



Anthem Blue Cross HMO Prior Authorization List

Anthem Precertification/Prior Authorization List for Aspire (Updated: April 11, 2025)

Verify benefits and eligibility with customer service for all services. There may be differences in coverage at the member or group level. Services listed in this guide may be governed by Anthem Blue Cross (Anthem) Medical Policies or Clinical Guidelines and may impact coverage decisions even when they do not require precertification. To review Medical Policies and Clinical Guidelines refer to the Provider Manual at www.anthem.com.

Note: NOC and unlisted codes may not reflect precertification is required but codes may require medical necessity review upon claims submission depending on diagnosis and/or reimbursement level.

DISCLAIMER: This list represents our standard codes for pre-service review requirements. Please note that a request may require additional documentation, such as a letter of intent and photo. Please call 866-757-8211 to verify the specific requirements of the patient's plan as requirements may vary.

Applied behavioral analysis (ABA) - Not all plans include benefits for ABA or adaptive behavioral treatment; contact customer service to determine if this is included as a benefit under the member's plan and to confirm precertification requirements.

Categories labeled as "Various" will not include a detailed breakdown of codes

Code	Code Type	Code Description	Authorization Required
Various	Various	ALL medical & surgical inpatient admissions - (includes In-Area / Out-of-Network / Out-of-Area / Out-of-State) Including but not limited to: <ul style="list-style-type: none"> • Elective Inpatient Admission • Direct admit • Scheduled • Emergency Room to inpatient • Hospice (Routine / Continuous / Inpatient) • Bariatric 	Yes
Various	Various	Transplant services, CAR-T and Gene Replacement Therapy , Injectable Medications related to transplants	Yes
Various	Various	Behavioral Health and Substance Abuse Services - Inpatient and Outpatient	Yes
Various	Various	Maternity admissions - Vaginal and Cesarean deliveries if more than 2 days or 4 days respectively	Yes
Various	Various	Gender Affirming (Transgender)	Yes
Various	Various	Clinical Trials	Yes
Various	Various	Ambulance; Air and Ground	Yes
D2928	CPT/HCPCS	PREFABRICATED PORCELAIN/CERAMIC CROWN - PERMANENT TOOTH	Yes
D0605	CPT/HCPCS	ANTIBODY TESTING FOR A PUBLIC HEALTH RELATED PATHOGEN, INCLUDING CORONAVIRUS	Yes
D0704	CPT/HCPCS	3-D PHOTOGRAPHIC IMAGE - IMAGE CAPTURE ONLY	Yes
D0706	CPT/HCPCS	INTRAORAL - OCCLUSAL RADIOGRAPHIC IMAGE - IMAGE CAPTURE ONLY	Yes
D3471	CPT/HCPCS	SURGICAL REPAIR OF ROOT RESORPTION - ANTERIOR	Yes
D0705	CPT/HCPCS	EXTRA-ORAL POSTERIOR DENTAL RADIOGRAPHIC IMAGE - IMAGE CAPTURE ONLY	Yes
D7961	CPT/HCPCS	BUCCAL/LABIAL FRENECTOMY (FRENULECTOMY)	Yes
D3472	CPT/HCPCS	SURGICAL REPAIR OF ROOT RESORPTION - PREMOLAR	Yes
D0708	CPT/HCPCS	INTRAORAL - BITEWING RADIOGRAPHIC IMAGE - IMAGE CAPTURE ONLY	Yes
D7993	CPT/HCPCS	SURGICAL PLACEMENT OF CRANIOFACIAL IMPLANT - EXTRA ORAL	Yes
D1321	CPT/HCPCS	COUNSELING FOR THE CONTROL AND PREVENTION OF ADVERSE ORAL, BEHAVIORAL, AND SYSTEMIC HEALTH EFFECTS ASSOCIATED WITH HIGH	Yes
D3503	CPT/HCPCS	SURGICAL EXPOSURE OF ROOT SURFACE WITHOUT APICOECTOMY OR REPAIR OF ROOT RESORPTION - MOLAR	Yes
D1355	CPT/HCPCS	CARIES PREVENTIVE MEDICAMENT APPLICATION - PER TOOTH	Yes
D7962	CPT/HCPCS	LINGUAL FRENECTOMY (FRENULECTOMY)	Yes
D0702	CPT/HCPCS	2-D CEPHALOMETRIC RADIOGRAPHIC IMAGE - IMAGE CAPTURE ONLY	Yes
D3501	CPT/HCPCS	SURGICAL EXPOSURE OF ROOT SURFACE WITHOUT APICOECTOMY OR REPAIR OF ROOT RESORPTION - ANTERIOR	Yes
D3502	CPT/HCPCS	SURGICAL EXPOSURE OF ROOT SURFACE WITHOUT APICOECTOMY OR REPAIR OF ROOT RESORPTION - PREMOLAR	Yes
D0709	CPT/HCPCS	INTRAORAL-COMPREHENSIVE SERIES OFRADIOGRAPHIC IMA GES-IMAGE CAPTURE ONLY	Yes
D7994	CPT/HCPCS	SURGICAL PLACEMENT: ZYGOMATIC IMPLANT	Yes
D3473	CPT/HCPCS	SURGICAL REPAIR OF ROOT RESORPTION - MOLAR	Yes
D6192	CPT/HCPCS	SEMI-PRECISION ATTACHMENT - PLACEMENT	Yes

D5995	CPT/HCPCS	PERIODONTAL MEDICAMENT CARRIER WITH PERIPHERAL SEAL - LABORATORY PROCESSED - MAXILLARY	Yes
D0703	CPT/HCPCS	2-D ORAL/FACIAL PHOTOGRAPHIC IMAGE OBTAINED INTRA-ORALLY OR EXTRA-ORALLY - IMAGE CAPTURE ONLY	Yes
D6191	CPT/HCPCS	SEMI-PRECISION ABUTMENT - PLACEMENT	Yes
D0707	CPT/HCPCS	INTRAORAL-PERIAPICAL RADIOGRAPHIC IMAGE-IMAGE CAPTURE ONLY	Yes
D5996	CPT/HCPCS	PERIODONTAL MEDICAMENT CARRIER WITH PERIPHERAL SEAL - LABORATORY PROCESSED - MANDIBULAR	Yes
D0701	CPT/HCPCS	PANORAMIC RADIOGRAPHIC IMAGE - IMAGE CAPTURE ONLY	Yes
D0604	CPT/HCPCS	ANTIGEN TESTING FOR A PUBLIC HEALTH RELATED PATHOGEN, INCLUDING CORONAVIRUS	Yes
D9957	CPT/HCPCS	SCREENING FOR SLEEP RELATED BREATHING DISORDERS	Yes
D5876	CPT/HCPCS	ADD METAL SUBSTRUCTURE TO ACRYLIC FULL DENTURE (PER ARCH)	Yes
D5283	CPT/HCPCS	REMOVABLE UNILATERAL PARTIAL DENTURE - ONE PIECE CAST METAL (INCLUDING CLASPS AND TEETH), MANDIBULAR	Yes
D5282	CPT/HCPCS	REMOVABLE UNILATERAL PARTIAL DENTURE - ONE PIECE CAST METAL (INCLUDING CLASPS AND TEETH), MAXILLARY	Yes
D1527	CPT/HCPCS	SPACE MAINTAINER - REMOVABLE - BILATERAL, MANDIBULAR	Yes
D0365	CPT/HCPCS	CONE BEAM CT CAPTURE AND INTERPRETATION WITH FIELD VIEW OF ONE FULL DENTAL ARCH-MANDIBLE	Yes
D0366	CPT/HCPCS	CONE BEAM CT CAPTURE AND INTERPRETATION WITH FIELD VIEW OF ONE FULL DENTAL ARCH-MAXILLA, WITH OR WITHOUT CRANIUM	Yes
D0367	CPT/HCPCS	CONE BEAM CT CAPTURE AND INTERPRETATION WITH FIELD VIEW OF BOTH JAWS, WITH OR WIHTOUT CRANIUM	Yes
D0368	CPT/HCPCS	CONE BEAM CT CAPTURE AND INTERPRETATION FOR TMJ SERIES INCLUDING TWO OR MORE EXPOSURES	Yes
D9997	CPT/HCPCS	DENTAL CASE MANAGEMENT - PATIENTS WITH SPECIAL HEALTH CARE NEEDS	Yes
D8704	CPT/HCPCS	REPLACEMENT OF LOST OR BROKEN RETAINER - MANDIBULAR	Yes
D8703	CPT/HCPCS	REPLACEMENT OF LOST OR BROKEN RETAINER - MAXILLARY	Yes
D8702	CPT/HCPCS	REPAIR OF FIXED RETAINER, INCLUDES REATTACHMENT - MANDIBULAR	Yes
D1526	CPT/HCPCS	SPACE MAINTAINER - REMOVABLE - BILATERAL, MAXILLARY	Yes
D1517	CPT/HCPCS	SPACE MAINTAINER - FIXED - BILATERAL, MANDIBULAR	Yes
D1516	CPT/HCPCS	SPACE MAINTAINER - FIXED - BILATERAL, MAXILLARY	Yes
D2961	CPT/HCPCS	LABIAL VENEER (RESIN LAMINATE) - LABORATORY	Yes
D6722	CPT/HCPCS	RETAINER FIXED PARTIAL DENTURE RETAINER - CROWN - RESIN WITH NOBLE METAL	Yes
D0369	CPT/HCPCS	MAXILLOFACIAL MRI CAPTURE AND INTERPRETATION	Yes
D0370	CPT/HCPCS	MAXILLOFACIAL ULTRASOUND CAPTURE AND INTERPRETATION	Yes
D0380	CPT/HCPCS	CONE BEAM CT IMAGE CAPTURE WITH LIMITED FIELD OF VIEW-LESS THAN ONE WHOLE JAW	Yes
D0381	CPT/HCPCS	CONE BEAM CT IMAGE CAPTURE WITH FIELD OF VIEW OF ONE FULL DENTAL ARCH- MANDIBLE	Yes
D2651	CPT/HCPCS	INLAY - RESIN-BASED COMPOSITE COMPOSITE/RESIN - TWO SURFACES	Yes
D8701	CPT/HCPCS	REPAIR OF FIXED RETAINER, INCLUDES REATTACHMENT - MAXILLARY	Yes
D8699	CPT/HCPCS	RE-CEMENT OR RE-BOND FIXED RETAINER - MANDIBULAR	Yes
D8698	CPT/HCPCS	RE-CEMENT OR RE-BOND FIXED RETAINER - MAXILLARY	Yes
D8697	CPT/HCPCS	REPAIR OF ORTHODONTIC APPLIANCE - MANDIBULAR	Yes
D0191	CPT/HCPCS	ASSESSMENT OF A PATIENT	Yes
D8030	CPT/HCPCS	LIMITED ORTHODONTIC TREATMENT OF THE ADOLESCENT DENTITION	Yes
D0382	CPT/HCPCS	CONE BEAM CT IMAGE CAPTURE WITH FIELD OF VIEW OF ONE FULL DENTAL ARCH - MAXILLA, WITH OR WITHOUT CRANIUM	Yes
D0383	CPT/HCPCS	CONE BEAM CT IMAGE CAPTURE WITH FIELD OF VIEW OF BOTH JAWS, WITH OR WITHOUT CRANIUM	Yes
D0384	CPT/HCPCS	CONE BEAM CT IMAGE CAPTURE FOR TMJ SERIES INCLUDING TWO OR MORE EXPOSURES	Yes
D2652	CPT/HCPCS	INLAY - RESIN-BASED COMPOSITE COMPOSITE/RESIN - THREE OR MORE SURFACES	Yes
D2662	CPT/HCPCS	ONLAY - RESIN-BASED COMPOSITE COMPOSITE/RESIN - TWO SURFACES	Yes
D2663	CPT/HCPCS	ONLAY - RESIN-BASED COMPOSITE COMPOSITE/RESIN - THREE SURFACES	Yes
D2664	CPT/HCPCS	ONLAY - RESIN-BASED COMPOSITE COMPOSITE/RESIN - FOUR OR MORE SURFACES	Yes
D2720	CPT/HCPCS	CROWN - RESIN WITH HIGH NOBLE METAL	Yes

D8696	CPT/HCPCS	REPAIR OF ORTHODONTIC APPLIANCE - MAXILLARY	Yes
D7922	CPT/HCPCS	PLACEMENT OF INTRA-SOCKET BIOLOGICAL DRESSING TO AID IN HEMOSTASIS OR CLOT STABILIZATION, PER SITE	Yes
D6784	CPT/HCPCS	RETAINER CROWN 3/4 - TITANIUM AND TITANIUM ALLOYS	Yes
D6753	CPT/HCPCS	RETAINER CROWN - PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOYS	Yes
D0385	CPT/HCPCS	MAXILLOFACIAL MRI IMAGE CAPTURE	Yes
D0386	CPT/HCPCS	MAXILLOFACIAL ULTRASOUND IMAGE CAPTURE	Yes
D0391	CPT/HCPCS	INTERPRETATION OF DIAGNOSTIC IMAGE BY A PRACTITIONER NOT ASSOCIATED WITH CAPTURE OF THE IMAGE, INCLUDING REPORT	Yes
D0393	CPT/HCPCS	VIRTUAL TREATMENT SIMULATION USING 3D IMAGE OR SURFACE SCAN	Yes
D0394	CPT/HCPCS	DIGITAL SUBTRACTION OF TWO OR MORE IMAGES VOLUMES OF THE SAME MODALITY	Yes
D2721	CPT/HCPCS	CROWN - RESIN WITH PREDOMINANTLY BASE METAL	Yes
D2722	CPT/HCPCS	CROWN - RESIN WITH NOBLE METAL	Yes
D2740	CPT/HCPCS	CROWN - PORCELAIN/CERAMIC	Yes
D2750	CPT/HCPCS	CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL	Yes
D2790	CPT/HCPCS	CROWN - FULL CAST HIGH NOBLE METAL	Yes
D6243	CPT/HCPCS	PONTIC - PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOYS	Yes
D6195	CPT/HCPCS	ABUTMENT SUPPORTED RETAINER - PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOYS	Yes
D6123	CPT/HCPCS	IMPLANT SUPPORTED RETAINER FOR METAL FPD - TITANIUM AND TITANIUM ALLOYS	Yes
D6122	CPT/HCPCS	IMPLANT SUPPORTED RETAINER FOR METAL FPD - NOBLE ALLOYS	Yes
D0395	CPT/HCPCS	FUSION OF TWO OR MORE 3D IMAGE VOLUMES OF ONE OR MORE MODALITIES	Yes
D0414	CPT/HCPCS	LABORATORY PROCESSING OF MICROBIAL SPECIMENT TO INCLUDE CULTURE AND SENSITIVITY STUDIES, PREPARATION AND TRANSMISSION OF	Yes
D0425	CPT/HCPCS	CARIES SUSCEPTIBILITY TESTS	Yes
D0431	CPT/HCPCS	ADJUNCTIVE PRE-DIAGNOSTIC TEST THAT AIDS IN DETECTION OF MUCOSAL ABNORMALITIES	Yes
D0460	CPT/HCPCS	PULP VITALITY TESTS	Yes
D2791	CPT/HCPCS	CROWN - FULL CAST HIGH PREDOMINANTLY BASE METAL	Yes
D2794	CPT/HCPCS	CROWN - TITANIUM AND TITANIUM ALLOYS	Yes
D2799	CPT/HCPCS	INTERIM CROWN - FURTHER TREATMENT OR COMPLETION OF DIAGNOSIS NECESSARY PRIOR TO FINAL IMPRESSION	Yes
D2910	CPT/HCPCS	RE-CEMENT OR RE-BOND INLAY, ONLAY, VENEER OR PARTIAL COVERAGE RESTORATION	Yes
D2915	CPT/HCPCS	RE-CEMENT OR RE-BOND INDIRECTLY FABRICATED OR PREFABRICATED POST AND CORE	Yes
D6121	CPT/HCPCS	IMPLANT SUPPORTED RETAINER FOR METAL FPD - PREDOMINANTLY BASE ALLOYS	Yes
D6120	CPT/HCPCS	IMPLANT SUPPORTED RETAINER - PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOYS	Yes
D6099	CPT/HCPCS	IMPLANT SUPPORTED RETAINER FOR FPD - PORCELAIN FUSED TO NOBLE ALLOYS	Yes
D6098	CPT/HCPCS	IMPLANT SUPPORTED RETAINER - PORCELAIN FUSED TO PREDOMINANTLY BASE ALLOYS	Yes
D0470	CPT/HCPCS	DIAGNOSTIC CASTS	Yes
D0472	CPT/HCPCS	ACCESSION OF TISSUE, GROSS EXAMINATION, PREPARATION AND TRANSMISSION OF WRITTEN REPORT	Yes
D0474	CPT/HCPCS	ACCESSION OF TISSUE, GROSS AND MICROSCOPIC EXAM, INCL ASSESS SURG MARGINS FOR DISEASE, PREP AND TRANS OF WRITTEN REPORT	Yes
D0475	CPT/HCPCS	DECALCIFICATION PROCEDURE	Yes
D0476	CPT/HCPCS	SPECIAL STAINS FOR MICROORGANISMS	Yes
D6097	CPT/HCPCS	ABUTMENT SUPPORTED CROWN - PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOYS	Yes
D6088	CPT/HCPCS	IMPLANT SUPPORTED CROWN - TITANIUM AND TITANIUM ALLOYS	Yes
D6087	CPT/HCPCS	IMPLANT SUPPORTED CROWN - NOBLE ALLOYS	Yes
D6086	CPT/HCPCS	IMPLANT SUPPORTED CROWN - PREDOMINANTLY BASE ALLOYS	Yes
D0478	CPT/HCPCS	IMMUNOHISTOCHEMICAL STAINS	Yes
D0479	CPT/HCPCS	TISSUE IN-SITU HYBRIDIZATION, INCLUDING INTERPRETATION	Yes
D0480	CPT/HCPCS	ACCESSION OF EXFOLIATIVE CYTOLOGIC SMEARS, MICROSCOPIC EXAMINATION, PREPARATION	Yes
D0481	CPT/HCPCS	ELECTRON MICROSCOPY	Yes

D0483	CPT/HCPCS	INDIRECT IMMUNOFLUORESCENCE	Yes
D6084	CPT/HCPCS	IMPLANT SUPPORTED CROWN - PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOYS	Yes
D6083	CPT/HCPCS	IMPLANT SUPPORTED CROWN - PORCELAIN FUSED TO NOBLE ALLOYS	Yes
D6082	CPT/HCPCS	IMPLANT SUPPORTED CROWN - PORCELAIN FUSED TO PREDOMINANTLY BASE ALLOYS	Yes
D5286	CPT/HCPCS	REMOVABLE UNILATERAL PARTIAL DENTURE - ONE PIECE RESIN (INCLUDING CLASPS AND TEETH) - PER QUADRANT	Yes
D0484	CPT/HCPCS	CONSULTATION ON SLIDES PREPARED ELSEWHERE	Yes
D0485	CPT/HCPCS	CONSULTATION, INCLUDING PREPARATION OF SLIDES FROM BIOPSY MATERIAL SUPPLIED BY	Yes
D0486	CPT/HCPCS	LABORATORY ACCESSION OF BRUSH BIOPSY SAMPLE, MICROSCOPIC EXAMINATION, PREPARATION AND TRANSMISSION OF WRITTEN REPORT	Yes
D0502	CPT/HCPCS	OTHER ORAL PATHOLOGY PROCEDURES, BY REPORT	Yes
D0600	CPT/HCPCS	NON-IONIZING DIAGNOSTIC PROCEDURE CAPABLE OF QUANTIFYING, MONITORING, AND RECORDING CHANGES IN STRUCTURE OF ENAMEL,DENTI	Yes
D0601	CPT/HCPCS	CARIES RISK ASSESSMENT AND DOCUMENTATION, WITH A FINDING OF LOW RISK	Yes
D0602	CPT/HCPCS	CARIES RISK ASSESSMENT AND DOCUMENTATION, WITH A FINDING OF MODERATE RISK	Yes
D0415	CPT/HCPCS	COLLECTION OF MICROORGANISMS FOR CULTURE AND SENSITIVITY	Yes
D0416	CPT/HCPCS	VIRAL CULTURE	Yes
D0417	CPT/HCPCS	COLLECTION AND PREPARATION OF SALIVA SAMPLE FOR LABORATORY TESTING	Yes
D0418	CPT/HCPCS	ANALYSIS OF SALIVA SAMPLE	Yes
D0423	CPT/HCPCS	GENETIC TEST FOR SUSCEPTIBILITY TO DISEASES-SPECIMEN ANALYSIS	Yes
70350	CPT/HCPCS	CEPHALOGRAM, ORTHODONTIC	Yes
70355	CPT/HCPCS	ORTHOPANTOGRAM	Yes
D9940	CPT/HCPCS	OCCLUSAL GUARD, BY REPORT	Yes
D5281	CPT/HCPCS	REMOVABLE UNILATERAL PARTIAL DENTURE - ONE PIECE CAST METAL (INCL CLASPS AND TEETH)	Yes
D1525	CPT/HCPCS	SPACE MAINTAINER - REMOVABLE-BILATERAL	Yes
D1515	CPT/HCPCS	SPACE MAINTAINER - FIXED-BILATERAL	Yes
512	Revenue	DENTAL CLINIC	Yes
D0120	CPT/HCPCS	PERIODIC ORAL EVALUATION - ESTABLISHED PATIENT	Yes
D0145	CPT/HCPCS	ORAL EVALUATION FOR A PATIENT UNDER THREE YEARS OF AGE AND COUNSELING W/PRIMARY CAREGIVER	Yes
D0150	CPT/HCPCS	COMPREHENSIVE ORAL EVALUATION	Yes
D0160	CPT/HCPCS	DETAILED AND EXTENSIVE ORAL EVALUATION- PROBLEM FOCUSED, BY REPORT	Yes
D0170	CPT/HCPCS	RE-EVALUATION-LIMITED, PROBLEM FOCUSED (ESTABLISHED PATIENT NOT POST-OPERATIVE VISIT)	Yes
D0171	CPT/HCPCS	RE-EVALUATION - POST-OPERATIVE OFFICE VISIT	Yes
D5284	CPT/HCPCS	REMOVABLE UNILATERAL PARTIAL DENTURE - ONE PIECE FLEXIBLE BASE (INCLUDING CLASPS AND TEETH) - PER QUADRANT	Yes
D2753	CPT/HCPCS	CROWN - PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOYS	Yes
D1558	CPT/HCPCS	REMOVAL OF FIXED BILATERAL SPACE MAINTAINER - MANDIBULAR	Yes
D1557	CPT/HCPCS	REMOVAL OF FIXED BILATERAL SPACE MAINTAINER - MAXILLARY	Yes
D0180	CPT/HCPCS	COMPREHENSIVE PERIODONTAL EVALUATION - NEW OR ESTABLISHED PATIENT	Yes
D0190	CPT/HCPCS	SCREENING OF A PATIENT	Yes
D0210	CPT/HCPCS	INTRAORAL-COMPREHENSIVE SERIES OF RADIOGRAPHIC IMAGES	Yes
D0230	CPT/HCPCS	INTRAORAL-PERIAPICAL-EACH ADDITIONAL RADIOGRAPHIC IMAGE	Yes
D0240	CPT/HCPCS	INTRAORAL-OCCLUSAL RADIOGRAPHIC IMAGE	Yes
D1556	CPT/HCPCS	REMOVAL OF FIXED UNILATERAL SPACE MAINTAINER - PER QUADRANT	Yes
D1553	CPT/HCPCS	RE-CEMENT OR RE-BOND UNILATERAL SPACE MAINTAINER - PER QUADRANT	Yes
D1552	CPT/HCPCS	RE-CEMENT OR RE-BOND BILATERAL SPACE MAINTAINER - MANDIBULAR	Yes
D1551	CPT/HCPCS	RE-CEMENT OR RE-BOND BILATERAL SPACE MAINTAINER - MAXILLARY	Yes
D0250	CPT/HCPCS	EXTRA-ORAL 2D PROJECTION RADIOGRAPHIC IMAGE CREATED USING STATIONARY RADIATION SOURCE, AND DETECTOR	Yes
D0251	CPT/HCPCS	EXTRA-ORAL POSTERIOR DENTAL RADIOGRAPHIC IMAGE	Yes
D0270	CPT/HCPCS	BITEWING-SINGLE RADIOGRAPHIC IMAGE	Yes

D0272	CPT/HCPCS	BITEWINGS-TWO RADIOGRAPHIC IMAGE	Yes
D0273	CPT/HCPCS	BITEWINGS - THREE RADIOGRAPHIC IMAGE	Yes
D0419	CPT/HCPCS	ASSESSMENT OF SALIVARY FLOW BY MEASUREMENT	Yes
D9990	CPT/HCPCS	CERTIFIED TRANSLATION OR SIGN-LANGUAGE SERVICES - PER VISIT	Yes
D9961	CPT/HCPCS	DUPLICATE/COPY PATIENT'S RECORDS	Yes
D9946	CPT/HCPCS	OCCLUSAL GUARD - HARD APPLIANCE, PARTIAL ARCH	Yes
D0274	CPT/HCPCS	BITEWINGS-FOUR RADIOGRAPHIC IMAGES	Yes
D0277	CPT/HCPCS	VERTICAL BITEWINGS-7 TO 8 RADIOGRAPHIC IMAGE	Yes
D0310	CPT/HCPCS	SIALOGRAPHY	Yes
D0320	CPT/HCPCS	TEMPOROMANDIBULAR JOINT ARTHROGRAM, INCLUDING INJECTION	Yes
D0321	CPT/HCPCS	OTHER TEMPOROMANDIBULAR JOINT RADIOGRAPHIC IMAGES, BY REPORT	Yes
D9945	CPT/HCPCS	OCCLUSAL GUARD - SOFT APPLIANCE, FULL ARCH	Yes
D9944	CPT/HCPCS	OCCLUSAL GUARD - HARD APPLIANCE, FULL ARCH	Yes
D9613	CPT/HCPCS	INFILTRATION OF SUSTAINED RELEASE THERAPEUTIC DRUG, PER QUADRANT	Yes
D9130	CPT/HCPCS	TEMPOROMANDIBULAR JOINT DYSFUNCTION - NON-INVASIVE PHYSICAL THERAPIES	Yes
D0322	CPT/HCPCS	TOMOGRAPHIC SURVEY	Yes
D0330	CPT/HCPCS	PANORAMIC RADIOGRAPHIC IMAGES	Yes
D0350	CPT/HCPCS	2D ORAL/FACILLA PHOTOGRAPHIC IMAGE OBTAINED INTRA-ORALLY OR EXTRA-ORALLY	Yes
D0351	CPT/HCPCS	3D PHOTOGRAPHIC IMAGE	Yes
D0364	CPT/HCPCS	CONE BEAM CT CAPTURE AND INTERPRETATION WITH LIMITED FIELD VIEW- LESS THAN ONE WHOLE JAW	Yes
D9942	CPT/HCPCS	REPAIR AND/OR RELINE OF OCCLUSAL GUARD	Yes
D9943	CPT/HCPCS	OCCLUSAL GUARD ADJUSTMENT	Yes
D7858	CPT/HCPCS	JOINT RECONSTRUCTION	Yes
D7860	CPT/HCPCS	ARTHROTOMY	Yes
D7865	CPT/HCPCS	ARTHROPLASTY	Yes
D9986	CPT/HCPCS	MISSED APPOINTMENT	Yes
D9987	CPT/HCPCS	CANCELLED APPOINTMENT	Yes
D7321	CPT/HCPCS	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH	Yes
D7340	CPT/HCPCS	VESTIBULOPLASTY - RIDGE EXTENSION (SECOND EPITHELIALIZATION)	Yes
D7730	CPT/HCPCS	MANDIBLE - OPEN REDUCTION, COMPOUND	Yes
D7740	CPT/HCPCS	MANDIBLE - CLOSED REDUCTION, COMPOUND	Yes
D7750	CPT/HCPCS	MALAR AND/OR ZYGOMATIC ARCH - OPEN REDUCTION, COMPOUND	Yes
D9230	CPT/HCPCS	ANALGESIA, ANXIOLYSIS, INHALATION OF NITROUS OXIDE	Yes
D9243	CPT/HCPCS	INTRAVENOUS MODERATE (CONCIOUS) SEDATION/ANALGESIA- EACH SUBSEQUENT 15 MINUTE INCREMENT	Yes
D7870	CPT/HCPCS	ARTHROCENTESIS	Yes
D7871	CPT/HCPCS	NON-ARTHROSCOPIC LYSIS AND LAVAGE	Yes
D7872	CPT/HCPCS	ARTHROSCOPY - DIAGNOSIS, WITH OR WITHOUT BIOPSY	Yes
D7874	CPT/HCPCS	ARTHROSCOPY: DISC REPOSITIONING AND STABILIZATION	Yes
D7875	CPT/HCPCS	ARTHOSCOPY: SYNOVECTOMY	Yes
D7350	CPT/HCPCS	VESTIBULOPLASTY - RIDGE EXTENSION (INCL SOFT TISSUE GRAFTS, MUSLE REATTACHMENTS, REVISION OF SOFT TISSUE ATTACHMENT AND	Yes
D7410	CPT/HCPCS	EXCISION OF BENIGN LESION UP TO 1.25CM	Yes
D7411	CPT/HCPCS	EXCISION OF BENIGN LESION GREATER THAN 1.25CM	Yes
D7971	CPT/HCPCS	EXCISION OF PERICORONAL GINGIVA	Yes
D7972	CPT/HCPCS	SURGICAL REDUCTION OF FIROUS TUBEROSITY	Yes
D9248	CPT/HCPCS	NON-INTRAVENTOUS CONSCIOUS SEDATION	Yes
D9310	CPT/HCPCS	CONSULTATION - DIAGNOSTIC SERVICE PROVIDED BY DENTIST OR PHYSICIAN OTHER THAN PRACTITIONER PROVIDING TX	Yes
D9311	CPT/HCPCS	CONSULTATION WITH A MEDICAL HEALTH CARE PROFESSIONAL	Yes
D7770	CPT/HCPCS	ALVEOLUS OPEN REDUCTION STABILIZATION OF TEETH, COMPOUND	Yes
D7771	CPT/HCPCS	ALVEOLUS CLOSED REDUCTION STABILIZATION OF TEETH, COMPOUND	Yes
D2921	CPT/HCPCS	REATTACHMENT OF TOOTH FRAGMENT, INCISAL EDGE OR CUSP	Yes
D7876	CPT/HCPCS	ARTHROSCOPY - SURGICAL: DISCECTOMY	Yes
D7877	CPT/HCPCS	ARTHROSCOPY: DEBRIDEMENT	Yes
D7880	CPT/HCPCS	OCCLUSAL ORTHOTIC DEVICE, BY REPORT	Yes
D7899	CPT/HCPCS	UNSPECIFIED TMD THERAPY, BY REPORT	Yes
D7910	CPT/HCPCS	SUTURE OF RECENT SMALL WOUNDS UP TO 5CM	Yes
D7980	CPT/HCPCS	SURGICAL SIALOLITHOTOMY	Yes
D7981	CPT/HCPCS	EXCISION OF SALIVARY GLAND, BY REPORT	Yes

D7982	CPT/HCPCS	SIALODOCHOPLASTY	Yes
D7983	CPT/HCPCS	CLOSURE OF SALIVARY FISTULA	Yes
D9991	CPT/HCPCS	DENTAL CASE MANAGEMENT - ADDRESSING APPOINTMENT COMPLIANCE BARRIERS	Yes
D7780	CPT/HCPCS	FACIAL BONES-COMPLICATED REDUCTION WITH FIXATION AND MULTIPLE APPROACHES	Yes
D7810	CPT/HCPCS	OPEN REDUCTION OF DISLOCATION	Yes
D7820	CPT/HCPCS	CLOSED REDUCTION OF DISLOCATION	Yes
D9420	CPT/HCPCS	HOSPITAL CALL	Yes
D9430	CPT/HCPCS	OFFICE VISIT FOR OBSERVATION (DURING REGULARLY SCHEDULED HOURS) - NO OTHER SERVICES PERFORMED	Yes
D2929	CPT/HCPCS	PREFABRICATED PORCELAIN/CERAMIC CROWN - PRIMARY TOOTH	Yes
D2930	CPT/HCPCS	PREFABRICATED STAINLESS STEEL CROWN - PRIMARY TOOTH	Yes
D2931	CPT/HCPCS	PREFABRICATED STAINLESS STEEL CROWN - PERMANENT TOOTH	Yes
D2933	CPT/HCPCS	PREFABRICATED STAINLESS STEEL CROWN WITH RESIN WINDOW	Yes
D2934	CPT/HCPCS	PREFABRICATED ESTHETIC COATED STAINLESS STEEL CROWN-PRIMARYTOOTH	Yes
D7911	CPT/HCPCS	COMPLICATED SUTURE - UP TO 5CM	Yes
D7912	CPT/HCPCS	COMPLICATED SUTURE - GREATER THAN 5CM	Yes
D7920	CPT/HCPCS	SKIN GRAFT (IDENTIFY DEFECT COVERED, LOCATION AND TYPE OF GRAFT)	Yes
D7921	CPT/HCPCS	COLLECTION AND APPLICATOIN OF AUTOLOGOUS BLOOD CONCETRATE PRODUCT	Yes
D7940	CPT/HCPCS	OSTEOPLASTY - FOR ORTHOGNATHIC DEFORMITIES	Yes
D9992	CPT/HCPCS	DENTAL CASE MANAGEMENT - CARE COORDINATION	Yes
D9994	CPT/HCPCS	DENTAL CASE MANAGEMENT - PATIENT EDUCATION TO IMPROVE ORAL HEALTH LITERACY	Yes
D9999	CPT/HCPCS	UNSPECIFIED ADJUNCTIVE PROCEDURE, BY REPORT	Yes
D7412	CPT/HCPCS	EXCISION OF BENIGN LESION, COMPLICATED	Yes
D7413	CPT/HCPCS	EXCISION OF MALIGNANT LESION UP TO 1.25CM	Yes
D9450	CPT/HCPCS	CASE PRESENTATION, SUBSEQUENT TO DETAILED AND EXTENSIVE TREATMENT PLANNING	Yes
D9610	CPT/HCPCS	THERAPEUTIC PARENTERAL DRUG, SINGLE ADMINISTRATION	Yes
D9612	CPT/HCPCS	THERAPEUTIC PARENTERAL DRUGS, 2 OR MORE ADMINISTRATIONS, DIFFERENT MEDICATIONS	Yes
D7830	CPT/HCPCS	MANIPULATION UNDER ANESTHESIA	Yes
D7840	CPT/HCPCS	CONDYLECTOMY	Yes
D2940	CPT/HCPCS	PLACEMENT OF INTERIM DIRECT RESTORATION	Yes
D2941	CPT/HCPCS	INTERIM THERAPEUTIC RESTORATION - PRIMARY DENTITION	Yes
D2949	CPT/HCPCS	RESTORATIVE FOUNDATION FOR AN INDIRECT RESTORATION	Yes
D2950	CPT/HCPCS	CORE BUILDUP, INCLUDING ANY PINS WHEN REQUIRED	Yes
D2951	CPT/HCPCS	PIN RETENTION - PER TOOTH, IN ADDITION TO RESTORATION	Yes
D7941	CPT/HCPCS	OSTEOTOMY - MANDIBULAR RAMI	Yes
D7943	CPT/HCPCS	OSTEOTOMY - MANDIBULAR RAMI WITH BONE GRAFT; INCL OBTAINING THE GRAFT	Yes
D7945	CPT/HCPCS	OSTEOTOMY - BODY OF MANDIBLE	Yes
D7288	CPT/HCPCS	BRUSH BIOPSY - TRANSEPIHELIAL SAMPLE COLLECTION	Yes
D7290	CPT/HCPCS	SURGICAL REPOSITIONING OF TEETH	Yes
D7415	CPT/HCPCS	EXCISION OF MALIGNANT LESION, COMPLICATED	Yes
D7440	CPT/HCPCS	EXCISION OF MALIGNANT TUMOR - LESION DIAMETER UP TO 1.25CM	Yes
D7441	CPT/HCPCS	EXCISION OF MALIGNANT TUMOR - LESION DIAMETER GREATER THAN 1.25CM	Yes
D7990	CPT/HCPCS	EMERGENCY TRACHEOTOMY	Yes
D7995	CPT/HCPCS	SYNTHETIC GRAFT - MANDIBLE OR FACIAL BONES, BY REPORT	Yes
D2953	CPT/HCPCS	EACH ADDITIONAL INDIRECTLY FABRICATED POST - SAME TOOTH	Yes
D2954	CPT/HCPCS	PREFABRICATED POST AND CORE IN ADDITION TO CROWN	Yes
D2955	CPT/HCPCS	POST REMOVAL	Yes
D2752	CPT/HCPCS	CROWN - PORCELAIN FUSED TO NOBLE METAL	Yes
D2780	CPT/HCPCS	CROWN - 3/4 CAST HIGH NOBLE METAL	Yes
D7996	CPT/HCPCS	IMPLANT - MANDIBLE FOR AUGMENTATION PURPOSES (EXCLUDING ALVEOLAR RIDGE), BY REPORT	Yes
D7997	CPT/HCPCS	APPLIANCE REMOVAL (NOT BY DENTIST WHO PLACED APPLIANCE), INCL REMOVAL OF ARCHBAR	Yes
D7998	CPT/HCPCS	INTRAORAL PLACEMENT OF A FIXATION DEVICE NOT IN CONJUNCTION WITH A FRACTURE	Yes
D7450	CPT/HCPCS	REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR - LESION DIAMETER UP TO 1.25CM	Yes

D7451	CPT/HCPCS	REMOVAL OF ODONTOGENIC CYST OR TUMOR; LESION DIAMETER OVER 1.25 CM	Yes
D2781	CPT/HCPCS	CROWN - 3/4 CAST HIGH NOBLE METAL PREDOMINANTLY BASE METAL	Yes
D2782	CPT/HCPCS	CROWN - 3/4 CAST NOBLE METAL	Yes
D2783	CPT/HCPCS	CROWN - 3/4 CAST PORCELAIN/CERAMIC	Yes
D0999	CPT/HCPCS	UNSPECIFIED DIAGNOSTIC PROCEDURE, BY REPORT	Yes
D1110	CPT/HCPCS	PROPHYLAXIS - ADULT	Yes
D7460	CPT/HCPCS	REMOVAL OF BENIGN NONODONTOGENIC CYST OR TUMOR - LESION DIAMETER UP TO 1.25CM	Yes
D7461	CPT/HCPCS	REMOVAL OF BENIGN NONODONTOGENIC CYST OR TUMOR - LESION DIAMETER GREATER THAN 1.25CM	Yes
D7465	CPT/HCPCS	DESTRUCTION OF LESION(S) BY PHYSICAL OR CHEMICAL METHOD, BY REPORT	Yes
D7999	CPT/HCPCS	UNSPECIFIED ORAL SURGERY PROCEDURE, BY REPORT	Yes
D8010	CPT/HCPCS	LIMITED ORTHODONTIC TREATMENT OF THE PRIMARY DENTITION	Yes
D1120	CPT/HCPCS	PROPHYLAXIS; CHILD	Yes
D1206	CPT/HCPCS	TOPICAL APPLICATION OF FLUORIDE VARNISH;	Yes
D1208	CPT/HCPCS	TOPICAL APPLICATION OF FLUORIDE-EXCLUDING VARNISH	Yes
D1310	CPT/HCPCS	NUTRITIONAL COUSNELING FOR CONTROL OF DENTAL DISEASE	Yes
D1330	CPT/HCPCS	ORAL HYGIENE INSTRUCTIONS	Yes
D8020	CPT/HCPCS	LIMITED ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION	Yes
D8040	CPT/HCPCS	LIMITED ORTHODONTIC TREATMENT OF THE ADULT DENTITION	Yes
D8050	CPT/HCPCS	INTERCEPTIVE ORTHODONTIC TREATMENT OF THE PRIMARY DENTITION	Yes
D7471	CPT/HCPCS	REMOVAL OF LATERAL EXOSTOSIS (MAXILLA OR MANDIBLE)	Yes
D7472	CPT/HCPCS	REMOVAL OF TORUS PALATINUS	Yes
D1351	CPT/HCPCS	SEALANT - PER TOOTH	Yes
D1352	CPT/HCPCS	PREVENTIVE RESIN RESTORATION IN A MODERATE TO HIGH CARIES RISK PATIENT - PERMANENT TOOTH	Yes
D1353	CPT/HCPCS	SEALANT REPAIR-PER TOOTH	Yes
D1354	CPT/HCPCS	APPLICATION OF CARIES ARRESTING MEDICAMENT - PER TOOTH	Yes
D1520	CPT/HCPCS	SPACE MAINTAINER - REMOVABLE, UNILATERAL - PER QUADRANT	Yes
D7485	CPT/HCPCS	SURGICAL REDUCTION OF OSSEOUS TUBEROSITY	Yes
D7490	CPT/HCPCS	RADICAL RESECTION OF MAXILLA OR MANDIBLE	Yes
D7510	CPT/HCPCS	INCISION AND DRAINAGE OF ABSCESS - INTRAORAL SOFT TISSUE	Yes
D8060	CPT/HCPCS	INTERCEPTIVE ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION	Yes
D8070	CPT/HCPCS	COMPREHENSIVE ORTHODONTIC TEATMENT OF THE TRANSITIONAL DENTITION	Yes
D1550	CPT/HCPCS	RE-CEMENT OR RE-BOND SPACE MAINTAINER	Yes
D1555	CPT/HCPCS	REMOVAL OF FIXED SPACE MAINTAINER	Yes
D1575	CPT/HCPCS	DISTAL SHOE SPACE MAINTAINER - FIXED, UNILATERAL -PER QUADRANT	Yes
D1999	CPT/HCPCS	UNSPECIFIED PREVENTIVE PROCEDURE, BY REPORT	Yes
D2140	CPT/HCPCS	AMALGAM-ONE SURFACE, PRIMARY OR PERMANENT	Yes
D7291	CPT/HCPCS	TRANSSEPTAL FIBEROTOMY/SUPRA CRESTAL FIBEROTOMY, BY REPORT	Yes
D7292	CPT/HCPCS	PLACEMENT OF TEMPORARY ANCHORAGE DEVICE [SCREW RETAINED PLATE] REQUIRING FLAP	Yes
D8090	CPT/HCPCS	COMPREHENSIVE ORTHODONTIC TEATMENT OF THE ADULT DENTITION	Yes
D8210	CPT/HCPCS	REMOVABLE APPLIANCE THERAPY	Yes
D8220	CPT/HCPCS	FIXED APPLIANCE THERAPY	Yes
D7511	CPT/HCPCS	INCISION AND DRAINAGE OF ABSCESS - INTRAORAL SOFT TISSUE - COMPLICATED	Yes
D7520	CPT/HCPCS	INCISION AND DRAINAGE OF ABSCESS - EXTRAORAL SOFT TISSUE	Yes
D2150	CPT/HCPCS	AMALGAM-TWO SURFACES, PRIMARY OR PERMANENT	Yes
D2160	CPT/HCPCS	AMALGAM-THREE SURFACES, PRIMARY OR PERMANENT	Yes
D2161	CPT/HCPCS	AMALGAM-FOUR OR MORE SURFACES, PRIMARY OR PERMANENT	Yes
D2331	CPT/HCPCS	RESIN; TWO SURFACES	Yes
D2335	CPT/HCPCS	RESIN-BASED COMPOSITE-FOUR OR MORE SURFACES(ANTERIOR)	Yes
D7293	CPT/HCPCS	PLACEMENT OF TEMPORARY ANCHORAGE DEVICE REQUIRING	Yes
D7946	CPT/HCPCS	LEFORT I (MAXILLA - TOTAL)	Yes
D7947	CPT/HCPCS	LEFORT I (MAXILLA - SEGMENTEDL)	Yes
D7948	CPT/HCPCS	LEFORT II OR LEFORT III - (OSTEOPLASTY OF FACIAL BONES FOR MIDFACE HYPOPLASIA OR RETRUSION) WITHOUT BONE GRAFT	Yes

D7950	CPT/HCPCS	OSSEOUS, OSTEOPERIOSTEAL, OR CARTILAGE GRAFT OF THE MANDIBLE OR MAXILLA -	Yes
D7521	CPT/HCPCS	INCISION AND DRAINAGE OF ABSCESS - EXTRAORAL SOFT TISSUE - COMPLICATED	Yes
D7530	CPT/HCPCS	REMOVAL OF FOREIGN BODY FROM MUCOSA, SKIN, OR SUBCUTANEOUS ALVEOLAR TISSUE	Yes
D7540	CPT/HCPCS	REMOVAL OF REACTION-PRODUCING FOREIGN BODIES, MUSCULO-SKELETAL SYSTEM	Yes
D8660	CPT/HCPCS	PRE-ORTHODONTIC TREATMENT EXAMINATION TO MONITOR GROWTH AND DEVELOPMENT	Yes
D8670	CPT/HCPCS	PERIODIC ORTHODONTIC TREATMENT VISIT	Yes
D2390	CPT/HCPCS	RESIN-BASED COMPOSITE CROWN, ANTERIOR	Yes
D2391	CPT/HCPCS	RESIN-BASED COMPOSITE - ONE SURFACE, POSTERIOR	Yes
D2392	CPT/HCPCS	RESIN-BASED COMPOSITE - TWO SURFACES, POSTERIOR	Yes
D2393	CPT/HCPCS	RESIN-BASED COMPOSITE - THREE SURFACES, POSTERIOR	Yes
D2394	CPT/HCPCS	RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES, POSTERIOR	Yes
D7951	CPT/HCPCS	SINUS AUGMENTATION WITH BONE OR BONE SUBSTITUTES VIA A LATERAL OPEN APPROACH	Yes
D9950	CPT/HCPCS	OCCLUSION ANALYSIS - MOUNTED CASE	Yes
D9952	CPT/HCPCS	OCCLUSAL ADJUSTMENT - COMPLETE	Yes
D9970	CPT/HCPCS	ENAMEL MICROABRASION	Yes
D9971	CPT/HCPCS	ODONTOPLASTY 1-2 TEETH; INCL REMOVAL OF ENAMEL PROJECTIONS	Yes
D8680	CPT/HCPCS	ORTHODONTIC RETENTION (REMOVAL OF APPLIANCES, CONSTRUCTION AND PLACEMENT OF RETAINERS(S))	Yes
D8681	CPT/HCPCS	REMOVABLE ORTHODONTIC RETAINER ADJUSTMENT	Yes
D8690	CPT/HCPCS	ORTHODONTIC TREATMENT (ALTERNATIVE BILLING TO A CONTRACT FEE)	Yes
D7550	CPT/HCPCS	PARTIAL OSTECTOMY/SEQUESTRECTOMY FOR REMOVAL OF NON-VITAL BONE	Yes
D7560	CPT/HCPCS	MAXILLARY SINUSOTOMY FOR REMOVAL OF TOOTH FRAGMENT OR FOREIGN BODY	Yes
D2420	CPT/HCPCS	GOLD FOIL - TWO SURFACES	Yes
D2430	CPT/HCPCS	GOLD FOIL - THREE SURFACES	Yes
D2510	CPT/HCPCS	INLAY - METALLIC - ONE SURFACE	Yes
D2520	CPT/HCPCS	INLAY - METALLIC - TWO SURFACES	Yes
D2530	CPT/HCPCS	INLAY - METALLIC - THREE SURFACES	Yes
D9972	CPT/HCPCS	EXTERNAL BLEACHING - PER ARCH - PERFORMED IN OFFICE	Yes
D7294	CPT/HCPCS	PLACEMENT OF TEMPORARY ANCHORAGE DEVICE WITHOUT FL	Yes
D7295	CPT/HCPCS	HARVEST OF BONE FOR USE IN AUTOGENOUS GRAFTING PROCEDURE	Yes
D7310	CPT/HCPCS	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH	Yes
D7311	CPT/HCPCS	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREETEETH OR TOOTH	Yes
D7610	CPT/HCPCS	MAXILLA - OPEN REDUCTION (TEETH IMMOBILIZED, IF PRESENT), SIMPLE	Yes
D7620	CPT/HCPCS	MAXILLA - CLOSED REDUCTION (TEETH IMMOBILIZED, IF PRESENT), SIMPLE	Yes
D7630	CPT/HCPCS	MANDIBLE - OPEN REDUCTION (TEETH IMMOBILIZED, IF PRESENT), SIMPLE	Yes
D8692	CPT/HCPCS	REPLACEMENT OF LOST OR BROKEN RETAINER	Yes
D8694	CPT/HCPCS	REPAIR OF FIXED RETAINERS, INCLUDES REATTACHMENT	Yes
D2542	CPT/HCPCS	ONLAY - METALLIC - TWO SURFACES	Yes
D2543	CPT/HCPCS	ONLAY - METALLIC - THREE SURFACES	Yes
D2544	CPT/HCPCS	ONLAY - METALLIC - FOUR OR MORE SURFACES	Yes
D2620	CPT/HCPCS	INLAY - PORCELAIN/CERAMIC - TWO SURFACES	Yes
D2630	CPT/HCPCS	INLAY - PORCELAIN/CERAMIC - THREE OR MORE SURFACES	Yes
D7320	CPT/HCPCS	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH	Yes
D7953	CPT/HCPCS	BONE REPLACEMENT GRAFT FOR RIDGE PRESERVATION - PER SITE	Yes
D7955	CPT/HCPCS	REPAIR OF MAXILLOFACIAL SOFT AND/OR HARD TISSUE DEFECT	Yes
D7960	CPT/HCPCS	FRENULECTOMY (FRENECTOMY OR FRENOTOMY) - SEPARATE PROCEDURE	Yes
D7963	CPT/HCPCS	FRENULOPLASTY	Yes
D8999	CPT/HCPCS	UNSPECIFIED ORTHODONTIC PROCEDURE, BY REPORT	Yes
D9110	CPT/HCPCS	PALLIATIVE TREATMENT OF DENTAL PAIN - PER VISIT	Yes
D9120	CPT/HCPCS	FIXED PARTIAL DENTURE SECTIONING	Yes
D7640	CPT/HCPCS	MANDIBLE - CLOSED REDUCTION (TEETH IMMOBILIZED, IF PRESENT),SIMPLE	Yes

D7650	CPT/HCPCS	MALAR AND/OR ZYGOMATIC ARCH - OPEN REDUCTION, SIMPLE	Yes
D2643	CPT/HCPCS	ONLAY - PORCELAIN/CERAMIC - THREE SURFACES	Yes
D2644	CPT/HCPCS	ONLAY - PORCELAIN/CERAMIC - FOUR OR MORE SURFACES	Yes
D2650	CPT/HCPCS	INLAY - RESIN-BASED COMPOSITE COMPOSITE/RESIN - ONE SURFACE	Yes
D7283	CPT/HCPCS	PLACEMENT OF DEVICE TO FACILITATE ERUPTION OF IMPACTED TOOTH	Yes
D7285	CPT/HCPCS	INCISIONAL BIOPSY OF ORAL TISSUE-HARD (BONE, TOOTH)	Yes
D7970	CPT/HCPCS	EXCISION OF HYPERPLASTIC TISSUE - PER ARCH	Yes
D9973	CPT/HCPCS	EXTERNAL BLEACHING - PER TOOTH	Yes
D9974	CPT/HCPCS	INTERNAL BLEACHING - PER TOOTH	Yes
D9975	CPT/HCPCS	EXTERNAL BLEACHING FOR HOME APPLICATION, PER ARCH; INCLUDES MATERIALS AND FABRICATION OF CUSTOM TRAYS	Yes
D9985	CPT/HCPCS	SALES TAX	Yes
D7660	CPT/HCPCS	MALAR AND/OR ZYGOMATIC ARCH - CLOSED REDUCTION, SIMPLE	Yes
D7670	CPT/HCPCS	SIMPLE FRACTURES ALVEOLUS - STABILIZATION OF TEETH, OPEN REDUCTION SPLINTING, SIMPLE	Yes
D7671	CPT/HCPCS	ALVEOLUS - OPEN REDUCTION, MAY INCL STABILIZATION OF TEETH, SIMPLE	Yes
D9210	CPT/HCPCS	LOCAL ANESTHESIA NOT IN CONJUNCTION WITH OPERATIVE OR SURGICAL PROCEDURES	Yes
D9212	CPT/HCPCS	TRIGEMINAL DIVISION BLOCK ANESTHESIA	Yes
D7286	CPT/HCPCS	INCISIONAL BIOPSY OF ORAL TISSUE-SOFT	Yes
D7287	CPT/HCPCS	EXFOLIATIVE CYTOLOGICAL SAMPLE COLLECTION	Yes
D9933	CPT/HCPCS	CLEANING AND INSPECTION OF REMOVABLE COMPLETE DENTURE, MANDIBULAR	Yes
D9935	CPT/HCPCS	CLEANING AND INSPECTION OF REMOVABLE PARTIAL DENTURE, MANDIBULAR	Yes
D9941	CPT/HCPCS	FABRICATION OF ATHLETIC MOUTHGUARD	Yes
D9215	CPT/HCPCS	LOCAL ANESTHESIA	Yes
D9219	CPT/HCPCS	EVALUATION FOR MODERATE SEDATION, DEEP SEDATION OR GENERAL ANESTHESIA	Yes
D9223	CPT/HCPCS	DEEP SEDATION/GENERAL ANESTHESIA - EACH SUBSEQUENT 15 MINUTE INCREMENT	Yes
D7680	CPT/HCPCS	FACIAL BONES - COMPLICATED REDUCTION WITH FIXATION AND MULT SURGICAL APPROACHES, SIMPLE	Yes
D7710	CPT/HCPCS	MAXILLA - OPEN REDUCTION, COMPOUND	Yes
D0801	CPT/HCPCS	3D INTRAORAL SURFACE SCAN - DIRECT	Yes
D0802	CPT/HCPCS	3D DENTAL SURFACE SCAN - INDIRECT	Yes
D0804	CPT/HCPCS	3D FACIAL SURFACE SCAN - INDIRECT	Yes
D0387	CPT/HCPCS	INTRAORAL TOMOSYNTHESIS - COMPREHENSIVE SERIES OF RADIOGRAPHIC IMAGES - IMAGE CAPTURE ONLY	Yes
D0388	CPT/HCPCS	INTRAORAL TOMOSYNTHESIS - BITEWING RADIOGRAPHIC IMAGE - IMAGE CAPTURE ONLY	Yes
D6107	CPT/HCPCS	GUIDED TISSUE REGENERATION - NON-RESORBABLE BARRIER, PER IMPLANT	Yes
D7957	CPT/HCPCS	GUIDED TISSUE REGENERATION, EDENTULOUS AREA - NON-RESORBABLE BARRIER, PER SITE	Yes
D4286	CPT/HCPCS	REMOVAL OF NON-RESORBABLE BARRIER	Yes
D6106	CPT/HCPCS	GUIDED TISSUE REGENERATION - RESORBABLE BARRIER, PER IMPLANT	Yes
D2989	CPT/HCPCS	EXCAVATION OF A TOOTH RESULTING IN THE DETERMINATION OF NON-RESTORABILITY	Yes
D9955	CPT/HCPCS	ORAL APPLIANCE THERAPY (OAT) TITRATION VISIT	Yes
D9956	CPT/HCPCS	ADMINISTRATION OF HOME SLEEP APNEA TEST	Yes
D0372	CPT/HCPCS	INTRAORAL TOMOSYNTHESIS - COMPREHENSIVE SERIES OF RADIOGRAPHIC IMAGES	Yes
D0373	CPT/HCPCS	INTRAORAL TOMOSYNTHESIS - BITEWING RADIOGRAPHIC IMAGE	Yes
D7260	CPT/HCPCS	OROLANTRAL FISTULA CLOSURE	Yes
D7261	CPT/HCPCS	PRIMARY CLOSURE OF A SINUS PERFORATION	Yes
D7272	CPT/HCPCS	TOOTH TRANSPLANTATION (INCL REIMPLANTATION FROM ONE SITE TO ANOTHER AND SPLINTING AND/OR STABILIZATION)	Yes
D7280	CPT/HCPCS	EXPOSURE OF AN UNERUPTED TOOTH	Yes
D4212	CPT/HCPCS	GINGIVECTOMY OR GINGIVOPLASTY TO ALLOW ACCESS FOR RESTORATIVE PROCEDURE, PER TOOTH	Yes
D6212	CPT/HCPCS	PONTIC - CAST NOBLE METAL	Yes
D6214	CPT/HCPCS	PONTIC - TITANIUM AND TITANIUM ALLOYS	Yes
D6241	CPT/HCPCS	PONTIC - PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	Yes
D6242	CPT/HCPCS	PONTIC - PORCELAIN FUSED TO NOBLE METAL	Yes

D4341	CPT/HCPCS	PERIODONTAL SCALING AND ROOT PLANING - FOUR OR MORE TEETH PER QUADRANT	Yes
D6055	CPT/HCPCS	DENTAL IMPLANT SUPPORTED CONNECTING BAR	Yes
D6056	CPT/HCPCS	PREFABRICATED ABUTMENT - INCLUDES MODIFICATION AND PLACEMENT	Yes
D6604	CPT/HCPCS	RETAINER INLAY - CAST PREDOMINANTLY BASE METAL, TWO SURFACES	Yes
D6605	CPT/HCPCS	RETAINER INLAY - CAST PREDOMINANTLY BASE METAL, THREE OR MORE SURFACES	Yes
D6606	CPT/HCPCS	RETAINER INLAY - CAST NOBLE METAL, TWO SURFACES	Yes
D6781	CPT/HCPCS	RETAINER FIXED PARTIAL DENTURE RETAINER CROWN - 3/4 CAST NOBLE METAL	Yes
D6782	CPT/HCPCS	RETAINER FIXED PARTIAL DENTURE RETAINER CROWN - 3/4 CAST NOBLE METAL	Yes
D6783	CPT/HCPCS	RETAINER FIXED PARTIAL DENTURE RETAINER CROWN - 3/4 PORCELAIN/CERAMIC	Yes
D6790	CPT/HCPCS	RETAINER FIXED PARTIAL DENTURE RETAINER - CROWN - FULL CAST HIGH NOBLE METAL	Yes
D6791	CPT/HCPCS	RETAINER FIXED PARTIAL DENTURE RETAINER - CROWN - FULL CAST PREDOMINANTLY BASE METAL	Yes
D4230	CPT/HCPCS	ANATOMICAL CROWN EXPOSURE - FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	Yes
D4231	CPT/HCPCS	ANATOMICAL CROWN EXPOSURE - ONE TO THREE TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	Yes
D4240	CPT/HCPCS	GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING - FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	Yes
D4241	CPT/HCPCS	GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING - ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	Yes
D4342	CPT/HCPCS	PERIODONTAL SCALING AND ROOT PLANING - ONE TO THREE TEETH, PER QUADRANT	Yes
D4346	CPT/HCPCS	SCALLING IN PRESENCE OF GENERALIZED MODERATE OR SEVERE GINGIVAL INFLAMMATION - FULL MOUTH, AFTER ORAL EVALUATION	Yes
D4355	CPT/HCPCS	FULL MOUTH DEBRIDEMENT TO ENABLE A COMPREHENSIVE PERIODONTAL EVAL/DIAGNOSIS ON A SUBSEQUENT VISIT	Yes
D4381	CPT/HCPCS	LOCALIZED DELIVERY OF ANTIMICROBIAL AGENTS VIA A CONTROLLED RELEASE VEHICLE INTO DISEASED CREVICULAR TISSUE, PER TOOTH,	Yes
D6607	CPT/HCPCS	RETAINER INLAY - CAST NOBLE METAL, THREE OR MORE SURFACES	Yes
D6608	CPT/HCPCS	RETAINER ONLAY - PORCELAIN/CERAMIC, TWO SURFACES	Yes
D2983	CPT/HCPCS	VENEER REPAIR NECESSITATED BY RESTORATICE MATERIAL FAILURE	Yes
D2990	CPT/HCPCS	RESIN INFILTRATION OF INCIPIENT SMOOTH SURFACE LESIONS	Yes
D2999	CPT/HCPCS	UNSPECIFIED RESTORATIVE PROCEDURE, BY REPORT	Yes
D3355	CPT/HCPCS	PULPAL REGENERATION - INITIAL VISIT	Yes
D3356	CPT/HCPCS	PULPAL REGENERATION - INTERIM MEDICATION REPLACEMENT	Yes
D3357	CPT/HCPCS	PULPAL REGENERATION - COMPLETION OF TREATMENT	Yes
D3410	CPT/HCPCS	APICOECTOMY - ANTERIOR	Yes
D3425	CPT/HCPCS	APICOECTOMY - MOLAR (FIRST ROOT)	Yes
D5919	CPT/HCPCS	FACIAL PROSTHESIS	Yes
D5922	CPT/HCPCS	NASAL SEPTAL PROSTHESIS	Yes
D5923	CPT/HCPCS	OCULAR PROSTHESIS, INTERIM	Yes
D5924	CPT/HCPCS	CRANIAL PROSTHESIS	Yes
D5925	CPT/HCPCS	FACIAL AUGMENTATION IMPLANT PROSTHESIS	Yes
D5986	CPT/HCPCS	FLUORIDE GEL CARRIER	Yes
D5987	CPT/HCPCS	COMMISSURE SPLINT	Yes
D5991	CPT/HCPCS	VESICULOBULLOUS DISEASE MEDICAMENT CARRIER	Yes
D5992	CPT/HCPCS	ADJUST MAXILLOFACIAL PROSTHETIC APPLIANCE	Yes
D5993	CPT/HCPCS	MAINTENANCE AND CLEANING OF A MAXILLOFACIAL PROSTHESIS (EXTRA OR INTRAORAL) OTHER THAN REQUIRED ADJUSTMENTS, BY REPORT	Yes
D3352	CPT/HCPCS	APEXIFICATION/RECALCIFICATON/-INTERIM MEDICATION REPLACEMENT	Yes
D3353	CPT/HCPCS	APEXIFICATION/RECALCIFICATION, FINAL VISIT (INCL COMPLETED ROOT CANAL THERAPY (APICAL CLOSURE/CALCIFIC REPAIR OF PERF,	Yes
D5720	CPT/HCPCS	REBASE MAXILLARY PARTIAL DENTURE	Yes
D5721	CPT/HCPCS	REBASE MANDIBULAR PARTIAL DENTURE	Yes
D5731	CPT/HCPCS	RELINE COMPLETE MANDIBULAR DENTURE (CHAIRSIDE)	Yes
D5750	CPT/HCPCS	RELINE COMPLETE MAXILLARY DENTURE (LABORATORY)	Yes

D5751	CPT/HCPCS	RELINE COMPLETE MAXILLARY DENTURE (LABORATORY)	Yes
D5760	CPT/HCPCS	RELINE MAXILLARY PARTIAL DENTURE (LABORATORY)	Yes
D5761	CPT/HCPCS	RELINE MANDIBULAR PARTIAL DENTURE (LABORATORY)	Yes
D5811	CPT/HCPCS	INTERIM COMPLETE DENTURE (MANDIBULAR)	Yes
D5926	CPT/HCPCS	NASAL PROSTHESIS, REPLACEMENT	Yes
D6093	CPT/HCPCS	RE-CEMENT OR RE-BOND IMPLANT/ABUTMENT SUPPORTED FIXED PARTIAL DENTURE	Yes
D6094	CPT/HCPCS	ABUTMENT SUPPORTED CROWN - TITANIUM AND TITANIUM ALLOYS	Yes
D6095	CPT/HCPCS	REPAIR IMPLANT ABUTMENT, BY REPORT	Yes
D6100	CPT/HCPCS	SURGICAL REMOVAL OF IMPLANT BODY	Yes
D6245	CPT/HCPCS	PONTIC - PORCELAIN/CERAMIC	Yes
D6250	CPT/HCPCS	PONTIC - RESIN WITH HIGH NOBLE METAL	Yes
D6251	CPT/HCPCS	PONTIC - RESIN WITH PREDOMINANTLY BASE METAL	Yes
D6252	CPT/HCPCS	PONTIC - RESIN WITH NOBLE METAL	Yes
D6253	CPT/HCPCS	INTERIM PONTIC - FURTHER TREATMENT OR COMPLETION OF DIAGNOSIS NECESSARY PRIOR TO FINAL IMPRESSION	Yes
D3110	CPT/HCPCS	PULP CAP - DIRECT (EXCLUDING FINAL RESTORATION)	Yes
D3120	CPT/HCPCS	PULP CAP - INDIRECT (EXCLUDING FINAL RESTORATION)	Yes
D5214	CPT/HCPCS	MANDIBULAR PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESINDENTURE BASES (INCL CONVENTIONAL CLASPS, RESTS AND TEETH)	Yes
D5221	CPT/HCPCS	IMMEDIATE MAXILLARY PARTIAL DENTURE - RESIN BASE (INCLUDING RETENTIVE/CLASPING MATERIALS, REST AND TEETH)	Yes
D6067	CPT/HCPCS	IMPLANT SUPPORTED CROWN - HIGH NOBLE ALLOYS	Yes
D6068	CPT/HCPCS	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN/CERAMIC FPD	Yes
D6792	CPT/HCPCS	RETAINER FIXED PARTIAL DENTURE RETAINER - CROWN - FULL CAST	Yes
D6793	CPT/HCPCS	INTERIM RETAINER CROWN - FURTHER TREATMENT OR COMPLETION OF DIAGNOSIS NECESSARY PRIOR TO FINAL IMPRESSION	Yes
D6794	CPT/HCPCS	RETAINER CROWN - TITANIUM AND TITANIUM ALLOYS	Yes
D6101	CPT/HCPCS	DEBRIDEMENT OF PERIIMPLANT DEFECT AND SURFACE CLEANING OF EXPOSED IMPLANT SURFACES, INCLUDING FLAP ENTRY AND CLOSURE	Yes
D4245	CPT/HCPCS	APICALLY POSITIONED FLAP	Yes
D4249	CPT/HCPCS	CLINICAL CROWN LENGTHENING - HARD TISSUE	Yes
D4260	CPT/HCPCS	OSSEOUS SURGERY (INCLUDING FLAP ENTRY AND CLOSURE) - FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	Yes
D2957	CPT/HCPCS	EACH ADDITIONAL PREFABRICATED POST - SAME TOOTH	Yes
D2960	CPT/HCPCS	LABIAL VENEER (RESIN LAMINATE) - CHAIRSIDE	Yes
D4910	CPT/HCPCS	PERIODONTAL MAINTENANCE	Yes
D4920	CPT/HCPCS	UNSCHEDULED DRESSING CHANGE BY SOMEONE OTHER THAN TREATING DENTIST OR THEIR STAFF)	Yes
D4921	CPT/HCPCS	GINGIVAL IRRIGATION WITH A MEDICINAL AGENT-PER QUADRANT	Yes
D5222	CPT/HCPCS	IMMEDIATE MANDIBULAR PARTIAL DENTURE - RESIN BASE (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS ANDTEETH)	Yes
D5223	CPT/HCPCS	IMMEDIATE MAXILLARY PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS AND TEETH)	Yes
D5224	CPT/HCPCS	IMMEDIATE MANDIBULAR PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS AND TEETH)	Yes
D6057	CPT/HCPCS	CUSTOM FABRICATED ABUTMENT - INCLUDES PLACEMENT	Yes
D6930	CPT/HCPCS	RE-CEMENT OR RE-BOND FIXED PARTIAL DENTURE	Yes
D6940	CPT/HCPCS	STRESS BREAKER	Yes
D3426	CPT/HCPCS	APICOECTOMY (EACH ADDITIONAL ROOT)	Yes
D3427	CPT/HCPCS	PERIRADICULAR SURGERY WITHOUT APICOECTOMY	Yes
D3428	CPT/HCPCS	BONE GRAFT IN CONJUNCTION WITH PERIRADICULAR SURGERY - PER TOOTH, SINGLE SITE	Yes
D4261	CPT/HCPCS	OSSEOUS SURGERY (INCLUDING FLAP ENTRY AND CLOSURE) - ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	Yes
D4263	CPT/HCPCS	BONE REPLACEMENT GRAFT - RETAINED NATURAL TOOTH-FIRST SITE IN QUADRANT	Yes
D5927	CPT/HCPCS	AURICULAR PROSTHESIS, REPLACEMENT	Yes
D5928	CPT/HCPCS	ORBITAL PROSTHESIS, REPLACEMENT	Yes
D5929	CPT/HCPCS	FACIAL PROSTHESIS, REPLACEMENT	Yes
D6058	CPT/HCPCS	ABUTMENT SUPPORTED PORCELAIN/CERAMIC CROWN	Yes
D6059	CPT/HCPCS	ABUTMENT SUPPORTED PORCELAIN FUSED METAL CROWN (HIGH NOBLE METAL)	Yes

D6610	CPT/HCPCS	RETAINER ONLAY - CAST HIGH NOBLE METAL, TWO SURFACES	Yes
D6611	CPT/HCPCS	RETAINER ONLAY - CAST HIGH NOBLE METAL, THREE OR MORE SURFACES	Yes
D6613	CPT/HCPCS	RETAINER ONLAY - CAST PREDOMINANTLY BASE METAL, THREE OR MORE SURFACES	Yes
D3429	CPT/HCPCS	BONE GRAFT IN CONJUNCTION WITH PERIRADICULAR SURGERY - EACH ADDITIONAL CONTIGUOUS TOOTH IN THE SAME SURGICAL SITE	Yes
D3430	CPT/HCPCS	RETROGRADE FILLING - PER ROOT	Yes
D5820	CPT/HCPCS	INTERIM PARTIAL DENTURE (MAXILLARY)	Yes
D5821	CPT/HCPCS	INTERIM PARTIAL DENTURE (MANDIBULAR)	Yes
D5850	CPT/HCPCS	TISSUE CONDITIONING, MAXILLARY	Yes
D5931	CPT/HCPCS	OBTURATOR PROSTHESIS, SURGICAL	Yes
D5932	CPT/HCPCS	OBTURATOR PROSTHESIS, DEFINITIVE	Yes
D5933	CPT/HCPCS	OBTURATOR PROSTHESIS, MODIFICATION	Yes
D6102	CPT/HCPCS	DEBRIDEMENT, OSSEOUS CONTOURING OF A PERIIMPLANT DEFECT; INCLUDES SURFACE CLEANING OF EXPOSED IMPLANT SERVICES & FLAP ENTR	Yes
D6103	CPT/HCPCS	BONE GRAFT TO REPAIR PER-IMPLANT DEFECT - NOT INCLUDING FLAP ENTRY AND CLOSURE OR, WHEN INDICATED, PLACEMENT BARRIER MEMB	Yes
D4999	CPT/HCPCS	UNSPECIFIED PERIODONTAL PROCEDURE, BY REPORT	Yes
D5110	CPT/HCPCS	COMPLETE DENTURE - MAXILLARY	Yes
D5994	CPT/HCPCS	PERIODONTAL MEDICAMENT CARRIER WITH PERIPHERAL SEAL - LABORATORY PROCESSED	Yes
D5999	CPT/HCPCS	UNSPECIFIED MAXILLOFACIAL PROSTHESIS, BY REPORT	Yes
D6010	CPT/HCPCS	SURGICAL PLACEMENT OF IMPLANT BODY: ENDOSTEAL IMPLANT	Yes
D6614	CPT/HCPCS	RETAINER ONLAY - CAST NOBLE METAL, TWO SURFACES	Yes
D6615	CPT/HCPCS	RETAINER ONLAY - CAST NOBLE METAL, THREE OR MORE SURFACES	Yes
D3221	CPT/HCPCS	PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TEETH	Yes
D3222	CPT/HCPCS	PARTIAL PULPOTOMY FOR APEXOGENSIS	Yes
D3230	CPT/HCPCS	PULPAL THERAPY (RESORBABLE FILLING) - ANTERIOR, PRIMARY TOOTH (EXCLUDING FINAL RESTORATION)	Yes
D5851	CPT/HCPCS	TISSUE CONDITIONING, MANDIBULAR	Yes
D5862	CPT/HCPCS	PRECISION ATTACHMENT, BY REPORT	Yes
D5863	CPT/HCPCS	OVERDENTURE - COMPLETE MAXILLARY	Yes
D6069	CPT/HCPCS	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FISED TO METAL FPD (HIGH NOBLE METAL)	Yes
D6070	CPT/HCPCS	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD (PREDOMINATELY BASE METAL)	Yes
D6104	CPT/HCPCS	BONE GRAFT AT TIME OF IMPLANT PLACEMENT	Yes
D6110	CPT/HCPCS	IMPLANT/ABUTMENT SUPPORTED REMOVABLE DENTURE FOR EDENTULOUS ARCH - MAXILLARY	Yes
D6111	CPT/HCPCS	IMPLANT/ABUTMENT SUPPORTED REMOVABLE DENTURE FOR EDENTULOUS ARCH - MANDIBULAR	Yes
D4264	CPT/HCPCS	BONE REPLACEMENT GRAFT - RETAINED NATURAL TOOTH- EACH ADDITIONAL SITE IN QUADRANT	Yes
D4265	CPT/HCPCS	BIOLOGIC MATERIALS TO AID IN SOFT AND OSSEOUS TISSUE REGENERATION, PER SITE	Yes
D3240	CPT/HCPCS	PULPAL THERAPY (RESORBABLE FILLING) - POSTERIOR, PRIMARY TOOTH (EXCLUDING FINAL RESTORATION)	Yes
D3310	CPT/HCPCS	ENDODONTIC THERAPY, ANTERIOR TOOTH (EXCLUDING FINAL RESTORATION)	Yes
D5225	CPT/HCPCS	MAXILLARY PARTIAL DENTURE - FLEXIBLE BASE	Yes
D5411	CPT/HCPCS	ADJUST COMPLETE DENTURE - MANDIBULAR	Yes
D5421	CPT/HCPCS	ADJUST PARTIAL DENTURE - MAXILLARY	Yes
D6071	CPT/HCPCS	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FISED TO METAL FPD (NOBLE METAL)	Yes
D6072	CPT/HCPCS	ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (HIGH NOBLE METAL)	Yes
D6073	CPT/HCPCS	ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (PREDOMINATELY BASE METAL)	Yes
D6980	CPT/HCPCS	BRIDGE REPAIR, NECESSITATED BY RESTORATIVE MATERIAL FAILURE	Yes
D6985	CPT/HCPCS	PEDIATRIC PARTIAL DENTURE, FIXED	Yes
D4266	CPT/HCPCS	GUIDED TISSUE REGENERATION, NATURAL TEETH - RESORBABLE BARRIER, PER SITE	Yes
D4267	CPT/HCPCS	GUIDED TISSUE REGENERATION, NATURAL TEETH-NON-RESORBABLE BARRIER, PER SITE	Yes
D4270	CPT/HCPCS	PEDICLE SOFT TISSUE GRAFT PROCEDURE	Yes

D5935	CPT/HCPCS	MANDIBULAR RESECTION PROSTHESIS WITHOUT GUIDE FLANGE	Yes
D5936	CPT/HCPCS	OBTURATOR/PROSTHESIS, INTERIM	Yes
D5422	CPT/HCPCS	ADJUST PARTIAL DENTURE - MANDIBULAR	Yes
D5640	CPT/HCPCS	REPLACE BROKEN TEETH - PER TOOTH	Yes
D6061	CPT/HCPCS	ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL COWN (NOBLE METAL)	Yes
D6062	CPT/HCPCS	ABUTMENT SUPPORTED CAST METAL CROWN (HIGH NOBLE METAL)	Yes
D6064	CPT/HCPCS	ABUTMENT SUPPORTED CAST METAL CROWN (NOBLE METAL)	Yes
D6999	CPT/HCPCS	UNSPECIFIED FIXED PROSTHODONTIC PROCEDURE, BY REPORT	Yes
D7111	CPT/HCPCS	EXTRACTION, CORONAL REMNATS - PRIMARY TOOTH	Yes
D7140	CPT/HCPCS	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AND/OR FORCEPS REMOVAL)	Yes
D3432	CPT/HCPCS	GUIDED TISSUE REGENERATION, RESORBABLE BARRIER, PER SITE, INCONJUNCTION WITH PERIRADICULAR SURGERY	Yes
D3450	CPT/HCPCS	ROOT AMPUTATION - PER ROOT	Yes
D5937	CPT/HCPCS	TRISMUS APPLIANCE (NOT FOR TMD TREATMENT)	Yes
D6112	CPT/HCPCS	IMPLANT/ABUTMENT SUPPORTED REMOVABLE DENTURE FOR PARTIALLY EDENTULOUS ARCH MAXILLARY	Yes
D6113	CPT/HCPCS	IMPLANT/ABUTMENT SUPPORTED REMOVABLE DENTURE FOR PARTIALLY EDENTULOUS ARCH - MANDIBULAR	Yes
D6114	CPT/HCPCS	IMPLANT/ABUTMENT SUPPORTED FIXED DENTURE FOR EDENTULOUS ARCH-MAXILLARY	Yes
D6115	CPT/HCPCS	IMPLANT/ABUTMENT SUPPORTED FIXED DENTURE FOR EDENTULOUS ARCH-MANDIBULAR	Yes
D6012	CPT/HCPCS	SURGICAL PLACEMENT OF INTERIM IMPLANT BODY FOR TRANSITIONAL PROSTHESIS: ENDOSTEAL IMPLANT	Yes
D6013	CPT/HCPCS	SURGICAL PLACEMENT OF MINI IMPLANT	Yes
D6548	CPT/HCPCS	RETAINER - PORCELAIN/CERAMIC FOR RESIN BONDED FIXED PROSTHESIS	Yes
D6549	CPT/HCPCS	RESIN RETAINER - FOR RESIN BONDED FIXED PROSTHESIS	Yes
D6601	CPT/HCPCS	RETAINER INLAY - PORCELAIN/CERAMIC, THREE OR MORE SURFACES	Yes
D6065	CPT/HCPCS	IMPLANT SUPPORTED PORCELAIN/CERAMIC CROWN	Yes
D6066	CPT/HCPCS	IMPLANT SUPPORTED CROWN - PORCELAIN FUSED TO HIGH NOBLE ALLOYS	Yes
D6624	CPT/HCPCS	RETAINER INLAY - TITANIUM	Yes
D6634	CPT/HCPCS	RETAINER ONLAY - TITANIUM	Yes
D6710	CPT/HCPCS	RETAINER CROWN - INDIRECT RESIN BASED COMPOSITE	Yes
D3460	CPT/HCPCS	ENDODONTIC ENDOSSEOUS IMPLANT	Yes
D3470	CPT/HCPCS	INTENTIONAL REIMPLANTATION (INCLUDING NECESSARY SPLINTING)	Yes
D3910	CPT/HCPCS	SURGICAL PROCEDURE FOR ISOLATION OF TOOTH WITH RUBBER DAM	Yes
D5865	CPT/HCPCS	OVERDENTURE - COMPLETE MANDIBULAR	Yes
D5866	CPT/HCPCS	OVERDENTURE - PARTICAL MANDIBULAR	Yes
D6116	CPT/HCPCS	IMPLANT/ABUTMENT SUPPORTED FIXED DENTURE FOR PARTIALLY EDENTULOUS ARCH - MAXILLARY	Yes
D4273	CPT/HCPCS	SUBEPITHELIAL CONNECTIVE TISSUE GRAFT PROCEDURES, PER TOOTH	Yes
D4274	CPT/HCPCS	DISTAL OR PROXIMAL WEDGE PROCEDURE (WHEN NOT PERFORMED IN CONJUNCTION W/ SURG PROCEDURES IN THE SAME ANATOMICAL AREA)	Yes
D4275	CPT/HCPCS	SOFT TISSUE ALLOGRAFT	Yes
D4276	CPT/HCPCS	COMBINED CONNECTIVE TISSUE AND PEDICLE GRAFT, PER TOOTH	Yes
D6720	CPT/HCPCS	RETAINER FIXED PARTIAL DENTURE RETAINER - CROWN - RESIN WITH HIGH NOBLE METAL	Yes
D6721	CPT/HCPCS	RETAINER FIXED PARTIAL DENTURE RETAINER - CROWN - RESIN WITH PREDOMINANTLY BASE METAL	Yes
D3330	CPT/HCPCS	ENDODONTIC THERAPY, MOLAR TOOTH (FIRST ROOT)	Yes
D3331	CPT/HCPCS	TREATMENT OF ROOT CANAL OBSTRUCTION; NON-SURGICAL ACCESS	Yes
D3332	CPT/HCPCS	INCOMPLETE ENDODONTIC THERAPY; INOPERABLE, UNRESTORABLE OR FRACTURED TOOTH	Yes
D5867	CPT/HCPCS	REPLACEMENT OF REPLACEABLE PART OF SEMI-PRECISION OR PRECISION ATTACHMENT, PER ATTACHMENT	Yes
D5875	CPT/HCPCS	MODIFICATION OF REMOVABLE PROSTHESIS FOLLOWING IMPLANT SURGERY	Yes
D5899	CPT/HCPCS	UNSPECIFIED REMOVABLE PROSTHODONTIC PROCEDURE, BY REPORT	Yes
D6074	CPT/HCPCS	ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (NOBLE METAL)	Yes
D6075	CPT/HCPCS	IMPLANT SUPPORTED RETAINER FOR CERAMIC FPD	Yes
D4277	CPT/HCPCS	FREE SOFT TISSUE GRAFT PROCEDURE, FIRST TOOTH OR EDENTULOUS TOOTH POSITION IN GRAFT	Yes

D5951	CPT/HCPCS	FEEDING AID	Yes
D5952	CPT/HCPCS	SPEECH AID PROSTHESIS, PEDIATRIC	Yes
D5953	CPT/HCPCS	SPEECH AID PROSTHESIS, ADULT	Yes
D5954	CPT/HCPCS	PALATAL AUGMENTATION PROSTHESIS	Yes
D3333	CPT/HCPCS	INTERNAL ROOT REPAIR OF PERFORATION DEFECTS	Yes
D3346	CPT/HCPCS	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY - ANTERIOR	Yes
D5650	CPT/HCPCS	ADD TOOTH TO EXISTING PARTIAL DENTURE	Yes
D5660	CPT/HCPCS	ADD CLASP TO EXISTING PARTIAL DENTURE - PER TOOTH	Yes
D5670	CPT/HCPCS	REPLACE ALL TEETH AND ACRYLIC ON CAST METAL FRAMEWORK (MAXILLARY)	Yes
D6076	CPT/HCPCS	IMPLANT SUPPORTED RETAINER FOR FPD - PORCELAINFUSED TO HIGH NOBLE ALLOYS	Yes
D6077	CPT/HCPCS	IMPLANT SUPPORTED RETAINER FOR METAL FPD - HIGH NOBLE ALLOYS	Yes
D6080	CPT/HCPCS	IMPLANT MAINTENANCE PROCEDURES WHEN A FULL ARCH FIXED HYBRID PROSTHESIS IS REMOVED AND REINSERTED , INCLUDING CLEANING OF PROSTHESIS AND ABUTMENTS	Yes
D7220	CPT/HCPCS	REMOVAL OF IMPACTED TOOTH: SOFT TISSUE	Yes
D7230	CPT/HCPCS	REMOVAL OF IMPACTED TOOTH- PARTIALLY BONY	Yes
D5955	CPT/HCPCS	PALATAL LIFT PROSTHESIS, DEFINITIVE	Yes
D5958	CPT/HCPCS	PALATAL LIFT PROSTHESIS, INTERIM	Yes
D6117	CPT/HCPCS	IMPLANT/ABUTMENT SUPPORTED FIXED DENTURE FOR PARTIALLY EDENTULOUS ARCH - MANDIBULAR	Yes
D6190	CPT/HCPCS	RADIOGRAPHIC/SURGICAL IMPLANT INDEX, BY REPORT	Yes
D6194	CPT/HCPCS	ABUTMENT SUPPORTED RETAINER CROWN FOR FPD - TITANIUM AND TITANIUM ALLOYS	Yes
D6602	CPT/HCPCS	RETAINER INLAY - CAST HIGH NOBLE METAL, TWO SURFACES	Yes
D6603	CPT/HCPCS	RETAINER INLAY - CAST HIGH NOBLE METAL, THREE OR MORE SURFACES	Yes
D2982	CPT/HCPCS	ONLAY REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE	Yes
D2962	CPT/HCPCS	LABIAL VENEER (PORCELAIN LAMINATE) - LABORATORY	Yes
D2971	CPT/HCPCS	ADDITIONAL PROCEDURES TO CUSTOMIZE A CROWN TO FIT UNDER AN EXISTING PARTIAL DENTURE FRAMEWORK	Yes
D5671	CPT/HCPCS	REPLACE ALL TEETH AND ACRYLIC ON CAST METAL FRAMEWORK (MANDIBULAR)	Yes
D5711	CPT/HCPCS	REBASE COMPLETE MANDIBULAR DENTURE	Yes
D6740	CPT/HCPCS	RETAINER FIXED PARTIAL DENTURE RETAINER CROWN - PORCELAIN/CERAMIC	Yes
D6750	CPT/HCPCS	RETAINER FIXED PARTIAL DENTURE RETAINER - CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL	Yes
D6751	CPT/HCPCS	RETAINER FIXED PARTIAL DENTURE RETAINER - CROWN - PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	Yes
D7240	CPT/HCPCS	REMOVAL OF IMPACTED TOOTH COMPLETELY BONY	Yes
D7241	CPT/HCPCS	REMOVAL OF IMPACTED TOOTH; SOFT TISSUE COMPLETELY BONY WITH UNUSUAL SURICAL COMPLICATIONS	Yes
D7250	CPT/HCPCS	REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE)	Yes
D3920	CPT/HCPCS	HEMISECTION (INCLUDING ANY ROOT REMOVAL), NOT INCLUDING ROOTCANAL THERAPY	Yes
D3950	CPT/HCPCS	CANAL PREPARATION AND FITTING OF PREFORMED DOWEL OR POST	Yes
D6199	CPT/HCPCS	UNSPECIFIED IMPLANT PROCEDURE, BY REPORT	Yes
D6205	CPT/HCPCS	PONTIC - INDIRECT RESIN BASED COMPOSITE	Yes
D4278	CPT/HCPCS	FREE SOFT TISSUE GRAFT PROCEDURE, EACH ADDITIONAL CONTIGUOUS TOOTH OR EDENTULOUS TOOTH POSITION IN SAME GRAFT SITE	Yes
D4283	CPT/HCPCS	AUTOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURE (INCLUDING DONOR AND RECIPIENT SURGICAL SITES) - EACH ADDITIONAL CONTIG	Yes
D6752	CPT/HCPCS	RETAINER FIXED PARTIAL DENTURE RETAINER - CROWN - PORCELAIN FUSED TO NOBLE METAL	Yes
D6780	CPT/HCPCS	RETAINER FIXED PARTIAL DENTURE RETAINER - CROWN - 3/4 CAST HIGH NOBLEMETAL	Yes
D3347	CPT/HCPCS	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY - PREMOLAR (FIRST ROOT)	Yes
D3348	CPT/HCPCS	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY - MOLAR	Yes
D3351	CPT/HCPCS	APEXIFICATION/RECALCIFICATION-INITIAL VISIST (APICAL CLOSURE/CALCIFIC REPAIR OF PERFORATIONS, ROOT RESORPTION,ETC.)	Yes
D3999	CPT/HCPCS	UNSPECIFIED ENDODONTIC PROCEDURE, BY REPORT	Yes

D4210	CPT/HCPCS	GINGIVECTOMY OR GINGIVOPLASTY - FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	Yes
D4211	CPT/HCPCS	GINGIVECTOMY OR GINGIVOPLASTY - ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	Yes
D5911	CPT/HCPCS	FACIAL MOULAGE (SECTIONAL)	Yes
D5912	CPT/HCPCS	FACIAL MOULAGE (COMPLETE)	Yes
D4285	CPT/HCPCS	NON-ATUOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT SURGICAL SITE AND DONOR MATERIAL) - EACH ADDITIONA	Yes
D4320	CPT/HCPCS	PROVISIONAL SPLINTING - INTRACORONAL	Yes
D4321	CPT/HCPCS	PROVISIONAL SPLINTING - EXTRACORONAL	Yes
D5959	CPT/HCPCS	PALATAL LIFT PROSTHESIS, MODIFICATION	Yes
D5960	CPT/HCPCS	SPEECH AID PROSTHESIS, MODIFICATION	Yes
D2980	CPT/HCPCS	CROWN REPAIR, NECESSITATED BY RESTORATIVE MATERIAL FAILURE	Yes
D2981	CPT/HCPCS	INLAY REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE	Yes
D5130	CPT/HCPCS	IMMEDIATE DENTURE - MAXILLARY	Yes
D5140	CPT/HCPCS	IMMEDIATE DENTURE - MANDIBULAR	Yes
D5211	CPT/HCPCS	MAXILLARY PARTIAL DENTURE - RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH)	Yes
D7850	CPT/HCPCS	SURGICAL DISCECTOMY, WITH/WITHOUT IMPLANT	Yes
D7852	CPT/HCPCS	DISC REPAIR	Yes
D7854	CPT/HCPCS	SYNOVECTOMY	Yes
D7856	CPT/HCPCS	MYOTOMY	Yes
D9630	CPT/HCPCS	DRUGS OR MEDICAMENTS, DISPENSED IN THE OFFICE FOR HOME USE	Yes
D5913	CPT/HCPCS	NASAL PROSTHESIS	Yes
D5914	CPT/HCPCS	AURICULAR PROSTHESIS	Yes
D5915	CPT/HCPCS	ORBITAL PROSTHESIS	Yes
D5916	CPT/HCPCS	OCULAR PROSTHESIS	Yes
D6081	CPT/HCPCS	SCALING AND DEBRIDEMENT OF A SINGLE IMPLANT IN THE PRESENCE OF MUCOSITIS, INCLUDING INFLAMMATION BLEEDING UPON PROBING AND INCREASED POCKET DEPTHS+	Yes
D5982	CPT/HCPCS	SURGICAL STENT	Yes
D5983	CPT/HCPCS	RADIATION CARRIER	Yes
D5984	CPT/HCPCS	RADIATION SHIELD	Yes
D5985	CPT/HCPCS	RADIATION CONE LOCATOR	Yes
D6211	CPT/HCPCS	PONTIC - CAST PREDOMINANTLY BASE METAL	Yes
D5212	CPT/HCPCS	MANDIBULAR PARTIAL DENTURE - RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH)	Yes
D5213	CPT/HCPCS	MAXILLARY PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCL CONVENTIONAL CLASPS, RESTS AND TEETH)	Yes
D6040	CPT/HCPCS	SURGICAL PLACEMENT: EOSTEAL IMPLANT	Yes
D6050	CPT/HCPCS	SURGICAL PLACEMENT: TRANSOSTEAL IMPLANT	Yes
D6052	CPT/HCPCS	SEMI-PRECISION ATTACHMENT ABUTMENT	Yes
D9910	CPT/HCPCS	APPLICATION OF DESENSITIZING MEDICAMENT	Yes
D9911	CPT/HCPCS	APPLICATION OF DESENSITIZING RESIN FOR CERVICAL AND/OR ROOT SURFACE, PER TOOTH	Yes
D9920	CPT/HCPCS	BEHAVIOR MANAGEMENT, BY REPORT	Yes
D9930	CPT/HCPCS	TREATMENT OF COMPLICATIONS (POST-SURGICAL) - UNUSUAL CIRCUMSTANCES, BY REPORT	Yes
D7282	CPT/HCPCS	MOBILIZATION OF ERUPTED OR MALPOSITIONED TOOTH TO AID ERUPTION	Yes
D6085	CPT/HCPCS	INTERIM IMPLANT CROWN	Yes
D6090	CPT/HCPCS	REPAIR OF IMPLANT/ABUTMENT SUPPORTED PROSTHESIS	Yes
D6091	CPT/HCPCS	REPLACEMENT OF REPLACEABLE PART OF SEMI-PRECISION OR PRECISION ATTACHMENT OF IMPLANT/ABUTMENT SUPPORTED PROSTHESIS, PER ATTACHMENT	Yes
D6092	CPT/HCPCS	RE-CEMENT OR RE-BOND IMPLANT/ABUTMENT SUPPORTED CROWN	Yes
D7251	CPT/HCPCS	CORONECTOMY-INTENTIONAL PARTIAL TOOTH REMOVAL,IMPACTED TEETH ONLY	Yes
D0803	CPT/HCPCS	3D FACIAL SURFACE SCAN - DIRECT	Yes
D7939	CPT/HCPCS	INDEXING FOR OSTEOATOMY USING DYNAMIC ROBOTIC ASSISTED OR DYNAMIC NAVIGATION	Yes
D9938	CPT/HCPCS	FABRICATION OF A CUSTOM REMOVABLE CLEAR PLASTIC TEMPORARY AESTHETIC APPLIANCE	Yes
D9939	CPT/HCPCS	PLACEMENT OF A CUSTOM REMOVABLE CLEAR PLASTIC TEMPORARY AESTHETIC APPLIANCE	Yes
D9954	CPT/HCPCS	FABRICATION AND DELIVERY OF ORAL APPLIANCE THERAPY (OAT) MORNING REPOSITIONING DEVICE	Yes

D0396	CPT/HCPCS	3D PRINTING OF A 3D DENTAL SURFACE SCAN	Yes
D1301	CPT/HCPCS	IMMUNIZATION COUNSELING	Yes
D2976	CPT/HCPCS	BAND STABILIZATION - PER TOOTH	Yes
D2991	CPT/HCPCS	APPLICATION OF HYDROXYAPATITE REGENERATION MEDICAMENT - PER TOOTH	Yes
D6089	CPT/HCPCS	ACCESSING AND RETORQUING LOOSE IMPLANT SCREW - PER SCREW	Yes
D7284	CPT/HCPCS	EXCISIONAL BIOPSY OF MINOR SALIVARY GLANDS	Yes
D3220	CPT/HCPCS	THERAPEUTIC PULPOTOMY (EXCL FINAL RESTORATION), REMOVAL OF PULP CORONAL TO DENTINOCEMENTAL JCT & APPL OF MEDICAMENT	Yes
D2332	CPT/HCPCS	RESIN-BASED COMPOSITE THREE SURFACES ANTERIOR	Yes
D7949	CPT/HCPCS	LEFORT II OR LEFORT III - WITH BONE GRAFT	Yes
D3431	CPT/HCPCS	BIOLOGIC MATERIALS TO AID IN SOFT AND OSSEOUS TISSUE REGENERATION IN CONJUNCTION WITH PERIRADICULAR SURGERY	Yes
D6920	CPT/HCPCS	CONNECTOR BAR	Yes
D7952	CPT/HCPCS	SINUS AUGMENTATION VIA A VERTICAL APPROACH	Yes
D5988	CPT/HCPCS	SURGICAL SPLINT	Yes
D7414	CPT/HCPCS	EXCISION OF MALIGNANT LESION GREATER THAN 1.25CM	Yes
D7720	CPT/HCPCS	MAXILLA - CLOSED REDUCTION, COMPOUND	Yes
D7270	CPT/HCPCS	TOOTH RE-IMPLANTATION AND/OR STABILIZATION OF ACCIDENTALLY EVULSED OR DISPLACED TOOTH AND/OR ALVEOLUS	Yes
D2642	CPT/HCPCS	ONLAY - PORCELAIN/CERAMIC - TWO SURFACES	Yes
D2932	CPT/HCPCS	PREFABRICATED RESIN CROWN	Yes
D2712	CPT/HCPCS	CROWN - 3/4 RESIN-BASED COMPOSITE (INDIRECT)	Yes
D6011	CPT/HCPCS	SURGICAL ACCESS TO AN IMPLANT BODY (SECOND STAGE IMPLANT SURGERY	Yes
D0473	CPT/HCPCS	ACCESSION OF TISSUE, GROSS AND MICROSCOPIC EXAMINATION, PREPARATION AND TRANSMISSION OF WRITTEN REPORT	Yes
D8693	CPT/HCPCS	RE-CEMENT OR RE-BOND FIXED RETAINER	Yes
D2792	CPT/HCPCS	CROWN - FULL CAST NOBLE METAL	Yes
D0603	CPT/HCPCS	CARIES RISK ASSESSMENT AND DOCUMENTATION, WITH A FINDING OF HIGH RISK	Yes
D0477	CPT/HCPCS	SPECIAL STAINS, NOT FOR MICROORGANISMS	Yes
D8691	CPT/HCPCS	REPAIR OF ORTHODONTIC APPLIANCE	Yes
D7473	CPT/HCPCS	REMOVAL OF TORUS MANDIBULARIS	Yes
D9410	CPT/HCPCS	HOUSE/EXTENDED CARE FACILITY CALL	Yes
D0482	CPT/HCPCS	DIRECT IMMUNOFLUORESCENCE	Yes
D9211	CPT/HCPCS	REGIONAL BLOCK ANESTHESIA	Yes
D5710	CPT/HCPCS	REBASE COMPLETE MAXILLARY DENTURE	Yes
D6240	CPT/HCPCS	PONTIC - PORCELAIN FUSED TO HIGH NOBLE METAL	Yes
D2610	CPT/HCPCS	INLAY - PORCELAIN/CERAMIC - ONE SURFACE	Yes
D5810	CPT/HCPCS	INTERIM COMPLETE DENTURE (MAXILLARY)	Yes
D7873	CPT/HCPCS	ARTHROSCOPY: LAVAGE AND LYSIS OF ADHESIONS	Yes
D0140	CPT/HCPCS	LIMITED ORAL EVALUATION- PROBLEM FOCUSED	Yes
D5120	CPT/HCPCS	COMPLETE DENTURE - MANDIBULAR	Yes
D9934	CPT/HCPCS	CLEANING AND INSPECTION OF REMOVABLE PARTIAL DENTURE, MAXILLARY	Yes
D6545	CPT/HCPCS	RETAINER - CAST METAL FOR RESIN BONDED FIXED PROSTHESIS	Yes
D2410	CPT/HCPCS	GOLD FOIL - ONE SURFACE	Yes
D2751	CPT/HCPCS	CROWN - PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	Yes
D9993	CPT/HCPCS	DENTAL CASE MANAGEMENT - MOTIVATIONAL INTERVIEWING	Yes
D9932	CPT/HCPCS	CLEANING AND INSPECTION OF REMOVABLE COMPLETE DENTURE, MAXILLARY	Yes
D7210	CPT/HCPCS	EXTRACTION, ERUPTED TOOTH REQUIRING REMOVAL OF BONE AN/OR SECTIONING OF TOOTH, AND INCLUDING ELEVATION OF MUCOPERIOSTEAL	Yes
D7944	CPT/HCPCS	OSTEOTOMY-SEGMENTED OR SUBAPICAL	Yes
D0371	CPT/HCPCS	SIALENDOSCOPY CAPTURE AND INTERPRETATION	Yes
D2975	CPT/HCPCS	COPING	Yes
D5226	CPT/HCPCS	MANDIBULAR PARTIAL DENTURE - FLEXIBLE BASE	Yes
D2330	CPT/HCPCS	RESIN; ONE SURFACE	Yes
D6051	CPT/HCPCS	INTERIM IMPLANT ABUTMENT PLACEMENT	Yes
D2952	CPT/HCPCS	POST AND CORE IN ADDITION TO CROWN, INDIRECTLY FABRICATED	Yes
D7760	CPT/HCPCS	MALAR AND/OR ZYGOMATIC ARCH - CLOSED REDUCTION, COMPOUND	Yes
D0220	CPT/HCPCS	INTRAORAL-PERAPICAL-FIRST RADIOGRAPHIC IMAGE	Yes
D8080	CPT/HCPCS	COMPREHENSIVE ORTHODONTIC TEATMENT OF THE ADOLESCENT DENTITION	Yes
D9951	CPT/HCPCS	OCCLUSAL ADJUSTMENT - LIMITED	Yes

D6600	CPT/HCPCS	RETAINER INLAY-PORCELAIN/CERAMIC, TWO SURFACES	Yes
D6060	CPT/HCPCS	ABUTMENT SUPPORTED PORCELAIN FUSED TO MENTAL CROWN (PREDOMINATELY BASE METAL)	Yes
D5730	CPT/HCPCS	RELINE COMPLETE MAXILLARY DENTURE (CHAIRSIDE)	Yes
D6063	CPT/HCPCS	ABUTMENT SUPPORTED CAST METAL CROWN (PREDOMINATELY BASE METAL)	Yes
D6609	CPT/HCPCS	RETAINER ONLAY - PORCELAIN/CERAMIC, THREE OR MORE SURFACES	Yes
D5934	CPT/HCPCS	MANDIBULAR RESECTION PROSTHESIS WITH GUIDE FLANGE	Yes
D2710	CPT/HCPCS	CROWN - RESIN-BASED COMPOSITE (INDIRECT)	Yes
D0422	CPT/HCPCS	COLLECTION AND PREPARATION OF GENETIC SAMPLE MATERIAL FOR LABORATORY ANALYSIS AND REPORT	Yes
D6950	CPT/HCPCS	PRECISION ATTACHMENT	Yes
D0340	CPT/HCPCS	2D CEPHALOMETRIC RADIOGRAPHIC IMAGE - ACQUISITION, MEASUREMENT AND ANALYSIS	Yes
D1320	CPT/HCPCS	TOBACCO COUNSELING FOR THE CONTROL AND PREVENTION OF ORAL DISEASE	Yes
D7881	CPT/HCPCS	OCCUSAL ORTHOTIC DEVICE ADJUSTMENT	Yes
D6612	CPT/HCPCS	RETAINER ONLAY - CAST PREDOMINANTLY BASE METAL, TWO SURFACES	Yes
D6210	CPT/HCPCS	PONTIC - CAST HIGH NOBLE METAL	Yes
D5864	CPT/HCPCS	OVERDENTURE - PARTIAL MAXILLARY	Yes
D5740	CPT/HCPCS	RELINE MAXILLARY PARTIAL DENTURE	Yes
D5741	CPT/HCPCS	RELINE MANDIBULAR PARTIAL DENTURE	Yes
D3421	CPT/HCPCS	APICOECTOMY - BICUSPID (FIRST ROOT)	Yes
D1510	CPT/HCPCS	SPACE MAINTAINER - FIXED, UNILATERAL - PER QUADRANT	Yes
D5227	CPT/HCPCS	IMMEDIATE MAXILLARY PARTIAL DENTURE - FLEXIBLE BASE (INCLUDING ANY CLASPS, RESTS AND TEETH)	Yes
D5765	CPT/HCPCS	SOFT LINER FOR COMPLETE OR PARTIAL REMOVABLE DENTURE - INDIRECT	Yes
D6198	CPT/HCPCS	REMOVE INTERIM IMPLANT COMPONENT	Yes
D5228	CPT/HCPCS	IMMEDIATE MANDIBULAR PARTIAL DENTURE - FLEXIBLE BASE (INCLUDING ANY CLASPS, RESTS AND TEETH)	Yes
D7298	CPT/HCPCS	REMOVAL OF TEMPORARY ANCHORAGE DEVICE (SCREW RETAINED PLATE), REQUIRING FLAP	Yes
D9912	CPT/HCPCS	PRE-VISIT PATIENT SCREENING	Yes
D7300	CPT/HCPCS	REMOVAL OF TEMPORARY ANCHORAGE DEVICE WITHOUT FLAP	Yes
D5725	CPT/HCPCS	REBASE HYBRID PROSTHESIS	Yes
D9949	CPT/HCPCS	REPAIR OF CUSTOM SLEEP APNEA APPLIANCE	Yes
D3921	CPT/HCPCS	DECORONATION OR SUBMERGENCE OF AN ERUPTED TOOTH	Yes
D7299	CPT/HCPCS	REMOVAL OF TEMPORARY ANCHORAGE DEVICE, REQUIRING FLAP	Yes
D9948	CPT/HCPCS	ADJUSTMENT OF CUSTOM SLEEP APNEA APPLIANCE	Yes
D4322	CPT/HCPCS	SPLINT - INTRA-CORONAL; NATURAL TEETH OR PROSTHETIC CROWNS	Yes
D3911	CPT/HCPCS	INTRAORIFICE BARRIER	Yes
D9947	CPT/HCPCS	CUSTOM SLEEP APNEA APPLIANCE FABRICATION AND PLACEMENT	Yes
D4323	CPT/HCPCS	SPLINT - EXTRA-CORONAL; NATURAL TEETH OR PROSTHETIC CROWNS	Yes
D6105	CPT/HCPCS	REMOVAL OF IMPLANT BODY NOT REQUIRING BONE REMOVAL OR FLAP ELEVATION	Yes
D6180	CPT/HCPCS	IMPLANT MAINTENANCE PROCEDURES WHEN A FULL ARCH FIXED HYBRID PROSTHESIS IS NOT REMOVED, INCLUDING CLEANSING OF PROSTHESIS	Yes
D7252	CPT/HCPCS	PARTIAL EXTRACTION FOR IMMEDIATE IMPLANT PLACEMENT	Yes
D8671	CPT/HCPCS	PERIODIC ORTHODONTIC TREATMENT VISIT ASSOCIATED WITH ORTHOGNATHIC SURGERY	Yes
D9914	CPT/HCPCS	ADMINISTRATION OF DERMAL FILLERS	Yes
D6193	CPT/HCPCS	REPLACEMENT OF AN IMPLANT SCREW	Yes
D2956	CPT/HCPCS	REMOVAL OF AN INDIRECT RESTORATION ON A NATURAL TOOTH	Yes
D7259	CPT/HCPCS	NERVE DISSECTION	Yes
D9959	CPT/HCPCS	UNSPECIFIED SLEEP APNEA SERVICES PROCEDURE, BY REPORT	Yes
D8091	CPT/HCPCS	COMPREHENSIVE ORTHODONTIC TREATMENT WITH ORTHOGNATHIC SURGERY	Yes
D9913	CPT/HCPCS	ADMINISTRATION OF NEUROMODULATORS	Yes
D6197	CPT/HCPCS	REPLACEMENT OF RESTORATIVE MATERIAL USED TO CLOSE AN ACCESS OPENING OF A SCREW-RETAINED IMPLANT SUPPORTED PROSTHESIS, PER SITE	Yes
D7509	CPT/HCPCS	MARSUPIALIZATION OF ODONTOGENIC CYST	Yes
D7956	CPT/HCPCS	GUIDED TISSUE REGENERATION, EDENTULOUS AREA - RESORBABLE BARRIER, PER SITE	Yes
D9953	CPT/HCPCS	RELINING CUSTOM SLEEP APNEA APPLIANCE (INDIRECT)	Yes

D0389	CPT/HCPCS	INTRAORAL TOMOSYNTHESIS-PERiapICAL RADIOGRAPHIC IMAGE - IMAGE CAPTURE ONLY	Yes
D0374	CPT/HCPCS	INTRAORAL TOMOSYNTHESIS - PERiapICAL RADIOGRAPHIC IMAGE	Yes
Q0516	CPT/HCPCS	PHARMACY SUPPLYING FEE FOR HIV PRE-EXPOSURE PROPHYLAXIS FDA APPROVED PRESCRIPTION ORAL DRUG,30 DAYS	Yes
J8612	CPT/HCPCS	METHOTREXATE (XATMEP), ORAL, 2.5 MG	Yes
J8611	CPT/HCPCS	METHOTREXATE (JYLAMVO), ORAL, 2.5 MG	Yes
J3301	CPT/HCPCS	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG	Yes
J3300	CPT/HCPCS	INJECTION, TRIAMCINOLONE ACETONIDE, PRESERVATIVE FREE, 1 MG	Yes
J2920	CPT/HCPCS	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 40 MG	Yes
J0702	CPT/HCPCS	INJECTION, BETAMETHASONE ACETATE 3 MG AND BETAMETHASONE SODIUM PHOSPHATE 3 MG	Yes
J0485	CPT/HCPCS	INJECTION, BELATACEPT, 1 MG	Yes
J0480	CPT/HCPCS	INJECTION, BASILIXIMAB, 20 MG	Yes
J0215	CPT/HCPCS	INJECTION, ALEFACEPT, 0.5 MG	Yes
Q0512	CPT/HCPCS	PHARMACY SUPPLY FEE FOR ORAL ANTI-CANCER, ORAL ANTI-EMETIC OR IMMUNOSUPPRESSIVE DRUG(S); FOR A SUBSEQUENT PRESCRIPTION	Yes
Q0510	CPT/HCPCS	PHARMACY SUPPLY FEE FOR INITIAL IMMUNOSUPPRESSIVE DRUG(S), FIRST MONTH FOLLOWING TRANSPLANT	Yes
J8610	CPT/HCPCS	METHOTREXATE ORAL 2.5 MG	Yes
J7633	CPT/HCPCS	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED,	Yes
J7634	CPT/HCPCS	BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER 0.25 MG	Yes
J7626	CPT/HCPCS	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED,	Yes
J7624	CPT/HCPCS	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME	Yes
J7599	CPT/HCPCS	IMMUNOSUPPRESSIVE DRUG NOT OTHERWISE CLASSIFIED	Yes
J7527	CPT/HCPCS	EVEROLIMUS, ORAL, 0. 25 MG	Yes
J7525	CPT/HCPCS	TACROLIMUS, PARENTERAL, 5MG	Yes
J7520	CPT/HCPCS	SIROLIMUS, ORAL, 1MG	Yes
J7518	CPT/HCPCS	MYCOPHENOLIC ACID, ORAL, 180 MG	Yes
J7517	CPT/HCPCS	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	Yes
J7516	CPT/HCPCS	INJECTION, CYCLOSPORINE, 250 MG	Yes
J7515	CPT/HCPCS	CYCLOSPORINE, ORAL 25MG	Yes
J7513	CPT/HCPCS	DACLIZUMAB, PARENTERAL, 25 MG	Yes
J7511	CPT/HCPCS	LYMPHOCYTE IMMUNE GLOBULIN, ANTITHYMOCYTE GLOBULIN, RABBIT, PARENTERAL, 25MG	Yes
J7505	CPT/HCPCS	MUROMONAB-CD3, PARENTAL, 5 MG	Yes
J7504	CPT/HCPCS	LYMPHOCYTE IMMUNE GLOBULIN, ANTITYMOCYTE GLOBULIN (E.G., ATGAM) PARENTERAL, AMP, 50 MG.ML, 5 ML EA	Yes
J7502	CPT/HCPCS	CYCLOSPORINE - ORAL 100 MG	Yes
J7500	CPT/HCPCS	AZATHIOPRINE (E.G., IMURAN) - ORAL, TAB, 50 MG, 100S EA	Yes
Q0518	CPT/HCPCS	PHARMACY SUPPLYING FEE FOR HIV PRE-EXPOSURE PROPHYLAXIS FDA APPROVED PRESCRIPTION ORAL DRUG,90 DAYS	Yes
Q0511	CPT/HCPCS	PHARMACY SUPPLY FEE FOR ORAL ANTI-CANCER, ORAL ANTI-EMETIC OR IMMUNOSUPPRESSIVE DRUG(S); FOR THE FIRST PRESCRIPTION IN	Yes
C9092	CPT/HCPCS	INJECTION, TRIAMCINOLONE ACETONIDE, SUPRACHOROIDAL (XIPERE),1 MG	Yes
J3299	CPT/HCPCS	INJECTION, TRIAMCINOLONE ACETONIDE (XIPERE), 1 MG	Yes
J7514	CPT/HCPCS	MYCOPHENOLATE MOFETIL (MYHIBBIN), ORAL SUSPENSION, 100 MG	Yes
Q0517	CPT/HCPCS	PHARMACY SUPPLYING FEE FOR HIV PRE-EXPOSURE PROPHYLAXIS FDA APPROVED PRESCRIPTION ORAL DRUG,PER 60- DAYS	Yes
J7519	CPT/HCPCS	INJECTION, MYCOPHENOLATE MOFETIL, 10 MG	Yes
J2919	CPT/HCPCS	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, 5 MG	Yes
750	Revenue	GASTRO-INTESTINAL SERVICES - GENERAL	Yes
0654T	CPT/HCPCS	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSNASAL; WITH INSERTION OF INTRALUMINAL TUBE OR CATHETER	Yes
0652T	CPT/HCPCS	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSNASAL; DIAGNOSTIC, INCLUDING COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING	Yes
0653T	CPT/HCPCS	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSNASAL; WITH BIOPSY, SINGLE OR MULTIPLE	Yes

43193	CPT/HCPCS	ESOPHAGOSCOPY, RIGID, TRANSORAL; WITH BIOPSY, SINGLE OR MULTIPLE	Yes
44380	CPT/HCPCS	FIBEROPTIC ILEOSCOPY THROUGH STOMA;	Yes
31652	CPT/HCPCS	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH ENDOBRONCHIAL ULTRASOUND (EBU	Yes
44382	CPT/HCPCS	FIBEROPTIC ILEOSCOPY THROUGH STOMA; WITH BIOPSY AND/OR COLLECTION OF SPECIMEN BY BRUSHING OR WASHING	Yes
31239	CPT/HCPCS	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH BIOPSY, POLYPECTOMY OR DEBRIDEMENT (SEPARATE PROCEDURE) WITH DACRYOCYSTORHINOSTOMY	Yes
43247	CPT/HCPCS	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; WITH REMOVAL OF FOREIGN BODY(S)	Yes
43197	CPT/HCPCS	ESOPHAGOSCOPY, FLEXIBLE, TRANSNASAL; DIAGNOSTIC, INCLUDES COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING WHEN	Yes
43216	CPT/HCPCS	ESOPHAGOSCOPY, FLEXIBLE, TRANSNASAL; WITH REMOVAL OF TUMOR(S), POLYPS(S) OR OTHER LESION(S) BY HOT BIOPSY FORCEPS	Yes
31238	CPT/HCPCS	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH BIOPSY, POLYPECTOMY OR DEBRIDEMENT (SEPARATE PROCEDURE) WITH CONTROL OF EPISTAXIS	Yes
44363	CPT/HCPCS	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM; FOR REMOVAL OF FOREIGN BODY	Yes
0406T	CPT/HCPCS	NASAL ENDOSCOPY, SURGICAL, ETHMOID SINUS, PLACEMENT OF DRUG ELUTING IMPLANT;	Yes
43244	CPT/HCPCS	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; WITH BAND LIGATION OF ESOPHAGEAL/GASTRIC VARICES	Yes
43277	CPT/HCPCS	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH TRANS-ENDOSCOPIC BALLOON DILATION OF BILIARY/PANCREATIC DUCT	Yes
45350	CPT/HCPCS	SIGMOIDOSCOPY, FLEXIBLE; WITH BAND LIGATION(S) (EG, HEMORRHOIDS)	Yes
92612	CPT/HCPCS	FLEXIBLE FIBER OPTIC ENDOSCOPIC EVALUATION OF SWALLOWING BY CINE OR VIDEO RECORDING	Yes
43213	CPT/HCPCS	ESOPHAGOSCOPY, FLEXIBLE, TRANSORAL; WITH DILATION OF ESOPHAGUS, BY BALLOON OR DILATOR, RETROGRADE (INCL FLUOROSCOP	Yes
43245	CPT/HCPCS	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; WITH DILATION OF GASTRIC/DUODENAL STRICTURE(S) (EG, BALLOON, BOUGIE)	Yes
43266	CPT/HCPCS	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; WITH PLACEMENT OF ENDOSCOPIC STENT (INCLUDES PRE- AND POST-DILATI	Yes
31293	CPT/HCPCS	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH ORBITAL DECOMPRESSION; MEDIAL AND INFERIOR WALL	Yes
43242	CPT/HCPCS	UPPER GASTROINTESTINAL ENDOSCOPY, INCLUDING ESOPHAGUS, STOMACH; W/TRANSENDOSCOPIC FINE NEEDLE ASPIRATION/BIOPSY	Yes
43232	CPT/HCPCS	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; W/TRANSCOPIC ULTRASOUND GUIDED INTRAMURAL OR TRANSMURAL FINE NEEDLE ASPIRATION/BX	Yes
46601	CPT/HCPCS	ANOSCOPY; DIAGNOSTIC, WITH HIGH-RESOLUTION MAGNIFICATION (HRA) (EG, COLPOSCOPE, OPERATING MICROSCOPE)	Yes
31235	CPT/HCPCS	NASAL/SINUS ENDOSCOPY, DIAGNOSTIC; WITH SPHENOID SINUSOSCOPY (VIA PUNCTURE OF SPHENOIDAL FACE OR CANNULATION OF OSTIUM)	Yes
43191	CPT/HCPCS	ESOPHAGOSCOPY, RIGID, TRANSORAL; DIAGNOSTIC, INCL COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING WHEN PERFORMED (SEPARA	Yes
43274	CPT/HCPCS	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH PLACEMENT OF ENDOSCOPIC STENT INTO BILIARY OR PANCREATIC	Yes
31292	CPT/HCPCS	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH ORBITAL DECOMPRESSION; MEDIAL OR INFERIOR WALL	Yes
44386	CPT/HCPCS	ENDOSCOPIC EVALUATION OF SMALL INTESTINAL POUCH (EG KOCK POUCH, ILEAL RESERVOIR(S OR J)); WITH BIOPSY, SINGLE OR MULTIPLE	Yes
45390	CPT/HCPCS	COLONOSCOPY, FLEXIBLE; WITH ENDOSCOPIC MUCOSAL RESECTION	Yes
92613	CPT/HCPCS	FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION OF SWALLOWING BY CINE OR VIDEO RECORDING; INTERPRETATION AND REPORT ONLY	Yes

44366	CPT/HCPCS	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM; FOR CONTROL OF HEMORRHAGE (EG, ELECTROCOAG	Yes
44385	CPT/HCPCS	FIBEROPTIC EVALUATION OF SMALL INTESTINAL (KOCK) OR PELVIC POUCH;	Yes
50555	CPT/HCPCS	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETE	Yes
31295	CPT/HCPCS	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DILATION OF MAXILLARY SINUS OSTIUM (EG, BALLOON DILATION), TRANSNASAL OR VIA CANINE FOSSA	Yes
43278	CPT/HCPCS	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION(S), INCLUDING	Yes
31267	CPT/HCPCS	MAXILLARY SINUS ENDOSCOPY, SURGICAL; WITH REMOVAL OF MUCOUS MEMBRANE AND/OR POLYPS	Yes
52287	CPT/HCPCS	CYSTOURETHROSCOPY, WITH INJECTION(S) FOR CHEMODENERVATIONS OF THE BLADDER	Yes
31297	CPT/HCPCS	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION); SPHENOID SINUS OSTIUM	Yes
43202	CPT/HCPCS	ESOPHAGOSCOPY, FLEXIBLE, TRANSORAL; WITH BIOPSY, SINGLE OR MULTIPLE	Yes
43217	CPT/HCPCS	ESOPHAGOSCOPY, FLEXIBLE, TRANSORAL; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY SNARE TECHNIQUE	Yes
43192	CPT/HCPCS	ESOPHAGOSCOPY, RIGID, TRANSORAL; WITH DIRECTED SUBMUCOSAL INJECTION(S), ANY SUBSTANCE	Yes
33266	CPT/HCPCS	ENDOSCOPY, OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, EXTENSIVE (EG, MAZE PROCEDURE), WITHOUT CARDIOPULMONARY BYPASS	Yes
44402	CPT/HCPCS	COLONOSCOPY THROUGH STOMA; WITH ENDOSCOPIC STENT PLACEMENT (INCLUDING PRE-AND POST-DILATION AND GUIDE WIRE PASSAGE, WHEN	Yes
31237	CPT/HCPCS	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH BIOPSY, POLYPECTOMY OR DEBRIDEMENT (SEPARATE PROCEDURE)	Yes
31653	CPT/HCPCS	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED WITH EBUS, ONE OR TWO MEDIASTINAL AND/OR	Yes
44384	CPT/HCPCS	ILEOSCOPY, THROUGH STOMA; WITH PLACEMENT OF ENDOSCOPIC STENT (INCLUDES PRE AND POST-DILATION AND GUIDE WIRE PASSAGE, WHEN	Yes
43255	CPT/HCPCS	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; WITH CONTROL OF BLEEDING, ANY METHOD	Yes
43246	CPT/HCPCS	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; WITH DIRECTED PLACEMENT OF PERCUTANEOUS GASTROSTOMY TUBE	Yes
43210	CPT/HCPCS	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; WITH ESOPHAGASTRIC FUNDOPLASTY, PARTIAL OR COMPLETE, INCLUDES	Yes
50976	CPT/HCPCS	URETERAL ENDOSCOPY THROUGH URETEROTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLU	Yes
50553	CPT/HCPCS	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETE	Yes
S2342	CPT/HCPCS	NASAL ENDOSCOPY FOR POST-OP DEBRIDEMENT FOLLOWING FUNCTIONAL ENDOSCOPIC SINUS SURGERY, NASAL AND/OR SINUS CAVITY(S), UNI	Yes
44365	CPT/HCPCS	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT INCLUDING ILEUM; W/REMOVAL OF TUMOR(S), POLY	Yes
43226	CPT/HCPCS	ESOPHAGOSCOPY, FLEXIBLE, TRANSORAL; WITH INSERTION OF GUIDE WIRE FOLLOWED BY PASSAGE OF DILATOR(S) OVER GUIDE WIRE	Yes
50561	CPT/HCPCS	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETE	Yes
45393	CPT/HCPCS	COLONOSCOPY, FLEXIBLE; WITH DECOMPRESSION (FOR PATHOLOGIC DISTENTION) (EG VOLVULUS, MEGACOLON), INCLUDING PLACEMENT	Yes
50980	CPT/HCPCS	URETERAL ENDOSCOPY THROUGH URETEROTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLU	Yes
43194	CPT/HCPCS	ESOPHAGOSCOPY RIGID, TRANSORAL; WITH REMOVAL OF FOREIGN BODY(S)	Yes

50580	CPT/HCPCS	RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLU	Yes
C1749	CPT/HCPCS	ENDOSCOPE, RETROGRADE IMAGING/ILLUMINATION COLONOSCOPE DEVICE (IMPLANTABLE)	Yes
44370	CPT/HCPCS	SMALL INTESTINAL ENDOSCOPY, NOT INCLUDING ILEUML WITH TRANSENDOSCOPIC STENT PLACEMENT	Yes
31254	CPT/HCPCS	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY, PARTIAL (ANTERIOR)	Yes
50576	CPT/HCPCS	RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLU	Yes
50551	CPT/HCPCS	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETE	Yes
47555	CPT/HCPCS	BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT; FOR DILATION OF BILIARY DUCT STRICTURE	Yes
44381	CPT/HCPCS	ILEOSCOPY, THROUGH STOMA; WITH TRANSENDOSCOPIC BALLOON DILATION	Yes
45378	CPT/HCPCS	COLONOSCOPY, FLEXIBLE; DIAGNOSTIC, INCLUDING COLLECTION OF SPECIMEN(S) BY BURSHING OR WASHING WHEN PERFORMED	Yes
43231	CPT/HCPCS	ESOPHAGOSCOPY, FLEXIBLE, TRANSORAL; WITH ENDOSCOPIC ULTRASOUND EXAMINATION	Yes
50953	CPT/HCPCS	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOG	Yes
43196	CPT/HCPCS	ESOPHAGOSCOPY, RIGID, TRANSORAL; WITH INSERTION OF GUIDE WIRE FOLLOWED BY DILATION OVER GUIDE WIRE	Yes
92617	CPT/HCPCS	FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION OF SWALLOWING AND LARYNGEAL SENSORY TESTING BY CINE OR VIDEO RECORDING: PHYSI	Yes
43205	CPT/HCPCS	ESOPHAGOSCOPY, FLEXIBLE, TRANSORAL; WITH BAND LIGATION OF ESOPHAGEAL VARICES	Yes
47554	CPT/HCPCS	BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT; FOR REMOVAL OF STONE(S)	Yes
44403	CPT/HCPCS	COLONOSCOPY THROUGH STOMA; WITH ENDOSCOPIC MUCOSAL RESECTION	Yes
31255	CPT/HCPCS	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY, TOTAL (ANTERIOR AND POSTERIOR)	Yes
43270	CPT/HCPCS	ESOPHAGOGASTRODUODENOSCOPY,FLEXIBLE,TRANSORAL;WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION(S) (INCLUDES PRE- AND	Yes
43250	CPT/HCPCS	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS,STOMACH& EITHER THE DUODENUM &/OR JEJUNUM AS APPROPRIATE;WITH REMOV	Yes
37500	CPT/HCPCS	VASCULAR ENDOSCOPY, SURGICAL, WITH LIGATION OF PERFORATOR	Yes
47550	CPT/HCPCS	BILIARY ENDOSCOPY, INTRAOPERATIVE (CHOLEDOCHOSCOPY)	Yes
43180	CPT/HCPCS	ESOPHAGOSCOPY, RIGID, TRANSORAL WITH DIVERTICULECTOMY OF HYPOPHARYNX OR CERVICAL ESOPHAGUS (EG, ZENKER'S	Yes
43233	CPT/HCPCS	ESOPHAGOGASTRODUODENOSCOPY,FLEXIBLE,TRANSORAL;WITH DILATION OF ESOPHAGUS WITH BALLOON (30 MM DIAMETER OR LARGER) (INCL	Yes
47556	CPT/HCPCS	BILIARY ENDOSCOPY,PERCUTANEOUS VIA T-TUBE OR OTHER TRACT; FOR DILATION OF BILIARY DUCT STRICTURE(S) WITH STENT	Yes
92614	CPT/HCPCS	FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION , LARYNGEAL SENSORTESTING BY CINE OR VIDEO RECORDING:	Yes
46607	CPT/HCPCS	ANOSCOPY; WITH HIGH-RESOLUTION MAGNIFICATION (HRA) (EG, COLPOSCOPE, OPERATING MICROSCOPE) AND CHEMICAL AGENT	Yes
44364	CPT/HCPCS	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM; FOR REMOVAL OF POLYPOID LESION(S)	Yes
92615	CPT/HCPCS	FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION , LARYNGEAL SENSORTESTING BY CINE OR VIDEO RECORDING: PHYSICIAN INTERPRETATION	Yes
43251	CPT/HCPCS	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPROPRIATE; FO	Yes

44372	CPT/HCPCS	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM; FOR PLACEMENT OF PERCUTANEOUS JEJUNOSTOMY	Yes
43200	CPT/HCPCS	ESOPHAGOSCOPY, RIGID OR FLEXIBLE FIBEROPTIC (SPECIFY); DIAGNOSTIC PROCEDURE	Yes
43206	CPT/HCPCS	ESOPHAGOSCOPY, FLEXIBLE, TRANSORAL; WITH OPTICAL ENDOMICROSCOPY	Yes
31288	CPT/HCPCS	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY; WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	Yes
43238	CPT/HCPCS	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACHEITHER THE DUODENUM AND/OR JEJUNUM AS APPROPRIATE; WITH TRAN	Yes
33265	CPT/HCPCS	ENDOSCOPY, SURGICAL; OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, LIMITED (EG, MODIFIED MAZE PROCEDURE), WITHO	Yes
45398	CPT/HCPCS	COLONOSCOPY, FLEXIBLE; WITH BAND LIGATION(S) (EG HEMORRHOIDS)	Yes
47553	CPT/HCPCS	BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT; FOR BIOPSY AND/OR COLLECTION OF SPECIMEN BY BRUSHING OR WASH	Yes
31257	CPT/HCPCS	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING SPHENOIDOTOMY	Yes
31253	CPT/HCPCS	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING FRONTAL SINUS EXPLORATION,	Yes
C9751	CPT/HCPCS	BRONCHOSCOPY,RIGID OR FLEXIBLE,TRANSBRONCHIAL ABLATION OF LESION(S) BY MICROWAVE ENERGY,INCLUDING FLUOROSCOPIC GUIDANCE,WHEN PERFORMED,WITH COMPUTED +	Yes
43275	CPT/HCPCS	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH REMOVAL OF FOREIGN BODY(S) OR STENT(S) FROM BILIARY/PANCREAT	Yes
44401	CPT/HCPCS	COLONOSCOPY THROUGH STOMA; WITH ABLATION OF TUMOR(S), POLYP(S) OR OTHER LESION(S) (INCLUDES PRE-AND POST-DILATION	Yes
50957	CPT/HCPCS	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOG	Yes
50575	CPT/HCPCS	RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT IRRIGATION,INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSI	Yes
50562	CPT/HCPCS	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYLEOSTOMWITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYLEOGRA	Yes
31233	CPT/HCPCS	NASAL/SINUS ENDOSCOPY, DIAGNOSTIC; WITH MAXILLARY SINUSOSCOPY (VIA INFERIOR MEATUS OR CANINE FOSSA PUNCTURE)	Yes
44377	CPT/HCPCS	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, INCLUDING ILEUM, W/BIOSPY, SINGLE OR MULTIPLE	Yes
43257	CPT/HCPCS	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPROPRIATE; WITH	Yes
44408	CPT/HCPCS	COLONOSCOPY THROUGH STOMA; WITH DECOMPRESSION (FOR PATHOLOGIC DISTENTION) (EG, VOLVULUS, MEGACOLON), INCLUDING	Yes
43220	CPT/HCPCS	ESOPHAGOSCOPY, FLEXIBLE, TRANSORAL; WITH TRANSENDOSCOPIC BALLOON DILATION (LESS THAN 30 MM DIAMETER)	Yes
37501	CPT/HCPCS	UNLISTED VASCULAR ENDOSCOPY PROCEDURE	Yes
0407T	CPT/HCPCS	NASAL ENDOSCOPY, SURGICAL, ETHMOID SINUS, PLACEMENT OF DRUG ELUTING IMPLANT; WITH BIOPSY, POLYPECTOMY OR DEBRIDEMENT	Yes
50970	CPT/HCPCS	URETERAL ENDOSCOPY THROUGH URETEROTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLU	Yes
44360	CPT/HCPCS	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM; DIAGNOSTIC	Yes
0397T	CPT/HCPCS	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP), WITH OPTICAL ENDOMICROSCOPY (LIST SEPARATELY IN ADDITION TO CODE	Yes
43237	CPT/HCPCS	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMAC AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPROPRIATE; WITH	Yes

31276	CPT/HCPCS	NASAL/SINUS ENDOSCOPY, SURGICAL FRONTAL SINUS EXPLORATION W/WO REMOVAL OF TISSUE FROM FRONTAL SINUS	Yes
43241	CPT/HCPCS	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; WITH INSERTION OF INTRALUMINAL TUBE OR CATHETER	Yes
33508	CPT/HCPCS	ENDOSCOPY, SURGICAL, INCLUDING VIDEO-ASSISTED HARVEST OF VEIN(S) FOR CORONARY ARTERY BY PASS PROCEDURE	Yes
31654	CPT/HCPCS	BRONCHOSCOPY,RIGID/FLEXIBLE,INCLUDING FLUOROSCOPIC GUIDANCE,WHEN PERFORMED W/TRANSENDOSCOPIC ENDOBRONCHIAL ULTRASOUND (E	Yes
31231	CPT/HCPCS	NASAL ENDOSCOPY, DIAGNOSTIC, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)	Yes
43212	CPT/HCPCS	ESOPHAGOSCOPY,FLEXIBLE,TRANSORAL;WITH PLACEMENT OF ENDOSCOPIC STENT (INCLUDES PRE- AND POST-DILATION & GUIDE	Yes
44405	CPT/HCPCS	COLONOSCOPY THROUGH STOMA; WITH TRANSENDOSCOPIC BALLOON DILATION	Yes
31290	CPT/HCPCS	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH REPAIR OF CEREBROSPINAL FLUID LEAK; ETHMOID REGION	Yes
C1886	CPT/HCPCS	CATHETER, EXTRAVASCULAR TISSUE ABLATION, ANY MODALITY (INSERTABLE)	Yes
31294	CPT/HCPCS	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH OPTIC NERVE DECOMPRESSION	Yes
45349	CPT/HCPCS	SIGMOIDOSCOPY, FLEXIBLE; WITH MUCOSAL ENDOSCOPIC RESECTION	Yes
50570	CPT/HCPCS	RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLU	Yes
43236	CPT/HCPCS	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; WITH DIRECTED SUBMUCOSAL INJECTION(S), ANY SUBSTANCE	Yes
50961	CPT/HCPCS	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOG	Yes
43214	CPT/HCPCS	ESOPHAGOSCOPY,FLEXIBLE,TRANSORAL;WITH DILATION OF ESOPHAGUS WITH BALLOON (30 MM DIAMETER OR LARGER) (INCL FLUOROSCOPIC	Yes
50955	CPT/HCPCS	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOG	Yes
44361	CPT/HCPCS	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM; FOR BIOPSY AND/OR COLLECTION OF SPECIMEN B	Yes
43198	CPT/HCPCS	ESOPHAGOSCOPY, FLEXIBLE, TRANSNASAL; WITH BIOPSY, SINGLE OR MULTIPLE	Yes
31287	CPT/HCPCS	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY	Yes
45347	CPT/HCPCS	SIGMOIDOSCOPY, FLEXIBLE; WITH PLACEMENT OF ENDOSCOPIC STENT (INCLUDES PRE- AND POST-DILATION AND GUIDE WIRE PASSAGE,WHN	Yes
43243	CPT/HCPCS	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; WITH INJECTION SCLEROSIS OF ESOPHAGEAL/GASTRIC VARICES	Yes
43253	CPT/HCPCS	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; WITH TRANSENDOSCOPIC ULTRASOUND-GUIDED TRANSMURAL INJECTION OF DI	Yes
45389	CPT/HCPCS	COLONOSCOPY, FLEXIBLE; WITH ENDOSCOPIC STENT PLACEMENT (INCLUDES PRE- AND POST- DILATION AND GUIDE WIRE PASSAGE,	Yes
45346	CPT/HCPCS	SIGMOIDOSCOPY, FLEXIBLE; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION(S) (INCLUDES PRE- AND POST-	Yes
43211	CPT/HCPCS	ESOPHAGOSCOPY, FLEXIBLE, TRANSORAL; WITH ENDOSCOPIC MUCOSAL RESECTION	Yes
44379	CPT/HCPCS	SMALL INTESTINAL ENDOSCOPY, INCLUDING ILEUM; WITH TRANSENDOSCOPIC STENT PLACEMENT	Yes
43235	CPT/HCPCS	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPROPRIATE; CO	Yes
43254	CPT/HCPCS	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; WITH ENDOSCOPIC MUCOSAL RESECTION	Yes
50572	CPT/HCPCS	RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLU	Yes

44376	CPT/HCPCS	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, INCLUDING ILEUM;DIAGNOSTIC W/OR W/OUT COLLECT	Yes
43252	CPT/HCPCS	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; WITH OPTICAL ENDOMICROSCOPY	Yes
43215	CPT/HCPCS	ESOPHAGOSCOPY, FLEXIBLE, TRANSNASAL; WITH REMOVAL OF FOREIGN BODY(S)	Yes
45388	CPT/HCPCS	COLONOSCOPY, FLEXIBLE; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION(S) (INCLUDES PRE- AND POST- DILATION AND	Yes
31256	CPT/HCPCS	NASAL ENDOSCOPY, SURGICAL; WITH MAXILLARY ANTROSTOMY	Yes
43239	CPT/HCPCS	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; WITH BIOPSY, SINGLE OR MULTIPLE	Yes
43248	CPT/HCPCS	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS,STOMACH& EITHER THE DUODENUM &/OR JEJUNUM AS APPROPRIATE;W/INSERTO	Yes
43195	CPT/HCPCS	ESOPHAGOSCOPY, RIGID, TRANSORAL; WITH BALLOON DILATION (LESSTHAN 30 MM DIAMETER)	Yes
50574	CPT/HCPCS	RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLU	Yes
50974	CPT/HCPCS	URETERAL ENDOSCOPY THROUGH URETEROTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLU	Yes
43276	CPT/HCPCS	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH REMOVAL AND EXCHANGE OF STENT(S), BILIARY OR PANCREATIC DUCT	Yes
50951	CPT/HCPCS	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOG	Yes
92616	CPT/HCPCS	FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION OF SWALLOWING AND LARYNGEAL SENSORY TESTING BY CINE OR VIDEO RECORDING:	Yes
43240	CPT/HCPCS	UPPER GASTROINTESTINAL ENDOSCOPY, INCLUDING ESOPHAGUS, STOMACH; W/TRANSMURAL DRAINAGE OF PSEUDOCYST	Yes
43265	CPT/HCPCS	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP), WITH OR WITHOUT BIOPSY AND/OR COLLECTION OF SPECIMEN; FOR DESTRUC	Yes
50972	CPT/HCPCS	URETERAL ENDOSCOPY THROUGH URETEROTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLU	Yes
43227	CPT/HCPCS	ESOPHAGOSCOPY, FLEXIBLE, TRANSORAL; WITH CONTROL OF BLEEDING, ANY METHOD	Yes
44404	CPT/HCPCS	COLONOSCOPY THROUGH STOMA; WITH DIRECTED SUBMUCOSAL INJECTION(S), ANY SUBSTANCE	Yes
31240	CPT/HCPCS	NASAL/SINUS ENDOSCOPY, SURGICAL; W/BIOPSY, POLYPECTOMY OR DEBRIDEMENT (SEPARATE PROCEDURE) WITH CONCHA BULLOSA RESECTION	Yes
31291	CPT/HCPCS	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH REPAIR OF CEREBROSPINAL FLUID LEAK; SPHENOID REGION	Yes
47552	CPT/HCPCS	BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT; DIAGNOSTIC, WITH COLLECTION OF SPECIMEN(S) BY BRUSHING AND/OR WASHING, WHEN PERFORMED (SEP+	Yes
44406	CPT/HCPCS	COLONOSCOPY THROUGH STOMA; WITH ENDOSCOPIC ULTRASOUND EXAMINATION, LIMITED TO THE SIGMOID, DESCENDING, TRANSVERSE,	Yes
50557	CPT/HCPCS	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETE	Yes
43229	CPT/HCPCS	ESOPHAGOSCOPY,FLEXIBLE,TRANSORAL;WITH ABLATION OF TUMOR(S), POLYP(S),OR OTHER LESION(S) (INCL PRE- AND POST-DILATION	Yes
44369	CPT/HCPCS	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM; FOR ABLATION OF TUMOR OR MUCOSAL LESION (E	Yes
44407	CPT/HCPCS	COLONOSCOPY THROUGH STOMA; WITH TRANSENDOSCOPIC ULTRASOUND GUIDED INTRAMURAL OR TRANSMURAL FINE NEEDLE ASPIRATION/BIOPSY	Yes
43259	CPT/HCPCS	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS,STOMACH& EITHER THE DUODENUM &/OR JEJUNUM AS APPROPRIATE;W/ENDOSCOS	Yes

31296	CPT/HCPCS	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION); FRONTAL SINUS OSTIUM	Yes
43249	CPT/HCPCS	UPPER GASTROINTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH AND EITHER THE DUODENUM AND/OR JEJUNUM AS APP;WITH BALLOON	Yes
44378	CPT/HCPCS	SMALL INTESTINAL ENDOSCOPY,ENTEROSCOPY BEYOND SECOND PORTIONOF DUODENUM,INCLUDING ILEUM;WITH CONTROL OF BLEEDING,ANY MET	Yes
C1748	CPT/HCPCS	ENDOSCOPE, SINGLE-USE (I.E. DISPOSABLE), UPPER GI, IMAGING/ILLUMINATION DEVICE (INSERTABLE)	Yes
C9771	CPT/HCPCS	NASAL/SINUS ENDOSCOPY, CRYOABLATION NASAL TISSUE(S) AND/OR NERVE(S), UNILATERAL OR BILATERAL	Yes
C9779	CPT/HCPCS	ENDOSCOPIC SUBMUCOSAL DISSECTION (ESD), INCLUDING ENDOSCOPY OR COLONOSCOPY, MUCOSAL CLOSURE, WHEN PERFORMED	Yes
42975	CPT/HCPCS	DRUG-INDUCED SLEEP ENDOSCOPY, WITH DYNAMIC EVALUATION OF VELUM, PHARYNX, TONGUE BASE, FLEXIBLE, DIAGNOSTIC	Yes
C1747	CPT/HCPCS	ENDOSCOPE, SINGLE-USE (I.E. DISPOSABLE), URINARY TRACT, IMAGING/ILLUMINATION DEVICE (INSERTABLE)	Yes
C9785	CPT/HCPCS	ENDOSCOPIC OUTLET REDUCTION, GASTRIC POUCH APPLICATION, WITH ENDOSCOPY AND INTRALUMINAL TUBE INSERTION, IF PERFORMED, IN	Yes
C1601	CPT/HCPCS	ENDOSCOPE, SINGLE-USE (I.E. DISPOSABLE), PULMONARY, IMAGING/ILLUMINATION DEVICE (INSERTABLE)	Yes
C1738	CPT/HCPCS	POWERED, SINGLE-USE (I.E., DISPOSABLE) ENDOSCOPIC ULTRASOUND-GUIDED BIOPSY DEVICE	Yes
0884T	CPT/HCPCS	ESOPHAGOSCOPY, FLEXIBLE, TRANSORAL, WITH INITIAL TRANSENDOSCOPIC MECHANICAL DILATION (EG, NONDRUG-COATED BALLOON) FOLLOW	Yes
C9901	CPT/HCPCS	ENDOSCOPIC DEFECT CLOSURE WITHIN THE ENTIRE GASTROINTESTINAL TRACT, INCLUDING UPPER ENDOSCOPY (INCLUDING DIAGNOSTIC, IF	Yes
C1606	CPT/HCPCS	ADAPTER, SINGLE-USE (I.E., DISPOSABLE), FOR ATTACHING ULTRASOUND SYSTEM TO UPPER GASTROINTESTINAL ENDOSCOPE	Yes
G9038	CPT/HCPCS	INTRADERMAL CANCER IMMUNOTHERAPY; EACH ADDITIONAL INJECTION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Yes
G0531	CPT/HCPCS	MANAGEMENT OF NEW PATIENT-CAREGIVER DYAD WITH DEMENTIA, MODERATE COMPLEXITY, FOR USE IN CMMI MODEL	Yes
G0530	CPT/HCPCS	MANAGEMENT OF ESTABLISHED PATIENT-CAREGIVER DYAD WITH DEMENTIA, HIGH COMPLEXITY, FOR USE IN CMMI MODEL	Yes
G0529	CPT/HCPCS	MANAGEMENT OF ESTABLISHED PATIENT-CAREGIVER DYAD WITH DEMENTIA, MODERATE COMPLEXITY, FOR USE IN CMMI MODEL	Yes
G0528	CPT/HCPCS	MANAGEMENT OF ESTABLISHED PATIENT-CAREGIVER DYAD WITH DEMENTIA, LOW COMPLEXITY, FOR USE IN CMMI MODEL	Yes
G0527	CPT/HCPCS	HOME HEALTH RESPIRATORY THERAPY, NOS, PER DIEM	Yes
0709T	CPT/HCPCS	HOME HEALTH RESPIRATORY THERAPY, INITIAL EVALUATION	Yes
S0273	CPT/HCPCS	NURSING HOURLY CHARGE	Yes
S0270	CPT/HCPCS	MANAGEMENT OF NEW PATIENT-CAREGIVER DYAD WITH DEMENTIA, HIGH COMPLEXITY, FOR USE IN CMMI MODEL	Yes
S0271	CPT/HCPCS	MANAGEMENT OF A NEW PATIENT WITH DEMENTIA, MODERATE TO HIGH COMPLEXITY, FOR USE IN CMMI MODEL	Yes
572	Revenue	MANAGEMENT OF A NEW PATIENT WITH DEMENTIA, LOW COMPLEXITY, FOR USE IN CMMI MODEL	Yes
570	Revenue	PHYSICIAN VISIT AT MEMBER S HOME, OUTSIDE OF A CAPITATION ARRANGEMENT	Yes
571	Revenue	PHYSICIAN MANAGEMENT OF PATIENT HOME CARE, STANDARD MONTHLY CASE RATE (PER 30 DAYS)	Yes
551	Revenue	PHYSICIAN MANAGEMENT OF PATIENT HOME CARE, HOSPICE MONTHLY CASE RATE (PER 30 DAYS) -	Yes
562	Revenue	PHYSICIAN MANAGEMENT OF PATIENT HOME CARE, EPISODIC CARE MONTHLY CASE RATE (PER 30 DAYS)	Yes
560	Revenue	NURSE PRACTITIONER VISIT AT MEMBER'S HOME, OUTSIDE OF A CAPITATION ARRANGEMENT	Yes
G0526	CPT/HCPCS	HOME INFUSION THERAPY, ROUTINE SERVICE OF INFUSION DEVICE	Yes
G0525	CPT/HCPCS	MEDICAL SOCIAL SERVICES - VISIT CHARGE	Yes

G0524	CPT/HCPCS	HOME INJECTABLE THERAPY, IMMUNOTHERAPY, INCLUDING ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINA	Yes
S5181	CPT/HCPCS	HOME HEALTH AIDE - HOURLY CHARGE	Yes
S5180	CPT/HCPCS	HOME HEALTH AIDE - GENERAL CLASSIFICATION	Yes
552	Revenue	HOME HEALTH AIDE VISIT CHARGE	Yes
G0521	CPT/HCPCS	HOME INFUSION THERAPY, CHELATION THERAPY; ADMIN SVCS, PHARM,CARE COORD, SUP/EQP; PER DIEM	Yes
G0523	CPT/HCPCS	HOME INFUSION THERAPY,ENZYME REPLACEMENT IV THERAPY; ADMIN SVCS, CARE COORD, PHARM, SUP/EQP; PER DIEM	Yes
G0522	CPT/HCPCS	HOME INFUSION THERAPY,ANTI-TUMOR NECROSIS FACTOR IV THERAPY;ADMIN SVCS, CARE COORD, PHARM, SUP/EQP; PER DIEM	Yes
G0520	CPT/HCPCS	HOME INFUSION THERAPY, DIURETIC IV THERAPY; ADMIN SVC, CARE COORD, PHARM, SUP/EQP; PER DIEM	Yes
S0272	CPT/HCPCS	HOME INFUSION THERAPY, REPAIR OF INFUSION DEVICE	Yes
S0274	CPT/HCPCS	HOME INFUSION THERAPY, CATHETER CARE/MAINT, NOT OTHERWISE CLASSIFIED; INCL ADMIN, PHARM, CARE, SUPP/EQP; PER DIEM	Yes
S5035	CPT/HCPCS	HOME INFUSION THERAPY, CATHETER CARE/MAINT, SIMPLE (SINGLE LUMEN); INCL ADMIN, CARE, PHARM, CARE, SUPP/EQP; PER DIEM	Yes
561	Revenue	HOME INFUSION THERAPY, CATHETER CARE/MAINT, COMPLEX (MORE THAN 1 LUMEN); ADMIN, PHARM, CARE, SUP/EQP; PER DIEM	Yes
550	Revenue	HOME INFUSION THERAPY, ANTI-SPASMOTIC IV THERAPY; ADMIN SVCSCARE COORD, PHARM, SUP/EQP; PER DIEM	Yes
G0068	CPT/HCPCS	HOME INFUSION THERAPY, TOTAL PARENTERAL NUTRITION (TPN); ADMIN SVCS, PHARM, CARE, SUP/EQP; PER DIEM INCL STD TPN FORMULA	Yes
S9355	CPT/HCPCS	HOME INFUSION THERAPY, TOTAL PARENTERAL NUTRITION (TPN); ONE LITER PER DAY, INCL STD TPN FORMULA; PER DIEM	Yes
S9357	CPT/HCPCS	HOME INFSN THRPY, TOTAL PARENTERAL NUTRITION (TPN); 1-2 LITERS PER DAY; INCL STD TPN FORMULA; PER DIEM	Yes
S9359	CPT/HCPCS	HOME INFUSION THERAPY, CATHETER CARE/MAINT, IMPLANTED ACCESSDEVICE; INCL ADMIN, CARE, PHARM, SUPP/EQP; PER DIEM	Yes
S9361	CPT/HCPCS	HOME INFUSION THERAPY, ALL SUPPLIES NECESSARY FOR RESTORATION OF CATHETER PATENCY OR DECLOTTING	Yes
S5036	CPT/HCPCS	HOME INFUSION THERAPY, ALL SUPPLIES NECESSARY FOR CATHETER REPAIR	Yes
S5497	CPT/HCPCS	HOME INFUSION THERAPY, ALL SUPPLIES (INCLUDING CATHETER) NECESSARY FOR A PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER	Yes
S5498	CPT/HCPCS	HOME INFUSION THERAPY, TOTAL PARENTERAL NUTRITION (TPN); 2-3 LITERS PER DAY; INCL STD TPN FORMULA; PER DIEM	Yes
S5501	CPT/HCPCS	HOME INFUSION THERAPY, TOTAL PARENTERAL NUTRITION (TPN); MORE THAN 3 LITERS PER DAY; INCL STD TPN FORMULA; PER DIEM	Yes
S9363	CPT/HCPCS	HOME THERAPY, INTERMITTENT ANTI-EMETIC INJECTION THERAPY; ADMIN SVCS, CARE COORD, PHARM, SUP/EQP; PER DIEM	Yes
S9364	CPT/HCPCS	HOME THERAPY, INTERMITTENT ANTICOAGULANT INJECTION THERAPY; ADMIN SVCS, PHARM, CARE COORD, SUP/EQP; PER DIEM	Yes
S9365	CPT/HCPCS	CO-MANAGEMENT SERVICES WITH THE FOLLOWING ELEMENTS: NEW DIAGNOSIS OR ACUTE EXACERBATION AND STABILIZATION OF EXISTING CO	Yes
S9366	CPT/HCPCS	FACILITY-BASED RESPITE, 24-HOUR UNIT, FOR USE IN CMMI MODEL	Yes
S5502	CPT/HCPCS	ADULT DAY CENTER, 8-HOUR UNIT, FOR USE IN CMMI MODEL	Yes
S5517	CPT/HCPCS	IN-HOME RESPITE CARE, 4-HOUR UNIT, FOR USE IN CMMI MODEL	Yes
S5518	CPT/HCPCS	MANAGEMENT OF ESTABLISHED PATIENT WITH DEMENTIA, MODERATE TO HIGH COMPLEXITY, FOR USE IN CMMI MODEL	Yes
S5520	CPT/HCPCS	MANAGEMENT OF ESTABLISHED PATIENT WITH DEMENTIA, LOW COMPLEXITY, FOR USE IN CMMI MODEL	Yes
S9367	CPT/HCPCS	HOME INFUSION THERAPY, ALL SUPPLIES (INCLUDING CATHETER) NECESSARY FOR A MIDLINE CATHETER INSERTION	Yes
S9368	CPT/HCPCS	HOME INFUSION THERAPY, INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER, NURSING SERVICES ONLY	Yes
S9370	CPT/HCPCS	HOME INFUSION THERAPY, INSERTION OF MIDLINE VENOUS CATHETER, NURSING SERVICES ONLY (NO SUPPLIES OR CATHETER INCLUDED)	Yes
S9372	CPT/HCPCS	HOME ADMIN OF AEROSOLIZED DRUG THERAPY; ADMIN SVCS, PHARM, CARE, SUPP/EQP; PER DIEM	Yes
S5521	CPT/HCPCS	HOME INFUSION THERAPY, HYDRATION THERAPY; ADMIN SVCS, PHARM,CARE COORD, SUP/EQP; PER DIEM	Yes

S5522	CPT/HCPCS	HOME INFUSION THERAPY, HYDRATION THERAPY; ONE LITER PER DAY,ADMIN SVCS, PHARM, CARE COORD, SUP/EQP; PER DIEM	Yes
S5523	CPT/HCPCS	HOME INFUSION THERAPY, HYDRATION THERAPY; 1-2 LITERS PER DAYADMIN SVCS, PHARM, CARE COORD, SUP/EQP; PER DIEM	Yes
S9061	CPT/HCPCS	HOME INFUSION THERAPY, HYDRATION THERAPY; 2-3 LITERS PER DAYADMIN SVCS, CARE COORD, PHARM, SUP/EQP; PER DIEM	Yes
S9373	CPT/HCPCS	HOME VISIT, PHOTOTHERAPY SERVICES INCL EQUIP RENTAL, NURSINGSERVICES, BLOOD DRAW, SUPPLIES AND OTHER SERVICES, PER DIEM	Yes
S9374	CPT/HCPCS	HOME MANAGEMENT OF PRETERM LABOR, INCL ADMIN SVCS, PHARM, CARE COORD, SUPP/EQP; PER DIEM;DO NOT USE W/INFSN PERDIEM CODE	Yes
S9375	CPT/HCPCS	HOME MGT OF PRETERM PREMATURE RUPTURE OF MEMBRANES INCL ADM ADMIN,PHARM,SUPP/EQP;PER DIEM;DONT USE W/INFSN PERDIEM CODE	Yes
S9376	CPT/HCPCS	HOME MANAGEMENT OF GESTATIONAL HYPERTENSION, INCLUDES ADMIN SERVICES,PROF PHARMACY SERS, CARE COORDINATION, PER DIEM	Yes
S9098	CPT/HCPCS	HOME INFUSION THERAPY, HYDRATION THERAPY; MORE THAN 3 LITERSPER DAY, ADMIN SVCS, PHARM, CARE, SUP/EQP; PER DIEM	Yes
S9208	CPT/HCPCS	HOME INFUSION THERAPY, INFUSION THERAPY, NOT OTHERWISE CLASSIFIED; ADMIN SVCS, CARE, PHARM, SUP/EQP; PER DIEM	Yes
S9209	CPT/HCPCS	HOME INFUSION THERAPY, CORTICOSTEROID INFUSION; ADMINISTRATISERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION	Yes
S9211	CPT/HCPCS	HOME INFSN THRPY, ANTIBIOTIC, ANTIVIRAL, OR ANTIFUNGAL THRPY(NOT FOR USE W/ HRLY DOSING SCHED S9497-S9504); PER DIEM	Yes
S9377	CPT/HCPCS	HOME MANAGEMENT OF POSTPARTUM HYPERTENSION, INCLUDES ADMINISSERVICES, PROF PHARMACY SERVS, CARE COORDINATION, PER DIEM	Yes
S9379	CPT/HCPCS	HOME MANAGEMENT OF PREECLAMPSIA, INCL ADMIN SVCS, PHARM, CARE, SUP/EQP; PER DIEM, DO NOT USE W/ HOME INFSN PER DIEM CODE	Yes
S9490	CPT/HCPCS	HOME MANAGEMENT OF GESTATIONAL DIABETES, INCL ADMIN SVCS, CARE, PHARM, SUP/EQP; PER DIEM; DONT USE W/INFSN PERDIEM CODE	Yes
S9494	CPT/HCPCS	HOME INFUSION THERAPY, PAIN MANAGEMENT INFUSION; ADMIN SERVICES, PER DIEM	Yes
S9212	CPT/HCPCS	HOME INFSN THRPY, ANTIBIOTIC, ANTIVIRAL, OR ANTIFUNGAL THRPYONCE EVERY 3 HRS; ADMIN, CARE, PHARM, SUP/EQP; PER DIEM	Yes
S9213	CPT/HCPCS	HOME INFSN THRPY, ANTIBIOTIC, ANTIVIRAL, OR ANTIFUNGAL THRPYONCE EVERY 24 HRS; ADMIN, CARE, SUP/EQP, PHARM; PER DIEM	Yes
S9214	CPT/HCPCS	HOME INFSN THRPY, ANTIBIOTIC, ANTIVIRAL, OR ANTIFUNGAL THRPYONCE EVERY 12 HOURS; ADMIN, CARE, PHARM, SUP/EQP; PER DIEM	Yes
S9325	CPT/HCPCS	HOME INFSN THRPY, ANTIBIOTIC, ANTIVIRAL, OR ANTIFUNGAL THRPYONCE EVERY 8 HOURS; ADMIN, CARE, PHARM, SUP/EQP; PER DIEM	Yes
S9497	CPT/HCPCS	HOME INFUSION THERAPY, CONTINUOUS PAIN MNT; INCL ADMIN SVCS,CARE, PHARM, SUP/EQP; PER DIEM	Yes
S9500	CPT/HCPCS	HOME INFUSION THERAPY, INTERMITTENT PAIN MGNT; INCL ADMIN SVCS, PHARM, CARE, SUP/EQP; PER DIEM	Yes
S9501	CPT/HCPCS	HOME INFUSION THERAPY, IMPLANTED PUMP PAIN MGT; ADMIN SVCS, PHARM, CARE, SUP/EQP; PER DIEM	Yes
S9502	CPT/HCPCS	HOME INFUSION THERAPY, CHEMOTHERAPY INFUSION; ADMIN SVCS, PHARM, CARE, SUP/EQP; PER DIEM DONT USE W/S9330 OR S9331	Yes
S9326	CPT/HCPCS	HOME INFSN THRPY, ANTIBIOTIC, ANTIVIRAL, OR ANTIFUNGAL; ONCEEVERY 6 HOURS; ADMIN, CARE, PHARM, SUP/EQP; PER DIEM	Yes
S9327	CPT/HCPCS	HOME INFUSION THERAPY, ANTIBIOTIC, ANTIVIRAL, OR ANTIFUNGAL;ONCE EVERY 4 HOURS; ADMIN, PHARM, CARE, SUP/EQP; PER DIEM	Yes
S9328	CPT/HCPCS	ROUTINE VENIPUNCTURE FOR COLLECTION OF SPECIMEN(S), SINGLE HSINGLE HOME BOUND, NURSING HOME, OR SKILLED NURSING FACILITY	Yes
S9329	CPT/HCPCS	HOME THERAPY; HEMATOPOIETIC HORMONE INJECTION THERAPY; ADMIN SVCS, PHARM, CARE, SUP/EQP; PER DIEM (BLOOD PRODS SEP)	Yes

S9503	CPT/HCPCS	HOME INFUSION THERAPY, CONTINUOUS CHEMOTHERAPY INFUSION; ADMIN SVCS, PHARM, CARE, SUP/EQP; PER DIEM	Yes
S9504	CPT/HCPCS	HOME INFUSION THERAPY, INTERMITTENT CHEMOTHERAPY INFUSION; ADMIN, PHARM, CARE, SUP/EQP; PER DIEM	Yes
S9529	CPT/HCPCS	HOME INFUSION THERAPY, CONTINUOUS ANTICOAGULANT INFSN THRPY;ADMIN SVCS, PHARM, CARE, SUP/EQP; PER DIEM	Yes
S9537	CPT/HCPCS	HOME INFUSION THERAPY, IMMUNOTHERAPY THERAPY; ADMIN SVCS, PHARM, CARE, SUP/EQP; PER DIEM	Yes
S9330	CPT/HCPCS	HOME TRANSFUSION OF BLOOD PRODUCTS; ADMIN SVCS, CARE, PHARM,SUP/EQP; PER DIEM	Yes
S9331	CPT/HCPCS	HOME INJECTABLE THERAPY; NOT OTHERWISE CLASSIFIED, INCL ADMIN SVCS, PHARM, CARE, SUP/EQP; PER DIEM	Yes
S9336	CPT/HCPCS	HOME INJECTABLE THERAPY; GROWTH HORMONE,INCLUDING ADMIN SVCS, CARE, PHARM, SUP/EQP; PER DIEM	Yes
S9338	CPT/HCPCS	HOME INJECTABLE THERAPY; INTERFERON,INCL ADMIN SVCS, CARE, PAHRM, SUP/EQP; PER DIEM	Yes
S9538	CPT/HCPCS	HOME THERAPY; PERITONEAL DIALYSIS, ADMIN SVCS, PHARM, CARE, SUP/EQP; PER DIEM	Yes
S9542	CPT/HCPCS	HOME THERAPY; EXTERNAL NUTRITION; ADMIN SVCS, PHARM, SUP/EQP AND CARE; PER DIEM	Yes
S9558	CPT/HCPCS	HOME THERAPY; EXTERNAL NUTRITION VIA GRAVITY; ADMIN SVCS, PHARM, CARE, SUP/EQP; PER DIEM	Yes
S9559	CPT/HCPCS	HOME THERAPY; EXTERNAL NUTRITION VIA PUMP; ADMIN SVCS, CARE,PROF PHARM, SUP/EQP; PER DIEM (FORMULA SEPARATE)	Yes
S9339	CPT/HCPCS	HOME INJECTABLE THERAPY; HORMONAL THERAPY (E.G.; LEUPROLIDE,GOSERELIN), ADMIN, PHARM, SUP/EQP, CARE; PER DIEM	Yes
S9340	CPT/HCPCS	HOME INJECTABLE THERAPY INCLUDING ADMINISTRATION SERVICES, PROFESSIONAL SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE	Yes
S9341	CPT/HCPCS	HOME THERAPY, IRRIGATION THERAPY; INCLUDING ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION	Yes
S9342	CPT/HCPCS	HOME THERAPY; PROF PHARM SVCS PROVISION OF INFSN, SPC DRUG ADMN,AND/OR DISEASE MGT UNCLASS; PER HOUR; DONT USE W/PERDIEM	Yes
S9560	CPT/HCPCS	HOME THERAPY; EXTERNAL NUTRITION VIA BOLUS; ADMIN SVCS, CAREPHARM, SUP/EQP; PER DIEM (FORMULA SEPARATE)	Yes
S9562	CPT/HCPCS	HOME INFUSION THERAPY, ANTI-HEMOPHILIC AGENT INFSN THRPY; ADMIN SVCS, CARE, PHARM, SUP/EQP; PER DIEM	Yes
S9590	CPT/HCPCS	HOME INFUSION THERAPY, ALPHA-1-PROTEINASE INHIBITOR (PROLASTIN) ADMIN SVCS, CARE COORD, SUP/EQP; PER DIEM	Yes
S9810	CPT/HCPCS	HOME INFUSION THERAPY, UNINTERRUPTED, LOG-TERM CONTROLLED RATE IV THRPY; ADMIN, CARE, PHARM, SUP/EQP; PER DIEM	Yes
S9343	CPT/HCPCS	HOME INFUSION/SPECIALTY DRUG ADMINISTRATION, PER VISIT UP TO 2 HOURS	Yes
S9345	CPT/HCPCS	HOME INFUSION/SPECIALTY DRUG ADMINISTRATION, EACH ADDITION HOUR	Yes
S9346	CPT/HCPCS	HOME INFUSION THERAPY, SYMPATHOMIMETIC/INOTROPIC AGENT INFSN THRPY; ADMIN SVCS, CARE, SUP/EQP, PHARM; PER DIEM	Yes
S9347	CPT/HCPCS	HOME INFUSION THERAPY, TOCOLYTIC INFUSION THERAPY; ADMIN SVCPHARM, CARE COORD, SUP/EQP; PER DIEM	Yes
99601	CPT/HCPCS	HOME INFUSION THERAPY,CONT ANTI-EMETIC INFUSION THERAPY ADMINISTRATIVE SERVICES	Yes
99602	CPT/HCPCS	HOME INFUSION THERAPY, CONTINUOUS INSULIN INFSN THRPY; ADMIN SVCS, CARE COORD, PHARM, SUP/EQP; PER DIEM	Yes
S9348	CPT/HCPCS	MEDICAL SOCIAL SERVICES - HOURLY CHARGE	Yes
S9349	CPT/HCPCS	MEDICAL SOCIAL SERVICES - GENERAL CLASSIFICATION	Yes
S9351	CPT/HCPCS	NURSING VISIT CHARGE	Yes
S9353	CPT/HCPCS	SKILLED NURSING - GENERAL CLASSIFICATION	Yes
S9563	CPT/HCPCS	PROFESSIONAL SERVICES FOR THE ADMINISTRATION OF ANTI-INFECTIVE FOR EACH INFUSION DRUG ADMINISTRATION, EACH 15 MINUTES	Yes
Q2052	CPT/HCPCS	PROFESSIONAL SERVICES FOR THE ADMINISTRATION OF SUBCUTANEOUS IMMUNOTHERAPY FOR EACH INFUSION DRUG, EACH 15 MINUTES	Yes
G0556	CPT/HCPCS	PROFESSIONAL SERVICES FOR THE ADMINISTRATION OF CHEMOTHERAPY FOR EACH INFUSION DRUG ADMINISTRATION, EACH 15 MINUTES	Yes

G0557	CPT/HCPCS	SERVICES, SUPPLIES AND ACCESSORIES USED IN THE HOME FOR THE ADMINISTRATION OF INTRAVENOUS IMMUNE GLOBULIN(IVIG)	Yes
G0558	CPT/HCPCS	ADVANCED PRIMARY CARE MANAGEMENT SERVICES FOR A PATIENT WITH ONE CHRONIC CONDITION [EXPECTED TO LAST AT LEAST 12 MONTHS,	Yes
99490	CPT/HCPCS	ADVANCED PRIMARY CARE MANAGEMENT SERVICES FOR A PATIENT WITH MULTIPLE(TWO OR MORE)CHRONIC CONDITIONS EXPECTED TO LAST AT	Yes
G0069	CPT/HCPCS	ADVANCED PRIMARY CARE MANAGEMENT SERVICES FOR A PATIENT THAT IS A QUALIFIED MEDICARE BENEFICIARY WITH MULTIPLE (TWO OR M	Yes
G0070	CPT/HCPCS	CHRONIC CARE MANAGEMENT SERVICES WITH THE FOLLOWING REQUIRED ELEMENTS: MULTIPLE (TWO OR MORE) CHRONIC CONDITIONS EXPECTED TO LAST AT LEAST 12 MONTHS,+	Yes
0708T	CPT/HCPCS	INTRADERMAL CANCER IMMUNOTHERAPY; PREPARATION AND INITIAL INJECTION	Yes
G0090	CPT/HCPCS	PROFESSIONAL SERVICES, INITIAL VISIT, FOR THE ADMINISTRATION OF INTRAVENOUS CHEMOTHERAPY OR OTHER HIGHLY COMPLEX,EACH 15	Yes
G0088	CPT/HCPCS	PROFESSIONAL SERVICES, INITIAL VISIT, FOR THE ADMINISTRATION OF ANTI-INFECTION, PAIN MANAGEMENT, CHELATION, EACH 15 MIN	Yes
G0089	CPT/HCPCS	PROFESSIONAL SERVICES, INITIAL VISIT, FOR THE ADMINISTRATION OF SUBCUTANEOUS IMMUNOTHERAPY, EACH 15 MINS	Yes
G0519	CPT/HCPCS	MANAGEMENT OF NEW PATIENT-CAREGIVER DYAD WITH DEMENTIA, LOW COMPLEXITY, FOR USE IN CMMI MODEL	Yes
99424	CPT/HCPCS	PRINCIPAL CARE MANAGEMENT SERVICES, FOR A SINGLE HIGH-RISK DISEASE, WITH THE FOLLOWING REQUIRED ELEMENTS: ONE COMPLEX C	Yes
0732T	CPT/HCPCS	IMMUNOTHERAPY ADMINISTRATION WITH ELECTROPORATION, INTRAMUSCULAR	Yes
0023	Revenue	HOME HEALTH PROSPECTIVE PAYMENT SYSTEM	Yes
0568T	CPT/HCPCS	INTRODUCTION OF MIXTURE OF SALINE AND AIR FOR SONOSALPINGOGRAPHY TO CONFIRM OCCLUSION OF FALLOPIAN TUBES, TRANSCERVICAL	Yes
0U570ZZ	ICD Procedure	DESTRUCTION OF BILATERAL FALLOPIAN TUBES, OPEN APPROACH	Yes
0UL77ZZ	ICD Procedure	OCCLUSION OF BILATERAL FALLOPIAN TUBES, VIA NATURAL OR ARTIFICIAL OPENING	Yes
0UL73ZZ	ICD Procedure	OCCLUSION OF BILATERAL FALLOPIAN TUBES, PERCUTANEOUS APPROACH	Yes
0UL70ZZ	ICD Procedure	OCCLUSION OF BILATERAL FALLOPIAN TUBES, OPEN APPROACH	Yes
0UL78DZ	ICD Procedure	OCCLUSION OF BILATERAL FALLOPIAN TUBES WITH INTRALUMINAL DEVICE, VIA NATURAL OR ARTIFICIAL OPENING ENDOSCOPIC	Yes
0UL74DZ	ICD Procedure	OCCLUSION OF BILATERAL FALLOPIAN TUBES WITH INTRALUMINAL DEVICE, PERCUTANEOUS ENDOSCOPIC APPROACH	Yes
0UL74CZ	ICD Procedure	OCCLUSION OF BILATERAL FALLOPIAN TUBES WITH EXTRALUMINAL DEVICE, PERCUTANEOUS ENDOSCOPIC APPROACH	Yes
0U578ZZ	ICD Procedure	DESTRUCTION OF BILATERAL FALLOPIAN TUBES, VIA NATURAL OR ARTIFICIAL OPENING ENDOSCOPIC	Yes
58600	CPT/HCPCS	LIGATION OR TRANSECTION OF FALLOPIAN TUBE(S), ABDOMINAL OR VAGINAL APPROACH, UNILATERAL OR BILATERAL	Yes
58615	CPT/HCPCS	OCCLUSION OF FALLOPIAN TUBE(S) BY DEVICE (EG, BAND, CLIP, FALLOPE RING) VAGINAL OR SUPRAPUBIC APPROACH	Yes
55400	CPT/HCPCS	VASOVASOSTOMY, VASOVASORRHAPHY	Yes
55250	CPT/HCPCS	VASECTOMY, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE), INCLUDING POSTOPERATIVE SEMEN EXAMINATION(S)	Yes
58670	CPT/HCPCS	LAPAROSCOPY, SURGICAL; WITH FULGURATION OF OVIDUCTS WITH OR WITHOUT TRANSECTION	Yes
0U574ZZ	ICD Procedure	DESTRUCTION OF BILATERAL FALLOPIAN TUBES, PERCUTANEOUS ENDOSCOPIC APPROACH	Yes
0UL78ZZ	ICD Procedure	OCCLUSION OF BILATERAL FALLOPIAN TUBES, VIA NATURAL OR ARTIFICIAL OPENING ENDOSCOPIC	Yes
0UL74ZZ	ICD Procedure	OCCLUSION OF BILATERAL FALLOPIAN TUBES, PERCUTANEOUS ENDOSCOPIC APPROACH	Yes
58661	CPT/HCPCS	LAPAROSCOPY, SURGICAL; WITH REMOVAL OF ADNEXAL STRUCTURES	Yes
58605	CPT/HCPCS	LIGATION OR TRANSECTION OF FALLOPIAN TUBE(S), ABDOMINAL OR VAGINAL APPROACH, POSTPARTUM, UNILATERAL OR BILATERAL, DURIN	Yes
58671	CPT/HCPCS	LAPAROSCOPY, SURGICAL; WITH OCCLUSION OF OVIDUCTS BY DEVICE	Yes

58720	CPT/HCPCS	SALPINGO-OOPHORECTOMY, COMPLETE OR PARTIAL, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)	Yes
58611	CPT/HCPCS	LIGATION OR TRANSECTION OF FALLOPIAN TUBE(S) WHEN DONE AT THE TIME OF CESAREAN SECTION OR INTRA-ABDOMINAL SURGER	Yes
0567T	CPT/HCPCS	PERMANENT FALLOPIAN TUBE OCCLUSION WITH DEGRADABLE BIOPOLYMER IMPLANT, TRANSCERVICAL APPROACH, INCLUDING TRANSVAGINAL UL	Yes
0UL77DZ	ICD Procedure	OCCLUSION OF BILATERAL FALLOPIAN TUBES WITH INTRALUMINAL DEVICE, VIA NATURAL OR ARTIFICIAL OPENING	Yes
0UL73DZ	ICD Procedure	OCCLUSION OF BILATERAL FALLOPIAN TUBES WITH INTRALUMINAL DEVICE, PERCUTANEOUS APPROACH	Yes
0UL73CZ	ICD Procedure	OCCLUSION OF BILATERAL FALLOPIAN TUBES WITH EXTRALUMINAL DEVICE, PERCUTANEOUS APPROACH	Yes
0UL70DZ	ICD Procedure	OCCLUSION OF BILATERAL FALLOPIAN TUBES WITH INTRALUMINAL DEVICE, OPEN APPROACH	Yes
0UL70CZ	ICD Procedure	OCCLUSION OF BILATERAL FALLOPIAN TUBES WITH EXTRALUMINAL DEVICE, OPEN APPROACH	Yes
0U577ZZ	ICD Procedure	DESTRUCTION OF BILATERAL FALLOPIAN TUBES, VIA NATURAL OR ARTIFICIAL OPENING	Yes
0U573ZZ	ICD Procedure	DESTRUCTION OF BILATERAL FALLOPIAN TUBES, PERCUTANEOUS APPROACH	Yes
P9046	CPT/HCPCS	INFUSION, ALBUMIN (HUMAN),25%,20 ML	Yes
P9047	CPT/HCPCS	INFUSION, ALBUMIN (HUMAN),25%,50 ML	Yes
P9048	CPT/HCPCS	INFUSION PLASMA PROTEIN FRACTION (HUMAN),5%,250ML	Yes
P9050	CPT/HCPCS	GRANULOCYTES, PHERESIS, EACH UNIT	Yes
P9051	CPT/HCPCS	WHOLE BLOOD OR RED BLOOD CELLS, LEUKOCYTES REDUCED, CMV-NEGATIVE, EACH UNIT	Yes
86930	CPT/HCPCS	FROZEN BLOOD, EACH UNIT; FREEZING (INCL PREPARATION)	Yes
P9052	CPT/HCPCS	PLATELETS, HLA-MATCHED LEUKOCYTES REDUCED, APHERESIS/ PHERESIS, EACH UNIT	Yes
P9053	CPT/HCPCS	PLATELETS, PHERESIS, LEUKOCYTES REDUCED, CMV-NEGATIVE, IRRADIATED, EACH UNIT	Yes
P9054	CPT/HCPCS	WHOLE BLOOD OR RED BLOOD CELLS, LEUKOCYTES REDUCED, FROZEN, DEGLYCEROL, WASHED, EACH UNIT	Yes
P9059	CPT/HCPCS	FRESH FROZEN PLASMA BETWEEN 8-24 HOURS OF COLLECTION, EACH UNIT	Yes
36516	CPT/HCPCS	THERAPEUTIC APHERESIS; WITH EXTRACORPOREAL IMMUNOADSORPTION SELECTIVE ADSORPTION OR SELECTIVE FILTRATION AND PLASMA REINFUSION	Yes
P9033	CPT/HCPCS	PLATELETS, LEUKOCYTES REDUCED, IRRADIATED, EACH UNIT	Yes
G0460	CPT/HCPCS	AUTOLOGOUS PLATELET RICH PLASMA/OTHER BLOOD-DERIVED PRODUCT NON-DIABETIC CHRONIC WOUNDS,ULCERS,INCL APPLICABLE PHLEBOTOMY,CENTRIFUGATION OR MIXING ALL	Yes
36514	CPT/HCPCS	THERAPEUTIC APHERESIS; FOR PLASMA PHERESIS	Yes
36513	CPT/HCPCS	THERAPEUTIC APHERESIS; FOR PLATELETS	Yes
36512	CPT/HCPCS	THERAPEUTIC APHERESIS; FOR RED BLOOD CELLS	Yes
36511	CPT/HCPCS	THERAPEUTIC APHERESIS; FOR WHITE BLOOD CELLS	Yes
36460	CPT/HCPCS	TRANSFUSION, INTRAUTERINE, FETAL	Yes
36455	CPT/HCPCS	EXCHANGE TRANSFUSION, BLOOD; OTHER THAN NEWBORN	Yes
36450	CPT/HCPCS	EXCHANGE TRANSFUSION, BLOOD; NEWBORN	Yes
36440	CPT/HCPCS	*PUSH TRANSFUSION, BLOOD, 2 YEARS OR UNDER	Yes
36430	CPT/HCPCS	TRANSFUSION, BLOOD OR BLOOD COMPONENTS	Yes
399	Revenue	OTHER BLOOD STORAGE &PROC	Yes
392	Revenue	PROCESSING AND STORAGE FOR BLOOD AND BLOOD COMPONENTS	Yes
391	Revenue	BLOOD ADMINISTRATION	Yes
390	Revenue	BLOOD STORAGE AND PROCESSING - GENERAL	Yes
389	Revenue	OTHER BLOOD	Yes
387	Revenue	OTHER BLOOD DERIVATIVES	Yes
386	Revenue	BLOOD - OTHER COMPONENTS	Yes
385	Revenue	LEUCOCYTES	Yes
384	Revenue	PLATELETS	Yes
383	Revenue	PLASMA	Yes
382	Revenue	WHOLE BLOOD	Yes
381	Revenue	PACKED RED CELLS	Yes
380	Revenue	BLOOD - GENERAL CLASSIFICATION	Yes
P9070	CPT/HCPCS	PLASMA, POOLED MULTIPLE DONOR, PATHOGEN REDUCED, FROZEN, EACH UNIT	Yes
P9071	CPT/HCPCS	PLASMA (SINGLE DONOR), PATHOGEN REDUCED, FROZEN, EACH UNIT	Yes

P9073	CPT/HCPCS	PLATELETS, PHERESIS, PATHOGEN-REDUCED, EACH UNIT	Yes
P9043	CPT/HCPCS	INFUSION, PLASMA PROTEIN FRACTION (HUMAN), 5%, 50ML	Yes
P9044	CPT/HCPCS	PLASMA, CRYOPRECIPITATE REDUCED, EACH UNIT	Yes
P9045	CPT/HCPCS	INFUSION, ALBUMIN (HUMAN), 5%,250 ML	Yes
P9025	CPT/HCPCS	PLASMA, CRYOPRECIPITATE REDUCED, PATHOGEN REDUCED, EACH UNIT	Yes
P9026	CPT/HCPCS	CRYOPRECIPITATED FIBRINOGEN COMPLEX, PATHOGEN REDUCED, EACH UNIT	Yes
G0465	CPT/HCPCS	AUTOLOGOUS PLATELET RICH PLASMA(PRP)/OTHER BLOOD-DERIVED PRODUCT,DIABETIC CHRONIC WOUNDS/ULCER USING FDA-CLEARED DEVICE FOR THIS INDICATION,(INCL APP+	Yes
152	Revenue	MATERNITY WARD	Yes
59899	CPT/HCPCS	UNLISTED PROCEDURE, MATERNITY CARE AND DELIVERY	Yes
112	Revenue	OB - PRIVATE ROOM	Yes
724	Revenue	BIRTHING CENTER	Yes
59426	CPT/HCPCS	ANTEPARTUM CARE ONLY; 7 OR MORE VISITS	Yes
78647	CPT/HCPCS	CERBROSPINAL FLUID FLOW, IMAGING; TOMOGRAPHIC	Yes
59610	CPT/HCPCS	ROUTINE OBSTETIC CARE INCLUDING ANTEPATUM CARE; VAGINAL DELIVERY AND POSTPARTUM CARE, AFTER PREVIOUS CESAREAN DELIVE	Yes
59618	CPT/HCPCS	ROUTINE OBSTETRIC CARE INCLUDING ANTEPATUM CARE CESEREAN DELIVERY AFTER PREVIOUS CESAREAN DELIVERY	Yes
723	Revenue	CIRCUMCISION ROOM	Yes
122	Revenue	OB - SEMI PRIVATE TWO BED ROOM	Yes
59525	CPT/HCPCS	SUBTOTAL OR TOTAL HYSTERECTOMY AFTER CESAREAN DELIVERY (LIST IN ADDITION TO 59510 OR 59515)	Yes
721	Revenue	LABOR ROOM	Yes
59622	CPT/HCPCS	CESAREAN DELIVERY ONLY FOLLOWING ATTEMPTED VAGINAL DELIVERY AFTER PREVIOUS CESAREAN DELIVERY INCLUDING POSTPATU	Yes
171	Revenue	NURSERY-NEWBORN-LEVEL I	Yes
59425	CPT/HCPCS	ANTEPARTUM CARE ONLY; 4-6 VISITS	Yes
142	Revenue	OB - PRIVATE DELUX	Yes
99463	CPT/HCPCS	INITIAL HOSPITAL OR BIRTHING CENTER CARE, PER DAY, FOR E&M OF NORMAL NEWBORN INFANT ADMITTED AND DISCHARGED ON SAME DAY	Yes
59612	CPT/HCPCS	VAGINAL DELIVERY ONLY, AFTER PREVIOUS CESAREAN DELIVERY;	Yes
76941	CPT/HCPCS	ULTRASONIC GUIDANCE FOR INTRAUTERINE FETAL TRANSFUSION OR CORDOCENTESIS, IMAGING RADIOLOGICAL(S)AND(I)	Yes
729	Revenue	OTHER LABOR ROOM,DELIVERY	Yes
59614	CPT/HCPCS	VAGINAL DELIVERY ONLY AFTER PREVIOUS CESAREAN DELIVER; INCLUDING POSTPATUM CARE	Yes
232	Revenue	NURSING CHARGE - OB	Yes
59410	CPT/HCPCS	VAGINAL DELIVERY ONLY (WITH OR WITHOUT EPISIOTOMY AND/OR FORCEPS) INCLUDING POSTPARTUM CARE	Yes
99460	CPT/HCPCS	INITIAL HOSPITAL OR BIRTHING CENTER CARE, PER DAY, FOR E&M OF NORMAL NEWBORN INFANT	Yes
59400	CPT/HCPCS	ROUTINE OBSTETRIC CARE INCLUDING ANTEPARTUM CARE, VAGINAL DELIVERY (WITH OR WITHOUT EPISIOTOMY, AND/OR FORCEPS) AND PO	Yes
76945	CPT/HCPCS	ULTRASONIC GUIDANCE FOR CHORIONIC VILLUS SAMPLING,IMAGING RADIOLOGICAL SUPERVISION AND INTERPRETATION	Yes
720	Revenue	LABOR ROOM DELIVERY - GENERAL CLASSIFICATION	Yes
59430	CPT/HCPCS	POSTPARTUM CARE ONLY (SEPARATE PROCEDURE)	Yes
99462	CPT/HCPCS	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR E&M OF NORMAL NEWBORN	Yes
59412	CPT/HCPCS	EXTERNAL CEPHALIC VERSION, WITH OR WITHOUT TOCOLYSIS (LIST IN ADDITION TO CODE(S) FOR DELIVERY)	Yes
722	Revenue	DELIVERY ROOM	Yes
59515	CPT/HCPCS	CESAREAN DELIVERY ONLY INCLUDING POSTPARTUM CARE	Yes
170	Revenue	NURSERY - GENERAL CLASSIFICATION	Yes
59514	CPT/HCPCS	CESAREAN DELIVERY ONLY	Yes
S4005	CPT/HCPCS	INTERIM LABOR FACILITY GLOBAL	Yes
59510	CPT/HCPCS	ROUTINE OBSTETRIC CARE INCLUDING ANTEPARTUM CARE, CESAREAN DELIVERY, AND POSTPARTUM CARE	Yes
59414	CPT/HCPCS	DELIVERY OF PLACENTA	Yes
59620	CPT/HCPCS	CESAREAN DELIVERY ONLY, FOLLOWING ATTEMPTED VAGINAL DELIVERY AFTER PREVIOUS CESAREAN DELIVERY	Yes

59409	CPT/HCPCS	VAGINAL DELIVERY ONLY (WITH OR WITHOUT EPISIOTOMY AND/OR FORCEPS)	Yes
76946	CPT/HCPCS	ULTRASONIC GUIDANCE FOR AMNIOCENTESIS; IMAGING RADIOLOGICAL SUPERVISION AND INTERPRETATION	Yes
132	Revenue	OB - 3 TO 4 BED ROOM	Yes
99235	CPT/HCPCS	HOSPITAL INPATIENT OR OBSERVATION CARE, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT INCLUDING ADMISSION AND DISCHARGE	Yes
762	Revenue	OBSERVATIONS HOURS	Yes
99218	CPT/HCPCS	INITIAL OBSERVATION CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT WHICH REQUIRES 3 COMPONENTS;	Yes
99224	CPT/HCPCS	SUBSEQUENT OBSERVATION CARE, PER DAY, FOR THE EVAL AND MANGNT OF A PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY CO	Yes
94002	CPT/HCPCS	VENTILATION ASSIST AND MGMT, INITIATION OF PRESSURE OR VOLUME PRESET VENTILATORS FOR ASSISTED OR CONTROLLED BREATHING; H	Yes
94003	CPT/HCPCS	VENT ASSIST AND MGMT, INITIATION OF PRESSURE OR VOLUME PRESET VENTILATORS FOR ASSISTED OR CONTROLLED BREATHING; HOSP INP	Yes
760	Revenue	TREATMENT OR OBSERVATION ROOM - GENERAL CLASSIFICATION	Yes
99219	CPT/HCPCS	INITIAL OBSERVATION CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT WHICH REQUIRES 3 COMPONENTS;	Yes
989	Revenue	PRIVATE DUTY NURSE	Yes
G0379	CPT/HCPCS	DIRECT ADMISSION OF PATIENT FOR HOSPITAL OBSERVATION CARE	Yes
99234	CPT/HCPCS	HOSPITAL INPATIENT OR OBSERVATION CARE, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT INCLUDING ADMISSION AND DISCHARGE	Yes
99226	CPT/HCPCS	SUBSEQUENT OBSERVATION CARE, PER DAY, FOR E/M OF A PATIENT, DETAILED EXAMINATION; MEDICAL DECISION MAKING OF HIGH COMPLE	Yes
G0378	CPT/HCPCS	HOSPITAL OBSERVATION SERVICE, PER HOUR	Yes
99217	CPT/HCPCS	OBSERVATION CARE DISCHARGE DAY MANAGEMENT	Yes
99220	CPT/HCPCS	INITIAL OBSERVATION CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT WHICH REQUIRES 3 COMPONENTS;	Yes
99236	CPT/HCPCS	HOSPITAL INPATIENT OR OBSERVATION CARE, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT INCLUDING ADMISSION AND DISCHARGE	Yes
99225	CPT/HCPCS	SUBSEQUENT OBSERVATION CARE, PER DAY, FOR E/M OF A PT, EXPANDED PROB FOCUSED INTERVAL HIST; MED DECISION MAKING OF MODE	Yes
59100	CPT/HCPCS	HYSTEROTOMY, ABDOMINAL (EG, FOR HYDATIDIFORM MOLE, ABORTION)	Yes
59812	CPT/HCPCS	TREATMENT OF SPONTANEOUS ABORTION, ANY TRIMESTER, COMPLETED SURGICALLY	Yes
59820	CPT/HCPCS	TREATMENT OF MISSED ABORTION, COMPLETED SURGICALLY; FIRST TRIMESTER	Yes
59821	CPT/HCPCS	TREATMENT OF MISSED ABORTION, COMPLETED SURGICALLY; SECOND TRIMESTER	Yes
59830	CPT/HCPCS	TREATMENT OF SEPTIC ABORTION, COMPLETED SURGICALLY	Yes
59840	CPT/HCPCS	INDUCED ABORTION, BY DILATION AND CURETTAGE	Yes
59841	CPT/HCPCS	INDUCED ABORTION, BY DILATION AND EVACUATION	Yes
59850	CPT/HCPCS	INDUCED ABORTION, BY ONE OR MORE INTRA-AMNIOTIC INJECTIONS (AMNIOCENTESIS-INJECTIONS), INCLUDING HOSP	Yes
59851	CPT/HCPCS	INDUCED ABORTION, BY ONE OR MORE INTRA-AMNIOTIC INJECTIONS (AMNIOCENTESIS-INJECTIONS), INCLUDING HOSP	Yes
59852	CPT/HCPCS	INDUCED ABORTION, BY ONE OR MORE INTRA-AMNIOTIC INJECTIONS (AMNIOCENTESIS-INJECTIONS), INCLUDING HOSP	Yes
59855	CPT/HCPCS	INDUCED ABORTION BY ONE OR MORE VAGINAL SUPPOSITORESM INCLUDING HOSPITAL ADMISSION AND VISITS, DELIVERY OF FECTUS AND SEC	Yes
59856	CPT/HCPCS	INDUCED ABORTION BY ONE OR MORE VAGINAL SUPPOSITORES INCL HOSP VISITS, DEL OF FETUS & SECUNDINES; W D AND C A/OR EVACUA	Yes
59857	CPT/HCPCS	INDUCED ABORTION BY ONE OR MORE VAGINAL SUPPOSITORES; INCLU HOSP ADM, VISITS, DEL OF FETUS & SECUNDINES; W HYSTEROTOMY	Yes
59866	CPT/HCPCS	MULTIFETAL PRENANCY REDUCTION MPR	Yes
59870	CPT/HCPCS	UTERINE EVACUATION AND CURETTAGE FOR HYDATIDIFORM MOLE	Yes

S0190	CPT/HCPCS	MIFEPRISTONE ORAL 200MG	Yes
S0199	CPT/HCPCS	MEDICALLY INDUCED ABORTION BY ORAL INGESTION OF MEDICATION INCLUDING ALL	Yes
S2260	CPT/HCPCS	INDUCED ABORTION, 17 TO 24 WEEKS	Yes
S2265	CPT/HCPCS	INDUCED ABORTION, 25 TO 28 WEEKS	Yes
115	Revenue	HOSPICE - PRIVATE ROOM	Yes
135	Revenue	HOSPICE - 3 TO 4 BED ROOM	Yes
155	Revenue	HOSPICE - WARD	Yes
125	Revenue	HOSPICE - SEMI PRIVATE TWO BED ROOM	Yes
655	Revenue	INPATIENT RESPITE CARE	Yes
656	Revenue	GENERAL INPAT CARE NONRESPITE	Yes
659	Revenue	OTHER HOSPICE	Yes
652	Revenue	CONTINUOUS HOME CARE 8 TO 16 HOURS - HOSPICE	Yes
651	Revenue	HOSPICE - ROUTINE HOME CARE	Yes
650	Revenue	HOSPICE SERVICES - GENERAL CLASSIFICATION	Yes
145	Revenue	HOSPICE - PRIVATE DELUX	Yes
658	Revenue	HOSPICE	Yes
657	Revenue	PHYSICIAN SERVICE (HOSPICE)	Yes
L8693	CPT/HCPCS	AUDITORY OSSEOINTEGRATED DEVICE ABUTMENT, ANY LENGTH, REPLACEMENT ONLY	Yes
L8692	CPT/HCPCS	AUDITORY OSSEOINTEGRATED DEVICE, EXTERNAL SOUND PROCESSOR, USED WITHOUT OSSEOINTEGRATION, BODY WORN, INCLUDES	Yes
L8690	CPT/HCPCS	AUDITORY OSSEOINTEGRATED DEVICE, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS	Yes
L8691	CPT/HCPCS	AUDITORY OSSEOINTEGRATED DEVICE, EXTERNAL SOUND PROCESSOR, EXCLUDES TRANSDUCER/ACTUATOR, REPLACEMENT ONLY, EACH	Yes
L8694	CPT/HCPCS	AUDITORY OSSEOINTEGRATED DEVICE, TRANSDUCER/ACTUATOR, REPLACEMENT ONLY, EACH	Yes
V5273	CPT/HCPCS	ASSISTIVE LISTENING DEVICE, FOR USE WITH COCHLEAR IMPLANT	Yes
L8629	CPT/HCPCS	TRANSMITTING COIL AND CABLE, INTEGRATED, FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	Yes
L8618	CPT/HCPCS	TRANSMITTER CABLE FOR USE WITH COCHLEAR IMPLANT DEVICE OR AUDITORY OSSEOINTEGRATED DEVICE, REPLACEMENT	Yes
L8619	CPT/HCPCS	COCHLEAR IMPLANT EXTERNAL SPEECH PROCESSOR REPLACEMENT	Yes
L8628	CPT/HCPCS	COCHLEAR IMPLANT, EXTERNAL CONTROLLER COMPONENT, REPLACEMENT	Yes
L8615	CPT/HCPCS	HEADSET/HEADPIECE FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	Yes
L8614	CPT/HCPCS	COCHLEAR DEVICE, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS	Yes
L8627	CPT/HCPCS	COCHLEAR IMPLANT, EXTERNAL SPEECH PROCESSOR, COMPONENT, REPLACEMENT	Yes
L8617	CPT/HCPCS	TRANSMITTING COIL FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	Yes
L8616	CPT/HCPCS	MICROPHONE FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	Yes
69715	CPT/HCPCS	IMPLANTATION, OSSEOINTEGRATED IMPLANT,W/ATTACHMENT EXTERNAL SPEECH PROCESSOR W/MASTOIDECTOMY	Yes
S4027	CPT/HCPCS	STORAGE OF PREVIOUSLY FROZEN EMBRYOS	Yes
88240	CPT/HCPCS	CRYOPRESERVATION,FREEZING AND STORAGE OF CELLS,EACH CELL LINE	Yes
88241	CPT/HCPCS	THAWING AND EXPANSION OF FROZEN CELLS,EACH ALIQUOT	Yes
89258	CPT/HCPCS	CRYOPRESERVATION; EMBRYO(S)	Yes
89335	CPT/HCPCS	CRYOPRESERVATION, REPRODUCTIVE TISSUE, TESTICULAR	Yes
89337	CPT/HCPCS	CRYOPRESERVATION, MATURE OOCYTE(S)	Yes
89352	CPT/HCPCS	THAWING OF CRYOPERSERVED; EMBRYO(S)	Yes
89353	CPT/HCPCS	THAWING OF CRYOPERSERVED; SPERM/SEMEN, EACH ALIQUOT	Yes
89354	CPT/HCPCS	THAWING OF CRYOPRESERVED; REPRODUCTIVE TISSUE, TESTICULAR/OVARIAN	Yes
0058T	CPT/HCPCS	CRYOPRESERVATION; REPRODUCTIVE TISSUE, OVARIAN	Yes
0357T	CPT/HCPCS	CRYOPRESERVATION; IMMATURE OOCYTE(S)	Yes
89356	CPT/HCPCS	THAWING OF CRYOPRESERVED; OOCYTES, EACH ALIQUOT	Yes
S4028	CPT/HCPCS	MICROSURGICAL EPIDIDYMAL SPERM ASPIRATION (MESA)	Yes
S4030	CPT/HCPCS	SPERM PROCUREMENT AND CRYOPERSERVATION SVCS; INITIAL VISIT	Yes
S4031	CPT/HCPCS	SPERM PROCUREMENT AND CRYOPERSERVATION SVCS; SUBSEQUENT VISIT	Yes

S4037	CPT/HCPCS	CRYOPRESERVED EMBRYO TRANSFER, CASE RATE	Yes
S4040	CPT/HCPCS	MONITORING & STORAGE OF CRYOPRESERVED EMBRYOS, PER 30 DAYS	Yes
J9321	CPT/HCPCS	INJECTION, EPCORITAMAB-BYSP, 0.16 MG	Yes
J1576	CPT/HCPCS	INJECTION, IMMUNE GLOBULIN (PANZYGA), INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), 500 MG	Yes
C9151	CPT/HCPCS	INJECTION, PEGCETACOPLAN, 1 MG	Yes
J9381	CPT/HCPCS	INJECTION, TEPLIZUMAB-MZWV, 5 MCG	Yes
J0589	CPT/HCPCS	INJECTION, DAXIBOTULINUMTOXINA-LANM, 1 UNIT	Yes
J9023	CPT/HCPCS	INJECTION, AVELUMAB, 10 MG	Yes
J9039	CPT/HCPCS	INJECTION, BLINATUMOMAB, 1 MICROGRAM	Yes
J9042	CPT/HCPCS	INJECTION, BRENTUXIMAB VEDOTIN, 1 MG	Yes
J9055	CPT/HCPCS	INJECTION, CETUXIMAB, 10 MG	Yes
J9145	CPT/HCPCS	INJECTION, DARATUMUMAB, 10 MG	Yes
J9347	CPT/HCPCS	INJECTION, TREMELIMUMAB-ACTL, 1 MG	Yes
J2329	CPT/HCPCS	INJECTION, UBLITUXIMAB-XIIY, 1MG	Yes
J1747	CPT/HCPCS	INJECTION, SPESOLIMAB-SBZO, 1 MG	Yes
C9149	CPT/HCPCS	INJECTION, TEPLIZUMAB-MZWV, 5 MCG	Yes
C9147	CPT/HCPCS	INJECTION, TREMELIMUMAB-ACTL, 1 MG	Yes
J0257	CPT/HCPCS	INJECTION, ALPHA 1 PROTEINASE INHIBITOR (HUMAN), (GLASSIA), 10 MG	Yes
J2182	CPT/HCPCS	INJECTION, MEPOLIZUMAB, 1 MG	Yes
J2357	CPT/HCPCS	INJECTION, OMALIZUMAB, 5 MG	Yes
J2786	CPT/HCPCS	INJECTION, RESLIZUMAB, 1 MG	Yes
J0881	CPT/HCPCS	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	Yes
J0888	CPT/HCPCS	INJECTION, EPOETIN BETA, 1 MICROGRAM, (FOR NON ESRD USE)	Yes
J0887	CPT/HCPCS	INJECTION, EPOETIN BETA, 1 MICROGRAM, (FOR ESRD ON DIALYSIS)	Yes
J2796	CPT/HCPCS	INJECTION, ROMIPLOSTIM, 10 MICROGRAMS	Yes
J0882	CPT/HCPCS	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (FOR ESRD ON DIALYSIS)	Yes
J1300	CPT/HCPCS	INJECTION, ECUZUMAB, 10 MG	Yes
J1303	CPT/HCPCS	INJECTION, RAVULIZUMAB-CWVZ, 10 MG	Yes
J0897	CPT/HCPCS	INJECTION, DENOSUMAB, 1 MG	Yes
J3111	CPT/HCPCS	INJECTION, ROMOSUZUMAB-AQQG, 1 MG	Yes
J3315	CPT/HCPCS	INJECTION, TRIPTORELIN PAMOATE, 3.75 MG	Yes
J9022	CPT/HCPCS	INJECTION, ATEZOLIZUMAB, 10 MG	Yes
J9173	CPT/HCPCS	INJECTION, DURVALUMAB, 10 MG	Yes
J9176	CPT/HCPCS	INJECTION, ELOTUZUMAB, 1 MG	Yes
J9228	CPT/HCPCS	INJECTION, IPILIMUMAB, 1 MG	Yes
Q5114	CPT/HCPCS	INJECTION, TRASTUZUMAB-DKST, BIOSIMILAR, (OGIVRI), 10 MG	Yes
Q5115	CPT/HCPCS	INJECTION, RITUXIMAB-ABBS, BIOSIMILAR, 10 MG	Yes
J9202	CPT/HCPCS	GOSERELIN ACETATE IMPLANT PER 3.6 MG	Yes
J9266	CPT/HCPCS	INJECTION, PEGASPARGASE, PER SINGLE DOSE VIAL	Yes
J9271	CPT/HCPCS	INJECTION, PEMBROLIZUMAB, 1 MG	Yes
J9299	CPT/HCPCS	INJECTION, NIVOLUMAB, 1 MG	Yes
J9301	CPT/HCPCS	INJECTION, OBINUTUZUMAB, 10 MG	Yes
J9303	CPT/HCPCS	INJECTION, PANITUMUMAB, 10 MG	Yes
J9306	CPT/HCPCS	INJECTION, PERTUZUMAB, 1 MG	Yes
J9225	CPT/HCPCS	HISTERLIN IMPLANT (VANTAS), 50 MG	Yes
J9226	CPT/HCPCS	HISTRELIN IMPLANT (SUPPRELIN LA), 50MG	Yes
J1950	CPT/HCPCS	INJECTION, LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), PER 3.75 MG	Yes
J9217	CPT/HCPCS	LEUPROLIDE ACETATE, FOR DEPOT SUSPENSION, 7.5 MG	Yes
J9308	CPT/HCPCS	INJECTION, RAMUCIRUMAB, 5 MG	Yes
J9311	CPT/HCPCS	INJECTION, RITUXIMAB 10 MG AND HYALURONIDASE	Yes
J9312	CPT/HCPCS	INJECTION, RITUXIMAB, 10 MG	Yes
J9354	CPT/HCPCS	INJECTION, ADO-TRASTUZUMAB EMTANSINE, 1 MG	Yes
J9395	CPT/HCPCS	INJECTION, FULVESTRANT, 25 MG	Yes
J2353	CPT/HCPCS	INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG	Yes
J0180	CPT/HCPCS	INJECTION, AGALSIDASE BETA, 1MG	Yes
J0221	CPT/HCPCS	INJECTION, ALGLUCOSIDASE ALFA, (LUMIZYME), 10 MG	Yes
J1743	CPT/HCPCS	INJECTION, IDURSULFASE, 1 MG	Yes
J3385	CPT/HCPCS	INJECTION, VELAGLUCERASE ALFA, 100 UNITS	Yes
J2507	CPT/HCPCS	INJECTION, PEGLOTICASE, 1 MG	Yes
J1290	CPT/HCPCS	INJECTION, ECALLANTIDE, 1 MG	Yes
J0596	CPT/HCPCS	INJECTION, C1 ESTERASE INHIBITOR (RECOMBINANT), RUCONEST, 10UNITS	Yes

J0597	CPT/HCPCS	INJECTION, C-1 ESTERASE INHIBITOR (HUMAN), BERINERT, 10 UNITS	Yes
J0598	CPT/HCPCS	INJECTION, C1 ESTERASE INHIBITOR (HUMAN), 10 UNITS	Yes
J0599	CPT/HCPCS	INJECTION, C-1 ESTERASE INHIBITOR (HUMAN), (HAEGARDA), 10 UNITS	Yes
J0593	CPT/HCPCS	INJECTION, LANADELUMAB-FLYO, 1 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER DIRECT SUPERVISION OF A PH	Yes
J1459	CPT/HCPCS	INJECTION, IMMUNE GLOBULIN (PRIVIGEN), INTRAVENOUS, NON-LYOPHILIZED (E.G.	Yes
J7209	CPT/HCPCS	INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), (NUWIQ), 1 I.U.	Yes
J7210	CPT/HCPCS	INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), (AFSTYLA), 1 I.U.	Yes
J1572	CPT/HCPCS	INJECTION, IMMUNE GLOBULIN, (FLEBOGAMMA), IV, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	Yes
J1575	CPT/HCPCS	INJECTION, IMMUNE GLOBULIN/HYALURONIDASE, (HYQVIA), 100 MG IMMUNEGLOBULIN	Yes
J0129	CPT/HCPCS	INJECTION, ABATACEPT, 10 MG	Yes
J0490	CPT/HCPCS	INJECTION, BELIMUMAB, 10 MG	Yes
J0638	CPT/HCPCS	INJECTION, CANAKINUMAB, 1 MG	Yes
J1602	CPT/HCPCS	INJECTION, GOLIMUMAB, 1 MG, FOR INTRAVENOUS USE	Yes
J1745	CPT/HCPCS	INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	Yes
J3262	CPT/HCPCS	INJECTION, TOCILIZUMAB, 1 MG	Yes
J3358	CPT/HCPCS	USTEKINUMAB, FOR INTRAVENOUS INJECTION, 1 MG	Yes
J1325	CPT/HCPCS	INJECTION EPOPROSTENOL 0.5MG	Yes
J0485	CPT/HCPCS	INJECTION, BELATACEPT, 1 MG	Yes
J7170	CPT/HCPCS	INJECTION, EMICIZUMAB-KXWH, 0.5 MG	Yes
J7183	CPT/HCPCS	INJECTION, VON WILLEBRAND FACTOR COMPLEX (HUMAN), WILATE, 1 I.U. VWF:RCO	Yes
J7185	CPT/HCPCS	INJECTION, FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT) (XYNTHA), PER I.U	Yes
J1460	CPT/HCPCS	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 1 CC	Yes
J1555	CPT/HCPCS	INJECTION, IMMUNE GLOBULIN (CUVITRU), 100 MG	Yes
J1557	CPT/HCPCS	INJECTION, IMMUNE GLOBULIN, (GAMMAPLEX), INTRAVENOUS, NON-LYOPHILIZED (E.G.LIQUID), 500 MG	Yes
J1559	CPT/HCPCS	INJECTION, IMMUNE GLOBULIN (HIZENTRA), 100 MG	Yes
J3380	CPT/HCPCS	INJECTION, VEDOLIZUMAB, IV, 1 MG	Yes
Q5103	CPT/HCPCS	INJECTION, INFLIXIMAB-DYYB, BIOSIMILAR, (INFLECTRA),10 MG	Yes
Q5104	CPT/HCPCS	INJECTION, INFLIXIMAB-ABDA, BIOSIMILAR, (RENFLEXIS),10 MG	Yes
J0202	CPT/HCPCS	INJECTION, ALEMTUZUMAB, 1 MG	Yes
J2350	CPT/HCPCS	INJECTION, OCRELIZUMAB, 1 MG	Yes
J7186	CPT/HCPCS	INJECTION, ANTIHEMOPHILIC FACTOR VIII/VON WILLEBRAND FACTOR COMPLEX (HUMAN), PER FACTOR VIII I.U.	Yes
J7187	CPT/HCPCS	INJECTION, VON WILLEBRAND FACTOR COMPLEX (HUMATE-P), PER IU VWF:RCO	Yes
J7189	CPT/HCPCS	FACTOR VIIA (ANTIHEMOPHILIC FACTOR, RECOMBINANT) (NOVOSEVEN RT) 1 MCG	Yes
J7192	CPT/HCPCS	FACTOR VIII, (ANTI-HEMOPHILIC FACTOR(RECOMBINANT) PER I.U.	Yes
J1561	CPT/HCPCS	INJECTION, IMMUNE GLOBULIN, (GAMUNEX), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	Yes
J1566	CPT/HCPCS	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G. POWDER), NOT OTHERWISE SPECIFIED	Yes
J1568	CPT/HCPCS	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	Yes
J1569	CPT/HCPCS	INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID),NON-LYOPHILIZED, (E. G.LIQUID), 500 MG	Yes
J2323	CPT/HCPCS	INJECTION, NATALIZUMAB, 1MG	Yes
J0585	CPT/HCPCS	BOTULINUM TOXIN TYPE A, PER UNIT	Yes
J0586	CPT/HCPCS	INJECTION, ABOBOTULINUMTOXINA, 5 UNITS	Yes
J0587	CPT/HCPCS	BOTULINUM TOXIN TYPE B, PER 100 UNITS	Yes
J0588	CPT/HCPCS	INJECTION, INCOBOTULINUMTOXIN A, 1 UNIT	Yes
J7195	CPT/HCPCS	INJECTION, FACTOR IX (ANTIHEMOPHILIC FACTOR, RECOMBINANT) PER IU, NOT OTHERWISE SPECIFIED	Yes
J7201	CPT/HCPCS	INJECTION, FACTOR IX, FC FUSION PROTEIN, (RECOMBINANT), ALPROLIX, 1 I.U.	Yes
J7205	CPT/HCPCS	INJECTION, FACTOR VIII FC FUSION (RECOMBINANT), PER IU	Yes
J7207	CPT/HCPCS	INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PEGYLATED, 1 I.U.	Yes

J7211	CPT/HCPCS	INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), (KOVALTRY), 1 I.U.	Yes
J0517	CPT/HCPCS	INJECTION, BENRALIZUMAB, 1 MG	Yes
Q5106	CPT/HCPCS	INJECTION, EPOETIN ALFA-EPBX, BIOSIMILAR, (RETACRIT) (FOR NON-ESRD USE), 1000 UNITS	Yes
Q5112	CPT/HCPCS	INJECTION, TRASTUZUMAB-DTTB, BIOSIMILAR, (ONTRUZANT), 10 MG	Yes
J2508	CPT/HCPCS	INJECTION, PEGUNIGALSIDASE ALFA-IWXJ, 1 MG	Yes
C9160	CPT/HCPCS	INJECTION, DAXIBOTULINUMTOXINA-LANM, 1 UNIT	Yes
J2781	CPT/HCPCS	INJECTION, PEGCETACOPLAN, INTRAVITREAL, 1 MG	Yes
C9155	CPT/HCPCS	INJECTION, EPCORITAMAB-BYSP, 0.16 MG	Yes
Q5113	CPT/HCPCS	INJECTION, TRASTUZUMAB-PKRB, BIOSIMILAR, (HERZUMA), 10 MG	Yes
Q5116	CPT/HCPCS	INJECTION, TRASTUZUMAB-QYYP, BIOSIMILAR, (TRAZIMERA), 10 MG	Yes
Q5119	CPT/HCPCS	INJECTION, RITUXIMAB-PVVR, BIOSIMILAR, (RUXIENCE), 10 MG	Yes
J1599	CPT/HCPCS	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), NOT OTHERWISE SPECIFIED, 500 MG	Yes
J9355	CPT/HCPCS	INJECTION, TRASTUZUMAB, EXCLUDES BIOSIMILAR, 10 MG	Yes
J0256	CPT/HCPCS	INJECTION, ALPHA 1 - PROTEINASE INHIBITOR - HUMAN PER 10 MG	Yes
C9167	CPT/HCPCS	INJECTION, APADAMTASE ALFA, 10 UNITS	Yes
Q5133	CPT/HCPCS	INJECTION, TOCILIZUMAB-BAVI (TOFIDENCE), BIOSIMILAR, 1 MG	Yes
Q5134	CPT/HCPCS	INJECTION, NATALIZUMAB-SZTN (TYRUKO), BIOSIMILAR, 1 MG	Yes
J0882	CPT/HCPCS	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (FOR ESRD ON DIALYSIS)	Yes
J0884	CPT/HCPCS	INJECTION, ARGATROBAN, 1 MG (FOR ESRD ON DIALYSIS)	Yes
J0887	CPT/HCPCS	INJECTION, EPOETIN BETA, 1 MICROGRAM, (FOR ESRD ON DIALYSIS)	Yes
J0890	CPT/HCPCS	INJECTION, PEGINESATIDE, 0.1 MG (FOR ESRD ON DIALYSIS)	Yes
90968	CPT/HCPCS	ESRD RELATED SERVICES FOR DIALYSIS LESS THAN 1 FULL MONTH OF SERVICE, PER DAY; FOR PTS 2-11 YRS OF AGE	Yes
829	Revenue	OTHER OUTPATIENT HEMODIALYSIS	Yes
830	Revenue	PERITONEAL DIALYSIS - OUTPAT OR HOME	Yes
831	Revenue	PERITONEAL, COMPOSITE OR OTHER IALYSIS, OUTPAT OR HOME	Yes
832	Revenue	PERITONEAL DIALYSIS - OUTPATIENT OR HOME - SUPPLIES	Yes
833	Revenue	PERITONEAL DIALYSIS - OUPAT OR HOME - EQUIPMENT	Yes
840	Revenue	CONTIN AMBUL PERITONEAL DIALYSIS (CAPD) - OUTPAT OR HOME	Yes
841	Revenue	CAPD, COMPOSITE OR OTHER RATE	Yes
842	Revenue	CAPD HOME SUPPLIES	Yes
843	Revenue	CAPD HOME EQUIPMENT	Yes
844	Revenue	CAPD MAINTENANCE 100%	Yes
834	Revenue	PERITONEAL DIALYSIS HOME OR OUTPATIENT MAINTENANCE 100%	Yes
835	Revenue	PERITONEAL DIALYSIS SUPPORT SERVICES - HOME OR OUTPAT	Yes
839	Revenue	OTHER PERITONEAL DIALYSIS	Yes
J0604	CPT/HCPCS	CINACALCET, ORAL, 1 MG, (FOR ESRD ON DIALYSIS)	Yes
880	Revenue	MISCELLANEOUS DIALYSIS - GENERAL CLASSIFICATION	Yes
849	Revenue	OTHER OUTPATIENT CAPD	Yes
850	Revenue	CONTIN CYCLING PERITONEAL DIALYSIS - CCPD OUTPAT OR HOME	Yes
851	Revenue	CCPD, COMPOSITE OR OTHER RATE	Yes
852	Revenue	CCPD HOME SUPPLIES	Yes
845	Revenue	CAPD SUPPORT SERVICES	Yes
G0257	CPT/HCPCS	UNSCHEDULED OR EMERGENCY DIALYSIS TREATMENT FOR AN ESRD PATIENT IN A HOSPITAL	Yes
854	Revenue	CCPD MAINTENANCE 100% - OUTPAT OR HOME	Yes
855	Revenue	CCPD SUPPORT SERVICES	Yes
859	Revenue	OTHER OUTPATIENT CCPD	Yes
870	Revenue	HOME DIALYSIS TRAINING-CAPD-GENERAL CLASSIFICATION	Yes
853	Revenue	CCPD HOME EQUIPMENT	Yes
872	Revenue	DIALYSIS-PERITONEAL	Yes
873	Revenue	DIALYSIS-CCPD TRAINING	Yes
C1750	CPT/HCPCS	CATHETER, HEMODIALYSIS, LONG-TERM	Yes
874	Revenue	DIALYSIS-CAPD TRAINING	Yes
871	Revenue	DIALYSIS-HEMODIALYSIS TRAINING	Yes
881	Revenue	MISC DIALYSIS ULTRAFILTRATION	Yes
882	Revenue	HOME DIALYSIS AIDE VISIT	Yes
90935	CPT/HCPCS	HEMODIALYSIS PROCEDURE WITH SINGLE EVALUATION BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL	Yes
90937	CPT/HCPCS	HEMODIALYSIS PROCEDURE REQUIRING REPEATED EVALUATION(S) WITH OR WITHOUT SUBSTANTIAL REVISION OF DIALYSIS PRESCRIPT	Yes
C1881	CPT/HCPCS	DIALYSIS ACCESS SYSTEM (IMPLANTABLE)	Yes

90940	CPT/HCPCS	HEMODIALYSIS ACCESS FLOW STUDY TO DETERMINE BLOOD FLOW IN GRAFTS AND ARTERIOVENOUS FISTULAE BY AN INDICATOR	Yes
90945	CPT/HCPCS	DIALYSIS PROCEDURE OTHER THAN HEMODIALYSIS, WITH SINGLE EVALUATION BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL	Yes
90947	CPT/HCPCS	DIALYSIS PROCEDURE OTHER THAN HEMODIALYSIS (EG, PERITONEAL, HEMOFILTRATION) REQUIRING REPEATED EVALUATIONS, WITH OR WI	Yes
90951	CPT/HCPCS	ESRD RELATED SVCS MONTHLY, FOR PTS YOUNGER THAN 2 YRS OF AGE TO INCL MONITORING FOR ADEQUACY OF NUTRITION, ASSESS GROWTH	Yes
90952	CPT/HCPCS	ESRD RELATED SVCS MONTHLY, FOR PTS YOUNGER THAN 2 YRS OF AGE TO INCL MONITORING FOR ADEQUACY OF NUTRITION, ASSESS GROWT	Yes
90953	CPT/HCPCS	ESRD RELATED SVCS MONTHLY, FOR PTS YOUNGER THAN 2 YRS OF AGE TO INCL MONITORING FOR ADEQUACY OF NUTRITION, ASSESS GROWT	Yes
90954	CPT/HCPCS	ESRD RELATED SVCS MONTHLY, FOR PTS 2-11 YRS OF AGE TO INCL MONITORING FOR ADEQUACY OF NUTRITION, ASSESS GROWTH & DEVELO	Yes
90955	CPT/HCPCS	ESRD RELATED SVCS MONTHLY, FOR PTS 2-11 YRS OF AGE TO INCL MONITORING FOR ADEQUACY OF NUTRITION, ASSESS GROWTH & DEVELO	Yes
90956	CPT/HCPCS	ESRD RELATED SVCS MONTHLY, FOR PTS 2-11 YRS OF AGE TO INCL MONITORING FOR ADEQUACY OF NUTRITION, ASSESS GROWTH & DEVELOP	Yes
90957	CPT/HCPCS	ESRD RELATED SVCS MONTHLY, FOR PTS 12-19 YRS OF AGE TO INCL MONITORING FOR ADEQUACY OF NUTRITION, ASSESS GROWTH & DEVELO	Yes
90958	CPT/HCPCS	ESRD RELATED SVCS MONTHLY, FOR PTS 12-19 YRS OF AGE TO INCL MONITORING FOR ADEQUACY OF NUTRITION, ASSESS GROWTH & DEVELO	Yes
90959	CPT/HCPCS	ESRD RELATED SVCS MONTHLY, FOR PTS 12-19 YRS OF AGE TO INCL MONITORING FOR ADEQUACY OF NUTRITION, ASSESS GROWTH & DEVELO	Yes
90969	CPT/HCPCS	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES FOR DIALYSIS LESS THAN 1 FULL MONTH OF SERVICE, PER DAY; FOR PTS 12-19 Y	Yes
90970	CPT/HCPCS	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES FOR DIALYSIS LESS THAN 1 FULL MONTH OF SERVICE, PER DAY; FOR PTS 20 YRS	Yes
90989	CPT/HCPCS	DIALYSIS TRAINING, PATIENT, INCLUDING HELPER WHERE APPLICABLE, ANY MODE, COMPLETED COURSE	Yes
90993	CPT/HCPCS	DIALYSIS TRAINING, PATIENT, INCLUDING HELPER WHERE APPLICABLE, ANY MODE, COURSE NOT COMPLETED, PER TRAINING SESSION	Yes
90960	CPT/HCPCS	ESRD RELATED SVCS MONTHLY, FOR PTS 20 YRS OF AGE AND OLDER; W/4 OR MORE FACE-TO-FACE PHYS VISITS MO	Yes
90961	CPT/HCPCS	ESRD RELATED SVCS MONTHLY, FOR PTS 20 YEARS OF AGE AND OLDER; W/2-3 FACE-TO-FACE PHYS VISITS MO	Yes
90962	CPT/HCPCS	ESRD RELATED SVCS MONTHLY, FOR PTS 20 YEARS OF AGE AND OLDER; W/1 FACE-TO-FACE PHYS VISIT MO	Yes
G0491	CPT/HCPCS	DIALYSIS PROCEDURE AT A MEDICARE CERTIFIED ESRD FACILITY FORACUTE KIDNEY INJURY WITHOUT ESRD	Yes
90997	CPT/HCPCS	HEMOPERFUSION (EG, WITH ACTIVATED CHARCOAL OR RESIN)	Yes
90999	CPT/HCPCS	UNLISTED DIALYSIS PROCEDURE, IN HOSPITALIZED OR OUT-PATIENT	Yes
304	Revenue	NON-ROUTINE DIALYSIS	Yes
800	Revenue	INPATIENT RENAL DIALYSIS - GENERAL CLASSIFICATION	Yes
801	Revenue	INPATIENT HEMODIALYSIS	Yes
G0492	CPT/HCPCS	DIALYSIS PROCEDURE WITH SINGLE EVALUATION BY A PHYSICIAN /OTHER QUALIFIED HEALTH CARE PROFESSIONAL FOR ACUTE KIDNEY INJU	Yes
G9013	CPT/HCPCS	ESRD DEMO BASIC BUNDLE LEVEL I	Yes
90963	CPT/HCPCS	ESRD RELATED SVCS FOR HOME DIALYSIS PER FULL MO, FOR PTS YOUNGER THAN 2 YEARS OF AGE TO INCL MONITORING FOR ADEQUACY OF	Yes
90964	CPT/HCPCS	ESRD RELATED SVCS FOR HOME DIALYSIS PER FULL MO, FOR PTS 2-11 YRS OF AGE TO INCL MONITORING FOR ADEQUACY OF NUTRITION,	Yes
802	Revenue	INPATIENT PERITONEAL DIALYSIS - NON CAPD	Yes
803	Revenue	INPATIENT CONTINUOUS AMBULATORY PERITONEAL DIALYSIS (CAPD)	Yes

