2025 Non-Covered Code List - Fully Insured
Effective 1/1/2025
(Updated April 2025)

Procedures/services not covered by the Plan. Pre-service review does not apply. Except as otherwise noted in the date column, these codes are effective on or before January 1, 2025	**This file is a searchable PDF. Press "CTRL" and "F" keys at the same time to bring up the search box. Enter a procedure code or description of the service.**

Note: Some codes will appear twice if Ending Date and Effective Date are within the same quarter period.

Procedure Code	Code Description	Effective Date	Ending Date
213AA	Proc/Treat/Equip/Ins/Non-Covered	1/1/2005	12/31/2999
213BA	OTC Drugs Non-Covered	1/1/2005	12/31/2999
213CA	Vision/Hear/Dental Non-Covered	1/1/2005	12/31/2999
213EA	Assit Disabled/Misc Non-Covered	1/1/2005	12/31/2999
213FA	Corr Eye Surgery Non-Covered	1/1/2005	12/31/2999
213GA	Premiums Non- Covered	1/1/2005	12/31/2999
213HA	Copays Non-Covered	1/1/2005	12/31/2999
213JA	Limited Purpose HCA Non- Covered	1/1/2005	12/31/2999
213KA	Preventative Care Non-Covered	1/1/2005	12/31/2999
213LA	Long Term Care Non-Covered	1/1/2005	12/31/2999
0084U	Red blood cell antigen typing, DNA, genotyping of 10 blood groups with phenotype prediction of 37 red blood cell antigens	7/1/2019	12/31/2999
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	12/31/2999

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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	12/31/2999
0092U	Oncology (lung), three protein biomarkers, immunoassay using magnetic nanosensor technology, plasma, algorithm reported as risk score for likelihood of malignancy	7/1/2019	12/31/2999
0093U	Prescription drug monitoring, evaluation of 65 common drugs by LC-MS/MS, urine, each drug reported detected or not detected	7/1/2019	12/31/2999
0095U	Eosinophilic esophagitis, 2 protein biomarkers (Eotaxin-3 [CCL26 {C-C motif chemokine ligand 26}] and Major Basic Protein [PRG2 {proteoglycan 2, pro eosinophil major basic protein}]-1), enzyme-linked immunosorbent assays (ELISA), specimen obtained by esophageal string test device, algorithm reported as probability of active or inactive eosinophilic esophagitis	7/1/2019	12/31/2999
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	12/31/2999
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	12/31/2999
0107U	Clostridium difficile toxin(s) antigen detection by immunoassay technique, stool, qualitative, multiple-step method	10/1/2019	12/31/2999
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	12/31/2999
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	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
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	12/31/2999
0112U	Infectious agent detection and identification, targeted sequence analysis (16S and 18S rRNA genes) with drug-resistance gene	10/1/2019	12/31/2999
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	12/31/2999
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	12/31/2999
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	12/31/2999
0119U	Cardiology, ceramides by liquid chromatography?tandem mass spectrometry, plasma, quantitative report with risk score for major cardiovascular events	10/1/2019	12/31/2999
0121U	Sickle cell disease, microfluidic flow adhesion (VCAM-1), whole blood	10/1/2019	12/31/2999
0122U	Sickle cell disease, microfluidic flow adhesion (P-Selectin), whole blood	10/1/2019	12/31/2999
0123U	Mechanical fragility, RBC, shear stress and spectral analysis profiling	10/1/2019	12/31/2999
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	12/31/2999
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	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
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	12/31/2999
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	12/31/2999
9701A	NON-PRESCRIPTION DRUGS	1/1/1950	12/31/2999
7957	WEIGHT LOSS	1/1/1950	12/31/2999
11200	Removal of skin tags, multiple fibrocutaneous tags, any area; up to and including 15 lesions	10/1/2021	12/31/2999
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)	10/1/2021	12/31/2999
21248	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); partial	1/1/1950	12/31/2999
21249	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); complete	1/1/1950	12/31/2999
29440	Adding walker to previously applied cast	1/1/1950	12/31/2999
41820	Gingivectomy, excision gingiva, each quadrant	1/1/1950	12/31/2999
41821	Operculectomy, excision pericoronal tissues	1/1/1950	12/31/2999
41822	Excision of fibrous tuberosities, dentoalveolar structures	1/1/1950	12/31/2999
41823	Excision of osseous tuberosities, dentoalveolar structures	1/1/1950	12/31/2999
41828	Excision of hyperplastic alveolar mucosa, each quadrant (specify)	1/1/1950	12/31/2999
41830	Alveolectomy, including curettage of osteitis or sequestrectomy	1/1/1950	12/31/2999
41870	Periodontal mucosal grafting	1/1/1950	12/31/2999
41872	Gingivoplasty, each quadrant (specify)	1/1/1950	12/31/2999
41874	Alveoloplasty, each quadrant (specify)	1/1/1950	12/31/2999
65760	Keratomileusis	9/1/2020	12/31/2999
86910	Blood typing, for paternity testing, per individual; ABO, Rh and MN	1/1/1950	12/31/2999
86911	Blood typing, for paternity testing, per individual; each additional antigen system	1/1/1950	12/31/2999
88000	Necropsy (autopsy), gross examination only; without CNS	1/1/1950	12/31/2999
88005	Necropsy (autopsy), gross examination only; with brain	1/1/1950	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
88007	Necropsy (autopsy), gross examination only; with brain and spinal cord	1/1/1950	12/31/2999
88012	Necropsy (autopsy), gross examination only; infant with brain	1/1/1950	12/31/2999
88014	Necropsy (autopsy), gross examination only; stillborn or newborn with brain	1/1/1950	12/31/2999
88016	Necropsy (autopsy), gross examination only; macerated stillborn	1/1/1950	12/31/2999
88020	Necropsy (autopsy), gross and microscopic; without CNS	1/1/1950	12/31/2999
