F	AJCC Breast Cancer Stage IV documented (ONC)	1/1/2010		10/1/2022	NPA
3382F	AJCC colon cancer, Stage 0 documented (ONC)	1/1/2010		10/1/2022	NPA
3384F	AJCC colon cancer, Stage I documented (ONC)	1/1/2010		10/1/2022	NPA
3386F	AJCC colon cancer, Stage II documented (ONC)	1/1/2010		10/1/2022	NPA
3388F	AJCC colon cancer, Stage III documented (ONC)	1/1/2010		10/1/2022	NPA
3390F	AJCC colon cancer, Stage IV documented (ONC)	1/1/2010		10/1/2022	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
3394F	Quantitative HER2 immunohistochemistry (IHC) evaluation of breast cancer consistent with the scoring system defined in the ASCO/CAP guidelines (PATH)	**1/1/2012**		**10/1/2022**	NPA
3395F	Quantitative non-HER2 immunohistochemistry (IHC) evaluation of breast cancer (eg, testing for estrogen or progesterone receptors [ER/PR]) performed (PATH)	**1/1/2012**		**10/1/2022**	NPA
3450F	Dyspnea screened, no dyspnea or mild dyspnea (Pall Cr)	**1/1/2010**		**10/1/2022**	NPA
3451F	Dyspnea screened, moderate or severe dyspnea (Pall Cr)	**1/1/2010**		**10/1/2022**	NPA
3452F	Dyspnea not screened (Pall Cr)	**1/1/2010**		**10/1/2022**	NPA
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)	**1/1/2010**		**10/1/2022**	NPA
3470F	Rheumatoid arthritis (RA) disease activity, low (RA)	**1/1/2010**		**10/1/2022**	NPA
3471F	Rheumatoid arthritis (RA) disease activity, moderate (RA)	**1/1/2010**		**10/1/2022**	NPA
3472F	Rheumatoid arthritis (RA) disease activity, high (RA)	**1/1/2010**		**10/1/2022**	NPA
3475F	Disease prognosis for rheumatoid arthritis assessed, poor prognosis documented (RA)	**1/1/2010**		**10/1/2022**	NPA
3476F	Disease prognosis for rheumatoid arthritis assessed, good prognosis documented (RA)	**1/1/2010**		**10/1/2022**	NPA
3490F	History of AIDS-defining condition (HIV)	**1/1/2010**		**10/1/2022**	NPA
3491F	HIV indeterminate (infants of undetermined HIV status born of HIV-infected mothers) (HIV)	**1/1/2010**		**10/1/2022**	NPA
3492F	History of nadir CD4+ cell count <350 cells/mm3 (HIV)	**1/1/2010**		**10/1/2022**	NPA
3493F	No history of nadir CD4+ cell count <350 cells/mm3 and no history of AIDS-defining condition (HIV)	**1/1/2010**		**10/1/2022**	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
3494F	CD4+ cell count <200 cells/mm3 (HIV)	1/1/2010	10/1/2022	NPA	
3495F	CD4+ cell count 200 - 499 cells/mm3 (HIV)	1/1/2010	10/1/2022	NPA	
3496F	CD4+ cell count >/=500 cells/mm3 (HIV)	1/1/2010	10/1/2022	NPA	
3497F	CD4+ cell percentage <15% (HIV)	1/1/2010	10/1/2022	NPA	
3498F	CD4+ cell percentage >/=15% (HIV)	1/1/2010	10/1/2022	NPA	
3500F	CD4+ cell count or CD4+ cell percentage documented as performed (HIV)	1/1/2010	10/1/2022	NPA	
3502F	HIV RNA viral load below limits of quantification (HIV)	1/1/2010	10/1/2022	NPA	
3503F	HIV RNA viral load not below limits of quantification (HIV)	1/1/2010	10/1/2022	NPA	
3510F	Documentation that tuberculosis (TB) screening test performed and results interpreted (HIV) (IBD)	1/1/2010	10/1/2022	NPA	
3511F	Chlamydia and gonorrhea screenings documented as performed (HIV)	1/1/2010	10/1/2022	NPA	
3512F	Syphilis screening documented as performed (HIV)	1/1/2010	10/1/2022	NPA	
3513F	Hepatitis B screening documented as performed (HIV)	1/1/2010	10/1/2022	NPA	
3514F	Hepatitis C screening documented as performed (HIV)	1/1/2010	10/1/2022	NPA	
3515F	Patient has documented immunity to Hepatitis C (HIV)	1/1/2010	10/1/2022	NPA	
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)	1/1/2012	10/1/2022	NPA	
3520F	Clostridium difficile testing performed (IBD)	1/1/2012	10/1/2022	NPA	
3550F	Low risk for thromboembolism (AFIB)	1/1/2010	10/1/2022	NPA	

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
3551F	Intermediate risk for thromboembolism (AFIB)	1/1/2010		10/1/2022	NPA
3552F	High risk for thromboembolism (AFIB)	1/1/2010		10/1/2022	NPA
3555F	Patient had International Normalized Ratio (INR) measurement performed (AFIB)	1/1/2010		10/1/2022	NPA
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)	1/1/2010		10/1/2022	NPA
3572F	Patient considered to be potentially at risk for fracture in a weight-bearing site (NUC_MED)	1/1/2010		10/1/2022	NPA
3573F	Patient not considered to be potentially at risk for fracture in a weight-bearing site (NUC_MED)	1/1/2010		10/1/2022	NPA
3650F	Electroencephalogram (EEG) ordered, reviewed or requested (EPI)	1/1/2011		10/1/2022	NPA
3700F	Psychiatric disorders or disturbances assessed (Prkns)	1/1/2011		10/1/2022	NPA
3720F	Cognitive impairment or dysfunction assessed (Prkns)	1/1/2011		10/1/2022	NPA
3725F	Screening for depression performed (DEM)	1/1/2012		10/1/2022	NPA
3750F	Patient not receiving dose of corticosteroids greater than or equal to 10mg/day for 60 or greater consecutive days (IBD)	1/1/2012		10/1/2022	NPA
3751F	Electrodiagnostic studies for distal symmetric polyneuropathy conducted (or requested), documented, and reviewed within 6 months of initial evaluation for condition (DSP)	1/1/2014		10/1/2022	NPA
3752F	Electrodiagnostic studies for distal symmetric polyneuropathy not conducted (or requested),	1/1/2014		10/1/2022	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	documented, or reviewed within 6 months of initial evaluation for condition (DSP)				
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)	**1/1/2014**		**10/1/2022**	NPA
3754F	Screening tests for diabetes mellitus reviewed, requested, or ordered (DSP)	**1/1/2014**		**10/1/2022**	NPA
3755F	Cognitive and behavioral impairment screening performed (ALS)	**1/1/2014**		**10/1/2022**	NPA
3756F	Patient has pseudobulbar affect, sialorrhea, or ALS-related symptoms (ALS)	**1/1/2014**		**10/1/2022**	NPA
3757F	Patient does not have pseudobulbar affect, sialorrhea, or ALS-related symptoms (ALS)	**1/1/2014**		**10/1/2022**	NPA
3758F	Patient referred for pulmonary function testing or peak cough expiratory flow (ALS)	**1/1/2014**		**10/1/2022**	NPA
3759F	Patient screened for dysphagia, weight loss, and impaired nutrition, and results documented (ALS)	**1/1/2014**		**10/1/2022**	NPA
3760F	Patient exhibits dysphagia, weight loss, or impaired nutrition (ALS)	**1/1/2014**		**10/1/2022**	NPA
3761F	Patient does not exhibit dysphagia, weight loss, or impaired nutrition (ALS)	**1/1/2014**		**10/1/2022**	NPA
3762F	Patient is dysarthric (ALS)	**1/1/2014**		**10/1/2022**	NPA
3763F	Patient is not dysarthric (ALS)	**1/1/2014**		**10/1/2022**	NPA
3775F	Adenoma(s) or other neoplasm detected during screening colonoscopy (SCADR)	**4/1/2014**		**9/1/2023**	NC
3776F	Adenoma(s) or other neoplasm not detected during screening colonoscopy (SCADR)	**4/1/2014**		**9/1/2023**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
4000F	Tobacco use cessation intervention, counseling (COPD, CAP, CAD, Asthma) (DM) (PV)	**1/1/2005**		**10/1/2022**	NPA
4001F	Tobacco use cessation intervention, pharmacologic therapy (COPD, CAD, CAP, PV, Asthma) (DM) (PV)	**1/1/2005**		**10/1/2022**	NPA
4003F	Patient education, written/oral, appropriate for patients with heart failure, performed (NMA-No measure Associated)	**1/1/2006**		**10/1/2022**	NPA
4004F	Patient screened for tobacco use and received tobacco cessation intervention (counseling, pharmacotherapy, or both), if identified as a tobacco user (PV, CAD)	**1/1/2011**		**10/1/2022**	NPA
4005F	Pharmacologic therapy (other than minerals/vitamins) for osteoporosis prescribed (OP) (IBD)	**1/1/2008**		**10/1/2022**	NPA
4008F	Beta-blocker therapy prescribed or currently being taken (CAD,HF)	**1/1/2012**		**10/1/2022**	NPA
4010F	Angiotensin Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) therapy prescribed or currently being taken (CAD, CKD, HF) (DM)	**1/1/2012**		**10/1/2022**	NPA
4011F	Oral antiplatelet therapy prescribed (CAD)	**1/1/2005**		**10/1/2022**	NPA
4012F	Warfarin therapy prescribed (NMA-No Measure Associated)	**1/1/2006**		**10/1/2022**	NPA
4013F	Statin therapy prescribed or currently being taken (CAD)	**1/1/2012**		**10/1/2022**	NPA
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)	**1/1/2006**		**10/1/2022**	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
4015F	Persistent asthma, preferred long term control medication or an acceptable alternative treatment, prescribed (NMA-No Measure Associated)	**1/1/2006**		**10/1/2022**	NPA
4016F	Anti-inflammatory/analgesic agent prescribed (OA) (Use for prescribed or continued medication[s], including over-the-counter medication[s])	**1/1/2006**		**10/1/2022**	NPA
4017F	Gastrointestinal prophylaxis for NSAID use prescribed (OA)	**1/1/2006**		**10/1/2022**	NPA
4018F	Therapeutic exercise for the involved joint(s) instructed or physical or occupational therapy prescribed (OA)	**1/1/2006**		**10/1/2022**	NPA
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)	**1/1/2008**		**10/1/2022**	NPA
4025F	Inhaled bronchodilator prescribed (COPD)	**1/1/2007**		**10/1/2022**	NPA
4030F	Long-term oxygen therapy prescribed (more than 15 hours per day) (COPD)	**1/1/2007**		**10/1/2022**	NPA
4033F	Pulmonary rehabilitation exercise training recommended (COPD)	**1/1/2007**		**10/1/2022**	NPA
4035F	Influenza immunization recommended (COPD) (IBD)	**1/1/2007**		**10/1/2022**	NPA
4037F	Influenza immunization ordered or administered (COPD, PV, CKD, ESRD)(IBD)	**1/1/2007**		**10/1/2022**	NPA
4040F	Pneumococcal vaccine administered or previously received (COPD) (PV) (IBD)	**1/1/2007**		**10/1/2022**	NPA
4041F	Documentation of order for cefazolin OR cefuroxime for antimicrobial prophylaxis (PERI 2)	**1/1/2008**		**10/1/2022**	NPA
4042F	Documentation that prophylactic antibiotics were neither given within 4 hours prior to surgical incision nor given intraoperatively (PERI 2)	**1/1/2008**		**10/1/2022**	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
4043F	Documentation that an order was given to discontinue prophylactic antibiotics within 48 hours of surgical end time, cardiac procedures (PERI 2)	**1/1/2008**		**10/1/2022**	NPA
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)	**1/1/2008**		**10/1/2022**	NPA
4045F	Appropriate empiric antibiotic prescribed (CAP), (EM)	**1/1/2007**		**10/1/2022**	NPA
4046F	Documentation that prophylactic antibiotics were given within 4 hours prior to surgical incision or given intraoperatively (PERI 2)	**1/1/2008**		**10/1/2022**	NPA
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)	**1/1/2008**		**10/1/2022**	NPA
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)	**1/1/2008**		**10/1/2022**	NPA
4049F	Documentation that order was given to discontinue prophylactic antibiotics within 24 hours of surgical end time, non-cardiac procedure (PERI 2)	**1/1/2008**		**10/1/2022**	NPA
4050F	Hypertension plan of care documented as appropriate (NMA-No Measure Associated)	**1/1/2007**		**10/1/2022**	NPA
4051F	Referred for an arteriovenous (AV) fistula (ESRD, CKD)	**1/1/2008**		**10/1/2022**	NPA
4052F	Hemodialysis via functioning arteriovenous (AV) fistula (ESRD)	**1/1/2008**		**10/1/2022**	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
4053F	Hemodialysis via functioning arteriovenous (AV) graft (ESRD)	1/1/2008		10/1/2022	NPA
4054F	Hemodialysis via catheter (ESRD)	1/1/2008		10/1/2022	NPA
4055F	Patient receiving peritoneal dialysis (ESRD)	1/1/2008		10/1/2022	NPA
4056F	Appropriate oral rehydration solution recommended (PAG)	1/1/2008		10/1/2022	NPA
4058F	Pediatric gastroenteritis education provided to caregiver (PAG)	1/1/2008		10/1/2022	NPA
4060F	Psychotherapy services provided (MDD, MDD ADOL)	1/1/2008		10/1/2022	NPA
4062F	Patient referral for psychotherapy documented (MDD, MDD ADOL)	1/1/2008		10/1/2022	NPA
4063F	Antidepressant pharmacotherapy considered and not prescribed (MDD ADOL)	1/1/2011		10/1/2022	NPA
4064F	Antidepressant pharmacotherapy prescribed (MDD, MDD ADOL)	1/1/2008		10/1/2022	NPA
4065F	Antipsychotic pharmacotherapy prescribed (MDD)	1/1/2008		10/1/2022	NPA
4066F	Electroconvulsive therapy (ECT) provided (MDD)	1/1/2008		10/1/2022	NPA
4067F	Patient referral for electroconvulsive therapy (ECT) documented (MDD)	1/1/2008		10/1/2022	NPA
4069F	Venous thromboembolism (VTE) prophylaxis received (IBD)	1/1/2012		10/1/2022	NPA
4070F	Deep vein thrombosis (DVT) prophylaxis received by end of hospital day 2 (STR)	1/1/2008		10/1/2022	NPA
4073F	Oral antiplatelet therapy prescribed at discharge (STR)	1/1/2008		10/1/2022	NPA
4075F	Anticoagulant therapy prescribed at discharge (STR)	1/1/2008		10/1/2022	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
4077F	Documentation that tissue plasminogen activator (t-PA) administration was considered (STR)	**1/1/2008**		**10/1/2022**	NPA
4079F	Documentation that rehabilitation services were considered (STR)	**1/1/2008**		**10/1/2022**	NPA
4084F	Aspirin received within 24 hours before emergency department arrival or during emergency department stay (EM)	**1/1/2008**		**10/1/2022**	NPA
4086F	Aspirin or clopidogrel prescribed or currently being taken (CAD)	**1/1/2012**		**10/1/2022**	NPA
4090F	Patient receiving erythropoietin therapy (HEM)	**1/1/2008**		**10/1/2022**	NPA
4095F	Patient not receiving erythropoietin therapy (HEM)	**1/1/2008**		**10/1/2022**	NPA
4100F	Bisphosphonate therapy, intravenous, ordered or received (HEM)	**1/1/2008**		**10/1/2022**	NPA
4110F	Internal mammary artery graft performed for primary, isolated coronary artery bypass graft procedure (CABG)	**1/1/2008**		**10/1/2022**	NPA
4115F	Beta blocker administered within 24 hours prior to surgical incision (CABG)	**1/1/2008**		**10/1/2022**	NPA
4120F	Antibiotic prescribed or dispensed (URI, PHAR), (A-BRONCH)	**1/1/2008**		**10/1/2022**	NPA
4124F	Antibiotic neither prescribed nor dispensed (URI, PHAR), (A-BRONCH)	**1/1/2008**		**10/1/2022**	NPA
4130F	Topical preparations (including OTC) prescribed for acute otitis externa (AOE)	**1/1/2009**		**10/1/2022**	NPA
4131F	Systemic antimicrobial therapy prescribed (AOE)	**1/1/2009**		**10/1/2022**	NPA
4132F	Systemic antimicrobial therapy not prescribed (AOE)	**1/1/2009**		**10/1/2022**	NPA
4133F	Antihistamines or decongestants prescribed or recommended (OME)	**1/1/2009**		**10/1/2022**	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
4134F	Antihistamines or decongestants neither prescribed nor recommended (OME)	1/1/2009		10/1/2022	NPA
4135F	Systemic corticosteroids prescribed (OME)	1/1/2009		10/1/2022	NPA
4136F	Systemic corticosteroids not prescribed (OME)	1/1/2009		10/1/2022	NPA
4140F	Inhaled corticosteroids prescribed (Asthma)	1/1/2012		10/1/2022	NPA
4142F	Corticosteroid sparing therapy prescribed (IBD)	1/1/2012		10/1/2022	NPA
4144F	Alternative long-term control medication prescribed (Asthma)	1/1/2012		10/1/2022	NPA
4145F	Two or more anti-hypertensive agents prescribed or currently being taken (CAD, HTN)	1/1/2012		10/1/2022	NPA
4148F	Hepatitis A vaccine injection administered or previously received (HEP-C)	1/1/2010		10/1/2022	NPA
4149F	Hepatitis B vaccine injection administered or previously received (HEP-C, HIV) (IBD)	1/1/2010		10/1/2022	NPA
4150F	Patient receiving antiviral treatment for Hepatitis C (HEP-C)	1/1/2009		10/1/2022	NPA
4151F	Patient did not start or is not receiving antiviral treatment for Hepatitis C during the measurement period (HEP-C)	1/1/2009		10/1/2022	NPA
4153F	Combination peginterferon and ribavirin therapy prescribed (HEP-C)	1/1/2009		10/1/2022	NPA
4155F	Hepatitis A vaccine series previously received (HEP-C)	1/1/2009		10/1/2022	NPA
4157F	Hepatitis B vaccine series previously received (HEP-C)	1/1/2009		10/1/2022	NPA
4158F	Patient counseled about risks of alcohol use (HEP-C)	1/1/2009		10/1/2022	NPA
4159F	Counseling regarding contraception received prior to initiation of antiviral treatment (HEP-C)	1/1/2009		10/1/2022	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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)	**1/1/2009**		**10/1/2022**	NPA
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)	**1/1/2009**		**10/1/2022**	NPA
4165F	3-dimensional conformal radiotherapy (3D-CRT) or intensity modulated radiation therapy (IMRT) received (PRCA)	**1/1/2009**		**10/1/2022**	NPA
4167F	Head of bed elevation (30-45 degrees) on first ventilator day ordered (CRIT)	**1/1/2009**		**10/1/2022**	NPA
4168F	Patient receiving care in the intensive care unit (ICU) and receiving mechanical ventilation, 24 hours or less (CRIT)	**1/1/2009**		**10/1/2022**	NPA
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)	**1/1/2009**		**10/1/2022**	NPA
4171F	Patient receiving erythropoiesis-stimulating agents (ESA) therapy (CKD)	**1/1/2009**		**10/1/2022**	NPA
4172F	Patient not receiving erythropoiesis-stimulating agents (ESA) therapy (CKD)	**1/1/2009**		**10/1/2022**	NPA
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)	**1/1/2009**		**10/1/2022**	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
4175F	Best-corrected visual acuity of 20/40 or better (distance or near) achieved within the 90 days following cataract surgery (EC)	**1/1/2009**		**10/1/2022**	NPA
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)	**1/1/2009**		**10/1/2022**	NPA
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)	**1/1/2009**		**10/1/2022**	NPA
4178F	Anti-D immune globulin received between 26 and 30 weeks gestation (Pre-Cr)	**1/1/2009**		**10/1/2022**	NPA
4179F	Tamoxifen or aromatase inhibitor (AI) prescribed (ONC)	**1/1/2009**		**10/1/2022**	NPA
4180F	Adjuvant chemotherapy referred, prescribed, or previously received for Stage III colon cancer (ONC)	**1/1/2009**		**10/1/2022**	NPA
4181F	Conformal radiation therapy received (NMA-No Measure Associated)	**1/1/2009**		**10/1/2022**	NPA
4182F	Conformal radiation therapy not received (NMA-No Measure Associated)	**1/1/2009**		**10/1/2022**	NPA
4185F	Continuous (12-months) therapy with proton pump inhibitor (PPI) or histamine H2 receptor antagonist (H2RA) received (GERD)	**1/1/2009**		**10/1/2022**	NPA
4186F	No continuous (12-months) therapy with either proton pump inhibitor (PPI) or histamine H2 receptor antagonist (H2RA) received (GERD)	**1/1/2009**		**10/1/2022**	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
4187F	Disease modifying anti-rheumatic drug therapy prescribed or dispensed (RA)	**1/1/2009**		**10/1/2022**	NPA
4188F	Appropriate angiotensin converting enzyme (ACE)/angiotensin receptor blockers (ARB) therapeutic monitoring test ordered or performed (AM)	**1/1/2009**		**10/1/2022**	NPA
4189F	Appropriate digoxin therapeutic monitoring test ordered or performed (AM)	**1/1/2009**		**10/1/2022**	NPA
4190F	Appropriate diuretic therapeutic monitoring test ordered or performed (AM)	**1/1/2009**		**10/1/2022**	NPA
4191F	Appropriate anticonvulsant therapeutic monitoring test ordered or performed (AM)	**1/1/2009**		**10/1/2022**	NPA
4192F	Patient not receiving glucocorticoid therapy (RA)	**1/1/2010**		**10/1/2022**	NPA
4193F	Patient receiving <10 mg daily prednisone (or equivalent), or RA activity is worsening, or glucocorticoid use is for less than 6 months (RA)	**1/1/2010**		**10/1/2022**	NPA
4194F	Patient receiving >/=10 mg daily prednisone (or equivalent) for longer than 6 months, and improvement or no change in disease activity (RA)	**1/1/2010**		**10/1/2022**	NPA
4195F	Patient receiving first-time biologic disease modifying anti-rheumatic drug therapy for rheumatoid arthritis (RA)	**1/1/2010**		**10/1/2022**	NPA
4196F	Patient not receiving first-time biologic disease modifying anti-rheumatic drug therapy for rheumatoid arthritis (RA)	**1/1/2010**		**10/1/2022**	NPA
4200F	External beam radiotherapy as primary therapy to prostate with or without nodal irradiation (PRCA)	**1/1/2009**		**10/1/2022**	NPA
4201F	External beam radiotherapy with or without nodal irradiation as adjuvant or salvage therapy for prostate cancer patient (PRCA)	**1/1/2009**		**10/1/2022**	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
4210F	Angiotensin converting enzyme (ACE) or angiotensin receptor blockers (ARB) medication therapy for 6 months or more (MM)	**1/1/2009**		**10/1/2022**	NPA
4220F	Digoxin medication therapy for 6 months or more (MM)	**1/1/2009**		**10/1/2022**	NPA
4221F	Diuretic medication therapy for 6 months or more (MM)	**1/1/2009**		**10/1/2022**	NPA
4230F	Anticonvulsant medication therapy for 6 months or more (MM)	**1/1/2009**		**10/1/2022**	NPA
4240F	Instruction in therapeutic exercise with follow-up provided to patients during episode of back pain lasting longer than 12 weeks (BkP)	**1/1/2009**		**10/1/2022**	NPA
4242F	Counseling for supervised exercise program provided to patients during episode of back pain lasting longer than 12 weeks (BkP)	**1/1/2009**		**10/1/2022**	NPA
4245F	Patient counseled during the initial visit to maintain or resume normal activities (BkP)	**1/1/2009**		**10/1/2022**	NPA
4248F	Patient counseled during the initial visit for an episode of back pain against bed rest lasting 4 days or longer (BkP)	**1/1/2009**		**10/1/2022**	NPA
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)	**1/1/2009**		**10/1/2022**	NPA
4255F	Duration of general or neuraxial anesthesia 60 minutes or longer, as documented in the anesthesia record (CRIT) (Peri2)	**1/1/2011**		**10/1/2022**	NPA
4256F	Duration of general or neuraxial anesthesia less than 60 minutes, as documented in the anesthesia record (CRIT) (Peri2)	**1/1/2011**		**10/1/2022**	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
4260F	Wound surface culture technique used (CWC)	**1/1/2010**		**10/1/2022**	NPA
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)	**1/1/2010**		**10/1/2022**	NPA
4265F	Use of wet to dry dressings prescribed or recommended (CWC)	**1/1/2010**		**10/1/2022**	NPA
4266F	Use of wet to dry dressings neither prescribed nor recommended (CWC)	**1/1/2010**		**10/1/2022**	NPA
4267F	Compression therapy prescribed (CWC)	**1/1/2010**		**10/1/2022**	NPA
4268F	Patient education regarding the need for long term compression therapy including interval replacement of compression stockings received (CWC)	**1/1/2010**		**10/1/2022**	NPA
4269F	Appropriate method of offloading (pressure relief) prescribed (CWC)	**1/1/2010**		**10/1/2022**	NPA
4270F	Patient receiving potent antiretroviral therapy for 6 months or longer (HIV)	**1/1/2010**		**10/1/2022**	NPA
4271F	Patient receiving potent antiretroviral therapy for less than 6 months or not receiving potent antiretroviral therapy (HIV)	**1/1/2010**		**10/1/2022**	NPA
4274F	Influenza immunization administered or previously received (HIV) (P-ESRD)	**1/1/2010**		**10/1/2022**	NPA
4276F	Potent antiretroviral therapy prescribed (HIV)	**1/1/2010**		**10/1/2022**	NPA
4279F	Pneumocystis jiroveci pneumonia prophylaxis prescribed (HIV)	**1/1/2010**		**10/1/2022**	NPA
4280F	Pneumocystis jiroveci pneumonia prophylaxis prescribed within 3 months of low CD4+ cell count or percentage (HIV)	**1/1/2010**		**10/1/2022**	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
4290F	Patient screened for injection drug use (HIV)	1/1/2010		10/1/2022	NPA
4293F	Patient screened for high-risk sexual behavior (HIV)	1/1/2010		10/1/2022	NPA
4300F	Patient receiving warfarin therapy for nonvalvular atrial fibrillation or atrial flutter (AFIB)	1/1/2010		10/1/2022	NPA
4301F	Patient not receiving warfarin therapy for nonvalvular atrial fibrillation or atrial flutter (AFIB)	1/1/2010		10/1/2022	NPA
4305F	Patient education regarding appropriate foot care and daily inspection of the feet received (CWC)	1/1/2010		10/1/2022	NPA
4306F	Patient counseled regarding psychosocial and pharmacologic treatment options for opioid addiction (SUD)	1/1/2010		10/1/2022	NPA
4320F	Patient counseled regarding psychosocial and pharmacologic treatment options for alcohol dependence (SUD)	1/1/2010		10/1/2022	NPA
4322F	Caregiver provided with education and referred to additional resources for support (DEM)	1/1/2012		10/1/2022	NPA
4324F	Patient (or caregiver) queried about Parkinson's disease medication related motor complications (Prkns)	1/1/2011		10/1/2022	NPA
4325F	Medical and surgical treatment options reviewed with patient (or caregiver) (Prkns)	1/1/2011		10/1/2022	NPA
4326F	Patient (or caregiver) queried about symptoms of autonomic dysfunction (Prkns)	1/1/2011		10/1/2022	NPA
4328F	Patient (or caregiver) queried about sleep disturbances (Prkns)	1/1/2011		10/1/2022	NPA
4330F	Counseling about epilepsy specific safety issues provided to patient (or caregiver(s)) (EPI)	1/1/2011		10/1/2022	NPA
4340F	Counseling for women of childbearing potential with epilepsy (EPI)	1/1/2011		10/1/2022	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
4350F	Counseling provided on symptom management, end of life decisions, and palliation (DEM)	**1/1/2012**		**10/1/2022**	NPA
4400F	Rehabilitative therapy options discussed with patient (or caregiver) (Prkns)	**1/1/2011**		**10/1/2022**	NPA
4450F	Self-care education provided to patient (HF)	**1/1/2012**		**10/1/2022**	NPA
4470F	Implantable cardioverter-defibrillator (ICD) counseling provided (HF)	**1/1/2012**		**10/1/2022**	NPA
4480F	Patient receiving ACE inhibitor/ARB therapy and beta-blocker therapy for 3 months or longer (HF)	**1/1/2012**		**10/1/2022**	NPA
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)	**1/1/2012**		**10/1/2022**	NPA
4500F	Referred to an outpatient cardiac rehabilitation program (CAD)	**1/1/2012**		**10/1/2022**	NPA
4510F	Previous cardiac rehabilitation for qualifying cardiac event completed (CAD)	**1/1/2012**		**10/1/2022**	NPA
4525F	Neuropsychiatric intervention ordered (DEM)	**1/1/2012**		**10/1/2022**	NPA
4526F	Neuropsychiatric intervention received (DEM)	**1/1/2012**		**10/1/2022**	NPA
4540F	Disease modifying pharmacotherapy discussed (ALS)	**1/1/2014**		**10/1/2022**	NPA
4541F	Patient offered treatment for pseudobulbar affect, sialorrhea, or ALS-related symptoms (ALS)	**1/1/2014**		**10/1/2022**	NPA
4550F	Options for noninvasive respiratory support discussed with patient (ALS)	**1/1/2014**		**10/1/2022**	NPA
4551F	Nutritional support offered (ALS)	**1/1/2014**		**10/1/2022**	NPA
4552F	Patient offered referral to a speech language pathologist (ALS)	**1/1/2014**		**10/1/2022**	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
4553F	Patient offered assistance in planning for end of life issues (ALS)	**1/1/2014**		**10/1/2022**	NPA
4554F	Patient received inhalational anesthetic agent (Peri2)	**1/1/2014**		**10/1/2022**	NPA
4555F	Patient did not receive inhalational anesthetic agent (Peri2)	**1/1/2014**		**10/1/2022**	NPA
4556F	Patient exhibits 3 or more risk factors for post-operative nausea and vomiting (Peri2)	**1/1/2014**		**10/1/2022**	NPA
4557F	Patient does not exhibit 3 or more risk factors for post-operative nausea and vomiting (Peri2)	**1/1/2014**		**10/1/2022**	NPA
4558F	Patient received at least 2 prophylactic pharmacologic anti-emetic agents of different classes preoperatively and intraoperatively (Peri2)	**1/1/2014**		**10/1/2022**	NPA
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)	**1/1/2014**		**10/1/2022**	NPA
4560F	Anesthesia technique did not involve general or neuraxial anesthesia (Peri2)	**1/1/2014**		**10/1/2022**	NPA
4561F	Patient has a coronary artery stent (Peri2)	**1/1/2014**		**10/1/2022**	NPA
4562F	Patient does not have a coronary artery stent (Peri2)	**1/1/2014**		**10/1/2022**	NPA
4563F	Patient received aspirin within 24 hours prior to anesthesia start time (Peri2)	**1/1/2014**		**10/1/2022**	NPA
5005F	Patient counseled on self-examination for new or changing moles (ML)	**1/1/2008**		**10/1/2022**	NPA
5010F	Findings of dilated macular or fundus exam communicated to the physician or other qualified health care professional managing the diabetes care (EC)	**1/1/2008**		**10/1/2022**	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
5015F	Documentation of communication that a fracture occurred and that the patient was or should be tested or treated for osteoporosis (OP)	**1/1/2008**		**10/1/2022**	NPA
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)	**1/1/2009**		**10/1/2022**	NPA
5050F	Treatment plan communicated to provider(s) managing continuing care within 1 month of diagnosis (ML)	**1/1/2009**		**10/1/2022**	NPA
5060F	Findings from diagnostic mammogram communicated to practice managing patient's on-going care within 3 business days of exam interpretation (RAD)	**1/1/2009**		**10/1/2022**	NPA
5062F	Findings from diagnostic mammogram communicated to the patient within 5 days of exam interpretation (RAD)	**1/1/2009**		**10/1/2022**	NPA
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)	**1/1/2010**		**10/1/2022**	NPA
5200F	Consideration of referral for a neurological evaluation of appropriateness for surgical therapy for intractable epilepsy within the past 3 years (EPI)	**1/1/2011**		**10/1/2022**	NPA
5250F	Asthma discharge plan provided to patient (Asthma)	**1/1/2012**		**10/1/2022**	NPA
6005F	Rationale (eg, severity of illness and safety) for level of care (eg, home, hospital) documented (CAP)	**1/1/2007**		**10/1/2022**	NPA
6010F	Dysphagia screening conducted prior to order for or receipt of any foods, fluids, or medication by mouth (STR)	**1/1/2008**		**10/1/2022**	NPA
6015F	Patient receiving or eligible to receive foods, fluids, or medication by mouth (STR)	**1/1/2008**		**10/1/2022**	NPA
6020F	NPO (nothing by mouth) ordered (STR)	**1/1/2008**		**10/1/2022**	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
6030F	All elements of maximal sterile barrier technique, hand hygiene, skin preparation and, if ultrasound is used, sterile ultrasound techniques followed (CRIT)	**1/1/2009**		**10/1/2022**	NPA
6040F	Use of appropriate radiation dose reduction devices OR manual techniques for appropriate moderation of exposure, documented (RAD)	**1/1/2009**		**10/1/2022**	NPA
6045F	Radiation exposure or exposure time in final report for procedure using fluoroscopy, documented (RAD)	**1/1/2009**		**10/1/2022**	NPA
6070F	Patient queried and counseled about anti-epileptic drug (AED) side effects (EPI)	**1/1/2011**		**10/1/2022**	NPA
6080F	Patient (or caregiver) queried about falls (Prkns, DSP)	**1/1/2011**		**10/1/2022**	NPA
6090F	Patient (or caregiver) counseled about safety issues appropriate to patient's stage of disease (Prkns)	**1/1/2011**		**10/1/2022**	NPA
6100F	Timeout to verify correct patient, correct site, and correct procedure, documented (PATH)	**1/1/2012**		**10/1/2022**	NPA
6101F	Safety counseling for dementia provided (DEM)	**1/1/2012**		**10/1/2022**	NPA
6102F	Safety counseling for dementia ordered (DEM)	**1/1/2012**		**10/1/2022**	NPA
6110F	Counseling provided regarding risks of driving and the alternatives to driving (DEM)	**1/1/2012**		**10/1/2022**	NPA
6150F	Patient not receiving a first course of anti-TNF (tumor necrosis factor) therapy (IBD)	**1/1/2012**		**10/1/2022**	NPA
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)	**1/1/2009**		**10/1/2022**	NPA
7020F	Mammogram assessment category (eg, Mammography Quality Standards Act [MQSA], Breast Imaging Reporting and Data System [BI-RADS], or FDA approved equivalent	**1/1/2009**		**10/1/2022**	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	categories) entered into an internal database to allow for analysis of abnormal interpretation (recall) rate (RAD)				
7025F	Patient information entered into a reminder system with a target due date for the next mammogram (RAD)	**1/1/2009**		**10/1/2022**	NPA
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)	**1/1/2014**		**9/1/2023**	NC
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)	**1/1/2014**		**9/1/2023**	NC
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)	**1/1/2014**		**9/1/2023**	NC
9004F	Aortic aneurysm 6.0 cm or greater maximum diameter on centerline formatted CT or minor diameter on axial formatted CT (NMA-No Measure Associated)	**1/1/2014**		**9/1/2023**	NC
9005F	Asymptomatic carotid stenosis: No history of any transient ischemic attack or stroke in any carotid or vertebrobasilar territory (NMA-No Measure Associated)	**1/1/2014**		**79/1/2023**	NC
9006F	Symptomatic carotid stenosis: Ipsilateral carotid territory TIA or stroke less than 120 days prior to procedure (NMA-No Measure Associated)	**1/1/2014**		**9/1/2023**	NC
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)	**1/1/2014**		**9/1/2023**	NC
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	**1/1/2003**		**9/1/2023**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
0054T	Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image-guidance based on fluoroscopic images (List separately in addition to code for primary procedure)	**1/1/2004**			NC
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)	**1/1/2004**			NC
0071T	Focused ultrasound ablation of uterine leiomyomata, including MR guidance; total leiomyomata volume less than 200 cc of tissue	**1/1/2005**			NC
0072T	Focused ultrasound ablation of uterine leiomyomata, including MR guidance; total leiomyomata volume greater or equal to 200 cc of tissue	**1/1/2005**			NC
0075T	Transcatheter placement of extracranial vertebral artery stent(s), including radiologic supervision and interpretation, open or percutaneous; initial vessel	**1/1/2005**			NC
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)	**1/1/2005**			NC
0095T	Removal of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, cervical (List separately in addition to code for primary procedure)	**1/1/2006**		**7/1/2022**	NPA
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)	**1/1/2006**		**7/1/2022**	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
0100T	Placement of a subconjunctival retinal prosthesis receiver and pulse generator, and implantation of intraocular retinal electrode array, with vitrectomy	**1/1/2006**			NC
0101T	Extracorporeal shock wave involving musculoskeletal system, not otherwise specified	**1/1/2006**			NC
0102T	Extracorporeal shock wave performed by a physician, requiring anesthesia other than local, and involving the lateral humeral epicondyle	**1/1/2006**			NC
0106T	Quantitative sensory testing (QST), testing and interpretation per extremity; using touch pressure stimuli to assess large diameter sensation	**1/1/2006**			NC
0107T	Quantitative sensory testing (QST), testing and interpretation per extremity; using vibration stimuli to assess large diameter fiber sensation	**1/1/2006**			NC
0108T	Quantitative sensory testing (QST), testing and interpretation per extremity; using cooling stimuli to assess small nerve fiber sensation and hyperalgesia	**1/1/2006**			NC
0109T	Quantitative sensory testing (QST), testing and interpretation per extremity; using heat-pain stimuli to assess small nerve fiber sensation and hyperalgesia	**1/1/2006**			NC
0110T	Quantitative sensory testing (QST), testing and interpretation per extremity; using other stimuli to assess sensation	**1/1/2006**			NC
0163T	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), each additional interspace, lumbar (List separately in addition to code for primary procedure)	**1/1/2007**	**12/31/2022**		NC
0164T	Removal of total disc arthroplasty, (artificial disc), anterior approach, each additional interspace, lumbar (List separately in addition to code for primary procedure)	**1/1/2007**		**7/1/2022**	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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)	**1/1/2007**		**7/1/2022**	NPA
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)	**1/1/2008**		**9/1/2023**	NPA
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	**1/1/2008**			NC
0184T	Excision of rectal tumor, transanal endoscopic microsurgical approach (ie, TEMS), including muscularis propria (ie, full thickness)	**1/1/2009**			NC
0198T	Measurement of ocular blood flow by repetitive intraocular pressure sampling, with interpretation and report	**1/1/2010**			NC
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	**1/1/2009**			NC
0201T	Percutaneous sacral augmentation (sacroplasty), bilateral injections, including the use of a balloon or	**1/1/2010**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	mechanical device, when used, 2 or more needles, includes imaging guidance and bone biopsy, when performed				
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	**1/1/2010**			NC
0207T	Evacuation of meibomian glands, automated, using heat and intermittent pressure, unilateral	**1/1/2010**			NC
0208T	Pure tone audiometry (threshold), automated; air only	**1/1/2011**			NC
0209T	Pure tone audiometry (threshold), automated; air and bone	**1/1/2011**			NC
0210T	Speech audiometry threshold, automated	**1/1/2011**			NC
0211T	Speech audiometry threshold, automated; with speech recognition	**1/1/2011**			NC
0212T	Comprehensive audiometry threshold evaluation and speech recognition (0209T, 0211T combined), automated	**1/1/2011**			NC
0213T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; single level	**1/1/2011**			NC
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)	**1/1/2011**			NC
0215T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves	**1/1/2011**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	innervating that joint) with ultrasound guidance, cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary procedure)				
0216T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; single level	**1/1/2011**			NC
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)	**1/1/2011**			NC
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)	**1/1/2011**			NC
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	**1/1/2011**			NC
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	**1/1/2011**			NC
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	**1/1/2011**			NC
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	**1/1/2011**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	additional vertebral segment (List separately in addition to code for primary procedure)				
0232T	Injection(s), platelet rich plasma, any site, including image guidance, harvesting and preparation when performed	**1/1/2011**		**4/1/2021**	NC
0234T	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; renal artery	**1/1/2011**		**4/1/2021**	NC
0235T	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; visceral artery (except renal), each vessel	**1/1/2011**		**4/1/2021**	NC
0236T	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; abdominal aorta	**1/1/2011**		**4/1/2021**	NC
0237T	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; brachiocephalic trunk and branches, each vessel	**1/1/2011**		**4/1/2021**	NC
0238T	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; iliac artery, each vessel	**1/1/2011**		**4/1/2021**	NC
0253T	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, internal approach, into the suprachoroidal space	**1/1/2011**			NC
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	**7/1/2011**		**9/1/2023**	NC
0264T	Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one	**7/1/2011**		**9/1/2023**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	leg, including ultrasound guidance, if performed; complete procedure excluding bone marrow harvest				
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	**7/1/2011**		**9/1/2023**	NC
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)	**7/1/2011**			NC
0267T	Implantation or replacement of carotid sinus baroreflex activation device; lead only, unilateral (includes intra-operative interrogation, programming, and repositioning, when performed)	**7/1/2011**			NC
0268T	Implantation or replacement of carotid sinus baroreflex activation device; pulse generator only (includes intra-operative interrogation, programming, and repositioning, when performed)	**7/1/2011**			NC
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)	**7/1/2011**			NC
0270T	Revision or removal of carotid sinus baroreflex activation device; lead only, unilateral (includes intra-operative interrogation, programming, and repositioning, when performed)	**7/1/2011**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
0271T	Revision or removal of carotid sinus baroreflex activation device; pulse generator only (includes intra-operative interrogation, programming, and repositioning, when performed)	**7/1/2011**			NC
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)	**7/1/2011**			NC
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	**7/1/2011**			NC
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	**7/1/2011**		**9/1/2023**	NC
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	**7/1/2011**		**9/1/2023**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	guidance (eg, fluoroscopic, CT), single or multiple levels, unilateral or bilateral; lumbar				
0278T	Transcutaneous electrical modulation pain reprocessing (eg, scrambler therapy), each treatment session (includes placement of electrodes)	1/1/2012			NC
0308T	Insertion of ocular telescope prosthesis including removal of crystalline lens or intraocular lens prosthesis	7/1/2012			NC
0312T	Vagus nerve blocking therapy (morbid obesity); laparoscopic implantation of neurostimulator electrode array, anterior and posterior vagal trunks adjacent to esophagogastric junction (EGJ), with implantation of pulse generator, includes programming	1/1/2013	12/31/2022		NC
0313T	Vagus nerve blocking therapy (morbid obesity); laparoscopic revision or replacement of vagal trunk neurostimulator electrode array, including connection to existing pulse generator	1/1/2013	12/31/2022		NC
0314T	Vagus nerve blocking therapy (morbid obesity); laparoscopic removal of vagal trunk neurostimulator electrode array and pulse generator	1/1/2013	12/31/2022		NC
0315T	Vagus nerve blocking therapy (morbid obesity); removal of pulse generator	1/1/2013	12/31/2022		NC
0316T	Vagus nerve blocking therapy (morbid obesity); replacement of pulse generator	1/1/2013	12/31/2022		NC
0317T	Vagus nerve blocking therapy (morbid obesity); neurostimulator pulse generator electronic analysis, includes reprogramming when performed	1/1/2013	12/31/2022		NC
0329T	Monitoring of intraocular pressure for 24 hours or longer, unilateral or bilateral, with interpretation and report	7/1/2013			NC
0330T	Tear film imaging, unilateral or bilateral, with interpretation and report	7/1/2013			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
0331T	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment	7/1/2013			NC
0332T	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment; with tomographic SPECT	7/1/2013			NC
0333T	Visual evoked potential, screening of visual acuity, automated, with report	7/1/2013			NC
0335T	Insertion of sinus tarsi implant	1/1/2014			NC
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	1/1/2014			NC
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	1/1/2014			NC
0342T	Therapeutic apheresis with selective HDL delipidation and plasma reinfusion	1/1/2014			NC
0345T	Transcatheter mitral valve repair percutaneous approach via the coronary sinus	1/1/2014			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
0347T	Placement of interstitial device(s) in bone for radiostereometric analysis (RSA)	**7/1/2014**			NC
0348T	Radiologic examination, radiostereometric analysis (RSA); spine, (includes cervical, thoracic and lumbosacral, when performed)	**7/1/2014**			NC
0349T	Radiologic examination, radiostereometric analysis (RSA); upper extremity(ies), (includes shoulder, elbow, and wrist, when performed)	**7/1/2014**			NC
0350T	Radiologic examination, radiostereometric analysis (RSA); lower extremity(ies), (includes hip, proximal femur, knee, and ankle, when performed)	**7/1/2014**			NC
0351T	Optical coherence tomography of breast or axillary lymph node, excised tissue, each specimen; real-time intraoperative	**7/1/2014**			NC
0352T	Optical coherence tomography of breast or axillary lymph node, excised tissue, each specimen; interpretation and report, real-time or referred	**7/1/2014**			NC
0353T	Optical coherence tomography of breast, surgical cavity; real-time intraoperative	**7/1/2014**			NC
0354T	Optical coherence tomography of breast, surgical cavity; interpretation and report, real-time or referred	**7/1/2014**			NC
0358T	Bioelectrical impedance analysis whole body composition assessment, with interpretation and report	**7/1/2014**			NC
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;	**7/1/2014**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	completion in an environment that is customized to the patient's behavior.				
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.	**7/1/2014**			NC
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	**1/1/2015**			NC
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	**1/1/2015**			NC
0394T	High dose rate electronic brachytherapy, skin surface application, per fraction, includes basic dosimetry, when performed	**7/1/2015**		**9/1/2023**	NC
0395T	High dose rate electronic brachytherapy, interstitial or intracavitary treatment, per fraction, includes basic dosimetry, when performed	**7/1/2015**		**9/1/2023**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
0397T	Endoscopic retrograde cholangiopancreatography (ERCP), with optical endomicroscopy (List separately in addition to code for primary procedure)	**1/1/2016**			NC
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	**1/1/2016**			NC
0402T	Collagen cross-linking of cornea, including removal of the corneal epithelium, when performed, and intraoperative pachymetry, when performed	**1/1/2016**			NC
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	**1/1/2016**			NC
0404T	Transcervical uterine fibroid(s) ablation with ultrasound guidance, radiofrequency	**1/1/2016**			NC
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	**1/1/2016**		**9/1/2023**	NC
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	**1/1/2016**		**9/1/2023**	NC
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	**1/1/2016**		**9/1/2023**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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	**1/1/2016**		**9/1/2023**	NC
0412T	Removal of permanent cardiac contractility modulation system; pulse generator only	**1/1/2016**		**9/1/2023**	NC
0413T	Removal of permanent cardiac contractility modulation system; transvenous electrode (atrial or ventricular)	**1/1/2016**		**9/1/2023**	NC
0414T	Removal and replacement of permanent cardiac contractility modulation system pulse generator only	**1/1/2016**		**9/1/2023**	NC
0415T	Repositioning of previously implanted cardiac contractility modulation transvenous electrode (atrial or ventricular lead)	**1/1/2016**		**9/1/2023**	NC
0416T	Relocation of skin pocket for implanted cardiac contractility modulation pulse generator	**1/1/2016**		**9/1/2023**	NC
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	**1/1/2016**		**9/1/2023**	NC
0418T	Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording and disconnection per patient encounter, implantable cardiac contractility modulation system	**1/1/2016**		**9/1/2023**	NC
0419T	Destruction of neurofibroma, extensive (cutaneous, dermal extending into subcutaneous); face, head and neck, greater than 50 neurofibromas	**1/1/2016**		**9/1/2023**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
0420T	Destruction of neurofibroma, extensive (cutaneous, dermal extending into subcutaneous); trunk and extremities, extensive, greater than 100 neurofibromas	**1/1/2016**		**9/1/2023**	NC
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)	**1/1/2016**		**9/1/2023**	NC
0422T	Tactile breast imaging by computer-aided tactile sensors, unilateral or bilateral	**1/1/2016**		**9/1/2023**	NC
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)	**1/1/2016**		**9/1/2023**	NC
0425T	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; sensing lead only	**1/1/2016**		**9/1/2023**	NC
0426T	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; stimulation lead only	**1/1/2016**		**9/1/2023**	NC
0427T	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; pulse generator only	**1/1/2016**		**9/1/2023**	NC
0428T	Removal of neurostimulator system for treatment of central sleep apnea; pulse generator only	**1/1/2016**		**9/1/2023**	NC
0429T	Removal of neurostimulator system for treatment of central sleep apnea; sensing lead only	**1/1/2016**		**9/1/2023**	NC
0430T	Removal of neurostimulator system for treatment of central sleep apnea; stimulation lead only	**1/1/2016**		**9/1/2023**	NC
0431T	Removal and replacement of neurostimulator system for treatment of central sleep apnea, pulse generator only	**1/1/2016**		**9/1/2023**	NC
0432T	Repositioning of neurostimulator system for treatment of central sleep apnea; stimulation lead only	**1/1/2016**		**9/1/2023**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
0433T	Repositioning of neurostimulator system for treatment of central sleep apnea; sensing lead only	1/1/2016		9/1/2023	NC
0434T	Interrogation device evaluation implanted neurostimulator pulse generator system for central sleep apnea	1/1/2016		9/1/2023	NC
0435T	Programming device evaluation of implanted neurostimulator pulse generator system for central sleep apnea; single session	1/1/2016		9/1/2023	NC
0436T	Programming device evaluation of implanted neurostimulator pulse generator system for central sleep apnea; during sleep study	1/1/2016		9/1/2023	NC
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)	7/1/2016			NC
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)	7/1/2016			NC
0440T	Ablation, percutaneous, cryoablation, includes imaging guidance; upper extremity distal/peripheral nerve	7/1/2016			NC
0441T	Ablation, percutaneous, cryoablation, includes imaging guidance; lower extremity distal/peripheral nerve	7/1/2016			NC
0442T	Ablation, percutaneous, cryoablation, includes imaging guidance; nerve plexus or other truncal nerve (eg, brachial plexus, pudendal nerve)	7/1/2016			NC
0443T	Real-time spectral analysis of prostate tissue by fluorescence spectroscopy, including imaging guidance (List separately in addition to code for primary procedure)	7/1/2016			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
0444T	Initial placement of a drug-eluting ocular insert under one or more eyelids, including fitting, training, and insertion, unilateral or bilateral	**7/1/2016**			NC
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	**7/1/2016**			NC
0446T	Creation of subcutaneous pocket with insertion of implantable interstitial glucose sensor, including system activation and patient training	**1/1/2017**			NC
0447T	Removal of implantable interstitial glucose sensor from subcutaneous pocket via incision	**1/1/2017**			NC
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	**1/1/2017**			NC
0449T	Insertion of aqueous drainage device, without extraocular reservoir, internal approach, into the subconjunctival space; initial device	**1/1/2017**		**9/1/2023**	NC
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)	**1/1/2017**			NC
0464T	Visual evoked potential, testing for glaucoma, with interpretation and report	**1/1/2017**			NC
0465T	Suprachoroidal injection of a pharmacologic agent (does not include supply of medication)	**1/1/2017**			NC
0469T	Retinal polarization scan, ocular screening with on-site automated results, bilateral	**7/1/2017**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
0470T	Optical coherence tomography (OCT) for microstructural and morphological imaging of skin, image acquisition, interpretation, and report; first lesion	7/1/2017	12/31/2022		NC
0471T	Optical coherence tomography (OCT) for microstructural and morphological imaging of skin, image acquisition, interpretation, and report; each additional lesion (List separately in addition to code for primary procedure)	7/1/2017	12/31/2022		NC
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	7/1/2017			NC
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	7/1/2017			NC
0474T	Insertion of anterior segment aqueous drainage device, with creation of intraocular reservoir, internal approach, into the supraciliary space	7/1/2017			NC
0475T	Recording of fetal magnetic cardiac signal using at least 3 channels; patient recording and storage, data scanning with signal extraction, technical analysis and result, as well as supervision, review, and interpretation of report by a physician or other qualified health care professional	7/1/2017	12/31/2022		NC
0476T	Recording of fetal magnetic cardiac signal using at least 3 channels; patient recording, data scanning, with raw electronic signal transfer of data and storage	7/1/2017	12/31/2022		NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
0477T	Recording of fetal magnetic cardiac signal using at least 3 channels; signal extraction, technical analysis, and result	7/1/2017	12/31/2022		NC
0478T	Recording of fetal magnetic cardiac signal using at least 3 channels; review, interpretation, report by physician or other qualified health care professional	7/1/2017	12/31/2022		NC
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	1/1/2018			NC
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)	1/1/2018			NC
0481T	Injection(s), autologous white blood cell concentrate (autologous protein solution), any site, including image guidance, harvesting and preparation, when performed	1/1/2018			NC
0483T	Transcatheter mitral valve implantation/replacement (TMVI) with prosthetic valve; percutaneous approach, including transseptal puncture, when performed	1/1/2018			NC
0484T	Transcatheter mitral valve implantation/replacement (TMVI) with prosthetic valve; transthoracic exposure (eg, thoracotomy, transapical)	1/1/2018			NC
0485T	Optical coherence tomography (OCT) of middle ear, with interpretation and report; unilateral	1/1/2018			NC
0486T	Optical coherence tomography (OCT) of middle ear, with interpretation and report; bilateral	1/1/2018			NC
0487T	Biomechanical mapping, transvaginal, with report	1/1/2018	12/31/2022		NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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	1/1/2018			NC
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	1/1/2018			NC
0490T	Autologous adipose-derived regenerative cell therapy for scleroderma in the hands; multiple injections in one or both hands	1/1/2018			NC
0491T	Ablative laser treatment, non-contact, full field and fractional ablation, open wound, per day, total treatment surface area; first 20 sq cm or less	1/1/2018	12/31/2022		NC
0492T	Ablative laser treatment, non-contact, full field and fractional ablation, open wound, per day, total treatment surface area; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	1/1/2018	12/31/2022		NC
0493T	Contact near-infrared spectroscopy studies of lower extremity wounds (eg, for oxyhemoglobin measurement)	1/1/2018	12/31/2022		NC
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	1/1/2018			NC
0495T	Initiation and monitoring marginal (extended) cadaver donor lung(s) organ perfusion system by physician or qualified health care professional, including physiological	1/1/2018			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	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				
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)	1/1/2018			NC
0497T	External patient-activated, physician- or other qualified health care professional-prescribed, electrocardiographic rhythm derived event recorder without 24-hour attended monitoring; in-office connection	1/1/2018	12/31/2022		NC
0498T	External patient-activated, physician- or other qualified health care professional-prescribed, electrocardiographic rhythm derived event recorder without 24-hour attended monitoring; review and interpretation by a physician or other qualified health care professional per 30 days with at least one patient-generated triggered event	1/1/2018	12/31/2022		NC
0499T	Cystourethroscopy, with mechanical dilation and urethral therapeutic drug delivery for urethral stricture or stenosis, including fluoroscopy, when performed	1/1/2018			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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)	**1/1/2018**			NC
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	**1/1/2018**			NC
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	**1/1/2018**			NC
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	**1/1/2018**			NC
0504T	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics	**1/1/2018**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	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				
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	**7/1/2018**		**9/1/2023**	NC
0506T	Macular pigment optical density measurement by heterochromatic flicker photometry, unilateral or bilateral, with interpretation and report	**7/1/2018**		**9/1/2023**	NC
0507T	Near infrared dual imaging (ie, simultaneous reflective and transilluminated light) of meibomian glands, unilateral or bilateral, with interpretation and report	**7/1/2018**		**9/1/2023**	NC
0508T	Pulse-echo ultrasound bone density measurement resulting in indicator of axial bone mineral density, tibia	**7/1/2018**		**9/1/2023**	NC
0509T	Electroretinography (ERG) with interpretation and report, pattern (PERG)	**1/1/2019**			NC
0510T	Removal of sinus tarsi implant	**1/1/2019**			NC
0511T	Removal and reinsertion of sinus tarsi implant	**1/1/2019**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
0512T	Extracorporeal shock wave for integumentary wound healing, including topical application and dressing care; initial wound	1/1/2019			NC
0513T	Extracorporeal shock wave for integumentary wound healing, including topical application and dressing care; each additional wound (List separately in addition to code for primary procedure)	1/1/2019			NC
0514T	Intraoperative visual axis identification using patient fixation (List separately in addition to code for primary procedure)	1/1/2019	12/31/2022		NC
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])	1/1/2019			NC
0516T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; electrode only	1/1/2019			NC
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	1/1/2019			NC
0518T	Removal of only pulse generator component(s) (battery and/or transmitter) of wireless cardiac stimulator for left ventricular pacing	1/1/2019			NC
0519T	Removal and replacement of wireless cardiac stimulator for left ventricular pacing; pulse generator component(s) (battery and/or transmitter)	1/1/2019			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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	**1/1/2019**			NC
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	**1/1/2019**			NC
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	**1/1/2019**			NC
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)	**1/1/2019**			NC
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	**1/1/2019**			NC
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)	**1/1/2019**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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	**1/1/2019**			NC
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	**1/1/2019**			NC
0528T	Programming device evaluation (in person) of intracardiac ischemia monitoring system with iterative adjustment of programmed values, with analysis, review, and report	**1/1/2019**			NC
0529T	Interrogation device evaluation (in person) of intracardiac ischemia monitoring system with analysis, review, and report	**1/1/2019**			NC
0530T	Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; complete system (electrode and implantable monitor)	**1/1/2019**			NC
0531T	Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; electrode only	**1/1/2019**			NC
0532T	Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; implantable monitor only	**1/1/2019**			NC
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	**1/1/2019**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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	**1/1/2019**			NC
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	**1/1/2019**			NC
0536T	Continuous recording of movement disorder symptoms, including bradykinesia, dyskinesia, and tremor for 6 days up to 10 days; download review, interpretation and report	**1/1/2019**			NC
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	**1/1/2019**		**9/1/2023**	NC
0538T	Chimeric antigen receptor T-cell (CAR-T) therapy; preparation of blood-derived T lymphocytes for transportation (eg, cryopreservation, storage)	**1/1/2019**		**9/1/2023**	NC
0539T	Chimeric antigen receptor T-cell (CAR-T) therapy; receipt and preparation of CAR-T cells for administration	**1/1/2019**		**9/1/2023**	NC
0540T	Chimeric antigen receptor T-cell (CAR-T) therapy; CAR-T cell administration, autologous	**1/1/2019**		**9/1/2023**	NC
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	**1/1/2019**			NC
0542T	Myocardial imaging by magnetocardiography (MCG) for detection of cardiac ischemia, by signal acquisition using	**1/1/2019**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	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				
0543T	Transapical mitral valve repair, including transthoracic echocardiography, when performed, with placement of artificial chordae tendineae	**7/1/2019**		**9/1/2023**	NC
0544T	Transcatheter mitral valve annulus reconstruction, with implantation of adjustable annulus reconstruction device, percutaneous approach including transseptal puncture	**7/1/2019**		**9/1/2023**	NC
0545T	Transcatheter tricuspid valve annulus reconstruction with implantation of adjustable annulus reconstruction device, percutaneous approach	**7/1/2019**		**9/1/2023**	NC
0546T	Radiofrequency spectroscopy, real time, intraoperative margin assessment, at the time of partial mastectomy, with report	**7/1/2019**		**9/1/2023**	NC
0547T	Bone-material quality testing by microindentation(s) of the tibia(s), with results reported as a score	**7/1/2019**		**9/1/2023**	NC
0552T	Low-level laser therapy, dynamic photonic and dynamic thermokinetic energies, provided by a physician or other qualified health care professional	**7/1/2019**		**9/1/2023**	NC
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	**7/1/2019**		**9/1/2023**	NC
0554T	Bone strength and fracture risk using finite element analysis of functional data and bone-mineral density utilizing data from a computed tomography scan;	**7/1/2019**		**9/1/2023**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	retrieval and transmission of the scan data, assessment of bone strength and fracture risk and bone-mineral density, interpretation and report				
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	**7/1/2019**		**9/1/2023**	NC
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	**7/1/2019**		**9/1/2023**	NC
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	**7/1/2019**		**9/1/2023**	NC
0558T	Computed tomography scan taken for the purpose of biomechanical computed tomography analysis	**7/1/2019**		**9/1/2023**	NC
0559T	Anatomic model 3D-printed from image data set(s); first individually prepared and processed component of an anatomic structure	**7/1/2019**		**9/1/2023**	NC
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)	**7/1/2019**		**9/1/2023**	NC
0561T	Anatomic guide 3D-printed and designed from image data set(s); first anatomic guide	**7/1/2019**		**9/1/2023**	NC
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)	**7/1/2019**		**9/1/2023**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
0563T	Evacuation of meibomian glands, using heat delivered through wearable, open-eye eyelid treatment devices and manual gland expression, bilateral	**1/1/2020**			NC
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	**1/1/2020**			NC
0565T	Autologous cellular implant derived from adipose tissue for the treatment of osteoarthritis of the knees; tissue harvesting and cellular implant creation	**1/1/2020**			NC
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	**1/1/2020**			NC
0567T	Permanent fallopian tube occlusion with degradable biopolymer implant, transcervical approach, including transvaginal ultrasound	**1/1/2020**			NC
0568T	Introduction of mixture of saline and air for sonosalpingography to confirm occlusion of fallopian tubes, transcervical approach, including transvaginal ultrasound and pelvic ultrasound	**1/1/2020**			NC
0569T	Transcatheter tricuspid valve repair, percutaneous approach; initial prosthesis	**1/1/2020**			NC
0570T	Transcatheter tricuspid valve repair, percutaneous approach; each additional prosthesis during same session (List separately in addition to code for primary procedure)	**1/1/2020**			NC
0571T	Insertion or replacement of implantable cardioverter-defibrillator system with substernal electrode(s), including all imaging guidance and electrophysiological evaluation	**1/1/2020**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	(includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters), when performed				
0572T	Insertion of substernal implantable defibrillator electrode	**1/1/2020**			NC
0573T	Removal of substernal implantable defibrillator electrode	**1/1/2020**			NC
0574T	Repositioning of previously implanted substernal implantable defibrillator-pacing electrode	**1/1/2020**			NC
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	**1/1/2020**			NC
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	**1/1/2020**			NC
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)	**1/1/2020**			NC
0578T	Interrogation device evaluation(s) (remote), up to 90 days, substernal lead implantable cardioverter-defibrillator system with interim analysis, review(s) and	**1/1/2020**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	report(s) by a physician or other qualified health care professional				
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	**1/1/2020**			NC
0580T	Removal of substernal implantable defibrillator pulse generator only	**1/1/2020**			NC
0581T	Ablation, malignant breast tumor(s), percutaneous, cryotherapy, including imaging guidance when performed, unilateral	**1/1/2020**			NC
0582T	Transurethral ablation of malignant prostate tissue by high-energy water vapor thermotherapy, including intraoperative imaging and needle guidance	**1/1/2020**			NC
0583T	Tympanostomy (requiring insertion of ventilating tube), using an automated tube delivery system, iontophoresis local anesthesia	**1/1/2020**			NC
0584T	Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when performed; percutaneous	**1/1/2020**			NC
0585T	Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when performed; laparoscopic	**1/1/2020**			NC
0586T	Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when performed; open	**1/1/2020**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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	**1/1/2020**			NC
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	**1/1/2020**			NC
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	**1/1/2020**			NC
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	**1/1/2020**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
0591T	Health and well-being coaching face-to-face; individual, initial assessment	1/1/2020			NC
0592T	Health and well-being coaching face-to-face; individual, follow-up session, at least 30 minutes	1/1/2020			NC
0593T	Health and well-being coaching face-to-face; group (2 or more individuals), at least 30 minutes	1/1/2020			NC
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	7/1/2020			NC
0596T	Temporary female intraurethral valve-pump (ie, voiding prosthesis); initial insertion, including urethral measurement	7/1/2020			NC
0597T	Temporary female intraurethral valve-pump (ie, voiding prosthesis); replacement	7/1/2020			NC
0598T	Noncontact real-time fluorescence wound imaging, for bacterial presence, location, and load, per session; first anatomic site (eg, lower extremity)	7/1/2020			NC
0599T	Noncontact real-time fluorescence wound imaging, for bacterial presence, location, and load, per session; each additional anatomic site (eg, upper extremity) (List separately in addition to code for primary procedure)	7/1/2020			NC
0600T	Ablation, irreversible electroporation; 1 or more tumors per organ, including imaging guidance, when performed, percutaneous	7/1/2020			NC
0601T	Ablation, irreversible electroporation; 1 or more tumors per organ, including fluoroscopic and ultrasound guidance, when performed, open	7/1/2020			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
0602T	Glomerular filtration rate (GFR) measurement(s), transdermal, including sensor placement and administration of a single dose of fluorescent pyrazine agent	**7/1/2020**			NC
0603T	Glomerular filtration rate (GFR) monitoring, transdermal, including sensor placement and administration of more than one dose of fluorescent pyrazine agent, each 24 hours	**7/1/2020**			NC
0604T	Optical coherence tomography (OCT) of retina, remote, patient-initiated image capture and transmission to a remote surveillance center, unilateral or bilateral; initial device provision, set-up and patient education on use of equipment	**7/1/2020**			NC
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	**7/1/2020**			NC
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	**7/1/2020**			NC
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	**7/1/2020**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	attended surveillance center; set-up and patient education on use of equipment				
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	**7/1/2020**			NC
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	**7/1/2020**			NC
0610T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); transmission of biomarker data for software analysis	**7/1/2020**			NC
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	**7/1/2020**			NC
0612T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); interpretation and report	**7/1/2020**			NC
0613T	Percutaneous transcatheter implantation of interatrial septal shunt device, including right and left heart	**7/1/2020**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	catheterization, intracardiac echocardiography, and imaging guidance by the proceduralist, when performed				
0614T	Removal and replacement of substernal implantable defibrillator pulse generator	**7/1/2020**			NC
0615T	Eye-movement analysis without spatial calibration, with interpretation and report	**7/1/2020**			NC
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	**7/1/2020**			NC
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	**7/1/2020**			NC
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	**7/1/2020**			NC
0619T	Cystourethroscopy with transurethral anterior prostate commissurotomy and drug delivery, including transrectal ultrasound and fluoroscopy, when performed	**7/1/2020**			NC
0620T	Endovascular venous arterialization, tibial or peroneal vein, with transcatheter placement of intravascular stent graft(s) and closure by any method, including percutaneous or open vascular access, ultrasound guidance for vascular access when performed, all catheterization(s) and intraprocedural roadmapping and imaging guidance necessary to complete the intervention, all associated radiological supervision and interpretation, when performed	**1/1/2021**		**4/1/2021**	NC
0621T	Trabeculostomy ab interno by laser	**1/1/2021**		**4/1/2021**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
0622T	Trabeculostomy ab interno by laser; with use of ophthalmic endoscope	**1/1/2021**		**4/1/2021**	NC
0623T	Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; data preparation and transmission, computerized analysis of data, with review of computerized analysis output to reconcile discordant data, interpretation and report	**1/1/2021**		**4/1/2021**	NC
0624T	Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; data preparation and transmission	**1/1/2021**		**4/1/2021**	NC
0625T	Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; computerized analysis of data from coronary computed tomographic angiography	**1/1/2021**		**4/1/2021**	NC
0626T	Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; review of computerized analysis output to reconcile discordant data, interpretation and report	**1/1/2021**		**4/1/2021**	NC
0627T	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with fluoroscopic guidance, lumbar; first level	**1/1/2021**		**4/1/2021**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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)	**1/1/2021**		**4/1/2021**	NC
0629T	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with CT guidance, lumbar; first level	**1/1/2021**		**4/1/2021**	NC
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)	**1/1/2021**		**4/1/2021**	NC
0631T	Transcutaneous visible light hyperspectral imaging measurement of oxyhemoglobin, deoxyhemoglobin, and tissue oxygenation, with interpretation and report, per extremity	**1/1/2021**		**4/1/2021**	NC
0632T	Percutaneous transcatheter ultrasound ablation of nerves innervating the pulmonary arteries, including right heart catheterization, pulmonary artery angiography, and all imaging guidance	**1/1/2021**		**4/1/2021**	NC
0633T	Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast material	**1/1/2021**		**4/1/2021**	NC
0634T	Computed tomography, breast, including 3D rendering, when performed, unilateral; with contrast material(s)	**1/1/2021**		**4/1/2021**	NC
0635T	Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast, followed by contrast material(s)	**1/1/2021**		**4/1/2021**	NC
0636T	Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast material(s)	**1/1/2021**		**4/1/2021**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
0637T	Computed tomography, breast, including 3D rendering, when performed, bilateral; with contrast material(s)	**1/1/2021**		**4/1/2021**	NC
0638T	Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast, followed by contrast material(s)	**1/1/2021**		**4/1/2021**	NC
0639T	Wireless skin sensor thermal anisotropy measurement(s) and assessment of flow in cerebrospinal fluid shunt, including ultrasound guidance, when performed	**1/1/2021**		**4/1/2021**	NC
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	**7/1/2021**			NC
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	**7/1/2021**			NC
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	**7/1/2021**			NC
0643T	Transcatheter left ventricular restoration device implantation including right and left heart catheterization and left ventriculography when performed, arterial approach	**7/1/2021**			NC
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	**7/1/2021**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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	**7/1/2021**			NC
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	**7/1/2021**			NC
0647T	Insertion of gastrostomy tube, percutaneous, with magnetic gastropexy, under ultrasound guidance, image documentation and report	**7/1/2021**			NC
0648T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure) during the same session; single organ	**7/1/2021**			NC
0649T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure); single organ (List separately in addition to code for primary procedure)	**7/1/2021**			NC
0650T	Programming device evaluation (remote) of subcutaneous cardiac rhythm monitor system, with iterative adjustment of the implantable device to test the	**7/1/2021**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	function of the device and select optimal permanently programmed values with analysis, review and report by a physician or other qualified health care professional				
0651T	Magnetically controlled capsule endoscopy, esophagus through stomach, including intraprocedural positioning of capsule, with interpretation and report	**7/1/2021**			NC
0652T	Esophagogastroduodenoscopy, flexible, transnasal; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	**7/1/2021**			NC
0653T	Esophagogastroduodenoscopy, flexible, transnasal; with biopsy, single or multiple	**7/1/2021**			NC
0654T	Esophagogastroduodenoscopy, flexible, transnasal; with insertion of intraluminal tube or catheter	**7/1/2021**			NC
0655T	Transperineal focal laser ablation of malignant prostate tissue, including transrectal imaging guidance, with MR-fused images or other enhanced ultrasound imaging	**7/1/2021**			NC
0656T	Vertebral body tethering, anterior; up to 7 vertebral segments	**7/1/2021**			NC
0657T	Vertebral body tethering, anterior; 8 or more vertebral segments	**7/1/2021**			NC
0658T	Electrical impedance spectroscopy of 1 or more skin lesions for automated melanoma risk score	**7/1/2021**			NC
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	**7/1/2021**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
0660T	Implantation of anterior segment intraocular nonbiodegradable drug-eluting system, internal approach	**7/1/2021**			NC
0661T	Removal and reimplantation of anterior segment intraocular nonbiodegradable drug-eluting implant	**7/1/2021**			NC
0662T	Scalp cooling, mechanical; initial measurement and calibration of cap	**7/1/2021**			NC
0663T	Scalp cooling, mechanical; placement of device, monitoring, and removal of device (List separately in addition to code for primary procedure)	**7/1/2021**			NC
0664T	Donor hysterectomy (including cold preservation); open, from cadaver donor	**7/1/2021**			NC
0665T	Donor hysterectomy (including cold preservation); open, from living donor	**7/1/2021**			NC
0666T	Donor hysterectomy (including cold preservation); laparoscopic or robotic, from living donor	**7/1/2021**			NC
0667T	Donor hysterectomy (including cold preservation); recipient uterus allograft transplantation from cadaver or living donor	**7/1/2021**			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	**7/1/2021**			NC
0669T	Backbench reconstruction of cadaver or living donor uterus allograft prior to transplantation; venous anastomosis, each	**7/1/2021**			NC
0670T	Backbench reconstruction of cadaver or living donor uterus allograft prior to transplantation; arterial anastomosis, each	**7/1/2021**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
0671T	Insertion of anterior segment aqueous drainage device into the trabecular meshwork, without external reservoir, and without concomitant cataract removal, one or more	**1/1/2022**		**1/1/2022**	NC
0672T	Endovaginal cryogen-cooled, monopolar radiofrequency remodeling of the tissues surrounding the female bladder neck and proximal urethra for urinary incontinence	**1/1/2022**		**1/1/2022**	NC
0673T	Ablation, benign thyroid nodule(s), percutaneous, laser, including imaging guidance	**1/1/2022**		**1/1/2022**	NC
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)	**1/1/2022**		**1/1/2022**	NC
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	**1/1/2022**		**1/1/2022**	NC
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)	**1/1/2022**		**1/1/2022**	NC
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	**1/1/2022**		**1/1/2022**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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)	1/1/2022		**1/1/2022**	NC
0679T	Laparoscopic removal of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function	1/1/2022		**1/1/2022**	NC
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)	1/1/2022		**1/1/2022**	NC
0681T	Relocation of pulse generator only, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, with connection to existing dual leads	1/1/2022		**1/1/2022**	NC
0682T	Removal of pulse generator only, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function	1/1/2022		**1/1/2022**	NC
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	1/1/2022		**1/1/2022**	NC
0684T	Peri-procedural device evaluation (in-person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review,	1/1/2022		**1/1/2022**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	and report by a physician or other qualified health care professional, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function				
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	**1/1/2022**		**1/1/2022**	NC
0686T	Histotripsy (ie, non-thermal ablation via acoustic energy delivery) of malignant hepatocellular tissue, including image guidance	**1/1/2022**		**1/1/2022**	NC
0687T	Treatment of amblyopia using an online digital program; device supply, educational set-up, and initial session	**1/1/2022**		**1/1/2022**	NC
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	**1/1/2022**		**1/1/2022**	NC
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)	**1/1/2022**		**1/1/2022**	NC
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)	**1/1/2022**		**1/1/2022**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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	**1/1/2022**		**1/1/2022**	NC
0692T	Therapeutic ultrafiltration	**1/1/2022**		**1/1/2022**	NC
0693T	Comprehensive full body computer-based markerless 3D kinematic and kinetic motion analysis and report	**1/1/2022**		**1/1/2022**	NC
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	**1/1/2022**		**1/1/2022**	NC
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	**1/1/2022**		**1/1/2022**	NC
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	**1/1/2022**		**1/1/2022**	NC
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,	**1/1/2022**		**1/1/2022**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	organ, gland, tissue, target structure) during the same session; multiple organs				
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)	1/1/2022		**1/1/2022**	NC
0699T	Injection, posterior chamber of eye, medication	1/1/2022		**1/1/2022**	NC
0700T	Molecular fluorescent imaging of suspicious nevus; first lesion	1/1/2022		**1/1/2022**	NC
0701T	Molecular fluorescent imaging of suspicious nevus; each additional lesion (List separately in addition to code for primary procedure)	1/1/2022		**1/1/2022**	NC
0702T	Remote therapeutic monitoring of a standardized online digital cognitive behavioral therapy program ordered by a physician or other qualified health care professional; supply and technical support, per 30 days	1/1/2022	12/31/2022	**1/1/2022**	NC
0703T	Remote therapeutic monitoring of a standardized online digital cognitive behavioral therapy program ordered by a physician or other qualified health care professional; management services by physician or other qualified health care professional, per calendar month	1/1/2022	12/31/2022	**1/1/2022**	NC
0704T	Remote treatment of amblyopia using an eye tracking device; device supply with initial set-up and patient education on use of equipment	1/1/2022		**1/1/2022**	NC
0705T	Remote treatment of amblyopia using an eye tracking device; surveillance center technical support including	1/1/2022		**1/1/2022**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	data transmission with analysis, with a minimum of 18 training hours, each 30 days				
0706T	Remote treatment of amblyopia using an eye tracking device; interpretation and report by physician or other qualified health care professional, per calendar month	**1/1/2022**		**1/1/2022**	NC
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	**1/1/2022**		**1/1/2022**	NC
0708T	Intradermal cancer immunotherapy; preparation and initial injection	**1/1/2022**		**1/1/2022**	NC
0709T	Intradermal cancer immunotherapy; each additional injection (List separately in addition to code for primary procedure)	**1/1/2022**		**1/1/2022**	NC
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	**1/1/2022**		**1/1/2022**	NC
0711T	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; data preparation and transmission	**1/1/2022**		**1/1/2022**	NC
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	**1/1/2022**		**1/1/2022**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	lipid-rich necrotic core plaque to assess atherosclerotic plaque stability				
0713T	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; data review, interpretation and report	1/1/2022		**1/1/2022**	NC
0714T	Transperineal laser ablation of benign prostatic hyperplasia, including imaging guidance	7/1/2022		**7/1/2022**	NC
0715T	Percutaneous transluminal coronary lithotripsy (List separately in addition to code for primary procedure)	7/1/2022		**7/1/2022**	NPA
0716T	Cardiac acoustic waveform recording with automated analysis and generation of coronary artery disease risk score	7/1/2022		**7/1/2022**	NC
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	7/1/2022		**7/1/2022**	NC
0718T	Autologous adipose-derived regenerative cell (ADRC) therapy for partial thickness rotator cuff tear; injection into supraspinatus tendon including ultrasound guidance, unilateral	7/1/2022		**7/1/2022**	NC
0719T	Posterior vertebral joint replacement, including bilateral facetectomy, laminectomy, and radical discectomy, including imaging guidance, lumbar spine, single segment	7/1/2022		**7/1/2022**	NC
0720T	Percutaneous electrical nerve field stimulation, cranial nerves, without implantation	7/1/2022		**7/1/2022**	NC
0721T	Quantitative computed tomography (CT) tissue characterization, including interpretation and report,	7/1/2022		**7/1/2022**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	obtained without concurrent CT examination of any structure contained in previously acquired diagnostic imaging				
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)	**7/1/2022**		**7/1/2022**	NPA
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	**7/1/2022**		**7/1/2022**	NC
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)	**7/1/2022**		**7/1/2022**	NPA
0725T	Vestibular device implantation, unilateral	**7/1/2022**		**7/1/2022**	NC
0726T	Removal of implanted vestibular device, unilateral	**7/1/2022**		**7/1/2022**	NC
0727T	Removal and replacement of implanted vestibular device, unilateral	**7/1/2022**		**7/1/2022**	NC
0728T	Diagnostic analysis of vestibular implant, unilateral; with initial programming	**7/1/2022**		**7/1/2022**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
0729T	Diagnostic analysis of vestibular implant, unilateral; with subsequent programming	**7/1/2022**		**7/1/2022**	NC
0730T	Trabeculotomy by laser, including optical coherence tomography (OCT) guidance	**7/1/2022**		**7/1/2022**	NC
0731T	Augmentative AI-based facial phenotype analysis with report	**7/1/2022**		**7/1/2022**	NC
0732T	Immunotherapy administration with electroporation, intramuscular	**7/1/2022**		**7/1/2022**	NC
0733T	Remote body and limb kinematic measurement-based therapy ordered by a physician or other qualified health care professional; supply and technical support, per 30 days	**7/1/2022**		**7/1/2022**	NC
0734T	Remote body and limb kinematic measurement-based therapy ordered by a physician or other qualified health care professional; treatment management services by a physician or other qualified health care professional, per calendar month	**7/1/2022**		**7/1/2022**	NC
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)	**7/1/2022**		**7/1/2022**	NPA
0736T	Colonic lavage, 35 or more liters of water, gravity-fed, with induced defecation, including insertion of rectal catheter	**7/1/2022**		**7/1/2022**	NC
0737T	Xenograft implantation into the articular surface	**7/1/2022**		**7/1/2022**	NC
0738T	Treatment planning for magnetic field induction ablation of malignant prostate tissue, using data from previously performed magnetic resonance imaging (MRI) examination	**1/1/2023**		**2/1/2023**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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	**1/1/2023**		**2/1/2023**	NC
0740T	Remote autonomous algorithm-based recommendation system for insulin dose calculation and titration; initial set-up and patient education	**1/1/2023**		**2/1/2023**	NC
0741T	Remote autonomous algorithm-based recommendation system for insulin dose calculation and titration; provision of software, data collection, transmission, and storage, each 30 days	**1/1/2023**		**2/1/2023**	NC
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)	**1/1/2023**		**2/1/2023**	NC
0743T	Bone strength and fracture risk using finite element analysis of functional data and bone mineral density (BMD), with concurrent vertebral fracture assessment, utilizing data from a computed tomography scan, retrieval and transmission of the scan data, measurement of bone strength and BMD and classification of any vertebral fractures, with overall fracture-risk assessment, interpretation and report	**1/1/2023**		**2/1/2023**	NC
0744T	Insertion of bioprosthetic valve, open, femoral vein, including duplex ultrasound imaging guidance, when performed, including autogenous or nonautogenous	**1/1/2023**		**2/1/2023**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	patch graft (eg, polyester, ePTFE, bovine pericardium), when performed				
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	**1/1/2023**		**2/1/2023**	NC
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	**1/1/2023**		**2/1/2023**	NC
0747T	Cardiac focal ablation utilizing radiation therapy for arrhythmia; delivery of radiation therapy, arrhythmia	**1/1/2023**		**2/1/2023**	NC
0748T	Injections of stem cell product into perianal perifistular soft tissue, including fistula preparation (eg, removal of setons, fistula curettage, closure of internal openings)	**1/1/2023**		**2/1/2023**	NC
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	**1/1/2023**		**2/1/2023**	NC
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-	**1/1/2023**		**2/1/2023**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	ray examination of the hand taken for the purpose of DXR-BMD				
0751T	Digitization of glass microscope slides for level II, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure)	**1/1/2023**		**2/1/2023**	NC
0752T	Digitization of glass microscope slides for level III, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure)	**1/1/2023**		**2/1/2023**	NC
0753T	Digitization of glass microscope slides for level IV, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure)	**1/1/2023**		**2/1/2023**	NC
0754T	Digitization of glass microscope slides for level V, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure)	**1/1/2023**		**2/1/2023**	NC
0755T	Digitization of glass microscope slides for level VI, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure)	**1/1/2023**		**2/1/2023**	NC
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)	**1/1/2023**		**2/1/2023**	NC
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)	**1/1/2023**		**2/1/2023**	NC
0758T	Digitization of glass microscope slides for special stain, including interpretation and report, histochemical stain on	**1/1/2023**		**2/1/2023**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	frozen tissue block (List separately in addition to code for primary procedure)				
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)	**1/1/2023**		**2/1/2023**	NC
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)	**1/1/2023**		**2/1/2023**	NC
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)	**1/1/2023**		**2/1/2023**	NC
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)	**1/1/2023**		**2/1/2023**	NC
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)	**1/1/2023**		**2/1/2023**	NC
0764T	Assistive algorithmic electrocardiogram risk-based assessment for cardiac dysfunction (eg, low-ejection fraction, pulmonary hypertension, hypertrophic cardiomyopathy); related to concurrently performed	**1/1/2023**		**2/1/2023**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	electrocardiogram (List separately in addition to code for primary procedure)				
0765T	Assistive algorithmic electrocardiogram risk-based assessment for cardiac dysfunction (eg, low-ejection fraction, pulmonary hypertension, hypertrophic cardiomyopathy); related to previously performed electrocardiogram	**1/1/2023**		**2/1/2023**	NC
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	**1/1/2023**		**2/1/2023**	NC
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)	**1/1/2023**		**2/1/2023**	NC
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	**1/1/2023**		**2/1/2023**	NC
0769T	Transcutaneous magnetic stimulation by focused low-frequency electromagnetic pulse, peripheral nerve, subsequent treatment, including noninvasive electroneurographic localization (nerve conduction	**1/1/2023**		**2/1/2023**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	localization), when performed; each additional nerve (List separately in addition to code for primary procedure)				
0770T	Virtual reality technology to assist therapy (List separately in addition to code for primary procedure)	**1/1/2023**		**2/1/2023**	NC
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	**1/1/2023**		**2/1/2023**	NC
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)	**1/1/2023**		**2/1/2023**	NC
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	**1/1/2023**		**2/1/2023**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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)	1/1/2023		**2/1/2023**	NC
0775T	Arthrodesis, sacroiliac joint, percutaneous, with image guidance, includes placement of intra-articular implant(s) (eg, bone allograft[s], synthetic device[s])	1/1/2023		**2/1/2023**	NC
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	1/1/2023		**2/1/2023**	NC
0777T	Real-time pressure-sensing epidural guidance system (List separately in addition to code for primary procedure)	1/1/2023		**2/1/2023**	NC
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	1/1/2023		**2/1/2023**	NC
0779T	Gastrointestinal myoelectrical activity study, stomach through colon, with interpretation and report	1/1/2023		**2/1/2023**	NC
0780T	Instillation of fecal microbiota suspension via rectal enema into lower gastrointestinal tract	1/1/2023		**2/1/2023**	NC
0781T	Bronchoscopy, rigid or flexible, with insertion of esophageal protection device and circumferential radiofrequency destruction of the pulmonary nerves,	1/1/2023		**2/1/2023**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	including fluoroscopic guidance when performed; bilateral mainstem bronchi				
0782T	Bronchoscopy, rigid or flexible, with insertion of esophageal protection device and circumferential radiofrequency destruction of the pulmonary nerves, including fluoroscopic guidance when performed; unilateral mainstem bronchus	**1/1/2023**		**2/1/2023**	NC
0783T	Transcutaneous auricular neurostimulation, set-up, calibration, and patient education on use of equipment	**1/1/2023**		**2/1/2023**	NC
90679T	Motor-cognitive, semi-immersive virtual reality-facilitated gait training, each 15 minutes (List separately in addition to code for primary procedure)	**7/1/2023**		**9/1/2023**	NC
0792T	Application of silver diamine fluoride 38%, by a physician or other qualified health care professional	**7/1/2023**		**9/1/2023**	NC
0793T	Percutaneous transcatheter thermal ablation of nerves innervating the pulmonary arteries, including right heart catheterization, pulmonary artery angiography, and all imaging guidance	**7/1/2023**		**9/1/2023**	NC
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	**7/1/2023**		**9/1/2023**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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)	7/1/2023		**9/1/2023**	NC