804	Revenue	INPT CONTIN CYCLING PERITONEAL DIALYSIS (CCPD)	Yes
809	Revenue	OTHER INPATIENT DIALYSIS	Yes
820	Revenue	HEMODIALYSIS - OUTPATIENT OR HOME	Yes
90965	CPT/HCPCS	ESRD RELATED SVCS FOR HOME DIALYSIS PER FULL MO, FOR PTS 12-19 YRS OF AGE TO INCL MONITORING FOR ADEQUACY OF NUTRITION,	Yes
90966	CPT/HCPCS	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES FOR HOME DIALYSIS PER FULL MONTH, FOR PATIENTS 20 YEARS OF AGE AND OLDER	Yes
90967	CPT/HCPCS	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES FOR DIALYSIS LESS THAN 1 FULL MONTH OF SERVICE, PER DAY; FOR PTS YOUNGER	Yes
G9014	CPT/HCPCS	ESRD DEMO EXPANDED BUNDLE INCLUDING VENOUS ACCESS AND RELATED SERVICES	Yes
821	Revenue	HEMODIAL COMPOSITE OR OTHER RATE	Yes
822	Revenue	HEMODIALYSIS-OUTPAT OR HOME SUPPLIES	Yes
823	Revenue	HEMODIALYSIS - OUTPAT OR HOME EQUIPMENT	Yes
824	Revenue	HEMODIALYSIS MAINTENCE - HOME OR OUTPATIENT	Yes
825	Revenue	HEMODIALYSIS SUPPORT SERVICES - OUTPAT OR HOME	Yes
J0899	CPT/HCPCS	INJECTION, ARGATROBAN (AUROMEDICS), NOT THERAPEUTICALLY EQUIVALENT TO J0884, 1 MG (FOR ESRD ON DIALYSIS)	Yes
E1629	CPT/HCPCS	TABLO HEMODIALYSIS SYSTEM FOR THE BILLABLE DIALYSIS SERVICE	Yes
J0879	CPT/HCPCS	INJECTION, DIFELIKEFALIN, 0.1 MICROGRAM, (FOR ESRD ON DIALYSIS)	Yes
0692T	CPT/HCPCS	THERAPEUTIC ULTRAFILTRATION	Yes
J0601	CPT/HCPCS	SEVELAMER CARBONATE (REVELA OR THERAPEUTICALLY EQUIVALENT), ORAL, 20 MG (FOR ESRD ON DIALYSIS)	Yes
J0603	CPT/HCPCS	SEVELAMER HCL (RENAGEL OR THERAPEUTICALLY EQUIVALENT), ORAL, 20 MG (FOR ESRD ON DIALYSIS)	Yes
J0615	CPT/HCPCS	CALCIUM ACETATE, ORAL, 23 MG (FOR ESRD ON DIALYSIS)	Yes
J0605	CPT/HCPCS	SUCROFERRIC OXYHYDROXIDE, ORAL, 5 MG (FOR ESRD ON DIALYSIS)	Yes
J0609	CPT/HCPCS	FERRIC CITRATE, ORAL, 3 MG FERRIC IRON, (FOR ESRD ON DIALYSIS)	Yes
J0901	CPT/HCPCS	VADADUSTAT, ORAL, 1 MG (FOR ESRD ON DIALYSIS)	Yes
J0607	CPT/HCPCS	LANTHANUM CARBONATE, ORAL, 5 MG (FOR ESRD ON DIALYSIS)	Yes
J0602	CPT/HCPCS	SEVELAMER CARBONATE (REVELA OR THERAPEUTICALLY EQUIVALENT), ORAL, POWDER, 20 MG (FOR ESRD ON DIALYSIS)	Yes
J0608	CPT/HCPCS	LANTHANUM CARBONATE, ORAL, POWDER, 5 MG, NOT THERAPEUTICALLY EQUIVALENT TO J0607 (FOR ESRD ON DIALYSIS)	Yes
C9101	CPT/HCPCS	INJECTION, OLICERIDINE, 0.1 MG	Yes
J3591	CPT/HCPCS	UNCLASSIFIED DRUG OR BIOLOGICAL USED FOR ESRD ON DIALYSIS	Yes
J0892	CPT/HCPCS	INJECTION, ARGATROBAN (ACCORD), NOT THERAPEUTICALLY EQUIVALENT TO J0884, 1 MG (FOR ESRD ON DIALYSIS)	Yes
J0889	CPT/HCPCS	DAPRODUSTAT, ORAL, 1 MG, (FOR ESRD ON DIALYSIS)	Yes
J9324	CPT/HCPCS	INJECTION, PEMETREXED (PEMRYDI RTU), 10 MG	Yes
J9321	CPT/HCPCS	INJECTION, EPCORITAMAB-BYSP, 0.16 MG	Yes
J9286	CPT/HCPCS	INJECTION, GLOFITAMAB-GXBM, 2.5 MG	Yes
J9258	CPT/HCPCS	INJECTION, PACLITAXEL PROTEIN-BOUND PARTICLES (TEVA) NOT THERAPEUTICALLY EQUIVALENT TO J9264, 1 MG	Yes
J9255	CPT/HCPCS	INJECTION, METHOTREXATE (ACCORD) NOT THERAPEUTICALLY EQUIVALENT TO J9250 AND J9260, 50 MG	Yes
J9172	CPT/HCPCS	INJECTION, DOCETAXEL (DOCIVYX), 1 MG	Yes
J9072	CPT/HCPCS	INJECTION, CYCLOPHOSPHAMIDE, (AVYXA) 5 MG	Yes
J9052	CPT/HCPCS	INJECTION, CARMUSTINE (ACCORD), NOT THERAPEUTICALLY EQUIVALENT TO J9050, 100 MG	Yes
J0888	CPT/HCPCS	INJECTION, EPOETIN BETA, 1 MICROGRAM, (FOR NON ESRD USE)	Yes
J0885	CPT/HCPCS	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	Yes
Q5150	CPT/HCPCS	INJECTION, AFLIBERCEPT-MRBB (AHZANTIVE), BIOSIMILAR, 1 MG	Yes
Q5148	CPT/HCPCS	INJECTION, FILGRASTIM-TXID (NYPOZI), BIOSIMILAR, 1 MICROGRAM	Yes
C9303	CPT/HCPCS	INJECTION, ZOLBETUXIMAB-CLZB, 1 MG	Yes
Q5147	CPT/HCPCS	INJECTION, AFLIBERCEPT-AYYH (PAVBLU), BIOSIMILAR, 1 MG	Yes
Q2057	CPT/HCPCS	AFAMITRESGENE AUTOLEUCEL, INCLUDING LEUKAPHERESIS AND DOSE PREPARATION PROCEDURES, PER THERAPEUTIC DOSE	Yes
C9302	CPT/HCPCS	INJECTION, ZANIDATAMAB-HRII, 2 MG	Yes
J9054	CPT/HCPCS	INJECTION, BORTEZOMIB (BORUZU), 0.1 MG	Yes
Q5149	CPT/HCPCS	INJECTION, AFLIBERCEPT-ABZV (ENZEEVU), BIOSIMILAR, 1 MG	Yes
J9024	CPT/HCPCS	INJECTION, ATEZOLIZUMAB, 5 MG AND HYALURONIDASE-TQJS	Yes
J9161	CPT/HCPCS	INJECTION, DENILEUKIN DIFTITOX-CXDL, 1 MCG	Yes
J2351	CPT/HCPCS	INJECTION, OCRELIZUMAB, 1 MG AND HYALURONIDASE-OCSQ	Yes
C9301	CPT/HCPCS	OBECABTAGENE AUTOLEUCEL, UP TO 400 MILLION CD19 CAR-POSITIVE VIABLE T CELLS, INCLUDING LEUKAPHERESIS AND DOSE PREPARATIO	Yes

C9171	CPT/HCPCS	INJECTION, PEGULICIANINE, 1 MG	Yes
Q5146	CPT/HCPCS	INJECTION, TRASTUZUMAB-STRF (HERCESSI), BIOSIMILAR, 10 MG	Yes
J9292	CPT/HCPCS	INJECTION, PEMETREXED (AVYXA), NOT THERAPEUTICALLY EQUIVALENT TO J9305, 10 MG	Yes
J9076	CPT/HCPCS	INJECTION, CYCLOPHOSPHAMIDE (BAXTER), 5 MG	Yes
J1552	CPT/HCPCS	INJECTION, IMMUNE GLOBULIN (ALYGLO), 500 MG	Yes
J1307	CPT/HCPCS	INJECTION, CROVALIMAB-AKKZ, 10 MG	Yes
J3263	CPT/HCPCS	INJECTION, TORIPALIMAB-TPZI, 1 MG	Yes
J7354	CPT/HCPCS	CANTHARIDIN FOR TOPICAL ADMINISTRATION, 0.7%, SINGLE UNIT DOSE APPLICATOR (3.2 MG)	Yes
J3055	CPT/HCPCS	INJECTION, TALQUETAMAB-TGVS, 0.25 MG	Yes
J9249	CPT/HCPCS	INJECTION, MELPHALAN (APOTEX), 1 MG	Yes
J9248	CPT/HCPCS	INJECTION, MELPHALAN (HEPZATO), 1 MG	Yes
J9075	CPT/HCPCS	INJECTION, CYCLOPHOSPHAMIDE, NOT OTHERWISE SPECIFIED, 5 MG	Yes
J9074	CPT/HCPCS	INJECTION, CYCLOPHOSPHAMIDE (SANDOZ), 5 MG	Yes
J9073	CPT/HCPCS	INJECTION, CYCLOPHOSPHAMIDE (DR. REDDY'S), 5 MG	Yes
J1323	CPT/HCPCS	INJECTION, ELRANATAMAB-BCMM, 1 MG	Yes
J9334	CPT/HCPCS	INJECTION, EFGARTIGIMOD ALFA, 2 MG AND HYALURONIDASE-QVFC	Yes
J9333	CPT/HCPCS	INJECTION, ROZANOLIXIZUMAB-NOLI, 1 MG	Yes
C9173	CPT/HCPCS	INJECTION, FILGRASTIM-TXID (NYPOZI), BIOSIMILAR, 1 MCG	Yes
J1447	CPT/HCPCS	INJECTION, TBO-FILGRASTIM, 1 MICROGRAM	Yes
Q5101	CPT/HCPCS	INJECTION, FILGRASTIM-SNDZ, BIOSIMILAR, (ZARXIO), 1 MICROGRAM	Yes
Q5125	CPT/HCPCS	INJECTION, FILGRASTIM-AYOW, BIOSIMILAR, (RELEUKO), 1 MICROGR	Yes
Q5110	CPT/HCPCS	INJECTION, FILGRASTIM-AAFI, BIOSIMILAR, (NIVESTYM),1 MICROGRAM	Yes
J1442	CPT/HCPCS	INJECTION, FILGRASTIM (G-CSF), EXCLUDES BIOSIMILARS, 1 MICROGRAM	Yes
J2506	CPT/HCPCS	INJECTION, PEGFILGRASTIM, EXCLUDES BIOSIMILAR, 0.5 MG	Yes
Q5120	CPT/HCPCS	INJECTION, PEGFILGRASTIM-BMEZ (ZIEXTENZO), BIOSIMILAR, 0.5 MG	Yes
Q5111	CPT/HCPCS	INJECTION, PEGFILGRASTIM-CBQV, BIOSIMILAR, (UDENYCA), 0.5 MG	Yes
Q5127	CPT/HCPCS	INJECTION, PEGFILGRASTIM-FPGK (STIMUFEND), BIOSIMILAR, 0.5 MG	Yes
Q5122	CPT/HCPCS	INJECTION, PEGFILGRASTIM-APGF, BIOSIMILAR, (NYVEPRIA), 0.5 MG	Yes
Q5130	CPT/HCPCS	INJECTION, PEGFILGRASTIM-PBBK (FYLNETRA), BIOSIMILAR, 0.5 MG	Yes
Q5108	CPT/HCPCS	INJECTION, PEGFILGRASTIM-JMDB, BIOSIMILAR, (FULPHILA),0.5 MG	Yes
Q5129	CPT/HCPCS	INJECTION, BEVACIZUMAB-ADCD (VEGZELMA), BIOSIMILAR, 10 MG	Yes
Q5126	CPT/HCPCS	INJECTION, BEVACIZUMAB-MALY, BIOSIMILAR, (ALYMSYS), 10 MG	Yes
Q5107	CPT/HCPCS	INJECTION, BEVACIZUMAB-AWWB, BIOSIMILAR,(MVASI), 10 MG	Yes
J9028	CPT/HCPCS	INJECTION, NOGAPENDEKIN ALFA INBAKICEPT-PMLN, FOR INTRAVESICAL USE, 1 MCG	Yes
J9026	CPT/HCPCS	INJECTION, TARLATAMAB-DLLE, 1 MG	Yes
J1414	CPT/HCPCS	INJECTION, FIDANACOGENE ELAPARVOVEC-DZKT, PER THERAPEUTIC DOSE	Yes
A9615	CPT/HCPCS	INJECTION, PEGULICIANINE, 1 MG	Yes
C9169	CPT/HCPCS	INJECTION, NOGAPENDEKIN ALFA INBAKICEPT-PMLN, FOR INTRAVESICAL USE, 1 MICROGRAM	Yes
C9170	CPT/HCPCS	INJECTION, TARLATAMAB-DLLE, 1 MG	Yes
C9172	CPT/HCPCS	INJECTION, FIDANACOGENE ELAPARVOVEC-DZKT, PER THERAPEUTIC DOSE	Yes
J9040	CPT/HCPCS	INJECTION, BLEOMYCIN SULFATE, 15 UNITS	Yes
J9041	CPT/HCPCS	INJECTION, BORTEZOMIB, 0.1 MG	Yes
J9027	CPT/HCPCS	INJECTION, CLOFARABINE, 1 MG	Yes
J9032	CPT/HCPCS	INJECTION, BELINOSTAT, 10 MG	Yes
J9295	CPT/HCPCS	INJECTION, NECITUMUMAB, 1 MG	Yes
C9076	CPT/HCPCS	LISOCABTAGENE MARALEUCEL, UP TO 110 MILLION AUTOLOGOUS ANTI-CD19 CAR-POSITIVE VIABLE T CELLS, INCLUDING LEUKAPHERESIS	Yes
Q5123	CPT/HCPCS	INJECTION, RITUXIMAB-ARRX, BIOSIMILAR, (RIABNI), 10 MG	Yes
J9353	CPT/HCPCS	INJECTION, MARGETUXIMAB-CMKB, 5 MG	Yes
J9348	CPT/HCPCS	INJECTION, NAXITAMAB-GQGK, 1 MG	Yes
J9309	CPT/HCPCS	INJECTION, POLATUZUMAB VEDOTIN-PIIQ, 1 MG	Yes
J9199	CPT/HCPCS	INJECTION, GEMCITABINE HYDROCHLORIDE (INFUGEM), 200 MG	Yes
Q5118	CPT/HCPCS	INJECTION, BEVACIZUMAB-BVZR, BIOSIMILAR, (ZIRABEV), 10 MG	Yes
Q5117	CPT/HCPCS	INJECTION, TRASTUZUMAB-ANNS, BIOSIMILAR, (KANJINTI), 10 MG	Yes
J9215	CPT/HCPCS	INJECTION, INTERFERON, ALFA-N3, (HUMAN LEUKOCYTE DERIVED), 250,000 IU	Yes
J9035	CPT/HCPCS	INJECTION, BEVACIZUMAB, 10 MG	Yes
J9017	CPT/HCPCS	INJECTION, ARSENIC TRIOXIDE, 1 MG	Yes
C9080	CPT/HCPCS	INJECTION, MELPHALAN FLUFENAMIDE HYDROCHLORIDE, 1 MG	Yes
J1427	CPT/HCPCS	INJECTION, VILTOLARSEN, 10 MG	Yes

Q2053	CPT/HCPCS	BREXUCABTAGENE AUTOLEUCEL, UP TO 200 MILLION AUTOLOGOUS ANTI-CD19 CAR POSITIVE VIABLE T CELLS, INCLUDING LEUKAPHERESIS	Yes
J9349	CPT/HCPCS	INJECTION, TAFASITAMAB-CXIX, 2 MG	Yes
Q5116	CPT/HCPCS	INJECTION, TRASTUZUMAB-QYYP, BIOSIMILAR, (TRAZIMERA), 10 MG	Yes
J9313	CPT/HCPCS	INJECTION, MOXETUMOMAB PASUDOTOX-TDFK, 0.01 MG	Yes
J9119	CPT/HCPCS	INJECTION, CEMIPIMAB-RWLC, 1 MG	Yes
J9118	CPT/HCPCS	INJECTION, CALASPARGASE PEGOL-MKNL, 10 UNITS	Yes
J9261	CPT/HCPCS	INJECTION, NELARABINE, 50 MG	Yes
J9262	CPT/HCPCS	INJECTION, OMACETAXINE MEPESUCCINATE, 0.01 MG	Yes
J9037	CPT/HCPCS	INJECTION, BELANTAMAB MAFODONTIN-BLMF, 0.5 MG	Yes
J1554	CPT/HCPCS	INJECTION, IMMUNE GLOBULIN (ASCENIV), 500 MG	Yes
J9317	CPT/HCPCS	INJECTION, SACITUZUMAB GOVITECAN-HZIY, 2.5 MG	Yes
J9281	CPT/HCPCS	MITOMYCIN PYELOALYCEAL INSTILLATION, 1 MG	Yes
C9467	CPT/HCPCS	INJECTION, RITUXIMAB AND HYALURONIDASE, 10 MG	Yes
Q2041	CPT/HCPCS	AXICABTAGENE CILOLEUCEL, UP TO 200 MILLION AUTOLOGOUS ANTI-CD19 CAR POSITIVE VIABLE T CELLS, INCLUDING LEUKAPHERESIS AND	Yes
Q2042	CPT/HCPCS	TISAGENLECLEUCEL, UP TO 600 MILLION CAR-POSITIVE VIABLE T CELLS, INCLUDING LEUKAPHERESIS AND DOSE PREPARATION PROCEDURES, PER THERAPEUTIC DOSE	Yes
J9312	CPT/HCPCS	INJECTION, RITUXIMAB, 10 MG	Yes
J9306	CPT/HCPCS	INJECTION, PERTUZUMAB, 1 MG	Yes
J9308	CPT/HCPCS	INJECTION, RAMUCIRUMAB, 5 MG	Yes
J9315	CPT/HCPCS	INJECTION, ROMIDEPSIN, 1 MG	Yes
J9320	CPT/HCPCS	INJECTION, STREPTOZOCIN, 1 GRAM	Yes
J9325	CPT/HCPCS	INJECTION, TALIMOGENE LAHERPAREPVEC, PER 1 MILLION PLAQUE FORMING UNITS	Yes
C9165	CPT/HCPCS	INJECTION, ELRANATAMAB-BCMM, 1 MG	Yes
C9163	CPT/HCPCS	INJECTION, TALQUETAMAB-TGVS, 0.25 MG	Yes
J1304	CPT/HCPCS	INJECTION, TOFERSEN, 1 MG	Yes
J9345	CPT/HCPCS	INJECTION, RETIFANLIMAB-DLWR, 1 MG	Yes
J9144	CPT/HCPCS	INJECTION, DARATUMUMAB, 10 MG AND HYALURONIDASE-FIHJ	Yes
J9316	CPT/HCPCS	INJECTION, PERTUZUMAB, TRASTUZUMAB, AND HYALURONIDASE-ZZXF, PER 10 MG	Yes
J9223	CPT/HCPCS	INJECTION, LURBINECTEDIN, 0.1 MG	Yes
C9073	CPT/HCPCS	BREXUCABTAGENE AUTOLEUCEL, UP TO 200 MILLION AUTOLOGOUS ANTI-CD19 CAR POSITIVE VIABLE T CELLS, PER THERAPEUTIC DOSE	Yes
J9311	CPT/HCPCS	INJECTION, RITUXIMAB 10 MG AND HYALURONIDASE	Yes
J9044	CPT/HCPCS	INJECTION, BORTEZOMIB, NOT OTHERWISE SPECIFIED, 0.1 MG	Yes
C9045	CPT/HCPCS	INJECTION, MOXETUMOMAB PASUDOTOX-TDFK, 0.01 MG	Yes
C9044	CPT/HCPCS	INJECTION, CEMIPIMAB-RWLC, 1 MG	Yes
J9328	CPT/HCPCS	INJECTION, TEMOZOLOMIDE, 1 MG	Yes
J9330	CPT/HCPCS	INJECTION, TEMSIROLIMUS, 1 MG (CODE REINSTATED)	Yes
J9340	CPT/HCPCS	INJECTION, THIOTEPA, 15 MG	Yes
J9351	CPT/HCPCS	INJECTION, TOPOTECAN, 0.1 MG	Yes
J9352	CPT/HCPCS	INJECTION, TRABECTEDIN, 0.1 MG	Yes
J9064	CPT/HCPCS	INJECTION, CABAZITAXEL (SANDOZ), NOT THERAPEUTICALLY EQUIVALENT TO J9043, 1 MG	Yes
J9051	CPT/HCPCS	INJECTION, BORTEZOMIB (MAIA), NOT THERAPEUTICALLY EQUIVALENT TO J9041, 0.1 MG	Yes
C9157	CPT/HCPCS	INJECTION, TOFERSEN, 1 MG	Yes
C9155	CPT/HCPCS	INJECTION, EPCORITAMAB-BYSP, 0.16 MG	Yes
C9072	CPT/HCPCS	INJECTION, IMMUNE GLOBULIN (ASCENIV), 500 MG	Yes
C9070	CPT/HCPCS	INJECTION, TAFASITAMAB-CXIX, 2 MG	Yes
C9069	CPT/HCPCS	INJECTION, BELANTAMAB MAFODONTIN-BLMF, 0.5 MG	Yes
Q5119	CPT/HCPCS	INJECTION, RITUXIMAB-PVVR, BIOSIMILAR, (RUXIENCE), 10 MG	Yes
C9042	CPT/HCPCS	INJECTION, BENDAMUSTINE HCL (BELRAPZO), 1 MG	Yes
Q5115	CPT/HCPCS	INJECTION, RITUXIMAB-ABBS, BIOSIMILAR, 10 MG	Yes
Q5114	CPT/HCPCS	INJECTION, TRASTUZUMAB-DKST, BIOSIMILAR, (OGIVRI), 10 MG	Yes
Q5113	CPT/HCPCS	INJECTION, TRASTUZUMAB-PKRB, BIOSIMILAR, (HERZUMA), 10 MG	Yes
J9354	CPT/HCPCS	INJECTION, ADO-TRASTUZUMAB EMTANSINE, 1 MG	Yes
J9355	CPT/HCPCS	INJECTION, TRASTUZUMAB, EXCLUDES BIOSIMILAR, 10 MG	Yes
J9357	CPT/HCPCS	INJECTION, VALRUBICIN, INTRAVESICAL, 200 MG	Yes
J9360	CPT/HCPCS	INJECTION, VINBLASTINE SULFATE, 1 MG	Yes
J9370	CPT/HCPCS	VINCRISTINE SULFATE, 1 MG/1 ML (1 ML VIAL)	Yes
J9063	CPT/HCPCS	INJECTION, MIRVETUXIMAB SORAVTANSINE-GYNX, 1 MG	Yes
J9381	CPT/HCPCS	INJECTION, TEPLIZUMAB-MZWV, 5 MCG	Yes
J9380	CPT/HCPCS	INJECTION, TECLISTAMAB-CQYV, 0.5 MG	Yes
J9323	CPT/HCPCS	INJECTION, PEMETREXED DITROMETHAMINE, 10 MG	Yes

J9358	CPT/HCPCS	INJECTION, FAM-TRASTUZUMAB DERUXTECAN-NXKI, 1 MG	Yes
J9246	CPT/HCPCS	INJECTION, MELPHALAN (EVOMELA), 1 MG	Yes
J9198	CPT/HCPCS	INJECTION, GEMCITABINE HYDROCHLORIDE, (INFUGEM), 100 MG	Yes
J9177	CPT/HCPCS	INJECTION, ENFORTUMAB VEDOTIN-EJFV, 0.25 MG	Yes
Q5112	CPT/HCPCS	INJECTION, TRASTUZUMAB-DTTB, BIOSIMILAR, (ONTRUZANT), 10 MG	Yes
J9356	CPT/HCPCS	INJECTION, TRASTUZUMAB, 10 MG AND HYALURONIDASE-OYSK	Yes
J9030	CPT/HCPCS	BCG LIVE INTRAVESICAL INSTILLATION, 1 MG	Yes
J9310	CPT/HCPCS	INJECTION, RITUXIMAB, 100 MG	Yes
J9371	CPT/HCPCS	INJECTION, VINCRISTINE SULFATE LIPOSOME, 1 MG	Yes
J9390	CPT/HCPCS	INJECTION, VINORELBINE TARTRATE, 10 MG	Yes
J9395	CPT/HCPCS	INJECTION, FULVESTRANT, 25 MG	Yes
J9400	CPT/HCPCS	INJECTION, ZIV-AFLIBERCEPT, 1 MG	Yes
J9600	CPT/HCPCS	INJECTION, PORFIMER SODIUM, 75 MG	Yes
J9322	CPT/HCPCS	INJECTION, PEMETREXED (BLUEPOINT) NOT THERAPEUTICALLY EQUIVALENT TO J9305, 10 MG	Yes
J9259	CPT/HCPCS	INJECTION, PACLITAXEL PROTEIN-BOUND PARTICLES (AMERICAN REGENT) NOT THERAPEUTICALLY EQUIVALENT TO J9264, 1 MG	Yes
J9196	CPT/HCPCS	INJECTION, GEMCITABINE HYDROCHLORIDE(ACCORD),NOT THERAPEUTICALLY EQUIVALENT TO J9201, 200 MG	Yes
J9297	CPT/HCPCS	INJECTION, PEMETREXED (SANDOZ), NOT THERAPEUTICALLY EQUIVALENT TO J9305, 10 MG	Yes
C9061	CPT/HCPCS	INJECTION, TEPROTUMUMAB-TRBW, 10 MG	Yes
C9059	CPT/HCPCS	INJECTION, MELOXICAM, 1 MG	Yes
J0185	CPT/HCPCS	INJECTION, APREPITANT, 1 MG	Yes
C9050	CPT/HCPCS	INJECTION, EMAPALUMAB-LZSG, 1 MG	Yes
J9219	CPT/HCPCS	LEUPROLIDE ACETATE IMPLANT, 65MG (NEW 2001 CODE)	Yes
J7316	CPT/HCPCS	INJECTION, OCRIPLASMIN, 0.125 MG	Yes
J2350	CPT/HCPCS	INJECTION, OCRELIZUMAB, 1 MG	Yes
Q2040	CPT/HCPCS	TISAGENLECLEUCEL, UP TO 250 MILLION CAR-POSITIVE VIABLE T CELLS, INCLUDING LEUKAPHERESIS AND DOSE PREPARATION PROCEDURES, PER INFUSION	Yes
J9307	CPT/HCPCS	INJECTION, PRALATREXATE, 1 MG	Yes
J9933	CPT/HCPCS	INJECTION, TEMSIROLIMUS, 1 MG	Yes
J9999	CPT/HCPCS	NOT OTHERWISE CLASSIFIED, ANTINEOPLASTIC DRUGS	Yes
Q2049	CPT/HCPCS	INJECTION, DOXORUBICIN HYDROCHLORIDE, LIPOSOMAL, IMPORTED LIPODOX, 10 MG	Yes
J9155	CPT/HCPCS	INJECTION, DEGARELIX, 1 MG	Yes
J9033	CPT/HCPCS	INJECTION, BENDAMUSTINE HYDROCHLORIDE, 1 MG	Yes
J9296	CPT/HCPCS	INJECTION, PEMETREXED (ACCORD) NOT THERAPEUTICALLY EQUIVALENT TO J9305, 10 MG	Yes
J9294	CPT/HCPCS	INJECTION, PEMETREXED (HOSPIRA) NOT THERAPEUTICALLY EQUIVALENT TO J9305, 10 MG	Yes
C9149	CPT/HCPCS	INJECTION, TEPLIZUMAB-MZWV, 5 MCG	Yes
C9148	CPT/HCPCS	INJECTION, TECLISTAMAB-CQYV, 0.5 MG	Yes
90283	CPT/HCPCS	IMMUNE GLOBULIN (IGIV) HUMAN, FOR INTRAVENOUS USE	Yes
90284	CPT/HCPCS	IMMUNE GLOBULIN, HUMAN, FOR USE IN SUBCUTANEOUS INFUSION,100MG,EACH	Yes
J0485	CPT/HCPCS	INJECTION, BELATACEPT, 1 MG	Yes
J1556	CPT/HCPCS	INJECTION, IMMUNE GLOBULIN (BIVIGAM), 500 MG	Yes
J1602	CPT/HCPCS	INJECTION, GOLIMUMAB, 1 MG, FOR INTRAVENOUS USE	Yes
J9034	CPT/HCPCS	INJECTION, BENDAMUSTINE HCL (BENDEKA), 1 MG	Yes
J9043	CPT/HCPCS	INJECTION, CABAZITAXEL, 1 MG	Yes
J9045	CPT/HCPCS	INJECTION, CARBOPLATIN, 50 MG	Yes
J9047	CPT/HCPCS	INJECTION, CARFILZOMIB, 1 MG	Yes
J9050	CPT/HCPCS	INJECTION, CARMUSTINE, 100 MG	Yes
C9146	CPT/HCPCS	INJECTION, MIRVETUXIMAB SORAVTANSINE-GYNX, 1 MG	Yes
C9145	CPT/HCPCS	INJECTION, APREPITANT, (APONVIE), 1 MG	Yes
Q2050	CPT/HCPCS	INJECTION,DOXORUBICIN HYDROCHLORIDE,LIPOSOMAL,NOT OTHERWISE SPECIFIED, 10MG	Yes
J9314	CPT/HCPCS	INJECTION, PEMETREXED (TEVA) NOT THERAPEUTICALLY EQUIVALENT TO J9305, 10 MG	Yes
J3060	CPT/HCPCS	INJECTION, TALIGLUCERACE ALFA, 10 UNITS	Yes
J7315	CPT/HCPCS	MITOMYCIN, OPHTHALMIC, 0. 2 MG	Yes
J8999	CPT/HCPCS	PRESCRIPTION DRUG ORAL CHEMOTHERAPEUTIC NOS	Yes
J9000	CPT/HCPCS	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	Yes
J9022	CPT/HCPCS	INJECTION, ATEZOLIZUMAB, 10 MG	Yes
J9055	CPT/HCPCS	INJECTION, CETUXIMAB, 10 MG	Yes
J9060	CPT/HCPCS	CISPLATIN, 10 MG VIAL	Yes

J9065	CPT/HCPCS	INJECTION CLADRIBINE PER 1MG	Yes
J9070	CPT/HCPCS	CYCLOPHOSPHAMIDE, 10 CC OR 100 MG	Yes
J9098	CPT/HCPCS	INJECTION, CYTARABINE LIPOSOME, 10 MG	Yes
J9049	CPT/HCPCS	INJECTION, BORTEZOMIB (HOSPIRA), NMED2023-01-019999-12-31VALENT TO J9041, 0.1 MG	Yes
J9048	CPT/HCPCS	INJECTION, BORTEZOMIB (FRESENIUS KABI), NOT THERAPEUTICALLY EQUIVALENT TO J9041, 0.1 MG	Yes
J9046	CPT/HCPCS	INJECTION, BORTEZOMIB, (DR. REDDY'S), NOT THERAPEUTICALLY EQUIVALENT TO J9041, 0.1 MG	Yes
J9394	CPT/HCPCS	INJECTION, FULVESTRANT (FRESENIUS KABI) NOT THERAPEUTICALLY EQUIVALENT TO J9395, 25 MG	Yes
J9023	CPT/HCPCS	INJECTION, AVELUMAB, 10 MG	Yes
J9025	CPT/HCPCS	INJECTION, AZACITIDINE, 1 MG	Yes
J9031	CPT/HCPCS	BCG LIVE (INTRAVESICAL),PER VIAL	Yes
J9285	CPT/HCPCS	INJECTION, OLARATUMAB, 10 MG	Yes
J9299	CPT/HCPCS	INJECTION, NIVOLUMAB, 1 MG	Yes
J9100	CPT/HCPCS	INJECTION, CYTARABINE, 100 MG	Yes
J9120	CPT/HCPCS	INJECTION, DACTINOMYCIN, 0.5 MG	Yes
J9130	CPT/HCPCS	DACARBAZINE, 100 MG	Yes
J9145	CPT/HCPCS	INJECTION, DARATUMUMAB, 10 MG	Yes
J9150	CPT/HCPCS	INJECTION, DAUNORUBICIN, 10 MG	Yes
J9393	CPT/HCPCS	INJECTION, FULVESTRANT (TEVA) NOT THERAPEUTICALLY EQUIVALENT TO J9395, 25 MG	Yes
Q2056	CPT/HCPCS	CILTACABTAGENE AUTOLEUCEL, UP TO 100 MILLION AUTOLOGOUS B-CELL MATURATION ANTIGEN (BCMA) DIRECTED CAR-POSITIVE T CELLS,	Yes
J9298	CPT/HCPCS	INJECTION, NIVOLUMAB AND RELATLIMAB-RMBW, 3 MG/1 MG	Yes
J9274	CPT/HCPCS	INJECTION, TEBENTAFUSP-TEBN, 1 MICROGRAM	Yes
J9301	CPT/HCPCS	INJECTION, OBINUTUZUMAB, 10 MG	Yes
J9302	CPT/HCPCS	INJECTION, OFATUMUMAB, 10 MG	Yes
J9303	CPT/HCPCS	INJECTION, PANITUMUMAB, 10 MG	Yes
J9305	CPT/HCPCS	INJECTION, PEMETREXED, NOS,10 MG	Yes
J9175	CPT/HCPCS	INJECTION, ELLIOTTS' B SOLUTION, 1 ML	Yes
J9151	CPT/HCPCS	INJECTION, DAUNORUBICIN CITRATE, LIPOSOMAL FORMULATION, 10 MG	Yes
J9160	CPT/HCPCS	INJECTION, DENILEUKIN DIFTITOX, 300 MICROGRAMS	Yes
J9165	CPT/HCPCS	INJECTION, DIETHYLSTILBESTROL DIPHOSPHATE, 250 MG	Yes
J9171	CPT/HCPCS	INJECTION, DOCETAXEL, 1 MG	Yes
J9202	CPT/HCPCS	GOSERELIN ACETATE IMPLANT PER 3.6 MG	Yes
J9332	CPT/HCPCS	INJECTION, EFGARTIGIMOD ALFA-FCAB, 2MG	Yes
J9331	CPT/HCPCS	INJECTION, SIROLIMUS PROTEIN-BOUND PARTICLES, 1 MG	Yes
C9098	CPT/HCPCS	CILTACABTAGENE AUTOLEUCEL, UP TO 100 MILLION AUTOLOGOUS B-CELL MATURATION ANTIGEN (BCMA) DIRECTED CAR-POSITIVE T CELLS	Yes
C9095	CPT/HCPCS	INJ, TEBENTAFUSP-TEBN, 1 MCG	Yes
J9176	CPT/HCPCS	INJECTION, ELOTUZUMAB, 1 MG	Yes
J9178	CPT/HCPCS	INJECTION, EPIRUBICIN HCL, 2 MG	Yes
J9179	CPT/HCPCS	INJECTION, ERIBULIN MESYLATE, 0.1 MG	Yes
J9181	CPT/HCPCS	INJECTION, ETOPOSIDE, 10 MG	Yes
J9185	CPT/HCPCS	INJECTION, FLUDARABINE PHOSPHATE, 50 MG	Yes
J9203	CPT/HCPCS	INJECTION, GEMTUZUMAB OZOGAMICIN, 0.1 MG	Yes
J9205	CPT/HCPCS	INJECTION, IRINOTECAN LIPOSOME, 1 MG	Yes
J9206	CPT/HCPCS	INJECTION, IRINOTECAN, 20 MG	Yes
J9207	CPT/HCPCS	INJECTION, IXABEPILONE, 1 MG	Yes
J9208	CPT/HCPCS	INJECTION, IFOSFAMIDE, 1 GRAM	Yes
J9359	CPT/HCPCS	INJECTION, LONCASTUXIMAB TESIRINE-LPYL, 0.075 MG	Yes
J9071	CPT/HCPCS	INJECTION, CYCLOPHOSPHAMIDE, (AUROMEDICS), 5 MG	Yes
J9273	CPT/HCPCS	INJECTION, TISOTUMAB VEDOTIN-TFTV, 1 MG	Yes
C9091	CPT/HCPCS	INJECTION, SIROLIMUS PROTEIN-BOUND PARTICLES, 1 MG	Yes
C9052	CPT/HCPCS	INJECTION, RAVULIZUMAB-CWVZ, 10 MG	Yes
C9049	CPT/HCPCS	INJECTION, TAGRAXOFUSP-ERZS, 10 MCG	Yes
J9190	CPT/HCPCS	INJECTION, FLUOROURACIL, 500 MG	Yes
J9200	CPT/HCPCS	INJECTION, FLOXURIDINE, 500 MG	Yes
J9201	CPT/HCPCS	INJECTION, GEMCITABINE HYDROCHLORIDE, NOT OTHERWISE SPECIFIED, 200 MG	Yes
J9218	CPT/HCPCS	LEUPROLIDE ACETATE, PER 1 MG	Yes
J9225	CPT/HCPCS	HISTERLIN IMPLANT (VANTAS), 50 MG	Yes
J9209	CPT/HCPCS	INJECTION, MESNA, 200 MG	Yes
J9211	CPT/HCPCS	INJECTION, IDARUBICIN HYDROCHLORIDE, 5 MG	Yes
J9212	CPT/HCPCS	INTERFERON, ALFACON-1 RECOMBINANT 1 MCG	Yes

J9213	CPT/HCPCS	INJECTION, INTERFERON, ALFA-2A, RECOMBINANT, 3 MILLION UNITS	Yes
J9214	CPT/HCPCS	INJECTION, INTERFERON, ALFA-2B, RECOMBINANT, 1 MILLION UNITS	Yes
J9272	CPT/HCPCS	INJECTION, DOSTARLIMAB-GXLY, 10 MG	Yes
Q2055	CPT/HCPCS	IDECABTAGENE VICLEUCEL,UP TO 510 MILLION AUTOLOGOUS B-CELL MATURATION ANTIGEN(BCMA) DIRECTED CAR-POSITIVE T CELLS,	Yes
J9061	CPT/HCPCS	INJECTION, AMIVANTAMAB-VMJW, 2 MG	Yes
J9021	CPT/HCPCS	INJECTION, ASPARAGINASE, RECOMBINANT, (RYLAZE), 0.1 MG	Yes
C9032	CPT/HCPCS	INJECTION, VORETIGENE NEPARVOVEC-RZYL, 1 BILLION VECTOR GENOME	Yes
C9016	CPT/HCPCS	INJECTION, TRIPTORELIN EXTENDED RELEASE, 3.75 MG	Yes
C9028	CPT/HCPCS	INJECTION, INOTUZUMAB OZOGAMICIN, 0.1 MG	Yes
C9493	CPT/HCPCS	INJECTION, EDARAVONE, 1 MG	Yes
J9226	CPT/HCPCS	HISTRELIN IMPLANT (SUPPRELIN LA), 50MG	Yes
J9230	CPT/HCPCS	INJECTION, MECHLORETHAMINE HYDROCHLORIDE, (NITROGEN MUSTARD), 10 MG	Yes
J9245	CPT/HCPCS	INJECTION, MELPHALAN HCL, NOS, 50 MG	Yes
J9250	CPT/HCPCS	METHOTREXATE SODIUM MIX, 2 CC OR 5 MG	Yes
J9260	CPT/HCPCS	INJECTION, METHOTREXATE SODIUM, 50 MG	Yes
J9216	CPT/HCPCS	INJECTION, INTERFERON, GAMMA 1-B, 3 MILLION UNITS	Yes
J9217	CPT/HCPCS	LEUPROLIDE ACETATE, FOR DEPOT SUSPENSION, 7.5 MG	Yes
J9228	CPT/HCPCS	INJECTION, IPILIMUMAB, 1 MG	Yes
J9267	CPT/HCPCS	INJECTION, PACLITAXEL, 1 MG	Yes
J9263	CPT/HCPCS	INJECTION, OXALIPLATIN, 0.5 MG	Yes
C9087	CPT/HCPCS	INJECTION, CYCLOPHOSPHAMIDE, (AUROMEDICS), 10 MG	Yes
Q2054	CPT/HCPCS	LISOCABTAGENE MARALEUCEL, UP TO 110 MILLION AUTOLOGOUS ANTI-CD19 CAR-POSITIVE VIABLE T CELLS, INCLUDING LEUKAPHERESIS	Yes
J9319	CPT/HCPCS	INJECTION, ROMIDEPSIN, LYOPHILIZED, 0.1 MG	Yes
J9247	CPT/HCPCS	INJECTION, MELPHALAN FLUFENAMIDE, 1 MG	Yes
C9492	CPT/HCPCS	INJECTION, DURVALUMAB, 10 MG	Yes
C9399	CPT/HCPCS	UNCLASSIFIED DRUGS OR BIOLOGICALS	Yes
J3316	CPT/HCPCS	INJECTION, TRIPTORELIN, EXTENDED-RELEASE, 3.75 MG	Yes
J9229	CPT/HCPCS	INJECTION, INOTUZUMAB OZOGAMICIN, 0.1 MG	Yes
J9264	CPT/HCPCS	INJECTION, PACLITAXEL PROTEIN-BOUND PARTICLES, 1 MG	Yes
J9266	CPT/HCPCS	INJECTION, PEGASPARGASE, PER SINGLE DOSE VIAL	Yes
J9268	CPT/HCPCS	INJECTION, PENTOSTATIN, 10 MG	Yes
J9270	CPT/HCPCS	INJECTION, PLICAMYCIN, 2.5 MG	Yes
J9271	CPT/HCPCS	INJECTION, PEMBROLIZUMAB, 1 MG	Yes
C9084	CPT/HCPCS	INJECTION, LONCASTUXIMAB TESIRINE-LPYL, 0.1 MG	Yes
C9083	CPT/HCPCS	INJECTION, AMIVANTAMAB-VMJW, 10 MG	Yes
C9081	CPT/HCPCS	IDECABTAGENE VICLEUCEL, UP TO 460 MILLION AUTOLOGOUS ANTI-BCMA CAR-POSITIVE VIABLE T CELLS, INCLUDING LEUKAPHERESIS AND	Yes
J9042	CPT/HCPCS	INJECTION, BRENTUXIMAB VEDOTIN, 1 MG	Yes
J9210	CPT/HCPCS	INJECTION, EMAPALUMAB-LZSG, 1 MG	Yes
J9269	CPT/HCPCS	INJECTION, TAGRAXOFUSP-ERZS, 10 MICROGRAMS	Yes
J1303	CPT/HCPCS	INJECTION, RAVULIZUMAB-CWVZ, 10 MG	Yes
J1301	CPT/HCPCS	INJECTION, EDARAVONE, 1 MG	Yes
J9280	CPT/HCPCS	INJECTION, MITOMYCIN, 5 MG	Yes
J9293	CPT/HCPCS	INJECTION, MITOXANTRONE HCL, PER 5 MG (PRIOR TO 1/1/95 IT WAS 20 MG)	Yes
J9015	CPT/HCPCS	ALDESLEUKIN PER SINGLE USE VIAL	Yes
J9020	CPT/HCPCS	INJECTION, ASPARAGINASE, NOT OTHERWISE SPECIFIED, 10000 UNITS	Yes
J9039	CPT/HCPCS	INJECTION, BLINATUMOMAB, 1 MICROGRAM	Yes
552	Revenue	NURSING HOURLY CHARGE	Yes
551	Revenue	NURSING VISIT CHARGE	Yes
550	Revenue	SKILLED NURSING - GENERAL CLASSIFICATION	Yes
559	Revenue	OTHER SKILLED NURSING	Yes
022	Revenue	SKILLED NURSING FACILITY PROSPECTIVE PAYMENT SYSTEM	Yes
Q0516	CPT/HCPCS	PHARMACY SUPPLYING FEE FOR HIV PRE-EXPOSURE PROPHYLAXIS FDA APPROVED PRESCRIPTION ORAL DRUG,30 DAYS	Yes
Q0518	CPT/HCPCS	PHARMACY SUPPLYING FEE FOR HIV PRE-EXPOSURE PROPHYLAXIS FDA APPROVED PRESCRIPTION ORAL DRUG,90 DAYS	Yes
J8611	CPT/HCPCS	METHOTREXATE (JYLAMVO), ORAL, 2.5 MG	Yes
J8612	CPT/HCPCS	METHOTREXATE (XATMEP), ORAL, 2.5 MG	Yes
J8510	CPT/HCPCS	BUSULFAN, ORAL, 2MG	Yes
J8520	CPT/HCPCS	CAPECITABINE, ORAL, 150MG	Yes
J8521	CPT/HCPCS	CAPECITABLINE, ORAL, 500MG	Yes
Q0163	CPT/HCPCS	DIPHENHYDRAMINE HCI, 50MG,ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC,TREATMENT NOT TO EXCEED A 48 HR DOSAGE REGIMEN	Yes

Q0164	CPT/HCPCS	PROCHLORPERAZINE MALEATE, 5MG, ORAL FDA APPROVED PRESCRIPTIO ANTI-EMETIC, FOR US AS A COMPLETE THERAPEUTIC SUB FOR AN IV	Yes
J8597	CPT/HCPCS	ANTIEMETIC DRUG, ORAL, NOT OTHERWISE SPECIFIED	Yes
J8600	CPT/HCPCS	MELPHALAN ORAL 2 MG	Yes
J8610	CPT/HCPCS	METHOTREXATE ORAL 2.5 MG	Yes
J8650	CPT/HCPCS	NABILONE, ORAL, 1 MG	Yes
J8700	CPT/HCPCS	TEMOZOLMIDE, ORAL 5MG	Yes
J8705	CPT/HCPCS	TOPOTECAN, ORAL, 0.25 MG	Yes
Q0162	CPT/HCPCS	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI- EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN	Yes
Q0161	CPT/HCPCS	CHLORPROMAZINE HYDROCHLORIDE,5 MG,ORAL,FDA APPROVED PRESCRIPTION ANTI-EMETIC,FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC	Yes
Q0166	CPT/HCPCS	GRANISETRON HCL,1MG,ORAL,FDA APPROV RESCRIP ANTI-EMETICFOR COMP THERAP SUB/ TIME OF CHEMO,NOT TO EXCEED A 24 HR DOSAGE	Yes
Q0167	CPT/HCPCS	DRONABINAL, 2.5MG , ORAL, FDA APPROVED PRESCRIPTION ANTIEMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV A	Yes
Q0169	CPT/HCPCS	PROMETHAZINE HCL, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI- EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE	Yes
Q0173	CPT/HCPCS	TRIMETHBENZAMIDE HCI,250 MG,ORAL FDA APPROVED PRESCRIPTION ANTI- EMETIC,FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR	Yes
Q0174	CPT/HCPCS	TRIMETHBENZAMIDE HCI,10 MG,ORAL FDA APPROVED PRESCRIPTION A NTI- EMETIC,FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR	Yes
Q0175	CPT/HCPCS	PERPHENZAINE,4 MG, ORAL FDA APPROVED PRESCRIPTION ANTI- EMETIC,FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV	Yes
Q0177	CPT/HCPCS	HYDROXYZINE PAMOATE,25 MG,ORAL FDA APPROVED PRESCRIPTION ANTI- EMETIC,FOR USE AS A COMPLET THERAPEUTIC SUBSTITUTE FOR IV	Yes
Q0180	CPT/HCPCS	DOLASETRON MESYLATE, 100 MG, ORAL, FDA APPROVED PRESCRIPTIONANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUB FOR IV	Yes
Q0181	CPT/HCPCS	UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTIEMATIC, FORUSE AS A COMPLETE THERAPEUTIC SUBSITUTE FOR AN IV	Yes
Q0511	CPT/HCPCS	PHARMACY SUPPLY FEE FOR ORAL ANTI-CANCER, ORAL ANTI-EMETIC OR IMMUNOSUPPRESSIVE DRUG(S); FOR THE FIRST PRESCRIPTION IN	Yes
J8530	CPT/HCPCS	CYCLOPHOSPHAMIDE ORAL 25 MG	Yes
J8540	CPT/HCPCS	DEXAMETHASONE, ORAL, 0.25 MG	Yes
J8560	CPT/HCPCS	PRESCRIPTION DRUG, ETOPOSIDE ORAL 50 MG	Yes
J8562	CPT/HCPCS	FLUDARABINE PHOSPHATE, ORAL, 10 MG	Yes
J8565	CPT/HCPCS	GEFITINIB, ORAL, 250 MG	Yes
Q0155	CPT/HCPCS	DRONABINOL (SYNDROS), 0.1 MG, ORAL, FDA-APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE	Yes
S0170	CPT/HCPCS	ANASTROZOLE ORAL 1MG	Yes
S0172	CPT/HCPCS	CHLORAMBUCIL, ORAL, 2 MG	Yes
S0175	CPT/HCPCS	FLUTAMIDE ORAL 125 MG	Yes
S0176	CPT/HCPCS	HYDROXYUREA ORAL 500 MG	Yes
S0177	CPT/HCPCS	LEVAMISOLE HCL ORAL 50 MG	Yes
J7512	CPT/HCPCS	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	Yes
S0119	CPT/HCPCS	ONDANSETRON, ORAL, 4 MG (FOR CIRCUMSTANCES FALLING UNDER THE MEDICARE STATUTE, USE HCPCS Q CODE)	Yes
S0108	CPT/HCPCS	MERCAPTOPURINE, ORAL, 50 MG	Yes
S0156	CPT/HCPCS	EXEMESTANE 25 MG	Yes
S0178	CPT/HCPCS	LOMUSTINE ORAL 10 MG	Yes
S0179	CPT/HCPCS	MEGESTROL ACETATE ORAL 20 MG	Yes
S0182	CPT/HCPCS	PROCARBAZINE HCL ORAL 50 MG	Yes
S0187	CPT/HCPCS	TAMOXIFEN CITRATE ORAL 10 MG	Yes
J8501	CPT/HCPCS	APREPITANT, ORAL, 5 MG	Yes
Q0517	CPT/HCPCS	PHARMACY SUPPLYING FEE FOR HIV PRE-EXPOSURE PROPHYLAXIS FDA APPROVED PRESCRIPTION ORAL DRUG,PER 60- DAYS	Yes

0094U	CPT/HCPCS	GENOME (EG, UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME), RAPID SEQUENCE ANALYSIS	Yes
0060U	CPT/HCPCS	TWIN ZYGOSITY, GENOMIC TARGETED SEQUENCE ANALYSIS OF CHROMOSOME 2, USING CIRCULATING CELL-FREE FETAL DNA IN MATERNAL BLO	Yes
81509	CPT/HCPCS	FETAL CONGENITAL ABNORMALITIES, BIOCHEMICAL ASSAYS OF 3 PROTEINS (PAPPA-A, HCG(ANY FORM),DIA), UTIL IZING MATERNAL SERUM	Yes
82105	CPT/HCPCS	ALPHA-FETOPROTEIN; SERUM	Yes
0128U	CPT/HCPCS	OBSTETRICS(PREECLAMPSIA),BIOCHEMICAL ASSAYS OF 3 ANALYTES ,INCLUDES QUALITATIVE ASSESSMENT OF Y CHROMOSOME IN CELL-FREE	Yes
0127U	CPT/HCPCS	OBSTETRICS (PREECLAMPSIA), BIOCHEMICAL ASSAYS OF 3 ANALYTES, MATERNAL SERUM, PREDICTIVE ALGORITHM REPORTED AS A RISK SCO	Yes
0126U	CPT/HCPCS	FETAL CONGENITAL ABNORMALITIES AND PERINATAL COMPLICATIONS, BIOCHEMICAL ASSAYS OF 5 ANALYTES (FREE BETA-HCG, PAPP-A, AFP	Yes
0125U	CPT/HCPCS	FETAL CONGENITAL ABNORMALITIES AND PERINATAL COMPLICATIONS, BIOCHEMICAL ASSAYS OF 5 ANALYTES (FREE BETA-HCG, PAPP-A, AFP	Yes
0124U	CPT/HCPCS	FETAL CONGENITAL ABNORMALITIES, BIOCHEMICAL ASSAYS OF 3 ANALYTES (FREE BETA-HCG, PAPP-A, AFP), TIME-RESOLVED FLUORESCENC	Yes
81425	CPT/HCPCS	GENOME (UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME); SEQUENCE ANALYSIS	Yes
81507	CPT/HCPCS	FETAL ANEUPLOIDY (TRISOMY 21,18,AND13) DNA SEQUENCE ANALYSISOF SELECTED REGIONS USING MATERNAL PLASMA, ALGO REPORTED AS	Yes
81422	CPT/HCPCS	FETAL CHROMOSOMAL MICRODELETION(S) GENOMIC SEQUENCE ANALYSIS CIRCULATING CELL-FREE FETAL DNA IN MATERNAL BLOOD	Yes
82106	CPT/HCPCS	ALPHAFETOPROTEIN; AMNIOTIC FLUID	Yes
81511	CPT/HCPCS	FETAL CONGENITAL ABNORMALITIES, BIOCHEMICAL ASSAYS OF 4 PROTEINS, UTILIZING MATERNAL SERUM, ALGORITHM REPORTED AS A RISK	Yes
81508	CPT/HCPCS	FETAL CONGENITAL ABNORMALITIES, BIOCHEMICAL ASSAYS OF 2 PROTEINS (PAPPA-A, HCG (ANY FORM),UTILIZING MATERNAL SERUM, ALG	Yes
81420	CPT/HCPCS	FETAL CHROMOSOMAL ANEUPLOIDY (EG, TRISOMY 21, MONOSOMY X) GENOMIC SEQUENCE ANALYSIS PANEL, CIRCULATING CELL-FREE FETAL	Yes
82107	CPT/HCPCS	ALPHA-FETOPROTEIN (AFP); AFP-L3 FRACTION ISOFORM AND TOTAL AFP (INCLUDING RATIO)	Yes
81510	CPT/HCPCS	FETAL CONGENITAL ABNORMALITIES, BIOCHEMICAL ASSAYS OF THREE PROTEINS (AFP, UE3, HCG(ANY FORM),DIA) UTILIZING MATERNAL	Yes
81512	CPT/HCPCS	FETAL CONGENITAL ABNORMALITIES, BIOCHEMICAL ASSAYS OF 5 PROTEINS, UTILIZING MATERNAL SERUM, ALGORITHM REPORTED AS A RISK	Yes
0168U	CPT/HCPCS	FETAL ANEUPLOIDY (TRISOMY 21, 18, AND 13) DNA SEQUENCE ANALYSIS OF SELECTED REGIONS USING MATERNAL PLASMA WITHOUT FETAL	Yes
0341U	CPT/HCPCS	FETAL ANEUPLOIDY DNA SEQUENCING COMPARATIVE ANALYSIS, FETAL DNA FROM PRODUCTS OF CONCEPTION, REPORTED AS NORMAL (EUPLOID	Yes
0252U	CPT/HCPCS	FETAL ANEUPLOIDY SHORT TANDEM REPEAT COMPARATIVE ANALYSIS, FETAL DNA FROM PRODUCTS OF CONCEPTION, REPORTED AS NORMAL	Yes
0327U	CPT/HCPCS	FETAL ANEUPLOIDY (TRISOMY 13, 18, AND 21), DNA SEQUENCE ANALYSIS OF SELECTED REGIONS USING MATERNAL PLASMA, ALGORITHM	Yes
0426U	CPT/HCPCS	GENOME (EG, UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME), ULTRA-RAPID SEQUENCE ANALYSIS	Yes
96376	CPT/HCPCS	THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG); EACH ADDITIONAL SEQUENTIAL INTRAVENOUS P	Yes
258	Revenue	IV SOLUTIONS	Yes
96375	CPT/HCPCS	THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG); EACH ADDITIONAL SEQUENTIAL INTRAVENOUS P	Yes

96377	CPT/HCPCS	APPLICATION OF ON-BODY INJECTOR (INCLUDES CANNULA INSERTION)FOR TIMED SUBCUTANEOUS INJECTION	Yes
260	Revenue	GENERAL CLASSIFICATION - IV THERAPY	Yes
96373	CPT/HCPCS	THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG); INTRA-ARTERIAL	Yes
96374	CPT/HCPCS	THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG); INTRAVENOUS PUSH, SINGLE OR INITIAL SUBS	Yes
96379	CPT/HCPCS	UNLISTED THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INTRAVENOUS OR INTRA-ARTERIAL INJECTION OR INFUSION	Yes
C8957	CPT/HCPCS	INTRAVENOUS INFUSION FOR THERAPY/DIAGNOSIS; INITIATION OF PROLONGED INFUSION (MORE THAN 8 HOURS), REQUIRING USE OF PORT	Yes
Q0081	CPT/HCPCS	INFUSION THERAPY, USING OTHER THAN CHEMOTHERAPEUTIC DRUGS, PER VISIT	Yes
96361	CPT/HCPCS	INTRAVENOUS INFUSION, HYDRATION; INITIAL, EACH ADDITIONAL HOUR	Yes
96360	CPT/HCPCS	INTRAVENOUS INFUSION, HYDRATION; INITIAL, 31 MINUTES TO 1 HOUR	Yes
96367	CPT/HCPCS	INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE OR DRUG); ADDITIONAL SEQUENTIAL INFUSION	Yes
96366	CPT/HCPCS	INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE OR DRUG); EACH ADDITIONAL HOUR	Yes
96371	CPT/HCPCS	SUBCUTANEOUS INFUSION FOR THERAPY OR PROPHYLAXIS (SPECIFY SUBSTANCE OR DURG); ADDITIONAL PUMP SET-UP WITH ESTABLISHMENT	Yes
96365	CPT/HCPCS	INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE OR DRUG); INITIAL, UP TO 1 HOUR	Yes
96370	CPT/HCPCS	SUBCUTANEOUS INFUSION FOR THERAPY OR PROPHYLAXIS (SPECIFY SUBSTANCE OR DURG); EACH ADDITIONAL HOUR	Yes
96369	CPT/HCPCS	SUBCUTANEOUS INFUSION FOR THERAPY OR PROPHYLAXIS (SPECIFY SUBSTANCE OR DURG); INITIAL UP TO 1 HOUR, INCLUDING PUMP SET-U	Yes
96368	CPT/HCPCS	INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE OR DRUG); CONCURRENT INFUSION	Yes
M0245	CPT/HCPCS	INTRAVENOUS INFUSION, BAMLANIVIMAB AND ETESEVIMAB, INCLUDES INFUSION AND POST ADMINISTRATION MONITORING	Yes
C9806	CPT/HCPCS	ROTARY PERISTALTIC INFUSION PUMP (E.G., AMBIT PUMP), INCLUDING CATHETER AND ALL DISPOSABLE SYSTEM COMPONENTS, NONOPIOID	Yes
C9804	CPT/HCPCS	ELASTOMERIC INFUSION PUMP (E.G., ON-Q* PUMP WITH BOLUS), INCLUDING CATHETER AND ALL DISPOSABLE SYSTEM COMPONENTS, NONOPI	Yes
0662T	CPT/HCPCS	SCALP COOLING, MECHANICAL; INITIAL MEASUREMENT AND CALIBRATION OF CAP	Yes
0663T	CPT/HCPCS	SCALP COOLING, MECHANICAL; PLACEMENT OF DEVICE, MONITORING, AND REMOVAL OF DEVICE (LIST SEPARATELY IN ADDITION TO CODE	Yes
S0354	CPT/HCPCS	TREATMENT PLANNING AND CARE COORDINATION MANAGEMENT FOR CANCER ESTABLISHED PATIENT WITH A CHANGE OF REGIMEN	Yes
96522	CPT/HCPCS	REFILLING AND MAINTENANCE OF IMPLANTABLE PUMP OR RESERVOIR FOR DRUG DELIVERY, SYSTEMIC (EG, INTRAVENOUS, INTRA-ARTERIAL)	Yes
96450	CPT/HCPCS	CHEMOTHERAPY ADMINISTRATION INTO CNS (EG, INTRATHECAL), REQUIRING LUMBAR PUNCTURE	Yes
96440	CPT/HCPCS	CHEMOTHERAPY ADMINISTRATION INTO PLEURAL CAVITY, REQUIRING THORACENTESIS	Yes
G0498	CPT/HCPCS	CHEMOTHERAPY ADMINISTRATION,INTRAVENOUS INFUSION TECHNIQUE; INITIATION OF INFUSION,OFFICE/OTHER OUTPATIENT SETTING	Yes
96549	CPT/HCPCS	UNLISTED CHEMOTHERAPY PROCEDURE	Yes
96415	CPT/HCPCS	CHEMOTHERAPY ADMINISTRATION, IV INFUSION TECHNIQUE; EA ADDL HR	Yes
96523	CPT/HCPCS	IRRIGATION OF IMPLANTED VENOUS ACCESS DEVICE FOR DRUG DELIVERY SYSTEMS	Yes
Q0083	CPT/HCPCS	CHEMOTHERAPY ADMINISTRATION BY OTHER THAN INFUSION TECHNIQU ONLY(E.G. SUBCUTANEOUS, INTRAMUSCULAR, PUSH) PER VISIT	Yes

96417	CPT/HCPCS	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; EACH ADDITIONAL SEQUENTIAL INFUSION (DIFFERENT SUBSTANCE/DRUG), UP TO 1 HOUR (LIST SEPAR+	Yes
96413	CPT/HCPCS	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; UP TO 1 HOUR, SINGLE OR INITIAL SUBSTANCE/DRUG	Yes
Q0084	CPT/HCPCS	CHEMOTHERAPY ADMINISTRATION BY INFUSION TECHNIQUE ONLY, PER VISIT	Yes
96521	CPT/HCPCS	REFILLING AND MAINTENANCE OF PORTABLE PUMP	Yes
96405	CPT/HCPCS	CHEMOTHERAPY ADMINISTRATION; INTRALESIONAL, UP TO AND INCLUDING 7 LESIONS	Yes
96422	CPT/HCPCS	CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; INFUSION TECHNIQUE, UP TO ONE HOUR	Yes
96411	CPT/HCPCS	CHEMOTHERAPY ADMINISTRATION; INTRAVENOUS, PUSH TECHNIQUE, EACH ADDITIONAL SUBSTANCE/DRUG (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Yes
96423	CPT/HCPCS	CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; INFUSION TECHNIQUE, EACH ADDL HR	Yes
96542	CPT/HCPCS	CHEMOTHERAPY INJECTION, SUBARACHNOID OR INTRAVENTRICULAR VIA SUBCUTANEOUS RESERVOIR, SINGLE OR MULTIPLE AGENTS	Yes
335	Revenue	CHEMOTHERAPY-IV	Yes
331	Revenue	CHEMOTHERAPY-INJECTED	Yes
96402	CPT/HCPCS	CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOUS OR INTRAMUSCULAR; HORMONAL ANTI-NEOPLASTIC	Yes
96446	CPT/HCPCS	CHEMOTHERAPY ADMINISTRATION INTO THE PERITONEAL CAVITY VIA IMPLANTED PORT OR CATHETER	Yes
96375	CPT/HCPCS	THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG); EACH ADDITIONAL SEQUENTIAL INTRAVENOUS P	Yes
96374	CPT/HCPCS	THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG); INTRAVENOUS PUSH, SINGLE OR INITIAL SUBS	Yes
96425	CPT/HCPCS	CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; INFUSION TECHNIQUE, INITIATION OF PROLONGED INFUSION (MORE THAN 8 HOURS),	Yes
S3722	CPT/HCPCS	DOSE OPTIMIZATION BY AREA UNDER THE CURVE (AUC) ANALYSIS, FOR INFUSIONAL 5-FLUOROURACIL	Yes
S0353	CPT/HCPCS	TREATMENT PLANNING AND CARE COORDINATION MANAGEMENT FOR CANCER INTIAL TREATMENT	Yes
S2107	CPT/HCPCS	ADOPTIVE IMMUNOTHERAPY, IE DEVELOPMENT OF SPECIFIC ANTI-TUMOR REACTIVITY PER COURSE OF TREATMENT	Yes
332	Revenue	CHEMOTHERAPY-ORAL	Yes
96409	CPT/HCPCS	CHEMOTHERAPY ADMINISTRATION; INTRAVENOUS, PUSH TECHNIQUE, SINGLE OR INITIAL SUBSTANCE/DRUG	Yes
96420	CPT/HCPCS	CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; PUSH TECHNIQUE	Yes
96416	CPT/HCPCS	CHEMO ADMIN, INTRAVEN INFUS TECH; INIT OF PROLONGED CHEMO INFUSION (MORE THN 8 HRS), REQ USE OF PORT OR IMPLANT PUMP	Yes
96406	CPT/HCPCS	CHEMOTHERAPY ADMINISTRATION; INTRALESIONAL, MORE THAN 7 LESIONS	Yes
Q0085	CPT/HCPCS	CHEMOTHERAPY ASDMINISTRATION BY BOTH INFUSION TECHNIQUES AND OTHER TECHNIQUE PER VISIT	Yes
96401	CPT/HCPCS	CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOUS OR INTRAMUSCULAR; NON-HORMONAL ANTI-NEOPLASTIC	Yes
0776T	CPT/HCPCS	THERAPEUTIC INDUCTION OF INTRA-BRAIN HYPOTHERMIA, INCLUDING PLACEMENT OF A MECHANICAL TEMPERATURE-CONTROLLED COOLING DEV	Yes
0881T	CPT/HCPCS	CRYOTHERAPY OF THE ORAL CAVITY USING TEMPERATURE REGULATED FLUID COOLING SYSTEM, INCLUDING PLACEMENT OF AN ORAL DEVICE,	Yes
C9078	CPT/HCPCS	INJECTION, TRILACICLIB, 1 MG	Yes
C9075	CPT/HCPCS	INJECTION, CASIMERSEN, 10 MG	Yes
J1554	CPT/HCPCS	INJECTION, IMMUNE GLOBULIN (ASCENIV), 500 MG	Yes
C9257	CPT/HCPCS	INJECTION, BEVACIZUMAB, 0.25 MG	Yes
M0300	CPT/HCPCS	IV CHELATION THERAPY (CHEMICAL ENDARTERECTOMY)	Yes
J1551	CPT/HCPCS	INJECTION, IMMUNE GLOBULIN (CUTAQUIG), 100 MG	Yes
J1306	CPT/HCPCS	INJECTION, INCLISIRAN, 1 MG	Yes
J1448	CPT/HCPCS	INJECTION, TRILACICLIB, 1 MG	Yes
J1426	CPT/HCPCS	INJECTION, CASIMERSEN, 10 MG	Yes
J1305	CPT/HCPCS	INJECTION, EVINACUMAB-DGNB, 5 MG	Yes

C9079	CPT/HCPCS	INJECTION, EVINACUMAB-DGNB, 5 MG	Yes
J7799	CPT/HCPCS	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	Yes
J1552	CPT/HCPCS	INJECTION, IMMUNE GLOBULIN (ALYGLO), 500 MG	Yes
J3394	CPT/HCPCS	INJECTION, LOVOTIBEGLOGENE AUTOTEMCEL, PER TREATMENT	Yes
J0911	CPT/HCPCS	INSTILLATION, TAUROLIDINE 1.35 MG AND HEPARIN SODIUM 100 UNITS (CENTRAL VENOUS CATHETER LOCK FOR ADULT PATIENTS RECEIVING)	Yes
J1454	CPT/HCPCS	INJECTION, FOSNETUPITANT 235 MG AND PALONOSETRON 0.25 MG	Yes
J0791	CPT/HCPCS	INJECTION, CRIZANLIZUMAB-TMCA, 5 MG	Yes
J1576	CPT/HCPCS	INJECTION, IMMUNE GLOBULIN (PANZYGA), INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), 500 MG	Yes
J1747	CPT/HCPCS	INJECTION, SPESOLIMAB-SBZO, 1 MG	Yes
J1643	CPT/HCPCS	INJECTION, HEPARIN SODIUM (PFIZER), NOT THERAPEUTICALLY EQUIVALENT TO J1644, PER 1000 UNITS	Yes
C9142	CPT/HCPCS	INJECTION, BEVACIZUMAB-MALY, BIOSIMILAR, (ALYMSYS), 10 MG	Yes
J1599	CPT/HCPCS	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), NOT OTHERWISE SPECIFIED, 500 MG	Yes
J1830	CPT/HCPCS	INJECTION INTERFERON BETA 1B PER .25MG	Yes
J2001	CPT/HCPCS	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	Yes
J1459	CPT/HCPCS	INJECTION, IMMUNE GLOBULIN (PRIVIGEN), INTRAVENOUS, NON-LYOPHILIZED (E.G.	Yes
J0850	CPT/HCPCS	INJECTION CYTOMEGALOVIRUS IMMUNE GLOBULIN INTRAVENOUS PER VIAL	Yes
J1826	CPT/HCPCS	INJECTION, INTERFERON BETA-1A, 30 MCG	Yes
J7121	CPT/HCPCS	5% DEXTROSE IN LACTATED RINGERS INFUSION, UP TO 1000 CC	Yes
J7120	CPT/HCPCS	RINGERS LACTATE INFUSION, UP TO 1000 CC	Yes
J7100	CPT/HCPCS	INFUSION, DEXTRAN 40, 500 ML	Yes
J7070	CPT/HCPCS	INFUSION, D5W, 1000 CC	Yes
J7060	CPT/HCPCS	5% DEXTROSE / WATER (500 ML = 1 UNIT)	Yes
J7050	CPT/HCPCS	INFUSION, NORMAL SALINE SOLUTION, 250 CC	Yes
J7042	CPT/HCPCS	5% DEXTROSE / NORMAL SALINE (500 ML = 1 UNIT)	Yes
J7040	CPT/HCPCS	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML=1 UNIT)	Yes
J7030	CPT/HCPCS	INFUSION, NORMAL SALINE SOLUTION, 1000 CC	Yes
J1644	CPT/HCPCS	INJECTION HEPARIN SODIUM PER 1,000 UNITS	Yes
S5010	CPT/HCPCS	5% DEXTROSE AND 45% NORMAL SALINE, 1000ML	Yes
S5014	CPT/HCPCS	5% DEXTROSE/0.45% NORMAL SALINE WITH POTASSIUM CHLORIDE AND MAGNESIUM SULFATE, 1500ML	Yes
S5013	CPT/HCPCS	5% DEXTROSE/45% NORMAL SALINE WITH POTASSIUM CHLORIDE AND MAGNESIUM SULFATE, 1000ML	Yes
S0092	CPT/HCPCS	INJECTION, HYDROMORPHONE HCl, 250MG (LOADING DOSE FOR INFUSION PUMP)	Yes
J1557	CPT/HCPCS	INJECTION, IMMUNE GLOBULIN, (GAMMAPLEX), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	Yes
S0148	CPT/HCPCS	INJECTION, PEGYLATED INTERFERON ALFA-2B, 10 MCS	Yes
J1568	CPT/HCPCS	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	Yes
J1642	CPT/HCPCS	INJECTION HEPARIN SODIUM PER 10 UNITS	Yes
S0145	CPT/HCPCS	INJECTION, PEGYLATED INTERFERON ALFA-2A, 180 MCG PER ML	Yes
S0093	CPT/HCPCS	INJECTION MORPHINE SULPHATE, 500MG (LOADING DOSE FOR INFUSION PUMP)	Yes
J2724	CPT/HCPCS	INJECTION, PROTEIN C CONCENTRATE, INTRAVENOUS, HUMAN, 10IU	Yes
J3365	CPT/HCPCS	INJECTION, IV, UROKINASE, 250,000 I.U. VIAL	Yes
J1573	CPT/HCPCS	INJECTION, HEP B IMMUNE GLOBULIN (HEPAGAM B), INTRAVENOUS, 0.5 ML	Yes
90291	CPT/HCPCS	CYTOMEGALOVIRUS IMMUNE GLOBULIN (CMV-IGIV), HUMAN, FOR INTRAVENOUS USE	Yes
90399	CPT/HCPCS	UNLISTED IMMUNE GLOBULIN	Yes
J1572	CPT/HCPCS	INJECTION, IMMUNE GLOBULIN, (FLEBOGAMMA), IV, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	Yes
90386	CPT/HCPCS	RHO(D) IMMUNE GLOBULINE (RHIGIV), HUMAN, FOR INTRAVENOUS USE	Yes
90287	CPT/HCPCS	BOTULINUM ANTITOXIN, EQUINE, ANY ROUTE	Yes
J2354	CPT/HCPCS	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG	Yes
J3358	CPT/HCPCS	USTEKINUMAB, FOR INTRAVENOUS INJECTION, 1 MG	Yes
J1566	CPT/HCPCS	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G. POWDER), NOT OTHERWISE SPECIFIED	Yes

S5012	CPT/HCPCS	5% DEXTROSE WITH POTASSIUM CHLORIDE, 1000ML	Yes
J2792	CPT/HCPCS	INJECTION RHO D IMMUNE GLOBULIN INTRAVENOUS HUMAN SOLVENT DETERGENT, 100 IU	Yes
90288	CPT/HCPCS	BOTULISM IMMUNE GLOBULIN, HUMAN, FOR INTRAVENOUS USE	Yes
J1561	CPT/HCPCS	INJECTION, IMMUNE GLOBULIN, (GAMUNEX), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	Yes
J7204	CPT/HCPCS	INJECTION, FACTOR VIII, ANTIHEMOPHILIC FACTOR (RECOMBINANT),(ESPEROCT), GLYCOPEGYLATED-EXEI, PER IU	Yes
J7169	CPT/HCPCS	INJECTION, COAGULATION FACTOR XA (RECOMBINANT), INACTIVATED-ZHZO (ANDEXXA), 10 MG	Yes
J7196	CPT/HCPCS	INJECTION, ANTITHROMBIN RECOMBINANT, 50 I.U.	Yes
J7188	CPT/HCPCS	INJECTION, FACTOR VIII (ANTIHEMOPHILIC FACTOR,RECOMBINANT), (OBIZUR), PER I.U.	Yes
J7175	CPT/HCPCS	INJECTION, FACTOR X, (HUMAN), 1 I.U.	Yes
J7193	CPT/HCPCS	FACTOR IX (ANTIHEMOPHILIC FACTOR, PURIFIED, NON-RECOMBINANT)PER IU	Yes
J7182	CPT/HCPCS	INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), (NOVOEIGHT), PER IU	Yes
J7211	CPT/HCPCS	INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), (KOVALTRY), 1 I.U.	Yes
J7198	CPT/HCPCS	ANTI-INHIBITOR, PER I.U.	Yes
J7185	CPT/HCPCS	INJECTION, FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT) (XYNTHA), PER I.U	Yes
J7187	CPT/HCPCS	INJECTION, VON WILLEBRAND FACTOR COMPLEX (HUMATE-P), PER IU VWF:RCO	Yes
J7197	CPT/HCPCS	ANTITHROMBIN III (HUMAN), PER I.U.	Yes
J7209	CPT/HCPCS	INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), (NUWIQ), 1 I.U.	Yes
J7183	CPT/HCPCS	INJECTION, VON WILLEBRAND FACTOR COMPLEX (HUMAN), WILATE, 1 I.U. VWF:RCO	Yes
J7205	CPT/HCPCS	INJECTION, FACTOR VIII FC FUSION (RECOMBINANT), PER IU	Yes
J7195	CPT/HCPCS	INJECTION, FACTOR IX (ANTIHEMOPHILIC FACTOR, RECOMBINANT) PER IU, NOT OTHERWISE SPECIFIED	Yes
J7199	CPT/HCPCS	HEMOPHILIA CLOTTING FACTOR, NOT OTHERWISE CLASSIFIED	Yes
J7194	CPT/HCPCS	FACTOR IX, COMPLEX, HEAT-TREATED, PER I.U.	Yes
J7180	CPT/HCPCS	INJECTION, FACTOR XIII (ANTIHEMOPHILIC FACTOR, HUMAN), 1 I.U.	Yes
J7179	CPT/HCPCS	INJECTION, VON WILLEBRAND FACTOR (RECOMBINANT), (VONVENDI), 1 I.U. VWF:RCO	Yes
J7189	CPT/HCPCS	FACTOR VIIA (ANTIHEMOPHILIC FACTOR, RECOMBINANT) (NOVOSEVEN RT) 1 MCG	Yes
J7207	CPT/HCPCS	INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PEGYLATED, 1 I.U.	Yes
J7200	CPT/HCPCS	INJECTION, FACTOR IX, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), RIXUBIS, PER IU	Yes
C9041	CPT/HCPCS	INJECTION, COAGULATION FACTOR XA (RECOMBINANT),INACTIVATED (ANDEXXA), 10 MG	Yes
C9141	CPT/HCPCS	INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PEGYLATED-AUCL (JIVI), 1 I.U.	Yes
J7177	CPT/HCPCS	INJECTION, HUMAN FIBRINOGEN CONCENTRATE (FIBRYGA),1 MG	Yes
J7203	CPT/HCPCS	INJECTION FACTOR IX, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), GLYCOPEGYLATED, (REBINYN), 1 IU	Yes
J7170	CPT/HCPCS	INJECTION, EMICIZUMAB-KXWH, 0.5 MG	Yes
J7186	CPT/HCPCS	INJECTION, ANTIHEMOPHILIC FACTOR VIII/VON WILLEBRAND FACTOR COMPLEX (HUMAN), PER FACTOR VIII I.U.	Yes
J7192	CPT/HCPCS	FACTOR VIII, (ANTI-HEMOPHILIC FACTOR(RECOMBINANT) PER I.U.	Yes
J7181	CPT/HCPCS	INJECTION, FACTOR XIII A-SUBUNIT, (RECOMBINANT), PER IU	Yes
J7191	CPT/HCPCS	FACTOR VIII (ANTIHEMOPHILIC FACTOR (PORCINE) PER I.U.	Yes
J7190	CPT/HCPCS	FACTOR VIII, VIRAL INACTIVATED, PER UNIT	Yes
J7210	CPT/HCPCS	INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), (AFSTYLA), 1 I.U.	Yes
J7201	CPT/HCPCS	INJECTION, FACTOR IX, FC FUSION PROTEIN, (RECOMBINANT), ALPROLIX, 1 I.U.	Yes
J7202	CPT/HCPCS	INJECTION, FACTOR IX, ALBUMIN FUSION PROTEIN, (RECOMBINANT),IDELVION, 1 I.U.	Yes
J7208	CPT/HCPCS	INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PEGYLATED-AUCL, (JIVI), 1 I.U.	Yes
J7213	CPT/HCPCS	INJECTION, COAGULATION FACTOR IX (RECOMBINANT), IXINITY, 1 I.U.	Yes

J1411	CPT/HCPCS	INJECTION, ETRANACOGENE DEZAPARVOVEC-DRLB, PER THERAPEUTIC DOSE	Yes
C9159	CPT/HCPCS	INJECTION, PROTHROMBIN COMPLEX CONCENTRATE (HUMAN), BALFAXAR, PER I.U. OF FACTOR IX ACTIVITY	Yes
J7214	CPT/HCPCS	INJECTION, FACTOR VIII/VON WILLEBRAND FACTOR COMPLEX, RECOMBINANT (ALTUVIIIQ), PER FACTOR VIII IU	Yes
J7165	CPT/HCPCS	INJECTION, PROTHROMBIN COMPLEX CONCENTRATE, HUMAN-LANS, PER IU OF FACTOR IX ACTIVITY	Yes
C9304	CPT/HCPCS	INJECTION, MARSTACIMAB-HNCQ, 0.5 MG	Yes
J3300	CPT/HCPCS	INJECTION, TRIAMCINOLONE ACETONIDE, PRESERVATIVE FREE, 1 MG	Yes
J3030	CPT/HCPCS	INJECTION, SUMATRIPTAN SUCCINATE 6 MG	Yes
J3070	CPT/HCPCS	INJECTION, PENTAZOCINE HCL, 30MG	Yes
J1743	CPT/HCPCS	INJECTION, IDURSULFASE, 1 MG	Yes
J1744	CPT/HCPCS	INJECTION, ICATIBANT, 1 MG	Yes
J1745	CPT/HCPCS	INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	Yes
Q9999	CPT/HCPCS	INJECTION, USTEKINUMAB-AAUZ (OTULFI), BIOSIMILAR, 1 MG	Yes
Q5152	CPT/HCPCS	INJECTION, ECULIZUMAB-AEEB (BKEMV), BIOSIMILAR, 2 MG	Yes
Q5151	CPT/HCPCS	INJECTION, ECULIZUMAB-AAGH (EPYSQLI), BIOSIMILAR, 2 MG	Yes
Q4367	CPT/HCPCS	AMNIOCORE SL, PER SQUARE CENTIMETER	Yes
Q4366	CPT/HCPCS	DUAL LAYER AMNIO BURGEON X-MEMBRANE, PER SQUARE CENTIMETER	Yes
Q4365	CPT/HCPCS	AMNIO BURGEON DUAL-LAYER MEMBRANE, PER SQUARE CENTIMETER	Yes
Q4364	CPT/HCPCS	AMNIO BURGEON XPLUS MEMBRANE AND XPLUS HYDROMEMBRANE, PER SQUARE CENTIMETER	Yes
Q4363	CPT/HCPCS	AMNIO BURGEON MEMBRANE AND HYDROMEMBRANE, PER SQUARE CENTIMETER	Yes
Q4362	CPT/HCPCS	CYGNUS DISK, PER SQUARE CENTIMETER	Yes
Q4361	CPT/HCPCS	EPIXPRESS, PER SQUARE CENTIMETER	Yes
Q4360	CPT/HCPCS	AMCHOPLAST FD, PER SQUARE CENTIMETER	Yes
Q4359	CPT/HCPCS	CHORIPLY, PER SQUARE CENTIMETER	Yes
Q4358	CPT/HCPCS	XWRAP DUAL, PER SQUARE CENTIMETER	Yes
Q4357	CPT/HCPCS	XWRAP PLUS, PER SQUARE CENTIMETER	Yes
Q4356	CPT/HCPCS	ABIOMEND MEMBRANE AND ABIOMEND HYDROMEMBRANE, PER SQUARE CENTIMETER	Yes
Q4355	CPT/HCPCS	ABIOMEND XPLUS MEMBRANE AND ABIOMEND XPLUS HYDROMEMBRANE, PER SQUARE CENTIMETER	Yes
Q4354	CPT/HCPCS	PALINGEN DUAL-LAYER MEMBRANE, PER SQUARE CENTIMETER	Yes
J9038	CPT/HCPCS	INJECTION, AXATILIMAB-CSFR, 0.1 MG	Yes
J2865	CPT/HCPCS	INJECTION, SULFAMETHOXAZOLE 5 MG AND TRIMETHOPRIM 1 MG	Yes
J1271	CPT/HCPCS	INJECTION, DOXYCYCLINE HYCLATE, 1 MG	Yes
J1072	CPT/HCPCS	INJECTION, TESTOSTERONE CYPIONATE (AZMIRO), 1 MG	Yes
J2804	CPT/HCPCS	INJECTION, RIFAMPIN, 1 MG	Yes
J2428	CPT/HCPCS	INJECTION, PALIPERIDONE PALMITATE EXTENDED RELEASE (ERZOFRI), 1 MG	Yes
J1938	CPT/HCPCS	INJECTION, FUROSEMIDE, 1 MG	Yes
J1808	CPT/HCPCS	INJECTION, FOLIC ACID, 0.1 MG	Yes
J1308	CPT/HCPCS	INJECTION, FAMOTIDINE, 0.25 MG	Yes
J1299	CPT/HCPCS	INJECTION, ECULIZUMAB, 2 MG	Yes
Q4350	CPT/HCPCS	PALISADE DM MATRIX, PER SQ CM	Yes
Q4349	CPT/HCPCS	MANTLE DL MATRIX, PER SQ CM	Yes
Q4348	CPT/HCPCS	SENTRY SL MATRIX, PER SQ CM	Yes
Q4347	CPT/HCPCS	RAMPART DL MATRIX, PER SQ CM	Yes
Q9997	CPT/HCPCS	INJECTION, USTEKINUMAB-TTWE (PYZCHIVA), INTRAVENOUS, 1 MG	Yes
Q9996	CPT/HCPCS	INJECTION, USTEKINUMAB-TTWE (PYZCHIVA), SUBCUTANEOUS, 1 MG	Yes
Q5145	CPT/HCPCS	INJECTION, ADALIMUMAB-AFZB (ABRILADA), BIOSIMILAR, 1 MG	Yes
Q5144	CPT/HCPCS	INJECTION, ADALIMUMAB-AACF (IDACIO), BIOSIMILAR, 1 MG	Yes
A2032	CPT/HCPCS	MYRIAD MATRIX, PER SQUARE CENTIMETER	Yes
A2031	CPT/HCPCS	MIRODRY WOUND MATRIX, PER SQUARE CENTIMETER	Yes
A2030	CPT/HCPCS	MIRO3D FIBERS, PER MILLIGRAM	Yes
A2029	CPT/HCPCS	MIROTRACT WOUND MATRIX SHEET, PER CUBIC CENTIMETER	Yes
Q4346	CPT/HCPCS	SHELTER DM MATRIX, PER SQ CM	Yes
Q4345	CPT/HCPCS	MATRIX HD ALLOGRAFT DERMIS, PER SQUARE CENTIMETER	Yes
J7601	CPT/HCPCS	ENSIFENTRINE, INHALATION SUSPENSION, FDA-APPROVED FINAL PRODUCT, NONCOMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM	Yes
J3392	CPT/HCPCS	INJECTION, EXAGAMGLOGENE AUTOTEMCEL, PER TREATMENT	Yes
Q5106	CPT/HCPCS	INJECTION, EPOETIN ALFA-EPBX, BIOSIMILAR, (RETACRIT) (FOR NON-ESRD USE), 1000 UNITS	Yes

Q4353	CPT/HCPCS	XCEED TL MATRIX, PER SQ CM	Yes
Q4352	CPT/HCPCS	OVERLAY SL MATRIX, PER SQ CM	Yes
Q4351	CPT/HCPCS	ENCLOSE TL MATRIX, PER SQ CM	Yes
J0666	CPT/HCPCS	INJECTION, BUPIVACAINE LIPOSOME, 1 MG	Yes
J7686	CPT/HCPCS	TREPROSTINIL INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSAGE 1.74 MG ADMINISTERED THRU D	Yes
C9290	CPT/HCPCS	INJECTION, BUPIVACAINE LIPOSOME, 1 MG	Yes
Q9998	CPT/HCPCS	INJECTION, USTEKINUMAB-AEKN (SELARSDI), 1 MG	Yes
J0281	CPT/HCPCS	INJECTION, AMINOCAPROIC ACID, 1 GRAM	Yes
A2035	CPT/HCPCS	CORPLEX P OR THERACOR P OR ALLACOR P, PER MILLIGRAM	Yes
A2034	CPT/HCPCS	FOUNDATION DRS SOLO, PER SQUARE CENTIMETER	Yes
A2033	CPT/HCPCS	MYRIAD MORCELLS, 4 MILLIGRAMS	Yes
Q5143	CPT/HCPCS	INJECTION, ADALIMUMAB-ADBM, BIOSIMILAR, 1 MG	Yes
C9166	CPT/HCPCS	INJECTION, SECUKINUMAB, IV, 1 MG	Yes
C9113	CPT/HCPCS	INJECTION, PANTOPRAZOLE SODIUM, PER VIAL	Yes
Q5142	CPT/HCPCS	INJECTION, ADALIMUMAB-RYVK BIOSIMILAR, 1 MG	Yes
Q5141	CPT/HCPCS	INJECTION, ADALIMUMAB-AATY, BIOSIMILAR, 1 MG	Yes
Q5140	CPT/HCPCS	INJECTION, ADALIMUMAB-FKJP, BIOSIMILAR, 1 MG	Yes
Q5139	CPT/HCPCS	INJECTION, ECULIZUMAB-AEEB (BKEMV), BIOSIMILAR, 10 MG	Yes
J2802	CPT/HCPCS	INJECTION, ROMIPLOSTIM, 1 MCG	Yes
J2472	CPT/HCPCS	INJECTION, PANTOPRAZOLE SODIUM IN SODIUM CHLORIDE (BAXTER), 40 MG	Yes
J2290	CPT/HCPCS	INJECTION, NAFCILLIN SODIUM, 20 MG	Yes
J0870	CPT/HCPCS	INJECTION, IMETELSTAT, 1 MG	Yes
J0139	CPT/HCPCS	INJECTION, ADALIMUMAB, 1 MG	Yes
J7351	CPT/HCPCS	INJECTION, BIMATOPROST, INTRACAMERAL IMPLANT, 1 MICROGRAM	Yes
Q5138	CPT/HCPCS	INJECTION, USTEKINUMAB-AUUB (WEZLANA), BIOSIMILAR, IV, 1 MG	Yes
Q5137	CPT/HCPCS	INJECTION, USTEKINUMAB-AUUB (WEZLANA), BIOSIMILAR, SC, 1 MG	Yes
Q4333	CPT/HCPCS	ARDEOGRAFT, PER SQ CM	Yes
Q4332	CPT/HCPCS	AXOLOTL DUALGRAFT, PER SQ CM	Yes
Q4331	CPT/HCPCS	AXOLOTL GRAFT, PER SQ CM	Yes
Q4330	CPT/HCPCS	TOTAL, PER SQ CM	Yes
Q4329	CPT/HCPCS	SINGLAY, PER SQ CM	Yes
Q4328	CPT/HCPCS	MOST, PER SQ CM	Yes
Q4327	CPT/HCPCS	DUOAMNION, PER SQ CM	Yes
Q4324	CPT/HCPCS	AMNIOTX, PER SQ CM	Yes
Q4323	CPT/HCPCS	ALLOPLY, PER SQ CM	Yes
Q4322	CPT/HCPCS	CAREGRAFT, PER SQ CM	Yes
Q4321	CPT/HCPCS	RENOGRAFT, PER SQ CM	Yes
Q4320	CPT/HCPCS	PELLOGRAFT, PER SQ CM	Yes
Q4319	CPT/HCPCS	SANOGRAFT, PER SQ CM	Yes
Q4318	CPT/HCPCS	E-GRAFT, PER SQ CM	Yes
Q4317	CPT/HCPCS	VITOGRAFT, PER SQ CM	Yes
Q4316	CPT/HCPCS	AMCHOPLAST, PER SQ CM	Yes
Q4315	CPT/HCPCS	REGENELINK AMNIOTIC MEMBRANE ALLOGRAFT, PER SQ CM	Yes
Q4314	CPT/HCPCS	REEVA FT, PER SQ CM	Yes
Q4313	CPT/HCPCS	DERMABIND FM, PER SQ CM	Yes
Q4312	CPT/HCPCS	ACESSO AC, PER SQ CM	Yes
Q4311	CPT/HCPCS	ACESSO, PER SQ CM	Yes
J9361	CPT/HCPCS	INJECTION, EFBEMALENOGRASTIM ALFA-VUXW, 0.5 MG	Yes
J7355	CPT/HCPCS	INJECTION, TRAVOPROST, INTRACAMERAL IMPLANT, 1 MCG	Yes
J7171	CPT/HCPCS	INJECTION, ADAMTS13, RECOMBINANT-KRHN, 10 IU	Yes
J2468	CPT/HCPCS	INJECTION, PALONOSETRON HYDROCHLORIDE (POSFREA), 25 MICROGRAMS	Yes
J2373	CPT/HCPCS	INJECTION, PHENYLEPHRINE HCL (IMMPHENTIV), 20 MCG	Yes
J2267	CPT/HCPCS	INJECTION, MIRIKIZUMAB-MRKZ, 1 MG	Yes
J2246	CPT/HCPCS	INJECTION, MICA FUNGIN IN SODIUM (BAXTER), NOT THERAPEUTICALLY EQUIVALENT TO J2248, 1 MG	Yes
J2183	CPT/HCPCS	INJECTION, MEROPENEM (WG CRITICAL CARE), NOT THERAPEUTICALLY EQUIVALENT TO J2185, 100 MG	Yes
J1748	CPT/HCPCS	INJECTION, INFLIXIMAB-DYYB (ZYM FENTRA), 10 MG	Yes
J1598	CPT/HCPCS	INJECTION, GLYCOPYRROLATE (FRESENIUS KABI), NOT THERAPEUTICALLY EQUIVALENT TO J1596, 0.1 MG	Yes
J1597	CPT/HCPCS	INJECTION, GLYCOPYRROLATE (GLYRX-PF), 0.1 MG	Yes
J3393	CPT/HCPCS	INJECTION, BETIBEGLOGENE AUTOTEMCEL, PER TREATMENT	Yes
J3247	CPT/HCPCS	INJECTION, SECUKINUMAB, IV, 1 MG	Yes

J2471	CPT/HCPCS	INJECTION, PANTOPRAZOLE (HIKMA), NOT THERAPEUTICALLY EQUIVALENT TO J2470, 40 MG	Yes
J2470	CPT/HCPCS	INJECTION, PANTOPRAZOLE SODIUM, 40 MG	Yes
Q4326	CPT/HCPCS	WOUNDPLUS, PER SQ CM	Yes
Q4325	CPT/HCPCS	ACAPATCH, PER SQ CM	Yes
J0872	CPT/HCPCS	INJECTION, DAPTOMYCIN (XELLIA), UNREFRIGERATED, NOT THERAPEUTICALLY EQUIVALENT TO J0878 OR J0873, 1 MG	Yes
J0687	CPT/HCPCS	INJECTION, CEFAZOLIN SODIUM (WG CRITICAL CARE), NOT THERAPEUTICALLY EQUIVALENT TO J0690, 500 MG	Yes
J0211	CPT/HCPCS	INJECTION, SODIUM NITRITE 3 MG AND SODIUM THIOSULFATE 125 MG (NITHIODOSE)	Yes
J1437	CPT/HCPCS	INJECTION, FERRIC DERISOMALTOSE, 10 MG	Yes
C9168	CPT/HCPCS	INJECTION, MIRIKIZUMAB-MRKZ, 1 MG	Yes
J2327	CPT/HCPCS	INJECTION, RISANKIZUMAB-RZAA, INTRAVENOUS, 1 MG	Yes
Q5134	CPT/HCPCS	INJECTION, NATALIZUMAB-SZTN (TYRUKO), BIOSIMILAR, 1 MG	Yes
Q5133	CPT/HCPCS	INJECTION, TOCILIZUMAB-BAVI (TOFIDENCE), BIOSIMILAR, 1 MG	Yes
Q4310	CPT/HCPCS	PROCENTA, PER 100 MG	Yes
Q4309	CPT/HCPCS	VIA MATRIX, PER SQ CM	Yes
C9162	CPT/HCPCS	INJECTION, AVACINCAPTAD PEGOL, 0.1 MG	Yes
C9154	CPT/HCPCS	INJECTION, BUPRENORPHINE EXTENDED-RELEASE (BRIXADI), 1 MG	Yes
J2781	CPT/HCPCS	INJECTION, PEGCETACOPLAN, INTRAVITREAL, 1 MG	Yes
J0874	CPT/HCPCS	INJECTION, DAPTOMYCIN (BAXTER), NOT THERAPEUTICALLY EQUIVALENT TO J0878, 1 MG	Yes
Q4266	CPT/HCPCS	NEOSTIM MEMBRANE, PER SQUARE CENTIMETER	Yes
Q4265	CPT/HCPCS	NEOSTIM TL, PER SQUARE CENTIMETER	Yes
J1449	CPT/HCPCS	INJECTION, EFLAPEGRASIM-XNST, 0.1 M	Yes
J0613	CPT/HCPCS	INJECTION, CALCIUM GLUCONATE (WG CRITICAL CARE)NOT THERAPEUTICALLY EQUIVALENT TO J0612, 10 MG	Yes
Q4302	CPT/HCPCS	COMPLETE ACA, PER SQUARE CENTIMETER	Yes
Q4301	CPT/HCPCS	ACTIVATE MATRIX, PER SQUARE CENTIMETER	Yes
Q4300	CPT/HCPCS	ACESSO TL, PER SQUARE CENTIMETER	Yes
Q4299	CPT/HCPCS	AMNICORE PRO+, PER SQUARE CENTIMETER	Yes
J0802	CPT/HCPCS	INJECTION, CORTICOTROPIN (ANI), UP TO 40 UNITS	Yes
J0801	CPT/HCPCS	INJECTION, CORTICOTROPIN (ACTHAR GEL), UP TO 40 UNITS	Yes
J2359	CPT/HCPCS	INJECTION, OLANZAPINE, 0.5 MG	Yes
J0349	CPT/HCPCS	INJECTION, REZAFUNGIN, 1 MG	Yes
J0612	CPT/HCPCS	INJECTION, CALCIUM GLUCONATE, NOT OTHERWISE SPECIFIED, 10 MG	Yes
J0218	CPT/HCPCS	INJECTION, OLIPUDASE ALFA-RPCP, 1 MG	Yes
J0208	CPT/HCPCS	INJECTION, SODIUM THIOSULFATE (PEDMARK), 100 MG	Yes
C9147	CPT/HCPCS	INJECTION, TREMELIMUMAB-ACTL, 1 MG	Yes
Q4298	CPT/HCPCS	AMNICORE PRO, PER SQUARE CENTIMETER	Yes
Q4297	CPT/HCPCS	EMERGE MATRIX, PER SQUARE CENTIMETER	Yes
Q4296	CPT/HCPCS	REBOUND MATRIX, PER SQUARE CENTIMETER	Yes
Q4295	CPT/HCPCS	AMNIO TRI-CORE AMNIOTIC, PER SQUARE CENTIMETER	Yes
C9158	CPT/HCPCS	INJECTION, RISPERIDONE, (UZEDY), 1 MG	Yes
J7353	CPT/HCPCS	ANACAULASE-BCDB, 8.8% GEL, 1 GM	Yes
C9153	CPT/HCPCS	INJECTION, AMISULPRIDE, 1 MG	Yes
C9152	CPT/HCPCS	INJECTION, ARIPIPAZOLE, (ABILIFY ASIMTUFII), 1 MG	Yes
J0611	CPT/HCPCS	INJECTION, CALCIUM GLUCONATE (WG CRITICAL CARE), PER 10 ML	Yes
J0610	CPT/HCPCS	INJECTION, CALCIUM GLUCONATE (FRESENIUS KABI), PER10 ML	Yes
J3241	CPT/HCPCS	INJECTION, TEPROTUMUMAB-TRBW, 10 MG	Yes
Q4264	CPT/HCPCS	COCOON MEMBRANE, PER SQUARE CENTIMETER	Yes
Q4294	CPT/HCPCS	AMNIO QUAD-CORE, PER SQUARE CENTIMETER	Yes
Q4293	CPT/HCPCS	ACESSO DL, PER SQUARE CENTIMETER	Yes
Q4292	CPT/HCPCS	LAMELLAS, PER SQUARE CENTIMETER	Yes
Q4291	CPT/HCPCS	LAMELLAS XT, PER SQUARE CENTIMETER	Yes
Q4286	CPT/HCPCS	NUDYN SL OR NUDYN SLW, PER SQ CM	Yes
Q4284	CPT/HCPCS	DERMABIND SL, PER SQUARE CENTIMETER	Yes
Q4282	CPT/HCPCS	CYGNUS DUAL, PER SQUARE CENTIMETER	Yes
Q5131	CPT/HCPCS	INJECTION, ADALIMUMAB-AACF (IDACIO), BIOSIMILAR, 20 MG	Yes
Q4263	CPT/HCPCS	SURGRAFT TL, PER SQUARE CENTIMETER	Yes
Q4236	CPT/HCPCS	CAREPATCH, PER SQ CM	Yes
J3372	CPT/HCPCS	INJECTION, VANCOMYCIN HCL (XELLIA) NOT THERAPEUTICALLY EQUIVALENT TO J3370, 500 MG	Yes
J3371	CPT/HCPCS	INJECTION, VANCOMYCIN HCL (MYLAN) NOT THERAPEUTICALLY EQUIVALENT TO J3370, 500 MG	Yes
Q4290	CPT/HCPCS	MEMBRANE WRAP-HYDRO, PER SQ CM	Yes

Q4288	CPT/HCPCS	DERMABIND CH, PER SQUARE CENTIMETER	Yes
Q4279	CPT/HCPCS	VENDAJE AC, PER SQUARE CENTIMETER	Yes
J3425	CPT/HCPCS	INJECTION, HYDROXOCOBALAMIN, IM, 10 MCG	Yes
Q4281	CPT/HCPCS	BARRERA SL OR BARRERA DL, PER SQUARE CENTIMETER	Yes
Q4280	CPT/HCPCS	XCELL AMNIO MATRIX, PER SQUARE CENTIMETER	Yes
Q4278	CPT/HCPCS	EPIEFFECT, PER SQUARE CENTIMETER	Yes
Q4277	CPT/HCPCS	WOUNDPLUS MEMBRANE OR E-GRAFT, PER SQUARE CENTIMETER	Yes
J3401	CPT/HCPCS	BEREMAGENE GEPERPAVEC-SVDT FOR TOPICAL ADMINISTRATION, CONTAINING NOMINAL 5 X 10^9 PFU/ML VECTOR GENOMES, PER 0.1 ML	Yes
J2799	CPT/HCPCS	INJECTION, RISPERIDONE (UZEDY), 1 MG	Yes
J2679	CPT/HCPCS	INJECTION, FLUPHENAZINE HCL, 1.25 MG	Yes
Q4276	CPT/HCPCS	ORION, PER SQUARE CENTIMETER	Yes
Q4308	CPT/HCPCS	SANOPELLIS, PER SQ CM	Yes
Q4307	CPT/HCPCS	AMERICAN AMNION, PER SQ CM	Yes
Q4306	CPT/HCPCS	AMERICAN AMNION AC, PER SQ CM	Yes
J2508	CPT/HCPCS	INJECTION, PEGUNIGALSIDASE ALFA-IWXJ, 1 MG	Yes
Q4275	CPT/HCPCS	ESANO ACA, PER SQUARE CENTIMETER	Yes
Q4274	CPT/HCPCS	ESANO AC, PER SQUARE CENTIMETER	Yes
Q4273	CPT/HCPCS	ESANO AAA, PER SQUARE CENTIMETER	Yes
Q4272	CPT/HCPCS	ESANO A, PER SQUARE CENTIMETER	Yes
J9347	CPT/HCPCS	INJECTION, TREMELIMUMAB-ACTL, 1 MG	Yes
J9029	CPT/HCPCS	INTRAVESICAL INSTILLATION, NADOFARAGENE FIRADENOVEC-VNCG, PER THERAPEUTIC DOSE	Yes
J2806	CPT/HCPCS	INJECTION, SINCALIDE (MAIA) NOT THERAPEUTICALLY EQUIVALENT TO J2805, 5 MICROGRAMS	Yes
J2599	CPT/HCPCS	INJECTION, VASOPRESSIN (AMERICAN REGENT) NOT THERAPEUTICALLY EQUIVALENT TO J2598, 1 UNIT	Yes
J2598	CPT/HCPCS	INJECTION, VASOPRESSIN, 1 UNIT	Yes
J2561	CPT/HCPCS	INJECTION, PHENOBARBITAL SODIUM (SEZABY), 1 MG	Yes
J2427	CPT/HCPCS	INJECTION, PALIPERIDONE PALMITATE EXTENDED RELEASE (INVEGA HAFYERA, OR INVEGA TRINZA), 1 MG	Yes
J2372	CPT/HCPCS	INJECTION, PHENYLEPHRINE HYDROCHLORIDE (BIORPHEN), 20 MICROGRAMS	Yes
Q4305	CPT/HCPCS	AMERICAN AMNION AC TRI-LAYER, PER SQ CM	Yes
J3424	CPT/HCPCS	INJECTION, HYDROXOCOBALAMIN, IV, 25 MG	Yes
J2919	CPT/HCPCS	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, 5 MG	Yes
J2801	CPT/HCPCS	INJECTION, RISPERIDONE (RYKINDO), 0.5 MG	Yes
J2371	CPT/HCPCS	INJECTION, PHENYLEPHRINE HYDROCHLORIDE, 20 MICROGRAMS	Yes
J2329	CPT/HCPCS	INJECTION, UBLITUXIMAB-XIIY, 1MG	Yes
J2305	CPT/HCPCS	INJECTION, NITROGLYCERIN, 5 MG	Yes
J2249	CPT/HCPCS	INJECTION, REMIMAZOLAM, 1 MG	Yes
J1961	CPT/HCPCS	INJECTION, LENACAPAVIR, 1 MG	Yes
J1941	CPT/HCPCS	INJECTION, FUROSEMIDE (FUROSCIX), 20 MG	Yes
J1921	CPT/HCPCS	INJECTION, LABETALOL HCL (HIKMA)NOT THERAPEUTICALLY EQUIVALENT TO J1920, 5 MG	Yes
J1920	CPT/HCPCS	INJECTION, LABETALOL HYDROCHLORIDE, 5 MG	Yes
J2782	CPT/HCPCS	INJECTION, AVACINCAPTAD PEGOL, 0.1 MG	Yes
J1836	CPT/HCPCS	INJECTION, METRONIDAZOLE, 10 MG	Yes
J1814	CPT/HCPCS	INSULIN (LYUMJEV), PER 5 UNITS	Yes
J1812	CPT/HCPCS	INSULIN (FIASP), PER 5 UNITS	Yes
J1806	CPT/HCPCS	INJECTION, ESMOLOL HCL(WG CRITICAL CARE)NOT THERAPEUTICALLY EQUIVALENT TO J1805, 10 MG	Yes
J2277	CPT/HCPCS	INJECTION, MOTIXAFORTIDE, 0.25 MG	Yes
J1434	CPT/HCPCS	INJECTION, FOSAPREPITANT (FOCINVEZ), 1 MG	Yes
J1203	CPT/HCPCS	INJECTION, CIPAGLUCOSIDASE ALFA-ATGA, 5 MG	Yes
C9167	CPT/HCPCS	INJECTION, APADAMTASE ALFA, 10 UNITS	Yes
J1805	CPT/HCPCS	INJECTION, ESMOLOL HYDROCHLORIDE, 10 MG	Yes
J1440	CPT/HCPCS	FECAL MICROBIOTA, LIVE - JSLM, 1 ML	Yes
J0737	CPT/HCPCS	INJECTION, CLINDAMYCIN PHOSPHATE (BAXTER), NOT THERAPEUTICALLY EQUIVALENT TO J0736, 300 MG	Yes
J0736	CPT/HCPCS	INJECTION, CLINDAMYCIN PHOSPHATE, 300 MG	Yes
J1202	CPT/HCPCS	MIGLUSTAT, ORAL, 65 MG	Yes
J1010	CPT/HCPCS	INJECTION, METHYLPREDNISOLONE ACETATE, 1 MG	Yes
J0652	CPT/HCPCS	INJECTION, LEVOTHYROXINE SODIUM (HIKMA) NOT THERAPEUTICALLY EQUIVALENT TO J0650, 10 MCG	Yes
J0651	CPT/HCPCS	INJECTION, LEVOTHYROXINE SODIUM (FRESENIUS KABI) NOT THERAPEUTICALLY EQUIVALENT TO J0650, 10 MCG	Yes

J1939	CPT/HCPCS	INJECTION, BUMETANIDE, 0.5 MG	Yes
J1596	CPT/HCPCS	INJECTION, GLYCOPYRROLATE, 0.1 MG	Yes
J1413	CPT/HCPCS	INJECTION, DELANDISTROGENE MOXEPARVOVEC-ROKL, PER THERAPEUTIC DOSE	Yes
J1412	CPT/HCPCS	INJECTION, VALOCTOCOGENE ROXAPARVOVEC-RVOX, PER ML, CONTAINING NOMINAL 2 X 10^13 VECTOR GENOMES	Yes
J0665	CPT/HCPCS	INJECTION, BUPIVICAINE, NOT OTHERWISE SPECIFIED, 0.5 MG	Yes
J0457	CPT/HCPCS	INJECTION, AZTREONAM, 100 MG	Yes
J0216	CPT/HCPCS	INJECTION, ALFENTANIL HYDROCHLORIDE, 500 MICROGRAMS	Yes
J0206	CPT/HCPCS	INJECTION, ALLOPURINOL SODIUM, 1 MG	Yes
J0650	CPT/HCPCS	INJECTION, LEVOTHYROXINE SODIUM, NOT OTHERWISE SPECIFIED, 10 MCG	Yes
J0589	CPT/HCPCS	INJECTION, DAXIBOTULINUMTOXINA-LANM, 1 UNIT	Yes
J0578	CPT/HCPCS	INJECTION, BUPRENORPHINE EXTENDED-RELEASE (BRIXADI), GREATER THAN 7 DAYS AND UP TO 28 DAYS OF THERAPY	Yes
J0577	CPT/HCPCS	INJECTION, BUPRENORPHINE EXTENDED-RELEASE (BRIXADI), LESS THAN OR EQUAL TO 7 DAYS OF THERAPY	Yes
J1105	CPT/HCPCS	DEXMETOMIDINE, ORAL, 1 MCG	Yes
J0873	CPT/HCPCS	INJECTION, DAPTOMYCIN (XELLIA)NOT THERAPEUTICALLY EQUIVALENT TO J0878 OR J0872, 1 MG	Yes
J0799	CPT/HCPCS	FDA APPROVED PRESCRIPTION DRUG, ONLY FOR USE AS HIV PRE-EXPOSURE PROPHYLAXIS (NOT FOR USE AS TREATMENT OF HIV), NOT OTHE	Yes
J0751	CPT/HCPCS	EMTRICITABINE 200MG AND TENOFOVIR ALAFENAMIDE 25MG, ORAL, FDA APPROVED PRESCRIPTION, ONLY FOR USE AS HIV PRE-EXPOSURE PR	Yes
J0137	CPT/HCPCS	INJECTION, ACETAMINOPHEN (HIKMA) NOT THERAPEUTICALLY EQUIVALENT TO J0131, 10 MG	Yes
C9151	CPT/HCPCS	INJECTION, PEGCETACOPLAN, 1 MG	Yes
Q5128	CPT/HCPCS	INJECTION, RANIBIZUMAB-EQRN (CIMERLI), BIOSIMILAR, 0.1 MG	Yes
Q4271	CPT/HCPCS	COMPLETE FT, PER SQUARE CENTIMETER	Yes
J0209	CPT/HCPCS	INJECTION, SODIUM THIOSULFATE (HOPE), 100 MG	Yes
J0177	CPT/HCPCS	INJECTION, AFLIBERCEPT HD, 1 MG	Yes
Q4289	CPT/HCPCS	REVOSHIELD + AMNIOTIC BARRIER, PER SQUARE CENTIMETER	Yes
Q4287	CPT/HCPCS	DERMABIND DL, PER SQUARE CENTIMETER	Yes
J0750	CPT/HCPCS	EMTRICITABINE 200MG AND TENOFOVIR DISOPROXIL FUMARATE 300MG,ORAL,FDA APPROVED PRESCRIPTION,ONLY FOR USE AS HIV PRE-EXPOSURE PROPHYLAXIS	Yes
J0688	CPT/HCPCS	INJECTION, CEFAZOLIN SODIUM (HIKMA), NOT THERAPEUTICALLY EQUIVALENT TO J0690, 500 MG	Yes
J0576	CPT/HCPCS	INJECTION, BUPRENORPHINE EXTENDED-RELEASE (BRIXADI), 1 MG	Yes
J0402	CPT/HCPCS	INJECTION, ARIPIRAZOLE (ABILIFY ASIMTUFI), 1 MG	Yes
Q4270	CPT/HCPCS	COMPLETE SL, PER SQUARE CENTIMETER	Yes
Q4269	CPT/HCPCS	SURGRAFT XT, PER SQUARE CENTIMETER	Yes
Q4268	CPT/HCPCS	SURGRAFT FT, PER SQUARE CENTIMETER	Yes
Q4267	CPT/HCPCS	NEOSTIM DL, PER SQUARE CENTIMETER	Yes
J0217	CPT/HCPCS	INJECTION, VELMANASE ALFA-TYCV, 1 MG	Yes
Q5132	CPT/HCPCS	INJECTION, ADALIMUMAB-AFZB (ABRILADA), BIOSIMILAR, 10 MG	Yes
Q4304	CPT/HCPCS	GRAFIX PLUS, PER SQUARE CENTIMETER	Yes
Q4303	CPT/HCPCS	COMPLETE AA, PER SQUARE CENTIMETER	Yes
J0391	CPT/HCPCS	INJECTION, ARTESUNATE, 1 MG	Yes
J0184	CPT/HCPCS	INJECTION, AMISULPRIDE, 1 MG	Yes
C9160	CPT/HCPCS	INJECTION, DAXIBOTULINUMTOXINA-LANM, 1 UNIT	Yes
C9161	CPT/HCPCS	INJECTION, AFLIBERCEPT HD, 1 MG	Yes
J2998	CPT/HCPCS	INJECTION, PLASMINOGEN, HUMAN-TVMH, 1 MG	Yes
J2779	CPT/HCPCS	INJECTION, RANIBIZUMAB, VIA INTRAVITREAL IMPLANT (SUSVIMO), 0.1 MG	Yes
C9097	CPT/HCPCS	INJ, FARICIMAB-SVOA, 0.1 MG	Yes
J7328	CPT/HCPCS	HYALURONAN OR DERIVATIVE, GEL-SYN, FOR INTRA-ARTICULAR INJECTION, 0.1 MG	Yes
J3244	CPT/HCPCS	INJECTION, TIGECYCLINE (ACCORD) NOT THERAPEUTICALLY EQUIVALENT TO J3243, 1 MG	Yes
J2402	CPT/HCPCS	INJECTION, CHLOROPROCAINE HYDROCHLORIDE (CLOROTEKAL), PER 1 MG	Yes
J2401	CPT/HCPCS	INJECTION, CHLOROPROCAINE HYDROCHLORIDE, PER 1 MG	Yes
J2311	CPT/HCPCS	INJECTION, NALOXONE HYDROCHLORIDE (ZIMHI), 1 MG	Yes
J0491	CPT/HCPCS	INJECTION, ANIFROLUMAB-FNIA, 1 MG	Yes
J0219	CPT/HCPCS	INJECTION, AVALGLUCOSIDASE ALFA-NGPT, 4 MG	Yes

Q5124	CPT/HCPCS	INJECTION, RANIBIZUMAB-NUNA, BIOSIMILAR, (BYOOVIZ), 0.1 MG	Yes
Q4256	CPT/HCPCS	MLG-COMPLETE, PER SQ CM	Yes
J2281	CPT/HCPCS	INJECTION, MOXIFLOXACIN (FRESENIUS KABI) NOT THERAPEUTICALLY EQUIVALENT TO J2280, 100 MG	Yes
J2272	CPT/HCPCS	INJECTION, MORPHINE SULFATE (FRESENIUS KABI) NOT THERAPEUTICALLY EQUIVALENT TO J2270, UP TO 10 MG	Yes
J2251	CPT/HCPCS	INJECTION, MIDAZOLAM IN 0.9% SODIUM CHLORIDE, INTRAVENOUS,NOT THERAPEUTICALLY EQUIVALENT TO J2250,1 MG	Yes
J2247	CPT/HCPCS	INJECTION, MICA FUNGIN SODIUM (PAR PHARM) NOT THEREAPEUTICALLY EQUIVALENT TO J2248, 1 MG	Yes
Q4225	CPT/HCPCS	AMNIOBIND OR DERMABIND TL, PER SQUARE CENTIMETER	Yes
Q4224	CPT/HCPCS	HUMAN HEALTH FACTOR 10 AMNIOTIC PATCH (HHF10-P), PER SQ CM	Yes
C9093	CPT/HCPCS	INJECTION, RANIBIZUMAB, VIA SUSTAINED RELEASE INTRAVITREAL IMPLANT (SUSVIMO), 0.1 MG	Yes
C9092	CPT/HCPCS	INJECTION, TRIAMCINOLONE ACETONIDE, SUPRACHOROIDAL (XIPERE),1 MG	Yes
J2184	CPT/HCPCS	INJECTION, MEROPENEM (B. BRAUN) NOT THERAPEUTICALLY EQUIVALENT TO J2185, 100 MG	Yes
J2021	CPT/HCPCS	INJECTION, LINEZOLID (HOSPIRA) NOT THERAPEUTICALLY EQUIVALENT TO J2020, 200 MG	Yes
J1954	CPT/HCPCS	INJECTION, LEUPROLIDE ACETATE FOR DEPOT SUSPENSION(CIPLA), 7.5 MG	Yes
J1611	CPT/HCPCS	INJECTION, GLUCAGON HYDROCHLORIDE (FRESENIUS KABI), NOT THERAPEUTICALLY EQUIVALENT TO J1610, PER 1 MG	Yes
J0172	CPT/HCPCS	INJECTION, ADUCANUMAB-AVWA, 2 MG	Yes
C9088	CPT/HCPCS	INSTILLATION, BUPIVACAINE AND MELOXICAM, 1 MG/0.03 MG	Yes
J2406	CPT/HCPCS	INJECTION, ORITAVANCIN (KIMYRSA), 10 MG	Yes
J1445	CPT/HCPCS	INJECTION, FERRIC PYROPHOSPHATE CITRATE SOLUTION (TRIFERIC AVNU), 0.1 MG OF IRON	Yes
J1574	CPT/HCPCS	INJECTION, GANCICLOVIR SODIUM (EXELA) NOT THERAPEUTICALLY EQUIVALENT TO J1570, 500 MG	Yes
J1456	CPT/HCPCS	INJECTION, FOSAPREPITANT (TEVA), NOT THERAPEUTICALLY EQUIVALENT TO J1453, 1 MG	Yes
90678	CPT/HCPCS	RESPIRATORY SYNCYTIAL VIRUS VACCINE, PREF, SUBUNIT, BIVALENT, FOR INTRAMUSCULAR USE	Yes
J0898	CPT/HCPCS	INJECTION, ARGATROBAN (AUROMEDICS), NOT THERAPEUTICALLY EQUIVALENT TO J0883, 1 MG (FOR NON-ESRD USE)	Yes
J0224	CPT/HCPCS	INJECTION, LUMASIRAN, 0.5 MG	Yes
C9077	CPT/HCPCS	INJECTION, CABOTEGRAVIR AND RILPIVIRINE, 2MG/3MG	Yes
J7402	CPT/HCPCS	MOMETASONE FUROATE SINUS IMPLANT, (SINUVA), 10 MICROGRAMS	Yes
C9074	CPT/HCPCS	INJECTION, LUMASIRAN, 0.5 MG	Yes
J0893	CPT/HCPCS	INJECTION, DECITABINE (SUN PHARMA) NOT THERAPEUTICALLY EQUIVALENT TO J0894, 1 MG	Yes
J0891	CPT/HCPCS	INJECTION, ARGATROBAN (ACCORD), NOT THERAPEUTICALLY EQUIVALENT TO J0883, 1 MG (FOR NON-ESRD USE)	Yes
J0877	CPT/HCPCS	INJECTION, DAPTOMYCIN (HOSPIRA), NOT THERAPEUTICALLY EQUIVALENT TO J0878, 1 MG	Yes
J0703	CPT/HCPCS	INJECTION, CEFEPIME HYDROCHLORIDE (B BRAUN), NOT THERAPEUTICALLY EQUIVALENT TO MAXIPIME, 500 MG	Yes
C9090	CPT/HCPCS	INJECTION, PLASMINOGEN, HUMAN-TVMH, 1 MG	Yes
J1952	CPT/HCPCS	LEUPROLIDE INJECTABLE, CAMCEVI, 1 MG	Yes
C9086	CPT/HCPCS	INJECTION, ANIFROLUMAB-FNIA, 1 MG	Yes
C9085	CPT/HCPCS	INJECTION, AVALGLUCOSIDASE ALFA-NGPT, 4 MG	Yes
J0701	CPT/HCPCS	INJECTION, CEFEPIME HYDROCHLORIDE (BAXTER), NOT THERAPEUTICALLY EQUIVALENT TO MAXIPIME, 500 MG	Yes
J0689	CPT/HCPCS	INJECTION, CEFAZOLIN SODIUM (BAXTER), NOT THERAPEUTICALLY EQUIVALENT TO J0690, 500 MG	Yes
J0283	CPT/HCPCS	INJECTION, AMIODARONE HYDROCHLORIDE (NEXTERONE), 30 MG	Yes
J0222	CPT/HCPCS	INJECTION, PATISIRAN, 0.1 MG	Yes
J0741	CPT/HCPCS	INJECTION, CABOTEGRAVIR AND RILPIVIRINE, 2 MG/3 MG	Yes
J0699	CPT/HCPCS	INJECTION, CEFIDEROCOL, 10 MG	Yes
Q0249	CPT/HCPCS	INJECTION,TOCILIZUMAB,HOSPITALIZED ADULTS/PEDS PATIENTS(2 YRS/OLDER)COVID-19,RECEIVING SYSTEMIC CORTICOSTEROID;REQUIRES	Yes
J1951	CPT/HCPCS	INJECTION, LEUPROLIDE ACETATE FOR DEPOT SUSPENSION (FENSOLVI), 0.25 MG	Yes
J0173	CPT/HCPCS	INJECTION, EPINEPHRINE (BELCHER) NOT THERAPEUTICALLY EQUIVALENT TO J0171, 0.1 MG	Yes

J0136	CPT/HCPCS	INJECTION, ACETAMINOPHEN (B BRAUN) NOT THERAPEUTICALLY EQUIVALENT TO J0131, 10 MG	Yes
C9143	CPT/HCPCS	COCAINE HYDROCHLORIDE NASAL SOLUTION (NUMBRINO), 1 MG	Yes
J9317	CPT/HCPCS	INJECTION, SACITUZUMAB GOVITECAN-HZIY, 2.5 MG	Yes
J9281	CPT/HCPCS	MITOMYCIN PYELOALYCEAL INSTILLATION, 1 MG	Yes
J9144	CPT/HCPCS	INJECTION, DARATUMUMAB, 10 MG AND HYALURONIDASE-FIHJ	Yes
S0013	CPT/HCPCS	ESKETAMINE, NASAL SPRAY, 1 MG	Yes
J0134	CPT/HCPCS	INJECTION, ACETAMINOPHEN (FRESENIUS KABI) NOT THERAPEUTICALLY EQUIVALENT TO J0131, 10 MG	Yes
J1932	CPT/HCPCS	INJECTION, LANREOTIDE, (CIPLA), 1 MG	Yes
J2777	CPT/HCPCS	INJECTION, FARICIMAB-SVOA, 0.1 MG	Yes
Q4260	CPT/HCPCS	SIGNATURE APATCH, PER SQUARE CENTIMETER	Yes
J2356	CPT/HCPCS	INJECTION, TEZEPELUMAB-EKKO, 1 MG	Yes
J0739	CPT/HCPCS	INJECTION, CABOTEGRAVIR, 1 MG	Yes
C9096	CPT/HCPCS	INJECTION, FILGRASTIM-AYOW, BIOSIMILAR, (RELEUKO), 1 MICROGRAM	Yes
J3299	CPT/HCPCS	INJECTION, TRIAMCINOLONE ACETONIDE (XIPERE), 1 MG	Yes
J7336	CPT/HCPCS	CAPSAICIN 8% PATCH, PER SQUARE CENTIMETER	Yes
Q5121	CPT/HCPCS	INJECTION, INFLIXIMAB-AXXQ, BIOSIMILAR, (AVSOLA), 10 MG	Yes
Q4248	CPT/HCPCS	DERMACYTE AMNIOTIC MEMBRANE ALLOGRAFT, PER SQ CM	Yes
Q4247	CPT/HCPCS	AMNIOTEXT PATCH, PER SQ CM	Yes
Q4246	CPT/HCPCS	CORETEXT OR PROTEXT, PER CC	Yes
Q4245	CPT/HCPCS	AMNIOTEXT, PER CC	Yes
Q4244	CPT/HCPCS	PROCENTA, PER 200 MG	Yes
Q4242	CPT/HCPCS	AMNIOCYTE PLUS, PER 0.5 CC	Yes
Q4241	CPT/HCPCS	POLYCYTE, FOR TOPICAL USE ONLY, PER 0.5 CC	Yes
Q4240	CPT/HCPCS	CORECYTE, FOR TOPICAL USE ONLY, PER 0.5 CC	Yes
Q4239	CPT/HCPCS	AMNIO-MAXX OR AMNIO-MAXX LITE, PER SQ CM	Yes
Q4238	CPT/HCPCS	DERM-MAXX, PER SQ CM	Yes
Q4237	CPT/HCPCS	CRYO-CORD, PER SQ CM	Yes
Q4236	CPT/HCPCS	CAREPATCH, PER SQ CM	Yes
Q4235	CPT/HCPCS	AMNIOREPAIR OR ALTIPLY, PER SQ CM	Yes
Q4234	CPT/HCPCS	XCELLERATE, PER SQ CM	Yes
Q4231	CPT/HCPCS	CORPLEX P, PER CC	Yes
Q4230	CPT/HCPCS	COGENEX FLOWABLE AMNION, PER 0.5 CC	Yes
Q4229	CPT/HCPCS	COGENEX AMNIOTIC MEMBRANE, PER SQ CM	Yes
Q4228	CPT/HCPCS	BIONEXTPATCH, PER SQ CM	Yes
Q4227	CPT/HCPCS	AMNIOCORETM, PER SQ CM	Yes
J7333	CPT/HCPCS	HYALURONAN OR DERIVATIVE, VISCO-3, FOR INTRA-ARTICULAR INJECTION, PER DOSE	Yes
J3399	CPT/HCPCS	INJECTION, ONASEMNOGENE ABEPARVOVEC-XIOI, PER TREATMENT, UP O 5X10^15 VECTOR GENOMES	Yes
J1558	CPT/HCPCS	INJECTION, IMMUNE GLOBULIN (XEMBIFY), 100 MG	Yes
Q4233	CPT/HCPCS	SURFACTOR OR NUDYN, PER 0.5 CC	Yes
Q4232	CPT/HCPCS	CORPLEX, PER SQ CM	Yes
J7352	CPT/HCPCS	AFAMELANOTIDE IMPLANT, 1 MG	Yes
J7212	CPT/HCPCS	FACTOR VIIA (ANTIHEMOPHILIC FACTOR, RECOMBINANT)-JNCW (SEVENFACT), 1 MICROGRAM	Yes
J1823	CPT/HCPCS	INJECTION, INEBILIZUMAB-CDON, 1 MG	Yes
J0693	CPT/HCPCS	INJECTION, CEFIDEROCOL, 5 MG	Yes
C9071	CPT/HCPCS	INJECTION, VILTOLARSEN, 10 MG	Yes
J1201	CPT/HCPCS	INJECTION, CETIRIZINE HCL, 0.5 MG	Yes
J0896	CPT/HCPCS	INJECTION, LUSPATERCEPT-AAMT, 0.25 MG	Yes
J1429	CPT/HCPCS	INJECTION, GOLODIRSEN, 10 MG	Yes
J0742	CPT/HCPCS	INJECTION, IMPIPENEM 4 MG, CILASTATIN 4 MG AND RELEBACTAM 2 MG	Yes
J0691	CPT/HCPCS	INJECTION, LEFAMULIN, 1 MG	Yes
J0591	CPT/HCPCS	INJECTION, DEOXYCHOLIC ACID, 1 MG	Yes
J0223	CPT/HCPCS	INJECTION, GIVOSIRAN, 0.5 MG	Yes
C9122	CPT/HCPCS	MOMETASONE FUROATE SINUS IMPLANT, 10 MCG (SINUVA)	Yes
C9063	CPT/HCPCS	INJECTION, EPTINEZUMAB-JJMR, 1 MG	Yes
C9058	CPT/HCPCS	INJECTION, PEGFILGRASTIM-BMEZ, BIOSIMILAR, (ZIEXTENZO) 0.5 MG	Yes
C9057	CPT/HCPCS	INJECTION, CETIRIZINE HCL, 1 MG	Yes
C9056	CPT/HCPCS	INJECTION, GIVOSIRAN, 0.5 MG	Yes
J0179	CPT/HCPCS	INJECTION, BROLUCIZUMAB-DBLL, 1 MG	Yes
C9055	CPT/HCPCS	INJECTION, BREXANOLONE, 1MG	Yes
C9054	CPT/HCPCS	INJECTION, LEFAMULIN (XENLETA), 1 MG	Yes

Q4226	CPT/HCPCS	MYOWN SKIN, INCLUDES HARVESTING AND PREPARATION PROCEDURES, PER SQUARE CENTIMETER	Yes
Q4222	CPT/HCPCS	PROGENAMATRIX, PER SQUARE CENTIMETER	Yes
Q4220	CPT/HCPCS	BELLACELL HD OR SUREDERM, PER SQUARE CENTIMETER	Yes
Q4219	CPT/HCPCS	SURGIGRAFT-DUAL, PER SQUARE CENTIMETER	Yes
Q4218	CPT/HCPCS	SURGICORD, PER SQUARE CENTIMETER	Yes
Q4217	CPT/HCPCS	WOUNDFIX, BIOWOUND, WOUNDFIX PLUS, BIOWOUND PLUS, WOUNDFIX XPLUS OR BIOWOUND XPLUS, PER SQUARE CENTIMETER	Yes
Q4216	CPT/HCPCS	ARTACENT CORD, PER SQUARE CENTIMETER	Yes
Q4215	CPT/HCPCS	AXOLOTL AMBIENT OR AXOLOTL CRYO, 0.1 MG	Yes
Q4214	CPT/HCPCS	CELLESTA CORD, PER SQUARE CENTIMETER	Yes
Q4221	CPT/HCPCS	AMNIOWRAP2, PER SQUARE CENTIMETER	Yes
Q4210	CPT/HCPCS	AXOLOTL GRAFT OR AXOLOTL DUALGRAFT, PER SQUARE CENTIMETER	Yes
Q4209	CPT/HCPCS	SURGRAFT, PER SQUARE CENTIMETER	Yes
C9466	CPT/HCPCS	INJECTION, BENRALIZUMAB, 1 MG	Yes
C9465	CPT/HCPCS	HYALURONAN OR DERIVATIVE, DUROLANE, FOR INTRA-ARTICULAR INJECTION, PER DOSE	Yes
C9462	CPT/HCPCS	INJECTION, DELAFLOXACIN, 1 MG	Yes
Q5104	CPT/HCPCS	INJECTION, INFLIXIMAB-ABDA, BIOSIMILAR, (RENFLEXIS),10 MG	Yes
Q4208	CPT/HCPCS	NOVAFIX, PER SQUARE CENITMETER	Yes
Q4206	CPT/HCPCS	FLUID FLOW OR FLUID GF, 1 CC	Yes
Q4205	CPT/HCPCS	MEMBRANE GRAFT OR MEMBRANE WRAP, PER SQUARE CENTIMETER	Yes
J9204	CPT/HCPCS	INJECTION, MOGAMULIZUMAB-KPKC, 1 MG	Yes
Q5103	CPT/HCPCS	INJECTION, INFLIXIMAB-DYYB, BIOSIMILAR, (INFLECTRA),10 MG	Yes
J7659	CPT/HCPCS	ISOPROTERENOL HCL, INHALATION SOLUTION, FDA-APPROVED, FINAL PRODUCT	Yes
J7660	CPT/HCPCS	ISOPROTERENOL HCL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MG	Yes
J7665	CPT/HCPCS	MANNITOL, ADMINISTERED THROUGH AN INHALER, 5 MG	Yes
J1097	CPT/HCPCS	PHENYLEPHRINE 10.16 MG/ML AND KETOROLAC 2.88 MG/ML OPHTHALMIC IRRIGATION SOLUTION, 1 ML	Yes
J1096	CPT/HCPCS	DEXAMETHASONE, LACRIMAL OPHTHALMIC INSERT, 0.1 MG	Yes
J0291	CPT/HCPCS	INJECTION, PLAZOMICIN, 5 MG	Yes
J7667	CPT/HCPCS	METAPROTERENOL SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, CONCENTRATED FORM, PER 10 MG	Yes
J7668	CPT/HCPCS	METAPROTERENOL SULFATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT	Yes
S0074	CPT/HCPCS	CEFOTETAN DISODIUM, INJECTION, 500 MG	Yes
S0077	CPT/HCPCS	INJECTION,CLINDAMYCIN PHOSPHATE 300 MG	Yes
S0078	CPT/HCPCS	FOSPHENYTOIN SODIUM, INJECTION, 750 MG	Yes
J7682	CPT/HCPCS	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED	Yes
J7683	CPT/HCPCS	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME	Yes
J7684	CPT/HCPCS	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME	Yes
J7685	CPT/HCPCS	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MG	Yes
J7401	CPT/HCPCS	MOMETASONE FUROATE SINUS IMPLANT, 10 MICROGRAMS	Yes
J7332	CPT/HCPCS	HYALURONAN OR DERIVATIVE, TRILURON, FOR INTRA-ARTICULAR INJECTION, 1 MG	Yes
J7331	CPT/HCPCS	HYALURONAN OR DERIVATIVE, SYNOJOYNT, FOR INTRA-ARTICULAR INJECTION, 1 MG	Yes
J7314	CPT/HCPCS	INJECTION, FLUOCINOLONE ACETONIDE, INTRAVITREAL IMPLANT (YUTIQ), 0.01 MG	Yes
Q2009	CPT/HCPCS	INJECTION, FOSPHENYTOIN, 50 MG	Yes
S0164	CPT/HCPCS	INJECTION, PANTOPRAZOLE SODIUM, 40 MG	Yes
S0166	CPT/HCPCS	INJECTION, OLANZAPINE, 2.5MG	Yes
S0171	CPT/HCPCS	INJECTION, BUMETANIDE, 0.5 MG	Yes
S0189	CPT/HCPCS	TESTOSTERONE PELLETT, 75MG	Yes
J3111	CPT/HCPCS	INJECTION, ROMOSUZUMAB-AQQG, 1 MG	Yes
J3031	CPT/HCPCS	INJECTION, FREMANEZUMAB-VFRM, 1 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF	Yes
J2798	CPT/HCPCS	INJECTION, RISPERIDONE, (PERSERIS), 0.5 MG	Yes
J1944	CPT/HCPCS	INJECTION, ARIPIPAZOLE LAUROXIL, (ARISTADA), 1 MG	Yes
S0080	CPT/HCPCS	INJECTION PENTAMIDINE ISETHIONATE 300 MG	Yes
S0081	CPT/HCPCS	PIPERACILLIN SODIUM, INJECTION, 500 MG	Yes

S0090	CPT/HCPCS	SILDENAFIL CITRATE 25 MG	Yes
J7669	CPT/HCPCS	METAPROTERENOL SULFATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT	Yes
J7670	CPT/HCPCS	METAPROTERENOL SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MG	Yes
J1943	CPT/HCPCS	INJECTION, ARIPIRAZOLE LAUOXIL, (ARISTADA INITIO), 1 MG	Yes
J0593	CPT/HCPCS	INJECTION, LANADELUMAB-FLYO, 1 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER DIRECT SUPERVISION OF A PH	Yes
J0122	CPT/HCPCS	INJECTION, ERAVACYCLINE, 1 MG	Yes
J0121	CPT/HCPCS	INJECTION, OMADACYCLINE, 1 MG	Yes
S0138	CPT/HCPCS	FINASTERIDE, 5 MG	Yes
S0139	CPT/HCPCS	MINOXIDIL, 10 MG	Yes
S0140	CPT/HCPCS	SAQUINAVIR, 200 MG	Yes
S0142	CPT/HCPCS	COLISTIMETHATE SODIUM, INHALATION SOLUTION ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MG	Yes
S0155	CPT/HCPCS	STERILE DILUTANT FOR EPOPROSTENOL 50 ML	Yes
C9046	CPT/HCPCS	COCAINE HYDROCHLORIDE NASAL SOLUTION FOR TOPICAL ADMINISTRATION, 1 MG	Yes
C9043	CPT/HCPCS	INJECTION, LEVOLEUCOVORIN, 1 MG	Yes
C9040	CPT/HCPCS	INJECTION, FREMANEZUMAB-VFRM, 1MG	Yes
J7677	CPT/HCPCS	REVEFENACIN INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, 1 MICROGRAM	Yes
Q3028	CPT/HCPCS	INJECTION, INTERFERON BETA-1A, 1 MCG FOR SUBCUTANEOUS USE	Yes
Q4074	CPT/HCPCS	ILOPROST, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP	Yes
Q4081	CPT/HCPCS	INJECTION, EPOETIN ALFA, 100 UNITS (FOR ESRD ON DIALYSIS)	Yes
J1444	CPT/HCPCS	INJECTION, FERRIC PYROPHOSPHATE CITRATE POWDER, 0.1 MG OF IRON	Yes
C9051	CPT/HCPCS	INJECTION, OMADACYCLINE, 1 MG	Yes
C9047	CPT/HCPCS	INJECTION, CAPLACIZUMAB-YHDP, 1 MG	Yes
Q5109	CPT/HCPCS	INJECTION, INFLIXIMAB-QBTX, BIOSIMILAR, (IXIFI), 10 MG	Yes
J7674	CPT/HCPCS	METHACHOLINE CHLORIDE ADMINISTERED AS INHALATION SOLUTION THROUGH A NEBULIZER, PER 1 MG	Yes
J7676	CPT/HCPCS	PENTAMIDINE ISETHIONATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED	Yes
J7680	CPT/HCPCS	TERBUTALINE SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED	Yes
S0122	CPT/HCPCS	INJ MENOTROPINS 75IU	Yes
S0126	CPT/HCPCS	INJ FOLLITROPIN, ALFA 75IU	Yes
Q4186	CPT/HCPCS	EPIFIX, PER SQUARE CENTIMETER	Yes
Q4187	CPT/HCPCS	EPICORD, PER SQUARE CENTIMETER	Yes
J7329	CPT/HCPCS	HYALURONAN OR DERIVATIVE, TRIVISC, FOR INTRA-ARTICULAR INJECTION, 1 MG	Yes
J7318	CPT/HCPCS	HYALURONAN OR DERIVATIVE, DUROLANE, FOR INTRA-ARTICULAR INJECTION, 1 MG	Yes
S0160	CPT/HCPCS	DEXTROAMPHETAMINE SULFATE, 5 MG	Yes
J7699	CPT/HCPCS	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	Yes
Q0138	CPT/HCPCS	INJECTION, FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (NON-ESRD USE)	Yes
Q0139	CPT/HCPCS	INJECTION, FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (FOR ESRD ON DIALYSIS)	Yes
Q0515	CPT/HCPCS	INJECTION, SERMORELIN ACETATE, 1 MICROGRAM	Yes
J3398	CPT/HCPCS	INJECTION, VORETIGENE NEPARVOVEC-RZYL, 1 BILLION VECTOR GENOMES	Yes
J3397	CPT/HCPCS	INJECTION, VESTRONIDASE ALFA-VJBK, 1 MG	Yes
J3304	CPT/HCPCS	INJECTION, TRIAMCINOLONE ACETONIDE, PRESERVATIVE-FREE, EXTENDED-RELEASE, MICROSPHERE FORMULATION, 1 MG	Yes
J3245	CPT/HCPCS	INJECTION, TILDRAKIZUMAB, 1 MG	Yes
S1090	CPT/HCPCS	MOMETASONE FUROATE SINUS IMPLANT, 370 MICROGRAMS	Yes
Q2017	CPT/HCPCS	INJECTION, TENIPOSIDE, 50 MG	Yes
Q2028	CPT/HCPCS	INJECTION, SCULPTRA, 0.5 MG	Yes
Q2043	CPT/HCPCS	SIPULEUCEL-T, MINIMUM OF 50 MILLION AUTOLOGOUS CD54+ CELLS ACTIVATED WITH PAP-GM-CSF, INCLUDING LEUKAPHERESIS AND ALL OT	Yes

Q3027	CPT/HCPCS	INJECTION, INTERFERON BETA-1A, 1 MCG FOR INTRAMUSCULAR USE	Yes
J2797	CPT/HCPCS	INJECTION, ROLAPITANT, 0.5 MG	Yes
J2787	CPT/HCPCS	RIBOFLAVIN 5'-PHOSPHATE, OPHTHALMIC SOLUTION, UP TO 3 ML	Yes
J2186	CPT/HCPCS	INJECTION, MEROPENEM AND VABORBACTAM, 10MG/10MG, (20MG)	Yes
J1746	CPT/HCPCS	INJECTION, IBALIZUMAB-UIYK, 10 MG	Yes
S0128	CPT/HCPCS	INJ FOLLITROPIN, BETA 75IU	Yes
S0132	CPT/HCPCS	INJ GANIRELIX ACETATE 250MCG	Yes
S0136	CPT/HCPCS	CLOZAPINE, MG 25	Yes
S0137	CPT/HCPCS	DIDANOSINE, 25 MG	Yes
J7681	CPT/HCPCS	TERBUTALINE SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED	Yes
J0841	CPT/HCPCS	INJECTION, CROTALIDAE IMMUNE F(AB')2 (EQUINE), 120MG	Yes
J0584	CPT/HCPCS	INJECTION, BUROSUMAB-TWZA 1 MG	Yes
J0517	CPT/HCPCS	INJECTION, BENRALIZUMAB, 1 MG	Yes
C9037	CPT/HCPCS	INJECTION, RISPERIDONE (PERSERIS), 0.5 MG	Yes
Q4213	CPT/HCPCS	ASCENT, 0.5 MG	Yes
Q4212	CPT/HCPCS	ALLOGEN, PER CC	Yes
Q4211	CPT/HCPCS	AMNION BIO OR AXOBIOMEMBRANE, PER SQUARE CENTIMETER	Yes
C9035	CPT/HCPCS	INJECTION, ARIPIRAZOLE LAUOXIL ,1 MG	Yes
C9034	CPT/HCPCS	INJECTION, DEXAMETHASONE 9%, INTRAOCULAR, 1 MCG	Yes
C9033	CPT/HCPCS	INJECTION, FOSNETUPITANT 235 MG AND PALONOSETRON 0.25 MG	Yes
Q5105	CPT/HCPCS	INJECTION, EPOETIN ALFA-EPBX, BIOSIMILAR, (RETACRIT) (FOR ESRD ON DIALYSIS), 100 UNITS	Yes
Q9993	CPT/HCPCS	INJECTION, TRIAMCINOLONE ACETONIDE, PRESERVATIVE-FREE, EXTENDED-RELEASE, MICROSPHERE FORMULATION, 1 MG	Yes
Q9992	CPT/HCPCS	INJECTION, BUPRENORPHINE EXTENDED-RELEASE (SUBLOCADE), GREATER THAN 100 MG	Yes
Q9991	CPT/HCPCS	INJECTION, BUPRENORPHINE EXTENDED-RELEASE (SUBLOCADE),LESS THAN OR EQUAL TO 100 MG	Yes
C9469	CPT/HCPCS	INJECTION, TRIAMCINOLONE ACETONIDE, PRESERVATIVE-FREE, EXTENDED-RELEASE, MICROSPHERE FORMULATION, 1 MG	Yes
J2765	CPT/HCPCS	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	Yes
J2770	CPT/HCPCS	INJECTION, QUINURISTIN/DALFOPRISTIN, 500MG	Yes
J2778	CPT/HCPCS	INJECTION,RANIBIZUMAB,0.1 MG	Yes
J2780	CPT/HCPCS	INJECTION, RANITIDINE HYDROCHLORIDE, 25MG	Yes
J2783	CPT/HCPCS	INJECTION, RASBURICASE, 0.5 MG	Yes
Q4105	CPT/HCPCS	INTEGRA DERMAL REGENERATION TEMPLATE (DRT) OR INTEGRA OMNIGRAFT DERMAL REGENERATION MATRIX, PER SQUARE CENTIMETER	Yes
Q4106	CPT/HCPCS	SKIN SUBSTITUTE, DERMAGRAFT, PER SQUARE CENTIMETER	Yes
Q4107	CPT/HCPCS	SKIN SUBSTITUTE, GRAFTJACKET, PER SQUARE CENTIMETER	Yes
Q4108	CPT/HCPCS	SKIN SUBSTITUTE, INTEGRA MATRIX, PER SQUARE CENTIMETER	Yes
J7645	CPT/HCPCS	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MG	Yes
J7647	CPT/HCPCS	ISOETHARINE HCL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MG	Yes
S0030	CPT/HCPCS	METRONIDAZOLE, INJECTION, 500 MG	Yes
S0032	CPT/HCPCS	NAFCILLIN SODIUM, INJECTION, 2 GRAMS	Yes
J7340	CPT/HCPCS	CARBIDOPA 5 MG/LEVODOPA 20 MG ENTERAL SUSPENSION, 100 ML	Yes
J7342	CPT/HCPCS	INSTALLATION, CIPROFLOXACIN OTIC SUSPENSION, 6 MG	Yes
J7345	CPT/HCPCS	AMINOLEVULINIC ACID HCL FOR TOPICAL ADMINISTRATION, 10% GEL, 10 MG	Yes
J7511	CPT/HCPCS	LYMPHOCYTE IMMUNE GLOBULIN, ANTITHYMOCYTE GLOBULIN, RABBIT, PARENTERAL, 25MG	Yes
J7513	CPT/HCPCS	DACLIZUMAB, PARENTERAL, 25 MG	Yes
Q4110	CPT/HCPCS	SKIN SUBSTITUTE, PRIMATRIX, PER SQUARE CENTIMETER	Yes
Q4111	CPT/HCPCS	SKIN SUBSTITUTE, GAMMAGRAFT, PER SQUARE CENTIMETER	Yes
Q4112	CPT/HCPCS	ALLOGRAFT, CYMETRA, INJECTABLE, 1CC	Yes
Q4113	CPT/HCPCS	ALLOGRAFT, GRAFTJACKET EXPRESS, INJECTABLE, 1CC	Yes
Q4114	CPT/HCPCS	INTEGRA FLOWABLE WOUND MATRIX, INJECTABLE, 1CC	Yes
S0034	CPT/HCPCS	OFLOXACIN, INJECTION, 400 MG	Yes
S0039	CPT/HCPCS	SULFAMETHOXZOLE AND TRIMETHOPRIM, INJECTION 10 ML	Yes
S0040	CPT/HCPCS	TICARCILLIN DISODIUM AND CLAVULANATE POTASSIUM, INJECTION 3.1 GRAMS	Yes
S0073	CPT/HCPCS	AZTREONAM, INJECTION, 500 MG	Yes
J7648	CPT/HCPCS	ISOETHARINE HCL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT	Yes

J7516	CPT/HCPCS	INJECTION, CYCLOSPORINE, 250 MG	Yes
J2785	CPT/HCPCS	INJECTION, REGADENOSON, 0.1 MG	Yes
J2788	CPT/HCPCS	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, MINIDOSE, 50 MICROGRAMS (250 I.U.)	Yes
J2790	CPT/HCPCS	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, FULL DOSE, 300 MICROGRAMS (1500 I.U.)	Yes
J2791	CPT/HCPCS	INJECTION,RHO(D) IMMUNE GLOBULIN (HUMAN),(RHOPHYLAC), INTRAMUSCULAR OR	Yes
Q4115	CPT/HCPCS	SKIN SUBSTITUTE, ALLOSKIN, PER SQ CM	Yes
Q4116	CPT/HCPCS	SKIN SUBSTITUTE, ALLODERM, PER SQ CM	Yes
Q4122	CPT/HCPCS	DERMACELL, PER SQUARE CENTIMETER	Yes
Q4123	CPT/HCPCS	ALLOSKIN RT, PER SQUARE CENTIMETER	Yes
Q4124	CPT/HCPCS	OASIS ULTRA TRI-LAYER WOUND MATRIX, PER SQUARE CENTIMETER	Yes
J7649	CPT/HCPCS	ISOETHARINE HCL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT	Yes
J7650	CPT/HCPCS	ISOETHARINE HCL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MG	Yes
J7657	CPT/HCPCS	ISOPROTERENOL HCL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MG	Yes
J7658	CPT/HCPCS	ISOPROTERENOL HCL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT	Yes
J2793	CPT/HCPCS	INJECTION, RILONACEPT, 1 MG	Yes
J7606	CPT/HCPCS	FORMOTEROL FUMARATE, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOS	Yes
J7607	CPT/HCPCS	LEVABUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 0.5 MG	Yes
J7608	CPT/HCPCS	ACETYLCYSTEINE, INHALATION SOL FDA-APPROVED FINAL PROD, NONCOMPOUNDED, ADMINI THRU DME, UNIT DOSE FORM, PER 10 MCG	Yes
Q4125	CPT/HCPCS	ARTHROFLEX, PER SQUARE CENTIMETER	Yes
Q4126	CPT/HCPCS	MEMODERM, DERMASpan, TRANZGRAFT OR INTEGUPLY,PER SQUARE CENTIMETER	Yes
Q4127	CPT/HCPCS	TALYMED, PER SQUARE CENTIMETER	Yes
Q4128	CPT/HCPCS	FLEX HD, OR ALLOPATCH HD, PER SQUARE CENTIMETER	Yes
Q4130	CPT/HCPCS	STRATTICE TM, PER SQUARE CENTIMETER	Yes
J2469	CPT/HCPCS	INJECTION, PALONOSETRON HCL, 25 MCG	Yes
J2501	CPT/HCPCS	INJECTION, PARICALCITOL, 1 MCG	Yes
J2502	CPT/HCPCS	INJECTION, PASIREOTIDE LONG ACTING, 1 MG	Yes
J2503	CPT/HCPCS	INJECTION, PEGAPTANIB SODIUM, 0.3 MG	Yes
J2504	CPT/HCPCS	INJECTION, PEGADEMASE BOVINE, 25 IU	Yes
J7324	CPT/HCPCS	HYALURONAN OR DERIVATIVE, ORTHOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	Yes
J7325	CPT/HCPCS	HYALURON OR DERIVATIVE, SYNVISCO OR SYNVISCO-ONE, FOR INTRA-ARTICULAR INJECTION, 1 MG	Yes
J7326	CPT/HCPCS	HYALURONAN OR DERIVATIVE, GEL-ONE, FOR INTRA-ARTICULAR INJECTION, PER DOSE	Yes
J7327	CPT/HCPCS	HYALURONAN OR DERIVATIVE, MONOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	Yes
Q4131	CPT/HCPCS	EPIFIX OR EPICORD, PER SQUARE CENTIMETER	Yes
J7611	CPT/HCPCS	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED,	Yes
J7612	CPT/HCPCS	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED,	Yes
J7613	CPT/HCPCS	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED,	Yes
Q4134	CPT/HCPCS	HMATRIX, PER SQUARE CENTIMETER	Yes
J2505	CPT/HCPCS	INJECTION, PEGFILGRASTIM, 6 MG	Yes
J3370	CPT/HCPCS	INJECTION, VANCOMYCIN HCL, UP TO 500 MG	Yes
J3380	CPT/HCPCS	INJECTION, VEDOLIZUMAB, IV, 1 MG	Yes
J3385	CPT/HCPCS	INJECTION, VELAGLUCERASE ALFA, 100 UNITS	Yes
J3396	CPT/HCPCS	INJECTION, VERTEPORFIN, 0.1 MG	Yes
J2820	CPT/HCPCS	INJECTION,SARGRAMOSTIM(GM-CSF),50 MCG(PRIOR TO 1997 250 MCG)(ONLY AVAILABLE IN 250 MCG SINGLE-USE VIALS)	Yes
J2840	CPT/HCPCS	INJECTION, SEBELIPASE ALFA, 1 MG	Yes
J2860	CPT/HCPCS	INJECTION, SILTUXIMAB, 10 MG	Yes
J2910	CPT/HCPCS	INJECTION, AUROTHIOGLUCOSE, UP TO 50 MG	Yes

J2916	CPT/HCPCS	INJECTION, SODIUM FERRIC GLUCONATE COMPLEX IN SUCROSE INJECTION, 12.5 MG	Yes
Q4135	CPT/HCPCS	MEDISKIN, PER SQUARE CENTIMETER	Yes
Q4136	CPT/HCPCS	EZ-DERM, PER SQUARE CENTIMETER	Yes
Q4137	CPT/HCPCS	AMNIOEXCEL, AMNIOEXCEL PLUS OR BIODExcel, PER SQUARE CENTIMETER	Yes
Q4138	CPT/HCPCS	BIODFENCE DRYFLEX, PER SQUARE CENTIMETER	Yes
Q4139	CPT/HCPCS	AMNIOMATRIX OR BIODMATRIX, INJECTABLE, 1 CC	Yes
J3400	CPT/HCPCS	INJECTION, TRIFLUPROMAZINE HCL, UP TO 20 MG	Yes
J3410	CPT/HCPCS	INJECTION, HYDROXYZINE HCL, UP TO 25 MG	Yes
J2507	CPT/HCPCS	INJECTION, PEGLOTICASE, 1 MG	Yes
J2510	CPT/HCPCS	INJECTION, PENICILLIN G PROCAINE, AQUEOUS, UP TO 600,000 UNITS	Yes
J2513	CPT/HCPCS	INJECTION, PENTASTARCH, 10% SOLUTION, 100 ML	Yes
J7609	CPT/HCPCS	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	Yes
J7610	CPT/HCPCS	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 1 MG	Yes
J2794	CPT/HCPCS	INJECTION, RISPERIDONE (RISPERDAL CONSTA), 0.5 MG	Yes
J2795	CPT/HCPCS	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1MG	Yes
J7614	CPT/HCPCS	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED,	Yes
J7615	CPT/HCPCS	LEVALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	Yes
J7620	CPT/HCPCS	ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED	Yes
J7622	CPT/HCPCS	BECLOMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH	Yes
J2993	CPT/HCPCS	INJECTION, RETEPLASE , 18.8MG	Yes
J2920	CPT/HCPCS	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 40 MG	Yes
J3570	CPT/HCPCS	LAETRILE, AMYGDALIN, VITAMIN B17	Yes
J3590	CPT/HCPCS	UNCLASSIFIED BIOLOGICS	Yes
J7131	CPT/HCPCS	HYPERTONIC SALINE SOLUTION, 1 ML	Yes
J7624	CPT/HCPCS	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME	Yes
Q4140	CPT/HCPCS	BIODFENCE, PER SQUARE CENTIMETER	Yes
Q4141	CPT/HCPCS	ALLOSKIN AC, PER SQUARE CENTIMETER	Yes
Q4142	CPT/HCPCS	XCM BIOLOGIC TISSUE MATRIX, PER SQUARE CENTIMETER	Yes
Q4143	CPT/HCPCS	REPRIZA, PER SQUARE CENTIMETER	Yes
J2515	CPT/HCPCS	INJECTION, PENTOBARBITAL SODIUM	Yes
J2540	CPT/HCPCS	INJECTION, PENICILLIN G POTASSIUM, UP TO 600,000 UNITS	Yes
J2543	CPT/HCPCS	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1GM/0.125 GRAMS(1.125 GRAMS)	Yes
J3415	CPT/HCPCS	INJECTION, PYRIDOXINE HCL, 100 MG	Yes
J3420	CPT/HCPCS	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	Yes
J7525	CPT/HCPCS	TACROLIMUS, PARENTERAL, 5MG	Yes
J7527	CPT/HCPCS	EVEROLIMUS, ORAL, 0. 25 MG	Yes
J7599	CPT/HCPCS	IMMUNOSUPPRESSIVE DRUG NOT OTHERWISE CLASSIFIED	Yes
J7604	CPT/HCPCS	ACETCYSTEINE, INHALATION SOLUTION,COMPOUNDED PRODUCT,ADMINISTERED THROUGH	Yes
J7605	CPT/HCPCS	ARFORMOTEROL,INHALATION SOLUTION,FDA APPROVED FINAL PRODUCT,NON-COMPOUNDED	Yes
Q4145	CPT/HCPCS	EPIFIX, INJECTABLE, 1 MG	Yes
Q4146	CPT/HCPCS	TENSIX, PER SQUARE CENTIMETER	Yes
J7626	CPT/HCPCS	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED,	Yes
J7627	CPT/HCPCS	BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME	Yes
J7628	CPT/HCPCS	BITOLTEROL MESYLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED	Yes
J3430	CPT/HCPCS	INJECTION, VITAMIN K, PHYTONADIONE, MENADIONE, MENADIOL SODIUM DIPHOSPHATE, FOR 1 MG	Yes
J3465	CPT/HCPCS	INJECTION, VORICONAZOLE, 10 MG	Yes
J3470	CPT/HCPCS	INJECTION, HYALURONIDASE, UP TO 150 UNITS	Yes
J3411	CPT/HCPCS	INJECTION, THIAMINE HCL, 100 MG	Yes
J2545	CPT/HCPCS	PENTAMIDINE ISETHIONATE, INHAL SOL, FDA-APPRV"D FINAL PROD, NON-COMPOUNDED, ADMIN'D THRU DME, UNIT DOSE FORM, PER 300 MG	Yes

J2796	CPT/HCPCS	INJECTION, ROMIPLOSTIM, 10 MICROGRAMS	Yes
J2800	CPT/HCPCS	INJECTION, METHOCARBAMOL, UP TO 10 ML	Yes
J2805	CPT/HCPCS	INJECTION, SINCALIDE, 5 MICROGRAMS	Yes
J2810	CPT/HCPCS	INJECTION, THEOPHYLLINE, PER 40MG	Yes
J7323	CPT/HCPCS	HYALURONAN OR DERIVATIVE, EUFLEXXA, FOR INTRAARTICULAR INJ, PER DOSE	Yes
J7629	CPT/HCPCS	BITOLTEROL MESYLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED	Yes
J7631	CPT/HCPCS	CROMOLYN SODIUM, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MG	Yes
Q4147	CPT/HCPCS	ARCHITECT, ARCHITECT PX, OR ARCHITECT FX, EXTRACELLULAR MATRIX, PER SQUARE CENTIMETER	Yes
Q4148	CPT/HCPCS	NEOX CORD 1K, NEOX CORD RT, OR CLARIX CORD 1K, PER SQUARE CENTIMETER	Yes
J2547	CPT/HCPCS	INJECTION, PERAMIVIR, 1 MG	Yes
J2550	CPT/HCPCS	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	Yes
J2560	CPT/HCPCS	INJECTION, PHENOBARBITAL SODIUM, UP TO 120 MG	Yes
J2562	CPT/HCPCS	INJECTION, PLERIXAFOR, 1 MG	Yes
J2590	CPT/HCPCS	INJECTION, OXYTOCIN, UP TO 10 UNITS	Yes
J7308	CPT/HCPCS	AMINOLEVULINIC ACID HCL FOR TOPICAL ADMINISTRATION, 20% SINGLE UNIT DOSE	Yes
J7310	CPT/HCPCS	GANCICLOVIR LONG ACT IMPLANT	Yes
J7311	CPT/HCPCS	INJECTION, FLUOCINOLONE ACETONIDE, INTRAVITREAL IMPLANT (RETISERT), 0.01 MG	Yes
J2150	CPT/HCPCS	INJECTION, MANNITOL, 25% IN 50 ML	Yes
J2995	CPT/HCPCS	INJECTION, STREPTOKINASE	Yes
Q4149	CPT/HCPCS	EXCELLAGEN, 0.1 CC	Yes
Q4161	CPT/HCPCS	BIO-CONNEKT WOUND MATRIX, PER SQUARE CENTIMETER	Yes
Q4162	CPT/HCPCS	WOUNDEX FLOW, BIOSKIN FLOW, 0.5 CC	Yes
Q4163	CPT/HCPCS	WOUNDEX, BIOSKIN, PER SQUARE CENTIMETER	Yes
J7632	CPT/HCPCS	CROMOLYN SODIUM,INHALATION SOLUTION,COMPOUNDED PRODUCT,ADMINISTERED THROUGH	Yes
J3471	CPT/HCPCS	INJECTION, HYALURONIDASE, BOVINE, PRESERVATIVE FREE, PER 1 USP UNIT (UP TO 999 USP UNITS)	Yes
J3472	CPT/HCPCS	INJECTION, HYALURONIDASE, BOVINE, PRESERVATIVE FREE, PER 1000 USP UNITS	Yes
J3473	CPT/HCPCS	INJECTION, HYALURONIDASE, RECOMBINANT, 1 USP UNIT	Yes
J3475	CPT/HCPCS	INJECTION MAGNESIUM SULFATE PER 500 MG	Yes
J3480	CPT/HCPCS	INJECTION, POTASSIUM CHLORIDE PER 2 MEQ	Yes
J7520	CPT/HCPCS	SIROLIMUS, ORAL, 1MG	Yes
J2930	CPT/HCPCS	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG	Yes
J2940	CPT/HCPCS	INJECTION, SOMATREM, 1MG	Yes
J2941	CPT/HCPCS	INJECTION, SOMATROPIN, 1MG	Yes
J2950	CPT/HCPCS	INJECTION, PROMAZINE HCL, UP TO 25 MG	Yes
J7633	CPT/HCPCS	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED,	Yes
J7634	CPT/HCPCS	BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER 0.25 MG	Yes
J7635	CPT/HCPCS	ATROPINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME,	Yes
J7636	CPT/HCPCS	ATROPINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME	Yes
J2597	CPT/HCPCS	INJECTION DESMOPRESSIN ACETAT PER 1 MCG	Yes
J2650	CPT/HCPCS	INJECTION, PREDNISOLONE ACETATE, UP TO 1 ML	Yes
J2670	CPT/HCPCS	INJECTION, TOLAZOLINE HCL, UP TO 25 MG	Yes
J2675	CPT/HCPCS	INJECTION, PROGESTERONE PER 50 MG	Yes
J2680	CPT/HCPCS	INJECTION, FLUPHENAZINE DECANOATE, UP TO 25 MG	Yes
Q4165	CPT/HCPCS	KERAMATRIX OR KERASORB, PER SQUARE CENTIMETER	Yes
Q5102	CPT/HCPCS	INJECTION, INFLIXIMAB, BIOSIMILAR, 10 MG	Yes
Q9968	CPT/HCPCS	INJECTION, NON-RADIOACTIVE, NON-CONTRAST, VISUALIZATION ADJUNCT (E.G., METHYLENE BLUE, ISOSULFAN BLUE), 1 MG.	Yes
S0012	CPT/HCPCS	BUTORPHANOL TARTRATE NAS SPRAY 25MG	Yes
J7637	CPT/HCPCS	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME	Yes
J2690	CPT/HCPCS	INJECTION, PROCAINAMIDE HCL, UP TO 1 GM	Yes
J3486	CPT/HCPCS	INJECTION, ZIPRASIDONE MESYLATE, 10 MG	Yes
J3489	CPT/HCPCS	INJECTION, ZOLEDRONIC ACID, 1 MG	Yes

J3490	CPT/HCPCS	UNCLASSIFIED DRUGS	Yes
J3520	CPT/HCPCS	ENDRATE ETHYLENEDIAMINE-TETRA-ACETIC ACID (EDTA)	Yes
J7638	CPT/HCPCS	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME	Yes
J7639	CPT/HCPCS	DORNASE ALPHA, INHAL SOL, FDA-APPRV'D FINAL PROD, NON-COMPOUNDED, ADMIN'D THRU DME, UNIT DOSE FORM, PER MG	Yes
J7640	CPT/HCPCS	FORMOTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME	Yes
J7641	CPT/HCPCS	FLUNISOLIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME	Yes
J3530	CPT/HCPCS	NASAL VACCINE INHALATION	Yes
J3535	CPT/HCPCS	DRUG ADMINISTERED THROUGH A METERED DOSE INHALER	Yes
J2700	CPT/HCPCS	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	Yes
J2704	CPT/HCPCS	INJECTION, PROPOFOL, 10 MG	Yes
J2710	CPT/HCPCS	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	Yes
Q4082	CPT/HCPCS	DRUG OR BIOLOGICAL, NOT OTHERWISE CLASSIFIED, PART B DRUG COMPETITIVE ACQUISITION PROGRAM	Yes
Q4100	CPT/HCPCS	SKIN SUBSTITUTE, NOT OTHERWISE SPECIFIED	Yes
S0014	CPT/HCPCS	TACRINE HYDROCHLORIDE 10 MG	Yes
S0017	CPT/HCPCS	INJ AMINOCAPROIC ACID 5 GMS	Yes
S0020	CPT/HCPCS	BUPIVICAINE HYDROCHLORIDE, INJECTION, 30 ML	Yes
S0021	CPT/HCPCS	CEFTOPERAZONE SODIUM, INJECTION, 1 GRAM	Yes
S0023	CPT/HCPCS	INJECTION, CIMETIDINE HYDROCHLORIDE, 300MG	Yes
J2720	CPT/HCPCS	INJECTION, PROTAMINE SULFATE, UP TO 5 ML	Yes
J2725	CPT/HCPCS	INJECTION PROTIRLIN PER 250 MCG	Yes
J2730	CPT/HCPCS	INJECTION, PRALIDOXIME CHLORIDE, UP TO 1 GM	Yes
J7312	CPT/HCPCS	INJECTION, DEXAMETHASONE, INTRAVITREAL IMPLANT, 0.1 MG	Yes
J7313	CPT/HCPCS	INJECTION, FLUOCINOLONE ACETONIDE, INTRAVITREAL IMPLANT (ILUVIEN), 0.01 MG	Yes
Q4101	CPT/HCPCS	SKIN SUBSTITUTE, APLIGRAF, PER SQUARE CENTIMETER	Yes
Q4102	CPT/HCPCS	SKIN SUBSTITUTE, OASIS WOUND MATRIX, PER SQUARE CENTIMETER	Yes
Q4103	CPT/HCPCS	SKIN SUBSTITUTE, OASIS BURN MATRIX, PER SQUARE CENTIMETER	Yes
Q4104	CPT/HCPCS	SKIN SUBSTITUTE, INTEGRA BILAYER MATRIX WOUND DRESSING (BMWd), PER SQUARE CENTIMETER	Yes
S0028	CPT/HCPCS	INJECTION, FAMOTIDINE, 20 MG	Yes
J7642	CPT/HCPCS	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME	Yes
J7643	CPT/HCPCS	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME	Yes
J7644	CPT/HCPCS	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT	Yes
J7320	CPT/HCPCS	HYALURONAN OR DERIVATIVE, GENVISC 850, FOR INTRA-ARTICULAR INJECTION, 1 MG	Yes
J7321	CPT/HCPCS	HYALURONAN OR DERIVATIVE, HYALGAN, SUPARTZ OR VISCO-3, FOR INTRA-ARTICULAR INJECTION, PER DOSE	Yes
J7322	CPT/HCPCS	HYALURONAN OR DERIVATIVE, HYMOVIS, FOR INTRA-ARTICULAR INJECTION, 1 MG	Yes
J2760	CPT/HCPCS	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	Yes
J2997	CPT/HCPCS	INJECTION, ALTEPLASE RECOMBINANT, 1MG	Yes
J3000	CPT/HCPCS	INJECTION, STREPTOMYCIN, UP TO 1 GM	Yes
J3010	CPT/HCPCS	INJECTION, FENTANYL CITRATE, 0.1 MG	Yes
J3101	CPT/HCPCS	INJECTION, TENECTEPLASE, 1 MG	Yes
J3105	CPT/HCPCS	INJECTION, TERBUTALINE SULFATE, UP TO 1 MG.	Yes
J3110	CPT/HCPCS	INJECTION, TERIPARATIDE, 10 MCG	Yes
J3121	CPT/HCPCS	INJECTION, TESTOSTERONE ENANTHATE, 1MG	Yes
J1790	CPT/HCPCS	INJECTION, DROPERIDOL, UP TO 5 MG	Yes
J2260	CPT/HCPCS	INJECTION, MILRIONONE LACTATE 5 MG	Yes
J2265	CPT/HCPCS	INJECTION, MINOCYCLINE HYDROCHLORIDE, 1 MG	Yes
J2270	CPT/HCPCS	INJECTION, MORPHINE SULFATE, UP TO 10 MG	Yes
J2274	CPT/HCPCS	INJECTION, MORPHINE SULFATE, PRESERVATIVE-FREE FOR EPIDURAL OR INTRATHECAL USE, 10MG	Yes
J3230	CPT/HCPCS	INJECTION, CHLORPROMAZINE HCL, UP TO 50 MG	Yes
J3240	CPT/HCPCS	INJECTION, THYROTROPIN ALPHA, 0.9MG, PROVIDED IN 1.1MG VIAL	Yes
J3243	CPT/HCPCS	INJECTION, TIGECYCLINE, 1 MG	Yes
J3246	CPT/HCPCS	INJECTION, TIROFIBAN HCL, 0.25MG	Yes
J3250	CPT/HCPCS	INJECTION, TRIMETHOBENZAMIDE HCL, UP TO 200 MG	Yes
J3145	CPT/HCPCS	INJECTION, TESTOSTERONE UNDECANOATE, 1 MG	Yes
J1931	CPT/HCPCS	INJECTION, LARONIDASE, 0.1 MG	Yes

J2278	CPT/HCPCS	INJECTION, ZICONOTIDE, 1 MICROGRAM	Yes
J2280	CPT/HCPCS	INJECTION, MOXIFLOXACIN, 100 MG	Yes
J2300	CPT/HCPCS	INJECTION, NALBUPHINE HCL PER MG	Yes
J2310	CPT/HCPCS	INJECTION, NALOXONE HYDROCHLORIDE PER 1 MG	Yes
J3260	CPT/HCPCS	INJECTION, TOBRAMYCIN SULFATE, UP TO 80 MG	Yes
J3262	CPT/HCPCS	INJECTION, TOCILIZUMAB, 1 MG	Yes
J3265	CPT/HCPCS	INJECTION TORSEMIDE 10 MG/ML	Yes
J3280	CPT/HCPCS	INJECTION, THIETHYLPERAZINE MALEATE, UP TO 10 MG	Yes
J3285	CPT/HCPCS	INJECTION, TREPROSTINIL, 1 MG	Yes
J1840	CPT/HCPCS	INJECTION, KANAMYCIN SULFATE, UP TO 500 MG	Yes
J1850	CPT/HCPCS	INJECTION, KANAMYCIN SULFATE, UP TO 75 MG	Yes
J1885	CPT/HCPCS	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	Yes
J1890	CPT/HCPCS	INJECTION, CEPHALOTHIN SODIUM, UP TO 1 GRAM	Yes
J1930	CPT/HCPCS	INJECTION, LANREOTIDE, 1 MG	Yes
J1800	CPT/HCPCS	INJECTION, PROPRANOLOL HCL, UP TO 1 MG	Yes
J1810	CPT/HCPCS	INJECTION, DROPERIDOL AND FENTANYL CITRATE, UP TO 2 ML AMPULE	Yes
J1815	CPT/HCPCS	INJECTION, INSULIN, PER 5 UNITS	Yes
J1833	CPT/HCPCS	INJECTION, ISAVUCONAZONIUM, 1 MG	Yes
J1835	CPT/HCPCS	INJECTION, ITRAXONAZOLE, 50MG	Yes
J1750	CPT/HCPCS	INJECTION, IRON DEXTRAN, 50MG	Yes
J1756	CPT/HCPCS	INJECTION, IRON SUCROSE, 1 MG	Yes
J1786	CPT/HCPCS	INJECTION, IMIGLUCERASE, 10 UNITS	Yes
J2175	CPT/HCPCS	INJECTION, MEPERIDINE PER 100 MG	Yes
J2180	CPT/HCPCS	INJECTION, MEPERIDINE AND PROMETHAZINE HCL, UP TO 50 MG	Yes
J2182	CPT/HCPCS	INJECTION, MEPOLIZUMAB, 1 MG	Yes
J2248	CPT/HCPCS	INJECTION, MICA FUNGIN SODIUM, 1 MG	Yes
J2250	CPT/HCPCS	INJECTION, MIDAZOLAM HYDROCHLORIDE PER 1 MG	Yes
J2185	CPT/HCPCS	INJECTION, MEROPENEM, 100 MG	Yes
J2210	CPT/HCPCS	INJECTION, METHYLERGONOVINE MALEATE, UP TO 0.2 MG	Yes
J2212	CPT/HCPCS	INJECTION, METHYLNALTREXONE, 0.1 MG	Yes
J3090	CPT/HCPCS	INJECTION, TEDIZOLID PHOSPHATE, 1 MG	Yes
J3095	CPT/HCPCS	INJECTION, TELEVANCIN, 10 MG	Yes
J2320	CPT/HCPCS	INJECTION, NANDROLONE DECANOATE, UP TO 50 MG	Yes
J2315	CPT/HCPCS	INJECTION, NALTREXONE, DEPOT FORM, 1 MG	Yes
J7521	CPT/HCPCS	TACROLIMUS, GRANULES, ORAL SUSPENSION, 0.1 MG	Yes
J7507	CPT/HCPCS	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	Yes
J0636	CPT/HCPCS	INJECTION, CALCITRIOL, 0.1 MCG	Yes
J0637	CPT/HCPCS	INJECTION, CASPOFUNGIN ACETATE, 5 MG	Yes
J0638	CPT/HCPCS	INJECTION, CANAKINUMAB, 1 MG	Yes
J0640	CPT/HCPCS	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	Yes
J0641	CPT/HCPCS	INJECTION, LEVOLEUCOVORIN, NOT OTHERWISE SPECIFIED, 0.5 MG	Yes
J0878	CPT/HCPCS	INJECTION, DAPTOMYCIN, 1 MG	Yes
J0881	CPT/HCPCS	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	Yes
J0883	CPT/HCPCS	INJECTION, ARGATROBAN, 1 MG (FOR NON-ESRD USE)	Yes
Z6398	CPT/HCPCS	INSULIN ZINC SUSP/PROMPT (BEEF)40 UNITS/ML	Yes
J1950	CPT/HCPCS	INJECTION, LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), PER 3.75 MG	Yes
J0256	CPT/HCPCS	INJECTION, ALPHA 1 - PROTEINASE INHIBITOR - HUMAN PER 10 MG	Yes
J0257	CPT/HCPCS	INJECTION, ALPHA 1 PROTEINASE INHIBITOR (HUMAN), (GLASSIA), 10 MG	Yes
J0500	CPT/HCPCS	INJECTION, DICYCLOMINE, UP TO 20 MG	Yes
J0515	CPT/HCPCS	INJECTION, BENZTROPINE	Yes
J0520	CPT/HCPCS	INJECTION, BETHANECHOL CHLORIDE, MYOTONACHOL OR URECHOLINE, UP TO 5 MG	Yes
J1940	CPT/HCPCS	INJECTION, FUROSEMIDE, UP TO 20 MG	Yes
J1942	CPT/HCPCS	INJECTION, ARIPIRAZOLE LAUROXIL, 1 MG	Yes
J1945	CPT/HCPCS	INJECTION, LEPIRUDIN, 50 MG	Yes
J1953	CPT/HCPCS	INJECTION, LEVETIRACETAM, 10 MG	Yes
J1170	CPT/HCPCS	INJECTION, HYDROMORPHINE, UP TO 4 MG	Yes
J1180	CPT/HCPCS	INJECTION, DYPHYLLINE, UP TO 500 MG	Yes
J1190	CPT/HCPCS	INJECTION DEXRAZOXANE HYDROCHLORIDE, PER 250MG	Yes
J1200	CPT/HCPCS	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	Yes
J1205	CPT/HCPCS	INJECTION, CHLOROTHIAZIDE SODIUM	Yes
90281	CPT/HCPCS	IMMUNE GLOBULIN (IG) HUMAN FOR INTRAMUSCULAR USE	Yes
90375	CPT/HCPCS	RABIES IMMUNE GLOBULIN (RIG) HUMAN, FOR INTRAMUSCULAR AND/OR SUBCUTANEOUS USE	Yes

J0894	CPT/HCPCS	INJECTION, DECITABINE, 1 MG	Yes
J0895	CPT/HCPCS	INJECTION, DEFEROXAMINE MESYLATE, 500 MG.	Yes
J0897	CPT/HCPCS	INJECTION, DENOSUMAB, 1 MG	Yes
J0558	CPT/HCPCS	INJECTION, PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE, 100,000 UNITS	Yes
J0561	CPT/HCPCS	INJECTION, PENICILLIN G BENZATHINE, 100,000 UNITS	Yes
J0565	CPT/HCPCS	INJECTION, BEZLOTOXUMAB, 10 MG	Yes
J1570	CPT/HCPCS	INJECTION, GANCICLOVIR SODIUM, CYTOVENE , 500 MG	Yes
J1571	CPT/HCPCS	INJECTION, HEPATITIS B IMMUNE GLOBULIN (HEPAGAM B), INTRAMUSCULAR, 0.5 ML	Yes
J1955	CPT/HCPCS	INJECTION LEVOCARNITINE, PER 1 GRAM	Yes
J1956	CPT/HCPCS	INJECTION LEVOFLOXACIN, 250MG	Yes
J2323	CPT/HCPCS	INJECTION, NATALIZUMAB, 1MG	Yes
J2325	CPT/HCPCS	INJECTION, NESIRITIDE, 0.1 MG	Yes
J2326	CPT/HCPCS	INJECTION, NUSINERSEN, 0.1 MG	Yes
J1212	CPT/HCPCS	INJECTION, DMSO, DIMETHYL SULFOXIDE	Yes
J1730	CPT/HCPCS	INJECTION, DIAZOXIDE, UP TO 300 MG	Yes
J1740	CPT/HCPCS	INJECTION, IBANDRONATE SODIUM, 1 MG	Yes
J1741	CPT/HCPCS	INJECTION, IBUPROFEN, 100 MG	Yes
J1742	CPT/HCPCS	INJECTION IBUTILIDE FUMARATE, 1 MG	Yes
J0945	CPT/HCPCS	INJECTION, BROMPHENIRAMINE MALEATE, PER 10MG	Yes
J1000	CPT/HCPCS	INJECTION, DEPO-ESTRADIOL CYPIONATE, UP TO 5 MG	Yes
90378	CPT/HCPCS	RESPIRATORY SYNCYTIAL VIRUS, MONOCLONAL ANTIBODY, RECOMBINANT, FOR INTRAMUSCULAR USE, 50 MG, EACH	Yes
90384	CPT/HCPCS	RHO(D) IMMUNE GLOBULIN(RHIG), HUMAN, FULL-DOSE, FOR INTRAMUSCULAR USE	Yes
J1580	CPT/HCPCS	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	Yes
J1595	CPT/HCPCS	INJECTION, GLATIRAMER ACETATE, 20 MG	Yes
J1600	CPT/HCPCS	INJECTION, GOLD SODIUM THIOMALEATE, UP TO 50 MG	Yes
J0270	CPT/HCPCS	INJECTION ALPROSTADIL PER 1.25 MCG	Yes
J0275	CPT/HCPCS	ALPROSTADIL URETHRAL SUPPOSITORY, ADMINISTERED UNDER DIRECT PHYSICIAN SUPERVISION, EXCLUDES SELF ADMINISTRATION	Yes
J2353	CPT/HCPCS	INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG	Yes
J2355	CPT/HCPCS	INJECTION OPRELVEKIN, 5MG	Yes
J2357	CPT/HCPCS	INJECTION, OMALIZUMAB, 5 MG	Yes
J3301	CPT/HCPCS	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG	Yes
J3302	CPT/HCPCS	INJECTION TRIAMCINOLONE DIACETATE, PER 5 MG	Yes
J0670	CPT/HCPCS	INJECTION, MEPIVACAINE	Yes
J0690	CPT/HCPCS	INJECTION, CEFAZOLIN SODIUM, UP TO 500 MG	Yes
J0692	CPT/HCPCS	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	Yes
J0694	CPT/HCPCS	INJECTION, CEFOXITIN SODIUM, 1 GM	Yes
J0695	CPT/HCPCS	INJECTION, CEFTOZOZANE 50 MG AND TAZOBACTAM 25 MG	Yes
90385	CPT/HCPCS	RHO(D) IMMUNE GLOBLIN (RHIG) HUMAN, MINI-DOSE FOR INTRAMUSCULAR USE	Yes
J1020	CPT/HCPCS	INJECTION, METHYLPREDNISOLONE ACETATE, 20 MG	Yes
J1030	CPT/HCPCS	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	Yes
J1040	CPT/HCPCS	INJECTION, METHYLPREDNISOLONE ACETATE, 80 MG	Yes
J1071	CPT/HCPCS	INJECTION, TESTOSTERONE CYPIONATE, 1MG	Yes
J0278	CPT/HCPCS	INJECTION, AMIKACIN SULFATE, 100 MG	Yes
J0280	CPT/HCPCS	INJECTION, AMINOPHYLLINE, UP TO 250 MG	Yes
J0282	CPT/HCPCS	INJECTION, AMIODARONE HYDROCHLORIDE, 30MG	Yes
J0285	CPT/HCPCS	AMPHOTERICIN B, 50MG	Yes
J0570	CPT/HCPCS	BUPRENORPHINE IMPLANT, 74.2 MG	Yes
J3303	CPT/HCPCS	INJECTION TRIAMCINOLONE HEXACETONIDE, PER 5 MG	Yes
J3305	CPT/HCPCS	INJECTION TRIMETREXATE GLUCORONATE PER 25 MG	Yes
J3315	CPT/HCPCS	INJECTION, TRIPTORELIN PAMOATE, 3.75 MG	Yes
J1960	CPT/HCPCS	INJECTION, LEVORPHANOL TARTRATE, UP TO 2 MG	Yes
J1980	CPT/HCPCS	INJECTION, HYOSCYAMINE SULFATE, UP TO 0.25 MG	Yes
J0696	CPT/HCPCS	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	Yes
J1230	CPT/HCPCS	INJECTION, METHADONE HCL, UP TO 10 MG	Yes
J1240	CPT/HCPCS	INJECTION, DIMENHYDRINATE, UP TO 50 MG	Yes
J1245	CPT/HCPCS	INJECTION, DIPYRIDAMOLE, PER 10 MG	Yes
J1250	CPT/HCPCS	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250	Yes
J1094	CPT/HCPCS	INJECTION, DEXAMETHASONE ACETATE, 1 MG	Yes
J1100	CPT/HCPCS	INJECTION, DEXAMETHOSONE SODIUM PHOSPHATE,1 MG	Yes
J1380	CPT/HCPCS	INJECTION, ESTRADIOL VALERATE, UP TO 10 MG	Yes

J1410	CPT/HCPCS	INJECTION, ESTROGEN CONJUGATED, UP TO 25MG	Yes
J1428	CPT/HCPCS	INJECTION, ETEPLIRSEN, 10 MG	Yes
J0583	CPT/HCPCS	INJECTION, BIVALIRUDIN, 1 MG	Yes
J0585	CPT/HCPCS	BOTULINUM TOXIN TYPE A, PER UNIT	Yes
J0586	CPT/HCPCS	INJECTION, ABOBOTULINUMTOXINA, 5 UNITS	Yes
J0587	CPT/HCPCS	BOTULINUM TOXIN TYPE B, PER 100 UNITS	Yes
J0588	CPT/HCPCS	INJECTION, INCOBOTULINUMTOXIN A, 1 UNIT	Yes
J1990	CPT/HCPCS	INJECTION, CHLORDIAZEPOXIDE HCL, UP TO 100 MG	Yes
J2010	CPT/HCPCS	INJECTION, LINCOMYCIN HCL, UP TO 300 MG	Yes
J2020	CPT/HCPCS	INJECTION, LINEZOLID, 200MGS	Yes
J2060	CPT/HCPCS	INJECTION, LORAZEPAM, (ATIVAN) 2 MG	Yes
J2358	CPT/HCPCS	INJECTION, OLANZAPINE, LONG-ACTING, 1 MG	Yes
J1260	CPT/HCPCS	INJECTION, DOLASETRON MESYLATE, 10MG (PRIOR TO 01/01/00 CODEWAS FOR 1 MG)	Yes
J1265	CPT/HCPCS	INJECTION, DOPAMINE HCL, 40 MG	Yes
J0697	CPT/HCPCS	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG	Yes
J0698	CPT/HCPCS	CEFOTAXIME SODIUM, PER GM	Yes
J0702	CPT/HCPCS	INJECTION, BETAMETHASONE ACETATE 3 MG AND BETAMETHASONE SODIUM PHOSPHATE 3 MG	Yes
J1430	CPT/HCPCS	INJECTION, ETHANOLAMINE OLEATE, 100 MG	Yes
J1435	CPT/HCPCS	INJECTION, ESTRONE	Yes
J1436	CPT/HCPCS	INJECTION, ETIDRONATE DISODIUM, PER 300 MG	Yes
J0120	CPT/HCPCS	INJECTION, TETRACYCLINE, UP TO 250 MG	Yes
J0129	CPT/HCPCS	INJECTION, ABATACEPT, 10 MG	Yes
J1610	CPT/HCPCS	INJECTION GLUCAGON HYDROCHLORIDE PER 1MG	Yes
J1620	CPT/HCPCS	INJECTION, GONADORELIN HYDROCHLORIDE PER 100 MCG	Yes
J1626	CPT/HCPCS	INJECTION GRANISETRON HYDROCHLORIDE, 100 MCG	Yes
J1627	CPT/HCPCS	INJECTION, GRANISETRON, EXTENDED-RELEASE, 0.1 MG	Yes
J1630	CPT/HCPCS	INJECTION, HALOPERIDOL, UP TO 5 MG	Yes
J2360	CPT/HCPCS	INJECTION, ORPHENADRINE, UP TO 60 MG	Yes
J2370	CPT/HCPCS	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML	Yes
J2400	CPT/HCPCS	INJECTION, CHLOROPROCAINE HCL	Yes
J2405	CPT/HCPCS	ONDANSETRON HYDROCHLORIDE, PER 1 MG	Yes
J2407	CPT/HCPCS	INJECTION, ORITAVANCIN (ORBACTIV), 10 MG	Yes
J0706	CPT/HCPCS	INJECTION, CAFFEINE CITRATE, 5MG	Yes
J0710	CPT/HCPCS	INJECTION, CEPHAPRIN SODIUM, UP TO 1 GM	Yes
J0712	CPT/HCPCS	INJECTION, CEFTAROLINE FOSAMIL, 10 MG	Yes
J1267	CPT/HCPCS	INJECTION, DORIPENEM, 10 MG	Yes
J1270	CPT/HCPCS	INJECTION, DOXERCALCIFEROL, 1MCG	Yes
J0130	CPT/HCPCS	INJECTION, ABCIXIMAB 10 MG	Yes
J0330	CPT/HCPCS	INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	Yes
J0348	CPT/HCPCS	INJECTION, ANIDULAFUNGIN, 1 MG	Yes
J0350	CPT/HCPCS	INJECTION ANISTREPLASE PER 30 UNITS	Yes
J0360	CPT/HCPCS	INJECTION, HYDRALAZINE HCL, UP TO 20 MG	Yes
J1631	CPT/HCPCS	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	Yes
J2850	CPT/HCPCS	INJECTION, SECRETIN, SYNTHETIC, HUMAN, 1 MICROGRAM	Yes
J0775	CPT/HCPCS	INJECTION, COLLAGENASE, CLOSTRIDIUM HISTOLYTICUM, 0.01 MG	Yes
J1575	CPT/HCPCS	INJECTION, IMMUNE GLOBULIN/HYALURONIDASE, (HYQVIA), 100 MG IMMUNEGLOBULIN	Yes
J3310	CPT/HCPCS	INJECTION, PERPHENAZINE, UP TO 5 MG	Yes
J3320	CPT/HCPCS	INJECTION, SPECTINOMYCIN DIHYDROCHLORIDE, UP TO 2 GM	Yes
J3350	CPT/HCPCS	INJECTION, UREA, UP TO 40 GM	Yes
J3355	CPT/HCPCS	INJECTION, UROFOLLITROPIN, 75 IU	Yes
J3357	CPT/HCPCS	USTEKINUMAB, FOR SUBCUTANEOUS INJECTION, 1 MG	Yes
J3360	CPT/HCPCS	INJECTION, DIAZEPAM, UP TO 5 MG	Yes
J1290	CPT/HCPCS	INJECTION, ECALLANTIDE, 1 MG	Yes
J1300	CPT/HCPCS	INJECTION, ECULIZUMAB, 10 MG	Yes
J1320	CPT/HCPCS	INJECTION, AMITRIPTYLINE HCL, UP TO 20 MG	Yes
J1322	CPT/HCPCS	INJECTION, ELOSULFASE ALFA, 1MG	Yes
J0713	CPT/HCPCS	INJECTION CEFTAZIDIME PER 500 MG	Yes
J0364	CPT/HCPCS	INJECTION, APOMORPHINE HYDROCHLORIDE, 1 MG	Yes
J0365	CPT/HCPCS	INJECTION, APROTONIN, 10,000 KIU	Yes
J1438	CPT/HCPCS	INJECTION, ETANERCEPT, 25 MG	Yes
J1439	CPT/HCPCS	INJECTION, FERRIC CARBOXYMALTOSE, 1MG	Yes
J1443	CPT/HCPCS	INJECTION, FERRIC PYROPHOSPHATE CITRATE SOLUTION (TRIFERIC), 0.1 MG OF IRON	Yes
J2170	CPT/HCPCS	INJECTION, MECASERMIN, 1 MG	Yes
Q4164	CPT/HCPCS	HELICOLL, PER SQUARE CENTIMETER	Yes

J7999	CPT/HCPCS	COMPOUNDED DRUG, NOT OTHERWISE CLASSIFIED	Yes
J2786	CPT/HCPCS	INJECTION, RESLIZUMAB, 1 MG	Yes
J1726	CPT/HCPCS	INJECTION, HYDROXYPROGESTERONE CAPROATE, (MAKENA), 10 MG	Yes
J3364	CPT/HCPCS	INJECTION, UROKINASE, 5000 I.U. VIAL	Yes
J2410	CPT/HCPCS	INJECTION, OXYMORPHONE HCL, UP TO 1 MG	Yes
J2425	CPT/HCPCS	INJECTION, PALIFERMIN, 50 MICROGRAMS	Yes
J2426	CPT/HCPCS	INJECTION, PALIPERIDONE PALMITATE EXTENDED RELEASE(INVEGA SUSTENNA), 1 MG	Yes
J2430	CPT/HCPCS	INJECTION, PAMIDRONATE DISODIUM PER 30 MG	Yes
J0714	CPT/HCPCS	INJECTION, CEFTAZIDIME AND AVIBACTAM, 0.5 G/0.125 G	Yes
J0715	CPT/HCPCS	INJECTION CEFTIZOXIME SODIUM PER 500 MG	Yes
J0716	CPT/HCPCS	INJECTION, CENTRUROIDES IMMUNE F(AB)2, UP TO 120 MILLIGRAMS	Yes
J0717	CPT/HCPCS	INJECTION, CERTOLIZUMAB PEGOL, 1 MG	Yes
J0720	CPT/HCPCS	INJECTION, CHLORAMPHENICOL SODIUM SUCCINATE, UP TO 1 GM	Yes
J1450	CPT/HCPCS	INJECTION, FLUCONAZOLE, 200MG	Yes
J0131	CPT/HCPCS	INJECTION, ACETAMINOPHEN, NOT OTHERWISE SPECIFIED,10 MG	Yes
J0132	CPT/HCPCS	INJECTION, ACETYLCYSTEINE, 100 MG	Yes
J0133	CPT/HCPCS	INJECTION, ACYCLOVIR, 5 MG	Yes
J0135	CPT/HCPCS	INJECTION, ADALIMUMAB, 20 MG	Yes
Q2026	CPT/HCPCS	INJECTION, RADIESSE, 0.1 ML	Yes
J1560	CPT/HCPCS	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, OVER 10 CC	Yes
J3485	CPT/HCPCS	INJECTION, ZIDOVUDINE, 10MG	Yes
J2440	CPT/HCPCS	INJECTION, PAPAVERINE HCL, UP TO 60 MG	Yes
J2460	CPT/HCPCS	INJECTION, OXYTETRACYCLINE HCL, UP TO 50 MG	Yes
J0287	CPT/HCPCS	INJECTION, AMPHOTERICIN B LIPID COMPLEX, 10 MG	Yes
J0288	CPT/HCPCS	INJECTION, AMPHOTERICIN B CHOLESTERYL SULFATE COMPLEX, 10 MG	Yes
J0289	CPT/HCPCS	INJECTION, AMPHOTERICIN B LIPOSOME, 10 MG	Yes
J1324	CPT/HCPCS	INJECTION, ENFUVIRTIDE, 1 MG	Yes
J1325	CPT/HCPCS	INJECTION EPOPROSTENOL 0.5MG	Yes
J1327	CPT/HCPCS	INJECTION, EPTFIBATIDE, 5MG	Yes
J1330	CPT/HCPCS	INJECTION, ERGONOVINE MALEATE, UP TO 0.2 MG	Yes
J1335	CPT/HCPCS	INJECTION, ERTAPENEM SODIUM, 500 MG	Yes
J0153	CPT/HCPCS	INJECTION, ADENOSINE, 1 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS)	Yes
J0171	CPT/HCPCS	INJECTION, ADRENALIN, EPINEPHRINE, 0.1 MG	Yes
J0380	CPT/HCPCS	INJECTION, METARAMINOL, UP TO 10 MG	Yes
J0390	CPT/HCPCS	INJECTION, CHLOROQUINE HCL, UP TO 50 MG	Yes
J0395	CPT/HCPCS	INJECTION ARBUTAMINE HCI 1MG	Yes
J0290	CPT/HCPCS	INJECTION, AMPICILLIN, UP TO 500 MG	Yes
J0295	CPT/HCPCS	INJECTION AMPICILLIM SODIUM/SULBACTAM SODIUM PER 1.5 G	Yes
J0300	CPT/HCPCS	INJECTION, AMOBARBITAL, UP TO 125 MG	Yes
J0592	CPT/HCPCS	INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG	Yes
J0594	CPT/HCPCS	INJECTION, BUSULFAN, 1 MG	Yes
J1364	CPT/HCPCS	INJECTION, ERTHROMYCIN LACTOBIONATE, PER 500 MG	Yes
S0183	CPT/HCPCS	PROCHLORPERAZINE MALEATE, ORAL, 5MG (FOR CIRCUMSTANCES FALLING UNDER THE MEDICARE STATUTE, USE Q0164)	Yes
M0075	CPT/HCPCS	CELLULAR THERAPY	Yes
M0076	CPT/HCPCS	PROLOTHERAPY	Yes
J0725	CPT/HCPCS	INJECTION, CHORIONIC GONADOTROPIN PER 1,000 USP	Yes
J0400	CPT/HCPCS	INJECTION, ARIPIRAZOLE, INTRAMUSCULAR, 0.25 MG	Yes
J0401	CPT/HCPCS	INJECTION, ARIPIRAZOLE (ABILIFY MAINTENA), 1 MG	Yes
J0456	CPT/HCPCS	INJECTION, AZITHROMYCIN, 500MG	Yes
J1451	CPT/HCPCS	INJECTION, FOMEPIZOLE, 15 MG	Yes
J1452	CPT/HCPCS	INJECTION, FOMIVIRSEN SODIUM, INTRAOCULAR, 1.65MG	Yes
J0595	CPT/HCPCS	INJECTION, BUTORPHANOL TARTRATE, 1 MG	Yes
J0596	CPT/HCPCS	INJECTION, C1 ESTERASE INHIBITOR (RECOMBINANT), RUCONEST, 10UNITS	Yes
J0597	CPT/HCPCS	INJECTION, C-1 ESTERASE INHIBITOR (HUMAN), BERINERT, 10 UNITS	Yes
J0598	CPT/HCPCS	INJECTION, C1 ESTERASE INHIBITOR (HUMAN), 10 UNITS	Yes
J1640	CPT/HCPCS	INJECTION, HEMIN, 1 MG	Yes
J0735	CPT/HCPCS	INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG	Yes
J0740	CPT/HCPCS	INJECTION CIDOFOVIR 375 MG	Yes
J0743	CPT/HCPCS	INJECTION, CILASTATIN SODIUM IMIPENEM, PER 250 MG	Yes
J0744	CPT/HCPCS	INJECTION, CIPROFLOXACIN FOR INTRAVENOUS INFUSION, 200MGS	Yes
J0745	CPT/HCPCS	INJECTION, CODEINE PHOSPHATE	Yes
J1453	CPT/HCPCS	INJECTION, FOSAPREPITANT, 1 MG	Yes
J1455	CPT/HCPCS	INJECTION, FOSCARNET SODIUM, PER 1000 MG	Yes

J1457	CPT/HCPCS	INJECTION, GALLIUM NITRATE, 1 MG	Yes
J1458	CPT/HCPCS	INJECTION, GALSULFASE, 1 MG	Yes
J0178	CPT/HCPCS	INJECTION, AFLIBERCEPT, 1 MG	Yes
J1645	CPT/HCPCS	INJECTION DALTEPARIN SODIUM PER 2500 IU	Yes
J1650	CPT/HCPCS	INJECTION, ENOXAPARIN SODIUM 10 MG	Yes
J1652	CPT/HCPCS	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	Yes
J1655	CPT/HCPCS	INJECTION, TINZAPARIN SODIUM, 1000 UNITS	Yes
J1670	CPT/HCPCS	INJECTION, TETANUS IMMUNE GLOBULIN, HUMAN, UP TO 250 UNITS	Yes
S0157	CPT/HCPCS	BECAPLERMIN GEL 0.01% 0.5 GM	Yes
S0174	CPT/HCPCS	DOLASETRON MESYLATE ORAL 50 MG	Yes
S5550	CPT/HCPCS	INSULIN, RAPID ONSET; 5 UNITS	Yes
S5551	CPT/HCPCS	INSULIN, MOST RAPID ONSET; 5 UNITS	Yes
S5552	CPT/HCPCS	INSULIN, INTERMEDIATE ACTING ; 5 UNITS	Yes
J0180	CPT/HCPCS	INJECTION, AGALSIDASE BETA, 1MG	Yes
J0190	CPT/HCPCS	INJECTION, BIPERIDEN, 2 MG	Yes
J0200	CPT/HCPCS	INJECTION, ALATROFLOXACIN MESYLATE, 100MG	Yes
J0202	CPT/HCPCS	INJECTION, ALEMTUZUMAB, 1 MG	Yes
J0205	CPT/HCPCS	INJECTION, ALGLUCERASE, PER 10 UNITS	Yes
J0600	CPT/HCPCS	INJECTION, EDETATE CALCIUM DISODIUM, UP TO 200 MG	Yes
J0606	CPT/HCPCS	INJECTION, ETELCALCETIDE, 0.1 MG	Yes
J0620	CPT/HCPCS	INJECTION, CALCIUM GLYCEROPHOSPHATE AND CALCIUM LACTATE, UP TO 10ML	Yes
J1110	CPT/HCPCS	INJECTION, DEHYDROERGOTAMINE, UP TO 1 MG	Yes
J1120	CPT/HCPCS	INJECTION, ACETAZOLAMIDE SODIUM, UP TO 500 MG	Yes
S5553	CPT/HCPCS	INSULIN, LONG ACTING; 5 UNITS	Yes
J0770	CPT/HCPCS	INJECTION, COLISTIMETHATE SODIUM, UP TO 150 MG	Yes
J0780	CPT/HCPCS	INJECTION, PROCHLORPERAZINE, UP TO 10 MG	Yes
J0795	CPT/HCPCS	INJECTION, CORTICORELIN BOVINE TRIFLUTATE, 1 MICROGRAM	Yes
J0800	CPT/HCPCS	INJECTION, CORTICOTROPIN, UP TO 40 UNITS	Yes
J0461	CPT/HCPCS	INJECTION, ATROPINE SULFATE, 0.01 MG	Yes
J0470	CPT/HCPCS	INJECTION, DIMECAPROL, UP TO 100 MG	Yes
J0475	CPT/HCPCS	INJECTION BACLOFEN 10 MG	Yes
J0476	CPT/HCPCS	INJECTION, BACLOFEN, 50 MCG FOR INTRATHECAL TRIAL	Yes
J0480	CPT/HCPCS	INJECTION, BASILIXIMAB, 20 MG	Yes
J1130	CPT/HCPCS	INJECTION, DICLOFENAC SODIUM, 0.5 MG	Yes
J1160	CPT/HCPCS	INJECTION, DIGOXIN, UP TO 0.5 MG	Yes
J1162	CPT/HCPCS	INJECTION, DIGOXIN IMMUNE FAB (BOVINE), PER VIAL	Yes
J1165	CPT/HCPCS	INJECTION, PHENYTOIN SODIUM	Yes
J1675	CPT/HCPCS	INJECTION, HISTRELIN ACETATE, 10 MICROGRAMS	Yes
J0833	CPT/HCPCS	INJECTION, COSYNTROPIN, NOT OTHERWISE SPECIFIED, 0.25 MG	Yes
X5466	CPT/HCPCS	METHICILLIN SOD-2G PIGGYBACK UNITS	Yes
X6252	CPT/HCPCS	GLUCAGON - 10MG/10ML	Yes
X6308	CPT/HCPCS	HEPARIN SOD (USP) 1000 UNITS/ML (HEPARIN)	Yes
X6952	CPT/HCPCS	TETANUS TOXID ADSORBED 1ML	Yes
J0490	CPT/HCPCS	INJECTION, BELIMUMAB, 10 MG	Yes
J1460	CPT/HCPCS	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 1 CC	Yes
J1555	CPT/HCPCS	INJECTION, IMMUNE GLOBULIN (CUVITRU), 100 MG	Yes
J1559	CPT/HCPCS	INJECTION, IMMUNE GLOBULIN (HIZENTRA), 100 MG	Yes
J1562	CPT/HCPCS	INJECTION, IMMUNE GLOBULIN (VIVAGLOBIN), 100 MG	Yes
J1700	CPT/HCPCS	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	Yes
J1710	CPT/HCPCS	INJECTION, HYDROCORTONE SODIUM PHOSPHATE, UP TO 50 MG	Yes
J1720	CPT/HCPCS	INJECTION, HYDROCORTISONE SODIUM SUCCINATE, UP TO 100 MG	Yes
J1729	CPT/HCPCS	INJECTION, HYDROXYPROGESTERONE CAPROATE, NOT OTHERWISE SPECIFIED, 10 MG	Yes
J0630	CPT/HCPCS	INJECTION, CALCITONIN SALMON, UP TO 400 UNITS	Yes
X7108	CPT/HCPCS	BACLOFEN INJECTION 10MG	Yes
Z6396	CPT/HCPCS	INSUL ZINC SUSP PROM (BEEF) 40 UNITS/ML	Yes
J0834	CPT/HCPCS	INJECTION, COSYNTROPIN, 0.25 MG	Yes
J0840	CPT/HCPCS	INJECTION, CROTALIDAE POLYVALENT IMMUNE FAB (OVINE), UP TO 1 GRAM	Yes
J0875	CPT/HCPCS	INJECTION, DALBAVANCIN, 5MG	Yes
J1569	CPT/HCPCS	INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID),NON-LYOPHILIZED, (E. G.LIQUID), 500 MG	Yes
J0207	CPT/HCPCS	AMIFOSTINE 500 MG	Yes
J0210	CPT/HCPCS	INJECTION, METHYLDOPATE HCL, UP TO 250 MG	Yes
J0215	CPT/HCPCS	INJECTION, ALEFACEPT, 0.5 MG	Yes
J0221	CPT/HCPCS	INJECTION, ALGLUCOSIDASE ALFA, (LUMIZYME), 10 MG	Yes
790	Revenue	EXTRA-CORPOREAL SHOCK WAVE THERAPY (FORMERLY LITHOTRIPSY)	Yes

50080	CPT/HCPCS	PERCUTANEOUS NEPHROLITHOTOMY OR PYELOLITHOTOMY, LITHOTRIPSY, STONE EXTRACTION, ANTEGRADE URETEROSCOPY, ANTEGRADE STENT PLACEMENT AND NEPHROSTOMY TUBE+	Yes
50081	CPT/HCPCS	PERCUTANEOUS NEPHROLITHOTOMY OR PYELOLITHOTOMY, LIITHOTRIPSY, STONE EXTRACTION, ANTEGRADE URETEROSCOPY, ANTEGRADE STENT PLACEMENT AND NEPHROSTOMY TUB+	Yes
50590	CPT/HCPCS	LITHOTRIPSY, EXTRACORPOREAL SHOCK WAVE	Yes
52353	CPT/HCPCS	CYSTOURETHROSCOPY, W/URETEROSCOPY AND/OR PYELOSCOPY; DIAGNOSTIC, W/LITHOTRIPSY	Yes
52356	CPT/HCPCS	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY; WITHLITHOTRIPSY INCLUDING INSERTION OF INDWELLING URETERAL STENT	Yes
S0400	CPT/HCPCS	GLOBAL FEE FOR EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY TREATMENT OF KIDNEY STONE(S)	Yes
S9034	CPT/HCPCS	EXTRACORPOREAL SHOCKWAVE LITHOTRIPSY FOR GALL STONES (IF PERFORMED WITH ERCP, USE 43265)	Yes
G0555	CPT/HCPCS	PROVISION OF REPLACEMENT PATIENT ELECTRONICS SYSTEM (E.G., SYSTEM PILLOW, HANDHELD READER) FOR HOME PULMONARY ARTERY PRE	Yes
G0249	CPT/HCPCS	PROVISION OF TEST MATLS & EQUIP FOR HOME INR MONITOR OF PT W/MECH HEART VALVE(S), CHRONIC AFIB, OR VENOUS TE; INCLS PROV	Yes
E2102	CPT/HCPCS	ADJUNCTIVE, NONIMPLANTED CONTINUOUS GLUCOSE MONITOR (CGM) OR RECEIVER	Yes
E2103	CPT/HCPCS	NON-ADJUNCTIVE, NON-IMPLANTED CONTINUOUS GLUCOSE MONITOR OR RECEIVER	Yes
S1031	CPT/HCPCS	CONTINUOUS NONINVASIVE GLUCOSE MONITORING DEVICE, RENTAL INCSENSOR, SENSOR REPLACEMENT, AND DOWNLOAD TO MONITOR	Yes
S1037	CPT/HCPCS	RECEIVER (MONITOR); EXTERNAL, FOR USE WITH ARTIFICIAL PANCREAS DEVICE SYSTEM	Yes
K0554	CPT/HCPCS	RECEIVER (MONITOR), DEDICATED, FOR USE WITH THERAPEUTIC GLUCOSE CONTINUOUS MONITOR SYSTEM	Yes
S1034	CPT/HCPCS	ARTIFICIAL PANCREAS DEVICE SYSTEM (EG, LOW GLUCOSE SUSPEND (LGS) FEATURE) INCLUDING CONTINUOUS GLUCOSE MONITOR, BLOOD G	Yes
S1035	CPT/HCPCS	SENSOR; INVASIVE (EG, SUBCUTANEOUS), DISPOSABLE, FOR USE WITH ARTIFICIAL PANCREAS DEVICE SYSTEM	Yes
S1036	CPT/HCPCS	TRANSMITTER; EXTERNAL, FOR USE WITH ARTIFICIAL PANCREAS DEVICE SYSTEM	Yes
S1030	CPT/HCPCS	CONTINUOUS NONINVASIVE GLUCOSE MONITORING DEVICE, PURCHASE	Yes
A5513	CPT/HCPCS	FOR DIABETICS ONLY, MULTIPLE DENSITY INSERT, CUSTOM MOLDED FROM MODEL OF PATIENT'S FOOT	Yes
A4239	CPT/HCPCS	SUPPLY ALLOWANCE FOR NON-ADJUNCTIVE, NON-IMPLANTED CONTINUOUS GLUCOSE MONITOR (CGM), INCLUDES ALL SUPPLIES AND ACCESSORI	Yes
A5514	CPT/HCPCS	FOR DIABETICS ONLY, MULTIPLE DENSITY INSERT, MADE BY DIRECT CARVING WITH CAM TECHNOLOGY FROM A RECTIFIED CAD MODEL CREAT	Yes
A4271	CPT/HCPCS	INTEGRATED LANCING AND BLOOD SAMPLE TESTING CARTRIDGES FOR HOME BLOOD GLUCOSE MONITOR, PER 50 TESTS	Yes
A4206	CPT/HCPCS	SYRINGE WITH NEEDLE, STERILE, 1 CC OR LESS, EACH	Yes
S8490	CPT/HCPCS	INSULIN SYRINGES (100 ANY SIZE)	Yes
S5570	CPT/HCPCS	INSULIN DELIVERY DEVICE, DISPOSABLE PEN; 1.5 ML SIZE	Yes
A4208	CPT/HCPCS	SYRINGE WITH NEEDLE, STERILE 3 CC	Yes
S5561	CPT/HCPCS	INSULIN DELIVERY DEVICE, REUSABLE PEN; 3 ML SIZE	Yes
A4210	CPT/HCPCS	NEEDLE-FREE INJECTION DEVICE	Yes
A4211	CPT/HCPCS	SUPPLIES FOR SELF-ADMINISTERED INJECTIONS	Yes
A4253	CPT/HCPCS	BLOOD GLUCOSE TEST OR REAGENT STRIPS FOR HOME BLOOD GLUCOSE MONITOR, PER 50 STRIPS	Yes
A4207	CPT/HCPCS	SYRINGE WITH NEEDLE, STERILE 2 CC,EACH	Yes
A4256	CPT/HCPCS	NORMAL, LOW AND HIGH CALIBRATOR SOLUTION / CHIPS	Yes
A4250	CPT/HCPCS	URINE TEST OR REAGENT STRIPS OR TABLETS (100 TABLETS OR STRIPS)	Yes
A4259	CPT/HCPCS	LANCETS, PER BOX	Yes
S5566	CPT/HCPCS	INSULIN CARTRIDGE FOR USE IN INSULIN DELIVERY DEVICE OTHER THAN PUMP 300 UNITS	Yes

K0553	CPT/HCPCS	SUPPLY ALLOWANCE FOR THERAPEUTIC CONTINUOUS GLUCOSE MONITOR (CGM), INCLUDES ALL SUPPLIES AND ACCESSORIES, 1 MONTH SUPPLY = 1 UNIT OF SERVICE	Yes
A4234	CPT/HCPCS	REPLACEMENT BATTERY, ALKALINE, J CELL, FOR USE WITH MEDICALLY NECESSARY HOME BLOOD GLUCOSE MONITOR OWNED BY PATIENT, EA	Yes
A4230	CPT/HCPCS	INFUSION SET FOR EXTERNAL INSULIN PUMP NEEDLE TYPE	Yes
A4258	CPT/HCPCS	SPRING-POWERED DEVICE FOR LANCET,EACH	Yes
S5571	CPT/HCPCS	INSULIN DELIVERY DEVICE, DISPOSABLE PEN, 3 ML SIZE	Yes
A4209	CPT/HCPCS	SYRINGE WITH NEEDLE, STERILE 5 CC OR GREATER	Yes
S5560	CPT/HCPCS	INSULIN DELIVERY DEVICE, RESUABLE PEN; 1.5 ML SIZE	Yes
A4212	CPT/HCPCS	HUBER-TYPE NEEDLE, EACH	Yes
A4215	CPT/HCPCS	NEEDLE, STERILE, ANY SIZE, EACH	Yes
A4235	CPT/HCPCS	REPLACEMENT BATTERY, LITHIUM, FOR USE WITH MEDICALLY NECESSARY HOME BLOOD GLUCOSE MONITOR OWNED BY PATIENT, EACH	Yes
S5565	CPT/HCPCS	INSULIN CARTRIDGE FOR USE IN INSULIN DELIVERY DEVICE OTHER THAN PUMP; 150 UNITS	Yes
A4236	CPT/HCPCS	REPLACEMENT BATTERY, SILVER OXIDE, FOR USE WITH MEDICALLY NECESSARY HOME BLOOD GLUCOSE MONITOR OWNED BY PATIENT, EACH	Yes
A4232	CPT/HCPCS	SYRINGE WITH NEEDLE FOR EXTERNAL INSULIN PUMP STERILE, 3CC	Yes
A4213	CPT/HCPCS	SYRINGE, STERILE, 20 CC OR GREATER	Yes
A4233	CPT/HCPCS	REPLACEMENT BATTERY, ALKALINE (OTHER THAN J CELL), FOR USE WITH MEDICALLY NECESSARY HOME BLOOD GLUCOSE MONITOR OWNED BY	Yes
A4231	CPT/HCPCS	INFUSION SET FOR EXTERNAL INSULIN PUMP, NEEDLE TYPE	Yes
A4255	CPT/HCPCS	PLATFORMS FOR HOME BLOOD GLUCOSE MONITOR 50 PER BOX	Yes
A9275	CPT/HCPCS	HOME GLUCOSE DISPOSABLE MONITOR, INCLUDES TEST STRIPS	Yes
A4225	CPT/HCPCS	SUPPLIES FOR EXTERNAL INSULIN INFUSION PUMP, SYRINGE TYPE CARTRIDGE, STERILE, EACH	Yes
A4224	CPT/HCPCS	SUPPLIES FOR MAINTENANCE OF INSULIN INFUSION CATHETER, PER WEEK	Yes
S4042	CPT/HCPCS	MANAGEMENT OF OVULATION INDUCTION, PER CYCLE	Yes
58345	CPT/HCPCS	TRANSCERVICAL INTRODUCTION OF FALLOPIAN TUBE CATHETER FOR DIAGNOSIS AND/OR REESTABLISHING PATENCY(ANY METHOD), W/WO HY	Yes
84830	CPT/HCPCS	OVULATION TEST, BY VISUAL COLOR COMPARISON METHODS FOR HUMAN LUTEINIZING HORMONE	Yes
58974	CPT/HCPCS	EMBRYO TRANSFER, ANY METHOD (SEPARATE PROCEDURE)	Yes
58976	CPT/HCPCS	GAMETE OR ZYGOTE INTRAFALLOPIAN TRANSFER, ANY METHOD	Yes
89254	CPT/HCPCS	OOCYTE IDENTIFICATION FROM IDENTIFICATION FROM FOLLICULAR FLUID	Yes
89264	CPT/HCPCS	SPERM IDENTIFICATION FROM TESTIS TISSUE,FRESH OR CRYOPRESERVED	Yes
58970	CPT/HCPCS	FOLLICLE PUNCTURE FOR OOCYTE RETRIEVAL, ANY METHOD	Yes
89255	CPT/HCPCS	PREPARATION OF EMBRYO FOR TRANSFER (ANY METHOD)	Yes
89257	CPT/HCPCS	SPERM IDENTIFICATION FROM ASPIRATION (OTHER THAN SEMINAL FLUID)	Yes
S4028	CPT/HCPCS	MICROSURGICAL EPIDIDYMAL SPERM ASPIRATION (MESA)	Yes
S4030	CPT/HCPCS	SPERM PROCUREMENT AND CRYOPERSERVATION SVCS; INITIAL VISIT	Yes
89260	CPT/HCPCS	SPERM ISOLATION;SIMPLE PEP(EG,SPERM WASH AND SWIM-UP)FOR INSEMINATION OR DIAGNOSIS WITH SEMEN ANALYSIS	Yes
89261	CPT/HCPCS	SPERM ISOLATION,COMPLEX PREP(EG,PER COL GRADIENT,ALBUMIN GRADIENT)FOR INSEMINATION OR DIAGNOSIS WITH SEMEN ANALYSIS	Yes
89268	CPT/HCPCS	INSEMINATION OF OOCYTES	Yes
89272	CPT/HCPCS	EXTENDED CULTURE OF OOCYTES(S)/EMBRYO(S), 4-7 DAYS	Yes
89280	CPT/HCPCS	ASSISTED OOCYTES FERTILIZATION, MICROTECHNIQUE; LESS THAN OR EQUAL TO 10 OOCYTES	Yes
89281	CPT/HCPCS	ASSISTED OOCYTES FERTILIZATION, MICROTECHNIQUE; GREATER THAN 10 OOCYTES	Yes
89300	CPT/HCPCS	SEMEN ANALYSIS; PRESENCE AND/OR MOTILITY OF SPERM INCLUDING HUHNER TEST	Yes
89310	CPT/HCPCS	SEMEN ANALYSIS; MOTILITY AND COUNT (NOT INCL HUHNER TEST)	Yes
89320	CPT/HCPCS	SEMEN ANALYSIS; COMPLETE (VOLUME, COUNT, MOTILITY AND DIFFERENTIAL)	Yes
89321	CPT/HCPCS	SEMEN ANALYSIS, PRESENCE AND/OR MOTILITY OF SPERM	Yes