88025	Necropsy (autopsy), gross and microscopic; with brain	1/1/1950	12/31/2999
88027	Necropsy (autopsy), gross and microscopic; with brain and spinal cord	1/1/1950	12/31/2999
88028	Necropsy (autopsy), gross and microscopic; infant with brain	1/1/1950	12/31/2999
88029	Necropsy (autopsy), gross and microscopic; stillborn or newborn with brain	1/1/1950	12/31/2999
88036	Necropsy (autopsy), limited, gross and/or microscopic; regional	1/1/1950	12/31/2999
88037	Necropsy (autopsy), limited, gross and/or microscopic; single organ	1/1/1950	12/31/2999
88040	Necropsy (autopsy); forensic examination	1/1/1950	12/31/2999
88045	Necropsy (autopsy); coroner's call	1/1/1950	12/31/2999
88099	Unlisted necropsy (autopsy) procedure	1/1/1950	12/31/2999
90584	Dengue vaccine, quadrivalent, live, 2 dose schedule, for subcutaneous use	7/1/2022	12/31/2999
90593	Chikungunya virus vaccine, recombinant, for intramuscular use	1/1/2025	12/31/2999
90637	Influenza virus vaccine, quadrivalent (qIRV), mRNA; 30 mcg/0.5 mL dosage, for intramuscular use	7/1/2024	12/31/2999
90638	Influenza virus vaccine, quadrivalent (qIRV), mRNA; 60 mcg/0.5 mL dosage, for intramuscular use	7/1/2024	12/31/2999
90689	Influenza virus vaccine, quadrivalent (IIV4), inactivated, adjuvanted, preservative free, 0.25 mL dosage, for intramuscular use	1/1/2019	12/31/2999
90885	Psychiatric evaluation of hospital records, other psychiatric reports, psychometric and/or projective tests, and other accumulated data for medical diagnostic purposes	1/1/1950	12/31/2999
90889	Preparation of report of patient's psychiatric status, history, treatment, or progress (other than for legal or consultative purposes) for other individuals, agencies, or insurance carriers	1/1/1950	12/31/2999
92015	Determination of refractive state	1/1/1950	12/31/2999
92065	Orthoptic training; performed by a physician or other qualified health care professional	11/1/2013	12/31/2999
92340	Fitting of spectacles, except for aphakia; monofocal	1/1/1950	12/31/2999
92341	Fitting of spectacles, except for aphakia; bifocal	1/1/1950	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
92342	Fitting of spectacles, except for aphakia; multifocal, other than bifocal	1/1/1950	12/31/2999
92354	Fitting of spectacle mounted low vision aid; single element system	1/1/1950	12/31/2999
92355	Fitting of spectacle mounted low vision aid; telescopic or other compound lens system	1/1/1950	12/31/2999
92370	Repair and refitting spectacles; except for aphakia	1/1/1950	12/31/2999
94452	High altitude simulation test (HAST), with interpretation and report by a physician or other qualified health care professional;	1/1/2005	12/31/2999
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	12/31/2999
97169	Athletic training evaluation, low complexity, requiring these components: A history and physical activity profile with no comorbidities that affect physical activity; An examination of affected body area and other symptomatic or related systems addressing 1-2 elements from any of the following: body structures, physical activity, and/or participation deficiencies; and Clinical decision making of low complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 15 minutes are spent face-to-face with the patient and/or family.	1/1/2017	12/31/2999
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	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
97171	Athletic training evaluation, high complexity, requiring these components: A medical history and physical activity profile, with 3 or more comorbidities that affect physical activity; A comprehensive examination of body systems using standardized tests and measures addressing a total of 4 or more elements from any of the following: body structures, physical activity, and/or participation deficiencies; Clinical presentation with unstable and unpredictable characteristics; and Clinical decision making of high complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 45 minutes are spent face-to-face with the patient and/or family.	1/1/2017	12/31/2999
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	12/31/2999
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	1/1/1950	12/31/2999
99026	Hospital mandated on call service; in-hospital, each hour	1/1/1950	12/31/2999
99027	Hospital mandated on call service; out-of-hospital, each hour	1/1/1950	12/31/2999
99071	Educational supplies, such as books, tapes, and pamphlets, for the patient's education at cost to physician or other qualified health care professional	1/1/1950	12/31/2999
99075	Medical testimony	1/1/1950	12/31/2999
99080	Special reports such as insurance forms, more than the information conveyed in the usual medical communications or standard reporting form	1/1/1950	12/31/2999
99360	Standby service, requiring prolonged attendance, each 30 minutes (eg, operative standby, standby for frozen section, for cesarean/high risk delivery, for monitoring EEG)	1/1/1950	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
99446	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 5-10 minutes of medical consultative discussion and review	1/1/2021	12/31/2999
99447	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 11-20 minutes of medical consultative discussion and review	1/1/2021	12/31/2999
99448	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 21-30 minutes of medical consultative discussion and review	1/1/2021	12/31/2999
99449	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 31 minutes or more of medical consultative discussion and review	1/1/2021	12/31/2999
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.	1/1/1950	12/31/2999
99451	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, 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	1/1/2021	12/31/2999
99452	Interprofessional telephone/Internet/electronic health record referral service(s) provided by a treating/requesting physician or other qualified health care professional, 30 minutes	1/1/2021	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