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)	7/1/2023		**9/1/2023**	NC
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)	7/1/2023		**9/1/2023**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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)	**7/1/2023**		**9/1/2023**	NC
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	**7/1/2023**		**9/1/2023**	NC
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)	**7/1/2023**		**9/1/2023**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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)	**7/1/2023**		**9/1/2023**	NC
0802T	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; right atrial pacemaker component	**7/1/2023**		**9/1/2023**	NC
0803T	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; right ventricular pacemaker component (when part of a dual-chamber leadless pacemaker system)	**7/1/2023**		**9/1/2023**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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	**7/1/2023**		**9/1/2023**	NC
0805T	Transcatheter superior and inferior vena cava prosthetic valve implantation (ie, caval valve implantation [CAVI]); percutaneous femoral vein approach	**7/1/2023**		**9/1/2023**	NC
0806T	Transcatheter superior and inferior vena cava prosthetic valve implantation (ie, caval valve implantation [CAVI]); open femoral vein approach	**7/1/2023**		**9/1/2023**	NC
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	**7/1/2023**		**9/1/2023**	NC
0809T	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, placement of transfixing device(s) and intra-articular implant(s), including allograft or synthetic device(s)	**7/1/2023**		**9/1/2023**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
0810T	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, placement of transfixing device(s) and intra-articular implant(s), including allograft or synthetic device(s)	**7/1/2023**		**9/1/2023**	NC
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)	**9/15/2012**		**9/1/2023**	NC
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)	**9/15/2012**		**9/1/2023**	NC
0004M	Scoliosis, DNA analysis of 53 single nucleotide polymorphisms (SNPs), using saliva, prognostic algorithm reported as a risk score	**7/1/2013**			PA
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	**7/1/2014**		**9/1/2023**	NC
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	**7/1/2014**		**9/1/2023**	NC
0011M	Oncology, prostate cancer, mRNA expression assay of 12 genes (10 content and 2 housekeeping), RT-PCR test	**1/1/2018**		**9/1/2023**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	utilizing blood plasma and urine, algorithms to predict high-grade prostate cancer risk				
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	**4/1/2018**		**9/1/2023**	NC
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	**4/1/2018**		**9/1/2023**	NC
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	**4/1/2020**			NC
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	**10/1/2020**			NC
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)	**10/1/2020**			NC
0017M	Oncology (diffuse large B-cell lymphoma [DLBCL]), mRNA, gene expression profiling by fluorescent probe	**1/1/2021**		**9/1/2023**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	hybridization of 20 genes, formalin-fixed paraffin-embedded tissue, algorithm reported as cell of origin				
0018M	Transplantation medicine (allograft rejection, renal), measurement of donor and third-party-induced CD154+T-cytotoxic memory cells, utilizing whole peripheral blood, algorithm reported as a rejection risk score	**10/1/2021**		**9/1/2023**	NC
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	**2/1/2017**			NC
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	**2/1/2017**			NC
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	**2/1/2017**			NC
0005U	Oncology (prostate) gene expression profile by real-time RT-PCR of 3 genes (ERG, PCA3, and SPDEF), urine, algorithm reported as risk score	**5/1/2017**			NC
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	**8/1/2017**			NC
0008U	Helicobacter pylori detection and antibiotic resistance, DNA, 16S and 23S rRNA, gyrA, pbp1, rdxA and rpoB, next generation sequencing, formalin-fixed paraffin-	**8/1/2017**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	embedded or fresh tissue or fecal sample, predictive, reported as positive or negative for resistance to clarithromycin, fluoroquinolones, metronidazole, amoxicillin, tetracycline, and rifabutin				
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	**8/1/2017**			NC
0010U	Infectious disease (bacterial), strain typing by whole genome sequencing, phylogenetic-based report of strain relatedness, per submitted isolate	**8/1/2017**			NC
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	**8/1/2017**			NC
0012U	Germline disorders, gene rearrangement detection by whole genome next-generation sequencing, DNA, whole blood, report of specific gene rearrangement(s)	**8/1/2017**	**9/30/2022**		NC
0013U	Oncology (solid organ neoplasia), gene rearrangement detection by whole genome next-generation sequencing, DNA, fresh or frozen tissue or cells, report of specific gene rearrangement(s)	**8/1/2017**	**9/30/2022**		NC
0014U	Hematology (hematolymphoid neoplasia), gene rearrangement detection by whole genome next-generation sequencing, DNA, whole blood or bone marrow, report of specific gene rearrangement(s)	**8/1/2017**	**9/30/2022**		NC
0016U	Oncology (hematolymphoid neoplasia), RNA, BCR/ABL1 major and minor breakpoint fusion transcripts, quantitative PCR amplification, blood or bone marrow,	**8/1/2017**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	report of fusion not detected or detected with quantitation				
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	**8/1/2017**			NC
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	**10/1/2017**			NC
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	**10/1/2017**			NC
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	**10/1/2017**			NC
0022U	Targeted genomic sequence analysis panel, non-small cell lung neoplasia, DNA and RNA analysis, 23 genes, interrogation for sequence variants and rearrangements, reported as presence or absence of variants and associated therapy(ies) to consider	**10/1/2017**			NC
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	**10/1/2017**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
0024U	Glycosylated acute phase proteins (GlycA), nuclear magnetic resonance spectroscopy, quantitative	1/1/2018			NC
0025U	Tenofovir, by liquid chromatography with tandem mass spectrometry (LC-MS/MS), urine, quantitative	1/1/2018			NC
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")	1/1/2018			NC
0027U	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) gene analysis, targeted sequence analysis exons 12-15	1/1/2018			NC
0029U	Drug metabolism (adverse drug reactions and drug response), targeted sequence analysis (ie, CYP1A2, CYP2C19, CYP2C9, CYP2D6, CYP3A4, CYP3A5, CYP4F2, SLCO1B1, VKORC1 and rs12777823)	1/1/2018			NC
0030U	Drug metabolism (warfarin drug response), targeted sequence analysis (ie, CYP2C9, CYP4F2, VKORC1, rs12777823)	1/1/2018			NC
0031U	CYP1A2 (cytochrome P450 family 1, subfamily A, member 2) (eg, drug metabolism) gene analysis, common variants (ie, *1F, *1K, *6, *7)	1/1/2018			NC
0032U	COMT (catechol-O-methyltransferase) (eg, drug metabolism) gene analysis, c.472G>A (rs4680) variant	1/1/2018			NC
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])	1/1/2018			NC
0034U	TPMT (thiopurine S-methyltransferase), NUDT15 (nudix hydroxylase 15) (eg, thiopurine metabolism) gene	1/1/2018			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	analysis, common variants (ie, TPMT *2, *3A, *3B, *3C, *4, *5, *6, *8, *12; NUDT15 *3, *4, *5)				
0035U	Neurology (prion disease), cerebrospinal fluid, detection of prion protein by quaking-induced conformational conversion, qualitative	**4/1/2018**			NC
0036U	Exome (ie, somatic mutations), paired formalin-fixed paraffin-embedded tumor tissue and normal specimen, sequence analyses	**4/1/2018**			NC
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	**4/1/2018**			NC
0038U	Vitamin D, 25 hydroxy D2 and D3, by LC-MS/MS, serum microsample, quantitative	**4/1/2018**			NC
0039U	Deoxyribonucleic acid (DNA) antibody, double stranded, high avidity	**4/1/2018**			NC
0040U	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis, major breakpoint, quantitative	**4/1/2018**			NC
0041U	Borrelia burgdorferi, antibody detection of 5 recombinant protein groups, by immunoblot, IgM	**4/1/2018**		**7/13/2022**	NC
0042U	Borrelia burgdorferi, antibody detection of 12 recombinant protein groups, by immunoblot, IgG	**4/1/2018**		**10/29/2021**	NC
0043U	Tick-borne relapsing fever Borrelia group, antibody detection to 4 recombinant protein groups, by immunoblot, IgM	**4/1/2018**		**10/29/2021**	NC
0044U	Tick-borne relapsing fever Borrelia group, antibody detection to 4 recombinant protein groups, by immunoblot, IgG	**4/1/2018**		**10/20/2021**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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	**7/1/2018**		**10/29/2021**	NC
0046U	FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia) internal tandem duplication (ITD) variants, quantitative	**7/1/2018**		**10/29/2021**	NC
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	**7/1/2018**		**1/3/2022**	NC
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)	**7/1/2018**		**5/17/2022**	NC
0049U	NPM1 (nucleophosmin) (eg, acute myeloid leukemia) gene analysis, quantitative	**7/1/2018**		**6/17/2022**	NC
0050U	Targeted genomic sequence analysis panel, acute myelogenous leukemia, DNA analysis, 194 genes, interrogation for sequence variants, copy number variants or rearrangements	**7/1/2018**		**6/17/2022**	NC
0051U	Prescription drug monitoring, evaluation of drugs present by liquid chromatography tandem mass spectrometry (LC-MS/MS), urine or blood, 31 drug panel, reported as quantitative results, detected or not detected, per date of service	**7/1/2018**		**6/17/2022**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
0052U	Lipoprotein, blood, high resolution fractionation and quantitation of lipoproteins, including all five major lipoprotein classes and subclasses of HDL, LDL, and VLDL by vertical auto profile ultracentrifugation	**7/1/2018**		**6/17/2022**	NC
0053U	Oncology (prostate cancer), FISH analysis of 4 genes (ASAP1, HDAC9, CHD1 and PTEN), needle biopsy specimen, algorithm reported as probability of higher tumor grade	**7/1/2018**	**6/30/2023**		NC
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	**7/1/2018**			NC
0055U	Cardiology (heart transplant), cell-free DNA, PCR assay of 96 DNA target sequences (94 single nucleotide polymorphism targets and two control targets), plasma	**7/1/2018**			NC
0056U	Hematology (acute myelogenous leukemia), DNA, whole genome next-generation sequencing to detect gene rearrangement(s), blood or bone marrow, report of specific gene rearrangement(s)	**7/1/2018**	**9/30/2022**		NC
0058U	Oncology (Merkel cell carcinoma), detection of antibodies to the Merkel cell polyoma virus oncoprotein (small T antigen), serum, quantitative	**7/1/2018**			NC
0059U	Oncology (Merkel cell carcinoma), detection of antibodies to the Merkel cell polyoma virus capsid protein (VP1), serum, reported as positive or negative	**7/1/2018**			NC
0060U	Twin zygosity, genomic-targeted sequence analysis of chromosome 2, using circulating cell-free fetal DNA in maternal blood	**7/1/2018**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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	7/1/2018			NC
0062U	Autoimmune (systemic lupus erythematosus), IgG and IgM analysis of 80 biomarkers, utilizing serum, algorithm reported with a risk score	10/1/2018			NC
0063U	Neurology (autism), 32 amines by LC-MS/MS, using plasma, algorithm reported as metabolic signature associated with autism spectrum disorder	10/1/2018			NC
0064U	Antibody, Treponema pallidum, total and rapid plasma reagin (RPR), immunoassay, qualitative	10/1/2018			NC
0065U	Syphilis test, non-treponemal antibody, immunoassay, qualitative (RPR)	10/1/2018			NC
0066U	Placental alpha-micro globulin-1 (PAMG-1), immunoassay with direct optical observation, cervico-vaginal fluid, each specimen	10/1/2018	9/30/2023		NC
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	10/1/2018			NC
0068U	Candida species panel (C. albicans, C. glabrata, C. parapsilosis, C. kruseii, C. tropicalis, and C. auris),	10/1/2018			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	amplified probe technique with qualitative report of the presence or absence of each species				
0069U	Oncology (colorectal), microRNA, RT-PCR expression profiling of miR-31-3p, formalin-fixed paraffin-embedded tissue, algorithm reported as an expression score	**10/1/2018**			NC
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)	**10/1/2018**			NC
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)	**10/1/2018**			NC
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)	**10/1/2018**			NC
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)	**10/1/2018**			NC
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)	**10/1/2018**			NC
0075U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, 5' gene	**10/1/2018**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	duplication/multiplication) (List separately in addition to code for primary procedure)				
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)	**10/1/2018**			NC
0077U	Immunoglobulin paraprotein (M-protein), qualitative, immunoprecipitation and mass spectrometry, blood or urine, including isotype	**10/1/2018**			NC
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	**10/1/2018**			NC
0079U	Comparative DNA analysis using multiple selected single-nucleotide polymorphisms (SNPs), urine and buccal DNA, for specimen identity verification	**10/1/2018**			NC
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	**1/1/2019**			NC
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	**1/1/2019**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	substance with description and severity of significant interactions per date of service				
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	**1/1/2019**			NC
0084U	Red blood cell antigen typing, DNA, genotyping of 10 blood groups with phenotype prediction of 37 red blood cell antigens	**7/1/2019**			NC
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	**7/1/2019**			NC
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	**7/1/2019**			NC
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	**7/1/2019**			NC
0089U	Oncology (melanoma), gene expression profiling by RTqPCR, PRAME and LINC00518, superficial collection using adhesive patch(es)	**7/1/2019**			NC
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)	**7/1/2019**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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	**7/1/2019**			NC
0092U	Oncology (lung), three protein biomarkers, immunoassay using magnetic nanosensor technology, plasma, algorithm reported as risk score for likelihood of malignancy	**7/1/2019**			NC
0093U	Prescription drug monitoring, evaluation of 65 common drugs by LC-MS/MS, urine, each drug reported detected or not detected	**7/1/2019**			NC
0094U	Genome (eg, unexplained constitutional or heritable disorder or syndrome), rapid sequence analysis	**7/1/2019**			NC
0095U	Eosinophilic esophagitis), Eotaxin-3 (CCL26 [C-C motif chemokine ligand 26]) and major basic protein (PRG2 [proteoglycan 2, pro eosinophil major basic protein]), specimen obtained by esophageal string test device, algorithm reported as probability index of active or inactive eosinophilic esophagitis	**7/1/2019**			NC
0096U	Human papillomavirus (HPV), high-risk types (ie, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 66, 68), male urine	**7/1/2019**			NC
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])	**7/1/2019**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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])	**7/1/2019**			NC
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])	**7/1/2019**			NC
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)	**10/1/2019**			NC
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	**10/1/2019**			NC
0107U	Clostridium difficile toxin(s) antigen detection by immunoassay technique, stool, qualitative, multiple-step method	**10/1/2019**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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	**10/1/2019**			NC
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	**10/1/2019**			NC
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	**10/1/2019**			NC
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	**10/1/2019**		**6/17/2022**	NC
0112U	Infectious agent detection and identification, targeted sequence analysis (16S and 18S rRNA genes) with drug-resistance gene	**10/1/2019**			NC
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	**10/1/2019**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
0114U	Gastroenterology (Barrett's esophagus), VIM and CCNA1 methylation analysis, esophageal cells, algorithm reported as likelihood for Barrett's esophagus	**10/1/2019**			NC
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	**10/1/2019**			NC
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	**10/1/2019**			NC
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	**10/1/2019**			NC
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	**10/1/2019**			NC
0119U	Cardiology, ceramides by liquid chromatography-tandem mass spectrometry, plasma, quantitative report with risk score for major cardiovascular events	**10/1/2019**			NC
0120U	Oncology (B-cell lymphoma classification), mRNA, gene expression profiling by fluorescent probe hybridization of	**10/1/2019**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	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				
0121U	Sickle cell disease, microfluidic flow adhesion (VCAM-1), whole blood	**10/1/2019**			NC
0122U	Sickle cell disease, microfluidic flow adhesion (P-Selectin), whole blood	**10/1/2019**			NC
0123U	Mechanical fragility, RBC, shear stress and spectral analysis profiling	**10/1/2019**			NC
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)	**10/1/2019**			NC
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)	**10/1/2019**			NC
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)	**10/1/2019**			NC
0132U	Hereditary ovarian cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), targeted mRNA	**10/1/2019**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	sequence analysis panel (17 genes) (List separately in addition to code for primary procedure)				
0133U	Hereditary prostate cancer-related disorders, targeted mRNA sequence analysis panel (11 genes) (List separately in addition to code for primary procedure)	**10/1/2019**			NC
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)	**10/1/2019**			NC
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)	**10/1/2019**			NC
0136U	ATM (ataxia telangiectasia mutated) (eg, ataxia telangiectasia) mRNA sequence analysis (List separately in addition to code for primary procedure)	**10/1/2019**			NC
0137U	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) mRNA sequence analysis (List separately in addition to code for primary procedure)	**10/1/2019**			NC
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)	**10/1/2019**			NC
0140U	Infectious disease (fungi), fungal pathogen identification, DNA (15 fungal targets), blood culture, amplified probe technique, each target reported as detected or not detected	**1/1/2020**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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	1/1/2020			NC
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	1/1/2020			NC
0143U	Drug assay, definitive, 120 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service	1/1/2020	6/30/2023		NC
0144U	Drug assay, definitive, 160 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service	1/1/2020	6/30/2023		NC
0145U	Drug assay, definitive, 65 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description,	1/1/2020	6/30/2023		NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	comments including sample validation, per date of service				
0146U	Drug assay, definitive, 80 or more drugs or metabolites, urine, by quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service	1/1/2020	6/30/2023		NC
0147U	Drug assay, definitive, 85 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service	1/1/2020	6/30/2023		NC
0148U	Drug assay, definitive, 100 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service	1/1/2020	6/30/2023		NC
0149U	Drug assay, definitive, 60 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service	1/1/2020	6/30/2023		NC
0150U	Drug assay, definitive, 120 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description,	1/1/2020	6/30/2023		NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	comments including sample validation, per date of service				
0152U	Infectious disease (bacteria, fungi, parasites, and DNA viruses), microbial cell-free DNA, plasma, untargeted next-generation sequencing, report for significant positive pathogens	**1/1/2020**			NC
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	**1/1/2020**			NC
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	**1/1/2020**			NC
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	**1/1/2020**			NC
0156U	Copy number (eg, intellectual disability, dysmorphology), sequence analysis	**1/1/2020**			NC
0157U	APC (APC regulator of WNT signaling pathway) (eg, familial adenomatosis polyposis [FAP]) mRNA sequence	**1/1/2020**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	analysis (List separately in addition to code for primary procedure)				
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)	**1/1/2020**			NC
0159U	MSH2 (mutS homolog 2) (eg, hereditary colon cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure)	**1/1/2020**			NC
0160U	MSH6 (mutS homolog 6) (eg, hereditary colon cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure)	**1/1/2020**			NC
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)	**1/1/2020**			NC
0162U	Hereditary colon cancer (Lynch syndrome), targeted mRNA sequence analysis panel (MLH1, MSH2, MSH6, PMS2) (List separately in addition to code for primary procedure)	**1/1/2020**			NC
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	**4/1/2020**			NC
0164U	Gastroenterology (irritable bowel syndrome [IBS]), immunoassay for anti-CdtB and anti-vinculin antibodies,	**4/1/2020**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	utilizing plasma, algorithm for elevated or not elevated qualitative results				
0165U	Peanut allergen-specific quantitative assessment of multiple epitopes using enzyme-linked immunosorbent assay (ELISA), blood, individual epitope results and probability of peanut allergy	**4/1/2020**			NC
0166U	Liver disease, 10 biochemical assays (Î±2-macroglobulin, haptoglobin, apolipoprotein A1, bilirubin, GGT, ALT, AST, triglycerides, cholesterol, fasting glucose) and biometric and demographic data, utilizing serum, algorithm reported as scores for fibrosis, necroinflammatory activity, and steatosis with a summary interpretation	**4/1/2020**			NC
0167U	Gonadotropin, chorionic (hCG), immunoassay with direct optical observation, blood	**4/1/2020**			NC
0169U	NUDT15 (nudix hydrolase 15) and TPMT (thiopurine S-methyltransferase) (eg, drug metabolism) gene analysis, common variants	**4/1/2020**			NC
0170U	Neurology (autism spectrum disorder [ASD]), RNA, next-generation sequencing, saliva, algorithmic analysis, and results reported as predictive probability of ASD diagnosis	**4/1/2020**			NC
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	**4/1/2020**			NC
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	**7/1/2020**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	pathways, DNA, formalin-fixed paraffin-embedded tissue, algorithm quantifying tumor genomic instability score				
0173U	Psychiatry (ie, depression, anxiety), genomic analysis panel, includes variant analysis of 14 genes	**7/1/2020**			NC
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	**7/1/2020**			NC
0175U	Psychiatry (eg, depression, anxiety), genomic analysis panel, variant analysis of 15 genes	**7/1/2020**			NC
0176U	Cytolethal distending toxin B (CdtB) and vinculin IgG antibodies by immunoassay (ie, ELISA)	**7/1/2020**			NC
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	**7/1/2020**			NC
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	**7/1/2020**			NC
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)	**7/1/2020**			NC
0180U	Red cell antigen (ABO blood group) genotyping (ABO), gene analysis Sanger/chain termination/conventional sequencing, ABO (ABO, alpha 1-3-N-	**7/1/2020**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	acetylgalactosaminyltransferase and alpha 1-3-galactosyltransferase) gene, including subtyping, 7 exons				
0181U	Red cell antigen (Colton blood group) genotyping (CO), gene analysis, AQP1 (aquaporin 1 [Colton blood group]) exon 1	**7/1/2020**			NC
0182U	Red cell antigen (Cromer blood group) genotyping (CROM), gene analysis, CD55 (CD55 molecule [Cromer blood group]) exons 1-10	**7/1/2020**			NC
0183U	Red cell antigen (Diego blood group) genotyping (DI), gene analysis, SLC4A1 (solute carrier family 4 member 1 [Diego blood group]) exon 19	**7/1/2020**			NC
0184U	Red cell antigen (Dombrock blood group) genotyping (DO), gene analysis, ART4 (ADP-ribosyltransferase 4 [Dombrock blood group]) exon 2	**7/1/2020**			NC
0185U	Red cell antigen (H blood group) genotyping (FUT1), gene analysis, FUT1 (fucosyltransferase 1 [H blood group]) exon 4	**7/1/2020**			NC
0186U	Red cell antigen (H blood group) genotyping (FUT2), gene analysis, FUT2 (fucosyltransferase 2) exon 2	**7/1/2020**			NC
0187U	Red cell antigen (Duffy blood group) genotyping (FY), gene analysis, ACKR1 (atypical chemokine receptor 1 [Duffy blood group]) exons 1-2	**7/1/2020**			NC
0188U	Red cell antigen (Gerbich blood group) genotyping (GE), gene analysis, GYPC (glycophorin C [Gerbich blood group]) exons 1-4	**7/1/2020**			NC
0189U	Red cell antigen (MNS blood group) genotyping (GYPA), gene analysis, GYPA (glycophorin A [MNS blood group]) introns 1, 5, exon 2	**7/1/2020**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
0190U	Red cell antigen (MNS blood group) genotyping (GYPB), gene analysis, GYPB (glycophorin B [MNS blood group]) introns 1, 5, pseudoexon 3	**7/1/2020**			NC
0191U	Red cell antigen (Indian blood group) genotyping (IN), gene analysis, CD44 (CD44 molecule [Indian blood group]) exons 2, 3, 6	**7/1/2020**			NC
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	**7/1/2020**			NC
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	**7/1/2020**			NC
0194U	Red cell antigen (Kell blood group) genotyping (KEL), gene analysis, KEL (Kell metallo-endopeptidase [Kell blood group]) exon 8	**7/1/2020**			NC
0195U	KLF1 (Kruppel-like factor 1), targeted sequencing (ie, exon 13)	**7/1/2020**			NC
0196U	Red cell antigen (Lutheran blood group) genotyping (LU), gene analysis, BCAM (basal cell adhesion molecule [Lutheran blood group]) exon 3	**7/1/2020**			NC
0197U	Red cell antigen (Landsteiner-Wiener blood group) genotyping (LW), gene analysis, ICAM4 (intercellular adhesion molecule 4 [Landsteiner-Wiener blood group]) exon 1	**7/1/2020**			NC
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	**7/1/2020**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
0199U	Red cell antigen (Scianna blood group) genotyping (SC), gene analysis, ERMAP (erythroblast membrane associated protein [Scianna blood group]) exons 4, 12	**7/1/2020**			NC
0200U	Red cell antigen (Kx blood group) genotyping (XK), gene analysis, XK (X-linked Kx blood group) exons 1-3	**7/1/2020**			NC
0201U	Red cell antigen (Yt blood group) genotyping (YT), gene analysis, ACHE (acetylcholinesterase [Cartwright blood group]) exon 2	**7/1/2020**			NC
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	**5/20/2020**		**5/20/2020**	NC
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	**10/1/2020**			NC
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	**10/1/2020**			NC
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	**10/1/2020**			NC
0206U	Neurology (Alzheimer disease); cell aggregation using morphometric imaging and protein kinase C-epsilon	**10/1/2020**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	(PKCe) concentration in response to amylospheroid treatment by ELISA, cultured skin fibroblasts, each reported as positive or negative for Alzheimer disease				
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)	**10/1/2020**			NC
0209U	Cytogenomic constitutional (genome-wide) analysis, interrogation of genomic regions for copy number, structural changes and areas of homozygosity for chromosomal abnormalities	**10/1/2020**			NC
0210U	Syphilis test, non-treponemal antibody, immunoassay, quantitative (RPR)	**10/1/2020**			NC
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	**10/1/2020**			NC
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	**10/1/2020**			NC
0213U	Rare diseases (constitutional/heritable disorders), whole genome and mitochondrial DNA sequence analysis, including small sequence changes, deletions,	**10/1/2020**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	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)				
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	**10/1/2020**			NC
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)	**10/1/2020**			NC
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	**10/1/2020**			NC
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	**10/1/2020**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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	**10/1/2020**			NC
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	**10/1/2020**			NC
0220U	Oncology (breast cancer), image analysis with artificial intelligence assessment of 12 histologic and immunohistochemical features, reported as a recurrence score	**10/1/2020**			NC
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	**10/1/2020**			NC
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	**10/1/2020**			NC
0223U	Infectious disease (bacterial or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 22 targets including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), qualitative RT-PCR, nasopharyngeal swab, each pathogen reported as detected or not detected	**6/25/2020**		**6/25/2023**	NC
0224U	Antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), includes titer(s), when performed	**6/25/2020**		**6/25/2020**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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	**8/10/2020**		**8/10/2020**	NC
0226U	Surrogate viral neutralization test (sVNT), severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), ELISA, plasma, serum	**8/10/2020**		**8/10/2020**	NC
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	**1/1/2021**		**4/1/2021**	NC
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	**1/1/2021**		**4/1/2021**	NC
0229U	BCAT1 (Branched chain amino acid transaminase 1) and IKZF1 (IKAROS family zinc finger 1) (eg, colorectal cancer) promoter methylation analysis	**1/1/2021**		**4/1/2021**	NC
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	**1/1/2021**		**4/1/2021**	NC
0231U	CACNA1A (calcium voltage-gated channel subunit alpha 1A) (eg, spinocerebellar ataxia), full gene analysis,	**1/1/2021**		**4/1/2021**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	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				
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	**1/1/2021**		**4/1/2021**	NC
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	**1/1/2021**		**4/1/2021**	NC
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	**1/1/2021**		**4/1/2021**	NC
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	**1/1/2021**		**4/1/2021**	NC
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	**1/1/2021**		**4/1/2021**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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	**1/1/2021**		**4/1/2021**	NC
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	**1/1/2021**		**4/1/2021**	NC
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	**1/1/2021**		**4/1/2021**	NC
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	**10/6/2020**		**10/6/2020**	NPA
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	**10/6/2020**		**10/6/2020**	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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	**4/1/2021**			NC
0243U	Obstetrics (preeclampsia), biochemical assay of placental-growth factor, time-resolved fluorescence immunoassay, maternal serum, predictive algorithm reported as a risk score for preeclampsia	**4/1/2021**			NC
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	**4/1/2021**			NC
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	**4/1/2021**			NC
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	**4/1/2021**			NC
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	**4/1/2021**			NC
0248U	Oncology (brain), spheroid cell culture in a 3D microenvironment, 12 drug panel, tumor-response prediction for each drug	**7/1/2021**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
0249U	Oncology (breast), semiquantitative analysis of 32 phosphoproteins and protein analytes, includes laser capture microdissection, with algorithmic analysis and interpretative report	**7/1/2021**			NC
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	**7/1/2021**			NC
0251U	Hepcidin-25, enzyme-linked immunosorbent assay (ELISA), serum or plasma	**7/1/2021**			NC
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	**7/1/2021**			NC
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)	**7/1/2021**			NC
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	**7/1/2021**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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	**10/1/2021**		**1/1/2022**	NC
0256U	Trimethylamine/trimethylamine N-oxide (TMA/TMAO) profile, tandem mass spectrometry (MS/MS), urine, with algorithmic analysis and interpretive report	**10/1/2021**		**1/1/2022**	NC
0257U	Very long chain acyl-coenzyme A (CoA) dehydrogenase (VLCAD), leukocyte enzyme activity, whole blood	**10/1/2021**		**1/1/2022**	NC
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	**10/1/2021**		**1/1/2022**	NC
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	**10/1/2021**		**1/1/2022**	NC
0260U	Rare diseases (constitutional/heritable disorders), identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical genome mapping	**10/1/2021**		**1/1/2022**	NC
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	**10/1/2021**		**1/1/2022**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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	**10/1/2021**		**1/1/2022**	NC
0263U	Neurology (autism spectrum disorder [ASD]), quantitative measurements of 16 central carbon metabolites (ie, Î±-ketoglutarate, alanine, lactate, phenylalanine, pyruvate, succinate, carnitine, citrate, fumarate, hypoxanthine, inosine, malate, S-sulfocysteine, taurine, urate, and xanthine), liquid chromatography tandem mass spectrometry (LC-MS/MS), plasma, algorithmic analysis with result reported as negative or positive (with metabolic subtypes of ASD)	**10/1/2021**		**1/1/2022**	NC
0264U	Rare diseases (constitutional/heritable disorders), identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical genome mapping	**10/1/2021**		**1/1/2022**	NC
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	**10/1/2021**		**1/1/2022**	NC
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	**10/1/2021**		**1/1/2022**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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	**10/1/2021**		**1/1/2022**	NC
0268U	Hematology (atypical hemolytic uremic syndrome [aHUS]), genomic sequence analysis of 15 genes, blood, buccal swab, or amniotic fluid	**10/1/2021**		**1/1/2022**	NC
0269U	Hematology (autosomal dominant congenital thrombocytopenia), genomic sequence analysis of 22 genes, blood, buccal swab, or amniotic fluid	**10/1/2021**		**1/1/2022**	NC
0270U	Hematology (congenital coagulation disorders), genomic sequence analysis of 20 genes, blood, buccal swab, or amniotic fluid	**10/1/2021**		**1/1/2022**	NC
0271U	Hematology (congenital neutropenia), genomic sequence analysis of 24 genes, blood, buccal swab, or amniotic fluid	**10/1/2021**		**1/1/2022**	NC
0272U	Hematology (genetic bleeding disorders), genomic sequence analysis of 60 genes, blood, buccal swab, or amniotic fluid, comprehensive	**10/1/2021**		**1/1/2022**	NC
0273U	Hematology (genetic hyperfibrinolysis, delayed bleeding), analysis of 9 genes (F13A1, F13B, FGA, FGB, FGG, SERPINA1, SERPINE1, SERPINF2 by next-generation sequencing and PLAU by array comparative genomic hybridization), blood, buccal swab, or amniotic fluid	**10/1/2021**		**1/1/2022**	NC
0274U	Hematology (genetic platelet disorders), genomic sequence analysis of 43 genes, blood, buccal swab, or amniotic fluid	**10/1/2021**		**1/1/2022**	NC
0275U	Hematology (heparin-induced thrombocytopenia), platelet antibody reactivity by flow cytometry, serum	**10/1/2021**		**1/1/2022**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
0276U	Hematology (inherited thrombocytopenia), genomic sequence analysis of 42 genes, blood, buccal swab, or amniotic fluid	**10/1/2021**		**1/1/2022**	NC
0277U	Hematology (genetic platelet function disorder), genomic sequence analysis of 40 genes, blood, buccal swab, or amniotic fluid	**10/1/2021**		**1/1/2022**	NC
0278U	Hematology (genetic thrombosis), genomic sequence analysis of 14 genes, blood, buccal swab, or amniotic fluid	**10/1/2021**		**1/1/2022**	NC
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	**10/1/2021**		**1/1/2022**	NC
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	**10/1/2021**		**1/1/2022**	NC
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	**10/1/2021**		**1/1/2022**	NC
0282U	Red blood cell antigen typing, DNA, genotyping of 12 blood group system genes to predict 44 red blood cell antigen phenotypes	**10/1/2021**		**1/1/2022**	NC
0283U	von Willebrand factor (VWF), type 2B, platelet-binding evaluation, radioimmunoassay, plasma	**10/1/2021**		**1/1/2022**	NC
0284U	von Willebrand factor (VWF), type 2N, factor VIII and VWF binding evaluation, enzyme-linked immunosorbent assays (ELISA), plasma	**10/1/2021**		**1/1/2022**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
0285U	Oncology, response to radiation, cell-free DNA, quantitative branched chain DNA amplification, plasma, reported as a radiation toxicity score	**1/1/2022**		**1/1/2022**	NC
0286U	CEP72 (centrosomal protein, 72-KDa), NUDT15 (nudix hydrolase 15) and TPMT (thiopurine S-methyltransferase) (eg, drug metabolism) gene analysis, common variants	**1/1/2022**		**1/1/2022**	NC
0287U	Oncology (thyroid), DNA and mRNA, next-generation sequencing analysis of 112 genes, fine needle aspirate or formalin-fixed paraffin-embedded (FFPE) tissue, algorithmic prediction of cancer recurrence, reported as a categorical risk result (low, intermediate, high)	**1/1/2022**		**1/1/2022**	NC
0288U	Oncology (lung), mRNA, quantitative PCR analysis of 11 genes (BAG1, BRCA1, CDC6, CDK2AP1, ERBB3, FUT3, IL11, LCK, RND3, SH3BGR, WNT3A) and 3 reference genes (ESD, TBP, YAP1), formalin-fixed paraffin-embedded (FFPE) tumor tissue, algorithmic interpretation reported as a recurrence risk score	**1/1/2022**		**1/1/2022**	NC
0289U	Neurology (Alzheimer disease), mRNA, gene expression profiling by RNA sequencing of 24 genes, whole blood, algorithm reported as predictive risk score	**1/1/2022**		**1/1/2022**	NC
0290U	Pain management, mRNA, gene expression profiling by RNA sequencing of 36 genes, whole blood, algorithm reported as predictive risk score	**1/1/2022**		**1/1/2022**	NC
0291U	Psychiatry (mood disorders), mRNA, gene expression profiling by RNA sequencing of 144 genes, whole blood, algorithm reported as predictive risk score	**1/1/2022**		**1/1/2022**	NC
0292U	Psychiatry (stress disorders), mRNA, gene expression profiling by RNA sequencing of 72 genes, whole blood, algorithm reported as predictive risk score	**1/1/2022**		**1/1/2022**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
0293U	Psychiatry (suicidal ideation), mRNA, gene expression profiling by RNA sequencing of 54 genes, whole blood, algorithm reported as predictive risk score	**1/1/2022**		**1/1/2022**	NC
0294U	Longevity and mortality risk, mRNA, gene expression profiling by RNA sequencing of 18 genes, whole blood, algorithm reported as predictive risk score	**1/1/2022**		**1/1/2022**	NC
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	**1/1/2022**		**1/1/2022**	NC
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	**1/1/2022**		**1/1/2022**	NC
0297U	Oncology (pan tumor), whole genome sequencing of paired malignant and normal DNA specimens, fresh or formalin-fixed paraffin-embedded (FFPE) tissue, blood or bone marrow, comparative sequence analyses and variant identification	**1/1/2022**		**1/1/2022**	NC
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	**1/1/2022**		**1/1/2022**	NC
0299U	Oncology (pan tumor), whole genome optical genome mapping of paired malignant and normal DNA	**1/1/2022**		**1/1/2022**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	specimens, fresh frozen tissue, blood, or bone marrow, comparative structural variant identification				
0300U	Oncology (pan tumor), whole genome sequencing and optical genome mapping of paired malignant and normal DNA specimens, fresh tissue, blood, or bone marrow, comparative sequence analyses and variant identification	**1/1/2022**		**1/1/2022**	NC
0301U	Infectious agent detection by nucleic acid (DNA or RNA), Bartonella henselae and Bartonella quintana, droplet digital PCR (ddPCR);	**1/1/2022**		**1/1/2022**	NC
0302U	Infectious agent detection by nucleic acid (DNA or RNA), Bartonella henselae and Bartonella quintana, droplet digital PCR (ddPCR); following liquid enrichment	**1/1/2022**		**1/1/2022**	NC
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	**1/1/2022**		**1/1/2022**	NC
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	**1/1/2022**		**1/1/2022**	NC
0305U	Hematology, red blood cell (RBC) functionality and deformity as a function of shear stress, whole blood, reported as a maximum elongation index	**1/1/2022**		**1/1/2022**	NC
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	**4/1/2022**		**7/1/2022**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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	**4/1/2022**		**7/1/2022**	NC
0308U	Cardiology (coronary artery disease [CAD]), analysis of 3 proteins (high sensitivity [hs] troponin, adiponectin, and kidney injury molecule-1 [KIM-1]) with 3 clinical parameters (age, sex, history of cardiac intervention), plasma, algorithm reported as a risk score for obstructive CAD	**4/1/2022**		**7/1/2022**	NC
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	**4/1/2022**		**7/1/2022**	NC
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	**4/1/2022**		**7/1/2022**	NC
0311U	Infectious disease (bacterial), quantitative antimicrobial susceptibility reported as phenotypic minimum inhibitory concentration (MIC) based antimicrobial susceptibility for each organism identified	**4/1/2022**		**7/1/2022**	NC
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	**4/1/2022**		**7/1/2022**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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)	**4/1/2022**		**7/1/2022**	NC
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)	**4/1/2022**		**7/1/2022**	NC
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)	**4/1/2022**		**7/1/2022**	NC
0316U	Borrelia burgdorferi (Lyme disease), OspA protein evaluation, urine	**4/1/2022**		**7/1/2022**	NC
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	**4/1/2022**		**7/1/2022**	NC
0318U	Pediatrics (congenital epigenetic disorders), whole genome methylation analysis by microarray for 50 or more genes, blood	**4/1/2022**		**7/1/2022**	NC
0319U	Nephrology (renal transplant), RNA expression by select transcriptome sequencing, using pretransplant peripheral blood, algorithm reported as a risk score for early acute rejection	**4/1/2022**		**7/1/2022**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
0320U	Nephrology (renal transplant), RNA expression by select transcriptome sequencing, using posttransplant peripheral blood, algorithm reported as a risk score for acute cellular rejection	**4/1/2022**		**7/1/2022**	NC
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	**4/1/2022**		**7/1/2022**	NC
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	**4/1/2022**		**7/1/2022**	NC
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	**7/1/2022**		**7/1/2022**	NC
0324U	Oncology (ovarian), spheroid cell culture, 4-drug panel (carboplatin, doxorubicin, gemcitabine, paclitaxel), tumor chemotherapy response prediction for each drug	**7/1/2022**	**3/31/2023**	**7/1/2022**	NC
0325U	Oncology (ovarian), spheroid cell culture, poly (ADP-ribose) polymerase (PARP) inhibitors (niraparib, olaparib, rucaparib, velparib), tumor response prediction for each drug	**7/1/2022**	**3/31/2023**	**7/1/2022**	NC
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	**7/1/2022**		**7/1/2022**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	number amplifications, gene rearrangements, microsatellite instability and tumor mutational burden				
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	**7/1/2022**		**7/1/2022**	NC
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	**7/1/2022**		**7/1/2022**	NC
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	**7/1/2022**		**7/1/2022**	NC
0330U	Infectious agent detection by nucleic acid (DNA or RNA), vaginal pathogen panel, identification of 27 organisms, amplified probe technique, vaginal swab	**7/1/2022**		**7/1/2022**	NC
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	**7/1/2022**		**7/1/2022**	NC
0332U	Oncology (pan-tumor), genetic profiling of 8 DNA-regulatory (epigenetic) markers by quantitative polymerase chain reaction (qPCR), whole blood,	**10/1/2022**		**10/1/2022**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	reported as a high or low probability of responding to immune checkpoint-inhibitor therapy				
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	**10/1/2022**		**10/1/2022**	NC
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	**10/1/2022**		**10/1/2022**	NC
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	**10/1/2022**		**10/1/2022**	NC
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,	**10/1/2022**		**10/1/2022**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	identification and categorization of genetic variants, each comparator genome (eg, parent)				
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	10/1/2022		**10/1/2022**	NC
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	10/1/2022		**10/1/2022**	NC
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	10/1/2022		**10/1/2022**	NC
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	10/1/2022		**10/1/2022**	NC
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	10/1/2022		**10/1/2022**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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	**10/1/2022**		**10/1/2022**	NC
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	**10/1/2022**		**10/1/2022**	NC
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	**10/1/2022**		**10/1/2022**	NC
0345U	Psychiatry (eg, depression, anxiety, attention deficit hyperactivity disorder [ADHD]), genomic analysis panel, variant analysis of 15 genes, including deletion/duplication analysis of CYP2D6	**10/1/2022**		**10/1/2022**	NC
0346U	Beta amyloid, Aβ40 and Aβ42 by liquid chromatography with tandem mass spectrometry (LC-MS/MS), ratio, plasma	**10/1/2022**		**10/1/2022**	NC
0347U	Drug metabolism or processing (multiple conditions), whole blood or buccal specimen, DNA analysis, 16 gene report, with variant analysis and reported phenotypes	**10/1/2022**		**10/1/2022**	NC
0348U	Drug metabolism or processing (multiple conditions), whole blood or buccal specimen, DNA analysis, 25 gene report, with variant analysis and reported phenotypes	**10/1/2022**		**10/1/2022**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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	**10/1/2022**		**10/1/2022**	NC
0350U	Drug metabolism or processing (multiple conditions), whole blood or buccal specimen, DNA analysis, 27 gene report, with variant analysis and reported phenotypes	**10/1/2022**		**10/1/2022**	NC
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	**10/1/2022**		**10/1/2022**	NC
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	**10/1/2022**		**10/1/2022**	NC
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	**10/1/2022**		**10/1/2022**	NC
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)	**10/1/2022**		**10/1/2022**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
0355U	APOL1 (apolipoprotein L1) (eg, chronic kidney disease), risk variants (G1, G2)	**1/1/2023**		**2/1/2023**	NC
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	**1/1/2023**		**2/1/2023**	NC
0357U	Oncology (melanoma), artificial intelligence (AI)-enabled quantitative mass spectrometry analysis of 142 unique pairs of glycopeptide and product fragments, plasma, prognostic, and predictive algorithm reported as likely, unlikely, or uncertain benefit from immunotherapy agents	**1/1/2023**		**2/1/2023**	NC
0358U	Neurology (mild cognitive impairment), analysis of β-amyloid 1-42 and 1-40, chemiluminescence enzyme immunoassay, cerebral spinal fluid, reported as positive, likely positive, or negative	**1/1/2023**		**2/1/2023**	NC
0359U	Oncology (prostate cancer), analysis of all prostate-specific antigen (PSA) structural isoforms by phase separation and immunoassay, plasma, algorithm reports risk of cancer	**1/1/2023**		**2/1/2023**	NC
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	**1/1/2023**		**2/1/2023**	NC
0361U	Neurofilament light chain, digital immunoassay, plasma, quantitative	**1/1/2023**		**2/1/2023**	NC
0362U	Oncology (papillary thyroid cancer), gene-expression profiling via targeted hybrid capture–enrichment RNA sequencing of 82 content genes and 10 housekeeping genes, fine needle aspirate or formalin-fixed paraffin	**1/1/2023**		**2/1/2023**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	embedded (FFPE) tissue, algorithm reported as one of three molecular subtypes				
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	**1/1/2023**		**2/1/2023**	NC
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	**4/1/2023**		**9/1/2023**	NC
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	**4/1/2023**		**9/1/2023**	NC
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	**4/1/2023**		**9/1/2023**	NC
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	**4/1/2023**		**9/1/2023**	NC
0368U	Oncology (colorectal cancer), evaluation for mutations of APC, BRAF, CTNNB1, KRAS, NRAS, PIK3CA, SMAD4, and	**4/1/2023**		**9/1/2023**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	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				
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	**4/1/2023**		**9/1/2023**	NC
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	**4/1/2023**		**9/1/2023**	NC
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	**4/1/2023**		**9/1/2023**	NC
0372U	Infectious disease (genitourinary pathogens), antibiotic-resistance gene detection, multiplex amplified probe technique, urine, reported as an antimicrobial stewardship risk score	**4/1/2023**		**9/1/2023**	NC
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	**4/1/2023**		**9/1/2023**	NC
0374U	Infectious agent detection by nucleic acid (DNA or RNA), genitourinary pathogens, identification of 21 bacterial	**4/1/2023**		**9/1/2023**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	and fungal organisms and identification of 21 associated antibiotic-resistance genes, multiplex amplified probe technique, urine				
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	**4/1/2023**		**9/1/2023**	NC
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	**4/1/2023**		**9/1/2023**	NC
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)	**4/1/2023**		**9/1/2023**	NC
0378U	RFC1 (replication factor C subunit 1), repeat expansion variant analysis by traditional and repeat-primed PCR, blood, saliva, or buccal swab	**4/1/2023**		**9/1/2023**	NC
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	**4/1/2023**		**9/1/2023**	NC
0380U	Drug metabolism (adverse drug reactions and drug response), targeted sequence analysis, 20 gene variants	**4/1/2023**		**9/1/2023**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	and CYP2D6 deletion or duplication analysis with reported genotype and phenotype				
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)	**4/1/2023**		**9/1/2023**	NC
0382U	Hyperphenylalaninemia monitoring by patient-collected blood card sample, quantitative measurement of phenylalanine and tyrosine, liquid chromatography with tandem mass spectrometry (LC-MS/MS)	**4/1/2023**		**9/1/2023**	NC
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)	**4/1/2023**		**9/1/2023**	NC
0384U	Nephrology (chronic kidney disease), carboxymethyllysine, methylglyoxal hydroimidazolone, and carboxyethyl lysine by liquid chromatography with tandem mass spectrometry (LC-MS/MS) and HbA1c and estimated glomerular filtration rate (GFR), with risk score reported for predictive progression to high-stage kidney disease	**4/1/2023**		**9/1/2023**	NC
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	**4/1/2023**		**9/1/2023**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
0386U	Gastroenterology (Barrett's esophagus), P16, RUNX3, HPP1, and FBN1 methylation analysis, prognostic and predictive algorithm reported as a risk score for progression to high-grade dysplasia or esophageal cancer	**4/1/2023**	**9/30/2023**	**9/1/2023**	NC
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	**7/1/2023**		**9/1/2023**	NC
0388U	Oncology (non-small cell lung cancer), next-generation sequencing with identification of single nucleotide variants, copy number variants, insertions and deletions, and structural variants in 37 cancer-related genes, plasma, with report for alteration detection	**7/1/2023**		**9/1/2023**	NC
0389U	Pediatric febrile illness (Kawasaki disease [KD]), interferon alpha-inducible protein 27 (IFI27) and mast cell-expressed membrane protein 1 (MCEMP1), RNA, using reverse transcription polymerase chain reaction (RT-qPCR), blood, reported as a risk score for KD	**7/1/2023**		**9/1/2023**	NC
0390U	Obstetrics (preeclampsia), kinase insert domain receptor (KDR), Endoglin (ENG), and retinol-binding protein 4 (RBP4), by immunoassay, serum, algorithm reported as a risk score	**7/1/2023**		**9/1/2023**	NC
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	**7/1/2023**		**9/1/2023**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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	**7/1/2023**		**9/1/2023**	NC
0393U	Neurology (eg, Parkinson disease, dementia with Lewy bodies), cerebrospinal fluid (CSF), detection of misfolded a-synuclein protein by seed amplification assay, qualitative	**7/1/2023**		**9/1/2023**	NC
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	**7/1/2023**		**9/1/2023**	NC
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	**7/1/2023**		**9/1/2023**	NC
0396U	Obstetrics (pre-implantation genetic testing), evaluation of 300000 DNA single-nucleotide polymorphisms (SNPs) by microarray, embryonic tissue, algorithm reported as a probability for single-gene germline conditions	**7/1/2023**		**9/1/2023**	NC
0397U	Oncology (non-small cell lung cancer), cell-free DNA from plasma, targeted sequence analysis of at least 109 genes, including sequence variants, substitutions, insertions, deletions, select rearrangements, and copy number variations	**7/1/2023**	**9/30/2023**	**9/1/2023**	NC
0398U	Gastroenterology (Barrett 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	**7/1/2023**		**9/1/2023**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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	**7/1/2023**		**9/1/2023**	NC
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	**7/1/2023**		**9/1/2023**	NC
0401U	Cardiology (coronary heart disease [CAD]), 9 genes (12 variants), targeted variant genotyping, blood, saliva, or buccal swab, algorithm reported as a genetic risk score for a coronary event	**7/1/2023**		**9/1/2023**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
A0021	Ambulance service, outside state per mile, transport (Medicaid only)	**1/1/1985**			NC
A0080	Non-emergency transportation, per mile - vehicle provided by volunteer (individual or organization), with no vested interest	**1/1/1982**			NC
A0090	Non-emergency transportation, per mile - vehicle provided by individual (family member, self, neighbor) with vested interest	**1/1/1982**			NC
A0100	Non-emergency transportation; taxi	**1/1/1982**			NC
A0110	Non-emergency transportation and bus, intra- or interstate carrier	**1/1/1984**			NC
A0120	Non-emergency transportation: mini-bus, mountain area transports, or other transportation systems	**1/1/1982**			NC
A0130	Non-emergency transportation: wheelchair van	**1/1/1982**			NC
A0140	Non-emergency transportation and air travel (private or commercial) intra- or interstate	**1/1/1985**			NC
A0160	Non-emergency transportation: per mile - case worker or social worker	**1/1/1984**			NC
A0170	Transportation ancillary: parking fees, tolls, other	**1/1/1982**			NC
A0180	Non-emergency transportation: ancillary: lodging-recipient	**1/1/1982**			NC
A0190	Non-emergency transportation: ancillary: meals-recipient	**1/1/1984**			NC
A0200	Non-emergency transportation: ancillary: lodging escort	**1/1/1982**			NC
A0210	Non-emergency transportation: ancillary: meals-escort	**1/1/1984**			NC
A0225	Ambulance service, neonatal transport, base rate, emergency transport, one way	**1/1/1985**		**9/1/2023**	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
A0380	BLS mileage (per mile)	**1/1/1995**		**9/1/2023**	NPA
A0382	BLS routine disposable supplies	**1/1/1995**			NPA
A0384	BLS specialized service disposable supplies; defibrillation (used by ALS ambulances and BLS ambulances in jurisdictions where defibrillation is permitted in BLS ambulances)	**1/1/1995**			NPA
A0390	ALS mileage (per mile)	**1/1/1995**		**9/1/2023**	NPA
A0392	ALS specialized service disposable supplies; defibrillation (to be used only in jurisdictions where defibrillation cannot be performed in BLS ambulances)	**1/1/1995**			NPA
A0394	ALS specialized service disposable supplies; IV drug therapy	**1/1/1995**			NPA
A0396	ALS specialized service disposable supplies; esophageal intubation	**1/1/1995**			NPA
A0398	ALS routine disposable supplies	**1/1/1995**			NPA
A0420	Ambulance waiting time (ALS or BLS), one half (1/2) hour increments	**1/1/1995**			NPA
A0422	Ambulance (ALS or BLS) oxygen and oxygen supplies, life sustaining situation	**1/1/1995**			NPA
A0424	Extra ambulance attendant, ground (ALS or BLS) or air (fixed or rotary winged); (requires medical review)	**1/1/1995**			NPA
A0425	Ground mileage, per statute mile	**1/1/2001**			NPA
A0426	Ambulance service, advanced life support, non-emergency transport, level 1 (ALS 1)	**1/1/2001**			PA
A0427	Ambulance service, advanced life support, emergency transport, level 1 (ALS 1 - emergency)	**1/1/2001**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
A0428	Ambulance service, basic life support, non-emergency transport, (BLS)	**1/1/2001**			PA
A0429	Ambulance service, basic life support, emergency transport (BLS, emergency)	**1/1/2001**			NPA
A0430	Ambulance service, conventional air services, transport, one way (fixed wing)	**1/1/2001**		**1/1/2022**	NPA
A0431	Ambulance service, conventional air services, transport, one way (rotary wing)	**1/1/2001**		**1/1/2022**	NPA
A0432	Paramedic intercept (pi), rural area, transport furnished by a volunteer ambulance company which is prohibited by state law from billing third party payers	**1/1/2001**			NPA
A0433	Advanced life support, level 2 (ALS 2)	**1/1/2001**			NPA
A0434	Specialty care transport (SCT)	**1/1/2001**			PA
A0435	Fixed wing air mileage, per statute mile	**1/1/2001**		**9/1/2023**	PA
A0436	Rotary wing air mileage, per statute mile	**1/1/2001**		**9/1/2023**	PA
A0888	Noncovered ambulance mileage, per mile (e.g., for miles traveled beyond closest appropriate facility)	**1/1/1995**			NC
A0998	Ambulance response and treatment, no transport	**1/1/2006**			NPA
A0999	Unlisted ambulance service	**1/1/1987**			PA
A2001	InnovaMatrix AC, per square centimeter	**1/1/2022**		**9/1/2023**	NC
A2002	MIRRAGEN Advanced Wound Matrix, per square centimeter	**1/1/2022**		**9/1/2023**	NC
A2004	Xcellistem, 1 mg	**1/1/2022**		**9/1/2023**	NC
A2005	Microlyte Matrix, per square centimeter	**1/1/2022**		**9/1/2023**	NC
A2006	NovoSorb SynPath Dermal Matrix, per square centimeter	**1/1/2022**		**9/1/2023**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
A2007	Restrata, per square centimeter	1/1/2022		9/1/2023	NC
A2008	TheraGenesis, per square centimeter	1/1/2022		9/1/2023	NC
A2009	Symphony, per square centimeter	1/1/2022		9/1/2023	NC
A2010	APIS, per square centimeter	1/1/2022		9/1/2023	NC
A2011	SUPRA SDRM, per square centimeter	4/1/2022		9/1/2023	NC
A2012	SUPRATHEL, per square centimeter	4/1/2022		9/1/2023	NC
A2013	InnovaMatrix FS, per square centimeter	4/1/2022		9/1/2023	NC
A2014	Omeza collagen matrix, per 100 mg	10/1/2022		9/1/2023	NC
A2015	Phoenix wound matrix, per square centimeter	10/1/2022		9/1/2023	NC
A2016	Permeaderm b, per square centimeter	10/1/2022		9/1/2023	NC
A2017	Permeaderm glove, each	10/1/2022		9/1/2023	NC
A2018	Permeaderm c, per square centimeter	10/1/2022		9/1/2023	NC
A2019	Kerecis Omega3 MariGen Shield, per square centimeter	4/1/2023			NC
A2020	AC5 Advanced Wound System (AC5)	4/1/2023			NC
A2021	NeoMatrix, per square centimeter	4/1/2023			NC
A4100	Skin substitute, FDA cleared as a device, not otherwise specified	4/1/2022		7/1/2022	PA
A4206	Syringe with needle, sterile, 1 cc or less, each	1/1/1985			NPA
A4207	Syringe with needle, sterile 2 cc, each	1/1/1985			NPA
A4208	Syringe with needle, sterile 3 cc, each	1/1/1985			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
A4209	Syringe with needle, sterile 5 cc or greater, each	**1/1/1985**			NPA
A4210	Needle-free injection device, each	**1/1/1989**		**9/1/2023**	PA
A4211	Supplies for self-administered injections	**1/1/1993**			NPA
A4212	Non-coring needle or stylet with or without catheter	**1/1/1993**			NPA
A4213	Syringe, sterile, 20 cc or greater, each	**1/1/1985**			NPA
A4215	Needle, sterile, any size, each	**1/1/1985**			NPA
A4216	Sterile water, saline and/or dextrose, diluent/flush, 10 ml	**1/1/2004**			NPA
A4217	Sterile water/saline, 500 ml	**1/1/2004**			NPA
A4218	Sterile saline or water, metered dose dispenser, 10 ml	**1/1/2006**			NPA
A4220	Refill kit for implantable infusion pump	**1/1/1994**			NPA
A4221	Supplies for maintenance of non-insulin drug infusion catheter, per week (list drugs separately)	**1/1/1997**		**3/1/2023**	NPA
A4222	Infusion supplies for external drug infusion pump, per cassette or bag (list drugs separately)	**1/1/1997**		**3/1/2023**	NPA
A4223	Infusion supplies not used with external infusion pump, per cassette or bag (list drugs separately)	**1/1/2005**		**3/1/2023**	NPA
A4224	Supplies for maintenance of insulin infusion catheter, per week	**1/1/2017**		**3/1/2023**	NPA
A4225	Supplies for external insulin infusion pump, syringe type cartridge, sterile, each	**1/1/2017**		**3/1/2023**	NPA
A4226	Supplies for maintenance of insulin infusion pump with dosage rate adjustment using therapeutic continuous glucose sensing, per week	**1/1/2020**		**3/1/2023**	NPA
A4230	Infusion set for external insulin pump, non needle cannula type	**1/1/1996**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
A4231	Infusion set for external insulin pump, needle type	**1/1/1996**			NPA
A4232	Syringe with needle for external insulin pump, sterile, 3 cc	**1/1/1996**			NPA
A4233	Replacement battery, alkaline (other than J cell), for use with medically necessary home blood glucose monitor owned by patient, each	**1/1/2006**			NPA
A4234	Replacement battery, alkaline, J cell, for use with medically necessary home blood glucose monitor owned by patient, each	**1/1/2006**			NPA
A4235	Replacement battery, lithium, for use with medically necessary home blood glucose monitor owned by patient, each	**1/1/2006**			NPA
A4236	Replacement battery, silver oxide, for use with medically necessary home blood glucose monitor owned by patient, each	**1/1/2006**			NPA
A4238	Supply allowance for adjunctive continuous glucose monitor (CGM), includes all supplies and accessories, 1 month supply = 1 unit of service	**4/1/2022**		**9/1/2023**	NC
A4239	Supply allowance for non-adjunctive, non-implanted continuous glucose monitor (CGM), includes all supplies and accessories, 1 month supply = 1 unit of service	**1/1/2023**		**2/1/2023**	PA
A4244	Alcohol or peroxide, per pint	**1/1/1985**			NPA
A4245	Alcohol wipes, per box	**1/1/1985**			NC
A4246	Betadine or pHisoHex solution, per pint	**1/1/1985**			NC
A4247	Betadine or iodine swabs/wipes, per box	**1/1/1985**			NC
A4248	Chlorhexidine containing antiseptic, 1 ml	**1/1/2004**			NC
A4250	Urine test or reagent strips or tablets (100 tablets or strips)	**1/1/1990**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
A4252	Blood ketone test or reagent strip, each	**1/1/2008**			NC
A4253	Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips	**1/1/1986**			NPA
A4255	Platforms for home blood glucose monitor, 50 per box	**1/1/1997**		**9/1/2023**	NC
A4256	Normal, low and high calibrator solution/chips	**1/1/1985**		**9/1/2023**	NC
A4257	Replacement lens shield cartridge for use with laser skin piercing device, each	**1/1/2002**			NC
A4258	Spring-powered device for lancet, each	**1/1/1996**		**9/1/2023**	NC
A4259	Lancets, per box of 100	**1/1/1985**			NPA
A4261	Cervical cap for contraceptive use	**1/1/1999**			NPA
A4262	Temporary, absorbable lacrimal duct implant, each	**1/1/1994**			NPA
A4263	Permanent, long term, non-dissolvable lacrimal duct implant, each	**1/1/1994**			NPA
A4264	Permanent implantable contraceptive intratubal occlusion device(s) and delivery system	**1/1/2010**			NPA
A4265	Paraffin, per pound	**1/1/1986**			NC
A4266	Diaphragm for contraceptive use	**1/1/2003**			NPA
A4267	Contraceptive supply, condom, male, each	**1/1/2003**			NC
A4268	Contraceptive supply, condom, female, each	**1/1/2003**			NC
A4269	Contraceptive supply, spermicide (e.g., foam, gel), each	**1/1/2003**			NC
A4270	Disposable endoscope sheath, each	**1/1/1994**			NPA
A4280	Adhesive skin support attachment for use with external breast prosthesis, each	**1/1/2000**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
A4281	Tubing for breast pump, replacement	**1/1/2003**			NC
A4282	Adapter for breast pump, replacement	**1/1/2003**			NC
A4283	Cap for breast pump bottle, replacement	**1/1/2003**			NC
A4284	Breast shield and splash protector for use with breast pump, replacement	**1/1/2003**			NC
A4285	Polycarbonate bottle for use with breast pump, replacement	**1/1/2003**			NC
A4286	Locking ring for breast pump, replacement	**1/1/2003**			NC
A4290	Sacral nerve stimulation test lead, each	**1/1/2001**			NPA
A4300	Implantable access catheter, (e.g., venous, arterial, epidural subarachnoid, or peritoneal, etc.) external access	**1/1/1986**			NPA
A4301	Implantable access total catheter, port/reservoir (e.g., venous, arterial, epidural, subarachnoid, peritoneal, etc.)	**1/1/1996**			NPA
A4305	Disposable drug delivery system, flow rate of 50 ml or greater per hour	**1/1/1993**		**9/1/2023**	NPA
A4306	Disposable drug delivery system, flow rate of less than 50 ml per hour	**1/1/1993**			NPA
A4310	Insertion tray without drainage bag and without catheter (accessories only)	**1/1/1990**			NPA
A4311	Insertion tray without drainage bag with indwelling catheter, Foley type, two-way latex with coating (teflon, silicone, silicone elastomer or hydrophilic, etc.)	**1/1/1990**			NPA
A4312	Insertion tray without drainage bag with indwelling catheter, Foley type, two-way, all silicone	**1/1/1990**			NPA
A4313	Insertion tray without drainage bag with indwelling catheter, Foley type, three-way, for continuous irrigation	**1/1/1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
A4314	Insertion tray with drainage bag with indwelling catheter, Foley type, two-way latex with coating (teflon, silicone, silicone elastomer or hydrophilic, etc.)	**1/1/1990**			NPA
A4315	Insertion tray with drainage bag with indwelling catheter, Foley type, two-way, all silicone	**1/1/1990**			NPA
A4316	Insertion tray with drainage bag with indwelling catheter, Foley type, three-way, for continuous irrigation	**1/1/1990**			NPA
A4320	Irrigation tray with bulb or piston syringe, any purpose	**1/1/1990**			NPA
A4321	Therapeutic agent for urinary catheter irrigation	**1/1/1997**			NPA
A4322	Irrigation syringe, bulb or piston, each	**1/1/1990**			NPA
A4326	Male external catheter with integral collection chamber, any type, each	**1/1/1990**			NPA
A4327	Female external urinary collection device; meatal cup, each	**1/1/1990**			NPA
A4328	Female external urinary collection device; pouch, each	**1/1/1990**			NPA
A4330	Perianal fecal collection pouch with adhesive, each	**1/1/1990**		**9/1/2023**	NC
A4331	Extension drainage tubing, any type, any length, with connector/adaptor, for use with urinary leg bag or urostomy pouch, each	**1/1/2001**			NPA
A4332	Lubricant, individual sterile packet, each	**1/1/2001**			NPA
A4333	Urinary catheter anchoring device, adhesive skin attachment, each	**1/1/2001**			NPA
A4334	Urinary catheter anchoring device, leg strap, each	**1/1/2001**			NPA
A4335	Incontinence supply; miscellaneous	**1/1/1990**			NPA
A4336	Incontinence supply, urethral insert, any type, each	**1/1/2010**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
A4337	Incontinence supply, rectal insert, any type, each	**1/1/2016**		**9/1/2023**	NC
A4338	Indwelling catheter; Foley type, two-way latex with coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.), each	**1/1/1990**			NPA
A4340	Indwelling catheter; specialty type, (e.g., Coude, mushroom, wing, etc.), each	**1/1/1990**			NPA
A4341	Indwelling intraurethral drainage device with valve, patient inserted, replacement only, each	**4/1/2023**		**9/1/2023**	NC
A4342	Accessories for patient inserted indwelling intraurethral drainage device with valve, replacement only, each	**4/1/2023**		**9/1/2023**	NC
A4344	Indwelling catheter, Foley type, two-way, all silicone or polyurethane, each	**1/1/1983**			NPA
A4346	Indwelling catheter; Foley type, three way for continuous irrigation, each	**1/1/1983**			NPA
A4349	Male external catheter, with or without adhesive, disposable, each	**1/1/2005**			NPA
A4351	Intermittent urinary catheter; straight tip, with or without coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.), each	**1/1/1990**			NPA
A4352	Intermittent urinary catheter; coude (curved) tip, with or without coating (teflon, silicone, silicone elastomeric, or hydrophilic, etc.), each	**1/1/1990**			NPA
A4353	Intermittent urinary catheter, with insertion supplies	**1/1/1997**			NPA
A4354	Insertion tray with drainage bag but without catheter	**1/1/1986**			NPA
A4355	Irrigation tubing set for continuous bladder irrigation through a three-way indwelling Foley catheter, each	**1/1/1984**			NPA
A4356	external urethral clamp or compression device (not to be used for catheter clamp), each	**1/1/1985**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
A4357	Bedside drainage bag, day for night, with or without anti-reflux device, with or without tube, each	1/1/1985			NPA
A4358	Urinary drainage bag, leg or abdomen, vinyl, with or without tube, with straps, each	1/1/1985			NPA
A4360	Disposable external urethral clamp or compression device, with pad and/or pouch, each	1/1/2010			NPA
A4361	Ostomy faceplate, each	1/1/1985			NPA
A4362	Skin barrier; solid, 4 x 4 or equivalent; each	1/1/1985			NPA
A4363	Ostomy clamp, any type, replacement only, each	1/1/2006			NPA
A4364	Adhesive, liquid or equal, any type, per oz	1/1/1985			NPA
A4366	Ostomy vent, any type, each	1/1/2004			NPA
A4367	Ostomy belt, each	1/1/1985			NPA
A4368	Ostomy filter, any type, each	1/1/1997			NPA
A4369	Ostomy skin barrier, liquid (spray, brush, etc.), per oz	1/1/2000			NPA
A4371	Ostomy skin barrier, powder, per oz	1/1/2000			NPA
A4372	Ostomy skin barrier, solid 4 x 4 or equivalent, standard wear, with built-in convexity, each	1/1/2000			NPA
A4373	Ostomy skin barrier, with flange (solid, flexible or accordion), with built-in convexity, any size, each	1/1/2000			NPA
A4375	Ostomy pouch, drainable, with faceplate attached, plastic, each	1/1/2000			NPA
A4376	Ostomy pouch, drainable, with faceplate attached, rubber, each	1/1/2000			NPA
A4377	Ostomy pouch, drainable, for use on faceplate, plastic, each	1/1/2000			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
A4378	Ostomy pouch, drainable, for use on faceplate, rubber, each	1/1/2000			NPA
A4379	Ostomy pouch, urinary, with faceplate attached, plastic, each	1/1/2000			NPA
A4380	Ostomy pouch, urinary, with faceplate attached, rubber, each	1/1/2000			NPA
A4381	Ostomy pouch, urinary, for use on faceplate, plastic, each	1/1/2000			NPA
A4382	Ostomy pouch, urinary, for use on faceplate, heavy plastic, each	1/1/2000			NPA
A4383	Ostomy pouch, urinary, for use on faceplate, rubber, each	1/1/2000			NPA
A4384	Ostomy faceplate equivalent, silicone ring, each	1/1/2000			NPA
A4385	Ostomy skin barrier, solid 4 x 4 or equivalent, extended wear, without built-in convexity, each	1/1/2000			NPA
A4387	Ostomy pouch, closed, with barrier attached, with built-in convexity (1 piece), each	1/1/2000			NPA
A4388	Ostomy pouch, drainable, with extended wear barrier attached, (1 piece), each	1/1/2000			NPA
A4389	Ostomy pouch, drainable, with barrier attached, with built-in convexity (1 piece), each	1/1/2000			NPA
A4390	Ostomy pouch, drainable, with extended wear barrier attached, with built-in convexity (1 piece), each	1/1/2000			NPA
A4391	Ostomy pouch, urinary, with extended wear barrier attached (1 piece), each	1/1/2000			NPA
A4392	Ostomy pouch, urinary, with standard wear barrier attached, with built-in convexity (1 piece), each	1/1/2000			NPA
A4393	Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity (1 piece), each	1/1/2000			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
A4394	Ostomy deodorant, with or without lubricant, for use in ostomy pouch, per fluid ounce	**1/1/2000**			NPA
A4395	Ostomy deodorant for use in ostomy pouch, solid, per tablet	**1/1/2000**			NPA
A4396	Ostomy belt with peristomal hernia support	**1/1/2001**		**9/1/2023**	NC
A4398	Ostomy irrigation supply; bag, each	**1/1/1989**			NPA
A4399	Ostomy irrigation supply; cone/catheter, with or without brush	**1/1/1989**			NPA
A4400	Ostomy irrigation set	**1/1/1982**		**9/1/2023**	NC
A4402	Lubricant, per ounce	**1/1/1985**			NPA
A4404	Ostomy ring, each	**1/1/1985**			NPA
A4405	Ostomy skin barrier, non-pectin based, paste, per ounce	**1/1/2003**			NPA
A4406	Ostomy skin barrier, pectin-based, paste, per ounce	**1/1/2003**			NPA
A4407	Ostomy skin barrier, with flange (solid, flexible, or accordion), extended wear, with built-in convexity, 4 x 4 inches or smaller, each	**1/1/2003**			NPA
A4408	Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, with built-in convexity, larger than 4 x 4 inches, each	**1/1/2003**			NPA
A4409	Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, 4 x 4 inches or smaller, each	**1/1/2003**			NPA
A4410	Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, larger than 4 x 4 inches, each	**1/1/2003**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
A4411	Ostomy skin barrier, solid 4 x 4 or equivalent, extended wear, with built-in convexity, each	**1/1/2006**			NPA
A4412	Ostomy pouch, drainable, high output, for use on a barrier with flange (2 piece system), without filter, each	**1/1/2006**			NPA
A4413	Ostomy pouch, drainable, high output, for use on a barrier with flange (2 piece system), with filter, each	**1/1/2003**		**9/1/2023**	NC
A4414	Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, 4 x 4 inches or smaller, each	**1/1/2003**			NPA
A4415	Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, larger than 4 x 4 inches, each	**1/1/2003**			NPA
A4416	Ostomy pouch, closed, with barrier attached, with filter (1 piece), each	**1/1/2004**			NPA
A4417	Ostomy pouch, closed, with barrier attached, with built-in convexity, with filter (1 piece), each	**1/1/2004**			NPA
A4418	Ostomy pouch, closed; without barrier attached, with filter (1 piece), each	**1/1/2004**			NPA
A4419	Ostomy pouch, closed; for use on barrier with non-locking flange, with filter (2 piece), each	**1/1/2004**			NPA
A4420	Ostomy pouch, closed; for use on barrier with locking flange (2 piece), each	**1/1/2004**			NPA
A4421	Ostomy supply; miscellaneous	**1/1/1985**			NPA
A4422	Ostomy absorbent material (sheet/pad/crystal packet) for use in ostomy pouch to thicken liquid stomal output, each	**1/1/2003**			NPA
A4423	Ostomy pouch, closed; for use on barrier with locking flange, with filter (2 piece), each	**1/1/2004**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
A4424	Ostomy pouch, drainable, with barrier attached, with filter (1 piece), each	**1/1/2004**			NPA
A4425	Ostomy pouch, drainable; for use on barrier with non-locking flange, with filter (2 piece system), each	**1/1/2004**			NPA
A4426	Ostomy pouch, drainable; for use on barrier with locking flange (2 piece system), each	**1/1/2004**			NPA
A4427	Ostomy pouch, drainable; for use on barrier with locking flange, with filter (2 piece system), each	**1/1/2004**			NPA
A4428	Ostomy pouch, urinary, with extended wear barrier attached, with faucet-type tap with valve (1 piece), each	**1/1/2004**			NPA
A4429	Ostomy pouch, urinary, with barrier attached, with built-in convexity, with faucet-type tap with valve (1 piece), each	**1/1/2004**			NPA
A4430	Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity, with faucet-type tap with valve (1 piece), each	**1/1/2004**			NPA
A4431	Ostomy pouch, urinary; with barrier attached, with faucet-type tap with valve (1 piece), each	**1/1/2004**			NPA
A4432	Ostomy pouch, urinary; for use on barrier with non-locking flange, with faucet-type tap with valve (2 piece), each	**1/1/2004**			NPA
A4433	Ostomy pouch, urinary; for use on barrier with locking flange (2 piece), each	**1/1/2004**			NPA
A4434	Ostomy pouch, urinary; for use on barrier with locking flange, with faucet-type tap with valve (2 piece), each	**1/1/2004**			NPA
A4435	Ostomy pouch, drainable, high output, with extended wear barrier (one-piece system), with or without filter, each	**1/1/2013**			NPA
A4436	Irrigation supply; sleeve, reusable, per month	**1/1/2022**		**1/1/2022**	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
A4437	Irrigation supply; sleeve, disposable, per month	1/1/2022		1/1/2022	NPA
A4450	Tape, non-waterproof, per 18 square inches	1/1/2003			NC
A4452	Tape, waterproof, per 18 square inches	1/1/2003			NC
A4453	Rectal catheter for use with the manual pump-operated enema system, replacement only	10/1/2021		1/1/2022	NC
A4455	Adhesive remover or solvent (for tape, cement or other adhesive), per ounce	1/1/1989			NC
A4456	Adhesive remover, wipes, any type, each	1/1/2010			NC
A4458	Enema bag with tubing, reusable	1/1/2003			NC
A4459	Manual pump-operated enema system, includes balloon, catheter and all accessories, reusable, any type	1/1/2015			NPA
A4461	Surgical dressing holder, non-reusable, each	1/1/2007			NC
A4463	Surgical dressing holder, reusable, each	1/1/2007			NC
A4465	Non-elastic binder for extremity	1/1/1994			NC
A4467	Belt, strap, sleeve, garment, or covering, any type	1/1/2017			NC
A4470	Gravlee jet washer	1/1/1986			NC
A4480	Vabra aspirator	1/1/1986			NC
A4481	Tracheostoma filter, any type, any size, each	1/1/1997			NPA
A4483	Moisture exchanger, disposable, for use with invasive mechanical ventilation	1/1/1999			NC
A4490	Surgical stockings above knee length, each	1/1/1986			NC
A4495	Surgical stockings thigh length, each	1/1/1986			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
A4500	Surgical stockings below knee length, each	**1/1/1986**			NC
A4510	Surgical stockings full length, each	**1/1/1986**			NC
A4520	Incontinence garment, any type, (e.g., brief, diaper), each	**1/1/2005**			NC
A4550	Surgical trays	**1/1/1982**			NC
A4553	Non-disposable underpads, all sizes	**1/1/2017**		**9/1/2023**	NC
A4554	Disposable underpads, all sizes	**1/1/1986**			NC
A4555	Electrode/transducer for use with electrical stimulation device used for cancer treatment, replacement only	**1/1/2014**			NC
A4556	Electrodes, (e.g., apnea monitor), per pair	**1/1/1984**			NC
A4557	Lead wires, (e.g., apnea monitor), per pair	**1/1/1984**			NC
A4558	Conductive gel or paste, for use with electrical device (e.g., TNES, NMES), per oz	**1/1/1985**			NC
A4559	Coupling gel or paste, for use with ultrasound device, per oz	**1/1/2007**			NC
A4560	Neuromuscular electrical stimulator (NMES), disposable, replacement only	**4/1/2023**			NC
A4561	Pessary, rubber, any type	**1/1/2001**			NC
A4562	Pessary, non rubber, any type	**1/1/2001**			NC
A4563	Rectal control system for vaginal insertion, for long term use, includes pump and all supplies and accessories, any type each	**1/1/2019**			NC
A4565	Slings	**1/1/1983**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
A4566	Shoulder sling or vest design, abduction restrainer, with or without swathe control, prefabricated, includes fitting and adjustment	1/1/2011			NPA
A4570	Splint	1/1/1982			NPA
A4575	Topical hyperbaric oxygen chamber, disposable	1/1/1996			NC
A4580	Cast supplies (e.g., plaster)	1/1/1982			NPA
A4590	Special casting material (e.g., fiberglass)	1/1/1984			NPA
A4595	Electrical stimulator supplies, 2 lead, per month, (e.g., TENS, NMES)	1/1/1996			NC
A4596	Cranial electrotherapy stimulation (ces) system supplies and accessories, per month	10/1/2022		**10/1/2022**	NC
A4600	Sleeve for intermittent limb compression device, replacement only, each	1/1/2007			NC
A4601	Lithium ion battery, rechargeable, for non-prosthetic use, replacement	1/1/2007			NC
A4602	Replacement battery for external infusion pump owned by patient, lithium, 1.5 volt, each	1/1/2015			NC
A4604	Tubing with integrated heating element for use with positive airway pressure device	1/1/2006		**9/1/2023**	NC
A4605	Tracheal suction catheter, closed system, each	1/1/2005			NPA
A4606	Oxygen probe for use with oximeter device, replacement	1/1/2003			NPA
A4608	Transtracheal oxygen catheter, each	1/1/2001			NPA
A4611	Battery, heavy duty; replacement for patient owned ventilator	1/1/1990			PA
A4612	Battery cables; replacement for patient-owned ventilator	1/1/1990			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
A4613	Battery charger; replacement for patient-owned ventilator	1/1/1990			PA
A4614	Peak expiratory flow rate meter, hand held	1/1/1999			NPA
A4615	Cannula, nasal	1/1/1990			NPA
A4616	Tubing (oxygen), per foot	1/1/1990			NPA
A4617	Mouth piece	1/1/1990			NPA
A4618	Breathing circuits	1/1/1990			NPA
A4619	Face tent	1/1/1990			NPA
A4620	Variable concentration mask	1/1/1990			NPA
A4623	Tracheostomy, inner cannula	1/1/1990			NPA
A4624	Tracheal suction catheter, any type other than closed system, each	1/1/1990			NPA
A4625	Tracheostomy care kit for new tracheostomy	1/1/1990			NPA
A4626	Tracheostomy cleaning brush, each	1/1/1990			NPA
A4627	Spacer, bag or reservoir, with or without mask, for use with metered dose inhaler	1/1/1991			NPA
A4628	Orol and/or oropharyngeal suction catheter, each	1/1/1996			NPA
A4629	Tracheostomy care kit for established tracheostomy	1/1/1996			NPA
A4630	Replacement batteries, medically necessary, transcutaneous electrical stimulator, owned by patient	1/1/1991			NC
A4633	Replacement bulb/lamp for ultraviolet light therapy system, each	1/1/2003			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
A4634	Replacement bulb for therapeutic light box, tabletop model	1/1/2003			NC
A4635	Underarm pad, crutch, replacement, each	1/1/1991		9/1/2023	PA
A4636	Replacement, handgrip, cane, crutch, or walker, each	1/1/1991		9/1/2023	PA
A4637	Replacement, tip, cane, crutch, walker, each.	1/1/1991		9/1/2023	PA
A4638	Replacement battery for patient-owned ear pulse generator, each	1/1/2004			NC
A4639	Replacement pad for infrared heating pad system, each	1/1/2003			NC
A4640	Replacement pad for use with medically necessary alternating pressure pad owned by patient	1/1/1991			NC
A4641	Radiopharmaceutical, diagnostic, not otherwise classified	1/1/1994			NC
A4642	Indium In-111 satumomab pendetide, diagnostic, per study dose, up to 6 millicuries	1/1/1995			NC
A4648	Tissue marker, implantable, any type, each	1/1/2008			NC
A4649	Surgical supply; miscellaneous	1/1/1982			NC
A4650	Implantable radiation dosimeter, each	1/1/2008			NC
A4651	Calibrated microcapillary tube, each	1/1/2002			NC
A4652	Microcapillary tube sealant	1/1/2002			NC
A4653	Peritoneal dialysis catheter anchoring device, belt, each	1/1/2003			NC
A4657	Syringe, with or without needle, each	1/1/2002			NPA
A4660	Sphygmomanometer/blood pressure apparatus with cuff and stethoscope	1/1/1986			NC
A4663	Blood pressure cuff only	1/1/1986			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
A4670	Automatic blood pressure monitor	**1/1/1986**			NC
A4671	Disposable cycler set used with cycler dialysis machine, each	**1/1/2004**			NPA
A4672	Drainage extension line, sterile, for dialysis, each	**1/1/2004**			NPA
A4673	Extension line with easy lock connectors, used with dialysis	**1/1/2004**			NPA
A4674	Chemicals/antiseptics solution used to clean/sterilize dialysis equipment, per 8 oz	**1/1/2004**			NPA
A4680	Activated carbon filter for hemodialysis, each	**1/1/1986**			NPA
A4690	Dialyzer (artificial kidneys), all types, all sizes, for hemodialysis, each	**1/1/1986**			NPA
A4706	Bicarbonate concentrate, solution, for hemodialysis, per gallon	**1/1/2002**			NPA
A4707	Bicarbonate concentrate, powder, for hemodialysis, per packet	**1/1/2002**			NPA
A4708	Acetate concentrate solution, for hemodialysis, per gallon	**1/1/2002**			NPA
A4709	Acid concentrate, solution, for hemodialysis, per gallon	**1/1/2002**			NPA
A4714	Treated water (deionized, distilled, or reverse osmosis) for peritoneal dialysis, per gallon	**1/1/1986**			NPA
A4719	"Y set" tubing for peritoneal dialysis	**1/1/2002**			NPA
A4720	Dialysate solution, any concentration of dextrose, fluid volume greater than 249 cc, but less than or equal to 999 cc, for peritoneal dialysis	**1/1/2002**			NPA
A4721	Dialysate solution, any concentration of dextrose, fluid volume greater than 999 cc but less than or equal to 1999 cc, for peritoneal dialysis	**1/1/2002**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
A4722	Dialysate solution, any concentration of dextrose, fluid volume greater than 1999 cc but less than or equal to 2999 cc, for peritoneal dialysis	**1/1/2002**			NPA
A4723	Dialysate solution, any concentration of dextrose, fluid volume greater than 2999 cc but less than or equal to 3999 cc, for peritoneal dialysis	**1/1/2002**			NPA
A4724	Dialysate solution, any concentration of dextrose, fluid volume greater than 3999 cc but less than or equal to 4999 cc, for peritoneal dialysis	**1/1/2002**			NPA
A4725	Dialysate solution, any concentration of dextrose, fluid volume greater than 4999 cc but less than or equal to 5999 cc, for peritoneal dialysis	**1/1/2002**			NPA
A4726	Dialysate solution, any concentration of dextrose, fluid volume greater than 5999 cc, for peritoneal dialysis	**1/1/2002**			NPA
A4728	Dialysate solution, non-dextrose containing, 500 ml	**1/1/2004**			NPA
A4730	Fistula cannulation set for hemodialysis, each	**1/1/1986**			NPA
A4736	Topical anesthetic, for dialysis, per gram	**1/1/2002**			NPA
A4737	Injectable anesthetic, for dialysis, per 10 ml	**1/1/2002**			NPA
A4740	Shunt accessory, for hemodialysis, any type, each	**1/1/1986**			NPA
A4750	Blood tubing, arterial or venous, for hemodialysis, each	**1/1/1986**			NPA
A4755	Blood tubing, arterial and venous combined, for hemodialysis, each	**1/1/1986**			NPA
A4760	Dialysate solution test kit, for peritoneal dialysis, any type, each	**1/1/1986**			NPA
A4765	Dialysate concentrate, powder, additive for peritoneal dialysis, per packet	**1/1/1986**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
A4766	Dialysate concentrate, solution, additive for peritoneal dialysis, per 10 ml	1/1/2002			NPA
A4770	Blood collection tube, vacuum, for dialysis, per 50	1/1/1986			NPA
A4771	Serum clotting time tube, for dialysis, per 50	1/1/1986			NPA
A4772	Blood glucose test strips, for dialysis, per 50	1/1/1986			NPA
A4773	Occult blood test strips, for dialysis, per 50	1/1/1986			NPA
A4774	Ammonia test strips, for dialysis, per 50	1/1/1986			NPA
A4802	Protamine sulfate, for hemodialysis, per 50 mg	1/1/2002			NPA
A4860	Disposable catheter tips for peritoneal dialysis, per 10	1/1/1986			NPA
A4870	Plumbing and/or electrical work for home hemodialysis equipment	1/1/1986			NPA
A4890	Contracts, repair and maintenance, for hemodialysis equipment	1/1/1986			NPA
A4911	Drain bag/bottle, for dialysis, each	1/1/2002			NPA
A4913	Miscellaneous dialysis supplies, not otherwise specified	1/1/1986			NPA
A4918	Venous pressure clamp, for hemodialysis, each	1/1/1986			NPA
A4927	Gloves, non-sterile, per 100	1/1/1986			NC
A4928	Surgical mask, per 20	1/1/2002			NC
A4929	Tourniquet for dialysis, each	1/1/2002			NC
A4930	Gloves, sterile, per pair	1/1/2003			NC
A4931	Oral thermometer, reusable, any type, each	1/1/2003			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
A4932	Rectal thermometer, reusable, any type, each	**1/1/2003**			NC
A5051	Ostomy pouch, closed; with barrier attached (1 piece), each	**1/1/1990**			NPA
A5052	Ostomy pouch, closed; without barrier attached (1 piece), each	**1/1/1990**			NPA
A5053	Ostomy pouch, closed; for use on faceplate, each	**1/1/1990**			NPA
A5054	Ostomy pouch, closed; for use on barrier with flange (2 piece), each	**1/1/1990**			NPA
A5055	Stoma cap	**1/1/1990**			NPA
A5056	Ostomy pouch, drainable, with extended wear barrier attached, with filter, (1 piece), each	**1/1/2012**			NPA
A5057	Ostomy pouch, drainable, with extended wear barrier attached, with built in convexity, with filter, (1 piece), each	**1/1/2012**			NPA
A5061	Ostomy pouch, drainable; with barrier attached, (1 piece), each	**1/1/1990**		**9/1/2023**	NC
A5062	Ostomy pouch, drainable; without barrier attached (1 piece), each	**1/1/1990**			NPA
A5063	Ostomy pouch, drainable; for use on barrier with flange (2 piece system), each	**1/1/1990**			NPA
A5071	Ostomy pouch, urinary; with barrier attached (1 piece), each	**1/1/1990**			NPA
A5072	Ostomy pouch, urinary; without barrier attached (1 piece), each	**1/1/1990**			NPA
A5073	Ostomy pouch, urinary; for use on barrier with flange (2 piece), each	**1/1/1990**			NPA
A5081	Stoma plug or seal, any type	**1/1/1990**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
A5082	Continent device; catheter for continent stoma	**1/1/1990**			NPA
A5083	Continent device, stoma absorptive cover for continent stoma	**1/1/2008**			NPA
A5093	Ostomy accessory; convex insert	**1/1/1990**			NPA
A5102	Bedside drainage bottle with or without tubing, rigid or expandable, each	**1/1/1990**			NPA
A5105	Urinary suspensory with leg bag, with or without tube, each	**1/1/1990**			NPA
A5112	Urinary drainage bag, leg or abdomen, latex, with or without tube, with straps, each	**1/1/1990**			NPA
A5113	Leg strap; latex, replacement only, per set	**1/1/1990**			NPA
A5114	Leg strap; foam or fabric, replacement only, per set	**1/1/1990**			NPA
A5120	Skin barrier, wipes or swabs, each	**1/1/2006**			NPA
A5121	Skin barrier; solid, 6 x 6 or equivalent, each	**1/1/1990**			NPA
A5122	Skin barrier; solid, 8 x 8 or equivalent, each	**1/1/1990**			NPA
A5126	Adhesive or non-adhesive; disk or foam pad	**1/1/1990**			NPA
A5131	Appliance cleaner, incontinence and ostomy appliances, per 16 oz.	**1/1/1990**			NPA
A5200	Percutaneous catheter/tube anchoring device, adhesive skin attachment	**1/1/1999**		**9/1/2023**	NC
A5500	For diabetics only, fitting (including follow-up), custom preparation and supply of off-the-shelf depth-inlay shoe manufactured to accommodate multi-density insert(s), per shoe	**1/1/1995**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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	**1/1/1995**			PA
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	**1/1/1995**			PA
A5504	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe with wedge(s), per shoe	**1/1/1995**			PA
A5505	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe with metatarsal bar, per shoe	**1/1/1995**			PA
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	**1/1/1995**			PA
A5507	For diabetics only, not otherwise specified modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe, per shoe	**1/1/1995**			PA
A5508	For diabetics only, deluxe feature of off-the-shelf depth-inlay shoe or custom-molded shoe, per shoe	**1/1/2000**			PA
A5510	For diabetics only, direct formed, compression molded to patient's foot without external heat source, multiple-density insert(s) prefabricated, per shoe	**1/1/2002**			PA
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	**1/1/2006**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
A5513	For diabetics only, multiple density insert, 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	**1/1/2019**			PA
A5514	For diabetics only, multiple density insert, 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	**1/1/2019**			PA
A6000	Non-contact wound warming wound cover for use with the non-contact wound warming device and warming card	**1/1/2002**			NC
A6010	Collagen based wound filler, dry form, sterile, per gram of collagen	**1/1/2002**			NPA
A6011	Collagen based wound filler, gel/paste, per gram of collagen	**1/1/2003**		**9/1/2023**	NC
A6021	Collagen dressing, sterile, size 16 sq. in. or less, each	**1/1/2001**			NPA
A6022	Collagen dressing, sterile, size more than 16 sq. in. but less than or equal to 48 sq. in., each	**1/1/2001**			NPA