S4016	CPT/HCPCS	FROZEN IVF CYCLE TO REIMBURSE FOR INFERTILITY SERVICES ON A CASE RATE BASIS	Yes
S4021	CPT/HCPCS	IN VITRO FERTILIZATION PROCEDURE CANCELLED AFTER ASPIRATION, CASE RATE	Yes
S4031	CPT/HCPCS	SPERM PROCUREMENT AND CRYOPERSERVATION SVCS; SUBSEQUENT VISIT	Yes
89325	CPT/HCPCS	SPERM ANTIBODIES	Yes
S4014	CPT/HCPCS	COMPLETE CYCLE, ZYGOTE INTRAFALLOPIAN TRANSFER (ZIFT), CASE RATE	Yes
S4018	CPT/HCPCS	FROZEN EMBRYO TRANSFER PROCEDURE CANCELLED BEFORE TRANSFER, CASE RATE	Yes
0255U	CPT/HCPCS	ANDROLOGY (INFERTILITY), SPERM-CAPACITATION ASSESSMENT OF GANGLIOSIDE GM1 DISTRIBUTION PATTERNS, FLUORESCENCE MICROSCOP	Yes
S8092	CPT/HCPCS	ELECTRON BEAM COMPUTED TOMOGRAPHY (ALSO KNOWN AS ULTRAFAST CT, CINE CT)	Yes
0394T	CPT/HCPCS	HIGH DOSE RATE ELECTRONIC BRACHYTHERAPY, SKIN SURFACE APPLICATION, PER FRACTION, INCLUDES BASIC DOSIMETRY, WHEN	Yes
0395T	CPT/HCPCS	HIGH DOSE RATE ELECTRONIC BRACHYTHERAPY, INTERSTITIAL OR INTRACAVITY TREATMENT, PER FRACTION, INCLUDES BASIC DOSIMETRY,W	Yes
C1716	CPT/HCPCS	BRACHYTHERAPY SOURCE, NON-STRANDED GOLD 198, PER SOURCE	Yes
C1717	CPT/HCPCS	BRACHYTHERAPY SOURCE, NON-STRANDED, HIGH DOSE RATE IRIIDIUM 192, PER SOURCE	Yes
77767	CPT/HCPCS	REMOTE AFTERLOADING HIGH DOSE RATE RADIONUCLIDE SKIN SURFACE,WHEN PERFORMED; LESION DIAMETER UP TO 2.0 CM OR 1 CHANNEL	Yes
77768	CPT/HCPCS	REMOTE AFTERLOADING HIGH DOSE RATE RADIONUCLIDE SKIN SURFACE WHEN PERFORMED;LESION DIAMETER OVER 2.0CM;2 OR MORE CHANNEL	Yes
77770	CPT/HCPCS	REMOTE AFTERLOADING HIGH DOSE RATE RADIONUCLIDE INTERSTITIALOR INTRACAVITARY BRACHYTHERAPY, WHEN PERFORMED 1 CHANNEL	Yes
77771	CPT/HCPCS	REMOTE AFTERLOADING HIGH DOSE RATE RADIONUCLIDE INTERSTITIALOR INTRACAVITARY BRACHYTHERAPY, WHEN PERFORMED 2-12 CHANNELS	Yes
77772	CPT/HCPCS	REMOTE AFTERLOADING HIGH DOSE RATE RADIONUCLIDE INTERSTITIALOR INTRACAVITARY BRACHYTHERAPY, WHEN PERFORMED OVER 12 CHANN	Yes
77778	CPT/HCPCS	INTERSTITIAL RADIATION SOURCE APPLICATION; COMPLEX, INCLUDES SUPERVISION, HANDLING, LOADING OF RADIATION SOURCE, WHEN PE	Yes
77790	CPT/HCPCS	SUPERVISION, HANDLING, LOADING OF RADIOELEMENT	Yes
77799	CPT/HCPCS	UNLISTED PROCEDURE, CLINICAL BRACHYTHERAPY	Yes
79005	CPT/HCPCS	RADIOPHARMACEUTICAL THERAPY, BY ORAL ADMINISTRATION	Yes
79101	CPT/HCPCS	RADIOPHARMACEUTICAL THERAPY, BY INTRAVENOUS ADMINISTRATION	Yes
79200	CPT/HCPCS	RADIOPHARMACEUTICAL THERAPY, BY INTRACAVITARY ADMINISTRATION	Yes
79300	CPT/HCPCS	RADIOPHARMACEUTICAL THERAPY, BY INTERSTITIAL RADIOACTIVE COLLOID ADMINISTRATION	Yes
79403	CPT/HCPCS	RADIOPHARMACEUTICAL THERAPY, RADIOLABELED MONOCLONAL ANTIBODBY INTRAVENOUS INFUSION	Yes
79440	CPT/HCPCS	RADIOPHARMACEUTICAL THERAPY, BY INTRA-ARTICULAR ADMINISTRATION	Yes
344	Revenue	NUCLEAR MEDICINE-THERAPEUTIC RADIOPHARMACEUTICALS	Yes
77014	CPT/HCPCS	COMPUTED TOMOGRAPHY GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELDS.	Yes
77262	CPT/HCPCS	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; INTERMEDIATE	Yes
77263	CPT/HCPCS	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX	Yes
77280	CPT/HCPCS	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; SIMPLE	Yes
79445	CPT/HCPCS	RADIOPHARMACEUTICAL THERAPY, BY INTRA-ARTERIAL PARTICULATE ADMINISTRATION	Yes
333	Revenue	RADIATION THERAPY	Yes
339	Revenue	THERAPUTIC RADIOLOGY - OTHER	Yes
342	Revenue	NUCLEAR MEDICINE - THERAPEUTIC	Yes
79999	CPT/HCPCS	RADIOPHARMACEUTICAL THERAPY, UNLISTED PROCEDURE	Yes

C1719	CPT/HCPCS	BRACHYTHERAPY SOURCE, NON-STRANDED, NON-HIGH DOSE RATE IRIIDIUM 192, PER SOURCE	Yes
C2616	CPT/HCPCS	BRACHYTHERAPY SOURCE, NON-STRANDED, YTTRIUM-90, PER SOURCE	Yes
C2635	CPT/HCPCS	BRACHYTHERAPY SOURCE, NON-STRANDED, HIGH ACTIVITY, PALADIUM-103, PER SOURCE	Yes
C2637	CPT/HCPCS	BRACHYTHERAPY SOURCE, NON-STRANDED, YTTERBIUM-169, PER SOURCE	Yes
C2638	CPT/HCPCS	BRACHYTHERAPY SOURCE, STRANDED, IODINE-125, PER SOURCE	Yes
C2639	CPT/HCPCS	BRACHYTHERAPY SOURCE, NON-STRANDED, IODINE-125, PER SOURCE	Yes
C2640	CPT/HCPCS	BRACHYTHERAPY SOURCE, NON-STRANDED, PALLADIUM-103, PER SOURCE	Yes
C2641	CPT/HCPCS	BRACHYTHERAPY SOURCE, STRANDED, PALLADIUM-103, PER SOURCE	Yes
C2642	CPT/HCPCS	BRACHYTHERAPY SOURCE, STRANDED, CESIUM-131, PER SOURCE	Yes
C2644	CPT/HCPCS	BRACHYTHERAPY SOURCE, CESIUM-131 CHLORIDE SOLUTION, PER MILLICURIE	Yes
C2698	CPT/HCPCS	BRACHYTHERAPY SOURCE, STRANDED, NOT OTHERWISE SPECIFIED, PER SOURCE	Yes
C2699	CPT/HCPCS	BRACHYTHERAPY SOURCE, NON-STRANDED, NOT OTHERWISE SPECIFIED	Yes
C9725	CPT/HCPCS	PLACEMENT OF ENDORECTAL INTRACVITARY APPLICATOR FOR HIGH INTESITY BRACHYTHERAPY	Yes
C9726	CPT/HCPCS	PLACEMENT AND REMOVAL (IF PERFORMED) OF APPLICATOR INTO BREAST FOR RADIATION THERAPY	Yes
G0458	CPT/HCPCS	LOW DOSE RATE (LDR) PROSTATE BRACHYTHERAPY SERVICES, COMPOSITE RATE	Yes
G6001	CPT/HCPCS	ULTRASONIC GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELDS	Yes
G6002	CPT/HCPCS	STEREOSCOPIC X-RAY GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR THE DELIVERY OF RADIATION THERAPY	Yes
G6003	CPT/HCPCS	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA,SINGLE PORT OR PARALLEL OPPOSED PORTS, SIMPLE BLOCKS OR NO BLOCKS:	Yes
G6004	CPT/HCPCS	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA,SINGLE PORT OR PARALLEL OPPOSED PORTS: 6-10MEV	Yes
G6005	CPT/HCPCS	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA,SINGLE PORT OR PARALLEL OPPOSED PORTS: : 11-19MEV	Yes
G6006	CPT/HCPCS	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA,SINGLE PORT OR PARALLEL OPPOSED PORTS, SIMPLE BLOCKS OR NO BLOCKS:	Yes
G6007	CPT/HCPCS	RADIATION TREATMENT DELIVERY, 2 SEPARATE TREATMENT AREAS, 3 OR MORE PORTS ON A SINGLE TREATMENT AREA, USE MULTIPLE BLOCK	Yes
G6008	CPT/HCPCS	RADIATION TREATMENT DELIVERY,2 SEPARATE TREATMENT AREAS,3 OR MORE PORTS ON A SINGLE TREATMENT AREA,USE OF MULTIPLE:6-10	Yes
G6009	CPT/HCPCS	RADIATION TREATMENT DELIVERY,2 SEPARATE TREATMENT AREAS,3 OR MORE PORTS ON A SINGLE TREATMENT AREA,USE OF MULTIPLE:11-19	Yes
G6010	CPT/HCPCS	RADIATION TREATMENT DELIVERY,2 SEPARATE TREATMENT AREAS,3 OR MORE PORTS ON A SINGLE TREATMENT AREA,USE OF MULTIPLE:20 ME	Yes
G6011	CPT/HCPCS	RADIATION TREATMENT DELIVERY,3 OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING,ELECTRON BEAM; UP TO 5MEV	Yes
G6012	CPT/HCPCS	RADIATION TREATMENT DELIVERY,3 OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING,ELECTRON BEAM; 6-10MEV	Yes
G6013	CPT/HCPCS	RADIATION TREATMENT DELIVERY,3 OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING,ELECTRON BEAM; 11-19MEV	Yes
G6014	CPT/HCPCS	RADIATION TREATMENT DELIVERY,3 OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, ELECTRON BEAM; 20MEV OR GREATER	Yes
G6015	CPT/HCPCS	INTENSITY MODULATED TREATMENT DELIVERY, SINGLE OR MULTIPLE FIELDS/ARCS,DYNAMIC MLC, PER TREATMENT SESSION	Yes
G6016	CPT/HCPCS	COMPENSATOR-BASED BEAM MODULATION TREATMENT DELIVERY OF INVERSE PLANNED TREATMENT USING 3 OR MORE HIGH RESOLUTION	Yes
G6017	CPT/HCPCS	INTRA-FRACTION LOCALIZATION AND TRACKING OF TARGET OR PATIENT MOTION DURING DELIVERY OF RADIATION THERAPY, 3D SURF	Yes
77750	CPT/HCPCS	INFUSION OR INSTILLATION OF RADIOELEMENT SOLUTION (INCLUDES THREE MONTHS FOLLOW-UP CARE)	Yes

77761	CPT/HCPCS	INTRACAVITARY RADIOELEMENT RADIATION SOURCE APPLICATION; SIMPLE	Yes
77762	CPT/HCPCS	INTRACAVITARY RADIOELEMENT APPLICATION; INTERMEDIATE	Yes
77763	CPT/HCPCS	INTRACAVITARY RADIOELEMENT APPLICATION; COMPLEX	Yes
C9408	CPT/HCPCS	IODINE I-131 IOBENGUANE, THERAPEUTIC, 1 MILLICURIE	Yes
C9031	CPT/HCPCS	LUTETIUM LU 177, DOTATATE, THERAPEUTIC, 1 MCI	Yes
S8030	CPT/HCPCS	SCLERAL APPLICATION OF TANTALUM RING(S) FOR LOCALIZATION OF LESIONS FOR PROTON BEAM THERAPY	Yes
S8080	CPT/HCPCS	SCINTIMAMMOGRAPHY (RADIOIMMUNOSCINTIGRAPHY OF THE BREAST), UNILATERAL, INCLUDING SUPPLY OF RADIOPHARMACEUTICAL.	Yes
0747T	CPT/HCPCS	CARDIAC FOCAL ABLATION UTILIZING RADIATION THERAPY FOR ARRHYTHMIA; DELIVERY OF RADIATION THERAPY, ARRHYTHMIA	Yes
77336	CPT/HCPCS	CONTINUING MEDICAL RADIATION PHYSICS CONSULTATION IN SUPPORT OF THERAPEUTIC RADIOLOGIST INCLUDING CONTINUING QUALITY A	Yes
77338	CPT/HCPCS	MULTI-LEAF COLLIMATOR (MLC) DEVICE(S) FOR INTENSITY MODULATED RADIATION THERAPY (IMRT), DESIGN AND CONSTRUCTION PER IMRT	Yes
77370	CPT/HCPCS	SPECIAL MEDICAL RADIATION PHYSICS CONSULTATION	Yes
77371	CPT/HCPCS	RADIATION TX DELIVERY, STEREOTACTIC RADIOSURGERY, COMPLETE COURSE OF TX OF CEREBRAL LESION(S) CONSISTING OF 1 SESSION; MULTI-SOURCE COBALT 60 BASED.	Yes
77372	CPT/HCPCS	RADIATION TX DELIVERY, STEREOTACTIC RADIOSURGERY, COMPLETE COURSE OF TX OF CEREBRAL LESION(S) CONSISTING OF 1 SESSION; LINEAR ACCLERATOR BASED	Yes
77373	CPT/HCPCS	STEREOTACTIC BODY RADIATION TX, TX DELIVERY, PER FRACTION TO 1 OR MORE LESIONS, ENTIRE COURSE NOT TO EXCEED 5 FRACTIONS.	Yes
77385	CPT/HCPCS	INTENSITY MODULATED RADIATION TREATMENT DELIVERY (IMRT), INCLUDES GUIDANCE AND TRACKING WHEN PERFORMED; SIMPLE	Yes
77386	CPT/HCPCS	INTENSITY MODULATED RADIATION TREATMENT DELIVERY (IMRT), INCLUDES GUIDANCE AND TRACKING WHEN PERFORMED; COMPLEX	Yes
77387	CPT/HCPCS	GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR DELIVERY OF RADIATION TREATMENT DELIVERY, INCLUDES INTRAFRACTION	Yes
77399	CPT/HCPCS	UNLISTED PROCEDURE, MEDICAL RADIATION PHYSICS, DOSIMETRY AND TREATMENT DEVICES	Yes
77401	CPT/HCPCS	RADIATION TREATMENT DELIVERY, SUPERFICIAL AND/OR ORTHO VOLTAGE, PER DAY	Yes
77402	CPT/HCPCS	RADIATION TREATMENT DELIVERY, > 1MEV; SIMPLE	Yes
77407	CPT/HCPCS	RADIATION TREATMENT DELIVERY, > 1MEV; INTERMEDIATE	Yes
77412	CPT/HCPCS	RADIATION TREATMENT DELIVERY, > 1MEV; COMPLEX	Yes
77417	CPT/HCPCS	THERAPEUTIC RADIOLOGY PORT IMAGE(S)	Yes
77423	CPT/HCPCS	HIGH ENERGY NEUTRON RADIATION TREATMENT DELIVERY; ONE OR MORE ISOCENTER(S) WITH COPLANAR OR NON-COPLANAR GEOMETRY WITH	Yes
77424	CPT/HCPCS	INTRAOPERATIVE RADIATION TREATMENT DELIVERY, X-RAY, SINGLE TREATMENT SESSION.	Yes
77425	CPT/HCPCS	INTRAOPERATIVE RADIATION TREATMENT DELIVERY, ELECTRONS, SINGLE TREATMENT SESSION	Yes
DFY1CZZ	ICD Procedure	INTRAOPERATIVE RADIATION THERAPY (IORT) OF GALLBLADDER	Yes
C2636	CPT/HCPCS	BRACHYTHERAPY LINEAR SOURCE, NON-STRANDED, PALADIUM-103, PER 1 MM	Yes
77789	CPT/HCPCS	SURFACE APPLICATION OF RADIATION SOURCE	Yes
77427	CPT/HCPCS	RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS	Yes
77431	CPT/HCPCS	RADIATION THERAPY MANAGEMENT WITH COMPLETE COURSE OF THERAPY CONSISTING OF ONE OR TWO FRACTIONS ONLY	Yes
77432	CPT/HCPCS	STEREOTACTIC RADIATION TREATMENT MANAGEMENT OF CERBRAL LESION(S)	Yes
77435	CPT/HCPCS	STEREOTACTIC BODY RADIATION TX, TX MANAGEMENT, PER TX COURSE, TO ONE OR MORE LESIONS, ENTIRE COURSE NOT TO EXCEED 5 FRACTIONS.	Yes
77469	CPT/HCPCS	INTRAOPERATIVE RADIATION TREATMENT MANAGEMENT	Yes
77525	CPT/HCPCS	PROTON TREATMENT DELIVERY; COMPLEX	Yes
77600	CPT/HCPCS	HYPERTHERMIA, EXTERNALLY GENERATED; SUPERFICIAL (IE, HEATING TO A DEPTH OF 4 CM OR LESS)	Yes
77605	CPT/HCPCS	HYPERTHERMIA, EXTERNALLY GENERATED; DEEP (IE, HEATING TO DEPTHS GREATER THAN 4 CM)	Yes

77610	CPT/HCPCS	HYPERTHERMIA GENERATED BY INTERSTITIAL PROBE(S); 5 OR FEWER INTERSTITIAL APPLICATORS	Yes
DFY0CZZ	ICD Procedure	INTRAOPERATIVE RADIATION THERAPY (IORT) OF LIVER	Yes
77470	CPT/HCPCS	SPECIAL TREATMENT PROCEDURE(EG,TOTAL BODY IRRADIATION,HEMIBODY IRRADIATION,PER ORAL VAGINAL ENDOCAVITARY,INTRAOPERATIVE	Yes
77499	CPT/HCPCS	UNLISTED PROCEDURE, THERAPEUTIC RADIOLOGY CLINICAL TREATMENT MANAGEMENT	Yes
77520	CPT/HCPCS	PROTON TREATMENT DELIVERY;SIMPLE,WITHOUT COMPENSATION	Yes
77522	CPT/HCPCS	PROTON TREATMENT DELIVERY; SIMPLE WITH COMPENSATION	Yes
77523	CPT/HCPCS	PROTON TREATMENT DELIVERY; SIMPLE,WITHOUT COMPENSATION, INTERMEDIATE	Yes
DTY0CZZ	ICD Procedure	INTRAOPERATIVE RADIATION THERAPY (IORT) OF KIDNEY	Yes
C2643	CPT/HCPCS	BRACHYTHERAPY SOURCE, NON-STRANDED, CESIUM-131, PER SOURCE	Yes
C2634	CPT/HCPCS	BRACHYTHERAPY SOURCE, NON-STRANDED, HIGH ACTIVITY, IODINE-125, PER SOURCE	Yes
77261	CPT/HCPCS	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; SIMPLE	Yes
77615	CPT/HCPCS	HYPERTHERMIA GENERATED BY INTERSTITIAL PROBE(S); MORE THAN 5 INTERSTITIAL APPLICATORS	Yes
77285	CPT/HCPCS	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; INTERMEDIATE	Yes
77290	CPT/HCPCS	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX	Yes
77293	CPT/HCPCS	RESPIRATORY MOTION MANAGEMENT SIMULATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Yes
77295	CPT/HCPCS	3-DIMENSIONAL RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAMS	Yes
77299	CPT/HCPCS	UNLISTED PROCEDURE, THERAPEUTIC RADIOLOGY CLINICAL TREATMENT PLANNING	Yes
77300	CPT/HCPCS	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TISSUE INHOM	Yes
77301	CPT/HCPCS	INTENSITY MODULATED RADIOTHERAPY PLAN, INCLUDING DOSE VOLUME HISTOGRAMS FOR TARGET CRITICAL STRUCTURE PARTIAL TOLERANCE	Yes
77306	CPT/HCPCS	TELETHERAPY ISODOSE PLAN; SIMPLE (1 OR 2 UNMODIFIED PORTS DIRECTED TO A SINGLE AREA OF INTEREST), INCLUDES BASIC DOSIMETRY	Yes
77307	CPT/HCPCS	TELETHERAPY ISODOSE PLAN; COMPLEX (MULTIPLE TREATMENT AREAS,TANGENTIAL PORTS, THE USE OF WEDGES, BLOCKING, ROTATIONAL BE	Yes
77316	CPT/HCPCS	BRACHYTHERAPY ISODOSE PLAN; SIMPLE (CALCULATIONS) MADE FROM 1 TO 4 SOURCES, OR REMOTE AFTERLOADING BRACHYTHERAPY,1 CHANNEL	Yes
77317	CPT/HCPCS	BRACHYTHERAPY ISODOSE PLAN; INTERMEDIATE (CALCULATION(S) MADE FROM 5 TO 10 SOURCES, OR REMOTE AFTERLOADING 2-12 CHANNELS	Yes
77318	CPT/HCPCS	BRACHYTHERAPY ISODOSE PLAN; COMPLEX (CALCULATION(S) MADE FROM OVER 10 SOURCES OR REMOTE AFTERLOADING OVER 12 CHANNELS	Yes
77321	CPT/HCPCS	SPECIAL TELETHERAPY PORT PLAN, PARTICLES, HEMI-BODY, TOTAL BODY	Yes
77331	CPT/HCPCS	SPECIAL DOSIMETRY (EG, TLD, MICRODOSIMETRY) (SPECIFY), ONLY WHEN PRESCRIBED BY THE TREATING PHYSICIAN	Yes
77332	CPT/HCPCS	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; SIMPLE (SIMPLE BLOCK, SIMPLE BOLUS)	Yes
77333	CPT/HCPCS	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; INTERMEDIATE (MULTIPLE BLOCKS, STENTS, BITE BLOCKS, SPECIAL BOLUS)	Yes
77334	CPT/HCPCS	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL SHIELDS, COMPENSATORS, WEDGES, MOL	Yes
76145	CPT/HCPCS	MEDICAL PHYSICS DOSE EVALUATION FOR RADIATION EXPOSURE THAT EXCEEDS INSTITUTIONAL REVIEW THRESHOLD, INCLUDING REPORT	Yes
G0562	CPT/HCPCS	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX, INCLUDING ACQUISITION OF PET AND CT IMAGING DATA REQUIRED	Yes

0738T	CPT/HCPCS	TREATMENT PLANNING FOR MAGNETIC FIELD INDUCTION ABLATION OF MALIGNANT PROSTATE TISSUE, USING DATA FROM PREVIOUSLY PERFOR	Yes
G0563	CPT/HCPCS	STEREOTACTIC BODY RADIATION THERAPY, TREATMENT DELIVERY, PER FRACTION TO 1 OR MORE LESIONS, INCLUDING IMAGE GUIDANCE AND	Yes
0745T	CPT/HCPCS	CARDIAC FOCAL ABLATION UTILIZING RADIATION THERAPY FOR ARRHYTHMIA; NONINVASIVE ARRHYTHMIA LOCALIZATION AND MAPPING OF AR	Yes
0746T	CPT/HCPCS	CARDIAC FOCAL ABLATION UTILIZING RADIATION THERAPY FOR ARRHYTHMIA; CONVERSION OF ARRHYTHMIA LOCALIZATION AND MAPPING OF	Yes
96547	CPT/HCPCS	INTRAOPERATIVE HYPERTHERMIC INTRAPERITONEAL CHEMOTHERAPY (HIPEC) PROCEDURE, INCLUDING SEPARATE INCISION(S) AND CLOSURE,	Yes
C9794	CPT/HCPCS	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX, INCLUDING ACQUISITION OF PET AND CT IMAGING DATA REQUIRED	Yes
C9795	CPT/HCPCS	STEREOTACTIC BODY RADIATION THERAPY, TREATMENT DELIVERY, PER FRACTION TO 1 OR MORE LESIONS, INCLUDING IMAGE GUIDANCE AND	Yes
96548	CPT/HCPCS	INTRAOPERATIVE HYPERTHERMIC INTRAPERITONEAL CHEMOTHERAPY (HIPEC) PROCEDURE, INCLUDING SEPARATE INCISION(S) AND CLOSURE,	Yes
C8004	CPT/HCPCS	SIMULATION ANGIOGRAM WITH USE OF A PRESSURE-GENERATING CATHETER (E.G., ONE-WAY VALVE, INTERMITTENTLY OCCLUDING), INCLUSI	Yes
54015	CPT/HCPCS	INCISION AND DRAINAGE OF PENIS, DEEP	Yes
55000	CPT/HCPCS	*PUNCTURE ASPIRATION OF HYDROCELE, TUNICA VAGINALIS, WITH OR WITHOUT INJECTION OF MEDICATION	Yes
67420	CPT/HCPCS	ORBITOTOMY WITH BONE FLAP, LATERAL APPROACH (EG, KROENLEIN); WITH REMOVAL OF LESION	Yes
28090	CPT/HCPCS	EXCISION OF LESION OF TENDON OR FIBROUS SHEATH OR CAPSULE (INCLUDING SYNOVECTOMY) (CYST OR GANGLION); FOOT	Yes
59151	CPT/HCPCS	LAPAROSCOPIC TREATMENT OF ECTOPIC PREGNANCY; WITH SALPINGECTOMY AND/OR OOPHORECTOMY	Yes
44150	CPT/HCPCS	COLECTOMY, TOTAL, ABDOMINAL, WITHOUT PROCTECTOMY; WITH ILEOSTOMY OR ILEOPROCTOSTOMY	Yes
67208	CPT/HCPCS	DESTRUCTION OF LOCALIZED LESION OF RETINA (EG, MACULOPATHY, CHOROIDOPATHY, SMALL TUMORS), ONE OR MORE SESSIONS; CRYOT	Yes
31040	CPT/HCPCS	PTERYGOMAXILLARY FOSSA SURGERY, ANY APPROACH	Yes
20930	CPT/HCPCS	ALLOGRAFT FOR SPINE SURGERY ONLY; MORSELIZED	Yes
11770	CPT/HCPCS	EXCISION OF PILONIDAL CYST OR SINUS; SIMPLE	Yes
28406	CPT/HCPCS	TREATMENT OF CLOSED CALCANEAL FRACTURE; WITH MANIPULATION AND SKELETAL FIXATION	Yes
37140	CPT/HCPCS	VENOUS ANASTOMOSIS, OPEN; PORTOCAVAL	Yes
43831	CPT/HCPCS	GASTROSTOMY, TEMPORARY (TUBE, RUBBER OR PLASTIC) (SEPARATE PROCEDURE); NEONATAL, FOR FEEDING	Yes
20983	CPT/HCPCS	ABLATION THERAPY FOR REDUCTION OR ERADICATION OF 1 OR MORE BONE TUMORS (EG, METASTASIS) INCLUDING ADJACENT SOFT TISSUE	Yes
66850	CPT/HCPCS	REMOVAL OF LENS MATERIAL; PHACOFRAGMENTATION TECHNIQUE (MECHANICAL OR ULTRASONIC) (EG, PHACOEMULSIFICATION), WIT	Yes
69801	CPT/HCPCS	LABYRINTHOTOMY, WITH PERFUSION OF VESTIBULOACTIVE DRUG(S); TRANSCANAL	Yes
46716	CPT/HCPCS	PERINEAL TRANSPLANT OF ANOVAGINAL FISTULA	Yes
35305	CPT/HCPCS	THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED; TIBIAL OR PERONEAL ARTERY, INITIAL VESSEL	Yes
57454	CPT/HCPCS	*COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH BIOPSY(S) OF THE CERVIX AND ENDOCERVICAL CURETTAGE	Yes
27437	CPT/HCPCS	ARTHROPLASTY, PATELLA; WITHOUT PROSTHESIS	Yes
33507	CPT/HCPCS	REPAIR OF ANOMALOUS AORTIC ORIGIN OF CORONARY ARTERY BY UNROOFING OR TRANSLOCATION	Yes
27057	CPT/HCPCS	DECOMPRESSION FASCIOTOMY, PELVIC (BUTTOCK) COMPARTMENT(S) (EG, GLUTEUS MEDIUS-MINIMUS, GLUTEUS MAXIMUS, ILIOPSOAS, AND/O	Yes
35180	CPT/HCPCS	REPAIR, CONGENITAL ARTERIOVENOUS FISTULA; HEAD AND NECK	Yes

67025	CPT/HCPCS	INJECTION OF VITREOUS SUBSTITUTE, PARS PLANA OR LIMBAL APPROACH, (FLUID-GAS EXCHANGE), WITH OR WITHOUT ASPIRATION (SEP	Yes
69150	CPT/HCPCS	RADICAL EXCISION EXTERNAL AUDITORY CANAL LESION; WITHOUT NECK DISSECTION	Yes
41252	CPT/HCPCS	*REPAIR OF LACERATION OF TONGUE, FLOOR OF MOUTH, OVER 2.6 CM OR COMPLEX	Yes
21925	CPT/HCPCS	BIOPSY, SOFT TISSUE OF BACK OR FLANK; DEEP	Yes
0072T	CPT/HCPCS	FOCUSED ULTRASOUND ABLATION OF UTERINE LEIOMYOMATA, INCLUDING MR GUIDANCE; TOTAL LEIOMYOMATA VOLUME GREATER OR EQUAL TO 200 CC OF TISSUE	Yes
42100	CPT/HCPCS	BIOPSY OF PALATE, UVULA	Yes
57305	CPT/HCPCS	CLOSURE OF RECTOVAGINAL FISTULA; ABDOMINAL APPROACH	Yes
11307	CPT/HCPCS	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 0.6 TO 1.0 CM	Yes
28039	CPT/HCPCS	EXCISION, TUMOR, SOFT TISSUE OF FOOT OR TOE, SUBCUTANEOUS; 1.5 CM OR GREATER	Yes
47380	CPT/HCPCS	ABLATION, OPEN, OF ONE OR MORE LIVER TUMOR(S); RADIOFREQUENCY	Yes
23065	CPT/HCPCS	BIOPSY, SOFT TISSUE OF SHOULDER AREA; SUPERFICIAL	Yes
60500	CPT/HCPCS	PARATHYROIDECTOMY OR EXPLORATION OF PARATHYROID(S);	Yes
48000	CPT/HCPCS	DRAINAGE OF ABDOMEN FOR PANCREATITIS	Yes
28315	CPT/HCPCS	SESAMOIDECTOMY, FIRST TOE (SEPARATE PROCEDURE)	Yes
27580	CPT/HCPCS	FUSION OF KNEE, ANY TECHNIQUE	Yes
23630	CPT/HCPCS	OPEN TREATMENT OF GREATER HUMERAL TUBEROSITY FRACTURE INCLUDES INTERNAL FIXATION, WHEN PERFORMED	Yes
20693	CPT/HCPCS	ADJUSTMENT OR REVISION OF EXTERNAL FIXATION SYSTEM REQUIRING ANESTHESIA, EG, NEW PIN(S) OR WIRE(S), WITH OR WITHOUT NEW	Yes
41105	CPT/HCPCS	BIOPSY OF TONGUE; POSTERIOR ONE-THIRD	Yes
50240	CPT/HCPCS	NEPHRECTOMY, PARTIAL	Yes
42310	CPT/HCPCS	*DRAINAGE OF ABSCESS; SUBMAXILLARY OR SUBLINGUAL, INTRAORAL	Yes
66999	CPT/HCPCS	UNLISTED PROCEDURE, ANTERIOR SEGMENT OF EYE	Yes
55041	CPT/HCPCS	EXCISION OF HYDROCELE; BILATERAL	Yes
21183	CPT/HCPCS	RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOWING INTRA- AND EXTRACRANIAL EXCISION	Yes
24359	CPT/HCPCS	TENOTOMY, ELBOW, LATERAL OR MEDIAL(EG EPICONDYLITIS, TENNIS ELBOW, GOLFER'S ELBOW;DEBRIDEMENT, SOFT TISSUE AND/OR BONE,	Yes
54405	CPT/HCPCS	INSERTION OF INFLATABLE (MULTI-COMPONENT) PENILE PROSTHESIS, INCLUDING PLACEMENT OF PUMP, CYLINDERS, AND/OR RESER	Yes
37252	CPT/HCPCS	INTRAVASCULAR ULTRASOUND DURING DIAGNOSTIC EVALUATION AND/OR THERAPEUTIC INTERVENTION; INITIAL NONCORONARY VESSEL	Yes
25491	CPT/HCPCS	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT METHYL METHACRYLATE; ULNA	Yes
52402	CPT/HCPCS	CYSTOURETHROSCOPY WITH TRANSURETHRAL RESECTION OR INCISION OF EJACULATORY DUCTS	Yes
44144	CPT/HCPCS	COLECTOMY, PARTIAL; WITH RESECTION, WITH COLOSTOMY OR ILEOSTOMY AND CREATION OF MUCOFISTULA	Yes
21933	CPT/HCPCS	EXCISION, TUMOR, SOFT TISSUE OF BACK OR FLANK, SUBFASCIAL (EG, INTRAMUSCULAR); 5 CM OR GREATER	Yes
64822	CPT/HCPCS	SYMPATHECTOMY; ULNAR ARTERY	Yes
62225	CPT/HCPCS	REPLACEMENT OR IRRIGATION, VENTRICULAR CATHETER	Yes
28760	CPT/HCPCS	ARTHRODESIS, GREAT TOE, INTERPHALANGEAL JOINT, WITH EXTENSOR HALLUCIS LONGUS TRANSFER TO FIRST METATARSAL NECK (JONES T	Yes
50825	CPT/HCPCS	CONTINENT DIVERSION, INCLUDING BOWEL ANASTOMOSIS (KOCK POUCH OR CAMEY ENTEROCYSTOPLASTY)	Yes
58958	CPT/HCPCS	RESECTION (TUMOR DEBULKING) OF RECURRENT OVARIAN TUBAL, PRIMARY PERITONEAL, UTERINE MALIGNANCY (INTRA-ABDOMINAL, RETROPERITONEAL TUMORS)	Yes
64858	CPT/HCPCS	SUTURE OF SCIATIC NERVE	Yes

63012	CPT/HCPCS	LAMINECTOMY WITH REMOVAL OF ABNORMAL FACETS AND/OR PARS INTER-ARTICULARIS WITH DECOMPRESSION OF CAUDA EQUINA AND NER	Yes
27151	CPT/HCPCS	OSTEOTOMY, ILIAC, ACETABULAR OR INNOMINATE BONE; WITH FEMORAL OSTEOTOMY	Yes
19101	CPT/HCPCS	BIOPSY OF BREAST; OPEN INCISIONAL	Yes
60271	CPT/HCPCS	THYROIDECTOMY, INCLUDING SUBSTERNAL THYROID GLAND; CERVICAL APPROACH	Yes
69155	CPT/HCPCS	RADICAL EXCISION EXTERNAL AUDITORY CANAL LESION; WITH NECK DISSECTION	Yes
66682	CPT/HCPCS	SUTURE OF IRIS, CILIARY BODY (SEPARATE PROCEDURE) WITH RETRIEVAL OF SUTURE THROUGH SMALL INCISION (EG, MCCANNEL SUTUR	Yes
49205	CPT/HCPCS	ABDOMINAL TUMORS, CYSTS OR ENDOMETRIOMAS,1 OR MORE PERITONEAL, MESENTERIC, OR RETROPERITONEAL PRIMARY OR SCONDARY TUMORS	Yes
46705	CPT/HCPCS	ANOPLASTY, PLASTIC OPERATION FOR STRICTURE; INFANT	Yes
32604	CPT/HCPCS	THORACOSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE); PERICARDIAL SAC, WITH BIOPSY	Yes
15840	CPT/HCPCS	GRAFT FOR FACIAL NERVE PARALYSIS; FREE FASCIA GRAFT (INCLUDING OBTAINING FASCIA)	Yes
0095T	CPT/HCPCS	REMOVAL OF TOTAL DISC ARTHOPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH EACH ADDITIONAL INTERSPACE, CERVICAL	Yes
13153	CPT/HCPCS	REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; EACH ADDITIONAL 5 CM OR LESS	Yes
24545	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE, WITH OR WITHOUT INTERNAL OR EXTE	Yes
27558	CPT/HCPCS	WITH PRIMARY LIGAMENTOUS REPAIR,W/AUGMENTATION/RECONSTRUCTION	Yes
58950	CPT/HCPCS	RECTION (INITIAL) OF OVARIAN, TUBAL OR PRIMARY PERITONEAL MALIGNANCY WITH BILATERAL SALPINGO-OOPHORECTOMY AND OMENTECTOMY	Yes
25112	CPT/HCPCS	EXCISION OF GANGLION, WRIST (DORSAL OR VOLAR); RECURRENT	Yes
21347	CPT/HCPCS	OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WITH MULTIPLE APPROACHES	Yes
21550	CPT/HCPCS	BIOPSY, SOFT TISSUE OF NECK OR THORAX	Yes
24505	CPT/HCPCS	TREATMENT OF CLOSED HUMERAL SHAFT FRACTURE; WITH MANIPULATION	Yes
62141	CPT/HCPCS	CRANIOPLASTY FOR SKULL DEFECT; LARGER THAN 5 CM DIAMETER	Yes
69603	CPT/HCPCS	REVISION MASTOIDECTOMY; RESULTING IN RADICAL MASTOIDECTOMY	Yes
55559	CPT/HCPCS	UNLISTED LAPAROSCOPY PROCEDURE, SPERMATIC CORD	Yes
28270	CPT/HCPCS	CAPSULOTOMY FOR CONTRACTURE; METATARSOPHALANGEAL JOINT, WITH OR WITHOUT TENORRHAPHY, SINGLE, EACH JOINT (SEPARATE	Yes
68399	CPT/HCPCS	UNLISTED PROCEDURE, CONJUNCTIVA	Yes
32998	CPT/HCPCS	ABLATION THERAPY REDUCTION OR ERADICATION ONE/MORE PULMONARY TUMOR(S) INCLUDING PLEURA/CHEST WALL WHEN INVOLVED BY TUMOR	Yes
23182	CPT/HCPCS	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), SCAPULA	Yes
36825	CPT/HCPCS	CREATION OF ARTERIOVENOUS FISTULA; AUTOGENOUS GRAFT	Yes
60605	CPT/HCPCS	EXCISION OF CAROTID BODY TUMOR; WITH EXCISION OF CAROTID ARTERY	Yes
31505	CPT/HCPCS	LARYNGOSCOPY, INDIRECT (SEPARATE PROCEDURE); DIAGNOSTIC	Yes
42210	CPT/HCPCS	PALATOPLASTY FOR CLEFT PALATE, WITH CLOSURE OF ALVEOLAR RIDGE; WITH BONE GRAFT TO ALVEOLAR RIDGE (INCLUDES OBTAININ	Yes
27238	CPT/HCPCS	TREATMENT OF CLOSED INTERTROCHANTERIC, PERTROCHANTERIC, OR SUBTROCHANTERIC FEMORAL FRACTURE; WITHOUT MANIPULATION	Yes
67902	CPT/HCPCS	REPAIR OF BLEPHAROPTOSIS; FRONTALIS MUSCLE TECHNIQUE WITH AUTOLOGOUS FASCIAL SLING (INCLUDES OBTAINING FASCIA)	Yes
21431	CPT/HCPCS	TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE) USING INTERDENTAL WIRE FIXATION OF DENTURE OR SPLINT	Yes
64897	CPT/HCPCS	NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), ARM OR LEG; UP TO 4 CM LENGTH	Yes

49450	CPT/HCPCS	REPLACEMENT OF GASTROSTOMY OR CEDOSTOMY (OR OTHER COLONIC)TUBE, PERCUTANEOUS, UNDER FLUOSCOPIC GUIDANCE INCLDING	Yes
35656	CPT/HCPCS	BYPASS GRAFT, WITH OTHER THAN VEIN; FEMORAL-POPLITEAL	Yes
53080	CPT/HCPCS	DRAINAGE OF PERINEAL URINARY EXTRAVASATION; UNCOMPLICATED (SEPARATE PROCEDURE)	Yes
31400	CPT/HCPCS	ARYTENOIDECTOMY OR ARYTENOIDOPEXY, EXTERNAL APPROACH	Yes
34812	CPT/HCPCS	OPEN FEMORAL ARTERY EXPOSURE FOR DELIVERY OF ENDOVASCULAR PROSTHESIS, BY GROIN INCISION, UNILATERAL	Yes
69110	CPT/HCPCS	EXCISION EXTERNAL EAR; PARTIAL, SIMPLE REPAIR	Yes
36818	CPT/HCPCS	ARTERIOVENOUS ANASTOMOSIS, OPEN; BY OPEN ARM CEPHALIC VEIN TRANSPOSITION	Yes
67312	CPT/HCPCS	STRABISMUS SURGERY, RECESSIOIN OR RESECTION PROCEDURE (PATIENT NOT PREVIOUSLY OPERATED ON); TWO HORIZONTAL MUSCLES	Yes
28110	CPT/HCPCS	OSTECTOMY, PARTIAL EXCISION, FIFTH METATARSAL HEAD (BUNIONETTE) (SEPARATE PROCEDURE)	Yes
40808	CPT/HCPCS	BIOPSY, VESTIBULE OF MOUTH	Yes
33240	CPT/HCPCS	INSERTION OF IMPLANTABLE DEFIBRILLATOR PULSE GENERATOR ONLY; WITH EXISTING SINGLE LEAD	Yes
50395	CPT/HCPCS	INTRODUCTION OF GUIDE INTO RENAL PELVIS AND/OR URETER WITH DILATION TO ESTABLISH NEPHROSTOMY TRACT, PERCUTANEOUS	Yes
19260	CPT/HCPCS	EXCISION OF CHEST WALL TUMOR INCLUDING RIBS	Yes
40831	CPT/HCPCS	CLOSURE OF LACERATION, VESTIBULE OF MOUTH; OVER 2.5 CM OR COMPLEX	Yes
26037	CPT/HCPCS	DECOMPRESSIVE FASCIOTOMY, HAND (EXCLUDES 26035)	Yes
0230T	CPT/HCPCS	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH ULTRASOUND GUIDANCE, LUMBAR OR SACRAL; SING	Yes
29999	CPT/HCPCS	UNLISTED PROCEDURE, ARTHROSCOPY	Yes
67921	CPT/HCPCS	REPAIR OF ENTROPION; SUTURE	Yes
51590	CPT/HCPCS	CYSTECTOMY, COMPLETE, WITH URETEROILEAL CONDUIT OR SIGMOID BLADDER, INCLUDING BOWEL ANASTOMOSIS;	Yes
0412T	CPT/HCPCS	REMOVAL OF PERMANENT CARDIAC CONTRACTILITY MODULATION SYSTEM; PULSE GENERATOR ONLY	Yes
31605	CPT/HCPCS	TRACHEOSTOMY, EMERGENCY PROCEDURE; CRICOTHYROID MEMBRANE	Yes
27516	CPT/HCPCS	TREATMENT OF CLOSED DISTAL FEMORAL EPIPHYSEAL SEPARATION; WITHOUT MANIPULATION (INCLUDES TRACTION)	Yes
68525	CPT/HCPCS	BIOPSY OF LACRIMAL SAC	Yes
47370	CPT/HCPCS	LAPAROSCOPY, SURGICAL, ABLATION OF ONE OR MORE LIVER TUMOR(S); RADIOFREQUENCY	Yes
11404	CPT/HCPCS	EXCISION, BENIGN LESION INCL MARGINS, EXCEPT SKIN TAG (UNLS LISTED ELSEWHR) TRUNK, ARMS, OR LEGS; EX DIAM 3.1 TO 4.0CM	Yes
43761	CPT/HCPCS	REPOSITIONING OF A NASO- OR ORO-GASTRIC FEEDING TUBE, THROUGH THE DUODENUM FOR ENTERIC NUTRITION	Yes
50543	CPT/HCPCS	LAPARSOCOPY, SURGICAL; PARTIAL NEPHRECTOMY	Yes
53010	CPT/HCPCS	URETHROTOMY OR URETHROSTOMY, EXTERNAL (SEPARATE PROCEDURE); PERINEAL URETHRA, EXTERNAL	Yes
58260	CPT/HCPCS	VAGINAL HYSTERECTOMY, FOR UTERUS 250GM OR LESS	Yes
59074	CPT/HCPCS	FETAL FLUID DRAINAGE, INCLUDING ULTRASOUND GUIDANCE	Yes
41821	CPT/HCPCS	OPERCULECTOMY, EXCISION PERICORONAL TISSUES	Yes
53442	CPT/HCPCS	REMOVAL OR REVISION OF SLING FOR MALE URINARY INCONTINENCE (EG, FASCIA OR SYNTHETIC)	Yes
41113	CPT/HCPCS	EXCISION OF LESION OF TONGUE WITH CLOSURE; POSTERIOR ONE-THIRD	Yes
34101	CPT/HCPCS	EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; AXILLARY, BRACHIAL, INNOMINATE, SUBCLAVIAN ARTERY, BY ARM INCI	Yes
46320	CPT/HCPCS	EXCISION OF THROMBOSED HEMORRHOID, EXTERNAL	Yes
23490	CPT/HCPCS	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT METHYL METHACRYLATE; CLAVICLE	Yes
44620	CPT/HCPCS	CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE;	Yes
45123	CPT/HCPCS	PROCTECTOMY, PARTIAL,WITHOUT ANASTOMOSIS, PERINEAL APPROACH	Yes
0196T	CPT/HCPCS	ARTHRODESIS, PRE-SACRAL INTERBODY TECHNIQUE, INCLUDING INSTRUMENTATION, IMAGING (WHEN PERFORMED), AND DISCECTOMY TO PREP	Yes

23585	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN SCAPULAR FRACTURE JUXTA-ARTICULAR	Yes
26210	CPT/HCPCS	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL, MIDDLE OR DISTAL PHALANX OF FINGER;	Yes
0216T	CPT/HCPCS	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOI	Yes
S2112	CPT/HCPCS	ARTHROSCOPY, KNEE, SURGICAL FOR HARVESTING OF CARTILAGE	Yes
30100	CPT/HCPCS	BIOPSY, INTRANASAL	Yes
20972	CPT/HCPCS	FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS; METATARSAL	Yes
63621	CPT/HCPCS	STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR); EACH ADDITIONAL SPINAL LESION	Yes
33513	CPT/HCPCS	CORONARY ARTERY BYPASS, AUTOGENOUS GRAFT, (EG, SAPHENOUS VEIN OR INTERNAL MAMMARY ARTERY); FOUR CORONARY GRAFTS	Yes
58350	CPT/HCPCS	*HYDROTUBATION OF OVIDUCT, INCLUDING MATERIALS	Yes
58146	CPT/HCPCS	MYOMECTOMY, EXCIS OF FIBROID TUMOR(S) OF UTERUS,5 OR MORE MYOMAS AND/OR INTRAMURAL MYOMAS W/TOTAL WGHT>THAN 250 GRM	Yes
30801	CPT/HCPCS	CAUTERY AND/OR ABLATION, MUCOSA OF INFERIOR TURBINATES, UNILATERAL OR BILATERAL, ANY METHOD; SUPERFICIAL	Yes
27826	CPT/HCPCS	OPEN TREATMENT OR FRACTURE OF WEIGHT BEARING ARTICULAR SURFACE/PORTION OF DISTAL TIBIA,WITH INTERNAL OR EXTERNAL FI	Yes
21811	CPT/HCPCS	OPEN TREATMENT OF RIB FRACTURE(S) WITH INTERNAL FIXATION, INCLUDES THORACOSCOPIC VISUALIZATION WHEN PERFORMED,1-3 RIBS	Yes
33227	CPT/HCPCS	REMOVAL OF PERMANENT PACEMAKER PULSE GENERATOR WITH REPLACEMENT OF PACEMAKER PULSE GENERATOR; SINGLE LEAD SYSTEM	Yes
35303	CPT/HCPCS	THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED; POPLITEAL ARTERY	Yes
29044	CPT/HCPCS	APPLICATION OF BODY CAST, SHOULDER TO HIPS; INCLUDING ONE THIGH	Yes
28546	CPT/HCPCS	TREATMENT OF CLOSED TARSAL BONE DISLOCATION, WITH PERCUTANEOUS SKELETAL FIXATION	Yes
21813	CPT/HCPCS	OPEN TREATMENT OF RIB FRACTURE(S) WITH INTERNAL FIXATION, INCLUDES THORACOSCOPIC VISUALIZATION WHEN PERFORMED, 7 OR MO	Yes
12031	CPT/HCPCS	REPAIR INTERMEDIATE WOUNDS OF SCALP, AXILLAE, TRUNK, AND/OR EXTREMITIES (EXCLUDING HANDS AND FEET); 2.5 CM OR LESS	Yes
37227	CPT/HCPCS	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, FEMORAL, POPLITEAL ARTERY(S), UNILATERAL; WITH TRANSLUMINAL STEN	Yes
23333	CPT/HCPCS	REMOVAL OF FOREIGN BODY, SHOULDER; DEEP (SUBFASCIAL OR INTRAMUSCULAR)	Yes
43341	CPT/HCPCS	ESOPHAGOJEJUNOSTOMY (WITHOUT TOTAL GASTRECTOMY); THORACIC APPROACH	Yes
61645	CPT/HCPCS	PERCUTANEOUS ARTERIAL TRANSLUMINAL MECHANICAL THROMBECTOMY AND/OR INFUSION FOR THROMBOLYSIS, INTRACRANIAL, ANY METHOD	Yes
63090	CPT/HCPCS	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, TRANSPERITONEAL OR RETROPERITONEAL APPROAC	Yes
11308	CPT/HCPCS	SHAVING OF EPIDERMAL OR DERMAL LESION,SINGLE LESION,SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER OVER 2.0 CM	Yes
63741	CPT/HCPCS	CREATION OF SHUNT, LUMBAR, SUBARACHNOID-PERITONEAL, -PLEURAL, OR OTHER; PERCUTANEOUS, NOT REQUIRING LAMINECTOMY	Yes
25035	CPT/HCPCS	INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), FOREARM AND/OR WRIST	Yes
27658	CPT/HCPCS	REPAIR OR SUTURE OF FLEXOR TENDON OF LEG; PRIMARY, WITHOUT GRAFT, SINGLE, EACH	Yes
15275	CPT/HCPCS	APPLICATION OF SKIN SUBSTITUTE GRAFT TO FACE, TOTAL WOUND SURFACE AREA UP TO 100 SQ CM,FIRST 25 SQ CM OR LESS WOUND	Yes
66825	CPT/HCPCS	REPOSITIONING OF INTRAOCULAR LENS PROSTHESIS, REQUIRING AN INCISION(SEPARATE PROCEDURE)	Yes
53446	CPT/HCPCS	REMOVAL OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER, INCLUDING PUMP, RESERVOIR, AND CUFF	Yes

45135	CPT/HCPCS	EXCISION OF RECTAL PROCIDENTIA, WITH ANASTOMOSIS; ABDOMINAL AND PERINEAL APPROACH	Yes
20551	CPT/HCPCS	Injection: single tendon origin/insertion	Yes
68130	CPT/HCPCS	EXCISION OF LESION, CONJUNCTIVA; WITH ADJACENT SCLERA	Yes
28400	CPT/HCPCS	TREATMENT OF CLOSED CALCANEAL FRACTURE; WITHOUT MANIPULATION	Yes
39220	CPT/HCPCS	EXCISION OF MEDIASTINAL TUMOR	Yes
35631	CPT/HCPCS	BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOCELIAC, AORTOMESENTERIC, AORTORENAL	Yes
27236	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN FEMORAL FRACTURE, PROXIMAL END, NECK,INTERNAL FIXATION OR PROSTHETIC REPLACEMENT	Yes
0215T	CPT/HCPCS	INJECTION(S), DX OR TX AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) W/ULTRASOUND	Yes
33779	CPT/HCPCS	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, AORTIC PULMONARY ARTERY RECONSTRUCTION (EG, JATENE TYPE); WITH REM	Yes
31086	CPT/HCPCS	SINUSOTOMY FRONTAL; NONOBLITERATIVE, WITH OSTEOPLASTIC FLAP, BROW INCISION	Yes
27120	CPT/HCPCS	ACETABULOPLASTY; (EG, WHITMAN, COLONNA, HAYGROVES, OR CUP TYPE)	Yes
50433	CPT/HCPCS	PLACEMENT OF NEPHROSTOMY CATHETER, PERCUTANEOUS, INCLUDING DIAGNOSTIC NEPHROSTOGRAM AND/OR URETEROGRAM; NEW ACCESS	Yes
26641	CPT/HCPCS	TREATMENT OF CARPOMETACARPAL DISLOCATION, THUMB, WITH MANIPULATION	Yes
33025	CPT/HCPCS	CREATION OF PERICARDIAL WINDOW OR PARTIAL RESECTION FOR DRAINAGE	Yes
63180	CPT/HCPCS	LAMINECTOMY AND SECTION OF DENTATE LIGAMENTS, WITH OR WITHOUT DURAL GRAFT, CERVICAL; ONE OR TWO SEGMENTS	Yes
25909	CPT/HCPCS	AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; RE-AMPUTATION	Yes
64580	CPT/HCPCS	OPEN IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; NEUROMUSCULAR	Yes
27725	CPT/HCPCS	REPAIR OF NONUNION OR MALUNION, TIBIA; BY SYNOSTOSIS, WITH FIBULA, ANY METHOD	Yes
28289	CPT/HCPCS	HALLUX RIGIDUS CORRECTION WITH CHEILECTOMY, DEBRIDEMENT AND CAPSULAR RELEASE OF THE FIRST METATARSOPHALANGEAL JOINT; WITHOUT IMPLANT	Yes
21932	CPT/HCPCS	EXCISION, TUMOR, SOFT TISSUE OF BACK OR FLANK, SUBFASCIAL (EG, INTRAMUSCULAR); LESS THAN 5 CM	Yes
21012	CPT/HCPCS	EXCISION, TUMOR, SOFT TISSUE OF FACE OR SCALP, SUBCUTANEOUS; 2 CM OR GREATER	Yes
59350	CPT/HCPCS	HYSTERORRHAPHY OF RUPTURED UTERUS	Yes
61305	CPT/HCPCS	CRANIECTOMY OR CRANIOTOMY, EXPLORATORY; INFRATENTORIAL (POSTERIOR FOSSA)	Yes
21275	CPT/HCPCS	SECONDARY REVISION OF ORBITOCRANIOFACIAL RECONSTRUCTION	Yes
69601	CPT/HCPCS	REVISION MASTOIDECTOMY; RESULTING IN COMPLETE MASTOIDECTOMY	Yes
31595	CPT/HCPCS	SECTION RECURRENT LARYNGEAL NERVE, THERAPEUTIC (SEPARATE PROCEDURE), UNILATERAL	Yes
35694	CPT/HCPCS	TRANSPOSITION AND/OR TEIMPLANTATION; SUBCLAVIAN TO CAROTID ARTERY	Yes
48152	CPT/HCPCS	PANCREATECTOMY, PROXIMAL SUBTOTAL W/TOTAL DUODENECTOMY,PARTIAL GASTRECTOMY,CHOLECYSTOENTEROSTOMY & GASTROJEJUNOSTOMY W/O	Yes
27632	CPT/HCPCS	EXCISION, TUMOR, SOFT TISSUE OF LEG OR ANKLE AREA, SUBCUTANEOUS; 3 CM OR GREATER	Yes
50236	CPT/HCPCS	NEPHRECTOMY WITH TOTAL URETERECTOMY AND BLADDER CUFF; THROUGH SEPARATE INCISION	Yes
22102	CPT/HCPCS	PARTIAL RESECTION OF VERTEBRAL COMPONENT, SPINOUS PROCESSES; LUMBAR	Yes
29855	CPT/HCPCS	ARTHROSCOPICALLY AIDED TREATMENT OF TIBIAL FRACTURE,PROXIMALUNICONDYLAR, W/WO INTERNAL OR EXTERNAL FIXATION	Yes
51960	CPT/HCPCS	ENTEROCYSTOPLASTY, INCLUDING BOWEL ANASTOMOSIS	Yes

23470	CPT/HCPCS	ARTHROPLASTY WITH PROXIMAL HUMERAL IMPLANT (EG, NEER TYPE OPERATION)	Yes
G0168	CPT/HCPCS	WOUND CLOSURE UTILIZING TISSUE ADHESIVE(S) ONLY	Yes
63655	CPT/HCPCS	LAMINECTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; EPIDURAL	Yes
50760	CPT/HCPCS	URETEROURETEROSTOMY	Yes
13160	CPT/HCPCS	SECONDARY CLOSURE OF SURGICAL WOUND OR DEHISCENCE, EXTENSIVE OR COMPLICATED	Yes
27340	CPT/HCPCS	EXCISION, PREPATELLAR BURSA	Yes
61615	CPT/HCPCS	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECITOUS LESION OF BASE OF POSTERIOR CRANIAL FOSSA, JUGULAR FORAMEN,	Yes
41512	CPT/HCPCS	TONGUE BASE SUSPENSION, PERMANENT SUTURE TECHNIQUE	Yes
25335	CPT/HCPCS	CENTRALIZATION OF WRIST ON ULNA (EG, RADIAL CLUB HAND)	Yes
0408T	CPT/HCPCS	INSERTION OR REPLACEMENT OF PERMANENT CARDIAC CONTRACTILITY MODULATION SYSTEM, INCLUDING CONTRACTILITY EVALUATION WHEN P	Yes
49321	CPT/HCPCS	LAPAROSCOPY, SURGICAL; W/BIOPSY (SINGLE OR MULTIPLE)	Yes
27250	CPT/HCPCS	TREATMENT OF CLOSED HIP DISLOCATION, TRAUMATIC; WITHOUT ANESTHESIA	Yes
57022	CPT/HCPCS	INCISION AND DRAINAGE OF VAGINAL HEMATOMA;POST OBSTETRICAL	Yes
23620	CPT/HCPCS	TREATMENT OF CLOSED GREATER TUBEROSITY FRACTURE; WITHOUT MANIPULATION	Yes
24120	CPT/HCPCS	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF HEAD OR NECK OF RADIUS OR OLECRANON PROCESS;	Yes
36830	CPT/HCPCS	NONAUTOGENOUS GRAFT (EG, BIOLOGICAL COLLAGEN, THERMOPLASTIC GRAFT)	Yes
52647	CPT/HCPCS	LASER COAGULATION OF PROSTATE, INCLUDING CONTROL OF POSTOPERATIVE BLEEDING, COMPLETE	Yes
26727	CPT/HCPCS	TREATMENT OF UNSTABLE PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHALANX, FINGER OR THUMB, WITH MANIPULATION, REQUIR	Yes
20526	CPT/HCPCS	INJECTION, THERAPEUTIC CARPAL TUNNEL	Yes
36838	CPT/HCPCS	DISTAL REVASCULARIZATION AND INTERVAL LIGATION (DRIL), UPPEREXTREMITY HEMODIALYSIS ACCESS (STEAL SYNDROME)	Yes
42409	CPT/HCPCS	MARSUPIALIZATION OF SUBLINGUAL SALIVARY CYST (RANULA)	Yes
57540	CPT/HCPCS	EXCISION OF CERVICAL STUMP, ABDOMINAL APPROACH;	Yes
37160	CPT/HCPCS	ANASTOMOSIS; CAVAL-MESENTERIC	Yes
64646	CPT/HCPCS	CHEMODENERVATION OF TRUNK MUSCLE(S); 1-5 MUSCLE(S)	Yes
61314	CPT/HCPCS	CRANIECTOMY OR CRANIOTOMY FOR EVACUATION OF HEMATOMA, INFRATENTORIAL; EXTRADURAL OR SUBDURAL	Yes
65880	CPT/HCPCS	SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL TECHNIQUE (WITH OR WITHOUT INJECTION OF AIR OR LIQUID) (SEPAR	Yes
64721	CPT/HCPCS	NEUROPLASTY AND/OR TRANSPOSITION; MEDIAN NERVE AT CARPAL TUNNEL	Yes
51060	CPT/HCPCS	TRANSVESICAL URETEROLITHOTOMY	Yes
43610	CPT/HCPCS	EXCISION, LOCAL, OF ULCER OR TUMOR OF STOMACH	Yes
67850	CPT/HCPCS	*DESTRUCTION OF LESION OF LID MARGIN (UP TO 1 CM)	Yes
66940	CPT/HCPCS	REMOVAL OF LENS MATERIAL; EXTRACAPSULAR (OTHER THAN 66840, 66850, 66852)	Yes
0388T	CPT/HCPCS	TRANSCATHETER REMOVAL OF PERMANENT LEADLESS PACEMAKER, VENTRICULAR	Yes
61708	CPT/HCPCS	SURGERY OF ANEURYSM, VASCULAR MALFORMATION OR CAROTID-CAVERNOUS FISTULA; BY INTRACRANIAL ELECTROTHROMBOSIS	Yes
26750	CPT/HCPCS	TREATMENT OF CLOSED DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB; WITHOUT MANIPULATION, EACH	Yes
55540	CPT/HCPCS	EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR VARICOCELE; WITH HERNIA REPAIR	Yes
50785	CPT/HCPCS	URETERONEOCYSTOSTOMY, WITH BLADDER FLAP	Yes
27071	CPT/HCPCS	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION) (EG, FOR OSTEOMYELITIS); DEEP	Yes
43262	CPT/HCPCS	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP), WITH OR WITHOUT BIOPSY AND/OR COLLECTION OF SPECIMEN; FOR SPHINCT	Yes
27886	CPT/HCPCS	AMPUTATION LEG, THROUGH TIBIA AND FIBULA; RE-AMPUTATION	Yes
42420	CPT/HCPCS	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, WITH DISSECTION AND PRESERVATION OF FACIAL NERVE	Yes

37606	CPT/HCPCS	LIGATION; INTERNAL OR COMMON CAROTID ARTERY, WITH GRADUAL OCCLUSION, AS WITH SELVERSTONE OR CRUTCHFIELD CLAMP	Yes
47120	CPT/HCPCS	HEPATECTOMY, RESECTION OF LIVER; PARTIAL LOBECTOMY	Yes
G0429	CPT/HCPCS	DERMAL FILLER INJECTION(S) FOR THE TREATMENT OF FACIAL LIPODYSTROPHY SYNDROME (LDS) (E.G., AS A RESULT OF HIGHLY ACTIVE	Yes
33417	CPT/HCPCS	AORTOPLASTY (GUSSET) FOR SUPRAVALVULAR STENOSIS	Yes
36815	CPT/HCPCS	INSERTION OF CANNULA FOR HEMODIALYSIS, OTHER PURPOSE; ARTERIOVENOUS, EXTERNAL REVISION OR CLOSURE	Yes
43770	CPT/HCPCS	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; PLACEMENT OF ADJUSTABLE GASTRIC BAND	Yes
39503	CPT/HCPCS	REPAIR, NEONATAL DIAPHRAGMATIC HERNIA, WITH OR WITHOUT CHEST TUBE INSERTION AND WITH OR WITHOUT CREATION OF VENTRAL HE	Yes
36470	CPT/HCPCS	INJECTION OF SCLEROSANT; SINGLE INCOMPENTENT VEIN (OTHER THAN TELANGIECTASIS)	Yes
62267	CPT/HCPCS	PERCUTANEOUS ASPIRATION WITHIN THE NUCLEUS PULPOSUS, INTERVERTEBRAL DISC, OR PARAVERTEBRAL TISSUE FOR DIAGNOSTIC PURPOSES	Yes
29879	CPT/HCPCS	ARTHROSCOPY, KNEE, SURGICAL; ABRASION ARTHROPLASTY (INCLUDES CHONDROPLASTY WHERE NECESSARY) OR MULTIPLE DRILLING	Yes
29000	CPT/HCPCS	APPLICATION OF HALO TYPE BODY CAST (SEE 20661-20663 FOR INSERTION)	Yes
21432	CPT/HCPCS	OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); WITH WIRING AND/OR LOCAL FIXATION	Yes
27750	CPT/HCPCS	TREATMENT OF CLOSED TIBIAL SHAFT FRACTURE; WITHOUT MANIPULATION	Yes
42842	CPT/HCPCS	RADICAL RESECTION OF TONSIL, TONSILLAR PILLARS, AND/OR RETROMOLAR TRIGONE; WITHOUT CLOSURE	Yes
27894	CPT/HCPCS	ANTERIOR AND/OR LATERAL, AND POSTERIOR COMPARTMENT(S), WITH DEBRIDEMENT OF NONBIABLE MUSCLE AND/OR NERVE	Yes
27307	CPT/HCPCS	TENOTOMY, SUBCUTANEOUS, CLOSED, ADDUCTOR OR HAMSTRING, (SEPARATE PROCEDURE); MULTIPLE	Yes
24344	CPT/HCPCS	RECONSTRUCTION LATERAL COLLATERAL LIGAMENT, ELBOW WITH TENDON GRAFT	Yes
54065	CPT/HCPCS	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), EXTENSIVE,	Yes
36478	CPT/HCPCS	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANE	Yes
58673	CPT/HCPCS	LAPAROSCOPY, SURGICAL; WITH SALPINGOSTOMY	Yes
33774	CPT/HCPCS	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, ATRIAL BAFFLE PROCEDURE (EG, MUSTARD OR SENNING TYPE) WITH CARDIOPULMON	Yes
52224	CPT/HCPCS	CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY) OR TREATMENT OF MINOR (LESS THAN 0.5 CM) L	Yes
15783	CPT/HCPCS	DERMABRASION; SUPERFICIAL, ANY SITE, (EG, TATTOO REMOVAL)	Yes
59072	CPT/HCPCS	FETAL UMBILICAL CORD OCCLUSION, INCLUDING ULTRASOUND GUIDANCE	Yes
54660	CPT/HCPCS	INSERTION OF TESTICULAR PROSTHESIS (SEPARATE PROCEDURE)	Yes
64790	CPT/HCPCS	EXCISION OF NEUROFIBROMA OR NEUROLEMMOMA; MAJOR PERIPHERAL NERVE	Yes
61610	CPT/HCPCS	TRANSECTION OR LIGATION, CAROTID ARTERY IN CAVERNOUS SINUS; WITH REPAIR BY ANASTOMOSIS OR GRAFT	Yes
52441	CPT/HCPCS	CYSTOURETHROSCOPY, WITH INSERTION OF PERMANENT ADJUSTABLE TRANSPROSTATIC IMPLANT; SINGLE IMPLANT	Yes
53025	CPT/HCPCS	MEATOTOMY, CUTTING OF MEATUS (SEPARATE PROCEDURE); INFANT	Yes
44316	CPT/HCPCS	CONTINENT ILEOSTOMY (KOCK PROCEDURE) (SEPARATE PROCEDURE)	Yes
35537	CPT/HCPCS	BYPASS GRAFT, WITH VEIN; AORTOILIAC	Yes
26111	CPT/HCPCS	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF FOREARM AND/OR WRIST AREA; 3 CM OR GREATER	Yes
31612	CPT/HCPCS	TRACHEAL PUNCTURE, PERCUTANEOUS FOR ASPIRATION OF MUCUS (TRANSTRACHEAL ASPIRATION)	Yes
28208	CPT/HCPCS	REPAIR OR SUTURE OF TENDON, FOOT, EXTENSOR, SINGLE; PRIMARY OR SECONDARY, EACH TENDON	Yes

56420	CPT/HCPCS	*INCISION AND DRAINAGE OF BARTHOLIN'S GLAND ABSCESS	Yes
27412	CPT/HCPCS	AUTOLOGOUS CHONDROCYTE IMPLANTATION, KNEE	Yes
11201	CPT/HCPCS	REMOVAL OF SKIN TAGS, MULTIPLE FIBROCTANEOUS TAGS, ANY AREA, EACH ADDITIONAL 10 LESIONS, OR PART THEREOF	Yes
10120	CPT/HCPCS	*INCISION AND REMOVAL OF FOREIGN BODY, SUBCUTANEOUS TISSUES; SIMPLE	Yes
22841	CPT/HCPCS	INTERNAL SPINAL DIXATION BY WIRING OF SPINOUS PROCESSES	Yes
54520	CPT/HCPCS	ORCHIECTOMY, SIMPLE (INCLUDING SUBCAPSULAR), WITH OR WITHOUT TESTICULAR PROSTHESIS, SCROTAL OR INGUINAL APPROACH	Yes
45300	CPT/HCPCS	PROCTOSIGMOIDOSCOPY; DIAGNOSTIC (SEPARATE PROCEDURE)	Yes
25071	CPT/HCPCS	EXCISION, TUMOR, SOFT TISSUE OF FOREARM AND/OR WRIST AREA, SUBCUTANEOUS; 3 CM OR GREATER	Yes
67974	CPT/HCPCS	RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL FLAP FROM OPPOSING EYELID; TOTAL EYELID, U	Yes
31725	CPT/HCPCS	CATHETER ASPIRATION (SEPARATE PROCEDURE); TRACHEOBRONCHIAL WITH FIBERSCOPE, BEDSIDE	Yes
54408	CPT/HCPCS	REPAIR OF COMPONENT(S) OF A MULTI-COMPONENT, INFLATABLE PENILE PROSTHESIS	Yes
57320	CPT/HCPCS	CLOSURE OF VESICOVAGINAL FISTULA; VAGINAL APPROACH	Yes
33368	CPT/HCPCS	TRANSCATHETER AORTIC VALVE REPLACEMENT WITH PROSTHETIC VALVE; CARDIOPULMONARY BYPASS SUPPORT WITH OPEN PERIPHERAL ARTERI	Yes
65775	CPT/HCPCS	CORNEAL WEDGE RESECTION FOR CORRECTION OF SURGICALLY INDUCED ASTIGMATISM	Yes
32701	CPT/HCPCS	THORACIC TARGET(S) DELINATION FOR STEROTACTIC BODY RADIATIONTHERAPY (SRS/SBRT), (PHOTON OR PARTICLE BEAM) ENTIRE COURSE	Yes
27075	CPT/HCPCS	RADICAL RESECTION OF TUMOR; WING OF ILIUM, 1 PUBIC OR ISCHIAL RAMUS OR SYMPHYSIS PUBIS	Yes
44050	CPT/HCPCS	REDUCTION OF VOLVULUS, INTUSSUSCEPTION, INTERNAL HERNIA, BY LAPAROTOMY	Yes
35533	CPT/HCPCS	BYPASS GRAFT, WITH VEIN; AXILLARY-FEMORAL-FEMORAL	Yes
61711	CPT/HCPCS	ANASTOMOSIS, ARTERIAL, EXTRACRANIAL-INTRACRANIAL (EG, MIDDLE CEREBRAL/CORTICAL) ARTERIES	Yes
64787	CPT/HCPCS	IMPLANTATION OF NERVE END INTO BONE OR MUSCLE (LIST SEPARATELY IN ADDITION TO NEUROMA EXCISION)	Yes
22326	CPT/HCPCS	OPEN TREATMENT OF VERTEBRAL FRACTURE AND/OR DISLOCATION; CERVICAL, EACH	Yes
27025	CPT/HCPCS	FASCIOTOMY, HIP OR THIGH, ANY TYPE	Yes
61585	CPT/HCPCS	ORBITOCRANIAL APPROACH TO ANTERIOR CRANIAL FOSSA, EXTRADURALINCLUDING SUPROARBITAL RIDGE OSTEOTOMY AND ELEVATION OF FRON	Yes
28435	CPT/HCPCS	TREATMENT OF CLOSED TALUS FRACTURE; WITH MANIPULATION	Yes
49427	CPT/HCPCS	INJECTION PROCEDURE FOR EVALUATION OF PREVIOUSLY PLACED PERITONEAL-VEINUS SHUNT	Yes
49002	CPT/HCPCS	REOPENING OF RECENT LAPAROTOMY	Yes
47741	CPT/HCPCS	ROUX-EN-Y WITH GASTROENTEROSTOMY	Yes
25259	CPT/HCPCS	MANIPULATION, WRIST, UNDER ANESTHESIA	Yes
44188	CPT/HCPCS	LAPAROSCOPY, SURGICAL; COLOSTOMY OR SKIN LEVEL CECOSTOMY	Yes
S2118	CPT/HCPCS	METAL-ON-METAL TOTAL HIP RESURFACING, INCL ACETABULAR AND FEMORAL COMPONENTS	Yes
21336	CPT/HCPCS	OPEN TREATMENT OF NASAL SEPTAL FRACTURE, W/WO STABILIZATION	Yes
25825	CPT/HCPCS	INTERCARPAL FUSION; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)	Yes
67343	CPT/HCPCS	RELEASE OF EXTENSIVE SCAR TISSUE WITHOUT DETACHING EXTRAOCULAR MUSCLE (SEPARATE PROCEDURE)	Yes
27825	CPT/HCPCS	WITH SKELETAL TRACTION AND/OR REQUIRING MANIPULATION	Yes
45380	CPT/HCPCS	COLONOSCOPY, FIBEROPTIC, BEYOND SPLENIC FLEXURE; FOR BIOPSY AND/OR COLLECTION OF SPECIMEN BY BRUSHING OR WASHING	Yes
26587	CPT/HCPCS	RECONSTRUCTION OF SUPERNUMERARY DIGIT, SOFT TISSUE AND BONE	Yes
42215	CPT/HCPCS	PALATOPLASTY FOR CLEFT PALATE; MAJOR REVISION	Yes
26474	CPT/HCPCS	TENODESIS; FOR DISTAL JOINT STABILIZATION	Yes

35572	CPT/HCPCS	HARVEST OF FEMOROPOPLITEAL VEIN ONE SEGMENT FOR VASCULAR RECONSTRUCTION PROCEDURE(EG, AORTIC, VENA CAVAL, CORONARY,)	Yes
26410	CPT/HCPCS	EXTENSOR TENDON REPAIR, DORSUM OF HAND, SINGLE, PRIMARY OR SECONDARY; WITHOUT FREE GRAFT, EACH TENDON	Yes
32664	CPT/HCPCS	THORACOSCOPY, SURGICAL; WITH THORACIC SYMPATHECTOMY	Yes
25628	CPT/HCPCS	OPEN TREATMENT OF CARPAL SCAPHOID (NAVICULAR) FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED	Yes
44701	CPT/HCPCS	INTRAOPERATIVE COLONIC LAVAGE	Yes
64901	CPT/HCPCS	NERVE GRAFT, EACH ADDITIONAL NERVE; SINGLE STRAND	Yes
15829	CPT/HCPCS	RHYTIDECTOMY; SUBCUTANEOUS MUSCULOAPONEUROTIC SYSTEM (SMAS) FLAP	Yes
63091	CPT/HCPCS	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, TRANSPERITONEAL OR RETROPERITONEAL APPROAC	Yes
33986	CPT/HCPCS	EXTRACORPOREAL MEMBRANE OXYGENATION; REMOVAL OF CENTRAL CANNULA(E) BY STERNOTOMY OR THORACOTOMY, 6 YEARS AND OLDER	Yes
28140	CPT/HCPCS	METATARSECTOMY	Yes
21014	CPT/HCPCS	EXCISION, TUMOR, SOFT TISSUE OF FACE AND SCALP, SUBFASCIAL (EG, SUBGALEAL, INTRAMUSCULAR); 2 CM OR GREATER	Yes
25110	CPT/HCPCS	EXCISION, LESION OF TENDON SHEATH, FOREARM AND/OR WRIST	Yes
32098	CPT/HCPCS	THORACOTOMY, WITH BIOPSY(IES) OF PLEURA.	Yes
29040	CPT/HCPCS	APPLICATION OF BODY CAST, SHOULDER TO HIPS; INCLUDING HEAD, MINERVA TYPE	Yes
37609	CPT/HCPCS	LIGATION OR BIOPSY, TEMPORAL ARTERY	Yes
35536	CPT/HCPCS	BYPASS GRAFT, WITH VEIN; SPLENORENAL	Yes
57513	CPT/HCPCS	CAUTERIZATION OF CERVIX; LASER ABLATION	Yes
33688	CPT/HCPCS	CLOSURE OF VENTRICULAR SEPTAL DEFECT, WITH OR WITHOUT PATCH WITH REMOVAL OF PULMONARY ARTERY BAND, WITH OR WITHOUT GUS	Yes
43400	CPT/HCPCS	LIGATION, DIRECT, ESOPHAGEAL VARICES	Yes
33814	CPT/HCPCS	OBLITERATION OF AORTOPULMONARY SEPTAL DEFECT, WITHCARDIOPULMONARY BYPASS	Yes
35231	CPT/HCPCS	REPAIR BLOOD VESSEL WITH VEIN GRAFT; NECK	Yes
27345	CPT/HCPCS	EXCISION OF SYNOVIAL CYST OF POPLITEAL SPACE (BAKER'S CYST)	Yes
68115	CPT/HCPCS	EXCISION OF LESION, CONJUNCTIVA; OVER 1 CM	Yes
46262	CPT/HCPCS	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, COMPLEX OR EXTENSIVE; WITH FISTULECTOMY, WITH OR WITHOUT FISSURECTOMY	Yes
28104	CPT/HCPCS	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL OR METATARSAL BONES, EXCEPT TALUS OR CALCANEUS;	Yes
31646	CPT/HCPCS	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH THERAPEUTIC ASPIRATION, SUBSEQUENT,SAME HOSPITAL STAY	Yes
C9728	CPT/HCPCS	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RAD THERAPY/SURGERY GUIDANCE (E.G. FIDUCIAL MARKERS, DOSIMETER) OTHER THAN PROST	Yes
22856	CPT/HCPCS	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANT APPROACH, INCL DISCECTOMY W/END PLATE PREP (INCL OSTEOPHYTECTOMY FOR NERV	Yes
45315	CPT/HCPCS	PROCTOSIGMOIDOSCOPY; FOR REMOVAL OF MULTIPLE EXCRESCENCES, PAPILLOMATA OR POLYPS	Yes
44205	CPT/HCPCS	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH REMOVAL OF TERMINAL ILEUM WITH ILEOCOLOSTOMY	Yes
0274T	CPT/HCPCS	PERCUTANEOUS LAMINOTOMY/LAMINECTOMY (INTERLAMINAR APPROACH) FOR DECOMPRESSION OF NEURAL ELEMENTS, (WITH OR WITHOUT LIGAMENOUS RESECTION, DISCECTOMY,+	Yes
36831	CPT/HCPCS	THROMBECTOMY,OPEN,ARTERIOVENOUS FISTULA WITHOUT REVISION, AUTOGENEOUS OR NONAUTOGENOUS DIALYSIS GRAFT	Yes
S2351	CPT/HCPCS	DISKECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORP AND/OR NERVE ROOT(S), INCLUDING OSTEOPHYTECTOMY; LUMBAR, EACH A	Yes
35341	CPT/HCPCS	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; MESENTERIC, CELIAC, OR RENAL	Yes
42804	CPT/HCPCS	BIOPSY; NASOPHARYNX, VISIBLE LESION, SIMPLE	Yes
15841	CPT/HCPCS	GRAFT FOR FACIAL NERVE PARALYSIS; FREE MUSCLE GRAFT (INCLUDING OBTAINING GRAFT)	Yes

38102	CPT/HCPCS	SPLENECTOMY; TOTAL, EN BLOC FOR EXTENSIVE DISEASE, IN CONJUNCTION W/OTHER PROCEDURE (REPORT IN ADDITION TO PRIMARY CODE)	Yes
33517	CPT/HCPCS	CORONARY ARTERY BYPASS, USING VENOUS GRAFTS(S) AND ARTERIAL GRAFT(S); SINGLE VEIN GRAFT (LIST SEP IN ADD FOR ARTERIAL G)	Yes
44899	CPT/HCPCS	UNLISTED PROCEDURE, MECKEL'S DIVERTICULUM AND THE MESENTERY	Yes
0456T	CPT/HCPCS	REMOVAL OF PERMANENTLY IMPLANTABLE AORTIC COUNTERPULSATION VENTRICULAR ASSIST SYSTEM; AORTIC COUNTERPULSATION AND VASCUL	Yes
21089	CPT/HCPCS	UNLISTED MAXILLOFACIAL PROSTHETIC PROCEDURE	Yes
62147	CPT/HCPCS	CRANIOPLASTY WITH AUTOGRAFT (INCLUDES OBTAINING BONE GRAFTS); LARGER THAN 5 CM DIAMETER	Yes
26645	CPT/HCPCS	TREATMENT OF CLOSED CARPOMETACARPAL FRACTURE DISLOCATION, THUMB (BENNETT FRACTURE), WITH MANIPULATION;	Yes
11001	CPT/HCPCS	DEBRIDEMENT OF EXTENSIVE ECZEMATOUS OR INFECTED SKIN; EACH ADDITIONAL 10% OF THE BODY SURFACE OR PART THEREOF	Yes
61559	CPT/HCPCS	EXTENSIVE CRANIECTOMY FOR MULTIPLE CRANIAL SUTURE CRANIOSYNOSTOSIS EG, CLOVERLEAF SKULL); RECONTOURING WITH MULTI	Yes
35081	CPT/HCPCS	DIRECT REPAIR OF ANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR WITHOUT PATCH GRAFT; FOR ANEURYSM	Yes
29902	CPT/HCPCS	ARTHROSCOPY, METACARPOPHALANGEAL JOINT, SURGICAL; WITH REDUCTION OF DISPLACED ULNAR COLLATERAL LIGAMENT	Yes
20578	CPT/HCPCS	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF FOREARM AND/OR WRIST AREA; 3 CM OR GREATER	Yes
52400	CPT/HCPCS	CYSTOURETHROSCOPY W/INCISION, FLUGRATION, OR RESECTION OF CONGENITAL POSTERIOR URETHRAL VALVES, OR MUCOSAL FOLDS	Yes
46916	CPT/HCPCS	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; CR	Yes
41828	CPT/HCPCS	EXCISION OF HYPERPLASTIC ALVEOLAR MUCOSA, EACH SEXTANT OR QUADRANT (SPECIFY)	Yes
61340	CPT/HCPCS	SUBTEMPORAL CRANIAL DECOMPRESSION (PSEUDOTUMOR CEREBRI, SLITVENTRICLE SYNDROME)	Yes
50650	CPT/HCPCS	URETERECTOMY, WITH BLADDER CUFF (SEPARATE PROCEDURE)	Yes
25316	CPT/HCPCS	FLEXOR ORIGIN SLIDE FOR CEREBRAL PALSY, FOREARM AND/OR WRIST; WITH TENDON(S) TRANSFER	Yes
31580	CPT/HCPCS	LARYNGOPLASTY; FOR LARYNGEAL WEB, WITH INDWELLING KEEL OR STENT INSERTION	Yes
54220	CPT/HCPCS	IRRIGATION OF CORPORA CAVERNOSA FOR PRIAPISM	Yes
17286	CPT/HCPCS	DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER OVER 4.0CM	Yes
49060	CPT/HCPCS	DRAINAGE OF RETROPERITONEAL ABSCESS	Yes
31230	CPT/HCPCS	MAXILLECTOMY; WITH ORBITAL EXENTERATION (EN BLOC)	Yes
26520	CPT/HCPCS	CAPSULECTOMY OR CAPSULOTOMY FOR CONTRACTURE; METACARPOPHALANGEAL JOINT, SINGLE, EACH	Yes
28307	CPT/HCPCS	OSTEOTOMY, METATARSAL, BASE OR SHAFT, SINGLE, WITH OR WITHOUT LENGTHENING, FOR SHORTENING OR ANGULAR CORRECTION; FIRS	Yes
64716	CPT/HCPCS	NEUROPLASTY AND/OR TRANSPOSITION; CRANIAL NERVE (SPECIFY)	Yes
26262	CPT/HCPCS	RADICAL RESECTION OF TUMOR, DISTAL PHALANX OF FINGER	Yes
67415	CPT/HCPCS	TRANSCONJUNCTIVAL OR ASPIRATIONAL BIOPSY	Yes
49423	CPT/HCPCS	EXCHANGE OF PREVIOUSLY PLACED ABSCESS OR CYST DRAINAGE CATHETER UNDER RADIOLOGICAL GUIDANCE (SEPARATE PROCEDURE)	Yes
43870	CPT/HCPCS	CLOSURE OF GASTROSTOMY, SURGICAL	Yes
25931	CPT/HCPCS	TRANSMETACARPAL AMPUTATION; RE-AMPUTATION	Yes
27393	CPT/HCPCS	LENGTHENING OF HAMSTRING TENDON; SINGLE	Yes
37615	CPT/HCPCS	LIGATION, MAJOR ARTERY (EG, POST-TRAUMATIC, RUPTURE); NECK	Yes
28285	CPT/HCPCS	HAMMERTOE OPERATION; ONE TOE (EG, INTERPHALANGEAL FUSION, FILLETING, PHALANGECTOMY) (SEPARATE PROCEDURE)	Yes
27652	CPT/HCPCS	REPAIR, PRIMARY, OPEN OR PERCUTANEOUS, RUPTURED ACHILLES TENDON; WITH GRAFT (INCLUDES OBTAINING GRAFT)	Yes
28024	CPT/HCPCS	ARTHROTOMY, WITH EXPLORATION, DRAINAGE OR REMOVAL OF LOOSE OR FOREIGN BODY; INTERPHALANGEAL JOINT	Yes

32504	CPT/HCPCS	RESECTION OF APICAL LUNG TUMOR, INCLUDING CHEST WALL AND RIB(S) RESECTION, NEUROVASCULAR DISSECTION, WHEN PERFORMED; WITH CHEST WALL RECONSTRUCTION	Yes
43860	CPT/HCPCS	REVISION OF GASTROJEJUNAL ANASTOMOSIS (GASTROJUNOSTOMY) WITH RECONSTRUCTION, WITH OR WITHOUT PARTIAL GA	Yes
64742	CPT/HCPCS	TRANSECTION OR AVULSION OF; FACIAL NERVE, DIFFERENTIAL OR COMPLETE	Yes
64840	CPT/HCPCS	SUTURE OF POSTERIOR TIBIAL NERVE	Yes
31560	CPT/HCPCS	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH ARYTENOIDECTOMY;	Yes
43888	CPT/HCPCS	GASTRIC RESTRICTIVE PROCEDURE, OPEN; REMOVAL AND REPLACEMENT OF SUBCUTANEOUS PORT COMPONENT ONLY	Yes
67031	CPT/HCPCS	SEVERING OF VITREOUS STRANDS, VITREOUS FACE ADHESIONS, SHEETS, MEMBRANES OR OPACITIES, LASER SURGERY (ONE OR MORE STAG	Yes
27535	CPT/HCPCS	OPEN TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); UNICONDYLAR, INCLUDES INTERNAL FIXATION, WHEN PERFORMED	Yes
21920	CPT/HCPCS	BIOPSY, SOFT TISSUE OF BACK OR FLANK; SUPERFICIAL	Yes
0190T	CPT/HCPCS	PLACEMENT OF INTRAOCULAR RADIATION SOURCE APPLICATOR	Yes
22328	CPT/HCPCS	OPEN TREATMENT AND/OR REDUCTION OF VERTEBRAL FRACTURE ;EA ADD FRACTURE VERTEBRAE OR DISLOCATED SEGMENT (LIST SEG	Yes
S2144	CPT/HCPCS	ARTHROSCOPY, SHOULDER, SURGICAL; TENODESIS OF BICEPS	Yes
15879	CPT/HCPCS	SUCTION ASSISTED LIPECTOMY; LOWER EXTREMITY	Yes
43499	CPT/HCPCS	UNLISTED PROCEDURE, ESOPHAGUS	Yes
63282	CPT/HCPCS	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL, EXTRAMEDULLARY, LUMBAR	Yes
36901	CPT/HCPCS	INTRODUCTION OF NEEDLE(S) AND/OR CATHETER(S), DIALYSIS CIRCUIT, WITH DIAGNOSTIC ANGIOGRAPHY OF THE DIALYSIS CIRCUIT,	Yes
42120	CPT/HCPCS	RESECTION OF PALATE OR EXTENSIVE RESECTION OF LESION	Yes
42340	CPT/HCPCS	SIALOLITHOTOMY; PAROTID, EXTRAORAL OR COMPLICATED INTRAORAL	Yes
43285	CPT/HCPCS	REMOVAL OF ESOPHAGEAL SPHINCTER AUGMENTATION DEVICE	Yes
49425	CPT/HCPCS	PERITONEAL-VENOUS SHUNT (EG, LEVEEN SHUNT)	Yes
64802	CPT/HCPCS	SYMPATHECTOMY, CERVICAL	Yes
69637	CPT/HCPCS	TYMPANOPLASTY WITH ANTROTOMY OR MASTOIDOTOMY (INCLUDING CANALPLASTY, ATTICOTOMY, MIDDLE EAR SURGERY, AND/OR TYM	Yes
44160	CPT/HCPCS	COLECTOMY WITH REMOVAL OF TERMINAL ILEUM AND ILEOCOLOSTOMY	Yes
32606	CPT/HCPCS	THORACOSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE); MEDIASTINAL SPACE, WITH BIOPSY	Yes
61885	CPT/HCPCS	INCISION AND SUBCUTANEOUS PLACEMENT OF CRANIAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER, DIRECT OR INDUCTIVE	Yes
63277	CPT/HCPCS	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; EXTRADURAL, LUMBAR	Yes
25905	CPT/HCPCS	AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; OPEN, CIRCULAR (GUILLotine)	Yes
24105	CPT/HCPCS	EXCISION, OLECRANON BURSA	Yes
22853	CPT/HCPCS	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) WHEN PERFORMED, TO INTERVERTEBRAL DISC SPACE IN CONJUNCTION WITH INTERBODY	Yes
67334	CPT/HCPCS	STRABISMUS SURGERY BY POSTERIOR FIXATION SUTURE TECHNIQUE, WITH OR WITHOUT MUSCLE RECESSION	Yes
43653	CPT/HCPCS	LAPAROSCOPY, SURGICAL; GASTROSTOMY, WITHOUT CONSTRUCTION OF GASTRIC TUBE	Yes
37181	CPT/HCPCS	ANASTOMOSIS; SPLENORENAL, DISTAL (SELECTIVE DECOMPRESSION OF ESOPHAGOGASTRIC VARICES, ANY TECHNIQUE)	Yes
24357	CPT/HCPCS	TENOTOMY, ELBOW, LATERAL OR MEDIAL (EG, EPICONDYLITIS, TENNIS ELBOW, GOLFERS ELBOW; PERCUTANEOUS	Yes
36592	CPT/HCPCS	COLLECTION OF BLOOD SPECIMEN USING EST CENTRAL OR PERIPHERAL CATHETER, VENOUS, NOT OTHERWISE SPECIFIED	Yes
21705	CPT/HCPCS	DIVISION OF SCALENUS ANTICUS; WITH RESECTION OF CERVICAL RIB	Yes
24925	CPT/HCPCS	AMPUTATION, ARM THROUGH HUMERUS; SECONDARY CLOSURE OR SCAR REVISION	Yes
62280	CPT/HCPCS	*INJECTION OF NEUROLYTIC SUBSTANCE (EG, ALCOHOL, PHENOL, ICED SALINE SOLUTIONS); SUBARACHNOID	Yes

51565	CPT/HCPCS	CYSTECTOMY, PARTIAL, WITH REIMPLANTATION OF URETER(S) INTO BLADDER (URETERONEOCYSTOSTOMY)	Yes
62121	CPT/HCPCS	CRANIOTOMY WITH REPAIR OF ENCEPHALOCELE, SKULL BASE	Yes
52343	CPT/HCPCS	CYSTOURETHROSCOPY; W/TREATMENT OF INTRA-RENAL STRICTURE	Yes
64492	CPT/HCPCS	INJECTION(S), DX OR TX AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) W/IMAGE GUIDA	Yes
49905	CPT/HCPCS	OMENTAL FLAP, INTRA-ABDOMINAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Yes
31648	CPT/HCPCS	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCL FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH REMOVAL OF BRONCHIAL VALVE, INITIAL LOBE	Yes
65260	CPT/HCPCS	REMOVAL OF FOREIGN BODY, INTRAOCULAR; FROM POSTERIOR SEGMENT, MAGNETIC EXTRACTION, ANTERIOR OR POSTERIOR ROUTE	Yes
64712	CPT/HCPCS	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG, OPEN; SCIATIC NERVE	Yes
41120	CPT/HCPCS	GLOSSECTOMY; LESS THAN ONE-HALF TONGUE	Yes
26990	CPT/HCPCS	INCISION AND DRAINAGE, PELVIS OR HIP JOINT AREA; DEEP ABSCESS OR HEMATOMA	Yes
24220	CPT/HCPCS	INJECTION PROCEDURE FOR ELBOW ARTHROGRAPHY	Yes
65779	CPT/HCPCS	PLACEMENT OF AMNIOTIC MEMBRANE ON THE OCULAR SURFACE; SINGLE LAYER, SUTURED	Yes
36010	CPT/HCPCS	INTRODUCTION OF CATHETER; IN SUPERIOR OR INFERIOR VENA CAVA, RIGHT HEART OR PULMONARY ARTERY	Yes
64719	CPT/HCPCS	NEUROPLASTY AND/OR TRANSPOSITION; ULNAR NERVE AT WRIST	Yes
63035	CPT/HCPCS	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR E	Yes
25031	CPT/HCPCS	INCISION AND DRAINAGE, FOREARM AND/OR WRIST; INFECTED BURSA	Yes
38770	CPT/HCPCS	PELVIC LYMPHADENECTOMY, INCLUDING EXTERNAL ILIAC, HYPOGASTRIC, AND OBTURATOR NODES (SEPARATE PROCEDURE)	Yes
63620	CPT/HCPCS	STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR); 1 SPINAL LESION	Yes
11301	CPT/HCPCS	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR LEGS: LESION DIAM 0.6 TO 1.0 CM	Yes
64718	CPT/HCPCS	NEUROPLASTY AND/OR TRANSPOSITION; ULNAR NERVE AT ELBOW	Yes
51841	CPT/HCPCS	ANTERIOR VESICourethroPEXY, OR URETHROPEXY (MARSHALL-MARCHETTI-KRANTZ TYPE); COMPLICATED (EG, SECONDARY REPAIR)	Yes
21172	CPT/HCPCS	RECONSTRUCTION SUPERIOR-LATERAL ORBITAL RIM AND LOWER FOREHEAD, ADVANCEMENT OR ALTERATION, WITH OR WITHOUT GRAFTS (INC	Yes
50520	CPT/HCPCS	CLOSURE OF NEPHROCUTANEOUS OR PYELOUTANEOUS FISTULA	Yes
59150	CPT/HCPCS	LAPAROSCOPIC TREATMENT OF ECTOPIC PREGNANCY; WITHOUT SALPINGECTOMY AND/OR OOPHORECTOMY	Yes
54100	CPT/HCPCS	BIOPSY OF PENIS; CUTANEOUS (SEPARATE PROCEDURE)	Yes
54205	CPT/HCPCS	INJECTION PROCEDURE FOR PEYRONIE DISEASE; WITH SURGICAL EXPOSURE OF PLAQUE	Yes
26116	CPT/HCPCS	EXCISION, TUMOR OR VASCULAR MALFORMATION, HAND OR FINGER; DEEP, SUBFASCIAL, INTRAMUSCULAR	Yes
64872	CPT/HCPCS	SUTURE OF NERVE; REQUIRING SECONDARY OR DELAYED SUTURE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY NEURORRHAPHY)	Yes
27881	CPT/HCPCS	AMPUTATION LEG, THROUGH TIBIA AND FIBULA; WITH IMMEDIATE FITTING TECHNIQUE INCLUDING APPLICATION OF FIRST CAST	Yes
S2403	CPT/HCPCS	REPAIR, EXTRALOBAR PULMONARY SEQUESTRATION IN THE FETUS, PROCEDURE PERFORMED IN UTERO	Yes
47015	CPT/HCPCS	LAPAROTOMY, WITH ASPIRATION AND/OR INJECTION OF HEPATIC PARASITIC CYST(S) OR ABSCESS (ES)	Yes
33824	CPT/HCPCS	PATENT DUCTUS ARTERIOSUS; DIVISION, 18 YEARS AND OLDER	Yes
50389	CPT/HCPCS	REMOVAL OF NEPHROSTOMY TUBE, REQUIRING FLUOROSCOPIC GUIDANCE	Yes
11470	CPT/HCPCS	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, PERIANAL, PERINEAL, OR UMBILICAL; WITH PRIMARY CLOSURE	Yes
11644	CPT/HCPCS	EXCISION, MALIGNANT LESION INCL MARGINS, FACE, EARS, EYELIDS, NOSE, LIPS; EXCISED DIAMETER 3.1 TO 4.0 CM	Yes

22101	CPT/HCPCS	PARTIAL RESECTION OF VERTEBRAL COMPONENT, SPINOUS PROCESSES; THORACIC	Yes
25275	CPT/HCPCS	REPAIR, TENDON SHEATH, EXTENSOR,FOREARM AND/OR WRIST,WITH FREE GRAFT	Yes
49492	CPT/HCPCS	REPAIR,INITIAL INGUINAL HERNIA,PRETERM INFANT BIRTH TO 50WKSPOSTCONCEPTUAL AGE,W OR W/O HYDROCELECTOMY;INCARCERATED OR	Yes
21620	CPT/HCPCS	OSTECTOMY OF STERNUM, PARTIAL	Yes
23800	CPT/HCPCS	ARTHRODESIS, SHOULDER JOINT; WITH OR WITHOUT LOCAL BONE GRAFT	Yes
69200	CPT/HCPCS	REMOVAL FOREIGN BODY FROM EXTERNAL AUDITORY CANAL; WITHOUT GENERAL ANESTHESIA	Yes
22551	CPT/HCPCS	ARTHRODESIS, ANTERIOR INTERBODY, INCL DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CO	Yes
61692	CPT/HCPCS	SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION; DURAL, COMPLEX	Yes
35560	CPT/HCPCS	BYPASS GRAFT, WITH VEIN; AORTORENAL	Yes
64650	CPT/HCPCS	CHEMODENERVATION OF ECCRINE GLANDS; BOTH AXILLAE	Yes
50600	CPT/HCPCS	URETEROTOMY WITH EXPLORATION OR DRAINAGE (SEPARATE PROCEDURE)	Yes
53605	CPT/HCPCS	DILATION OF URETHRAL STRICTURE OR VESICAL NECK BY PASSAGE OF SOUND OR URETHRAL DILATOR, MALE, GENERAL OR CONDUCT	Yes
67332	CPT/HCPCS	STRABISMUS SURGERY ON PATIENT WITH SCARRING OF EXTRAOCULAR MUSCLES (EG, PRIOR OCULAR INJURY, STRABISMUS OR RETINAL DETAC	Yes
11000	CPT/HCPCS	*DEBRIDEMENT OF EXTENSIVE ECZEMATOUS OR INFECTED SKIN; UP TO 10% OF BODY SURFACE	Yes
24666	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN RADIAL HEAD OR NECK FRACTURE, WITH OR WITHOUT INTERNAL FIXATION OR RADIAL HEAD E	Yes
68520	CPT/HCPCS	EXCISION OF LACRIMAL SAC (DACRYOCYSTECTOMY)	Yes
32900	CPT/HCPCS	RESECTION OF RIBS, EXTRAPLEURAL, ALL STAGES	Yes
22899	CPT/HCPCS	UNLISTED PROCEDURE, SPINE	Yes
22800	CPT/HCPCS	ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, WITHOR WITHOUT CAST; UP TO 6 VERTEBRAL SEGMENTS	Yes
15157	CPT/HCPCS	TISSUE CULTURED EPIDERMAL AUTOGRAFT; EACH ADDITIONAL 100 SQ CM OR LESS, OR 1% OF BODY AREA OF INFANTS AND CHILDREN; FAC	Yes
19081	CPT/HCPCS	BIOPSY,BREAST,WITH PLACEMENT OF BREAST LOCALIZATION DEVICE(S),PERCUTANEOUS,FIRST LESION INCLUDING STEREOTACTIC	Yes
45136	CPT/HCPCS	EXCISION OF ILEOANAL RESERVOIR WITH ILEOSTOMY	Yes
61120	CPT/HCPCS	BURR HOLE(S) FOR VENTRICULAR PUNCTURE (INCLUDING INJECTION OF GAS, CONTRAST MEDIA, DYE, OR RADIOACTIVE MATERIAL); NOT	Yes
29843	CPT/HCPCS	ARTHROSCOPY, WRIST, SURGICAL; FOR INFECTION, LAVAGE AND DRAINAGE	Yes
23430	CPT/HCPCS	TENODESIS FOR RUPTURE OF LONG TENDON OF BICEPS	Yes
64902	CPT/HCPCS	NERVE GRAFT, EACH ADDITIONAL NERVE; MULTIPLE STRANDS (CABLE)	Yes
38724	CPT/HCPCS	CERVICAL LYMPHADENECTOMY (MODIFIED RADICAL NECK DISSECTION)	Yes
47542	CPT/HCPCS	BALLOON DILATION OF BILIARY DUCTS(S) OR OF AMPULLA (SPHINCTEROPLASTY),AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND IN	Yes
57522	CPT/HCPCS	CONIZSATION OF CERVIX WITH OR WITH FULGURATION, WITH OR WITHOUT DILATION AND CURETTAGE, W/WO REPAIR; LOOP ELECTRO	Yes
23450	CPT/HCPCS	CAPSULORRHAPHY FOR RECURRENT DISLOCATION, ANTERIOR; PUTTI-PLATT PROCEDURE OR MAGNUSON TYPE OPERATION	Yes
43201	CPT/HCPCS	ESOPHAGOSCOPY, FLEXIBLE, TRANSORAL; WITH DIRECTED SUBMUCOSAL INJECTION(S), ANY SUBSTANCE	Yes
33884	CPT/HCPCS	PLACEMENT OF PROXIMAL EXTENSION PROSTHESIS FOR ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA; EACH ADDTL PROXIMAL EXT	Yes
45333	CPT/HCPCS	SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(S) OR OTHER LESION(S) BY HOT BIOPSY FORCEPS	Yes
31030	CPT/HCPCS	SINUSOTOMY, MAXILLARY (ANTROTOMY); RADICAL (CALDWELL-LUC) WITHOUT REMOVAL OF ANTROCHOANAL POLYPS	Yes
25800	CPT/HCPCS	ARTHRODESIS, WRIST JOINT (INCLUDING RADIOCARPAL AND/OR ULNOCARPAL FUSION); WITHOUT BONE GRAFT	Yes

44202	CPT/HCPCS	LAPAROSCOPY, SURGICAL; ENTERECTOMY, RESECTION OF SMALL INTESTINE, SINGLE RESECTION AND ANASTOMOSIS	Yes
33545	CPT/HCPCS	REPAIR OF POSTINFARCTION VENTRICULAR SEPTAL DEFECT, WITH OR WITHOUT MYOCARDIAL RESECTION	Yes
31002	CPT/HCPCS	*LAVAGE BY CANNULATION; SPHENOID SINUS	Yes
59871	CPT/HCPCS	REMOVAL OF CERCLAGE SUTURE UNDER ANESTHESIA (OTHER THAN LOCAL)	Yes
52007	CPT/HCPCS	CYSTOURETHROSCOPY, WITH URETERAL CATHETERIZATION, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLU	Yes
69646	CPT/HCPCS	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY, TYMPANIC MEMBRANE REPAIR); RADICAL OR COMP	Yes
21196	CPT/HCPCS	RECONSTRUCTION OF MANDIBULAR RAMI, SAGITTAL SPLIT; WITH INTERNAL RIGID FIXATION	Yes
26140	CPT/HCPCS	SYNOVECTOMY, PROXIMAL INTERPHALANGEAL JOINT, INCLUDING EXTENSOR RECONSTRUCTION, EACH INTERPHALANGEAL JOINT	Yes
C5276	CPT/HCPCS	APPLICATION OF LOW COST SKIN SUBSTITUTE GRAFT TO FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET	Yes
15782	CPT/HCPCS	DERMABRASION; REGIONAL, OTHER THAN FACE	Yes
27823	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN TRIMALLEOLAR ANKLE FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL SKELETAL FIXATION, ME	Yes
27475	CPT/HCPCS	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; DISTAL FEMUR	Yes
53850	CPT/HCPCS	TRANSURETHRAL DESTRUCTION OF PROSTATE TISSUE;BY MICROWAVE THERMOTHERAPY	Yes
49083	CPT/HCPCS	ABDOMINAL PARACENTESIS (DIAGNOSTIC OR THERAPEUTIC); WITH IMAGING GUIDANCE	Yes
55060	CPT/HCPCS	REPAIR OF TUNICA VAGINALIS HYDROCELE (BOTTLE TYPE)	Yes
67930	CPT/HCPCS	SUTURE OF RECENT WOUND, EYELID, INVOLVING LID MARGIN, TARSUS, AND/OR PALPEBRAL CONJUNCTIVA) DIRECT CLOSURE; PAR	Yes
21465	CPT/HCPCS	OPEN TREATMENT OF MANDIBULAR CONDYLAR FRACTURE	Yes
31553	CPT/HCPCS	LARYNGOPLASTY; FOR LARYNGEAL STENOSIS, WITH GRAFT, WITH INDWELLING STENT PLACEMENT, YOUNGER THAN 12 YEARS OF AGE	Yes
S2202	CPT/HCPCS	ECHOSCLEROTHERAPY	Yes
32670	CPT/HCPCS	THORACOSCOPY, SURGICAL; WITH REMOVAL OF TWO LOBES (BILOBECTOMY)	Yes
44500	CPT/HCPCS	INTRODUCTION OF LONG GASTROINTESTINAL TUBE (EG, MILLER-ABBOTT) (SEPARATE PROCEDURE)	Yes
61682	CPT/HCPCS	SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION; SUPRATENTORIAL, COMPLEX	Yes
61332	CPT/HCPCS	EXPLORATION OF ORBIT (TRANSCRANIAL APPROACH); WITH BIOPSY	Yes
49587	CPT/HCPCS	REPAIR UMBILICAL HERNIA, AGE 5 YEARS OR OVER; INCARCERATED OR STRANGULATED	Yes
27355	CPT/HCPCS	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR;	Yes
38500	CPT/HCPCS	BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN SUPERFICIAL	Yes
32661	CPT/HCPCS	THORACOSCOPY, SURGICAL; WITH EXCISION OF PERICARDIAL CYST, TUMOR, OR MASS	Yes
28660	CPT/HCPCS	*TREATMENT OF CLOSED INTERPHALANGEAL JOINT DISLOCATION; WITHOUT ANESTHESIA	Yes
28341	CPT/HCPCS	RECONSTRUCTION, TOE, MACRODACTYLY; REQUIRING BONE RESECTION	Yes
20970	CPT/HCPCS	FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS; ILIAC CREST	Yes
35246	CPT/HCPCS	REPAIR BLOOD VESSEL WITH VEIN GRAFT; INTRATHORACIC, WITHOUT BYPASS	Yes
35642	CPT/HCPCS	BYPASS GRAFT, WITH OTHER THAN VEIN; CAROTID-VERTEBRAL	Yes
31500	CPT/HCPCS	INTUBATION, ENDOTRACHEAL, EMERGENCY PROCEDURE	Yes
27645	CPT/HCPCS	RADICAL RESECTION OF TUMOR; TIBIA	Yes
46614	CPT/HCPCS	ANOSCOPY; WITH COAGULATION FOR CONTROL OF HEMORRHAGE AND/OR FULGURATION OF MUCOSAL LESION	Yes
65205	CPT/HCPCS	*REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CONJUNCTIVAL SUPERFICIAL	Yes
38562	CPT/HCPCS	LIMITED LYMPHADENECTOMY FOR STAGING (SEPARATE PROCEDURE); PELVIC AND PARA-AORTIC	Yes
46947	CPT/HCPCS	HEMORRHOIDOPEXY BY STAPLING	Yes

26356	CPT/HCPCS	Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); primary, without free graft, each tendon	Yes
64727	CPT/HCPCS	INTERNAL NEUROLYSIS, REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR NEUROPLASTY) (NEUR	Yes
48153	CPT/HCPCS	PANCREATECTOMY, PROXIMAL SUBTOTAL W/NEAR-TOTAL DUODENECTOMY,CHOLEDOCHENTEROSTOMY & DUODENOJEJUNOSTOMY;W/PANCREATOJEJUNOS	Yes
49605	CPT/HCPCS	REPAIR OF OMPHALOCELE; LARGE OR GASTROSCHISIS, WITH OR WITHOUT PROSTHESIS	Yes
49424	CPT/HCPCS	CONTRAST INJECTION FOR ASSESSMENT OF ABSCESS OR CYST VIA PREVIOUSLY PLACED CATHETER (SEPARATE PROCEDURE)	Yes
33511	CPT/HCPCS	CORONARY ARTERY BYPASS, AUTOGENOUS GRAFT, (EG, SAPHENOUS VEIN OR INTERNAL MAMMARY ARTERY); TWO CORONARY GRAFTS	Yes
42235	CPT/HCPCS	REPAIR OF ANTERIOR PALATE, INCLUDING VOMER FLAP	Yes
67808	CPT/HCPCS	EXCISION OF CHALAZION; UNDER GENERAL ANESTHESIA AND/OR REQUIRING HOSPITALIZATION, SINGLE OR MULTIPLE	Yes
29899	CPT/HCPCS	ARTHROSCOPY, ANKLE,SURGICAL; WITH ANKLE ARTHRODESIS	Yes
25248	CPT/HCPCS	EXPLORATION FOR REMOVAL OF DEEP FOREIGN BODY, FOREARM OR WRIST	Yes
64704	CPT/HCPCS	NEUROPLASTY; NERVE OF HAND OR FOOT	Yes
68100	CPT/HCPCS	BIOPSY OF CONJUNCTIVA	Yes
57105	CPT/HCPCS	BIOPSY OF VAGINAL MUCOSA; EXTENSIVE, REQUIRING SUTURE (INCLUDING CYSTS)	Yes
68362	CPT/HCPCS	CONJUNCTIVAL FLAP; TOTAL (SUCH AS GUNDERSON THIN FLAP OR PURSE STRING FLAP)	Yes
26455	CPT/HCPCS	TENOTOMY, FLEXOR, SINGLE, FINGER, OPEN, EACH	Yes
28200	CPT/HCPCS	REPAIR OR SUTURE OF TENDON, FOOT, FLEXOR, SINGLE; PRIMARY OR SECONDARY, WITHOUT FREE GRAFT, EACH TENDON	Yes
37183	CPT/HCPCS	REVISION OF TRANSVENOUS INTRAHEPATIC PORTOSYSTEMIC SHUNT(S) (TIPS	Yes
64771	CPT/HCPCS	TRANSECTION OR AVULSION OF OTHER CRANIAL NERVE, EXTRADURAL	Yes
C9600	CPT/HCPCS	PERCUTANEOUS TRANSCATHETER PLACEMENT OF DRUG ELUTING INTRACORONARY STENT ,WTH CORONARY ANGIOPLASTY WHN PEFRMD; SINGLE MA	Yes
20664	CPT/HCPCS	APPLICATION OF HALO,INCLUDING REMOVAL,CRANIAL,6 OR MORE PINS PLACED,FOR THIN SKULL OSTEOLOGY,REQUIRING GENERAL ANES	Yes
27001	CPT/HCPCS	TENOTOMY, ADDUCTOR OF HIP, SUBCUTANEOUS, OPEN	Yes
24155	CPT/HCPCS	RESECTION OF ELBOW JOINT (ARTHRECTOMY)	Yes
67805	CPT/HCPCS	EXCISION OF CHALAZION; MULTIPLE, DIFFERENT LIDS	Yes
49082	CPT/HCPCS	ABDOMINAL PARACENTESIS (DIAGNOSTIC OR THERAPEUTIC); WITHOUT IMAGING GUIDANCE	Yes
36261	CPT/HCPCS	REVISION OF IMPLANTED INTRA-ARTERIAL INFUSION PUMP	Yes
42220	CPT/HCPCS	PALATOPLASTY FOR CLEFT PALATE; SECONDARY LENGTHENING PROCEDURE	Yes
28130	CPT/HCPCS	TALECTOMY (ASTRAGALECTOMY)	Yes
G0428	CPT/HCPCS	COLLAGEN MENISCUS IMPLANT PROCEDURE FOR FILLING MENISCAL DEFECTS (E.G., CMI, COLLAGEN SCAFFOLD, MENAFLEX)	Yes
57282	CPT/HCPCS	COLOPLEXY, VAGINAL; EXTRA-PERITONEAL APPROACH (SACROSPINOUS, ILIOCOCCYGEUS)	Yes
33952	CPT/HCPCS	EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO)/ EXTRACORPOREAL INSERTION OF PERIPHERAL (ARTERIAL AND/OR VENOUS) CANNULA(E),6	Yes
67908	CPT/HCPCS	REPAIR OF BLEPHAROPTOSIS; CONJUNCTIVO-TARSO-LEVATOR RESECTION (FASANELLA-SERVAT TYPE)	Yes
44207	CPT/HCPCS	LAPARSOCOPY, SURGICAL;COLECTOMY, PARTIAL, WITH ANASTOMOSIS, WITH COLOPROCTOSTOMY WITH COLOSTOMY	Yes
31395	CPT/HCPCS	PHARYNGOLARYNGECTOMY, WITH RADICAL NECK DISSECTION; WITH RECONSTRUCTION	Yes
16030	CPT/HCPCS	DRESSINGS AND/OR DEBRIDEMENT, INITIAL OR SUBSEQUENT; WITHOUT ANESTHESIA, LARGE (EG, MORE THAN ONE EXTREMITY)	Yes
64823	CPT/HCPCS	SYMPATHECTOMY; SUPERFICIAL PALMAR ARCH	Yes
27232	CPT/HCPCS	TREATMENT OF CLOSED FEMORAL FRACTURE, PROXIMAL END, NECK; WITH MANIPULATION INCLUDING SKELETAL TRACTION	Yes
51102	CPT/HCPCS	ASPIRATION OF BLADDER;WITH INSERTION OF SUPRAPUBIC CATHETER	Yes

44211	CPT/HCPCS	LAPAROSCOPY, SURGICAL; COLECTOMY, TOTAL ABD, W/PROCTECTOMY W/ILEOANAL ANASTOMOSIS, CREATION OF ILEAL RESERVOIR (S OR J), W/LOOP ILEOSTOMY, INCL RECTA+	Yes
21142	CPT/HCPCS	RECONSTRUCTION MIDFACE LEFORT I; TWO PIECES SEGMENT MOVEMENTIN ANY DIRECTION, WITHOUT BONE GRAFT	Yes
32501	CPT/HCPCS	RESECTION AND REPAIR OF PORTION OF BRONCHUS WHEN PERFORMED AT TIME OF LOBECTOMY OR SEGMENTECTOMY (LIST SEPARATELY)	Yes
33261	CPT/HCPCS	OPERATIVE ABLATION OF ARRHYTHMOGENIC FOCUS OR PATHWAY; WITH CARDIOPULMONARY BYPASS	Yes
19082	CPT/HCPCS	BIOPSY,BREAST,WITH PLACEMENT OF BREAST LOCALIZATION DEVICE(S),EACH ADDITIONAL LESION INCL STEREOTACTIC GUIDANCE	Yes
37607	CPT/HCPCS	LIGATION OR BANDING OF ANGIOACCESS ARTERIOVENOUS FISTULA	Yes
24201	CPT/HCPCS	REMOVAL OF FOREIGN BODY, UPPER ARM OR ELBOW AREA; DEEP	Yes
27397	CPT/HCPCS	TRANSPLANT OR TRANSFER (WITH MUSCLE REDIRECTION OR REROUTING), THIGH IEG, EXTENSOR TO FLEXOR);MULTIPLE TENDONS	Yes
49465	CPT/HCPCS	CNTRST INJ FOR RAD EVAL OF EXSTING GASTROSTOMY, DUODENOSTOMY, JEJUNOSTOMY, GASTRO JEJUNOSTOMY, OR CECOSTOMY FROM A PERCUTANEOUS APPRCH INCLDING IMAGE+	Yes
29260	CPT/HCPCS	STRAPPING; ELBOW OR WRIST	Yes
40840	CPT/HCPCS	VESTIBULOPLASTY; ANTERIOR	Yes
32665	CPT/HCPCS	THORACOSCOPY, SURGICAL; WITH ESOPHAGOMYOTOMY	Yes
27295	CPT/HCPCS	DISARTICULATION OF HIP	Yes
45111	CPT/HCPCS	PROCTECTOMY; PARTIAL RESECTION OF RECTUM	Yes
25651	CPT/HCPCS	PERCUTANEOUS SKELETAL FIXATION OF ULNAR STYLOID FRACTURE	Yes
43631	CPT/HCPCS	GASTRECTOMY, PARTIAL, DISTAL; WITH GASTRODUODENOSTOMY	Yes
21230	CPT/HCPCS	GRAFT; RIB CARTILAGE, AUTOGENOUS, TO FACE, CHIN, NOSE OR EAR (INCLUDES OBTAINING GRAFT)	Yes
67801	CPT/HCPCS	EXCISION OF CHALAZION; MULTIPLE, SAME LID	Yes
33915	CPT/HCPCS	PULMONARY ARTERY EMBOLECTOMY; WITHOUT BYPASS	Yes
64776	CPT/HCPCS	EXCISION OF NEUROMA; DIGITAL NERVE, ONE OR BOTH, SAME DIGIT	Yes
33730	CPT/HCPCS	COMPLETE REPAIR OF ANOMALOUS VENOUS RETURN (SUPRACARDIAC, INTRACARDIAC, OR INFRACARDIAC TYPES)	Yes
69666	CPT/HCPCS	REPAIR OVAL WINDOW FISTULA	Yes
69970	CPT/HCPCS	REMOVAL OF TUMOR, TEMPORAL BONE	Yes
63190	CPT/HCPCS	LAMINECTOMY WITH RHIZOTOMY; MORE THAN TWO SEGMENTS	Yes
15956	CPT/HCPCS	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH MUSCLE OR MYOCUTANEOUS FLAP CLOSURE;	Yes
49572	CPT/HCPCS	REPAIR EPIGASTRIC HERNIA (EG, PREPERITONEAL FAT); INCARCERATED OR STRANGULATED	Yes
29705	CPT/HCPCS	REMOVAL OR BIVALVING; FULL ARM OR FULL LEG CAST	Yes
27829	CPT/HCPCS	OPEN TREATMENT OF DISTAL TIBIOFIBULAR JOINT (SYNDESMOSIS) DISRUPTION, INCLUDES INTERNAL FIXATION, WHEN PERFORMED	Yes
26215	CPT/HCPCS	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL, MIDDLE OR DISTAL PHALANX OF FINGER; WITH AUTOGRAFT (Yes
47711	CPT/HCPCS	EXCISION OF BILE DUCTM TUMOR, WITH OR WITHOUT PRIMARY REPAIROF BILE DUCT; EXRTRAHPATIC	Yes
63662	CPT/HCPCS	REMOVAL OF SPINAL NEUROSTIMULATOR ELECTRODE PLATE/PADDLE(S) PLACED VIA LAMINOTOMY OR LAMINECTOMY, INCL FLUOROSCOPY, WHEN	Yes
32151	CPT/HCPCS	THORACOTOMY, MAJOR; WITH REMOVAL OF INTRAPULMONARY FOREIGN BODY	Yes
44145	CPT/HCPCS	COLECTOMY, PARTIAL; WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS)	Yes
46715	CPT/HCPCS	REPAIR OF LOW IMPERFORATE ANUS; WITH ANOPERINEAL ("CUT-BACK"PROCEDURE)	Yes
66180	CPT/HCPCS	AQUEOUS SHUNT TO EXTRAOCULAR EQUATORIAL PLATE RESERVOIR, EXTERNAL APPROACH; WITH GRAFT	Yes
42200	CPT/HCPCS	PALATOPLASTY FOR CLEFT PALATE, SOFT AND/OR HARD PALATE ONLY	Yes
62270	CPT/HCPCS	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC;	Yes
21121	CPT/HCPCS	GENIOPLASTY; SLIDING OSTEOTOMY, SINGLE PIECE	Yes
50830	CPT/HCPCS	URINARY UNDIVERSION (EG, TAKING DOWN OF URETEROILEAL CONDUIT, URETEROSIGMOIDOSTOMY OR URETEROENTEROSTOMY	Yes
58760	CPT/HCPCS	FIMBRIOPLASTY	Yes
27665	CPT/HCPCS	REPAIR OR SUTURE OF EXTENSOR TENDON OF LEG; SECONDARY WITH OR WITHOUT GRAFT, SINGLE TENDON, EACH	Yes

53410	CPT/HCPCS	URETHROPLASTY, ONE-STAGE RECONSTRUCTION OF MALE ANTERIOR URETHRA	Yes
23540	CPT/HCPCS	TREATMENT OF CLOSED ACROMIOCLAVICULAR DISLOCATION; WITHOUT MANIPULATION	Yes
46753	CPT/HCPCS	GRAFT (THIERSCH OPERATION) FOR RECTAL INCONTINENCE AND/OR PROLAPSE	Yes
C5272	CPT/HCPCS	APPLICATION OF LOW COST SKIN SUBSTITUTE GRAFT TO TRUNK, ARMS, LEGS, TOTAL WOUND SURFACE AREA UP TO 100 SQ CM; EACH ADDIT	Yes
0076T	CPT/HCPCS	TRANSCATHETER PLACEMENT OF EXTRACRANIAL VERTEBRAL OR INTRATHORACIC CAROTID ARTERY STENT(S), OPEN OR PERCUTANEOUS; EACH ADDITIONAL VESSEL, INCLUDINGRA+	Yes
31572	CPT/HCPCS	LARYNGOSCOPY, FLEXIBLE; WITH ABLATION OR DESCTRUCTION OF LESION(S) WITH LASER, UNILATERAL	Yes
46270	CPT/HCPCS	FISTULECTOMY; SUBCUTANEOUS	Yes
11624	CPT/HCPCS	EXCISION, MALIGNANT LESION INCL MARGINS, SCALP, NECK, HANDS,FEET, GENITALIA; EXCISED DIAMETER 3.4 TO 4.0CM	Yes
28436	CPT/HCPCS	TREATMENT OF CLOSED TALUS FRACTURE; WITH MANIPULATION AND PERCUTANEOUS PINNING	Yes
45321	CPT/HCPCS	PROCTOSIGMOIDOSCOPY; FOR DECOMPRESSION OF VOLVULUS	Yes
35103	CPT/HCPCS	DIRECT REPAIR OF ANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR WITHOUT PATCH GRAFT; FOR RUPTURED	Yes
28308	CPT/HCPCS	OSTEOTOMY, METATARSAL, BASE OR SHAFT, SINGLE, WITH OR WITHOUT LENGTHENING, FOR SHORTENING OR ANGULAR CORRECTION; OTHE	Yes
41112	CPT/HCPCS	EXCISION OF LESION OF TONGUE WITH CLOSURE; ANTERIOR TWO- THIRDS	Yes
65103	CPT/HCPCS	ENUCLEATION OF EYE; WITH IMPLANT, MUSCLES NOT ATTACHED TO IMPLANT	Yes
19297	CPT/HCPCS	PLACEMENT OF RADIOTHERAPY AFTER LOADING BALLOON CATHETER INTO THE BREAST FOR INTERSTITIAL RADIOELEMENT APPLICATION	Yes
28470	CPT/HCPCS	TREATMENT OF CLOSED METATARSAL FRACTURE; WITHOUT MANIPULATION, EACH	Yes
24361	CPT/HCPCS	ARTHROPLASTY, ELBOW; WITH DISTAL HUMERAL PROSTHETIC REPLACEMENT	Yes
67042	CPT/HCPCS	VITRECTMY,MCHNICAL PARS PLANA APPRCH: WITH REMVL OF INTRNL LIMITNG MEMBRANE OF RETINA (EG FOR REPR OF MACULAR HOLE, DIAB	Yes
27086	CPT/HCPCS	*REMOVAL OF FOREIGN BODY, PELVIS OR HIP; SUBCUTANEOUS TISSUE	Yes
66762	CPT/HCPCS	IRIDOPLASTY BY PHOTOCOAGULATION (ONE OR MORE SESSIONS) (EG, FOR IMPROVEMENT OF VISION, FOR WIDENING OF ANTERIOR CHAMBE	Yes
23575	CPT/HCPCS	TREATMENT OF CLOSED SCAPULAR FRACTURE; WITH MANIPULATION (WITH OR WITHOUT SHOULDER JOINT INVOLVEMENT)	Yes
44206	CPT/HCPCS	LAPARSOCOPY, SURGICAL; COLECTOMY, PARTIAL, WTH END COLOSTOMYAND CLOSURE OF DISTAL SEGMENT	Yes
47564	CPT/HCPCS	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT	Yes
27415	CPT/HCPCS	OSTEOCHONDRAL ALLOGRAFT, KNEE, OPEN	Yes
49446	CPT/HCPCS	CONVERSION OF GATTROSTOMY TUBE TO GSTROJEJUNOSTOMY TUBE, PERCUTANEOUS , UNDER FLUOROSCOPIC GUIDANCE INCLUDING CONTRAST I	Yes
26340	CPT/HCPCS	MANIPULATION,FINGER JOINT, UNDER ANESTHESIA, EACH JOINT	Yes
27479	CPT/HCPCS	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; COMBINED DISTAL FEMUR, PROXIMAL TIBIA AND FIBULA	Yes
30410	CPT/HCPCS	RHINOPLASTY, PRIMARY; COMPLETE, EXTERNAL PARTS INCLUDING BONY PYRAMID, LATERAL AND ALAR CARTILAGES, AND/OR ELEVAT	Yes
11055	CPT/HCPCS	PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG,CORN OR CALLUS); SINGLE LESION	Yes
44111	CPT/HCPCS	EXCISION OF ONE OR MORE LESIONS OF SMALL OR LARGE BOWEL NOT REQUIRING ANASTOMOSIS, EXTERIORIZATION, OR FISTULIZA	Yes
43352	CPT/HCPCS	ESOPHAGOSTOMY, FISTULIZATION OF ESOPHAGUS, EXTERNAL; CERVICAL APPROACH	Yes
26390	CPT/HCPCS	FLEXOR TENDON EXCISION, IMPLANTATION OF PLASTIC TUBE OR ROD FOR DELAYED TENDON GRAFT, HAND OR FINGER	Yes
20982	CPT/HCPCS	ABLATION, BONE TUMOR(S) RADIOFREQUENCY PERCUTANEOUS INCLUDING COMPUTED TOMOGRAPHIC GUIDANCE	Yes

26863	CPT/HCPCS	ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT), EACH	Yes
27040	CPT/HCPCS	19999-12-31T TISSUE OF PELVIS AND HIP AREA; SUPERFICIAL	Yes
0453T	CPT/HCPCS	INSERTION OR REPLACEMENT OF A PERMANENTLY IMPLANTABLE AORTIC COUNTERPULSATION PARAMETERS;MECHANO-ELECTRICAL SKIN INTERFA	Yes
62367	CPT/HCPCS	ELECTRONIC ANALYSIS OF PROGRAMMABLE,IMPLANTED PUMP FOR INTRATHECAL OR EPIDURAL DRUG INFUSION	Yes
45334	CPT/HCPCS	SIGMOIDOSCOPY, FLEXIBLE; WITH CONTROL OF BLEEDING, ANY METHOD	Yes
50200	CPT/HCPCS	*RENAL BIOPSY; PERCUTANEOUS, BY TROCAR OR NEEDLE	Yes
37565	CPT/HCPCS	LIGATION OF INTERNAL JUGULAR VEIN	Yes
57556	CPT/HCPCS	EXCISION OF CERVICAL STUMP, VAGINAL APPROACH; WITH REPAIR OF ENTEROCELE	Yes
56634	CPT/HCPCS	VULVECTOMY, RADICAL, COMPLETE; WITH UNILATERAL INGUINOFEMORAL LYMPHADENECTOMY	Yes
27176	CPT/HCPCS	TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; BY SINGLE OR MULTIPLE PINNING, IN SITU	Yes
15944	CPT/HCPCS	EXCISION, ISCHIAL PRESSURE ULCER, WITH LOCAL OR REGIONAL SKIN FLAP CLOSURE;	Yes
47720	CPT/HCPCS	CHOLECYSTOENTEROSTOMY; DIRECT	Yes
48154	CPT/HCPCS	PANCREATECTOMY,PROXIMAL SUBTOTAL W/NEAR-TOTAL DUODENECTOMY,CHOLEDOCHENTEROSTOMY & DUODENOJEJUNOSTOMY;W/O PANCREATOJEJUNO	Yes
26531	CPT/HCPCS	ARTHROPLASTY, METACARPOPHALANGEAL JOINT; WITH PROSTHETIC IMPLANT, SINGLE, EACH	Yes
33955	CPT/HCPCS	EXTRACORPOREAL MEMBRANE OXYGENATION;INSERTION OF CENTRAL CANNULA(E) BY STERNOTOMY OR THORACOTOMY, BIRTH THROUGH 5 YEARS	Yes
27762	CPT/HCPCS	TREATMENT OF CLOSED DISTAL TIBIAL FRACTURE (MEDIAL MALLEOLUS); WITH MANIPULATION	Yes
20922	CPT/HCPCS	FASCIA LATA GRAFT; BY INCISION AND AREA EXPOSURE, COMPLEX OR SHEET	Yes
23397	CPT/HCPCS	MUSCLE TRANSFER, ANY TYPE FOR PARALYSIS OF SHOULDER OR UPPER ARM; MULTIPLE	Yes
24586	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN COMMINUTED ELBOW FRACTURE (FRACTURE DISTAL HUMERUS AND/OR PROXIMAL ULNA/RADIUS), WITH	Yes
49495	CPT/HCPCS	REPAIR INITIAL INGUINAL HERNIA, UNDER AGE 6 MONTHS, WITH OR WITHOUT HYDROCELECTOMY; REDUCIBLE	Yes
66986	CPT/HCPCS	EXCHANGE OF INTRAOCULAR LENS	Yes
0308T	CPT/HCPCS	INSERTION OF OCULAR TELESCOPE PROSTHESIS INCLUDING REMOVAL OF CRYSTALLINE LENS OR INTRAOCULAR LENS PROTHESIS	Yes
11600	CPT/HCPCS	EXCISION, MALIGNANT LESION INCL MARGINS, TRUNK, ARMS, OR LEGS; EXCISED DIAMETER 0.5CM OR LESS	Yes
65155	CPT/HCPCS	REINSERTION OF OCULAR IMPLANT; WITH USE OF FOREIGN MATERIAL FOR REINFORCEMENT AND/OR ATTACHMENT OF MUSCLES TO IMPLANT	Yes
38747	CPT/HCPCS	ABDOMINAL LYMPHADENECTOMY, REGIONAL, INCLUDING CELIAS, PARA-AORTIC & VENA CAVAL NODES (REPORT IN ADDITION TO PRIMARY COD	Yes
36254	CPT/HCPCS	SUPERSELECTIVE CATHETER PLACEMENT (ONE OR MORE SECOND ORDER OR HIGHER RENAL ARTERY BRANCHES) RENAL ARTERY AND ANY	Yes
43340	CPT/HCPCS	ESOPHAGOJEJUNOSTOMY (WITHOUT TOTAL GASTRECTOMY); ABDOMINAL APPROACH	Yes
27036	CPT/HCPCS	CAPSULECTOMY OR CAPSULOTOMY OF HIP, WITH OR WITHOUT EXCISION OF HETEROTOPIC BONE, WITH RELEASE OF HIP FEXOR	Yes
28735	CPT/HCPCS	ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, MULTIPLE OR TRANSVERSE; WITH OSTEOTOMY AS FOR FLATFOOT CORRECTION	Yes
28510	CPT/HCPCS	TREATMENT OF CLOSED FRACTURE, PHALANX OR PHALANGES, OTHER THAN GREAT TOE; WITHOUT MANIPULATION, EACH	Yes
33514	CPT/HCPCS	CORONARY ARTERY BYPASS, AUTOGENOUS GRAFT, (EG, SAPHENOUS VEIN OR INTERNAL MAMMARY ARTERY); FIVE CORONARY GRAFTS	Yes
63043	CPT/HCPCS	LAMINOTOMY, W/DECOMPRESSION OF NERVE ROOT, INCLUDING PARTIALFACETECTOMY,CERVICAL, EACH ADD'L CERVICAL INTERSPACE	Yes

25332	CPT/HCPCS	ARTHROPLASTY, WRIST; PSEUDARTHROSIS TYPE WITH INTERNAL FIXATION	Yes
24495	CPT/HCPCS	DECOMPRESSION FASCIOTOMY, FOREARM, WITH BRACHIAL ARTERY EXPLORATION	Yes
54438	CPT/HCPCS	REPLANTATION, PENIS, COMPLETE AMPUTATION INCLUDING URETHRAL REPAIR	Yes
53430	CPT/HCPCS	URETHROPLASTY, RECONSTRUCTION OF FEMALE URETHRA	Yes
44213	CPT/HCPCS	LAPAROSCOPY, SURGICAL, MOBILIZATION OF SPLENIC FLEXURE PERFORMED IN CONJUNCTION WITH PARTIAL COLECTOMY	Yes
63185	CPT/HCPCS	LAMINECTOMY WITH RHIZOTOMY; ONE OR TWO SEGMENTS	Yes
61798	CPT/HCPCS	STEREOTATIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR); 1 COMPLEX CRANIAL LESION	Yes
33910	CPT/HCPCS	PULMONARY ARTERY EMBOLCTOMY; WITH CARDIOPULMONARY BYPASS	Yes
65772	CPT/HCPCS	CORNEAL RELAXING INCISION FOR CORRECTION OF SURGICALLY INDUCED ASTIGMATISM	Yes
36571	CPT/HCPCS	INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS ACCESS DEVWITH SUBCUTANEOUS PORT; AGE 5 YEARS OR OLDER	Yes
26686	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN CARPOMETACARPAL DISLOCATION, OTHER THAN BENNETT FRACTURE; COMPLEX, MULTIPLE OR DEL	Yes
13101	CPT/HCPCS	REPAIR, COMPLEX, TRUNK; 2.6 CM TO 7.5 CM	Yes
36248	CPT/HCPCS	INTRODUCTION OF CATHETER, AORTA OR SELECTIVE; ADD SEC ORDER THIRD ORDER, AND BEYOND, ABDOMINAL, PELVIC, OR LOWER EXTREMITY	Yes
28150	CPT/HCPCS	PHALANGECTOMY OF TOE, SINGLE, EACH	Yes
23076	CPT/HCPCS	EXCISION, TUMOR, SOFT TISSUE OF SHOULDER AREA, SUBFASCIAL (EG, INTRAMUSCULAR); LESS THAN 5 CM	Yes
55866	CPT/HCPCS	LAPAROSCOPY, SURGICAL PROSTATECTOMY, RETROPUBIC RADICAL, INCLUDING NERVE SPARING	Yes
48001	CPT/HCPCS	PLACEMENT OF DRAINS, PERIPANCREATIC, FOR ACUTE PANCREATITIS; WITH CHOLECYSTOSTOMY, GASTROSTOMY AND JEJUNOSTOMY	Yes
32674	CPT/HCPCS	THORACOSCOPY, SURGICAL; WITH MEDIASTINAL AND REGIONAL LYMPHADENECTOMY. (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY	Yes
63195	CPT/HCPCS	LAMINECTOMY WITH CORDOTOMY, WITH SECTION OF ONE SPINOTHALAMIC TRACT, ONE STAGE; THORACIC	Yes
24160	CPT/HCPCS	REMOVAL OF PROSTHESIS, INCLUDES DEBRIDEMENT AND SYNOVECTOMY WHEN PERFORMED; HUMERAL AND ULNAR COMPONENTS	Yes
61020	CPT/HCPCS	*VENTRICULAR PUNCTURE THROUGH PREVIOUS BURR HOLE, FONTANELLE, SUTURE, OR IMPLANTED VENTRICULAR CATHETER/RESERVOIR;	Yes
25136	CPT/HCPCS	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL BONES; WITH ALLOGRAFT	Yes
25575	CPT/HCPCS	OPEN TRTMENT OF RADIAL AND ULNAR SHAFT FRACTURE, WITH INTERNAL FIXATION, WHEN PRFRMD; OF RADIUS AND ULNA	Yes
27303	CPT/HCPCS	INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), FEMUR OR KNEE	Yes
20827	CPT/HCPCS	REPLANTATION, THUMB (INCLUDES DISTAL TIP TO MP JOINT); COMPLETE AMPUTATION	Yes
15576	CPT/HCPCS	FORMATION OF DIRECT OR TUBED PEDICLE; WITH OR WITHOUT TRANSFER; EYELIDS, NOSE, EARS, LIPS, OR INTRAORAL	Yes
61558	CPT/HCPCS	EXTENSIVE CRANIECTOMY FOR MULTIPLE CRANIAL SUTURE CRANIOSYNOSTOSIS EG, CLOVERLEAF SKULL); NOT REQUIRING BONE GRAFT	Yes
21181	CPT/HCPCS	REMOVAL BY CONTOURING OF BENIGN TUMOR OF CRANIAL BONES (EG, FIBROUS DYSPLASIA), EXTRACRANIAL	Yes
36247	CPT/HCPCS	INTRODUCTION OF CATHETER, AORTA OR SELECTIVE; INITIAL THIRD ORDER OR MORE SELECTIVE ABDOMINAL, PELVIC OR LOWER EXTREMITY	Yes
32036	CPT/HCPCS	THORACOSTOMY; WITH OPEN FLAP DRAINAGE FOR EMPYEMA	Yes
43771	CPT/HCPCS	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REVISION OF ADJUSTABLE GASTRIC BAND COMPONENT ONLY	Yes
61000	CPT/HCPCS	*SUBDURAL TAP THROUGH FONTANELLE, OR SUTURE, INFANT, UNILATERAL OR BILATERAL; INITIAL	Yes

15832	CPT/HCPCS	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); THIGH	Yes
35693	CPT/HCPCS	TRANSPOSITION AND/OR REIMPLANTATION; VERTEBRAL TO SUBCLAVIANARTERY	Yes
61635	CPT/HCPCS	TRANSCATHETER PLACEMENT OF INTRAVASCULAR STENT(S), INTRACRANIAL, INCLUDING BALLOON ANGIOPLASTY, IF PERFORMED	Yes
58999	CPT/HCPCS	UNLISTED PROCEDURE, FEMALE GENITAL SYSTEM (NONOBSTETRICAL)	Yes
28450	CPT/HCPCS	TREATMENT OF CLOSED TARSAL BONE FRACTURE (EXCEPT TALUS AND CALCANEUS); WITHOUT MANIPULATION, EACH	Yes
58541	CPT/HCPCS	LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTRECTOMY, FOR UTERUS 250 G OR LESS	Yes
32658	CPT/HCPCS	THORACOSCOPY, SURGICAL; WITH REMOVAL OF CLOT OR FOREIGN BODY FROM PERICARDIAL SAC	Yes
29901	CPT/HCPCS	ARTHROSCOPY, METACARPOPHALANGEAL JOINT, SURGICAL; WITH DEBRIDEMENT	Yes
35092	CPT/HCPCS	DIRECT REPAIR OF ANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR WITHOUT PATCH GRAFT; FOR RUPTURED	Yes
0229T	CPT/HCPCS	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH ULTRASOUND GUIDANCE, CERVICAL OR THORACIC;	Yes
12047	CPT/HCPCS	REPAIR, INTERMEDIATE, WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA, OVER 30.0 CM	Yes
55150	CPT/HCPCS	RESECTION OF SCROTUM	Yes
38101	CPT/HCPCS	SPLENECTOMY (SEPARATE PROCEDURE); PARTIAL	Yes
23066	CPT/HCPCS	BIOPSY, SOFT TISSUE OF SHOULDER AREA; DEEP	Yes
29450	CPT/HCPCS	APPLICATION OF CLUBFOOT CAST WITH MOLDING OR MANIPULATION, LONG OR SHORT LEG	Yes
54450	CPT/HCPCS	FORESKIN MANIPULATION INCLUDING LYSIS OF PREPUTIAL ADHESIONS AND STRETCHING	Yes
26434	CPT/HCPCS	EXTENSOR TENDON REPAIR, DISTAL INSERTION ("MALLETT FINGER"), OPEN, PRIMARY OR SECONDARY REPAIR; WITH FREE GRAFT (INCLUDE	Yes
27509	CPT/HCPCS	PERCUTANEOUS SKELETAL FIXATION OF SUPRACONDYLAR OR TRANSCONDYLAR FEMORAL FRACTURE W/WO INTERCONDYLAR EXTENSION	Yes
22112	CPT/HCPCS	PARTIAL EXCISION OF VERTEBRAE (EG, FOR OSTEOMYELITIS); THORACIC	Yes
32097	CPT/HCPCS	THORACOTOMY, WITH DIAGNOSTIC BIOPSY(IES) OF LUNG NODULE(S) OR MASS(ES) (EG, WEDGE, INCISIONAL), UNILATERAL.	Yes
27347	CPT/HCPCS	EXCISION OF LESION OF MENISCUS OR CAPSULE(EG, CYST,GANGLION)KNEE	Yes
23935	CPT/HCPCS	INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), HUMERUS OR ELBOW	Yes
57260	CPT/HCPCS	COMBINED ANTEROPOSTERIOR COLPORRHAPHY, INCLUDING CYSTOURETHROSCOPY, WHEN PERFORMED	Yes
20101	CPT/HCPCS	EXPLORATION OF PENETRATING WOUND;CHEST	Yes
50606	CPT/HCPCS	ENDOLUMINAL BIOPSY OF URETER AND/OR RENAL PELVIS, NON-ENDOSCOPIC, INCLUDING IMAGING GUIDANCE (EG, ULTRASOUND	Yes
63191	CPT/HCPCS	LAMINECTOMY WITH SECTION OF SPINAL ACCESSORY NERVE	Yes
22552	CPT/HCPCS	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; C+	Yes
33330	CPT/HCPCS	INSERTION OF GRAFT, AORTA OR GREAT VESSELS; WITHOUT BYPASS	Yes
30905	CPT/HCPCS	*CONTROL NASAL HEMORRHAGE, POSTERIOR, WITH POSTERIOR NASAL PACKS AND/OR CAUTERIZATION, ANY METHOD; INITIAL	Yes
15931	CPT/HCPCS	EXCISION, SACRAL PRESSURE ULCER, WITH PRIMARY SUTURE;	Yes
43331	CPT/HCPCS	ESOPHAGOMYOTOMY ((HELLER TYPE) WITH OR WITHOUT HIATAL HERNIA REPAIR); THORACIC APPROACH	Yes
61514	CPT/HCPCS	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISION OF BRAIN ABSCESS, SUPRATENTORIAL	Yes
45800	CPT/HCPCS	CLOSURE OF RECTOVESICAL FISTULA;	Yes
20680	CPT/HCPCS	REMOVAL OF IMPLANT; DEEP (EG, BURIED WIRE, PIN, SCREW, METAL BAND, NAIL, ROD OR PLATE)	Yes
29046	CPT/HCPCS	APPLICATION OF BODY CAST, SHOULDER TO HIPS; INCLUDING BOTH THIGHS	Yes
35351	CPT/HCPCS	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; ILIAC	Yes

26420	CPT/HCPCS	EXTENSOR TENDON REPAIR, DORSUM OF FINGER, SINGLE, PRIMARY OR SECONDARY; WITH FREE GRAFT (INCLUDES OBTAINING GRAFT) EACH	Yes
50065	CPT/HCPCS	NEPHROLITHOTOMY; SECONDARY SURGICAL OPERATION FOR CALCULUS	Yes
27441	CPT/HCPCS	ARTHROPLASTY, KNEE, TIBIAL PLATEAU; WITH DEBRIDEMENT AND PARTIAL SYNOVECTOMY	Yes
61680	CPT/HCPCS	SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION; SUPRATENTORIAL, SIMPLE	Yes
27245	CPT/HCPCS	WITH INTRAMEDULLARY IMPLANT, W/WO INTERLOCKIN SCREWS AND/OR CERCLAGE	Yes
45005	CPT/HCPCS	INCISION AND DRAINAGE OF SUBMUCOSAL ABSCESS, RECTUM	Yes
28725	CPT/HCPCS	SUBTALAR ARTHRODESIS	Yes
28540	CPT/HCPCS	TREATMENT OF CLOSED TARSAL BONE DISLOCATION; WITHOUT ANESTHESIA	Yes
61575	CPT/HCPCS	TRANSORAL APPROACH TO SKULL BASE, BRAIN STEM OR UPPER SPINAL CORD FOR BIOPSY, DECOMPRESSION OR EXCISION OF LESION;	Yes
58579	CPT/HCPCS	UNLISTED HYSTEROSCOPY PROCEDURE, UTERUS	Yes
25000	CPT/HCPCS	TENDON SHEATH INCISION; AT RADIAL STYLOID FOR DEQUERVAIN'S DISEASE	Yes
28705	CPT/HCPCS	PANTALAR ARTHRODESIS	Yes
25446	CPT/HCPCS	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL RADIUS AND PARTIAL OR ENTIRE CARPUS ("TOTAL WRIST")	Yes
28232	CPT/HCPCS	TENOTOMY, OPEN, FLEXOR; TOE, SINGLE (SEPARATE PROCEDURE)	Yes
28190	CPT/HCPCS	*REMOVAL OF FOREIGN BODY, FOOT; SUBCUTANEOUS	Yes
63287	CPT/HCPCS	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL, INTRAMEDULLARY, THORACOLUMBAR	Yes
64489	CPT/HCPCS	TRANSVERSUS ABDOMINIS PLANE (TAP) BLOCK (ABDOMINAL PLANE BLOCK, RECTUS SHEATH BLOCK) BILATERAL; BY CONTINUOUS INFUSIO	Yes
33243	CPT/HCPCS	REMOVAL OF SINGLE OR DUAL CHAMBER IMPLANTABLE DEFIBRILLATOR ELECTORDE(S); BY THORACOTOMY	Yes
64708	CPT/HCPCS	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG, OPEN; OTHER THAN SPECIFIED	Yes
31630	CPT/HCPCS	BRONCHOSCOPY; WITH TRACHEAL OR BRONCHIAL DILATION OR CLOSED REDUCTION OF FRACTURE	Yes
32654	CPT/HCPCS	THORACOSCOPY, SURGICAL;WITH CONTROL OF TRAUMATIC HEMORRHAGE	Yes
36680	CPT/HCPCS	PLACEMENT OF NEEDLE FOR INTRAOSSEOUS INFUSION	Yes
43112	CPT/HCPCS	TOTAL OR NEAR TOTAL ESOPHAGECTOMY, WITH THORACOTOMY; WITH PHARYNGOGASTROSTOMY OR CERVICAL ESOPHAGOGASTROSTOMY, WITH OR WITHOUT PYLOROPLASTY (IE, MCK+	Yes
49566	CPT/HCPCS	REPAIR RECURRENT INCISIONAL HERNIA; INCARCERATED OR STRANGULATED	Yes
67113	CPT/HCPCS	REPAIR OF COMPLEX RETINAL DETACHMNT(EG,PROLIFERATIVE VITRORETINOPATHY, STAGE C-1 OR GRTR, DIABETIC TRACTION RETINAL DTCH	Yes
35390	CPT/HCPCS	REOPERATION,CAROTID,THROMBOENDARTERECTOMY,MORE THAN ONE MONTH AFTER ORIGINAL OPERATION (USE 35390 ONLY W/CODE 35301)	Yes
0441T	CPT/HCPCS	ABLATION, PERCUTANEOUS, CRYOABLATION, INCLUDES IMAGING GUIDANCE; LOWER EXTREMITY DISTAL/PERIPHERAL NERVE	Yes
21685	CPT/HCPCS	HYOID MYOTOMY AND SUSPENSION	Yes
33947	CPT/HCPCS	EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO)/ EXTRACORPOREAL LIFE SUPPORT (ECLS) PROVIDED BY PHYSICIAN; INITIATION	Yes
43020	CPT/HCPCS	ESOPHAGOTOMY, CERVICAL APPROACH; WITH REMOVAL OF FOREIGN BODY	Yes
61624	CPT/HCPCS	TRANSCATHETER PERMANENT OCCLUSION OR EMBOLIZATION; PERCUTANEOUS, ANY METHOD; CNS, (EG FOR TUMOR DESTR, HEMOSTASIS, OCCLU	Yes
48120	CPT/HCPCS	EXCISION OF LESION OF PANCREAS (EG, CYST, ADENOMA)	Yes
50234	CPT/HCPCS	NEPHRECTOMY WITH TOTAL URETERECTOMY AND BLADDER CUFF; THROUGH SAME INCISION	Yes
33418	CPT/HCPCS	TRANSCATHETER MITRAL VALVE REPAIR, PERCUTANEOUS APPROACH, INCLUDING TRANSSEPTAL PUNCTURE WHEN PERFORMED; INITIAL	Yes

30130	CPT/HCPCS	EXCISION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD	Yes
65435	CPT/HCPCS	*REMOVAL OF CORNEAL EPITHELIUM; WITH OR WITHOUT CHEMOCAUTERIZATION (ABRASION, CURETTAGE)	Yes
27043	CPT/HCPCS	EXCISION, TUMOR, SOFT TISSUE OF PELVIS AND HIP AREA, SUBCUTANEOUS; 3 CM OR GREATER	Yes
32552	CPT/HCPCS	REMOVAL OF INDWELLING TUNNELED PLEURAL CATHETER WITH CUFF	Yes
50500	CPT/HCPCS	NEPHRORRHAPHY, SUTURE OF KIDNEY WOUND OR INJURY	Yes
14302	CPT/HCPCS	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, ANY AREA; EACH ADDITIONAL 30.0 SQ CM, OR PART THEREOF (LIST SEPARATELY IN ADD	Yes
27091	CPT/HCPCS	REMOVAL OF HIP PROSTHESIS; COMPLICATED, INCLUDING "TOTAL HIP" AND METHYL METHACRYLATE, WHEN APPLICABLE	Yes
64861	CPT/HCPCS	SUTURE OF; BRACHIAL PLEXUS	Yes
22844	CPT/HCPCS	POSTERIOR SEGMENTAL INSTRUMENTATION; 13 OR MORE VERTEBRAL SEGMENTS	Yes
63285	CPT/HCPCS	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL, INTRAMEDULLARY, CERVICAL	Yes
64643	CPT/HCPCS	CHEMODENERVATION OF ONE EXTREMITY; EACH ADDITIONAL EXTREMITY, 1-4 MUSCLE(S)	Yes
27448	CPT/HCPCS	OSTEOTOMY, FEMUR, SHAFT OR SUPRACONDYLAR; WITHOUT FIXATION	Yes
0459T	CPT/HCPCS	RELOCATION OF SKIN POCKET WITH REPLACEMENT OF IMPLANTED AORTIC COUNTERPULSATION DEVICE, MECHANO-ELECTRICAL SKIN INTERFAC	Yes
17264	CPT/HCPCS	DESTRUCTION, MALIGNANT LESION, ANY METHOD, TRUNK, ARMS OR LEGS; LESION DIAMETER 3.1 TO 4.0 CM	Yes
25350	CPT/HCPCS	OSTEOTOMY, RADIUS; DISTAL THIRD	Yes
65855	CPT/HCPCS	TRABERCULOPLASTY BY LASER	Yes
41823	CPT/HCPCS	EXCISION OF OSSEOUS TUBEROSITIES, DENTOALVEOLAR STRUCTURES	Yes
11920	CPT/HCPCS	TATTOOING, INTRADERMAL INTRODUCTION OF INSOLUBLE OPAQUE PIGMENTS TO CORRECT COLOR DEFECTS OF SKIN, INCLUDING MICROPIGM	Yes
66635	CPT/HCPCS	IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; "OPTICAL" (SEPARATE PROCEDURE)	Yes
24360	CPT/HCPCS	ARTHROPLASTY, ELBOW; WITH MEMBRANE	Yes
31205	CPT/HCPCS	ETHMOIDECTOMY; EXTRANASAL, TOTAL	Yes
31368	CPT/HCPCS	LARYNGECTOMY; SUBTOTAL SUPRAGLOTTIC, WITH RADICAL NECK DISSECTION	Yes
64795	CPT/HCPCS	BIOPSY OF NERVE	Yes
24102	CPT/HCPCS	ARTHROTOMY, ELBOW; FOR SYNOVECTOMY	Yes
22114	CPT/HCPCS	PARTIAL EXCISION OF VERTEBRAE (EG, FOR OSTEOMYELITIS); LUMBAR	Yes
54860	CPT/HCPCS	EPIDIDYMECTOMY; UNILATERAL	Yes
50620	CPT/HCPCS	URETEROLITHOTOMY; MIDDLE ONE-THIRD OF URETER	Yes
25805	CPT/HCPCS	ARTHRODESIS, WRIST JOINT (INCLUDING RADIOCARPAL AND/OR ULNOCARPAL FUSION); WITH SLIDING GRAFT	Yes
67938	CPT/HCPCS	REMOVAL OF EMBEDDED FOREIGN BODY, EYELID	Yes
21899	CPT/HCPCS	UNLISTED PROCEDURE, NECK OR THORAX	Yes
93583	CPT/HCPCS	PERCUTANEOUS transcatheter septal reduction therapy (eg, alcohol septal ablation) including temporary pacemaker	Yes
0419T	CPT/HCPCS	DESTRUCTION NEUROFIBROMATA, EXTENSIVE, (CUTANEOUS, DERMAL EXTENDING),FACE, HEAD AND NECK, GREATER THAN 50 NEUROFIBROMA	Yes
G0294	CPT/HCPCS	NONCOVERED PROCEDURE(S) USING EITHER NO ANESTHESIA OR LOCAL ANESTHESIA ONLY,	Yes
36000	CPT/HCPCS	*INTRODUCTION OF NEEDLE OR INTRACATHETER, VEIN	Yes
17263	CPT/HCPCS	DESTRUCTION, MALIGNANT LESION, ANY METHOD, TRUNK, ARMS OR LEGS; LESION DIAMETER 2.1 TO 3.0 CM	Yes
28715	CPT/HCPCS	TRIPLE ARTHRODESIS	Yes
30200	CPT/HCPCS	*INJECTION INTO TURBINATE(S), THERAPEUTIC	Yes
23334	CPT/HCPCS	REMOVAL OF PROSTHESIS, INCLUDES DEBRIDEMENT AND SYNOVECTOMY WHEN PERFORMED; HUMERAL OR GLENOID COMPONENT	Yes
41899	CPT/HCPCS	UNLISTED PROCEDURE, DENTOALVEOLAR STRUCTURES	Yes
S2225	CPT/HCPCS	MYRINGOTOMY, LASER-ASSISTED	Yes
68360	CPT/HCPCS	CONJUNCTIVAL FLAP; BRIDGE OR PARTIAL (SEPARATE PROCEDURE)	Yes
24346	CPT/HCPCS	RECONSTRUCTION MEDIAL COLLATERAL LIGAMENT, ELBOW, WITH TENDON GRAFT	Yes
55120	CPT/HCPCS	REMOVAL OF FOREIGN BODY IN SCROTUM	Yes

27501	CPT/HCPCS	CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR FEMORAL FRACTURE W/WO INTERCONDYLAR EXTENSION, W/O MANIPULATION	Yes
49560	CPT/HCPCS	REPAIR VENTRAL (INCISIONAL) HERNIA (SEPARATE PROCEDURE);	Yes
53210	CPT/HCPCS	URETHRECTOMY, TOTAL, INCLUDING CYSTOSTOMY; FEMALE	Yes
23415	CPT/HCPCS	CORACOACROMIAL LIGAMENT RELEASE, WITH OR WITHOUT ACROMIOPLASTY, FOR CHRONIC RUPTURED SUPRASPINATUS TENDON (ROTATOR CUF	Yes
35013	CPT/HCPCS	DIRECT REPAIR OF ANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR WITHOUT PATCH GRAFT; FOR RUPTURED	Yes
58563	CPT/HCPCS	HYSTEROSCOPY,SURGICAL; WITH ENDOMETRIAL ABLATION ANY METHOD	Yes
41010	CPT/HCPCS	INCISION OF LINGUAL FRENUM (FRENOTOMY)	Yes
69540	CPT/HCPCS	EXCISION AURAL POLYP	Yes
42831	CPT/HCPCS	ADENOIDECTOMY, PRIMARY; AGE 12 OR OVER	Yes
31531	CPT/HCPCS	LARYNGOSCOPY DIRECT, OPERATIVE, WITH FOREIGN BODY REMOVAL; WITH OPERATING MICROSCOPE OR TELESCOPE	Yes
33860	CPT/HCPCS	ASCENDING AORTA GRAFT, WITH CARDIOPULMONARY BYPASS, INCLUDES VALVE SUSPENSION, WHEN PERFORMED	Yes
61630	CPT/HCPCS	BALLOON ANGIOPLASTY, INTRACRANIAL, PERCUTANEOUS	Yes
31360	CPT/HCPCS	LARYNGECTOMY; TOTAL, WITHOUT RADICAL NECK DISSECTION	Yes
57160	CPT/HCPCS	*INSERTION OF PESSARY	Yes
65850	CPT/HCPCS	TRABECULOTOMY AB EXTERNO	Yes
61534	CPT/HCPCS	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISION OF EPILEPTOGENIC FOCUS WITHOUT ELECTROCORTICO	Yes
12034	CPT/HCPCS	REPAIR INTERMEDIATE WOUNDS OF SCALP, AXILLAE, TRUNK, AND/OR EXTREMITIES (EXCLUDING HANDS AND FEET); 7.6 TO 12.5 CM	Yes
49653	CPT/HCPCS	LAPAROSCOPY, SURGICAL, REPAIR, VENTRAL, UMBILICAL, SPIGELIAN OR EPIGASTRIC HERNIA (INCLUDES MESH INSERTION, WHEN PERFORM	Yes
11960	CPT/HCPCS	INSERTION OF TISSUE EXPANDER(S)	Yes
30150	CPT/HCPCS	RHINECTOMY; PARTIAL	Yes
36810	CPT/HCPCS	INSERTION OF CANNULA FOR HEMODIALYSIS, OTHER PURPOSE; ARTERIOVENOUS, EXTERNAL (SCRIBNER TYPE)	Yes
21137	CPT/HCPCS	REDUCTION FOREHEAD; CONTOURING ONLY	Yes
27788	CPT/HCPCS	TREATMENT OF CLOSED DISTAL FIBULAR FRACTURE (LATERAL MALLEOLUS); WITH MANIPULATION	Yes
38745	CPT/HCPCS	AXILLARY LYMPHADENECTOMY; COMPLETE	Yes
31643	CPT/HCPCS	BRONCHOSCOPY; WITH PLACEMENT OF CATHETER(S) FOR INTRACAVITARADIOELEMENT APPLICATION	Yes
42225	CPT/HCPCS	PALATOPLASTY FOR CLEFT PALATE; ATTACHMENT PHARYNGEAL FLAP	Yes
49421	CPT/HCPCS	INSERTION OF TUNNELED INTRAPERITONEAL CATHETER FOR DIALYSIS, OPEN	Yes
24130	CPT/HCPCS	EXCISION, RADIAL HEAD	Yes
29730	CPT/HCPCS	WINDOWING OF CAST	Yes
47300	CPT/HCPCS	MARSUPIALIZATION OF CYST OR ABSCESS OF LIVER	Yes
20955	CPT/HCPCS	BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS; FIBULA	Yes
51580	CPT/HCPCS	CYSTECTOMY, COMPLETE, WITH URETEROSIGMOIDOSTOMY OR URETEROCUTANEOUS TRANSPLANTATIONS;	Yes
27846	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN ANKLE DISLOCATION;	Yes
28570	CPT/HCPCS	TREATMENT OF CLOSED TALOTARSAL JOINT DISLOCATION; WITHOUT ANESTHESIA	Yes
33501	CPT/HCPCS	WITHOUT CARDIO-PULMONARY BYPASS	Yes
25170	CPT/HCPCS	RADICAL RESECTION OF TUMOR, RADIUS OR ULNA	Yes
44208	CPT/HCPCS	COLECTOMY, PARTIAL ,WITH ANASTOMOSIS, WITH COLOPROCTOSTOMY WITH COLOSTOMY	Yes
48140	CPT/HCPCS	PANCREATECTOMY, DISTAL SUBTOTAL, WITH OR WITHOUT SPLENECTOMY;	Yes
21044	CPT/HCPCS	EXCISION OF MALIGNANT TUMOR OF MANDIBLE;	Yes
63283	CPT/HCPCS	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL, SACRAL	Yes
54112	CPT/HCPCS	EXCISION OF PENILE PLAQUE (PEYRONIE DISEASE); WITH GRAFT GREATER THAN 5 CM IN LENGTH	Yes
64633	CPT/HCPCS	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); CERVICAL	Yes

11642	CPT/HCPCS	EXCISION, MALIGNANT LESION INCL MARGINS, FACE, EARS, EYELIDSNOSE, LIPS; EXCISED DIAMETER 1.1 TO 2.0CM	Yes
29907	CPT/HCPCS	ARTHROSCOPY,SUBTALAR JOINT,SURGICAL; WITH SYNOVECTOMY	Yes
37619	CPT/HCPCS	LIGATION OF INFERIOR VENA CAVA	Yes
52341	CPT/HCPCS	CYSTOURETHROSCOPY; W/TREATMENT OF URETERAL STRICTURE	Yes
44615	CPT/HCPCS	INTESTINAL STRICTUROPLASTY (ENTEROTOMY AND ENTERORRHAPHY) WITH OR WITHOUT DILATION, FOR INTESTINAL OBSTRUCTION	Yes
15940	CPT/HCPCS	EXCISION, ISCHIAL PRESSURE ULCER, WITH PRIMARY SUTURE;	Yes
0234T	CPT/HCPCS	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN OR PERCUTANEOUS, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION; RENAL ARTERY	Yes
67005	CPT/HCPCS	REMOVAL OF VITREOUS, ANTERIOR APPROACH (OPEN SKY TECHNIQUE OR LIMBAL INCISION); PARTIAL REMOVAL	Yes
45307	CPT/HCPCS	PROCTOSIGMOIDOSCOPY; FOR REMOVAL OF FOREIGN BODY	Yes
32320	CPT/HCPCS	DECORTICATION AND PARIETAL PLEURECTOMY	Yes
65101	CPT/HCPCS	ENUCLEATION OF EYE; WITHOUT IMPLANT	Yes
50845	CPT/HCPCS	CUTANEOUS APPENDICO-VESICOSTOMY	Yes
30560	CPT/HCPCS	*LYSIS INTRANASAL SYNECHIA	Yes
G0448	CPT/HCPCS	INSERTION OR REPLACEMENT OF A PERMANENT PACING CARDIOVERTER-DEFIBRILLATOR SYSTEM WITH TRANSVENOUS LEAD(S), SINGLE OR	Yes
58240	CPT/HCPCS	PELVIC EXENTERATION FOR GYNECOLOGIC MALIGNANCY, WITH TOTAL ABDOMINAL HYSTERECTOMY OR CERVICECTOMY, WITH REMOVAL	Yes
63040	CPT/HCPCS	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR E	Yes
16025	CPT/HCPCS	*DRESSINGS AND/OR DEBRIDEMENT, INITIAL OR SUBSEQUENT; WITHOUT ANESTHESIA, MEDIUM (EG, WHOLE FACE OR WHOLE EXTREMITY)	Yes
57283	CPT/HCPCS	COLPOPEXY, VAGINAL; INTRA-PERITONEAL APPROACH	Yes
49429	CPT/HCPCS	REMOVAL OF PERITONEAL-VENOUS SHUNT	Yes
42835	CPT/HCPCS	ADENOIDECTOMY, SECONDARY; UNDER AGE 12	Yes
33675	CPT/HCPCS	CLOSURE OF MULTIPLE VENTRICULAR SEPTAL DEFECTS	Yes
0444T	CPT/HCPCS	INITIAL PLACEMENT OF A DRUG-ELUTING OCULAR INSERT UNDER ONE OR MORE EYELIDS, INCLUDING FITTING, UNILATERAL OR BILATERAL	Yes
57106	CPT/HCPCS	VAGINECTOMY, PARTIAL REMOVAL OF VAGINAL WALL	Yes
57421	CPT/HCPCS	COLPOSCOPY OF THE ENTIRE VAGINA, WITH CERVIX IF PRESENT; WITH BIOPSY(S) OF VAGINA/CERVIX	Yes
69550	CPT/HCPCS	EXCISION AURAL GLOMUS TUMOR; TRANSCANAL	Yes
29126	CPT/HCPCS	APPLICATION OF SHORT ARM SPLINT (FOREARM TO HAND); DYNAMIC	Yes
28820	CPT/HCPCS	AMPUTATION, TOE; METATARSOPHALANGEAL JOINT	Yes
28043	CPT/HCPCS	EXCISION, TUMOR, SOFT TISSUE OF FOOT OR TOE, SUBCUTANEOUS; LESS THAN 1.5 CM	Yes
29871	CPT/HCPCS	ARTHROSCOPY, KNEE, SURGICAL; FOR INFECTION, LAVAGE AND DRAINAGE	Yes
11046	CPT/HCPCS	DEBRIDEMENT, MUSCLE AND/OR FASCIA (INCL EPIDERMIS, DERMIS, AND SUBCUTANEOUS TISSUE, IF PERFORMED); EA ADDITIONAL 20 SQ CM, OR PART THEREOF (LIST SEPR+	Yes
21120	CPT/HCPCS	GENIOPLASTY; AUGMENTATION (AUTOGRAFT, ALLOGRAFT, PROSTHETIC MATERIAL)	Yes
25210	CPT/HCPCS	CARPECTOMY; ONE BONE	Yes
43825	CPT/HCPCS	GASTROJEJUNOSTOMY; WITH VAGOTOMY, ANY TYPE	Yes
23525	CPT/HCPCS	TREATMENT OF CLOSED STERNOCLAVICULAR DISLOCATION; WITH MANIPULATION	Yes
23920	CPT/HCPCS	DISARTICULATION OF SHOULDER;	Yes
26030	CPT/HCPCS	DRAINAGE OF PALMAR BURSA; MULTIPLE OR COMPLICATED	Yes
490	Revenue	AMBULATORY SURGICAL CARE - GENERAL CLASSIFICATION	Yes
361	Revenue	OPERATING ROOM - MINOR SURGERY	Yes
360	Revenue	OPERATING ROOM SERVICES-GENERAL	Yes
369	Revenue	OTHER OPERATING RM SERVS	Yes
19499	CPT/HCPCS	UNLISTED PROCEDURE, BREAST	Yes
30460	CPT/HCPCS	RHINOPLASTY FOR NASAL DEFORMITY SECONDARY TO CONGENITAL CLEFT LIP AND/OR PARATE, INCLUDING COLUMELLAR LENGTHENING;TI	Yes
37616	CPT/HCPCS	LIGATION, MAJOR ARTERY (EG, POST-TRAUMATIC, RUPTURE); CHEST	Yes

25907	CPT/HCPCS	AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; SECONDARY CLOSURE OR SCAR REVISION	Yes
41251	CPT/HCPCS	*REPAIR OF LACERATION 2.5 CM OR LESS; POSTERIOR ONE-THIRD OF TONGUE	Yes
64778	CPT/HCPCS	EXCISION OF NEUROMA; DIGITAL NERVE, EACH ADDITIONAL DIGIT (LIST SEPARATELY BY THIS NUMBER)	Yes
64804	CPT/HCPCS	SYMPATHECTOMY, CERVICOTHORACIC	Yes
43648	CPT/HCPCS	LAPAROSCOPY, SURGICAL; REVISION OR REMOVAL OF GASTRIC NEUROSTIMULATOR ELECTRODES, ANTRUM	Yes
51865	CPT/HCPCS	CYSTORRHAPHY, SUTURE OF BLADDER WOUND, INJURY OR RUPTURE; COMPLICATED	Yes
C9607	CPT/HCPCS	PERCUTANEOUS TRANSLUMINAL REVASCULARIZATION OF CHRONIC TOTALOCCLUSION, CORONARY ARTERY, CORONARY ARTERY BEANCH, SINGLE V	Yes
20936	CPT/HCPCS	AUTOGRAFT FOR SPINE SURGERY ONLY INCLUDES HARVESTING THE GRAFT; OBTAINED FROM SAME INCISION	Yes
0356T	CPT/HCPCS	INSERTION OF DRUG-ELUTING IMPLANT (INCLUDING PUNCTUAL DILATION AND IMPLANT REMOVAL) INTO LACRIMAL CANALICULUS,EACH	Yes
64784	CPT/HCPCS	EXCISION OF NEUROMA; MAJOR PERIPHERAL NERVE, EXCEPT SCIATIC	Yes
21406	CPT/HCPCS	OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITHOUT IMPLANT	Yes
39200	CPT/HCPCS	EXCISION OF MEDIASTINAL CYST	Yes
25447	CPT/HCPCS	ARTHROPLASTY, INTERCARPAL OR CARPOMETACARPAL JOINTS;INTERPOSITION (EG,TENDON)	Yes
53275	CPT/HCPCS	EXCISION OR FULGURATION; URETHRAL PROLAPSE	Yes
54130	CPT/HCPCS	AMPUTATION OF PENIS, RADICAL; WITH BILATERAL INGUINOFEMORAL LYMPHADENECTOMY	Yes
64461	CPT/HCPCS	PARAVERTEBRAL BLOCK (PVB) (PARASPINOUS BLOCK), THORACIC; SINGLE INJECTION SITE (INCLUDES IMAGING GUIDANCE, WHEN	Yes
49402	CPT/HCPCS	REMOVAL OF PERITONEAL FOREIGN BODY FROM PERITONEAL CAVITY	Yes
27727	CPT/HCPCS	REPAIR OF CONGENITAL PSEUDARTHROSIS, TIBIA	Yes
15845	CPT/HCPCS	GRAFT FOR FACIAL NERVE PARALYSIS; REGIONAL MUSCLE TRANSFER	Yes
35663	CPT/HCPCS	BYPASS GRAFT, WITH OTHER THAN VEIN; ILIOILIAC	Yes
50382	CPT/HCPCS	REMOVAL AND REPLACEMENT OF INTERNALLY DWELLING URETERAL STENT VIA PERCUTANEOUS APPROACH, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION	Yes
45320	CPT/HCPCS	PROCTOSIGMOIDOSCOPY; FOR ABLATION OF TUMOR (EG, ELECTROCOAGULATION, PHOTOCOAGULATION, HOT BIOPSY/FULGURATION)	Yes
41110	CPT/HCPCS	EXCISION OF LESION OF TONGUE WITHOUT CLOSURE	Yes
15781	CPT/HCPCS	DERMABRASION; SEGMENTAL, FACE	Yes
53420	CPT/HCPCS	URETHROPLASTY, TWO-STAGE RECONSTRUCTION OR REPAIR OF PROSTATIC OR MEMBRANOUS URETHRA; FIRST STAGE	Yes
51820	CPT/HCPCS	CYSTOURETHROPLASTY WITH UNILATERAL OR BILATERAL URETERONEOCYSTOSTOMY	Yes
15793	CPT/HCPCS	CHEMICAL PEEL, NONFACIAL; DERMAL	Yes
55899	CPT/HCPCS	UNLISTED PROCEDURE, MALE GENITAL SYSTEM	Yes
27325	CPT/HCPCS	NEURECTOMY, HAMSTRING MUSCLE	Yes
49553	CPT/HCPCS	REPAIR INITIAL FEMORAL HERNIA, ANY AGE; INCARCERATED OR STRANGULATED	Yes
21085	CPT/HCPCS	IMPRESSION AND CUSTOM PREPARATION; ORAL SURGICAL SPLINT	Yes
29806	CPT/HCPCS	ARTHROSCOPY, SHOULDER, SURGICAL; CAPSULORRHAPHY	Yes
36563	CPT/HCPCS	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCEDEVICE WITH SUBCUTANEOUS PUMP	Yes
64463	CPT/HCPCS	PARAVERTEBRAL BLOCK (PVB) (PARASPINOUS BLOCK), THORACIC; CONTINUOUS INFUSTION BY CATHETER (INCLUDES IMAGING GUIDANCE	Yes
67412	CPT/HCPCS	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL APPROACH); WITH REMOVAL OF LESION	Yes
35556	CPT/HCPCS	BYPASS GRAFT, WITH VEIN; FEMORAL-POPLITEAL	Yes
21440	CPT/HCPCS	MANIPULATIVE TREATMENT OF ALVEOLAR RIDGE FRACTURE (SEPARATE PROCEDURE)	Yes
62201	CPT/HCPCS	VENTRICULOCISTERNOSTOMY, THIRD VENTRICLE; STEREOTACTIC NEUROENDOSCOPIC METHOD	Yes
27430	CPT/HCPCS	QUADRICEPS PLASTY (BENNETT OR THOMPSON TYPE)	Yes
43496	CPT/HCPCS	FREE JEJUNUM TRANSFER WITH MICROASCULAR ANASTMOSIS	Yes
62180	CPT/HCPCS	VENTRICULOCISTERNOSTOMY (TORKILDSEN TYPE OPERATION)	Yes

17272	CPT/HCPCS	DESTRUCTION, MALIGNANT LESION, ANY METHOD, SCALP, NECK, HANDFEET, GENITALIA; LESION DIAMETER 1.1 TO 2.0 CM	Yes
49442	CPT/HCPCS	INSERTION OF CECOSTOMY OR OTHER COLONIC TUBE, PERCUTANEOUS, UNDER FLUOROSCOPIC GUIDANCE INCLDING CONTRAST INJ(S) IMAGE D	Yes
29904	CPT/HCPCS	ARTHROSCOPY, SUBTALAR JOINT,SURGICAL;WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY	Yes
11621	CPT/HCPCS	EXCISION, MALIGNANT LESION INCL MARGINS, SCALP, NECK, HANDS,FEET, GENITALIA; EXCISED DIAMETER 0.6 TO 1.0CM	Yes
23030	CPT/HCPCS	INCISION AND DRAINAGE, SHOULDER AREA; DEEP ABSCESS OR HEMATOMA	Yes
47999	CPT/HCPCS	UNLISTED PROCEDURE, BILIARY TRACT	Yes
54640	CPT/HCPCS	ORCHIOPEXY, INGUINAL OR SCROTAL APPROACH	Yes
46750	CPT/HCPCS	SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE OR PROLAPSE; ADULT	Yes
63270	CPT/HCPCS	LAMINECTOMY FOR EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLASM, INTRADURAL; CERVICAL	Yes
31785	CPT/HCPCS	EXCISION OF TRACHEAL TUMOR OR CARCINOMA; CERVICAL	Yes
34820	CPT/HCPCS	OPEN ILIAC ARTERY EXPOSURE FOR DELIVERY OF ENDOVASCULAR PROSTHESIS OR ILIAC OCCLUSION DURING ENDOVASUCLAR THERAPY	Yes
45560	CPT/HCPCS	REPAIR OF RECTOCELE (SEPARATE PROCEDURE)	Yes
58578	CPT/HCPCS	UNLISTED LAPAROSCOPY PROCEDURE, UTERUS	Yes
31610	CPT/HCPCS	TRACHEOSTOMY, FENESTRATION PROCEDURE WITH SKIN FLAPS	Yes
43800	CPT/HCPCS	PYLOROPLASTY	Yes
64886	CPT/HCPCS	NERVE GRAFT(INCLUDES OBTAINING GRAFT), HEAD OR NECK; MORE THAN 4 CM IN LENGTH	Yes
27394	CPT/HCPCS	LENGTHENING OF HAMSTRING TENDON; MULTIPLE, ONE LEG	Yes
67505	CPT/HCPCS	RETROBULBAR INJECTION; ALCOHOL	Yes
15920	CPT/HCPCS	EXCISION, COCCYGEAL PRESSURE ULCER, WITH COCCYGECTOMY; WITH PRIMARY SUTURE	Yes
42821	CPT/HCPCS	TONSILLECTOMY AND ADENOIDECTOMY; AGE 12 OR OVER	Yes
38520	CPT/HCPCS	BIOPSY OR EXCISION OF LYMPH NODE(S);OPEN, DEEP CERVICAL NODE(S) W/EXCISION SCALENE FAT PAD	Yes
46045	CPT/HCPCS	INCISION AND DRAINAGE OF INTRAMURAL, INTRAMUSCULAR OR SUBMUCOSAL ABSCESS, TRANSANAL, UNDER ANESTHESIA	Yes
54304	CPT/HCPCS	PLASTIC OPERATION ON PENIS FOR CORRECTION OF CHORDEE OR FOR FIRST STAGE HYPOSPADIAS REPAIR WITH/WITHOUT TRANSPLANTATION	Yes
64642	CPT/HCPCS	CHEMODENERVATION OF ONE EXTREMITY; 1-4 MUSCLE(S)	Yes
49650	CPT/HCPCS	LAPAROSCOPY, SURGICAL; REPAIR INITIAL INGUINAL HERNIA	Yes
29055	CPT/HCPCS	APPLICATION; SHOULDER SPICA	Yes
30903	CPT/HCPCS	*CONTROL NASAL HEMORRHAGE, ANTERIOR, COMPLEX (EXTENSIVE CAUTERY AND/OR PACKING) ANY METHOD	Yes
35152	CPT/HCPCS	DIRECT REPAIR OF ANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR WITHOUT PATCH GRAFT; FOR RUPTURED	Yes
52342	CPT/HCPCS	CYSTOURETHROSCOPY; W/TREATMENT OF URETEROPELVIC JUNCTION STRICTURE	Yes
41135	CPT/HCPCS	GLOSSECTOMY; PARTIAL, WITH UNILATERAL RADICAL NECK DISSECTION	Yes
33926	CPT/HCPCS	REPAIR OF PULMONARY ARTERY ARBORIZATION ANOMALIES BY UNIFOCALIZATION; WITH CARDIOPULMONARY BYPASS	Yes
44130	CPT/HCPCS	ENTEROENTEROSTOMY, ANASTOMOSIS OF INTESTINE; (SEPARATE PROCEDURE)	Yes
31520	CPT/HCPCS	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; DIAGNOSTIC, NEWBORN	Yes
25111	CPT/HCPCS	EXCISION OF GANGLION, WRIST (DORSAL OR VOLAR); PRIMARY	Yes
56631	CPT/HCPCS	BIOPSY OF VULVA OR PERINEUM; WITH UNILATERAL INGUINOFEMORAL LYMPHADENECTOMY	Yes
36560	CPT/HCPCS	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCEDEVICE, WITH SUBCUTANEOUS PORT; UNDER 5 YEARS OF AGE	Yes
57335	CPT/HCPCS	VAGINOPLASTY FOR ADRENOGENITAL SYNDROME	Yes
46261	CPT/HCPCS	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, COMPLEX OR EXTENSIVE; WITH FISSURECTOMY	Yes
26426	CPT/HCPCS	EXTENSOR TENDON REPAIR, CENTRAL SLIP REPAIR, SECONDARY (BOUTONNIERE DEFORMITY); USING LOCAL TISSUES	Yes
33803	CPT/HCPCS	DIVISION OF ABERRANT VESSEL (VASCULAR RING); WITH REANASTOMOSIS	Yes
60520	CPT/HCPCS	THYMECTOMY, PARTIAL OR TOTAL (SEPARATE PROCEDURE)	Yes

36835	CPT/HCPCS	INSERTION OF THOMAS SHUNT	Yes
35840	CPT/HCPCS	EXPLORATION FOR POSTOPERATIVE HEMORRHAGE, THROMBOSIS OR INFECTION; ABDOMEN	Yes
66710	CPT/HCPCS	CILIARY BODY DESTRUCTION; CYCLOPHOTOCOAGULATION, TRANSSCLERAL	Yes
62273	CPT/HCPCS	*INJECTION, LUMBAR EPIDURAL, OF BLOOD OR CLOT PATCH	Yes
66155	CPT/HCPCS	FISTULIZATION OF SCLERA FOR GLAUCOMA; THERMOCAUTERIZATION WITH IRIDECTOMY	Yes
49400	CPT/HCPCS	*PNEUMOPERITONEUM (SEPARATE PROCEDURE); INITIAL	Yes
35650	CPT/HCPCS	BYPASS GRAFT, WITH OTHER THAN VEIN; AXILLARY-AXILLARY	Yes
33697	CPT/HCPCS	COMPLETE REPAIR TETRALOGY OF FALLOT W/PULMONARY ATRESIA INCLUDE CONST CONDUIT FROM RIGHT VENTRICLE TO PULMONARY ARTERY &	Yes
69990	CPT/HCPCS	USE OF OPERATION MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	Yes
17274	CPT/HCPCS	DESTRUCTION, MALIGNANT LESION, ANY METHOD, SCALP, NECK, HAND, FEET, GENITALIA; LESION DIAMETER 3.1 TO 4.0 CM	Yes
27654	CPT/HCPCS	REPAIR, SECONDARY, RUPTURED ACHILLES TENDON, WITH OR WITHOUT GRAFT	Yes
50045	CPT/HCPCS	NEPHROTOMY, WITH EXPLORATION	Yes
47533	CPT/HCPCS	PLACEMENT OF BILIARY DRAINAGE CATHETER, PERCUTANEOUS, INCLUDING DIAGNOSTIC CHOLANGIOGRAPHY WHEN PERFORMED,	Yes
19100	CPT/HCPCS	*BIOPSY OF BREAST; PERCUTANEOUS, NEEDLE CORE, NOT USING IMAGING GUIDANCE	Yes
68440	CPT/HCPCS	*SNIP INCISION OF LACRIMAL PUNCTUM	Yes
23330	CPT/HCPCS	REMOVAL OF FOREIGN BODY, SHOULDER; SUBCUTANEOUS	Yes
27240	CPT/HCPCS	TREATMENT OF CLOSED INTERTROCHANTERIC, PERTROCHANTERIC, OR SUBTROCHANTERIC FEMORAL FRACTURE; WITH MANIPULATION (INCLU	Yes
27443	CPT/HCPCS	ARTHROPLASTY, KNEE, FEMORAL CONDYLES OR TIBIAL PLATEAUS; WITH DEBRIDEMENT AND PARTIAL SYNOVECTOMY	Yes
29898	CPT/HCPCS	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; DEBRIDEMENT, EXTENSIVE	Yes
61886	CPT/HCPCS	INCISION AND SUBCUTANEOUS PLACEMENT OF CRANIAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER, DIRECT OR INDUCTIVE COUPLING	Yes
0413T	CPT/HCPCS	REMOVAL OF PERMANENT CARDIAC CONTRACTILITY MODULATION SYSTEM; TRANSVENOUS ELECTRODE (ATRIAL OR VENTRICULAR)	Yes
58292	CPT/HCPCS	VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS: W/REMOVAL OF TUBE(S) AND/OR OVARY(S), W/REPAIR OF ENTEROCELE	Yes
50250	CPT/HCPCS	ABLATION, OPEN, ONE OR MORE RENAL MASS LESION(S), CRYOSURGICAL, INCLUDING INTRAOPERATIVE ULTRASOUND, IF PERFORMED	Yes
50695	CPT/HCPCS	PLACEMENT OF URETERAL STENT, PERCUTANEOUS,AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION; NEW ACCESS,	Yes
53230	CPT/HCPCS	EXCISION OF URETHRAL DIVERTICULUM (SEPARATE PROCEDURE); FEMALE	Yes
65800	CPT/HCPCS	PARACENTESIS OF ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); WITH REMOVAL OF AQUEOUS	Yes
0516T	CPT/HCPCS	INSERTION OF WIRELESS CARDIAC STIMULATOR FOR LEFT VENTRICULAR PACING, WHEN PERFORMED; ELECTRODE ONLY	Yes
0515T	CPT/HCPCS	INSERTION OF WIRELESS CARDIAC STIMULATOR FOR LEFT VENTRICULAR PACING, WHEN PERFORMED; COMPLETE SYSTEM (INCLUDES ELECTROD	Yes
0514T	CPT/HCPCS	INTRAOPERATIVE VISUAL AXIS IDENTIFICATION USING PATIENT FIXATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCED	Yes
0513T	CPT/HCPCS	EXTRACORPOREAL SHOCK WAVE FOR INTEGUMENTARY WOUND HEALING, INCLUDING TOPICAL APPLICATION AND DRESSING CARE; EACH ADDITIONAL WOUND (LIST SEPARATELY IN+	Yes
12041	CPT/HCPCS	REPAIR, INTERMEDIATE, WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA, 2.5 CM OR LESS	Yes
0396T	CPT/HCPCS	INTRA-OPERATIVE USE OF KINETIC BALANCE SENSOR FOR IMPLANT STABILITY DURING KNEE REPLACEMENT ARTHROPLASTY (LIST SEPARAT	Yes

20900	CPT/HCPCS	BONE GRAFT, ANY DONOR AREA; MINOR OR SMALL (EG, DOWEL OR BUTTON)	Yes
65782	CPT/HCPCS	OCULAR SURFACE RECONSTRUCTION; LIMBAL CONJUNCTIVAL AUTOGRAPH	Yes
0799T	CPT/HCPCS	TRANSCATHETER REMOVAL OF PERMANENT DUAL-CHAMBER LEADLESS PACEMAKER,?INCLUDING IMAGING GUIDANCE (E.G., FLUOROSCOPY, VENOU	Yes
0798T	CPT/HCPCS	TRANSCATHETER REMOVAL OF PERMANENT DUAL-CHAMBER LEADLESS PACEMAKER,?INCLUDING IMAGING GUIDANCE (E.G., FLUOROSCOPY, VENOU	Yes
0797T	CPT/HCPCS	TRANSCATHETER INSERTION OF PERMANENT DUAL-CHAMBER LEADLESS PACEMAKER, INCLUDING IMAGING GUIDANCE (E.G., FLUOROSCOPY, VEN	Yes
0796T	CPT/HCPCS	TRANSCATHETER INSERTION OF PERMANENT DUAL-CHAMBER LEADLESS PACEMAKER, INCLUDING IMAGING GUIDANCE (E.G., FLUOROSCOPY, VEN	Yes
0581T	CPT/HCPCS	ABLATION, MALIGNANT BREAST TUMOR(S), PERCUTANEOUS, CRYOTHERAPY, INCLUDING IMAGING GUIDANCE WHEN PERFORMED, UNILATERAL	Yes
0580T	CPT/HCPCS	REMOVAL OF SUBSTERNAL IMPLANTABLE DEFIBRILLATOR PULSE GENERATOR ONLY	Yes
0574T	CPT/HCPCS	REPOSITIONING OF PREVIOUSLY IMPLANTED SUBSTERNAL IMPLANTABLEDEFIBRILLATOR-PACING ELECTRODE	Yes
0573T	CPT/HCPCS	REMOVAL OF SUBSTERNAL IMPLANTABLE DEFIBRILLATOR ELECTRODE	Yes
0512T	CPT/HCPCS	EXTRACORPOREAL SHOCK WAVE FOR INTEGUMENTARY WOUND HEALING, INCLUDING TOPICAL APPLICATION AND DRESSING CARE; INITIAL WOUND	Yes
0511T	CPT/HCPCS	REMOVAL AND REINSERTION OF SINUS TARSI IMPLANT	Yes
0510T	CPT/HCPCS	REMOVAL OF SINUS TARSI IMPLANT	Yes
26756	CPT/HCPCS	TREATMENT OF CLOSED DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB; WITH PERCUTANEOUS PINNING, EACH	Yes
31574	CPT/HCPCS	LARYNGOSCOPY, FLEXIBLE; WITH INJECTION(S) FOR AUGMENTATION (EG, PERCUTANEOUS, TRANSORAL), UNILATERAL	Yes
27619	CPT/HCPCS	EXCISION, TUMOR, SOFT TISSUE OF LEG OR ANKLE AREA, SUBFASCIAL (EG, INTRAMUSCULAR); LESS THAN 5 CM	Yes
27370	CPT/HCPCS	INJECTION OF CONTRAST FOR KNEE ARTHROGRAPHY	Yes
27200	CPT/HCPCS	TREATMENT OF CLOSED COCCYGEAL FRACTURE	Yes
0795T	CPT/HCPCS	TRANSCATHETER INSERTION OF PERMANENT DUAL-CHAMBER LEADLESS PACEMAKER, INCLUDING IMAGING GUIDANCE (E.G., FLUOROSCOPY, VEN	Yes
0801T	CPT/HCPCS	TRANSCATHETER REMOVAL AND REPLACEMENT OF PERMANENT DUAL-CHAMBER LEADLESS PACEMAKER, INCLUDING IMAGING GUIDANCE (E.G., FL	Yes
C9780	CPT/HCPCS	INSERTION OF CENTRAL VENOUS CATHETERTHROUGH CENTRAL VENOUS OCCLUSION VIA INFERIOR/SUPERIOR APPROACHES,INCL IMAGING GUI	Yes
G2171	CPT/HCPCS	PERCUTANEOUS ARTERIOVENOUS FISTULA CREATION (AVF),DIRECT, ANY SITE, USING MAGNETIC-GUIDED ARTERIAL AND VENOUS CATHETERS AND RADIOFREQUENCY ENERGY, IN+	Yes
0572T	CPT/HCPCS	INSERTION OF SUBSTERNAL IMPLANTABLE DEFIBRILLATOR ELECTRODE	Yes
0563T	CPT/HCPCS	EVACUATION OF MEIBOMIAN GLANDS, USING HEAT DELIVERED THROUGHWEARABLE, OPEN-EYE EYELID TREATMENT DEVICES AND MANUAL GLAND	Yes
0571T	CPT/HCPCS	INSERTION OR REPLACEMENT OF IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR SYSTEM WITH SUBSTERNAL ELECTRODE(S),INCLUDING ALL IMA	Yes
C9758	CPT/HCPCS	BLIND PROCEDURE FOR NYHA CLASS III/IV HEART FAILURE; TRANSCATHETER IMPLANTATION OF INTERATRIAL SHUNT INCLUDING RIGHT HEART CATHETERIZATION, TRANSESOP+	Yes
58555	CPT/HCPCS	HYSTEROSCOPY, DIAGNOSTIC	Yes
56637	CPT/HCPCS	VULVECTOMY, RADICAL, COMPLETE; WITH BILATERAL INGUINOFEMORAL LYMPHADENECTOMY	Yes
46742	CPT/HCPCS	REPAIR OF HIGH IMPERFORATE ANUS W/RECTOURETHRAL OR RECTOVAGINAL FISTULA; COMBINED TRANSABDOMINAL & SACROPERINEAL APPROAC	Yes

43334	CPT/HCPCS	REPAIR, PARAESOPHAGEAL HIATAL HERNIA (INCLUDING FUNDOPLICATION), VIA THORACOTOMY, EXCEPT NEONATAL; WITHOUT IMPLANTATION OF MESH OR OTHER PROSTHESIS	Yes
67935	CPT/HCPCS	SUTURE OF RECENT WOUND, EYELID, INVOLVING LID MARGIN, TARSUS, AND/OR PALPEBRAL CONJUNCTIVA) DIRECT CLOSURE; FUL	Yes
65870	CPT/HCPCS	SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL TECHNIQUE (WITH OR WITHOUT INJECTION OF AIR OR LIQUID) (SEPAR	Yes
65410	CPT/HCPCS	*BIOPSY OF CORNEA	Yes
46257	CPT/HCPCS	HEMORRHOIDECTOMY INTERNAL AND EXTERNAL, SIMPLE; WITH FISSURECTOMY	Yes
G2170	CPT/HCPCS	PERCUTANEOUS ARTERIOVENOUS FISTULA CREATION (AVF), DIRECT, ANY SITE, BY TISSUE APPROXIMATION USING THERMAL RESISTANCE EN	Yes
C9767	CPT/HCPCS	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, ANY VESSEL(S); WITH INTRAVASCULAR LITHOTRIPSY AND TRANSLUMINAL	Yes
C9766	CPT/HCPCS	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, LOWER EXTREMITY ARTERY(IES), EXCEPT TIBIAL/PERONEAL; WITH INTRAVASCULAR LITHOTRIPSY AND ATHERE+	Yes
C9765	CPT/HCPCS	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS ANDTR NSLUMINAL STENT PLACEMENT(S), INCLUDES ANGIOPLASTY WITHIN	Yes
C9757	CPT/HCPCS	LAMINOTOMY, WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY AND IMAGE GUIDANCE; 1 INTERSPACE, LUMBAR	Yes
C2596	CPT/HCPCS	PROBE, IMAGE-GUIDED, ROBOTIC, WATERJET ABLATION	Yes
62328	CPT/HCPCS	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC; WITH FLUOROSCOPIC OR CTGUIDANCE	Yes
11730	CPT/HCPCS	*AVULSION OF NAIL PLATE, PARTIAL OR COMPLETE, SIMPLE; SINGLE	Yes
36820	CPT/HCPCS	ARTERIOVENOUS ANASTOMOSIS, OPEN; BY FOREARM VEIN TRANSPOSITION	Yes
36228	CPT/HCPCS	SELECTIVE CATHETER PLACEMENT, EACH INTRACRANIAL BANCH OF THEINTERNAL CAROTID OR VERTEBRAL ARTERIES, UNILATERAL, WITH ANG	Yes
25430	CPT/HCPCS	INSERTION OF VASCULAR PEDICLE INTO CARPAL BONE	Yes
50840	CPT/HCPCS	REPLACEMENT OF ALL OR PART OF URETER BY BOWEL SEGMENT, INCLUDING BOWEL ANASTOMOSIS	Yes
61597	CPT/HCPCS	TRANSCONDYLAR (FAR LATERAL) APPROACH FOR POSTERIOR CRANIAL FOSSA, JUGULAR FORAMEN OR MIDLINE SKULL BASE, INCLUDING OCCIP	Yes
31820	CPT/HCPCS	SURGICAL CLOSURE TRACHEOSTOMY OR FISTULA; WITHOUT PLASTIC REPAIR	Yes
12006	CPT/HCPCS	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES (INCLU	Yes
43659	CPT/HCPCS	UNLISTED LAPAROSCOPY PROCEDURE, STOMACH	Yes
C9764	CPT/HCPCS	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, ANY VESSEL(S); WITH INTRAVASCULAR LITHOTRIPSY, INCLUDES ANGIOPLAS	Yes
C9760	CPT/HCPCS	NONRANDOMIZED, NONBLINDED PROCEDURE FOR NYHA CLASS II, III, V HEART FAILURE; TRANSCATHETER IMPLANTATION OF INTERATRIAL	Yes
0619T	CPT/HCPCS	CYSTOURETHROSCOPY WITH TRANSURETHRAL ANTERIOR PROSTATE COMMISSUROTOMY AND DRUG DELIVERY, INCLUDING TRANSRECTAL ULTRASOUN	Yes
0618T	CPT/HCPCS	INSERTION OF IRIS PROSTHESIS, INCLUDING SUTURE FIXATION AND ITH SECONDARY INTRAOCULAR LENS PLACEMENT OR INTRAOCULAR LEN	Yes
11720	CPT/HCPCS	DEBRIDEMENT OF NAIL(S) BY ANY METHOD(S);ONE TO FIVE	Yes
11721	CPT/HCPCS	DEBRIDEMENT OF NAIL(S) BY ANY METHOD(S); SIX OR MORE	Yes
C9749	CPT/HCPCS	REPAIR OF NASAL VESTIBULAR LATERAL WALL STENOSIS WITH IMPLANT(S)	Yes
0505T	CPT/HCPCS	ENDOVENOUS FEMORAL-POPLITEAL ARTERIAL REVASCULARIZATION, WITH TRANSCATHETER PLACEMENT OF INTRAVASCULAR STENT GRAFT(S) AN	Yes
33264	CPT/HCPCS	REMOVAL OF IMPLANTABLE DEFIBRILLATOR PULSE GENERATOR WITH REPLACEMENT OF IMPLANTABLE DEFIBRILLATOR PULSE GENERATOR; MULTIPLE LEAD SYSTEM	Yes

26536	CPT/HCPCS	ARTHROPLASTY INTERPHALANGEAL JOINT; WITH PROSTHETIC IMPLANT, SINGLE, EACH	Yes
61612	CPT/HCPCS	TRANSECTION OR LIGATION, CAROTID ARTERY IN PETROUS CANAL, WITH REPAIR BY ANASTOMOSIS OR GRAFT	Yes
69105	CPT/HCPCS	BIOPSY EXTERNAL AUDITORY CANAL	Yes
32141	CPT/HCPCS	THORACOTOMY, MAJOR; WITH EXCISION-PLICATION OF BULLAE, WITH OR WITHOUT ANY PLEURAL PROCEDURE	Yes
68510	CPT/HCPCS	BIOPSY OF LACRIMAL GLAND	Yes
69433	CPT/HCPCS	*TYMPANOSTOMY (REQUIRING INSERTION OF VENTILATING TUBE), LOCAL OR TOPICAL ANESTHESIA	Yes
64490	CPT/HCPCS	INJECTION(S), DX OR TX AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) W/IMAGE GUIDA	Yes
0617T	CPT/HCPCS	INSERTION OF IRIS PROSTHESIS, INCLUDING SUTURE FIXATIONANDW TH REMOVAL OF CRYSTALLINE LENS AND INSERTION OF INTRAOCULA	Yes
0616T	CPT/HCPCS	INSERTION OF IRIS PROSTHESIS, INCLUDING SUTURE FIXATION AND EPAIR OR REMOVAL OF IRIS, WHEN PERFORMED; WITHOUT REMOVAL O	Yes
0614T	CPT/HCPCS	REMOVAL AND REPLACEMENT OF SUBSTERNAL IMPLANTABLE DEFIBRILLATOR PULSE GENERATOR	Yes
0613T	CPT/HCPCS	PERCUTANEOUS TRANSCATHETER IMPLANTATION OF INTERATRIAL SEPTAL SHUNT DEVICE, INCLUDING RIGHT AND LEFT HEART CATHETERIZATI	Yes
C9756	CPT/HCPCS	INTRAOPERATIVE NEAR-INFRARED FLUORESCENCE LYMPHATIC MAPPING OF LYMPH NODE(S) (SENTINEL OR TUMOR DRAINING) WITH ADMINISTR	Yes
0553T	CPT/HCPCS	PERCUTANEOUS TRANSCATHETER PLACEMENT OF ILIAC ARTERIOVENOUS ANASTOMOSIS IMPLANT, INCLUSIVE OF ALL RADIOLOGICAL SUPERVISI	Yes
0551T	CPT/HCPCS	TRANSPERINEAL PERIURETHRAL BALLOON CONTINENCE DEVICE; ADJUSTMENT OF BALLOON(S) FLUID VOLUME	Yes
0550T	CPT/HCPCS	TRANSPERINEAL PERIURETHRAL BALLOON CONTINENCE DEVICE; REMOVAL, EACH BALLOON	Yes
26560	CPT/HCPCS	REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE; WITH SKIN FLAPS	Yes
15155	CPT/HCPCS	TISSUE CULTURED EPIDERMAL AUTOGRAFT; FIRST 25 SQ CM OR LESS, OR 1% OF BODY AREA OF INFANTS AND CHILDREN; FACE, SCALP, E	Yes
33999	CPT/HCPCS	UNLISTED PROCEDURE, CARDIAC SURGERY	Yes
44238	CPT/HCPCS	UNLISTED LAPAROSCOPY PROCEDURE, INTESTINE	Yes
29889	CPT/HCPCS	ARTHROSCOPICALLY AIDED POSTERIOR CRUCIATE LIGAMENT REPAIR/ AUGMENTATION OR RECONSTRUCTION	Yes
21025	CPT/HCPCS	EXCISION OF BONE (EG, FOR OSTEOMYELITIS OR BONE ABSCESS); MANDIBLE	Yes
33993	CPT/HCPCS	REPOSITIONING OF PERCUTANEOUS RIGHT OR LEFT HEART VENTRICULAR ASSIST DEVICE WITH IMAGING GUIDANCE ATSEPARATE AND DISTINCT SESSION FROM INSERTION	Yes
31627	CPT/HCPCS	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH COMPUTER-ASSISTED, IMAGE-GUIDED N	Yes
0601T	CPT/HCPCS	ABLATION, IRREVERSIBLE ELECTROPORATION; 1 OR MORE TUMORS, INCLUDING FLUOROSCOPIC AND ULTRASOUND GUIDANCE, WHEN PERFORMED	Yes
0600T	CPT/HCPCS	ABLATION, IRREVERSIBLE ELECTROPORATION; 1 OR MORE TUMORS PERORGAN, INCLUDING IMAGING GUIDANCE, WHEN PERFORMED, PERCUTANE	Yes
0597T	CPT/HCPCS	TEMPORARY FEMALE INTRAURETHRAL VALVE-PUMP (IE, VOIDING PROSTHESIS); REPLACEMENT	Yes
0596T	CPT/HCPCS	TEMPORARY FEMALE INTRAURETHRAL VALVE-PUMP (IE, VOIDING PROSTHESIS); INITIAL INSERTION, INCLUDING URETHRAL MEASUREMENT	Yes
0549T	CPT/HCPCS	TRANSPERINEAL PERIURETHRAL BALLOON CONTINENCE DEVICE; UNILATERAL PLACEMENT, INCLUDING CYSTOSCOPY AND FLUOROSCOPY	Yes
0548T	CPT/HCPCS	TRANSPERINEAL PERIURETHRAL BALLOON CONTINENCE DEVICE; BILATERAL PLACEMENT, INCLUDING CYSTOSCOPY AND FLUOROSCOPY	Yes
A4563	CPT/HCPCS	RECTAL CONTROL SYSTEM FOR VAGINAL INSERTION, FOR LONG TERM USE, INCLUDES PUMP AND ALL SUPPLIES AND ACCESSORIES, ANY TYPE	Yes

C9755	CPT/HCPCS	CREATION OF ARTERIOVENOUS FISTULA, PERCUTANEOUS USING MAGNETIC GUIDED ARTERIAL AND VENOUS CATHETERS AND RADIOFREQUENCY E	Yes
58572	CPT/HCPCS	LAPAROSCOPY, SURGICAL WITH TOTAL HYSTERECTOMY, FOR UTERUS GRTR THAN 250 G;	Yes
22900	CPT/HCPCS	EXCISION, TUMOR, SOFT TISSUE OF ABDOMINAL WALL, SUBFASCIAL (EG, INTRAMUSCULAR); LESS THAN 5 CM	Yes
33263	CPT/HCPCS	REMOVAL OF PACING CARDIOVERTER-DEFIBRILLATOR PULSE GENERATOR WITH REPLACEMENT OF PACING CARDIOVERTER-DEFIBRILLATOR PULSE	Yes
50396	CPT/HCPCS	MANOMETRIC STUDIES THROUGH NEPHROSTOMY OR PYELOSTOMY TUBE, OR INDWELLING URETERAL CATHETER	Yes
63295	CPT/HCPCS	OSTEOPLASTIC RECONSTRUCTION OF DORSAL SPINAL ELEMENTS, FOLLOWING PRIMARY INTRASPINAL PROCEDURE	Yes
29515	CPT/HCPCS	APPLICATION OF SHORT LEG SPLINT (CALF TO FOOT)	Yes
33430	CPT/HCPCS	REPLACEMENT, MITRAL VALVE, WITH CARDIOPULMONARY BYPASS	Yes
63017	CPT/HCPCS	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA EQUINA, WITHOUT FACETECTOMY, FORAMINOTOMY	Yes
0594T	CPT/HCPCS	OSTEOTOMY, HUMERUS, WITH INSERTION OF AN EXTERNALLY CONTROLLED INTRAMEDULLARY LENGTHENING DEVICE, INCLUDING INTRAOPERATI	Yes
38222	CPT/HCPCS	DIAGNOSTIC BONE MARROW; BIOPSY(IES) AND ASPIRATIONS	Yes
66988	CPT/HCPCS	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULARLENS PROSTHESIS MANUAL;WITH ENDOSCOPIC CYCLOPHOTOCOAGULATION	Yes
66987	CPT/HCPCS	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULARLENS PROSTHESIS (1-STAGE PROCEDURE), COMPLEX, REQUIRING DEVI	Yes
C9754	CPT/HCPCS	CREATION OF ARTERIOVENOUS FISTULA, PERCUTANEOUS; DIRECT, ANY SITE, INCLUDING ALL IMAGING AND RADIOLOGIC SUPERVISION AN	Yes
C9753	CPT/HCPCS	DESTRUCTION OF INTRAOSSEOUS BASIVERTEBRAL NERVE, EACH ADDITIONAL VERTEBRAL BODY, INCLUDING IMAGING GUIDANCE, LUMBAR/SACR	Yes
C9752	CPT/HCPCS	DESTRUCTION OF INTRAOSSEOUS BASIVERTEBRAL NERVE, FIRST TWO VERTEBRAL BODIES, INCLUDING IMAGING GUIDANCE, LUMBAR/SACRUM	Yes
53854	CPT/HCPCS	TRANSURETHRAL DESTRUCTION OF PROSTATE TISSUE; BY RADIOFREQUENCY GENERATED WATER VAPOR THERMOTHERAPY	Yes
27822	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN TRIMALLEOLAR ANKLE FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL SKELETAL FIXATION, ME	Yes
44604	CPT/HCPCS	SUTURE OF LARGE INTESTINE (COLORRHAPHY) FOR PERFORATED ULCERDIVERVICULUM,WOUND,INJURY OR RUPTURE(SINGLE OR MULTIPLE) W/O	Yes
57107	CPT/HCPCS	VAGINECTOMY PARTIAL REMOVAL OF VAGINAL WALL; WITH REMOVAL OF PARAVAGINAL TISSUE (RADICAL VAGINECTOMY)	Yes
27780	CPT/HCPCS	TREATMENT OF CLOSED PROXIMAL FIBULA OR SHAFT FRACTURE; WITHOUT MANIPULATION	Yes
21407	CPT/HCPCS	OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH IMPLANT	Yes
47130	CPT/HCPCS	HEPATECTOMY, RESECTION OF LIVER; TOTAL RIGHT LOBECTOMY	Yes
0345T	CPT/HCPCS	TRANSCATHETER MITRAL VALVE REPAIR PERCUTANEOUS APPROACH VIA THE CORONARY SINUS	Yes
26992	CPT/HCPCS	INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), PELVIS AND/OR HIP JOINT	Yes
64625	CPT/HCPCS	RADIOFREQUENCY ABLATION, NERVES INNERVATING THE SACROILIAC JOINT, WITH IMAGE GUIDANCE (IE, FLUOROSCOPY OR COMPUTED TOMOG	Yes
64624	CPT/HCPCS	DESTRUCTION BY NEUROLYTIC AGENT, GENICULAR NERVE BRANCHES INCLUDING IMAGING GUIDANCE, WHEN PERFORMED	Yes
64454	CPT/HCPCS	INJECTION(S), ANESTHETIC AGENT(S) AND/OR STEROID; GENICULAR NERVE BRANCHES, INCLUDING IMAGING GUIDANCE, WHEN PERFORMED	Yes
64451	CPT/HCPCS	INJECTION(S), ANESTHETIC AGENT(S) AND/OR STEROID; NERVES INNERVATING THE SACROILIAC JOINT, WITH IMAGE GUIDANCE (IE,FLUOR	Yes

50437	CPT/HCPCS	DILATION OF EXISTING TRACT, PERCUTANEOUS, FOR AN ENDOUROLOGIC PROCEDURE, WHEN PERFORMED; INCLUDING NEW ACCESS INTO THE R	Yes
50436	CPT/HCPCS	DILATION OF EXISTING TRACT, PERCUTANEOUS, FOR AN ENDOUROLOGIC PROCEDURE INCLUDING IMAGING GUIDANCE, WHEN PERFORMED	Yes
43763	CPT/HCPCS	REPLACEMENT OF GASTROSTOMY TUBE, PERCUTANEOUS, INCLUDES REMOVAL, WHEN PERFORMED; REQUIRING REVISION OF GASTROSTOMY TRACT	Yes
43762	CPT/HCPCS	REPLACEMENT OF GASTROSTOMY TUBE, PERCUTANEOUS, INCLUDES REMOVAL, WHEN PERFORMED; NOT REQUIRING REVISION OF GASTROSTOMY T	Yes
23210	CPT/HCPCS	RADICAL RESECTION OF TUMOR; SCAPULA	Yes
34832	CPT/HCPCS	OPEN REPAIR OF INFRARENAL AORTIC ANEURYSM OR DISSECTION, PLUS REPAIR OF ASSOC ARTERIAL TRAUM; AORTO-BIFEMORAL PROSTHESIS	Yes
36224	CPT/HCPCS	SELECTIVE CATHETER PLACEMENT, INTERNAL CAROTID ARTERY, UNILATERAL, WITH ANGIOGRAPHY OF THE IPSILATERAL INTRACRANIAL CARO	Yes
44605	CPT/HCPCS	SUTURE OF INTESTINE (ENTERORRHAPHY), LARGE OR SMALL, FOR PERFORATED ULCER, DIVERTICULUM, WOUND, INJURY OR RUPTURE; WI	Yes
58900	CPT/HCPCS	BIOPSY OF OVARY, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)	Yes
43260	CPT/HCPCS	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); DIAGNOSTIC, INCLUDING COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING, WHEN PERFORMED (SEPARA+	Yes
33206	CPT/HCPCS	INSERTION OF PERMANENT PACEMAKER WITH TRANSVENOUS ELECTRODE(S); ATRIAL	Yes
0217T	CPT/HCPCS	INJECTION(S), DX OR TX AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) W/ULTRASOUND	Yes
62329	CPT/HCPCS	SPINAL PUNCTURE, THERAPEUTIC, FOR DRAINAGE OF CEREBROSPINAL FLUID (BY NEEDLE OR CATHETER); WITH FLUOROSCOPIC OR CT GUIDA	Yes
49014	CPT/HCPCS	RE-EXPLORATION OF PELVIC WOUND WITH REMOVAL OF PREPERITONEAL PELVIC PACKING, INCLUDING REPACKING, WHEN PERFORMED	Yes
49013	CPT/HCPCS	PREPERITONEAL PELVIC PACKING FOR HEMORRHAGE ASSOCIATED WITH PELVIC TRAUMA, INCLUDING LOCAL EXPLORATION	Yes
46948	CPT/HCPCS	HEMORRHOIDECTOMY, INTERNAL, BY TRANSANAL HEMORRHOIDAL DEARTERIALIZATION, 2 OR MORE HEMORRHOID, WHEN PERFORMED	Yes
38531	CPT/HCPCS	BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN, INGUINOFEMORAL NODE(S)	Yes
36573	CPT/HCPCS	INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER (PICC), WITHOUT SUBCUTANEOUS PORT; AGE 5 YEARS OR OLDER	Yes
36572	CPT/HCPCS	INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER(PICC), WITHOUT SUBCUTANEOUS PORT; YOUNGER THAN 5 YEARS OF AGE	Yes
33866	CPT/HCPCS	AORTIC HEMIARCH GRAFT INCLUDING ISOLATION AND CONTROL OF THE ARCH VESSELS, BEVELED OPEN DISTAL AORTIC ANASTOMOSIS EXTEND	Yes
21555	CPT/HCPCS	EXCISION, TUMOR, SOFT TISSUE OF NECK OR ANTERIOR THORAX, SUBCUTANEOUS; LESS THAN 3 CM	Yes
62282	CPT/HCPCS	*INJECTION OF NEUROLYTIC SUBSTANCE (EG, ALCOHOL, PHENOL, ICED SALINE SOLUTIONS); LUMBAR OR CAUDAL EPIDURAL	Yes
24587	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN COMMINUTED ELBOW FRACTURE (FRACTURE DISTAL HUMERUS AND/OR PROXIMAL ULNA/RADIUS), WITH	Yes
15777	CPT/HCPCS	IMPLANTATION OF BIOLOGIC IMPLANT(EG, ACELLULAR DERMAL MATRIX) FOR SOFT TISSUE REINFORCEMENT (EG, BREAST, TRUNK)	Yes
54410	CPT/HCPCS	REMOVAL AND REPLACEMENT OF ALL COMPONENTS OF MULTI-COMPONENT INFLATABLE PENILE PROSTHESIS AT THE SAME OPERATIVE SESSION	Yes
20606	CPT/HCPCS	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION, INTERMEDIATE JOINT OR BURSA (EG, TEMPOROMANDIBULAR, ACROMIOCLAVICULAR	Yes
30124	CPT/HCPCS	EXCISION DERMOID CYST, NOSE; SIMPLE, SKIN, SUBCUTANEOUS	Yes

47460	CPT/HCPCS	TRANSDUODENAL SPHINCTEROTOMY OR SPHINCTEROPLASTY (SEPARATE PROCEDURE)	Yes
35703	CPT/HCPCS	EXPLORATION NOT FOLLOWED BY SURGICAL REPAIR, ARTERY; LOWER EXTREMITY (EG, COMMON FEMORAL, DEEP FEMORAL, SUPERFICIAL FEMO	Yes
35702	CPT/HCPCS	EXPLORATION NOT FOLLOWED BY SURGICAL REPAIR, ARTERY; UPPER EXTREMITY (EG, AXILLARY, BRACHIAL, RADIAL, ULNAR)	Yes
34718	CPT/HCPCS	ENDOVASCULAR REPAIR OF ILIAC ARTERY, NOT ASSOCIATED WITH PLACEMENT OF AN AORTO-ILIAC ARTERY ENDOGRAFT AT THE SAME SESSIO	Yes
34717	CPT/HCPCS	ENDOVASCULAR REPAIR OF ILIAC ARTERY AT THE TIME OF AORTO-ILIAC ARTERY ENDOGRAFT PLACEMENT BY DEPLOYMENT OF AN ILIAC BRAN	Yes
33440	CPT/HCPCS	REPLACEMENT, AORTIC VALVE; BY TRANSLOCATION OF AUTOLOGOUS PULMONARY VALVE AND TRANSVENTRICULAR AORTIC ANNULUS ENLARGEMEN	Yes
33286	CPT/HCPCS	REMOVAL, SUBCUTANEOUS CARDIAC RHYTHM MONITOR	Yes
33285	CPT/HCPCS	INSERTION, SUBCUTANEOUS CARDIAC RHYTHM MONITOR, INCLUDING PROGRAMMING	Yes
33275	CPT/HCPCS	TRANSCATHETER REMOVAL OF PERMANENT LEADLESS PACEMAKER, RIGHT VENTRICULAR, INCLUDING IMAGING GUIDANCE(EG, FLUOROSCOPY, VENOUS ULTRASOUND, VENTRICULOGR+	Yes
41009	CPT/HCPCS	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR OF MOUTH; MASTICATOR SPACE	Yes
50070	CPT/HCPCS	NEPHROLITHOTOMY; COMPLICATED BY CONGENITAL KIDNEY ABNORMALITY	Yes
19370	CPT/HCPCS	REVISION OF PERI-IMPLANT CAPSULE, BREAST, INCLUDING CAPSULOTOMY, CAPSULORRHAPHY, AND/OR PARTIAL CAPSULECTOMY	Yes
55865	CPT/HCPCS	EXPOSURE OF PROSTATE, ANY APPROACH, FOR INSERTION OF RADIOACTIVE SUBSTANCE; WITH BILATERAL PELVIC LYMPHADENECTOMY, INC	Yes
19126	CPT/HCPCS	EXCISION OF BREAST LESION IDENTIFIED BY PRE-OPERATIVE PLACEMENT OF RADIOLOGICAL MARKER; EACH ADDITIONAL LESION	Yes
31080	CPT/HCPCS	SINUSOTOMY FRONTAL; OBLITERATIVE WITHOUT OSTEOPLASTIC FLAP, BROW INCISION (INCLUDES ABLATION)	Yes
52649	CPT/HCPCS	LASR ENUCLEATION OF THE PROSTATE WITH MORCELLATION, INCLDING CNTRL OF POSTOP BLEEDNG,COMPLTE VASECTOMY,MEATOTOMY	Yes
54231	CPT/HCPCS	DYNAMIC CAVERNOSOMETRY,INCLUDING INTRACAVERNOSAL INJECTION OF VASOACTIVE DRUGS (EG, PAPAVERINE, PHENTOLAMINE)	Yes
33871	CPT/HCPCS	TRANSVERSE AORTIC ARCH GRAFT, WITH CARDIOPULMONARY BYPASS, WITH PROFOUND HYPOTHERMIA, TOTAL CIRCULATORY ARREST AND ISOLA	Yes
33859	CPT/HCPCS	ASCENDING AORTA GRAFT, WITH CARDIOPULMONARY BYPASS, INCLUDESVALVE SUSPENSION, WHEN PERFORMED; FOR AORTIC DISEASE OTHER T	Yes
33858	CPT/HCPCS	ASCENDING AORTA GRAFT, WITH CARDIOPULMONARY BYPASS, INCLUDESVALVE SUSPENSION, WHEN PERFORMED; FOR AORTIC DISSECTION	Yes
33019	CPT/HCPCS	PERICARDIAL DRAINAGE WITH INSERTION OF INDWELLING CATHETER, PERCUTANEOUS, INCLUDING CT GUIDANCE	Yes
33274	CPT/HCPCS	TRANSCATHETER INSERTION OR REPLACEMENT OF PERMANENT LEADLESS PACEMAKER, RIGHT VENTRICULAR, WHEN PERFORMED	Yes
27369	CPT/HCPCS	INJECTION PROCEDURE FOR CONTRAST KNEE ARTHROGRAPHY OR CONTRAST ENHANCED CT/MRI KNEE ARTHROGRAPHY	Yes
20934	CPT/HCPCS	ALLOGRAFT, INCLUDES TEMPLATING, CUTTING, PLACEMENT AND INTERNAL FIXATION, WHEN PERFORMED; INTERCALARY, COMPLETE (IE, CYL	Yes
20933	CPT/HCPCS	ALLOGRAFT, INCLUDES TEMPLATING, CUTTING, PLACEMENT AND INTERNAL FIXATION, WHEN PERFORMED; HEMICORTICAL INTERCALARY, PART	Yes
53855	CPT/HCPCS	INSERTION OF A TEMPORARY PROSTATIC URETHRAL STENT, INCLUDING URETHRAL MEASUREMENT	Yes
64600	CPT/HCPCS	DESTRUCTION BY NEUROLYTIC AGENT, TRIGEMINAL NERVE; SUPRAORBITAL, INFRAORBITAL, MENTAL, OR INFERIOR ALVEOLAR	Yes

