



**BlueCross BlueShield**  
of New Mexico

**2025 Recommended Clinical Review Code List - Fully Insured**  
**Effective 1/1/2025**  
**(Updated April 2025)**

<p><b>This list includes Current Procedural Terminology (CPT®) and/or Healthcare Common Procedure Coding System codes for which an Optional Recommended Clinical Review may be requested.</b></p> <p><b>Except as otherwise noted in the date column, these codes are effective on or before January 1, 2025</b></p>		<p><b>Utilization Management Process</b></p> <p><b>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.</b></p>	
<p><b>Procedure Code</b></p>			
<p><a href="#">Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.</a></p>			
<p><b>Note: Some codes will appear twice if Ending Date and Effective Date are within the same quarter period.</b></p>			
Procedure Code	Code Description	Effective Date	Ending Date
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	12/31/2999
0054T	Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image-guidance based on fluoroscopic images (List separately in addition to code for primary procedure)	9/1/2020	12/31/2999
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)	12/15/2014	12/31/2999
0062U	Autoimmune (systemic lupus erythematosus), IgG and IgM analysis of 80 biomarkers, utilizing serum, algorithm reported with a risk score	12/1/2020	12/31/2999
0063U	Neurology (autism), 32 amines by LC-MS/MS, using plasma, algorithm reported as metabolic signature associated with autism spectrum disorder	12/1/2020	12/31/2999
0071T	Focused ultrasound ablation of uterine leiomyomata, including MR guidance; total leiomyomata volume less than 200 cc of tissue	12/1/2023	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
0072T	Focused ultrasound ablation of uterine leiomyomata, including MR guidance; total leiomyomata volume greater or equal to 200 cc of tissue	12/1/2023	12/31/2999
0075T	Transcatheter placement of extracranial vertebral artery stent(s), including radiologic supervision and interpretation, open or percutaneous; initial vessel	11/15/2006	12/31/2999
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)	11/15/2006	12/31/2999
0101T	Extracorporeal shock wave involving musculoskeletal system, not otherwise specified	12/15/2014	12/31/2999
0102T	Extracorporeal shock wave performed by a physician, requiring anesthesia other than local, and involving the lateral humeral epicondyle	12/15/2014	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)	10/1/2024	5/14/2025
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)	5/15/2025	12/31/2999
0106T	Quantitative sensory testing (QST), testing and interpretation per extremity; using touch pressure stimuli to assess large diameter sensation	12/15/2014	12/31/2999
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	12/1/2020	12/31/2999
0107T	Quantitative sensory testing (QST), testing and interpretation per extremity; using vibration stimuli to assess large diameter fiber sensation	9/1/2020	12/31/2999
0108T	Quantitative sensory testing (QST), testing and interpretation per extremity; using cooling stimuli to assess small nerve fiber sensation and hyperalgesia	9/1/2020	12/31/2999
0109T	Quantitative sensory testing (QST), testing and interpretation per extremity; using heat-pain stimuli to assess small nerve fiber sensation and hyperalgesia	9/1/2020	12/31/2999
0110T	Quantitative sensory testing (QST), testing and interpretation per extremity; using other stimuli to assess sensation	12/15/2014	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
0198T	Measurement of ocular blood flow by repetitive intraocular pressure sampling, with interpretation and report	12/1/2020	12/31/2999
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	1/1/2024	12/31/2999
0201T	Percutaneous sacral augmentation (sacroplasty), bilateral injections, including the use of a balloon or mechanical device, when used, 2 or more needles, includes imaging guidance and bone biopsy, when performed	1/1/2024	12/31/2999
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	12/1/2020	12/31/2999
0207T	Evacuation of meibomian glands, automated, using heat and intermittent pressure, unilateral	12/15/2014	12/31/2999
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	12/1/2020	12/31/2999
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	12/1/2020	12/31/2999
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	12/1/2020	12/31/2999
0222T	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; each additional vertebral segment (List separately in addition to code for primary procedure)	12/1/2020	12/31/2999
0224U	Antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), includes titer(s), when performed	6/1/2023	12/31/2999
0226U	Surrogate viral neutralization test (sVNT), severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), ELISA, plasma, seru	6/1/2023	12/31/2999
0232T	Injection(s), platelet rich plasma, any site, including image guidance, harvesting and preparation when performed	12/1/2020	12/31/2999
0253T	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, internal approach, into the suprachoroidal space	1/1/2011	12/31/2999
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	12/15/2014	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
0264T	Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance, if performed; complete procedure excluding bone marrow harvest	12/15/2014	12/31/2999
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	12/15/2014	12/31/2999
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)	10/1/2022	12/31/2999
0267T	Implantation or replacement of carotid sinus baroreflex activation device; lead only, unilateral (includes intra-operative interrogation, programming, and repositioning, when performed)	10/1/2022	12/31/2999
0268T	Implantation or replacement of carotid sinus baroreflex activation device; pulse generator only (includes intra-operative interrogation, programming, and repositioning, when performed)	10/1/2022	12/31/2999
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)	10/1/2022	12/31/2999
0270T	Revision or removal of carotid sinus baroreflex activation device; lead only, unilateral (includes intra-operative interrogation, programming, and repositioning, when performed)	10/1/2022	12/31/2999
0271T	Revision or removal of carotid sinus baroreflex activation device; pulse generator only (includes intra-operative interrogation, programming, and repositioning, when performed)	10/1/2022	12/31/2999
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);	10/1/2022	12/31/2999
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	10/1/2022	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
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	1/1/2023	12/31/2999
0275T	Percutaneous laminotomy/laminectomy (interlaminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy), any method, under indirect image guidance (eg, fluoroscopic, CT), single or multiple levels, unilateral or bilateral; lumbar	1/1/2023	12/31/2999
0278T	Transcutaneous electrical modulation pain reprocessing (eg, scrambler therapy), each treatment session (includes placement of electrodes)	12/1/2020	12/31/2999
0308T	Insertion of ocular telescope prosthesis including removal of crystalline lens or intraocular lens prosthesis	2/15/2024	12/31/2999
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	5/15/2025	12/31/2999
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	1/15/2024	12/31/2999
0330T	Tear film imaging, unilateral or bilateral, with interpretation and report	9/1/2020	12/31/2999
0331T	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment;	4/1/2021	12/31/2999
0332T	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment; with tomographic SPECT	11/15/2023	12/31/2999
0335T	Insertion of sinus tarsi implant	12/1/2020	12/31/2999
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	12/15/2014	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
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	12/15/2014	12/31/2999
0342T	Therapeutic apheresis with selective HDL delipidation and plasma reinfusion	3/1/2025	12/31/2999
0345T	Transcatheter mitral valve repair percutaneous approach via the coronary sinus	10/1/2022	12/31/2999
0347T	Placement of interstitial device(s) in bone for radiostereometric analysis (RSA)	12/15/2014	12/31/2999
0348T	Radiologic examination, radiostereometric analysis (RSA); spine, (includes cervical, thoracic and lumbosacral, when performed)	12/15/2014	12/31/2999
0349T	Radiologic examination, radiostereometric analysis (RSA); upper extremity(ies), (includes shoulder, elbow, and wrist, when performed)	12/15/2014	12/31/2999
0350T	Radiologic examination, radiostereometric analysis (RSA); lower extremity(ies), (includes hip, proximal femur, knee, and ankle, when performed)	12/15/2014	12/31/2999
0352T	Optical coherence tomography of breast or axillary lymph node, excised tissue, each specimen; interpretation and report, real-time or referred	9/1/2020	12/31/2999
0354T	Optical coherence tomography of breast, surgical cavity; interpretation and report, real-time or referred	9/1/2020	12/31/2999
0358T	Bioelectrical impedance analysis whole body composition assessment, with interpretation and report	12/1/2020	12/31/2999
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	5/15/2024	12/31/2999
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	12/1/2020	12/31/2999
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	12/1/2020	12/31/2999
0397T	Endoscopic retrograde cholangiopancreatography (ERCP), with optical endomicroscopy (List separately in addition to code for primary procedure)	1/1/2016	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
0407U	Nephrology (diabetic chronic kidney disease [CKD]), multiplex electrochemiluminescent immunoassay (ECLIA) of soluble tumor necrosis factor receptor 1 (sTNFR1), soluble tumor necrosis receptor 2 (sTNFR2), and kidney injury molecule 1 (KIM-1) combined with clinical data, plasma, algorithm reported as risk for progressive decline in kidney function	10/1/2024	5/14/2025
0407U	Nephrology (diabetic chronic kidney disease [CKD]), multiplex electrochemiluminescent immunoassay (ECLIA) of soluble tumor necrosis factor receptor 1 (sTNFR1), soluble tumor necrosis receptor 2 (sTNFR2), and kidney injury molecule 1 (KIM-1) combined with clinical data, plasma, algorithm reported as risk for progressive decline in kidney function	5/15/2025	12/31/2999
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	4/1/2024	12/31/2999
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	4/1/2024	12/31/2999
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	4/1/2024	12/31/2999
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	4/1/2024	12/31/2999
0412T	Removal of permanent cardiac contractility modulation system; pulse generator only	4/1/2024	12/31/2999
0413T	Removal of permanent cardiac contractility modulation system; transvenous electrode (atrial or ventricular)	4/1/2024	12/31/2999
0414T	Removal and replacement of permanent cardiac contractility modulation system pulse generator only	4/1/2024	12/31/2999
0415T	Repositioning of previously implanted cardiac contractility modulation transvenous electrode (atrial or ventricular lead)	4/1/2024	12/31/2999
0416T	Relocation of skin pocket for implanted cardiac contractility modulation pulse generator	4/1/2024	12/31/2999
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	4/1/2024	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
0418T	Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording and disconnection per patient encounter, implantable cardiac contractility modulation system	4/1/2024	12/31/2999
0422T	Tactile breast imaging by computer-aided tactile sensors, unilateral or bilateral	11/15/2023	12/31/2999
0440T	Ablation, percutaneous, cryoablation, includes imaging guidance; upper extremity distal/peripheral nerve	5/1/2024	12/31/2999
0441T	Ablation, percutaneous, cryoablation, includes imaging guidance; lower extremity distal/peripheral nerve	5/1/2024	12/31/2999
0442T	Ablation, percutaneous, cryoablation, includes imaging guidance; nerve plexus or other truncal nerve (eg, brachial plexus, pudendal nerve)	5/1/2024	12/31/2999
0449T	Insertion of aqueous drainage device, without extraocular reservoir, internal approach, into the subconjunctival space; initial device	1/1/2020	12/31/2999
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)	1/1/2020	12/31/2999
0464T	Visual evoked potential, testing for glaucoma, with interpretation and report	12/1/2020	12/31/2999
0474T	Insertion of anterior segment aqueous drainage device, with creation of intraocular reservoir, internal approach, into the supraciliary space	7/1/2017	12/31/2999
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	4/1/2021	12/31/2999
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)	4/1/2021	12/31/2999
0483T	Transcatheter mitral valve implantation/replacement (TMVI) with prosthetic valve; percutaneous approach, including transeptal puncture, when performed	10/1/2022	12/31/2999
0484T	Transcatheter mitral valve implantation/replacement (TMVI) with prosthetic valve; transthoracic exposure (eg, thoracotomy, transapical)	10/1/2022	12/31/2999
0485T	Optical coherence tomography (OCT) of middle ear, with interpretation and report; unilateral	12/1/2020	12/31/2999
0486T	Optical coherence tomography (OCT) of middle ear, with interpretation and report; bilateral	12/1/2020	12/31/2999
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	2/1/2024	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
0495T	Initiation and monitoring marginal (extended) cadaver donor lung(s) organ perfusion system by physician or qualified health care professional, including physiological and laboratory assessment (eg, pulmonary artery flow, pulmonary artery pressure, left atrial pressure, pulmonary vascular resistance, mean/peak and plateau airway pressure, dynamic compliance and perfusate gas analysis), including bronchoscopy and X ray when performed; first two hours in sterile field	2/1/2024	12/31/2999
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)	2/1/2024	12/31/2999
0507T	Near infrared dual imaging (ie, simultaneous reflective and transilluminated light) of meibomian glands, unilateral or bilateral, with interpretation and report	7/1/2018	12/31/2999
0509T	Electroretinography (ERG) with interpretation and report, pattern (PERG)	5/15/2021	12/31/2999
0511T	Removal and reinsertion of sinus tarsi implant	12/1/2020	12/31/2999
0512T	Extracorporeal shock wave for integumentary wound healing, including topical application and dressing care; initial wound	1/1/2019	12/31/2999
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	12/31/2999
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	4/1/2021	12/31/2999
0529T	Interrogation device evaluation (in person) of intracardiac ischemia monitoring system with analysis, review, and report	2/1/2025	12/31/2999
0544T	Transcatheter mitral valve annulus reconstruction, with implantation of adjustable annulus reconstruction device, percutaneous approach including transseptal puncture	10/1/2022	12/31/2999
0545T	Transcatheter tricuspid valve annulus reconstruction with implantation of adjustable annulus reconstruction device, percutaneous approach	9/1/2023	12/31/2999
0546T	Radiofrequency spectroscopy, real time, intraoperative margin assessment, at the time of partial mastectomy, with report	1/1/2024	12/31/2999
0561T	Anatomic guide 3D-printed and designed from image data set(s); first anatomic guide	11/1/2024	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
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)	11/1/2024	12/31/2999
0563T	Evacuation of meibomian glands, using heat delivered through wearable, open-eye eyelid treatment devices and manual gland expression, bilateral	12/1/2020	12/31/2999
0565T	Autologous cellular implant derived from adipose tissue for the treatment of osteoarthritis of the knees; tissue harvesting and cellular implant creation	8/15/2021	12/31/2999
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	8/15/2021	12/31/2999
0569T	Transcatheter tricuspid valve repair, percutaneous approach; initial prosthesis	9/1/2023	12/31/2999
0570T	Transcatheter tricuspid valve repair, percutaneous approach; each additional prosthesis during same session (List separately in addition to code for primary procedure)	9/1/2023	12/31/2999
0571T	Insertion or replacement of implantable cardioverter-defibrillator system with substernal electrode(s), including all imaging guidance and electrophysiological evaluation (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters), when performed	2/15/2025	12/31/2999
0572T	Insertion of substernal implantable defibrillator electrode	2/15/2025	12/31/2999
0573T	Removal of substernal implantable defibrillator electrode	2/15/2025	12/31/2999
0574T	Repositioning of previously implanted substernal implantable defibrillator-pacing electrode	2/15/2025	12/31/2999
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	2/15/2025	12/31/2999
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	2/15/2025	12/31/2999
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)	2/15/2025	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
0578T	Interrogation device evaluation(s) (remote), up to 90 days, substernal lead implantable cardioverter-defibrillator system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional	2/15/2025	12/31/2999
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	2/15/2025	12/31/2999
0580T	Removal of substernal implantable defibrillator pulse generator only	2/15/2025	12/31/2999
0587T	Percutaneous implantation or replacement of integrated single device neurostimulation system for bladder dysfunction including electrode array and receiver or pulse generator, including analysis, programming, and imaging guidance when performed, posterior tibial nerve	3/1/2021	12/31/2999
0588T	Revision or removal of percutaneously placed integrated single device neurostimulation system for bladder dysfunction including electrode array and receiver or pulse generator, including analysis, programming, and imaging guidance when performed, posterior tibial nerve	3/1/2021	12/31/2999
0589T	Electronic analysis with simple programming of implanted integrated neurostimulation system for bladder dysfunction (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	3/1/2021	12/31/2999
0590T	Electronic analysis with complex programming of implanted integrated neurostimulation system for bladder dysfunction (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	3/1/2021	12/31/2999
0596T	Temporary female intraurethral valve-pump (ie, voiding prosthesis); initial insertion, including urethral measurement	11/15/2023	12/31/2999
0597T	Temporary female intraurethral valve-pump (ie, voiding prosthesis); replacement	11/15/2023	12/31/2999
0598T	Noncontact real-time fluorescence wound imaging, for bacterial presence, location, and load, per session; first anatomic site (eg, lower extremity)	10/1/2024	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
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)	10/1/2024	12/31/2999
0600T	Ablation, irreversible electroporation; 1 or more tumors per organ, including imaging guidance, when performed, percutaneous	9/1/2023	12/31/2999
0601T	Ablation, irreversible electroporation; 1 or more tumors per organ, including fluoroscopic and ultrasound guidance, when performed, open	9/1/2023	12/31/2999
0602T	Glomerular filtration rate (GFR) measurement(s), transdermal, including sensor placement and administration of a single dose of fluorescent pyrazine agent	4/1/2021	12/31/2999
0603T	Glomerular filtration rate (GFR) monitoring, transdermal, including sensor placement and administration of more than one dose of fluorescent pyrazine agent, each 24 hours	4/1/2021	12/31/2999
0614T	Removal and replacement of substernal implantable defibrillator pulse generator	2/15/2025	12/31/2999
0615T	Automated analysis of binocular eye movements without spatial calibration, including disconjugacy, saccades, and pupillary dynamics for the assessment of concussion, with interpretation and report	5/15/2021	12/31/2999
0619T	Cystourethroscopy with transurethral anterior prostate commissurotomy and drug delivery, including transrectal ultrasound and fluoroscopy, when performed	7/1/2024	12/31/2999
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	12/31/2999
0621T	Trabeculectomy ab interno by laser;	1/1/2021	12/31/2999
0622T	Trabeculectomy ab interno by laser; with use of ophthalmic endoscope	1/1/2021	12/31/2999
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	12/31/2999
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	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
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	12/31/2999
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	12/31/2999
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	12/31/2999
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	12/31/2999
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	12/31/2999
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	12/31/2999
0631T	Transcutaneous visible light hyperspectral imaging measurement of oxyhemoglobin, deoxyhemoglobin, and tissue oxygenation, with interpretation and report, per extremity	1/1/2021	12/31/2999
0632T	Percutaneous transcatheter ultrasound ablation of nerves innervating the pulmonary arteries, including right heart catheterization, pulmonary artery angiography, and all imaging guidance	7/1/2023	12/31/2999
0639T	Wireless skin sensor thermal anisotropy measurement(s) and assessment of flow in cerebrospinal fluid shunt, including ultrasound guidance, when performed	1/1/2021	12/31/2999
0640T	Noncontact near-infrared spectroscopy (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation), other than for screening for peripheral arterial disease, image acquisition, interpretation, and report; first anatomic site	7/1/2021	12/31/2999
0643T	Transcatheter left ventricular restoration device implantation including right and left heart catheterization and left ventriculography when performed, arterial approach	7/1/2021	12/31/2999
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	12/31/2999
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	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
0650T	Programming device evaluation (remote) of subcutaneous cardiac rhythm monitor system, with iterative adjustment of the implantable device to test the function of the device and select optimal permanently programmed values with analysis, review and report by a physician or other qualified health care professional	7/1/2021	12/31/2999
0651T	Magnetically controlled capsule endoscopy, esophagus through stomach, including intraprocedural positioning of capsule, with interpretation and report	1/1/2023	12/31/2999
0656T	Anterior lumbar or thoracolumbar vertebral body tethering; up to 7 vertebral segments	7/1/2021	12/31/2999
0657T	Anterior lumbar or thoracolumbar vertebral body tethering; 8 or more vertebral segments	7/1/2021	12/31/2999
0658T	Electrical impedance spectroscopy of 1 or more skin lesions for automated melanoma risk score	10/1/2021	12/31/2999
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	3/1/2025	12/31/2999
0664T	Donor hysterectomy (including cold preservation); open, from cadaver donor	8/15/2021	12/31/2999
0665T	Donor hysterectomy (including cold preservation); open, from living donor	8/15/2021	12/31/2999
0666T	Donor hysterectomy (including cold preservation); laparoscopic or robotic, from living donor	8/15/2021	12/31/2999
0667T	Donor hysterectomy (including cold preservation); recipient uterus allograft transplantation from cadaver or living donor	8/15/2021	12/31/2999
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	8/15/2021	12/31/2999
0669T	Backbench reconstruction of cadaver or living donor uterus allograft prior to transplantation; venous anastomosis, each	8/15/2021	12/31/2999
0670T	Backbench reconstruction of cadaver or living donor uterus allograft prior to transplantation; arterial anastomosis, each	8/15/2021	12/31/2999
0672T	Endovaginal cryogen-cooled, monopolar radiofrequency remodeling of the tissues surrounding the female bladder neck and proximal urethra for urinary incontinence	1/1/2023	12/31/2999
0692T	Therapeutic ultrafiltration	5/1/2024	12/31/2999
0720T	Percutaneous electrical nerve field stimulation, cranial nerves, without implantation	11/1/2024	12/31/2999
0740T	Remote autonomous algorithm-based recommendation system for insulin dose calculation and titration; initial set-up and patient education	9/1/2023	12/31/2999
0741T	Remote autonomous algorithm-based recommendation system for insulin dose calculation and titration; provision of software, data collection, transmission, and storage, each 30 days	9/1/2023	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
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	12/31/2999
0744T	Insertion of bioprosthetic valve, open, femoral vein, including duplex ultrasound imaging guidance, when performed, including autogenous or nonautogenous patch graft (eg, polyester, ePTFE, bovine pericardium), when performed	9/1/2023	12/31/2999
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	6/15/2023	12/31/2999
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	6/15/2023	12/31/2999
0747T	Cardiac focal ablation utilizing radiation therapy for arrhythmia; delivery of radiation therapy, arrhythmia	6/15/2023	12/31/2999
0748T	Injections of stem cell product into perianal perirectal soft tissue, including fistula preparation (eg, removal of setons, fistula curettage, closure of internal openings)	9/1/2023	12/31/2999
0764T	Assistive algorithmic electrocardiogram risk-based assessment for cardiac dysfunction (eg, low-ejection fraction, pulmonary hypertension, hypertrophic cardiomyopathy); related to concurrently performed electrocardiogram (List separately in addition to code for primary procedure)	6/15/2023	12/31/2999
0765T	Assistive algorithmic electrocardiogram risk-based assessment for cardiac dysfunction (eg, low-ejection fraction, pulmonary hypertension, hypertrophic cardiomyopathy); related to previously performed electrocardiogram	6/15/2023	12/31/2999
0766T	Transcutaneous magnetic stimulation by focused low-frequency electromagnetic pulse, peripheral nerve, with identification and marking of the treatment location, including noninvasive electroneurographic localization (nerve conduction localization), when performed; first nerve	7/1/2023	12/31/2999
0767T	Transcutaneous magnetic stimulation by focused low-frequency electromagnetic pulse, peripheral nerve, 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)	7/1/2023	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
0770T	Virtual reality technology to assist therapy (List separately in addition to code for primary procedure)	9/1/2023	12/31/2999
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	9/1/2023	12/31/2999
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)	9/1/2023	12/31/2999
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	9/1/2023	12/31/2999
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)	9/1/2023	12/31/2999
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	9/1/2023	12/31/2999
0777T	Real-time pressure-sensing epidural guidance system (List separately in addition to code for primary procedure)	9/1/2023	12/31/2999
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	9/1/2023	12/31/2999
0779T	Gastrointestinal myoelectrical activity study, stomach through colon, with interpretation and report	9/1/2023	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
0781T	Bronchoscopy, rigid or flexible, with insertion of esophageal protection device and circumferential radiofrequency destruction of the pulmonary nerves, including fluoroscopic guidance when performed; bilateral mainstem bronchi	9/1/2023	12/31/2999
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	9/1/2023	12/31/2999
0783T	Transcutaneous auricular neurostimulation, set-up, calibration, and patient education on use of equipment	1/1/2023	12/31/2999
0784T	Insertion or replacement of percutaneous electrode array, spinal, with integrated neurostimulator, including imaging guidance, when performed	4/1/2024	12/31/2999
0785T	Revision or removal of neurostimulator electrode array, spinal, with integrated neurostimulator	4/1/2024	12/31/2999
0786T	Insertion or replacement of percutaneous electrode array, sacral, with integrated neurostimulator, including imaging guidance, when performed	4/1/2024	12/31/2999
0787T	Revision or removal of neurostimulator electrode array, sacral, with integrated neurostimulator	4/1/2024	12/31/2999
0788T	Electronic analysis with simple programming of implanted integrated neurostimulation system (eg, electrode array and receiver), including contact group(s), amplitude, pulse width, frequency (Hz), on/off cycling, burst, dose lockout, patient-selectable parameters, responsive neurostimulation, detection algorithms, closed-loop parameters, and passive parameters, when performed by physician or other qualified health care professional, spinal cord or sacral nerve, 1-3 parameters	4/1/2024	12/31/2999
0789T	Electronic analysis with complex programming of implanted integrated neurostimulation system (eg, electrode array and receiver), including contact group(s), amplitude, pulse width, frequency (Hz), on/off cycling, burst, dose lockout, patient-selectable parameters, responsive neurostimulation, detection algorithms, closed-loop parameters, and passive parameters, when performed by physician or other qualified health care professional, spinal cord or sacral nerve, 4 or more parameters	4/1/2024	12/31/2999
0790T	Revision (eg, augmentation, division of tether), replacement, or removal of thoracolumbar or lumbar vertebral body tethering, including thoracoscopy, when performed	5/15/2024	12/31/2999
0791T	Motor-cognitive, semi-immersive virtual reality-facilitated gait training, each 15 minutes (List separately in addition to code for primary procedure)	7/1/2023	12/31/2999
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	12/31/2999

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

Procedure Code	Code Description	Effective Date	Ending Date
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	12/31/2999
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	12/31/2999
0805T	Transcatheter superior and inferior vena cava prosthetic valve implantation (ie, caval valve implantation [CAVI]); percutaneous femoral vein approach	7/1/2023	12/31/2999
0806T	Transcatheter superior and inferior vena cava prosthetic valve implantation (ie, caval valve implantation [CAVI]); open femoral vein approach	7/1/2023	12/31/2999
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	12/31/2999
0808T	Pulmonary tissue ventilation analysis using software-based processing of data from separately captured cinefluorograph images; in combination with computed tomography (CT) images taken for the purpose of pulmonary tissue ventilation analysis, including data preparation and transmission, quantification of pulmonary tissue ventilation, data review, interpretation and report	7/1/2023	12/31/2999
0810T	Subretinal injection of a pharmacologic agent, including vitrectomy and 1 or more retinotomies	7/1/2023	12/31/2999
0813T	Esophagogastroduodenoscopy, flexible, transoral, with volume adjustment of intragastric bariatric balloon	7/1/2024	12/31/2999
0816T	Open insertion or replacement of integrated neurostimulation system for bladder dysfunction including electrode(s) (eg, array or leadless), and pulse generator or receiver, including analysis, programming, and imaging guidance, when performed, posterior tibial nerve; subcutaneous	7/1/2024	12/31/2999
0818T	Revision or removal of integrated neurostimulation system for bladder dysfunction, including analysis, programming, and imaging, when performed, posterior tibial nerve; subcutaneous	7/1/2024	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
0823T	Transcatheter insertion of permanent single-chamber leadless pacemaker, right atrial, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography and/or right ventriculography, femoral venography, cavography) and device evaluation (eg, interrogation or programming), when performed	5/15/2024	12/31/2999
0824T	Transcatheter removal of permanent single-chamber leadless pacemaker, right atrial, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography and/or right ventriculography, femoral venography, cavography), when performed	5/15/2024	12/31/2999
0825T	Transcatheter removal and replacement of permanent single-chamber leadless pacemaker, right atrial, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography and/or right ventriculography, femoral venography, cavography) and device evaluation (eg, interrogation or programming), when performed	5/15/2024	12/31/2999
0826T	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional, leadless pacemaker system in single-cardiac chamber	5/15/2024	12/31/2999
0858T	Externally applied transcranial magnetic stimulation with concomitant measurement of evoked cortical potentials with automated report	10/1/2024	12/31/2999
0861T	Removal of pulse generator for wireless cardiac stimulator for left ventricular pacing; both components (battery and transmitter)	4/1/2024	12/31/2999
0862T	Relocation of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; battery component only	4/1/2024	12/31/2999
0863T	Relocation of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; transmitter component only	4/1/2024	12/31/2999
0864T	Low-intensity extracorporeal shock wave therapy involving corpus cavernosum, low energy	7/1/2024	12/31/2999
0868T	High-resolution gastric electrophysiology mapping with simultaneous patientsymptom profiling, with interpretation and report	2/15/2025	12/31/2999
0870T	Implantation of subcutaneous peritoneal ascites pump system, percutaneous, including pump-pocket creation, insertion of tunneled indwelling bladder and peritoneal catheters with pump connections, including all imaging and initial programming, when performed	9/1/2024	5/14/2025
0870T	Implantation of subcutaneous peritoneal ascites pump system, percutaneous, including pump-pocket creation, insertion of tunneled indwelling bladder and peritoneal catheters with pump connections, including all imaging and initial programming, when performed	5/15/2025	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
0871T	Replacement of a subcutaneous peritoneal ascites pump, including reconnection between pump and indwelling bladder and peritoneal catheters, including initial programming and imaging, when performed	9/1/2024	5/14/2025
0871T	Replacement of a subcutaneous peritoneal ascites pump, including reconnection between pump and indwelling bladder and peritoneal catheters, including initial programming and imaging, when performed	5/15/2025	12/31/2999
0872T	Replacement of indwelling bladder and peritoneal catheters, including tunneling of catheter(s) and connection with previously implanted peritoneal ascites pump, including imaging and programming, when performed	9/1/2024	5/14/2025
0872T	Replacement of indwelling bladder and peritoneal catheters, including tunneling of catheter(s) and connection with previously implanted peritoneal ascites pump, including imaging and programming, when performed	5/15/2025	12/31/2999
0873T	Revision of a subcutaneously implanted peritoneal ascites pump system, any component (ascites pump, associated peritoneal catheter, associated bladder catheter), including imaging and programming, when performed	9/1/2024	5/14/2025
0873T	Revision of a subcutaneously implanted peritoneal ascites pump system, any component (ascites pump, associated peritoneal catheter, associated bladder catheter), including imaging and programming, when performed	5/15/2025	12/31/2999
0874T	Removal of a peritoneal ascites pump system, including implanted peritoneal ascites pump and indwelling bladder and peritoneal catheters	9/1/2024	5/14/2025
0874T	Removal of a peritoneal ascites pump system, including implanted peritoneal ascites pump and indwelling bladder and peritoneal catheters	5/15/2025	12/31/2999
0875T	Programming of subcutaneously implanted peritoneal ascites pump system by physician or other qualified health care professional	9/1/2024	5/14/2025
0875T	Programming of subcutaneously implanted peritoneal ascites pump system by physician or other qualified health care professional	5/15/2025	12/31/2999
0889T	Personalized target development for accelerated, repetitive high-dose functional connectivity MRI-guided theta-burst stimulation derived from a structural and resting-state functional MRI, including data preparation and transmission, generation of the target, motor threshold-starting location, neuronavigation files and target report, review and interpretation	1/15/2025	2/28/2025
0890T	Accelerated, repetitive high-dose functional connectivity MRI-guided theta-burst stimulation, including target assessment, initial motor threshold determination, neuronavigation, delivery and management, initial treatment day	1/15/2025	2/28/2025

Procedure Code	Code Description	Effective Date	Ending Date
0891T	Accelerated, repetitive high-dose functional connectivity MRI-guided theta-burst stimulation, including neuronavigation, delivery and management, subsequent treatment day	1/15/2025	2/28/2025
0892T	Accelerated, repetitive high-dose functional connectivity MRI-guided theta-burst stimulation, including neuronavigation, delivery and management, subsequent motor threshold redetermination with delivery and management, per treatment day	1/15/2025	2/28/2025
0947T	Magnetic resonance image guided low intensity focused ultrasound (MRgFUS), stereotactic blood-brain barrier disruption using microbubble resonators to increase the concentration of blood-based biomarkers of target, intracranial, including stereotactic navigation and frame placement, when performed	2/15/2025	12/31/2999
640	Anesthesia for manipulation of the spine or for closed procedures on the cervical, thoracic or lumbar spine	1/1/1950	12/31/2999
797	Anesthesia for intraperitoneal procedures in upper abdomen including laparoscopy; gastric restrictive procedure for morbid obesity	11/15/2008	12/31/2999
11920	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.0 sq cm or less	1/1/1950	12/31/2999
11921	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.1 to 20.0 sq cm	7/1/2005	12/31/2999
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)	7/1/2005	12/31/2999
11950	Subcutaneous injection of filling material (eg, collagen); 1 cc or less	1/1/1950	12/31/2999
11951	Subcutaneous injection of filling material (eg, collagen); 1.1 to 5.0 cc	1/1/1950	12/31/2999
11952	Subcutaneous injection of filling material (eg, collagen); 5.1 to 10.0 cc	1/1/1950	12/31/2999
11954	Subcutaneous injection of filling material (eg, collagen); over 10.0 cc	1/1/1950	12/31/2999
11960	Insertion of tissue expander(s) for other than breast, including subsequent expansion	3/1/2006	12/31/2999
11970	Replacement of tissue expander with permanent implant	3/1/2006	12/31/2999
11980	Subcutaneous hormone pellet implantation (implantation of estradiol and/or testosterone pellets beneath the skin)	1/1/2005	12/31/2999
11981	Insertion, drug-delivery implant (ie, bioresorbable, biodegradable, non-biodegradable)	9/15/2024	12/31/2999
11982	Removal, non-biodegradable drug delivery implant	9/15/2024	12/31/2999
11983	Removal with reinsertion, non-biodegradable drug delivery implant	9/15/2024	12/31/2999
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	4/1/2023	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
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)	4/1/2023	12/31/2999
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	4/1/2023	12/31/2999
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)	4/1/2023	12/31/2999
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	4/1/2023	12/31/2999
15276	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure)	4/1/2023	12/31/2999
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	4/1/2023	12/31/2999
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)	4/1/2023	12/31/2999
15758	Free fascial flap with microvascular anastomosis	11/15/2010	12/31/2999
15769	Grafting of autologous soft tissue, other, harvested by direct excision (eg, fat, dermis, fascia)	1/15/2021	12/31/2999
15771	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50 cc or less injectate	1/15/2021	12/31/2999
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)	1/15/2021	12/31/2999
15775	Punch graft for hair transplant; 1 to 15 punch grafts	9/24/2012	12/31/2999
15776	Punch graft for hair transplant; more than 15 punch grafts	9/24/2012	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
15780	Dermabrasion; total face (eg, for acne scarring, fine wrinkling, rhytids, general keratosis)	8/1/2005	12/31/2999
15781	Dermabrasion; segmental, face	8/1/2005	12/31/2999
15782	Dermabrasion; regional, other than face	8/1/2005	12/31/2999
15783	Dermabrasion; superficial, any site (eg, tattoo removal)	8/1/2005	12/31/2999
15786	Abrasion; single lesion (eg, keratosis, scar)	8/1/2005	12/31/2999
15787	Abrasion; each additional 4 lesions or less (List separately in addition to code for primary procedure)	8/1/2005	12/31/2999
15788	Chemical peel, facial; epidermal	1/1/1950	12/31/2999
15789	Chemical peel, facial; dermal	1/1/1950	12/31/2999
15792	Chemical peel, nonfacial; epidermal	1/1/1950	12/31/2999
15793	Chemical peel, nonfacial; dermal	1/1/1950	12/31/2999
15820	Blepharoplasty, lower eyelid;	9/24/2012	12/31/2999
15821	Blepharoplasty, lower eyelid; with extensive herniated fat pad	9/24/2012	12/31/2999
15822	Blepharoplasty, upper eyelid;	1/1/1950	12/31/2999
15823	Blepharoplasty, upper eyelid; with excessive skin weighting down lid	1/1/1950	12/31/2999
15825	Rhytidectomy; neck with platysmal tightening (platysmal flap, P-flap)	9/24/2012	12/31/2999
15828	Rhytidectomy; cheek, chin, and neck	9/24/2012	12/31/2999
15829	Rhytidectomy; superficial musculoaponeurotic system (SMAS) flap	9/24/2012	12/31/2999
15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy	1/1/2007	12/31/2999
15832	Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh	9/24/2012	12/31/2999
15833	Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg	9/24/2012	12/31/2999
15834	Excision, excessive skin and subcutaneous tissue (includes lipectomy); hip	9/24/2012	12/31/2999
15835	Excision, excessive skin and subcutaneous tissue (includes lipectomy); buttock	9/24/2012	12/31/2999
15836	Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm	9/24/2012	12/31/2999
15837	Excision, excessive skin and subcutaneous tissue (includes lipectomy); forearm or hand	9/24/2012	12/31/2999
15838	Excision, excessive skin and subcutaneous tissue (includes lipectomy); submental fat pad	9/24/2012	12/31/2999
15839	Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area	9/24/2012	12/31/2999
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	12/31/2999
15876	Suction assisted lipectomy; head and neck	9/24/2012	12/31/2999
15877	Suction assisted lipectomy; trunk	9/24/2012	12/31/2999
15878	Suction assisted lipectomy; upper extremity	9/24/2012	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
15879	Suction assisted lipectomy; lower extremity	9/24/2012	12/31/2999
17106	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); less than 10 sq cm	1/1/2005	12/31/2999
17107	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); 10.0 to 50.0 sq cm	1/1/1950	12/31/2999
17108	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq cm	1/1/1950	12/31/2999
17340	Cryotherapy (CO2 slush, liquid N2) for acne	12/1/2020	12/31/2999
17360	Chemical exfoliation for acne (eg, acne paste, acid)	1/1/1950	12/31/2999
17380	Electrolysis epilation, each 30 minutes	9/24/2012	12/31/2999
19105	Ablation, cryosurgical, of fibroadenoma, including ultrasound guidance, each fibroadenoma	9/24/2012	12/31/2999
19300	Mastectomy for gynecomastia	9/1/2020	12/31/2999
19303	Mastectomy, simple, complete	1/1/2007	12/31/2999
19325	Breast augmentation with implant	1/1/1950	12/31/2999
19328	Removal of intact breast implant	1/1/1950	12/31/2999
19330	Removal of ruptured breast implant, including implant contents (eg, saline, silicone gel)	1/1/1950	12/31/2999
19340	Insertion of breast implant on same day of mastectomy (ie, immediate)	1/1/1950	12/31/2999
19342	Insertion or replacement of breast implant on separate day from mastectomy	7/1/2005	12/31/2999
19350	Nipple/areola reconstruction	6/1/2017	12/31/2999
19355	Correction of inverted nipples	3/1/2006	12/31/2999
19357	Tissue expander placement in breast reconstruction, including subsequent expansion(s)	6/1/2017	12/31/2999
19370	Revision of peri-implant capsule, breast, including capsulotomy, capsulorrhaphy, and/or partial capsulectomy	1/1/1950	12/31/2999
19371	Peri-implant capsulectomy, breast, complete, including removal of all intracapsular contents	1/1/1950	12/31/2999
19499	Unlisted procedure, breast	11/1/2017	12/31/2999
20527	Injection, enzyme (eg, collagenase), palmar fascial cord (ie, Dupuytren's contracture)	1/1/2012	12/31/2999
20560	Needle insertion(s) without injection(s); 1 or 2 muscle(s)	12/1/2020	12/31/2999
20561	Needle insertion(s) without injection(s); 3 or more muscles	12/1/2020	12/31/2999
20979	Low intensity ultrasound stimulation to aid bone healing, noninvasive (nonoperative)	1/15/2025	12/31/2999
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	6/1/2024	12/31/2999
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	1/1/2020	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
20985	Computer-assisted surgical navigational procedure for musculoskeletal procedures, image-less (List separately in addition to code for primary procedure)	9/1/2020	12/31/2999
21073	Manipulation of temporomandibular joint(s) (TMJ), therapeutic, requiring an anesthesia service (ie, general or monitored anesthesia care)	1/15/2013	12/31/2999
21083	Impression and custom preparation; palatal lift prosthesis	4/1/2024	12/31/2999
21120	Genioplasty; augmentation (autograft, allograft, prosthetic material)	9/24/2012	12/31/2999
21121	Genioplasty; sliding osteotomy, single piece	9/24/2012	12/31/2999
21122	Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin)	9/24/2012	12/31/2999
21123	Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts)	9/24/2012	12/31/2999
21244	Reconstruction of mandible, extraoral, with transosteal bone plate (eg, mandibular staple bone plate)	4/1/2024	12/31/2999