A6023	Collagen dressing, sterile, size more than 48 sq. in., each	**1/1/2001**			NPA
A6024	Collagen dressing wound filler, sterile, per 6 inches	**1/1/2001**			NPA
A6025	Gel sheet for dermal or epidermal application, (e.g., silicone, hydrogel, other), each	**1/1/1997**			NPA
A6154	Wound pouch, each	**1/1/1997**		**9/1/2023**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
A6196	Alginate or other fiber gelling dressing, wound cover, sterile, pad size 16 sq. in. or less, each dressing	1/1/1997			NPA
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	1/1/1997			NPA
A6198	Alginate or other fiber gelling dressing, wound cover, sterile, pad size more than 48 sq. in., each dressing	1/1/1997			NPA
A6199	Alginate or other fiber gelling dressing, wound filler, sterile, per 6 inches	1/1/1997			NPA
A6203	Composite dressing, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing	1/1/1997			NPA
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	1/1/1997			NPA
A6205	Composite dressing, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing	1/1/1997			NPA
A6206	Contact layer, sterile, 16 sq. in. or less, each dressing	1/1/1997			NPA
A6207	Contact layer, sterile, more than 16 sq. in. but less than or equal to 48 sq. in., each dressing	1/1/1997			NPA
A6208	Contact layer, sterile, more than 48 sq. in., each dressing	1/1/1997			NPA
A6209	Foam dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	1/1/1997			NPA
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	1/1/1997			NPA
A6211	Foam dressing, wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing	1/1/1997			NPA
A6212	Foam dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing	1/1/1997			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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	**1/1/1997**			NPA
A6214	Foam dressing, wound cover, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing	**1/1/1997**			NPA
A6215	Foam dressing, wound filler, sterile, per gram	**1/1/1997**			NPA
A6216	Gauze, non-impregnated, non-sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	**1/1/1997**		**9/1/2023**	NPA
A6217	Gauze, non-impregnated, non-sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing	**1/1/1997**		**9/1/2023**	NPA
A6218	Gauze, non-impregnated, non-sterile, pad size more than 48 sq. in., without adhesive border, each dressing	**1/1/1997**		**9/1/2023**	NPA
A6219	Gauze, non-impregnated, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing	**1/1/1997**		**9/1/2023**	NPA
A6220	Gauze, non-impregnated, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing	**1/1/1997**		**9/1/2023**	NPA
A6221	Gauze, non-impregnated, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing	**1/1/1997**		**9/1/2023**	NPA
A6222	Gauze, impregnated with other than water, normal saline, or hydrogel, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	**1/1/1997**		**9/1/2023**	NPA
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	**1/1/1997**		**9/1/2023**	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
A6224	Gauze, impregnated with other than water, normal saline, or hydrogel, sterile, pad size more than 48 sq. in., without adhesive border, each dressing	**1/1/1997**		**9/1/2023**	NPA
A6228	Gauze, impregnated, water or normal saline, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	**1/1/1997**		**9/1/2023**	NPA
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	**1/1/1997**		**9/1/2023**	NPA
A6230	Gauze, impregnated, water or normal saline, sterile, pad size more than 48 sq. in., without adhesive border, each dressing	**1/1/1997**		**9/1/2023**	NPA
A6231	Gauze, impregnated, hydrogel, for direct wound contact, sterile, pad size 16 sq. in. or less, each dressing	**1/1/2001**			NC
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	**1/1/2001**			NC
A6233	Gauze, impregnated, hydrogel, for direct wound contact, sterile, pad size more than 48 sq. in., each dressing	**1/1/2001**			NC
A6234	Hydrocolloid dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	**1/1/1997**			NC
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	**1/1/1997**			NC
A6236	Hydrocolloid dressing, wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing	**1/1/1997**			NC
A6237	Hydrocolloid dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing	**1/1/1997**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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	1/1/1997			NC
A6239	Hydrocolloid dressing, wound cover, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing	1/1/1997			NC
A6240	Hydrocolloid dressing, wound filler, paste, sterile, per ounce	1/1/1997			NC
A6241	Hydrocolloid dressing, wound filler, dry form, sterile, per gram	1/1/1997			NC
A6242	Hydrogel dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	1/1/1997			NC
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	1/1/1997			NC
A6244	Hydrogel dressing, wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing	1/1/1997			NC
A6245	Hydrogel dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing	1/1/1997			NC
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	1/1/1997			NC
A6247	Hydrogel dressing, wound cover, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing	1/1/1997			NC
A6248	Hydrogel dressing, wound filler, gel, per fluid ounce	1/1/1997			NC
A6250	Skin sealants, protectants, moisturizers, ointments, any type, any size	1/1/1997			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
A6251	Specialty absorptive dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	1/1/1997			NC
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	1/1/1997			NC
A6253	Specialty absorptive dressing, wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing	1/1/1997			NC
A6254	Specialty absorptive dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing	1/1/1997			NC
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	1/1/1997			NC
A6256	Specialty absorptive dressing, wound cover, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing	1/1/1997			NC
A6257	Transparent film, sterile, 16 sq. in. or less, each dressing	1/1/1997			NC
A6258	Transparent film, sterile, more than 16 sq. in. but less than or equal to 48 sq. in., each dressing	1/1/1997			NC
A6259	Transparent film, sterile, more than 48 sq. in., each dressing	1/1/1997			NC
A6260	Wound cleansers, any type, any size	1/1/1997			NC
A6261	Wound filler, gel/paste, per fluid ounce, not otherwise specified	1/1/1997			NC
A6262	Wound filler, dry form, per gram, not otherwise specified	1/1/1997			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
A6266	Gauze, impregnated, other than water, normal saline, or zinc paste, sterile, any width, per linear yard	1/1/1997			NC
A6402	Gauze, non-impregnated, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	1/1/1997			NC
A6403	Gauze, non-impregnated, sterile, pad size more than 16 sq. in. less than or equal to 48 sq. in., without adhesive border, each dressing	1/1/1997			NC
A6404	Gauze, non-impregnated, sterile, pad size more than 48 sq. in., without adhesive border, each dressing	1/1/1997			NC
A6407	Packing strips, non-impregnated, sterile, up to 2 inches in width, per linear yard	1/1/2004			NC
A6410	Eye pad, sterile, each	1/1/2003			NC
A6411	Eye pad, non-sterile, each	1/1/2003			NC
A6412	Eye patch, occlusive, each	1/1/2003			NC
A6413	Adhesive bandage, first-aid type, any size, each	1/1/2008			NC
A6441	Padding bandage, non-elastic, non-woven/non-knitted, width greater than or equal to three inches and less than five inches, per yard	1/1/2004			NC
A6442	Conforming bandage, non-elastic, knitted/woven, non-sterile, width less than three inches, per yard	1/1/2004			NC
A6443	Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to three inches and less than five inches, per yard	1/1/2004			NC
A6444	Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to 5 inches, per yard	1/1/2004			NC
A6445	Conforming bandage, non-elastic, knitted/woven, sterile, width less than three inches, per yard	1/1/2004			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
A6446	Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to three inches and less than five inches, per yard	1/1/2004			NC
A6447	Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to five inches, per yard	1/1/2004			NC
A6448	Light compression bandage, elastic, knitted/woven, width less than three inches, per yard	1/1/2004			NC
A6449	Light compression bandage, elastic, knitted/woven, width greater than or equal to three inches and less than five inches, per yard	1/1/2004			NC
A6450	Light compression bandage, elastic, knitted/woven, width greater than or equal to five inches, per yard	1/1/2004			NC
A6451	Moderate compression bandage, elastic, knitted/woven, load resistance of 1.25 to 1.34 foot pounds at 50% maximum stretch, width greater than or equal to three inches and less than five inches, per yard	1/1/2004			NC
A6452	High compression bandage, elastic, knitted/woven, load resistance greater than or equal to 1.35 foot pounds at 50% maximum stretch, width greater than or equal to three inches and less than five inches, per yard	1/1/2004			NC
A6453	Self-adherent bandage, elastic, non-knitted/non-woven, width less than three inches, per yard	1/1/2004			NC
A6454	Self-adherent bandage, elastic, non-knitted/non-woven, width greater than or equal to three inches and less than five inches, per yard	1/1/2004			NC
A6455	Self-adherent bandage, elastic, non-knitted/non-woven, width greater than or equal to five inches, per yard	1/1/2004			NC
A6456	Zinc paste impregnated bandage, non-elastic, knitted/woven, width greater than or equal to three inches and less than five inches, per yard	1/1/2004			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
A6457	Tubular dressing with or without elastic, any width, per linear yard	1/1/2006			NC
A6460	Synthetic resorbable wound dressing, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	1/1/2019			NC
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	1/1/2019			NC
A6501	Compression burn garment, bodysuit (head to foot), custom fabricated	1/1/2003			PA
A6502	Compression burn garment, chin strap, custom fabricated	1/1/2003			PA
A6503	Compression burn garment, facial hood, custom fabricated	1/1/2003			PA
A6504	Compression burn garment, glove to wrist, custom fabricated	1/1/2003			PA
A6505	Compression burn garment, glove to elbow, custom fabricated	1/1/2003			PA
A6506	Compression burn garment, glove to axilla, custom fabricated	1/1/2003			PA
A6507	Compression burn garment, foot to knee length, custom fabricated	1/1/2003			PA
A6508	Compression burn garment, foot to thigh length, custom fabricated	1/1/2003			PA
A6509	Compression burn garment, upper trunk to waist including arm openings (vest), custom fabricated	1/1/2003			PA
A6510	Compression burn garment, trunk, including arms down to leg openings (leotard), custom fabricated	1/1/2003			PA
A6511	Compression burn garment, lower trunk including leg openings (panty), custom fabricated	1/1/2003			PA
A6512	Compression burn garment, not otherwise classified	1/1/2003			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
A6513	Compression burn mask, face and/or neck, plastic or equal, custom fabricated	1/1/2006			PA
A6530	Gradient compression stocking, below knee, 18-30 mm Hg, each	1/1/2006			NC
A6531	Gradient compression stocking, below knee, 30-40 mm Hg, each	1/1/2006			NC
A6532	Gradient compression stocking, below knee, 40-50 mm Hg, each	1/1/2006			NC
A6533	Gradient compression stocking, thigh length, 18-30 mm Hg, each	1/1/2006			NC
A6534	Gradient compression stocking, thigh length, 30-40 mm Hg, each	1/1/2006			NC
A6535	Gradient compression stocking, thigh length, 40-50 mm Hg, each	1/1/2006			NC
A6536	Gradient compression stocking, full length/chap style, 18-30 mm Hg, each	1/1/2006			NC
A6537	Gradient compression stocking, full length/chap style, 30-40 mm Hg, each	1/1/2006			NC
A6538	Gradient compression stocking, full length/chap style, 40-50 mm Hg, each	1/1/2006			NC
A6539	Gradient compression stocking, waist length, 18-30 mm Hg, each	1/1/2006			NC
A6540	Gradient compression stocking, waist length, 30-40 mm Hg, each	1/1/2006			NC
A6541	Gradient compression stocking, waist length, 40-50 mm Hg, each	1/1/2006			NC
A6544	Gradient compression stocking, garter belt	1/1/2006			NC
A6545	Gradient compression wrap, non-elastic, below knee, 30-50 mm Hg, each	1/1/2009			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
A6549	Gradient compression stocking/sleeve, not otherwise specified	1/1/2006			NC
A6550	Wound care set, for negative pressure wound therapy electrical pump, includes all supplies and accessories	1/1/2004			PA
A6590	External urinary catheters; disposable, with wicking material, for use with suction pump, per month	4/1/2023		9/1/2023	NC
A6591	External urinary catheter; non-disposable, for use with suction pump, per month	4/1/2023		9/1/2023	NC
A7000	Canister, disposable, used with suction pump, each	1/1/2000			NPA
A7001	Canister, non-disposable, used with suction pump, each	1/1/2000			NC
A7002	Tubing, used with suction pump, each	1/1/2000			NPA
A7003	Administration set, with small volume nonfiltered pneumatic nebulizer, disposable	1/1/2000			NPA
A7004	Small volume nonfiltered pneumatic nebulizer, disposable	1/1/2000			NPA
A7005	Administration set, with small volume nonfiltered pneumatic nebulizer, non-disposable	1/1/2000			NPA
A7006	Administration set, with small volume filtered pneumatic nebulizer	1/1/2000			NPA
A7007	Large volume nebulizer, disposable, unfilled, used with aerosol compressor	1/1/2000			NPA
A7008	Large volume nebulizer, disposable, prefilled, used with aerosol compressor	1/1/2000			NPA
A7009	Reservoir bottle, non-disposable, used with large volume ultrasonic nebulizer	1/1/2000			NPA
A7010	Corrugated tubing, disposable, used with large volume nebulizer, 100 feet	1/1/2000			NPA
A7012	Water collection device, used with large volume nebulizer	1/1/2000			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
A7013	Filter, disposable, used with aerosol compressor or ultrasonic generator	**1/1/2000**			NPA
A7014	Filter, nondisposable, used with aerosol compressor or ultrasonic generator	**1/1/2000**			NPA
A7015	Aerosol mask, used with DME nebulizer	**1/1/2000**			NPA
A7016	Dome and mouthpiece, used with small volume ultrasonic nebulizer	**1/1/2000**			NPA
A7017	Nebulizer, durable, glass or autoclavable plastic, bottle type, not used with oxygen	**1/1/2000**		**9/1/2023**	NC
A7018	Water, distilled, used with large volume nebulizer, 1000 ml	**1/1/2001**			NPA
A7020	Interface for cough stimulating device, includes all components, replacement only	**1/1/2011**			NPA
A7025	High frequency chest wall oscillation system vest, replacement for use with patient owned equipment, each	**1/1/2003**		**9/1/2023**	NC
A7026	High frequency chest wall oscillation system hose, replacement for use with patient owned equipment, each	**1/1/2003**		**9/1/2023**	NC
A7027	Combination oral/nasal mask, used with continuous positive airway pressure device, each	**1/1/2008**			NPA
A7028	Oral cushion for combination oral/nasal mask, replacement only, each	**1/1/2008**			NPA
A7029	Nasal pillows for combination oral/nasal mask, replacement only, pair	**1/1/2008**			NPA
A7030	Full face mask used with positive airway pressure device, each	**1/1/2003**			NPA
A7031	Face mask interface, replacement for full face mask, each	**1/1/2003**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
A7032	Cushion for use on nasal mask interface, replacement only, each	1/1/2003			NPA
A7033	Pillow for use on nasal cannula type interface, replacement only, pair	1/1/2003			NPA
A7034	Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap	1/1/2003			NPA
A7035	Headgear used with positive airway pressure device	1/1/2003			NPA
A7036	Chinstrap used with positive airway pressure device	1/1/2003			NPA
A7037	Tubing used with positive airway pressure device	1/1/2003			NPA
A7038	Filter, disposable, used with positive airway pressure device	1/1/2003			NPA
A7039	Filter, non disposable, used with positive airway pressure device	1/1/2003			NPA
A7040	One way chest drain valve	1/1/2005		9/1/2023	NC
A7041	Water seal drainage container and tubing for use with implanted chest tube	1/1/2005		9/1/2023	NC
A7044	Oral interface used with positive airway pressure device, each	1/1/2003		9/1/2023	NC
A7045	Exhalation port with or without swivel used with accessories for positive airway devices, replacement only	1/1/2005		9/1/2023	NC
A7046	Water chamber for humidifier, used with positive airway pressure device, replacement, each	1/1/2004			NPA
A7047	Oral interface used with respiratory suction pump, each	1/1/2014		9/1/2023	NC
A7048	Vacuum drainage collection unit and tubing kit, including all supplies needed for collection unit change, for use with implanted catheter, each	1/1/2015			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
A7049	Expiratory positive airway pressure intranasal resistance valve	**4/1/2023**			NC
A7501	Tracheostoma valve, including diaphragm, each	**1/1/2001**			NPA
A7502	Replacement diaphragm/faceplate for tracheostoma valve, each	**1/1/2001**			NPA
A7503	Filter holder or filter cap, reusable, for use in a tracheostoma heat and moisture exchange system, each	**1/1/2001**			NPA
A7504	Filter for use in a tracheostoma heat and moisture exchange system, each	**1/1/2001**			NPA
A7505	Housing, reusable without adhesive, for use in a heat and moisture exchange system and/or with a tracheostoma valve, each	**1/1/2001**			NPA
A7506	Adhesive disc for use in a heat and moisture exchange system and/or with tracheostoma valve, any type each	**1/1/2001**			NPA
A7507	Filter holder and integrated filter without adhesive, for use in a tracheostoma heat and moisture exchange system, each	**1/1/2001**			NPA
A7508	Housing and integrated adhesive, for use in a tracheostoma heat and moisture exchange system and/or with a tracheostoma valve, each	**1/1/2001**			NPA
A7509	Filter holder and integrated filter housing, and adhesive, for use as a tracheostoma heat and moisture exchange system, each	**1/1/2001**			NPA
A7520	Tracheostomy/laryngectomy tube, non-cuffed, polyvinylchloride (PVC), silicone or equal, each	**1/1/2004**			NPA
A7521	Tracheostomy/laryngectomy tube, cuffed, polyvinylchloride (PVC), silicone or equal, each	**1/1/2004**			NPA
A7522	Tracheostomy/laryngectomy tube, stainless steel or equal (sterilizable and reusable), each	**1/1/2004**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
A7523	Tracheostomy shower protector, each	1/1/2004			NPA
A7524	Tracheostoma stent/stud/button, each	1/1/2004			NPA
A7525	Tracheostomy mask, each	1/1/2004			NPA
A7526	Tracheostomy tube collar/holder, each	1/1/2004			NPA
A7527	Tracheostomy/laryngectomy tube plug/stop, each	1/1/2005			NPA
A8000	Helmet, protective, soft, prefabricated, includes all components and accessories	1/1/2007			NPA
A8001	Helmet, protective, hard, prefabricated, includes all components and accessories	1/1/2007			NPA
A8002	Helmet, protective, soft, custom fabricated, includes all components and accessories	1/1/2007			PA
A8003	Helmet, protective, hard, custom fabricated, includes all components and accessories	1/1/2007			PA
A8004	Soft interface for helmet, replacement only	1/1/2007			PA
A9150	Non-prescription drugs	1/1/1986			NC
A9152	Single vitamin/mineral/trace element, oral, per dose, not otherwise specified	1/1/2005			NC
A9153	Multiple vitamins, with or without minerals and trace elements, oral, per dose, not otherwise specified	1/1/2005			NC
A9155	Artificial saliva, 30 ml	1/1/2008			NC
A9180	Pediculosis (lice infestation) treatment, topical, for administration by patient/caretaker	1/1/2005			NC
A9270	Non-covered item or service	1/1/1986			NC
A9272	Wound suction, disposable, includes dressing, all accessories and components, any type, each	1/1/2012			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
A9273	Cold or hot fluid bottle, ice cap or collar, heat and/or cold wrap, any type	1/1/2011			NC
A9274	External ambulatory insulin delivery system, disposable, each, includes all supplies and accessories	1/1/2008			PA
A9275	Home glucose disposable monitor, includes test strips	1/1/2006			NC
A9276	Sensor; invasive (e.g., subcutaneous), disposable, for use with interstitial continuous glucose monitoring system, one unit = 1 day supply	1/1/2008		**3/1/2023**	NPA
A9277	Transmitter; external, for use with interstitial continuous glucose monitoring system	1/1/2008		**3/1/2023**	NPA
A9278	Receiver (monitor); external, for use with interstitial continuous glucose monitoring system	1/1/2008			PA
A9279	Monitoring feature/device, stand-alone or integrated, any type, includes all accessories, components and electronics, not otherwise classified	1/1/2007		**5/1/2021**	NPA for Freespira only
A9280	Alert or alarm device, not otherwise classified	1/1/2004			NC
A9281	Reaching/grabbing device, any type, any length, each	1/1/2006			NC
A9282	Wig, any type, each	1/1/2006			NC
A9283	Foot pressure off loading/supportive device, any type, each	1/1/2008			NC
A9284	Spirometer, non-electronic, includes all accessories	1/1/2009			NC
A9285	Inversion/eversion correction device	1/1/2017			NC
A9286	Hygienic item or device, disposable or non-disposable, any type, each	1/1/2017			NC
A9300	Exercise equipment	1/1/1993			NC
A9500	Technetium Tc-99m sestamibi, diagnostic, per study dose	1/1/1996			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
A9501	Technetium Tc-99m teboroxime, diagnostic, per study dose	1/1/2008			NPA
A9502	Technetium Tc-99m tetrofosmin, diagnostic, per study dose	1/1/1998			NPA
A9503	Technetium Tc-99m medronate, diagnostic, per study dose, up to 30 millicuries	1/1/1997			NPA
A9504	Technetium Tc-99m apcitide, diagnostic, per study dose, up to 20 millicuries	1/1/2000			NPA
A9505	Thallium Tl-201 thallous chloride, diagnostic, per millicurie	1/1/1996			NPA
A9507	Indium In-111 capromab pendetide, diagnostic, per study dose, up to 10 millicuries	1/1/1999			NPA
A9508	Iodine I-131 iobenguane sulfate, diagnostic, per 0.5 millicurie	1/1/2001			NPA
A9509	Iodine I-123 sodium iodide, diagnostic, per millicurie	1/1/2008			NPA
A9510	Technetium Tc-99m disofenin, diagnostic, per study dose, up to 15 millicuries	1/1/2001			NPA
A9512	Technetium Tc-99m pertechnetate, diagnostic, per millicurie	1/1/2003			NPA
A9515	Choline C-11, diagnostic, per study dose up to 20 millicuries	1/1/2017			NPA
A9516	Iodine I-123 sodium iodide, diagnostic, per 100 microcuries, up to 999 microcuries	1/1/2003			NPA
A9517	Iodine I-131 sodium iodide capsule(s), therapeutic, per millicurie	1/1/2003			NPA
A9520	Technetium Tc-99m tilmanocept, diagnostic, up to 0.5 millicuries	1/1/2014			NPA
A9521	Technetium Tc-99m exametazime, diagnostic, per study dose, up to 25 millicuries	1/1/2003			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
A9524	Iodine I-131 iodinated serum albumin, diagnostic, per 5 microcuries	**1/1/2003**			NPA
A9526	Nitrogen N-13 ammonia, diagnostic, per study dose, up to 40 millicuries	**1/1/2004**			NPA
A9527	Iodine I-125, sodium iodide solution, therapeutic, per millicurie	**1/1/2007**			NPA
A9528	Iodine I-131 sodium iodide capsule(s), diagnostic, per millicurie	**1/1/2004**			NPA
A9529	Iodine I-131 sodium iodide solution, diagnostic, per millicurie	**1/1/2004**			NPA
A9530	Iodine I-131 sodium iodide solution, therapeutic, per millicurie	**1/1/2004**			NPA
A9531	Iodine I-131 sodium iodide, diagnostic, per microcurie (up to 100 microcuries)	**1/1/2004**			NPA
A9532	Iodine I-125 serum albumin, diagnostic, per 5 microcuries	**1/1/2004**			NPA
A9536	Technetium Tc-99m depreotide, diagnostic, per study dose, up to 35 millicuries	**1/1/2006**			NPA
A9537	Technetium Tc-99m mebrofenin, diagnostic, per study dose, up to 15 millicuries	**1/1/2006**			NPA
A9538	Technetium Tc-99m pyrophosphate, diagnostic, per study dose, up to 25 millicuries	**1/1/2006**			NPA
A9539	Technetium Tc-99m pentetate, diagnostic, per study dose, up to 25 millicuries	**1/1/2006**			NPA
A9540	Technetium Tc-99m macroaggregated albumin, diagnostic, per study dose, up to 10 millicuries	**1/1/2006**			NPA
A9541	Technetium Tc-99m sulfur colloid, diagnostic, per study dose, up to 20 millicuries	**1/1/2006**			NPA
A9542	Indium In-111 ibritumomab tiuxetan, diagnostic, per study dose, up to 5 millicuries	**1/1/2006**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
A9543	Yttrium Y-90 ibritumomab tiuxetan, therapeutic, per treatment dose, up to 40 millicuries	**1/1/2006**			NPA
A9546	Cobalt Co-57/58, cyanocobalamin, diagnostic, per study dose, up to 1 microcurie	**1/1/2006**			NPA
A9547	Indium In-111 oxyquinoline, diagnostic, per 0.5 millicurie	**1/1/2006**			NPA
A9548	Indium In-111 pentetate, diagnostic, per 0.5 millicurie	**1/1/2006**			NPA
A9550	Technetium Tc-99m sodium gluceptate, diagnostic, per study dose, up to 25 millicurie	**1/1/2006**			NPA
A9551	Technetium Tc-99m succimer, diagnostic, per study dose, up to 10 millicuries	**1/1/2006**			NPA
A9552	Fluorodeoxyglucose F-18 FDG, diagnostic, per study dose, up to 45 millicuries	**1/1/2006**		**9/1/2023**	NPA
A9553	Chromium Cr-51 sodium chromate, diagnostic, per study dose, up to 250 microcuries	**1/1/2006**			NPA
A9554	Iodine I-125 sodium iothalamate, diagnostic, per study dose, up to 10 microcuries	**1/1/2006**			NPA
A9555	Rubidium Rb-82, diagnostic, per study dose, up to 60 millicuries	**1/1/2006**			NPA
A9556	Gallium Ga-67 citrate, diagnostic, per millicurie	**1/1/2006**			NPA
A9557	Technetium Tc-99m bicisate, diagnostic, per study dose, up to 25 millicuries	**1/1/2006**			NPA
A9558	Xenon Xe-133 gas, diagnostic, per 10 millicuries	**1/1/2006**			NPA
A9559	Cobalt Co-57 cyanocobalamin, oral, diagnostic, per study dose, up to 1 microcurie	**1/1/2006**			NPA
A9560	Technetium Tc-99m labeled red blood cells, diagnostic, per study dose, up to 30 millicuries	**1/1/2006**			NPA
A9561	Technetium Tc-99m oxidronate, diagnostic, per study dose, up to 30 millicuries	**1/1/2006**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
A9562	Technetium Tc-99m mertiatide, diagnostic, per study dose, up to 15 millicuries	1/1/2006			NPA
A9563	Sodium phosphate P-32, therapeutic, per millicurie	1/1/2006			NPA
A9564	Chromic phosphate P-32 suspension, therapeutic, per millicurie	1/1/2006			NPA
A9566	Technetium Tc-99m fanolesomab, diagnostic, per study dose, up to 25 millicuries	1/1/2006			NPA
A9567	Technetium Tc-99m pentetate, diagnostic, aerosol, per study dose, up to 75 millicuries	1/1/2006			NPA
A9568	Technetium Tc-99m arcitumomab, diagnostic, per study dose, up to 45 millicuries	1/1/2007			NPA
A9569	Technetium Tc-99m exametazime labeled autologous white blood cells, diagnostic, per study dose	1/1/2008			NPA
A9570	Indium In-111 labeled autologous white blood cells, diagnostic, per study dose	1/1/2008			NPA
A9571	Indium In-111 labeled autologous platelets, diagnostic, per study dose	1/1/2008			NPA
A9572	Indium In-111 pentetreotide, diagnostic, per study dose, up to 6 millicuries	1/1/2008			NPA
A9575	Injection, gadoterate meglumine, 0.1 ml	1/1/2014			NPA
A9576	Injection, gadoteridol, (ProHance multipack), per ml	1/1/2008			NPA
A9577	Injection, gadobenate dimeglumine (MultiHance), per ml	1/1/2008			NPA
A9578	Injection, gadobenate dimeglumine (MultiHance multipack), per ml	1/1/2008			NPA
A9579	Injection, gadolinium-based magnetic resonance contrast agent, not otherwise specified (NOS), per ml	1/1/2008			NPA
A9580	Sodium fluoride F-18, diagnostic, per study dose, up to 30 millicuries	1/1/2009			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
A9581	Injection, gadoxetate disodium, 1 ml	**1/1/2010**			NPA
A9582	Iodine I-123 iobenguane, diagnostic, per study dose, up to 15 millicuries	**1/1/2010**			NPA
A9583	Injection, gadofosveset trisodium, 1 ml	**1/1/2010**			NPA
A9584	Iodine I-123 ioflupane, diagnostic, per study dose, up to 5 millicuries	**1/1/2012**			NPA
A9585	Injection, gadobutrol, 0.1 ml	**1/1/2012**			NPA
A9586	Florbetapir F18, diagnostic, per study dose, up to 10 millicuries	**1/1/2013**			NPA
A9587	Gallium Ga-68, dotatate, diagnostic, 0.1 millicurie	**1/1/2017**			NPA
A9588	Fluciclovine F-18, diagnostic, 1 millicurie	**1/1/2017**			NPA
A9589	Instillation, hexaminolevulinate hydrochloride, 100 mg	**1/1/2019**			NPA
A9591	Fluoroestradiol F 18, diagnostic, 1 millicurie	**1/1/2021**			NPA
A9592	Copper cu-64, dotatate, diagnostic, 1 millicurie	**4/1/2021**		**7/1/2021**	NPA
A9593	Gallium GA-68 PSMA-11, diagnostic, (UCSF), 1 millicurie	**7/1/2021**		**9/1/2023**	NPA
A9594	Gallium GA-68 PSMA-11, diagnostic, (UCLA), 1 millicurie	**7/1/2021**		**9/1/2023**	NPA
A9595	Piflufolastat F-18, diagnostic, 1 millicurie	**1/1/2022**		**1/1/2022**	NPA
A9596	Gallium GA-68 gozetotide, diagnostic, (Illuccix), 1 millicurie	**7/1/2022**		**7/1/2022**	NPA
A9597	Positron emission tomography radiopharmaceutical, diagnostic, for tumor identification, not otherwise classified	**1/1/2017**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
A9598	Positron emission tomography radiopharmaceutical, diagnostic, for non-tumor identification, not otherwise classified	**1/1/2017**			PA
A9600	Strontium Sr-89 chloride, therapeutic, per millicurie	**1/1/1998**			NPA
A9601	Flortaucipir F 18 injection, diagnostic, 1 millicurie	**7/1/2022**		**7/1/2022**	NPA
A9602	Fluorodopa f-18, diagnostic, per millicurie	**10/1/2022**		**10/1/2022**	NPA
A9604	Samarium Sm-153 lexidronam, therapeutic, per treatment dose, up to 150 millicuries	**1/1/2010**			NPA
A9698	Non-radioactive contrast imaging material, not otherwise classified, per study	**1/1/2006**		**9/1/2023**	PA
A9699	Radiopharmaceutical, therapeutic, not otherwise classified	**1/1/2003**		**9/1/2023**	PA
A9700	Supply of injectable contrast material for use in echocardiography, per study	**1/1/2001**			NPA
A9900	Miscellaneous DME supply, accessory, and/or service component of another HCPCS code	**1/1/2000**			NC
A9901	DME delivery, set up, and/or dispensing service component of another HCPCS code	**1/1/2000**			NC
A9999	Miscellaneous DME supply or accessory, not otherwise specified	**1/1/2004**			NC
B4034	Enteral feeding supply kit; syringe fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape	**1/1/1986**			NPA
B4035	Enteral feeding supply kit; pump fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape	**1/1/1986**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
B4036	Enteral feeding supply kit; gravity fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape	**1/1/1986**			NPA
B4081	Nasogastric tubing with stylet	**1/1/1986**			NPA
B4082	Nasogastric tubing without stylet	**1/1/1986**			NPA
B4083	Stomach tube - Levine type	**1/1/1986**			NPA
B4087	Gastrostomy/jejunostomy tube, standard, any material, any type, each	**1/1/2008**			NPA
B4088	Gastrostomy/jejunostomy tube, low-profile, any material, any type, each	**1/1/2008**			NPA
B4100	Food thickener, administered orally, per ounce	**1/1/2003**		**7/1/2023**	PA
B4102	Enteral formula, for adults, used to replace fluids and electrolytes (e.g., clear liquids), 500 ml = 1 unit	**1/1/2005**		**9/1/2023**	PA
B4103	Enteral formula, for pediatrics, used to replace fluids and electrolytes (e.g., clear liquids), 500 ml = 1 unit	**1/1/2005**		**9/1/2023**	PA
B4104	Additive for enteral formula (e.g., fiber)	**1/1/2005**		**9/1/2023**	PA
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	**1/1/2005**		**7/1/2023**	NPA
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	**1/1/1986**		**7/1/2023**	NPA
B4152	Enteral formula, nutritionally complete, calorically dense (equal to or greater than 1.5 kcal/ml) with intact nutrients,	**1/1/1984**		**7/1/2023**	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit				
B4153	Enteral formula, nutritionally complete, hydrolyzed proteins (amino acids and peptide chain), includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	**1/1/1986**		**7/1/2023**	NPA
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	**1/1/1984**		**7/1/2023**	NPA
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	**1/1/1986**		**7/1/2023**	NPA
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	**1/1/2005**		**7/1/2023**	NPA
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	**1/1/2005**		**7/1/2023**	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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	**1/1/2005**		**7/1/2023**	NPA
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	**1/1/2005**		**7/1/2023**	NPA
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	**1/1/2005**		**7/1/2023**	NPA
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	**1/1/2005**		**7/1/2023**	NPA
B4164	Parenteral nutrition solution: carbohydrates (dextrose), 50% or less (500 ml = 1 unit) - home mix	**1/1/1986**			NPA
B4168	Parenteral nutrition solution; amino acid, 3.5%, (500 ml = 1 unit) - home mix	**1/1/1984**			NPA
B4172	Parenteral nutrition solution; amino acid, 5.5% through 7%, (500 ml = 1 unit) - home mix	**1/1/1984**			NPA
B4176	Parenteral nutrition solution; amino acid, 7% through 8.5%, (500 ml = 1 unit) - home mix	**1/1/1986**			NPA
B4178	Parenteral nutrition solution: amino acid, greater than 8.5% (500 ml = 1 unit) - home mix	**1/1/1988**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
B4180	Parenteral nutrition solution; carbohydrates (dextrose), greater than 50% (500 ml = 1 unit) - home mix	**1/1/1986**			NPA
B4185	Parenteral nutrition solution, not otherwise specified, 10 grams lipids	**1/1/2006**			NPA
B4187	Omegaven, 10 grams lipids	**1/1/2020**		**9/1/2023**	NPA
B4189	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 10 to 51 grams of protein - premix	**1/1/1988**			NPA
B4193	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 52 to 73 grams of protein - premix	**1/1/1988**			NPA
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	**1/1/1988**			NPA
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	**1/1/1988**			NPA
B4216	Parenteral nutrition; additives (vitamins, trace elements, heparin, electrolytes), home mix, per day	**1/1/1984**			NPA
B4220	Parenteral nutrition supply kit; premix, per day	**1/1/1984**			NPA
B4222	Parenteral nutrition supply kit; home mix, per day	**1/1/1986**			NPA
B4224	Parenteral nutrition administration kit, per day	**1/1/1986**			NPA
B5000	Parenteral nutrition solution compounded amino acid and carbohydrates with electrolytes, trace elements, and	**1/1/1988**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	vitamins, including preparation, any strength, renal-Aminosyn-RF, NephrAmine, RenAmine-premix				
B5100	Parenteral nutrition solution compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, hepatic-HepatAmine-premix	**1/1/1988**			NPA
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	**1/1/1988**			NPA
B9002	Enteral nutrition infusion pump, any type	**1/1/1988**		**9/1/2023**	PA
B9004	Parenteral nutrition infusion pump, portable	**1/1/1988**		**9/1/2023**	PA
B9006	Parenteral nutrition infusion pump, stationary	**1/1/1988**		**9/1/2023**	PA
B9998	NOC for enteral supplies	**1/1/1985**		**9/1/2023**	PA
B9999	NOC for parenteral supplies	**1/1/1985**		**9/1/2023**	NC
C1052	Hemostatic agent, gastrointestinal, topical	**1/1/2021**		**4/1/2021**	NC
C1062	Intravertebral body fracture augmentation with implant (e.g., metal, polymer)	**1/1/2021**		**4/1/2021**	NC
C1713	Anchor/screw for opposing bone-to-bone or soft tissue-to-bone (implantable)	**4/1/2001**			NPA
C1714	Catheter, transluminal atherectomy, directional	**4/1/2001**			NPA
C1715	Brachytherapy needle	**4/1/2001**			NPA
C1716	Brachytherapy source, non-stranded, gold-198, per source	**4/1/2001**			PA
C1717	Brachytherapy source, non-stranded, high dose rate iridium-192, per source	**4/1/2001**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
C1719	Brachytherapy source, non-stranded, non-high dose rate iridium-192, per source	**4/1/2001**			PA
C1721	Cardioverter-defibrillator, dual chamber (implantable)	**4/1/2001**			NPA
C1722	Cardioverter-defibrillator, single chamber (implantable)	**4/1/2001**			NPA
C1724	Catheter, transluminal atherectomy, rotational	**4/1/2001**			NPA
C1725	Catheter, transluminal angioplasty, non-laser (may include guidance, infusion/perfusion capability)	**4/1/2001**			NPA
C1726	Catheter, balloon dilatation, non-vascular	**4/1/2001**			NPA
C1727	Catheter, balloon tissue dissector, non-vascular (insertable)	**4/1/2001**			NPA
C1728	Catheter, brachytherapy seed administration	**4/1/2001**			NPA
C1729	Catheter, drainage	**4/1/2001**			NPA
C1730	Catheter, electrophysiology, diagnostic, other than 3D mapping (19 or fewer electrodes)	**4/1/2001**			NPA
C1731	Catheter, electrophysiology, diagnostic, other than 3D mapping (20 or more electrodes)	**4/1/2001**			NPA
C1732	Catheter, electrophysiology, diagnostic/ablation, 3D or vector mapping	**4/1/2001**			NPA
C1733	Catheter, electrophysiology, diagnostic/ablation, other than 3D or vector mapping, other than cool-tip	**4/1/2001**			NPA
C1734	Orthopedic/device/drug matrix for opposing bone-to-bone or soft tissue-to bone (implantable)	**1/1/2020**			NC
C1747	Endoscope, single-use (i.e. disposable), urinary tract, imaging/illumination device (insertable)	**1/1/2023**		**2/1/2023**	NC
C1748	Endoscope, single-use (i.e. disposable), upper GI, imaging/illumination device (insertable)	**7/1/2020**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
C1749	Endoscope, retrograde imaging/illumination colonoscope device (implantable)	10/1/2010			NPA
C1750	Catheter, hemodialysis/peritoneal, long-term	4/1/2001			NPA
C1751	Catheter, infusion, inserted peripherally, centrally or midline (other than hemodialysis)	4/1/2001			NPA
C1752	Catheter, hemodialysis/peritoneal, short-term	4/1/2001			NPA
C1753	Catheter, intravascular ultrasound	4/1/2001			NPA
C1754	Catheter, intradiscal	4/1/2001		9/1/2023	NPA
C1755	Catheter, intraspinal	4/1/2001			NPA
C1756	Catheter, pacing, transesophageal	4/1/2001			NPA
C1757	Catheter, thrombectomy/embolectomy	4/1/2001			NPA
C1758	Catheter, ureteral	4/1/2001			NPA
C1759	Catheter, intracardiac echocardiography	4/1/2001			NPA
C1760	Closure device, vascular (implantable/insertable)	4/1/2001			NPA
C1761	Catheter, transluminal intravascular lithotripsy, coronary	7/1/2021		9/1/2023	NPA
C1762	Connective tissue, human (includes fascia lata)	4/1/2001			NPA
C1763	Connective tissue, non-human (includes synthetic)	4/1/2001			NPA
C1764	Event recorder, cardiac (implantable)	4/1/2001			NPA
C1765	Adhesion barrier	7/1/2001			NPA
C1766	Introducer/sheath, guiding, intracardiac electrophysiological, steerable, other than peel-away	4/1/2001			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
C1767	Generator, neurostimulator (implantable), non-rechargeable	4/1/2001		9/1/2023	NC
C1768	Graft, vascular	4/1/2001			NPA
C1769	Guide wire	4/1/2001			NPA
C1770	Imaging coil, magnetic resonance (insertable)	4/1/2001			NPA
C1771	Repair device, urinary, incontinence, with sling graft	4/1/2001			NPA
C1772	Infusion pump, programmable (implantable)	4/1/2001			NPA
C1773	Retrieval device, insertable (used to retrieve fractured medical devices)	4/1/2001			NPA
C1776	Joint device (implantable)	4/1/2001			NPA
C1777	Lead, cardioverter-defibrillator, endocardial single coil (implantable)	4/1/2001			NPA
C1778	Lead, neurostimulator (implantable)	4/1/2001		9/1/2023	NC
C1779	Lead, pacemaker, transvenous vdd single pass	4/1/2001			NPA
C1780	Lens, intraocular (new technology)	4/1/2001			NPA
C1781	Mesh (implantable)	4/1/2001			NPA
C1782	Morcellator	4/1/2001			NPA
C1783	Ocular implant, aqueous drainage assist device	7/1/2002			NPA
C1784	Ocular device, intraoperative, detached retina	4/1/2001			NPA
C1785	Pacemaker, dual chamber, rate-responsive (implantable)	4/1/2001			NPA
C1786	Pacemaker, single chamber, rate-responsive (implantable)	4/1/2001			NPA
C1787	Patient programmer, neurostimulator	4/1/2001			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
C1788	Port, indwelling (implantable)	4/1/2001			NPA
C1789	Prosthesis, breast (implantable)	4/1/2001			NPA
C1813	Prosthesis, penile, inflatable	4/1/2001		9/1/2023	NPA
C1814	Retinal tamponade device, silicone oil	4/1/2003			NPA
C1815	Prosthesis, urinary sphincter (implantable)	4/1/2001			NPA
C1816	Receiver and/or transmitter, neurostimulator (implantable)	4/1/2001			PA
C1817	Septal defect implant system, intracardiac	4/1/2001			NPA
C1818	Integrated keratoprosthesis	7/1/2003			NPA
C1819	Surgical tissue localization and excision device (implantable)	1/1/2004			NPA
C1820	Generator, neurostimulator (implantable), with rechargeable battery and charging system	1/1/2006			PA
C1821	Interspinous process distraction device (implantable)	1/1/2007			NC
C1822	Generator, neurostimulator (implantable), high frequency, with rechargeable battery and charging system	1/1/2016		9/1/2023	PA
C1823	Generator, neurostimulator (implantable), non-rechargeable, with transvenous sensing and stimulation leads	1/1/2019		9/1/2023	PA
C1824	Generator, cardiac contractility modulation (implantable)	1/1/2020		9/1/2023	PA
C1825	Generator, neurostimulator (implantable), non-rechargeable with carotid sinus baroreceptor stimulation lead(s)	1/1/2021		4/1/2021	PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
C1826	Generator, neurostimulator (implantable), includes closed feedback loop leads and all implantable components, with rechargeable battery and charging system	1/1/2023		2/1/2023	NC
C1827	Generator, neurostimulator (implantable), non-rechargeable, with implantable stimulation lead and external paired stimulation controller	1/1/2023		2/1/2023	NC
C1830	Powered bone marrow biopsy needle	10/1/2011			NPA
C1831	Personalized, anterior and lateral interbody cage (implantable)	10/1/2021		9/1/2023	NPA
C1832	Autograft suspension, including cell processing and application, and all system components	1/1/2022		9/1/2023	NPA
C1833	Monitor, cardiac, including intracardiac lead and all system components (implantable)	1/1/2022		1/1/2022	NC
C1834	Pressure sensor system, includes all components (e.g., introducer, sensor), intramuscular (implantable), excludes mobile (wireless) software application	10/1/2022	3/31/2023	10/1/2022	NC
C1839	Iris prosthesis	1/1/2020		9/1/2023	PA
C1840	Lens, intraocular (telescopic)	10/1/2011			NPA
C1841	Retinal prosthesis, includes all internal and external components	10/1/2013	12/31/2022	9/1/2023	NC
C1842	Retinal prosthesis, includes all internal and external components; add-on to C1841	1/1/2017	12/31/2022	9/1/2023	NC
C1849	Skin substitute, synthetic, resorbable, per square centimeter	7/1/2020	12/31/2022		NC
C1874	Stent, coated/covered, with delivery system	4/1/2001			NPA
C1875	Stent, coated/covered, without delivery system	4/1/2001			NPA
C1876	Stent, non-coated/non-covered, with delivery system	4/1/2001			NPA
C1877	Stent, non-coated/non-covered, without delivery system	4/1/2001			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
C1878	Material for vocal cord medialization, synthetic (implantable)	4/1/2001			NPA
C1880	Vena cava filter	4/1/2001			NPA
C1881	Dialysis access system (implantable)	4/1/2001			NPA
C1882	Cardioverter-defibrillator, other than single or dual chamber (implantable)	4/1/2001			NPA
C1883	Adapter/extension, pacing lead or neurostimulator lead (implantable)	4/1/2001			PA
C1884	Embolization protective system	1/1/2003			NPA
C1885	Catheter, transluminal angioplasty, laser	4/1/2001			NPA
C1886	Catheter, extravascular tissue ablation, any modality (insertable)	1/1/2012			NPA
C1887	Catheter, guiding (may include infusion/perfusion capability)	4/1/2001			NPA
C1888	Catheter, ablation, non-cardiac, endovascular (implantable)	7/1/2002			NPA
C1889	Implantable/insertable device, not otherwise classified	1/1/2017		9/1/2023	PA
C1890	No implantable/insertable device used with device-intensive procedures	1/1/2019		9/1/2023	NPA
C1891	Infusion pump, non-programmable, permanent (implantable)	4/1/2001			NPA
C1892	Introducer/sheath, guiding, intracardiac electrophysiological, fixed-curve, peel-away	4/1/2001			NPA
C1893	Introducer/sheath, guiding, intracardiac electrophysiological, fixed-curve, other than peel-away	4/1/2001			NPA
C1894	Introducer/sheath, other than guiding, other than intracardiac electrophysiological, non-laser	4/1/2001			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
C1895	Lead, cardioverter-defibrillator, endocardial dual coil (implantable)	4/1/2001			NPA
C1896	Lead, cardioverter-defibrillator, other than endocardial single or dual coil (implantable)	4/1/2001			NPA
C1897	Lead, neurostimulator test kit (implantable)	4/1/2001			PA
C1898	Lead, pacemaker, other than transvenous VDD single pass	4/1/2001			NPA
C1899	Lead, pacemaker/cardioverter-defibrillator combination (implantable)	4/1/2001			NPA
C1900	Lead, left ventricular coronary venous system	7/1/2002			NPA
C1982	Catheter, pressure-generating, one-way valve, intermittently occlusive	1/1/2020		9/1/2023	NPA
C2596	Probe, image-guided, robotic, waterjet ablation	1/1/2020		9/1/2023	NPA
C2613	Lung biopsy plug with delivery system	7/1/2015			NPA
C2614	Probe, percutaneous lumbar discectomy	1/1/2003			NPA
C2615	Sealant, pulmonary, liquid	4/1/2001			NPA
C2616	Brachytherapy source, non-stranded, yttrium-90, per source	4/1/2001			PA
C2617	Stent, non-coronary, temporary, without delivery system	4/1/2001			NPA
C2618	Probe/needle, cryoablation	4/1/2001			NPA
C2619	Pacemaker, dual chamber, non rate-responsive (implantable)	4/1/2001			NPA
C2620	Pacemaker, single chamber, non rate-responsive (implantable)	4/1/2001			NPA
C2621	Pacemaker, other than single or dual chamber (implantable)	4/1/2001			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
C2622	Prosthesis, penile, non-inflatable	4/1/2001			NPA
C2623	Catheter, transluminal angioplasty, drug-coated, non-laser	4/1/2015			NPA
C2624	Implantable wireless pulmonary artery pressure sensor with delivery catheter, including all system components	1/1/2015		9/1/2021	NPA
C2625	Stent, non-coronary, temporary, with delivery system	4/1/2001			NPA
C2626	Infusion pump, non-programmable, temporary (implantable)	4/1/2001			NPA
C2627	Catheter, suprapubic/cystoscopic	4/1/2001			NPA
C2628	Catheter, occlusion	4/1/2001		9/1/2023	NPA
C2629	Introducer/sheath, other than guiding, other than intracardiac electrophysiological, laser	4/1/2001			NPA
C2630	Catheter, electrophysiology, diagnostic/ablation, other than 3D or vector mapping, cool-tip	4/1/2001			NPA
C2631	Repair device, urinary, incontinence, without sling graft	4/1/2001			NPA
C2634	Brachytherapy source, non-stranded, high activity, iodine-125, greater than 1.01 mCi (NIST), per source	1/1/2005			PA
C2635	Brachytherapy source, non-stranded, high activity, palladium-103, greater than 2.2 mCi (NIST), per source	1/1/2005			PA
C2636	Brachytherapy linear source, non-stranded, palladium-103, per 1 mm	1/1/2005			PA
C2637	Brachytherapy source, non-stranded, ytterbium-169, per source	10/1/2005			PA
C2638	Brachytherapy source, stranded, iodine-125, per source	7/1/2007			PA
C2639	Brachytherapy source, non-stranded, iodine-125, per source	7/1/2007			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
C2640	Brachytherapy source, stranded, palladium-103, per source	**7/1/2007**			PA
C2641	Brachytherapy source, non-stranded, palladium-103, per source	**7/1/2007**			PA
C2642	Brachytherapy source, stranded, cesium-131, per source	**7/1/2007**			PA
C2643	Brachytherapy source, non-stranded, cesium-131, per source	**7/1/2007**			PA
C2644	Brachytherapy source, cesium-131 chloride solution, per millicurie	**7/1/2014**			PA
C2645	Brachytherapy planar source, palladium-103, per square millimeter	**1/1/2016**			PA
C2698	Brachytherapy source, stranded, not otherwise specified, per source	**7/1/2007**			PA
C2699	Brachytherapy source, non-stranded, not otherwise specified, per source	**7/1/2007**			PA
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	**1/1/2014**		**9/1/2023**	NC
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)	**1/1/2014**		**9/1/2023**	NC
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	**1/1/2014**		**9/1/2023**	NC
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	**1/1/2014**		**9/1/2023**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	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)				
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	**1/1/2014**		**9/1/2023**	NC
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)	**1/1/2014**		**9/1/2023**	NC
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	**1/1/2014**		**9/1/2023**	NC
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)	**1/1/2014**		**9/1/2023**	NC
C7500	Debridement, bone including epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed, first 20 sq cm or less with manual preparation and insertion of deep (eg, subfacial) drug-delivery device(s)	**1/1/2023**		**2/1/2023**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
C7501	Percutaneous breast biopsies using stereotactic guidance, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, all lesions unilateral and bilateral (for single lesion biopsy, use appropriate code)	**1/1/2023**		**2/1/2023**	NC
C7502	Percutaneous breast biopsies using magnetic resonance guidance, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, all lesions unilateral or bilateral (for single lesion biopsy, use appropriate code)	**1/1/2023**		**2/1/2023**	NC
C7503	Open biopsy or excision of deep cervical node(s) with intraoperative identification (eg, mapping) of sentinel lymph node(s) including injection of non-radioactive dye when performed	**1/1/2023**		**2/1/2023**	NC
C7504	Percutaneous vertebroplasties (bone biopsies included when performed), first cervicothoracic and any additional cervicothoracic or lumbosacral vertebral bodies, unilateral or bilateral injection, inclusive of all imaging guidance	**1/1/2023**		**2/1/2023**	NC
C7505	Percutaneous vertebroplasties (bone biopsies included when performed), first lumbosacral and any additional cervicothoracic or lumbosacral vertebral bodies, unilateral or bilateral injection, inclusive of all imaging guidance	**1/1/2023**		**2/1/2023**	NC
C7506	Arthrodesis, interphalangeal joints, with or without internal fixation	**1/1/2023**		**2/1/2023**	NC
C7507	Percutaneous vertebral augmentations, first thoracic and any additional thoracic or lumbar vertebral bodies,	**1/1/2023**		**2/1/2023**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	including cavity creations (fracture reductions and bone biopsies included when performed) using mechanical device (eg, kyphoplasty), unilateral or bilateral cannulations, inclusive of all imaging guidance				
C7508	Percutaneous vertebral augmentations, first lumbar and any additional thoracic or lumbar vertebral bodies, including cavity creations (fracture reductions and bone biopsies included when performed) using mechanical device (eg, kyphoplasty), unilateral or bilateral cannulations, inclusive of all imaging guidance	**1/1/2023**		**2/1/2023**	NC
C7509	Bronchoscopy, rigid or flexible, diagnostic with cell washing(s) when performed, with computer-assisted image-guided navigation, including fluoroscopic guidance when performed	**1/1/2023**		**2/1/2023**	NC
C7510	Bronchoscopy, rigid or flexible, with bronchial alveolar lavage(s), with computer-assisted image-guided navigation, including fluoroscopic guidance when performed	**1/1/2023**		**2/1/2023**	NC
C7511	Bronchoscopy, rigid or flexible, with single or multiple bronchial or endobronchial biopsy(ies), single or multiple sites, with computer-assisted image-guided navigation, including fluoroscopic guidance when performed	**1/1/2023**		**2/1/2023**	NC
C7512	Bronchoscopy, rigid or flexible, with single or multiple bronchial or endobronchial biopsy(ies), single or multiple sites, with transendoscopic endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s) for peripheral lesion(s), including fluoroscopic guidance when performed	**1/1/2023**		**2/1/2023**	NC
C7513	Dialysis circuit, introduction of needle(s) and/or catheter(s), with diagnostic angiography of the dialysis	**1/1/2023**		**2/1/2023**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, with transluminal balloon angioplasty of central dialysis segment, performed through dialysis circuit, including all required imaging, radiological supervision and interpretation, image documentation and report				
C7514	Dialysis circuit, introduction of needle(s) and/or catheter(s), with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, with all angioplasty in the central dialysis segment, and transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all required imaging, radiological supervision and interpretation, image documentation and report	**1/1/2023**		**2/1/2023**	NC
C7515	Dialysis circuit, introduction of needle(s) and/or catheter(s), with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, with dialysis circuit permanent endovascular embolization or occlusion of main circuit or any accessory veins, including	**1/1/2023**		**2/1/2023**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	all required imaging, radiological supervision and interpretation, image documentation and report				
C7516	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, with endoluminal imaging of initial coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report	**1/1/2023**		**2/1/2023**	NC
C7517	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, with iliac and/or femoral artery angiography, non-selective, bilateral or ipsilateral to catheter insertion, performed at the same time as cardiac catheterization and/or coronary angiography, includes positioning or placement of the catheter in the distal aorta or ipsilateral femoral or iliac artery, injection of dye, production of permanent images, and radiologic supervision and interpretation	**1/1/2023**		**2/1/2023**	NC
C7518	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography with endoluminal imaging of initial coronary vessel or graft using intravascular ultrasound (ivus) or optical coherence tomography (oct) during diagnostic evaluation and/or therapeutic intervention including imaging, supervision, interpretation and report	**1/1/2023**		**2/1/2023**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
C7519	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography with intravascular doppler velocity and/or pressure derived coronary flow reserve measurement (initial coronary vessel or graft) during coronary angiography including pharmacologically induced stress	**1/1/2023**		**2/1/2023**	NC
C7520	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) includes intraprocedural injection(s) for bypass graft angiography with iliac and/or femoral artery angiography, non-selective, bilateral or ipsilateral to catheter insertion, performed at the same time as cardiac catheterization and/or coronary angiography, includes positioning or placement of the catheter in the distal aorta or ipsilateral femoral or iliac artery, injection of dye, production of permanent images, and radiologic supervision and interpretation	**1/1/2023**		**2/1/2023**	NC
C7521	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography with right heart catheterization with endoluminal imaging of initial coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or	**1/1/2023**		**2/1/2023**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	therapeutic intervention including imaging supervision, interpretation and report				
C7522	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation with right heart catheterization, with intravascular doppler velocity and/or pressure derived coronary flow reserve measurement (initial coronary vessel or graft) during coronary angiography including pharmacologically induced stress	**1/1/2023**		**2/1/2023**	NC
C7523	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, with endoluminal imaging of initial coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report	**1/1/2023**		**2/1/2023**	NC
C7524	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, with intravascular doppler velocity and/or pressure derived coronary flow reserve measurement (initial coronary vessel or graft) during coronary angiography including pharmacologically induced stress	**1/1/2023**		**2/1/2023**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
C7525	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography with endoluminal imaging of initial coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report	1/1/2023		**2/1/2023**	NC
C7526	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography with intravascular doppler velocity and/or pressure derived coronary flow reserve measurement (initial coronary vessel or graft) during coronary angiography including pharmacologically induced stress	1/1/2023		**2/1/2023**	NC
C7527	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with right and left heart catheterization including intraprocedural injection(s) for left	1/1/2023		**2/1/2023**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	ventriculography, when performed, with endoluminal imaging of initial coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report				
C7528	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, with intravascular doppler velocity and/or pressure derived coronary flow reserve measurement (initial coronary vessel or graft) during coronary angiography including pharmacologically induced stress	**1/1/2023**		**2/1/2023**	NC
C7529	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography with intravascular doppler velocity and/or pressure derived coronary flow reserve measurement (initial coronary vessel or graft) during coronary angiography including pharmacologically induced stress	**1/1/2023**		**2/1/2023**	NC
C7530	Dialysis circuit, introduction of needle(s) and/or catheter(s), with diagnostic angiography of the dialysis	**1/1/2023**		**2/1/2023**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty and all angioplasty in the central dialysis segment, with transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging, radiological supervision and interpretation, documentation and report				
C7531	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(ies), unilateral, with transluminal angioplasty with intravascular ultrasound (initial noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation	**1/1/2023**		**2/1/2023**	NC
C7532	Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), initial artery, open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, with intravascular ultrasound (initial noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation	**1/1/2023**		**2/1/2023**	NC
C7533	Percutaneous transluminal coronary angioplasty, single major coronary artery or branch with transcatheter	**1/1/2023**		**2/1/2023**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	placement of radiation delivery device for subsequent coronary intravascular brachytherapy				
C7534	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(ies), unilateral, with atherectomy, includes angioplasty within the same vessel, when performed with intravascular ultrasound (initial noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation	**1/1/2023**		**2/1/2023**	NC
C7535	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(ies), unilateral, with transluminal stent placement(s), includes angioplasty within the same vessel, when performed, with intravascular ultrasound (initial noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation	**1/1/2023**		**2/1/2023**	NC
C7537	Insertion of new or replacement of permanent pacemaker with atrial transvenous electrode(s), with insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable debribrillator or pacemake pulse generator (eg, for upgrade to dual chamber system)	**1/1/2023**		**2/1/2023**	NC
C7538	Insertion of new or replacement of permanent pacemaker with ventricular transvenous electrode(s), with insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defribrillator or pacemaker pulse generator (eg, for upgrade to dual chamber system)	**1/1/2023**		**2/1/2023**	NC
C7539	Insertion of new or replacement of permanent pacemaker with atrial and ventricular transvenous	**1/1/2023**		**2/1/2023**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	electrode(s), with insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (eg, for upgrade to dual chamber system)				
C7540	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator, dual lead system, with insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (eg, for upgrade to dual chamber system)	1/1/2023		2/1/2023	NC
C7541	Diagnostic endoscopic retrograde cholangiopancreatography (ERCP), including collection of specimen(s) by brushing or washing, when performed, with endoscopic cannulation of papilla with direct visualization of pancreatic/common bile ducts(s)	1/1/2023		2/1/2023	NC
C7542	Endoscopic retrograde cholangiopancreatography (ERCP) with biopsy, single or multiple, with endoscopic cannulation of papilla with direct visualization of pancreatic/common bile ducts(s)	1/1/2023		2/1/2023	NC
C7543	Endoscopic retrograde cholangiopancreatography (ERCP) with sphincterotomy/papillotomy, with endoscopic cannulation of papilla with direct visualization of pancreatic/common bile ducts(s)	1/1/2023		2/1/2023	NC
C7544	Endoscopic retrograde cholangiopancreatography (ERCP) with removal of calculi/debris from biliary/pancreatic duct(s), with endoscopic cannulation of papilla with direct visualization of pancreatic/common bile ducts(s)	1/1/2023		2/1/2023	NC
C7545	Percutaneous exchange of biliary drainage catheter (eg, external, internal-external, or conversion of internal-	1/1/2023		2/1/2023	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	external to external only), with removal of calculi/debris from biliary duct(s) and/or gallbladder, including destruction of calculi by any method (eg, mechanical, electrohydraulic, lithotripsy) when performed, including diagnostic cholangiography(ies) when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation				
C7546	Removal and replacement of externally accessible nephroureteral catheter (eg, external/internal stent) requiring fluoroscopic guidance, with ureteral stricture balloon dilation, including imaging guidance and all associated radiological supervision and interpretation	**1/1/2023**		**2/1/2023**	NC
C7547	Convert nephrostomy catheter to nephroureteral catheter, percutaneous via pre-existing nephrostomy tract, with ureteral stricture balloon dialation, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation	**1/1/2023**		**2/1/2023**	NC
C7548	Exchange nephrostomy catheter, percutaneous, with ureteral stricture balloon dilation, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation	**1/1/2023**		**2/1/2023**	NC
C7549	Change of ureterostomy tube or externally accessible ureteral stent via ileal conduit with ureteral stricture balloon dilation, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation	**1/1/2023**		**2/1/2023**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
C7550	Cystourethroscopy, with biopsy(ies) with adjuctive blue light cystoscopy with fluorescent imaging agent	1/1/2023		**2/1/2023**	NC
C7551	Excision of major peripheral nerve neuroma, except sciatic, with implantation of nerve end into bone or muscle	1/1/2023		**2/1/2023**	NC
C7552	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography and right heart catheterization with intravascular doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress, initial vessel	1/1/2023		**2/1/2023**	NC
C7553	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography with pharmacologic agent administration (eg, inhaled nitric oxide, intravenous infusion of nitroprusside, dobutamine, milrinone, or other agent) including assessing hemodynamic measurements before, during, after and repeat pharmacologic agent administration, when performed	1/1/2023		**2/1/2023**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
C7554	Cystourethroscopy with adjunctive blue light cystoscopy with fluorescent imaging agent	**1/1/2023**		**2/1/2023**	NC
C7555	Thyroidectomy, total or complete with parathyroid autotransplantation	**1/1/2023**		**2/1/2023**	NC
C7900	Service for diagnosis, evaluation, or treatment of a mental health or substance use disorder, initial 15-29 minutes, provided remotely by hospital staff who are licensed to provide mental health services under applicable state law(s), when the patient is in their home, and there is no associated professional service	**1/1/2023**		**2/1/2023**	NC
C7901	Service for diagnosis, evaluation, or treatment of a mental health or substance use disorder, initial 30-60 minutes, provided remotely by hospital staff who are licensed to provided mental health services under applicable state law(s), when the patient is in their home, and there is no associated professional service	**1/1/2023**		**2/1/2023**	NC
C7902	Service for diagnosis, evaluation, or treatment of a mental health or substance use disorder, each additional 15 minutes, provided remotely by hospital staff who are licensed to provide mental health services under applicable state law(s), when the patient is in their home, and there is no associated professional service (List separately in addition to code for primary service)	**1/1/2023**		**2/1/2023**	NC
C8900	Magnetic resonance angiography with contrast, abdomen	**10/1/2001**			NPA
C8901	Magnetic resonance angiography without contrast, abdomen	**10/1/2001**			NPA
C8902	Magnetic resonance angiography without contrast followed by with contrast, abdomen	**10/1/2001**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
C8903	Magnetic resonance imaging with contrast, breast; unilateral	10/1/2001			NPA
C8905	Magnetic resonance imaging without contrast followed by with contrast, breast; unilateral	10/1/2001			NPA
C8906	Magnetic resonance imaging with contrast, breast; bilateral	10/1/2001			NPA
C8908	Magnetic resonance imaging without contrast followed by with contrast, breast; bilateral	10/1/2001			NPA
C8909	Magnetic resonance angiography with contrast, chest (excluding myocardium)	10/1/2001			NPA
C8910	Magnetic resonance angiography without contrast, chest (excluding myocardium)	10/1/2001			NPA
C8911	Magnetic resonance angiography without contrast followed by with contrast, chest (excluding myocardium)	10/1/2001			NPA
C8912	Magnetic resonance angiography with contrast, lower extremity	10/1/2001			NPA
C8913	Magnetic resonance angiography without contrast, lower extremity	10/1/2001			NPA
C8914	Magnetic resonance angiography without contrast followed by with contrast, lower extremity	10/1/2001			NPA
C8918	Magnetic resonance angiography with contrast, pelvis	7/1/2003			NPA
C8919	Magnetic resonance angiography without contrast, pelvis	7/1/2003			NPA
C8920	Magnetic resonance angiography without contrast followed by with contrast, pelvis	7/1/2003			NPA
C8921	Transthoracic echocardiography with contrast, or without contrast followed by with contrast, for congenital cardiac anomalies; complete	1/1/2008			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
C8922	Transthoracic echocardiography with contrast, or without contrast followed by with contrast, for congenital cardiac anomalies; follow-up or limited study	**1/1/2008**			NPA
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	**1/1/2008**			NPA
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	**1/1/2008**			NPA
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	**1/1/2008**			NPA
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	**1/1/2008**			NPA
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	**1/1/2008**			NPA
C8928	Transthoracic echocardiography with contrast, or without contrast followed by with contrast, real-time with image	**1/1/2008**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	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				
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	**1/1/2009**			NPA
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	**1/1/2009**			NPA
C8931	Magnetic resonance angiography with contrast, spinal canal and contents	**10/1/2010**			NPA
C8932	Magnetic resonance angiography without contrast, spinal canal and contents	**10/1/2010**			NPA
C8933	Magnetic resonance angiography without contrast followed by with contrast, spinal canal and contents	**10/1/2010**			NPA
C8934	Magnetic resonance angiography with contrast, upper extremity	**10/1/2010**			NPA
C8935	Magnetic resonance angiography without contrast, upper extremity	**10/1/2010**			NPA
C8936	Magnetic resonance angiography without contrast followed by with contrast, upper extremity	**10/1/2010**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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)	1/1/2019		**9/1/2023**	PA
C8957	Intravenous infusion for therapy/diagnosis; initiation of prolonged infusion (more than 8 hours), requiring use of portable or implantable pump	1/1/2006			NPA
C9067	Gallium Ga-68, dotatoc, diagnostic, 0.01 mCi	10/1/2020		**10/1/2020**	NPA
C9094	Inj, sutimlimab-jome, 10 mg	7/1/2022	9/30/2022		NC
C9095	Inj, tebentafusp-tebn, 1 mcg	7/1/2022	9/30/2022		NC
C9096	Injection, filgrastim-ayow, biosimilar, (Releuko), 1 microgram	7/1/2022	9/30/2022		NC
C9097	Inj, faricimab-svoa, 0.1 mg	7/1/2022	9/30/2022		NC
C9098	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	7/1/2022	9/30/2022		NC
C9113	Injection, pantoprazole sodium, per vial	1/1/2002		**9/1/2023**	NPA
C9142	Injection, bevacizumab-maly, biosimilar, (alymsys), 10 mg	10/1/2022	12/31/2022		NC
C9146	Injection, mirvetuximab soravtansine-gynx, 1 mg	4/1/2023	6/30/2023	**4/1/2023**	NC
C9147	Injection, tremelimumab-actl, 1 mg	4/1/2023	6/30/2023	**4/1/2023**	NC
C9148	Injection, teclistamab-cqyv, 0.5 mg	4/1/2023	6/30/2023	**4/1/2023**	NC
C9149	Injection, teplizumab-mzwv, 5 mcg	4/1/2023	6/30/2023	**4/1/2023**	NC
C9150	Xenon Xe-129 hyperpolarized gas, diagnostic, per study dose	7/1/2023		**9/1/2023**	NPA
C9254	Injection, lacosamide, 1 mg	1/1/2010		**9/1/2023**	NPA
C9257	Injection, bevacizumab, 0.25 mg	1/1/2010		**9/1/2023**	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
C9285	Lidocaine 70 mg/tetracaine 70 mg, per patch	7/1/2011		9/1/2023	NPA
C9352	Microporous collagen implantable tube (NeuraGen Nerve Guide), per centimeter length	1/1/2008			NPA
C9353	Microporous collagen implantable slit tube (NeuraWrap Nerve Protector), per centimeter length	1/1/2008			NPA
C9354	Acellular pericardial tissue matrix of non-human origin (Veritas), per square centimeter	1/1/2008			NPA
C9355	Collagen nerve cuff (NeuroMatrix), per 0.5 centimeter length	1/1/2008			NPA
C9356	Tendon, porous matrix of cross-linked collagen and glycosaminoglycan matrix (TenoGlide Tendon Protector Sheet), per square centimeter	7/1/2008			NPA
C9358	Dermal substitute, native, non-denatured collagen, fetal bovine origin (SurgiMend Collagen Matrix), per 0.5 square centimeters	7/1/2008			NPA
C9359	Porous purified collagen matrix bone void filler (Integra Mozaik Osteoconductive Scaffold Putty, Integra OS Osteoconductive Scaffold Putty), per 0.5 cc	10/1/2008			NPA
C9360	Dermal substitute, native, non-denatured collagen, neonatal bovine origin (SurgiMend Collagen Matrix), per 0.5 square centimeters	7/1/2009		9/1/2023	NPA
C9361	Collagen matrix nerve wrap (NeuroMend Collagen Nerve Wrap), per 0.5 centimeter length	7/1/2009		9/1/2023	NPA
C9362	Porous purified collagen matrix bone void filler (Integra Mozaik Osteoconductive Scaffold Strip), per 0.5 cc	7/1/2009		9/1/2023	NPA
C9363	Skin substitute, integra meshed bilayer wound matrix, per square centimeter	7/1/2009		9/1/2023	NPA
C9364	Porcine implant, Permacol, per square centimeter	7/1/2009		9/1/2023	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
C9460	Injection, cangrelor, 1 mg	**1/1/2016**		**9/1/2023**	NPA
C9600	Percutaneous transcatheter placement of drug eluting intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch	**1/1/2013**			NPA
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)	**1/1/2013**			NPA
C9602	Percutaneous transluminal coronary atherectomy, with drug eluting intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch	**1/1/2013**			NPA
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)	**1/1/2013**			NPA
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	**1/1/2013**			NPA
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	**1/1/2013**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	additional branch subtended by the bypass graft (List separately in addition to code for primary procedure)				
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	**1/1/2013**			NPA
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	**1/1/2013**			NPA
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)	**1/1/2013**			NPA
C9725	Placement of endorectal intracavitary applicator for high intensity brachytherapy	**10/1/2005**			PA
C9726	Placement and removal (if performed) of applicator into breast for intraoperative radiation therapy, add-on to primary breast procedure	**1/1/2006**			PA
C9727	Insertion of implants into the soft palate; minimum of three implants	**10/1/2006**			PA
C9728	Placement of interstitial device(s) for radiation therapy/surgery guidance (e.g., fiducial markers, dosimeter), for other than the following sites (any	**7/1/2007**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	approach): abdomen, pelvis, prostate, retroperitoneum, thorax, single or multiple				
C9733	Non-ophthalmic fluorescent vascular angiography	**4/1/2012**			NPA
C9734	Focused ultrasound ablation/therapeutic intervention, other than uterine leiomyomata, with magnetic resonance (MR) guidance	**4/1/2013**			PA
C9738	Adjunctive blue light cystoscopy with fluorescent imaging agent (List separately in addition to code for primary procedure)	**1/1/2018**			NPA
C9739	Cystourethroscopy, with insertion of transprostatic implant; 1 to 3 implants	**4/1/2014**			PA
C9740	Cystourethroscopy, with insertion of transprostatic implant; 4 or more implants	**4/1/2014**			PA
C9751	Bronchoscopy, rigid or flexible, transbronchial ablation of lesion(s) by microwave energy, including fluoroscopic guidance, when performed, with computed tomography acquisition(s) and 3D rendering, computer-assisted, image-guided navigation, and endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]) and all mediastinal and/or hilar lymph node stations or structures and therapeutic intervention(s)	**1/1/2019**		**9/1/2023**	NPA
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)	**7/1/2019**		**9/1/2023**	NPA
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	**1/1/2020**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	bone anchored annular closure device, including annular defect measurement, alignment and sizing assessment, and image guidance; 1 interspace, lumbar				
C9758	Blinded procedure for nyha class iii/iv heart failure; transcatheter implantation of interatrial shunt or placebo control, including right heart catheterization, trans-esophageal echocardiography (TEE)/intracardiac echocardiography (ICE), and all imaging with or without guidance (e.g., ultrasound, fluoroscopy), performed in an approved investigational device exemption (IDE) study	**1/1/2020**			NC
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	**7/1/2020**			NPA
C9760	Non-randomized, non-blinded procedure for NYHA class II, III, IV heart failure; transcatheter implantation of interatrial shunt, including right and left heart catheterization, transeptal puncture, trans-esophageal echocardiography (TEE)/intracardiac echocardiography (ICE), and all imaging with or without guidance (e.g., ultrasound, fluoroscopy), performed in an approved investigational device exemption (IDE) study	**7/1/2020**			NC
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	**10/1/2020**			NC
C9762	Cardiac magnetic resonance imaging for morphology and function, quantification of segmental dysfunction; with strain imaging	**7/1/2020**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
C9763	Cardiac magnetic resonance imaging for morphology and function, quantification of segmental dysfunction; with stress imaging	**7/1/2020**			NPA
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	**7/1/2020**			NPA
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	**7/1/2020**			NPA
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	**7/1/2020**			NPA
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	**7/1/2020**			NPA
C9768	Endoscopic ultrasound-guided direct measurement of hepatic portosystemic pressure gradient by any method (List separately in addition to code for primary procedure)	**10/1/2020**			NPA
C9769	Cystourethroscopy, with insertion of temporary prostatic implant/stent with fixation/anchor and incisional struts	**10/1/2020**			NPA
C9770	Vitrectomy, mechanical, pars plana approach, with subretinal injection of pharmacologic/biologic agent	**1/1/2021**		**4/1/2021**	PA
C9771	Nasal/sinus endoscopy, cryoablation nasal tissue(s) and/or nerve(s), unilateral or bilateral	**1/1/2021**		**4/1/2021**	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
C9772	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies), with intravascular lithotripsy, includes angioplasty within the same vessel (s), when performed	**1/1/2021**		**4/1/2021**	NPA
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	**1/1/2021**		**4/1/2021**	NPA
C9774	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy and atherectomy, includes angioplasty within the same vessel (s), when performed	**1/1/2021**		**4/1/2021**	NPA
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	**1/1/2021**		**4/1/2021**	NPA
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)	**4/1/2021**		**9/1/2023**	NPA
C9777	Esophageal mucosal integrity testing by electrical impedance, transoral, includes esophagoscopy or esophagogastroduodenoscopy	**4/1/2021**		**9/1/2023**	NPA
C9778	Colpopexy, vaginal; minimally invasive extra-peritoneal approach (sacrospinous)	**7/1/2021**		**9/1/2023**	NPA
C9779	Endoscopic submucosal dissection (esd), including endoscopy or colonoscopy, mucosal closure, when performed	**10/1/2021**		**1/1/2022**	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
C9780	Insertion of central venous catheter through central venous occlusion via inferior and superior approaches (e.g., inside-out technique), including imaging guidance	10/1/2021		**1/1/2022**	NPA
C9781	Arthroscopy, shoulder, surgical; with implantation of subacromial spacer (e.g., balloon), includes debridement (e.g., limited or extensive), subacromial decompression, acromioplasty, and biceps tenodesis when performed	4/1/2022		**7/1/2022**	NPA
C9782	Blinded procedure for New York Heart Association (NYHA) class II or III heart failure, or Canadian Cardiovascular Society (CCS) class III or IV chronic refractory angina; transcatheter intramyocardial transplantation of autologous bone marrow cells (e.g., mononuclear) or placebo control, autologous bone marrow harvesting and preparation for transplantation, left heart catheterization including ventriculography, all laboratory services, and all imaging with or without guidance (e.g., transthoracic echocardiography, ultrasound, fluoroscopy), performed in an approved investigational device exemption (IDE) study	4/1/2022		**7/1/2022**	NC
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	4/1/2022		**7/1/2022**	NC
C9784	Gastric restrictive procedure, endoscopic sleeve gastroplasty, with esophagogastroduodenoscopy and intraluminal tube insertion, if performed, including all system and tissue anchoring components	7/1/2023		**9/1/2023**	PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
C9785	Endoscopic outlet reduction, gastric pouch application, with endoscopy and intraluminal tube insertion, if performed, including all system and tissue anchoring components	7/1/2023		9/1/2023	PA
C9786	Echocardiography image post processing for computer aided detection of heart failure with preserved ejection fraction, including interpretation and report	7/1/2023		9/1/2023	PA
C9787	Gastric electrophysiology mapping with simultaneous patient symptom profiling	7/1/2023		9/1/2023	PA
C9898	Radiolabeled product provided during a hospital inpatient stay	1/1/2008			NC
C9899	Implanted prosthetic device, payable only for inpatients who do not have inpatient coverage	1/1/2009			NC
E0100	Cane, includes canes of all materials, adjustable or fixed, with tip	1/1/1986		9/1/2023	NPA
E0105	Cane, quad or three prong, includes canes of all materials, adjustable or fixed, with tips	1/1/1986		9/1/2023	NPA
E0110	Crutches, forearm, includes crutches of various materials, adjustable or fixed, pair, complete with tips and handgrips	1/1/1986		9/1/2023	NPA
E0111	Crutch forearm, includes crutches of various materials, adjustable or fixed, each, with tip and handgrips	1/1/1986		9/1/2023	NPA
E0112	Crutches underarm, wood, adjustable or fixed, pair, with pads, tips and handgrips	1/1/1986		9/1/2023	NPA
E0113	Crutch underarm, wood, adjustable or fixed, each, with pad, tip and handgrip	1/1/1986		9/1/2023	NPA
E0114	Crutches underarm, other than wood, adjustable or fixed, pair, with pads, tips and handgrips	1/1/1986		9/1/2023	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
E0116	Crutch, underarm, other than wood, adjustable or fixed, with pad, tip, handgrip, with or without shock absorber, each	1/1/1986		9/1/2023	NPA
E0117	Crutch, underarm, articulating, spring assisted, each	1/1/2003			NC
E0118	Crutch substitute, lower leg platform, with or without wheels, each	1/1/2004		9/1/2023	PA
E0130	Walker, rigid (pickup), adjustable or fixed height	1/1/1986		9/1/2023	NPA
E0135	Walker, folding (pickup), adjustable or fixed height	1/1/1986		9/1/2023	NPA
E0140	Walker, with trunk support, adjustable or fixed height, any type	1/1/2004		9/1/2023	NPA
E0141	Walker, rigid, wheeled, adjustable or fixed height	1/1/1986		9/1/2023	NPA
E0143	Walker, folding, wheeled, adjustable or fixed height	1/1/1986		9/1/2023	NPA
E0144	Walker, enclosed, four sided framed, rigid or folding, wheeled with posterior seat	1/1/2000			NC
E0147	Walker, heavy duty, multiple braking system, variable wheel resistance	1/1/1986		9/1/2023	PA
E0148	Walker, heavy duty, without wheels, rigid or folding, any type, each	1/1/2001		9/1/2023	NPA
E0149	Walker, heavy duty, wheeled, rigid or folding, any type	1/1/2001			PA
E0153	Platform attachment, forearm crutch, each	1/1/1986		9/1/2023	NPA
E0154	Platform attachment, walker, each	1/1/1986		9/1/2023	NPA
E0155	Wheel attachment, rigid pick-up walker, per pair	1/1/1986		9/1/2023	NPA
E0156	Seat attachment, walker	1/1/1986		9/1/2023	NPA
E0157	Crutch attachment, walker, each	1/1/1986		9/1/2023	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
E0158	Leg extensions for walker, per set of four (4)	**1/1/1986**		**9/1/2023**	NPA
E0159	Brake attachment for wheeled walker, replacement, each	**1/1/1997**		**9/1/2023**	NPA
E0160	Sitz type bath or equipment, portable, used with or without commode	**1/1/1986**			NC
E0161	Sitz type bath or equipment, portable, used with or without commode, with faucet attachment/s	**1/1/1986**			NC
E0162	Sitz bath chair	**1/1/1986**			NC
E0163	Commode chair, mobile or stationary, with fixed arms	**1/1/1986**			NC
E0165	Commode chair, mobile or stationary, with detachable arms	**1/1/1986**			NC
E0167	Pail or pan for use with commode chair, replacement only	**1/1/1986**			NC
E0168	Commode chair, extra wide and/or heavy duty, stationary or mobile, with or without arms, any type, each	**1/1/2001**			NC
E0170	Commode chair with integrated seat lift mechanism, electric, any type	**1/1/2006**			NC
E0171	Commode chair with integrated seat lift mechanism, non-electric, any type	**1/1/2006**			NC
E0172	Seat lift mechanism placed over or on top of toilet, any type	**1/1/2006**			NC
E0175	Foot rest, for use with commode chair, each	**1/1/1986**			NC
E0181	Powered pressure reducing mattress overlay/pad, alternating, with pump, includes heavy duty	**1/1/1986**			NC
E0182	Pump for alternating pressure pad, for replacement only	**1/1/1986**			NC
E0183	Powered pressure reducing underlay/pad, alternating, with pump, includes heavy duty	**10/1/2022**		**10/1/2022**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
E0184	Dry pressure mattress	1/1/1986			NC
E0185	Gel or gel-like pressure pad for mattress, standard mattress length and width	1/1/1986			NC
E0186	Air pressure mattress	1/1/1986			NC
E0187	Water pressure mattress	1/1/1986			NC
E0188	Synthetic sheepskin pad	1/1/1986			NC
E0189	Lambswool sheepskin pad, any size	1/1/1986			NC
E0190	Positioning cushion/pillow/wedge, any shape or size, includes all components and accessories	1/1/2004			NC
E0191	Heel or elbow protector, each	1/1/1986			NC
E0193	Powered air flotation bed (low air loss therapy)	1/1/1990			NC
E0194	Air fluidized bed	1/1/1991			NC
E0196	Gel pressure mattress	1/1/1991			NC
E0197	Air pressure pad for mattress, standard mattress length and width	1/1/1991			NC
E0198	Water pressure pad for mattress, standard mattress length and width	1/1/1991			NC
E0199	Dry pressure pad for mattress, standard mattress length and width	1/1/1991			NC
E0200	Heat lamp, without stand (table model), includes bulb, or infrared element	1/1/1986			NC
E0202	Phototherapy (bilirubin) light with photometer	1/1/1985			NC
E0203	Therapeutic lightbox, minimum 10,000 lux, table top model	1/1/2003			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
E0205	Heat lamp, with stand, includes bulb, or infrared element	1/1/1986			NC
E0210	Electric heat pad, standard	1/1/1986			NC
E0215	Electric heat pad, moist	1/1/1986			NC
E0217	Water circulating heat pad with pump	1/1/1997			NC
E0218	Fluid circulating cold pad with pump, any type	1/1/1997			NC
E0221	Infrared heating pad system	1/1/2002			NC
E0225	Hydrocollator unit, includes pads	1/1/1986			NC
E0231	Non-contact wound warming device (temperature control unit, AC adapter and power cord) for use with warming card and wound cover	1/1/2002			NC
E0232	Warming card for use with the non contact wound warming device and non contact wound warming wound cover	1/1/2002			NC
E0235	Paraffin bath unit, portable (see medical supply code A4265 for paraffin)	1/1/1986			NC
E0236	Pump for water circulating pad	1/1/1986			NC
E0239	Hydrocollator unit, portable	1/1/1986			NC
E0240	Bath/shower chair, with or without wheels, any size	1/1/2004			NC
E0241	Bath tub wall rail, each	1/1/1986			NC
E0242	Bath tub rail, floor base	1/1/1986			NC
E0243	Toilet rail, each	1/1/1986			NC
E0244	Raised toilet seat	1/1/1986			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
E0245	Tub stool or bench	**1/1/1986**			NC
E0246	Transfer tub rail attachment	**1/1/1986**			NC
E0247	Transfer bench for tub or toilet with or without commode opening	**1/1/2004**			NC
E0248	Transfer bench, heavy duty, for tub or toilet with or without commode opening	**1/1/2004**			NC
E0249	Pad for water circulating heat unit, for replacement only	**1/1/1986**			NC
E0250	Hospital bed, fixed height, with any type side rails, with mattress	**1/1/1986**			PA
E0251	Hospital bed, fixed height, with any type side rails, without mattress	**1/1/1986**			PA
E0255	Hospital bed, variable height, hi-lo, with any type side rails, with mattress	**1/1/1986**			PA
E0256	Hospital bed, variable height, hi-lo, with any type side rails, without mattress	**1/1/1991**			PA
E0260	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress	**1/1/1986**			PA
E0261	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, without mattress	**1/1/1991**			PA
E0265	Hospital bed, total electric (head, foot and height adjustments), with any type side rails, with mattress	**1/1/1986**		**9/1/2023**	PA
E0266	Hospital bed, total electric (head, foot and height adjustments), with any type side rails, without mattress	**1/1/1986**		**9/1/2023**	PA
E0270	Hospital bed, institutional type includes: oscillating, circulating and Stryker frame, with mattress	**1/1/1986**			PA
E0271	Mattress, innerspring	**1/1/1986**		**9/1/2023**	NC
E0272	Mattress, foam rubber	**1/1/1986**		**9/1/2023**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
E0273	Bed board	**1/1/1986**		**9/1/2023**	NPA
E0274	Over-bed table	**1/1/1986**		**9/1/2023**	NPA
E0275	Bed pan, standard, metal or plastic	**1/1/1986**		**9/1/2023**	NPA
E0276	Bed pan, fracture, metal or plastic	**1/1/1986**		**9/1/2023**	NPA
E0277	Powered pressure-reducing air mattress	**1/1/1992**			PA
E0280	Bed cradle, any type	**1/1/1986**			NC
E0290	Hospital bed, fixed height, without side rails, with mattress	**1/1/1991**			PA
E0291	Hospital bed, fixed height, without side rails, without mattress	**1/1/1991**			PA
E0292	Hospital bed, variable height, hi-lo, without side rails, with mattress	**1/1/1991**			PA
E0293	Hospital bed, variable height, hi-lo, without side rails, without mattress	**1/1/1991**			PA
E0294	Hospital bed, semi-electric (head and foot adjustment), without side rails, with mattress	**1/1/1991**			PA
E0295	Hospital bed, semi-electric (head and foot adjustment), without side rails, without mattress	**1/1/1991**			PA
E0296	Hospital bed, total electric (head, foot and height adjustments), without side rails, with mattress	**1/1/1991**		**9/1/2023**	PA
E0297	Hospital bed, total electric (head, foot and height adjustments), without side rails, without mattress	**1/1/1991**		**9/1/2023**	PA
E0300	Pediatric crib, hospital grade, fully enclosed, with or without top enclosure	**1/1/2004**		**9/1/2023**	NC
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	**1/1/2004**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
E0302	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, without mattress	**1/1/2004**			PA
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	**1/1/2004**			PA
E0304	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress	**1/1/2004**			PA
E0305	Bed side rails, half length	**1/1/1986**		**9/1/2023**	NPA
E0310	Bed side rails, full length	**1/1/1986**		**9/1/2023**	NPA
E0315	Bed accessory: board, table, or support device, any type	**1/1/1986**		**9/1/2023**	NPA
E0316	Safety enclosure frame/canopy for use with hospital bed, any type	**1/1/2002**		**9/1/2023**	PA
E0325	Urinal; male, jug-type, any material	**1/1/1986**			NC
E0326	Urinal; female, jug-type, any material	**1/1/1986**			NC
E0328	Hospital bed, pediatric, manual, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 inches above the spring, includes mattress	**1/1/2008**			PA
E0329	Hospital bed, pediatric, electric or semi-electric, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 inches above the spring, includes mattress	**1/1/2008**		**9/1/2023**	PA
E0350	Control unit for electronic bowel irrigation/evacuation system	**1/1/1995**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
E0352	Disposable pack (water reservoir bag, speculum, valving mechanism and collection bag/box) for use with the electronic bowel irrigation/evacuation system	**1/1/1995**			NC
E0370	Air pressure elevator for heel	**1/1/1997**			NC
E0371	Nonpowered advanced pressure reducing overlay for mattress, standard mattress length and width	**1/1/1998**			NC
E0372	Powered air overlay for mattress, standard mattress length and width	**1/1/1998**			NC
E0373	Nonpowered advanced pressure reducing mattress	**1/1/1998**			NC
E0424	Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	**1/1/1993**		**9/1/2023**	NPA
E0425	Stationary compressed gas system, purchase; includes regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	**1/1/1986**			PA
E0430	Portable gaseous oxygen system, purchase; includes regulator, flowmeter, humidifier, cannula or mask, and tubing	**1/1/1986**			PA
E0431	Portable gaseous oxygen system, rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing	**1/1/1993**		**9/1/2023**	NPA
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	**1/1/2010**		**9/1/2023**	NPA
E0434	Portable liquid oxygen system, rental; includes portable container, supply reservoir, humidifier, flowmeter, refill adaptor, contents gauge, cannula or mask, and tubing	**1/1/1993**		**9/1/2023**	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
E0435	Portable liquid oxygen system, purchase; includes portable container, supply reservoir, flowmeter, humidifier, contents gauge, cannula or mask, tubing and refill adaptor	**1/1/1986**			PA
E0439	Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, & tubing	**1/1/1993**		**9/1/2023**	NPA
E0440	Stationary liquid oxygen system, purchase; includes use of reservoir, contents indicator, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	**1/1/1986**			PA
E0441	Stationary oxygen contents, gaseous, 1 month's supply = 1 unit	**1/1/1993**		**9/1/2023**	NPA
E0442	Stationary oxygen contents, liquid, 1 month's supply = 1 unit	**1/1/1993**		**9/1/2023**	NPA
E0443	Portable oxygen contents, gaseous, 1 month's supply = 1 unit	**1/1/1993**		**9/1/2023**	NPA
E0444	Portable oxygen contents, liquid, 1 month's supply = 1 unit	**1/1/1993**		**9/1/2023**	NPA
E0445	Oximeter device for measuring blood oxygen levels non-invasively	**1/1/2003**			PA
E0446	Topical oxygen delivery system, not otherwise specified, includes all supplies and accessories	**1/1/2011**			NC
E0447	Portable oxygen contents, liquid, 1 month's supply = 1 unit, prescribed amount at rest or nighttime exceeds 4 liters per minute (LPM)	**1/1/2019**		**9/1/2023**	NPA
E0455	Oxygen tent, excluding croup or pediatric tents	**1/1/1986**		**9/1/2023**	NPA
E0457	Chest shell (cuirass)	**1/1/1990**			PA
E0459	Chest wrap	**1/1/1990**			PA
E0462	Rocking bed with or without side rails	**1/1/1990**		**9/1/2023**	PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
E0465	Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)	**1/1/2016**			PA
E0466	Home ventilator, any type, used with non-invasive interface, (e.g., mask, chest shell)	**1/1/2016**			PA
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	**1/1/2019**			PA
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)	**1/1/2004**		**11/1/2020**	PA
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)	**1/1/2004**			PA
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)	**1/1/2004**			PA
E0480	Percussor, electric or pneumatic, home model	**1/1/1986**		**9/1/2023**	NPA
E0481	Intrapulmonary percussive ventilation system and related accessories	**1/1/2002**			PA
E0482	Cough stimulating device, alternating positive and negative airway pressure	**1/1/2002**			PA
E0483	High frequency chest wall oscillation system, with full anterior and/or posterior thoracic region receiving simultaneous external oscillation, includes all accessories and supplies, each	**1/1/2003**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
E0484	Oscillatory positive expiratory pressure device, non-electric, any type, each	**1/1/2003**		**9/1/2023**	NC
E0485	Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, prefabricated, includes fitting and adjustment	**1/1/2006**			PA
E0486	Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, custom fabricated, includes fitting and adjustment	**1/1/2006**			PA