27675	CPT/HCPCS	REPAIR FOR DISLOCATING PERONEAL TENDONS; WITHOUT FIBULAR OSTEOTOMY	Yes
44210	CPT/HCPCS	LAPARSOCOPY, SURGICAL; COLECTOMY, TOTAL, ABDOMINAL, WITHOUT PROCTECTOMY, WITH ILEOSTOMY OR ILEO PROCTOSTOMY	Yes
22854	CPT/HCPCS	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) WHEN PERFORMED, TO VERTEBRAL CORPECTOMY(IES) DEFECT, IN CONJUNCTION WITH	Yes
57310	CPT/HCPCS	CLOSURE OF URETHROVAGINAL FISTULA;	Yes
23440	CPT/HCPCS	RESECTION OR TRANSPLANTATION OF LONG TENDON OF BICEPS, FOR CHRONIC TENOSYNOVITIS	Yes
27230	CPT/HCPCS	TREATMENT OF CLOSED FEMORAL FRACTURE, PROXIMAL END, NECK; WITHOUT MANIPULATION	Yes
33018	CPT/HCPCS	PERICARDIAL DRAINAGE WITH INSERTION OF INDWELLING CATHETER, PERCUTANEOUS; BIRTH THROUGH 5 YEARS OF AGE OR ANY AGE WITH CO	Yes
33017	CPT/HCPCS	PERICARDIAL DRAINAGE WITH INSERTION OF INDWELLING CATHETER, PERCUTANEOUS, WHEN PERFORMED; 6 YEARS AND OLDER WITHOUT CONG	Yes
33016	CPT/HCPCS	PERICARDIOCENTESIS, INCLUDING IMAGING GUIDANCE, WHEN PERFORMED	Yes
21603	CPT/HCPCS	EXCISION OF CHEST WALL TUMOR INVOLVING RIB(S), WITH PLASTIC RECONSTRUCTION; WITH MEDIASTINAL LYMPHADENECTOMY	Yes
20932	CPT/HCPCS	ALLOGRAFT, INCLUDES TEMPLATING, CUTTING, PLACEMENT AND INTERNAL FIXATION, WHEN PERFORMED; OSTEOARTICULAR, INCLUDING ARTI	Yes
11107	CPT/HCPCS	INCISIONAL BIOPSY OF SKIN (EG, WEDGE) (INCLUDING SIMPLE CLOSURE, WHEN PERFORMED); EACH SEPARATE/ADDITIONAL LESION	Yes
11106	CPT/HCPCS	INCISIONAL BIOPSY OF SKIN (EG, WEDGE) (INCLUDING SIMPLE CLOSURE, WHEN PERFORMED); SINGLE LESION	Yes
11105	CPT/HCPCS	PUNCH BIOPSY OF SKIN (INCLUDING SIMPLE CLOSURE, WHEN PERFORMED); EACH SEPARATE/ADDITIONAL LESION	Yes
42890	CPT/HCPCS	LIMITED PHARYNGECTOMY	Yes
44100	CPT/HCPCS	BIOPSY OF INTESTINE BY CAPSULE, TUBE, PERORAL (ONE OR MORE SPECIMENS)	Yes
67999	CPT/HCPCS	UNLISTED PROCEDURE, EYELIDS	Yes
15004	CPT/HCPCS	SURG PREP/CREATION RECIPIENT SITE FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET AND/OR MULTIPLE	Yes
64585	CPT/HCPCS	REVISION OR REMOVAL OF PERIPHERAL NEUROSTIMULATOR ELECTRODES	Yes
24430	CPT/HCPCS	REPAIR OF NONUNION OR MALUNION, HUMERUS; WITHOUT GRAFT (EG, COMPRESSION TECHNIQUE)	Yes
26350	CPT/HCPCS	FLEXOR TENDON REPAIR OR ADVANCEMENT, SINGLE, NOT IN "NO MAN'S LAND"; PRIMARY OR SECONDARY WITHOUT FREE GRAFT, E	Yes
33877	CPT/HCPCS	REPAIR OF THORACOABDOMINAL AORTIC ANEURYSM WITH GRAFT, WITH OR WITHOUT CARDIOPULMONARY BYPASS	Yes
65815	CPT/HCPCS	PARACENTESIS OF ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); WITH REMOVAL OF BLOOD, WITH OR WITHOUT IRRIGATION AND/OR A	Yes
21602	CPT/HCPCS	EXCISION OF CHEST WALL TUMOR INVOLVING RIB(S), WITH PLASTIC RECONSTRUCTION; WITHOUT MEDIASTINAL LYMPHADENECTOMY	Yes
21601	CPT/HCPCS	EXCISION OF CHEST WALL TUMOR INCLUDING RIB(S)	Yes
20561	CPT/HCPCS	NEEDLE INSERTION(S) WITHOUT INJECTION(S); 3 OR MORE MUSCLES	Yes
20560	CPT/HCPCS	NEEDLE INSERTION(S) WITHOUT INJECTION(S); 1 OR 2 MUSCLE(S)	Yes
11104	CPT/HCPCS	PUNCH BIOPSY OF SKIN (INCLUDING SIMPLE CLOSURE, WHEN PERFORMED); SINGLE LESION	Yes
11103	CPT/HCPCS	TANGENTIAL BIOPSY OF SKIN (EG, SHAVE, SCOOP, SAUCERIZE, CURETTE); EACH SEPARATE/ADDITIONAL LESION	Yes
11102	CPT/HCPCS	TANGENTIAL BIOPSY OF SKIN (EG, SHAVE, SCOOP, SAUCERIZE, CURETTE); SINGLE LESION	Yes
10012	CPT/HCPCS	FINE NEEDLE ASPIRATION BIOPSY, INCLUDING MR GUIDANCE; EACH ADDITIONAL LESION (LIST SEPARATELY IN ADDITION TO CODE FOR PR	Yes
44979	CPT/HCPCS	UNLISTED LAPAROSCOPY PROCEDURE, APPENDIX	Yes
22224	CPT/HCPCS	OSTEOTOMY OF SPINE, INCLUDING DISCECTOMY, ANTERIOR APPROACH, SINGLE VERTEBRAL SEGMENT; LUMBAR	Yes
21421	CPT/HCPCS	TREATMENT OF PALATAL OR ALVEOLAR RIDGE FRACTURES (LEFORT I TYPE); CLOSED MANIPULATION WITH INTERDENTAL WIRE FIXATIO	Yes
15734	CPT/HCPCS	MUSCLE, MYOCUTANEOUS, OR FASCIOTANEOUS FLAP; TRUNK	Yes

51030	CPT/HCPCS	CYSTOTOMY OR CYSTOSTOMY; WITH CRYOSURGICAL DESTRUCTION OF INTRAVESICAL LESION	Yes
50280	CPT/HCPCS	EXCISION OR UNROOFING OF CYST(S) OF KIDNEY	Yes
62272	CPT/HCPCS	SPINAL PUNCTURE, THERAPEUTIC, FOR DRAINAGE OF CEREBROSPINAL FLUID (BY NEEDLE OR CATHETER);	Yes
69650	CPT/HCPCS	STAPES MOBILIZATION	Yes
15774	CPT/HCPCS	GRAFTING OF AUTOLOGOUS FAT HARVESTED BY LIPOSUCTION TECHNIQUE TO FACE,EYELIDS; EACH ADDITIONAL 25 CC INJECTATE, OR PART	Yes
15773	CPT/HCPCS	GRAFTING OF AUTOLOGOUS FAT HARVESTED BY LIPOSUCTION TECHNIQUE TO FACE, EYELIDS, MOUTH, NECK; 25 CC OR LESS INJECTATE	Yes
15772	CPT/HCPCS	GRAFTING OF AUTOLOGOUS FAT HARVESTED BY LIPOSUCTION TECHNIQUE TO TRUNK, BREASTS; EACH ADDITIONAL 50 CC INJECTATE, OR PAR	Yes
15771	CPT/HCPCS	GRAFTING OF AUTOLOGOUS FAT HARVESTED BY LIPOSUCTION TECHNIQUE TO TRUNK, BREASTS, SCALP, ARMS, AND/OR LEGS; 50 CC OR LESS	Yes
10011	CPT/HCPCS	FINE NEEDLE ASPIRATION BIOPSY, INCLUDING MR GUIDANCE; FIRST LESION	Yes
10010	CPT/HCPCS	FINE NEEDLE ASPIRATION BIOPSY, INCLUDING CT GUIDANCE; EACH ADDITIONAL LESION (LIST SEPARATELY IN ADDITION TO CODE FOR PR	Yes
10009	CPT/HCPCS	FINE NEEDLE ASPIRATION BIOPSY, INCLUDING CT GUIDANCE; FIRST LESION	Yes
10008	CPT/HCPCS	FINE NEEDLE ASPIRATION BIOPSY, INCLUDING FLUOROSCOPIC GUIDANCE; EACH ADDITIONAL LESION (LIST SEPARATELY IN ADDITION TO C	Yes
42870	CPT/HCPCS	EXCISION OR DESTRUCTION LINGUAL TONSIL, ANY METHOD (SEPARATE PROCEDURE)	Yes
23406	CPT/HCPCS	TENOMYOTOMY, SHOULDER AREA; MULTIPLE THROUGH SAME INCISION	Yes
62115	CPT/HCPCS	REDUCTION OF CRANIOMEGALIC SKULL (EG, TREATED HYDROCEPHALUS); NOT REQUIRING BONE GRAFTS OR CRANIOPLASTY	Yes
28225	CPT/HCPCS	TENOLYSIS, EXTENSOR, FOOT; SINGLE	Yes
0806T	CPT/HCPCS	TRANSCATHETER SUPERIOR AND INFERIOR VENA CAVA PROSTHETIC VALVE IMPLANTATION (I.E., CAVAL VALVE IMPLANTATION (CAVI)); OPE	Yes
0805T	CPT/HCPCS	TRANSCATHETER SUPERIOR AND INFERIOR VENA CAVA PROSTHETIC VALVE IMPLANTATION (I.E., CAVAL VALVE IMPLANTATION (CAVI)); PER	Yes
0793T	CPT/HCPCS	PERCUTANEOUS TRANSCATHETER THERMAL ABLATION OF NERVES INNERVATING THE PULMONARY ARTERIES, INCLUDING RIGHT HEART CATHETER	Yes
C9784	CPT/HCPCS	GASTRIC RESTRICTIVE PROCEDURE, ENDOSCOPIC SLEEVE GASTROPLASTY, WITH ESOPHAGOGASTRODUODENOSCOPY AND INTRALUMINAL TUBE INS	Yes
15769	CPT/HCPCS	GRAFTING OF AUTOLOGOUS SOFT TISSUE, OTHER, HARVESTED BY DIRECT EXCISION (EG, FAT, DERMIS, FASCIA)	Yes
0588T	CPT/HCPCS	REVISION OR REMOVAL OF PERCUTANEOUSLY PLACED INTEGRATED SINGLE DEVICE NEUROSTIMULATION SYSTEM FOR BLADDER DYSFUNCTION INCLUDING ELECTRODE ARRAY/RECEI+	Yes
0587T	CPT/HCPCS	PERCUTANEOUS IMPLANTATION OR REPLACEMENT OF INTEGRATED SINGLE DEVICE NEUROSTIMULATION, WHEN PERFORMED, POSTERIOR TIBIAL	Yes
0586T	CPT/HCPCS	ISLET CELL TRANSPLANT, INCLUDES PORTAL VEIN CATHETERIZATION AND INFUSION, WHEN PERFORMED; OPEN	Yes
10007	CPT/HCPCS	FINE NEEDLE ASPIRATION BIOPSY, INCLUDING FLUOROSCOPIC GUIDANCE; FIRST LESION	Yes
10006	CPT/HCPCS	FINE NEEDLE ASPIRATION BIOPSY, INCLUDING ULTRASOUND GUIDANCE; EACH ADDITIONAL LESION (LIST SEPARATELY IN ADDITION TO COD	Yes
10005	CPT/HCPCS	FINE NEEDLE ASPIRATION BIOPSY, INCLUDING ULTRASOUND GUIDANCE; FIRST LESION	Yes
10004	CPT/HCPCS	FINE NEEDLE ASPIRATION BIOPSY, WITHOUT IMAGING GUIDANCE; EACH ADDITIONAL LESION (LIST SEPARATELY IN ADDITION TO CODE FOR	Yes
21215	CPT/HCPCS	GRAFT, BONE; MANDIBLE (INCLUDES OBTAINING GRAFT)	Yes

19296	CPT/HCPCS	PLACEMENT RADIOTHERPY AFTERLOADING EXPAND CATH (SINGLE / MULTICHNL) BREAST INTRSTITIAL RADIOELMNT APPLICATION FOLLOW PRTIAL MASTECTOMY, INCLUD IMAGNG G+	Yes
43337	CPT/HCPCS	REPAIR, PARAESOPHAGEAL HIATAL HERNIA, (INCLUDING FUNDOPLICATION), VIA THORACOABDOMINAL INCISION, EXCEPT NEONATAL; WITH IMPLANTATION OF MESH OR OTHER +	Yes
31536	CPT/HCPCS	LARYNGOSCOPY DIRECT, OPERATIVE, WITH BIOPSY; WITH OPERATING MICROSCOPE OR TELESCOPE	Yes
0810T	CPT/HCPCS	SUBRETINAL INJECTION OF A PHARMACOLOGIC AGENT, INCLUDING VITRECTOMY AND 1 OR MORE RETINOTOMIES	Yes
0803T	CPT/HCPCS	TRANSCATHETER REMOVAL AND REPLACEMENT OF PERMANENT DUAL-CHAMBER LEADLESS PACEMAKER, INCLUDING IMAGING GUIDANCE (E.G., FL	Yes
0802T	CPT/HCPCS	TRANSCATHETER REMOVAL AND REPLACEMENT OF PERMANENT DUAL-CHAMBER LEADLESS PACEMAKER, INCLUDING IMAGING GUIDANCE (E.G., FL	Yes
0800T	CPT/HCPCS	TRANSCATHETER REMOVAL OF PERMANENT DUAL-CHAMBER LEADLESS PACEMAKER,INCLUDING IMAGING GUIDANCE (E.G. , FLUOROSCOPY, VENOU	Yes
0585T	CPT/HCPCS	ISLET CELL TRANSPLANT, INCLUDES PORTAL VEIN CATHETERIZATION AND INFUSION, WHEN PERFORMED; LAPAROSCOPIC	Yes
0584T	CPT/HCPCS	ISLET CELL TRANSPLANT, INCLUDES PORTAL VEIN CATHETERIZATION AND INFUSION, WHEN PERFORMED; PERCUTANEOUS	Yes
0583T	CPT/HCPCS	TYMPANOSTOMY (REQUIRING INSERTION OF VENTILATING TUBE), USING AN AUTOMATED TUBE DELIVERY SYSTEM, IONTOPHORESIS LOCAL ANE	Yes
0582T	CPT/HCPCS	TRANSURETHRAL ABLATION OF MALIGNANT PROSTATE TISSUE BY HIGH-ENERGY WATER VAPOR THERMOTHERAPY, INCLUDING INTRAOPERATIVE I	Yes
0520T	CPT/HCPCS	REMOVAL/REPLACEMENT OF PULSE GENERATOR FOR WIRELESS CARDIAC STIMULATOR FOR LEFT VENTRICULAR PACING, INCLUDING DEVICE INTERROGATION AND PROGRAMMING;	Yes
0519T	CPT/HCPCS	REMOVAL/REPLACEMENT OF PULSE GENERATOR FOR WIRELESS CARDIAC STIMULATOR FOR LEFT VENTRICULAR PACING INCLUDING DEVICE INTERROGATION	Yes
0518T	CPT/HCPCS	REMOVAL OF PULSE GENERATOR FOR WIRELESS CARDIAC STIMULATOR FOR LEFT VENTRICULAR PACING;BATTERY COMPONENT ONLY	Yes
0517T	CPT/HCPCS	INSERTION OF WIRELESS CARDIAC STIMULATOR FOR LEFT VENTRICULAR PACING, WHEN PERFORMED; PULSE GENERATOR COMPONENT(S) (BAT	Yes
28605	CPT/HCPCS	TREATMENT OF CLOSED TARSOMETATARSAL JOINT DISLOCATION; REQUIRING ANESTHESIA	Yes
27596	CPT/HCPCS	AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; RE-AMPUTATION	Yes
0228T	CPT/HCPCS	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH ULTRASOUND GUIDANCE, CERVICAL OR THORACIC;	Yes
23650	CPT/HCPCS	TREATMENT OF CLOSED SHOULDER DISLOCATION, WITH MANIPULATION; WITHOUT ANESTHESIA	Yes
67917	CPT/HCPCS	REPAIR OF ECTROPION; BLEPHAROPLASTY, EXTENSIVE (EG, KUHNT-SZYMANOWSKI OPERATION)	Yes
10160	CPT/HCPCS	*PUNCTURE ASPIRATION OF ABSCESS, HEMATOMA, BULLA, OR CYST	Yes
32673	CPT/HCPCS	THORACOSCOPY, SURGICAL; WITH RESECTION OF THYMUS, UNILATERAL OR BILATERAL.	Yes
66150	CPT/HCPCS	FISTULIZATION OF SCLERA FOR GLAUCOMA; TREPHINATION WITH IRIDECTOMY	Yes
27381	CPT/HCPCS	SUTURE OF INFRAPATELLAR TENDON; SECONDARY RECONSTRUCTION, INCLUDING FASCIAL OR TENDON GRAFT	Yes
60522	CPT/HCPCS	THYMECTOMY,PARTIAL OR TOTAL;STERNAL SPLIT OR TRASTHORACIC APPROACH, WITH RADICAL MEDIASTINAL DISSECTION(SEPARATE)	Yes
62320	CPT/HCPCS	INJECTION(S) OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) CERVICAL OR THROACIC; WITHOUT IMAGING GUIDANCE	Yes
28665	CPT/HCPCS	*TREATMENT OF CLOSED INTERPHALANGEAL JOINT DISLOCATION; REQUIRING ANESTHESIA	Yes
30220	CPT/HCPCS	INSERTION, NASAL SEPTAL PROSTHESIS (BUTTON)	Yes
36561	CPT/HCPCS	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCEDEVICE, WITH SUBCUTANEOUS PORT; AGE 5 YEARS OR OLDER	Yes

61524	CPT/HCPCS	CRANIECTOMY, INFRATENTORIAL OR POSTERIOR FOSSA; FOR EXCISION OR FENESTRATION OF CYST	Yes
29914	CPT/HCPCS	ARTHROSCOPY, HIP, SURGICAL; WITH FEMOROPLASTY (IE, TREATMENT OF CAM LESION)	Yes
27386	CPT/HCPCS	SUTURE OF QUADRICEPS OR HAMSTRING MUSCLE RUPTURE; SECONDARY RECONSTRUCTION, INCLUDING FASCIAL OR TENDON GRAFT	Yes
64857	CPT/HCPCS	SUTURE OF MAJOR PERIPHERAL NERVE, ARM OR LEG, EXCEPT SCIATIC; WITHOUT TRANSPOSITION	Yes
54050	CPT/HCPCS	*DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; CH	Yes
51020	CPT/HCPCS	CYSTOTOMY OR CYSTOSTOMY, WITH FULGURATION AND/OR INSERTION OF RADIOACTIVE MATERIAL	Yes
61888	CPT/HCPCS	REVISION OR REMOVAL OF CRANIAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER	Yes
61613	CPT/HCPCS	OBLITERATION OF CAROTID ANEURYSM, ARTERIOVENOUS MALFORMATION OR CAROTID-CAVERNOUS FISTULA BY DISSECTION WITHIN CAVERNOUS	Yes
33953	CPT/HCPCS	EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO)/INSERTION OF PERIPHERAL (ARTERIAL AND/OR VENOUS) CANNULA(E) OPEN, BIRTH THROUG	Yes
28525	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN FRACTURE, PHALANX OR PHALANGES, OTHER THAN GREAT TOE, WITH OR WITHOUT INTERNAL OR EXT	Yes
13122	CPT/HCPCS	REPAIR, COMPLEX, SCALP, ARMS, AND/OR LEGS; EACH ADDITIONAL 5 CM OR LESS	Yes
23106	CPT/HCPCS	ARTHROTOMY FOR SYNOVECTOMY; STERNOCLAVICULAR JOINT	Yes
29870	CPT/HCPCS	ARTHROSCOPY, KNEE, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROCEDURE)	Yes
67036	CPT/HCPCS	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH;	Yes
65140	CPT/HCPCS	INSERTION OF OCULAR IMPLANT SECONDARY; AFTER ENUCLEATION, MUSCLES ATTACHED TO IMPLANT	Yes
63057	CPT/HCPCS	TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR NERVE ROOT(S) (EG, HERNIATED INTERVERTEBRA	Yes
44140	CPT/HCPCS	COLECTOMY, PARTIAL; WITH ANASTOMOSIS	Yes
64616	CPT/HCPCS	CHEMODENERVATION OF MUSCLE(S); NECK MUSCLE(S), EXCLUDING MUSCLES OF THE LARYNX, UNILATERAL (EG, FOR CERVICAL DYSTONIA	Yes
52281	CPT/HCPCS	CYSTOURETHROSCOPY, WITH CALIBRATION AND/OR DILATION OF URETHRAL STRICTURE OR STENOSIS, WITH OR WITHOUT MEATOTOMY AND IN	Yes
46761	CPT/HCPCS	SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE, ADULT; LEVATOR MUSCLE IMBRICATION (PARK POSTERIOR ANAL REPAIR)	Yes
55175	CPT/HCPCS	SCROTOPLASTY; SIMPLE	Yes
61154	CPT/HCPCS	BURR HOLE(S) WITH EVACUATION AND/OR DRAINAGE OF HEMATOMA, EXTRADURAL OR SUBDURAL	Yes
42320	CPT/HCPCS	*DRAINAGE OF ABSCESS; SUBMAXILLARY, EXTERNAL	Yes
64760	CPT/HCPCS	TRANSECTION OR AVULSION OF; VAGUS NERVE (VAGOTOMY), ABDOMINAL	Yes
57425	CPT/HCPCS	LAPAROSCOPY, SURGICAL, COLPOPEXY	Yes
0249T	CPT/HCPCS	LIGATION, HEMORRHOIDAL VASCULAR BUNDLE(S), INCLUDING ULTRASOUND GUIDANCE	Yes
21198	CPT/HCPCS	OSTEOTOMY, MANDIBLE, SEGMENTAL	Yes
64569	CPT/HCPCS	REVISION OR REPLACEMENT OF CRANIAL NERVE (EG, VAGUS NERVE) NEUROSTIMULATOR ELECTRODE ARRAY, INCLUDING CONNECTION TO EXIS	Yes
11952	CPT/HCPCS	SUBCUTANEOUS INJECTION OF "FILLING" MATERIAL (EG, COLLAGEN); 5.1 TO 10.0 CC	Yes
0455T	CPT/HCPCS	REMOVAL OF PERMANENTLY IMPLANTABLE AORTIC COUNTERPULSATION VENTRICULAR ASSIST SYSTEM; COMPLETE SYSTEM	Yes
11313	CPT/HCPCS	SHAVING OF EPIDERMAL/DERMAL LESION, SINGLE LESION, FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER OVER 2.0CM	Yes
54150	CPT/HCPCS	CIRCUMCISION, USING CLAMP OR OTHER DEVICE WITH REGIONAL DORSAL PENILE OR RING BLOCK	Yes
45112	CPT/HCPCS	PROCTECTOMY, COMBINED ABDOMINOPERINEAL, PULL-THROUGH PROCEDURE, ONE OR TWO STAGES	Yes

64835	CPT/HCPCS	SUTURE OF ONE NERVE, HAND OR FOOT; MEDIAN MOTOR THENAR	Yes
56633	CPT/HCPCS	VULVECTOMY, RADICAL, COMPLETE;	Yes
14060	CPT/HCPCS	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, EYELIDS, NOSE, EARS AND/OR LIPS; DEFECT 10 SQ CM OR LESS	Yes
27280	CPT/HCPCS	ARTHRODESIS, SACROILIAC JOINT, OPEN, INCLUDES OBTAINING BONE GRAFT, INCLUDING INSTRUMENTATION, WHEN PERFORMED	Yes
32650	CPT/HCPCS	THORACOSCOPY, SURGICAL; WITH PLEURODESIS, ANY METHOD	Yes
49422	CPT/HCPCS	REMOVAL OF TUNNELED INTRAPERITONEAL CATHETER	Yes
54360	CPT/HCPCS	PLASTIC OPERATION ON PENIS TO CORRECT ANGULATION	Yes
26740	CPT/HCPCS	TREATMENT OF CLOSED ARTICULAR FRACTURE, INVOLVING METACARPOPHALANGEAL OR PROXIMAL INTERPHALANGEAL JOINT; WITHOUT MA	Yes
44340	CPT/HCPCS	REVISION OF COLOSTOMY; SIMPLE (RELEASE OF SUPERFICIAL SCAR) (SEPARATE PROCEDURE)	Yes
61710	CPT/HCPCS	SURGERY OF ANEURYSM, VASCULAR MALFORMATION OR CAROTID-CAVERNOUS FISTULA; BY INTRA-ARTERIAL EMBOLIZATION, INJECTION PRO	Yes
37253	CPT/HCPCS	INTRAVASCULAR ULTRASOUND DURING DIAGNOSTIC EVALUATION AND/OR THERAPEUTIC INTERVENTION; EACH ADDITIONAL NONCORONARY VESSE	Yes
24800	CPT/HCPCS	ARTHRODESIS, ELBOW JOINT; WITH OR WITHOUT LOCAL AUTOGRAFT OR ALLOGRAFT	Yes
61458	CPT/HCPCS	CRANIECTOMY, SUBOCCIPITAL; FOR EXPLORATION OR DECOMPRESSION OF CRANIAL NERVES	Yes
33681	CPT/HCPCS	CLOSURE OF SINGLE VENTRICULAR SEPTAL DEFECT, WITH OR WITHOUT PATCH	Yes
32445	CPT/HCPCS	PNEUMONECTOMY, EXTRAPLEURAL; WITHOUT EMPYEMECTOMY	Yes
33813	CPT/HCPCS	OBLITERATION OF AORTOPULMONARY SEPTAL DEFECT; WITHOUT CARDIOPULMONARY BYPASS	Yes
35508	CPT/HCPCS	BYPASS GRAFT, WITH VEIN; CAROTID-VERTEBRAL	Yes
65210	CPT/HCPCS	*REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CONJUNCTIVAL EMBEDDED (INCLUDES CONCRETIONS), SUBCONJUNCTIVAL, OR SCLERAL	Yes
26546	CPT/HCPCS	REPAIR NON-UNION, METACARPAL OR PHALANX,(INCLUDES OBTAINING BONE GRAFT WITH OR WITHOUT EXTERNAL OR INTERNAL	Yes
23485	CPT/HCPCS	OSTEOTOMY, CLAVICLE, WITH OR WITHOUT INTERNAL FIXATION; WITH BONE GRAFT FOR NONUNION OR MALUNION (INCLUDES OBTAINING G	Yes
57150	CPT/HCPCS	*IRRIGATION OF VAGINA AND/OR APPLICATION OF MEDICAMENT FOR TREATMENT OF BACTERIAL, PARASITIC, OR FUNGOID DISEASE	Yes
26725	CPT/HCPCS	TREATMENT OF CLOSED PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHALANX, FINGER OR THUMB; WITH MANIPULATION, EACH	Yes
15156	CPT/HCPCS	TISSUE CULTURED EPIDERMAL AUTOGRAFT; EACH ADDITIONAL 1 TO 75 SQ CM; SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALI	Yes
36569	CPT/HCPCS	INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT IMAGING GUIDANCE; AGE 5 YEARS OR OLDER	Yes
31561	CPT/HCPCS	LARYNGOSCOPY DIRECT, OPERATIVE, WITH ARYTENOIDECTOMY; WITH OPERATING MICROSCOPE OR TELESCOPE	Yes
40702	CPT/HCPCS	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY BILATERAL, ONE OF TWO STAGES	Yes
47612	CPT/HCPCS	CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT; WITH CHOLEDOCHOENTEROSTOMY	Yes
58952	CPT/HCPCS	RESECTION OF OVARIAN MALIGNANCY WITH BILATERAL SALPINGO-OOPHORECTOMY AND OMENTECTOMY; WRADICAL DISSECTION FOR DEBULKING	Yes
67227	CPT/HCPCS	DESTRUCTION OF EXTENSIVE OR PROGRESSIVE RETINOPATHY (EG, DIABETIC RETINOPATHY), CRYOTHERAPY, DIATHERMY	Yes
29882	CPT/HCPCS	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCUS REPAIR (MEDIAL OR LATERAL)	Yes
57423	CPT/HCPCS	PARAVAGINAL DEFECT REPAIR OF CYSTOCELE, IF PERFORMED), LAPAROSCOPIC APPROACH	Yes
36014	CPT/HCPCS	SELECTIVE CATHETER PLACEMENT, LEFT OR RIGHT PULMONARY ARTERY	Yes
33516	CPT/HCPCS	CORONARY ARTERY BYPASS, AUTOGENOUS GRAFT, (EG, SAPHENOUS VEIN OR INTERNAL MAMMARY ARTERY); SIX OR MORE CORONARY GRAF	Yes

58548	CPT/HCPCS	LAPAROSCOPY, SURGICAL, W/RADICAL HYST, W/BILATERAL TOTAL PELVIC LYMPHADENECTOMY AND PARA-AORTIC LYMPH NODE SAMPLING (BIO	Yes
29861	CPT/HCPCS	ARTHROSCOPY,HIP,SURGICAL;WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY	Yes
69100	CPT/HCPCS	BIOPSY EXTERNAL EAR	Yes
61590	CPT/HCPCS	INFRATEMPORAL PER-AURICULAR APPROACH TO MIDDLE CRANIAL FOSSA(PARAPHARYNGEAL SPACE, INFRATEMPORAL AND MIDLINE SKULL BASE,	Yes
49656	CPT/HCPCS	LAPAROSCOPY, SURGICAL, REPAIR, RECURRENT INCISIONAL HERNIA (INCLUDES MESH INSERTION, WHEN PERFORMED); REDUCIBLE	Yes
64755	CPT/HCPCS	TRANSECTION OR AVULSION OF; VAGI LIMITED TO PROXIMAL STOMACH (SELECTIVE PROXIMAL VAGOTOMY, PROXIMAL GASTRIC VAGOTO	Yes
26553	CPT/HCPCS	TOE TO HAND TRANSFER WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN GREAT TOE SINGLE	Yes
42725	CPT/HCPCS	INCISION AND DRAINAGE ABSCESS; RETROPHARYNGEAL OR PARAPHARYNGEAL, EXTERNAL APPROACH	Yes
60200	CPT/HCPCS	EXCISION OF CYST OR ADENOMA OF THYROID, OR TRANSECTION OF ISTHMUS	Yes
26567	CPT/HCPCS	OSTEOTOMY FOR CORRECTION OF DEFORMITY; PHALANX OF FINGER	Yes
49500	CPT/HCPCS	REPAIR INGUINAL HERNIA, UNDER AGE 5 YEARS, WITH OR WITHOUT HYDROCELECTOMY	Yes
61642	CPT/HCPCS	BALLOON DILATATION OF INTRACRANIAL VASOSPASM, PERCUTANEOUS; EACH ADDITIONAL VESSEL IN DIFFERENT VASCULAR TERRITORY	Yes
21320	CPT/HCPCS	CLOSED TREATMENT OF NASAL BONE FRACTURE WITH MANIPULATION; WITH STABILIZATION	Yes
44388	CPT/HCPCS	FIBEROPTIC COLONOSCOPY THROUGH COLOSTOMY;	Yes
26775	CPT/HCPCS	TREATMENT OF CLOSED INTERPHALANGEAL JOINT DISLOCATION, SINGLE, WITH MANIPULATION; REQUIRING ANESTHESIA	Yes
21330	CPT/HCPCS	OPEN TREATMENT OF NASAL FRACTURE; COMPLICATED, WITH INTERNAL AND/OR EXTERNAL SKELETAL FIXATION	Yes
63046	CPT/HCPCS	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT[S], [EG, SPINAL +	Yes
33924	CPT/HCPCS	LIGATION AND TAKEDOWN OF A SYSTEMIC-TO-PULMONARY ARTERY PERFORMED IN CONJUNCTION WITH A CONGENITAL HEART PROC(LIST SP	Yes
27048	CPT/HCPCS	EXCISION, TUMOR, SOFT TISSUE OF PELVIS AND HIP AREA, SUBFASCIAL (EG, INTRAMUSCULAR); LESS THAN 5 CM	Yes
45384	CPT/HCPCS	COLONOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY HOT BIOPSY FORCEPS	Yes
21079	CPT/HCPCS	IMPRESSION AND CUSTOM PREPARATION; INTERIM OBTURATOR PROSTHESIS	Yes
33611	CPT/HCPCS	REPAIR OF DOUBLE OUTLET RIGHT VENTRICLE WITH INTRAVENTRICULAR TUNNEL REPAIR	Yes
27760	CPT/HCPCS	TREATMENT OF CLOSED DISTAL TIBIAL FRACTURE (MEDIAL MALLEOLUS); WITHOUT MANIPULATION	Yes
23130	CPT/HCPCS	ACROMIOPLASTY OR ACROMIONECTOMY, PARTIAL	Yes
59030	CPT/HCPCS	*FETAL SCALP BLOOD SAMPLING	Yes
41500	CPT/HCPCS	FIXATION OF TONGUE, MECHANICAL, OTHER THAN SUTURE (EG, K-WIRE)	Yes
25900	CPT/HCPCS	AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA;	Yes
33965	CPT/HCPCS	EXTRACORPOREAL MEMBRANE OXYGENATION; REMOVAL OF PERIPHERAL CANNULA(E), PERCUTANEOUS, BIRTH THROUGH 5 YEARS OF AGE	Yes
54500	CPT/HCPCS	BIOPSY OF TESTIS, NEEDLE (SEPARATE PROCEDURE)	Yes
68420	CPT/HCPCS	INCISION, DRAINAGE OF LACRIMAL SAC (DACRYOCYSTOTOMY OR DACRYOCYSTOSTOMY)	Yes
45900	CPT/HCPCS	*REDUCTION OF PROCIDENTIA (SEPARATE PROCEDURE) UNDER ANESTHESIA	Yes
31614	CPT/HCPCS	TRACHEOSTOMA REVISION; COMPLEX, WITH FLAP ROTATION	Yes
28810	CPT/HCPCS	AMPUTATION, METATARSAL, WITH TOE, SINGLE	Yes
24301	CPT/HCPCS	MUSCLE OR TENDON TRANSFER, ANY TYPE, UPPER ARM OR ELBOW, SINGLE (EXCLUDING 24320-24331)	Yes
24138	CPT/HCPCS	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), OLECRANON PROCESS	Yes

27768	CPT/HCPCS	CLOSED TRTMENT OF POSTERIOR MALLEOLUS FRACTURE; WITH MANIPULATION	Yes
20206	CPT/HCPCS	*BIOPSY, MUSCLE, PERCUTANEOUS NEEDLE	Yes
25415	CPT/HCPCS	REPAIR OF NONUNION OR MALUNION, RADIUS AND ULNA; WITHOUT GRAFT (EG, COMPRESSION TECHNIQUE)	Yes
35538	CPT/HCPCS	BYPASS GRAFT, WITH VEIN; AORTOBI-ILIAC	Yes
43305	CPT/HCPCS	ESOPHAGOPLASTY, (PLASTIC REPAIR OR RECONSTRUCTION) CERVICAL APPROACH; WITH REPAIR OF TRACHEOESOPHAGEAL FISTULA	Yes
27824	CPT/HCPCS	CLOSED TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR PORTION OF DISTAL TIBIA,W/VO ANESTHESIA;W/O MANIPULATION	Yes
54670	CPT/HCPCS	SUTURE OR REPAIR OF TESTICULAR INJURY	Yes
23073	CPT/HCPCS	EXCISION, TUMOR, SOFT TISSUE OF SHOULDER AREA, SUBFASCIAL (EG, INTRAMUSCULAR); 5 CM OR GREATER	Yes
61210	CPT/HCPCS	*BURR HOLE(S); FOR IMPLANTING VENTRICULAR CATHETER, RESERVOIR, OR PRESSURE RECORDING DEVICE (SEPARATE PROCEDURE)	Yes
43632	CPT/HCPCS	GASTRECTOMY, PARTIAL, DISTAL; WITH GASTROJEJUNOSTOMY	Yes
13132	CPT/HCPCS	REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS AND/OR FEET; 2.6 CM TO 7.5 CM	Yes
43453	CPT/HCPCS	DILATION OF ESOPHAGUS, OVER GUIDE WIRE OR STRING	Yes
28305	CPT/HCPCS	OSTEOTOMY, MIDTARSAL BONES, OTHER THAN CALCANEUS OR TALUS; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT) (FOWLER TYPE)	Yes
22586	CPT/HCPCS	ARTHRODESIS, PRE-SACRAL INTERBODY TECHNIQUE, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, WITH POSTERIOR INSTRUMENTATION, WITH IMAGE GUIDANCE, INCLU+	Yes
36832	CPT/HCPCS	REVISION,OPEN, TERIOVENOUS FISTULA, WITH OR WITHOUT THROMB ECTOMY,AUTOGENOUS OR NON-AUTOGENOUS DIALYSIS GRAFT	Yes
27630	CPT/HCPCS	EXCISION OF LESION OF TENDON SHEATH OR CAPSULE (EG, CYST OR GANGLION), LEG AND/OR ANKLE	Yes
43855	CPT/HCPCS	REVISION OF GASTRODUODENAL ANASTOMOSIS (GASTRODUODENOSTOMY) WITH RECONSTRUCTION; WITH VAGOTOMY	Yes
19271	CPT/HCPCS	EXCISION OF CHEST WALL TUMOR INVOLVING RIBS, WITH PLASTIC RECONSTRUCTION; WITHOUT MEDIASTINAL LYMPHADENECTOMY	Yes
26700	CPT/HCPCS	TREATMENT OF CLOSED METACARPOPHALANGEAL DISLOCATION, SINGLE, WITH MANIPULATION; WITHOUT ANESTHESIA	Yes
21150	CPT/HCPCS	RECONSTRUCTION MIDFACE, LEFORT II; ANTERIOR INTRUSION (EG, TREACHER-COLLINS SYNDROME)	Yes
55845	CPT/HCPCS	PROSTATECTOMY, RETROPUBIC RADICAL; WITH BILATERAL PELVIC LYMPHADENECTOMY, INCLUDING EXTERNAL ILIAC, HYPOGASTRIC AND	Yes
40761	CPT/HCPCS	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; WITH CROSS LIP PEDICLE FLAP (ABBE-ESTLANDER TYPE), INCLUDING SECTIONIN	Yes
19030	CPT/HCPCS	INJECTION PROCEDURE ONLY FOR MAMMARY DUCTOGRAM OR GALACTOGRAM	Yes
49561	CPT/HCPCS	REPAIR INITIAL INCISIONAL HERNIA; INCARCERATED OR STRANGULATED	Yes
33608	CPT/HCPCS	REPAIR OF COMPLEX CARDIAC ANOMALY OTHER THAN PULMONARY ATRESIA W/VENTRICULAR SEPTAL DEFECT BY CONSTRUCTION OR REPLACEMEN	Yes
11622	CPT/HCPCS	EXCISION, MALIGNANT LESION INCL MARGINS, SCALP, NECK, HANDS,FEET, GENITALIA; EXCISED DIAMETER 1.1 TO 2.0CM	Yes
24340	CPT/HCPCS	TENODESIS FOR RUPTURE OF BICEPS TENDON AT ELBOW	Yes
54060	CPT/HCPCS	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; SU	Yes
0290T	CPT/HCPCS	CORNEAL INCISIONS IN THE RECIPIENT CORNEA CREATED USING A LASER, IN PREPARATION FOR PENETRATING OR LAMELLAR KERATOPLAS	Yes
49040	CPT/HCPCS	DRAINAGE OF SUBDIAPHRAGMATIC OR SUBPHRENIC ABSCESS	Yes
40806	CPT/HCPCS	INCISION OF LABIAL FRENUM (FRENOTOMY)	Yes
28238	CPT/HCPCS	ADVANCEMENT OF POSTERIOR TIBIAL TENDON WITH EXCISION OF ACCESSORY NAVICULAR BONE (KIDNER TYPE PROCEDURE)	Yes
29819	CPT/HCPCS	ARTHROSCOPY, SHOULDER, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY	Yes

33335	CPT/HCPCS	INSERTION OF GRAFT, AORTA OR GREAT VESSELS; WITH CARDIOPULMONARY BYPASS	Yes
67115	CPT/HCPCS	RELEASE OF ENCIRCLING MATERIAL (POSTERIOR SEGMENT)	Yes
33981	CPT/HCPCS	REPLACEMENT OF EXTRACORPOREAL VENTRICULAR ASSIST DEVICE, SINGLE OR BIVENTRICULAR, PUMP(S), SINGLE OR EACH PUMP	Yes
64634	CPT/HCPCS	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); CERVICAL	Yes
67900	CPT/HCPCS	REPAIR OF BROW PTOSIS (SUPRACILIARY, MID-FOREHEAD OR CORONAL APPROACH)	Yes
26565	CPT/HCPCS	OSTEOTOMY FOR CORRECTION OF DEFORMITY; METACARPAL	Yes
27030	CPT/HCPCS	ARTHROTOMY, HIP, FOR INFECTION, WITH DRAINAGE	Yes
36819	CPT/HCPCS	ARTERIOVENOUS ANASTOMOSIS, OPEN; BY BASILIC VEIN TRANSPOSITION	Yes
33254	CPT/HCPCS	OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, LIMITED (EG, MODIFIED MAZE PROCEDURE)	Yes
21138	CPT/HCPCS	REDUCTION FOREHEAD; CONTOURING AND APPLICATION OF PROSTHETIC MATERIAL OR BONE GRAFT (INCLUDES OBTAINING AUTOGRAFT)	Yes
42665	CPT/HCPCS	LIGATION SALIVARY DUCT, INTRAORAL	Yes
0458T	CPT/HCPCS	REMOVAL OF PERMANENTLY IMPLANTABLE AORTIC COUNTERPULSATION VENTRICULAR ASSIST SYSTEM; SUBCUTANEOUS ELECTRODE	Yes
36583	CPT/HCPCS	REPLACEMENT, COMPLETE, OF A TUNNELED CENTRALLY INSERTED CENTVENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PUMP, THROUGH SAME V	Yes
68135	CPT/HCPCS	*DESTRUCTION OF LESION, CONJUNCTIVA	Yes
27216	CPT/HCPCS	PERCUTANEOUS SKELETAL FIXATION OF POSTERIOR PELVIC RING FRACTURE AND/OR DISLOCATION	Yes
46760	CPT/HCPCS	SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE, ADULT; MUSCLE TRANSPLANT	Yes
46924	CPT/HCPCS	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), EXTENSIVE,	Yes
61583	CPT/HCPCS	CRANIOFACIAL APPROACH TO ANTERIOR CRANIAL FOSSA; INTRADURAL, INCLUDING UNILATERAL OR BIFRONTAL CRANIOTOMY, ELEVATION OR R	Yes
26445	CPT/HCPCS	TENOLYSIS, EXTENSOR TENDON, DORSUM OF HAND OR FINGER; EACH TENDON	Yes
43881	CPT/HCPCS	IMPLANTATION OR REPLACEMENT OF GASTRIC NEUROSTIMULATOR ELECTRODES, ANTRUM, OPEN	Yes
40899	CPT/HCPCS	UNLISTED PROCEDURE, VESTIBULE OF MOUTH	Yes
58410	CPT/HCPCS	UTERINE SUSPENSION, WITH OR WITHOUT SHORTENING OF ROUND LIGAMENTS, WITH OR WITHOUT SHORTENING OF SACROUTERINE LIGAMEN	Yes
39561	CPT/HCPCS	RESECTION, DIAPHRAGM; WITH COMPLEX REPAIR	Yes
15756	CPT/HCPCS	FREE MUSCLE OR MYOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS	Yes
38790	CPT/HCPCS	INJECTION PROCEDURE FOR LYMPHANGIOGRAPHY	Yes
27078	CPT/HCPCS	RADICAL RESECTION OF TUMOR; ISCHIAL TUBEROSITY AND GREATER TROCHANTER OF FEMUR	Yes
35266	CPT/HCPCS	REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; UPPER EXTREMITY	Yes
52285	CPT/HCPCS	CYSTOURETHROSCOPY FOR TREATMENT OF THE FEMALE URETHRAL SYNDROME WITH ANY OR ALL OF THE FOLLOWING: URETHRAL MEATOTOMY,	Yes
65420	CPT/HCPCS	EXCISION OR TRANSPOSITION OF PTERYGIUM; WITHOUT GRAFT	Yes
58275	CPT/HCPCS	VAGINAL HYSTERECTOMY, WITH TOTAL OR PARTIAL COLPECTOMY;	Yes
26034	CPT/HCPCS	INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), HAND OR FINGER	Yes
64893	CPT/HCPCS	NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, ARM OR LEG; MORE THAN 4 CM LENGTH	Yes
24530	CPT/HCPCS	TREATMENT OF CLOSED HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE, WITHOUT MANIPULATION;	Yes
26545	CPT/HCPCS	RECONSTRUCTION, COLLATERAL LIGAMENT, INTERPHALANGEAL JOINT, SINGLE, INCLUDING GRAFT, EACH JOINT	Yes
64820	CPT/HCPCS	SYMPATHECTOMY, DIGITAL ARTERIES, WITH MAGNIFICATION, EACH DIGIT	Yes

36227	CPT/HCPCS	SELECTIVE CATHETER PLACEMENT, EXTERNAL CAROTID ARTERY, UNILATERAL, WITH ANGIOGRAPHY OF THE IPSILATERAL EXTERNAL CAROTID	Yes
21310	CPT/HCPCS	TREATMENT OF CLOSED OR OPEN NASAL FRACTURE WITHOUT MANIPULATION	Yes
27070	CPT/HCPCS	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION) (EG, FOR OSTEOMYELITIS); SUPERFICIAL (EG, WING OF ILIUM, SYMPHYSIS	Yes
32672	CPT/HCPCS	THORACOSCOPY, SURGICAL; WITH RESECTION-PLICATION FOR EMPHYSEMATOUSLUNG(BULLOUS OR NON-BULLOUS)FOR LUNG VOLUME REDUCTION	Yes
67108	CPT/HCPCS	REPAIR OF RETINAL DETACHMENT, ONE OR MORE SESSIONS; WITH VITRECTOMY, ANY METHOD, WITH OR WITHOUT AIR OR GAS TAMPONA	Yes
31527	CPT/HCPCS	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; WITH INSERTION OF OBTURATOR	Yes
61322	CPT/HCPCS	CRANIECTOMY OR CRANIOTOMY, DECOMPRESSIVE, WITH OR WITHOUT DURAPLASTY, FOR TREATMENT OF INTRACRANIAL HYPERTENSION, WITH	Yes
50432	CPT/HCPCS	PLACEMENT OF NEPHROSTOMY CATHETER, PERCUTANEOUS, INCLUDING DIAGNOSTIC NEPHROSTOGRAM AND/OR URETEROGRAM WHEN PERFORMED,	Yes
11604	CPT/HCPCS	EXCISION, MALIGNANT LESION INCL MARGINS, TRUNK, ARMS, OR LEGS; EXCISED DIAMETER 3.1 TO 4.0CM	Yes
42550	CPT/HCPCS	INJECTION PROCEDURE FOR SIALOGRAPHY	Yes
24575	CPT/HCPCS	OPEN TREATMENT OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERAL, INCLUDES INTERNAL FIXATION, WHEN PERFORMED	Yes
31638	CPT/HCPCS	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPI GUIDANCE; WITH REVISION OF TRACHEAL OR BRONCHIAL STENT INSE	Yes
27560	CPT/HCPCS	TREATMENT OF CLOSED PATELLAR DISLOCATION; WITHOUT ANESTHESIA	Yes
27884	CPT/HCPCS	AMPUTATION LEG, THROUGH TIBIA AND FIBULA; SECONDARY CLOSURE OR SCAR REVISION	Yes
51725	CPT/HCPCS	SIMPLE CYSTOMETROGRAM (CMG) (EG, SPINAL MANOMETER)	Yes
21016	CPT/HCPCS	RADICAL RESECTION OF TUMOR (EG, SARCOMA), SOFT TISSUE OF FACE OR SCALP; 2 CM OR GREATER	Yes
33684	CPT/HCPCS	CLOSURE OF VENTRICULAR SEPTAL DEFECT, WITH OR WITHOUT PATCH WITH PULMONARY VALVOTOMY OR INFUNDIBULAR RESECTION (ACYAN	Yes
54440	CPT/HCPCS	PLASTIC OPERATION OF PENIS FOR INJURY	Yes
28262	CPT/HCPCS	CAPSULOTOMY, MIDFOOT; EXTENSIVE, INCLUDING POSTERIOR TALOTIBIAL CAPSULOTOMY AND TENDON(S) LENGTHENING AS FOR RESISTANT	Yes
28113	CPT/HCPCS	OSTECTOMY, COMPLETE EXCISION; FIFTH METATARSAL HEAD	Yes
45335	CPT/HCPCS	SIGMOIDSOCOPY, FLEXIBLE:, WITH DIRECTED SUBMUCOSA INJECTION ANY SUBSTANCE	Yes
26460	CPT/HCPCS	TENOTOMY, EXTENSOR, HAND OR FINGER, SINGLE, OPEN, EACH	Yes
28086	CPT/HCPCS	SYNOVECTOMY, TENDON SHEATH, FOOT; FLEXOR	Yes
67950	CPT/HCPCS	CANTHOPLASTY (RECONSTRUCTION OF CANTHUS)	Yes
10081	CPT/HCPCS	INCISION AND DRAINAGE OF PILONIDAL CYST; COMPLICATED	Yes
51726	CPT/HCPCS	COMPLEX CYSTOMETROGRAM (IE, CALIBRATED ELECTRONIC EQUIPMENT)	Yes
50660	CPT/HCPCS	URETERECTOMY, TOTAL, ECTOPIC URETER, COMBINATION ABDOMINAL, VAGINAL AND/OR PERINEAL APPROACH	Yes
63088	CPT/HCPCS	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, COMBINED THORACOLUMBAR APPROACH WITH DECOM	Yes
23075	CPT/HCPCS	EXCISION, TUMOR, SOFT TISSUE OF SHOULDER AREA, SUBCUTANEOUS; LESS THAN 3 CM	Yes
20985	CPT/HCPCS	COMPUTER-ASSISTED SURGICAL NAVIGATIONAL PROCEDURE FOR MUSCULOSKELETAL PROCEDURES, IMAGE-LESS	Yes
53440	CPT/HCPCS	SLING OPERATION FOR CORRECTION OF MALE URINARY INCONTINENCE (EG, FASCIA OR SYNTHETIC)	Yes
33010	CPT/HCPCS	*PERICARDIOCENTESIS; INITIAL	Yes
43640	CPT/HCPCS	VAGOTOMY INCLUDING PYLOROPLASTY, WITH OR WITHOUT GASTROSTOMY; TRUNCAL OR SELECTIVE	Yes
33518	CPT/HCPCS	TWO VENOUS GRAFTS (LIST SEPARATELY IN ADDITION TO CODE FOR ARTERIAL GRAFT)	Yes

27601	CPT/HCPCS	DECOMPRESSION FASCIOTOMY, LEG; POSTERIOR COMPARTMENT ONLY	Yes
15823	CPT/HCPCS	BLEPHAROPLASTY, UPPER EYELID; WITH EXCESSIVE SKIN WEIGHTING DOWN LID	Yes
37225	CPT/HCPCS	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, FEMORAL, POPLITEAL ARTERY(S), UNILATERAL; WITH ATHERECTOMY, INCLU	Yes
31512	CPT/HCPCS	LARYNGOSCOPY, INDIRECT (SEPARATE PROCEDURE); WITH REMOVAL OF LESION	Yes
26450	CPT/HCPCS	TENOTOMY, FLEXOR, SINGLE, PALM, OPEN, EACH	Yes
20005	CPT/HCPCS	INCISION AND DRAINAGE OF SOFT TISSUE ABSCESS, SUBFASCIAL (IE, INVOLVES THE SOFT TISSUE BELOW THE DEEP FASCIA)	Yes
26130	CPT/HCPCS	SYNOVECTOMY, CARPOMETACARPAL JOINT	Yes
31649	CPT/HCPCS	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCL FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH REMOVAL OF BRONCHIAL VALVE, EACH ADD LOBE	Yes
27395	CPT/HCPCS	LENGTHENING OF HAMSTRING TENDON; MULTIPLE, BILATERAL	Yes
61550	CPT/HCPCS	CRANIECTOMY FOR CRANIOSYNOSTOSIS; SINGLE CRANIAL SUTURE	Yes
41825	CPT/HCPCS	EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR STRUCTURES; WITHOUT REPAIR	Yes
43634	CPT/HCPCS	GASTRECTOMY, PARTIAL, DISTAL; WITH FORMATION OF INTESTINAL POUCH, ANY TYPE	Yes
47381	CPT/HCPCS	ABLATION, OPEN, OF ONE OR MORE LIVER TUMOR(S); CRYOSURGICAL	Yes
51999	CPT/HCPCS	UNLISTED LAPAROSCOPY PROCEDURE, BLADDER	Yes
51040	CPT/HCPCS	CYSTOSTOMY, CYSTOTOMY WITH DRAINAGE	Yes
36620	CPT/HCPCS	ARTERIAL CATHETERIZATION OR CANNULATION FOR SAMPLING, MONITORING OR TRANSFUSION (SEPARATE PROCEDURE); PERCUTAN	Yes
25405	CPT/HCPCS	REPAIR OF NONUNION OR MALUNION, RADIUS OR ULNA; WITH ILIAC OR OTHER AUTOGRAFT (INCLUDES OBTAINING GRAFT)	Yes
30802	CPT/HCPCS	CAUTERY AND/OR ABLATION, MUCOSA OF INFERIOR TURBINATES, UNILATERAL OR BILATERAL, ANY METHOD; INTRAMURAL	Yes
22325	CPT/HCPCS	OPEN TREATMENT OF VERTEBRAL FRACTURE AND/OR DISLOCATION; LUMBAR, EACH	Yes
33468	CPT/HCPCS	TRICUSPID VALVE REPOSITIONING AND PLICATION FOR EBSTEIN ANOMALY	Yes
33732	CPT/HCPCS	REPAIR OF COR TRIATRIATUM OR SUPRAVALVULAR MITRAL RING BY RESECTION OF LEFT ATRIAL MEMBRANE	Yes
20926	CPT/HCPCS	TISSUE GRAFTS, OTHER (EG, PARATENON, FAT, DERMIS)	Yes
49419	CPT/HCPCS	INSERTION OF TUNNELED INTRAPERITONEAL CATHETER, WITH SUBCUTANEOUS PORT (IE, TOTALLY IMPLANTABLE)	Yes
42700	CPT/HCPCS	*INCISION AND DRAINAGE ABSCESS; PERITONSILLAR	Yes
28264	CPT/HCPCS	CAPSULOTOMY, MIDTARSAL (HEYMAN TYPE PROCEDURE)	Yes
11601	CPT/HCPCS	EXCISION, MALIGNANT LESION INCL MARGINS, TRUNK, ARMS, OR LEGS; EXCISED DIAMETER 0.6 TO 1.0CM	Yes
58700	CPT/HCPCS	SALPINGECTOMY, COMPLETE OR PARTIAL, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)	Yes
44015	CPT/HCPCS	NEEDLE CATHETER JEJUNOSTOMY FOR ENTERAL HYPERALIMENTATION (LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)	Yes
35236	CPT/HCPCS	REPAIR BLOOD VESSEL WITH VEIN GRAFT; UPPER EXTREMITY	Yes
21510	CPT/HCPCS	INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), THORAX	Yes
43284	CPT/HCPCS	LAPAROSCOPY, SURGICAL, ESOPHAGEAL SPHINCTER AUGMENTATION PROCEDURE, PLACEMENT OF SPHINCTER AUGMENTATION DEVICE (I.E.,	Yes
26675	CPT/HCPCS	TREATMENT OF CLOSED CARPOMETACARPAL DISLOCATION, OTHER THAN BENNETT FRACTURE, SINGLE, WITH MANIPULATION; REQUIRING ANEST	Yes
69950	CPT/HCPCS	VESTIBULAR NERVE SECTION, TRANSCRANIAL APPROACH	Yes
27035	CPT/HCPCS	HIP JOINT DENERVATION, INTRAPELVIC OR EXTRAPELVIC INTRA-ARTICULAR BRANCHES OF SCIATIC, FEMORAL OR OBTURATOR NERVES	Yes
31625	CPT/HCPCS	BRONCHOSCOPY; WITH BRONCHIAL OR ENDOBRONCHIAL BIOPSY(S), SINGLE OR MULTIPLE SITES	Yes
67975	CPT/HCPCS	RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL FLAP FROM OPPOSING EYELID; SECOND STAGE	Yes

46946	CPT/HCPCS	HEMORRHOIDECTOMY, INTERNAL, BY LIGATION OTHER THAN RUBBER BAND; 2 OR MORE HEMORRHOID COLUMNS/GROUPS	Yes
28490	CPT/HCPCS	TREATMENT OF CLOSED FRACTURE GREAT TOE, PHALANX OR PHALANGES; WITHOUT MANIPULATION	Yes
21423	CPT/HCPCS	OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE;COMPLICATED MULTIPLE APPROACHES	Yes
54326	CPT/HCPCS	ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISION); WITH URETHROPLASTY BY LOCAL	Yes
22843	CPT/HCPCS	POSTERIOR SEGMENTAL INSTRUMENTATION; 7 TO 12 VERTEBRAL SEGMENTS	Yes
68850	CPT/HCPCS	*INJECTION OF CONTRAST MEDIUM FOR DACRYOCYSTOGRAPHY	Yes
55520	CPT/HCPCS	EXCISION OF LESION OF SPERMATIC CORD (SEPARATE PROCEDURE)	Yes
33223	CPT/HCPCS	RELOCATION OF SKIN POCKET FOR IMPLANTABLE DEFIBRILLATOR	Yes
54111	CPT/HCPCS	EXCISION OF PENILE PLAQUE (PEYRONIE DISEASE); WITH GRAFT TO 5 CM IN LENGTH	Yes
15933	CPT/HCPCS	EXCISION, SACRAL PRESSURE ULCER, WITH PRIMARY SUTURE; WITH OSTECTOMY	Yes
45160	CPT/HCPCS	EXCISION OF RECTAL TUMOR BY PROCTOTOMY, TRANSACRAL OR TRANSCOCYGEAL APPROACH	Yes
36510	CPT/HCPCS	*CATHETERIZATION OF UMBILICAL VEIN FOR DIAGNOSIS OR THERAPY, NEWBORN	Yes
26055	CPT/HCPCS	TENDON SHEATH INCISION FOR TRIGGER FINGER	Yes
57200	CPT/HCPCS	COLPORRHAPHY, SUTURE OF INJURY OF VAGINA (NONOBSTETRICAL)	Yes
33363	CPT/HCPCS	TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR/TAVI) WITH PROSTHETIC VALVE; OPEN AXILLARY ARTERY APPROACH	Yes
61781	CPT/HCPCS	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL, INTRADURAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Yes
64744	CPT/HCPCS	TRANSECTION OR AVULSION OF; GREATER OCCIPITAL NERVE	Yes
33321	CPT/HCPCS	SUTURE REPAIR OF AORTA OR GREAT VESSELS; WITH SHUNT BYPASS	Yes
33702	CPT/HCPCS	REPAIR SINUS OF VALSALVA FISTULA, WITH CARDIOPULMONARY BYPASS;	Yes
62327	CPT/HCPCS	INJECTION(S), INCLUDING INDWELLING CATHETER PLACEMENT, LUMBAR OR SACRAL (CAUDAL); WITH IMAGING GUIDANCE (IE, FLUOROSCOPY	Yes
30430	CPT/HCPCS	RHINOPLASTY, SECONDARY; MINOR REVISION (SMALL AMOUNT OF NASAL TIP WORK)	Yes
C9740	CPT/HCPCS	CYSTOURETHROSCOPY, WITH INSERTION OF TRANSPROSTATIC IMPLANT;4 OR MORE IMPLANTS	Yes
28297	CPT/HCPCS	CORRECTION, HALLUX VALGUS WITH BUNIONECTOMY, WITH SESAMOIDECTOMY WHEN PERFORMED; WITH FIRST METATARSAL AND MEDIAL CUNEIFORM JOINT ARTHRODESIS, ANY ME+	Yes
57520	CPT/HCPCS	CONIZATION OF CERVIX, WITH OR WITHOUT FULGURATION, WITH OR WITHOUT DILATION AND CURETTAGE, WITH OR WITHOUT REPAIR (ANY	Yes
27892	CPT/HCPCS	DECOMPRESSION FASCIOTOMY, LEG;ANTERIOR AND/OR LATERAL COMPARTMENTS ONLY,DEBRIDEMENT OF NONVIABLE MUSCLE A/O NERVE	Yes
41008	CPT/HCPCS	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR OF MOUTH; SUBMANDIBULAR SPACE	Yes
51736	CPT/HCPCS	SIMPLE UROFLOWMETRY (UFR) (EG, STOP-WATCH FLOW RATE, MECHANICAL UROFLOWMETER)	Yes
22327	CPT/HCPCS	OPEN TREATMENT OF VERTEBRAL FRACTURE AND/OR DISLOCATION; THORACIC, EACH	Yes
22610	CPT/HCPCS	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE INTERSPACE; THORACIC (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Yes
21080	CPT/HCPCS	IMPRESSION AND CUSTOM PREPARATION; DEFINITIVE OBTURATOR PROSTHESIS	Yes
0450T	CPT/HCPCS	INSERTION OF AQUEOUS DRAINAGE DEVICE, WITHOUT EXTRAOCULAR RESERVOIR, INTERNAL APPROACH, EACH ADDITIONAL DEVICE	Yes
28092	CPT/HCPCS	EXCISION OF LESION OF TENDON OR FIBROUS SHEATH OR CAPSULE (INCLUDING SYNOVECTOMY) (CYST OR GANGLION); TOES	Yes
25230	CPT/HCPCS	RADIAL STYLOIDECTOMY (SEPARATE PROCEDURE)	Yes
25431	CPT/HCPCS	REPAIR OF NONUNION OF CARPAL BONE, EACH BONE	Yes
42140	CPT/HCPCS	UVULECTOMY, EXCISION OF UVULA	Yes

68705	CPT/HCPCS	CORRECTION OF EVERTED PUNCTUM, CAUTERY	Yes
35565	CPT/HCPCS	BYPASS GRAFT, WITH VEIN; ILIOFEMORAL	Yes
21145	CPT/HCPCS	RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, ANY DIRECTION, REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS)	Yes
54110	CPT/HCPCS	EXCISION OF PENILE PLAQUE (PEYRONIE DISEASE);	Yes
0202T	CPT/HCPCS	POST VERTEBRAL JOINT(S) ARTHROPLSTY INCL FACETECTOMY, LAMINECTOMY, FORAMINOTOMY & VERTBRL COLUMN FIXATION, W/OR W/O INJE	Yes
43328	CPT/HCPCS	ESOPHAGOGASTRIC FUNDOPLASTY PARTIAL OR COMPLETE; THORACOTOMY	Yes
21193	CPT/HCPCS	RECONSTRUCTION OF MANDIBULAR RAMI, HORIZONTAL, VERTICAL, "C", OR "L" OSTEOTOMY; WITHOUT BONE GRAFT	Yes
50290	CPT/HCPCS	EXCISION OF PERINEPHRIC CYST	Yes
12005	CPT/HCPCS	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES (INCLU	Yes
32651	CPT/HCPCS	THORACOSCOPY, SURGICAL; WITH PARTIAL PULMONARY DECORTICATION	Yes
27170	CPT/HCPCS	BONE GRAFT FOR NONUNION, FEMORAL HEAD, NECK, INTERTROCHANTERIC OR SUBTROCHANTERIC AREA (INCLUDES OBTAINING B	Yes
10121	CPT/HCPCS	INCISION AND REMOVAL OF FOREIGN BODY, SUBCUTANEOUS TISSUES; COMPLICATED	Yes
33802	CPT/HCPCS	DIVISION OF ABERRANT VESSEL (VASCULAR RING);	Yes
49550	CPT/HCPCS	REPAIR FEMORAL HERNIA, GROIN INCISION	Yes
45121	CPT/HCPCS	PROCTECTOMY, COMPLETE; WITH SUBTOTAL OR TOTAL COLECTOMY, WITH MULTIPLE BIOPSIES (EG, FOR COLONIC AGANGLIONOSIS)	Yes
25525	CPT/HCPCS	OPEN TREATMENT OF RADIAL SHAFT FRACTURE,WITH INTERNAL AND/OREXTERNAL FIXATION AND CLOSED TREATMENT OF DISLOCATION OF	Yes
12013	CPT/HCPCS	*SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 2.6 CM TO 5.0 CM	Yes
31629	CPT/HCPCS	BRONCHOSCOPY; with transbronchial needle aspiration biopsy(s), trachea, main stem and/or lobar bronchus(l)	Yes
56700	CPT/HCPCS	PARTIAL HYMENECTOMY OR REVISION OF HYMENAL RING	Yes
54840	CPT/HCPCS	EXCISION OF SPERMATOCELE, WITH OR WITHOUT EPIDIDYMECTOMY	Yes
45340	CPT/HCPCS	SIGMOIDOSCOPY, FLEXIBLE; WITH TRANSENDOSCOPIC BALLOON, DILATION	Yes
65450	CPT/HCPCS	DESTRUCTION OF LESION OF CORNEA BY CRYOTHERAPY, PHOTOCOAGULATION OR THERMOCAUTERIZATION	Yes
37249	CPT/HCPCS	TRANSLUMINAL BALLOON ANGIOPLASTY OPEN OR PERCUTANEOUS,EACH ADDITIONAL VEIN,INCLUDING ALL IMAGING ANGIOPLASTY WITHIN THE	Yes
61608	CPT/HCPCS	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF PARASELLAR ATEA, CAVERNOUS SINUS, CLIVUS OR MIDLIN	Yes
43335	CPT/HCPCS	REPAIR, PARAESOPHAGEAL HIATAL HERNIA (INCLUDING FUNDOPLICATION), VIA THORACOTOMY, EXCEPT NEONATAL; WITH IMPLANTATION OF MESH OR OTHER PROSTHESIS	Yes
34151	CPT/HCPCS	EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; RENAL, CELIAC, MESENTERY, AORTOILIAC ARTERY, BY ABDOMINAL	Yes
58679	CPT/HCPCS	UNLISTED LAPAROSCOPY PROCEDURE, OVIDUCT, OVARY	Yes
52354	CPT/HCPCS	CYSTOURETHROSCOPY, W/URETEROSCOPY AND/OR PYELOSCOPY; WITH BIOPSY AND/OR FULGURATION OF URETAL OR RENAL PELVIC LESION	Yes
27704	CPT/HCPCS	REMOVAL OF ANKLE IMPLANT	Yes
67882	CPT/HCPCS	CONSTRUCTION OF INTERMARGINAL ADHESIONS, MEDIAN TARSORRHAPHY, OR CANTHORRHAPHY; WITH TRANSPOSITION OF TARSA	Yes
27435	CPT/HCPCS	CAPSULOTOMY, KNEE, POSTERIOR CAPSULAR RELEASE	Yes
42440	CPT/HCPCS	EXCISION OF SUBMANDIBULAR (SUBMAXILLARY) GLAND	Yes
50740	CPT/HCPCS	URETEROPYELOSTOMY, ANASTOMOSIS OF URETER AND RENAL PELVIS	Yes
27335	CPT/HCPCS	ARTHROTOMY, KNEE, FOR SYNOVECTOMY; ANTERIOR AND POSTERIOR INCLUDING POPLITEAL AREA	Yes
50728	CPT/HCPCS	WITH REPAIR OF FASCIAL DEFECT AND HERNIA	Yes
38100	CPT/HCPCS	SPLENECTOMY (SEPARATE PROCEDURE); TOTAL	Yes
17273	CPT/HCPCS	DESTRUCTION, MALIGNANT LESION, ANY METHOD, SCALP, NECK, HANDFEET, GENITALIA; LESION DIAMETER 2.1 TO 3.0 CM	Yes

27685	CPT/HCPCS	LENGTHENING OR SHORTENING OF TENDON, LEG OR ANKLE; SINGLE (SEPARATE PROCEDURE)	Yes
27147	CPT/HCPCS	OSTEOTOMY, ILIAC, ACETABULAR OR INNOMINATE BONE; WITH OPEN REDUCTION OF HIP	Yes
41153	CPT/HCPCS	GLOSSECTOMY; COMPOSITE PROCEDURE WITH RESECTION FLOOR OF MOUTH, WITH SUPRAHYOID NECK DISSECTION	Yes
29821	CPT/HCPCS	ARTHROSCOPY, SHOULDER, SURGICAL; SYNOVECTOMY, COMPLETE	Yes
58110	CPT/HCPCS	ENDOMETRIAL SAMPLING (BIOPSY) PERFORMED IN CONJUNCTION WITH COLPOSCOPY	Yes
22510	CPT/HCPCS	PERCUTANEOUS VERTEBROPLASTY (BONE BIOPSY INCLUDED WHEN PERFORMED), 1 VERTEBRAL BODY, UNILATERAL OR BILATERAL INJECT	Yes
27634	CPT/HCPCS	EXCISION, TUMOR, SOFT TISSUE OF LEG OR ANKLE AREA, SUBFASCIAL (EG, INTRAMUSCULAR); 5 CM OR GREATER	Yes
34844	CPT/HCPCS	ENDOVASCULAR REPAIR OF VISCERAL AORTA (EG, ANEURYSM) WHEN PERFORMED;INCLUDING FOUR VISCERAL ARTERY ENDOPROSTHESIS	Yes
64834	CPT/HCPCS	SUTURE OF ONE NERVE, HAND OR FOOT; COMMON SENSORY NERVE	Yes
11446	CPT/HCPCS	EXCISION, BENIGN LESION INCL MARGINS, (UNLS LSTD ELSWR) FACEEARS, EYELIDS, NOSE, LIPS, MUCOUS MEMB, EX DIAM OVER 4.0CM	Yes
0420T	CPT/HCPCS	DESTRUCTION NEUROFIBROMATA, EXTENSIVE, (CUTANEOUS);TRUNK AND EXTREMITIES, EXTENSIVE, GREATER THAN 100 NEUROFIBROMATA	Yes
37230	CPT/HCPCS	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL, PERONEAL ARTERY, UNILATERAL, INITIAL VESSEL; WITH TRANSLU	Yes
59200	CPT/HCPCS	INSERTION OF CERVICAL DILATOR (EG, LAMINARIA, PROSTAGLANDIN) (SEPARATE PROCEDURE)	Yes
35501	CPT/HCPCS	BYPASS GRAFT, WITH VEIN, COMMON CAROTID-IPSILATERAL INTERNAL CAROTID	Yes
27087	CPT/HCPCS	REMOVAL OF FOREIGN BODY, PELVIS OR HIP; DEEP	Yes
11900	CPT/HCPCS	*INJECTION, INTRALESIONAL; UP TO AND INCLUDING SEVEN LESIONS	Yes
15736	CPT/HCPCS	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; UPPER EXTREMITY	Yes
62252	CPT/HCPCS	REPROGRAMMING OF PROGRAMMABLE CSF SHUNT	Yes
38542	CPT/HCPCS	DISSECTION, DEEP JUGULAR NODE(S)	Yes
69676	CPT/HCPCS	TYMPANIC NEURECTOMY	Yes
11426	CPT/HCPCS	EXCISION, BENIGN LESION INCL MARGINS, EXPT SKIN TAG (UNLS LSTD ELSWR) SCALP, NECK, HNDS, FEET, GENIT; EX DIAM OVER 4CM	Yes
31299	CPT/HCPCS	UNLISTED PROCEDURE, ACCESSORY SINUSES	Yes
36556	CPT/HCPCS	INSERTION OF NON-TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER; AGE 5 YEARS OR OLDER	Yes
25370	CPT/HCPCS	MULTIPLE OSTEOTOMIES, WITH REALIGNMENT ON INTRAMEDULLARY ROD (SOFIELD TYPE PROCEDURE); RADIUS OR ULNA	Yes
54415	CPT/HCPCS	REMOVAL OF NONINFLATABLE OR INFLATABLE PENILE PROSTHESIS, WITHOUT REPLACEMENT OF PROSTHESIS	Yes
21082	CPT/HCPCS	IMPRESSION AND CUSTOM PREPARATION; PALATAL AUGMENTATION PROSTHESIS	Yes
35875	CPT/HCPCS	THROMBECTOMY AND/OR REPAIR OF ARTERIAL OR VENOUS GRAFT	Yes
33415	CPT/HCPCS	RESECTION OR INCISION OF SUBVALVULAR TISSUE FOR DISCRETE SUBVALVULAR AORTIC STENOSIS	Yes
33236	CPT/HCPCS	REMOVAL OF PERMANENT EPICARDIAL PACEMAKER AND ELECTRODES BY THORACOTOMY; SINGLE LEAD, ATRIAL OR VENTRICULAR	Yes
58925	CPT/HCPCS	OVARIAN CYSTECTOMY, UNILATERAL OR BILATERAL	Yes
31375	CPT/HCPCS	PARTIAL LARYNGECTOMY (HEMILARYNGECTOMY); LATEROVERTICAL	Yes
61598	CPT/HCPCS	TRANSPETROSAL APPROACH TO POSTERIOR CRANIAL FOSSA, CLIVUS ORFORAMEN MAGNUM, INCLUDING LIGATION OF SUPERIOR PETROSAL SINU	Yes
15201	CPT/HCPCS	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, TRUNK; EACH ADDITIONAL 20 SQ CM OR PART THEREOF	Yes
24500	CPT/HCPCS	TREATMENT OF CLOSED HUMERAL SHAFT FRACTURE; WITHOUT MANIPULATION	Yes
67903	CPT/HCPCS	REPAIR OF BLEPHAROPTOSIS; (TARSO)LEVATOR RESECTION OR ADVANCEMENT, INTERNAL APPROACH	Yes
50949	CPT/HCPCS	UNLISTED LAPAROSCOPIC PROCEDURE, URETER	Yes
60281	CPT/HCPCS	EXCISION OF THYROGLOSSAL DUCT CYST OR SINUS; RECURRENT	Yes
33660	CPT/HCPCS	PATCH CLOSURE, ENDOCARDIAL CUSHION DEFECT, WITH OR WITHOUT REPAIR OF MITRAL AND/OR TRICUSPID CLEFT;	Yes

49327	CPT/HCPCS	LAPAROSCOPY, SURG; WITH PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE, INC IMAG GUIDANCE (LIST SEPARATELY W/ PRIMARY PROCEDURE)	Yes
43611	CPT/HCPCS	EXCISION, LOCAL; MALIGNANT TUMOR OF STOMACH	Yes
51845	CPT/HCPCS	ABDOMINO-VAGINAL VESICAL NECK SUSPENSION, WITH OR WITHOUT ENDOSCOPIC CONTROL (EG, STAMEY, RAZ, MODIFIED PEREYRA)	Yes
23665	CPT/HCPCS	TREATMENT OF CLOSED SHOULDER DISLOCATION, WITH FRACTURE OF GREATER TUBEROSITY, WITH MANIPULATION	Yes
61107	CPT/HCPCS	*TWIST DRILL HOLE FOR SUBDURAL OR VENTRICULAR PUNCTURE; FOR IMPLANTING VENTRICULAR CATHETER OR PRESSURE RECORDING	Yes
53500	CPT/HCPCS	URETHROLYSIS, TRANSVAGINAL, SECONDARY, OPEN, INCLUDING CYSTOURETHROSCOPY	Yes
33310	CPT/HCPCS	Cardiotomy, exploratory (includes removal of foreign body, atrial or ventricular thrombus); without bypass	Yes
14000	CPT/HCPCS	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, TRUNK; DEFECT 10 SQ CM OR LESS	Yes
27498	CPT/HCPCS	DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, MULTIPLE COMPARTMENTS;	Yes
27065	CPT/HCPCS	EXCISION OF BONE CYST OR BENIGN TUMOR, WING OF ILIUM, SYMPHYSIS PUBIS, OR GREATER TROCHANTER OF FEMUR; SUPERFICIAL, INCLUDES AUTOGRAFT, WHEN PERFORMED	Yes
26075	CPT/HCPCS	ARTHROTOMY, FOR INFECTION, WITH EXPLORATION, DRAINAGE OR REMOVAL OF FOREIGN BODY; METACARPOPHALANGEAL JOINT	Yes
65865	CPT/HCPCS	SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL TECHNIQUE (WITH OR WITHOUT INJECTION OF AIR OR LIQUID) (SEPAR	Yes
21270	CPT/HCPCS	MALAR AUGMENTATION, PROSTHETIC MATERIAL	Yes
65105	CPT/HCPCS	ENUCLEATION OF EYE; WITH IMPLANT, MUSCLES ATTACHED TO IMPLANT	Yes
26554	CPT/HCPCS	TOE TO HAND TRANSFER WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN GREAT TOE. DOUBLE	Yes
26535	CPT/HCPCS	ARTHROPLASTY INTERPHALANGEAL JOINT; SINGLE, EACH	Yes
30300	CPT/HCPCS	*REMOVAL FOREIGN BODY, INTRANASAL; OFFICE TYPE PROCEDURE	Yes
56820	CPT/HCPCS	COLPOSCOPY OF THE VULVA:	Yes
33231	CPT/HCPCS	INSERTION OF PACING CARDIOVERTER-DEFIBRILLATOR PULSE GENERATOR ONLY; WITH EXISTING MULTIPLE LEADS	Yes
69670	CPT/HCPCS	MASTOID OBLITERATION (SEPARATE PROCEDURE)	Yes
42405	CPT/HCPCS	BIOPSY OF SALIVARY GLAND; INCISIONAL	Yes
66770	CPT/HCPCS	DESTRUCTION OF CYST OR LESION IRIS OR CILIARY BODY (NONEXCISIONAL PROCEDURE)	Yes
43755	CPT/HCPCS	GASTRIC INTUBATION AND ASPIRATION, DIAGNOSTIC; COLLECTION OF MULTIPLE FRACTIONAL SPECIMENS WITH GASTRIC STIMULATION, SI	Yes
63020	CPT/HCPCS	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR E	Yes
41805	CPT/HCPCS	REMOVAL OF EMBEDDED FOREIGN BODY FROM DENTOALVEOLAR STRUCTURES; SOFT TISSUES	Yes
50630	CPT/HCPCS	URETEROLITHOTOMY; LOWER ONE-THIRD OF URETER	Yes
30115	CPT/HCPCS	EXCISION, NASAL POLYP(S), EXTENSIVE	Yes
24370	CPT/HCPCS	REVISION OF TOTAL ELBOW ARTHROPLASTY, INCLUDING ALLOGRAFT WHEN PERFORMED; HUMERAL OR ULNAR COMPONENT	Yes
29894	CPT/HCPCS	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY	Yes
34490	CPT/HCPCS	THROMBECTOMY, DIRECT OR WITH CATHETER; AXILLARY AND SUBCLAVIAN VEIN, BY ARM INCISION	Yes
29860	CPT/HCPCS	ARTHROSCOPY, HIP, DIAGNOSTIC WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROCEDURE)	Yes
27090	CPT/HCPCS	REMOVAL OF HIP PROSTHESIS; (SEPARATE PROCEDURE)	Yes
58353	CPT/HCPCS	ENDOMETRIAL ABLATION, THERMAL, W/O HYSTEROSCOPIC GUIDANCE	Yes
50715	CPT/HCPCS	URETEROLYSIS, WITH OR WITHOUT REPOSITIONING OF URETER FOR RETROPERITONEAL FIBROSIS	Yes
12020	CPT/HCPCS	TREATMENT OF SUPERFICIAL WOUND DEHISCENCE; SIMPLE CLOSURE	Yes
61313	CPT/HCPCS	CRANIECTOMY OR CRANIOTOMY FOR EVACUATION OF HEMATOMA, SUPRATENTORIAL; INTRACEREBRAL	Yes
43621	CPT/HCPCS	GASTRECTOMY, TOTAL; WITH ROUX-EN-Y RECONSTRUCTION	Yes
69806	CPT/HCPCS	ENDOLYMPHATIC SAC OPERATION; WITH SHUNT	Yes

33602	CPT/HCPCS	CLOSURE OF SEMILUNAR VALVE (AORTIC OR PULMONARY) BY SUTURE OR PATCH	Yes
64891	CPT/HCPCS	NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, HAND OR FOOT; MORE THAN 4 CM LENGTH	Yes
40843	CPT/HCPCS	VESTIBULOPLASTY; POSTERIOR, BILATERAL	Yes
27416	CPT/HCPCS	OSTEOCHONDRAL AUTOGRAFT(S), KNEE, OPEN(EG,MOSAICPLASTY)(INCLUDES HARVESTING OF AUTOGRAFT(S)	Yes
31631	CPT/HCPCS	BRONCHOSCOPY; WITH TRACHEAL DILATION AND PLACEMENT OF TRACHEAL STENT	Yes
61215	CPT/HCPCS	INSERTION OF SUBCUTANEOUS RESERVOIR, PUMP OR CONTINUOUS INFUSION SYSTEM FOR CONNECTION TO VENTRICULAR CATHETER	Yes
31578	CPT/HCPCS	LARYNGOSCOPY, FLEXIBLE; WITH REMOVAL OF LESION(S),NON-LASER	Yes
27372	CPT/HCPCS	REMOVAL OF FOREIGN BODY, DEEP, THIGH REGION OR KNEE AREA	Yes
69910	CPT/HCPCS	LABYRINTHECTOMY; WITH MASTOIDECTOMY	Yes
15958	CPT/HCPCS	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH MUSCLE OR MYOCUTANEOUS FLAP CLOSURE; WITH OSTECTOMY	Yes
54230	CPT/HCPCS	INJECTION PROCEDURE FOR CORPORA CAVERNOSOGRAPHY	Yes
41830	CPT/HCPCS	ALVEOLECTOMY, INCLUDING CURETTAGE OF OSTEITIS OR SEQUESTRECTOMY	Yes
26118	CPT/HCPCS	RADICAL RESECTION OF TUMOR (EG, SARCOMA), SOFT TISSUE OF HAND OR FINGER; 3 CM OR GREATER	Yes
55870	CPT/HCPCS	ELECTROEJACULATION	Yes
40510	CPT/HCPCS	EXCISION OF LIP; TRANSVERSE WEDGE EXCISION WITH PRIMARY CLOSURE	Yes
35002	CPT/HCPCS	DIRECT REPAIR OF ANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR WITHOUT PATCH GRAFT; FOR RUPTURED	Yes
57280	CPT/HCPCS	COLPOPEXY, ABDOMINAL APPROACH	Yes
62291	CPT/HCPCS	*INJECTION PROCEDURE FOR DISKOGRAPHY, EACH LEVEL;CERVICAL	Yes
21208	CPT/HCPCS	OSTEOPLASTY, FACIAL BONES; AUGMENTATION (AUTOGRAFT, ALLOGRAFT, OR PROSTHETIC IMPLANT)	Yes
49323	CPT/HCPCS	LAPAROSCOPY, SURGICAL, ABDOMEN, PERITONEUM, AND OMENTUM; WITH DRAINAGE OF LYMPHOCELE TO PERITONEAL CAVITY	Yes
21260	CPT/HCPCS	PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; EXTRACRANIAL APPROACH	Yes
69740	CPT/HCPCS	SUTURE FACIAL NERVE, INTRATEMPORAL, WITH OR WITHOUT GRAFT OR DECOMPRESSION; LATERAL TO GENICULATE GANGLION	Yes
50541	CPT/HCPCS	LAPAROSCOPY, SURGICAL; ABLATION OF RENAL CYSTS	Yes
42970	CPT/HCPCS	CONTROL OF NASOPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, POSTADENOIDECTOMY); SIMPLE, WITH POSTERIOR	Yes
23120	CPT/HCPCS	CLAVICULECTOMY; PARTIAL	Yes
0457T	CPT/HCPCS	REMOVAL OF PERMANENTLY IMPLANTABLE AORTIC COUNTERPULSATION VENTRICULAR ASSIST SYSTEM; MECHANO-ELECTRICAL SKIN INTERFACE	Yes
63087	CPT/HCPCS	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, COMBINED THORACOLUMBAR APPROACH WITH DECOM	Yes
44155	CPT/HCPCS	COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTECTOMY; WITH ILEOSTOMY	Yes
45100	CPT/HCPCS	BIOPSY OF ANORECTAL WALL, ANAL APPROACH (EG, CONGENITAL MEGACOLON)	Yes
56632	CPT/HCPCS	VULVECTOMY, RADICAL, PARTIAL; WITH BILATERAL INGUINOFEMORAL LYMPHADENECTOMY	Yes
30400	CPT/HCPCS	RHINOPLASTY, PRIMARY; LATERAL AND ALAR CARTILAGES AND/OR ELEVATION OF NASAL TIP	Yes
57112	CPT/HCPCS	VAGINECTOMY, COMPLETE REMOVAL OF VAGINAL WALL; WITH REMOVAL OF PARAVAGINAL TISSUE WITH BILAT TOT PELV LYMPH/ NODE SAMP	Yes
53431	CPT/HCPCS	URETHROPLASTY WITH TUBULARIZATION OF POSTERIOR URETHRA AND/OR LOWER BLADDER FOR INCONTINENCE	Yes
10080	CPT/HCPCS	*INCISION AND DRAINAGE OF PILONIDAL CYST; SIMPLE	Yes
44373	CPT/HCPCS	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM; FOR CONVERSION OF PERCUTANEOUS GASTROSTOMY	Yes
25265	CPT/HCPCS	REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR WRIST; SECONDARY, WITH FREE GRAFT (INCLUDES OBTAINING GRAFT), EACH TEN	Yes
25365	CPT/HCPCS	OSTEOTOMY; RADIUS AND ULNA	Yes

15040	CPT/HCPCS	HARVEST OF SKIN FOR TISSUE CULTURED SKIN AUTOGRAFT, 100 SQ CM OR LESS	Yes
27360	CPT/HCPCS	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), FEMUR, PROXIMAL T	Yes
43336	CPT/HCPCS	REPAIR, PARAESOPHAGEAL HIATAL HERNIA, (INCLUDING FUNDOPLICATION), VIA THORACOABDOMINAL INCISION, EXCEPT NEONATAL; WITHOUT IMPLANTATION OF MESH OR OTH+	Yes
14301	CPT/HCPCS	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, ANY AREA; DEFECT 30.1 SQ CM TO 60.0 SQ CM	Yes
31552	CPT/HCPCS	LARYNGOPLASTY; FOR LARYNGEAL STENOSIS, WITH GRAFT, WITHOUT INDWELLING STENT PLACEMENT, AGE 23 YEARS OR OLDER	Yes
24940	CPT/HCPCS	CINEPLASTY, UPPER EXTREMITY, COMPLETE PROCEDURE	Yes
27607	CPT/HCPCS	INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), LEG OR ANKLE	Yes
64636	CPT/HCPCS	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR	Yes
64874	CPT/HCPCS	SUTURE OF NERVE; REQUIRING EXTENSIVE MOBILIZATION, OR TRANSPOSITION OF NERVE (LIST SEPARATELY IN ADDITION TO CODE FOR N	Yes
57531	CPT/HCPCS	RADICAL TRACHELECTOMY, WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY AND PARA-AORTIC LYMPH NODE SAMPLING BIOPSY, W/WO REMOVL	Yes
15111	CPT/HCPCS	EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 SQ CM, OR 1% OF BODY AREA OF INFANTS AND CHILDREN	Yes
15852	CPT/HCPCS	DRESSING CHANGE (FOR OTHER THAN BURNS) UNDER ANESTHESIA (OTHER THAN LOCAL)	Yes
33735	CPT/HCPCS	ATRIAL SEPTECTOMY OR SEPTOSTOMY; CLOSED (BLALOCK-HANLON TYPE OPERATION)	Yes
17314	CPT/HCPCS	MOHS MICROGRAPHIC TECHNIQUE, TRUNK, ARMS, OR LEGS; EACH ADDITIONAL STAGE AFTER THE FIRST STAGE, UP TO 5 TISSUE BLOCKS	Yes
32662	CPT/HCPCS	THORACOSCOPY, SURGICAL; WITH EXCISION OF MEDIASTINAL CYST, TUMOR OR MASS	Yes
27198	CPT/HCPCS	CLOSED TREATMENT OF POSTERIOR PELVIC RING FRACTURE(S), DISLOCATION(S), UNILATERAL OR BILATERAL; WITH MANIPULATION, REQUI	Yes
57109	CPT/HCPCS	VAGINECTOMY, PARTIAL REMOVAL OF VAGINAL WALL; WITH REMOVAL OF PARAVAGINAL TISSUE WITH BILATERAL TOTAL PELVIC LYMPH ETC	Yes
23031	CPT/HCPCS	INCISION AND DRAINAGE, SHOULDER AREA; INFECTED BURSA	Yes
41530	CPT/HCPCS	SUBMUCOSAL ABLATION OF THE TONGUE BASE, RADIOFREQUENCY, ONE OR MORE SITE, PER SESSION	Yes
12004	CPT/HCPCS	*SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES (INCLU	Yes
62258	CPT/HCPCS	REMOVAL OF COMPLETE CSF SHUNT SYSTEM; WITH REPLACEMENT BY SIMILAR OR OTHER SHUNT AT SAME OPERATION	Yes
36555	CPT/HCPCS	INSERTION OF NON-TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER; UNDER 5 YEARS OF AGE	Yes
66711	CPT/HCPCS	CILIARY BODY DESTRUCTION; CYCLOPHOTOCOAGULATION, ENDOSCOPIC, WITHOUT CONCOMITANT REMOVAL OF CRYSTALLINE LENS	Yes
26135	CPT/HCPCS	SYNOVECTOMY, METACARPOPHALANGEAL JOINT INCLUDING INTRINSIC RELEASE AND EXTENSOR HOOD RECONSTRUCTION, EACH DIGIT	Yes
44312	CPT/HCPCS	REVISION OF ILEOSTOMY; SIMPLE (RELEASE OF SUPERFICIAL SCAR) (SEPARATE PROCEDURE)	Yes
58270	CPT/HCPCS	VAGINAL HYSTERECTOMY, WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S); WITH REPAIR OF ENTERO	Yes
62256	CPT/HCPCS	REMOVAL OF COMPLETE CSF SHUNT SYSTEM; WITHOUT REPLACEMENT	Yes
C9606	CPT/HCPCS	PERCUTANEOUS TRANSLUMINAL REVASCULARIZATION OF ACUTE TOTAL/SUBTOTAL OCCLUSION DURING ACUTE MYOCARDIAL INFRACTION, SINGLE	Yes
42330	CPT/HCPCS	SIALOLITHOTOMY; SUBMANDIBULAR (SUBMAXILLARY), SUBLINGUAL OR PAROTID, UNCOMPLICATED, INTRAORAL	Yes
54430	CPT/HCPCS	CORPORA CAVERNOSA-CORPUS SPONGIOSUM SHUNT (PRIAPISM OPERATION), UNILATERAL OR BILATERAL	Yes

66982	CPT/HCPCS	EXTRACAPSULAR CATARACT REMOVAL W/INSERTION OF INTRAOCULAR LENS PROSTHESIS, MANUAL OR MECHANICAL TECHNIQUE	Yes
33990	CPT/HCPCS	INSERTION OF VENTRICULAR ASSIST DEVICE, PERCUTANEOUS, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION; LEFT HEART, ARTERIAL ACCESS ONLY	Yes
35188	CPT/HCPCS	REPAIR, ACQUIRED OR TRAUMATIC ARTERIOVENOUS FISTULA; HEAD AND NECK	Yes
20200	CPT/HCPCS	BIOPSY, MUSCLE; SUPERFICIAL	Yes
58951	CPT/HCPCS	RESECTION OF OVARIAN MALIGNANCY WITH BILATERAL SALPINGO-OOPHORECTOMY AND OMENTECTOMY; WITH TOTAL ABDOMINAL HYSTEREC	Yes
56630	CPT/HCPCS	VULVECTOMY, RADICAL; WITHOUT SKIN GRAFT	Yes
27532	CPT/HCPCS	TREATMENT OF CLOSED TIBIAL FRACTURE, PROXIMAL (PLATEAU); WITH MANIPULATION	Yes
33259	CPT/HCPCS	OP TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, PERFRMD AT THE TIME OF OTHER CARDIAC PROCEDURE(S), EXT (EG, MAZE PROCEDURE), WITH CARDIOPULMONARY BYPAS+	Yes
21256	CPT/HCPCS	RECONSTRUCTION OF ORBIT WITH OSTEOTOMIES (EXTRACRANIAL) AND WITH BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS) (EG, MICRO	Yes
51585	CPT/HCPCS	CYSTECTOMY, COMPLETE, WITH URETEROSIGMOIDOSTOMY OR URETEROCUTANEOUS TRANSPLANTATIONS; WITH BILATERAL PELVIC LY	Yes
69620	CPT/HCPCS	MYRINGOPLASTY (SURGERY CONFINED TO DRUMHEAD AND DONOR AREA)	Yes
45399	CPT/HCPCS	UNLISTED PROCEDURE; COLON	Yes
C9608	CPT/HCPCS	PERCUTANEOUS TRANSLUMINAL REVASCULARIZATION OF CHRONIC TOTAL OCCLUSION, CORONARY ARTERY, EACH ADDITIONAL CORONARY ARTERY	Yes
55831	CPT/HCPCS	PROSTATECTOMY (INCLUDING CONTROL OF POSTOPERATIVE BLEEDING, VASECTOMY, MEATOTOMY, URETHRAL CALIBRATION AND/OR DIL	Yes
52305	CPT/HCPCS	CYSTOURETHROSCOPY; WITH INCISION OR RESECTION OF ORIFICE OF BLADDER DIVERTICULUM, SINGLE OR MULTIPLE	Yes
28111	CPT/HCPCS	OSTECTOMY, COMPLETE EXCISION; FIRST METATARSAL HEAD	Yes
29847	CPT/HCPCS	ARTHROSCOPY, WRIST, SURGICAL; INTERNAL FIXATION FOR FRACTURE OR INSTABILITY	Yes
S2350	CPT/HCPCS	DISKECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOT(S) INCLUDING OSTEOPHYTECTOMY; LUMBAR, SINGLE I	Yes
28890	CPT/HCPCS	EXTRACORPOREAL SHOCK WAVE, HIGH ENERGY, PERFORMED BY A PHYSICIAN, REQUIRING ANESTHESIA OTHER THAN LOCAL, INCLUDING ULTR	Yes
54250	CPT/HCPCS	NOCTURNAL PENILE TUMESCENCE AND/OR RIGIDITY TEST	Yes
32124	CPT/HCPCS	THORACOTOMY, MAJOR; WITH OPEN INTRAPLEURAL PNEUMONOLYSIS	Yes
25120	CPT/HCPCS	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF RADIUS OR ULNA (EXCLUDING HEAD OR NECK OF RADIUS AND OLEC	Yes
36589	CPT/HCPCS	REMOVAL OF TUNNELED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP	Yes
36598	CPT/HCPCS	CONTRAST INJECTION(S) FOR RADIOLOGIC EVALUATION OF EXISTING CENTRAL VENOUS ACCESS DEVICE, INCLUDING FLUOROSCOPY, IMAGE	Yes
45020	CPT/HCPCS	INCISION AND DRAINAGE OF DEEP SUPRALEVATOR, PELVIRECTAL, OR RETRORECTAL ABSCESS	Yes
61321	CPT/HCPCS	CRANIECTOMY OR CRANIOTOMY, DRAINAGE OF INTRACRANIAL ABSCESS; INFRATENTORIAL	Yes
15110	CPT/HCPCS	EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR LESS, OR 1% OF BODY AREA OF INFANTS AND CHILDREN	Yes
35601	CPT/HCPCS	BYPASS GRAFT, WITH OTHER THAN VEIN; COMMON CAROTID-IPSILATERAL INTERNAL CAROTID	Yes
21070	CPT/HCPCS	CORONOIDECTOMY (SEPARATE PROCEDURE)	Yes
27138	CPT/HCPCS	REVISION OF TOTAL HIP ARTHROPLASTY; FEMORAL COMPONENT ONLY, WITH OR WITHOUT ALLOGRAFT	Yes
42830	CPT/HCPCS	ADENOIDECTOMY, PRIMARY; UNDER AGE 12	Yes
37182	CPT/HCPCS	INSERTION OF TRANSVENOUS INTRAHEPATIC PORTOSYSTEMIC SHUNT(S) (TIPS)	Yes

27562	CPT/HCPCS	TREATMENT OF CLOSED PATELLAR DISLOCATION; REQUIRING ANESTHESIA	Yes
40490	CPT/HCPCS	BIOPSY OF LIP	Yes
61250	CPT/HCPCS	BURR HOLE(S) OR TREPHINE, SUPRATENTORIAL, EXPLORATORY, NOT FOLLOWED BY OTHER SURGERY	Yes
50544	CPT/HCPCS	LAPAROSCOPY; SURGICAL; PYELOPLASTY	Yes
43332	CPT/HCPCS	REPAIR, PARAESOPHAGEAL HIATAL HERNIA (INCLUDING FUNDOPLICATION), VIA LAPAROTOMY, EXCEPT NEONATAL; WITHOUT IMPLANTATION OF MESH OR OTHER PROSTHESIS	Yes
28530	CPT/HCPCS	TREATMENT OF CLOSED SESAMOID FRACTURE	Yes
33214	CPT/HCPCS	UPGRADE OF IMPLANTED PACEMAKER SYSTEM,CONVERISON OF SINGLE CHAMBER SYSTEM TO DUAL CHAMBER SYSTEM(INCLUDES REMOVAL OF PRE	Yes
0254T	CPT/HCPCS	ENDOVASCULAR REPAIR OF ILIAC ARTERY BIFURCATION(EG ANEURYSM, PSEUDOANEURYSM, TRAUMA, DISSECTION)USING BIFURCATED ENDOGRAFT FROM THE COMMON ILIAC ARTE+	Yes
40816	CPT/HCPCS	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; COMPLEX, WITH EXCISION OF UNDERLYING MUSCLE	Yes
26593	CPT/HCPCS	RELEASE, INTRINSIC MUSCLES OF HAND (SPECIFY)	Yes
50100	CPT/HCPCS	TRANSECTION OR REPOSITIONING OF ABERRANT RENAL VESSELS (SEPARATE PROCEDURE)	Yes
20612	CPT/HCPCS	ASPIRATION AND/OR INJECTION OF GANGLION CYST(S) ANY LOCATION	Yes
29838	CPT/HCPCS	ARTHROSCOPY, ELBOW, SURGICAL; DEBRIDEMENT, EXTENSIVE	Yes
33922	CPT/HCPCS	TRANSECTION OF PULMONARY ARTERY WITH CARDIOPULMONARY BYPASS	Yes
67700	CPT/HCPCS	*BLEPHAROTOMY, DRAINAGE OF ABSCESS, EYELID	Yes
66720	CPT/HCPCS	CILIARY BODY DESTRUCTION; CRYOTHERAPY	Yes
24116	CPT/HCPCS	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, HUMERUS; WITH ALLOGRAFT	Yes
0163T	CPT/HCPCS	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), EACH ADDITIO+	Yes
24371	CPT/HCPCS	REVISION OF TOTAL ELBOW ARTHROPLASTY, INCLUDING ALLOGRAFT WHEN PERFORMED; HUMERAL AND ULNAR COMPONENT	Yes
61544	CPT/HCPCS	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISION OR COAGULATION OF CHOROID PLEXUS	Yes
54200	CPT/HCPCS	*INJECTION PROCEDURE FOR PEYRONIE DISEASE;	Yes
35701	CPT/HCPCS	EXPLORATION NOT FOLLOWED BY SURGICAL REPAIR, ARTERY; NECK (EG, CAROTID, SUBCLAVIAN)	Yes
28615	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN TARSOMETATARSAL JOINT DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL SKELETAL FIXA	Yes
57268	CPT/HCPCS	REPAIR OF ENTEROCELE, VAGINAL APPROACH (SEPARATE PROCEDURE)	Yes
21110	CPT/HCPCS	APPLICATION OF INTERDENTAL FIXATION DEVICE FOR CONDITIONS OTHER THAN FRACTURE OR DISLOCATION, INCLUDES REMOVAL	Yes
69725	CPT/HCPCS	DECOMPRESSION FACIAL NERVE, INTRATEMPORAL; INCLUDING MEDIAL TO GENICULATE GANGLION	Yes
35506	CPT/HCPCS	BYPASS GRAFT, WITH VEIN, CAROTID-SUBCLAVIAN OR SUBCLAVIAN-CAROTID	Yes
27290	CPT/HCPCS	INTERPELVIABDOMINAL AMPUTATION (HIND QUARTER AMPUTATION)	Yes
57311	CPT/HCPCS	CLOSURE OF URETHROVAGINAL FISTULA; WITH BULBOCAVERNOSUS TRANSPLANT	Yes
26498	CPT/HCPCS	TENDON TRANSFER TO RESTORE INTRINSIC FUNCTION; ALL FOUR FINGERS	Yes
26755	CPT/HCPCS	TREATMENT OF CLOSED DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB; WITH MANIPULATION, EACH	Yes
30920	CPT/HCPCS	LIGATION ARTERIES; INTERNAL MAXILLARY ARTERY, TRANSANTRAL	Yes
49606	CPT/HCPCS	REPAIR OF OMPHALOCELE; WITH STAGED CLOSURE OF PROSTHESIS, REDUCTION IN OPERATING ROOM, UNDER ANESTHESIA	Yes
50526	CPT/HCPCS	CLOSURE OF NEPHROVISCERAL FISTULA (EG, RENOCOLIC), INCLUDING VISCERAL REPAIR; THORACIC APPROACH	Yes
24147	CPT/HCPCS	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), OLECRANON PROCESS	Yes
22808	CPT/HCPCS	ARTHRODESIS, ANTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 2 TO 3 VERTEBRAL SEGMENTS	Yes

40701	CPT/HCPCS	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY BILATERAL, ONE STAGE PROCEDURE	Yes
61026	CPT/HCPCS	*VENTRICULAR PUNCTURE THROUGH PREVIOUS BURR HOLE, FONTANELLE, SUTURE, OR IMPLANTED VENTRICULAR CATHETER/RESERVOIR;	Yes
62192	CPT/HCPCS	CREATION OF SHUNT; SUBARACHNOID/SUBDURAL-PERITONEAL, PLEURAL OTHER TERMINUS	Yes
51990	CPT/HCPCS	LAPAROSCOPY, SURGICAL; URETHRAL SUSPENSION FROM STRESS INCONTINENCE	Yes
35355	CPT/HCPCS	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; ILIOFEMORAL	Yes
42281	CPT/HCPCS	INSERTION OF PIN-RETAINED PALATAL PROSTHESIS	Yes
61571	CPT/HCPCS	CRANIECTOMY OR CRANIOTOMY; WITH TREATMENT OF PENETRATING WOUND OF BRAIN	Yes
33755	CPT/HCPCS	SHUNT; ASCENDING AORTA TO PULMONARY ARTERY (WATERSTON TYPE OPERATION)	Yes
25145	CPT/HCPCS	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), FOREARM AND/OR WRIST	Yes
35600	CPT/HCPCS	HARVEST OF UPPER EXTREMITY ARTERY, 1 SEGMENT, FOR CORONARY ARTERY BYPASS PROCEDURE, OPEN	Yes
27122	CPT/HCPCS	ACETABULOPLASTY; RESECTION FEMORAL HEAD (GIRDLESTONE PROCEDURE)	Yes
55875	CPT/HCPCS	TRANSPERINEAL PLACEMENT OF NEEDLES OR CATHETERS INTO PROSTATE FOR INTERSTITIAL RADIOELEMENT APPLICATION, W/WO CYSTOSCOPY	Yes
60220	CPT/HCPCS	TOTAL THYROID LOBECTOMY, UNILATERAL;	Yes
52282	CPT/HCPCS	CYSTOURETHROSCOPY, WITH INSERTION OF PERMANENT URETHRAL STENT	Yes
27506	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN FEMORAL SHAFT FRACTURE (INCLUDING SUPRACONDYLAR), WITH OR WITHOUT INTERNAL O	Yes
24310	CPT/HCPCS	TENOTOMY, OPEN, ELBOW TO SHOULDER, SINGLE, EACH	Yes
21497	CPT/HCPCS	INTERDENTAL WIRING, FOR CONDITION OTHER THAN FRACTURE	Yes
24670	CPT/HCPCS	CLOSED TREATMENT OF ULNAR FRACTURE, PROXIMAL END (EG, OLECRANON OR CORONOID PROCESS(ES); WITHOUT MANIPULATION	Yes
38305	CPT/HCPCS	DRAINAGE OF LYMPH NODE ABSCESS OR LYMPHADENITIS; EXTENSIVE	Yes
46258	CPT/HCPCS	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, SINGLE COLUMN/GROUP; WITH FISTULECTOMY, INCLUDING FISSURECTOMY, WHEN PERFORMED	Yes
43123	CPT/HCPCS	PARTIAL ESOPHASGECTOMY, THORACOABDOMINAL OR ABDOMINAL APPROACH W/WO PROXIMAL GASTRECTOMY; WITH COLON INTERPOSITION	Yes
15787	CPT/HCPCS	ABRASION; EACH ADDITIONAL FOUR LESIONS OR LESS	Yes
0165T	CPT/HCPCS	REVISION OF TOTAL DISC ARTHOROPLASTY, ANTERIOR APPROACH, LUMBAR, EACH ADDITIONAL INTERSPACE	Yes
44955	CPT/HCPCS	APPENDECTOMY; WHEN DONE FOR INDICATED PURPOSE AT TIME OF OTHER MAJOR PROCEDURE (NOT AS SEPARATE PROCEDURE)	Yes
26160	CPT/HCPCS	EXCISION OF LESION OF TENDON SHEATH OR CAPSULE (EG, CYST, MUCOUS CYST, OR GANGLION), HAND OR FINGER	Yes
45172	CPT/HCPCS	EXCISION OF RECTAL TUMOR, TRANSANAL APPROACH; INCLUDING MUSCULARIS PROPRIA (IE, FULL THICKNESS)	Yes
27077	CPT/HCPCS	RADICAL RESECTION OF TUMOR; INNOMINATE BONE, TOTAL	Yes
20520	CPT/HCPCS	*REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON SHEATH; SIMPLE	Yes
93582	CPT/HCPCS	PERCUTANEOUS TRANSCATHETER CLOSURE OF PATENT DUCTUS ARTERIOSUS	Yes
62164	CPT/HCPCS	NEUROENDOSCOPY, INTRACRANIAL; WITH EXCISION OF BRAIN TUMOR, INCLUDING PLACEMENT OF EXTERNAL VENTRICULAR CATHETER FOR DRA	Yes
61703	CPT/HCPCS	SURGERY OF INTRACRANIAL ANEURYSM, CERVICAL APPROACH BY APPLICATION OF OCCLUDING CLAMP TO CERVICAL CAROTID ARTERY	Yes
35211	CPT/HCPCS	REPAIR BLOOD VESSEL, DIRECT; INTRATHORACIC, WITH BYPASS	Yes
53515	CPT/HCPCS	URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY; PROSTATOMEMBRANOUS	Yes
25320	CPT/HCPCS	CAPSULORRHAPHY OR RECONSTRUCTION, WRIST, OPEN (EG CAPSULODESIS, LIGAMENT REPAIR, TENDON TRANS OR GRAFT) INLC SYNOVECTOMY	Yes

69421	CPT/HCPCS	*MYRINGOTOMY INCLUDING ASPIRATION AND/OR EUSTACHIAN TUBE INFLATION REQUIRING GENERAL ANESTHESIA	Yes
33406	CPT/HCPCS	REPLACEMENT, AORTIC VALVE, OPEN WITH CARDIOPULMONARY BYPASS; WITH ALLOGRAFT VALVE (FREEHAND)	Yes
12035	CPT/HCPCS	REPAIR INTERMEDIATE WOUNDS OF SCALP, AXILLAE, TRUNK, AND/OR EXTREMITIES (EXCLUDING HANDS AND FEET); 12.6 TO 20.0 CM	Yes
42953	CPT/HCPCS	PHARYNGOESOPHAGEAL REPAIR	Yes
67221	CPT/HCPCS	DESTRUCTION OF LOCALIZED LESION OF CHOROID PHOTODYNAMIC THERAPY	Yes
50400	CPT/HCPCS	PYELOPLASTY (FOLEY Y-PYELOPLASTY), PLASTIC OPERATION ON RENAL PELVIS, WITH OR WITHOUT PLASTIC OPERATION ON URETER, NEPHR	Yes
11421	CPT/HCPCS	EXCISION, BENIGN LESION INCL MARGINS, EXPT SKIN TAG (UNLS LSTD ELSWR) SCALP, NECK, HNDS, FEET, GENIT; EX DM 0.6 TO 1.0CM	Yes
27732	CPT/HCPCS	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; DISTAL FIBULA	Yes
20931	CPT/HCPCS	ALLOGRAFT, STRUCTURAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Yes
17313	CPT/HCPCS	MOHS MICROGRAPHIC TECHNIQUE, OF TRUNK, ARMS, OR LEGS; FIRST STAGE, UP TO 5 TISSUE BLOCKS	Yes
27687	CPT/HCPCS	GASTROCNEMIUS RECESSION (EG, STRAYER PROCEDURE)	Yes
43282	CPT/HCPCS	LAPAROSCOPY, SURGICAL, REPAIR OF PARAESOPHAGEAL HERNIA, INCLUDES FUNDOPLASTY, WHEN PERFORMED; WITH IMPLANTATION OF MESH	Yes
29883	CPT/HCPCS	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCUS REPAIR (MEDIAL AND LATERAL)	Yes
28312	CPT/HCPCS	OSTEOTOMY FOR SHORTENING, ANGULAR OR ROTATIONAL CORRECTION; OTHER PHALANGES, ANY TOE	Yes
64640	CPT/HCPCS	DESTRUCTION BY NEUROLYTIC AGENT; OTHER PERIPHERAL NERVE OR BRANCH	Yes
65091	CPT/HCPCS	EVISCERATION OF OCULAR CONTENTS; WITHOUT IMPLANT	Yes
23545	CPT/HCPCS	TREATMENT OF CLOSED ACROMIOCLAVICULAR DISLOCATION; WITH MANIPULATION	Yes
67560	CPT/HCPCS	ORBITAL IMPLANT (IMPLANT OUTSIDE MUSCLE CONE); REMOVAL OR REVISION	Yes
64632	CPT/HCPCS	DESTRUCTION BY NEUROLYTIC AGENT; PLANTAR COMMON DIGITAL NERVE	Yes
28298	CPT/HCPCS	CORRECTION,HALLUX VALGUS WITH BUNIONECTOMY, WITH SESAMOIDECTOMY,WHEN PERFORMED; WITH PROXIMAL PHALANX OSTEOTOMY, ANY METHOD	Yes
12037	CPT/HCPCS	REPAIR INTERMEDIATE WOUNDS OF SCALP, AXILLAE, TRUNK, AND/OR EXTREMITIES (EXCLUDING HANDS AND FEET); OVER 30.0 CM	Yes
35566	CPT/HCPCS	BYPASS GRAFT, WITH VEIN; FEMORAL-ANTERIOR TIBIAL, POSTERIOR TIBIAL, OR PERONEAL ARTERY	Yes
33622	CPT/HCPCS	RECONSTRUCTION OF COMPLEX CARDIAC ANOMALY (EG, SINGLE VENTRICLE OR HYPOPLASTIC LEFT HEART) AND AORTIC ARCH HYPOPLASIA (Yes
45114	CPT/HCPCS	PROCTECTOMY, PARTIAL, WITH ANASTOMOSIS; ABDOMINAL AND TRANSACRAL APPROACH, ONE OR TWO STAGES	Yes
44180	CPT/HCPCS	LAPAROSCOPY, SURGICAL, ENTEROLYSIS	Yes
33951	CPT/HCPCS	EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO)/ EXTRACORPOREAL LIFE SUPPORT (ECLS) PROVIDED BY PHYSICIAN; INSERTION OF PERI	Yes
52000	CPT/HCPCS	CYSTOURETHROSCOPY (SEPARATE PROCEDURE)	Yes
41108	CPT/HCPCS	BIOPSY OF FLOOR OF MOUTH	Yes
53405	CPT/HCPCS	URETHROPLASTY; SECOND STAGE (FORMATION OF URETHRA), INCLUDING URINARY DIVERSION	Yes
41827	CPT/HCPCS	EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR STRUCTURES; WITH COMPLEX REPAIR	Yes
36400	CPT/HCPCS	VENIPUNCTURE, YOUNGER THAN AGE 3 YEARS; FEMORAL OR JUGULAR VEIN, NECESSITATING THE SKILL OF APHYSAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, NOT+	Yes
11312	CPT/HCPCS	SHAVING OF EPIDERMAL/DERMAL LESION,SINGLE LESION,FACE,EARS EYELIDS,NOSE,LIPS,MUCOUS MEMBRANE;LESION DIAMETER 1.1 TO 2.0	Yes
29035	CPT/HCPCS	APPLICATION OF BODY CAST, SHOULDER TO HIPS;	Yes
27470	CPT/HCPCS	REPAIR, NONUNION OR MALUNION, FEMUR, DISTAL TO HEAD AND NECK; WITHOUT GRAFT (EG, COMPRESSION TECHNIQUE)	Yes

43330	CPT/HCPCS	ESOPHAGOMYOTOMY ((HELLER TYPE) WITH OR WITHOUT HIATAL HERNIA REPAIR); ABDOMINAL APPROACH	Yes
27130	CPT/HCPCS	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP REPLACEMENT), WITH OR WITHOUT AUTOGRAFT	Yes
45395	CPT/HCPCS	LAPAROSCOPY, SURGICAL; PROCTECTOMY, COMPLETE, COMBINED ABDOMINOPERINEAL, WITH COLOSTOMY	Yes
43101	CPT/HCPCS	EXCISION OF LOCAL LESION, ESOPHAGUS, WITH PRIMARY REPAIR; THORACIC APPROACH	Yes
33224	CPT/HCPCS	INSERT OF PACING ELECTRODE, CARDIAC VENOUS SYSTEM, TO PREVIOUSLY PLACED PACEMAKER OR PACING CARDIOVERTER-DEFIBRILLATOR PULSE	Yes
22515	CPT/HCPCS	PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION; EACH ADDITIONAL THORACIC OR LUMBAR VERTEBRAL BODY	Yes
37242	CPT/HCPCS	VASCULAR EMBOLIZATION OR OCCLUSION, IMAGING GUIDANCE NECESSARY TO COMPLETE THE INTERVENTION; ARTERIAL, OTHER THAN HEMORRHAGE	Yes
26477	CPT/HCPCS	TENDON SHORTENING, EXTENSOR, HAND OR FINGER, SINGLE, EACH	Yes
21433	CPT/HCPCS	OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICATED (EG, MULTIPLE APPROACHES)	Yes
27702	CPT/HCPCS	ARTHROPLASTY, ANKLE; WITH IMPLANT ("TOTAL ANKLE")	Yes
68810	CPT/HCPCS	PROBING OF NASOLACRIMAL DUCT WITH OR WITHOUT IRRIGATION	Yes
0191T	CPT/HCPCS	INSERTION OF ANTERIOR SEGMENT AQUEOUS DRAINAGE DEVICE, WITHOUT EXTRAOCULAR RESERVOIR; INTERNAL APPROACH, INTO THE TRABECULAR MESHWORK	Yes
26449	CPT/HCPCS	TENOLYSIS, COMPLEX, EXTENSOR TENDON, DORSUM OF HAND OR FINGER, INCLUDING HAND AND FOREARM	Yes
11442	CPT/HCPCS	EXCISION, BENIGN LESION INCLUDING MARGINS, (INCLUDING LIP, EYE, EAR, NOSE, MOUTH, LIPS, MUCOUS MEMBRANE, EXCLUDING DIAMETER 1.1 TO 2.0 CM)	Yes
64681	CPT/HCPCS	DESTRUCTION BY NEUROLYTIC AGENT, WITH OR WITHOUT RADIOLOGIC MONITORING; SUPERIOR HYPOGASTRIC PLEXUS	Yes
51550	CPT/HCPCS	CYSTECTOMY, PARTIAL; SIMPLE	Yes
27792	CPT/HCPCS	OPEN TREATMENT OF DISTAL FIBULAR (LATERAL MALLEOLUS), INCLUDING INTERNAL FIXATION, WHEN PERFORMED	Yes
26540	CPT/HCPCS	PRIMARY REPAIR OF COLLATERAL LIGAMENT, METACARPOPHALANGEAL JOINT;	Yes
27282	CPT/HCPCS	ARTHRODESIS, SYMPHYSIS PUBIS (INCLUDING OBTAINING GRAFT)	Yes
66625	CPT/HCPCS	IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; PERIPHERAL FOR GLAUCOMA (SEPARATE PROCEDURE)	Yes
15241	CPT/HCPCS	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITAL	Yes
54312	CPT/HCPCS	URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING URINARY DIVERSION); GREATER THAN 3 CM	Yes
28011	CPT/HCPCS	TENOTOMY, SUBCUTANEOUS, TOE; MULTIPLE	Yes
15150	CPT/HCPCS	TISSUE CULTURED EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; FIRST 25 SQ CM OR LESS	Yes
31825	CPT/HCPCS	SURGICAL CLOSURE TRACHEOSTOMY OR FISTULA; WITH PLASTIC REPAIR	Yes
54322	CPT/HCPCS	ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISION); WITH SIMPLE MEATAL ADVANCEMENT	Yes
15272	CPT/HCPCS	APPLICATION OF SKIN SUBSTITUTE GRAFT TO TRUNK, ARMS EACH ADDITIONAL 25 SQ CM WOUND SURFACE AREA, OR PART THEREOF	Yes
20501	CPT/HCPCS	*INJECTION OF SINUS TRACT; DIAGNOSTIC (SINOGRAM) (SEPARATE PROCEDURE)	Yes
53899	CPT/HCPCS	UNLISTED PROCEDURE, URINARY SYSTEM	Yes
35647	CPT/HCPCS	BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOFEMORAL	Yes
33365	CPT/HCPCS	TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR/TAVI) WITH PROSTHETIC VALVE; TRANSAORTIC APPROACH (EG MEDIAN STERNOTOMY THORACIC)	Yes
25337	CPT/HCPCS	RECONSTRUCTION FOR STABILIZATION OF UNSTABLE DISTAL ULNA OR DISTAL RADIOULNAR JOINT, SECONDARY BY SOFT TISSUE	Yes
15002	CPT/HCPCS	SURGICAL PREP/CREATION RECIPIENT SITE BY EXCISE WOUNDS/SCAR, TRUNK, ARMS, LEGS, FIRST 100 SQ. CM OR 1% BODY AREA OF INFANTS AND CHILDREN	Yes

27218	CPT/HCPCS	OPEN TREATMENT OF POSTERIOR RING FRACTURE AND/OR DISLOCATION WITH INTERNAL FIXATION	Yes
27882	CPT/HCPCS	AMPUTATION LEG, THROUGH TIBIA AND FIBULA; OPEN, CIRCULAR (GUILLotine)	Yes
21235	CPT/HCPCS	GRAFT; EAR CARTILAGE, AUTOGRAFT, TO NOSE OR EAR (INCLUDES OBTAINING GRAFT)	Yes
50434	CPT/HCPCS	CONVERT NEPHROSTOMY CATHETER TO NEPHROURTERAL CATHETER, PERCUTANEOUS, INCLUDING DIAGNOSTIC NEPHROSTOGRAM, VIA PRE-EX	Yes
25526	CPT/HCPCS	OPEN TREATMENT OF RADIAL SHAFT FRACTURE, WITH INTERNAL AND/OR EXTERNAL FIXATION AND OPEN TREATMENT, W/WO INTERNAL	Yes
33692	CPT/HCPCS	COMPLETE REPAIR TETRALOGY OF FALLOT;	Yes
27177	CPT/HCPCS	OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; SINGLE OR MULTIPLE PINNING OR BONE GRAFT (INCLUDES OBTAINING GRAFT)	Yes
51798	CPT/HCPCS	MEASUREMENT OF POST-VOIDING RESIDUAL URINE AND/OR BLADDER CAPACITY BY ULTRASOUND, NON-IMAGING	Yes
27557	CPT/HCPCS	OPEN TREATMENT OF KNEE DISLOCATION, INCLUDES INTERNAL FIXATION, WHEN PERFORMED; WITH PRIMARY LIGAMENTOUS REPAIR	Yes
26615	CPT/HCPCS	OPEN TREATMENT OF METACARPAL FRACTURE, SINGLE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED, EACH BONE	Yes
61535	CPT/HCPCS	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR REMOVAL OF EPIDURAL ELECTRODE ARRAY, WITHOUT EXCISION OF CEREB	Yes
22208	CPT/HCPCS	OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, THREE COLUMNS, ONE VERTEBRAL SEGMENT (EG, PEDICLE/VERTEBRAL BOD	Yes
61460	CPT/HCPCS	CRANIECTOMY, SUBOCCIPITAL; FOR SECTION OF ONE OR MORE CRANIAL NERVES	Yes
15828	CPT/HCPCS	RHYTIDECTOMY; CHEEK, CHIN AND NECK	Yes
36903	CPT/HCPCS	INTRODUCTION OF NEEDLE(S) AND/OR CATHETER(S), DIALYSIS CIRCUIT, TO PERFORM THE STENTING, WITHIN THE PERIPHERAL DIALYSIS	Yes
54162	CPT/HCPCS	LYSIS OR EXCISION OF PENILE PROT-CIRCUMCISION ADHESIONS	Yes
67400	CPT/HCPCS	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL APPROACH); FOR EXPLORATION, WITH OR WITHOUT BIOPSY	Yes
11005	CPT/HCPCS	DEBRIDEMENT OF SKIN, SUBCUTANEOUS TISSUE, MUSCLE AND FASCIA FOR NECROTIZING SOFT TISSUE INFECTION; EXTERNAL ABDOMINAL WA	Yes
31525	CPT/HCPCS	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; DIAGNOSTIC, EXCEPT NEWBORN	Yes
58674	CPT/HCPCS	LAPAROSCOPY, SURGICAL, ABLATION OF UTERINE FIBROID(S) INCLUDING INTRAOPERATIVE ULTRASOUND GUIDANCE AND MONITORING, RADIOF	Yes
43135	CPT/HCPCS	DIVERTICULECTOMY OF HYPOPHARYNX OR ESOPHAGUS, WITH OR WITHOUT MYOTOMY; THORACIC APPROACH	Yes
51797	CPT/HCPCS	VOIDING PRESSURE STUDIES, INTRA-ABDOMINAL (IE, RECTAL, GASTRIC, INTRAPERITONEAL) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Yes
27614	CPT/HCPCS	BIOPSY, SOFT TISSUE OF LEG OR ANKLE AREA; DEEP	Yes
67961	CPT/HCPCS	EXCISION AND REPAIR OF EYELID, INVOLVING LID MARGIN, TARSUS, CONJUNCTIVA, CANTHUS, OR FULL THICKNESS, MAY INCLUDE PR	Yes
23900	CPT/HCPCS	INTERTHORACOSCOPULAR AMPUTATION (FOREQUARTER)	Yes
67043	CPT/HCPCS	VITRECTOMY, MECHANICAL PARS PLANA APPRCH: W/RMVL OF SUMBRETINAL MEMBRANE (EG, CHOROIDL NEOVASCULARIZATION), INCLDS, IF PRFR	Yes
27228	CPT/HCPCS	OPEN TREATMENT OF ACETABULAR FRACTURE(S) INVOLVING ANTERIOR AND POSTERIOR(2) COLONS, INCLUDES T-FRACTURE AND COLUM	Yes
44900	CPT/HCPCS	INCISION AND DRAINAGE OF APPENDICEAL ABSCESS, TRANSABDOMINAL	Yes
26561	CPT/HCPCS	REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE; WITH SKIN FLAPS AND GRAFTS	Yes
32551	CPT/HCPCS	TUBE THORACOSTOMY, INCLUDES CONNECTION TO DRAINAGE SYSTEM (EG WATER SEAL), WHEN PERFORMED, OPEN (SEPARATE PROCEDURE)	Yes
25215	CPT/HCPCS	CARPECTOMY; ALL BONES OF PROXIMAL ROW	Yes
62142	CPT/HCPCS	REMOVAL OF BONE FLAP OR PROSTHETIC PLATE OF SKULL	Yes

33920	CPT/HCPCS	REPAIR OF PULMONARY ATRESIA W/VENTRICULAR SEPTAL DEFECT,BY CONSTRUCT OR REPLACE OF CONDUIT FROM RIGHT OR LEFT VENTRICLE	Yes
53520	CPT/HCPCS	CLOSURE OF URETHROSTOMY OR URETHROCUTANEOUS FISTULA, MALE (SEPARATE PROCEDURE)	Yes
35522	CPT/HCPCS	BYPASS GRAFT, WITH VEIN; AXILLARY-BRACHIAL	Yes
42505	CPT/HCPCS	PLASTIC REPAIR OF SALIVARY DUCT, SIALODOCHOPLASTY; SECONDARY OR COMPLICATED	Yes
22847	CPT/HCPCS	ANTERIOR INSTRUMENTATION; 8 OR MOR VERTEBRAL SEGMENTS	Yes
61541	CPT/HCPCS	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR TRANSECTION OF CORPUS CALLOSUM	Yes
64898	CPT/HCPCS	NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), ARM OR LEG; MORE THAN 4 CM LENGTH	Yes
43420	CPT/HCPCS	CLOSURE OF ESOPHAGOSTOMY OR FISTULA; CERVICAL APPROACH	Yes
48102	CPT/HCPCS	*BIOPSY OF PANCREAS, PERCUTANEOUS NEEDLE	Yes
56605	CPT/HCPCS	*BIOPSY OF VULVA OR PERINEUM(SEPARATE PROCEDURE): ONE LESION	Yes
33982	CPT/HCPCS	REPLACEMENT OF VENTRICULAR ASSIST DEVICE PUMP(S); IMPLANTABLE INTRACORPOREAL, SINGLE VENTRICLE, WITHOUT CARDIOPULMONARY BYPASS	Yes
46080	CPT/HCPCS	*SPHINCTEROTOMY, ANAL, DIVISION OF SPHINCTER (SEPARATE PROCEDURE)	Yes
48100	CPT/HCPCS	BIOPSY OF PANCREAS (SEPARATE PROCEDURE)	Yes
19125	CPT/HCPCS	EXCISION OF BREAST LESION IDENTIFIED BY PRE-OPERATIVE PLACEMENT OF RADIOLOGICAL MARKER,OPEN;SINGLE LESION	Yes
34831	CPT/HCPCS	OPEN REPAIR OF INFRARENAL AORTIC ANEURYSM OR DISSECTION,PLUSREPAIR OF ASSOC ARTERIAL TRAUM; AORTO-BI-ILIAC PROSTHESIS	Yes
25624	CPT/HCPCS	TREATMENT OF CLOSED CARPAL SCAPHOID (NAVICULAR) FRACTURE; WITH MANIPULATION	Yes
34203	CPT/HCPCS	EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; POPLITEAL-TIBIO-PERONEAL ARTERY, BY LEG IN	Yes
51555	CPT/HCPCS	CYSTECTOMY, PARTIAL; COMPLICATED (EG, POSTRADIATION, PREVIOUS SURGERY, DIFFICULT LOCATION)	Yes
22214	CPT/HCPCS	OSTEOTOMY OF SPINE, POSTERIOR APPROACH, FOR CORRECTION OF DEFORMITY, SINGLE SEGMENT; LUMBAR	Yes
28320	CPT/HCPCS	REPAIR OF NONUNION OR MALUNION; TARSAL BONES (EG, CALCANEUS, TALUS)	Yes
33535	CPT/HCPCS	THREE CORONARY ARTERIAL GRAFTS	Yes
11606	CPT/HCPCS	EXCISION, MALIGNANT LESION INCL MARGINS, TRUNK, ARMS, OR LEGS; EXCISED DIAMETER OVER 4.0CM	Yes
69632	CPT/HCPCS	TYMPANOPLASTY WITHOUT MASTOIDECTOMY (INCLUDING CANALPLASTY, ATTICOTOMY AND/OR MIDDLE EAR SURGERY), INITIAL OR REVISION;	Yes
32800	CPT/HCPCS	REPAIR LUNG HERNIA THROUGH CHEST WALL	Yes
58285	CPT/HCPCS	VAGINAL HYSTERECTOMY, RADICAL (SCHAUTA TYPE OPERATION)	Yes
0054T	CPT/HCPCS	COMPUTER ASSISTED MUSCULOSKELETAL SURGICAL NAVIGATIONAL ORTHO PROCEDURE, W/IMAGE-GUIDANCE BASED ON FLUOROSCOPIC IMAGES	Yes
64892	CPT/HCPCS	NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, ARM OR LEG; UP TO 4 CM LENGTH	Yes
27808	CPT/HCPCS	CLOSED TREATMENT OF BILMALLEOLAR ANKLE FRACTURE, LATERAL AND MEDIAL MALLEOLI, OR LATERAL AND POSTERIOR MALLEOLI OR MEDIAL AND POSTERIOR MALLEOLI; WIT+	Yes
28116	CPT/HCPCS	OSTECTOMY, EXCISION OF TARSAL COALITION	Yes
25530	CPT/HCPCS	TREATMENT OF CLOSED ULNAR SHAFT FRACTURE; WITHOUT MANIPULATION	Yes
31770	CPT/HCPCS	BRONCHOPLASTY; GRAFT REPAIR	Yes
15261	CPT/HCPCS	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, NOSE, EARS, EYELIDS, AND/OR LIPS; EACH ADDITIONA	Yes
29844	CPT/HCPCS	ARTHROSCOPY, WRIST, SURGICAL; SYNOVECTOMY, PARTIAL	Yes
22212	CPT/HCPCS	OSTEOTOMY OF SPINE, POSTERIOR APPROACH, FOR CORRECTION OF DEFORMITY, SINGLE SEGMENT; THORACIC	Yes
34401	CPT/HCPCS	THROMBECTOMY, DIRECT OR WITH CATHETER; VENA CAVA, ILIAC VEIN, BY ABDOMINAL INCISION	Yes
27110	CPT/HCPCS	TRANSFER ILIOPSOAS; TO GREATER TROCHANTER	Yes
68200	CPT/HCPCS	*SUBCONJUNCTIVAL INJECTION	Yes

67318	CPT/HCPCS	STRABISMUS SURGERY, ANY PROCEDURE (PATIENT NOT PREVIOUSLY OPERATED ON), SUPERIOR OBLIQUE MUSCLE	Yes
29885	CPT/HCPCS	ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR OSTEOCHONDritis DISSECANS WITH BONE GRAFTING WITH OR WITHOUT INTERNAL FIXATION	Yes
27722	CPT/HCPCS	REPAIR OF NONUNION OR MALUNION, TIBIA; WITH SLIDING GRAFT	Yes
36590	CPT/HCPCS	REMOVAL OF TUNNELED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT OR PUMP, CENTRAL OR PERIPHERAL INSERTION	Yes
69005	CPT/HCPCS	DRAINAGE EXTERNAL EAR, ABSCESS OR HEMATOMA; COMPLICATED	Yes
47362	CPT/HCPCS	MANAGEMENT OF LIVER HEMORRHAGE; RE-EXPLORATION OF HEPATIC WOUND FOR REMOVAL OF PACKING`	Yes
25075	CPT/HCPCS	EXCISION, TUMOR, SOFT TISSUE OF FOREARM AND/OR WRIST AREA, SUBCUTANEOUS; LESS THAN 3 CM	Yes
49657	CPT/HCPCS	LAPAROSCOPY, SURGICAL, REPAIR, RECURRENT INCISIONAL HERNIA (INCLUDES MESH INSERTION, WHEN PERFORMED); INCARCERATED OR STRANGULATED	Yes
61518	CPT/HCPCS	CRANIECTOMY FOR EXCISION OF BRAIN TUMOR, INFRATENTORIAL OR POSTERIOR FOSSA; EXCEPT MENINGIOMA, CEREBELLOPONTINE ANGLE	Yes
56606	CPT/HCPCS	BIOPSY OF VULVA OR PERINEUM; EACH SEPARATE ADDITIONAL LESION	Yes
45338	CPT/HCPCS	SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY SNARE TECHNIQUE	Yes
29893	CPT/HCPCS	ENDOSCOPIC PLANTAR FASCIOTOMY	Yes
26494	CPT/HCPCS	OPPONENS PLASTY; HYPOTHENAR MUSCLE TRANSFER	Yes
35623	CPT/HCPCS	BYPASS GRAFT, WITH OTHER THAN VEIN; AXILLARY-POPLITEAL OR -TIBIAL	Yes
27095	CPT/HCPCS	INJECTION PROCEDURE FOR HIP ARTHROGRAPHY; WITH ANESTHESIA	Yes
33255	CPT/HCPCS	OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, EXTENSIVE (EG, MAZE PROCEDURE); WITHOUT CARDIOPULMONARY BYPASS	Yes
37215	CPT/HCPCS	TRANSCATHETER PLACEMENT OF INTRAVASCULAR STENT(S), CERVICAL CAROTID ARTERY, PERCUTANEOUS; WITH DISTAL EMBOLIC PROTECTION	Yes
26442	CPT/HCPCS	TENOLYSIS, SIMPLE, FLEXOR TENDON; PALM AND FINGER, EACH TENDON	Yes
30020	CPT/HCPCS	*DRAINAGE ABSCESS OR HEMATOMA, NASAL SEPTUM	Yes
57720	CPT/HCPCS	TRACHELORRHAPHY, PLASTIC REPAIR OF UTERINE CERVIX, VAGINAL APPROACH	Yes
0253T	CPT/HCPCS	INSERTION OF ANTERIOR SEGMENT AQUEOUS DRAINAGE DEVICE, WITHOUT EXTRAOCULAR RESERVOIR; INTERNAL APPROACH, INTO THE SUPRACHOROIDAL SPACE	Yes
22830	CPT/HCPCS	EXPLORATION OF SPINAL FUSION	Yes
27140	CPT/HCPCS	OSTEOTOMY AND TRANSFER OF GREATER TROCHANTER (SEPARATE PROCEDURE)	Yes
50694	CPT/HCPCS	PLACEMENT OF URETERAL STENT, PERCUTANEOUS, INCLUDING DIAGNOSTIC NEPHROSTOGRAM AND/OR FLUOROSCOPY), NEW ACCESS, WIT	Yes
20924	CPT/HCPCS	TENDON GRAFT, FROM A DISTANCE (EG, PALMARIS, TOE EXTENSOR, PLANTARIS)	Yes
41000	CPT/HCPCS	*INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR OF MOUTH; LINGUAL	Yes
36580	CPT/HCPCS	REPLACEMENT, COMPLETE, OF A NON-TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP,	Yes
C9604	CPT/HCPCS	PERCUTANEOUS TRANSLUMINAL REVASCULARIZATION OF OR THROUGH CORONARY ARTERY BYPASS GRAFT, ANY COMBINATION OF DRUG-ELUTING	Yes
23552	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN ACROMIOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC; WITH FASCIAL GRAFT (INCLUDES OBTA	Yes
51900	CPT/HCPCS	CLOSURE OF VESICOVAGINAL FISTULA, ABDOMINAL APPROACH	Yes
30600	CPT/HCPCS	REPAIR FISTULA; ORONASAL	Yes
26236	CPT/HCPCS	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS); DISTAL PHALANX OF	Yes
11451	CPT/HCPCS	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, AXILLARY; WITH OTHER CLOSURE	Yes

26170	CPT/HCPCS	EXCISION OF TENDON, PALM, FLEXOR OR EXTENSOR, SINGLE, EACH TENDON	Yes
28060	CPT/HCPCS	FASCIECTOMY, EXCISION OF PLANTAR FASCIA; PARTIAL (SEPARATE PROCEDURE)	Yes
50815	CPT/HCPCS	URETEROCOLON CONDUIT, INCLUDING BOWEL ANASTOMOSIS	Yes
69501	CPT/HCPCS	TRANSMASTOID ANTROTOMY ("SIMPLE" MASTOIDECTOMY)	Yes
44700	CPT/HCPCS	EXCLUSION OF SMALL BOWEL FROM PELVIS BY MESH OR OTHER PROSTHESIS, OR NATIVE TISSUE(EG,BLADDER OR OMENTUM)	Yes
31636	CPT/HCPCS	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIGUIDANCE; WITH PLACEMENT OF BRONCHIAL STENT(S), INITIAL BRON	Yes
26185	CPT/HCPCS	SEAMOIDECTOMY THUMB OR FINGER (SEPARATE PROCEDURE	Yes
42299	CPT/HCPCS	UNLISTED PROCEDURE, PALATE, UVULA	Yes
31511	CPT/HCPCS	LARYNGOSCOPY, INDIRECT (SEPARATE PROCEDURE); WITH REMOVAL OF FOREIGN BODY	Yes
49610	CPT/HCPCS	REPAIR OF OMPHALOCELE (GROSS TYPE OPERATION); FIRST STAGE	Yes
15240	CPT/HCPCS	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITA	Yes
26562	CPT/HCPCS	REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE; COMPLEX (EG, INVOLVING BONE, NAILS)	Yes
26100	CPT/HCPCS	ARTHROTOMY FOR SYNOVIAL BIOPSY; CARPOMETACARPAL JOINT	Yes
64885	CPT/HCPCS	NERVE GRAFT(INCLUDES OBTAINING GRAFT), HEAD OR NECK; UP TO 4 CM IN LENGTH	Yes
11200	CPT/HCPCS	*EXCISION (INCLUDING SIMPLE CLOSURE OR LIGATURE STRANGULATION), SKIN TAGS, ANY AREA; UP TO 15 LESIONS	Yes
64575	CPT/HCPCS	OPEN IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; PERIPHERAL NERVE (EXCLUDES SACRAL NERVE)	Yes
61516	CPT/HCPCS	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISION OR FENESTRATION OF CYST, SUPRATENTORIAL	Yes
15260	CPT/HCPCS	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, NOSE, EARS, EYELIDS, AND/OR LIPS; 20 SQ CM OR LE	Yes
43333	CPT/HCPCS	REPAIR, PARAESOPHAGEAL HIATAL HERNIA (INCLUDING FUNDOPLICATION), VIA LAPAROTOMY, EXCEPT NEONATAL; WITH IMPLANTATION OF MESH OR OTHER PROSTHESIS	Yes
67973	CPT/HCPCS	RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL FLAP FROM OPPOSING EYELID; TOTAL EYELID, L	Yes
41016	CPT/HCPCS	EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF FLOOR OF MOUTH; SUBMENTAL	Yes
21387	CPT/HCPCS	OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; COMBINED APPROACH	Yes
57555	CPT/HCPCS	EXCISION OF CERVICAL STUMP, VAGINAL APPROACH; WITH ANTERIOR AND/OR POSTERIOR REPAIR	Yes
52318	CPT/HCPCS	LITHOLAPAXY: CRUSHING OR FRAGMENTATION OF CALCULUS BY ANY MEANS IN BLADDER AND REMOVAL OF FRAGMENTS, SIMPLE; COMPLICA	Yes
33864	CPT/HCPCS	ASCENDING AORTA GRAFT, WITH CARDIOPULMONARY BYPASS WITH VALVE SUSPENSION, WITH CORONARY RECONSTRUCTION AND VALVE-SPARING AORTIC ROOT REMODELING (EG, +	Yes
21365	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN COMPLICATED, (EG, MULTIPLE FRACTURES), OF MALAR AREA, INCLUDING ZYGOMATIC ARCH AND M	Yes
33366	CPT/HCPCS	TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR/TAVI) WITH PROSTHETIC VALVE;TRANSAPICAL EXPOSURE (EG, LEFT THORACOTOMY)	Yes
20660	CPT/HCPCS	APPLICATION OF CRANIAL TONGS, CALIPER, OR STEREOTACTIC FRAME, INCLUDING REMOVAL (SEPARATE PROCEDURE)	Yes
23570	CPT/HCPCS	TREATMENT OF CLOSED SCAPULAR FRACTURE; WITHOUT MANIPULATION	Yes
32484	CPT/HCPCS	REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY; SINGLE SEGMENT (SEGMENTECTOMY)	Yes
12057	CPT/HCPCS	REPAIR, INTERMEDIATE, WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; OVER 30.0 CM	Yes
44391	CPT/HCPCS	COLONOSCOPY THROUGH STOMA; WITH CONTROL OF BLEEDING, ANY METHOD	Yes

63081	CPT/HCPCS	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, ANTERIOR APPROACH WITH DECOMPRESSION OF SP	Yes
G0121	CPT/HCPCS	COLORECTAL CANCER SCREENING; COLONOSCOPY ON INDIVIDUAL NOT MEETING CRITERIA HIGH RISK	Yes
32120	CPT/HCPCS	THORACOTOMY, MAJOR; FOR POSTOPERATIVE COMPLICATIONS	Yes
13152	CPT/HCPCS	REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; 2.6 CM TO 7.5 CM	Yes
25810	CPT/HCPCS	ARTHRODESIS, WRIST JOINT (INCLUDING RADIOCARPAL AND/OR ULNOCARPAL FUSION); WITH ILIAC OR OTHER AUTOGRAFT (INCLUDES OB	Yes
24566	CPT/HCPCS	PERCUTANEOUS SKELETAL FIXATION OF HUMERAL CONDYLAR FRACTURES MEDICAL OR LATERAL, WITH MANIPULATION	Yes
69949	CPT/HCPCS	UNLISTED PROCEDURE, INNER EAR	Yes
54416	CPT/HCPCS	REMOVAL AND REPLACEMENT OF NONINFLATABLE OR INFLATABLE PENILE PROSTHESIS AT THE SAME OPERATIVE SESSION	Yes
66130	CPT/HCPCS	EXCISION OF LESION, SCLERA	Yes
33305	CPT/HCPCS	REPAIR OF CARDIAC WOUND; WITH CARDIOPULMONARY BYPASS	Yes
55700	CPT/HCPCS	BIOPSY, PROSTATE; NEEDLE OR PUNCH, SINGLE OR MULTIPLE, ANY APPROACH	Yes
44970	CPT/HCPCS	LAPAROSCOPY, SURGICAL, APPENDECTOMY	Yes
61700	CPT/HCPCS	SURGERY OF SIMPLE INTRACRANIAL ANEURYSM, INTRACRANIAL APPROACH; CAROTID CIRCULATION	Yes
31420	CPT/HCPCS	EPIGLOTTIDECTOMY	Yes
37200	CPT/HCPCS	TRANSCATHETER BIOPSY	Yes
63042	CPT/HCPCS	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR E	Yes
27592	CPT/HCPCS	AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; OPEN, CIRCULAR (GUILLotine)	Yes
54160	CPT/HCPCS	CIRCUMCISION, SURGICAL EXCISION OTHER THAN CLAMP, DEVICE, OR DORSAL SLIT; NEONATE (28 DAYS OF AGE OR LESS)	Yes
27350	CPT/HCPCS	PATELLECTOMY OR HEMIPATELLECTOMY	Yes
53040	CPT/HCPCS	DRAINAGE OF DEEP PERIURETHRAL ABSCESS	Yes
24931	CPT/HCPCS	AMPUTATION, ARM THROUGH HUMERUS; WITH IMPLANT	Yes
11306	CPT/HCPCS	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 0.6 TO 1.0 CM	Yes
48999	CPT/HCPCS	UNLISTED PROCEDURE, PANCREAS	Yes
69000	CPT/HCPCS	*DRAINAGE EXTERNAL EAR, ABSCESS OR HEMATOMA; SIMPLE	Yes
61863	CPT/HCPCS	TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY WITH STEREOTACTIC IMPLANTATION OF NEUROSTIMULATOR ELECTRODE	Yes
21143	CPT/HCPCS	RECONSTRUCTION MIDFACE, LEFORTI; THREE OR MORE PIECES SEGMENT MOVEMENT IN ANY DIRECTION, WITHOUT BONE GRAFT	Yes
55110	CPT/HCPCS	SCROTAL EXPLORATION	Yes
44392	CPT/HCPCS	COLONOSCOPY THROUGH STOMA; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY HOT BIOPSY FORCEPS	Yes
21182	CPT/HCPCS	RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOWING INTRA- AND EXTRACRANIAL EXCISION	Yes
27226	CPT/HCPCS	OPEN TREATMENT OF POSTERIOR OR ANTERIOR ACETABULAR WALL FRACTURE, WITH INTERNAL FIXATION	Yes
33762	CPT/HCPCS	SHUNT; DESCENDING AORTA TO PULMONARY ARTERY (POTTS-SMITH TYPE OPERATION)	Yes
26433	CPT/HCPCS	EXTENSOR TENDON REPAIR, DISTAL INSERTION ("Mallet Finger"), OPEN, PRIMARY OR SECONDARY REPAIR; WITHOUT GRAFT	Yes
52344	CPT/HCPCS	CYSTOURETHROSCOPY W/URETEROSCOPY; W/TREATMENT OF URETERAL STRICTURE	Yes
33510	CPT/HCPCS	CORONARY ARTERY BYPASS, AUTOGENOUS GRAFT, (EG, SAPHENOUS VEIN OR INTERNAL MAMMARY ARTERY); SINGLE GRAFT	Yes
22855	CPT/HCPCS	REMOVAL OF ANTERIOR INSTRUMENTATION	Yes
44310	CPT/HCPCS	ILEOSTOMY OR JEJUNOSTOMY, NON-TUBE	Yes
50684	CPT/HCPCS	INJECTION PROCEDURE FOR URETEROGRAPHY OR URETEROPYELOGRAPHY THROUGH URETEROSTOMY OR INDWELLING URETERAL CATHET	Yes

51728	CPT/HCPCS	COMPLEX CYSTOMETROGRAM (IE, CALIBRATED ELECTRONIC EQUIPMENT); WITH VOIDING PRESSURE STUDIES (IE, BLADDER VOIDING PRESSUR	Yes
33258	CPT/HCPCS	OPERATIVE TISSUE ABALATION AND RECONSTRUCTION OF ATRIA, PERFORMED AT THE TIME OF OTHER CARDIAC PROCEDURE(S),EXTENSIVE (EG MAZE PROCEDURE), (LIST SEP +	Yes
68811	CPT/HCPCS	PROBING OF NASOLACRIMAL DUCT WITH OR WITHOUT IRRIGATION; REQUIRING GENERAL ANESTHESIA	Yes
64488	CPT/HCPCS	TRANSVERSUS ABDOMINIS PLANE (TAP) BLOCK (ABDOMINAL PLANE BLOCK, RECTUS SHEATH BLOCK) BILATERAL; BY INJECTIONS	Yes
49651	CPT/HCPCS	LAPAROSCOPY, SURGICAL; REPAIR RECURRENT INGUINAL HERNIA	Yes
61860	CPT/HCPCS	CRANIECTOMY OR CRANIOTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES, CEREBRAL; CORTICAL	Yes
33764	CPT/HCPCS	SHUNT; CENTRAL, WITH PROSTHETIC GRAFT	Yes
28531	CPT/HCPCS	OPEN TREATMENT OF SESAMOID FRACTURE, W/WO INTERNAL FIXATION	Yes
46606	CPT/HCPCS	ANOSCOPY; FOR BIOPSY	Yes
67141	CPT/HCPCS	PROPHYLAXIS OF RETINAL DETACHMENT (EG, RETINAL BREAK, LATTICE DEGENERATION) WITHOUT DRAINAGE; CRYOTHERAPY, DIATHERMY	Yes
15946	CPT/HCPCS	EXCISION, ISCHIAL PRESSURE ULCER, WITH OSTECTOMY, WITH MUSCLE FLAP OR MYOCUTANEOUS FLAP CLOSURE	Yes
67311	CPT/HCPCS	STRABISMUS SURGERY, RECESSION OR RESECTION PROCEDURE (PATIENT NOT PREVIOUSLY OPERATED ON); ONE HORIZONTAL MUSCLE	Yes
22859	CPT/HCPCS	INSERTION OF INTERVERTEBRAL BIOMECHANICAL DEVICE(S) TO INTERVERTEBRAL DISC SPACE OR VEREBRAL BODY DEFECT WITHOUT INTERBO	Yes
35306	CPT/HCPCS	THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED; EACH ADDITIONAL TIBIAL OR PERONEAL ARTERY	Yes
30140	CPT/HCPCS	SUBMUCOUS RESECTION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD	Yes
15120	CPT/HCPCS	SPLIT GRAFT, FACE, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, AND/OR MULTIPLE DIGITS; 100 SQ CM OR LESS, OR EAC	Yes
49590	CPT/HCPCS	REPAIR SPIGELIAN HERNIA	Yes
54437	CPT/HCPCS	REPAIR OF TRAUMATIC CORPOREAL TEAR(S)	Yes
63194	CPT/HCPCS	LAMINECTOMY WITH CORDOTOMY, WITH SECTION OF ONE SPINOTHALAMIC TRACT, ONE STAGE; CERVICAL	Yes
64821	CPT/HCPCS	SYMPATHECTOMY; RADIAL ARTERY	Yes
47701	CPT/HCPCS	PORTOENTEROSTOMY (EG, KASAI PROCEDURE)	Yes
62220	CPT/HCPCS	CREATION OF SHUNT; VENTRICULO-ATRIAL, -JUGULAR, -AURICULAR	Yes
25100	CPT/HCPCS	ARTHROTOMY, WRIST JOINT; FOR BIOPSY	Yes
59076	CPT/HCPCS	FETAL SHUNT PLACEMENT, INCLUDING ULTRASOUND GUIDANCE	Yes
35800	CPT/HCPCS	EXPLORATION FOR POSTOPERATIVE HEMORRHAGE, THROMBOSIS OR INFECTION; NECK	Yes
11463	CPT/HCPCS	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, INGUINAL; WITH OTHER CLOSURE	Yes
11402	CPT/HCPCS	EXCISION, BENIGN LESION INCL MARGINS, EXCEPT SKIN TAG (UNLS LISTED ELSEWHR) TRUNK, ARMS, OR LEGS; EX DIAM 1.1 TO 2.0CM	Yes
50610	CPT/HCPCS	URETEROLITHOTOMY; UPPER ONE-THIRD OF URETER	Yes
25135	CPT/HCPCS	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL BONES; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)	Yes
25606	CPT/HCPCS	PERCUTANEOUS SKELETAL FIXATION OF DISTAL RADICAL FRACTURE OR EPIPHYSEAL SEPARATION	Yes
36906	CPT/HCPCS	PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY AND/OR INFUSION FOR THROMBOLYSIS,DIALYSIS, TO PERFORM STENTING	Yes
65810	CPT/HCPCS	PARACENTESIS OF ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); WITH REMOVAL OF VITREOUS AND/OR DISCISSION OF ANTERIOR HYA	Yes
37188	CPT/HCPCS	PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY, VEIN(S); REPEAT TREATMENT ON SUBSEQUENT DAY DURING COURSE OF THROMBOLYTIC THERAPY; INCLUDING INTRA+	Yes
67299	CPT/HCPCS	UNLISTED PROCEDURE, POSTERIOR SEGMENT	Yes
25607	CPT/HCPCS	OPEN TREATMENT OF DISTAL RADIAL EXTRA-ARTICULAR FRACTURE OR EPIPHYSEAL SEPARATION, WITH INTERNAL FIXATION	Yes
61690	CPT/HCPCS	SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION; DURAL, SIMPLE	Yes

12017	CPT/HCPCS	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 20.1 CM TO 30.0 CM	Yes
26580	CPT/HCPCS	REPAIR CLEFT HAND	Yes
25109	CPT/HCPCS	EXCISION OF TENDON, FOREARM AND/OR WRIST, FLEXOR OR EXTENSOR, EACH	Yes
53270	CPT/HCPCS	EXCISION OR FULGURATION; SKENE'S GLANDS	Yes
63273	CPT/HCPCS	LAMINECTOMY FOR EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLASM, INTRADURAL; SACRAL	Yes
26742	CPT/HCPCS	TREATMENT OF CLOSED ARTICULAR FRACTURE, INVOLVING METACARPOPHALANGEAL OR PROXIMAL INTERPHALANGEAL JOINT; WITH MANIP	Yes
53601	CPT/HCPCS	*DILATION OF URETHRAL STRICTURE BY PASSAGE OF SOUND OR URETHRAL DILATOR, MALE; SUBSEQUENT	Yes
56440	CPT/HCPCS	MARSUPIALIZATION OF BARTHOLIN'S GLAND CYST	Yes
36013	CPT/HCPCS	INTRODUCTION OF CATHETER, RIGHT HEART OR MAIN PULMONARY ARTERY	Yes
29863	CPT/HCPCS	ARTHROSCOPY, HIP, SURGICAL; WITH SYNOVECTOMY	Yes
27330	CPT/HCPCS	ARTHROTOMY, KNEE; FOR SYNOVIAL BIOPSY ONLY	Yes
37197	CPT/HCPCS	TRANSCATHETER RETRIVAL, PERCUTANEOUS, OF INTRAVACULAR FOREIGN BODY (EG, FRACTURED VENOUS OR ARTERIAL CATHETER), INCL RADI	Yes
27680	CPT/HCPCS	TENOLYSIS, INCLUDING TIBIA, FIBULA AND ANKLE FLEXOR; SINGLE	Yes
43263	CPT/HCPCS	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH PRESSURE MEASUREMENT OF SPHINCTER OF ODDI	Yes
25922	CPT/HCPCS	DISARTICULATION THROUGH WRIST; SECONDARY CLOSURE OR SCAR REVISION	Yes
24300	CPT/HCPCS	MANIPULATION, ELBOW, UNDER ANESTHESIA	Yes
0335T	CPT/HCPCS	INSERTION OF SINUS TARSI IMPLANT	Yes
22857	CPT/HCPCS	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); SINGLE INTER+	Yes
11010	CPT/HCPCS	DEBRIDEMENT INCLUDING REMOVAL OF FOREIGN MATERIAL ASSOCIATED WITH OPEN FRACTURE(S) AND/OR DISLOCATION(S); SKIN & SUB TISS	Yes
66821	CPT/HCPCS	DISCISSION OF SECONDARY MEMBRANEOUS CATARACT (OPACIFIED POSTERIOR LENS CAPSULE AND/OR ANTERIOR HYALOID; LASER SUR	Yes
33676	CPT/HCPCS	CLOSURE OF MULTIPLE VENTRICULAR SEPTAL DEFECTS; WITH PULMONARY VALVOTOMY OR INFUNDIBULAR RESECTION (ACYANOTIC)	Yes
35281	CPT/HCPCS	REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; INTRA-ABDOMINAL	Yes
57511	CPT/HCPCS	*CAUTERIZATION OF CERVIX; CRYOCAUTERY, INITIAL OR REPEAT	Yes
21630	CPT/HCPCS	RADICAL RESECTION OF STERNUM;	Yes
33213	CPT/HCPCS	INSERTION OR REPLACEMENT OF PACEMAKER PULSE GENERATOR ONLY; DUAL CHAMBER	Yes
24999	CPT/HCPCS	UNLISTED PROCEDURE, HUMERUS OR ELBOW	Yes
69979	CPT/HCPCS	UNLISTED PROCEDURE, TEMPORAL BONE, MIDDLE FOSSA APPROACH	Yes
52332	CPT/HCPCS	CYSTOURETHROSCOPY, WITH INSERTION OF INDWELLING URETERAL STENT (EG, GIBBONS OR DOUBLE-J TYPE)	Yes
44110	CPT/HCPCS	EXCISION OF ONE OR MORE LESIONS OF SMALL OR LARGE BOWEL NOT REQUIRING ANASTOMOSIS, EXTERIORIZATION, OR FISTULIZA	Yes
22868	CPT/HCPCS	INSERTION OF INTERLAMINAR/INTERSPINOUS PROCESS WITHOUT FUSION, WITH OPEN DECOMPRESSION, LUMBAR; SECOND LEVEL	Yes
C2614	CPT/HCPCS	PROBE, PERCUTANEOUS LUMBAR DISCECTOMY	Yes
46999	CPT/HCPCS	UNLISTED PROCEDURE, ANUS	Yes
33505	CPT/HCPCS	REPAIR OF ANOMALOUS CORONARY ARTERY; WITH CONSTRUCTION OF INTRAPULMONARY ARTERY TUNNEL (TAKEUCHI PROCEDURE)	Yes
S2340	CPT/HCPCS	CHEMODENERVATION OF ABDUCTOR MUSCLE(S) OF VOCAL CORD	Yes
61626	CPT/HCPCS	TRANSCATHETER OCCLUSION OR EMBOLIZATION, PERCUTANEOUS, ANY METHOD; NON-CENTRAL NERVOUS SYSTEM, HEAD OR NECK	Yes
43310	CPT/HCPCS	ESOPHAGOPLASTY, (PLASTIC REPAIR OR RECONSTRUCTION) THORACIC APPROACH; WITHOUT REPAIR OF TRACHEOESOPHAGEAL FISTULA	Yes
21408	CPT/HCPCS	OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH BONE GRAFTING (INCLUDES OBTAINING GRAFT)	Yes
41015	CPT/HCPCS	EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF FLOOR OF MOUTH; SUBLINGUAL	Yes

11951	CPT/HCPCS	SUBCUTANEOUS INJECTION OF "FILLING" MATERIAL (EG, COLLAGEN); 1.1 TO 5.0 CC	Yes
C5271	CPT/HCPCS	APPLICATION OF LOW COST SKIN SUBSTITUTE GRAFT TO TRUNK, ARMS, LEGS, TOTAL WOUND SURFACE AREA UP TO 100 SQ CM; FIRST 25 S	Yes
44640	CPT/HCPCS	CLOSURE OF INTESTINAL CUTANEOUS FISTULA	Yes
42972	CPT/HCPCS	CONTROL OF NASOPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, POSTADENOIDECTOMY); WITH SECONDARY SURGICA	Yes
25645	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN CARPAL BONE FRACTURE (EXCLUDING CARPAL SCAPHOID (NAVICULAR)), EACH BONE	Yes
47000	CPT/HCPCS	*BIOPSY OF LIVER, PERCUTANEOUS NEEDLE	Yes
52317	CPT/HCPCS	LITHOLAPAXY: CRUSHING OR FRAGMENTATION OF CALCULUS BY ANY MEANS IN BLADDER AND REMOVAL OF FRAGMENTS, SIMPLE; SMALL (L	Yes
47535	CPT/HCPCS	CONVERSION OF EXTERNAL BILIARY DRAINAGE CATHETER TO INTERNAL-EXTERNAL BILIARY DRAINAGE CATHETER, PERCUTANEOUS,	Yes
69610	CPT/HCPCS	TYMPANIC MEMBRANE REPAIR, WITH OR WITHOUT SITE PREPARATION OR PERFORATION FOR CLOSURE WITH OR WITHOUT PATCH	Yes
23550	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN ACROMIOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC;	Yes
33690	CPT/HCPCS	BANDING OF PULMONARY ARTERY	Yes
20251	CPT/HCPCS	BIOPSY, VERTEBRAL BODY, OPEN; LUMBAR OR CERVICAL	Yes
27000	CPT/HCPCS	TENOTOMY, ADDUCTOR OF HIP, SUBCUTANEOUS, CLOSED (SEPARATE PROCEDURE)	Yes
33780	CPT/HCPCS	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, AORTIC PULMONARY ARTERY RECONSTRUCTION (EG, JATENE TYPE); WITH CLO	Yes
29425	CPT/HCPCS	APPLICATION OF SHORT LEG CAST (BELOW KNEE TO TOES); WALKING OR AMBULATORY TYPE	Yes
26844	CPT/HCPCS	ARTHRODESIS, CARPOMETACARPAL JOINT, DIGITS, OTHER THAN THUMB; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)	Yes
53085	CPT/HCPCS	DRAINAGE OF PERINEAL URINARY EXTRAVASATION; COMPLICATED	Yes
27331	CPT/HCPCS	ARTHROTOMY, KNEE; WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR WITHOUT REMOVAL OF LOOSE OR FOREIGN BODIES	Yes
40801	CPT/HCPCS	DRAINAGE OF ABSCESS, CYST, HEMATOMA, VESTIBULE OF MOUTH; COMPLICATED	Yes
61316	CPT/HCPCS	INCISION AND SUBCUTANEOUS PLACEMENT OF CRANIAL BONE GRAFT	Yes
32609	CPT/HCPCS	THORACOSCOPY; WITH BIOPSY(IES) OF PLEURA	Yes
28505	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN FRACTURE GREAT TOE, PHALANX OR PHALANGES, WITH OR WITHOUT INTERNAL OR EXTERNAL SKELE	Yes
42426	CPT/HCPCS	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, WITH UNILATERAL RADICAL NECK DISSECTION	Yes
54163	CPT/HCPCS	REPAIR INCOMPLETE CIRCUMCISION	Yes
12046	CPT/HCPCS	REPAIR, INTERMEDIATE, WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA, 20.1 CM TO 30.0 CM	Yes
31626	CPT/HCPCS	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH PLACEMENT OF FIDUCIAL MARKERS, SI	Yes
23921	CPT/HCPCS	DISARTICULATION OF SHOULDER; SECONDARY CLOSURE OR SCAR REVISION	Yes
68840	CPT/HCPCS	*PROBING OF LACRIMAL CANALICULI, WITH OR WITHOUT IRRIGATION	Yes
53660	CPT/HCPCS	*DILATION OF FEMALE URETHRA INCLUDING SUPPOSITORY AND/OR INSTILLATION; INITIAL	Yes
50385	CPT/HCPCS	REMOVAL AND REPLCMENT OF INT DWELLING URETRAL STENT VIA TRANSURTHERAL APPRCH, W/O USE OF CYSTOSCOPY, INCLDING RAD SUPVIS	Yes
20920	CPT/HCPCS	FASCIA LATA GRAFT; BY STRIPPER	Yes
27485	CPT/HCPCS	ARREST, HEMIEPIPHYSEAL, DISTAL FEMUR OR PROXIMAL LEG (EG, FOR GENU VARUS OR VALGUS)	Yes
67345	CPT/HCPCS	CHEMODENERVATION OF EXTRAOCULAR MUSCLE	Yes
0466T	CPT/HCPCS	INSERTION OF CHEST WALL RESPIRATORY SENSOR ELECTRODE OR ELECTRODE ARRAY, INCLUDING CONNECTION TO PULSE GENERATOR	Yes

33946	CPT/HCPCS	EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO)/ EXTRACORPOREAL LIFE SUPPORT (ECLS) PROVIDED BY PHYSICIAN; INITIATION,	Yes
32482	CPT/HCPCS	REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY; TWO LOBES (BILOBECTOMY)	Yes
58546	CPT/HCPCS	LAPAROSCOPY, SURGICAL, MYOMECTOMY, EXCISION; 5 OR MORE INTRAL MYOMAS AND/OR INTRAMURAL MYOMAS WITH TOTAL WEIGHT> 250GRMS	Yes
35142	CPT/HCPCS	DIRECT REPAIR OF ANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR WITHOUT PATCH GRAFT; FOR RUPTURED	Yes
44603	CPT/HCPCS	SUTURE OF SMALL INTESTINE (ENTERORRHAPHY) FOR PERFORATED ULCER, DIVERTICULUM, WOUND, INJURY RUPTURE; MULTIPLE PERFORATIO	Yes
27487	CPT/HCPCS	REVISION OF TOTAL KNEE ARTHROPLASTY, WITH OR WITHOUT ALLOGRAFT; ALL COMPONENTS	Yes
33621	CPT/HCPCS	TRANSTHORACIC INSERTION OF CATHETER FOR STENT PLACEMENT WITH CATHETER REMOVAL AND CLOSURE (EG, HYBRID APPROACH STAGE 1)	Yes
42809	CPT/HCPCS	REMOVAL OF FOREIGN BODY FROM PHARYNX	Yes
61315	CPT/HCPCS	CRANIECTOMY OR CRANIOTOMY FOR EVACUATION OF HEMATOMA, INFRATENTORIAL; INTRACEREBELLAR	Yes
29105	CPT/HCPCS	APPLICATION OF LONG ARM SPLINT (SHOULDER TO HAND)	Yes
34847	CPT/HCPCS	ENDOVASCULAR REPAIR OF VISCERAL AORTA & INFRARENAL ABDOMINAL AORTA;INCLUDING THREE VISCERAL ARTERY ENDOPROSTHESIS	Yes
64774	CPT/HCPCS	EXCISION OF NEUROMA; CUTANEOUS NERVE, SURGICALLY IDENTIFIABLE	Yes
33425	CPT/HCPCS	VALVULOPLASTY, MITRAL VALVE, WITH CARDIOPULMONARY BYPASS;	Yes
42000	CPT/HCPCS	*DRAINAGE OF ABSCESS OF PALATE, UVULA	Yes
61526	CPT/HCPCS	CRANIECTOMY, BONE FLAP CRANIOTOMY, TRANSTEMPORAL (MASTOID) FOR EXCISION OF CEREBELLOPONTINE ANGLE TUMOR;	Yes
24400	CPT/HCPCS	OSTEOTOMY, HUMERUS, WITH OR WITHOUT INTERNAL FIXATION	Yes
53445	CPT/HCPCS	OPERATION FOR CORRECTION OF URINARY INCONTINENCE WITH PLACEMENT OF INFLATABLE URETHRAL OR BLADDER NECK SPHINCTER, INCLUD	Yes
43283	CPT/HCPCS	LAPAROSCOPY, SURGICAL, ESOPHAGEAL LENGTHENING PROCEDURE (EG, COLLIS GASTROPLASTY OR WEDGE GASTROPLASTY) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIM+	Yes
52250	CPT/HCPCS	CYSTOURETHROSCOPY WITH INSERTION OF RADIOACTIVE SUBSTANCE, WITH OR WITHOUT BIOPSY OR FULGURATION	Yes
66030	CPT/HCPCS	*INJECTION, ANTERIOR CHAMBER (SEPARATE PROCEDURE); MEDICATION	Yes
25927	CPT/HCPCS	TRANSMETACARPAL AMPUTATION;	Yes
21155	CPT/HCPCS	RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS); WI	Yes
35302	CPT/HCPCS	THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED; SUPERFICIAL FEMORAL ARTERY	Yes
25101	CPT/HCPCS	ARTHROTOMY, WRIST JOINT; WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR WITHOUT REMOVAL OF LOOSE OR FOREIGN BOD	Yes
26432	CPT/HCPCS	EXTENSOR TENDON REPAIR, DISTAL INSERTION ("MALLET FINGER"), CLOSED, SPLINTING WITH OR WITHOUT PERCUTANEOUS PIN	Yes
24560	CPT/HCPCS	TREATMENT OF CLOSED HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERAL; WITHOUT MANIPULATION	Yes
35261	CPT/HCPCS	REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; NECK	Yes
61698	CPT/HCPCS	SURGERY OF COMPLEX INTRACRANIAL ANEURYSM, INTRACRANIAL APPROACH; VERTEBROBASILAR CIRCULATION	Yes
36299	CPT/HCPCS	UNLISTED PROCEDURE, VASCULAR INJECTION	Yes
58943	CPT/HCPCS	OOPHORECTOMY, PARTIAL OR TOTAL, UNILATERAL OR BILATERAL; FOR OVARIAN TUBAL OR PRIMARY MALIGNANCY, W/PARA-AORTIC, PELVIC	Yes
13121	CPT/HCPCS	REPAIR, COMPLEX, SCALP, ARMS, AND/OR LEGS; 2.6 CM TO 7.5 CM	Yes
21154	CPT/HCPCS	RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS); WI	Yes
28005	CPT/HCPCS	INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), FOOT	Yes

11444	CPT/HCPCS	EXCISION, BENIGN LESION INCL MARGINS, (UNLS LSTD ELSWR) FACEEARS, EYELIDS, NOSE, LIPS, MUCOUS MEMB, EX DIAM 3.1 TO 4.0CM	Yes
24145	CPT/HCPCS	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), RADIAL HEAD OR NECK	Yes
28635	CPT/HCPCS	*TREATMENT OF CLOSED METATARSOPHALANGEAL JOINT DISLOCATION; REQUIRING ANESTHESIA	Yes
33948	CPT/HCPCS	EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO)/EXTRACORPOREAL LIFE SUPPORT(ECLS)PROVIDED BY PHYSICIAN;DAILY MANAGEMENT,EACH	Yes
27612	CPT/HCPCS	ARTHROTOMY, ANKLE, POSTERIOR CAPSULAR RELEASE, WITH OR WITHOUT ACHILLES TENDON LENGTHENING	Yes
35276	CPT/HCPCS	REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; INTRATHORACIC, WITHOUT BYPASS	Yes
24342	CPT/HCPCS	REINSERTION OF RUPTURED BICEPS TENDON, DISTAL, WITH OR WITHOUT TENDON GRAFT (INCLUDES OBTAINING GRAFT)	Yes
33477	CPT/HCPCS	TRANSCATHETER PULMONARY VALVE IMPLANTATION, PERCUTANEOUS APPROACH, INCLUDING PRE-STENTING OF THE VALVE DELIVERY SITE,	Yes
67909	CPT/HCPCS	REDUCTION OF OVERCORRECTION OF PTOSIS	Yes
27165	CPT/HCPCS	OSTEOTOMY, INTERTROCHANTERIC OR SUBTROCHANTERIC INCLUDING INTERNAL OR EXTERNAL FIXATION AND/OR CAST	Yes
17311	CPT/HCPCS	MOHS MICROGRAPHIC TECHNIQUE, ANY LOCATION W/SURGERY DIRECTLY INVOLVING MUSCLE, CARTILAGE, BONE, TENDON, MAJOR NERVES,	Yes
22207	CPT/HCPCS	OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, THREE COLUMNS, ONE VERTEBRAL SEGMENT (EG, PEDICLE/VERTEBRAL BO	Yes
42205	CPT/HCPCS	PALATOPLASTY FOR CLEFT PALATE, WITH CLOSURE OF ALVEOLAR RIDGE; SOFT TISSUE ONLY	Yes
43108	CPT/HCPCS	TOTAL OR NEAR TOTAL ESOPHAGECTOMY, WITHOUT THORACOTOMY; WITH COLON INTERPOSITION OR SMALL BOWEL RECONSTRUCTION	Yes
37226	CPT/HCPCS	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, FEMORAL, POPLITEAL ARTERY(S), UNILATERAL; WITH TRANSLUMINAL STENT	Yes
27246	CPT/HCPCS	TREATMENT OF CLOSED GREATER TROCHANTERIC FRACTURE, WITHOUT MANIPULATION	Yes
28415	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN CALCANEAL FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL SKELETAL FIXATION;	Yes
66605	CPT/HCPCS	IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; WITH CYCLECTOMY	Yes
46740	CPT/HCPCS	CONSTRUCTION OF ANUS FOR CONGENITAL ABSENCE, WITH REPAIR OF URINARY FISTULA	Yes
41800	CPT/HCPCS	*DRAINAGE OF ABSCESS, CYST, HEMATOMA FROM DENTOALVEOLAR STRUCTURES	Yes
23675	CPT/HCPCS	TREATMENT OF CLOSED SHOULDER DISLOCATION, WITH SURGICAL OR ANATOMICAL NECK FRACTURE, WITH MANIPULATION	Yes
20662	CPT/HCPCS	APPLICATION OF HALO, INCLUDING REMOVAL; PELVIC	Yes
46288	CPT/HCPCS	CLOSURE OF ANAL FISTUAL WITH RECTAL ADVANCEMENT FLAP	Yes
37765	CPT/HCPCS	STAB PHLEBECTOMY OF VARICOSE VEINS, ONE EXTREMITY; 10-20 STAB INCISIONS	Yes
27356	CPT/HCPCS	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR; WITH ALLOGRAFT	Yes
29440	CPT/HCPCS	ADDING WALKER TO PREVIOUSLY APPLIED CAST	Yes
39599	CPT/HCPCS	UNLISTED PROCEDURE, DIAPHRAGM	Yes
51705	CPT/HCPCS	*CHANGE OF CYSTOSTOMY TUBE; SIMPLE	Yes
31600	CPT/HCPCS	TRACHEOSTOMY, PLANNED (SEPARATE PROCEDURE);	Yes
29805	CPT/HCPCS	ARTHROSCOPY, SHOULDER, DIAGNOSTIC, WITH OR WITHOUTSYNOVIAL BIOPSY (SEPARATE PROCEDURE)	Yes
26060	CPT/HCPCS	TENOTOMY, SUBCUTANEOUS, SINGLE, EACH DIGIT	Yes
29125	CPT/HCPCS	APPLICATION OF SHORT ARM SPLINT (FOREARM TO HAND); STATIC	Yes
31551	CPT/HCPCS	LARYNGOPLASTY; FOR LARYNGEAL STENOSIS, WITH GRAFT, WITHOUT INDWELLING STENT PLACEMENT, YOUNGER THAN 12 YEARS OF AGE	Yes
52310	CPT/HCPCS	CYSTOURETHROSCOPY, WITH REMOVAL OF FOREIGN BODY, CALCULUS, OR URETERAL STENT FROM URETHRA OR BLADDER (SEPARATE PROCEDUR	Yes

29877	CPT/HCPCS	ARTHROSCOPY, KNEE, SURGICAL; DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE (CHONDROPLASTY)	Yes
36246	CPT/HCPCS	INTRODUCTION OF CATHETER, AORTA OR SELECTIVE; INITIAL SECONDORDER ABDOMINAL, PELVIC OR LOWER EXTREMITY ARTERY BRANCH	Yes
29280	CPT/HCPCS	STRAPPING; HAND OR FINGER	Yes
42825	CPT/HCPCS	TONSILLECTOMY, PRIMARY OR SECONDARY; UNDER AGE 12	Yes
27594	CPT/HCPCS	AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; SECONDARY CLOSURE OR SCAR REVISION	Yes
27248	CPT/HCPCS	OPEN TREATMENT OF GREATER TROCHANTERIC FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED	Yes
25449	CPT/HCPCS	REVISION OF ARTHROPLASTY, INCLUDING REMOVAL OF IMPLANT, WRIST JOINT	Yes
31632	CPT/HCPCS	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITHTRANSBRONCHIA L LUNG BIOPSY(S), EACH ADDITIONAL LOBE (LIST SEPA+	Yes
11443	CPT/HCPCS	EXCISION, BENIGN LESION INCL MARGINS, (UNLS LSTD ELSWR) FACEEARS, EYELIDS, NOSE, LIPS, MUCOUS MEMB, EX DIAM 2.1 TO 3.0CM	Yes
S2205	CPT/HCPCS	MINIMALLY INVASIVE DIRECT CORONARY ARTERY BYPASS SURGERY INVOLVING MINI-THORACOTOMY OR MINI-STERNOTOMY SURGERY, PERFORME	Yes
21338	CPT/HCPCS	OPEN TREATMENT OF NASOETHMOID FRACTURE; WITHOUT EXTERNAL FIXATION	Yes
63266	CPT/HCPCS	LAMINECTOMY FOR EXCISION OR EVACUATION OF INTRASPINAL LESION OTHER THAN NEOPLASM, EXTRADURAL; THORACIC	Yes
42509	CPT/HCPCS	PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE); WITH EXCISION OF BOTH SUBMANDIBULAR GLANDS	Yes
35691	CPT/HCPCS	TRANSPOSITION AND/OR REIMPLANTATION; VERTEBRAL TO CAROTID ARTERY	Yes
35518	CPT/HCPCS	BYPASS GRAFT, WITH VEIN; AXILLARY-AXILLARY	Yes
21632	CPT/HCPCS	RADICAL RESECTION OF STERNUM; WITH MEDIASTINAL LYMPHADENECTOMY	Yes
62194	CPT/HCPCS	REPLACEMENT OR IRRIGATION, SUBARACHNOID/SUBDURAL CATHETER	Yes
27638	CPT/HCPCS	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA; WITH ALLOGRAFT	Yes
26550	CPT/HCPCS	POLLICIZATION OF A DIGIT	Yes
27871	CPT/HCPCS	ARTHRODESIS, TIBIOFIBULAR JOINT, PROXIMAL OR DISTAL	Yes
25295	CPT/HCPCS	TENOLYSIS, FLEXOR OR EXTENSOR TENDON, FOREARM AND/OR WRIST, SINGLE, EACH TENDON	Yes
48548	CPT/HCPCS	PANCREATICOJEJUNOSTOMY, SIDE-TO-SIDE ANASTOMOSIS (PUESTOW-TYPE OPERATION)	Yes
35111	CPT/HCPCS	DIRECT REPAIR OF ANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR WITHOUT PATCH GRAFT; FOR ANEURYSM	Yes
49501	CPT/HCPCS	REPAIR INITIAL INGUINAL HERNIA, AGE 6 MONTHS TO UNDER 5 YEARS, WITH OR WITHOUT HYDROCELECTOMY; INCARCERATED OR STRANGULA	Yes
33572	CPT/HCPCS	CORONARY ENDATERETOMY, OPEN, ANY METHOD,OF LEFT ANTERIOR DESCENDING, CIRCUMFLEX, OR RIGHT CORORNARY ARTERY PERFORMED	Yes
27446	CPT/HCPCS	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL OR LATERAL COMPARTMENT	Yes
68550	CPT/HCPCS	EXCISION OF LACRIMAL GLAND TUMOR; INVOLVING OSTEOTOMY	Yes
27538	CPT/HCPCS	TREATMENT OF CLOSED INTERCONDYLAR SPINE(S) FRACTURE(S) OF KNEE	Yes
38746	CPT/HCPCS	THORACIC LYMPHADENECTOMY, REGIONAL, INCLUDING MEDIASTINAL & PERITRACHEAL NODES (REPORT IN ADDITION TO PRIMARY PROC CODE)	Yes
51710	CPT/HCPCS	*CHANGE OF CYSTOSTOMY TUBE; COMPLICATED	Yes
45915	CPT/HCPCS	*REMOVAL OF FECAL IMPACTION OR FOREIGN BODY (SEPARATE PROCEDURE) UNDER ANESTHESIA	Yes
32400	CPT/HCPCS	*BIOPSY, PLEURA; PERCUTANEOUS NEEDLE	Yes
21616	CPT/HCPCS	EXCISION FIRST AND/OR CERVICAL RIB FOR OUTLET COMPRESSION SYNDROME OR OTHER CAUSE; WITH SYMPATHECTOMY	Yes
46706	CPT/HCPCS	REPAIR OF ANAL FISTULA WITH FIBRIN GLUE	Yes
28344	CPT/HCPCS	RECONSTRUCTION, TOE(S); POLYDACTYLY	Yes

0342T	CPT/HCPCS	THERAPEUTIC APHERESIS WITH SELECTIVE HDL DELIPIDATION AND PLASMA REINFUSION	Yes
62269	CPT/HCPCS	*BIOPSY OF SPINAL CORD, PERCUTANEOUS NEEDLE	Yes
69511	CPT/HCPCS	MASTOIDECTOMY; RADICAL	Yes
15825	CPT/HCPCS	RHYTIDECTOMY; NECK WITH PLATYSMAL TIGHTENING (PLATYSMAL FLAP, "P-FLAP")	Yes
61576	CPT/HCPCS	TRANSORAL APPROACH TO SKULL BASE, BRAIN STEM OR UPPER SPINAL CORD FOR BIOPSY, DECOMPRESSION OR EXCISION OF LESION; REQUI	Yes
11441	CPT/HCPCS	EXCISION, BENIGN LESION INCL MARGINS, (UNLS LSTD ELSWR) FACEEARS, EYELIDS, NOSE, LIPS, MUCOUS MEMB, EX DIAM 0.6 TO 1.0CM	Yes
35102	CPT/HCPCS	DIRECT REPAIR OF ANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR WITHOUT PATCH GRAFT; FOR ANEURYSM	Yes
28456	CPT/HCPCS	TREATMENT OF CLOSED TARSAL BONE FRACTURE (EXCEPT TALUS AND CALCANEUS); WITH MANIPULATION AND PERCUTANEOUS PINNING, EAC	Yes
63661	CPT/HCPCS	REMOVAL OF SPINAL NEUROSTIMULATOR ELECTRODE PERCUTANEOUS ARRAY(S), INCLUDING FLUOROSCOPY, WHEN PERFORMED	Yes
40814	CPT/HCPCS	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITH COMPLEX REPAIR	Yes
11450	CPT/HCPCS	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, AXILLARY; WITH PRIMARY SUTURE	Yes
0474T	CPT/HCPCS	INSERTION OF ANTERIOR SEGMENT AQUEOUS DRAINAGE DEVICE, WITH CREATION OF INTRAOCULAR RESERVOIR, INTERNAL APPROACH, INTO	Yes
49418	CPT/HCPCS	INSERTION OF TUNNELED INTRAPERITONEAL CATHETER (EG, DIALYSIS, INTRAPERITONEAL CHEMOTHERAPY INSTILLATION, MANAGEMENT OF	Yes
44187	CPT/HCPCS	LAPAROSCOPY, SURGICAL; ILEOSTOMY OR JEJUNOSTOMY, NON-TUBE	Yes
31090	CPT/HCPCS	SINUSOTOMY COMBINED, THREE OR MORE SINUSES	Yes
G0343	CPT/HCPCS	LAPAROTOMY FOR ISLET CELL TRANSPLANT, INCLUDES PORTAL VEIN CATHETERIZATION AND INFUSION	Yes
27380	CPT/HCPCS	SUTURE OF INFRAPATELLAR TENDON; PRIMARY	Yes
39545	CPT/HCPCS	IMBRICATION OF DIAPHRAGM FOR EVENTRATION; PARALYTIC	Yes
35665	CPT/HCPCS	BYPASS GRAFT, WITH OTHER THAN VEIN; ILIOFEMORAL	Yes
24665	CPT/HCPCS	OPEN TREATMENT OF RADIAL HEAD OR NECK FRACTURE INCLUDES INTERNAL FIXATION OR RADIAL HEAD EXCISION, WHEN PERFORMED;	Yes
64766	CPT/HCPCS	TRANSECTION OR AVULSION OF OBTURATOR NERVE, INTRAPELVIC, WITH OR WITHOUT ADDUCTOR TENOTOMY	Yes
29837	CPT/HCPCS	ARTHROSCOPY, ELBOW, SURGICAL; DEBRIDEMENT, LIMITED	Yes
36905	CPT/HCPCS	PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY AND/OR INFUSION FOR THROMBOLYSIS, DIALYSIS, TO PERFORM ANGIOPLASTY	Yes
37618	CPT/HCPCS	LIGATION, MAJOR ARTERY (EG, POST-TRAUMATIC, RUPTURE); EXTREMITY	Yes
10040	CPT/HCPCS	*ACNE SURGERY (EG, MARSUPIALIZATION, OPENING OR REMOVAL OF MULTIPLE MILIA, COMEDONES, CYSTS, PUSTULES)	Yes
67414	CPT/HCPCS	ORBITOTOMY WITHOUT BONE FLAP(FRONTAL APPROACH); WITH REMOVAL OF BONE FOR DECOMPRESSION	Yes
27740	CPT/HCPCS	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING, COMBINED, PROXIMAL AND DISTAL TIBIA AND FIBULA;	Yes
27265	CPT/HCPCS	TREATMENT OF ATRAUMATIC HIP DISLOCATION (EG, POST-TOTAL HIP ARTHROPLASTY); WITHOUT ANESTHESIA	Yes
C5278	CPT/HCPCS	APPLICATION OF LOW COST SKIN SUBSTITUTE GRAFT TO FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET	Yes
12016	CPT/HCPCS	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 12.6 CM TO 20.0 CM	Yes
61070	CPT/HCPCS	*PUNCTURE OF SHUNT TUBING OR RESERVOIR FOR ASPIRATION OR INJECTION PROCEDURE	Yes
68700	CPT/HCPCS	PLASTIC REPAIR OF CANALICULI	Yes
54340	CPT/HCPCS	REPAIR OF HYPOSPADIAS COMPLICATION(S) (IE, FISTULA, STRICTURE, DIVERTICULA); BY CLOSURE, INCISION, OR EXCISION, SIMPLE	Yes
43840	CPT/HCPCS	GASTRORRHAPHY, SUTURE OF PERFORATED DUODENAL OR GASTRIC ULCER, WOUND, OR INJURY	Yes
57558	CPT/HCPCS	DILATATION AND CURETTAGE OF CERVICAL STUMP	Yes

27457	CPT/HCPCS	OSTEOTOMY, PROXIMAL TIBIA, INCLUDING FIBULAR EXCISION OR OSTEOTOMY (INCLUDES CORRECTION OF GENU VARUS (BOWLEG) OR GENU	Yes
27508	CPT/HCPCS	TREATMENT OF CLOSED FEMORAL FRACTURE, DISTAL END, MEDIAL OR LATERAL CONDYLE; WITHOUT MANIPULATION	Yes
28118	CPT/HCPCS	OSTECTOMY, CALCANEUS;	Yes
33983	CPT/HCPCS	REPLACEMENT OF VENTRICULAR ASSIST DEVICE PUMP(S); IMPLANTABLE INTRACORPOREAL, SINGLE VENTRICLE, WITH CARDIOPULMONARY BYPASS	Yes
49521	CPT/HCPCS	REPAIR RECURRENT INGUINAL HERNIA, ANY AGE; INCARCERATED OR STRANGULATED	Yes
62010	CPT/HCPCS	ELEVATION OF DEPRESSED SKULL FRACTURE; WITH REPAIR OF DURA AND/OR DEBRIDEMENT OF BRAIN	Yes
40527	CPT/HCPCS	EXCISION OF LIP; FULL THICKNESS, RECONSTRUCTION WITH CROSS LIP FLAP (ABBE-ESTLANDER)	Yes
0266T	CPT/HCPCS	IMPLANTATION OR REPLACEMENT OF CAROTID SINUS BAROREFLEX ACTIVATION DEVICE; TOTAL SYSTEM.	Yes
27615	CPT/HCPCS	RADICAL RESECTION OF TUMOR (EG, SARCOMA), SOFT TISSUE OF LEG OR ANKLE AREA; LESS THAN 5 CM	Yes
44346	CPT/HCPCS	REVISION OF COLOSTOMY; WITH REPAIR OF PARACOLOSTOMY HERNIA (SEPARATE PROCEDURE)	Yes
28515	CPT/HCPCS	TREATMENT OF CLOSED FRACTURE, PHALANX OR PHALANGES, OTHER THAN GREAT TOE; WITH MANIPULATION, EACH	Yes
69720	CPT/HCPCS	DECOMPRESSION FACIAL NERVE, INTRATEMPORAL; LATERAL TO GENICULATE GANGLION	Yes
33766	CPT/HCPCS	SHUNT; VENA CAVA TO PULMONARY ARTERY (GLENN TYPE OPERATION)	Yes
35571	CPT/HCPCS	BYPASS GRAFT, WITH VEIN; POPLITEAL-TIBIAL OR -PERONEAL ARTERY	Yes
0414T	CPT/HCPCS	REMOVAL AND REPLACEMENT OF PERMANENT CARDIAC CONTRACTILITY MODULATION SYSTEM PULSE GENERATOR ONLY	Yes
36581	CPT/HCPCS	REPLACEMENT, COMPLETE, OF A TUNNELED CENTRALLY INSERTED CATHWITHOUT SUBCUTANEOUS PORT OR PUMP, THROUGH SAME VENOUS ACCES	Yes
42892	CPT/HCPCS	RESECTION OF LATERAL PHARYNGEAL WALL OR PYRIFORM SINUS, DIRECT CLOSURE BY ADVANCEMENT OF LATERAL AND POSTERIOR PHARY	Yes
44128	CPT/HCPCS	ENTERECTOMY,RESECTION OF SMALL INTESTINE,CONGENITAL ATRESIA,WITH TAPERING, EACH ADDTIONAL RESECTION AND ANASTOMOSIS	Yes
0102T	CPT/HCPCS	EXTRACORPOREAL SHOCK WAVE PERFORMED BY A PHYSICIAN, REQUIRING ANESTHESIA OTHER THAN LOCAL, AND INVOLVING THE LATERAL HUMERAL EPICONDYLE	Yes
27080	CPT/HCPCS	COCCYGECTOMY, PRIMARY	Yes
43351	CPT/HCPCS	ESOPHAGOSTOMY, FISTULIZATION OF ESOPHAGUS, EXTERNAL; THORACIC APPROACH	Yes
26025	CPT/HCPCS	DRAINAGE OF PALMAR BURSA; SINGLE, ULNAR OR RADIAL	Yes
60521	CPT/HCPCS	THYMECTOMY,PARTIAL OR TOTAL; STERNAL SPLIT OR TRANSTHORACIC APPROACH, WITHOUT RADICA MEDIASTINAL DISSECTION(SEPARATE)	Yes
43832	CPT/HCPCS	GASTROSTOMY, PERMANENT, WITH CONSTRUCTION OF GASTRIC TUBE	Yes
37243	CPT/HCPCS	VASCULAR EMBOLIZATION OR OCCLUSION,IMAGING GUIDANCE NESSRY TO COMPLETE THE INTERVENTION;FOR TUMORS,ORGAN ISCHEMIA	Yes
32096	CPT/HCPCS	THORACOTOMY, WITH DIAGNOSTIC BIOPSY(IES) OF LUNG INFILTRATE(S) (EG, WEDGE, INCISIONAL), UNILATERAL.	Yes
27511	CPT/HCPCS	OPEN TREATMENT OF FEMORAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE WITHOUT INTERCONDYLAR EXTENSION,W/WO INTERNAL OR EX	Yes
63085	CPT/HCPCS	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, TRANSTHORACIC APPROACH WITH DECOMPRESSION	Yes
0316T	CPT/HCPCS	VAGUS NERVE BLOCKING THERAPY (MORBID OBESITY); REPLACEMENT OF PULSE GENERATOR	Yes
64782	CPT/HCPCS	EXCISION OF NEUROMA; HAND OR FOOT, EXCEPT DIGITAL NERVE	Yes
31225	CPT/HCPCS	MAXILLECTOMY; WITHOUT ORBITAL EXENTERATION	Yes
42650	CPT/HCPCS	*DILATION SALIVARY DUCT	Yes

33606	CPT/HCPCS	ANASTOMOSIS OF PULMONARY ARTERY TO AORTA (DAMUS-KAYE-STANSELPROCEDURE	Yes
33800	CPT/HCPCS	AORTIC SUSPENSION FOR TRACHEAL DECOMPRESSION (SEPARATE PROCEDURE)	Yes
54348	CPT/HCPCS	REPAIR OF HYPOSPADIAS COMPLICATION(S) (IE, FISTULA, STRICTURE, DIVERTICULA); REQUIRING EXTENSIVE DISSECTION, AND URETHROPLASTY WITH FLAP, PATCH OR TU+	Yes
13100	CPT/HCPCS	REPAIR, COMPLEX, TRUNK; 1.1 CM TO 2.5 CM	Yes
15277	CPT/HCPCS	APPLICATION OF SKIN SUBSTITUTE GRAFT TO FACE, TOTAL WOUND SURFACE AREA,GREATER THAN OR EQUAL TO 100 SQ CM	Yes
29880	CPT/HCPCS	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCECTOMY (MEDIAL AND LATERAL, INCLUDING ANY MENISCAL SHAVING)	Yes
69222	CPT/HCPCS	DEBRIDEMENT, MASTOIDECTOMY CAVITY, COMPLEX (EG, WITH ANESTHESIA OR MORE THAN ROUTINE CLEANING)	Yes
49900	CPT/HCPCS	SUTURE, SECONDARY, OF ABDOMINAL WALL FOR EVISCERATION OR DEHISCENCE	Yes
30435	CPT/HCPCS	RHINOPLASTY, SECONDARY; INTERMEDIATE REVISION (BONY WORK WITH OSTEOTOMIES)	Yes
46746	CPT/HCPCS	REPAIR OF CLOACAL ANOMALY BY ANORECTOVAGINOPLASTY AND URETHROPLASTY, COMBINED ADBOMINAL AND SACROPERINEAL APPROACH	Yes
33031	CPT/HCPCS	PERICARDIECTOMY, SUBTOTAL OR COMPLETE; WITH CARDIOPULMONARY BYPASS	Yes
27306	CPT/HCPCS	TENOTOMY, SUBCUTANEOUS, CLOSED, ADDUCTOR OR HAMSTRING, (SEPARATE PROCEDURE); SINGLE	Yes
49582	CPT/HCPCS	REPAIR IMBILICAL HERNIA, UNDER AGE 5 YEARS; INCARCERATED OR STRANGULATED	Yes
62120	CPT/HCPCS	REPAIR OF ENCEPHALOCELE, SKULL VAULT, INCLUDING CRANIOPLASTY	Yes
23140	CPT/HCPCS	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAPULA;	Yes
67430	CPT/HCPCS	ORBITOTOMY WITH BONE FLAP, LATERAL APPROACH (EG, KROENLEIN); WITH REMOVAL OF FOREIGN BODY	Yes
42860	CPT/HCPCS	EXCISION OF TONSIL TAGS	Yes
33420	CPT/HCPCS	VALVOTOMY, MITRAL VALVE (COMMISSUROTOMY); CLOSED	Yes
31830	CPT/HCPCS	REVISION OF TRACHEOSTOMY SCAR	Yes
45108	CPT/HCPCS	ANORECTAL MYOMECTOMY	Yes
27507	CPT/HCPCS	OPEN TREATMENT OF FEMORAL SHAFT FRACTURE WITH PLATE/SCREWS, W/WO CERCLAGE	Yes
20838	CPT/HCPCS	REPLANTATION, FOOT; COMPLETE AMPUTATION	Yes
67840	CPT/HCPCS	*EXCISION OF LESION OF EYELID (EXCEPT CHALAZION) WITHOUT CLOSURE OR WITH SIMPLE DIRECT CLOSURE	Yes
42815	CPT/HCPCS	EXCISION BRANCHIAL CLEFT CYST, VESTIGE, OR FISTULA, EXTENDING BENEATH SUBCUTANEOUS TISSUES AND/OR INTO PHARYNX	Yes
15937	CPT/HCPCS	EXCISION, SACRAL PRESSURE ULCER, WITH OTHER FLAP CLOSURE; WITH OSTECTOMY	Yes
21554	CPT/HCPCS	EXCISION, TUMOR, SOFT TISSUE OF NECK OR ANTERIOR THORAX, SUBFASCIAL (EG, INTRAMUSCULAR); 5 CM OR GREATER	Yes
21210	CPT/HCPCS	GRAFT, BONE; NASAL, MAXILLARY OR MALAR AREAS (INCLUDES OBTAINING GRAFT)	Yes
58540	CPT/HCPCS	HYSTEROPLASTY, REPAIR OF UTERINE ANOMALY (STRASSMAN TYPE)	Yes
22220	CPT/HCPCS	OSTEOTOMY OF SPINE, INCLUDING DISCECTOMY, ANTERIORAPPROACH, SINGLE VERTEBRAL SEGMENT; CERVICAL	Yes
69554	CPT/HCPCS	EXCISION AURAL GLOMUS TUMOR; EXTENDED (EXTRATEMPORAL)	Yes
27860	CPT/HCPCS	*MANIPULATION OF ANKLE UNDER GENERAL ANESTHESIA (INCLUDES APPLICATION OF TRACTION OR OTHER FIXATION APPARATUS)	Yes
36260	CPT/HCPCS	INSERTION OF IMPLANTABLE INTRA-ARTERIAL INFUSION PUMP (EG, FOR CHEMOTHERAPY OF LIVER)	Yes
26471	CPT/HCPCS	TENODESIS; FOR PROXIMAL INTERPHALANGEAL JOINT STABILIZATION	Yes
28047	CPT/HCPCS	RADICAL RESECTION OF TUMOR (EG, SARCOMA), SOFT TISSUE OF FOOT OR TOE; 3 CM OR GREATER	Yes
33767	CPT/HCPCS	SHUNT; SUPERIOR VENA CAVA TO PULMONARY ARTERY FOR FLOW TO BOTH LUNGS (BIDIRECTIONAL GLENN PROCEDURE)	Yes
36522	CPT/HCPCS	PHOTOPHERESIS, EXTRACORPOREAL	Yes
23195	CPT/HCPCS	RESECTION HUMERAL HEAD	Yes
24149	CPT/HCPCS	RADICAL RESECTION OF CAPSULE, SOFT TISSUE, AND HETEROTOPIC BONE,ELBOW,WITH CONTRACTURE RELEASE (SEPARATE PROCEDURE)	Yes

33273	CPT/HCPCS	REPOSITIONING OF PREVIOUSLY IMPLANTED SUBCUTANEOUS IMPLANTABLE DEFIBRILLATOR ELECTRODE	Yes
43045	CPT/HCPCS	ESOPHAGOTOMY, THORACIC APPROACH; WITH REMOVAL OF FOREIGN BODY	Yes
46600	CPT/HCPCS	ANOSCOPY; DIAGNOSTIC INCLUDING COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING, WHEN PERFORMED (SEPARATE PROCEDURE)	Yes
38572	CPT/HCPCS	LAPAROSCOPY, SURGICAL; WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY AND PERI-AORTIC LYMPH NODE SAMPLING, SINGLE OR MULTIP	Yes
51727	CPT/HCPCS	COMPLEX CYSTOMETROGRAM (IE, CALIBRATED ELECTRONIC EQUIPMENT); WITH URETHRAL PRESSURE PROFILE STUDIES (IE, URETHRAL CLOSURE)	Yes
67445	CPT/HCPCS	ORBITOTOMY WITH BONE FLAP, LATERAL APPROACH(EG, KROENLEIN) WITH REMOVAL OF BONE FOR DECOMPRESSION	Yes
33984	CPT/HCPCS	EXTRACORPOREAL MEMBRANE OXYGENATION; REMOVAL OF PERIPHERAL CANNULA(E), OPEN 6 YEARS AND OLDER	Yes
25680	CPT/HCPCS	TREATMENT OF CLOSED TRANS-SCAPHOPERILUNAR TYPE OF FRACTURE DISLOCATION, WITH MANIPULATION	Yes
44680	CPT/HCPCS	INTESTINAL PLICATION (SEPARATE PROCEDURE)	Yes
31513	CPT/HCPCS	LARYNGOSCOPY, INDIRECT (SEPARATE PROCEDURE); WITH VOCAL CORD INJECTION	Yes
S0630	CPT/HCPCS	REMOVAL OF SUTURES BY A PHYSICIAN OTHER THAN THE PHYSICIAN WHO ORIGINALLY CLOSED THE WOUND	Yes
33891	CPT/HCPCS	BYPASS GRAFT, WITH OTHER THAN VEIN, TRANSCERVICAL RETROPHARYNGEAL CAROTID-CAROTID, PERFORMED IN CONJUNCTION WITH ENDOVA	Yes
25260	CPT/HCPCS	REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR WRIST; PRIMARY, SINGLE, EACH TENDON OR MUSCLE	Yes
21048	CPT/HCPCS	EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA; REQUIRING INTRA-ORAL OSEOTOMY	Yes
51050	CPT/HCPCS	CYSTOLITHOTOMY, CYSTOTOMY WITH REMOVAL OF CALCULUS, WITHOUT VESICAL NECK RESECTION	Yes
43887	CPT/HCPCS	GASTRIC RESTRICTIVE PROCEDURE, OPEN; REMOVAL OF SUBCUTANEOUS PORT COMPONENT ONLY	Yes
33974	CPT/HCPCS	REMOVAL OF INTRA-AORTIC BALLOON ASSIST DEVICE FROM ASCENDING AORTA, INCLUDING REPAIR OF ASCENDING AORTA, W/OR W/OUT GRAFT	Yes
C5273	CPT/HCPCS	APPLICATION OF LOW COST SKIN SUBSTITUTE GRAFT TO TRUNK, ARMS, LEGS, TOTAL WOUND SURFACE AREA GREATER THAN OR EQUAL TO 10	Yes
27784	CPT/HCPCS	OPEN TREATMENT OF PROXIMAL FIBULA OR SHAFT FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED	Yes
22812	CPT/HCPCS	ARTHRODESIS, ANTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 8 OR MORE VERTEBRAL SEGMENTS	Yes
27626	CPT/HCPCS	ARTHROTOMY, ANKLE, FOR SYNOVECTOMY; INCLUDING TENOSYNOVECTOMY	Yes
32810	CPT/HCPCS	CLOSURE OF CHEST WALL FOLLOWING OPEN FLAP DRAINAGE FOR EMPYEMA (CLAGETT TYPE PROCEDURE)	Yes
52325	CPT/HCPCS	CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION); WITH FRAGMENTATION OF URETERAL CALCULUS (EG, ULTRASONIC OR ELECT	Yes
32667	CPT/HCPCS	THORACOSCOPY, SURGICAL; WITH THERAPEUTIC WEDGE RESECTION (EG, MASS OR NODULE), EACH ADDITIONAL RESECTION, IPSILATERAL	Yes
57510	CPT/HCPCS	CAUTERIZATION OF CERVIX; ELECTRO OR THERMAL	Yes
15842	CPT/HCPCS	GRAFT FOR FACIAL NERVE PARALYSIS; FREE MUSCLE FLAP BY MICRO SURGICAL TECHNIQUE	Yes
31529	CPT/HCPCS	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; WITH DILATATION, SUBSEQUENT	Yes
69633	CPT/HCPCS	TYMPANOPLASTY WITHOUT MASTOIDECTOMY (INCLUDING CANALPLASTY, ATTICOTOMY AND/OR MIDDLE EAR SURGERY), INITIAL OR REVISION;	Yes
20950	CPT/HCPCS	MONITORING OF INTERSTITIAL FLUID PRESSURE (INCLUDES INSERTION OF DEVICE EG, WICK CATHETER TECHNIQUE, NEEDLE MANOMETER	Yes
29850	CPT/HCPCS	ARTHROSCOPICALLY AIDED TREATMENT OR INTERCONDYLAR SPINE(S) AND/OR TUBEROSITY FRACTURE(S) OF THE KNEE, W/O MANIPULATION;	Yes

34051	CPT/HCPCS	EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; INNOMINATE, SUBCLAVIAN ARTERY, BY THORACIC INCISION	Yes
24410	CPT/HCPCS	MULTIPLE OSTEOTOMIES WITH REALIGNMENT ON INTRAMEDULLARY ROD, HUMERAL SHAFT (SOFIELD TYPE PROCEDURE)	Yes
28153	CPT/HCPCS	RESECTION, HEAD OF PHALANX, TOE	Yes
28171	CPT/HCPCS	RADICAL RESECTION OF TUMOR; TARSAL (EXCEPT TALUS OR CALCANEUS)	Yes
35400	CPT/HCPCS	ANGIOSCOPY(NON-CORONARY VESSELS OR GRAFTS) DURING THERAPEUTIC INTERVENTION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIM	Yes
64568	CPT/HCPCS	OPEN IMPLANTATION OF CRANIAL NERVE (EG, VAGUS NERVE) NEUROSTIMULATOR ELECTRODE ARRAY AND PULSE GENERATOR	Yes
23465	CPT/HCPCS	CAPSULORRHAPHY FOR RECURRENT DISLOCATION, POSTERIOR, WITH OR WITHOUT BONE BLOCK	Yes
50930	CPT/HCPCS	CLOSURE OF URETEROVISCERAL FISTULA (INCLUDING VISCERAL REPAIR)	Yes
33726	CPT/HCPCS	REPAIR OF PULMONARY VENOUS STENOSIS	Yes
36215	CPT/HCPCS	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; EACH FIRST ORDER THORACIC OR BRACHIOCEPHALIC BRANCH, WITHIN A VASCULAR FAMILY	Yes
61330	CPT/HCPCS	DECOMPRESSION OF ORBIT ONLY, TRANSCRANIAL APPROACH	Yes
37222	CPT/HCPCS	REVASCLARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, ILIAC ARTERY, EACH ADDITIONAL IPSILATERAL ILIAC VESSEL; WITH TRAN	Yes
22511	CPT/HCPCS	PERCUTANEOUS VERTEBROPLASTY, 1 VERTEBRAL BODY, UNILATERAL OR BILATERAL INJECTION, INCLUSIVE OF ALL IMAGING GUIDANCE;	Yes
69535	CPT/HCPCS	RESECTION TEMPORAL BONE, EXTERNAL APPROACH	Yes
11012	CPT/HCPCS	DEBRIDEMENT INCLUDING REMOVAL OF FOREIGN MATERIAL ASSOCIATED WITH OPEN FRACTURE AND/OR DISLOC; SKIN, SUB, MUSCLE, BONE	Yes
27503	CPT/HCPCS	CLOSED TX OF SUPRACONDYLAR OR TRANSCONDYLAR FEMORAL FX W/WO INTERCONDYLAR EXTENSION; W/MANIPULATION W/WO TRACTION	Yes
0231T	CPT/HCPCS	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH ULTRASOUND GUIDANCE, LUMBAR OR SACRAL; EACH	Yes
32503	CPT/HCPCS	RESECTION OF APICAL LUNG TUMOR, INCLUDING CHEST WALL AND RIB(S) RESECTION, NEUROVASCULAR DISSECTION, WHEN PERFORMED; WITHOUT CHEST WALL RECONSTRUCTION	Yes
35286	CPT/HCPCS	REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; LOWER EXTREMITY	Yes
28193	CPT/HCPCS	REMOVAL OF FOREIGN BODY, FOOT; COMPLICATED	Yes
22848	CPT/HCPCS	PELVIC FIXATION OTHER THAN SACRUM	Yes
65093	CPT/HCPCS	EVISCERATION OF OCULAR CONTENTS; WITH IMPLANT	Yes
55860	CPT/HCPCS	EXPOSURE OF PROSTATE, ANY APPROACH, FOR INSERTION OF RADIOACTIVE SUBSTANCE;	Yes
13120	CPT/HCPCS	REPAIR, COMPLEX, SCALP, ARMS, AND/OR LEGS; 1.1 CM TO 2.5 CM	Yes
26121	CPT/HCPCS	FASCIECTOMY, PALMAR ONLY, WITH OR WITHOUT Z-PLASTY, OTHER LOCAL TISSUE REARRANGEMENT, OR SKIN GRAFTING (INCLUDES	Yes
38550	CPT/HCPCS	EXCISION OF CYSTIC HYGROMA, AXILLARY OR CERVICAL, WITHOUT DEEP NEUROVASCULAR DISSECTION; SIMPLE	Yes
35901	CPT/HCPCS	EXCISION OF INFECTED GRAFT; NECK	Yes
23077	CPT/HCPCS	RADICAL RESECTION OF TUMOR (EG, SARCOMA), SOFT TISSUE OF SHOULDER AREA; LESS THAN 5 CM	Yes
38200	CPT/HCPCS	INJECTION PROCEDURE FOR SPLENOPORTOGRAPHY	Yes
42507	CPT/HCPCS	PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE);	Yes
21280	CPT/HCPCS	MEDIAL CANTHOPEXY (SEPARATE PROCEDURE)	Yes
32505	CPT/HCPCS	THORACOTOMY; WITH THERAPEUTIC WEDGE RESECTION (EG, MASS, NODULE), INITIAL.	Yes
35509	CPT/HCPCS	BYPASS GRAFT, WITH VEIN, CAROTID-CONTRALATERAL CAROTID	Yes
64566	CPT/HCPCS	POSTERIOR TIBIAL NEUROSTIMULATION, PERCUTANEOUS NEEDLE ELECTRODE, SINGLE TREATMENT, INCLUDES PROGRAMMING	Yes
33820	CPT/HCPCS	PATENT DUCTUS ARTERIOSUS; LIGATION (PRIMARY PROCEDURE)	Yes
S2070	CPT/HCPCS	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY; WITH ENDOSCOPIC LASER TREATMENT OF URETERAL CALCULI	Yes
50947	CPT/HCPCS	LAPAROSCOPY, SURGICAL URETERONEOCYSTOSTOMY W/CYSTOSCOPY AND URETERAL STENT PLACEMENT	Yes

21255	CPT/HCPCS	RECONSTRUCTION OF ZYGOMATIC ARCH AND GLENOID FOSSA WITH BONE AND CARTILAGE (INCLUDES OBTAINING AUTOGRAFTS)	Yes
41250	CPT/HCPCS	*REPAIR OF LACERATION 2.5 CM OR LESS; FLOOR OF MOUTH AND/OR ANTERIOR TWO-THIRDS OF TONGUE	Yes
33979	CPT/HCPCS	INSERTION OF VENTRICULAR ASSIST DEVICE, IMPLANTABLE INTRACORPOREAL, SINGLE VENTRICLE	Yes
31613	CPT/HCPCS	TRACHEOSTOMA REVISION; SIMPLE, WITHOUT FLAP ROTATION	Yes
49600	CPT/HCPCS	REPAIR OF OMPHALOCELE; SMALL, WITH PRIMARY CLOSURE	Yes
21122	CPT/HCPCS	GENIOPLASTY; SLIDING OSTEOTOMIES, TWO OR MORE OSTEOTOMIES (EG, WEDGE EXCISION OR BONE WEDGE REVERSAL FOR ASYMMETRICAL CH	Yes
33512	CPT/HCPCS	CORONARY ARTERY BYPASS, AUTOGENOUS GRAFT, (EG, SAPHENOUS VEIN OR INTERNAL MAMMARY ARTERY); THREE CORONARY GRAFTS	Yes
66183	CPT/HCPCS	INSERTION OF ANTERIOR SEGMENT AQUEOUS DRAINAGE DEVICE,WITHOUT EXTRAOCULAR RESERVOIR,EXTERNAL APPROACH	Yes
15821	CPT/HCPCS	BLEPHAROPLASTY, LOWER EYELID; WITH EXTENSIVE HERNIATED FAT PAD	Yes
42500	CPT/HCPCS	PLASTIC REPAIR OF SALIVARY DUCT, SIALODOCHOPLASTY; PRIMARY OR SIMPLE	Yes
12018	CPT/HCPCS	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; OVER 30.0 CM	Yes
28124	CPT/HCPCS	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS OR DORSAL BOSSING),	Yes
10035	CPT/HCPCS	PLACEMENT OF SOFT TISSUE LOCALIZATION DEVICE(S) (EG, CLIP, METALLIC PELLET, WIRE/NEEDLE, RADIOACTIVE SEEDS); FIRST LESI	Yes
56640	CPT/HCPCS	VULVECTOMY, RADICAL, WITH INGUINOFEMORAL, ILIAC, AND PELVIC LYMPHADENECTOMY	Yes
24065	CPT/HCPCS	BIOPSY, SOFT TISSUE OF UPPER ARM OR ELBOW AREA; SUPERFICIAL	Yes
37192	CPT/HCPCS	REPOSITIONING OF INTRAVASCULAR VENA CAVA FILTER, ENDOVASCULAR APPROACH INCLUDING VASCULAR ACCESS, VESSEL SELECTION,	Yes
63252	CPT/HCPCS	LAMINECTOMY FOR EXCISION OR OCCLUSION OF ARTERIOVENOUS MALFORMATION OF SPINAL CORD; THORACOLUMBAR	Yes
33851	CPT/HCPCS	EXCISION OF COARCTATION OF AORTA, WITH OR WITHOUT ASSOCIATED PATENT DUCTUS ARTERIOSUS; REPAIR USING EITHER LEFT SUBCL	Yes
27197	CPT/HCPCS	CLOSED TREATMENT OF POSTERIOR PELVIC RING FRACTURE(S),DISLOCATION(S), UNILATERAL OR BILATERAL; WITHOUT MANIPULATION.	Yes
43030	CPT/HCPCS	CRICOPHARYNGEAL MYOTOMY	Yes
32666	CPT/HCPCS	THORACOSCOPY, SURGICAL; WITH THERAPEUTIC WEDGE RESECTION (EG,MASS, NODULE), INITIAL UNILATERAL.	Yes
23473	CPT/HCPCS	REVISION OF A TOTAL SHOULDER ARTHROPLASTY, INCLUDING ALLOGRAFT WHEN PERFORMED; HUMERAL OR GLENOID COMPONENT	Yes
27818	CPT/HCPCS	TREATMENT OF CLOSED TRIMALLEOLAR ANKLE FRACTURE; WITH MANIPULATION	Yes
43752	CPT/HCPCS	Naso- or oro-gastric tube placement, requiring physician's skill and fluoroscopic guidance (includes fluoroscopy, image documentation and report	Yes
35526	CPT/HCPCS	BYPASS GRAFT, WITH VEIN; AORTOSUBCLAVIAN, AORTOINNOMINATE, OR AORTOCAROTID	Yes
48105	CPT/HCPCS	RESECTION OR DEBRIDEMENT OF PANCREAS AND PERIPANCREATIC TISSUE FOR ACUTE NECROTIZING PANCREATITIS	Yes
28300	CPT/HCPCS	OSTEOTOMY; CALCANEUS (DWYER OR CHAMBERS TYPE PROCEDURE), WITH OR WITHOUT INTERNAL FIXATION	Yes
38530	CPT/HCPCS	BIOPSY OR EXCISION OF LYMPH NODE(S);OPEN, INTERNAL MAMMARY NODE(S)	Yes
48500	CPT/HCPCS	MARSUPIALIZATION OF CYST OF PANCREAS	Yes
61870	CPT/HCPCS	CRANIECTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES, CEREBELLAR; CORTICAL	Yes
67229	CPT/HCPCS	TRTMNT OF EXT OR PROGRESSIVE RETINOPATHY, ONE OR MORE SESSIONS;PRETERM INFANT(LESS THAN 37 WEEKS GESTATION AT BIRTH), PERFORMED FROM BIRTH UP TO ONE +	Yes
26145	CPT/HCPCS	SYNOVECTOMY TENDON SHEATH, RADICAL (TENOSYNOVECTOMY) FLEXOR TENDON, PALM AND/OR FINGER,EACH TENDON	Yes
27067	CPT/HCPCS	EXCISION OF BONE CYST OR BENIGN TUMOR, WING OF ILIUM, SYMPHYSIS PUBIS, OR GREATER TROCHANTER OF FEMUR; WITH AUTOGRAFT REQUIRING SEPARATE INCISION	Yes