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	12/31/2999
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	12/31/2999
99455	Work related or medical disability examination by the treating physician that includes: Completion of a medical history commensurate with the patient's condition; Performance of an examination commensurate with the patient's condition; Formulation of a diagnosis, assessment of capabilities and stability, and calculation of impairment; Development of future medical treatment plan; and Completion of necessary documentation/certificates and report.	1/1/1950	12/31/2999
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.	1/1/1950	12/31/2999
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	12/31/2999
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	12/31/2999
A4458	Enema bag with tubing, reusable	1/1/1950	12/31/2999
A4520	INCONTINENCE GARMENT, ANY TYPE, (E.G. BRIEF, DIAPER), EACH	1/1/2005	12/31/2999
A4553	Non-disposable underpads, all sizes	1/1/2017	12/31/2999
A4554	Disposable underpads, all sizes	2/7/2005	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
A4890	Contracts, repair and maintenance, for hemodialysis equipment	1/1/1950	12/31/2999
A4927	Gloves, non-sterile, per 100	1/1/1950	12/31/2999
A4931	Oral thermometer, reusable, any type, each	1/1/1950	12/31/2999
A4932	Rectal thermometer, reusable, any type, each	1/1/1950	12/31/2999
A9150	Non-prescription drugs	1/1/1950	12/31/2999
A9152	SINGLE VITAMIN/MINERAL/TRACE ELEMENT, ORAL, PER DOSE, NOT OTHERWISE SPECIFIED	1/1/2005	12/31/2999
A9153	MULTIPLE VITAMINS, WITH OR WITHOUT MINERALS AND TRACE ELEMENTS, ORAL, PER DOSE, NOT OTHERWISE SPECIFIED	1/1/2005	12/31/2999
A9270	Non-covered item or service	1/1/1950	12/31/2999
A9273	Cold or hot fluid bottle, ice cap or collar, heat and/or cold wrap, any type	9/1/2020	12/31/2999
A9282	WIG, ANY TYPE, EACH	7/1/2022	12/31/2999
A9300	Exercise equipment	1/1/1950	12/31/2999
D1705	AstraZeneca Covid-19 vaccine administration ? first dose	3/15/2021	12/31/2999
D1706	AstraZeneca Covid-19 vaccine administration ? second dose	3/15/2021	12/31/2999
D3410	apicoectomy - anterior	1/1/1950	12/31/2999
D7210	extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	1/1/1950	12/31/2999
D7220	removal of impacted tooth - soft tissue	1/1/1950	12/31/2999
D7230	removal of impacted tooth - partially bony	1/1/1950	12/31/2999
D8210	removable appliance therapy	1/1/1950	12/31/2999
D8220	fixed appliance therapy	1/1/1950	12/31/2999
E0210	Electric heat pad, standard	1/1/1950	12/31/2999
E0217	Water circulating heat pad with pump	9/1/2020	12/31/2999
E0218	Fluid circulating cold pad with pump, any type	9/1/2020	12/31/2999
E0236	Pump for water circulating pad	9/1/2020	12/31/2999
E0240	Bath/shower chair, with or without wheels, any size	1/1/1950	12/31/2999
E0241	Bath tub wall rail, each	1/1/1950	12/31/2999
E0242	Bath tub rail, floor base	1/1/1950	12/31/2999
E0243	Toilet rail, each	1/1/1950	12/31/2999
E0244	Raised toilet seat	1/1/1950	12/31/2999
E0245	Tub stool or bench	1/1/1950	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
E0246	Transfer tub rail attachment	1/1/1950	12/31/2999
E0247	Transfer bench for tub or toilet with or without commode opening	1/1/1950	12/31/2999
E0248	Transfer bench, heavy duty, for tub or toilet with or without commode opening	1/1/1950	12/31/2999
E0273	Bed board	9/1/2020	12/31/2999
E0274	Over-bed table	9/1/2020	12/31/2999
E0315	Bed accessory: board, table, or support device, any type	9/1/2020	12/31/2999
E1301	Whirlpool tub, walk-in, portable	4/24/2024	12/31/2999
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	1/1/2015	12/31/2999
G0293	Noncovered surgical procedure(s) using conscious sedation, regional, general or spinal anesthesia in a medicare qualifying clinical trial, per day	1/1/1950	12/31/2999
G0294	Noncovered procedure(s) using either no anesthesia or local anesthesia only, in a medicare qualifying clinical trial, per day	1/1/1950	12/31/2999
G0538	Atherosclerotic cardiovascular disease (ascvd) risk management services; clinical staff time; per calendar month	1/1/2025	12/31/2999
G0546	Interprofessional telephone/internet/electronic health record assessment and management service provided by a practitioner in a specialty whose covered services are limited by statute to services for the diagnosis and treatment of mental illness, including a verbal and written report to the patient's treating/requesting practitioner; 5-10 minutes of medical consultative discussion and review	1/1/2025	12/31/2999
G0547	Interprofessional telephone/internet/electronic health record assessment and management service provided by a practitioner in a specialty whose covered services are limited by statute to services for the diagnosis and treatment of mental illness, including a verbal and written report to the patient's treating/requesting practitioner; 11-20 minutes of medical consultative discussion and review	1/1/2025	12/31/2999
G0548	Interprofessional telephone/internet/electronic health record assessment and management service provided by a practitioner in a specialty whose covered services are limited by statute to services for the diagnosis and treatment of mental illness, including a verbal and written report to the patient's treating/requesting practitioner; 21-30 minutes of medical consultative discussion and review	1/1/2025	12/31/2999

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G0549	Interprofessional telephone/internet/electronic health record assessment and management service provided by a practitioner in a specialty whose covered services are limited by statute to services for the diagnosis and treatment of mental illness, including a verbal and written report to the patient's treating/requesting practitioner; 31 or more minutes of medical consultative discussion and review	1/1/2025	12/31/2999