E0487	Spirometer, electronic, includes all accessories	**1/1/2009**		**9/1/2023**	PA
E0500	IPPB machine, all types, with built-in nebulization; manual or automatic valves; internal or external power source	**1/1/1986**			PA
E0550	Humidifier, durable for extensive supplemental humidification during IPPB treatments or oxygen delivery	**1/1/1986**			PA
E0555	Humidifier, durable, glass or autoclavable plastic bottle type, for use with regulator or flowmeter	**1/1/1986**			PA
E0560	Humidifier, durable for supplemental humidification during IPPB treatment or oxygen delivery	**1/1/1986**			PA
E0561	Humidifier, non-heated, used with positive airway pressure device	**1/1/2004**			PA
E0562	Humidifier, heated, used with positive airway pressure device	**1/1/2004**			PA
E0565	Compressor, air power source for equipment which is not self-contained or cylinder driven	**1/1/1982**			PA
E0570	Nebulizer, with compressor	**1/1/1986**		**9/1/2023**	NPA
E0572	Aerosol compressor, adjustable pressure, light duty for intermittent use	**1/1/2001**		**9/1/2023**	NC
E0574	Ultrasonic/electronic aerosol generator with small volume nebulizer	**1/1/2001**		**9/1/2023**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
E0575	Nebulizer, ultrasonic, large volume	**1/1/1986**			PA
E0580	Nebulizer, durable, glass or autoclavable plastic, bottle type, for use with regulator or flowmeter	**1/1/1986**			PA
E0585	Nebulizer, with compressor and heater	**1/1/1986**		**7/1/2022**	PA
E0600	Respiratory suction pump, home model, portable or stationary, electric	**1/1/1986**			PA
E0601	Continuous positive airway pressure (CPAP) device	**1/1/1988**			NPA
E0602	Breast pump, manual, any type	**1/1/2000**			NPA
E0603	Breast pump, electric (AC and/or DC), any type	**1/1/2002**			NPA
E0604	Breast pump, hospital grade, electric (AC and /or DC), any type	**1/1/2002**			NC
E0605	Vaporizer, room type	**1/1/1986**			NC
E0606	Postural drainage board	**1/1/1986**			NC
E0607	Home blood glucose monitor	**1/1/1986**			PA
E0610	Pacemaker monitor, self-contained, (checks battery depletion, includes audible and visible check systems)	**1/1/1986**			PA
E0615	Pacemaker monitor, self contained, checks battery depletion and other pacemaker components, includes digital/visible check systems	**1/1/1986**		**9/1/2023**	NC
E0616	Implantable cardiac event recorder with memory, activator and programmer	**1/1/2000**			PA
E0617	external defibrillator with integrated electrocardiogram analysis	**1/1/2001**			NC
E0618	Apnea monitor, without recording feature	**1/1/2003**		**9/1/2023**	NC
E0619	Apnea monitor, with recording feature	**1/1/2003**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
E0620	Skin piercing device for collection of capillary blood, laser, each	1/1/2002			NC
E0621	Sling or seat, patient lift, canvas or nylon	1/1/1986			NC
E0625	Patient lift, bathroom or toilet, not otherwise classified	1/1/1986			NC
E0627	Seat lift mechanism, electric, any type	1/1/1992			NC
E0629	Seat lift mechanism, non-electric, any type	1/1/1992			NC
E0630	Patient lift, hydraulic or mechanical, includes any seat, sling, strap(s) or pad(s)	1/1/1986			NC
E0635	Patient lift, electric with seat or sling	1/1/1986			NC
E0636	Multipositional patient support system, with integrated lift, patient accessible controls	1/1/2003			NC
E0637	Combination sit to stand frame/table system, any size including pediatric, with seat lift feature, with or without wheels	1/1/2004			NC
E0638	Standing frame/table system, one position (e.g., upright, supine or prone stander), any size including pediatric, with or without wheels	1/1/2004			NC
E0639	Patient lift, moveable from room to room with disassembly and reassembly, includes all components/accessories	1/1/2005			NC
E0640	Patient lift, fixed system, includes all components/accessories	1/1/2005			NC
E0641	Standing frame/table system, multi-position (e.g., three-way stander), any size including pediatric, with or without wheels	1/1/2006			NC
E0642	Standing frame/table system, mobile (dynamic stander), any size including pediatric	1/1/2006			NC
E0650	Pneumatic compressor, non-segmental home model	1/1/1986			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
E0651	Pneumatic compressor, segmental home model without calibrated gradient pressure	1/1/1988			NC
E0652	Pneumatic compressor, segmental home model with calibrated gradient pressure	1/1/1988			NC
E0655	Non-segmental pneumatic appliance for use with pneumatic compressor, half arm	1/1/1986			NC
E0656	Segmental pneumatic appliance for use with pneumatic compressor, trunk	1/1/2009			NC
E0657	Segmental pneumatic appliance for use with pneumatic compressor, chest	1/1/2009			NC
E0660	Non-segmental pneumatic appliance for use with pneumatic compressor, full leg	1/1/1986			NC
E0665	Non-segmental pneumatic appliance for use with pneumatic compressor, full arm	1/1/1986			NC
E0666	Non-segmental pneumatic appliance for use with pneumatic compressor, half leg	1/1/1986			NC
E0667	Segmental pneumatic appliance for use with pneumatic compressor, full leg	1/1/1988			NC
E0668	Segmental pneumatic appliance for use with pneumatic compressor, full arm	1/1/1988			NC
E0669	Segmental pneumatic appliance for use with pneumatic compressor, half leg	1/1/1994			NC
E0670	Segmental pneumatic appliance for use with pneumatic compressor, integrated, 2 full legs and trunk	1/1/2013			NC
E0671	Segmental gradient pressure pneumatic appliance, full leg	1/1/1995			NC
E0672	Segmental gradient pressure pneumatic appliance, full arm	1/1/1995			NC
E0673	Segmental gradient pressure pneumatic appliance, half leg	1/1/1995			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
E0675	Pneumatic compression device, high pressure, rapid inflation/deflation cycle, for arterial insufficiency (unilateral or bilateral system)	1/1/2004			NC
E0676	Intermittent limb compression device (includes all accessories), not otherwise specified	1/1/2007			NC
E0677	Non-pneumatic sequential compression garment, trunk	4/1/2023		9/1/2023	NC
E0691	Ultraviolet light therapy system, includes bulbs/lamps, timer and eye protection; treatment area 2 square feet or less	1/1/2003		9/1/2023	NC
E0692	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 4 foot panel	1/1/2003		9/1/2023	NC
E0693	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 6 foot panel	1/1/2003		9/1/2023	NC
E0694	Ultraviolet multidirectional light therapy system in 6 foot cabinet, includes bulbs/lamps, timer and eye protection	1/1/2003			PA
E0700	Safety equipment, device or accessory, any type	1/1/1986			NC
E0705	Transfer device, any type, each	1/1/2006			NC
E0710	Restraints, any type (body, chest, wrist or ankle)	1/1/1986			NC
E0711	Upper extremity medical tubing/lines enclosure or covering device, restricts elbow range of motion	4/1/2023		9/1/2023	NC
E0720	Transcutaneous electrical nerve stimulation (TENS) device, two lead, localized stimulation	1/1/1986		9/1/2023	PA
E0730	Transcutaneous electrical nerve stimulation (TENS) device, four or more leads, for multiple nerve stimulation	1/1/1986		9/1/2023	PA
E0731	Form fitting conductive garment for delivery of TENS or NMES (with conductive fibers separated from the patient's skin by layers of fabric)	1/1/1989		9/1/2023	PA
E0740	Non-implanted pelvic floor electrical stimulator, complete system	1/1/1986		9/1/2023	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
E0744	Neuromuscular stimulator for scoliosis	**1/1/1989**			PA
E0745	Neuromuscular stimulator, electronic shock unit	**1/1/1986**		**9/1/2023**	PA
E0746	Electromyography (EMG), biofeedback device	**1/1/1989**		**9/1/2023**	PA
E0747	Osteogenesis stimulator, electrical, non-invasive, other than spinal applications	**1/1/1986**			PA
E0748	Osteogenesis stimulator, electrical, non-invasive, spinal applications	**1/1/1996**			PA
E0749	Osteogenesis stimulator, electrical, surgically implanted	**1/1/1986**		**9/1/2023**	NC
E0755	Electronic salivary reflex stimulator (intra-oral/non-invasive)	**1/1/1990**			PA
E0760	Osteogenesis stimulator, low intensity ultrasound, non-invasive	**1/1/1997**			PA
E0761	Non-thermal pulsed high frequency radiowaves, high peak power electromagnetic energy treatment device	**1/1/2003**			NC
E0762	Transcutaneous electrical joint stimulation device system, includes all accessories	**1/1/2006**			NC
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	**1/1/2006**			NC
E0765	FDA approved nerve stimulator, with replaceable batteries, for treatment of nausea and vomiting	**1/1/2001**		**9/1/2023**	NC
E0766	Electrical stimulation device used for cancer treatment, includes all accessories, any type	**1/1/2014**		**9/1/2023**	PA
E0769	Electrical stimulation or electromagnetic wound treatment device, not otherwise classified	**1/1/2005**		**9/1/2023**	PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
E0770	Functional electrical stimulator, transcutaneous stimulation of nerve and/or muscle groups, any type, complete system, not otherwise specified	**1/1/2009**		**9/1/2023**	PA
E0776	IV pole	**1/1/1985**		**9/1/2023**	NPA
E0779	Ambulatory infusion pump, mechanical, reusable, for infusion 8 hours or greater	**1/1/2000**		**9/1/2023**	NC
E0780	Ambulatory infusion pump, mechanical, reusable, for infusion less than 8 hours	**1/1/2000**		**9/1/2023**	NC
E0781	Ambulatory infusion pump, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient	**1/1/1987**			PA
E0782	Infusion pump, implantable, non-programmable (includes all components, e.g., pump, catheter, connectors, etc.)	**1/1/1986**		**9/1/2023**	NC
E0783	Infusion pump system, implantable, programmable (includes all components, e.g., pump, catheter, connectors, etc.)	**1/1/1995**			PA
E0784	External ambulatory infusion pump, insulin	**1/1/1996**			PA
E0785	Implantable intraspinal (epidural/intrathecal) catheter used with implantable infusion pump, replacement	**1/1/1999**		**9/1/2023**	NC
E0786	Implantable programmable infusion pump, replacement (excludes implantable intraspinal catheter)	**1/1/2001**		**9/1/2023**	NC
E0787	External ambulatory infusion pump, insulin, dosage rate adjustment using therapeutic continuous glucose sensing	**1/1/2020**		**4/1/2020**	NC
E0791	Parenteral infusion pump, stationary, single or multi-channel	**1/1/1989**			PA
E0830	Ambulatory traction device, all types, each	**1/1/2001**		**9/1/2023**	NPA
E0840	Traction frame, attached to headboard, cervical traction	**1/1/1984**		**79/1/2023**	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
E0849	Traction equipment, cervical, free-standing stand/frame, pneumatic, applying traction force to other than mandible	**1/1/2005**		**9/1/2023**	NC
E0850	Traction stand, free standing, cervical traction	**1/1/1982**		**9/1/2023**	NPA
E0855	Cervical traction equipment not requiring additional stand or frame	**1/1/1998**		**9/1/2023**	NC
E0856	Cervical traction device, with inflatable air bladder(s)	**1/1/2008**		**9/1/2023**	NC
E0860	Traction equipment, overdoor, cervical	**1/1/1986**		**9/1/2023**	NPA
E0870	Traction frame, attached to footboard, extremity traction, (e.g., Buck's)	**1/1/1986**		**9/1/2023**	NPA
E0880	Traction stand, free standing, extremity traction	**1/1/1986**		**9/1/2023**	NPA
E0890	Traction frame, attached to footboard, pelvic traction	**1/1/1986**		**9/1/2023**	NPA
E0900	Traction stand, free standing, pelvic traction, (e.g., Buck's)	**1/1/1986**		**9/1/2023**	NPA
E0910	Trapeze bars, also known as Patient Helper, attached to bed, with grab bar	**1/1/1986**			PA
E0911	Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, attached to bed, with grab bar	**1/1/2006**			PA
E0912	Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, free standing, complete with grab bar	**1/1/2006**			PA
E0920	Fracture frame, attached to bed, includes weights	**1/1/1986**			PA
E0930	Fracture frame, free standing, includes weights	**1/1/1986**			PA
E0935	Continuous passive motion exercise device for use on knee only	**1/1/1986**			PA
E0936	Continuous passive motion exercise device for use other than knee	**1/1/2007**		**9/1/2023**	PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
E0940	Trapeze bar, free standing, complete with grab bar	**1/1/1986**			NC
E0941	Gravity assisted traction device, any type	**1/1/1986**		**9/1/2023**	PA
E0942	Cervical head harness/halter	**1/1/1986**		**11/1/2023**	NPA
E0944	Pelvic belt/harness/boot	**1/1/1985**		**9/1/2023**	PA
E0945	Extremity belt/harness	**1/1/1985**		**9/1/2023**	PA
E0946	Fracture, frame, dual with cross bars, attached to bed, (e.g., Balken, 4 Poster)	**1/1/1986**			PA
E0947	Fracture frame, attachments for complex pelvic traction	**1/1/1986**			PA
E0948	Fracture frame, attachments for complex cervical traction	**1/1/1986**			PA
E0950	Wheelchair accessory, tray, each	**1/1/1986**		**9/1/2023**	PA
E0951	Heel loop/holder, any type, with or without ankle strap, each	**1/1/1986**		**9/1/2023**	NPA
E0952	Toe loop/holder, any type, each	**1/1/1986**		**9/1/2023**	NPA
E0953	Wheelchair accessory, lateral thigh or knee support, any type including fixed mounting hardware, each	**1/1/2018**			PA
E0954	Wheelchair accessory, foot box, any type, includes attachment and mounting hardware, each foot	**1/1/2018**			PA
E0955	Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each	**1/1/2004**			PA
E0956	Wheelchair accessory, lateral trunk or hip support, any type, including fixed mounting hardware, each	**1/1/2004**			PA
E0957	Wheelchair accessory, medial thigh support, any type, including fixed mounting hardware, each	**1/1/2004**		**9/1/2023**	NC
E0958	Manual wheelchair accessory, one-arm drive attachment, each	**1/1/1986**		**9/1/2023**	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
E0959	Manual wheelchair accessory, adapter for amputee, each	**1/1/1986**		**9/1/2023**	NPA
E0960	Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware	**1/1/2004**		**9/1/2023**	NPA
E0961	Manual wheelchair accessory, wheel lock brake extension (handle), each	**1/1/1986**		**9/1/2023**	NPA
E0966	Manual wheelchair accessory, headrest extension, each	**1/1/1986**			PA
E0967	Manual wheelchair accessory, hand rim with projections, any type, replacement only, each	**1/1/1986**		**9/1/2023**	NPA
E0968	Commode seat, wheelchair	**1/1/1986**		**9/1/2023**	NC
E0969	Narrowing device, wheelchair	**1/1/1986**			PA
E0970	No. 2 footplates, except for elevating leg rest	**1/1/1986**		**9/1/2023**	NC
E0971	Manual wheelchair accessory, anti-tipping device, each	**1/1/1986**		**9/1/2023**	NPA
E0973	Wheelchair accessory, adjustable height, detachable armrest, complete assembly, each	**1/1/1986**			PA
E0974	Manual wheelchair accessory, anti-rollback device, each	**1/1/1986**		**9/1/2023**	NPA
E0978	Wheelchair accessory, positioning belt/safety belt/pelvic strap, each	**1/1/1986**		**9/1/2023**	NPA
E0980	Safety vest, wheelchair	**1/1/1986**			NC
E0981	Wheelchair accessory, seat upholstery, replacement only, each	**1/1/2004**		**9/1/2023**	NPA
E0982	Wheelchair accessory, back upholstery, replacement only, each	**1/1/2004**		**9/1/2023**	NPA
E0983	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, joystick control	**1/1/2004**			PA
E0984	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, tiller control	**1/1/2004**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
E0985	Wheelchair accessory, seat lift mechanism	**1/1/2004**			NC
E0986	Manual wheelchair accessory, push-rim activated power assist system	**1/1/2004**			PA
E0988	Manual wheelchair accessory, lever-activated, wheel drive, pair	**1/1/2012**			PA
E0990	Wheelchair accessory, elevating leg rest, complete assembly, each	**1/1/1986**		**9/1/2023**	NPA
E0992	Manual wheelchair accessory, solid seat insert	**1/1/1986**		**9/1/2023**	NPA
E0994	Arm rest, each	**1/1/1986**		**9/1/2023**	NC
E0995	Wheelchair accessory, calf rest/pad, replacement only, each	**1/1/1986**		**9/1/2023**	NPA
E1002	Wheelchair accessory, power seating system, tilt only	**1/1/2004**			PA
E1003	Wheelchair accessory, power seating system, recline only, without shear reduction	**1/1/2004**			PA
E1004	Wheelchair accessory, power seating system, recline only, with mechanical shear reduction	**1/1/2004**			PA
E1005	Wheelchair accessory, power seatng system, recline only, with power shear reduction	**1/1/2004**			PA
E1006	Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction	**1/1/2004**		**9/1/2023**	NC
E1007	Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction	**1/1/2004**			PA
E1008	Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction	**1/1/2004**			PA
E1009	Wheelchair accessory, addition to power seating system, mechanically linked leg elevation system, including pushrod and leg rest, each	**1/1/2004**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
E1010	Wheelchair accessory, addition to power seating system, power leg elevation system, including leg rest, pair	**1/1/2004**			PA
E1011	Modification to pediatric size wheelchair, width adjustment package (not to be dispensed with initial chair)	**1/1/2003**			PA
E1012	Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each	**1/1/2016**			PA
E1014	Reclining back, addition to pediatric size wheelchair	**1/1/2003**			PA
E1015	Shock absorber for manual wheelchair, each	**1/1/2003**		**9/1/2023**	NC
E1016	Shock absorber for power wheelchair, each	**1/1/2003**		**9/1/2023**	NC
E1017	Heavy duty shock absorber for heavy duty or extra heavy duty manual wheelchair, each	**1/1/2003**		**9/1/2023**	NPA
E1018	Heavy duty shock absorber for heavy duty or extra heavy duty power wheelchair, each	**1/1/2003**		**9/1/2023**	NPA
E1020	Residual limb support system for wheelchair, any type	**1/1/2003**		**9/1/2023**	NPA
E1028	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for joystick, other control interface or positioning accessory	**1/1/2004**			PA
E1029	Wheelchair accessory, ventilator tray, fixed	**1/1/2004**			PA
E1030	Wheelchair accessory, ventilator tray, gimbaled	**1/1/2004**			PA
E1031	Rollabout chair, any and all types with casters 5" or greater	**1/1/1990**			NC
E1035	Multi-positional patient transfer system, with integrated seat, operated by care giver, patient weight capacity up to and including 300 lbs	**1/1/2001**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
E1036	Multi-positional patient transfer system, extra-wide, with integrated seat, operated by caregiver, patient weight capacity greater than 300 lbs	**1/1/2010**			NC
E1037	Transport chair, pediatric size	**1/1/2003**			NC
E1038	Transport chair, adult size, patient weight capacity up to and including 300 pounds	**1/1/2003**			NC
E1039	Transport chair, adult size, heavy duty, patient weight capacity greater than 300 pounds	**1/1/2005**			NC
E1050	Fully-reclining wheelchair, fixed full length arms, swing away detachable elevating leg rests	**1/1/1986**		**9/1/2023**	NC
E1060	Fully-reclining wheelchair, detachable arms, desk or full length, swing away detachable elevating legrests	**1/1/1986**		**9/1/2023**	NC
E1070	Fully-reclining wheelchair, detachable arms (desk or full length) swing away detachable footrest	**1/1/1986**		**9/1/2023**	NC
E1083	Hemi-wheelchair, fixed full length arms, swing away detachable elevating leg rest	**1/1/1986**		**9/1/2023**	NC
E1084	Hemi-wheelchair, detachable arms desk or full length arms, swing away detachable elevating leg rests	**1/1/1986**		**9/1/2023**	NC
E1085	Hemi-wheelchair, fixed full length arms, swing away detachable foot rests	**1/1/1986**			PA
E1086	Hemi-wheelchair detachable arms desk or full length, swing away detachable footrests	**1/1/1986**			PA
E1087	High strength lightweight wheelchair, fixed full length arms, swing away detachable elevating leg rests	**1/1/1986**			NC
E1088	High strength lightweight wheelchair, detachable arms desk or full length, swing away detachable elevating leg rests	**1/1/1986**			NC
E1089	High strength lightweight wheelchair, fixed length arms, swing away detachable footrest	**1/1/1986**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
E1090	High strength lightweight wheelchair, detachable arms desk or full length, swing away detachable foot rests	**1/1/1986**			NC
E1092	Wide heavy duty wheel chair, detachable arms (desk or full length), swing away detachable elevating leg rests	**1/1/1986**		**9/1/2023**	NC
E1093	Wide heavy duty wheelchair, detachable arms desk or full length arms, swing away detachable footrests	**1/1/1986**		**9/1/2023**	NC
E1100	Semi-reclining wheelchair, fixed full length arms, swing away detachable elevating leg rests	**1/1/1986**		**9/1/2023**	NC
E1110	Semi-reclining wheelchair, detachable arms (desk or full length) elevating leg rest	**1/1/1986**		**9/1/2023**	NC
E1130	Standard wheelchair, fixed full length arms, fixed or swing away detachable footrests	**1/1/1986**			PA
E1140	Wheelchair, detachable arms, desk or full length, swing away detachable footrests	**1/1/1986**			PA
E1150	Wheelchair, detachable arms, desk or full length swing away detachable elevating legrests	**1/1/1986**		**9/1/2023**	NC
E1160	Wheelchair, fixed full length arms, swing away detachable elevating legrests	**1/1/1986**		**9/1/2023**	NC
E1161	Manual adult size wheelchair, includes tilt in space	**1/1/2003**			PA
E1170	Amputee wheelchair, fixed full length arms, swing away detachable elevating legrests	**1/1/1986**			PA
E1171	Amputee wheelchair, fixed full length arms, without footrests or legrest	**1/1/1986**			PA
E1172	Amputee wheelchair, detachable arms (desk or full length) without footrests or legrest	**1/1/1986**			PA
E1180	Amputee wheelchair, detachable arms (desk or full length) swing away detachable footrests	**1/1/1986**			PA
E1190	Amputee wheelchair, detachable arms (desk or full length) swing away detachable elevating legrests	**1/1/1986**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
E1195	Heavy duty wheelchair, fixed full length arms, swing away detachable elevating legrests	**1/1/1986**			PA
E1200	Amputee wheelchair, fixed full length arms, swing away detachable footrest	**1/1/1986**			PA
E1220	Wheelchair; specially sized or constructed, (indicate brand name, model number, if any) and justification	**1/1/1986**			PA
E1221	Wheelchair with fixed arm, footrests	**1/1/1986**			PA
E1222	Wheelchair with fixed arm, elevating legrests	**1/1/1986**			PA
E1223	Wheelchair with detachable arms, footrests	**1/1/1986**			PA
E1224	Wheelchair with detachable arms, elevating legrests	**1/1/1986**			PA
E1225	Wheelchair accessory, manual semi-reclining back, (recline greater than 15 degrees, but less than 80 degrees), each	**1/1/1986**			PA
E1226	Wheelchair accessory, manual fully reclining back, (recline greater than 80 degrees), each	**1/1/1986**			PA
E1227	Special height arms for wheelchair	**1/1/1986**		**9/1/2023**	NC
E1228	Special back height for wheelchair	**1/1/1986**		**9/1/2023**	NC
E1229	Wheelchair, pediatric size, not otherwise specified	**1/1/2005**			PA
E1230	Power operated vehicle (three or four wheel nonhighway) specify brand name and model number	**1/1/1986**			NC
E1231	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, with seating system	**1/1/2003**			PA
E1232	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seating system	**1/1/2003**			PA
E1233	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system	**1/1/2003**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
E1234	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, without seating system	**1/1/2003**			PA
E1235	Wheelchair, pediatric size, rigid, adjustable, with seating system	**1/1/2003**			PA
E1236	Wheelchair, pediatric size, folding, adjustable, with seating system	**1/1/2003**			PA
E1237	Wheelchair, pediatric size, rigid, adjustable, without seating system	**1/1/2003**			PA
E1238	Wheelchair, pediatric size, folding, adjustable, without seating system	**1/1/2003**			PA
E1239	Power wheelchair, pediatric size, not otherwise specified	**1/1/2005**			PA
E1240	Lightweight wheelchair, detachable arms, (desk or full length) swing away detachable, elevating legrest	**1/1/1986**			NC
E1250	Lightweight wheelchair, fixed full length arms, swing away detachable footrest	**1/1/1986**			NC
E1260	Lightweight wheelchair, detachable arms (desk or full length) swing away detachable footrest	**1/1/1986**			NC
E1270	Lightweight wheelchair, fixed full length arms, swing away detachable elevating legrests	**1/1/1986**			NC
E1280	Heavy duty wheelchair, detachable arms (desk or full length) elevating legrests	**1/1/1986**		**9/1/2023**	NC
E1285	Heavy duty wheelchair, fixed full length arms, swing away detachable footrest	**1/1/1986**			PA
E1290	Heavy duty wheelchair, detachable arms (desk or full length) swing away detachable footrest	**1/1/1986**			PA
E1295	Heavy duty wheelchair, fixed full length arms, elevating legrest	**1/1/1986**		**9/1/2023**	NC
E1296	Special wheelchair seat height from floor	**1/1/1986**		**9/1/2023**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
E1297	Special wheelchair seat depth, by upholstery	**1/1/1986**		**9/1/2023**	NC
E1298	Special wheelchair seat depth and/or width, by construction	**1/1/1986**		**9/1/2023**	NC
E1300	Whirlpool, portable (overtub type)	**1/1/1986**			NC
E1310	Whirlpool, non-portable (built-in type)	**1/1/1986**			NC
E1352	Oxygen accessory, flow regulator capable of positive inspiratory pressure	**1/1/2014**		**9/1/2023**	NC
E1353	Regulator	**1/1/1986**			PA
E1354	Oxygen accessory, wheeled cart for portable cylinder or portable concentrator, any type, replacement only, each	**1/1/2009**			PA
E1355	Stand/rack	**1/1/1986**			PA
E1356	Oxygen accessory, battery pack/cartridge for portable concentrator, any type, replacement only, each	**1/1/2009**			PA
E1357	Oxygen accessory, battery charger for portable concentrator, any type, replacement only, each	**1/1/2009**			PA
E1358	Oxygen accessory, DC power adapter for portable concentrator, any type, replacement only, each	**1/1/2009**			PA
E1372	Immersion external heater for nebulizer	**1/1/1986**			PA
E1390	Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate	**1/1/2000**			PA
E1391	Oxygen concentrator, dual delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate, each	**1/1/2004**		**9/1/2023**	NPA
E1392	Portable oxygen concentrator, rental	**1/1/2006**		**9/1/2023**	NPA
E1399	Durable medical equipment, miscellaneous	**1/1/1986**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
E1405	Oxygen and water vapor enriching system with heated delivery	**1/1/1988**		**9/1/2023**	NPA
E1406	Oxygen and water vapor enriching system without heated delivery	**1/1/1988**		**9/1/2023**	NPA
E1500	Centrifuge, for dialysis	**1/1/2002**		**9/1/2023**	NPA
E1510	Kidney, dialysate delivery syst kidney machine, pump recirculating, air removal syst, flowrate meter, power off, heater and temperature control with alarm, IV poles, pressure gauge, concentrate container	**1/1/1986**		**9/1/2023**	NPA
E1520	Heparin infusion pump for hemodialysis	**1/1/1986**		**9/1/2023**	NPA
E1530	Air bubble detector for hemodialysis, each, replacement	**1/1/1986**		**9/1/2023**	NPA
E1540	Pressure alarm for hemodialysis, each, replacement	**1/1/1986**		**9/1/2023**	NPA
E1550	Bath conductivity meter for hemodialysis, each	**1/1/1986**		**9/1/2023**	NPA
E1560	Blood leak detector for hemodialysis, each, replacement	**1/1/1986**		**9/1/2023**	NPA
E1570	Adjustable chair, for ESRD patients	**1/1/1986**			NC
E1575	Transducer protectors/fluid barriers, for hemodialysis, any size, per 10	**1/1/1986**		**9/1/2023**	NPA
E1580	Unipuncture control system for hemodialysis	**1/1/1986**		**9/1/2023**	NPA
E1590	Hemodialysis machine	**1/1/1986**		**9/1/2023**	NPA
E1592	Automatic intermittent peritoneal dialysis system	**1/1/1986**			PA
E1594	Cycler dialysis machine for peritoneal dialysis	**1/1/1986**			PA
E1600	Delivery and/or installation charges for hemodialysis equipment	**1/1/1986**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
E1610	Reverse osmosis water purification system, for hemodialysis	**1/1/1986**			NPA
E1615	Deionizer water purification system, for hemodialysis	**1/1/1986**			NPA
E1620	Blood pump for hemodialysis, replacement	**1/1/1986**			NPA
E1625	Water softening system, for hemodialysis	**1/1/1986**			NC
E1629	Tablo hemodialysis system for the billable dialysis service	**1/1/2022**		**5/1/2022**	PA
E1630	Reciprocating peritoneal dialysis system	**1/1/1986**			PA
E1632	Wearable artificial kidney, each	**1/1/1986**			NPA
E1634	Peritoneal dialysis clamps, each	**1/1/2004**			NPA
E1635	Compact (portable) travel hemodialyzer system	**1/1/1986**			NPA
E1636	Sorbent cartridges, for hemodialysis, per 10	**1/1/1986**			NPA
E1637	Hemostats, each	**1/1/2002**			NPA
E1639	Scale, each	**1/1/2002**			NPA
E1699	Dialysis equipment, not otherwise specified	**1/1/1986**			PA
E1700	Jaw motion rehabilitation system	**1/1/1993**			NC
E1701	Replacement cushions for jaw motion rehabilitation system, package of 6	**1/1/1993**			NC
E1702	Replacement measuring scales for jaw motion rehabilitation system, package of 200	**1/1/1993**			NC
E1800	Dynamic adjustable elbow extension/flexion device, includes soft interface material	**1/1/1996**			PA
E1801	Static progressive stretch elbow device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories	**1/1/2002**		**9/1/2023**	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
E1802	Dynamic adjustable forearm pronation/supination device, includes soft interface material	**1/1/2003**		**9/1/2023**	NPA
E1805	Dynamic adjustable wrist extension /flexion device, includes soft interface material	**1/1/1996**			PA
E1806	Static progressive stretch wrist device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories	**1/1/2002**		**9/1/2023**	NPA
E1810	Dynamic adjustable knee extension /flexion device, includes soft interface material	**1/1/1996**			PA
E1811	Static progressive stretch knee device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories	**1/1/2002**		**9/1/2023**	NPA
E1812	Dynamic knee, extension/flexion device with active resistance control	**1/1/2006**		**9/1/2023**	NPA
E1815	Dynamic adjustable ankle extension/flexion device, includes soft interface material	**1/1/1996**		**9/1/2023**	NPA
E1816	Static progressive stretch ankle device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories	**1/1/2002**		**9/1/2023**	NPA
E1818	Static progressive stretch forearm pronation /supination device, with or without range of motion adjustment, includes all components and accessories	**1/1/2002**		**9/1/2023**	NPA
E1820	Replacement soft interface material, dynamic adjustable extension/flexion device	**1/1/1996**		**9/1/2023**	NC
E1821	Replacement soft interface material/cuffs for bi-directional static progressive stretch device	**1/1/2002**			NC
E1825	Dynamic adjustable finger extension/flexion device, includes soft interface material	**1/1/1996**		**9/1/2023**	NPA
E1830	Dynamic adjustable toe extension/flexion device, includes soft interface material	**1/1/1996**		**9/1/2023**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
E1831	Static progressive stretch toe device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories	**1/1/2011**			NC
E1840	Dynamic adjustable shoulder flexion/abduction/rotation device, includes soft interface material	**1/1/2002**		**9/1/2023**	NPA
E1841	Static progressive stretch shoulder device, with or without range of motion adjustment, includes all components and accessories	**1/1/2005**			NC
E1902	Communication board, non-electronic augmentative or alternative communication device	**1/1/2002**		**9/1/2023**	NPA
E1905	Virtual reality cognitive behavioral therapy device (CBT), including pre-programmed therapy software	**4/1/2023**			NC
E2000	Gastric suction pump, home model, portable or stationary, electric	**1/1/2002**			PA
E2100	Blood glucose monitor with integrated voice synthesizer	**1/1/2002**		**9/1/2023**	NC
E2101	Blood glucose monitor with integrated lancing/blood sample	**1/1/2002**			NC
E2102	Adjunctive continuous glucose monitor or receiver	**4/1/2022**		**9/1/2023**	NC
E2103	Non-adjunctive, non-implanted continuous glucose monitor or receiver	**1/1/2023**		**2/1/2023**	NPA
E2120	Pulse generator system for tympanic treatment of inner ear endolymphatic fluid	**1/1/2004**			NC
E2201	Manual wheelchair accessory, nonstandard seat frame, width greater than or equal to 20 inches and less than 24 inches	**1/1/2004**			PA
E2202	Manual wheelchair accessory, nonstandard seat frame width, 24-27 inches	**1/1/2004**			PA
E2203	Manual wheelchair accessory, nonstandard seat frame depth, 20 to less than 22 inches	**1/1/2004**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
E2204	Manual wheelchair accessory, nonstandard seat frame depth, 22 to 25 inches	**1/1/2004**			PA
E2205	Manual wheelchair accessory, handrim without projections (includes ergonomic or contoured), any type, replacement only, each	**1/1/2005**		**9/1/2023**	NPA
E2206	Manual wheelchair accessory, wheel lock assembly, complete, replacement only, each	**1/1/2005**		**9/1/2023**	NPA
E2207	Wheelchair accessory, crutch and cane holder, each	**1/1/2006**		**9/1/2023**	NPA
E2208	Wheelchair accessory, cylinder tank carrier, each	**1/1/2006**		**9/1/2023**	NPA
E2209	Accessory, arm trough, with or without hand support, each	**1/1/2006**		**9/1/2023**	NPA
E2210	Wheelchair accessory, bearings, any type, replacement only, each	**1/1/2006**		**9/1/2023**	NPA
E2211	Manual wheelchair accessory, pneumatic propulsion tire, any size, each	**1/1/2006**		**9/1/2023**	NPA
E2212	Manual wheelchair accessory, tube for pneumatic propulsion tire, any size, each	**1/1/2006**		**9/1/2023**	NPA
E2213	Manual wheelchair accessory, insert for pneumatic propulsion tire (removable), any type, any size, each	**1/1/2006**		**9/1/2023**	NPA
E2214	Manual wheelchair accessory, pneumatic caster tire, any size, each	**1/1/2006**		**9/1/2023**	NPA
E2215	Manual wheelchair accessory, tube for pneumatic caster tire, any size, each	**1/1/2006**		**9/1/2023**	NPA
E2216	Manual wheelchair accessory, foam filled propulsion tire, any size, each	**1/1/2006**		**9/1/2023**	NPA
E2217	Manual wheelchair accessory, foam filled caster tire, any size, each	**1/1/2006**		**9/1/2023**	NPA
E2218	Manual wheelchair accessory, foam propulsion tire, any size, each	**1/1/2006**		**9/1/2023**	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
E2219	Manual wheelchair accessory, foam caster tire, any size, each	**1/1/2006**		**9/1/2023**	NPA
E2220	Manual wheelchair accessory, solid (rubber/plastic) propulsion tire, any size, replacement only, each	**1/1/2006**		**9/1/2023**	NPA
E2221	Manual wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each	**1/1/2006**		**9/1/2023**	NPA
E2222	Manual wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each	**1/1/2006**		**9/1/2023**	NPA
E2224	Manual wheelchair accessory, propulsion wheel excludes tire, any size, replacement only, each	**1/1/2006**		**9/1/2023**	NPA
E2225	Manual wheelchair accessory, caster wheel excludes tire, any size, replacement only, each	**1/1/2006**		**9/1/2023**	NPA
E2226	Manual wheelchair accessory, caster fork, any size, replacement only, each	**1/1/2006**		**9/1/2023**	NPA
E2227	Manual wheelchair accessory, gear reduction drive wheel, each	**1/1/2008**			PA
E2228	Manual wheelchair accessory, wheel braking system and lock, complete, each	**1/1/2008**			PA
E2230	Manual wheelchair accessory, manual standing system	**1/1/2009**			PA
E2231	Manual wheelchair accessory, solid seat support base (replaces sling seat), includes any type mounting hardware	**1/1/2009**		**9/1/2023**	NPA
E2291	Back, planar, for pediatric size wheelchair including fixed attaching hardware	**1/1/2005**			PA
E2292	Seat, planar, for pediatric size wheelchair including fixed attaching hardware	**1/1/2005**			PA
E2293	Back, contoured, for pediatric size wheelchair including fixed attaching hardware	**1/1/2005**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
E2294	Seat, contoured, for pediatric size wheelchair including fixed attaching hardware	**1/1/2005**			PA
E2295	Manual wheelchair accessory, for pediatric size wheelchair, dynamic seating frame, allows coordinated movement of multiple positioning features	**1/1/2009**			PA
E2300	Wheelchair accessory, power seat elevation system, any type	**1/1/2004**			PA
E2301	Wheelchair accessory, power standing system, any type	**1/1/2004**			NC
E2310	Power wheelchair accessory, electronic connection between wheelchair controller and one power seating system motor, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware	**1/1/2004**			NC
E2311	Power wheelchair accessory, electronic connection between wheelchair controller and two or more power seating system motors, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware	**1/1/2004**		**9/1/2023**	NC
E2312	Power wheelchair accessory, hand or chin control interface, mini-proportional remote joystick, proportional, including fixed mounting hardware	**1/1/2008**			NC
E2313	Power wheelchair accessory, harness for upgrade to expandable controller, including all fasteners, connectors and mounting hardware, each	**1/1/2008**		**9/1/2023**	NC
E2321	Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware	**1/1/2004**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
E2322	Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware	**1/1/2004**			NC
E2323	Power wheelchair accessory, specialty joystick handle for hand control interface, prefabricated	**1/1/2004**			NC
E2324	Power wheelchair accessory, chin cup for chin control interface	**1/1/2004**			NC
E2325	Power wheelchair accessory, sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual swingaway mounting hardware	**1/1/2004**			NC
E2326	Power wheelchair accessory, breath tube kit for sip and puff interface	**1/1/2004**			NC
E2327	Power wheelchair accessory, head control interface, mechanical, proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware	**1/1/2004**			NC
E2328	Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics and fixed mounting hardware	**1/1/2004**			NC
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	**1/1/2004**			NC
E2330	Power wheelchair accessory, head control interface, proximity switch mechanism, nonproportional, including all related electronics, mechanical stop switch,	**1/1/2004**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	mechanical direction change switch, head array, and fixed mounting hardware				
E2331	Power wheelchair accessory, attendant control, proportional, including all related electronics and fixed mounting hardware	**1/1/2004**			NC
E2340	Power wheelchair accessory, nonstandard seat frame width, 20-23 inches	**1/1/2004**			NC
E2341	Power wheelchair accessory, nonstandard seat frame width, 24-27 inches	**1/1/2004**			NC
E2342	Power wheelchair accessory, nonstandard seat frame depth, 20 or 21 inches	**1/1/2004**			NC
E2343	Power wheelchair accessory, nonstandard seat frame depth, 22-25 inches	**1/1/2004**			NC
E2351	Power wheelchair accessory, electronic interface to operate speech generating device using power wheelchair control interface	**1/1/2004**			NC
E2358	Power wheelchair accessory, group 34 non-sealed lead acid battery, each	**1/1/2012**			NC
E2359	Power wheelchair accessory, group 34 sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)	**1/1/2012**			NC
E2360	Power wheelchair accessory, 22 NF non-sealed lead acid battery, each	**1/1/2004**			NC
E2361	Power wheelchair accessory, 22 NF sealed lead acid battery, each, (e.g., gel cell, absorbed glassmat)	**1/1/2004**			NC
E2362	Power wheelchair accessory, group 24 non-sealed lead acid battery, each	**1/1/2004**			NC
E2363	Power wheelchair accessory, group 24 sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)	**1/1/2004**			NC
E2364	Power wheelchair accessory, U-1 non-sealed lead acid battery, each	**1/1/2004**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
E2365	Power wheelchair accessory, U-1 sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)	**1/1/2004**			NC
E2366	Power wheelchair accessory, battery charger, single mode, for use with only one battery type, sealed or non-sealed, each	**1/1/2004**			NC
E2367	Power wheelchair accessory, battery charger, dual mode, for use with either battery type, sealed or non-sealed, each	**1/1/2004**			NC
E2368	Power wheelchair component, drive wheel motor, replacement only	**1/1/2005**			NC
E2369	Power wheelchair component, drive wheel gear box, replacement only	**1/1/2005**			NC
E2370	Power wheelchair component, integrated drive wheel motor and gear box combination, replacement only	**1/1/2005**			NC
E2371	Power wheelchair accessory, group 27 sealed lead acid battery, (e.g., gel cell, absorbed glassmat), each	**1/1/2006**			NC
E2372	Power wheelchair accessory, group 27 non-sealed lead acid battery, each	**1/1/2006**			NC
E2373	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware	**1/1/2007**			NC
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	**1/1/2007**			NC
E2375	Power wheelchair accessory, non-expandable controller, including all related electronics and mounting hardware, replacement only	**1/1/2007**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
E2376	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, replacement only	**1/1/2007**			NC
E2377	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, upgrade provided at initial issue	**1/1/2007**		**9/1/2023**	NC
E2378	Power wheelchair component, actuator, replacement only	**1/1/2013**			NC
E2381	Power wheelchair accessory, pneumatic drive wheel tire, any size, replacement only, each	**1/1/2007**			NC
E2382	Power wheelchair accessory, tube for pneumatic drive wheel tire, any size, replacement only, each	**1/1/2007**			NC
E2383	Power wheelchair accessory, insert for pneumatic drive wheel tire (removable), any type, any size, replacement only, each	**1/1/2007**			NC
E2384	Power wheelchair accessory, pneumatic caster tire, any size, replacement only, each	**1/1/2007**			NC
E2385	Power wheelchair accessory, tube for pneumatic caster tire, any size, replacement only, each	**1/1/2007**			NC
E2386	Power wheelchair accessory, foam filled drive wheel tire, any size, replacement only, each	**1/1/2007**			NC
E2387	Power wheelchair accessory, foam filled caster tire, any size, replacement only, each	**1/1/2007**			NC
E2388	Power wheelchair accessory, foam drive wheel tire, any size, replacement only, each	**1/1/2007**			NC
E2389	Power wheelchair accessory, foam caster tire, any size, replacement only, each	**1/1/2007**			NC
E2390	Power wheelchair accessory, solid (rubber/plastic) drive wheel tire, any size, replacement only, each	**1/1/2007**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
E2391	Power wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each	**1/1/2007**			NC
E2392	Power wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each	**1/1/2007**			NC
E2394	Power wheelchair accessory, drive wheel excludes tire, any size, replacement only, each	**1/1/2007**			NC
E2395	Power wheelchair accessory, caster wheel excludes tire, any size, replacement only, each	**1/1/2007**			NC
E2396	Power wheelchair accessory, caster fork, any size, replacement only, each	**1/1/2007**			NC
E2397	Power wheelchair accessory, lithium-based battery, each	**1/1/2008**			NC
E2398	Wheelchair accessory, dynamic positioning hardware for back	**1/1/2020**		**4/1/2020**	PA
E2402	Negative pressure wound therapy electrical pump, stationary or portable	**1/1/2004**			NPA
E2500	Speech generating device, digitized speech, using pre-recorded messages, less than or equal to 8 minutes recording time	**1/1/2004**		**9/1/2023**	NPA
E2502	Speech generating device, digitized speech, using pre-recorded messages, greater than 8 minutes but less than or equal to 20 minutes recording time	**1/1/2004**			PA
E2504	Speech generating device, digitized speech, using pre-recorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time	**1/1/2004**			PA
E2506	Speech generating device, digitized speech, using pre-recorded messages, greater than 40 minutes recording time	**1/1/2004**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
E2508	Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device	1/1/2004			PA
E2510	Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access	1/1/2004			PA
E2511	Speech generating software program, for personal computer or personal digital assistant	1/1/2004			PA
E2512	Accessory for speech generating device, mounting system	1/1/2004			PA
E2599	Accessory for speech generating device, not otherwise classified	1/1/2004			PA
E2601	General use wheelchair seat cushion, width less than 22 inches, any depth	1/1/2005		**9/1/2023**	NPA
E2602	General use wheelchair seat cushion, width 22 inches or greater, any depth	1/1/2005		**9/1/2023**	NPA
E2603	Skin protection wheelchair seat cushion, width less than 22 inches, any depth	1/1/2005		**9/1/2023**	NPA
E2604	Skin protection wheelchair seat cushion, width 22 inches or greater, any depth	1/1/2005		**9/1/2023**	NPA
E2605	Positioning wheelchair seat cushion, width less than 22 inches, any depth	1/1/2005		**9/1/2023**	NPA
E2606	Positioning wheelchair seat cushion, width 22 inches or greater, any depth	1/1/2005		**9/1/2023**	NPA
E2607	Skin protection and positioning wheelchair seat cushion, width less than 22 inches, any depth	1/1/2005		**9/1/2023**	NPA
E2608	Skin protection and positioning wheelchair seat cushion, width 22 inches or greater, any depth	1/1/2005			PA
E2609	Custom fabricated wheelchair seat cushion, any size	1/1/2005		**9/1/2023**	PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
E2610	Wheelchair seat cushion, powered	**1/1/2005**		**9/1/2023**	PA
E2611	General use wheelchair back cushion, width less than 22 inches, any height, including any type mounting hardware	**1/1/2005**			PA
E2612	General use wheelchair back cushion, width 22 inches or greater, any height, including any type mounting hardware	**1/1/2005**			PA
E2613	Positioning wheelchair back cushion, posterior, width less than 22 inches, any height, including any type mounting hardware	**1/1/2005**			PA
E2614	Positioning wheelchair back cushion, posterior, width 22 inches or greater, any height, including any type mounting hardware	**1/1/2005**			PA
E2615	Positioning wheelchair back cushion, posterior-lateral, width less than 22 inches, any height, including any type mounting hardware	**1/1/2005**			PA
E2616	Positioning wheelchair back cushion, posterior-lateral, width 22 inches or greater, any height, including any type mounting hardware	**1/1/2005**			PA
E2617	Custom fabricated wheelchair back cushion, any size, including any type mounting hardware	**1/1/2005**		**9/1/2023**	PA
E2619	Replacement cover for wheelchair seat cushion or back cushion, each	**1/1/2005**		**9/1/2023**	NPA
E2620	Positioning wheelchair back cushion, planar back with lateral supports, width less than 22 inches, any height, including any type mounting hardware	**1/1/2005**			PA
E2621	Positioning wheelchair back cushion, planar back with lateral supports, width 22 inches or greater, any height, including any type mounting hardware	**1/1/2005**		**9/1/2023**	PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
E2622	Skin protection wheelchair seat cushion, adjustable, width less than 22 inches, any depth	**1/1/2011**			NC
E2623	Skin protection wheelchair seat cushion, adjustable, width 22 inches or greater, any depth	**1/1/2011**			NC
E2624	Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 inches, any depth	**1/1/2011**			NC
E2625	Skin protection and positioning wheelchair seat cushion, adjustable, width 22 inches or greater, any depth	**1/1/2011**			NC
E2626	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable	**1/1/2012**			PA
E2627	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable Rancho type	**1/1/2012**			PA
E2628	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, reclining	**1/1/2012**			PA
E2629	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, friction arm support (friction dampening to proximal and distal joints)	**1/1/2012**			PA
E2630	Wheelchair accessory, shoulder elbow, mobile arm support, monosuspension arm and hand support, overhead elbow forearm hand sling support, yoke type suspension support	**1/1/2012**			PA
E2631	Wheelchair accessory, addition to mobile arm support, elevating proximal arm	**1/1/2012**			PA
E2632	Wheelchair accessory, addition to mobile arm support, offset or lateral rocker arm with elastic balance control	**1/1/2012**			PA
E2633	Wheelchair accessory, addition to mobile arm support, supinator	**1/1/2012**			PA
E8000	Gait trainer, pediatric size, posterior support, includes all accessories and components	**1/1/2005**		**9/1/2023**	PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
E8001	Gait trainer, pediatric size, upright support, includes all accessories and components	**1/1/2005**		**9/1/2023**	PA
E8002	Gait trainer, pediatric size, anterior support, includes all accessories and components	**1/1/2005**		**9/1/2023**	PA
G0008	Administration of influenza virus vaccine	**1/1/1994**			NPA
G0009	Administration of pneumococcal vaccine	**1/1/1994**			NPA
G0010	Administration of hepatitis B vaccine	**1/1/1994**			NPA
G0027	Semen analysis; presence and/or motility of sperm excluding Huhner	**1/1/1995**			NC
G0028	Documentation of medical reason(s) for not screening for tobacco use (e.g., limited life expectancy, other medical reason)	**1/1/2022**	**12/31/2022**	**1/1/2022**	NC
G0029	Tobacco screening not performed or tobacco cessation intervention not provided on the date of the encounter or within the previous 12 months, reason not otherwise specified	**1/1/2022**		**1/1/2022**	NC
G0030	Patient screened for tobacco use and received tobacco cessation intervention on the date of the encounter or within the previous 12 months (counseling, pharmacotherapy, or both), if identified as a tobacco user	**1/1/2022**		**1/1/2022**	NC
G0031	Palliative care services given to patient any time during the measurement period	**1/1/2022**		**1/1/2022**	NC
G0032	Two or more antipsychotic prescriptions ordered for patients who had a diagnosis of schizophrenia, schizoaffective disorder, or bipolar disorder on or between January 1 of the year prior to the measurement	**1/1/2022**		**1/1/2022**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	period and the index prescription start date (IPSD) for antipsychotics				
G0033	Two or more benzodiazepine prescriptions ordered for patients who had a diagnosis of seizure disorders, rapid eye movement sleep behavior disorder, benzodiazepine withdrawal, ethanol withdrawal, or severe generalized anxiety disorder on or between january 1 of the year prior to the measurement period and the ipsd for benzodiazepines	1/1/2022		1/1/2022	NC
G0034	Patients receiving palliative care during the measurement period	1/1/2022		1/1/2022	NC
G0035	Patient has any emergency department encounter during the performance period with place of service indicator 23	1/1/2022		1/1/2022	NC
G0036	Patient or care partner decline assessment	1/1/2022		1/1/2022	NC
G0037	On date of encounter, patient is not able to participate in assessment or screening, including non-verbal patients, delirious, severely aphasic, severely developmentally delayed, severe visual or hearing impairment and for those patients, no knowledgeable informant available	1/1/2022		1/1/2022	NC
G0038	Clinician determines patient does not require referral	1/1/2022		1/1/2022	NC
G0039	Patient not referred, reason not otherwise specified	1/1/2022		1/1/2022	NC
G0040	Patient already receiving physical/occupational/speech/recreational therapy during the measurement period	1/1/2022		1/1/2022	NC
G0041	Patient and/or care partner decline referral	1/1/2022		1/1/2022	NC
G0042	Referral to physical, occupational, speech, or recreational therapy	1/1/2022		1/1/2022	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
G0043	Patients with mechanical prosthetic heart valve	1/1/2022		1/1/2022	NC
G0044	Patients with moderate or severe mitral stenosis	1/1/2022		1/1/2022	NC
G0045	Clinical follow-up and MRS score assessed at 90 days following endovascular stroke intervention	1/1/2022		1/1/2022	NC
G0046	Clinical follow-up and MRS score not assessed at 90 days following endovascular stroke intervention	1/1/2022		1/1/2022	NC
G0047	Pediatric patient with minor blunt head trauma and PECARN prediction criteria are not assessed	1/1/2022		1/1/2022	NC
G0048	Patients who receive palliative care services any time during the intake period through the end of the measurement year	1/1/2022		1/1/2022	NC
G0049	With maintenance hemodialysis (in-center and home HD) for the complete reporting month	1/1/2022		1/1/2022	NC
G0050	Patients with a catheter that have limited life expectancy	1/1/2022		1/1/2022	NC
G0051	Patients under hospice care in the current reporting month	1/1/2022		1/1/2022	NC
G0052	Patients on peritoneal dialysis for any portion of the reporting month	1/1/2022		1/1/2022	NC
G0053	Advancing rheumatology patient care MIPS value pathways	1/1/2022		1/1/2022	NC
G0054	Coordinating stroke care to promote prevention and cultivate positive outcomes MIPS value pathways	1/1/2022		1/1/2022	NC
G0055	Advancing care for heart disease MIPS value pathways	1/1/2022		1/1/2022	NC
G0056	Optimizing chronic disease management MIPS value pathways	1/1/2022		1/1/2022	NC
G0057	Proposed adopting best practices and promoting patient safety within emergency medicine MIPS value pathways	1/1/2022		1/1/2022	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
G0058	Improving care for lower extremity joint repair MIPS value pathways	**1/1/2022**		**1/1/2022**	NC
G0059	Patient safety and support of positive experiences with anesthesia MIPS value pathways	**1/1/2022**		**1/1/2022**	NC
G0060	Allergy/Immunology MIPS Specialty Set	**1/1/2022**		**1/1/2022**	NC
G0061	Anesthesiology MIPS Specialty Set	**1/1/2022**		**1/1/2022**	NC
G0062	Audiology MIPS Specialty Set	**1/1/2022**		**1/1/2022**	NC
G0063	Cardiology MIPS Specialty Set	**1/1/2022**		**1/1/2022**	NC
G0064	Certified nurse midwife MIPS Specialty Set	**1/1/2022**		**1/1/2022**	NC
G0065	Chiropractic medicine MIPS Specialty Set	**1/1/2022**		**1/1/2022**	NC
G0066	Clinical social work MIPS Specialty Set	**1/1/2022**		**1/1/2022**	NC
G0067	Dentistry MIPS Specialty Set	**1/1/2022**		**1/1/2022**	NC
G0068	Professional services for the administration of anti-infective, pain management, chelation, pulmonary hypertension, inotropic, or other intravenous infusion drug or biological (excluding chemotherapy or other highly complex drug or biological) for each infusion drug administration calendar day in the individual's home, each 15 minutes	**1/1/2019**			NC
G0069	Professional services for the administration of subcutaneous immunotherapy or other subcutaneous infusion drug or biological for each infusion drug administration calendar day in the individual's home, each 15 minutes	**1/1/2019**			NC
G0070	Professional services for the administration of intravenous chemotherapy or other intravenous highly complex drug	**1/1/2019**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	or biological infusion for each infusion drug administration calendar day in the individual's home, each 15 minutes				
G0071	Payment for communication technology-based services for 5 minutes or more of a virtual (non-face-to-face) communication between an rural health clinic (RHC) or federally qualified health center (FQHC) practitioner and RHC or FQHC patient, or 5 minutes or more of remote evaluation of recorded video and/or images by an RHC or FQHC practitioner, occurring in lieu of an office visit; RHC or FQHC only	**1/1/2019**			NC
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)	**1/1/2019**			NC
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)	**1/1/2019**			NC
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)	**1/1/2019**			NC
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)	**1/1/2019**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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)	**1/1/2019**			NC
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)	**1/1/2019**			NC
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)	**1/1/2019**			NC
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)	**1/1/2019**			NC
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)	**1/1/2019**			NC
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)	**1/1/2019**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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)	**1/1/2019**			NC
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)	**1/1/2019**			NC
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 minutes	**1/1/2021**		**9//2023**	NC
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 minutes	**1/1/2021**		**9/1/2023**	NC
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 minutes	**1/1/2021**		**9/1/2023**	NC
G0101	Cervical or vaginal cancer screening; pelvic and clinical breast examination	**1/1/1998**			NPA
G0102	Prostate cancer screening; digital rectal examination	**1/1/2000**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
G0103	Prostate cancer screening; prostate specific antigen test (PSA)	1/1/2000			NPA
G0104	Colorectal cancer screening; flexible sigmoidoscopy	1/1/1998			NPA
G0105	Colorectal cancer screening; colonoscopy on individual at high risk	1/1/1998			NPA
G0106	Colorectal cancer screening; alternative to G0104, screening sigmoidoscopy, barium enema	1/1/1998			NPA
G0108	Diabetes outpatient self-management training services, individual, per 30 minutes	7/1/1998			NPA
G0109	Diabetes outpatient self-management training services, group session (2 or more), per 30 minutes	7/1/1998			NPA
G0117	Glaucoma screening for high risk patients furnished by an optometrist or ophthalmologist	1/1/2002			NPA
G0118	Glaucoma screening for high risk patient furnished under the direct supervision of an optometrist or ophthalmologist	1/1/2002			NPA
G0120	Colorectal cancer screening; alternative to G0105, screening colonoscopy, barium enema.	1/1/1998			NPA
G0121	Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk	1/1/1998			NPA
G0122	Colorectal cancer screening; barium enema	1/1/1998			NPA
G0123	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, screening by cytotechnologist under physician supervision	4/1/1998			NPA
G0124	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, requiring interpretation by physician	4/1/1998			NPA
G0127	Trimming of dystrophic nails, any number	1/1/1998			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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	**4/1/1998**		**9/1/2023**	NC
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)	**4/1/2000**		**9/1/2023**	NC
G0130	Single energy x-ray absorptiometry (SEXA) bone density study, one or more sites; appendicular skeleton (peripheral) (e.g., radius, wrist, heel)	**7/1/1998**			NPA
G0141	Screening cytopathology smears, cervical or vaginal, performed by automated system, with manual rescreening, requiring interpretation by physician	**1/1/1999**			NPA
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	**1/1/1999**			NPA
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	**1/1/1999**			NPA
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	**1/1/1999**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
G0147	Screening cytopathology smears, cervical or vaginal, performed by automated system under physician supervision	**1/1/1999**			NPA
G0148	Screening cytopathology smears, cervical or vaginal, performed by automated system with manual rescreening	**1/1/1999**			NPA
G0151	Services performed by a qualified physical therapist in the home health or hospice setting, each 15 minutes	**7/1/1999**		**12/15/2023**	NC
G0152	Services performed by a qualified occupational therapist in the home health or hospice setting, each 15 minutes	**7/1/1999**		**12/15/2023**	NC
G0153	Services performed by a qualified speech-language pathologist in the home health or hospice setting, each 15 minutes	**7/1/1999**		**12/15/2023**	NC
G0155	Services of clinical social worker in home health or hospice settings, each 15 minutes	**7/1/1999**			PA
G0156	Services of home health/hospice aide in home health or hospice settings, each 15 minutes	**7/1/1999**			PA
G0157	Services performed by a qualified physical therapist assistant in the home health or hospice setting, each 15 minutes	**1/1/2011**			PA
G0158	Services performed by a qualified occupational therapist assistant in the home health or hospice setting, each 15 minutes	**1/1/2011**			PA
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	**1/1/2011**			PA
G0160	Services performed by a qualified occupational therapist, in the home health setting, in the establishment or delivery	**1/1/2011**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	of a safe and effective occupational therapy maintenance program, each 15 minutes				
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	**1/1/2011**			PA
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 non-skilled care achieves its purpose in the home health or hospice setting)	**1/1/2011**			PA
G0166	External counterpulsation, per treatment session	**1/1/2000**			PA
G0168	Wound closure utilizing tissue adhesive(s) only	**1/1/2000**			NPA
G0175	Scheduled interdisciplinary team conference (minimum of three exclusive of patient care nursing staff) with patient present	**7/1/2000**			NPA
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)	**1/1/2001**			NC
G0177	Training and educational services related to the care and treatment of patient's disabling mental health problems per session (45 minutes or more)	**1/1/2001**			NC
G0179	Physician or allowed practitioner re-certification for Medicare-covered home health services under a home health plan of care (patient not present), including contacts with home health agency and review of reports	**1/1/2001**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	of patient status required by physicians and allowed practitioners to affirm the initial implementation of the plan of care				
G0180	Physician or allowed practitioner certification for Medicare-covered home health services under a home health plan of care (patient not present), including contacts with home health agency and review of reports of patient status required by physicians and allowed practitioners to affirm the initial implementation of the plan of care	**10/1/2000**			NC
G0181	Physician or allowed practitioner supervision of a patient receiving Medicare-covered services provided by a participating home health agency (patient not present) requiring complex and multidisciplinary care modalities involving regular physician or allowed practitioner development and/or revision of care plans	**1/1/2001**			NC
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	**1/1/2001**		**9/1/2023**	NC
G0186	Destruction of localized lesion of choroid (for example, choroidal neovascularization); photocoagulation, feeder vessel technique (one or more sessions)	**1/1/2001**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
G0219	PET imaging whole body; melanoma for non-covered indications	**7/1/2001**			PA
G0235	PET imaging, any site, not otherwise specified	**1/1/2006**			PA
G0237	Therapeutic procedures to increase strength or endurance of respiratory muscles, face to face, one on one, each 15 minutes (includes monitoring)	**1/1/2002**			NPA
G0238	Therapeutic procedures to improve respiratory function, other than described by G0237, one on one, face to face, per 15 minutes (includes monitoring)	**1/1/2002**			NPA
G0239	Therapeutic procedures to improve respiratory function or increase strength or endurance of respiratory muscles, two or more individuals (includes monitoring)	**1/1/2002**			NPA
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	**7/1/2002**			NPA
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	**7/1/2002**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	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				
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	**7/1/2002**			NPA
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	**7/1/2002**			NPA
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	**7/1/2002**			NPA
G0250	Physician review, interpretation, and patient management of home INR testing for patient with either	**7/1/2002**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	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				
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)	**10/1/2002**		**9/1/2023**	PA
G0255	Current perception threshold/sensory nerve conduction test, (SNCT) per limb, any nerve	**10/1/2002**			NPA
G0257	Unscheduled or emergency dialysis treatment for an ESRD patient in a hospital outpatient department that is not certified as an ESRD facility	**1/1/2003**			NPA
G0259	Injection procedure for sacroiliac joint; arthrography	**1/1/2003**			NPA
G0260	Injection procedure for sacroiliac joint; provision of anesthetic, steroid and/or other therapeutic agent, with or without arthrography	**1/1/2003**			NPA
G0268	Removal of impacted cerumen (one or both ears) by physician on same date of service as audiologic function testing	**1/1/2003**			NPA
G0269	Placement of occlusive device into either a venous or arterial access site, post surgical or interventional procedure (e.g., angioseal plug, vascular plug)	**1/1/2003**			NPA
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	**1/1/2003**		**9/1/2023**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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	**1/1/2003**		**9/1/2023**	NC
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	**1/9/2014**			NC
G0277	Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval	**1/1/2015**			PA
G0278	Iliac and/or femoral artery angiography, non-selective, bilateral or ipsilateral to catheter insertion, performed at the same time as cardiac catheterization and/or coronary angiography, includes positioning or placement of the catheter in the distal aorta or ipsilateral femoral or iliac artery, injection of dye, production of permanent images, and radiologic supervision and interpretation (List separately in addition to primary procedure)	**1/1/2003**			NPA
G0279	Diagnostic digital breast tomosynthesis, unilateral or bilateral (List separately in addition to 77065 or 77066)	**1/1/2003**		**9/1/2023**	NPA
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	**4/1/2003**		**5/1/2023**	NPA
G0282	Electrical stimulation, (unattended), to one or more areas, for wound care other than described in G0281	**4/1/2003**		**5/1/2023**	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
G0283	Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care	**1/1/2003**		**5/1/2023**	NPA
G0288	Reconstruction, computed tomographic angiography of aorta for surgical planning for vascular surgery	**1/1/2003**			NPA
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	**1/1/2003**			NPA
G0293	Noncovered surgical procedure(s) using conscious sedation, regional, general or spinal anesthesia in a Medicare qualifying clinical trial, per day	**1/1/2003**			NPA
G0294	Noncovered procedure(s) using either no anesthesia or local anesthesia only, in a Medicare qualifying clinical trial, per day	**1/1/2003**			NPA
G0295	Electromagnetic therapy, to one or more areas, for wound care other than described in G0329 or for other uses	**4/1/2003**			NC
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)	**10/1/2003**			NPA
G0299	Direct skilled nursing services of a registered nurse (RN) in the home health or hospice setting, each 15 minutes	**10/1/2003**			PA
G0300	Direct skilled nursing services of a licensed practical nurse (LPN) in the home health or hospice setting, each 15 minutes	**10/1/2003**			PA
G0302	Pre-operative pulmonary surgery services for preparation for LVRS, complete course of services, to include a minimum of 16 days of services	**1/1/2004**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
G0303	Pre-operative pulmonary surgery services for preparation for LVRS, 10 to 15 days of services	1/1/2004			PA
G0304	Pre-operative pulmonary surgery services for preparation for LVRS, 1 to 9 days of services	1/1/2004			PA
G0305	Post-discharge pulmonary surgery services after LVRS, minimum of 6 days of services	1/1/2004			PA
G0306	Complete CBC, automated (HGB, HCT, RBC, WBC, without platelet count) and automated WBC differential count	1/1/2004			NPA
G0307	Complete (CBC), automated (HGB, HCT, RBC, WBC; without platelet count)	1/1/2004			NPA
G0308	Creation of subcutaneous pocket with insertion of 180 day implantable interstitial glucose sensor, including system activation and patient training	1/1/2004	12/31/2022	**9/1/2023**	NC
G0309	Removal of implantable interstitial glucose sensor with creation of subcutaneous pocket at different anatomic site and insertion of new 180 day implantable sensor, including system activation	1/1/2004	12/31/2022	**9/1/2023**	NC
G0310	Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service, 5 to 15 mins time (this code is used for medicaid billing purposes)	10/1/2022		**10/1/2022**	NC
G0311	Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service, 16-30 mins time (this code is used for medicaid billing purposes)	10/1/2022		**10/1/2022**	NC
G0312	Immunization counseling by a physician or other qualify ed health care professional when the vaccine(s) is not administered on the same date of service for ages under	10/1/2022		**10/1/2022**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	21, 5 to 15 mins time (this code is used for medicaid billing purposes)				
G0313	Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service for ages under 21, 16-30 mins time (this code is used for medicaid billing purposes)	**10/1/2022**		**10/1/2022**	NC
G0314	Immunization counseling by a physician or other qualified health care professional for covid-19, ages under 21, 16-30 mins time (this code is used for the medicaid early and periodic screening, diagnostic, and treatment benefit (epsdt)	**10/1/2022**		**10/1/2022**	NC
G0315	Immunization counseling by a physician or other qualified health care professional for covid-19, ages under 21, 5-15 mins time (this code is used for the medicaid early and periodic screening, diagnostic, and treatment benefit (epsdt)	**10/1/2022**		**10/1/2022**	NC
G0316	Prolonged hospital inpatient or observation care evaluation and management service(s) beyond the total time for the primary service (when the primary service has been selected using time on the date of the primary service); each additional 15 minutes by the physician or qualified healthcare professional, with or without direct patient contact (List separately in addition to CPT codes 99223, 99233, and 99236 for hospital inpatient or observation care evaluation and management services). (Do not report G0316 on the same date of service as other prolonged services for evaluation and management 99358, 99359, 99418, 99415, 99416). (do not report G0316 for any time unit less than 15 minutes)	**1/1/2023**		**9/1/2023**	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
G0317	Prolonged nursing facility evaluation and management service(s) beyond the total time for the primary service (when the primary service has been selected using time on the date of the primary service); each additional 15 minutes by the physician or qualified healthcare professional, with or without direct patient contact (List separately in addition to CPT codes 99306, 99310 for nursing facility evaluation and management services). (Do not report G0317 on the same date of service as other prolonged services for evaluation and management 99358, 99359, 99418). (Do not report G0317 for any time unit less than 15 minutes)	**1/1/2023**		**9/1/2023**	NPA
G0318	Prolonged home or residence evaluation and management service(s) beyond the total time for the primary service (when the primary service has been selected using time on the date of the primary service); each additional 15 minutes by the physician or qualified healthcare professional, with or without direct patient contact (List separately in addition to CPT codes 99345, 99350 for home or residence evaluation and management services). (Do not report G0318 on the same date of service as other prolonged services for evaluation and management 99358, 99359, 99417). (do not report g0318 for any time unit less than 15 minutes)	**1/1/2023**		**9/1/2023**	NPA
G0320	Home health services furnished using synchronous telemedicine rendered via a real-time two-way audio and video telecommunications system	**1/1/2023**		**9/1/2023**	NPA
G0321	Home health services furnished using synchronous telemedicine rendered via telephone or other real-time interactive audio-only telecommunications system	**1/1/2023**		**9/1/2023**	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
G0322	The collection of physiologic data digitally stored and/or transmitted by the patient to the home health agency (i.e., remote patient monitoring)	**1/1/2023**		**9/1/2023**	NPA
G0323	Care management services for behavioral health conditions, at least 20 minutes of clinical psychologist or clinical social worker time, per calendar month. These services include the following required elements: initial assessment or follow-up monitoring, including the use of applicable validated rating scales; behavioral health care planning in relation to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes; facilitating and coordinating treatment such as psychotherapy, coordination with and/or referral to physicians and practitioners who are authorized by medicare to prescribe medications and furnish e/m services, counseling and/or psychiatric consultation; and continuity of care with a designated member of the care team)	**1/1/2023**		**2/1/2023**	NPA
G0327	Colorectal cancer screening; blood-based biomarker	**1/1/2004**			NC
G0328	Colorectal cancer screening; fecal occult blood test, immunoassay, 1-3 simultaneous	**1/1/2004**			NPA
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	**7/1/2004**			NC
G0330	Facility services for dental rehabilitation procedure(s) performed on a patient who requires monitored anesthesia (e.g., general, intravenous sedation	**1/1/2023**		**2/1/2023**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	(monitored anesthesia care) and use of an operating room				
G0333	Pharmacy dispensing fee for inhalation drug(s); initial 30-day supply as a beneficiary	**1/1/2006**			NPA
G0337	Hospice evaluation and counseling services, pre-election	**1/1/2005**			NPA
G0339	Image-guided robotic linear accelerator-based stereotactic radiosurgery, complete course of therapy in one session or first session of fractionated treatment	**1/1/2004**			PA
G0340	Image-guided robotic linear accelerator-based stereotactic radiosurgery, delivery including collimator changes and custom plugging, fractionated treatment, all lesions, per session, second through fifth sessions, maximum five sessions per course of treatment	**1/1/2004**			PA
G0341	Percutaneous islet cell transplant, includes portal vein catheterization and infusion	**10/1/2004**			PA
G0342	Laparoscopy for islet cell transplant, includes portal vein catheterization and infusion	**10/1/2004**			PA
G0343	Laparotomy for islet cell transplant, includes portal vein catheterization and infusion	**10/1/2004**			PA
G0372	Physician service required to establish and document the need for a power mobility device	**10/25/2005**			NC
G0378	Hospital observation service, per hour	**1/1/2006**		**9/1/2023**	NPA
G0379	Direct admission of patient for hospital observation care	**1/1/2006**		**9/1/2023**	NPA
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	**1/1/2007**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	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)				
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)	**1/1/2007**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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)	**1/1/2007**			NPA
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	**1/1/2007**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	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)				
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)	**1/1/2007**			NPA
G0390	Trauma response team associated with hospital critical care service	**1/1/2007**			NPA
G0396	Alcohol and/or substance (other than tobacco) misuse structured assessment (e.g., AUDIT, DAST), and brief intervention 15 to 30 minutes	**1/1/2008**			NPA
G0397	Alcohol and/or substance (other than tobacco) misuse structured assessment (e.g., AUDIT, DAST), and intervention, greater than 30 minutes	**1/1/2008**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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	**3/13/2008**			NPA
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	**3/13/2008**			NPA
G0400	Home sleep test (HST) with type IV portable monitor, unattended; minimum of 3 channels	**3/13/2008**			NPA
G0402	Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 months of Medicare enrollment	**1/1/2009**			NC
G0403	Electrocardiogram, routine ECG with 12 leads; performed as a screening for the initial preventive physical examination with interpretation and report	**1/1/2009**			NPA
G0404	Electrocardiogram, routine ECG with 12 leads; tracing only, without interpretation and report, performed as a screening for the initial preventive physical examination	**1/1/2009**			NPA
G0405	Electrocardiogram, routine ECG with 12 leads; interpretation and report only, performed as a screening for the initial preventive physical examination	**1/1/2009**			NPA
G0406	Follow-up inpatient consultation, limited, physicians typically spend 15 minutes communicating with the patient via telehealth	**1/1/2009**		**9/1/2023**	NPA
G0407	Follow-up inpatient consultation, intermediate, physicians typically spend 25 minutes communicating with the patient via telehealth	**1/1/2009**		**9/1/2023**	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
G0408	Follow-up inpatient consultation, complex, physicians typically spend 35 minutes communicating with the patient via telehealth	**1/1/2009**		**9/1/2023**	NPA
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)	**1/1/2009**			NPA
G0410	Group psychotherapy other than of a multiple-family group, in a partial hospitalization setting, approximately 45 to 50 minutes	**1/1/2009**			NPA
G0411	Interactive group psychotherapy, in a partial hospitalization setting, approximately 45 to 50 minutes	**1/1/2009**			NPA
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	**1/1/2009**			NPA
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)	**1/1/2009**			NPA
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)	**1/1/2009**			NPA
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)	**1/1/2009**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
G0416	Surgical pathology, gross and microscopic examinations, for prostate needle biopsy, any method	**1/1/2009**			NPA
G0420	Face-to-face educational services related to the care of chronic kidney disease; individual, per session, per one hour	**1/1/2010**			NC
G0421	Face-to-face educational services related to the care of chronic kidney disease; group, per session, per one hour	**1/1/2010**			NC
G0422	Intensive cardiac rehabilitation; with or without continuous ECG monitoring with exercise, per session	**1/1/2010**			NPA
G0423	Intensive cardiac rehabilitation; with or without continuous ECG monitoring; without exercise, per session	**1/1/2010**			NPA
G0425	Telehealth consultation, emergency department or initial inpatient, typically 30 minutes communicating with the patient via telehealth	**1/1/2010**		**9/1/2023**	NPA
G0426	Telehealth consultation, emergency department or initial inpatient, typically 50 minutes communicating with the patient via telehealth	**1/1/2010**		**9/1/2023**	NPA
G0427	Telehealth consultation, emergency department or initial inpatient, typically 70 minutes or more communicating with the patient via telehealth	**1/1/2010**		**9/1/2023**	NPA
G0428	Collagen meniscus implant procedure for filling meniscal defects (e.g., CMI, collagen scaffold, Menaflex)	**5/25/2010**			NC
G0429	Dermal filler injection(s) for the treatment of facial lipodystrophy syndrome (LDS) (e.g., as a result of highly active antiretroviral therapy)	**3/23/2010**			PA
G0432	Infectious agent antibody detection by enzyme immunoassay (EIA) technique, HIV-1 and/or HIV-2, screening	**12/8/2009**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
G0433	Infectious agent antibody detection by enzyme-linked immunosorbent assay (ELISA) technique, HIV-1 and/or HIV-2, screening	12/8/2009			NPA
G0435	Infectious agent antibody detection by rapid antibody test, HIV-1 and/or HIV-2, screening	12/8/2009			NPA
G0438	Annual wellness visit; includes a personalized prevention plan of service (PPS), initial visit	1/1/2011			NPA
G0439	Annual wellness visit, includes a personalized prevention plan of service (PPS), subsequent visit	1/1/2011			NPA
G0442	Annual alcohol misuse screening, 15 minutes	10/14/2011			NPA
G0443	Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes	10/14/2011			NPA
G0444	Annual depression screening, 15 minutes	10/14/2011			NPA
G0445	High intensity behavioral counseling to prevent sexually transmitted infection; face-to-face, individual, includes: education, skills training and guidance on how to change sexual behavior; performed semi-annually, 30 minutes	11/8/2011			NPA
G0446	Annual, face-to-face intensive behavioral therapy for cardiovascular disease, individual, 15 minutes	11/8/2011			NPA
G0447	Face-to-face behavioral counseling for obesity, 15 minutes	11/29/2011			NPA
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	1/1/2012			NPA
G0451	Development testing, with interpretation and report, per standardized instrument form	1/1/2012			NPA
G0452	Molecular pathology procedure; physician interpretation and report	1/1/2013			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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)	**1/1/2013**			NPA
G0454	Physician documentation of face-to-face visit for durable medical equipment determination performed by nurse practitioner, physician assistant or clinical nurse specialist	**1/1/2013**			NC
G0455	Preparation with instillation of fecal microbiota by any method, including assessment of donor specimen	**1/1/2013**			NC
G0458	Low dose rate (LDR) prostate brachytherapy services, composite rate	**1/1/2013**			PA
G0459	Inpatient telehealth pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy	**1/1/2013**			NC
G0460	Autologous platelet rich plasma or other blood-derived product for non-diabetic chronic wounds/ulcers, including as applicable phlebotomy, centrifugation or mixing, and all other preparatory procedures, administration and dressings, per treatment	**8/2/2012**			NC
G0463	Hospital outpatient clinic visit for assessment and management of a patient	**1/1/2014**		**9/1/2023**	NC
G0465	Autologous platelet rich plasma (PRP) for diabetic chronic wounds/ulcers, using an FDA-cleared device (includes administration, dressings, phlebotomy, centrifugation, and all other preparatory procedures, per treatment)	**4/13/2021**		**9/1/2023**	NC
G0466	Federally qualified health center (FQHC) visit, new patient; a medically-necessary, face-to-face encounter (one-on-one) between a new patient and a FQHC practitioner during which time one or more FQHC services are rendered and includes a typical bundle of Medicare-	**10/1/2014**		**9/1/2023**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	covered services that would be furnished per diem to a patient receiving a FQHC visit				
G0467	Federally qualified health center (FQHC) visit, established patient; a medically-necessary, face-to-face encounter (one-on-one) between an established patient and a FQHC practitioner during which time one or more FQHC services are rendered and includes a typical bundle of Medicare-covered services that would be furnished per diem to a patient receiving a FQHC visit	**10/1/2014**		**9/1/2023**	NC
G0468	Federally qualified health center (FQHC) visit, ippe or awv; a FQHC visit that includes an initial preventive physical examination (IPPE) or annual wellness visit (AWV) and includes a typical bundle of Medicare-covered services that would be furnished per diem to a patient receiving an IPPE OR AWV	**10/1/2014**		**9/1/2023**	NC
G0469	Federally qualified health center (FQHC) visit, mental health, new patient; a medically-necessary, face-to-face mental health encounter (one-on-one) between a new patient and a FQHC practitioner during which time one or more FQHC services are rendered and includes a typical bundle of Medicare-covered services that would be furnished per diem to a patient receiving a mental health visit	**10/1/2014**		**9/1/2023**	NC
G0470	Federally qualified health center (FQHC) visit, mental health, established patient; a medically-necessary, face-to-face mental health encounter (one-on-one) between an established patient and a FQHC practitioner during which time one or more FQHC services are rendered and includes a typical bundle of Medicare-covered services	**10/1/2014**		**9/1/2023**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	that would be furnished per diem to a patient receiving a mental health visit				
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)	**4/1/2014**			NC
G0472	Hepatitis C antibody screening, for individual at high risk and other covered indication(s)	**6/2/2014**			NPA
G0473	Face-to-face behavioral counseling for obesity, group (2-10), 30 minutes	**1/1/2015**		**9/1/2023**	NC
G0475	HIV antigen/antibody, combination assay, screening	**4/13/2015**			NPA
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	**7/9/2015**			NPA
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,	**1/1/2016**		**9/1/2023**	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	includes specimen validity testing, per day; 1-7 drug class(es), including metabolite(s) if performed				
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	**1/1/2016**		**9/1/2023**	NPA
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	**1/1/2016**		**9/1/2023**	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	(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				
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	**1/1/2016**		**9/1/2023**	NPA
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)	**10/1/2016**		**9/1/2023**	NC
G0491	Dialysis procedure at a Medicare certified ESRD facility for acute kidney injury without ESRD	**1/1/2017**			NC
G0492	Dialysis procedure with single evaluation by a physician or other qualified health care professional for acute kidney injury without ESRD	**1/1/2017**		**9/1/2023**	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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)	**1/1/2017**		**9/1/2023**	NC
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)	**1/1/2017**		**9/1/2023**	NC
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	**1/1/2017**		**9/1/2023**	NC
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	**1/1/2017**		**9/1/2023**	NC
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	**1/1/2016**		**9/1/2023**	NC
G0499	Hepatitis B screening in non-pregnant, high risk individual includes hepatitis B surface antigen (HBSAG), antibodies to hbsag (anti-HBS) and antibodies to hepatitis B core antigen (anti-HBC), and is followed by a neutralizing	**9/28/2016**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	confirmatory test, when performed, only for an initially reactive HBSAG result				
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)	**1/1/2017**			NPA
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)	**1/1/2017**			NC
G0506	Comprehensive assessment of and care planning for patients requiring chronic care management services (List separately in addition to primary monthly care management service)	**1/1/2017**			NC
G0508	Telehealth consultation, critical care, initial , physicians typically spend 60 minutes communicating with the patient and providers via telehealth	**1/1/2017**			NC
G0509	Telehealth consultation, critical care, subsequent, physicians typically spend 50 minutes communicating with the patient and providers via telehealth	**1/1/2017**			NC
G0511	Rural health clinic or federally qualified health center (RHC or FQHC) only, general care management, 20	**1/1/2018**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	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				
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	**1/1/2018**			NC
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)	**1/1/2018**			NC
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)	**1/1/2018**			NC
G0516	Insertion of non-biodegradable drug delivery implants, 4 or more (services for subdermal rod implant)	**1/1/2018**			NPA
G0517	Removal of non-biodegradable drug delivery implants, 4 or more (services for subdermal implants)	**1/1/2018**			NPA
G0518	Removal with reinsertion, non-biodegradable drug delivery implants, 4 or more (services for subdermal implants)	**1/1/2018**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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	**1/1/2017**		**9/1/2023**	NPA
G0913	Improvement in visual function achieved within 90 days following cataract surgery	**1/1/2012**			NC
G0914	Patient care survey was not completed by patient	**1/1/2012**			NC
G0915	Improvement in visual function not achieved within 90 days following cataract surgery	**1/1/2012**			NC
G0916	Satisfaction with care achieved within 90 days following cataract surgery	**1/1/2012**			NC
G0917	Patient satisfaction survey was not completed by patient	**1/1/2012**			NC
G0918	Satisfaction with care not achieved within 90 days following cataract surgery	**1/1/2012**			NC
G1001	Clinical decision support mechanism eviCore, as defined by the Medicare Appropriate Use Criteria Program	**1/1/2020**			NC
G1002	Clinical decision support mechanism Medcurrent, as defined by the Medicare Appropriate Use Criteria Program	**1/1/2020**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
G1003	Clinical decision support mechanism Medicalis, as defined by the Medicare Appropriate Use Criteria Program	**1/1/2020**			NC
G1004	Clinical decision support mechanism National Decision Support Company, as defined by the Medicare Appropriate Use Criteria Program	**1/1/2020**			NC
G1007	Clinical decision support mechanism AIM Specialty Health, as defined by the Medicare Appropriate Use Criteria Program	**1/1/2020**			NC
G1008	Clinical decision support mechanism Cranberry Peak, as defined by the Medicare Appropriate Use Criteria Program	**1/1/2020**			NC
G1010	Clinical decision support mechanism Stanson, as defined by the Medicare Appropriate Use Criteria Program	**1/1/2020**			NC
G1011	Clinical decision support mechanism, qualified tool not otherwise specified, as defined by the Medicare Appropriate Use Criteria Program	**1/1/2020**			NC
G1012	Clinical decision support mechanism AgileMD, as defined by the Medicare Appropriate Use Criteria Program	**4/1/2020**			NC
G1013	Clinical decision support mechanism EvidenceCare ImagingCare, as defined by the Medicare Appropriate Use Criteria Program	**4/1/2020**			NC
G1014	Clinical decision support mechanism InveniQA Semantic Answers in Medicine, as defined by the Medicare Appropriate Use Criteria Program	**4/1/2020**			NC
G1015	Clinical decision support Mechanism Reliant Medical Group, as defined by the Medicare Appropriate Use Criteria Program	**4/1/2020**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
G1016	Clinical decision support Mechanism Speed of Care, as defined by the Medicare Appropriate Use Criteria Program	**4/1/2020**			NC
G1017	Clinical decision support mechanism HealthHelp, as defined by the Medicare Appropriate Use Criteria Program	**4/1/2020**			NC
G1018	Clinical decision support mechanism INFINX, as defined by the Medicare Appropriate Use Criteria Program	**4/1/2020**			NC
G1019	Clinical decision support mechanism LogicNets, as defined by the Medicare Appropriate Use Criteria Program	**4/1/2020**			NC
G1020	Clinical decision support mechanism Curbside Clinical Augmented Workflow, as defined by the Medicare Appropriate Use Criteria program	**10/1/2020**			NC
G1021	Clinical decision support mechanism EHealthLine Clinical Decision Support Mechanism, as defined by the Medicare Appropriate Use Criteria program	**10/1/2020**			NC
G1022	Clinical decision support mechanism Intermountain Clinical Decision Support Mechanism, as defined by the Medicare Appropriate Use Criteria program	**10/1/2020**			NC
G1023	Clinical decision support mechanism Persivia Clinical Decision Support, as defined by the Medicare Appropriate Use Criteria program	**10/1/2020**			NC
G1024	Clinical decision support mechanism Radrite, as defined by the Medicare Appropriate Use Criteria Program	**1/1/2022**		**1/1/2022**	NC
G1025	Patient-months where there are more than one Medicare capitated payment (MCP) provider listed for the month	**1/1/2022**		**1/1/2022**	NC
G1026	The number of adult patient-months in the denominator who were on maintenance hemodialysis using a catheter continuously for three months or longer under the care of	**1/1/2022**		**1/1/2022**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	the same practitioner or group partner as of the last hemodialysis session of the reporting month				
G1027	The number of adult patient-months in the denominator who were on maintenance hemodialysis under the care of the same practitioner or group partner as of the last hemodialysis session of the reporting month using a catheter continuously for less than three months	**1/1/2022**		**1/1/2022**	NC
G1028	Take-home supply of nasal naloxone; 2-pack of 8mg per 0.1 ml nasal spray (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure	**1/1/2022**		**1/1/2022**	NC
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	**8/1/2018**		**9/1/2023**	NC
G2001	Brief (20 minutes) in-home visit for a new patient post-discharge. For use only in a Medicare-approved CMMI model. (Services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility within 90 days following discharge from an inpatient facility and no more than 9 times.)	**1/1/2019**			NC
G2002	Limited (30 minutes) in-home visit for a new patient post-discharge. For use only in a Medicare-approved CMMI model. (Services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility within 90 days following discharge from an inpatient facility and no more than 9 times.)	**1/1/2019**			NC
G2003	Moderate (45 minutes) in-home visit for a new patient post-discharge. For use only in a Medicare-approved	**1/1/2019**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	CMMI model. (Services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility within 90 days following discharge from an inpatient facility and no more than 9 times.)				