38300	CPT/HCPCS	*DRAINAGE OF LYMPH NODE ABSCESS OR LYMPHADENITIS; SIMPLE	Yes
59160	CPT/HCPCS	CURETTAGE, POSTPARTUM (SEPARATE PROCEDURE)	Yes
15136	CPT/HCPCS	DERMAL AUTOGRAFT; EACH ADDITIONAL 100 SQ CM, OR 1% OF BODY AREA OF INFANTS AND CHILDREN; FACE, SCALP, EYELIDS, MOUTH, N	Yes
49580	CPT/HCPCS	REPAIR UMBILICAL HERNIA; UNDER AGE 5 YEARS	Yes
27391	CPT/HCPCS	TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; MULTIPLE, ONE LEG	Yes
25085	CPT/HCPCS	CAPSULOTOMY, WRIST (EG, FOR CONTRACTURE)	Yes
11047	CPT/HCPCS	DEBRIDEMENT, BONE (INCLUDES EPIDERMIS, DERMIS, SUBCUTANEOUS TISSUE, MUSCLE AND/OR FASCIA, IF PERFORMED); EA ADDITIONAL 20 SQ CM, OR PART THEREOF (LIS+	Yes
49999	CPT/HCPCS	UNLISTED PROCEDURE, ABDOMEN, PERITONEUM AND OMENTUM	Yes
27510	CPT/HCPCS	TREATMENT OF CLOSED FEMORAL FRACTURE, DISTAL END, MEDIAL OR LATERAL CONDYLE; WITH MANIPULATION	Yes
21206	CPT/HCPCS	OSTEOTOMY, MAXILLA, SEGMENTAL (EG, WASSMUND OR SCHUCHARD)	Yes
52700	CPT/HCPCS	TRANSURETHRAL DRAINAGE OF PROSTATIC ABSCESS	Yes
51520	CPT/HCPCS	CYSTOTOMY; FOR SIMPLE EXCISION OF VESICAL NECK (SEPARATE PROCEDURE)	Yes
21188	CPT/HCPCS	RECONSTRUCTION MIDFACE, OSTEOTOMIES (OTHER THAN LEFORT TYPE) AND BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS)	Yes
54522	CPT/HCPCS	ORCHIECTOMY, PARTIAL	Yes
43338	CPT/HCPCS	ESOPHAGEAL LENGTHENING PROCEDURE (EG, COLLIS GASTROPLASTY OR WEDGE GASTROPLASTY) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Yes
64726	CPT/HCPCS	DECOMPRESSION; PLANTAR DIGITAL NERVE	Yes
60699	CPT/HCPCS	UNLISTED PROCEDURE, ENDOCRINE SYSTEM	Yes
63047	CPT/HCPCS	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT[S], [EG, SPINAL +	Yes
23615	CPT/HCPCS	OPEN TREATMENT OF CLAVICULAR FRACTURE INCLUDES INTERNAL FIXATION, WHEN PERFORMED	Yes
57120	CPT/HCPCS	COLPOCLEISIS (LE FORT TYPE)	Yes
11640	CPT/HCPCS	EXCISION, MALIGNANT LESION INCL MARGINS, FACE, EARS, EYELIDSNOSE, LIPS; EXCISED DIAMETER 0.5CM OR LESS	Yes
20553	CPT/HCPCS	INJECTION(S); TENDON SHEATH, LIGAMENT; SINGLE OR MULTIPLE TRIGGER POINT(S), THREE OR MORE MUSCLES	Yes
62165	CPT/HCPCS	NEUROENDOSCOPY, INTRACRANIAL; WITH EXCISION OF PITUITARY TUMOR	Yes
67041	CPT/HCPCS	VITRECTOMY, MECHNL PARS PLANA APPRCH: WITH REMOVAL OF PRERETINAL CELLULAR MEMBRANE(EG, MACULAR PUCKER)	Yes
33464	CPT/HCPCS	VALVULOPLASTY, TRICUSPID VALVE, WITH RING INSERTION	Yes
46500	CPT/HCPCS	*INJECTION OF SCLEROSING SOLUTION, HEMORRHOIDS	Yes
43415	CPT/HCPCS	SUTURE OF ESOPHAGEAL WOUND OR INJURY; THORACIC APPROACH	Yes
27185	CPT/HCPCS	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING, GREATER TROCHANTER	Yes
45563	CPT/HCPCS	EXLORATION, REPAIR AND PRESACRAL DRAINAGE FOR RECTAL INJURY WITH COLOSTOMY	Yes
27466	CPT/HCPCS	OSTEOPLASTY, FEMUR; LENGTHENING	Yes
26548	CPT/HCPCS	REPAIR AND RECONSTRUCTION, FINGER, VOLAR PLATE, INTERPHALANGEAL JOINT	Yes
33364	CPT/HCPCS	TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR/TAVI) WITH PROSTHETIC VALVE;OPEN ILIAC ARTERY APPROACH	Yes
35881	CPT/HCPCS	REVISION, LOWER EXTREMITY ARTERIAL BYPASS, WITHOUT THROMBECTOMY, OPEN; WITH SEGMENTAL VEIN INTERPOSITON	Yes
0214T	CPT/HCPCS	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOI	Yes
35311	CPT/HCPCS	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; SUBCLAVIAN, INNOMINATE, BY THORACIC INCISION	Yes
37223	CPT/HCPCS	REVASCLARIZATION, NDOVASCULAR, OPEN OR PERCUTANEOUS, ARTERY, EA ADDT VESSEL; W/T TRANSLUMINAL STENT PLACEMENT(S), INCL	Yes
66920	CPT/HCPCS	REMOVAL OF LENS MATERIAL; INTRACAPSULAR	Yes
26428	CPT/HCPCS	EXTENSOR TENDON REPAIR, CENTRAL SLIP REPAIR, SECONDARY (BOUTONNIERE DEFORMITY); WITH FREE GRAFT (INCLUDES OBTA	Yes
33988	CPT/HCPCS	INSERTION OF LEFT HEART VENT BY THORACIC INCISION (EG, STERNOTOMY, THORACOTOMY) FOR ECMO/ECLS	Yes

28476	CPT/HCPCS	TREATMENT OF CLOSED METATARSAL FRACTURE; WITH MANIPULATION AND PERCUTANEOUS PINNING, EACH	Yes
65436	CPT/HCPCS	REMOVAL OF CORNEAL EPITHELIUM; WITH APPLICATION OF CHELATING AGENT (EG, EDTA)	Yes
28737	CPT/HCPCS	ARTHRODESIS, MIDTARSAL NAVICULAR-CUNEIFORM, WITH TENDON LENGTHENING AND ADVANCEMENT (MILLER TYPE PROCEDURE)	Yes
32555	CPT/HCPCS	THORACENTESIS, NEEDLE OR CATHETER, ASPIRATION OF THE PLEURALSPACE; WITH IMAGING GUIDANCE	Yes
25375	CPT/HCPCS	MULTIPLE OSTEOTOMIES, WITH REALIGNMENT ON INTRAMEDULLARY ROD (SOFIELD TYPE PROCEDURE); RADIUS AND ULNA	Yes
42806	CPT/HCPCS	BIOPSY; NASOPHARYNX, SURVEY FOR UNKNOWN PRIMARY LESION	Yes
32671	CPT/HCPCS	THORACOSCOPY, SURGICAL; WITH REMOVAL OF LUNG (PNEUMONECTOMY)	Yes
58544	CPT/HCPCS	LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S	Yes
52320	CPT/HCPCS	CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION); WITH REMOVAL OF URETERAL CALCULUS	Yes
65765	CPT/HCPCS	KERATOPHAKIA	Yes
50120	CPT/HCPCS	PYELOTOMY; WITH EXPLORATION	Yes
69424	CPT/HCPCS	VENTILATING TUBE REMOVAL REQUIRING GENERAL ANESTHESIA	Yes
64837	CPT/HCPCS	SUTURE OF EACH ADDITIONAL NERVE, HAND OR FOOT	Yes
24115	CPT/HCPCS	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, HUMERUS; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)	Yes
26850	CPT/HCPCS	ARTHRODESIS, METACARPOPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION;	Yes
27570	CPT/HCPCS	*MANIPULATION OF KNEE JOINT UNDER GENERAL ANESTHESIA (INCLUDES APPLICATION OF TRACTION OR OTHER FIXATION DEVICES)	Yes
21720	CPT/HCPCS	DIVISION OF STERNOCLEIDOMASTOID FOR TORTICOLLIS, OPEN OPERATION; WITHOUT CAST APPLICATION	Yes
21627	CPT/HCPCS	STERNAL DEBRIDEMENT	Yes
33249	CPT/HCPCS	INSERTION OR REPLACEMENT OF PERMANENT IMPLANTABLE DEFIBRILLATOR SYSTEM, WITH TRANSVENOUS LEAD(S), SINGLE OR DUAL CHAMBER	Yes
27305	CPT/HCPCS	FASCIOTOMY, ILIOTIBIAL (TENOTOMY), OPEN	Yes
11057	CPT/HCPCS	PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG,CORN OR CALLUS); MORE THAN FOUR LESIONS	Yes
63076	CPT/HCPCS	DISKECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOT(S), INCLUDING OSTEOPHYECTOMY; CERVICAL, EACH	Yes
10060	CPT/HCPCS	*INCISION AND DRAINAGE OF ABSCESS (EG, CARBUNCLE,SUPPURATIVEHIDRADENITIS,CUTANEOUS OR ...) SIMPLE OR SINGLE	Yes
62100	CPT/HCPCS	CRANIOTOMY FOR REPAIR OF DURAL/CSF LEAK, INCLUDING SURGERY FOR RHINORRHEA/OTORRHEA	Yes
25830	CPT/HCPCS	DISTAL RADIOULNARJOINT ARTHRODESIS/SEGMENTAL RECESTION OF	Yes
37700	CPT/HCPCS	LIGATION AND DIVISION OF LONG SAPHENOUS VEIN AT SAPHENOFEMORAL JUNCTION, OR DISTAL INTERRUPTIONS	Yes
33720	CPT/HCPCS	REPAIR SINUS OF VALSALVA ANEURYSM, WITH CARDIOPULMONARY BYPASS	Yes
63272	CPT/HCPCS	LAMINECTOMY FOR EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLASM, INTRADURAL; LUMBAR	Yes
50220	CPT/HCPCS	NEPHRECTOMY, INCLUDING PARTIAL URETERECTOMY, ANY APPROACH INCLUDING RIB RESECTION;	Yes
61531	CPT/HCPCS	SUBDURAL IMPLANTATION OF STRIP ELECTRODES THROUGH ONE OR MORE BURR OR TREPHINE HOLE(S) FOR LONG TERM SEIZURE MONITORI	Yes
45119	CPT/HCPCS	PROCTECTOMY, COMBINED ABDOMINOPERINEAL PULL-THROUGH PROCEDURE, WITH CREATION OF COLONIC RESERVOIR, WITH DIVERTING ENTEROSTOMY WHEN PERFORMED	Yes
S2409	CPT/HCPCS	REPAIR, CONGENITAL MALFORMATION OF FETUS, PROCEDURE PERFORMED IN UTERO, NOT OTHERWISE CLASSIFIED	Yes
15851	CPT/HCPCS	REMOVAL OF SUTURES OR STAPLES REQUIRING ANESTHESIA(IE, GENERAL ANESTHESIA, MODERATE SEDATION)	Yes
53240	CPT/HCPCS	MARSUPIALIZATION OF URETHRAL DIVERTICULUM, MALE OR FEMALE	Yes
24650	CPT/HCPCS	TREATMENT OF CLOSED RADIAL HEAD OR NECK FRACTURE; WITHOUT MANIPULATION	Yes

32906	CPT/HCPCS	THORACOPLASTY, SCHEDE TYPE OR EXTRAPLEURAL (ALL STAGES); WITH CLOSURE OF BRONCHOPLEURAL FISTULA	Yes
35190	CPT/HCPCS	REPAIR, ACQUIRED OR TRAUMATIC ARTERIOVENOUS FISTULA; EXTREMITIES	Yes
25078	CPT/HCPCS	RADICAL RESECTION OF TUMOR (EG, SARCOMA), SOFT TISSUE OF FOREARM AND/OR WRIST AREA; 3 CM OR GREATER	Yes
33340	CPT/HCPCS	PERCUTANEOUS TRANSCATHETER CLOSURE OF THE LEFT ATRIAL APPENDAGE WITH ENDOCARDIAL IMPLANT, INCLUDING FLUOROSCOPY, TRANSSE	Yes
0232T	CPT/HCPCS	INJECTION(S), PLATELET RICH PLASMA, ANY TISSUE, INCLUDING IMAGE GUIDANCE, HARVESTING AND PREPARATION WHEN PERFORMED	Yes
49520	CPT/HCPCS	REPAIR INGUINAL HERNIA, ANY AGE; RECURRENT	Yes
28272	CPT/HCPCS	CAPSULOTOMY FOR CONTRACTURE; INTERPHALANGEAL JOINT, SINGLE, EACH JOINT (SEPARATE PROCEDURE)	Yes
22850	CPT/HCPCS	REMOVAL OF POSTERIOR NONSEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD)	Yes
17360	CPT/HCPCS	*CHEMICAL EXFOLIATION FOR ACNE (EG, ACNE PASTE, ACID)	Yes
50542	CPT/HCPCS	LAPAROSCOPY, SURGICAL; ABLATION OF RENAL MASS LESION(S), INCLUDING INTRAOPERATIVE ULTRASOUND GUIDANCE AND MONITORING, WH	Yes
32655	CPT/HCPCS	THORACOSCOPY, SURGICAL; WITH EXCISION-PLICAITON OF BULLAE, INCLUDING ANY PLEURAL PROCEDURE	Yes
25394	CPT/HCPCS	OSTEOPLASTY, CARPAL BONE, SHORTENING	Yes
66174	CPT/HCPCS	TRANSLUMINAL DILATION OF AQUEOUS OUTFLOW CANAL (EGCANALOPLASTY); WITHOUT RETENTION OF DEVICE OR STENT	Yes
25695	CPT/HCPCS	OPEN TREATMENT OF LUNATE DISLOCATION	Yes
43124	CPT/HCPCS	TOTAL OR PARTIAL ESOPHAGECTOMY, WITHOUT RECONSTRUCTION WITH CERVICAL ESPHAGOSTOMY	Yes
67820	CPT/HCPCS	*CORRECTION OF TRICHIASIS; EPILATION, BY FORCEPS ONLY	Yes
59320	CPT/HCPCS	CERCLAGE OF CERVIX, DURING PREGNANCY; VAGINAL	Yes
11303	CPT/HCPCS	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK,ARMS, OR LEGS: LESION DIAM OVER 2.0 CM	Yes
28041	CPT/HCPCS	EXCISION, TUMOR, SOFT TISSUE OF FOOT OR TOE, SUBFASCIAL (EG, INTRAMUSCULAR); 1.5 CM OR GREATER	Yes
47010	CPT/HCPCS	HEPATOTOMY FOR DRAINAGE OF ABSCESS OR CYST, ONE OR TWO STAGES	Yes
47715	CPT/HCPCS	EXCISION OF CHOLEDOCHAL CYST	Yes
25020	CPT/HCPCS	DECOMPRESSION FASCIOTOMY, WRIST, FLEXOR AND/OR EXTENSOR COMPARTMENT;	Yes
36200	CPT/HCPCS	INTRODUCTION OF CATHETER, AORTA (ARCH, ABDOMINAL, MIDSTREAM RENAL, AORTOILIAC RUN-OFF) OR SELECTIVE; INITIAL PLACEMENT	Yes
33216	CPT/HCPCS	INSERTION OF A SINGLE TRANSVENOUS ELECTRODE, PERMANENT PACEMAKER OR IMPLANTABLE DEFIBRILLATOR	Yes
52450	CPT/HCPCS	TRANSURETHRAL INCISION OF PROSTATE	Yes
69605	CPT/HCPCS	REVISION MASTOIDECTOMY; WITH APICECTOMY	Yes
31800	CPT/HCPCS	SUTURE OF EXTERNAL TRACHEAL WOUND OR INJURY; CERVICAL	Yes
40654	CPT/HCPCS	REPAIR LIP, FULL THICKNESS; OVER ONE HALF VERTICAL HEIGHT, OR COMPLEX	Yes
42845	CPT/HCPCS	RADICAL RESECTION OF TONSIL, TONSILLAR PILLARS, AND/OR RETROMOLAR TRIGONE; CLOSURE WITH OTHER FLAP	Yes
26480	CPT/HCPCS	TENDON TRANSFER OR TRANSPLANT, CARPOMETACARPAL AREA OR DORSUM OF HAND, SINGLE; WITHOUT FREE GRAFT, EACH	Yes
44157	CPT/HCPCS	COLECTOMY, TOTAL, ABD, W/PROCTECTOMY; W/ILEOANAL ANASTOMOSIS, INCL LOOP ILEOSTOMY, AND RECTAL MUCOSECTOMY, WHEN PERFORMED	Yes
23930	CPT/HCPCS	INCISION AND DRAINAGE, UPPER ARM OR ELBOW AREA; DEEP ABSCESS OR HEMATOMA	Yes
29915	CPT/HCPCS	ARTHROSCOPY, HIP, SURGICAL ; WITH ACETABULOPLASTY (IE, TREATMENT OF PINCER LESION)	Yes
61686	CPT/HCPCS	SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION; INFRATENTORIAL, COMPLEX	Yes
29856	CPT/HCPCS	BICONDYLAR, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	Yes
22632	CPT/HCPCS	ARTHRODESIS, POSTERIOR INTERBODY TECHNIQUE, INCLUDING LAMINECTOMY AND/OR DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTE+	Yes

33615	CPT/HCPCS	REPAIR OF COMPLEX CARDIAC ANOMALIES(EG,TRICUSPID ARTRESIA)BYCLOSURE OF ATRIAL SEPTAL DEFECT & ANASTOMOSIS OF ATRIA OR VE	Yes
0213T	CPT/HCPCS	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOI	Yes
52355	CPT/HCPCS	CYSTOURETHROSCOPY, W/URETEROSCOPY AND/OR PYELOSCOPY; WITH RESECTION OF URETAL OR RENAL PELVIC LESION	Yes
55821	CPT/HCPCS	PROSTATECTOMY (INCLUDING CONTROL OF POSTOPERATIVE BLEEDING, VASECTOMY, MEATOTOMY, URETHRAL CALIBRATION AND/OR DIL	Yes
61253	CPT/HCPCS	BURR HOLE(S) OR TREPHINE, INFRATENTORIAL, UNILATERAL OR BILATERAL	Yes
0236T	CPT/HCPCS	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN OR PERCUTANEOUS, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION; ABDOMINAL AORTA	Yes
36475	CPT/HCPCS	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEO	Yes
26045	CPT/HCPCS	FASCIOTOMY, PALMAR, FOR DUPUYTREN'S CONTRACTURE; OPEN, PARTIAL	Yes
S2401	CPT/HCPCS	REPAIR, URINARY TRACT OBSTRUCTION IN THE FETUS, PROCEDURE PERFORMED IN UTERO	Yes
41155	CPT/HCPCS	GLOSSECTOMY; COMPOSITE PROCEDURE WITH RESECTION FLOOR OF MOUTH, MANDIBULAR RESECTION, AND RADICAL NECK DISSECTION (CO	Yes
46230	CPT/HCPCS	EXCISION OF MULTIPLE EXTERNAL PAPILLAE OR TAGS, ANUS	Yes
43754	CPT/HCPCS	GASTRIC INTUBATION AND ASPIRATION, DIAGNOSTIC; SINGLE SPECIMEN (EG, ACID ANALYSIS)	Yes
58140	CPT/HCPCS	MYOMECTOMY, EXCISION OF FIBROID TUMOR(S) OF UTERUS, 1-4 INTRAMURAL MYOMA(S) W/TOTAL WGHT OF 250G OR LESS... ABD APPROACH	Yes
35636	CPT/HCPCS	BYPASS GRAFT, WITH OTHER THAN VEIN; SPLENORENAL	Yes
25066	CPT/HCPCS	BIOPSY, SOFT TISSUE OF FOREARM AND/OR WRIST; DEEP	Yes
32653	CPT/HCPCS	THORACOSCOPY, SURGICAL; WITH REMOVAL OF INTRAPLEURAL FOREIGN BODY OR FIBRIN DEPOSIT	Yes
17110	CPT/HCPCS	DESTRUCTION BY ANY METHOD, OF BENIGN LESIONS OTHER THAN SKIN TAGS OF CUTANEOUS VASCULAR LESIONS; UP TO 14 LESIONS	Yes
15100	CPT/HCPCS	SPLIT GRAFT, TRUNK, SCALP, ARMS, LEGS, FIRST 100 SQ CM OR LESS, OR ONE % OF BODY AREA OF INFANTS AND CHILDREN	Yes
27428	CPT/HCPCS	LIGAMENTOUS RECONSTRUCTION (AUGMENTATION), KNEE; INTRA- ARTICULAR (OPEN)	Yes
35741	CPT/HCPCS	EXPLORATION (NOT FOLLOWED BY SURGICAL REPAIR), WITH OR WITHOUT LYSIS OF ARTERY; POPLITEAL ARTERY	Yes
66761	CPT/HCPCS	IRIDOTOMY/IRIDECTOMY BY LASER SURGERY (EG, FOR GLAUCOMA) (PER SESSION)	Yes
63740	CPT/HCPCS	CREATION OF SHUNT, LUMBAR, SUBARACHNOID-PERITONEAL, -PLEURAL, OR OTHER; INCLUDING LAMINECTOMY	Yes
36909	CPT/HCPCS	DIALYSIS CIRCUIT PERMANENT VASCULAR EMBOLIZATION OR OCCLUSION NECESSARY TO COMPLETE THE INTERVENTION	Yes
S2341	CPT/HCPCS	CHEMODENERVATION OF ABDUCTOR MUSCLE(S) OF VOCAL CORD	Yes
32140	CPT/HCPCS	THORACOTOMY, MAJOR; WITH CYST(S) REMOVAL WITH OR WITHOUT A PLEURAL PROCEDURE	Yes
21552	CPT/HCPCS	EXCISION, TUMOR, SOFT TISSUE OF NECK OR ANTERIOR THORAX, SUBCUTANEOUS; 3 CM OR GREATER	Yes
42305	CPT/HCPCS	DRAINAGE OF ABSCESS; PAROTID, COMPLICATED	Yes
37213	CPT/HCPCS	TRANSCATHETER THERAPY, ARTERIAL, INCL RADIOLOGICAL SUPERVISION AND INTERPRETATION, INCL FOLLOW-UP CATHETER, WHEN PERFORM	Yes
27403	CPT/HCPCS	ARTHROTOMY WITH OPEN MENISCUS REPAIR	Yes
15731	CPT/HCPCS	FOREHEAD FLAP WITH PRESERVATION OF VASCULAR PEDICLE (E.G. AXIAL PATTERN FLAP, PARAMEDIAN FOREHEAD FLAP)	Yes
43830	CPT/HCPCS	GASTROSTOMY, TEMPORARY (TUBE, RUBBER OR PLASTIC) (SEPARATE PROCEDURE);	Yes
12011	CPT/HCPCS	*SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 2.5 CM OR LESS	Yes

44126	CPT/HCPCS	ENTERECTOMY, RESECTION OF SMALL INTESTINE FOR CONGENITAL ATREIA,SINGLE RESECTION,ANASTOMOSIS OF PROXIMAL;WITHOUT TAPE	Yes
35638	CPT/HCPCS	BYPASS GRAFT, WITH OTHER THAN VEIN, AORTOBI-ILIAC	Yes
27880	CPT/HCPCS	AMPUTATION LEG, THROUGH TIBIA AND FIBULA;	Yes
56405	CPT/HCPCS	*INCISION AND DRAINAGE OF VULVA OR PERINEAL ABSCESS	Yes
21263	CPT/HCPCS	PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; WITH FOREHEAD ADVANCEMENT	Yes
27006	CPT/HCPCS	TENOTOMY, ABDUCTORS OF HIP, OPEN (SEPARATE PROCEDURE)	Yes
29888	CPT/HCPCS	ARTHROSCOPICALLY AIDED ANTERIOR CRUCIATE LIGAMENT REPAIR/ AUGMENTATION OR RECONSTRUCTION	Yes
28288	CPT/HCPCS	OSTECTOMY, PARTIAL, EXOSTECTOMY OR CONDYLECTOMY, SINGLE, METATARSAL HEAD, FIRST THROUGH FIFTH, EACH METATARSAL HEAD,	Yes
53661	CPT/HCPCS	*DILATION OF FEMALE URETHRA INCLUDING SUPPOSITORY AND/OR INSTILLATION; SUBSEQUENT	Yes
24076	CPT/HCPCS	EXCISION, TUMOR, SOFT TISSUE OF UPPER ARM OR ELBOW AREA, SUBFASCIAL (EG, INTRAMUSCULAR); LESS THAN 5 CM	Yes
46940	CPT/HCPCS	CURETTAGE OR CAUTERIZATION OF ANAL FISSURE, INCLUDING DILATION OF ANAL SPHINCTER (SEPARATE PROCEDURE); INITIAL	Yes
44010	CPT/HCPCS	DUODENOTOMY, FOR EXPLORATION, BIOPSY(S), OR FOREIGN BODY REMOVAL	Yes
12036	CPT/HCPCS	REPAIR INTERMEDIATE WOUNDS OF SCALP, AXILLAE, TRUNK, AND/OR EXTREMITIES (EXCLUDING HANDS AND FEET); 20.1 TO 30.0 CM	Yes
27715	CPT/HCPCS	OSTEOPLASTY, TIBIA AND FIBULA, LENGTHENING	Yes
49659	CPT/HCPCS	UNLISTED LAPAROSCOPY PROCEDURE, HEMIOPLASTY, HERNIORRHAPHY, HERNIOTOMY	Yes
24066	CPT/HCPCS	BIOPSY, SOFT TISSUE OF UPPER ARM OR ELBOW AREA; DEEP	Yes
25650	CPT/HCPCS	TREATMENT OF CLOSED ULNAR STYLOID FRACTURE	Yes
61618	CPT/HCPCS	SECONDARY REPAIR OF DURA FOR CSF LEAK, ANTERIOR, MIDDLE OR POSTERIOR CARANIAL FOSSA FOLLOWING SURGERY OF THE SKULL BASE;	Yes
25565	CPT/HCPCS	TREATMENT OF CLOSED RADIAL AND ULNAR SHAFT FRACTURES; WITH MANIPULATION	Yes
11423	CPT/HCPCS	EXCISION, BENIGN LESION INCL MARGINS, EXPT SKIN TAG (UNLS LSTD ELSWR) SCALP, NECK, HNDS, FEET, GENIT; EX DM 2.1 TO 3.0CM	Yes
33976	CPT/HCPCS	IMPLANTATION OF VENTRICULAR ASSIST DEVICE; BIVENTRICULAR SUPPORT	Yes
28175	CPT/HCPCS	RADICAL RESECTION OF TUMOR; PHALANX OF TOE	Yes
0200T	CPT/HCPCS	PERCUTANEOUS SACRAL AUGMENTATION (SACROPLASTY), UNILATERAL INJECTION(S), WHEN USED, 1 OR MORE NEEDLE, INCLUDES IMAGING GUIDANCE AND BONE BIOPSY, WHEN+	Yes
62294	CPT/HCPCS	INJECTION PROCEDURE, ARTERIAL, FOR OCCLUSION OF ARTERIOVENOUS MALFORMATION, SPINAL	Yes
59121	CPT/HCPCS	SURGICAL TREATMENT OF ECTOPIC PREGNANCY; TUBAL OR OVARIAN, WITHOUT SALPINGECTOMY AND/OR OOPHORECTOMY	Yes
31780	CPT/HCPCS	EXCISION TRACHEAL STENOSIS AND ANASTOMOSIS; CERVICAL	Yes
15951	CPT/HCPCS	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH PRIMARY SUTURE; WITH OSTECTOMY	Yes
56501	CPT/HCPCS	DESTRUCTION OF LESION(S), VULVA; SIMPLE, ANY METHOD	Yes
27590	CPT/HCPCS	AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL;	Yes
69205	CPT/HCPCS	REMOVAL FOREIGN BODY FROM EXTERNAL AUDITORY CANAL; WITH GENERAL ANESTHESIA	Yes
53250	CPT/HCPCS	EXCISION OF BULBOURETHRAL GLAND (COWPER'S GLAND)	Yes
11420	CPT/HCPCS	EXCISION, BENIGN LESION INCL MARGINS, EXPT SKIN TAG (UNLS LSTD ELSWR) SCALP, NECK, HNDS, FEET, GENIT; EX DM 0.5CM OR LSS	Yes
29836	CPT/HCPCS	ARTHROSCOPY, ELBOW, SURGICAL; SYNOVECTOMY, COMPLETE	Yes
S2405	CPT/HCPCS	REPAIR OF SACROCOCCYGEAL TERATOMA IN THE FETUS, PROCEDURE PERFORMED IN UTERO	Yes
25290	CPT/HCPCS	TENOTOMY, OPEN, FLEXOR OR EXTENSOR TENDON, FOREARM AND/OR WRIST, SINGLE, EACH TENDON	Yes
48150	CPT/HCPCS	PANCREATECTOMY, PROXIMAL SUBTOTAL, WITH PANCREATICODUODENECTOMY (WHIPPLE TYPE PROCEDURE), AND PANCREATIC JEJUNOSTOMY	Yes
69450	CPT/HCPCS	TYMPANOLYSIS, TRANSCANAL	Yes
68330	CPT/HCPCS	REPAIR OF SYMBLEPHARON; CONJUNCTIVOPLASTY, WITHOUT GRAFT	Yes

37248	CPT/HCPCS	TRANSLUMINAL BALLOON ANGIOPLASTY, OPEN OR PERCUTANEOUS, INC ALL IMAGING & TO PFM ANGIOPLASTY WITHIN THE SAME VEIN; INITIAL	Yes
35860	CPT/HCPCS	EXPLORATION FOR POSTOPERATIVE HEMORRHAGE, THROMBOSIS OR INFECTION; EXTREMITY	Yes
26842	CPT/HCPCS	ARTHRODESIS, CARPOMETACARPAL JOINT, THUMB, WITH OR WITHOUT INTERNAL FIXATION; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)	Yes
51925	CPT/HCPCS	CLOSURE OF VESICOUTERINE FISTULA; WITH HYSTERECTOMY	Yes
23125	CPT/HCPCS	CLAVICULECTOMY; TOTAL	Yes
42410	CPT/HCPCS	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; LATERAL LOBE, WITHOUT NERVE DISSECTION	Yes
25420	CPT/HCPCS	REPAIR OF NONUNION OR MALUNION, RADIUS AND ULNA; WITH ILIAC OR OTHER AUTOGRAFT (INCLUDES OBTAINING GRAFT)	Yes
15758	CPT/HCPCS	FREE FASCIAL FLAP WITH MICROVASCULAR ANASTOMOSIS	Yes
55720	CPT/HCPCS	PROSTATOTOMY, EXTERNAL DRAINAGE OF PROSTATIC ABSCESS, ANY APPROACH; SIMPLE	Yes
60300	CPT/HCPCS	ASPIRATION AND/OR INJECTION, THYROID CYST	Yes
65875	CPT/HCPCS	SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL TECHNIQUE (WITH OR WITHOUT INJECTION OF AIR OR LIQUID) (SEPAR	Yes
35558	CPT/HCPCS	BYPASS GRAFT, WITH VEIN; FEMORAL-FEMORAL	Yes
67413	CPT/HCPCS	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL APPROACH); WITH REMOVAL OF FOREIGN BODY	Yes
55535	CPT/HCPCS	EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR VARICOCELE; ABDOMINAL APPROACH	Yes
35241	CPT/HCPCS	REPAIR BLOOD VESSEL WITH VEIN GRAFT; INTRATHORACIC, WITH BYPASS	Yes
67500	CPT/HCPCS	*RETROBULBAR INJECTION; MEDICATION (SEPARATE PROCEDURE, DOES NOT INCLUDE SUPPLY OF MEDICATION)	Yes
21245	CPT/HCPCS	RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; PARTIAL	Yes
67015	CPT/HCPCS	ASPIRATION OR RELEASE OF VITREOUS, SUBRETINAL OR CHOROIDAL FLUID, PARS PLANA APPROACH (POSTERIOR SCLEROTOMY)	Yes
69643	CPT/HCPCS	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY, TYMPANIC MEMBRANE REPAIR); WITH INTACT OR	Yes
33502	CPT/HCPCS	REPAIR OF ANOMALOUS CORONARY ARTERY FROM PULMONARY ARTERY ORIGIN; BY LIGATION	Yes
37233	CPT/HCPCS	REVASCLARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/PERONEAL ARTERY, UNTERAL, EA ADD. VESSEL; W/T ATHERECTOMY	Yes
62324	CPT/HCPCS	INJECTION(S), INCLUDING INDWELLING CATHETER PLACEMENT, CERVICAL OR THORACIC; WITHOUT IMAGING GUIDANCE	Yes
27767	CPT/HCPCS	CLOSED TREATMENT OF POSTERIOR MALLEOLUS FRACTURE; WITHOUT MANIPULATION	Yes
32656	CPT/HCPCS	THORACOSCOPY, SURGICAL; WITH PARIETAL PLEURECTOMY	Yes
29840	CPT/HCPCS	ARTHROSCOPY, WRIST, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROCEDURE)	Yes
22901	CPT/HCPCS	EXCISION, TUMOR, SOFT TISSUE OF ABDOMINAL WALL, SUBFASCIAL (EG, INTRAMUSCULAR); 5 CM OR GREATER	Yes
29405	CPT/HCPCS	APPLICATION OF SHORT LEG CAST (BELOW KNEE TO TOES);	Yes
68325	CPT/HCPCS	CONJUNCTIVOPLASTY; WITH BUCCAL MUCOUS MEMBRANE GRAFT (INCLUDES OBTAINING GRAFT)	Yes
45910	CPT/HCPCS	DILATION OF RECTAL STRICTURE (SEPARATE PROCEDURE) UNDER ANESTHESIA OTHER THAN LOCAL	Yes
61782	CPT/HCPCS	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL, EXTRADURAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Yes
25515	CPT/HCPCS	OPEN TREATMENT OF RADIAL SHAFT FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED	Yes
44227	CPT/HCPCS	LAPAROSCOPY, SURGICAL, CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE, WITH RESECTION AND ANASTOMOSIS	Yes
29827	CPT/HCPCS	ARTHROSCOPY, SHOULDER, SURGICAL; WITH ROTATOR CUFF REPAIR	Yes
32440	CPT/HCPCS	PNEUMONECTOMY, TOTAL	Yes
37218	CPT/HCPCS	TRANSCATHETER PLACEMENT OF INTRAVASCULAR STENT(S), INTRATHORACIC COMMON CAROTID ARTERY OR INNOMINATE ARTERY	Yes

41115	CPT/HCPCS	EXCISION OF LINGUAL FRENUM (FRENECTOMY)	Yes
62146	CPT/HCPCS	CRANIOPLASTY WITH AUTOGRAFT (INCLUDES OBTAINING BONE GRAFTS); UP TO 5 CM DIAMETER	Yes
33985	CPT/HCPCS	EXTRACORPOREAL MEMBRANE OXYGENATION; REMOVAL OF CENTRAL CANNULA(E) BY STERNOTOMY OR THORACOTOMY, BIRTH THROUGH 5 YEARS	Yes
22103	CPT/HCPCS	PARTIAL EXCISION OF POSTERIOR VERTEBRAL COMPONENT FOR INTRINBONY LESION; EACH ADDITIONAL SEGMENT	Yes
33647	CPT/HCPCS	REPAIR OF ATRIAL SEPTAL DEFECT AND VENTRICULAR SEPTAL DEFECT, WITH DIRECT OR PATCH CLOSURE	Yes
22532	CPT/HCPCS	ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); THORACIC	Yes
19001	CPT/HCPCS	PUNCTURE ASPIRATION OF CYST OF BREAST; EACH ADDITIONAL CYST	Yes
47802	CPT/HCPCS	U-TUBE HEPATICOENTEROSTOMY	Yes
38700	CPT/HCPCS	SUPRAHYOID LYMPHADENECTOMY	Yes
64462	CPT/HCPCS	PARAVERTEBRAL BLOCK (PVB) (PARASPINOUS BLOCK), THORACIC; SECOND AND ADDITIONAL INJECTION SITE(S) (INCLUDES IMAGING GU	Yes
11771	CPT/HCPCS	EXCISION OF PILONIDAL CYST OR SINUS; EXTENSIVE	Yes
15200	CPT/HCPCS	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, TRUNK; 20 SQ CM OR LESS	Yes
54830	CPT/HCPCS	EXCISION OF LOCAL LESION OF EPIDIDYMIS	Yes
45825	CPT/HCPCS	CLOSURE OF RECTOURETHRAL FISTULA; WITH COLOSTOMY	Yes
24605	CPT/HCPCS	TREATMENT OF CLOSED ELBOW DISLOCATION; REQUIRING ANESTHESIA	Yes
61770	CPT/HCPCS	STEREOTACTIC LOCALIZATION, ANY METHOD, INCLUDING BURR HOLE; W/INSERTION OF CATHETER OR PROBE FOR PLACEMENT OF RADIATION	Yes
11302	CPT/HCPCS	SHAVING OR EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR LEGS: LESION DIAM 1.1 TO 2.0 CM	Yes
23146	CPT/HCPCS	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAPULA; WITH ALLOGRAFT	Yes
24420	CPT/HCPCS	OSTEOPLASTY, HUMERUS (EG, SHORTENING OR LENGTHENING) (EXCLUDING 64876)	Yes
49204	CPT/HCPCS	EXCISION OR DESTRUCTION, OPEN, INTRAABDOMINAL TUMORS, CYSTS OR ENDOMETRIOMAS, 1 OR MORE PERITONEAL, MESENTERIC, OR RETRO	Yes
43760	CPT/HCPCS	*CHANGE OF GASTROSTOMY TUBE	Yes
31635	CPT/HCPCS	BRONCHOSCOPY; WITH REMOVAL OF FOREIGN BODY	Yes
31382	CPT/HCPCS	PARTIAL LARYNGECTOMY (HEMILARYNGECTOMY); ANTERO-LATERO- VERTICAL	Yes
32557	CPT/HCPCS	PLEURAL DRAINAGE, PERCUTANEOUS, WITH INSERTION OF INDWELLINGCATHETER; WITH IMAGING GUIDANCE	Yes
32035	CPT/HCPCS	THORACOSTOMY; WITH RIB RESECTION FOR EMPYEMA	Yes
68020	CPT/HCPCS	INCISION OF CONJUNCTIVA, DRAINAGE OF CYST	Yes
26735	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHALANX, FINGER OR THUMB, WITH OR W	Yes
43633	CPT/HCPCS	GASTRECTOMY, PARTIAL, DISTAL; WITH ROUX-EN-Y RECONSTRUCTION	Yes
64895	CPT/HCPCS	NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), HAND OR FOOT; UP TO 4 CM LENGTH	Yes
15792	CPT/HCPCS	CHEMICAL PEEL, NONFACIAL; EPIDERMAL	Yes
22630	CPT/HCPCS	ARTHRODESIS, POSTERIOR INTERBODY TECHNIQUE, INCLUDING LAMINECTOMY AND/OR DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTE+	Yes
21084	CPT/HCPCS	IMPRESSION AND CUSTOM PREPARATION; SPEECH AID PROSTHESIS	Yes
42510	CPT/HCPCS	PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE); WITH LIGATION OF BOTH SUBMANDIBULAR (WHARTON'S) DUCTS	Yes
33989	CPT/HCPCS	REMOVAL OF LEFT HEART VENT BY THORACIC INCISION (EG, STERNOTOMY, THORACOTOMY) FOR ECMO/ECLS	Yes
25660	CPT/HCPCS	TREATMENT OF CLOSED RADIOCARPAL OR INTERCARPAL DISLOCATION, ONE OR MORE BONES, WITH MANIPULATION	Yes
21451	CPT/HCPCS	TREATMENT OF CLOSED OR OPEN MANDIBULAR FRACTURE; WITH MANIPULATION, MAY INCLUDE EXTERNAL FIXATION	Yes
30999	CPT/HCPCS	UNLISTED PROCEDURE, NOSE	Yes

0454T	CPT/HCPCS	INSERTION OR REPLACEMENT OF A PERMANENTLY IMPLANTABLE AORTIC COUNTERPULSATION PARAMETERS;SUBCUTANEOUS ELECTRODE	Yes
35045	CPT/HCPCS	DIRECT REPAIR OF ANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR WITHOUT PATCH GRAFT; FOR ANEURYSM	Yes
27606	CPT/HCPCS	TENOTOMY, ACHILLES TENDON, SUBCUTANEOUS (SEPARATE PROCEDURE); GENERAL ANESTHESIA	Yes
32554	CPT/HCPCS	THORACENTESIS, NEEDLE OR CATHETER, ASPIRATION OF THE PLEURALSPACE; WITHOUT IMAGING GUIDANCE	Yes
64561	CPT/HCPCS	PERCUTANEOUS IMPLANTATION OF NERUOSTIMULATOR ELECTRODES; SACRAL NERVE	Yes
27486	CPT/HCPCS	REVISION OF TOTAL KNEE ARTHROPLASTY, WITH OR WITHOUT ALLOGRAFT; ONE COMPONENT	Yes
42808	CPT/HCPCS	EXCISION OR DESTRUCTION OF LESION OF PHARYNX, ANY METHOD	Yes
28114	CPT/HCPCS	OSTECTOMY, COMPLETE EXCISION; ALL METATARSAL HEADS, WITH PARTIAL PROXIMAL PHALANGECTOMY, EXCLUDING FIRST METATARSAL	Yes
33522	CPT/HCPCS	FIVE VENOUS GRAFTS (LIST SEPARATELY IN ADDITION TO CODE FOR ARTERIAL GRAFT)	Yes
44055	CPT/HCPCS	CORRECTION OF MALROTATION BY LYSIS OF DUODENAL BANDS AND/OR REDUCTION OF MIDGUT VOLVULUS (EG, LADD PROCEDURE)	Yes
S2209	CPT/HCPCS	MINIMALLY INVASIVE DIRECT CORONARY ARTERY BYPASS SURGERY INVOLVING MINI-THORACOTOMY OR MINI-STERNOTOMY SURGERY, PERFORME	Yes
43325	CPT/HCPCS	ESOPHAGOGASTRIC FUNDOPLASTY; WITH FUNDIC PATCH (THAL-NISSEN PROCEDURE)	Yes
24685	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN ULNAR FRACTURE PROXIMAL END (OLECRANON PROCESS), WITH OR WITHOUT INTERNAL OR EXTE	Yes
33973	CPT/HCPCS	INSERTION OF INTRA-AORTIC BALLOON ASSIST DEVICE THROUGH THE ASCENDING AORTA	Yes
21045	CPT/HCPCS	EXCISION OF MALIGNANT TUMOR OF MANDIBLE; RADICAL RESECTION	Yes
64999	CPT/HCPCS	UNLISTED PROCEDURE, NERVOUS SYSTEM	Yes
21931	CPT/HCPCS	EXCISION, TUMOR, SOFT TISSUE OF BACK OR FLANK, SUBCUTANEOUS; 3 CM OR GREATER	Yes
27700	CPT/HCPCS	ARTHROPLASTY, ANKLE;	Yes
28160	CPT/HCPCS	HEMIPHALANGECTOMY OR INTERPHALANGEAL JOINT EXCISION, TOE, SINGLE, EACH	Yes
38589	CPT/HCPCS	UNLISTED LAPAROSCOPY PROCEDURE, LYMPHATIC SYSTEM	Yes
48545	CPT/HCPCS	PANCREATORRHAPHY FOR TRAUMA	Yes
31526	CPT/HCPCS	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; DIAGNOSTIC, WITH OPERATING MICROSCOPE OR TELESCOPE	Yes
42280	CPT/HCPCS	MAXILLARY IMPRESSION FOR PALATAL PROSTHESIS	Yes
28291	CPT/HCPCS	HALLUX RIGIDUS CORRECTION WITH CHEILECTOMY, DEBRIDEMENT/CAPSULAR RELEASE OF THE FIRST METATARSOPHALANGEAL JOINT WITH IMP	Yes
27605	CPT/HCPCS	*TENOTOMY, ACHILLES TENDON, SUBCUTANEOUS (SEPARATE PROCEDURE); LOCAL ANESTHESIA	Yes
54900	CPT/HCPCS	EPIDIDYMOVASOSTOMY, ANASTOMOSIS OF EPIDIDYMIS TO VAS DEFERENS; UNILATERAL	Yes
33212	CPT/HCPCS	INSERTION OR REPLACEMENT OF PACEMAKER PULSE GENERATOR OR AUTOMATIC IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR PUL	Yes
32561	CPT/HCPCS	INSTILLATION(S), VIA CHEST TUBE/CATHETER, AGENT FOR FIBRINOLYSIS (EG, FIBRINOLYTIC AGENT FOR BREAK UP OF MULTILOCULATED	Yes
64746	CPT/HCPCS	TRANSECTION OR AVULSION OF; PHRENIC NERVE	Yes
27269	CPT/HCPCS	OPEN TREATMENT OF FEMORAL FRACTURE, PROXIMAL END,HEAD,INCLUDES INTERNAL FIXATION,WHEN PERFORMED	Yes
30620	CPT/HCPCS	RECONSTRUCTION, FUNCTIONAL, INTERNAL NOSE (SEPTAL OR OTHER INTRANASAL DERMATOPLASTY) (DOES NOT INCLUDE OBTAINING	Yes
27323	CPT/HCPCS	BIOPSY, SOFT TISSUE OF THIGH OR KNEE AREA; SUPERFICIAL	Yes
30420	CPT/HCPCS	RHINOPLASTY, PRIMARY; INCLUDING MAJOR SEPTAL REPAIR	Yes
27027	CPT/HCPCS	DECOMPRESS FASCIOTOMY(IES), PELVIC (BUTTOCK) COMPARTMENT(S) (EG, GLUTEUS MEDIUS-MINIMUS, GLUTEUS MAXIMUS, ILIOPSOAS, AND	Yes
G0186	CPT/HCPCS	DESTRUCTION OF LOCALIZED LSEION OF CHOROID	Yes

37780	CPT/HCPCS	LIGATION AND DIVISION OF SHORT SAPHENOUS VEIN AT SAPHENOPLOPLITEAL JUNCTION (SEPARATE PROCEDURE)	Yes
67030	CPT/HCPCS	DISSECTION OF VITREOUS STRANDS (WITHOUT REMOVAL), PARS PLANA APPROACH	Yes
25125	CPT/HCPCS	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF RADIUS OR ULNA (EXCLUDING HEAD OR NECK OF RADIUS AND OLECRANON)	Yes
47801	CPT/HCPCS	PLACEMENT OF CHOLEDOCHAL STENT	Yes
49904	CPT/HCPCS	OMENTAL FLAP, EXTRA-ABDOMINAL	Yes
68110	CPT/HCPCS	EXCISION OF LESION, CONJUNCTIVA; UP TO 1 CM	Yes
36479	CPT/HCPCS	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS	Yes
28295	CPT/HCPCS	CORRECTION, HALLUX VALGUS WITH BUNIONECTOMY, WITH SESAMOIDECTOMY WHEN PERFORMED; WITH PROXIMAL METATARSAL OSTEOTOMY, ANY METHOD	Yes
31634	CPT/HCPCS	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCL FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH BALLOON OCCLUSION, W/ ASSESSMENT OF AIRWAY	Yes
51940	CPT/HCPCS	CLOSURE OF BLADDER EXSTROPHY	Yes
21615	CPT/HCPCS	EXCISION FIRST AND/OR CERVICAL RIB FOR OUTLET COMPRESSION SYNDROME OR OTHER CAUSE;	Yes
21151	CPT/HCPCS	RECONSTRUCTION MIDFACE, LEFORT II; ANY DIRECTION, REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS)	Yes
29435	CPT/HCPCS	APPLICATION OF PATELLAR TENDON BEARING (PTB) CAST	Yes
27828	CPT/HCPCS	OPEN TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR SURFACE/PORTION OF DISTAL TIBIA, BOTH TIBIA AND FIBULA	Yes
32668	CPT/HCPCS	THORACOSCOPY, SURGICAL; WITH DIAGNOSTIC WEDGE RESECTION FOLLOWED BY ANATOMIC LUNG RESECTION (LIST SEPARATELY IN)	Yes
47531	CPT/HCPCS	INJECTION PROCEDURE FOR CHOLANGIOGRAPHY, PERCUTANEOUS, COMPLETE DIAGNOSTIC PROCEDURE INCLUDING IMAGING GUIDANCE (EG, ULTRASOUND)	Yes
35271	CPT/HCPCS	REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; INTRATHORACIC, WITH BYPASS	Yes
51080	CPT/HCPCS	DRAINAGE OF PERIVESICAL OR PREVESICAL SPACE ABSCESS	Yes
53449	CPT/HCPCS	SURGICAL CORRECTION OF HYDRAULIC ABNORMALITY OF INFLATABLE SPHINCTER DEVICE	Yes
53505	CPT/HCPCS	URETHROPLASTY, SUTURE OF URETHRAL WOUND OR INJURY; PENILE	Yes
27514	CPT/HCPCS	OPEN TREATMENT OF FEMORAL FRACTURE, DISTAL END, MEDIAL OR LATERAL CONDYLE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED	Yes
57240	CPT/HCPCS	ANTERIOR COLPORRHAPHY, REPAIR OF CYSTOCELE WITH OR WITHOUT REPAIR OF URETHROCELE	Yes
33496	CPT/HCPCS	REPAIR OF NON-STRUCTURAL PROSTHETIC VALVE DYSFUNCTION WITH CARDIOPULMONARY BYPASS (SEPARATE PROCEDURE)	Yes
32669	CPT/HCPCS	THORACOSCOPY, SURGICAL; WITH REMOVAL OF A SINGLE LUNG SEGMENT (SEGMENTECTOMY)	Yes
45126	CPT/HCPCS	PELVIC EXENTERATION FOR COLORECTAL MALIGNANCY, WITH PROCTECTOMY (W/WO COLOSTOMY), WITH REMOVAL OF BLADDER ETC	Yes
64555	CPT/HCPCS	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; PERIPHERAL NERVE	Yes
61591	CPT/HCPCS	INFRATEMPORAL POST-AURICULAR APPROACH TO MIDDLE CRANIAL FOSSA (INTERNAL AUDITORY MEATUS, PETROUS APEX, TENTORIUM, CAVERNOMATOSIS)	Yes
33241	CPT/HCPCS	REMOVAL OF IMPLANTABLE DEFIBRILLATOR PULSE GENERATOR ONLY	Yes
35371	CPT/HCPCS	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; COMMON FEMORAL	Yes
33390	CPT/HCPCS	VALVULOPLASTY, AORTIC VALVE, OPEN, WITH CARDIOPULMONARY BYPASS; SIMPLE (IE, VALVOTOMY, DEBRIDEMENT, DEBULKING, COMMISSIONING)	Yes
0269T	CPT/HCPCS	REVISION OR REMOVAL OF CAROTID SINUS BAROREFLEX ACTIVATION DEVICE; TOTAL SYSTEM.	Yes
61001	CPT/HCPCS	*SUBDURAL TAP THROUGH FONTANELLE, OR SUTURE, INFANT, SUBSEQUENT TAPS	Yes
21299	CPT/HCPCS	UNLISTED CRANIOFACIAL AND MAXILLOFACIAL PROCEDURE	Yes
35637	CPT/HCPCS	BYPASS GRAFT, WITH OTHER THAN VEIN, AORTOILIAC	Yes

21268	CPT/HCPCS	ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UNILATERAL, WITH BONE GRAFTS; COMBINED INTRA- AND EXTRACRANIAL APPROACH	Yes
20615	CPT/HCPCS	ASPIRATION AND INJECTION FOR TREATMENT OF BONE CYST	Yes
48145	CPT/HCPCS	PANCREATECTOMY, DISTAL SUBTOTAL, WITH OR WITHOUT SPLENECTOMY; WITH PANCREATICOJEJUNOSTOMY	Yes
50430	CPT/HCPCS	INJECTION PROCEDURE FOR ANTEGRADE NEPHROSTOGRAM AND/OR URETEROGRAM, COMPLETE DIAGNOSTIC PROCEDURE INCLUDING IMAGING	Yes
23700	CPT/HCPCS	*MANIPULATION UNDER ANESTHESIA, SHOULDER JOINT, INCLUDING APPLICATION OF FIXATION APPARATUS (DISLOCATION EXCLUDED)	Yes
47360	CPT/HCPCS	HEPATORRHAPHY, SUTURE OF LIVER WOUND OR INJURY; COMPLEX, WITH OR WITHOUT HEPATIC ARTERY LIGATION	Yes
64896	CPT/HCPCS	NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), HAND OR FOOT; MORE THAN 4 CM LENGTH	Yes
31370	CPT/HCPCS	PARTIAL LARYNGECTOMY (HEMILARYNGECTOMY); HORIZONTAL	Yes
46611	CPT/HCPCS	ANOSCOPY; WITH REMOVAL OF SINGLE TUMOR, POLYP OR OTHER LESION BY SNARE TECHNIQUE	Yes
33140	CPT/HCPCS	TRANSMYOCARDIAL LASER REVASCULARIZATION, BY THORACOTOMY	Yes
61151	CPT/HCPCS	BURR HOLE(S) OR TREPHINE; WITH SUBSEQUENT TAPPING (ASPIRATION) OF INTRACRANIAL ABSCESS OR CYST	Yes
28230	CPT/HCPCS	TENOTOMY, OPEN, FLEXOR; FOOT, SINGLE OR MULTIPLE (SEPARATE PROCEDURE)	Yes
M0301	CPT/HCPCS	FABRIC WRAPPING OF ABDOMINAL ANEURYSM	Yes
51840	CPT/HCPCS	ANTERIOR VESICourethropeXY, OR URETHROPEXY (MARSHALL-MARCHETTI-KRANTZ TYPE); SIMPLE	Yes
45562	CPT/HCPCS	EXLORATION, REPAIR, AND PRESACRAL DRAINAGE FOR RECTAL INJURY	Yes
47490	CPT/HCPCS	PERCUTANEOUS CHOLECYSTOSTOMY	Yes
27098	CPT/HCPCS	ADDUCTOR TRANSFER TO ISCHIIUM	Yes
15780	CPT/HCPCS	DERMABRASION; TOTAL FACE (EG, FOR ACNE SCARRING, FINE WRINKLING, RHYTIDS, GENERAL KERATOSIS)	Yes
21179	CPT/HCPCS	RECONSTRUCTION, ENTIRE OR MAJORITY OF FOREHEAD AND/OR SUPRAORBITAL RIMS; WITH GRAFTS (ALLOGRAFT OR PROSTHETIC MATERIAL)	Yes
15953	CPT/HCPCS	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH LOCAL ROTATION SKIN FLAP CLOSURE; WITH OSTECTOMY	Yes
29240	CPT/HCPCS	STRAPPING; SHOULDER (EG, VELPEAU)	Yes
31590	CPT/HCPCS	LARYNGEAL REINNERVATION BY NEUROMUSCULAR PEDICLE	Yes
0452T	CPT/HCPCS	INSERTION OR REPLACEMENT OF A PERMANENTLY IMPLANTABLE AORTIC COUNTERPULSATION VENTRICULAR ASSIST SYSTEM; AORTIC COUNTERPUL	Yes
57100	CPT/HCPCS	*BIOPSY OF VAGINAL MUCOSA; SIMPLE (SEPARATE PROCEDURE)	Yes
23078	CPT/HCPCS	RADICAL RESECTION OF TUMOR (EG, SARCOMA), SOFT TISSUE OF SHOULDER AREA; 5 CM OR GREATER	Yes
43410	CPT/HCPCS	SUTURE OF ESOPHAGEAL WOUND OR INJURY; CERVICAL APPROACH	Yes
15837	CPT/HCPCS	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); FOREARM OR HAND	Yes
46083	CPT/HCPCS	INCISION OF THROMBOSED HEMORRHOID, EXTERNAL	Yes
44389	CPT/HCPCS	FIBEROPTIC COLONOSCOPY THROUGH COLOSTOMY; FOR BIOPSY AND/OR COLLECTION OF SPECIMEN BY BRUSHING OR WASHING	Yes
69505	CPT/HCPCS	MASTOIDECTOMY; MODIFIED RADICAL	Yes
63302	CPT/HCPCS	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR EXCISION OF INTRASPINAL LESION, SINGLE SEG	Yes
37785	CPT/HCPCS	LIGATION, DIVISION, AND/OR EXCISION OF VARICOSE VEIN CLUSTER(S), ONE LEG	Yes
64868	CPT/HCPCS	ANASTOMOSIS; FACIAL-HYPOGLOSSAL	Yes
29830	CPT/HCPCS	ARTHROSCOPY, ELBOW, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROCEDURE)	Yes
58400	CPT/HCPCS	UTERINE SUSPENSION, WITH OR WITHOUT SHORTENING OF ROUND LIGAMENTS, WITH OR WITHOUT SHORTENING OF SACROUTERINE LIGAMEN	Yes
21366	CPT/HCPCS	OPEN TREATMENT OF COMPLICATED FRACTURE(S) OF MALAR AREA, INCLUDING ZYGOMATIC ARCH AND MALAR TRIPOD; W/BONE GRAFTING	Yes
37766	CPT/HCPCS	STAB PHLEBECTOMY OF VARICOSE VEINS, ONE EXTREMITY; MORE THAN 20 INCISIONS	Yes
33412	CPT/HCPCS	REPLACEMENT, AORTIC VALVE; WITH TRANSVENTRICULAR AORTIC ANNULUS ENLARGEMENT (KONNO PROCEDURE)	Yes

35132	CPT/HCPCS	DIRECT REPAIR OF ANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR WITHOUT PATCH GRAFT; FOR RUPTURED	Yes
23180	CPT/HCPCS	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), CLAVICLE	Yes
43843	CPT/HCPCS	GASTROPLASTY, OTHER THAN VERTICAL-BANDED, FOR MORBID OBESITY	Yes
0218T	CPT/HCPCS	INJECTION(S), DX OR TX AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) W/ULTRASOUND	Yes
33889	CPT/HCPCS	OPEN SUBCLAVIAN TO CAROTID ARTERY TRANSPOSITION PERFORMED IN CONJUNCTION WITH ENDOVASCULAR REPAIR OF DESCENDING THORACI	Yes
67255	CPT/HCPCS	SCLERAL REINFORCEMENT (SEPARATE PROCEDURE); WITH GRAFT	Yes
36558	CPT/HCPCS	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHWITHOUT SUBCUTANEOUS PORT OF PUMP; AGE 5 YEARS OR OLDER	Yes
35682	CPT/HCPCS	BYPASS GRAFT; AUTOGENOUS COMPOSITE, TWO SEGMENTS OF VEINS FROM TWO LOCATIONS(LIST SEPARATELY IN ADD TO CODE FOR PRIM)	Yes
49906	CPT/HCPCS	FREE OMENTAL FLAP WITH MICROVASCULAR ANASTOMOSIS	Yes
11403	CPT/HCPCS	EXCISION, BENIGN LESION INCL MARGINS, EXCEPT SKIN TAG (UNLS LISTED ELSEWHR) TRUNK, ARMS, OR LEGS; EX DIAM 2.1 TO 3.0CM	Yes
26478	CPT/HCPCS	TENDON LENGTHENING, FLEXOR, HAND OR FINGER, SINGLE, EACH	Yes
29886	CPT/HCPCS	ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR INTACT OSTEOCHONDritis DISSECANS LESION	Yes
25605	CPT/HCPCS	TREATMENT OF CLOSED DISTAL RADIAL FRACTURE (EG, COLLES OR SMITH TYPE) OR EPIPHYSEAL SEPARATION, WITH OR WITHOUT FRA	Yes
55300	CPT/HCPCS	VASOTOMY FOR VASOGRAMS, SEMINAL VESICULOGRAMS, OR EPIDIDYMOGRAMS, UNILATERAL OR BILATERAL	Yes
36860	CPT/HCPCS	CANNULA DECLOTTING; WITHOUT BALLOON CATHETER	Yes
31070	CPT/HCPCS	SINUSOTOMY FRONTAL; EXTERNAL, SIMPLE (TREPHINE OPERATION)	Yes
0195T	CPT/HCPCS	ARTHRODESIS, PRE-SACRAL INTERBODY TECHNIQUE, INCLUDING INSTRUMENTATION, IMAGING (WHEN PERFORMED), AND DISCECTOMY TO PREP	Yes
47425	CPT/HCPCS	CHOLEDOCHOTOMY OR CHOLEDOCHOSTOMY WITH EXPLORATION, DRAINAGE, OR REMOVAL OF CALCULUS, WITH OR WITHOUT CHOLECYSTOTOMY;	Yes
46020	CPT/HCPCS	PLACEMENT OF SETON	Yes
28740	CPT/HCPCS	ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, SINGLE JOINT	Yes
28054	CPT/HCPCS	ARTHROTOMY FOR SYNOVIAL BIOPSY; INTERPHALANGEAL JOINT	Yes
46255	CPT/HCPCS	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, SINGLE COLUMN/GROUP;	Yes
27488	CPT/HCPCS	REMOVAL OF KNEE PROSTHESIS, INCLUDING "TOTAL KNEE," METHYL METHACRYLATE AND INSERTION OF SPACER, WHEN APPLICABLE	Yes
24600	CPT/HCPCS	TREATMENT OF CLOSED ELBOW DISLOCATION; WITHOUT ANESTHESIA	Yes
33548	CPT/HCPCS	SURGICAL VENTRICULAR RESTORATION PROCEDURE, INCLUDES PROSTHETIC PATCH, WHEN PERFORMED	Yes
55810	CPT/HCPCS	PROSTATECTOMY, PERINEAL RADICAL;	Yes
50384	CPT/HCPCS	REMOVAL OF INTERNALLY DWELLING URETERAL STENT VIA PERCUTANEOUS APPROACH, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION	Yes
60254	CPT/HCPCS	THYROIDECTOMY, TOTAL OR SUBTOTAL FOR MALIGNANCY; WITH RADICAL NECK DISSECTION	Yes
35206	CPT/HCPCS	REPAIR BLOOD VESSEL, DIRECT; UPPER EXTREMITY	Yes
33361	CPT/HCPCS	TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR/TAVI) WITH PROSSTHETIC VALVE; PERCUTANEOUS FEMORAL ARTERY APPROACH	Yes
33822	CPT/HCPCS	PATENT DUCTUS ARTERIOSUS; DIVISION, UNDER 18 YEARS	Yes
57000	CPT/HCPCS	COLPOTOMY; WITH EXPLORATION	Yes
20600	CPT/HCPCS	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION, SMALL JOINT OR BURSA (EG, FINGERS, TOES); WITHOUT ULTRASOUND GUIDANCE	Yes
54240	CPT/HCPCS	PENILE PLETHYSMOGRAPHY	Yes
35606	CPT/HCPCS	BYPASS GRAFT, WITH OTHER THAN VEIN; CAROTID-SUBCLAVIAN	Yes
28345	CPT/HCPCS	RECONSTRUCTION, TOE(S); SYNDACTYLY, WITH OR WITHOUT SKIN GRAFT(S), EACH WEB	Yes
33030	CPT/HCPCS	PERICARDIECTOMY, SUBTOTAL OR COMPLETE; WITHOUT CARDIOPULMONARY BYPASS	Yes
21557	CPT/HCPCS	RADICAL RESECTION OF TUMOR (EG, SARCOMA), SOFT TISSUE OF NECK OR ANTERIOR THORAX; LESS THAN 5 CM	Yes
43820	CPT/HCPCS	GASTROJEJUNOSTOMY;	Yes

25915	CPT/HCPCS	KRUKENBERG PROCEDURE	Yes
33954	CPT/HCPCS	EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO),INSERTION OF PERIPHERAL (ARTERIAL AND/OR VENOUS) CANNULA(E) OPEN, 6 YEARS AND	Yes
34471	CPT/HCPCS	THROMBECTOMY, DIRECT OR WITH CATHETER; SUBCLAVIAN VEIN, BY NECK INCISION	Yes
35695	CPT/HCPCS	TRANSPOSITION AND/OR REIMPLANTATION; CAROTID TO SUBCLAVIAN ARTERY	Yes
21401	CPT/HCPCS	TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH MANIPULATION	Yes
28302	CPT/HCPCS	OSTEOTOMY; TALUS	Yes
64722	CPT/HCPCS	DECOMPRESSION; UNSPECIFIED NERVE(S) (SPECIFY)	Yes
27720	CPT/HCPCS	REPAIR OF NONUNION OR MALUNION, TIBIA; WITHOUT GRAFT, (EG, COMPRESSION TECHNIQUE)	Yes
49440	CPT/HCPCS	INSERTION OF GASTROSTOMY TUBE,PERCUTANEOUS, UNDER FLUOROSCOPIC GUIDANCE INCLUDING CONTRAST INJECTION(S), IMAGE DOCUMENTATION AND REPORT	Yes
25520	CPT/HCPCS	CLOSE TREATMENT OF RADIAL SHAFT FRACTURE,WITH DISLOCATION OFDISTAL RADIOULNAR JOINT	Yes
36474	CPT/HCPCS	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEO	Yes
47544	CPT/HCPCS	REMOVAL OF CALCULI/DEBRIS FROM BILIARY DUCT(S) AND/OR GALLBLADDER PERCUTANEOUS, INCLUDING DESTRUCTION OF CALCULI B	Yes
21267	CPT/HCPCS	ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UNILATERAL, WITH BONE GRAFTS; EXTRACRANIAL APPROACH	Yes
38380	CPT/HCPCS	SUTURE AND/OR LIGATION OF THORACIC DUCT; CERVICAL APPROACH	Yes
23605	CPT/HCPCS	TREATMENT OF CLOSED HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE; WITH MANIPULATION	Yes
28103	CPT/HCPCS	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR CALCANEUS; WITH ALLOGRAFT	Yes
55605	CPT/HCPCS	VESICULOTOMY; COMPLICATED	Yes
27181	CPT/HCPCS	OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; OSTEOTOMY AND INTERNAL FIXATION	Yes
27695	CPT/HCPCS	SUTURE, PRIMARY, TORN, RUPTURED OR SEVERED LIGAMENT, ANKLE; COLLATERAL	Yes
28261	CPT/HCPCS	CAPSULOTOMY, MIDFOOT; WITH TENDON LENGTHENING	Yes
42104	CPT/HCPCS	EXCISION, LESION OF PALATE, UVULA; WITHOUT CLOSURE	Yes
33916	CPT/HCPCS	PULMONARY ENDARTERECTOMY WITH OR WITHOUT EMBOLECTOMY, WITH CARDIOPULMONARY BYPASS	Yes
26591	CPT/HCPCS	REPAIR, INTRINSIC MUSCLES OF HAND (SPECIFY)	Yes
G0412	CPT/HCPCS	OPEN TX OF ILIAC SPINE(S), TUBEROSITY AVULSION, OR ILIAC WING FX(S), UNILATERAL OR BILATERAL FOR PELVIC BONE FRACTURE PA	Yes
11462	CPT/HCPCS	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, INGUINAL; WITH PRIMARY SUTURE	Yes
64630	CPT/HCPCS	DESTRUCTION BY NEUROLYTIC AGENT; PUDENDAL NERVE	Yes
33783	CPT/HCPCS	AORTIC ROOT TRANSLOCATION WITH VENTRICULAR SEPTAL DEFECT AND PULMONARY STENOSIS REPAIR (IE, NIKAI DOH PROCEDURE); WITH RE	Yes
35683	CPT/HCPCS	BYPASS GRAFT; AUTOGENOUS COMPOSITE, THREE OR MORE SEGMENTS OF VEINS FROM TWO OR MORE LOC(LIST SEPARATE TO CODE FOR PRIM)	Yes
25315	CPT/HCPCS	FLEXOR ORIGIN SLIDE FOR CEREBRAL PALSY, FOREARM AND/OR WRIST;	Yes
39560	CPT/HCPCS	RESECTION, DIAPHRAGM; WITH SIMPLE REPAIR	Yes
20245	CPT/HCPCS	BIOPSY, BONE, OPEN; DEEP (EG, HUMERAL SHAFT, ISCHIUM, FEMUR SHAFT)	Yes
S2206	CPT/HCPCS	MINIMALLY INVASIVE DIRECT CORONARY ARTERY BYPASS SURGERY INVOLVING MINI-THORACOTOMY OR MINI-STERNOTOMY SURGERY, PERFORME	Yes
42227	CPT/HCPCS	LENGTHENING OF PALATE, WITH ISLAND FLAP	Yes
26437	CPT/HCPCS	EXTENSOR TENDON REALIGNMENT, HAND	Yes
36568	CPT/HCPCS	INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT IMAGING GUIDANCE; YOUNGER THAN 5 YEARS OF AGE	Yes
S2300	CPT/HCPCS	ARTHROSCOPY, SHOULDER, SURGICAL; WITH THERMALLY-INDUCED CAPSULORRHAPHY	Yes

19086	CPT/HCPCS	BIOPSY,BREAST,WITH PLACEMENT OF BREAST LOCALIZATION DEVICE(S),EACH ADDITIONAL LESION INCL MAGNETIC RESONANCE	Yes
33256	CPT/HCPCS	OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, EXTENSIVE (EG, MAZE PROCEDURE); WITH CARDIOPULMONARY BYPASS	Yes
11646	CPT/HCPCS	EXCISION, MALIGNANT LESION INCL MARGINS, FACE, EARS, EYELIDSNOSE, LIPS; EXCISED DIAMETER OVER 4CM	Yes
38780	CPT/HCPCS	RETROPERITONEAL TRANSABDOMINAL LYMPHADENECTOMY, EXTENSIVE, INCLUDING PELVIC, AORTIC, AND RENAL NODES (SEPARATE PROCEDUR	Yes
54055	CPT/HCPCS	*DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; EL	Yes
51702	CPT/HCPCS	INSERTION OF TEMPORARY INDWELLING BLADDER CATHETER, SIMPLE	Yes
11401	CPT/HCPCS	EXCISION, BENIGN LESION INCL MARGINS, EXCEPT SKIN TAG (UNLS LISTED ELSEWHR) TRUNK, ARMS, OR LEGS; EX DIAM 0.6 TO 1.0CM	Yes
33050	CPT/HCPCS	EXCISION OF PERICARDIAL CYST OR TUMOR	Yes
38381	CPT/HCPCS	SUTURE AND/OR LIGATION OF THORACIC DUCT; THORACIC APPROACH	Yes
58267	CPT/HCPCS	VAGINAL HYSTERECTOMY, WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S); WITH COLPO-URETHROCYS	Yes
17000	CPT/HCPCS	DESTRUCTION BY ANY METHOD, PREMALIGNANT LESIONS; FIRST LESION	Yes
28250	CPT/HCPCS	DIVISION OF PLANTAR FASCIA AND MUSCLE ("STEINDLER STRIPPING") (SEPARATE PROCEDURE)	Yes
27603	CPT/HCPCS	INCISION AND DRAINAGE, LEG OR ANKLE; DEEP ABSCESS OR HEMATOMA	Yes
36591	CPT/HCPCS	COLLECTION OF BLOOD SPECIMEN FROM A COMPLETELY IMPLANTABLE VENOUS ACCESS DEVICE	Yes
10180	CPT/HCPCS	INCISION AND DRAINAGE, COMPLEX, POSTOPERATIVE WOUND INFECTION	Yes
57210	CPT/HCPCS	COLPOPERINEORRHAPHY, SUTURE OF INJURY OF VAGINA AND/OR PERINEUM (NONOBSTETRICAL)	Yes
32310	CPT/HCPCS	PLEURECTOMY; PARIETAL (SEPARATE PROCEDURE)	Yes
43842	CPT/HCPCS	GASTROPLASTY,VERTICALBANDED, FOR MORBID OBESITY	Yes
21825	CPT/HCPCS	TREATMENT OF STERNUM FRACTURE; OPEN	Yes
26070	CPT/HCPCS	ARTHROTOMY, FOR INFECTION, WITH EXPLORATION, DRAINAGE OR REMOVAL OF FOREIGN BODY; CARPOMETACARPAL JOINT	Yes
47600	CPT/HCPCS	CHOLECYSTECTOMY;	Yes
19084	CPT/HCPCS	BIOPSY,BREAST,WITH PLACEMENT OF BREAST LOCALIZATION DEVICE(S),EACH ADDITIONAL LESION INCL ULTRASOUND GUIDANCE	Yes
26205	CPT/HCPCS	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF METACARPAL; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)	Yes
31081	CPT/HCPCS	SINUSOTOMY FRONTAL; OBLITERATIVE, WITHOUT OSTEOPLASTIC FLAP, CORONAL INCISION (INCLUDES ABLATION)	Yes
42400	CPT/HCPCS	*BIOPSY OF SALIVARY GLAND; NEEDLE	Yes
10061	CPT/HCPCS	INCISION AND DRAINAGE OF ABSCESS (EG, CARBUNCLE, SUPPURATIVE HIDRADENITIS, CUTANEOUS OR SUBCUTANEOUS ABSCESS, CYST, F	Yes
46505	CPT/HCPCS	CHEMODENERVATION OF INTERNAL ANAL SPHINCTER	Yes
52275	CPT/HCPCS	CYSTOURETHROSCOPY, WITH INTERNAL URETHROTOMY; MALE	Yes
29835	CPT/HCPCS	ARTHROSCOPY, ELBOW, SURGICAL; SYNOVECTOMY, PARTIAL	Yes
67320	CPT/HCPCS	TRANSPOSITION PROCEDURE (EG, FOR PARETIC EXTRAOCULAR MUSCLE), ANY EXTRAOCULAR MUSCLE (SPECIFY)	Yes
43405	CPT/HCPCS	LIGATION OR STAPLING AT GASTROESOPHAGEAL JUCTION FOR PREEXISTING ESOPHAGEAL PERFORATION	Yes
67121	CPT/HCPCS	REMOVAL OF IMPLANTED MATERIAL, POSTERIOR SEGMENT; INTRAOCULAR	Yes
27253	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN HIP DISLOCATION, TRAUMATIC, WITHOUT INTERNAL FIXATION	Yes
35721	CPT/HCPCS	EXPLORATION (NOT FOLLOWED BY SURGICAL REPAIR), WITH OR WITHOUT LYSIS OF ARTERY; FEMORAL ARTERY	Yes
61450	CPT/HCPCS	CRANIECTOMY, SUBTEMPORAL, FOR SECTION, COMPRESSION, OR DECOMPRESSION OF SENSORY ROOT OF GASSERIAN GANGLION	Yes
57545	CPT/HCPCS	EXCISION OF CERVICAL STUMP, ABDOMINAL APPROACH; WITH PELVIC FLOOR REPAIR	Yes
35570	CPT/HCPCS	BYPASS GRAFT, WITH VEIN; TIBIAL-TIBIAL, PERONEAL-TIBIAL, OR TIBIAL/PERONEAL TRUNK-TIBIAL	Yes

51701	CPT/HCPCS	INSERTION OF NON-INDWELLING BLADDER CATHETER	Yes
61323	CPT/HCPCS	CRANIECTOMY OR CRANIOTOMY, DECOMPRESSIVE, WITH OR WITHOUT DURAPLASTY, FOR TREATMENT OF INTRACRANIAL HYPERTENSION, WIT	Yes
54235	CPT/HCPCS	INJECTION OF CORPORA CAVERNOSA WITH PHARMACOLOGIC AGENT(S) (EG, PAPAVERINE, PHENTOLAMINE)	Yes
0100T	CPT/HCPCS	PLACEMENT OF SUBCONJUCTIVAL RETINAL PROSTHESIS RECEIVER AND PULSE GENERATOR, AND IMPLANTATION OF INTRA-OCULAR RETINAL EL	Yes
43622	CPT/HCPCS	GASTRECTOMY, TOTAL; WITH FORMATION OF INTESTINAL POUCH, ANY TYPE	Yes
28630	CPT/HCPCS	*TREATMENT OF CLOSED METATARSOPHALANGEAL JOINT DISLOCATION; WITHOUT ANESTHESIA	Yes
43313	CPT/HCPCS	ESOPHAGOPLASTY FOR CONGENITAL DEFECT, THORACIC APPROACH; WITHOUT REPAIR OF CONGENITAL TRACHEOESOPHAGEAL FISTULA	Yes
54406	CPT/HCPCS	REMOVAL OF ALL COMPONENTS OF A MULTI-COMPONENT, INFLATABLE PENILE PROSTHESIS WITHOUT REPLACEMENT OF PROSTHESIS	Yes
29540	CPT/HCPCS	STRAPPING; ANKLE AND/OR FOOT	Yes
33523	CPT/HCPCS	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); SIX OR MORE VENOUS GRAFTS	Yes
43850	CPT/HCPCS	REVISION OF GASTRODUODENAL ANASTOMOSIS (GASTRODUODENOSTOMY) WITH RECONSTRUCTION; WITHOUT VAGOTOMY	Yes
28210	CPT/HCPCS	REPAIR OR SUTURE OF TENDON, FOOT, EXTENSOR, SINGLE; SECONDARY WITH FREE GRAFT, EACH TENDON (INCLUDES OBTAINING GRA	Yes
50020	CPT/HCPCS	DRAINAGE OF PERIRENAL OR RENAL ABSCESS (SEPARATE PROCEDURE)	Yes
44143	CPT/HCPCS	COLECTOMY, PARTIAL; WITH END COLOSTOMY AND CLOSURE OF DISTAL SEGMENT (HARTMANN TYPE PROCEDURE)	Yes
63078	CPT/HCPCS	DISKECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOT(S), INCLUDING OSTEOPHYECTOMY; THORACIC, EACH	Yes
50386	CPT/HCPCS	REMOVL OF INT DWLING URETRAL STENT VIA TRANSURETHRAL APPRCH, WI/O USE OF CYSTOSCPY, INLCDNG RADIOLOGICAL SUPRVSN AND IN	Yes
21812	CPT/HCPCS	OPEN TREATMENT OF RIB FRACTURE(S) WITH INTERNAL FIXATION, INCLUDES THORACOSCOPIC VISUALIZATION WHEN PERFORMED, 4-6 RIBS	Yes
25924	CPT/HCPCS	DISARTICULATION THROUGH WRIST; RE-AMPUTATION	Yes
34451	CPT/HCPCS	THROMBECTOMY, DIRECT OR WITH CATHETER; VENA CAVA, ILIAC, FEMOROPOPLITEAL VEIN, BY ABDOMINAL AND LEG INCISION	Yes
39000	CPT/HCPCS	MEDIASTINOTOMY WITH EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY; CERVICAL APPROACH	Yes
15941	CPT/HCPCS	EXCISION, ISCHIAL PRESSURE ULCER, WITH PRIMARY SUTURE; WITH OSTECTOMY (ISCHIECTOMY)	Yes
68320	CPT/HCPCS	CONJUNCTIVOPLASTY; WITH CONJUNCTIVAL GRAFT OR EXTENSIVE REARRANGEMENT	Yes
0387T	CPT/HCPCS	TRANSCATHETER INSERTION OR REPLACEMENT OF PERMANENT LEADLESSPACEMAKER, VENTRICULAR	Yes
50782	CPT/HCPCS	ANASTOMOSIS OF DUPLICATED URETER TO BLADDER	Yes
28496	CPT/HCPCS	TREATMENT OF CLOSED FRACTURE GREAT TOE, PHALANX OR PHALANGES; WITH MANIPULATION AND PERCUTANEOUS PINNING	Yes
58672	CPT/HCPCS	LAPAROSCOPY, SURGICAL; WITH FIMBRIOPLASTY	Yes
43204	CPT/HCPCS	ESOPHAGOSCOPY, FLEXIBLE, TRANSORAL; WITH INJECTION SCLEROSIS OF ESOPHAGEAL VARICES	Yes
24100	CPT/HCPCS	ARTHROTOMY, ELBOW; FOR SYNOVIAL BIOPSY ONLY	Yes
43775	CPT/HCPCS	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)	Yes
11643	CPT/HCPCS	EXCISION, MALIGNANT LESION INCL MARGINS, FACE, EARS, EYELIDSN, LIPS; EXCISED DIAMETER 2.1 TO 3.0CM	Yes
64832	CPT/HCPCS	SUTURE OF DIGITAL NERVE, HAND OR FOOT; EACH ADDITIONAL DIGITAL NERVE	Yes
26115	CPT/HCPCS	EXCISION, TUMOR OR VASCULAR MALFORMATION, SOFT TISSUE OF HAND OR FINGER, SUBCUTANEOUS; LESS THAN 1.5 CM	Yes
31760	CPT/HCPCS	TRACHEOPLASTY; INTRATHORACIC	Yes

0235T	CPT/HCPCS	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN OR PERCUTANEOUS, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION; VISCERAL ARTERY (EXCEPT RENAL), EAC+	Yes
33710	CPT/HCPCS	REPAIR SINUS OF VALSALVA FISTULA, WITH CARDIOPULMONARY BYPASS; WITH REPAIR OF VENTRICULAR SEPTAL DEFECT	Yes
26200	CPT/HCPCS	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF METACARPAL;	Yes
31570	CPT/HCPCS	LARYNGOSCOPY, DIRECT, WITH INJECTION INTO VOCAL CORD(S), THERAPEUTIC;	Yes
26785	CPT/HCPCS	OPEN TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, INCLUDES INTERNAL FIXATION, WHEN PERFORMED, SINGLE	Yes
23530	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN STERNOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC;	Yes
61548	CPT/HCPCS	HYPOPHYSECTOMY OR EXCISION OF PITUITARY TUMOR, TRANSNASAL OR TRANSSEPTAL APPROACH, NONSTEREOTACTIC	Yes
54505	CPT/HCPCS	BIOPSY OF TESTIS, INCISIONAL (SEPARATE PROCEDURE)	Yes
50900	CPT/HCPCS	URETERORRHAPHY, SUTURE OF URETER (SEPARATE PROCEDURE)	Yes
33237	CPT/HCPCS	REMOVAL OF PERMANENT EPICARDIAL PACEMAKER AND ELECTRODES BY THORACOTOMY; DUAL LEAD SYSTEM	Yes
59135	CPT/HCPCS	SURGICAL TREATMENT OF ECTOPIC PREGNANCY; INTERSTITIAL, UTERINE PREGNANCY REQUIRING TOTAL HYSTERECTOMY	Yes
64491	CPT/HCPCS	INJECTION(S), DX OR TX AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) W/IMAGE GUIDA	Yes
61611	CPT/HCPCS	TRANSECTION OR LIGATION, CAROTID ARTERY IN PETROUS CANAL; WITHOUT REPAIR	Yes
64792	CPT/HCPCS	EXCISION OF NEUROFIBROMA OR NEUROLEMMOMA; EXTENSIVE (INCLUDING MALIGNANT TYPE)	Yes
15220	CPT/HCPCS	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, SCALP, ARMS, AND/OR LEGS; 20 SQ CM OR LESS	Yes
55600	CPT/HCPCS	VESICULOTOMY;	Yes
51992	CPT/HCPCS	LAPAROSCOPY, SURGICAL; SLING OPREATION FOR STRESS INCONTINENCE	Yes
27284	CPT/HCPCS	ARTHRODESIS, HIP JOINT (INCLUDES OBTAINING GRAFT);	Yes
21076	CPT/HCPCS	IMPRESSION AND CUSTOM PREPARATION; SURGICAL OBTURATOR PROSTHESIS	Yes
15757	CPT/HCPCS	FREE SKIN FLAP WITH MICROVASCULAR ANASTOMOSIS	Yes
37220	CPT/HCPCS	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, ILIAC ARTERY, UNILATERAL, INITIAL VESSEL; WITH TRANSLUMINAL ANGIO	Yes
40818	CPT/HCPCS	EXCISION OF MUCOSA OF VESTIBULE OF MOUTH AS DONOR GRAFT	Yes
24345	CPT/HCPCS	REPAIR MEDIAL COLLATERAL LIGAMENT, ELBOW, WITH LOCAL TISSUE	Yes
52345	CPT/HCPCS	CYSTOURETHROSCOPY W/URETEROSCOPY; WITH TREATMENT OF URETEROPELVIC JUNCTION STRICTURE	Yes
41520	CPT/HCPCS	FRENOPLASTY (SURGICAL REVISION OF FRENUM, EG, WITH Z-PLASTY)	Yes
64615	CPT/HCPCS	CHEMODENERVATION OF MUSCLE(S); MUSCLES INNERVATED BY FACIAL,TRIGEMINAL, CERVICAL SPINAL AND ACCESSORY NERVES, BILATERAL	Yes
26500	CPT/HCPCS	TENDON PULLEY RECONSTRUCTION; WITH LOCAL TISSUES (SEPARATE PROCEDURE)	Yes
33320	CPT/HCPCS	SUTURE REPAIR OF AORTA OR GREAT VESSELS; WITHOUT BYPASS	Yes
27054	CPT/HCPCS	ARTHROTOMY FOR SYNOVECTOMY, HIP JOINT	Yes
66600	CPT/HCPCS	IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; FOR REMOVAL OF LESION	Yes
23802	CPT/HCPCS	ARTHRODESIS, SHOULDER JOINT; WITH PRIMARY AUTOGENOUS GRAFT (INCLUDES OBTAINING GRAFT)	Yes
16035	CPT/HCPCS	ESCHAROTOMY;INITIAL INCISION	Yes
67225	CPT/HCPCS	DESTRUCTION OF LOCALIZED LESION OF CHOROID;PHOTODYNAMIC THERAPY, SECOND EYE, AT SINGLE SESSION	Yes
43117	CPT/HCPCS	PARTIAL ESPOHAGECTOMY, DISTAL TWO-THIRDS, WITH THORACOTOMY AND SEPARATE ABDOMINAL INCISION, W/WO PROXIMAL GASTRECTOMY	Yes
27648	CPT/HCPCS	INJECTION PROCEDURE FOR ANKLE ARTHROGRAPHY	Yes
67346	CPT/HCPCS	BIOPSY OF EXTRAOCULAR MUSCLES	Yes
C9747	CPT/HCPCS	ABLATION OF PROSTATE, TRANSRECTAL, HIGH INTENSITY FOCUSED ULTRASOUND (HIFU), INCLUDING IMAGING GUIDANCE	Yes
26555	CPT/HCPCS	POSITIONAL CHANGE OF OTHER FINGER	Yes
27552	CPT/HCPCS	TREATMENT OF CLOSED KNEE DISLOCATION; REQUIRING ANESTHESIA	Yes

28173	CPT/HCPCS	RADICAL RESECTION OF TUMOR; METATARSAL	Yes
49451	CPT/HCPCS	REPLACEMENT OF DUODENOSTOMY OR JEJUNOSTOMY TUBE, PERCUTANEOUS, UNDER FLUOROSCOPIC GUIDANCE INCLUDING CONTRAST INJ(S, IMA	Yes
27842	CPT/HCPCS	TREATMENT OF ANKLE DISLOCATION; REQUIRING ANESTHESIA	Yes
57415	CPT/HCPCS	REMOVAL OF IMPACTED VAGINAL FOREIGN BODY (SEPARATE PROCEDURE) UNDER ANESTHESIA (OTHER THAN LOCAL)	Yes
52010	CPT/HCPCS	CYSTOURETHROSCOPY, WITH EJACULATORY DUCT CATHETERIZATION, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR DUCT RADIOGRA	Yes
69210	CPT/HCPCS	REMOVAL IMPACTED CERUMEN REQUIRING INSTRUMENTATION, UNILATERAL	Yes
37212	CPT/HCPCS	TRANSCATHETER THERAPY, VENOUS INFUSION FOR THOMBOLYSIS, ANY METHOD, INCL RADIOLOGICAL SUPERVISION, INTIAL TREATMENT DAY	Yes
58953	CPT/HCPCS	BILATERAL SALPINGO-OOPHORECTOMY WITH OMENTETOMY, TOTAL ABDOMINAL HYSTERECTOMY AND RADICAL DISSECTION FOR DEBULKING;	Yes
26113	CPT/HCPCS	EXCISION, TUMOR, SOFT TISSUE, OR VASCULAR MALFORMATION, OF HAND OR FINGER, SUBFASCIAL (EG, INTRAMUSCULAR); 1.5 CM OR GRE	Yes
67110	CPT/HCPCS	REPAIR OF RETINAL DETACHMENT, ONE OR MORE SESSIONS; BY INJECTION OF AIR OR OTHER GAS (EG, PNEUMORETINOPEXY)	Yes
67335	CPT/HCPCS	PLACEMENT OF ADJUSTABLE SUTURE(S) DURING STRABISMUS SURGERY, INCLUDING POSTOPERATIVE ADJUSTMENT(S) OF SUTURE(S) (Yes
44661	CPT/HCPCS	CLOSURE OF ENTEROVESICAL FISTULA; WITH BOWEL AND/OR BLADDER RESECTION	Yes
27625	CPT/HCPCS	ARTHROTOMY, ANKLE, FOR SYNOVECTOMY;	Yes
50225	CPT/HCPCS	NEPHRECTOMY, INCLUDING PARTIAL URETERECTOMY, ANY APPROACH INCLUDING RIB RESECTION; COMPLICATED BECAUSE OF PREVIOUS	Yes
17283	CPT/HCPCS	DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYE-LIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER 2.1 TO 3.0 CM	Yes
33883	CPT/HCPCS	PLACEMENT OF PROXIMAL EXTENSION PROSTHESIS FOR ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA; INITIAL EXTENSION	Yes
63650	CPT/HCPCS	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; EPIDURAL	Yes
19085	CPT/HCPCS	BIOPSY, BREAST, WITH PLACEMENT OF BREAST LOCALIZATION DEVICE(S), FIRST LESION INCL MAGNETIC RESONANCE GUIDANCE	Yes
G0413	CPT/HCPCS	PERCUTANEOUS SKELETAL FIXATION OF POSTERIOR PELVIC BONE FX AND/OR DISLOCATION, FOR FX PATTERNS WHICH DISRUPT THE PELVIC	Yes
33271	CPT/HCPCS	INSERTION OF SUBCUTANEOUS IMPLANTABLE DEFIBRILLATOR ELECTRODE	Yes
26117	CPT/HCPCS	RADICAL RESECTION OF TUMOR (EG, SARCOMA), SOFT TISSUE OF HAND OR FINGER; LESS THAN 3 CM	Yes
27003	CPT/HCPCS	TENOTOMY, ADDUCTOR, SUBCUTANEOUS, OPEN, WITH OBTURATOR NEURECTOMY	Yes
25391	CPT/HCPCS	OSTEOPLASTY, RADIUS OR ULNA; LENGTHENING WITH AUTOGRAFT	Yes
66020	CPT/HCPCS	INJECTION, ANTERIOR CHAMBER (SEPARATE PROCEDURE); AIR OR LIQUID	Yes
22216	CPT/HCPCS	PARTIAL EXCISION OF VERTEBRAL BODY FOR INTRINSIC BONY LESION WITHOUT DECOMPRESSION OF SPINAL CORD OR NERVE ROOT(S) SINGLE	Yes
62368	CPT/HCPCS	ELECTRONIC ANALYSIS OF PROGRAMMABLE IMPLANTED PUMP FOR INTRATHECAL OR EPIDURAL DRUG INFUSION WITH REPROGRAMMING	Yes
29345	CPT/HCPCS	APPLICATION OF LONG LEG CAST (THIGH TO TOES);	Yes
15276	CPT/HCPCS	'APPLICATION OF SKIN SUBSTITUTE GRAFT TO FACE EACH ADDITIONAL 25 SQ CM WOUND SURFACE AREA OR PART THEREOF	Yes
55706	CPT/HCPCS	BIOPSIES, PROSTATE, NEEDLE, TRANSPERINEAL, STEREOTACTIC TEMPLATE GUIDED SATURATION SAMPLING, INCLUDING IMAGING GUIDANCE	Yes
57300	CPT/HCPCS	CLOSURE OF RECTOVAGINAL FISTULA; VAGINAL OR TRANSANAL APPROACH	Yes
64818	CPT/HCPCS	SYMPATHECTOMY, LUMBAR	Yes

37235	CPT/HCPCS	REVASCULARIZATION, ENDOVASCULAR, OPEN/PERCUTANEOUS, TIBIAL/PERONEAL ARTERY, UNILATERAL, EACH ADDITIONAL VESSEL; WITH TR	Yes
36416	CPT/HCPCS	COLLECTION OF CAPILLARY BLOOD SPECIMEN	Yes
63173	CPT/HCPCS	LAMINECTOMY WITH DRAINAGE OF INTRAMEDULLARY CYST/SYRINX; to peritoneal or pleural space	Yes
42836	CPT/HCPCS	ADENOIDECTOMY, SECONDARY; AGE 12 OR OVER	Yes
37244	CPT/HCPCS	VASCULAR EMBOLIZATION OR OCCLUSION,IMAGING GUIDANCE NESSRY TO COMPLETE THE INTERVENTION;FOR ARTERIAL OR VENOUS HEMORRHA	Yes
20240	CPT/HCPCS	BIOPSY, EXCISIONAL; SUPERFICIAL (EG, ILIUM, STERNUM, SPINOUS PROCESS, RIBS, TROCHANTER OF FEMUR)	Yes
12001	CPT/HCPCS	*SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES (INCLU	Yes
49010	CPT/HCPCS	EXPLORATION, RETROPERITONEAL AREA WITH OR WITHOUT BIOPSY(S) (SEPARATE PROCEDURE)	Yes
62160	CPT/HCPCS	NEUROENDOSCOPY, INTRACRANIAL, FOR PLACEMENT OR REPLACEMENT OF VENTRICULAR CATHETER AND ATTACHMENT TO SHUNT SYSTEM OR EX	Yes
28730	CPT/HCPCS	ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, MULTIPLE OR TRANSVERSE;	Yes
33870	CPT/HCPCS	TRANSVERSE ARCH GRAFT, WITH CARDIOPULMONARY BYPASS	Yes
35122	CPT/HCPCS	DIRECT REPAIR OF ANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR WITHOUT PATCH GRAFT; FOR RUPTURED	Yes
31651	CPT/HCPCS	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCL FLUOROSCOPIC GUIDANCE,WHN PEFRMD; WITH BALLOON OCCLUSION, WHN PEFRMD, ECH ADD LOBE	Yes
63101	CPT/HCPCS	VERTEBRAL CORPECTOMY, PARTIAL OR COMPLETE, LATERAL EXTRACAVIAPPROACH WITH DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOT	Yes
61519	CPT/HCPCS	CRANIECTOMY FOR EXCISION OF BRAIN TUMOR, INFRATENTORIAL OR POSTERIOR FOSSA; MENINGIOMA	Yes
67880	CPT/HCPCS	CONSTRUCTION OF INTERMARGINAL ADHESIONS, MEDIAN TARSORRHAPHY, OR CANTHORRHAPHY;	Yes
42960	CPT/HCPCS	CONTROL OROPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, POSTTONSILLECTOMY); SIMPLE	Yes
54620	CPT/HCPCS	FIXATION OF CONTRALATERAL TESTIS (SEPARATE PROCEDURE)	Yes
27832	CPT/HCPCS	OPEN TREATMENT OF PROXIMAL TIBIOFIBULAR JOINT DISLOCATION WITH FIXATION OR EXCISION	Yes
27758	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN TIBIAL SHAFT FRACTURE, WITH INTERNAL SKELETAL FIXATION; COMPLICATED	Yes
29325	CPT/HCPCS	APPLICATION OF HIP SPICA CAST; ONE AND ONE-HALF SPICA OR BOTH LEGS	Yes
62292	CPT/HCPCS	INJECTION PROCEDURE FOR CHEMONUCLEOLYSIS, INCLUDING DISKOGRAPHY, INTERVERTEBRAL DISK, SINGLE OR MULTIPLE LEVELS, LUMBAR	Yes
17106	CPT/HCPCS	DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG, LASER TECHNIQUE); LESS THAN 10 SQ CM	Yes
35082	CPT/HCPCS	DIRECT REPAIR OF ANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR WITHOUT PATCH GRAFT; FOR RUPTURED	Yes
22554	CPT/HCPCS	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISCECTOMY TO PREPARE INTERSPACE (OTHERTHAN FOR DECOMPRESSION); CERVICAL BELOW C2	Yes
31087	CPT/HCPCS	SINUSOTOMY FRONTAL; NONOBLITERATIVE, WITH OSTEOPLASTIC FLAP, CORONAL INCISION	Yes
28446	CPT/HCPCS	OPEN OSTEOCHONDRAL AUTOGRAFT, TALUS (INCLUDES OBTAINING DRAFT(S))	Yes
57020	CPT/HCPCS	*COLPOCENTESIS (SEPARATE PROCEDURE)	Yes
27781	CPT/HCPCS	TREATMENT OF CLOSED PROXIMAL FIBULA OR SHAFT FRACTURE; WITH MANIPULATION	Yes
53415	CPT/HCPCS	URETHROPLASTY, TRANSPUBIC OR PERINEAL, ONE STAGE, FOR RECONSTRUCTION OR REPAIR OF PROSTATIC OR MEMBRANOUS URETHRA	Yes
14040	CPT/HCPCS	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS AND/OR FEE	Yes
35633	CPT/HCPCS	BYPASS GRAFT, WITH OTHER THAN VEIN; ILIO-MESENTERIC	Yes
15822	CPT/HCPCS	BLEPHAROPLASTY, UPPER EYELID;	Yes

33215	CPT/HCPCS	REPOSITIONING OF PREVIOUSLY IMPLANTED TRAN VENOUS PACEMAKER OR PACING CARDIOVERTER-DEFIBRILLATOR ELECTRODE	Yes
69636	CPT/HCPCS	TYMPANOPLASTY WITH ANTROTOMY OR MASTOIDOTOMY (INCLUDING CANALPLASTY, ATTICOTOMY, MIDDLE EAR SURGERY, AND/OR TYM	Yes
11603	CPT/HCPCS	EXCISION, MALIGNANT LESION INCL MARGINS, TRUNK, ARMS, OR LEGS; EXCISED DIAMETER 2.1 TO 3.0CM	Yes
0184T	CPT/HCPCS	EXCISION OF RECTAL TUMOR, TRANSANAL ENDOSCOPIC MICROSURGICAL APPROACH (IE, TEMS)	Yes
33645	CPT/HCPCS	DIRECT OR PATCH CLOSURE, SINUS VENOSUS, WITH OR WITHOUT ANOMALOUS PULMONARY VENOUS DRAINAGE	Yes
54411	CPT/HCPCS	REMOVAL AND REPLACEMENT ALL COMPONENTS OF A MULTI-COMPONENT INFLATABLE PENILE PROSTHESIS,INFECTED FIELD SAME OPERATIVE	Yes
27769	CPT/HCPCS	OPEN TREATMENT OF POSTERIOR MALLEOLUS FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED	Yes
64635	CPT/HCPCS	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT);LUMBAR	Yes
67916	CPT/HCPCS	REPAIR OF ECTROPION; BLEPHAROPLASTY, EXCISION TARSAL WEDGE	Yes
52327	CPT/HCPCS	CYSTROUETHROSCOPY; WITH SUBURETERIC INJECTION OF IMPLANT MATERIAL	Yes
24515	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN HUMERAL SHAFT FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL SKELETAL FIXATION	Yes
32150	CPT/HCPCS	THORACOTOMY, MAJOR; WITH REMOVAL OF INTRAPLEURAL FOREIGN BODY OR FIBRIN DEPOSIT	Yes
50705	CPT/HCPCS	URETERAL EMBOLIZATION OF OCCLUSION, INCLUDING IMAGING GUIDANCE (EG, ULTRASOUND AND/OR FLUOROSCOPY) AND ALL ASSOCIA	Yes
60210	CPT/HCPCS	PARTIAL THYROID LOBECTOMY, UNILATERAL; WITH OR WITHOUT ISTHUSECTOMY	Yes
60212	CPT/HCPCS	PARTIAL THYROID LOBECTOMY, UNILATERAL; WITH CONTRALATERAL SUBTOTAL LOBECTOMY INCLUDING ISTHUSECTOMY	Yes
42408	CPT/HCPCS	EXCISION OF SUBLINGUAL SALIVARY CYST (RANULA)	Yes
22865	CPT/HCPCS	REMOVAL OF TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, SINGLE INTERPSACE, LUMBAR	Yes
47620	CPT/HCPCS	CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT; WITH TRANSDUODENAL SPHINCTEROTOMY OR SPHINCTEROPLASTY, WITH O	Yes
53510	CPT/HCPCS	URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY; PERINEAL	Yes
21461	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN MANDIBULAR FRACTURE; WITHOUT INTERDENTAL FIXATION	Yes
58960	CPT/HCPCS	LAPAROTOMY, FOR STAGING OR RESTAGING OF OVARIAN MALIGNANCY ("SECOND LOOK"), WITH OR WITHOUT OMENTECTOMY, PERITONEAL WA	Yes
50820	CPT/HCPCS	URETEROILEAL CONDUIT (ILEAL BLADDER), INCLUDING BOWEL ANASTOMOSIS (BRICKER OPERATION)	Yes
15101	CPT/HCPCS	SPLIT-THICKNESS AUTOGRAFT, TRUNK, ARMS, LEGS; EACH ADDTL 100 SQ CM OR ONE PERCENT OF BODY AREA OF INFANTS AND CHILDREN	Yes
33886	CPT/HCPCS	PLACEMENT OF DISTAL EXTENSION PROSTHESIS DELAYED AFTER ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA	Yes
27425	CPT/HCPCS	LATERAL RETINACULAR RELEASE OPEN	Yes
33967	CPT/HCPCS	INSERTION OF INTRA-AORTIC BALLOON ASSIST DEVICE,PERCUTANEOUS	Yes
15278	CPT/HCPCS	APPLICATION OF SKIN SUBSTITUTE GRAFT TO FACE,EACH ADDITIONAL100 SQ CM WOUND SURFACE AREA,OR EACH ADDITIONAL 1% OF BODY	Yes
33963	CPT/HCPCS	EXTRACORPOREAL MEMBRANE OXYGENATION;REPOSITION OF CENTRAL CANNULA(E) BY STERNOTOMY OR THORACOTOMY, BIRTH THROUGH 5 YEAR	Yes
28306	CPT/HCPCS	OSTEOTOMY, METATARSAL, BASE OR SHAFT, SINGLE, WITH OR WITHOUT LENGTHENING, FOR SHORTENING OR ANGULAR CORRECTION; FIRS	Yes
27681	CPT/HCPCS	TENOLYSIS, INCLUDING TIBIA, FIBULA AND ANKLE FLEXOR; MULTIPLE (THROUGH SAME INCISION), EACH	Yes
28465	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN TARSAL BONE FRACTURE (EXCEPT TALUS AND CALCANEUS), WITH OR WITHOUT INTERNAL OR EX	Yes

50545	CPT/HCPCS	LAPAROSCOPY, RADICAL NEPHRECTOMY	Yes
26843	CPT/HCPCS	ARTHRODESIS, CARPOMETACARPAL JOINT, DIGITS, OTHER THAN THUMB;	Yes
26596	CPT/HCPCS	EXCISION OF CONSTRICTING RING OF FINGER, WITH MULTIPLE Z-PLASTIES	Yes
38765	CPT/HCPCS	INGUINOFEMORAL LYMPHADENECTOMY, SUPERFICIAL, IN CONTINUITY WITH PELVIC LYMPHADENECTOMY, INCLUDING EXTERNAL ILIAC,	Yes
21501	CPT/HCPCS	INCISION AND DRAINAGE, DEEP ABSCESS OR HEMATOMA, SOFT TISSUES OF NECK OR THORAX;	Yes
63290	CPT/HCPCS	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; COMBINED EXTRADURAL-INTRADURAL LESION, ANY LEVEL	Yes
61605	CPT/HCPCS	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF INFRATEMPORAL FOSSA; PARAPHARYNGEAL SPACE, PETROUS	Yes
53447	CPT/HCPCS	REMOVAL, REPAIR OR REPLACEMENT OF INFLATABLE SPHINCTER INCLUDING PUMP AND/OR RESERVOIR AND/OR CUFF	Yes
45341	CPT/HCPCS	SIGMOIDOSCOPY, FLEXIBLE; DIAGNOSTIC, W/ OR W/O COLLECTION OF SPECIMAN(S) BY BRUSHING OR WASHING W/ENDOSCOPIC ULTRASOUND	Yes
34833	CPT/HCPCS	OPEN ILIAC ARTERY EXPOSURE WITH CREATION OF CONDUIT FOR DELIVERY OF ENDOVASCULAR PROSTHESIS OR FOR ESTABLISHMENT OF CARDIOPULMONARY BYPASS, BY ABDOMI+	Yes
57456	CPT/HCPCS	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH ENDOCERVICAL CURETTAGE	Yes
32960	CPT/HCPCS	*PNEUMOTHORAX, THERAPEUTIC, INTRAPLEURAL INJECTION OF AIR	Yes
G0415	CPT/HCPCS	OPEN TX OF POSTERIOR PELVIC BONE FX AND/OR DISLOC, FOR FX PATTERNS WHICH DISRUPT THE PELVIC RING, UNIL OR BILX, INCL I	Yes
24362	CPT/HCPCS	ARTHROPLASTY, ELBOW; WITH IMPLANT AND FASCIA LATA LIGAMENT RECONSTRUCTION	Yes
31546	CPT/HCPCS	LARYNGOSCOPY, DIRECT, OPERATIVE WITH OPERATING MICROSCOPE OR TELESCOPE, WITH SUBMUCOSAL REMOVAL OR NON-NEOPLASTIC LESION(Yes
32491	CPT/HCPCS	REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY; EXCISION- PLOCATION OF EMPHYSEMATOUS LUNG(S) FOR LUNG VOLUME REDUCTION	Yes
38564	CPT/HCPCS	LIMITED LYMPHADENECTOMY FOR STAGING (SEPARATE PROCEDURE); RETROPERITONEAL (AORTIC AND/OR SPLENIC)	Yes
36223	CPT/HCPCS	SELECTIVE CATHETER PLACMENT, COMMON CAROTID OR INNOMINATE ARTERY, UNILATERAL, WTH ANGIOGRAPHY OF THE IPSILATERAL INTRACR	Yes
34841	CPT/HCPCS	ENDOVASCULAR REPAIR OF VISCERAL AORTA (EG, ANEURYSM) WHEN PERFORMED; INCLUDING ONE VISCERAL ARTERY ENDOPROSTHESIS	Yes
67220	CPT/HCPCS	DESTRUCTION OF LOCALIZED OF CHOROID (EG, CHOROIDAL NEOVASCU) ONE OR MORE SESSIONS, PHOTOCOAGULATION (LASER)	Yes
20670	CPT/HCPCS	*REMOVAL OF IMPLANT; SUPERFICIAL, (EG, BURIED WIRE, PIN OR ROD) (SEPARATE PROCEDURE)	Yes
36593	CPT/HCPCS	DECLOTTING BY THROMBOLYTIC AGENT OF IMPLANTED VASCULAR ACCESS DEVICE OR CATHETER, VENOUS, NOT OTHERWISE SPECIFIED	Yes
38382	CPT/HCPCS	SUTURE AND/OR LIGATION OF THORACIC DUCT; ABDOMINAL APPROACH	Yes
63064	CPT/HCPCS	COSTOVERTEBRAL APPROACH WITH DECOMPRESSION OF SPINAL CORD OR NERVE ROOT(S), (EG, HERNIATED INTERVERTEBRAL DISK), THORA	Yes
27134	CPT/HCPCS	REVISION OF TOTAL HIP ARTHROPLASTY; BOTH COMPONENTS, WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Yes
30915	CPT/HCPCS	LIGATION ARTERIES; ETHMOIDAL	Yes
36821	CPT/HCPCS	ARTERIOVENOUS ANASTOMOSIS, DIRECT, ANY SITE	Yes
28202	CPT/HCPCS	REPAIR OR SUTURE OF TENDON, FOOT, FLEXOR, SINGLE; SECONDARY WITH FREE GRAFT, EACH TENDON (INCLUDES OBTAINING GRAFT)	Yes
45130	CPT/HCPCS	EXCISION OF RECTAL PROCDENTIA, WITH ANASTOMOSIS; PERINEAL APPROACH	Yes
51535	CPT/HCPCS	CYSTOTOMY FOR EXCISION, INCISION, OR REPAIR OF URETEROCELE	Yes
64612	CPT/HCPCS	CHEMODENERVATION OF MUSCLE(S); MUSCLE(S) INNERVATED BY FACIAL NERVE, UNILATERAL (EG BLEPHAROSPASM, HEMIFACIAL SPASM)	Yes
29550	CPT/HCPCS	STRAPPING; TOES	Yes

49565	CPT/HCPCS	REPAIR VENTRAL (INCISIONAL) HERNIA (SEPARATE PROCEDURE); RECURRENT	Yes
33980	CPT/HCPCS	REMOVAL OF VENTRICULAR ASSIST DEVICE, IMPLANTABLE INTRACORPOREAL, SINGLE VENTRICLE	Yes
45499	CPT/HCPCS	UNLISTED LAPAROSCOPY PROCEDURE, RECTUM	Yes
38740	CPT/HCPCS	AXILLARY LYMPHADENECTOMY; SUPERFICIAL	Yes
35525	CPT/HCPCS	BYPASS GRAFT, WITH VEIN; BRACHIAL-BRACHIAL	Yes
33786	CPT/HCPCS	TOTAL REPAIR, TRUNCUS ARTERIOSUS (RASTELLI TYPE OPERATION)	Yes
31641	CPT/HCPCS	BRONCHOSCOPY; WITH DESTRUCTION OF TUMOR OR RELIEF OF STENOSIS BY ANY METHOD OTHER THAN EXCISION (EG, LASER)	Yes
27097	CPT/HCPCS	HAMSTRING RECESSION, PROXIMAL	Yes
31615	CPT/HCPCS	TRACHEOBRONCHOSCOPY THROUGH ESTABLISHED TRACHEOSTOMY INCISION	Yes
61867	CPT/HCPCS	TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY WITH STEREOTACTIC IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY	Yes
69020	CPT/HCPCS	*DRAINAGE EXTERNAL AUDITORY CANAL, ABSCESS	Yes
29584	CPT/HCPCS	APPLICATION OF MULTI-LAYER COMPRESSION SYSTEM; UPPER ARM , FOREARM, HAND, AND FINGERS.	Yes
45541	CPT/HCPCS	PROCTOPEXY FOR PROLAPSE; PERINEAL APPROACH	Yes
30462	CPT/HCPCS	TIP, SEPTUM, OSTEOTOMIES	Yes
29130	CPT/HCPCS	APPLICATION OF FINGER SPLINT; STATIC	Yes
69805	CPT/HCPCS	ENDOLYMPHATIC SAC OPERATION; WITHOUT SHUNT	Yes
0098T	CPT/HCPCS	REVISION OF TOTAL DISC ARTHROPLASTY, ANTERIOR APPROACH SINGLE INTERSPACE; EACH ADDITIONAL INTERSPACE	Yes
63044	CPT/HCPCS	LAMINOTOMY, W/DECOMPRESSION OF NERVE ROOT, INCL PARTIAL FACETECTOMY, EA ADD'L LUMBAR INTERSPACE	Yes
S2208	CPT/HCPCS	MIN INVASIVE DIRECT CORONARY ARTERY BYPASS SRG INVOLVING MINI-THORACOTOMY OR MINI-STERNOTOMY SRG, PERFORMED UNDER DIRECT	Yes
12042	CPT/HCPCS	REPAIR, INTERMEDIATE, WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA, 2.6 CM TO 7.5 CM	Yes
28192	CPT/HCPCS	REMOVAL OF FOREIGN BODY, FOOT; DEEP	Yes
53260	CPT/HCPCS	EXCISION OR FULGURATION; URETHRAL POLYP(S), DISTAL URETHRA	Yes
36597	CPT/HCPCS	REPOSITIONING OF PREVIOUSLY PLACED CENTRAL VENOUS CATHETER UNDER FLUOROSCOPIC GUIDANCE	Yes
54001	CPT/HCPCS	SLITTING OF PREPUCE, DORSAL OR LATERAL (SEPARATE PROCEDURE); EXCEPT NEWBORN	Yes
25999	CPT/HCPCS	UNLISTED PROCEDURE, FOREARM OR WRIST	Yes
59300	CPT/HCPCS	EPISIOTOMY OR VAGINAL REPAIR, BY OTHER THAN ATTENDING PHYSICIAN	Yes
47760	CPT/HCPCS	ANASTOMOSIS, DIRECT, OF EXTRAHEPATIC BILIARY DUCTS AND GASTROINTESTINAL TRACT	Yes
27427	CPT/HCPCS	LIGAMENOUS RECONSTRUCTION (AUGMENTATION), KNEE; EXTRA-ARTICULAR	Yes
31623	CPT/HCPCS	BRONCHOSCOPY; WITH BRUSHING OR PROTECTED BRUSHINGS	Yes
24655	CPT/HCPCS	TREATMENT OF CLOSED RADIAL HEAD OR NECK FRACTURE; WITH MANIPULATION	Yes
50920	CPT/HCPCS	CLOSURE OF URETEROCUTANEOUS FISTULA	Yes
35256	CPT/HCPCS	REPAIR BLOOD VESSEL WITH VEIN GRAFT; LOWER EXTREMITY	Yes
64856	CPT/HCPCS	SUTURE OF MAJOR PERIPHERAL NERVE, ARM OR LEG, EXCEPT SCIATIC; INCLUDING TRANSPOSITION	Yes
21141	CPT/HCPCS	RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIRECTION, WITHOUT BONE GRAFT	Yes
35189	CPT/HCPCS	REPAIR, ACQUIRED OR TRAUMATIC ARTERIOVENOUS FISTULA; THORAX AND ABDOMEN	Yes
56620	CPT/HCPCS	VULVECTOMY; PARTIAL (LESS THAN 80% OF VULVAR AREA)	Yes
29881	CPT/HCPCS	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCECTOMY (MEDIAL OR LATERAL INCLUDING ANY MENISCAL SHAVING)	Yes
35587	CPT/HCPCS	IN-SITU VEIN BYPASS; POPLITEAL-TIBIAL, PERONEAL	Yes
22226	CPT/HCPCS	OSTEOTOMY OF SPINE, INCLUDING DISCECTOMY, ANTERIORAPPROACH, SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL VERTEBRAL SEGMENT (LIST SEPARATELY IN ADDITION +	Yes
57220	CPT/HCPCS	PLASTIC OPERATION ON URETHRAL SPHINCTER, VAGINAL APPROACH (EG, KELLY URETHRAL PLICATION)	Yes
21936	CPT/HCPCS	RADICAL RESECTION OF TUMOR (EG, SARCOMA), SOFT TISSUE OF BACK OR FLANK; 5 CM OR GREATER	Yes

25280	CPT/HCPCS	LENGTHENING OR SHORTENING OF FLEXOR OR EXTENSOR TENDON, FOREARM AND/OR WRIST, SINGLE, EACH TENDON	Yes
54861	CPT/HCPCS	EPIDIDYMECTOMY; BILATERAL	Yes
24164	CPT/HCPCS	REMOVAL OF PROSTHESIS, INCLUDES DEBRIDEMENT AND SYNOVECTOMY WHEN PERFORMED; RADIAL HEAD	Yes
27105	CPT/HCPCS	TRANSFER PARASPINAL MUSCLE TO HIP (INCLUDES FASCIAL OR TENDON EXTENSION GRAFT)	Yes
51800	CPT/HCPCS	CYSTOPLASTY OR CYSTOURETHROPLASTY, PLASTIC OPERATION ON BLADDER AND/OR VESICAL NECK (ANTERIOR Y-PLASTY, VESICAL F	Yes
20975	CPT/HCPCS	ELECTRICAL STIMULATION TO AID BONE HEALING; INVASIVE (OPERATIVE)	Yes
26010	CPT/HCPCS	*DRAINAGE OF FINGER ABSCESS; SIMPLE	Yes
30000	CPT/HCPCS	*DRAINAGE ABSCESS OR HEMATOMA, NASAL, INTERNAL APPROACH	Yes
24152	CPT/HCPCS	RADICAL RESECTION OF TUMOR, RADIAL HEAD OR NECK	Yes
28112	CPT/HCPCS	OSTECTOMY, COMPLETE EXCISION; OTHER METATARSAL HEAD (SECOND, THIRD OR FOURTH)	Yes
20525	CPT/HCPCS	REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON SHEATH; DEEP OR COMPLICATED	Yes
15876	CPT/HCPCS	SUCTION ASSISTED LIPECTOMY; HEAD AND NECK	Yes
44186	CPT/HCPCS	LAPAROSCOPY, SURGICAL; JEJUNOSTOMY	Yes
63172	CPT/HCPCS	LAMINECTOMY WITH DRAINAGE OF INTRAMEDULLARY CYST/SYRINX; TO SUBARACHNOID SPACE	Yes
26852	CPT/HCPCS	ARTHRODESIS, METACARPOPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)	Yes
29866	CPT/HCPCS	ARTHROSCOPY, KNEE, SURGICAL; OSTEOCHONDRAL AUTOGRAFT(S)	Yes
46060	CPT/HCPCS	INCISION AND DRAINAGE OF ISCHIORECTAL OR INTRAMURAL ABSCESS, WITH FISTULECTOMY, SUBMUSCULAR	Yes
44203	CPT/HCPCS	LAPAROSCOPY, SURGICAL; EACH ADDITIONAL SMALL INTESTINE RESECTION ANASTOMOSIS	Yes
31592	CPT/HCPCS	CRICOTRACHEAL RESEACTION	Yes
28666	CPT/HCPCS	PERCUTANEOUS SKELETAL FIXATION OF INTERPHALANGEAL JOINT DISLOCATION, WITH MANIPULATION	Yes
25445	CPT/HCPCS	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; TRAPEZIUM	Yes
12032	CPT/HCPCS	REPAIR INTERMEDIATE WOUNDS OF SCALP, AXILLAE, TRUNK, AND/OR EXTREMITIES (EXCLUDING HANDS AND FEET); 2.6 TO 7.5 CM	Yes
51729	CPT/HCPCS	COMPLEX CYSTOMETROGRAM; W/VOIDING PRESSURE STUDIES (IE, BLADDER VOIDING PRESSURE) AND URETHRAL PRESSURE PROFILE STUDIES	Yes
47721	CPT/HCPCS	CHOLECYSTOENTEROSTOMY; WITH GASTROENTEROSTOMY	Yes
33284	CPT/HCPCS	REMOVAL OF AN IMPLANTABLE, PATIENT-ACTIVATED CARDIAC EVENT RECORDER	Yes
15786	CPT/HCPCS	*ABRASION; SINGLE LESION (EG, KERATOSIS, SCAR)	Yes
36565	CPT/HCPCS	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCEDEVICE, REQUIRING TWO CATHETERS VIA TWO SEPARATE VENOUS ACCE	Yes
37195	CPT/HCPCS	THROMBOLYSIS,CEREBRAL,BY INTRAVENOUS INFUSION	Yes
24200	CPT/HCPCS	REMOVAL OF FOREIGN BODY, UPPER ARM OR ELBOW AREA; SUBCUTANEOUS	Yes
42145	CPT/HCPCS	PALATOPHARYNGOPLASTY (EG, UVULOPALATOPHARYNGOPLASTY, UVULOPHARYNGOPLASTY)	Yes
44204	CPT/HCPCS	LAPAROSCOPY, SURGICAL; COLECTOMY,PARTIAL, WITH ANASTOMOSIS	Yes
50770	CPT/HCPCS	TRANSURETEROURETEROSTOMY, ANASTOMOSIS OF URETER TO CONTRALATERAL URETER	Yes
58559	CPT/HCPCS	HYSTEROSCOPY, SURGICAL; WITH LYSIS OF INTRAUTERINE ADHESIONS	Yes
62223	CPT/HCPCS	CREATION OF SHUNT; VENTRICULO-PERITONEAL, -PLEURAL, OTHER TERMINUS	Yes
33222	CPT/HCPCS	RELOCATION OF SKIN POCKET FOR PACEMAKER	Yes
66179	CPT/HCPCS	AQUEOUS SHUNT TO EXTRAOCULAR EQUATORIAL PLATE RESERVOIR, EXTERNAL APPROACH; WITHOUT GRAFT	Yes
33470	CPT/HCPCS	VALVOTOMY, PULMONARY VALVE (COMMISSUROTOMY); CLOSED (TRANSVENTRICULAR)	Yes
10140	CPT/HCPCS	*INCISION AND DRAINAGE OF HEMATOMA; SIMPLE	Yes
21047	CPT/HCPCS	EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE;REQUIRING EXTRAORAL OSTEOTOMY AND PARTIAL MANDIBULECTOMY	Yes

G0276	CPT/HCPCS	BLINDED PROCEDURE FOR LUMBAR STENOSIS, PERCUTANEOUS IMAGE-GUIDED LUMBAR DECOMPRESSION (PILD) OR PLACEBO-CONTROL, PERFO	Yes
42300	CPT/HCPCS	DRAINAGE OF ABSCESS; PAROTID, SIMPLE	Yes
35131	CPT/HCPCS	DIRECT REPAIR OF ANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR WITHOUT PATCH GRAFT; FOR ANEURYSM	Yes
29887	CPT/HCPCS	ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR INTACT OSTEOCHONDritis DISSECANS LESION WITH INTERNAL FIXATION	Yes
27610	CPT/HCPCS	ARTHROTOMY, ANKLE, FOR INFECTION, WITH EXPLORATION, DRAINAGE OR REMOVAL OF FOREIGN BODY	Yes
49655	CPT/HCPCS	LAPAROSCOPY, SURGICAL, REPAIR, INCISIONAL HERNIA (INCLUDES MESH INSERTION, WHEN PERFORMED); INCARCERATED OR STRANGULATED	Yes
57065	CPT/HCPCS	DESTRUCTION OF VAGINAL LESION(S); EXTENSIVE, ANY METHOD	Yes
25500	CPT/HCPCS	TREATMENT OF CLOSED RADIAL SHAFT FRACTURE; WITHOUT MANIPULATION	Yes
11045	CPT/HCPCS	DEBRIDEMENT, SUBCUTANEOUS TISSUE (INCLUDES EPIDERMIS AND DERMIS, IF PERFORMED); EACH ADDITIONAL 20 SQ CM, OR PART THEREOF (LIST SEPARATELY IN ADDITIO+	Yes
63303	CPT/HCPCS	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR EXCISION OF INTRASPINAL LESION, SINGLE SEG	Yes
53460	CPT/HCPCS	URETHROMEATOPLASTY, WITH PARTIAL EXCISION OF DISTAL URETHRAL SEGMENT (RICHARDSON TYPE PROCEDURE)	Yes
33211	CPT/HCPCS	INSERTION OR REPLACEMENT OF TEMPORARY TRANSVENOUS DUAL CHAMBER PACING ELECTRODES (SEPARATE PROCEDURE)	Yes
0164T	CPT/HCPCS	REMOVAL OF TOTAL DISC ARTHORPLASTY, (ARTIFICIAL DISC), ANTERIOR APPROACH, EACH ADDITIONAL INTERSPACE, LUMBAR	Yes
37217	CPT/HCPCS	TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S), INTRATHORACIC COMMON CAROTID ARTERY OR INNOMINATE ARTERY BY RETROG	Yes
0448T	CPT/HCPCS	REMOVAL OF IMPLANTABLE INTERSTITIAL GLUCOSE SENSOR WITH CREATION OF SUBCUTANEOUS POCKET AT DIFFERENT ANATOMIC SITE AND	Yes
25312	CPT/HCPCS	TENDON TRANSPLANTATION OR TRANSFER, FLEXOR OR EXTENSOR, FOREARM AND/OR WRIST, SINGLE; WITH TENDON GRAFT(S) (INCLUDES OBT	Yes
55876	CPT/HCPCS	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE (EG, FIDUCIAL MARKERS, DOSIMETER), PERCUTANEOUS, PROS	Yes
22612	CPT/HCPCS	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE INTERSPACE; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Yes
0461T	CPT/HCPCS	REPOSITIONING OF PREVIOUSLY IMPLANTED AORTIC COUNTERPULSATION VENTRICULAR ASSIST DEVICE; AORTIC COUNTERPULSATION DEVICE	Yes
26951	CPT/HCPCS	AMPUTATION, FINGER OR THUMB, PRIMARY OR SECONDARY, ANY JOINT OR PHALANX, SINGLE, INCLUDING NEURECTOMIES; WITH DIREC	Yes
25444	CPT/HCPCS	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; LUNATE	Yes
58180	CPT/HCPCS	SUPRACERVICAL ABDOMINAL HYSTERECTOMY (SUBTOTAL HYSTERECTOMY), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVA	Yes
31510	CPT/HCPCS	LARYNGOSCOPY, INDIRECT (SEPARATE PROCEDURE); WITH BIOPSY	Yes
11004	CPT/HCPCS	DEBRIDEMENT OF SKIN, SUBCUTANEOUS TISSUE, MUSCLE AND FASCIA FOR NECROTIZING SOFT TISSUE INFECTION; EXTERNAL GENITALIA AN	Yes
44650	CPT/HCPCS	CLOSURE OF ENTEROENTERIC OR ENTEROCOLIC FISTULA	Yes
26720	CPT/HCPCS	TREATMENT OF CLOSED PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHALANX, FINGER OR THUMB; WITHOUT MANIPULATION, EAC	Yes
67971	CPT/HCPCS	RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL FLAP FROM OPPOSING EYELID; UP TO TWO-THIRD	Yes
25300	CPT/HCPCS	TENODESIS AT WRIST; FLEXORS OF FINGERS	Yes
33221	CPT/HCPCS	INSERTION OF PACEMAKER PULSE GENERATOR ONLY; WITH EXISTING MULTIPLE LEADS	Yes
52290	CPT/HCPCS	CYSTOURETHROSCOPY; WITH URETERAL MEATOTOMY, UNILATERAL OR BILATERAL	Yes

24546	CPT/HCPCS	OPEN TREATMENT OF HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE,W/WO INTER/EXTER FIXATION;W/ INTERCONDYLAR EXTEN	Yes
67912	CPT/HCPCS	CORRECTION OF LAGOPHTHALMOS, WITH IMPLANTATION OF UPPER EYELID LOAD	Yes
23100	CPT/HCPCS	ARTHROTOMY FOR BIOPSY, GLENOHUMERAL JOINT	Yes
51596	CPT/HCPCS	CYSTECTOMY, COMPLETE, WITH CONTINENT DIVERSION, INCLUDING BOWEL ANASTOMOSIS (EG, KOCK POUCH, CAMEY ENTEROCYSTOPLASTY)	Yes
60540	CPT/HCPCS	ADRENALECTOMY, PARTIAL OR COMPLETE, OR EXPLORATION OF ADRENAL GLAND WITH OR WITHOUT BIOPSY, TRANSABDOMINAL, LUMBAR OR	Yes
35879	CPT/HCPCS	REVISION, LOWER EXTREMITY ARTERIAL BYPASS, WITHOUT THROMBECTOMY, OPEN; WITH VEIN PATCH ANGIOPLASTY	Yes
49215	CPT/HCPCS	EXCISION OF PRESACRAL OR SACROCOCCYGEAL TUMOR	Yes
52315	CPT/HCPCS	CYSTOURETHROSCOPY, WITH REMOVAL OF FOREIGN BODY, CALCULUS, OR URETERAL STENT FROM URETHRA OR BLADDER (SEPARATE PROCEDUR	Yes
31530	CPT/HCPCS	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH FOREIGN BODY REMOVAL;	Yes
0339T	CPT/HCPCS	TRANSCATHETER RENAL SYMPATHETIC DENERVATION,PERCUTANEOUS APPROACH INCL ARTERIAL PUNCTURE, WHEN PERFORMED;BILATERAL	Yes
43500	CPT/HCPCS	GASTROTOMY; WITH EXPLORATION OR FOREIGN BODY REMOVAL	Yes
27752	CPT/HCPCS	TREATMENT OF CLOSED TIBIAL SHAFT FRACTURE; WITH MANIPULATION	Yes
22810	CPT/HCPCS	ARTHRODESIS, ANTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 4 TO 7 VERTEBRAL SEGMENTS	Yes
28800	CPT/HCPCS	AMPUTATION, FOOT; MIDTARSAL (CHOPART TYPE PROCEDURE)	Yes
63251	CPT/HCPCS	LAMINECTOMY FOR EXCISION OR OCCLUSION OF ARTERIOVENOUS MALFORMATION OF SPINAL CORD; THORACIC	Yes
61343	CPT/HCPCS	CRANIECTOMY, SUBOCCIPITAL WITH CERVICAL LAMINECTOMY FOR DECOMPRESSION OF MEDULLA AND SPINAL CORD, WITH OR WITHOUT D	Yes
26776	CPT/HCPCS	TREATMENT OF CLOSED INTERPHALANGEAL JOINT DISLOCATION, SINGLE, WITH MANIPULATION; WITH PERCUTANEOUS PINNING	Yes
25355	CPT/HCPCS	OSTEOTOMY, RADIUS; MIDDLE OR PROXIMAL THIRD	Yes
31730	CPT/HCPCS	TRANSTRACHEAL INTRODUCTION OF NEEDLE WIRE DILATOR/STENT OR INDWELLING TUBE FOR OXYGEN THERAPY	Yes
24358	CPT/HCPCS	TENOTOMY, ELBOW, LATERAL OR MEDIAL(EG EPICONDYLITIS, TENNIS ELBOW, GLOLFER ELBOW; DEBRIDEMENT, SOFT TISSUE AND/OR BONE,	Yes
12002	CPT/HCPCS	*SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES (INCLU	Yes
64836	CPT/HCPCS	SUTURE OF ONE NERVE, HAND OR FOOT; ULNAR MOTOR	Yes
31515	CPT/HCPCS	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; FOR ASPIRATION	Yes
33262	CPT/HCPCS	'REMOVAL OF PACING CARDIOVERTER-DEFIBRILLATOR PULSE GENERATOR WITH REPLACEMENT OF PACING CARDIOVERTER-DEFIBRILLATOR	Yes
23156	CPT/HCPCS	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS; WITH ALLOGRAFT	Yes
29824	CPT/HCPCS	ARTHROSCOPY, SHOULDER, SURGICAL; DISTAL CLAVICULECTOMY INCLUDING DISTAL ARTICULAR SURFACE (MUMFORD PROCEDURE)	Yes
50725	CPT/HCPCS	URETEROLYSIS FOR RETROCAVAL URETER, WITH REANASTOMOSIS OF UPPER URINARY TRACT OR VENA CAVA	Yes
43280	CPT/HCPCS	LAPAROSCOPY, SURGICAL, ESOPHAGOGASTRIC FUNDOSPLASTY	Yes
11006	CPT/HCPCS	DEBRIDEMENT OF SKIN, SUBCUTANEOUS TISSUE, MUSCLE AND FASCIA FOR NECROTIZING SOFT TISSUE INFECTION; EXTERNAL GENITALIA, P	Yes
13133	CPT/HCPCS	REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS AND/OR FEET; EACH ADDITIONAL 5 CM OR LES	Yes
27420	CPT/HCPCS	RECONSTRUCTION FOR RECURRENT DISLOCATING PATELLA; (HAUSER TYPE PROCEDURE)	Yes
32200	CPT/HCPCS	PNEUMONOSTOMY, WITH OPEN DRAINAGE OF ABSCESS OR CYST	Yes

45327	CPT/HCPCS	PROCTOSIGMOIDOSCOPY, RIDGID; DIAGNOSTIC, W/OR W/O COLLECTION OF SPECIMAN(S) BY BRUSHING OR WASHING W/STENT PLACEMENT	Yes
42106	CPT/HCPCS	EXCISION, LESION OF PALATE, UVULA; WITH SIMPLE PRIMARY CLOSURE	Yes
61702	CPT/HCPCS	SURGERY OF INTRACRANIAL ANEURYSM, INTRACRANIAL APPROACH; VERTEBROBASILAR CIRCULATION	Yes
27827	CPT/HCPCS	OPEN TREATMENT OR FRACTURE OF WEIGHT BEARING ARTICULAR SURFACE/PORTION OF DISTAL TIBIA, WITH INTERNAL OR EXTERNAL	Yes
33978	CPT/HCPCS	REMOVAL OF VENTRICULAR ASSIST DEVICE; BIVENTRICULAR SUPPORT	Yes
27279	CPT/HCPCS	ARTHRODESIS, SACROILIAC JOINT, PERCUTANEOUS OR MINIMALLY INVASIVE (INDIRECT VISUALIZATION), WITH IMAGE GUIDANCE, INCLU	Yes
36218	CPT/HCPCS	INTRODUCTION OF CATHETER, AORTA OR SELECTIVE; ADDITIONAL SECOND ORDER, THIRD ORDER, AND BEYOND, THORACIC OR BRACHIOCEP	Yes
22590	CPT/HCPCS	ARTHRODESIS, POSTERIOR TECHNIQUE, CRANIOCERVICAL (OCCIPUT-C2)	Yes
33971	CPT/HCPCS	INTRA-AORTIC BALLOON COUNTERPULSATION; REMOVAL OF BALLOON INCLUDING REPAIR OF ARTERY WITH OR WITHOUT GRAFT	Yes
33504	CPT/HCPCS	ANOMALOUS CORONARY ARTERY; GRAFT, WITH CARDIOPULMONARY BYPASS	Yes
27659	CPT/HCPCS	REPAIR OR SUTURE OF FLEXOR TENDON OF LEG; SECONDARY WITH OR WITHOUT GRAFT, SINGLE TENDON, EACH	Yes
45402	CPT/HCPCS	LAPAROSCOPY, SURGICAL; PROCTOPEXY, WITH SIGMOID RESECTION	Yes
64680	CPT/HCPCS	DESTRUCTION BY NEUROLYTIC AGENT, CELIAC PLEXUS, WITH OR WITHOUT RADIOLOGIC MONITORING	Yes
33750	CPT/HCPCS	SHUNT; SUBCLAVIAN TO PULMONARY ARTERY (BLALOCK-TAUSSIG TYPE OPERATION)	Yes
31579	CPT/HCPCS	LARYNGOSCOPY, FLEXIBLE OR RIGID TELESCOPIC, WITH STROBOSCOPY	Yes
26991	CPT/HCPCS	INCISION AND DRAINAGE, PELVIS OR HIP JOINT AREA; INFECTED BURSA	Yes
28080	CPT/HCPCS	EXCISION OF INTERDIGITAL (MORTON) NEUROMA, SINGLE, EACH	Yes
65275	CPT/HCPCS	REPAIR OF LACERATION; CORNEA, NONPERFORATING, WITH OR WITHOUT REMOVAL FOREIGN BODY	Yes
21422	CPT/HCPCS	TREATMENT OF PALATAL OR ALVEOLAR RIDGE FRACTURES (LEFORT I TYPE); OPEN TREATMENT	Yes
27418	CPT/HCPCS	ANTERIOR TIBIAL TUBERCLE PLASTY FOR CHONDROMALACIA PATELLAE (MAQUET PROCEDURE)	Yes
27033	CPT/HCPCS	ARTHROTOMY, HIP, FOR EXPLORATION OR REMOVAL OF LOOSE OR FOREIGN BODY	Yes
27100	CPT/HCPCS	TRANSFER EXTERNAL OBLIQUE MUSCLE TO GREATER TROCHANTER INCLUDING FASCIAL OR TENDON EXTENSION (GRAFT)	Yes
33233	CPT/HCPCS	REMOVAL OF PERMANENT PACEMAKER; PULSE GENERATOR ONLY	Yes
54344	CPT/HCPCS	REPAIR OF HYPOSPADIAS COMPLICATION(S) (IE, FISTULA, STRICTURE, DIVERTICULA); REQUIRING MOBILIZATION OF SKIN FLAPS AND URETHROPLASTY WITH FLAP OR PATC+	Yes
52235	CPT/HCPCS	CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY) AND/OR RESECTION OF; MEDIUM BLADDER TUMOR(Yes
S2325	CPT/HCPCS	HIP CORE DECOMPRESSION	Yes
26746	CPT/HCPCS	OPEN TREATMENT OF ARTICULAR FRACTURE, INVOLVING METACARPAL/PHALANGEAL OR INTERPHALANGEAL JOINT, INCLUDES INTERNAL FIXATION, WHEN PERFORMED, EACH	Yes
24365	CPT/HCPCS	ARTHROPLASTY, RADIAL HEAD;	Yes
21184	CPT/HCPCS	RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOWING INTRA- AND EXTRACRANIAL EXCISION	Yes
54332	CPT/HCPCS	ONE STAGE PROXIMAL PENILE OR PENOSCROTAL HYPOSPADIAS REPAIR REQUIRING EXTENSIVE DISSECTION TO CORRECT CHORDEE AN	Yes
33226	CPT/HCPCS	REPOSITIONING OF PREVIOUSLY IMPLANTED CARDIAC VENOUS SYSTEM ELECTRODE	Yes
61312	CPT/HCPCS	CRANIECTOMY OR CRANIOTOMY FOR EVACUATION OF HEMATOMA, SUPRATENTORIAL; EXTRADURAL OR SUBDURAL	Yes
66220	CPT/HCPCS	REPAIR OF SCLERAL STAPHYLOMA; WITHOUT GRAFT	Yes
66930	CPT/HCPCS	REMOVAL OF LENS MATERIAL; INTRACAPSULAR, FOR DISLOCATED LENS	Yes

65760	CPT/HCPCS	KERATOMILEUSIS	Yes
26568	CPT/HCPCS	OSTEOPLASTY FOR LENGTHENING OF METACARPAL OR PHALANX	Yes
28222	CPT/HCPCS	TENOLYSIS, FLEXOR, FOOT; MULTIPLE (THROUGH SAME INCISION)	Yes
24073	CPT/HCPCS	EXCISION, TUMOR, SOFT TISSUE OF UPPER ARM OR ELBOW AREA, SUBFASCIAL (EG, INTRAMUSCULAR); 5 CM OR GREATER	Yes
48540	CPT/HCPCS	INTERNAL ANASTOMOSIS OF PANCREATIC CYST TO GASTROINTESTINAL TRACT; ROUX-EN-Y	Yes
52270	CPT/HCPCS	CYSTOURETHROSCOPY, WITH INTERNAL URETHROTOMY; FEMALE	Yes
64809	CPT/HCPCS	SYMPATHECTOMY, THORACOLUMBAR	Yes
62161	CPT/HCPCS	NEUROENDOSCOPY, INTRACRANIAL; WITH DISSECTION OF ADHESIONS, FENESTRATION OF SEPTUM PELLUCIDUM OR INTRAVENTRICULAR CYSTS	Yes
61570	CPT/HCPCS	CRANIECTOMY OR CRANIOTOMY; WITH EXCISION OF FOREIGN BODY FROM BRAIN	Yes
33949	CPT/HCPCS	EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO)/ EXTRACORPOREAL LIFE SUPPORT (ECLS) PROVIDED BY PHYSICIAN; DAILY MANAGEMENT	Yes
54164	CPT/HCPCS	FRENULOTOMY OF PENIS	Yes
26670	CPT/HCPCS	TREATMENT OF CLOSED CARPOMETACARPAL DISLOCATION, OTHER THAN BENNETT FRACTURE, SINGLE, WITH MANIPULATION; WITHOUT ANESTHE	Yes
17312	CPT/HCPCS	MOHS MICROGRAPHIC TECHNIQUE, ANY LOCATION W/SURGERY DIRECTLY INVOLVING MUSCLE, CARTILAGE, BONE, TENDON, MAJOR NERVES, O	Yes
12015	CPT/HCPCS	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 7.6 CM TO 12.5 CM	Yes
32607	CPT/HCPCS	THORACOSCOPY; WITH DIAGNOSTIC BIOPSY(IES) OF LUNG INFILTRATE(S) (EG, WEDGE, INCISIONAL), UNILATERAL.	Yes
26372	CPT/HCPCS	PROFUNDUS TENDON REPAIR OR ADVANCEMENT, WITH INTACT SUBLIMIS; SECONDARY WITH FREE GRAFT (INCLUDES OBTAINING GRAFT)	Yes
38115	CPT/HCPCS	REPAIR OF RUPTURED SPLEEN (SPLENORRHAPHY) WITH OR WITHOUT PARTIAL SPLENECTOMY	Yes
26416	CPT/HCPCS	REMOVAL OF TUBE OR ROD AND INSERTION OF EXTENSOR TENDON GRAFT (INCLUDES OBTAINING GRAFT), HAND OR FINGER	Yes
58145	CPT/HCPCS	MYOMECTOMY, EXCISION OF FIBROID TUMOR OF UTERUS, SINGLE OR MULTIPLE (SEPARATE PROCEDURE); VAGINAL APPROACH	Yes
42600	CPT/HCPCS	CLOSURE SALIVARY FISTULA	Yes
36216	CPT/HCPCS	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL SECOND ORDER THORACIC OR BRACHIOCEPHALIC BRANCH, WITHIN A VASCULAR FAMILY	Yes
65272	CPT/HCPCS	REPAIR OF LACERATION; CONJUNCTIVA, BY MOBILIZATION AND REARRANGEMENT, WITHOUT HOSPITALIZATION	Yes
58290	CPT/HCPCS	VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS:	Yes
50405	CPT/HCPCS	PYELOPLASTY (FOLEY Y-PYELOPLASTY), PLASTIC OPERATION ON RENAL PELVIS, WITH OR WITHOUT PLASTIC OPERATION ON URETER, NEPHR	Yes
0219T	CPT/HCPCS	PLACEMENT OF POSTERIOR INTRAFACET IMPLANT(S), UNILATERAL OR BILATERAL, INCL IMAGING & PLACEMENT OF BONE GRAFT(S) OR SYNTHETIC DEVICE(S), SINGLE LEVEL+	Yes
33405	CPT/HCPCS	REPLACEMENT, AORTIC VALVE, WITH CARDIOPULMONARY BYPASS	Yes
63278	CPT/HCPCS	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; EXTRADURAL, SACRAL	Yes
22315	CPT/HCPCS	CLOSED TREATMENT OF VERTEBRAL FRACTURE AND/OR DISLOCATION, WITH OR WITHOUT ANESTHESIA, BY MANIPULATION OR TRACTION, E	Yes
50750	CPT/HCPCS	URETEROCALYCOSTOMY, ANASTOMOSIS OF URETER TO RENAL CALYX	Yes
55801	CPT/HCPCS	PROSTATECTOMY, PERINEAL, SUBTOTAL (INCLUDING CONTROL OF POSTOPERATIVE BLEEDING, VASECTOMY, MEATOTOMY, URETHRAL C	Yes
47480	CPT/HCPCS	CHOLECYSTOTOMY OR CHOLECYSTOSTOMY, OPEN, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF CALCULUS (SEPARATE PROCEDURE)	Yes
31571	CPT/HCPCS	LARYNGOSCOPY DIRECT, OPERATIVE, WITH INJECTION INTO VOCAL CORD(S), THERAPEUTIC; WITH OPERATING MICROSCOPE OR TELESCOPE	Yes
43641	CPT/HCPCS	VAGOTOMY INCLUDING PYLOROPLASTY, WITH OR WITHOUT GASTROSTOMY; PARIETAL CELL (HIGHLY SELECTIVE)	Yes

54056	CPT/HCPCS	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; CR	Yes
27301	CPT/HCPCS	INCISION AND DRAINAGE OF DEEP ABSCESS, INFECTED BURSA, OR HEMATOMA, THIGH OR KNEE REGION	Yes
22818	CPT/HCPCS	KYPHECTOMY, CIRCUMFERENTIAL EXPOSURE OF SPINE AND RESECTION OF VERTEBRAL SEGMENT(S) SINGLE OR TWO SEGMENTS	Yes
24075	CPT/HCPCS	EXCISION, TUMOR, SOFT TISSUE OF UPPER ARM OR ELBOW AREA, SUBCUTANEOUS; LESS THAN 3 CM	Yes
32940	CPT/HCPCS	PNEUMONOLYSIS, EXTRAPERIOSTEAL, INCLUDING FILLING OR PACKING PROCEDURES	Yes
27326	CPT/HCPCS	NEURECTOMY, POPLITEAL (GASTROCNEMIUS)	Yes
23520	CPT/HCPCS	TREATMENT OF CLOSED STERNOCLAVICULAR DISLOCATION; WITHOUT MANIPULATION	Yes
54336	CPT/HCPCS	ONE STAGE PERINEAL HYPOSPADIAS REPAIR REQUIRING EXTENSIVE DISSECTION TO CORRECT CHORDEE AND URETHROPLASTY BY USE O	Yes
37228	CPT/HCPCS	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL, PERONEAL ARTERY, UNILATERAL, INITIAL VESSEL; WITH TRANSLU	Yes
25390	CPT/HCPCS	OSTEOPLASTY, RADIUS OR ULNA; SHORTENING	Yes
63301	CPT/HCPCS	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR EXCISION OF INTRASPINAL LESION, SINGLE SEG	Yes
21086	CPT/HCPCS	IMPRESSION AND CUSTOM PREPARATION; AURICULAR PROSTHESIS	Yes
53020	CPT/HCPCS	MEATOTOMY, CUTTING OF MEATUS (SEPARATE PROCEDURE); EXCEPT INFANT	Yes
38794	CPT/HCPCS	CANNULATION, THORACIC DUCT	Yes
37191	CPT/HCPCS	INSERTION OF INTRAVASCULAR VENA CAVA FILTER, ENDOVASCULAR A PPROACH INCLUDING VASCULAR ACCESS, VESSEL SELECTION,	Yes
35201	CPT/HCPCS	REPAIR BLOOD VESSEL, DIRECT; NECK	Yes
54535	CPT/HCPCS	ORCHIECTOMY, RADICAL, FOR TUMOR; WITH ABDOMINAL EXPLORATION	Yes
30540	CPT/HCPCS	REPAIR CHOANAL ATRESIA; INTRANASAL	Yes
63704	CPT/HCPCS	REPAIR OF MYELOMENINGOCELE; LESS THAN 5 CM DIAMETER	Yes
21088	CPT/HCPCS	IMPRESSION AND CUSTOM PREPARATION; FACIAL PROSTHESIS	Yes
20550	CPT/HCPCS	INJECTION(S); TENDON SHEATH, LIGAMENT	Yes
54135	CPT/HCPCS	AMPUTATION OF PENIS, RADICAL; IN CONTINUITY WITH BILATERAL PELVIC LYMPHADENECTOMY, INCLUDING EXTERNAL ILIAC,	Yes
54120	CPT/HCPCS	AMPUTATION OF PENIS; PARTIAL	Yes
17266	CPT/HCPCS	DESTRUCTION, MALIGNANT LESION, ANY METHOD, TRUNK, ARMS, OR LEGS; LESION DIAMETER OVER 4.0	Yes
64494	CPT/HCPCS	INJECTION(S), DX OR TX AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) W/IMAGE GUIDA	Yes
27175	CPT/HCPCS	TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; BY TRACTION, WITHOUT REDUCTION	Yes
58294	CPT/HCPCS	VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS WITH REPAIR OF ENTEROCELE	Yes
38120	CPT/HCPCS	LAPAROSCOPY, SURGICAL, SPLENECTOMY	Yes
38571	CPT/HCPCS	LAPAROSCOPY, SURGICAL; WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY	Yes
63280	CPT/HCPCS	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL, EXTRAMEDULLARY, CERVICAL	Yes
55725	CPT/HCPCS	PROSTATOTOMY, EXTERNAL DRAINAGE OF PROSTATIC ABSCESS, ANY APPROACH; COMPLICATED	Yes
12044	CPT/HCPCS	REPAIR, INTERMEDIATE, WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA, 7.6 CM TO 12.5 CM	Yes
22849	CPT/HCPCS	REINSERTION OF SPINAL FIXATION DEVICE	Yes
56740	CPT/HCPCS	EXCISION OF BARTHOLIN'S GLAND OR CYST	Yes
31528	CPT/HCPCS	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; WITH DILATATION, INITIAL	Yes
63702	CPT/HCPCS	REPAIR OF MENINGOCELE; LARGER THAN 5 CM DIAMETER	Yes
49507	CPT/HCPCS	REPAIR INITIAL INGUINAL HERNIA, AGE 5 OR OVER; INCARCERATED OR STRANGULATED	Yes
46917	CPT/HCPCS	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; LA	Yes
52204	CPT/HCPCS	CYSTOURETHROSCOPY, WITH BIOPSY(S)	Yes
51703	CPT/HCPCS	INSERTION OF TEMPORARY INDWELLING BLADDER CATHETER; COMPLICATED	Yes

15850	CPT/HCPCS	REMOVAL OF SUTURES UNDER ANESTHESIA (OTHER THAN LOCAL), SAME SURGEON	Yes
69209	CPT/HCPCS	REMOVAL IMPACTED CERUMEN USING IRRIGATION/LAVAGE, UNILATERAL	Yes
33776	CPT/HCPCS	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, ATRIAL BAFFLE PROCEDURE (EG, MUSTARD OR SENNING TYPE) WITH CARDIOPULMON	Yes
27692	CPT/HCPCS	TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTING); EACH ADDITIONAL TENDON	Yes
23000	CPT/HCPCS	REMOVAL OF SUBDELTOID (OR INTRATENDINOUS) CALCAREOUS DEPOSITS, OPEN METHOD	Yes
61156	CPT/HCPCS	BURR HOLE(S); WITH ASPIRATION OF HEMATOMA OR CYST, INTRACEREBRAL	Yes
31365	CPT/HCPCS	LARYNGECTOMY; TOTAL, WITH RADICAL NECK DISSECTION	Yes
27712	CPT/HCPCS	OSTEOTOMY; MULTIPLE, WITH REALIGNMENT ON INTRAMEDULLARY ROD (SOFIELD TYPE PROCEDURE)	Yes
21400	CPT/HCPCS	TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITHOUT MANIPULATION	Yes
33542	CPT/HCPCS	MYOCARDIAL RESECTION (EG, VENTRICULAR ANEURYSMECTOMY)	Yes
11011	CPT/HCPCS	DEBRIDEMENT INCLUDING REMOVAL OF FOREIGN MATERIAL AT THE SITE OF AN OPEN FRACTURE AND/OR AN OPEN DISLOCATION (EG, EXCISIONAL DEBRIDEMENT); SKIN, SUBC+	Yes
26358	CPT/HCPCS	FLEXOR TENDON REPAIR OR ADVANCEMENT, SINGLE, IN "NO MAN'S LAND"; SECONDARY WITH FREE GRAFT (INCLUDES OBTAINING GRAFT)	Yes
49324	CPT/HCPCS	LAPAROSCOPY, SURGICAL; WITH INSERTION OF TUNNELED INTRAPERITONEAL CATHETER	Yes
49652	CPT/HCPCS	LAPAROSCOPY, SURGICAL, REPAIR, VENTRAL, UMBILICAL, SPIGELIAN OR EPIGASTRIC HERNIA (INCLUDES MESH INSERTION, WHEN PERFORM	Yes
58954	CPT/HCPCS	BILATERAL SALPINGO-OOPHORECTOMY WITH OMENTETOMY, ABDOMINAL HYSTERECTOMY, RADICAL DISSECTION DEBULKING; W/PELVIC LYMPHADE	Yes
22804	CPT/HCPCS	ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, WITHOR WITHOUT CAST; 13 OR MORE VERTEBRAL SEGMENTS	Yes
37221	CPT/HCPCS	REVASCLARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, ILIAC ARTERY, UNILATERAL, INITIAL VESSEL; WITH TRANSLUMINAL STENT	Yes
57307	CPT/HCPCS	CLOSURE OF RECTOVAGINAL FISTULA; ABDOMINAL APPROACH, WITH CONCOMITANT COLOSTOMY	Yes
67101	CPT/HCPCS	REPAIR OF RETINAL DETACHMENT, INCLUDING DRAINAGE OF SUBRETINAL FLUID, WHEN PERFORMED; CRYOTHERAPY	Yes
69700	CPT/HCPCS	CLOSURE POSTAURICULAR FISTULA, MASTOID (SEPARATE PROCEDURE)	Yes
61566	CPT/HCPCS	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR SELECTIVE AMYGDALOHIPPOCAMPECTOMY	Yes
49611	CPT/HCPCS	REPAIR OF OMPHALOCELE (GROSS TYPE OPERATION); SECOND STAGE	Yes
66680	CPT/HCPCS	REPAIR OF IRIS, CILIARY BODY (AS FOR IRIDODIALYSIS)	Yes
27814	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN BIMALLEOLAR ANKLE FRACTURE, WITH OR WITHOUT INTERNAL SKELETAL FIXATION	Yes
67800	CPT/HCPCS	EXCISION OF CHALAZION; SINGLE	Yes
27786	CPT/HCPCS	TREATMENT OF CLOSED DISTAL FIBULAR FRACTURE (LATERAL MALLEOLUS); WITHOUT MANIPULATION	Yes
45190	CPT/HCPCS	DESTRUCTION OF RECTAL TUMOR, ANY METHOD	Yes
31717	CPT/HCPCS	CATHETERIZATION WITH BRONCHIAL BRUSH BIOPSY	Yes
27337	CPT/HCPCS	EXCISION, TUMOR, SOFT TISSUE OF THIGH OR KNEE AREA, SUBCUTANEOUS; 3 CM OR GREATER	Yes
60252	CPT/HCPCS	THYROIDECTOMY, TOTAL OR SUBTOTAL FOR MALIGNANCY; WITH LIMITED NECK DISSECTION	Yes
69552	CPT/HCPCS	EXCISION AURAL GLOMUS TUMOR; TRANSMASTOID	Yes
35182	CPT/HCPCS	REPAIR, CONGENITAL ARTERIOVENOUS FISTULA; THORAX AND ABDOMEN	Yes
20555	CPT/HCPCS	PLCMET OF NEEDLES OF CATHETERS INTO MUCSCLE AND/OR SOFT TISSUE FOR SUBSEQUENT INTERSTITIAL RADIOELEMENT APPLICATION (AT THE TIME OF OR SUBSEQUENT TO+	Yes
67010	CPT/HCPCS	REMOVAL OF VITREOUS, ANTERIOR APPROACH (OPEN SKY TECHNIQUE OR LIMBAL INCISION); SUBTOTAL REMOVAL WITH MECHANICA	Yes

67835	CPT/HCPCS	CORRECTION OF TRICHIASIS; INCISION OF LID MARGIN, WITH FREE MUCOUS MEMBRANE GRAFT	Yes
64783	CPT/HCPCS	EXCISION OF NEUROMA; HAND OR FOOT, EACH ADDITIONAL NERVE, EXCEPT SAME DIGIT (LIST SEPARATELY BY THIS NUMBER)	Yes
29710	CPT/HCPCS	REMOVAL OR BIVALVING; SHOULDER OR HIP SPICA, MINERVA, OR RISSE JACKET, ETC	Yes
43320	CPT/HCPCS	ESOPHAGOGASTROSTOMY (CARDIOPLASTY) WITH OR WITHOUT VAGOTOMY AND PYLOROPLASTY; ABDOMINAL APPROACH	Yes
24920	CPT/HCPCS	AMPUTATION, ARM THROUGH HUMERUS; OPEN, CIRCULAR (GUILLotine)	Yes
26508	CPT/HCPCS	THENAR MUSCLE RELEASE FOR THUMB CONTRACTURE	Yes
30906	CPT/HCPCS	*CONTROL NASAL HEMORRHAGE, POSTERIOR, WITH POSTERIOR NASAL PACKS AND/OR CAUTERIZATION, ANY METHOD; SUBSEQUENT	Yes
69220	CPT/HCPCS	DEBRIDEMENT, MASTOIDECTOMY CAVITY, SIMPLE (EG, ROUTINE CLEANING)	Yes
12014	CPT/HCPCS	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 5.1 CM TO 7.5 CM	Yes
67145	CPT/HCPCS	PROPHYLAXIS OF RETINAL DETACHMENT (EG, RETINAL BREAK, LATTICE DEGENERATION) WITHOUT DRAINAGE; PHOTOCOAGULATION	Yes
27005	CPT/HCPCS	TENOTOMY, ILIOPSOAS, OPEN (SEPARATE PROCEDURE)	Yes
53665	CPT/HCPCS	DILATION OF FEMALE URETHRA, GENERAL OR CONDUCTION (SPINAL) ANESTHESIA	Yes
50435	CPT/HCPCS	EXCHANGE NEPHROSTOMY CATHETER, PERCUTANEOUS, INCLUDING DIAGNOSTIC NEPHROSTOGRAM AND/OR URETEROGRAM WHEN PERFORMED,	Yes
25920	CPT/HCPCS	DISARTICULATION THROUGH WRIST;	Yes
40805	CPT/HCPCS	REMOVAL OF EMBEDDED FOREIGN BODY, VESTIBULE OF MOUTH; COMPLICATED	Yes
43113	CPT/HCPCS	TOTAL OR NEAR TOTAL ESOPHAGECTOMY, EITHER THORACOTOMY; WITH COLON INTERPOSITION OR SMALL BOWEL RECONSTRUCTION	Yes
22634	CPT/HCPCS	ARTHRODESIS, COMBINED POSTERIOR OR POSTEROLATERAL TECHNIQUE WITH POSTERIOR INTERBODY TECHNIQUE INCLUDING LAMINECTOMY AND/OR DISCECTOMY SUFFICIENT TO +	Yes
33011	CPT/HCPCS	*PERICARDIOCENTESIS; SUBSEQUENT	Yes
21315	CPT/HCPCS	CLOSED TREATMENT OF NASAL BONE FRACTURE WITH MANIPULATION; WITHOUT STABILIZATION	Yes
66175	CPT/HCPCS	TRANSLUMINAL DILATION OF AQUEOUS OUTFLOW CANAL (EGCANALOPLASTY); WITH RETENTION OF DEVICE OR STENT	Yes
31624	CPT/HCPCS	BRONCHOSCOPY; WITH BRONCHIAL ALVEOLAR LAVAGE	Yes
45305	CPT/HCPCS	PROCTOSIGMOIDOSCOPY; FOR BIOPSY	Yes
67875	CPT/HCPCS	TEMPORARY CLOSURE OF EYELIDS BY SUTURE (EG, FROST SUTURE)	Yes
35511	CPT/HCPCS	BYPASS GRAFT, WITH VEIN; SUBCLAVIAN-SUBCLAVIAN	Yes
26125	CPT/HCPCS	FASCIECTOMY, PALMAR ONLY, WITH OR WITHOUT Z-PLASTY, OTHER LOCAL TISSUE REARRANGEMENT, OR SKIN GRAFTING (INCLUDES	Yes
36160	CPT/HCPCS	INTRODUCTION OF NEEDLE OR INTRACATHETER, AORTIC, TRANSLUMBAR	Yes
0201T	CPT/HCPCS	PERCUTANEOUS SACRAL AUGMENTATION (SACROPLASTY), BILATERAL INJECTIONS, WHEN USED, 2 OR MORE NEEDLES, INCLUDES IMAGING GUIDANCE AND BONE BIOPSY, WHEN P+	Yes
28120	CPT/HCPCS	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, SEQUESTRECTOMY, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELI	Yes
40812	CPT/HCPCS	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITH SIMPLE REPAIR	Yes
21445	CPT/HCPCS	OPEN TREATMENT OF ALVEOLAR RIDGE FRACTURE (SEPARATE PROCEDURE)	Yes
42415	CPT/HCPCS	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; LATERAL LOBE, WITH DISSECTION AND PRESERVATION OF FACIAL NERVE	Yes
28825	CPT/HCPCS	AMPUTATION, TOE; INTERPHALANGEAL JOINT	Yes
46900	CPT/HCPCS	*DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; CH	Yes
64859	CPT/HCPCS	SUTURE OF EACH ADDITIONAL MAJOR PERIPHERAL NERVE	Yes
15936	CPT/HCPCS	EXCISION, SACRAL PRESSURE ULCER, WITH OTHER FLAP CLOSURE;	Yes
67710	CPT/HCPCS	*SEVERING OF TARSORRHAPHY	Yes
63199	CPT/HCPCS	LAMINECTOMY WITH CORDOTOMY WITH SECTION OF BOTH SPINOTHALAMIC TRACTS, TWO STAGES WITHIN 14 DAYS; THORACIC	Yes
17340	CPT/HCPCS	*CRYOTHERAPY (CO2 SLUSH, LIQUID N2)	Yes

17111	CPT/HCPCS	DESTRUCTION BY ANY METHOD OF FLAT WARTS, MOLLUSCUM CONTAGIOSUM OR MILIA; 15 OR MORE LESIONS	Yes
17271	CPT/HCPCS	DESTRUCTION, MALIGNANT LESION, ANY METHOD, SCALP, NECK, HANDFEET, GENITALIA; LESION DIAMETER 0.6 TO 1.0 CM	Yes
46070	CPT/HCPCS	INCISION, ANAL SEPTUM (INFANT)	Yes
31032	CPT/HCPCS	SINUSOTOMY, MAXILLARY (ANTROTOMY); RADICAL (CALDWELL-LUC) WITH REMOVAL OF ANTROCHOANAL POLYPS	Yes
67228	CPT/HCPCS	TREATMENT OF EXTENSIVE OR PROGRESSIVE RETINOPATHY (EG, DIABETIC RETINOPATHY), PHOTOCOAGULATION	Yes
33300	CPT/HCPCS	REPAIR OF CARDIAC WOUND; WITHOUT BYPASS	Yes
46735	CPT/HCPCS	CONSTRUCTION OF ANUS FOR CONGENITAL ABSENCE; COMBINED ABDOMINAL AND PERINEAL APPROACH	Yes
25270	CPT/HCPCS	REPAIR, TENDON OR MUSCLE, EXTENSOR, FOREARM AND/OR WRIST; PRIMARY, SINGLE, EACH TENDON OR MUSCLE	Yes
37231	CPT/HCPCS	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL, PERONEAL ARTERY, UNILATERAL, INITIAL VESSEL; WITH TRANSL	Yes
58553	CPT/HCPCS	LAPAROSCOPY, SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS	Yes
21558	CPT/HCPCS	RADICAL RESECTION OF TUMOR (EG, SARCOMA), SOFT TISSUE OF NECK OR ANTERIOR THORAX; 5 CM OR GREATER	Yes
25077	CPT/HCPCS	RADICAL RESECTION OF TUMOR (EG, SARCOMA), SOFT TISSUE OF FOREARM AND/OR WRIST AREA; LESS THAN 3 CM	Yes
25393	CPT/HCPCS	OSTEOPLASTY, RADIUS AND ULNA; LENGTHENING WITH AUTOGRAFT	Yes
42844	CPT/HCPCS	RADICAL RESECTION OF TONSIL, TONSILLAR PILLARS, AND/OR RETROMOLAR TRIGONE; CLOSURE WITH LOCAL FLAP (EG, TONGUE, BUCCA	Yes
27497	CPT/HCPCS	WITH DEBRIDEMENT OF NONViable MUSCLE AND/OR NERVE	Yes
21032	CPT/HCPCS	EXCISION OF MAXILLARY TORUS PALATINUS	Yes
67715	CPT/HCPCS	*CANTHOTOMY (SEPARATE PROCEDURE)	Yes
43281	CPT/HCPCS	LAPAROSCOPY, SURGICAL, REPAIR OF PARAESOPHAGEAL HERNIA, INCLUDES FUNDOPLASTY, WHEN PERFORMED; WITHOUT IMPLANTATION OF ME	Yes
25360	CPT/HCPCS	OSTEOTOMY; ULNA	Yes
57410	CPT/HCPCS	PELVIC EXAMINATION UNDER ANESTHESIA (OTHER THAN LOCAL)	Yes
67810	CPT/HCPCS	INCISIONAL BIOPSY OF EYELID SKIN INCLUDING LID MARGIN	Yes
29520	CPT/HCPCS	STRAPPING; HIP	Yes
63305	CPT/HCPCS	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR EXCISION OF INTRASPINAL LESION, SINGLE SEG	Yes
23600	CPT/HCPCS	TREATMENT OF CLOSED HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE; WITHOUT MANIPULATION	Yes
29826	CPT/HCPCS	ARTHROSCOPY, SHOULDER, SURGICAL; DECOMPRESSION OF SUBACROMIAL SPACE WITH PARTIAL ACROMIOPLASTY WITH OR WITHOUT CORA	Yes
0409T	CPT/HCPCS	INSERTION OR REPLACEMENT OF PERMANENT CARDIAC CONTRACTILITY MODULATION SYSTEM,THERAPEUTIC PARAMETERS; PULSE GENERATOR ON	Yes
61545	CPT/HCPCS	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISION OF CRANIOPHARYNGIOMA	Yes
67915	CPT/HCPCS	REPAIR OF ECTROPION; THERMOCAUTERIZATION	Yes
25442	CPT/HCPCS	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL ULNA	Yes
64907	CPT/HCPCS	NERVE PEDICLE TRANSFER; SECOND STAGE	Yes
45820	CPT/HCPCS	CLOSURE OF RECTOURETHRAL FISTULA;	Yes
63066	CPT/HCPCS	COSTOVERTEBRAL APPROACH WITH DECOMPRESSION OF SPINAL CORD OR NERVE ROOT(S), (EG, HERNIATED INTERVERTEBRAL DISK), THORA	Yes
12051	CPT/HCPCS	REPAIR, INTERMEDIATE, WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES, 2.5 CM OR LESS	Yes
25545	CPT/HCPCS	OPEN TREATMENT OF ULNAR SHAFT FRACTURE INCLUDES INTERNAL FIXATION, WHEN PERFORMED	Yes
45308	CPT/HCPCS	PROTOSIGMOIDOSCOPY, RIGID; WITH REMOVAL OF SINGLE TUMOR, POLYP, OR OTHER LESION BY HOT BIOPSY FORCEPS OR BIPOLAR CAUTERY	Yes
34846	CPT/HCPCS	ENDOVASCULAR REPAIR OF VISCERAL AORTA & INFRARENAL ABDOMINAL AORTA;INCLUDING TWO VISCERAL ARTERY ENDOPROSTHESIS	Yes
11901	CPT/HCPCS	*INJECTION, INTRALESIONAL; MORE THAN SEVEN LESIONS	Yes

32550	CPT/HCPCS	INSERTION OF INDWELLING TUNNELED PLEURAL CATHETER WITH CUFF	Yes
15050	CPT/HCPCS	PINCH GRAFT, SINGLE OR MULTIPLE, TO COVER SMALL ULCER, TIP OF DIGIT, OR OTHER MINIMAL OPEN AREA (EXCEPT ON FACE), UP TO	Yes
34510	CPT/HCPCS	VENOUS VALVE TRANSPOSITION, ANY VEIN DONOR	Yes
17004	CPT/HCPCS	DESTRUCTION BY ANY METHOD, PREMALIGNANT LESIONS; 15 OR MORE LESIONS	Yes
C9602	CPT/HCPCS	PERCUTANEOUS TRANSLUMINAL CORONARY ATHERECTOMY, WITH DRUG ELUTING INTRACORONARY WITH CORONARY ANGIOPLASTY; SINGLE MAJOR	Yes
15740	CPT/HCPCS	FLAP; ISLAND PEDICLE REQUIRING IDENTIFICATION AND DISSECTION OF AN ANATOMICALLY NAMED AXIAL VESSEL	Yes
65135	CPT/HCPCS	INSERTION OF OCULAR IMPLANT SECONDARY; AFTER ENUCLEATION, MUSCLES NOT ATTACHED TO IMPLANT	Yes
27329	CPT/HCPCS	RADICAL RESECTION OF TUMOR (EG, SARCOMA), SOFT TISSUE OF THIGH OR KNEE AREA; LESS THAN 5 CM	Yes
27810	CPT/HCPCS	TREATMENT OF CLOSED BIMALLEOLAR ANKLE FRACTURE, (INCLUDING POTTS); WITH MANIPULATION	Yes
26861	CPT/HCPCS	ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; EACH ADDITIONAL INTERPHALANGEAL JOINT	Yes
66170	CPT/HCPCS	FISTULIZATION OF SCLERA FOR GLAUCOMA; TRABECULECTOMY AB EXTERNO	Yes
63685	CPT/HCPCS	INSERTION OR REPLACEMENT OF SPINAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER,REQUIRING POCKET CREATION/CONNECTION BETWEEN ELECTRODE ARRAY/PULSE +	Yes
51101	CPT/HCPCS	ASPIRATION OF BLADDER;BY TROCAR OR INTRACATHETER	Yes
33925	CPT/HCPCS	REPAIR OF PULMONARY ARTERY ARBORIZATION ANOMALIES BY UNIFOCALIZATION; WITHOUT CARDIOPULMONARY BYPASS	Yes
35521	CPT/HCPCS	BYPASS GRAFT, WITH VEIN; AXILLARY-FEMORAL	Yes
27045	CPT/HCPCS	EXCISION, TUMOR, SOFT TISSUE OF PELVIS AND HIP AREA, SUBFASCIAL (EG, INTRAMUSCULAR); 5 CM OR GREATER	Yes
50690	CPT/HCPCS	INJECTION PROCEDURE FOR VISUALIZATION OF ILIAL CONDUIT AND/OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGI	Yes
21248	CPT/HCPCS	RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL IMPLANT (EG, BLADE, CYLINDER); PARTIAL	Yes
27096	CPT/HCPCS	INJECTION PROCEDURE FOR SACROILIAC JOINT ARTHROGRAPHY AND/ORANESTHETIC/STEROID	Yes
67405	CPT/HCPCS	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL APPROACH); WITH DRAINAGE ONLY	Yes
20696	CPT/HCPCS	APPLIC OF MULTIPLANE, UNILAT, EXT FIX W/STEREOTACTIC COMPUTER-ASSISTED ADJUST, INCL IMAGING; INIT & SUBSQ ALIGNMENT(S),	Yes
0445T	CPT/HCPCS	SUBSEQUENT PLACEMENT OF A DRUG-ELUTING OCULAR INSERT UNDER ONE OR MORE EYELIDS, INCLUDING RE-TRAINING, AND REMOVAL OF	Yes
26497	CPT/HCPCS	TENDON TRANSFER TO RESTORE INTRINSIC FUNCTION; RING AND SMALL FINGER	Yes
27707	CPT/HCPCS	OSTEOTOMY; FIBULA	Yes
44146	CPT/HCPCS	COLECTOMY, PARTIAL; WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS), WITH COLOSTOMY	Yes
26392	CPT/HCPCS	REMOVAL OF TUBE OR ROD AND INSERTION OF FLEXOR TENDON GRAFT (INCLUDES OBTAINING GRAFT), HAND OR FINGER	Yes
26260	CPT/HCPCS	RADICAL RESECTION OF TUMOR, PROXIMAL OR MIDDLE PHALANX OF FINGER	Yes
41150	CPT/HCPCS	GLOSSECTOMY; COMPOSITE PROCEDURE WITH RESECTION FLOOR OF MOUTH AND MANDIBULAR RESECTION, WITHOUT RADICAL NECK DISSECTION	Yes
22110	CPT/HCPCS	PARTIAL EXCISION OF VERTEBRAE (EG, FOR OSTEOMYELITIS); CERVICAL	Yes
40842	CPT/HCPCS	VESTIBULOPLASTY; POSTERIOR, UNILATERAL	Yes
24565	CPT/HCPCS	TREATMENT OF CLOSED HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERAL; WITH MANIPULATION	Yes
33641	CPT/HCPCS	REPAIR ATRIAL SEPTAL DEFECT, SECUNDUM, WITH CARDIOPULMONARY BYPASS, WITH OR WITHOUT PATCH	Yes
11626	CPT/HCPCS	EXCISION, MALIGNANT LESION INCL MARGINS, SCALP, NECK, HANDS,FEET, GENITALIA; EXCISED DIAMETER OVER 4CM	Yes

62325	CPT/HCPCS	INJECTION(S), INCLUDING INDWELLING CATHETER PLACEMENT, CERVICAL OR THORACIC; WITH IMAGING GUIDANCE (IE, FLUOROSCOPY OR CT	Yes
61510	CPT/HCPCS	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISION OF BRAIN TUMOR, SUPRATENTORIAL, EXCEPT MENINGIOMA	Yes
37224	CPT/HCPCS	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, FEMORAL, POPLITEAL ARTERY(S), UNILATERAL; WITH TRANSLUMINAL ANGIO	Yes
0238T	CPT/HCPCS	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN OR PERCUTANEOUS, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION; ILIAC ARTERY, EACH VESSEL	Yes
69955	CPT/HCPCS	TOTAL FACIAL NERVE DECOMPRESSION AND/OR REPAIR (MAY INCLUDE GRAFT)	Yes
57455	CPT/HCPCS	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH BIOPSY(S) OF THE CERVIX	Yes
35870	CPT/HCPCS	REPAIR OF GRAFT-ENTERIC FISTULA	Yes
53200	CPT/HCPCS	BIOPSY OF URETHRA	Yes
28322	CPT/HCPCS	REPAIR OF NONUNION OR MALUNION; METATARSAL, WITH OR WITHOUT BONE GRAFT (INCLUDES OBTAINING GRAFT)	Yes
63281	CPT/HCPCS	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL, EXTRAMEDULLARY, THORACIC	Yes
36476	CPT/HCPCS	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEO	Yes
69310	CPT/HCPCS	RECONSTRUCTION OF EXTERNAL AUDITORY CANAL (MEATOPLASTY) (EG, FOR STENOSIS DUE TO TRAUMA, INFECTION), (SEPARATE PROCEDURE	Yes
C5274	CPT/HCPCS	APPLICATION OF LOW COST SKIN SUBSTITUTE GRAFT TO TRUNK, ARMS, LEGS, TOTAL WOUND SURFACE AREA GREATER THAN OR EQUAL TO 10	Yes
27613	CPT/HCPCS	BIOPSY, SOFT TISSUE OF LEG OR ANKLE AREA; SUPERFICIAL	Yes
57023	CPT/HCPCS	INCISION AND DRAINAGE OF VAGINAL HEMATOMA;; NON-OBSTETRICAL	Yes
36225	CPT/HCPCS	SELECTIVE CATHETER PLACEMENT, SUBCLAVIAN OR INNOMINATE ARTERY, UNILATERAL, WITH ANGIOGRAPHY OF THE IPSILATERAL VERTEBRAL	Yes
61791	CPT/HCPCS	CREATION OF LESION BY STEREOTACTIC METHOD, PERCUTANEOUS, BY NEUROLYTIC AGENT (EG, ALCOHOL, THERMAL, ELECTRICAL, RADIOFR	Yes
66630	CPT/HCPCS	IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; SECTOR FOR GLAUCOMA (SEPARATE PROCEDURE)	Yes
69635	CPT/HCPCS	TYMPANOPLASTY WITH ANTROTOMY OR MASTOIDOTOMY (INCLUDING CANALPLASTY, ATTICOTOMY, MIDDLE EAR SURGERY, AND/OR TYM	Yes
49428	CPT/HCPCS	LIGATION OF PERITONEAL-VENOUS SHUNT	Yes
33234	CPT/HCPCS	REMOVAL OF PERMANENT PACEMAKER AND TRANSVENOUS ELECTRODE(S), SINGLE LEAD SYSTEM, ATRIAL OR VENTRICULAR	Yes
27258	CPT/HCPCS	OPEN TREATMENT OF CONGENITAL HIP DISLOCATION; REPLACEMENT OF FEMORAL HEAD IN ACETABULUM (INCLUDING TENOTOMY, ETC)	Yes
33521	CPT/HCPCS	FOUR VENOUS GRAFTS (LIST SEPARATELY IN ADDITION TO CODE FOR ARTERIAL GRAFT	Yes
23410	CPT/HCPCS	REPAIR OF RUPTURED MUSCULOTENDINOUS CUFF (EG, ROTATOR CUFF) OPEN; ACUTE	Yes
45303	CPT/HCPCS	PROCTOSIGMOIDOSCOPY; FOR DILATION, DIRECT, INSTRUMENTAL	Yes
50593	CPT/HCPCS	ABLATION, RENAL TUMOR(S), UNILATERAL, PERCUTANEOUS, CRYOTHERAPY	Yes
61512	CPT/HCPCS	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISION OF MENINGIOMA, SUPRATENTORIAL	Yes
38570	CPT/HCPCS	LAPAROSCOPY, SURGICAL; WITH RETROPERITONEAL LYMPH NODE SAMPLING, SINGLE OR MULTIPLE	Yes
42800	CPT/HCPCS	BIOPSY; OROPHARYNX	Yes
57461	CPT/HCPCS	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH LOOP ELECTRODE CONIZATION OF THE CERVIX	Yes
33968	CPT/HCPCS	REMOVAL OF INTRA-AORTIC BALLOON ASSIST DEVICE, PERCUTANEOUS	Yes
43651	CPT/HCPCS	LAPAROSCOPY, SURGICAL; TRANSECTION OF VAGUS NERVES, TRUNACAL	Yes

53444	CPT/HCPCS	INSEERTION OF TANDEM CUFF (DUAL CUFF)	Yes
51570	CPT/HCPCS	CYSTECTOMY, COMPLETE; (SEPARATE PROCEDURE)	Yes
67440	CPT/HCPCS	ORBITOTOMY WITH BONE FLAP, LATERAL APPROACH (EG, KROENLEIN); WITH DRAINAGE OR DECOMPRESSION	Yes
Q2066	CPT/HCPCS	BREAST RECONST W/GLUTEAL ARTERY PERFORATOR (GAP) FLAP, MICROVAS TRANSFER, CLOSURE OF DONOR SITE & SHAPING OF FLAP INTO B	Yes
60505	CPT/HCPCS	PARATHYROIDECTOMY OR EXPLORATION OF PARATHYROID(S); WITH MEDIASTINAL EXPLORATION, STERNAL SPLIT OR TRANSTHORACI	Yes
43116	CPT/HCPCS	PARTIAL ESOPHAGECTOMY, CERVICAL, WITH FREE INTESTINAL GRAFT INCLUDING MICROVASCULAR ANASTOMOSIS, OBTAINING THE GRAFT	Yes
42971	CPT/HCPCS	CONTROL OF NASOPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, POSTADENOIDECTOMY); COMPLICATED, REQUIRING	Yes
31750	CPT/HCPCS	TRACHEOPLASTY; CERVICAL	Yes
53000	CPT/HCPCS	URETHROTOMY OR URETHROSTOMY, EXTERNAL (SEPARATE PROCEDURE); PENDULOUS URETHRA	Yes
35540	CPT/HCPCS	BYPASS GRAFT, WITH VEIN, AORTOBIFEMORAL	Yes
61790	CPT/HCPCS	CREATION OF LESION BY STEREOTACTIC METHOD, PERCUTANEOUS, BY NEUROLYTIC AGENT (EG, ALCOHOL, THERMAL, ELECTRICAL, RADIOFR	Yes
23200	CPT/HCPCS	RADICAL RESECTION OF TUMOR; CLAVICLE	Yes
25652	CPT/HCPCS	OPEN TREATENT OF ULNAR STYLOID FRACTURE	Yes
33251	CPT/HCPCS	OPERATIVE ABLATION OF SUPRAVENTRICULAR ARRHYTHMOGENIC FOCUS OR PATHWAY (EG, WOLFF-PARKINSON-WHITE, A-V NODE RE-ENTRY),	Yes
33413	CPT/HCPCS	REPLACEMENT,AORTIC VALVE;BY TRANSLOCATION OF AUTOLOGOUS PULMONARY VALVE W/HOMOGRAFT REPLACEMENT OF PULMONARY VALVE (ROSS	Yes
C5277	CPT/HCPCS	APPLICATION OF LOW COST SKIN SUBSTITUTE GRAFT TO FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET	Yes
11970	CPT/HCPCS	REPLACEMENT OF TISSUE EXPANDER WITH PERMANENT IMPLANT	Yes
63700	CPT/HCPCS	REPAIR OF MENINGOCELE; LESS THAN 5 CM DIAMETER	Yes
21356	CPT/HCPCS	OPEN TREATMENT OF DEPRESSED ZYGOMATIC ARCH FRACTURE	Yes
55842	CPT/HCPCS	PROSTATECTOMY, RETROPUBIC RADICAL; WITH LYMPH NODE BIOPSY(S)(LIMITED PELVIC LYMPHADENECTOMY)	Yes
53235	CPT/HCPCS	EXCISION OF URETHRAL DIVERTICULUM (SEPARATE PROCEDURE); MALE	Yes
23660	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN SHOULDER DISLOCATION	Yes
10022	CPT/HCPCS	FINE NEEDLE ASPIRATION; WITH IMAGING GUIDANCE	Yes
50605	CPT/HCPCS	URETEROTOMY FOR INSERTION OF INDWELLING STENT, ALL TYPES	Yes
37184	CPT/HCPCS	PRIMARY PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY; INITIAL VESSEL; NONCORONARY, ARTERIAL OR ARTERIAL BYPASS GRA	Yes
27215	CPT/HCPCS	OPEN TREATMENT OF ILIAC SPINE(S), TUBEROSITY AVULSION, OR ILIAC WING FRACTURE(S),WITH INTERNAL FIXATION	Yes
41820	CPT/HCPCS	GINGIVECTOMY, EXCISION GINGIVA, EACH QUADRANT	Yes
45385	CPT/HCPCS	COLONOSCOPY, FIBEROPTIC, BEYOND SPLENIC FLEXURE; FOR REMOVAL OF POLYPOID LESION(S)	Yes
34520	CPT/HCPCS	CROSS-OVER VEIN GRAFT TO VENOUS SYSTEM	Yes
61880	CPT/HCPCS	REVISION OR REMOVAL OF INTRACRANIAL NEUROSTIMULATOR ELECTRODES	Yes
65930	CPT/HCPCS	REMOVAL OF BLOOD CLOT, ANTERIOR SEGMENT EYE	Yes
45990	CPT/HCPCS	ANORECTAL EXAM, SURGICAL, REQUIRING ANESTHESIA, DIAGNOSTIC	Yes
28119	CPT/HCPCS	OSTECTOMY, CALCANEUS; FOR SPUR, WITH OR WITHOUT PLANTAR FASCIAL RELEASE	Yes
63045	CPT/HCPCS	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT[S], [EG, SPINAL +	Yes
63308	CPT/HCPCS	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR EXCISION OF INTRASPINAL LESION, SINGLE SEG	Yes
50727	CPT/HCPCS	REVISION OF URINARY-CUTANEOUS ANASTOMOSIS(ANY TYPE UROSTOMY);	Yes
69120	CPT/HCPCS	EXCISION EXTERNAL EAR; COMPLETE AMPUTATION	Yes
62145	CPT/HCPCS	CRANIOPLASTY FOR SKULL DEFECT WITH REPARATIVE BRAIN SURGERY	Yes
25425	CPT/HCPCS	REPAIR OF DEFECT WITH AUTOGRAFT; RADIUS OR ULNA	Yes
43450	CPT/HCPCS	*DILATION OF ESOPHAGUS, BY UNGUIDED SOUND OR BOUGIE, SINGLE OR MULTIPLE PASSES; INITIAL SESSION	Yes

47900	CPT/HCPCS	SUTURE OF EXTRAHEPATIC BILIARY DUCT FOR PRE-EXISTING INJURY (SEPARATE PROCEDURE)	Yes
12055	CPT/HCPCS	REPAIR, INTERMEDIATE, WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 12.6 CM TO 20.0 CM	Yes
44141	CPT/HCPCS	COLECTOMY, PARTIAL; WITH SKIN LEVEL CECOSTOMY OR COLOSTOMY	Yes
32659	CPT/HCPCS	THORACOSCOPY, SURGICAL; WITH CREATION OF PERICARDIAL WINDOW OR PARTIAL RESECTION OF PERICARDIAL SAC FOR DRAINAGE	Yes
56515	CPT/HCPCS	DESTRUCTION OF LESION(S), VULVA; EXTENSIVE, ANY METHOD	Yes
34421	CPT/HCPCS	THROMBECTOMY, DIRECT OR WITH CATHETER; VENA CAVA, ILIAC, FEMOROPOPLITEAL VEIN, BY LEG INCISION	Yes
22595	CPT/HCPCS	ARTHRODESIS, POSTERIOR TECHNIQUE, ATLAS-AXIS (C1-C2)	Yes
32999	CPT/HCPCS	UNLISTED PROCEDURE, LUNGS AND PLEURA	Yes
33229	CPT/HCPCS	REMOVAL OF PERMANENT PACEMAKER PULSE GENERATOR WITH REPLACEMENT OF PACEMAKER PULSE GENERATOR; MULTIPLE LEAD SYSTEM	Yes
24516	CPT/HCPCS	TREATMENT OF HUMERAL SHAFT FRACTURE, WITH INSERTION OF INTRAMEDULLARY IMPLANT,WITH OR W/O CERCLAGE AND/OR LOCKING SCREWS	Yes
69300	CPT/HCPCS	OTOPLASTY, PROTRUDING EAR, WITH OR WITHOUT SIZE REDUCTION	Yes
G0289	CPT/HCPCS	ARTHROSCOPY, KNEE, SURGICAL, FOR REMOVAL OF LOOSE BODY, FOREIGN BODY	Yes
59015	CPT/HCPCS	CHORIONIC VILLUS SAMPLING, ANY METHOD	Yes
24079	CPT/HCPCS	RADICAL RESECTION OF TUMOR (EG, SARCOMA), SOFT TISSUE OF UPPER ARM OR ELBOW AREA; 5 CM OR GREATER	Yes
43360	CPT/HCPCS	GASTROINTESTINAL RECONSTRUCTION FOR PREVIOUS ESOPHAGECTOMY, FOR OBSTRUCTING ESOPHAGEAL LESION OR FISTULA,OR FOR PREVIOUS	Yes
49441	CPT/HCPCS	INSERTION OF DUODENOSTOMY OR JEJUNOSTOMY TUBE,PERCUTANEOUS,UNDER FLUOROSCOPIC GUIDANCE INCLDNG CONTRAST INJ(S)	Yes
55840	CPT/HCPCS	PROSTATECTOMY, RETROPUBIC RADICAL;	Yes
61556	CPT/HCPCS	CRANIOTOMY FOR CRANIOSYNOSTOSIS; FRONTAL OR PARIETAL BONE FLAP	Yes
0317T	CPT/HCPCS	VAGUS NERVE BLOCKING THERAPY(MORBID OBESITY);NEUROSTIMULATOR PULSE GENERATOR ELECTRONIC ANALYSIS,INCL REPROGRAMMING WHEN	Yes
42260	CPT/HCPCS	REPAIR OF NASOLABIAL FISTULA	Yes
45342	CPT/HCPCS	SIGMOIDOSCOPY,FLEXIBLE;DIAGNOSTIC W/ OR W/O COLLECTION OF SPECIMAN BY BRUSHING OR WASHING W/TRANSENDOSCOPIC ULTRASOUND	Yes
25115	CPT/HCPCS	RADICAL EXCISION OF BURSA, SYNOVIA OF WRIST, OR FOREARM TENDON SHEATHS (EG, TENOSYNOVITIS, FUNGUS, TBC, OR OTHER GRANU	Yes
63744	CPT/HCPCS	REPLACEMENT, IRRIGATION OR REVISION OF LUMBOSUBARACHNOID SHUNT	Yes
33617	CPT/HCPCS	REPAIR OF COMPLEX CARDIAC ANOMALIES (EG, SINGLE VENTRICLE) BY MODIFIED FONTAN PROCEDURE	Yes
23655	CPT/HCPCS	TREATMENT OF CLOSED SHOULDER DISLOCATION, WITH MANIPULATION; REQUIRING ANESTHESIA	Yes
36557	CPT/HCPCS	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHWITHOUT SUBCUTANEOUS PORT OF PUMP; UNDER 5 YEARS OF AGE	Yes
23020	CPT/HCPCS	CAPSULAR CONTRACTURE RELEASE (SEVER TYPE PROCEDURE) FOR ERB'S PALSY	Yes
43510	CPT/HCPCS	GASTROTOMY; WITH ESOPHAGEAL DILATION AND INSERTION OF PLASTIC TUBES	Yes
20802	CPT/HCPCS	REPLANTATION, ARM (INCLUDES SURGICAL NECK OF HUMERUS THROUGH ELBOW JOINT); COMPLETE AMPUTATION	Yes
37145	CPT/HCPCS	ANASTOMOSIS; RENOPORTAL	Yes
49203	CPT/HCPCS	EXCISION OR DESTURCTIN, OPEN, INTRABDOMINAL TUMORS,CYSTS OR ENDOMETRIOMAS,1 OR MORE PERITONEAL,MESENTERIC,OR RETROPERITO	Yes
55550	CPT/HCPCS	LAPAROSCOPY, SURGICAL, WITH LIGATION OF SPERMATIC VEINS FOR VARICOCELE	Yes
66172	CPT/HCPCS	FISTULIZATION OF SCLERA FOR GLAUCOMA;TRABECULECTOMY AB EXTERNO WITH SCARRING FROM PREVIOUS OCULAR SURGERY OR TRAUMA	Yes

30465	CPT/HCPCS	REPAIR OF NASAL VESTIBULAR STENOSIS	Yes
69960	CPT/HCPCS	DECOMPRESSION INTERNAL AUDITORY CANAL	Yes
41130	CPT/HCPCS	GLOSSECTOMY; HEMIGLOSSECTOMY	Yes
49000	CPT/HCPCS	EXPLORATORY LAPAROTOMY, EXPLORATORY CELIOTOMY WITH OR WITHOUT BIOPSY(S) (SEPARATE PROCEDURE)	Yes
28636	CPT/HCPCS	PERCUTANEOUS SKELETAL FIXATION OF METATARSOPHALANGEAL JOINT DISLOCATION, WITH MANIPULATION	Yes
42894	CPT/HCPCS	RESECTION OF PHARYNGEAL WALL REQUIRING CLOSURE WITH MYOCUTANEOUS OR FASCIOCUTANEOUS FLAP OR FREE MUSCLE, SKIN, OR FASCIAL FLAP WITH MICROVASCULAR ANA+	Yes
49452	CPT/HCPCS	REPLACEMENT OF GASTRO-JEJUNOSTOMY TUBE, PERCUTANEOUS, UNDER FLUOROSCOPIC GUIDANCE INCLUDING CONTRAST INJECTION(S) IMAGE DOCUMENT	Yes
44300	CPT/HCPCS	ENTEROSTOMY OR CECOSTOMY, TUBE (EG, FOR DECOMPRESSION OR FEEDING) (SEPARATE PROCEDURE)	Yes
33416	CPT/HCPCS	VENTRICULOMYOTOMY (-MYECTOMY) FOR IDIOPATHIC HYPERTROPHIC SUBAORTIC STENOSIS (EG, ASYMMETRIC SEPTAL HYPERTROPHY)	Yes
32556	CPT/HCPCS	PLEURAL DRAINAGE, PERCUTANEOUS, WITH INSERTION OF INDWELLING CATHETER; WITHOUT IMAGING GUIDANCE	Yes
29895	CPT/HCPCS	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; SYNOVECTOMY, PARTIAL	Yes
35645	CPT/HCPCS	BYPASS GRAFT, WITH OTHER THAN VEIN; SUBCLAVIAN-VERTEBRAL	Yes
49426	CPT/HCPCS	REVISION OF PERITONEAL-VEIN SHUNT	Yes
60659	CPT/HCPCS	UNLISTED LAPAROSCOPY PROCEDURE, ENDOCRINE SYSTEM	Yes
68500	CPT/HCPCS	EXCISION OF LACRIMAL GLAND (DACRYOADENECTOMY), EXCEPT FOR TUMOR; TOTAL	Yes
27178	CPT/HCPCS	OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; CLOSED MANIPULATION WITH SINGLE OR MULTIPLE PINNING	Yes
33665	CPT/HCPCS	PATCH CLOSURE, ENDOCARDIAL CUSHION DEFECT, WITH OR WITHOUT REPAIR OF MITRAL AND/OR TRICUSPID CLEFT; WITH REPAIR OF SEPTUM	Yes
21049	CPT/HCPCS	EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA; REQUIRING EXTRAORAL OSTEOTOMY AND PARTIAL MAXILLECTOMY	Yes
52334	CPT/HCPCS	CYSTOSCOPIC URETHROSCOPY WITH INSERTION OF URETERAL GUIDE WIRE THROUGH KIDNEY TO ESTABLISH A PERCUTANEOUS NEPHROSTOMY, RETROGRADE	Yes
15819	CPT/HCPCS	CERVICOPLASTY	Yes
31075	CPT/HCPCS	SINUSOTOMY FRONTAL; TRANSORBITAL, UNILATERAL (FOR MUCOCELE OR OSTEOOMA, LYMPHOMA TYPE)	Yes
61320	CPT/HCPCS	CRANIECTOMY OR CRANIOTOMY, DRAINAGE OF INTRACRANIAL ABSCESS; SUPRATENTORIAL	Yes
33465	CPT/HCPCS	VALVULOPLASTY OR VALVECTOMY, TRICUSPID VALVE, WITH CARDIOPULMONARY BYPASS; REPLACEMENT	Yes
29365	CPT/HCPCS	APPLICATION OF CYLINDER CAST (THIGH TO ANKLE)	Yes
57400	CPT/HCPCS	DILATION OF VAGINA UNDER ANESTHESIA (OTHER THAN LOCAL)	Yes
24498	CPT/HCPCS	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT METHYLMETHACRYLATE, HUMERUS	Yes
46922	CPT/HCPCS	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; SURGICAL	Yes
27840	CPT/HCPCS	TREATMENT OF ANKLE DISLOCATION; WITHOUT ANESTHESIA	Yes
27705	CPT/HCPCS	OSTEOTOMY; TIBIA	Yes
21011	CPT/HCPCS	EXCISION, TUMOR, SOFT TISSUE OF FACE OR SCALP, SUBCUTANEOUS; LESS THAN 2 CM	Yes
27429	CPT/HCPCS	LIGAMENTOUS RECONSTRUCTION (AUGMENTATION), KNEE; INTRA-ARTICULAR (OPEN) AND EXTRA-ARTICULAR	Yes
44394	CPT/HCPCS	COLONOSCOPY THROUGH STOMA; WITH REMOVAL OF TUMOR(S), POLYP(S) OR OTHER LESION(S) BY SNARE TECHNIQUE	Yes
27650	CPT/HCPCS	REPAIR, PRIMARY, OPEN OR PERCUTANEOUS, RUPTURED ACHILLES TENDON;	Yes
33460	CPT/HCPCS	VALVULOPLASTY OR VALVECTOMY, TRICUSPID VALVE, WITH CARDIOPULMONARY BYPASS;	Yes
27709	CPT/HCPCS	OSTEOTOMY; TIBIA AND FIBULA	Yes
0221T	CPT/HCPCS	PLACEMENT OF POSTERIOR INTRAFACET IMPLANT(S), UNILATERAL OR BILATERAL, INCLUDING IMAGING AND PLACEMENT OF BONE GRAFT(S) OR SYNTHETIC DEVICE(S), SINGLE+	Yes

33852	CPT/HCPCS	EXCISION OF COARCTATION OF AORTA, WITH OR WITHOUT ASSOCIATED PATENT DUCTUS ARTERIOSUS; REPAIR OF HYPOPLASTIC OR INTER	Yes
44322	CPT/HCPCS	COLOSTOMY OR SKIN LEVEL CECOSTOMY; WITH MULTIPLE BIOPSIES (EG, FOR HIRSCHSPRUNG DISEASE) (SEPARATE PROCEDURE)	Yes
28340	CPT/HCPCS	RECONSTRUCTION, TOE, MACRODACTYLY; SOFT TISSUE RESECTION	Yes
23931	CPT/HCPCS	INCISION AND DRAINAGE, UPPER ARM OR ELBOW AREA; INFECTED BURSA	Yes
24125	CPT/HCPCS	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF HEAD OR NECK OF RADIUS OR OLECRANON PROCESS; WITH AUTOGRAFT (INCL	Yes
15738	CPT/HCPCS	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; LOWER EXTREMITY	Yes
23472	CPT/HCPCS	ARTHROPLASTY WITH GLENOID AND PROXIMAL HUMERAL REPLACEMENT (EG, TOTAL SHOULDER)	Yes
25040	CPT/HCPCS	ARTHROTOMY, RADIOCARPAL OR MEDIOCARPAL JOINT, FOR INFECTION, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF FOREI	Yes
49325	CPT/HCPCS	LAPAROSCOPY, SURGICAL; W/REVISION OF PREVIOUSLY PLACED INTRAPERITONEAL CANNULA OR CATHETER, W/REMOVAL INTRALUMINAL OBSTR	Yes
26373	CPT/HCPCS	PROFUNDUS TENDON REPAIR OR ADVANCEMENT, WITH INTACT SUBLIMIS; SECONDARY WITHOUT FREE GRAFT	Yes
41806	CPT/HCPCS	REMOVAL OF EMBEDDED FOREIGN BODY FROM DENTOALVEOLAR STRUCTURES; BONE	Yes
27499	CPT/HCPCS	WITH DEBRIDEMENT OF NONVIABLE MUSCLE AND/OR NERVE	Yes
64905	CPT/HCPCS	NERVE PEDICLE TRANSFER; FIRST STAGE	Yes
50010	CPT/HCPCS	RENAL EXPLORATION, NOT NECESSITATING OTHER SPECIFIC PROCEDURES	Yes
21127	CPT/HCPCS	AUGMENTATION, MANDIBULAR BODY OR ANGLE; WITH BONE GRAFT, ONLAY OR INTERPOSITIONAL (INCLUDES OBTAINING AUTOGR	Yes
41510	CPT/HCPCS	SUTURE OF TONGUE TO LIP FOR MICROGNATHIA (DOUGLAS TYPE PROCEDURE)	Yes
33991	CPT/HCPCS	INSERTION OF VENTRICULAR ASSIST DEVICE, PERCUTANEOUS, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION; LEFT HEART, BOTH ARTERIAL AND VENOUS ACC+	Yes
47610	CPT/HCPCS	CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT;	Yes
27146	CPT/HCPCS	OSTEOTOMY, ILIAC, ACETABULAR OR INNOMINATE BONE;	Yes
43647	CPT/HCPCS	LAPAROSCOPY, SURGICAL; IMPLANTATION OR REPLACEMENT OF GASTRIC NEUROSTIMULATOR ELECTRODES, ANTRUM	Yes
47125	CPT/HCPCS	HEPATECTOMY, RESECTION OF LIVER; TOTAL LEFT LOBECTOMY	Yes
60100	CPT/HCPCS	*BIOPSY THYROID, PERCUTANEOUS NEEDLE	Yes
65780	CPT/HCPCS	OCULAR SURFACE RECONSTRUCTION; AMNIOTIC MEMBRANE TRANSPLANTATION, MULTIPLE LAYERS	Yes
17999	CPT/HCPCS	UNLISTED PROCEDURE, SKIN, MUCOUS MEMBRANE AND SUBCUTANEOUS TISSUE	Yes
27477	CPT/HCPCS	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; TIBIA AND FIBULA, PROXIMAL	Yes
15834	CPT/HCPCS	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); HIP	Yes
27438	CPT/HCPCS	ARTHROPLASTY, PATELLA; WITH PROSTHESIS	Yes
47605	CPT/HCPCS	CHOLECYSTECTOMY; WITH CHOLANGIOGRAPHY	Yes
62264	CPT/HCPCS	PERCUTANEOUS LYSIS OF EPIDURAL ADHESIONS USING SOLUTION INJECTION OR MECHANICAL MEANS INCLUDING RADIO LOGIC LOCALIZA	Yes
31755	CPT/HCPCS	TRACHEOPLASTY; TRACHEOPHARYNGEAL FISTULIZATION, EACH STAGE	Yes
43773	CPT/HCPCS	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL AND REPLACEMENT OF ADJUSTABLE GASTRIC BAND COMPONENT ONLY	Yes
29905	CPT/HCPCS	ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH SYNOVECTOMY	Yes
0075T	CPT/HCPCS	TRANSCATHETER PLACEMENT OF EXTRACRANIAL VERTEBRAL OR INTRATHORACIC CAROTID ARTERY STENT(S), INCLUDING RADIOLOGIC SUPERVI	Yes
21499	CPT/HCPCS	UNLISTED MUSCULOSKELETAL PROCEDURE, HEAD	Yes
22840	CPT/HCPCS	POSTERIOR INSTRUMENTATION; WITHOUT SEGMENTAL FIXATION (EG, SINGLE HARRINGTON ROD TECHNIQUE)	Yes
C9739	CPT/HCPCS	CYSTOURETHROSCOPY, WITH INSERTION OF TRANSPROSTATIC IMPLANT;1 TO 3 IMPLANTS	Yes

32215	CPT/HCPCS	PLEURAL SCARIFICATION FOR REPEAT PNEUMOTHORAX	Yes
17107	CPT/HCPCS	DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG, LASER TECHNIQUE); 10.0 - 50.0 SQ CM	Yes
47543	CPT/HCPCS	ENDOLUMINAL BIOPSY(IES) OF BILIARY TREE, PERCUTANEOUS, ANY METHOD(S) (EG, BRUSH, FORCEPS AND/OR NEEDLE), INCLUDING IMAG	Yes
33620	CPT/HCPCS	APPLICATION OF RIGHT AND LEFT PULMONARY ARTERY BANDS (EG, HYBRID APPROACH STAGE 1)	Yes
27392	CPT/HCPCS	TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; MULTIPLE, BILATERAL	Yes
60650	CPT/HCPCS	LAPAROSCPY, SURGICAL, WITH ADRENALECTOMY, PARTIAL OR COMPLETE, OR EXPLORATION OF ADRENAL GLAND WITH OR WITHOUT BIOPSY,	Yes
57155	CPT/HCPCS	INSERTION OF UTERINE TANDEM AND/OR VAGINAL OVOIDS FOR CLINICAL BRACHYTHERAPY	Yes
23150	CPT/HCPCS	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS;	Yes
25263	CPT/HCPCS	REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR WRIST; SECONDARY, SINGLE, EACH TENDON OR MUSCLE	Yes
35761	CPT/HCPCS	EXPLORATION (NOT FOLLOWED BY SURGICAL REPAIR), WITH OR WITHOUT LYSIS OF ARTERY; OTHER VESSELS	Yes
69140	CPT/HCPCS	EXCISION EXOSTOSIS(ES), EXTERNAL AUDITORY CANAL	Yes
29851	CPT/HCPCS	WITH INTERNAL OR EXTERNAL FIXATION	Yes
33228	CPT/HCPCS	REMOVAL OF PERMANENT PACEMAKER PULSE GENERATOR WITH REPLACEMENT OF PACEMAKER PULSE GENERATOR; DUAL LEAD SYSTEM	Yes
23515	CPT/HCPCS	OPEN TREATMENT OF CLAVICULAR FRACTURE INCLUDES INTERNAL FIXATION, WHEN PERFORMED	Yes
20902	CPT/HCPCS	BONE GRAFT, ANY DONOR AREA; MAJOR OR LARGE	Yes
44121	CPT/HCPCS	ENTERECTOMY, RESECTION OF SMALL INTESTINE; EACH ADDITIONAL RESECTION AND ANASTOMOSIS	Yes
14020	CPT/HCPCS	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, SCALP, ARMS AND/OR LEGS; DEFECT 10 SQ CM OR LESS	Yes
23035	CPT/HCPCS	INCISION, DEEP, WITH OPENING OF CORTEX (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), SHOULDER AREA	Yes
G0256	CPT/HCPCS	PROSTATE BRACHYTHERAPY USING PERMANENTLY IMPLANTED PALLADIUMSEEDS, INCLUDING TRAANSPERITONEAL PLACEMENT OF NEEDLES OR CA	Yes
58800	CPT/HCPCS	DRAINAGE OF OVARIAN CYST(S), UNILATERAL OR BILATERAL, (SEPARATE PROCEDURE); VAGINAL APPROACH	Yes
69915	CPT/HCPCS	VESTIBULAR NERVE SECTION, TRANSLABYRINTHINE APPROACH	Yes
69642	CPT/HCPCS	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY, TYMPANIC MEMBRANE REPAIR); WITH OSSICULAR	Yes
28108	CPT/HCPCS	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, PHALANGES OF FOOT	Yes
38308	CPT/HCPCS	LYMPHANGIOTOMY OR OTHER OPERATIONS ON LYMPHATIC CHANNELS	Yes
20500	CPT/HCPCS	*INJECTION OF SINUS TRACT; THERAPEUTIC (SEPARATE PROCEDURE)	Yes
17262	CPT/HCPCS	DESTRUCTION, MALIGNANT LESION, ANY METHOD, TRUNK ARMS OR LEGS; LESION DIAMETER 1.1 TO 2.0 CM	Yes
69745	CPT/HCPCS	SUTURE FACIAL NERVE, INTRATEMPORAL, WITH OR WITHOUT GRAFT OR DECOMPRESSION; INCLUDING MEDIAL TO GENICULATE GANGLION	Yes
49180	CPT/HCPCS	*BIOPSY, ABDOMINAL OR RETROPERITONEAL MASS, PERCUTANEOUS NEEDLE	Yes
28750	CPT/HCPCS	ARTHRODESIS, GREAT TOE; METATARSOPHALANGEAL JOINT	Yes
34845	CPT/HCPCS	ENDOVASCULAR REPAIR OF VISCERAL AORTA & INFRARENAL ABDOMINAL AORTA;INCLUDING ONE VISCERAL ARTERY ENDOPROSTHESIS	Yes
43264	CPT/HCPCS	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH REMOVAL OF CALCULI/DEBRIS FROM BILLARY/PANCREATIC DUCT(S)	Yes
26989	CPT/HCPCS	UNLISTED PROCEDURE, HANDS OR FINGERS	Yes
61522	CPT/HCPCS	CRANIECTOMY, INFRATENTORIAL OR POSTERIOR FOSSA; FOR EXCISION OF BRAIN ABSCESS	Yes
26483	CPT/HCPCS	TENDON TRANSFER OR TRANSPLANT, CARPOMETACARPAL AREA OR DORSUM OF HAND, SINGLE; WITH FREE TENDON GRAFT (INCLUDES O	Yes

35005	CPT/HCPCS	DIRECT REPAIR OF ANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR WITHOUT PATCH GRAFT; FOR ANEURYSM	Yes
33536	CPT/HCPCS	FOUR OR MORE CORONARY ARTERIAL GRAFTS	Yes
0275T	CPT/HCPCS	PERCUTANEOUS LAMINOTOMY/LAMINECTOMY (INTERLAMINAR APPROACH) FOR DECOMPRESSION OF NEURAL ELEMENTS, (WITH OR WITHOUT LIGAMENOUS RESECTION, DISCECTOMY,+	Yes
27332	CPT/HCPCS	ARTHROTOMY, KNEE, FOR EXCISION OF SEMILUNAR CARTILAGE (MENISCECTOMY); MEDIAL OR LATERAL	Yes
64866	CPT/HCPCS	ANASTOMOSIS; FACIAL-SPINAL ACCESSORY	Yes
66820	CPT/HCPCS	DISCISSON OF SECONDARY MEMBRANEOUS CATARACT (OPACIFIED POSTERIOR LENS CAPSULE AND/OR ANTERIOR HYALOID; STAB INCI	Yes
24150	CPT/HCPCS	RADICAL RESECTION OF TUMOR, SHAFT OR DISTAL HUMERUS	Yes
58120	CPT/HCPCS	DILATION AND CURETTAGE, DIAGNOSTIC AND/OR THERAPEUTIC (NONOBSTETRICAL)	Yes
15115	CPT/HCPCS	EPIDERMAL AUTOGRAFT; FIRST 100 SQ CM OR LESS, OR 1% OF BODY AREA OF INFANTS AND CHILDREN; FACE, SCALP, EYELIDS, MOUTH, N	Yes
22861	CPT/HCPCS	REVISION INCL REPLACEMENT OF TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANT APPROACH, SINGLE INTERSPACE; CERVICAL	Yes
28035	CPT/HCPCS	TARSAL TUNNEL RELEASE (POSTERIOR TIBIAL NERVE DECOMPRESSION)	Yes
0437T	CPT/HCPCS	IMPLANTATION OF NON-BIOLOGIC OR SYNTHETIC IMPLANT (EG, POLYPROPYLENE) FOR FASCIAL REINFORCEMENT OF THE ABDOMINAL WALL	Yes
20102	CPT/HCPCS	EXPLORATION OF PENETRATING WOUND; ABDOMEN/FLANK/BACK	Yes
34848	CPT/HCPCS	ENDOVASCULAR REPAIR OF VISCERAL AORTA & INFRARENAL ABDOMINAL AORTA;INCLUDING FOUR VISCERAL ARTERY ENDOPROSTHESIS	Yes
55650	CPT/HCPCS	VESICULECTOMY, ANY APPROACH	Yes
0315T	CPT/HCPCS	VAGUS NERVE BLOCKING THERAPY (MORBID OBESITY); REMOVAL OF PULSE GENERATOR	Yes
36251	CPT/HCPCS	SELECTIVE CATHETER PLACEMENT (FIRST-ORDER), MAIN RENAL ARTERY AND ANY ACCESSORY RENAL ARTERY(S) FOR RENAL ANGIOGRAPHY	Yes
20974	CPT/HCPCS	ELECTRICAL STIMULATION TO AID BONE HEALING; NONINVASIVE (NONOPERATIVE)	Yes
15620	CPT/HCPCS	INTERMEDIATE "DELAY" OF ANY FLAP, PRIMARY "DELAY" OF SMALL FLAP, OR SECTIONING PEDICLE OF TUBED OR DIRECT FLAP	Yes
31577	CPT/HCPCS	LARYNGOSCOPY, FLEXIBLE; WITH REMOVAL OF FOREIGN BODY(S)	Yes
28292	CPT/HCPCS	CORRECTION, HALLUX VALGUS WITH BUNIONECTOMY,WITH SESAMOIDECTOMY WHEN PERFORMED,WITH RESECTION OF PROXIMAL PHALANX BASE,	Yes
41019	CPT/HCPCS	PLACEMENT OF NEEDLES, CATHETERS, OR OTHER DEVICE(S) INTO HEAD AND/OR NECK REGION	Yes
43100	CPT/HCPCS	EXCISION OF LOCAL LESION, ESOPHAGUS, WITH PRIMARY REPAIR; CERVICAL APPROACH	Yes
27745	CPT/HCPCS	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT METHYL METHACRYLATE, TIBIA	Yes
0415T	CPT/HCPCS	REPOSITIONING OF PREVIOUSLY IMPLANTED CARDIAC CONTRACTILITY MODULATION TRANSVENOUS ELECTRODE, (ATRIAL OR VENTRICULAR	Yes
34530	CPT/HCPCS	SAPHENOPOPLITEAL VEIN ANASTOMOSIS	Yes
28106	CPT/HCPCS	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL OR METATARSAL BONES, EXCEPT TALUS OR CALCANEUS; WITH ILI	Yes
45110	CPT/HCPCS	PROCTECTOMY; COMPLETE, COMBINED ABDOMINOPERINEAL, WITH COLOSTOMY, ONE OR TWO STAGES	Yes
27364	CPT/HCPCS	RADICAL RESECTION OF TUMOR (EG, SARCOMA), SOFT TISSUE OF THIGH OR KNEE AREA; 5 CM OR GREATER	Yes
41822	CPT/HCPCS	EXCISION OF FIBROUS TUBEROSITIES, DENTOALVEOLAR STRUCTURES	Yes
61557	CPT/HCPCS	CRANIOTOMY FOR CRANIOSYNOSTOSIS; BIFRONTAL BONE FLAP	Yes
30630	CPT/HCPCS	REPAIR NASAL SEPTAL PERFORATIONS	Yes
27641	CPT/HCPCS	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY), BONE (EG, OSTEOMYELITIS); FIBULA	Yes
32663	CPT/HCPCS	THORACOSCOPY, SURGICAL; WITH LOBECTOMY, TOTAL OR SEGMENTAL	Yes
54390	CPT/HCPCS	PLASTIC OPERATION ON PENIS FOR EPISPADIAS DISTAL TO EXTERNAL SPHINCTER; WITH EXSTROPHY OF BLADDER	Yes

27888	CPT/HCPCS	AMPUTATION, ANKLE, THROUGH MALLEOLI OF TIBIA AND FIBULA (SYME, PIROGOFF TYPE PROCEDURES), WITH PLASTIC CLOSURE AND RESE	Yes
27536	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN TIBIAL FRACTURE, PROXIMAL (PLATEAU), WITH OR WITHOUT INTERNAL OR EXTERNAL SKELETAL FIXA	Yes
15221	CPT/HCPCS	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, SCALP, ARMS, AND/OR LEGS; EACH ADDITIONAL 20 SQ C	Yes
31390	CPT/HCPCS	PHARYNGOLARYNGECTOMY, WITH RADICAL NECK DISSECTION; WITHOUT RECONSTRUCTION	Yes
39541	CPT/HCPCS	REPAIR, DIAPHRAGMATIC HERNIA (OTHER THAN NEONATAL), TRAUMATIC; CHRONIC	Yes
64788	CPT/HCPCS	EXCISION OF NEUROFIBROMA OR NEUROLEMMOMA; CUTANEOUS NERVE	Yes
51597	CPT/HCPCS	PELVIC EXENTERATION, COMPLETE, FOR VESICAL, PROSTATIC OR URETHRAL MALIGNANCY, WITH REMOVAL OF BLADDER AND URETERAL TRANS	Yes
63011	CPT/HCPCS	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA EQUINA, WITHOUT FACETECTOMY, FORAMINOTOMY	Yes
54530	CPT/HCPCS	ORCHIECTOMY, RADICAL, FOR TUMOR; INGUINAL APPROACH	Yes
29892	CPT/HCPCS	ARTHROSCOPICALLY AIDED REPAIR OF LARGE OSTEOCHONDritis DISSECANS LESION, TALAR DOME FRACTURE, OR TIBIAL PLAFOND FRACTURE,	Yes
67599	CPT/HCPCS	UNLISTED PROCEDURE, ORBIT	Yes
51605	CPT/HCPCS	INJECTION PROCEDURE AND PLACEMENT OF CHAIN FOR CONTRAST AND/OR CHAIN URETHROCYSTOGRAPHY	Yes
36600	CPT/HCPCS	*ARTERIAL PUNCTURE, WITHDRAWAL OF BLOOD FOR DIAGNOSIS	Yes
33506	CPT/HCPCS	REPAIR OF ANOMALOUS CORONARY ARTERY; BY TRANSLOCATION FROM PULMONARY ARTERY TO AORTA	Yes
48155	CPT/HCPCS	PANCREATECTOMY, TOTAL;	Yes
32110	CPT/HCPCS	THORACOTOMY, MAJOR; WITH CONTROL OF TRAUMATIC HEMORRHAGE AND/OR REPAIR OF LUNG TEAR	Yes
20663	CPT/HCPCS	APPLICATION OF HALO, INCLUDING REMOVAL; FEMORAL	Yes
27517	CPT/HCPCS	TREATMENT OF CLOSED DISTAL FEMORAL EPIPHYSEAL SEPARATION; WITH MANIPULATION	Yes
50810	CPT/HCPCS	URETEROSIGMOIDOSTOMY, WITH CREATION OF SIGMOID BLADDER AND ESTABLISHMENT OF ABDOMINAL OR PERINEAL COLOSTOMY, INCLUDING	Yes
28046	CPT/HCPCS	RADICAL RESECTION OF TUMOR (EG, SARCOMA), SOFT TISSUE OF FOOT OR TOE; LESS THAN 3 CM	Yes
27259	CPT/HCPCS	OPEN TREATMENT OF CONGENITAL HIP DISLOCATION; WITH FEMORAL SHAFT SHORTENING	Yes
28575	CPT/HCPCS	TREATMENT OF CLOSED TALOTARSAL JOINT DISLOCATION; REQUIRING ANESTHESIA	Yes
28313	CPT/HCPCS	RECONSTRUCTION, ANGULAR DEFORMITY OF TOE (OVERLAPPING SECOND TOE, FIFTH TOE, CURLY TOES), SOFT TISSUE PROCEDURES ONLY	Yes
37617	CPT/HCPCS	LIGATION, MAJOR ARTERY (EG, POST-TRAUMATIC, RUPTURE); ABDOMEN	Yes
55680	CPT/HCPCS	EXCISION OF MULLERIAN DUCT CYST	Yes
44320	CPT/HCPCS	COLOSTOMY OR SKIN LEVEL CECOSTOMY	Yes
11400	CPT/HCPCS	EXCISION, BENIGN LESION INCL MARGINS EXCEPT SKIN TAG (UNLESSLISTED ELSEWHERE) TRUNK, ARMS, OR LEGS; EX DIAM 0.5CM ORLESS	Yes
44021	CPT/HCPCS	ENTEROTOMY, SMALL BOWEL, OTHER THAN DUODENUM; FOR DECOMPRESSION (EG, BAKER TUBE)	Yes
61750	CPT/HCPCS	STEREOTACTIC BIOPSY, ASPIRATION, OR EXCISION, INCLUDING BURR HOLE(S), FOR INTRACRANIAL LESION;	Yes
30520	CPT/HCPCS	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING, CONTOURING OR REPLACEMENT WITH GRAFT	Yes
46050	CPT/HCPCS	*INCISION AND DRAINAGE, PERIANAL ABSCESS, SUPERFICIAL	Yes
36473	CPT/HCPCS	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, PERCUTANEOUS, MECHANOCHEMICAL; FIRST VEIN TREATED	Yes