G0550	Interprofessional telephone/internet/electronic health record assessment and management service provided by a practitioner in a specialty whose covered services are limited by statute to services for the diagnosis and treatment of mental illness, including a written report to the patient's treating/requesting practitioner, 5 minutes or more of medical consultative time	1/1/2025	12/31/2999
G0551	Interprofessional telephone/internet/electronic health record referral service(s) provided by a treating/requesting practitioner in a specialty whose covered services are limited by statute to services for the diagnosis and treatment of mental illness, 30 minutes	1/1/2025	12/31/2999
G0553	First 20 minutes of monthly treatment management services directly related to the patient's therapeutic use of the digital mental health treatment (dmht) device that augments a behavioral therapy plan, physician/other qualified health care professional time reviewing information related to the use of the dmht device, including patient observations and patient specific inputs in a calendar month and requiring at least one interactive communication with the patient/caregiver during the calendar month	1/1/2025	12/31/2999
G0554	Each additional 20 minutes of monthly treatment management services directly related to the patient's therapeutic use of the digital mental health treatment (dmht) device that augments a behavioral therapy plan, physician/other qualified health care professional time reviewing data generated from the dmht device from patient observations and patient specific inputs in a calendar month and requiring at least one interactive communication with the patient/caregiver during the calendar month	1/1/2025	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G0556	Advanced primary care management services for a patient with one chronic condition [expected to last at least 12 months, or until the death of the patient, which place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline], or fewer, provided by clinical staff and directed by a physician or other qualified health care professional who is responsible for all primary care and serves as the continuing focal point for all needed health care services, per calendar month, with the following elements, as appropriate: consent; ++ inform the patient of the availability of the service; that only one practitioner can furnish and be paid for the service during a calendar month; of the right to stop the services at any time (effective at the end of the calendar month); and that cost sharing may apply. ++ document in patient's medical record that consent was obtained. initiation during a qualifying visit for new patients or patients not seen within 3 years; provide 24/7 access for urgent needs to care team/practitioner, including providing patients/caregivers with a way to contact health care professionals in the practice to discuss urgent needs regardless of the time of day or day of week; continuity of care with a designated member of the care team with whom the patient is able to schedule successive routine appointments; deliver care in alternative ways to traditional office visits to best meet the patient's needs, such as home visits and/or expanded hours; overall comprehensive care management; ++ systematic needs assessment (medical and psychosocial). ++ system-based approaches to ensure receipt of preventive services. ++ medication reconciliation, management and oversight of self-management. development, implementation, revision, and maintenance of an electronic patient-centered comprehensive care plan with typical care plan elements when clinically relevant; ++ care plan is available timely within and	1/1/2025	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G0557	Advanced primary care management services for a patient with multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, which place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, provided by clinical staff and directed by a physician or other qualified health care professional who is responsible for all primary care and serves as the continuing focal point for all needed health care services, per calendar month, with the following elements, as appropriate: consent; ++ inform the patient of the availability of the service; that only one practitioner can furnish and be paid for the service during a calendar month; of the right to stop the services at any time (effective at the end of the calendar month); and that cost sharing may apply. ++ document in patient's medical record that consent was obtained. initiation during a qualifying visit for new patients or patients not seen within 3 years; provide 24/7 access for urgent needs to care team/practitioner, including providing patients/caregivers with a way to contact health care professionals in the practice to discuss urgent needs regardless of the time of day or day of week; continuity of care with a designated member of the care team with whom the patient is able to schedule successive routine appointments; deliver care in alternative ways to traditional office visits to best meet the patient's needs, such as home visits and/or expanded hours; overall comprehensive care management; ++ systematic needs assessment (medical and psychosocial). ++ system-based approaches to ensure receipt of preventive services. ++ medication reconciliation, management and oversight of self-management. development, implementation, revision, and maintenance of an electronic patient-centered comprehensive care plan; ++ care plan is available timely within and outside the billing practice as appropriate to	1/1/2025	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G0558	Advanced primary care management services for a patient that is a qualified medicare beneficiary with multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, which place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, provided by clinical staff and directed by a physician or other qualified health care professional who is responsible for all