21245	Reconstruction of mandible or maxilla, subperiosteal implant; partial	4/1/2024	12/31/2999
21246	Reconstruction of mandible or maxilla, subperiosteal implant; complete	4/1/2024	12/31/2999
21685	Hyoid myotomy and suspension	10/1/2006	12/31/2999
22505	Manipulation of spine requiring anesthesia, any region	9/1/2020	12/31/2999
22526	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single level	1/1/2023	12/31/2999
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)	1/1/2023	12/31/2999
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	12/15/2014	12/31/2999
22836	Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; up to 7 vertebral segments	5/15/2024	12/31/2999
22837	Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; 8 or more vertebral segments	5/15/2024	12/31/2999
22838	Revision (eg, augmentation, division of tether), replacement, or removal of thoracic vertebral body tethering, including thoracoscopy, when performed	5/15/2024	12/31/2999
22867	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level	1/1/2023	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
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)	1/1/2023	12/31/2999
22869	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level	1/1/2023	12/31/2999
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)	1/1/2023	12/31/2999
23929	Unlisted procedure, shoulder	11/1/2017	12/31/2999
24300	Manipulation, elbow, under anesthesia	1/15/2013	12/31/2999
25259	Manipulation, wrist, under anesthesia	1/15/2013	12/31/2999
26340	Manipulation, finger joint, under anesthesia, each joint	1/15/2013	12/31/2999
26341	Manipulation, palmar fascial cord (ie, Dupuytren's cord), post enzyme injection (eg, collagenase), single cord	1/1/2012	12/31/2999
27275	Manipulation, hip joint, requiring general anesthesia	6/15/2015	12/31/2999
27278	Arthrodesis, sacroiliac joint, percutaneous, with image guidance, including placement of intra-articular implant(s) (eg, bone allograft[s], synthetic device[s]), without placement of transfixation device	5/15/2024	12/31/2999
27299	Unlisted procedure, pelvis or hip joint	6/1/2017	12/31/2999
27703	Arthroplasty, ankle; revision, total ankle	5/1/2015	12/31/2999
27860	Manipulation of ankle under general anesthesia (includes application of traction or other fixation apparatus)	1/15/2013	12/31/2999
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	9/1/2020	12/31/2999
29866	Arthroscopy, knee, surgical; osteochondral autograft(s) (eg, mosaicplasty) (includes harvesting of the autograft[s])	9/15/2020	12/31/2999
29867	Arthroscopy, knee, surgical; osteochondral allograft (eg, mosaicplasty)	2/15/2024	12/31/2999
29914	Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)	1/1/2022	12/31/2999
29915	Arthroscopy, hip, surgical; with acetabuloplasty (ie, treatment of pincer lesion)	1/1/2022	12/31/2999
29916	Arthroscopy, hip, surgical; with labral repair	1/1/2022	12/31/2999
29999	Unlisted procedure, arthroscopy	11/1/2017	12/31/2999
30468	Repair of nasal valve collapse with subcutaneous/submucosal lateral wall implant(s)	5/15/2021	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
30469	Repair of nasal valve collapse with low energy, temperature-controlled (ie, radiofrequency) subcutaneous/submucosal remodeling	1/1/2023	12/31/2999
31242	Nasal/sinus endoscopy, surgical; with destruction by radiofrequency ablation, posterior nasal nerve	5/15/2024	12/31/2999
31243	Nasal/sinus endoscopy, surgical; with destruction by cryoablation, posterior nasal nerve	5/15/2024	12/31/2999
31660	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 1 lobe	3/15/2025	5/14/2025
31660	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 1 lobe	5/15/2025	12/31/2999
31661	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 2 or more lobes	3/15/2025	5/14/2025
31661	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 2 or more lobes	5/15/2025	12/31/2999
32994	Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, including imaging guidance when performed, unilateral; cryoablation	1/1/2018	12/31/2999
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	6/1/2007	12/31/2999
33211	Insertion or replacement of temporary transvenous dual chamber pacing electrodes (separate procedure)	1/1/1950	12/31/2999
33267	Exclusion of left atrial appendage, open, any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip)	10/1/2022	12/31/2999
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)	10/1/2022	12/31/2999
33269	Exclusion of left atrial appendage, thoracoscopic, any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip)	10/1/2022	12/31/2999
33274	Transcatheter insertion or replacement of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed	5/1/2020	12/31/2999
33275	Transcatheter removal of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, femoral venography), when performed	5/1/2020	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
33276	Insertion of phrenic nerve stimulator system (pulse generator and stimulating lead[s]), including vessel catheterization, all imaging guidance, and pulse generator initial analysis with diagnostic mode activation, when performed	5/15/2024	12/31/2999
33277	Insertion of phrenic nerve stimulator transvenous sensing lead (List separately in addition to code for primary procedure)	5/15/2024	12/31/2999
33278	Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; system, including pulse generator and lead(s)	5/15/2024	12/31/2999
33279	Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; transvenous stimulation or sensing lead(s) only	5/15/2024	12/31/2999
33280	Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; pulse generator only	5/15/2024	12/31/2999
33281	Repositioning of phrenic nerve stimulator transvenous lead(s)	5/15/2024	12/31/2999
33285	Insertion, subcutaneous cardiac rhythm monitor, including programming	1/1/2019	12/31/2999
33287	Removal and replacement of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; pulse generator	5/15/2024	12/31/2999
33288	Removal and replacement of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; transvenous stimulation or sensing lead(s)	5/15/2024	12/31/2999
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	10/15/2023	12/31/2999
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)	2/15/2025	12/31/2999
33418	Transcatheter mitral valve repair, percutaneous approach, including transseptal puncture when performed; initial prosthesis	10/1/2022	12/31/2999
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)	10/1/2022	12/31/2999
33542	Myocardial resection (eg, ventricular aneurysmectomy)	5/1/2007	12/31/2999
33999	Unlisted procedure, cardiac surgery	11/1/2017	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
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	12/31/2999
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	12/31/2999
36468	Injection(s) of sclerosant for spider veins (telangiectasia), limb or trunk	9/24/2012	12/31/2999
36470	Injection of sclerosant; single incompetent vein (other than telangiectasia)	1/1/1950	12/31/2999
36471	Injection of sclerosant; multiple incompetent veins (other than telangiectasia), same leg	1/1/1950	12/31/2999
36473	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated	12/1/2020	12/31/2999
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)	12/1/2020	12/31/2999
36475	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated	8/1/2006	12/31/2999
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)	8/1/2006	12/31/2999
36478	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated	8/1/2006	12/31/2999
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)	8/1/2006	12/31/2999
36482	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; first vein treated	9/1/2019	12/31/2999
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)	9/1/2019	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
36516	Therapeutic apheresis; with extracorporeal immunoadsorption, selective adsorption or selective filtration and plasma reinfusion	1/1/1950	2/28/2025
36522	Photopheresis, extracorporeal	1/1/1950	12/31/2999
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) when performed, including all vascular access, imaging guidance and radiologic supervision and interpretation	1/1/2023	1/14/2025
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	1/14/2025
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	11/15/2006	12/31/2999
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	9/24/2012	12/31/2999
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	10/15/2014	12/31/2999
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	12/31/2999
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	12/31/2999
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	12/31/2999
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	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
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	12/31/2999
37500	Vascular endoscopy, surgical, with ligation of perforator veins, subfascial (SEPS)	8/1/2006	12/31/2999
37700	Ligation and division of long saphenous vein at saphenofemoral junction, or distal interruptions	8/1/2006	12/31/2999
37718	Ligation, division, and stripping, short saphenous vein	8/1/2006	12/31/2999
37722	Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below	8/1/2006	12/31/2999
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	8/1/2006	12/31/2999
37760	Ligation of perforator veins, subfascial, radical (Linton type), including skin graft, when performed, open,1 leg	8/1/2006	12/31/2999
37761	Ligation of perforator vein(s), subfascial, open, including ultrasound guidance, when performed, 1 leg	1/1/2010	12/31/2999
37765	Stab phlebectomy of varicose veins, 1 extremity; 10-20 stab incisions	8/1/2006	12/31/2999
37766	Stab phlebectomy of varicose veins, 1 extremity; more than 20 incisions	8/1/2006	12/31/2999
37780	Ligation and division of short saphenous vein at saphenopopliteal junction (separate procedure)	8/1/2006	12/31/2999
37785	Ligation, division, and/or excision of varicose vein cluster(s), 1 leg	8/1/2006	12/31/2999
38204	Management of recipient hematopoietic progenitor cell donor search and cell acquisition	1/1/1950	12/31/2999
38205	Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; allogeneic	1/1/1950	12/31/2999
38207	Transplant preparation of hematopoietic progenitor cells; cryopreservation and storage	1/1/1950	12/31/2999
38208	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, without washing, per donor	1/1/1950	12/31/2999
38209	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, with washing, per donor	1/1/1950	12/31/2999
38210	Transplant preparation of hematopoietic progenitor cells; specific cell depletion within harvest, T-cell depletion	1/1/1950	12/31/2999
38211	Transplant preparation of hematopoietic progenitor cells; tumor cell depletion	1/1/1950	12/31/2999
38212	Transplant preparation of hematopoietic progenitor cells; red blood cell removal	1/1/1950	12/31/2999
38213	Transplant preparation of hematopoietic progenitor cells; platelet depletion	1/1/1950	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
38214	Transplant preparation of hematopoietic progenitor cells; plasma (volume) depletion	1/1/1950	12/31/2999
38215	Transplant preparation of hematopoietic progenitor cells; cell concentration in plasma, mononuclear, or buffy coat layer	1/1/1950	12/31/2999
38232	Bone marrow harvesting for transplantation; autologous	1/1/2012	12/31/2999
38240	Hematopoietic progenitor cell (HPC); allogeneic transplantation per donor	1/1/1950	12/31/2999
38242	Allogeneic lymphocyte infusions	1/1/1950	12/31/2999
38243	Hematopoietic progenitor cell (HPC); HPC boost	1/1/2013	12/31/2999
38308	Lymphangiectomy or other operations on lymphatic channels	12/1/2014	12/31/2999
41530	Submucosal ablation of the tongue base, radiofrequency, 1 or more sites, per session	4/1/2024	12/31/2999
42140	Uvulectomy, excision of uvula	4/1/2024	12/31/2999
42145	Palatopharyngoplasty (eg, uvulopalatopharyngoplasty, uvulopharyngoplasty)	4/1/2024	12/31/2999
42950	Pharyngoplasty (plastic or reconstructive operation on pharynx)	4/1/2024	12/31/2999
43206	Esophagoscopy, flexible, transoral; with optical endomicroscopy	12/15/2014	12/31/2999
43210	Esophagogastroduodenoscopy, flexible, transoral; with esophagogastric fundoplasty, partial or complete, includes duodenoscopy when performed	7/1/2024	12/31/2999
43236	Esophagogastroduodenoscopy, flexible, transoral; with directed submucosal injection(s), any substance	1/1/1950	12/31/2999
43252	Esophagogastroduodenoscopy, flexible, transoral; with optical endomicroscopy	9/1/2020	12/31/2999
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)	7/1/2024	12/31/2999
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	7/1/2024	12/31/2999
43284	Laparoscopy, surgical, esophageal sphincter augmentation procedure, placement of sphincter augmentation device (ie, magnetic band), including cruroplasty when performed	1/1/2017	12/31/2999
43289	Unlisted laparoscopy procedure, esophagus	7/1/2024	12/31/2999
43290	Esophagogastroduodenoscopy, flexible, transoral; with deployment of intragastric bariatric balloon	1/1/2023	12/31/2999
43291	Esophagogastroduodenoscopy, flexible, transoral; with removal of intragastric bariatric balloon(s)	1/1/2023	12/31/2999
43632	Gastrectomy, partial, distal; with gastrojejunostomy	6/1/2023	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
43633	Gastrectomy, partial, distal; with Roux-en-Y reconstruction	7/1/2007	12/31/2999
43644	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less)	1/1/2005	12/31/2999
43645	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption	12/1/2022	12/31/2999
43770	Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (eg, gastric band and subcutaneous port components)	1/1/2006	12/31/2999
43771	Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric restrictive device component only	1/1/2006	12/31/2999
43772	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device component only	1/1/2006	12/31/2999
43773	Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric restrictive device component only	1/1/2006	12/31/2999
43774	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device and subcutaneous port components	1/1/2006	12/31/2999
43775	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)	7/1/2010	12/31/2999
43842	Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical-banded gastroplasty	9/1/2020	12/31/2999
43843	Gastric restrictive procedure, without gastric bypass, for morbid obesity; other than vertical-banded gastroplasty	1/1/1950	12/31/2999
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)	9/15/2009	12/31/2999
43846	Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (150 cm or less) Roux-en-Y gastroenterostomy	1/1/1950	12/31/2999
43847	Gastric restrictive procedure, with gastric bypass for morbid obesity; with small intestine reconstruction to limit absorption	9/1/2020	12/31/2999
43848	Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric restrictive device (separate procedure)	1/1/1950	12/31/2999
43886	Gastric restrictive procedure, open; revision of subcutaneous port component only	1/1/2006	12/31/2999
43887	Gastric restrictive procedure, open; removal of subcutaneous port component only	1/1/2006	12/31/2999
43888	Gastric restrictive procedure, open; removal and replacement of subcutaneous port component only	1/1/2006	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
46707	Repair of anorectal fistula with plug (eg, porcine small intestine submucosa [SIS])	9/1/2020	12/31/2999
47370	Laparoscopy, surgical, ablation of 1 or more liver tumor(s); radiofrequency	1/1/1950	12/31/2999
47380	Ablation, open, of 1 or more liver tumor(s); radiofrequency	1/1/1950	12/31/2999
47382	Ablation, 1 or more liver tumor(s), percutaneous, radiofrequency	1/1/1950	12/31/2999
50250	Ablation, open, 1 or more renal mass lesion(s), cryosurgical, including intraoperative ultrasound guidance and monitoring, if performed	6/1/2008	12/31/2999
50360	Renal allotransplantation, implantation of graft; without recipient nephrectomy	2/15/2017	12/31/2999
50541	Laparoscopy, surgical; ablation of renal cysts	6/1/2024	12/31/2999
50542	Laparoscopy, surgical; ablation of renal mass lesion(s), including intraoperative ultrasound guidance and monitoring, when performed	6/1/2024	12/31/2999
50592	Ablation, 1 or more renal tumor(s), percutaneous, unilateral, radiofrequency	1/1/2006	12/31/2999
50593	Ablation, renal tumor(s), unilateral, percutaneous, cryotherapy	6/1/2008	12/31/2999
51715	Endoscopic injection of implant material into the submucosal tissues of the urethra and/or bladder neck	5/1/2007	12/31/2999
52284	Cystourethroscopy, with mechanical urethral dilation and urethral therapeutic drug delivery by drug-coated balloon catheter for urethral stricture or stenosis, male, including fluoroscopy, when performed	5/15/2024	12/31/2999
52327	Cystourethroscopy (including ureteral catheterization); with subureteric injection of implant material	6/1/2017	12/31/2999
52441	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant	12/1/2015	12/31/2999
52442	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; each additional permanent adjustable transprostatic implant (List separately in addition to code for primary procedure)	12/1/2015	12/31/2999
53451	Periurethral transperineal adjustable balloon continence device; bilateral insertion, including cystourethroscopy and imaging guidance	10/1/2024	12/31/2999
53452	Periurethral transperineal adjustable balloon continence device; unilateral insertion, including cystourethroscopy and imaging guidance	10/1/2024	12/31/2999
53453	Periurethral transperineal adjustable balloon continence device; removal, each balloon	10/1/2024	12/31/2999
53454	Periurethral transperineal adjustable balloon continence device; percutaneous adjustment of balloon(s) fluid volume	10/1/2024	12/31/2999
53855	Insertion of a temporary prostatic urethral stent, including urethral measurement	5/15/2024	12/31/2999
53860	Transurethral radiofrequency micro-remodeling of the female bladder neck and proximal urethra for stress urinary incontinence	12/15/2014	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
54125	Amputation of penis; complete	5/1/2006	12/31/2999
54200	Injection procedure for Peyronie disease;	12/15/2010	12/31/2999
54205	Injection procedure for Peyronie disease; with surgical exposure of plaque	12/15/2010	12/31/2999
54235	Injection of corpora cavernosa with pharmacologic agent(s) (eg, papaverine, phentolamine)	2/15/2007	12/31/2999
54400	Insertion of penile prosthesis; non-inflatable (semi-rigid)	5/1/2006	12/31/2999
54401	Insertion of penile prosthesis; inflatable (self-contained)	5/1/2006	12/31/2999
54405	Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir	5/1/2006	12/31/2999
54660	Insertion of testicular prosthesis (separate procedure)	5/1/2006	12/31/2999
55880	Ablation of malignant prostate tissue, transrectal, with high intensity-focused ultrasound (HIFU), including ultrasound guidance	2/1/2021	12/31/2999
55899	Unlisted procedure, male genital system	11/1/2017	12/31/2999
55970	Intersex surgery; male to female	5/1/2006	12/31/2999
55980	Intersex surgery; female to male	5/1/2006	12/31/2999
56805	Clitoroplasty for intersex state	5/1/2006	12/31/2999
56810	Perineoplasty, repair of perineum, nonobstetrical (separate procedure)	6/1/2008	12/31/2999
57291	Construction of artificial vagina; without graft	5/1/2006	12/31/2999
57292	Construction of artificial vagina; with graft	5/1/2006	12/31/2999
57335	Vaginoplasty for intersex state	5/1/2006	12/31/2999
57426	Revision (including removal) of prosthetic vaginal graft, laparoscopic approach	1/1/2010	12/31/2999
58580	Transcervical ablation of uterine fibroid(s), including intraoperative ultrasound guidance and monitoring, radiofrequency	2/15/2024	12/31/2999
59072	Fetal umbilical cord occlusion, including ultrasound guidance	10/1/2023	12/31/2999
59074	Fetal fluid drainage (eg, vesicocentesis, thoracocentesis, paracentesis), including ultrasound guidance	12/1/2022	12/31/2999
59076	Fetal shunt placement, including ultrasound guidance	10/1/2023	12/31/2999
60699	Unlisted procedure, endocrine system	10/1/2022	12/31/2999
61630	Balloon angioplasty, intracranial (eg, atherosclerotic stenosis), percutaneous	12/1/2020	12/31/2999
61635	Transcatheter placement of intravascular stent(s), intracranial (eg, atherosclerotic stenosis), including balloon angioplasty, if performed	11/15/2019	12/31/2999
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)	2/1/2024	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
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	12/31/2999
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	12/31/2999
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	11/1/2024	12/31/2999
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)	11/1/2024	12/31/2999
61783	Stereotactic computer-assisted (navigational) procedure; spinal (List separately in addition to code for primary procedure)	7/1/2024	1/31/2025
61889	Insertion of skull-mounted cranial neurostimulator pulse generator or receiver, including craniectomy or craniotomy, when performed, with direct or inductive coupling, with connection to depth and/or cortical strip electrode array(s)	2/15/2024	12/31/2999
61891	Revision or replacement of skull-mounted cranial neurostimulator pulse generator or receiver with connection to depth and/or cortical strip electrode array(s)	2/15/2024	12/31/2999
61892	Removal of skull-mounted cranial neurostimulator pulse generator or receiver with cranioplasty, when performed	2/15/2024	12/31/2999
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	8/1/2022	12/31/2999
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	8/1/2022	12/31/2999
62268	Percutaneous aspiration, spinal cord cyst or syrinx	2/1/2025	12/31/2999
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	1/1/2023	12/31/2999
63266	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; thoracic	2/1/2025	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
63268	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; sacral	2/1/2025	12/31/2999
63271	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; thoracic	2/1/2025	12/31/2999
63273	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; sacral	2/1/2025	12/31/2999
63276	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, thoracic	2/1/2025	12/31/2999
63278	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, sacral	2/1/2025	12/31/2999
63295	Osteoplastic reconstruction of dorsal spinal elements, following primary intraspinal procedure (List separately in addition to code for primary procedure)	2/1/2025	12/31/2999
64555	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	7/15/2023	5/14/2025
64555	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	5/15/2025	12/31/2999
64566	Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming	4/1/2024	12/31/2999
64568	Open implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator	4/1/2024	12/31/2999
64575	Open implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	7/15/2023	12/31/2999
64590	Insertion or replacement of peripheral, sacral, or gastric neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or receiver	7/15/2023	12/31/2999
64596	Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; initial electrode array	2/15/2024	12/31/2999
64597	Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; each additional electrode array (List separately in addition to code for primary procedure)	2/15/2024	12/31/2999
64620	Destruction by neurolytic agent, intercostal nerve	2/15/2025	12/31/2999
64624	Destruction by neurolytic agent, genicular nerve branches including imaging guidance, when performed	12/1/2023	12/31/2999
64628	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; first 2 vertebral bodies, lumbar or sacral	8/1/2022	12/31/2999
64629	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; each additional vertebral body, lumbar or sacral (List separately in addition to code for primary procedure)	8/1/2022	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
64640	Destruction by neurolytic agent; other peripheral nerve or branch	5/15/2021	12/31/2999
65770	Keratoprosthesis	9/24/2012	12/31/2999
65785	Implantation of intrastromal corneal ring segments	1/1/2016	12/31/2999
66174	Transluminal dilation of aqueous outflow canal (eg, canaloplasty); without retention of device or stent	8/15/2012	12/31/2999
66175	Transluminal dilation of aqueous outflow canal (eg, canaloplasty); with retention of device or stent	8/15/2012	12/31/2999
66179	Aqueous shunt to extraocular equatorial plate reservoir, external approach; without graft	1/1/2015	12/31/2999
66180	Aqueous shunt to extraocular equatorial plate reservoir, external approach; with graft	5/1/2021	12/31/2999
66183	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, external approach	1/1/2014	12/31/2999
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	3/15/2022	12/31/2999
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	3/15/2022	12/31/2999
67027	Implantation of intravitreal drug delivery system (eg, ganciclovir implant), includes concomitant removal of vitreous	8/15/2023	12/31/2999
67516	Suprachoroidal space injection of pharmacologic agent (separate procedure)	2/15/2024	12/31/2999
67901	Repair of blepharoptosis; frontalis muscle technique with suture or other material (eg, banked fascia)	1/1/2005	12/31/2999
67902	Repair of blepharoptosis; frontalis muscle technique with autologous fascial sling (includes obtaining fascia)	1/1/2005	12/31/2999
67903	Repair of blepharoptosis; (tarso) levator resection or advancement, internal approach	1/1/2005	12/31/2999
67904	Repair of blepharoptosis; (tarso) levator resection or advancement, external approach	1/1/1950	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
67906	Repair of blepharoptosis; superior rectus technique with fascial sling (includes obtaining fascia)	1/1/1950	12/31/2999
67908	Repair of blepharoptosis; conjunctivo-tarso-Muller's muscle-levator resection (eg, Fasanella-Servat type)	1/1/2005	12/31/2999
69090	Ear piercing	9/24/2012	12/31/2999
69300	Otoplasty, protruding ear, with or without size reduction	1/1/1950	12/31/2999
69705	Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); unilateral	1/15/2021	12/31/2999
69706	Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); bilateral	1/15/2021	12/31/2999
69714	Implantation, osseointegrated implant, skull; with percutaneous attachment to external speech processor	1/1/1950	12/31/2999
69716	Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, within the mastoid and/or resulting in removal of less than 100 sq mm surface area of bone deep to the outer cranial cortex	12/15/2022	12/31/2999
69717	Replacement (including removal of existing device), osseointegrated implant, skull; with percutaneous attachment to external speech processor	1/1/1950	12/31/2999
69719	Replacement (including removal of existing device), osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, within the mastoid and/or involving a bony defect less than 100 sq mm surface area of bone deep to the outer cranial cortex	12/15/2022	12/31/2999
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	12/31/2999
69729	Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, outside of the mastoid and resulting in removal of greater than or equal to 100 sq mm surface area of bone deep to the outer cranial cortex	1/15/2025	12/31/2999
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	12/31/2999
75894	Transcatheter therapy, embolization, any method, radiological supervision and interpretation	2/1/2024	12/31/2999
82523	Collagen cross links, any method	9/1/2020	12/31/2999
83006	Growth stimulation expressed gene 2 (ST2, Interleukin 1 receptor like-1)	9/1/2020	12/31/2999
83695	Lipoprotein (a)	9/1/2020	12/31/2999
83698	Lipoprotein-associated phospholipase A2 (Lp-PLA2)	9/1/2020	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
83701	Lipoprotein, blood; high resolution fractionation and quantitation of lipoproteins including lipoprotein subclasses when performed (eg, electrophoresis, ultracentrifugation)	9/1/2020	12/31/2999
83704	Lipoprotein, blood; quantitation of lipoprotein particle number(s) (eg, by nuclear magnetic resonance spectroscopy), includes lipoprotein particle subclass(es), when performed	9/1/2020	12/31/2999
83722	Lipoprotein, direct measurement; small dense LDL cholesterol	1/1/2019	12/31/2999
83937	Osteocalcin (bone g1a protein)	9/1/2020	12/31/2999
83987	pH; exhaled breath condensate	12/1/2020	12/31/2999
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	9/1/2020	12/31/2999
84431	Thromboxane metabolite(s), including thromboxane if performed, urine	9/1/2020	12/31/2999
86001	Allergen specific IgG quantitative or semiquantitative, each allergen	12/1/2020	12/31/2999
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])	6/1/2023	12/31/2999
86343	Leukocyte histamine release test (LHR)	12/1/2020	12/31/2999
86352	Cellular function assay involving stimulation (eg, mitogen or antigen) and detection of biomarker (eg, ATP)	1/1/2012	12/31/2999
86353	Lymphocyte transformation, mitogen (phytomitogen) or antigen induced blastogenesis	1/1/1950	12/31/2999
86408	Neutralizing antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]); screen	6/1/2023	12/31/2999
86409	Neutralizing antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]); titer	6/1/2023	12/31/2999
86413	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) antibody, quantitative	6/1/2023	12/31/2999
86769	Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19])	6/1/2023	12/31/2999
86950	Leukocyte transfusion	1/1/1950	12/31/2999
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	3/15/2020	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
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	3/15/2020	12/31/2999
88375	Optical endomicroscopic image(s), interpretation and report, real-time or referred, each endoscopic session	12/15/2014	12/31/2999
89258	Cryopreservation; embryo(s)	4/24/2024	12/31/2999
89259	Cryopreservation; sperm	9/24/2012	12/31/2999
89335	Cryopreservation, reproductive tissue, testicular	9/24/2012	12/31/2999
89337	Cryopreservation, mature oocyte(s)	1/1/2019	12/31/2999
89342	Storage (per year); embryo(s)	9/24/2012	12/31/2999
89343	Storage (per year); sperm/semen	9/24/2012	12/31/2999
89344	Storage (per year); reproductive tissue, testicular/ovarian	9/24/2012	12/31/2999
89346	Storage (per year); oocyte(s)	4/24/2024	12/31/2999
90378	Respiratory syncytial virus, monoclonal antibody, recombinant, for intramuscular use, 50 mg, each	1/1/1950	12/31/2999
90867	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management	9/24/2012	12/31/2999
90868	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per session	9/24/2012	12/31/2999
90869	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent motor threshold re-determination with delivery and management	9/24/2012	12/31/2999
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	9/24/2012	12/31/2999
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	9/24/2012	12/31/2999
90901	Biofeedback training by any modality	9/24/2012	12/31/2999
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	4/1/2021	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
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)	4/1/2021	12/31/2999
91034	Esophagus, gastroesophageal reflux test; with nasal catheter pH electrode(s) placement, recording, analysis and interpretation	11/1/2006	12/31/2999
91035	Esophagus, gastroesophageal reflux test; with mucosal attached telemetry pH electrode placement, recording, analysis and interpretation	6/1/2007	12/31/2999
91037	Esophageal function test, gastroesophageal reflux test with nasal catheter intraluminal impedance electrode(s) placement, recording, analysis and interpretation;	11/1/2006	12/31/2999
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)	11/1/2006	12/31/2999
91065	Breath hydrogen or methane test (eg, for detection of lactase deficiency, fructose intolerance, bacterial overgrowth, or oro-cecal gastrointestinal transit)	12/1/2020	12/31/2999
91110	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus through ileum, with interpretation and report	1/1/1950	12/31/2999
91111	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus with interpretation and report	12/1/2020	12/31/2999
91112	Gastrointestinal transit and pressure measurement, stomach through colon, wireless capsule, with interpretation and report	9/1/2020	12/31/2999
91113	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), colon, with interpretation and report	1/1/2023	12/31/2999
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	12/1/2020	12/31/2999
91132	Electrogastrography, diagnostic, transcutaneous;	12/15/2014	12/31/2999
91133	Electrogastrography, diagnostic, transcutaneous; with provocative testing	9/1/2020	12/31/2999
92132	Scanning computerized ophthalmic diagnostic imaging (eg, optical coherence tomography [OCT]), anterior segment, with interpretation and report, unilateral or bilateral	9/1/2020	12/31/2999
92145	Corneal hysteresis determination, by air impulse stimulation, unilateral or bilateral, with interpretation and report	12/1/2020	12/31/2999
92512	Nasal function studies (eg, rhinomanometry)	9/1/2020	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
92517	Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; cervical (cVEMP)	5/15/2021	12/31/2999
92518	Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; ocular (oVEMP)	5/15/2021	12/31/2999
92519	Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; cervical (cVEMP) and ocular (oVEMP)	5/15/2021	12/31/2999
92546	Sinusoidal vertical axis rotational testing	11/15/2020	12/31/2999
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;	12/1/2020	12/31/2999
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)	12/1/2020	12/31/2999
92622	Diagnostic analysis, programming, and verification of an auditory osseointegrated sound processor, any type; first 60 minutes	4/1/2024	12/31/2999
92623	Diagnostic analysis, programming, and verification of an auditory osseointegrated sound processor, any type; each additional 15 minutes (List separately in addition to code for primary procedure)	4/1/2024	12/31/2999
92640	Diagnostic analysis with programming of auditory brainstem implant, per hour	11/15/2008	12/31/2999
92972	Percutaneous transluminal coronary lithotripsy (List separately in addition to code for primary procedure)	4/1/2024	12/31/2999
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)	7/1/2024	12/31/2999
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)	7/1/2024	12/31/2999
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	9/1/2020	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
93150	Therapy activation of implanted phrenic nerve stimulator system, including all interrogation and programming	5/15/2024	12/31/2999
93151	Interrogation and programming (minimum one parameter) of implanted phrenic nerve stimulator system	5/15/2024	12/31/2999
93152	Interrogation and programming of implanted phrenic nerve stimulator system during polysomnography	5/15/2024	12/31/2999
93153	Interrogation without programming of implanted phrenic nerve stimulator system	5/15/2024	12/31/2999
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	9/1/2020	12/31/2999
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	1/1/2020	12/31/2999
93264	Remote monitoring of a wireless pulmonary artery pressure sensor for up to 30 days, including at least weekly downloads of pulmonary artery pressure recordings, interpretation(s), trend analysis, and report(s) by a physician or other qualified health care professional	10/15/2023	12/31/2999
93660	Evaluation of cardiovascular function with tilt table evaluation, with continuous ECG monitoring and intermittent blood pressure monitoring, with or without pharmacological intervention	1/1/1950	12/31/2999
93702	Bioimpedance spectroscopy (BIS), extracellular fluid analysis for lymphedema assessment(s)	12/1/2020	12/31/2999
93740	Temperature gradient studies	9/1/2020	12/31/2999
93797	Physician or other qualified health care professional services for outpatient cardiac rehabilitation; without continuous ECG monitoring (per session)	11/15/2020	12/31/2999
93798	Physician or other qualified health care professional services for outpatient cardiac rehabilitation; with continuous ECG monitoring (per session)	1/1/1950	12/31/2999
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	9/1/2020	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
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)	9/1/2020	12/31/2999
94016	Patient-initiated spirometric recording per 30-day period of time; review and interpretation only by a physician or other qualified health care professional	12/15/2014	12/31/2999
95060	Ophthalmic mucous membrane tests	12/1/2020	12/31/2999
95065	Direct nasal mucous membrane test	12/1/2020	12/31/2999
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	11/1/2020	12/31/2999
95705	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, 2-12 hours; unmonitored	11/1/2020	12/31/2999
95706	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, 2-12 hours; with intermittent monitoring and maintenance	11/1/2020	12/31/2999
95707	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, 2-12 hours; with continuous, real-time monitoring and maintenance	11/1/2020	12/31/2999
95708	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, each increment of 12-26 hours; unmonitored	11/1/2020	12/31/2999
95709	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, each increment of 12-26 hours; with intermittent monitoring and maintenance	11/1/2020	12/31/2999
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	11/1/2020	12/31/2999
95711	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; unmonitored	11/1/2020	12/31/2999
95712	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; with intermittent monitoring and maintenance	11/1/2020	12/31/2999
95713	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; with continuous, real-time monitoring and maintenance	11/1/2020	12/31/2999
95714	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; unmonitored	11/1/2020	12/31/2999
95715	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; with intermittent monitoring and maintenance	11/1/2020	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
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	11/1/2020	12/31/2999
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	11/1/2020	12/31/2999
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)	11/1/2020	12/31/2999
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	11/1/2020	12/31/2999
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)	11/1/2020	12/31/2999
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	11/1/2020	12/31/2999
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)	11/1/2020	12/31/2999
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	11/1/2020	12/31/2999
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)	11/1/2020	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
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	11/1/2020	12/31/2999
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)	11/1/2020	12/31/2999
95803	Actigraphy testing, recording, analysis, interpretation, and report (minimum of 72 hours to 14 consecutive days of recording)	10/1/2024	12/31/2999
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	9/1/2020	12/31/2999
95919	Quantitative pupillometry with physician or other qualified health care professional interpretation and report, unilateral or bilateral	1/1/2023	12/31/2999
95954	Pharmacological or physical activation requiring physician or other qualified health care professional attendance during EEG recording of activation phase (eg, thiopental activation test)	11/1/2020	12/31/2999
95957	Digital analysis of electroencephalogram (EEG) (eg, for epileptic spike analysis)	9/1/2020	12/31/2999
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	11/1/2024	12/31/2999
95962	Functional cortical and subcortical mapping by stimulation and/or recording of electrodes on brain surface, or of depth electrodes, to provoke seizures or identify vital brain structures; each additional hour of attendance by a physician or other qualified health care professional (List separately in addition to code for primary procedure)	3/1/2024	12/31/2999
95965	Magnetoencephalography (MEG), recording and analysis; for spontaneous brain magnetic activity (eg, epileptic cerebral cortex localization)	4/1/2009	12/31/2999
95966	Magnetoencephalography (MEG), recording and analysis; for evoked magnetic fields, single modality (eg, sensory, motor, language, or visual cortex localization)	4/1/2009	12/31/2999
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)	4/1/2009	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
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	10/1/2023	12/31/2999
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	10/1/2023	12/31/2999
96000	Comprehensive computer-based motion analysis by video-taping and 3D kinematics;	7/15/2010	12/31/2999
96001	Comprehensive computer-based motion analysis by video-taping and 3D kinematics; with dynamic plantar pressure measurements during walking	7/15/2010	12/31/2999
96002	Dynamic surface electromyography, during walking or other functional activities, 1-12 muscles	7/15/2010	12/31/2999
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	7/15/2010	12/31/2999
96547	Intraoperative hyperthermic intraperitoneal chemotherapy (HIPEC) procedure, including separate incision(s) and closure, when performed; first 60 minutes (List separately in addition to code for primary procedure)	4/1/2024	12/31/2999
96548	Intraoperative hyperthermic intraperitoneal chemotherapy (HIPEC) procedure, including separate incision(s) and closure, when performed; each additional 30 minutes (List separately in addition to code for primary procedure)	4/1/2024	12/31/2999
96912	Photochemotherapy; psoralens and ultraviolet A (PUVA)	8/15/2009	12/31/2999
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)	7/1/2010	12/31/2999
96922	Excimer laser treatment for psoriasis; over 500 sq cm	10/15/2007	12/31/2999
96931	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, first lesion	11/15/2019	12/31/2999
96932	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition only, first lesion	11/15/2019	12/31/2999
96933	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; interpretation and report only, first lesion	11/15/2019	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
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)	10/1/2021	12/31/2999
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)	11/15/2019	12/31/2999
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)	11/15/2019	12/31/2999
97037	Application of a modality to 1 or more areas; low-level laser therapy (ie, nonthermal and non-ablative) for post-operative pain reduction	2/15/2024	12/31/2999
97533	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	9/1/2020	12/31/2999
97537	Community/work reintegration training (eg, shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact, each 15 minutes	9/1/2020	12/31/2999
97610	Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day	9/1/2020	12/31/2999
A0426	Ambulance service, advanced life support, non-emergency transport, level 1 (als 1)	9/15/2014	12/31/2999
A0430	Ambulance service, conventional air services, transport, one way (fixed wing)	11/15/2007	12/31/2999
A0431	Ambulance service, conventional air services, transport, one way (rotary wing)	11/15/2007	12/31/2999
A0435	Fixed wing air mileage, per statute mile	1/1/1950	12/31/2999
A0436	Rotary wing air mileage, per statute mile	1/1/1950	12/31/2999
A0888	Noncovered ambulance mileage, per mile (e. G. , for miles traveled beyond closest appropriate facility)	9/1/2020	12/31/2999
A2001	Innovamatrix ac, per square centimeter	4/15/2022	12/31/2999
A2002	Mirragen advanced wound matrix, per square centimeter	4/15/2022	12/31/2999
A2004	Xcellistem, 1 mg	4/15/2022	12/31/2999
A2005	Microlyte matrix, per square centimeter	4/15/2022	12/31/2999
A2006	Novosorb synpath dermal matrix, per square centimeter	4/15/2022	12/31/2999
A2007	Restrata, per square centimeter	4/15/2022	12/31/2999
A2008	Theragenesis, per square centimeter	4/15/2022	12/31/2999
A2009	Symphony, per square centimeter	4/15/2022	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
A2010	Apis, per square centimeter	4/15/2022	12/31/2999
A2011	Supra sdrm, per square centimeter	4/1/2022	12/31/2999
A2012	Suprathel, per square centimeter	4/1/2022	12/31/2999
A2013	Innovamatrix fs, per square centimeter	4/1/2022	12/31/2999
A2014	Omeza collagen matrix, per 100 mg	4/1/2023	12/31/2999
A2015	Phoenix wound matrix, per square centimeter	4/1/2023	12/31/2999
A2016	Permeaderm b, per square centimeter	4/1/2023	12/31/2999
A2017	Permeaderm glove, each	4/1/2023	12/31/2999
A2018	Permeaderm c, per square centimeter	4/1/2023	12/31/2999
A2019	Kerecis omega3 marigen shield, per square centimeter	9/1/2023	12/31/2999
A2020	Ac5 advanced wound system (ac5)	9/1/2023	12/31/2999
A2021	Neomatrix, per square centimeter	9/1/2023	12/31/2999
A2022	Innovaburn or innovamatrix xl, per square centimeter	10/1/2023	12/31/2999
A2023	Innovamatrix pd, 1 mg	10/1/2023	12/31/2999
A2024	Resolve matrix or xenopatch, per square centimeter	10/1/2023	12/31/2999
A2025	Miro3d, per cubic centimeter	10/1/2023	12/31/2999
A2026	Restrata minimatrix, 5 mg	4/1/2024	12/31/2999
A2027	Matriderm, per square centimeter	2/15/2025	5/14/2025
A2027	Matriderm, per square centimeter	5/15/2025	12/31/2999
A2028	Micromatrix flex, per mg	2/15/2025	5/14/2025
A2028	Micromatrix flex, per mg	5/15/2025	12/31/2999
A2029	Mirotract wound matrix sheet, per cubic centimeter	2/15/2025	5/14/2025
A2029	Mirotract wound matrix sheet, per cubic centimeter	5/15/2025	12/31/2999
A4100	Skin substitute, fda cleared as a device, not otherwise specified	4/1/2022	12/31/2999
A4341	Indwelling intraurethral drainage device with valve, patient inserted, replacement only, each	11/15/2023	12/31/2999
A4342	Accessories for patient inserted indwelling intraurethral drainage device with valve, replacement only, each	11/15/2023	12/31/2999
A4540	Distal transcutaneous electrical nerve stimulator, stimulates peripheral nerves of the upper arm	5/15/2024	12/31/2999
A4541	Monthly supplies for use of device coded at e0733	2/15/2024	12/31/2999
A4542	Supplies and accessories for external upper limb tremor stimulator of the peripheral nerves of the wrist	5/15/2024	12/31/2999