25028	CPT/HCPCS	INCISION AND DRAINAGE, FOREARM AND/OR WRIST; DEEP ABSCESS OR HEMATOMA	Yes
37788	CPT/HCPCS	PENILE REVASCULARIZATION, ARTERY, WITH OR WITHOUT VEIN GRAFT	Yes
44850	CPT/HCPCS	SUTURE OF MESENTERY (SEPARATE PROCEDURE)	Yes
26020	CPT/HCPCS	DRAINAGE OF TENDON SHEATH, ONE DIGIT AND/OR PALM	Yes
38129	CPT/HCPCS	UNLISTED LAPAROSCOPY PROCEDURE, SPLEEN	Yes
27690	CPT/HCPCS	TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTING); SUPERFICIAL (EG, ANTERIOR TIBI	Yes
61601	CPT/HCPCS	RESECTION OR EXCISION OF NEOPLASTIC VASCULAR OR INFECTIONS LESION OF BASE OF ANTERIOR CRANIAL FOSSA; INTRADURAL, INCLUDI	Yes
15775	CPT/HCPCS	PUNCH GRAFT FOR HAIR TRANSPLANT; 1 TO 15 PUNCH GRAFTS	Yes
33414	CPT/HCPCS	REPAIR OF LEFT VENTRICULAR OUTFLOW TRACT OBSTRUCTION BY PATCH ENLARGEMENT OF THE OUTFLOW TRACT	Yes
33519	CPT/HCPCS	THREE VENOUS GRAFTS (LIST SEPARATELY IN ADDITION TO CODE FOR ARTERIAL GRAFT	Yes
33957	CPT/HCPCS	EXTRACORPOREAL MEMBRANE OXYGENATION;REPOSITION PERIPHERAL CANNULA(E), PERCUTANEOUS, BIRTH THROUGH 5 YEARS OF AGE (INCLUD	Yes
57700	CPT/HCPCS	CERCLAGE OF UTERINE CERVIX, NONOBSTETRICAL	Yes
36578	CPT/HCPCS	REPLACEMENT, CATHETER ONLY, OF CENTRAL VENOUS ACCESS DEVICE,WITH SUBCUTANEOUS PROT OR PUMP, CENTRAL OR PERIPHERAL INSERT	Yes
20205	CPT/HCPCS	BIOPSY, MUSCLE; DEEP	Yes
22512	CPT/HCPCS	PERCUTANEOUS VERTEBROPLASTY (BONE BIOPSY INCLUDED WHEN PERFORMED), 1 VERTEBRAL BODY,EACH ADDITIONAL CERVICOTHORACIC	Yes
46910	CPT/HCPCS	*DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; EL	Yes
28062	CPT/HCPCS	FASCIECTOMY, EXCISION OF PLANTAR FASCIA; RADICAL (SEPARATE PROCEDURE)	Yes
53600	CPT/HCPCS	*DILATION OF URETHRAL STRICTURE BY PASSAGE OF SOUND OR URETHRAL DILATOR, MALE; INITIAL	Yes
20973	CPT/HCPCS	FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS; GREAT TOE WITH WEB SPACE	Yes
33015	CPT/HCPCS	TUBE PERICARDIOSTOMY	Yes
46751	CPT/HCPCS	SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE OR PROLAPSE; CHILD	Yes
15788	CPT/HCPCS	CHEMICAL PEEL, FACIAL; EPIDERMAL	Yes
34830	CPT/HCPCS	OPEN REPAIR OF INFRARENAL AORTIC ANEURYSM OR DISSECTION PLUSREPAIR OF ASSOC ARTERIAL TRAUM,TUBE PROSTHESIS	Yes
29799	CPT/HCPCS	UNLISTED PROCEDURE, CASTING OR STRAPPING	Yes
66185	CPT/HCPCS	REVISION OF AQUEOUS SHUNT TO EXTRAOCULAR EQUATORIAL PLATE RESERVOIR; WITH GRAFT	Yes
27598	CPT/HCPCS	DISARTICULATION AT KNEE	Yes
57111	CPT/HCPCS	VAGINECTOMY,COMPLETE REMOVAL OF VAGINAL WALL;WITH REMOVAL OFPARAVAGINAL TISSUE (RADICAL VAGINECTOMY)	Yes
69645	CPT/HCPCS	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY, TYMPANIC MEMBRANE REPAIR); RADICAL OR COMP	Yes
49185	CPT/HCPCS	SCLEROTHERAPY OF A FLUID COLLECTION (EG, LYMPHOCELE, CYST, OR SEROMA), PERCUTANEOUS, INCLUDING CONTRAST INJECTION(S), S	Yes
60270	CPT/HCPCS	THYROIDECTOMY, INCLUDING SUBSTERNAL THYROID GLAND, STERNAL SPLIT OR TRANSTHORACIC APPROACH	Yes
33670	CPT/HCPCS	REPAIR OF COMPLETE ATRIOVENTRICULAR CANAL, WITH OR WITHOUT PROSTHETIC VALVE	Yes
21820	CPT/HCPCS	TREATMENT OF STERNUM FRACTURE; CLOSED	Yes
46250	CPT/HCPCS	HEMORRHOIDECTOMY, EXTERNAL, 2 OR MORE COLUMNS/GROUPS	Yes
46612	CPT/HCPCS	ANOSCOPY; FOR MULTIPLE POLYP REMOVAL	Yes
33775	CPT/HCPCS	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, ATRIAL BAFFLE PROCEDURE (EG, MUSTARD OR SENNING TYPE) WITH CARDIOPULMON	Yes
23107	CPT/HCPCS	ARTHROTOMY, GLENOHUMERAL JOINT, WITH JOINT EXPLORATION, WITH OR WITHOUT REMOVAL OF LOOSE OR FOREIGN BODY	Yes

36222	CPT/HCPCS	SELECTIVE CATHETER PLACEMENT, COMMON CAROTID OR INNOMINATEA RTERY, UNILATERAL, ANY APPROACH, WTH ANGIOGRAPHY OF THE IPSI	Yes
50130	CPT/HCPCS	PYELOTOMY; WITH REMOVAL OF CALCULUS (PYEOLITHOTOMY, PELVIOLITHOTOMY, INCLUDING COAGULUM PYEOLITHOTOMY)	Yes
22842	CPT/HCPCS	POSTERIOR INSTRUMENTATION; SEGMENTAL FIXATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAL WI	Yes
41005	CPT/HCPCS	*INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR OF MOUTH; SUBLINGUAL, SUPERFICIAL	Yes
32820	CPT/HCPCS	MAJOR RECONSTRUCTION, CHEST WALL (POST-TRAUMATIC)	Yes
42962	CPT/HCPCS	CONTROL OROPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, POSTTONSILLECTOMY); WITH SECONDARY SURGICA	Yes
67924	CPT/HCPCS	REPAIR OF ENTROPION; BLEPHAROPLASTY, EXTENSIVE (EG, WHEELER OPERATION)	Yes
21454	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN MANDIBULAR FRACTURE WITH EXTERNAL FIXATION	Yes
23455	CPT/HCPCS	CAPSULORRHAPHY FOR RECURRENT DISLOCATION, ANTERIOR; BANKART TYPE OPERATION WITH OR WITHOUT STAPLING	Yes
15750	CPT/HCPCS	GRAFT; NEUROVASCULAR PEDICLE FLAP	Yes
65900	CPT/HCPCS	REMOVAL OF EPITHELIAL DOWNGROWTH, ANTERIOR CHAMBER EYE	Yes
35654	CPT/HCPCS	BYPASS GRAFT, WITH OTHER THAN VEIN; AXILLARY-FEMORAL-FEMORAL	Yes
60280	CPT/HCPCS	EXCISION OF THYROGLOSSAL DUCT CYST OR SINUS;	Yes
21139	CPT/HCPCS	REDUCTION FOREHEAD; CONTOURING AND SETBACK OF ANTERIOR FRONTAL SINUS WALL	Yes
11406	CPT/HCPCS	EXCISION, BENIGN LESION INCL MARGINS, EXCEPT SKIN TAG (UNLS LISTED ELSEWHR) TRUNK, ARMS, OR LEGS; EX DIAM OVER 4.0CM	Yes
28052	CPT/HCPCS	ARTHROTOMY FOR SYNOVIAL BIOPSY; METATARSOPHALANGEAL JOINT	Yes
33853	CPT/HCPCS	REPAIR OF HYPOPLASTIC OR INTERRUPTED AORTIC ARCH USING AUTOGENOUS OR PROSTHETIC MATERIAL; W/CARDIOPULMONARY BYPASS	Yes
50945	CPT/HCPCS	LAPAROSCOPY, SURGICAL, URETEROLITHOTOMY	Yes
25076	CPT/HCPCS	EXCISION, TUMOR, SOFT TISSUE OF FOREARM AND/OR WRIST AREA, SUBFASCIAL (EG, INTRAMUSCULAR); LESS THAN 3 CM	Yes
54300	CPT/HCPCS	PLASTIC OPERATION OF PENIS FOR STRAIGHTENING OF CHORDEE (EG, HYPOSPADIAS), WITH OR WITHOUT MOBILIZATION OF URETHRA	Yes
0237T	CPT/HCPCS	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN OR PERCUTANEOUS, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION; BRACHI	Yes
20650	CPT/HCPCS	*INSERTION OF WIRE OR PIN WITH APPLICATION OF SKELETAL TRACTION, INCLUDING REMOVAL (SEPARATE PROCEDURE)	Yes
26479	CPT/HCPCS	TENDON SHORTENING, FLEXOR, HAND OR FINGER, SINGLE, EACH	Yes
52346	CPT/HCPCS	CYSTOURETHROSCOPY W/URETEROSCOPY; W/TREATMENT OF UNTRA-RENALSTRICTURE	Yes
26665	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN CARPOMETACARPAL FRACTURE DISLOCATION, THUMB (BENNETT FRACTURE), WITH OR WITHOUT INTERN	Yes
29049	CPT/HCPCS	APPLICATION; PLASTER FIGURE OF EIGHT	Yes
62200	CPT/HCPCS	VENTRICULOCISTERNOSTOMY, THIRD VENTRICLE;	Yes
36221	CPT/HCPCS	NON-SELECTIVE CATHETER PLACEMENT, THORACIC AORTA, WITH ANGIOGRAPHY OF THE EXTRACRANIAL CAROTID, VERTEBRAL, AND/OR INTRAC	Yes
67039	CPT/HCPCS	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH FOCAL ENDOLASER PHOTOCOAGULATION	Yes
21249	CPT/HCPCS	RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL IMPLANT (EG, BLADE, CYLINDER); COMPLETE	Yes
62323	CPT/HCPCS	INJECTION(S) OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCES(S) LUMBAR OR SACRAL (CAUDAL); WITH IMAGING GUIDANCE (IE, FLUOROSCOPY	Yes
36907	CPT/HCPCS	TRANSLUMINAL BALLOON ANGIOPLASTY, PERFORMED THROUGH DIALYSIS CIRCUIT, REQUIRED TO PERFORM THE ANGIOPLASTY	Yes
20969	CPT/HCPCS	FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN ILIAC CREST, RIB, METATARSAL, OR GREAT TOE	Yes
20692	CPT/HCPCS	APPLICATION OF A MULTIPLANE (PINS OR WIRES IN MORE THAN ONE PLANE), UNILATERAL, EXTERNAL FIXATION SYSTEM (EG,	Yes

26542	CPT/HCPCS	PRIMARY REPAIR OF COLLATERAL LIGAMENT, METACARPOPHALANGEAL JOINT; WITH LOCAL TISSUE (EG, ADDUCTOR ADVANCEMENT)	Yes
35539	CPT/HCPCS	BYPASS GRAFT, WITH VEIN, AORTOFEMORAL	Yes
51700	CPT/HCPCS	*BLADDER IRRIGATION, SIMPLE, LAVAGE AND/OR INSTILLATION	Yes
61580	CPT/HCPCS	CRANIOFACIAL APPROACH TO ANTERIOR CARANIAL FOSSA; EXTRADURALINCLUDING LATERAL RHONOTOMY, ETHMOIDECTOMY, SPHENOIDECTOMY	Yes
45386	CPT/HCPCS	COLONOSCOPY, FLEXIBLE; WITH TRANSENDOSCOPIC BALLOON DILATION	Yes
65280	CPT/HCPCS	REPAIR OF LACERATION; CORNEA AND/OR SCLERA, PERFORATING, NOT INVOLVING UVEAL TISSUE	Yes
27358	CPT/HCPCS	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR; WITH INTERNAL FIXATION (LIST IN ADDITION TO 27355, 27356	Yes
50940	CPT/HCPCS	DELIGATION OF URETER	Yes
23680	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN SHOULDER DISLOCATION, WITH SURGICAL OR ANATOMICAL NECK FRACTURE	Yes
11440	CPT/HCPCS	EXCISION, BENIGN LESION INCL MARGINS, (UNLS LSTD ELSWR) FACEEARS, EYELIDS, NOSE, LIPS, MUCOUS MEMB, EX DIAM 0.5CM ORLESS	Yes
67570	CPT/HCPCS	OPTIC NERVE DECOMPRESSION(EG, INCISION OR FENESTRATION OF OPTIC NERVE SHEATH)	Yes
67331	CPT/HCPCS	STRABISMUS SURGERY ON PATIENT WITH PREVIOUS EYE SURGERY OR INJURY THAT DID NOT INVOLVE THE EXTRAOCULAR MUSCLES	Yes
42699	CPT/HCPCS	UNLISTED PROCEDURE, SALIVARY GLANDS OR DUCTS	Yes
21261	CPT/HCPCS	PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; COMBINED INTRA- AND EXTRACRANIAL APPROACH	Yes
G0268	CPT/HCPCS	REMOVAL OF IMPACTED CERUMEN (ONE OR BOTH EARS) BY PHYSICIAN ON SAME DATE OF AS AUDIOLOGIC FUNCTION TESTING	Yes
11101	CPT/HCPCS	BIOPSY OF SKIN, SUBCUTANEOUS TISSUE AND/OR MUCOUS MEMBRANE (INCLUDING SIMPLE CLOSURE), EACH ADDITIONAL LESION	Yes
58740	CPT/HCPCS	LYSIS OF ADHESIONS (SALPINGOLYSIS, OVARIOLYSIS)	Yes
24136	CPT/HCPCS	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), RADIAL HEAD OR NECK	Yes
58825	CPT/HCPCS	TRANSPOSITION, OVARY(S)	Yes
29530	CPT/HCPCS	STRAPPING; KNEE	Yes
22862	CPT/HCPCS	REVISION INCL REPLACEMENT OF TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC) ANTERIOR APPROACH, LUMBAR, SINGLE INTERSPACE	Yes
43753	CPT/HCPCS	GASTRIC INTUBATION AND ASPIRATION(S) THERAPEUTIC, NECESSITATING PHYSICIAN'S SKILL (EG, FOR GASTROINTESTINAL HEMORRHAGE),	Yes
63050	CPT/HCPCS	LAMINOPLASTY, CERVICAL, WITH DECOMPRESSION OF THE SPINAL CORD, TWO OR MORE VERTEBRAL SEGMENTS;	Yes
28555	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN TARSAL BONE DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL SKELETAL FIXATION	Yes
25675	CPT/HCPCS	TREATMENT OF CLOSED DISTAL RADIOULNAR DISLOCATION WITH MANIPULATION	Yes
19105	CPT/HCPCS	ABLATION, CRYOSURGICAL, OF FIBROADENOMA, INCLUDING ULTRASOUND GUIDANCE, EACH FIBROADENOMA	Yes
67966	CPT/HCPCS	EXCISION AND REPAIR OF EYELID, INVOLVING LID MARGIN, TARSUS, CONJUNCTIVA, CANTHUS, OR FULL THICKNESS, MAY INCLUDE PR	Yes
28001	CPT/HCPCS	*INCISION AND DRAINAGE, INFECTED BURSA, FOOT	Yes
23670	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN SHOULDER DISLOCATION, WITH FRACTURE OF GREATER TUBEROSITY	Yes
0447T	CPT/HCPCS	REMOVAL OF IMPLANTABLE INTERSTITIAL GLUCOSE SENSOR FROM SUBCUTANEOUS POCKET VIA INCISION	Yes
28240	CPT/HCPCS	TENOTOMY, LENGTHENING, OR RELEASE, ABDUCTOR HALLUCIS MUSCLE	Yes
15820	CPT/HCPCS	BLEPHAROPLASTY, LOWER EYELID;	Yes
28360	CPT/HCPCS	RECONSTRUCTION, CLEFT FOOT	Yes
54692	CPT/HCPCS	LAPAROSCOPY, SURGICAL; ORCHIOPEXY FOR INTRA-ABDOMINAL TESTIS	Yes
63075	CPT/HCPCS	DISKECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOT(S), INCLUDING OSTEOPHYTECTOMY; CERVICAL, SINGL	Yes

31786	CPT/HCPCS	EXCISION OF TRACHEAL TUMOR OR CARCINOMA; THORACIC	Yes
36226	CPT/HCPCS	SELECTIVE CATHETER PLACEMENT, VERTEBRAL ARTERY, UNILATERAL, WITH ANGIOGRAPHY OF THE IPSILATERAL VERTEBRAL CIRCULATION AND	Yes
54324	CPT/HCPCS	ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISION); WITH URETHROPLASTY BY LOCAL	Yes
21199	CPT/HCPCS	OSTEOTOMY, MANDIBLE, SEGMENTAL WITH GENIOGLOSSUS ADVANCEMENT	Yes
24071	CPT/HCPCS	EXCISION, TUMOR, SOFT TISSUE OF UPPER ARM OR ELBOW AREA, SUBCUTANEOUS; 3 CM OR GREATER	Yes
33427	CPT/HCPCS	VALVULOPLASTY, MITRAL VALVE, WITH CARDIOPULMONARY BYPASS; RADICAL RECONSTRUCTION WITH OR WITHOUT RING	Yes
61623	CPT/HCPCS	ENDOVASCULAR TEMPORARY BALLOON ARTERIAL OCCLUSION, HEAD OR NECK INCLUDING SELECTIVE CATHETERIZATION OF VESSEL TO BE OCC	Yes
21147	CPT/HCPCS	RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, ANY DIRECTION, REQUIRING BONE GRAFTS (INCLUDES OBTAINING	Yes
36576	CPT/HCPCS	REPAIR OF CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT OR PUMP, CENTRAL OR PERIPHERAL INSERTION SITE	Yes
21029	CPT/HCPCS	REMOVAL BY CONTOURING OF BENIGN TUMOR OF FACIAL BONE (EG, FIBROUS DYSPLASIA)	Yes
44151	CPT/HCPCS	COLECTOMY, TOTAL, ABDOMINAL, WITHOUT PROCTECTOMY; WITH CONTINENT ILEOSTOMY	Yes
58820	CPT/HCPCS	DRAINAGE OF OVARIAN ABSCESS; VAGINAL APPROACH	Yes
64736	CPT/HCPCS	TRANSECTION OR AVULSION OF; MENTAL NERVE	Yes
58550	CPT/HCPCS	LAPAROSCOPY, SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250GM;	Yes
35321	CPT/HCPCS	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; AXILLARY-BRACHIAL	Yes
37600	CPT/HCPCS	LIGATION; EXTERNAL CAROTID ARTERY	Yes
67105	CPT/HCPCS	REPAIR OF RETINAL DETACHMENT, INCLUDING DRAINAGE SUBRETINAL FLUID, WHEN PERFORMED; PHOTOCOAGULATION,	Yes
27217	CPT/HCPCS	OPEN TREATMENT OF ANTERIOR RING FRACTURE AND/OR DISLOCATION WITH INTERNAL FIXATION	Yes
26499	CPT/HCPCS	CORRECTION CLAW FINGER, OTHER METHODS	Yes
36596	CPT/HCPCS	MECHANICAL REMOVAL OF INTRALUMINAL (INTRACATHETER) OBSTRUCTIVE MATERIAL FROM CENTRAL VENOUS DEVICE THROUGH DEVICE LUMEN	Yes
35121	CPT/HCPCS	DIRECT REPAIR OF ANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR WITHOUT PATCH GRAFT; FOR ANEURYSM	Yes
21077	CPT/HCPCS	IMPRESSION AND CUSTOM PREPARATION; ORBITAL PROSTHESIS	Yes
21194	CPT/HCPCS	RECONSTRUCTION OF MANDIBULAR RAMI, HORIZONTAL, VERTICAL, "C", OR "L" OSTEOTOMY; WITH BONE GRAFT (INCLUDES OBTAINING GRAFT)	Yes
64570	CPT/HCPCS	REMOVAL OF CRANIAL NERVE (EG, VAGUS NERVE) NEUROSTIMULATOR ELECTRODE ARRAY AND PULSE GENERATOR	Yes
27472	CPT/HCPCS	REPAIR, NONUNION OR MALUNION, FEMUR, DISTAL TO HEAD AND NECK; WITH ILIAC OR OTHER AUTOGENOUS BONE GRAFT (INCLUDES OBTAINING	Yes
24330	CPT/HCPCS	FLEXOR-PLASTY, ELBOW (EG, STEINDLER TYPE ADVANCEMENT);	Yes
47800	CPT/HCPCS	RECONSTRUCTION, PLASTIC, OF EXTRAHEPATIC BILIARY DUCTS WITH END-TO-END ANASTOMOSIS	Yes
33771	CPT/HCPCS	REPAIR OF TRANSPOSITION OF GREAT ARTERIES W/VENTRICULAR SEPTAL DEFECT & SUBPULMONARY STENOSIS; W/SURGICAL ENLARGE VENTRICULAR SEPTAL DEFECT	Yes
37211	CPT/HCPCS	TRANSCATHETER THERAPY, ARTERIAL INFUSION FOR THROMBOLYSIS OTHER THAN CORONARY, INTRACRANIAL, ANY METHOD, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION	Yes
64862	CPT/HCPCS	SUTURE OF; LUMBAR PLEXUS	Yes
61735	CPT/HCPCS	CREATION OF LESION BY STEREOTACTIC METHOD, INCLUDING BURR HOLE(S) AND LOCALIZING AND RECORDING TECHNIQUES, SINGLE	Yes
22858	CPT/HCPCS	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTECTOMY FOR NERVE ROOT)	Yes
26860	CPT/HCPCS	ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION;	Yes

30580	CPT/HCPCS	REPAIR FISTULA; OROMAXILLARY (COMBINE WITH 31030 IF ANTROTOMY IS INCLUDED)	Yes
21100	CPT/HCPCS	*APPLICATION OF HALO TYPE APPLIANCE FOR MAXILLOFACIAL FIXATION, INCLUDES REMOVAL (SEPARATE PROCEDURE)	Yes
64605	CPT/HCPCS	DESTRUCTION BY NEUROLYTIC AGENT, TRIGEMINAL NERVE; SECOND AND THIRD DIVISION BRANCHES AT FORAMEN OVALE	Yes
45309	CPT/HCPCS	PROCTOSIGMOIDOSCOPY, RIGID; WITH REMOVAL OF SINGLE TUMOR, POLYP, OR OTHER LESION BY SNARE TECHNIQUE	Yes
36908	CPT/HCPCS	TRANSCATHETER PLACEMENT OF INTRAVASCULAR STENT(S), PERFORMED THROUGH DIALYSIS CIRCUIT, TO PERFORM THE STENTING	Yes
35141	CPT/HCPCS	DIRECT REPAIR OF ANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR WITHOUT PATCH GRAFT; FOR ANEURYSM	Yes
54680	CPT/HCPCS	TRANSPLANTATION OF TESTIS(ES) TO THIGH (BECAUSE OF SCROTAL DESTRUCTION)	Yes
30320	CPT/HCPCS	REMOVAL FOREIGN BODY, INTRANASAL; BY LATERAL RHINOTOMY	Yes
23500	CPT/HCPCS	TREATMENT OF CLOSED CLAVICULAR FRACTURE; WITHOUT MANIPULATION	Yes
29015	CPT/HCPCS	APPLICATION OF RISSER JACKET, LOCALIZER, BODY; INCLUDING HEAD	Yes
0347T	CPT/HCPCS	PLACEMENT OF INTERSTITIAL DEVICE(S) IN BONE FOR RADIOSTEREOMETRIC ANALYSIS (RSA)	Yes
22015	CPT/HCPCS	INCISION AND DRAINAGE, OPEN, OF DEEP ABSCESS (SUBFASCIAL), POSTERIOR SPINE; LUMBAR, SACRAL, OR LUMBOSACRAL	Yes
33881	CPT/HCPCS	ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA; NOT INVOLVING COVERAGE OF LEFT SUBCLAVIAN ARTERY ORIGIN, INITIAL ENDO	Yes
58752	CPT/HCPCS	TUBOUTERINE IMPLANTATION	Yes
60225	CPT/HCPCS	TOTAL THYROID LOBECTOMY, UNILATERAL; WITH CONTRALATERAL SUBTOTAL LOBECTOMY, INCLUDING ISTHMUS	Yes
41017	CPT/HCPCS	EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF FLOOR OF MOUTH; SUBMANDIBULAR	Yes
63267	CPT/HCPCS	LAMINECTOMY FOR EXCISION OR EVACUATION OF INTRASPINAL LESION OTHER THAN NEOPLASM, EXTRADURAL; LUMBAR	Yes
68540	CPT/HCPCS	EXCISION OF LACRIMAL GLAND TUMOR; FRONTAL APPROACH	Yes
36585	CPT/HCPCS	REPLACEMENT, COMPLETE, OF A PERIPHERALLY INSERTED CENTRAL VEACCESS DEVICE, WITH SUBCUTANEOUS PORT, THROUGH SAME VENOUS A	Yes
65175	CPT/HCPCS	REMOVAL OF OCULAR IMPLANT	Yes
61800	CPT/HCPCS	APPLICATION OF STEREOTACTIC HEADFRAME FOR STEREOTACTIC RADIOSURGERY	Yes
51600	CPT/HCPCS	*INJECTION PROCEDURE FOR CYSTOGRAPHY OR VOIDING URETHROCYSTOGRAPHY	Yes
28072	CPT/HCPCS	SYNOVECTOMY; METATARSOPHALANGEAL JOINT, EACH	Yes
27893	CPT/HCPCS	POSTERIOR COMPARTMENT(S) ONLY, WITH DEBRIDEMENT OF NONVIABLE MUSCLE AND/OR NERVE	Yes
15878	CPT/HCPCS	SUCTION ASSISTED LIPECTOMY; UPPER EXTREMITY	Yes
24675	CPT/HCPCS	OPEN TREATMENT OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERAL, INCLUDES INTERNAL FIXATION, WHEN PERFORMED	Yes
63615	CPT/HCPCS	STEREOTACTIC BIOPSY, ASPIRATION, OR EXCISION OF LESION, SPINAL CORD	Yes
25116	CPT/HCPCS	RADICAL EXCISION OF BURSA, SYNOVIA OF WRIST, OR FOREARM TENDON SHEATHS (EG, TENOSYNOVITIS, FUNGUS, TBC, OR OTHER GRANU	Yes
22600	CPT/HCPCS	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE INTERSPACE; CERVICAL BELOW C2 SEGMENT	Yes
15770	CPT/HCPCS	GRAFT; DERMA-FAT-FASCIA	Yes
27328	CPT/HCPCS	EXCISION, TUMOR, SOFT TISSUE OF THIGH OR KNEE AREA, SUBFASCIAL (EG, INTRAMUSCULAR); LESS THAN 5 CM	Yes
45550	CPT/HCPCS	PROCTOPEXY WITH SIGMOID RESECTION; ABDOMINAL APPROACH	Yes
26352	CPT/HCPCS	FLEXOR TENDON REPAIR OR ADVANCEMENT, SINGLE, NOT IN "NO MAN'S LAND"; SECONDARY WITH FREE GRAFT (INCLUDES OBTAIN	Yes
62263	CPT/HCPCS	PERCUTANEOUS LYSIS OF EPIDURAL ADHESIONS USING SOLUTION INJ,MULT ADHESIOLYSIS SESSIONS,2 OR MORE DAYS;INCL RAD LOC, CONT	Yes
68371	CPT/HCPCS	HARVESTING CONJUNCTIVAL ALLOGRAFT, LIVING DONOR	Yes
29131	CPT/HCPCS	APPLICATION OF FINGER SPLINT; DYNAMIC	Yes

63055	CPT/HCPCS	TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR NERVE ROOT(S) (EG, HERNIATED INTERVERTEBRA	Yes
21244	CPT/HCPCS	RECONSTRUCTION OF MANDIBLE, EXTRAORAL, WITH TRANSOSTEAL BONE PLATE (EG, MANDIBULAR STAPLE BONE PLATE)	Yes
40525	CPT/HCPCS	EXCISION OF LIP; FULL THICKNESS, RECONSTRUCTION WITH LOCAL FLAP (EG, ESTLANDER OR FAN)	Yes
42961	CPT/HCPCS	CONTROL OROPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, POSTTONSILLECTOMY); COMPLICATED, REQUIRING	Yes
0313T	CPT/HCPCS	VAGUS NERVE BLOCKING THERAPY; LAPAROSCOPIC REVISION OR REPLACEMENT OF VAGAL TRUNK NEUROSTIMULATOR ELECTRODE ARRAY, INCLU	Yes
26357	CPT/HCPCS	FLEXOR TENDON REPAIR OR ADVANCEMENT, SINGLE, IN "NO MAN'S LAND"; SECONDARY, EACH TENDON	Yes
41850	CPT/HCPCS	DESTRUCTION OF LESION (EXCEPT EXCISION), DENTOALVEOLAR STRUCTURES	Yes
33619	CPT/HCPCS	REPAIR OF SINGLE VENTRICLE W/AORTIC OUTFLOW OBSTRUCTION & AORTIC ARCH HYPOPLASIS (HYPOPLASTIC LEFT HEART SYNDROME)	Yes
27076	CPT/HCPCS	RADICAL RESECTION OF TUMOR; ILIUM, INCLUDING ACETABULUM, BOTH PUBIC RAMI, OR ISCHIUM AND ACETABULUM	Yes
29825	CPT/HCPCS	ARTHROSCOPY, SHOULDER, SURGICAL; WITH LYSIS AND RESECTION OF ADHESIONS, WITH OR WITHOUT MANIPULATION	Yes
40520	CPT/HCPCS	EXCISION OF LIP; V-EXCISION WITH PRIMARY DIRECT LINEAR CLOSURE	Yes
63610	CPT/HCPCS	STEREOTACTIC STIMULATION OF SPINAL CORD, PERCUTANEOUS, SEPARATE PROCEDURE NOT FOLLOWED BY OTHER SURGERY	Yes
61540	CPT/HCPCS	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR LOBECTOMY, OTHERTHAN TEMPORAL LOBE, PARTIAL OR TOTAL, WITHOUT ELECTROCORTICO	Yes
0440T	CPT/HCPCS	ABLATION, PERCUTANEOUS, CRYOABLATION, INCLUDES IMAGING GUIDANCE; UPPER EXTREMITY DISTAL/PERIPHERAL NERVE	Yes
46700	CPT/HCPCS	ANOPLASTY, PLASTIC OPERATION FOR STRICTURE; ADULT	Yes
46030	CPT/HCPCS	*REMOVAL OF ANAL SETON, OTHER MARKER	Yes
64487	CPT/HCPCS	TRANSVERSUS ABDOMINIS PLANE (TAP) BLOCK (ABDOMINAL PLANE BLOCK, RECTUS SHEATH BLOCK) UNILATERAL; BY CONTINUOUS	Yes
15839	CPT/HCPCS	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); OTHER AREA	Yes
23460	CPT/HCPCS	CAPSULORRHAPHY FOR RECURRENT DISLOCATION, ANTERIOR, ANY TYPE; WITH BONE BLOCK	Yes
61651	CPT/HCPCS	ENDOVASCULAR INTRA CRANIAL PROLONGED ADMINISTRATION OF PHARMACOLOGIC AGENT(S) OTHER THAN FOR THROMBOLYSIS, EACH ADD	Yes
67314	CPT/HCPCS	STRABISMUS SURGERY, RECESSION OR RESECTION PROCEDURE (PATIENT NOT PREVIOUSLY OPERATED ON); ONE VERTICAL MUSCLE (EXCLUDI	Yes
46615	CPT/HCPCS	ANOSCOPY; WITH ABLATION OF TUMOR(S), POLYP(S) OR OTHER LESION(S) NOT AMENABLE TO REMOVAL BY HOT BIOPSY FORCEPS OR BIPOPL	Yes
44800	CPT/HCPCS	EXCISION OF MECKEL'S DIVERTICULUM (DIVERTICULECTOMY) OR OMPHALOMESENTERIC DUCT	Yes
27158	CPT/HCPCS	OSTEOTOMY, PELVIS, BILATERAL FOR CONGENITAL MALFORMATION	Yes
50040	CPT/HCPCS	NEPHROSTOMY, NEPHROTOMY WITH DRAINAGE	Yes
49435	CPT/HCPCS	INSERTION OF SUBCUTANEOUS EXTENSION TO INTRAPERITONEAL CANNULA OR CATHETER WITH REMOTE CHEST EXIT SITE	Yes
25250	CPT/HCPCS	REMOVAL OF WRIST PROSTHESIS; (SEPARATE PROCEDURE)	Yes
61705	CPT/HCPCS	SURGERY OF ANEURYSM, VASCULAR MALFORMATION OR CAROTID-CAVERNOUS FISTULA; BY INTRACRANIAL AND CERVICAL OCCLUSION OF CAR	Yes
45391	CPT/HCPCS	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH ENDOSCOPIC ULTRASOUND EXAMINATION	Yes
33391	CPT/HCPCS	VALVULOPLASTY, AORTIC VALVE, OPEN, WITH CARDIOPULMONARY BYPASS; COMPLEX (EG, LEAFLET EXTENSION, LEAFLET RESECTION,	Yes
58562	CPT/HCPCS	HYSTEROSCOPY, SURGICAL; REMOVAL OF AN IMPACTED FOREIGN BODY	Yes
66985	CPT/HCPCS	INSERTION OR EXCHANGE OF INTRAOCULAR LENS PROSTHESIS (SECONDARY IMPLANT) NOT ASSOCIATED WITH CONCURRENT CATARACT REMOVA	Yes

27618	CPT/HCPCS	EXCISION, TUMOR, SOFT TISSUE OF LEG OR ANKLE AREA, SUBCUTANEOUS; LESS THAN 3 CM	Yes
52300	CPT/HCPCS	CYSTOURETHROSCOPY; WITH RESECTION OR FULGURATION OF URETEROCELE(S), UNILATERAL OR BILATERAL	Yes
62326	CPT/HCPCS	INJECTION(S), INCLUDING INDWELLING CATHETER PLACEMENT, LUMBAR OR SACRAL (CAUDAL); WITHOUT IMAGING GUIDANCE	Yes
26605	CPT/HCPCS	TREATMENT OF CLOSED METACARPAL FRACTURE, SINGLE; WITH MANIPULATION, EACH BONE	Yes
41100	CPT/HCPCS	BIOPSY OF TONGUE; ANTERIOR TWO-THIRDS	Yes
65286	CPT/HCPCS	REPAIR OF LACERATION; APPLICATION OF TISSUE GLUE, WOUNDS OF CORNEA AND/OR SCLERA	Yes
25392	CPT/HCPCS	OSTEOPLASTY, RADIUS AND ULNA; SHORTENING (EXCLUDING 64876)	Yes
61108	CPT/HCPCS	TWIST DRILL HOLE FOR SUBDURAL OR VENTRICULAR PUNCTURE; FOR EVACUATION AND/OR DRAINAGE OF SUBDURAL HEMATOMA	Yes
43757	CPT/HCPCS	DUODENAL INTUBATION AND ASPIRATION, DIAGNOSTIC, INCLUDES IMAGE GUIDANCE; COLLECTION OF MULTIPLE FRACTIONAL SPECIMENS WITH PANCREATIC OR GALLBLADDER S+	Yes
27730	CPT/HCPCS	ARREST, EPIPHYSEAL (EPIPHYSEODESIS), OPEN; DISTAL TIBIA	Yes
45381	CPT/HCPCS	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH DIRECTED SUBMUCOSAL INJECTION(S), ANY SUBSTANCE	Yes
61697	CPT/HCPCS	SURGERY OF COMPLEX INTRACRANIAL ANEURYSM, INTRACRANIAL APPROACH; CAROTID CIRCULATION	Yes
52648	CPT/HCPCS	LASER VAPORIZATION OF PROSTATE, INCLUDING CONTROL OF POSTOPERATIVE BLEEDING, COMPLETE	Yes
21453	CPT/HCPCS	TREATMENT OF OPEN MANDIBULAR FRACTURE; WITH MANIPULATION	Yes
65235	CPT/HCPCS	REMOVAL OF FOREIGN BODY, INTRAOCULAR; FROM ANTERIOR CHAMBER OR LENS	Yes
43401	CPT/HCPCS	TRANSECTION OF ESOPHAGUS WITH REPAIR, FOR ESOPHAGEAL VARICES	Yes
15860	CPT/HCPCS	INTRAVENOUS INJECTION OF AGENT (EG, FLUORESCIN) TO TEST BLOOD FLOW IN FLAP OR GRAFT	Yes
69644	CPT/HCPCS	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY, TYMPANIC MEMBRANE REPAIR); WITH INTACT OR	Yes
33503	CPT/HCPCS	ANOMALOUS CORONARY ARTERY; GRAFT, WITHOUT CARDIOPULMONARY BYPASS	Yes
28545	CPT/HCPCS	TREATMENT OF CLOSED TARSAL BONE DISLOCATION; REQUIRING ANESTHESIA	Yes
21700	CPT/HCPCS	DIVISION OF SCALENUS ANTICUS; WITHOUT RESECTION OF CERVICAL RIB	Yes
61596	CPT/HCPCS	TRANSCOCHLEAR APPROACH TO POSTERIOR CRANIAL FOSSA, JUGULAR FORAMEN OR MIDLINE SKULL BASE, INCLUDING LABYRINTHECTOMY, DEC	Yes
29828	CPT/HCPCS	ARTHROSCOPY, SHOULDER, SURGICAL; BICEPS TENODESIS	Yes
36262	CPT/HCPCS	REMOVAL OF IMPLANTED INTRA-ARTERIAL INFUSION PUMP	Yes
29868	CPT/HCPCS	ARTHROSCOPY, KNEE, SURGICAL; MENISCAL TRANSPLANTATION, MEDIAL OR LATERAL	Yes
62322	CPT/HCPCS	INJECTION(S) OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCES(S) LUMBAR OR SACRAL (CAUDAL); WITHOUT IMAGING GUIDANCE	Yes
31584	CPT/HCPCS	LARYNGOPLASTY; WITH OPEN REDUCTION AND FIXATION OF (E.G. PLATING) OF FRACTURE INCLUDES TRACHEOSTOMY IF PERFORMED	Yes
66990	CPT/HCPCS	USE OF OPHTHALMIC ENDOSCOPE	Yes
20822	CPT/HCPCS	REPLANTATION, DIGIT, EXCLUDING THUMB (INCLUDES DISTAL TIP TO SUBLIMIS TENDON INSERTION); COMPLETE AMPUTATION	Yes
24640	CPT/HCPCS	*TREATMENT OF RADIAL HEAD SUBLUXATION IN CHILD, "NURSEMAID ELBOW", WITH MANIPULATION	Yes
29086	CPT/HCPCS	APPLICATION, CAST; FINGER	Yes
33956	CPT/HCPCS	EXTRACORPOREAL MEMBRANE OXYGENATION;INSERTION OF CENTRAL CANNULA(E) BY STERNOTOMY OR THORACOTOMY 6 YEARS AND OLDER	Yes
20979	CPT/HCPCS	LOW INTENSITY ULTRASOUND STIMULATION TO AID BONE HEALING, NONIVASIVE	Yes
27422	CPT/HCPCS	RECONSTRUCTION FOR RECURRENT DISLOCATING PATELLA; WITH EXTENSOR REALIGNMENT AND/OR MUSCLE ADVANCEMENT OR RELEASE (CAMP	Yes
33964	CPT/HCPCS	EXTRACORPOREAL MEMBRANE OXYGENATION;REPOSITION CENTRAL CANNULA(E) BY STERNOTOMY OR THORACOTOMY, 6 YEARS AND OLDER	Yes

44390	CPT/HCPCS	COLONOSCOPY THROUGH STOMA; WITH REMOVAL OF FOREIGN BODY(S)	Yes
33367	CPT/HCPCS	TRANSCATHETER AORTIC VALVE REPLACEMENT WITH PROSTHETIC VALVE ; CARDIOPULMONARY BYPASS SUPPORT WITH PERCUTANEOUS PERIPHER	Yes
45116	CPT/HCPCS	PROCTECTOMY, PARTIAL, WITH ANASTOMOSIS; TRANSACRAL APPROACH ONLY (KRASKE TYPE)	Yes
27724	CPT/HCPCS	REPAIR OF NONUNION OR MALUNION, TIBIA; WITH ILIAC OR OTHER AUTOGRAFT (INCLUDES OBTAINING GRAFT)	Yes
20962	CPT/HCPCS	BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS; OTHER BONE GRAFT (SPECIFY)	Yes
50075	CPT/HCPCS	NEPHROLITHOTOMY; REMOVAL OF LARGE STAGHORN CALCULUS FILLING RENAL PELVIS AND CALYCES (INCLUDING ANATROPHIC PYELOLITHOTO	Yes
41870	CPT/HCPCS	PERIODONTAL MUCOSAL GRAFTING	Yes
23625	CPT/HCPCS	TREATMENT OF CLOSED GREATER TUBEROSITY FRACTURE; WITH MANIPULATION	Yes
61760	CPT/HCPCS	STEREOTACTIC IMPLANTATION OF DEPTH ELECTRODES INTO THE CEREBRUM FOR LONG TERM SEIZURE MONITORING	Yes
23462	CPT/HCPCS	CAPSULORRHAPHY FOR RECURRENT DISLOCATION, ANTERIOR, ANY TYPE; WITH CORACOID PROCESS TRANSFER	Yes
33500	CPT/HCPCS	REPAIR OF CORONARY ARTERIOVENOUS OR ARTERIOCARDIAC CHAMBER FISTULA	Yes
53860	CPT/HCPCS	TRANSURETHRAL RADIOFREQUENCY MICRO-REMODELING OF THE FEMALE BLADDER NECK AND PROXIMAL URETHRA FOR STRESS URINARY INCONTI	Yes
65290	CPT/HCPCS	REPAIR OF WOUND, EXTRAOCULAR MUSCLE, TENDON AND/OR TENON'S CAPSULE	Yes
34842	CPT/HCPCS	ENDOVASCULAR REPAIR OF VISCERAL AORTA (EG, ANEURYSM) WHEN PERFORMED;INCLUDING TWO VISCERAL ARTERY ENDOPROSTHESIS	Yes
26040	CPT/HCPCS	FASCIOTOMY, PALMAR, FOR DUPUYTREN'S CONTRACTURE; CLOSED (SUBCUTANEOUS)	Yes
61868	CPT/HCPCS	TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY WITH STER STEREOTACTIC IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRA	Yes
61616	CPT/HCPCS	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF BASE OF POSTERIOR CRANIAL FOSSA, JUGULAR FORAMEN,	Yes
25443	CPT/HCPCS	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; SCAPHOID (NAVICULAR)	Yes
66250	CPT/HCPCS	REVISION OR REPAIR OF OPERATIVE WOUND OF ANTERIOR SEGMENT, ANY TYPE, EARLY OR LATE, MAJOR OR MINOR PROCEDURE	Yes
46285	CPT/HCPCS	FISTULECTOMY; SECOND STAGE	Yes
25024	CPT/HCPCS	DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST, FLEXOR AND EXTENSOR COMPARTMENT; WITHOUT DEBRIDEMENT OF NONVIABLE MUSCL	Yes
22116	CPT/HCPCS	OSTEOTOMY OF SPINE,POSTERIOR OR POSTEROLATERAL APPROACH ONE VERTEBRA SEGMENT; EACH ADDITIONAL VERTEBRAL SEGMENT	Yes
36660	CPT/HCPCS	*CATHETERIZATION, UMBILICAL ARTERY, NEWBORN, FOR DIAGNOSIS OR THERAPY	Yes
S2079	CPT/HCPCS	LAPAROSCOPIC ESOPHAGOMYOTOMY (HELLER TYPE)	Yes
11641	CPT/HCPCS	EXCISION, MALIGNANT LESION INCL MARGINS, FACE, EARS, EYELIDSNOSE, LIPS; EXCISED DIAMETER 0.6 TO 1.0CM	Yes
61567	CPT/HCPCS	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR MULTIPLE SUBPIALTRANSECTIONS, WITH ELECTROCORTICOGRAPHY DURING SURGERY	Yes
66840	CPT/HCPCS	REMOVAL OF LENS MATERIAL; ASPIRATION TECHNIQUE, ONE OR MORE STAGES	Yes
28805	CPT/HCPCS	AMPUTATION, FOOT; TRANSMETATARSAL	Yes
55815	CPT/HCPCS	PROSTATECTOMY, PERINEAL RADICAL; WITH BILATERAL PELVIC LYMPHADENECTOMY, INCLUDING EXTERNAL ILIAC, HYPOGASTRIC AND	Yes
32488	CPT/HCPCS	REMOVAL OF LUNG,OTHER THAN TOTAL PNEUMONECTOMY;ALL REMAININGLUNG FOLLOWING PREVIOUS REMOVAL OF PORTION OF LUNG	Yes
33770	CPT/HCPCS	REPAIR OF TRANSPOSITION OF GREAT ARTERIES W/VENTRICULAR SEPTAL DEFECT & SUBPUL STEN;W/O SURGICAL ENLARGE VENTRI SEPTAL D	Yes
42180	CPT/HCPCS	REPAIR, LACERATION OF PALATE; UP TO 2 CM	Yes

22513	CPT/HCPCS	PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION (FRACTURE REDUCTION AND BONE BIOPSY INCLUDED	Yes
31661	CPT/HCPCS	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCL FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH BRONCHIAL THERMOPLASTY, 2 OR MORE LOBES	Yes
61537	CPT/HCPCS	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR LOBECTOMY, TEMPOTEMPORAL LOBE, WITHOUT ELECTROCORTICOGRAPHY DURING SURGERY	Yes
61641	CPT/HCPCS	BALLOON DILATATION OF INTRACRANIAL VASOSPASM, PERCUTANEOUS; EACH ADDITIONAL VESSEL IN SAME VASCULAR TERRITORY	Yes
49062	CPT/HCPCS	DRAINAGE OF EXTRAPERITONEAL LYMPHOCELE TO PERITONEAL CAVITY, OPEN	Yes
61150	CPT/HCPCS	BURR HOLE(S) OR TREPHINE; WITH DRAINAGE OF BRAIN ABSCESS OR CYST	Yes
50700	CPT/HCPCS	URETEROPLASTY, PLASTIC OPERATION ON URETER (EG, STRICTURE)	Yes
43810	CPT/HCPCS	GASTRODUODENOSTOMY	Yes
26676	CPT/HCPCS	TREATMENT OF CLOSED CARPOMETACARPAL DISLOCATION, OTHER THAN BENNETT FRACTURE, SINGLE, WITH MANIPULATION; WITH PERCUTANEO	Yes
49557	CPT/HCPCS	REPAIR RECURRENT FEMORAL HERNIA; INCARCERATED OR STRANGULATED	Yes
50948	CPT/HCPCS	LAPAROSCOPY, SURGICAL URETERONEOCYSTOSTOMY W/O CYSTOSCOPY AND URETERAL STENT PLACEMENT	Yes
0267T	CPT/HCPCS	IMPLANTATION OR REPLACEMENT OF CAROTID SINUS BAROREFLEX ACTIVATION DEVICE; LEAD ONLY, UNILATERAL.	Yes
66830	CPT/HCPCS	REMOVAL OF SECONDARY MEMBRANOUS CATARACT (OPACIFIED POSTERIOR LENS CAPSULE AND/OR ANTERIOR HYALOID) WITH CORNEO-SCLER	Yes
63307	CPT/HCPCS	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR EXCISION OF INTRASPINAL LESION, SINGLE SEG	Yes
36011	CPT/HCPCS	SELECTIVE CATHETER PLACEMENT, VENOUS SYSTEM; FIRST ORDER BRANCK (EG, RENAL VEIN, JUGULAR VEIN)	Yes
17280	CPT/HCPCS	*DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER 0.5 CM/LESS	Yes
23400	CPT/HCPCS	SCAPULOPEXY (EG, SPRENGEL'S DEFORMITY OR FOR PARALYSIS)	Yes
31085	CPT/HCPCS	SINUSOTOMY FRONTAL; OBLITERATIVE, WITH OSTEOPLASTIC FLAP, CORONAL INCISION	Yes
20225	CPT/HCPCS	BIOPSY, BONE, TROCAR OR NEEDLE; DEEP (VERTEBRAL BODY, FEMUR)	Yes
29700	CPT/HCPCS	REMOVAL OR BIVALVING; GAUNTLET, BOOT OR BODY CAST	Yes
27286	CPT/HCPCS	ARTHRODESIS, HIP JOINT (INCLUDES OBTAINING GRAFT); WITH SUBTROCHANTERIC OSTEOTOMY	Yes
35331	CPT/HCPCS	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; ABDOMINAL AORTA	Yes
28100	CPT/HCPCS	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR CALCANEUS;	Yes
49020	CPT/HCPCS	DRAINAGE OF PERITONEAL ABSCESS OR LOCALIZED PERITONITIS, EXCLUSIVE OF APPENDICEAL ABSCESS, TRANSABDOMINAL	Yes
50060	CPT/HCPCS	NEPHROLITHOTOMY; REMOVAL OF CALCULUS	Yes
40810	CPT/HCPCS	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITHOUT REPAIR	Yes
35666	CPT/HCPCS	BYPASS GRAFT, WITH OTHER THAN VEIN; FEMORAL-ANTERIOR TIBIAL, POSTERIOR TIBIAL, OR PERONEAL ARTERY	Yes
11623	CPT/HCPCS	EXCISION, MALIGNANT LESION INCL MARGINS, SCALP, NECK, HANDS, FEET, GENITALIA; EXCISED DIAMETER 2.1 TO 3.0CM	Yes
43620	CPT/HCPCS	GASTRECTOMY, TOTAL; INCLUDING INTESTINAL ANASTOMOSIS	Yes
57500	CPT/HCPCS	*BIOPSY, SINGLE OR MULTIPLE, OR LOCAL EXCISION OF LESION, WITH OR WITHOUT FULGURATION (SEPARATE PROCEDURE)	Yes
58561	CPT/HCPCS	HYSTEROSCOPIC REMOVAL OF FIBROIDS, W/REMOVAL OF LEIOMYOMATA	Yes
36245	CPT/HCPCS	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; EACH FIRST ORDER ABDOMINAL, PELVIC OR LOWER EXT ARTERY BRANCH, WITHIN A VASCULAR FAMILY	Yes
54400	CPT/HCPCS	INSERTION OF PENILE PROSTHESIS; NON-INFLATABLE (SEMI-RIGID)	Yes
66984	CPT/HCPCS	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (ONE STAGE PROCEDURE), MANUAL OR MECHANICA	Yes

0071T	CPT/HCPCS	FOCUSED ULTRASOUND ABLATION OF UTERINE LEIOMYOMATA, INCLUDING MR GUIDANCE; TOTAL LEIOMYOMATA VOLUME LESS THAN 200 CC OF TISSUE	Yes
33141	CPT/HCPCS	TRANSMYOCARDIAL LASER REVASCULARIZATION, BY THORACOTOMY; PERFORMED AT THE SAME TIME OF OTHER OPEN CARDIAC PROCEDURES	Yes
21160	CPT/HCPCS	RECONSTRUCTION MIDFACE, LEFORT III (EXTRA AND INTRACRANIAL) WITH FOREHEAD ADVANCEMENT (EG, MONO BLOC), REQUIRING BON	Yes
35021	CPT/HCPCS	DIRECT REPAIR OF ANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR WITHOUT PATCH GRAFT; FOR ANEURYSM	Yes
36140	CPT/HCPCS	INTRODUCTION OF NEEDLE OR INTRACATHETER; UPPER OR LOWER EXTREMITY ARTERY	Yes
27227	CPT/HCPCS	OPENT OF ACETABULAR FRACTURE(S) INVOLVING ANTERIOR OR POSTERIOR(1)COLUMN,OR A FRACTURE RUNNING TRANSVERSELY ACROSS	Yes
35216	CPT/HCPCS	REPAIR BLOOD VESSEL, DIRECT; INTRATHORACIC, WITHOUT BYPASS	Yes
61864	CPT/HCPCS	TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY WITH STEREOTACTIC IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY	Yes
33977	CPT/HCPCS	REMOVAL OF VENTRICULAR ASSIST; SINGLE VENTRICLE SUPPORT	Yes
26105	CPT/HCPCS	ARTHROTOMY FOR SYNOVIAL BIOPSY; METACARPOPHALANGEAL JOINT	Yes
38999	CPT/HCPCS	UNLISTED PROCEDURE, HEMIC OR LYMPHATIC SYSTEM	Yes
43130	CPT/HCPCS	DIVERTICULECTOMY OF HYPOPHARYNX OR ESOPHAGUS, WITH OR WITHOUT MYOTOMY; CERVICAL APPROACH	Yes
47122	CPT/HCPCS	HEPATECTOMY, RESECTION OF LIVER; TRISEGMENTECTOMY	Yes
25151	CPT/HCPCS	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS); RADIUS	Yes
29305	CPT/HCPCS	APPLICATION OF HIP SPICA CAST; ONE LEG	Yes
61055	CPT/HCPCS	CISTERNAL OR LATERAL CERVICAL (C1-C2) PUNCTURE; WITH INJECTION OF MEDICATION OR OTHER SUBSTANCE FOR DIAGNOSIS OR TREATMENT	Yes
51100	CPT/HCPCS	ASPIRATION OF BLADDER, BY NEEDLE	Yes
27698	CPT/HCPCS	SUTURE, SECONDARY REPAIR, TORN, RUPTURED OR SEVERED LIGAMENT, ANKLE, COLLATERAL (EG, WATSON-JONES PROCEDURE)	Yes
15838	CPT/HCPCS	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); SUBMENTAL FAT PAD	Yes
43261	CPT/HCPCS	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH BIOPSY, SINGLE OR MULTIPLE	Yes
43645	CPT/HCPCS	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH GASTRIC BYPASS AND SMALL INTESTINE RECONSTRUCTION TO LIMIT A	Yes
33962	CPT/HCPCS	EXTRACORPOREAL MEMBRANE OXYGENATION;REPOSITION PERIPHERAL CANNULA(E), OPEN, BIRTH THROUGH 6 YEARS OR OLDER (INCLUDES	Yes
25929	CPT/HCPCS	TRANSMETACARPAL AMPUTATION; SECONDARY CLOSURE OR SCAR REVISION	Yes
36252	CPT/HCPCS	SELECTIVE CATHETER PLACEMENT (FIRST-ORDER), MAIN RENAL ARTERYAND ANY ACCESSORY RENAL ARTERY(S) FOR RENAL ANGIOGRAPHY	Yes
42226	CPT/HCPCS	LENGTHENING OF PALATE, AND PHARYNGEAL FLAP	Yes
31020	CPT/HCPCS	SINUSOTOMY, MAXILLARY (ANTROTOMY); INTRANASAL	Yes
67550	CPT/HCPCS	ORBITAL IMPLANT (IMPLANT OUTSIDE MUSCLE CONE); INSERTION	Yes
21015	CPT/HCPCS	RADICAL RESECTION OF TUMOR (EG, SARCOMA), SOFT TISSUE OF FACE OR SCALP; LESS THAN 2 CM	Yes
33208	CPT/HCPCS	INSERTION OF PERMANENT PACEMAKER WITH TRANSVENOUS ELECTRODE(S); AV SEQUENTIAL	Yes
39499	CPT/HCPCS	UNLISTED PROCEDURE, MEDIASTINUM	Yes
61684	CPT/HCPCS	SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION; INFRATENTORIAL, SIMPLE	Yes
26123	CPT/HCPCS	FASCIECTOMY, PALMAR ONLY, WITH OR WITHOUT Z-PLASTY, OTHER LOCAL TISSUE REARRANGEMENT, OR SKIN GRAFTING (INCLUDES	Yes
21087	CPT/HCPCS	IMPRESSION AND CUSTOM PREPARATION; NASAL PROSTHESIS	Yes
23491	CPT/HCPCS	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT METHYL METHACRYLATE; PROXIMAL HUMERUS AND	Yes

40720	CPT/HCPCS	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; SECONDARY, BY RECREATION OF DEFECT AND RECLOSURE	Yes
49460	CPT/HCPCS	MEHNCL REMVL OF OBSTRUTIVE MATRL FROM GASTROSTMY, DUODENSTMY, JEJUNSTMY, GASTRO-JEJUNSTMY OR CECOSTMY TUBE, ANY METHD,	Yes
33202	CPT/HCPCS	INSERTION OF EPICARDIAL ELECTRODE(S); OPEN INCISION (EG, THORACOTOMY, MEDIAN STERNOTOMY, SUBXIPHOID APPROACH)	Yes
45540	CPT/HCPCS	PROCTOPEXY; ABDOMINAL APPROACH	Yes
21610	CPT/HCPCS	COSTOTRANSVERSECTOMY (SEPARATE PROCEDURE)	Yes
43847	CPT/HCPCS	GASTRIC RESTRICTIVE PROCEDURE, WITH GASTRIC BYPASS FOR MORBID OBESITY; WITH SMALL BOWEL RECONSTRUCION TO LIMIT ABSO	Yes
67914	CPT/HCPCS	REPAIR OF ECTROPION; SUTURE	Yes
15999	CPT/HCPCS	UNLISTED PROCEDURE, EXCISION PRESSURE ULCER	Yes
42820	CPT/HCPCS	TONSILLECTOMY AND ADENOIDECTOMY; UNDER AGE 12	Yes
55040	CPT/HCPCS	EXCISION OF HYDROCELE; UNILATERAL	Yes
24579	CPT/HCPCS	OPEN TREATMENT OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL, INCLUDES INTERNAL FIXATION, WHEN PERFORMED	Yes
44602	CPT/HCPCS	SUTURE OF SMALL INTESTINE (ENTERORRHAPHY) FOR PERFORATED ULCER, DIVERTICULUM, WOUND, INJURY RUPTURE; SINGLE PERFORATION	Yes
15945	CPT/HCPCS	EXCISION, ISCHIAL PRESSURE ULCER, WITH LOCAL OR REGIONAL SKIN FLAP CLOSURE; WITH OSTECTOMY	Yes
28475	CPT/HCPCS	TREATMENT OF CLOSED METATARSAL FRACTURE; WITH MANIPULATION, EACH	Yes
26110	CPT/HCPCS	ARTHROTOMY FOR SYNOVIAL BIOPSY; INTERPHALANGEAL JOINT, EACH	Yes
35363	CPT/HCPCS	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; COMBINED AORTOILIOFEMORAL	Yes
27524	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN PATELLAR FRACTURE, WITH REPAIR AND/OR EXCISION	Yes
23350	CPT/HCPCS	INJECTION PROCEDURE FOR SHOULDER ARTHROGRAPHY	Yes
35681	CPT/HCPCS	BYPASS GRAFT, COMPOSITE	Yes
S2404	CPT/HCPCS	REPAIR, MYELOMENINGOCELE IN THE FETUS, PROCEDURE PERFORMED IN UTERO	Yes
29916	CPT/HCPCS	ARTHROSCOPY, HIP, SURGICAL ; WITH LABRAL REPAIR	Yes
31781	CPT/HCPCS	EXCISION TRACHEAL STENOSIS AND ANASTOMOSIS; CERVICOTHORACIC	Yes
35907	CPT/HCPCS	EXCISION OF INFECTED GRAFT; ABDOMEN	Yes
0101T	CPT/HCPCS	EXTRACORPOREAL SHOCK WAVE INVOLVING MUSCULOSKELETAL SYSTEM, NOT OTHERWISE SPECIFIED	Yes
25240	CPT/HCPCS	EXCISION DISTAL ULNA (DARRACH TYPE PROCEDURE)	Yes
58543	CPT/HCPCS	LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G	Yes
37186	CPT/HCPCS	SECONDARY PERCUTANEOUS TRANSLUMINAL THROMBECTOMY NON-INTRACRANIAL(EG, NONPRIMARY MECHANICAL, SNARE BASKET, SUCTION TECHNIQUE), NONCORONARY, ARTERIAL	Yes
15835	CPT/HCPCS	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); BUTTOCK	Yes
33270	CPT/HCPCS	INSERTION OR REPLACEMENT OF PERMANENT SUBCUTANEOUS IMPLANTABLE DEFIBRILLATOR SYSTEM, WITH SUBCUTANEOUS	Yes
46945	CPT/HCPCS	HEMORRHOIDECTOMY, INTERNAL, BY LIGATION OTHER THAN RUBBER BAND; SINGLE HEMORRHOID COLUMN/GROUP, WITHOUT IMAGING GUIDANCE	Yes
12053	CPT/HCPCS	REPAIR INTERMEDIATE, WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES, 5.1CM TO 7.5CM	Yes
14041	CPT/HCPCS	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS AND/OR FEE	Yes
56442	CPT/HCPCS	HYMENOTOMY, SIMPLE INCISION	Yes
22633	CPT/HCPCS	ARTHRODESIS, COMBINED POSTERIOR OR POSTEROLATERAL TECHNIQUE WITH POSTERIOR INTERBODY TECHNIQUE INCLUDING LAMINECTOMY AND/OR DISCECTOMY SUFFICIENT TO +	Yes
50800	CPT/HCPCS	URETEROENTEROSTOMY, DIRECT ANASTOMOSIS OF URETER TO INTESTINE	Yes
64610	CPT/HCPCS	DESTRUCTION BY NEUROLYTIC AGENT, TRIGEMINAL NERVE; SECOND AND THIRD DIVISION BRANCHES AT FORAMEN OVALE UNDER RADIOLOGIC	Yes

67120	CPT/HCPCS	REMOVAL OF IMPLANTED MATERIAL, POSTERIOR SEGMENT; EXTRAOCULAR	Yes
30310	CPT/HCPCS	REMOVAL FOREIGN BODY, INTRANASAL; REQUIRING GENERAL ANESTHESIA	Yes
33975	CPT/HCPCS	IMPLANTATION OF VENTRICULAR ASSIST DEVICE; SINGLE VENTRICLE SUPPORT	Yes
63268	CPT/HCPCS	LAMINECTOMY FOR EXCISION OR EVACUATION OF INTRASPINAL LESION OTHER THAN NEOPLASM, EXTRADURAL; SACRAL	Yes
64890	CPT/HCPCS	NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, HAND OR FOOT; UP TO 4 CM LENGTH	Yes
39402	CPT/HCPCS	MEDIASTINOSCOPY; WITH LYMPH NODE BIOPSY(IES)(EG, LUNG CANCERSTAGING)	Yes
G0260	CPT/HCPCS	INJECTION PROCEDURE FOR SACROILIAC JOINT; PROVISION OF ANESTHETIC, STEROID	Yes
52330	CPT/HCPCS	CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION); WITH MANIPULATION, WITHOUT REMOVAL OF URETERAL CALCULUS	Yes
26765	CPT/HCPCS	OPEN TREATMENT OF DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB, INCLUDES INTERNAL FIXATION, WHEN PERFORMED, EACH	Yes
20665	CPT/HCPCS	*REMOVAL OF TONGS OR HALO APPLIED BY ANOTHER PHYSICIAN	Yes
22514	CPT/HCPCS	PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION, 1 VERTEBRAL BODY, UNILATERAL OR BILATERAL ANNULATI	Yes
61640	CPT/HCPCS	BALLOON DILATION OF INTRACRANIAL VASOSPASM, PERCUTANEOUS; INITIAL VESSEL	Yes
25130	CPT/HCPCS	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPALBONES;	Yes
45330	CPT/HCPCS	SIGMOIDOSCOPY, FLEXIBLE FIBEROPTIC; DIAGNOSTIC	Yes
15121	CPT/HCPCS	SPLIT GRAFT, FACE, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, AND/OR MULTIPLE DIGITS; EACH ADDITIONAL 100 SQ CM	Yes
28485	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN METATARSAL FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL SKELETAL FIXATION, EA	Yes
22870	CPT/HCPCS	INSERTION OF INTERLAMINAR/INTERSPINOUS PROCESS WITHOUT OPEN DECOMPRESSION OR FUSION, LUMBAR; SECOND LEVEL.	Yes
15847	CPT/HCPCS	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY); ABDOMEN (E.G. ABDOMINOPLASTY) (INCLUDES UMBILICAL TRANSPOSITION AND FASCIAL PL+	Yes
31576	CPT/HCPCS	LARYNGOSCOPY, FLEXIBLE; WITH BIOPS(IES)	Yes
30210	CPT/HCPCS	*DISPLACEMENT THERAPY (PROETZ TYPE)	Yes
38792	CPT/HCPCS	INJECTION PROCEDURE; FOR IDENTICIATION OF SENTIENL NODE	Yes
64865	CPT/HCPCS	SUTURE OF FACIAL NERVE; INTRATEMPORAL, WITH OR WITHOUT GRAFTING	Yes
21750	CPT/HCPCS	CLOSUR OF STERNOTOMY SEPARATION WITH OR WITHOUT DEBRIDEMENT (SEPARATE PROCEDURE)	Yes
60600	CPT/HCPCS	EXCISION OF CAROTID BODY TUMOR; WITHOUT EXCISION OF CAROTID ARTERY	Yes
15776	CPT/HCPCS	PUNCH GRAFT FOR HAIR TRANSPLANT; MORE THAN 15 PUNCH GRAFTS	Yes
G0414	CPT/HCPCS	OPEN TX OF ANT PELVIC BONE FX AND/OR DISLOC FOR FX PATTERNS WHICH DISRUPT THE PELVIC RING, UNI OR BIL, INCLS NTERNAL FI	Yes
50135	CPT/HCPCS	PYELOTOMY; COMPLICATED (EG, SECONDARY OPERATION, CONGENITAL KIDNEY ABNORMALITY)	Yes
44660	CPT/HCPCS	CLOSURE OF ENTEROVESICAL FISTULA; WITHOUT INTESTINAL OR BLADDER RESECTION	Yes
33959	CPT/HCPCS	EXTRACORPOREAL MEMBRANE OXYGENATION;REPOSITION PERIPHERAL CANNULA(E), OPEN, BIRTH THROUGH 5 YEARS OF AGE (INCLUDES	Yes
31622	CPT/HCPCS	Bronchoscopy, (rigid or flexible), with or without fluoroscopic guidance; diagnostic, with or without cell washing (separate procedure)	Yes
25001	CPT/HCPCS	INCISION, FLEXOR TENDON SHEATH, WRIST	Yes
15003	CPT/HCPCS	SRG PRP CREATN OF RECIPNT SITE BY EXCIS OPEN WNDS, BRN ESCHR, OR SCAR (INCLD SUBCT TISS), INCISNL SCR CNTRCTR, TRNK, ARMS, LEGS; EACH ADD 100 SQ CM +	Yes
43605	CPT/HCPCS	BIOPSY OF STOMACH, BY LAPAROTOMY	Yes
31554	CPT/HCPCS	LARYNGOPLASTY; FOR LARYNGEAL STENOSIS, WITH GRAFT, WITH INDWELLING STENT PLACEMENT, AGE 12 YEARS OR OLDER	Yes
27052	CPT/HCPCS	ARTHROTOMY, FOR BIOPSY; HIP JOINT	Yes

49654	CPT/HCPCS	LAPAROSCOPY, SURGICAL, REPAIR, INCISIONAL HERNIA (INCLUDES MESH INSERTION, WHEN PERFORMED); REDUCIBLE	Yes
45999	CPT/HCPCS	UNLISTED PROCEDURE, RECTUM	Yes
61650	CPT/HCPCS	ENDOVASCULAR INTRA CRANIAL PROLONGED ADMINISTRATION OF PHARMACOLOGIC AGENT(S) OTHER THAN FOR THROMBOLYSIS, INITIAL	Yes
29720	CPT/HCPCS	REPAIR OF SPICA, BODY CAST OR JACKET	Yes
45400	CPT/HCPCS	LAPAROSCOPY, SURGICAL; PROCTOPEXY	Yes
63077	CPT/HCPCS	DISCECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOT(S), INCLUDING OSTEOPHYECTOMY; THORACIC, SINGLE	Yes
23105	CPT/HCPCS	ARTHROTOMY FOR SYNOVECTOMY; GLENOHUMERAL JOINT	Yes
28299	CPT/HCPCS	CORRECTION, HALLUX VALGUS WITH BUNIONECTOMY, WITH SESAMOIDECTOMY WHEN PERFORMED; WITH DOUBLE OSTEOTOMY, ANY METHOD	Yes
21325	CPT/HCPCS	OPEN TREATMENT OF NASAL FRACTURE; UNCOMPLICATED	Yes
27257	CPT/HCPCS	*TREATMENT OF CONGENITAL HIP DISLOCATION, BY ABDUCTION, SPLINT OR TRACTION; WITH MANIPULATION REQUIRING ANESTHESIA	Yes
61050	CPT/HCPCS	*CISTERNAL OR LATERAL CERVICAL PUNCTURE; WITHOUT INJECTION (SEPARATE PROCEDURE)	Yes
21209	CPT/HCPCS	OSTEOPLASTY, FACIAL BONES; REDUCTION	Yes
40799	CPT/HCPCS	UNLISTED PROCEDURE, LIPS	Yes
33250	CPT/HCPCS	OPERATIVE ABLATION OF SUPRAVENTRICULAR ARRHYTHMOGENIC FOCUS OR PATHWAY (EG, WOLFF-PARKINSON-WHITE, A-V NODE RE-ENTRY),	Yes
27179	CPT/HCPCS	OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; OSTEOPLASTY OF FEMORAL NECK (HEYMAN TYPE PROCEDURE)	Yes
61607	CPT/HCPCS	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF PARASELLAR AREA, CAVERNOUS SINUS, CLIVUS OR MIDLINE	Yes
0265T	CPT/HCPCS	INTRAMUSCULAR AUTOLOGOUS BONE MARROW CELL THERAPY, WITH PREPARATION OF HARVESTED CELLS, MULTIPLE INJECTIONS, ONE LEG, ULTRASOUND GUIDANCE; BONE MARROW+	Yes
47563	CPT/HCPCS	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY WITH CHOLANGIOGRAPHY	Yes
28455	CPT/HCPCS	TREATMENT OF CLOSED TARSAL BONE FRACTURE (EXCEPT TALUS AND CALCANEUS); WITH MANIPULATION, EACH	Yes
44127	CPT/HCPCS	ENTERECTOMY, RESECTION OF SMALL INTESTINE, CONGENITAL ATRESIA, SINGLE RESECTION, ANASTOMOSIS OF PROXIMAL SEGMENT; WITH TAPER	Yes
41145	CPT/HCPCS	GLOSSECTOMY; COMPLETE OR TOTAL, WITH OR WITHOUT TRACHEOSTOMY, WITH UNILATERAL RADICAL NECK DISSECTION	Yes
61304	CPT/HCPCS	CRANIECTOMY OR CRANIOTOMY, EXPLORATORY; SUPRATENTORIAL	Yes
43886	CPT/HCPCS	GASTRIC RESTRICTIVE PROCEDURE, OPEN; REVISION OF SUBCUTANEOUS PORT COMPONENT ONLY	Yes
43361	CPT/HCPCS	GASTROINTESTINAL RECONSTRUCTION FOR PREVIOUS ESOPHAGECTOMY FOR OBSTRUCTING ESOPHAGEAL LESION OR FISTULA, OR FOR PREVIOUS	Yes
23174	CPT/HCPCS	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), HUMERAL HEAD TO SURGICAL NECK	Yes
48520	CPT/HCPCS	INTERNAL ANASTOMOSIS OF PANCREATIC CYST TO GASTROINTESTINAL TRACT; DIRECT	Yes
32562	CPT/HCPCS	INSTILLATION(S), VIA CHEST TUBE/CATHETER, AGENT FOR FIBRINOLYSIS (EG, FIBRINOLYTIC AGENT FOR BREAK UP OF MULTILOCULATED	Yes
S2400	CPT/HCPCS	REPAIR, CONGENITAL HERNIA IN THE FETUS, USING TEMPORARY TRACHEAL OCCLUSION, PROCEDURE PERFORMED IN UTERO	Yes
27635	CPT/HCPCS	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA;	Yes
15572	CPT/HCPCS	FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER; SCALP, ARMS, OR LEGS	Yes
53502	CPT/HCPCS	URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY, FEMALE	Yes
15570	CPT/HCPCS	FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER; TRUNK	Yes
27396	CPT/HCPCS	TRANSPLANT OR TRANSFER (WITH MUSCLE REDIRECTION OR REROUTING), THIGH (EG, EXTENSOR TO FLEXOR); SINGLE TENDON	Yes

28420	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN CALCANEAL FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL SKELETAL FIXATION; WITH PRIMAR	Yes
36595	CPT/HCPCS	MECHANICAL REMOVAL OF PERICATHETER OBSTRUCTIVE MATERIAL FROMCENTRAL VENOUS DEVICE VIA SEPARATE VENOUS ACCESS	Yes
47383	CPT/HCPCS	ABLATION, 1 OR MORE LIVER TUMOR(S), PERCUTANEOUS, CRYOABLATION	Yes
67450	CPT/HCPCS	ORBITOTOMY WITH BONE FLAP, LATERAL APPROACH (EG, KROENLEIN); FOR EXPLORATION, WITH OR WITHOUT BIOPSY	Yes
28055	CPT/HCPCS	NEURECTOMY, INTRINSIC MUSCULATURE OF FOOT	Yes
35516	CPT/HCPCS	BYPASS GRAFT, WITH VEIN; SUBCLAVIAN-AXILLARY	Yes
68400	CPT/HCPCS	INCISION, DRAINAGE OF LACRIMAL GLAND	Yes
26035	CPT/HCPCS	DECOMPRESSION FINGERS AND/OR HAND, INJECTION INJURY (EG, GREASE GUN)	Yes
52442	CPT/HCPCS	CYSTOURETHROSCOPY, WITH INSERTION OF PERMANENT ADJUSTABLE TRANSPROSTATIC IMPLANT; EACH ADDITIONAL PERMANENT ADJUSTABLE	Yes
22505	CPT/HCPCS	MANIPULATION OF SPINE REQUIRING ANESTHESIA, ANY REGION	Yes
23044	CPT/HCPCS	ARTHROTOMY, ACROMIOCLAVICULAR, STERNOCLAVICULAR JOINT, FOR INFECTION, WITH EXPLORATION, DRAINAGE OR REMOVAL OF FOREIG	Yes
61539	CPT/HCPCS	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; for lobectomy, other than temporal lobe, partial or total, with electrocorticography during surgery	Yes
0449T	CPT/HCPCS	INSERTION OF AQUEOUS DRAINAGE DEVICE, WITHOUT EXTRAOCULAR RESERVOIR, INTERNAL APPROACH, INITIAL DEVICE	Yes
51792	CPT/HCPCS	STIMULUS EVOKED RESPONSE (EG, MEASUREMENT OF BULBOCAVERNOSUS REFLEX LATENCY TIME)	Yes
34834	CPT/HCPCS	OPEN BRACHIAL ARTERY EXPOSURE FOR DELIVERY OF ENDOVASCULAR PROSTHESIS, UNLIATERAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Yes
69660	CPT/HCPCS	STAPEDECTOMY OR STAPEDOTOMY WITH REESTABLISHMENT OF OSSICULAR CONTINUITY, WITH OR WITHOUT USE OF FOREIGN MATERIAL;	Yes
27454	CPT/HCPCS	OSTEOTOMY, MULTIPLE, FEMORAL SHAFT, WITH REALIGNMENT ON INTRAMEDULLARY ROD (SOFIELD TYPE PROCEDURE)	Yes
29884	CPT/HCPCS	ARTHROSCOPY, KNEE, SURGICAL; WITH LYSIS OF ADHESIONS WITH OR WITHOUT MANIPULATION (SEPARATE PROCEDURE)	Yes
15826	CPT/HCPCS	RHYTIDECTOMY; GLABELLAR FROWN LINES	Yes
33880	CPT/HCPCS	ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA; INVOLVING COVERAGE OF LEFT SUBCLAVIAN ARTERY ORIGIN, INITIAL ENDOPROS	Yes
54690	CPT/HCPCS	LAPAROSCOPY, SURGICAL; ORCHIECTOMY	Yes
28445	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN TALUS FRACTURE, WITH OR WITHOUT INTERNAL SKELETAL FIXATION	Yes
54125	CPT/HCPCS	AMPUTATION OF PENIS; COMPLETE	Yes
22558	CPT/HCPCS	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISCECTOMY TO PREPARE INTERSPACE (OTHERTHAN FOR DECOMPRESSION); LUMBAR	Yes
58346	CPT/HCPCS	INSERTION OF HEYMAN CAPSULES FOR CLINICAL BRACHYTHERAPY	Yes
50387	CPT/HCPCS	REMOVAL AND REPLACEMENT OF EXTERNALLY ACCESSIBLE URETERAL STENT REQUIRING FLUOROSCOPIC GUIDANCE, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION	Yes
54512	CPT/HCPCS	EXCISION O EXTRAPARENCHYMAL LESION OF TESTIES	Yes
C9746	CPT/HCPCS	TRANSPERINEAL IMPLANTATION OF PERMANENT ADJUSTABLE BALLOON CONTINENCE DEVICE, WITH CYSTOURETHROSCOPY, WHEN PERFORMED AND	Yes
63001	CPT/HCPCS	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA EQUINA, WITHOUT FACETECTOMY, FORAMINOTOMY OR DISCECTOMY (EG, SPINAL STE+	Yes
35221	CPT/HCPCS	REPAIR BLOOD VESSEL, DIRECT; INTRA-ABDOMINAL	Yes
12007	CPT/HCPCS	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES (INCLU	Yes
35903	CPT/HCPCS	EXCISION OF INFECTED GRAFT; EXTREMITY	Yes
33362	CPT/HCPCS	TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR/TAVI) WITH PROSTHETIC VALVE; OPEN FEMORAL ARTERY APPROACH	Yes

22534	CPT/HCPCS	ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); THORACIC OR LUMBAR, +	Yes
35583	CPT/HCPCS	IN-SITU VEIN BYPASS; FEMORAL-POPLITEAL	Yes
0222T	CPT/HCPCS	PLACEMENT OF POSTERIOR INTRAFACET IMPLANT(S), UNILATERAL OR BILATERAL, INCL IMAGING & PLACEMENT OF BONE GRAFT(S) OR SYNTHETIC DEVICE(S), SINGLE LEVEL+	Yes
54401	CPT/HCPCS	INSERTION OF PENILE PROSTHESIS; INFLATABLE (SELF-CONTAINED)	Yes
27495	CPT/HCPCS	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT METHYL METHACRYLATE, FEMUR	Yes
64653	CPT/HCPCS	CHEMODENERVATION OF OTHER AREA(S), PER DAY	Yes
63709	CPT/HCPCS	REPAIR OF DURAL/CSF LEAK OR PSEUDOMENINGOCELE, WITH LAMINECTOMY	Yes
67250	CPT/HCPCS	SCLERAL REINFORCEMENT (SEPARATE PROCEDURE); WITHOUT GRAFT	Yes
31645	CPT/HCPCS	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH THERAPEUTIC ASPIRATION, INITIAL	Yes
57800	CPT/HCPCS	*DILATION OF CERVICAL CANAL, INSTRUMENTAL (SEPARATE PROCEDURE)	Yes
52277	CPT/HCPCS	CYSTOURETHROSCOPY, WITH RESECTION OF EXTERNAL SPHINCTER (SPHINCTEROTOMY)	Yes
26510	CPT/HCPCS	CROSS INTRINSIC TRANSFER	Yes
54901	CPT/HCPCS	EPIDIDYMOVASOSTOMY, ANASTOMOSIS OF EPIDIDYMIS TO VAS DEFERENS; BILATERAL	Yes
49555	CPT/HCPCS	REPAIR FEMORAL HERNIA, RECURRENT, ANY APPROACH	Yes
61105	CPT/HCPCS	*TWIST DRILL HOLE FOR SUBDURAL OR VENTRICULAR PUNCTURE; NOT FOLLOWED BY OTHER SURGERY	Yes
27600	CPT/HCPCS	DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR COMPARTMENT ONLY	Yes
63707	CPT/HCPCS	REPAIR OF DURAL/CSF LEAK, NOT REQUIRING LAMINECTOMY	Yes
28576	CPT/HCPCS	PERCUTANEOUS SKELETAL FIXATION OF TALOTARSAL JOINT DISLOCATION, WITH MANIPULATION	Yes
46744	CPT/HCPCS	REPAIR OF CLOACAL ANOMALY BY ANORECTOVAGINOPLASTY AND URETHROPLASTY, SACROPERINEAL APPROACH	Yes
21600	CPT/HCPCS	EXCISION OF RIB, PARTIAL	Yes
63197	CPT/HCPCS	LAMINECTOMY WITH CORDOTOMY, WITH SECTION OF BOTH SPINOTHALAMIC TRACTS, 1 STAGE, THORACIC	Yes
60260	CPT/HCPCS	THYROIDECTOMY, SECONDARY	Yes
27756	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN TIBIAL SHAFT FRACTURE, WITH INTERNAL SKELETAL FIXATION; SIMPLE	Yes
64910	CPT/HCPCS	NERVE REPAIR; WITH SYNTHETIC CONDUIT OR VEIN ALLOGRAFT (EG, NERVE TUBE), EACH NERVE	Yes
21452	CPT/HCPCS	TREATMENT OF OPEN MANDIBULAR FRACTURE; WITHOUT MANIPULATION	Yes
51920	CPT/HCPCS	CLOSURE OF VESICOUTERINE FISTULA;	Yes
21295	CPT/HCPCS	REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETERIC HYPERTROPHY); EXTRAORAL APPROACH	Yes
22869	CPT/HCPCS	INSERTION OF INTERLAMINAR/DISTRACTION DEVICE, WITHOUT OPEN DECOMPRESSION OR FUSION, LUMBAR: SINGLE LEVEL	Yes
57530	CPT/HCPCS	TRACHELECTOMY (CERVICECTOMY), AMPUTATION OF CERVIX (SEPARATE PROCEDURE)	Yes
25671	CPT/HCPCS	PERCUTANEOUS SKELETAL FIXATION OF DISTAL RADIOULNAR DISLOCATION	Yes
68340	CPT/HCPCS	REPAIR OF SYMBLEPHARON; DIVISION OF SYMBLEPHARON WITH OR WITHOUT INSERTION OF CONFORMER OR CONTACT LENS	Yes
54800	CPT/HCPCS	BIOPSY OF EPIDIDYMIS, NEEDLE	Yes
54352	CPT/HCPCS	REVISION OF PRIOR HYPOSPADIAS REPAIR REQUIRING EXTENSIVE DISSECTION AND EXCISION OF PREVIOUSLY CONSTRUCTED STRUCTURES INCLUDING RE-RELEASE OF CHORDEE+	Yes
57061	CPT/HCPCS	DESTRUCTION OF VAGINAL LESION(S); SIMPLE, ANY METHOD	Yes
26516	CPT/HCPCS	CAPSULODESIS FOR M-P JOINT STABILIZATION; SINGLE DIGIT	Yes
36015	CPT/HCPCS	SELECTIVE CATHETER PLACEMENT, SEGMENTAL OR SUBSEGMENTAL PULMONARY ARTERY	Yes
51610	CPT/HCPCS	INJECTION PROCEDURE FOR RETROGRADE URETHROCYSTOGRAPHY	Yes
54420	CPT/HCPCS	CORPORA CAVERNOSA-SAPHENOUS VEIN SHUNT (PRIAPISM OPERATION), UNILATERAL OR BILATERAL	Yes

37234	CPT/HCPCS	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/PERONEAL ARTERY, UNILATERAL, EACH VESSEL; W/T TRANSLUMINA	Yes
58210	CPT/HCPCS	RADICAL ABDOMINAL HYSTERECTOMY, WITH BILATERAL TOTAL PELVIC AND LIMITED PARA-AORTIC LYMPHADENECTOMY	Yes
62148	CPT/HCPCS	INCISION AND RETRIEVAL OF SUBCUTANEOUS CRANIAL BONE GRAFT FOR CRANIOPLASTY	Yes
57270	CPT/HCPCS	REPAIR OF ENTEROCELE, ABDOMINAL APPROACH (SEPARATE PROCEDURE)	Yes
30901	CPT/HCPCS	*CONTROL NASAL HEMORRHAGE, ANTERIOR, SIMPLE (LIMITED CAUTERY AND/OR PACKING) ANY METHOD	Yes
65820	CPT/HCPCS	GONIOTOMY	Yes
22526	CPT/HCPCS	PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANNULOPLASTY, UNILATERAL OR BILATERAL INCLUDING FLUOROSCOPIC GUIDANCE; SINGLE LE	Yes
46930	CPT/HCPCS	DESTRUCTION OF INTERNAL HEMORRHOID(S) BY THERMAL ENERGY (EG, INFRARED COAGULATION, CAUTERY, RADIOFREQUENCY)	Yes
46712	CPT/HCPCS	REPAIR OF ILEOANAL POUCH FISTULA/SINUS, POUCH ADVANCEMENT; COMBINED TRANSPERINEAL AND TRANSABDOMINAL APPROACH	Yes
68326	CPT/HCPCS	CONJUNCTIVOPLASTY, RECONSTRUCTION CUL-DE-SAC; WITH CONJUNCTIVAL GRAFT OR EXTENSIVE REARRANGEMENT	Yes
61751	CPT/HCPCS	STEREOTACTIC BIOPSY, ASPIRATION, OR EXCISION, INCL BURR HOLE(S) FOR INTRACRANIAL LESION; WITH CT OR MR GUIDANCE	Yes
57287	CPT/HCPCS	REMOVAL OR REVISION OF SLING FOR STRESS INCONTINENCE	Yes
23420	CPT/HCPCS	REPAIR OF COMPLETE SHOULDER (ROTATOR) CUFF AVULSION, CHRONIC (INCLUDES ACROMIOPLASTY)	Yes
21031	CPT/HCPCS	EXCISION OF TORUS MANDIBULARIS	Yes
28296	CPT/HCPCS	CORRECTION, HALLUX VALGUS WITH BUNIONECTOMY, WITH SESAMOIDECTOMY WHEN PERFORMED; WITH DISTAL METARTARSAL OSTEOTOMY, ANY METHOD	Yes
53621	CPT/HCPCS	*DILATION OF URETHRAL STRICTURE BY PASSAGE OF FILIFORM AND FOLLOWER, MALE; SUBSEQUENT	Yes
35011	CPT/HCPCS	DIRECT REPAIR OF ANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR WITHOUT PATCH GRAFT; FOR ANEURYSM	Yes
29874	CPT/HCPCS	ARTHROSCOPY, KNEE, SURGICAL; FOR REMOVAL OF LOOSE BODY OR FOREIGN BODY (EG, OSTEOCHONDritis DISSECANS FRAGMENTATION, C	Yes
28645	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN METATARSOPHALANGEAL JOINT DISLOCATION	Yes
49412	CPT/HCPCS	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE (EG, FIDUCIAL MARKERS, DOSIMETER), OPEN, INTRA-ABDOMINAL, INTRAPELVIC, INCL. IMAGE+	Yes
64611	CPT/HCPCS	CHEMODENERVATION OF PAROTID AND SUBMANDIBULAR SALIVARY GLANDS, BILATERAL	Yes
39501	CPT/HCPCS	REPAIR, LACERATION OF DIAPHRAGM	Yes
42450	CPT/HCPCS	EXCISION OF SUBLINGUAL GLAND	Yes
21246	CPT/HCPCS	RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; COMPLETE	Yes
47579	CPT/HCPCS	UNLISTED LAPAROSCOPY PROCEDURE, BILIARY TRACT	Yes
67210	CPT/HCPCS	DESTRUCTION OF LOCALIZED LESION OF RETINA (EG, MACULOPATHY, CHOROIDOPATHY, SMALL TUMORS), ONE OR MORE SESSIONS; PHOTO	Yes
49585	CPT/HCPCS	REPAIR UMBILICAL HERNIA, AGE 5 YEARS OR OVER; REDUCIBLE	Yes
48510	CPT/HCPCS	EXTERNAL DRAINAGE, PSEUDOCYST OF PANCREAS	Yes
40652	CPT/HCPCS	REPAIR LIP, FULL THICKNESS; UP TO HALF VERTICAL HEIGHT	Yes
58920	CPT/HCPCS	WEDGE RESECTION OR BISECTION OF OVARY, UNILATERAL OR BILATERAL	Yes
42999	CPT/HCPCS	UNLISTED PROCEDURE, PHARYNX, ADENOIDS, OR TONSILS	Yes
27324	CPT/HCPCS	BIOPSY, SOFT TISSUE OF THIGH OR KNEE AREA; DEEP	Yes
15935	CPT/HCPCS	EXCISION, SACRAL PRESSURE ULCER, WITH LOCAL OR REGIONAL SKIN FLAP CLOSURE (EG, ADVANCEMENT, ROTATION, RHOMBOID, BIPE	Yes
33230	CPT/HCPCS	INSERTION OF PACING CARDIOVERTER-DEFIBRILLATOR PULSE GENERATOR ONLY; WITH EXISTING DUAL LEADS	Yes
35632	CPT/HCPCS	BYPASS GRAFT, WITH OTHER THAN VEIN; ILIO-CELIAC	Yes
60000	CPT/HCPCS	*INCISION AND DRAINAGE OF THYROGLOSSAL CYST, INFECTED	Yes
31601	CPT/HCPCS	TRACHEOSTOMY, PLANNED (SEPARATE PROCEDURE); UNDER TWO YEARS	Yes
20103	CPT/HCPCS	EXPLORATION OF PENETRATING WOUND;EXTEMITY	Yes

27266	CPT/HCPCS	TREATMENT OF ATRAUMATIC HIP DISLOCATION (EG, POST-TOTAL HIP ARTHROPLASTY); REQUIRING GENERAL ANESTHESIA	Yes
21034	CPT/HCPCS	EXCISION OF MALIGNANT TUMOR OF MAXILLA OR ZYGOMA	Yes
49540	CPT/HCPCS	REPAIR LUMBAR HERNIA	Yes
29875	CPT/HCPCS	ARTHROSCOPY, KNEE, SURGICAL; SYNOVECTOMY, LIMITED (EG, PLICA OR SHELF RESECTION) (SEPARATE PROCEDURE)	Yes
27202	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN COCCYGEAL FRACTURE	Yes
63250	CPT/HCPCS	LAMINECTOMY FOR EXCISION OR OCCLUSION OF ARTERIOVENOUS MALFORMATION OF SPINAL CORD; CERVICAL	Yes
35585	CPT/HCPCS	IN-SITU VEIN BYPASS; FEMORAL-ANTERIOR TIBIAL, POSTERIOR TIBIAL, OR PERONEAL ARTERY	Yes
25635	CPT/HCPCS	TREATMENT OF CLOSED CARPAL BONE FRACTURE (EXCLUDING CARPAL SCAPHOID (NAVICULAR)); WITH MANIPULATION, EACH BONE	Yes
31545	CPT/HCPCS	LARYNGOSCOPY, DIRECT, OPERATIVE WITH OPERATING MICROSCOPE OR TELESCOPE, WITH SUBMUCOSAL REMOVAL OR NON-NEOPLASTIC LESION	Yes
37214	CPT/HCPCS	TRANSCATHETER THERAPY, ARTERIAL, INCL RADIOLOGICAL SUPERVISION AND INTERPRETATION, INCL FOLLOW-UP CATHETER; CESSATION OF	Yes
35523	CPT/HCPCS	BYPASS GRAFT WITH VEIN; BRACHIAL-ULNAR OR -RADIAL	Yes
26706	CPT/HCPCS	TREATMENT OF CLOSED METACARPOPHALANGEAL DISLOCATION, SINGLE, WITH MANIPULATION; WITH PERCUTANEOUS PINNING	Yes
36833	CPT/HCPCS	REVISION OF ARTERIOVENOUS FISTULA; WITH THROMBECTOMY, AUTOGENOUS OR NONAUTOGENOUS DIALYSIS GRAFT	Yes
0220T	CPT/HCPCS	PLACEMENT OF POSTERIOR INTRAFACET IMPLANT(S), UNILATERAL OR BILATERAL, INCL IMAGING & PLACEMENT OF BONE GRAFT(S) OR SYNTHETIC DEVICE(S), SINGLE LEVEL+	Yes
61345	CPT/HCPCS	OTHER CRANIAL DECOMPRESSION, POSTERIOR FOSSA	Yes
46610	CPT/HCPCS	ANOSCOPY; FOR REMOVAL OF POLYP	Yes
21345	CPT/HCPCS	TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE), WITH INTERDENTAL WIRE FIXATION OR FIXATION OF D	Yes
64581	CPT/HCPCS	OPEN IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; SACRAL NERVE (TRANSFORAMINAL PLACEMENT)	Yes
57230	CPT/HCPCS	PLASTIC REPAIR OF URETHROCELE	Yes
46608	CPT/HCPCS	ANOSCOPY; FOR REMOVAL OF FOREIGN BODY	Yes
62290	CPT/HCPCS	*INJECTION PROCEDURE FOR DISKOGRAPHY, EACH LEVEL;LUMBAR	Yes
58822	CPT/HCPCS	DRAINAGE OF OVARIAN ABSCESS; ABDOMINAL APPROACH	Yes
50693	CPT/HCPCS	PLACEMENT OF URETERAL STENT, PERCUTANEOUS, INCLUDING DIAGNOSTIC NEPHROSTOGRAM AND/OR FLUOROSCOPY), AND ALL ASSOCI	Yes
27602	CPT/HCPCS	DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND POSTERIOR COMPARTMENTS	Yes
61581	CPT/HCPCS	CRANIOFACIAL APPROAH TO ANTERIOR CRANIAL FOSSA; EXTRADURAL, INCLUDING LATERAL RHINOTOMY, ORGITAL EXENTERATION, ETHMOIDEC	Yes
27424	CPT/HCPCS	RECONSTRUCTION FOR RECURRENT DISLOCATING PATELLA; WITH PATELLECTOMY	Yes
68745	CPT/HCPCS	CONJUNCTIVORHINOSTOMY (FISTULIZATION OF CONJUNCTIVA TO NASAL CAVITY); WITHOUT TUBE	Yes
30120	CPT/HCPCS	EXCISION OR SURGICAL PLANING OF SKIN OF NOSE FOR RHINOPHYMA	Yes
66225	CPT/HCPCS	REPAIR OF SCLERAL STAPHYLOMA; WITH GRAFT	Yes
36471	CPT/HCPCS	INJECTION OF SCLEROSANT; MULTIPLE INCOMPENTENT VEIN (OTHER THAN TELANGIECTASIS)	Yes
37761	CPT/HCPCS	LIGATION OF PERFORATOR VEIN(S), SUBFASCIAL, OPEN, INCLUDING ULTRASOUND GUIDANCE, WHEN PERFORMED, 1 LEG	Yes
29862	CPT/HCPCS	ARTHROSCOPY,HIP,SURGICAL;WITHDEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE (CHONDROPLASTY),ABRASION ARTHROPLASTY, AND/OR	Yes
65125	CPT/HCPCS	MODIFICATION OF OCULAR IMPLANT(EG, DRILLING RECEPTACLE FOR PROSTHESIS APPENDAGE) (SEPARATE PROCEDURE)	Yes
63600	CPT/HCPCS	CREATION OF LESION OF SPINAL CORD BY STEREOTACTIC METHOD, PERCUTANEOUS, ANY MODALITY (INCLUDING STIMULATION AND/OR REC	Yes
20938	CPT/HCPCS	AUTOGRAFT FOR SPINE SURGERY ONLY STRUCTURAL, BICORTICAL OR TRICORTICAL,	Yes

21348	CPT/HCPCS	OPEN TREATMENT OF NASOMAXILLARY COMPLEX; WITH BONE GRAFTING (INCLUDES OBTAINING GRAFT)	Yes
50525	CPT/HCPCS	CLOSURE OF NEPHROVISCERAL FISTULA (EG, RENOCOLIC), INCLUDING VISCERAL REPAIR; ABDOMINAL APPROACH	Yes
11044	CPT/HCPCS	DEBRIDEMENT; SKIN, SUBCUTANEOUS TISSUE, MUSCLE, AND BONE	Yes
26412	CPT/HCPCS	EXTENSOR TENDON REPAIR, DORSUM OF HAND, SINGLE, PRIMARY OR SECONDARY; WITH FREE GRAFT (INCLUDES OBTAINING GRAFT), EAC	Yes
60502	CPT/HCPCS	PARATHYROIDECTOMY OR EXPLORATION OF PARATHYROID(S); RE-EXPLORATION	Yes
47399	CPT/HCPCS	UNLISTED PROCEDURE, LIVER	Yes
58293	CPT/HCPCS	VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS: COLPO-URETHROCYSOTPEXY WITH OR WITHOUT ENDOSCOPIC CONTROL	Yes
29505	CPT/HCPCS	APPLICATION OF LONG LEG SPLINT (THIGH TO ANKLE OR TOES)	Yes
67923	CPT/HCPCS	REPAIR OF ENTROPION; BLEPHAROPLASTY, EXCISION TARSAL WEDGE	Yes
20910	CPT/HCPCS	CARTILAGE GRAFT; COSTOCHONDRAL	Yes
21450	CPT/HCPCS	TREATMENT OF CLOSED OR OPEN MANDIBULAR FRACTURE; WITHOUT MANIPULATION	Yes
47379	CPT/HCPCS	UNLISTED LAPAROSCOPIC PROCEDURE, LIVER	Yes
57265	CPT/HCPCS	COMBINED ANTEROPOSTERIOR COLPORRHAPHY, INCLUDING CYSTOURETHROSCOPY, WHEN PERFORMED, WITH ENTEROCELE REPAIR	Yes
55862	CPT/HCPCS	EXPOSURE OF PROSTATE, ANY APPROACH, FOR INSERTION OF RADIOACTIVE SUBSTANCE; WITH LYMPH NODE BIOPSY(S) (LIMITED PELVIC	Yes
55705	CPT/HCPCS	BIOPSY, PROSTATE; INCISIONAL, ANY APPROACH	Yes
63275	CPT/HCPCS	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; EXTRADURAL, CERVICAL	Yes
23040	CPT/HCPCS	ARTHROTOMY, GLENOHUMERAL JOINT, FOR INFECTION, WITH EXPLORATION, DRAINAGE OR REMOVAL OF FOREIGN BODY	Yes
21360	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN DEPRESSED MALAR FRACTURE, INCLUDING ZYGOMATIC ARCH AND MALAR TRIPOD	Yes
33969	CPT/HCPCS	EXTRACORPOREAL MEMBRANE OXYGENATION; REMOVAL OF PERIPHERAL CANNULA(E), OPEN, BIRTH THROUGH 5 YEARS OF AGE	Yes
C9605	CPT/HCPCS	PERCUTANEOUS TRANSLUMINAL REVASCULARIZATION OF OR THROUGH CORONARY ARTERY BYPASS GRAFT, EACH ADDITIONAL BRANCH SUBTENDED	Yes
26180	CPT/HCPCS	EXCISION OF TENDON, FINGER, FLEXOR OR EXTENSOR, EACH TENDON	Yes
33369	CPT/HCPCS	TRANSCATHETER AORTIC VALVE REPLACEMENT WITH PROSTHETIC VALVE;CARDIOPULMONARY BYPASS SUPPORT WITH CENTRAL ARTERIAL AND VE	Yes
40650	CPT/HCPCS	REPAIR LIP, FULL THICKNESS; VERMILION ONLY	Yes
27047	CPT/HCPCS	EXCISION, TUMOR, SOFT TISSUE OF PELVIS AND HIP AREA, SUBCUTANEOUS; LESS THAN 3 CM	Yes
64786	CPT/HCPCS	EXCISION OF NEUROMA; SCIATIC NERVE	Yes
35646	CPT/HCPCS	BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOFEMORAL OR BIFEMORAL	Yes
27656	CPT/HCPCS	REPAIR, FASCIAL DEFECT OF LEG	Yes
59325	CPT/HCPCS	CERCLAGE OF CERVIX, DURING PREGNANCY; ABDOMINAL	Yes
52351	CPT/HCPCS	CYSTOURETHROSCOPY, W/URETEROSCOPY AND/OR PYELOSCOPY; DIAGNOSTIC	Yes
20956	CPT/HCPCS	BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS; ILIAC CREST	Yes
22210	CPT/HCPCS	OSTEOTOMY OF SPINE, POSTERIOR APPROACH, FOR CORRECTION OF DEFORMITY, SINGLE SEGMENT; CERVICAL	Yes
50540	CPT/HCPCS	SYMPHYSIOTOMY FOR HORSESHOE KIDNEY WITH OR WITHOUT PYELOPLASTY AND/OR OTHER PLASTIC PROCEDURE, UNILATERAL OR BILATERAL	Yes
27566	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN PATELLAR DISLOCATION, WITH OR WITHOUT PARTIAL OR TOTAL PATELLECTOMY	Yes
15922	CPT/HCPCS	EXCISION, COCCYGEAL PRESSURE ULCER, WITH COCCYGECTOMY; WITH LOCAL OR REGIONAL SKIN FLAP CLOSURE	Yes
47540	CPT/HCPCS	PLACEMENT OF STENT(S) INTO A BILE DUCT, PERCUTANEOUS, INCLUDING DIAGNOSTIC CHOLANGIOGRAPHY, IMAGING GUIDANCE, EACH STENT	Yes
40700	CPT/HCPCS	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY, PARTIAL OR COMPLETE, UNILATERAL	Yes
67830	CPT/HCPCS	CORRECTION OF TRICHIASIS; INCISION OF LID MARGIN	Yes

47562	CPT/HCPCS	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY	Yes
24134	CPT/HCPCS	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), SHAFT OR DISTAL HUMERUS	Yes
47537	CPT/HCPCS	REMOVAL OF BILIARY DRAINAGE CATHETER, PERCUTANEOUS,REQUIRING FLUOROSCOPIC GUIDANCE, INCLUDING DIAGNOSTIC CHOLANGIOGRAPHY	Yes
27646	CPT/HCPCS	RADICAL RESECTION OF TUMOR; FIBULA	Yes
37187	CPT/HCPCS	PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY, VEIN(S), INCLUDING INTRAPROCEDURAL PHARMACOLOGICAL THROMBOLYTIC INJECTIONS AND FLUOROSCOPIC GUIDAN+	Yes
35151	CPT/HCPCS	DIRECT REPAIR OF ANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR WITHOUT PATCH GRAFT; FOR ANEURYSM	Yes
25073	CPT/HCPCS	EXCISION, TUMOR, SOFT TISSUE OF FOREARM AND/OR WRIST AREA, SUBFASCIAL (EG, INTRAMUSCULAR); 3 CM OR GREATER	Yes
31541	CPT/HCPCS	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH EXCISION OF TUMOR AND/OR STRIPPING OF VOCAL CORDS OR EPIGLOTTIS; WITH OPERATING	Yes
12056	CPT/HCPCS	REPAIR, INTERMEDIATE, WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 20.1 CM TO 30.0 CM	Yes
31647	CPT/HCPCS	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCL FLUOROSCOPIC GUIDANCE WHEN PERFORMED; INSERTION OF BRONCHIAL VALVES, INITIAL LOBE	Yes
33782	CPT/HCPCS	AORTIC ROOT TRANSLOCATION WITH VENTRICULAR SEPTAL DEFECT AND PULMONARY STENOSIS REPAIR (IE, NIKAI DOH PROCEDURE); WITHOUT	Yes
33992	CPT/HCPCS	REMOVAL OF PERCUTANEOUS LEFT HEART VENTRICULAR ASSIST DEVICE, ARTERIAL OR ARTERIAL AND VENOUS CANNULA(S), AT SEPARATE AND DISTINCT SESSION FROM INSER+	Yes
45505	CPT/HCPCS	PROCTOPLASTY; FOR PROLAPSE OF MUCOUS MEMBRANE	Yes
37237	CPT/HCPCS	TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S),OPEN OR PERCUTANEOUS, WHEN PERFORMED; EACH ADDITIONAL ARTERY	Yes
14350	CPT/HCPCS	FILLETTED FINGER OR TOE FLAP, INCLUDING PREPARATION OF RECIPIENT SITE	Yes
0451T	CPT/HCPCS	INSERTION OR REPLACEMENT OF A PERMANENTLY IMPLANTABLE AORTIC COUNTERPULSATION VENTRICULAR ASSIST SYSTEM; COMPLETE SYSTEM	Yes
11954	CPT/HCPCS	SUBCUTANEOUS INJECTION OF "FILLING" MATERIAL (EG, COLLAGEN); OVER 10.0 CC	Yes
30930	CPT/HCPCS	FRACTURE NASAL INFERIOR TURBINATE(S), THERAPEUTIC	Yes
13102	CPT/HCPCS	REPAIR, COMPLEX, TRUNK; EACH ADDITIONAL 5 CM OR LESS	Yes
20605	CPT/HCPCS	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION, INTERMEDIATE JOINT OR BURSA (EG, TEMPOROMANDIBULAR, ACROMIOCLAVICULAR, WRIST, ELBOW OR ANKLE, OLECRANON +	Yes
68760	CPT/HCPCS	CLOSURE OF LACRIMAL PUNCTUM EG, THERMOCAUTERIZATION, LIGATION, OR LASER PHOTOCOAGULATION)	Yes
25310	CPT/HCPCS	TENDON TRANSPLANTATION OR TRANSFER, FLEXOR OR EXTENSOR, FOREARM AND/OR WRIST, SINGLE; EACH TENDON	Yes
33737	CPT/HCPCS	ATRIAL SEPTECTOMY OR SEPTOSTOMY; OPEN, WITH INFLOW OCCLUSION	Yes
40800	CPT/HCPCS	*DRAINAGE OF ABSCESS, CYST, HEMATOMA, VESTIBULE OF MOUTH; SIMPLE	Yes
52630	CPT/HCPCS	TRANSURETHRAL RESECTION; RESIDUAL OR REGROWTH OF OBSTRUCTIVE PROSTATE TISSUE INCL CONTROL OF POSTOP BLEEDING, COMPLETE	Yes
65771	CPT/HCPCS	RADIAL KERATOTOMY	Yes
15610	CPT/HCPCS	INTERMEDIATE "DELAY" OF ANY FLAP, PRIMARY "DELAY" OF SMALL FLAP, OR SECTIONING PEDICLE OF TUBED OR DIRECT FLAP	Yes
21556	CPT/HCPCS	EXCISION, TUMOR, SOFT TISSUE OF NECK OR ANTERIOR THORAX, SUBFASCIAL (EG, INTRAMUSCULAR); LESS THAN 5 CM	Yes
26841	CPT/HCPCS	ARTHRODESIS, CARPOMETACARPAL JOINT, THUMB, WITH OR WITHOUT INTERNAL FIXATION;	Yes
11950	CPT/HCPCS	SUBCUTANEOUS INJECTION OF "FILLING" MATERIAL (EG, COLLAGEN); 1 CC OR LESS	Yes
33210	CPT/HCPCS	INSERTION OF TEMPORARY TRANSVENOUS CARDIAC ELECTRODE, OR PACEMAKER CATHETER (SEPARATE PROCEDURE)	Yes
69436	CPT/HCPCS	TYMPANOSTOMY (REQUIRING INSERTION OF VENTILATING TUBE), GENERAL ANESTHESIA	Yes

61521	CPT/HCPCS	CRANIECTOMY FOR EXCISION OF BRAIN TUMOR, INFRATENTORIAL OR POSTERIOR FOSSA; MIDLINE TUMOR AT BASE OF SKULL	Yes
24435	CPT/HCPCS	REPAIR OF NONUNION OR MALUNION, HUMERUS; WITH ILIAC OR OTHER AUTOGRAFT (INCLUDES OBTAINING GRAFT)	Yes
27766	CPT/HCPCS	OPEN TREATMENT OF MEDIAL MALLEOLUS FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED	Yes
54550	CPT/HCPCS	EXPLORATION FOR UNDESCENDED TESTIS (INGUINAL OR SCROTAL AREA)	Yes
63196	CPT/HCPCS	LAMINECTOMY WITH CORDOTOMY, WITH SECTION OF BOTH SPINOTHALAMIC TRACTS, ONE STAGE; CERVICAL	Yes
12045	CPT/HCPCS	REPAIR, INTERMEDIATE, WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA, 12.6 CM TO 20.0 CM	Yes
27530	CPT/HCPCS	TREATMENT OF CLOSED TIBIAL FRACTURE, PROXIMAL (PLATEAU); WITHOUT MANIPULATION	Yes
62163	CPT/HCPCS	NEUROENDOSCOPY, INTRACRANIAL; WITH RETRIEVAL OF FOREIGN BODY	Yes
29876	CPT/HCPCS	ARTHROSCOPY, KNEE, SURGICAL; SYNOVECTOMY, MAJOR, TWO OR MORE COMPARTMENTS (EG, MEDIAL OR LATERAL)	Yes
28675	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN INTERPHALANGEAL JOINT DISLOCATION	Yes
57330	CPT/HCPCS	CLOSURE OF VESICOVAGINAL FISTULA; TRANSVESICAL AND VAGINAL APPROACH	Yes
42950	CPT/HCPCS	PHARYNGOPLASTY (PLASTIC OR RECONSTRUCTIVE OPERATION ON PHARYNX)	Yes
21346	CPT/HCPCS	OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WITH WIRING AND/OR LOCAL FIXATION	Yes
22999	CPT/HCPCS	UNLISTED PROCEDURE, ABDOMEN, MUSCULOSKELETAL SYSTEM	Yes
24320	CPT/HCPCS	TENOPLASTY, WITH MUSCLE TRANSFER, WITH OR WITHOUT FREE GRAFT, ELBOW TO SHOULDER, SINGLE (SEDDON-BROOKES TYPE PROC	Yes
47371	CPT/HCPCS	LAPAROSCOPY, SURGICAL, ABLATION OF ONE OR MORE LIVER TUMOR(S); CRYOSURGICAL	Yes
64617	CPT/HCPCS	CHEMODENERVATION OF MUSCLE(S); LARYNX, UNILATERAL, PERCUTANEOUS (EG, FOR SPASMODIC DYSPHONIA), INCLUDES GUIDANCE BY	Yes
43279	CPT/HCPCS	LAPAROSCOPY, SURGICAL ESOPHAGOMYOTOMY (HELLER TYPE), W/ FUNDOPLASTY, WHEN PERFORMED	Yes
63286	CPT/HCPCS	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL, INTRAMEDULLARY, THORACIC	Yes
31367	CPT/HCPCS	LARYNGECTOMY; SUBTOTAL SUPRAGLOTTIC, WITHOUT RADICAL NECK DISSECTION	Yes
25426	CPT/HCPCS	REPAIR OF DEFECT WITH AUTOGRAFT; RADIUS AND ULNA	Yes
45805	CPT/HCPCS	CLOSURE OF RECTOVESICAL FISTULA; WITH COLOSTOMY	Yes
S0810	CPT/HCPCS	PHOTOREFRAC KERATECTOMY (PRK)	Yes
67825	CPT/HCPCS	*CORRECTION OF TRICHIASIS; EPILATION, (EG, BY ELECTROSURGERY OR CRYOTHERAPY)	Yes
54699	CPT/HCPCS	UNLISTED LAPAROSCOPY PROCEDURE, TESTIS	Yes
37241	CPT/HCPCS	VASCULAR EMBOLIZATION OR OCCLUSION, IMAGING GUIDANCE NESSRY TO COMPLETE THE INTERVENTION; VENOUS, OTHER THAN HEMORRHAGE	Yes
29906	CPT/HCPCS	ARTHROSCOPY, SUBTALAR JOINT, SURGICAL WITH DEBRIDEMENT	Yes
25105	CPT/HCPCS	ARTHROTOMY, WRIST JOINT; FOR SYNOVECTOMY	Yes
33778	CPT/HCPCS	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, AORTIC PULMONARY ARTERY RECONSTRUCTION (EG, JATENE TYPE);	Yes
58542	CPT/HCPCS	LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTRECTOMY, FOR UTERUS 250 G OR LESS; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)	Yes
69145	CPT/HCPCS	EXCISION SOFT TISSUE LESION, EXTERNAL AUDITORY CANAL	Yes
36902	CPT/HCPCS	INTRODUCTION OF NEEDLE(S) AND/OR CATHETER(S), DIALYSIS CIRCUIT, WITH DIAGNOSTIC ANGIOGRAPHY TO PERFORM THE ANGIOPLASTY	Yes
65114	CPT/HCPCS	EXENTERATION OF ORBIT (DOES NOT INCLUDE SKIN GRAFT), REMOVAL OF ORBITAL CONTENTS; WITH TEMPORALIS MUSCLE TRANSPLAN	Yes
32405	CPT/HCPCS	BIOPSY, LUNG OR MEDIASTINUM, PERCUTANEOUS NEEDLE	Yes
66184	CPT/HCPCS	REVISION OF AQUEOUS SHUNT TO EXTRAOCULAR EQUATORIAL PLATE RESERVOIR; WITHOUT GRAFT	Yes
57135	CPT/HCPCS	EXCISION OF VAGINAL CYST OR TUMOR	Yes

40845	CPT/HCPCS	VESTIBULOPLASTY; COMPLEX (INCLUDING RIDGE EXTENSION, MUSCLE REPOSITIONING)	Yes
31200	CPT/HCPCS	ETHMOIDECTOMY; INTRANASAL, ANTERIOR	Yes
33987	CPT/HCPCS	ARTERIAL EXPOSURE WITH CREATION OF GRAFT CONDUIT (EG, CHIMNEY GRAFT) TO FACILITATE ARTERIAL PERFUSION FOR ECMO/ECLS	Yes
58520	CPT/HCPCS	HYSTERORRHAPHY, REPAIR OF RUPTURED UTERUS (NONOBSTETRICAL)	Yes
26600	CPT/HCPCS	TREATMENT OF CLOSED METACARPAL FRACTURE, SINGLE; WITHOUT MANIPULATION, EACH BONE	Yes
20697	CPT/HCPCS	APPLIC OF MULTIPLANE, UNILAT, EXT FIXATION W/STEREOTACTIC COMPUTER-ASSISTED ADJUSTMENT, INCL IMAGING; EXCHANGE OF STRUT,	Yes
64702	CPT/HCPCS	NEUROPLASTY; DIGITAL, ONE OR BOTH, SAME DIGIT	Yes
65600	CPT/HCPCS	TATTOO CORNEA, MECHANICAL OR CHEMICAL	Yes
26250	CPT/HCPCS	RADICAL RESECTION OF TUMOR, METACARPAL	Yes
21344	CPT/HCPCS	OPEN TREATMENT OF COMPLICATED FRONTAL SINUS FRACTURE VIA CORONAL OR MULTIPLE APPROACHES	Yes
44156	CPT/HCPCS	COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTECTOMY; WITH CONTINENT ILEOSTOMY	Yes
61501	CPT/HCPCS	CRANIECTOMY; FOR OSTEOMYELITIS	Yes
26235	CPT/HCPCS	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS); PROXIMAL OR MIDDLE	Yes
29358	CPT/HCPCS	APPLICATION OF LONG LEG CAST BRACE	Yes
28102	CPT/HCPCS	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR CALCANEUS; WITH ILIAC OR OTHER AUTOGRAFT (INCLUDES OBTAINING)	Yes
61552	CPT/HCPCS	CRANIECTOMY FOR CRANIOSYNOSTOSIS; MULTIPLE CRANIAL SUTURES	Yes
S0800	CPT/HCPCS	LASER IN SITU KERATOMILEUSIS (LASIK)	Yes
27445	CPT/HCPCS	ARTHROPLASTY, KNEE, CONSTRAINED PROSTHESIS (EG, WALLSTADT TYPE)	Yes
43273	CPT/HCPCS	ENDOSCOPIC CANNULATION OF PAPILLA WITH DIRECT VISUALIZATION OF PANCREATIC/Common Bile Duct(s) (List separately in addition to code(s) for primary procedure)	Yes
24935	CPT/HCPCS	STUMP ELONGATION, UPPER EXTREMITY	Yes
69631	CPT/HCPCS	TYMPANOPLASTY WITHOUT MASTOIDECTOMY (INCLUDING CANALPLASTY, ATTICOTOMY AND/OR MIDDLE EAR SURGERY), INITIAL OR REVISION;	Yes
61543	CPT/HCPCS	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; for partial or subtotal (functional) hemispherectomy	Yes
27691	CPT/HCPCS	TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTING); ANTERIOR TIBIAL OR POSTERIOR T	Yes
65130	CPT/HCPCS	INSERTION OF OCULAR IMPLANT SECONDARY; AFTER EVISCERATION, IN SCLERAL SHELL	Yes
54560	CPT/HCPCS	EXPLORATION FOR UNDESCENDED TESTIS WITH ABDOMINAL EXPLORATION	Yes
61850	CPT/HCPCS	TWIST DRILL OR BURR HOLE(S) FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; CORTICAL	Yes
21339	CPT/HCPCS	OPEN TREATMENT OF NASOETHMOID FRACTURE; WITH EXTERNAL FIXATION	Yes
53448	CPT/HCPCS	REMOVAL AND REPLACEMENT OF NONFLATABLE URETHRAL/BLADDER NECK SPHINCTER, PUMP, RESERVOIR, AND CUFF, THROUGH INFECTED FIELD	Yes
28286	CPT/HCPCS	HAMMERTOE OPERATION; FOR COCK-UP FIFTH TOE WITH PLASTIC SKIN CLOSURE, (RUIZ-MORA TYPE PROCEDURE)	Yes
15836	CPT/HCPCS	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); ARM	Yes
28050	CPT/HCPCS	ARTHROTOMY FOR SYNOVIAL BIOPSY; INTERTARSAL OR TARSOMETATARSAL JOINT	Yes
66160	CPT/HCPCS	FISTULIZATION OF SCLERA FOR GLAUCOMA; SCLERECTOMY WITH PUNCH OR SCISSORS, WITH IRIDECTOMY	Yes
61480	CPT/HCPCS	CRANIECTOMY, SUBOCCIPITAL; FOR MESENCEPHALIC TRACTOTOMY OR PEDUNCULOTOMY	Yes
33272	CPT/HCPCS	REMOVAL OF SUBCUTANEOUS IMPLANTABLE DEFIBRILLATOR ELECTRODE	Yes

49568	CPT/HCPCS	IMPLANTATION OF MESH OR OTHER PROSTHESIS FOR INCISIONAL HERNIA REPAIR (LIST SEPARATELY IN ADDITION TO CODE FOR INCISIONA	Yes
25670	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN RADIOCARPAL OR INTERCARPAL DISLOCATION, ONE OR MORE BONES	Yes
41872	CPT/HCPCS	GINGIVOPLASTY	Yes
19298	CPT/HCPCS	PLACEMENT OF RADIOTHERAPY AFTERLOADING BRACHYTHERAPY CATHETERS INTO THE BREAST FOR INTERSTITIAL RADIOELEMENT APPL	Yes
12052	CPT/HCPCS	REPAIR INTERMEDIATE, WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES, 2.6CM TO 5.0CM	Yes
69602	CPT/HCPCS	REVISION MASTOIDECTOMY; RESULTING IN MODIFIED RADICAL MASTOIDECTOMY	Yes
69661	CPT/HCPCS	STAPEDECTOMY OR STAPEDOTOMY WITH REESTABLISHMENT OF OSSICULAR CONTINUITY, WITH OR WITHOUT USE OF FOREIGN MATERIAL; W	Yes
33471	CPT/HCPCS	VALVOTOMY, PULMONARY VALVE, CLOSED HEART, VIA PULMONARY ARTERY	Yes
28309	CPT/HCPCS	OSTEOTOMY, METATARSALS, MULTIPLE, FOR CAVUS FOOT (SWANSON TYPE PROCEDURE)	Yes
43314	CPT/HCPCS	ESOPHAGOPLASTY FOR CONGENITAL DEFECT, THORACIC APPROACH; WITH REPAIR OF CONGENITAL TRACHEOESOPHAGEAL FISTULA	Yes
63306	CPT/HCPCS	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR EXCISION OF INTRASPINAL LESION, SINGLE SEG	Yes
22905	CPT/HCPCS	RADICAL RESECTION OF TUMOR (EG, SARCOMA), SOFT TISSUE OF ABDOMINAL WALL; 5 CM OR GREATER	Yes
31300	CPT/HCPCS	LARYNGOTOMY (THYROTOMY, LARYNGOFISSURE); WITH REMOVAL OF TUMOR OR LARYNGOCELE, CORDECTOMY	Yes
29085	CPT/HCPCS	APPLICATION; HAND AND LOWER FOREARM (GAUNTLET)	Yes
25272	CPT/HCPCS	REPAIR, TENDON OR MUSCLE, EXTENSOR, FOREARM AND/OR WRIST; SECONDARY, SINGLE, EACH TENDON OR MUSCLE	Yes
63170	CPT/HCPCS	LAMINECTOMY WITH MYELOTOMY (EG, BISCHOF OR DREZ TYPE), CERVICAL, THORACIC OR THORACOLUMBAR	Yes
55920	CPT/HCPCS	PLCMENT OF NEEDLES OR CATHETERS INTO PELVIC ORGNS AND/OR GENITALIA FOR SUBSQNT INTSTIAL RADIOLMNT APPL	Yes
69641	CPT/HCPCS	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY, TYMPANIC MEMBRANE REPAIR); WITHOUT OSSICUL	Yes
23335	CPT/HCPCS	REMOVAL OF PROSTHESIS, INCLUDES DEBRIDEMENT AND SYNOVECTOMY WHEN PERFORMED; HUMERAL AND GLENOID COMPONENTS (EG, TOTAL	Yes
35512	CPT/HCPCS	BYPASS GRAFT, WITH VEIN; SUBCLAVIAN-BRACHIAL	Yes
35361	CPT/HCPCS	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; COMBINED AORTOILIAC	Yes
35022	CPT/HCPCS	DIRECT REPAIR OF ANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR WITHOUT PATCH GRAFT; FOR RUPTURED	Yes
27093	CPT/HCPCS	INJECTION PROCEDURE FOR HIP ARTHROGRAPHY; WITHOUT ANESTHESIA	Yes
38555	CPT/HCPCS	EXCISION OF CYSTIC HYGROMA, AXILLARY OR CERVICAL, WITHOUT DEEP NEUROVASCULAR DISSECTION; COMPLEX	Yes
27049	CPT/HCPCS	RADICAL RESECTION OF TUMOR (EG, SARCOMA), SOFT TISSUE OF PELVIS AND HIP AREA; LESS THAN 5 CM	Yes
27132	CPT/HCPCS	CONVERSION OF PREVIOUS HIP SURGERY TO TOTAL HIP REPLACEMENT, WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Yes
64486	CPT/HCPCS	TRANSVERSUS ABDOMINIS PLANE (TAP) BLOCK (ABDOMINAL PLANE BLOCK, RECTUS SHEATH BLOCK) UNILATERAL; BY INJECTION(S)	Yes
27156	CPT/HCPCS	OSTEOTOMY, ILIAC, ACETABULAR OR INNOMINATE BONE; WITH FEMORAL OSTEOTOMY AND WITH OPEN REDUCTION OF HIP	Yes
17108	CPT/HCPCS	DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG, LASER TECHNIQUE); OVER 50.0 SQ CM	Yes
65920	CPT/HCPCS	REMOVAL OF IMPLANTED MATERIAL, ANTERIOR SEGMENT EYE	Yes
49320	CPT/HCPCS	LAPAROSCOPY, ABDOMEN, PERITONEUM, AND OMENTUM; DIAGNOSTIC, W/ OR W/O COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING	Yes
G0342	CPT/HCPCS	LAPAROSCOPY FOR ISLET CELL TRANSPLANT, INCLUDES PORTAL VEIN CATHETERIZATION AND INFUSION	Yes

S2207	CPT/HCPCS	MINIMALLY INVASIVE DIRECT CORONARY ARTERY BYPASS SURGERY INVOLVING MINI-THORACOTOMY OR MINI-STERNOTOMY SURGERY, PERFORME	Yes
26952	CPT/HCPCS	AMPUTATION, FINGER OR THUMB, PRIMARY OR SECONDARY, ANY JOINT OR PHALANX, SINGLE, INCLUDING NEURECTOMIES; WITH LOCAL	Yes
36468	CPT/HCPCS	INJECTION(S) OF SCLEROSANT FOR, SPIDER VEINS (TELANGIECTASIA), LIMB OR TRUNK	Yes
36800	CPT/HCPCS	INSERTION OF CANNULA FOR HEMODIALYSIS, OTHER PURPOSE; VEIN TO VEIN	Yes
56810	CPT/HCPCS	PERINEOPLASTY, REPAIR OF PERINEUM, NON-OBSTETRICAL (SEPARATE PROCEDURE)	Yes
55873	CPT/HCPCS	CRYOSURGICAL ABLATION OF THE PROSTATE (INCLUDES ULTRASONIC GUIDANCE AND MONITORING)	Yes
63706	CPT/HCPCS	REPAIR OF MYELOMENINGOCELE; LARGER THAN 5 CM DIAMETER	Yes
35207	CPT/HCPCS	REPAIR BLOOD VESSEL, DIRECT; HAND, FINGER	Yes
49411	CPT/HCPCS	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RAD TX GUIDANCE (EG, FIDUCIAL MARKERS, DOSIMETER), PERCUTANEOUS, INTRA-ABDOMINAL, INTRA-PELVIC (EXCEPT PROSTA+	Yes
27244	CPT/HCPCS	TREATMENT OF INTER-, PERTRO-, OR SUBTROCHANTERIC FEMORAL FRACTURE, PLATE/SCREW TYPE IMPLANT, WITH OR W/O CERCALGE	Yes
33724	CPT/HCPCS	REPAIR OF ISOLATED PARTIAL ANOMALOUS PULMONARY VENOUS RETURN (EG, SCIMITAR SYNDROME)	Yes
26489	CPT/HCPCS	TENDON TRANSFER OR TRANSPLANT, PALMAR, SINGLE, EACH TENDON; WITH FREE TENDON GRAFT (INCLUDES OBTAINING GRAFT), EACH TEN	Yes
29891	CPT/HCPCS	ARTHROSCOPY,ANKLE,SURGICAL;EXCISION OF OSTEOCHONDRAL DEFECT OF TRALUS AND/OR TIBIA,INCLUDING DRILLING OF THE DEFECT	Yes
25630	CPT/HCPCS	TREATMENT OF CLOSED CARPAL BONE FRACTURE (EXCLUDING CARPAL SCAPHOID (NAVICULAR)); WITHOUT MANIPULATION, EACH B	Yes
64734	CPT/HCPCS	TRANSECTION OR AVULSION OF; INFRAORBITAL NERVE	Yes
45392	CPT/HCPCS	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH TRARANSENDOSCOPIC ULTRASOUND GUIDED INTRAMURAL OR TRANSMURAL FI	Yes
29445	CPT/HCPCS	APPLICATION OF RIGID TOTAL CONTACT LEG CAST	Yes
29750	CPT/HCPCS	WEDGING OF CLUBFOOT CAST	Yes
28107	CPT/HCPCS	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL OR METATARSAL BONES, EXCEPT TALUS OR CALCANEUS; WITH ALL	Yes
24077	CPT/HCPCS	RADICAL RESECTION OF TUMOR (EG, SARCOMA), SOFT TISSUE OF UPPER ARM OR ELBOW AREA; LESS THAN 5 CM	Yes
27726	CPT/HCPCS	REPAIR OF FIBULA NONUNION AND/OR MALUNION WITH INTERNAL FIXATION	Yes
27400	CPT/HCPCS	TENDON OR MUSCLE TRANSFER, HAMSTRINGS TO FEMUR (EGGERS TYPE PROCEDURE)	Yes
15650	CPT/HCPCS	TRANSFER, INTERMEDIATE, OF ANY PEDICLE FLAP (EG, ABDOMEN TO WRIST, "WALKING" TUBE), ANY LOCATION	Yes
38760	CPT/HCPCS	INGUINOFEMORAL LYMPHADENECTOMY, SUPERFICIAL, INCLUDING CLOQUET'S NODE (SEPARATE PROCEDURE)	Yes
44158	CPT/HCPCS	COLECTOMY, TOTAL, ABD, W/PROCTECTOMY; W/ILEOANAL ANASTOMOSIS, CREATE ILEAL RESERVOIR (S OR J), INCL LOOP ILEOSTOMY, RECTAL MUCOSECTOMY, WHEN PERFORMED	Yes
53400	CPT/HCPCS	URETHROPLASTY; FIRST STAGE, FOR FISTULA, DIVERTICULUM, OR STRICTURE (EG, JOHANNSEN TYPE)	Yes
59012	CPT/HCPCS	CORDOCENTESIS (INTRAUTERINE), ANY METHOD	Yes
31640	CPT/HCPCS	BRONCHOSCOPY; WITH EXCISION OF TUMOR	Yes
37216	CPT/HCPCS	TRANSCATHETER PLACEMENT OF INTRAVASCULAR STENT(S), CERVICAL CAROTID ARTERY, PERCUTANEOUS; WITHOUT DISTAL EMBOLIC PROTECT	Yes
24341	CPT/HCPCS	REPAIR,TENDON OR MUSCLE, UPPER ARM OR ELBOW, EACH TENDON OR MUSCLE, PRIMARY OR SECONDARY (EXCLUDES ROTATOR CUFF)	Yes
23616	CPT/HCPCS	OPEN TREATMENT OF PROXIMAL HUMERAL FRACTURE,W/WO INTER/EXTERFIXATION,W/WO REPAIR TUBEROSITY;W/PROXIMAL PROSTHETIC REPLAC	Yes
44125	CPT/HCPCS	ENTERECTOMY, RESECTION OF SMALL INTESTINE; WITH DOUBLE-BARREL ENTEROSTOMY	Yes

65400	CPT/HCPCS	EXCISION OF LESION, CORNEA (KERATECTOMY, LAMELLAR, PARTIAL), EXCEPT PTERYGIUM	Yes
35883	CPT/HCPCS	REVISION, FEMORAL ANASTOMOSIS OF SYNTHETIC ARTERIAL BYPASS GRAFT IN GROIN, OPEN; WITH NONAUTOGENOUS PATCH GRAFT (EG, POLYESTER, EPTFE, BOVINE PERICAR+	Yes
17261	CPT/HCPCS	DESTRUCTION, MALIGNANT LESION, ANY METHOD, TRUNK, ARMS OR LEGS; LESION DIAMETER 0.6 CM OR 1.0	Yes
25622	CPT/HCPCS	TREATMENT OF CLOSED CARPAL SCAPHOID (NAVICULAR) FRACTURE; WITHOUT MANIPULATION	Yes
63082	CPT/HCPCS	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, ANTERIOR APPROACH WITH DECOMPRESSION OF SP	Yes
21743	CPT/HCPCS	RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR CARINATUM; MINIMALLY INVASIVE APPROACH WITH THORACOSCOPY	Yes
62380	CPT/HCPCS	ENDOSCOPIC DECOMPRESSION OF SPINAL CORD, NERVE ROOT(S), INCLUDING LAMINOTOMY, PARTIAL FACETECTOMY, FORAMINOTOMY, DISCECT	Yes
24620	CPT/HCPCS	TREATMENT OF CLOSED MONTEGGIA TYPE OF FRACTURE DISLOCATION AT ELBOW (FRACTURE PROXIMAL END OF ULNA WITH DISLOCATION OF R	Yes
64713	CPT/HCPCS	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG, OPEN; BRACHIAL PLEXUS	Yes
63056	CPT/HCPCS	TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR NERVE ROOT(S) (EG, HERNIATED INTERVERTEBRA	Yes
33218	CPT/HCPCS	REPAIR OF SINGLE TRANSVENOUS ELECTRODE, PERMANENT PACEMAKER OR IMPLANTABLE DEFIBRILLATOR	Yes
43520	CPT/HCPCS	PYLOROMYOTOMY, CUTTING OF PYLORIC MUSCLE (FREDET-RAMSTEDT TYPE OPERATION)	Yes
27686	CPT/HCPCS	LENGTHENING OR SHORTENING OF TENDON, LEG OR ANKLE; MULTIPLE (THROUGH SAME INCISION), EACH	Yes
50431	CPT/HCPCS	INJECTION PROCEDURE FOR ANTEGRADE NEPHROSTOGRAM AND/OR URETEROGRAM, COMPLETE DIAGNOSTIC PROCEDURE; EXISTING ACCESS	Yes
26080	CPT/HCPCS	ARTHROTOMY, FOR INFECTION, WITH EXPLORATION, DRAINAGE OR REMOVAL OF FOREIGN BODY; INTERPHALANGEAL JOINT, EACH	Yes
27327	CPT/HCPCS	EXCISION, TUMOR, SOFT TISSUE OF THIGH OR KNEE AREA, SUBCUTANEOUS; LESS THAN 3 CM	Yes
49491	CPT/HCPCS	REPAIR, INITIAL INGUINAL HERNIA, PRETERM INFANT BIRTH TO 50WKS POSTCONCEPTUAL AGE, W OR W/O HYDROCELECTOMY; REDUCIBLE	Yes
27848	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN ANKLE DISLOCATION; WITH FIXATION	Yes
26518	CPT/HCPCS	CAPSULODESIS FOR M-P JOINT STABILIZATION; THREE OR FOUR DIGITS	Yes
36566	CPT/HCPCS	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCEDEVICE, REQ TWO CATHETERS VIA TWO SEPARATE VENOUS ACCEWITH	Yes
63102	CPT/HCPCS	VERTEBRAL CORPECTOMY, PARTIAL OR COMPLETE, LATERAL EXTRACAVIAPPROACH WITH DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOT	Yes
32442	CPT/HCPCS	REMOVAL OF LUNG, TOTAL PNEUMONECTOMY; W/RESECTION OF TRACHEA FOLLOWED BY BRONCHO-TRACHEAL ANASTOMOSIS (SLEEVE PNEUMONECTO	Yes
57130	CPT/HCPCS	EXCISION OF VAGINAL SEPTUM	Yes
26502	CPT/HCPCS	TENDON PULLEY RECONSTRUCTION; WITH TENDON OR FASCIAL GRAFT (INCLUDES OBTAINING GRAFT) (SEPARATE PROCEDURE)	Yes
C9601	CPT/HCPCS	PERCUTANEOUS TRANSCATHETER PLACEMENT OF DRUG-ELUTING INTRACORONARY STENT, EACH ADDITIONAL BRANCH OF MAJOR CORONARY ARTERY	Yes
69420	CPT/HCPCS	*MYRINGOTOMY INCLUDING ASPIRATION AND/OR EUSTACHIAN TUBE INFLATION	Yes
57452	CPT/HCPCS	*COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA;	Yes
36481	CPT/HCPCS	PERCUTANEOUS PORTAL VEIN CATHETERIZATION BY ANY METHOD	Yes
26705	CPT/HCPCS	TREATMENT OF CLOSED METACARPOPHALANGEAL DISLOCATION, SINGLE, WITH MANIPULATION; REQUIRING ANESTHESIA	Yes
27676	CPT/HCPCS	REPAIR FOR DISLOCATING PERONEAL TENDONS; WITH FIBULAR OSTEOTOMY	Yes

33478	CPT/HCPCS	OUTFLOW TRACT AUGMENTATION (GUSSET), WITH OR WITHOUT COMMISSUROTOMY OR INFUNDIBULAR RESECTION	Yes
63198	CPT/HCPCS	LAMINECTOMY WITH CORDOTOMY WITH SECTION OF BOTH SPINOTHALAMIC TRACTS, TWO STAGES WITHIN 14 DAYS; CERVICAL	Yes
47536	CPT/HCPCS	EXCHANGE OF BILIARY DRAINAGE CATHETER (EG, EXTERNAL INTERNAL-EXTERNAL, OR CONVERSION OF INTERNAL-EXTERNAL; TO	Yes
45331	CPT/HCPCS	SIGMOIDOSCOPY, FLEXIBLE FIBEROPTIC; FOR BIOPSY AND/OR COLLECTION OF SPECIMEN BY BRUSHING OR WASHING	Yes
33282	CPT/HCPCS	IMPLANTATION OF PATIENT-ACTIVATED CARDIAC EVENT RECORDER	Yes
24126	CPT/HCPCS	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF HEAD OR NECK OF RADIUS OR OLECRANON PROCESS; WITH ALLOGRAFT	Yes
24538	CPT/HCPCS	TREATMENT OF CLOSED HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE, WITH MANIPULATION; WITH PERCUTANEOUS SKELETAL F	Yes
69667	CPT/HCPCS	REPAIR ROUND WINDOW FISTULA	Yes
67901	CPT/HCPCS	REPAIR OF BLEPHAROPTOSIS; FRONTALIS MUSCLE TECHNIQUE WITH SUTURE OR OTHER MATERIAL (EG, BANKED FASCIA)	Yes
48146	CPT/HCPCS	PANCREATECTOMY, DISTAL, NEAR-TOTAL WITH PRESERVATION OF DUODENUM (CHILD-TYPE PROCEDURE)	Yes
33217	CPT/HCPCS	INSERTION OF 2 TRANSVENOUS ELECTRODES, PERMANENT PACEMAKER OR IMPLANTABLE DEFIBRILLATOR	Yes
35184	CPT/HCPCS	REPAIR, CONGENITAL ARTERIOVENOUS FISTULA; EXTREMITIES	Yes
17315	CPT/HCPCS	MOHS MICROGRAPHIC TECHNIQUE, OF TRUNK, ARMS, OR LEGS; EA ADDL BLOCK AFTER THE FIRST 5 TISSUE BLOCKS, ANY STAGE	Yes
31599	CPT/HCPCS	UNLISTED PROCEDURE, LARYNX	Yes
43118	CPT/HCPCS	PARTIAL ESOPHAGECTOMY, DISTAL TWO-THIRDS, WITH THORACOTOMY & SEPARATE ABD INCISION W/WO PROXIMAL GASTRECTOMY WITH COLON	Yes
54105	CPT/HCPCS	BIOPSY OF PENIS; DEEP STRUCTURES	Yes
26650	CPT/HCPCS	PERCUTANEOUS SKELETAL FIXATION OF CARPOMETACARPAL FRACTURE DISLOCATION, THUMB (BENNETT FRACURE), WITH MANIPULATION	Yes
64553	CPT/HCPCS	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; CRANIAL NERVE	Yes
29897	CPT/HCPCS	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; DEBRIDEMENT, LIMITED	Yes
40500	CPT/HCPCS	VERMILIONECTOMY (LIP SHAVE), WITH MUCOSAL ADVANCEMENT	Yes
24635	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN MONTEGGIA TYPE OF FRACTURE DISLOCATION AT ELBOW (FRACTURE PROXIMAL END OF ULNA WITH	Yes
20150	CPT/HCPCS	EXXCISION OF EPIPHYSEAL BAR, WITH OR WITHOUT AUTOGENOUS SOFT TISSUE GRAFT OBTAINED THROUGH SAME FASCIAL INCISION	Yes
22222	CPT/HCPCS	OSTEOTOMY OF SPINE, INCLUDING DISCECTOMY, ANTERIORAPPROACH, SINGLE VERTEBRAL SEGMENT; THORACIC	Yes
47532	CPT/HCPCS	INJECTION PROCEDURE FOR CHOLANGIOGRAPHY, PERCUTANEOUS, COMPLETE DIAGNOSTIC PROCEDURE INCL IMAGING GUIDANCE & ALL ASSOCIAT	Yes
24363	CPT/HCPCS	ARTHROPLASTY, ELBOW; WITH DISTAL HUMERUS AND PROXIMAL ULNAR PROSTHETIC REPLACEMENT ("TOTAL ELBOW")	Yes
64550	CPT/HCPCS	APPLICATION OF SURFACE (TRANSCUTANEOUS) NEUROSTIMULATOR (EG, TENS UNIT)	Yes
28310	CPT/HCPCS	OSTEOTOMY FOR SHORTENING, ANGULAR OR ROTATIONAL CORRECTION; PROXIMAL PHALANX, FIRST TOE (SEPARATE PROCEDURE)	Yes
23170	CPT/HCPCS	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), CLAVICLE	Yes
21013	CPT/HCPCS	EXCISION, TUMOR, SOFT TISSUE OF FACE AND SCALP, SUBFASCIAL (EG, SUBGALEAL, INTRAMUSCULAR); LESS THAN 2 CM	Yes
26418	CPT/HCPCS	EXTENSOR TENDON REPAIR, DORSUM OF FINGER, SINGLE, PRIMARY OR SECONDARY; WITHOUT FREE GRAFT, EACH TENDON	Yes
53215	CPT/HCPCS	URETHRECTOMY, TOTAL, INCLUDING CYSTOSTOMY; MALE	Yes
33768	CPT/HCPCS	ANASTOMOSIS, CAVOPULMONARY, SECOND SUPERIOR VENA CAVA	Yes
11042	CPT/HCPCS	DEBRIDEMENT, SUBCUTANEOUS TISSUE (INCLUDES EPIDERMIS AND DERMIS, IF PERFORMED); FIRST 20 SQ CM OR LESS	Yes
35510	CPT/HCPCS	BYPASS GRAFT, WITH VEIN; CAROTID-BRACHIAL	Yes
26770	CPT/HCPCS	TREATMENT OF CLOSED INTERPHALANGEAL JOINT DISLOCATION, SINGLE, WITH MANIPULATION; WITHOUT ANESTHESIA	Yes

22585	CPT/HCPCS	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); EACH ADDITIONAL INTERSPACE	Yes
49322	CPT/HCPCS	LAPAROSCOPY, SURGICAL, ABDOMEN, PERITONEUM, AND OMENTUM; WITH ASPIRATION OF CAVITY OR CYST	Yes
21247	CPT/HCPCS	RECONSTRUCTION OF MANDIBULAR CONDYLE WITH BONE AND CARTILAGE AUTOGRAFTS (INCLUDES OBTAINING GRAFTS) (EG, FOR HEMIF	Yes
43107	CPT/HCPCS	TOTAL OR NEAR TOTAL ESOPHAGECTOMY, WITHOUT THORACOTOMY; WITH PHARYNGOGASTROSTOMY OR CERVICAL ESOPHAGOGASTROSTOMY	Yes
25441	CPT/HCPCS	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL RADIUS	Yes
66500	CPT/HCPCS	IRIDOTOMY BY STAB INCISION (SEPARATE PROCEDURE); EXCEPT TRANSFIXION	Yes
31573	CPT/HCPCS	LARYNGOSCOPY, FLEXIBLE; WITH THERAPEUTIC INJECTION(S), UNILATERAL (EG, CHEMODENERVATION AGENT OR CORTICOSTEROID, INJECTED PE	Yes
62355	CPT/HCPCS	REMOVAL OF PREVIOUSLY IMPLANTED INTRATHECAL OR EPIDURAL CATHETER	Yes
49505	CPT/HCPCS	REPAIR INGUINAL HERNIA, AGE 5 OR OVER;	Yes
41874	CPT/HCPCS	ALVEOPLASTY	Yes
26440	CPT/HCPCS	TENOLYSIS, SIMPLE, FLEXOR TENDON; PALM OR FINGER, SINGLE, EACH TENDON	Yes
15005	CPT/HCPCS	SRG PREP/CREAT SITE EXCISION, BRN ESCHR, SCR (SUBCUTIS), INCSNL SCR CNTRC FACE, SCLP, EYELDS, MTH, NCK, EAR, ORBT, GENIT, HND, FT MLTIPL DGT+	Yes
35700	CPT/HCPCS	REOPERATION, FEMORAL-POPLITEAL OR FEMORAL (POPLITEAL)-ANteriortibial, POSTERIOR TIBIAL, PERONEAL ARTERY OR OTHER DISTAL VESS	Yes
47740	CPT/HCPCS	CHOLECYSTOENTEROSTOMY; ROUX-EN-Y	Yes
29845	CPT/HCPCS	ARTHROSCOPY, WRIST, SURGICAL; SYNOVECTOMY, COMPLETE	Yes
24577	CPT/HCPCS	TREATMENT OF CLOSED HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL; WITH MANIPULATION	Yes
20999	CPT/HCPCS	UNLISTED PROCEDURE, MUSCULOSKELETAL SYSTEM, GENERAL	Yes
33238	CPT/HCPCS	REMOVAL OF PERMANENT TRANSVENOUS ELECTRODE(S) BY THORACOTOMY	Yes
19120	CPT/HCPCS	EXCISION OF CYST, FIBROADENOMA, OR OTHER BENIGN OR MALIGNANT TUMOR, ABERRANT BREAST TISSUE, DUCT OR NIPPLE LESION	Yes
27137	CPT/HCPCS	REVISION OF TOTAL HIP ARTHROPLASTY; ACETABULAR COMPONENT ONLY, WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Yes
32601	CPT/HCPCS	THORACOSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE); LUNGS AND PLEURAL SPACE, WITHOUT BIOPSY	Yes
11422	CPT/HCPCS	EXCISION, BENIGN LESION INCL MARGINS, EXPT SKIN TAG (UNLS LSTD ELSWR) SCALP, NECK, HANDS, FEET, GENIT; EX DM 1.1 TO 2.0CM	Yes
48160	CPT/HCPCS	PANCREATECTOMY, TOTAL; WITH TRANSPLANTATION	Yes
27235	CPT/HCPCS	PERCUTANEOUS SKELETAL FIXATION OF FEMORAL FRACTURE, PROXIMAL END, NECK	Yes
36584	CPT/HCPCS	REPLACEMENT, COMPLETE, OF A PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP, THROUGH SAME VENOUS ACCESS, INCLUDING A+	Yes
38720	CPT/HCPCS	CERVICAL LYMPHADENECTOMY (COMPLETE)	Yes
29058	CPT/HCPCS	APPLICATION; PLASTER VELPEAU	Yes
57289	CPT/HCPCS	PEREYRA PROCEDURE, INCLUDING ANTERIOR COLPORRHAPHY	Yes
33422	CPT/HCPCS	VALVOTOMY, MITRAL VALVE (COMMISSUROTOMY); OPEN, WITH CARDIOPULMONARY BYPASS	Yes
68750	CPT/HCPCS	CONJUNCTIVORHINOSTOMY (FISTULIZATION OF CONJUNCTIVA TO NASAL CAVITY); WITH INSERTION OF TUBE OR STENT	Yes
43846	CPT/HCPCS	GASTRIC BYPASS WITH ROUX-EN-Y GASTROENTEROSTOMY FOR MORBID OBESITY	Yes
68816	CPT/HCPCS	PROBING OF NASALACRIMAL DUCT, WITH OR W/O IRRIGATION; WITH TRANSLUMINAL BALLOON CATHETER DILATION	Yes
0314T	CPT/HCPCS	VAGUS NERVE BLOCKING THERAPY (MORBID OBESITY); LAPAROSCOPIC REMOVAL OF VAGAL TRUNK NEUROSTIMULATOR ELECTRODE ARRAY/ PULSE	Yes
15135	CPT/HCPCS	DERMAL AUTOGRAFT; FIRST 100 SQ CM OR LESS, OR 1% OF BODY AREA OF INFANTS AND CHILDREN; FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HA+	Yes

35697	CPT/HCPCS	REIMPLANTATION, VISCERAL ARTERY TO INFRARENAL AORTIC PROSTHESIS, EACH ARTERY	Yes
64831	CPT/HCPCS	SUTURE OF DIGITAL NERVE, HAND OR FOOT; ONE NERVE	Yes
43121	CPT/HCPCS	PARTIAL ESOPHAGECTOMY, DISTAL TWO-THIRDS, WITH THORACOTOMY ONLY, W/WO PROXIMAL GASTRECTOMY, WITH THORACIC ESOPHAGOGAS	Yes
49329	CPT/HCPCS	UNLISTED LAPAROSCOPY PROCEDURE, ABDOMEN, PERITONEUM AND OMENTUM	Yes
54318	CPT/HCPCS	URETHROPLASTY FOR THIRD STAGE HYPOSPADIAS REPAIR TO RELEASE PENIS FROM SCROTUM (EG, THIRD STAGE CECIL REPAIR)	Yes
21159	CPT/HCPCS	RECONSTRUCTION MIDFACE, LEFORT III (EXTRA AND INTRACRANIAL) WITH FOREHEAD ADVANCEMENT (EG, MONO BLOC), REQUIRING BON	Yes
68505	CPT/HCPCS	EXCISION OF LACRIMAL GLAND (DACRYOADENECTOMY), EXCEPT FOR TUMOR; PARTIAL	Yes
65273	CPT/HCPCS	REPAIR OF LACERATION; CONJUNCTIVA, BY MOBILIZATION AND REARRANGEMENT, WITH HOSPITALIZATION	Yes
67340	CPT/HCPCS	STRABISMUS SURGERY INVOLVING EXPLORATION AND/OR REPAIR OF DETACHED EXTRAOCULAR MUSCLE(S)	Yes
39010	CPT/HCPCS	MEDIASTINOTOMY WITH EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY; TRANSTHORACIC	Yes
43460	CPT/HCPCS	ESOPHAGOGASTIC TAMPONADE, WITH BALLOON (SENGSTAKEN TYPE)	Yes
33315	CPT/HCPCS	CARDIOTOMY, EXPLORATORY (INCLUDES REMOVAL OF FOREIGN BODY); WITH CARDIOPULMONARY BYPASS	Yes
62321	CPT/HCPCS	INJECTION(S) OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) CERVICAL OR THROACIC; WITH IMAGING GUIDANCE (IE,FLUOROSCOPY OR CT	Yes
33966	CPT/HCPCS	EXTRACORPOREAL MEMBRANE OXYGENATION; REMOVAL OF PERIPHERAL CANNULA(E), PERCUTANEOUS, 6 YEARS AND OLDER	Yes
47570	CPT/HCPCS	LAPAROSCOPY, SURGICAL; CHOLECYSTOENTEROSTOMY	Yes
42720	CPT/HCPCS	INCISION AND DRAINAGE ABSCESS; RETROPHARYNGEAL OR PARAPHARYNGEAL, INTRAORAL APPROACH	Yes
24101	CPT/HCPCS	ARTHROTOMY, ELBOW; WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR WITHOUT REMOVAL OF LOOSE OR FOREIGN BODY	Yes
28495	CPT/HCPCS	TREATMENT OF CLOSED FRACTURE GREAT TOE, PHALANX OR PHALANGES; WITH MANIPULATION	Yes
57460	CPT/HCPCS	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH LOOP ELECTRODE BIOPSY(S) OF THE CERVIX	Yes
46754	CPT/HCPCS	REMOVAL OF THIERSCH WIRE OR SUTURE, ANAL CANAL	Yes
61592	CPT/HCPCS	ORBITOCRANIAL ZYGOMATIC APPROACH TO MIDDLE CRANIAL FOSSA (CAVERNOUS SINUS AND CAROTID ARTERY, CLIVUS, BASILAR ARTERY OR	Yes
67922	CPT/HCPCS	REPAIR OF ENTROPION; THERMOCAUTERIZATION	Yes
29581	CPT/HCPCS	APPLICATION OF MULTI-LAYER VENOUS WOUND COMPRESSION SYSTEM, BELOW KNEE	Yes
21742	CPT/HCPCS	RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR CARINATUM: MINIMALLY INVASIVE APPROACH WITHOUT THORACOSCOPY	Yes
28304	CPT/HCPCS	OSTEOTOMY, MIDTARSAL BONES, OTHER THAN CALCANEUS OR TALUS;	Yes
31587	CPT/HCPCS	LARYNGOPLASTY, CRICOID SPLIT, WITHOUT GRAFT PLACEMENT	Yes
27519	CPT/HCPCS	OPEN TREATMENT OF DISTAL FEMORAL EPIPHYSEAL SEPARATION, INCLUDES INTERNAL FIXATION, WHEN PERFORMED	Yes
15271	CPT/HCPCS	APPLICATION OF SKIN SUBSTITUTE GRAFT TO TRUNK, ARMS, LEGS, TOTAL WOUND SURFACE AREA,FIRST 25 SQ CM OR LESS WOUND SURFACE	Yes
36005	CPT/HCPCS	INJECTION PROCEDURE FOR CONTRAST VERNOGRAGHY	Yes
27550	CPT/HCPCS	TREATMENT OF CLOSED KNEE DISLOCATION; WITHOUT ANESTHESIA	Yes
27275	CPT/HCPCS	*MANIPULATION, HIP JOINT, REQUIRING GENERAL ANESTHESIA	Yes
33958	CPT/HCPCS	EXTRACORPOREAL MEMBRANE OXYGENATION;REPOSITION PERIPHERAL CANNULA(E), PERCUTANEOUS, 6 YEARS AND OLDER (INCLUDES FLUOROSC	Yes
24802	CPT/HCPCS	ARTHRODESIS, ELBOW JOINT; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT OTHER THAN LOCALLY OBTAINED)	Yes
31575	CPT/HCPCS	LARYNGOSCOPY, FLEXIBLE; DIAGNOSTIC	Yes
46707	CPT/HCPCS	REPAIR OF ANORECTAL FISTULA WITH PLUG (EG, PORCINE SMALL INTESTINE SUBMUCOSA)	Yes

53852	CPT/HCPCS	TRANSURETHRAL DESTRUCTION OF PROSTATE TISSUE;BY RADIOFREQUENCY THERMOTHERAPY	Yes
29075	CPT/HCPCS	APPLICATION; ELBOW TO FINGER (SHORT ARM)	Yes
32905	CPT/HCPCS	THORACOPLASTY, SCHEDE TYPE OR EXTRAPLEURAL (ALL STAGES);	Yes
23172	CPT/HCPCS	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), SCAPULA	Yes
26590	CPT/HCPCS	REPAIR MACRODACTYLIA	Yes
0377T	CPT/HCPCS	ANOSCOPY WITH DIRECTED SUBMUCOSAL INJECTION OF BULKING AGENTFOR FECAL INCONTINENCE	Yes
25820	CPT/HCPCS	INTERCARPAL FUSION; WITHOUT BONE GRAFT	Yes
S2115	CPT/HCPCS	OSTEOTOMY, PERIACETABULAR, WITH INTERNAL FIXATION	Yes
45332	CPT/HCPCS	SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF FOREIGN BODY(S)	Yes
28010	CPT/HCPCS	TENOTOMY, SUBCUTANEOUS, TOE; SINGLE	Yes
35876	CPT/HCPCS	THROMBECTOMY OF ARTERIAL OR VENOUS GRAFT; WITH REVISION OF ARTRIAL OR VENOUS GRAFT	Yes
20552	CPT/HCPCS	Injection(s); single or multiple trigger point(s), one or two muscle(s)	Yes
24366	CPT/HCPCS	ARTHROPLASTY, RADIAL HEAD; WITH IMPLANT	Yes
58570	CPT/HCPCS	LAPAROSCOPY, SURGICAL,WITH TOTALHYSTERECTOMY,FOR UTERUS 25 0 G OR LESS;	Yes
48400	CPT/HCPCS	INJECTION PROCEDURE FOR INTRAOPERATIVE PANCREATOGRAPHY	Yes
27696	CPT/HCPCS	SUTURE, PRIMARY, TORN, RUPTURED OR SEVERED LIGAMENT, ANKLE; BOTH COLLATERAL LIGAMENTS	Yes
25608	CPT/HCPCS	OPEN TREATMENT OF DISTAL RADIAL INTRA-ARTICULAR FRACTURE OR EPIPHYSEAL SEPARATION; WITH INTERNAL FIXATION OF 2 FRAGMENTS	Yes
28234	CPT/HCPCS	TENOTOMY, OPEN, EXTENSOR, FOOT OR TOE	Yes
24470	CPT/HCPCS	HEMIEPIPHYSEAL ARREST (EG, FOR CUBITUS VARUS OR VALGUS, DISTAL HUMERUS)	Yes
48547	CPT/HCPCS	DUODENAL EXCLUSION WITH GASTROJEJUNOSTOMY FOR PANCREATIC TRAUMA	Yes
46748	CPT/HCPCS	REPAIR OF CLOACAL ANOMALY BY ANORECTOVAGIONOPLASTY & URETHROPLASTY, COMINED ABDOMINAL & SACROPERINEAL APPROACH W/VAGINAL	Yes
63051	CPT/HCPCS	LAMINOPLASTY, CERVICAL, WITH DECOMPRESSION OF THE SPINAL CORD, TWO OR MORE VERTEBRAL SEGMENTS; WITH RECONSTRUCTION OF	Yes
43327	CPT/HCPCS	ESOPHAGOGASTRIC FUNDOPLASTY PARTIAL OR COMPLETE; LAPAROTOMY	Yes
23505	CPT/HCPCS	TREATMENT OF CLOSED CLAVICULAR FRACTURE; WITH MANIPULATION	Yes
27637	CPT/HCPCS	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)	Yes
46220	CPT/HCPCS	EXCISION OF SINGLE EXTERNAL PAPILLA OR TAG, ANUS	Yes
27556	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN KNEE DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL SKELETAL FIXATION; WITHOUT PRI	Yes
37247	CPT/HCPCS	TRANSLUMINAL BALLOON ANGIOPLASTY OPEN OR PERCUTANEOUS,EACH ADDITIONAL ARTERY, INCLUDING ALL IMAGING,ANGIOPLASTY WITHIN T	Yes
43772	CPT/HCPCS	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL OF ADJUSTABLE GASTRIC BAND COMPONENT ONLY	Yes
54385	CPT/HCPCS	PLASTIC OPERATION ON PENIS FOR EPISPADIAS DISTAL TO EXTERNAL SPHINCTER; WITH INCONTINENCE	Yes
28003	CPT/HCPCS	DEEP DISSECTION BELOW FASCIA, FOR DEEP INFECTION OF FOOT, WITH OR WITHOUT TENDON SHEATH INVOLVEMENT; MULTIPLE AREAS	Yes
C2618	CPT/HCPCS	PROBE/NEEDLE, CRYOABLATION	Yes
11424	CPT/HCPCS	EXCISION, BENIGN LESION INCL MARGINS, EXPT SKIN TAG (UNLS LSTD ELSWR) SCALP, NECK, HNDS, FEET, GENIT; EX DM 3.1 TO 4.0CM	Yes
21125	CPT/HCPCS	AUGMENTATION, MANDIBULAR BODY OR ANGLE; PROSTHETIC MATERIAL	Yes
65785	CPT/HCPCS	IMPLANTATION OF INTRASTROMAL CORNEAL RING SEGMENTS	Yes
59136	CPT/HCPCS	SURGICAL TREATMENT OF ECTOPIC PREGNANCY; INTERSTITIAL, UTERINE PREGNANCY WITH PARTIAL RESECTION OF UTERUS	Yes
27870	CPT/HCPCS	ARTHRODESIS, ANKLE, OPEN	Yes
50686	CPT/HCPCS	MANOMETRIC STUDIES THROUGH URETEROSTOMY OR INDWELLING URETERAL CATHETER	Yes
68530	CPT/HCPCS	REMOVAL OF FOREIGN BODY OR DACRYOLITH, LACRIMAL PASSAGES	Yes

68720	CPT/HCPCS	DACRYOCYSTORHINOSTOMY (FISTULIZATION OF LACRIMAL SAC TO NASAL CAVITY)	Yes
21030	CPT/HCPCS	EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA OR ZYGOMA BY ENUCLEATION AND CURETTAGE	Yes
25690	CPT/HCPCS	TREATMENT OF LUNATE DISLOCATION, WITH MANIPULATION	Yes
19110	CPT/HCPCS	NIPPLE EXPLORATION, WITH OR WITHOUT EXCISION OF A SOLITARY LACTIFEROUS DUCT OR A PAPILLOMA LACTIFEROUS DUCT	Yes
66700	CPT/HCPCS	CILIARY BODY DESTRUCTION; DIATHERMY	Yes
35905	CPT/HCPCS	EXCISION OF INFECTED GRAFT; THORAX	Yes
31591	CPT/HCPCS	LARYNGOPLASTY; MEDIALIZATION, UNILATERAL	Yes
68815	CPT/HCPCS	PROBING OF NASOLACRIMAL DUCT WITH OR WITHOUT IRRIGATION WITH INSERTION OF TUBE OR STENT	Yes
0271T	CPT/HCPCS	REVISION OR REMOVAL OF CAROTID SINUS BAROREFLEX ACTIVATION DEVICE; PULSE GENERATOR ONLY (INCLUDES INTRA-OPERATIVE INTERROGATION, PROGRAMMING, AND REP+	Yes
31502	CPT/HCPCS	TRACHEOTOMY TUBE CHANGE PRIOR TO ESTABLISHMENT OF FISTULA TRACT	Yes
25150	CPT/HCPCS	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS); ULNA	Yes
30118	CPT/HCPCS	EXCISION OR DESTRUCTION, ANY METHOD (INCLUDING LASER), INTRANASAL LESION; EXTERNAL APPROACH (LATERAL RHINOTOMY)	Yes
26862	CPT/HCPCS	ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)	Yes
61796	CPT/HCPCS	STEREOTATIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR); 1 SIMPLE CRANIAL LESION	Yes
31051	CPT/HCPCS	SINUSOTOMY, SPHENOID, WITH OR WITHOUT BIOPSY; WITH MUCOSAL STRIPPING OR REMOVAL OF POLYP(S)	Yes
27299	CPT/HCPCS	UNLISTED PROCEDURE, PELVIS OR HIP JOINT	Yes
34111	CPT/HCPCS	EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; RADIAL OR ULNAR ARTERY, BY ARM INCISION	Yes
54328	CPT/HCPCS	ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISION); WITH EXTENSIVE DISSECTION T	Yes
24930	CPT/HCPCS	AMPUTATION, ARM THROUGH HUMERUS; RE-AMPUTATION	Yes
32100	CPT/HCPCS	THORACOTOMY, MAJOR; WITH EXPLORATION AND BIOPSY	Yes
27540	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN INTERCONDYLAR SPINE(S) FRACTURE(S) OF KNEE, WITH INTERNAL FIXATION	Yes
40530	CPT/HCPCS	RESECTION OF LIP, MORE THAN ONE-FOURTH, WITHOUT RECONSTRUCTION	Yes
10036	CPT/HCPCS	PLACEMENT OF SOFT TISSUE LOCALIZATION DEVICE(S),PERCUTANEOU S, INCLUDING IMAGING GUIDANCE; EACH ADDITIONAL LESION	Yes
13151	CPT/HCPCS	REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; 1.1 CM TO 2.5 CM	Yes
64647	CPT/HCPCS	CHEMODENERVATION OF TRUNK MUSCLE(S); 6 OR MORE MUSCLE(S)	Yes
20957	CPT/HCPCS	BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS; METATARSAL	Yes
30117	CPT/HCPCS	EXCISION OR DESTRUCTION, ANY METHOD (INCLUDING LASER), INTRANASAL LESION; INTERNAL APPROACH	Yes
27647	CPT/HCPCS	RADICAL RESECTION OF TUMOR; TALUS OR CALCANEUS	Yes
28405	CPT/HCPCS	TREATMENT OF CLOSED CALCANEAL FRACTURE; WITH MANIPULATION INCLUDING COTTON OR BOHLER TYPE REDUCTIONS	Yes
35304	CPT/HCPCS	THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED; TIBIOPERONEAL TRUNK ARTERY	Yes
33917	CPT/HCPCS	REPAIR OF PULMONARY ARTERY STENOSIS BY RECONSTRUCTION WITH PATCH OR GRAFT	Yes
33533	CPT/HCPCS	CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); SINGLE ARTERIAL GRAFT	Yes
29580	CPT/HCPCS	STRAPPING; UNNA BOOT	Yes
45905	CPT/HCPCS	*DILATION OF ANAL SPHINCTER (SEPARATE PROCEDURE) UNDER ANESTHESIA OTHER THAN LOCAL	Yes
57267	CPT/HCPCS	INSERTION OF MESH OR OTHER PROSTHESIS FOR REPAIR OF PELVIC FLOOR DEFECT, EACH SITE, VAGINAL APPROACH	Yes
33612	CPT/HCPCS	REPAIR OF DOUBLE OUTLET RIGHT VENTRICLE W/INTRAVENTRICULAR TUNNEL REPAIR;W/REPAIR OF RIGHT VENTRICULAR OUTFLOW TRACT OBS	Yes
35621	CPT/HCPCS	BYPASS GRAFT, WITH OTHER THAN VEIN; AXILLARY-FEMORAL	Yes

43300	CPT/HCPCS	ESOPHAGOPLASTY, (PLASTIC REPAIR OR RECONSTRUCTION) CERVICAL APPROACH; WITHOUT REPAIR OF TRACHEOESOPHAGEAL FISTULA	Yes
67316	CPT/HCPCS	STRABISMUS SURGERY, RECESSION OR RESECTION PROCEDURE (PATIENT NOT PREVIOUSLY OPERATED ON); TWO OR MORE VERTICAL MUSCLES	Yes
21081	CPT/HCPCS	IMPRESSION AND CUSTOM PREPARATION; MANDIBULAR RESECTION PROSTHESIS	Yes
26476	CPT/HCPCS	TENDON LENGTHENING, EXTENSOR, HAND OR FINGER, SINGLE, EACH	Yes
0421T	CPT/HCPCS	TRANSURETHRAL WATERJET ABLATION OF PROSTATE, INCLUDING CONTROL OF POST-OPERATIVE BLEEDING, COMPLETE (VASECTOMY,	Yes
22846	CPT/HCPCS	ANTERIOR INSTRUMENTATION; 4 TO 7 VERTEBRAL SEGMENTS	Yes
64911	CPT/HCPCS	NERVE REPAIR; WITH AUTOGENOUS VEIN GRAFT (INCLUDES HARVEST OF VEIN GRAFT), EACH NERVE	Yes
61586	CPT/HCPCS	BICORONAL TRANSZYGOMATIC AND/OR LEFORT I OSTEOTOMY APPROACH TO ANTERIOR CRANIAL FOSSA WITH OR WITHOUT INTERNAL FIXATIO	Yes
58956	CPT/HCPCS	BILATERAL SALPINGO-OOPHORECTOMY WITH TOTAL OMENTECTOMY, TOTAL OMENTECTOMY, TOTAL ABDOMINAL HYSTERECTOMY FOR MALIGNA	Yes
52283	CPT/HCPCS	CYSTOURETHROSCOPY, WITH STEROID INJECTION INTO STRICTURE	Yes
21343	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN DEPRESSED FRONTAL SINUS FRACTURE	Yes
40830	CPT/HCPCS	CLOSURE OF LACERATION, VESTIBULE OF MOUTH; 2.5 CM OR LESS	Yes
47712	CPT/HCPCS	EXCISION OF BILE DUCT TUMOR, WITH OR WITHOUT PRIMARY REPAIR OF BILE DUCT; INTRAHEPATIC	Yes
45171	CPT/HCPCS	EXCISION OF RECTAL TUMOR, TRANSANAL APPROACH; NOT INCLUDING MUSCULARIS PROPRIA (IE, PARTIAL THICKNESS)	Yes
10021	CPT/HCPCS	FINE NEEDLE ASPIRATION BIOPSY, WITHOUT IMAGING GUIDANCE; FIRST LESION	Yes
G0104	CPT/HCPCS	COLORECTAL CANCER SCREENING; FELXIBLE SIGMOIDOSCOPY	Yes
49250	CPT/HCPCS	UMBILECTOMY, OMPHALECTOMY, EXCISION OF UMBILICUS (SEPARATE PROCEDURE)	Yes
63016	CPT/HCPCS	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA EQUINA, WITHOUT FACETECTOMY, FORAMINOTOMY	Yes
0270T	CPT/HCPCS	REVISION OR REMOVAL OF CAROTID SINUS BAROREFLEX ACTIVATION DEVICE; LEAD ONLY, UNILATERAL (INCLUDES INTRA-OPERATIVE INTERROGATION, PROGRAMMING, AND RE+	Yes
67515	CPT/HCPCS	*INJECTION OF THERAPEUTIC AGENT INTO TENON'S CAPSULE	Yes
33476	CPT/HCPCS	RIGHT VENTRICULAR RESECTION FOR INFUNDIBULAR STENOSIS, WITH OR WITHOUT COMMISSUROTOMY	Yes
27442	CPT/HCPCS	ARTHROPLASTY, KNEE, FEMORAL CONDYLES OR TIBIAL PLATEAUS;	Yes
28008	CPT/HCPCS	FASCIOTOMY, FOOT AND/OR TOE	Yes
20816	CPT/HCPCS	REPLANTATION, DIGIT, EXCLUDING THUMB (INCLUDES METACARPOPHALANGEAL JOINT TO INSERTION OF FLEXOR SUBLIMIS TENDON); COMP	Yes
69905	CPT/HCPCS	LABYRINTHECTOMY; TRANSCANAL	Yes
42107	CPT/HCPCS	EXCISION, LESION OF PALATE, UVULA; WITH LOCAL FLAP CLOSURE	Yes
37735	CPT/HCPCS	LIGATION AND DIVISION AND COMPLETE STRIPPING OF LONG OR SHORT SAPHENOUS VEINS WITH RADICAL EXCISION OF ULCER AND SKIN GR	Yes
42955	CPT/HCPCS	PHARYNGOSTOMY (FISTULIZATION OF PHARYNX, EXTERNAL FOR FEEDING)	Yes
41116	CPT/HCPCS	EXCISION, LESION OF FLOOR OF MOUTH	Yes
24331	CPT/HCPCS	FLEXOR-PLASTY, ELBOW (EG, STEINDLER TYPE ADVANCEMENT); WITH EXTENSOR ADVANCEMENT	Yes
23480	CPT/HCPCS	OSTEOTOMY, CLAVICLE, WITH OR WITHOUT INTERNAL FIXATION;	Yes
45150	CPT/HCPCS	DIVISION OF STRICTURE OF RECTUM	Yes
61140	CPT/HCPCS	BURR HOLE(S) OR TREPHINE; WITH BIOPSY OF BRAIN OR INTRACRANIAL LESION	Yes
20220	CPT/HCPCS	BIOPSY, BONE, TROCAR OR NEEDLE; SUPERFICIAL (EG, ILIUM, STERNUM, SPINOUS PROCESS, RIBS)	Yes
41599	CPT/HCPCS	UNLISTED PROCEDURE, TONGUE, FLOOR OF MOUTH	Yes
61536	CPT/HCPCS	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISION OF CEREBRAL EPILEPTOGENIC FOCUS, WITH ELECTROCORTICOGRA	Yes
22845	CPT/HCPCS	ANTERIOR INSTRUMENTATION	Yes

0338T	CPT/HCPCS	TRANSCATHETER RENAL SYMPATHETIC DENERVATION,PERCUTANEOUS APPROACH INCL ARTERIAL PUNCTURE, WHEN PERFORMED;UNILATERAL	Yes
27111	CPT/HCPCS	TRANSFER ILIOPSOAS; TO FEMORAL NECK	Yes
58200	CPT/HCPCS	TOTAL ABDOMINAL HYSTERECTOMY, INCLUDING PARTIAL VAGINECTOMY, WITH LIMITED PARA-AORTIC AND PELVIC LYMPH NODE BIOPSY(S	Yes
27742	CPT/HCPCS	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING, COMBINED, PROXIMAL AND DISTAL TIBIA AND FIBULA; AND DISTAL FEMUR	Yes
63048	CPT/HCPCS	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT[S], [EG, SPINAL +	Yes
26541	CPT/HCPCS	PRIMARY REPAIR OF COLLATERAL LIGAMENT, METACARPOPHALANGEAL JOINT; WITH TENDON OR FASCIAL GRAFT (INCLUDES OBTAINING GRAFT	Yes
61797	CPT/HCPCS	STEREOTATIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR); EACH ADDITIONAL CRANIAL LESION, SIMPLE	Yes
37246	CPT/HCPCS	TRANSLUMINAL BALLOON ANGIOPLASTY FOR OCCLUSIVE DISEASE,NECESSARY TO PERFORM THE ANGIOPLASTY WITHIN SAME ARTERY;INTIAL AR	Yes
21390	CPT/HCPCS	OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH, WITH ALLOPLASTIC OR OTHER IMPLANT	Yes
40804	CPT/HCPCS	*REMOVAL OF EMBEDDED FOREIGN BODY, VESTIBULE OF MOUTH; SIMPLE	Yes
G0105	CPT/HCPCS	COLORECTAL CANCER SCREENING; COLONOSCOPY ON INDIVIDUAL AT HIGH RISK	Yes
15830	CPT/HCPCS	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY); ABDOMEN, INFRAUMBILICAL PANNICULECTOMY	Yes
21355	CPT/HCPCS	*MANIPULATIVE TREATMENT OF CLOSED OR OPEN FRACTURE OF MALAR AREA, INCLUDING ZYGOMATIC ARCH AND MALAR TRIPOD, TOWEL CLI	Yes
22903	CPT/HCPCS	EXCISION, TUMOR, SOFT TISSUE OF ABDOMINAL WALL, SUBCUTANEOUS; 3 CM OR GREATER	Yes
53450	CPT/HCPCS	URETHROMEATOPLASTY, WITH MUCOSAL ADVANCEMENT	Yes
25274	CPT/HCPCS	REPAIR, TENDON OR MUSCLE, EXTENSOR, SECONDARY, WITH TENDON GRAFT (INCLUDES OBTAINING GRAFT), FOREARM AND/OR WRIST, EA	Yes
15833	CPT/HCPCS	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); LEG	Yes
29823	CPT/HCPCS	ARTHROSCOPY, SHOULDER, SURGICAL; DEBRIDEMENT, EXTENSIVE, 3 OR MORE DISCRETE STRUCTURES (EG, HUMERAL BONE, HUMERAL ARTICULAR CARTILAGE, GLENOID BONE, +	Yes
11311	CPT/HCPCS	SHAVING OF EPIDERMAL/DERMAL LESION,SINGLE LESION,FACE,EARS EYELIDS,NOSE,LIPS,MUCOUS MEMBRANE;LESION DIAMETER 0.6 TO 1.0	Yes
23929	CPT/HCPCS	UNLISTED PROCEDURE, SHOULDER	Yes
28126	CPT/HCPCS	CONDYLECTOMY, PHALANGEAL BASE, SINGLE TOE, EACH	Yes
54057	CPT/HCPCS	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; LA	Yes
15789	CPT/HCPCS	CHEMICAL PEEL,FACIAL;DERMAL	Yes
58662	CPT/HCPCS	LAPAROSCOPY, SURGICAL; WITH FULGURATION OR EXCISION OF LESIONS OF THE OVARY, PELVIC VISCERA OR PERITONEAL SURFACE	Yes
63015	CPT/HCPCS	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA EQUINA, WITHOUT FACETECTOMY, FORAMINOTOMY	Yes
16036	CPT/HCPCS	ESCHAROTOMY; EACH ADDITIONAL INCISION	Yes
0264T	CPT/HCPCS	INTRAMUSCULAR AUTOLOGOUS BONE MARROW CELL THERAPY, WITH PREPARATION OF HARVESTED CELLS, MULTIPLE INJECTIONS, ONE LEG, ULTRASOUND GUIDANCE, COMPLETE P+	Yes
33600	CPT/HCPCS	CLOSURE OF ARTRIOVENTRICULAR VALVE (MITRAL OR TRICUSPID) BY SUTURE OR PATCH	Yes
35661	CPT/HCPCS	BYPASS GRAFT, WITH OTHER THAN VEIN; FEMORAL-FEMORAL	Yes
15152	CPT/HCPCS	TISSUE CULTURED EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 SQ CM	Yes
49255	CPT/HCPCS	OMENECTOMY, EPIPLOECTOMY, RESECTION OF OMENTUM (SEPARATE PROCEDURE)	Yes

23474	CPT/HCPCS	REVISION OF A TOTAL SHOULDER ARTHROPLASTY, INCLUDING ALLOGRAFT WHEN PERFORMED; HUMERAL AND GLENOID COMPONENT	Yes
51525	CPT/HCPCS	CYSTOTOMY; FOR EXCISION OF BLADDER DIVERTICULUM, SINGLE OR MULTIPLE (SEPARATE PROCEDURE)	Yes
33875	CPT/HCPCS	DESCENDING THORACIC AORTA GRAFT, WITH OR WITHOUT BYPASS	Yes
57250	CPT/HCPCS	POSTERIOR COLPORRHAPHY, REPAIR OF RECTOCELE WITH OR WITHOUT PERINEORRHAPHY (SEPARATE PROCEDURE)	Yes
61783	CPT/HCPCS	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; SPINAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Yes
50548	CPT/HCPCS	NEPHROURETERECTOMY WITH TOTAL URETERECTOMY	Yes
69320	CPT/HCPCS	RECONSTRUCTION EXTERNAL AUDITORY CANAL FOR CONGENITAL ATRESIA, SINGLE STAGE	Yes
36500	CPT/HCPCS	VENOUS CATHETERIZATION FOR SELECTIVE ORGAN BLOOD SAMPLING	Yes
21282	CPT/HCPCS	LATERAL CANTHOPEXY	Yes
27759	CPT/HCPCS	TREATMENT OF TIBIAL SHAFT FRACTURE, W/ OR W/O FIBULAR FRACTURE BY INTRAMEDULLARY IMPLANT W/OR W/O INTRALOCK SCREWS/CERCLAGE	Yes
24343	CPT/HCPCS	REPAIR LATERAL COLLATERAL LIGAMENT, ELBOW WITH LOCAL TISSUE	Yes
52640	CPT/HCPCS	TRANSURETHRAL RESECTION; OF POSTOPERATIVE BLADDER NECK CONTRACTURE	Yes
11620	CPT/HCPCS	EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET, GENITALIA; EXCISED DIAMETER 0.5CM OR LESS	Yes
26230	CPT/HCPCS	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS); METACARPAL	Yes
36904	CPT/HCPCS	PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY AND/OR INFUSION FOR THROMBOLYSIS, DIALYSIS CIRCUIT, THROMBOLYTIC INJECTION	Yes
54700	CPT/HCPCS	INCISION AND DRAINAGE OF EPIDIDYMITIS, TESTIS AND/OR SCROTAL SPACE (EG, ABSCESS OR HEMATOMA)	Yes
68770	CPT/HCPCS	CLOSURE OF LACRIMAL FISTULA (SEPARATE PROCEDURE)	Yes
52352	CPT/HCPCS	CYSTOURETHROSCOPY, W/URETEROSCOPY AND/OR PYELOSCOPY; DIAGNOSTIC W/REMOVAL OR MANIPULATION OF CALCULUS	Yes
35531	CPT/HCPCS	BYPASS GRAFT, WITH VEIN; AORTOCELIAC OR AORTOMESENTERIC	Yes
17250	CPT/HCPCS	CHEMICAL CAUTERIZATION OF GRANULATION TISSUE (IE Proud Flesh)	Yes
26910	CPT/HCPCS	AMPUTATION, METACARPAL, WITH FINGER OR THUMB (RAY AMPUTATION), SINGLE, WITH OR WITHOUT INTEROSSEOUS TRANSFER	Yes
27059	CPT/HCPCS	RADICAL RESECTION OF TUMOR (EG, SARCOMA), SOFT TISSUE OF PELVIS AND HIP AREA; 5 CM OR GREATER	Yes
65426	CPT/HCPCS	EXCISION OR TRANSPOSITION OF PTERYGIUM; WITH GRAFT	Yes
26715	CPT/HCPCS	OPEN TREATMENT OF METACARPOPHALANGEAL DISLOCATION, SINGLE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED	Yes
22864	CPT/HCPCS	REMOVAL OF TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, SINGLE INTERSPACE; CERVICAL	Yes
27899	CPT/HCPCS	UNLISTED PROCEDURE, LEG OR ANKLE	Yes
21435	CPT/HCPCS	OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICATED, FIXATION BY HEAD CAP, HALO DEVICE, MULTIPLE	Yes
28260	CPT/HCPCS	CAPSULOTOMY, MIDFOOT; MEDIAL RELEASE ONLY (SEPARATE PROCEDURE)	Yes
57180	CPT/HCPCS	INTRODUCTION OF ANY HEMOSTATIC AGENT OR PACK FOR SPONTANEOUS OR TRAUMATIC NONOBSTETRICAL VAGINAL HEMORRHAGE (SEPARATE)	Yes
34843	CPT/HCPCS	ENDOVASCULAR REPAIR OF VISCERAL AORTA (EG, ANEURYSM) WHEN PERFORMED; INCLUDING THREE VISCERAL ARTERY ENDOPROSTHESIS	Yes
57308	CPT/HCPCS	CLOSURE OF RECTOVAGINAL FISTULA; TRANSFERINEAL APPROACH, WITH PERINEAL BODY RECONSTRUCTION, WITH/WITHOUT LEVATOR Plication	Yes
21146	CPT/HCPCS	RECONSTRUCTION MIDFACE, LEFORT I; TWO PIECES, ANY DIRECTION, REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS) (EG	Yes
64714	CPT/HCPCS	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG, OPEN; LUMBAR PLEXUS	Yes
51980	CPT/HCPCS	CUTANEOUS VESICOSTOMY	Yes
46730	CPT/HCPCS	CONSTRUCTION OF ANUS FOR CONGENITAL ABSENCE; PERINEAL OR SACROCOCCYGEAL APPROACH	Yes

37760	CPT/HCPCS	LIGATION OF PERFORATOR VEINS, SUBFASCIAL, RADICAL (LINTON TYPE), INCLUDING SKIN GRAFT, WHEN PERFORMED, OPEN,1 LEG	Yes
33777	CPT/HCPCS	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, ATRIAL BAFFLE PROCEDURE (EG, MUSTARD OR SENNING TYPE) WITH CARDIOPULMON	Yes
33426	CPT/HCPCS	VALVULOPLASTY, MITRAL VALVE, WITH CARDIOPULMONARY BYPASS; WITH PROSTHETIC RING	Yes
15273	CPT/HCPCS	APPLICATION OF SKIN SUBSTITUTE GRAFT TO TRUNK, ARMS, LEGS, TOTAL WOUND SURFACE AREA 1% OF BODY AREA OF INFANTS AND CHILD	Yes
34813	CPT/HCPCS	PLACEMENT OF FEMORAL-FEMORAL PROSTHETIC GRAFT DURING ENDOVASCULAR AORTIC REPAIR	Yes
68899	CPT/HCPCS	UNLISTED PROCEDURE, LACRIMAL SYSTEM	Yes
20912	CPT/HCPCS	CARTILAGE GRAFT; NASAL SEPTUM	Yes
27440	CPT/HCPCS	ARTHROPLASTY, KNEE, TIBIAL PLATEAU;	Yes
36575	CPT/HCPCS	REPAIR OF TUNNELED OR NON-TUNNELED CENTRAL VENOUS ACCESS CATWITHOUT SUBCUTANEOUS PORT OR PUMP, CENTRAL OR PERIPHERAL INS	Yes
27816	CPT/HCPCS	TREATMENT OF CLOSED TRIMALLEOLAR ANKLE FRACTURE; WITHOUT MANIPULATION	Yes
45337	CPT/HCPCS	SIGMOIDOSCOPY, FLEXIBLE FIBEROPTIC; FOR DECOMPRESSION OF VOLVULUS	Yes
43502	CPT/HCPCS	GASTROTOMY; WITH SUTURE REPAIR OF PRE-EXISTION ESOPHAGOGASTRIC LACERATION	Yes
61595	CPT/HCPCS	TRANSTEMPORAL APPROACH TO POSTERIOR CRANIAL FOSSA, JUGULAR FORAMEN OR MIDLINE SKULL BASE, INCLUDING MASTOIDECTOMY, DECOM	Yes
33475	CPT/HCPCS	REPLACEMENT, PULMONARY VALVE	Yes
44120	CPT/HCPCS	ENTERECTOMY, RESECTION OF SMALL INTESTINE; WITH ANASTOMOSIS	Yes
25025	CPT/HCPCS	DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST,FLEXOR AND EXTENSOR,COMPARTMENT;WITH DEBRIDEMENT OF NONVIABLE MUSCLE	Yes
61538	CPT/HCPCS	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; for lobectomy, temporal lobe, with electrocorticography during surgery, temporal lobe	Yes
58558	CPT/HCPCS	HYSTEROSCOPY, SURGICAL; WITH SAMPLING OF ENDOMETRIUM AND/OR POLYPECTOMY, WITH OR WITHOUT D & C	Yes
14021	CPT/HCPCS	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, SCALP, ARMS AND/OR LEGS; DEFECT 10.1 SQ CM TO 30.0 SQ CM	Yes
58805	CPT/HCPCS	DRAINAGE OF OVARIAN CYST(S), UNILATERAL OR BILATERAL, (SEPARATE PROCEDURE); ABDOMINAL APPROACH	Yes
0375T	CPT/HCPCS	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION	Yes
S0812	CPT/HCPCS	PHOTOTHERAPEUTIC KERATECTOMY (PTK)	Yes
43845	CPT/HCPCS	GATRIC RESTRICTIVE PROCEDURE WITH PARTIAL GASTRECTOMY, PYLORUS-PRESERVING DUODENOILESTOMY AND ILEOILEOSTOMY TO LIMIT ABS	Yes
34808	CPT/HCPCS	ENDOVASCULAR PLACEMENT OF ILIAC ARTERY OCCULSION DEVICE	Yes
24006	CPT/HCPCS	ARTHROTOMY OF THE ELBOW,WITH CAPSULAR EXCISION FOR CAPSULAR RELEASE (SEPARATE PROCEDURE	Yes
55180	CPT/HCPCS	SCROTOPLASTY; COMPLICATED	Yes
25455	CPT/HCPCS	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; DISTAL RADIUS AND ULNA	Yes
33610	CPT/HCPCS	REPAIR OF COMPLEX CARDIAC ANOMALIES(EG,SINGLE VENTRICLE W/SUBAORTIC OBSTRUCTION)BY SURGICAL ENLARGEMENT OF INTERVENTRICU	Yes
26011	CPT/HCPCS	*DRAINAGE OF FINGER ABSCESS; COMPLICATED (EG, FELON)	Yes
31633	CPT/HCPCS	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH TRANSBRONCHIAL NEEDLE ASPIRATION BIOPSY(S), EACH ADDITIONAL LO+	Yes
50549	CPT/HCPCS	UNLISTED LAPAROSCOPY PROCEDURE, RENAL	Yes
17003	CPT/HCPCS	DESTRUCTION BY ANY METHOD,INCLUDING LASER,W/WO SURG CUR;2ND THRU 14 LESIONS EACH(LIST SEPAR IN ADDITION TO CODE FOR 1ST)	Yes
21026	CPT/HCPCS	EXCISION OF BONE (EG, FOR OSTEOMYELITIS OR BONE ABSCESS); FACIAL BONE(S)	Yes

19083	CPT/HCPCS	BIOPSY,BREAST,WITH PLACEMENT OF BREAST LOCALIZATION DEVICE(S),PERCUTANEOUS;FIRST LESION INCL ULTRASOUND GUIDANCE	Yes
54000	CPT/HCPCS	SLITTING OF PREPUCE, DORSAL OR LATERAL (SEPARATE PROCEDURE); NEWBORN	Yes
46280	CPT/HCPCS	FISTULECTOMY; COMPLEX OR MULTIPLE	Yes
47382	CPT/HCPCS	ABLATION, ONE OR MORE LIVER TUMOR(S), PERCUTANEOUS, RADIOFREQUENCY	Yes
0446T	CPT/HCPCS	CREATION OF SUBCUTANEOUS POCKET WITH INSERTION OF IMPLANTABLE INTERSTITIAL GLUCOSE SENSOR, INCLUDING SYSTEM ACTIVATION	Yes
36253	CPT/HCPCS	SUPERSELECTIVE CATHETER PLACEMENT (ONE OR MORE SECOND ORDER OR HIGHER RENAL ARTERY BRANCHES) RENAL ARTERY AND ANY	Yes
20937	CPT/HCPCS	AUTOGRAFT FOR SPINE SURGERY ONLY; MORSELIZED	Yes
62230	CPT/HCPCS	REPLACEMENT OR REVISION OF CSF SHUNT, OBSTRUCTED VALVE, OR DISTAL CATHETER IN SHUNT SYSTEM	Yes
54865	CPT/HCPCS	EXPLORATION OF EPIDIDYMISS, WITH OR WITHOUT BIOPSY	Yes
33322	CPT/HCPCS	SUTURE REPAIR OF AORTA OR GREAT VESSELS; WITHOUT BYPASS WITH CARDIOPUMONARY BYPASS	Yes
G0293	CPT/HCPCS	NONCOVERED SURGICAL PROCEDURE(S) USING CONSCIOUS SEDATION, REGIONAL, GENERAL OR SPINAL ANESTHESIA INA MEDICAL QUAL	Yes
43312	CPT/HCPCS	ESOPHAGOPLASTY, (PLASTIC REPAIR OR RECONSTRUCTION) THORACIC APPROACH; WITH REPAIR OF TRACHEOESOPHAGEAL FISTULA	Yes
27220	CPT/HCPCS	TREATMENT OF CLOSED ACETABULUM (HIP SOCKET) FRACTURE(S); WITHOUT MANIPULATION	Yes
11772	CPT/HCPCS	EXCISION OF PILONIDAL CYST OR SINUS; COMPLICATED	Yes
S2083	CPT/HCPCS	ADJUSTMENT OF GASTRIC BAND DIAMETER VIA SUBCUTANEOUS PORT BY INJECTION OR ASPIRATION OF SALINE	Yes
25126	CPT/HCPCS	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF RADIUS OR ULNA (EXCLUDING HEAD OR NECK OF RADIUS AND OLEC	Yes
31000	CPT/HCPCS	*LAVAGE BY CANNULATION; MAXILLARY SINUS (ANTRUM PUNCTURE OR NATURAL OSTIUM)	Yes
37238	CPT/HCPCS	TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S),OPEN OR PERCUTANEOUS, WHEN PERFORMED; INITIAL VIEN	Yes
36582	CPT/HCPCS	REPLACEMENT, COMPLETE, OF A TUNNELED CENTRALLY INSERTED CENTVENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT, THROUGH SAME	Yes
35372	CPT/HCPCS	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; DEEP (PROFUNDA) FEMORAL	Yes
12054	CPT/HCPCS	REPAIR, INTERMEDIATE, WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 7.6 CM TO 12.5 CM	Yes
11100	CPT/HCPCS	BIOPSY OF SKIN, SUBCUTANEOUS TISSUE AND/OR MUCOUS MEMBRANE (INCLUDING SIMPLE CLOSURE), ONE LESION	Yes
23405	CPT/HCPCS	TENOMYOTOMY, SHOULDER AREA; SINGLE	Yes
35616	CPT/HCPCS	BYPASS GRAFT, WITH OTHER THAN VEIN; SUBCLAVIAN-AXILLARY	Yes
51065	CPT/HCPCS	CYSTOTOMY, WITH STONE BASKET EXTRACTION AND/OR ULTRASONIC OR ELECTROHYDRAULIC FRAGMENTATION OF URETERAL CALCULUS	Yes
54435	CPT/HCPCS	CORPORA CAVERNOSA-GLANS PENIS FISTULIZATION (EG, BIOPSY NEEDLE, WINTER PROCEDURE, RONGEUR, OR PUNCH) FOR PRIAPISM	Yes
64620	CPT/HCPCS	DESTRUCTION BY NEUROLYTIC AGENT; INTERCOSTAL NERVE	Yes
27591	CPT/HCPCS	AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; IMMEDIATE FITTING TECHNIQUE INCLUDING FIRST CAST	Yes
27620	CPT/HCPCS	ARTHROTOMY, ANKLE, WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR WITHOUT REMOVAL OF LOOSE OR FOREIGN BODY	Yes
17276	CPT/HCPCS	DESTRUCTION, MALIGNANT LESION, ANY METHOD, SCALP, NECK, HAND, FEET, GENITALIA; LESION DIAMETER OVER 4.0 CM	Yes
35686	CPT/HCPCS	CREATION OF DISTAL ARTERIOVENOUS FISTULA DURING LOWER EXTREMITY BYPASS SURGERY	Yes
50706	CPT/HCPCS	BALLOON DILATION, URETERAL STRICTURE, INCLUDING IMAGING GUIDANCE (EG, ULTRASOUND AND/OR FLUOROSCOPY) AND ALL ASSOCIA	Yes

21740	CPT/HCPCS	RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR CARINATUM; OPEN	Yes
63182	CPT/HCPCS	LAMINECTOMY AND SECTION OF DENTATE LIGAMENTS, WITH OR WITHOUT DURAL GRAFT, CERVICAL; MORE THAN TWO SEGMENTS	Yes
28226	CPT/HCPCS	TENOLYSIS, EXTENSOR, FOOT; MULTIPLE (THROUGH SAME INCISION)	Yes
15274	CPT/HCPCS	APPLICATION OF SKIN SUBSTITUTE GRAFT TO TRUNK, EACH ADDITIONAL 1% OF BODY AREA OF INFANTS	Yes
49326	CPT/HCPCS	LAPAROSCOPY, SURGICAL; WITH OMENTOPEXY (OMENTAL TACKING PROCEDURE)	Yes
68328	CPT/HCPCS	CONJUNCTIVOPLASTY, RECONSTRUCTION CUL-DE-SAC; WITH BUCCAL MUCOUS MEMBRANE GRAFT (INCLUDES OBTAINING GRAFT)	Yes
11971	CPT/HCPCS	REMOVAL OF TISSUE EXPANDER WITHOUT INSERTION OF IMPLANT	Yes
31050	CPT/HCPCS	SINUSOTOMY, SPHENOID, WITH OR WITHOUT BIOPSY;	Yes
63200	CPT/HCPCS	LAMINECTOMY, WITH RELEASE OF TETHERED SPINAL CORD, LUMBAR	Yes
41007	CPT/HCPCS	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR OF MOUTH; SUBMENTAL SPACE	Yes
21123	CPT/HCPCS	GENIOPLASTY; SLIDING, AUGMENTATION WITH INTERPOSITIONAL BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS)	Yes
37180	CPT/HCPCS	ANASTOMOSIS; SPLENORENAL, PROXIMAL	Yes
11008	CPT/HCPCS	REMOVAL OF PROSTHETIC MATERIAL OR MESH, ABDOMINAL WALL FOR NECROTIZING SOFT TISSUE INFECTION	Yes
67218	CPT/HCPCS	DESTRUCTION OF LOCALIZED LESION OF RETINA (EG, MACULOPATHY, CHOROIDOPATHY, SMALL TUMORS), ONE OR MORE SESSIONS; RADIA	Yes
43635	CPT/HCPCS	HEMIGASTRECTOMY OR DISTAL SUBTOTAL GASTRECTOMY INCLUDING PYLOROPLASTY, GASTRODUODENOSTOMY OR GASTROJEJUNOSTOMY; W	Yes
47539	CPT/HCPCS	PLACEMENT OF STENT(S) INTO A BILE DUCT, PERCUTANEOUS,INCLUDING DIAGNOSTIC CHOLANGIOGRAPHY, IMAGING GUIDANCE; NEW ACCESS	Yes
41140	CPT/HCPCS	GLOSSECTOMY; COMPLETE OR TOTAL, WITH OR WITHOUT TRACHEOSTOMY, WITHOUT RADICAL NECK DISSECTION	Yes
65110	CPT/HCPCS	EXENTERATION OF ORBIT (DOES NOT INCLUDE SKIN GRAFT), REMOVAL OF ORBITAL CONTENTS; ONLY	Yes
13131	CPT/HCPCS	REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS AND/OR FEET; 1.1 CM TO 2.5 CM	Yes
63688	CPT/HCPCS	REVISION OR REMOVAL OF IMPLANTED SPINAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER,WITH DETACHABLE CONNECTION TO ELECTRODE ARRAY	Yes
44950	CPT/HCPCS	APPENDECTOMY;	Yes
43501	CPT/HCPCS	GASTROTOMY; WITH SUTURE REPAIR OF BLEEDING ULCER OR ESOPHAGOGASTRIC LACERATION	Yes
0055T	CPT/HCPCS	COMPUTER-ASSISTED MUSCULOSKELETAL SURGICAL NAVIGATIONAL ORTHOPEDIC PROCEDURE, WITH IMAGE-GUIDANCE BASED ON CT/MRI IMAGES	Yes
31899	CPT/HCPCS	UNLISTED PROCEDURE, TRACHEA, BRONCHI	Yes
31084	CPT/HCPCS	SINUSOTOMY FRONTAL; OBLITERATIVE, WITH OSTEOPLASTIC FLAP, BROW INCISION	Yes
23155	CPT/HCPCS	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)	Yes
62287	CPT/HCPCS	LS, LUMBARION PROCEDURE, PERCUTANEOUS, OF NUCLEUS PULPOSUS OF INTERVERTEBRAL DISC, ANY METHOD UTILIZING NEEDLE BASED TECHNIQUE TO REMOVE DISC MATERIA+	Yes
58770	CPT/HCPCS	SALPINGOSTOMY (SALPINGONEOSTOMY)	Yes
22527	CPT/HCPCS	PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANNULOPLASTY, UNILATERAL OR BILATERAL INCL FLUOROSCOPIC GUIDANCE; ONE OR MORE AD	Yes
49084	CPT/HCPCS	PERITONEAL LAVAGE, INCLUDING IMAGING GUIDANCE, WHEN PERFORMED	Yes
40819	CPT/HCPCS	EXCISION OF FRENUM, LABIAL OR BUCCAL (FRENUECTOMY, FRENULECTOMY, FRENECTOMY)	Yes
27405	CPT/HCPCS	REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; COLLATERAL	Yes
43644	CPT/HCPCS	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH GASTRIC BYPASS AND ROUX-EN-Y GASTROENTEROSTOMY	Yes
25246	CPT/HCPCS	INJECTION PROCEDURE FOR WRIST ARTHROGRAPHY	Yes
35535	CPT/HCPCS	BYPASS GRAFT, WITH VEIN; HEPATORENAL	Yes

23220	CPT/HCPCS	RADICAL RESECTION OF TUMOR, PROXIMAL HUMERUS	Yes
52265	CPT/HCPCS	CYSTOURETHROSCOPY, WITH DILATION OF BLADDER FOR INTERSTITIAL CYSTITIS; LOCAL ANESTHESIA	Yes
63271	CPT/HCPCS	LAMINECTOMY FOR EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLASM, INTRADURAL; THORACIC	Yes
57505	CPT/HCPCS	ENDOCERVICAL CURETTAGE (NOT DONE AS PART OF A DILATION AND CURETTAGE)	Yes
19000	CPT/HCPCS	*PUNCTURE ASPIRATION OF CYST OF BREAST;	Yes
68335	CPT/HCPCS	REPAIR OF SYMBLEPHARON; WITH FREE GRAFT CONJUNCTIVA OR BUCCAL MUCOUS MEMBRANE (INCLUDES OBTAINING GRAFT)	Yes
25492	CPT/HCPCS	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT METHYL METHACRYLATE; RADIUS AND ULNA	Yes
20808	CPT/HCPCS	REPLANTATION, HAND (INCLUDES HAND THROUGH METACARPOPHALANGEAL JOINTS); COMPLETE AMPUTATION	Yes
22310	CPT/HCPCS	CLOSED TREATMENT OF VERTEBRAL BODY FRACTURE(S), WITHOUT MANIPULATION	Yes
30110	CPT/HCPCS	EXCISION, NASAL POLYP(S), SIMPLE	Yes
31766	CPT/HCPCS	CARINAL RECONSTRUCTION	Yes
33781	CPT/HCPCS	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, AORTIC PULMONARY ARTERY RECONSTRUCTION (EG, JATENE TYPE); WITH REP	Yes
69440	CPT/HCPCS	MIDDLE EAR EXPLORATION THROUGH POSTAURICULAR OR EAR CANAL INCISION	Yes
62000	CPT/HCPCS	ELEVATION OF DEPRESSED SKULL FRACTURE; SIMPLE, EXTRADURAL	Yes
50722	CPT/HCPCS	URETEROLYSIS FOR OVARIAN VEIN SYNDROME	Yes
61606	CPT/HCPCS	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF INFRATEMPORAL FOSSA; INTRADURAL, INCLUDING DURAL R	Yes
22206	CPT/HCPCS	OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, THREE COLUMNS, ONE VERTEBRAL SEGMENT (EG, PEDICLE/VERTEBRAL BO	Yes
C9603	CPT/HCPCS	PERCUTANEOUS TRANSLUMINAL CORONARY ATHERECTOMY,EACH ADDITIONAL BRANCH OF A MAJOR CORONARY ARTERY,DRUG ELUTING INTRACORON	Yes
11471	CPT/HCPCS	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, PERIANAL, PERINEAL, OR UMBILICAL; WITH OTHER CLOSURE	Yes
15934	CPT/HCPCS	EXCISION, SACRAL PRESSURE ULCER, WITH LOCAL OR REGIONAL SKIN FLAP CLOSURE (EG, ADVANCEMENT, ROTATION, RHOMBOID, BIPE	Yes
51715	CPT/HCPCS	ENDOSCOPIC INJECTION OF IMPLANT MATERIAL INTO THE SUBMUCOSALTISSUES OF THE URETHRA AND/OR BLADDER NECK	Yes
44625	CPT/HCPCS	CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE; WITH RESECTION AND ANASTOMOSIS	Yes
61533	CPT/HCPCS	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR INSERTION OF EPIDURAL ELECTRODE ARRAY	Yes
65265	CPT/HCPCS	REMOVAL OF FOREIGN BODY, INTRAOCULAR; FROM POSTERIOR SEGMENT, NONMAGNETIC EXTRACTION	Yes
24332	CPT/HCPCS	TENOLYSIS, TRICEPS	Yes
20100	CPT/HCPCS	EXPLORATION OF PENETRATING WOUND; NECK	Yes
26496	CPT/HCPCS	OPPONENS PLASTY; OTHER METHODS	Yes
33120	CPT/HCPCS	EXCISION OF INTRACARDIAC TUMOR, RESECTION WITH CARDIOPULMONARY BYPASS	Yes
52601	CPT/HCPCS	TRANSURETHRAL RESECTION OF PROSTATE, INCLUDING CONTROL OF POSTOPERATIVE BLEEDING, COMPLETE (VASECTOMY, MEATOTOMY,	Yes
27252	CPT/HCPCS	TREATMENT OF CLOSED HIP DISLOCATION, TRAUMATIC; REQUIRING ANESTHESIA	Yes
57156	CPT/HCPCS	INSERTION OF A VAGINAL RADIATION AFTERLOADING APPARATUS FOR CLINICAL BRACHYTHERAPY	Yes
33694	CPT/HCPCS	COMPLETE REPAIR TETRALOGY OF FALLOT; WITH TRANSANNULAR PATCH	Yes
32608	CPT/HCPCS	THORACOSCOPY; WITH DIAGNOSTIC BIOPSY(IES)OF LUNG NODULE(S) OR MASS(ES) (EG, WEDGE, INCISIONAL), UNILATERAL	Yes
61619	CPT/HCPCS	SECONDARY REPAIR OFD DURA FOR CSF LEAK, ANTERIOR, MIDDLE ORPORTERIOR CARANIAL FOSSA FOLLOWING SURGERY O THE SKULL	Yes
29846	CPT/HCPCS	ARTHROSCOPY, WRIST, SURGICAL; EXCISION OF TRIANGULAR FIBROCARILAGE AND/OR JOINT DEBRIDEMENT	Yes
47100	CPT/HCPCS	BIOPSY OF LIVER, WEDGE (SEPARATE PROCEDURE)	Yes

67906	CPT/HCPCS	REPAIR OF BLEPHAROPTOSIS; SUPERIOR RECTUS TECHNIQUE WITH FASCIAL SLING (INCLUDES OBTAINING FASCIA)	Yes
33203	CPT/HCPCS	INSERTION OF EPICARDIAL ELECTRODE(S); ENDOSCOPIC APPROACH (EG, THORACOSCOPY, PERICARDIOSCOPY)	Yes
47001	CPT/HCPCS	BIOPSY OF LIVER, PERCTANEUS NEEDLE; WHEN DONE FOR INDICATEDPURPOSE AT TIME OF OTHER MAJOR PROCEDURE (NOT AS SEP PROC)	Yes
63663	CPT/HCPCS	REVISION INCLUDING REPLACEMENT, WHEN PERFORMED, OF SPINAL NEUROSTIMULATOR ELECTRODE PERCUTANEOUS ARRAY(S), INCL FLUOROSC	Yes
63086	CPT/HCPCS	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, TRANSTHORACIC APPROACH WITH DECOMPRESSION	Yes
64495	CPT/HCPCS	INJECTION(S), DX OR TX AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) W/IMAGE GUIDA	Yes
36570	CPT/HCPCS	INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS ACCESS DEVWITH SUBCUTANEOUS PORT; UNDER 5 YEARS OF AGE	Yes
24000	CPT/HCPCS	ARTHROTOMY, ELBOW, FOR INFECTION, WITH EXPLORATION, DRAINAGE OR REMOVAL OF FOREIGN BODY	Yes
33788	CPT/HCPCS	REIMPLANTATION OF AN ANOMALOUS PULMONARY ARTERY	Yes
44139	CPT/HCPCS	MOBILIZATION OF SPLENIC FLEXURE PERFORMED IN CONJUNCTION WITH PARTIAL COLECTOMY(LIST SEPARATE IN ADDITION TO PRIMARY	Yes
63710	CPT/HCPCS	DURAL GRAFT, SPINAL	Yes
47541	CPT/HCPCS	PLACEMENT OF ACCESS THROUGH THE BILIARY TREE AND INTO SMALL BOWEL TO ASSIST WITH AN ENDOSCOPIC BILIARY PROCEDURE (EG,	Yes
24305	CPT/HCPCS	TENDON LENGTHENING, UPPER ARM OR ELBOW, SINGLE, EACH	Yes
42160	CPT/HCPCS	DESTRUCTION OF LESION, PALATE OR UVULA (THERMAL, CRYO OR CHEMICAL)	Yes
55812	CPT/HCPCS	PROSTATECTOMY, PERINEAL RADICAL; WITH LYMPH NODE BIOPSY(S) (LIMITED PELVIC LYMPHADENECTOMY)	Yes
27455	CPT/HCPCS	OSTEOTOMY, PROXIMAL TIBIA, INCLUDING FIBULAR EXCISION OR OSTEOTOMY (INCLUDES CORRECTION OF GENU VARUS (BOWLEG) OR GENU	Yes
33411	CPT/HCPCS	REPLACEMENT, AORTIC VALVE; WITH AORTIC ANNULUS ENLARGEMENT, NONCORONARY SINUS	Yes
15824	CPT/HCPCS	RHYTIDECTOMY; FOREHEAD	Yes
0411T	CPT/HCPCS	INSERTION OR REPLACEMENT OF PERMANENT CARDIAC CONTRACTILITY MODULATION SYSTEM, INCLUDING CONTRACTILITY,VENTRICULAR ELECT	Yes
44005	CPT/HCPCS	ENTEROLYSIS (FREEING OF INTESTINAL ADHESION) (SEPARATE PROCEDURE)	Yes
28430	CPT/HCPCS	TREATMENT OF CLOSED TALUS FRACTURE; WITHOUT MANIPULATION	Yes
28122	CPT/HCPCS	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS OR TARSAL BOSSING),	Yes
50688	CPT/HCPCS	CHANGE OF URETEROSTOMY TUBE OR EXTERNALLY ACCESSIBLE URETERAL STENT VIA ILEAL CONDUIT	Yes
25685	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN TRANS-SCAPHOPERILUNAR TYPE OF FRACTURE DISLOCATION	Yes
63030	CPT/HCPCS	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR E	Yes
45500	CPT/HCPCS	PROCTOPLASTY; FOR STENOSIS	Yes
53220	CPT/HCPCS	EXCISION OR FULGURATION OF CARCINOMA OF URETHRA	Yes
15151	CPT/HCPCS	TISSUE CULTURED EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; ADDITIONAL 1 TO 75 SQ CM	Yes
31775	CPT/HCPCS	BRONCHOPLASTY; EXCISION STENOSIS AND ANASTOMOSIS	Yes
33463	CPT/HCPCS	VALVULOPLASTY, TRICUSPID VALVE; WITHOUT RING INSERTION	Yes
27365	CPT/HCPCS	RADICAL RESECTION OF TUMOR, FEMUR OR KNEE	Yes
27339	CPT/HCPCS	EXCISION, TUMOR, SOFT TISSUE OF THIGH OR KNEE AREA, SUBFASCIAL (EG, INTRAMUSCULAR); 5 CM OR GREATER	Yes
50546	CPT/HCPCS	LAPAROSCOPY, SURGICAL; NEPHRECTOMY, INCLUDING PARTIAL URETERECTOMY	Yes
27333	CPT/HCPCS	ARTHROTOMY, KNEE, FOR EXCISION OF SEMILUNAR CARTILAGE (MENISCECTOMY); MEDIAL AND LATERAL	Yes
68040	CPT/HCPCS	EXPRESSION OF CONJUNCTIVAL FOLLICLES, EG, FOR TRACHOMA	Yes

31805	CPT/HCPCS	SUTURE OF EXTERNAL TRACHEAL WOUND OR INJURY; INTRATHORACIC	Yes
35671	CPT/HCPCS	BYPASS GRAFT, WITH OTHER THAN VEIN; POPLITEAL-TIBIAL OR -PERONEAL ARTERY	Yes
19020	CPT/HCPCS	MASTOTOMY WITH EXPLORATION OR DRAINAGE OF ABSCESS, DEEP	Yes
64644	CPT/HCPCS	CHEMODENERVATION OF ONE EXTREMITY; 5 OR MORE MUSCLE(S)	Yes
44799	CPT/HCPCS	UNLISTED PROCEDURE, SMALL INTESTINE	Yes
S2402	CPT/HCPCS	REPAIR, CONGENITAL CYSTIC ADENOMATOID MALFORMATION IN THE FETUS, PROCEDURE PERFORMED IN UTERO	Yes
38900	CPT/HCPCS	INTRAOPERATIVE IDENTIFICATION (EG, MAPPING) OF SENTINEL LYMPH NODE(S) INCL INJ OF NON-RADIOACTIVE DYE, WHEN PERFORMED (L	Yes
57288	CPT/HCPCS	SLING OPERATION FOR STRESS INCONTINENCE (EG, FASCIA OR SYNTHETIC)	Yes
61584	CPT/HCPCS	ORBITOCRANIAL APPROACH TO ANTERIOR CRANIAL FOSSA, EXTRADURALINCLUDING SUPRAORBITAL RIDGE OSTEOTOMY AND ELEVATION OF FRON	Yes
54161	CPT/HCPCS	CIRCUMCISION, SURGICAL EXCISION OTHER THAN CLAMP, DEVICE, OR DORSAL SLIT; OLDER THAN 28 DAYS OF AGE	Yes
54650	CPT/HCPCS	ORCHIOPEXY, ABDOMINAL APPROACH, FOR INTRA-ABDOMINAL TESTIS (EG, FOWLER-STEPHENS)	Yes
51880	CPT/HCPCS	CLOSURE OF CYSTOSTOMY (SEPARATE PROCEDURE)	Yes
50592	CPT/HCPCS	ABLATION, ONE OR MORE RENAL TUMOR(S), PERCUTANEOUS, UNILATERAL, RADIOFREQUENCY	Yes
41018	CPT/HCPCS	EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF FLOOR OF MOUTH; MASTICATOR SPACE	Yes
43999	CPT/HCPCS	UNLISTED PROCEDURE, STOMACH	Yes
54417	CPT/HCPCS	REMOVAL AND REPLACEMENT OF NONINFLATABLE OR INFLATABLE PENILEPROSTHESIS THROUGH INFECTED FIELD SAME OPERATIVE SESSION	Yes
65270	CPT/HCPCS	*REPAIR OF LACERATION; CONJUNCTIVA, WITH OR WITHOUT NONPERFORATING LACERATION SCLERA, DIRECT CLOSURE	Yes
33722	CPT/HCPCS	CLOSURE OF AORTICO-LEFT VENTRICULAR TUNNEL	Yes
20661	CPT/HCPCS	APPLICATION OF HALO, INCLUDING REMOVAL; CRANIAL	Yes
27513	CPT/HCPCS	OPEN TREATMENT OF FEMORAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE WITH INTERCONDYAR EXTENSION,W/WO INTERNAL OR EX	Yes
27268	CPT/HCPCS	CLOSED TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, HEAD; WITH MANIPULATION	Yes
54308	CPT/HCPCS	URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING URINARY DIVERSION); LESS THAN 3 CM	Yes
42425	CPT/HCPCS	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, EN BLOC REMOVAL WITH SACRIFICE OF FACIAL NERVE	Yes
44820	CPT/HCPCS	EXCISION OF LESION OF MESENTERY (SEPARATE PROCEDURE)	Yes
65430	CPT/HCPCS	*SCRAPING OF CORNEA, DIAGNOSTIC, FOR SMEAR AND/OR CULTURE	Yes
41826	CPT/HCPCS	EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR STRUCTURES; WITH SIMPLE REPAIR	Yes
69604	CPT/HCPCS	REVISION MASTOIDECTOMY; RESULTING IN TYMPANOPLASTY	Yes
58660	CPT/HCPCS	LAPAROSCOPY, SURGICAL; WITH LYSIS OF ADHESIONS	Yes
24535	CPT/HCPCS	TREATMENT OF CLOSED HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE, WITH MANIPULATION;	Yes
53620	CPT/HCPCS	*DILATION OF URETHRAL STRICTURE BY PASSAGE OF FILIFORM AND FOLLOWER, MALE; INITIAL	Yes
55100	CPT/HCPCS	*DRAINAGE OF SCROTAL WALL ABSCESS	Yes
33419	CPT/HCPCS	TRANSCATHETER MITRAL VALVE REPAIR, PERCUTANEOUS APPROACH, INCLUDING TRANSSEPTAL PUNCTURE WHEN PERFORMED;ADD PROSTHESIS	Yes
44345	CPT/HCPCS	REVISION OF COLOSTOMY; COMPLICATED (RECONSTRUCTION IN-DEPTH) (SEPARATE PROCEDURE)	Yes
45382	CPT/HCPCS	COLONOSCOPY, FLEXIBLE; WITH CONTROL OF BLEEDING, ANY METHOD	Yes
58957	CPT/HCPCS	RESECTION (TUMOR DEBULKING) OF RECURRENT OVARIAN, TUBAL, PRIMARY PERITONEAL, UTERINE MALIGNANCY (INTRA-ABDOMINAL, RETROPERITONEAL TUMORS), WITH OMENT+	Yes
23466	CPT/HCPCS	CAPSULORRHAPHY FOR RECURRENT DISLOCATION WITH ANY TYPE MULTI-DIRECTIONAL INSTABILITY	Yes
29740	CPT/HCPCS	WEDGING OF CAST (EXCEPT CLUBFOOT CASTS)	Yes

43652	CPT/HCPCS	LAPAROSCOPY, SURGICAL; TRANSECTION OF VAGUS NERVES, SELECTIVE OR HIGHLY SELECTIVE	Yes
58291	CPT/HCPCS	VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS: WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)	Yes
59898	CPT/HCPCS	UNLISTED LAPAROSCOPY PROCEDURE, MATERNITY CARE AND DELIVERY	Yes
46040	CPT/HCPCS	INCISION AND DRAINAGE OF ISCHIORECTAL AND/OR PERIRECTAL ABSCESS (SEPARATE PROCEDURE)	Yes
28045	CPT/HCPCS	EXCISION, TUMOR, SOFT TISSUE OF FOOT OR TOE, SUBFASCIAL (EG, INTRAMUSCULAR); LESS THAN 1.5 CM	Yes
60240	CPT/HCPCS	THYROIDECTOMY, TOTAL OR COMPLETE	Yes
29200	CPT/HCPCS	STRAPPING; THORAX	Yes
61799	CPT/HCPCS	STEREOTATIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR);EACH ADDITIONAL CRANIAL LESION, COMPLEX	Yes
15131	CPT/HCPCS	DERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 SQ CM, OR 1% OF BODY AREA OF INFANTS AND CHILDREN	Yes
27385	CPT/HCPCS	SUTURE OF QUADRICEPS OR HAMSTRING MUSCLE RUPTURE; PRIMARY	Yes
65220	CPT/HCPCS	*REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CORNEAL, WITHOUT SLIT LAMP	Yes
42660	CPT/HCPCS	*DILATION AND CATHETERIZATION OF SALIVARY DUCT, WITH OR WITHOUT INJECTION	Yes
27125	CPT/HCPCS	PARTIAL HIP REPLACEMENT (HEMIARTHROPLASTY), PROSTHESIS (EG, FEMORAL STEM PROSTHESIS, BIPOLAR ARTHROPLASTY)	Yes
58262	CPT/HCPCS	WITH REMOVAL OF TUBE(S) AND OR OVARY(S)	Yes
64645	CPT/HCPCS	CHEMODENERVATION OF ONE EXTREMITY; EACH ADDITIONAL EXTREMITY, 5 OR MORE MUSCLE(S)	Yes
27604	CPT/HCPCS	INCISION AND DRAINAGE, LEG OR ANKLE; INFECTED BURSA	Yes
21930	CPT/HCPCS	EXCISION, TUMOR, SOFT TISSUE OF BACK OR FLANK, SUBCUTANEOUS; LESS THAN 3 CM	Yes
42826	CPT/HCPCS	TONSILLECTOMY, PRIMARY OR SECONDARY; AGE 12 OR OVER	Yes
37718	CPT/HCPCS	LIGATION, DIVISION, AND STRIPPING, SHORT SAPHENOUS VEIN	Yes
46260	CPT/HCPCS	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, 2 OR MORE COLUMNS/GROUPS;	Yes
47785	CPT/HCPCS	ANASTOMOSIS, ROUX-EN-Y, OR INTRAHEPATIC BILIARY DUCTS AND GASTROINTESTINAL TRACT	Yes
33410	CPT/HCPCS	REPLACEMENT, AORTIC VALVE, OPEN WITH CARDIOPULMONARY BYPASS; WITH STENTLESS TISSUE VALVE	Yes
33220	CPT/HCPCS	REPAIR OF 2 TRANSVENOUS ELECTRODES FOR PERMANENT PACEMAKER OR IMPLANTABLE DEFIBRILLATOR	Yes
0416T	CPT/HCPCS	RELOCATION OF SKIN POCKET FOR IMPLANTED CARDIAC CONTRACTILITY MODULATION PULSE GENERATOR	Yes
S2117	CPT/HCPCS	ARTHROEREISIS, SUBTALAR	Yes
58356	CPT/HCPCS	ENDOMETRIAL CRYOABLATION WITH ULTRASONIC GUIDANCE, INCLUDINGENDOMETRIAL CURETTAGE, WHEN PERFORMED	Yes
46762	CPT/HCPCS	SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE, ADULT; IMPLANTATION ARTIFICIAL SPHINCTER	Yes
64876	CPT/HCPCS	SUTURE OF NERVE; REQUIRING SHORTENING OF BONE OF EXTREMITY (LIST SEPARATELY IN ADDITION TO CODE FOR NERVE SUTURE)	Yes
27664	CPT/HCPCS	REPAIR OR SUTURE OF EXTENSOR TENDON OF LEG; PRIMARY, WITHOUT GRAFT, SINGLE, EACH	Yes
21337	CPT/HCPCS	TREATMENT OF CLOSED NASAL SEPTAL FRACTURE	Yes
58560	CPT/HCPCS	HYSTEROSCOPY, SURGICAL; WITH DIVERSION OR RESECTION OF INTRAUTERINE SEPTUM	Yes
0268T	CPT/HCPCS	IMPLANTATION OR REPLACEMENT OF CAROTID SINUS BAROREFLEX ACTIVATION DEVICE; PULSE GENERATOR ONLY (INCL INTRA-OPERTAIVE INTERROGATION, PROGRAMMING, AND+	Yes
40820	CPT/HCPCS	DESTRUCTION OF LESION OR SCAR OF VESTIBULE OF MOUTH BY PHYSICAL METHODS (EG, LASER, THERMAL, CRYO, CHEMICAL)	Yes
25600	CPT/HCPCS	TREATMENT OF CLOSED DISTAL RADIAL FRACTURE (EG, COLLES OR SMITH TYPE) OR EPIPHYSEAL SEPARATION, WITH OR WITHOUT FRA	Yes
31660	CPT/HCPCS	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH BRONCHIAL THERMOPLASTY, 1LOBE	Yes
27254	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN HIP DISLOCATION, TRAUMATIC, WITH ACETABULAR LIP FIXATION, WITH OR WITHOUT INTERNAL OR	Yes
20824	CPT/HCPCS	REPLANTATION, THUMB (INCLUDES CARPOMETACARPAL JOINT TO MP JOINT); COMPLETE AMPUTATION	Yes