G2004	Comprehensive (60 minutes) in-home visit for a new patient post-discharge. For use only in a Medicare-approved CMMI model. (Services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility within 90 days following discharge from an inpatient facility and no more than 9 times.)	**1/1/2019**			NC
G2005	Extensive (75 minutes) in-home visit for a new patient post-discharge. For use only in a Medicare-approved CMMI model. (Services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility within 90 days following discharge from an inpatient facility and no more than 9 times.)	**1/1/2019**			NC
G2006	Brief (20 minutes) in-home visit for an existing patient post-discharge. For use only in a Medicare-approved CMMI model. (Services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility within 90 days following discharge from an inpatient facility and no more than 9 times.)	**1/1/2019**			NC
G2007	Limited (30 minutes) in-home visit for an existing patient post-discharge. For use only in a Medicare-approved CMMI model. (Services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility within 90 days following discharge from an inpatient facility and no more than 9 times.)	**1/1/2019**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
G2008	Moderate (45 minutes) in-home visit for an existing patient post-discharge. For use only in a Medicare-approved CMMI model. (Services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility within 90 days following discharge from an inpatient facility and no more than 9 times.)	**1/1/2019**			NC
G2009	Comprehensive (60 minutes) in-home visit for an existing patient post-discharge. For use only in a Medicare-approved CMMI model. (Services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility within 90 days following discharge from an inpatient facility and no more than 9 times.)	**1/1/2019**			NC
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	**1/1/2019**		**9/1/2023**	NPA
G2011	Alcohol and/or substance (other than tobacco) misuse structured assessment (e.g., AUDIT, DAST), and brief intervention, 5-14 minutes	**1/1/2019**			NPA
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	**1/1/2019**		**9/1/2023**	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	available appointment; 5-10 minutes of medical discussion				
G2013	Extensive (75 minutes) in-home visit for an existing patient post-discharge. For use only in a Medicare-approved CMMI model. (Services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility within 90 days following discharge from an inpatient facility and no more than 9 times.)	**1/1/2019**			NC
G2014	Limited (30 minutes) care plan oversight. For use only in a Medicare-approved CMMI model. (Services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility within 90 days following discharge from an inpatient facility and no more than 9 times.)	**1/1/2019**			NC
G2015	Comprehensive (60 mins) home care plan oversight. For use only in a Medicare-approved CMMI model. (Services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility within 90 days following discharge from an inpatient facility.)	**1/1/2019**			NC
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)	**4/1/2021**		**7/1/2021**	NC
G2021	Health care practitioners rendering treatment in place (TIP)	**1/1/2020**			NC
G2022	A model participant (ambulance supplier/provider), the beneficiary refuses services covered under the model (transport to an alternate destination/treatment in place)	**1/1/2020**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
G2025	Payment for a telehealth distant site service provided by a rural health clinic (RHC) or federally qualified health center (FQHC) only	**1/27/2020**		**9/1/2023**	NC
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	**1/1/2020**		**9/1/2023**	PA
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)	**1/1/2020**			NC
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)	**1/1/2020**			NC
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)	**1/1/2020**			NC
G2070	Medication assisted treatment, buprenorphine (implant insertion); weekly bundle including dispensing and/or	**1/1/2020**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program)				
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)	**1/1/2020**			NC
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)	**1/1/2020**			NC
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)	**1/1/2020**			NC
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)	**1/1/2020**			NC
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	**1/1/2020**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	(provision of the services by a Medicare-enrolled opioid treatment program)				
G2076	Intake activities, including initial medical examination that is a complete, fully documented physical evaluation and initial assessment by a program physician or a primary care physician, or an authorized healthcare professional under the supervision of a program physician qualified personnel that includes preparation of a treatment plan that includes the patient's short-term goals and the tasks the patient must perform to complete the short-term goals; the patient's requirements for education, vocational rehabilitation, and employment; and the medical, psycho- social, economic, legal, or other supportive services that a patient needs, conducted by qualified personnel (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure	**1/1/2020**			NC
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	**1/1/2020**			NC
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	**1/1/2020**			NC
G2079	Take-home supply of buprenorphine (oral); up to 7 additional day supply (provision of the services by a	**1/1/2020**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure				
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	**1/1/2020**			NC
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 consecutive days during the measurement period	**1/1/2020**		**4/1/2020**	NC
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	**1/1/2020**		**9/1/2023**	NC
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	**1/1/2020**		**9/1/2023**	NC
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)	**1/1/2020**		**9/1/2023**	NC
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	**1/1/2020**		**9/1/2023**	NC
G2091	Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement	**1/1/2020**		**9/1/2023**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	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				
G2092	Angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) or angiotensin receptor-neprilysin inhibitor (ARNI) therapy prescribed or currently being taken	**1/1/2020**		**9/1/2023**	NC
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)	**1/1/2020**		**9/1/2023**	NC
G2094	Documentation of patient reason(s) for not prescribing ACE inhibitor or ARB or ARNI therapy (e.g., patient declined, other patient reasons)	**1/1/2020**		**9/1/2023**	NC
G2095	Documentation of system reason(s) for not prescribing ACE inhibitor or ARB or ARNI therapy (e.g., other system reasons)	**1/1/2020**	**12/31/2022**	**9/1/2023**	NC
G2096	Angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) or angiotensin receptor-neprilysin inhibitor (ARNI) therapy was not prescribed, reason not given	**1/1/2020**		**9/1/2023**	NC
G2097	Episodes where the patient had a competing diagnosis on or 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,	**1/1/2020**		**9/1/2023**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	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)				
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	**1/1/2020**		**9/1/2023**	NC
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	**1/1/2020**		**9/1/2023**	NC
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	**1/1/2020**		**9/1/2023**	NC
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	**1/1/2020**		**9/1/2023**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	diagnosis during the measurement period or the year prior to the measurement period				
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	**1/1/2020**		**9/1/2023**	NC
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	**1/1/2020**		**9/1/2023**	NC
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	**1/1/2020**		**9/1/2023**	NC
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	**1/1/2020**		**9/1/2023**	NC
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	**1/1/2020**		**9/1/2023**	NC
G2110	Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement	**1/1/2020**		**9/1/2023**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	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				
G2112	Patient receiving <=5 mg daily prednisone (or equivalent), or RA activity is worsening, or glucocorticoid use is for less than 6 months	**1/1/2020**		**9/1/2023**	NC
G2113	Patient receiving >5 mg daily prednisone (or equivalent) for longer than 6 months, and improvement or no change in disease activity	**1/1/2020**		**9/1/2023**	NC
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	**1/1/2020**		**9/1/2023**	NC
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	**1/1/2020**		**9/1/2023**	NC
G2118	Patients 81 years of age and older with at least one claim/encounter for frailty during the measurement period	**1/1/2020**		**9/1/2023**	NC
G2121	Depression, anxiety, apathy, and psychosis assessed	**1/1/2020**		**9/1/2023**	NC
G2122	Depression, anxiety, apathy, and psychosis not assessed	**1/1/2020**		**9/1/2023**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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	**1/1/2020**		**9/1/2023**	NC
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	**1/1/2020**		**9/1/2023**	NC
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	**1/1/2020**		**9/1/2023**	NC
G2128	Documentation of medical reason(s) for not on a daily aspirin or other antiplatelet (e.g. history of gastrointestinal bleed, intra-cranial bleed, blood disorders, idiopathic thrombocytopenic purpura (ITP), gastric bypass or documentation of active anticoagulant use during the measurement period)	**1/1/2020**		**9/1/2023**	NC
G2129	Procedure-related bp's not taken during an outpatient visit. examples include same day surgery, ambulatory service center, G.I. lab, dialysis, infusion center, chemotherapy	**1/1/2020**		**9/1/2023**	NC
G2136	Back pain measured by the visual analog scale (vas) at three months (6 - 20 weeks) postoperatively was less than or equal to 3.0 or back pain measured by the visual	**1/1/2020**		**9/1/2023**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	analog scale (vas) within three months preoperatively and at three months (6 - 20 weeks) postoperatively demonstrated an improvement of 5.0 points or greater				
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	**1/1/2020**		**9/1/2023**	NC
G2138	Back pain as measured by the visual analog scale (vas) at one 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 three months preoperatively and at one year (9 to 15 months) postoperatively demonstrated a change of 5.0 points or greater	**1/1/2020**		**9/1/2023**	NC
G2139	Back pain measured by the visual analog scale (VAS) pain at one year (9 to 15 months) postoperatively was greater than 3.0 and back pain measured by the visual analog scale (VAS) within three months preoperatively and at one year (9 to 15 months) postoperatively demonstrated a change of less than 5.0	**1/1/2020**		**9/1/2023**	NC
G2140	Leg pain measured by the visual analog scale (VAS) at three months (6 - 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 - 20 weeks) postoperatively demonstrated an improvement of 5.0 points or greater	**1/1/2020**		**9/1/2023**	NC
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	**1/1/2020**		**9/1/2023**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	scale (VAS) within three months preoperatively and at three months (6-20 weeks) postoperatively demonstrated less than an improvement of 5.0 points				
G2142	Functional status measured by the Oswestry Disability Index (ODI version 2.1a) at one year (9 to 15 months) postoperatively was less than or equal to 22 or functional status measured by the ODI version 2.1a within three months preoperatively and at one year (9 to 15 months) postoperatively demonstrated an improvement of 30 points or greater	**1/1/2020**		**9/1/2023**	NC
G2143	Functional status measured by the Oswestry Disability Index (ODI version 2.1a) at one year (9 to 15 months) postoperatively was greater than 22 and functional status measured by the ODI version 2.1a within three months preoperatively and at one year (9 to 15 months) postoperatively demonstrated an improvement of less than 30 points	**1/1/2020**		**9/1/2023**	NC
G2144	Functional status measured by the Oswestry Disability Index (ODI version 2.1a) at three months (6 - 20 weeks) postoperatively was less than or equal to 22 or functional status measured by the ODI version 2.1a within three months preoperatively and at three months (6 - 20 weeks) postoperatively demonstrated an improvement of 30 points or greater	**1/1/2020**		**9/1/2023**	NC
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)	**1/1/2020**		**9/1/2023**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	postoperatively demonstrated an improvement of less than 30 points				
G2146	Leg pain as measured by the visual analog scale (VAS) at one 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 three months preoperatively and at one year (9 to 15 months) postoperatively demonstrated an improvement of 5.0 points or greater	**1/1/2020**		**9/1/2023**	NC
G2147	Leg pain measured by the visual analog scale (VAS) at one year (9 to 15 months) postoperatively was greater than 3.0 and leg pain measured by the visual analog scale (VAS) within three months preoperatively and at one year (9 to 15 months) postoperatively demonstrated less than an improvement of 5.0 points	**1/1/2020**		**9/1/2023**	NC
G2148	Multimodal pain management was used	**1/1/2020**		**9/1/2023**	NC
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))	**1/1/2020**		**9/1/2023**	NC
G2150	Multimodal pain management was not used	**1/1/2020**		**9/1/2023**	NC
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	**1/1/2020**		**9/1/2023**	NC
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)	**1/1/2020**		**9/1/2023**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
G2167	Risk-adjusted functional status change residual score for the neck impairment successfully calculated and the score was less than zero (< 0)	1/1/2020		9/1/2023	NC
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	1/1/2020		9/1/2023	NC
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	1/1/2020		9/1/2023	NC
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	7/1/2020	12/31/2022	9/1/2023	NC
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, enography, and/or ultrasound, with radiologic supervision and interpretation, when performed	7/1/2020	12/31/2022	9/1/2023	NC
G2172	All inclusive payment for services related to highly coordinated and integrated opioid use disorder (OUD) treatment services furnished for the demonstration project	4/1/2021		9/1/2023	NC
G2173	URI episodes where the patient had a comorbid condition during the 12 months prior to or on the episode date (e.g.,	1/1/2021		9/1/2023	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	tuberculosis, neutropenia, cystic fibrosis, chronic bronchitis, pulmonary edema, respiratory failure, rheumatoid lung disease)				
G2174	URI episodes when the patient had an active prescription of antibiotics (table 1) in the 30 days prior to the episode date	**1/1/2021**		**9/1/2023**	NC
G2175	Episodes where the patient had a 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)	**1/1/2021**		**9/1/2023**	NC
G2176	Outpatient, ED, or observation visits that result in an inpatient admission	**1/1/2021**		**9/1/2023**	NC
G2177	Acute bronchitis/bronchiolitis episodes when the patient had a new or refill prescription of antibiotics (table 1) in the 30 days prior to the episode date	**1/1/2021**		**9/1/2023**	NC
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	**1/1/2021**		**9/1/2023**	NC
G2179	Clinician documented that patient had medical reason for not performing lower extremity neurological exam	**1/1/2021**		**9/1/2023**	NC
G2180	Clinician documented that patient was not an eligible candidate for evaluation of footwear as patient is bilateral lower extremity amputee	**1/1/2021**		**9/1/2023**	NC
G2181	BMI not documented due to medical reason or patient refusal of height or weight measurement	**1/1/2021**		**79/1/2023**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
G2182	Patient receiving first-time biologic disease modifying anti-rheumatic drug therapy	1/1/2021		9/1/2023	NC
G2183	Documentation patient unable to communicate and informant not available	1/1/2021		9/1/2023	NC
G2184	Patient does not have a caregiver	1/1/2021		9/1/2023	NC
G2185	Documentation caregiver is trained and certified in dementia care	1/1/2021		9/1/2023	NC
G2186	Patient /caregiver dyad has been referred to appropriate resources and connection to those resources is confirmed	1/1/2021		9/1/2023	NC
G2187	Patients with clinical indications for imaging of the head: head trauma	1/1/2021		9/1/2023	NC
G2188	Patients with clinical indications for imaging of the head: new or change in headache above 50 years of age	1/1/2021		9/1/2023	NC
G2189	Patients with clinical indications for imaging of the head: abnormal neurologic exam	1/1/2021		9/1/2023	NC
G2190	Patients with clinical indications for imaging of the head: headache radiating to the neck	1/1/2021		9/1/2023	NC
G2191	Patients with clinical indications for imaging of the head: positional headaches	1/1/2021		9/1/2023	NC
G2192	Patients with clinical indications for imaging of the head: temporal headaches in patients over 55 years of age	1/1/2021		9/1/2023	NC
G2193	Patients with clinical indications for imaging of the head: new onset headache in pre-school children or younger (<6 years of age)	1/1/2021		9/1/2023	NC
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	1/1/2021		9/1/2023	NC
G2195	Patients with clinical indications for imaging of the head: occipital headache in children	1/1/2021		9/1/2023	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
G2196	Patient identified as an unhealthy alcohol user when screened for unhealthy alcohol use using a systematic screening method	1/1/2021		7/9/1/2023	NC
G2197	Patient screened for unhealthy alcohol use using a systematic screening method and not identified as an unhealthy alcohol user	1/1/2021		9/1/2023	NC
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)	1/1/2021	12/31/2022	9/1/2023	NC
G2199	Patient not screened for unhealthy alcohol use using a systematic screening method, reason not given	1/1/2021		9/1/2023	NC
G2200	Patient identified as an unhealthy alcohol user received brief counseling	1/1/2021		9/1/2023	NC
G2201	Documentation of medical reason(s) for not providing brief counseling (e.g., limited life expectancy, other medical reasons)	1/1/2021	12/31/2022	9/1/2023	NC
G2202	Patient did not receive brief counseling if identified as an unhealthy alcohol user, reason not given	1/1/2021		9/1/2023	NC
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)	1/1/2021	12/31/2022	9/1/2023	NC
G2204	Patients between 50 and 85 years of age who received a screening colonoscopy during the performance period	1/1/2021		9/1/2023	NC
G2205	Patients with pregnancy during adjuvant treatment course	1/1/2021		9/1/2023	NC
G2206	Patient received adjuvant treatment course including both chemotherapy and HER2-targeted therapy	1/1/2021		9/1/2023	NC
G2207	Reason for not administering adjuvant treatment course including both chemotherapy and HER2-targeted	1/1/2021		9/1/2023	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	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)				
G2208	Patient did not receive adjuvant treatment course including both chemotherapy and HER2-targeted therapy	**1/1/2021**		**9/1/2023**	NC
G2209	Patient refused to participate	**1/1/2021**		**9/1/2023**	NC
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	**1/1/2021**		**9/1/2023**	NC
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)	**1/1/2021**		**9/1/2023**	NC
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,	**1/1/2021**		**4/1/2021**	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	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)				
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)	**1/1/2021**		**9/1/2023**	NC
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	**1/1/2021**		**9/1/2023**	NC
G2215	Take-home supply of nasal naloxone; 2-pack of 4mg per 0.1 ml nasal spray (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure	**1/1/2021**		**9/1/2023**	NC
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	**1/1/2021**		**9/1/2023**	NC
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	**1/1/2021**		**4/1/2021**	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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	**1/1/2021**		**4/1/2021**	NPA
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 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	**1/1/2021**		**4/1/2021**	NPA
G3002	Chronic pain management and treatment, monthly bundle including, diagnosis; assessment and monitoring; administration of a validated pain rating scale or tool; the development, implementation, revision, and/or maintenance of a person-centered care plan that includes strengths, goals, clinical needs, and desired outcomes; overall treatment management; facilitation and coordination of any necessary behavioral health treatment; medication management; pain and health literacy counseling; any necessary chronic pain related crisis care; and ongoing communication and care coordination between relevant practitioners furnishing care, e.g. physical therapy and occupational therapy,	**1/1/2023**		**2/1/2023**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	complementary and integrative approaches, and community-based care, as appropriate. Required initial face-to-face visit at least 30 minutes provided by a physician or other qualified health professional; first 30 minutes personally provided by physician or other qualified health care professional, per calendar month. (When using G3002, 30 minutes must be met or exceeded.)				
G3003	Each additional 15 minutes of chronic pain management and treatment by a physician or other qualified health care professional, per calendar month. (list separately in addition to code for G3002. when using G3003, 15 minutes must be met or exceeded.)	**1/1/2023**		**2/1/2023**	NC
G4000	Dermatology MIPS Specialty Set	**1/1/2022**		**1/1/2022**	NC
G4001	Diagnostic radiology MIPS Specialty Set	**1/1/2022**		**1/1/2022**	NC
G4002	Electrophysiology cardiac specialist MIPS Specialty Set	**1/1/2022**		**1/1/2022**	NC
G4003	Emergency medicine MIPS Specialty Set	**1/1/2022**		**1/1/2022**	NC
G4004	Endocrinology MIPS Specialty Set	**1/1/2022**		**1/1/2022**	NC
G4005	Family medicine MIPS Specialty Set	**1/1/2022**		**1/1/2022**	NC
G4006	Gastro-enterology MIPS Specialty Set	**1/1/2022**		**1/1/2022**	NC
G4007	General surgery MIPS Specialty Set	**1/1/2022**		**1/1/2022**	NC
G4008	Geriatrics MIPS Specialty Set	**1/1/2022**		**1/1/2022**	NC
G4009	Hospitalists MIPS Specialty Set	**1/1/2022**		**1/1/2022**	NC
G4010	Infectious disease MIPS Specialty Set	**1/1/2022**		**1/1/2022**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
G4011	Internal medicine MIPS Specialty Set	1/1/2022	1/1/2022	NC	
G4012	Interventional radiology MIPS Specialty Set	1/1/2022	1/1/2022	NC	
G4013	Mental/behavioral health MIPS Specialty Set	1/1/2022	1/1/2022	NC	
G4014	Nephrology MIPS Specialty Set	1/1/2022	1/1/2022	NC	
G4015	Neurology MIPS Specialty Set	1/1/2022	1/1/2022	NC	
G4016	Neurosurgical MIPS Specialty Set	1/1/2022	1/1/2022	NC	
G4017	Nutrition/dietician MIPS Specialty Set	1/1/2022	1/1/2022	NC	
G4018	Obstetrics/gynecology MIPS Specialty Set	1/1/2022	1/1/2022	NC	
G4019	Oncology/hematology MIPS Specialty Set	1/1/2022	1/1/2022	NC	
G4020	Ophthalmology MIPS Specialty Set	1/1/2022	1/1/2022	NC	
G4021	Orthopedic surgery MIPS Specialty Set	1/1/2022	1/1/2022	NC	
G4022	Otolaryngology MIPS Specialty Set	1/1/2022	1/1/2022	NC	
G4023	Pathology MIPS Specialty Set	1/1/2022	1/1/2022	NC	
G4024	Pediatrics MIPS Specialty Set	1/1/2022	1/1/2022	NC	
G4025	Physical medicine MIPS Specialty Set	1/1/2022	1/1/2022	NC	
G4026	Physical therapy/occupational therapy MIPS Specialty Set	1/1/2022	1/1/2022	NC	
G4027	Plastic surgery MIPS Specialty Set	1/1/2022	1/1/2022	NC	
G4028	Podiatry MIPS Specialty Set	1/1/2022	1/1/2022	NC	
G4029	Preventive medicine MIPS Specialty Set	1/1/2022	1/1/2022	NC	

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
G4030	Pulmonology MIPS Specialty Set	1/1/2022		1/1/2022	NC
G4031	Radiation oncology MIPS Specialty Set	1/1/2022		1/1/2022	NC
G4032	Rheumatology MIPS Specialty Set	1/1/2022		1/1/2022	NC
G4033	Skilled nursing facility MIPS Specialty Set	1/1/2022		1/1/2022	NC
G4034	Speech language pathology MIPS Specialty Set	1/1/2022		1/1/2022	NC
G4035	Thoracic surgery MIPS Specialty Set	1/1/2022		1/1/2022	NC
G4036	Urgent care MIPS Specialty Set	1/1/2022		1/1/2022	NC
G4037	Urology MIPS Specialty Set	1/1/2022		1/1/2022	NC
G4038	Vascular surgery MIPS Specialty Set	1/1/2022		1/1/2022	NC
G6001	Ultrasonic guidance for placement of radiation therapy fields	1/1/2015			NPA
G6002	Stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy	1/1/2015			NPA
G6003	Radiation treatment delivery, single treatment area,single port or parallel opposed ports, simple blocks or no blocks: up to 5 mev	1/1/2015			PA
G6004	Radiation treatment delivery, single treatment area,single port or parallel opposed ports, simple blocks or no blocks: 6-10 mev	1/1/2015			PA
G6005	Radiation treatment delivery, single treatment area,single port or parallel opposed ports, simple blocks or no blocks: 11-19 mev	1/1/2015			PA
G6006	Radiation treatment delivery, single treatment area,single port or parallel opposed ports, simple blocks or no blocks: 20 mev or greater	1/1/2015			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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	**1/1/2015**			PA
G6008	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 6-10 mev	**1/1/2015**			PA
G6009	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 11-19 mev	**1/1/2015**			PA
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	**1/1/2015**			PA
G6011	Radiation treatment delivery,3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; up to 5 mev	**1/1/2015**			PA
G6012	Radiation treatment delivery,3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-10 mev	**1/1/2015**			PA
G6013	Radiation treatment delivery,3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 11-19 mev	**1/1/2015**			PA
G6014	Radiation treatment delivery,3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20 mev or greater	**1/1/2015**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
G6015	Intensity modulated treatment delivery, single or multiple fields/arcs,via narrow spatially and temporally modulated beams, binary, dynamic MLC, per treatment session	**1/1/2015**			NPA
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	**1/1/2015**			PA
G6017	Intra-fraction localization and tracking of target or patient motion during delivery of radiation therapy (eg, 3D positional tracking, gating, 3D surface tracking), each fraction of treatment	**1/1/2015**		**9/1/2023**	NC
G8395	Left ventricular ejection fraction (LVEF) >= 40% or documentation as normal or mildly depressed left ventricular systolic function	**1/1/2008**			NC
G8396	Left ventricular ejection fraction (LVEF) not performed or documented	**1/1/2008**			NC
G8397	Dilated macular or fundus exam performed, including documentation of the presence or absence of macular edema and level of severity of retinopathy	**1/1/2008**			NC
G8399	Patient with documented results of a central dual-energy x-ray absorptiometry (DXA) ever being performed	**1/1/2008**			NC
G8400	Patient with central dual-energy x-ray absorptiometry (DXA) results not documented, reason not given	**1/1/2008**			NC
G8404	Lower extremity neurological exam performed and documented	**1/1/2008**			NC
G8405	Lower extremity neurological exam not performed	**1/1/2008**			NC
G8410	Footwear evaluation performed and documented	**1/1/2008**			NC
G8415	Footwear evaluation was not performed	**1/1/2008**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
G8416	Clinician documented that patient was not an eligible candidate for footwear evaluation measure	1/1/2008			NC
G8417	BMI is documented above normal parameters and a follow-up plan is documented	1/1/2008			NC
G8418	BMI is documented below normal parameters and a follow-up plan is documented	1/1/2008			NC
G8419	BMI documented outside normal parameters, no follow-up plan documented, no reason given	1/1/2008			NC
G8420	BMI is documented within normal parameters and no follow-up plan is required	1/1/2008			NC
G8421	BMI not documented and no reason is given	1/1/2008			NC
G8427	Eligible clinician attests to documenting in the medical record they obtained, updated, or reviewed the patient's current medications	1/1/2008			NC
G8428	Current list of medications not documented as obtained, updated, or reviewed by the eligible clinician, reason not given	1/1/2008			NC
G8430	Documentation of a medical reason(s) for not documenting, updating, or reviewing the patient's current medications list (e.g., patient is in an urgent or emergent medical situation)	1/1/2008			NC
G8431	Screening for depression is documented as being positive and a follow-up plan is documented	1/1/2008			NC
G8432	Depression screening not documented, reason not given	1/1/2008			NC
G8433	Screening for depression not completed, documented patient or medical reason	1/1/2008			NC
G8450	Beta-blocker therapy prescribed	1/1/2008			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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)	1/1/2008			NC
G8452	Beta-blocker therapy not prescribed	1/1/2008			NC
G8465	High or very high risk of recurrence of prostate cancer	1/1/2008			NC
G8473	Angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy prescribed	1/1/2008			NC
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)	1/1/2008			NC
G8475	Angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy not prescribed, reason not given	1/1/2008			NC
G8476	Most recent blood pressure has a systolic measurement of < 140 mm Hg and a diastolic measurement of < 90 mm Hg	1/1/2008			NC
G8477	Most recent blood pressure has a systolic measurement of >= 140 mm Hg and/or a diastolic measurement of >= 90 mm Hg	1/1/2008			NC
G8478	Blood pressure measurement not performed or documented, reason not given	1/1/2008			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
G8482	Influenza immunization administered or previously received	1/1/2008			NC
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)	1/1/2008			NC
G8484	Influenza immunization was not administered, reason not given	1/1/2008			NC
G8506	Patient receiving angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy	1/1/2009			NC
G8510	Screening for depression is documented as negative, a follow-up plan is not required	1/1/2009			NC
G8511	Screening for depression documented as positive, follow-up plan not documented, reason not given	1/1/2009			NC
G8535	Elder maltreatment screen not documented; documentation that patient is not eligible for the elder maltreatment screen at the time of the encounter	1/1/2009			NC
G8536	No documentation of an elder maltreatment screen, reason not given	1/1/2009			NC
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	1/1/2009			NC
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	1/1/2009			NC
G8541	Functional outcome assessment using a standardized tool not documented, reason not given	1/1/2009			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
G8542	Functional outcome assessment using a standardized tool is documented; no functional deficiencies identified, care plan not required	**1/1/2009**			NC
G8543	Documentation of a positive functional outcome assessment using a standardized tool; care plan not documented, reason not given	**1/1/2009**			NC
G8559	Patient referred to a physician (preferably a physician with training in disorders of the ear) for an otologic evaluation	**1/1/2010**			NC
G8560	Patient has a history of active drainage from the ear within the previous 90 days	**1/1/2010**			NC
G8561	Patient is not eligible for the referral for otologic evaluation for patients with a history of active drainage measure	**1/1/2010**			NC
G8562	Patient does not have a history of active drainage from the ear within the previous 90 days	**1/1/2010**			NC
G8563	Patient not referred to a physician (preferably a physician with training in disorders of the ear) for an otologic evaluation, reason not given	**1/1/2010**			NC
G8564	Patient was referred to a physician (preferably a physician with training in disorders of the ear) for an otologic evaluation, reason not specified)	**1/1/2010**			NC
G8565	Verification and documentation of sudden or rapidly progressive hearing loss	**1/1/2010**			NC
G8566	Patient is not eligible for the "referral for otologic evaluation for sudden or rapidly progressive hearing loss" measure	**1/1/2010**			NC
G8567	Patient does not have verification and documentation of sudden or rapidly progressive hearing loss	**1/1/2010**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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	1/1/2010			NC
G8569	Prolonged postoperative intubation (> 24 hrs) required	1/1/2010			NC
G8570	Prolonged postoperative intubation (> 24 hrs) not required	1/1/2010			NC
G8575	Developed postoperative renal failure or required dialysis	1/1/2010			NC
G8576	No postoperative renal failure/dialysis not required	1/1/2010			NC
G8577	Re-exploration required due to mediastinal bleeding with or without tamponade, graft occlusion, valve dysfunction or other cardiac reason	1/1/2010			NC
G8578	Re-exploration not required due to mediastinal bleeding with or without tamponade, graft occlusion, valve dysfunction or other cardiac reason	1/1/2010			NC
G8598	Aspirin or another antiplatelet therapy used	1/1/2010			NC
G8599	Aspirin or another antiplatelet therapy not used, reason not given	1/1/2010			NC
G8600	IV tPA initiated within three hours (<= 180 minutes) of time last known well	1/1/2010			NC
G8601	IV alteplase not initiated within three hours (<= 180 minutes) of time last known well for reasons documented by clinician (e.g. patient enrolled in clinical trial for stroke, patient admitted for elective carotid intervention, patient received tenecteplase (tnk))	1/1/2010			NC
G8602	IV tPA not initiated within three hours (<= 180 minutes) of time last known well, reason not given	1/1/2010			NC
G8633	Pharmacologic therapy (other than minerals/vitamins) for osteoporosis prescribed	1/1/2011			NC
G8635	Pharmacologic therapy for osteoporosis was not prescribed, reason not given	1/1/2011			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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)	**1/1/2011**			NC
G8648	Risk-adjusted functional status change residual score for the knee impairment successfully calculated and the score was less than zero (< 0)	**1/1/2011**			NC
G8650	Risk-adjusted functional status change residual score for the knee impairment not measured because the patient did not complete the LEPF PROM at initial evaluation and/or near discharge, reason not given	**1/1/2011**			NC
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)	**1/1/2011**			NC
G8652	Risk-adjusted functional status change residual score for the hip impairment successfully calculated and the score was less than zero (< 0)	**1/1/2011**			NC
G8654	Risk-adjusted functional status change residual score for the hip impairment not measured because the patient did not complete the LEPF PROM at initial evaluation and/or near discharge, reason not given	**1/1/2011**			NC
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)	**1/1/2011**			NC
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)	**1/1/2011**			NC
G8658	Risk-adjusted functional status change residual score for the lower leg, foot or ankle impairment not measured	**1/1/2011**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	because the patient did not complete the LEPF PROM at initial evaluation and/or near discharge, reason not given				
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)	**1/1/2011**			NC
G8660	Risk-adjusted functional status change residual score for the low back impairment successfully calculated and the score was less than zero (< 0)	**1/1/2011**			NC
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	**1/1/2011**			NC
G8662	Risk-adjusted functional status change residual score for the low back impairment not measured because the patient did not complete the low back FS PROM at initial evaluation and/or near discharge, reason not given	**1/1/2011**			NC
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)	**1/1/2011**			NC
G8664	Risk-adjusted functional status change residual score for the shoulder impairment successfully calculated and the score was less than zero (< 0)	**1/1/2011**			NC
G8666	Risk-adjusted functional status change residual score for the shoulder impairment not measured because the patient did not complete the shoulder FS PROM at initial evaluation and/or near discharge, reason not given	**1/1/2011**			NC
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)	**1/1/2011**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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)	1/1/2011			NC
G8670	Risk-adjusted functional status change residual score for the elbow, wrist or hand impairment not measured because the patient did not complete the elbow/wrist/hand FS PROM at initial evaluation and/or near discharge, reason not given	1/1/2011			NC
G8694	Left ventricular ejection fraction (LVEF) < 40% or documentation of moderate or severe LVSD	1/1/2012			NC
G8708	Patient not prescribed or dispensed antibiotic	1/1/2012			NC
G8709	URI episodes when the patient had competing diagnoses on or three days after the episode date (e.g., intestinal infection, pertussis, bacterial infection, lyme disease, otitis media, acute sinusitis, acute pharyngitis, acute tonsillitis, chronic sinusitis, infection of the pharynx/larynx/tonsils/adenoids, prostatitis, cellulitis, mastoiditis, or bone infections, acute lymphadenitis, impetigo, skin staph infections, pneumonia/gonococcal infections, venereal disease (syphilis, chlamydia, inflammatory diseases [female reproductive organs]), infections of the kidney, cystitis or UTI, and acne)	1/1/2012			NC
G8710	Patient prescribed or dispensed antibiotic	1/1/2012			NC
G8711	Prescribed or dispensed antibiotic on or within 3 days after the episode date	1/1/2012			NC
G8712	Antibiotic not prescribed or dispensed	1/1/2012			NC
G8721	PT category (primary tumor), PN category (regional lymph nodes), and histologic grade were documented in pathology report	1/1/2012			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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)	**1/1/2012**			NC
G8723	Specimen site is other than anatomic location of primary tumor	**1/1/2012**			NC
G8724	PT category, PN category and histologic grade were not documented in the pathology report, reason not given	**1/1/2012**			NC
G8733	Elder maltreatment screen documented as positive and a follow-up plan is documented	**1/1/2012**			NC
G8734	Elder maltreatment screen documented as negative, no follow-up required	**1/1/2012**			NC
G8735	Elder maltreatment screen documented as positive, follow-up plan not documented, reason not given	**1/1/2012**			NC
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)	**1/1/2012**			NC
G8752	Most recent systolic blood pressure < 140 mm Hg	**1/1/2012**			NC
G8753	Most recent systolic blood pressure >= 140 mm Hg	**1/1/2012**			NC
G8754	Most recent diastolic blood pressure < 90 mm Hg	**1/1/2012**			NC
G8755	Most recent diastolic blood pressure >= 90 mm Hg	**1/1/2012**			NC
G8756	No documentation of blood pressure measurement, reason not given	**1/1/2012**			NC
G8783	Normal blood pressure reading documented, follow-up not required	**1/1/2012**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
G8785	Blood pressure reading not documented, reason not given	1/1/2012			NC
G8797	Specimen site other than anatomic location of esophagus	1/1/2012			NC
G8798	Specimen site other than anatomic location of prostate	1/1/2012			NC
G8806	Performance of trans-abdominal or trans-vaginal ultrasound and pregnancy location documented	1/1/2012			NC
G8807	Trans-abdominal or trans-vaginal ultrasound not performed for reasons documented by clinician (e.g., patient has visited the ED multiple times within 72 hours, patient has a documented intrauterine pregnancy [IUP])	1/1/2012			NC
G8808	Trans-abdominal or trans-vaginal ultrasound not performed, reason not given	1/1/2012			NC
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)	1/1/2012			NC
G8816	Statin medication prescribed at discharge	1/1/2012			NC
G8817	Statin therapy not prescribed at discharge, reason not given	1/1/2012			NC
G8818	Patient discharge to home no later than post-operative day #7	1/1/2012			NC
G8825	Patient not discharged to home by post-operative day #7	1/1/2012			NC
G8826	Patient discharge to home no later than post-operative day #2 following EVAR	1/1/2012			NC
G8833	Patient not discharged to home by post-operative day #2 following EVAR	1/1/2012			NC
G8834	Patient discharged to home no later than post-operative day #2 following CEA	1/1/2012			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
G8838	Patient not discharged to home by post-operative day #2 following CEA	1/1/2012			NC
G8839	Sleep apnea symptoms assessed, including presence or absence of snoring and daytime sleepiness	1/1/2012			NC
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)	1/1/2012			NC
G8841	Sleep apnea symptoms not assessed, reason not given	1/1/2012			NC
G8842	Apnea hypopnea index (AHI) or respiratory disturbance index (RDI) measured at the time of initial diagnosis	1/1/2012			NC
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)	1/1/2012			NC
G8844	Apnea hypopnea index (AHI) or respiratory disturbance index (RDI) not measured at the time of initial diagnosis, reason not given	1/1/2012			NC
G8845	Positive airway pressure therapy prescribed	1/1/2012			NC
G8846	Moderate or severe obstructive sleep apnea (apnea hypopnea index (AHI) or respiratory disturbance index (RDI) of 15 or greater)	1/1/2012			NC
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)	1/1/2012			NC
G8850	Positive airway pressure therapy not prescribed, reason not given	1/1/2012			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
G8851	Objective measurement of adherence to positive airway pressure therapy, documented	1/1/2012			NC
G8852	Positive airway pressure therapy prescribed	1/1/2012			NC
G8854	Documentation of reason(s) for not objectively measuring adherence to positive airway pressure therapy (e.g., patient didn't bring data from continous positive airway pressure [CPAP], therapy not yet initiated, not available on machine)	1/1/2012			NC
G8855	Objective measurement of adherence to positive airway pressure therapy not performed, reason not given	1/1/2012			NC
G8856	Referral to a physician for an otologic evaluation performed	1/1/2012			NC
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)	1/1/2012			NC
G8858	Referral to a physician for an otologic evaluation not performed, reason not given	1/1/2012			NC
G8863	Patients not assessed for risk of bone loss, reason not given	1/1/2012			NC
G8864	Pneumococcal vaccine administered or previously received	1/1/2012			NC
G8865	Documentation of medical reason(s) for not administering or previously receiving pneumococcal vaccine (e.g., patient allergic reaction, potential adverse drug reaction)	1/1/2012			NC
G8866	Documentation of patient reason(s) for not administering or previously receiving pneumococcal vaccine (e.g., patient refusal)	1/1/2012			NC
G8867	Pneumococcal vaccine not administered or previously received, reason not given	1/1/2012			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
G8869	Patient has documented immunity to hepatitis B and initiating anti-TNF therapy	**1/1/2012**			NC
G8875	Clinician diagnosed breast cancer preoperatively by a minimally invasive biopsy method	**1/1/2012**			NC
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)	**1/1/2012**			NC
G8877	Clinician did not attempt to achieve the diagnosis of breast cancer preoperatively by a minimally invasive biopsy method, reason not given	**1/1/2012**			NC
G8878	Sentinel lymph node biopsy procedure performed	**1/1/2012**			NC
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)	**1/1/2012**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
G8881	Stage of breast cancer is greater than T1N0M0 or T2N0M0	1/1/2012			NC
G8882	Sentinel lymph node biopsy procedure not performed, reason not given	1/1/2012			NC
G8883	Biopsy results reviewed, communicated, tracked and documented	1/1/2012			NC
G8884	Clinician documented reason that patient's biopsy results were not reviewed	1/1/2012			NC
G8885	Biopsy results not reviewed, communicated, tracked or documented	1/1/2012			NC
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	4/1/2012			NC
G8908	Patient documented to have received a burn prior to discharge	4/1/2012			NC
G8909	Patient documented not to have received a burn prior to discharge	4/1/2012			NC
G8910	Patient documented to have experienced a fall within ASC	4/1/2012			NC
G8911	Patient documented not to have experienced a fall within ambulatory surgical center	4/1/2012			NC
G8912	Patient documented to have experienced a wrong site, wrong side, wrong patient, wrong procedure or wrong implant event	4/1/2012			NC
G8913	Patient documented not to have experienced a wrong site, wrong side, wrong patient, wrong procedure or wrong implant event	4/1/2012			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
G8914	Patient documented to have experienced a hospital transfer or hospital admission upon discharge from ASC	4/1/2012			NC
G8915	Patient documented not to have experienced a hospital transfer or hospital admission upon discharge from ASC	4/1/2012			NC
G8916	Patient with preoperative order for IV antibiotic surgical site infection (SSI) prophylaxis, antibiotic initiated on time	4/1/2012			NC
G8917	Patient with preoperative order for IV antibiotic surgical site infection (SSI) prophylaxis, antibiotic not initiated on time	4/1/2012			NC
G8918	Patient without preoperative order for IV antibiotic surgical site infection (SSI) prophylaxis	4/1/2012			NC
G8923	Left ventricular ejection fraction (LVEF) < 40% or documentation of moderately or severely depressed left ventricular systolic function	1/1/2013			NC
G8924	Spirometry test results demonstrate FEV1/FVC < 70%, FEV1 < 60% predicted and patient has COPD symptoms (e.g., dyspnea, cough/sputum, wheezing)	1/1/2013			NC
G8934	Left ventricular ejection fraction (LVEF) <40% or documentation of moderately or severely depressed left ventricular systolic function	1/1/2013			NC
G8935	Clinician prescribed angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy	1/1/2013			NC
G8936	Clinician documented that patient was not an eligible candidate for angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy (eg, allergy, intolerance, pregnancy, renal failure due to ace inhibitor, diseases of the aortic or mitral valve, other medical reasons) or (eg, patient declined, other patient	1/1/2013			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	reasons) or (eg, lack of drug availability, other reasons attributable to the health care system)				
G8937	Clinician did not prescribe angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy, reason not given	**1/1/2013**			NC
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	**1/1/2013**			NC
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	**1/1/2013**			NC
G8944	AJCC melanoma cancer stage 0 through IIc melanoma	**1/1/2013**			NC
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)	**1/1/2013**			NC
G8950	Elevated or hypertensive blood pressure reading documented, and the indicated follow-up is documented	**1/1/2013**			NC
G8952	Elevated or hypertensive blood pressure reading documented, indicated follow-up not documented, reason not given	**1/1/2013**			NC
G8955	Most recent assessment of adequacy of volume management documented	**1/1/2013**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
G8956	Patient receiving maintenance hemodialysis in an outpatient dialysis facility	**1/1/2013**			NC
G8958	Assessment of adequacy of volume management not documented, reason not given	**1/1/2013**			NC
G8961	Cardiac stress imaging test primarily performed on low-risk surgery patient for preoperative evaluation within 30 days preceding this surgery	**1/1/2013**			NPA
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	**1/1/2013**			NPA
G8963	Cardiac stress imaging performed primarily for monitoring of asymptomatic patient who had PCI within 2 years	**1/1/2013**			NPA
G8964	Cardiac stress imaging test performed primarily for any other reason than monitoring of asymptomatic patient who had PCI within 2 years (e.g., symptomatic patient, patient greater than 2 years since PCI, initial evaluation, etc)	**1/1/2013**			NPA
G8965	Cardiac stress imaging test primarily performed on low CHD risk patient for initial detection and risk assessment	**1/1/2013**			NPA
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	**1/1/2013**			NPA
G8967	FDA approved oral anticoagulant is prescribed	**1/1/2013**			NC
G8968	Documentation of medical reason(s) for not prescribing an FDA-approved anticoagulant to a patient with a CHA2DS2-VASc score of 0 or 1 for men; or 0, 1, or 2 for women (e.g., present or planned atrial appendage occlusion or ligation)	**1/1/2013**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
G8969	Documentation of patient reason(s) for not prescribing an oral anticoagulant that is FDA approved for the prevention of thromboembolism (e.g., patient preference for not receiving anticoagulation)	1/1/2013			NC
G8970	No risk factors or one moderate risk factor for thromboembolism	1/1/2013			NC
G9001	Coordinated care fee, initial rate	10/1/2000			NC
G9002	Coordinated care fee, maintenance rate	10/1/2000			NC
G9003	Coordinated care fee, risk adjusted high, initial	10/1/2000			NC
G9004	Coordinated care fee, risk adjusted low, initial	10/1/2000			NC
G9005	Coordinated care fee, risk adjusted maintenance	10/1/2000			NC
G9006	Coordinated care fee, home monitoring	10/1/2000			NC
G9007	Coordinated care fee, scheduled team conference	10/1/2000			NC
G9008	Coordinated care fee, physician coordinated care oversight services	10/1/2000			NC
G9009	Coordinated care fee, risk adjusted maintenance, level 3	10/1/2001			NC
G9010	Coordinated care fee, risk adjusted maintenance, level 4	10/1/2001			NC
G9011	Coordinated care fee, risk adjusted maintenance, level 5	10/1/2001			NC
G9012	Other specified case management service not elsewhere classified	10/1/2001			NC
G9013	ESRD demo basic bundle level I	7/1/2004			NPA
G9014	ESRD demo expanded bundle including venous access and related services	7/1/2004			NPA
G9016	Smoking cessation counseling, individual, in the absence of or in addition to any other evaluation and	1/1/2001			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	management service, per session (6-10 minutes) [demo project code only]				
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)	1/1/2006			NC
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)	1/1/2006			NC
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)	1/1/2006			NC
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)	1/1/2006			NC
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)	1/1/2006			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
G9055	Oncology; primary focus of visit; other, unspecified service not otherwise listed (for use in a Medicare-approved demonstration project)	**1/1/2006**			NC
G9056	Oncology; practice guidelines; management adheres to guidelines (for use in a Medicare-approved demonstration project)	**1/1/2006**			NC
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)	**1/1/2006**			NC
G9058	Oncology; practice guidelines; management differs from guidelines because the treating physician disagrees with guideline recommendations (for use in a Medicare-approved demonstration project)	**1/1/2006**			NC
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)	**1/1/2006**			NC
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)	**1/1/2006**			NC
G9061	Oncology; practice guidelines; patient's condition not addressed by available guidelines (for use in a Medicare-approved demonstration project)	**1/1/2006**			NC
G9062	Oncology; practice guidelines; management differs from guidelines for other reason(s) not listed (for use in a Medicare-approved demonstration project)	**1/1/2006**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
G9063	Oncology; disease status; limited to non-small cell lung cancer; extent of disease initially established as stage I (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	**1/1/2006**			NC
G9064	Oncology; disease status; limited to non-small cell lung cancer; extent of disease initially established as stage II (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	**1/1/2006**			NC
G9065	Oncology; disease status; limited to non-small cell lung cancer; extent of disease initially established as stage IIIA (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	**1/1/2006**			NC
G9066	Oncology; disease status; limited to non-small cell lung cancer; stage IIIB-IV at diagnosis, metastatic, locally recurrent, or progressive (for use in a Medicare-approved demonstration project)	**1/1/2006**			NC
G9067	Oncology; disease status; limited to non-small cell lung cancer; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project)	**1/1/2006**			NC
G9068	Oncology; disease status; limited to small cell and combined small cell/non-small cell; extent of disease initially established as limited with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	**1/1/2006**			NC
G9069	Oncology; disease status; small cell lung cancer, limited to small cell and combined small cell/non-small cell;	**1/1/2006**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	extensive stage at diagnosis, metastatic, locally recurrent, or progressive (for use in a Medicare-approved demonstration project)				
G9070	Oncology; disease status; small cell lung cancer, limited to small cell and combined small cell/non-small; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project)	**1/1/2006**			NC
G9071	Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); adenocarcinoma as predominant cell type; stage I or stage IIA-iIIB; or T3, N1, M0; and ER and/or PR positive; with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	**1/1/2006**			NC
G9072	Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); adenocarcinoma as predominant cell type; stage I, or stage IIIA-IIB; or T3, N1, M0; and ER and PR negative; with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	**1/1/2006**			NC
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)	**1/1/2006**			NC
G9074	Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ);	**1/1/2006**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	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)				
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)	**1/1/2006**			NC
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)	**1/1/2006**			NC
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)	**1/1/2006**			NC
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)	**1/1/2006**			NC
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)	**1/1/2006**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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)	**1/1/2006**			NC
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)	**1/1/2006**			NC
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)	**1/1/2006**			NC
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)	**1/1/2006**			NC
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)	**1/1/2006**			NC
G9088	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell	**1/1/2006**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	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)				
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)	**1/1/2006**			NC
G9090	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as T1-2, N0, M0 (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	**1/1/2006**			NC
G9091	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as T3, N0, M0 (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	**1/1/2006**			NC
G9092	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as T1-3, N1-2, M0 (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence or metastases (for use in a Medicare-approved demonstration project)	**1/1/2006**			NC
G9093	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell	**1/1/2006**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	type; extent of disease initially established as T4, any N, M0 (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)				
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)	**1/1/2006**			NC
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)	**1/1/2006**			NC
G9096	Oncology; disease status; esophageal cancer, limited to adenocarcinoma or squamous cell carcinoma as predominant cell type; extent of disease initially established as T1-T3, N0-N1 or NX (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	**1/1/2006**			NC
G9097	Oncology; disease status; esophageal cancer, limited to adenocarcinoma or squamous cell carcinoma as predominant cell type; extent of disease initially established as T4, any N, M0 (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	**1/1/2006**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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)	**1/1/2006**			NC
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)	**1/1/2006**			NC
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)	**1/1/2006**			NC
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)	**1/1/2006**			NC
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)	**1/1/2006**			NC
G9103	Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type; clinical or pathologic M1 at diagnosis, metastatic, locally recurrent,	**1/1/2006**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	or progressive (for use in a Medicare-approved demonstration project)				
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)	**1/1/2006**			NC
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)	**1/1/2006**			NC
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)	**1/1/2006**			NC
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)	**1/1/2006**			NC
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)	**1/1/2006**			NC
G9109	Oncology; disease status; head and neck cancer, limited to cancers of oral cavity, pharynx and larynx with squamous cell as predominant cell type; extent of disease initially established as T1-T2 and N0, M0 (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	**1/1/2006**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
G9110	Oncology; disease status; head and neck cancer, limited to cancers of oral cavity, pharynx and larynx with squamous cell as predominant cell type; extent of disease initially established as T3-4 and/or N1-3, M0 (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	1/1/2006			NC
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)	1/1/2006			NC
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)	1/1/2006			NC
G9113	Oncology; disease status; ovarian cancer, limited to epithelial cancer; pathologic stage IA-B (grade 1) without evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	1/1/2006			NC
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)	1/1/2006			NC
G9115	Oncology; disease status; ovarian cancer, limited to epithelial cancer; pathologic stage III-IV; without	1/1/2006			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	evidence of progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)				
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)	**1/1/2006**			NC
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)	**1/1/2006**			NC
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)	**1/1/2006**			NC
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)	**1/1/2006**			NC
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)	**1/1/2006**			NC
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)	**1/1/2006**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
G9128	Oncology; disease status; limited to multiple myeloma, systemic disease; smoldering, stage I (for use in a Medicare-approved demonstration project)	**1/1/2006**			NC
G9129	Oncology; disease status; limited to multiple myeloma, systemic disease; stage II or higher (for use in a Medicare-approved demonstration project)	**1/1/2006**			NC
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)	**1/1/2006**			NC
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)	**1/1/2007**			NC
G9132	Oncology; disease status; prostate cancer, limited to adenocarcinoma; hormone-refractory/androgen-independent (e.g., rising PSA on anti-androgen therapy or post-orchiectomy); clinical metastases (for use in a Medicare-approved demonstration project)	**1/1/2007**			NC
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)	**1/1/2007**			NC
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)	**1/1/2007**			NC
G9135	Oncology; disease status; non-hodgkin's lymphoma, any cellular classification; stage III, IV, not relapsed, not	**1/1/2007**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	refractory (for use in a Medicare-approved demonstration project)				
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)	**1/1/2007**			NC
G9137	Oncology; disease status; non-hodgkin's lymphoma, any cellular classification; relapsed/refractory (for use in a Medicare-approved demonstration project)	**1/1/2007**			NC
G9138	Oncology; disease status; non-hodgkin's lymphoma, any cellular classification; diagnostic evaluation, stage not determined, evaluation of possible relapse or non-response to therapy, or not listed (for use in a Medicare-approved demonstration project)	**1/1/2007**			NC
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)	**1/1/2007**			NC
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	**10/1/2007**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
G9143	Warfarin responsiveness testing by genetic technique using any method, any number of specimen(s)	8/3/2009			NC
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	12/23/2009			NC
G9148	National committee for quality assurance - Level 1 medical home	7/1/2011			NC
G9149	National committee for quality assurance - Level 2 medical home	7/1/2011			NC
G9150	National committee for quality assurance - Level 3 medical home	7/1/2011			NC
G9151	MAPCP demonstration - State provided services	7/1/2011			NC
G9152	MAPCP demonstration - Community health teams	7/1/2011			NC
G9153	MAPCP demonstration - Physician incentive pool	7/1/2011			NC
G9156	Evaluation for wheelchair requiring face to face visit with physician	1/1/2012			NC
G9157	Transesophageal doppler measurement of cardiac output (including probe placement, image acquisition, and interpretation per course of treatment) for monitoring purposes	10/1/2012			NC
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	10/1/2013			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	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				
G9188	Beta-blocker therapy not prescribed, reason not given	1/1/2014			NC
G9189	Beta-blocker therapy prescribed or currently being taken	1/1/2014			NC
G9190	Documentation of medical reason(s) for not prescribing beta-blocker therapy (eg, allergy, intolerance, other medical reasons)	1/1/2014			NC
G9191	Documentation of patient reason(s) for not prescribing beta-blocker therapy (eg, patient declined, other patient reasons)	1/1/2014			NC
G9192	Documentation of system reason(s) for not prescribing beta-blocker therapy (eg, other reasons attributable to the health care system)	1/1/2014			NC
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))	1/1/2014	12/31/2022		NC
G9197	Documentation of order for first or second generation cephalosporin for antimicrobial prophylaxis	1/1/2014	12/31/2022		NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
G9198	Order for first or second generation cephalosporin for antimicrobial prophylaxis was not documented, reason not given	1/1/2014	12/31/2022		NC
G9212	DSM-IVTM criteria for major depressive disorder documented at the initial evaluation	1/1/2014			NC
G9213	DSM-IV-TR criteria for major depressive disorder not documented at the initial evaluation, reason not otherwise specified	1/1/2014			NC
G9223	Pneumocystis jiroveci pneumonia prophylaxis prescribed within 3 months of low CD4+ cell count below 500 cells/mm3 or a CD4 percentage below 15%	1/1/2014			NC
G9225	Foot exam was not performed, reason not given	1/1/2014			NC
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)	1/1/2014			NC
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	1/1/2014			NC
G9228	Chlamydia, gonorrhea and syphilis screening results documented (report when results are present for all of the 3 screenings)	1/1/2014			NC
G9229	Chlamydia, gonorrhea, and syphilis screening results not documented (patient refusal is the only allowed exception)	1/1/2014			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
G9230	Chlamydia, gonorrhea, and syphilis not screened, reason not given	1/1/2014			NC
G9231	Documentation of end stage renal disease (ESRD), dialysis, renal transplant before or during the measurement period or pregnancy during the measurement period	1/1/2014			NC
G9242	Documentation of viral load equal to or greater than 200 copies/ml or viral load not performed	1/1/2014			NC
G9243	Documentation of viral load less than 200 copies/ml	1/1/2014			NC
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	1/1/2014			NC
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	1/1/2014			NC
G9250	Documentation of patient pain brought to a comfortable level within 48 hours from initial assessment	1/1/2014	12/31/2022		NC
G9251	Documentation of patient with pain not brought to a comfortable level within 48 hours from initial assessment	1/1/2014	12/31/2022		NC
G9254	Documentation of patient discharged to home later than post-operative day 2 following CAS	1/1/2014			NC
G9255	Documentation of patient discharged to home no later than post operative day 2 following CAS	1/1/2014			NC
G9273	Blood pressure has a systolic value of < 140 and a diastolic value of < 90	1/1/2014			NC
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	1/1/2014			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
G9275	Documentation that patient is a current non-tobacco user	**1/1/2014**			NC
G9276	Documentation that patient is a current tobacco user	**1/1/2014**			NC
G9277	Documentation that the patient is on daily aspirin or anti-platelet or has documentation of a valid contraindication or exception to aspirin/anti-platelet; contraindications/exceptions include anti-coagulant use, allergy to aspirin or anti-platelets, history of gastrointestinal bleed and bleeding disorder; additionally, the following exceptions documented by the physician as a reason for not taking daily aspirin or anti-platelet are acceptable (use of non-steroidal anti-inflammatory agents, documented risk for drug interaction, uncontrolled hypertension defined as >180 systolic or >110 diastolic or gastroesophageal reflux)	**1/1/2014**			NC
G9278	Documentation that the patient is not on daily aspirin or anti-platelet regimen	**1/1/2014**			NC
G9279	Pneumococcal screening performed and documentation of vaccination received prior to discharge	**1/1/2014**			NC
G9280	Pneumococcal vaccination not administered prior to discharge, reason not specified	**1/1/2014**			NC
G9281	Screening performed and documentation that vaccination not indicated/patient refusal	**1/1/2014**			NC
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)	**1/1/2014**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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	**1/1/2014**			NC
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	**1/1/2014**			NC
G9285	Specimen site other than anatomic location of lung or is not classified as non small cell lung cancer	**1/1/2014**			NC
G9286	Antibiotic regimen prescribed within 10 days after onset of symptoms	**1/1/2014**			NC
G9287	Antibiotic regimen not prescribed within 10 days after onset of symptoms	**1/1/2014**			NC
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)	**1/1/2014**			NC
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	**1/1/2014**			NC
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	**1/1/2014**			NC
G9291	Specimen site other than anatomic location of lung, is not classified as non small cell lung cancer or classified as NSCLC-NOS	**1/1/2014**			NC
G9292	Documentation of medical reason(s) for not reporting PT category and a statement on thickness and ulceration	**1/1/2014**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	and for PT1, mitotic rate (e.g., negative skin biopsies in a patient with a history of melanoma or other documented medical reasons)				
G9293	Pathology report does not include the PT category and a statement on thickness and ulceration and for PT1, mitotic rate	**1/1/2014**			NC
G9294	Pathology report includes the PT category and a statement on thickness and ulceration and for PT1, mitotic rate	**1/1/2014**			NC
G9295	Specimen site other than anatomic cutaneous location	**1/1/2014**			NC
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	**1/1/2014**			NC
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	**1/1/2014**			NC
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)	**1/1/2014**			NC
G9299	Patients who are not evaluated for venous thromboembolic and cardiovascular risk factors within 30 days prior to the procedure (e.g., history of DVT, PE, MI, arrhythmia and stroke, reason not given)	**1/1/2014**			NC
G9305	Intervention for presence of leak of endoluminal contents through an anastomosis not required	**1/1/2014**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
G9306	Intervention for presence of leak of endoluminal contents through an anastomosis required	**1/1/2014**			NC
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	**1/1/2014**			NC
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	**1/1/2014**			NC
G9309	No unplanned hospital readmission within 30 days of principal procedure	**1/1/2014**			NC
G9310	Unplanned hospital readmission within 30 days of principal procedure	**1/1/2014**			NC
G9311	No surgical site infection	**1/1/2014**			NC
G9312	Surgical site infection	**1/1/2014**			NC
G9313	Amoxicillin, with or without clavulanate, not prescribed as first line antibiotic at the time of diagnosis for documented reason	**1/1/2014**			NC
G9314	Amoxicillin, with or without clavulanate, not prescribed as first line antibiotic at the time of diagnosis, reason not given	**1/1/2014**			NC
G9315	Documentation amoxicillin, with or without clavulanate, prescribed as a first line antibiotic at the time of diagnosis	**1/1/2014**			NC
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	**1/1/2014**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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	**1/1/2014**			NC
G9318	Imaging study named according to standardized nomenclature	**1/1/2014**			NC
G9319	Imaging study not named according to standardized nomenclature, reason not given	**1/1/2014**			NC
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	**1/1/2014**			NC
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	**1/1/2014**			NC
G9341	Search conducted for prior patient CT studies completed at non-affiliated external healthcare facilities or entities within the past 12-months and are available through a secure, authorized, media-free, shared archive prior to an imaging study being performed	**1/1/2014**			NC
G9342	Search not conducted prior to an imaging study being performed for prior patient CT studies completed at non-affiliated external healthcare facilities or entities within the past 12-months and are available through a secure, authorized, media-free, shared archive, reason not given	**1/1/2014**			NC
G9344	Due to system reasons search not conducted for dicom format images for prior patient CT imaging studies completed at non-affiliated external healthcare facilities or entities within the past 12 months that are available	**1/1/2014**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	through a secure, authorized, media-free, shared archive (e.g., non-affiliated external healthcare facilities or entities does not have archival abilities through a shared archival system)				
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	**1/1/2014**			NC
G9347	Follow-up recommendations not documented according to recommended guidelines for incidentally detected pulmonary nodules, reason not given	**1/1/2014**			NC
G9351	More than one CT scan of the paranasal sinuses ordered or received within 90 days after diagnosis	**1/1/2014**			NC
G9352	More than one CT scan of the paranasal sinuses ordered or received within 90 days after the date of diagnosis, reason not given	**1/1/2014**			NC
G9353	More than one CT scan of the paranasal sinuses ordered or received within 90 days after the date of diagnosis for documented reasons (eg, patients with complications, second CT obtained prior to surgery, other medical reasons)	**1/1/2014**			NC
G9354	One CT scan or no CT scan of the paranasal sinuses ordered within 90 days after the date of diagnosis	**1/1/2014**			NC
G9355	Elective delivery (without medical indication) by Cesarean birth or induction of labor not performed (<39 weeks of gestation)	**1/1/2014**			NC
G9356	Elective delivery (without medical indication) by Cesarean birth or induction of labor performed (<39 weeks of gestation)	**1/1/2014**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
G9357	Postpartum screenings, evaluations and education performed	1/1/2014			NC
G9358	Postpartum screenings, evaluations and education not performed	1/1/2014			NC
G9359	Documentation of negative or managed positive TB screen with further evidence that TB is not active prior to treatment with a biologic immune response modifier	1/1/2014	12/31/2022		NC
G9360	No documentation of negative or managed positive TB screen	1/1/2014	12/31/2022		NC
G9361	Medical indication for delivery by cesarean birth or induction of labor (<39 weeks of gestation) [documentation of reason(s) for elective delivery (e.g., hemorrhage and placental complications, hypertension, preeclampsia and eclampsia, rupture of membranes (premature or prolonged), maternal conditions complicating pregnancy/delivery, fetal conditions complicating pregnancy/delivery, late pregnancy, prior uterine surgery, or participation in clinical trial)]	1/1/2014			NC
G9364	Sinusitis caused by, or presumed to be caused by, bacterial infection	1/1/2015			NC
G9367	At least two orders for high-risk medications from the same drug class	1/1/2015			NC
G9368	At least two orders for high-risk medications from the same drug class not ordered	1/1/2015			NC
G9380	Patient offered assistance with end of life issues during the measurement period	1/1/2015			NC
G9382	Patient not offered assistance with end of life issues during the measurement period	1/1/2015			NC
G9383	Patient received screening for HCV infection within the 12 month reporting period	1/1/2015			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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)	**1/1/2015**			NC
G9385	Documentation of patient reason(s) for not receiving annual screening for HCV infection (e.g., patient declined, other patient reasons)	**1/1/2015**			NC
G9386	Screening for HCV infection not received within the 12 month reporting period, reason not given	**1/1/2015**			NC
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	**1/1/2015**			NC
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	**1/1/2015**			NC
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	**1/1/2015**			NC
G9396	Patient with an initial PHQ-9 score greater than nine who was not assessed for remission at twelve months (+/- 30 days)	**1/1/2015**			NC
G9402	Patient received follow-up within 30 days after discharge	**1/1/2015**			NC
G9403	Clinician documented reason patient was not able to complete 30 day follow-up from acute inpatient setting	**1/1/2015**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	discharge (e.g., patient death prior to follow-up visit, patient non-compliant for visit follow-up)				
G9404	Patient did not receive follow-up on the date of discharge or within 30 days after discharge	**1/1/2015**			NC
G9405	Patient received follow-up within 7 days after discharge	**1/1/2015**			NC
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)	**1/1/2015**			NC
G9407	Patient did not receive follow-up on or within 7 days after discharge	**1/1/2015**			NC
G9408	Patients with cardiac tamponade and/or pericardiocentesis occurring within 30 days	**1/1/2015**			NC
G9409	Patients without cardiac tamponade and/or pericardiocentesis occurring within 30 days	**1/1/2015**			NC
G9410	Patient admitted within 180 days, status post CIED implantation, replacement, or revision with an infection requiring device removal or surgical revision	**1/1/2015**			NC
G9411	Patient not admitted within 180 days, status post CIED implantation, replacement, or revision with an infection requiring device removal or surgical revision	**1/1/2015**			NC
G9412	Patient admitted within 180 days, status post CIED implantation, replacement, or revision with an infection requiring device removal or surgical revision	**1/1/2015**			NC
G9413	Patient not admitted within 180 days, status post CIED implantation, replacement, or revision with an infection requiring device removal or surgical revision	**1/1/2015**			NC
G9414	Patient had one dose of meningococcal vaccine (serogroups A, C, W, Y) on or between the patient's 11th and 13th birthdays	**1/1/2015**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
G9415	Patient did not have one dose of meningococcal vaccine (serogroups A, C, W, Y) on or between the patient's 11th and 13th birthdays	**1/1/2015**			NC
G9416	Patient had one tetanus, diphtheria toxoids and acellular pertussis vaccine (TDaP) on or between the patient's 10th and 13th birthdays	**1/1/2015**			NC
G9417	Patient did not have one tetanus, diphtheria toxoids and acellular pertussis vaccine (TDaP) on or between the patient's 10th and 13th birthdays	**1/1/2015**			NC
G9418	Primary non-small cell lung cancer biopsy and cytology specimen report documents classification into specific histologic type following IASLC guidance or classified as NSCLC-NOS with an explanation	**1/1/2015**			NC
G9419	Documentation of medical reason(s) for not including the histological type or NSCLC-NOS classification with an explanation (e.g. specimen insufficient or non-diagnostic, specimen does not contain cancer, or other documented medical reasons)	**1/1/2015**			NC
G9420	Specimen site other than anatomic location of lung or is not classified as primary non-small cell lung cancer	**1/1/2015**			NC
G9421	Primary non-small cell lung cancer lung biopsy and cytology specimen report does not document classification into specific histologic type or histologic type does not follow IASLC guidance or is classified as NSCLC-NOS but without an explanation	**1/1/2015**			NC
G9422	Primary lung carcinoma resection report documents PT category, PN category and for non-small cell lung cancer, histologic type (e.g., squamous cell carcinoma, adenocarcinoma and not NSCLC-NOS)	**1/1/2015**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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)]	1/1/2015			NC
G9424	Specimen site other than anatomic location of lung, or classified as NSCLC-NOS	1/1/2015			NC
G9425	Primary lung carcinoma resection report does not document PT category, PN category and for non-small cell lung cancer, histologic type (e.g., squamous cell carcinoma, adenocarcinoma)	1/1/2015			NC
G9426	Improvement in median time from ED arrival to initial ED oral or parenteral pain medication administration performed for ED admitted patients	1/1/2015			NC
G9427	Improvement in median time from ED arrival to initial ED oral or parenteral pain medication administration not performed for ED admitted patients	1/1/2015			NC
G9428	Pathology report includes the PT category, thickness, ulceration and mitotic rate, peripheral and deep margin status and presence or absence of microsatellitosis for invasive tumors	1/1/2015			NC
G9429	Documentation of medical reason(s) for not including PT category, thickness, ulceration and mitotic rate, peripheral and deep margin status and presence or absence of microsatellitosis for invasive tumors (e.g., negative skin biopsies, insufficient tissue, or other documented medical reasons)	1/1/2015			NC
G9430	Specimen site other than anatomic cutaneous location	1/1/2015			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
G9431	Pathology report does not include the PT category, thickness, ulceration and mitotic rate, peripheral and deep margin status and presence or absence of microsatellitosis for invasive tumors	**1/1/2015**			NC
G9432	Asthma well-controlled based on the ACT, C-ACT, ACQ, or ATAQ score and results documented	**1/1/2015**			NC
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	**1/1/2015**			NC
G9451	Patient received one-time screening for HCV infection	**1/1/2015**			NC
G9452	Documentation of medical reason(s) for not receiving one-time screening for HCV infection (e.g., decompensated cirrhosis indicating advanced disease [ie, ascites, esophageal variceal bleeding, hepatic encephalopathy], hepatocellular carcinoma, waitlist for organ transplant, limited life expectancy, other medical reasons)	**1/1/2015**			NC
G9453	Documentation of patient reason(s) for not receiving one-time screening for HCV infection (e.g., patient declined, other patient reasons)	**1/1/2015**			NC
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	**1/1/2015**			NC
G9455	Patient underwent abdominal imaging with ultrasound, contrast enhanced CT or contrast MRI for HCC	**1/1/2015**			NC
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	**1/1/2015**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	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)				
G9457	Patient did not undergo abdominal imaging and did not have a documented reason for not undergoing abdominal imaging in the submission period	**1/1/2015**			NC
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	**1/1/2015**			NC
G9459	Currently a tobacco non-user	**1/1/2015**			NC
G9460	Tobacco assessment or tobacco cessation intervention not performed, reason not given	**1/1/2015**			NC
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	**1/1/2015**			NC
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	**1/1/2015**			NC
G9471	Within the past 2 years, central dual-energy x-ray absorptiometry (DXA) not ordered or documented	**1/1/2015**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
G9473	Services performed by chaplain in the hospice setting, each 15 minutes	**1/1/2016**			NC
G9474	Services performed by dietary counselor in the hospice setting, each 15 minutes	**1/1/2016**			NC
G9475	Services performed by other counselor in the hospice setting, each 15 minutes	**1/1/2016**			NC
G9476	Services performed by volunteer in the hospice setting, each 15 minutes	**1/1/2016**			NC
G9477	Services performed by care coordinator in the hospice setting, each 15 minutes	**1/1/2016**			NC
G9478	Services performed by other qualified therapist in the hospice setting, each 15 minutes	**1/1/2016**			NC
G9479	Services performed by qualified pharmacist in the hospice setting, each 15 minutes	**1/1/2016**			NC
G9480	Admission to Medicare care choice model program (MCCM)	**1/1/2016**			NC
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	**4/1/2016**		**9/1/2023**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	real time, audio and video intercommunications technology				
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	**4/1/2016**		**9/1/2023**	NC
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	**4/1/2016**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	severity. Typically, 30 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology				
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	**4/1/2016**		**9/1/2023**	NC
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	**4/1/2016**		**9/1/2023**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	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				
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	**4/1/2016**		**9/1/2023**	NC
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	**4/1/2016**		**9/1/2023**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	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				
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	**4/1/2016**		**9/1/2023**	NC
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	**4/1/2016**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	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				
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	**4/1/2016**		**9/1/2023**	NC
G9497	Received instruction from the anesthesiologist or proxy prior to the day of surgery to abstain from smoking on the day of surgery	**1/1/2016**			NC
G9498	Antibiotic regimen prescribed	**1/1/2016**			NC
G9500	Radiation exposure indices, or exposure time and number of fluorographic images in final report for procedures using fluoroscopy, documented	**1/1/2016**			NC
G9501	Radiation exposure indices, or exposure time and number of fluorographic images not documented in final report for procedure using fluoroscopy, reason not given	**1/1/2016**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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)	1/1/2016			NC
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	1/1/2016			NC
G9505	Antibiotic regimen prescribed within 10 days after onset of symptoms for documented medical reason	1/1/2016			NC
G9506	Biologic immune response modifier prescribed	1/1/2016	12/31/2022		NC
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)	1/1/2016			NC
G9508	Documentation that the patient is not on a statin medication	1/1/2016			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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	**1/1/2016**			NC
G9510	Adult patients 18 years of age or older with major depression or dysthymia who did not reach remission at twelve months as demonstrated by a twelve month (+/-60 days) PHQ-9 or PHQ-9m score of less than 5. either PHQ- 9 or PHQ-9m score was not assessed or is greater than or equal to 5	**1/1/2016**			NC
G9511	Index event date PHQ-9 or PHQ-9M score greater than 9 documented during the twelve month denominator identification period	**1/1/2016**			NC
G9512	Individual had a PDC of 0.8 or greater	**1/1/2016**			NC
G9513	Individual did not have a PDC of 0.8 or greater	**1/1/2016**			NC
G9514	Patient required a return to the operating room within 90 days of surgery	**1/1/2016**			NC
G9515	Patient did not require a return to the operating room within 90 days of surgery	**1/1/2016**			NC
G9516	Patient achieved an improvement in visual acuity, from their preoperative level, within 90 days of surgery	**1/1/2016**			NC
G9517	Patient did not achieve an improvement in visual acuity, from their preoperative level, within 90 days of surgery, reason not given	**1/1/2016**			NC
G9518	Documentation of active injection drug use	**1/1/2016**			NC
G9519	Patient achieves final refraction (spherical equivalent) +/-1.0 diopters of their planned refraction within 90 days of surgery	**1/1/2016**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
G9520	Patient does not achieve final refraction (spherical equivalent) +/- 1.0 diopters of their planned refraction within 90 days of surgery	**1/1/2016**			NC
G9521	Total number of emergency department visits and inpatient hospitalizations less than two in the past 12 months	**1/1/2016**			NC
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	**1/1/2016**			NC
G9529	Patient with minor blunt head trauma had an appropriate indication(s) for a head CT	**1/1/2016**			NC
G9530	Patient presented with a minor blunt head trauma and had a head CT ordered for trauma by an emergency care provider	**1/1/2016**			NC
G9531	Patient has documentation of ventricular shunt, brain tumor, multisystem trauma, or is currently taking an antiplatelet medication including: abciximab, anagrelide, cangrelor, cilostazol, clopidogrel, dipyridamole, eptifibatide, prasugrel, ticlopidine, ticagrelor, tirofiban, or vorapaxar	**1/1/2016**			NC
G9533	Patient with minor blunt head trauma did not have an appropriate indication(s) for a head CT	**1/1/2016**			NC
G9537	Imaging needed as part of a clinical trial; or other clinician ordered the study	**1/1/2016**			NC
G9539	Intent for potential removal at time of placement	**1/1/2016**			NC
G9540	Patient alive 3 months post procedure	**1/1/2016**			NC
G9541	Filter removed within 3 months of placement	**1/1/2016**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
G9542	Documented re-assessment for the appropriateness of filter removal within 3 months of placement	1/1/2016			NC
G9543	Documentation of at least two attempts to reach the patient to arrange a clinical re-assessment for the appropriateness of filter removal within 3 months of placement	1/1/2016			NC
G9544	Patients that do not have the filter removed, documented re-assessment for the appropriateness of filter removal, or documentation of at least two attempts to reach the patient to arrange a clinical re-assessment for the appropriateness of filter removal within 3 months of placement	1/1/2016			NC
G9547	Cystic renal lesion that is simple appearing (Bosniak I or II) , or adrenal lesion less than or equal to 1.0 cm or adrenal lesion greater than 1.0 cm but less than or equal to 4.0 cm classified as likely benign by unenhanced CT or washout protocol CT, or MRI with in- and opposed-phase sequences or other equivalent institutional imaging protocols	1/1/2016			NC
G9548	Final reports for imaging studies stating no follow-up imaging is recommended	1/1/2016			NC
G9549	Documentation of medical reason(s) that follow-up imaging is indicated (e.g., patient has lymphadenopathy, signs of metastasis or an active diagnosis or history of cancer, and other medical reason(s))	1/1/2016			NC
G9550	Final reports for imaging studies with follow-up imaging recommended, or final reports that do not include a specific recommendation of no follow-up	1/1/2016			NC
G9551	Final reports for imaging studies without an incidentally found lesion noted	1/1/2016			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
G9552	Incidental thyroid nodule < 1.0 cm noted in report	1/1/2016			NC
G9553	Prior thyroid disease diagnosis	1/1/2016			NC
G9554	Final reports for CT, CTA, MRI or MRA of the chest or neck with follow-up imaging recommended	1/1/2016			NC
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))	1/1/2016			NC
G9556	Final reports for CT, CTA, MRI or MRA of the chest or neck with follow-up imaging not recommended	1/1/2016			NC
G9557	Final reports for CT, CTA, MRI or MRA studies of the chest or neck without an incidentally found thyroid nodule < 1.0 cm noted or no nodule found	1/1/2016			NC
G9580	Door to puncture time of 90 minutes or less	1/1/2016			NC
G9582	Door to puncture time of greater than 90 minutes, no reason given	1/1/2016			NC
G9593	Pediatric patient with minor blunt head trauma classified as low risk according to the PECARN prediction rules	1/1/2016			NC
G9594	Patient presented with a minor blunt head trauma and had a head CT ordered for trauma by an emergency care provider	1/1/2016			NC
G9595	Patient has documentation of ventricular shunt, brain tumor, or coagulopathy	1/1/2016			NC
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	1/1/2016			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
G9597	Pediatric patient with minor blunt head trauma not classified as low risk according to the PECARN prediction rules	1/1/2016			NC
G9598	Aortic aneurysm 5.5 - 5.9 cm maximum diameter on centerline formatted CT or minor diameter on axial formatted CT	1/1/2016			NC
G9599	Aortic aneurysm 6.0 cm or greater maximum diameter on centerline formatted CT or minor diameter on axial formatted CT	1/1/2016			NC
G9603	Patient survey score improved from baseline following treatment	1/1/2016			NC
G9604	Patient survey results not available	1/1/2016			NC
G9605	Patient survey score did not improve from baseline following treatment	1/1/2016			NC
G9606	Intraoperative cystoscopy performed to evaluate for lower tract injury	1/1/2016			NC
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	1/1/2016			NC
G9608	Intraoperative cystoscopy not performed to evaluate for lower tract injury	1/1/2016			NC
G9609	Documentation of an order for anti-platelet agents	1/1/2016			NC
G9610	Documentation of medical reason(s) in the patient's record for not ordering anti-platelet agents	1/1/2016			NC
G9611	Order for anti-platelet agents was not documented in the patient's record, reason not given	1/1/2016			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
G9612	Photodocumentation of two or more cecal landmarks to establish a complete examination	1/1/2016			NC
G9613	Documentation of post-surgical anatomy (e.g., right hemicolectomy, ileocecal resection, etc.)	1/1/2016			NC
G9614	Photodocumentation of less than two cecal landmarks (i.e., no cecal landmarks or only one cecal landmark) to establish a complete examination	1/1/2016			NC
G9618	Documentation of screening for uterine malignancy or those that had an ultrasound and/or endometrial sampling of any kind	1/1/2016	12/31/2022		NC
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	1/1/2016	12/31/2022		NC
G9621	Patient identified as an unhealthy alcohol user when screened for unhealthy alcohol use using a systematic screening method and received brief counseling	1/1/2016			NC
G9622	Patient not identified as an unhealthy alcohol user when screened for unhealthy alcohol use using a systematic screening method	1/1/2016			NC
G9623	Documentation of medical reason(s) for not screening for unhealthy alcohol use (e.g., limited life expectancy, other medical reasons)	1/1/2016	12/31/2022		NC
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	1/1/2016			NC
G9625	Patient sustained bladder injury at the time of surgery or discovered subsequently up to 30 days post-surgery	1/1/2016			NC
G9626	Documented medical reason for not reporting bladder injury (e.g., gynecologic or other pelvic malignancy	1/1/2016			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	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)				
G9627	Patient did not sustain bladder injury at the time of surgery nor discovered subsequently up to 30 days post-surgery	1/1/2016			NC
G9628	Patient sustained bowel injury at the time of surgery or discovered subsequently up to 30 days post-surgery	1/1/2016			NC
G9629	Documented medical reasons for not reporting bowel injury (e.g., gynecologic or other pelvic malignancy documented, planned (e.g., not due to an unexpected bowel injury) resection and/or re-anastomosis of bowel, or patient death from non-medical causes not related to surgery, patient died during procedure without evidence of bowel injury)	1/1/2016			NC
G9630	Patient did not sustain a bowel injury at the time of surgery nor discovered subsequently up to 30 days post-surgery	1/1/2016			NC
G9631	Patient sustained ureter injury at the time of surgery or discovered subsequently up to 30 days post-surgery	1/1/2016	12/31/2022		NC