primary care and serves as the continuing focal point for all needed health care services, per calendar month, with the following elements, as appropriate: consent; ++ inform the patient of the availability of the service; that only one practitioner can furnish and be paid for the service during a calendar month; of the right to stop the services at any time (effective at the end of the calendar month); and that cost sharing may apply. ++ document in patient's medical record that consent was obtained. initiation during a qualifying visit for new patients or patients not seen within 3 years; provide 24/7 access for urgent needs to care team/practitioner, including providing patients/caregivers with a way to contact health care professionals in the practice to discuss urgent needs regardless of the time of day or day of week; continuity of care with a designated member of the care team with whom the patient is able to schedule successive routine appointments; deliver care in alternative ways to traditional office visits to best meet the patient's needs, such as home visits and/or expanded hours; overall comprehensive care management; ++ systematic needs assessment (medical and psychosocial). ++ system-based approaches to ensure receipt of preventive services. ++ medication reconciliation, management and oversight of self-management. development, implementation, revision, and maintenance of an electronic patient-centered comprehensive care plan; ++ care plan is available timely within and outsid	1/1/2025	12/31/2999
G2011	Alcohol and/or substance (other than tobacco) misuse structured assessment (e.g., audit, dast), and brief intervention, 5-14 minutes	1/1/2019	12/31/2999
G8395	LEFT VENTRICULAR EJECTION FRACTION (LVEF) >= 40% OR DOCUMENTATION AS NORMAL OR	1/1/2008	12/31/2999
G8396	LEFT VENTRICULAR EJECTION FRACTION (LVEF) NOT PERFORMED OR DOCUMENTED	1/1/2008	12/31/2999
G8397	DILATED MACULAR OR FUNDUS EXAM PERFORMED, INCLUDING DOCUMENTATION OF THE	1/1/2008	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G8399	Patient with documented results of a central dual-energy x-ray absorptiometry (dxa) ever being performed	1/1/2008	12/31/2999
G8400	Patient with central dual-energy x-ray absorptiometry (dxa) results not documented, reason not given	1/1/2008	12/31/2999
G8404	LOWER EXTREMITY NEUROLOGICAL EXAM PERFORMED AND DOCUMENTED	1/1/2008	12/31/2999
G8405	LOWER EXTREMITY NEUROLOGICAL EXAM NOT PERFORMED	1/1/2008	12/31/2999
G8410	FOOTWEAR EVALUATION PERFORMED AND DOCUMENTED	1/1/2008	12/31/2999
G8415	FOOTWEAR EVALUATION WAS NOT PERFORMED	1/1/2008	12/31/2999
G8416	CLINICIAN DOCUMENTED THAT PATIENT WAS NOT AN ELIGIBLE CANDIDATE FOR FOOTWEAR	1/1/2008	12/31/2999
G8417	Bmi is documented above normal parameters and a follow-up plan is documented	1/1/2008	12/31/2999
G8418	Bmi is documented below normal parameters and a follow-up plan is documented	1/1/2008	12/31/2999
G8419	Bmi documented outside normal parameters, no follow-up plan documented, no reason given	1/1/2008	12/31/2999
G8420	Bmi is documented within normal parameters and no follow-up plan is required	1/1/2008	12/31/2999
G8421	Bmi not documented and no reason is given	1/1/2008	12/31/2999
G8427	Eligible clinician attests to documenting in the medical record they obtained, updated, or reviewed the patient's current medications	1/1/2008	12/31/2999
G8428	Current list of medications not documented as obtained, updated, or reviewed by the eligible clinician, reason not given	1/1/2008	12/31/2999
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	12/31/2999
G8431	Screening for depression is documented as being positive and a follow-up plan is documented	1/1/2008	12/31/2999
G8432	Depression screening not documented, reason not given	1/1/2008	12/31/2999
G8433	Screening for depression not completed, documented patient or medical reason	1/1/2008	12/31/2999
G8450	Beta-blocker therapy prescribed	1/1/2008	12/31/2999
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)	1/1/2008	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G8452	Beta-blocker therapy not prescribed	1/1/2008	12/31/2999
G8465	High or very high risk of recurrence of prostate cancer	1/1/2008	12/31/2999
G8473	ANGIOTENSIN CONVERTING ENZYME (ACE) INHIBITOR OR ANGIOTENSIN RECEPTOR BLOCKER	1/1/2008	12/31/2999
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)	1/1/2008	12/31/2999
G8475	Angiotensin converting enzyme (ace) inhibitor or angiotensin receptor blocker (arb) therapy not prescribed, reason not given	1/1/2008	12/31/2999
G8476	Most recent blood pressure has a systolic measurement of < 140 mmhg and a diastolic measurement of < 90 mmhg	1/1/2008	12/31/2999
G8477	Most recent blood pressure has a systolic measurement of >=140 mmhg and/or a diastolic measurement of >=90 mmhg	1/1/2008	12/31/2999
G8478	Blood pressure measurement not performed or documented, reason not given	1/1/2008	12/31/2999
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	12/31/2999
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	12/31/2999
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	12/31/2999
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	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
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	12/31/2999
G9055	Oncology; primary focus of visit; other, unspecified service not otherwise listed (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9056	Oncology; practice guidelines; management adheres to guidelines (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
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	12/31/2999
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	12/31/2999
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	12/31/2999
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	12/31/2999
G9061	Oncology; practice guidelines; patient's condition not addressed by available guidelines (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
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	12/31/2999