33474	CPT/HCPCS	VALVOTOMY, PULMONARY VALVE (COMMISSUROTOMY); OPEN, WITH CARDIOPULMONARY BYPASS	Yes
27187	CPT/HCPCS	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT METHYLMETHACRYLATE, FEMORAL NECK AND PROXI	Yes
27831	CPT/HCPCS	TREATMENT OF PROXIMAL TIBIOFIBULAR JOINT DISLOCATION; REQUIRING ANESTHESIA	Yes
55500	CPT/HCPCS	EXCISION OF HYDROCELE OF SPERMATIC CORD, UNILATERAL (SEPARATE PROCEDURE)	Yes
54316	CPT/HCPCS	URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING URINARY DIVERSION) WITH FREE SKIN GRAFT OBTAINED F	Yes
28899	CPT/HCPCS	UNLISTED PROCEDURE, FOOT OR TOES	Yes
39401	CPT/HCPCS	MEDIASTINOSCOPY; INCLUDES BIOPSY(IES) OF MEDIASTINAL MASS (EG, LYMPHOMA), WHEN PERFORMED	Yes
26556	CPT/HCPCS	FREE TOE JOINT TRANSFER WITH MICROVASCULAR ANASTOMOSIS	Yes
28022	CPT/HCPCS	ARTHROTOMY, WITH EXPLORATION, DRAINAGE OR REMOVAL OF LOOSE OR FOREIGN BODY; METATARSOPHALANGEAL JOINT	Yes
67040	CPT/HCPCS	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH ENDOLASER PANRETINAL PHOTOCOAGULATION	Yes
24582	CPT/HCPCS	PERCUTANEOUS SKELETAL FIXATION OF HEMERAL CONDYLAR FRATURES MEDICAL OR LATERAL, WITH MANIPULATION	Yes
43425	CPT/HCPCS	CLOSURE OF ESOPHAGOSTOMY OR FISTULA; THORACIC APPROACH	Yes
28755	CPT/HCPCS	ARTHRODESIS, GREAT TOE; INTERPHALANGEAL JOINT	Yes
49436	CPT/HCPCS	DELAYED CREATION OF EXIT SITE FROM EMBEDDED SUBCUTANEOUS SEGMENT OF INTRAPERITONEAL CANNULA OR CATHETER	Yes
24140	CPT/HCPCS	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), HUMERUS	Yes
63664	CPT/HCPCS	REVISION INCL REPLACE, WHEN PERFORMED, OF SPINAL NEUROSTIMULATOR ELECTRODE PLATE/PADDLE(S) PLACED VIA LAMINOTOMY OR LAMI	Yes
45520	CPT/HCPCS	PERIRECTAL INJECTION OF SCLEROSING SOLUTION FOR PROLAPSE	Yes
G0269	CPT/HCPCS	PLACEMENT OF OCCLUSIVE DEVICE INTO EITHER A VENOUS OR ARTERIAL ACCESS SITE,	Yes
25065	CPT/HCPCS	BIOPSY, SOFT TISSUE OF FOREARM AND/OR WRIST; SUPERFICIAL	Yes
59120	CPT/HCPCS	SURGICAL TREATMENT OF ECTOPIC PREGNANCY; TUBAL OR OVARIAN, REQUIRING SALPINGECTOMY AND/OR OOPHORECTOMY, ABDOMIN	Yes
55530	CPT/HCPCS	EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR VARICOCELE; (SEPARATE PROCEDURE)	Yes
37650	CPT/HCPCS	INTERRUPTION, PARTIAL OR COMPLETE, OF FEMORAL VEIN, BY LIGATURE, INTRAVASCULAR DEVICE	Yes
33970	CPT/HCPCS	INTRA-AORTIC BALLOON COUNTERPULSATION; INSERTION ONLY	Yes
46221	CPT/HCPCS	HEMORRHOIDECTOMY, INTERNAL, BY RUBBER BAND LIGATION(S)	Yes
37236	CPT/HCPCS	TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR (STENT(S) (EXCEPT LOWER EXTREMITY ARTERY(S) OF OCCLUSIVE DISEASE, CERVICAL CAROTID, EXTRACRANIAL VERTEBRA+	Yes
32486	CPT/HCPCS	REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY; W/CIRCUMFERENTILA RESECT OF SEGMENT OF BRONCHUS FOLLOWED BY BRONCHO-BRONC	Yes
51500	CPT/HCPCS	EXCISION OF URACHAL CYST OR SINUS, WITH OR WITHOUT UMBILICAL HERNIA REPAIR	Yes
32220	CPT/HCPCS	DECORTICATION, PULMONARY, (SEPARATE PROCEDURE); TOTAL	Yes
62140	CPT/HCPCS	CRANIOPLASTY FOR SKULL DEFECT; UP TO 5 CM DIAMETER	Yes
35515	CPT/HCPCS	BYPASS GRAFT, WITH VEIN; SUBCLAVIAN-VERTEBRAL	Yes
56441	CPT/HCPCS	LYSIS OF LABIAL ADHESIONS	Yes
62005	CPT/HCPCS	ELEVATION OF DEPRESSED SKULL FRACTURE; COMPOUND OR COMMUNUTED, EXTRADURAL	Yes
33530	CPT/HCPCS	REOPERATION, CORONARY ARTERY BYPASS PROCEDURE, MORE THAN ONE MONTH AFTER ORIGINAL OPERATION (LIST SEPARATELY IN ADD	Yes
21340	CPT/HCPCS	TREATMENT OF CLOSED OR OPEN NASOETHMOID COMPLEX FRACTURE, WITH SPLINT, WIRE OR HEADCAP FIXATION, INCLUDING REPAIR OF C	Yes
28220	CPT/HCPCS	TENOLYSIS, FLEXOR, FOOT; SINGLE	Yes
15760	CPT/HCPCS	GRAFT; COMPOSITE (FULL THICKNESS OF EXTERNAL EAR OR NASAL ALA), INCLUDING PRIMARY CLOSURE, DONOR AREA	Yes
27465	CPT/HCPCS	OSTEOPLASTY, FEMUR; SHORTENING (EXCLUDING 64876)	Yes

23071	CPT/HCPCS	EXCISION, TUMOR, SOFT TISSUE OF SHOULDER AREA, SUBCUTANEOUS; 3 CM OR GREATER	Yes
31201	CPT/HCPCS	ETHMOIDECTOMY; INTRANASAL, TOTAL	Yes
25560	CPT/HCPCS	TREATMENT OF CLOSED RADIAL AND ULNAR SHAFT FRACTURES; WITHOUT MANIPULATION	Yes
53265	CPT/HCPCS	EXCISION OR FULGURATION; URETHRAL CARUNCLE	Yes
35091	CPT/HCPCS	DIRECT REPAIR OF ANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR WITHOUT PATCH GRAFT; FOR ANEURYSM	Yes
43865	CPT/HCPCS	REVISION OF GASTROJEJUNAL ANASTOMOSIS (GASTROJEJUNOSTOMY) WITH RECONSTRUCTION, WITH OR WITHOUT PARTIAL GA	Yes
25023	CPT/HCPCS	DECOMPRESSION FASCIOTOMY, WRIST, FLEXOR AND/OR EXTENSOR COMPARTMENT; WITH DEBRIDEMENT OF NONVIABLE MUSCLE AND/OR NER	Yes
35612	CPT/HCPCS	BYPASS GRAFT, WITH OTHER THAN VEIN; SUBCLAVIAN-SUBCLAVIAN	Yes
37185	CPT/HCPCS	PRIMARY PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY; SECOND AND ALL SUBSEQUENT VESSELS WITHIN THE SAME VASCULAR F	Yes
43880	CPT/HCPCS	CLOSURE OF GASTROCOLIC FISTULA	Yes
62162	CPT/HCPCS	NEUROENDOSCOPY, INTRACRANIAL; WITH FENESTRATION OR EXCISIONOF COLLOID CYST, INCLUDING PLACEMENT OF EXTERNAL VENTRICULAR	Yes
0442T	CPT/HCPCS	ABLATION, PERCUTANEOUS, CRYOABLATION, INCLUDES IMAGING GUIDANCE; NERVE PLEXUS OR OTHER TRUNCAL NERVE (EG, BRACHIAL	Yes
57420	CPT/HCPCS	COLPOSCOPY OF THE ENTIRE VAGINA, WITH CERVIX IF PRESENT;	Yes
26685	CPT/HCPCS	OPEN TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB; INCLUDES INTERNAL FIXATION, WHEN PERFORMED, EACH JOINT	Yes
28002	CPT/HCPCS	*DEEP DISSECTION BELOW FASCIA, FOR DEEP INFECTION OF FOOT, WITH OR WITHOUT TENDON SHEATH INVOLVEMENT; SINGLE BURSAL S	Yes
26551	CPT/HCPCS	TOE TO HAND TRANSFER WITH MICROVASCULAR ANASTOMOSIS; GREAT TOE "WRAP-AROUND" WITH BONE GRAFT	Yes
22802	CPT/HCPCS	ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, WITHOR WITHOUT CAST; 7 TO 12 VERTEBRAL SEGMENTS	Yes
14001	CPT/HCPCS	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, TRUNK; DEFECT 10.1 SQ CM TO 30.0 SQ CM	Yes
27062	CPT/HCPCS	EXCISION; TROCHANTERIC BURSA OR CALCIFICATION	Yes
30545	CPT/HCPCS	REPAIR CHOANAL ATRESIA; TRANSPALATINE	Yes
30450	CPT/HCPCS	RHINOPLASTY, SECONDARY; MAJOR REVISION (NASAL TIP WORK AND OSTEOTOMIES)	Yes
29822	CPT/HCPCS	IGN BODY(IES))HOULDER, SURGICAL; DEBRIDEMENT, LIMITED, 1 OR 2 DISCRETE STRUCTURES (EG, HUMERAL BONE,HUMERAL ARTICULAR CARTILAGE, GLENOID BONE, GLENOI+	Yes
33677	CPT/HCPCS	CLOSURE OF MULTIPLE VENTRICULAR SEPTAL DEFECTS; WITH REMOVAL OF PULMONARY ARTERY BAND, WITH OR WITHOUT GUSSET	Yes
27616	CPT/HCPCS	RADICAL RESECTION OF TUMOR (EG, SARCOMA), SOFT TISSUE OF LEG OR ANKLE AREA; 5 CM OR GREATER	Yes
21725	CPT/HCPCS	DIVISION OF STERNOCLEIDOMASTOID FOR TORTICOLLIS, OPEN OPERATION; WITH CAST APPLICATION	Yes
21386	CPT/HCPCS	OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH	Yes
51741	CPT/HCPCS	COMPLEX UROFLOWMETRY (EG, CALIBRATED ELECTRONIC EQUIPMENT)	Yes
21335	CPT/HCPCS	OPEN TREATMENT OF NASAL FRACTURE; WITH CONCOMITANT OPEN TREATMENT OF FRACTURED SEPTUM	Yes
42810	CPT/HCPCS	EXCISION BRANCHIAL CLEFT CYST OR VESTIGE, CONFINED TO SKIN AND SUBCUTANEOUS TISSUES	Yes
61530	CPT/HCPCS	CRANIECTOMY, BONE FLAP CRANIOTOMY, TRANSTEMPORAL (MASTOID) FOR EXCISION OF CEREBELLOPONTINE ANGLE TUMOR; COMBINED WIT	Yes
S2411	CPT/HCPCS	FETOSCOPIC LASER THERAPY FOR TREATMENT OF TWIN-TO-TWIN TRANSFUSION SYNDROME	Yes
29807	CPT/HCPCS	ARTHROSCOPY, SHOULDER, SURGICAL; REPAIR OF SLAP LESION	Yes
22819	CPT/HCPCS	KYPHECTOMY,CIRCUMFERENTAL EXPOSURE OF SPINE AND RESECTION OF VERTEBRAL SEGMENT(S) 3 OR MORE SEGMENTS	Yes
35251	CPT/HCPCS	REPAIR BLOOD VESSEL WITH VEIN GRAFT; INTRA-ABDOMINAL	Yes

17270	CPT/HCPCS	* DESTRUCTION, MALIGNANT LESION, ANY METHOD, SCALP, NECK, HAND, FEET, GENITALIA; LESION DIAMETER 0.5 CM OR LESS	Yes
49570	CPT/HCPCS	REPAIR EPIGASTRIC HERNIA, PROPERITONEAL FAT (SEPARATE PROCEDURE); SIMPLE	Yes
67107	CPT/HCPCS	REPAIR OF RETINAL DETACHMENT, ONE OR MORE SESSIONS; SCLERAL BUCKLING (SUCH AS LAMELLAR EXCISION, IMBRICATION OR ENCIRCLI	Yes
27390	CPT/HCPCS	TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; SINGLE	Yes
C9745	CPT/HCPCS	NASAL ENDOSCOPY, SURGICAL; BALLOON DILATION OF EUSTACHIAN TUBE	Yes
20694	CPT/HCPCS	REMOVAL, UNDER ANESTHESIA, OF EXTERNAL FIXATION SYSTEM	Yes
66505	CPT/HCPCS	IRIDOTOMY BY STAB INCISION (SEPARATE PROCEDURE); WITH TRANSFIXION AS FOR IRIS BOMBE	Yes
36625	CPT/HCPCS	ARTERIAL CATHETERIZATION OR CANNULATION FOR SAMPLING, MONITORING OR TRANSFUSION (SEPARATE PROCEDURE); CUTDOWN	Yes
0410T	CPT/HCPCS	INSERTION OR REPLACEMENT OF PERMANENT CARDIAC CONTRACTILITY MODULATION SYSTEM, INCL CONTRACTILITY, ATRIAL ELECTRODE ONLY	Yes
35685	CPT/HCPCS	PLACEMENT OF VEIN PATCH OR CUFF AT DISTAL ANASTOMOSIS OF BYPASS GRAFT, SYNTHETIC CONDUIT	Yes
27357	CPT/HCPCS	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)	Yes
28280	CPT/HCPCS	WEBBING OPERATION (CREATE SYNDACTYLISM OF TOES) FOR SOFT CORN (KELIKIAN TYPE PROCEDURE)	Yes
42335	CPT/HCPCS	SIALOLITHOTOMY; SUBMANDIBULAR (SUBMAXILLARY), COMPLICATED, INTRAORAL	Yes
32560	CPT/HCPCS	INSTILLATION, VIA CHEST TUBE/CATHETER, AGENT FOR PLEURODESIS (EG, TALC FOR RECURRENT OR PERSISTENT PNEUMOTHORAX)	Yes
50783	CPT/HCPCS	URETERONEOCYSTOSTOMY; WITH EXTENSIVE URETERAL TAILORING	Yes
27502	CPT/HCPCS	TREATMENT OF CLOSED FEMORAL SHAFT FRACTURE (INCLUDING SUPRACONDYLAR); WITH MANIPULATION	Yes
34201	CPT/HCPCS	EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; FEMOROPOPLITEAL, AORTOILIAC ARTERY, BY LEG INCISION	Yes
64732	CPT/HCPCS	TRANSECTION OR AVULSION OF; SUPRAORBITAL NERVE	Yes
25251	CPT/HCPCS	REMOVAL OF WRIST PROSTHESIS; COMPLICATED, INCLUDING "TOTAL WRIST"	Yes
44626	CPT/HCPCS	CLOSURE OF ENTEROSTOMY, LARGE OF SMALL INTESTINE; WITH RESECTION AND COLORECTAL ANASTOMOSIS(EG, CLOSURE OF HARTMANN TYPE	Yes
28088	CPT/HCPCS	SYNOVECTOMY, TENDON SHEATH, FOOT; EXTENSOR	Yes
52234	CPT/HCPCS	CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY) AND/OR RESECTION OF; SMALL BLADDER TUMOR(S	Yes
69502	CPT/HCPCS	MASTOIDECTOMY; COMPLETE	Yes
12021	CPT/HCPCS	TREATMENT OF SUPERFICIAL WOUND DEHISCENCE; WITH PACKING	Yes
32815	CPT/HCPCS	OPEN CLOSURE OF MAJOR BRONCHIAL FISTULA	Yes
19112	CPT/HCPCS	EXCISION OF LACTIFEROUS DUCT FISTULA	Yes
63276	CPT/HCPCS	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; EXTRADURAL, THORACIC	Yes
31603	CPT/HCPCS	TRACHEOSTOMY, EMERGENCY PROCEDURE; TRANSTRACHEAL	Yes
21470	CPT/HCPCS	OPEN TREATMENT OF COMPLICATED CLOSED OR OPEN MANDIBULAR FRACTURE BY MULTIPLE SURGICAL APPROACHES INCLUDING INTERNAL FIX	Yes
63300	CPT/HCPCS	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR EXCISION OF INTRASPINAL LESION, SINGLE SEG	Yes
S2095	CPT/HCPCS	TRANSCATHETER OCCLUSION OR EMBOLIZATION FOR TUMOR DESTRUCTIOPERCUTANEOUS, ANY METHOD, USING YTTRIUM-90 MICROSPHERES	Yes
0263T	CPT/HCPCS	INTRAMUSCULAR AUTOLOGOUS BONE MARROW CELL THERAPY, WITH PREPARATION OF HARVESTED CELLS, MULTIPLE INJECTIONS, ONE LEG, INCLUDING ULTRASOUND GUIDANCE; +	Yes
50860	CPT/HCPCS	URETEROSTOMY, TRANSPLANTATION OF URETER TO SKIN	Yes
62268	CPT/HCPCS	*PERCUTANEOUS ASPIRATION, SPINAL CORD CYST OR SYRINX	Yes
11300	CPT/HCPCS	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR LEGS: LESION DIAMR 0.5 CM OR LESS	Yes
35820	CPT/HCPCS	EXPLORATION FOR POSTOPERATIVE HEMORRHAGE, THROMBOSIS OR INFECTION; CHEST	Yes

61600	CPT/HCPCS	RESECTION OR EXCISION OF NEOPLASTIC VASCULAR OR INFECTIOUS LESION OF BASE OF ANTERIOR CRANIAL FOSSA; EXTRADURAL	Yes
27256	CPT/HCPCS	*TREATMENT OF CONGENITAL HIP DISLOCATION, BY ABDUCTION, SPLINT OR TRACTION; ANY METHOD	Yes
57010	CPT/HCPCS	COLPOTOMY; WITH DRAINAGE OF PELVIC ABSCESS	Yes
28070	CPT/HCPCS	SYNOVECTOMY; INTERTARSAL OR TARSOMETATARSAL JOINT, EACH	Yes
45379	CPT/HCPCS	COLONOSCOPY, FLEXIBLE; WITH REMOVAL OF FOREIGN BODY(S)	Yes
51530	CPT/HCPCS	CYSTOTOMY; FOR EXCISION OF BLADDER TUMOR	Yes
58940	CPT/HCPCS	OOPHORECTOMY, PARTIAL OR TOTAL, UNILATERAL OR BILATERAL;	Yes
47700	CPT/HCPCS	EXPLORATION FOR CONGENITAL ATRESIA OF BILE DUCTS, WITHOUT REPAIR, WITH OR WITHOUT LIVER BIOPSY, WITH OR WITHOUT CHOL	Yes
25400	CPT/HCPCS	REPAIR OF NONUNION OR MALUNION, RADIUS OR ULNA; WITHOUT GRAFT (EG, COMPRESSION TECHNIQUE)	Yes
24615	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN ELBOW DISLOCATION	Yes
27066	CPT/HCPCS	EXCISION OF BONE CYST OR BENIGN TUMOR; DEEP, WITH OR WITHOUT AUTOGRAFT	Yes
15116	CPT/HCPCS	EPIDERMAL AUTOGRAFT; EACH ADDITIONAL 100 SQ CM, OR 1% OF BODY AREA OF INFANTS AND CHILDREN; FACE, SCALP, EYELIDS, MOUTH	Yes
22533	CPT/HCPCS	ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	Yes
51575	CPT/HCPCS	CYSTECTOMY, COMPLETE; WITH BILATERAL PELVIC LYMPHADENECTOMY, INCLUDING EXTERNAL ILIAC, HYPOGASTRIC AND OBTURATOR	Yes
67904	CPT/HCPCS	REPAIR OF BLEPHAROPTOSIS; (TARSO)LEVATOR RESECTION OR ADVANCEMENT, EXTERNAL APPROACH	Yes
52005	CPT/HCPCS	CYSTOURETHROSCOPY, WITH URETERAL CATHETERIZATION, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLU	Yes
42182	CPT/HCPCS	REPAIR, LACERATION OF PALATE; OVER 2 CM OR COMPLEX	Yes
40844	CPT/HCPCS	VESTIBULOPLASTY; ENTIRE ARCH	Yes
32507	CPT/HCPCS	THORACOTOMY; WITH DIAGNOSTIC WEDGE RESECTION,FOLLOWED BY ANATOMIC LUNG RESECTION (LIST SEPARATELY IN ADDITION TO)	Yes
65860	CPT/HCPCS	SEVERING ADHESIONS OF ANTERIOR SEGMENT, LASER TECHNIQUE (SEPARATE PROCEDURE)	Yes
56821	CPT/HCPCS	COLPOSCOPY OF THE VULVA: WITH BIOPSY(S)	Yes
15950	CPT/HCPCS	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH PRIMARY SUTURE;	Yes
24576	CPT/HCPCS	TREATMENT OF CLOSED HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL; WITHOUT MANIPULATION	Yes
37799	CPT/HCPCS	UNLISTED PROCEDURE, VASCULAR SURGERY	Yes
33840	CPT/HCPCS	EXCISION OF COARCTATION OF AORTA, WITH OR WITHOUT ASSOCIATED PATENT DUCTUS ARTERIOSUS; WITH DIRECT ANASTOMOSIS	Yes
27734	CPT/HCPCS	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; DISTAL TIBIA AND FIBULA	Yes
31720	CPT/HCPCS	CATHETER ASPIRATION (SEPARATE PROCEDURE); NASOTRACHEOBRONCHIAL	Yes
26608	CPT/HCPCS	PERCUTANEOUS SKELETAL FIXATION OF METACARPAL FRACTURE, EACH BONE	Yes
22319	CPT/HCPCS	OPEN TREATMENT AND/OR REDUCTION OF ODONTOID FRACTURE(S) AND OR DISLOCATION(S), ANTERIOR APPROACH, INCLUDING PLACEMENT OF	Yes
16020	CPT/HCPCS	*DRESSINGS AND/OR DEBRIDEMENT, INITIAL OR SUBSEQUENT; WITHOUT ANESTHESIA, OFFICE OR HOSPITAL, SMALL	Yes
47765	CPT/HCPCS	ANASTOMOSIS, DIRECT, OF INTRAHEPATIC DUCTS AND GASTROINTESTINAL TRACT	Yes
23532	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN STERNOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC; WITH FASCIAL GRAFT (INCLUDES OBTA	Yes
47780	CPT/HCPCS	ANASTOMOSIS, ROUX-EN-Y, OF EXTRAHEPATIC BILIARY DUCTS AND GASTROINTESTINAL TRACT	Yes
25119	CPT/HCPCS	SYNOVECTOMY, EXTENSOR TENDON SHEATH, WRIST, SINGLE COMPARTMENT; WITH RESECTION OF DISTAL ULNA	Yes
33130	CPT/HCPCS	RESECTION OF EXTERNAL CARDIAC TUMOR	Yes
29010	CPT/HCPCS	APPLICATION OF RISSER JACKET, LOCALIZER, BODY; ONLY	Yes
27407	CPT/HCPCS	REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; CRUCIATE	Yes

65285	CPT/HCPCS	REPAIR OF LACERATION; CORNEA AND/OR SCLERA, PERFORATING, WITH REPOSITION OR RESECTION OF UVEAL TISSUE	Yes
0467T	CPT/HCPCS	REVISION OR REPLACEMENT OF CHEST WALL RESPIRATORY SENSOR ELECTRODE OR ELECTRODE ARRAY, INCLUDING CONNECTION TO EXISTING	Yes
11043	CPT/HCPCS	DEBRIDEMENT, MUSCLE AND/OR FASCIA (INCLUDES EPIDERMIS, DERMIS, AND SUBCUTANEOUS TISSUE, IF PERFORMED); FIRST 20 SQ CM OR LESS	Yes
35884	CPT/HCPCS	REVISION, FEMORAL ANASTOMOSIS OF SYNTHETIC ARTERIAL BYPASS GRAFT IN GROIN, OPEN; WITH AUTOGENOUS VEIN PATCH GRAFT	Yes
62190	CPT/HCPCS	CREATION OF SHUNT; SUBARACHNOID/SUBDURAL-ATRIAL, -JUGULAR, -AURICULAR	Yes
54380	CPT/HCPCS	PLASTIC OPERATION ON PENIS FOR EPISPADIAS DISTAL TO EXTERNAL SPHINCTER;	Yes
21175	CPT/HCPCS	RECONSTRUCTION, BIFRONTAL, SUPERIOR-LATERAL ORBITAL RIMS AND LOWER FOREHEAD, ADVANCEMENT OR ALTERATION (EG, PLAGIOCEPHA	Yes
64590	CPT/HCPCS	INSERTION OR REPLACEMENT OF PERIPHERAL,SACRAL,OR GASTRIC NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER,REQUIRING POCKET CREATION AND CONNECTION BETWEEN+	Yes
62117	CPT/HCPCS	REDUCTION OF CRANIOMEGALIC SKULL (EG, TREATED HYDROCEPHALUS); REQUIRING CRANIOTOMY AND RECONSTRUCTION WITH OR WITH	Yes
25440	CPT/HCPCS	REPAIR OF NONUNION, SCAPHOID (NAVICULAR) BONE, WITH OR WITHOUT RADIAL STYLOIDECTOMY (INCLUDES OBTAINING GRAFT AN	Yes
44020	CPT/HCPCS	ENTEROTOMY, SMALL BOWEL, OTHER THAN DUODENUM; FOR EXPLORATION, BIOPSY(S), OR FOREIGN BODY REMOVAL	Yes
58545	CPT/HCPCS	LAPAROSCOPY, SURGICAL, MYOMECTOMY, EXCISION; 1 TO 4 INTRAMURMYOMAS WITH TOTAL WEIGHT OF 250 GRAMS OR LESS AND/OR REMOVAL	Yes
63103	CPT/HCPCS	VERTEBRAL CORPECTOMY, PARTIAL OR COMPLETE, LATERAL EXTRACAVIAPPROACH WITH DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOT	Yes
51595	CPT/HCPCS	CYSTECTOMY, COMPLETE, WITH URETEROILEAL CONDUIT OR SIGMOID BLADDER, INCLUDING BOWEL ANASTOMOSIS; WITH BILATERAL PELVIC L	Yes
45000	CPT/HCPCS	TRANSRECTAL DRAINAGE OF PELVIC ABSCESS	Yes
46200	CPT/HCPCS	FISSURECTOMY, INCLUDING SPHINCTEROTOMY, WHEN PERFORMED	Yes
25107	CPT/HCPCS	ARTHROTOMY, DISTAL RADIOULNAR JOINT FOR REPAIR OF TRIANGULAR CARTILAGE COMPLEX	Yes
21195	CPT/HCPCS	RECONSTRUCTION OF MANDIBULAR RAMI AND/OR BODY, SAGITTAL SPLIT; WITHOUT INTERNAL RIGID FIXATION	Yes
69530	CPT/HCPCS	PETROUS APICECTOMY INCLUDING RADICAL MASTOIDECTOMY	Yes
45113	CPT/HCPCS	PROCTECTOMY,PARTIAL, WITH RECTAL MUCOSECTOMY, ILEAL ANASTOMOSIS, CREATION OF ILEAL RESERVOIR W/WO LOOP LIEOSTOMY	Yes
20250	CPT/HCPCS	BIOPSY, VERTEBRAL BODY, OPEN; THORACIC	Yes
47400	CPT/HCPCS	HEPATICOTOMY OR HEPATICOSTOMY WITH EXPLORATION, DRAINAGE, OR REMOVAL OF CALCULUS	Yes
21385	CPT/HCPCS	OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; TRANSANTRAL APPROACH (CALDWELL-LUC TYPE OPERATION)	Yes
26490	CPT/HCPCS	OPPONENS PLASTY; SUBLIMIS TENDON TRANSFER TYPE	Yes
29820	CPT/HCPCS	ARTHROSCOPY, SHOULDER, SURGICAL; SYNOVECTOMY, PARTIAL	Yes
37232	CPT/HCPCS	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/PERONEAL ARTERY, UNILATERAL, EA ADDITIONAL VESSEL; (LIST	Yes
0460T	CPT/HCPCS	REPOSITIONING OF PREVIOUSLY IMPLANTED AORTIC COUNTERPULSATION VENTRICULAR ASSIST DEVICE; SUBCUTANEOUS ELECTRODE	Yes
67028	CPT/HCPCS	INTRAVITREAL INJECTION OF A PHARMACOLOGIC AGENT (SEPARATE PROCEDURE)	Yes
28585	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN TALOTARSAL JOINT DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL SKELETAL FIXA	Yes
47534	CPT/HCPCS	PLACEMENT OF BILIARY DRAINAGE CATHETER, PERCUTANEOUS,AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION; INT	Yes

49496	CPT/HCPCS	REPAID INITIAL INGUINAL HERNIA, UNDER AGE 6 MONTHS, WITH OR WITHOUT HYDROCELECTOMY; INCARCERATED OR STRANGULATED	Yes
16000	CPT/HCPCS	INITIAL TREATMENT, FIRST DEGREE BURN, WHEN NO MORE THAN LOCAL TREATMENT IS REQUIRED	Yes
27703	CPT/HCPCS	ARTHROPLASTY, ANKLE; SECONDARY RECONSTRUCTION, TOTAL ANKLE	Yes
20805	CPT/HCPCS	REPLANTATION, FOREARM (INCLUDES RADIUS AND ULNA TO RADIAL CARPAL JOINT); COMPLETE AMPUTATION	Yes
45397	CPT/HCPCS	LAPAROSCOPY, SURGICAL; PROCTECTOMY, COMBINED ABDOMINOPERINEAL PULL-THROUGH PROCEDURE, WITH DIVERTING ENTEROSTOMY, WHEN PERFORMED	Yes
64772	CPT/HCPCS	TRANSECTION OR AVULSION OF OTHER SPINAL NERVE, EXTRADURAL	Yes
38525	CPT/HCPCS	BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN, DEEP AXILLARY NODE(S)	Yes
21436	CPT/HCPCS	OPEN TREATMENT OF CANIOFACIAL SEPARATION; COMPLICATED MULTIPLE SURGICAL APPROACHES, INTERNAL FIXATION, W/BONE GRAFT	Yes
27640	CPT/HCPCS	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY), BONE (EG, OSTEOMYELITIS); TIBIA	Yes
50230	CPT/HCPCS	NEPHRECTOMY, INCLUDING PARTIAL URETERECTOMY, ANY APPROACH INCLUDING RIB RESECTION; RADICAL, WITH REGIONAL LYMPH NODE	Yes
63304	CPT/HCPCS	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR EXCISION OF INTRASPINAL LESION, SINGLE SEG	Yes
45120	CPT/HCPCS	PROCTECTOMY, COMPLETE; (EG, FOR CONGENITAL MEGACOLON, SWENSON, DUHAMEL, OR SOAVE TYPE OPERATION)	Yes
33020	CPT/HCPCS	PERICARDIOTOMY FOR REMOVAL OF CLOT OR FOREIGN BODY (PRIMARY PROCEDURE)	Yes
25574	CPT/HCPCS	OPEN TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURE, WITH INTERNAL FIXATION, WHEN PERFORMED; OF RADIUS OR ULNA	Yes
24900	CPT/HCPCS	AMPUTATION, ARM THROUGH HUMERUS; WITH PRIMARY CLOSURE	Yes
50205	CPT/HCPCS	RENAL BIOPSY; BY SURGICAL EXPOSURE OF KIDNEY	Yes
33235	CPT/HCPCS	REMOVAL OF PERMANENT PACEMAKER AND TRANSVENOUS ELECTRODE(S), DUAL LEAD SYSTEM	Yes
69399	CPT/HCPCS	UNLISTED PROCEDURE, EXTERNAL EAR	Yes
25301	CPT/HCPCS	TENODESIS AT WRIST; EXTENSORS OF FINGERS	Yes
57284	CPT/HCPCS	PARAVAGINAL DEFECT REPAIR	Yes
27889	CPT/HCPCS	ANKLE DISARTICULATION	Yes
25535	CPT/HCPCS	TREATMENT OF CLOSED ULNAR SHAFT FRACTURE; WITH MANIPULATION	Yes
33736	CPT/HCPCS	ATRIAL SEPTECTOMY OR SEPTOSTOMY; OPEN HEART WITH CARDIOPULMONARY BYPASS	Yes
27267	CPT/HCPCS	CLOSED TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, HEAD; WITHOUT MANIPULATION	Yes
22904	CPT/HCPCS	RADICAL RESECTION OF TUMOR (EG, SARCOMA), SOFT TISSUE OF ABDOMINAL WALL; LESS THAN 5 CM	Yes
61564	CPT/HCPCS	EXCISION, INTRA- AND EXTRACRANIAL, BENIGN TUMOR OF CRANIAL BONE (EG, FIBROUS DYSPLASIA); WITH OPTIC NERVE DECOMPRESSION	Yes
59897	CPT/HCPCS	UNLISTED FETAL INVASIVE PROCEDURE, INCLUDING ULTRASOUND GUIDANCE, WHEN PERFORMED	Yes
55200	CPT/HCPCS	VASOTOMY, CANNULIZATION WITH OR WITHOUT INCISION OF VAS, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)	Yes
44025	CPT/HCPCS	COLOTOMY, FOR EXPLORATION, BIOPSY(S), OR FOREIGN BODY REMOVAL	Yes
36012	CPT/HCPCS	SELECTIVE CATHETER PLACEMENT, VENOUS SYSTEM; SECOND ORDER, OR MORE SELECTIVE, BRANCH (EG, LEFT ADRENAL VEIN, PETROSAL)	Yes
69662	CPT/HCPCS	REVISION OF STAPEDECTOMY OR STAPEDOTOMY	Yes
25505	CPT/HCPCS	TREATMENT OF CLOSED RADIAL SHAFT FRACTURE; WITH MANIPULATION	Yes
67027	CPT/HCPCS	INPLANTATION OR REPLACEMENT OF INTRAVITREAL DRUG DELIVERY SYSTEM (EG, GANCICLOVIR IMPLANT), INCLUDES CONCOMITANT REMOVAL	Yes
31380	CPT/HCPCS	PARTIAL LARYNGECTOMY (HEMILARYNGECTOMY); ANTEROVERTICAL	Yes
26485	CPT/HCPCS	TENDON TRANSFER OR TRANSPLANT, PALMAR, SINGLE, EACH TENDON; WITHOUT FREE TENDON GRAFT	Yes
36861	CPT/HCPCS	CANNULA DECLOTTING; WITH BALLOON CATHETER	Yes

26341	CPT/HCPCS	MANIPULATION, PALMAR FASCIAL CORD (IE, DUPUYTREN'S CORD) POST ENZYME INJECTION (EG, COLLAGENASE), SINGLE CORD	Yes
36456	CPT/HCPCS	PARTIAL EXCHANGE TRANSFUSION, BLOOD, PLASMA OR CRYSTALLOID NECESSITATING THE SKILL OF A PHYSICIAN OR OTHER QUALIFIED	Yes
21046	CPT/HCPCS	EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE; REQUIRING INTRA-ORAL OSTEOTOMY	Yes
31628	CPT/HCPCS	BRONCHOSCOPY; with transbronchial lung biopsy(s), single lobe	Yes
61582	CPT/HCPCS	CRANIOFACIAL APPROACH TO ANTERIOR CRANIAL FOSSA; EXTRADURAL, INCLUDING UNILATERAL OR BIFRONTAL CRANIOTOMY, ELEVATION OF F	Yes
64738	CPT/HCPCS	TRANSECTION OR AVULSION OF; INFERIOR ALVEOLAR NERVE BY OSTEOTOMY	Yes
21083	CPT/HCPCS	IMPRESSION AND CUSTOM PREPARATION; PALATAL LIFT PROSTHESIS	Yes
0468T	CPT/HCPCS	REMOVAL OF CHEST WALL RESPIRATORY SENSOR ELECTRODE OR ELECTRODE ARRAY	Yes
27496	CPT/HCPCS	DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, ONE COMPARTMENT;	Yes
48148	CPT/HCPCS	EXCISION OF AMPULLA OF VATER, SIMPLE	Yes
32997	CPT/HCPCS	TOTAL LUNG LAVAGE	Yes
22318	CPT/HCPCS	OPEN TREATMENT AND/OR REDUCTION OF ODONTOID FRACTURE(S) AND OR DISLOCATION(S), ANTERIOR APPROACH, INCLUDING PLACEMENT OF	Yes
23190	CPT/HCPCS	OSTECTOMY OF SCAPULA, PARTIAL (EG, SUPERIOR MEDIAL ANGLE)	Yes
54115	CPT/HCPCS	REMOVAL FOREIGN BODY FROM DEEP PENILE TISSUE (EG, PLASTIC IMPLANT)	Yes
38505	CPT/HCPCS	BIOPSY OR EXCISION OF LYMPH NODE(S); BY NEEDLE, SUPERFICIAL (EG, CERVICAL, INGUINAL, AXILLARY)	Yes
37790	CPT/HCPCS	PENILE VENOUS OCCLUSIVE PROCEDURE	Yes
35001	CPT/HCPCS	DIRECT REPAIR OF ANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR WITHOUT PATCH GRAFT; FOR ANEURYSM	Yes
29355	CPT/HCPCS	APPLICATION OF LONG LEG CAST (THIGH TO TOES); WALKER OR AMBULATORY TYPE	Yes
22852	CPT/HCPCS	REMOVAL OF POSTERIOR SEGMENTAL INSTRUMENTATION	Yes
23145	CPT/HCPCS	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAPULA; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)	Yes
52276	CPT/HCPCS	CYSTOURETHROSCOPY WITH DIRECT VISION INTERNAL URETHROTOMY	Yes
25450	CPT/HCPCS	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; DISTAL RADIUS OR ULNA	Yes
34502	CPT/HCPCS	RECONSTRUCTION OF VENA CAVA, ANY METHOD	Yes
0207T	CPT/HCPCS	EVACUATION OF MEIBOMIAN GLANDS, AUTOMATED, USING HEAT AND INTERMITTENT PRESSURE, UNILATERAL	Yes
27041	CPT/HCPCS	BIOPSY, SOFT TISSUE OF PELVIS AND HIP AREA; DEEP	Yes
65150	CPT/HCPCS	REINSERTION OF OCULAR IMPLANT; WITH OR WITHOUT CONJUNCTIVAL GRAFT	Yes
52240	CPT/HCPCS	CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY) AND/OR RESECTION OF; LARGE BLADDER TUMOR(S	Yes
26320	CPT/HCPCS	REMOVAL OF IMPLANT FROM FINGER OR HAND	Yes
22902	CPT/HCPCS	EXCISION, TUMOR, SOFT TISSUE OF ABDOMINAL WALL, SUBCUTANEOUS; LESS THAN 3 CM	Yes
67399	CPT/HCPCS	UNLISTED PROCEDURE, EXTRAOCULAR MUSCLE	Yes
64763	CPT/HCPCS	TRANSECTION OR AVULSION OF OBTURATOR NERVE, EXTRAPELVIC, WITH OR WITHOUT ADDUCTOR TENOTOMY	Yes
30125	CPT/HCPCS	EXCISION DERMOID CYST, NOSE; COMPLEX, UNDER BONE OR CARTILAGE	Yes
34501	CPT/HCPCS	VALVULOPLASTY, FEMORAL VEIN	Yes
36217	CPT/HCPCS	INTRODUCTION OF CATHETER, AORTA OR SELECTIVE; INITIAL THIRD ORDER OR MORE SELECTIVE THORACIC OR BRACHIOCEPHALIC BRANCH,	Yes
44960	CPT/HCPCS	APPENDECTOMY; FOR RUPTURED APPENDIX WITH ABSCESS OR GENERALIZED PERITONITIS	Yes
52214	CPT/HCPCS	CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY) OF TRIGONE, BLADDER NECK, PROSTATIC FOSSA,	Yes
52001	CPT/HCPCS	CYSTOURETHROSCOPY WITH IRRIGATION AND EVACUATION OF MULTIPLE OBSTRUCTING CLOTS	Yes

50390	CPT/HCPCS	*ASPIRATION AND/OR INJECTION OF RENAL CYST OR PELVIS BY NEEDLE, PERCUTANEOUS	Yes
62365	CPT/HCPCS	REMOVAL OF SUBCUTANEOUS RESERVOIR OR PUMP PREVIOUSLY IMPLANTFORINTRATHECAL OR EPIDURAL INFUSION	Yes
49220	CPT/HCPCS	STAGING CELIOTOMY (LAPAROTOMY) FOR HODGKIN'S DISEASE OR LYMPHOMA (INCLUDES SPLENECTOMY, NEEDLE OR OPEN BIOPSIES OF BO	Yes
61520	CPT/HCPCS	CRANIECTOMY FOR EXCISION OF BRAIN TUMOR, INFRATENTORIAL OR POSTERIOR FOSSA; CEREBELLOPONTINE ANGLE TUMOR	Yes
43756	CPT/HCPCS	DUODENAL INTUBATION AND ASPIRATION, DIAGNOSTIC, INCLUDES IMAGE GUIDANCE; SINGLE SPECIMEN (EG, BILE STUDY FOR CRYSTALS OR AFFERENT LOOP CULTURE)	Yes
21296	CPT/HCPCS	REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETERIC HYPERTROPHY); INTRAORAL APPROACH	Yes
27830	CPT/HCPCS	TREATMENT OF PROXIMAL TIBIOFIBULAR JOINT DISLOCATION; WITHOUT ANESTHESIA	Yes
33404	CPT/HCPCS	CONSTRUCTION OF APICAL-AORTIC CONDUIT	Yes
27334	CPT/HCPCS	ARTHROTOMY, KNEE, FOR SYNOVECTOMY; ANTERIOR OR POSTERIOR	Yes
59130	CPT/HCPCS	SURGICAL TREATMENT OF ECTOPIC PREGNANCY; ABDOMINAL PREGNANCY	Yes
37239	CPT/HCPCS	TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S),OPEN OR PERCUTANEOUS, WHEN PERFORMED; EACH ADDITIONAL VIEN	Yes
67911	CPT/HCPCS	CORRECTION OF LID RETRACTION	Yes
11305	CPT/HCPCS	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP,NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 0.5 CM OR LESS	Yes
28606	CPT/HCPCS	TREATMENT OF CLOSED TARSOMETATARSAL JOINT DISLOCATION, WITH PERCUTANEOUS SKELETAL FIXATION	Yes
61333	CPT/HCPCS	EXPLORATION OF ORBIT (TRANSCRANIAL APPROACH); WITH REMOVAL OF LESION	Yes
47538	CPT/HCPCS	PLACEMENT OF STENT(S) INTO A BILE DUCT, PERCUTANEOUS, INCLUDING DIAGNOSTIC CHOLANGIOGRAPHY, IMAGING GUIDANCE (EG,F	Yes
26370	CPT/HCPCS	PROFUNDUS TENDON REPAIR OR ADVANCEMENT, WITH INTACT SUBLIMIS; PRIMARY	Yes
52500	CPT/HCPCS	TRANSURETHRAL RESECTION OF BLADDER NECK (SEPARATE PROCEDURE)	Yes
S2348	CPT/HCPCS	DECOMPRESSION PROCEDURE, PERCUTANEOUS, OF NUCLEUS PULPOSUS OF INTERVERTEBRAL DISC, USING RADIOFREQUENCY ENERGY, SINGLE O	Yes
58100	CPT/HCPCS	*ENDOMETRIAL BIOPSY, SUCTION TYPE (SEPARATE PROCEDURE)	Yes
33207	CPT/HCPCS	INSERTION OF PERMANENT PACEMAKER WITH TRANSVENOUS ELECTRODE(S); VENTRICULAR	Yes
47420	CPT/HCPCS	CHOLEDOCHOTOMY OR CHOLEDOCHOSTOMY WITH EXPLORATION, DRAINAGE, OR REMOVAL OF CALCULUS, WITH OR WITHOUT CHOLECYSTOTOMY;	Yes
63265	CPT/HCPCS	LAMINECTOMY FOR EXCISION OR EVACUATION OF INTRASPINAL LESION OTHER THAN NEOPLASM, EXTRADURAL; CERVICAL	Yes
21462	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN MANDIBULAR FRACTURE; WITH INTERDENTAL FIXATION	Yes
31535	CPT/HCPCS	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH BIOPSY;	Yes
11602	CPT/HCPCS	EXCISION, MALIGNANT LESION INCL MARGINS, TRUNK, ARMS, OR LEGS; EXCISED DIAMETER 1.1 TO 2.0CM	Yes
41114	CPT/HCPCS	EXCISION OF LESION OF TONGUE WITH CLOSURE; WITH LOCAL TONGUE FLAP	Yes
33534	CPT/HCPCS	TWO CORONARY ARTERIAL GRAFTS	Yes
62143	CPT/HCPCS	REPLACEMENT OF BONE FLAP OR PROSTHETIC PLATE OF SKULL	Yes
53060	CPT/HCPCS	DRAINAGE OF SKENE'S GLAND ABSCESS OR CYST	Yes
11310	CPT/HCPCS	SHAVING OF EPIDERMAL/DERMAL LESION,SINGLE LESION,FACE,EARS, EYELIDS,NOSE,LIPS,MUCOUS MEMBRANE;LESION DIAM 0.5 OR LESS	Yes
43122	CPT/HCPCS	PARTIAL ESOPHAGECTOMY, THORACOABDOMINAL OR ABDOMINAL APPROACW/WO PROXIMAL GASTRECTOMY; WITH ESOPAGOGASTROSTOMY	Yes
27450	CPT/HCPCS	OSTEOTOMY, FEMUR, SHAFT OR SUPRACONDYLAR; WITH FIXATION	Yes
45317	CPT/HCPCS	PROCTOSIGMOIDOSCOPY; FOR CONTROL OF HEMORRHAGE (EG, ELECTROCOAGULATION, LASER PHOTOCOAGULATION)	Yes
52301	CPT/HCPCS	CYSTOURETHROSCOPY; WITH RESECTION OR FULGURATION ECTOPIC URETEROCELE(S) UNILATERAL OR BILATERAL	Yes

32160	CPT/HCPCS	THORACOTOMY, MAJOR; WITH CARDIAC MASSAGE	Yes
22010	CPT/HCPCS	INCISION AND DRAINAGE, OPEN, OF DEEP ABSCESS (SUBFASCIAL), POSTERIOR SPINE; CERVICAL, THORACIC, OR CERVICOTHORACIC	Yes
37193	CPT/HCPCS	RETRIEVAL (REMOVAL) OF INTRAVASCULAR VENA CAVA FILTER, ENDO VASCULAR APPROACH INCLUDING VASCULAR ACCESS,VESSEL SELECTION	Yes
64740	CPT/HCPCS	TRANSECTION OR AVULSION OF; LINGUAL NERVE	Yes
27599	CPT/HCPCS	UNLISTED PROCEDURE, FEMUR OR KNEE	Yes
23395	CPT/HCPCS	MUSCLE TRANSFER, ANY TYPE FOR PARALYSIS OF SHOULDER OR UPPER ARM; SINGLE	Yes
32225	CPT/HCPCS	DECORTICATION, PULMONARY, (SEPARATE PROCEDURE); PARTIAL	Yes
65112	CPT/HCPCS	EXENTERATION OF ORBIT (DOES NOT INCLUDE SKIN GRAFT), REMOVAL OF ORBITAL CONTENTS; WITH THERAPEUTIC REMOVAL OF BONE	Yes
27409	CPT/HCPCS	REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; COLLATERAL AND CRUCIATE LIGAMENTS	Yes
17281	CPT/HCPCS	DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYE-LIDS,NOSE,LIPS MUCOUS MEMBRANE;LESION DIAMETER 0.6 TO 1.0CM	Yes
27500	CPT/HCPCS	TREATMENT OF CLOSED FEMORAL SHAFT FRACTURE (INCLUDING SUPRACONDYLAR); WITHOUT MANIPULATION (INCLUDES TRACTION)	Yes
33845	CPT/HCPCS	EXCISION OF COARCTATION OF AORTA, WITH OR WITHOUT ASSOCIATED PATENT DUCTUS ARTERIOSUS; WITH GRAFT	Yes
24110	CPT/HCPCS	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, HUMERUS;	Yes
S0601	CPT/HCPCS	SCREENING PROCTOSCOPY	Yes
58152	CPT/HCPCS	TOTAL ABDOMINAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(Yes
31637	CPT/HCPCS	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIGUIDANCE; EACH ADDITIONAL MAJOR BRONCHUS STENTED	Yes
23184	CPT/HCPCS	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), PROXIMAL HUMERUS	Yes
48020	CPT/HCPCS	REMOVAL OF PANCREATIC CALCULUS	Yes
57550	CPT/HCPCS	EXCISION OF CERVICAL STUMP, VAGINAL APPROACH;	Yes
22100	CPT/HCPCS	PARTIAL RESECTION OF VERTEBRAL COMPONENT, SPINOUS PROCESSES; CERVICAL	Yes
15630	CPT/HCPCS	INTERMEDIATE "DELAY" OF ANY FLAP, PRIMARY "DELAY" OF SMALL FLAP, OR SECTIONING PEDICLE OF TUBED OR DIRECT FLAP	Yes
35112	CPT/HCPCS	DIRECT REPAIR OF ANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR WITHOUT PATCH GRAFT; FOR RUPTURED	Yes
29900	CPT/HCPCS	ARTHROSCOPY, METACARPOPHALANGEAL, JOINT, DIAGNOSTIC, INCLUDES SYNOVIAL BIOPSY	Yes
25609	CPT/HCPCS	OPEN TREATMENT OF DISTAL RADIAL INTRA-ARTICULAR FRACTURE OR EPIPHYSEAL SEPARATION; WITH INTERNAL FIXATION OF 3 OR MORE F	Yes
27050	CPT/HCPCS	ARTHROTOMY, FOR BIOPSY; SACROILIAC JOINT	Yes
27447	CPT/HCPCS	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING ("TOTAL KNE	Yes
29867	CPT/HCPCS	ARTHROSCOPY, KNEE, SURGICAL;OSTEOCHONDRAL ALLOGRAFT	Yes
17284	CPT/HCPCS	DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYE-LIDS,NOSE,LIPS,MUCOUS MEMBRANE;LESION DIAMETER 3.1 TO 4.0 CM	Yes
35563	CPT/HCPCS	BYPASS GRAFT, WITH VEIN; ILIOILIAC	Yes
54600	CPT/HCPCS	REDUCTION OF TORSION OF TESTIS, SURGICAL, WITH OR WITHOUT FIXATION OF CONTRALATERAL TESTIS	Yes
22556	CPT/HCPCS	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISCECTOMY TO PREPARE INTERSPACE (OTHERTHAN FOR DECOMPRESSION); THORACIC	Yes
15952	CPT/HCPCS	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH LOCAL ROTATION SKIN FLAP CLOSURE;	Yes
43774	CPT/HCPCS	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL OF ADJUSTABLE GASTRIC BAND AND SUBCUTANEOUS PORT COMPONENT	Yes
19371	CPT/HCPCS	PERI-IMPLANT CAPSULECTOMY, BREAST, COMPLETE, INCLUDING REMOVAL OF ALL INTRACAPSULAR CONTENTS	Yes
32540	CPT/HCPCS	EXTRAPLEURAL ENUCLEATION OF EMPYEMA (EMPYEMECTOMY);	Yes

14061	CPT/HCPCS	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, EYELIDS, NOSE, EARS AND/OR LIPS; DEFECT 10.1 SQ CM TO 30.0 SQ CM	Yes
21502	CPT/HCPCS	INCISION AND DRAINAGE, DEEP ABSCESS OR HEMATOMA, SOFT TISSUES OF NECK OR THORAX; WITH PARTIAL RIB OSTECTOMY	Yes
46710	CPT/HCPCS	REPAIR OF ILEOANAL POUCH FISTULA/SINUS, POUCH ADVANCEMENT; TRANSPERINEAL APPROACH	Yes
32480	CPT/HCPCS	LOBECTOMY, TOTAL OR SEGMENTAL;	Yes
S2080	CPT/HCPCS	LASER-ASSISTED UVULOPALATOPLASTY (LAUP)	Yes
21040	CPT/HCPCS	EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE, BY ENUCLEATIONAND/OR CURETTAGE	Yes
19272	CPT/HCPCS	EXCISION OF CHEST WALL TUMOR INVOLVING RIBS, WITH PLASTIC RECONSTRUCTION; WITH MEDIASTINAL LYMPHADENECTOMY	Yes
66983	CPT/HCPCS	INTRACAPSULAR CATARACT EXTRACTION WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (ONE STAGE PROCEDURE)	Yes
63003	CPT/HCPCS	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA EQUINA, WITHOUT FACETECTOMY, FORAMINOTOMY	Yes
35626	CPT/HCPCS	BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOSUBCLAVIAN, AORTOINNOMINATE, OR AORTOCAROTID	Yes
0312T	CPT/HCPCS	VAGUS NERVE BLOCKING THERAPY; LAPAROSCOPIC IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY, ANTERIOR AND POSTERIOR VAGAL	Yes
22614	CPT/HCPCS	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE INTERSPACE; EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PR+	Yes
17282	CPT/HCPCS	DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYE-LIDS,NOSE,LIPS,MUCOUS MEMBRANE;LESION DIAMETER 1.1 TO 2.0 CM	Yes
35500	CPT/HCPCS	HARVEST OF UPPER EXTREMITY VEIN, ONE SEGMENT,FOR LOWER EXTREMITY BYPASS PROCEDURE (LIST SEPARATELY IN ADD TO PRIM)	Yes
31540	CPT/HCPCS	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH EXCISION OF TUMOR AND/OR STRIPPING OF VOCAL CORDS OR EPIGLOTTIS;	Yes
46604	CPT/HCPCS	ANOSCOPY; FOR DILATION, DIRECT, INSTRUMENTAL	Yes
26415	CPT/HCPCS	EXTENSOR TENDON EXCISION, IMPLANTATION OF PLASTIC TUBE OR ROD FOR DELAYED EXTENSOR TENDON GRAFT, HAND OR FINGER	Yes
37722	CPT/HCPCS	LIGATION, DIVISION, AND STRIPPING, LONG (GREATER) SAPHENOUS VEINS FROM SAPHENOFEMORAL JUNCTION TO KNEE OR BELOW	Yes
33863	CPT/HCPCS	ASCENDING AORTA GRAFT, WITH CARDIOPULMONARY BYPASS, WITH AORTIC ROOT REPLACEMENT USING VALVED CONDUIT AND CORONARY RECONSTRUCTION (EG, BENTALL)	Yes
37660	CPT/HCPCS	INTERRUPTION, PARTIAL OR COMPLETE, OF COMMON ILIAC VEIN BY LIGATURE, INTRAVASCULAR DEVICE	Yes
17260	CPT/HCPCS	* DESTRUCTION, MALIGNANT LESION, ANY METHOD, TRUNK, ARMS, ORLEGS; LESION DIAMETER 0.5 CM OR LESS	Yes
57285	CPT/HCPCS	PARAVAGINAL DEFCT REPAIR (INCL REPAIR OF CYSTOCELE, IF PERFRMD; VAGINAL APPRCH	Yes
49525	CPT/HCPCS	REPAIR INGUINAL HERNIA, ANY AGE; SLIDING	Yes
53425	CPT/HCPCS	URETHROPLASTY, TWO-STAGE RECONSTRUCTION OR REPAIR OF PROSTATIC OR MEMBRANOUS URETHRA; SECOND STAGE	Yes
42900	CPT/HCPCS	SUTURE PHARYNX FOR WOUND OR INJURY	Yes
27222	CPT/HCPCS	TREATMENT OF CLOSED ACETABULUM (HIP SOCKET) FRACTURE(S); WITH MANIPULATION WITH OR WITHOUT SKELETAL TRACTION	Yes
41006	CPT/HCPCS	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR OF MOUTH; SUBLINGUAL, DEEP, SUPRAMYL	Yes
47350	CPT/HCPCS	HEPATORRHAPHY, SUTURE OF LIVER WOUND OR INJURY; SIMPLE	Yes
59140	CPT/HCPCS	SURGICAL TREATMENT OF ECTOPIC PREGNANCY; CERVICAL, WITH EVACUATION	Yes
21395	CPT/HCPCS	OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH WITH BONE GRAFT (INCLUDES OBTAINING GRAFT)	Yes
33244	CPT/HCPCS	REMOVAL OF SINGLE OR DUAL CHAMBER IMPLANTABLE DEFIBRILLATOR ELECTORDE(S); BY TRANSVERSE EXTRACTION	Yes
36100	CPT/HCPCS	INTRODUCTION OF NEEDLE OR INTRACATHETER, CAROTID OR VERTEBRAL ARTERY	Yes
64595	CPT/HCPCS	REVISION OR REMOVAL OF PERIPHERAL,SACRAL,OR GASTRIC NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER,WITH DETACHABLE CONNECTION TO ELECTRODE ARRAY	Yes

46942	CPT/HCPCS	CURETTAGE OR CAUTERIZATION OF ANAL FISSURE, INCLUDING DILATION OF ANAL SPHINCTER (SEPARATE PROCEDURE); SUBSEQUENT	Yes
C5275	CPT/HCPCS	APPLICATION OF LOW COST SKIN SUBSTITUTE GRAFT TO FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET	Yes
26820	CPT/HCPCS	FUSION IN OPPOSITION, THUMB, WITH AUTOGENOUS GRAFT (INCLUDES OBTAINING GRAFT)	Yes
27310	CPT/HCPCS	ARTHROTOMY, KNEE, FOR INFECTION, WITH EXPLORATION, DRAINAGE OR REMOVAL OF FOREIGN BODY	Yes
26525	CPT/HCPCS	CAPSULECTOMY OR CAPSULOTOMY FOR CONTRACTURE; INTERPHALANGEAL JOINT, SINGLE, EACH	Yes
31611	CPT/HCPCS	CONSTRUCTION OF TRACHEOESOPHAGEAL FISTULA AND SUBSEQUENT INSERTION OF AN ALARYNGEAL SPEECH PROSTHESIS (EG, VOICE BU	Yes
27161	CPT/HCPCS	OSTEOTOMY, FEMORAL NECK (SEPARATE PROCEDURE)	Yes
32506	CPT/HCPCS	THORACOTOMY; WITH THERAPEUTIC WEDGE RESECTION (EG, MASS OR NODULE)EACH ADDITIONAL RESECTION.IPSILATERAL(LIST SEPARATELY)	Yes
25490	CPT/HCPCS	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT METHYL METHACRYLATE; RADIUS	Yes
11056	CPT/HCPCS	PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG, CORN OR CALLUS); TWO TO FOUR LESIONS	Yes
61500	CPT/HCPCS	CRANIECTOMY; WITH EXCISION OF TUMOR OR OTHER BONE LESION OF SKULL	Yes
61563	CPT/HCPCS	EXCISION, INTRA- AND EXTRACRANIAL, BENIGN TUMOR OF CRANIAL BONE (EG, FIBROUS DYSPLASIA); WITHOUT OPTIC NERVE DECOMPRESS	Yes
65767	CPT/HCPCS	EPIKERATOPLASTY	Yes
29065	CPT/HCPCS	APPLICATION; SHOULDER TO HAND (LONG ARM)	Yes
43289	CPT/HCPCS	UNLISTED LAPAROSCOPY PROCEDURE, ESOPHAGUS	Yes
21935	CPT/HCPCS	RADICAL RESECTION OF TUMOR (EG, SARCOMA), SOFT TISSUE OF BACK OR FLANK; LESS THAN 5 CM	Yes
60545	CPT/HCPCS	ADRENALECTOMY, PARTIAL OR COMPLETE, OR EXPLORATION OF ADRENAL GLAND WITH OR WITHOUT BIOPSY, TRANSABDOMINAL, LUMBAR OR	Yes
20690	CPT/HCPCS	APPLICATION OF A UNIPLANE (PINS OR WIRES IN ONE PLANE), UNILATERAL, EXTERNAL FIXATION SYSTEM	Yes
62284	CPT/HCPCS	INJECTION PROCEDURE FOR MYELOGRAPHY AND/OR COMPUTED TOMOGRAPHY LUMBAR (OTHER THAN C1-C2 AND POSTERIOR FOSSA)	Yes
51860	CPT/HCPCS	CYSTORRHAPHY, SUTURE OF BLADDER WOUND, INJURY OR RUPTURE; SIMPLE	Yes
35301	CPT/HCPCS	THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED; CAROTID, VERTEBRAL, SUBCLAVIAN, NECK INCISION	Yes
44147	CPT/HCPCS	COLECTOMY, PARTIAL; ABDOMINAL AND TRANSANAL APPROACH	Yes
44314	CPT/HCPCS	REVISION OF ILEOSTOMY; COMPLICATED (RECONSTRUCTION IN-DEPTH) (SEPARATE PROCEDURE)	Yes
58263	CPT/HCPCS	WITH REMOVAL OF TUBE(S), AND/OR OVARY(S), WITH REPAIR OF ENTEROCELE	Yes
68801	CPT/HCPCS	DILATION OF LACRIMAL PUNCTUM, WITH OR WITHOUT IRRIGATION	Yes
27060	CPT/HCPCS	EXCISION; ISCHIAL BURSA	Yes
35634	CPT/HCPCS	BYPASS GRAFT, WITH OTHER THAN VEIN; ILIORENAL	Yes
15130	CPT/HCPCS	DERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR LESS, OR 1% OF BODY AREA OF INFANTS AND CHILDREN	Yes
26530	CPT/HCPCS	ARTHROPLASTY, METACARPOPHALANGEAL JOINT; SINGLE, EACH	Yes
20527	CPT/HCPCS	INJECTION, ENZYME (EG, COLLAGENASE),PALMAR FASCIAL CORD (IE, DUPUYTREN'S CONTRACTURE)	Yes
35226	CPT/HCPCS	REPAIR BLOOD VESSEL, DIRECT; LOWER EXTREMITY	Yes
26607	CPT/HCPCS	TREATMENT OF CLOSED METACARPAL FRACTURE, SINGLE; WITH MANIPULATION, WITH SKELETAL FIXATION, EACH BONE	Yes
69799	CPT/HCPCS	UNLISTED PROCEDURE, MIDDLE EAR	Yes
47361	CPT/HCPCS	MANAGEMENT OF LIVER HEMORRHAGE; EXPLORATION OF HEPATIC WOUNDEXTENSIVE DEBRIDEMENT, COAGULATION AND/OR SUTURE,W/WO PACKIN	Yes
25676	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN DISTAL RADIOULNAR DISLOCATION, ACUTE OR CHRONIC	Yes
27468	CPT/HCPCS	OSTEOPLASTY, FEMUR; COMBINED, LENGTHENING AND SHORTENING WITH FEMORAL SEGMENT TRANSFER	Yes

52260	CPT/HCPCS	CYSTOURETHROSCOPY, WITH DILATION OF BLADDER FOR INTERSTITIAL CYSTITIS; GENERAL OR CONDUCTION (SPINAL) ANESTHESIA	Yes
37605	CPT/HCPCS	LIGATION; INTERNAL OR COMMON CAROTID ARTERY	Yes
28600	CPT/HCPCS	TREATMENT OF CLOSED TARSOMETATARSAL JOINT DISLOCATION; WITHOUT ANESTHESIA	Yes
50780	CPT/HCPCS	URETERONEOCYSTOSTOMY, ANASTOMOSIS OF URETER TO BLADDER, OR OTHER OPERATIONS FOR CORRECTION OF VESICoureTERAL REFLUX	Yes
37229	CPT/HCPCS	REVASCLARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL, PERONEAL ARTERY, UNILATERAL, INITIAL VESSEL; WITH ATHEREC	Yes
68761	CPT/HCPCS	CLOSURE OF THE LACRIMAL PUNCTUM; BY PLUG, EACH	Yes
26517	CPT/HCPCS	CAPSULODESIS FOR M-P JOINT STABILIZATION; TWO DIGITS	Yes
29834	CPT/HCPCS	ARTHROSCOPY, ELBOW, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY	Yes
27520	CPT/HCPCS	TREATMENT OF CLOSED PATELLAR FRACTURE, WITHOUT MANIPULATION	Yes
22867	CPT/HCPCS	INSERTION OF INTERLAMINAR/INTERSPINOUS PROCESS STABILIZATION/ DISTRACTION DEVICE, WITHOUT FUSION,WITH OPEN DECOMPRESSION	Yes
21180	CPT/HCPCS	RECONSTRUCTION, ENTIRE OR MAJORITY OF FOREHEAD AND/OR SUPRAORBITAL RIMS; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFTS)	Yes
25118	CPT/HCPCS	SYNOVECTOMY, EXTENSOR TENDON SHEATH, WRIST, SINGLE COMPARTMENT;	Yes
66740	CPT/HCPCS	CILIARY BODY DESTRUCTION; CYCLODIALYSIS	Yes
28020	CPT/HCPCS	ARTHROTOMY, WITH EXPLORATION, DRAINAGE OR REMOVAL OF LOOSE OR FOREIGN BODY; INTERTARSAL OR TARSOMETATARSAL JOINT	Yes
43882	CPT/HCPCS	REVISION OR REMOVAL OF GASTRIC NEUROSTIMULATOR ELECTRODES, ANTRUM, OPEN	Yes
61720	CPT/HCPCS	CREATION OF LESION BY STEREOTACTIC METHOD, INCLUDING BURR HOLE(S) AND LOCALIZING AND RECORDING TECHNIQUES, SINGL	Yes
44212	CPT/HCPCS	LAPARSOCOPY, SURGICAL; COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTECTOMY, WITH ILEOSTOMY	Yes
11980	CPT/HCPCS	SUBCUTANEOUS HORMONE PELLETT IMPLANTATION	Yes
32553	CPT/HCPCS	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE (EG, FIDUCIAL MARKERS, DOSIMETER), PERCUTANEOUS, INTR	Yes
65770	CPT/HCPCS	KERATOPROSTHESIS	Yes
33257	CPT/HCPCS	OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, PERFRMD AT THE TIME OF OTHER CARDIAC PROCEDURE(S), LIMTD (EG, MOD	Yes
30160	CPT/HCPCS	RHINECTOMY; TOTAL	Yes
29873	CPT/HCPCS	ARTHROSCOPY, KNEE,SURGICAL; WITH LATERAL RELEASE	Yes
15600	CPT/HCPCS	INTERMEDIATE "DELAY" OF ANY FLAP, PRIMARY "DELAY" OF SMALL FLAP, OR SECTIONING PEDICLE OF TUBED OR DIRECT FLAP	Yes
23101	CPT/HCPCS	ARTHROTOMY FOR BIOPSY OR FOR EXCISION OF TORN CARTILAGE, ACROMIOCLAVICULAR, STERNOCLAVICULAR JOINT	Yes
61546	CPT/HCPCS	CRANIOTOMY FOR HYPOPHYSECTOMY OR EXCISION OF PITUITARY TUMOR, INTRACRANIAL APPROACH	Yes
32652	CPT/HCPCS	THORACOSCOPY, SURGICAL; WITH TOTAL PULMONARY DECORTICATION, INCLUDING INTRAPLEURAL PNEUMONOLYSIS	Yes
62281	CPT/HCPCS	*INJECTION OF NEUROLYTIC SUBSTANCE(EG, ALCOHOL, PHENOL, ICEDSALINE SOLUTIONS);EPIDURAL, CERVICAL OR THORACIC	Yes
46275	CPT/HCPCS	SURGICAL TREATMENT OF ANAL FISTULA (FISTULECTOMY/FISTULOTOMY); INTERSPHINCTERIC	Yes
36002	CPT/HCPCS	INJECTION PROCEDURES FOR PERCUTANEOUS TREATMENT OF EXTREMITYPSEUDOANEURYSM	Yes
63746	CPT/HCPCS	REMOVAL OF ENTIRE LUMBOSUBARACHNOID SHUNT SYSTEM WITHOUT REPLACEMENT	Yes
65781	CPT/HCPCS	OCULAR SURFACE RECONSTRUCTION; LIMBAL STEM CELL ALLOGRAFT	Yes
63005	CPT/HCPCS	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA EQUINA, WITHOUT FACETECTOMY, FORAMINOTOMY	Yes
64864	CPT/HCPCS	SUTURE OF FACIAL NERVE; EXTRACRANIAL	Yes

33225	CPT/HCPCS	INSERTION OF PACING ELECTRODE, CARDIAC VENOUS SYSTEM, LEFT VENTRICULAR PACING, AT TIME OF INSERT OF PACING CARDIOVERT	Yes
15574	CPT/HCPCS	FORMATION OF DIRECT OR TUBED PEDICLE, W/WO TRANSFER;FOREHEAD,CHEEKS;CHIN,MOUTH,NECK,AXILLAE,GENITALIA,HANDS,OR FEET	Yes
23412	CPT/HCPCS	REPAIR OF RUPTURED SUPRASPINATUS TENDON (ROTATOR CUFF) OR MUSCULOTENDINOUS CUFF; CHRONIC	Yes
64493	CPT/HCPCS	INJECTION(S), DX OR TX AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) W/IMAGE GUIDA	Yes
51045	CPT/HCPCS	CYSTOTOMY, WITH INSERTION OF URETERAL CATHETER OR STENT (SEPARATE PROCEDURE)	Yes
59070	CPT/HCPCS	TRANSABDOMINAL AMNIOINFUSION, INCLUDING ULTRASOUND GUIDANCE	Yes
38510	CPT/HCPCS	BIOPSY OR EXCISION OF LYMPH NODE(S);OPEN, DEEP CERVICAL NODES(S)	Yes
50125	CPT/HCPCS	PYELOTOMY; WITH DRAINAGE, PYELOSTOMY	Yes
43848	CPT/HCPCS	REVISION, OPEN, OF GASTRIC RESTRICTIVE PROCEDURE FOR MORBID OBESITY, OTHER THAN ADJUSTABLE GASTRIC BAND	Yes
22548	CPT/HCPCS	ARTHRODESIS, ANTERIOR TRANSORAL OR EXTRAORAL TECHNIQUE, CLIVUS-C1-C2 (ATLAS-AXIS), WITH OR WITHOUT EXCISION OF ODONTOID PROCESS	Yes
66852	CPT/HCPCS	REMOVAL OF LENS MATERIAL; PARS PLANA APPROACH, WITH OR WITHOUT VITRECTOMY	Yes
65778	CPT/HCPCS	PLACEMENT OF AMNIOTIC MEMBRANE ON THE OCULAR SURFACE; WITHOUT SUTURES	Yes
34001	CPT/HCPCS	EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; CAROTID, SUBCLAVIAN OR INNOMINATE ARTERY, BY NECK INCISION	Yes
39540	CPT/HCPCS	REPAIR, DIAPHRAGMATIC HERNIA (OTHER THAN NEONATAL), TRAUMATIC; ACUTE	Yes
65222	CPT/HCPCS	*REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CORNEAL, WITH SLIT LAMP	Yes
58280	CPT/HCPCS	VAGINAL HYSTERECTOMY, WITH TOTAL OR PARTIAL COLPECTOMY; WITH REPAIR OF ENTEROCELE	Yes
26492	CPT/HCPCS	OPPONENS PLASTY; TENDON TRANSFER WITH GRAFT (INCLUDES OBTAINING GRAFT)	Yes
G0341	CPT/HCPCS	PERCUTANEOUS ISLET CELL TRANSPLANT, INCLUDES PORTAL VEIN CATHETERIZATION AND INFUSION	Yes
20610	CPT/HCPCS	ATHROCENTESIS, ASPIRATION AND/OR INJECTION, MAJOR JOINT OR BURSA (EG, SHOULDER, HIP, KNEE, SUBACROMIAL BURSA); WITHOUT ULTRASOUND GUIDANCE	Yes
C7526	CPT/HCPCS	CATHETER PLACEMENT IN CORONARY ARTERY(IES) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY	Yes
C7519	CPT/HCPCS	CATHETER PLACEMENT IN CORONARY ARTERY(IES) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY	Yes
32408	CPT/HCPCS	CORE NEEDLE BIOPSY, LUNG OR MEDIASTINUM, PERCUTANEOUS, INCLUDING IMAGING GUIDANCE, WHEN PERFORMED	Yes
C7522	CPT/HCPCS	CATHETER PLACEMENT IN CORONARY ARTERY(IES) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY	Yes
93569	CPT/HCPCS	INJECTION PROCEDURE DURING CARDIACMED2023-01-019999-12-31ING IMAGING SUPERVISION, INTERPRETATION, AND REPORT; FOR SELECT	Yes
93573	CPT/HCPCS	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION INCLUDING IMAGING SUPERVISION, INTERPRETATION, AND REPORT; FOR SELECT	Yes
93575	CPT/HCPCS	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION INCLUDING IMAGING SUPERVISION, INTERPRETATION, AND REPORT; FOR SELECT	Yes
93451	CPT/HCPCS	RIGHT HEART CATHETERIZATION INCLUDING MEASUREMENT(S) OF OXYGEN SATURATION AND CARDIAC OUTPUT, WHEN PERFORMED	Yes
93452	CPT/HCPCS	LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT VENTRICULOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION, WHEN PERFORMED	Yes

C7553	CPT/HCPCS	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY A	Yes
93453	CPT/HCPCS	COMBINED RIGHT AND LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT VENTRICULOGRAPHY, IMAGING SUPERVISION AND INTERPRETATIO+	Yes
93454	CPT/HCPCS	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY A	Yes
93455	CPT/HCPCS	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY/ INTRAPROCEDURAL INJECT(S) (INTERNAL MAMMARY, FREE AR	Yes
93456	CPT/HCPCS	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INC INTRAPROCEDURAL INJECT(S) FOR CORONARY ANGIOGRAPH	Yes
93505	CPT/HCPCS	ENDOMYOCARDIAL BIOPSY	Yes
93530	CPT/HCPCS	RIGHT HEART CATHETERIZATION FOR CONGENITAL CARDIAC ANOMALIES	Yes
93531	CPT/HCPCS	COMBINED RIGHT HEART CATHETERIZATION AND RETROGRADE LEFT HEART CATHETERIZATION FOR CONGENITAL CARDIAC ANOMALIES	Yes
93532	CPT/HCPCS	COMBINED RIGHT HEART CATHETERIZATION AND TRANSSEPTAL LEFT HERT CATH THRU INTACT SEPTUM,W/WO LEFT HEART CATH,CONGENITAL	Yes
93533	CPT/HCPCS	COMBINED RIGHT HEART CATHETERIZATION TRANSEPTAL LEFT HEART CATH THRU EXISTING SEPTAL OPENING W/WO LEFT CATH;CONGENITAL	Yes
93561	CPT/HCPCS	INDICATOR DILUTION STUDIES SUCH AS DYE OR THERMAL DILUTION, INCLUDING ARTERIAL AND/OR VENOUS CATHETERIZATION; WI	Yes
93562	CPT/HCPCS	INDICATOR DILUTION STUDIES SUCH AS DYE OR THERMAL DILUTION, INCLUDING ARTERIAL AND/OR VENOUS CATHETERIZATION; SU	Yes
93563	CPT/HCPCS	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION INCL IMAGING SUPERV, INTERPRT, AND REPORT; FOR SELECTIVE CORONARY ANGIOGRAPHY DURING CONGENITAL HE+	Yes
93457	CPT/HCPCS	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR ANGIOGRAPHY, INCL INTRAPROCEDURAL INJECT(S), IMAGING SUPERV, INTERPRT; B	Yes
93458	CPT/HCPCS	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCL INTRAPROCEDURAL INJECT(S), IMAG SUPERVISION, IN	Yes
93459	CPT/HCPCS	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCL INTRAPROCEDURAL INJECT(S), IMAG SUPERV, INTERP	Yes
93460	CPT/HCPCS	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECT(S); RIGHT AND LEFT	Yes
93461	CPT/HCPCS	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCL. INJECT(S) FOR RT & LFT HEART CATH/ LEFT VENTRIC	Yes
93462	CPT/HCPCS	LEFT HEART CATHETERIZATION BY TRANSSEPTAL PUNCTURE THROUGH INTACT SEPTUM OR BY TRANSAPICAL PUNCTURE (LIST SEPARATELY IN	Yes
93564	CPT/HCPCS	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION FOR SELEC OPACIFICATION OF AORTOCORONARY VENOUS OR ARTERIAL BYPASS GRAFT(S) /IN SITU ARTERIAL COND+	Yes
93565	CPT/HCPCS	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION INCL IMAGING SUPERV, INTERPRT & REPORT; FOR SELEC LEFT VENTRICULAR OR LEFT ATRIAL ANGIOGRAPHY (LIS+	Yes
93566	CPT/HCPCS	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION INCLUDING IMAGING SUPERV, INTERPRT & REPORT; FOR SELECT RIGHT VENTRICULAR OR RIGHT ATRIAL ANGIOGRA+	Yes
93567	CPT/HCPCS	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION INCLUDING IMAGING SUPERVISION, INTERPRETATION, AND REPORT; FOR SUPRAVALVULAR AORTOGRAPHY (LIST SEP+	Yes
93574	CPT/HCPCS	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION INCLUDING IMAGING SUPERVISION, INTERPRETATION, AND REPORT; FOR SELECT	Yes
C7525	CPT/HCPCS	CATHETER PLACEMENT IN CORONARY ARTERY(IES) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY	Yes

C7521	CPT/HCPCS	CATHETER PLACEMENT IN CORONARY ARTERY(IES) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY	Yes
C7527	CPT/HCPCS	CATHETER PLACEMENT IN CORONARY ARTERY(IES) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY	Yes
C7528	CPT/HCPCS	CATHETER PLACEMENT IN CORONARY ARTERY(IES) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY	Yes
C7520	CPT/HCPCS	CATHETER PLACEMENT IN CORONARY ARTERY(IES) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY	Yes
C7524	CPT/HCPCS	CATHETER PLACEMENT IN CORONARY ARTERY(IES) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY	Yes
C7523	CPT/HCPCS	CATHETER PLACEMENT IN CORONARY ARTERY(IES) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY	Yes
92511	CPT/HCPCS	NASOPHARYNGOSCOPY WITH ENDOSCOPE (SEPARATE PROCEDURE)	Yes
92920	CPT/HCPCS	PERCUTANEOUS TRANSLUMINAL CORONARY THERAPY ANGIOPLASTY;SINGLE MAJOR CORONARY ARTERY OR BRANCH	Yes
92924	CPT/HCPCS	PERCUTANEOUS TRANSLUMINAL CORONARY ATHERECTOMY,WITH CORONARY ANGIOPLASTY WHEN PERFORMED;SINGLE MAJOR CORONARY ARTERY OR	Yes
92925	CPT/HCPCS	PERCUTANEOUS TRANSLUMINAL CORONARY ATHERECTOMY, WITH CORONARY ANGIOPLASTY WHEN PERFORMED; EACH ADDITIONAL BRANCH OF MAJO	Yes
C7518	CPT/HCPCS	CATHETER PLACEMENT IN CORONARY ARTERY(IES) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY	Yes
C7529	CPT/HCPCS	CATHETER PLACEMENT IN CORONARY ARTERY(IES) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY	Yes
C7516	CPT/HCPCS	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY A	Yes
92944	CPT/HCPCS	PERCUTANEOUS TRANSLUMINAL REVASCULARIZATION OF CHRONIC TOTAL OCCLUSION,EA. ADDITIONAL CORONARY ARTERY,CORONARY ARTERY BR	Yes
92953	CPT/HCPCS	TEMPORARY TRANSCUTANEOUS PACING	Yes
92973	CPT/HCPCS	PERCUTANEOUS TRANSLUMINAL CORONARY THROMBECTOMY	Yes
92986	CPT/HCPCS	PERCUTANEOUS BALLOON VALVULOPLASTY; AORTIC VALVE	Yes
92987	CPT/HCPCS	PERCUTANEOUS BALLOON VALVULOPLASTY; MITRAL VALUE	Yes
92992	CPT/HCPCS	ATRIAL SEPTECTOMY OR SEPTOSTOMY; TRANSVENOUS METHOD, BALLON, RASHKIND TYPE (INCLUDES CARDIAC CATHETERIZATION)	Yes
92993	CPT/HCPCS	ATRIAL SEPTECTOMY OR SEPTOSTOMY; BLADE METHOD	Yes
92997	CPT/HCPCS	PERCUTANEOUS TRANSLUMINAL PULMONARY ARTERY BALLOON ANGIOPLASTY; SINGLE VESSEL	Yes
92998	CPT/HCPCS	PERCUTANEOUS TRANSLUMINAL PULMONARY ARTERY BALLOON ANGIOPLASTY; EACH ADDITIONAL VESSEL	Yes
481	Revenue	CARDIAC CATHETERIZATION	Yes
33289	CPT/HCPCS	TRANSCATHETER IMPLANTATION OF WIRELESS PULMONARY ARTERY PRESSURE SENSOR FOR LONG-TERM HEMODYNAMIC MONITORING,WHEN PERFOR	Yes
49407	CPT/HCPCS	IMAGE-GUIDED FLUID COLLECTION DRAINAGE BY CATHETER; PERITONEAL OR RETROPERITONEAL, TRANSVAGINAL OR TRANSRECTAL	Yes
51785	CPT/HCPCS	ELECTROMYOGRAPHY STUDIES (EMG) OF ANAL OR URETHRAL SPHINCTER, ANY TECHNIQUE	Yes
58340	CPT/HCPCS	*INJECTION PROCEDURE FOR HYSTEROSALPINGOGRAPHY	Yes
62302	CPT/HCPCS	MYELOGRAPHY VIA LUMBAR INJECTION, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION; CERVICAL	Yes
62303	CPT/HCPCS	MYELOGRAPHY VIA LUMBAR INJECTION, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION; THORACIC	Yes
93568	CPT/HCPCS	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION INCLUDING IMAGING SUPERVISION, INTERPRETATION, AND REPORT; FOR NONSELECTIVE PULMONARY ARTERIAL ANG+	Yes

93571	CPT/HCPCS	INTRAVASCULAR DOPPLER VELOCITY AND/OR PRESSURE DERIVED CORONARY FLOW RESERVE MEASUREMENT DURING CORONARY ANGIOGRAPH	Yes
93572	CPT/HCPCS	INTRAVASCULAR DOPPLER VELOCITY AND/OR PRESSURE DERIVED CORONARY FLOW RESERVE MEASUREMENT DURING CORONARY ANGIOGRAPH	Yes
93580	CPT/HCPCS	PERCUTANEOUS TRANSCATHETER CLOSURE OF CONGENITAL INTERATRIALCOMMUNICATION WITH IMPLANT	Yes
33741	CPT/HCPCS	TRANSCATHETER ATRIAL SEPTOSTOMY (TAS) FOR CONGENITAL CARDIAC ANOMALIES TO CREATE EFFECTIVE ATRIAL FLOW, ANY METHOD	Yes
93618	CPT/HCPCS	INDUCTION OF ARRHYTHMIA BY ELECTRICAL PACING	Yes
93650	CPT/HCPCS	INTRACARDIAC CATHETER ABLATION OF ARRHYTHMOGENIC FOCUS OR TRACT(S), INCLUDING INTRACARDIAC MAPPING, WITH OR WITHOUT TEMP	Yes
92921	CPT/HCPCS	PERCUTANEOUS TRANSLUMINAL CORONARY THERAPY ANGIOPLASTY; EACHADDITIONAL BRANCH OF A MAJOR CORONARY ARTERY	Yes
0645T	CPT/HCPCS	TRANSCATHETER IMPLANTATION OF CORONARY SINUS REDUCTION DEVICE INCLUDING VASCULAR ACCESS AND CLOSURE, RIGHT HEART CATHET	Yes
93653	CPT/HCPCS	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION WITH INSERTION AND REPOSITIONING OF MULTIPLE ELECTRODE CATHETERS, INDUCTION OR ATTEMPTED INDUCTION OF AN +	Yes
93503	CPT/HCPCS	INSERTION AND PLACEMENT OF FLOW DIRECTED CATHETER (EG, SWAN-GANZ) FOR MONITORING PURPOSES	Yes
93610	CPT/HCPCS	INTRA-ATRIAL PACING	Yes
92990	CPT/HCPCS	PERCUTANEOUS BALLOON VALVULOPLASTY; PULMONARY VALVE	Yes
49406	CPT/HCPCS	IMAGE-GUIDED FLUID COLLECTION DRAINAGE BY CATHETER (EG, ABSCESS,CYST); PERITONEAL OR RETROPERITONEAL, PERCUTANEOUS	Yes
93597	CPT/HCPCS	RIGHT AND LEFT HEART CATHETERIZATION FOR CONGENITAL HEART DEFECT(S) INCLUDING IMAGING GUIDANCE; ABNORMAL NATIVE CONNECT	Yes
93594	CPT/HCPCS	RIGHT HEART CATHETERIZATION FOR CONGENITAL HEART DEFECT(S) INCLUDING IMAGING GUIDANCE; ABNORMAL NATIVE CONNECTIONS	Yes
93598	CPT/HCPCS	CARDIAC OUTPUT MEASUREMENT(S), THERMODILUTION OR OTHER INDICATOR DILUTION METHOD, PERFORMED DURING CARDIAC CATHETER	Yes
93595	CPT/HCPCS	LEFT HEART CATHETERIZATION FOR CONGENITAL HEART DEFECT(S) INCLUDING IMAGING GUIDANCE;NORMAL/ABNORMAL NATIVE CONNECTIONS	Yes
93596	CPT/HCPCS	RIGHT AND LEFT HEART CATHETERIZATION FOR CONGENITAL HEART DEFECT(S) INCLUDING IMAGING GUIDANCE; NORMAL NATIVE CONNECTIO	Yes
93593	CPT/HCPCS	RIGHT HEART CATHETERIZATION FOR CONGENITAL HEART DEFECT(S) INCLUDING IMAGING GUIDANCE;NORMAL NATIVE CONNECTIONS;	Yes
C7517	CPT/HCPCS	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY A	Yes
0715T	CPT/HCPCS	PERCUTANEOUS TRANSLUMINAL CORONARY LITHOTRIPSY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Yes
C7552	CPT/HCPCS	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY A	Yes
92928	CPT/HCPCS	PERCUTANEOUS TRANSCATHERTER PLACEMENT OF INTRA CORONARY STENT(S), WITH CORONARY ANGIOPLASTY WITH PERFORMED; SINGLE MAJOR	Yes
92929	CPT/HCPCS	PERCUTANEOUS TRANSCATHERTER PLACEMENT OF INTRA CORONARY STENT(S) EACH ADDITIONAL BRANCH OF MAJOR CORONARY ARTERY, WITH C	Yes
92933	CPT/HCPCS	PERCUTANEOUS TRANSLUMINAL CORONARY ATHERECTOMY, WITH INTRACORONARY STENT, WITH CORONARY ANGIOPLASTY WHEN PERFORMED; SING	Yes
92934	CPT/HCPCS	PERCUTANEOUS TRANSLUMINAL CORONARY ATHERECTOMY, WITH INTRACORONARY STENT, EACH ADDITIONAL BRANCH OF MAJOR CORONARY ARTER	Yes
92937	CPT/HCPCS	PERCUTANEOUS TRANSLUMINAL REVASCULARIZATION OF OR THROUGH CORCONARY ARTERY BYPASS, INCLD DISTAL PROTECTION, SINGLE VESSE	Yes

92938	CPT/HCPCS	PERCUTANEOUS TRANSLUMINAL REVASCULARIZATION OF OR THROUGH CORONARY ARTERY BYPASS, EACH ADDITIONAL BRANCH OF MAJOR CORON	Yes
92941	CPT/HCPCS	PERCUTANEOUS TRANSLUMINAL REVASCULARIZATION OF ACUTE TOTAL/SUBTOTAL OCCLUSION DURING ACUTE MYOCARDIAL INFARCTION, SINGLE	Yes
92943	CPT/HCPCS	PERCUTANEOUS TRANSLUMINAL REVASCULARIZATION OF CHRONIC TOTAL OCCLUSION, CORONARY ARTERY, CORONARY ARTERY BRANCH, SINGLE V	Yes
93581	CPT/HCPCS	PERCUTANEOUS TRANSCATHETER CLOSURE OF A CONGENITAL VENTRICULASEPTAL DEFECT WITH IMPLANT	Yes
93590	CPT/HCPCS	PERCUTANEOUS TRANSCATHETER CLOSURE OF PARAVALVULAR LEAK; INITIAL OCCLUSION DEVICE, MITRAL VALVE	Yes
93591	CPT/HCPCS	PERCUTANEOUS TRANSCATHETER CLOSURE OF PARAVALVULAR LEAK; INITIAL OCCLUSION DEVICE, AORTIC VALVE	Yes
93592	CPT/HCPCS	PERCUTANEOUS TRANSCATHETER CLOSURE OF PARAVALVULAR LEAK; EACH ADDITIONAL OCCLUSION DEVICE	Yes
0875T	CPT/HCPCS	PROGRAMMING OF SUBCUTANEOUSLY IMPLANTED PERITONEAL ASCITES PUMP SYSTEM BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFE	Yes
11981	CPT/HCPCS	INSERTION, DRUG-DELIVERY IMPLANT (IE, BIORESORBABLE, BIODEGRADABLE, NON-BIODEGRADABLE)	Yes
15015	CPT/HCPCS	APPLICATION OF SKIN CELL SUSPENSION AUTOGRAFT TO WOUND AND DONOR SITES, INCLUDING APPLICATION OF PRIMARY DRESSING, TRUNK	Yes
0915T	CPT/HCPCS	INSERTION OF PERMANENT CARDIAC CONTRACTILITY MODULATION-DEFIBRILLATION SYSTEM COMPONENT(S), INCLUDING FLUOROSCOPIC GUIDA	Yes
64466	CPT/HCPCS	THORACIC FASCIAL PLANE BLOCK, UNILATERAL; BY INJECTION(S), INCLUDING IMAGING GUIDANCE, WHEN PERFORMED	Yes
0933T	CPT/HCPCS	TRANSCATHETER IMPLANTATION OF WIRELESS LEFT ATRIAL PRESSURE SENSOR FOR LONG-TERM LEFT ATRIAL PRESSURE MONITORING, INCLUD	Yes
0913T	CPT/HCPCS	PERCUTANEOUS TRANSCATHETER THERAPEUTIC DRUG DELIVERY BY INTRACORONARY DRUG-DELIVERY BALLOON (EG, DRUG-COATED, DRUG-ELUTI	Yes
0941T	CPT/HCPCS	CYSTOURETHROSCOPY, FLEXIBLE; WITH INSERTION AND EXPANSION OF PROSTATIC URETHRAL SCAFFOLD USING INTEGRATED CYSTOSCOPIC VI	Yes
0920T	CPT/HCPCS	REMOVAL OF A PERMANENT CARDIAC CONTRACTILITY MODULATION-DEFIBRILLATION SYSTEM COMPONENT(S); SINGLE TRANSVENOUS PACING LE	Yes
0923T	CPT/HCPCS	REMOVAL AND REPLACEMENT OF PERMANENT CARDIAC CONTRACTILITY MODULATION-DEFIBRILLATION PULSE GENERATOR ONLY	Yes
15013	CPT/HCPCS	PREPARATION OF SKIN CELL SUSPENSION AUTOGRAFT, REQUIRING ENZYMATIC PROCESSING, MANUAL MECHANICAL DISAGGREGATION OF SKIN	Yes
60660	CPT/HCPCS	ABLATION OF 1 OR MORE THYROID NODULE(S), ONE LOBE OR THE ISTHMUS, PERCUTANEOUS, INCLUDING IMAGING GUIDANCE, RADIOFREQUEN	Yes
64468	CPT/HCPCS	THORACIC FASCIAL PLANE BLOCK, BILATERAL; BY INJECTION(S), INCLUDING IMAGING GUIDANCE, WHEN PERFORMED	Yes
15017	CPT/HCPCS	APPLICATION OF SKIN CELL SUSPENSION AUTOGRAFT TO WOUND AND DONOR SITES, INCLUDING APPLICATION OF PRIMARY DRESSING, FACE,	Yes
0945T	CPT/HCPCS	INTRAOPERATIVE ASSESSMENT FOR ABNORMAL (TUMOR) TISSUE, IN-VIVO, FOLLOWING PARTIAL MASTECTOMY (EG, LUMPECTOMY) USING COMP	Yes
G0561	CPT/HCPCS	TYMPANOSTOMY WITH LOCAL OR TOPICAL ANESTHESIA AND INSERTION OF A VENTILATING TUBE WHEN PERFORMED WITH TYMPANOSTOMY TUBE	Yes
C7564	CPT/HCPCS	PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY, VEIN(S), INCLUDING INTRAPROCEDURAL PHARMACOLOGICAL THROMBOLYTIC INJEC	Yes
15012	CPT/HCPCS	HARVEST OF SKIN FOR SKIN CELL SUSPENSION AUTOGRAFT; EACH ADDITIONAL 25 SQ CM OR PART THEREOF (LIST SEPARATELY IN ADDITIO	Yes

0924T	CPT/HCPCS	REPOSITIONING OF PREVIOUSLY IMPLANTED CARDIAC CONTRACTILITY MODULATION-DEFIBRILLATION TRANSVENOUS ELECTRODE(S)/LEAD(S),	Yes
0901T	CPT/HCPCS	PLACEMENT OF BONE MARROW SAMPLING PORT, INCLUDING IMAGING GUIDANCE WHEN PERFORMED	Yes
49186	CPT/HCPCS	EXCISION OR DESTRUCTION, OPEN, INTRA-ABDOMINAL (IE, PERITONEAL, MESENTERIC, RETROPERITONEAL), PRIMARY OR SECONDARY TUMOR	Yes
49190	CPT/HCPCS	EXCISION OR DESTRUCTION, OPEN, INTRA-ABDOMINAL (IE, PERITONEAL, MESENTERIC, RETROPERITONEAL), PRIMARY OR SECONDARY TUMOR	Yes
64469	CPT/HCPCS	THORACIC FASCIAL PLANE BLOCK, BILATERAL; BY CONTINUOUS INFUSION(S), INCLUDING IMAGING GUIDANCE, WHEN PERFORMED	Yes
49187	CPT/HCPCS	EXCISION OR DESTRUCTION, OPEN, INTRA-ABDOMINAL (IE, PERITONEAL, MESENTERIC, RETROPERITONEAL), PRIMARY OR SECONDARY TUMOR	Yes
G0564	CPT/HCPCS	CREATION OF SUBCUTANEOUS POCKET WITH INSERTION OF 365 DAY IMPLANTABLE INTERSTITIAL GLUCOSE SENSOR, INCLUDING SYSTEM ACTI	Yes
0943T	CPT/HCPCS	CYSTOURETHROSCOPY, FLEXIBLE; WITH REMOVAL OF PROSTATIC URETHRAL SCAFFOLD	Yes
64467	CPT/HCPCS	THORACIC FASCIAL PLANE BLOCK, UNILATERAL; BY CONTINUOUS INFUSION(S), INCLUDING IMAGING GUIDANCE, WHEN PERFORMED	Yes
0922T	CPT/HCPCS	REMOVAL OF A PERMANENT CARDIAC CONTRACTILITY MODULATION-DEFIBRILLATION SYSTEM COMPONENT(S); DUAL (PACING AND DEFIBRILLAT	Yes
25448	CPT/HCPCS	ARTHROPLASTY, INTERCARPAL OR CARPOMETACARPAL JOINTS; SUSPENSION, INCLUDING TRANSFER OR TRANSPLANT OF TENDON, WITH INTERP	Yes
C9809	CPT/HCPCS	CRYOABLATION NEEDLE (E.G., IOVERA SYSTEM), INCLUDING NEEDLE/TIP AND ALL DISPOSABLE SYSTEM COMPONENTS, NONOPIOID MEDICAL	Yes
15018	CPT/HCPCS	APPLICATION OF SKIN CELL SUSPENSION AUTOGRAFT TO WOUND AND DONOR SITES, INCLUDING APPLICATION OF PRIMARY DRESSING, FACE,	Yes
15016	CPT/HCPCS	APPLICATION OF SKIN CELL SUSPENSION AUTOGRAFT TO WOUND AND DONOR SITES, INCLUDING APPLICATION OF PRIMARY DRESSING, TRUNK	Yes
49189	CPT/HCPCS	EXCISION OR DESTRUCTION, OPEN, INTRA-ABDOMINAL (IE, PERITONEAL, MESENTERIC, RETROPERITONEAL), PRIMARY OR SECONDARY TUMOR	Yes
0942T	CPT/HCPCS	CYSTOURETHROSCOPY, FLEXIBLE; WITH REMOVAL AND REPLACEMENT OF PROSTATIC URETHRAL SCAFFOLD	Yes
0914T	CPT/HCPCS	PERCUTANEOUS TRANSCATHETER THERAPEUTIC DRUG DELIVERY BY INTRACORONARY DRUG-DELIVERY BALLOON (EG, DRUG-COATED, DRUG-ELUTI	Yes
49188	CPT/HCPCS	EXCISION OR DESTRUCTION, OPEN, INTRA-ABDOMINAL (IE, PERITONEAL, MESENTERIC, RETROPERITONEAL), PRIMARY OR SECONDARY TUMOR	Yes
64474	CPT/HCPCS	LOWER EXTREMITY FASCIAL PLANE BLOCK, UNILATERAL; BY CONTINUOUS INFUSION(S), INCLUDING IMAGING GUIDANCE, WHEN PERFORMED	Yes
0921T	CPT/HCPCS	REMOVAL OF A PERMANENT CARDIAC CONTRACTILITY MODULATION-DEFIBRILLATION SYSTEM COMPONENT(S); SINGLE TRANSVENOUS DEFIBRILL	Yes
0925T	CPT/HCPCS	RELOCATION OF SKIN POCKET FOR IMPLANTED CARDIAC CONTRACTILITY MODULATION-DEFIBRILLATION PULSE GENERATOR	Yes
66683	CPT/HCPCS	IMPLANTATION OF IRIS PROSTHESIS, INCLUDING SUTURE FIXATION AND REPAIR OR REMOVAL OF IRIS, WHEN PERFORMED	Yes
0919T	CPT/HCPCS	REMOVAL OF A PERMANENT CARDIAC CONTRACTILITY MODULATION-DEFIBRILLATION SYSTEM COMPONENT(S); PULSE GENERATOR ONLY	Yes
15011	CPT/HCPCS	HARVEST OF SKIN FOR SKIN CELL SUSPENSION AUTOGRAFT; FIRST 25 SQ CM OR LESS	Yes
0935T	CPT/HCPCS	CYSTOURETHROSCOPY WITH RENAL PELVIC SYMPATHETIC DENERVATION, RADIOFREQUENCY ABLATION, RETROGRADE URETERAL APPROACH, INCL	Yes

C9808	CPT/HCPCS	NERVE CRYOABLATION PROBE (E.G., CRYOICE, CRYOSPHERE, CRYOSPHERE MAX, CRYO2), INCLUDING PROBE AND ALL DISPOSABLE SYSTEM C	Yes
G0565	CPT/HCPCS	REMOVAL OF IMPLANTABLE INTERSTITIAL GLUCOSE SENSOR WITH CREATION OF SUBCUTANEOUS POCKET AT DIFFERENT ANATOMIC SITE AND I	Yes
0918T	CPT/HCPCS	INSERTION OF PERMANENT CARDIAC CONTRACTILITY MODULATION-DEFIBRILLATION SYSTEM COMPONENT(S), INCLUDING FLUOROSCOPIC GUIDA	Yes
64473	CPT/HCPCS	LOWER EXTREMITY FASCIAL PLANE BLOCK, UNILATERAL; BY INJECTION(S), INCLUDING IMAGING GUIDANCE, WHEN PERFORMED	Yes
0916T	CPT/HCPCS	INSERTION OF PERMANENT CARDIAC CONTRACTILITY MODULATION-DEFIBRILLATION SYSTEM COMPONENT(S), INCLUDING FLUOROSCOPIC GUIDA	Yes
0917T	CPT/HCPCS	INSERTION OF PERMANENT CARDIAC CONTRACTILITY MODULATION-DEFIBRILLATION SYSTEM COMPONENT(S), INCLUDING FLUOROSCOPIC GUIDA	Yes
60661	CPT/HCPCS	ABLATION OF 1 OR MORE THYROID NODULE(S), ADDITIONAL LOBE, PERCUTANEOUS, INCLUDING IMAGING GUIDANCE, RADIOFREQUENCY (LIST	Yes
15014	CPT/HCPCS	PREPARATION OF SKIN CELL SUSPENSION AUTOGRAFT, REQUIRING ENZYMATIC PROCESSING, MANUAL MECHANICAL DISAGGREGATION OF SKIN	Yes
0496T	CPT/HCPCS	INITIATION AND MONITORING MARGINAL (EXTENDED) CADAVER DONOR LUNG(S) ORGAN PERFUSION SYSTEM; EACH ADDITIONAL HOUR	Yes
64913	CPT/HCPCS	NERVE REPAIR;WITH NERVE ALLOGRAFT,EACH ADDITIONAL STRAND (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Yes
0874T	CPT/HCPCS	REMOVAL OF A PERITONEAL ASCITES PUMP SYSTEM, INCLUDING IMPLANTED PERITONEAL ASCITES PUMP AND INDWELLING BLADDER AND PERI	Yes
0883T	CPT/HCPCS	INTRAOPERATIVE THERAPEUTIC ELECTRICAL STIMULATION OF PERIPHERAL NERVE TO PROMOTE NERVE REGENERATION,INCLUDING LEAD PLACE	Yes
0885T	CPT/HCPCS	COLONOSCOPY, FLEXIBLE, WITH INITIAL TRANSENDOSCOPIC MECHANICAL DILATION (EG, NONDRUG-COATED BALLOON) FOLLOWED BY THERAPE	Yes
0707T	CPT/HCPCS	INJECTION(S), BONE-SUBSTITUTE MATERIAL (EG, CALCIUM PHOSPHATE) INTO SUBCHONDRAL BONE DEFECT (BONE MARROW LESION, BONE	Yes
0895T	CPT/HCPCS	CONNECTION OF LIVER ALLOGRAFT TO NORMOTHERMIC MACHINE PERFUSION DEVICE, HEMOSTASIS CONTROL; INITIAL 4 HOURS OF MONITORIN	Yes
0714T	CPT/HCPCS	TRANSPERINEAL LASER ABLATION OF BENIGN PROSTATIC HYPERPLASIA,INCL IMAGING GUIDANCE;PROSTATE VOLUME LESS THAN 50 ML	Yes
0494T	CPT/HCPCS	SURGICAL PREPARATION AND CANNULATION OF MARGINAL (EXTENDED) CADAVER DONOR LUNG(S) TO EX VIVO ORGAN PERFUSION SYSTEM, INC	Yes
0867T	CPT/HCPCS	TRANSPERINEAL LASER ABLATION OF BENIGN PROSTATIC HYPERPLASIA, INCLUDING IMAGING GUIDANCE; PROSTATE VOLUME GREATER OR EQU	Yes
0894T	CPT/HCPCS	CANNULATION OF THE LIVER ALLOGRAFT IN PREPARATION FOR CONNECTION TO THE NORMOTHERMIC PERFUSION DEVICE AND DECANNULATION	Yes
0896T	CPT/HCPCS	CONNECTION OF LIVER ALLOGRAFT TO NORMOTHERMIC MACHINE PERFUSION DEVICE, HEMOSTASIS CONTROL; EACH ADDITIONAL HOUR, INCLUD	Yes
0882T	CPT/HCPCS	INTRAOPERATIVE THERAPEUTIC ELECTRICAL STIMULATION OF PERIPHERAL NERVE TO PROMOTE NERVE REGENERATION, INCLUDING LEAD PLAC	Yes
0869T	CPT/HCPCS	INJECTION(S), BONE-SUBSTITUTE MATERIAL FOR BONE AND/OR SOFT TISSUE HARDWARE FIXATION AUGMENTATION, INCLUDING INTRAOPERAT	Yes
0495T	CPT/HCPCS	INITIATION AND MONITORING MARGINAL (EXTENDED) CADAVER DONOR LUNG(S) ORGAN PERFUSION SYSTEM BY PHYSICIAN; FIRST TWO HOURS	Yes

C7563	CPT/HCPCS	TRANSLUMINAL BALLOON ANGIOPLASTY (EXCEPT LOWER EXTREMITY ARTERY(IES) FOR OCCLUSIVE DISEASE, INTRACRANIAL, CORONARY, PULM	Yes
C7532	CPT/HCPCS	TRANSLUMINAL BALLOON ANGIOPLASTY (EXCEPT LOWER EXTREMITY ARTERY(IES) FOR OCCLUSIVE DISEASE, INTRACRANIAL, CORONARY, PULM	Yes
64912	CPT/HCPCS	NERVE REPAIR; WITH NERVE ALLOGRAFT, EACH NERVE, FIRST STRAND(CABLE)	Yes
0888T	CPT/HCPCS	HISTOTRIPSY (IE, NON-THERMAL ABLATION VIA ACOUSTIC ENERGY DELIVERY) OF MALIGNANT RENAL TISSUE, INCLUDING IMAGING GUIDANC	Yes
0886T	CPT/HCPCS	SIGMOIDOSCOPY, FLEXIBLE, WITH INITIAL TRANSENDOSCOPIC MECHANICAL DILATION (EG, NONDRUG-COATED BALLOON) FOLLOWED BY THERA	Yes
C9790	CPT/HCPCS	HISTOTRIPSY (I.E., NONTHERMAL ABLATION VIA ACOUSTIC ENERGY DELIVERY) OF MALIGNANT RENAL TISSUE, INCLUDING IMAGE GUIDANCE	Yes
93656	CPT/HCPCS	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION WITH TRANSSEPTAL CATHETERIZATIONS,INSERTION/REPOSITIONING OF MULTIPLE ELECTRODE CATHETERS, INDUCTION OR +	Yes
0910T	CPT/HCPCS	REMOVAL OF INTEGRATED NEUROSTIMULATION SYSTEM, VAGUS NERVE	Yes
64583	CPT/HCPCS	REVISION OR REPLACEMENT OF HYPOGLOSSAL NERVE NEUROSTIMULATOR ARRAY, PULSE GENERATOR, AND DISTAL RESPIRATORY SENSOR ELECT	Yes
64582	CPT/HCPCS	OPEN IMPLANTATION OF HYPOGLOSSAL NERVE NEUROSTIMULATOR ARRAY, PULSE GENERATOR, AND DISTAL RESPIRATORY SENSOR ELECTRODE	Yes
0909T	CPT/HCPCS	REPLACEMENT OF INTEGRATED NEUROSTIMULATION SYSTEM, VAGUS NERVE, INCLUDING ANALYSIS AND PROGRAMMING, WHEN PERFORMED	Yes
64584	CPT/HCPCS	REMOVAL OF HYPOGLOSSAL NERVE NEUROSTIMULATOR ARRAY, PULSE GENERATOR, AND DISTAL RESPIRATORY SENSOR ELECTRODE OR ELECT	Yes
0908T	CPT/HCPCS	OPEN IMPLANTATION OF INTEGRATED NEUROSTIMULATION SYSTEM, VAGUS NERVE, INCLUDING ANALYSIS AND PROGRAMMING, WHEN PERFORMED	Yes
0490	Revenue	AMBULATORY SURGICAL CARE - GENERAL CLASSIFICATION	Yes
0360	Revenue	OPERATING ROOM SERVICES-GENERAL	Yes
0369	Revenue	OTHER OPERATING RM SERV	Yes
0710	Revenue	RECOVERY ROOM - GENERAL CLASSIFICATION	Yes
0499	Revenue	OTHER AMBULATORY SURG CARE	Yes
0361	Revenue	OPERATING ROOM - MINOR SURGERY	Yes
C7505	CPT/HCPCS	PERCUTANEOUS VERTEBROPLASTIES (BONE BIOPSIES INCLUDED WHEN PERFORMED), FIRST LUMBOSACRAL AND ANY ADDITIONAL CERVICOTHORA	Yes
0869T	CPT/HCPCS	INJECTION(S), BONE-SUBSTITUTE MATERIAL FOR BONE AND/OR SOFT TISSUE HARDWARE FIXATION AUGMENTATION, INCLUDING INTRAOPERAT	Yes
C7506	CPT/HCPCS	ARTHRODESIS, INTERPHALANGEAL JOINTS, WITH OR WITHOUT INTERNAL FIXATION	Yes
27570	CPT/HCPCS	*MANIPULATION OF KNEE JOINT UNDER GENERAL ANESTHESIA (INCLUDES APPLICATION OF TRACTION OR OTHER FIXATION DEVICES)	Yes
C7504	CPT/HCPCS	PERCUTANEOUS VERTEBROPLASTIES (BONE BIOPSIES INCLUDED WHEN PERFORMED), FIRST CERVICOTHORACIC AND ANY ADDITIONAL CERVICOT	Yes
C7507	CPT/HCPCS	PERCUTANEOUS VERTEBRAL AUGMENTATIONS, FIRST THORACIC AND ANY ADDITIONAL THORACIC OR LUMBAR VERTEBRAL BODIES, INCLUDING C	Yes
C7508	CPT/HCPCS	PERCUTANEOUS VERTEBRAL AUGMENTATIONS, FIRST LUMBAR AND ANY ADDITIONAL THORACIC OR LUMBAR VERTEBRAL BODIES, INCLUDING CAV	Yes
27158	CPT/HCPCS	OSTEOTOMY, PELVIS, BILATERAL FOR CONGENITAL MALFORMATION	Yes
22860	CPT/HCPCS	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR	Yes
27656	CPT/HCPCS	REPAIR, FASCIAL DEFECT OF LEG	Yes

0775T	CPT/HCPCS	ARTHRODESIS, SACROILIAC JOINT, PERCUTANEOUS, WITH IMAGE GUIDANCE, INCLUDES PLACEMENT OF INTRA-ARTICULAR IMPLANT(S) (EG,	Yes
29897	CPT/HCPCS	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; DEBRIDEMENT, LIMITED	Yes
28002	CPT/HCPCS	*DEEP DISSECTION BELOW FASCIA, FOR DEEP INFECTION OF FOOT, WITH OR WITHOUT TENDON SHEATH INVOLVEMENT; SINGLE BURSAL S	Yes
29856	CPT/HCPCS	BICONDYLAR, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	Yes
27831	CPT/HCPCS	TREATMENT OF PROXIMAL TIBIOFIBULAR JOINT DISLOCATION; REQUIRING ANESTHESIA	Yes
27530	CPT/HCPCS	TREATMENT OF CLOSED TIBIAL FRACTURE, PROXIMAL (PLATEAU); WITHOUT MANIPULATION	Yes
29830	CPT/HCPCS	ARTHROSCOPY, ELBOW, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROCEDURE)	Yes
0809T	CPT/HCPCS	ARTHRODESIS, SACROILIAC JOINT, PERCUTANEOUS OR MINIMALLY INVASIVE (INDIRECT VISUALIZATION), WITH IMAGE GUIDANCE, PLACEME	Yes
27557	CPT/HCPCS	OPEN TREATMENT OF KNEE DISLOCATION, INCLUDES INTERNAL FIXATION, WHEN PERFORMED; WITH PRIMARY LIGAMENTOUS REPAIR	Yes
27558	CPT/HCPCS	WITH PRIMARY LIGAMENTOUS REPAIR,W/AUGMENTATION/RECONSTRUCTION	Yes
27560	CPT/HCPCS	TREATMENT OF CLOSED PATELLAR DISLOCATION; WITHOUT ANESTHESIA	Yes
27562	CPT/HCPCS	TREATMENT OF CLOSED PATELLAR DISLOCATION; REQUIRING ANESTHESIA	Yes
27715	CPT/HCPCS	OSTEOPLASTY, TIBIA AND FIBULA, LENGTHENING	Yes
27720	CPT/HCPCS	REPAIR OF NONUNION OR MALUNION, TIBIA; WITHOUT GRAFT, (EG, COMPRESSION TECHNIQUE)	Yes
27722	CPT/HCPCS	REPAIR OF NONUNION OR MALUNION, TIBIA; WITH SLIDING GRAFT	Yes
27724	CPT/HCPCS	REPAIR OF NONUNION OR MALUNION, TIBIA; WITH ILIAC OR OTHER AUTOGRAFT (INCLUDES OBTAINING GRAFT)	Yes
27725	CPT/HCPCS	REPAIR OF NONUNION OR MALUNION, TIBIA; BY SYNOSTOSIS, WITH FIBULA, ANY METHOD	Yes
28020	CPT/HCPCS	ARTHROTOMY, WITH EXPLORATION, DRAINAGE OR REMOVAL OF LOOSE OR FOREIGN BODY; INTERTARSAL OR TARSOMETATARSAL JOINT	Yes
28022	CPT/HCPCS	ARTHROTOMY, WITH EXPLORATION, DRAINAGE OR REMOVAL OF LOOSE OR FOREIGN BODY; METATARSOPHALANGEAL JOINT	Yes
28024	CPT/HCPCS	ARTHROTOMY, WITH EXPLORATION, DRAINAGE OR REMOVAL OF LOOSE OR FOREIGN BODY; INTERPHALANGEAL JOINT	Yes
28035	CPT/HCPCS	TARSAL TUNNEL RELEASE (POSTERIOR TIBIAL NERVE DECOMPRESSION)	Yes
28285	CPT/HCPCS	HAMMERTOE OPERATION; ONE TOE (EG, INTERPHALANGEAL FUSION, FILLETING, PHALANGECTOMY) (SEPARATE PROCEDURE)	Yes
28286	CPT/HCPCS	HAMMERTOE OPERATION; FOR COCK-UP FIFTH TOE WITH PLASTIC SKIN CLOSURE, (RUIZ-MORA TYPE PROCEDURE)	Yes
28288	CPT/HCPCS	OSTECTOMY, PARTIAL, EXOSTECTOMY OR CONDYLECTOMY, SINGLE, METATARSAL HEAD, FIRST THROUGH FIFTH, EACH METATARSAL HEAD,	Yes
28289	CPT/HCPCS	HALLUX RIGIDUS CORRECTION WITH CHEILECTOMY, DEBRIDEMENT AND CAPSULAR RELEASE OF THE FIRST METATARSOPHALANGEAL JOINT; WITHOUT IMPLANT	Yes
28606	CPT/HCPCS	TREATMENT OF CLOSED TARSOMETATARSAL JOINT DISLOCATION, WITH PERCUTANEOUS SKELETAL FIXATION	Yes
28615	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN TARSOMETATARSAL JOINT DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL SKELETAL FIXA	Yes
28630	CPT/HCPCS	*TREATMENT OF CLOSED METATARSOPHALANGEAL JOINT DISLOCATION; WITHOUT ANESTHESIA	Yes
28635	CPT/HCPCS	*TREATMENT OF CLOSED METATARSOPHALANGEAL JOINT DISLOCATION; REQUIRING ANESTHESIA	Yes
29750	CPT/HCPCS	WEDGING OF CLUBFOOT CAST	Yes
29799	CPT/HCPCS	UNLISTED PROCEDURE, CASTING OR STRAPPING	Yes
29800	CPT/HCPCS	ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROCEDURE)	Yes
29804	CPT/HCPCS	ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, SURGICAL	Yes

29805	CPT/HCPCS	ARTHROSCOPY, SHOULDER, DIAGNOSTIC, WITH OR WITHOUTSYNOVIAL BIOPSY (SEPARATE PROCEDURE)	Yes
29914	CPT/HCPCS	ARTHROSCOPY, HIP, SURGICAL; WITH FEMOROPLASTY (IE, TREATMENT OF CAM LESION)	Yes
29915	CPT/HCPCS	ARTHROSCOPY, HIP, SURGICAL ; WITH ACETABULOPLASTY (IE, TREATMENT OF PINCER LESION)	Yes
29916	CPT/HCPCS	ARTHROSCOPY, HIP, SURGICAL ; WITH LABRAL REPAIR	Yes
29999	CPT/HCPCS	UNLISTED PROCEDURE, ARTHROSCOPY	Yes
98925	CPT/HCPCS	OSTEOPATHIC MANIPULATIVE TREATMENT(OMT);ONE TO TWO BODY REGIONS INVOLVED	Yes
27422	CPT/HCPCS	RECONSTRUCTION FOR RECURRENT DISLOCATING PATELLA; WITH EXTENSOR REALIGNMENT AND/OR MUSCLE ADVANCEMENT OR RELEASE (CAMP	Yes
27424	CPT/HCPCS	RECONSTRUCTION FOR RECURRENT DISLOCATING PATELLA; WITH PATELLECTOMY	Yes
27425	CPT/HCPCS	LATERAL RETINACULAR RELEASE OPEN	Yes
27427	CPT/HCPCS	LIGAMENTOUS RECONSTRUCTION (AUGMENTATION), KNEE; EXTRA-ARTICULAR	Yes
27428	CPT/HCPCS	LIGAMENTOUS RECONSTRUCTION (AUGMENTATION), KNEE; INTRA-ARTICULAR (OPEN)	Yes
27566	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN PATELLAR DISLOCATION, WITH OR WITHOUT PARTIAL OR TOTAL PATELLECTOMY	Yes
27580	CPT/HCPCS	FUSION OF KNEE, ANY TECHNIQUE	Yes
27590	CPT/HCPCS	AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL;	Yes
27591	CPT/HCPCS	AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; IMMEDIATE FITTING TECHNIQUE INCLUDING FIRST CAST	Yes
27726	CPT/HCPCS	REPAIR OF FIBULA NONUNION AND/OR MALUNION WITH INTERNAL FIXATION	Yes
27727	CPT/HCPCS	REPAIR OF CONGENITAL PSEUDARTHROSIS, TIBIA	Yes
27730	CPT/HCPCS	ARREST, EPIPHYSEAL (EPIPHYSIODESIS), OPEN; DISTAL TIBIA	Yes
27732	CPT/HCPCS	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; DISTAL FIBULA	Yes
27734	CPT/HCPCS	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; DISTAL TIBIA AND FIBULA	Yes
28039	CPT/HCPCS	EXCISION, TUMOR, SOFT TISSUE OF FOOT OR TOE, SUBCUTANEOUS; 1.5 CM OR GREATER	Yes
28041	CPT/HCPCS	EXCISION, TUMOR, SOFT TISSUE OF FOOT OR TOE, SUBFASCIAL (EG, INTRAMUSCULAR); 1.5 CM OR GREATER	Yes
28043	CPT/HCPCS	EXCISION, TUMOR, SOFT TISSUE OF FOOT OR TOE, SUBCUTANEOUS; LESS THAN 1.5 CM	Yes
28045	CPT/HCPCS	EXCISION, TUMOR, SOFT TISSUE OF FOOT OR TOE, SUBFASCIAL (EG, INTRAMUSCULAR); LESS THAN 1.5 CM	Yes
28291	CPT/HCPCS	HALLUX RIGIDUS CORRECTION WITH CHEILECTOMY, DEBRIDEMENT/CAPSULAR RELEASE OF THE FIRST METATARSOPHALANGEAL JOINT WITH IMP	Yes
28292	CPT/HCPCS	CORRECTION, HALLUX VALGUS WITH BUNIONECTOMY,WITH SESAMOIDECTOMY WHEN PERFORMED,WITH RESECTION OF PROXIMAL PHALANX BASE,	Yes
28295	CPT/HCPCS	CORRECTION, HALLUX VALGUS WITH BUNIONECTOMY, WITH SESAMOIDECTOMY WHEN PERFORMED;WITH PROXIMAL METATARSAL OSTEOTOMY, ANY METHOD	Yes
28296	CPT/HCPCS	CORRECTION, HALLUX VALGUS WITH BUNIONECTOMY, WITH SESAMOIDECTOMY WHEN PERFORMED; WITH DISTAL METARTARSAL OSTEOTOMY, ANY METHOD	Yes
28636	CPT/HCPCS	PERCUTANEOUS SKELETAL FIXATION OF METATARSOPHALANGEAL JOINT DISLOCATION, WITH MANIPULATION	Yes
28645	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN METATARSOPHALANGEAL JOINT DISLOCATION	Yes
28660	CPT/HCPCS	*TREATMENT OF CLOSED INTERPHALANGEAL JOINT DISLOCATION; WITHOUT ANESTHESIA	Yes
28665	CPT/HCPCS	*TREATMENT OF CLOSED INTERPHALANGEAL JOINT DISLOCATION; REQUIRING ANESTHESIA	Yes
29806	CPT/HCPCS	ARTHROSCOPY, SHOULDER, SURGICAL; CAPSULORRHAPHY	Yes
29807	CPT/HCPCS	ARTHROSCOPY, SHOULDER, SURGICAL; REPAIR OF SLAP LESION	Yes
29819	CPT/HCPCS	ARTHROSCOPY, SHOULDER, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY	Yes
29820	CPT/HCPCS	ARTHROSCOPY, SHOULDER, SURGICAL; SYNOVECTOMY, PARTIAL	Yes
29821	CPT/HCPCS	ARTHROSCOPY, SHOULDER, SURGICAL; SYNOVECTOMY, COMPLETE	Yes

98926	CPT/HCPCS	OSTEOPATHIC MANIPULATIVE TREATMENT(OMT); THREE TO FOUR BODY REGIONS INVOLVED	Yes
98927	CPT/HCPCS	OSTEOPATHIC MANIPULATIVE TREATMENT(OMT); FIVE TO SIX BODY REGIONS	Yes
98928	CPT/HCPCS	OSTEOPATHIC MANIPULATIVE TREATMENT(OMT) SEVEN TO EIGHT BODY REGIONS	Yes
98929	CPT/HCPCS	OSTEOPATHIC MANIPULATIVE TREATMENT(OMT);NINE TO TEN BODY REGIONS INVOLVED	Yes
27429	CPT/HCPCS	LIGAMENTOUS RECONSTRUCTION (AUGMENTATION), KNEE; INTRA-ARTICULAR (OPEN) AND EXTRA-ARTICULAR	Yes
27430	CPT/HCPCS	QUADRICEPS PLASTY (BENNETT OR THOMPSON TYPE)	Yes
27435	CPT/HCPCS	CAPSULOTOMY, KNEE, POSTERIOR CAPSULAR RELEASE	Yes
27437	CPT/HCPCS	ARTHROPLASTY, PATELLA; WITHOUT PROSTHESIS	Yes
27438	CPT/HCPCS	ARTHROPLASTY, PATELLA; WITH PROSTHESIS	Yes
27592	CPT/HCPCS	AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; OPEN, CIRCULAR (GUILLotine)	Yes
27594	CPT/HCPCS	AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; SECONDARY CLOSURE OR SCAR REVISION	Yes
27596	CPT/HCPCS	AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; RE-AMPUTATION	Yes
27598	CPT/HCPCS	DISARTICULATION AT KNEE	Yes
27599	CPT/HCPCS	UNLISTED PROCEDURE, FEMUR OR KNEE	Yes
27740	CPT/HCPCS	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING, COMBINED, PROXIMAL AND DISTAL TIBIA AND FIBULA;	Yes
27742	CPT/HCPCS	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING, COMBINED, PROXIMAL AND DISTAL TIBIA AND FIBULA; AND DISTAL FEMUR	Yes
27745	CPT/HCPCS	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT METHYL METHACRYLATE, TIBIA	Yes
27750	CPT/HCPCS	TREATMENT OF CLOSED TIBIAL SHAFT FRACTURE; WITHOUT MANIPULATION	Yes
28046	CPT/HCPCS	RADICAL RESECTION OF TUMOR (EG, SARCOMA), SOFT TISSUE OF FOOT OR TOE; LESS THAN 3 CM	Yes
28047	CPT/HCPCS	RADICAL RESECTION OF TUMOR (EG, SARCOMA), SOFT TISSUE OF FOOT OR TOE; 3 CM OR GREATER	Yes
28050	CPT/HCPCS	ARTHROTOMY FOR SYNOVIAL BIOPSY; INTERTARSAL OR TARSOMETATARSAL JOINT	Yes
28052	CPT/HCPCS	ARTHROTOMY FOR SYNOVIAL BIOPSY; METATARSOPHALANGEAL JOINT	Yes
28054	CPT/HCPCS	ARTHROTOMY FOR SYNOVIAL BIOPSY; INTERPHALANGEAL JOINT	Yes
28297	CPT/HCPCS	CORRECTION, HALLUX VALGUS WITH BUNIONECTOMY, WITH SESAMOIDECTOMY WHEN PERFORMED; WITH FIRST METATARSAL AND MEDIAL CUNEIFORM JOINT ARTHRODESIS, ANY ME+	Yes
28298	CPT/HCPCS	CORRECTION, HALLUX VALGUS WITH BUNIONECTOMY, WITH SESAMOIDECTOMY, WHEN PERFORMED; WITH PROXIMAL PHALANX OSTEOTOMY, ANY METHOD	Yes
28299	CPT/HCPCS	CORRECTION, HALLUX VALGUS WITH BUNIONECTOMY, WITH SESAMOIDECTOMY WHEN PERFORMED; WITH DOUBLE OSTEOTOMY, ANY METHOD	Yes
28300	CPT/HCPCS	OSTEOTOMY; CALCANEUS (DWYER OR CHAMBERS TYPE PROCEDURE), WITH OR WITHOUT INTERNAL FIXATION	Yes
28666	CPT/HCPCS	PERCUTANEOUS SKELETAL FIXATION OF INTERPHALANGEAL JOINT DISLOCATION, WITH MANIPULATION	Yes
28675	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN INTERPHALANGEAL JOINT DISLOCATION	Yes
28705	CPT/HCPCS	PANTALAR ARTHRODESIS	Yes
28715	CPT/HCPCS	TRIPLE ARTHRODESIS	Yes
28725	CPT/HCPCS	SUBTALAR ARTHRODESIS	Yes
29822	CPT/HCPCS	IGN BODY(IES))HOULDER, SURGICAL; DEBRIDEMENT, LIMITED, 1 OR 2 DISCRETE STRUCTURES (EG, HUMERAL BONE, HUMERAL ARTICULAR CARTILAGE, GLENOID BONE, GLENOI+	Yes
29823	CPT/HCPCS	ARTHROSCOPY, SHOULDER, SURGICAL; DEBRIDEMENT, EXTENSIVE, 3 OR MORE DISCRETE STRUCTURES (EG, HUMERAL BONE, HUMERAL ARTICULAR CARTILAGE, GLENOID BONE, +	Yes
29824	CPT/HCPCS	ARTHROSCOPY, SHOULDER, SURGICAL; DISTAL CLAVICULECTOMY INCLUDING DISTAL ARTICULAR SURFACE (MUMFORD PROCEDURE)	Yes
29825	CPT/HCPCS	ARTHROSCOPY, SHOULDER, SURGICAL; WITH LYSIS AND RESECTION OF ADHESIONS, WITH OR WITHOUT MANIPULATION	Yes

0054T	CPT/HCPCS	COMPUTER ASSISTED MUSCULOSKELETAL SURGICAL NAVIGATIONAL ORTHO PROCEDURE, W/IMAGE-GUIDANCE BASED ON FLUOROSCOPIC IMAGES	Yes
0055T	CPT/HCPCS	COMPUTER-ASSISTED MUSCULOSKELETAL SURGICAL NAVIGATIONAL ORTHOPEDIC PROCEDURE, WITH IMAGE-GUIDANCE BASED ON CT/MRI IMAGES	Yes
0095T	CPT/HCPCS	REMOVAL OF TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH EACH ADDITIONAL INTERSPACE, CERVICAL	Yes
0098T	CPT/HCPCS	REVISION OF TOTAL DISC ARTHROPLASTY, ANTERIOR APPROACH SINGLE INTERSPACE; EACH ADDITIONAL INTERSPACE	Yes
27440	CPT/HCPCS	ARTHROPLASTY, KNEE, TIBIAL PLATEAU;	Yes
27441	CPT/HCPCS	ARTHROPLASTY, KNEE, TIBIAL PLATEAU; WITH DEBRIDEMENT AND PARTIAL SYNOVECTOMY	Yes
27442	CPT/HCPCS	ARTHROPLASTY, KNEE, FEMORAL CONDYLES OR TIBIAL PLATEAUS;	Yes
27443	CPT/HCPCS	ARTHROPLASTY, KNEE, FEMORAL CONDYLES OR TIBIAL PLATEAUS; WITH DEBRIDEMENT AND PARTIAL SYNOVECTOMY	Yes
27445	CPT/HCPCS	ARTHROPLASTY, KNEE, CONSTRAINED PROSTHESIS (EG, WALLDIUS TYPE)	Yes
27600	CPT/HCPCS	DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR COMPARTMENT ONLY	Yes
27601	CPT/HCPCS	DECOMPRESSION FASCIOTOMY, LEG; POSTERIOR COMPARTMENT ONLY	Yes
27602	CPT/HCPCS	DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND POSTERIOR COMPARTMENTS	Yes
27603	CPT/HCPCS	INCISION AND DRAINAGE, LEG OR ANKLE; DEEP ABSCESS OR HEMATOMA	Yes
27604	CPT/HCPCS	INCISION AND DRAINAGE, LEG OR ANKLE; INFECTED BURSA	Yes
27752	CPT/HCPCS	TREATMENT OF CLOSED TIBIAL SHAFT FRACTURE; WITH MANIPULATION	Yes
27756	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN TIBIAL SHAFT FRACTURE, WITH INTERNAL SKELETAL FIXATION; SIMPLE	Yes
27758	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN TIBIAL SHAFT FRACTURE, WITH INTERNAL SKELETAL FIXATION; COMPLICATED	Yes
27759	CPT/HCPCS	TREATMENT OF TIBIAL SHAFT FRACTURE, W/ OR W/O FIBULAR FRACTURE BY INTRAMEDULLARY IMPLANT W/OR W/O INTRALOCK SCREWS/CERCLAGE	Yes
28055	CPT/HCPCS	NEURECTOMY, INTRINSIC MUSCULATURE OF FOOT	Yes
28060	CPT/HCPCS	FASCIECTOMY, EXCISION OF PLANTAR FASCIA; PARTIAL (SEPARATE PROCEDURE)	Yes
28062	CPT/HCPCS	FASCIECTOMY, EXCISION OF PLANTAR FASCIA; RADICAL (SEPARATE PROCEDURE)	Yes
28070	CPT/HCPCS	SYNOVECTOMY; INTERTARSAL OR TARSOMETATARSAL JOINT, EACH	Yes
28072	CPT/HCPCS	SYNOVECTOMY; METATARSOPHALANGEAL JOINT, EACH	Yes
28302	CPT/HCPCS	OSTEOTOMY; TALUS	Yes
28304	CPT/HCPCS	OSTEOTOMY, MIDTARSAL BONES, OTHER THAN CALCANEUS OR TALUS;	Yes
28305	CPT/HCPCS	OSTEOTOMY, MIDTARSAL BONES, OTHER THAN CALCANEUS OR TALUS; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT) (FOWLER TYPE)	Yes
28306	CPT/HCPCS	OSTEOTOMY, METATARSAL, BASE OR SHAFT, SINGLE, WITH OR WITHOUT LENGTHENING, FOR SHORTENING OR ANGULAR CORRECTION; FIRST	Yes
28730	CPT/HCPCS	ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, MULTIPLE OR TRANSVERSE;	Yes
28735	CPT/HCPCS	ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, MULTIPLE OR TRANSVERSE; WITH OSTEOTOMY AS FOR FLATFOOT CORRECTION	Yes
28737	CPT/HCPCS	ARTHRODESIS, MIDTARSAL NAVICULAR-CUNEIFORM, WITH TENDON LENGTHENING AND ADVANCEMENT (MILLER TYPE PROCEDURE)	Yes
28740	CPT/HCPCS	ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, SINGLE JOINT	Yes
29826	CPT/HCPCS	ARTHROSCOPY, SHOULDER, SURGICAL; DECOMPRESSION OF SUBACROMIAL SPACE WITH PARTIAL ACROMIOPLASTY WITH OR WITHOUT CORA	Yes
29827	CPT/HCPCS	ARTHROSCOPY, SHOULDER, SURGICAL; WITH ROTATOR CUFF REPAIR	Yes
29828	CPT/HCPCS	ARTHROSCOPY, SHOULDER, SURGICAL; BICEPS TENODESIS	Yes
29834	CPT/HCPCS	ARTHROSCOPY, ELBOW, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY	Yes
0101T	CPT/HCPCS	EXTRACORPOREAL SHOCK WAVE INVOLVING MUSCULOSKELETAL SYSTEM, NOT OTHERWISE SPECIFIED	Yes

0102T	CPT/HCPCS	EXTRACORPOREAL SHOCK WAVE PERFORMED BY A PHYSICIAN, REQUIRING ANESTHESIA OTHER THAN LOCAL, AND INVOLVING THE LATERAL HUMERAL EPICONDYLE	Yes
0163T	CPT/HCPCS	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), EACH ADDITIO+	Yes
0164T	CPT/HCPCS	REMOVAL OF TOTAL DISC ARTHORPLASTY, (ARTIFICIAL DISC), ANTERIOR APPROACH, EACH ADDITIONAL INTERSPACE, LUMBAR	Yes
27446	CPT/HCPCS	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL OR LATERAL COMPARTMENT	Yes
27447	CPT/HCPCS	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING ("TOTAL KNE	Yes
27448	CPT/HCPCS	OSTEOTOMY, FEMUR, SHAFT OR SUPRACONDYLAR; WITHOUT FIXATION	Yes
27450	CPT/HCPCS	OSTEOTOMY, FEMUR, SHAFT OR SUPRACONDYLAR; WITH FIXATION	Yes
27605	CPT/HCPCS	*TENOTOMY, ACHILLES TENDON, SUBCUTANEOUS (SEPARATE PROCEDURE); LOCAL ANESTHESIA	Yes
27606	CPT/HCPCS	TENOTOMY, ACHILLES TENDON, SUBCUTANEOUS (SEPARATE PROCEDURE); GENERAL ANESTHESIA	Yes
27607	CPT/HCPCS	INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), LEG OR ANKLE	Yes
27610	CPT/HCPCS	ARTHROTOMY, ANKLE, FOR INFECTION, WITH EXPLORATION, DRAINAGE OR REMOVAL OF FOREIGN BODY	Yes
27760	CPT/HCPCS	TREATMENT OF CLOSED DISTAL TIBIAL FRACTURE (MEDIAL MALLEOLUS); WITHOUT MANIPULATION	Yes
27762	CPT/HCPCS	TREATMENT OF CLOSED DISTAL TIBIAL FRACTURE (MEDIAL MALLEOLUS); WITH MANIPULATION	Yes
27766	CPT/HCPCS	OPEN TREATMENT OF MEDIAL MALLEOLUS FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED	Yes
27767	CPT/HCPCS	CLOSED TREATMENT OF POSTERIOR MALLEOLUS FRACTURE; WITHOUT MANIPULATION	Yes
28080	CPT/HCPCS	EXCISION OF INTERDIGITAL (MORTON) NEUROMA, SINGLE, EACH	Yes
28086	CPT/HCPCS	SYNOVECTOMY, TENDON SHEATH, FOOT; FLEXOR	Yes
28088	CPT/HCPCS	SYNOVECTOMY, TENDON SHEATH, FOOT; EXTENSOR	Yes
28090	CPT/HCPCS	EXCISION OF LESION OF TENDON OR FIBROUS SHEATH OR CAPSULE (INCLUDING SYNOVECTOMY) (CYST OR GANGLION); FOOT	Yes
28092	CPT/HCPCS	EXCISION OF LESION OF TENDON OR FIBROUS SHEATH OR CAPSULE (INCLUDING SYNOVECTOMY) (CYST OR GANGLION); TOES	Yes
28307	CPT/HCPCS	OSTEOTOMY, METATARSAL, BASE OR SHAFT, SINGLE, WITH OR WITHOUT LENGTHENING, FOR SHORTENING OR ANGULAR CORRECTION; FIRS	Yes
28308	CPT/HCPCS	OSTEOTOMY, METATARSAL, BASE OR SHAFT, SINGLE, WITH OR WITHOUT LENGTHENING, FOR SHORTENING OR ANGULAR CORRECTION; OTHE	Yes
28309	CPT/HCPCS	OSTEOTOMY, METATARSALS, MULTIPLE, FOR CAVUS FOOT (SWANSON TYPE PROCEDURE)	Yes
28310	CPT/HCPCS	OSTEOTOMY FOR SHORTENING, ANGULAR OR ROTATIONAL CORRECTION; PROXIMAL PHALANX, FIRST TOE (SEPARATE PROCEDURE)	Yes
28750	CPT/HCPCS	ARTHRODESIS, GREAT TOE; METATARSOPHALANGEAL JOINT	Yes
28755	CPT/HCPCS	ARTHRODESIS, GREAT TOE; INTERPHALANGEAL JOINT	Yes
28760	CPT/HCPCS	ARTHRODESIS, GREAT TOE, INTERPHALANGEAL JOINT, WITH EXTENSOR HALLUCIS LONGUS TRANSFER TO FIRST METATARSAL NECK (JONES T	Yes
28800	CPT/HCPCS	AMPUTATION, FOOT; MIDTARSAL (CHOPART TYPE PROCEDURE)	Yes
28805	CPT/HCPCS	AMPUTATION, FOOT; TRANSMETATARSAL	Yes
29835	CPT/HCPCS	ARTHROSCOPY, ELBOW, SURGICAL; SYNOVECTOMY, PARTIAL	Yes
29836	CPT/HCPCS	ARTHROSCOPY, ELBOW, SURGICAL; SYNOVECTOMY, COMPLETE	Yes
29837	CPT/HCPCS	ARTHROSCOPY, ELBOW, SURGICAL; DEBRIDEMENT, LIMITED	Yes
29838	CPT/HCPCS	ARTHROSCOPY, ELBOW, SURGICAL; DEBRIDEMENT, EXTENSIVE	Yes
29840	CPT/HCPCS	ARTHROSCOPY, WRIST, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROCEDURE)	Yes
0165T	CPT/HCPCS	REVISION OF TOTAL DISC ARTHOROPLASTY, ANTERIOR APPROACH, LUMBAR, EACH ADDITIONAL INTERSPACE	Yes
0335T	CPT/HCPCS	INSERTION OF SINUS TARSI IMPLANT	Yes
0347T	CPT/HCPCS	PLACEMENT OF INTERSTITIAL DEVICE(S) IN BONE FOR RADIOSTEREOMETRIC ANALYSIS (RSA)	Yes

0510T	CPT/HCPCS	REMOVAL OF SINUS TARSI IMPLANT	Yes
0511T	CPT/HCPCS	REMOVAL AND REINSERTION OF SINUS TARSI IMPLANT	Yes
27454	CPT/HCPCS	OSTEOTOMY, MULTIPLE, FEMORAL SHAFT, WITH REALIGNMENT ON INTRAMEDULLARY ROD (SOFIELD TYPE PROCEDURE)	Yes
27455	CPT/HCPCS	OSTEOTOMY, PROXIMAL TIBIA, INCLUDING FIBULAR EXCISION OR OSTEOTOMY (INCLUDES CORRECTION OF GENU VARUS (BOWLEG) OR GENU	Yes
27457	CPT/HCPCS	OSTEOTOMY, PROXIMAL TIBIA, INCLUDING FIBULAR EXCISION OR OSTEOTOMY (INCLUDES CORRECTION OF GENU VARUS (BOWLEG) OR GENU	Yes
27465	CPT/HCPCS	OSTEOPLASTY, FEMUR; SHORTENING (EXCLUDING 64876)	Yes
27612	CPT/HCPCS	ARTHROTOMY, ANKLE, POSTERIOR CAPSULAR RELEASE, WITH OR WITHOUT ACHILLES TENDON LENGTHENING	Yes
27613	CPT/HCPCS	BIOPSY, SOFT TISSUE OF LEG OR ANKLE AREA; SUPERFICIAL	Yes
27614	CPT/HCPCS	BIOPSY, SOFT TISSUE OF LEG OR ANKLE AREA; DEEP	Yes
27615	CPT/HCPCS	RADICAL RESECTION OF TUMOR (EG, SARCOMA), SOFT TISSUE OF LEG OR ANKLE AREA; LESS THAN 5 CM	Yes
27616	CPT/HCPCS	RADICAL RESECTION OF TUMOR (EG, SARCOMA), SOFT TISSUE OF LEG OR ANKLE AREA; 5 CM OR GREATER	Yes
27768	CPT/HCPCS	CLOSED TRTMENT OF POSTERIOR MALLEOLUS FRACTURE; WITH MANIPULATION	Yes
27769	CPT/HCPCS	OPEN TREATMENT OF POSTERIOR MALLEOLUS FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED	Yes
27780	CPT/HCPCS	TREATMENT OF CLOSED PROXIMAL FIBULA OR SHAFT FRACTURE; WITHOUT MANIPULATION	Yes
27781	CPT/HCPCS	TREATMENT OF CLOSED PROXIMAL FIBULA OR SHAFT FRACTURE; WITH MANIPULATION	Yes
28100	CPT/HCPCS	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR CALCANEUS;	Yes
28102	CPT/HCPCS	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR CALCANEUS; WITH ILIAC OR OTHER AUTOGRAFT (INCLUDES OBTAINI	Yes
28103	CPT/HCPCS	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR CALCANEUS; WITH ALLOGRAFT	Yes
28104	CPT/HCPCS	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL OR METATARSAL BONES, EXCEPT TALUS OR CALCANEUS;	Yes
28312	CPT/HCPCS	OSTEOTOMY FOR SHORTENING, ANGULAR OR ROTATIONAL CORRECTION; OTHER PHALANGES, ANY TOE	Yes
28313	CPT/HCPCS	RECONSTRUCTION, ANGULAR DEFORMITY OF TOE (OVERLAPPING SECOND TOE, FIFTH TOE, CURLY TOES), SOFT TISSUE PROCEDURES ONLY	Yes
28315	CPT/HCPCS	SESAMOIDECTOMY, FIRST TOE (SEPARATE PROCEDURE)	Yes
28320	CPT/HCPCS	REPAIR OF NONUNION OR MALUNION; TARSAL BONES (EG, CALCANEUS, TALUS)	Yes
28810	CPT/HCPCS	AMPUTATION, METATARSAL, WITH TOE, SINGLE	Yes
28820	CPT/HCPCS	AMPUTATION, TOE; METATARSOPHALANGEAL JOINT	Yes
28825	CPT/HCPCS	AMPUTATION, TOE; INTERPHALANGEAL JOINT	Yes
28890	CPT/HCPCS	EXTRACORPOREAL SHOCK WAVE, HIGH ENERGY, PERFORMED BY A PHYSICIAN, REQUIRING ANESTHESIA OTHER THAN LOCAL, INCLUDING ULTR	Yes
28899	CPT/HCPCS	UNLISTED PROCEDURE, FOOT OR TOES	Yes
29843	CPT/HCPCS	ARTHROSCOPY, WRIST, SURGICAL; FOR INFECTION, LAVAGE AND DRAINAGE	Yes
29844	CPT/HCPCS	ARTHROSCOPY, WRIST, SURGICAL; SYNOVECTOMY, PARTIAL	Yes
29845	CPT/HCPCS	ARTHROSCOPY, WRIST, SURGICAL; SYNOVECTOMY, COMPLETE	Yes
29846	CPT/HCPCS	ARTHROSCOPY, WRIST, SURGICAL; EXCISION OF TRIANGULAR FIBROCARILAGE AND/OR JOINT DEBRIDEMENT	Yes
29847	CPT/HCPCS	ARTHROSCOPY, WRIST, SURGICAL; INTERNAL FIXATION FOR FRACTURE OR INSTABILITY	Yes
0547T	CPT/HCPCS	BONE-MATERIAL QUALITY TESTING BY MICROINDENTATION(S) OF THE TIBIA(S), WITH RESULTS REPORTED AS A SCORE	Yes
0552T	CPT/HCPCS	LOW-LEVEL LASER THERAPY, DYNAMIC PHOTONIC AND DYNAMIC THERMOKINETIC ENERGIES, PROVIDED BY A PHYSICIAN OR OTHER QUALIFIED	Yes
0594T	CPT/HCPCS	OSTEOTOMY, HUMERUS, WITH INSERTION OF AN EXTERNALLY CONTROLLED INTRAMEDULLARY LENGTHENING DEVICE, INCLUDING INTRAOPERATI	Yes

0656T	CPT/HCPCS	ANTERIOR LUMBAR OR THORACOLUMBAR VERTEBRAL BODY TETHERING; UP TO 7 VERTEBRAL SEGMENTS	Yes
27466	CPT/HCPCS	OSTEOPLASTY, FEMUR; LENGTHENING	Yes
27468	CPT/HCPCS	OSTEOPLASTY, FEMUR; COMBINED, LENGTHENING AND SHORTENING WITH FEMORAL SEGMENT TRANSFER	Yes
27470	CPT/HCPCS	REPAIR, NONUNION OR MALUNION, FEMUR, DISTAL TO HEAD AND NECK; WITHOUT GRAFT (EG, COMPRESSION TECHNIQUE)	Yes
27472	CPT/HCPCS	REPAIR, NONUNION OR MALUNION, FEMUR, DISTAL TO HEAD AND NECK; WITH ILIAC OR OTHER AUTOGENOUS BONE GRAFT (INCLUDES OBTA	Yes
27618	CPT/HCPCS	EXCISION, TUMOR, SOFT TISSUE OF LEG OR ANKLE AREA, SUBCUTANEOUS; LESS THAN 3 CM	Yes
27619	CPT/HCPCS	EXCISION, TUMOR, SOFT TISSUE OF LEG OR ANKLE AREA, SUBFASCIAL (EG, INTRAMUSCULAR); LESS THAN 5 CM	Yes
27620	CPT/HCPCS	ARTHROTOMY, ANKLE, WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR WITHOUT REMOVAL OF LOOSE OR FOREIGN BODY	Yes
27625	CPT/HCPCS	ARTHROTOMY, ANKLE, FOR SYNOVECTOMY;	Yes
27626	CPT/HCPCS	ARTHROTOMY, ANKLE, FOR SYNOVECTOMY; INCLUDING TENOSYNOVECTOMY	Yes
27784	CPT/HCPCS	OPEN TREATMENT OF PROXIMAL FIBULA OR SHAFT FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED	Yes
27786	CPT/HCPCS	TREATMENT OF CLOSED DISTAL FIBULAR FRACTURE (LATERAL MALLEOLUS); WITHOUT MANIPULATION	Yes
27788	CPT/HCPCS	TREATMENT OF CLOSED DISTAL FIBULAR FRACTURE (LATERAL MALLEOLUS); WITH MANIPULATION	Yes
27792	CPT/HCPCS	OPEN TREATMENT OF DISTAL FIBULAR (LATERAL MALLEOLUS), INCLUDES INTERNAL FIXATION, WHEN PERFORMED	Yes
28106	CPT/HCPCS	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL OR METATARSAL BONES, EXCEPT TALUS OR CALCANEUS; WITH ILI	Yes
28107	CPT/HCPCS	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL OR METATARSAL BONES, EXCEPT TALUS OR CALCANEUS; WITH ALL	Yes
28108	CPT/HCPCS	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, PHALANGES OF FOOT	Yes
28110	CPT/HCPCS	OSTECTOMY, PARTIAL EXCISION, FIFTH METATARSAL HEAD (BUNIONETTE) (SEPARATE PROCEDURE)	Yes
28322	CPT/HCPCS	REPAIR OF NONUNION OR MALUNION; METATARSAL, WITH OR WITHOUT BONE GRAFT (INCLUDES OBTAINING GRAFT)	Yes
28340	CPT/HCPCS	RECONSTRUCTION, TOE, MACRODACTYLY; SOFT TISSUE RESECTION	Yes
28341	CPT/HCPCS	RECONSTRUCTION, TOE, MACRODACTYLY; REQUIRING BONE RESECTION	Yes
28344	CPT/HCPCS	RECONSTRUCTION, TOE(S); POLYDACTYLY	Yes
28345	CPT/HCPCS	RECONSTRUCTION, TOE(S); SYNDACTYLY, WITH OR WITHOUT SKIN GRAFT(S), EACH WEB	Yes
29000	CPT/HCPCS	APPLICATION OF HALO TYPE BODY CAST (SEE 20661-20663 FOR INSERTION)	Yes
29010	CPT/HCPCS	APPLICATION OF RISSER JACKET, LOCALIZER, BODY; ONLY	Yes
29015	CPT/HCPCS	APPLICATION OF RISSER JACKET, LOCALIZER, BODY; INCLUDING HEAD	Yes
29035	CPT/HCPCS	APPLICATION OF BODY CAST, SHOULDER TO HIPS;	Yes
29040	CPT/HCPCS	APPLICATION OF BODY CAST, SHOULDER TO HIPS; INCLUDING HEAD, MINERVA TYPE	Yes
29848	CPT/HCPCS	ENDOSCOPY, WRIST, SURGICAL, WITH RELEASE OF TRANSVERSE CARPAL LIGAMENT	Yes
29850	CPT/HCPCS	ARTHROSCOPICALLY AIDE TREATMENT OR INTERCONDYLAR SPINE(S) AND/OR TUBEROSITY FRACTURE(S) OF THE KNEE, W/WO MANIPULATION;	Yes
29851	CPT/HCPCS	WITH INTERNAL OR EXTERNAL FIXATION	Yes
29855	CPT/HCPCS	ARTHROSCOPICALLY AIDED TREATMENT OF TIBIAL FRACTURE, PROXIMAL UNICONDYLAR, W/WO INTERNAL OR EXTERNAL FIXATION	Yes
0657T	CPT/HCPCS	ANTERIOR LUMBAR OR THORACOLUMBAR VERTEBRAL BODY TETHERING; 8 OR MORE VERTEBRAL SEGMENTS	Yes
0707T	CPT/HCPCS	INJECTION(S), BONE-SUBSTITUTE MATERIAL (EG, CALCIUM PHOSPHATE) INTO SUBCHONDRAL BONE DEFECT (BONE MARROW LESION, BONE	Yes
0717T	CPT/HCPCS	AUTOLOGOUS ADIPOSE-DERIVED REGENERATIVE CELL (ADRC) THERAPY FOR PARTIAL THICKNESS ROTATOR CUFF TEAR; ADIPOSE TISSUE HAR	Yes

0718T	CPT/HCPCS	AUTOLOGOUS ADIPOSE-DERIVED REGENERATIVE CELL (ADRC) THERAPY FOR PARTIAL THICKNESS ROTATOR CUFF TEAR; INJECTION INTO SUP	Yes
27475	CPT/HCPCS	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; DISTAL FEMUR	Yes
27477	CPT/HCPCS	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; TIBIA AND FIBULA, PROXIMAL	Yes
27479	CPT/HCPCS	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; COMBINED DISTAL FEMUR, PROXIMAL TIBIA AND FIBULA	Yes
27485	CPT/HCPCS	ARREST, HEMIEPIPHYSEAL, DISTAL FEMUR OR PROXIMAL LEG (EG, FOR GENU VARUS OR VALGUS)	Yes
27630	CPT/HCPCS	EXCISION OF LESION OF TENDON SHEATH OR CAPSULE (EG, CYST OR GANGLION), LEG AND/OR ANKLE	Yes
27632	CPT/HCPCS	EXCISION, TUMOR, SOFT TISSUE OF LEG OR ANKLE AREA, SUBCUTANEOUS; 3 CM OR GREATER	Yes
27634	CPT/HCPCS	EXCISION, TUMOR, SOFT TISSUE OF LEG OR ANKLE AREA, SUBFASCIAL (EG, INTRAMUSCULAR); 5 CM OR GREATER	Yes
27635	CPT/HCPCS	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA;	Yes
27808	CPT/HCPCS	CLOSED TREATMENT OF BILMALLEOLAR ANKLE FRACTURE, LATERAL AND MEDIAL MALLEOLI, OR LATERAL AND POSTERIOR MALLEOLI OR MEDIAL AND POSTERIOR MALLEOLI; WIT+	Yes
27810	CPT/HCPCS	TREATMENT OF CLOSED BIMALLEOLAR ANKLE FRACTURE, (INCLUDING POTTS); WITH MANIPULATION	Yes
27814	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN BIMALLEOLAR ANKLE FRACTURE, WITH OR WITHOUT INTERNAL SKELETAL FIXATION	Yes
27816	CPT/HCPCS	TREATMENT OF CLOSED TRIMALLEOLAR ANKLE FRACTURE; WITHOUT MANIPULATION	Yes
28111	CPT/HCPCS	OSTECTOMY, COMPLETE EXCISION; FIRST METATARSAL HEAD	Yes
28112	CPT/HCPCS	OSTECTOMY, COMPLETE EXCISION; OTHER METATARSAL HEAD (SECOND, THIRD OR FOURTH)	Yes
28113	CPT/HCPCS	OSTECTOMY, COMPLETE EXCISION; FIFTH METATARSAL HEAD	Yes
28114	CPT/HCPCS	OSTECTOMY, COMPLETE EXCISION; ALL METATARSAL HEADS, WITH PARTIAL PROXIMAL PHALANGECTOMY, EXCLUDING FIRST METATARSAL	Yes
28116	CPT/HCPCS	OSTECTOMY, EXCISION OF TARSAL COALITION	Yes
28360	CPT/HCPCS	RECONSTRUCTION, CLEFT FOOT	Yes
28400	CPT/HCPCS	TREATMENT OF CLOSED CALCANEAL FRACTURE; WITHOUT MANIPULATION	Yes
28405	CPT/HCPCS	TREATMENT OF CLOSED CALCANEAL FRACTURE; WITH MANIPULATION INCLUDING COTTON OR BOHLER TYPE REDUCTIONS	Yes
28406	CPT/HCPCS	TREATMENT OF CLOSED CALCANEAL FRACTURE; WITH MANIPULATION AND SKELETAL FIXATION	Yes
28415	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN CALCANEAL FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL SKELETAL FIXATION;	Yes
29044	CPT/HCPCS	APPLICATION OF BODY CAST, SHOULDER TO HIPS; INCLUDING ONE THIGH	Yes
29046	CPT/HCPCS	APPLICATION OF BODY CAST, SHOULDER TO HIPS; INCLUDING BOTH THIGHS	Yes
29049	CPT/HCPCS	APPLICATION; PLASTER FIGURE OF EIGHT	Yes
29055	CPT/HCPCS	APPLICATION; SHOULDER SPICA	Yes
29058	CPT/HCPCS	APPLICATION; PLASTER VELPEAU	Yes
29860	CPT/HCPCS	ARTHROSCOPY,HIP,DIAGNOSTIC WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROCEDURE)	Yes
29861	CPT/HCPCS	ARTHROSCOPY,HIP,SURGICAL;WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY	Yes
29862	CPT/HCPCS	ARTHROSCOPY,HIP,SURGICAL;WITHDEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE (CHONDROPLASTY),ABRASION ARTHROPLASTY, AND/OR	Yes
29863	CPT/HCPCS	ARTHROSCOPY,HIP,SURGICAL;WITH SYNOVECTOMY	Yes
29866	CPT/HCPCS	ARTHROSCOPY, KNEE, SURGICAL; OSTEOCHONDRAL AUTOGRAFT(S)	Yes
0719T	CPT/HCPCS	POSTERIOR VERTEBRAL JOINT REPLACEMENT, INCLUDING BILATERAL FACETECTOMY, LAMINECTOMY, AND RADICAL DISCECTOMY, INCLUDING	Yes
C9757	CPT/HCPCS	LAMINOTOMY, WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY AND IMAGE GUIDANCE; 1 INTERSPACE, LUMBAR	Yes

C9781	CPT/HCPCS	ARTHROSCOPY, SHOULDER, SURGICAL; WITH IMPLANTATION OF SUBACROMIAL SPACER (E.G., BALLOON), INCLUDES DEBRIDEMENT (E.G	Yes
G0259	CPT/HCPCS	INJECTION PROCEDURE FOR SACROILIAC JOINT; ARTHROGRAPY	Yes
27486	CPT/HCPCS	REVISION OF TOTAL KNEE ARTHROPLASTY, WITH OR WITHOUT ALLOGRAFT; ONE COMPONENT	Yes
27487	CPT/HCPCS	REVISION OF TOTAL KNEE ARTHROPLASTY, WITH OR WITHOUT ALLOGRAFT; ALL COMPONENTS	Yes
27488	CPT/HCPCS	REMOVAL OF KNEE PROSTHESIS, INCLUDING "TOTAL KNEE," METHYL METHACRYLATE AND INSERTION OF SPACER, WHEN APPLICABLE	Yes
27495	CPT/HCPCS	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT METHYL METHACRYLATE, FEMUR	Yes
27637	CPT/HCPCS	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)	Yes
27638	CPT/HCPCS	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA; WITH ALLOGRAFT	Yes
27640	CPT/HCPCS	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY), BONE (EG, OSTEOMYELITIS); TIBIA	Yes
27641	CPT/HCPCS	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY), BONE (EG, OSTEOMYELITIS); FIBULA	Yes
27818	CPT/HCPCS	TREATMENT OF CLOSED TRIMALLEOLAR ANKLE FRACTURE; WITH MANIPULATION	Yes
27822	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN TRIMALLEOLAR ANKLE FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL SKELETAL FIXATION, ME	Yes
27823	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN TRIMALLEOLAR ANKLE FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL SKELETAL FIXATION, ME	Yes
27824	CPT/HCPCS	CLOSED TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR PORTION OF DISTAL TIBIA, W/O ANESTHESIA; W/O MANIPULATION	Yes
28118	CPT/HCPCS	OSTECTOMY, CALCANEUS;	Yes
28119	CPT/HCPCS	OSTECTOMY, CALCANEUS; FOR SPUR, WITH OR WITHOUT PLANTAR FASCIAL RELEASE	Yes
28120	CPT/HCPCS	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, SEQUESTRECTOMY, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELI	Yes
28122	CPT/HCPCS	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS OR TARSAL BOSSING),	Yes
28420	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN CALCANEAL FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL SKELETAL FIXATION; WITH PRIMAR	Yes
28430	CPT/HCPCS	TREATMENT OF CLOSED TALUS FRACTURE; WITHOUT MANIPULATION	Yes
28435	CPT/HCPCS	TREATMENT OF CLOSED TALUS FRACTURE; WITH MANIPULATION	Yes
28436	CPT/HCPCS	TREATMENT OF CLOSED TALUS FRACTURE; WITH MANIPULATION AND PERCUTANEOUS PINNING	Yes
29065	CPT/HCPCS	APPLICATION; SHOULDER TO HAND (LONG ARM)	Yes
29075	CPT/HCPCS	APPLICATION; ELBOW TO FINGER (SHORT ARM)	Yes
29085	CPT/HCPCS	APPLICATION; HAND AND LOWER FOREARM (GAUNTLET)	Yes
29086	CPT/HCPCS	APPLICATION, CAST; FINGER	Yes
29105	CPT/HCPCS	APPLICATION OF LONG ARM SPLINT (SHOULDER TO HAND)	Yes
29867	CPT/HCPCS	ARTHROSCOPY, KNEE, SURGICAL; OSTEOCHONDRAL ALLOGRAFT	Yes
29868	CPT/HCPCS	ARTHROSCOPY, KNEE, SURGICAL; MENISCAL TRANSPLANTATION, MEDIAL OR LATERAL	Yes
29870	CPT/HCPCS	ARTHROSCOPY, KNEE, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROCEDURE)	Yes
29871	CPT/HCPCS	ARTHROSCOPY, KNEE, SURGICAL; FOR INFECTION, LAVAGE AND DRAINAGE	Yes
29873	CPT/HCPCS	ARTHROSCOPY, KNEE, SURGICAL; WITH LATERAL RELEASE	Yes
G0260	CPT/HCPCS	INJECTION PROCEDURE FOR SACROILIAC JOINT; PROVISION OF ANESTHETIC, STEROID	Yes
G0276	CPT/HCPCS	BLINDED PROCEDURE FOR LUMBAR STENOSIS, PERCUTANEOUS IMAGE-GUIDED LUMBAR DECOMPRESSION (PILD) OR PLACEBO-CONTROL, PERFO	Yes
G0289	CPT/HCPCS	ARTHROSCOPY, KNEE, SURGICAL, FOR REMOVAL OF LOOSE BODY, FOREIGN BODY	Yes
G0412	CPT/HCPCS	OPEN TX OF ILIAC SPINE(S), TUBEROSITY AVULSION, OR ILIAC WING FX(S), UNILATERAL OR BILATERAL FOR PELVIC BONE FRACTURE PA	Yes

27496	CPT/HCPCS	DECOMPRESSION FASCIOTOMY,THIGH AND/OR KNEE, ONE COMPARTMENT;	Yes
27497	CPT/HCPCS	WITH DEBRIDEMENT OF NONVIABLE MUSCLE AND/OR NERVE	Yes
27498	CPT/HCPCS	DECOMPRESSION FASCIOTOMY,THIGH AND/OR KNEE, MULTIPLE COMPARTMENTS;	Yes
27499	CPT/HCPCS	WITH DEBRIDEMENT OF NONVIABLE MUSCLE AND/OR NERVE	Yes
27500	CPT/HCPCS	TREATMENT OF CLOSED FEMORAL SHAFT FRACTURE (INCLUDING SUPRACONDYLAR); WITHOUT MANIPULATION (INCLUDES TRACTION)	Yes
27645	CPT/HCPCS	RADICAL RESECTION OF TUMOR; TIBIA	Yes
27646	CPT/HCPCS	RADICAL RESECTION OF TUMOR; FIBULA	Yes
27647	CPT/HCPCS	RADICAL RESECTION OF TUMOR; TALUS OR CALCANEUS	Yes
27648	CPT/HCPCS	INJECTION PROCEDURE FOR ANKLE ARTHROGRAPHY	Yes
27650	CPT/HCPCS	REPAIR, PRIMARY, OPEN OR PERCUTANEOUS, RUPTURED ACHILLES TENDON;	Yes
27825	CPT/HCPCS	WITH SKELETAL TRACTION AND/OR REQUIRING MANIPULATION	Yes
27826	CPT/HCPCS	OPEN TREATMENT OR FRACTURE OF WEIGHT BEARING ARTICULAR SURFACE/PORTION OF DISTAL TIBIA,WITH INTERNAL OR EXTERNAL FI	Yes
27827	CPT/HCPCS	OPEN TREATMENT OR FRACTURE OF WEIGHT BEARING ARTICULAR SURFACE/PORTION OF DISTAL TIBIA, WITH INTERNAL OR EXTERNAL	Yes
27828	CPT/HCPCS	OPEN TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR SURFACE/PORTION OF DISTAL TIBIA, BOTH TIBIA AND FIBULA	Yes
28124	CPT/HCPCS	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS OR DORSAL BOWING),	Yes
28126	CPT/HCPCS	CONDYLECTOMY, PHALANGEAL BASE, SINGLE TOE, EACH	Yes
28130	CPT/HCPCS	TALECTOMY (ASTRAGALECTOMY)	Yes
28140	CPT/HCPCS	METATARSECTOMY	Yes
28150	CPT/HCPCS	PHALANGECTOMY OF TOE, SINGLE, EACH	Yes
28445	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN TALUS FRACTURE, WITH OR WITHOUT INTERNAL SKELETAL FIXATION	Yes
28446	CPT/HCPCS	OPEN OSTEOCHONDRAL AUTOGRAFT, TALUS (INCLUDES OBTAINING DRAFT(S))	Yes
28450	CPT/HCPCS	TREATMENT OF CLOSED TARSAL BONE FRACTURE (EXCEPT TALUS AND CALCANEUS); WITHOUT MANIPULATION, EACH	Yes
28455	CPT/HCPCS	TREATMENT OF CLOSED TARSAL BONE FRACTURE (EXCEPT TALUS AND CALCANEUS); WITH MANIPULATION, EACH	Yes
29125	CPT/HCPCS	APPLICATION OF SHORT ARM SPLINT (FOREARM TO HAND); STATIC	Yes
29126	CPT/HCPCS	APPLICATION OF SHORT ARM SPLINT (FOREARM TO HAND); DYNAMIC	Yes
29130	CPT/HCPCS	APPLICATION OF FINGER SPLINT; STATIC	Yes
29131	CPT/HCPCS	APPLICATION OF FINGER SPLINT; DYNAMIC	Yes
29200	CPT/HCPCS	STRAPPING; THORAX	Yes
29874	CPT/HCPCS	ARTHROSCOPY, KNEE, SURGICAL; FOR REMOVAL OF LOOSE BODY OR FOREIGN BODY (EG, OSTEOCHONDritis DISSECANS FRAGMENTATION, C	Yes
29875	CPT/HCPCS	ARTHROSCOPY, KNEE, SURGICAL; SYNOVECTOMY, LIMITED (EG, PLICA OR SHELF RESECTION) (SEPARATE PROCEDURE)	Yes
29876	CPT/HCPCS	ARTHROSCOPY, KNEE, SURGICAL; SYNOVECTOMY, MAJOR, TWO OR MORE COMPARTMENTS (EG, MEDIAL OR LATERAL)	Yes
29877	CPT/HCPCS	ARTHROSCOPY, KNEE, SURGICAL; DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE (CHONDROPLASTY)	Yes
G0413	CPT/HCPCS	PERCUTANEOUS SKELETAL FIXATION OF POSTERIOR PELVIC BONE FX AND/OR DISLOCATION, FOR FX PATTERNS WHICH DISRUPT THE PELVIC	Yes
G0414	CPT/HCPCS	OPEN TX OF ANT PELVIC BONE FX AND/OR DISLOC FOR FX PATTERNS WHICH DISRUPT THE PELVIC RING, UNI OR BIL, INCLSD INTERNAL FI	Yes
G0415	CPT/HCPCS	OPEN TX OF POSTERIOR PELVIC BONE FX AND/OR DISLOC, FOR FX PATTERNS WHICH DISRUPT THE PELVIC RING, UNIL OR BILX, INCLSD I	Yes
G0428	CPT/HCPCS	COLLAGEN MENISCUS IMPLANT PROCEDURE FOR FILLING MENISCAL DEFECTS (E.G., CMI, COLLAGEN SCAFFOLD, MENAFLEX)	Yes
27501	CPT/HCPCS	CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR FEMORAL FRACTURE W/WO INTERCONDYLAR EXTENSION, W/O MANIPULATION	Yes
27502	CPT/HCPCS	TREATMENT OF CLOSED FEMORAL SHAFT FRACTURE (INCLUDING SUPRACONDYLAR); WITH MANIPULATION	Yes
27503	CPT/HCPCS	CLOSED TX OF SUPRACONDYLAR OR TRANSCONDYLAR FEMORAL FX W/WO INTERCONDYLAR EXTENSION; W/MANIPULATION W/WO TRACTION	Yes

27506	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN FEMORAL SHAFT FRACTURE (INCLUDING SUPRACONDYLAR), WITH OR WITHOUT INTERNAL O	Yes
27652	CPT/HCPCS	REPAIR, PRIMARY, OPEN OR PERCUTANEOUS, RUPTURED ACHILLES TENDON; WITH GRAFT (INCLUDES OBTAINING GRAFT)	Yes
27654	CPT/HCPCS	REPAIR, SECONDARY, RUPTURED ACHILLES TENDON, WITH OR WITHOUT GRAFT	Yes
27658	CPT/HCPCS	REPAIR OR SUTURE OF FLEXOR TENDON OF LEG; PRIMARY, WITHOUT GRAFT, SINGLE, EACH	Yes
27659	CPT/HCPCS	REPAIR OR SUTURE OF FLEXOR TENDON OF LEG; SECONDARY WITH OR WITHOUT GRAFT, SINGLE TENDON, EACH	Yes
27829	CPT/HCPCS	OPEN TREATMENT OF DISTAL TIBIOFIBULAR JOINT (SYNDESMOSIS) DISRUPTION, INCLUDES INTERNAL FIXATION, WHEN PERFORMED	Yes
27830	CPT/HCPCS	TREATMENT OF PROXIMAL TIBIOFIBULAR JOINT DISLOCATION; WITHOUT ANESTHESIA	Yes
27832	CPT/HCPCS	OPEN TREATMENT OF PROXIMAL TIBIOFIBULAR JOINT DISLOCATION WITH FIXATION OR EXCISION	Yes
27840	CPT/HCPCS	TREATMENT OF ANKLE DISLOCATION; WITHOUT ANESTHESIA	Yes
28153	CPT/HCPCS	RESECTION, HEAD OF PHALANX, TOE	Yes
28160	CPT/HCPCS	HEMIPHALANGECTOMY OR INTERPHALANGEAL JOINT EXCISION, TOE, SINGLE, EACH	Yes
28171	CPT/HCPCS	RADICAL RESECTION OF TUMOR; TARSAL (EXCEPT TALUS OR CALCANEUS)	Yes
28173	CPT/HCPCS	RADICAL RESECTION OF TUMOR; METATARSAL	Yes
28175	CPT/HCPCS	RADICAL RESECTION OF TUMOR; PHALANX OF TOE	Yes
28456	CPT/HCPCS	TREATMENT OF CLOSED TARSAL BONE FRACTURE (EXCEPT TALUS AND CALCANEUS); WITH MANIPULATION AND PERCUTANEOUS PINNING, EAC	Yes
28465	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN TARSAL BONE FRACTURE (EXCEPT TALUS AND CALCANEUS), WITH OR WITHOUT INTERNAL OR EX	Yes
28470	CPT/HCPCS	TREATMENT OF CLOSED METATARSAL FRACTURE; WITHOUT MANIPULATION, EACH	Yes
28475	CPT/HCPCS	TREATMENT OF CLOSED METATARSAL FRACTURE; WITH MANIPULATION, EACH	Yes
29240	CPT/HCPCS	STRAPPING; SHOULDER (EG, VELPEAU)	Yes
29260	CPT/HCPCS	STRAPPING; ELBOW OR WRIST	Yes
29280	CPT/HCPCS	STRAPPING; HAND OR FINGER	Yes
29305	CPT/HCPCS	APPLICATION OF HIP SPICA CAST; ONE LEG	Yes
29325	CPT/HCPCS	APPLICATION OF HIP SPICA CAST; ONE AND ONE-HALF SPICA OR BOTH LEGS	Yes
29879	CPT/HCPCS	ARTHROSCOPY, KNEE, SURGICAL; ABRASION ARTHROPLASTY (INCLUDES CHONDROPLASTY WHERE NECESSARY) OR MULTIPLE DRILLING	Yes
29880	CPT/HCPCS	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCECTOMY (MEDIAL AND LATERAL, INCLUDING ANY MENISCAL SHAVING)	Yes
29881	CPT/HCPCS	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCECTOMY (MEDIAL OR LATERAL INCLUDING ANY MENISCAL SHAVING)	Yes
29882	CPT/HCPCS	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCUS REPAIR (MEDIAL OR LATERAL)	Yes
M0076	CPT/HCPCS	PROLOTHERAPY	Yes
S2112	CPT/HCPCS	ARTHROSCOPY, KNEE, SURGICAL FOR HARVESTING OF CARTILAGE	Yes
S2115	CPT/HCPCS	OSTEOTOMY, PERIACETABULAR, WITH INTERNAL FIXATION	Yes
S2117	CPT/HCPCS	ARTHROEREISIS, SUBTALAR	Yes
S2118	CPT/HCPCS	METAL-ON-METAL TOTAL HIP RESURFACING, INCL ACETABULAR AND FEMORAL COMPONENTS	Yes
27369	CPT/HCPCS	INJECTION PROCEDURE FOR CONTRAST KNEE ARTHROGRAPHY OR CONTRAST ENHANCED CT/MRI KNEE ARTHROGRAPHY	Yes
27372	CPT/HCPCS	REMOVAL OF FOREIGN BODY, DEEP, THIGH REGION OR KNEE AREA	Yes
27380	CPT/HCPCS	SUTURE OF INFRAPATELLAR TENDON; PRIMARY	Yes
27381	CPT/HCPCS	SUTURE OF INFRAPATELLAR TENDON; SECONDARY RECONSTRUCTION, INCLUDING FASCIAL OR TENDON GRAFT	Yes
27385	CPT/HCPCS	SUTURE OF QUADRICEPS OR HAMSTRING MUSCLE RUPTURE; PRIMARY	Yes
27507	CPT/HCPCS	OPEN TREATMENT OF FEMORAL SHAFT FRACTURE WITH PLATE/SCREWS, W/WO CERCLAGE	Yes
27508	CPT/HCPCS	TREATMENT OF CLOSED FEMORAL FRACTURE, DISTAL END, MEDIAL OR LATERAL CONDYLE; WITHOUT MANIPULATION	Yes

27509	CPT/HCPCS	PERCUTANEOUS SKELETAL FIXATION OF SUPRACONDYLAR OR TRANSCONDYLAR FEMORAL FRACTURE W/WO INTERCONDYLAR EXTENSION	Yes
27510	CPT/HCPCS	TREATMENT OF CLOSED FEMORAL FRACTURE, DISTAL END, MEDIAL OR LATERAL CONDYLE; WITH MANIPULATION	Yes
27664	CPT/HCPCS	REPAIR OR SUTURE OF EXTENSOR TENDON OF LEG; PRIMARY, WITHOUT GRAFT, SINGLE, EACH	Yes
27665	CPT/HCPCS	REPAIR OR SUTURE OF EXTENSOR TENDON OF LEG; SECONDARY WITH OR WITHOUT GRAFT, SINGLE TENDON, EACH	Yes
27675	CPT/HCPCS	REPAIR FOR DISLOCATING PERONEAL TENDONS; WITHOUT FIBULAR OSTEOTOMY	Yes
27676	CPT/HCPCS	REPAIR FOR DISLOCATING PERONEAL TENDONS; WITH FIBULAR OSTEOTOMY	Yes
27680	CPT/HCPCS	TENOLYSIS, INCLUDING TIBIA, FIBULA AND ANKLE FLEXOR; SINGLE	Yes
27842	CPT/HCPCS	TREATMENT OF ANKLE DISLOCATION; REQUIRING ANESTHESIA	Yes
27846	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN ANKLE DISLOCATION;	Yes
27848	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN ANKLE DISLOCATION; WITH FIXATION	Yes
27860	CPT/HCPCS	*MANIPULATION OF ANKLE UNDER GENERAL ANESTHESIA (INCLUDES APPLICATION OF TRACTION OR OTHER FIXATION APPARATUS)	Yes
27870	CPT/HCPCS	ARTHRODESIS, ANKLE, OPEN	Yes
28190	CPT/HCPCS	*REMOVAL OF FOREIGN BODY, FOOT; SUBCUTANEOUS	Yes
28192	CPT/HCPCS	REMOVAL OF FOREIGN BODY, FOOT; DEEP	Yes
28193	CPT/HCPCS	REMOVAL OF FOREIGN BODY, FOOT; COMPLICATED	Yes
28200	CPT/HCPCS	REPAIR OR SUTURE OF TENDON, FOOT, FLEXOR, SINGLE; PRIMARY OR SECONDARY, WITHOUT FREE GRAFT, EACH TENDON	Yes
28202	CPT/HCPCS	REPAIR OR SUTURE OF TENDON, FOOT, FLEXOR, SINGLE; SECONDARY WITH FREE GRAFT, EACH TENDON (INCLUDES OBTAINING GRAFT)	Yes
28476	CPT/HCPCS	TREATMENT OF CLOSED METATARSAL FRACTURE; WITH MANIPULATION AND PERCUTANEOUS PINNING, EACH	Yes
28485	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN METATARSAL FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL SKELETAL FIXATION, EA	Yes
28490	CPT/HCPCS	TREATMENT OF CLOSED FRACTURE GREAT TOE, PHALANX OR PHALANGES; WITHOUT MANIPULATION	Yes
28495	CPT/HCPCS	TREATMENT OF CLOSED FRACTURE GREAT TOE, PHALANX OR PHALANGES; WITH MANIPULATION	Yes
29345	CPT/HCPCS	APPLICATION OF LONG LEG CAST (THIGH TO TOES);	Yes
29355	CPT/HCPCS	APPLICATION OF LONG LEG CAST (THIGH TO TOES); WALKER OR AMBULATORY TYPE	Yes
29358	CPT/HCPCS	APPLICATION OF LONG LEG CAST BRACE	Yes
29365	CPT/HCPCS	APPLICATION OF CYLINDER CAST (THIGH TO ANKLE)	Yes
29405	CPT/HCPCS	APPLICATION OF SHORT LEG CAST (BELOW KNEE TO TOES);	Yes
29883	CPT/HCPCS	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCUS REPAIR (MEDIAL AND LATERAL)	Yes
29884	CPT/HCPCS	ARTHROSCOPY, KNEE, SURGICAL; WITH LYSIS OF ADHESIONS WITH OR WITHOUT MANIPULATION (SEPARATE PROCEDURE)	Yes
29885	CPT/HCPCS	ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR OSTEOCHONDritis DISSECANS WITH BONE GRAFTING WITH OR WITHOUT INTERNAL FIXATION	Yes
29886	CPT/HCPCS	ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR INTACT OSTEOCHONDritis DISSECANS LESION	Yes
S2300	CPT/HCPCS	ARTHROSCOPY, SHOULDER, SURGICAL; WITH THERMALLY-INDUCED CAPSULORRHAPHY	Yes
S2325	CPT/HCPCS	HIP CORE DECOMPRESSION	Yes
27386	CPT/HCPCS	SUTURE OF QUADRICEPS OR HAMSTRING MUSCLE RUPTURE; SECONDARY RECONSTRUCTION, INCLUDING FASCIAL OR TENDON GRAFT	Yes
27390	CPT/HCPCS	TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; SINGLE	Yes
27391	CPT/HCPCS	TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; MULTIPLE, ONE LEG	Yes
27392	CPT/HCPCS	TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; MULTIPLE, BILATERAL	Yes
27393	CPT/HCPCS	LENGTHENING OF HAMSTRING TENDON; SINGLE	Yes
27511	CPT/HCPCS	OPEN TREATMENT OF FEMORAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE WITHOUT INTERCONDYLAR EXTENSION, W/WO INTERNAL OR EX	Yes
27513	CPT/HCPCS	OPEN TREATMENT OF FEMORAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE WITH INTERCONDYLAR EXTENSION, W/WO INTERNAL OR EX	Yes

27514	CPT/HCPCS	OPEN TREATMENT OF FEMORAL FRACTURE, DISTAL END, MEDIAL OR LATERAL CONDYLE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED	Yes
27516	CPT/HCPCS	TREATMENT OF CLOSED DISTAL FEMORAL EPIPHYSEAL SEPARATION; WITHOUT MANIPULATION (INCLUDES TRACTION)	Yes
27681	CPT/HCPCS	TENOLYSIS, INCLUDING TIBIA, FIBULA AND ANKLE FLEXOR; MULTIPLE (THROUGH SAME INCISION), EACH	Yes
27685	CPT/HCPCS	LENGTHENING OR SHORTENING OF TENDON, LEG OR ANKLE; SINGLE (SEPARATE PROCEDURE)	Yes
27686	CPT/HCPCS	LENGTHENING OR SHORTENING OF TENDON, LEG OR ANKLE; MULTIPLE (THROUGH SAME INCISION), EACH	Yes
27687	CPT/HCPCS	GASTROCNEMIUS RECESSION (EG, STRAYER PROCEDURE)	Yes
27871	CPT/HCPCS	ARTHRODESIS, TIBIOFIBULAR JOINT, PROXIMAL OR DISTAL	Yes
27880	CPT/HCPCS	AMPUTATION LEG, THROUGH TIBIA AND FIBULA;	Yes
27881	CPT/HCPCS	AMPUTATION LEG, THROUGH TIBIA AND FIBULA; WITH IMMEDIATE FITTING TECHNIQUE INCLUDING APPLICATION OF FIRST CAST	Yes
27882	CPT/HCPCS	AMPUTATION LEG, THROUGH TIBIA AND FIBULA; OPEN, CIRCULAR (GUILLotine)	Yes
27884	CPT/HCPCS	AMPUTATION LEG, THROUGH TIBIA AND FIBULA; SECONDARY CLOSURE OR SCAR REVISION	Yes
28208	CPT/HCPCS	REPAIR OR SUTURE OF TENDON, FOOT, EXTENSOR, SINGLE; PRIMARY OR SECONDARY, EACH TENDON	Yes
28210	CPT/HCPCS	REPAIR OR SUTURE OF TENDON, FOOT, EXTENSOR, SINGLE; SECONDARY WITH FREE GRAFT, EACH TENDON (INCLUDES OBTAINING GRA	Yes
28220	CPT/HCPCS	TENOLYSIS, FLEXOR, FOOT; SINGLE	Yes
28222	CPT/HCPCS	TENOLYSIS, FLEXOR, FOOT; MULTIPLE (THROUGH SAME INCISION)	Yes
28225	CPT/HCPCS	TENOLYSIS, EXTENSOR, FOOT; SINGLE	Yes
28496	CPT/HCPCS	TREATMENT OF CLOSED FRACTURE GREAT TOE, PHALANX OR PHALANGES; WITH MANIPULATION AND PERCUTANEOUS PINNING	Yes
28505	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN FRACTURE GREAT TOE, PHALANX OR PHALANGES, WITH OR WITHOUT INTERNAL OR EXTERNAL SKELE	Yes
28510	CPT/HCPCS	TREATMENT OF CLOSED FRACTURE, PHALANX OR PHALANGES, OTHER THAN GREAT TOE; WITHOUT MANIPULATION, EACH	Yes
28515	CPT/HCPCS	TREATMENT OF CLOSED FRACTURE, PHALANX OR PHALANGES, OTHER THAN GREAT TOE; WITH MANIPULATION, EACH	Yes
29425	CPT/HCPCS	APPLICATION OF SHORT LEG CAST (BELOW KNEE TO TOES); WALKING OR AMBULATORY TYPE	Yes
29435	CPT/HCPCS	APPLICATION OF PATELLAR TENDON BEARING (PTB) CAST	Yes
29440	CPT/HCPCS	ADDING WALKER TO PREVIOUSLY APPLIED CAST	Yes
29445	CPT/HCPCS	APPLICATION OF RIGID TOTAL CONTACT LEG CAST	Yes
29450	CPT/HCPCS	APPLICATION OF CLUBFOOT CAST WITH MOLDING OR MANIPULATION, LONG OR SHORT LEG	Yes
29887	CPT/HCPCS	ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR INTACT OSTEOCHONDRITIS DISSECANS LESION WITH INTERNAL FIXATION	Yes
29888	CPT/HCPCS	ARTHROSCOPICALLY AIDED ANTERIOR CRUCIATE LIGAMENT REPAIR/ AUGMENTATION OR RECONSTRUCTION	Yes
29889	CPT/HCPCS	ARTHROSCOPICALLY AIDED POSTERIOR CRUCIATE LIGAMENT REPAIR/ AUGMENTATION OR RECONSTRUCTION	Yes
29891	CPT/HCPCS	ARTHROSCOPY, ANKLE, SURGICAL; EXCISION OF OSTEOCHONDRAL DEFECT OF TALUS AND/OR TIBIA, INCLUDING DRILLING OF THE DEFECT	Yes
27394	CPT/HCPCS	LENGTHENING OF HAMSTRING TENDON; MULTIPLE, ONE LEG	Yes
27395	CPT/HCPCS	LENGTHENING OF HAMSTRING TENDON; MULTIPLE, BILATERAL	Yes
27396	CPT/HCPCS	TRANSPLANT OR TRANSFER (WITH MUSCLE REDIRECTION OR REROUTING), THIGH IEG, EXTENSOR TO FLEXOR); SINGLE TENDON	Yes
27397	CPT/HCPCS	TRANSPLANT OR TRANSFER (WITH MUSCLE REDIRECTION OR REROUTING), THIGH IEG, EXTENSOR TO FLEXOR); MULTIPLE TENDONS	Yes
27517	CPT/HCPCS	TREATMENT OF CLOSED DISTAL FEMORAL EPIPHYSEAL SEPARATION; WITH MANIPULATION	Yes
27519	CPT/HCPCS	OPEN TREATMENT OF DISTAL FEMORAL EPIPHYSEAL SEPARATION, INCLUDES INTERNAL FIXATION, WHEN PERFORMED	Yes
27520	CPT/HCPCS	TREATMENT OF CLOSED PATELLAR FRACTURE, WITHOUT MANIPULATION	Yes
27524	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN PATELLAR FRACTURE, WITH REPAIR AND/OR EXCISION	Yes

27690	CPT/HCPCS	TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTING); SUPERFICIAL (EG, ANTERIOR TIBI	Yes
27691	CPT/HCPCS	TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTING); ANTERIOR TIBIAL OR POSTERIOR T	Yes
27692	CPT/HCPCS	TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTING); EACH ADDITIONAL TENDON	Yes
27695	CPT/HCPCS	SUTURE, PRIMARY, TORN, RUPTURED OR SEVERED LIGAMENT, ANKLE; COLLATERAL	Yes
27886	CPT/HCPCS	AMPUTATION LEG, THROUGH TIBIA AND FIBULA; RE-AMPUTATION	Yes
27888	CPT/HCPCS	AMPUTATION, ANKLE, THROUGH MALLEOLI OF TIBIA AND FIBULA (SYME, PIROGOFF TYPE PROCEDURES), WITH PLASTIC CLOSURE AND RESE	Yes
27889	CPT/HCPCS	ANKLE DISARTICULATION	Yes
27892	CPT/HCPCS	DECOMPRESSION FASCIOTOMY, LEG;ANTERIOR AND/OR LATERAL COMPARTMENTS ONLY,DEBRIDEMENT OF NONVIABLE MUSCLE A/O NERVE	Yes
28226	CPT/HCPCS	TENOLYSIS, EXTENSOR, FOOT; MULTIPLE (THROUGH SAME INCISION)	Yes
28230	CPT/HCPCS	TENOTOMY, OPEN, FLEXOR; FOOT, SINGLE OR MULTIPLE (SEPARATE PROCEDURE)	Yes
28232	CPT/HCPCS	TENOTOMY, OPEN, FLEXOR; TOE, SINGLE (SEPARATE PROCEDURE)	Yes
28234	CPT/HCPCS	TENOTOMY, OPEN, EXTENSOR, FOOT OR TOE	Yes
28238	CPT/HCPCS	ADVANCEMENT OF POSTERIOR TIBIAL TENDON WITH EXCISION OF ACCESSORY NAVICULAR BONE (KIDNER TYPE PROCEDURE)	Yes
28525	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN FRACTURE, PHALANX OR PHALANGES, OTHER THAN GREAT TOE, WITH OR WITHOUT INTERNAL OR EXT	Yes
28530	CPT/HCPCS	TREATMENT OF CLOSED SESAMOID FRACTURE	Yes
28531	CPT/HCPCS	OPEN TREATMENT OF SESAMOID FRACTURE, W/WO INTERNAL FIXATION	Yes
28540	CPT/HCPCS	TREATMENT OF CLOSED TARSAL BONE DISLOCATION; WITHOUT ANESTHESIA	Yes
28545	CPT/HCPCS	TREATMENT OF CLOSED TARSAL BONE DISLOCATION; REQUIRING ANESTHESIA	Yes
29505	CPT/HCPCS	APPLICATION OF LONG LEG SPLINT (THIGH TO ANKLE OR TOES)	Yes
29515	CPT/HCPCS	APPLICATION OF SHORT LEG SPLINT (CALF TO FOOT)	Yes
29520	CPT/HCPCS	STRAPPING; HIP	Yes
29530	CPT/HCPCS	STRAPPING; KNEE	Yes
29540	CPT/HCPCS	STRAPPING; ANKLE AND/OR FOOT	Yes
29892	CPT/HCPCS	ARTHROSCOPICALLY AIDED REPAIR OF LARGE OSTEOCHONDritis DISSECANS LESION,TALAR DOME FRACTURE,OR TIBIAL PLAFOND FRACTURE,	Yes
29893	CPT/HCPCS	ENDOSCOPIC PLANTAR FASCIOTOMY	Yes
29894	CPT/HCPCS	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY	Yes
29895	CPT/HCPCS	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; SYNOVECTOMY, PARTIAL	Yes
27400	CPT/HCPCS	TENDON OR MUSCLE TRANSFER, HAMSTRINGS TO FEMUR (EGGERS TYPE PROCEDURE)	Yes
27403	CPT/HCPCS	ARTHROTOMY WITH OPEN MENISCUS REPAIR	Yes
27405	CPT/HCPCS	REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; COLLATERAL	Yes
27407	CPT/HCPCS	REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; CRUCIATE	Yes
27409	CPT/HCPCS	REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; COLLATERAL AND CRUCIATE LIGAMENTS	Yes
27532	CPT/HCPCS	TREATMENT OF CLOSED TIBIAL FRACTURE, PROXIMAL (PLATEAU); WITH MANIPULATION	Yes
27535	CPT/HCPCS	OPEN TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); UNICONDYLAR, INCLUDES INTERNAL FIXATION, WHEN PERFORMED	Yes
27536	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN TIBIAL FRACTURE, PROXIMAL (PLATEAU), WITH OR WITHOUT INTERNAL OR EXTERNAL SKELETAL FIXA	Yes
27538	CPT/HCPCS	TREATMENT OF CLOSED INTERCONDYLAR SPINE(S) FRACTURE(S) OF KNEE	Yes
27696	CPT/HCPCS	SUTURE, PRIMARY, TORN, RUPTURED OR SEVERED LIGAMENT, ANKLE; BOTH COLLATERAL LIGAMENTS	Yes

27698	CPT/HCPCS	SUTURE, SECONDARY REPAIR, TORN, RUPTURED OR SEVERED LIGAMENT, ANKLE, COLLATERAL (EG, WATSON-JONES PROCEDURE)	Yes
27700	CPT/HCPCS	ARTHROPLASTY, ANKLE;	Yes
27702	CPT/HCPCS	ARTHROPLASTY, ANKLE; WITH IMPLANT ("TOTAL ANKLE")	Yes
27703	CPT/HCPCS	ARTHROPLASTY, ANKLE; SECONDARY RECONSTRUCTION, TOTAL ANKLE	Yes
27893	CPT/HCPCS	POSTERIOR COMPARTMENT(S) ONLY, WITH DEBRIDEMENT OF NONVIABLE MUSCLE AND/OR NERVE	Yes
27894	CPT/HCPCS	ANTERIOR AND/OR LATERAL, AND POSTERIOR COMPARTMENT(S), WITH DEBRIDEMENT OF NONBIABLE MUSCLE AND/OR NERVE	Yes
27899	CPT/HCPCS	UNLISTED PROCEDURE, LEG OR ANKLE	Yes
28001	CPT/HCPCS	*INCISION AND DRAINAGE, INFECTED BURSA, FOOT	Yes
28240	CPT/HCPCS	TENOTOMY, LENGTHENING, OR RELEASE, ABDUCTOR HALLUCIS MUSCLE	Yes
28250	CPT/HCPCS	DIVISION OF PLANTAR FASCIA AND MUSCLE ("STEINDLER STRIPPING") (SEPARATE PROCEDURE)	Yes
28260	CPT/HCPCS	CAPSULOTOMY, MIDFOOT; MEDIAL RELEASE ONLY (SEPARATE PROCEDURE)	Yes
28261	CPT/HCPCS	CAPSULOTOMY, MIDFOOT; WITH TENDON LENGTHENING	Yes
28262	CPT/HCPCS	CAPSULOTOMY, MIDFOOT; EXTENSIVE, INCLUDING POSTERIOR TALOTIBIAL CAPSULOTOMY AND TENDON(S) LENGTHENING AS FOR RESISTANT	Yes
28546	CPT/HCPCS	TREATMENT OF CLOSED TARSAL BONE DISLOCATION, WITH PERCUTANEOUS SKELETAL FIXATION	Yes
28555	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN TARSAL BONE DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL SKELETAL FIXATION	Yes
28570	CPT/HCPCS	TREATMENT OF CLOSED TALOTARSAL JOINT DISLOCATION; WITHOUT ANESTHESIA	Yes
28575	CPT/HCPCS	TREATMENT OF CLOSED TALOTARSAL JOINT DISLOCATION; REQUIRING ANESTHESIA	Yes
29550	CPT/HCPCS	STRAPPING; TOES	Yes
29580	CPT/HCPCS	STRAPPING; UNNA BOOT	Yes
29581	CPT/HCPCS	APPLICATION OF MULTI-LAYER VENOUS WOUND COMPRESSION SYSTEM, BELOW KNEE	Yes
29584	CPT/HCPCS	APPLICATION OF MULTI-LAYER COMPRESSION SYSTEM; UPPER ARM , FOREARM, HAND, AND FINGERS.	Yes
29700	CPT/HCPCS	REMOVAL OR BIVALVING; GAUNTLET, BOOT OR BODY CAST	Yes
29898	CPT/HCPCS	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; DEBRIDEMENT, EXTENSIVE	Yes
29899	CPT/HCPCS	ARTHROSCOPY, ANKLE, SURGICAL; WITH ANKLE ARTHRODESIS	Yes
29900	CPT/HCPCS	ARTHROSCOPY, METACARPOPHALANGEAL, JOINT, DIAGNOSTIC, INCLUDES SYNOVIAL BIOPSY	Yes
29901	CPT/HCPCS	ARTHROSCOPY, METACARPOPHALANGEAL JOINT, SURGICAL; WITH DEBRIDEMENT	Yes
27412	CPT/HCPCS	AUTOLOGOUS CHONDROCYTE IMPLANTATION, KNEE	Yes
27415	CPT/HCPCS	OSTEOCHONDRAL ALLOGRAFT, KNEE, OPEN	Yes
27416	CPT/HCPCS	OSTEOCHONDRAL AUTOGRAFT(S), KNEE, OPEN(EG, MOSAICPLASTY)(INCLUDES HARVESTING OF AUTOGRAFT(S)	Yes
27418	CPT/HCPCS	ANTERIOR TIBIAL TUBERCLE PLASTY FOR CHONDROMALACIA PATELLAE (MAQUET PROCEDURE)	Yes
27420	CPT/HCPCS	RECONSTRUCTION FOR RECURRENT DISLOCATING PATELLA; (HAUSER TYPE PROCEDURE)	Yes
27540	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN INTERCONDYLAR SPINE(S) FRACTURE(S) OF KNEE, WITH INTERNAL FIXATION	Yes
27550	CPT/HCPCS	TREATMENT OF CLOSED KNEE DISLOCATION; WITHOUT ANESTHESIA	Yes
27552	CPT/HCPCS	TREATMENT OF CLOSED KNEE DISLOCATION; REQUIRING ANESTHESIA	Yes
27556	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN KNEE DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL SKELETAL FIXATION; WITHOUT PRI	Yes
27704	CPT/HCPCS	REMOVAL OF ANKLE IMPLANT	Yes
27705	CPT/HCPCS	OSTEOTOMY; TIBIA	Yes
27707	CPT/HCPCS	OSTEOTOMY; FIBULA	Yes
27709	CPT/HCPCS	OSTEOTOMY; TIBIA AND FIBULA	Yes
27712	CPT/HCPCS	OSTEOTOMY; MULTIPLE, WITH REALIGNMENT ON INTRAMEDULLARY ROD (SOFIELD TYPE PROCEDURE)	Yes

28003	CPT/HCPCS	DEEP DISSECTION BELOW FASCIA, FOR DEEP INFECTION OF FOOT, WITH OR WITHOUT TENDON SHEATH INVOLVEMENT; MULTIPLE AREAS	Yes
28005	CPT/HCPCS	INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), FOOT	Yes
28008	CPT/HCPCS	FASCIOTOMY, FOOT AND/OR TOE	Yes
28010	CPT/HCPCS	TENOTOMY, SUBCUTANEOUS, TOE; SINGLE	Yes
28011	CPT/HCPCS	TENOTOMY, SUBCUTANEOUS, TOE; MULTIPLE	Yes
28264	CPT/HCPCS	CAPSULOTOMY, MIDTARSAL (HEYMAN TYPE PROCEDURE)	Yes
28270	CPT/HCPCS	CAPSULOTOMY FOR CONTRACTURE; METATARSOPHALANGEAL JOINT, WITH OR WITHOUT TENORRHAPHY, SINGLE, EACH JOINT (SEPARATE	Yes
28272	CPT/HCPCS	CAPSULOTOMY FOR CONTRACTURE; INTERPHALANGEAL JOINT, SINGLE, EACH JOINT (SEPARATE PROCEDURE)	Yes
28280	CPT/HCPCS	WEBBING OPERATION (CREATE SYNDACTYLISM OF TOES) FOR SOFT CORN (KELIKIAN TYPE PROCEDURE)	Yes
28576	CPT/HCPCS	PERCUTANEOUS SKELETAL FIXATION OF TALOTARSAL JOINT DISLOCATION, WITH MANIPULATION	Yes
28585	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN TALOTARSAL JOINT DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL SKELETAL FIXA	Yes
28600	CPT/HCPCS	TREATMENT OF CLOSED TARSOMETATARSAL JOINT DISLOCATION; WITHOUT ANESTHESIA	Yes
28605	CPT/HCPCS	TREATMENT OF CLOSED TARSOMETATARSAL JOINT DISLOCATION; REQUIRING ANESTHESIA	Yes
29705	CPT/HCPCS	REMOVAL OR BIVALVING; FULL ARM OR FULL LEG CAST	Yes
29710	CPT/HCPCS	REMOVAL OR BIVALVING; SHOULDER OR HIP SPICA, MINERVA, OR RISSE JACKET, ETC	Yes
29720	CPT/HCPCS	REPAIR OF SPICA, BODY CAST OR JACKET	Yes
29730	CPT/HCPCS	WINDOWING OF CAST	Yes
29740	CPT/HCPCS	WEDGING OF CAST (EXCEPT CLUBFOOT CASTS)	Yes
29902	CPT/HCPCS	ARTHROSCOPY, METACARPOPHALANGEAL JOINT,SURGICAL; WITH REDUCTION OF DISPLACED ULNAR COLLATERAL LIGAMENT	Yes
29904	CPT/HCPCS	ARTHROSCOPY, SUBTALAR JOINT,SURGICAL;WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY	Yes
29905	CPT/HCPCS	ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH SYNOVECTOMY	Yes
29906	CPT/HCPCS	ARTHROSCOPY, SUBTALAR JOINT,SURGICAL WITH DEBRIDEMENT	Yes
29907	CPT/HCPCS	ARTHROSCOPY,SUBTALAR JOINT,SURGICAL; WITH SYNOVECTOMY	Yes
21015	CPT/HCPCS	RADICAL RESECTION OF TUMOR (EG, SARCOMA), SOFT TISSUE OF FACE OR SCALP; LESS THAN 2 CM	Yes
21016	CPT/HCPCS	RADICAL RESECTION OF TUMOR (EG, SARCOMA), SOFT TISSUE OF FACE OR SCALP; 2 CM OR GREATER	Yes
21025	CPT/HCPCS	EXCISION OF BONE (EG, FOR OSTEOMYELITIS OR BONE ABSCESS); MANDIBLE	Yes
21026	CPT/HCPCS	EXCISION OF BONE (EG, FOR OSTEOMYELITIS OR BONE ABSCESS); FACIAL BONE(S)	Yes
21198	CPT/HCPCS	OSTEOTOMY, MANDIBLE, SEGMENTAL	Yes
21199	CPT/HCPCS	OSTEOTOMY, MANDIBLE, SEGMENTAL WITH GENIOGLOSSUS ADVANCEMENT	Yes
21206	CPT/HCPCS	OSTEOTOMY, MAXILLA, SEGMENTAL (EG, WASSMUND OR SCHUCHARD)	Yes
21208	CPT/HCPCS	OSTEOPLASTY, FACIAL BONES; AUGMENTATION (AUTOGRAFT, ALLOGRAFT, OR PROSTHETIC IMPLANT)	Yes
21209	CPT/HCPCS	OSTEOPLASTY, FACIAL BONES; REDUCTION	Yes
21433	CPT/HCPCS	OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICATED (EG, MULTIPLE APPROACHES)	Yes
21435	CPT/HCPCS	OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICATED, FIXATION BY HEAD CAP, HALO DEVICE, MULTIPLE	Yes
21436	CPT/HCPCS	OPEN TREATMENT OF CANIOFACIAL SEPARATION; COMPLICATED MULTIPLE SURGICAL APPROACHES,INTERNAL FIXATION,W/BONE GRAFT	Yes
21440	CPT/HCPCS	MANIPULATIVE TREATMENT OF ALVEOLAR RIDGE FRACTURE (SEPARATE PROCEDURE)	Yes
22112	CPT/HCPCS	PARTIAL EXCISION OF VERTEBRAE (EG, FOR OSTEOMYELITIS); THORACIC	Yes
22114	CPT/HCPCS	PARTIAL EXCISION OF VERTEBRAE (EG, FOR OSTEOMYELITIS); LUMBAR	Yes
22116	CPT/HCPCS	OSTEOTOMY OF SPINE,POSTERIOR OR POSTEROLATERAL APPROACH ONE VERTEBRA SEGMENT; EACH ADDITIONAL VERTEBRAL SEGMENT	Yes

22206	CPT/HCPCS	OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, THREE COLUMNS, ONE VERTEBRAL SEGMENT (EG, PEDICLE/VERTEBRAL BO	Yes
22844	CPT/HCPCS	POSTERIOR SEGMENTAL INSTRUMENTATION; 13 OR MORE VERTEBRAL SEGMENTS	Yes
22845	CPT/HCPCS	ANTERIOR INSTRUMENTATION	Yes
22846	CPT/HCPCS	ANTERIOR INSTRUMENTATION; 4 TO 7 VERTEBRAL SEGMENTS	Yes
22847	CPT/HCPCS	ANTERIOR INSTRUMENTATION; 8 OR MOR VERTEBRAL SEGMENTS	Yes
22848	CPT/HCPCS	PELVIC FIXATION OTHER THAN SACRUM	Yes
23220	CPT/HCPCS	RADICAL RESECTION OF TUMOR, PROXIMAL HUMERUS	Yes
23330	CPT/HCPCS	REMOVAL OF FOREIGN BODY, SHOULDER; SUBCUTANEOUS	Yes
23333	CPT/HCPCS	REMOVAL OF FOREIGN BODY, SHOULDER; DEEP (SUBFASCIAL OR INTRAMUSCULAR)	Yes
23334	CPT/HCPCS	REMOVAL OF PROSTHESIS, INCLUDES DEBRIDEMENT AND SYNOVECTOMY WHEN PERFORMED; HUMERAL OR GLENOID COMPONENT	Yes
23931	CPT/HCPCS	INCISION AND DRAINAGE, UPPER ARM OR ELBOW AREA; INFECTED BURSA	Yes
23935	CPT/HCPCS	INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), HUMERUS OR ELBOW	Yes
24000	CPT/HCPCS	ARTHROTOMY, ELBOW, FOR INFECTION, WITH EXPLORATION, DRAINAGE OR REMOVAL OF FOREIGN BODY	Yes
24006	CPT/HCPCS	ARTHROTOMY OF THE ELBOW,WITH CAPSULAR EXCISION FOR CAPSULAR RELEASE (SEPARATE PROCEDURE	Yes
24498	CPT/HCPCS	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT METHYLMETHACRYLATE, HUMERUS	Yes
24500	CPT/HCPCS	TREATMENT OF CLOSED HUMERAL SHAFT FRACTURE; WITHOUT MANIPULATION	Yes
24505	CPT/HCPCS	TREATMENT OF CLOSED HUMERAL SHAFT FRACTURE; WITH MANIPULATION	Yes
24515	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN HUMERAL SHAFT FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL SKELETAL FIXATION	Yes
25112	CPT/HCPCS	EXCISION OF GANGLION, WRIST (DORSAL OR VOLAR); RECURRENT	Yes
25115	CPT/HCPCS	RADICAL EXCISION OF BURSA, SYNOVIA OF WRIST, OR FOREARM TENDON SHEATHS (EG, TENOSYNOVITIS, FUNGUS, TBC, OR OTHER GRANU	Yes
25116	CPT/HCPCS	RADICAL EXCISION OF BURSA, SYNOVIA OF WRIST, OR FOREARM TENDON SHEATHS (EG, TENOSYNOVITIS, FUNGUS, TBC, OR OTHER GRANU	Yes
25118	CPT/HCPCS	SYNOVECTOMY, EXTENSOR TENDON SHEATH, WRIST, SINGLE COMPARTMENT;	Yes
25455	CPT/HCPCS	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; DISTAL RADIUS AND ULNA	Yes
25490	CPT/HCPCS	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT METHYL METHACRYLATE; RADIUS	Yes
25491	CPT/HCPCS	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT METHYL METHACRYLATE; ULNA	Yes
25492	CPT/HCPCS	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT METHYL METHACRYLATE; RADIUS AND ULNA	Yes
26075	CPT/HCPCS	ARTHROTOMY, FOR INFECTION, WITH EXPLORATION, DRAINAGE OR REMOVAL OF FOREIGN BODY; METACARPOPHALANGEAL JOINT	Yes
26080	CPT/HCPCS	ARTHROTOMY, FOR INFECTION, WITH EXPLORATION, DRAINAGE OR REMOVAL OF FOREIGN BODY; INTERPHALANGEAL JOINT, EACH	Yes
26100	CPT/HCPCS	ARTHROTOMY FOR SYNOVIAL BIOPSY; CARPOMETACARPAL JOINT	Yes
26105	CPT/HCPCS	ARTHROTOMY FOR SYNOVIAL BIOPSY; METACARPOPHALANGEAL JOINT	Yes
26477	CPT/HCPCS	TENDON SHORTENING, EXTENSOR, HAND OR FINGER, SINGLE, EACH	Yes
26478	CPT/HCPCS	TENDON LENGTHENING, FLEXOR, HAND OR FINGER, SINGLE, EACH	Yes
26479	CPT/HCPCS	TENDON SHORTENING, FLEXOR, HAND OR FINGER, SINGLE, EACH	Yes
26480	CPT/HCPCS	TENDON TRANSFER OR TRANSPLANT, CARPOMETACARPAL AREA OR DORSUM OF HAND, SINGLE; WITHOUT FREE GRAFT, EACH	Yes
26735	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHALANX, FINGER OR THUMB, WITH OR W	Yes
26740	CPT/HCPCS	TREATMENT OF CLOSED ARTICULAR FRACTURE, INVOLVING METACARPOPHALANGEAL OR PROXIMAL INTERPHALANGEAL JOINT; WITHOUT MA	Yes

26742	CPT/HCPCS	TREATMENT OF CLOSED ARTICULAR FRACTURE, INVOLVING METACARPOPHALANGEAL OR PROXIMAL INTERPHALANGEAL JOINT; WITH MANIP	Yes
26746	CPT/HCPCS	OPEN TREATMENT OF ARTICULAR FRACTUE, INVOLVING METACARPHALANGEAL OR INTERPHALANGEAL JOINT, INCLUDES INTERNAL FIXATION, WHEN PERFORMED, EACH	Yes
27091	CPT/HCPCS	REMOVAL OF HIP PROSTHESIS; COMPLICATED, INCLUDING "TOTAL HIP" AND METHYL METHACRYLATE, WHEN APPLICABLE	Yes
27093	CPT/HCPCS	INJECTION PROCEDURE FOR HIP ARTHROGRAPHY; WITHOUT ANESTHESIA	Yes
27095	CPT/HCPCS	INJECTION PROCEDURE FOR HIP ARTHROGRAPHY; WITH ANESTHESIA	Yes
27096	CPT/HCPCS	INJECTION PROCEDURE FOR SACROILIAC JOINT ARTHROGRAPHY AND/ORANESTHETIC/STEROID	Yes
27097	CPT/HCPCS	HAMSTRING RECESSION, PROXIMAL	Yes
27267	CPT/HCPCS	CLOSED TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, HEAD;WITHOUT MANIPULATION	Yes
27268	CPT/HCPCS	CLOSED TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, HEAD; WITH MANIPULATION	Yes
27269	CPT/HCPCS	OPEN TREATMENT OF FEMORAL FRACTURE, PROXIMAL END,HEAD,INCLUDES INTERNAL FIXATION,WHEN PERFORMED	Yes
27275	CPT/HCPCS	*MANIPULATION, HIP JOINT, REQUIRING GENERAL ANESTHESIA	Yes
20605	CPT/HCPCS	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION, INTERMEDIATE JOINT OR BURSA (EG, TEMPOROMANDIBULAR, ACROMIOCLAVICULAR, WRIST, ELBOW OR ANKLE, OLECRANON +	Yes
20606	CPT/HCPCS	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION, INTERMEDIATE JOINT OR BURSA (EG, TEMPOROMANDIBULAR, ACROMIOCLAVICULAR	Yes
20610	CPT/HCPCS	ATHROCENTESIS, ASPIRATION AND/OR INJECTION, MAJOR JOINT OR BURSA (EG, SHOULDER, HIP, KNEE, SUBACROMIAL BURSA); WITHOUT ULTRASOUND GUIDANCE	Yes
20611	CPT/HCPCS	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION, MAJOR JOINT OR BURSA (EG, SHOULDER, HIP, KNEE, SUBACROMIAL BURSA); WITH	Yes
21029	CPT/HCPCS	REMOVAL BY CONTOURING OF BENIGN TUMOR OF FACIAL BONE (EG, FIBROUS DYSPLASIA)	Yes
21030	CPT/HCPCS	EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA OR ZYGOMA BY ENUCLEATION AND CURETTAGE	Yes
21031	CPT/HCPCS	EXCISION OF TORUS MANDIBULARIS	Yes
21032	CPT/HCPCS	EXCISION OF MAXILLARY TORUS PALATINUS	Yes
21034	CPT/HCPCS	EXCISION OF MALIGNANT TUMOR OF MAXILLA OR ZYGOMA	Yes
21210	CPT/HCPCS	GRAFT, BONE; NASAL, MAXILLARY OR MALAR AREAS (INCLUDES OBTAINING GRAFT)	Yes
21215	CPT/HCPCS	GRAFT, BONE; MANDIBLE (INCLUDES OBTAINING GRAFT)	Yes
21230	CPT/HCPCS	GRAFT; RIB CARTILAGE, AUTOGENOUS, TO FACE, CHIN, NOSE OR EAR (INCLUDES OBTAINING GRAFT)	Yes
21235	CPT/HCPCS	GRAFT; EAR CARTILAGE, AUTOGRAFT, TO NOSE OR EAR (INCLUDES OBTAINING GRAFT)	Yes
21445	CPT/HCPCS	OPEN TREATMENT OF ALVEOLAR RIDGE FRACTURE (SEPARATE PROCEDURE)	Yes
21450	CPT/HCPCS	TREATMENT OF CLOSED OR OPEN MANDIBULAR FRACTURE; WITHOUT MANIPULATION	Yes
21451	CPT/HCPCS	TREATMENT OF CLOSED OR OPEN MANDIBULAR FRACTURE; WITH MANIPULATION, MAY INCLUDE EXTERNAL FIXATION	Yes
21452	CPT/HCPCS	TREATMENT OF OPEN MANDIBULAR FRACTURE; WITHOUT MANIPULATION	Yes
21453	CPT/HCPCS	TREATMENT OF OPEN MANDIBULAR FRACTURE; WITH MANIPULATION	Yes
22207	CPT/HCPCS	OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, THREE COLUMNS, ONE VERTEBRAL SEGMENT (EG, PEDICLE/VERTEBRAL BO	Yes
22208	CPT/HCPCS	OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH , THREE COLUMNS, ONE VERTEBRAL SEGMENT(EG,PEDICLE/VERTEBRAL BOD	Yes
22210	CPT/HCPCS	OSTEOTOMY OF SPINE, POSTERIOR APPROACH, FOR CORRECTION OF DEFORMITY, SINGLE SEGMENT; CERVICAL	Yes
22212	CPT/HCPCS	OSTEOTOMY OF SPINE, POSTERIOR APPROACH, FOR CORRECTION OF DEFORMITY, SINGLE SEGMENT; THORACIC	Yes
22849	CPT/HCPCS	REINSERTION OF SPINAL FIXATION DEVICE	Yes
22850	CPT/HCPCS	REMOVAL OF POSTERIOR NONSEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD)	Yes
22852	CPT/HCPCS	REMOVAL OF POSTERIOR SEGMENTAL INSTRUMENTATION	Yes