A4543	Supplies for transcutaneous electrical nerve stimulator, for nerves in the auricular region, per month	2/15/2025	5/14/2025

Procedure Code	Code Description	Effective Date	Ending Date
A4543	Supplies for transcutaneous electrical nerve stimulator, for nerves in the auricular region, per month	5/15/2025	12/31/2999
A4545	Supplies and accessories for external tibial nerve stimulator (e.g., socks, gel pads, electrodes, etc.), needed for one month	2/15/2025	12/31/2999
A4555	Electrode/transducer for use with electrical stimulation device used for cancer treatment, replacement only	6/15/2017	12/31/2999
A4560	Neuromuscular electrical stimulator (nmes), disposable, replacement only	1/15/2024	12/31/2999
A4575	Topical hyperbaric oxygen chamber, disposable	12/1/2020	12/31/2999
A4596	Cranial electrotherapy stimulation (ces) system supplies and accessories, per month	4/1/2023	12/31/2999
A4600	SLEEVE FOR INTERMITTENT LIMB COMPRESSION DEVICE, REPLACEMENT ONLY, EACH	1/1/2007	12/31/2999
A4638	Replacement battery for patient-owned ear pulse generator, each	5/1/2024	12/31/2999
A4639	Replacement pad for infrared heating pad system, each	12/15/2014	12/31/2999
A6000	Non-contact wound warming wound cover for use with the non-contact wound warming device and warming card	12/15/2014	12/31/2999
A7021	Supplies and accessories for lung expansion airway clearance, continuous high frequency oscillation, and nebulization device (e.g., handset, nebulizer kit, biofilter)	2/15/2025	5/14/2025
A7021	Supplies and accessories for lung expansion airway clearance, continuous high frequency oscillation, and nebulization device (e.g., handset, nebulizer kit, biofilter)	5/15/2025	12/31/2999
A7049	Expiratory positive airway pressure intranasal resistance valve	9/1/2023	12/31/2999
A9268	Programmer for transient, orally ingested capsule	5/15/2025	12/31/2999
A9269	Programable, transient, orally ingested capsule, for use with external programmer, per month	5/15/2025	12/31/2999
A9285	Inversion/eversion correction device	12/1/2020	12/31/2999
A9291	Prescription digital cognitive and/or behavioral therapy, fda cleared, per course of treatment	2/1/2024	12/31/2999
B4105	In-line cartridge containing digestive enzyme(s) for enteral feeding, each	5/15/2025	12/31/2999
C1052	Hemostatic agent, gastrointestinal, topical	5/15/2021	12/31/2999
C1062	Intravertebral body fracture augmentation with implant (e.g., metal, polymer)	4/1/2024	12/31/2999
C1605	Pacemaker, leadless, dual chamber (right atrial and right ventricular implantable components), rate-responsive, including all necessary components for implantation	7/1/2024	12/31/2999
C1735	Catheter(s), intravascular for renal denervation, radiofrequency, including all single use system components	3/1/2025	12/31/2999
C1736	Catheter(s), intravascular for renal denervation, ultrasound, including all single use system components	3/1/2025	12/31/2999
C1737	Joint fusion and fixation device(s), sacroiliac and pelvis, including all system components (implantable)	3/1/2025	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
C1761	Catheter, transluminal intravascular lithotripsy, coronary	7/1/2021	12/31/2999
C1764	Event recorder, cardiac (implantable)	1/1/2019	12/31/2999
C1776	Joint device (implantable)	6/1/2017	12/31/2999
C1778	Lead, neurostimulator (implantable)	4/1/2024	12/31/2999
C1783	Ocular implant, aqueous drainage assist device	3/15/2015	12/31/2999
C1818	Integrated keratoprosthesis	1/1/2015	12/31/2999
C1820	Generator, neurostimulator (implantable), with rechargeable battery and charging system	7/15/2023	12/31/2999
C1821	INTERSPINOUS PROCESS DISTRACTION DEVICE (IMPLANTABLE)	1/15/2025	12/31/2999
C1822	Generator, neurostimulator (implantable), high frequency, with rechargeable battery and charging system	7/15/2023	12/31/2999
C1823	Generator, neurostimulator (implantable), non-rechargeable, with transvenous sensing and stimulation leads	4/1/2022	12/31/2999
C1825	Generator, neurostimulator (implantable), non-rechargeable with carotid sinus baroreceptor stimulation lead(s)	2/1/2021	12/31/2999
C1826	Generator, neurostimulator (implantable), includes closed feedback loop leads and all implantable components, with rechargeable battery and charging system	7/1/2023	12/31/2999
C1827	Generator, neurostimulator (implantable), non-rechargeable, with implantable stimulation lead and external paired stimulation controller	9/1/2023	12/31/2999
C1832	Autograft suspension, including cell processing and application, and all system components	5/15/2024	12/31/2999
C1833	Monitor, cardiac, including intracardiac lead and all system components (implantable)	1/1/2022	12/31/2999
C2623	Catheter, transluminal angioplasty, drug-coated, non-laser	2/1/2024	12/31/2999
C2624	Implantable wireless pulmonary artery pressure sensor with delivery catheter, including all system components	9/1/2020	12/31/2999
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	4/1/2023	12/31/2999
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)	4/1/2023	12/31/2999
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	4/1/2023	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
C5274	Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)	4/1/2023	12/31/2999
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	4/1/2023	12/31/2999
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)	4/1/2023	12/31/2999
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	4/1/2023	12/31/2999
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)	4/1/2023	12/31/2999
C8002	Preparation of skin cell suspension autograft, automated, including all enzymatic processing and device components (do not report with manual suspension preparation)	3/1/2025	12/31/2999
C9354	Acellular pericardial tissue matrix of non-human origin (Veritas), per square centimeter	12/1/2020	12/31/2999
C9356	Tendon, porous matrix of cross-linked collagen and glycosaminoglycan matrix (TenoGlide Tendon Protector Sheet), per square centimeter	12/1/2020	12/31/2999
C9358	Dermal substitute, native, non-denatured collagen, fetal bovine origin (SurgiMend Collagen Matrix), per 0.5 square centimeters	12/1/2020	12/31/2999
C9360	Dermal substitute, native, non-denatured collagen, neonatal bovine origin (SurgiMend Collagen Matrix), per 0.5 square centimeters	12/1/2020	12/31/2999
C9363	Skin substitute, Integra Meshed Bilayer Wound Matrix, per square centimeter	5/15/2021	12/31/2999
C9364	Porcine implant, Permacol, per square centimeter	12/1/2020	12/31/2999
C9734	Focused ultrasound ablation/therapeutic intervention, other than uterine leiomyomata, with magnetic resonance (MR) guidance	12/1/2023	12/31/2999
C9739	Cystourethroscopy, with insertion of transprostatic implant; 1 to 3 implants	12/1/2015	12/31/2999
C9740	Cystourethroscopy, with insertion of transprostatic implant; 4 or more implants	12/1/2015	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
C9757	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and excision of herniated intervertebral disc, and repair of annular defect with implantation of bone anchored annular closure device, including annular defect measurement, alignment and sizing assessment, and image guidance; 1 interspace, lumbar	8/1/2022	12/31/2999
C9764	Revascularization, endovascular, open or percutaneous, any vessel(s); with intravascular lithotripsy, includes angioplasty within the same vessel(s), when performed	5/15/2021	12/31/2999
C9765	Revascularization, endovascular, open or percutaneous, any vessel(s); with intravascular lithotripsy, and transluminal stent placement(s), includes angioplasty within the same vessel(s), when performed	5/15/2021	12/31/2999
C9766	Revascularization, endovascular, open or percutaneous, any vessel(s); with intravascular lithotripsy and atherectomy, includes angioplasty within the same vessel(s), when performed	5/15/2021	12/31/2999
C9767	Revascularization, endovascular, open or percutaneous, any vessel(s); with intravascular lithotripsy and transluminal stent placement(s), and atherectomy, includes angioplasty within the same vessel(s), when performed	5/15/2021	12/31/2999
C9768	Endoscopic ultrasound-guided direct measurement of hepatic portosystemic pressure gradient by any method (list separately in addition to code for primary procedure)	3/1/2021	12/31/2999
C9772	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies), with intravascular lithotripsy, includes angioplasty within the same vessel (s), when performed	8/15/2021	12/31/2999
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	8/15/2021	12/31/2999
C9774	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy and atherectomy, includes angioplasty within the same vessel (s), when performed	8/15/2021	12/31/2999
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	8/15/2021	12/31/2999
C9777	Esophageal mucosal integrity testing by electrical impedance, transoral, includes esophagoscopy or esophagogastroduodenoscopy	8/15/2021	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
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	2/1/2024	12/31/2999
C9784	Gastric restrictive procedure, endoscopic sleeve gastropasty, with esophagogastroduodenoscopy and intraluminal tube insertion, if performed, including all system and tissue anchoring components	12/1/2023	12/31/2999
C9785	Endoscopic outlet reduction, gastric pouch application, with endoscopy and intraluminal tube insertion, if performed, including all system and tissue anchoring components	12/1/2023	12/31/2999
C9793	3d predictive model generation for pre-planning of a cardiac procedure, using data from cardiac computed tomographic angiography and/or magnetic resonance imaging with report	8/1/2024	12/31/2999
C9796	Repair of enterocutaneous fistula small intestine or colon (excluding anorectal fistula) with plug (e.g., porcine small intestine submucosa [sis])	7/1/2024	12/31/2999
C9807	Nerve stimulator, percutaneous, peripheral (e.g., sprint peripheral nerve stimulation system), including electrode and all disposable system components, non-opioid medical device (must be a qualifying medicare non-opioid medical device for post-surgical pain relief in accordance with section 4135 of the caa, 2023)	3/1/2025	12/31/2999
C9808	Nerve cryoablation probe (e.g., cryoice, cryosphere, cryosphere max, cryoice cryosphere, cryoice cryo2), including probe and all disposable system components, non-opioid medical device (must be a qualifying medicare non-opioid medical device for post-surgical pain relief in accordance with section 4135 of the caa, 2023)	3/1/2025	12/31/2999
C9809	Cryoablation needle (e.g., iovera system), including needle/tip and all disposable system components, non-opioid medical device (must be a qualifying medicare non-opioid medical device for post-surgical pain relief in accordance with section 4135 of the caa, 2023)	3/1/2025	12/31/2999
E0183	Powered pressure reducing underlay/pad, alternating, with pump, includes heavy duty	10/1/2022	12/31/2999
E0221	Infrared heating pad system	12/15/2014	12/31/2999
E0231	Non-contact wound warming device (temperature control unit, ac adapter and power cord) for use with warming card and wound cover	12/15/2014	12/31/2999
E0232	Warming card for use with the non contact wound warming device and non contact wound warming wound cover	12/15/2014	12/31/2999
E0300	Pediatric crib, hospital grade, fully enclosed, with or without top enclosure	9/1/2020	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
E0316	Safety enclosure frame/canopy for use with hospital bed, any type	9/1/2020	12/31/2999
E0469	Lung expansion airway clearance, continuous high frequency oscillation, and nebulization device	2/15/2025	5/14/2025
E0469	Lung expansion airway clearance, continuous high frequency oscillation, and nebulization device	5/15/2025	12/31/2999
E0487	SPIROMETER, ELECTRONIC, INCLUDES ALL ACCESSORIES	12/15/2014	12/31/2999
E0490	Power source and control electronics unit for oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, controlled by hardware remote	10/1/2023	12/31/2999
E0491	Oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, used in conjunction with the power source and control electronics unit, controlled by hardware remote, 90-day supply	10/1/2023	12/31/2999
E0492	Power source and control electronics unit for oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, controlled by phone application	3/1/2024	12/31/2999
E0493	Oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, used in conjunction with the power source and control electronics unit, controlled by phone application, 90-day supply	3/1/2024	12/31/2999
E0530	Electronic positional obstructive sleep apnea treatment, with sensor, includes all components and accessories, any type	3/1/2024	12/31/2999
E0616	Implantable cardiac event recorder with memory, activator and programmer	1/1/1950	12/31/2999
E0617	External defibrillator with integrated electrocardiogram analysis	5/15/2024	12/31/2999
E0635	Patient lift, electric with seat or sling	9/1/2020	12/31/2999
E0637	COMBINATION SIT TO STAND FRAME/TABLE SYSTEM, ANY SIZE INCLUDING PEDIATRIC, WITH SEAT LIFT FEATURE, WITH OR WITHOUT WHEELS	7/1/2007	12/31/2999
E0638	STANDING FRAME/TABLE SYSTEM, ONE POSITION (E.G. UPRIGHT, SUPINE OR PRONE STANDER), ANY SIZE INCLUDING PEDIATRIC, WITH OR WITHOUT WHEELS	7/1/2007	12/31/2999
E0641	STANDING FRAME/TABLE SYSTEM, MULTI-POSITION (E.G. THREE-WAY STANDER), ANY SIZE INCLUDING PEDIATRIC, WITH OR WITHOUT WHEELS	7/1/2007	12/31/2999
E0642	STANDING FRAME/TABLE SYSTEM, MOBILE (DYNAMIC STANDER), ANY SIZE INCLUDING PEDIATRIC	7/1/2007	12/31/2999
E0650	Pneumatic compressor, non-segmental home model	2/1/2006	12/31/2999
E0651	Pneumatic compressor, segmental home model without calibrated gradient pressure	2/1/2006	12/31/2999
E0652	Pneumatic compressor, segmental home model with calibrated gradient pressure	2/1/2006	12/31/2999
E0655	Non-segmental pneumatic appliance for use with pneumatic compressor, half arm	2/1/2006	12/31/2999
E0656	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, TRUNK	1/1/2009	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
E0657	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, CHEST	1/1/2009	12/31/2999
E0660	Non-segmental pneumatic appliance for use with pneumatic compressor, full leg	2/1/2006	12/31/2999
E0665	Non-segmental pneumatic appliance for use with pneumatic compressor, full arm	2/1/2006	12/31/2999
E0666	Non-segmental pneumatic appliance for use with pneumatic compressor, half leg	2/1/2006	12/31/2999
E0667	Segmental pneumatic appliance for use with pneumatic compressor, full leg	2/1/2006	12/31/2999
E0668	Segmental pneumatic appliance for use with pneumatic compressor, full arm	2/1/2006	12/31/2999
E0669	Segmental pneumatic appliance for use with pneumatic compressor, half leg	2/1/2006	12/31/2999
E0670	Segmental pneumatic appliance for use with pneumatic compressor, integrated, 2 full legs and trunk	1/1/2013	12/31/2999
E0671	Segmental gradient pressure pneumatic appliance, full leg	2/1/2006	12/31/2999
E0672	Segmental gradient pressure pneumatic appliance, full arm	2/1/2006	12/31/2999
E0673	Segmental gradient pressure pneumatic appliance, half leg	2/1/2006	12/31/2999
E0675	Pneumatic compression device, high pressure, rapid inflation/deflation cycle, for arterial insufficiency (unilateral or bilateral system)	12/1/2020	12/31/2999
E0676	INTERMITTENT LIMB COMPRESSION DEVICE (INCLUDES ALL ACCESSORIES), NOT OTHERWISE SPECIFIED	1/1/2007	12/31/2999
E0677	Non-pneumatic sequential compression garment, trunk	7/1/2023	12/31/2999
E0678	Non-pneumatic sequential compression garment, full leg	2/15/2024	12/31/2999
E0679	Non-pneumatic sequential compression garment, half leg	2/15/2024	12/31/2999
E0680	Non-pneumatic compression controller with sequential calibrated gradient pressure	2/15/2024	12/31/2999
E0681	Non-pneumatic compression controller without calibrated gradient pressure	2/15/2024	12/31/2999
E0682	Non-pneumatic sequential compression garment, full arm	2/15/2024	12/31/2999
E0683	Non-pneumatic, non-sequential, peristaltic wave compression pump	2/15/2025	12/31/2999
E0691	ULTRAVIOLET LIGHT THERAPY SYSTEM, INCLUDES BULBS/LAMPS, TIMER AND EYE PROTECTION; TREATMENT AREA 2 SQUARE FEET OR LESS	9/1/2006	12/31/2999
E0692	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 4 foot panel	9/1/2006	12/31/2999
E0693	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 6 foot panel	9/1/2006	12/31/2999
E0694	Ultraviolet multidirectional light therapy system in 6 foot cabinet, includes bulbs/lamps, timer and eye protection	9/1/2006	12/31/2999
E0721	Transcutaneous electrical nerve stimulator for nerves in the auricular region	2/15/2025	5/14/2025
E0721	Transcutaneous electrical nerve stimulator for nerves in the auricular region	5/15/2025	12/31/2999
E0732	Cranial electrotherapy stimulation (ces) system, any type	5/15/2024	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
E0733	Transcutaneous electrical nerve stimulator for electrical stimulation of the trigeminal nerve	2/15/2024	12/31/2999
E0734	External upper limb tremor stimulator of the peripheral nerves of the wrist	5/15/2024	12/31/2999
E0735	Non-invasive vagus nerve stimulator	2/15/2024	12/31/2999
E0737	Transcutaneous tibial nerve stimulator, controlled by phone application	2/15/2025	12/31/2999
E0740	Non-implanted pelvic floor electrical stimulator, complete system	12/15/2014	12/31/2999
E0744	Neuromuscular stimulator for scoliosis	4/1/2024	12/31/2999
E0746	Electromyography (emg), biofeedback device	11/1/2023	12/31/2999
E0747	Osteogenesis stimulator, electrical, non-invasive, other than spinal applications	1/1/1950	12/31/2999
E0760	Osteogenesis stimulator, low intensity ultrasound, non-invasive	1/1/1950	12/31/2999
E0761	Non-thermal pulsed high frequency radiowaves, high peak power electromagnetic energy treatment device	9/24/2012	12/31/2999
E0762	TRANSCUTANEOUS ELECTRICAL JOINT STIMULATION DEVICE SYSTEM, INCLUDES ALL ACCESSORIES	12/15/2014	12/31/2999
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	4/1/2022	12/31/2999
E0766	Electrical stimulation device used for cancer treatment, includes all accessories, any type	6/15/2017	12/31/2999
E0769	ELECTRICAL STIMULATION OR ELECTROMAGNETIC WOUND TREATMENT DEVICE, NOT OTHERWISE CLASSIFIED	12/15/2014	12/31/2999
E0770	FUNCTIONAL ELECTRICAL STIMULATOR, TRANSCUTANEOUS STIMULATION OF NERVE AND/OR MUSCLE GROUPS, ANY TYPE, COMPLETE SYSTEM, NOT OTHERWISE SPECIFIED	4/1/2020	12/31/2999
E0830	Ambulatory traction device, all types, each	12/15/2014	12/31/2999
E0840	Traction frame, attached to headboard, cervical traction	12/15/2014	12/31/2999
E0849	TRACTION EQUIPMENT, CERVICAL, FREE-STANDING STAND/FRAME, PNEUMATIC, APPLYING TRACTION FORCE TO OTHER THAN MANDIBLE	9/1/2020	12/31/2999
E0850	Traction stand, free standing, cervical traction	12/15/2014	12/31/2999
E0855	Cervical traction equipment not requiring additional stand or frame	9/1/2020	12/31/2999
E0856	Cervical traction device, with inflatable air bladder(s)	12/15/2014	12/31/2999
E0860	Traction equipment, overdoor, cervical	9/1/2020	12/31/2999
E0890	Traction frame, attached to footboard, pelvic traction	12/15/2014	12/31/2999
E0936	CONTINUOUS PASSIVE MOTION EXERCISE DEVICE FOR USE OTHER THAN KNEE	12/1/2020	12/31/2999
E0942	Cervical head harness/halter	12/15/2014	12/31/2999
E0944	Pelvic belt/harness/boot	12/15/2014	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
E0985	Wheelchair accessory, seat lift mechanism	3/15/2014	12/31/2999
E0986	Manual wheelchair accessory, push-rim activated power assist system	3/15/2014	12/31/2999
E1002	Wheelchair accessory, power seating system, tilt only	6/1/2006	12/31/2999
E1003	Wheelchair accessory, power seating system, recline only, without shear reduction	6/1/2006	12/31/2999
E1004	Wheelchair accessory, power seating system, recline only, with mechanical shear reduction	6/1/2006	12/31/2999
E1005	Wheelchair accessory, power seating system, recline only, with power shear reduction	9/24/2012	12/31/2999
E1006	Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction	6/1/2006	12/31/2999
E1007	Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction	6/1/2006	12/31/2999
E1008	Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction	6/1/2006	12/31/2999
E1009	Wheelchair accessory, addition to power seating system, mechanically linked leg elevation system, including pushrod and leg rest, each	6/1/2006	12/31/2999
E1010	Wheelchair accessory, addition to power seating system, power leg elevation system, including leg rest, pair	6/1/2006	12/31/2999
E1012	Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each	1/1/2016	12/31/2999
E1161	Manual adult size wheelchair, includes tilt in space	3/15/2014	12/31/2999
E1230	Power operated vehicle (three or four wheel nonhighway) specify brand name and model number	1/1/1950	12/31/2999
E1239	POWER WHEELCHAIR, PEDIATRIC SIZE, NOT OTHERWISE SPECIFIED	3/15/2014	12/31/2999
E1629	Tablo hemodialysis system for the billable dialysis service	1/1/2022	12/31/2999
E1632	Wearable artificial kidney, each	1/1/2023	12/31/2999
E2120	Pulse generator system for tympanic treatment of inner ear endolymphatic fluid	5/1/2024	12/31/2999
E2298	Complex rehabilitative power wheelchair accessory, power seat elevation system, any type	4/1/2024	12/31/2999
E2301	Wheelchair accessory, power standing system, any type	9/1/2020	12/31/2999
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	9/15/2007	12/31/2999
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	9/15/2007	12/31/2999
E2312	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, MINI-PROPORTIONAL	1/1/2008	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
E2313	POWER WHEELCHAIR ACCESSORY, HARNESS FOR UPGRADE TO EXPANDABLE CONTROLLER,	1/1/2008	12/31/2999
E2321	Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware	3/15/2014	12/31/2999
E2322	Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware	6/1/2006	12/31/2999
E2323	Power wheelchair accessory, specialty joystick handle for hand control interface, prefabricated	6/1/2006	12/31/2999
E2324	Power wheelchair accessory, chin cup for chin control interface	6/1/2006	12/31/2999
E2325	Power wheelchair accessory, sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual swingaway mounting hardware	6/1/2006	12/31/2999
E2326	Power wheelchair accessory, breath tube kit for sip and puff interface	6/1/2006	12/31/2999
E2327	Power wheelchair accessory, head control interface, mechanical, proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware	6/1/2006	12/31/2999
E2328	Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics and fixed mounting hardware	6/1/2006	12/31/2999
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	6/1/2006	12/31/2999
E2330	Power wheelchair accessory, head control interface, proximity switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware	6/1/2006	12/31/2999
E2331	Power wheelchair accessory, attendant control, proportional, including all related electronics and fixed mounting hardware	9/24/2012	12/31/2999
E2340	Power wheelchair accessory, nonstandard seat frame width, 20-23 inches	6/1/2006	12/31/2999
E2341	Power wheelchair accessory, nonstandard seat frame width, 24-27 inches	6/1/2006	12/31/2999
E2342	Power wheelchair accessory, nonstandard seat frame depth, 20 or 21 inches	6/1/2006	12/31/2999
E2343	Power wheelchair accessory, nonstandard seat frame depth, 22-25 inches	6/1/2006	12/31/2999
E2351	Power wheelchair accessory, electronic interface to operate speech generating device using power wheelchair control interface	6/1/2006	12/31/2999
E2373	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware	3/15/2014	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
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	3/15/2014	12/31/2999
E2375	POWER WHEELCHAIR ACCESSORY, NON-EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, REPLACEMENT ONLY	3/15/2014	12/31/2999
E2376	POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, REPLACEMENT ONLY	3/15/2014	12/31/2999
E2377	POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, UPGRADE PROVIDED AT INITIAL ISSUE	3/15/2014	12/31/2999
E2500	Speech generating device, digitized speech, using pre-recorded messages, less than or equal to 8 minutes recording time	1/1/1950	12/31/2999
E2502	Speech generating device, digitized speech, using pre-recorded messages, greater than 8 minutes but less than or equal to 20 minutes recording time	1/1/1950	12/31/2999
E2504	Speech generating device, digitized speech, using pre-recorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time	1/1/1950	12/31/2999
E2506	Speech generating device, digitized speech, using pre-recorded messages, greater than 40 minutes recording time	1/1/1950	12/31/2999
E2508	Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device	1/1/1950	12/31/2999
E2510	Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access	1/1/1950	12/31/2999
E2511	Speech generating software program, for personal computer or personal digital assistant	1/1/1950	12/31/2999
E2512	Accessory for speech generating device, mounting system	1/1/1950	12/31/2999
E2513	Accessory for speech generating device, electromyographic sensor	2/15/2025	12/31/2999
E2599	Accessory for speech generating device, not otherwise classified	1/1/1950	12/31/2999
E2610	WHEELCHAIR SEAT CUSHION, POWERED	9/1/2020	12/31/2999
E3000	Speech volume modulation system, any type, including all components and accessories	5/15/2024	12/31/2999
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)	7/15/2006	12/31/2999
G0255	Current perception threshold/sensory nerve conduction test, (snct) per limb, any nerve	12/15/2014	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
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	12/15/2014	12/31/2999
G0282	Electrical stimulation, (unattended), to one or more areas, for wound care other than described in g0281	12/15/2014	12/31/2999
G0295	Electromagnetic therapy, to one or more areas, for wound care other than described in g0329 or for other uses	12/15/2014	12/31/2999
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	12/15/2014	12/31/2999
G0341	Percutaneous islet cell transplant, includes portal vein catheterization and infusion	1/1/1950	12/31/2999
G0342	Laparoscopy for islet cell transplant, includes portal vein catheterization and infusion	1/1/1950	12/31/2999
G0343	Laparotomy for islet cell transplant, includes portal vein catheterization and infusion	1/1/1950	12/31/2999
G0422	INTENSIVE CARDIAC REHABILITATION; WITH OR WITHOUT CONTINUOUS ECG MONITORING WITH EXERCISE, PER SESSION	11/15/2019	12/31/2999
G0423	INTENSIVE CARDIAC REHABILITATION; WITH OR WITHOUT CONTINUOUS ECG MONITORING; WITHOUT EXERCISE, PER SESSION	11/15/2019	12/31/2999
G0428	Collagen Meniscus Implant procedure for filling meniscal defects (e.g., CMI, collagen scaffold, Menaflex)	12/1/2020	12/31/2999
G0429	Dermal Filler injection(s) for the treatment of facial lipodystrophy syndrome (LDS) (e.g., as a result of highly active antiretroviral therapy.)	9/24/2012	12/31/2999
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	12/1/2020	12/31/2999
G0465	Autologous platelet rich plasma (PRP) or other blood-derived product for diabetic chronic wounds/ulcers, using an FDA-cleared device for this indication, (includes as applicable administration, dressings, phlebotomy, centrifugation or mixing, and all other preparatory procedures, per treatment)	4/1/2022	12/31/2999
G0516	Insertion of non-biodegradable drug delivery implants, 4 or more (services for subdermal rod implant)	9/15/2024	12/31/2999
G0517	Removal of non-biodegradable drug delivery implants, 4 or more (services for subdermal implants)	9/15/2024	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
G0518	Removal with reinsertion, non-biodegradable drug delivery implants, 4 or more (services for subdermal implants)	9/15/2024	12/31/2999
G0552	Supply of digital mental health treatment device and initial education and onboarding, per course of treatment that augments a behavioral therapy plan	3/1/2025	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	3/1/2025	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	3/1/2025	12/31/2999
G2082	Office or other outpatient visit for the evaluation and management of an established patient that requires the supervision of a physician or other qualified health care professional and provision of up to 56 mg of esketamine nasal self-administration, includes 2 hours post-administration observation	8/1/2021	12/31/2999
G2083	Office or other outpatient visit for the evaluation and management of an established patient that requires the supervision of a physician or other qualified health care professional and provision of greater than 56 mg esketamine nasal self-administration, includes 2 hours post-administration observation	8/1/2021	12/31/2999
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	12/1/2020	12/31/2999
J0172	Injection, aducanumab-avwa, 2 mg	1/1/2022	12/31/2999
J0174	Injection, lecanemab-irmb, 1 mg	9/15/2023	12/31/2999
J0177	Injection, aflibercept hd, 1 mg	5/1/2024	12/31/2999
J0178	Injection, aflibercept, 1 mg	8/15/2023	12/31/2999
J0179	Injection, brolocizumab-dbl, 1 mg	8/15/2023	12/31/2999
J0218	Injection, olipudase alfa-rpcp, 1 mg	7/1/2023	12/31/2999
J0219	Injection, avalglucosidase alfa-ngpt, 4 mg	4/1/2022	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
J0220	INJECTION, ALGLUCOSIDASE ALFA, 10 MG, NOT OTHERWISE SPECIFIED	1/1/2008	12/31/2999
J0222	Injection, Patisiran, 0.1 mg	10/1/2019	12/31/2999
J0248	Injection, remdesivir, 1mg	5/1/2024	12/31/2999
J0485	Injection, belatacept, 1 mg	4/1/2024	12/31/2999
J0491	Injection, anifrolumab-fnia, 1 mg	4/1/2022	12/31/2999
J0517	Injection, benralizumab, 1 mg	1/1/2019	12/31/2999
J0586	INJECTION, ABOBOTULINUMTOXINA, 5 UNITS	1/1/2010	12/31/2999
J0589	Injection, daxibotulinumtoxina-lanm, 1 unit	5/15/2024	12/31/2999
J0741	Injection, cabotegravir and rilpivirine, 2mg/3mg	10/15/2023	12/31/2999
J0775	INJECTION, COLLAGENASE, CLOSTRIDIUM HISTOLYTICUM, 0.01 MG	1/1/2011	12/31/2999
J0791	Injection, crizanlizumab-tmca, 5 mg	3/1/2021	12/31/2999
J1203	Injection, cipaglucoosidase alfa-atga, 5 mg	7/15/2024	12/31/2999
J1301	Injection, edaravone, 1 mg	1/1/2019	12/31/2999
J1302	Injection, sutimlimab-jome, 10 mg	10/1/2022	12/31/2999
J1303	Injection, ravulizumab-cwvz, 10 mg	10/1/2019	12/31/2999
J1304	Injection, tofersen, 1 mg	2/15/2024	12/31/2999
J1305	Injection, evinacumab-dgnb, 5mg	10/1/2021	12/31/2999
J1306	Injection, inclisiran, 1 mg	7/1/2022	12/31/2999
J1307	Injection, crovalimab-akkz, 10 mg	3/15/2025	12/31/2999
J1411	Injection, etranacogene dezaparvovec-drlb, per therapeutic dose	5/1/2023	12/31/2999
J1412	Injection, valoctocogene roxaparvovec-rvox, per ml, containing nominal 2 x 10 <sup>13</sup> vector genomes	2/15/2024	12/31/2999
J1413	Injection, delandistrogene moxeparvovec-rokl, per therapeutic dose	2/15/2024	12/31/2999
J1426	Injection, casimersen, 10 mg	10/1/2021	12/31/2999
J1427	Injection, viltolarsen, 10 mg	5/1/2021	12/31/2999
J1428	Injection, eteplirsen, 10 mg	1/1/2018	12/31/2999
J1429	Injection, golodirsen, 10 mg	11/1/2020	12/31/2999
J1551	Injection, immune globulin (cutaquig), 100 mg	7/1/2022	12/31/2999
J1554	Injection, immune globulin (asceniv), 500 mg	4/1/2021	12/31/2999
J1576	Injection, immune globulin (panzyga), intravenous, non-lyophilized (e.g., liquid), 500 mg	8/1/2023	12/31/2999
J1628	Injection, guselkumab, 1 mg	1/1/2025	12/31/2999
J1632	Injection, brexanolone, 1 mg	10/1/2020	2/14/2025
J1747	Injection, spesolimab-sbzo, 1 mg	5/1/2023	12/31/2999
J1823	Injection, inebilizumab-cdon, 1 mg	3/1/2021	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
J1930	INJECTION, LANREOTIDE, 1 MG	4/1/2024	12/31/2999
J1951	Injection, leuprolide acetate for depot suspension (fensolvi), 0.25 mg	7/1/2021	12/31/2999
J2267	Injection, mirikizumab-mrkz, 1 mg	8/1/2024	12/31/2999
J2327	Injection, risankizumab-rzaa, intravenous, 1 mg	1/1/2023	12/31/2999
J2329	Injection, ublituximab-xiiy, 1mg	8/15/2023	12/31/2999
J2353	Injection, octreotide, depot form for intramuscular injection, 1 mg	4/1/2024	12/31/2999
J2354	Injection, octreotide, non-depot form for subcutaneous or intravenous injection, 25 mcg	4/1/2024	12/31/2999
J2356	Injection, tezepelumab-ekko, 1 mg	7/1/2022	12/31/2999
J2440	Injection, papaverine hcl, up to 60 mg	2/15/2007	12/31/2999
J2508	Injection, pegunigalsidase alfa-iwxj, 1 mg	2/15/2024	12/31/2999
J2777	Injection, faricimab-svoa, 0.1 mg	10/1/2022	12/31/2999
J2778	INJECTION, RANIBIZUMAB, 0.1 MG	1/1/2008	12/31/2999
J2779	Injection, ranibizumab, via intravitreal implant (susvimo), 0.1 mg	7/1/2022	12/31/2999
J2782	Injection, avacincaptad pegol, 0.1 mg	7/15/2024	12/31/2999
J3032	Injection, eptinezumab-jjmr, 1 mg	11/15/2020	12/31/2999
J3111	Injection, romosozumab-aqqg, 1 mg	4/1/2024	12/31/2999
J3241	Injection, teprotumumab-trbw, 10 mg	11/1/2020	12/31/2999
J3247	Injection, secukinumab, intravenous, 1 mg	8/15/2024	12/31/2999
J3285	INJECTION, TREPROSTINIL, 1 MG	10/1/2024	12/31/2999
J3299	Injection, triamcinolone acetonide (xipere), 1 mg	9/15/2022	12/31/2999
J3315	Injection, triptorelin pamoate, 3.75 mg	10/1/2024	12/31/2999
J3393	Injection, betibeglogene autotemcel, per treatment	7/1/2024	12/31/2999
J3394	Injection, lovetibeglogene autotemcel, per treatment	7/1/2024	12/31/2999
J3396	INJECTION, VERTEPORFIN, 0.1 MG	8/15/2023	12/31/2999
J3398	Injection, voretigene neparvovec-rzyl, 1 billion vector genomes	1/1/2019	12/31/2999
J3399	Injection, onasemnogene abeparvovec-xioi, per treatment, up to 5x10 <sup>15</sup> vector genomes	7/1/2020	12/31/2999
J3401	Beremagene geperpavec-svdt for topical administration, containing nominal 5 x 10 <sup>9</sup> pfu/ml vector genomes, per 0.1 ml	2/15/2024	12/31/2999
J3520	Edetate disodium, per 150 mg	1/1/1950	12/31/2999
J7183	INJECTION, VON WILLEBRAND FACTOR COMPLEX (HUMAN), WILATE, 1 I.U. VWF:RCO	4/1/2024	12/31/2999
J7309	METHYL AMINOLEVULINATE (MAL) FOR TOPICAL ADMINISTRATION, 16.8%, 1 GRAM	1/1/2011	12/31/2999
J7355	Injection, travoprost, intracameral implant, 1 microgram	8/15/2024	12/31/2999
J7402	Mometasone furoate sinus implant, (sinuva), 10 micrograms	5/15/2021	12/31/2999
J7604	ACETYLCYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH	12/1/2020	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
J7607	LEVALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 0.5 MG	12/1/2020	12/31/2999
J7609	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	12/1/2020	12/31/2999
J7610	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 1 MG	12/1/2020	12/31/2999
J7615	LEVALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	12/1/2020	12/31/2999
J7622	BECLOMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	12/1/2020	12/31/2999
J7624	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	12/1/2020	12/31/2999
J7627	BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	12/1/2020	12/31/2999
J7628	BITOLTEROL MESYLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MILLIGRAM	12/1/2020	12/31/2999
J7629	BITOLTEROL MESYLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	12/1/2020	12/31/2999
J7632	CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH	12/1/2020	12/31/2999
J7634	BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER 0.25 MILLIGRAM	12/1/2020	12/31/2999
J7635	ATROPINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MILLIGRAM	12/1/2020	12/31/2999
J7636	ATROPINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	12/1/2020	12/31/2999
J7637	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MILLIGRAM	12/1/2020	12/31/2999
J7638	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	12/1/2020	12/31/2999
J7640	FORMOTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 12 MICROGRAMS	12/1/2020	12/31/2999
J7641	FLUNISOLIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, PER MILLIGRAM	12/1/2020	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
J7642	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MILLIGRAM	12/1/2020	12/31/2999
J7643	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	12/1/2020	12/31/2999
J7645	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	12/1/2020	12/31/2999
J7647	ISOETHARINE HCL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MILLIGRAM	12/1/2020	12/31/2999
J7650	ISOETHARINE HCL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	12/1/2020	12/31/2999
J7657	ISOPROTERENOL HCL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MILLIGRAM	12/1/2020	12/31/2999
J7660	ISOPROTERENOL HCL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	12/1/2020	12/31/2999
J7667	METAPROTERENOL SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, CONCENTRATED FORM, PER 10 MILLIGRAMS	12/1/2020	12/31/2999
J7670	METAPROTERENOL SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	12/1/2020	12/31/2999
J7676	PENTAMIDINE ISETHIONATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED	12/1/2020	12/31/2999
J7680	TERBUTALINE SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MILLIGRAM	12/1/2020	12/31/2999
J7681	TERBUTALINE SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	12/1/2020	12/31/2999
J7683	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MILLIGRAM	12/1/2020	12/31/2999
J7684	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	12/1/2020	12/31/2999
J7685	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	12/1/2020	12/31/2999
J9029	Intravesical instillation, nadofaragene firadenovec-vncg, per therapeutic dose	8/1/2023	12/31/2999
J9226	HISTRELIN IMPLANT (SUPPRELIN LA), 50 MG	10/1/2024	12/31/2999
J9332	Injection, efgartigimod alfa-fcab, 2mg	7/1/2022	12/31/2999
J9333	Injection, rozanolixizumab-noli, 1 mg	2/15/2024	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
J9334	Injection, efgartigimod alfa, 2 mg and hyaluronidase-qvfc	2/15/2024	12/31/2999
J9376	Injection, pozelimab-bbfg, 1 mg	4/15/2024	12/31/2999
J9600	INJECTION, PORFIMER SODIUM, 75 MG	1/1/1950	12/31/2999
K0005	Ultralightweight wheelchair	12/1/2011	12/31/2999
K0010	Standard - weight frame motorized/power wheelchair	1/1/1950	12/31/2999
K0011	Standard - weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	1/1/1950	12/31/2999
K0012	Lightweight portable motorized/power wheelchair	1/1/1950	12/31/2999
K0013	Custom Motorized/Power Wheelchair Base	7/1/2013	12/31/2999
K0014	Other motorized/power wheelchair base	1/1/1950	12/31/2999
K0053	Elevating footrests, articulating (telescoping), each	1/1/1950	12/31/2999
K0065	Spoke protectors, each	9/1/2020	12/31/2999
K0108	Wheelchair component or accessory, not otherwise specified	1/1/1950	12/31/2999
K0455	Infusion pump used for uninterrupted parenteral administration of medication, (e. G. , epoprostenol or treprostinol)	1/1/1950	12/31/2999
K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	10/1/2006	12/31/2999
K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY, 301 TO 450 POUNDS	10/1/2006	12/31/2999
K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	10/1/2006	12/31/2999
K0806	POWER OPERATED VEHICLE, GROUP 2 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	10/1/2006	12/31/2999
K0807	POWER OPERATED VEHICLE, GROUP 2 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	10/1/2006	12/31/2999
K0808	POWER OPERATED VEHICLE, GROUP 2 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	10/1/2006	12/31/2999
K0812	POWER OPERATED VEHICLE, NOT OTHERWISE CLASSIFIED	10/1/2006	12/31/2999
K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	10/1/2006	12/31/2999
K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	10/1/2006	12/31/2999
K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	10/1/2006	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACTIY UP TO AND INCLUDING 300 POUNDS	10/1/2006	12/31/2999
K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	10/1/2006	12/31/2999
K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	10/1/2006	12/31/2999
K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	10/1/2006	12/31/2999
K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	10/1/2006	12/31/2999
K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	10/1/2006	12/31/2999
K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	10/1/2006	12/31/2999
K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	10/1/2006	12/31/2999
K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	10/1/2006	12/31/2999
K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	10/1/2006	12/31/2999
K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	10/1/2006	12/31/2999
K0830	POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	10/1/2006	12/31/2999
K0831	POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	10/1/2006	12/31/2999
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	12/31/2999
K0836	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	10/1/2006	12/31/2999
K0837	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	10/1/2006	12/31/2999
K0838	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	10/1/2006	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
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	12/31/2999
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	12/31/2999
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	12/31/2999
K0842	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	10/1/2006	12/31/2999
K0843	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	10/1/2006	12/31/2999
K0848	POWER WHEELCHAIR, GROUP 3 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	10/1/2006	12/31/2999
K0849	POWER WHEELCHAIR, GROUP 3 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	10/1/2006	12/31/2999
K0850	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	10/1/2006	12/31/2999
K0851	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	10/1/2006	12/31/2999
K0852	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	10/1/2006	12/31/2999
K0853	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY, 451 TO 600 POUNDS	10/1/2006	12/31/2999
K0854	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	10/1/2006	12/31/2999
K0855	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	10/1/2006	12/31/2999
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	12/31/2999
K0857	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	10/1/2006	12/31/2999
K0858	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	10/1/2006	12/31/2999
K0859	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	10/1/2006	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
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	12/31/2999
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	12/31/2999
K0862	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	10/1/2006	12/31/2999
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	12/31/2999
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	12/31/2999
K0868	POWER WHEELCHAIR, GROUP 4 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	10/1/2006	12/31/2999
K0869	POWER WHEELCHAIR, GROUP 4 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	10/1/2006	12/31/2999
K0870	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	10/1/2006	12/31/2999
K0871	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	10/1/2006	12/31/2999
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	12/31/2999
K0878	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	10/1/2006	12/31/2999
K0879	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	10/1/2006	12/31/2999
K0880	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT 451 TO 600 POUNDS	10/1/2006	12/31/2999
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	12/31/2999
K0885	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	10/1/2006	12/31/2999
K0886	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	10/1/2006	12/31/2999
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	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
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	12/31/2999
K0899	Power mobile device; no dme pdac	10/1/2006	12/31/2999
K1004	Low frequency ultrasonic diathermy treatment device for home use	12/1/2020	12/31/2999
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	3/1/2021	12/31/2999
K1030	External recharging system for battery (internal) for use with implanted cardiac contractility modulation generator, replacement only	4/1/2022	12/31/2999
K1036	Supplies and accessories (e.g., transducer) for low frequency ultrasonic diathermy treatment device, per month	10/1/2023	12/31/2999
K1037	Docking station for use with oral device/appliance used to reduce upper airway collapsibility	10/1/2024	12/31/2999
L1320	Thoracic, pectus carinatum orthosis, sternal compression, rigid circumferential frame with anterior and posterior rigid pads, custom fabricated	4/1/2024	12/31/2999
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	1/1/1950	12/31/2999
L5639	Addition to lower extremity, below knee, wood socket	7/15/2024	12/31/2999
L5642	Addition to lower extremity, above knee, leather socket	7/15/2024	12/31/2999
L5644	Addition to lower extremity, above knee, wood socket	7/15/2024	12/31/2999
L5714	Addition, exoskeletal knee-shin system, single axis, variable friction swing phase control	7/15/2024	12/31/2999
L5722	Addition, exoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control	7/15/2024	12/31/2999
L5724	Addition, exoskeletal knee-shin system, single axis, fluid swing phase control	7/15/2024	12/31/2999
L5726	Addition, exoskeletal knee-shin system, single axis, external joints fluid swing phase control	7/15/2024	12/31/2999
L5728	Addition, exoskeletal knee-shin system, single axis, fluid swing and stance phase control	7/15/2024	12/31/2999
L5780	Addition, exoskeletal knee-shin system, single axis, pneumatic/hydra pneumatic swing phase control	7/15/2024	12/31/2999
L5816	Addition, endoskeletal knee-shin system, polycentric, mechanical stance phase lock	7/15/2024	12/31/2999
L5818	Addition, endoskeletal knee-shin system, polycentric, friction swing, and stance phase control	7/15/2024	12/31/2999
L5841	Addition, endoskeletal knee-shin system, polycentric, pneumatic swing, and stance phase control	4/1/2024	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
L5857	ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL KNEE-SHIN SYSTEM, MICROPROCESSOR CONTROL FEATURE, SWING PHASE ONLY, INCLUDES ELECTRONIC SENSOR(S), ANY TYPE	9/1/2020	12/31/2999
L5973	ENDOSKELETAL ANKLE FOOT SYSTEM, MICROPROCESSOR CONTROLLED FEATURE, DORSIFLEXION AND/OR PLANTAR FLEXION CONTROL, INCLUDES POWER SOURCE	9/1/2020	12/31/2999
L5978	All lower extremity prostheses, foot, multiaxial ankle/foot	7/15/2024	12/31/2999
L5981	All lower extremity prostheses, flex-walk system or equal	7/15/2024	12/31/2999
L5991	Addition to lower extremity prostheses, osseointegrated external prosthetic connector	10/1/2023	12/31/2999