G9632	Documented medical reasons for not reporting ureter injury (e.g., gynecologic or other pelvic malignancy documented, concurrent surgery involving bladder pathology, injury that occurs during a urinary incontinence procedure, patient death from non-medical causes not related to surgery, patient died during procedure without evidence of ureter injury)	1/1/2016	12/31/2022		NC
G9633	Patient did not sustain ureter injury at the time of surgery nor discovered subsequently up to 30 days post-surgery	1/1/2016	12/31/2022		NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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)	**1/1/2016**			NC
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)	**1/1/2016**			NC
G9642	Current smoker (e.g., cigarette, cigar, pipe, e-cigarette or marijuana)	**1/1/2016**			NC
G9643	Elective surgery	**1/1/2016**			NC
G9644	Patients who abstained from smoking prior to anesthesia on the day of surgery or procedure	**1/1/2016**			NC
G9645	Patients who did not abstain from smoking prior to anesthesia on the day of surgery or procedure	**1/1/2016**			NC
G9646	Patients with 90 day MRS score of 0 to 2	**1/1/2016**			NC
G9648	Patients with 90 day MRS score greater than 2	**1/1/2016**			NC
G9649	Psoriasis assessment tool documented meeting any one of the specified benchmarks (e.g., (PGA; 5-point or 6-point scale), body surface area (BSA), psoriasis area and severity index (PASI) and/or dermatology life quality index) (DLQI))	**1/1/2016**			NC
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	**1/1/2016**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
G9654	Monitored anesthesia care (MAC)	**1/1/2016**			NC
G9655	A transfer of care protocol or handoff tool/checklist that includes the required key handoff elements is used	**1/1/2016**			NC
G9656	Patient transferred directly from anesthetizing location to PACU or other non-ICU location	**1/1/2016**			NC
G9658	A transfer of care protocol or handoff tool/checklist that includes the required key handoff elements is not used	**1/1/2016**			NC
G9659	Patients greater than or equal to 86 years of age who underwent a screening colonoscopy and did not have a history of colorectal cancer or other valid medical reason for the colonoscopy, including: iron deficiency anemia, lower gastrointestinal bleeding, crohn's disease (i.e., regional enteritis), familial adenomatous polyposis, lynch syndrome (i.e., hereditary non-polyposis colorectal cancer), inflammatory bowel disease, ulcerative colitis, abnormal finding of gastrointestinal tract, or changes in bowel habits	**1/1/2016**			NC
G9660	Documentation of medical reason(s) for a colonoscopy performed on a patient greater than or equal to 86 years of age (e.g., iron deficiency anemia, lower gastrointestinal bleeding, crohn's disease (i.e., regional enteritis), familial history of adenomatous polyposis, lynch syndrome (i.e., hereditary non-polyposis colorectal cancer), inflammatory bowel disease, ulcerative colitis, abnormal finding of gastrointestinal tract, or changes in bowel habits)	**1/1/2016**			NC
G9661	Patients greater than or equal to 86 years of age who received a colonoscopy for an assessment of signs/symptoms of GI tract illness, and/or because the	**1/1/2016**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	patient meets high risk criteria, and/or to follow-up on previously diagnosed advanced lesions				
G9662	Previously diagnosed or have an active diagnosis of clinical ASCVD, including ASCVD procedure	**1/1/2016**			NC
G9663	Any LDL-C laboratory test result >= 190 mg/dl	**1/1/2016**			NC
G9664	Patients who are currently statin therapy users or received an order (prescription) for statin therapy	**1/1/2016**			NC
G9665	Patients who are not currently statin therapy users or did not receive an order (prescription) for statin therapy	**1/1/2016**			NC
G9674	Patients with clinical ASCVD diagnosis	**1/1/2016**			NC
G9675	Patients who have ever had a fasting or direct laboratory result of LDL-C = 190 mg/dl	**1/1/2016**			NC
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	**1/1/2016**			NC
G9679	This code is for onsite acute care treatment of a nursing facility resident with pneumonia; may only be billed once per day per beneficiary	**10/1/2016**			NC
G9680	This code is for onsite acute care treatment of a nursing facility resident with CHF; may only be billed once per day per beneficiary	**10/1/2016**			NC
G9681	This code is for onsite acute care treatment of a resident with COPD or asthma; may only be billed once per day per beneficiary	**10/1/2016**		**9/1/2023**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
G9682	This code is for the onsite acute care treatment a nursing facility resident with a skin infection; may only be billed once per day per beneficiary	10/1/2016		9/1/2023	NC
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	10/1/2016		9/1/2023	NC
G9684	This code is for the onsite acute care treatment of a nursing facility resident for a UTI; may only be billed once per day per beneficiary	10/1/2016		9/1/2023	NC
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	10/1/2016		9/1/2023	NC
G9687	Hospice services provided to patient any time during the measurement period	1/1/2017			NC
G9688	Patients using hospice services any time during the measurement period	1/1/2017			NC
G9689	Patient admitted for performance of elective carotid intervention	1/1/2017			NC
G9690	Patient receiving hospice services any time during the measurement period	1/1/2017			NC
G9691	Patient had hospice services any time during the measurement period	1/1/2017			NC
G9692	Hospice services received by patient any time during the measurement period	1/1/2017			NC
G9693	Patient use of hospice services any time during the measurement period	1/1/2017			NC
G9694	Hospice services utilized by patient any time during the measurement period	1/1/2017			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
G9695	Long-acting inhaled bronchodilator prescribed	1/1/2017			NC
G9696	Documentation of medical reason(s) for not prescribing a long-acting inhaled bronchodilator	1/1/2017			NC
G9697	Documentation of patient reason(s) for not prescribing a long-acting inhaled bronchodilator	1/1/2017			NC
G9698	Documentation of system reason(s) for not prescribing a long-acting inhaled bronchodilator	1/1/2017			NC
G9699	Long-acting inhaled bronchodilator not prescribed, reason not otherwise specified	1/1/2017			NC
G9700	Patients who use hospice services any time during the measurement period	1/1/2017			NC
G9702	Patients who use hospice services any time during the measurement period	1/1/2017			NC
G9703	Episodes where the patient is taking antibiotics (table 1) in the 30 days prior to the episode date, or had an active prescription on the episode date	1/1/2017			NC
G9704	AJCC breast cancer stage I: T1 mic or T1a documented	1/1/2017			NC
G9705	AJCC breast cancer stage I: T1b (tumor > 0.5 cm but <= 1 cm in greatest dimension) documented	1/1/2017			NC
G9706	Low (or very low) risk of recurrence, prostate cancer	1/1/2017			NC
G9707	Patient received hospice services any time during the measurement period	1/1/2017			NC
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	1/1/2017			NC
G9709	Hospice services used by patient any time during the measurement period	1/1/2017			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
G9710	Patient was provided hospice services any time during the measurement period	1/1/2017			NC
G9711	Patients with a diagnosis or past history of total colectomy or colorectal cancer	1/1/2017			NC
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	1/1/2017			NC
G9713	Patients who use hospice services any time during the measurement period	1/1/2017			NC
G9714	Patient is using hospice services any time during the measurement period	1/1/2017			NC
G9715	Patients who use hospice services any time during the measurement period	1/1/2017			NC
G9716	BMI is documented as being outside of normal parameters, follow-up plan is not completed for documented medical reason	1/1/2017			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
G9717	Documentation stating the patient has had a diagnosis of depression or has had a diagnosis of bipolar disorder	1/1/2017			NC
G9718	Hospice services for patient provided any time during the measurement period	1/1/2017	12/31/2022		NC
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	1/1/2017			NC
G9720	Hospice services for patient occurred any time during the measurement period	1/1/2017			NC
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	1/1/2017			NC
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	1/1/2017			NC
G9723	Hospice services for patient received any time during the measurement period	1/1/2017			NC
G9724	Patients who had documentation of use of anticoagulant medications overlapping the measurement year	1/1/2017			NC
G9725	Patients who use hospice services any time during the measurement period	1/1/2017			NC
G9726	Patient refused to participate	1/1/2017			NC
G9727	Patient unable to complete the LEPF PROM at initial evaluation and/or discharge due to blindness, illiteracy, severe mental incapacity or language incompatibility and an adequate proxy is not available	1/1/2017			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
G9728	Patient refused to participate	1/1/2017			NC
G9729	Patient unable to complete the LEPF PROM at initial evaluation and/or discharge due to blindness, illiteracy, severe mental incapacity or language incompatibility and an adequate proxy is not available	1/1/2017			NC
G9730	Patient refused to participate	1/1/2017			NC
G9731	Patient unable to complete the LEPF PROM at initial evaluation and/or discharge due to blindness, illiteracy, severe mental incapacity or language incompatibility and an adequate proxy is not available	1/1/2017			NC
G9732	Patient refused to participate	1/1/2017			NC
G9733	Patient unable to complete the low back FS PROM at initial evaluation and/or discharge due to blindness, illiteracy, severe mental incapacity or language incompatibility and an adequate proxy is not available	1/1/2017			NC
G9734	Patient refused to participate	1/1/2017			NC
G9735	Patient unable to complete the shoulder FS PROM at initial evaluation and/or discharge due to blindness, illiteracy, severe mental incapacity or language incompatibility and an adequate proxy is not available	1/1/2017			NC
G9736	Patient refused to participate	1/1/2017			NC
G9737	Patient unable to complete the elbow/wrist/hand FS PROM at initial evaluation and/or discharge due to blindness, illiteracy, severe mental incapacity or language incompatibility and an adequate proxy is not available	1/1/2017			NC
G9740	Hospice services given to patient any time during the measurement period	1/1/2017			NC
G9741	Patients who use hospice services any time during the measurement period	1/1/2017			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
G9744	Patient not eligible due to active diagnosis of hypertension	**1/1/2017**			NC
G9745	Documented reason for not screening or recommending a follow-up for high blood pressure	**1/1/2017**			NC
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)	**1/1/2017**			NC
G9751	Patient died at any time during the 24-month measurement period	**1/1/2017**			NC
G9752	Emergency surgery	**1/1/2017**			NC
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)	**1/1/2017**			NC
G9754	A finding of an incidental pulmonary nodule	**1/1/2017**			NC
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)	**1/1/2017**			NC
G9756	Surgical procedures that included the use of silicone oil	**1/1/2017**			NC
G9757	Surgical procedures that included the use of silicone oil	**1/1/2017**			NC
G9758	Patient in hospice at any time during the measurement period	**1/1/2017**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
G9760	Patients who use hospice services any time during the measurement period	1/1/2017			NC
G9761	Patients who use hospice services any time during the measurement period	1/1/2017			NC
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	1/1/2017			NC
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	1/1/2017			NC
G9764	Patient has been treated with a systemic medication for psoriasis vulgaris	1/1/2017			NC
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	1/1/2017			NC
G9766	Patients who are transferred from one institution to another with a known diagnosis of CVA for endovascular stroke treatment	1/1/2017			NC
G9767	Hospitalized patients with newly diagnosed CVA considered for endovascular stroke treatment	1/1/2017			NC
G9768	Patients who utilize hospice services any time during the measurement period	1/1/2017			NC
G9769	Patient had a bone mineral density test in the past two years or received osteoporosis medication or therapy in the past 12 months	1/1/2017			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
G9770	Peripheral nerve block (PNB)	1/1/2017			NC
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	1/1/2017			NC
G9772	Documentation of medical reason(s) for not achieving at least 1 body temperature measurement equal to or greater than 35.5 degrees Celsius (or 95.9 degrees Fahrenheit) within the 30 minutes immediately before or the 15 minutes immediately after anesthesia end time (e.g., emergency cases, intentional hypothermia, etc.)	1/1/2017			NC
G9773	At least 1 body temperature measurement equal to or greater than 35.5 degrees celsius (or 95.9 degrees fahrenheit) not achieved within the 30 minutes immediately before or the 15 minutes immediately after anesthesia end time, reason not given	1/1/2017			NC
G9774	Patients who have had a hysterectomy	1/1/2017	12/31/2022		NC
G9775	Patient received at least 2 prophylactic pharmacologic anti-emetic agents of different classes preoperatively and/or intraoperatively	1/1/2017			NC
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)	1/1/2017			NC
G9777	Patient did not receive at least 2 prophylactic pharmacologic anti-emetic agents of different classes preoperatively and/or intraoperatively	1/1/2017			NC
G9778	Patients who have a diagnosis of pregnancy at any time during the measurement period	1/1/2017	12/31/2022		NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
G9779	Patients who are breastfeeding at any time during the measurement period	1/1/2017			NC
G9780	Patients who have a diagnosis of rhabdomyolysis at any time during the measurement period	1/1/2017			NC
G9781	Documentation of medical reason(s) for not currently being a statin therapy user or receiving an order (prescription) for statin therapy (e.g., patients with statin-associated muscle symptoms or an allergy to statin medication therapy, patients who are receiving palliative or hospice care, patients with active liver disease or hepatic disease or insufficiency, and patients with end stage renal disease [ESRD])	1/1/2017			NC
G9782	History of or active diagnosis of familial hypercholesterolemia	1/1/2017			NC
G9784	Pathologists/dermatopathologists providing a second opinion on a biopsy	1/1/2017			NC
G9785	Pathology report diagnosing cutaneous basal cell carcinoma, squamous cell carcinoma, or melanoma (to include in situ disease) sent from the pathologist/ dermatopathologist to the biopsying clinician for review within 7 days from the time when the tissue specimen was received by the pathologist	1/1/2017			NC
G9786	Pathology report diagnosing cutaneous basal cell carcinoma, squamous cell carcinoma, or melanoma (to include in situ disease) was not sent from the pathologist/ dermatopathologist to the biopsying clinician for review within 7 days from the time when the tissue specimen was received by the pathologist	1/1/2017			NC
G9787	Patient alive as of the last day of the measurement year	1/1/2017			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
G9788	Most recent BP is less than or equal to 140/90 mm Hg	1/1/2017			NC
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)	1/1/2017			NC
G9790	Most recent BP is greater than 140/90 mm Hg, or blood pressure not documented	1/1/2017			NC
G9791	Most recent tobacco status is tobacco free	1/1/2017			NC
G9792	Most recent tobacco status is not tobacco free	1/1/2017			NC
G9793	Patient is currently on a daily aspirin or other antiplatelet	1/1/2017			NC
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)	1/1/2017			NC
G9795	Patient is not currently on a daily aspirin or other antiplatelet	1/1/2017			NC
G9796	Patient is currently on a statin therapy	1/1/2017			NC
G9797	Patient is not on a statin therapy	1/1/2017			NC
G9805	Patients who use hospice services any time during the measurement period	1/1/2017			NC
G9806	Patients who received cervical cytology or an HPV test	1/1/2017			NC
G9807	Patients who did not receive cervical cytology or an HPV test	1/1/2017			NC
G9808	Any patients who had no asthma controller medications dispensed during the measurement year	1/1/2017	12/31/2022		NC
G9809	Patients who use hospice services any time during the measurement period	1/1/2017	12/31/2022		NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
G9810	Patient achieved a PDC of at least 75% for their asthma controller medication	1/1/2017	12/31/2022		NC
G9811	Patient did not achieve a PDC of at least 75% for their asthma controller medication	1/1/2017	12/31/2022		NC
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	1/1/2017			NC
G9813	Patient did not die within 30 days of the procedure or during the index hospitalization	1/1/2017			NC
G9818	Documentation of sexual activity	1/1/2017			NC
G9819	Patients who use hospice services any time during the measurement period	1/1/2017			NC
G9820	Documentation of a chlamydia screening test with proper follow-up	1/1/2017			NC
G9821	No documentation of a chlamydia screening test with proper follow-up	1/1/2017			NC
G9822	Patients who had an endometrial ablation procedure during the 12 months prior to the index date (exclusive of the index date)	1/1/2017			NC
G9823	Endometrial sampling or hysteroscopy with biopsy and results documented during the 12 months prior to the index date (exclusive of the index date) of the endometrial ablation	1/1/2017			NC
G9824	Endometrial sampling or hysteroscopy with biopsy and results not documented during the 12 months prior to the index date (exclusive of the index date) of the endometrial ablation	1/1/2017			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
G9830	HER2/neu positive	1/1/2017			NC
G9831	AJCC stage at breast cancer diagnosis = II or III	1/1/2017			NC
G9832	AJCC stage at breast cancer diagnosis = I (IA or IB) and T-stage at breast cancer diagnosis does not equal = T1, T1a, T1b	1/1/2017			NC
G9838	Patient has metastatic disease at diagnosis	1/1/2017			NC
G9839	Anti-EGFR monoclonal antibody therapy	1/1/2017			NC
G9840	RAS (KRAS and NRAS) gene mutation testing performed before initiation of anti-EGFR MoAb	1/1/2017			NC
G9841	RAS (KRAS and NRAS) gene mutation testing not performed before initiation of anti-EGFR MoAb	1/1/2017			NC
G9842	Patient has metastatic disease at diagnosis	1/1/2017			NC
G9843	RAS (KRAS or NRAS) gene mutation	1/1/2017			NC
G9844	Patient did not receive anti-EGFR monoclonal antibody therapy	1/1/2017			NC
G9845	Patient received anti-EGFR monoclonal antibody therapy	1/1/2017			NC
G9846	Patients who died from cancer	1/1/2017			NC
G9847	Patient received chemotherapy in the last 14 days of life	1/1/2017			NC
G9848	Patient did not receive chemotherapy in the last 14 days of life	1/1/2017			NC
G9852	Patients who died from cancer	1/1/2017			NC
G9853	Patient admitted to the ICU in the last 30 days of life	1/1/2017			NC
G9854	Patient was not admitted to the ICU in the last 30 days of life	1/1/2017			NC
G9858	Patient enrolled in hospice	1/1/2017			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
G9859	Patients who died from cancer	**1/1/2017**			NC
G9860	Patient spent less than three days in hospice care	**1/1/2017**			NC
G9861	Patient spent greater than or equal to three days in hospice care	**1/1/2017**			NC
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)	**1/1/2017**			NC
G9868	Receipt and analysis of remote, asynchronous images for dermatologic and/or ophthalmologic evaluation, for use only in a medicare-approved CMMI model, less than 10 minutes	**1/1/2018**		**9/1/2023**	NC
G9869	Receipt and analysis of remote, asynchronous images for dermatologic and/or ophthalmologic evaluation, for use only in a medicare-approved CMMI model, 10-20 minutes	**1/1/2018**		**9/1/2023**	NC
G9870	Receipt and analysis of remote, asynchronous images for dermatologic and/or ophthalmologic evaluation, for use only in a medicare-approved CMMI model, more than 20 minutes	**1/1/2018**		**9/1/2023**	NC
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	**4/1/2018**		**9/1/2023**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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	**4/1/2018**		**9/1/2023**	NC
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	**4/1/2018**		**9/1/2023**	NC
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	**4/1/2018**		**9/1/2023**	NC
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	**4/1/2018**		**9/1/2023**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	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				
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	**4/1/2018**		**9/1/2023**	NC
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	**4/1/2018**		**9/1/2023**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	in-person weight measurement at a core maintenance session in months 10-12				
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	**4/1/2018**		**9/1/2023**	NC
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	**4/1/2018**		**9/1/2023**	NC
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	**4/1/2018**		**9/1/2023**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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	**4/1/2018**		**9/1/2023**	NC
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	**4/1/2018**		**9/1/2023**	NC
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	**4/1/2018**		**9/1/2023**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	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				
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	**4/1/2018**			NC
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)	**4/1/2018**			NC
G9892	Documentation of patient reason(s) for not performing a dilated macular examination	**1/1/2018**			NC
G9893	Dilated macular exam was not performed, reason not otherwise specified	**1/1/2018**			NC
G9894	Androgen deprivation therapy prescribed/administered in combination with external beam radiotherapy to the prostate	**1/1/2018**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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)	**1/1/2018**			NC
G9896	Documentation of patient reason(s) for not prescribing/administering androgen deprivation therapy in combination with external beam radiotherapy to the prostate	**1/1/2018**			NC
G9897	Patients who were not prescribed/administered androgen deprivation therapy in combination with external beam radiotherapy to the prostate, reason not given	**1/1/2018**			NC
G9898	Patients age 66 or older in institutional special needs plans (SNP) or residing in long-term care with POS code 32, 33, 34, 54, or 56 for more than 90 consecutive days during the measurement period	**1/1/2018**			NC
G9899	Screening, diagnostic, film, digital or digital breast tomosynthesis (3D) mammography results documented and reviewed	**1/1/2018**			NC
G9900	Screening, diagnostic, film, digital or digital breast tomosynthesis (3D) mammography results were not documented and reviewed, reason not otherwise specified	**1/1/2018**			NC
G9901	Patient age 66 or older in institutional special needs plans (SNP) or residing in long-term care with POS code 32, 33, 34, 54, or 56 for more than 90 consecutive days during the measurement period	**1/1/2018**			NC
G9902	Patient screened for tobacco use and identified as a tobacco user	**1/1/2018**			NC
G9903	Patient screened for tobacco use and identified as a tobacco non-user	**1/1/2018**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
G9904	Documentation of medical reason(s) for not screening for tobacco use (e.g., limited life expectancy, other medical reason)	1/1/2018	12/31/2022		NC
G9905	Patient not screened for tobacco use, reason not given	1/1/2018			NC
G9906	Patient identified as a tobacco user received tobacco cessation intervention on the date of the encounter or within the previous 12 months (counseling and/or pharmacotherapy)	1/1/2018			NC
G9907	Documentation of medical reason(s) for not providing tobacco cessation intervention on the date of the encounter or within the previous 12 months (e.g., limited life expectancy, other medical reason)	1/1/2018	12/31/2022		NC
G9908	Patient identified as tobacco user did not receive tobacco cessation intervention on the date of the encounter or within the previous 12 months (counseling and/or pharmacotherapy), reason not given	1/1/2018			NC
G9909	Documentation of medical reason(s) for not providing tobacco cessation intervention on the date of the encounter or within the previous 12 months if identified as a tobacco user (e.g., limited life expectancy, other medical reason)	1/1/2018	12/31/2022		NC
G9910	Patients age 66 or older in institutional special needs plans (SNP) or residing in long-term care with POSs code 32, 33, 34, 54 or 56 for more than 90 consecutive days during the measurement period	1/1/2018			NC
G9911	Clinically node negative (T1N0M0 or T2N0M0) invasive breast cancer before or after neoadjuvant systemic therapy	1/1/2018			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
G9912	Hepatitis B virus (HBV) status assessed and results interpreted prior to initiating anti-TNF (tumor necrosis factor) therapy	**1/1/2018**			NC
G9913	Hepatitis B virus (HBV) status not assessed and results interpreted prior to initiating anti-TNF (tumor necrosis factor) therapy, reason not given	**1/1/2018**			NC
G9914	Patient receiving an anti-TNF agent	**1/1/2018**			NC
G9915	No record of HBV results documented	**1/1/2018**			NC
G9916	Functional status performed once in the last 12 months	**1/1/2018**			NC
G9917	Documentation of advanced stage dementia and caregiver knowledge is limited	**1/1/2018**			NC
G9918	Functional status not performed, reason not otherwise specified	**1/1/2018**			NC
G9919	Screening performed and positive and provision of recommendations	**1/1/2018**			NC
G9920	Screening performed and negative	**1/1/2018**			NC
G9921	No screening performed, partial screening performed or positive screen without recommendations and reason is not given or otherwise specified	**1/1/2018**			NC
G9922	Safety concerns screen provided and if positive then documented mitigation recommendations	**1/1/2018**			NC
G9923	Safety concerns screen provided and negative	**1/1/2018**			NC
G9925	Safety concerns screening not provided, reason not otherwise specified	**1/1/2018**			NC
G9926	Safety concerns screening positive screen is without provision of mitigation recommendations, including but not limited to referral to other resources	**1/1/2018**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
G9927	Documentation of system reason(s) for not prescribing an FDA-approved anticoagulation due to patient being currently enrolled in a clinical trial related to AF/atrial flutter treatment	1/1/2018			NC
G9928	FDA-approved anticoagulant not prescribed, reason not given	1/1/2018			NC
G9929	Patient with transient or reversible cause of AF (e.g., pneumonia, hyperthyroidism, pregnancy, cardiac surgery)	1/1/2018			NC
G9930	Patients who are receiving comfort care only	1/1/2018			NC
G9931	Documentation of CHA2DS2-VASc risk score of 0 or 1 for men; or 0, 1, or 2 for women	1/1/2018			NC
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)	1/1/2018	12/31/2022		NC
G9938	Patients age 66 or older in institutional special needs plans (SNP) or residing in long-term care with POS code 32, 33, 34, 54, or 56 for more than 90 consecutive days during the six months prior to the measurement period through december 31 of the measurement period	1/1/2018			NC
G9939	Pathologists/dermatopathologists is the same clinician who performed the biopsy	1/1/2018			NC
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)	1/1/2018			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
G9942	Patient had any additional spine procedures performed on the same date as the lumbar discectomy/laminectomy	1/1/2018	12/31/2022		NC
G9943	Back pain was not measured by the visual analog scale (VAS) within three months preoperatively and at three months (6-20 weeks) postoperatively	1/1/2018			NC
G9945	Patient had cancer, acute fracture or infection related to the lumbar spine or patient had neuromuscular, idiopathic or congenital lumbar scoliosis	1/1/2018			NC
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	1/1/2018			NC
G9948	Patient had any additional spine procedures performed on the same date as the lumbar discectomy/laminectomy	1/1/2018	12/31/2022		NC
G9949	Leg pain was not measured by the visual analog scale (VAS) at three months (6 - 20 weeks) postoperatively	1/1/2018			NC
G9954	Patient exhibits 2 or more risk factors for post-operative vomiting	1/1/2018			NC
G9955	Cases in which an inhalational anesthetic is used only for induction	1/1/2018			NC
G9956	Patient received combination therapy consisting of at least two prophylactic pharmacologic anti-emetic agents of different classes preoperatively and/or intraoperatively	1/1/2018			NC
G9957	Documentation of medical reason for not receiving combination therapy consisting of at least two prophylactic pharmacologic anti-emetic agents of different classes preoperatively and/or intraoperatively (e.g., intolerance or other medical reason)	1/1/2018			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
G9958	Patient did not receive combination therapy consisting of at least two prophylactic pharmacologic anti-emetic agents of different classes preoperatively and/or intraoperatively	**1/1/2018**			NC
G9959	Systemic antimicrobials not prescribed	**1/1/2018**			NC
G9960	Documentation of medical reason(s) for prescribing systemic antimicrobials	**1/1/2018**			NC
G9961	Systemic antimicrobials prescribed	**1/1/2018**			NC
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	**1/1/2018**			NC
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	**1/1/2018**			NC
G9964	Patient received at least one well-child visit with a PCP during the performance period	**1/1/2018**			NC
G9965	Patient did not receive at least one well-child visit with a PCP during the performance period	**1/1/2018**			NC
G9968	Patient was referred to another provider or specialist during the performance period	**1/1/2018**			NC
G9969	Provider who referred the patient to another provider received a report from the provider to whom the patient was referred	**1/1/2018**			NC
G9970	Provider who referred the patient to another provider did not receive a report from the provider to whom the patient was referred	**1/1/2018**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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	**1/1/2018**			NC
G9975	Documentation of medical reason(s) for not performing a dilated macular examination	**1/1/2018**			NC
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	**10/1/2018**		**9/1/2023**	NC
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	**10/1/2018**		**9/1/2023**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	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				
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	**10/1/2018**		**9/1/2023**	NC
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:	**10/1/2018**		**9/1/2023**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	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				
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	**10/1/2018**		**9/1/2023**	NC
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	**10/1/2018**		**9/1/2023**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	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				
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	**10/1/2018**		**9/1/2023**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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	**10/1/2018**		**9/1/2023**	NC
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.	**10/1/2018**		**9/1/2023**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	Typically, 40 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology				
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	**10/1/2018**		**9/1/2023**	NC
G9988	Palliative care services provided to patient any time during the measurement period	**1/1/2022**		**1/1/2022**	NC
G9989	Documentation of medical reason(s) for not administering pneumococcal vaccine (e.g., adverse reaction to vaccine)	**1/1/2022**	**12/31/2022**	**1/1/2022**	NC
G9990	Pneumococcal vaccine was not administered on or after patient's 60th birthday and before the end of the measurement period, reason not otherwise specified	**1/1/2022**		**1/1/2022**	NC
G9991	Pneumococcal vaccine administered on or after patient's 60th birthday and before the end of the measurement period	**1/1/2022**		**1/1/2022**	NC
G9992	Palliative care services used by patient any time during the measurement period	**1/1/2022**		**1/1/2022**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
G9993	Patient was provided pallative care services any time during the measurement period	**1/1/2022**		**1/1/2022**	NC
G9994	Patient is using palliative care services any time during the measurement period	**1/1/2022**		**1/1/2022**	NC
G9995	Patients who use palliative care services any time during the measurement period	**1/1/2022**		**1/1/2022**	NC
G9996	Documentation stating the patient has received or is currently receiving palliative or hospice care	**1/1/2022**		**1/1/2022**	NC
G9997	Documentation of patient pregnancy anytime during the measurement period prior to and including the current encounter	**1/1/2022**		**1/1/2022**	NC
G9998	Documentation of medical reason(s) for an interval of less than 3 years since the last colonoscopy (e.g., last colonoscopy incomplete, last colonoscopy had inadequate prep, piecemeal removal of adenomas, last colonoscopy found greater than 10 adenomas, or patient at high risk for colon cancer [Crohn's disease, ulcerative colitis, lower gastrointestinal bleeding, personal or family history of colon cancer, hereditary colorectal cancer syndromes])	**1/1/2022**		**1/1/2022**	NC
G9999	Documentation of system reason(s) for an interval of less than 3 years since the last colonoscopy (e.g., unable to locate previous colonoscopy report, previous colonoscopy report was incomplete)	**1/1/2022**		**1/1/2022**	NC
H0001	Alcohol and/or drug assessment	**1/1/2001**			NPA
H0002	Behavioral health screening to determine eligibility for admission to treatment program	**1/1/2001**			NPA
H0003	Alcohol and/or drug screening; laboratory analysis of specimens for presence of alcohol and/or drugs	**1/1/2001**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
H0004	Behavioral health counseling and therapy, per 15 minutes	**1/1/2001**		**9/1/2023**	NPA
H0005	Alcohol and/or drug services; group counseling by a clinician	**1/1/2001**			NPA
H0006	Alcohol and/or drug services; case management	**1/1/2001**		**9/1/2023**	NPA
H0007	Alcohol and/or drug services; crisis intervention (outpatient)	**1/1/2001**			NPA
H0008	Alcohol and/or drug services; sub-acute detoxification (hospital inpatient)	**1/1/2001**		**9/1/2023**	PA
H0009	Alcohol and/or drug services; acute detoxification (hospital inpatient)	**1/1/2001**		**9/1/2023**	PA
H0010	Alcohol and/or drug services; sub-acute detoxification (residential addiction program inpatient)	**1/1/2001**		**1/1/2022**	PA
H0011	Alcohol and/or drug services; acute detoxification (residential addiction program inpatient)	**1/1/2001**		**1/1/2022**	PA
H0012	Alcohol and/or drug services; sub-acute detoxification (residential addiction program outpatient)	**1/1/2001**		**1/1/2022**	PA
H0013	Alcohol and/or drug services; acute detoxification (residential addiction program outpatient)	**1/1/2001**		**1/1/2022**	PA
H0014	Alcohol and/or drug services; ambulatory detoxification	**1/1/2001**			PA
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	**1/1/2001**			PA
H0016	Alcohol and/or drug services; medical/somatic (medical intervention in ambulatory setting)	**1/1/2001**		**9/1/2023**	PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
H0017	Behavioral health; residential (hospital residential treatment program), without room and board, per diem	1/1/2001			PA
H0018	Behavioral health; short-term residential (non-hospital residential treatment program), without room and board, per diem	1/1/2001		**2/1/2021**	PA
H0019	Behavioral health; long-term residential (non-medical, non-acute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem	1/1/2001			PA
H0020	Alcohol and/or drug services; methadone administration and/or service (provision of the drug by a licensed program)	1/1/2001		**1/1/2022**	NPA
H0021	Alcohol and/or drug training service (for staff and personnel not employed by providers)	1/1/2001			NC
H0022	Alcohol and/or drug intervention service (planned facilitation)	1/1/2001			NC
H0023	Behavioral health outreach service (planned approach to reach a targeted population)	1/1/2001			NC
H0024	Behavioral health prevention information dissemination service (one-way direct or non-direct contact with service audiences to affect knowledge and attitude)	1/1/2001			NC
H0025	Behavioral health prevention education service (delivery of services with target population to affect knowledge, attitude and/or behavior)	1/1/2001			NC
H0026	Alcohol and/or drug prevention process service, community-based (delivery of services to develop skills of impactors)	1/1/2001			NC
H0027	Alcohol and/or drug prevention environmental service (broad range of external activities geared toward	1/1/2001			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	modifying systems in order to mainstream prevention through policy and law)				
H0028	Alcohol and/or drug prevention problem identification and referral service (e.g., student assistance and employee assistance programs), does not include assessment	**1/1/2001**			NC
H0029	Alcohol and/or drug prevention alternatives service (services for populations that exclude alcohol and other drug use e.g., alcohol free social events)	**1/1/2001**			NC
H0030	Behavioral health hotline service	**1/1/2001**			NC
H0031	Mental health assessment, by non-physician	**1/1/2003**			NC
H0032	Mental health service plan development by non-physician	**1/1/2003**			NC
H0033	Oral medication administration, direct observation	**1/1/2003**			NC
H0034	Medication training and support, per 15 minutes	**1/1/2003**			NC
H0035	Mental health partial hospitalization, treatment, less than 24 hours	**1/1/2003**			PA
H0036	Community psychiatric supportive treatment, face-to-face, per 15 minutes	**1/1/2003**			NC
H0037	Community psychiatric supportive treatment program, per diem	**1/1/2003**			NC
H0038	Self-help/peer services, per 15 minutes	**1/1/2003**			NC
H0039	Assertive community treatment, face-to-face, per 15 minutes	**1/1/2003**			NC
H0040	Assertive community treatment program, per diem	**1/1/2003**			NC
H0041	Foster care, child, non-therapeutic, per diem	**1/1/2003**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
H0042	Foster care, child, non-therapeutic, per month	**1/1/2003**			NC
H0043	Supported housing, per diem	**1/1/2003**			NC
H0044	Supported housing, per month	**1/1/2003**			NC
H0045	Respite care services, not in the home, per diem	**1/1/2003**			NC
H0046	Mental health services, not otherwise specified	**1/1/2003**			NC
H0047	Alcohol and/or other drug abuse services, not otherwise specified	**1/1/2003**			NC
H0048	Alcohol and/or other drug testing: collection and handling only, specimens other than blood	**1/1/2003**			NC
H0049	Alcohol and/or drug screening	**1/1/2007**		**9/1/2023**	NC
H0050	Alcohol and/or drug services, brief intervention, per 15 minutes	**1/1/2007**		**9/1/2023**	NC
H1000	Prenatal care, at-risk assessment	**1/1/2002**			NC
H1001	Prenatal care, at-risk enhanced service; antepartum management	**1/1/2002**			NC
H1002	Prenatal care, at risk enhanced service; care coordination	**1/1/2002**			NC
H1003	Prenatal care, at-risk enhanced service; education	**1/1/2002**			NC
H1004	Prenatal care, at-risk enhanced service; follow-up home visit	**1/1/2002**			NC
H1005	Prenatal care, at-risk enhanced service package (includes H1001-H1004)	**1/1/2002**			NC
H1010	Non-medical family planning education, per session	**1/1/2003**			NC
H1011	Family assessment by licensed behavioral health professional for state defined purposes	**1/1/2003**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
H2000	Comprehensive multidisciplinary evaluation	1/1/2003		3/1/2023	PA
H2001	Rehabilitation program, per 1/2 day	1/1/2003			PA
H2010	Comprehensive medication services, per 15 minutes	4/1/2003			NC
H2011	Crisis intervention service, per 15 minutes	4/1/2003			NPA
H2012	Behavioral health day treatment, per hour	4/1/2003			PA
H2013	Psychiatric health facility service, per diem	4/1/2003			PA
H2014	Skills training and development, per 15 minutes	4/1/2003			NC
H2015	Comprehensive community support services, per 15 minutes	4/1/2003			NC
H2016	Comprehensive community support services, per diem	4/1/2003			NC
H2017	Psychosocial rehabilitation services, per 15 minutes	4/1/2003			NC
H2018	Psychosocial rehabilitation services, per diem	4/1/2003			NC
H2019	Therapeutic behavioral services, per 15 minutes	4/1/2003			NC
H2020	Therapeutic behavioral services, per diem	4/1/2003			NC
H2021	Community-based wrap-around services, per 15 minutes	4/1/2003			NC
H2022	Community-based wrap-around services, per diem	4/1/2003			NC
H2023	Supported employment, per 15 minutes	4/1/2003			NC
H2024	Supported employment, per diem	4/1/2003			NC
H2025	Ongoing support to maintain employment, per 15 minutes	4/1/2003			NC
H2026	Ongoing support to maintain employment, per diem	4/1/2003			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
H2027	Psychoeducational service, per 15 minutes	4/1/2003			NC
H2028	Sexual offender treatment service, per 15 minutes	4/1/2003			NC
H2029	Sexual offender treatment service, per diem	4/1/2003			NC
H2030	Mental health clubhouse services, per 15 minutes	4/1/2003			NC
H2031	Mental health clubhouse services, per diem	4/1/2003			NC
H2032	Activity therapy, per 15 minutes	4/1/2003			NC
H2033	Multisystemic therapy for juveniles, per 15 minutes	4/1/2003			NC
H2034	Alcohol and/or drug abuse halfway house services, per diem	4/1/2003			NC
H2035	Alcohol and/or other drug treatment program, per hour	4/1/2003			PA
H2036	Alcohol and/or other drug treatment program, per diem	4/1/2003			PA
H2037	Developmental delay prevention activities, dependent child of client, per 15 minutes	4/1/2003			NC
H2038	Skills training and development, per diem	4/1/2022		7/1/2022	NC
J0120	Injection, tetracycline, up to 250 mg	1/1/1986		9/1/2023	NPA
J0190	Injection, biperiden lactate, per 5 mg	1/1/1982		9/1/2023	NPA
J0200	Injection, alatrofloxacin mesylate, 100 mg	1/1/2000		9/1/2023	NPA
J0300	Injection, amobarbital, up to 125 mg	1/1/1982		9/1/2023	NPA
J0330	Injection, succinylcholine chloride, up to 20 mg	1/1/1986		9/1/2023	NPA
J0350	Injection, anistreplase, per 30 units	1/1/1986		9/1/2023	NPA
J0380	Injection, metaraminol bitartrate, per 10 mg	1/1/1982		9/1/2023	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
J0390	Injection, chloroquine hydrochloride, up to 250 mg	1/1/1986		9/1/2023	NPA
J0395	Injection, arbutamine HCl,1 mg	1/1/1999		9/1/2023	NPA
J0520	Injection, bethanechol chloride, myotonachol or urecholine, up to 5 mg	1/1/1984		9/1/2023	NPA
J0591	Injection, deoxycholic acid, 1 mg	7/1/2020		9/1/2023	NC
J0610	Injection, calcium gluconate, per 10 ml	1/1/1982	3/31/2023		NC
J0611	Injection, calcium gluconate (WG Critical Care), per 10 ml	1/1/2023	3/31/2023		NC
J0613	Injection, calcium gluconate (WG Critical Care), per 10 mg	4/1/2023		4/1/2023	NC
J0620	Injection, calcium glycerophosphate and calcium lactate, per 10 ml	1/1/1982		9/1/2023	NPA
J0636	Injection, calcitriol, 0.1 mcg	1/1/2003		9/1/2023	NPA
J0710	Injection, cephapirin sodium, up to 1 gm	1/1/1982		9/1/2023	NPA
J0715	Injection, ceftizoxime sodium, per 500 mg	1/1/1995		9/1/2023	NPA
J0945	Injection, brompheniramine maleate, per 10 mg	1/1/1982		9/1/2023	NPA
J1050	Injection, medroxyprogesterone acetate, 1 mg	1/1/2013			NPA
J1180	Injection, dyphylline, up to 500 mg	1/1/1982		9/1/2023	NPA
J1320	Injection, amitriptyline HCl, up to 20 mg	1/1/1982		9/1/2023	NPA
J1330	Injection, ergonovine maleate, up to 0.2 mg	1/1/1986		9/1/2023	NPA
J1435	Injection, estrone, per 1 mg	1/1/1982		9/1/2023	NPA
J1436	Injection, etidronate disodium, per 300 mg	1/1/1990		9/1/2023	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
J1452	Injection, fomivirsen sodium, intraocular, 1.65 mg	1/1/2001		9/1/2023	NPA
J1455	Injection, foscarnet sodium, per 1000 mg	1/1/1993		9/1/2023	NPA
J1457	Injection, gallium nitrate, 1 mg	1/1/2005		9/1/2023	NPA
J1620	Injection, gonadorelin hydrochloride, per 100 mcg	1/1/1982		9/1/2023	NPA
J1655	Injection, tinzaparin sodium, 1000 iu	1/1/2002		9/1/2023	NPA
J1700	Injection, hydrocortisone acetate, up to 25 mg	1/1/1982		9/1/2023	NPA
J1710	Injection, hydrocortisone sodium phosphate, up to 50 mg	1/1/1982		9/1/2023	NPA
J1730	Injection, diazoxide, up to 300 mg	1/1/1982		9/1/2023	NPA
J1835	Injection, itraconazole, 50 mg	1/1/2002		9/1/2023	NPA
J1890	Injection, cephalothin sodium, up to 1 gram	1/1/1982		9/1/2023	NPA
J1960	Injection, levorphanol tartrate, up to 2 mg	1/1/1982		9/1/2023	NPA
J1990	Injection, chlordiazepoxide HCl, up to 100 mg	1/1/1982		9/1/2023	NPA
J2180	Injection, meperidine and promethazine HCl, up to 50 mg	1/1/1982		9/1/2023	NPA
J2265	Injection, minocycline hydrochloride, 1 mg	1/1/2012		9/1/2023	NPA
J2320	Injection, nandrolone decanoate, up to 50 mg	1/1/1986		9/1/2023	NPA
J2400	Injection, chloroprocaine hydrochloride, per 30 ml	1/1/1986	12/31/2022		NC
J2440	Injection, papaverine HCl, up to 60 mg	1/1/1986		9/1/2023	NPA
J2460	Injection, oxytetracycline HCl, up to 50 mg	1/1/1982		9/1/2023	NPA
J2513	Injection, pentastarch, 10% solution, 100 ml	1/1/2006		9/1/2023	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
J2650	Injection, prednisolone acetate, up to 1 ml	1/1/1982		9/1/2023	NPA
J2670	Injection, tolazoline HCl, up to 25 mg	1/1/1986		9/1/2023	NPA
J2710	Injection, neostigmine methylsulfate, up to 0.5 mg	1/1/1982		9/1/2023	NPA
J2725	Injection, protirelin, per 250 mcg	1/1/1995		9/1/2023	NPA
J2950	Injection, promazine HCl, up to 25 mg	1/1/1982		9/1/2023	NPA
J2995	Injection, streptokinase, per 250,000 iu	1/1/1986		9/1/2023	NPA
J3000	Injection, streptomycin, up to 1 gm	1/1/1982		9/1/2023	NPA
J3265	Injection, torsemide, 10 mg/ml	1/1/1996		9/1/2023	NPA
J3280	Injection, thiethylperazine maleate, up to 10 mg	1/1/1982		9/1/2023	NPA
J3305	Injection, trimetrexate glucuronate, per 25 mg	1/1/1996		9/1/2023	NPA
J3310	Injection, perphenazine, up to 5 mg	1/1/1982		9/1/2023	NPA
J3320	Injection, spectinomycin dihydrochloride, up to 2 gm	1/1/1982		9/1/2023	NPA
J3350	Injection, urea, up to 40 gm	1/1/1986		9/1/2023	NPA
J3364	Injection, urokinase, 5000 IU vial	1/1/1993		9/1/2023	NPA
J3400	Injection, trifluprom azine HCl, up to 20 mg	1/1/1982		9/1/2023	NPA
J3472	Injection, hyaluronidase, ovine, preservative free, per 1000 USP units	1/1/2006		9/1/2023	NPA
J3485	Injection, zidovudine, 10 mg	1/1/2001		9/1/2023	NPA
J3520	Edetate disodium, per 150 mg	1/1/1986		9/1/2023	NPA
J3530	Nasal vaccine inhalation	1/1/1986		9/1/2023	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
J3570	Laetrile, amygdalin, vitamin B-17	1/1/1986		9/1/2023	NPA
J7131	Hypertonic saline solution, 1 ml	1/1/2012		9/1/2023	NPA
J7309	Methyl aminolevulinate (MAL) for topical administration, 16.8%, 1 gram	1/1/2011		9/1/2023	NPA
J7310	Ganciclovir, 4.5 mg, long-acting implant	1/1/1997		9/1/2023	NPA
J7599	Immunosuppressive drug, not otherwise classified	1/1/1996		9/1/2023	PA
J7604	Acetylcysteine, inhalation solution, compounded product, administered through DME, unit dose form, per gram	1/1/2008		9/1/2023	NPA
J7606	Formoterol fumarate, inhalation solution, FDA approved final product, non-compounded, administered through DME, unit dose form, 20 micrograms	1/1/2009		9/1/2023	NPA
J7609	Albuterol, inhalation solution, compounded product, administered through DME, unit dose, 1 mg	1/1/2007		9/1/2023	NPA
J7610	Albuterol, inhalation solution, compounded product, administered through DME, concentrated form, 1 mg	1/1/2007		9/1/2023	NPA
J7615	Levalbuterol, inhalation solution, compounded product, administered through DME, unit dose, 0.5 mg	1/1/2007		9/1/2023	NPA
J7622	Beclomethasone, inhalation solution, compounded product, administered through DME, unit dose form, per milligram	1/1/2002		9/1/2023	NPA
J7624	Betamethasone, inhalation solution, compounded product, administered through DME, unit dose form, per milligram	1/1/2002		9/1/2023	NPA
J7627	Budesonide, inhalation solution, compounded product, administered through DME, unit dose form, up to 0.5 mg	1/1/2006		9/1/2023	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
J7628	Bitolterol mesylate, inhalation solution, compounded product, administered through DME, concentrated form, per milligram	**1/1/2000**		**9/1/2023**	NPA
J7629	Bitolterol mesylate, inhalation solution, compounded product, administered through DME, unit dose form, per milligram	**1/1/2000**		**9/1/2023**	NPA
J7632	Cromolyn sodium, inhalation solution, compounded product, administered through DME, unit dose form, per 10 milligrams	**1/1/2008**		**9/1/2023**	NPA
J7633	Budesonide, inhalation solution, FDA-approved final product, non-compounded, administered through DME, concentrated form, per 0.25 milligram	**1/1/2003**		**9/1/2023**	NPA
J7634	Budesonide, inhalation solution, compounded product, administered through DME, concentrated form, per 0.25 milligram	**1/1/2007**		**9/1/2023**	NPA
J7635	Atropine, inhalation solution, compounded product, administered through DME, concentrated form, per milligram	**1/1/2000**		**9/1/2023**	NPA
J7636	Atropine, inhalation solution, compounded product, administered through DME, unit dose form, per milligram	**1/1/2000**		**9/1/2023**	NPA
J7637	Dexamethasone, inhalation solution, compounded product, administered through DME, concentrated form, per milligram	**1/1/2000**		**9/1/2023**	NPA
J7638	Dexamethasone, inhalation solution, compounded product, administered through DME, unit dose form, per milligram	**1/1/2000**		**9/1/2023**	NPA
J7640	Formoterol, inhalation solution, compounded product, administered through DME, unit dose form, 12 micrograms	**1/1/2006**		**9/1/2023**	NPA
J7641	Flunisolide, inhalation solution, compounded product, administered through DME, unit dose, per milligram	**1/1/2002**		**9/1/2023**	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
J7642	Glycopyrrolate, inhalation solution, compounded product, administered through DME, concentrated form, per milligram	**1/1/2000**		**9/1/2023**	NPA
J7645	Ipratropium bromide, inhalation solution, compounded product, administered through DME, unit dose form, per milligram	**1/1/2007**		**9/1/2023**	NPA
J7647	Isoetharine HCl, inhalation solution, compounded product, administered through DME, concentrated form, per milligram	**1/1/2007**		**9/1/2023**	NPA
J7648	Isoetharine HCl, inhalation solution, FDA-approved final product, non-compounded, administered through DME, concentrated form, per milligram	**1/1/2000**		**9/1/2023**	NPA
J7649	Isoetharine HCl, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per milligram	**1/1/2000**		**9/1/2023**	NPA
J7650	Isoetharine HCl, inhalation solution, compounded product, administered through DME, unit dose form, per milligram	**1/1/2007**		**9/1/2023**	NPA
J7657	Isoproterenol HCl, inhalation solution, compounded product, administered through DME, concentrated form, per milligram	**1/1/2007**		**9/1/2023**	NPA
J7658	Isoproterenol HCl, inhalation solution, FDA-approved final product, non-compounded, administered through DME, concentrated form, per milligram	**1/1/2000**		**9/1/2023**	NPA
J7659	Isoproterenol HCl, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per milligram	**1/1/2000**		**9/1/2023**	NPA
J7660	Isoproterenol HCl, inhalation solution, compounded product, administered through DME, unit dose form, per milligram	**1/1/2007**		**9/1/2023**	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
J7667	Metaproterenol sulfate, inhalation solution, compounded product, concentrated form, per 10 milligrams	1/1/2007		9/1/2023	NPA
J7668	Metaproterenol sulfate, inhalation solution, FDA-approved final product, non-compounded, administered through DME, concentrated form, per 10 milligrams	1/1/2000		9/1/2023	NPA
J7670	Metaproterenol sulfate, inhalation solution, compounded product, administered through DME, unit dose form, per 10 milligrams	1/1/2007		9/1/2023	NPA
J7676	Pentamidine isethionate, inhalation solution, compounded product, administered through DME, unit dose form, per 300 mg	1/1/2008		9/1/2023	NPA
J7683	TriamCinolone, inhalation solution, compounded product, administered through DME, concentrated form, per milligram	1/1/2000		9/1/2023	NPA
J7684	TriamCinolone, inhalation solution, compounded product, administered through DME, unit dose form, per milligram	1/1/2000		9/1/2023	NPA
J7685	Tobramycin, inhalation solution, compounded product, administered through DME, unit dose form, per 300 milligrams	1/1/2007		9/1/2023	NPA
J9044	Injection, bortezomib, not otherwise specified, 0.1 mg	1/1/2019	12/31/2022		NC
J9175	Injection, Elliotts' B solution, 1 ml	1/1/2006		9/1/2023	NPA
J9600	Injection, porfimer sodium, 75 mg	1/1/1998		9/1/2023	NPA
K0001	Standard wheelchair	1/1/1994			PA
K0002	Standard hemi (low seat) wheelchair	1/1/1994			PA
K0003	Lightweight wheelchair	1/1/1994			PA
K0004	High strength, lightweight wheelchair	1/1/1994			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
K0005	Ultralightweight wheelchair	1/1/1994		9/1/2023	PA
K0006	Heavy duty wheelchair	1/1/1994			PA
K0007	Extra heavy duty wheelchair	1/1/1994			PA
K0008	Custom manual wheelchair/base	7/1/2013		9/1/2023	NC
K0009	Other manual wheelchair/base	1/1/1994			PA
K0010	Standard - weight frame motorized/power wheelchair	1/1/1994			PA
K0011	Standard - weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	1/1/1994			PA
K0012	Lightweight portable motorized/power wheelchair	1/1/1994			PA
K0013	Custom motorized/power wheelchair base	7/1/2013		9/1/2023	NC
K0014	Other motorized/power wheelchair base	1/1/1994			PA
K0015	Detachable, non-adjustable height armrest, replacement only, each	1/1/1994		9/1/2023	NPA
K0017	Detachable, adjustable height armrest, base, replacement only, each	1/1/1994		9/1/2023	NPA
K0018	Detachable, adjustable height armrest, upper portion, replacement only, each	1/1/1994		9/1/2023	NPA
K0019	Arm pad, replacement only, each	1/1/1994		9/1/2023	NPA
K0020	Fixed, adjustable height armrest, pair	1/1/1994		9/1/2023	NPA
K0037	High mount flip-up footrest, each	1/1/1994		9/1/2023	NPA
K0038	Leg strap, each	1/1/1994		9/1/2023	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
K0039	Leg strap, H style, each	1/1/1994		9/1/2023	NPA
K0040	Adjustable angle footplate, each	1/1/1994		9/1/2023	NPA
K0041	Large size footplate, each	1/1/1994		9/1/2023	NPA
K0042	Standard size footplate, replacement only, each	1/1/1994		9/1/2023	NPA
K0043	Footrest, lower extension tube, replacement only, each	1/1/1994		9/1/2023	NPA
K0044	Footrest, upper hanger bracket, replacement only, each	1/1/1994		9/1/2023	NPA
K0045	Footrest, complete assembly, replacement only, each	1/1/1994		9/1/2023	NPA
K0046	Elevating legrest, lower extension tube, replacement only, each	1/1/1994		9/1/2023	NPA
K0047	Elevating legrest, upper hanger bracket, replacement only, each	1/1/1994		9/1/2023	NPA
K0050	Ratchet assembly, replacement only	1/1/1994		9/1/2023	NPA
K0051	Cam release assembly, footrest or legrest, replacement only, each	1/1/1994		9/1/2023	NPA
K0052	Swingaway, detachable footrests, replacement only, each	1/1/1994			PA
K0053	Elevating footrests, articulating (telescoping), each	1/1/1994			PA
K0056	Seat height less than 17" or equal to or greater than 21" for a high strength, lightweight, or ultralightweight wheelchair	1/1/1994			PA
K0065	Spoke protectors, each	1/1/1994		9/1/2023	NPA
K0069	Rear wheel assembly, complete, with solid tire, spokes or molded, replacement only, each	1/1/1994			PA
K0070	Rear wheel assembly, complete, with pneumatic tire, spokes or molded, replacement only, each	1/1/1994			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
K0071	Front caster assembly, complete, with pneumatic tire, replacement only, each	1/1/1994			PA
K0072	Front caster assembly, complete, with semi-pneumatic tire, replacement only, each	1/1/1994			PA
K0073	Caster pin lock, each	1/1/1994			PA
K0077	Front caster assembly, complete, with solid tire, replacement only, each	1/1/1994			PA
K0098	Drive belt for power wheelchair, replacement only	1/1/1994		9/1/2023	NPA
K0105	IV hanger, each	1/1/1994		9/1/2023	PA
K0108	Wheelchair component or accessory, not otherwise specified	1/1/1994			PA
K0195	Elevating leg rests, pair (for use with capped rental wheelchair base)	1/1/1993		9/1/2023	NC
K0455	Infusion pump used for uninterrupted parenteral administration of medication, (e.g., epoprostenol or treprostinol)	1/1/1998		9/1/2023	NC
K0462	Temporary replacement for patient owned equipment being repaired, any type	7/1/1998		9/1/2023	NC
K0552	Supplies for external non-insulin drug infusion pump, syringe type cartridge, sterile, each	7/1/2003		9/1/2023	NC
K0553	Supply allowance for therapeutic continuous glucose monitor (CGM), includes all supplies and accessories, 1 month supply = 1 unit of service	7/1/2007	12/31/2022	9/1/2023	NC
K0554	Receiver (monitor), dedicated, for use with therapeutic glucose continuous monitor system	7/1/2007	12/31/2022	9/1/2023	NC
K0601	Replacement battery for external infusion pump owned by patient, silver oxide, 1.5 volt, each	4/1/2003			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
K0602	Replacement battery for external infusion pump owned by patient, silver oxide, 3 volt, each	**4/1/2003**			NC
K0603	Replacement battery for external infusion pump owned by patient, alkaline, 1.5 volt, each	**4/1/2003**			NC
K0604	Replacement battery for external infusion pump owned by patient, lithium, 3.6 volt, each	**4/1/2003**			NC
K0605	Replacement battery for external infusion pump owned by patient, lithium, 4.5 volt, each	**4/1/2003**			NC
K0606	Automatic external defibrillator, with integrated electrocardiogram analysis, garment type	**7/1/2003**			PA
K0607	Replacement battery for automated external defibrillator, garment type only, each	**7/1/2003**		**9/1/2023**	NC
K0608	Replacement garment for use with automated external defibrillator, each	**7/1/2003**			NC
K0609	Replacement electrodes for use with automated external defibrillator, garment type only, each	**7/1/2003**			NC
K0669	Wheelchair accessory, wheelchair seat or back cushion, does not meet specific code criteria or no written coding verification from DME PDAC	**7/1/2004**			NC
K0672	Addition to lower extremity orthosis, removable soft interface, all components, replacement only, each	**4/1/2008**			NC
K0730	Controlled dose inhalation drug delivery system	**7/1/2005**		**9/1/2023**	NC
K0733	Power wheelchair accessory, 12 to 24 amp hour sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)	**7/1/2006**		**9/1/2023**	NPA
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	**10/1/2006**		**9/1/2023**	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
K0739	Repair or nonroutine service for durable medical equipment other than oxygen equipment requiring the skill of a technician, labor component, per 15 minutes	**4/1/2009**			PA
K0740	Repair or nonroutine service for oxygen equipment requiring the skill of a technician, labor component, per 15 minutes	**4/1/2009**		**9/1/2023**	NPA
K0743	Suction pump, home model, portable, for use on wounds	**7/1/2011**		**9/1/2023**	NPA
K0744	Absorptive wound dressing for use with suction pump, home model, portable, pad size 16 square inches or less	**7/1/2011**		**9/1/2023**	NPA
K0745	Absorptive wound dressing for use with suction pump, home model, portable, pad size more than 16 square inches but less than or equal to 48 square inches	**7/1/2011**		**9/1/2023**	NPA
K0746	Absorptive wound dressing for use with suction pump, home model, portable, pad size greater than 48 square inches	**7/1/2011**		**9/1/2023**	NPA
K0800	Power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds	**10/1/2006**			NC
K0801	Power operated vehicle, group 1 heavy duty, patient weight capacity 301 to 450 pounds	**10/1/2006**			NC
K0802	Power operated vehicle, group 1 very heavy duty, patient weight capacity 451 to 600 pounds	**10/1/2006**			NC
K0806	Power operated vehicle, group 2 standard, patient weight capacity up to and including 300 pounds	**10/1/2006**			NC
K0807	Power operated vehicle, group 2 heavy duty, patient weight capacity 301 to 450 pounds	**10/1/2006**			NC
K0808	Power operated vehicle, group 2 very heavy duty, patient weight capacity 451 to 600 pounds	**10/1/2006**			NC
K0812	Power operated vehicle, not otherwise classified	**10/1/2006**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
K0813	Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds	10/1/2006			PA
K0814	Power wheelchair, group 1 standard, portable, captain's chair, patient weight capacity up to and including 300 pounds	10/1/2006			PA
K0815	Power wheelchair, group 1 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds	10/1/2006			PA
K0816	Power wheelchair, group 1 standard, captain's chair, patient weight capacity up to and including 300 pounds	10/1/2006			PA
K0820	Power wheelchair, group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds	10/1/2006			PA
K0821	Power wheelchair, group 2 standard, portable, captain's chair, patient weight capacity up to and including 300 pounds	10/1/2006			PA
K0822	Power wheelchair, group 2 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	10/1/2006			PA
K0823	Power wheelchair, group 2 standard, captain's chair, patient weight capacity up to and including 300 pounds	10/1/2006			PA
K0824	Power wheelchair, group 2 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	10/1/2006			PA
K0825	Power wheelchair, group 2 heavy duty, captain's chair, patient weight capacity 301 to 450 pounds	10/1/2006			PA
K0826	Power wheelchair, group 2 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	10/1/2006			PA
K0827	Power wheelchair, group 2 very heavy duty, captain's chair, patient weight capacity 451 to 600 pounds	10/1/2006			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
K0828	Power wheelchair, group 2 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more	**10/1/2006**			PA
K0829	Power wheelchair, group 2 extra heavy duty, captain's chair, patient weight 601 pounds or more	**10/1/2006**			PA
K0830	Power wheelchair, group 2 standard, seat elevator, sling/solid seat/back, patient weight capacity up to and including 300 pounds	**10/1/2006**			PA
K0831	Power wheelchair, group 2 standard, seat elevator, captain's chair, patient weight capacity up to and including 300 pounds	**10/1/2006**			PA
K0835	Power wheelchair, group 2 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	**10/1/2006**			PA
K0836	Power wheelchair, group 2 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	**10/1/2006**			PA
K0837	Power wheelchair, group 2 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	**10/1/2006**			PA
K0838	Power wheelchair, group 2 heavy duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds	**10/1/2006**			PA
K0839	Power wheelchair, group 2 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	**10/1/2006**			PA
K0840	Power wheelchair, group 2 extra heavy duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more	**10/1/2006**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
K0841	Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	10/1/2006			PA
K0842	Power wheelchair, group 2 standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds	10/1/2006			PA
K0843	Power wheelchair, group 2 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	10/1/2006			PA
K0848	Power wheelchair, group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	10/1/2006			PA
K0849	Power wheelchair, group 3 standard, captain's chair, patient weight capacity up to and including 300 pounds	10/1/2006			PA
K0850	Power wheelchair, group 3 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	10/1/2006			PA
K0851	Power wheelchair, group 3 heavy duty, captain's chair, patient weight capacity 301 to 450 pounds	10/1/2006			PA
K0852	Power wheelchair, group 3 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	10/1/2006			PA
K0853	Power wheelchair, group 3 very heavy duty, captain's chair, patient weight capacity 451 to 600 pounds	10/1/2006			PA
K0854	Power wheelchair, group 3 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more	10/1/2006			PA
K0855	Power wheelchair, group 3 extra heavy duty, captain's chair, patient weight capacity 601 pounds or more	10/1/2006			PA
K0856	Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	10/1/2006			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
K0857	Power wheelchair, group 3 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	10/1/2006			PA
K0858	Power wheelchair, group 3 heavy duty, single power option, sling/solid seat/back, patient weight 301 to 450 pounds	10/1/2006			PA
K0859	Power wheelchair, group 3 heavy duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds	10/1/2006			PA
K0860	Power wheelchair, group 3 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	10/1/2006			PA
K0861	Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	10/1/2006			PA
K0862	Power wheelchair, group 3 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	10/1/2006			PA
K0863	Power wheelchair, group 3 very heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	10/1/2006			PA
K0864	Power wheelchair, group 3 extra heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more	10/1/2006			PA
K0868	Power wheelchair, group 4 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	10/1/2006			PA
K0869	Power wheelchair, group 4 standard, captain's chair, patient weight capacity up to and including 300 pounds	10/1/2006			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
K0870	Power wheelchair, group 4 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	10/1/2006			PA
K0871	Power wheelchair, group 4 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	10/1/2006			PA
K0877	Power wheelchair, group 4 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	10/1/2006			PA
K0878	Power wheelchair, group 4 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	10/1/2006			PA
K0879	Power wheelchair, group 4 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	10/1/2006			PA
K0880	Power wheelchair, group 4 very heavy duty, single power option, sling/solid seat/back, patient weight 451 to 600 pounds	10/1/2006			PA
K0884	Power wheelchair, group 4 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	10/1/2006			PA
K0885	Power wheelchair, group 4 standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds	10/1/2006			PA
K0886	Power wheelchair, group 4 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	10/1/2006			PA
K0890	Power wheelchair, group 5 pediatric, single power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds	10/1/2006			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
K0891	Power wheelchair, group 5 pediatric, multiple power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds	**10/1/2006**			PA
K0898	Power wheelchair, not otherwise classified	**10/1/2006**			NC
K0899	Power mobility device, not coded by DME PDAC or does not meet criteria	**10/1/2006**			NC
K0900	Customized durable medical equipment, other than wheelchair	**7/1/2013**			NC
K1001	Electronic positional obstructive sleep apnea treatment, with sensor, includes all components and accessories, any type	**1/1/2020**			NC
K1002	Cranial electrotherapy stimulation (CES) system, any type	**1/1/2020**			NC
K1003	Whirlpool tub, walk-in, portable	**1/1/2020**			NC
K1004	Low frequency ultrasonic diathermy treatment device for home use, includes all components and accessories	**1/1/2020**			NC
K1005	Disposable collection and storage bag for breast milk, any size, any type, each	**1/1/2020**			NC
K1006	Suction pump, home model, portable or stationary, electric, any type, for use with external urine management system	**10/1/2020**			NC
K1007	Bilateral hip, knee, ankle, foot device, powered, includes pelvic component, single or double upright(s), knee joints any type, with or without ankle joints any type, includes all components and accessories, motors, microprocessors, sensors	**10/1/2020**			NC
K1009	Speech volume modulation system, any type, including all components and accessories	**10/1/2020**			NC
K1013	Enema tube, with or without adapter, any type, replacement only, each	**4/1/2021**		**9/1/2023**	PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
K1014	Addition, endoskeletal knee-shin system, 4 bar linkage or multiaxial, fluid swing and stance phase control	**4/1/2021**		**9/1/2023**	NC
K1015	Foot, adductus positioning device, adjustable	**4/1/2021**		**7/1/2021**	NC
K1016	Transcutaneous electrical nerve stimulator for electrical stimulation of the trigeminal nerve	**4/1/2021**			NC
K1017	Monthly supplies for use of device coded at K1016	**4/1/2021**			NC
K1018	External upper limb tremor stimulator of the peripheral nerves of the wrist	**4/1/2021**			NC
K1019	Replacement supplies and accessories for external upper limb tremor stimulator of the peripheral nerves of the wrist	**4/1/2021**			NC
K1020	Non-invasive vagus nerve stimulator	**4/1/2021**			NC
K1021	Exsufflation belt, includes all supplies and accessories	**10/1/2021**		**1/1/2022**	NC
K1022	Addition to lower extremity prosthesis, endoskeletal, knee disarticulation, above knee, hip disarticulation, positional rotation unit, any type	**10/1/2021**		**1/1/2022**	PA
K1023	Distal transcutaneous electrical nerve stimulator, stimulates peripheral nerves of the upper arm	**10/1/2021**		**1/1/2022**	NC
K1024	Non-pneumatic compression controller with sequential calibrated gradient pressure	**10/1/2021**		**1/1/2022**	PA
K1025	Non-pneumatic sequential compression garment, full arm	**10/1/2021**		**1/1/2022**	PA
K1026	Mechanical allergen particle barrier/inhalation filter, cream, nasal, topical	**10/1/2021**		**1/1/2022**	NC
K1027	Oral device/appliance used to reduce upper airway collapsibility, without fixed mechanical hinge, custom fabricated, includes fitting and adjustment	**10/1/2021**		**1/1/2022**	NC
K1028	Power source and control electronics unit for oral device/appliance for neuromuscular electrical stimulation of the tongue muscle for the reduction of snoring and obstructive sleep apnea, controlled by phone application	**4/1/2022**		**7/1/2022**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
K1029	Oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, used in conjunction with the power source and control electronics unit, controlled by phone application, 90-day supply	**4/1/2022**		**7/1/2022**	NC
K1030	External recharging system for battery (internal) for use with implanted cardiac contractility modulation generator, replacement only	**4/1/2022**		**7/1/2022**	NC
K1031	Non-pneumatic compression controller without calibrated gradient pressure	**4/1/2022**		**9/1/2023**	PA
K1032	Non-pneumatic sequential compression garment, full leg	**4/1/2022**		**9/1/2023**	PA
K1033	Non-pneumatic sequential compression garment, half leg	**4/1/2022**		**9/1/2023**	PA
K1035	Molecular diagnostic test reader, nonprescription self-administered and self-collected use, FDA approved, authorized or cleared	**4/1/2023**		**9/1/2023**	NC
L0112	Cranial cervical orthosis, congenital torticollis type, with or without soft interface material, adjustable range of motion joint, custom fabricated	**1/1/2004**			PA
L0113	Cranial cervical orthosis, torticollis type, with or without joint, with or without soft interface material, prefabricated, includes fitting and adjustment	**1/1/2009**			PA
L0120	Cervical, flexible, non-adjustable, prefabricated, off-the-shelf (foam collar)	**1/1/1982**			NC
L0130	Cervical, flexible, thermoplastic collar, molded to patient	**1/1/1984**			PA
L0140	Cervical, semi-rigid, adjustable (plastic collar)	**1/1/1982**			PA
L0150	Cervical, semi-rigid, adjustable molded chin cup (plastic collar with mandibular/occipital piece)	**1/1/1982**			PA
L0160	Cervical, semi-rigid, wire frame occipital/mandibular support, prefabricated, off-the-shelf	**1/1/1982**			NC
L0170	Cervical, collar, molded to patient model	**1/1/1986**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
L0172	Cervical, collar, semi-rigid thermoplastic foam, two-piece, prefabricated, off-the-shelf	**1/1/1988**			NC
L0174	Cervical, collar, semi-rigid, thermoplastic foam, two piece with thoracic extension, prefabricated, off-the-shelf	**1/1/1988**			NC
L0180	Cervical, multiple post collar, occipital/mandibular supports, adjustable	**1/1/1984**			PA
L0190	Cervical, multiple post collar, occipital/mandibular supports, adjustable cervical bars (SOMI, Guilford, Taylor types)	**1/1/1982**			PA
L0200	Cervical, multiple post collar, occipital/mandibular supports, adjustable cervical bars, and thoracic extension	**1/1/1984**			PA
L0220	Thoracic, rib belt, custom fabricated	**1/1/1982**			PA
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	**1/1/2003**			PA
L0452	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	**1/1/2003**			PA
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	**1/1/2003**			PA
L0455	TLSO, flexible, provides trunk support, extends from sacrococcygeal junction to above T-9 vertebra, restricts	**1/1/2014**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	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				
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	**1/1/2003**			PA
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	**1/1/2014**			PA
L0458	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 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	**1/1/2003**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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	1/1/2003			PA
L0462	TLSO, triplanar control, modular segmented spinal system, three 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	1/1/2003			PA
L0464	TLSO, triplanar control, modular segmented spinal system, four 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	1/1/2003			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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	**1/1/2003**			PA
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	**1/1/2014**			PA
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	**1/1/2003**			PA
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	**1/1/2014**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
L0470	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	**1/1/2003**			PA
L0472	TLSO, triplanar control, hyperextension, rigid anterior and lateral frame extends from symphysis pubis to sternal notch with two 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	**1/1/2003**			PA
L0480	TLSO, triplanar control, one 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	**1/1/2003**			PA
L0482	TLSO, triplanar control, one 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	**1/1/2003**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	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				
L0484	TLSO, triplanar control, two 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	**1/1/2003**			PA
L0486	TLSO, triplanar control, two 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	**1/1/2003**			PA
L0488	TLSO, triplanar control, one 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	**1/1/2003**			PA
L0490	TLSO, sagittal-coronal control, one piece rigid plastic shell, with overlapping reinforced anterior, with multiple straps	**1/1/2003**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	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				
L0491	TLSO, sagittal-coronal 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 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	**1/1/2006**			PA
L0492	TLSO, sagittal-coronal control, modular segmented spinal system, three 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	**1/1/2006**			PA
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	**1/1/2006**			NC
L0622	Sacroiliac orthosis, flexible, provides pelvic-sacral support, reduces motion about the sacroiliac joint, includes straps,	**1/1/2006**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	closures, may include pendulous abdomen design, custom fabricated				
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	**1/1/2006**		**9/1/2023**	NC
L0624	Sacroiliac orthosis, 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	**1/1/2006**			PA
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	**1/1/2006**		**9/1/2023**	PA
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	**1/1/2006**		**9/1/2023**	PA
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	**1/1/2006**		**9/1/2023**	PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	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				
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	**1/1/2006**		**9/1/2023**	PA
L0629	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, custom fabricated	**1/1/2006**			PA
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	**1/1/2006**		**9/1/2023**	PA
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,	**1/1/2006**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	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				
L0632	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, custom fabricated	**1/1/2006**			PA
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	**1/1/2006**			PA
L0634	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/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	**1/1/2006**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
L0635	Lumbar-sacral orthosis, 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	**1/1/2006**			PA
L0636	Lumbar sacral orthosis, 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	**1/1/2006**			PA
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	**1/1/2006**			PA
L0638	Lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends	**1/1/2006**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	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				
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	**1/1/2006**			PA
L0640	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, custom fabricated	**1/1/2006**			PA
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	**1/1/2014**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	padding, stays, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf				
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	**1/1/2014**			PA
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	**1/1/2014**			PA
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	**1/1/2014**			PA
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	**1/1/2014**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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	**1/1/2014**			PA
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	**1/1/2014**			PA
L0700	Cervical-thoracic-lumbar-sacral-orthoses (CTLSO), anterior-posterior-lateral control, molded to patient model, (Minerva type)	**1/1/1984**			PA
L0710	CTLSO, anterior-posterior-lateral-control, molded to patient model, with interface material, (Minerva type)	**1/1/1984**			PA
L0810	Halo procedure, cervical halo incorporated into jacket vest	**1/1/1986**			PA
L0820	Halo procedure, cervical halo incorporated into plaster body jacket	**1/1/1986**			PA
L0830	Halo procedure, cervical halo incorporated into milwaukee type orthosis	**1/1/1986**			PA
L0859	Addition to halo procedure, magnetic resonance image compatible systems, rings and pins, any material	**1/1/2006**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
L0861	Addition to halo procedure, replacement liner/interface material	1/1/2004		9/1/2023	NC
L0970	TLSO, corset front	1/1/1982			PA
L0972	LSO, corset front	1/1/1982			PA
L0974	TLSO, full corset	1/1/1982			PA
L0976	LSO, full corset	1/1/1982			PA
L0978	Axillary crutch extension	1/1/1982			PA
L0980	Peroneal straps, prefabricated, off-the-shelf, pair	1/1/1986			NC
L0982	Stocking supporter grips, prefabricated, off-the-shelf, set of four (4)	1/1/1982			NC
L0984	Protective body sock, prefabricated, off-the-shelf, each	1/1/1994			PA
L0999	Addition to spinal orthosis, not otherwise specified	1/1/1998			PA
L1000	Cervical-thoracic-lumbar-sacral orthosis (CTLSO) (Milwaukee), inclusive of furnishing initial orthosis, including model	1/1/1986			PA
L1001	Cervical thoracic lumbar sacral orthosis, immobilizer, infant size, prefabricated, includes fitting and adjustment	1/1/2007			PA
L1005	Tension based scoliosis orthosis and accessory pads, includes fitting and adjustment	1/1/2002			PA
L1010	Addition to cervical-thoracic-lumbar-sacral orthosis (CTLSO) or scoliosis orthosis, axilla sling	1/1/1986			PA
L1020	Addition to CTLSO or scoliosis orthosis, kyphosis pad	1/1/1986			PA
L1025	Addition to CTLSO or scoliosis orthosis, kyphosis pad, floating	1/1/1988			PA
L1030	Addition to CTLSO or scoliosis orthosis, lumbar bolster pad	1/1/1986			PA
L1040	Addition to CTLSO or scoliosis orthosis, lumbar or lumbar rib pad	1/1/1986			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
L1050	Addition to CTLSO or scoliosis orthosis, sternal pad	1/1/1986			PA
L1060	Addition to CTLSO or scoliosis orthosis, thoracic pad	1/1/1986			PA
L1070	Addition to CTLSO or scoliosis orthosis, trapezius sling	1/1/1986			PA
L1080	Addition to CTLSO or scoliosis orthosis, outrigger	1/1/1986			PA
L1085	Addition to CTLSO or scoliosis orthosis, outrigger, bilateral with vertical extensions	1/1/1988			PA
L1090	Addition to CTLSO or scoliosis orthosis, lumbar sling	1/1/1986			PA
L1100	Addition to CTLSO or scoliosis orthosis, ring flange, plastic or leather	1/1/1986			PA
L1110	Addition to CTLSO or scoliosis orthosis, ring flange, plastic or leather, molded to patient model	1/1/1986			PA
L1120	Addition to CTLSO, scoliosis orthosis, cover for upright, each	1/1/1986			PA
L1200	Thoracic-lumbar-sacral-orthosis (TLSO), inclusive of furnishing initial orthosis only	1/1/1986			PA
L1210	Addition to TLSO, (low profile), lateral thoracic extension	1/1/1986			PA
L1220	Addition to TLSO, (low profile), anterior thoracic extension	1/1/1986			PA
L1230	Addition to TLSO, (low profile), Milwaukee type superstructure	1/1/1986			PA
L1240	Addition to TLSO, (low profile), lumbar derotation pad	1/1/1988			PA
L1250	Addition to TLSO, (low profile), anterior ASIS pad	1/1/1988			PA
L1260	Addition to TLSO, (low profile), anterior thoracic derotation pad	1/1/1988			PA
L1270	Addition to TLSO, (low profile), abdominal pad	1/1/1988			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
L1280	Addition to TLSO, (low profile), rib gusset (elastic), each	1/1/1988			PA
L1290	Addition to TLSO, (low profile), lateral trochanteric pad	1/1/1988			PA
L1300	Other scoliosis procedure, body jacket molded to patient model	1/1/1986			PA
L1310	Other scoliosis procedure, post-operative body jacket	1/1/1986			PA
L1499	Spinal orthosis, not otherwise specified	1/1/1982			PA
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	1/1/1986			PA
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	1/1/1982			PA
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	1/1/1982			PA
L1630	Hip orthosis, abduction control of hip joints, semi-flexible (Von Rosen type), custom fabricated	1/1/1982			PA
L1640	Hip orthosis, abduction control of hip joints, static, pelvic band or spreader bar, thigh cuffs, custom fabricated	1/1/1982			PA
L1650	Hip orthosis, abduction control of hip joints, static, adjustable, (Ilfled type), prefabricated, includes fitting and adjustment	1/1/1982			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
L1652	Hip orthosis, bilateral thigh cuffs with adjustable abductor spreader bar, adult size, prefabricated, includes fitting and adjustment, any type	1/1/2003			PA
L1660	Hip orthosis, abduction control of hip joints, static, plastic, prefabricated, includes fitting and adjustment	1/1/1982			PA
L1680	Hip orthosis, abduction control of hip joints, dynamic, pelvic control, adjustable hip motion control, thigh cuffs (Rancho hip action type), custom fabricated	1/1/1982			PA
L1685	Hip orthosis, abduction control of hip joint, postoperative hip abduction type, custom fabricated	1/1/1988			PA
L1686	Hip orthosis, abduction control of hip joint, postoperative hip abduction type, prefabricated, includes fitting and adjustment	1/1/1989			PA
L1690	Combination, bilateral, lumbo-sacral, hip, femur orthosis providing adduction and internal rotation control, prefabricated, includes fitting and adjustment	1/1/1999			PA
L1700	Legg Perthes orthosis, (Toronto type), custom fabricated	1/1/1982			PA
L1710	Legg Perthes orthosis, (Newington type), custom fabricated	1/1/1982			PA
L1720	Legg Perthes orthosis, trilateral, (Tachdijan type), custom fabricated	1/1/1985			PA
L1730	Legg Perthes orthosis, (Scottish Rite type), custom fabricated	1/1/1982			PA
L1755	Legg Perthes orthosis, (Patten bottom type), custom fabricated	1/1/1988			PA
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	1/1/1982			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
L1812	Knee orthosis, elastic with joints, prefabricated, off-the-shelf	1/1/2014		9/1/2023	PA
L1820	Knee orthosis, elastic with condylar pads and joints, with or without patellar control, prefabricated, includes fitting and adjustment	1/1/1986			PA
L1830	Knee orthosis, immobilizer, canvas longitudinal, prefabricated, off-the-shelf	1/1/1986			PA
L1831	Knee orthosis, locking knee joint(s), positional orthosis, prefabricated, includes fitting and adjustment	1/1/2004			PA
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	1/1/1989			PA
L1833	Knee orthosis, adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated, off-the shelf	1/1/2014			PA
L1834	Knee orthosis, without knee joint, rigid, custom fabricated	1/1/1989			PA
L1836	Knee orthosis, rigid, without joint(s), includes soft interface material, prefabricated, off-the-shelf	1/1/2003			NC
L1840	Knee orthosis, derotation, medial-lateral, anterior cruciate ligament, custom fabricated	1/1/1986			PA
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	1/1/1998			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
L1844	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, custom fabricated	**1/1/1993**			PA
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	**1/1/1988**			PA
L1846	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, custom fabricated	**1/1/1988**			PA
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	**1/1/1999**			PA
L1848	Knee orthosis, double upright with adjustable joint, with inflatable air support chamber(s), prefabricated, off-the-shelf	**1/1/2014**			PA
L1850	Knee orthosis, swedish type, prefabricated, off-the-shelf	**1/1/1982**			PA
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	**1/1/2017**		**9/1/2023**	PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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	**1/1/2017**		**9/1/2023**	PA
L1860	Knee orthosis, modification of supracondylar prosthetic socket, custom fabricated (SK)	**1/1/1982**			PA
L1900	Ankle foot orthosis, spring wire, dorsiflexion assist calf band, custom fabricated	**1/1/1986**			PA
L1902	Ankle orthosis, ankle gauntlet or similar, with or without joints, prefabricated, off-the-shelf	**1/1/1988**			PA
L1904	Ankle orthosis, ankle gauntlet or similar, with or without joints, custom fabricated	**1/1/1988**			PA
L1906	Ankle foot orthosis, multiligamentous ankle support, prefabricated, off-the-shelf	**1/1/1988**			PA
L1907	Ankle orthosis, supramalleolar with straps, with or without interface/pads, custom fabricated	**1/1/2004**			PA
L1910	Ankle foot orthosis, posterior, single bar, clasp attachment to shoe counter, prefabricated, includes fitting and adjustment	**1/1/1982**			PA
L1920	Ankle foot orthosis, single upright with static or adjustable stop (Phelps or Perlstein type), custom fabricated	**1/1/1982**			PA
L1930	Ankle foot orthosis, plastic or other material, prefabricated, includes fitting and adjustment	**1/1/1982**			PA
L1932	AFO, rigid anterior tibial section, total carbon fiber or equal material, prefabricated, includes fitting and adjustment	**1/1/2005**			PA
L1940	Ankle foot orthosis, plastic or other material, custom fabricated	**1/1/1982**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
L1945	Ankle foot orthosis, plastic, rigid anterior tibial section (floor reaction), custom fabricated	**1/1/1989**			PA
L1950	Ankle foot orthosis, spiral, (institute of rehabilitative medicine type), plastic, custom fabricated	**1/1/1982**			PA
L1951	Ankle foot orthosis, spiral, (institute of rehabilitative medicine type), plastic or other material, prefabricated, includes fitting and adjustment	**1/1/2004**			PA
L1960	Ankle foot orthosis, posterior solid ankle, plastic, custom fabricated	**1/1/1982**			PA
L1970	Ankle foot orthosis, plastic with ankle joint, custom fabricated	**1/1/1982**			PA
L1971	Ankle foot orthosis, plastic or other material with ankle joint, prefabricated, includes fitting and adjustment	**1/1/2004**			PA
L1980	Ankle foot orthosis, single upright free plantar dorsiflexion, solid stirrup, calf band/cuff (single bar 'BK' orthosis), custom fabricated	**1/1/1982**			PA
L1990	Ankle foot orthosis, double upright free plantar dorsiflexion, solid stirrup, calf band/cuff (double bar 'BK' orthosis), custom fabricated	**1/1/1982**			PA
L2000	Knee ankle foot orthosis, single upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar 'AK' orthosis), custom fabricated	**1/1/1985**			PA
L2005	Knee ankle foot orthosis, any material, single or double upright, stance control, automatic lock and swing phase release, any type activation, includes ankle joint, any type, custom fabricated	**1/1/2005**			PA
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,	**1/1/2020**		**4/1/2020**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	batteries, charger), any type activation, with or without ankle joint(s), custom fabricated				
L2010	Knee ankle foot orthosis, single upright, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar 'AK' orthosis), without knee joint, custom fabricated	**1/1/1986**			PA
L2020	Knee ankle foot orthosis, double upright, free ankle, solid stirrup, thigh and calf bands/cuffs (double bar 'AK' orthosis), custom fabricated	**1/1/1985**			PA
L2030	Knee ankle foot orthosis, double upright, free ankle, solid stirrup, thigh and calf bands/cuffs, (double bar 'AK' orthosis), without knee joint, custom fabricated	**1/1/1986**			PA
L2034	Knee ankle foot orthosis, full plastic, single upright, with or without free motion knee, medial lateral rotation control, with or without free motion ankle, custom fabricated	**1/1/2006**			PA
L2035	Knee ankle foot orthosis, full plastic, static (pediatric size), without free motion ankle, prefabricated, includes fitting and adjustment	**1/1/1998**			PA
L2036	Knee ankle foot orthosis, full plastic, double upright, with or without free motion knee, with or without free motion ankle, custom fabricated	**1/1/1988**			PA
L2037	Knee ankle foot orthosis, full plastic, single upright, with or without free motion knee, with or without free motion ankle, custom fabricated	**1/1/1989**		**9/1/2023**	NC
L2038	Knee ankle foot orthosis, full plastic, with or without free motion knee, multi-axis ankle, custom fabricated	**1/1/1989**		**9/1/2023**	NC
L2040	Hip knee ankle foot orthosis, torsion control, bilateral rotation straps, pelvic band/belt, custom fabricated	**1/1/1986**			PA
L2050	Hip knee ankle foot orthosis, torsion control, bilateral torsion cables, hip joint, pelvic band/belt, custom fabricated	**1/1/1982**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
L2060	Hip knee ankle foot orthosis, torsion control, bilateral torsion cables, ball bearing hip joint, pelvic band/belt, custom fabricated	1/1/1982			PA
L2070	Hip knee ankle foot orthosis, torsion control, unilateral rotation straps, pelvic band/belt, custom fabricated	1/1/1982			PA
L2080	Hip knee ankle foot orthosis, torsion control, unilateral torsion cable, hip joint, pelvic band/belt, custom fabricated	1/1/1986			PA
L2090	Hip knee ankle foot orthosis, torsion control, unilateral torsion cable, ball bearing hip joint, pelvic band/belt, custom fabricated	1/1/1984			PA
L2106	Ankle foot orthosis, fracture orthosis, tibial fracture cast orthosis, thermoplastic type casting material, custom fabricated	1/1/1988			NPA
L2108	Ankle foot orthosis, fracture orthosis, tibial fracture cast orthosis, custom fabricated	1/1/1988			NPA
L2112	Ankle foot orthosis, fracture orthosis, tibial fracture orthosis, soft, prefabricated, includes fitting and adjustment	1/1/1988			NPA
L2114	Ankle foot orthosis, fracture orthosis, tibial fracture orthosis, semi-rigid, prefabricated, includes fitting and adjustment	1/1/1988			NPA
L2116	Ankle foot orthosis, fracture orthosis, tibial fracture orthosis, rigid, prefabricated, includes fitting and adjustment	1/1/1988			NPA
L2126	Knee ankle foot orthosis, fracture orthosis, femoral fracture cast orthosis, thermoplastic type casting material, custom fabricated	1/1/1988			NPA
L2128	Knee ankle foot orthosis, fracture orthosis, femoral fracture cast orthosis, custom fabricated	1/1/1988			NPA
L2132	KAFO, fracture orthosis, femoral fracture cast orthosis, soft, prefabricated, includes fitting and adjustment	1/1/1988			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
L2134	KAFO, fracture orthosis, femoral fracture cast orthosis, semi-rigid, prefabricated, includes fitting and adjustment	1/1/1988			NPA
L2136	KAFO, fracture orthosis, femoral fracture cast orthosis, rigid, prefabricated, includes fitting and adjustment	1/1/1988			NPA
L2180	Addition to lower extremity fracture orthosis, plastic shoe insert with ankle joints	1/1/1988			NPA
L2182	Addition to lower extremity fracture orthosis, drop lock knee joint	1/1/1988			NPA
L2184	Addition to lower extremity fracture orthosis, limited motion knee joint	1/1/1988			NPA
L2186	Addition to lower extremity fracture orthosis, adjustable motion knee joint, Lerman type	1/1/1988			NPA
L2188	Addition to lower extremity fracture orthosis, quadrilateral brim	1/1/1988			NPA
L2190	Addition to lower extremity fracture orthosis, waist belt	1/1/1988			NPA
L2192	Addition to lower extremity fracture orthosis, hip joint, pelvic band, thigh flange, and pelvic belt	1/1/1988			PA
L2200	Addition to lower extremity, limited ankle motion, each joint	1/1/1986			PA
L2210	Addition to lower extremity, dorsiflexion assist (plantar flexion resist), each joint	1/1/1986			PA
L2220	Addition to lower extremity, dorsiflexion and plantar flexion assist/resist, each joint	1/1/1986			PA
L2230	Addition to lower extremity, split flat caliper stirrups and plate attachment	1/1/1986			PA
L2232	Addition to lower extremity orthosis, rocker bottom for total contact ankle foot orthosis, for custom fabricated orthosis only	1/1/2005			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
L2240	Addition to lower extremity, round caliper and plate attachment	1/1/1986			PA
L2250	Addition to lower extremity, foot plate, molded to patient model, stirrup attachment	1/1/1986			PA
L2260	Addition to lower extremity, reinforced solid stirrup (Scott-Craig type)	1/1/1986			PA
L2265	Addition to lower extremity, long tongue stirrup	1/1/1989			PA
L2270	Addition to lower extremity, varus/valgus correction ('T') strap, padded/lined or malleolus pad	1/1/1986			PA
L2275	Addition to lower extremity, varus/valgus correction, plastic modification, padded/lined	1/1/1994			PA
L2280	Addition to lower extremity, molded inner boot	1/1/1986			PA
L2300	Addition to lower extremity, abduction bar (bilateral hip involvement), jointed, adjustable	1/1/1986			PA