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	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
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	12/31/2999
G9065	Oncology; disease status; limited to non-small cell lung cancer; extent of disease initially established as stage iii a (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	12/31/2999
G9066	Oncology; disease status; limited to non-small cell lung cancer; stage iii b- iv at diagnosis, metastatic, locally recurrent, or progressive (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
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	12/31/2999
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	12/31/2999
G9069	Oncology; disease status; small cell lung cancer, limited to small cell and combined small cell/non-small cell; extensive stage at diagnosis, metastatic, locally recurrent, or progressive (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
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	12/31/2999
G9071	Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); adenocarcinoma as predominant cell type; stage i or stage iia-iib; or t3, n1, m0; and er and/or pr positive; with no evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
G9072	Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); adenocarcinoma as predominant cell type; stage i, or stage iia-iib; or t3, n1, m0; and er and pr negative; with no evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
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	12/31/2999
G9074	Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); adenocarcinoma as predominant cell type; stage iiia-iiib; and not t3, n1, m0; and er and pr negative; with no evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
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	12/31/2999
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	12/31/2999
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	12/31/2999
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	12/31/2999
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	12/31/2999
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	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
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	12/31/2999
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	12/31/2999
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	12/31/2999
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	12/31/2999
G9088	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; m1 at diagnosis, metastatic, locally recurrent, or progressive without current clinical, radiologic, or biochemical evidence of disease (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
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	12/31/2999
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	12/31/2999
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	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
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	12/31/2999
G9093	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as t4, any n, m0 (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
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	12/31/2999
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	12/31/2999
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	12/31/2999
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	12/31/2999
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	12/31/2999
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	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
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	12/31/2999
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	12/31/2999
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	12/31/2999
G9103	Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type; clinical or pathologic m1 at diagnosis, metastatic, locally recurrent, or progressive (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
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	12/31/2999
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	12/31/2999
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	12/31/2999
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	12/31/2999
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	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
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	12/31/2999
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	12/31/2999
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	12/31/2999
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	12/31/2999
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	12/31/2999
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	12/31/2999
G9115	Oncology; disease status; ovarian cancer, limited to epithelial cancer; pathologic stage iii-iv; without evidence of progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
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	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
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	12/31/2999
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	12/31/2999
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	12/31/2999
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	12/31/2999
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	12/31/2999
G9128	Oncology; disease status; limited to multiple myeloma, systemic disease; smoldering, stage i (for use in a medicare-approved demonstration project)	1/1/2006	12/31/2999
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	12/31/2999
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	12/31/2999
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	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
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	12/31/2999
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	12/31/2999
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	12/31/2999