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	12/31/2999
L6611	ADDITION TO UPPER EXTREMITY PROSTHESIS, EXTERNAL POWERED, ADDITIONAL SWITCH, ANY TYPE	4/1/2009	12/31/2999
L6880	ELECTRIC HAND, SWITCH OR MYOELECTRIC CONTROLLED, INDEPENDENTLY ARTICULATING DIGITS, ANY GRASP PATTERN OR COMBINATION OF GRASP PATTERNS, INCLUDES MOTOR(S)	1/1/2012	12/31/2999
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	4/1/2009	12/31/2999
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	4/1/2009	12/31/2999
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	4/1/2009	12/31/2999
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	4/1/2009	12/31/2999
L6940	Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, otto bock or equal switch, cables, two batteries and one charger, switch control of terminal device	4/1/2009	12/31/2999
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	4/1/2009	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
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	4/1/2009	12/31/2999
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	4/1/2009	12/31/2999
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	4/1/2009	12/31/2999
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	4/1/2009	12/31/2999
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	4/1/2009	12/31/2999
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	4/1/2009	12/31/2999
L7008	ELECTRIC HAND, SWITCH OR MYOELECTRIC, CONTROLLED, PEDIATRIC	4/1/2009	12/31/2999
L7009	ELECTRIC HOOK, SWITCH OR MYOELECTRIC CONTROLLED, ADULT	4/1/2009	12/31/2999
L7040	PREHENSILE ACTUATOR, SWITCH CONTROLLED	4/1/2009	12/31/2999
L7045	ELECTRIC HOOK, SWITCH OR MYOELECTRIC ONTROLLED, PEDIATRIC	4/1/2009	12/31/2999
L7170	Electronic elbow, hosmer or equal, switch controlled	4/1/2009	12/31/2999
L7180	Electronic elbow, microprocessor sequential control of elbow and terminal device	4/1/2009	12/31/2999
L7181	ELECTRONIC ELBOW, MICROPROCESSOR SIMULTANEOUS CONTROL OF ELBOW AND TERMINAL DEVICE	4/1/2009	12/31/2999
L7185	Electronic elbow, adolescent, variety village or equal, switch controlled	4/1/2009	12/31/2999
L7186	Electronic elbow, child, variety village or equal, switch controlled	4/1/2009	12/31/2999
L7190	Electronic elbow, adolescent, variety village or equal, myoelectronically controlled	4/1/2009	12/31/2999
L7191	Electronic elbow, child, variety village or equal, myoelectronically controlled	4/1/2009	12/31/2999
L7360	Six volt battery, each	7/15/2024	12/31/2999
L7362	Battery charger, six volt, each	9/1/2024	12/31/2999
L7364	Twelve volt battery, each	4/1/2009	12/31/2999
L7366	Battery charger, twelve volt, each	4/1/2009	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
L7367	Lithium ion battery, rechargeable, replacement	9/1/2024	12/31/2999
L7368	LITHIUM ION BATTERY CHARGER, REPLACEMENT ONLY	9/1/2024	12/31/2999
L8603	Injectable bulking agent, collagen implant, urinary tract, 2. 5 ml syringe, includes shipping and necessary supplies	5/15/2024	12/31/2999
L8604	INJECTABLE BULKING AGENT, DEXTRANOMER/HYALURONIC ACID COPOLYMER IMPLANT, URINARY TRACT, 1 ML, INCLUDES SHIPPING AND NECESSARY SUPPLIES	1/1/2009	12/31/2999
L8605	Injectable bulking agent, dextranomer/hyaluronic acid copolymer implant, anal canal, 1 ml, includes shipping and necessary supplies	12/1/2020	12/31/2999
L8606	Injectable bulking agent, synthetic implant, urinary tract, 1 ml syringe, includes shipping and necessary supplies	5/1/2007	12/31/2999
L8612	Aqueous shunt	7/1/2014	12/31/2999
L8678	Electrical stimulator supplies (external) for use with implantable neurostimulator, per month	7/15/2023	12/31/2999
L8679	Implantable neurostimulator, pulse generator, any type	7/15/2023	12/31/2999
L8680	Implantable neurostimulator electrode, each	7/15/2023	12/31/2999
L8681	PATIENT PROGRAMMER (EXTERNAL) FOR USE WITH IMPLANTABLE PROGRAMMABLE NEUROSTIMULATOR PULSE GENERATOR, REPLACEMENT ONLY	7/15/2023	12/31/2999
L8682	Implantable neurostimulator radiofrequency receiver	7/15/2023	12/31/2999
L8683	Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver	7/15/2023	12/31/2999
L8685	Implantable neurostimulator pulse generator, single array, rechargeable, includes extension	7/15/2023	12/31/2999
L8686	Implantable neurostimulator pulse generator, single array, non-rechargeable, includes extension	7/15/2023	12/31/2999
L8687	Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension	7/15/2023	12/31/2999
L8688	Implantable neurostimulator pulse generator, dual array, non-rechargeable, includes extension	7/15/2023	12/31/2999
L8689	EXTERNAL RECHARGING SYSTEM FOR BATTERY (INTERNAL) FOR USE WITH IMPLANTABLE NEUROSTIMULATOR, REPLACEMENT ONLY	7/15/2023	12/31/2999
L8690	AUDITORY OSSEOINTEGRATED DEVICE, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS	1/1/2007	12/31/2999
L8691	Auditory osseointegrated device, external sound processor, excludes transducer/actuator, replacement only, each	1/1/2007	12/31/2999
L8693	AUDITORY OSSEOINTEGRATED DEVICE ABUTMENT, ANY LENGTH, REPLACEMENT ONLY	1/1/2011	12/31/2999
L8695	EXTERNAL RECHARGING SYSTEM FOR BATTERY (EXTERNAL) FOR USE WITH IMPLANTABLE NEUROSTIMULATOR, REPLACEMENT ONLY	7/15/2023	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
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	12/31/2999
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	12/31/2999
M0076	Prolotherapy	1/1/2023	12/31/2999
M0240	Intravenous infusion or subcutaneous injection, casirivimab and imdevimab includes infusion or injection, and post administration monitoring, subsequent repeat doses	6/1/2023	1/31/2025
M0241	Intravenous infusion or subcutaneous injection, casirivimab and imdevimab includes infusion or injection, and post administration monitoring in the home or residence, this includes a beneficiary's home that has been made provider-based to the hospital during the covid-19 public health emergency, subsequent repeat doses	6/1/2023	1/31/2025
M0243	Intravenous infusion or subcutaneous injection, casirivimab and imdevimab includes infusion or injection, and post administration monitoring	6/1/2023	1/31/2025
M0244	Intravenous infusion or subcutaneous injection, casirivimab and imdevimab includes infusion or injection, and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the covid-19 public health emergency	6/1/2023	1/31/2025
M0245	Intravenous infusion, bamlanivimab and etesevimab, includes infusion and post administration monitoring	6/1/2023	3/31/2025
M0246	Intravenous infusion, bamlanivimab and etesevimab, includes infusion and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider based to the hospital during the covid 19 public health emergency	6/1/2023	3/31/2025
P2031	Hair analysis (excluding arsenic)	9/24/2012	12/31/2999
P9020	Platelet rich plasma, each unit	12/1/2020	12/31/2999
Q0240	Injection, casirivimab and imdevimab, 600 mg	6/1/2023	1/31/2025
Q0243	Injection, casirivimab and imdevimab, 2400 mg	6/1/2023	1/31/2025
Q0244	Injection, casirivimab and imdevimab, 1200 mg	6/1/2023	1/31/2025
Q0245	Injection, bamlanivimab and etesevimab, 2100 mg	6/1/2023	3/31/2025
Q026	INJECTION, RADIESSE, 0.1 ML	8/15/2013	12/31/2999
Q028	Injection, sculptra, 0.5 mg	1/1/2014	12/31/2999
Q0241	Axicabtagene ciloleucel, up to 200 million autologous anti-cd19 car positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	4/1/2018	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
Q2042	Tisagenlecleucel, up to 600 million car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	7/1/2011	12/31/2999
Q2053	Brexucabtagene autoleucel, up to 200 million autologous anti-cd19 car positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	4/1/2021	12/31/2999
Q2054	Lisocabtagene maraleucel, up to 110 million autologous anti-cd19 car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	10/1/2021	12/31/2999
Q2055	Idecabtagene vicleucel, up to 510 million autologous b-cell maturation antigen (bcma) directed car-positive t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	1/1/2022	12/31/2999
Q2056	Ciltacabtagene autoleucel, up to 100 million autologous b-cell maturation antigen (bcma) directed car-positive t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	10/1/2022	12/31/2999
Q4100	SKIN SUBSTITUTE, NOT OTHERWISE SPECIFIED	11/15/2020	12/31/2999
Q4101	APLIGRAF, PER SQUARE CENTIMETER	11/15/2020	12/31/2999
Q4102	OASIS WOUND MATRIX, PER SQUARE CENTIMETER	11/15/2020	12/31/2999
Q4103	OASIS BURN MATRIX, PER SQUARE CENTIMETER	5/15/2021	12/31/2999
Q4104	INTEGRA BILAYER MATRIX WOUND DRESSING (BMWD), PER SQUARE CENTIMETER	5/15/2021	12/31/2999
Q4105	Integra dermal regeneration template (drt) or integra omnigraft dermal regeneration matrix, per square centimeter	11/15/2020	12/31/2999
Q4106	DERMAGRAFT, PER SQUARE CENTIMETER	11/15/2020	12/31/2999
Q4107	GRAFTJACKET, PER SQUARE CENTIMETER	11/15/2020	12/31/2999
Q4108	INTEGRA MATRIX, PER SQUARE CENTIMETER	11/15/2020	12/31/2999
Q4110	PRIMATRIX, PER SQUARE CENTIMETER	5/15/2021	12/31/2999
Q4111	GAMMAGRAFT, PER SQUARE CENTIMETER	5/15/2021	12/31/2999
Q4112	CYMETRA, INJECTABLE, 1CC	5/15/2021	12/31/2999
Q4113	GRAFTJACKET XPRESS, INJECTABLE, 1CC	5/15/2021	12/31/2999
Q4114	INTEGRA FLOWABLE WOUND MATRIX, INJECTABLE, 1CC	11/15/2020	12/31/2999
Q4115	ALLOSKIN, PER SQUARE CENTIMETER	5/15/2021	12/31/2999
Q4116	ALLODERM, PER SQUARE CENTIMETER	11/15/2020	12/31/2999
Q4117	HYALOMATRIX, PER SQUARE CENTIMETER	5/15/2021	12/31/2999
Q4118	MATRISTEM MICROMATRIX, 1 MG	5/15/2021	12/31/2999
Q4121	THERASKIN, PER SQUARE CENTIMETER	9/1/2024	12/31/2999
Q4122	Dermacell, dermacell awm or dermacell awm porous, per square centimeter	10/15/2021	12/31/2999
Q4123	ALLOSKIN RT, PER SQUARE CENTIMETER	5/15/2021	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
Q4124	OASIS ULTRA TRI-LAYER WOUND MATRIX, PER SQUARE CENTIMETER	5/15/2021	12/31/2999
Q4125	ARTHROFLEX, PER SQUARE CENTIMETER	5/15/2021	12/31/2999
Q4126	Memoderm, dermaspan, tranzgraft or integuply, per square centimeter	5/15/2021	12/31/2999
Q4127	TALYMED, PER SQUARE CENTIMETER	5/15/2021	12/31/2999
Q4128	Flex hd, or allopatch hd, per square centimeter	11/15/2020	12/31/2999
Q4130	STRATTICE TM, PER SQUARE CENTIMETER	5/15/2021	12/31/2999
Q4132	Grafix core and grafixpl core, per square centimeter	8/15/2021	12/31/2999
Q4133	Grafix prime, grafixpl prime, stravix and stravixpl, per square centimeter	8/15/2021	12/31/2999
Q4134	Hmatrix, per square centimeter	5/15/2021	12/31/2999
Q4135	Mediskin, per square centimeter	5/15/2021	12/31/2999
Q4136	Ez-derm, per square centimeter	5/15/2021	12/31/2999
Q4137	Amnioexcel, amnioexcel plus or biodexcel, per square centimeter	8/1/2024	12/31/2999
Q4138	Biodfence dryflex, per square centimeter	12/1/2020	12/31/2999
Q4139	Amniomatrix or biodmatrix, injectable, 1 cc	12/1/2020	12/31/2999
Q4140	Biodfence, per square centimeter	12/1/2020	12/31/2999
Q4141	Alloskin ac, per square centimeter	5/15/2021	12/31/2999
Q4142	Xcm biologic tissue matrix, per square centimeter	5/15/2021	12/31/2999
Q4143	Repriza, per square centimeter	5/15/2021	12/31/2999
Q4145	Epifix, injectable, 1 mg	12/1/2020	12/31/2999
Q4146	Tensix, per square centimeter	5/15/2021	12/31/2999
Q4147	Architect, architect px, or architect fx, extracellular matrix, per square centimeter	5/15/2021	12/31/2999
Q4148	Neox cord 1k, neox cord rt, or clarix cord 1k, per square centimeter	12/1/2020	12/31/2999
Q4149	Excellagen, 0.1 cc	5/15/2021	12/31/2999
Q4150	Allowrap ds or dry, per square centimeter	12/1/2020	12/31/2999
Q4151	Amnioband or guardian, per square centimeter	8/15/2021	12/31/2999
Q4152	Dermapure, per square centimeter	5/15/2021	12/31/2999
Q4153	Dermavest and plurivest, per square centimeter	12/1/2020	12/31/2999
Q4154	Biovance, per square centimeter	8/15/2021	12/31/2999
Q4155	Neoxflo or clarixflo, 1 mg	12/1/2020	12/31/2999
Q4156	Neox 100 or clarix 100, per square centimeter	12/1/2020	12/31/2999
Q4157	Revitalon, per square centimeter	12/1/2020	12/31/2999
Q4158	Kerecis omega3, per square centimeter	5/15/2021	12/31/2999
Q4159	Affinity, per square centimeter	2/1/2022	12/31/2999
Q4160	Nushield, per square centimeter	12/1/2020	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
Q4161	Bio-connekt wound matrix, per square centimeter	5/15/2021	12/31/2999
Q4162	Woundex flow, bioskin flow, 0.5 cc	12/1/2020	12/31/2999
Q4163	Woundex, bioskin, per square centimeter	12/1/2020	12/31/2999
Q4164	Helicoll, per square centimeter	5/15/2021	12/31/2999
Q4165	Keramatrix or kerasorb, per square centimeter	5/15/2021	12/31/2999
Q4166	Cytal, per square centimeter	5/15/2021	12/31/2999
Q4167	Truskin, per square centimeter	5/15/2021	12/31/2999
Q4168	Amnioband, 1 mg	8/15/2021	12/31/2999
Q4169	Artacent wound, per square centimeter	12/1/2020	12/31/2999
Q4170	Cygnus, per square centimeter	12/1/2020	12/31/2999
Q4171	Interfyl, 1 mg	12/1/2020	12/31/2999
Q4173	Palingen or palingen xplus, per square centimeter	12/1/2020	12/31/2999
Q4174	Palingen or promatrix, 0.36 mg per 0.25 cc	12/1/2020	12/31/2999
Q4175	Miroderm, per square centimeter	4/1/2021	12/31/2999
Q4176	Neopatch or therion, per square centimeter	12/1/2020	12/31/2999
Q4177	Floweramnioflo, 0.1 cc	12/1/2020	12/31/2999
Q4178	Floweramniopatch, per square centimeter	12/1/2020	12/31/2999
Q4179	Flowerderm, per square centimeter	5/15/2021	12/31/2999
Q4180	Revita, per square centimeter	12/1/2020	12/31/2999
Q4181	Amnio wound, per square centimeter	12/1/2020	12/31/2999
Q4182	Transcyte, per square centimeter	5/15/2021	12/31/2999
Q4183	Surgigraft, per square centimeter	12/1/2020	12/31/2999
Q4184	Cellesta or cellesta duo, per square centimeter	12/1/2020	12/31/2999
Q4185	Cellesta flowable amnion (25 mg per cc); per 0.5 cc	12/1/2020	12/31/2999
Q4186	Epifix, per square centimeter	8/15/2021	12/31/2999
Q4187	Epicord, per square centimeter	8/15/2021	12/31/2999
Q4188	Amnioarmor, per square centimeter	12/1/2020	12/31/2999
Q4189	Artacent ac, 1 mg	12/1/2020	12/31/2999
Q4190	Artacent ac, per square centimeter	12/1/2020	12/31/2999
Q4191	Restorigin, per square centimeter	12/1/2020	12/31/2999
Q4192	Restorigin, 1 cc	12/1/2020	12/31/2999
Q4193	Coll-e-derm, per square centimeter	5/15/2021	12/31/2999
Q4194	Novachor, per square centimeter	12/1/2020	12/31/2999
Q4195	Puraply, per square centimeter	5/15/2021	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
Q4196	Puraply am, per square centimeter	5/15/2021	12/31/2999
Q4197	Puraply xt, per square centimeter	12/1/2020	12/31/2999
Q4198	Genesis amniotic membrane, per square centimeter	12/1/2020	12/31/2999
Q4199	Cygnus matrix, per square centimeter	4/15/2022	12/31/2999
Q4200	Skin te, per square centimeter	5/15/2021	12/31/2999
Q4201	Matrion, per square centimeter	12/1/2020	12/31/2999
Q4202	Keroxx (2.5g/cc), 1cc	5/15/2021	12/31/2999
Q4203	Derma-gide, per square centimeter	5/15/2021	12/31/2999
Q4204	Xwrap, per square centimeter	12/1/2020	12/31/2999
Q4205	Membrane graft or membrane wrap, per square centimeter	12/1/2020	12/31/2999
Q4206	Fluid flow or fluid GF, 1 cc	12/1/2020	12/31/2999
Q4208	Novafix, per square centimeter	12/1/2020	12/31/2999
Q4209	Surgraft, per square centimeter	12/1/2020	12/31/2999
Q4211	Amnion bio or Axobiomembrane, per square centimeter	12/1/2020	12/31/2999
Q4212	Allogen, per cc	12/1/2020	12/31/2999
Q4213	Ascent, 0.5 mg	12/1/2020	12/31/2999
Q4214	Cellesta cord, per square centimeter	12/1/2020	12/31/2999
Q4215	Axolotl ambient or axolotl cryo, 0.1 mg	12/1/2020	12/31/2999
Q4216	Artacent cord, per square centimeter	12/1/2020	12/31/2999
Q4217	Woundfix, BioWound, Woundfix Plus, BioWound Plus, Woundfix Xplus or BioWound Xplus, per square centimeter	12/1/2020	12/31/2999
Q4218	Surgicord, per square centimeter	12/1/2020	12/31/2999
Q4219	Surgigraft-dual, per square centimeter	12/1/2020	12/31/2999
Q4220	BellaCell HD or Surederm, per square centimeter	5/15/2021	12/31/2999
Q4221	Amniowrap2, per square centimeter	12/1/2020	12/31/2999
Q4222	Progenatrix, per square centimeter	5/15/2021	12/31/2999
Q4224	Human health factor 10 amniotic patch (hhf10-p), per square centimeter	4/1/2022	12/31/2999
Q4225	Amniobind or dermabind tl, per square centimeter	4/1/2022	12/31/2999
Q4226	MyOwn skin, includes harvesting and preparation procedures, per square centimeter	10/1/2024	12/31/2999
Q4227	Amniocore, per square centimeter	12/1/2020	12/31/2999
Q4229	Cogenex amniotic membrane, per square centimeter	12/1/2020	12/31/2999
Q4230	Cogenex flowable amnion, per 0.5 cc	12/1/2020	12/31/2999
Q4231	Corplex p, per cc	12/1/2020	3/31/2025
Q4232	Corplex, per square centimeter	12/1/2020	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
Q4233	Surfactor or nudyn, per 0.5 cc	12/1/2020	12/31/2999
Q4234	Xcellerate, per square centimeter	12/1/2020	12/31/2999
Q4235	Amniorepair or altiply, per square centimeter	12/1/2020	12/31/2999
Q4236	Carepatch, per square centimeter	12/1/2020	12/31/2999
Q4237	Cryo-cord, per square centimeter	12/1/2020	12/31/2999
Q4238	Derm-maxx, per square centimeter	7/1/2022	12/31/2999
Q4239	Amnio-maxx or amnio-maxx lite, per square centimeter	12/1/2020	12/31/2999
Q4240	Corecyte, for topical use only, per 0.5 cc	12/1/2020	12/31/2999
Q4241	Polycyte, for topical use only, per 0.5 cc	12/1/2020	12/31/2999
Q4242	Amniocyte plus, per 0.5 cc	12/1/2020	12/31/2999
Q4245	Amniotext, per cc	12/1/2020	12/31/2999
Q4246	Coretext or protext, per cc	12/1/2020	12/31/2999
Q4247	Amniotext patch, per square centimeter	12/1/2020	12/31/2999
Q4248	Dermacyte amniotic membrane allograft, per square centimeter	12/1/2020	12/31/2999
Q4249	Amniply, for topical use only, per square centimeter	3/1/2021	12/31/2999
Q4250	Amnioamp-mp, per square centimeter	3/1/2021	12/31/2999
Q4251	Vim, per square centimeter	1/1/2022	12/31/2999
Q4252	Vendaje, per square centimeter	1/1/2022	12/31/2999
Q4253	Zenith amniotic membrane, per square centimeter	1/1/2022	12/31/2999
Q4254	Novafix dl, per square centimeter	3/1/2021	12/31/2999
Q4255	Reguard, for topical use only, per square centimeter	3/1/2021	12/31/2999
Q4256	Mlg-complete, per square centimeter	4/1/2022	12/31/2999
Q4257	Relese, per square centimeter	4/1/2022	12/31/2999
Q4258	Enverse, per square centimeter	4/1/2022	12/31/2999
Q4259	Celera dual layer or celera dual membrane, per square centimeter	1/1/2023	12/31/2999
Q4260	Signature apatch, per square centimeter	1/1/2023	12/31/2999
Q4261	Tag, per square centimeter	1/1/2023	12/31/2999
Q4262	Dual layer impax membrane, per square centimeter	1/1/2023	12/31/2999
Q4263	Surgraft tl, per square centimeter	1/1/2023	12/31/2999
Q4264	Cocoon membrane, per square centimeter	1/1/2023	12/31/2999
Q4265	Neostim tl, per square centimeter	9/1/2023	12/31/2999
Q4266	Neostim membrane, per square centimeter	9/1/2023	12/31/2999
Q4267	Neostim dl, per square centimeter	9/1/2023	12/31/2999
Q4268	Surgraft ft, per square centimeter	9/1/2023	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
Q4269	Surgraft xt, per square centimeter	9/1/2023	12/31/2999
Q4270	Complete sl, per square centimeter	9/1/2023	12/31/2999
Q4271	Complete ft, per square centimeter	9/1/2023	12/31/2999
Q4272	Esano a, per square centimeter	12/1/2023	12/31/2999
Q4273	Esano aaa, per square centimeter	12/1/2023	12/31/2999
Q4274	Esano ac, per square centimeter	12/1/2023	12/31/2999
Q4275	Esano aca, per square centimeter	12/1/2023	12/31/2999
Q4276	Orion, per square centimeter	12/1/2023	12/31/2999
Q4278	Epieffect, per square centimeter	12/1/2023	12/31/2999
Q4279	Vendaje ac, per square centimeter	7/1/2024	12/31/2999
Q4280	Xcell amnio matrix, per square centimeter	12/1/2023	12/31/2999
Q4281	Barrera sl or barrera dl, per square centimeter	12/1/2023	12/31/2999
Q4282	Cygnus dual, per square centimeter	12/1/2023	12/31/2999
Q4283	Biovance tri-layer or biovance 3l, per square centimeter	8/15/2023	12/31/2999
Q4284	Dermabind sl, per square centimeter	12/1/2023	12/31/2999
Q4285	Nudyn dl or nudyn dl mesh, per square centimeter	10/1/2023	12/31/2999
Q4286	Nudyn sl or nudyn slw, per square centimeter	10/1/2023	12/31/2999
Q4287	Dermabind dl, per square centimeter	7/1/2024	12/31/2999
Q4288	Dermabind ch, per square centimeter	7/1/2024	12/31/2999
Q4289	Revoshield + amniotic barrier, per square centimeter	7/1/2024	12/31/2999
Q4290	Membrane wrap-hydro, per square centimeter	7/1/2024	12/31/2999
Q4291	Lamellas xt, per square centimeter	7/1/2024	12/31/2999
Q4292	Lamellas, per square centimeter	7/1/2024	12/31/2999
Q4293	Acesso dl, per square centimeter	7/1/2024	12/31/2999
Q4294	Amnio quad-core, per square centimeter	7/1/2024	12/31/2999
Q4295	Amnio tri-core amniotic, per square centimeter	7/1/2024	12/31/2999
Q4296	Rebound matrix, per square centimeter	7/1/2024	12/31/2999
Q4297	Emerge matrix, per square centimeter	7/1/2024	12/31/2999
Q4298	Amnicore pro, per square centimeter	7/1/2024	12/31/2999
Q4299	Amnicore pro+, per square centimeter	7/1/2024	12/31/2999
Q4300	Acesso tl, per square centimeter	7/1/2024	12/31/2999
Q4301	Activate matrix, per square centimeter	7/1/2024	12/31/2999
Q4302	Complete aca, per square centimeter	7/1/2024	12/31/2999
Q4303	Complete aa, per square centimeter	7/1/2024	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
Q4304	Grafix plus, per square centimeter	3/15/2024	12/31/2999
Q4305	American amnion ac tri-layer, per square centimeter	4/1/2024	12/31/2999
Q4306	American amnion ac, per square centimeter	4/1/2024	12/31/2999
Q4307	American amnion, per square centimeter	4/1/2024	12/31/2999
Q4308	Sanopellis, per square centimeter	4/1/2024	12/31/2999
Q4309	Via matrix, per square centimeter	4/1/2024	12/31/2999
Q4310	Procenta, per 100 mg	4/1/2024	12/31/2999
Q4311	Acesso, per square centimeter	7/1/2024	12/31/2999
Q4312	Acesso ac, per square centimeter	7/1/2024	12/31/2999
Q4313	Dermabind fm, per square centimeter	7/1/2024	12/31/2999
Q4314	Reeva ft, per square centimeter	7/1/2024	12/31/2999
Q4315	Regenelink amniotic membrane allograft, per square centimeter	7/1/2024	12/31/2999
Q4316	Amchoplast, per square centimeter	7/1/2024	12/31/2999
Q4317	Vitograft, per square centimeter	7/1/2024	12/31/2999
Q4318	E-graft, per square centimeter	7/1/2024	12/31/2999
Q4319	Sanograft, per square centimeter	7/1/2024	12/31/2999
Q4320	Pellograft, per square centimeter	7/1/2024	12/31/2999
Q4321	Renograft, per square centimeter	7/1/2024	12/31/2999
Q4322	Caregraft, per square centimeter	7/1/2024	12/31/2999
Q4323	Alloply, per square centimeter	7/1/2024	12/31/2999
Q4324	Amniotx, per square centimeter	7/1/2024	12/31/2999
Q4325	Acapatch, per square centimeter	7/1/2024	12/31/2999
Q4326	Woundplus, per square centimeter	7/1/2024	12/31/2999
Q4327	Duoamnion, per square centimeter	7/1/2024	12/31/2999
Q4328	Most, per square centimeter	7/1/2024	12/31/2999
Q4329	Singlay, per square centimeter	7/1/2024	12/31/2999
Q4330	Total, per square centimeter	7/1/2024	12/31/2999
Q4331	Axolotl graft, per square centimeter	7/1/2024	12/31/2999
Q4332	Axolotl dualgraft, per square centimeter	7/1/2024	12/31/2999
Q4333	Ardeograft, per square centimeter	7/1/2024	12/31/2999
Q4334	Amnioplast 1, per square centimeter	2/15/2025	5/14/2025
Q4334	Amnioplast 1, per square centimeter	5/15/2025	12/31/2999
Q4335	Amnioplast 2, per square centimeter	2/15/2025	5/14/2025
Q4335	Amnioplast 2, per square centimeter	5/15/2025	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
Q4336	Artacent c, per square centimeter	2/15/2025	5/14/2025
Q4336	Artacent c, per square centimeter	5/15/2025	12/31/2999
Q4337	Artacent trident, per square centimeter	2/15/2025	5/14/2025
Q4337	Artacent trident, per square centimeter	5/15/2025	12/31/2999
Q4338	Artacent velos, per square centimeter	2/15/2025	5/14/2025
Q4338	Artacent velos, per square centimeter	5/15/2025	12/31/2999
Q4339	Artacent vericlen, per square centimeter	2/15/2025	5/14/2025
Q4339	Artacent vericlen, per square centimeter	5/15/2025	12/31/2999
Q4340	Simpligraft, per square centimeter	2/15/2025	5/14/2025
Q4340	Simpligraft, per square centimeter	5/15/2025	12/31/2999
Q4341	Simplimax, per square centimeter	2/15/2025	5/14/2025
Q4341	Simplimax, per square centimeter	5/15/2025	12/31/2999
Q4342	Theramend, per square centimeter	2/15/2025	5/14/2025
Q4342	Theramend, per square centimeter	5/15/2025	12/31/2999
Q4343	Dermacyte ac matrix amniotic membrane allograft, per square centimeter	2/15/2025	5/14/2025
Q4343	Dermacyte ac matrix amniotic membrane allograft, per square centimeter	5/15/2025	12/31/2999
Q4344	Tri-membrane wrap, per square centimeter	2/15/2025	5/14/2025
Q4344	Tri-membrane wrap, per square centimeter	5/15/2025	12/31/2999
Q4345	Matrix hd allograft dermis, per square centimeter	2/15/2025	5/14/2025
Q4345	Matrix hd allograft dermis, per square centimeter	5/15/2025	12/31/2999
Q4346	Shelter dm matrix, per square centimeter	3/15/2025	12/31/2999
Q4347	Rampart dl matrix, per square centimeter	3/15/2025	12/31/2999
Q4348	Sentry sl matrix, per square centimeter	3/15/2025	12/31/2999
Q4349	Mantle dl matrix, per square centimeter	3/15/2025	12/31/2999
Q4350	Palisade dm matrix, per square centimeter	3/15/2025	12/31/2999
Q4351	Enclose tl matrix, per square centimeter	3/15/2025	12/31/2999
Q4352	Overlay sl matrix, per square centimeter	3/15/2025	12/31/2999
Q4353	Xceed tl matrix, per square centimeter	3/15/2025	12/31/2999
Q5106	Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for non-esrd use), 1000 units	4/15/2020	12/31/2999
Q5109	Injection, infliximab-qbtx, biosimilar, (ixifi), 10 mg	10/1/2020	12/31/2999
Q5124	Injection, ranibizumab-nuna, biosimilar, (byooviz), 0.1 mg	4/1/2022	12/31/2999
Q5128	Injection, ranibizumab-eqrn (cimerli), biosimilar, 0.1 mg	6/1/2023	12/31/2999
Q5133	Injection, tocilizumab-bavi (tofidence), biosimilar, 1 mg	8/1/2024	12/31/2999
Q5134	Injection, natalizumab-sztn (tyruko), biosimilar, 1 mg	7/1/2024	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
Q5135	Injection, tocilizumab-aazg (tyenne), biosimilar, 1 mg	2/15/2025	12/31/2999
Q5138	Injection, ustekinumab-auub (wezlana), biosimilar, intravenous, 1 mg	7/15/2024	12/31/2999
Q9997	Injection, ustekinumab-ttwe (pyzchiva), intravenous, 1 mg	3/1/2025	12/31/2999
Q9998	Injection, ustekinumab-aekn (selarsdi), 1 mg	3/1/2025	12/31/2999
S0013	Esketamine, nasal spray, 1 mg	2/1/2021	12/31/2999
S0596	PHAKIC INTRAOCULAR LENS FOR CORRECTION OF REFRACTIVE ERROR	2/15/2024	12/31/2999
S0800	Laser in situ keratomileusis (lasik)	1/1/1950	12/31/2999
S1091	Stent, non-coronary, temporary, with delivery system (propel)	5/15/2021	12/31/2999
S2083	Adjustment of gastric band diameter via subcutaneous port by injection or aspiration of saline	1/1/1950	12/31/2999
S2102	Islet cell tissue transplant from pancreas; allogeneic	11/15/2023	12/31/2999
S2107	Adoptive immunotherapy i. E. Development of specific anti-tumor reactivity (e. G. Tumor-infiltrating lymphocyte therapy) per course of treatment	2/1/2025	12/31/2999
S2112	Arthroscopy, knee, surgical for harvesting of cartilage (chondrocyte cells)	5/1/2022	12/31/2999
S2117	Arthroereisis, subtalar	12/1/2020	12/31/2999
S2118	Metal-on-metal total hip resurfacing, including acetabular and femoral components	10/1/2008	12/31/2999
S2120	Low density lipoprotein (ldl) apheresis using heparin-induced extracorporeal ldl precipitation	1/1/2006	2/28/2025
S2140	Cord blood harvesting for transplantation, allogeneic	2/1/2013	12/31/2999
S2142	Cord blood-derived stem-cell transplantation, allogeneic	2/1/2013	12/31/2999
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	1/1/1950	12/31/2999
S2202	Echosclerotherapy	9/24/2012	12/31/2999
S2230	Implantation of magnetic component of semi-implantable hearing device on ossicles in middle ear	1/1/1950	12/31/2999
S2235	Implantation of auditory brain stem implant	11/15/2008	12/31/2999
S2300	Arthroscopy, shoulder, surgical; with thermally-induced capsulorrhaphy	12/1/2020	12/31/2999
S2400	Repair, congenital diaphragmatic hernia in the fetus using temporary tracheal occlusion, procedure performed in utero	10/1/2023	12/31/2999
S2401	Repair, urinary tract obstruction in the fetus, procedure performed in utero	10/1/2023	12/31/2999
S2402	Repair, congenital cystic adenomatoid malformation in the fetus, procedure performed in utero	10/1/2023	12/31/2999
S2403	Repair, extralobar pulmonary sequestration in the fetus, procedure performed in utero	10/1/2023	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
S2404	Repair, myelomeningocele in the fetus, procedure performed in utero	10/1/2023	12/31/2999
S2405	Repair of sacrococcygeal teratoma in the fetus, procedure performed in utero	10/1/2023	12/31/2999
S2409	Repair, congenital malformation of fetus, procedure performed in utero, not otherwise classified	10/1/2023	12/31/2999
S2411	Fetoscopic laser therapy for treatment of twin-to-twin transfusion syndrome	12/1/2022	12/31/2999
S2900	Surgical techniques requiring use of robotic surgical system (List separately in addition to code for primary procedure)	9/1/2020	12/31/2999
S3650	Saliva test, hormone level; during menopause	12/1/2020	12/31/2999
S3652	Saliva test, hormone level; to assess preterm labor risk	12/1/2020	12/31/2999
S3900	Surface electromyography (emg)	9/1/2020	12/31/2999
S4023	Donor egg cycle, incomplete, case rate	9/24/2012	12/31/2999
S4025	Donor services for in vitro fertilization (sperm or embryo), case rate	9/24/2012	12/31/2999
S4026	Procurement of donor sperm from sperm bank	9/24/2012	12/31/2999
S4027	Storage of previously frozen embryos	9/24/2012	12/31/2999
S4030	Sperm procurement and cryopreservation services; initial visit	9/24/2012	12/31/2999
S4031	Sperm procurement and cryopreservation services; subsequent visit	9/24/2012	12/31/2999
S4040	Monitoring and storage of cryopreserved embryos, per 30 days	9/24/2012	12/31/2999
S8035	Magnetic source imaging	4/1/2009	12/31/2999
S8040	Topographic brain mapping	3/1/2024	12/31/2999
S8130	INTERFERENTIAL CURRENT STIMULATOR, 2 CHANNEL	12/15/2014	12/31/2999
S8131	INTERFERENTIAL CURRENT STIMULATOR, 4 CHANNEL	9/1/2020	12/31/2999
S8930	ELECTRICAL STIMULATION OF AURICULAR ACUPUNCTURE POINTS; EACH 15 MINUTES OF PERSONAL ONE-ON-ONE CONTACT WITH THE PATIENT	9/1/2020	12/31/2999
S8940	EQUESTRIAN/HIPPOTHERAPY, PER SESSION	12/15/2014	12/31/2999
S8948	Application of a modality (requiring constant provider attendance) to one or more areas; low-level laser; each 15 minutes	9/24/2012	12/31/2999
S9001	Home uterine monitor with or without associated nursing services	12/15/2014	12/31/2999
S9002	Intra-vaginal motion sensor system, provides biofeedback for pelvic floor muscle rehabilitation device	4/1/2024	12/31/2999
S9056	Coma stimulation per diem	12/1/2020	12/31/2999
S9090	Vertebral axial decompression, per session	9/1/2020	12/31/2999
S9117	Back school, per visit	9/1/2020	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
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	4/15/2008	12/31/2999
S9472	Cardiac rehabilitation program, non-physician provider, per diem	1/1/1950	12/31/2999
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	1/1/1950	12/31/2999
S9562	Home injectable therapy, palivizumab or other monoclonal antibody for rsv, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	1/1/2013	12/31/2999
V2787	ASTIGMATISM CORRECTING FUNCTION OF INTRAOCULAR LENS	10/15/2008	12/31/2999
V2788	PRESBYOPIA CORRECTING FUNCTION OF INTRAOCULAR LENS	10/15/2008	12/31/2999
V5095	Semi-implantable middle ear hearing prosthesis	1/1/1950	12/31/2999
V5362	Speech screening	9/24/2012	12/31/2999
V5363	Language screening	9/24/2012	12/31/2999
15824	Rhytidectomy; Forehead	9/18/2023	12/31/2999
15826	Rhytidectomy; Glabellar Frown Lines	9/18/2023	12/31/2999
19294	Preparation Of Tumor Cavity With Placement Of A Radiation Therapy Applicator For Intraoperative Radiation Therapy (Iort) Concurrent With Partial Mastectomy (List Separately In Addition To Code For Primary Procedure)	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
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)	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
19316	Mastopexy	9/18/2023	12/31/2999
19318	Breast Reduction	9/18/2023	12/31/2999
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)	9/18/2023	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
20930	Allograft Morselized Or Placement Of Osteopromotive Material For Spine Surgery Only (List Separately In Addition To Code For Primary Procedure)	9/18/2023	12/31/2999
20931	Allograft Structural For Spine Surgery Only (List Separately In Addition To Code For Primary Procedure)	9/18/2023	12/31/2999
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)	9/18/2023	12/31/2999
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)	9/18/2023	12/31/2999
20934	Allograft Includes Templating Cutting Placement And Internal Fixation When Performed; Intercalary Complete (Ie Cylindrical) (List Separately In Addition To Code For Primary Procedure)	9/18/2023	12/31/2999
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)	9/18/2023	12/31/2999
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)	9/18/2023	12/31/2999
20938	Autograft For Spine Surgery Only (Includes Harvesting The Graft); Structural Bicortical Or Tricortical (Through Separate Skin Or Fascial Incision) (List Separately In Addition To Code For Primary Procedure)	9/18/2023	12/31/2999
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)	9/18/2023	12/31/2999
20974	Electrical Stimulation To Aid Bone Healing; Noninvasive (Nonoperative)	9/18/2023	12/31/2999
20975	Electrical Stimulation To Aid Bone Healing; Invasive (Operative)	9/18/2023	12/31/2999
21085	Impression And Custom Preparation; Oral Surgical Splint	9/18/2023	12/31/2999
21110	Application Of Interdental Fixation Device For Conditions Other Than Fracture Or Dislocation Includes Removal	9/18/2023	12/31/2999
21125	Augmentation Mandibular Body Or Angle; Prosthetic Material	9/18/2023	12/31/2999
21127	Augmentation Mandibular Body Or Angle; With Bone Graft Onlay Or Interpositional (Includes Obtaining Autograft)	9/18/2023	12/31/2999
21141	Reconstruction Midface Lefort I; Single Piece Segment Movement In Any Direction (Eg For Long Face Syndrome) Without Bone Graft	9/18/2023	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
21142	Reconstruction Midface Lefort I; 2 Pieces Segment Movement In Any Direction Without Bone Graft	9/18/2023	12/31/2999
21143	Reconstruction Midface Lefort I; 3 Or More Pieces Segment Movement In Any Direction Without Bone Graft	9/18/2023	12/31/2999
21145	Reconstruction Midface Lefort I; Single Piece Segment Movement In Any Direction Requiring Bone Grafts (Includes Obtaining Autografts)	9/18/2023	12/31/2999
21146	Reconstruction Midface Lefort I; 2 Pieces Segment Movement In Any Direction Requiring Bone Grafts (Includes Obtaining Autografts) (Eg Ungrafted Unilateral Alveolar Cleft)	9/18/2023	12/31/2999
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)	9/18/2023	12/31/2999
21150	Reconstruction Midface Lefort Ii; Anterior Intrusion (Eg Treacher-Collins Syndrome)	9/18/2023	12/31/2999
21151	Reconstruction Midface Lefort Ii; Any Direction Requiring Bone Grafts (Includes Obtaining Autografts)	9/18/2023	12/31/2999
21154	Reconstruction Midface Lefort Iii (Extracranial) Any Type Requiring Bone Grafts (Includes Obtaining Autografts); Without Lefort I	9/18/2023	12/31/2999
21155	Reconstruction Midface Lefort Iii (Extracranial) Any Type Requiring Bone Grafts (Includes Obtaining Autografts); With Lefort I	9/18/2023	12/31/2999
21159	Reconstruction Midface Lefort Iii (Extra And Intracranial) With Forehead Advancement (Eg Mono Bloc) Requiring Bone Grafts (Includes Obtaining Autografts); Without Lefort I	9/18/2023	12/31/2999
21160	Reconstruction Midface Lefort Iii (Extra And Intracranial) With Forehead Advancement (Eg Mono Bloc) Requiring Bone Grafts (Includes Obtaining Autografts); With Lefort I	9/18/2023	12/31/2999
21188	Reconstruction Midface Osteotomies (Other Than Lefort Type) And Bone Grafts (Includes Obtaining Autografts)	9/18/2023	12/31/2999
21193	Reconstruction Of Mandibular Rami Horizontal Vertical C Or L Osteotomy; Without Bone Graft	9/18/2023	12/31/2999
21194	Reconstruction Of Mandibular Rami Horizontal Vertical C Or L Osteotomy; With Bone Graft (Includes Obtaining Graft)	9/18/2023	12/31/2999
21195	Reconstruction Of Mandibular Rami And/Or Body Sagittal Split; Without Internal Rigid Fixation	9/18/2023	12/31/2999
21196	Reconstruction Of Mandibular Rami And/Or Body Sagittal Split; With Internal Rigid Fixation	9/18/2023	12/31/2999
21198	Osteotomy Mandible Segmental;	9/18/2023	12/31/2999
21199	Osteotomy Mandible Segmental; With Genioglossus Advancement	9/18/2023	12/31/2999
21206	Osteotomy Maxilla Segmental (Eg Wassmund Or Schuchard)	9/18/2023	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
21208	Osteoplasty Facial Bones; Augmentation (Autograft Allograft Or Prosthetic Implant)	9/18/2023	12/31/2999
21209	Osteoplasty Facial Bones; Reduction	9/18/2023	12/31/2999
21210	Graft Bone; Nasal Maxillary Or Malar Areas (Includes Obtaining Graft)	9/18/2023	12/31/2999
21215	Graft Bone; Mandible (Includes Obtaining Graft)	9/18/2023	12/31/2999
21230	Graft; Rib Cartilage Autogenous To Face Chin Nose Or Ear (Includes Obtaining Graft)	9/18/2023	12/31/2999
22206	Osteotomy Of Spine Posterior Or Posterolateral Approach 3 Columns 1 Vertebral Segment (Eg Pedicle/Vertebral Body Subtraction); Thoracic	9/18/2023	12/31/2999
22207	Osteotomy Of Spine Posterior Or Posterolateral Approach 3 Columns 1 Vertebral Segment (Eg Pedicle/Vertebral Body Subtraction); Lumbar	9/18/2023	12/31/2999
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)	9/18/2023	12/31/2999
22210	Osteotomy Of Spine Posterior Or Posterolateral Approach 1 Vertebral Segment; Cervical	9/18/2023	12/31/2999
22212	Osteotomy Of Spine Posterior Or Posterolateral Approach 1 Vertebral Segment; Thoracic	9/18/2023	12/31/2999
22214	Osteotomy Of Spine Posterior Or Posterolateral Approach 1 Vertebral Segment; Lumbar	9/18/2023	12/31/2999
22216	Osteotomy Of Spine Posterior Or Posterolateral Approach 1 Vertebral Segment; Each Additional Vertebral Segment (List Separately In Addition To Primary Procedure)	9/18/2023	12/31/2999
22220	Osteotomy Of Spine Including Discectomy Anterior Approach Single Vertebral Segment; Cervical	9/18/2023	12/31/2999
22222	Osteotomy Of Spine Including Discectomy Anterior Approach Single Vertebral Segment; Thoracic	9/18/2023	12/31/2999
22224	Osteotomy Of Spine Including Discectomy Anterior Approach Single Vertebral Segment; Lumbar	9/18/2023	12/31/2999
22226	Osteotomy Of Spine Including Discectomy Anterior Approach Single Vertebral Segment; Each Additional Vertebral Segment (List Separately In Addition To Code For Primary Procedure)	9/18/2023	12/31/2999
22510	Percutaneous Vertebroplasty (Bone Biopsy Included When Performed) 1 Vertebral Body Unilateral Or Bilateral Injection Inclusive Of All Imaging Guidance; Cervicothoracic	9/18/2023	12/31/2999
22511	Percutaneous Vertebroplasty (Bone Biopsy Included When Performed) 1 Vertebral Body Unilateral Or Bilateral Injection Inclusive Of All Imaging Guidance; Lumbosacral	9/18/2023	12/31/2999
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)	9/18/2023	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
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	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
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)	9/18/2023	12/31/2999
22532	Arthrodesis Lateral Extracavitary Technique Including Minimal Discectomy To Prepare Interspace (Other Than For Decompression); Thoracic	9/18/2023	12/31/2999
22533	Arthrodesis Lateral Extracavitary Technique Including Minimal Discectomy To Prepare Interspace (Other Than For Decompression); Lumbar	9/18/2023	12/31/2999
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)	9/18/2023	12/31/2999
22548	Arthrodesis Anterior Transoral Or Extraoral Technique Clivus-C1-C2 (Atlas-Axis) With Or Without Excision Of Odontoid Process	9/18/2023	12/31/2999
22551	Arthrodesis Anterior Interbody Including Disc Space Preparation Discectomy Osteophytectomy And Decompression Of Spinal Cord And/Or Nerve Roots; Cervical Below C2	9/18/2023	12/31/2999
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)	9/18/2023	12/31/2999
22554	Arthrodesis Anterior Interbody Technique Including Minimal Discectomy To Prepare Interspace (Other Than For Decompression); Cervical Below C2	9/18/2023	12/31/2999
22556	Arthrodesis Anterior Interbody Technique Including Minimal Discectomy To Prepare Interspace (Other Than For Decompression); Thoracic	9/18/2023	12/31/2999
22558	Arthrodesis Anterior Interbody Technique Including Minimal Discectomy To Prepare Interspace (Other Than For Decompression); Lumbar	9/18/2023	12/31/2999
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)	9/18/2023	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
22590	Arthrodesis Posterior Technique Craniocervical (Occiput-C2)	9/18/2023	12/31/2999
22595	Arthrodesis Posterior Technique Atlas-Axis (C1-C2)	9/18/2023	12/31/2999
22600	Arthrodesis Posterior Or Posterolateral Technique Single Interspace; Cervical Below C2 Segment	9/18/2023	12/31/2999
22610	Arthrodesis Posterior Or Posterolateral Technique Single Interspace; Thoracic (With Lateral Transverse Technique When Performed)	9/18/2023	12/31/2999
22612	Arthrodesis Posterior Or Posterolateral Technique Single Interspace; Lumbar (With Lateral Transverse Technique When Performed)	9/18/2023	12/31/2999
22614	Arthrodesis Posterior Or Posterolateral Technique Single Interspace; Each Additional Interspace (List Separately In Addition To Code For Primary Procedure)	9/18/2023	12/31/2999
22630	Arthrodesis Posterior Interbody Technique Including Laminectomy And/Or Discectomy To Prepare Interspace (Other Than For Decompression) Single Interspace Lumbar;	9/18/2023	12/31/2999
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)	9/18/2023	12/31/2999
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;	9/18/2023	12/31/2999
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)	9/18/2023	12/31/2999
22800	Arthrodesis Posterior For Spinal Deformity With Or Without Cast; Up To 6 Vertebral Segments	9/18/2023	12/31/2999
22802	Arthrodesis Posterior For Spinal Deformity With Or Without Cast; 7 To 12 Vertebral Segments	9/18/2023	12/31/2999
22804	Arthrodesis Posterior For Spinal Deformity With Or Without Cast; 13 Or More Vertebral Segments	9/18/2023	12/31/2999
22808	Arthrodesis Anterior For Spinal Deformity With Or Without Cast; 2 To 3 Vertebral Segments	9/18/2023	12/31/2999
22810	Arthrodesis Anterior For Spinal Deformity With Or Without Cast; 4 To 7 Vertebral Segments	9/18/2023	12/31/2999
22812	Arthrodesis Anterior For Spinal Deformity With Or Without Cast; 8 Or More Vertebral Segments	9/18/2023	12/31/2999
22818	Kyphectomy Circumferential Exposure Of Spine And Resection Of Vertebral Segment(S) (Including Body And Posterior Elements); Single Or 2 Segments	9/18/2023	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
22819	Kyphectomy Circumferential Exposure Of Spine And Resection Of Vertebral Segment(S) (Including Body And Posterior Elements); 3 Or More Segments	9/18/2023	12/31/2999
22830	Exploration Of Spinal Fusion	9/18/2023	12/31/2999
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)	9/18/2023	12/31/2999
22841	Internal Spinal Fixation By Wiring Of Spinous Processes (List Separately In Addition To Code For Primary Procedure)	9/18/2023	12/31/2999
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)	9/18/2023	12/31/2999
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)	9/18/2023	12/31/2999
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)	9/18/2023	12/31/2999
22845	Anterior Instrumentation; 2 To 3 Vertebral Segments (List Separately In Addition To Code For Primary Procedure)	9/18/2023	12/31/2999
22846	Anterior Instrumentation; 4 To 7 Vertebral Segments (List Separately In Addition To Code For Primary Procedure)	9/18/2023	12/31/2999
22847	Anterior Instrumentation; 8 Or More Vertebral Segments (List Separately In Addition To Code For Primary Procedure)	9/18/2023	12/31/2999
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)	9/18/2023	12/31/2999
22849	Reinsertion Of Spinal Fixation Device	9/18/2023	12/31/2999
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)	9/18/2023	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
22854	Insertion Of Intervertebral Biomechanical Device(S) (Eg Synthetic Cage Mesh) With Integral Anterior Instrumentation For Device Anchoring (Eg Screws Flanges) When Performed To Vertebral Corpectomy(ies) (Vertebral Body Resection Partial Or Complete) Defect In Conjunction With Interbody Arthrodesis Each Contiguous Defect (List Separately In Addition To Code For Primary Procedure)	9/18/2023	12/31/2999
22856	Total Disc Arthroplasty (Artificial Disc) Anterior Approach Including Discectomy With End Plate Preparation (Includes Osteophyctomy For Nerve Root Or Spinal Cord Decompression And Microdissection); Single Interspace Cervical	9/18/2023	12/31/2999
22857	Total Disc Arthroplasty (Artificial Disc) Anterior Approach Including Discectomy To Prepare Interspace (Other Than For Decompression); Single Interspace Lumbar	9/18/2023	12/31/2999
22858	Total Disc Arthroplasty (Artificial Disc) Anterior Approach Including Discectomy With End Plate Preparation (Includes Osteophyctomy For Nerve Root Or Spinal Cord Decompression And Microdissection); Second Level Cervical (List Separately In Addition To Code For Primary Procedure)	9/18/2023	12/31/2999
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)	9/18/2023	12/31/2999
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)	9/18/2023	12/31/2999
22861	Revision Including Replacement Of Total Disc Arthroplasty (Artificial Disc) Anterior Approach Single Interspace; Cervical	9/18/2023	12/31/2999
22862	Revision Including Replacement Of Total Disc Arthroplasty (Artificial Disc) Anterior Approach Single Interspace; Lumbar	9/18/2023	12/31/2999
22864	Removal Of Total Disc Arthroplasty (Artificial Disc) Anterior Approach Single Interspace; Cervical	9/18/2023	12/31/2999
22865	Removal Of Total Disc Arthroplasty (Artificial Disc) Anterior Approach Single Interspace; Lumbar	9/18/2023	12/31/2999
23105	Arthrotomy; Glenohumeral Joint With Synovectomy With Or Without Biopsy	9/18/2023	12/31/2999
23107	Arthrotomy Glenohumeral Joint With Joint Exploration With Or Without Removal Of Loose Or Foreign Body	9/18/2023	12/31/2999
23120	Claviclectomy; Partial	9/18/2023	12/31/2999
23410	Repair Of Ruptured Musculotendinous Cuff (Eg Rotator Cuff) Open; Acute	9/18/2023	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
23412	Repair Of Ruptured Musculotendinous Cuff (Eg Rotator Cuff) Open; Chronic	9/18/2023	12/31/2999
23415	Coracoacromial Ligament Release With Or Without Acromioplasty	9/18/2023	12/31/2999
23420	Reconstruction Of Complete Shoulder (Rotator) Cuff Avulsion Chronic (Includes Acromioplasty)	9/18/2023	12/31/2999
23430	Tenodesis Of Long Tendon Of Biceps	9/18/2023	12/31/2999