L2310	Addition to lower extremity, abduction bar-straight	1/1/1986			PA
L2320	Addition to lower extremity, non-molded lacer, for custom fabricated orthosis only	1/1/1986			PA
L2330	Addition to lower extremity, lacer molded to patient model, for custom fabricated orthosis only	1/1/1986			PA
L2335	Addition to lower extremity, anterior swing band	1/1/1988			PA
L2340	Addition to lower extremity, pre-tibial shell, molded to patient model	1/1/1986			PA
L2350	Addition to lower extremity, prosthetic type, (bk) socket, molded to patient model, (used for PTB 'AFO' orthoses)	1/1/1986			PA
L2360	Addition to lower extremity, extended steel shank	1/1/1986			PA
L2370	Addition to lower extremity, Patten bottom	1/1/1988			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
L2375	Addition to lower extremity, torsion control, ankle joint and half solid stirrup	1/1/1988			PA
L2380	Addition to lower extremity, torsion control, straight knee joint, each joint	1/1/1988			PA
L2385	Addition to lower extremity, straight knee joint, heavy duty, each joint	1/1/1988			PA
L2387	Addition to lower extremity, polycentric knee joint, for custom fabricated knee ankle foot orthosis, each joint	1/1/2006			PA
L2390	Addition to lower extremity, offset knee joint, each joint	1/1/1988			PA
L2395	Addition to lower extremity, offset knee joint, heavy duty, each joint	1/1/1988			PA
L2397	Addition to lower extremity orthosis, suspension sleeve	1/1/1994			PA
L2405	Addition to knee joint, drop lock, each	1/1/1988			PA
L2415	Addition to knee lock with integrated release mechanism (bail, cable, or equal), any material, each joint	1/1/1988			PA
L2425	Addition to knee joint, disc or dial lock for adjustable knee flexion, each joint	1/1/1988			PA
L2430	Addition to knee joint, ratchet lock for active and progressive knee extension, each joint	1/1/1997			PA
L2492	Addition to knee joint, lift loop for drop lock ring	1/1/1988			PA
L2500	Addition to lower extremity, thigh/weight bearing, gluteal/ischial weight bearing, ring	1/1/1986			PA
L2510	Addition to lower extremity, thigh/weight bearing, quadri-lateral brim, molded to patient model	1/1/1986			PA
L2520	Addition to lower extremity, thigh/weight bearing, quadri-lateral brim, custom fitted	1/1/1986			PA
L2525	Addition to lower extremity, thigh/weight bearing, ischial containment/narrow M-L brim molded to patient model	1/1/1989			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
L2526	Addition to lower extremity, thigh/weight bearing, ischial containment/narrow M-L brim, custom fitted	1/1/1989			PA
L2530	Addition to lower extremity, thigh-weight bearing, lacer, non-molded	1/1/1986			PA
L2540	Addition to lower extremity, thigh/weight bearing, lacer, molded to patient model	1/1/1986			PA
L2550	Addition to lower extremity, thigh/weight bearing, high roll cuff	1/1/1986			PA
L2570	Addition to lower extremity, pelvic control, hip joint, Clevis type two position joint, each	1/1/1986			PA
L2580	Addition to lower extremity, pelvic control, pelvic sling	1/1/1986			PA
L2600	Addition to lower extremity, pelvic control, hip joint, Clevis type, or thrust bearing, free, each	1/1/1986			PA
L2610	Addition to lower extremity, pelvic control, hip joint, Clevis or thrust bearing, lock, each	1/1/1986			PA
L2620	Addition to lower extremity, pelvic control, hip joint, heavy duty, each	1/1/1986			PA
L2622	Addition to lower extremity, pelvic control, hip joint, adjustable flexion, each	1/1/1988			PA
L2624	Addition to lower extremity, pelvic control, hip joint, adjustable flexion, extension, abduction control, each	1/1/1988			PA
L2627	Addition to lower extremity, pelvic control, plastic, molded to patient model, reciprocating hip joint and cables	1/1/1989			PA
L2628	Addition to lower extremity, pelvic control, metal frame, reciprocating hip joint and cables	1/1/1989			PA
L2630	Addition to lower extremity, pelvic control, band and belt, unilateral	1/1/1986			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
L2640	Addition to lower extremity, pelvic control, band and belt, bilateral	**1/1/1986**			PA
L2650	Addition to lower extremity, pelvic and thoracic control, gluteal pad, each	**1/1/1986**			PA
L2660	Addition to lower extremity, thoracic control, thoracic band	**1/1/1986**			PA
L2670	Addition to lower extremity, thoracic control, paraspinal uprights	**1/1/1986**			PA
L2680	Addition to lower extremity, thoracic control, lateral support uprights	**1/1/1986**			PA
L2750	Addition to lower extremity orthosis, plating chrome or nickel, per bar	**1/1/1986**		**9/1/2023**	PA
L2755	Addition to lower extremity orthosis, high strength, lightweight material, all hybrid lamination/prepreg composite, per segment, for custom fabricated orthosis only	**1/1/1997**		**9/1/2023**	PA
L2760	Addition to lower extremity orthosis, extension, per extension, per bar (for lineal adjustment for growth)	**1/1/1986**			PA
L2768	Orthotic side bar disconnect device, per bar	**1/1/2002**			PA
L2780	Addition to lower extremity orthosis, non-corrosive finish, per bar	**1/1/1986**			NC
L2785	Addition to lower extremity orthosis, drop lock retainer, each	**1/1/1988**			PA
L2795	Addition to lower extremity orthosis, knee control, full kneecap	**1/1/1988**			PA
L2800	Addition to lower extremity orthosis, knee control, knee cap, medial or lateral pull, for use with custom fabricated orthosis only	**1/1/1988**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
L2810	Addition to lower extremity orthosis, knee control, condylar pad	**1/1/1988**			PA
L2820	Addition to lower extremity orthosis, soft interface for molded plastic, below knee section	**1/1/1988**			PA
L2830	Addition to lower extremity orthosis, soft interface for molded plastic, above knee section	**1/1/1988**			PA
L2840	Addition to lower extremity orthosis, tibial length sock, fracture or equal, each	**1/1/1989**			NPA
L2850	Addition to lower extremity orthosis, femoral length sock, fracture or equal, each	**1/1/1989**		**9/1/2023**	PA
L2861	Addition to lower extremity joint, knee or ankle, concentric adjustable torsion style mechanism for custom fabricated orthotics only, each	**1/1/2010**			PA
L2999	Lower extremity orthoses, not otherwise specified	**1/1/1982**			PA
L3000	Foot, insert, removable, molded to patient model, 'UCB' type, Berkeley shell, each	**1/1/1982**			NC
L3001	Foot, insert, removable, molded to patient model, Spenco, each	**1/1/1984**			NC
L3002	Foot, insert, removable, molded to patient model, Plastazote or equal, each	**1/1/1984**			NC
L3003	Foot, insert, removable, molded to patient model, silicone gel, each	**1/1/1984**			NC
L3010	Foot, insert, removable, molded to patient model, longitudinal arch support, each	**1/1/1982**			NC
L3020	Foot, insert, removable, molded to patient model, longitudinal/metatarsal support, each	**1/1/1986**			NC
L3030	Foot, insert, removable, formed to patient foot, each	**1/1/1986**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
L3031	Foot, insert/plate, removable, addition to lower extremity orthosis, high strength, lightweight material, all hybrid lamination/prepreg composite, each	1/1/2004			NC
L3040	Foot, arch support, removable, premolded, longitudinal, each	1/1/1982			NC
L3050	Foot, arch support, removable, premolded, metatarsal, each	1/1/1982			NC
L3060	Foot, arch support, removable, premolded, longitudinal/metatarsal, each	1/1/1982			NC
L3070	Foot, arch support, non-removable attached to shoe, longitudinal, each	1/1/1984			NC
L3080	Foot, arch support, non-removable attached to shoe, metatarsal, each	1/1/1984			NC
L3090	Foot, arch support, non-removable attached to shoe, longitudinal/metatarsal, each	1/1/1984			NC
L3100	Hallus-valgus night dynamic splint, prefabricated, off-the-shelf	1/1/1985			NC
L3140	Foot, abduction rotation bar, including shoes	1/1/1982			NC
L3150	Foot, abduction rotation bar, without shoes	1/1/1984			NC
L3160	Foot, adjustable shoe-styled positioning device	1/1/1986			NC
L3170	Foot, plastic, silicone or equal, heel stabilizer, prefabricated, off-the-shelf, each	1/1/1984			NC
L3201	Orthopedic shoe, Oxford with supinator or pronator, infant	1/1/1984			NC
L3202	Orthopedic shoe, Oxford with supinator or pronator, child	1/1/1984			NC
L3203	Orthopedic shoe, Oxford with supinator or pronator, junior	1/1/1984			NC
L3204	Orthopedic shoe, hightop with supinator or pronator, infant	1/1/1984			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
L3206	Orthopedic shoe, hightop with supinator or pronator, child	1/1/1984			NC
L3207	Orthopedic shoe, hightop with supinator or pronator, junior	1/1/1984			NC
L3208	Surgical boot, each, infant	1/1/1984		9/1/2023	PA
L3209	Surgical boot, each, child	1/1/1984		9/1/2023	PA
L3211	Surgical boot, each, junior	1/1/1984		9/1/2023	PA
L3212	Benesch boot, pair, infant	1/1/1984		9/1/2023	PA
L3213	Benesch boot, pair, child	1/1/1984		9/1/2023	PA
L3214	Benesch boot, pair, junior	1/1/1984		9/1/2023	PA
L3215	Orthopedic footwear, ladies shoe, Oxford, each	1/1/1984			PA
L3216	Orthopedic footwear, ladies shoe, depth inlay, each	1/1/1984			PA
L3217	Orthopedic footwear, ladies shoe, hightop, depth inlay, each	1/1/1984		9/1/2023	PA
L3219	Orthopedic footwear, mens shoe, Oxford, each	1/1/1984			PA
L3221	Orthopedic footwear, mens shoe, depth inlay, each	1/1/1984			PA
L3222	Orthopedic footwear, mens shoe, hightop, depth inlay, each	1/1/1984		9/1/2023	PA
L3224	Orthopedic footwear, woman's shoe, Oxford, used as an integral part of a brace (orthosis)	1/1/1995			PA
L3225	Orthopedic footwear, man's shoe, Oxford, used as an integral part of a brace (orthosis)	1/1/1995			PA
L3230	Orthopedic footwear, custom shoe, depth inlay, each	1/1/1984			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
L3250	Orthopedic footwear, custom molded shoe, removable inner mold, prosthetic shoe, each	1/1/1984			PA
L3251	Foot, shoe molded to patient model, silicone shoe, each	1/1/1984			PA
L3252	Foot, shoe molded to patient model, Plastazote (or similar), custom fabricated, each	1/1/1984			PA
L3253	Foot, molded shoe Plastazote (or similar) custom fitted, each	1/1/1984			PA
L3254	Non-standard size or width	1/1/1984			PA
L3255	Non-standard size or length	1/1/1984			PA
L3257	Orthopedic footwear, additional charge for split size	1/1/1988		9/1/2023	PA
L3260	Surgical boot/shoe, each	1/1/1984		9/1/2023	PA
L3265	Plastazote sandal, each	1/1/1984			NC
L3300	Lift, elevation, heel, tapered to metatarsals, per inch	1/1/1986			NC
L3310	Lift, elevation, heel and sole, neoprene, per inch	1/1/1986			NC
L3320	Lift, elevation, heel and sole, cork, per inch	1/1/1986			NC
L3330	Lift, elevation, metal extension (skate)	1/1/1986			NC
L3332	Lift, elevation, inside shoe, tapered, up to one-half inch	1/1/1986			NC
L3334	Lift, elevation, heel, per inch	1/1/1986			NC
L3340	Heel wedge, SACH	1/1/1982			NC
L3350	Heel wedge	1/1/1982			NC
L3360	Sole wedge, outside sole	1/1/1984			NC
L3370	Sole wedge, between sole	1/1/1984			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
L3380	Clubfoot wedge	1/1/1982			NC
L3390	Outflare wedge	1/1/1982			NC
L3400	Metatarsal bar wedge, rocker	1/1/1984			NC
L3410	Metatarsal bar wedge, between sole	1/1/1984			NC
L3420	Full sole and heel wedge, between sole	1/1/1984		9/1/2023	PA
L3430	Heel, counter, plastic reinforced	1/1/1985		9/1/2023	PA
L3440	Heel, counter, leather reinforced	1/1/1984		9/1/2023	PA
L3450	Heel, SACH cushion type	1/1/1984		9/1/2023	PA
L3455	Heel, new leather, standard	1/1/1984		9/1/2023	PA
L3460	Heel, new rubber, standard	1/1/1984		9/1/2023	PA
L3465	Heel, Thomas with wedge	1/1/1984		9/1/2023	PA
L3470	Heel, thomas extended to ball	1/1/1984		9/1/2023	PA
L3480	Heel, pad and depression for spur	1/1/1984		9/1/2023	PA
L3485	Heel, pad, removable for spur	1/1/1984		9/1/2023	PA
L3500	Orthopedic shoe addition, insole, leather	1/1/1986			NC
L3510	Orthopedic shoe addition, insole, rubber	1/1/1986			NC
L3520	Orthopedic shoe addition, insole, felt covered with leather	1/1/1986			NC
L3530	Orthopedic shoe addition, sole, half	1/1/1986			NC
L3540	Orthopedic shoe addition, sole, full	1/1/1986			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
L3550	Orthopedic shoe addition, toe tap standard	**1/1/1986**			NC
L3560	Orthopedic shoe addition, toe tap, horseshoe	**1/1/1986**			NC
L3570	Orthopedic shoe addition, special extension to instep (leather with eyelets)	**1/1/1986**			NC
L3580	Orthopedic shoe addition, convert instep to velcro closure	**1/1/1986**			NC
L3590	Orthopedic shoe addition, convert firm shoe counter to soft counter	**1/1/1986**			NC
L3595	Orthopedic shoe addition, March bar	**1/1/1986**			NC
L3600	Transfer of an orthosis from one shoe to another, caliper plate, existing	**1/1/1986**			NC
L3610	Transfer of an orthosis from one shoe to another, caliper plate, new	**1/1/1986**			NC
L3620	Transfer of an orthosis from one shoe to another, solid stirrup, existing	**1/1/1986**			NC
L3630	Transfer of an orthosis from one shoe to another, solid stirrup, new	**1/1/1986**			NC
L3640	Transfer of an orthosis from one shoe to another, Dennis Browne splint (Riveton), both shoes	**1/1/1986**			NC
L3649	Orthopedic shoe, modification, addition or transfer, not otherwise specified	**1/1/1982**		**9/1/2023**	PA
L3650	Shoulder orthosis, figure of eight design abduction restrainer, prefabricated, off-the-shelf	**1/1/1986**			PA
L3660	Shoulder orthosis, figure of eight design abduction restrainer, canvas and webbing, prefabricated, off-the-shelf	**1/1/1982**		**9/1/2023**	PA
L3670	Shoulder orthosis, acromio/clavicular (canvas and webbing type), prefabricated, off-the-shelf	**1/1/1982**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
L3671	Shoulder orthosis, shoulder joint design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	**1/1/2006**			PA
L3674	Shoulder orthosis, 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	**1/1/2011**			PA
L3675	Shoulder orthosis, vest type abduction restrainer, canvas webbing type or equal, prefabricated, off-the-shelf	**1/1/1999**		**9/1/2023**	PA
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	**1/1/2002**			PA
L3678	Shoulder orthosis, shoulder joint design, without joints, may include soft interface, straps, prefabricated, off-the-shelf	**1/1/2014**		**9/1/2023**	PA
L3702	Elbow orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	**1/1/2006**			PA
L3710	Elbow orthosis, elastic with metal joints, prefabricated, off-the-shelf	**1/1/1986**			PA
L3720	Elbow orthosis, double upright with forearm/arm cuffs, free motion, custom fabricated	**1/1/1984**			PA
L3730	Elbow orthosis, double upright with forearm/arm cuffs, extension/flexion assist, custom fabricated	**1/1/1982**			PA
L3740	Elbow orthosis, double upright with forearm/arm cuffs, adjustable position lock with active control, custom fabricated	**1/1/1982**			PA
L3760	Elbow orthosis (EO), with adjustable position locking joint(s), prefabricated, item that has been trimmed, bent,	**1/1/2001**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise				
L3761	Elbow orthosis (EO), with adjustable position locking joint(s), prefabricated, off-the-shelf	**1/1/2018**			NC
L3762	Elbow orthosis, rigid, without joints, includes soft interface material, prefabricated, off-the-shelf	**1/1/2003**			NC
L3763	Elbow wrist hand orthosis, rigid, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	**1/1/2006**			PA
L3764	Elbow wrist hand orthosis, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	**1/1/2006**			PA
L3765	Elbow wrist hand finger orthosis, rigid, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	**1/1/2006**			PA
L3766	Elbow wrist hand finger orthosis, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	**1/1/2006**			PA
L3806	Wrist hand finger orthosis, includes one or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, custom fabricated, includes fitting and adjustment	**1/1/2007**			PA
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	**1/1/2000**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
L3808	Wrist hand finger orthosis, rigid without joints, may include soft interface material; straps, custom fabricated, includes fitting and adjustment	**1/1/2007**			PA
L3809	Wrist hand finger orthosis, without joint(s), prefabricated, off-the-shelf, any type	**1/1/2014**			NC
L3891	Addition to upper extremity joint, wrist or elbow, concentric adjustable torsion style mechanism for custom fabricated orthotics only, each	**1/1/2010**			PA
L3900	Wrist hand finger orthosis, dynamic flexor hinge, reciprocal wrist extension/flexion, finger flexion/extension, wrist or finger driven, custom fabricated	**1/1/1986**			PA
L3901	Wrist hand finger orthosis, dynamic flexor hinge, reciprocal wrist extension/flexion, finger flexion/extension, cable driven, custom fabricated	**1/1/1984**			PA
L3904	Wrist hand finger orthosis, external powered, electric, custom fabricated	**1/1/1982**			PA
L3905	Wrist hand orthosis, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	**1/1/2006**			PA
L3906	Wrist hand orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	**1/1/1986**			PA
L3908	Wrist hand orthosis, wrist extension control cock-up, non molded, prefabricated, off-the-shelf	**1/1/1986**			PA
L3912	Hand finger orthosis (HFO), flexion glove with elastic finger control, prefabricated, off-the-shelf	**1/1/1982**			PA
L3913	Hand finger orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	**1/1/2006**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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	**1/1/2007**			PA
L3916	Wrist hand orthosis, includes one or more nontorsion joint(s), elastic bands, turnbuckles, may include soft interface, straps, prefabricated, off-the-shelf	**1/1/1986**			NC
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	**1/1/2004**			NPA
L3918	Hand orthosis, metacarpal fracture orthosis, prefabricated, off-the-shelf	**1/1/1982**			NC
L3919	Hand orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	**1/1/2006**			PA
L3921	Hand finger orthosis, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	**1/1/2006**			PA
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	**1/1/2001**			PA
L3924	Hand finger orthosis, without joints, may include soft interface, straps, prefabricated, off-the-shelf	**1/1/1982**			NC
L3925	Finger orthosis, proximal interphalangeal (PIP)/distal interphalangeal (DIP), non torsion joint/spring,	**1/1/2008**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	extension/flexion, may include soft interface material, prefabricated, off-the-shelf				
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	**1/1/2008**			NC
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	**1/1/2008**			PA
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	**1/1/1982**			NC
L3931	Wrist hand finger orthosis, includes one or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, prefabricated, includes fitting and adjustment	**1/1/2008**			PA
L3933	Finger orthosis, without joints, may include soft interface, custom fabricated, includes fitting and adjustment	**1/1/2006**			PA
L3935	Finger orthosis, nontorsion joint, may include soft interface, custom fabricated, includes fitting and adjustment	**1/1/2006**			PA
L3956	Addition of joint to upper extremity orthosis, any material; per joint	**1/1/1997**			PA
L3960	Shoulder elbow wrist hand orthosis, abduction positioning, airplane design, prefabricated, includes fitting and adjustment	**1/1/1986**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
L3961	Shoulder elbow wrist hand orthosis, shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	**1/1/2006**			PA
L3962	Shoulder elbow wrist hand orthosis, abduction positioning, Erb's palsey design, prefabricated, includes fitting and adjustment	**1/1/1982**			PA
L3967	Shoulder elbow wrist hand orthosis, abduction positioning (airplane design), thoracic component and support bar, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	**1/1/2006**			PA
L3971	Shoulder elbow wrist hand orthosis, shoulder cap design, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	**1/1/2006**			PA
L3973	Shoulder elbow wrist hand orthosis, 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	**1/1/2006**			PA
L3975	Shoulder elbow wrist hand finger orthosis, shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	**1/1/2006**			PA
L3976	Shoulder elbow wrist hand finger orthosis, abduction positioning (airplane design), thoracic component and support bar, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	**1/1/2006**			PA
L3977	Shoulder elbow wrist hand finger orthosis, shoulder cap design, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	**1/1/2006**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
L3978	Shoulder elbow wrist hand finger orthosis, 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	**1/1/2006**			PA
L3980	Upper extremity fracture orthosis, humeral, prefabricated, includes fitting and adjustment	**1/1/1982**			NPA
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	**1/1/2015**		**9/1/2023**	NC
L3982	Upper extremity fracture orthosis, radius/ulnar, prefabricated, includes fitting and adjustment	**1/1/1984**			NPA
L3984	Upper extremity fracture orthosis, wrist, prefabricated, includes fitting and adjustment	**1/1/1982**			NPA
L3995	Addition to upper extremity orthosis, sock, fracture or equal, each	**1/1/1989**			NPA
L3999	Upper limb orthosis, not otherwise specified	**1/1/1982**			PA
L4000	Replace girdle for spinal orthosis (CTLSO or SO)	**1/1/1985**			PA
L4002	Replacement strap, any orthosis, includes all components, any length, any type	**1/1/2005**			PA
L4010	Replace trilateral socket brim	**1/1/1985**			PA
L4020	Replace quadrilateral socket brim, molded to patient model	**1/1/1985**			PA
L4030	Replace quadrilateral socket brim, custom fitted	**1/1/1985**			PA
L4040	Replace molded thigh lacer, for custom fabricated orthosis only	**1/1/1985**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
L4045	Replace non-molded thigh lacer, for custom fabricated orthosis only	1/1/1988			PA
L4050	Replace molded calf lacer, for custom fabricated orthosis only	1/1/1985			PA
L4055	Replace non-molded calf lacer, for custom fabricated orthosis only	1/1/1988			PA
L4060	Replace high roll cuff	1/1/1985			PA
L4070	Replace proximal and distal upright for KAFO	1/1/1986			PA
L4080	Replace metal bands KAFO, proximal thigh	1/1/1986			PA
L4090	Replace metal bands KAFO-AFO, calf or distal thigh	1/1/1985			PA
L4100	Replace leather cuff KAFO, proximal thigh	1/1/1986			PA
L4110	Replace leather cuff KAFO-AFO, calf or distal thigh	1/1/1985			PA
L4130	Replace pretibial shell	1/1/1984			PA
L4205	Repair of orthotic device, labor component, per 15 minutes	1/1/1997			PA
L4210	Repair of orthotic device, repair or replace minor parts	1/1/1985			PA
L4350	Ankle control orthosis, stirrup style, rigid, includes any type interface (e.g., pneumatic, gel), prefabricated, off-the-shelf	1/1/1989			PA
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	1/1/1989			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
L4361	Walking boot, pneumatic and/or vacuum, with or without joints, with or without interface material, prefabricated, off-the-shelf	1/1/2014			PA
L4370	Pneumatic full leg splint, prefabricated, off-the-shelf	1/1/1989			PA
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	1/1/2003			PA
L4387	Walking boot, non-pneumatic, with or without joints, with or without interface material, prefabricated, off-the-shelf	1/1/2014			PA
L4392	Replacement, soft interface material, static AFO	1/1/1997			PA
L4394	Replace soft interface material, foot drop splint	1/1/1997			PA
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	1/1/1997			PA
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	1/1/2014			NC
L4398	Foot drop splint, recumbent positioning device, prefabricated, off-the-shelf	1/1/1997			PA
L4631	Ankle foot orthosis, walking boot type, varus/valgus correction, rocker bottom, anterior tibial shell, soft	1/1/2011			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	interface, custom arch support, plastic or other material, includes straps and closures, custom fabricated				
L5000	Partial foot, shoe insert with longitudinal arch, toe filler	1/1/1982			PA
L5010	Partial foot, molded socket, ankle height, with toe filler	1/1/1982			PA
L5020	Partial foot, molded socket, tibial tubercle height, with toe filler	1/1/1982			PA
L5050	Ankle, Symes, molded socket, SACH foot	1/1/1985			PA
L5060	Ankle, Symes, metal frame, molded leather socket, articulated ankle/foot	1/1/1985			PA
L5100	Below knee, molded socket, shin, SACH foot	1/1/1982			PA
L5105	Below knee, plastic socket, joints and thigh lacer, SACH foot	1/1/1989			PA
L5150	Knee disarticulation (or through knee), molded socket, external knee joints, shin, SACH foot	1/1/1982			PA
L5160	Knee disarticulation (or through knee), molded socket, bent knee configuration, external knee joints, shin, SACH foot	1/1/1982			PA
L5200	Above knee, molded socket, single axis constant friction knee, shin, SACH foot	1/1/1982			PA
L5210	Above knee, short prosthesis, no knee joint (stubbies), with foot blocks, no ankle joints, each	1/1/1982			PA
L5220	Above knee, short prosthesis, no knee joint (stubbies), with articulated ankle/foot, dynamically aligned, each	1/1/1982			PA
L5230	Above knee, for proximal femoral focal deficiency, constant friction knee, shin, SACH foot	1/1/1982			PA
L5250	Hip disarticulation, canadian type; molded socket, hip joint, single axis constant friction knee, shin, SACH foot	1/1/1982			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
L5270	Hip disarticulation, tilt table type; molded socket, locking hip joint, single axis constant friction knee, shin, SACH foot	1/1/1982			PA
L5280	Hemipelvectomy, canadian type; molded socket, hip joint, single axis constant friction knee, shin, SACH foot	1/1/1982			PA
L5301	Below knee, molded socket, shin, SACH foot, endoskeletal system	1/1/2002			PA
L5312	Knee disarticulation (or through knee), molded socket, single axis knee, pylon, SACH foot, endoskeletal system	1/1/2012			PA
L5321	Above knee, molded socket, open end, SACH foot, endoskeletal system, single axis knee	1/1/2002			PA
L5331	Hip disarticulation, canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot	1/1/2002			PA
L5341	Hemipelvectomy, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot	1/1/2002			PA
L5400	Immediate post surgical or early fitting, application of initial rigid dressing, including fitting, alignment, suspension, and one cast change, below knee	1/1/1982			PA
L5410	Immediate post surgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension, below knee, each additional cast change and realignment	1/1/1986			PA
L5420	Immediate post surgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension and one cast change 'AK' or knee disarticulation	1/1/1982			PA
L5430	Immediate post surgical or early fitting, application of initial rigid dressing, incl. fitting, alignment and supension, 'AK' or knee disarticulation, each additional cast change and realignment	1/1/1986			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
L5450	Immediate post surgical or early fitting, application of non-weight bearing rigid dressing, below knee	**1/1/1982**			PA
L5460	Immediate post surgical or early fitting, application of non-weight bearing rigid dressing, above knee	**1/1/1982**			PA
L5500	Initial, below knee PTB type socket, non-alignable system, pylon, no cover, SACH foot, plaster socket, direct formed	**1/1/1986**			PA
L5505	Initial, above knee, knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, plaster socket, direct formed	**1/1/1986**			PA
L5510	Preparatory, below knee PTB type socket, non-alignable system, pylon, no cover, SACH foot, plaster socket, molded to model	**1/1/1986**			PA
L5520	Preparatory, below knee PTB type socket, non-alignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed	**1/1/1986**			PA
L5530	Preparatory, below knee PTB type socket, non-alignable system, pylon, no cover, SACH foot, thermoplastic or equal, molded to model	**1/1/1986**			PA
L5535	Preparatory, below knee PTB type socket, non-alignable system, no cover, SACH foot, prefabricated, adjustable open end socket	**1/1/1989**			PA
L5540	Preparatory, below knee PTB type socket, non-alignable system, pylon, no cover, SACH foot, laminated socket, molded to model	**1/1/1986**			PA
L5560	Preparatory, above knee, knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, plaster socket, molded to model	**1/1/1986**			PA
L5570	Preparatory, above knee, knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed	**1/1/1986**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
L5580	Preparatory, above knee, knee disarticulation ischial level socket, non-alignable system, pylon, no cover, SACH foot, thermoplastic or equal, molded to model	1/1/1986			PA
L5585	Preparatory, above knee, knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, prefabricated adjustable open end socket	1/1/1988			PA
L5590	Preparatory, above knee, knee disarticulation ischial level socket, non-alignable system, pylon no cover, SACH foot, laminated socket, molded to model	1/1/1986			PA
L5595	Preparatory, hip disarticulation/hemipelvectomy, pylon, no cover, SACH foot, thermoplastic or equal, molded to patient model	1/1/1989			PA
L5600	Preparatory, hip disarticulation/hemipelvectomy, pylon, no cover, SACH foot, laminated socket, molded to patient model	1/1/1989			PA
L5610	Addition to lower extremity, endoskeletal system, above knee, hydracadence system	1/1/1986			PA
L5611	Addition to lower extremity, endoskeletal system, above knee, knee disarticulation, 4 bar linkage, with friction swing phase control	1/1/1989			PA
L5613	Addition to lower extremity, endoskeletal system, above knee, knee disarticulation, 4 bar linkage, with hydraulic swing phase control	1/1/1989			PA
L5614	Addition to lower extremity, exoskeletal system, above knee, knee disarticulation, 4 bar linkage, with pneumatic swing phase control	1/1/1994			PA
L5616	Addition to lower extremity, endoskeletal system, above knee, universal multiplex system, friction swing phase control	1/1/1986			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
L5617	Addition to lower extremity, quick change self-aligning unit, above knee or below knee, each	1/1/1996			PA
L5618	Addition to lower extremity, test socket, Symes	1/1/1986			PA
L5620	Addition to lower extremity, test socket, below knee	1/1/1986			PA
L5622	Addition to lower extremity, test socket, knee disarticulation	1/1/1986			PA
L5624	Addition to lower extremity, test socket, above knee	1/1/1986			PA
L5626	Addition to lower extremity, test socket, hip disarticulation	1/1/1986			PA
L5628	Addition to lower extremity, test socket, hemipelvectomy	1/1/1986			PA
L5629	Addition to lower extremity, below knee, acrylic socket	1/1/1989			PA
L5630	Addition to lower extremity, symes type, expandable wall socket	1/1/1986			PA
L5631	Addition to lower extremity, above knee or knee disarticulation, acrylic socket	1/1/1989			PA
L5632	Addition to lower extremity, Symes type, PTB brim design socket	1/1/1986			PA
L5634	Addition to lower extremity, Symes type, posterior opening (Canadian) socket	1/1/1986			PA
L5636	Addition to lower extremity, symes type, medial opening socket	1/1/1986			PA
L5637	Addition to lower extremity, below knee, total contact	1/1/1989			PA
L5638	Addition to lower extremity, below knee, leather socket	1/1/1986			PA
L5639	Addition to lower extremity, below knee, wood socket	1/1/1989			PA
L5640	Addition to lower extremity, knee disarticulation, leather socket	1/1/1986			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
L5642	Addition to lower extremity, above knee, leather socket	1/1/1986			PA
L5643	Addition to lower extremity, hip disarticulation, flexible inner socket, external frame	1/1/1988			PA
L5644	Addition to lower extremity, above knee, wood socket	1/1/1986			PA
L5645	Addition to lower extremity, below knee, flexible inner socket, external frame	1/1/1988			PA
L5646	Addition to lower extremity, below knee, air, fluid, gel or equal, cushion socket	1/1/1986			PA
L5647	Addition to lower extremity, below knee suction socket	1/1/1988			PA
L5648	Addition to lower extremity, above knee, air, fluid, gel or equal, cushion socket	1/1/1986			PA
L5649	Addition to lower extremity, ischial containment/narrow M-L socket	1/1/1988			PA
L5650	Additions to lower extremity, total contact, above knee or knee disarticulation socket	1/1/1986			PA
L5651	Addition to lower extremity, above knee, flexible inner socket, external frame	1/1/1988			PA
L5652	Addition to lower extremity, suction suspension, above knee or knee disarticulation socket	1/1/1986			PA
L5653	Addition to lower extremity, knee disarticulation, expandable wall socket	1/1/1986			PA
L5654	Addition to lower extremity, socket insert, Symes, (Kemblo, Pelite, Aliplast, Plastazote or equal)	1/1/1986			PA
L5655	Addition to lower extremity, socket insert, below knee (Kemblo, Pelite, Aliplast, Plastazote or equal)	1/1/1986			PA
L5656	Addition to lower extremity, socket insert, knee disarticulation (Kemblo, Pelite, Aliplast, Plastazote or equal)	1/1/1986			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
L5658	Addition to lower extremity, socket insert, above knee (Kemblo, Pelite, Aliplast, Plastazote or equal)	**1/1/1986**			PA
L5661	Addition to lower extremity, socket insert, multidurometer Symes	**1/1/1988**			PA
L5665	Addition to lower extremity, socket insert, multidurometer, below knee	**1/1/1988**			PA
L5666	Addition to lower extremity, below knee, cuff suspension	**1/1/1986**			PA
L5668	Addition to lower extremity, below knee, molded distal cushion	**1/1/1986**			PA
L5670	Addition to lower extremity, below knee, molded supracondylar suspension (PTS or similar)	**1/1/1986**			PA
L5671	Addition to lower extremity, below knee/above knee suspension locking mechanism (shuttle, lanyard or equal), excludes socket insert	**1/1/2002**			PA
L5672	Addition to lower extremity, below knee, removable medial brim suspension	**1/1/1986**			PA
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	**1/1/2004**			PA
L5676	Additions to lower extremity, below knee, knee joints, single axis, pair	**1/1/1986**			PA
L5677	Additions to lower extremity, below knee, knee joints, polycentric, pair	**1/1/1988**			PA
L5678	Additions to lower extremity, below knee, joint covers, pair	**1/1/1984**			PA
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	**1/1/2004**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
L5680	Addition to lower extremity, below knee, thigh lacer, nonmolded	1/1/1986			PA
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)	1/1/2004			PA
L5682	Addition to lower extremity, below knee, thigh lacer, gluteal/ischial, molded	1/1/1986			PA
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)	1/1/2004			PA
L5684	Addition to lower extremity, below knee, fork strap	1/1/1986			PA
L5685	Addition to lower extremity prosthesis, below knee, suspension/sealing sleeve, with or without valve, any material, each	1/1/2005			PA
L5686	Addition to lower extremity, below knee, back check (extension control)	1/1/1986			PA
L5688	Addition to lower extremity, below knee, waist belt, webbing	1/1/1986			PA
L5690	Addition to lower extremity, below knee, waist belt, padded and lined	1/1/1986			PA
L5692	Addition to lower extremity, above knee, pelvic control belt, light	1/1/1986			PA
L5694	Addition to lower extremity, above knee, pelvic control belt, padded and lined	1/1/1986			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
L5695	Addition to lower extremity, above knee, pelvic control, sleeve suspension, neoprene or equal, each	1/1/1989			PA
L5696	Addition to lower extremity, above knee or knee disarticulation, pelvic joint	1/1/1986			PA
L5697	Addition to lower extremity, above knee or knee disarticulation, pelvic band	1/1/1986			PA
L5698	Addition to lower extremity, above knee or knee disarticulation, Silesian bandage	1/1/1986			PA
L5699	All lower extremity prostheses, shoulder harness	1/1/1986			PA
L5700	Replacement, socket, below knee, molded to patient model	1/1/1994			PA
L5701	Replacement, socket, above knee/knee disarticulation, including attachment plate, molded to patient model	1/1/1994			PA
L5702	Replacement, socket, hip disarticulation, including hip joint, molded to patient model	1/1/1994			PA
L5703	Ankle, Symes, molded to patient model, socket without solid ankle cushion heel (SACH) foot, replacement only	1/1/2006			PA
L5704	Custom shaped protective cover, below knee	1/1/1994			PA
L5705	Custom shaped protective cover, above knee	1/1/1994			PA
L5706	Custom shaped protective cover, knee disarticulation	1/1/1994			PA
L5707	Custom shaped protective cover, hip disarticulation	1/1/1994			PA
L5710	Addition, exoskeletal knee-shin system, single axis, manual lock	1/1/1986			PA
L5711	Additions exoskeletal knee-shin system, single axis, manual lock, ultra-light material	1/1/1988			PA
L5712	Addition, exoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee)	1/1/1986			PA
L5714	Addition, exoskeletal knee-shin system, single axis, variable friction swing phase control	1/1/1986			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
L5716	Addition, exoskeletal knee-shin system, polycentric, mechanical stance phase lock	1/1/1986			PA
L5718	Addition, exoskeletal knee-shin system, polycentric, friction swing and stance phase control	1/1/1986			PA
L5722	Addition, exoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control	1/1/1986			PA
L5724	Addition, exoskeletal knee-shin system, single axis, fluid swing phase control	1/1/1986			PA
L5726	Addition, exoskeletal knee-shin system, single axis, external joints fluid swing phase control	1/1/1986			PA
L5728	Addition, exoskeletal knee-shin system, single axis, fluid swing and stance phase control	1/1/1986			PA
L5780	Addition, exoskeletal knee-shin system, single axis, pneumatic/hydra pneumatic swing phase control	1/1/1986			PA
L5781	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system	1/1/2003			PA
L5782	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system, heavy duty	1/1/2003			PA
L5785	Addition, exoskeletal system, below knee, ultra-light material (titanium, carbon fiber or equal)	1/1/1988			PA
L5790	Addition, exoskeletal system, above knee, ultra-light material (titanium, carbon fiber or equal)	1/1/1988			PA
L5795	Addition, exoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal)	1/1/1988			PA
L5810	Addition, endoskeletal knee-shin system, single axis, manual lock	1/1/1988			PA
L5811	Addition, endoskeletal knee-shin system, single axis, manual lock, ultra-light material	1/1/1988			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
L5812	Addition, endoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee)	1/1/1988			PA
L5814	Addition, endoskeletal knee-shin system, polycentric, hydraulic swing phase control, mechanical stance phase lock	1/1/1997			PA
L5816	Addition, endoskeletal knee-shin system, polycentric, mechanical stance phase lock	1/1/1988			PA
L5818	Addition, endoskeletal knee-shin system, polycentric, friction swing, and stance phase control	1/1/1988			PA
L5822	Addition, endoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control	1/1/1988			PA
L5824	Addition, endoskeletal knee-shin system, single axis, fluid swing phase control	1/1/1988			PA
L5826	Addition, endoskeletal knee-shin system, single axis, hydraulic swing phase control, with miniature high activity frame	1/1/1998			PA
L5828	Addition, endoskeletal knee-shin system, single axis, fluid swing and stance phase control	1/1/1988			PA
L5830	Addition, endoskeletal knee-shin system, single axis, pneumatic/swing phase control	1/1/1988			PA
L5840	Addition, endoskeletal knee/shin system, 4-bar linkage or multiaxial, pneumatic swing phase control	1/1/1994			PA
L5845	Addition, endoskeletal, knee-shin system, stance flexion feature, adjustable	1/1/1996			PA
L5848	Addition to endoskeletal knee-shin system, fluid stance extension, dampening feature, with or without adjustability	1/1/2003			PA
L5850	Addition, endoskeletal system, above knee or hip disarticulation, knee extension assist	1/1/1988			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
L5855	Addition, endoskeletal system, hip disarticulation, mechanical hip extension assist	**1/1/1994**			PA
L5856	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing and stance phase, includes electronic sensor(s), any type	**1/1/2005**		**9/1/2023**	NC
L5857	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing phase only, includes electronic sensor(s), any type	**1/1/2005**		**9/1/2023**	NC
L5858	Addition to lower extremity prosthesis, endoskeletal knee shin system, microprocessor control feature, stance phase only, includes electronic sensor(s), any type	**1/1/2006**		**9/1/2023**	NC
L5859	Addition to lower extremity prosthesis, endoskeletal knee-shin system, powered and programmable flexion/extension assist control, includes any type motor(s)	**1/1/2013**			PA
L5910	Addition, endoskeletal system, below knee, alignable system	**1/1/1988**			PA
L5920	Addition, endoskeletal system, above knee or hip disarticulation, alignable system	**1/1/1988**			PA
L5925	Addition, endoskeletal system, above knee, knee disarticulation or hip disarticulation, manual lock	**1/1/1994**			PA
L5930	Addition, endoskeletal system, high activity knee control frame	**1/1/1996**			PA
L5940	Addition, endoskeletal system, below knee, ultra-light material (titanium, carbon fiber or equal)	**1/1/1988**			PA
L5950	Addition, endoskeletal system, above knee, ultra-light material (titanium, carbon fiber or equal)	**1/1/1988**			PA
L5960	Addition, endoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal)	**1/1/1988**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
L5961	Addition, endoskeletal system, polycentric hip joint, pneumatic or hydraulic control, rotation control, with or without flexion and/or extension control	1/1/2011			PA
L5962	Addition, endoskeletal system, below knee, flexible protective outer surface covering system	1/1/1994			PA
L5964	Addition, endoskeletal system, above knee, flexible protective outer surface covering system	1/1/1994			PA
L5966	Addition, endoskeletal system, hip disarticulation, flexible protective outer surface covering system	1/1/1994			PA
L5968	Addition to lower limb prosthesis, multiaxial ankle with swing phase active dorsiflexion feature	1/1/1999			PA
L5969	Addition, endoskeletal ankle-foot or ankle system, power assist, includes any type motor(s)	1/1/2014			PA
L5970	All lower extremity prostheses, foot, external keel, SACH foot	1/1/1989			PA
L5971	All lower extremity prosthesis, solid ankle cushion heel (SACH) foot, replacement only	1/1/2006			PA
L5972	All lower extremity prostheses, foot, flexible keel	1/1/1989			PA
L5973	Endoskeletal ankle foot system, microprocessor controlled feature, dorsiflexion and/or plantar flexion control, includes power source	1/1/2010			NC
L5974	All lower extremity prostheses, foot, single axis ankle/foot	1/1/1989			PA
L5975	All lower extremity prosthesis, combination single axis ankle and flexible keel foot	1/1/1999			PA
L5976	All lower extremity prostheses, energy storing foot (Seattle Carbon Copy II or equal)	1/1/1989			PA
L5978	All lower extremity prostheses, foot, multiaxial ankle/foot	1/1/1989			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
L5979	All lower extremity prosthesis, multiaxial ankle, dynamic response foot, one piece system	**1/1/1994**			PA
L5980	All lower extremity prostheses, flex-foot system	**1/1/1989**			PA
L5981	All lower extremity prostheses, flex-walk system or equal	**1/1/1994**			PA
L5982	All exoskeletal lower extremity prostheses, axial rotation unit	**1/1/1989**			PA
L5984	All endoskeletal lower extremity prosthesis, axial rotation unit, with or without adjustability	**1/1/1989**			PA
L5985	All endoskeletal lower extremity prostheses, dynamic prosthetic pylon	**1/1/1996**			PA
L5986	All lower extremity prostheses, multiaxial rotation unit (MCP or equal)	**1/1/1989**			PA
L5987	All lower extremity prosthesis, shank foot system with vertical loading pylon	**1/1/1997**			PA
L5988	Addition to lower limb prosthesis, vertical shock reducing pylon feature	**1/1/1999**			PA
L5990	Addition to lower extremity prosthesis, user adjustable heel height	**1/1/2002**		**9/1/2023**	NC
L5999	Lower extremity prosthesis, not otherwise specified	**1/1/1982**			PA
L6000	Partial hand, thumb remaining	**1/1/1982**			PA
L6010	Partial hand, little and/or ring finger remaining	**1/1/1982**			PA
L6020	Partial hand, no finger remaining	**1/1/1982**			PA
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)	**1/1/2015**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
L6050	Wrist disarticulation, molded socket, flexible elbow hinges, triceps pad	1/1/1982			PA
L6055	Wrist disarticulation, molded socket with expandable interface, flexible elbow hinges, triceps pad	1/1/1988			PA
L6100	Below elbow, molded socket, flexible elbow hinge, triceps pad	1/1/1982			PA
L6110	Below elbow, molded socket, (Muenster or Northwestern suspension types)	1/1/1982			PA
L6120	Below elbow, molded double wall split socket, step-up hinges, half cuff	1/1/1982			PA
L6130	Below elbow, molded double wall split socket, stump activated locking hinge, half cuff	1/1/1982			PA
L6200	Elbow disarticulation, molded socket, outside locking hinge, forearm	1/1/1982			PA
L6205	Elbow disarticulation, molded socket with expandable interface, outside locking hinges, forearm	1/1/1988			PA
L6250	Above elbow, molded double wall socket, internal locking elbow, forearm	1/1/1982			PA
L6300	Shoulder disarticulation, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm	1/1/1982			PA
L6310	Shoulder disarticulation, passive restoration (complete prosthesis)	1/1/1982			PA
L6320	Shoulder disarticulation, passive restoration (shoulder cap only)	1/1/1982			PA
L6350	Interscapular thoracic, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm	1/1/1984			PA
L6360	Interscapular thoracic, passive restoration (complete prosthesis)	1/1/1986			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
L6370	Interscapular thoracic, passive restoration (shoulder cap only)	1/1/1986			PA
L6380	Immediate post surgical or early fitting, application of initial rigid dressing, including fitting alignment and suspension of components, and one cast change, wrist disarticulation or below elbow	1/1/1988			PA
L6382	Immediate post surgical or early fitting, application of initial rigid dressing including fitting alignment and suspension of components, and one cast change, elbow disarticulation or above elbow	1/1/1988			PA
L6384	Immediate post surgical or early fitting, application of initial rigid dressing including fitting alignment and suspension of components, and one cast change, shoulder disarticulation or interscapular thoracic	1/1/1988			PA
L6386	Immediate post surgical or early fitting, each additional cast change and realignment	1/1/1988			PA
L6388	Immediate post surgical or early fitting, application of rigid dressing only	1/1/1988			PA
L6400	Below elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping	1/1/1982			PA
L6450	Elbow disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping	1/1/1982			PA
L6500	Above elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping	1/1/1982			PA
L6550	Shoulder disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping	1/1/1984			PA
L6570	Interscapular thoracic, molded socket, endoskeletal system, including soft prosthetic tissue shaping	1/1/1984			PA
L6580	Preparatory, wrist disarticulation or below elbow, single wall plastic socket, friction wrist, flexible elbow hinges,	1/1/1988			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	figure of eight harness, humeral cuff, Bowden cable control, USMC or equal pylon, no cover, molded to patient model				
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	**1/1/1988**			PA
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	**1/1/1988**			PA
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	**1/1/1988**			NC
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	**1/1/1988**			PA
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	**1/1/1988**			PA
L6600	Upper extremity additions, polycentric hinge, pair	**1/1/1982**			PA
L6605	Upper extremity additions, single pivot hinge, pair	**1/1/1982**			PA
L6610	Upper extremity additions, flexible metal hinge, pair	**1/1/1982**			PA
L6611	Addition to upper extremity prosthesis, external powered, additional switch, any type	**1/1/2007**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
L6615	Upper extremity addition, disconnect locking wrist unit	1/1/1986			PA
L6616	Upper extremity addition, additional disconnect insert for locking wrist unit, each	1/1/1989			PA
L6620	Upper extremity addition, flexion/extension wrist unit, with or without friction	1/1/1986			PA
L6621	Upper extremity prosthesis addition, flexion/extension wrist with or without friction, for use with external powered terminal device	1/1/2006			PA
L6623	Upper extremity addition, spring assisted rotational wrist unit with latch release	1/1/1988			PA
L6624	Upper extremity addition, flexion/extension and rotation wrist unit	1/1/2007			PA
L6625	Upper extremity addition, rotation wrist unit with cable lock	1/1/1986			PA
L6628	Upper extremity addition, quick disconnect hook adapter, Otto Bock or equal	1/1/1988			PA
L6629	Upper extremity addition, quick disconnect lamination collar with coupling piece, Otto Bock or equal	1/1/1988			PA
L6630	Upper extremity addition, stainless steel, any wrist	1/1/1986			PA
L6632	Upper extremity addition, latex suspension sleeve, each	1/1/1988			PA
L6635	Upper extremity addition, lift assist for elbow	1/1/1986			PA
L6637	Upper extremity addition, nudge control elbow lock	1/1/1988			PA
L6638	Upper extremity addition to prosthesis, electric locking feature, only for use with manually powered elbow	1/1/2003			PA
L6640	Upper extremity additions, shoulder abduction joint, pair	1/1/1982			PA
L6641	Upper extremity addition, excursion amplifier, pulley type	1/1/1988			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
L6642	Upper extremity addition, excursion amplifier, lever type	1/1/1988			PA
L6645	Upper extremity addition, shoulder flexion-abduction joint, each	1/1/1986			PA
L6646	Upper extremity addition, shoulder joint, multipositional locking, flexion, adjustable abduction friction control, for use with body powered or external powered system	1/1/2003			PA
L6647	Upper extremity addition, shoulder lock mechanism, body powered actuator	1/1/2003			PA
L6648	Upper extremity addition, shoulder lock mechanism, external powered actuator	1/1/2003			PA
L6650	Upper extremity addition, shoulder universal joint, each	1/1/1986			PA
L6655	Upper extremity addition, standard control cable, extra	1/1/1986			PA
L6660	Upper extremity addition, heavy duty control cable	1/1/1986			PA
L6665	Upper extremity addition, Teflon, or equal, cable lining	1/1/1986			PA
L6670	Upper extremity addition, hook to hand, cable adapter	1/1/1986			PA
L6672	Upper extremity addition, harness, chest or shoulder, saddle type	1/1/1986			PA
L6675	Upper extremity addition, harness, (e.g., figure of eight type), single cable design	1/1/1986			PA
L6676	Upper extremity addition, harness, (e.g., figure of eight type), dual cable design	1/1/1986			PA
L6677	Upper extremity addition, harness, triple control, simultaneous operation of terminal device and elbow	1/1/2006			PA
L6680	Upper extremity addition, test socket, wrist disarticulation or below elbow	1/1/1986			PA
L6682	Upper extremity addition, test socket, elbow disarticulation or above elbow	1/1/1986			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
L6684	Upper extremity addition, test socket, shoulder disarticulation or interscapular thoracic	**1/1/1986**			PA
L6686	Upper extremity addition, suction socket	**1/1/1988**			PA
L6687	Upper extremity addition, frame type socket, below elbow or wrist disarticulation	**1/1/1988**			PA
L6688	Upper extremity addition, frame type socket, above elbow or elbow disarticulation	**1/1/1988**			PA
L6689	Upper extremity addition, frame type socket, shoulder disarticulation	**1/1/1988**			PA
L6690	Upper extremity addition, frame type socket, interscapular-thoracic	**1/1/1988**			PA
L6691	Upper extremity addition, removable insert, each	**1/1/1988**			PA
L6692	Upper extremity addition, silicone gel insert or equal, each	**1/1/1989**			PA
L6693	Upper extremity addition, locking elbow, forearm counterbalance	**1/1/1999**			PA
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	**1/1/2005**			PA
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	**1/1/2005**			PA
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	**1/1/2005**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	mechanism, initial only (for other than initial, use code L6694 or L6695)				
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)	**1/1/2005**		**9/1/2023**	NC
L6698	Addition to upper extremity prosthesis, below elbow/above elbow, lock mechanism, excludes socket insert	**1/1/2005**			PA
L6703	Terminal device, passive hand/mitt, any material, any size	**1/1/2007**			PA
L6704	Terminal device, sport/recreational/work attachment, any material, any size	**1/1/2007**			PA
L6706	Terminal device, hook, mechanical, voluntary opening, any material, any size, lined or unlined	**1/1/2007**			PA
L6707	Terminal device, hook, mechanical, voluntary closing, any material, any size, lined or unlined	**1/1/2007**			PA
L6708	Terminal device, hand, mechanical, voluntary opening, any material, any size	**1/1/2007**			PA
L6709	Terminal device, hand, mechanical, voluntary closing, any material, any size	**1/1/2007**			PA
L6711	Terminal device, hook, mechanical, voluntary opening, any material, any size, lined or unlined, pediatric	**1/1/2009**			PA
L6712	Terminal device, hook, mechanical, voluntary closing, any material, any size, lined or unlined, pediatric	**1/1/2009**			PA
L6713	Terminal device, hand, mechanical, voluntary opening, any material, any size, pediatric	**1/1/2009**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
L6714	Terminal device, hand, mechanical, voluntary closing, any material, any size, pediatric	1/1/2009			PA
L6715	Terminal device, multiple articulating digit, includes motor(s), initial issue or replacement	1/1/2012			PA
L6721	Terminal device, hook or hand, heavy duty, mechanical, voluntary opening, any material, any size, lined or unlined	1/1/2009			PA
L6722	Terminal device, hook or hand, heavy duty, mechanical, voluntary closing, any material, any size, lined or unlined	1/1/2009			PA
L6805	Addition to terminal device, modifier wrist unit	1/1/1985			PA
L6810	Addition to terminal device, precision pinch device	1/1/1988			PA
L6880	Electric hand, switch or myoelectric controlled, independently articulating digits, any grasp pattern or combination of grasp patterns, includes motor(s)	1/1/2012			PA
L6881	Automatic grasp feature, addition to upper limb electric prosthetic terminal device	1/1/2002			PA
L6882	Microprocessor control feature, addition to upper limb prosthetic terminal device	1/1/2002			PA
L6883	Replacement socket, below elbow/wrist disarticulation, molded to patient model, for use with or without external power	1/1/2006			PA
L6884	Replacement socket, above elbow/elbow disarticulation, molded to patient model, for use with or without external power	1/1/2006			PA
L6885	Replacement socket, shoulder disarticulation/interscapular thoracic, molded to patient model, for use with or without external power	1/1/2006			PA
L6890	Addition to upper extremity prosthesis, glove for terminal device, any material, prefabricated, includes fitting and adjustment	1/1/1986			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
L6895	Addition to upper extremity prosthesis, glove for terminal device, any material, custom fabricated	**1/1/1986**			PA
L6900	Hand restoration (casts, shading and measurements included), partial hand, with glove, thumb or one finger remaining	**1/1/1982**			PA
L6905	Hand restoration (casts, shading and measurements included), partial hand, with glove, multiple fingers remaining	**1/1/1986**			PA
L6910	Hand restoration (casts, shading and measurements included), partial hand, with glove, no fingers remaining	**1/1/1982**			PA
L6915	Hand restoration (shading, and measurements included), replacement glove for above	**1/1/1982**			PA
L6920	Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal, switch, cables, two batteries and one charger, switch control of terminal device	**1/1/1988**			PA
L6925	Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	**1/1/1988**			PA
L6930	Below elbow, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device	**1/1/1988**			PA
L6935	Below elbow, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	**1/1/1988**			PA
L6940	Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges,	**1/1/1988**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device				
L6945	Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	**1/1/1988**			PA
L6950	Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device	**1/1/1988**			PA
L6955	Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	**1/1/1988**			PA
L6960	Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device	**1/1/1988**			PA
L6965	Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	**1/1/1988**			PA
L6970	Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device	**1/1/1988**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
L6975	Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	**1/1/1988**			PA
L7007	Electric hand, switch or myoelectric controlled, adult	**1/1/2007**			PA
L7008	Electric hand, switch or myoelectric, controlled, pediatric	**1/1/2007**			PA
L7009	Electric hook, switch or myoelectric controlled, adult	**1/1/2007**			PA
L7040	Prehensile actuator, switch controlled	**1/1/1988**			PA
L7045	Electric hook, switch or myoelectric controlled, pediatric	**1/1/1988**			PA
L7170	Electronic elbow, hosmer or equal, switch controlled	**1/1/1988**			PA
L7180	Electronic elbow, microprocessor sequential control of elbow and terminal device	**1/1/1988**			PA
L7181	Electronic elbow, microprocessor simultaneous control of elbow and terminal device	**1/1/2005**		**9/1/2023**	NC
L7185	Electronic elbow, adolescent, Variety Village or equal, switch controlled	**1/1/1988**			PA
L7186	Electronic elbow, child, Variety Village or equal, switch controlled	**1/1/1989**			PA
L7190	Electronic elbow, adolescent, Variety Village or equal, myoelectronically controlled	**1/1/1988**			PA
L7191	Electronic elbow, child, Variety Village or equal, myoelectronically controlled	**1/1/1989**			PA
L7259	Electronic wrist rotator, any type	**1/1/2015**			PA
L7360	Six volt battery, each	**1/1/1988**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
L7362	Battery charger, six volt, each	1/1/1988			PA
L7364	Twelve volt battery, each	1/1/1988			PA
L7366	Battery charger, twelve volt, each	1/1/1988			PA
L7367	Lithium ion battery, rechargeable, replacement	1/1/2003			PA
L7368	Lithium ion battery charger, replacement only	1/1/2003			PA
L7400	Addition to upper extremity prosthesis, below elbow/wrist disarticulation, ultralight material (titanium, carbon fiber or equal)	1/1/2006			PA
L7401	Addition to upper extremity prosthesis, above elbow disarticulation, ultralight material (titanium, carbon fiber or equal)	1/1/2006		9/1/2023	NC
L7402	Addition to upper extremity prosthesis, shoulder disarticulation/interscapular thoracic, ultralight material (titanium, carbon fiber or equal)	1/1/2006		9/1/2023	NC
L7403	Addition to upper extremity prosthesis, below elbow/wrist disarticulation, acrylic material	1/1/2006			PA
L7404	Addition to upper extremity prosthesis, above elbow disarticulation, acrylic material	1/1/2006			PA
L7405	Addition to upper extremity prosthesis, shoulder disarticulation/interscapular thoracic, acrylic material	1/1/2006			PA
L7499	Upper extremity prosthesis, not otherwise specified	1/1/1985			PA
L7510	Repair of prosthetic device, repair or replace minor parts	1/1/1985			PA
L7520	Repair prosthetic device, labor component, per 15 minutes	1/1/1997			PA
L7600	Prosthetic donning sleeve, any material, each	1/1/2006			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
L7700	Gasket or seal, for use with prosthetic socket insert, any type, each	1/1/2018			PA
L7900	Male vacuum erection system	1/1/1997			NC
L7902	Tension ring, for vacuum erection device, any type, replacement only, each	1/1/2013			NC
L8000	Breast prosthesis, mastectomy bra, without integrated breast prosthesis form, any size, any type	1/1/1986			NPA
L8001	Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, unilateral, any size, any type	1/1/2002		9/1/2023	NC
L8002	Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, bilateral, any size, any type	1/1/2002		9/1/2023	NC
L8010	Breast prosthesis, mastectomy sleeve	1/1/1986			NPA
L8015	External breast prosthesis garment, with mastectomy form, post mastectomy	1/1/1999			NPA
L8020	Breast prosthesis, mastectomy form	1/1/1986			NPA
L8030	Breast prosthesis, silicone or equal, without integral adhesive	1/1/1989			NPA
L8031	Breast prosthesis, silicone or equal, with integral adhesive	1/1/2010			NPA
L8032	Nipple prosthesis, prefabricated, reusable, any type, each	1/1/2010			NPA
L8033	Nipple prosthesis, custom fabricated, reusable, any material, any type, each	1/1/2020		4/1/2020	NPA
L8035	Custom breast prosthesis, post mastectomy, molded to patient model	1/1/1999		9/1/2023	NC
L8039	Breast prosthesis, not otherwise specified	1/1/1998			NPA
L8040	Nasal prosthesis, provided by a non-physician	1/1/2001			PA
L8041	Midfacial prosthesis, provided by a non-physician	1/1/2001			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
L8042	Orbital prosthesis, provided by a non-physician	1/1/2001			PA
L8043	Upper facial prosthesis, provided by a non-physician	1/1/2001			PA
L8044	Hemi-facial prosthesis, provided by a non-physician	1/1/2001			PA
L8045	Auricular prosthesis, provided by a non-physician	1/1/2001			PA
L8046	Partial facial prosthesis, provided by a non-physician	1/1/2001			PA
L8047	Nasal septal prosthesis, provided by a non-physician	1/1/2001			PA
L8048	Unspecified maxillofacial prosthesis, by report, provided by a non-physician	1/1/2001			PA
L8049	Repair or modification of maxillofacial prosthesis, labor component, 15 minute increments, provided by a non-physician	1/1/2001			PA
L8300	Truss, single with standard pad	1/1/1986			NC
L8310	Truss, double with standard pads	1/1/1986			NC
L8320	Truss, addition to standard pad, water pad	1/1/1986			NC
L8330	Truss, addition to standard pad, scrotal pad	1/1/1986			NC
L8400	Prosthetic sheath, below knee, each	1/1/1982			NPA
L8410	Prosthetic sheath, above knee, each	1/1/1982			NPA
L8415	Prosthetic sheath, upper limb, each	1/1/1988			NPA
L8417	Prosthetic sheath/sock, including a gel cushion layer, below knee or above knee, each	1/1/1997			NPA
L8420	Prosthetic sock, multiple ply, below knee, each	1/1/1982			NPA
L8430	Prosthetic sock, multiple ply, above knee, each	1/1/1982			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
L8435	Prosthetic sock, multiple ply, upper limb, each	1/1/1988			NPA
L8440	Prosthetic shrinker, below knee, each	1/1/1982			NPA
L8460	Prosthetic shrinker, above knee, each	1/1/1982			NPA
L8465	Prosthetic shrinker, upper limb, each	1/1/1988			NPA
L8470	Prosthetic sock, single ply, fitting, below knee, each	1/1/1982			NPA
L8480	Prosthetic sock, single ply, fitting, above knee, each	1/1/1982			NPA
L8485	Prosthetic sock, single ply, fitting, upper limb, each	1/1/1994			NPA
L8499	Unlisted procedure for miscellaneous prosthetic services	1/1/1982			PA
L8500	Artificial larynx, any type	1/1/1990			PA
L8501	Tracheostomy speaking valve	1/1/1990			PA
L8505	Artificial larynx replacement battery /accessory, any type	1/1/2002			NC
L8507	Tracheo-esophageal voice prosthesis, patient inserted, any type, each	1/1/2002			PA
L8509	Tracheo-esophageal voice prosthesis, inserted by a licensed health care provider, any type	1/1/2002			PA
L8510	Voice amplifier	1/1/2002			PA
L8511	Insert for indwelling tracheoesophageal prosthesis, with or without valve, replacement only, each	1/1/2004			PA
L8512	Gelatin capsules or equivalent, for use with tracheoesophageal voice prosthesis, replacement only, per 10	1/1/2004		9/1/2023	NC
L8513	Cleaning device used with tracheoesophageal voice prosthesis, pipet, brush, or equal, replacement only, each	1/1/2004		9/1/2023	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
L8514	Tracheoesophageal puncture dilator, replacement only, each	1/1/2004		9/1/2023	NC
L8515	Gelatin capsule, application device for use with tracheoesophageal voice prosthesis, each	1/1/2005		9/1/2023	NC
L8600	Implantable breast prosthesis, silicone or equal	1/1/1992		9/1/2023	NC
L8603	Injectable bulking agent, collagen implant, urinary tract, 2.5 ml syringe, includes shipping and necessary supplies	1/1/1995			PA
L8604	Injectable bulking agent, dextranomer/hyaluronic acid copolymer implant, urinary tract, 1 ml, includes shipping and necessary supplies	1/1/2009			PA
L8605	Injectable bulking agent, dextranomer/hyaluronic acid copolymer implant, anal canal, 1 ml, includes shipping and necessary supplies	1/1/2013		9/1/2023	PA
L8606	Injectable bulking agent, synthetic implant, urinary tract, 1 ml syringe, includes shipping and necessary supplies	1/1/2001			PA
L8607	Injectable bulking agent for vocal cord medialization, 0.1 ml, includes shipping and necessary supplies	1/1/2016			PA
L8608	Miscellaneous external component, supply or accessory for use with the Argus II retinal prosthesis system	1/1/2019			NC
L8609	Artificial cornea	1/1/2006		9/1/2023	NC
L8610	Ocular implant	1/1/1992			PA
L8612	Aqueous shunt	1/1/1992			PA
L8613	Ossicula implant	1/1/1992			PA
L8614	Cochlear device, includes all internal and external components	1/1/1992			PA
L8615	Headset/headpiece for use with cochlear implant device, replacement	1/1/2005			PA
L8616	Microphone for use with cochlear implant device, replacement	1/1/2005			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
L8617	Transmitting coil for use with cochlear implant device, replacement	**1/1/2005**			PA
L8618	Transmitter cable for use with cochlear implant device or auditory osseointegrated device, replacement	**1/1/2005**			PA
L8619	Cochlear implant, external speech processor and controller, integrated system, replacement	**1/1/1996**			PA
L8621	Zinc air battery for use with cochlear implant device and auditory osseointegrated sound processors, replacement, each	**1/1/2005**			NC
L8622	Alkaline battery for use with cochlear implant device, any size, replacement, each	**1/1/2005**			NC
L8623	Lithium ion battery for use with cochlear implant device speech processor, other than ear level, replacement, each	**1/1/2006**			NC
L8624	Lithium ion battery for use with cochlear implant or auditory osseointegrated device speech processor, ear level, replacement, each	**1/1/2006**			NC
L8625	External recharging system for battery for use with cochlear implant or auditory osseointegrated device, replacement only, each	**1/1/2018**			PA
L8627	Cochlear implant, external speech processor, component, replacement	**1/1/2010**			PA
L8628	Cochlear implant, external controller component, replacement	**1/1/2010**			PA
L8629	Transmitting coil and cable, integrated, for use with cochlear implant device, replacement	**1/1/2010**			PA
L8630	Metacarpophalangeal joint implant	**1/1/1992**			NPA
L8631	Metacarpal phalangeal joint replacement, two or more pieces, metal (e.g., stainless steel or cobalt chrome),	**1/1/2004**		**9/1/2023**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	ceramic-like material (e.g., pyrocarbon), for surgical implantation (all sizes, includes entire system)				
L8641	Metatarsal joint implant	**1/1/1992**			NPA
L8642	Hallux implant	**1/1/1992**			NPA
L8658	Interphalangeal joint spacer, silicone or equal, each	**1/1/1992**			NPA
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	**1/1/2004**		**9/1/2023**	NC
L8670	Vascular graft material, synthetic, implant	**1/1/1992**			PA
L8678	Electrical stimulator supplies (external) for use with implantable neurostimulator, per month	**4/1/2023**		**9/1/2023**	NC
L8679	Implantable neurostimulator, pulse generator, any type	**1/1/2014**		**9/1/2023**	NC
L8680	Implantable neurostimulator electrode, each	**1/1/2006**			PA
L8681	Patient programmer (external) for use with implantable programmable neurostimulator pulse generator, replacement only	**1/1/2006**		**9/1/2023**	NC
L8682	Implantable neurostimulator radiofrequency receiver	**1/1/2006**		**9/1/2023**	NC
L8683	Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver	**1/1/2006**		**9/1/2023**	NC
L8684	Radiofrequency transmitter (external) for use with implantable sacral root neurostimulator receiver for bowel and bladder management, replacement	**1/1/2006**		**9/1/2023**	NC
L8685	Implantable neurostimulator pulse generator, single array, rechargeable, includes extension	**1/1/2006**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
L8686	Implantable neurostimulator pulse generator, single array, non-rechargeable, includes extension	**1/1/2006**			PA
L8687	Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension	**1/1/2006**			PA
L8688	Implantable neurostimulator pulse generator, dual array, non-rechargeable, includes extension	**1/1/2006**			PA
L8689	External recharging system for battery (internal) for use with implantable neurostimulator, replacement only	**1/1/2006**		**9/1/2023**	NC
L8690	Auditory osseointegrated device, includes all internal and external components	**1/1/2007**			PA
L8691	Auditory osseointegrated device, external sound processor, excludes transducer/actuator, replacement only, each	**1/1/2007**			PA
L8692	Auditory osseointegrated device, external sound processor, used without osseointegration, body worn, includes headband or other means of external attachment	**1/1/2010**			PA
L8693	Auditory osseointegrated device abutment, any length, replacement only	**1/1/2011**			PA
L8694	Auditory osseointegrated device, transducer/actuator, replacement only, each	**1/1/2018**			PA
L8695	External recharging system for battery (external) for use with implantable neurostimulator, replacement only	**1/1/2007**		**9/1/2023**	NC
L8696	Antenna (external) for use with implantable diaphragmatic/phrenic nerve stimulation device, replacement, each	**1/1/2015**		**9/1/2023**	NC
L8698	Miscellaneous component, supply or accessory for use with total artificial heart system	**1/1/2019**			PA
L8699	Prosthetic implant, not otherwise specified	**1/1/1998**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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	**1/1/2019**			NC
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	**1/1/2019**			NC
L9900	Orthotic and prosthetic supply, accessory, and/or service component of another HCPCS L code	**1/1/2000**			PA
M0001	Advancing cancer care MIPS value pathways	**1/1/2023**		**2/1/2023**	NC
M0002	Optimal care for kidney health MIPS value pathways	**1/1/2023**		**2/1/2023**	NC
M0003	Optimal care for patients with episodic neurological conditions MIPS value pathways	**1/1/2023**		**2/1/2023**	NC
M0004	Supportive care for neurodegenerative conditions MIPS value pathways	**1/1/2023**		**2/1/2023**	NC
M0005	Promoting wellness mips value pathways	**1/1/2023**		**2/1/2023**	NC
M0010	Enhancing oncology model (EOM) monthly enhanced oncology services (MEOS) payment for EOM enhanced services	**4/1/2023**			NC
M0075	Cellular therapy	**1/1/1986**			NC
M0076	Prolotherapy	**1/1/1986**			NC
M0100	Intragastric hypothermia using gastric freezing	**1/1/1986**			NC
M0300	IV chelation therapy (chemical endarterectomy)	**1/1/1986**			NC
M0301	Fabric wrapping of abdominal aneurysm	**1/1/1986**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
M1003	TB screening performed and results interpreted within twelve months prior to initiation of first-time biologic disease modifying anti-rheumatic drug therapy	1/1/2019			NC
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)	1/1/2019			NC
M1005	TB screening not performed or results not interpreted, reason not given	1/1/2019			NC
M1006	Disease activity not assessed, reason not given	1/1/2019			NC
M1007	>=50% of total number of a patient's outpatient RA encounters assessed	1/1/2019			NC
M1008	<50% of total number of a patient's outpatient RA encounters assessed	1/1/2019			NC
M1009	Discharge/discontinuation of the episode of care documented in the medical record	1/1/2019			NC
M1010	Discharge/discontinuation of the episode of care documented in the medical record	1/1/2019			NC
M1011	Discharge/discontinuation of the episode of care documented in the medical record	1/1/2019			NC
M1012	Discharge/discontinuation of the episode of care documented in the medical record	1/1/2019			NC
M1013	Discharge/discontinuation of the episode of care documented in the medical record	1/1/2019			NC
M1014	Discharge/discontinuation of the episode of care documented in the medical record	1/1/2019			NC
M1016	Female patients unable to bear children	1/1/2019			NC
M1017	Patient admitted to palliative care services	1/1/2019	12/31/2022		NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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	**1/1/2019**			NC
M1019	Adolescent patients 12 to 17 years of age with major depression or dysthymia who reached remission at twelve months as demonstrated by a twelve month (+/-60 days) PHQ-9 or PHQ-9M score of less than 5	**1/1/2019**			NC
M1020	Adolescent patients 12 to 17 years of age with major depression or dysthymia who did not reach remission at twelve months as demonstrated by a twelve month (+/-60 days) PHQ-9 or PHQ-9M score of less than 5. either PHQ-9 or PHQ-9M score was not assessed or is greater than or equal to 5	**1/1/2019**			NC
M1021	Patient had only urgent care visits during the performance period	**1/1/2019**		**9/1/2023**	NC
M1027	Imaging of the head (CT or MRI) was obtained	**1/1/2019**			NC
M1028	Documentation of patients with primary headache diagnosis and imaging other than CT or MRI obtained	**1/1/2019**			NC
M1029	Imaging of the head (CT or MRI) was not obtained, reason not given	**1/1/2019**			NC
M1032	Adults currently taking pharmacotherapy for OUD	**1/1/2019**			NC
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	**1/1/2019**			NC
M1035	Adults who are deliberately phased out of medication assisted treatment (MAT) prior to 180 days of continuous treatment	**1/1/2019**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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	**1/1/2019**			NC
M1037	Patients with a diagnosis of lumbar spine region cancer at the time of the procedure	**1/1/2019**			NC
M1038	Patients with a diagnosis of lumbar spine region fracture at the time of the procedure	**1/1/2019**			NC
M1039	Patients with a diagnosis of lumbar spine region infection at the time of the procedure	**1/1/2019**			NC
M1040	Patients with a diagnosis of lumbar idiopathic or congenital scoliosis	**1/1/2019**			NC
M1041	Patient had cancer, acute fracture or infection related to the lumbar spine or patient had neuromuscular, idiopathic or congenital lumbar scoliosis	**1/1/2019**			NC
M1043	Functional status was not measured by the Oswestry Disability Index (ODI version 2.1a) at one year (9 to 15 months) postoperatively	**1/1/2019**			NC
M1045	Functional status measured by the Oxford Knee Score (OKS) at one year (9 to 15 months) postoperatively was greater than or equal to 37 or knee injury and osteoarthritis outcome score joint replacement (KOOS, JR.) was greater than or equal to 71	**1/1/2019**			NC
M1046	Functional status measured by the Oxford Knee Score (OKS) at one year (9 to 15 months) postoperatively was less than 37 or the knee injury and osteoarthritis outcome score joint replacement (KOOS, JR.) was less than 71 postoperatively	**1/1/2019**			NC
M1049	Functional status was not measured by the Oswestry Disability Index (ODI version 2.1a) at three months (6 - 20 weeks) postoperatively	**1/1/2019**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
M1051	Patient had cancer, acute fracture or infection related to the lumbar spine or patient had neuromuscular, idiopathic or congenital lumbar scoliosis	1/1/2019			NC
M1052	Leg pain was not measured by the visual analog scale (VAS) at one year (9 to 15 months) postoperatively	1/1/2019			NC
M1054	Patient had only urgent care visits during the performance period	1/1/2019			NC
M1055	Aspirin or another antiplatelet therapy used	1/1/2019			NC
M1056	Prescribed anticoagulant medication during the performance period, history of GI bleeding, history of intracranial bleeding, bleeding disorder and specific provider documented reasons: allergy to aspirin or anti-platelets, use of non-steroidal anti-inflammatory agents, drug-drug interaction, uncontrolled hypertension > 180/110 mm Hg or gastroesophageal reflux disease	1/1/2019			NC
M1057	Aspirin or another antiplatelet therapy not used, reason not given	1/1/2019			NC
M1058	Patient was a permanent nursing home resident at any time during the performance period	1/1/2019			NC
M1059	Patient was in hospice or receiving palliative care at any time during the performance period	1/1/2019			NC
M1060	Patient died prior to the end of the performance period	1/1/2019			NC
M1067	Hospice services for patient provided any time during the measurement period	1/1/2019			NC
M1068	Adults who are not ambulatory	1/1/2019			NC
M1069	Patient screened for future fall risk	1/1/2019			NC
M1070	Patient not screened for future fall risk, reason not given	1/1/2019			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
M1071	Patient had any additional spine procedures performed on the same date as the lumbar discectomy/laminotomy	1/1/2019	12/31/2022		NC
M1080	Radiation therapy for breast cancer under the radiation oncology model, 90 day episode, professional component	1/1/2022		**1/1/2022**	NC
M1081	Radiation therapy for breast cancer under the radiation oncology model, 90 day episode, technical component	1/1/2022		**1/1/2022**	NC
M1082	Radiation therapy for cervical cancer under the radiation oncology model, 90 day episode, professional component	1/1/2022		**1/1/2022**	NC
M1083	Radiation therapy for cervical cancer under the radiation oncology model, 90 day episode, technical component	1/1/2022		**1/1/2022**	NC
M1084	Radiation therapy for CNS tumors under the radiation oncology model, 90 day episode, professional component	1/1/2022		**1/1/2022**	NC
M1085	Radiation therapy for CNS tumors under the radiation oncology model, 90 day episode, technical component	1/1/2022		**1/1/2022**	NC
M1086	Radiation therapy for colorectal cancer under the radiation oncology model, 90 day episode, professional component	1/1/2022		**1/1/2022**	NC
M1087	Radiation therapy for colorectal cancer under the radiation oncology model, 90 day episode, technical component	1/1/2022		**1/1/2022**	NC
M1088	Radiation therapy for head and neck cancer under the radiation oncology model, 90 day episode, professional component	1/1/2022		**1/1/2022**	NC
M1089	Radiation therapy for head and neck cancer under the radiation oncology model, 90 day episode, technical component	1/1/2022		**1/1/2022**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
M1106	The start of an episode of care documented in the medical record	**1/1/2020**		**9/1/2023**	NC
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	**1/1/2020**		**9/1/2023**	NC
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	**1/1/2020**		**9/1/2023**	NC
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	**1/1/2020**		**9/1/2023**	NC
M1110	Ongoing care not possible because the patient self-discharged early (e.g., financial or insurance reasons, transportation problems, or reason unknown)	**1/1/2020**		**9/1/2023**	NC
M1111	The start of an episode of care documented in the medical record	**1/1/2020**		**9/1/2023**	NC
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	**1/1/2020**		**9/1/2023**	NC
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	**1/1/2020**		**9/1/2023**	NC
M1114	Ongoing care not medically possible because the patient was discharged early due to specific medical events,	**1/1/2020**		**9/1/2023**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	documented in the medical record, such as the patient became hospitalized or scheduled for surgery				
M1115	Ongoing care not possible because the patient self-discharged early (e.g., financial or insurance reasons, transportation problems, or reason unknown)	**1/1/2020**		**9/1/2023**	NC
M1116	The start of an episode of care documented in the medical record	**1/1/2020**		**9/1/2023**	NC
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	**1/1/2020**		**9/1/2023**	NC
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	**1/1/2020**		**9/1/2023**	NC
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	**1/1/2020**		**9/1/2023**	NC
M1120	Ongoing care not possible because the patient self-discharged early (e.g., financial or insurance reasons, transportation problems, or reason unknown)	**1/1/2020**		**9/1/2023**	NC
M1121	The start of an episode of care documented in the medical record	**1/1/2020**		**9/1/2023**	NC
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	**1/1/2020**		**9/1/2023**	NC
M1123	Ongoing care not clinically indicated because the patient needed a home program only, referral to another	**1/1/2020**		**9/1/2023**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	provider or facility, or consultation only, as documented in the medical record				
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	**1/1/2020**		**9/1/2023**	NC
M1125	Ongoing care not possible because the patient self-discharged early (e.g., financial or insurance reasons, transportation problems, or reason unknown)	**1/1/2020**		**9/1/2023**	NC
M1126	The start of an episode of care documented in the medical record	**1/1/2020**		**9/1/2023**	NC
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	**1/1/2020**		**9/1/2023**	NC
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	**1/1/2020**		**9/1/2023**	NC
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	**1/1/2020**		**9/1/2023**	NC
M1130	Ongoing care not possible because the patient self-discharged early (e.g., financial or insurance reasons, transportation problems, or reason unknown)	**1/1/2020**		**9/1/2023**	NC
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	**1/1/2020**		**9/1/2023**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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	**1/1/2020**		**9/1/2023**	NC
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	**1/1/2020**		**9/1/2023**	NC
M1134	Ongoing care not possible because the patient self-discharged early (e.g., financial or insurance reasons, transportation problems, or reason unknown)	**1/1/2020**		**9/1/2023**	NC
M1135	The start of an episode of care documented in the medical record	**1/1/2020**		**9/1/2023**	NC
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	**1/1/2020**		**9/1/2023**	NC
M1142	Emergent cases	**1/1/2020**		**9/1/2023**	NC
M1143	Initiated episode of rehabilitation therapy, medical, or chiropractic care for neck impairment	**1/1/2020**		**9/1/2023**	NC
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	**1/1/2021**		**9/1/2023**	NC
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	**1/1/2021**		**9/1/2023**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
M1148	Ongoing care not possible because the patient self-discharged early (e.g., financial or insurance reasons, transportation problems, or reason unknown)	**1/1/2021**		**9/1/2023**	NC
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	**1/1/2021**		**9/1/2023**	NC
M1150	Left ventricular ejection fraction (LVEF) less than or equal to 40% or documentation of moderately or severely depressed left ventricular systolic function	**1/1/2023**		**2/1/2023**	NC
M1151	Patients with a history of heart transplant or with a left ventricular assist device (LVAD)	**1/1/2023**		**2/1/2023**	NC
M1152	Patients with a history of heart transplant or with a left ventricular assist device (LVAD)	**1/1/2023**		**2/1/2023**	NC
M1153	Patient with diagnosis of osteoporosis on date of encounter	**1/1/2023**		**2/1/2023**	NC
M1154	Hospice services provided to patient any time during the measurement period	**1/1/2023**		**2/1/2023**	NC
M1155	Patient had anaphylaxis due to the pneumococcal vaccine any time during or before the measurement period	**1/1/2023**		**2/1/2023**	NC
M1156	Patient received active chemotherapy any time during the measurement period	**1/1/2023**		**2/1/2023**	NC
M1157	Patient received bone marrow transplant any time during the measurement period	**1/1/2023**		**2/1/2023**	NC
M1158	Patient had history of immunocompromising conditions prior to or during the measurement period	**1/1/2023**		**2/1/2023**	NC
M1159	Hospice services provided to patient any time during the measurement period	**1/1/2023**		**2/1/2023**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
M1160	Patient had anaphylaxis due to the meningococcal vaccine any time on or before the patient's 13th birthday	**1/1/2023**		**2/1/2023**	NC
M1161	Patient had anaphylaxis due to the tetanus, diphtheria or pertussis vaccine any time on or before the patient's 13th birthday	**1/1/2023**		**2/1/2023**	NC
M1162	Patient had encephalitis due to the tetanus, diphtheria or pertussis vaccine any time on or before the patient's 13th birthday	**1/1/2023**		**2/1/2023**	NC
M1163	Patient had anaphylaxis due to the HPV vaccine any time on or before the patient's 13th birthday	**1/1/2023**		**2/1/2023**	NC
M1164	Patients with dementia any time during the patient's history through the end of the measurement period	**1/1/2023**		**2/1/2023**	NC
M1165	Patients who use hospice services any time during the measurement period	**1/1/2023**		**2/1/2023**	NC
M1166	Pathology report for tissue specimens produced from wide local excisions or re-excisions	**1/1/2023**		**2/1/2023**	NC
M1167	In hospice or using hospice services during the measurement period	**1/1/2023**		**2/1/2023**	NC
M1168	Patient received an influenza vaccine on or between July 1 of the year prior to the measurement period and June 30 of the measurement period	**1/1/2023**		**2/1/2023**	NC
M1169	Documentation of medical reason(s) for not administering influenza vaccine (e.g., prior anaphylaxis due to the influenza vaccine)	**1/1/2023**		**2/1/2023**	NC
M1170	Patient did not receive an influenza vaccine on or between July 1 of the year prior to the measurement period and June 30 of the measurement period	**1/1/2023**		**2/1/2023**	NC
M1171	Patient received at least one td vaccine or one TDaP vaccine between nine years prior to the encounter and the end of the measurement period	**1/1/2023**		**2/1/2023**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
M1172	Documentation of medical reason(s) for not administering td or tdap vaccine (e.g., prior anaphylaxis due to the td or tdap vaccine or history of encephalopathy within seven days after a previous dose of a TD-containing vaccine)	**1/1/2023**		**2/1/2023**	NC
M1173	Patient did not receive at least one TD vaccine or one tdap vaccine between nine years prior to the encounter and the end of the measurement period	**1/1/2023**		**2/1/2023**	NC
M1174	Patient received at least one dose of the herpes zoster live vaccine or two doses of the herpes zoster recombinant vaccine (at least 28 days apart) anytime on or after the patient's 50th birthday before or during the measurement period	**1/1/2023**		**2/1/2023**	NC
M1175	Documentation of medical reason(s) for not administering zoster vaccine (e.g., prior anaphylaxis due to the zoster vaccine)	**1/1/2023**		**2/1/2023**	NC
M1176	Patient did not receive at least one dose of the herpes zoster live vaccine or two doses of the herpes zoster recombinant vaccine (at least 28 days apart) anytime on or after the patient's 50th birthday before or during the measurement period	**1/1/2023**		**2/1/2023**	NC
M1177	Patient received any pneumococcal conjugate or polysaccharide vaccine on or after their 60th birthday and before the end of the measurement period	**1/1/2023**		**2/1/2023**	NC
M1178	Documentation of medical reason(s) for not administering pneumococcal vaccine (e.g., prior anaphylaxis due to the pneumococcal vaccine)	**1/1/2023**		**2/1/2023**	NC
M1179	Patient did not receive any pneumococcal conjugate or polysaccharide vaccine, on or after their 60th birthday and before or during measurement period	**1/1/2023**		**2/1/2023**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
M1180	Patients on immune checkpoint inhibitor therapy	**1/1/2023**		**2/1/2023**	NC
M1181	Grade 2 or above diarrhea and/or grade 2 or above colitis	**1/1/2023**		**2/1/2023**	NC
M1182	Patients not eligible due to pre-existing inflammatory bowel disease (IBD) (e.g., ulcerative colitis, Crohn's disease)	**1/1/2023**		**2/1/2023**	NC
M1183	Documentation of immune checkpoint inhibitor therapy held and corticosteroids or immunosuppressants prescribed or administered	**1/1/2023**		**2/1/2023**	NC
M1184	Documentation of medical reason(s) for not prescribing or administering corticosteroid or immunosuppressant treatment (e.g., allergy, intolerance, infectious etiology, pancreatic insufficiency, hyperthyroidism, prior bowel surgical interventions, celiac disease, receiving other medication, awaiting diagnostic workup results for alternative etiologies, other medical reasons/contraindication)	**1/1/2023**		**2/1/2023**	NC
M1185	Documentation of immune checkpoint inhibitor therapy not held and/or corticosteroids or immunosuppressants prescribed or administered was not performed, reason not given	**1/1/2023**		**2/1/2023**	NC
M1186	Patients who have an order for or are receiving hospice or palliative care	**1/1/2023**		**2/1/2023**	NC
M1187	Patients with a diagnosis of end stage renal disease (ESRD)	**1/1/2023**		**2/1/2023**	NC
M1188	Patients with a diagnosis of chronic kidney disease (CKD) stage 5	**1/1/2023**		**2/1/2023**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
M1189	Documentation of a kidney health evaluation defined by an estimated glomerular filtration rate (EGFR) and urine albumin-creatinine ratio (UACR) performed	**1/1/2023**		**2/1/2023**	NC
M1190	Documentation of a kidney health evaluation was not performed or defined by an estimated glomerular filtration rate (EGFR) and urine albumin-creatinine ratio (UACR)	**1/1/2023**		**2/1/2023**	NC
M1191	Hospice services provided to patient any time during the measurement period	**1/1/2023**		**2/1/2023**	NC
M1192	Patients with an existing diagnosis of squamous cell carcinoma of the esophagus	**1/1/2023**		**2/1/2023**	NC
M1193	Surgical pathology reports that contain impression or conclusion of or recommendation for testing of MMR by immunohistochemistry, MSI by DNA-based testing status, or both	**1/1/2023**		**2/1/2023**	NC
M1194	Documentation of medical reason(s) surgical pathology reports did not contain impression or conclusion of or recommendation for testing of MMR by immunohistochemistry, MSI by dna-based testing status, or both tests were not included (e.g., patient will not be treated with checkpoint inhibitor therapy, no residual carcinoma is present in the sample [tissue exhausted or status post neoadjuvant treatment], insufficient tumor for testing)	**1/1/2023**		**2/1/2023**	NC
M1195	Surgical pathology reports that do not contain impression or conclusion of or recommendation for testing of MMR by immunohistochemistry, MSI by DNA-based testing status, or both, reason not given	**1/1/2023**		**2/1/2023**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
M1196	Initial (index visit) numeric rating scale (NRS), visual rating scale (VRS), or ItchyQuant assessment score of greater than or equal to 4	**1/1/2023**		**2/1/2023**	NC
M1197	Itch severity assessment score is reduced by 2 or more points from the initial (index) assessment score to the follow-up visit score	**1/1/2023**		**2/1/2023**	NC
M1198	Itch severity assessment score was not reduced by at least 2 points from initial (index) score to the follow-up visit score or assessment was not completed during the follow-up encounter	**1/1/2023**		**2/1/2023**	NC
M1199	Patients receiving rrt	**1/1/2023**		**2/1/2023**	NC
M1200	Ace inhibitor (ACE-I) or arb therapy prescribed during the measurement period	**1/1/2023**		**2/1/2023**	NC
M1201	Documentation of medical reason(s) for not prescribing ace inhibitor (ace-i) or arb therapy during the measurement period (e.g., pregnancy, history of angioedema to ace-i, other allergy to ace-i and arb, hyperkalemia or history of hyperkalemia while on ace-i or arb therapy, acute kidney injury due to ace-i or arb therapy), other medical reasons)	**1/1/2023**		**2/1/2023**	NC
M1202	Documentation of patient reason(s) for not prescribing ace inhibitor or arb therapy during the measurement period, (e.g., patient declined, other patient reasons)	**1/1/2023**		**2/1/2023**	NC
M1203	Ace inhibitor or arb therapy not prescribed during the measurement period, reason not given	**1/1/2023**		**2/1/2023**	NC
M1204	Initial (index visit) numeric rating scale (NRS), visual rating scale (VRS), or itchyquant assessment score of greater than or equal to 4	**1/1/2023**		**2/1/2023**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
M1205	Itch severity assessment score is reduced by 2 or more points from the initial (index) assessment score to the follow-up visit score	**1/1/2023**		**2/1/2023**	NC
M1206	Itch severity assessment score was not reduced by at least 2 points from initial (index) score to the follow-up visit score or assessment was not completed during the follow-up encounter	**1/1/2023**		**2/1/2023**	NC
M1207	Number of patients screened for food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety	**1/1/2023**		**2/1/2023**	NC
M1208	Number of patients not screened for food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety	**1/1/2023**		**2/1/2023**	NC
M1209	At least two orders for high-risk medications from the same drug class, (table 4), not ordered	**1/1/2023**		**2/1/2023**	NC
M1210	At least two orders for high-risk medications from the same drug class, (table 4), not ordered	**1/1/2023**		**2/1/2023**	NC
P2028	Cephalin floculation, blood	**1/1/1986**			NC
P2029	Congo red, blood	**1/1/1986**			NC
P2031	Hair analysis (excluding arsenic)	**1/1/1986**			NC
P2033	Thymol turbidity, blood	**1/1/1986**			NC
P2038	Mucoprotein, blood (seromucoid) (medical necessity procedure)	**1/1/1986**			NC
P3000	Screening papanicolaou smear, cervical or vaginal, up to three smears, by technician under physician supervision	**1/1/1992**			NPA
P3001	Screening papanicolaou smear, cervical or vaginal, up to three smears, requiring interpretation by physician	**1/1/1992**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
P7001	Culture, bacterial, urine; quantitative, sensitivity study	1/1/1986	9/1/2023	NC
P9010	Blood (whole), for transfusion, per unit	1/1/1987		NPA
P9011	Blood, split unit	1/1/1987	1/1/2023	NPA
P9012	Cryoprecipitate, each unit	1/1/1987	1/1/2023	NPA
P9016	Red blood cells, leukocytes reduced, each unit	1/1/1987	1/1/2023	NPA
P9017	Fresh frozen plasma (single donor), frozen within 8 hours of collection, each unit	1/1/1987	1/1/2023	NPA
P9019	Platelets, each unit	1/1/1987	1/1/2023	NPA
P9020	Platelet rich plasma, each unit	1/1/1987	1/1/2023	NPA
P9021	Red blood cells, each unit	1/1/1987	1/1/2023	NPA
P9022	Red blood cells, washed, each unit	1/1/1987	1/1/2023	NPA
P9023	Plasma, pooled multiple donor, solvent/detergent treated, frozen, each unit	1/1/2000	1/1/2023	NPA
P9025	Plasma, cryoprecipitate reduced, pathogen reduced, each unit	10/1/2021	1/1/2022	NPA
P9026	Cryoprecipitated fibrinogen complex, pathogen reduced, each unit	10/1/2021	1/1/2022	NPA
P9031	Platelets, leukocytes reduced, each unit	1/1/2001	1/1/2023	NPA
P9032	Platelets, irradiated, each unit	1/1/2001	1/1/2023	NPA
P9033	Platelets, leukocytes reduced, irradiated, each unit	1/1/2001	1/1/2023	NPA
P9034	Platelets, pheresis, each unit	1/1/2001	1/1/2023	NPA
P9035	Platelets, pheresis, leukocytes reduced, each unit	1/1/2001	1/1/2023	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
P9036	Platelets, pheresis, irradiated, each unit	1/1/2001		1/1/2023	NPA
P9037	Platelets, pheresis, leukocytes reduced, irradiated, each unit	1/1/2001		1/1/2023	NPA
P9038	Red blood cells, irradiated, each unit	1/1/2001		1/1/2023	NPA