G9135	ONCOLOGY; DISEASE STATUS; NON-HODGKIN?S LYMPHOMA, ANY CELLULAR CLASSIFICATION; STAGE III, IV, NOT RELAPSED, NOT REFRACTORY (FOR USE IN A MEDICARE-APPROVED DEMONSTRATION PROJECT)	1/1/2007	12/31/2999
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	12/31/2999
G9137	ONCOLOGY; DISEASE STATUS; NON-HODGKIN?S LYMPHOMA, ANY CELLULAR CLASSIFICATION; RELAPSED/REFRACTORY (FOR USE IN A MEDICARE-APPROVED DEMONSTRATION PROJECT)	1/1/2007	12/31/2999
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	12/31/2999
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	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
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	12/31/2999
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 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	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G9979	Remote in-home visit for the evaluation and management of a new patient for use only in a Medicare-approved Bundled Payments for Care Improvement Advanced (BPCI Advanced) model episode of care, which requires these 3 key components: An expanded problem focused history;An expanded problem focused examination;Straightforward medical decision making, furnished in real time using interactive audio and video technology. Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually, the presenting problem(s) are of low to moderate severity. Typically, 20 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology.	10/1/2018	12/31/2999
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	12/31/2999
G9981	Remote in-home visit for the evaluation and management of a new patient for use only in a Medicare-approved Bundled Payments for Care Improvement Advanced (BPCI Advanced) model episode of care, which requires these 3 key components:A comprehensive history;A comprehensive examination;Medical decision making of moderate complexity, furnished in real time using interactive audio and video technology.Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology.	10/1/2018	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
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	12/31/2999
G9983	Remote in-home visit for the evaluation and management of an established patient for use only in a Medicare-approved Bundled Payments for Care Improvement Advanced (BPCI Advanced) model episode of care, which requires at least 2 of the following 3 key components:A problem focused history;A problem focused examination;Straightforward medical decision making, furnished in real time using interactive audio and video technology.Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology.	10/1/2018	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
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	12/31/2999
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	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G9986	Remote in-home visit for the evaluation and management of an established patient for use only in a Medicare-approved Bundled Payments for Care Improvement Advanced (BPCI Advanced) model episode of care, which requires at least 2 of the following 3 key components:A comprehensive history;A comprehensive examination;Medical decision making of high complexity, furnished in real time using interactive audio and video technology.Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology.	10/1/2018	12/31/2999
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	12/31/2999
J1726	Injection, hydroxyprogesterone caproate, (makena), 10 mg	7/15/2023	12/31/2999
J1729	Injection, hydroxyprogesterone caproate, not otherwise specified, 10 mg	7/15/2023	12/31/2999
J3570	Laetrile, amygdalin, vitamin b17	6/1/2015	12/31/2999
J9037	Injection, belantamab mafodontin-blmf, 0.5 mg	4/1/2024	3/31/2025
J9057	Injection, copanlisib, 1 mg	4/1/2024	12/31/2999
J9285	Injection, olaratumab, 10 mg	5/15/2021	12/31/2999
J9313	Injection, moxetumomab pasudotox-tdfk, 0.01 mg	4/1/2024	12/31/2999
L3040	Foot, arch support, removable, premolded, longitudinal, each	5/15/2007	12/31/2999
L3050	Foot, arch support, removable, premolded, metatarsal, each	5/15/2007	12/31/2999
L3060	Foot, arch support, removable, premolded, longitudinal/ metatarsal, each	5/15/2007	12/31/2999
M0075	Cellular therapy	1/1/1950	12/31/2999
P9099	Blood component or product not otherwise classified	1/1/2020	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
Q0510	PHARMACY SUPPLY FEE FOR INITIAL IMMUNOSUPPRESSIVE DRUG(S), FIRST MONTH FOLLOWING transPLANT	1/1/2006	12/31/2999
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	12/31/2999
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	12/31/2999
Q0521	Pharmacy supplying fee for hiv pre-exposure prophylaxis fda approved prescription	1/1/2025	12/31/2999
Q2049	Injection, Doxorubicin Hydrochloride, Liposomal, Imported Lipodox, 10 mg	4/1/2024	12/31/2999
Q2052	Services, supplies, and accessories used in the home for the administration of intravenous immune globulin (ivig)	4/1/2014	12/31/2999
Q4082	DRUG OR BIOLOGICAL, NOT OTHERWISE CLASSIFIED, PART B DRUG COMPETITIVE ACQUISITION PROGRAM (CAP)	1/1/2007	12/31/2999
S0117	Tretinoin, topical, 5 grams	1/1/1950	12/31/2999
S0142	COLISTIMETHATE SODIUM, INHALATION SOLUTION ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MG	4/1/2005	12/31/2999
S0197	PRENATAL VITAMINS, 30-DAY SUPPLY	4/1/2005	12/31/2999
S0310	Hospitalist services (list separately in addition to code for appropriate evaluation and management service)	1/1/1950	12/31/2999
S0320	Telephone calls by a registered nurse to a disease management program member for monitoring purposes; per month	1/1/1950	12/31/2999
S0622	Physical exam for college, new or established patient (list separately in addition to appropriate evaluation and management code)	1/1/1950	12/31/2999
S0810	Photorefractive keratectomy (prk)	9/1/2020	12/31/2999
S3600	Stat laboratory request (situations other than s3601)	1/1/1950	12/31/2999