23440	Resection Or Transplantation Of Long Tendon Of Biceps	9/18/2023	12/31/2999
23450	Capsulorrhaphy Anterior; Putti-Platt Procedure Or Magnuson Type Operation	9/18/2023	12/31/2999
23455	Capsulorrhaphy Anterior; With Labral Repair (Eg Bankart Procedure)	9/18/2023	12/31/2999
23460	Capsulorrhaphy Anterior Any Type; With Bone Block	9/18/2023	12/31/2999
23462	Capsulorrhaphy Anterior Any Type; With Coracoid Process Transfer	9/18/2023	12/31/2999
23465	Capsulorrhaphy Glenohumeral Joint Posterior With Or Without Bone Block	9/18/2023	12/31/2999
23466	Capsulorrhaphy Glenohumeral Joint Any Type Multidirectional Instability	9/18/2023	12/31/2999
23470	Arthroplasty Glenohumeral Joint; Hemiarthroplasty	9/18/2023	12/31/2999
23472	Arthroplasty Glenohumeral Joint; Total Shoulder (Glenoid And Proximal Humeral Replacement (Eg Total Shoulder))	9/18/2023	12/31/2999
23473	Revision Of Total Shoulder Arthroplasty Including Allograft When Performed; Humeral Or Glenoid Component	9/18/2023	12/31/2999
23474	Revision Of Total Shoulder Arthroplasty Including Allograft When Performed; Humeral And Glenoid Component	9/18/2023	12/31/2999
23700	Manipulation Under Anesthesia Shoulder Joint Including Application Of Fixation Apparatus (Dislocation Excluded)	9/18/2023	12/31/2999
27096	Injection Procedure For Sacroiliac Joint Anesthetic/Steroid With Image Guidance (Fluoroscopy Or Ct) Including Arthrography When Performed	9/18/2023	12/31/2999
27120	Acetabuloplasty; (Eg Whitman Colonna Haygroves Or Cup Type)	9/18/2023	12/31/2999
27122	Acetabuloplasty; Resection Femoral Head (Eg Girdlestone Procedure)	9/18/2023	12/31/2999
27125	Hemiarthroplasty Hip Partial (Eg Femoral Stem Prosthesis Bipolar Arthroplasty)	9/18/2023	12/31/2999
27130	Arthroplasty Acetabular And Proximal Femoral Prosthetic Replacement (Total Hip Arthroplasty) With Or Without Autograft Or Allograft	9/18/2023	12/31/2999
27132	Conversion Of Previous Hip Surgery To Total Hip Arthroplasty With Or Without Autograft Or Allograft	9/18/2023	12/31/2999
27134	Revision Of Total Hip Arthroplasty; Both Components With Or Without Autograft Or Allograft	9/18/2023	12/31/2999
27137	Revision Of Total Hip Arthroplasty; Acetabular Component Only With Or Without Autograft Or Allograft	9/18/2023	12/31/2999
27138	Revision Of Total Hip Arthroplasty; Femoral Component Only With Or Without Allograft	9/18/2023	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
27279	Arthrodesis Sacroiliac Joint Percutaneous Or Minimally Invasive (Indirect Visualization) With Image Guidance Includes Obtaining Bone Graft When Performed And Placement Of Transfixing Device	9/18/2023	12/31/2999
27280	Arthrodesis Sacroiliac Joint Open Includes Obtaining Bone Graft Including Instrumentation When Performed	9/18/2023	12/31/2999
27331	Arthrotomy Knee; Including Joint Exploration Biopsy Or Removal Of Loose Or Foreign Bodies	9/18/2023	12/31/2999
27332	Arthrotomy With Excision Of Semilunar Cartilage (Meniscectomy) Knee; Medial Or Lateral	9/18/2023	12/31/2999
27333	Arthrotomy With Excision Of Semilunar Cartilage (Meniscectomy) Knee; Medial And Lateral	9/18/2023	12/31/2999
27334	Arthrotomy With Synovectomy Knee; Anterior Or Posterior	9/18/2023	12/31/2999
27335	Arthrotomy With Synovectomy Knee; Anterior And Posterior Including Popliteal Area	9/18/2023	12/31/2999
27345	Excision Of Synovial Cyst Of Popliteal Space (Eg Baker'S Cyst)	9/18/2023	12/31/2999
27403	Arthrotomy With Meniscus Repair Knee	9/18/2023	12/31/2999
27405	Repair Primary Torn Ligament And/Or Capsule Knee; Collateral	9/18/2023	12/31/2999
27407	Repair Primary Torn Ligament And/Or Capsule Knee; Cruciate	9/18/2023	12/31/2999
27409	Repair Primary Torn Ligament And/Or Capsule Knee; Collateral And Cruciate Ligaments	9/18/2023	12/31/2999
27412	Autologous Chondrocyte Implantation Knee	9/18/2023	12/31/2999
27415	Osteochondral Allograft Knee Open	9/18/2023	12/31/2999
27416	Osteochondral Autograft(S) Knee Open (Eg Mosaicplasty) (Includes Harvesting Of Autograft[S])	9/18/2023	12/31/2999
27425	Lateral Retinacular Release Open	9/18/2023	12/31/2999
27427	Ligamentous Reconstruction (Augmentation) Knee; Extra-Articular	9/18/2023	12/31/2999
27428	Ligamentous Reconstruction (Augmentation) Knee; Intra-Articular (Open)	9/18/2023	12/31/2999
27429	Ligamentous Reconstruction (Augmentation) Knee; Intra-Articular (Open) And Extra-Articular	9/18/2023	12/31/2999
27437	Arthroplasty Patella; Without Prosthesis	9/18/2023	12/31/2999
27438	Arthroplasty Patella; With Prosthesis	9/18/2023	12/31/2999
27440	Arthroplasty Knee Tibial Plateau;	9/18/2023	12/31/2999
27441	Arthroplasty Knee Tibial Plateau; With Debridement And Partial Synovectomy	9/18/2023	12/31/2999
27442	Arthroplasty Femoral Condyles Or Tibial Plateau(S) Knee;	9/18/2023	12/31/2999
27443	Arthroplasty Femoral Condyles Or Tibial Plateau(S) Knee; With Debridement And Partial Synovectomy	9/18/2023	12/31/2999
27445	Arthroplasty Knee Hinge Prosthesis (Eg Walldius Type)	9/18/2023	12/31/2999
27446	Arthroplasty Knee Condyle And Plateau; Medial Or Lateral Compartment	9/18/2023	12/31/2999
27447	Arthroplasty Knee Condyle And Plateau; Medial And Lateral Compartments With Or Without Patella Resurfacing (Total Knee Arthroplasty)	9/18/2023	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
27486	Revision Of Total Knee Arthroplasty With Or Without Allograft; 1 Component	9/18/2023	12/31/2999
27487	Revision Of Total Knee Arthroplasty With Or Without Allograft; Femoral And Entire Tibial Component	9/18/2023	12/31/2999
27488	Removal Of Prosthesis Including Total Knee Prosthesis Methylmethacrylate With Or Without Insertion Of Spacer Knee	9/18/2023	12/31/2999
28446	Open Osteochondral Autograft Talus (Includes Obtaining Graft[S])	9/18/2023	12/31/2999
29805	Arthroscopy Shoulder Diagnostic With Or Without Synovial Biopsy (Separate Procedure)	9/18/2023	12/31/2999
29806	Arthroscopy Shoulder Surgical; Capsulorrhaphy	9/18/2023	12/31/2999
29807	Arthroscopy Shoulder Surgical; Repair Of Slap Lesion	9/18/2023	12/31/2999
29819	Arthroscopy Shoulder Surgical; With Removal Of Loose Body Or Foreign Body	9/18/2023	12/31/2999
29820	Arthroscopy Shoulder Surgical; Synovectomy Partial	9/18/2023	12/31/2999
29821	Arthroscopy Shoulder Surgical; Synovectomy Complete	9/18/2023	12/31/2999
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])	9/18/2023	12/31/2999
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])	9/18/2023	12/31/2999
29824	Arthroscopy Shoulder Surgical; Distal Claviclectomy Including Distal Articular Surface (Mumford Procedure)	9/18/2023	12/31/2999
29825	Arthroscopy Shoulder Surgical; With Lysis And Resection Of Adhesions With Or Without Manipulation	9/18/2023	12/31/2999
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)	9/18/2023	12/31/2999
29827	Arthroscopy Shoulder Surgical; With Rotator Cuff Repair	9/18/2023	12/31/2999
29828	Arthroscopy Shoulder Surgical; Biceps Tenodesis	9/18/2023	12/31/2999
29860	Arthroscopy Hip Diagnostic With Or Without Synovial Biopsy (Separate Procedure)	9/18/2023	12/31/2999
29861	Arthroscopy Hip Surgical; With Removal Of Loose Body Or Foreign Body	9/18/2023	12/31/2999
29862	Arthroscopy Hip Surgical; With Debridement/Shaving Of Articular Cartilage (Chondroplasty) Abrasion Arthroplasty And/Or Resection Of Labrum	9/18/2023	12/31/2999
29863	Arthroscopy Hip Surgical; With Synovectomy	9/18/2023	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
29866	Arthroscopy Knee Surgical; Osteochondral Autograft(S) (Eg Mosaicplasty) (Includes Harvesting Of The Autograft[S])	9/18/2023	12/31/2999
29867	Arthroscopy Knee Surgical; Osteochondral Allograft (Eg Mosaicplasty)	9/18/2023	12/31/2999
29868	Arthroscopy Knee Surgical; Meniscal Transplantation (Includes Arthrotomy For Meniscal Insertion) Medial Or Lateral	9/18/2023	12/31/2999
29870	Arthroscopy Knee Diagnostic With Or Without Synovial Biopsy (Separate Procedure)	9/18/2023	12/31/2999
29871	Arthroscopy Knee Surgical; For Infection Lavage And Drainage	9/18/2023	12/31/2999
29873	Arthroscopy Knee Surgical; With Lateral Release	9/18/2023	12/31/2999
29874	Arthroscopy Knee Surgical; For Removal Of Loose Body Or Foreign Body (Eg Osteochondritis Dissecans Fragmentation Chondral Fragmentation)	9/18/2023	12/31/2999
29875	Arthroscopy Knee Surgical; Synovectomy Limited (Eg Plica Or Shelf Resection) (Separate Procedure)	9/18/2023	12/31/2999
29876	Arthroscopy Knee Surgical; Synovectomy Major 2 Or More Compartments (Eg Medial Or Lateral)	9/18/2023	12/31/2999
29877	Arthroscopy Knee Surgical; Debridement/Shaving Of Articular Cartilage (Chondroplasty)	9/18/2023	12/31/2999
29879	Arthroscopy Knee Surgical; Abrasion Arthroplasty (Includes Chondroplasty Where Necessary) Or Multiple Drilling Or Microfracture	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
29882	Arthroscopy Knee Surgical; With Meniscus Repair (Medial Or Lateral)	9/18/2023	12/31/2999
29883	Arthroscopy Knee Surgical; With Meniscus Repair (Medial And Lateral)	9/18/2023	12/31/2999
29884	Arthroscopy Knee Surgical; With Lysis Of Adhesions With Or Without Manipulation (Separate Procedure)	9/18/2023	12/31/2999
29885	Arthroscopy Knee Surgical; Drilling For Osteochondritis Dissecans With Bone Grafting With Or Without Internal Fixation (Including Debridement Of Base Of Lesion)	9/18/2023	12/31/2999
29886	Arthroscopy Knee Surgical; Drilling For Intact Osteochondritis Dissecans Lesion	9/18/2023	12/31/2999
29887	Arthroscopy Knee Surgical; Drilling For Intact Osteochondritis Dissecans Lesion With Internal Fixation	9/18/2023	12/31/2999
29888	Arthroscopically Aided Anterior Cruciate Ligament Repair/Augmentation Or Reconstruction	9/18/2023	12/31/2999
29889	Arthroscopically Aided Posterior Cruciate Ligament Repair/Augmentation Or Reconstruction	9/18/2023	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
29892	Arthroscopically Aided Repair Of Large Osteochondritis Dissecans Lesion Talar Dome Fracture Or Tibial Plafond Fracture With Or Without Internal Fixation (Includes Arthroscopy)	9/18/2023	12/31/2999
29914	Arthroscopy Hip Surgical; With Femoroplasty (Ie Treatment Of Cam Lesion)	9/18/2023	12/31/2999
29915	Arthroscopy Hip Surgical; With Acetabuloplasty (Ie Treatment Of Pincer Lesion)	9/18/2023	12/31/2999
29916	Arthroscopy Hip Surgical; With Labral Repair	9/18/2023	12/31/2999
30120	Excision Or Surgical Planing Of Skin Of Nose For Rhinophyma	9/18/2023	12/31/2999
30130	Excision Inferior Turbinate Partial Or Complete Any Method	9/18/2023	12/31/2999
30140	Submucous Resection Inferior Turbinate Partial Or Complete Any Method	9/18/2023	12/31/2999
30400	Rhinoplasty Primary; Lateral And Alar Cartilages And/Or Elevation Of Nasal Tip	9/18/2023	12/31/2999
30410	Rhinoplasty Primary; Complete External Parts Including Bony Pyramid Lateral And Alar Cartilages And/Or Elevation Of Nasal Tip	9/18/2023	12/31/2999
30420	Rhinoplasty Primary; Including Major Septal Repair	9/18/2023	12/31/2999
30430	Rhinoplasty Secondary; Minor Revision (Small Amount Of Nasal Tip Work)	9/18/2023	12/31/2999
30435	Rhinoplasty Secondary; Intermediate Revision (Bony Work With Osteotomies)	9/18/2023	12/31/2999
30450	Rhinoplasty Secondary; Major Revision (Nasal Tip Work And Osteotomies)	9/18/2023	12/31/2999
30520	Septoplasty Or Submucous Resection With Or Without Cartilage Scoring Contouring Or Replacement With Graft	9/18/2023	12/31/2999
30999	Unlisted Procedure Nose	9/18/2023	12/31/2999
31296	Nasal/Sinus Endoscopy Surgical With Dilation (Eg Balloon Dilation); Frontal Sinus Ostium	9/18/2023	12/31/2999
31297	Nasal/Sinus Endoscopy Surgical With Dilation (Eg Balloon Dilation); Sphenoid Sinus Ostium	9/18/2023	12/31/2999
31299	Unlisted Procedure Accessory Sinuses	9/18/2023	12/31/2999
31643	Bronchoscopy Rigid Or Flexible Including Fluoroscopic Guidance When Performed; With Placement Of Catheter(S) For Intracavitary Radioelement Application	9/18/2023	12/31/2999
32701	Thoracic Target(S) Delineation For Stereotactic Body Radiation Therapy (Srs/Sbrt) (Photon Or Particle Beam) Entire Course Of Treatment	9/18/2023	12/31/2999
32851	Lung Transplant Single; Without Cardiopulmonary Bypass	9/18/2023	12/31/2999
32852	Lung Transplant Single; With Cardiopulmonary Bypass	9/18/2023	12/31/2999
32853	Lung Transplant Double (Bilateral Sequential Or En Bloc); Without Cardiopulmonary Bypass	9/18/2023	12/31/2999
32854	Lung Transplant Double (Bilateral Sequential Or En Bloc); With Cardiopulmonary Bypass	9/18/2023	12/31/2999
33935	Heart-Lung Transplant With Recipient Cardiectomy-Pneumonectomy	9/18/2023	12/31/2999
33945	Heart Transplant With Or Without Recipient Cardiectomy	9/18/2023	12/31/2999
36516	Therapeutic Apheresis; With Extracorporeal Immunoabsorption Selective Adsorption Or Selective Filtration And Plasma Reinfusion	9/18/2023	12/31/2999
38204	Management Of Recipient Hematopoietic Progenitor Cell Donor Search And Cell Acquisition	9/18/2023	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
38205	Blood-Derived Hematopoietic Progenitor Cell Harvesting For Transplantation Per Collection; Allogeneic	9/18/2023	12/31/2999
38206	Blood-Derived Hematopoietic Progenitor Cell Harvesting For Transplantation Per Collection; Autologous	9/18/2023	12/31/2999
38207	Transplant Preparation Of Hematopoietic Progenitor Cells; Cryopreservation And Storage	9/18/2023	12/31/2999
38230	Bone Marrow Harvesting For Transplantation; Allogeneic	9/18/2023	12/31/2999
38232	Bone Marrow Harvesting For Transplantation; Autologous	9/18/2023	12/31/2999
38240	Hematopoietic Progenitor Cell (Hpc); Allogeneic Transplantation Per Donor	9/18/2023	12/31/2999
38241	Hematopoietic Progenitor Cell (Hpc); Autologous Transplantation	9/18/2023	12/31/2999
38242	Allogeneic Lymphocyte Infusions	9/18/2023	12/31/2999
38243	Hematopoietic Progenitor Cell (Hpc); Hpc Boost	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
43647	Laparoscopy Surgical; Implantation Or Replacement Of Gastric Neurostimulator Electrodes Antrum	9/18/2023	12/31/2999
43648	Laparoscopy Surgical; Revision Or Removal Of Gastric Neurostimulator Electrodes Antrum	9/18/2023	12/31/2999
43881	Implantation Or Replacement Of Gastric Neurostimulator Electrodes Antrum Open	9/18/2023	12/31/2999
44135	Intestinal Allotransplantation; From Cadaver Donor	9/18/2023	12/31/2999
44136	Intestinal Allotransplantation; From Living Donor	9/18/2023	12/31/2999
47135	Liver Allotransplantation Orthotopic Partial Or Whole From Cadaver Or Living Donor Any Age	9/18/2023	12/31/2999
48160	Pancreatectomy Total Or Subtotal With Autologous Transplantation Of Pancreas Or Pancreatic Islet Cells	9/18/2023	12/31/2999
48554	Transplantation Of Pancreatic Allograft	9/18/2023	12/31/2999
50360	Renal Allotransplantation Implantation Of Graft; Without Recipient Nephrectomy	9/18/2023	12/31/2999
50365	Renal Allotransplantation Implantation Of Graft; With Recipient Nephrectomy	9/18/2023	12/31/2999
50380	Reimplantation Of Kidney	9/18/2023	12/31/2999
55860	Exposure Of Prostate Any Approach For Insertion Of Radioactive Substance;	9/18/2023	12/31/2999
55862	Exposure Of Prostate Any Approach For Insertion Of Radioactive Substance; With Lymph Node Biopsy(S) (Limited Pelvic Lymphadenectomy)	9/18/2023	12/31/2999
55865	Exposure Of Prostate Any Approach For Insertion Of Radioactive Substance; With Bilateral Pelvic Lymphadenectomy Including External Iliac Hypogastric And Obturator Nodes	9/18/2023	12/31/2999
55874	Transperineal Placement Of Biodegradable Material Peri-Prostatic Single Or Multiple Injection(S) Including Image Guidance When Performed	9/18/2023	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
55875	Transperineal Placement Of Needles Or Catheters Into Prostate For Interstitial Radioelement Application With Or Without Cystoscopy	9/18/2023	12/31/2999
55920	Placement Of Needles Or Catheters Into Pelvic Organs And/Or Genitalia (Except Prostate) For Subsequent Interstitial Radioelement Application	9/18/2023	12/31/2999
57155	Insertion Of Uterine Tandem And/Or Vaginal Ovoids For Clinical Brachytherapy	9/18/2023	12/31/2999
57156	Insertion Of A Vaginal Radiation Afterloading Apparatus For Clinical Brachytherapy	9/18/2023	12/31/2999
58346	Insertion Of Heyman Capsules For Clinical Brachytherapy	9/18/2023	12/31/2999
61796	Stereotactic Radiosurgery (Particle Beam Gamma Ray Or Linear Accelerator); 1 Simple Cranial Lesion	9/18/2023	12/31/2999
61797	Stereotactic Radiosurgery (Particle Beam Gamma Ray Or Linear Accelerator); Each Additional Cranial Lesion Simple (List Separately In Addition To Code For Primary Procedure)	9/18/2023	12/31/2999
61798	Stereotactic Radiosurgery (Particle Beam Gamma Ray Or Linear Accelerator); 1 Complex Cranial Lesion	9/18/2023	12/31/2999
61799	Stereotactic Radiosurgery (Particle Beam Gamma Ray Or Linear Accelerator); Each Additional Cranial Lesion Complex (List Separately In Addition To Code For Primary Procedure)	9/18/2023	12/31/2999
61800	Application Of Stereotactic Headframe For Stereotactic Radiosurgery (List Separately In Addition To Code For Primary Procedure)	9/18/2023	12/31/2999
61850	Twist Drill Or Burr Hole(S) For Implantation Of Neurostimulator Electrodes Cortical	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
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)	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
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)	9/18/2023	12/31/2999
62280	Injection/Infusion Of Neurolytic Substance (Eg Alcohol Phenol Iced Saline Solutions) With Or Without Other Therapeutic Substance; Subarachnoid	9/18/2023	12/31/2999
62281	Injection/Infusion Of Neurolytic Substance (Eg Alcohol Phenol Iced Saline Solutions) With Or Without Other Therapeutic Substance; Epidural Cervical Or Thoracic	9/18/2023	12/31/2999
62282	Injection/Infusion Of Neurolytic Substance (Eg Alcohol Phenol Iced Saline Solutions) With Or Without Other Therapeutic Substance; Epidural Lumbar Sacral (Caudal)	9/18/2023	12/31/2999
62292	Injection Procedure For Chemonucleolysis Including Discography Intervertebral Disc Single Or Multiple Levels Lumbar	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
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)	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
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)	9/18/2023	12/31/2999
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)	9/18/2023	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
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)	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
62360	Implantation Or Replacement Of Device For Intrathecal Or Epidural Drug Infusion; Subcutaneous Reservoir	9/18/2023	12/31/2999
62361	Implantation Or Replacement Of Device For Intrathecal Or Epidural Drug Infusion; Nonprogrammable Pump	9/18/2023	12/31/2999
62362	Implantation Or Replacement Of Device For Intrathecal Or Epidural Drug Infusion; Programmable Pump Including Preparation Of Pump With Or Without Programming	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
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)	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
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	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
63020	Laminotomy (Hemilaminectomy) With Decompression Of Nerve Root(S) Including Partial Facetectomy Foraminotomy And/Or Excision Of Herniated Intervertebral Disc; 1 Interspace Cervical	9/18/2023	12/31/2999
63030	Laminotomy (Hemilaminectomy) With Decompression Of Nerve Root(S) Including Partial Facetectomy Foraminotomy And/Or Excision Of Herniated Intervertebral Disc; 1 Interspace Lumbar	9/18/2023	12/31/2999
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)	9/18/2023	12/31/2999
63040	Laminotomy (Hemilaminectomy) With Decompression Of Nerve Root(S) Including Partial Facetectomy Foraminotomy And/Or Excision Of Herniated Intervertebral Disc Reexploration Single Interspace; Cervical	9/18/2023	12/31/2999
63042	Laminotomy (Hemilaminectomy) With Decompression Of Nerve Root(S) Including Partial Facetectomy Foraminotomy And/Or Excision Of Herniated Intervertebral Disc Reexploration Single Interspace; Lumbar	9/18/2023	12/31/2999
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)	9/18/2023	12/31/2999
63044	Laminotomy (Hemilaminectomy) With Decompression Of Nerve Root(S) Including Partial Facetectomy Foraminotomy And/Or Excision Of Herniated Intervertebral Disc Reexploration Single Interspace; Each Additional Lumbar Interspace (List Separately In Addition To Code For Primary Procedure)	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
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	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
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)	9/18/2023	12/31/2999
63050	Laminoplasty Cervical With Decompression Of The Spinal Cord 2 Or More Vertebral Segments;	9/18/2023	12/31/2999
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)	9/18/2023	12/31/2999
63052	Laminectomy Facetectomy Or Foraminotomy (Unilateral Or Bilateral With Decompression Of Spinal Cord Cauda Equina And/Or Nerve Root[S] [Eg Spinal Or Lateral Recess Stenosis]) During Posterior Interbody Arthrodesis Lumbar; Single Vertebral Segment (List Separately In Addition To Code For Primary Procedure)	9/18/2023	12/31/2999
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)	9/18/2023	12/31/2999
63055	Transpedicular Approach With Decompression Of Spinal Cord Equina And/Or Nerve Root(S) (Eg Herniated Intervertebral Disc) Single Segment; Thoracic	9/18/2023	12/31/2999
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)	9/18/2023	12/31/2999
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)	9/18/2023	12/31/2999
63075	Discectomy Anterior With Decompression Of Spinal Cord And/Or Nerve Root(S) Including Osteophytectomy; Cervical Single Interspace	9/18/2023	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
63076	Discectomy Anterior With Decompression Of Spinal Cord And/Or Nerve Root(S) Including Osteophylectomy; Cervical Each Additional Interspace (List Separately In Addition To Code For Primary Procedure)	9/18/2023	12/31/2999
63081	Vertebral Corpectomy (Vertebral Body Resection) Partial Or Complete Anterior Approach With Decompression Of Spinal Cord And/Or Nerve Root(S); Cervical Single Segment	9/18/2023	12/31/2999
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)	9/18/2023	12/31/2999
63085	Vertebral Corpectomy (Vertebral Body Resection) Partial Or Complete Transthoracic Approach With Decompression Of Spinal Cord And/Or Nerve Root(S); Thoracic Single Segment	9/18/2023	12/31/2999
63086	Vertebral Corpectomy (Vertebral Body Resection) Partial Or Complete Transthoracic Approach With Decompression Of Spinal Cord And/Or Nerve Root(S); Thoracic Each Additional Segment (List Separately In Addition To Code For Primary Procedure)	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
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)	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
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)	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
63102	Vertebral Corpectomy (Vertebral Body Resection) Partial Or Complete Lateral Extracavitary Approach With Decompression Of Spinal Cord And/Or Nerve Root(S) (Eg For Tumor Or Retropulsed Bone Fragments); Lumbar Single Segment	9/18/2023	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
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)	9/18/2023	12/31/2999
63185	Laminectomy With Rhizotomy; 1 Or 2 Segments	9/18/2023	12/31/2999
63190	Laminectomy With Rhizotomy; More Than 2 Segments	9/18/2023	12/31/2999
63191	Laminectomy With Section Of Spinal Accessory Nerve	9/18/2023	12/31/2999
63200	Laminectomy With Release Of Tethered Spinal Cord Lumbar	9/18/2023	12/31/2999
63250	Laminectomy For Excision Or Occlusion Of Arteriovenous Malformation Of Spinal Cord; Cervical	9/18/2023	12/31/2999
63252	Laminectomy For Excision Or Occlusion Of Arteriovenous Malformation Of Spinal Cord; Thoracolumbar	9/18/2023	12/31/2999
63265	Laminectomy For Excision Or Evacuation Of Intraspinal Lesion Other Than Neoplasm Extradural; Cervical	9/18/2023	12/31/2999
63267	Laminectomy For Excision Or Evacuation Of Intraspinal Lesion Other Than Neoplasm Extradural; Lumbar	9/18/2023	12/31/2999
63270	Laminectomy For Excision Of Intraspinal Lesion Other Than Neoplasm Intradural; Cervical	9/18/2023	12/31/2999
63272	Laminectomy For Excision Of Intraspinal Lesion Other Than Neoplasm Intradural; Lumbar	9/18/2023	12/31/2999
63275	Laminectomy For Biopsy/Excision Of Intraspinal Neoplasm; Extradural Cervical	9/18/2023	12/31/2999
63277	Laminectomy For Biopsy/Excision Of Intraspinal Neoplasm; Extradural Lumbar	9/18/2023	12/31/2999
63280	Laminectomy For Biopsy/Excision Of Intraspinal Neoplasm; Intradural Extramedullary Cervical	9/18/2023	12/31/2999
63282	Laminectomy For Biopsy/Excision Of Intraspinal Neoplasm; Intradural Extramedullary Lumbar	9/18/2023	12/31/2999
63285	Laminectomy For Biopsy/Excision Of Intraspinal Neoplasm; Intradural Intramedullary Cervical	9/18/2023	12/31/2999
63287	Laminectomy For Biopsy/Excision Of Intraspinal Neoplasm; Intradural Intramedullary Thoracolumbar	9/18/2023	12/31/2999
63290	Laminectomy For Biopsy/Excision Of Intraspinal Neoplasm; Combined Extradural-Intradural Lesion Any Level	9/18/2023	12/31/2999
63300	Vertebral Corpectomy (Vertebral Body Resection) Partial Or Complete For Excision Of Intraspinal Lesion Single Segment; Extradural Cervical	9/18/2023	12/31/2999
63301	Vertebral Corpectomy (Vertebral Body Resection) Partial Or Complete For Excision Of Intraspinal Lesion Single Segment; Extradural Thoracic By Transthoracic Approach	9/18/2023	12/31/2999
63302	Vertebral Corpectomy (Vertebral Body Resection) Partial Or Complete For Excision Of Intraspinal Lesion Single Segment; Extradural Thoracic By Thoracolumbar Approach	9/18/2023	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
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	9/18/2023	12/31/2999
63304	Vertebral Corpectomy (Vertebral Body Resection) Partial Or Complete For Excision Of Intraspinal Lesion Single Segment; Intradural Cervical	9/18/2023	12/31/2999
63305	Vertebral Corpectomy (Vertebral Body Resection) Partial Or Complete For Excision Of Intraspinal Lesion Single Segment; Intradural Thoracic By Transthoracic Approach	9/18/2023	12/31/2999
63306	Vertebral Corpectomy (Vertebral Body Resection) Partial Or Complete For Excision Of Intraspinal Lesion Single Segment; Intradural Thoracic By Thoracolumbar Approach	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
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)	9/18/2023	12/31/2999
63620	Stereotactic Radiosurgery (Particle Beam Gamma Ray Or Linear Accelerator); 1 Spinal Lesion	9/18/2023	12/31/2999
63621	Stereotactic Radiosurgery (Particle Beam Gamma Ray Or Linear Accelerator); Each Additional Spinal Lesion (List Separately In Addition To Code For Primary Procedure)	9/18/2023	12/31/2999
63650	Percutaneous Implantation Of Neurostimulator Electrode Array Epidural	9/18/2023	12/31/2999
63655	Laminectomy For Implantation Of Neurostimulator Electrodes Plate/Paddle Epidural	9/18/2023	12/31/2999
63663	Revision Including Replacement When Performed Of Spinal Neurostimulator Electrode Percutaneous Array(S) Including Fluoroscopy When Performed	9/18/2023	12/31/2999
63664	Revision Including Replacement When Performed Of Spinal Neurostimulator Electrode Plate/Paddle(S) Placed Via Laminotomy Or Laminectomy Including Fluoroscopy When Performed	9/18/2023	12/31/2999
63685	Insertion Or Replacement Of Spinal Neurostimulator Pulse Generator Or Receiver Requiring Pocket Creation And Connection Between Electrode Array And Pulse Generator Or Receiver	9/18/2023	12/31/2999
63688	Revision Or Removal Of Implanted Spinal Neurostimulator Pulse Generator Or Receiver With Detachable Connection To Electrode Array	9/18/2023	12/31/2999
64451	Injection(S) Anesthetic Agent(S) And/Or Steroid; Nerves Innervating The Sacroiliac Joint With Image Guidance (Ie Fluoroscopy Or Computed Tomography)	9/18/2023	12/31/2999
64479	Injection(S) Anesthetic Agent(S) And/Or Steroid; Transforaminal Epidural With Imaging Guidance (Fluoroscopy Or Ct) Cervical Or Thoracic Single Level	9/18/2023	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
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)	9/18/2023	12/31/2999
64483	Injection(S) Anesthetic Agent(S) And/Or Steroid; Transforaminal Epidural With Imaging Guidance (Fluoroscopy Or Ct) Lumbar Or Sacral Single Level	9/18/2023	12/31/2999
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)	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
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)	9/18/2023	12/31/2999
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)	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
64494	Injection(S) Diagnostic Or Therapeutic Agent Paravertebral Facet (Zygapophyseal) Joint (Or Nerves Innervating That Joint) With Image Guidance (Fluoroscopy Or Ct) Lumbar Or Sacral; Second Level (List Separately In Addition To Code For Primary Procedure)	9/18/2023	12/31/2999
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)	9/18/2023	12/31/2999
64510	Injection Anesthetic Agent; Stellate Ganglion (Cervical Sympathetic)	9/18/2023	12/31/2999
64520	Injection Anesthetic Agent; Lumbar Or Thoracic (Paravertebral Sympathetic)	9/18/2023	12/31/2999
64561	Percutaneous Implantation Of Neurostimulator Electrode Array; Sacral Nerve (Transforaminal Placement) Including Image Guidance If Performed	9/18/2023	12/31/2999
64581	Open Implantation Of Neurostimulator Electrode Array; Sacral Nerve (Transforaminal Placement)	9/18/2023	12/31/2999
64582	Open Implantation Of Hypoglossal Nerve Neurostimulator Array Pulse Generator And Distal Respiratory Sensor Electrode Or Electrode Array	9/18/2023	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
64583	Revision Or Replacement Of Hypoglossal Nerve Neurostimulator Array And Distal Respiratory Sensor Electrode Or Electrode Array Including Connection To Existing Pulse Generator	9/18/2023	12/31/2999
64584	Removal Of Hypoglossal Nerve Neurostimulator Array Pulse Generator And Distal Respiratory Sensor Electrode Or Electrode Array	9/18/2023	12/31/2999
64625	Radiofrequency Ablation Nerves Innervating The Sacroiliac Joint With Image Guidance (Ie Fluoroscopy Or Computed Tomography)	9/18/2023	12/31/2999
64633	Destruction By Neurolytic Agent Paravertebral Facet Joint Nerve(S) With Imaging Guidance (Fluoroscopy Or Ct); Cervical Or Thoracic Single Facet Joint	9/18/2023	12/31/2999
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)	9/18/2023	12/31/2999
64635	Destruction By Neurolytic Agent Paravertebral Facet Joint Nerve(S) With Imaging Guidance (Fluoroscopy Or Ct); Lumbar Or Sacral Single Facet Joint	9/18/2023	12/31/2999
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)	9/18/2023	12/31/2999
64716	Neuroplasty And/Or Transposition; Cranial Nerve (Specify)	9/18/2023	12/31/2999
64732	Transection Or Avulsion Of; Supraorbital Nerve	9/18/2023	12/31/2999
64734	Transection Or Avulsion Of; Infraorbital Nerve	9/18/2023	12/31/2999
64771	Transection Or Avulsion Of Other Cranial Nerve Extradural	9/18/2023	12/31/2999
64999	Unlisted Procedure Nervous System	9/18/2023	12/31/2999
67218	Destruction Of Localized Lesion Of Retina (Eg Macular Edema Tumors) 1 Or More Sessions; Radiation By Implantation Of Source (Includes Removal Of Source)	9/18/2023	12/31/2999
67900	Repair Of Brow Ptosis (Supraciliary Mid-Forehead Or Coronal Approach)	9/18/2023	12/31/2999
69714	Implantation Osseointegrated Implant Skull; With Percutaneous Attachment To External Speech Processor	9/18/2023	12/31/2999
69717	Replacement (Including Removal Of Existing Device) Osseointegrated Implant Skull; With Percutaneous Attachment To External Speech Processor	9/18/2023	12/31/2999
69930	Cochlear Device Implantation With Or Without Mastoidectomy	9/18/2023	12/31/2999
70336	Magnetic Resonance (Eg Proton) Imaging Temporomandibular Joint(S)	9/18/2023	12/31/2999
70450	Computed Tomography Head Or Brain; Without Contrast Material	9/18/2023	12/31/2999
70460	Computed Tomography Head Or Brain; With Contrast Material(S)	9/18/2023	12/31/2999
70470	Computed Tomography Head Or Brain; Without Contrast Material Followed By Contrast Material(S) And Further Sections	9/18/2023	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
70480	Computed Tomography Orbit Sella Or Posterior Fossa Or Outer Middle Or Inner Ear; Without Contrast Material	9/18/2023	12/31/2999
70481	Computed Tomography Orbit Sella Or Posterior Fossa Or Outer Middle Or Inner Ear; With Contrast Material(S)	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
70486	Computed Tomography Maxillofacial Area; Without Contrast Material	9/18/2023	12/31/2999
70487	Computed Tomography Maxillofacial Area; With Contrast Material(S)	9/18/2023	12/31/2999
70488	Computed Tomography Maxillofacial Area; Without Contrast Material Followed By Contrast Material(S) And Further Sections	9/18/2023	12/31/2999
70490	Computed Tomography Soft Tissue Neck; Without Contrast Material	9/18/2023	12/31/2999
70491	Computed Tomography Soft Tissue Neck; With Contrast Material(S)	9/18/2023	12/31/2999
70492	Computed Tomography Soft Tissue Neck; Without Contrast Material Followed By Contrast Material(S) And Further Sections	9/18/2023	12/31/2999
70496	Computed Tomographic Angiography Head With Contrast Material(S) Including Noncontrast Images If Performed And Image Postprocessing	9/18/2023	12/31/2999
70498	Computed Tomographic Angiography Neck With Contrast Material(S) Including Noncontrast Images If Performed And Image Postprocessing	9/18/2023	12/31/2999
70540	Magnetic Resonance (Eg Proton) Imaging Orbit Face And/Or Neck; Without Contrast Material(S)	9/18/2023	12/31/2999
70542	Magnetic Resonance (Eg Proton) Imaging Orbit Face And/Or Neck; With Contrast Material(S)	9/18/2023	12/31/2999
70543	Magnetic Resonance (Eg Proton) Imaging Orbit Face And/Or Neck; Without Contrast Material(S) Followed By Contrast Material(S) And Further Sequences	9/18/2023	12/31/2999
70544	Magnetic Resonance Angiography Head; Without Contrast Material(S)	9/18/2023	12/31/2999
70545	Magnetic Resonance Angiography Head; With Contrast Material(S)	9/18/2023	12/31/2999
70546	Magnetic Resonance Angiography Head; Without Contrast Material(S) Followed By Contrast Material(S) And Further Sequences	9/18/2023	12/31/2999
70547	Magnetic Resonance Angiography Neck; Without Contrast Material(S)	9/18/2023	12/31/2999
70548	Magnetic Resonance Angiography Neck; With Contrast Material(S)	9/18/2023	12/31/2999
70549	Magnetic Resonance Angiography Neck; Without Contrast Material(S) Followed By Contrast Material(S) And Further Sequences	9/18/2023	12/31/2999
70551	Magnetic Resonance (Eg Proton) Imaging Brain (Including Brain Stem); Without Contrast Material	9/18/2023	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
70552	Magnetic Resonance (Eg Proton) Imaging Brain (Including Brain Stem); With Contrast Material(S)	9/18/2023	12/31/2999
70553	Magnetic Resonance (Eg Proton) Imaging Brain (Including Brain Stem); Without Contrast Material Followed By Contrast Material(S) And Further Sequences	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
70555	Magnetic Resonance Imaging Brain Functional Mri; Requiring Physician Or Psychologist Administration Of Entire Neurofunctional Testing	9/18/2023	12/31/2999
71250	Computed Tomography Thorax Diagnostic; Without Contrast Material	9/18/2023	12/31/2999
71260	Computed Tomography Thorax Diagnostic; With Contrast Material(S)	9/18/2023	12/31/2999
71270	Computed Tomography Thorax Diagnostic; Without Contrast Material Followed By Contrast Material(S) And Further Sections	9/18/2023	12/31/2999
71271	Computed Tomography Thorax Low Dose For Lung Cancer Screening Without Contrast Material(S)	9/18/2023	12/31/2999
71275	Computed Tomographic Angiography Chest (Noncoronary) With Contrast Material(S) Including Noncontrast Images If Performed And Image Postprocessing	9/18/2023	12/31/2999
71550	Magnetic Resonance (Eg Proton) Imaging Chest (Eg For Evaluation Of Hilar And Mediastinal Lymphadenopathy); Without Contrast Material(S)	9/18/2023	12/31/2999
71551	Magnetic Resonance (Eg Proton) Imaging Chest (Eg For Evaluation Of Hilar And Mediastinal Lymphadenopathy); With Contrast Material(S)	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
71555	Magnetic Resonance Angiography Chest (Excluding Myocardium) With Or Without Contrast Material(S)	9/18/2023	12/31/2999
72125	Computed Tomography Cervical Spine; Without Contrast Material	9/18/2023	12/31/2999
72126	Computed Tomography Cervical Spine; With Contrast Material	9/18/2023	12/31/2999
72127	Computed Tomography Cervical Spine; Without Contrast Material Followed By Contrast Material(S) And Further Sections	9/18/2023	12/31/2999
72128	Computed Tomography Thoracic Spine; Without Contrast Material	9/18/2023	12/31/2999
72129	Computed Tomography Thoracic Spine; With Contrast Material	9/18/2023	12/31/2999
72130	Computed Tomography Thoracic Spine; Without Contrast Material Followed By Contrast Material(S) And Further Sections	9/18/2023	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
72131	Computed Tomography Lumbar Spine; Without Contrast Material	9/18/2023	12/31/2999
72132	Computed Tomography Lumbar Spine; With Contrast Material	9/18/2023	12/31/2999
72133	Computed Tomography Lumbar Spine; Without Contrast Material Followed By Contrast Material(S) And Further Sections	9/18/2023	12/31/2999
72141	Magnetic Resonance (Eg Proton) Imaging Spinal Canal And Contents Cervical; Without Contrast Material	9/18/2023	12/31/2999
72142	Magnetic Resonance (Eg Proton) Imaging Spinal Canal And Contents Cervical; With Contrast Material(S)	9/18/2023	12/31/2999
72146	Magnetic Resonance (Eg Proton) Imaging Spinal Canal And Contents Thoracic; Without Contrast Material	9/18/2023	12/31/2999
72147	Magnetic Resonance (Eg Proton) Imaging Spinal Canal And Contents Thoracic; With Contrast Material(S)	9/18/2023	12/31/2999
72148	Magnetic Resonance (Eg Proton) Imaging Spinal Canal And Contents Lumbar; Without Contrast Material	9/18/2023	12/31/2999
72149	Magnetic Resonance (Eg Proton) Imaging Spinal Canal And Contents Lumbar; With Contrast Material(S)	9/18/2023	12/31/2999
72156	Magnetic Resonance (Eg Proton) Imaging Spinal Canal And Contents Without Contrast Material Followed By Contrast Material(S) And Further Sequences; Cervical	9/18/2023	12/31/2999
72157	Magnetic Resonance (Eg Proton) Imaging Spinal Canal And Contents Without Contrast Material Followed By Contrast Material(S) And Further Sequences; Thoracic	9/18/2023	12/31/2999
72158	Magnetic Resonance (Eg Proton) Imaging Spinal Canal And Contents Without Contrast Material Followed By Contrast Material(S) And Further Sequences; Lumbar	9/18/2023	12/31/2999
72159	Magnetic Resonance Angiography Spinal Canal And Contents With Or Without Contrast Material(S)	9/18/2023	12/31/2999
72191	Computed Tomographic Angiography Pelvis With Contrast Material(S) Including Noncontrast Images If Performed And Image Postprocessing	9/18/2023	12/31/2999
72192	Computed Tomography Pelvis; Without Contrast Material	9/18/2023	12/31/2999
72193	Computed Tomography Pelvis; With Contrast Material(S)	9/18/2023	12/31/2999
72194	Computed Tomography Pelvis; Without Contrast Material Followed By Contrast Material(S) And Further Sections	9/18/2023	12/31/2999
72195	Magnetic Resonance (Eg Proton) Imaging Pelvis; Without Contrast Material(S)	9/18/2023	12/31/2999
72196	Magnetic Resonance (Eg Proton) Imaging Pelvis; With Contrast Material(S)	9/18/2023	12/31/2999
72197	Magnetic Resonance (Eg Proton) Imaging Pelvis; Without Contrast Material(S) Followed By Contrast Material(S) And Further Sequences	9/18/2023	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
72198	Magnetic Resonance Angiography Pelvis With Or Without Contrast Material(S)	9/18/2023	12/31/2999
73200	Computed Tomography Upper Extremity; Without Contrast Material	9/18/2023	12/31/2999
73201	Computed Tomography Upper Extremity; With Contrast Material(S)	9/18/2023	12/31/2999
73202	Computed Tomography Upper Extremity; Without Contrast Material Followed By Contrast Material(S) And Further Sections	9/18/2023	12/31/2999
73206	Computed Tomographic Angiography Upper Extremity With Contrast Material(S) Including Noncontrast Images If Performed And Image Postprocessing	9/18/2023	12/31/2999
73218	Magnetic Resonance (Eg Proton) Imaging Upper Extremity Other Than Joint; Without Contrast Material(S)	9/18/2023	12/31/2999
73219	Magnetic Resonance (Eg Proton) Imaging Upper Extremity Other Than Joint; With Contrast Material(S)	9/18/2023	12/31/2999
73220	Magnetic Resonance (Eg Proton) Imaging Upper Extremity Other Than Joint; Without Contrast Material(S) Followed By Contrast Material(S) And Further Sequences	9/18/2023	12/31/2999
73221	Magnetic Resonance (Eg Proton) Imaging Any Joint Of Upper Extremity; Without Contrast Material(S)	9/18/2023	12/31/2999
73222	Magnetic Resonance (Eg Proton) Imaging Any Joint Of Upper Extremity; With Contrast Material(S)	9/18/2023	12/31/2999
73223	Magnetic Resonance (Eg Proton) Imaging Any Joint Of Upper Extremity; Without Contrast Material(S) Followed By Contrast Material(S) And Further Sequences	9/18/2023	12/31/2999
73225	Magnetic Resonance Angiography Upper Extremity With Or Without Contrast Material(S)	9/18/2023	12/31/2999
73700	Computed Tomography Lower Extremity; Without Contrast Material	9/18/2023	12/31/2999
73701	Computed Tomography Lower Extremity; With Contrast Material(S)	9/18/2023	12/31/2999
73702	Computed Tomography Lower Extremity; Without Contrast Material Followed By Contrast Material(S) And Further Sections	9/18/2023	12/31/2999
73706	Computed Tomographic Angiography Lower Extremity With Contrast Material(S) Including Noncontrast Images If Performed And Image Postprocessing	9/18/2023	12/31/2999
73718	Magnetic Resonance (Eg Proton) Imaging Lower Extremity Other Than Joint; Without Contrast Material(S)	9/18/2023	12/31/2999
73719	Magnetic Resonance (Eg Proton) Imaging Lower Extremity Other Than Joint; With Contrast Material(S)	9/18/2023	12/31/2999
73720	Magnetic Resonance (Eg Proton) Imaging Lower Extremity Other Than Joint; Without Contrast Material(S) Followed By Contrast Material(S) And Further Sequences	9/18/2023	12/31/2999
73721	Magnetic Resonance (Eg Proton) Imaging Any Joint Of Lower Extremity; Without Contrast Material	9/18/2023	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
73722	Magnetic Resonance (Eg Proton) Imaging Any Joint Of Lower Extremity; With Contrast Material(S)	9/18/2023	12/31/2999
73723	Magnetic Resonance (Eg Proton) Imaging Any Joint Of Lower Extremity; Without Contrast Material(S) Followed By Contrast Material(S) And Further Sequences	9/18/2023	12/31/2999
73725	Magnetic Resonance Angiography Lower Extremity With Or Without Contrast Material(S)	9/18/2023	12/31/2999
74150	Computed Tomography Abdomen; Without Contrast Material	9/18/2023	12/31/2999
74160	Computed Tomography Abdomen; With Contrast Material(S)	9/18/2023	12/31/2999
74170	Computed Tomography Abdomen; Without Contrast Material Followed By Contrast Material(S) And Further Sections	9/18/2023	12/31/2999
74174	Computed Tomographic Angiography Abdomen And Pelvis With Contrast Material(S) Including Noncontrast Images If Performed And Image Postprocessing	9/18/2023	12/31/2999
74175	Computed Tomographic Angiography Abdomen With Contrast Material(S) Including Noncontrast Images If Performed And Image Postprocessing	9/18/2023	12/31/2999
74176	Computed Tomography Abdomen And Pelvis; Without Contrast Material	9/18/2023	12/31/2999
74177	Computed Tomography Abdomen And Pelvis; With Contrast Material(S)	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
74181	Magnetic Resonance (Eg Proton) Imaging Abdomen; Without Contrast Material(S)	9/18/2023	12/31/2999
74182	Magnetic Resonance (Eg Proton) Imaging Abdomen; With Contrast Material(S)	9/18/2023	12/31/2999
74183	Magnetic Resonance (Eg Proton) Imaging Abdomen; Without Contrast Material(S) Followed By With Contrast Material(S) And Further Sequences	9/18/2023	12/31/2999
74185	Magnetic Resonance Angiography Abdomen With Or Without Contrast Material(S)	9/18/2023	12/31/2999
74261	Computed Tomographic (Ct) Colonography Diagnostic Including Image Postprocessing; Without Contrast Material	9/18/2023	12/31/2999
74262	Computed Tomographic (Ct) Colonography Diagnostic Including Image Postprocessing; With Contrast Material(S) Including Non-Contrast Images If Performed	9/18/2023	12/31/2999
74263	Computed Tomographic (Ct) Colonography Screening Including Image Postprocessing	9/18/2023	12/31/2999
74712	Magnetic Resonance (Eg Proton) Imaging Fetal Including Placental And Maternal Pelvic Imaging When Performed; Single Or First Gestation	9/18/2023	12/31/2999
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)	9/18/2023	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
75635	Computed Tomographic Angiography Abdominal Aorta And Bilateral Iliofemoral Lower Extremity Runoff With Contrast Material(S) Including Noncontrast Images If Performed And Image Postprocessing	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
76380	Computed Tomography Limited Or Localized Follow-Up Study	9/18/2023	12/31/2999
76390	Magnetic Resonance Spectroscopy	9/18/2023	12/31/2999
76391	Magnetic Resonance (Eg Vibration) Elastography	9/18/2023	12/31/2999
76873	Ultrasound Transrectal; Prostate Volume Study For Brachytherapy Treatment Planning (Separate Procedure)	9/18/2023	12/31/2999
76965	Ultrasonic Guidance For Interstitial Radioelement Application	9/18/2023	12/31/2999
77014	Computed Tomography Guidance For Placement Of Radiation Therapy Fields	9/18/2023	12/31/2999
77046	Magnetic Resonance Imaging Breast Without Contrast Material; Unilateral	9/18/2023	12/31/2999
77047	Magnetic Resonance Imaging Breast Without Contrast Material; Bilateral	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
77078	Computed Tomography Bone Mineral Density Study 1 Or More Sites Axial Skeleton (Eg Hips Pelvis Spine)	9/18/2023	12/31/2999
77084	Magnetic Resonance (Eg Proton) Imaging Bone Marrow Blood Supply	9/18/2023	12/31/2999
77295	3-Dimensional Radiotherapy Plan Including Dose-Volume Histograms	9/18/2023	12/31/2999
77301	Intensity Modulated Radiotherapy Plan Including Dose-Volume Histograms For Target And Critical Structure Partial Tolerance Specifications	9/18/2023	12/31/2999
77316	Brachytherapy Isodose Plan; Simple (Calculation[S] Made From 1 To 4 Sources Or Remote Afterloading Brachytherapy 1 Channel) Includes Basic Dosimetry Calculation(S)	9/18/2023	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
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)	9/18/2023	12/31/2999