P9039	Red blood cells, deglycerolized, each unit	1/1/2001		1/1/2023	NPA
P9040	Red blood cells, leukocytes reduced, irradiated, each unit	1/1/2001		1/1/2023	NPA
P9041	Infusion, albumin (human), 5%, 50 ml	1/1/2001		1/1/2023	NPA
P9043	Infusion, plasma protein fraction (human), 5%, 50 ml	1/1/2001		1/1/2023	NPA
P9044	Plasma, cryoprecipitate reduced, each unit	1/1/2001		1/1/2023	NPA
P9045	Infusion, albumin (human), 5%, 250 ml	1/1/2002			NPA
P9046	Infusion, albumin (human), 25%, 20 ml	1/1/2002			NPA
P9047	Infusion, albumin (human), 25%, 50 ml	1/1/2002			NPA
P9048	Infusion, plasma protein fraction (human), 5%, 250 ml	1/1/2002			NPA
P9050	Granulocytes, pheresis, each unit	1/1/2002		1/1/2023	NPA
P9051	Whole blood or red blood cells, leukocytes reduced, CMV-negative, each unit	1/1/2004		1/1/2023	NPA
P9052	Platelets, HLA-matched leukocytes reduced, apheresis/pheresis, each unit	1/1/2004		1/1/2023	NPA
P9053	Platelets, pheresis, leukocytes reduced, CMV-negative, irradiated, each unit	1/1/2004			NPA
P9054	Whole blood or red blood cells, leukocytes reduced, frozen, deglycerol, washed, each unit	1/1/2004			NPA
P9055	Platelets, leukocytes reduced, CMV-negative, apheresis/pheresis, each unit	1/1/2004			NPA
P9056	Whole blood, leukocytes reduced, irradiated, each unit	1/1/2004			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
P9057	Red blood cells, frozen/deglycerolized/washed, leukocytes reduced, irradiated, each unit	**1/1/2004**			NPA
P9058	Red blood cells, leukocytes reduced, CMV-negative, irradiated, each unit	**1/1/2004**			NPA
P9059	Fresh frozen plasma between 8-24 hours of collection, each unit	**1/1/2004**			NPA
P9060	Fresh frozen plasma, donor retested, each unit	**1/1/2004**			NPA
P9070	Plasma, pooled multiple donor, pathogen reduced, frozen, each unit	**1/1/2016**			NPA
P9071	Plasma (single donor), pathogen reduced, frozen, each unit	**1/1/2016**			NPA
P9073	Platelets, pheresis, pathogen-reduced, each unit	**1/1/2018**		**1/1/2023**	NPA
P9099	Blood component or product not otherwise classified	**1/1/2020**			PA
P9100	Pathogen(s) test for platelets	**1/1/2018**			NPA
P9603	Travel allowance one way in connection with medically necessary laboratory specimen collection drawn from home bound or nursing home bound patient; prorated miles actually travelled	**1/1/1987**			NC
P9604	Travel allowance one way in connection with medically necessary laboratory specimen collection drawn from home bound or nursing home bound patient; prorated trip charge	**1/1/1987**		**9/1/2023**	NPA
P9612	Catheterization for collection of specimen, single patient, all places of service	**1/1/1999**			NC
P9615	Catheterization for collection of specimen(s) (multiple patients)	**1/1/1985**			NPA
Q0035	Cardiokymography	**1/1/1989**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
Q0081	Infusion therapy, using other than chemotherapeutic drugs, per visit	**1/1/1992**			NPA
Q0083	Chemotherapy administration by other than infusion technique only (e.g., subcutaneous, intramuscular, push), per visit	**1/1/1992**			NPA
Q0084	Chemotherapy administration by infusion technique only, per visit	**1/1/1992**			NPA
Q0085	Chemotherapy administration by both infusion technique and other technique(s) (e.g., subcutaneous, intramuscular, push), per visit	**1/1/1992**			NPA
Q0091	Screening papanicolaou smear; obtaining, preparing and conveyance of cervical or vaginal smear to laboratory	**1/1/1992**			NPA
Q0092	Set-up portable x-ray equipment	**1/1/1993**			NC
Q0111	Wet mounts, including preparations of vaginal, cervical or skin specimens	**1/1/1994**			NC
Q0112	All potassium hydroxide (KOH) preparations	**1/1/1994**			NC
Q0113	Pinworm examinations	**1/1/1994**			NC
Q0114	Fern test	**1/1/1994**			NC
Q0115	Post-coital direct, qualitative examinations of vaginal or cervical mucous	**1/1/1994**			NC
Q0144	Azithromycin dihydrate, oral, capsules/powder, 1 gram	**7/1/1996**			NC
Q0162	Ondansetron 1 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	**1/1/2012**			NC
Q0163	Diphenhydramine hydrochloride, 50 mg, oral, FDA approved prescription anti-emetic, for use as a complete	**4/1/1998**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	therapeutic substitute for an IV anti-emetic at time of chemotherapy treatment not to exceed a 48 hour dosage regimen				
Q0164	Prochlorperazine maleate, 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	**4/1/1998**			NPA
Q0166	Granisetron hydrochloride, 1 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 24 hour dosage regimen	**4/1/1998**			NPA
Q0167	Dronabinol, 2.5 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	**4/1/1998**			NPA
Q0169	Promethazine hydrochloride, 12.5 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	**4/1/1998**			NPA
Q0173	Trimethobenzamide hydrochloride, 250 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	**4/1/1998**			NPA
Q0174	Thiethylperazine maleate, 10 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of	**4/1/1998**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	chemotherapy treatment, not to exceed a 48 hour dosage regimen				
Q0175	Perphenazine, 4 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	**4/1/1998**			NPA
Q0177	Hydroxyzine pamoate, 25 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	**4/1/1998**			NPA
Q0180	Dolasetron mesylate, 100 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 24 hour dosage regimen	**4/1/1998**			NPA
Q0181	Unspecified oral dosage form, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for a IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	**4/1/1998**			NPA
Q0477	Power module patient cable for use with electric or electric/pneumatic ventricular assist device, replacement only	**1/1/2018**		**9/1/2023**	NC
Q0478	Power adapter for use with electric or electric/pneumatic ventricular assist device, vehicle type	**1/1/2011**			NC
Q0479	Power module for use with electric or electric/pneumatic ventricular assist device, replacement only	**1/1/2011**			NC
Q0480	Driver for use with pneumatic ventricular assist device, replacement only	**10/1/2005**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
Q0481	Microprocessor control unit for use with electric ventricular assist device, replacement only	**10/1/2005**			NC
Q0482	Microprocessor control unit for use with electric/pneumatic combination ventricular assist device, replacement only	**10/1/2005**			NC
Q0483	Monitor/display module for use with electric ventricular assist device, replacement only	**10/1/2005**			NC
Q0484	Monitor/display module for use with electric or electric/pneumatic ventricular assist device, replacement only	**10/1/2005**			NC
Q0485	Monitor control cable for use with electric ventricular assist device, replacement only	**10/1/2005**			NC
Q0486	Monitor control cable for use with electric/pneumatic ventricular assist device, replacement only	**10/1/2005**			NC
Q0487	Leads (pneumatic/electrical) for use with any type electric/pneumatic ventricular assist device, replacement only	**10/1/2005**			NC
Q0488	Power pack base for use with electric ventricular assist device, replacement only	**10/1/2005**			NC
Q0489	Power pack base for use with electric/pneumatic ventricular assist device, replacement only	**10/1/2005**			NC
Q0490	Emergency power source for use with electric ventricular assist device, replacement only	**10/1/2005**			NC
Q0491	Emergency power source for use with electric/pneumatic ventricular assist device, replacement only	**10/1/2005**			NC
Q0492	Emergency power supply cable for use with electric ventricular assist device, replacement only	**10/1/2005**			NC
Q0493	Emergency power supply cable for use with electric/pneumatic ventricular assist device, replacement only	**10/1/2005**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
Q0494	Emergency hand pump for use with electric or electric/pneumatic ventricular assist device, replacement only	10/1/2005			NC
Q0495	Battery/power pack charger for use with electric or electric/pneumatic ventricular assist device, replacement only	10/1/2005			NC
Q0496	Battery, other than lithium-ion, for use with electric or electric/pneumatic ventricular assist device, replacement only	10/1/2005			NC
Q0497	Battery clips for use with electric or electric/pneumatic ventricular assist device, replacement only	10/1/2005			NC
Q0498	Holster for use with electric or electric/pneumatic ventricular assist device, replacement only	10/1/2005			NC
Q0499	Belt/vest/bag for use to carry external peripheral components of any type ventricular assist device, replacement only	10/1/2005			NC
Q0500	Filters for use with electric or electric/pneumatic ventricular assist device, replacement only	10/1/2005			NC
Q0501	Shower cover for use with electric or electric/pneumatic ventricular assist device, replacement only	10/1/2005			NC
Q0502	Mobility cart for pneumatic ventricular assist device, replacement only	10/1/2005			NC
Q0503	Battery for pneumatic ventricular assist device, replacement only, each	10/1/2005			NC
Q0504	Power adapter for pneumatic ventricular assist device, replacement only, vehicle type	10/1/2005			NC
Q0506	Battery, lithium-ion, for use with electric or electric/pneumatic ventricular assist device, replacement only	1/1/2010			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
Q0507	Miscellaneous supply or accessory for use with an external ventricular assist device	**4/1/2013**			NC
Q0508	Miscellaneous supply or accessory for use with an implanted ventricular assist device	**4/1/2013**			NC
Q0509	Miscellaneous supply or accessory for use with any implanted ventricular assist device for which payment was not made under Medicare Part A	**4/1/2013**			NC
Q0510	Pharmacy supply fee for initial immunosuppressive drug(s), first month following transplant	**1/1/2006**			NC
Q0511	Pharmacy supply fee for oral anti-cancer, oral anti-emetic or immunosuppressive drug(s); for the first prescription in a 30-day period	**1/1/2006**			NC
Q0512	Pharmacy supply fee for oral anti-cancer, oral anti-emetic or immunosuppressive drug(s); for a subsequent prescription in a 30-day period	**1/1/2006**			NC
Q0513	Pharmacy dispensing fee for inhalation drug(s); per 30 days	**1/1/2006**			NC
Q0514	Pharmacy dispensing fee for inhalation drug(s); per 90 days	**1/1/2006**			NC
Q0515	Injection, sermorelin acetate, 1 microgram	**1/1/2006**			NC
Q1004	New technology intraocular lens category 4 as defined in Federal Register notice	**7/1/1999**			NC
Q1005	New technology intraocular lens category 5 as defined in Federal Register notice	**7/1/1999**			NC
Q2004	Irrigation solution for treatment of bladder calculi, for example renacidin, per 500 ml	**7/1/2000**			NC
Q2017	Injection, teniposide, 50 mg	**7/1/2000**			NC
Q2026	Injection, Radiesse, 0.1 ml	**7/1/2010**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
Q2028	Injection, sculptra, 0.5 mg	**1/1/2014**		**9/1/2023**	NC
Q2034	Influenza virus vaccine, split virus, for intramuscular use (Agriflu)	**7/1/2012**			NPA
Q2036	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Flulaval)	**1/1/2011**			NPA
Q2039	Influenza virus vaccine, not otherwise specified	**1/1/2011**		**9/1/2023**	PA
Q3014	Telehealth originating site facility fee	**10/1/2001**			NC
Q3031	Collagen skin test	**4/1/2003**			NC
Q4001	Casting supplies, body cast adult, with or without head, plaster	**7/1/2001**			NPA
Q4002	Cast supplies, body cast adult, with or without head, fiberglass	**7/1/2001**			NPA
Q4003	Cast supplies, shoulder cast, adult (11 years +), plaster	**7/1/2001**			NPA
Q4004	Cast supplies, shoulder cast, adult (11 years +), fiberglass	**7/1/2001**			NPA
Q4005	Cast supplies, long arm cast, adult (11 years +), plaster	**7/1/2001**			NPA
Q4006	Cast supplies, long arm cast, adult (11 years +), fiberglass	**7/1/2001**			NPA
Q4007	Cast supplies, long arm cast, pediatric (0-10 years), plaster	**7/1/2001**			NPA
Q4008	Cast supplies, long arm cast, pediatric (0-10 years), fiberglass	**7/1/2001**			NPA
Q4009	Cast supplies, short arm cast, adult (11 years +), plaster	**7/1/2001**			NPA
Q4010	Cast supplies, short arm cast, adult (11 years +), fiberglass	**7/1/2001**			NPA
Q4011	Cast supplies, short arm cast, pediatric (0-10 years), plaster	**7/1/2001**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
Q4012	Cast supplies, short arm cast, pediatric (0-10 years), fiberglass	7/1/2001			NPA
Q4013	Cast supplies, gauntlet cast (includes lower forearm and hand), adult (11 years +), plaster	7/1/2001			NPA
Q4014	Cast supplies, gauntlet cast (includes lower forearm and hand), adult (11 years +), fiberglass	7/1/2001			NPA
Q4015	Cast supplies, gauntlet cast (includes lower forearm and hand), pediatric (0-10 years), plaster	7/1/2001			NPA
Q4016	Cast supplies, gauntlet cast (includes lower forearm and hand), pediatric (0-10 years), fiberglass	7/1/2001			NPA
Q4017	Cast supplies, long arm splint, adult (11 years +), plaster	7/1/2001			NPA
Q4018	Cast supplies, long arm splint, adult (11 years +), fiberglass	7/1/2001			NPA
Q4019	Cast supplies, long arm splint, pediatric (0-10 years), plaster	7/1/2001			NPA
Q4020	Cast supplies, long arm splint, pediatric (0-10 years), fiberglass	7/1/2001			NPA
Q4021	Cast supplies, short arm splint, adult (11 years +), plaster	7/1/2001			NPA
Q4022	Cast supplies, short arm splint, adult (11 years +), fiberglass	7/1/2001			NPA
Q4023	Cast supplies, short arm splint, pediatric (0-10 years), plaster	7/1/2001			NPA
Q4024	Cast supplies, short arm splint, pediatric (0-10 years), fiberglass	7/1/2001			NPA
Q4025	Cast supplies, hip spica (one or both legs), adult (11 years +), plaster	7/1/2001			NPA
Q4026	Cast supplies, hip spica (one or both legs), adult (11 years +), fiberglass	7/1/2001			NPA
Q4027	Cast supplies, hip spica (one or both legs), pediatric (0-10 years), plaster	7/1/2001			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
Q4028	Cast supplies, hip spica (one or both legs), pediatric (0-10 years), fiberglass	7/1/2001			NPA
Q4029	Cast supplies, long leg cast, adult (11 years +), plaster	7/1/2001			NPA
Q4030	Cast supplies, long leg cast, adult (11 years +), fiberglass	7/1/2001			NPA
Q4031	Cast supplies, long leg cast, pediatric (0-10 years), plaster	7/1/2001			NPA
Q4032	Cast supplies, long leg cast, pediatric (0-10 years), fiberglass	7/1/2001			NPA
Q4033	Cast supplies, long leg cylinder cast, adult (11 years +), plaster	7/1/2001			NPA
Q4034	Cast supplies, long leg cylinder cast, adult (11 years +), fiberglass	7/1/2001			NPA
Q4035	Cast supplies, long leg cylinder cast, pediatric (0-10 years), plaster	7/1/2001			NPA
Q4036	Cast supplies, long leg cylinder cast, pediatric (0-10 years), fiberglass	7/1/2001			NPA
Q4037	Cast supplies, short leg cast, adult (11 years +), plaster	7/1/2001			NPA
Q4038	Cast supplies, short leg cast, adult (11 years +), fiberglass	7/1/2001			NPA
Q4039	Cast supplies, short leg cast, pediatric (0-10 years), plaster	7/1/2001			NPA
Q4040	Cast supplies, short leg cast, pediatric (0-10 years), fiberglass	7/1/2001			NPA
Q4041	Cast supplies, long leg splint, adult (11 years +), plaster	7/1/2001			NPA
Q4042	Cast supplies, long leg splint, adult (11 years +), fiberglass	7/1/2001			NPA
Q4043	Cast supplies, long leg splint, pediatric (0-10 years), plaster	7/1/2001			NPA
Q4044	Cast supplies, long leg splint, pediatric (0-10 years), fiberglass	7/1/2001			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
Q4045	Cast supplies, short leg splint, adult (11 years +), plaster	**7/1/2001**			NPA
Q4046	Cast supplies, short leg splint, adult (11 years +), fiberglass	**7/1/2001**			NPA
Q4047	Cast supplies, short leg splint, pediatric (0-10 years), plaster	**7/1/2001**			NPA
Q4048	Cast supplies, short leg splint, pediatric (0-10 years), fiberglass	**7/1/2001**			NPA
Q4049	Finger splint, static	**7/1/2001**			NC
Q4050	Cast supplies, for unlisted types and materials of casts	**7/1/2001**			NC
Q4051	Splint supplies, miscellaneous (includes thermoplastics, strapping, fasteners, padding and other supplies)	**7/1/2001**			NC
Q4081	Injection, epoetin alfa, 100 units (for ESRD on dialysis)	**1/1/2007**			NPA
Q4082	Drug or biological, not otherwise classified, Part B Drug Competitive Acquisition Program (CAP)	**1/1/2007**			NC
Q4100	Skin substitute, not otherwise specified	**1/1/2009**			NC
Q4101	Apligraf, per square centimeter	**1/1/2009**			PA
Q4102	Oasis wound matrix, per square centimeter	**1/1/2009**		**9/1/2023**	NC
Q4103	Oasis burn matrix, per square centimeter	**1/1/2009**			NC
Q4104	Integra bilayer matrix wound dressing (BMWD), per square centimeter	**1/1/2009**		**9/1/2023**	NC
Q4105	Integra dermal regeneration template (DRT) or Integra Omnigraft dermal regeneration matrix, per square centimeter	**1/1/2009**		**9/1/2023**	NC
Q4106	Dermagraft, per square centimeter	**1/1/2009**			PA
Q4107	Graftjacket, per square centimeter	**1/1/2009**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
Q4108	Integra matrix, per square centimeter	**1/1/2009**		**9/1/2023**	NC
Q4110	Primatrix, per square centimeter	**1/1/2009**		**9/1/2023**	NC
Q4111	Gammagraft, per square centimeter	**1/1/2009**			NC
Q4112	Cymetra, injectable, 1 cc	**1/1/2009**			NC
Q4113	Graftjacket Xpress, injectable, 1 cc	**1/1/2009**			NC
Q4114	Integra Flowable Wound Matrix, injectable, 1 cc	**1/1/2009**			PA
Q4115	Alloskin, per square centimeter	**7/1/2009**			NC
Q4116	Alloderm, per square centimeter	**7/1/2009**			PA
Q4117	Hyalomatrix, per square centimeter	**1/1/2011**			NC
Q4118	Matristem MicroMatrix, 1 mg	**1/1/2011**			NC
Q4121	Theraskin, per square centimeter	**1/1/2011**		**9/1/2023**	NC
Q4122	DermACELL, DermACELL AWM or DermACELL AWM porous, per square centimeter	**1/1/2012**			NC
Q4123	Alloskin RT, per square centimeter	**1/1/2012**			NC
Q4124	OASIS Ultra Tri-Layer wound matrix, per square centimeter	**1/1/2012**			NC
Q4125	Arthroflex, per square centimeter	**1/1/2012**			NC
Q4126	MemoDerm, DermaSpan, TranZgraft or IntéguPly, per square centimeter	**1/1/2012**			NC
Q4127	Talymed, per square centimeter	**1/1/2012**			NC
Q4128	Flex HD, or AlloPatch HD, per square centimeter	**1/1/2012**			NC
Q4130	Strattice TM, per square centimeter	**1/1/2012**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
Q4132	Grafix Core and GrafixPL Core, per square centimeter	1/1/2013			NC
Q4133	Grafix Prime, GrafixPL Prime, Stravix and StravixPL, per square centimeter	1/1/2013			NC
Q4134	HMatrix, per square centimeter	1/1/2013			NC
Q4135	Mediskin, per square centimeter	1/1/2013			NC
Q4136	EZ-Derm, per square centimeter	1/1/2013			NC
Q4137	AmnioExcel, AmnioExcel Plus or BioDExcel, per square centimeter	1/1/2014			NC
Q4138	BioDFence DryFlex, per square centimeter	1/1/2014			NC
Q4139	AmnioMatrix or BioDMatrix, injectable, 1 cc	1/1/2014			NC
Q4140	BioDFence, per square centimeter	1/1/2014			NC
Q4141	AlloSkin ac, per square centimeter	1/1/2014			NC
Q4142	XCM biologic tissue matrix, per square centimeter	1/1/2014			NC
Q4143	Repriza, per square centimeter	1/1/2014			NC
Q4145	Epifix, injectable, 1 mg	1/1/2014			NC
Q4146	Tensix, per square centimeter	1/1/2014			NC
Q4147	Architect, Architect PX, or Architect FX, extracellular matrix, per square centimeter	1/1/2014			NC
Q4148	Neox Cord 1K, Neox Cord RT, or Clarix Cord 1K, per square centimeter	1/1/2014			NC
Q4149	Excellagen, 0.1 cc	1/1/2014			NC
Q4150	Allowrap DS or dry, per square centimeter	1/1/2015			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
Q4151	AmnioBand or Guardian, per square centimeter	1/1/2015			NC
Q4152	DermaPure, per square centimeter	1/1/2015			NC
Q4153	Dermavest and plurivest, per square centimeter	1/1/2015			NC
Q4154	Biovance, per square centimeter	1/1/2015			NC
Q4155	Neox Flo or Clarix Flo, 1 mg	1/1/2015			NC
Q4156	Neox 100 or Clarix 100, per square centimeter	1/1/2015			NC
Q4157	Revitalon, per square centimeter	1/1/2015			NC
Q4158	Kerecis Omega3, per square centimeter	1/1/2015			NC
Q4159	Affinity, per square centimeter	1/1/2015			NC
Q4160	Nushield, per square centimeter	1/1/2015			NC
Q4161	Bio-Connekt wound matrix, per square centimeter	1/1/2016		9/1/2023	NC
Q4162	Woundex Flow, BioSkin flow, 0.5 cc	1/1/2016		9/1/2023	NC
Q4163	Woundex, Bioskin, per square centimeter	1/1/2016		9/1/2023	NC
Q4164	Helicoll, per square centimeter	1/1/2016		9/1/2023	NC
Q4165	Keramatrix or Kerasorb, per square centimeter	1/1/2016		9/1/2023	NC
Q4166	Cytal, per square centimeter	1/1/2017			NC
Q4167	Truskin, per square centimeter	1/1/2017			NC
Q4168	AmnioBand, 1 mg	1/1/2017			NC
Q4169	Artacent wound, per square centimeter	1/1/2017			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
Q4170	Cygnus, per square centimeter	**1/1/2017**			NC
Q4171	Interfyl, 1 mg	**1/1/2017**			NC
Q4173	PalinGen or PalinGen XPlus, per square centimeter	**1/1/2017**			NC
Q4174	PalinGen or ProMatrX, 0.36 mg per 0.25 cc	**1/1/2017**			NC
Q4175	Miroderm, per square centimeter	**1/1/2017**			NC
Q4176	Neopatch or Therion, per square centimeter	**1/1/2018**			NC
Q4177	FlowerAmnioFlo, 0.1 cc	**1/1/2018**			NC
Q4178	FlowerAmnioPatch, per square centimeter	**1/1/2018**			NC
Q4179	FlowerDerm, per square centimeter	**1/1/2018**			NC
Q4180	Revita, per square centimeter	**1/1/2018**			NC
Q4181	Amnio Wound, per square centimeter	**1/1/2018**			NC
Q4182	Transcyte, per square centimeter	**1/1/2018**			NC
Q4183	Surgigraft, per square centimeter	**1/1/2019**		**9/1/2023**	NC
Q4184	Cellesta or Cellesta Duo, per square centimeter	**1/1/2019**		**9/1/2023**	NC
Q4185	Cellesta Flowable Amnion (25 mg per cc); per 0.5 cc	**1/1/2019**		**9/1/2023**	NC
Q4186	Epifix, per square centimeter	**1/1/2019**			PA
Q4187	Epicord, per square centimeter	**1/1/2019**			PA
Q4188	AmnioArmor, per square centimeter	**1/1/2019**		**9/1/2023**	NC
Q4189	Artacent AC, 1 mg	**1/1/2019**		**9/1/2023**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
Q4190	Artacent AC, per square centimeter	**1/1/2019**		**9/1/2023**	NC
Q4191	Restorigin, per square centimeter	**1/1/2019**		**9/1/2023**	NC
Q4192	Restorigin, 1 cc	**1/1/2019**		**9/1/2023**	NC
Q4193	Coll-e-Derm, per square centimeter	**1/1/2019**		**9/1/2023**	NC
Q4194	Novachor, per square centimeter	**1/1/2019**		**9/1/2023**	NC
Q4195	PuraPly, per square centimeter	**1/1/2019**		**9/1/2023**	NC
Q4196	PuraPly AM, per square centimeter	**1/1/2019**		**9/1/2023**	NC
Q4197	PuraPly XT, per square centimeter	**1/1/2019**		**9/1/2023**	NC
Q4198	Genesis amniotic membrane, per square centimeter	**1/1/2019**		**9/1/2023**	NC
Q4199	Cygnus Matrix, per square centimeter	**1/1/2022**		**9/1/2023**	NC
Q4200	Skin TE, per square centimeter	**1/1/2019**		**9/1/2023**	NC
Q4201	Matrion, per square centimeter	**1/1/2019**		**9/1/2023**	NC
Q4202	Keroxx (2.5g/cc), 1cc	**1/1/2019**		**9/1/2023**	NC
Q4203	Derma-Gide, per square centimeter	**1/1/2019**		**9/1/2023**	NC
Q4204	XWRAP, per square centimeter	**1/1/2019**		**9/1/2023**	NC
Q4205	Membrane graft or membrane wrap, per square centimeter	**10/1/2019**			NC
Q4206	Fluid Flow or Fluid GF, 1 cc	**10/1/2019**			NC
Q4208	Novafix, per square cenitmeter	**10/1/2019**			NC
Q4209	SurGraft, per square centimeter	**10/1/2019**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
Q4210	Axolotl Graft or Axolotl DualGraft, per square centimeter	10/1/2019			NC
Q4211	Amnion bio or AxoBioMembrane, per square centimeter	10/1/2019			NC
Q4212	Allogen, per cc	10/1/2019			NC
Q4213	Ascent, 0.5 mg	10/1/2019			NC
Q4214	Cellesta cord, per square centimeter	10/1/2019			NC
Q4215	Axolotl Ambient or Axolotl Cryo, 0.1 mg	10/1/2019			NC
Q4216	Artacent cord, per square centimeter	10/1/2019			NC
Q4217	WoundFix, BioWound, WoundFix Plus, BioWound Plus, WoundFix Xplus or BioWound Xplus, per square centimeter	10/1/2019			NC
Q4218	surgiCORD, per square centimeter	10/1/2019			NC
Q4219	surgiGRAFT-Dual, per square centimeter	10/1/2019			NC
Q4220	BellaCell HD or SureDerm, per square centimeter	10/1/2019			NC
Q4221	AmnioWrap2, per square centimeter	10/1/2019			NC
Q4222	ProgenaMatrix, per square centimeter	10/1/2019			NC
Q4224	Human health factor 10 amniotic patch (hhf10-p), per square centimeter	4/1/2022		7/1/2022	NC
Q4225	Amniobind, per square centimeter	4/1/2022		7/1/2022	NC
Q4226	MyOwn Skin, includes harvesting and preparation procedures, per square centimeter	10/1/2019			NC
Q4227	AmnioCore, per square centimeter	7/1/2020			NC
Q4229	Cogenex Amniotic Membrane, per square centimeter	7/1/2020			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
Q4230	Cogenex Flowable Amnion, per 0.5 cc	7/1/2020			NC
Q4231	Corplex P, per cc	7/1/2020			NC
Q4232	Corplex, per square centimeter	7/1/2020			NC
Q4233	Surfactor or Nudyn, per 0.5 cc	7/1/2020			NC
Q4234	XCellerate, per square centimeter	7/1/2020			NC
Q4235	AmnioRepair or AltiPly, per square centimeter	7/1/2020			NC
Q4236	Carepatch per sq cm	1/1/2023		9/1/2023	NC
Q4237	Cryo-Cord, per square centimeter	7/1/2020			NC
Q4238	Derm-Maxx, per square centimeter	7/1/2020			NC
Q4239	Amnio-Maxx or Amnio-Maxx Lite, per square centimeter	7/1/2020			NC
Q4240	CoreCyte, for topical use only, per 0.5 cc	7/1/2020			NC
Q4241	PolyCyte, for topical use only, per 0.5 cc	7/1/2020			NC
Q4242	AmnioCyte Plus, per 0.5 cc	7/1/2020			NC
Q4244	Procenta, per 200 mg	7/1/2020			NC
Q4245	Amniotext, per cc	7/1/2020			NC
Q4246	Coretext or protext, per cc	7/1/2020			NC
Q4247	Amniotext patch, per square centimeter	7/1/2020			NC
Q4248	Dermacyte amniotic membrane allograft, per square centimeter	7/1/2020			NC
Q4249	Amniply, for topical use only, per square centimeter	10/1/2020			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
Q4250	AmnioAMP-MP, per square centimeter	10/1/2020			NC
Q4251	Vim, per square centimeter	10/1/2021		1/1/2022	NC
Q4252	Vendaje, per square centimeter	10/1/2021		1/1/2022	NC
Q4253	Zenith amniotic membrane, per square centimeter	10/1/2021		1/1/2022	NC
Q4254	Novafix DL, per square centimeter	10/1/2020			NC
Q4255	Reguard, for topical use only, per square centimeter	10/1/2020			NC
Q4256	Mlg-complete, per square centimeter	4/1/2022		7/1/2022	NC
Q4257	Relese, per square centimeter	4/1/2022		7/1/2022	NC
Q4258	Enverse, per square centimeter	4/1/2022		7/1/2022	NC
Q4259	celera Dual Layer or celera Dual Membrane, per square centimeter	7/1/2022		7/1/2022	NC
Q4260	Signature APatch, per square centimeter	7/1/2022		7/1/2022	NC
Q4261	TAG, per square centimeter	7/1/2022		7/1/2022	NC
Q4262	Dual layer impax membrane, per square centimeter	1/1/2023		9/1/2023	NC
Q4263	Surgraft tl, per square centimeter	1/1/2023		9/1/2023	NC
Q4264	Cocoon membrane, per square centimeter	1/1/2023		9/1/2023	NC
Q4265	NeoStim TL, per square centimeter	4/1/2023			NC
Q4266	NeoStim membrane, per square centimeter	4/1/2023			NC
Q4267	NeoStim DL, per square centimeter	4/1/2023			NC
Q4268	Surgraft FT, per square centimeter	4/1/2023			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
Q4269	Surgraft XT, per square centimeter	**4/1/2023**			NC
Q4270	Complete SL, per square centimeter	**4/1/2023**			NC
Q4271	Complete FT, per square centimeter	**4/1/2023**			NC
Q4272	Esano A, per square centimeter	**7/1/2023**		**9/1/2023**	NC
Q4273	Esano AAA, per square centimeter	**7/1/2023**		**9/1/2023**	NC
Q4274	Esano AC, per square centimeter	**7/1/2023**		**9/1/2023**	NC
Q4275	Esano ACA, per square centimeter	**7/1/2023**		**9/1/2023**	NC
Q4276	Orion, per square centimeter	**7/1/2023**		**9/1/2023**	NC
Q4277	Woundplus membrane or E-Graft, per square centimeter	**7/1/2023**		**9/1/2023**	NC
Q4278	Epieffect, per square centimeter	**7/1/2023**		**9/1/2023**	NC
Q4280	Xcell Amnio Matrix, per square centimeter	**7/1/2023**		**9/1/2023**	NC
Q4281	Barrera SL or Barrera DL, per square centimeter	**7/1/2023**		**9/1/2023**	NC
Q4282	Cygnus Dual, per square centimeter	**7/1/2023**		**9/1/2023**	NC
Q4283	Biovance Tri-Layer or Biovance 3L, per square centimeter	**7/1/2023**		**9/1/2023**	NC
Q4284	Dermabind SL, per square centimeter	**7/1/2023**		**9/1/2023**	NC
Q5001	Hospice or home health care provided in patient's home/residence	**1/1/2007**			PA
Q5002	Hospice or home health care provided in assisted living facility	**1/1/2007**			PA
Q5003	Hospice care provided in nursing long term care facility (LTC) or non-skilled nursing facility (NF)	**1/1/2007**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
Q5004	Hospice care provided in skilled nursing facility (SNF)	1/1/2007			PA
Q5005	Hospice care provided in inpatient hospital	1/1/2007			PA
Q5006	Hospice care provided in inpatient hospice facility	1/1/2007			PA
Q5007	Hospice care provided in long term care facility	1/1/2007			PA
Q5008	Hospice care provided in inpatient psychiatric facility	1/1/2007			PA
Q5009	Hospice or home health care provided in place not otherwise specified (NOS)	1/1/2007			PA
Q5010	Hospice home care provided in a hospice facility	10/1/2010			PA
Q9001	Assessment by chaplain services	10/1/2020			NC
Q9002	Counseling, individual, by chaplain services	10/1/2020			NC
Q9003	Counseling, group, by chaplain services	10/1/2020			NC
Q9004	Department of veterans affairs whole health partner services	10/1/2021		1/1/2022	NC
Q9950	Injection, sulfur hexafluoride lipid microspheres, per ml	4/1/2005		9/1/2023	NPA
Q9951	Low osmolar contrast material, 400 or greater mg/ml iodine concentration, per ml	4/1/2005			NPA
Q9953	Injection, iron-based magnetic resonance contrast agent, per ml	4/1/2005			NPA
Q9954	Oral magnetic resonance contrast agent, per 100 ml	4/1/2005			NPA
Q9955	Injection, perflexane lipid microspheres, per ml	4/1/2005			NPA
Q9956	Injection, octafluoropropane microspheres, per ml	4/1/2005			NPA
Q9957	Injection, perflutren lipid microspheres, per ml	4/1/2005			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
Q9958	High osmolar contrast material, up to 149 mg/ml iodine concentration, per ml	**7/1/2005**			NPA
Q9959	High osmolar contrast material, 150-199 mg/ml iodine concentration, per ml	**7/1/2005**			NPA
Q9960	High osmolar contrast material, 200-249 mg/ml iodine concentration, per ml	**7/1/2005**			NPA
Q9961	High osmolar contrast material, 250-299 mg/ml iodine concentration, per ml	**7/1/2005**			NPA
Q9962	High osmolar contrast material, 300-349 mg/ml iodine concentration, per ml	**7/1/2005**			NPA
Q9963	High osmolar contrast material, 350-399 mg/ml iodine concentration, per ml	**7/1/2005**			NPA
Q9964	High osmolar contrast material, 400 or greater mg/ml iodine concentration, per ml	**7/1/2005**			NPA
Q9965	Low osmolar contrast material, 100-199 mg/ml iodine concentration, per ml	**1/1/2008**			NPA
Q9966	Low osmolar contrast material, 200-299 mg/ml iodine concentration, per ml	**1/1/2008**			NPA
Q9967	Low osmolar contrast material, 300-399 mg/ml iodine concentration, per ml	**1/1/2008**			NPA
Q9968	Injection, non-radioactive, non-contrast, visualization adjunct (e.g., methylene blue, isosulfan blue), 1 mg	**1/1/2010**			NPA
Q9969	Tc-99m from non-highly enriched uranium source, full cost recovery add-on, per study dose	**1/1/2013**			NPA
Q9982	Flutemetamol F18, diagnostic, per study dose, up to 5 millicuries	**7/1/2016**		**9/1/2023**	PA
Q9983	Florbetaben F18, diagnostic, per study dose, up to 8.1 millicuries	**7/1/2016**		**9/1/2023**	PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
R0070	Transportation of portable x-ray equipment and personnel to home or nursing home, per trip to facility or location, one patient seen	1/1/1982			NC
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	1/1/1986			NC
R0076	Transportation of portable EKG to facility or location, per patient	1/1/1984			NC
S0017	Injection, aminocaproic acid, 5 grams	1/1/2000		9/1/2023	NPA
S0020	Injection, bupivicaine hydrochloride, 30 ml	1/1/2000	6/30/2023	9/1/2023	NC
S0021	Injection, cefoperazone sodium, 1 gram	1/1/2000		9/1/2023	NPA
S0023	Injection, cimetidine hydrochloride, 300 mg	1/1/2000		9/1/2023	NPA
S0028	Injection, famotidine, 20 mg	1/1/2000		9/1/2023	NPA
S0030	Injection, metronidazole, 500 mg	1/1/2000	6/30/2023	9/1/2023	NC
S0032	Injection, nafcillin sodium, 2 grams	1/1/2000		9/1/2023	NPA
S0034	Injection, ofloxacin, 400 mg	1/1/2000		9/1/2023	NPA
S0039	Injection, sulfamethoxazole and trimethoprim, 10 ml	1/1/2000		9/1/2023	NPA
S0040	Injection, ticarcillin disodium and clavulanate potassium, 3.1 grams	1/1/2000		9/1/2023	NPA
S0073	Injection, aztreonam, 500 mg	1/1/2000	6/30/2023	9/1/2023	NC
S0074	Injection, cefotetan disodium, 500 mg	1/1/2000		9/1/2023	NPA
S0077	Injection, clindamycin phosphate, 300 mg	1/1/2000	6/30/2023	9/1/2023	NC
S0078	Injection, fosphenytoin sodium, 750 mg	1/1/2000		9/1/2023	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
S0080	Injection, pentamidine isethionate, 300 mg	1/1/2000		9/1/2023	NPA
S0081	Injection, piperacillin sodium, 500 mg	1/1/2000		9/1/2023	NPA
S0092	Injection, hydromorphone hydrochloride, 250 mg (loading dose for infusion pump)	1/1/2002		9/1/2023	NPA
S0093	Injection, morphine sulfate, 500 mg (loading dose for infusion pump)	1/1/2002		9/1/2023	NPA
S0126	Injection, follitropin alfa, 75 iu	4/1/2002		9/1/2023	NC
S0128	Injection, follitropin beta, 75 iu	4/1/2002		9/1/2023	NC
S0132	Injection, ganirelix acetate, 250 mcg	4/1/2002		9/1/2023	NC
S0142	Colistimethate sodium, inhalation solution administered through DME, concentrated form, per mg	4/1/2005		9/1/2023	NPA
S0155	Sterile dilutant for epoprostenol, 50 ml	1/1/2002		9/1/2023	NPA
S0164	Injection, pantoprazole sodium, 40 mg	4/1/2004		9/1/2023	NPA
S0166	Injection, olanzapine, 2.5 mg	10/1/2004		9/1/2023	NPA
S0169	Calcitrol, 0.25 microgram	10/1/2010		9/1/2023	NPA
S0171	Injection, bumetanide, 0.5 mg	1/1/2002		9/1/2023	NPA
S0177	Levamisole hydrochloride, oral, 50 mg	1/1/2002		9/1/2023	NC
S0190	Mifepristone, oral, 200 mg	1/1/2001		9/1/2023	NPA
S0191	Misoprostol, oral, 200 mcg	1/1/2001		9/1/2023	NPA
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	1/1/2001		9/1/2023	PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	pregnancy, ultrasound to confirm completion of abortion) except drugs				
S0201	Partial hospitalization services, less than 24 hours, per diem	**10/1/2002**		**9/1/2023**	PA
S0207	Paramedic intercept, non-hospital-based ALS service (non-voluntary), non-transport	**10/1/2002**		**9/1/2023**	NPA
S0208	Paramedic intercept, hospital-based ALS service (non-voluntary), non-transport	**1/1/2002**		**9/1/2023**	NPA
S0209	Wheelchair van, mileage, per mile	**1/1/2002**			NC
S0215	Non-emergency transportation; mileage, per mile	**1/1/2002**			NC
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	**1/1/2001**			NC
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	**1/1/2001**			NC
S0250	Comprehensive geriatric assessment and treatment planning performed by assessment team	**1/1/2002**			NC
S0255	Hospice referral visit (advising patient and family of care options) performed by nurse, social worker, or other designated staff	**1/1/2002**			NPA
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)	**1/1/2005**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
S0260	History and physical (outpatient or office) related to surgical procedure (List separately in addition to code for appropriate evaluation and management service)	**1/1/2002**			NC
S0265	Genetic counseling, under physician supervision, each 15 minutes	**7/1/2005**			NC
S0270	Physician management of patient home care, standard monthly case rate (per 30 days)	**4/1/2007**			NC
S0271	Physician management of patient home care, hospice monthly case rate (per 30 days)	**4/1/2007**			NC
S0272	Physician management of patient home care, episodic care monthly case rate (per 30 days)	**4/1/2007**			NC
S0273	Physician visit at member's home, outside of a capitation arrangement	**4/1/2007**			NC
S0274	Nurse practitioner visit at member's home, outside of a capitation arrangement	**4/1/2007**			NC
S0280	Medical home program, comprehensive care coordination and planning, initial plan	**1/1/2010**			NC
S0281	Medical home program, comprehensive care coordination and planning, maintenance of plan	**1/1/2010**			NC
S0285	Colonoscopy consultation performed prior to a screening colonoscopy procedure	**7/1/2016**		**9/1/2023**	NC
S0302	Completed early periodic screening diagnosis and treatment (EPSDT) service (list in addition to code for appropriate evaluation and management service)	**1/1/2002**			NPA
S0310	Hospitalist services (List separately in addition to code for appropriate evaluation and management service)	**1/1/2002**			NPA
S0311	Comprehensive management and care coordination for advanced illness, per calendar month	**7/1/2016**		**9/1/2023**	NC
S0315	Disease management program; initial assessment and initiation of the program	**10/1/2002**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
S0316	Disease management program, follow-up/reassessment	10/1/2002			NC
S0317	Disease management program; per diem	7/1/2003			NC
S0320	Telephone calls by a registered nurse to a disease management program member for monitoring purposes; per month	10/1/2002			NC
S0340	Lifestyle modification program for management of coronary artery disease, including all supportive services; first quarter/stage	1/1/2002			NC
S0341	Lifestyle modification program for management of coronary artery disease, including all supportive services; second or third quarter/stage	1/1/2002			NC
S0342	Lifestyle modification program for management of coronary artery disease, including all supportive services; fourth quarter/stage	1/1/2002			NC
S0353	Treatment planning and care coordination management for cancer, initial treatment	4/1/2012			NC
S0354	Treatment planning and care coordination management for cancer, established patient with a change of regimen	4/1/2012			NC
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	4/1/2002			PA
S0395	Impression casting of a foot performed by a practitioner other than the manufacturer of the orthotic	1/1/2002			NPA
S0400	Global fee for extracorporeal shock wave lithotripsy treatment of kidney stone(s)	1/1/2002			NPA
S0500	Disposable contact lens, per lens	7/1/2001			NC
S0504	Single vision prescription lens (safety, athletic, or sunglass), per lens	7/1/2001			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
S0506	Bifocal vision prescription lens (safety, athletic, or sunglass), per lens	7/1/2001			NC
S0508	Trifocal vision prescription lens (safety, athletic, or sunglass), per lens	7/1/2001			NC
S0510	Non-prescription lens (safety, athletic, or sunglass), per lens	7/1/2001			NC
S0512	Daily wear specialty contact lens, per lens	7/1/2001			NC
S0514	Color contact lens, per lens	7/1/2001			NC
S0515	Scleral lens, liquid bandage device, per lens	10/1/2004			NC
S0516	Safety eyeglass frames	7/1/2001			NC
S0518	Sunglasses frames	7/1/2001			NC
S0580	Polycarbonate lens (list this code in addition to the basic code for the lens)	7/1/2001			NC
S0581	Nonstandard lens (list this code in addition to the basic code for the lens)	7/1/2001			NC
S0590	Integral lens service, miscellaneous services reported separately	7/1/2001			NC
S0592	Comprehensive contact lens evaluation	7/1/2001			NC
S0595	Dispensing new spectacle lenses for patient supplied frame	4/1/2005			NC
S0596	Phakic intraocular lens for correction of refractive error	4/1/2012			NC
S0601	Screening proctoscopy	1/1/2000			NPA
S0610	Annual gynecological examination, new patient	1/1/2000			NPA
S0612	Annual gynecological examination, established patient	1/1/2000			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
S0613	Annual gynecological examination; clinical breast examination without pelvic evaluation	**7/1/2005**			NPA
S0618	Audiometry for hearing aid evaluation to determine the level and degree of hearing loss	**4/1/2004**			NPA
S0620	Routine ophthalmological examination including refraction; new patient	**1/1/2000**		**9/1/2023**	NC
S0621	Routine ophthalmological examination including refraction; established patient	**1/1/2000**		**9/1/2023**	NC
S0622	Physical exam for college, new or established patient (List separately in addition to appropriate evaluation and management code)	**1/1/2002**			NC
S0630	Removal of sutures; by a physician other than the physician who originally closed the wound	**1/1/2001**			NPA
S0800	Laser in situ keratomileusis (LASIK)	**1/1/2000**			NC
S0810	Photorefractive keratectomy (PRK)	**1/1/2000**			NC
S0812	Phototherapeutic keratectomy (PTK)	**7/1/2001**			NC
S1001	Deluxe item, patient aware (list in addition to code for basic item)	**7/1/2001**			NC
S1002	Customized item (list in addition to code for basic item)	**7/1/2001**			NC
S1015	IV tubing extension set	**1/1/2001**			NC
S1016	Non-PVC (polyvinyl chloride) intravenous administration set, for use with drugs that are not stable in PVC e.g., paclitaxel	**1/1/2001**			NC
S1030	Continuous noninvasive glucose monitoring device, purchase (for physician interpretation of data, use CPT code)	**1/1/2002**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
S1031	Continuous noninvasive glucose monitoring device, rental, including sensor, sensor replacement, and download to monitor (for physician interpretation of data, use CPT code)	1/1/2002			NC
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	7/1/2014			NC
S1035	Sensor; invasive (e.g., subcutaneous), disposable, for use with artificial pancreas device system	7/1/2014			NC
S1036	Transmitter; external, for use with artificial pancreas device system	7/1/2014			NC
S1037	Receiver (monitor); external, for use with artificial pancreas device system	7/1/2014			NC
S1040	Cranial remolding orthosis, pediatric, rigid, with soft interface material, custom fabricated, includes fitting and adjustment(s)	10/1/2002			PA
S2053	Transplantation of small intestine and liver allografts	1/1/2000			PA
S2054	Transplantation of multivisceral organs	1/1/2000			PA
S2055	Harvesting of donor multivisceral organs, with preparation and maintenance of allografts; from cadaver donor	1/1/2000			PA
S2060	Lobar lung transplantation	1/1/2001			PA
S2061	Donor lobectomy (lung) for transplantation, living donor	1/1/2001			PA
S2065	Simultaneous pancreas kidney transplantation	7/1/2001			PA
S2066	Breast reconstruction with gluteal artery perforator (GAP) flap, including harvesting of the flap, microvascular	7/1/2007			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	transfer, closure of donor site and shaping the flap into a breast, unilateral				
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	**7/1/2007**			NPA
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	**1/1/2006**			NPA
S2070	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with endoscopic laser treatment of ureteral calculi (includes ureteral catheterization)	**10/1/2003**		**9/1/2023**	NPA
S2079	Laparoscopic esophagomyotomy (Heller type)	**1/1/2006**			NC
S2080	Laser-assisted uvulopalatoplasty (LAUP)	**1/1/2002**			PA
S2083	Adjustment of gastric band diameter via subcutaneous port by injection or aspiration of saline	**4/1/2004**			NC
S2095	Transcatheter occlusion or embolization for tumor destruction, percutaneous, any method, using yttrium-90 microspheres	**1/1/2004**			NC
S2102	Islet cell tissue transplant from pancreas; allogeneic	**1/1/2001**			NC
S2103	Adrenal tissue transplant to brain	**1/1/2001**			PA
S2107	Adoptive immunotherapy i.e. development of specific anti-tumor reactivity (e.g., tumor-infiltrating lymphocyte therapy) per course of treatment	**4/1/2002**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
S2112	Arthroscopy, knee, surgical for harvesting of cartilage (chondrocyte cells)	7/1/2001			PA
S2115	Osteotomy, periacetabular, with internal fixation	1/1/2002			NPA
S2117	Arthroereisis, subtalar	10/1/2005			PA
S2118	Metal-on-metal total hip resurfacing, including acetabular and femoral components	10/1/2008		9/1/2023	PA
S2120	Low density lipoprotein (LDL) apheresis using heparin-induced extracorporeal LDL precipitation	1/1/2001			PA
S2140	Cord blood harvesting for transplantation, allogeneic	1/1/2001			NC
S2142	Cord blood-derived stem-cell transplantation, allogeneic	1/1/2001			NC
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	1/1/2002			PA
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 post-transplant care in the global definition	4/1/2004			PA
S2202	Echosclerotherapy	1/1/2001			NC
S2205	Minimally invasive direct coronary artery bypass surgery involving mini-thoracotomy or mini-sternotomy surgery,	1/1/2000			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	performed under direct vision; using arterial graft(s), single coronary arterial graft				
S2206	Minimally invasive direct coronary artery bypass surgery involving mini-thoracotomy or mini-sternotomy surgery, performed under direct vision; using arterial graft(s), two coronary arterial grafts	**1/1/2000**			PA
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	**1/1/2000**			PA
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	**1/1/2000**			PA
S2209	Minimally invasive direct coronary artery bypass surgery involving mini-thoracotomy or mini-sternotomy surgery, performed under direct vision; using two arterial grafts and single venous graft	**1/1/2000**			PA
S2225	Myringotomy, laser-assisted	**1/1/2004**			NPA
S2230	Implantation of magnetic component of semi-implantable hearing device on ossicles in middle ear	**10/1/2003**			PA
S2235	Implantation of auditory brain stem implant	**10/1/2003**			PA
S2260	Induced abortion, 17 to 24 weeks	**1/1/2002**			NC
S2265	Induced abortion, 25 to 28 weeks	**10/1/2002**			NC
S2266	Induced abortion, 29 to 31 weeks	**10/1/2002**			NC
S2267	Induced abortion, 32 weeks or greater	**10/1/2002**			NC
S2300	Arthroscopy, shoulder, surgical; with thermally-induced capsulorrhaphy	**1/1/2000**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
S2325	Hip core decompression	10/1/2006			PA
S2340	Chemodenervation of abductor muscle(s) of vocal cord	1/1/2001			PA
S2341	Chemodenervation of adductor muscle(s) of vocal cord	1/1/2002			PA
S2342	Nasal endoscopy for post-operative debridement following functional endoscopic sinus surgery, nasal and/or sinus cavity(s), unilateral or bilateral	1/1/2002			NPA
S2348	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, using radiofrequency energy, single or multiple levels, lumbar	1/1/2005			NC
S2350	Diskectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; lumbar, single interspace	1/1/2000			PA
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)	1/1/2000			PA
S2400	Repair, congenital diaphragmatic hernia in the fetus using temporary tracheal occlusion, procedure performed in utero	1/1/2002			NC
S2401	Repair, urinary tract obstruction in the fetus, procedure performed in utero	1/1/2002			NC
S2402	Repair, congenital cystic adenomatoid malformation in the fetus, procedure performed in utero	1/1/2002			NC
S2403	Repair, extralobar pulmonary sequestration in the fetus, procedure performed in utero	1/1/2002			NC
S2404	Repair, myelomeningocele in the fetus, procedure performed in utero	1/1/2002			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
S2405	Repair of sacrococcygeal teratoma in the fetus, procedure performed in utero	4/1/2002			NC
S2409	Repair, congenital malformation of fetus, procedure performed in utero, not otherwise classified	1/1/2002			NC
S2411	Fetoscopic laser therapy for treatment of twin-to-twin transfusion syndrome	1/1/2002			NC
S2900	Surgical techniques requiring use of robotic surgical system (List separately in addition to code for primary procedure)	7/1/2005			NC
S3000	Diabetic indicator; retinal eye exam, dilated, bilateral	4/1/2003			NC
S3005	Performance measurement, evaluation of patient self assessment, depression	4/1/2005			NC
S3600	STAT laboratory request (situations other than S3601)	1/1/2002			NC
S3601	Emergency STAT laboratory charge for patient who is homebound or residing in a nursing facility	1/1/2002			NC
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)	1/1/2001			NPA
S3630	Eosinophil count, blood, direct	1/1/2002			NC
S3645	HIV-1 antibody testing of oral mucosal transudate	1/1/2000			NC
S3650	Saliva test, hormone level; during menopause	1/1/2000			NC
S3652	Saliva test, hormone level; to assess preterm labor risk	1/1/2000			NC
S3655	Antisperm antibodies test (Immunobead)	10/1/2002			NC
S3708	Gastrointestinal fat absorption study	1/1/2001			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
S3722	Dose optimization by area under the curve (AUC) analysis, for infusional 5-fluorouracil	1/1/2012			NC
S3800	Genetic testing for amyotrophic lateral sclerosis (ALS)	7/1/2007			NC
S3840	DNA analysis for germline mutations of the RET proto-oncogene for susceptibility to multiple endocrine neoplasia type 2	7/1/2003		9/1/2023	NC
S3841	Genetic testing for retinoblastoma	7/1/2003		9/1/2023	NC
S3842	Genetic testing for Von Hippel-Lindau disease	7/1/2003		9/1/2023	NC
S3844	DNA analysis of the Connexin 26 gene (GJB2) for susceptibility to congenital, profound deafness	7/1/2003		9/1/2023	NC
S3845	Genetic testing for alpha-thalassemia	7/1/2003		9/1/2023	NC
S3846	Genetic testing for hemoglobin e beta-thalassemia	7/1/2003		9/1/2023	NC
S3849	Genetic testing for Niemann-Pick disease	7/1/2003		9/1/2023	NC
S3850	Genetic testing for sickle cell anemia	7/1/2003		9/1/2023	NC
S3852	DNA analysis for APOE epsilon 4 allele for susceptibility to alzheimer's disease	7/1/2003			NC
S3853	Genetic testing for myotonic muscular dystrophy	1/1/2004		9/1/2023	NC
S3854	Gene expression profiling panel for use in the management of breast cancer treatment	1/1/2006		9/1/2023	NC
S3861	Genetic testing, sodium channel, voltage-gated, Type V, alpha subunit (SCN5A) and variants for suspected Brugada syndrome	10/1/2008		9/1/2023	NC
S3865	Comprehensive gene sequence analysis for hypertrophic cardiomyopathy	4/1/2009		9/1/2023	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
S3866	Genetic analysis for a specific gene mutation for hypertrophic cardiomyopathy (HCM) in an individual with a known HCM mutation in the family	**4/1/2009**		**9/1/2023**	NC
S3870	Comparative genomic hybridization (CGH) microarray testing for developmental delay, autism spectrum disorder and/or intellectual disability	**4/1/2009**		**9/1/2023**	NC
S3900	Surface electromyography (EMG)	**7/1/2001**		**9/1/2023**	PA
S3902	Ballistocardiogram	**1/1/2001**			NC
S3904	Masters two step	**1/1/2001**			NC
S4005	Interim labor facility global (labor occurring but not resulting in delivery)	**4/1/2002**			NPA
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	**1/1/2002**			NC
S4013	Complete cycle, gamete intrafallopian transfer (GIFT), case rate	**4/1/2002**			NC
S4014	Complete cycle, zygote intrafallopian transfer (ZIFT), case rate	**4/1/2002**			NC
S4015	Complete in vitro fertilization cycle, not otherwise specified, case rate	**1/1/2002**			NC
S4016	Frozen in vitro fertilization cycle, case rate	**1/1/2002**			NC
S4017	Incomplete cycle, treatment cancelled prior to stimulation, case rate	**4/1/2002**			NC
S4018	Frozen embryo transfer procedure cancelled before transfer, case rate	**1/1/2002**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
S4020	In vitro fertilization procedure cancelled before aspiration, case rate	1/1/2002			NC
S4021	In vitro fertilization procedure cancelled after aspiration, case rate	1/1/2002			NC
S4022	Assisted oocyte fertilization, case rate	1/1/2002			NC
S4023	Donor egg cycle, incomplete, case rate	4/1/2002			NC
S4025	Donor services for in vitro fertilization (sperm or embryo), case rate	1/1/2002			NC
S4026	Procurement of donor sperm from sperm bank	1/1/2002			NC
S4027	Storage of previously frozen embryos	1/1/2002			NC
S4028	Microsurgical epididymal sperm aspiration (MESA)	1/1/2002			NC
S4030	Sperm procurement and cryopreservation services; initial visit	1/1/2002			NC
S4031	Sperm procurement and cryopreservation services; subsequent visit	1/1/2002			NC
S4035	Stimulated intrauterine insemination (IUI), case rate	4/1/2002			NC
S4037	Cryopreserved embryo transfer, case rate	4/1/2002			NC
S4040	Monitoring and storage of cryopreserved embryos, per 30 days	4/1/2002			NC
S4042	Management of ovulation induction (interpretation of diagnostic tests and studies, non-face-to-face medical management of the patient), per cycle	1/1/2005			NC
S4981	Insertion of levonorgestrel-releasing intrauterine system	7/1/2001			NC
S4989	Contraceptive intrauterine device (e.g., Progestacert IUD), including implants and supplies	1/1/2002			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
S4991	Nicotine patches, non-legend	1/1/2002			NC
S4993	Contraceptive pills for birth control	4/1/2002			NPA
S5010	5% dextrose and 0.45% normal saline, 1000 ml	1/1/2001			NC
S5012	5% dextrose with potassium chloride, 1000 ml	1/1/2001			NC
S5013	5% dextrose/0.45% normal saline with potassium chloride and magnesium sulfate, 1000 ml	1/1/2001			NC
S5014	5% dextrose/0.45% normal saline with potassium chloride and magnesium sulfate, 1500 ml	1/1/2001			NC
S5035	Home infusion therapy, routine service of infusion device (e.g., pump maintenance)	1/1/2002			NPA
S5036	Home infusion therapy, repair of infusion device (e.g., pump repair)	1/1/2002			PA
S5100	Day care services, adult; per 15 minutes	1/1/2003			NC
S5101	Day care services, adult; per half day	1/1/2003			NC
S5102	Day care services, adult; per diem	1/1/2003			NC
S5105	Day care services, center-based; services not included in program fee, per diem	1/1/2003			NC
S5108	Home care training to home care client, per 15 minutes	4/1/2003			NC
S5109	Home care training to home care client, per session	4/1/2003			NC
S5110	Home care training, family; per 15 minutes	1/1/2003			NC
S5111	Home care training, family; per session	1/1/2003			NC
S5115	Home care training, non-family; per 15 minutes	1/1/2003			NC
S5116	Home care training, non-family; per session	1/1/2003			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
S5120	Chore services; per 15 minutes	1/1/2003			NC
S5121	Chore services; per diem	1/1/2003			NC
S5125	Attendant care services; per 15 minutes	1/1/2003			NC
S5126	Attendant care services; per diem	1/1/2003			NC
S5130	Homemaker service, nos; per 15 minutes	1/1/2003			NC
S5131	Homemaker service, nos; per diem	1/1/2003			NC
S5135	Companion care, adult (e.g., IADL/ADL); per 15 minutes	1/1/2003			NC
S5136	Companion care, adult (e.g., IADL/ADL); per diem	1/1/2003			NC
S5140	Foster care, adult; per diem	1/1/2003			NC
S5141	Foster care, adult; per month	1/1/2003			NC
S5145	Foster care, therapeutic, child; per diem	1/1/2003			NC
S5146	Foster care, therapeutic, child; per month	1/1/2003			NC
S5150	Unskilled respite care, not hospice; per 15 minutes	1/1/2003			NC
S5151	Unskilled respite care, not hospice; per diem	1/1/2003			NC
S5160	Emergency response system; installation and testing	1/1/2003			NC
S5161	Emergency response system; service fee, per month (excludes installation and testing)	1/1/2003			NC
S5162	Emergency response system; purchase only	1/1/2003			NC
S5165	Home modifications; per service	1/1/2003			NC
S5170	Home delivered meals, including preparation; per meal	1/1/2003			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
S5175	Laundry service, external, professional; per order	**1/1/2003**			NC
S5180	Home health respiratory therapy, initial evaluation	**1/1/2003**			NC
S5181	Home health respiratory therapy, NOS, per diem	**1/1/2003**			NC
S5185	Medication reminder service, non-face-to-face; per month	**1/1/2003**			NC
S5190	Wellness assessment, performed by non-physician	**1/1/2003**			NC
S5199	Personal care item, NOS, each	**1/1/2003**			NC
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	**1/1/2002**		**9/1/2023**	NC
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	**1/1/2002**		**9/1/2023**	NC
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	**1/1/2002**		**9/1/2023**	NC
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	**1/1/2002**		**9/1/2023**	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	this code for interim maintenance of vascular access not currently in use)				
S5517	Home infusion therapy, all supplies necessary for restoration of catheter patency or declotting	**1/1/2002**		**9/1/2023**	NC
S5518	Home infusion therapy, all supplies necessary for catheter repair	**1/1/2002**		**9/1/2023**	NC
S5520	Home infusion therapy, all supplies (including catheter) necessary for a peripherally inserted central venous catheter (PICC) line insertion	**1/1/2002**		**9/1/2023**	NC
S5521	Home infusion therapy, all supplies (including catheter) necessary for a midline catheter insertion	**1/1/2002**		**9/1/2023**	NC
S5522	Home infusion therapy, insertion of peripherally inserted central venous catheter (PICC), nursing services only (no supplies or catheter included)	**1/1/2002**		**9/1/2023**	NC
S5523	Home infusion therapy, insertion of midline venous catheter, nursing services only (no supplies or catheter included)	**1/1/2002**		**9/1/2023**	NC
S5550	Insulin, rapid onset, 5 units	**10/1/2003**		**9/1/2023**	NC
S5551	Insulin, most rapid onset (Lispro or Aspart); 5 units	**10/1/2003**		**9/1/2023**	NC
S5552	Insulin, intermediate acting (NPH or lente); 5 units	**10/1/2003**		**9/1/2023**	NC
S5553	Insulin, long acting; 5 units	**10/1/2003**		**9/1/2023**	NC
S5560	Insulin delivery device, reusable pen; 1.5 ml size	**10/1/2003**		**9/1/2023**	NC
S5561	Insulin delivery device, reusable pen; 3 ml size	**10/1/2003**		**9/1/2023**	NC
S5565	Insulin cartridge for use in insulin delivery device other than pump; 150 units	**10/1/2003**			NC
S5566	Insulin cartridge for use in insulin delivery device other than pump; 300 units	**10/1/2003**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
S5570	Insulin delivery device, disposable pen (including insulin); 1.5 ml size	**10/1/2003**		**9/1/2023**	NC
S5571	Insulin delivery device, disposable pen (including insulin); 3 ml size	**10/1/2003**		**9/1/2023**	NC
S8030	Scleral application of tantalum ring(s) for localization of lesions for proton beam therapy	**1/1/2002**			NPA
S8035	Magnetic source imaging	**1/1/2000**			PA
S8037	Magnetic resonance cholangiopancreatography (MRCP)	**7/1/2001**		**11/1/2023**	NPA
S8040	Topographic brain mapping	**1/1/2000**			PA
S8042	Magnetic resonance imaging (MRI), low-field	**4/1/2002**			NPA
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)	**1/1/2002**			NC
S8080	Scintimammography (radioimmunoscintigraphy of the breast), unilateral, including supply of radiopharmaceutical	**1/1/2001**			NC
S8085	Fluorine-18 fluorodeoxyglucose (F-18 FDG) imaging using dual-head coincidence detection system (non-dedicated PET scan)	**1/1/2001**		**9/1/2023**	PA
S8092	Electron beam computed tomography (also known as ultrafast CT, cine CT)	**1/1/2000**			PA
S8096	Portable peak flow meter	**1/1/2000**			NC
S8097	Asthma kit (including but not limited to portable peak expiratory flow meter, instructional video, brochure, and/or spacer)	**1/1/2002**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
S8100	Holding chamber or spacer for use with an inhaler or nebulizer; without mask	1/1/2002			NPA
S8101	Holding chamber or spacer for use with an inhaler or nebulizer; with mask	1/1/2002			NPA
S8110	Peak expiratory flow rate (physician services)	1/1/2000			NC
S8120	Oxygen contents, gaseous, 1 unit equals 1 cubic foot	10/1/2003			NC
S8121	Oxygen contents, liquid, 1 unit equals 1 pound	10/1/2003			NC
S8130	Interferential current stimulator, 2 channel	1/1/2012			NC
S8131	Interferential current stimulator, 4 channel	1/1/2012			NC
S8185	Flutter device	1/1/2002			NC
S8186	Swivel adapter	1/1/2002			NC
S8189	Tracheostomy supply, not otherwise classified	1/1/2002			NC
S8210	Mucus trap	1/1/2001			NPA
S8265	Haberman feeder for cleft lip/palate	4/1/2002			NPA
S8270	Enuresis alarm, using auditory buzzer and/or vibration device	7/1/2005			NC
S8301	Infection control supplies, not otherwise specified	7/1/2004			NC
S8415	Supplies for home delivery of infant	1/1/2002			NC
S8420	Gradient pressure aid (sleeve and glove combination), custom made	1/1/2002			NC
S8421	Gradient pressure aid (sleeve and glove combination), ready made	1/1/2002			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
S8422	Gradient pressure aid (sleeve), custom made, medium weight	1/1/2002			NC
S8423	Gradient pressure aid (sleeve), custom made, heavy weight	1/1/2002			NC
S8424	Gradient pressure aid (sleeve), ready made	1/1/2002			NC
S8425	Gradient pressure aid (glove), custom made, medium weight	1/1/2002			NC
S8426	Gradient pressure aid (glove), custom made, heavy weight	1/1/2002			NC
S8427	Gradient pressure aid (glove), ready made	1/1/2002			NC
S8428	Gradient pressure aid (gauntlet), ready made	1/1/2002			NC
S8429	Gradient pressure exterior wrap	1/1/2002			NC
S8430	Padding for compression bandage, roll	1/1/2002			NC
S8431	Compression bandage, roll	1/1/2002			NC
S8450	Splint, prefabricated, digit (specify digit by use of modifier)	1/1/2002			NC
S8451	Splint, prefabricated, wrist or ankle	1/1/2002			NC
S8452	Splint, prefabricated, elbow	1/1/2002			NC
S8460	Camisole, post-mastectomy	4/1/2003			NC
S8490	Insulin syringes (100 syringes, any size)	1/1/2002			NPA
S8930	Electrical stimulation of auricular acupuncture points; each 15 minutes of personal one-on-one contact with the patient	4/1/2012			NC
S8940	Equestrian/hippotherapy, per session	4/1/2005			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
S8948	Application of a modality (requiring constant provider attendance) to one or more areas; low-level laser; each 15 minutes	**1/1/2004**			NC
S8950	Complex lymphedema therapy, each 15 minutes	**1/1/2000**			NC
S8990	Physical or manipulative therapy performed for maintenance rather than restoration	**4/1/2003**			NC
S8999	Resuscitation bag (for use by patient on artificial respiration during power failure or other catastrophic event)	**1/1/2001**			NC
S9001	Home uterine monitor with or without associated nursing services	**1/1/2000**			NC
S9007	Ultrafiltration monitor	**1/1/2001**			NC
S9024	Paranasal sinus ultrasound	**1/1/2000**			NC
S9025	Omnicardiogram/cardiointegram	**1/1/2001**			NC
S9034	Extracorporeal shockwave lithotripsy for gallstones (if performed with ERCP, use 43265)	**4/1/2002**			NC
S9055	Procuren or other growth factor preparation to promote wound healing	**1/1/2000**			NC
S9056	Coma stimulation per diem	**1/1/2000**			NC
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	**1/1/2001**			NC
S9083	Global fee urgent care centers	**1/1/2002**			NC
S9088	Services provided in an urgent care center (list in addition to code for service)	**1/1/2001**			NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
S9090	Vertebral axial decompression, per session	**1/1/2000**			NC
S9097	Home visit for wound care	**10/1/2004**			PA
S9098	Home visit, phototherapy services (e.g., Bili-lite), including equipment rental, nursing services, blood draw, supplies, and other services, per diem	**1/1/2002**			PA
S9110	Telemonitoring of patient in their home, including all necessary equipment; computer system, connections, and software; maintenance; patient education and support; per month	**1/1/2013**			NC
S9117	Back school, per visit	**1/1/2002**			NC
S9122	Home health aide or certified nurse assistant, providing care in the home; per hour	**1/1/2000**			PA
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)	**1/1/2000**			PA
S9124	Nursing care, in the home; by licensed practical nurse, per hour	**1/1/2000**			PA
S9125	Respite care, in the home, per diem	**1/1/2000**		**9/1/2023**	PA
S9126	Hospice care, in the home, per diem	**1/1/2000**			PA
S9127	Social work visit, in the home, per diem	**1/1/2000**			PA
S9128	Speech therapy, in the home, per diem	**1/1/2000**			PA
S9129	Occupational therapy, in the home, per diem	**1/1/2000**			PA
S9131	Physical therapy; in the home, per diem	**1/1/2002**			PA
S9140	Diabetic management program, follow-up visit to non-MD provider	**1/1/2000**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
S9141	Diabetic management program, follow-up visit to MD provider	**1/1/2000**			PA
S9145	Insulin pump initiation, instruction in initial use of pump (pump not included)	**4/1/2002**			NC
S9150	Evaluation by ocularist	**4/1/2002**		**9/1/2023**	NPA
S9152	Speech therapy, re-evaluation	**7/1/2007**		**9/1/2023**	NC
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)	**1/1/2002**			PA
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)	**1/1/2002**			PA
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)	**1/1/2002**			PA
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),	**1/1/2002**			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	per diem (do not use this code with any home infusion per diem code)				
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)	**1/1/2002**			PA
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)	**1/1/2002**			PA
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)	**1/1/2002**		**9/1/2023**	NPA
S9326	Home infusion therapy, continuous (twenty-four hours or more) pain management infusion; administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	**1/1/2002**			NC
S9327	Home infusion therapy, intermittent (less than twenty-four hours) pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	**1/1/2002**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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	**1/1/2002**		**9/1/2023**	NPA
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)	**1/1/2002**		**9/1/2023**	NPA
S9330	Home infusion therapy, continuous (twenty-four hours or more) chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	**1/1/2002**			NC
S9331	Home infusion therapy, intermittent (less than twenty-four hours) chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	**1/1/2002**			NC
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	**7/1/2003**		**9/1/2023**	NPA
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	**1/1/2002**		**9/1/2023**	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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	**1/1/2002**			NC
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	**1/1/2002**		**9/1/2023**	NPA
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	**1/1/2002**		**9/1/2023**	NPA
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	**1/1/2002**		**9/1/2023**	NPA
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	**1/1/2002**		**9/1/2023**	NPA
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	**1/1/2002**		**9/1/2023**	NPA
S9345	Home infusion therapy, anti-hemophilic agent infusion therapy (e.g., Factor VIII); administrative services, professional pharmacy services, care coordination, and	**1/1/2002**		**9/1/2023**	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	all necessary supplies and equipment (drugs and nursing visits coded separately), per diem				
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	**1/1/2002**		**9/1/2023**	NPA
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	**1/1/2002**		**9/1/2023**	NPA
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	**1/1/2002**		**9/1/2023**	NPA
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	**1/1/2002**		**9/1/2023**	NPA
S9351	Home infusion therapy, continuous or intermittent anti-emetic infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and visits coded separately), per diem	**1/1/2002**		**9/1/2023**	NPA
S9353	Home infusion therapy, continuous insulin infusion therapy; administrative services, professional pharmacy services,	**1/1/2002**		**9/1/2023**	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem				
S9355	Home infusion therapy, chelation therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	**1/1/2002**		**9/1/2023**	NPA
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	**1/1/2002**		**9/1/2023**	NPA
S9359	Home infusion therapy, anti-tumor necrosis factor intravenous therapy; (e.g., Infliximab); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	**1/1/2002**		**9/1/2023**	NPA
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	**1/1/2002**		**9/1/2023**	NPA
S9363	Home infusion therapy, anti-spasmotic therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	**1/1/2002**		**9/1/2023**	NPA
S9364	Home infusion therapy, total parenteral nutrition (TPN); administrative services, professional pharmacy services, care coordination, and all necessary supplies and	**1/1/2002**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem (do not use with home infusion codes S9365-S9368 using daily volume scales)				
S9365	Home infusion therapy, total parenteral nutrition (TPN); one liter per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem	**1/1/2002**		**9/1/2023**	NPA
S9366	Home infusion therapy, total parenteral nutrition (TPN); more than one liter but no more than two liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem	**1/1/2002**		**9/1/2023**	NPA
S9367	Home infusion therapy, total parenteral nutrition (TPN); more than two liters but no more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem	**1/1/2002**		**9/1/2023**	NPA
S9368	Home infusion therapy, total parenteral nutrition (TPN); more than three liters per day, administrative services,	**1/1/2002**		**9/1/2023**	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem				
S9370	Home therapy, intermittent anti-emetic injection therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	**1/1/2002**		**9/1/2023**	NPA
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)	**1/1/2002**		**9/1/2023**	NPA
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)	**1/1/2002**		**9/1/2023**	NPA
S9374	Home infusion therapy, hydration therapy; one liter per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	**1/1/2002**		**9/1/2023**	NPA
S9375	Home infusion therapy, hydration therapy; more than one liter but no more than two liters per day, administrative	**1/1/2002**		**9/1/2023**	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem				
S9376	Home infusion therapy, hydration therapy; more than two liters but no more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	**1/1/2002**		**9/1/2023**	NPA
S9377	Home infusion therapy, hydration therapy; more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies (drugs and nursing visits coded separately), per diem	**1/1/2002**		**9/1/2023**	NPA
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	**1/1/2002**		**9/1/2023**	NPA
S9381	Delivery or service to high risk areas requiring escort or extra protection, per visit	**1/1/2002**			NC
S9401	Anticoagulation clinic, inclusive of all services except laboratory tests, per session	**4/1/2002**			NC
S9430	Pharmacy compounding and dispensing services	**4/1/2002**		**9/1/2023**	NC
S9432	Medical foods for non-inborn errors of metabolism	**10/1/2021**		**1/1/2022**	NC
S9433	Medical food nutritionally complete, administered orally, providing 100% of nutritional intake	**1/1/2009**			NC
S9434	Modified solid food supplements for inborn errors of metabolism	**4/1/2003**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
S9435	Medical foods for inborn errors of metabolism	1/1/2001			NC
S9436	Childbirth preparation/Lamaze classes, non-physician provider, per session	4/1/2002			NC
S9437	Childbirth refresher classes, non-physician provider, per session	4/1/2002			NC
S9438	Cesarean birth classes, non-physician provider, per session	4/1/2002			NC
S9439	VBAC (vaginal birth after cesarean) classes, non-physician provider, per session	4/1/2002			NC
S9441	Asthma education, non-physician provider, per session	1/1/2002			NC
S9442	Birthing classes, non-physician provider, per session	1/1/2002			NC
S9443	Lactation classes, non-physician provider, per session	1/1/2002			NC
S9444	Parenting classes, non-physician provider, per session	4/1/2002			NC
S9445	Patient education, not otherwise classified, non-physician provider, individual, per session	1/1/2002			NC
S9446	Patient education, not otherwise classified, non-physician provider, group, per session	1/1/2002			NC
S9447	Infant safety (including CPR) classes, non-physician provider, per session	4/1/2002			NC
S9449	Weight management classes, non-physician provider, per session	4/1/2002			NC
S9451	Exercise classes, non-physician provider, per session	4/1/2002			NC
S9452	Nutrition classes, non-physician provider, per session	4/1/2002			NC
S9453	Smoking cessation classes, non-physician provider, per session	4/1/2002			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
S9454	Stress management classes, non-physician provider, per session	**4/1/2002**			NC
S9455	Diabetic management program, group session	**1/1/2000**			NC
S9460	Diabetic management program, nurse visit	**1/1/2000**		**9/1/2023**	PA
S9465	Diabetic management program, dietitian visit	**1/1/2000**			PA
S9470	Nutritional counseling, dietitian visit	**1/1/2000**		**9/1/2023**	NC
S9472	Cardiac rehabilitation program, non-physician provider, per diem	**1/1/2000**			NPA
S9473	Pulmonary rehabilitation program, non-physician provider, per diem	**1/1/2000**			NPA
S9474	Enterostomal therapy by a registered nurse certified in enterostomal therapy, per diem	**1/1/2000**			NC
S9475	Ambulatory setting substance abuse treatment or detoxification services, per diem	**1/1/2000**			PA
S9476	Vestibular rehabilitation program, non-physician provider, per diem	**10/1/2003**			NC
S9480	Intensive outpatient psychiatric services, per diem	**1/1/2000**			PA
S9482	Family stabilization services, per 15 minutes	**1/1/2005**			NC
S9484	Crisis intervention mental health services, per hour	**7/1/2002**			NPA
S9485	Crisis intervention mental health services, per diem	**1/1/2000**			NPA
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	**7/1/2002**		**9/1/2023**	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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)	**1/1/2002**		**9/1/2023**	NPA
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	**1/1/2002**		**9/1/2023**	NPA
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	**1/1/2002**		**3/1/2023**	NPA
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	**1/1/2002**		**3/1/2023**	NPA
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	**1/1/2002**		**3/1/2023**	NPA
S9503	Home infusion therapy, antibiotic, antiviral, or antifungal; once every 6 hours; administrative services, professional pharmacy services, care coordination, and all necessary	**1/1/2002**		**3/1/2023**	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	supplies and equipment (drugs and nursing visits coded separately), per diem				
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	**1/1/2002**		**3/1/2023**	NPA
S9529	Routine venipuncture for collection of specimen(s), single home bound, nursing home, or skilled nursing facility patient	**1/1/2002**		**9/1/2023**	NPA
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	**1/1/2002**			PA
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	**1/1/2002**			PA
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	**1/1/2002**			NC
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	**1/1/2002**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
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	**1/1/2002**			NC
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	**1/1/2002**			NC
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	**1/1/2003**			NC
S9563	Home injectable therapy, immunotherapy, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	**4/1/2023**			NC
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	**1/1/2003**			NC
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)	**1/1/2002**			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
S9900	Services by a journa-listed christian science practitioner for the purpose of healing, per diem	7/1/2002			NC
S9901	Services by a journal-listed christian science nurse, per hour	1/1/2015			NC
S9960	Ambulance service, conventional air service, nonemergency transport, one way (fixed wing)	1/1/2014		9/1/2023	NC
S9961	Ambulance service, conventional air service, nonemergency transport, one way (rotary wing)	1/1/2014		9/1/2023	NC
S9970	Health club membership, annual	4/1/2002			NC
S9975	Transplant related lodging, meals and transportation, per diem	4/1/2002			NC
S9976	Lodging, per diem, not otherwise classified	4/1/2004			NC
S9977	Meals, per diem, not otherwise specified	4/1/2004			NC
S9981	Medical records copying fee, administrative	1/1/2002			NC
S9982	Medical records copying fee, per page	1/1/2002			NC
S9986	Not medically necessary service (patient is aware that service not medically necessary)	1/1/2002			NC
S9988 - Q0	Services provided as part of a Phase I clinical trial	4/1/2004		1/1/2017	NC
S9988 - Q1	Services provided as part of a Phase I clinical trial	4/1/2004		9/1/2023	NC
S9989	Services provided outside of the United States of America (list in addition to code(s) for service(s))	1/1/2002			NC
S9990 - Q0	Services provided as part of a Phase II clinical trial	1/1/2000		1/1/2017	NC
S9990 - Q1	Services provided as part of a Phase II clinical trial	1/1/2000		9/1/2023	NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
S9991 - Q0	Services provided as part of a Phase III clinical trial	1/1/2000		1/1/2017	NC
S9991 - Q1	Services provided as part of a Phase III clinical trial	1/1/2000		9/1/2023	NC
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	1/1/2000			NC
S9994	Lodging costs (e.g., hotel charges) for clinical trial participant and one caregiver/companion	1/1/2000			NC
S9996	Meals for clinical trial participant and one caregiver/companion	1/1/2000			NC
S9999	Sales tax	1/1/2000			NC
T1000	Private duty/independent nursing service(s), licensed, up to 15 minutes	7/1/2001			NC
T1001	Nursing assessment/evaluation	7/1/2001			NC
T1002	RN services, up to 15 minutes	7/1/2001			NC
T1003	LPN/LVN services, up to 15 minutes	7/1/2001			NC
T1004	Services of a qualified nursing aide, up to 15 minutes	7/1/2001			NC
T1005	Respite care services, up to 15 minutes	7/1/2001			NC
T1006	Alcohol and/or substance abuse services, family/couple counseling	7/1/2001			NC
T1007	Alcohol and/or substance abuse services, treatment plan development and/or modification	7/1/2001			NC
T1009	Child sitting services for children of the individual receiving alcohol and/or substance abuse services	7/1/2001			NC
T1010	Meals for individuals receiving alcohol and/or substance abuse services (when meals not included in the program)	7/1/2001			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
T1012	Alcohol and/or substance abuse services, skills development	7/1/2001			NC
T1013	Sign language or oral interpretive services, per 15 minutes	7/1/2001			NC
T1014	Telehealth transmission, per minute, professional services bill separately	7/1/2001			NC
T1015	Clinic visit/encounter, all-inclusive	1/1/2002			NC
T1016	Case management, each 15 minutes	7/1/2002			NC
T1017	Targeted case management, each 15 minutes	7/1/2002			NC
T1018	School-based individualized education program (IEP) services, bundled	7/1/2002			NC
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)	7/1/2002			NC
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)	7/1/2002			NC
T1021	Home health aide or certified nurse assistant, per visit	7/1/2002			NC
T1022	Contracted home health agency services, all services provided under contract, per day	1/1/2003			NC
T1023	Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol, per encounter	1/1/2003			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
T1024	Evaluation and treatment by an integrated, specialty team contracted to provide coordinated care to multiple or severely handicapped children, per encounter	1/1/2003			NC
T1025	Intensive, extended multidisciplinary services provided in a clinic setting to children with complex medical, physical, mental and psychosocial impairments, per diem	1/1/2003			NC
T1026	Intensive, extended multidisciplinary services provided in a clinic setting to children with complex medical, physical, medical and psychosocial impairments, per hour	1/1/2003			NC
T1027	Family training and counseling for child development, per 15 minutes	1/1/2003			NC
T1028	Assessment of home, physical and family environment, to determine suitability to meet patient's medical needs	1/1/2003			NC
T1029	Comprehensive environmental lead investigation, not including laboratory analysis, per dwelling	1/1/2003			NC
T1030	Nursing care, in the home, by registered nurse, per diem	1/1/2003			NC
T1031	Nursing care, in the home, by licensed practical nurse, per diem	1/1/2003			NC
T1032	Services performed by a doula birth worker, per 15 minutes	10/1/2022		10/1/2022	NC
T1033	Services performed by a doula birth worker, per diem	10/1/2022		10/1/2022	NC
T1040	Medicaid certified community behavioral health clinic services, per diem	1/1/2017			NC
T1041	Medicaid certified community behavioral health clinic services, per month	1/1/2017			NC
T1502	Administration of oral, intramuscular and/or subcutaneous medication by health care agency/professional, per visit	1/1/2003			NC
T1503	Administration of medication, other than oral and/or injectable, by a health care agency/professional, per visit	4/1/2007			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
T1505	Electronic medication compliance management device, includes all components and accessories, not otherwise classified	1/1/2011			NC
T1999	Miscellaneous therapeutic items and supplies, retail purchases, not otherwise classified; identify product in "remarks"	1/1/2003			NC
T2001	Non-emergency transportation; patient attendant/escort	4/1/2002			NC
T2002	Non-emergency transportation; per diem	4/1/2002			NC
T2003	Non-emergency transportation; encounter/trip	4/1/2002			NC
T2004	Non-emergency transport; commercial carrier, multi-pass	4/1/2002			NC
T2005	Non-emergency transportation; stretcher van	4/1/2002			NC
T2007	Transportation waiting time, air ambulance and non-emergency vehicle, one-half (1/2) hour increments	1/1/2003			NC
T2010	Preadmission screening and resident review (PASRR) level I identification screening, per screen	4/1/2003			NC
T2011	Preadmission screening and resident review (PASRR) level II evaluation, per evaluation	4/1/2003			NC
T2012	Habilitation, educational; waiver, per diem	10/1/2003			NC
T2013	Habilitation, educational, waiver; per hour	10/1/2003			NC
T2014	Habilitation, prevocational, waiver; per diem	10/1/2003			NC
T2015	Habilitation, prevocational, waiver; per hour	10/1/2003			NC
T2016	Habilitation, residential, waiver; per diem	10/1/2003			NC
T2017	Habilitation, residential, waiver; 15 minutes	10/1/2003			NC
T2018	Habilitation, supported employment, waiver; per diem	10/1/2003			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
T2019	Habilitation, supported employment, waiver; per 15 minutes	10/1/2003			NC
T2020	Day habilitation, waiver; per diem	10/1/2003			NC
T2021	Day habilitation, waiver; per 15 minutes	10/1/2003			NC
T2022	Case management, per month	10/1/2003			NC
T2023	Targeted case management; per month	10/1/2003			NC
T2024	Service assessment/plan of care development, waiver	10/1/2003			NC
T2025	Waiver services; not otherwise specified (NOS)	10/1/2003			NC
T2026	Specialized childcare, waiver; per diem	10/1/2003			NC
T2027	Specialized childcare, waiver; per 15 minutes	10/1/2003			NC
T2028	Specialized supply, not otherwise specified, waiver	10/1/2003			NC
T2029	Specialized medical equipment, not otherwise specified, waiver	10/1/2003			NC
T2030	Assisted living, waiver; per month	10/1/2003			NC
T2031	Assisted living; waiver, per diem	10/1/2003			NC
T2032	Residential care, not otherwise specified (NOS), waiver; per month	10/1/2003			NC
T2033	Residential care, not otherwise specified (NOS), waiver; per diem	10/1/2003			NC
T2034	Crisis intervention, waiver; per diem	10/1/2003			NC
T2035	Utility services to support medical equipment and assistive technology/devices, waiver	10/1/2003			NC
T2036	Therapeutic camping, overnight, waiver; each session	10/1/2003			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
T2037	Therapeutic camping, day, waiver; each session	10/1/2003			NC
T2038	Community transition, waiver; per service	10/1/2003			NC
T2039	Vehicle modifications, waiver; per service	10/1/2003			NC
T2040	Financial management, self-directed, waiver; per 15 minutes	10/1/2003			NC
T2041	Supports brokerage, self-directed, waiver; per 15 minutes	10/1/2003			NC
T2042	Hospice routine home care; per diem	10/1/2003		9/1/2023	PA
T2043	Hospice continuous home care; per hour	10/1/2003		9/1/2023	PA
T2044	Hospice inpatient respite care; per diem	10/1/2003		9/1/2023	PA
T2045	Hospice general inpatient care; per diem	10/1/2003		9/1/2023	PA
T2046	Hospice long term care, room and board only; per diem	10/1/2003		9/1/2023	PA
T2047	Habilitation, prevocational, waiver; per 15 minutes	10/1/2020			NC
T2048	Behavioral health; long-term care residential (non-acute care in a residential treatment program where stay is typically longer than 30 days), with room and board, per diem	10/1/2003			NC
T2049	Non-emergency transportation; stretcher van, mileage; per mile	7/1/2004			NC
T2050	Financial management, self-directed, waiver; per diem	4/1/2022		7/1/2022	NC
T2051	Supports brokerage, self-directed, waiver; per diem	4/1/2022		7/1/2022	NC
T2101	Human breast milk processing, storage and distribution only	1/1/2004			NC
T4521	Adult sized disposable incontinence product, brief/diaper, small, each	1/1/2005			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
T4522	Adult sized disposable incontinence product, brief/diaper, medium, each	1/1/2005			NC
T4523	Adult sized disposable incontinence product, brief/diaper, large, each	1/1/2005			NC
T4524	Adult sized disposable incontinence product, brief/diaper, extra large, each	1/1/2005			NC
T4525	Adult sized disposable incontinence product, protective underwear/pull-on, small size, each	1/1/2005			NC
T4526	Adult sized disposable incontinence product, protective underwear/pull-on, medium size, each	1/1/2005			NC
T4527	Adult sized disposable incontinence product, protective underwear/pull-on, large size, each	1/1/2005			NC
T4528	Adult sized disposable incontinence product, protective underwear/pull-on, extra large size, each	1/1/2005			NC
T4529	Pediatric sized disposable incontinence product, brief/diaper, small/medium size, each	1/1/2005			NC
T4530	Pediatric sized disposable incontinence product, brief/diaper, large size, each	1/1/2005			NC
T4531	Pediatric sized disposable incontinence product, protective underwear/pull-on, small/medium size, each	1/1/2005			NC
T4532	Pediatric sized disposable incontinence product, protective underwear/pull-on, large size, each	1/1/2005			NC
T4533	Youth sized disposable incontinence product, brief/diaper, each	1/1/2005			NC
T4534	Youth sized disposable incontinence product, protective underwear/pull-on, each	1/1/2005			NC
T4535	Disposable liner/shield/guard/pad/undergarment, for incontinence, each	1/1/2005			NC
T4536	Incontinence product, protective underwear/pull-on, reusable, any size, each	1/1/2005			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
T4537	Incontinence product, protective underpad, reusable, bed size, each	1/1/2005			NC
T4538	Diaper service, reusable diaper, each diaper	1/1/2005			NC
T4539	Incontinence product, diaper/brief, reusable, any size, each	1/1/2005			NC
T4540	Incontinence product, protective underpad, reusable, chair size, each	1/1/2005			NC
T4541	Incontinence product, disposable underpad, large, each	1/1/2005			NC
T4542	Incontinence product, disposable underpad, small size, each	1/1/2005			NC
T4543	Adult sized disposable incontinence product, protective brief/diaper, above extra large, each	1/1/2007			NC
T4544	Adult sized disposable incontinence product, protective underwear/pull-on, above extra large, each	1/1/2014			NC
T4545	Incontinence product, disposable, penile wrap, each	1/1/2019			NC
T5001	Positioning seat for persons with special orthopedic needs	1/1/2004			NC
T5999	Supply, not otherwise specified	1/1/2004			NC
V2524	Contact lens, hydrophilic, spherical, photochromic additive, per lens	10/1/2020			NC
V2623	Prosthetic eye, plastic, custom	1/1/1985			PA
V2624	Polishing/resurfacing of ocular prosthesis	1/1/1993			PA
V2625	Enlargement of ocular prosthesis	1/1/1993			PA
V2626	Reduction of ocular prosthesis	1/1/1993			PA
V2627	Scleral cover shell	1/1/1993			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
V2628	Fabrication and fitting of ocular conformer	1/1/1993			PA
V2629	Prosthetic eye, other type	1/1/1985			PA
V2630	Anterior chamber intraocular lens	1/1/1985			NPA
V2631	Iris supported intraocular lens	1/1/1985			NPA
V2632	Posterior chamber intraocular lens	1/1/1985			NPA
V2785	Processing, preserving and transporting corneal tissue	1/1/1990			NC
V5008	Hearing screening	1/1/1990			PA
V5010	Assessment for hearing aid	1/1/1984			PA
V5011	Fitting/orientation/checking of hearing aid	1/1/1990			PA
V5014	Repair/modification of a hearing aid	1/1/1990			PA
V5020	Conformity evaluation	1/1/1984			NC
V5030	Hearing aid, monaural, body worn, air conduction	1/1/1986			PA
V5040	Hearing aid, monaural, body worn, bone conduction	1/1/1986			PA
V5050	Hearing aid, monaural, in the ear	1/1/1982			PA
V5060	Hearing aid, monaural, behind the ear	1/1/1982			PA
V5070	Glasses, air conduction	1/1/1982			NC
V5080	Glasses, bone conduction	1/1/1982			NC
V5090	Dispensing fee, unspecified hearing aid	1/1/1982			PA
V5095	Semi-implantable middle ear hearing prosthesis	1/1/2003			PA
V5100	Hearing aid, bilateral, body worn	1/1/1982			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
V5110	Dispensing fee, bilateral	1/1/1982			PA
V5120	Binaural, body	1/1/1982			PA
V5130	Binaural, in the ear	1/1/1982			PA
V5140	Binaural, behind the ear	1/1/1982			PA
V5150	Binaural, glasses	1/1/1982			NC
V5160	Dispensing fee, binaural	1/1/1982			PA
V5171	Hearing aid, contralateral routing device, monaural, in the ear (ITE)	1/1/2019		**5/1/2023**	PA
V5172	Hearing aid, contralateral routing device, monaural, in the canal (ITC)	1/1/2019			NC
V5181	Hearing aid, contralateral routing device, monaural, behind the ear (BTE)	1/1/2019		**5/1/2023**	PA
V5190	Hearing aid, contralateral routing, monaural, glasses	1/1/1982		**5/1/2023**	PA
V5200	Dispensing fee, contralateral, monaural	1/1/1982			PA
V5211	Hearing aid, contralateral routing system, binaural, ITE/ITE	1/1/2019		**5/1/2023**	PA
V5212	Hearing aid, contralateral routing system, binaural, ITE/ITC	1/1/2019			NC
V5213	Hearing aid, contralateral routing system, binaural, ITE/BTE	1/1/2019			NC
V5214	Hearing aid, contralateral routing system, binaural, ITC/ITC	1/1/2019			NC
V5215	Hearing aid, contralateral routing system, binaural, ITC/BTE	1/1/2019			NC
V5221	Hearing aid, contralateral routing system, binaural, BTE/BTE	1/1/2019		**5/1/2023**	PA
V5230	Hearing aid, contralateral routing system, binaural, glasses	1/1/1982		**5/1/2023**	PA
V5240	Dispensing fee, contralateral routing system, binaural	1/1/1982			PA
V5241	Dispensing fee, monaural hearing aid, any type	1/1/2002			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
V5242	Hearing aid, analog, monaural, cic (completely in the ear canal)	1/1/2002			PA
V5243	Hearing aid, analog, monaural, itc (in the canal)	1/1/2002			PA
V5244	Hearing aid, digitally programmable analog, monaural, CIC	1/1/2002			PA
V5245	Hearing aid, digitally programmable, analog, monaural, ITC	1/1/2002			PA
V5246	Hearing aid, digitally programmable analog, monaural, ITE (in the ear)	1/1/2002			PA
V5247	Hearing aid, digitally programmable analog, monaural, BTE (behind the ear)	1/1/2002			PA
V5248	Hearing aid, analog, binaural, CIC	1/1/2002			PA
V5249	Hearing aid, analog, binaural, ITC	1/1/2002			PA
V5250	Hearing aid, digitally programmable analog, binaural, CIC	1/1/2002			PA
V5251	Hearing aid, digitally programmable analog, binaural, ITC	1/1/2002			PA
V5252	Hearing aid, digitally programmable, binaural, ITE	1/1/2002			PA
V5253	Hearing aid, digitally programmable, binaural, BTE	1/1/2002			PA
V5254	Hearing aid, digital, monaural, CIC	1/1/2002			PA
V5255	Hearing aid, digital, monaural, ITC	1/1/2002			PA
V5256	Hearing aid, digital, monaural, ITE	1/1/2002			PA
V5257	Hearing aid, digital, monaural, BTE	1/1/2002			PA
V5258	Hearing aid, digital, binaural, CIC	1/1/2002			PA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
V5259	Hearing aid, digital, binaural, ITC	1/1/2002			PA
V5260	Hearing aid, digital, binaural, ITE	1/1/2002			PA
V5261	Hearing aid, digital, binaural, BTE	1/1/2002			PA
V5262	Hearing aid, disposable, any type, monaural	1/1/2002			NC
V5263	Hearing aid, disposable, any type, binaural	1/1/2002			NC
V5264	Ear mold/insert, not disposable, any type	1/1/2002			PA
V5265	Ear mold/insert, disposable, any type	1/1/2002			NC
V5266	Battery for use in hearing device	1/1/2002			NC
V5267	Hearing aid or assistive listening device/supplies/accessories, not otherwise specified	1/1/2002			NC
V5268	Assistive listening device, telephone amplifier, any type	1/1/2002			NC
V5269	Assistive listening device, alerting, any type	1/1/2002			NC
V5270	Assistive listening device, television amplifier, any type	1/1/2002			NC
V5271	Assistive listening device, television caption decoder	1/1/2002			NC
V5272	Assistive listening device, TDD	1/1/2002			NC
V5273	Assistive listening device, for use with cochlear implant	1/1/2002			NC
V5274	Assistive listening device, not otherwise specified	1/1/2002			NC
V5275	Ear impression, each	1/1/2002			NC
V5281	Assistive listening device, personal FM/DM system, monaural, (1 receiver, transmitter, microphone), any type	1/1/2013			NC

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
V5282	Assistive listening device, personal FM/DM system, binaural, (2 receivers, transmitter, microphone), any type	1/1/2013			NC
V5283	Assistive listening device, personal FM/DM neck, loop induction receiver	1/1/2013			NC
V5284	Assistive listening device, personal FM/DM, ear level receiver	1/1/2013			NC
V5285	Assistive listening device, personal FM/DM, direct audio input receiver	1/1/2013			NC
V5286	Assistive listening device, personal blue tooth FM/DM receiver	1/1/2013			NC
V5287	Assistive listening device, personal FM/DM receiver, not otherwise specified	1/1/2013			NC
V5288	Assistive listening device, personal FM/DM transmitter assistive listening device	1/1/2013			NC
V5289	Assistive listening device, personal FM/DM adapter/boot coupling device for receiver, any type	1/1/2013			NC
V5290	Assistive listening device, transmitter microphone, any type	1/1/2013			NC
V5298	Hearing aid, not otherwise classified	1/1/2003		9/1/2023	PA
V5299	Hearing service, miscellaneous	1/1/1982		9/1/2023	PA
V5336	Repair/modification of augmentative communicative system or device (excludes adaptive hearing aid)	1/1/1990			PA
V5362	Speech screening	1/1/1990		9/1/2023	NC
V5363	Language screening	1/1/1990		9/1/2023	NC
V5364	Dysphagia screening	1/1/1990		9/1/2023	NC
C9507	Fresh frozen plasma, high titer COVID-19 convalescent, frozen within 8 hours of collection, each unit	12/28/2021		12/28/2021	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
C9803	Hospital outpatient clinic visit specimen collection for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) coronavirus disease [COVID-19], any specimen source	3/1/2020		**3/1/2020**	NPA
G2023	Specimen collection for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]), any specimen source	3/1/2020	5/11/2023	**3/1/2020**	NPA
G2024	Specimen collection for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) from an individual in a SNF or by a laboratory on behalf of a HHA, any specimen source	3/1/2020	5/11/2023	**9/1/2023**	NC
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	6/24/2021		**6/24/2021**	NPA
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	6/24/2021		**6/24/2021**	NPA
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	6/24/2021		**9/1/2023**	NPA

Code	Long Description	Effective Date	Expiration Date	IFP Implementation Date	Code Status
	mechanical ventilation, or extracorporeal membrane oxygenation (ECMO) only, 1 mg				
U0001	CDC 2019 novel Coronavirus (2019-nCoV) real-time RT-PCR diagnostic panel	**2/4/2020**		**2/4/2020**	NPA
U0002	2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), any technique, multiple types or subtypes (includes all targets), non-CDC	**2/4/2020**		**2/4/2020**	NPA
U0003	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, making use of high throughput technologies as described by CMS-2020-01-R	**4/14/2020**	**5/11/2023**	**9/1/2023**	NC
U0004	2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), any technique, multiple types or subtypes (includes all targets), non-CDC, making use of high throughput technologies as described by CMS-2020-01-R	**4/14/2020**	**5/11/2023**	**9/1/2023**	NC
U0005	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, CDC or non-CDC, making use of high throughput technologies, completed within 2 calendar days from date of specimen collection (List separately in addition to either HCPCS code U0003 or U0004) as described by CMS-2020-01-R2	**1/1/2021**	**5/11/2023**	**9/1/2023**	NC