S3601	Emergency stat laboratory charge for patient who is homebound or residing in a nursing facility	1/1/1950	12/31/2999
S4990	Nicotine patches, legend	1/1/1950	12/31/2999
S4991	Nicotine patches, non-legend	1/1/1950	12/31/2999
S4995	Smoking cessation gum	1/1/1950	12/31/2999
S5035	Home infusion therapy, routine service of infusion device (e. G. Pump maintenance)	1/1/1950	12/31/2999
S5036	Home infusion therapy, repair of infusion device (e. G. Pump repair)	1/1/1950	12/31/2999
S5100	Day care services, adult; per 15 minutes	1/1/1950	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
S5101	Day care services, adult; per half day	1/1/1950	12/31/2999
S5102	Day care services, adult; per diem	1/1/1950	12/31/2999
S5105	Day care services, center-based; services not included in program fee, per diem	1/1/1950	12/31/2999
S5108	Home care training to home care client, per 15 minutes	1/1/1950	12/31/2999
S5109	Home care training to home care client, per session	1/1/1950	12/31/2999
S5110	Home care training, family; per 15 minutes	1/1/1950	12/31/2999
S5115	Home care training, non-family; per 15 minutes	1/1/1950	12/31/2999
S5116	Home care training, non-family; per session	1/1/1950	12/31/2999
S5120	Chore services; per 15 minutes	1/1/1950	12/31/2999
S5121	Chore services; per diem	1/1/1950	12/31/2999
S5125	Attendant care services; per 15 minutes	1/1/1950	12/31/2999
S5126	Attendant care services; per diem	1/1/1950	12/31/2999
S5130	Homemaker service, nos; per 15 minutes	1/1/1950	12/31/2999
S5131	Homemaker service, nos; per diem	1/1/1950	12/31/2999
S5135	Companion care, adult (e. G. Iadl/adl); per 15 minutes	1/1/1950	12/31/2999
S5136	Companion care, adult (e. G. Iadl/adl); per diem	1/1/1950	12/31/2999
S5140	Foster care, adult; per diem	1/1/1950	12/31/2999
S5141	Foster care, adult; per month	1/1/1950	12/31/2999
S5145	Foster care, therapeutic, child; per diem	1/1/1950	12/31/2999
S5146	Foster care, therapeutic, child; per month	1/1/1950	12/31/2999
S5150	Unskilled respite care, not hospice; per 15 minutes	1/1/1950	12/31/2999
S5151	Unskilled respite care, not hospice; per diem	1/1/1950	12/31/2999
S5160	Emergency response system; installation and testing	1/1/1950	12/31/2999
S5161	Emergency response system; service fee, per month (excludes installation and testing)	1/1/1950	12/31/2999
S5162	Emergency response system; purchase only	1/1/1950	12/31/2999
S5165	Home modifications; per service	1/1/1950	12/31/2999
S5170	Home delivered meals, including preparation; per meal	1/1/1950	12/31/2999
S5175	Laundry service, external, professional; per order	1/1/1950	12/31/2999
S5185	Medication reminder service, non-face-to-face; per month	1/1/1950	12/31/2999
S5199	Personal care item, nos, each	1/1/1950	12/31/2999
S8270	Enuresis alarm, using auditory buzzer and/or vibration device	7/1/2005	12/31/2999
S8460	Camisole, post-mastectomy	1/1/1950	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
S8990	Physical or manipulative therapy performed for maintenance rather than restoration	9/1/2020	12/31/2999
S9125	Respite care, in the home, per diem	1/1/1950	12/31/2999
S9381	Delivery or service to high risk areas requiring escort or extra protection, per visit	1/1/1950	12/31/2999
S9436	Childbirth preparation/lamaze classes, non-physician provider, per session	1/1/1950	12/31/2999
S9437	Childbirth refresher classes, non-physician provider, per session	1/1/1950	12/31/2999
S9438	Cesarean birth classes, non-physician provider, per session	1/1/1950	12/31/2999
S9439	Vbac (vaginal birth after cesarean) classes, non-physician provider, per session	1/1/1950	12/31/2999
S9442	Birthing classes, non-physician provider, per session	1/1/1950	12/31/2999
S9444	Parenting classes, non-physician provider, per session	1/1/1950	12/31/2999
S9446	Patient education, not otherwise classified, non-physician provider, group, per session	1/1/1950	12/31/2999
S9447	Infant safety (including cpr) classes, non-physician provider, per session	1/1/1950	12/31/2999
S9449	Weight management classes, non-physician provider, per session	1/1/1950	12/31/2999
S9451	Exercise classes, non-physician provider, per session	1/1/1950	12/31/2999
S9454	Stress management classes, non-physician provider, per session	1/1/1950	12/31/2999
S9482	FAMILY STABILIZATION SERVICES, PER 15 MINUTES	1/1/2005	12/31/2999
S9900	SERVICES BY A JOURNAL-LISTED CHRISTIAN SCIENCE PRACTITIONER FOR THE PURPOSE OF HEALING, PER DIEM	1/1/1950	12/31/2999
S9970	Health club membership, annual	1/1/1950	12/31/2999
S9975	Transplant related lodging, meals and transportation, per diem	1/1/1950	12/31/2999
S9976	Lodging, per diem, not otherwise classified	1/1/1950	12/31/2999
S9977	Meals, per diem, not otherwise specified	1/1/1950	12/31/2999
S9981	Medical records copying fee, administrative	1/1/1950	12/31/2999
S9982	Medical records copying fee, per page	1/1/1950	12/31/2999
S9986	Not medically necessary service (patient is aware that service not medically necessary)	1/1/1950	12/31/2999
S9988	Services provided as part of a phase i clinical trial	1/1/1950	12/31/2999
S9990	Services provided as part of a phase ii clinical trial	1/1/1950	12/31/2999
S9991	Services provided as part of a phase iii clinical trial	1/1/1950	12/31/2999
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	1/1/1950	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
S9994	Lodging costs (e. G. , hotel charges) for clinical trial participant and one caregiver/companion	1/1/1950	12/31/2999
S9996	Meals for clinical trial participant and one caregiver/companion	1/1/1950	12/31/2999
S9999	Sales tax	1/1/1950	12/31/2999
T1014	Telehealth transmission, per minute, professional services bill separately	1/1/2021	12/31/2999
T2101	Human breast milk processing, storage and distribution only	7/1/2019	12/31/2999
V2025	Deluxe frame	9/1/2020	12/31/2999
V2702	DELUXE LENS FEATURE	9/1/2020	12/31/2999
V2744	Tint, photochromatic, per lens	5/15/2006	12/31/2999
V2799	Vision item or service, miscellaneous	5/15/2006	12/31/2999

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