77318	Brachytherapy Isodose Plan; Complex (Calculation[S] Made From Over 10 Sources Or Remote Afterloading Brachytherapy Over 12 Channels) Includes Basic Dosimetry Calculation(S)	9/18/2023	12/31/2999
77338	Multi-Leaf Collimator (Mlc) Device(S) For Intensity Modulated Radiation Therapy (Imrt) Design And Construction Per Imrt Plan	9/18/2023	12/31/2999
77370	Special Medical Radiation Physics Consultation	9/18/2023	12/31/2999
77371	Radiation Treatment Delivery Stereotactic Radiosurgery (Srs) Complete Course Of Treatment Of Cranial Lesion(S) Consisting Of 1 Session; Multi-Source Cobalt 60 Based	9/18/2023	12/31/2999
77372	Radiation Treatment Delivery Stereotactic Radiosurgery (Srs) Complete Course Of Treatment Of Cranial Lesion(S) Consisting Of 1 Session; Linear Accelerator Based	9/18/2023	12/31/2999
77373	Stereotactic Body Radiation Therapy Treatment Delivery Per Fraction To 1 Or More Lesions Including Image Guidance Entire Course Not To Exceed 5 Fractions	9/18/2023	12/31/2999
77385	Intensity Modulated Radiation Treatment Delivery (Imrt) Includes Guidance And Tracking When Performed; Simple	9/18/2023	12/31/2999
77386	Intensity Modulated Radiation Treatment Delivery (Imrt) Includes Guidance And Tracking When Performed; Complex	9/18/2023	12/31/2999
77387	Guidance For Localization Of Target Volume For Delivery Of Radiation Treatment Includes Intrafraction Tracking When Performed	9/18/2023	12/31/2999
77402	Radiation Treatment Delivery $\geq 1$ Mev; Simple	9/18/2023	12/31/2999
77407	Radiation Treatment Delivery $\geq 1$ Mev; Intermediate	9/18/2023	12/31/2999
77412	Radiation Treatment Delivery $\geq 1$ Mev; Complex	9/18/2023	12/31/2999
77424	Intraoperative Radiation Treatment Delivery X-Ray Single Treatment Session	9/18/2023	12/31/2999
77425	Intraoperative Radiation Treatment Delivery Electrons Single Treatment Session	9/18/2023	12/31/2999
77432	Stereotactic Radiation Treatment Management Of Cranial Lesion(S) (Complete Course Of Treatment Consisting Of 1 Session)	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
77469	Intraoperative Radiation Treatment Management	9/18/2023	12/31/2999
77470	Special Treatment Procedure (Eg Total Body Irradiation Hemibody Radiation Per Oral Or Endocavitary Irradiation)	9/18/2023	12/31/2999
77520	Proton Treatment Delivery; Simple Without Compensation	9/18/2023	12/31/2999
77522	Proton Treatment Delivery; Simple With Compensation	9/18/2023	12/31/2999
77523	Proton Treatment Delivery; Intermediate	9/18/2023	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
77525	Proton Treatment Delivery; Complex	9/18/2023	12/31/2999
77750	Infusion Or Instillation Of Radioelement Solution (Includes 3-Month Follow-Up Care)	9/18/2023	12/31/2999
77761	Intracavitary Radiation Source Application; Simple	9/18/2023	12/31/2999
77762	Intracavitary Radiation Source Application; Intermediate	9/18/2023	12/31/2999
77763	Intracavitary Radiation Source Application; Complex	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
77770	Remote Afterloading High Dose Rate Radionuclide Interstitial Or Intracavitary Brachytherapy Includes Basic Dosimetry When Performed; 1 Channel	9/18/2023	12/31/2999
77771	Remote Afterloading High Dose Rate Radionuclide Interstitial Or Intracavitary Brachytherapy Includes Basic Dosimetry When Performed; 2-12 Channels	9/18/2023	12/31/2999
77772	Remote Afterloading High Dose Rate Radionuclide Interstitial Or Intracavitary Brachytherapy Includes Basic Dosimetry When Performed; Over 12 Channels	9/18/2023	12/31/2999
77778	Interstitial Radiation Source Application Complex Includes Supervision Handling Loading Of Radiation Source When Performed	9/18/2023	12/31/2999
77790	Supervision Handling Loading Of Radiation Source	9/18/2023	12/31/2999
78012	Thyroid Uptake Single Or Multiple Quantitative Measurement(S) (Including Stimulation Suppression Or Discharge When Performed)	9/18/2023	12/31/2999
78013	Thyroid Imaging (Including Vascular Flow When Performed);	9/18/2023	12/31/2999
78014	Thyroid Imaging (Including Vascular Flow When Performed); With Single Or Multiple Uptake(S) Quantitative Measurement(S) (Including Stimulation Suppression Or Discharge When Performed)	9/18/2023	12/31/2999
78015	Thyroid Carcinoma Metastases Imaging; Limited Area (Eg Neck And Chest Only)	9/18/2023	12/31/2999
78016	Thyroid Carcinoma Metastases Imaging; With Additional Studies (Eg Urinary Recovery)	9/18/2023	12/31/2999
78018	Thyroid Carcinoma Metastases Imaging; Whole Body	9/18/2023	12/31/2999
78020	Thyroid Carcinoma Metastases Uptake (List Separately In Addition To Code For Primary Procedure)	9/18/2023	12/31/2999
78070	Parathyroid Planar Imaging (Including Subtraction When Performed);	9/18/2023	12/31/2999
78071	Parathyroid Planar Imaging (Including Subtraction When Performed); With Tomographic (Spect)	9/18/2023	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
78072	Parathyroid Planar Imaging (Including Subtraction When Performed); With Tomographic (Spect) And Concurrently Acquired Computed Tomography (Ct) For Anatomical Localization	9/18/2023	12/31/2999
78075	Adrenal Imaging Cortex And/Or Medulla	9/18/2023	12/31/2999
78102	Bone Marrow Imaging; Limited Area	9/18/2023	12/31/2999
78103	Bone Marrow Imaging; Multiple Areas	9/18/2023	12/31/2999
78104	Bone Marrow Imaging; Whole Body	9/18/2023	12/31/2999
78185	Spleen Imaging Only With Or Without Vascular Flow	9/18/2023	12/31/2999
78195	Lymphatics And Lymph Nodes Imaging	9/18/2023	12/31/2999
78201	Liver Imaging; Static Only	9/18/2023	12/31/2999
78202	Liver Imaging; With Vascular Flow	9/18/2023	12/31/2999
78215	Liver And Spleen Imaging; Static Only	9/18/2023	12/31/2999
78216	Liver And Spleen Imaging; With Vascular Flow	9/18/2023	12/31/2999
78226	Hepatobiliary System Imaging Including Gallbladder When Present;	9/18/2023	12/31/2999
78227	Hepatobiliary System Imaging Including Gallbladder When Present; With Pharmacologic Intervention Including Quantitative Measurement(S) When Performed	9/18/2023	12/31/2999
78230	Salivary Gland Imaging;	9/18/2023	12/31/2999
78231	Salivary Gland Imaging; With Serial Images	9/18/2023	12/31/2999
78232	Salivary Gland Function Study	9/18/2023	12/31/2999
78258	Esophageal Motility	9/18/2023	12/31/2999
78261	Gastric Mucosa Imaging	9/18/2023	12/31/2999
78262	Gastroesophageal Reflux Study	9/18/2023	12/31/2999
78264	Gastric Emptying Imaging Study (Eg Solid Liquid Or Both);	9/18/2023	12/31/2999
78265	Gastric Emptying Imaging Study (Eg Solid Liquid Or Both); With Small Bowel Transit	9/18/2023	12/31/2999
78266	Gastric Emptying Imaging Study (Eg Solid Liquid Or Both); With Small Bowel And Colon Transit Multiple Days	9/18/2023	12/31/2999
78278	Acute Gastrointestinal Blood Loss Imaging	9/18/2023	12/31/2999
78290	Intestine Imaging (Eg Ectopic Gastric Mucosa Meckel'S Localization Volvulus)	9/18/2023	12/31/2999
78291	Peritoneal-Venous Shunt Patency Test (Eg For Leveen Denver Shunt)	9/18/2023	12/31/2999
78300	Bone And/Or Joint Imaging; Limited Area	9/18/2023	12/31/2999
78305	Bone And/Or Joint Imaging; Multiple Areas	9/18/2023	12/31/2999
78306	Bone And/Or Joint Imaging; Whole Body	9/18/2023	12/31/2999
78315	Bone And/Or Joint Imaging; 3 Phase Study	9/18/2023	12/31/2999
78445	Non-Cardiac Vascular Flow Imaging (Ie Angiography Venography)	9/18/2023	12/31/2999
78456	Acute Venous Thrombosis Imaging Peptide	9/18/2023	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
78457	Venous Thrombosis Imaging Venogram; Unilateral	9/18/2023	12/31/2999
78458	Venous Thrombosis Imaging Venogram; Bilateral	9/18/2023	12/31/2999
78579	Pulmonary Ventilation Imaging (Eg Aerosol Or Gas)	9/18/2023	12/31/2999
78580	Pulmonary Perfusion Imaging (Eg Particulate)	9/18/2023	12/31/2999
78582	Pulmonary Ventilation (Eg Aerosol Or Gas) And Perfusion Imaging	9/18/2023	12/31/2999
78597	Quantitative Differential Pulmonary Perfusion Including Imaging When Performed	9/18/2023	12/31/2999
78598	Quantitative Differential Pulmonary Perfusion And Ventilation (Eg Aerosol Or Gas) Including Imaging When Performed	9/18/2023	12/31/2999
78600	Brain Imaging Less Than 4 Static Views;	9/18/2023	12/31/2999
78601	Brain Imaging Less Than 4 Static Views; With Vascular Flow	9/18/2023	12/31/2999
78605	Brain Imaging Minimum 4 Static Views;	9/18/2023	12/31/2999
78606	Brain Imaging Minimum 4 Static Views; With Vascular Flow	9/18/2023	12/31/2999
78608	Brain Imaging Positron Emission Tomography (Pet); Metabolic Evaluation	9/18/2023	12/31/2999
78609	Brain Imaging Positron Emission Tomography (Pet); Perfusion Evaluation	9/18/2023	12/31/2999
78610	Brain Imaging Vascular Flow Only	9/18/2023	12/31/2999
78630	Cerebrospinal Fluid Flow Imaging (Not Including Introduction Of Material); Cisternography	9/18/2023	12/31/2999
78635	Cerebrospinal Fluid Flow Imaging (Not Including Introduction Of Material); Ventriculography	9/18/2023	12/31/2999
78645	Cerebrospinal Fluid Flow Imaging (Not Including Introduction Of Material); Shunt Evaluation	9/18/2023	12/31/2999
78650	Cerebrospinal Fluid Leakage Detection And Localization	9/18/2023	12/31/2999
78660	Radiopharmaceutical Dacryocystography	9/18/2023	12/31/2999
78700	Kidney Imaging Morphology;	9/18/2023	12/31/2999
78701	Kidney Imaging Morphology; With Vascular Flow	9/18/2023	12/31/2999
78707	Kidney Imaging Morphology; With Vascular Flow And Function Single Study Without Pharmacological Intervention	9/18/2023	12/31/2999
78708	Kidney Imaging Morphology; With Vascular Flow And Function Single Study With Pharmacological Intervention (Eg Angiotensin Converting Enzyme Inhibitor And/Or Diuretic)	9/18/2023	12/31/2999
78709	Kidney Imaging Morphology; With Vascular Flow And Function Multiple Studies With And Without Pharmacological Intervention (Eg Angiotensin Converting Enzyme Inhibitor And/Or Diuretic)	9/18/2023	12/31/2999
78725	Kidney Function Study Non-Imaging Radioisotopic Study	9/18/2023	12/31/2999
78730	Urinary Bladder Residual Study (List Separately In Addition To Code For Primary Procedure)	9/18/2023	12/31/2999
78740	Ureteral Reflux Study (Radiopharmaceutical Voiding Cystogram)	9/18/2023	12/31/2999
78761	Testicular Imaging With Vascular Flow	9/18/2023	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
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	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
78803	Radiopharmaceutical Localization Of Tumor Inflammatory Process Or Distribution Of Radiopharmaceutical Agent(S) (Includes Vascular Flow And Blood Pool Imaging When Performed); Tomographic (Spect) Single Area (Eg Head Neck Chest Pelvis) Or Acquisition Single Day Imaging	9/18/2023	12/31/2999
78804	Radiopharmaceutical Localization Of Tumor Inflammatory Process Or Distribution Of Radiopharmaceutical Agent(S) (Includes Vascular Flow And Blood Pool Imaging When Performed); Planar Whole Body Requiring 2 Or More Days Imaging	9/18/2023	12/31/2999
78811	Positron Emission Tomography (Pet) Imaging; Limited Area (Eg Chest Head/Neck)	9/18/2023	12/31/2999
78812	Positron Emission Tomography (Pet) Imaging; Skull Base To Mid-Thigh	9/18/2023	12/31/2999
78813	Positron Emission Tomography (Pet) Imaging; Whole Body	9/18/2023	12/31/2999
78814	Positron Emission Tomography (Pet) With Concurrently Acquired Computed Tomography (Ct) For Attenuation Correction And Anatomical Localization Imaging; Limited Area (Eg Chest Head/Neck)	9/18/2023	12/31/2999
78815	Positron Emission Tomography (Pet) With Concurrently Acquired Computed Tomography (Ct) For Attenuation Correction And Anatomical Localization Imaging; Skull Base To Mid-Thigh	9/18/2023	12/31/2999
78816	Positron Emission Tomography (Pet) With Concurrently Acquired Computed Tomography (Ct) For Attenuation Correction And Anatomical Localization Imaging; Whole Body	9/18/2023	12/31/2999
78830	Radiopharmaceutical Localization Of Tumor Inflammatory Process Or Distribution Of Radiopharmaceutical Agent(S) (Includes Vascular Flow And Blood Pool Imaging When Performed); Tomographic (Spect) With Concurrently Acquired Computed Tomography (Ct) Transmission Scan For Anatomical Review Localization And Determination/Detection Of Pathology Single Area (Eg Head Neck Chest Pelvis) Or Acquisition Single Day Imaging	9/18/2023	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
78831	Radiopharmaceutical Localization Of Tumor Inflammatory Process Or Distribution Of Radiopharmaceutical Agent(S) (Includes Vascular Flow And Blood Pool Imaging When Performed); Tomographic (Spect) Minimum 2 Areas (Eg Pelvis And Knees Chest And Abdomen) Or Separate Acquisitions (Eg Lung Ventilation And Perfusion) Single Day Imaging Or Single Area Or Acquisition Over 2 Or More Days	9/18/2023	12/31/2999
78832	Radiopharmaceutical Localization Of Tumor Inflammatory Process Or Distribution Of Radiopharmaceutical Agent(S) (Includes Vascular Flow And Blood Pool Imaging When Performed); Tomographic (Spect) With Concurrently Acquired Computed Tomography (Ct) Transmission Scan For Anatomical Review Localization And Determination/Detection Of Pathology Minimum 2 Areas (Eg Pelvis And Knees Chest And Abdomen) Or Separate Acquisitions (Eg Lung Ventilation And Perfusion) Single Day Imaging Or Single Area Or Acquisition Over 2 Or More Days	9/18/2023	12/31/2999
79101	Radiopharmaceutical Therapy By Intravenous Administration	9/18/2023	12/31/2999
79403	Radiopharmaceutical Therapy Radiolabeled Monoclonal Antibody By Intravenous Infusion	9/18/2023	12/31/2999
81120	Idh1 (Isocitrate Dehydrogenase 1 [Nadp+] Soluble) (Eg Glioma) Common Variants (Eg R132H R132C)	9/18/2023	12/31/2999
81121	Idh2 (Isocitrate Dehydrogenase 2 [Nadp+] Mitochondrial) (Eg Glioma) Common Variants (Eg R140W R172M)	9/18/2023	12/31/2999
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)	9/18/2023	12/31/2999
81163	Brca1 (Brca1 Dna Repair Associated) Brca2 (Brca2 Dna Repair Associated) (Eg Hereditary Breast And Ovarian Cancer) Gene Analysis; Full Sequence Analysis	9/18/2023	12/31/2999
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)	9/18/2023	12/31/2999
81165	Brca1 (Brca1 Dna Repair Associated) (Eg Hereditary Breast And Ovarian Cancer) Gene Analysis; Full Sequence Analysis	9/18/2023	12/31/2999
81166	Brca1 (Brca1 Dna Repair Associated) (Eg Hereditary Breast And Ovarian Cancer) Gene Analysis; Full Duplication/Deletion Analysis (Ie Detection Of Large Gene Rearrangements)	9/18/2023	12/31/2999
81167	Brca2 (Brca2 Dna Repair Associated) (Eg Hereditary Breast And Ovarian Cancer) Gene Analysis; Full Duplication/Deletion Analysis (Ie Detection Of Large Gene Rearrangements)	9/18/2023	12/31/2999
81168	Ccnd1/Igh (T(11;14)) (Eg Mantle Cell Lymphoma) Translocation Analysis Major Breakpoint Qualitative And Quantitative If Performed	9/18/2023	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
81170	Abl1 (Abl Proto-Oncogene 1 Non-Receptor Tyrosine Kinase) (Eg Acquired Imatinib Tyrosine Kinase Inhibitor Resistance) Gene Analysis Variants In The Kinase Domain	9/18/2023	12/31/2999
81171	Aff2 (Alf Transcription Elongation Factor 2 [Fmr2]) (Eg Fragile X Intellectual Disability 2 [Fraxe]) Gene Analysis; Evaluation To Detect Abnormal (Eg Expanded) Alleles	9/18/2023	12/31/2999
81172	Aff2 (Alf Transcription Elongation Factor 2 [Fmr2]) (Eg Fragile X Intellectual Disability 2 [Fraxe]) Gene Analysis; Characterization Of Alleles (Eg Expanded Size And Methylation Status)	9/18/2023	12/31/2999
81173	Ar (Androgen Receptor) (Eg Spinal And Bulbar Muscular Atrophy Kennedy Disease X Chromosome Inactivation) Gene Analysis; Full Gene Sequence	9/18/2023	12/31/2999
81174	Ar (Androgen Receptor) (Eg Spinal And Bulbar Muscular Atrophy Kennedy Disease X Chromosome Inactivation) Gene Analysis; Known Familial Variant	9/18/2023	12/31/2999
81175	Asxl1 (Additional Sex Combs Like 1 Transcriptional Regulator) (Eg Myelodysplastic Syndrome Myeloproliferative Neoplasms Chronic Myelomonocytic Leukemia) Gene Analysis; Full Gene Sequence	9/18/2023	12/31/2999
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)	9/18/2023	12/31/2999
81177	Atn1 (Atrophin 1) (Eg Dentatorubral-Pallidoluysian Atrophy) Gene Analysis Evaluation To Detect Abnormal (Eg Expanded) Alleles	9/18/2023	12/31/2999
81178	Atxn1 (Ataxin 1) (Eg Spinocerebellar Ataxia) Gene Analysis Evaluation To Detect Abnormal (Eg Expanded) Alleles	9/18/2023	12/31/2999
81179	Atxn2 (Ataxin 2) (Eg Spinocerebellar Ataxia) Gene Analysis Evaluation To Detect Abnormal (Eg Expanded) Alleles	9/18/2023	12/31/2999
81180	Atxn3 (Ataxin 3) (Eg Spinocerebellar Ataxia Machado-Joseph Disease) Gene Analysis Evaluation To Detect Abnormal (Eg Expanded) Alleles	9/18/2023	12/31/2999
81181	Atxn7 (Ataxin 7) (Eg Spinocerebellar Ataxia) Gene Analysis Evaluation To Detect Abnormal (Eg Expanded) Alleles	9/18/2023	12/31/2999
81182	Atxn8Os (Atxn8 Opposite Strand [Non-Protein Coding]) (Eg Spinocerebellar Ataxia) Gene Analysis Evaluation To Detect Abnormal (Eg Expanded) Alleles	9/18/2023	12/31/2999
81183	Atxn10 (Ataxin 10) (Eg Spinocerebellar Ataxia) Gene Analysis Evaluation To Detect Abnormal (Eg Expanded) Alleles	9/18/2023	12/31/2999
81184	Cacna1A (Calcium Voltage-Gated Channel Subunit Alpha1 A) (Eg Spinocerebellar Ataxia) Gene Analysis; Evaluation To Detect Abnormal (Eg Expanded) Alleles	9/18/2023	12/31/2999
81185	Cacna1A (Calcium Voltage-Gated Channel Subunit Alpha1 A) (Eg Spinocerebellar Ataxia) Gene Analysis; Full Gene Sequence	9/18/2023	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
81186	Cacna1A (Calcium Voltage-Gated Channel Subunit Alpha1 A) (Eg Spinocerebellar Ataxia) Gene Analysis; Known Familial Variant	9/18/2023	12/31/2999
81187	Cnbp (Cchc-Type Zinc Finger Nucleic Acid Binding Protein) (Eg Myotonic Dystrophy Type 2) Gene Analysis Evaluation To Detect Abnormal (Eg Expanded) Alleles	9/18/2023	12/31/2999
81188	Cstb (Cystatin B) (Eg Unverricht-Lundborg Disease) Gene Analysis; Evaluation To Detect Abnormal (Eg Expanded) Alleles	9/18/2023	12/31/2999
81189	Cstb (Cystatin B) (Eg Unverricht-Lundborg Disease) Gene Analysis; Full Gene Sequence	9/18/2023	12/31/2999
81190	Cstb (Cystatin B) (Eg Unverricht-Lundborg Disease) Gene Analysis; Known Familial Variant(S)	9/18/2023	12/31/2999
81191	Ntrk1 (Neurotrophic Receptor Tyrosine Kinase 1) (Eg Solid Tumors) Translocation Analysis	9/18/2023	12/31/2999
81192	Ntrk2 (Neurotrophic Receptor Tyrosine Kinase 2) (Eg Solid Tumors) Translocation Analysis	9/18/2023	12/31/2999
81193	Ntrk3 (Neurotrophic Receptor Tyrosine Kinase 3) (Eg Solid Tumors) Translocation Analysis	9/18/2023	12/31/2999
81194	Ntrk (Neurotrophic Receptor Tyrosine Kinase 1 2 And 3) (Eg Solid Tumors) Translocation Analysis	9/18/2023	12/31/2999
81195	Cytogenomic (genome-wide) analysis, hematologic malignancy, structural variants and copy number variants, optical genome mapping (OGM)	4/1/2025	12/31/2999
81200	Aspa (Aspartoacylase) (Eg Canavan Disease) Gene Analysis Common Variants (Eg E285A Y231X)	9/18/2023	12/31/2999
81201	Apc (Adenomatous Polyposis Coli) (Eg Familial Adenomatosis Polyposis [Fap] Attenuated Fap) Gene Analysis; Full Gene Sequence	9/18/2023	12/31/2999
81202	Apc (Adenomatous Polyposis Coli) (Eg Familial Adenomatosis Polyposis [Fap] Attenuated Fap) Gene Analysis; Known Familial Variants	9/18/2023	12/31/2999
81203	Apc (Adenomatous Polyposis Coli) (Eg Familial Adenomatosis Polyposis [Fap] Attenuated Fap) Gene Analysis; Duplication/Deletion Variants	9/18/2023	12/31/2999
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)	9/18/2023	12/31/2999
81205	Bckdhb (Branched-Chain Keto Acid Dehydrogenase E1 Beta Polypeptide) (Eg Maple Syrup Urine Disease) Gene Analysis Common Variants (Eg R183P G278S E422X)	9/18/2023	12/31/2999
81208	Bcr/Ab11 (T(9;22)) (Eg Chronic Myelogenous Leukemia) Translocation Analysis; Other Breakpoint Qualitative Or Quantitative	9/18/2023	12/31/2999
81209	Blm (Bloom Syndrome Recq Helicase-Like) (Eg Bloom Syndrome) Gene Analysis 2281Del6Ins7 Variant	9/18/2023	12/31/2999
81210	Braf (B-Raf Proto-Oncogene Serine/Threonine Kinase) (Eg Colon Cancer Melanoma) Gene Analysis V600 Variant(S)	9/18/2023	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
81212	Brca1 (Brca1 Dna Repair Associated) Brca2 (Brca2 Dna Repair Associated) (Eg Hereditary Breast And Ovarian Cancer) Gene Analysis; 185Delag 5385Insc 6174Delt Variants	9/18/2023	12/31/2999
81215	Brca1 (Brca1 Dna Repair Associated) (Eg Hereditary Breast And Ovarian Cancer) Gene Analysis; Known Familial Variant	9/18/2023	12/31/2999
81216	Brca2 (Brca2 Dna Repair Associated) (Eg Hereditary Breast And Ovarian Cancer) Gene Analysis; Full Sequence Analysis	9/18/2023	12/31/2999
81217	Brca2 (Brca2 Dna Repair Associated) (Eg Hereditary Breast And Ovarian Cancer) Gene Analysis; Known Familial Variant	9/18/2023	12/31/2999
81218	Cebpa (Ccaat/Enhancer Binding Protein [C/Ebp] Alpha) (Eg Acute Myeloid Leukemia) Gene Analysis Full Gene Sequence	9/18/2023	12/31/2999
81219	Calr (Calreticulin) (Eg Myeloproliferative Disorders) Gene Analysis Common Variants In Exon 9	9/18/2023	12/31/2999
81221	Cftr (Cystic Fibrosis Transmembrane Conductance Regulator) (Eg Cystic Fibrosis) Gene Analysis; Known Familial Variants	9/18/2023	12/31/2999
81222	Cftr (Cystic Fibrosis Transmembrane Conductance Regulator) (Eg Cystic Fibrosis) Gene Analysis; Duplication/Deletion Variants	9/18/2023	12/31/2999
81223	Cftr (Cystic Fibrosis Transmembrane Conductance Regulator) (Eg Cystic Fibrosis) Gene Analysis; Full Gene Sequence	9/18/2023	12/31/2999
81224	Cftr (Cystic Fibrosis Transmembrane Conductance Regulator) (Eg Cystic Fibrosis) Gene Analysis; Intron 8 Poly-T Analysis (Eg Male Infertility)	9/18/2023	12/31/2999
81225	Cyp2C19 (Cytochrome P450 Family 2 Subfamily C Polypeptide 19) (Eg Drug Metabolism) Gene Analysis Common Variants (Eg *2 *3 *4 *8 *17)	9/18/2023	12/31/2999
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)	9/18/2023	12/31/2999
81227	Cyp2C9 (Cytochrome P450 Family 2 Subfamily C Polypeptide 9) (Eg Drug Metabolism) Gene Analysis Common Variants (Eg *2 *3 *5 *6)	9/18/2023	12/31/2999
81228	Cytogenomic (Genome-Wide) Analysis For Constitutional Chromosomal Abnormalities; Interrogation Of Genomic Regions For Copy Number Variants Comparative Genomic Hybridization [Cgh] Microarray Analysis	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
81230	Cyp3A4 (Cytochrome P450 Family 3 Subfamily A Member 4) (Eg Drug Metabolism) Gene Analysis Common Variant(S) (Eg *2 *22)	9/18/2023	12/31/2999
81231	Cyp3A5 (Cytochrome P450 Family 3 Subfamily A Member 5) (Eg Drug Metabolism) Gene Analysis Common Variants (Eg *2 *3 *4 *5 *6 *7)	9/18/2023	12/31/2999
81232	Dpyd (Dihydropyrimidine Dehydrogenase) (Eg 5-Fluorouracil/5-Fu And Capecitabine Drug Metabolism) Gene Analysis Common Variant(S) (Eg *2A *4 *5 *6)	9/18/2023	12/31/2999
81233	Btk (Bruton'S Tyrosine Kinase) (Eg Chronic Lymphocytic Leukemia) Gene Analysis Common Variants (Eg C481S C481R C481F)	9/18/2023	12/31/2999
81234	Dmpk (Dm1 Protein Kinase) (Eg Myotonic Dystrophy Type 1) Gene Analysis; Evaluation To Detect Abnormal (Expanded) Alleles	9/18/2023	12/31/2999
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)	9/18/2023	12/31/2999
81236	Ezh2 (Enhancer Of Zeste 2 Polycomb Repressive Complex 2 Subunit) (Eg Myelodysplastic Syndrome Myeloproliferative Neoplasms) Gene Analysis Full Gene Sequence	9/18/2023	12/31/2999
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)	9/18/2023	12/31/2999
81238	F9 (Coagulation Factor Ix) (Eg Hemophilia B) Full Gene Sequence	9/18/2023	12/31/2999
81239	Dmpk (Dm1 Protein Kinase) (Eg Myotonic Dystrophy Type 1) Gene Analysis; Characterization Of Alleles (Eg Expanded Size)	9/18/2023	12/31/2999
81240	F2 (Prothrombin Coagulation Factor Ii) (Eg Hereditary Hypercoagulability) Gene Analysis 20210G>A Variant	9/18/2023	12/31/2999
81242	Fancc (Fanconi Anemia Complementation Group C) (Eg Fanconi Anemia Type C) Gene Analysis Common Variant (Eg Ivs4+4A>T)	9/18/2023	12/31/2999
81244	Fmr1 (Fragile X Messenger Ribonucleoprotein 1) (Eg Fragile X Syndrome X-Linked Intellectual Disability [Xlid]) Gene Analysis; Characterization Of Alleles (Eg Expanded Size And Promoter Methylation Status)	9/18/2023	12/31/2999
81245	Flt3 (Fms-Related Tyrosine Kinase 3) (Eg Acute Myeloid Leukemia) Gene Analysis; Internal Tandem Duplication (ItD) Variants (Ie Exons 14 15)	9/18/2023	12/31/2999
81246	Flt3 (Fms-Related Tyrosine Kinase 3) (Eg Acute Myeloid Leukemia) Gene Analysis; Tyrosine Kinase Domain (Tkd) Variants (Eg D835 I836)	9/18/2023	12/31/2999
81247	G6Pd (Glucose-6-Phosphate Dehydrogenase) (Eg Hemolytic Anemia Jaundice) Gene Analysis; Common Variant(S) (Eg A A-)	9/18/2023	12/31/2999
81248	G6Pd (Glucose-6-Phosphate Dehydrogenase) (Eg Hemolytic Anemia Jaundice) Gene Analysis; Known Familial Variant(S)	9/18/2023	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
81249	G6Pd (Glucose-6-Phosphate Dehydrogenase) (Eg Hemolytic Anemia Jaundice) Gene Analysis; Full Gene Sequence	9/18/2023	12/31/2999
81250	G6Pc (Glucose-6-Phosphatase Catalytic Subunit) (Eg Glycogen Storage Disease Type 1A Von Gierke Disease) Gene Analysis Common Variants (Eg R83C Q347X)	9/18/2023	12/31/2999
81251	Gba (Glucosidase Beta Acid) (Eg Gaucher Disease) Gene Analysis Common Variants (Eg N370S 84Gg L444P Ivs2+1G>A)	9/18/2023	12/31/2999
81252	Gjb2 (Gap Junction Protein Beta 2 26Kda Connexin 26) (Eg Nonsyndromic Hearing Loss) Gene Analysis; Full Gene Sequence	9/18/2023	12/31/2999
81253	Gjb2 (Gap Junction Protein Beta 2 26Kda Connexin 26) (Eg Nonsyndromic Hearing Loss) Gene Analysis; Known Familial Variants	9/18/2023	12/31/2999
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)])	9/18/2023	12/31/2999
81255	Hexa (Hexosaminidase A [Alpha Polypeptide]) (Eg Tay-Sachs Disease) Gene Analysis Common Variants (Eg 1278Instatc 1421+1G>C G269S)	9/18/2023	12/31/2999
81256	Hfe (Hemochromatosis) (Eg Hereditary Hemochromatosis) Gene Analysis Common Variants (Eg C282Y H63D)	9/18/2023	12/31/2999
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)	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
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)	9/18/2023	12/31/2999
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)	9/18/2023	12/31/2999
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)	9/18/2023	12/31/2999
81263	Igh@ (Immunoglobulin Heavy Chain Locus) (Eg Leukemia And Lymphoma B-Cell) Variable Region Somatic Mutation Analysis	9/18/2023	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
81264	Igk@ (Immunoglobulin Kappa Light Chain Locus) (Eg Leukemia And Lymphoma B-Cell) Gene Rearrangement Analysis Evaluation To Detect Abnormal Clonal Population(S)	9/18/2023	12/31/2999
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)	9/18/2023	12/31/2999
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)	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
81270	Jak2 (Janus Kinase 2) (Eg Myeloproliferative Disorder) Gene Analysis P.Val617Phe (V617F) Variant	9/18/2023	12/31/2999
81271	Htt (Huntingtin) (Eg Huntington Disease) Gene Analysis; Evaluation To Detect Abnormal (Eg Expanded) Alleles	9/18/2023	12/31/2999
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)	9/18/2023	12/31/2999
81273	Kit (V-Kit Hardy-Zuckerman 4 Feline Sarcoma Viral Oncogene Homolog) (Eg Mastocytosis) Gene Analysis D816 Variant(S)	9/18/2023	12/31/2999
81274	Htt (Huntingtin) (Eg Huntington Disease) Gene Analysis; Characterization Of Alleles (Eg Expanded Size)	9/18/2023	12/31/2999
81275	Kras (Kirsten Rat Sarcoma Viral Oncogene Homolog) (Eg Carcinoma) Gene Analysis; Variants In Exon 2 (Eg Codons 12 And 13)	9/18/2023	12/31/2999
81276	Kras (Kirsten Rat Sarcoma Viral Oncogene Homolog) (Eg Carcinoma) Gene Analysis; Additional Variant(S) (Eg Codon 61 Codon 146)	9/18/2023	12/31/2999
81277	Cytogenomic Neoplasia (Genome-Wide) Microarray Analysis Interrogation Of Genomic Regions For Copy Number And Loss-Of-Heterozygosity Variants For Chromosomal Abnormalities	9/18/2023	12/31/2999
81278	Igh@/Bcl2 (T(14;18)) (Eg Follicular Lymphoma) Translocation Analysis Major Breakpoint Region (Mbr) And Minor Cluster Region (Mcr) Breakpoints Qualitative Or Quantitative	9/18/2023	12/31/2999
81279	Jak2 (Janus Kinase 2) (Eg Myeloproliferative Disorder) Targeted Sequence Analysis (Eg Exons 12 And 13)	9/18/2023	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
81283	Ifn13 (Interferon Lambda 3) (Eg Drug Response) Gene Analysis Rs12979860 Variant	9/18/2023	12/31/2999
81284	Fxn (Frataxin) (Eg Friedreich Ataxia) Gene Analysis; Evaluation To Detect Abnormal (Expanded) Alleles	9/18/2023	12/31/2999
81285	Fxn (Frataxin) (Eg Friedreich Ataxia) Gene Analysis; Characterization Of Alleles (Eg Expanded Size)	9/18/2023	12/31/2999
81286	Fxn (Frataxin) (Eg Friedreich Ataxia) Gene Analysis; Full Gene Sequence	9/18/2023	12/31/2999
81287	Mgmt (O-6-Methylguanine-Dna Methyltransferase) (Eg Glioblastoma Multiforme) Promoter Methylation Analysis	9/18/2023	12/31/2999
81288	Mlh1 (Mutl Homolog 1 Colon Cancer Nonpolyposis Type 2) (Eg Hereditary Non-Polyposis Colorectal Cancer Lynch Syndrome) Gene Analysis; Promoter Methylation Analysis	9/18/2023	12/31/2999
81289	Fxn (Frataxin) (Eg Friedreich Ataxia) Gene Analysis; Known Familial Variant(S)	9/18/2023	12/31/2999
81290	Mcoln1 (Mucolipin 1) (Eg Mucolipidosis Type Iv) Gene Analysis Common Variants (Eg Ivs3-2A>G Del6.4Kb)	9/18/2023	12/31/2999
81291	Mthfr (5 10-Methylenetetrahydrofolate Reductase) (Eg Hereditary Hypercoagulability) Gene Analysis Common Variants (Eg 677T 1298C)	9/18/2023	12/31/2999
81292	Mlh1 (Mutl Homolog 1 Colon Cancer Nonpolyposis Type 2) (Eg Hereditary Non-Polyposis Colorectal Cancer Lynch Syndrome) Gene Analysis; Full Sequence Analysis	9/18/2023	12/31/2999
81293	Mlh1 (Mutl Homolog 1 Colon Cancer Nonpolyposis Type 2) (Eg Hereditary Non-Polyposis Colorectal Cancer Lynch Syndrome) Gene Analysis; Known Familial Variants	9/18/2023	12/31/2999
81294	Mlh1 (Mutl Homolog 1 Colon Cancer Nonpolyposis Type 2) (Eg Hereditary Non-Polyposis Colorectal Cancer Lynch Syndrome) Gene Analysis; Duplication/Deletion Variants	9/18/2023	12/31/2999
81295	Msh2 (Muts Homolog 2 Colon Cancer Nonpolyposis Type 1) (Eg Hereditary Non-Polyposis Colorectal Cancer Lynch Syndrome) Gene Analysis; Full Sequence Analysis	9/18/2023	12/31/2999
81296	Msh2 (Muts Homolog 2 Colon Cancer Nonpolyposis Type 1) (Eg Hereditary Non-Polyposis Colorectal Cancer Lynch Syndrome) Gene Analysis; Known Familial Variants	9/18/2023	12/31/2999
81297	Msh2 (Muts Homolog 2 Colon Cancer Nonpolyposis Type 1) (Eg Hereditary Non-Polyposis Colorectal Cancer Lynch Syndrome) Gene Analysis; Duplication/Deletion Variants	9/18/2023	12/31/2999
81298	Msh6 (Muts Homolog 6 [E. Coli]) (Eg Hereditary Non-Polyposis Colorectal Cancer Lynch Syndrome) Gene Analysis; Full Sequence Analysis	9/18/2023	12/31/2999
81299	Msh6 (Muts Homolog 6 [E. Coli]) (Eg Hereditary Non-Polyposis Colorectal Cancer Lynch Syndrome) Gene Analysis; Known Familial Variants	9/18/2023	12/31/2999
81300	Msh6 (Muts Homolog 6 [E. Coli]) (Eg Hereditary Non-Polyposis Colorectal Cancer Lynch Syndrome) Gene Analysis; Duplication/Deletion Variants	9/18/2023	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
81301	Microsatellite Instability Analysis (Eg Hereditary Non-Polyposis Colorectal Cancer Lynch Syndrome) Of Markers For Mismatch Repair Deficiency (Eg Bat25 Bat26) Includes Comparison Of Neoplastic And Normal Tissue If Performed	9/18/2023	12/31/2999
81302	Mecp2 (Methyl Cpg Binding Protein 2) (Eg Rett Syndrome) Gene Analysis; Full Sequence Analysis	9/18/2023	12/31/2999
81303	Mecp2 (Methyl Cpg Binding Protein 2) (Eg Rett Syndrome) Gene Analysis; Known Familial Variant	9/18/2023	12/31/2999
81304	Mecp2 (Methyl Cpg Binding Protein 2) (Eg Rett Syndrome) Gene Analysis; Duplication/Deletion Variants	9/18/2023	12/31/2999
81305	Myd88 (Myeloid Differentiation Primary Response 88) (Eg Waldenstrom'S Macroglobulinemia Lymphoplasmacytic Leukemia) Gene Analysis P.Leu265Pro (L265P) Variant	9/18/2023	12/31/2999
81306	Nudt15 (Nudix Hydrolase 15) (Eg Drug Metabolism) Gene Analysis Common Variant(S) (Eg *2 *3 *4 *5 *6)	9/18/2023	12/31/2999
81307	Palb2 (Partner And Localizer Of Brca2) (Eg Breast And Pancreatic Cancer) Gene Analysis; Full Gene Sequence	9/18/2023	12/31/2999
81308	Palb2 (Partner And Localizer Of Brca2) (Eg Breast And Pancreatic Cancer) Gene Analysis; Known Familial Variant	9/18/2023	12/31/2999
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)	9/18/2023	12/31/2999
81310	Npm1 (Nucleophosmin) (Eg Acute Myeloid Leukemia) Gene Analysis Exon 12 Variants	9/18/2023	12/31/2999
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)	9/18/2023	12/31/2999
81312	Pabpn1 (Poly[A] Binding Protein Nuclear 1) (Eg Oculopharyngeal Muscular Dystrophy) Gene Analysis Evaluation To Detect Abnormal (Eg Expanded) Alleles	9/18/2023	12/31/2999
81313	Pca3/Klk3 (Prostate Cancer Antigen 3 [Non-Protein Coding]/Kallikrein-Related Peptidase 3 [Prostate Specific Antigen]) Ratio (Eg Prostate Cancer)	9/18/2023	12/31/2999
81314	Pdgfra (Platelet-Derived Growth Factor Receptor Alpha Polypeptide) (Eg Gastrointestinal Stromal Tumor [Gist]) Gene Analysis Targeted Sequence Analysis (Eg Exons 12 18)	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
81317	Pms2 (Postmeiotic Segregation Increased 2 [S. Cerevisiae]) (Eg Hereditary Non-Polyposis Colorectal Cancer Lynch Syndrome) Gene Analysis; Full Sequence Analysis	9/18/2023	12/31/2999
81318	Pms2 (Postmeiotic Segregation Increased 2 [S. Cerevisiae]) (Eg Hereditary Non-Polyposis Colorectal Cancer Lynch Syndrome) Gene Analysis; Known Familial Variants	9/18/2023	12/31/2999
81319	Pms2 (Postmeiotic Segregation Increased 2 [S. Cerevisiae]) (Eg Hereditary Non-Polyposis Colorectal Cancer Lynch Syndrome) Gene Analysis; Duplication/Deletion Variants	9/18/2023	12/31/2999
81320	Plcg2 (Phospholipase C Gamma 2) (Eg Chronic Lymphocytic Leukemia) Gene Analysis Common Variants (Eg R665W S707F L845F)	9/18/2023	12/31/2999
81321	Pten (Phosphatase And Tensin Homolog) (Eg Cowden Syndrome Pten Hamartoma Tumor Syndrome) Gene Analysis; Full Sequence Analysis	9/18/2023	12/31/2999
81322	Pten (Phosphatase And Tensin Homolog) (Eg Cowden Syndrome Pten Hamartoma Tumor Syndrome) Gene Analysis; Known Familial Variant	9/18/2023	12/31/2999
81323	Pten (Phosphatase And Tensin Homolog) (Eg Cowden Syndrome Pten Hamartoma Tumor Syndrome) Gene Analysis; Duplication/Deletion Variant	9/18/2023	12/31/2999
81324	Pmp22 (Peripheral Myelin Protein 22) (Eg Charcot-Marie-Tooth Hereditary Neuropathy With Liability To Pressure Palsies) Gene Analysis; Duplication/Deletion Analysis	9/18/2023	12/31/2999
81325	Pmp22 (Peripheral Myelin Protein 22) (Eg Charcot-Marie-Tooth Hereditary Neuropathy With Liability To Pressure Palsies) Gene Analysis; Full Sequence Analysis	9/18/2023	12/31/2999
81326	Pmp22 (Peripheral Myelin Protein 22) (Eg Charcot-Marie-Tooth Hereditary Neuropathy With Liability To Pressure Palsies) Gene Analysis; Known Familial Variant	9/18/2023	12/31/2999
81327	Sept9 (Septin9) (Eg Colorectal Cancer) Promoter Methylation Analysis	9/18/2023	12/31/2999
81328	Slco1B1 (Solute Carrier Organic Anion Transporter Family Member 1B1) (Eg Adverse Drug Reaction) Gene Analysis Common Variant(S) (Eg *5)	9/18/2023	12/31/2999
81330	Smpd1 (Sphingomyelin Phosphodiesterase 1 Acid Lysosomal) (Eg Niemann-Pick Disease Type A) Gene Analysis Common Variants (Eg R496L L302P Fsp330)	9/18/2023	12/31/2999
81331	Snrpn/Ube3A (Small Nuclear Ribonucleoprotein Polypeptide N And Ubiquitin Protein Ligase E3A) (Eg Prader-Willi Syndrome And/Or Angelman Syndrome) Methylation Analysis	9/18/2023	12/31/2999
81332	Serpina1 (Serpine Peptidase Inhibitor Clade A Alpha-1 Antiproteinase Antitrypsin Member 1) (Eg Alpha-1-Antitrypsin Deficiency) Gene Analysis Common Variants (Eg *S And *Z)	9/18/2023	12/31/2999
81333	Tgfb1 (Transforming Growth Factor Beta-Induced) (Eg Corneal Dystrophy) Gene Analysis Common Variants (Eg R124H R124C R124L R555W R555Q)	9/18/2023	12/31/2999
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)	9/18/2023	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
81335	Tpmt (Thiopurine S-Methyltransferase) (Eg Drug Metabolism) Gene Analysis Common Variants (Eg *2 *3)	9/18/2023	12/31/2999
81336	Smn1 (Survival Of Motor Neuron 1 Telomeric) (Eg Spinal Muscular Atrophy) Gene Analysis; Full Gene Sequence	9/18/2023	12/31/2999
81337	Smn1 (Survival Of Motor Neuron 1 Telomeric) (Eg Spinal Muscular Atrophy) Gene Analysis; Known Familial Sequence Variant(S)	9/18/2023	12/31/2999
81338	Mpl (Mpl Proto-Oncogene Thrombopoietin Receptor) (Eg Myeloproliferative Disorder) Gene Analysis; Common Variants (Eg W515A W515K W515L W515R)	9/18/2023	12/31/2999
81339	Mpl (Mpl Proto-Oncogene Thrombopoietin Receptor) (Eg Myeloproliferative Disorder) Gene Analysis; Sequence Analysis Exon 10	9/18/2023	12/31/2999
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)	9/18/2023	12/31/2999
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)	9/18/2023	12/31/2999
81342	Trg@ (T Cell Antigen Receptor Gamma) (Eg Leukemia And Lymphoma) Gene Rearrangement Analysis Evaluation To Detect Abnormal Clonal Population(S)	9/18/2023	12/31/2999
81343	Ppp2R2B (Protein Phosphatase 2 Regulatory Subunit Bbeta) (Eg Spinocerebellar Ataxia) Gene Analysis Evaluation To Detect Abnormal (Eg Expanded) Alleles	9/18/2023	12/31/2999
81344	Tbp (Tata Box Binding Protein) (Eg Spinocerebellar Ataxia) Gene Analysis Evaluation To Detect Abnormal (Eg Expanded) Alleles	9/18/2023	12/31/2999
81345	Tert (Telomerase Reverse Transcriptase) (Eg Thyroid Carcinoma Glioblastoma Multiforme) Gene Analysis Targeted Sequence Analysis (Eg Promoter Region)	9/18/2023	12/31/2999
81346	Tyms (Thymidylate Synthetase) (Eg 5-Fluorouracil/5-Fu Drug Metabolism) Gene Analysis Common Variant(S) (Eg Tandem Repeat Variant)	9/18/2023	12/31/2999
81347	Sf3B1 (Splicing Factor [3B] Subunit B1) (Eg Myelodysplastic Syndrome/Acute Myeloid Leukemia) Gene Analysis Common Variants (Eg A672T E622D L833F R625C R625L)	9/18/2023	12/31/2999
81348	Srsf2 (Serine And Arginine-Rich Splicing Factor 2) (Eg Myelodysplastic Syndrome Acute Myeloid Leukemia) Gene Analysis Common Variants (Eg P95H P95L)	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
81350	Ugt1A1 (Udp Glucuronosyltransferase 1 Family Polypeptide A1) (Eg Drug Metabolism Hereditary Unconjugated Hyperbilirubinemia [Gilbert Syndrome]) Gene Analysis Common Variants (Eg *28 *36 *37)	9/18/2023	12/31/2999
81351	Tp53 (Tumor Protein 53) (Eg Li-Fraumeni Syndrome) Gene Analysis; Full Gene Sequence	9/18/2023	12/31/2999
81352	Tp53 (Tumor Protein 53) (Eg Li-Fraumeni Syndrome) Gene Analysis; Targeted Sequence Analysis (Eg 4 Oncology)	9/18/2023	12/31/2999
81353	Tp53 (Tumor Protein 53) (Eg Li-Fraumeni Syndrome) Gene Analysis; Known Familial Variant	9/18/2023	12/31/2999
81355	Vkorc1 (Vitamin K Epoxide Reductase Complex Subunit 1) (Eg Warfarin Metabolism) Gene Analysis Common Variant(S) (Eg -1639G>A C.173+1000C>T)	9/18/2023	12/31/2999
81357	U2Af1 (U2 Small Nuclear Rna Auxiliary Factor 1) (Eg Myelodysplastic Syndrome Acute Myeloid Leukemia) Gene Analysis Common Variants (Eg S34F S34Y Q157R Q157P)	9/18/2023	12/31/2999
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)	9/18/2023	12/31/2999
81361	Hbb (Hemoglobin Subunit Beta) (Eg Sickle Cell Anemia Beta Thalassemia Hemoglobinopathy); Common Variant(S) (Eg Hbs Hbc Hbe)	9/18/2023	12/31/2999
81362	Hbb (Hemoglobin Subunit Beta) (Eg Sickle Cell Anemia Beta Thalassemia Hemoglobinopathy); Known Familial Variant(S)	9/18/2023	12/31/2999
81363	Hbb (Hemoglobin Subunit Beta) (Eg Sickle Cell Anemia Beta Thalassemia Hemoglobinopathy); Duplication/Deletion Variant(S)	9/18/2023	12/31/2999
81364	Hbb (Hemoglobin Subunit Beta) (Eg Sickle Cell Anemia Beta Thalassemia Hemoglobinopathy); Full Gene Sequence	9/18/2023	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
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 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	9/18/2023	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
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/Triples 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) T3151 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 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	9/18/2023	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
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) 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	9/18/2023	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
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 Intellectual Disability) 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 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 G	9/18/2023	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
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/Triples 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 [Collecting Duct]) (Eg Nephrogenic Diabetes Insipidus) Full Gene Sequence Arx (Aristaless Related Homeobox) (Eg X-Linked Lissencephaly With Ambiguous Genitalia X-Linked Intellectual Disability) 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 Vb 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 D	9/18/2023	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
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 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 Chrn2 (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 (	9/18/2023	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
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 Alzheimer Disease) Full Gene Sequence Ass1 (Argininosuccinate Synthase 1) (Eg Citrullinemia Type I) Full Gene Sequence At11 (Atlantin 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 Bckdhd (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 Bslc2 (Berardinelli-Seip Congenital Lipodystrophy 2 [Seipin]) (Eg Berardinelli-Seip Congenital Lipodystrophy) F	9/18/2023	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
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) 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 Demethylase 5C) (Eg X-Linked Intellectual Disability) 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 Mybpc3 (Myosin Binding Protein C Cardiac) (Eg Familial Hypertrophic Cardiomyopathy) Full Gene Sequence Myh6 (Myosin Heavy Chain 6 Cardiac Muscle Alpha) (Eg Fam	9/18/2023	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
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-Girdle Muscular Dystrophy) Full Gene Sequence Fbn1 (Fibrillin 1) (Eg Marfan Syndrome) Full Gene Sequence Itp1 (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	9/18/2023	12/31/2999
81410	Aortic Dysfunction Or Dilation (Eg Marfan Syndrome Loeys Dietz Syndrome Ehler Danlos Syndrome Type Iv Arterial Tortuosity Syndrome); Genomic Sequence Analysis Panel Must Include Sequencing Of At Least 9 Genes Including Fbn1 Tgfbr1 Tgfbr2 Col3A1 Myh11 Acta2 Slc2A10 Smad3 And Mylk	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
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	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
81415	Exome (Eg Unexplained Constitutional Or Heritable Disorder Or Syndrome); Sequence Analysis	9/18/2023	12/31/2999
81416	Exome (Eg Unexplained Constitutional Or Heritable Disorder Or Syndrome); Sequence Analysis Each Comparator Exome (Eg Parents Siblings) (List Separately In Addition To Code For Primary Procedure)	9/18/2023	12/31/2999
81417	Exome (Eg Unexplained Constitutional Or Heritable Disorder Or Syndrome); Re-Evaluation Of Previously Obtained Exome Sequence (Eg Updated Knowledge Or Unrelated Condition/Syndrome)	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
81422	Fetal Chromosomal Microdeletion(S) Genomic Sequence Analysis (Eg Digeorge Syndrome Cri-Du-Chat Syndrome) Circulating Cell-Free Fetal Dna In Maternal Blood	9/18/2023	12/31/2999
81425	Genome (Eg Unexplained Constitutional Or Heritable Disorder Or Syndrome); Sequence Analysis	9/18/2023	12/31/2999
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)	9/18/2023	12/31/2999
81427	Genome (Eg Unexplained Constitutional Or Heritable Disorder Or Syndrome); Re-Evaluation Of Previously Obtained Genome Sequence (Eg Updated Knowledge Or Unrelated Condition/Syndrome)	9/18/2023	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
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	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
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	9/18/2023	4/1/2025
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 Rprgr And Ush2A	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
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	9/18/2023	4/1/2025
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	9/18/2023	12/31/2999
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	9/18/2023	4/1/2025

Procedure Code	Code Description	Effective Date	Ending Date
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)	9/18/2023	12/31/2999
81440	Nuclear Encoded Mitochondrial Genes (Eg Neurologic Or Myopathic Phenotypes) Genomic Sequence Panel Must Include Analysis Of At Least 100 Genes Including Bcs1L C10Orf2 Coq2 Cox10 Dguok Mpv17 Opa1 Pdss2 Polg Polg2 Rrm2B Sco1 Sco2 Slc25A4 Sucla2 Suclg1 Taz Tk2 And Tymp	9/18/2023	12/31/2999
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 Fance Fancd2 Fance Fancf Fancg Fanci Fanc1 Gata1 Gata2 Mpl Nhp2 Nop10 Palb2 Rad51C Rpl11 Rpl35A Rpl5 Rps10 Rps19 Rps24 Rps26 Rps7 Sbsd Tert And Tinf2	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
81443	Genetic Testing For Severe Inherited Conditions (Eg Cystic Fibrosis Ashkenazi Jewish-Associated Disorders [Eg Bloom Syndrome Canavan Disease Fanconi Anemia Type C Mucopolysaccharidosis 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 Fance G6Pc Gaa Galt Gba Gbe1 Hbb Hexa Ikbkap Mcoln1 Pah)	9/18/2023	12/31/2999
81445	Solid Organ Neoplasm Genomic Sequence Analysis Panel 5-50 Genes Interrogation For Sequence Variants And Copy Number Variants Or Rearrangements If Performed; Dna Analysis Or Combined Dna And Rna Analysis	9/18/2023	12/31/2999
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 Bsc1 Gjb1 Mfn2 Mpz Reep1 Spast Spg11 Sptlc1)	9/18/2023	12/31/2999
81449	Solid Organ Neoplasm Genomic Sequence Analysis Panel 5-50 Genes Interrogation For Sequence Variants And Copy Number Variants Or Rearrangements If Performed; Rna Analysis	9/18/2023	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
81450	Hematolymphoid Neoplasm Or Disorder Genomic Sequence Analysis Panel 5-50 Genes Interrogation For Sequence Variants And Copy Number Variants Or Rearrangements Or Isoform Expression Or Mrna Expression Levels If Performed; Dna Analysis Or Combined Dna And Rna Analysis	9/18/2023	12/31/2999
81451	Hematolymphoid Neoplasm Or Disorder Genomic Sequence Analysis Panel 5-50 Genes Interrogation For Sequence Variants And Copy Number Variants Or Rearrangements Or Isoform Expression Or Mrna Expression Levels If Performed; Rna Analysis	9/18/2023	12/31/2999
81455	Solid Organ Or Hematolymphoid Neoplasm Or Disorder 51 Or Greater Genes Genomic Sequence Analysis Panel Interrogation For Sequence Variants And Copy Number Variants Or Rearrangements Or Isoform Expression Or Mrna Expression Levels If Performed; Dna Analysis Or Combined Dna And Rna Analysis	9/18/2023	12/31/2999
81456	Solid Organ Or Hematolymphoid Neoplasm Or Disorder 51 Or Greater Genes Genomic Sequence Analysis Panel Interrogation For Sequence Variants And Copy Number Variants Or Rearrangements Or Isoform Expression Or Mrna Expression Levels If Performed; Rna Analysis	9/18/2023	12/31/2999
81457	Solid Organ Neoplasm Genomic Sequence Analysis Panel Interrogation For Sequence Variants; Dna Analysis Microsatellite Instability	9/18/2023	12/31/2999
81458	Solid Organ Neoplasm Genomic Sequence Analysis Panel Interrogation For Sequence Variants; Dna Analysis Copy Number Variants And Microsatellite Instability	9/18/2023	12/31/2999
81459	Solid Organ Neoplasm Genomic Sequence Analysis Panel Interrogation For Sequence Variants; Dna Analysis Or Combined Dna And Rna Analysis Copy Number Variants Microsatellite Instability Tumor Mutation Burden And Rearrangements	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
81462	Solid Organ Neoplasm Genomic Sequence Analysis Panel Cell-Free Nucleic Acid (Eg Plasma) Interrogation For Sequence Variants; Dna Analysis Or Combined Dna And Rna Analysis Copy Number Variants And Rearrangements	9/18/2023	12/31/2999
81463	Solid Organ Neoplasm Genomic Sequence Analysis Panel Cell-Free Nucleic Acid (Eg Plasma) Interrogation For Sequence Variants; Dna Analysis Copy Number Variants And Microsatellite Instability	9/18/2023	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
81464	Solid Organ Neoplasm Genomic Sequence Analysis Panel Cell-Free Nucleic Acid (Eg Plasma) Interrogation For Sequence Variants; Dna Analysis Or Combined Dna And Rna Analysis Copy Number Variants Microsatellite Instability Tumor Mutation Burden And Rearrangements	9/18/2023	12/31/2999
81465	Whole Mitochondrial Genome Large Deletion Analysis Panel (Eg Kearns-Sayre Syndrome Chronic Progressive External Ophthalmoplegia) Including Heteroplasmy Detection If Performed	9/18/2023	12/31/2999
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 Il1Rap1 Kdm5C L1Cam Mecp2 Med12 Mid1 Ocr1 Rps6Ka3 And Slc16A2	9/18/2023	12/31/2999
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 Il1Rap1 Kdm5C L1Cam Mecp2 Med12 Mid1 Ocr1 Rps6Ka3 And Slc16A2	9/18/2023	12/31/2999
81479	Unlisted Molecular Pathology Procedure	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
81504	Oncology (Tissue Of Origin) Microarray Gene Expression Profiling Of > 2000 Genes Utilizing Formalin-Fixed Paraffin-Embedded Tissue Algorithm Reported As Tissue Similarity Scores	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
81520	Oncology (Breast) Mrna Gene Expression Profiling By Hybrid Capture Of 58 Genes (50 Content And 8 Housekeeping) Utilizing Formalin-Fixed Paraffin-Embedded Tissue Algorithm Reported As A Recurrence Risk Score	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
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	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
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 Recurrence Risk Including Likelihood Of Sentinel Lymph Node Metastasis	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
81541	Oncology (Prostate) Mrna Gene Expression Profiling By Real-Time Rt-Pcr Of 46 Genes (31 Content And 15 Housekeeping) Utilizing Formalin-Fixed Paraffin-Embedded Tissue Algorithm Reported As A Disease-Specific Mortality Risk Score	9/18/2023	12/31/2999
81542	Oncology (Prostate) Mrna Microarray Gene Expression Profiling Of 22 Content Genes Utilizing Formalin-Fixed Paraffin-Embedded Tissue Algorithm Reported As Metastasis Risk Score	9/18/2023	12/31/2999
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)	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
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])	9/18/2023	12/31/2999
81558	Transplantation medicine (allograft rejection, kidney), mRNA, gene expression profiling by quantitative polymerase chain reaction (qPCR) of 139 genes, utilizing whole blood, algorithm reported as a binary categorization as transplant excellence, which indicates immune quiescence, or not transplant excellence, indicating subclinical rejection	4/1/2025	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
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	9/18/2023	12/31/2999
90283	Immune Globulin (Igiv) Human For Intravenous Use	9/18/2023	12/31/2999
90284	Immune Globulin (Scig) Human For Use In Subcutaneous Infusions 100 Mg Each	9/18/2023	12/31/2999
90378	Respiratory Syncytial Virus Monoclonal Antibody Recombinant For Intramuscular Use 50 Mg Each	9/18/2023	12/31/2999
90867	Therapeutic Repetitive Transcranial Magnetic Stimulation (Tms) Treatment; Initial Including Cortical Mapping Motor Threshold Determination Delivery And Management	9/18/2023	12/31/2999
90868	Therapeutic Repetitive Transcranial Magnetic Stimulation (Tms) Treatment; Subsequent Delivery And Management Per Session	9/18/2023	12/31/2999
90869	Therapeutic Repetitive Transcranial Magnetic Stimulation (Tms) Treatment; Subsequent Motor Threshold Re-Determination With Delivery And Management	9/18/2023	12/31/2999
90870	Electroconvulsive Therapy	9/18/2023	12/31/2999
92633	Auditory Rehabilitation; Postlingual Hearing Loss	9/18/2023	12/31/2999
95782	Polysomnography; Younger Than 6 Years Sleep Staging With 4 Or More Additional Parameters Of Sleep Attended By A Technologist	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
95800	Sleep Study Unattended Simultaneous Recording; Heart Rate Oxygen Saturation Respiratory Analysis (Eg By Airflow Or Peripheral Arterial Tone) And Sleep Time	9/18/2023	12/31/2999
95801	Sleep Study Unattended Simultaneous Recording; Minimum Of Heart Rate Oxygen Saturation And Respiratory Analysis (Eg By Airflow Or Peripheral Arterial Tone)	9/18/2023	12/31/2999
95805	Multiple Sleep Latency Or Maintenance Of Wakefulness Testing Recording Analysis And Interpretation Of Physiological Measurements Of Sleep During Multiple Trials To Assess Sleepiness	9/18/2023	12/31/2999
95806	Sleep Study Unattended Simultaneous Recording Of Heart Rate Oxygen Saturation Respiratory Airflow And Respiratory Effort (Eg Thoracoabdominal Movement)	9/18/2023	12/31/2999
95807	Sleep Study Simultaneous Recording Of Ventilation Respiratory Effort Ecg Or Heart Rate And Oxygen Saturation Attended By A Technologist	9/18/2023	12/31/2999
95808	Polysomnography; Any Age Sleep Staging With 1-3 Additional Parameters Of Sleep Attended By A Technologist	9/18/2023	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
95810	Polysomnography; Age 6 Years Or Older Sleep Staging With 4 Or More Additional Parameters Of Sleep Attended By A Technologist	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
96105	Assessment Of Aphasia	9/18/2023	12/31/2999
96110	Developmental Screen W/Score	9/18/2023	12/31/2999
96112	Devel Tst Phys/Qhp 1St Hr	9/18/2023	12/31/2999
96113	Devel Tst Phys/Qhp Ea Addl	9/18/2023	12/31/2999
96116	Nubhvl Xm Phys/Qhp 1St Hr	9/18/2023	12/31/2999
96121	Nubhvl Xm Phy/Qhp Ea Addl Hr	9/18/2023	12/31/2999
96125	Cognitive Test By Hc Pro	9/18/2023	12/31/2999
96127	Brief Emotional/Behav Assmt	9/18/2023	12/31/2999
96130	Psycl Tst Eval Phys/Qhp 1St	9/18/2023	12/31/2999
96131	Psycl Tst Eval Phys/Qhp Ea	9/18/2023	12/31/2999
96132	Nrpsyc Tst Eval Phys/Qhp 1St	9/18/2023	12/31/2999
96133	Nrpsyc Tst Eval Phys/Qhp Ea	9/18/2023	12/31/2999
96136	Psycl/Nrpsyc Tst Phy/Qhp 1St	9/18/2023	12/31/2999
96137	Psycl/Nrpsyc Tst Phy/Qhp Ea	9/18/2023	12/31/2999
96138	Psycl/Nrpsyc Tech 1St	9/18/2023	12/31/2999
96139	Psycl/Nrpsyc Tst Tech Ea	9/18/2023	12/31/2999
96146	Psycl/Nrpsyc Tst Auto Result	9/18/2023	12/31/2999
97151	Bhv Id Assmt By Phys/Qhp	9/18/2023	12/31/2999
97152	Bhv Id Suprt Assmt By 1 Tech	9/18/2023	12/31/2999
97153	Adaptive Behavior Tx By Tech	9/18/2023	12/31/2999
97154	Grp Adapt Bhv Tx By Tech	9/18/2023	12/31/2999
97155	Adapt Behavior Tx Phys/Qhp	9/18/2023	12/31/2999
97156	Fam Adapt Bhv Tx Gdn Phy/Qhp	9/18/2023	12/31/2999
97157	Mult Fam Adapt Bhv Tx Gdn	9/18/2023	12/31/2999
97158	Grp Adapt Bhv Tx By Phy/Qhp	9/18/2023	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
99183	Physician Or Other Qualified Health Care Professional Attendance And Supervision Of Hyperbaric Oxygen Therapy Per Session	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
0004M	Scoliosis Dna Analysis Of 53 Single Nucleotide Polymorphisms (Snps) Using Saliva Prognostic Algorithm Reported As A Risk Score	9/18/2023	12/31/2999
0005U	Oncology (Prostate) Gene Expression Profile By Real-Time Rt-Pcr Of 3 Genes (Erg Pca3 And Spdef) Urine Algorithm Reported As Risk Score	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
0011M	Oncology Prostate Cancer Mrna Expression Assay Of 12 Genes (10 Content And 2 Housekeeping) Rt-Pcr Test Utilizing Blood Plasma And Urine Algorithms To Predict High-Grade Prostate Cancer Risk	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
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)	9/18/2023	12/31/2999
0016U	Oncology (Hematolymphoid Neoplasia) Rna Bcr/Abl1 Major And Minor Breakpoint Fusion Transcripts Quantitative Pcr Amplification Blood Or Bone Marrow Report Of Fusion Not Detected Or Detected With Quantitation	9/18/2023	12/31/2999
0017M	Oncology (Diffuse Large B-Cell Lymphoma [Dlbcl]) Mrna Gene Expression Profiling By Fluorescent Probe Hybridization Of 20 Genes Formalin-Fixed Paraffin-Embedded Tissue Algorithm Reported As Cell Of Origin	9/18/2023	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
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	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
0020M	Oncology (central nervous system), analysis of 30000 DNA methylation loci by methylation array, utilizing DNA extracted from tumor tissue, diagnostic algorithm reported as probability of matching a reference tumor subclass	9/18/2023	12/31/2999
0022U	Targeted Genomic Sequence Analysis Panel Nonsmall 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	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
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)	9/18/2023	12/31/2999
0027U	Jak2 (Janus Kinase 2) (Eg Myeloproliferative Disorder) Gene Analysis Targeted Sequence Analysis Exons 12 15	9/18/2023	12/31/2999
0029U	Drug Metabolism (Adverse Drug Reactions And Drug Response) Targeted Sequence Analysis (Ie Cyp1A2 Cyp2C19 Cyp2C9 Cyp2D6 Cyp3A4 Cyp3A5 Cyp4F2 Slco1B1 Vkorc1 And Rs12777823)	9/18/2023	12/31/2999
0030U	Drug Metabolism (Warfarin Drug Response) Targeted Sequence Analysis (Ie Cyp2C9 Cyp4F2 Vkorc1 Rs12777823)	9/18/2023	12/31/2999
0031U	Cyp1A2 (Cytochrome P450 Family 1 Subfamily A Member 2)(Eg Drug Metabolism) Gene Analysis Common Variants (Ie *1F *1K *6 *7)	9/18/2023	12/31/2999
0032U	Comt (Catechol-O-Methyltransferase)(Drug Metabolism) Gene Analysis C.472G>A (Rs4680) Variant	9/18/2023	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
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])	9/18/2023	12/31/2999
0034U	Tpmt (Thiopurine S-Methyltransferase) Nudt15 (Nudix Hydroxylase 15)(Eg Thiopurine Metabolism) Gene Analysis Common Variants (Ie Tpmt *2 *3A *3B *3C *4 *5 *6 *8 *12; Nudt15 *3 *4 *5)	9/18/2023	12/31/2999
0036U	Exome (Ie Somatic Mutations) Paired Formalin-Fixed Paraffin-Embedded Tumor Tissue And Normal Specimen Sequence Analyses	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
0040U	Bcr/Abl1 (T(9;22)) (Eg Chronic Myelogenous Leukemia) Translocation Analysis Major Breakpoint Quantitative	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
0046U	Flt3 (Fms-Related Tyrosine Kinase 3) (Eg Acute Myeloid Leukemia) Internal Tandem Duplication (Itd) Variants Quantitative	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
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)	9/18/2023	12/31/2999
0049U	Npm1 (Nucleophosmin) (Eg Acute Myeloid Leukemia) Gene Analysis Quantitative	9/18/2023	12/31/2999
0050U	Targeted Genomic Sequence Analysis Panel Acute Myelogenous Leukemia Dna Analysis 194 Genes Interrogation For Sequence Variants Copy Number Variants Or Rearrangements	9/18/2023	12/31/2999
0055U	Cardiology (Heart Transplant) Cell-Free Dna Pcr Assay Of 96 Dna Target Sequences (94 Single Nucleotide Polymorphism Targets And Two Control Targets) Plasma	9/18/2023	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
0060U	Twin Zygosity Genomic Targeted Sequence Analysis Of Chromosome 2 Using Circulating Cell-Free Fetal Dna In Maternal Blood	9/18/2023	12/31/2999
0069U	Oncology (Colorectal) Micrna Rt-Pcr Expression Profiling Of Mir-31-3P Formalin-Fixed Paraffin-Embedded Tissue Algorithm Reported As An Expression Score	9/18/2023	12/31/2999
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)	9/18/2023	12/31/2999
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)	9/18/2023	12/31/2999
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)	9/18/2023	12/31/2999
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)	9/18/2023	12/31/2999
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)	9/18/2023	12/31/2999
0075U	Cyp2D6 (Cytochrome P450 Family 2 Subfamily D Polypeptide 6) (Eg Drug Metabolism) Gene Analysis Targeted Sequence Analysis (Ie 5' Gene Duplication/Multiplication) (List Separately In Addition To Code For Primary Procedure)	9/18/2023	12/31/2999
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)	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
0079U	Comparative Dna Analysis Using Multiple Selected Single-Nucleotide Polymorphisms (Snps) Urine And Buccal Dna For Specimen Identity Verification	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
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	9/18/2023	12/31/2999
0089U	Oncology (Melanoma) Gene Expression Profiling By Rtqpcr Prame And Linc00518 Superficial Collection Using Adhesive Patch(Es)	9/18/2023	12/31/2999
0090U	Oncology (Cutaneous Melanoma) Mrna Gene Expression Profiling By Rt-Pcr Of 23 Genes (14 Content And 9 Housekeeping) Utilizing Formalin-Fixed Paraffin-Embedded Tissue (Ffpe) Algorithm Reported As A Categorical Result (Ie Benign Intermediate Malignant)	9/18/2023	12/31/2999
0094U	Genome (Eg Unexplained Constitutional Or Heritable Disorder Or Syndrome) Rapid Sequence Analysis	9/18/2023	12/31/2999
0095T	Removal Of Total Disc Arthroplasty (Artificial Disc) Anterior Approach Each Additional Interspace Cervical (List Separately In Addition To Code For Primary Procedure)	9/18/2023	12/31/2999
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)	9/18/2023	12/31/2999
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])	9/18/2023	12/31/2999
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])	9/18/2023	12/31/2999
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])	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
0114U	Gastroenterology (Barrett'S Esophagus) Vim And Ccna1 Methylation Analysis Esophageal Cells Algorithm Reported As Likelihood For Barrett'S Esophagus	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
0120U	Oncology (B-Cell Lymphoma Classification) Mrna Gene Expression Profiling By Fluorescent Probe Hybridization Of 58 Genes (45 Content And 13 Housekeeping Genes) Formalin-Fixed Paraffin-Embedded Tissue Algorithm Reported As Likelihood For Primary Mediastinal B-Cell Lymphoma (Pmbcl) And Diffuse Large B-Cell Lymphoma (Dlbcl) With Cell Of Origin Subtyping In The Letter	9/18/2023	12/31/2999
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)	9/18/2023	12/31/2999
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)	9/18/2023	12/31/2999
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)	9/18/2023	12/31/2999
0132U	Hereditary Ovarian Cancer–Related Disorders (Eg Hereditary Breast Cancer Hereditary Ovarian Cancer Hereditary Endometrial Cancer) Targeted Mrna Sequence Analysis Panel (17 Genes) (List Separately In Addition To Code For Primary Procedure)	9/18/2023	12/31/2999
0133U	Hereditary Prostate Cancer–Related Disorders Targeted Mrna Sequence Analysis Panel (11 Genes) (List Separately In Addition To Code For Primary Procedure)	9/18/2023	12/31/2999
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)	9/18/2023	12/31/2999
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)	9/18/2023	12/31/2999
0136U	Atm (Ataxia Telangiectasia Mutated) (Eg Ataxia Telangiectasia) Mrna Sequence Analysis (List Separately In Addition To Code For Primary Procedure)	9/18/2023	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
0137U	Palb2 (Partner And Localizer Of Brca2) (Eg Breast And Pancreatic Cancer) Mrna Sequence Analysis (List Separately In Addition To Code For Primary Procedure)	9/18/2023	12/31/2999
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)	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
0156U	Copy Number (Eg Intellectual Disability Dysmorphology) Sequence Analysis	9/18/2023	12/31/2999
0157U	Apc (Apc Regulator Of Wnt Signaling Pathway) (Eg Familial Adenomatosis Polyposis [Fap]) Mrna Sequence Analysis (List Separately In Addition To Code For Primary Procedure)	9/18/2023	12/31/2999
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)	9/18/2023	12/31/2999
0159U	Msh2 (Muts Homolog 2) (Eg Hereditary Colon Cancer Lynch Syndrome) Mrna Sequence Analysis (List Separately In Addition To Code For Primary Procedure)	9/18/2023	12/31/2999
0160U	Msh6 (Muts Homolog 6) (Eg Hereditary Colon Cancer Lynch Syndrome) Mrna Sequence Analysis (List Separately In Addition To Code For Primary Procedure)	9/18/2023	12/31/2999
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)	9/18/2023	12/31/2999
0162U	Hereditary Colon Cancer (Lynch Syndrome) Targeted Mrna Sequence Analysis Panel (Mlh1 Msh2 Msh6 Pms2) (List Separately In Addition To Code For Primary Procedure)	9/18/2023	12/31/2999
0164T	Removal Of Total Disc Arthroplasty (Artificial Disc) Anterior Approach Each Additional Interspace Lumbar (List Separately In Addition To Code For Primary Procedure)	9/18/2023	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
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)	9/18/2023	12/31/2999
0169U	Nudt15 (Nudix Hydrolase 15) And Tpm1 (Thiopurine S-Methyltransferase) (Eg Drug Metabolism) Gene Analysis Common Variants	9/18/2023	12/31/2999
0170U	Neurology (Autism Spectrum Disorder [Asd]) Rna Next-Generation Sequencing Saliva Algorithmic Analysis And Results Reported As Predictive Probability Of Asd Diagnosis	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
0209U	Cytogenomic Constitutional (Genome-Wide) Analysis Interrogation Of Genomic Regions For Copy Number Structural Changes And Areas Of Homozygosity For Chromosomal Abnormalities	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
0213T	Injection(S) Diagnostic Or Therapeutic Agent Paravertebral Facet (Zygapophyseal) Joint (Or Nerves Innervating That Joint) With Ultrasound Guidance Cervical Or Thoracic; Single Level	9/18/2023	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
0213U	Rare Diseases (Constitutional/Heritable Disorders) Whole Genome And Mitochondrial Dna Sequence Analysis Including Small Sequence Changes Deletions Duplications Short Tandem Repeat Gene Expansions And Variants In Non-Uniquely Mappable Regions Blood Or Saliva Identification And Categorization Of Genetic Variants Each Comparator Genome (Eg Parent Sibling)	9/18/2023	12/31/2999
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)	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
0215T	Injection(S) Diagnostic Or Therapeutic Agent Paravertebral Facet (Zygapophyseal) Joint (Or Nerves Innervating That Joint) With Ultrasound Guidance Cervical Or Thoracic; Third And Any Additional Level(S) (List Separately In Addition To Code For Primary Procedure)	9/18/2023	12/31/2999
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)	9/18/2023	12/31/2999
0216T	Injection(S) Diagnostic Or Therapeutic Agent Paravertebral Facet (Zygapophyseal) Joint (Or Nerves Innervating That Joint) With Ultrasound Guidance Lumbar Or Sacral; Single Level	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
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)	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
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)	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
0229U	Bcat1 (Branched Chain Amino Acid Transaminase 1) And Ikarf1 (Ikaros Family Zinc Finger 1) (Eg Colorectal Cancer) Promoter Methylation Analysis	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
0231U	Cacna1A (Calcium Voltage-Gated Channel Subunit Alpha 1A) (Eg Spinocerebellar Ataxia) Full Gene Analysis Including Small Sequence Changes In Exonic And Intronic Regions Deletions Duplications Short Tandem Repeat (Str) Gene Expansions Mobile Element Insertions And Variants In Non-Uniquely Mappable Regions	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
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	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
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)	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
0260U	Rare Diseases (Constitutional/Heritable Disorders) Identification Of Copy Number Variations Inversions Insertions Translocations And Other Structural Variants By Optical Genome Mapping	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
0264U	Rare Diseases (Constitutional/Heritable Disorders) Identification Of Copy Number Variations Inversions Insertions Translocations And Other Structural Variants By Optical Genome Mapping	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
0268U	Hematology (Atypical Hemolytic Uremic Syndrome [Ahus]) Genomic Sequence Analysis Of 15 Genes Blood Buccal Swab Or Amniotic Fluid	9/18/2023	12/31/2999
0269U	Hematology (Autosomal Dominant Congenital Thrombocytopenia) Genomic Sequence Analysis Of 22 Genes Blood Buccal Swab Or Amniotic Fluid	9/18/2023	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
0270U	Hematology (Congenital Coagulation Disorders) Genomic Sequence Analysis Of 20 Genes Blood Buccal Swab Or Amniotic Fluid	9/18/2023	12/31/2999
0271U	Hematology (Congenital Neutropenia) Genomic Sequence Analysis Of 24 Genes Blood Buccal Swab Or Amniotic Fluid	9/18/2023	12/31/2999
0272U	Hematology (Genetic Bleeding Disorders) Genomic Sequence Analysis Of 60 Genes And Duplication/Deletion Of Plau Blood Buccal Swab Or Amniotic Fluid Comprehensive	9/18/2023	12/31/2999
0273U	Hematology (Genetic Hyperfibrinolysis Delayed Bleeding) Genomic Sequence Analysis Of 8 Genes (F13A1 F13B Fga Fgb Fgg Serpina1 Serpine1 Serpinf2 Plau) Blood Buccal Swab Or Amniotic Fluid	9/18/2023	12/31/2999
0274U	Hematology (Genetic Platelet Disorders) Genomic Sequence Analysis Of 62 Genes And Duplication/Deletion Of Plau Blood Buccal Swab Or Amniotic Fluid	9/18/2023	12/31/2999
0276U	Hematology (Inherited Thrombocytopenia) Genomic Sequence Analysis Of 42 Genes Blood Buccal Swab Or Amniotic Fluid	9/18/2023	12/31/2999
0277U	Hematology (Genetic Platelet Function Disorder) Genomic Sequence Analysis Of 40 Genes And Duplication/Deletion Of Plau Blood Buccal Swab Or Amniotic Fluid	9/18/2023	12/31/2999
0278U	Hematology (Genetic Thrombosis) Genomic Sequence Analysis Of 14 Genes Blood Buccal Swab Or Amniotic Fluid	9/18/2023	12/31/2999
0285U	Oncology Response To Radiation Cell-Free Dna Quantitative Branched Chain Dna Amplification Plasma Reported As A Radiation Toxicity Score	9/18/2023	12/31/2999
0286U	Cep72 (Centrosomal Protein 72-Kda) Nudt15 (Nudix Hydrolase 15) And Tpm1 (Thiopurine S-Methyltransferase) (Eg Drug Metabolism) Gene Analysis Common Variants	9/18/2023	12/31/2999
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)	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
0289U	Neurology (Alzheimer Disease) Mrna Gene Expression Profiling By Rna Sequencing Of 24 Genes Whole Blood Algorithm Reported As Predictive Risk Score	9/18/2023	12/31/2999
0290U	Pain Management Mrna Gene Expression Profiling By Rna Sequencing Of 36 Genes Whole Blood Algorithm Reported As Predictive Risk Score	9/18/2023	12/31/2999
0291U	Psychiatry (Mood Disorders) Mrna Gene Expression Profiling By Rna Sequencing Of 144 Genes Whole Blood Algorithm Reported As Predictive Risk Score	9/18/2023	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
0292U	Psychiatry (Stress Disorders) Mrna Gene Expression Profiling By Rna Sequencing Of 72 Genes Whole Blood Algorithm Reported As Predictive Risk Score	9/18/2023	12/31/2999
0293U	Psychiatry (Suicidal Ideation) Mrna Gene Expression Profiling By Rna Sequencing Of 54 Genes Whole Blood Algorithm Reported As Predictive Risk Score	9/18/2023	12/31/2999
0294U	Longevity And Mortality Risk Mrna Gene Expression Profiling By Rna Sequencing Of 18 Genes Whole Blood Algorithm Reported As Predictive Risk Score	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
0299U	Oncology (Pan Tumor) Whole Genome Optical Genome Mapping Of Paired Malignant And Normal Dna Specimens Fresh Frozen Tissue Blood Or Bone Marrow Comparative Structural Variant Identification	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
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)	9/18/2023	12/31/2999
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)	9/18/2023	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
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)	9/18/2023	12/31/2999
0317U	Oncology (Lung Cancer) Four-Probe Fish (3Q29 3P22.1 10Q22.3 10Cen) Assay Whole Blood Predictive Algorithmgenerated Evaluation Reported As Decreased Or Increased Risk For Lung Cancer	9/18/2023	12/31/2999
0318U	Pediatrics (Congenital Epigenetic Disorders) Whole Genome Methylation Analysis By Microarray For 50 Or More Genes Blood	9/18/2023	12/31/2999
0319U	Nephrology (Renal Transplant) Rna Expression By Select Transcriptome Sequencing Using Pretransplant Peripheral Blood Algorithm Reported As A Risk Score For Early Acute Rejection	9/18/2023	12/31/2999
0320U	Nephrology (Renal Transplant) Rna Expression By Select Transcriptome Sequencing Using Posttransplant Peripheral Blood Algorithm Reported As A Risk Score For Acute Cellular Rejection	9/18/2023	12/31/2999
0326U	Targeted Genomic Sequence Analysis Panel Solid Organ Neoplasm Cell-Free Circulating Dna Analysis Of 83 Or More Genes Interrogation For Sequence Variants Gene Copy Number Amplifications Gene Rearrangements Microsatellite Instability And Tumor Mutational Burden	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
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 Alternations	9/18/2023	12/31/2999
0332U	Oncology (Pan-Tumor) Genetic Profiling Of 8 Dna-Regulatory (Epigenetic) Markers By Quantitative Polymerase Chain Reaction (Qpcr) Whole Blood Reported As A High Or Low Probability Of Responding To Immune Checkpoint-Inhibitor Therapy	9/18/2023	12/31/2999
0333U	Oncology (Liver) Surveillance For Hepatocellular Carcinoma (Hcc) In Highrisk Patients Analysis Of Methylation Patterns On Circulating Cell-Free Dna (Cfdna) Plus Measurement Of Serum Of Afp/Afp-L3 And Oncoprotein Des-Gammarcoxy-Prothrombin (Dcp) Algorithm Reported As Normal Or Abnormal Result	9/18/2023	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
0334U	Oncology (Solid Organ) Targeted Genomic Sequence Analysis Formalin-Fixed Paraffinembedded (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	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
0336U	Rare Diseases (Constitutional/Heritable Disorders) Whole Genome Sequence Analysis Including Small Sequence Changes Copy Number Variants Deletions Duplications Mobile Element Insertions Uniparental Disomy (Upd) Inversions Aneuploidy Mitochondrial Genome Sequence Analysis With Heteroplasmy And Large Deletions Short Tandem Repeat (Str) Gene Expansions Blood Or Saliva Identification And Categorization Of Genetic Variants Each Comparator Genome (Eg Parent)	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
0345U	Psychiatry (Eg Depression Anxiety Attention Deficit Hyperactivity Disorder [Adhd]) Genomic Analysis Panel Variant Analysis Of 15 Genes Including Deletion/Duplication Analysis Of Cyp2D6	9/18/2023	12/31/2999
0347U	Drug Metabolism Or Processing (Multiple Conditions) Whole Blood Or Buccal Specimen Dna Analysis 16 Gene Report With Variant Analysis And Reported Phenotypes	9/18/2023	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
0348U	Drug Metabolism Or Processing (Multiple Conditions) Whole Blood Or Buccal Specimen Dna Analysis 25 Gene Report With Variant Analysis And Reported Phenotypes	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
0350U	Drug Metabolism Or Processing (Multiple Conditions) Whole Blood Or Buccal Specimen Dna Analysis 27 Gene Report With Variant Analysis And Reported Phenotypes	9/18/2023	12/31/2999
0355U	Apol1 (Apolipoprotein L1) (Eg Chronic Kidney Disease) Risk Variants (G1 G2)	9/18/2023	12/31/2999
0356U	Oncology (Oropharyngeal Or Anal) Evaluation Of 17 Dna Biomarkers Using Droplet Digital Pcr (Ddpcr) Cell-Free Dna Algorithm Reported As A Prognostic Risk Score For Cancer Recurrence	9/18/2023	12/31/2999
0362T	Bhv Id Suprt Assmt Ea 15 Min	9/18/2023	12/31/2999
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 Paraffinembedded (Ffpe) Tissue Algorithm Reported As One Of Three Molecular Subtypes	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
0368U	Oncology (Colorectal Cancer) Evaluation For Mutations Of Apc Braf Ctnnb1 Kras Nras Pik3Ca Smad4 And Tp53 And Methylation Markers (Myo1G Kcnq5 C9Orf50 Fli1 Clip4 Znf132 And Twist1) Multiplex Quantitative Polymerase Chain Reaction (Qpcr) Circulating Cell-Free Dna (Cfdna) Plasma Report Of Risk Score For Advanced Adenoma Or Colorectal Cancer	9/18/2023	12/31/2999
0373T	Adapt Bhv Tx Ea 15 Min	9/18/2023	12/31/2999
0378U	Rfc1 (Replication Factor C Subunit 1) Repeat Expansion Variant Analysis By Traditional And Repeat-Primed Pcr Blood Saliva Or Buccal Swab	9/18/2023	12/31/2999
0379U	Targeted Genomic Sequence Analysis Panel Solid Organ Neoplasm Dna (523 Genes) And Rna (55 Genes) By Nextgeneration Sequencing Interrogation For Sequence Variants Gene Copy Number Amplifications Gene Rearrangements Microsatellite Instability And Tumor Mutational Burden	9/18/2023	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
0380U	Drug Metabolism (Adverse Drug Reactions And Drug Response) Targeted Sequence Analysis 20 Gene Variants And Cyp2D6 Deletion Or Duplication Analysis With Reported Genotype And Phenotype	9/18/2023	4/1/2025
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	9/18/2023	12/31/2999
0389U	Pediatric Febrile Illness (Kawasaki Disease [Kd]) Interferon Alpha-inducible Protein 27 (Ifi27) And Mast Cell-Expressed Membrane Protein 1 (Mcomp1) Rna Using Reverse Transcription Polymerase Chain Reaction (Rt-Qpcr) Blood Reported As A Risk Score For Kd	9/18/2023	12/31/2999
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 Splicesite Variants Insertions/Deletions Copy Number Alterations Gene Fusions Tumor Mutational Burden And Microsatellite Instability With Algorithm Quantifying Immunotherapy Response Score	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
0394T	High Dose Rate Electronic Brachytherapy Skin Surface Application Per Fraction Includes Basic Dosimetry When Performed	9/18/2023	12/31/2999
0395T	High Dose Rate Electronic Brachytherapy Interstitial Or Intracavitary Treatment Per Fraction Includes Basic Dosimetry When Performed	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
0400U	Obstetrics (Expanded Carrier Screening) 145 Genes By Nextgeneration Sequencing Fragment Analysis And Multiplex Ligationdependent Probe Amplification Dna Reported As Carrier Positive Or Negative	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
0403U	Onc Prst8 Mrna 18 Gen Dre Ur	9/18/2023	12/31/2999
0405U	Oncology (Pancreatic) 59 Methylation Haplotype Block Markers Next-Generation Sequencing Plasma Reported As Cancer Signal Detected Or Not Detected	9/18/2023	12/31/2999
0409U	Onc Sld Tum Dna 80 & Rna 36	9/18/2023	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
0410U	Oncology (Pancreatic) Dna Whole Genome Sequencing With 5-Hydroxymethylcytosine Enrichment Whole Blood Or Plasma Algorithm Reported As Cancer Detected Or Not Detected	9/18/2023	12/31/2999
0411U	Psychiatry (Eg Depression Anxiety Attention Deficit Hyperactivity Disorder [Adhd]) Genomic Analysis Panel Variant Analysis Of 15 Genes Including Deletion/Duplication Analysis Of Cyp2D6	9/18/2023	12/31/2999
0413U	Oncology (Hematolymphoid Neoplasm) Optical Genome Mapping For Copy Number Alterations Aneuploidy And Balanced/Complex Structural Rearrangements Dna From Blood Or Bone Marrow Report Of Clinically Significant Alterations	9/18/2023	12/31/2999
0414U	Onc Lng Aug Alg Aly Whl Sld8	9/18/2023	12/31/2999
0417U	Rare Diseases (Constitutional/Heritable Disorders) Whole Mitochondrial Genome Sequence With Heteroplasmy Detection And Deletion Analysis Nuclear-Encoded Mitochondrial Gene Analysis Of 335 Nuclear Genes Including Sequence Changes Deletions Insertions And Copy Number Variants Analysis Blood Or Saliva Identification And Categorization Of Mitochondrial Disorder-Associated Genetic Variants	9/18/2023	12/31/2999
0419U	Neuropsychiatry (Eg Depression Anxiety) Genomic Sequence Analysis Panel Variant Analysis Of 13 Genes Saliva Or Buccal Swab Report Of Each Gene Phenotype	9/18/2023	12/31/2999
0420U	Oncology (Urothelial) Mrna Expression Profiling By Real-Time Quantitative Pcr Of Mdk Hoxa13 Cdc2 Igfbp5 And Cxcr2 In Combination With Droplet Digital Pcr (Ddpcr) Analysis Of 6 Single-Nucleotide Polymorphisms (Snps) Genes Tert And Fgfr3 Urine Algorithm Reported As A Risk Score For Urothelial Carcinoma	9/18/2023	12/31/2999
0422U	Oncology (Pan-Solid Tumor) Analysis Of Dna Biomarker Response To Anti-Cancer Therapy Using Cell-Free Circulating Dna Biomarker Comparison To A Previous Baseline Pre-Treatment Cell-Free Circulating Dna Analysis Using Next-Generation Sequencing Algorithm Reported As A Quantitative Change From Baseline Including Specific Alterations If Appropriate	9/18/2023	12/31/2999
0423U	Psychiatry (Eg Depression Anxiety) Genomic Analysis Panel Including Variant Analysis Of 26 Genes Buccal Swab Report Including Metabolizer Status And Risk Of Drug Toxicity By Condition	9/18/2023	12/31/2999
0424U	Oncology (Prostate) Exosomebased Analysis Of 53 Small Noncoding Rnas (Sncrnas) By Quantitative Reverse Transcription Polymerase Chain Reaction (Rtqpcr) Urine Reported As No Molecular Evidence Low- Moderate- Or Elevated-Risk Of Prostate Cancer	9/18/2023	12/31/2999
0425U	Genome (Eg Unexplained Constitutional Or Heritable Disorder Or Syndrome) Rapid Sequence Analysis Each Comparator Genome (Eg Parents Siblings)	9/18/2023	12/31/2999
0426U	Genome (Eg Unexplained Constitutional Or Heritable Disorder Or Syndrome) Ultra-Rapid Sequence Analysis	9/18/2023	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
0428U	Oncology (Breast) Targeted Hybrid-Capture Genomic Sequence Analysis Panel Circulating Tumor Dna (Ctdna) Analysis Of 56 Or More Genes Interrogation For Sequence Variants Gene Copy Number Amplifications Gene Rearrangements Microsatellite Instability And Tumor Mutation Burden	9/18/2023	4/1/2025
0433U	Oncology (Prostate) 5 Dna Regulatory Markers By Quantitative Pcr Whole Blood Algorithm Including Prostate-Specific Antigen Reported As Likelihood Of Cancer	9/18/2023	12/31/2999
0434U	Drug Metabolism (Adverse Drug Reactions And Drug Response) Genomic Analysis Panel Variant Analysis Of 25 Genes With Reported Phenotypes	9/18/2023	12/31/2999
0437U	Psychiatry (Anxiety Disorders) Mrna Gene Expression Profiling By Rna Sequencing Of 15 Biomarkers Whole Blood Algorithm Reported As Predictive Risk Score	9/18/2023	12/31/2999
0438U	Drug Metabolism (Adverse Drug Reactions And Drug Response) Buccal Specimen Gene-Drug Interactions Variant Analysis Of 33 Genes Including Deletion/Duplication Analysis Of Cyp2D6 Including Reported Phenotypes And Impacted Genedrug Interactions	9/18/2023	12/31/2999
0439U	Crd Chd Dna Alys 5 Snp 3 Dna	9/18/2023	12/31/2999
0440U	Crd Chd Dna Alys 10 Snp 6Dna	9/18/2023	12/31/2999
0444U	Oncology (Solid Organ Neoplasia) Targeted Genomic Sequence Analysis Panel Of 361 Genes Interrogation For Gene Fusions Translocations Or Other Rearrangements Using Dna From Formalin-Fixed Paraffin-Embedded (Ffpe) Tumor Tissue Report Of Clinically Significant Variant(S)	9/18/2023	12/31/2999
0448U	Oncology (Lung And Colon Cancer) Dna Qualitative Nextgeneration Sequencing Detection Of Single-Nucleotide Variants And Deletions In Egfr And Kras Genes Formalin-Fixed Paraffinembedded (Ffpe) Solid Tumor Samples Reported As Presence Or Absence Of Targeted Mutation(S) With Recommended Therapeutic Options	9/18/2023	4/1/2025
0449U	Carrier Screening For Severe Inherited Conditions (Eg Cystic Fibrosis Spinal Muscular Atrophy Beta Hemoglobinopathies [Including Sickle Cell Disease] Alpha Thalassemia) Regardless Of Race Or Self-Identified Ancestry Genomic Sequence Analysis Panel Must Include Analysis Of 5 Genes (Cftr Smn1 Hbb Hba1 Hba2)	9/18/2023	12/31/2999
0452U	Oncology (bladder), methylated PENK DNA detection by linear target enrichment-quantitative methylation-specific real-time PCR (LTE-qMSP), urine, reported as likelihood of bladder cancer	9/18/2023	12/31/2999
0453U	Oncology (colorectal cancer), cellfree DNA (cfDNA), methylation-based quantitative PCR assay (SEPTIN9, IKZF1, BCAT1, Septin9-2, VAV3, BCAN), plasma, reported as presence or absence of circulating tumor DNA (ctDNA)	9/18/2023	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
0454U	Rare diseases (constitutional/heritable disorders), identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical genome mapping	9/18/2023	12/31/2999
0456U	Autoimmune (rheumatoid arthritis), next-generation sequencing (NGS), gene expression testing of 19 genes, whole blood, with analysis of anti-cyclic citrullinated peptides (CCP) levels, combined with sex, patient global assessment, and body mass index (BMI), algorithm reported as a score that predicts nonresponse to tumor necrosis factor inhibitor (TNFi) therapy	9/18/2023	4/1/2025
0460U	Oncology, whole blood or buccal, DNA single-nucleotide polymorphism (SNP) genotyping by real-time PCR of 24 genes, with variant analysis and reported phenotypes	9/18/2023	12/31/2999
0461U	Oncology, pharmacogenomic analysis of single-nucleotide polymorphism (SNP) genotyping by real-time PCR of 24 genes, whole blood or buccal swab, with variant analysis, including impacted gene-drug interactions and reported phenotypes	9/18/2023	12/31/2999
0465U	Oncology (urothelial carcinoma), DNA, quantitative methylation-specific PCR of 2 genes (ONECUT2, VIM), algorithmic analysis reported as positive or negative	9/18/2023	12/31/2999
0466U	Cardiology (coronary artery disease [CAD]), DNA, genome-wide association studies (564856 single-nucleotide polymorphisms [SNPs], targeted variant genotyping), patient lifestyle and clinical data, buccal swab, algorithm reported as polygenic risk to acquired heart disease	9/18/2023	12/31/2999
0467U	Oncology (bladder), DNA, next-generation sequencing (NGS) of 60 genes and whole genome aneuploidy, urine, algorithms reported as minimal residual disease (MRD) status positive or negative and quantitative disease burden	9/18/2023	12/31/2999
0469U	Rare diseases (constitutional/heritable disorders), whole genome sequence analysis for chromosomal abnormalities, copy number variants, duplications/deletions, inversions, unbalanced translocations, regions of homozygosity (ROH), inheritance pattern that indicate uniparental disomy (UPD), and aneuploidy, fetal sample (amniotic fluid, chorionic villus sample, or products of conception), identification and categorization of genetic variants, diagnostic report of fetal results based on phenotype with maternal sample and paternal sample, if performed, as comparators and/or maternal cell contamination	9/18/2023	12/31/2999
0471U	Oncology (colorectal cancer), qualitative real-time PCR of 35 variants of KRAS and NRAS genes (exons 2, 3, 4), formalin-fixed paraffin-embedded (FFPE), predictive, identification of detected mutations	9/18/2023	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
0473U	Oncology (solid tumor), next-generation sequencing (NGS) of DNA from formalin-fixed paraffin-embedded (FFPE) tissue with comparative sequence analysis from a matched normal specimen (blood or saliva), 648 genes, interrogation for sequence variants, insertion and deletion alterations, copy number variants, rearrangements, microsatellite instability, and tumor-mutation burden	9/18/2023	12/31/2999
0474U	Hereditary pan-cancer (eg, hereditary sarcomas, hereditary endocrine tumors, hereditary neuroendocrine tumors, hereditary cutaneous melanoma), genomic sequence analysis panel of 88 genes with 20 duplications/deletions using next-generation sequencing (NGS), Sanger sequencing, blood or saliva, reported as positive or negative for germline variants, each gene	9/18/2023	12/31/2999
0475U	Hereditary prostate cancer-related disorders, genomic sequence analysis panel using next-generation sequencing (NGS), Sanger sequencing, multiplex ligation-dependent probe amplification (MLPA), and array comparative genomic hybridization (CGH), evaluation of 23 genes and duplications/deletions when indicated, pathologic mutations reported with a genetic risk score for prostate cancer	9/18/2023	12/31/2999
0476U	Drug Metabolism, Psychiatry (Eg, Major Depressive Disorder, General Anxiety Disorder, Attention Deficit Hyperactivity Disorder [Adhd], Schizophrenia), Whole Blood, Buccal Swab, And Pharmacogenomic Genotyping Of 14 Genes And Cyp2D6 Copy Number Variant Analysis And Reported Phenotypes	7/1/2025	12/31/2999
0477U	Drug Metabolism, Psychiatry (Eg, Major Depressive Disorder, General Anxiety Disorder, Attention Deficit Hyperactivity Disorder [Adhd], Schizophrenia), Whole Blood, Buccal Swab, And Pharmacogenomic Genotyping Of 14 Genes And Cyp2D6 Copy Number Variant Analysis, Including Impacted Gene-Drug Interactions And Reported Phenotypes	7/1/2025	12/31/2999
0478U	Oncology (Non-Small Cell Lung Cancer), Dna And Rna, Digital Pcr Analysis Of 9 Genes (Egfr, Kras, Braf, Alk, Ros1, Ret, Ntrk 1/2/3, Erbb2, And Met) In Formalin-Fixed Paraffin-Embedded (Ffpe) Tissue, Interrogation For Single-Nucleotide Variants, Insertions/Deletions, Gene Rearrangements, And Reported As Actionable Detected Variants For Therapy Selection	7/1/2025	12/31/2999
0481U	Idh1 (Isocitrate Dehydrogenase 1 [Nadp+]), Idh2 (Isocitrate Dehydrogenase 2 [Nadp+]), And Tert (Telomerase Reverse Transcriptase) Promoter (Eg, Central Nervous System [Cns] Tumors), Next-Generation Sequencing (Single-Nucleotide Variants [Snv], Deletions, And Insertions)	7/1/2025	12/31/2999
0485U	Oncology (Solid Tumor), Cell-Free Dna And Rna By Next-Generation Sequencing, Interpretative Report For Germline Mutations, Clonal Hematopoiesis Of Indeterminate Potential, And Tumor-Derived Single-Nucleotide Variants, Small Insertions/Deletions, Copy Number Alterations, Fusions, Microsatellite Instability, And Tumor Mutational Burden	7/1/2025	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
0486U	Oncology (Pan-Solid Tumor), Next-Generation Sequencing Analysis Of Tumor Methylation Markers Present In Cell-Free Circulating Tumor Dna, Algorithm Reported As Quantitative Measurement Of Methylation As A Correlate Of Tumor Fraction	7/1/2025	12/31/2999
0487U	Oncology (Solid Tumor), Cell-Free Circulating Dna, Targeted Genomic Sequence Analysis Panel Of 84 Genes, Interrogation For Sequence Variants, Aneuploidy-Corrected Gene Copy Number Amplifications And Losses, Gene Rearrangements, And Microsatellite Instability	7/1/2025	12/31/2999
0488U	Obstetrics (Fetal Antigen Noninvasive Prenatal Test), Cell-Free Dna Sequence Analysis For Detection Of Fetal Presence Or Absence Of 1 Or More Of The Rh, C, C, D, E, Duffy (Fya), Or Kell (K) Antigen In Alloimmunized Pregnancies, Reported As Selected Antigen(S) Detected Or Not Detected	7/1/2025	12/31/2999
0489U	Obstetrics (Single-Gene Noninvasive Prenatal Test), Cell-Free Dna Sequence Analysis Of 1 Or More Targets (Eg, Cftr, Smn1, Hbb, Hba1, Hba2) To Identify Paternally Inherited Pathogenic Variants, And Relative Mutation-Dosage Analysis Based On Molecular Counts To Determine Fetal Inheritance Of Maternal Mutation, Algorithm Reported As A Fetal Risk Score For The Condition (Eg, Cystic Fibrosis, Spinal Muscular Atrophy, Beta Hemoglobinopathies [Including Sickle Cell Disease], Alpha Thalassemia)	7/1/2025	12/31/2999
0493U	Transplantation Medicine, Quantification Of Donor-Derived Cell-Free Dna (Cfdna) Using Next-Generation Sequencing, Plasma, Reported As Percentage Of Donor-Derived Cell-Free Dna	7/1/2025	12/31/2999
0494U	Red Blood Cell Antigen (Fetal Rhd Gene Analysis), Next-Generation Sequencing Of Circulating Cell-Free Dna (Cfdna) Of Blood In Pregnant Individuals Known To Be Rhd Negative, Reported As Positive Or Negative	7/1/2025	12/31/2999
0496U	Oncology (Colorectal), Cell-Free Dna, 8 Genes For Mutations, 7 Genes For Methylation By Real-Time Rt-Pcr, And 4 Proteins By Enzyme-Linked Immunosorbent Assay, Blood, Reported Positive Or Negative For Colorectal Cancer Or Advanced Adenoma Risk	7/1/2025	12/31/2999
0497U	Oncology (Prostate), Mrna Gene-Expression Profiling By Real-Time Rt-Pcr Of 6 Genes (Foxm1, Mcm3, Mtus1, Ttc21b, Alas1, And Ppp2ca), Utilizing Formalin-Fixed Paraffin-Embedded (Ffpe) Tissue, Algorithm Reported As A Risk Score For Prostate Cancer	7/1/2025	12/31/2999
0498U	Oncology (Colorectal), Next-Generation Sequencing For Mutation Detection In 43 Genes And Methylation Pattern In 45 Genes, Blood, And Formalin-Fixed Paraffin-Embedded (Ffpe) Tissue, Report Of Variants And Methylation Pattern With Interpretation	7/1/2025	12/31/2999
0499U	Oncology (Colorectal And Lung), Dna From Formalin-Fixed Paraffin-Embedded (Ffpe) Tissue, Next-Generation Sequencing Of 8 Genes (Nras, Egfr, Ctnnb1, Pik3ca, Apc, Braf, Kras, And Tp53), Mutation Detection	7/1/2025	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
0500U	Autoinflammatory Disease (Vexas Syndrome), Dna, Uba1 Gene Mutations, Targeted Variant Analysis (M41T, M41V, M41L, C.118-2A>C, C.118-1G>C, C.118- 9_118-2Del, S56F, S621C)	7/1/2025	12/31/2999
0506U	Gastroenterology (Barrett'S Esophagus), Esophageal Cells, Dna Methylation Analysis By Next-Generation Sequencing Of At Least 89 Differentially Methylated Genomic Regions, Algorithm Reported As Likelihood For Barrett'S Esophagus	7/1/2025	12/31/2999
0507U	Oncology (Ovarian), Dna, Whole-Genome Sequencing With 5-Hydroxymethylcytosine (5Hmc) Enrichment, Using Whole Blood Or Plasma, Algorithm Reported As Cancer Detected Or Not Detected	7/1/2025	12/31/2999
0508U	Transplantation Medicine, Quantification Of Donor-Derived Cell-Free Dna Using 40 Single-Nucleotide Polymorphisms (Snps), Plasma, And Urine, Initial Evaluation Reported As Percentage Of Donor-Derived Cell-Free Dna With Risk For Active Rejection	7/1/2025	12/31/2999
0509U	Transplantation Medicine, Quantification Of Donor-Derived Cell-Free Dna Using Up To 12 Single-Nucleotide Polymorphisms (Snps) Previously Identified, Plasma, Reported As Percentage Of Donor-Derived Cell-Free Dna With Risk For Active Rejection	7/1/2025	12/31/2999
0516U	Drug Metabolism, Whole Blood, Pharmacogenomic Genotyping Of 40 Genes And Cyp2D6 Copy Number Variant Analysis, Reported As Metabolizer Status	7/1/2025	12/31/2999
0523U	Oncology (solid tumor), DNA, qualitative, next-generation sequencing (NGS) of singlenucleotide variants (SNV) and insertion/deletions in 22 genes utilizing formalin-fixed paraffinembedded tissue, reported as presence or absence of mutation(s), location of mutation(s), nucleotide change, and amino acid change	4/1/2025	12/31/2999
0529U	Hematology (venous thromboembolism [VTE]), genome-wide single-nucleotide polymorphism variants, including F2 and F5 gene analysis, and Leiden variant, by microarray analysis, saliva, report as risk score for VTE	4/1/2025	12/31/2999
0530U	Oncology (pan-solid tumor), ctDNA, utilizing plasma, nextgeneration sequencing (NGS) of 77 genes, 8 fusions, microsatellite instability, and tumor mutation burden, interpretative report for single-nucleotide variants, copynumber alterations, with therapy association	4/1/2025	12/31/2999
0532U	Rare Diseases (Constitutional Disease/Hereditary Disorders), Rapid Whole Genome And Mitochondrial Dna Sequencing For Single-Nucleotide Variants, Insertions/Deletions, Copy Number Variations, Peripheral Blood, Buffy Coat, Saliva, Buccal Or Tissue Sample, Results Reported As Positive Or Negative	7/1/2025	12/31/2999
0533U	Drug Metabolism (Adverse Drug Reactions And Drug Response), Genotyping Of 16 Genes (Ie, Abcg2, Cyp2B6, Cyp2C9, Cyp2C19, Cyp2C, Cyp2D6, Cyp3A5, Cyp4F2, Dpyd, G6Pd, Ggcx, Nudt15, Slco1B1, Tpm1, Ugt1A1, Vkorc1), Reported As Metabolizer Status And Transporter Function	7/1/2025	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
0534U	Oncology (Prostate), Micrna, Single-Nucleotide Polymorphisms (Snps) Analysis By Rt-Pcr Of 32 Variants, Using Buccal Swab, Algorithm Reported As A Risk Score	7/1/2025	12/31/2999
0536U	Red Blood Cell Antigen (Fetal Rhd), Pcr Analysis Of Exon 4 Of Rhd Gene And Housekeeping Control Gene Gapdh From Whole Blood In Pregnant Individuals At 10+ Weeks Gestation Known To Be Rhd Negative, Reported As Fetal Rhd Status	7/1/2025	12/31/2999
0537U	Oncology (Colorectal Cancer), Analysis Of Cell-Free Dna For Epigenomic Patterns, Next-Generation Sequencing, >2500 Differentially Methylated Regions (Dmrs), Plasma, Algorithm Reported As Positive Or Negative	7/1/2025	12/31/2999
0538U	Oncology (Solid Tumor), Next-Generation Targeted Sequencing Analysis, Formalin-Fixed Paraffin-Embedded (Ffpe) Tumor Tissue, Dna Analysis Of 600 Genes, Interrogation For Single-Nucleotide Variants, Insertions/Deletions, Gene Rearrangements, And Copy Number Alterations, Microsatellite Instability, Tumor Mutation Burden, Reported As Actionable Variant	7/1/2025	12/31/2999
0539U	Oncology (Solid Tumor), Cell-Free Circulating Tumor Dna (Ctdna), 152 Genes, Next-Generation Sequencing, Interrogation For Single-Nucleotide Variants, Insertions/Deletions, Gene Rearrangements, Copy Number Alterations, And Microsatellite Instability, Using Whole-Blood Samples, Mutations With Clinical Actionability Reported As Actionable Variant	7/1/2025	12/31/2999
0540U	Transplantation Medicine, Quantification Of Donor-Derived Cell-Free Dna Using Next-Generation Sequencing Analysis Of Plasma, Reported As Percentage Of Donor-Derived Cell-Free Dna To Determine Probability Of Rejection	7/1/2025	12/31/2999
0543U	Oncology (Solid Tumor), Next-Generation Sequencing Of Dna From Formalin-Fixed Paraffin-Embedded (Ffpe) Tissue Of 517 Genes, Interrogation For Single-Nucleotide Variants, Multi-Nucleotide Variants, Insertions And Deletions From Dna, Fusions In 24 Genes And Splice Variants In 1 Gene From Rna, And Tumor Mutation Burden	7/1/2025	12/31/2999
0544U	Nephrology (Transplant Monitoring), 48 Variants By Digital Pcr, Using Cell-Free Dna From Plasma, Donor-Derived Cell-Free Dna, Percentage Reported As Risk Rejection	7/1/2025	12/31/2999
0549U	Oncology (Urothelial), Dna, Quantitative Methylated Real-Time Pcr Of Trna-Cys, Sim2, And Nkx1-1, Using Urine, Diagnostic Algorithm Reported As A Probability Index For Bladder Cancer And/Or Upper Tract Urothelial Carcinoma (Utuc)	7/1/2025	12/31/2999
0584T	Islet Cell Transplant Includes Portal Vein Catheterization And Infusion Including All Imaging Including Guidance And Radiological Supervision And Interpretation When Performed; Percutaneous	9/18/2023	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
0585T	Islet Cell Transplant Includes Portal Vein Catheterization And Infusion Including All Imaging Including Guidance And Radiological Supervision And Interpretation When Performed; Laparoscopic	9/18/2023	12/31/2999
0586T	Islet Cell Transplant Includes Portal Vein Catheterization And Infusion Including All Imaging Including Guidance And Radiological Supervision And Interpretation When Performed; Open	9/18/2023	12/31/2999
0633T	Computed Tomography Breast Including 3D Rendering When Performed Unilateral; Without Contrast Material	9/18/2023	12/31/2999
0634T	Computed Tomography Breast Including 3D Rendering When Performed Unilateral; With Contrast Material(S)	9/18/2023	12/31/2999
0635T	Computed Tomography Breast Including 3D Rendering When Performed Unilateral; Without Contrast Followed By Contrast Material(S)	9/18/2023	12/31/2999
0636T	Computed Tomography Breast Including 3D Rendering When Performed Bilateral; Without Contrast Material(S)	9/18/2023	12/31/2999
0637T	Computed Tomography Breast Including 3D Rendering When Performed Bilateral; With Contrast Material(S)	9/18/2023	12/31/2999
0638T	Computed Tomography Breast Including 3D Rendering When Performed Bilateral; Without Contrast Followed By Contrast Material(S)	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
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)	9/18/2023	12/31/2999
0707T	Injection(s), bone substitute material (eg, calcium phosphate) into subchondral bone defect (ie, bone marrow lesion, bone bruise, stress injury, microtrabecular fracture),	4/1/2025	12/31/2999
A0430	Ambulance Service Conventional Air Services Transport One Way (Fixed Wing)	9/18/2023	12/31/2999
A0435	Fixed Wing Air Mileage Per Statute Mile	9/18/2023	12/31/2999
A4290	Sacral Nerve Stimulation Test Lead Each	9/18/2023	12/31/2999
A4604	Tubing With Integrated Heating Element For Use With Positive Airway Pressure Device	9/18/2023	12/31/2999
A7027	Combination Oral/Nasal Mask Used With Continuous Positive Airway Pressure	9/18/2023	12/31/2999
A7028	Oral Cushion For Combination Oral/Nasal Mask Replacement Only Each	9/18/2023	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
A7029	Nasal Pillows For Combination Oral/Nasal Mask Replacement Only Pair	9/18/2023	12/31/2999
A7030	Full Face Mask Used With Positive Airway Pressure Device Each	9/18/2023	12/31/2999
A7031	Face Mask Interface Replacement For Full Face Mask Each	9/18/2023	12/31/2999
A7032	Cushion For Use On Nasal Mask Interface Replacement Only Each	9/18/2023	12/31/2999
A7033	Pillow For Use On Nasal Cannula Type Interface Replacement Only Pair	9/18/2023	12/31/2999
A7034	Nasal Interface (Mask Or Cannula Type) Used With Positive Airway Pressure Device With Or Without Head Strap	9/18/2023	12/31/2999
A7035	Headgear Used With Positive Airway Pressure Device	9/18/2023	12/31/2999
A7036	Chinstrap Used With Positive Airway Pressure Device	9/18/2023	12/31/2999
A7037	Tubing Used With Positive Airway Pressure Device	9/18/2023	12/31/2999
A7038	Filter Disposable Used With Positive Airway Pressure Device	9/18/2023	12/31/2999
A7039	Filter Non Disposable Used With Positive Airway Pressure Device	9/18/2023	12/31/2999
A7044	Oral Interface Used With Positive Airway Pressure Device Each	9/18/2023	12/31/2999
A7045	Exhalation Port With Or Without Swivel Used With Accessories For Positive Airway Devices Replacement Only	9/18/2023	12/31/2999
A7046	Water Chamber For Humidifier Used With Positive Airway Pressure Device Replacement Each	9/18/2023	12/31/2999
A9508	Iodine I-131 Iobenguane Sulfate Diagnostic Per 0.5 Millicurie	9/18/2023	12/31/2999
A9513	Lutetium Lu 177 Dotatate Therapeutic 1 Millicurie	9/18/2023	12/31/2999
A9528	Iodine I-131 Sodium Iodide Capsule(S) Diagnostic Per Millicurie	9/18/2023	12/31/2999
A9531	Iodine I-131 Sodium Iodide Diagnostic Per Microcurie (Up To 100 Microcuries)	9/18/2023	12/31/2999
A9543	Yttrium Y-90 Ibritumomab Tiuxetan Therapeutic Per Treatment Dose Up To 40 Millicuries	9/18/2023	12/31/2999
A9590	Iodine I-131 Iobenguane 1 Millicurie	9/18/2023	12/31/2999
A9600	Strontium Sr-89 Chloride Therapeutic Per Millicurie	9/18/2023	12/31/2999
A9602	Fluorodopa F-18 Diagnostic Per Millicurie	9/18/2023	12/31/2999
A9604	Samarium Sm-153 Lexidronam Therapeutic Per Treatment Dose Up To 150 Millicuries	9/18/2023	12/31/2999
A9606	Radium Ra-223 Dichloride Therapeutic Per Microcurie	9/18/2023	12/31/2999
A9607	Lutetium Lu 177 Vipivotide Tetraxetan Therapeutic 1 Millicurie	9/18/2023	12/31/2999
A9800	Gallium Ga-68 Gozetotide Diagnostic (Locametz) 1 Millicurie	9/18/2023	12/31/2999
C1767	Generator Neurostimulator (Implantable) Non-Rechargeable	9/18/2023	12/31/2999
C8900	Magnetic Resonance Angiography With Contrast Abdomen	9/18/2023	12/31/2999
C8901	Magnetic Resonance Angiography Without Contrast Abdomen	9/18/2023	12/31/2999
C8902	Magnetic Resonance Angiography Without Contrast Followed By With Contrast Abdomen	9/18/2023	12/31/2999
C8903	Magnetic Resonance Imaging With Contrast Breast; Unilateral	9/18/2023	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
C8905	Magnetic Resonance Imaging Without Contrast Followed By With Contrast Breast; Unilateral	9/18/2023	12/31/2999
C8906	Magnetic Resonance Imaging With Contrast Breast; Bilateral	9/18/2023	12/31/2999
C8908	Magnetic Resonance Imaging Without Contrast Followed By With Contrast Breast; Bilateral	9/18/2023	12/31/2999
C8909	Magnetic Resonance Angiography With Contrast Chest (Excluding Myocardium)	9/18/2023	12/31/2999
C8910	Magnetic Resonance Angiography Without Contrast Chest (Excluding Myocardium)	9/18/2023	12/31/2999
C8911	Magnetic Resonance Angiography Without Contrast Followed By With Contrast Chest (Excluding Myocardium)	9/18/2023	12/31/2999
C8912	Magnetic Resonance Angiography With Contrast Lower Extremity	9/18/2023	12/31/2999
C8913	Magnetic Resonance Angiography Without Contrast Lower Extremity	9/18/2023	12/31/2999
C8914	Magnetic Resonance Angiography Without Contrast Followed By With Contrast Lower Extremity	9/18/2023	12/31/2999
C8918	Magnetic Resonance Angiography With Contrast Pelvis	9/18/2023	12/31/2999
C8919	Magnetic Resonance Angiography Without Contrast Pelvis	9/18/2023	12/31/2999
C8920	Magnetic Resonance Angiography Without Contrast Followed By With Contrast Pelvis	9/18/2023	12/31/2999
C8931	Magnetic Resonance Angiography With Contrast Spinal Canal And Contents	9/18/2023	12/31/2999
C8932	Magnetic Resonance Angiography Without Contrast Spinal Canal And Contents	9/18/2023	12/31/2999
C8933	Magnetic Resonance Angiography Without Contrast Followed By With Contrast Spinal Canal And Contents	9/18/2023	12/31/2999
C8934	Magnetic Resonance Angiography With Contrast Upper Extremity	9/18/2023	12/31/2999
C8935	Magnetic Resonance Angiography Without Contrast Upper Extremity	9/18/2023	12/31/2999
C8936	Magnetic Resonance Angiography Without Contrast Followed By With Contrast Upper Extremity	9/18/2023	12/31/2999
C9169	Injection, nogapendekin alfa inbakicept-pmln, for intravesical use, 1 microgram	1/1/2025	1/1/2025
C9170	Injection, tarlatamab-dlle, 1 mg	1/1/2025	1/1/2025
C9359	Porous Purified Collagen Matrix Bone Void Filler (Integra Mozaik Osteoconductive Scaffold Putty Integra Os Osteoconductive Scaffold Putty) Per 0.5 Cc	9/18/2023	12/31/2999
C9362	Porous Purified Collagen Matrix Bone Void Filler (Integra Mozaik Osteoconductive Scaffold Strip) Per 0.5 Cc	9/18/2023	12/31/2999
C9399	<a href="#">Unclassified Drugs Or Biologicals</a>	9/18/2023	12/31/2999
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)	9/18/2023	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
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)	9/18/2023	12/31/2999
E0485	Oral Device/Appliance Used To Reduce Upper Airway Collapsibility Adjustable Or Non-Adjustable Prefabricated Includes Fitting And Adjustment	9/18/2023	12/31/2999
E0486	Oral Device/Appliance Used To Reduce Upper Airway Collapsibility Adjustable Or Non-Adjustable Custom Fabricated Includes Fitting And Adjustment	9/18/2023	12/31/2999
E0561	Humidifier Non-Heated Used With Positive Airway Pressure Device	9/18/2023	12/31/2999
E0562	Humidifier Heated Used With Positive Airway Pressure Device	9/18/2023	12/31/2999
E0601	Continuous Positive Airway Pressure (Cpap) Device	9/18/2023	12/31/2999
E0745	Neuromuscular Stimulator Electronic Shock Unit	9/18/2023	12/31/2999
E0748	Osteogenesis Stimulator Electrical Non-Invasive Spinal Applications	9/18/2023	12/31/2999
E0749	Osteogenesis Stimulator Electrical Surgically Implanted	9/18/2023	12/31/2999
E0765	Fda Approved Nerve Stimulator With Replaceable Batteries For Treatment Of Nausea And Vomiting	9/18/2023	12/31/2999
G0219	Pet Imaging Whole Body; Melanoma For Non-Covered Indications	9/18/2023	12/31/2999
G0235	Pet Imaging Any Site Not Otherwise Specified	9/18/2023	12/31/2999
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)	9/18/2023	12/31/2999
G0277	Hyperbaric Oxygen Under Pressure Full Body Chamber Per 30 Minute Interval	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
G0339	Image-Guided Robotic Linear Accelerator-Based Stereotactic Radiosurgery Complete Course Of Therapy In One Session Or First Session Of Fractionated Treatment	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
G0341	Percutaneous Islet Cell Transplant Includes Portal Vein Catheterization And Infusion	9/18/2023	12/31/2999
G0342	Laparoscopy For Islet Cell Transplant Includes Portal Vein Catheterization And Infusion	9/18/2023	12/31/2999
G0343	Laparotomy For Islet Cell Transplant Includes Portal Vein Catheterization And Infusion	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
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	9/18/2023	12/31/2999
G0400	Home Sleep Test (Hst) With Type Iv Portable Monitor Unattended; Minimum Of 3 Channels	9/18/2023	12/31/2999
G0458	Low Dose Rate (Ldr) Prostate Brachytherapy Services Composite Rate	9/18/2023	12/31/2999
G6001	Ultrasonic Guidance For Placement Of Radiation Therapy Fields	9/18/2023	12/31/2999
G6002	Stereoscopic X-Ray Guidance For Localization Of Target Volume For The Delivery Of Radiation Therapy	9/18/2023	12/31/2999
G6003	Radiation Treatment Delivery Single Treatment Area Single Port Or Parallel Opposed Ports Simple Blocks Or No Blocks: Up To 5Mev	9/18/2023	12/31/2999
G6004	Radiation Treatment Delivery Single Treatment Area Single Port Or Parallel Opposed Ports Simple Blocks Or No Blocks: 6-10Mev	9/18/2023	12/31/2999
G6005	Radiation Treatment Delivery Single Treatment Area Single Port Or Parallel Opposed Ports Simple Blocks Or No Blocks: 11-19Mev	9/18/2023	12/31/2999
G6006	Radiation Treatment Delivery Single Treatment Area Single Port Or Parallel Opposed Ports Simple Blocks Or No Blocks: 20Mev Or Greater	9/18/2023	12/31/2999
G6007	Radiation Treatment Delivery 2 Separate Treatment Areas 3 Or More Ports On A Single Treatment Area Use Of Multiple Blocks: Up To 5Mev	9/18/2023	12/31/2999
G6008	Radiation Treatment Delivery 2 Separate Treatment Areas 3 Or More Ports On A Single Treatment Area Use Of Multiple Blocks: 6-10Mev	9/18/2023	12/31/2999
G6009	Radiation Treatment Delivery 2 Separate Treatment Areas 3 Or More Ports On A Single Treatment Area Use Of Multiple Blocks: 11-19Mev	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
G6011	Radiation Treatment Delivery 3 Or More Separate Treatment Areas Custom Blocking Tangential Ports Wedges Rotational Beam Compensators Electron Beam; Up To 5Mev	9/18/2023	12/31/2999
G6012	Radiation Treatment Delivery 3 Or More Separate Treatment Areas Custom Blocking Tangential Ports Wedges Rotational Beam Compensators Electron Beam; 6-10Mev	9/18/2023	12/31/2999
G6013	Radiation Treatment Delivery 3 Or More Separate Treatment Areas Custom Blocking Tangential Ports Wedges Rotational Beam Compensators Electron Beam; 11-19Mev	9/18/2023	12/31/2999
G6014	Radiation Treatment Delivery 3 Or More Separate Treatment Areas Custom Blocking Tangential Ports Wedges Rotational Beam Compensators Electron Beam; 20Mev Or Greater	9/18/2023	12/31/2999
G6015	Intensity Modulated Treatment Delivery Single Or Multiple Fields/Arcs Via Narrow Spatially And Temporally Modulated Beams Binary Dynamic Mlc Per Treatment Session	9/18/2023	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
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	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
G9143	Warfarin Responsiveness Testing By Genetic Technique Using Any Method Any Number Of Specimen(S)	9/18/2023	12/31/2999
J0129	Injection Abatacept 10 Mg (Code May Be Used For Medicare When Drug Administered Under The Direct Supervision Of A Physician Not For Use When Drug Is Self Administered)	9/18/2023	12/31/2999
J0172	Injection, Aducanumab-Avwa, 2 Mg	1/1/2025	4/1/2025
J0174	Injection, Lecanemab-Irmb, 1 Mg	1/1/2025	12/31/2999
J0175	donanemab-azbt	1/1/2025	12/31/2999
J0180	Injection Agalsidase Beta 1 Mg	9/18/2023	12/31/2999
J0202	Injection Alemtuzumab 1 Mg	9/18/2023	12/31/2999
J0218	Injection, Olipudase Alfa-Rpcp, 1 Mg	1/1/2025	12/31/2999
J0219	Injection Avalglucosidase Alfa-Ngpt 4 Mg	9/18/2023	12/31/2999
J0221	Injection Alglucosidase Alfa (Lumizyme) 10 Mg	9/18/2023	12/31/2999
J0222	Injection Patisiran 0.1 Mg	9/18/2023	12/31/2999
J0223	Injection, givosiran, 0.5 mg	1/1/2025	12/31/2999
J0224	Injection, lumasiran, 0.5 mg	1/1/2025	12/31/2999
J0225	Injection, vutrisiran, 1 mg	1/1/2025	12/31/2999
J0485	Injection Belatacept 1 Mg	9/18/2023	12/31/2999
J0490	Injection Belimumab 10 Mg	9/18/2023	12/31/2999
J0491	Injection Anifrolumab-Fnia 1 Mg	9/18/2023	12/31/2999
J0517	Injection Benralizumab 1 Mg	9/18/2023	12/31/2999
J0567	Injection Cerliponase Alfa 1 Mg	9/18/2023	12/31/2999
J0584	Injection Burosumab-Twza 1 Mg	9/18/2023	12/31/2999
J0585	Injection Onabotulinumtoxina 1 Unit	9/18/2023	12/31/2999
J0586	Injection Abobotulinumtoxina 5 Units	9/18/2023	12/31/2999
J0587	Injection Rimabotulinumtoxinb 100 Units	9/18/2023	12/31/2999
J0588	Injection Incobotulinumtoxin A 1 Unit	9/18/2023	12/31/2999
J0589	Injection, Daxibotulinumtoxina-Lanm, 1 Unit	1/1/2025	12/31/2999
J0598	Injection C-1 Esterase Inhibitor (Human) Cinryze 10 Units	9/18/2023	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
J0638	Injection Canakinumab 1 Mg	9/18/2023	12/31/2999
J0641	Injection Levoleucovorin Not Otherwise Specified 0.5 Mg	9/18/2023	1/1/2025
J0642	Injection Levoleucovorin (Khapzory) 0.5 Mg	9/18/2023	12/31/2999
J0717	Injection Certolizumab Pegol 1 Mg (Code May Be Used For Medicare When Drug Administered Under The Direct Supervision Of A Physician Not For Use When Drug Is Self Administered)	9/18/2023	12/31/2999
J0741	Injection Cabotegravir And Rilpivirine 2Mg/3Mg	9/18/2023	12/31/2999
J0775	Injection Collagenase Clostridium Histolyticum 0.01 Mg	9/18/2023	12/31/2999
J0791	Injection Crizanlizumab-Tmca 5 Mg	9/18/2023	12/31/2999
J0870	Imetelstat (Rytelo)	1/1/2025	12/31/2999
J0881	Injection Darbeoetin Alfa 1 Microgram (Non-Esrd Use)	9/18/2023	12/31/2999
J0882	Injection Darbeoetin Alfa 1 Microgram (For Esrd On Dialysis)	9/18/2023	12/31/2999
J0885	Injection Epoetin Alfa (For Non-Esrd Use) 1000 Units	9/18/2023	12/31/2999
J0888	Injectin Epoetin Beta 1 Microgram (For Non Esrd Use)	9/18/2023	12/31/2999
J0896	Injection Luspatercept-Aamt 0.25 Mg	9/18/2023	12/31/2999
J0897	Injection Denosumab 1 Mg	9/18/2023	12/31/2999
J1203	Injection, Cipaglucoisidase Alfa-Atga, 5 Mg	1/1/2025	12/31/2999
J1246	Unituxin (dinutuximab)	7/1/2025	12/31/2999
J1290	Injection Ecallantide 1 Mg	9/18/2023	12/31/2999
J1299	Injection, eculizumab, 2 mg	7/1/2025	12/31/2999
J1300	Injection Eculizumab 10 Mg	9/18/2023	7/1/2025
J1301	Injection Edaravone 1 Mg	9/18/2023	12/31/2999
J1302	Injection Sutimlimab-Jome 10 Mg	9/18/2023	12/31/2999
J1303	Injection Ravulizumab-Cwvz 10 Mg	9/18/2023	12/31/2999
J1304	Injection, Tofersen, 1 Mg	1/1/2025	12/31/2999
J1305	Injection Evinacumab-Dgnb 5Mg	9/18/2023	12/31/2999
J1306	Injection Inclisiran 1 Mg	9/18/2023	12/31/2999
J1307	Injection, crovalimab-akkz, 10 mg	4/1/2025	12/31/2999
J1322	Injection Elosulfase Alfa 1Mg	9/18/2023	12/31/2999
J1323	Injection Elranatamab-Bcmm 1 Mg	9/18/2023	12/31/2999
J1411	Injection Etranacogene Dezaparvovec-Drlb Per Therapeutic Dose	9/18/2023	12/31/2999
J1412	Injection Valoctocogene Roxaparvovec-Rvox Per Ml Containing Nominal 2 X 10^13 Vector Genomes	9/18/2023	12/31/2999
J1413	Injection Delandistrogene Moxeparvovec-Rokl Per Therapeutic Dose	9/18/2023	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
J1414	Injection, fidanacogene elaparvovec-dzkt, per therapeutic dose	4/1/2025	12/31/2999
J1426	Injection, Casimersen, 10 Mg	1/1/2025	12/31/2999
J1427	Injection, Viltolarsen, 10 Mg	1/1/2025	12/31/2999
J1428	Injection Eteplirsen 10 Mg	9/18/2023	12/31/2999
J1429	Injection, Golodirsen, 10 Mg	1/1/2025	12/31/2999
J1442	Injection Filgrastim (G-Csf) Excludes Biosimilars 1 Microgram	9/18/2023	12/31/2999
J1447	Injection Tbo-Filgrastim 1 Microgram	9/18/2023	12/31/2999
J1448	Injection Trilaciclib 1Mg	9/18/2023	12/31/2999
J1449	Injection Eflapegrastim-Xnst 0.1 Mg	9/18/2023	12/31/2999
J1458	Injection Galsulfase 1 Mg	9/18/2023	12/31/2999
J1459	Injection Immune Globulin (Privigen) Intravenous Non-Lyophilized (E.G. Liquid) 500 Mg	9/18/2023	12/31/2999
J1551	Injection Immune Globulin (Cutaquig) 100 Mg	9/18/2023	12/31/2999
J1552	Injection, immune globulin (alyglo), 500 mg	4/1/2025	12/31/2999
J1554	Injection Immune Globulin (Asceniv) 500 Mg	9/18/2023	12/31/2999
J1555	Injection Immune Globulin (Cuvitru) 100 Mg	9/18/2023	12/31/2999
J1556	Injection Immune Globulin (Bivigam) 500 Mg	9/18/2023	12/31/2999
J1557	Injection Immune Globulin (Gammaplex) Intravenous Non-Lyophilized (E.G. Liquid) 500 Mg	9/18/2023	12/31/2999
J1558	Injection Immune Globulin (Xembify) 100 Mg	9/18/2023	12/31/2999
J1559	Injection Immune Globulin (Hizentra) 100 Mg	9/18/2023	12/31/2999
J1561	Injection Immune Globulin (Gamunex-C/Gammaked) Non-Lyophilized (E. G. Liquid) 500 Mg	9/18/2023	12/31/2999
J1562	Injection Immune Globulin (Vivaglobin) 100 Mg	9/18/2023	12/31/2999
J1566	Injection Immune Globulin Intravenous Lyophilized (E. G. Powder) Not Otherwise Specified 500 Mg	9/18/2023	12/31/2999
J1568	Injection Immune Globulin (Octagam) Intravenous Nonlyophilized (E.G. Liquid) 500 Mg	9/18/2023	12/31/2999
J1569	Injection Immune Globulin (Gammagard Liquid) Non-Lyophilized (E. G. Liquid) 500 Mg	9/18/2023	12/31/2999
J1572	Injection Immune Globulin (Flebogamma/Flebogamma Dif) Intravenous Non-Lyophilized (E.G. Liquid) 500 Mg	9/18/2023	12/31/2999
J1575	Injection Immune Globulin/Hyaluronidase (Hyqvia) 100 Mg Immunoglobulin	9/18/2023	12/31/2999
J1576	Injection Immune Globulin (Panzyga) Intravenous Non-Lyophilized (E.G. Liquid) 500 Mg	9/18/2023	12/31/2999
J1599	Injection Immune Globulin Intravenous Non-Lyophilized (E.G. Liquid) Not Otherwise Specified 500 Mg	9/18/2023	12/31/2999
J1602	Injection Golimumab 1 Mg For Intravenous Use	9/18/2023	12/31/2999
J1628	Injection, guselkumab, 1 mg	4/1/2025	12/31/2999
J1743	Injection Idursulfase 1 Mg	9/18/2023	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
J1745	Injection Infliximab Excludes Biosimilar 10 Mg	9/18/2023	12/31/2999
J1746	Injection Ibalizumab-Uiyk 10 Mg	9/18/2023	12/31/2999
J1747	Injection, Spesolimab-Sbzo, 1 Mg	1/1/2025	12/31/2999
J1786	Injection Imiglucerase 10 Units	9/18/2023	12/31/2999
J1823	Injection Inebilizumab-Cdon 1 Mg	9/18/2023	12/31/2999
J1930	Injection Lanreotide 1 Mg	9/18/2023	12/31/2999
J1931	Injection Laronidase 0.1 Mg	9/18/2023	12/31/2999
J1961	Injection Lenacapavir 1 Mg	9/18/2023	12/31/2999
J2182	Injection Mepolizumab 1 Mg	9/18/2023	12/31/2999
J2267	mirikizumab-mrkz	1/1/2025	12/31/2999
J2323	Injection Natalizumab 1 Mg	9/18/2023	12/31/2999
J2326	Injection Nusinersen 0.1 Mg	9/18/2023	12/31/2999
J2327	Injection, Risankizumab-Rzaa, Intravenous, 1 Mg	1/1/2025	12/31/2999
J2329	Injection, Ublituximab-Xiiy, 1Mg	1/1/2025	12/31/2999
J2350	Injection Ocrelizumab 1 Mg	9/18/2023	12/31/2999
J2351	<a href="#">Injection, ocrelizumab, 1 mg and hyaluronidase-ocsq</a>	<a href="#">7/1/2025</a>	<a href="#">12/31/2999</a>
J2353	Injection Octreotide Depot Form For Intramuscular Injection 1 Mg	9/18/2023	12/31/2999
J2354	Injection Octreotide Non-Depot Form For Subcutaneous Or Intravenous Injection 25 Mcg	9/18/2023	12/31/2999
J2356	Injection Tezepelumab-Ekko 1 Mg	9/18/2023	12/31/2999
J2357	Injection Omalizumab 5 Mg	9/18/2023	12/31/2999
J2506	Injection Pegfilgrastim Excludes Biosimilar 0.5 Mg	9/18/2023	12/31/2999
J2507	Injection Pegloticase 1 Mg	9/18/2023	12/31/2999
J2508	Injection, Pegunigalsidase Alfa-lwxj, 1 Mg	1/1/2025	12/31/2999
J2562	Injection Plerixafor 1 Mg	9/18/2023	12/31/2999
J2786	Injection Reslizumab 1 Mg	9/18/2023	12/31/2999
J2796	Injection Romiplostim 10 Micrograms	1/1/2025	4/1/2025
J2802	Injection, romiplostim, 1 microgram	4/1/2025	12/31/2999
J2820	Injection Sargramostim (Gm-Csf) 50 Mcg	9/18/2023	12/31/2999
J2840	Injection Sebelipase Alfa 1 Mg	9/18/2023	12/31/2999
J2860	Injection Siltuximab 10 Mg	9/18/2023	12/31/2999
J2941	Injection Somatropin 1 Mg	9/18/2023	12/31/2999
J3032	Injection Eptinezumab-Jjmr 1 Mg	9/18/2023	12/31/2999
J3055	Injection Talquetamab-Tgvs 0.25 Mg	9/18/2023	12/31/2999
J3060	Injection Taliglucerase Alfa 10 Units	9/18/2023	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
J3111	Injection Romosozumab-Aqqg 1 Mg	9/18/2023	12/31/2999
J3241	Injection Teprotumumab-Trbw 10 Mg	9/18/2023	12/31/2999
J3245	Injection Tildrakizumab 1 Mg	9/18/2023	12/31/2999
J3247	secukinumab (intravenous)	1/1/2025	12/31/2999
J3262	Injection Tocilizumab 1 Mg	9/18/2023	12/31/2999
J3263	Loqtorzi (toripalimab-tpzi)	9/18/2023	12/31/2999
J3358	Ustekinumab For Intravenous Injection 1 Mg	9/18/2023	12/31/2999
J3380	Injection Vedolizumab Intravenous 1 Mg	9/18/2023	12/31/2999
J3385	Injection Velaglucerase Alfa 100 Units	9/18/2023	12/31/2999
J3392	Injection, exagamglogene autotemcel, per treatment	4/1/2025	12/31/2999
J3393	Injection, betibeglogene autotemcel, per treatment	1/1/2025	12/31/2999
J3394	Injection, lovotibeglogene autotemcel, per treatment	1/1/2025	12/31/2999
J3397	Injection Vestronidase Alfa-Vjbc 1 Mg	9/18/2023	12/31/2999
J3398	Injection Voretigene Neparvovec-Rzyl 1 Billion Vector Genomes	9/18/2023	12/31/2999
J3399	Injection Onasemnogene Abeparvovec-Xioi Per Treatment Up To 5X10^15 Vector Genomes	9/18/2023	12/31/2999
J3401	Beremagene Geperpavec-Svdt For Topical Administration Containing Nominal 5 X 10^9 Pfu/ML Vector Genomes Per 0.1 ML	9/18/2023	12/31/2999
J3490	<a href="#">Unclassified Drugs</a>	9/18/2023	12/31/2999
J3590	<a href="#">Unclassified Biologics</a>	9/18/2023	12/31/2999
J7183	Injection Von Willebrand Factor Complex (Human) Wilate 1 I.U. Vwf:Rco	9/18/2023	12/31/2999
J7330	Autologous Cultured Chondrocytes Implant	9/18/2023	12/31/2999
J9019	Injection Asparaginase (Erwinaze) 1 000 lu	9/18/2023	12/31/2999
J9021	Injection Asparaginase Recombinant (Rylaze) 0.1 Mg	9/18/2023	12/31/2999
J9022	Injection Atezolizumab 10 Mg	9/18/2023	12/31/2999
J9023	Injection Avelumab 10 Mg	9/18/2023	12/31/2999
J9024	<a href="#">Tecentriq Hybreza (atezolizumab and hyaluronidase-tqjs)</a>	7/1/2025	12/31/2999
J9026	Injection, tarlatamab-dlle, 1 mg	1/1/2025	12/31/2999
J9028	Injection, nogapendekin alfa inbakcept-pmln, for intravesical use, 1 microgram	1/1/2025	12/31/2999
J9029	Intravesical Instillation Nadofaragene Firadenovec-Vncg Per Therapeutic Dose	9/18/2023	12/31/2999
J9032	Injection Belinostat 10 Mg	9/18/2023	12/31/2999
J9035	Injection Bevacizumab 10 Mg	9/18/2023	12/31/2999
J9039	Injection Blinatumomab 1 Microgram	9/18/2023	12/31/2999
J9042	Injection Brentuximab Vedotin 1 Mg	9/18/2023	12/31/2999
J9043	Injection Cabazitaxel 1 Mg	9/18/2023	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
J9047	Injection Carfilzomib 1 Mg	9/18/2023	12/31/2999
J9055	Injection Cetuximab 10 Mg	9/18/2023	12/31/2999
J9061	Injection Amivantamab-Vmjw 2 Mg	9/18/2023	12/31/2999
J9063	Injection Mirvetuximab Soravtansine-Gynx 1 Mg	9/18/2023	12/31/2999
J9064	Injection Cabazitaxel (Sandoz) Not Therapeutically Equivalent To J9043 1 Mg	9/18/2023	12/31/2999
J9118	Injection Calaspargase Pegol-Mknl 10 Units	9/18/2023	12/31/2999
J9119	Injection Cemiplimab-Rwlc 1 Mg	9/18/2023	12/31/2999
J9144	Injection Daratumumab 10 Mg And Hyaluronidase-Fihj	9/18/2023	12/31/2999
J9145	Injection Daratumumab 10 Mg	9/18/2023	12/31/2999
J9153	Injection Liposomal 1 Mg Daunorubicin And 2.27 Mg Cytarabine	9/18/2023	12/31/2999
J9161	Lymphir (denileukin diftitox-cxdl)	7/1/2025	12/31/2999
J9173	Injection Durvalumab 10 Mg	9/18/2023	12/31/2999
J9176	Injection Elotuzumab 1 Mg	9/18/2023	12/31/2999
J9177	Injection Enfortumab Vedotin-Ejfv 0.25 Mg	9/18/2023	12/31/2999
J9179	Injection Eribulin Mesylate 0.1 Mg	9/18/2023	12/31/2999
J9203	Injection Gemtuzumab Ozogamicin 0.1 Mg	9/18/2023	12/31/2999
J9204	Injection Mogamulizumab-Kpkc 1 Mg	9/18/2023	12/31/2999
J9205	Injection Irinotecan Liposome 1 Mg	9/18/2023	12/31/2999
J9207	Injection Ixabepilone 1 Mg	9/18/2023	12/31/2999
J9223	Injection Lurbinectedin 0.1 Mg	9/18/2023	12/31/2999
J9227	Injection Isatuximab-Irfc 10 Mg	9/18/2023	12/31/2999
J9228	Injection Ipilimumab 1 Mg	9/18/2023	12/31/2999
J9229	Injection Inotuzumab Ozogamicin 0.1 Mg	9/18/2023	12/31/2999
J9258	Injection Paclitaxel Protein-Bound Particles (Teva) Not Therapeutically Equivalent To J9264 1 Mg	9/18/2023	1/1/2025
J9259	Injection Paclitaxel Protein-Bound Particles (American Regent) Not Therapeutically Equivalent To J9264 1 Mg	9/18/2023	4/1/2025
J9264	Injection Paclitaxel Protein-Bound Particles 1 Mg	9/18/2023	12/31/2999
J9266	Injection Pegaspargase Per Single Dose Vial	9/18/2023	12/31/2999
J9269	Injection Tagraxofusp-Erzs 10 Micrograms	9/18/2023	12/31/2999
J9271	Injection Pembrolizumab 1 Mg	9/18/2023	12/31/2999
J9272	Injection Dostarlimab-Gxly 10 Mg	9/18/2023	12/31/2999
J9273	Injection Tisotumab Vedotin-Tftv 1 Mg	9/18/2023	12/31/2999
J9274	Injection Tebentafusp-Tebn 1 Microgram	9/18/2023	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
J9281	Mitomycin Pyelocalyceal Instillation 1 Mg	9/18/2023	12/31/2999
J9286	Injection Glofitamab-Gxbm 2.5 Mg	9/18/2023	12/31/2999
J9295	Injection Necitumumab 1 Mg	9/18/2023	12/31/2999
J9298	Injection Nivolumab And Relatlimab-Rmbw 3 Mg/1 Mg	9/18/2023	12/31/2999
J9299	Injection Nivolumab 1 Mg	9/18/2023	12/31/2999
J9301	Injection Obinutuzumab 10 Mg	9/18/2023	12/31/2999
J9302	Injection Ofatumumab 10 Mg	9/18/2023	12/31/2999
J9303	Injection Panitumumab 10 Mg	9/18/2023	12/31/2999
J9306	Injection Pertuzumab 1 Mg	9/18/2023	12/31/2999
J9308	Injection Ramucirumab 5 Mg	9/18/2023	12/31/2999
J9309	Injection Polatuzumab Vedotin-Piiq 1 Mg	9/18/2023	12/31/2999
J9311	Injection Rituximab 10 Mg And Hyaluronidase	9/18/2023	12/31/2999
J9312	Injection Rituximab 10 Mg	9/18/2023	12/31/2999
J9316	Injection Pertuzumab Trastuzumab And Hyaluronidase-Zzxf Per 10 Mg	9/18/2023	12/31/2999
J9317	Injection Sacituzumab Govitecan-Hziy 2.5 Mg	9/18/2023	12/31/2999
J9321	Injection Epcoritamab-Bysp 0.16 Mg	9/18/2023	12/31/2999
J9325	Injection Talimogene Laherparepvec Per 1 Million Plaque Forming Units	9/18/2023	12/31/2999
J9329	Injection, tislelizumab-jsgr, 1mg	1/1/2025	12/31/2999
J9331	Injection Sirolimus Protein-Bound Particles 1 Mg	9/18/2023	12/31/2999
J9332	Injection Efgartigimod Alfa-Fcab 2Mg	9/18/2023	12/31/2999
J9333	Injection, Rozanolixizumab-Noli, 1 Mg	1/1/2025	12/31/2999
J9334	Injection, Efgartigimod Alfa, 2 Mg And Hyaluronidase-Qvfc	1/1/2025	12/31/2999
J9345	Injection Retifanlimab-Dlwr 1 Mg	9/18/2023	12/31/2999
J9347	Injection Tremelimumab-Actl 1 Mg	9/18/2023	12/31/2999
J9348	Injection Naxitamab-Gqgk 1 Mg	9/18/2023	12/31/2999
J9349	Injection Tafasitamab-Cxix 2 Mg	9/18/2023	12/31/2999
J9350	Injection Mosunetuzumab-Axgb 1 Mg	9/18/2023	12/31/2999
J9352	Injection Trabectedin 0.1 Mg	9/18/2023	12/31/2999
J9353	Injection Margetuximab-Cmkb 5 Mg	9/18/2023	12/31/2999
J9354	Injection Ado-Trastuzumab Emtansine 1 Mg	9/18/2023	12/31/2999
J9355	Injection Trastuzumab Excludes Biosimilar 10 Mg	9/18/2023	12/31/2999
J9356	Injection Trastuzumab 10 Mg And Hyaluronidase-Oysk	9/18/2023	12/31/2999
J9358	Injection Fam-Trastuzumab Deruxtecan-Nxki 1 Mg	9/18/2023	12/31/2999
J9359	Injection Loncastuximab Tesirine-Lpyl 0.075 Mg	9/18/2023	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
J9361	Ryzneuta (efbemalenograstim alfa-vuxw)	9/18/2023	12/31/2999
J9376	Injection, Pozelimab-Bbfg, 1 Mg	1/1/2025	12/31/2999
J9380	Injection Teclistamab-Cqyv 0.5 Mg	9/18/2023	12/31/2999
J9999	Not Otherwise Classified Antineoplastic Drugs	9/18/2023	12/31/2999
K1027	Oral Device/Appliance Used To Reduce Upper Airway Collapsibility Without Fixed Mechanical Hinge Custom Fabricated Includes Fitting And Adjustment	9/18/2023	12/31/2999
L8600	Implantable Breast Prosthesis Silicone Or Equal	9/18/2023	12/31/2999
L8614	Cochlear Device Includes All Internal And External Components	9/18/2023	12/31/2999
L8615	Headset/Headpiece For Use With Cochlear Implant Device Replacement	9/18/2023	12/31/2999
L8616	Microphone For Use With Cochlear Implant Device Replacement	9/18/2023	12/31/2999
L8617	Transmitting Coil For Use With Cochlear Implant Device Replacement	9/18/2023	12/31/2999
L8618	Transmitter Cable For Use With Cochlear Implant Device Or Auditory Osseointegrated Device Replacement	9/18/2023	12/31/2999
L8619	Cochlear Implant External Speech Processor And Controller Integrated System Replacement	9/18/2023	12/31/2999
L8621	Zinc Air Battery For Use With Cochlear Implant Device And Auditory Osseointegrated Sound Processors Replacement Each	9/18/2023	12/31/2999
L8622	Alkaline Battery For Use With Cochlear Implant Device Any Size Replacement Each	9/18/2023	12/31/2999
L8623	Lithium Ion Battery For Use With Cochlear Implant Device Speech Processor Other Than Ear Level Replacement Each	9/18/2023	12/31/2999
L8624	Lithium Ion Battery For Use With Cochlear Implant Or Auditory Osseointegrated Device Speech Processor Ear Level Replacement Each	9/18/2023	12/31/2999
L8627	Cochlear Implant External Speech Processor Component Replacement	9/18/2023	12/31/2999
L8628	Cochlear Implant External Controller Component Replacement	9/18/2023	12/31/2999
L8629	Transmitting Coil And Cable Integrated For Use With Cochlear Implant Device Replacement	9/18/2023	12/31/2999
L8690	Auditory Osseointegrated Device Includes All Internal And External Components	9/18/2023	12/31/2999
L8691	Auditory Osseointegrated Device External Sound Processor Excludes Transducer/Actuator Replacement Only Each	9/18/2023	12/31/2999
L8693	Auditory Osseointegrated Device Abutment Any Length Replacement Only	9/18/2023	12/31/2999
Q2041	Axicabtagene CiloleuceL Up To 200 Million Autologous Anti-Cd19 Car Positive Viable T Cells Including Leukapheresis And Dose Preparation Procedures Per Therapeutic Dose	9/18/2023	12/31/2999
Q2042	TisagenlecleuceL Up To 600 Million Car-Positive Viable T Cells Including Leukapheresis And Dose Preparation Procedures Per Therapeutic Dose	9/18/2023	12/31/2999
Q2043	SipuleuceL-T Minimum Of 50 Million Autologous Cd54+ Cells Activated With Pap-Gm-Csf Including Leukapheresis And All Other Preparatory Procedures Per Infusion	9/18/2023	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
Q2050	Injection Doxorubicin Hydrochloride Liposomal Not Otherwise Specified 10Mg	9/18/2023	12/31/2999
Q2053	Brexucabtagene Autoleucl Up To 200 Million Autologous Anti-Cd19 Car Positive Viable T Cells Including Leukapheresis And Dose Preparation Procedures Per Therapeutic Dose	9/18/2023	12/31/2999
Q2054	Lisocabtagene Maraleucl Up To 110 Million Autologous Anti-Cd19 Car-Positive Viable T Cells Including Leukapheresis And Dose Preparation Procedures Per Therapeutic Dose	9/18/2023	12/31/2999
Q2055	Idecabtagene Vicleucl Up To 460 Million Autologous B-Cell Maturation Antigen (Bcma) Directed Car-Positive T Cells Including Leukapheresis And Dose Preparation Procedures Per Therapeutic Dose	9/18/2023	12/31/2999
Q2056	Ciltacabtagene Autoleucl Up To 100 Million Autologous B-Cell Maturation Antigen (Bcma) Directed Car-Positive T Cells Including Leukapheresis And Dose Preparation Procedures Per Therapeutic Dose	9/18/2023	12/31/2999
Q2057	Afamitresgene autoleucl, including leukapheresis and dose preparation procedures, per therapeutic dose	7/1/2025	12/31/2999
Q3001	Radioelements For Brachytherapy Any Type Each	9/18/2023	12/31/2999
Q4081	Injection Epoetin Alfa 100 Units (For Esrd On Dialysis)	9/18/2023	12/31/2999
Q5101	Injection Filgrastim-Sndz Biosimilar (Zarxio) 1 Microgram	9/18/2023	12/31/2999
Q5103	Injection Infliximab-Dyyb Biosimilar (Inflectra) 10 Mg	9/18/2023	12/31/2999
Q5104	Injection Infliximab-Abda Biosimilar (Renflexis) 10 Mg	9/18/2023	12/31/2999
Q5105	Injection Epoetin Alfa-Epbx Biosimilar (Retacrit) (For Esrd On Dialysis) 100 Units	9/18/2023	12/31/2999
Q5106	Injection Epoetin Alfa-Epbx Biosimilar (Retacrit) (For Non-Esrd Use) 1000 Units	9/18/2023	12/31/2999
Q5107	Injection Bevacizumab-Awwb Biosimilar (Mvasi) 10 Mg	9/18/2023	12/31/2999
Q5108	Injection Pegfilgrastim-Jmdb (Fulphila) Biosimilar 0.5 Mg	9/18/2023	12/31/2999
Q5109	Injection Infliximab-Qbtx Biosimilar (Ixifi) 10 Mg	9/18/2023	12/31/2999
Q5110	Injection Filgrastim-Aafi Biosimilar (Nivestym) 1 Microgram	9/18/2023	12/31/2999
Q5111	Injection Pegfilgrastim-Cbqv (Udenyca) Biosimilar 0.5 Mg	9/18/2023	12/31/2999
Q5112	Injection Trastuzumab-Dttb Biosimilar (Ontruzant) 10 Mg	9/18/2023	12/31/2999
Q5113	Injection Trastuzumab-Pkrb Biosimilar (Herzuma) 10 Mg	9/18/2023	12/31/2999
Q5114	Injection Trastuzumab-Dkst Biosimilar (Ogivri) 10 Mg	9/18/2023	12/31/2999
Q5115	Injection Rituximab-Abbs Biosimilar (Truxima) 10 Mg	9/18/2023	12/31/2999
Q5116	Injection Trastuzumab-Qyyp Biosimilar (Trazimera) 10 Mg	9/18/2023	12/31/2999
Q5117	Injection Trastuzumab-Anns Biosimilar (Kanjinti) 10 Mg	9/18/2023	12/31/2999
Q5118	Injection Bevacizumab-Bvzr Biosimilar (Zirabev) 10 Mg	9/18/2023	12/31/2999
Q5119	Injection Rituximab-Pvvr Biosimilar (Ruxience) 10 Mg	9/18/2023	12/31/2999
Q5120	Injection Pegfilgrastim-Bmez (Ziextenzo) Biosimilar 0.5 Mg	9/18/2023	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
Q5121	Injection Infliximab-Axxq Biosimilar (Avsola) 10 Mg	9/18/2023	12/31/2999
Q5122	Injection Pegfilgrastim-Apgf (Nyvepria) Biosimilar 0.5 Mg	9/18/2023	12/31/2999
Q5123	Injection Rituximab-Arrx Biosimilar (Riabni) 10 Mg	9/18/2023	12/31/2999
Q5125	Injection Filgrastim-Ayow Biosimilar (Releuko) 1 Microgram	9/18/2023	12/31/2999
Q5126	Injection Bevacizumab-Maly Biosimilar (Alymsys) 10 Mg	9/18/2023	12/31/2999
Q5127	Injection Pegfilgrastim-Fpgk (Stimufend) Biosimilar 0.5 Mg	9/18/2023	12/31/2999
Q5129	Injection Bevacizumab-Adcd (Vegzelma) Biosimilar 10 Mg	9/18/2023	12/31/2999
Q5130	Injection Pegfilgrastim-Pbbk (Fylnetra) Biosimilar 0.5 Mg	9/18/2023	12/31/2999
Q5133	Injection, Tocilizumab-Bavi (Tofidence), Biosimilar, 1 Mg	1/1/2025	12/31/2999
Q5134	Injection, Natalizumab-Sztn (Tyruko), Biosimilar, 1 Mg	1/1/2025	12/31/2999
Q5135	Injection, tocilizumab-aazg (tyenne), biosimilar, 1 mg	4/1/2025	12/31/2999
Q5136	Injection, denosumab-bbdz (jubonti/wyost), biosimilar, 1 mg	1/1/2025	12/31/2999
Q5138	ustekinumab-auub	1/1/2025	12/31/2999
Q5139	Injection, eculizumab-aeab (bkemv), biosimilar, 10 mg	4/1/2025	7/1/2025
Q5146	Trastuzumab-strf (Hercessi)	1/1/2025	12/31/2999
Q5148	Nypozi (filgrastim-txid)	7/1/2025	12/31/2999
Q5151	Injection, eculizumab-aagh (epysqli), biosimilar, 2 mg	7/1/2025	12/31/2999
Q5152	Injection, eculizumab-aeab (bkemv), biosimilar, 2 mg	7/1/2025	12/31/2999
Q9997	Injection, ustekinumab-ttwe (pyzchiva), intravenous, 1 mg	4/1/2025	12/31/2999
Q9998	Injection, ustekinumab-aekn (selarsdi), 1 mg	4/1/2025	12/31/2999
Q9999	Injection, ustekinumab-aaaz (otulfi), biosimilar, 1 mg	7/1/2025	12/31/2999
S2053	Transplantation Of Small Intestine And Liver Allografts	9/18/2023	12/31/2999
S2054	Transplantation Of Multivisceral Organs	9/18/2023	12/31/2999
S2060	Lobar Lung Transplantation	9/18/2023	12/31/2999
S2065	Simultaneous Pancreas Kidney Transplantation	9/18/2023	12/31/2999
S2102	Islet Cell Tissue Transplant From Pancreas; Allogeneic	9/18/2023	12/31/2999
S2112	Arthroscopy Knee Surgical For Harvesting Of Cartilage (Chondrocyte Cells)	9/18/2023	12/31/2999
S2120	Low Density Lipoprotein (Ldl) Apheresis Using Heparin-Induced Extracorporeal Ldl Precipitation	9/18/2023	12/31/2999
S2140	Cord Blood Harvesting For Transplantation Allogeneic	9/18/2023	12/31/2999
S2142	Cord Blood-Derived Stem-Cell Transplantation Allogeneic	9/18/2023	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
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	9/18/2023	12/31/2999
S3800	Genetic Testing For Amyotrophic Lateral Sclerosis (Als)	9/18/2023	12/31/2999
S3840	Dna Analysis For Germline Mutations Of The Ret Proto-Oncogene For Susceptibility To Multiple Endocrine Neoplasia Type 2	9/18/2023	12/31/2999
S3841	Genetic Testing For Retinoblastoma	9/18/2023	12/31/2999
S3842	Genetic Testing For Von Hippel-Lindau Disease	9/18/2023	12/31/2999
S3844	Dna Analysis Of The Connexin 26 Gene (Gjb2) For Susceptibility To Congenital Profound Deafness	9/18/2023	12/31/2999
S3845	Genetic Testing For Alpha-Thalassemia	9/18/2023	12/31/2999
S3846	Genetic Testing For Hemoglobin E Beta-Thalassemia	9/18/2023	12/31/2999
S3849	Genetic Testing For Niemann-Pick Disease	9/18/2023	12/31/2999
S3850	Genetic Testing For Sickle Cell Anemia	9/18/2023	12/31/2999
S3852	Dna Analysis For Apoe Epsilon 4 Allele For Susceptibility To Alzheimer'S Disease	9/18/2023	12/31/2999
S3853	Genetic Testing For Myotonic Muscular Dystrophy	9/18/2023	12/31/2999
S3854	Gene Expression Profiling Panel For Use In The Management Of Breast Cancer Treatment	9/18/2023	12/31/2999
S3861	Genetic Testing Sodium Channel Voltage-Gated Type V Alpha Subunit (Scn5A) And Variants For Suspected Brugada Syndrome	9/18/2023	12/31/2999
S3865	Comprehensive Gene Sequence Analysis For Hypertrophic Cardiomyopathy	9/18/2023	12/31/2999
S3866	Genetic Analysis For A Specific Gene Mutation For Hypertrophic Cardiomyopathy (Hcm) In An Individual With A Known Hcm Mutation In The Family	9/18/2023	12/31/2999
S3870	Comparative Genomic Hybridization (Cgh) Microarray Testing For Developmental Delay Autism Spectrum Disorder And/Or Intellectual Disability	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
S5502	Home infusion therapy, catheter care / maintenance, implanted access device, includes administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem (use this code for interim maintenance of vascular access not currently in use)	9/18/2023	12/31/2999
S8030	Scleral Application Of Tantalum Ring(S) For Localization Of Lesions For Proton Beam Therapy	9/18/2023	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
S8037	Magnetic Resonance Cholangiopancreatography (Mrcp)	9/18/2023	12/31/2999
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)	9/18/2023	12/31/2999
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)	9/18/2023	12/31/2999
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)	9/18/2023	12/31/2999
S9212	Home management of postpartum hypertension, includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use this code with any home infusion per diem code)	9/18/2023	12/31/2999
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)	9/18/2023	12/31/2999
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)	9/18/2023	12/31/2999
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)	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
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)	9/18/2023	12/31/2999
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)	9/18/2023	12/31/2999
S9375	Home infusion therapy, hydration therapy; more than one liter but no more than two liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
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)	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999
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	9/18/2023	12/31/2999

Procedure Code	Code Description	Effective Date	Ending Date
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)	9/18/2023	12/31/2999

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Please note that checking eligibility and benefits and/or the fact that a service has been prior authorized or has a recommended clinical review is not a guarantee of payment. Benefits will be determined once a claim is received and will be based upon, among other things, the member's eligibility and the terms of the member's certificate of coverage applicable on the date services were rendered. If you have questions, contact the number on the member's ID card.

This is not an exhaustive list of all codes. Codes may change, and this list may be updated throughout the year. The presence of codes on this list does not necessarily indicate coverage under the member benefits contract. Member contracts differ in their benefits. Always check eligibility and benefits first through the Availity® Essentials (availity.com) or your preferred web vendor portal to confirm coverage and other important details, including prior authorization or pre-notification requirements and vendors, if applicable. For some services/members, prior authorization may be required through Blue Cross and Blue Shield of New Mexico (BCBSNM). For other services/members, BCBSNM has contracted with Caredon Medical Benefits Management for utilization management and related services.

Services performed without prior authorization, if required, will be denied for payment and providers may not seek reimbursement from BCBSNM members. Obtaining prior authorization is not a substitute for checking eligibility and benefits.

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