22853	CPT/HCPCS	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) WHEN PERFORMED, TO INTERVERTEBRAL DISC SPACE IN CONJUNCTION WITH INTERBODY	Yes
23335	CPT/HCPCS	REMOVAL OF PROSTHESIS, INCLUDES DEBRIDEMENT AND SYNOVECTOMY WHEN PERFORMED; HUMERAL AND GLENOID COMPONENTS (EG, TOTAL	Yes
23350	CPT/HCPCS	INJECTION PROCEDURE FOR SHOULDER ARTHROGRAPHY	Yes
23395	CPT/HCPCS	MUSCLE TRANSFER, ANY TYPE FOR PARALYSIS OF SHOULDER OR UPPER ARM; SINGLE	Yes
23397	CPT/HCPCS	MUSCLE TRANSFER, ANY TYPE FOR PARALYSIS OF SHOULDER OR UPPER ARM; MULTIPLE	Yes
23400	CPT/HCPCS	SCAPULOPEXY (EG, SPRENGEL'S DEFORMITY OR FOR PARALYSIS)	Yes
24065	CPT/HCPCS	BIOPSY, SOFT TISSUE OF UPPER ARM OR ELBOW AREA; SUPERFICIAL	Yes
24066	CPT/HCPCS	BIOPSY, SOFT TISSUE OF UPPER ARM OR ELBOW AREA; DEEP	Yes
24071	CPT/HCPCS	EXCISION, TUMOR, SOFT TISSUE OF UPPER ARM OR ELBOW AREA, SUBCUTANEOUS; 3 CM OR GREATER	Yes
24073	CPT/HCPCS	EXCISION, TUMOR, SOFT TISSUE OF UPPER ARM OR ELBOW AREA, SUBFASCIAL (EG, INTRAMUSCULAR); 5 CM OR GREATER	Yes
24516	CPT/HCPCS	TREATMENT OF HUMERAL SHAFT FRACTURE, WITH INSERTION OF INTRAMEDULLARY IMPLANT, WITH OR W/O CERCLAGE AND/OR LOCKING SCREWS	Yes
24530	CPT/HCPCS	TREATMENT OF CLOSED HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE, WITHOUT MANIPULATION;	Yes
24535	CPT/HCPCS	TREATMENT OF CLOSED HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE, WITH MANIPULATION;	Yes
24538	CPT/HCPCS	TREATMENT OF CLOSED HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE, WITH MANIPULATION; WITH PERCUTANEOUS SKELETAL F	Yes
25119	CPT/HCPCS	SYNOVECTOMY, EXTENSOR TENDON SHEATH, WRIST, SINGLE COMPARTMENT; WITH RESECTION OF DISTAL ULNA	Yes
25120	CPT/HCPCS	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF RADIUS OR ULNA (EXCLUDING HEAD OR NECK OF RADIUS AND OLEC	Yes
25125	CPT/HCPCS	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF RADIUS OR ULNA (EXCLUDING HEAD OR NECK OF RADIUS AND OLEC	Yes
25126	CPT/HCPCS	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF RADIUS OR ULNA (EXCLUDING HEAD OR NECK OF RADIUS AND OLEC	Yes
25500	CPT/HCPCS	TREATMENT OF CLOSED RADIAL SHAFT FRACTURE; WITHOUT MANIPULATION	Yes
25505	CPT/HCPCS	TREATMENT OF CLOSED RADIAL SHAFT FRACTURE; WITH MANIPULATION	Yes
25515	CPT/HCPCS	OPEN TREATMENT OF RADIAL SHAFT FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED	Yes
25520	CPT/HCPCS	CLOSE TREATMENT OF RADIAL SHAFT FRACTURE, WITH DISLOCATION OF DISTAL RADIOULNAR JOINT	Yes
26110	CPT/HCPCS	ARTHROTOMY FOR SYNOVIAL BIOPSY; INTERPHALANGEAL JOINT, EACH	Yes
26111	CPT/HCPCS	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF FOREARM AND/OR WRIST AREA; 3 CM OR GREATER	Yes
26113	CPT/HCPCS	EXCISION, TUMOR, SOFT TISSUE, OR VASCULAR MALFORMATION, OF HAND OR FINGER, SUBFASCIAL (EG, INTRAMUSCULAR); 1.5 CM OR GRE	Yes
26115	CPT/HCPCS	EXCISION, TUMOR OR VASCULAR MALFORMATION, SOFT TISSUE OF HAND OR FINGER, SUBCUTANEOUS; LESS THAN 1.5 CM	Yes
26483	CPT/HCPCS	TENDON TRANSFER OR TRANSPLANT, CARPOMETACARPAL AREA OR DORSUM OF HAND, SINGLE; WITH FREE TENDON GRAFT (INCLUDES O	Yes
26485	CPT/HCPCS	TENDON TRANSFER OR TRANSPLANT, PALMAR, SINGLE, EACH TENDON; WITHOUT FREE TENDON GRAFT	Yes
26489	CPT/HCPCS	TENDON TRANSFER OR TRANSPLANT, PALMAR, SINGLE, EACH TENDON; WITH FREE TENDON GRAFT (INCLUDES OBTAINING GRAFT), EACH TEN	Yes
26490	CPT/HCPCS	OPPONENS PLASTY; SUBLIMIS TENDON TRANSFER TYPE	Yes
26750	CPT/HCPCS	TREATMENT OF CLOSED DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB; WITHOUT MANIPULATION, EACH	Yes
26755	CPT/HCPCS	TREATMENT OF CLOSED DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB; WITH MANIPULATION, EACH	Yes

26756	CPT/HCPCS	TREATMENT OF CLOSED DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB; WITH PERCUTANEOUS PINNING, EACH	Yes
26765	CPT/HCPCS	OPEN TREATMENT OF DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB, INCLUDES INTERNAL FIXATION, WHEN PERFORMED, EACH	Yes
27098	CPT/HCPCS	ADDUCTOR TRANSFER TO ISCHIUM	Yes
27100	CPT/HCPCS	TRANSFER EXTERNAL OBLIQUE MUSCLE TO GREATER TROCHANTER INCLUDING FASCIAL OR TENDON EXTENSION (GRAFT)	Yes
27105	CPT/HCPCS	TRANSFER PARASPINAL MUSCLE TO HIP (INCLUDES FASCIAL OR TENDON EXTENSION GRAFT)	Yes
27110	CPT/HCPCS	TRANSFER ILIOPSOAS; TO GREATER TROCHANTER	Yes
27111	CPT/HCPCS	TRANSFER ILIOPSOAS; TO FEMORAL NECK	Yes
27279	CPT/HCPCS	ARTHRODESIS, SACROILIAC JOINT, PERCUTANEOUS OR MINIMALLY INVASIVE (INDIRECT VISUALIZATION), WITH IMAGE GUIDANCE, INCLU	Yes
27280	CPT/HCPCS	ARTHRODESIS, SACROILIAC JOINT, OPEN, INCLUDES OBTAINING BONE GRAFT, INCLUDING INSTRUMENTATION, WHEN PERFORMED	Yes
27282	CPT/HCPCS	ARTHRODESIS, SYMPHYSIS PUBIS (INCLUDING OBTAINING GRAFT)	Yes
27284	CPT/HCPCS	ARTHRODESIS, HIP JOINT (INCLUDES OBTAINING GRAFT);	Yes
20612	CPT/HCPCS	ASPIRATION AND/OR INJECTION OF GANGLION CYST(S) ANY LOCATION	Yes
20615	CPT/HCPCS	ASPIRATION AND INJECTION FOR TREATMENT OF BONE CYST	Yes
20650	CPT/HCPCS	*INSERTION OF WIRE OR PIN WITH APPLICATION OF SKELETAL TRACTION, INCLUDING REMOVAL (SEPARATE PROCEDURE)	Yes
20660	CPT/HCPCS	APPLICATION OF CRANIAL TONGS, CALIPER, OR STEREOTACTIC FRAME, INCLUDING REMOVAL (SEPARATE PROCEDURE)	Yes
20661	CPT/HCPCS	APPLICATION OF HALO, INCLUDING REMOVAL; CRANIAL	Yes
21040	CPT/HCPCS	EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE, BY ENUCLEATION AND/OR CURETTAGE	Yes
21044	CPT/HCPCS	EXCISION OF MALIGNANT TUMOR OF MANDIBLE;	Yes
21045	CPT/HCPCS	EXCISION OF MALIGNANT TUMOR OF MANDIBLE; RADICAL RESECTION	Yes
21046	CPT/HCPCS	EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE; REQUIRING INTRA-ORAL OSTEOTOMY	Yes
21047	CPT/HCPCS	EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE; REQUIRING EXTRAORAL OSTEOTOMY AND PARTIAL MANDIBULECTOMY	Yes
21240	CPT/HCPCS	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH OR WITHOUT AUTOGRAFT (INCLUDES OBTAINING GRAFT)	Yes
21242	CPT/HCPCS	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH ALLOGRAFT	Yes
21243	CPT/HCPCS	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH PROSTHETIC JOINT REPLACEMENT	Yes
21244	CPT/HCPCS	RECONSTRUCTION OF MANDIBLE, EXTRAORAL, WITH TRANSOSTEAL BONE PLATE (EG, MANDIBULAR STAPLE BONE PLATE)	Yes
21454	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN MANDIBULAR FRACTURE WITH EXTERNAL FIXATION	Yes
21461	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN MANDIBULAR FRACTURE; WITHOUT INTERDENTAL FIXATION	Yes
21462	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN MANDIBULAR FRACTURE; WITH INTERDENTAL FIXATION	Yes
21465	CPT/HCPCS	OPEN TREATMENT OF MANDIBULAR CONDYLAR FRACTURE	Yes
22214	CPT/HCPCS	OSTEOTOMY OF SPINE, POSTERIOR APPROACH, FOR CORRECTION OF DEFORMITY, SINGLE SEGMENT; LUMBAR	Yes
22216	CPT/HCPCS	PARTIAL EXCISION OF VERTEBRAL BODY FOR INTRINSIC BONY LESION WITHOUT DECOMPRESSION OF SPINAL CORD OR NERVE ROOT(S) SINGLE	Yes
22220	CPT/HCPCS	OSTEOTOMY OF SPINE, INCLUDING DISCECTOMY, ANTERIOR APPROACH, SINGLE VERTEBRAL SEGMENT; CERVICAL	Yes
22222	CPT/HCPCS	OSTEOTOMY OF SPINE, INCLUDING DISCECTOMY, ANTERIOR APPROACH, SINGLE VERTEBRAL SEGMENT; THORACIC	Yes
22854	CPT/HCPCS	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) WHEN PERFORMED, TO VERTEBRAL CORPECTOMY(IES) DEFECT, IN CONJUNCTION WITH	Yes
22855	CPT/HCPCS	REMOVAL OF ANTERIOR INSTRUMENTATION	Yes
22856	CPT/HCPCS	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANT APPROACH, INCL DISCECTOMY W/END PLATE PREP (INCL OSTEOPHYECTOMY FOR NERV	Yes
22857	CPT/HCPCS	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); SINGLE INTER+	Yes
23405	CPT/HCPCS	TENOMYOTOMY, SHOULDER AREA; SINGLE	Yes

23406	CPT/HCPCS	TENOMYOTOMY, SHOULDER AREA; MULTIPLE THROUGH SAME INCISION	Yes
23410	CPT/HCPCS	REPAIR OF RUPTURED MUSCULOTENDINOUS CUFF (EG, ROTATOR CUFF) OPEN; ACUTE	Yes
23412	CPT/HCPCS	REPAIR OF RUPTURED SUPRASPINATUS TENDON (ROTATOR CUFF) OR MUSCULOTENDINOUS CUFF; CHRONIC	Yes
23415	CPT/HCPCS	CORACOACROMIAL LIGAMENT RELEASE, WITH OR WITHOUT ACROMIOPLASTY, FOR CHRONIC RUPTURED SUPRASPINATUS TENDON (ROTATOR CUF	Yes
24075	CPT/HCPCS	EXCISION, TUMOR, SOFT TISSUE OF UPPER ARM OR ELBOW AREA, SUBCUTANEOUS; LESS THAN 3 CM	Yes
24076	CPT/HCPCS	EXCISION, TUMOR, SOFT TISSUE OF UPPER ARM OR ELBOW AREA, SUBFASCIAL (EG, INTRAMUSCULAR); LESS THAN 5 CM	Yes
24077	CPT/HCPCS	RADICAL RESECTION OF TUMOR (EG, SARCOMA), SOFT TISSUE OF UPPER ARM OR ELBOW AREA; LESS THAN 5 CM	Yes
24079	CPT/HCPCS	RADICAL RESECTION OF TUMOR (EG, SARCOMA), SOFT TISSUE OF UPPER ARM OR ELBOW AREA; 5 CM OR GREATER	Yes
24545	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE, WITH OR WITHOUT INTERNAL OR EXTE	Yes
24546	CPT/HCPCS	OPEN TREATMENT OF HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE,W/WO INTER/EXTER FIXATION;W/ INTERCONDYLAR EXTEN	Yes
24560	CPT/HCPCS	TREATMENT OF CLOSED HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERAL; WITHOUT MANIPULATION	Yes
24565	CPT/HCPCS	TREATMENT OF CLOSED HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERAL; WITH MANIPULATION	Yes
25130	CPT/HCPCS	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPALBONES;	Yes
25135	CPT/HCPCS	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL BONES; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)	Yes
25136	CPT/HCPCS	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL BONES; WITH ALLOGRAFT	Yes
25145	CPT/HCPCS	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), FOREARM AND/OR WRIST	Yes
25525	CPT/HCPCS	OPEN TREATMENT OF RADIAL SHAFT FRACTURE,WITH INTERNAL AND/OREXTERNAL FIXATION AND CLOSED TREATMENT OF DISLOCATION OF	Yes
25526	CPT/HCPCS	OPEN TREATMENT OF RADIAL SHAFT FRACTURE, WITH INTERNAL AND/OR EXTERNAL FIXATION AND OPEN TREATMENT,W/WO INTERNAL	Yes
25530	CPT/HCPCS	TREATMENT OF CLOSED ULNAR SHAFT FRACTURE; WITHOUT MANIPULATION	Yes
25535	CPT/HCPCS	TREATMENT OF CLOSED ULNAR SHAFT FRACTURE; WITH MANIPULATION	Yes
26116	CPT/HCPCS	EXCISION, TUMOR OR VASCULAR MALFORMATION, HAND OR FINGER; DEEP, SUBFASCIAL, INTRAMUSCULAR	Yes
26117	CPT/HCPCS	RADICAL RESECTION OF TUMOR (EG, SARCOMA), SOFT TISSUE OF HAND OR FINGER; LESS THAN 3 CM	Yes
26118	CPT/HCPCS	RADICAL RESECTION OF TUMOR (EG, SARCOMA), SOFT TISSUE OF HAND OR FINGER; 3 CM OR GREATER	Yes
26121	CPT/HCPCS	FASCIECTOMY, PALMAR ONLY, WITH OR WITHOUT Z-PLASTY, OTHER LOCAL TISSUE REARRANGEMENT, OR SKIN GRAFTING (INCLUDES	Yes
26492	CPT/HCPCS	OPPONENS PLASTY; TENDON TRANSFER WITH GRAFT (INCLUDES OBTAINING GRAFT)	Yes
26494	CPT/HCPCS	OPPONENS PLASTY; HYPOTHENAR MUSCLE TRANSFER	Yes
26496	CPT/HCPCS	OPPONENS PLASTY; OTHER METHODS	Yes
26497	CPT/HCPCS	TENDON TRANSFER TO RESTORE INTRINSIC FUNCTION; RING AND SMALL FINGER	Yes
26498	CPT/HCPCS	TENDON TRANSFER TO RESTORE INTRINSIC FUNCTION; ALL FOUR FINGERS	Yes
26770	CPT/HCPCS	TREATMENT OF CLOSED INTERPHALANGEAL JOINT DISLOCATION, SINGLE, WITH MANIPULATION; WITHOUT ANESTHESIA	Yes
26775	CPT/HCPCS	TREATMENT OF CLOSED INTERPHALANGEAL JOINT DISLOCATION, SINGLE, WITH MANIPULATION; REQUIRING ANESTHESIA	Yes
26776	CPT/HCPCS	TREATMENT OF CLOSED INTERPHALANGEAL JOINT DISLOCATION, SINGLE, WITH MANIPULATION; WITH PERCUTANEOUS PINNING	Yes

26785	CPT/HCPCS	OPEN TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, INCLUDES INTERNAL FIXATION, WHEN PERFORMED, SINGLE	Yes
27120	CPT/HCPCS	ACETABULOPLASTY; (EG, WHITMAN, COLONNA, HAYGROVES, OR CUP TYPE)	Yes
27122	CPT/HCPCS	ACETABULOPLASTY; RESECTION FEMORAL HEAD (GIRDLESTONE PROCEDURE)	Yes
27125	CPT/HCPCS	PARTIAL HIP REPLACEMENT (HEMIARTHROPLASTY), PROSTHESIS (EG, FEMORAL STEM PROSTHESIS, BIPOLAR ARTHROPLASTY)	Yes
27130	CPT/HCPCS	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP REPLACEMENT), WITH OR WITHOUT AUTOGRAF	Yes
27327	CPT/HCPCS	EXCISION, TUMOR, SOFT TISSUE OF THIGH OR KNEE AREA, SUBCUTANEOUS; LESS THAN 3 CM	Yes
27328	CPT/HCPCS	EXCISION, TUMOR, SOFT TISSUE OF THIGH OR KNEE AREA, SUBFASCIAL (EG, INTRAMUSCULAR); LESS THAN 5 CM	Yes
27329	CPT/HCPCS	RADICAL RESECTION OF TUMOR (EG, SARCOMA), SOFT TISSUE OF THIGH OR KNEE AREA; LESS THAN 5 CM	Yes
27330	CPT/HCPCS	ARTHROTOMY, KNEE; FOR SYNOVIAL BIOPSY ONLY	Yes
20662	CPT/HCPCS	APPLICATION OF HALO, INCLUDING REMOVAL; PELVIC	Yes
20663	CPT/HCPCS	APPLICATION OF HALO, INCLUDING REMOVAL; FEMORAL	Yes
20664	CPT/HCPCS	APPLICATION OF HALO, INCLUDING REMOVAL, CRANIAL, 6 OR MORE PINS PLACED, FOR THIN SKULL OSTEOLOGY, REQUIRING GENERAL ANES	Yes
20665	CPT/HCPCS	*REMOVAL OF TONGS OR HALO APPLIED BY ANOTHER PHYSICIAN	Yes
20670	CPT/HCPCS	*REMOVAL OF IMPLANT; SUPERFICIAL, (EG, BURIED WIRE, PIN OR ROD) (SEPARATE PROCEDURE)	Yes
21048	CPT/HCPCS	EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA; REQUIRING INTRA-ORAL OSEOTOMY	Yes
21049	CPT/HCPCS	EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA; REQUIRING EXTRAORAL OSTEOTOMY AND PARTIAL MAXILLECTOMY	Yes
21050	CPT/HCPCS	CONDYLECTOMY, TEMPOROMANDIBULAR JOINT (SEPARATE PROCEDURE)	Yes
21060	CPT/HCPCS	MENISCECTOMY, PARTIAL OR COMPLETE, TEMPOROMANDIBULAR JOINT (SEPARATE PROCEDURE)	Yes
21070	CPT/HCPCS	CORONOIDECTOMY (SEPARATE PROCEDURE)	Yes
21245	CPT/HCPCS	RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; PARTIAL	Yes
21246	CPT/HCPCS	RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; COMPLETE	Yes
21247	CPT/HCPCS	RECONSTRUCTION OF MANDIBULAR CONDYLE WITH BONE AND CARTILAGE AUTOGRAFTS (INCLUDES OBTAINING GRAFTS) (EG, FOR HEMIF	Yes
21248	CPT/HCPCS	RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL IMPLANT (EG, BLADE, CYLINDER); PARTIAL	Yes
21470	CPT/HCPCS	OPEN TREATMENT OF COMPLICATED CLOSED OR OPEN MANDIBULAR FRACTURE BY MULTIPLE SURGICAL APPROACHES INCLUDING INTERNAL FIX	Yes
21480	CPT/HCPCS	UNCOMPLICATED TREATMENT OF TEMPOROMANDIBULAR DISLOCATION, INITIAL OR SUBSEQUENT	Yes
21485	CPT/HCPCS	COMPLICATED MANIPULATIVE TREATMENT OF TEMPOROMANDIBULAR DISLOCATION, INITIAL OR SUBSEQUENT	Yes
21490	CPT/HCPCS	OPEN TREATMENT OF TEMPOROMANDIBULAR DISLOCATION	Yes
22224	CPT/HCPCS	OSTEOTOMY OF SPINE, INCLUDING DISCECTOMY, ANTERIOR APPROACH, SINGLE VERTEBRAL SEGMENT; LUMBAR	Yes
22226	CPT/HCPCS	OSTEOTOMY OF SPINE, INCLUDING DISCECTOMY, ANTERIOR APPROACH, SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL VERTEBRAL SEGMENT (LIST SEPARATELY IN ADDITION +	Yes
22310	CPT/HCPCS	CLOSED TREATMENT OF VERTEBRAL BODY FRACTURE(S), WITHOUT MANIPULATION	Yes
22315	CPT/HCPCS	CLOSED TREATMENT OF VERTEBRAL FRACTURE AND/OR DISLOCATION, WITH OR WITHOUT ANESTHESIA, BY MANIPULATION OR TRACTION, E	Yes
22858	CPT/HCPCS	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYECTOMY FOR NERVE ROO+	Yes
22859	CPT/HCPCS	INSERTION OF INTERVERTEBRAL BIOMECHANICAL DEVICE(S) TO INTERVERTEBRAL DISC SPACE OR VEREBRAL BODY DEFECT WITHOUT INTERBO	Yes

22861	CPT/HCPCS	REVISION INCL REPLACEMENT OF TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANT APPROACH, SINGLE INTERSPACE; CERVICAL	Yes
22862	CPT/HCPCS	REVISION INCL REPLACEMENT OF TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC) ANTERIOR APPROACH, LUMBAR, SINGLE INTERSPACE	Yes
23420	CPT/HCPCS	REPAIR OF COMPLETE SHOULDER (ROTATOR) CUFF AVULSION, CHRONIC (INCLUDES ACROMIOPLASTY)	Yes
23430	CPT/HCPCS	TENODESIS FOR RUPTURE OF LONG TENDON OF BICEPS	Yes
23440	CPT/HCPCS	RESECTION OR TRANSPLANTATION OF LONG TENDON OF BICEPS, FOR CHRONIC TENOSYNOVITIS	Yes
23450	CPT/HCPCS	CAPSULORRHAPHY FOR RECURRENT DISLOCATION, ANTERIOR; PUTTI-PLATT PROCEDURE OR MAGNUSON TYPE OPERATION	Yes
24100	CPT/HCPCS	ARTHROTOMY, ELBOW; FOR SYNOVIAL BIOPSY ONLY	Yes
24101	CPT/HCPCS	ARTHROTOMY, ELBOW; WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR WITHOUT REMOVAL OF LOOSE OR FOREIGN BODY	Yes
24102	CPT/HCPCS	ARTHROTOMY, ELBOW; FOR SYNOVECTOMY	Yes
24105	CPT/HCPCS	EXCISION, OLECRANON BURSA	Yes
24110	CPT/HCPCS	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, HUMERUS;	Yes
24566	CPT/HCPCS	PERCUTANEOUS SKELETAL FIXATION OF HUMERAL CONDYLAR FRACTURES MEDIAL OR LATERAL, WITH MANIPULATION	Yes
24575	CPT/HCPCS	OPEN TREATMENT OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERAL, INCLUDES INTERNAL FIXATION, WHEN PERFORMED	Yes
24576	CPT/HCPCS	TREATMENT OF CLOSED HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL; WITHOUT MANIPULATION	Yes
24577	CPT/HCPCS	TREATMENT OF CLOSED HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL; WITH MANIPULATION	Yes
25150	CPT/HCPCS	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS); ULNA	Yes
25151	CPT/HCPCS	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS); RADIUS	Yes
25170	CPT/HCPCS	RADICAL RESECTION OF TUMOR, RADIUS OR ULNA	Yes
25210	CPT/HCPCS	CARPECTOMY; ONE BONE	Yes
25215	CPT/HCPCS	CARPECTOMY; ALL BONES OF PROXIMAL ROW	Yes
25545	CPT/HCPCS	OPEN TREATMENT OF ULNAR SHAFT FRACTURE INCLUDES INTERNAL FIXATION, WHEN PERFORMED	Yes
25560	CPT/HCPCS	TREATMENT OF CLOSED RADIAL AND ULNAR SHAFT FRACTURES; WITHOUT MANIPULATION	Yes
25565	CPT/HCPCS	TREATMENT OF CLOSED RADIAL AND ULNAR SHAFT FRACTURES; WITH MANIPULATION	Yes
25574	CPT/HCPCS	OPEN TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURE, WITH INTERNAL FIXATION, WHEN PERFORMED; OF RADIUS OR ULNA	Yes
26123	CPT/HCPCS	FASCIECTOMY, PALMAR ONLY, WITH OR WITHOUT Z-PLASTY, OTHER LOCAL TISSUE REARRANGEMENT, OR SKIN GRAFTING (INCLUDES	Yes
26125	CPT/HCPCS	FASCIECTOMY, PALMAR ONLY, WITH OR WITHOUT Z-PLASTY, OTHER LOCAL TISSUE REARRANGEMENT, OR SKIN GRAFTING (INCLUDES	Yes
26130	CPT/HCPCS	SYNOVECTOMY, CARPOMETACARPAL JOINT	Yes
26135	CPT/HCPCS	SYNOVECTOMY, METACARPOPHALANGEAL JOINT INCLUDING INTRINSIC RELEASE AND EXTENSOR HOOD RECONSTRUCTION, EACH DIGIT	Yes
26499	CPT/HCPCS	CORRECTION CLAW FINGER, OTHER METHODS	Yes
26500	CPT/HCPCS	TENDON PULLEY RECONSTRUCTION; WITH LOCAL TISSUES (SEPARATE PROCEDURE)	Yes
26502	CPT/HCPCS	TENDON PULLEY RECONSTRUCTION; WITH TENDON OR FASCIAL GRAFT (INCLUDES OBTAINING GRAFT) (SEPARATE PROCEDURE)	Yes
26508	CPT/HCPCS	THENAR MUSCLE RELEASE FOR THUMB CONTRACTURE	Yes
26510	CPT/HCPCS	CROSS INTRINSIC TRANSFER	Yes
26820	CPT/HCPCS	FUSION IN OPPOSITION, THUMB, WITH AUTOGENOUS GRAFT (INCLUDES OBTAINING GRAFT)	Yes
26841	CPT/HCPCS	ARTHRODESIS, CARPOMETACARPAL JOINT, THUMB, WITH OR WITHOUT INTERNAL FIXATION;	Yes
26842	CPT/HCPCS	ARTHRODESIS, CARPOMETACARPAL JOINT, THUMB, WITH OR WITHOUT INTERNAL FIXATION; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)	Yes
26843	CPT/HCPCS	ARTHRODESIS, CARPOMETACARPAL JOINT, DIGITS, OTHER THAN THUMB;	Yes

27132	CPT/HCPCS	CONVERSION OF PREVIOUS HIP SURGERY TO TOTAL HIP REPLACEMENT, WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Yes
27134	CPT/HCPCS	REVISION OF TOTAL HIP ARTHROPLASTY; BOTH COMPONENTS, WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Yes
27137	CPT/HCPCS	REVISION OF TOTAL HIP ARTHROPLASTY; ACETABULAR COMPONENT ONLY, WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Yes
27138	CPT/HCPCS	REVISION OF TOTAL HIP ARTHROPLASTY; FEMORAL COMPONENT ONLY, WITH OR WITHOUT ALLOGRAFT	Yes
27335	CPT/HCPCS	ARTHROTOMY, KNEE, FOR SYNOVECTOMY; ANTERIOR AND POSTERIOR INCLUDING POPLITEAL AREA	Yes
27337	CPT/HCPCS	EXCISION, TUMOR, SOFT TISSUE OF THIGH OR KNEE AREA, SUBCUTANEOUS; 3 CM OR GREATER	Yes
27339	CPT/HCPCS	EXCISION, TUMOR, SOFT TISSUE OF THIGH OR KNEE AREA, SUBFASCIAL (EG, INTRAMUSCULAR); 5 CM OR GREATER	Yes
27340	CPT/HCPCS	EXCISION, PREPATELLAR BURSA	Yes
27345	CPT/HCPCS	EXCISION OF SYNOVIAL CYST OF POPLITEAL SPACE (BAKER'S CYST)	Yes
20680	CPT/HCPCS	REMOVAL OF IMPLANT; DEEP (EG, BURIED WIRE, PIN, SCREW, METAL BAND, NAIL, ROD OR PLATE)	Yes
20690	CPT/HCPCS	APPLICATION OF A UNIPLANE (PINS OR WIRES IN ONE PLANE), UNILATERAL, EXTERNAL FIXATION SYSTEM	Yes
20692	CPT/HCPCS	APPLICATION OF A MULTIPLANE (PINS OR WIRES IN MORE THAN ONE PLANE), UNILATERAL, EXTERNAL FIXATION SYSTEM (EG,	Yes
20693	CPT/HCPCS	ADJUSTMENT OR REVISION OF EXTERNAL FIXATION SYSTEM REQUIRING ANESTHESIA, EG, NEW PIN(S) OR WIRE(S), WITH OR WITHOUT NEW	Yes
21073	CPT/HCPCS	MANIPULATION OF TEMPOMANDIBULAR JOINT(S)(TMJ), THERAPEUTIC, REQUIRING AN ANESTHESIA SERVICE(IE, GENERAL OR MONITORED ANES	Yes
21076	CPT/HCPCS	IMPRESSION AND CUSTOM PREPARATION; SURGICAL OBTURATOR PROSTHESIS	Yes
21077	CPT/HCPCS	IMPRESSION AND CUSTOM PREPARATION; ORBITAL PROSTHESIS	Yes
21079	CPT/HCPCS	IMPRESSION AND CUSTOM PREPARATION; INTERIM OBTURATOR PROSTHESIS	Yes
21080	CPT/HCPCS	IMPRESSION AND CUSTOM PREPARATION; DEFINITIVE OBTURATOR PROSTHESIS	Yes
21249	CPT/HCPCS	RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL IMPLANT (EG, BLADE, CYLINDER); COMPLETE	Yes
21255	CPT/HCPCS	RECONSTRUCTION OF ZYGOMATIC ARCH AND GLENOID FOSSA WITH BONE AND CARTILAGE (INCLUDES OBTAINING AUTOGRAFTS)	Yes
21256	CPT/HCPCS	RECONSTRUCTION OF ORBIT WITH OSTEOTOMIES (EXTRACRANIAL) AND WITH BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS) (EG, MICRO	Yes
21260	CPT/HCPCS	PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; EXTRACRANIAL APPROACH	Yes
21497	CPT/HCPCS	INTERDENTAL WIRING, FOR CONDITION OTHER THAN FRACTURE	Yes
21499	CPT/HCPCS	UNLISTED MUSCULOSKELETAL PROCEDURE, HEAD	Yes
21501	CPT/HCPCS	INCISION AND DRAINAGE, DEEP ABSCESS OR HEMATOMA, SOFT TISSUES OF NECK OR THORAX;	Yes
21502	CPT/HCPCS	INCISION AND DRAINAGE, DEEP ABSCESS OR HEMATOMA, SOFT TISSUES OF NECK OR THORAX; WITH PARTIAL RIB OSTECTOMY	Yes
22318	CPT/HCPCS	OPEN TREATMENT AND/OR REDUCTION OF ODONTOID FRACTURE(S) AND OR DISLOCATION(S), ANTERIOR APPROACH, INCLUDING PLACEMENT OF	Yes
22319	CPT/HCPCS	OPEN TREATMENT AND/OR REDUCTION OF ODONTOID FRACTURE(S) AND OR DISLOCATION(S), ANTERIOR APPROACH, INCLUDING PLACEMENT OF	Yes
22325	CPT/HCPCS	OPEN TREATMENT OF VERTEBRAL FRACTURE AND/OR DISLOCATION; LUMBAR, EACH	Yes
22326	CPT/HCPCS	OPEN TREATMENT OF VERTEBRAL FRACTURE AND/OR DISLOCATION; CERVICAL, EACH	Yes
22864	CPT/HCPCS	REMOVAL OF TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, SINGLE INTERSPACE; CERVICAL	Yes
22865	CPT/HCPCS	REMOVAL OF TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, SINGLE INTERSPACE, LUMBAR	Yes
22867	CPT/HCPCS	INSERTION OF INTERLAMINAR/INTERSPINOUS PROCESS STABILIZATION/ DISTRACTION DEVICE, WITHOUT FUSION, WITH OPEN DECOMPRESSION	Yes

22868	CPT/HCPCS	INSERTION OF INTERLAMINAR/INTERSPINOUS PROCESS WITHOUT FUSION, WITH OPEN DECOMPRESSION, LUMBAR; SECOND LEVEL	Yes
23455	CPT/HCPCS	CAPSULORRHAPHY FOR RECURRENT DISLOCATION, ANTERIOR; BANKART TYPE OPERATION WITH OR WITHOUT STAPLING	Yes
23460	CPT/HCPCS	CAPSULORRHAPHY FOR RECURRENT DISLOCATION, ANTERIOR, ANY TYPE; WITH BONE BLOCK	Yes
23462	CPT/HCPCS	CAPSULORRHAPHY FOR RECURRENT DISLOCATION, ANTERIOR, ANY TYPE; WITH CORACOID PROCESS TRANSFER	Yes
23465	CPT/HCPCS	CAPSULORRHAPHY FOR RECURRENT DISLOCATION, POSTERIOR, WITH OR WITHOUT BONE BLOCK	Yes
24115	CPT/HCPCS	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, HUMERUS; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)	Yes
24116	CPT/HCPCS	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, HUMERUS; WITH ALLOGRAFT	Yes
24120	CPT/HCPCS	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF HEAD OR NECK OF RADIUS OR OLECRANON PROCESS;	Yes
24125	CPT/HCPCS	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF HEAD OR NECK OF RADIUS OR OLECRANON PROCESS; WITH AUTOGRAFT (INCL	Yes
24579	CPT/HCPCS	OPEN TREATMENT OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL, INCLUDES INTERNAL FIXATION, WHEN PERFORMED	Yes
24582	CPT/HCPCS	PERCUTANEOUS SKELETAL FIXATION OF HUMERAL CONDYLAR FRACTURES MEDIAL OR LATERAL, WITH MANIPULATION	Yes
24586	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN COMMINUTED ELBOW FRACTURE (FRACTURE DISTAL HUMERUS AND/OR PROXIMAL ULNA/RADIUS), WITH	Yes
24587	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN COMMINUTED ELBOW FRACTURE (FRACTURE DISTAL HUMERUS AND/OR PROXIMAL ULNA/RADIUS), WITH	Yes
25230	CPT/HCPCS	RADIAL STYLOIDECTOMY (SEPARATE PROCEDURE)	Yes
25240	CPT/HCPCS	EXCISION DISTAL ULNA (DARRACH TYPE PROCEDURE)	Yes
25246	CPT/HCPCS	INJECTION PROCEDURE FOR WRIST ARTHROGRAPHY	Yes
25248	CPT/HCPCS	EXPLORATION FOR REMOVAL OF DEEP FOREIGN BODY, FOREARM OR WRIST	Yes
25250	CPT/HCPCS	REMOVAL OF WRIST PROSTHESIS; (SEPARATE PROCEDURE)	Yes
25575	CPT/HCPCS	OPEN TRTMENT OF RADIAL AND ULNAR SHAFT FRACTURE, WITH INTERNAL FIXATION, WHEN PRFRMD; OF RADIUS AND ULNA	Yes
25600	CPT/HCPCS	TREATMENT OF CLOSED DISTAL RADIAL FRACTURE (EG, COLLES OR SMITH TYPE) OR EPIPHYSEAL SEPARATION, WITH OR WITHOUT FRA	Yes
25605	CPT/HCPCS	TREATMENT OF CLOSED DISTAL RADIAL FRACTURE (EG, COLLES OR SMITH TYPE) OR EPIPHYSEAL SEPARATION, WITH OR WITHOUT FRA	Yes
25606	CPT/HCPCS	PERCUTANEOUS SKELETAL FIXATION OF DISTAL RADIAL FRACTURE OR EPIPHYSEAL SEPARATION	Yes
26140	CPT/HCPCS	SYNOVECTOMY, PROXIMAL INTERPHALANGEAL JOINT, INCLUDING EXTENSOR RECONSTRUCTION, EACH INTERPHALANGEAL JOINT	Yes
26145	CPT/HCPCS	SYNOVECTOMY TENDON SHEATH, RADICAL (TENOSYNOVECTOMY) FLEXOR TENDON, PALM AND/OR FINGER, EACH TENDON	Yes
26160	CPT/HCPCS	EXCISION OF LESION OF TENDON SHEATH OR CAPSULE (EG, CYST, MUCOUS CYST, OR GANGLION), HAND OR FINGER	Yes
26170	CPT/HCPCS	EXCISION OF TENDON, PALM, FLEXOR OR EXTENSOR, SINGLE, EACH TENDON	Yes
26516	CPT/HCPCS	CAPSULODESIS FOR M-P JOINT STABILIZATION; SINGLE DIGIT	Yes
26517	CPT/HCPCS	CAPSULODESIS FOR M-P JOINT STABILIZATION; TWO DIGITS	Yes
26518	CPT/HCPCS	CAPSULODESIS FOR M-P JOINT STABILIZATION; THREE OR FOUR DIGITS	Yes
26520	CPT/HCPCS	CAPSULECTOMY OR CAPSULOTOMY FOR CONTRACTURE; METACARPOPHALANGEAL JOINT, SINGLE, EACH	Yes
26525	CPT/HCPCS	CAPSULECTOMY OR CAPSULOTOMY FOR CONTRACTURE; INTERPHALANGEAL JOINT, SINGLE, EACH	Yes
26844	CPT/HCPCS	ARTHRODESIS, CARPOMETACARPAL JOINT, DIGITS, OTHER THAN THUMB; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)	Yes
26850	CPT/HCPCS	ARTHRODESIS, METACARPOPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION;	Yes
26852	CPT/HCPCS	ARTHRODESIS, METACARPOPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)	Yes
26860	CPT/HCPCS	ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION;	Yes

27140	CPT/HCPCS	OSTEOTOMY AND TRANSFER OF GREATER TROCHANTER (SEPARATE PROCEDURE)	Yes
27146	CPT/HCPCS	OSTEOTOMY, ILIAC, ACETABULAR OR INNOMINATE BONE;	Yes
27147	CPT/HCPCS	OSTEOTOMY, ILIAC, ACETABULAR OR INNOMINATE BONE; WITH OPEN REDUCTION OF HIP	Yes
27151	CPT/HCPCS	OSTEOTOMY, ILIAC, ACETABULAR OR INNOMINATE BONE; WITH FEMORAL OSTEOTOMY	Yes
27156	CPT/HCPCS	OSTEOTOMY, ILIAC, ACETABULAR OR INNOMINATE BONE; WITH FEMORAL OSTEOTOMY AND WITH OPEN REDUCTION OF HIP	Yes
27358	CPT/HCPCS	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR; WITH INTERNAL FIXATION (LIST IN ADDITION TO 27355, 27356	Yes
27360	CPT/HCPCS	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), FEMUR, PROXIMAL T	Yes
27364	CPT/HCPCS	RADICAL RESECTION OF TUMOR (EG, SARCOMA), SOFT TISSUE OF THIGH OR KNEE AREA; 5 CM OR GREATER	Yes
27365	CPT/HCPCS	RADICAL RESECTION OF TUMOR, FEMUR OR KNEE	Yes
20694	CPT/HCPCS	REMOVAL, UNDER ANESTHESIA, OF EXTERNAL FIXATION SYSTEM	Yes
20696	CPT/HCPCS	APPLIC OF MULTIPLANE, UNILAT, EXT FIX W/STEREOTACTIC COMPUTER-ASSISTED ADJUST, INCL IMAGING; INIT & SUBSQ ALIGNMENT(S),	Yes
20697	CPT/HCPCS	APPLIC OF MULTIPLANE, UNILAT, EXT FIXATION W/STEREOTACTIC COMPUTER-ASSISTED ADJUSTMENT, INCL IMAGING; EXCHANGE OF STRUT,	Yes
20700	CPT/HCPCS	MANUAL PREPARATION AND INSERTION OF DRUG-DELIVERY DEVICE(S),DEEP (EG, SUBFASCIAL) (LIST SEPARATELY IN ADDITION TO CODE F	Yes
21081	CPT/HCPCS	IMPRESSION AND CUSTOM PREPARATION; MANDIBULAR RESECTION PROSTHESIS	Yes
21082	CPT/HCPCS	IMPRESSION AND CUSTOM PREPARATION; PALATAL AUGMENTATION PROSTHESIS	Yes
21083	CPT/HCPCS	IMPRESSION AND CUSTOM PREPARATION; PALATAL LIFT PROSTHESIS	Yes
21084	CPT/HCPCS	IMPRESSION AND CUSTOM PREPARATION; SPEECH AID PROSTHESIS	Yes
21085	CPT/HCPCS	IMPRESSION AND CUSTOM PREPARATION; ORAL SURGICAL SPLINT	Yes
21261	CPT/HCPCS	PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; COMBINED INTRA- AND EXTRACRANIAL APPROACH	Yes
21263	CPT/HCPCS	PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; WITH FOREHEAD ADVANCEMENT	Yes
21267	CPT/HCPCS	ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UNILATERAL, WITH BONE GRAFTS; EXTRACRANIAL APPROACH	Yes
21268	CPT/HCPCS	ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UNILATERAL, WITH BONE GRAFTS; COMBINED INTRA- AND EXTRACRANIAL APPROACH	Yes
21510	CPT/HCPCS	INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), THORAX	Yes
21550	CPT/HCPCS	BIOPSY, SOFT TISSUE OF NECK OR THORAX	Yes
21552	CPT/HCPCS	EXCISION, TUMOR, SOFT TISSUE OF NECK OR ANTERIOR THORAX, SUBCUTANEOUS; 3 CM OR GREATER	Yes
21554	CPT/HCPCS	EXCISION, TUMOR, SOFT TISSUE OF NECK OR ANTERIOR THORAX, SUBFASCIAL (EG, INTRAMUSCULAR); 5 CM OR GREATER	Yes
22327	CPT/HCPCS	OPEN TREATMENT OF VERTEBRAL FRACTURE AND/OR DISLOCATION; THORACIC, EACH	Yes
22328	CPT/HCPCS	OPEN TREATMENT AND/OR REDUCTION OF VERTEBRAL FRACTURE ;EA ADD FRACTURE VERTEBRAE OR DISLOCATED SEGMENT (LIST SEG	Yes
22505	CPT/HCPCS	MANIPULATION OF SPINE REQUIRING ANESTHESIA, ANY REGION	Yes
22510	CPT/HCPCS	PERCUTANEOUS VERTEBROPLASTY (BONE BIOPSY INCLUDED WHEN PERFORMED), 1 VERTEBRAL BODY, UNILATERAL OR BILATERAL INJECT	Yes
22869	CPT/HCPCS	INSERTION OF INTERLAMINAR/DISTRACTION DEVICE, WITHOUT OPEN DECOMPRESSION OR FUSION, LUMBAR: SINGLE LEVEL	Yes
22870	CPT/HCPCS	INSERTION OF INTERLAMINAR/INTERSPINOUS PROCESS WITHOUT OPEN DECOMPRESSION OR FUSION, LUMBAR; SECOND LEVEL.	Yes
22899	CPT/HCPCS	UNLISTED PROCEDURE, SPINE	Yes
22900	CPT/HCPCS	EXCISION, TUMOR, SOFT TISSUE OF ABDOMINAL WALL, SUBFASCIAL (EG, INTRAMUSCULAR); LESS THAN 5 CM	Yes
23466	CPT/HCPCS	CAPSULORRHAPHY FOR RECURRENT DISLOCATION WITH ANY TYPE MULTI-DIRECTIONAL INSTABILITY	Yes

23470	CPT/HCPCS	ARTHROPLASTY WITH PROXIMAL HUMERAL IMPLANT (EG, NEER TYPE OPERATION)	Yes
23472	CPT/HCPCS	ARTHROPLASTY WITH GLENOID AND PROXIMAL HUMERAL REPLACEMENT (EG, TOTAL SHOULDER)	Yes
23473	CPT/HCPCS	REVISION OF A TOTAL SHOULDER ARTHROPLASTY, INCLUDING ALLOGRAFT WHEN PERFORMED; HUMERAL OR GLENOID COMPONENT	Yes
24126	CPT/HCPCS	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF HEAD OR NECK OF RADIUS OR OLECRANON PROCESS; WITH ALLOGRAFT	Yes
24130	CPT/HCPCS	EXCISION, RADIAL HEAD	Yes
24134	CPT/HCPCS	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), SHAFT OR DISTAL HUMERUS	Yes
24136	CPT/HCPCS	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), RADIAL HEAD OR NECK	Yes
24138	CPT/HCPCS	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), OLECRANON PROCESS	Yes
24600	CPT/HCPCS	TREATMENT OF CLOSED ELBOW DISLOCATION; WITHOUT ANESTHESIA	Yes
24605	CPT/HCPCS	TREATMENT OF CLOSED ELBOW DISLOCATION; REQUIRING ANESTHESIA	Yes
24615	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN ELBOW DISLOCATION	Yes
24620	CPT/HCPCS	TREATMENT OF CLOSED MONTEGGIA TYPE OF FRACTURE DISLOCATION AT ELBOW (FRACTURE PROXIMAL END OF ULNA WITH DISLOCATION OF R	Yes
25251	CPT/HCPCS	REMOVAL OF WRIST PROSTHESIS; COMPLICATED, INCLUDING "TOTAL WRIST"	Yes
25259	CPT/HCPCS	MANIPULATION, WRIST, UNDER ANESTHESIA	Yes
25260	CPT/HCPCS	REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR WRIST; PRIMARY, SINGLE, EACH TENDON OR MUSCLE	Yes
25263	CPT/HCPCS	REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR WRIST; SECONDARY, SINGLE, EACH TENDON OR MUSCLE	Yes
25607	CPT/HCPCS	OPEN TREATMENT OF DISTAL RADIAL EXTRA-ARTICULAR FRACTURE OR EPIPHYSEAL SEPARATION, WITH INTERNAL FIXATION	Yes
25608	CPT/HCPCS	OPEN TREATMENT OF DISTAL RADIAL INTRA-ARTICULAR FRACTURE OR EPIPHYSEAL SEPARATION; WITH INTERNAL FIXATION OF 2 FRAGMENTS	Yes
25609	CPT/HCPCS	OPEN TREATMENT OF DISTAL RADIAL INTRA-ARTICULAR FRACTURE OR EPIPHYSEAL SEPARATION; WITH INTERNAL FIXATION OF 3 OR MORE F	Yes
25622	CPT/HCPCS	TREATMENT OF CLOSED CARPAL SCAPHOID (NAVICULAR) FRACTURE; WITHOUT MANIPULATION	Yes
26180	CPT/HCPCS	EXCISION OF TENDON, FINGER, FLEXOR OR EXTENSOR, EACH TENDON	Yes
26185	CPT/HCPCS	SEAMOIDECTOMY THUMB OR FINGER (SEPARATE PROCEDURE	Yes
26200	CPT/HCPCS	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF METACARPAL;	Yes
26205	CPT/HCPCS	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF METACARPAL; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)	Yes
26530	CPT/HCPCS	ARTHROPLASTY, METACARPOPHALANGEAL JOINT; SINGLE, EACH	Yes
26531	CPT/HCPCS	ARTHROPLASTY, METACARPOPHALANGEAL JOINT; WITH PROSTHETIC IMPLANT, SINGLE, EACH	Yes
26535	CPT/HCPCS	ARTHROPLASTY INTERPHALANGEAL JOINT; SINGLE, EACH	Yes
26536	CPT/HCPCS	ARTHROPLASTY INTERPHALANGEAL JOINT; WITH PROSTHETIC IMPLANT, SINGLE, EACH	Yes
26540	CPT/HCPCS	PRIMARY REPAIR OF COLLATERAL LIGAMENT, METACARPOPHALANGEAL JOINT;	Yes
26861	CPT/HCPCS	ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; EACH ADDITIONAL INTERPHALANGEAL JOINT	Yes
26862	CPT/HCPCS	ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)	Yes
26863	CPT/HCPCS	ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT), EACH	Yes
26910	CPT/HCPCS	AMPUTATION, METACARPAL, WITH FINGER OR THUMB (RAY AMPUTATION), SINGLE, WITH OR WITHOUT INTEROSSEOUS TRANSFER	Yes
27161	CPT/HCPCS	OSTEOTOMY, FEMORAL NECK (SEPARATE PROCEDURE)	Yes
27165	CPT/HCPCS	OSTEOTOMY, INTERTROCHANTERIC OR SUBTROCHANTERIC INCLUDING INTERNAL OR EXTERNAL FIXATION AND/OR CAST	Yes

27170	CPT/HCPCS	BONE GRAFT FOR NONUNION, FEMORAL HEAD, NECK, INTERTROCHANTERIC OR SUBTROCHANTERIC AREA (INCLUDES OBTAINING B	Yes
27175	CPT/HCPCS	TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; BY TRACTION, WITHOUT REDUCTION	Yes
27331	CPT/HCPCS	ARTHROTOMY, KNEE; WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR WITHOUT REMOVAL OF LOOSE OR FOREIGN BODIES	Yes
27332	CPT/HCPCS	ARTHROTOMY, KNEE, FOR EXCISION OF SEMILUNAR CARTILAGE (MENISCECTOMY); MEDIAL OR LATERAL	Yes
27333	CPT/HCPCS	ARTHROTOMY, KNEE, FOR EXCISION OF SEMILUNAR CARTILAGE (MENISCECTOMY); MEDIAL AND LATERAL	Yes
27334	CPT/HCPCS	ARTHROTOMY, KNEE, FOR SYNOVECTOMY; ANTERIOR OR POSTERIOR	Yes
20701	CPT/HCPCS	REMOVAL OF DRUG-DELIVERY DEVICE(S), DEEP (EG, SUBFASCIAL) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Yes
20702	CPT/HCPCS	MANUAL PREPARATION AND INSERTION OF DRUG-DELIVERY DEVICE(S),INTRAMEDULLARY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIM	Yes
20703	CPT/HCPCS	REMOVAL OF DRUG-DELIVERY DEVICE(S), INTRAMEDULLARY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Yes
20704	CPT/HCPCS	MANUAL PREPARATION AND INSERTION OF DRUG-DELIVERY DEVICE(S),INTRA-ARTICULAR (LIST SEPARATELY IN ADDITION TO CODE FOR PRI	Yes
21086	CPT/HCPCS	IMPRESSION AND CUSTOM PREPARATION; AURICULAR PROSTHESIS	Yes
21087	CPT/HCPCS	IMPRESSION AND CUSTOM PREPARATION; NASAL PROSTHESIS	Yes
21088	CPT/HCPCS	IMPRESSION AND CUSTOM PREPARATION; FACIAL PROSTHESIS	Yes
21089	CPT/HCPCS	UNLISTED MAXILLOFACIAL PROSTHETIC PROCEDURE	Yes
21100	CPT/HCPCS	*APPLICATION OF HALO TYPE APPLIANCE FOR MAXILLOFACIAL FIXATION, INCLUDES REMOVAL (SEPARATE PROCEDURE)	Yes
21270	CPT/HCPCS	MALAR AUGMENTATION, PROSTHETIC MATERIAL	Yes
21275	CPT/HCPCS	SECONDARY REVISION OF ORBITOCRANIOFACIAL RECONSTRUCTION	Yes
21280	CPT/HCPCS	MEDIAL CANTHOPEXY (SEPARATE PROCEDURE)	Yes
21282	CPT/HCPCS	LATERAL CANTHOPEXY	Yes
21295	CPT/HCPCS	REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETERIC HYPERTROPHY); EXTRAORAL APPROACH	Yes
21555	CPT/HCPCS	EXCISION, TUMOR, SOFT TISSUE OF NECK OR ANTERIOR THORAX, SUBCUTANEOUS; LESS THAN 3 CM	Yes
21556	CPT/HCPCS	EXCISION, TUMOR, SOFT TISSUE OF NECK OR ANTERIOR THORAX, SUBFASCIAL (EG, INTRAMUSCULAR); LESS THAN 5 CM	Yes
21557	CPT/HCPCS	RADICAL RESECTION OF TUMOR (EG, SARCOMA), SOFT TISSUE OF NECK OR ANTERIOR THORAX; LESS THAN 5 CM	Yes
21558	CPT/HCPCS	RADICAL RESECTION OF TUMOR (EG, SARCOMA), SOFT TISSUE OF NECK OR ANTERIOR THORAX; 5 CM OR GREATER	Yes
22511	CPT/HCPCS	PERCUTANEOUS VERTEBROPLASTY,1 VERTEBRAL BODY, UNILATERAL OR BILATERAL INJECTION, INCLUSIVE OF ALL IMAGING GUIDANCE;	Yes
22512	CPT/HCPCS	PERCUTANEOUS VERTEBROPLASTY (BONE BIOPSY INCLUDED WHEN PERFORMED), 1 VERTEBRAL BODY,EACH ADDITIONAL CERVICOTHORACIC	Yes
22513	CPT/HCPCS	PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION (FRACTURE REDUCTION AND BONE BIOPSY INCLUDED	Yes
22514	CPT/HCPCS	PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION, 1 VERTEBRAL BODY, UNILATERAL OR BILATERAL ANNULATI	Yes
22901	CPT/HCPCS	EXCISION, TUMOR, SOFT TISSUE OF ABDOMINAL WALL, SUBFASCIAL (EG, INTRAMUSCULAR); 5 CM OR GREATER	Yes
22902	CPT/HCPCS	EXCISION, TUMOR, SOFT TISSUE OF ABDOMINAL WALL, SUBCUTANEOUS; LESS THAN 3 CM	Yes
22903	CPT/HCPCS	EXCISION, TUMOR, SOFT TISSUE OF ABDOMINAL WALL, SUBCUTANEOUS; 3 CM OR GREATER	Yes
22904	CPT/HCPCS	RADICAL RESECTION OF TUMOR (EG, SARCOMA), SOFT TISSUE OF ABDOMINAL WALL; LESS THAN 5 CM	Yes
23474	CPT/HCPCS	REVISION OF A TOTAL SHOULDER ARTHROPLASTY, INCLUDING ALLOGRAFT WHEN PERFORMED; HUMERAL AND GLENOID COMPONENT	Yes
23480	CPT/HCPCS	OSTEOTOMY, CLAVICLE, WITH OR WITHOUT INTERNAL FIXATION;	Yes
23485	CPT/HCPCS	OSTEOTOMY, CLAVICLE, WITH OR WITHOUT INTERNAL FIXATION; WITH BONE GRAFT FOR NONUNION OR MALUNION (INCLUDES OBTAINING G	Yes

23490	CPT/HCPCS	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT METHYL METHACRYLATE; CLAVICLE	Yes
24140	CPT/HCPCS	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), HUMERUS	Yes
24145	CPT/HCPCS	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), RADIAL HEAD OR NECK	Yes
24147	CPT/HCPCS	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), OLECRANON PROCESS	Yes
24149	CPT/HCPCS	RADICAL RESECTION OF CAPSULE, SOFT TISSUE, AND HETEROTOPIC BONE, ELBOW, WITH CONTRACTURE RELEASE (SEPARATE PROCEDURE)	Yes
24635	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN MONTEGGIA TYPE OF FRACTURE DISLOCATION AT ELBOW (FRACTURE PROXIMAL END OF ULNA WITH	Yes
24640	CPT/HCPCS	*TREATMENT OF RADIAL HEAD SUBLUXATION IN CHILD, "NURSEMAID ELBOW", WITH MANIPULATION	Yes
24650	CPT/HCPCS	TREATMENT OF CLOSED RADIAL HEAD OR NECK FRACTURE; WITHOUT MANIPULATION	Yes
24655	CPT/HCPCS	TREATMENT OF CLOSED RADIAL HEAD OR NECK FRACTURE; WITH MANIPULATION	Yes
25265	CPT/HCPCS	REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR WRIST; SECONDARY, WITH FREE GRAFT (INCLUDES OBTAINING GRAFT), EACH TEN	Yes
25270	CPT/HCPCS	REPAIR, TENDON OR MUSCLE, EXTENSOR, FOREARM AND/OR WRIST; PRIMARY, SINGLE, EACH TENDON OR MUSCLE	Yes
25272	CPT/HCPCS	REPAIR, TENDON OR MUSCLE, EXTENSOR, FOREARM AND/OR WRIST; SECONDARY, SINGLE, EACH TENDON OR MUSCLE	Yes
25274	CPT/HCPCS	REPAIR, TENDON OR MUSCLE, EXTENSOR, SECONDARY, WITH TENDON GRAFT (INCLUDES OBTAINING GRAFT), FOREARM AND/OR WRIST, EA	Yes
25624	CPT/HCPCS	TREATMENT OF CLOSED CARPAL SCAPHOID (NAVICULAR) FRACTURE; WITH MANIPULATION	Yes
25628	CPT/HCPCS	OPEN TREATMENT OF CARPAL SCAPHOID (NAVICULAR) FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED	Yes
25630	CPT/HCPCS	TREATMENT OF CLOSED CARPAL BONE FRACTURE (EXCLUDING CARPAL SCAPHOID (NAVICULAR)); WITHOUT MANIPULATION, EACH B	Yes
25635	CPT/HCPCS	TREATMENT OF CLOSED CARPAL BONE FRACTURE (EXCLUDING CARPAL SCAPHOID (NAVICULAR)); WITH MANIPULATION, EACH BONE	Yes
26210	CPT/HCPCS	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL, MIDDLE OR DISTAL PHALANX OF FINGER;	Yes
26215	CPT/HCPCS	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL, MIDDLE OR DISTAL PHALANX OF FINGER; WITH AUTOGRAFT (Yes
26230	CPT/HCPCS	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS); METACARPAL	Yes
26235	CPT/HCPCS	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS); PROXIMAL OR MIDDLE	Yes
26541	CPT/HCPCS	PRIMARY REPAIR OF COLLATERAL LIGAMENT, METACARPOPHALANGEAL JOINT; WITH TENDON OR FASCIAL GRAFT (INCLUDES OBTAINING GRAFT	Yes
26542	CPT/HCPCS	PRIMARY REPAIR OF COLLATERAL LIGAMENT, METACARPOPHALANGEAL JOINT; WITH LOCAL TISSUE (EG, ADDUCTOR ADVANCEMENT)	Yes
26545	CPT/HCPCS	RECONSTRUCTION, COLLATERAL LIGAMENT, INTERPHALANGEAL JOINT, SINGLE, INCLUDING GRAFT, EACH JOINT	Yes
26546	CPT/HCPCS	REPAIR NON-UNION, METACARPAL OR PHALANX, (INCLUDES OBTAINING BONE GRAFT WITH OR WITHOUT EXTERNAL OR INTERNAL	Yes
26951	CPT/HCPCS	AMPUTATION, FINGER OR THUMB, PRIMARY OR SECONDARY, ANY JOINT OR PHALANX, SINGLE, INCLUDING NEURECTOMIES; WITH DIRECT	Yes
26952	CPT/HCPCS	AMPUTATION, FINGER OR THUMB, PRIMARY OR SECONDARY, ANY JOINT OR PHALANX, SINGLE, INCLUDING NEURECTOMIES; WITH LOCAL	Yes

26989	CPT/HCPCS	UNLISTED PROCEDURE, HANDS OR FINGERS	Yes
26990	CPT/HCPCS	INCISION AND DRAINAGE, PELVIS OR HIP JOINT AREA; DEEP ABSCESS OR HEMATOMA	Yes
27176	CPT/HCPCS	TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; BY SINGLE OR MULTIPLE PINNING, IN SITU	Yes
27177	CPT/HCPCS	OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; SINGLE OR MULTIPLE PINNING OR BONE GRAFT (INCLUDES OBTAINING GRAFT)	Yes
27178	CPT/HCPCS	OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; CLOSED MANIPULATION WITH SINGLE OR MULTIPLE PINNING	Yes
27179	CPT/HCPCS	OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; OSTEOPLASTY OF FEMORAL NECK (HEYMAN TYPE PROCEDURE)	Yes
27286	CPT/HCPCS	ARTHRODESIS, HIP JOINT (INCLUDES OBTAINING GRAFT); WITH SUBTROCHANTERIC OSTEOTOMY	Yes
27290	CPT/HCPCS	INTERPELVIABDOMINAL AMPUTATION (HIND QUARTER AMPUTATION)	Yes
27295	CPT/HCPCS	DISARTICULATION OF HIP	Yes
27299	CPT/HCPCS	UNLISTED PROCEDURE, PELVIS OR HIP JOINT	Yes
27301	CPT/HCPCS	INCISION AND DRAINAGE OF DEEP ABSCESS, INFECTED BURSA, OR HEMATOMA, THIGH OR KNEE REGION	Yes
20705	CPT/HCPCS	REMOVAL OF DRUG-DELIVERY DEVICE(S), INTRA-ARTICULAR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Yes
20802	CPT/HCPCS	REPLANTATION, ARM (INCLUDES SURGICAL NECK OF HUMERUS THROUGH ELBOW JOINT); COMPLETE AMPUTATION	Yes
20805	CPT/HCPCS	REPLANTATION, FOREARM (INCLUDES RADIUS AND ULNA TO RADIAL CARPAL JOINT); COMPLETE AMPUTATION	Yes
20808	CPT/HCPCS	REPLANTATION, HAND (INCLUDES HAND THROUGH METACARPOPHALANGEAL JOINTS); COMPLETE AMPUTATION	Yes
21110	CPT/HCPCS	APPLICATION OF INTERDENTAL FIXATION DEVICE FOR CONDITIONS OTHER THAN FRACTURE OR DISLOCATION, INCLUDES REMOVAL	Yes
21116	CPT/HCPCS	INJECTION PROCEDURE FOR TEMPOROMANDIBULAR JOINT ARTHROGRAPHY	Yes
21120	CPT/HCPCS	GENIOPLASTY; AUGMENTATION (AUTOGRAFT, ALLOGRAFT, PROSTHETIC MATERIAL)	Yes
21121	CPT/HCPCS	GENIOPLASTY; SLIDING OSTEOTOMY, SINGLE PIECE	Yes
21296	CPT/HCPCS	REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETERIC HYPERTROPHY); INTRAORAL APPROACH	Yes
21299	CPT/HCPCS	UNLISTED CRANIOFACIAL AND MAXILLOFACIAL PROCEDURE	Yes
21315	CPT/HCPCS	CLOSED TREATMENT OF NASAL BONE FRACTURE WITH MANIPULATION; WITHOUT STABILIZATION	Yes
21320	CPT/HCPCS	CLOSED TREATMENT OF NASAL BONE FRACTURE WITH MANIPULATION; WITH STABILIZATION	Yes
21325	CPT/HCPCS	OPEN TREATMENT OF NASAL FRACTURE; UNCOMPLICATED	Yes
21600	CPT/HCPCS	EXCISION OF RIB, PARTIAL	Yes
21601	CPT/HCPCS	EXCISION OF CHEST WALL TUMOR INCLUDING RIB(S)	Yes
21602	CPT/HCPCS	EXCISION OF CHEST WALL TUMOR INVOLVING RIB(S), WITH PLASTIC RECONSTRUCTION; WITHOUT MEDIASTINAL LYMPHADENECTOMY	Yes
21603	CPT/HCPCS	EXCISION OF CHEST WALL TUMOR INVOLVING RIB(S), WITH PLASTIC RECONSTRUCTION; WITH MEDIASTINAL LYMPHADENECTOMY	Yes
21610	CPT/HCPCS	COSTOTRANSVERSECTOMY (SEPARATE PROCEDURE)	Yes
22515	CPT/HCPCS	PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION;EACH ADDITIONAL THORACIC OR LUMBAR VERTEBRAL BODY	Yes
22526	CPT/HCPCS	PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANNULOPLASTY, UNILATERAL OR BILATERAL INCLUDING FLUOROSCOPIC GUIDANCE; SINGLE LE	Yes
22527	CPT/HCPCS	PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANNULOPLASTY, UNILATERAL OR BILATERAL INCL FLUOROSCOPIC GUIDANCE; ONE OR MORE AD	Yes
22532	CPT/HCPCS	ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); THORACIC	Yes
22905	CPT/HCPCS	RADICAL RESECTION OF TUMOR (EG, SARCOMA), SOFT TISSUE OF ABDOMINAL WALL; 5 CM OR GREATER	Yes
22999	CPT/HCPCS	UNLISTED PROCEDURE, ABDOMEN, MUSCULOSKELETAL SYSTEM	Yes
23000	CPT/HCPCS	REMOVAL OF SUBDELTOID (OR INTRATENDINOUS) CALCAREOUS DEPOSITS, OPEN METHOD	Yes
23020	CPT/HCPCS	CAPSULAR CONTRACTURE RELEASE (SEVER TYPE PROCEDURE) FOR ERB'S PALSY	Yes

23030	CPT/HCPCS	INCISION AND DRAINAGE, SHOULDER AREA; DEEP ABSCESS OR HEMATOMA	Yes
23491	CPT/HCPCS	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT METHYL METHACRYLATE; PROXIMAL HUMERUS AND	Yes
23500	CPT/HCPCS	TREATMENT OF CLOSED CLAVICULAR FRACTURE; WITHOUT MANIPULATION	Yes
23505	CPT/HCPCS	TREATMENT OF CLOSED CLAVICULAR FRACTURE; WITH MANIPULATION	Yes
23515	CPT/HCPCS	OPEN TREATMENT OF CLAVICULAR FRACTURE INCLUDES INTERNAL FIXATION, WHEN PERFORMED	Yes
24150	CPT/HCPCS	RADICAL RESECTION OF TUMOR, SHAFT OR DISTAL HUMERUS	Yes
24152	CPT/HCPCS	RADICAL RESECTION OF TUMOR, RADIAL HEAD OR NECK	Yes
24155	CPT/HCPCS	RESECTION OF ELBOW JOINT (ARTHRECTOMY)	Yes
24160	CPT/HCPCS	REMOVAL OF PROSTHESIS, INCLUDES DEBRIDEMENT AND SYNOVECTOMY WHEN PERFORMED; HUMERAL AND ULNAR COMPONENTS	Yes
24164	CPT/HCPCS	REMOVAL OF PROSTHESIS, INCLUDES DEBRIDEMENT AND SYNOVECTOMY WHEN PERFORMED; RADIAL HEAD	Yes
24665	CPT/HCPCS	OPEN TREATMENT OF RADIAL HEAD OR NECK FRACTURE INCLUDES INTERNAL FIXATION OR RADIAL HEAD EXCISION, WHEN PERFORMED;	Yes
24666	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN RADIAL HEAD OR NECK FRACTURE, WITH OR WITHOUT INTERNAL FIXATION OR RADIAL HEAD E	Yes
24670	CPT/HCPCS	CLOSED TREATMENT OF ULNAR FRACTURE, PROXIMAL END (EG, OLECRANON OR CORONOID PROCESS(ES); WITHOUT MANIPULATION	Yes
24675	CPT/HCPCS	OPEN TREATMENT OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERAL, INCLUDES INTERNAL FIXATION, WHEN PERFORMED	Yes
25275	CPT/HCPCS	REPAIR, TENDON SHEATH, EXTENSOR,FOREARM AND/OR WRIST,WITH FREE GRAFT	Yes
25280	CPT/HCPCS	LENGTHENING OR SHORTENING OF FLEXOR OR EXTENSOR TENDON, FOREARM AND/OR WRIST, SINGLE, EACH TENDON	Yes
25290	CPT/HCPCS	TENOTOMY, OPEN, FLEXOR OR EXTENSOR TENDON, FOREARM AND/OR WRIST, SINGLE, EACH TENDON	Yes
25295	CPT/HCPCS	TENOLYSIS, FLEXOR OR EXTENSOR TENDON, FOREARM AND/OR WRIST, SINGLE, EACH TENDON	Yes
25300	CPT/HCPCS	TENODESIS AT WRIST; FLEXORS OF FINGERS	Yes
25645	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN CARPAL BONE FRACTURE (EXCLUDING CARPAL SCAPHOID (NAVICULAR)), EACH BONE	Yes
25650	CPT/HCPCS	TREATMENT OF CLOSED ULNAR STYLOID FRACTURE	Yes
25651	CPT/HCPCS	PERCUTANEOUS SKELETAL FIXATION OF ULNAR STYLOID FRACTURE	Yes
25652	CPT/HCPCS	OPEN TREATMENT OF ULNAR STYLOID FRACTURE	Yes
25660	CPT/HCPCS	TREATMENT OF CLOSED RADIOCARPAL OR INTERCARPAL DISLOCATION, ONE OR MORE BONES, WITH MANIPULATION	Yes
26236	CPT/HCPCS	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS); DISTAL PHALANX OF	Yes
26250	CPT/HCPCS	RADICAL RESECTION OF TUMOR, METACARPAL	Yes
26260	CPT/HCPCS	RADICAL RESECTION OF TUMOR, PROXIMAL OR MIDDLE PHALANX OF FINGER	Yes
26262	CPT/HCPCS	RADICAL RESECTION OF TUMOR, DISTAL PHALANX OF FINGER	Yes
26320	CPT/HCPCS	REMOVAL OF IMPLANT FROM FINGER OR HAND	Yes
26548	CPT/HCPCS	REPAIR AND RECONSTRUCTION, FINGER, VOLAR PLATE, INTERPHALANGEAL JOINT	Yes
26550	CPT/HCPCS	POLLICIZATION OF A DIGIT	Yes
26551	CPT/HCPCS	TOE TO HAND TRANSFER WITH MICROVASCULAR ANASTOMOSIS; GREAT TOE "WRAP-AROUND" WITH BONE GRAFT	Yes
26553	CPT/HCPCS	TOE TO HAND TRANSFER WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN GREAT TOE SINGLE	Yes
26554	CPT/HCPCS	TOE TO HAND TRANSFER WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN GREAT TOE. DOUBLE	Yes
26991	CPT/HCPCS	INCISION AND DRAINAGE, PELVIS OR HIP JOINT AREA; INFECTED BURSA	Yes
26992	CPT/HCPCS	INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), PELVIS AND/OR HIP JOINT	Yes
27000	CPT/HCPCS	TENOTOMY, ADDUCTOR OF HIP, SUBCUTANEOUS, CLOSED (SEPARATE PROCEDURE)	Yes
27001	CPT/HCPCS	TENOTOMY, ADDUCTOR OF HIP, SUBCUTANEOUS, OPEN	Yes

27003	CPT/HCPCS	TENOTOMY, ADDUCTOR, SUBCUTANEOUS, OPEN, WITH OBTURATOR NEURECTOMY	Yes
27181	CPT/HCPCS	OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; OSTEOTOMY AND INTERNAL FIXATION	Yes
27185	CPT/HCPCS	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING, GREATER TROCHANTER	Yes
27187	CPT/HCPCS	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT METHYLMETHACRYLATE, FEMORAL NECK AND PROXI	Yes
27197	CPT/HCPCS	CLOSED TREATMENT OF POSTERIOR PELVIC RING FRACTURE(S),DISLO CATION(S), UNILATERAL OR BILATERAL; WITHOUT MANIPULATION.	Yes
27303	CPT/HCPCS	INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), FEMUR OR KNEE	Yes
27305	CPT/HCPCS	FASCIOTOMY, ILIOTIBIAL (TENOTOMY), OPEN	Yes
27306	CPT/HCPCS	TENOTOMY, SUBCUTANEOUS, CLOSED, ADDUCTOR OR HAMSTRING, (SEPARATE PROCEDURE); SINGLE	Yes
27307	CPT/HCPCS	TENOTOMY, SUBCUTANEOUS, CLOSED, ADDUCTOR OR HAMSTRING, (SEPARATE PROCEDURE); MULTIPLE	Yes
20816	CPT/HCPCS	REPLANTATION, DIGIT, EXCLUDING THUMB (INCLUDES METACARPOPHALANGEAL JOINT TO INSERTION OF FLEXOR SUBLIMIS TENDON); COMP	Yes
20822	CPT/HCPCS	REPLANTATION, DIGIT, EXCLUDING THUMB (INCLUDES DISTAL TIP TO SUBLIMIS TENDON INSERTION); COMPLETE AMPUTATION	Yes
20824	CPT/HCPCS	REPLANTATION, THUMB (INCLUDES CARPOMETACARPAL JOINT TO MP JOINT); COMPLETE AMPUTATION	Yes
20827	CPT/HCPCS	REPLANTATION, THUMB (INCLUDES DISTAL TIP TO MP JOINT); COMPLETE AMPUTATION	Yes
21122	CPT/HCPCS	GENIOPLASTY; SLIDING OSTEOTOMIES, TWO OR MORE OSTEOTOMIES (EG, WEDGE EXCISION OR BONE WEDGE REVERSAL FOR ASYMMETRICAL CH	Yes
21123	CPT/HCPCS	GENIOPLASTY; SLIDING, AUGMENTATION WITH INTERPOSITIONAL BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS)	Yes
21125	CPT/HCPCS	AUGMENTATION, MANDIBULAR BODY OR ANGLE; PROSTHETIC MATERIAL	Yes
21127	CPT/HCPCS	AUGMENTATION, MANDIBULAR BODY OR ANGLE; WITH BONE GRAFT, ONLAY OR INTERPOSITIONAL (INCLUDES OBTAINING AUTOGR	Yes
21330	CPT/HCPCS	OPEN TREATMENT OF NASAL FRACTURE; COMPLICATED, WITH INTERNAL AND/OR EXTERNAL SKELETAL FIXATION	Yes
21335	CPT/HCPCS	OPEN TREATMENT OF NASAL FRACTURE; WITH CONCOMITANT OPEN TREATMENT OF FRACTURED SEPTUM	Yes
21336	CPT/HCPCS	OPEN TREATMENT OF NASAL SEPTAL FRACTURE, W/WO STABILIZATION	Yes
21337	CPT/HCPCS	TREATMENT OF CLOSED NASAL SEPTAL FRACTURE	Yes
21338	CPT/HCPCS	OPEN TREATMENT OF NASOETHMOID FRACTURE; WITHOUT EXTERNAL FIXATION	Yes
21615	CPT/HCPCS	EXCISION FIRST AND/OR CERVICAL RIB FOR OUTLET COMPRESSION SYNDROME OR OTHER CAUSE;	Yes
21616	CPT/HCPCS	EXCISION FIRST AND/OR CERVICAL RIB FOR OUTLET COMPRESSION SYNDROME OR OTHER CAUSE; WITH SYMPATHECTOMY	Yes
21620	CPT/HCPCS	OSTECTOMY OF STERNUM, PARTIAL	Yes
21627	CPT/HCPCS	STERNAL DEBRIDEMENT	Yes
21630	CPT/HCPCS	RADICAL RESECTION OF STERNUM;	Yes
22533	CPT/HCPCS	ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	Yes
22534	CPT/HCPCS	ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); THORACIC OR LUMBAR, +	Yes
22548	CPT/HCPCS	ARTHRODESIS, ANTERIOR TRANSORAL OR EXTRAORAL TECHNIQUE, CLIVUS-C1-C2 (ATLAS-AXIS), WITH OR WITHOUT EXCISION OF ODONTOID PROCESS	Yes
22551	CPT/HCPCS	ARTHRODESIS, ANTERIOR INTERBODY, INCL DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CO	Yes
23031	CPT/HCPCS	INCISION AND DRAINAGE, SHOULDER AREA; INFECTED BURSA	Yes
23035	CPT/HCPCS	INCISION, DEEP, WITH OPENING OF CORTEX (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), SHOULDER AREA	Yes

23040	CPT/HCPCS	ARTHROTOMY, GLENOHUMERAL JOINT, FOR INFECTION, WITH EXPLORATION, DRAINAGE OR REMOVAL OF FOREIGN BODY	Yes
23044	CPT/HCPCS	ARTHROTOMY, ACROMIOCLAVICULAR, STERNOCLAVICULAR JOINT, FOR INFECTION, WITH EXPLORATION, DRAINAGE OR REMOVAL OF FOREIGN BODY	Yes
23520	CPT/HCPCS	TREATMENT OF CLOSED STERNOCLAVICULAR DISLOCATION; WITHOUT MANIPULATION	Yes
23525	CPT/HCPCS	TREATMENT OF CLOSED STERNOCLAVICULAR DISLOCATION; WITH MANIPULATION	Yes
23530	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN STERNOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC;	Yes
23532	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN STERNOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC; WITH FASCIAL GRAFT (INCLUDES OBTAINING)	Yes
24200	CPT/HCPCS	REMOVAL OF FOREIGN BODY, UPPER ARM OR ELBOW AREA; SUBCUTANEOUS	Yes
24201	CPT/HCPCS	REMOVAL OF FOREIGN BODY, UPPER ARM OR ELBOW AREA; DEEP	Yes
24220	CPT/HCPCS	INJECTION PROCEDURE FOR ELBOW ARTHROGRAPHY	Yes
24300	CPT/HCPCS	MANIPULATION, ELBOW, UNDER ANESTHESIA	Yes
24301	CPT/HCPCS	MUSCLE OR TENDON TRANSFER, ANY TYPE, UPPER ARM OR ELBOW, SINGLE (EXCLUDING 24320-24331)	Yes
24685	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN ULNAR FRACTURE PROXIMAL END (OLECRANON PROCESS), WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	Yes
24800	CPT/HCPCS	ARTHRODESIS, ELBOW JOINT; WITH OR WITHOUT LOCAL AUTOGRAFT OR ALLOGRAFT	Yes
24802	CPT/HCPCS	ARTHRODESIS, ELBOW JOINT; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT OTHER THAN LOCALLY OBTAINED)	Yes
24900	CPT/HCPCS	AMPUTATION, ARM THROUGH HUMERUS; WITH PRIMARY CLOSURE	Yes
25301	CPT/HCPCS	TENODESIS AT WRIST; EXTENSORS OF FINGERS	Yes
25310	CPT/HCPCS	TENDON TRANSPLANTATION OR TRANSFER, FLEXOR OR EXTENSOR, FOREARM AND/OR WRIST, SINGLE; EACH TENDON	Yes
25312	CPT/HCPCS	TENDON TRANSPLANTATION OR TRANSFER, FLEXOR OR EXTENSOR, FOREARM AND/OR WRIST, SINGLE; WITH TENDON GRAFT(S) (INCLUDES OBTAINING)	Yes
25315	CPT/HCPCS	FLEXOR ORIGIN SLIDE FOR CEREBRAL PALSY, FOREARM AND/OR WRIST;	Yes
25670	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN RADIOCARPAL OR INTERCARPAL DISLOCATION, ONE OR MORE BONES	Yes
25671	CPT/HCPCS	PERCUTANEOUS SKELETAL FIXATION OF DISTAL RADIOULNAR DISLOCATION	Yes
25675	CPT/HCPCS	TREATMENT OF CLOSED DISTAL RADIOULNAR DISLOCATION WITH MANIPULATION	Yes
25676	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN DISTAL RADIOULNAR DISLOCATION, ACUTE OR CHRONIC	Yes
26340	CPT/HCPCS	MANIPULATION, FINGER JOINT, UNDER ANESTHESIA, EACH JOINT	Yes
26341	CPT/HCPCS	MANIPULATION, PALMAR FASCIAL CORD (IE, DUPUYTREN'S CORD) POSTERIOR	Yes
26350	CPT/HCPCS	FLEXOR TENDON REPAIR OR ADVANCEMENT, SINGLE, NOT IN "NO MAN'S LAND"; PRIMARY OR SECONDARY WITHOUT FREE GRAFT, EACH	Yes
26352	CPT/HCPCS	FLEXOR TENDON REPAIR OR ADVANCEMENT, SINGLE, NOT IN "NO MAN'S LAND"; SECONDARY WITH FREE GRAFT (INCLUDES OBTAINING)	Yes
26555	CPT/HCPCS	POSITIONAL CHANGE OF OTHER FINGER	Yes
26556	CPT/HCPCS	FREE TOE JOINT TRANSFER WITH MICROVASCULAR ANASTOMOSIS	Yes
26560	CPT/HCPCS	REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE; WITH SKIN FLAPS	Yes
26561	CPT/HCPCS	REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE; WITH SKIN FLAPS AND GRAFTS	Yes
26562	CPT/HCPCS	REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE; COMPLEX (EG, INVOLVING BONE, NAILS)	Yes
27005	CPT/HCPCS	TENOTOMY, ILIOPSOAS, OPEN (SEPARATE PROCEDURE)	Yes
27006	CPT/HCPCS	TENOTOMY, ABDUCTORS OF HIP, OPEN (SEPARATE PROCEDURE)	Yes
27025	CPT/HCPCS	FASCIOTOMY, HIP OR THIGH, ANY TYPE	Yes
27027	CPT/HCPCS	DECOMPRESS FASCIOTOMY(IES), PELVIC (BUTTOCK) COMPARTMENT(S) (EG, GLUTEUS MEDIUS-MINIMUS, GLUTEUS MAXIMUS, ILIOPSOAS, AND	Yes
27030	CPT/HCPCS	ARTHROTOMY, HIP, FOR INFECTION, WITH DRAINAGE	Yes

27198	CPT/HCPCS	CLOSED TREATMENT OF POSTERIOR PELVIC RING FRACTURE(S), DISLOCATION(S), UNILATERAL OR BILATERAL; WITH MANIPULATION, REQUI	Yes
27200	CPT/HCPCS	TREATMENT OF CLOSED COCCYGEAL FRACTURE	Yes
27202	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN COCCYGEAL FRACTURE	Yes
27215	CPT/HCPCS	OPEN TREATMENT OF ILIAC SPINE(S), TUBerosITY AVULSION, OR ILIAC WING FRACTURE(S),WITH INTERNAL FIXATION	Yes
27310	CPT/HCPCS	ARTHROTOMY, KNEE, FOR INFECTION, WITH EXPLORATION, DRAINAGE OR REMOVAL OF FOREIGN BODY	Yes
27323	CPT/HCPCS	BIOPSY, SOFT TISSUE OF THIGH OR KNEE AREA; SUPERFICIAL	Yes
27324	CPT/HCPCS	BIOPSY, SOFT TISSUE OF THIGH OR KNEE AREA; DEEP	Yes
27325	CPT/HCPCS	NEURECTOMY, HAMSTRING MUSCLE	Yes
27326	CPT/HCPCS	NEURECTOMY, POPLITEAL (GASTROCNEMIUS)	Yes
20838	CPT/HCPCS	REPLANTATION, FOOT; COMPLETE AMPUTATION	Yes
20900	CPT/HCPCS	BONE GRAFT, ANY DONOR AREA; MINOR OR SMALL (EG, DOWEL OR BUTTON)	Yes
20902	CPT/HCPCS	BONE GRAFT, ANY DONOR AREA; MAJOR OR LARGE	Yes
20910	CPT/HCPCS	CARTILAGE GRAFT; COSTOCHONDRAL	Yes
20912	CPT/HCPCS	CARTILAGE GRAFT; NASAL SEPTUM	Yes
21137	CPT/HCPCS	REDUCTION FOREHEAD; CONTOURING ONLY	Yes
21138	CPT/HCPCS	REDUCTION FOREHEAD; CONTOURING AND APPLICATION OF PROSTHETIC MATERIAL OR BONE GRAFT (INCLUDES OBTAINING AUTOGRAFT)	Yes
21139	CPT/HCPCS	REDUCTION FOREHEAD; CONTOURING AND SETBACK OF ANTERIOR FRONTAL SINUS WALL	Yes
21141	CPT/HCPCS	RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIRECTION, WITHOUT BONE GRAFT	Yes
21339	CPT/HCPCS	OPEN TREATMENT OF NASOETHMOID FRACTURE; WITH EXTERNAL FIXATION	Yes
21340	CPT/HCPCS	TREATMENT OF CLOSED OR OPEN NASOETHMOID COMPLEX FRACTURE, WITH SPLINT, WIRE OR HEADCAP FIXATION, INCLUDING REPAIR OF C	Yes
21343	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN DEPRESSED FRONTAL SINUS FRACTURE	Yes
21344	CPT/HCPCS	OPEN TREATMENT OF COMPLICATED FRONTAL SINUS FRACTURE VIA CORONAL OR MULTIPLE APPROACHES	Yes
21632	CPT/HCPCS	RADICAL RESECTION OF STERNUM; WITH MEDIASTINAL LYMPHADENECTOMY	Yes
21685	CPT/HCPCS	HYOID MYOTOMY AND SUSPENSION	Yes
21700	CPT/HCPCS	DIVISION OF SCALENUS ANTICUS; WITHOUT RESECTION OF CERVICAL RIB	Yes
21705	CPT/HCPCS	DIVISION OF SCALENUS ANTICUS; WITH RESECTION OF CERVICAL RIB	Yes
21720	CPT/HCPCS	DIVISION OF STERNOCLEIDOMASTOID FOR TORTICOLLIS, OPEN OPERATION; WITHOUT CAST APPLICATION	Yes
22552	CPT/HCPCS	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; C+	Yes
22554	CPT/HCPCS	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISCECTOMY TO PREPARE INTERSPACE (OTHERTHAN FOR DECOMPRESSION); CERVICAL BELOW C2	Yes
22556	CPT/HCPCS	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISCECTOMY TO PREPARE INTERSPACE (OTHERTHAN FOR DECOMPRESSION); THORACIC	Yes
22558	CPT/HCPCS	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISCECTOMY TO PREPARE INTERSPACE (OTHERTHAN FOR DECOMPRESSION); LUMBAR	Yes
23065	CPT/HCPCS	BIOPSY, SOFT TISSUE OF SHOULDER AREA; SUPERFICIAL	Yes
23066	CPT/HCPCS	BIOPSY, SOFT TISSUE OF SHOULDER AREA; DEEP	Yes
23071	CPT/HCPCS	EXCISION, TUMOR, SOFT TISSUE OF SHOULDER AREA, SUBCUTANEOUS; 3 CM OR GREATER	Yes
23073	CPT/HCPCS	EXCISION, TUMOR, SOFT TISSUE OF SHOULDER AREA, SUBFASCIAL (EG, INTRAMUSCULAR); 5 CM OR GREATER	Yes
23075	CPT/HCPCS	EXCISION, TUMOR, SOFT TISSUE OF SHOULDER AREA, SUBCUTANEOUS; LESS THAN 3 CM	Yes
23540	CPT/HCPCS	TREATMENT OF CLOSED ACROMIOCLAVICULAR DISLOCATION; WITHOUT MANIPULATION	Yes
23545	CPT/HCPCS	TREATMENT OF CLOSED ACROMIOCLAVICULAR DISLOCATION; WITH MANIPULATION	Yes

23550	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN ACROMIOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC;	Yes
23552	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN ACROMIOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC; WITH FASCIAL GRAFT (INCLUDES OBTA	Yes
24305	CPT/HCPCS	TENDON LENGTHENING, UPPER ARM OR ELBOW, SINGLE, EACH	Yes
24310	CPT/HCPCS	TENOTOMY, OPEN, ELBOW TO SHOULDER, SINGLE, EACH	Yes
24320	CPT/HCPCS	TENOPLASTY, WITH MUSCLE TRANSFER, WITH OR WITHOUT FREE GRAFT, ELBOW TO SHOULDER, SINGLE (SEDDON-BROOKES TYPE PROC	Yes
24330	CPT/HCPCS	FLEXOR-PLASTY, ELBOW (EG, STEINDLER TYPE ADVANCEMENT);	Yes
24331	CPT/HCPCS	FLEXOR-PLASTY, ELBOW (EG, STEINDLER TYPE ADVANCEMENT); WITH EXTENSOR ADVANCEMENT	Yes
24920	CPT/HCPCS	AMPUTATION, ARM THROUGH HUMERUS; OPEN, CIRCULAR (GUILLotine)	Yes
24925	CPT/HCPCS	AMPUTATION, ARM THROUGH HUMERUS; SECONDARY CLOSURE OR SCAR REVISION	Yes
24930	CPT/HCPCS	AMPUTATION, ARM THROUGH HUMERUS; RE-AMPUTATION	Yes
24931	CPT/HCPCS	AMPUTATION, ARM THROUGH HUMERUS; WITH IMPLANT	Yes
24935	CPT/HCPCS	STUMP ELONGATION, UPPER EXTREMITY	Yes
25316	CPT/HCPCS	FLEXOR ORIGIN SLIDE FOR CEREBRAL PALSY, FOREARM AND/OR WRIST; WITH TENDON(S) TRANSFER	Yes
25320	CPT/HCPCS	CAPSULORRHAPHY OR RECONSTRUCTION, WRIST, OPEN (EG CAPSULODESIS, LIGAMENT REPAIR, TENDON TRANS OR GRAFT) INLC SYNOVECTOMY	Yes
25332	CPT/HCPCS	ARTHROPLASTY, WRIST; PSEUDARTHROSIS TYPE WITH INTERNAL FIXATION	Yes
25335	CPT/HCPCS	CENTRALIZATION OF WRIST ON ULNA (EG, RADIAL CLUB HAND)	Yes
25680	CPT/HCPCS	TREATMENT OF CLOSED TRANS-SCAPHOPERILUNAR TYPE OF FRACTURE DISLOCATION, WITH MANIPULATION	Yes
25685	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN TRANS-SCAPHOPERILUNAR TYPE OF FRACTURE DISLOCATION	Yes
25690	CPT/HCPCS	TREATMENT OF LUNATE DISLOCATION, WITH MANIPULATION	Yes
25695	CPT/HCPCS	OPEN TREATMENT OF LUNATE DISLOCATION	Yes
25800	CPT/HCPCS	ARTHRODESIS, WRIST JOINT (INCLUDING RADIOCARPAL AND/OR ULNOCARPAL FUSION); WITHOUT BONE GRAFT	Yes
26356	CPT/HCPCS	Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); primary, without free graft, each tendon	Yes
26357	CPT/HCPCS	FLEXOR TENDON REPAIR OR ADVANCEMENT, SINGLE, IN "NO MAN'S LAND"; SECONDARY, EACH TENDON	Yes
26358	CPT/HCPCS	FLEXOR TENDON REPAIR OR ADVANCEMENT, SINGLE, IN "NO MAN'S LAND"; SECONDARY WITH FREE GRAFT (INCLUDES OBTAINING GRAFT)	Yes
26370	CPT/HCPCS	PROFUNDUS TENDON REPAIR OR ADVANCEMENT, WITH INTACT SUBLIMIS; PRIMARY	Yes
26565	CPT/HCPCS	OSTEOTOMY FOR CORRECTION OF DEFORMITY; METACARPAL	Yes
26567	CPT/HCPCS	OSTEOTOMY FOR CORRECTION OF DEFORMITY; PHALANX OF FINGER	Yes
26568	CPT/HCPCS	OSTEOPLASTY FOR LENGTHENING OF METACARPAL OR PHALANX	Yes
26580	CPT/HCPCS	REPAIR CLEFT HAND	Yes
26587	CPT/HCPCS	RECONSTRUCTION OF SUPERNUMERARY DIGIT, SOFT TISSUE AND BONE	Yes
27033	CPT/HCPCS	ARTHROTOMY, HIP, FOR EXPLORATION OR REMOVAL OF LOOSE OR FOREIGN BODY	Yes
27035	CPT/HCPCS	HIP JOINT DENERVATION, INTRAPELVIC OR EXTRAPELVIC INTRA-ARTICULAR BRANCHES OF SCIATIC, FEMORAL OR OBTURATOR NERVES	Yes
27036	CPT/HCPCS	CAPSULECTOMY OR CAPSULOTOMY OF HIP, WITH OR WITHOUT EXCISION OF HETEROTOPIC BONE, WITH RELEASE OF HIP FEXOR	Yes
27040	CPT/HCPCS	19999-12-31T TISSUE OF PELVIS AND HIP AREA; SUPERFICIAL	Yes
27216	CPT/HCPCS	PERCUTANEOUS SKELETAL FIXATION OF POSTERIOR PELVIC RING FRACTURE AND/OR DISLOCATION	Yes
27217	CPT/HCPCS	OPEN TREATMENT OF ANTERIOR RING FRACTURE AND/OR DISLOCATION WITH INTERNAL FIXATION	Yes
27218	CPT/HCPCS	OPEN TREATMENT OF POSTERIOR RING FRACTURE AND/OR DISLOCATIONWITH INTERNAL FIXATION	Yes
27220	CPT/HCPCS	TREATMENT OF CLOSED ACETABULUM (HIP SOCKET) FRACTURE(S); WITHOUT MANIPULATION	Yes
27347	CPT/HCPCS	EXCISION OF LESION OF MENISCUS OR CAPSULE(EG, CYST,GANGLION)KNEE	Yes

27350	CPT/HCPCS	PATELLECTOMY OR HEMIPATELLECTOMY	Yes
27355	CPT/HCPCS	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR;	Yes
27356	CPT/HCPCS	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR; WITH ALLOGRAFT	Yes
27357	CPT/HCPCS	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)	Yes
20920	CPT/HCPCS	FASCIA LATA GRAFT; BY STRIPPER	Yes
20922	CPT/HCPCS	FASCIA LATA GRAFT; BY INCISION AND AREA EXPOSURE, COMPLEX OR SHEET	Yes
20924	CPT/HCPCS	TENDON GRAFT, FROM A DISTANCE (EG, PALMARIS, TOE EXTENSOR, PLANTARIS)	Yes
20930	CPT/HCPCS	ALLOGRAFT FOR SPINE SURGERY ONLY; MORSELIZED	Yes
20931	CPT/HCPCS	ALLOGRAFT, STRUCTURAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Yes
21142	CPT/HCPCS	RECONSTRUCTION MIDFACE LEFORT I; TWO PIECES SEGMENT MOVEMENTIN ANY DIRECTION, WITHOUT BONE GRAFT	Yes
21143	CPT/HCPCS	RECONSTRUCTION MIDFACE, LEFORTI; THREE OR MORE PIECES SEGMENT MOVEMENT IN ANY DIRECTION, WITHOUT BONE GRAFT	Yes
21145	CPT/HCPCS	RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, ANY DIRECTION, REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS)	Yes
21146	CPT/HCPCS	RECONSTRUCTION MIDFACE, LEFORT I; TWO PIECES, ANY DIRECTION, REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS) (EG	Yes
21345	CPT/HCPCS	TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE), WITH INTERDENTAL WIRE FIXATION OR FIXATION OF D	Yes
21346	CPT/HCPCS	OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WITH WIRING AND/OR LOCAL FIXATION	Yes
21347	CPT/HCPCS	OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WITH MULTIPLE APPROACHES	Yes
21348	CPT/HCPCS	OPEN TREATMENT OF NASOMAXILLARY COMPLEX; WITH BONE GRAFTING (INCLUDES OBTANING GRAFT)	Yes
21725	CPT/HCPCS	DIVISION OF STERNOCLEIDOMASTOID FOR TORTICOLLIS, OPEN OPERATION; WITH CAST APPLICATION	Yes
21740	CPT/HCPCS	RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR CARINATUM; OPEN	Yes
21742	CPT/HCPCS	RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR CARINATUM: MINIMALLY INVASIVE APPROACH WITHOUT THORACOSCOPY	Yes
21743	CPT/HCPCS	RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR CARINATUM; MINIMALLY INVASIVE APPROACH WITH THORACOSCOPY	Yes
22585	CPT/HCPCS	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISCECTOMY TO PREPARE INTERSPACE (OTHERTHAN FOR DECOMPRESSION); EACH ADDITIONAL INTERSPA+	Yes
22586	CPT/HCPCS	ARTHRODESIS, PRE-SACRAL INTERBODY TECHNIQUE, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, WITH POSTERIOR INSTRUMENTATION, WITH IMAGE GUIDANCE, INCLU+	Yes
22590	CPT/HCPCS	ARTHRODESIS, POSTERIOR TECHNIQUE, CRANIOCERVICAL (OCCIPUT-C2)	Yes
22595	CPT/HCPCS	ARTHRODESIS, POSTERIOR TECHNIQUE, ATLAS-AXIS (C1-C2)	Yes
23076	CPT/HCPCS	EXCISION, TUMOR, SOFT TISSUE OF SHOULDER AREA, SUBFASCIAL (EG, INTRAMUSCULAR); LESS THAN 5 CM	Yes
23077	CPT/HCPCS	RADICAL RESECTION OF TUMOR (EG, SARCOMA), SOFT TISSUE OF SHOULDER AREA; LESS THAN 5 CM	Yes
23078	CPT/HCPCS	RADICAL RESECTION OF TUMOR (EG, SARCOMA), SOFT TISSUE OF SHOULDER AREA; 5 CM OR GREATER	Yes
23100	CPT/HCPCS	ARTHROTOMY FOR BIOPSY, GLENOHUMERAL JOINT	Yes
23570	CPT/HCPCS	TREATMENT OF CLOSED SCAPULAR FRACTURE; WITHOUT MANIPULATION	Yes
23575	CPT/HCPCS	TREATMENT OF CLOSED SCAPULAR FRACTURE; WITH MANIPULATION (WITH OR WITHOUT SHOULDER JOINT INVOLVEMENT)	Yes
23585	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN SCAPULAR FRACTURE JUXTA- ARTICULAR	Yes
23600	CPT/HCPCS	TREATMENT OF CLOSED HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE; WITHOUT MANIPULATION	Yes
24332	CPT/HCPCS	TENOLYSIS, TRICEPS	Yes
24340	CPT/HCPCS	TENODESIS FOR RUPTURE OF BICEPS TENDON AT ELBOW	Yes
24341	CPT/HCPCS	REPAIR, TENDON OR MUSCLE, UPPER ARM OR ELBOW, EACH TENDON OR MUSCLE, PRIMARY OR SECONDARY (EXCLUDES ROTATOR CUFF)	Yes

24342	CPT/HCPCS	REINSERTION OF RUPTURED BICEPS TENDON, DISTAL, WITH OR WITHOUT TENDON GRAFT (INCLUDES OBTAINING GRAFT)	Yes
24343	CPT/HCPCS	REPAIR LATERAL COLLATERAL LIGAMENT, ELBOW WITH LOCAL TISSUE	Yes
24940	CPT/HCPCS	CINEPLASTY, UPPER EXTREMITY, COMPLETE PROCEDURE	Yes
24999	CPT/HCPCS	UNLISTED PROCEDURE, HUMERUS OR ELBOW	Yes
25000	CPT/HCPCS	TENDON SHEATH INCISION; AT RADIAL STYLOID FOR DEQUERVAIN'S DISEASE	Yes
25001	CPT/HCPCS	INCISION, FLEXOR TENDON SHEATH, WRIST	Yes
25020	CPT/HCPCS	DECOMPRESSION FASCIOTOMY, WRIST, FLEXOR AND/OR EXTENSOR COMPARTMENT;	Yes
25337	CPT/HCPCS	RECONSTRUCTION FOR STABILIZATION OF UNSTABLE DISTAL ULNA OR DISTAL RADIOULNAR JOINT, SECONDARY BY SOFT TISSUE	Yes
25350	CPT/HCPCS	OSTEOTOMY, RADIUS; DISTAL THIRD	Yes
25355	CPT/HCPCS	OSTEOTOMY, RADIUS; MIDDLE OR PROXIMAL THIRD	Yes
25360	CPT/HCPCS	OSTEOTOMY; ULNA	Yes
25365	CPT/HCPCS	OSTEOTOMY; RADIUS AND ULNA	Yes
25805	CPT/HCPCS	ARTHRODESIS, WRIST JOINT (INCLUDING RADIOCARPAL AND/OR ULNOCARPAL FUSION); WITH SLIDING GRAFT	Yes
25810	CPT/HCPCS	ARTHRODESIS, WRIST JOINT (INCLUDING RADIOCARPAL AND/OR ULNOCARPAL FUSION); WITH ILIAC OR OTHER AUTOGRAFT (INCLUDES OB	Yes
25820	CPT/HCPCS	INTERCARPAL FUSION; WITHOUT BONE GRAFT	Yes
25825	CPT/HCPCS	INTERCARPAL FUSION; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)	Yes
25830	CPT/HCPCS	DISTAL RADIOULNARJOINT ARTHRODESIS/SEGMENTAL RECESTION OF	Yes
26372	CPT/HCPCS	PROFUNDUS TENDON REPAIR OR ADVANCEMENT, WITH INTACT SUBLIMIS; SECONDARY WITH FREE GRAFT (INCLUDES OBTAINING GRAFT)	Yes
26373	CPT/HCPCS	PROFUNDUS TENDON REPAIR OR ADVANCEMENT, WITH INTACT SUBLIMIS; SECONDARY WITHOUT FREE GRAFT	Yes
26390	CPT/HCPCS	FLEXOR TENDON EXCISION, IMPLANTATION OF PLASTIC TUBE OR ROD FOR DELAYED TENDON GRAFT, HAND OR FINGER	Yes
26392	CPT/HCPCS	REMOVAL OF TUBE OR ROD AND INSERTION OF FLEXOR TENDON GRAFT (INCLUDES OBTAINING GRAFT), HAND OR FINGER	Yes
26590	CPT/HCPCS	REPAIR MACRODACTYLIA	Yes
26591	CPT/HCPCS	REPAIR, INTRINSIC MUSCLES OF HAND (SPECIFY)	Yes
26593	CPT/HCPCS	RELEASE, INTRINSIC MUSCLES OF HAND (SPECIFY)	Yes
26596	CPT/HCPCS	EXCISION OF CONSTRICTING RING OF FINGER, WITH MULTIPLE Z-PLASTIES	Yes
26600	CPT/HCPCS	TREATMENT OF CLOSED METACARPAL FRACTURE, SINGLE; WITHOUT MANIPULATION, EACH BONE	Yes
27041	CPT/HCPCS	BIOPSY, SOFT TISSUE OF PELVIS AND HIP AREA; DEEP	Yes
27043	CPT/HCPCS	EXCISION, TUMOR, SOFT TISSUE OF PELVIS AND HIP AREA, SUBCUTANEOUS; 3 CM OR GREATER	Yes
27045	CPT/HCPCS	EXCISION, TUMOR, SOFT TISSUE OF PELVIS AND HIP AREA, SUBFASCIAL (EG, INTRAMUSCULAR); 5 CM OR GREATER	Yes
27047	CPT/HCPCS	EXCISION, TUMOR, SOFT TISSUE OF PELVIS AND HIP AREA, SUBCUTANEOUS; LESS THAN 3 CM	Yes
27222	CPT/HCPCS	TREATMENT OF CLOSED ACETABULUM (HIP SOCKET) FRACTURE(S); WITH MANIPULATION WITH OR WITHOUT SKELETAL TRACTION	Yes
27226	CPT/HCPCS	OPEN TREATMENT OF POSTERIOR OR ANTERIOR ACETABULAR WALL FRACTURE, WITH INTERNAL FIXATION	Yes
27227	CPT/HCPCS	OPENT OF ACETABULAR FRACTURE(S) INVOLVING ANTERIOR OR POSTERIOR(1)COLUMN,OR A FRACTURE RUNNING TRANSVERSELY ACROSS	Yes
27228	CPT/HCPCS	OPEN TREATMENT OF ACETABULAR FRACTURE(S) INVOLVING ANTERIOR AND POSTERIOR(2) COLONS, INCLUDES T-FRACTURE AND COLUM	Yes
20100	CPT/HCPCS	EXPLORATION OF PENETRATING WOUND; NECK	Yes
20101	CPT/HCPCS	EXPLORATION OF PENETRATING WOUND;CHEST	Yes
20102	CPT/HCPCS	EXPLORATION OF PENETRATING WOUND; ABDOMEN/FLAMK/BACK	Yes
20103	CPT/HCPCS	EXPLORATION OF PENETRATING WOUND;EXTEMITY	Yes
20150	CPT/HCPCS	EXXCISION OF EPIPHYSEAL BAR, WITH OR WITHOUT AUTOGENOUS SOFT TISSUE GRAFT OBTAINED THROUGH SAME FASCIAL INCISION	Yes
20932	CPT/HCPCS	ALLOGRAFT, INCLUDES TEMPLATING, CUTTING, PLACEMENT AND INTERNAL FIXATION, WHEN PERFORMED; OSTEOARTICULAR, INCLUDING ARTI	Yes

20933	CPT/HCPCS	ALLOGRAFT, INCLUDES TEMPLATING, CUTTING, PLACEMENT AND INTERNAL FIXATION, WHEN PERFORMED; HEMICORTICAL INTERCALARY, PART	Yes
20934	CPT/HCPCS	ALLOGRAFT, INCLUDES TEMPLATING, CUTTING, PLACEMENT AND INTERNAL FIXATION, WHEN PERFORMED; INTERCALARY, COMPLETE (IE, CYL	Yes
20936	CPT/HCPCS	AUTOGRAFT FOR SPINE SURGERY ONLY INCLUDES HARVESTING THE GRAFT; OBTAINED FROM SAME INCISION	Yes
21147	CPT/HCPCS	RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, ANY DIRECTION, REQUIRING BONE GRAFTS (INCLUDES OBTAINING	Yes
21150	CPT/HCPCS	RECONSTRUCTION MIDFACE, LEFORT II; ANTERIOR INTRUSION (EG, TREACHER-COLLINS SYNDROME)	Yes
21151	CPT/HCPCS	RECONSTRUCTION MIDFACE, LEFORT II; ANY DIRECTION, REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS)	Yes
21154	CPT/HCPCS	RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS); WI	Yes
21355	CPT/HCPCS	*MANIPULATIVE TREATMENT OF CLOSED OR OPEN FRACTURE OF MALAR AREA, INCLUDING ZYGOMATIC ARCH AND MALAR TRIPOD, TOWEL CLI	Yes
21356	CPT/HCPCS	OPEN TREATMENT OF DEPRESSED ZYGOMATIC ARCH FRACTURE	Yes
21360	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN DEPRESSED MALAR FRACTURE, INCLUDING ZYGOMATIC ARCH AND MALAR TRIPOD	Yes
21365	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN COMPLICATED, (EG, MULTIPLE FRACTURES), OF MALAR AREA, INCLUDING ZYGOMATIC ARCH AND M	Yes
21750	CPT/HCPCS	CLOSUR OF STERNOTOMY SEPARATION WITH OR WITHOUT DEBRIDEMENT (SEPARATE PROCEDURE)	Yes
21811	CPT/HCPCS	OPEN TREATMENT OF RIB FRACTURE(S) WITH INTERNAL FIXATION, INCLUDES THORACOSCOPIC VISUALIZATION WHEN PERFORMED, 1-3 RIBS	Yes
21812	CPT/HCPCS	OPEN TREATMENT OF RIB FRACTURE(S) WITH INTERNAL FIXATION, INCLUDES THORACOSCOPIC VISUALIZATION WHEN PERFORMED, 4-6 RIBS	Yes
21813	CPT/HCPCS	OPEN TREATMENT OF RIB FRACTURE(S) WITH INTERNAL FIXATION, INCLUDES THORACOSCOPIC VISUALIZATION WHEN PERFORMED, 7 OR MO	Yes
22600	CPT/HCPCS	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE INTERSPACE; CERVICAL BELOW C2 SEGMENT	Yes
22610	CPT/HCPCS	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE INTERSPACE; THORACIC (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Yes
22612	CPT/HCPCS	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE INTERSPACE; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Yes
22614	CPT/HCPCS	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE INTERSPACE; EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PR+	Yes
23101	CPT/HCPCS	ARTHROTOMY FOR BIOPSY OR FOR EXCISION OF TORN CARTILAGE, ACROMIOCLAVICULAR, STERNOCLAVICULAR JOINT	Yes
23105	CPT/HCPCS	ARTHROTOMY FOR SYNOVECTOMY; GLENOHUMERAL JOINT	Yes
23106	CPT/HCPCS	ARTHROTOMY FOR SYNOVECTOMY; STERNOCLAVICULAR JOINT	Yes
23107	CPT/HCPCS	ARTHROTOMY, GLENOHUMERAL JOINT, WITH JOINT EXPLORATION, WITH OR WITHOUT REMOVAL OF LOOSE OR FOREIGN BODY	Yes
23120	CPT/HCPCS	CLAVICULECTOMY; PARTIAL	Yes
23605	CPT/HCPCS	TREATMENT OF CLOSED HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE; WITH MANIPULATION	Yes
23615	CPT/HCPCS	OPEN TREATMENT OF CLAVICULAR FRACTURE INCLUDES INTERNAL FIXATION, WHEN PERFORMED	Yes
23616	CPT/HCPCS	OPEN TREATMENT OF PROXIMAL HUMERAL FRACTURE, W/WO INTER/EXTERFIXATION, W/WO REPAIR TUBEROSITY; W/PROXIMAL PROSTHETIC REPLAC	Yes
23620	CPT/HCPCS	TREATMENT OF CLOSED GREATER TUBEROSITY FRACTURE; WITHOUT MANIPULATION	Yes
24344	CPT/HCPCS	RECONSTRUCTION LATERAL COLLATERAL LIGAMENT, ELBOW WITH TENDON GRAFT	Yes
24345	CPT/HCPCS	REPAIR MEDIAL COLLATERAL LIGAMENT, ELBOW, WITH LOCAL TISSUE	Yes
24346	CPT/HCPCS	RECONSTRUCTION MEDIAL COLLATERAL LIGAMENT, ELBOW, WITH TENDON GRAFT	Yes

24357	CPT/HCPCS	TENOTOMY, ELBOW,LATERAL OR MEDIAL (EG,EPICONDYLITIS,TENNIS ELBOW, GOLFERS ELBOW; PERCUTANEOUS	Yes
25023	CPT/HCPCS	DECOMPRESSION FASCIOTOMY, WRIST, FLEXOR AND/OR EXTENSOR COMPARTMENT; WITH DEBRIDEMENT OF NONVIABLE MUSCLE AND/OR NER	Yes
25024	CPT/HCPCS	DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST, FLEXOR AND EXTENSOR COMPARTMENT; WITHOUT DEBRIDEMENT OF NONVIABLE MUSCL	Yes
25025	CPT/HCPCS	DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST,FLEXOR AND EXTENSOR,COMPARTMENT;WITH DEBRIDEMENT OF NONVIABLE MUSCLE	Yes
25028	CPT/HCPCS	INCISION AND DRAINAGE, FOREARM AND/OR WRIST; DEEP ABSCESS OR HEMATOMA	Yes
25370	CPT/HCPCS	MULTIPLE OSTEOTOMIES, WITH REALIGNMENT ON INTRAMEDULLARY ROD (SOFIELD TYPE PROCEDURE); RADIUS OR ULNA	Yes
25375	CPT/HCPCS	MULTIPLE OSTEOTOMIES, WITH REALIGNMENT ON INTRAMEDULLARY ROD (SOFIELD TYPE PROCEDURE); RADIUS AND ULNA	Yes
25390	CPT/HCPCS	OSTEOPLASTY, RADIUS OR ULNA; SHORTENING	Yes
25391	CPT/HCPCS	OSTEOPLASTY, RADIUS OR ULNA; LENGTHENING WITH AUTOGRAFT	Yes
25392	CPT/HCPCS	OSTEOPLASTY, RADIUS AND ULNA; SHORTENING (EXCLUDING 64876)	Yes
25900	CPT/HCPCS	AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA;	Yes
25905	CPT/HCPCS	AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; OPEN, CIRCULAR (GUILLotine)	Yes
25907	CPT/HCPCS	AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; SECONDARY CLOSURE OR SCAR REVISION	Yes
25909	CPT/HCPCS	AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; RE-AMPUTATION	Yes
25915	CPT/HCPCS	KRUKENBERG PROCEDURE	Yes
26410	CPT/HCPCS	EXTENSOR TENDON REPAIR, DORSUM OF HAND, SINGLE, PRIMARY OR SECONDARY; WITHOUT FREE GRAFT, EACH TENDON	Yes
26412	CPT/HCPCS	EXTENSOR TENDON REPAIR, DORSUM OF HAND, SINGLE, PRIMARY OR SECONDARY; WITH FREE GRAFT (INCLUDES OBTAINING GRAFT), EAC	Yes
26415	CPT/HCPCS	EXTENSOR TENDON EXCISION, IMPLANTATION OF PLASTIC TUBE OR ROD FOR DELAYED EXTENSOR TENDON GRAFT, HAND OR FINGER	Yes
26416	CPT/HCPCS	REMOVAL OF TUBE OR ROD AND INSERTION OF EXTENSOR TENDON GRAFT (INCLUDES OBTAINING GRAFT), HAND OR FINGER	Yes
26605	CPT/HCPCS	TREATMENT OF CLOSED METACARPAL FRACTURE, SINGLE; WITH MANIPULATION, EACH BONE	Yes
26607	CPT/HCPCS	TREATMENT OF CLOSED METACARPAL FRACTURE, SINGLE; WITH MANIPULATION, WITH SKELETAL FIXATION, EACH BONE	Yes
26608	CPT/HCPCS	PERCUTANEOUS SKELETAL FIXATION OF METACARPAL FRACTURE, EACH BONE	Yes
26615	CPT/HCPCS	OPEN TREATMENT OF METACARPAL FRACTURE, SINGLE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED, EACH BONE	Yes
27048	CPT/HCPCS	EXCISION, TUMOR, SOFT TISSUE OF PELVIS AND HIP AREA, SUBFASCIAL (EG, INTRAMUSCULAR); LESS THAN 5 CM	Yes
27049	CPT/HCPCS	RADICAL RESECTION OF TUMOR (EG, SARCOMA), SOFT TISSUE OF PELVIS AND HIP AREA; LESS THAN 5 CM	Yes
27050	CPT/HCPCS	ARTHROTOMY, FOR BIOPSY; SACROILIAC JOINT	Yes
27052	CPT/HCPCS	ARTHROTOMY, FOR BIOPSY; HIP JOINT	Yes
27054	CPT/HCPCS	ARTHROTOMY FOR SYNOVECTOMY, HIP JOINT	Yes
27230	CPT/HCPCS	TREATMENT OF CLOSED FEMORAL FRACTURE, PROXIMAL END, NECK; WITHOUT MANIPULATION	Yes
27232	CPT/HCPCS	TREATMENT OF CLOSED FEMORAL FRACTURE, PROXIMAL END, NECK; WITH MANIPULATION INCLUDING SKELETAL TRACTION	Yes
27235	CPT/HCPCS	PERCUTANEOUS SKELETAL FIXATION OF FEMORAL FRACTURE, PROXIMALEND, NECK	Yes
27236	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN FEMORAL FRACTURE, PROXIMAL END, NECK,INTERNAL FIXATION OR PROSTHETIC REPLACEMEN	Yes
20200	CPT/HCPCS	BIOPSY, MUSCLE; SUPERFICIAL	Yes
20205	CPT/HCPCS	BIOPSY, MUSCLE; DEEP	Yes
20206	CPT/HCPCS	*BIOPSY, MUSCLE, PERCUTANEOUS NEEDLE	Yes
20220	CPT/HCPCS	BIOPSY, BONE, TROCAR OR NEEDLE; SUPERFICIAL (EG, ILIUM, STERNUM, SPINOUS PROCESS, RIBS)	Yes
20225	CPT/HCPCS	BIOPSY, BONE, TROCAR OR NEEDLE; DEEP (VERTEBRAL BODY, FEMUR)	Yes
20937	CPT/HCPCS	AUTOGRAFT FOR SPINE SURGERY ONLY; MORSELIZED	Yes

20938	CPT/HCPCS	AUTOGRAFT FOR SPINE SURGERY ONLY STRUCTURAL, BICORTICAL OR TRICORTICAL,	Yes
20939	CPT/HCPCS	BONE MARROW ASPIRATION FOR BONE GRAFTING, SPINE SURGERY ONLY, THROUGH SEPARATE SKIN/FASCIAL INCISION, (LIST SEPARATELY IN	Yes
20950	CPT/HCPCS	MONITORING OF INTERSTITIAL FLUID PRESSURE (INCLUDES INSERTION OF DEVICE EG, WICK CATHETER TECHNIQUE, NEEDLE MANOMETER	Yes
20955	CPT/HCPCS	BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS; FIBULA	Yes
21155	CPT/HCPCS	RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS); WI	Yes
21159	CPT/HCPCS	RECONSTRUCTION MIDFACE, LEFORT III (EXTRA AND INTRACRANIAL) WITH FOREHEAD ADVANCEMENT (EG, MONO BLOC), REQUIRING BON	Yes
21160	CPT/HCPCS	RECONSTRUCTION MIDFACE, LEFORT III (EXTRA AND INTRACRANIAL) WITH FOREHEAD ADVANCEMENT (EG, MONO BLOC), REQUIRING BON	Yes
21172	CPT/HCPCS	RECONSTRUCTION SUPERIOR-LATERAL ORBITAL RIM AND LOWER FOREHEAD, ADVANCEMENT OR ALTERATION, WITH OR WITHOUT GRAFTS (INC	Yes
21366	CPT/HCPCS	OPEN TREATMENT OF COMPLICATED FRACTURE(S) OF MALAR AREA, INCLUDING ZYGOMATIC ARCH AND MALAR TRIPOD; W/BONE GRAFTING	Yes
21385	CPT/HCPCS	OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; TRANSANTRAL APPROACH (CALDWELL-LUC TYPE OPERATION)	Yes
21386	CPT/HCPCS	OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH	Yes
21387	CPT/HCPCS	OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; COMBINED APPROACH	Yes
21820	CPT/HCPCS	TREATMENT OF STERNUM FRACTURE; CLOSED	Yes
21825	CPT/HCPCS	TREATMENT OF STERNUM FRACTURE; OPEN	Yes
21899	CPT/HCPCS	UNLISTED PROCEDURE, NECK OR THORAX	Yes
21920	CPT/HCPCS	BIOPSY, SOFT TISSUE OF BACK OR FLANK; SUPERFICIAL	Yes
21925	CPT/HCPCS	BIOPSY, SOFT TISSUE OF BACK OR FLANK; DEEP	Yes
22630	CPT/HCPCS	ARTHRODESIS, POSTERIOR INTERBODY TECHNIQUE, INCLUDING LAMINECTOMY AND/OR DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTE+	Yes
22632	CPT/HCPCS	ARTHRODESIS, POSTERIOR INTERBODY TECHNIQUE, INCLUDING LAMINECTOMY AND/OR DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTE+	Yes
22633	CPT/HCPCS	ARTHRODESIS, COMBINED POSTERIOR OR POSTEROLATERAL TECHNIQUE WITH POSTERIOR INTERBODY TECHNIQUE INCLUDING LAMINECTOMY AND/OR DISCECTOMY SUFFICIENT TO +	Yes
22634	CPT/HCPCS	ARTHRODESIS, COMBINED POSTERIOR OR POSTEROLATERAL TECHNIQUE WITH POSTERIOR INTERBODY TECHNIQUE INCLUDING LAMINECTOMY AND/OR DISCECTOMY SUFFICIENT TO +	Yes
23125	CPT/HCPCS	CLAVICULECTOMY; TOTAL	Yes
23130	CPT/HCPCS	ACROMIOPLASTY OR ACROMIONECTOMY, PARTIAL	Yes
23140	CPT/HCPCS	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAPULA;	Yes
23145	CPT/HCPCS	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAPULA; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)	Yes
23146	CPT/HCPCS	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAPULA; WITH ALLOGRAFT	Yes
23625	CPT/HCPCS	TREATMENT OF CLOSED GREATER TUBEROSITY FRACTURE; WITH MANIPULATION	Yes
23630	CPT/HCPCS	OPEN TREATMENT OF GREATER HUMERAL TUBEROSITY FRACTURE INCLUDES INTERNAL FIXATION, WHEN PERFORMED	Yes
23650	CPT/HCPCS	TREATMENT OF CLOSED SHOULDER DISLOCATION, WITH MANIPULATION; WITHOUT ANESTHESIA	Yes
23655	CPT/HCPCS	TREATMENT OF CLOSED SHOULDER DISLOCATION, WITH MANIPULATION; REQUIRING ANESTHESIA	Yes
24358	CPT/HCPCS	TENOTOMY, ELBOW, LATERAL OR MEDIAL (EG EPICONDYLITIS, TENNIS ELBOW, GOLFER ELBOW; DEBRIDEMENT, SOFT TISSUE AND/OR BONE,	Yes

24359	CPT/HCPCS	TENOTOMY, ELBOW, LATERAL OR MEDIAL(EG EPICONDYLITIS, TENNIS ELBOW, GOLFER'S ELBOW;DEBRIDEMENT, SOFT TISSUE AND/OR BONE,	Yes
24360	CPT/HCPCS	ARTHROPLASTY, ELBOW; WITH MEMBRANE	Yes
24361	CPT/HCPCS	ARTHROPLASTY, ELBOW; WITH DISTAL HUMERAL PROSTHETIC REPLACEMENT	Yes
25031	CPT/HCPCS	INCISION AND DRAINAGE, FOREARM AND/OR WRIST; INFECTED BURSA	Yes
25035	CPT/HCPCS	INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), FOREARM AND/OR WRIST	Yes
25040	CPT/HCPCS	ARTHROTOMY, RADIOCARPAL OR MEDIOCARPAL JOINT, FOR INFECTION, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF FOREI	Yes
25065	CPT/HCPCS	BIOPSY, SOFT TISSUE OF FOREARM AND/OR WRIST; SUPERFICIAL	Yes
25066	CPT/HCPCS	BIOPSY, SOFT TISSUE OF FOREARM AND/OR WRIST; DEEP	Yes
25393	CPT/HCPCS	OSTEOPLASTY, RADIUS AND ULNA; LENGTHENING WITH AUTOGRAFT	Yes
25394	CPT/HCPCS	OSTEOPLASTY, CARPAL BONE, SHORTENING	Yes
25400	CPT/HCPCS	REPAIR OF NONUNION OR MALUNION, RADIUS OR ULNA; WITHOUT GRAFT (EG, COMPRESSION TECHNIQUE)	Yes
25405	CPT/HCPCS	REPAIR OF NONUNION OR MALUNION, RADIUS OR ULNA; WITH ILIAC OR OTHER AUTOGRAFT (INCLUDES OBTAINING GRAFT)	Yes
25415	CPT/HCPCS	REPAIR OF NONUNION OR MALUNION, RADIUS AND ULNA; WITHOUT GRAFT (EG, COMPRESSION TECHNIQUE)	Yes
25920	CPT/HCPCS	DISARTICULATION THROUGH WRIST;	Yes
25922	CPT/HCPCS	DISARTICULATION THROUGH WRIST; SECONDARY CLOSURE OR SCAR REVISION	Yes
25924	CPT/HCPCS	DISARTICULATION THROUGH WRIST; RE-AMPUTATION	Yes
25927	CPT/HCPCS	TRANSMETACARPAL AMPUTATION;	Yes
25929	CPT/HCPCS	TRANSMETACARPAL AMPUTATION; SECONDARY CLOSURE OR SCAR REVISION	Yes
26418	CPT/HCPCS	EXTENSOR TENDON REPAIR, DORSUM OF FINGER, SINGLE, PRIMARY OR SECONDARY; WITHOUT FREE GRAFT, EACH TENDON	Yes
26420	CPT/HCPCS	EXTENSOR TENDON REPAIR, DORSUM OF FINGER, SINGLE, PRIMARY OR SECONDARY; WITH FREE GRAFT (INCLUDES OBTAINING GRAFT) EACH	Yes
26426	CPT/HCPCS	EXTENSOR TENDON REPAIR, CENTRAL SLIP REPAIR, SECONDARY (BOUTONNIERE DEFORMITY); USING LOCAL TISSUES	Yes
26428	CPT/HCPCS	EXTENSOR TENDON REPAIR, CENTRAL SLIP REPAIR, SECONDARY (BOUTONNIERE DEFORMITY); WITH FREE GRAFT (INCLUDES OBTA	Yes
26641	CPT/HCPCS	TREATMENT OF CARPOMETACARPAL DISLOCATION, THUMB, WITH MANIPULATION	Yes
26645	CPT/HCPCS	TREATMENT OF CLOSED CARPOMETACARPAL FRACTURE DISLOCATION, THUMB (BENNETT FRACTURE), WITH MANIPULATION;	Yes
26650	CPT/HCPCS	PERCUTANEOUS SKELETAL FIXATION OF CARPOMETACARPAL FRACTURE DISLOCATION, THUMB (BENNETT FRACURE), WITH MANIPULATION	Yes
26665	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN CARPOMETACARPAL FRACTURE DISLOCATION, THUMB (BENNETT FRACTURE), WITH OR WITHOUT INTERN	Yes
27057	CPT/HCPCS	DECOMPRESSION FASCIOTOMY, PELVIC (BUTTOCK) COMPARTMENT(S) (EG, GLUTEUS MEDIUS-MINIMUS, GLUTEUS MAXIMUS, ILIOPSOAS, AND/O	Yes
27059	CPT/HCPCS	RADICAL RESECTION OF TUMOR (EG, SARCOMA), SOFT TISSUE OF PELVIS AND HIP AREA; 5 CM OR GREATER	Yes
27060	CPT/HCPCS	EXCISION; ISCHIAL BURSA	Yes
27062	CPT/HCPCS	EXCISION; TROCHANTERIC BURSA OR CALCIFICATION	Yes
27238	CPT/HCPCS	TREATMENT OF CLOSED INTERTROCHANTERIC, PERTROCHANTERIC, OR SUBTROCHANTERIC FEMORAL FRACTURE; WITHOUT MANIPULATION	Yes
27240	CPT/HCPCS	TREATMENT OF CLOSED INTERTROCHANTERIC, PERTROCHANTERIC, OR SUBTROCHANTERIC FEMORAL FRACTURE; WITH MANIPULATION (INCLU	Yes
27244	CPT/HCPCS	TREATMENT OF INTER-, PERTRO-, OR SUBTROCHANTERIC FEMORAL FRACTURE, PLATE/SCREW TYPE IMPLANT, WITH OR W/O CERCALGE	Yes
27245	CPT/HCPCS	WITH INTRAMEDULLARY IMPLANT, W/WO INTERLOCKIN SCREWS AND/OR CERCLAGE	Yes

20240	CPT/HCPCS	BIOPSY, EXCISIONAL; SUPERFICIAL (EG, ILIUM, STERNUM, SPINOUS PROCESS, RIBS, TROCHANTER OF FEMUR)	Yes
20245	CPT/HCPCS	BIOPSY, BONE, OPEN; DEEP (EG, HUMERAL SHAFT, ISCHIUM, FEMUR SHAFT)	Yes
20250	CPT/HCPCS	BIOPSY, VERTEBRAL BODY, OPEN; THORACIC	Yes
20251	CPT/HCPCS	BIOPSY, VERTEBRAL BODY, OPEN; LUMBAR OR CERVICAL	Yes
20500	CPT/HCPCS	*INJECTION OF SINUS TRACT; THERAPEUTIC (SEPARATE PROCEDURE)	Yes
20956	CPT/HCPCS	BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS; ILIAC CREST	Yes
20957	CPT/HCPCS	BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS; METATARSAL	Yes
20962	CPT/HCPCS	BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS; OTHER BONE GRAFT (SPECIFY)	Yes
20969	CPT/HCPCS	FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN ILIAC CREST, RIB, METATARSAL, OR GREAT TOE	Yes
20970	CPT/HCPCS	FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS; ILIAC CREST	Yes
21175	CPT/HCPCS	RECONSTRUCTION, BIFRONTAL, SUPERIOR-LATERAL ORBITAL RIMS AND LOWER FOREHEAD, ADVANCEMENT OR ALTERATION (EG, PLAGIOCEPHA	Yes
21179	CPT/HCPCS	RECONSTRUCTION, ENTIRE OR MAJORITY OF FOREHEAD AND/OR SUPRAORBITAL RIMS; WITH GRAFTS (ALLOGRAFT OR PROSTHETIC MATERIAL)	Yes
21180	CPT/HCPCS	RECONSTRUCTION, ENTIRE OR MAJORITY OF FOREHEAD AND/OR SUPRAORBITAL RIMS; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFTS)	Yes
21181	CPT/HCPCS	REMOVAL BY CONTOURING OF BENIGN TUMOR OF CRANIAL BONES (EG, FIBROUS DYSPLASIA), EXTRACRANIAL	Yes
21390	CPT/HCPCS	OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH, WITH ALLOPLASTIC OR OTHER IMPLANT	Yes
21395	CPT/HCPCS	OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH WITH BONE GRAFT (INCLUDES OBTAINING GRAFT)	Yes
21400	CPT/HCPCS	TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITHOUT MANIPULATION	Yes
21401	CPT/HCPCS	TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH MANIPULATION	Yes
21930	CPT/HCPCS	EXCISION, TUMOR, SOFT TISSUE OF BACK OR FLANK, SUBCUTANEOUS; LESS THAN 3 CM	Yes
21931	CPT/HCPCS	EXCISION, TUMOR, SOFT TISSUE OF BACK OR FLANK, SUBCUTANEOUS; 3 CM OR GREATER	Yes
21932	CPT/HCPCS	EXCISION, TUMOR, SOFT TISSUE OF BACK OR FLANK, SUBFASCIAL (EG, INTRAMUSCULAR); LESS THAN 5 CM	Yes
21933	CPT/HCPCS	EXCISION, TUMOR, SOFT TISSUE OF BACK OR FLANK, SUBFASCIAL (EG, INTRAMUSCULAR); 5 CM OR GREATER	Yes
22800	CPT/HCPCS	ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, WITHOR WITHOUT CAST; UP TO 6 VERTEBRAL SEGMENTS	Yes
22802	CPT/HCPCS	ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, WITHOR WITHOUT CAST; 7 TO 12 VERTEBRAL SEGMENTS	Yes
22804	CPT/HCPCS	ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, WITHOR WITHOUT CAST; 13 OR MORE VERTEBRAL SEGMENTS	Yes
22808	CPT/HCPCS	ARTHRODESIS, ANTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 2 TO 3 VERTEBRAL SEGMENTS	Yes
23150	CPT/HCPCS	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS;	Yes
23155	CPT/HCPCS	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)	Yes
23156	CPT/HCPCS	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS; WITH ALLOGRAFT	Yes
23170	CPT/HCPCS	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), CLAVICLE	Yes
23660	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN SHOULDER DISLOCATION	Yes
23665	CPT/HCPCS	TREATMENT OF CLOSED SHOULDER DISLOCATION, WITH FRACTURE OF GREATER TUBEROSITY, WITH MANIPULATION	Yes
23670	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN SHOULDER DISLOCATION, WITH FRACTURE OF GREATER TUBEROSITY	Yes
23675	CPT/HCPCS	TREATMENT OF CLOSED SHOULDER DISLOCATION, WITH SURGICAL OR ANATOMICAL NECK FRACTURE, WITH MANIPULATION	Yes

24362	CPT/HCPCS	ARTHROPLASTY, ELBOW; WITH IMPLANT AND FASCIA LATA LIGAMENT RECONSTRUCTION	Yes
24363	CPT/HCPCS	ARTHROPLASTY, ELBOW; WITH DISTAL HUMERUS AND PROXIMAL ULNAR PROSTHETIC REPLACEMENT ("TOTAL ELBOW")	Yes
24365	CPT/HCPCS	ARTHROPLASTY, RADIAL HEAD;	Yes
24366	CPT/HCPCS	ARTHROPLASTY, RADIAL HEAD; WITH IMPLANT	Yes
24370	CPT/HCPCS	REVISION OF TOTAL ELBOW ARTHROPLASTY, INCLUDING ALLOGRAFT WHEN PERFORMED; HUMERAL OR ULNAR COMPONENT	Yes
25071	CPT/HCPCS	EXCISION, TUMOR, SOFT TISSUE OF FOREARM AND/OR WRIST AREA, SUBCUTANEOUS; 3 CM OR GREATER	Yes
25073	CPT/HCPCS	EXCISION, TUMOR, SOFT TISSUE OF FOREARM AND/OR WRIST AREA, SUBFASCIAL (EG, INTRAMUSCULAR); 3 CM OR GREATER	Yes
25075	CPT/HCPCS	EXCISION, TUMOR, SOFT TISSUE OF FOREARM AND/OR WRIST AREA, SUBCUTANEOUS; LESS THAN 3 CM	Yes
25076	CPT/HCPCS	EXCISION, TUMOR, SOFT TISSUE OF FOREARM AND/OR WRIST AREA, SUBFASCIAL (EG, INTRAMUSCULAR); LESS THAN 3 CM	Yes
25420	CPT/HCPCS	REPAIR OF NONUNION OR MALUNION, RADIUS AND ULNA; WITH ILIAC OR OTHER AUTOGRAFT (INCLUDES OBTAINING GRAFT)	Yes
25425	CPT/HCPCS	REPAIR OF DEFECT WITH AUTOGRAFT; RADIUS OR ULNA	Yes
25426	CPT/HCPCS	REPAIR OF DEFECT WITH AUTOGRAFT; RADIUS AND ULNA	Yes
25430	CPT/HCPCS	INSERTION OF VASCULAR PEDICLE INTO CARPAL BONE	Yes
25431	CPT/HCPCS	REPAIR OF NONUNION OF CARPAL BONE, EACH BONE	Yes
25931	CPT/HCPCS	TRANSMETACARPAL AMPUTATION; RE-AMPUTATION	Yes
25999	CPT/HCPCS	UNLISTED PROCEDURE, FOREARM OR WRIST	Yes
26010	CPT/HCPCS	*DRAINAGE OF FINGER ABSCESS; SIMPLE	Yes
26011	CPT/HCPCS	*DRAINAGE OF FINGER ABSCESS; COMPLICATED (EG, FELON)	Yes
26020	CPT/HCPCS	DRAINAGE OF TENDON SHEATH, ONE DIGIT AND/OR PALM	Yes
26432	CPT/HCPCS	EXTENSOR TENDON REPAIR, DISTAL INSERTION ("Mallet Finger"), CLOSED, SPLINTING WITH OR WITHOUT PERCUTANEOUS PIN	Yes
26433	CPT/HCPCS	EXTENSOR TENDON REPAIR, DISTAL INSERTION ("Mallet Finger"), OPEN, PRIMARY OR SECONDARY REPAIR; WITHOUT GRAFT	Yes
26434	CPT/HCPCS	EXTENSOR TENDON REPAIR, DISTAL INSERTION ("Mallet Finger"), OPEN, PRIMARY OR SECONDARY REPAIR; WITH FREE GRAFT (INCLUDE	Yes
26437	CPT/HCPCS	EXTENSOR TENDON REALIGNMENT, HAND	Yes
26670	CPT/HCPCS	TREATMENT OF CLOSED CARPOMETACARPAL DISLOCATION, OTHER THAN BENNETT FRACTURE, SINGLE, WITH MANIPULATION; WITHOUT ANESTHE	Yes
26675	CPT/HCPCS	TREATMENT OF CLOSED CARPOMETACARPAL DISLOCATION, OTHER THAN BENNETT FRACTURE, SINGLE, WITH MANIPULATION; REQUIRING ANEST	Yes
26676	CPT/HCPCS	TREATMENT OF CLOSED CARPOMETACARPAL DISLOCATION, OTHER THAN BENNETT FRACTURE, SINGLE, WITH MANIPULATION; WITH PERCUTANEO	Yes
26685	CPT/HCPCS	OPEN TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB; INCLUDES INTERNAL FIXATION, WHEN PERFORMED, EACH JOINT	Yes
27065	CPT/HCPCS	EXCISION OF BONE CYST OR BENIGN TUMOR, WING OF ILIUM, SYMPHYSIS PUBIS, OR GREATER TROCHANTER OF FEMUR; SUPERFICIAL, INCLUDES AUTOGRAFT, WHEN PERFORMED	Yes
27066	CPT/HCPCS	EXCISION OF BONE CYST OR BENIGN TUMOR; DEEP, WITH OR WITHOUT AUTOGRAFT	Yes
27067	CPT/HCPCS	EXCISION OF BONE CYST OR BENIGN TUMOR, WING OF ILIUM, SYMPHYSIS PUBIS, OR GREATER TROCHANTER OF FEMUR; WITH AUTOGRAFT REQUIRING SEPARATE INCISION	Yes
27070	CPT/HCPCS	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION) (EG, FOR OSTEOMYELITIS); SUPERFICIAL (EG, WING OF ILIUM, SYMPHYSIS	Yes
27246	CPT/HCPCS	TREATMENT OF CLOSED GREATER TROCHANTERIC FRACTURE, WITHOUT MANIPULATION	Yes
27248	CPT/HCPCS	OPEN TREATMENT OF GREATER TROCHANTERIC FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED	Yes
27250	CPT/HCPCS	TREATMENT OF CLOSED HIP DISLOCATION, TRAUMATIC; WITHOUT ANESTHESIA	Yes
27252	CPT/HCPCS	TREATMENT OF CLOSED HIP DISLOCATION, TRAUMATIC; REQUIRING ANESTHESIA	Yes
20501	CPT/HCPCS	*INJECTION OF SINUS TRACT; DIAGNOSTIC (SINOGRAM) (SEPARATE PROCEDURE)	Yes
20520	CPT/HCPCS	*REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON SHEATH; SIMPLE	Yes

20525	CPT/HCPCS	REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON SHEATH; DEEP OR COMPLICATED	Yes
20526	CPT/HCPCS	INJECTION, THERAPEUTIC CARPAL TUNNEL	Yes
20527	CPT/HCPCS	INJECTION, ENZYME (EG, COLLAGENASE),PALMAR FASCIAL CORD (IE, DUPUYTREN'S CONTRACTURE)	Yes
20972	CPT/HCPCS	FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS; METATARSAL	Yes
20973	CPT/HCPCS	FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS; GREAT TOE WITH WEB SPACE	Yes
20974	CPT/HCPCS	ELECTRICAL STIMULATION TO AID BONE HEALING; NONINVASIVE (NONOPERATIVE)	Yes
20975	CPT/HCPCS	ELECTRICAL STIMULATION TO AID BONE HEALING; INVASIVE (OPERATIVE)	Yes
20979	CPT/HCPCS	LOW INTENSITY ULTRASOUND STIMULATION TO AID BONE HEALING, NONIVASIVE	Yes
21182	CPT/HCPCS	RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOWING INTRA- AND EXTRACRANIAL EXCISION	Yes
21183	CPT/HCPCS	RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOWING INTRA- AND EXTRACRANIAL EXCISION	Yes
21184	CPT/HCPCS	RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOWING INTRA- AND EXTRACRANIAL EXCISION	Yes
21188	CPT/HCPCS	RECONSTRUCTION MIDFACE, OSTEOTOMIES (OTHER THAN LEFORT TYPE) AND BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS)	Yes
21406	CPT/HCPCS	OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITHOUT IMPLANT	Yes
21407	CPT/HCPCS	OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH IMPLANT	Yes
21408	CPT/HCPCS	OPEN TREATMENT OF FRACTURE OF ORBIT,EXCEPT "BLOWOUT"; WITH BONE GRAFTING(INCLUDES OBTAINING GRAFT)	Yes
21421	CPT/HCPCS	TREATMENT OF PALATAL OR ALVEOLAR RIDGE FRACTURES (LEFORT I TYPE); CLOSED MANIPULATION WITH INTERDENTAL WIRE FIXATIO	Yes
21935	CPT/HCPCS	RADICAL RESECTION OF TUMOR (EG, SARCOMA), SOFT TISSUE OF BACK OR FLANK; LESS THAN 5 CM	Yes
21936	CPT/HCPCS	RADICAL RESECTION OF TUMOR (EG, SARCOMA), SOFT TISSUE OF BACK OR FLANK; 5 CM OR GREATER	Yes
22010	CPT/HCPCS	INCISION AND DRAINAGE, OPEN, OF DEEP ABSCESS (SUBFASCIAL), POSTERIOR SPINE; CERVICAL, THORACIC, OR CERVICOTHORACIC	Yes
22015	CPT/HCPCS	INCISION AND DRAINAGE, OPEN, OF DEEP ABSCESS (SUBFASCIAL), POSTERIOR SPINE; LUMBAR, SACRAL, OR LUMBOSACRAL	Yes
22810	CPT/HCPCS	ARTHRODESIS, ANTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 4 TO 7 VERTEBRAL SEGMENTS	Yes
22812	CPT/HCPCS	ARTHRODESIS, ANTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 8 OR MORE VERTEBRAL SEGMENTS	Yes
22818	CPT/HCPCS	KYPHECTOMY,CIRCUMFERENTIAL EXPOSURE OF SPINE AND RESECTION OF VERTEBRAL SEGMENT(S) SINGLE OR TWO SEGMENTS	Yes
22819	CPT/HCPCS	KYPHECTOMY,CIRCUMFERENTIAL EXPOSURE OF SPINE AND RESECTION OF VERTEBRAL SEGMENT(S) 3 OR MORE SEGMENTS	Yes
23172	CPT/HCPCS	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), SCAPULA	Yes
23174	CPT/HCPCS	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), HUMERAL HEAD TO SURGICAL NECK	Yes
23180	CPT/HCPCS	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), CLAVICLE	Yes
23182	CPT/HCPCS	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), SCAPULA	Yes
23680	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN SHOULDER DISLOCATION, WITH SURGICAL OR ANATOMICAL NECK FRACTURE	Yes
23700	CPT/HCPCS	*MANIPULATION UNDER ANESTHESIA, SHOULDER JOINT, INCLUDING APPLICATION OF FIXATION APPARATUS (DISLOCATION EXCLUDED)	Yes
23800	CPT/HCPCS	ARTHRODESIS, SHOULDER JOINT; WITH OR WITHOUT LOCAL BONE GRAFT	Yes
23802	CPT/HCPCS	ARTHRODESIS, SHOULDER JOINT; WITH PRIMARY AUTOGENOUS GRAFT (INCLUDES OBTAINING GRAFT)	Yes
24371	CPT/HCPCS	REVISION OF TOTAL ELBOW ARTHROPLASTY, INCLUDING ALLOGRAFT WHEN PERFORMED; HUMERAL AND ULNAR COMPONENT	Yes

24400	CPT/HCPCS	OSTEOTOMY, HUMERUS, WITH OR WITHOUT INTERNAL FIXATION	Yes
24410	CPT/HCPCS	MULTIPLE OSTEOTOMIES WITH REALIGNMENT ON INTRAMEDULLARY ROD, HUMERAL SHAFT (SOFIELD TYPE PROCEDURE)	Yes
24420	CPT/HCPCS	OSTEOPLASTY, HUMERUS (EG, SHORTENING OR LENGTHENING) (EXCLUDING 64876)	Yes
25077	CPT/HCPCS	RADICAL RESECTION OF TUMOR (EG, SARCOMA), SOFT TISSUE OF FOREARM AND/OR WRIST AREA; LESS THAN 3 CM	Yes
25078	CPT/HCPCS	RADICAL RESECTION OF TUMOR (EG, SARCOMA), SOFT TISSUE OF FOREARM AND/OR WRIST AREA; 3 CM OR GREATER	Yes
25085	CPT/HCPCS	CAPSULOTOMY, WRIST (EG, FOR CONTRACTURE)	Yes
25100	CPT/HCPCS	ARTHROTOMY, WRIST JOINT; FOR BIOPSY	Yes
25101	CPT/HCPCS	ARTHROTOMY, WRIST JOINT; WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR WITHOUT REMOVAL OF LOOSE OR FOREIGN BOD	Yes
25440	CPT/HCPCS	REPAIR OF NONUNION, SCAPHOID (NAVICULAR) BONE, WITH OR WITHOUT RADIAL STYLOIDECTOMY (INCLUDES OBTAINING GRAFT AN	Yes
25441	CPT/HCPCS	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL RADIUS	Yes
25442	CPT/HCPCS	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL ULNA	Yes
25443	CPT/HCPCS	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; SCAPHOID (NAVICULAR)	Yes
25444	CPT/HCPCS	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; LUNATE	Yes
26025	CPT/HCPCS	DRAINAGE OF PALMAR BURSA; SINGLE, ULNAR OR RADIAL	Yes
26030	CPT/HCPCS	DRAINAGE OF PALMAR BURSA; MULTIPLE OR COMPLICATED	Yes
26034	CPT/HCPCS	INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), HAND OR FINGER	Yes
26035	CPT/HCPCS	DECOMPRESSION FINGERS AND/OR HAND, INJECTION INJURY (EG, GREASE GUN)	Yes
26037	CPT/HCPCS	DECOMPRESSIVE FASCIOTOMY, HAND (EXCLUDES 26035)	Yes
26440	CPT/HCPCS	TENOLYSIS, SIMPLE, FLEXOR TENDON; PALM OR FINGER, SINGLE, EACH TENDON	Yes
26442	CPT/HCPCS	TENOLYSIS, SIMPLE, FLEXOR TENDON; PALM AND FINGER, EACH TENDON	Yes
26445	CPT/HCPCS	TENOLYSIS, EXTENSOR TENDON, DORSUM OF HAND OR FINGER; EACH TENDON	Yes
26449	CPT/HCPCS	TENOLYSIS, COMPLEX, EXTENSOR TENDON, DORSUM OF HAND OR FINGER, INCLUDING HAND AND FOREARM	Yes
26450	CPT/HCPCS	TENOTOMY, FLEXOR, SINGLE, PALM, OPEN, EACH	Yes
26686	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN CARPOMETACARPAL DISLOCATION, OTHER THAN BENNETT FRACTURE; COMPLEX, MULTIPLE OR DEL	Yes
26700	CPT/HCPCS	TREATMENT OF CLOSED METACARPOPHALANGEAL DISLOCATION, SINGLE, WITH MANIPULATION; WITHOUT ANESTHESIA	Yes
26705	CPT/HCPCS	TREATMENT OF CLOSED METACARPOPHALANGEAL DISLOCATION, SINGLE, WITH MANIPULATION; REQUIRING ANESTHESIA	Yes
26706	CPT/HCPCS	TREATMENT OF CLOSED METACARPOPHALANGEAL DISLOCATION, SINGLE, WITH MANIPULATION; WITH PERCUTANEOUS PINNING	Yes
27071	CPT/HCPCS	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION) (EG, FOR OSTEOMYELITIS); DEEP	Yes
27075	CPT/HCPCS	RADICAL RESECTION OF TUMOR; WING OF ILIUM, 1 PUBIC OR ISCHIAL RAMUS OR SYMPHYSIS PUBIS	Yes
27076	CPT/HCPCS	RADICAL RESECTION OF TUMOR; ILIUM, INCLUDING ACETABULUM, BOTH PUBIC RAMI, OR ISCHIUM AND ACETABULUM	Yes
27077	CPT/HCPCS	RADICAL RESECTION OF TUMOR; INNOMINATE BONE, TOTAL	Yes
27253	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN HIP DISLOCATION, TRAUMATIC, WITHOUT INTERNAL FIXATION	Yes
27254	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN HIP DISLOCATION, TRAUMATIC, WITH ACETABULAR LIP FIXATION, WITH OR WITHOUT INTERNAL OR	Yes
27256	CPT/HCPCS	*TREATMENT OF CONGENITAL HIP DISLOCATION, BY ABDUCTION, SPLINT OR TRACTION; ANY METHOD	Yes
27257	CPT/HCPCS	*TREATMENT OF CONGENITAL HIP DISLOCATION, BY ABDUCTION, SPLINT OR TRACTION; WITH MANIPULATION REQUIRING ANESTHESIA	Yes
20550	CPT/HCPCS	INJECTION(S); TENDON SHEATH, LIGAMENT	Yes
20551	CPT/HCPCS	Injection: single tendon origin/insertion	Yes
20552	CPT/HCPCS	Injection(s); single or multiple trigger point(s), one or two muscle(s)	Yes

20553	CPT/HCPCS	INJECTION(S); TENDON SHEATH, LIGAMENT; SINGLE OR MULTIPLE TRIGGER POINT(S), THREE OR MORE MUSCLES	Yes
20555	CPT/HCPCS	PLACEMENT OF NEEDLES OF CATHETERS INTO MUSCLE AND/OR SOFT TISSUE FOR SUBSEQUENT INTERSTITIAL RADIOELEMENT APPLICATION (AT THE TIME OF OR SUBSEQUENT TO+)	Yes
20982	CPT/HCPCS	ABLATION, BONE TUMOR(S) RADIOFREQUENCY PERCUTANEOUS INCLUDING COMPUTED TOMOGRAPHIC GUIDANCE	Yes
20983	CPT/HCPCS	ABLATION THERAPY FOR REDUCTION OR ERADICATION OF 1 OR MORE BONE TUMORS (EG, METASTASIS) INCLUDING ADJACENT SOFT TISSUE	Yes
20985	CPT/HCPCS	COMPUTER-ASSISTED SURGICAL NAVIGATIONAL PROCEDURE FOR MUSCULOSKELETAL PROCEDURES, IMAGE-LESS	Yes
20999	CPT/HCPCS	UNLISTED PROCEDURE, MUSCULOSKELETAL SYSTEM, GENERAL	Yes
21010	CPT/HCPCS	ARTHROTOMY, TEMPOROMANDIBULAR JOINT	Yes
21193	CPT/HCPCS	RECONSTRUCTION OF MANDIBULAR RAMI, HORIZONTAL, VERTICAL, "C", OR "L" OSTEOTOMY; WITHOUT BONE GRAFT	Yes
21194	CPT/HCPCS	RECONSTRUCTION OF MANDIBULAR RAMI, HORIZONTAL, VERTICAL, "C", OR "L" OSTEOTOMY; WITH BONE GRAFT (INCLUDES OBTAINING GRAFT)	Yes
21195	CPT/HCPCS	RECONSTRUCTION OF MANDIBULAR RAMI AND/OR BODY, SAGITTAL SPLIT; WITHOUT INTERNAL RIGID FIXATION	Yes
21196	CPT/HCPCS	RECONSTRUCTION OF MANDIBULAR RAMI, SAGITTAL SPLIT; WITH INTERNAL RIGID FIXATION	Yes
21422	CPT/HCPCS	TREATMENT OF PALATAL OR ALVEOLAR RIDGE FRACTURES (LEFORT I TYPE); OPEN TREATMENT	Yes
21423	CPT/HCPCS	OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE; COMPLICATED MULTIPLE APPROACHES	Yes
21431	CPT/HCPCS	TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE) USING INTERDENTAL WIRE FIXATION OF DENTURE OR SPLINT	Yes
21432	CPT/HCPCS	OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); WITH WIRING AND/OR LOCAL FIXATION	Yes
22100	CPT/HCPCS	PARTIAL RESECTION OF VERTEBRAL COMPONENT, SPINOUS PROCESSES; CERVICAL	Yes
22101	CPT/HCPCS	PARTIAL RESECTION OF VERTEBRAL COMPONENT, SPINOUS PROCESSES; THORACIC	Yes
22102	CPT/HCPCS	PARTIAL RESECTION OF VERTEBRAL COMPONENT, SPINOUS PROCESSES; LUMBAR	Yes
22103	CPT/HCPCS	PARTIAL EXCISION OF POSTERIOR VERTEBRAL COMPONENT FOR INTRINBONY LESION; EACH ADDITIONAL SEGMENT	Yes
22110	CPT/HCPCS	PARTIAL EXCISION OF VERTEBRAE (EG, FOR OSTEOMYELITIS); CERVICAL	Yes
22830	CPT/HCPCS	EXPLORATION OF SPINAL FUSION	Yes
22840	CPT/HCPCS	POSTERIOR INSTRUMENTATION; WITHOUT SEGMENTAL FIXATION (EG, SINGLE HARRINGTON ROD TECHNIQUE)	Yes
22841	CPT/HCPCS	INTERNAL SPINAL DIXATION BY WIRING OF SPINOUS PROCESSES	Yes
22842	CPT/HCPCS	POSTERIOR INSTRUMENTATION; SEGMENTAL FIXATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAL WI	Yes
22843	CPT/HCPCS	POSTERIOR SEGMENTAL INSTRUMENTATION; 7 TO 12 VERTEBRAL SEGMENTS	Yes
23184	CPT/HCPCS	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), PROXIMAL HUMERUS	Yes
23190	CPT/HCPCS	OSTECTOMY OF SCAPULA, PARTIAL (EG, SUPERIOR MEDIAL ANGLE)	Yes
23195	CPT/HCPCS	RESECTION HUMERAL HEAD	Yes
23200	CPT/HCPCS	RADICAL RESECTION OF TUMOR; CLAVICLE	Yes
23210	CPT/HCPCS	RADICAL RESECTION OF TUMOR; SCAPULA	Yes
23900	CPT/HCPCS	INTERTHORACOSCAPULAR AMPUTATION (FOREQUARTER)	Yes
23920	CPT/HCPCS	DISARTICULATION OF SHOULDER;	Yes
23921	CPT/HCPCS	DISARTICULATION OF SHOULDER; SECONDARY CLOSURE OR SCAR REVISION	Yes
23929	CPT/HCPCS	UNLISTED PROCEDURE, SHOULDER	Yes
23930	CPT/HCPCS	INCISION AND DRAINAGE, UPPER ARM OR ELBOW AREA; DEEP ABSCESS OR HEMATOMA	Yes
24430	CPT/HCPCS	REPAIR OF NONUNION OR MALUNION, HUMERUS; WITHOUT GRAFT (EG, COMPRESSION TECHNIQUE)	Yes
24435	CPT/HCPCS	REPAIR OF NONUNION OR MALUNION, HUMERUS; WITH ILIAC OR OTHER AUTOGRAFT (INCLUDES OBTAINING GRAFT)	Yes
24470	CPT/HCPCS	HEMIEPIPHYSEAL ARREST (EG, FOR CUBITUS VARUS OR VALGUS, DISTAL HUMERUS)	Yes

24495	CPT/HCPCS	DECOMPRESSION FASCIOTOMY, FOREARM, WITH BRACHIAL ARTERY EXPLORATION	Yes
25105	CPT/HCPCS	ARTHROTOMY, WRIST JOINT; FOR SYNOVECTOMY	Yes
25107	CPT/HCPCS	ARTHROTOMY, DISTAL RADIOULNAR JOINT FOR REPAIR OF TRIANGULAR CARTILAGE COMPLEX	Yes
25109	CPT/HCPCS	EXCISION OF TENDON, FOREARM AND/OR WRIST, FLEXOR OR EXTENSOR, EACH	Yes
25110	CPT/HCPCS	EXCISION, LESION OF TENDON SHEATH, FOREARM AND/OR WRIST	Yes
25111	CPT/HCPCS	EXCISION OF GANGLION, WRIST (DORSAL OR VOLAR); PRIMARY	Yes
25445	CPT/HCPCS	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; TRAPEZIUM	Yes
25446	CPT/HCPCS	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL RADIUS AND PARTIAL OR ENTIRE CARPUS ("TOTAL WRIST")	Yes
25447	CPT/HCPCS	ARTHROPLASTY, INTERCARPAL OR CARPOMETACARPAL JOINTS; INTERPOSITION (EG, TENDON)	Yes
25449	CPT/HCPCS	REVISION OF ARTHROPLASTY, INCLUDING REMOVAL OF IMPLANT, WRIST JOINT	Yes
25450	CPT/HCPCS	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; DISTAL RADIUS OR ULNA	Yes
26040	CPT/HCPCS	FASCIOTOMY, PALMAR, FOR DUPUYTREN'S CONTRACTURE; CLOSED (SUBCUTANEOUS)	Yes
26045	CPT/HCPCS	FASCIOTOMY, PALMAR, FOR DUPUYTREN'S CONTRACTURE; OPEN, PARTIAL	Yes
26055	CPT/HCPCS	TENDON SHEATH INCISION FOR TRIGGER FINGER	Yes
26060	CPT/HCPCS	TENOTOMY, SUBCUTANEOUS, SINGLE, EACH DIGIT	Yes
26070	CPT/HCPCS	ARTHROTOMY, FOR INFECTION, WITH EXPLORATION, DRAINAGE OR REMOVAL OF FOREIGN BODY; CARPOMETACARPAL JOINT	Yes
26455	CPT/HCPCS	TENOTOMY, FLEXOR, SINGLE, FINGER, OPEN, EACH	Yes
26460	CPT/HCPCS	TENOTOMY, EXTENSOR, HAND OR FINGER, SINGLE, OPEN, EACH	Yes
26471	CPT/HCPCS	TENODESIS; FOR PROXIMAL INTERPHALANGEAL JOINT STABILIZATION	Yes
26474	CPT/HCPCS	TENODESIS; FOR DISTAL JOINT STABILIZATION	Yes
26476	CPT/HCPCS	TENDON LENGTHENING, EXTENSOR, HAND OR FINGER, SINGLE, EACH	Yes
26715	CPT/HCPCS	OPEN TREATMENT OF METACARPOPHALANGEAL DISLOCATION, SINGLE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED	Yes
26720	CPT/HCPCS	TREATMENT OF CLOSED PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHALANX, FINGER OR THUMB; WITHOUT MANIPULATION, EAC	Yes
26725	CPT/HCPCS	TREATMENT OF CLOSED PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHALANX, FINGER OR THUMB; WITH MANIPULATION, EACH	Yes
26727	CPT/HCPCS	TREATMENT OF UNSTABLE PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHALANX, FINGER OR THUMB, WITH MANIPULATION, REQUIR	Yes
27078	CPT/HCPCS	RADICAL RESECTION OF TUMOR; ISCHIAL TUBEROSITY AND GREATER TROCHANTER OF FEMUR	Yes
27080	CPT/HCPCS	COCCYGECTOMY, PRIMARY	Yes
27086	CPT/HCPCS	*REMOVAL OF FOREIGN BODY, PELVIS OR HIP; SUBCUTANEOUS TISSUE	Yes
27087	CPT/HCPCS	REMOVAL OF FOREIGN BODY, PELVIS OR HIP; DEEP	Yes
27090	CPT/HCPCS	REMOVAL OF HIP PROSTHESIS; (SEPARATE PROCEDURE)	Yes
27258	CPT/HCPCS	OPEN TREATMENT OF CONGENITAL HIP DISLOCATION; REPLACEMENT OF FEMORAL HEAD IN ACETABULUM (INCLUDING TENOTOMY, ETC)	Yes
27259	CPT/HCPCS	OPEN TREATMENT OF CONGENITAL HIP DISLOCATION; WITH FEMORAL SHAFT SHORTENING	Yes
27265	CPT/HCPCS	TREATMENT OF ATRAUMATIC HIP DISLOCATION (EG, POST-TOTAL HIP ARTHROPLASTY); WITHOUT ANESTHESIA	Yes
27266	CPT/HCPCS	TREATMENT OF ATRAUMATIC HIP DISLOCATION (EG, POST-TOTAL HIP ARTHROPLASTY); REQUIRING GENERAL ANESTHESIA	Yes
20560	CPT/HCPCS	NEEDLE INSERTION(S) WITHOUT INJECTION(S); 1 OR 2 MUSCLE(S)	Yes
20561	CPT/HCPCS	NEEDLE INSERTION(S) WITHOUT INJECTION(S); 3 OR MORE MUSCLES	Yes
20600	CPT/HCPCS	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION, SMALL JOINT OR BURSA (EG, FINGERS, TOES); WITHOUT ULTRASOUND GUIDANCE	Yes
20604	CPT/HCPCS	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION, SMALL JOINT OR BURSA (EG, FINGERS, TOES); WITH ULTRASOUND GUIDANCE, WITH PE	Yes
21011	CPT/HCPCS	EXCISION, TUMOR, SOFT TISSUE OF FACE OR SCALP, SUBCUTANEOUS; LESS THAN 2 CM	Yes
21012	CPT/HCPCS	EXCISION, TUMOR, SOFT TISSUE OF FACE OR SCALP, SUBCUTANEOUS; 2 CM OR GREATER	Yes

21013	CPT/HCPCS	EXCISION, TUMOR, SOFT TISSUE OF FACE AND SCALP, SUBFASCIAL (EG, SUBGALEAL, INTRAMUSCULAR); LESS THAN 2 CM	Yes
21014	CPT/HCPCS	EXCISION, TUMOR, SOFT TISSUE OF FACE AND SCALP, SUBFASCIAL (EG, SUBGALEAL, INTRAMUSCULAR); 2 CM OR GREATER	Yes
0778T	CPT/HCPCS	SURFACE MECHANOMYOGRAPHY (SMMG) WITH CONCURRENT APPLICATION OF INERTIAL MEASUREMENT UNIT (IMU) SENSORS FOR MEASUREMENT O	Yes
25448	CPT/HCPCS	ARTHROPLASTY, INTERCARPAL OR CARPOMETACARPAL JOINTS; SUSPENSION, INCLUDING TRANSFER OR TRANSPLANT OF TENDON, WITH INTERP	Yes
0U570ZZ	ICD Procedure	DESTRUCTION OF BILATERAL FALLOPIAN TUBES, OPEN APPROACH	Yes
0UL77ZZ	ICD Procedure	OCCLUSION OF BILATERAL FALLOPIAN TUBES, VIA NATURAL OR ARTIFICIAL OPENING	Yes
0UL73ZZ	ICD Procedure	OCCLUSION OF BILATERAL FALLOPIAN TUBES, PERCUTANEOUS APPROACH	Yes
0UL70ZZ	ICD Procedure	OCCLUSION OF BILATERAL FALLOPIAN TUBES, OPEN APPROACH	Yes
0UL78DZ	ICD Procedure	OCCLUSION OF BILATERAL FALLOPIAN TUBES WITH INTRALUMINAL DEVICE, VIA NATURAL OR ARTIFICIAL OPENING ENDOSCOPIC	Yes
0UL74DZ	ICD Procedure	OCCLUSION OF BILATERAL FALLOPIAN TUBES WITH INTRALUMINAL DEVICE, PERCUTANEOUS ENDOSCOPIC APPROACH	Yes
0UL74CZ	ICD Procedure	OCCLUSION OF BILATERAL FALLOPIAN TUBES WITH EXTRALUMINAL DEVICE, PERCUTANEOUS ENDOSCOPIC APPROACH	Yes
0U578ZZ	ICD Procedure	DESTRUCTION OF BILATERAL FALLOPIAN TUBES, VIA NATURAL OR ARTIFICIAL OPENING ENDOSCOPIC	Yes
58600	CPT/HCPCS	LIGATION OR TRANSECTION OF FALLOPIAN TUBE(S), ABDOMINAL OR VAGINAL APPROACH, UNILATERAL OR BILATERAL	Yes
58615	CPT/HCPCS	OCCLUSION OF FALLOPIAN TUBE(S) BY DEVICE (EG, BAND, CLIP, FALOPE RING) VAGINAL OR SUPRAPUBIC APPROACH	Yes
55400	CPT/HCPCS	VASOVASOSTOMY, VASOVASORRHAPHY	Yes
55250	CPT/HCPCS	VASECTOMY, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE), INCLUDING POSTOPERATIVE SEMEN EXAMINATION(S)	Yes
58670	CPT/HCPCS	LAPAROSCOPY, SURGICAL; WITH FULGURATION OF OVIDUCTS WITH OR WITH OUT TRANSECTION	Yes
0U574ZZ	ICD Procedure	DESTRUCTION OF BILATERAL FALLOPIAN TUBES, PERCUTANEOUS ENDOSCOPIC APPROACH	Yes
0UL78ZZ	ICD Procedure	OCCLUSION OF BILATERAL FALLOPIAN TUBES, VIA NATURAL OR ARTIFICIAL OPENING ENDOSCOPIC	Yes
0UL74ZZ	ICD Procedure	OCCLUSION OF BILATERAL FALLOPIAN TUBES, PERCUTANEOUS ENDOSCOPIC APPROACH	Yes
58661	CPT/HCPCS	LAPAROSCOPY, SURGICAL; WITH REMOVAL OF ADNEXAL STRUCTURES	Yes
58605	CPT/HCPCS	LIGATION OR TRANSECTION OF FALLOPIAN TUBE(S), ABDOMINAL OR VAGINAL APPROACH, POSTPARTUM, UNILATERAL OR BILATERAL, DURIN	Yes
58671	CPT/HCPCS	LAPAROSCOPY, SURGICAL; WITH OCCLUSION OF OVIDUCTS BY DEVICE	Yes
58720	CPT/HCPCS	SALPINGO-OOPHORECTOMY, COMPLETE OR PARTIAL, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)	Yes
58611	CPT/HCPCS	LIGATION OR TRANSECTION OF FALLOPIAN TUBE(S) WHEN DONE AT THE TIME OF CESAREAN SECTION OR INTRA-ABDOMINAL SURGER	Yes
0567T	CPT/HCPCS	PERMANENT FALLOPIAN TUBE OCCLUSION WITH DEGRADABLE BIOPOLYMER IMPLANT, TRANSCERVICAL APPROACH, INCLUDING TRANSVAGINAL UL	Yes
0UL77DZ	ICD Procedure	OCCLUSION OF BILATERAL FALLOPIAN TUBES WITH INTRALUMINAL DEVICE, VIA NATURAL OR ARTIFICIAL OPENING	Yes
0UL73DZ	ICD Procedure	OCCLUSION OF BILATERAL FALLOPIAN TUBES WITH INTRALUMINAL DEVICE, PERCUTANEOUS APPROACH	Yes
0UL73CZ	ICD Procedure	OCCLUSION OF BILATERAL FALLOPIAN TUBES WITH EXTRALUMINAL DEVICE, PERCUTANEOUS APPROACH	Yes
0UL70DZ	ICD Procedure	OCCLUSION OF BILATERAL FALLOPIAN TUBES WITH INTRALUMINAL DEVICE, OPEN APPROACH	Yes
0UL70CZ	ICD Procedure	OCCLUSION OF BILATERAL FALLOPIAN TUBES WITH EXTRALUMINAL DEVICE, OPEN APPROACH	Yes
0U577ZZ	ICD Procedure	DESTRUCTION OF BILATERAL FALLOPIAN TUBES, VIA NATURAL OR ARTIFICIAL OPENING	Yes
0U573ZZ	ICD Procedure	DESTRUCTION OF BILATERAL FALLOPIAN TUBES, PERCUTANEOUS APPROACH	Yes
0568T	CPT/HCPCS	INTRODUCTION OF MIXTURE OF SALINE AND AIR FOR SONOSALPINGOGRAPHY TO CONFIRM OCCLUSION OF FALLOPIAN TUBES, TRANSCERVICAL	Yes

167	Revenue	OTHER ROOM AND BOARD - SELF CARE	Yes
234	Revenue	NURSING CHARGE - CCU	Yes
138	Revenue	SEMI PRIVATE REHABILITATION - 3 TO 4 BEDS	Yes
169	Revenue	OTHER ROOM AND BOARD	Yes
199	Revenue	SUBACUTE CARE - OTHER	Yes
130	Revenue	3 TO 4 BEDS ROOM AND BOARD - GENERAL	Yes
160	Revenue	OTHER ROOM AND BOARD - GENERAL	Yes
123	Revenue	PEDIATRIC - SEMI PRIVATE TWO BED ROOM	Yes
239	Revenue	OTHER - NURSING CHARGE	Yes
159	Revenue	OTHER - WARD	Yes
100	Revenue	ALL INCLUSIVE RAB PLUS ANCILLARY	Yes
118	Revenue	REHABILITATION - PRIVATE ROOM	Yes
157	Revenue	ONCOLOGY - WARD	Yes
119	Revenue	OTHER - PRIVATE ROOM	Yes
203	Revenue	PEDIATRIC - ICU	Yes
164	Revenue	OTHER ROOM AND BOARD - STERILE ENVIRONMENT	Yes
219	Revenue	OTHER CORONARY CARE	Yes
191	Revenue	SUBACUTE CARE - LEVEL I	Yes
192	Revenue	SUBACUTE CARE - LEVEL II	Yes
120	Revenue	SEMI-PRIVATE ROOM AND BOARD GENERAL	Yes
202	Revenue	MEDICAL - ICU	Yes
201	Revenue	SURGICAL - ICU	Yes
141	Revenue	MED,SURG,GYN - PRIVATE DELUX	Yes
173	Revenue	NURSERY-NEWBORN-LEVEL III	Yes
233	Revenue	NURSING CHARGE - ICU	Yes
101	Revenue	ALL INCLUSIVE ROOM & BOARD	Yes
179	Revenue	EXTRA-CORPORIAL MEMBRANE OXYGENATION (PBP) - NURSERY OTHER	Yes
200	Revenue	INTENSIVE CARE - GENERAL CLASSIFICATION	Yes
206	Revenue	POST ICU	Yes
147	Revenue	ONCOLOGY - PRIVATE DELUX	Yes
133	Revenue	PEDIATRIC - 3 TO 4 BED ROOM	Yes
172	Revenue	NURSERY-NEWBORN-LEVEL II	Yes
684	Revenue	TRAUMA RESPONSE LEVEL IV	Yes
231	Revenue	NURSING CHARGE - NURSERY	Yes
143	Revenue	PEDIATRIC - PRIVATE DELUX	Yes
190	Revenue	SUBACUTE CARE - GENERAL	Yes
121	Revenue	SURG,MED,GYN - SEMI PRIVATE TWO BED ROOM	Yes
681	Revenue	TRAUMA RESPONSE LEVEL I	Yes
153	Revenue	PEDIATRIC - WARD	Yes
129	Revenue	OTHER - SEMI PRIVATE TWO BED ROOM	Yes
149	Revenue	OTHER - PRIVATE DELUX	Yes
117	Revenue	ONCOLOGY - PRIVATE ROOM	Yes
148	Revenue	REHABILITATION - PRIV DELUX REHAB	Yes
689	Revenue	TRAUMA RESPONSE OTHER TRAUMA RESPONSE	Yes
208	Revenue	TRAUMA INTENSIVE CARE	Yes
682	Revenue	TRAUMA RESPONSE LEVEL II	Yes
113	Revenue	PEDIATRIC - PRIVATE ROOM	Yes
230	Revenue	INCREMENTAL NURSING - GENERAL	Yes
140	Revenue	RAB PRIVATE DELUX - GENERAL	Yes
151	Revenue	SURG/MEDICAL/GYN - WARD	Yes
212	Revenue	PULMONARY CARE - CCU	Yes
683	Revenue	TRAUMA RESPONSE LEVEL III	Yes
214	Revenue	POST CCU	Yes
211	Revenue	MYOCARDIAL INFARCTION - CCU	Yes
111	Revenue	MEDICAL/SURGICAL/GYN - PRIVATE ROOM	Yes
128	Revenue	REHABILITATION - SEMI PRIVATE ROOM REHAB	Yes
127	Revenue	ONCOLOGY - SEMI PRIVATE TWO BED ROOM	Yes
110	Revenue	ROOM AND BOARD - PRIVATE GENRAL	Yes
137	Revenue	ONCOLOGY - 3 TO 4 BED ROOM	Yes
131	Revenue	SURG,MED,GYN - 3 TO 4 BED ROOM	Yes
193	Revenue	SUBACUTE CARE - LEVEL III	Yes
158	Revenue	REHABILITATION WARD	Yes
210	Revenue	GENERAL CLASSIFICATION - CCU	Yes
207	Revenue	BURN CARE ICU	Yes
174	Revenue	NURSERY-NEWBORN-LEVEL IV	Yes
209	Revenue	OTHER INTENSIVE CARE	Yes
194	Revenue	SUBACUTE CARE - LEVEL IV	Yes

139	Revenue	OTHER - 3 TO 4 BED ROOM	Yes
150	Revenue	GENERAL CLASSIFICATION - WARD	Yes
4A1H7CZ	ICD Procedure	MONITORING OF PRODUCTS OF CONCEPTION, CARDIAC RATE, VIA NATURAL OR ARTIFICIAL OPENING	Yes
4A1H74Z	ICD Procedure	MONITORING OF PRODUCTS OF CONCEPTION, CARDIAC ELECTRICAL ACTIVITY, VIA NATURAL OR ARTIFICIAL OPENING	Yes
59020	CPT/HCPCS	*FETAL CONTRACTION STRESS TEST	Yes
59050	CPT/HCPCS	INITIATION AND/OR SUPERVISION OF INTERNAL FETAL MONITORING DURING LABOR BY CONSULTANT WITH REPORT (SEPARATE PROCEDURE	Yes
59051	CPT/HCPCS	FETAL MONITORING DURING LABOR BY CONSULTING PHYSICIAN WITH WRITTEN REPORT; INTERPRETATION ONLY	Yes
59025	CPT/HCPCS	FETAL NON-STRESS TEST	Yes
4A1HX4Z	ICD Procedure	MONITORING OF PRODUCTS OF CONCEPTION, CARDIAC ELECTRICAL ACTIVITY, EXTERNAL APPROACH	Yes
4A1H7HZ	ICD Procedure	MONITORING OF PRODUCTS OF CONCEPTION, CARDIAC SOUND, VIA NATURAL OR ARTIFICIAL OPENING	Yes
4A1H7FZ	ICD Procedure	MONITORING OF PRODUCTS OF CONCEPTION, CARDIAC RHYTHM, VIA NATURAL OR ARTIFICIAL OPENING	Yes
BY4GZZZ	ICD Procedure	ULTRASONOGRAPHY OF THIRD TRIMESTER, MULTIPLE GESTATION	Yes
BY4FZZZ	ICD Procedure	ULTRASONOGRAPHY OF THIRD TRIMESTER, SINGLE FETUS	Yes
4A1HXXZ	ICD Procedure	MONITORING OF PRODUCTS OF CONCEPTION, CARDIAC SOUND, EXTERNAL APPROACH	Yes
4A1HXFZ	ICD Procedure	MONITORING OF PRODUCTS OF CONCEPTION, CARDIAC RHYTHM, EXTERNAL APPROACH	Yes
4A1HXCZ	ICD Procedure	MONITORING OF PRODUCTS OF CONCEPTION, CARDIAC RATE, EXTERNAL APPROACH	Yes
A4593	CPT/HCPCS	NEUROMODULATION STIMULATOR SYSTEM, ADJUNCT TO REHABILITATION THERAPY REGIME CONTROLLER	Yes
A4594	CPT/HCPCS	NEUROMODULATION STIMULATOR SYSTEM, ADJUNCT TO REHABILITATION THERAPY REGIME, MOUTHPIECE, EACH	Yes
E2001	CPT/HCPCS	SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC, ANY TYPE, FOR USE WITH EXTERNAL URINE/FECAL MANAGEMENT SYSTEM	Yes
K1029	CPT/HCPCS	ORAL DEVICE/APPLIANCE FOR NEUROMUSCULAR ELECTRICAL STIMULATION OF THE TONGUE MUSCLE, USED IN CONJUNCTION WITH THE POWER	Yes
E0721	CPT/HCPCS	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATOR FOR NERVES IN THE AURICULAR REGION	Yes
E1150	CPT/HCPCS	WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH, SWING AWAY DETACHABLE ELEVATING LEGRESTS	Yes
E0236	CPT/HCPCS	PUMP FOR WATER CIRCULATING PAD	Yes
E0198	CPT/HCPCS	WATER PRESSURE PAD FOR MATTRESS	Yes
E0978	CPT/HCPCS	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	Yes
E0761	CPT/HCPCS	NON-THERMAL PULSED HIGH FREQUENCY RADIOWAVES, HIGH PEAK POWERELECTROMAGNETIC	Yes
E1233	CPT/HCPCS	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE, WITHOUT SEATING	Yes
E2228	CPT/HCPCS	MANUAL WHEELCHAIR ACCESSORY, WHEEL BRAKING SYSTEM AND LOCK, COMPLETE, EACH	Yes
E0619	CPT/HCPCS	APNEA MONITOR, WITH RECORDING FEATURE	Yes
E0550	CPT/HCPCS	HUMIDIFIER, DURABLE FOR EXTENSIVE SUPPLEMENTAL HUMIDIFICATION DURING IPPB TREATMENTS OR OXYGEN DELIVERY, E.G., CASCA	Yes
E0951	CPT/HCPCS	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	Yes
E0295	CPT/HCPCS	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	Yes
E0274	CPT/HCPCS	OVER-BED TABLE	Yes
E0304	CPT/HCPCS	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS,	Yes
E0157	CPT/HCPCS	CRUTCH ATTACHMENT, WALKER, EACH	Yes
E1011	CPT/HCPCS	MODIFICATION TO PEDIATRIC SIZE WHEELCHAIR, WIDTH ADJUSTMENT PACKAGE (NOT TO BE DISPENSED WITH INITIAL CHAIR)	Yes
E2511	CPT/HCPCS	SPEECH GENERATING SOFTWARE PROGRAM, FOR PERSONAL COMPUTER OR PERSONAL DIGITAL ASSISTANT	Yes

E0855	CPT/HCPCS	CERVICAL TRACTION EQUIPMENT NOT REQUIRING ADDITIONAL STAND OR FRAME	Yes
E0570	CPT/HCPCS	NEBULIZER, WITH COMPRESSOR E.G., DEVILBISS PULMO-AID	Yes
E1229	CPT/HCPCS	WHEELCHAIR, PEDIATRIC SIZE, NOT OTHERWISE SPECIFIED	Yes
E1225	CPT/HCPCS	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	Yes
E0272	CPT/HCPCS	MATTRESS, FOAM RUBBER	Yes
K1028	CPT/HCPCS	POWER SOURCE AND CONTROL ELECTRONICS UNIT FOR ORAL DEVICE/APPLIANCE FOR NEUROMUSCULAR ELECTRICAL STIMULATION OF THE TONG	Yes
E2601	CPT/HCPCS	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHANY DEPTH	Yes
E0189	CPT/HCPCS	LAMBSWOOL SHEEPSKIN PAD, ANY SIZE	Yes
E0749	CPT/HCPCS	OSTEOGENESIS STIMULATOR (SURGICALLY IMPLANTED)	Yes
E0480	CPT/HCPCS	PERCUSSOR, ELECTRIC OR PNEUMATIC, HOME MODEL	Yes
E0747	CPT/HCPCS	OSTEOGENESIS STIMULATOR (NON-INVASIVE)	Yes
E0970	CPT/HCPCS	NO.2 FOOTPLATES, EXCEPT FOR ELEVATING LEGREST	Yes
E2362	CPT/HCPCS	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID EACH	Yes
E0181	CPT/HCPCS	POWERED PRESSURE REDUCING MATTRESS OVERLAY/PAD, ALTERNATING, WITH PUMP,	Yes
E0986	CPT/HCPCS	MANUAL WHEELCHAIR ACCESSORY, PUSH-RIM ACTIVATED POWER ASSIST SYSTEM	Yes
E0930	CPT/HCPCS	FRACTURE FRAME, FREE STANDING, INCLUDES WEIGHTS	Yes
E0981	CPT/HCPCS	WHEELCHAIR ACCESSORY, SEAT UPHOLSTERY, REPLACEMENT ONLY,EACH	Yes
E1830	CPT/HCPCS	DYNAMIC ADJUSTABLE TOE EXTENSION AND FLEXION DEVICE,INCLUDES SOFT INTERFACE MATERIAL	Yes
E0936	CPT/HCPCS	CONTINUOUS PASSIVE MOTION EXERCISE DEVICE FOR USE OTHER THAN KNEE	Yes
K0009	CPT/HCPCS	OTHER MANUAL WHEELCHAIR/BASE	Yes
E1180	CPT/HCPCS	AMPUTEE WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH), SWING AWAY DETACHABLE FOOTRESTS	Yes
E0265	CPT/HCPCS	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	Yes
E0444	CPT/HCPCS	PORTABLE OXYGEN CONTENTS, LIQUID (ONLY FOR PORTABLE GAS SYSTW/O USE OF STNRY OR LIQUID SYS), ONE MONTH'S SUPPLY = 1 UNIT	Yes
E0971	CPT/HCPCS	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	Yes
E2384	CPT/HCPCS	PWR WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACE ONLY, EA	Yes
E1003	CPT/HCPCS	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITHOUT SHEAR REDUCTION	Yes
E1221	CPT/HCPCS	WHEELCHAIR WITH FIXED ARMS, FOOTRESTS	Yes
E0158	CPT/HCPCS	LEG EXTENSIONS FOR A WALKER	Yes
E0692	CPT/HCPCS	ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL, INCLUDES BULBS/LAMPSTIMER AND EYE PROTECTION 4 FOOT PANEL	Yes
E0616	CPT/HCPCS	IMPLANTABLE CARDIAC EVENT RECORDER WITH MEMORY, ACTIVATOR AND PROGRAMMER	Yes
E0435	CPT/HCPCS	OXYGEN SYSTEM, LIQUID, PORTABLE, INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, FLOW HUMIDIFIER, CANNULA OR MAS	Yes
E1220	CPT/HCPCS	WHEELCHAIR; SPECIALLY SIZED OR CONSTRUCTED, (INDICATE BRAND NAME, MODEL NUMBER, IF ANY) AND JUSTIFICATION	Yes
E0602	CPT/HCPCS	BREAST PUMP, MANUAL, ANY TYPE	Yes
E0642	CPT/HCPCS	STANDING FRAME SYSTEM, MOBILE (DYNAMIC STANDER), ANY SIZE INCLUDING PEDIATRIC	Yes
E0950	CPT/HCPCS	WHEELCHAIR ACCESSORY, TRAY, EACH	Yes
E0486	CPT/HCPCS	ORAL DEVICE/APPLIANCE USED TO REDUCE UPPER AIRWAY COLLAPSIBILITY, ADJUSTABLE OR NON-ADJUSTABLE, CUSTOM FABRICATED, INCL	Yes
E1002	CPT/HCPCS	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, TILT ONLY	Yes
E2390	CPT/HCPCS	PWR WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) DRIVE WHEEL TIRE, ANY SIZE, REPLACE ONLY, EA	Yes
E0425	CPT/HCPCS	STATIONARY COMPRESSED GAS SYSTEM, INCLUDES REGULATOR WITH FLOW GAUGE, HUMIDIFIER, CANNULA OR MASK AND TUBING	Yes
E1020	CPT/HCPCS	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	Yes

E0769	CPT/HCPCS	ELECTRICAL STIMULATION OR ELECTROMAGNETIC WOUND TREATMENT DEVICE, NOT OTHERWISE CLASSIFIED	Yes
E2620	CPT/HCPCS	POSITIONING WHEELCHAIR BACK CUSHION,PLANAR BACK WITH LATERALSUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING A	Yes
E0105	CPT/HCPCS	CANE, QUAD OR THREE PRONG, INCLUDES CANES OF ALL MATERIALS, ADJUSTABLE OR FIXED, WITH TIPS	Yes
E0455	CPT/HCPCS	OXYGEN TENT, EXCLUDING CROUP OR PEDIATRIC TENTS	Yes
E2504	CPT/HCPCS	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDMESSAGES, GREATER THAN 20 MINUTES BUT LESS THAN OR EQUAL TO	Yes
E1018	CPT/HCPCS	HEAVY DUTY SHOCK ABSORBER FOR HEAVY DUTY OR EXTRA HEAVY DUTYPOWER WHEELCHAIR,	Yes
E0303	CPT/HCPCS	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350 POUNDS, BUT LESS THAN OR EQUAL TO 600 POUND	Yes
E2389	CPT/HCPCS	PWR WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, REPLACE ONLY, EA	Yes
E0302	CPT/HCPCS	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT C CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS,	Yes
E2628	CPT/HCPCS	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, RECLINING	Yes
E0784	CPT/HCPCS	EXTERNAL AMBULATORY INFUSION PUMP, INSULIN	Yes
E0601	CPT/HCPCS	CONTINUOUS POSITIVE AIRWAY PRESSURE (CPAP) DEVICE	Yes
E2295	CPT/HCPCS	MANUAL WHEELCHAIR ACCESSORY, FOR PEDIATRIC SIZE WHEELCHAIR, DYNAMIC SEATING	Yes
E1028	CPT/HCPCS	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE, OTHER	Yes
K0002	CPT/HCPCS	STANDARD HEMI(LOW SEAT) WHEELCHAIR	Yes
E2343	CPT/HCPCS	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22-25 INCHES	Yes
E1050	CPT/HCPCS	FULLY RECLINING WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG RESTS	Yes
E0218	CPT/HCPCS	FLUID CIRCULATING COLD PAD WITH PUMP, ANY TYPE	Yes
E0202	CPT/HCPCS	PHOTOTHERAPY (BILIRUBIN) LIGHT WITH PHOTOMETER	Yes
E0168	CPT/HCPCS	COMMODE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE	Yes
E0670	CPT/HCPCS	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, INTEGRATED, 2 FULL LEGS AND TRUNK	Yes
E0636	CPT/HCPCS	MULTIPOSITIONAL PATIENT SUPPORT SYSTEM, WITH INTEGRATED LIFTPATIENT	Yes
E1354	CPT/HCPCS	OXYGEN ACCESSORY, WHEELED CART FOR PORTABLE CYLINDER OR PORTABLE CONCENTRATOR, ANY TYPE, REPLACEMENT ONLY, EACH	Yes
K0004	CPT/HCPCS	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR	Yes
E0764	CPT/HCPCS	FUNCTIONAL NEUROMUSCULAR STIMULATOR, TRANSCUTANEOUS STIMULATION OF MUSCLES OF AMBULATION WITH COMPUTER CONTROL, USED FOR WALKING BY SPINAL CORD INJUR+	Yes
E0249	CPT/HCPCS	PAD FOR WATER CIRCULATING HEAT UNIT	Yes
E0163	CPT/HCPCS	COMMODE CHAIR, MOBILE OR STATIONARY, WITH FIXED ARMS	Yes
K0012	CPT/HCPCS	LIGHTWEIGHT PORTABLE MOTORIZED/POWER WHEELCHAIR	Yes
E0691	CPT/HCPCS	ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL, INCLUDES BULBS/LAMPSTIMER AND EYE PROTECTION; TREATMENT AREA 2 SQUARE FEET OR LE	Yes
E0621	CPT/HCPCS	SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON	Yes
E0140	CPT/HCPCS	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY	Yes
E2330	CPT/HCPCS	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, PROXIMITSWITCH MECHANISM, NONPROPORTIONAL, INCLUDING ALL RELATED ELE	Yes
E2311	CPT/HCPCS	POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHWHEELCHAIR CONTROLLER AND TWO OR MORE POWER SEATING SYSTEM M	Yes
E2616	CPT/HCPCS	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE M	Yes
E1226	CPT/HCPCS	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	Yes
E0247	CPT/HCPCS	TRANSFER BENCH FOR TUB OR TOILET WITH OR WITHOUT COMMODE OPENING	Yes

E0500	CPT/HCPCS	IPPB MACHINES WITH MANUAL VALVES, EXTERNAL POWER SOURCE, INCLUDES CYLINDER REGULATOR, BUILT-IN NEBULIZATION	Yes
E2599	CPT/HCPCS	ACCESSORY FOR SPEECH GENERATING DEVICE, NOT OTHERWISE CLASSIFIED	Yes
E0988	CPT/HCPCS	MANUAL WHEELCHAIR ACCESSORY, LEVER-ACTIVATED, WHEEL DRIVE, PAIR	Yes
E2217	CPT/HCPCS	MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, EACH	Yes
E0191	CPT/HCPCS	HEEL OR ELBOW PROTECTOR, EACH	Yes
E1358	CPT/HCPCS	OXYGEN ACCESSORY, DC POWER ADAPTER FOR PORTABLE CONCENTRATOR, ANY TYPE, REPLACEMENT ONLY, EACH	Yes
E2292	CPT/HCPCS	SEAT, PLANAR, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	Yes
E8000	CPT/HCPCS	GAIT TRAINER, PEDIATRIC SIZE, POSTERIOR SUPPORT, INCLUDES ALL ACCESSORIES AND	Yes
E2205	CPT/HCPCS	MANUAL WHEELCHAIR ACCESSORY, HANDRIM WO PROJECTIONS (INCL ERGONOMIC OR CONTOURED), ANY TYPE, REPLACEMENT ONLY, EA	Yes
E0755	CPT/HCPCS	ELECTRONIC SALIVARY REFLEX STIMULATOR (INTRA-ORAL/NON-INVASIVE)	Yes
E1171	CPT/HCPCS	AMPUTEE WHEELCHAIR, FIXED FULL LENGTH ARMS, WITHOUT FOOTRESTS OR LEGREST	Yes
E1236	CPT/HCPCS	WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, W/ SEATING SYSTEM	Yes
E1190	CPT/HCPCS	AMPUTEE WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH), SWING AWAY DETACHABLE ELEVATING LEGRESTS	Yes
E0147	CPT/HCPCS	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	Yes
E1825	CPT/HCPCS	DYNAMIC ADJUSTABLE FINGER EXTENSION AND FLEXION DEVICE,INCLUDES SOFT INTERFACE MATERIAL	Yes
E0271	CPT/HCPCS	MATTRESS, INNERSPRING	Yes
E2222	CPT/HCPCS	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	Yes
E2207	CPT/HCPCS	WHEELCHAIR ACCESSORY, CRUTCH AND CANE HOLDER, EACH	Yes
K1026	CPT/HCPCS	MECHANICAL ALLERGEN PARTICLE BARRIER/INHALATION FILTER, CREAM, NASAL, TOPICAL	Yes
K1025	CPT/HCPCS	NONPNEUMATIC SEQUENTIAL COMPRESSION GARMENT, FULL ARM	Yes
K1024	CPT/HCPCS	NONPNEUMATIC COMPRESSION CONTROLLER WITH SEQUENTIAL CALIBRATED GRADIENT PRESSURE	Yes
K1021	CPT/HCPCS	EXSUFFLATION BELT, INCLUDES ALL SUPPLIES AND ACCESSORIES	Yes
E2392	CPT/HCPCS	PWR WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACE ONLY, EA	Yes
E0113	CPT/HCPCS	CRUTCH, UNDERARM, WOOD, ADJUSTABLE OR FIXED, EACH, WITH PAD, TIP AND HANDGRIP	Yes
E1005	CPT/HCPCS	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITH POWER SHEAR REDUCTION	Yes
E0143	CPT/HCPCS	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	Yes
K1023	CPT/HCPCS	DISTAL TRANSCUTANEOUS ELECTRICAL NERVE STIMULATOR, STIMULATES PERIPHERAL NERVES OF THE UPPER ARM	Yes
K1020	CPT/HCPCS	NON-INVASIVE VAGUS NERVE STIMULATOR	Yes
K1018	CPT/HCPCS	EXTERNAL UPPER LIMB TREMOR STIMULATOR OF THE PERIPHERAL NERVES OF THE WRIST	Yes
K1016	CPT/HCPCS	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATOR FOR ELECTRICAL STIMULATION OF THE TRIGEMINAL NERVE	Yes
E1130	CPT/HCPCS	STANDARD WHEELCHAIR, FIXED FULL LENGTH ARMS, FIXED OR SWING AWAY DETACHABLE FOOTRESTS	Yes
E2312	CPT/HCPCS	POWER WHEELCHAIR ACCESSORY, HAND/CHIN CONTROL INTERFACE, MINI-PROPORTIONAL, REMOTE JOYSTICK, PROPORTIONAL, INCL MOUNTING	Yes
E0605	CPT/HCPCS	VAPORIZER, ROOM TYPE	Yes
E0956	CPT/HCPCS	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUTING HARDWARE, EACH	Yes
E0440	CPT/HCPCS	OXYGEN SYSTEM, LIQUID, STATIONARY, INCLUDES USE OF RESERVOIR, CONTENTS INDICATOR, FLOWMETER, HUMIDIFIER, CANNULA	Yes
E1227	CPT/HCPCS	SPECIAL HEIGHT ARMS FOR WHEELCHAIR	Yes
E0995	CPT/HCPCS	WHEELCHAIR ACCESSORY, CALF REST/PAD, REPLACEMENT ONLY, EACH	Yes
E0194	CPT/HCPCS	AIR FLUIDIZER BED	Yes

K0856	CPT/HCPCS	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Yes
K0040	CPT/HCPCS	ADJUSTABLE ANGLE FOOTPPATE EACH	Yes
K0195	CPT/HCPCS	ELEVATING LEG RESTS PAIR	Yes
E1840	CPT/HCPCS	DYNAMIC ADJUSTIBLE SHOULDER FLEXION/ABDUCTION/ROTATION DEVICE, INCLUDES SOFT INTERFACE MATERIAL	Yes
E0660	CPT/HCPCS	PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL LEG	Yes
E0912	CPT/HCPCS	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	Yes
E0144	CPT/HCPCS	WALKER, ENCLOSED, FOUR SIDED FRAMED, RIGID OR FOLDING, WHEELED WITH POSTERIOR	Yes
K0006	CPT/HCPCS	HEAVY DUTY WHEELCHAIR	Yes
E0657	CPT/HCPCS	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, CHEST	Yes
E2294	CPT/HCPCS	SEAT, CONTOURED, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	Yes
E0442	CPT/HCPCS	OXYGEN CONTENTS, LIQUID(FOR OWNED GASEOUS STATIONARY SYSTEM/BOTH STNRY & PORTABLE SYSTEM), ONE MONTH'S SUPPLY = 1 UNIT	Yes
E0640	CPT/HCPCS	PATIENT LIFT, FIXED SYSTEM, INCLUDES ALL OMPONENTS/ACCESSORI	Yes
K1004	CPT/HCPCS	LOW FREQUENCY ULTRASONIC DIATHERMY TREATMENT DEVICE FOR HOMEUSE, INCLUDES ALL COMPONENTS AND ACCESSORIES	Yes
K1001	CPT/HCPCS	ELECTRONIC POSITIONAL OBSTRUCTIVE SLEEP APNEA TREATMENT, WITH SENSOR, INCLUDES ALL COMPONENTS AND ACCESSORIES, ANY TYPE	Yes
E0787	CPT/HCPCS	EXTERNAL AMBULATORY INFUSION PUMP, INSULIN, DOSAGE RATE ADJUSTMENT USING THERAPEUTIC CONTINUOUS GLUCOSE SENSING	Yes
K0669	CPT/HCPCS	WHEELCHAIR SEAT OR BACK CUSHION, NO WRITTEN CODING VERIFICATION FROM SADMERC	Yes
E1357	CPT/HCPCS	OXYGEN ACCESSORY, BATTERY CHARGER FOR PORTABLE CONCENTRATOR, ANY TYPE, REPLACEMENT ONLY, EACH	Yes
E2365	CPT/HCPCS	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH	Yes
E1296	CPT/HCPCS	SPECIAL WHEELCHAIR SEAT HEIGHT FROM FLOOR	Yes
E2388	CPT/HCPCS	PWR WHEELCHAIR ACCESSORY, FOAM DRIVE WHEEL TIRE, ANY SIZE, REPLACE ONLY, EA	Yes
E1140	CPT/HCPCS	WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH, SWING AWAY DETACHABLE FOOTRESTS	Yes
E1297	CPT/HCPCS	SPECIAL WHEELCHAIR SEAT DEPTH, BY UPHOLSTERY	Yes
E1290	CPT/HCPCS	HEAVY DUTY WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH), SWING AWAY DETACHABLE FOOTRESTS	Yes
E0968	CPT/HCPCS	COMMODE SEAT, WHEELCHAIR	Yes
K0606	CPT/HCPCS	AUTOMATIC EXTERNAL DEFIBRILLATOR, WITH INTEGRATED ELECTRONC CARDIOGRAM ANALYSIS, GARMENT TYPE	Yes
K0462	CPT/HCPCS	TEMPORARY REPLACEMENT OFR PATIENT OWNED EQUIPMENT BEING REPAIRED, ANY TYPE	Yes
K0455	CPT/HCPCS	INFUSION PUMP USED FOR UNINTERRUPTED ADMINISTRATION OF EPOPRESTENOL	Yes
K0743	CPT/HCPCS	SUCTION PUMP, HOME MODEL, PORTABLE, FOR USE ON WOUNDS	Yes
E2218	CPT/HCPCS	MANUAL WHEELCHAIR ACCESSORY, FOAM PROPULSION TIRE, ANY SIZE, EACH	Yes
E0184	CPT/HCPCS	FLOTATION MATTRESS, DRY	Yes
E0585	CPT/HCPCS	NEBULIZER, WITH COMPRESSOR AND HEATER	Yes
E1270	CPT/HCPCS	LIGHTWEIGHT WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEGRESTS	Yes
E0244	CPT/HCPCS	RAISED TOILET SEAT	Yes
E1240	CPT/HCPCS	LIGHTWEIGHT WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH), SWING AWAY DETACHABLE ELEVATING LEGRESTS	Yes
E1037	CPT/HCPCS	TRANSPORT CHAIR, PEDIATRIC SIZE	Yes
E0957	CPT/HCPCS	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	Yes
E0610	CPT/HCPCS	PACEMAKER MONITOR, SELF CONTAINED, (CHECKS BATTERY DEPLETION, INCLUDES AUDIBLE AND VISIBLE CHECK SYSTEMS)	Yes
E1038	CPT/HCPCS	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Yes

K0740	CPT/HCPCS	REPAIR OR NONROUTINE SERVICE FOR OXYGEN EQUIPMENT REQUIRING THE SKILL OF A TECHNICIAN, LABOR COMPONENT, PER 15 MIN	Yes
K0739	CPT/HCPCS	REPAIR OR NON ROUTINE SERVICE FOR DME OTHER THAN OXYGEN REQUIRING THE SKILL OF A TECHNICIAN, LABOR COMPONENT, PER 15 MIN	Yes
K0730	CPT/HCPCS	CONTROLLED DOSE INHALATION DRUG DELIVERY SYSTEM	Yes
K0014	CPT/HCPCS	OTHER MOTORIZED/POWER WHEELCHAIR BASE	Yes
E2385	CPT/HCPCS	PWR WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEONLY, EA	Yes
E1250	CPT/HCPCS	LIGHTWEIGHT WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOTRESTS	Yes
E1355	CPT/HCPCS	STAND/RACK	Yes
E1172	CPT/HCPCS	AMPUTEE WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH), WITHOUT FOOTRESTS OR LEGREST	Yes
E2605	CPT/HCPCS	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	Yes
E0710	CPT/HCPCS	RESTRAINTS, ANY TYPE (BODY, CHEST, WRIST OR ANKLE)	Yes
E2394	CPT/HCPCS	PWR WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACE ONLY, EA	Yes
E1280	CPT/HCPCS	HEAVY DUTY WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH), ELEVATING LEGRESTS	Yes
E1008	CPT/HCPCS	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH POWER SHEAR REDUCTION	Yes
E0110	CPT/HCPCS	CRUTCHES, FOREARM, INCLUDES CRUTCHES OF VARIOUS MATERIALS, ADJUSTABLE OR FIXED, PAIR, COMPLETE WITH TIPS AND HANDGR	Yes
E2215	CPT/HCPCS	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, EACH	Yes
E0984	CPT/HCPCS	MANUAL WHEELCHAIR ACCESSORY, POWER ADD-ON TO CONVERT MANUAL WHEELCHAIR TO MOTORIZED WHEELCHAIR, TILLER CONTROL	Yes
K0013	CPT/HCPCS	CUSTOM MOTORIZED POWER WHEELCHAIR BASE	Yes
K0738	CPT/HCPCS	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; HOME COMPRESSOR USED TO FILL PORTABLE OXYGEN CYLINDERS, INCLUDES PORTABLE CONT	Yes
E0467	CPT/HCPCS	HOME VENTILATOR, MULTI-FUNCTION RESPIRATORY DEVICE, ALSO PERFORMS ANY OR ALL OF THE ADDITIONAL FUNCTIONS OF OXYGEN CONCE	Yes
E0447	CPT/HCPCS	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY= 1 UNIT, PRESCRIBED AMOUNT AT REST OR NIGHTTIME EXCEEDS 4 LITERS PER MINUTE (LPM)	Yes
E1070	CPT/HCPCS	FULLY RECLINING WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE FOOTREST	Yes
E2624	CPT/HCPCS	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS	Yes
E0372	CPT/HCPCS	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	Yes
E0305	CPT/HCPCS	BED SIDE RAILS, HALF LENGTH	Yes
E0639	CPT/HCPCS	PATIENT LIFT, MOVEABLE FROM ROOM TO ROOM WITH DISASSEMBLY AND REASSEMBLY, INCLUDES ALL COMPONENTS/ACCESSORIES	Yes
E0665	CPT/HCPCS	PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL ARM	Yes
E2216	CPT/HCPCS	MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED PROPULSION TIRE, ANY SIZE, EACH	Yes
E0791	CPT/HCPCS	PARENTERAL INFUSION PUMP, STATIONARY, SINGLE OR MULTI-CHANNEL	Yes
E1161	CPT/HCPCS	MANUAL ADULT SIZE WHEELCHAIR, INCLUDES TILT IN SPACE	Yes
E2358	CPT/HCPCS	POWER WHEELCHAIR ACCESSORY, GROUP 34 NON-SEALED LEAD ACID BATTERY, EACH	Yes
E0890	CPT/HCPCS	TRACTION FRAME, ATTACHED TO FOOTBOARD, SIMPLE PELVIC TRACTION	Yes
E0301	CPT/HCPCS	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350 POUNDS, BUT LESS THAN OR EQUAL TO 600 POUND	Yes
E0472	CPT/HCPCS	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITBACKUP RATE FEATURE, USED WITH INVASIVE INTERFACE, E.G., TRA	Yes
E0720	CPT/HCPCS	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, TWO LEAD, LOCALIZED	Yes

K0005	CPT/HCPCS	ULTRALIGHTWEIGHT WHEELCHAIR	Yes
E2300	CPT/HCPCS	WHEELCHAIR ACCESSORY, POWER SEAT ELEVATION SYSTEM, ANY TYPE	Yes
E0530	CPT/HCPCS	ELECTRONIC POSITIONAL OBSTRUCTIVE SLEEP APNEA TREATMENT, WITH SENSOR, INCLUDES ALL COMPONENTS AND ACCESSORIES, ANY TYPE	Yes
E0678	CPT/HCPCS	NON-PNEUMATIC SEQUENTIAL COMPRESSION GARMENT, FULL LEG	Yes
E0681	CPT/HCPCS	NON-PNEUMATIC COMPRESSION CONTROLLER WITHOUT CALIBRATED GRADIENT PRESSURE	Yes
E0734	CPT/HCPCS	EXTERNAL UPPER LIMB TREMOR STIMULATOR OF THE PERIPHERAL NERVES OF THE WRIST	Yes
E0735	CPT/HCPCS	NON-INVASIVE VAGUS NERVE STIMULATOR	Yes
E0493	CPT/HCPCS	ORAL DEVICE/APPLIANCE FOR NEUROMUSCULAR ELECTRICAL STIMULATION OF THE TONGUE MUSCLE, USED IN CONJUNCTION WITH THE POWER	Yes
A7023	CPT/HCPCS	MECHANICAL ALLERGEN PARTICLE BARRIER/INHALATION FILTER, CREAM, NASAL, TOPICAL	Yes
E0955	CPT/HCPCS	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	Yes
E2220	CPT/HCPCS	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) PROPULSION TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	Yes
E0492	CPT/HCPCS	POWER SOURCE AND CONTROL ELECTRONICS UNIT FOR ORAL DEVICE/APPLIANCE FOR NEUROMUSCULAR ELECTRICAL STIMULATION OF THE TONG	Yes
E0679	CPT/HCPCS	NON-PNEUMATIC SEQUENTIAL COMPRESSION GARMENT, HALF LEG	Yes
E0680	CPT/HCPCS	NON-PNEUMATIC COMPRESSION CONTROLLER WITH SEQUENTIAL CALIBRATED GRADIENT PRESSURE	Yes
E0682	CPT/HCPCS	NON-PNEUMATIC SEQUENTIAL COMPRESSION GARMENT, FULL ARM	Yes
E0733	CPT/HCPCS	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATOR FOR ELECTRICAL STIMULATION OF THE TRIGEMINAL NERVE	Yes
K1027	CPT/HCPCS	ORAL DEVICE/APPLIANCE USED TO REDUCE UPPER AIRWAY COLLAPSIBILITY, WITHOUT FIXED MECHANICAL HINGE, CUSTOM FABRICATED,	Yes
E0736	CPT/HCPCS	TRANSCUTANEOUS TIBIAL NERVE STIMULATOR	Yes
E2298	CPT/HCPCS	COMPLEX REHABILITATIVE POWER WHEELCHAIR ACCESSORY, POWER SEAT ELEVATION SYSTEM, ANY TYPE	Yes
E0152	CPT/HCPCS	WALKER, BATTERY POWERED, WHEELED, FOLDING, ADJUSTABLE OR FIXED HEIGHT	Yes
E0468	CPT/HCPCS	HOME VENTILATOR, DUAL-FUNCTION RESPIRATORY DEVICE, ALSO PERFORMS ADDITIONAL FUNCTION OF COUGH STIMULATION, INCLUDES ALL	Yes
E2104	CPT/HCPCS	HOME BLOOD GLUCOSE MONITOR FOR USE WITH INTEGRATED LANCING/BLOOD SAMPLE TESTING CARTRIDGE	Yes
S9002	CPT/HCPCS	INTRAVAGINAL MOTION SENSOR SYSTEM, PROVIDES BIOFEEDBACK FOR PELVIC FLOOR MUSCLE REHABILITATION DEVICE	Yes
K1037	CPT/HCPCS	DOCKING STATION FOR USE WITH ORAL DEVICE/APPLIANCE USED TO REDUCE UPPER AIRWAY COLLAPSIBILITY	Yes
E0490	CPT/HCPCS	POWER SOURCE AND CONTROL ELECTRONICS UNIT FOR ORAL DEVICE/APPLIANCE FOR NEUROMUSCULAR ELECTRICAL STIMULATION OF THE TONG	Yes
E0491	CPT/HCPCS	ORAL DEVICE/APPLIANCE FOR NEUROMUSCULAR ELECTRICAL STIMULATION OF THE TONGUE MUSCLE, USED IN CONJUNCTION WITH THE POWER	Yes
K1036	CPT/HCPCS	SUPPLIES AND ACCESSORIES (E.G., TRANSDUCER) FOR LOW FREQUENCY ULTRASONIC DIATHERMY TREATMENT DEVICE, PER MONTH	Yes
E1006	CPT/HCPCS	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILTAND RECLINE, WITHOUT SHEAR REDUCTION	Yes
E0744	CPT/HCPCS	NEUROMUSCULAR STIMULATOR FOR SCOLIOSIS	Yes
E2210	CPT/HCPCS	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	Yes
E0296	CPT/HCPCS	HOSPITAL BED, TOTAL ELECTRIC (HEAD,FOOT AND HEIGHT ADJUST MENTS), WITHOUT SIDE RAILS, WITH MATTRESS	Yes
E0445	CPT/HCPCS	OXIMETER DEVICE FOR MEASURING BLOOD OXYGEN LEVELS NON-INVASIVELY	Yes
E2326	CPT/HCPCS	POWER WHEELCHAIR ACCESSORY, BREATH TUBE KIT FOR SIP AND PUFF INTERFACE	Yes
E0958	CPT/HCPCS	MANUAL WHEELCHAIR ACCESSORY, ONE ARM DRIVE ATTACHEMENT, EACH	Yes

E2321	CPT/HCPCS	POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, REMOTE JOYSTICK, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS	Yes
E0940	CPT/HCPCS	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	Yes
E0575	CPT/HCPCS	NEBULIZER,ULTRASONIC, LARGE VOLUME	Yes
E0240	CPT/HCPCS	BATH/SHOWER CHAIR, WITH OR WITHOUT WHEELS, ANY SIZE	Yes
E0990	CPT/HCPCS	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	Yes
E1089	CPT/HCPCS	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR, FIXED LENGTH ARMS, SWING AWAY DETACHABLE FOOTREST	Yes
E1007	CPT/HCPCS	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILTAND RECLINE, WITH MECHANICAL SHEAR REDUCTION	Yes
E1356	CPT/HCPCS	OXYGEN ACCESSORY, BATTERY PACK/CARTRIDGE FOR PORTABLE CONCENTRATOR, ANY TYPE, REPLACEMENT ONLY, EACH	Yes
E0850	CPT/HCPCS	TRACTION STAND, FREE STANDING, SIMPLE CERVICAL TRACTION	Yes
E2322	CPT/HCPCS	POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, MULTIPLEMECHANICAL SWITCHES, NONPROPORTIONAL, INCLUDING ALL RELATED	Yes
E2231	CPT/HCPCS	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLS ANY TYPE MOUNTING HARDWARE FRAME, ALLO	Yes
E2213	CPT/HCPCS	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	Yes
E2101	CPT/HCPCS	BLOOD GLUCOSE MONITOR WITH INTEGRATED LANCING/BLOOD SAMPLE	Yes
E1036	CPT/HCPCS	MULTI-POSITIONAL PT TRANSFER SYSTEM, EXTRA-WIDE, W/INTEGRATED SEAT, OPERATED BY CAREGIVER, PATIENT WT CAPACITY >300 LBS	Yes
E1031	CPT/HCPCS	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5 OR GREATER	Yes
E0261	CPT/HCPCS	HOSPITAL BED, SEMI-ELECT (HEADAND FOOT ADJUSTMENT), WITH ANYTYPE SIDE RAILS, WITHOUT MATTRESS	Yes
E1083	CPT/HCPCS	HEMI-WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG REST	Yes
E1085	CPT/HCPCS	HEMI-WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOT RESTS	Yes
E0153	CPT/HCPCS	PLATFORM ATTACHMENT, FOREARM CRUTCH, EACH	Yes
E0277	CPT/HCPCS	ALTERNATING PRESSURE MATTRESS	Yes
E1093	CPT/HCPCS	WIDE HEAVY DUTY WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH, SWING AWAY DETACHABLE FOOTRESTS	Yes
E2328	CPT/HCPCS	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL OR EXTREMITY CONTROINTERFACE, ELECTRONIC, PROPORTIONAL, INCLUDING ALL RELATED E	Yes
E0441	CPT/HCPCS	OXYGEN CONTENTS,GASEOUS(FOR OWNED GASEOUS STATIONARY SYSTEM/BOTH STNRY & PORTABLE SYSTEM), ONE MONTH'S SUPPLY = 1 UNIT	Yes
E0276	CPT/HCPCS	BED PAN, FRACTURE, METAL OR PLASTIC	Yes
E0983	CPT/HCPCS	MANUAL WHEELCHAIR ACCESSORY, POWER ADD-ON TO CONVERT MANUAL WHEELCHAIR TO MOTORIZED WHEELCHAIR, JOYSTICK CONTROL	Yes
E0693	CPT/HCPCS	ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL, INCLUDES BULBS/LAMPSTIMER AND EYE PROTECTION 6 FOOT PANEL	Yes
E1032	CPT/HCPCS	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE USED WITH JOYSTICK OR OTHER DRIVE CON	Yes
E1832	CPT/HCPCS	STATIC PROGRESSIVE STRETCH FINGER DEVICE, EXTENSION AND/OR FLEXION, WITH OR WITHOUT RANGE OF MOTION ADJUSTMENT, INCLUDES	Yes
E1034	CPT/HCPCS	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR LATERAL TRUNK OR HIP SUPPORT, ANY	Yes
E1033	CPT/HCPCS	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR HEADREST, CUSHIONED, ANY TYPE	Yes
E0615	CPT/HCPCS	PACEMAKER MONITOR, SELF CONTAINED, (CHECKS BATTERY DEPLETION AND OTHER PACEMAKER COMPONENTS, INCLUDES DIGITAL AND	Yes
E1406	CPT/HCPCS	OXYGEN AND WATER VAPOR ENRICHING SYSTEM WITHOUT HEATED DELIVERY	Yes

E1015	CPT/HCPCS	SHOCK ABSORBER FOR MANUAL WHEELCHAIR, EACH	Yes
E2629	CPT/HCPCS	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, FRICTION ARM SUPPORT	Yes
E1298	CPT/HCPCS	SPECIAL WHEELCHAIR SEAT DEPTH AND/OR WIDTH, BY CONSTRUCTION	Yes
E0130	CPT/HCPCS	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	Yes
E2211	CPT/HCPCS	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	Yes
E2327	CPT/HCPCS	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, MECHANICPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL	Yes
E2324	CPT/HCPCS	POWER WHEELCHAIR ACCESSORY, CHIN CUP FOR CHIN CONTROL INTEFACE	Yes
E1805	CPT/HCPCS	DYNAMIC ADJUSTABLE WRIST EXTENSION ANDFLEXION DEV ICE,INCLUDES SOFT INTERFACE MATERIAL	Yes
E1310	CPT/HCPCS	WHIRLPOOL, NON-PORTABLE (BUILT-IN TYPE)	Yes
E2203	CPT/HCPCS	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	Yes
E1391	CPT/HCPCS	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRI	Yes
E0487	CPT/HCPCS	SPIROMETER, ELECTRONIC, INCLUDES ALL ACCESSORIES	Yes
E0700	CPT/HCPCS	SAFETY EQUIPMENT (E.G., BELT, HARNESS OR VEST)	Yes
E2602	CPT/HCPCS	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	Yes
E2402	CPT/HCPCS	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	Yes
E0280	CPT/HCPCS	BED, CRADLE, ANY TYPE	Yes
E0961	CPT/HCPCS	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	Yes
E0154	CPT/HCPCS	PLATFORM ATTACHMENT, WALKER, EACH	Yes
E2387	CPT/HCPCS	PWR WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACE ONLY, EA	Yes
E0607	CPT/HCPCS	HOME BLOOD GLUCOSE MONITOR	Yes
E0485	CPT/HCPCS	ORAL DEVICE/APPLIANCE USED TO REDUCE UPPER AIRWAY COLLAPSIBILITY, ADJUSTABLE OR NON-ADJUSTABLE, PREFABRICATED, INCLUDES	Yes
E1223	CPT/HCPCS	WHEELCHAIR WITH DETACHABLE ARMS, FOOTRESTS	Yes
E1060	CPT/HCPCS	FULLY RECLINING WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH, SWING AWAY DETACHABLE ELEVATING LEGRESTS	Yes
E1702	CPT/HCPCS	REPLACEMENT MEASURING SCALES FOR JAW MOTION REHABILITATION SYSTEM, PKG. OF 200	Yes
E2219	CPT/HCPCS	MANUAL WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, EACH	Yes
E0172	CPT/HCPCS	SEAT LIFT MECHANISM PLACED OVER OR ON TOP OF TOILET, ANY TYPE	Yes
E2368	CPT/HCPCS	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	Yes
E2378	CPT/HCPCS	POWER WHEELCHAIR COMPONENT, ACTUATOR, REPLACEMENT ONLY	Yes
E1010	CPT/HCPCS	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, POWER LEG ELEVATION SYSTEM, INCLUDING LEG REST, PAIR	Yes
E0175	CPT/HCPCS	FOOT REST, FOR USE WITH COMMODE CHAIR, EACH	Yes
E0462	CPT/HCPCS	ROCKING BED WITH OR WITHOUT SIDE RAILS	Yes
E1088	CPT/HCPCS	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH, SWING AWAY DETACHABLE ELEVATING LEG RESTS	Yes
E2502	CPT/HCPCS	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDMESSAGES, GREATER THAN 8 MINUTES BUT LESS THAN OR EQUAL TO 2	Yes
E0620	CPT/HCPCS	SKIN PIERCING DEVICE FOR COLLECTION OF CAPILLARY BLOOD, LASER, EACH	Yes
E2386	CPT/HCPCS	PWR WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACE ONLY, EA	Yes
K0007	CPT/HCPCS	EXTRA HEAVY DUTY WHEELCHAIR	Yes
E1086	CPT/HCPCS	HEMI-WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH, SWING AWAY DETACHABLE FOOTRESTS	Yes
E0627	CPT/HCPCS	SEAT LIFT MECHANISM, ELECTRIC, ANY TYPE	Yes

E1160	CPT/HCPCS	WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEGRESTS	Yes
E2310	CPT/HCPCS	POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER AND ONE POWER SEATING SYSTEM MOTOR, IN	Yes
E0310	CPT/HCPCS	BED SIDE RAILS, FULL LENGTH	Yes
E0112	CPT/HCPCS	CRUTCHES, UNDERARM, WOOD, ADJUSTABLE OR FIXED, PAIR, WITH PADS, TIPS AND HANDGRIPS	Yes
E2383	CPT/HCPCS	PWR WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACE ONLY, EA	Yes
E2369	CPT/HCPCS	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	Yes
E2381	CPT/HCPCS	PWR WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACE ONLY, EA	Yes
E0603	CPT/HCPCS	BREAST PUMP, ELECTRIC, ANY TYPE	Yes
E0116	CPT/HCPCS	CRUTCH, UNDERARM, OTHER THAN WOOD, ADJUSTABLE OR FIXED, WITH PAD, TIP, HANDGRIP, WITH OR WITHOUT SHOCK ABSORBER, EACH	Yes
E1228	CPT/HCPCS	SPECIAL BACK HEIGHT FOR WHEELCHAIR	Yes
E2293	CPT/HCPCS	BACK, CONTOURED, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXATTACHING HARDWARE	Yes
E0293	CPT/HCPCS	HOSPITAL BED,VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	Yes
E1352	CPT/HCPCS	OXYGEN ACCESSORY, FLOW REGULATOR CAPABLE OF POSITIVE INSPIRATORY PRESSURE	Yes
E0196	CPT/HCPCS	GEL PRESSURE MATTRESS	Yes
E1810	CPT/HCPCS	DYNAMIC ADJUSTABLE KNEE EXTENSION AND FLEXION DEVICE,INCLUDES SOFT INTERFACE MATERIAL	Yes
E0325	CPT/HCPCS	URINAL; MALE, JUG-TYPE, ANY MATERIAL	Yes
E0117	CPT/HCPCS	CRUTCH, UNDERARM, ARTICULATING, SPRING ASSISTED, EACH	Yes
E1039	CPT/HCPCS	TRANSPORT CHAIR, ADULT SIZE, HEAVY DUTY, PATIENT WEIGHT CAPACITY GREATER THAN 300 POUNDS	Yes
E0270	CPT/HCPCS	HOSPITAL BED, INSTITUTIONAL TYPE INCLUDES: OSCILLATING, CIRCULATING AND STRYKER FRAME, WITH MATTRESS	Yes
E0994	CPT/HCPCS	ARM REST, EACH	Yes
E1295	CPT/HCPCS	HEAVY DUTY WHEELCHAIR, FIXED FULL LENGTH ARMS, ELEVATING LEGRESTS	Yes
E0155	CPT/HCPCS	WHEEL ATTACHMENT, RIGID PICK-UP WALKER	Yes
E1235	CPT/HCPCS	WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITH SEATING SYSTEM	Yes
E0944	CPT/HCPCS	PELVIC BELT/ HARNESS/ BOOT	Yes
E2120	CPT/HCPCS	PULSE GENERATOR SYSTEM FOR TYMPANIC TREATMENT OF INNER EAR ENDOLYMPHATIC FLUID	Yes
E1820	CPT/HCPCS	SOFT INTERFACE MATERIAL DYNAMIC ADJUSTABLE EXTENSION FLEXION DEVICE	Yes
E0171	CPT/HCPCS	COMMODE CHAIR WITH INTEGRATED SEAT LIFT MECHANISM, NON-ELECTRIC, ANY TYPE	Yes
E0675	CPT/HCPCS	PNEUMATIC COMPRESSION DEVICE, HIGH PRESSURE, RAPID INFLATIONDEFLATION CYCLE, FOR ARTERIAL INSUFFICIENCY (UNILATERAL OR B	Yes
E1399	CPT/HCPCS	DURABLE MEDICAL EQUIPMENT, MISCELLANEOUS	Yes
E0231	CPT/HCPCS	NON-CONTACT WOUND WARMING DEVICE FOR USE WITH WARMING CARD AND WOUND COVER	Yes
E0457	CPT/HCPCS	CHEST SHELL (CUIRASS)	Yes
E0974	CPT/HCPCS	MANUAL WHEELCHAIR ACCESSORY, ANTI-ROLLBACK DEVICE, EACH	Yes
E0466	CPT/HCPCS	HOME VENTILATOR, ANY TYPE, USED WITH NON-INVASIVE INTERFACE,(E.G., MASK, CHEST SHELL)	Yes
E2512	CPT/HCPCS	ACCESSORY FOR SPEECH GENERATING DEVICE, MOUNTING SYSTEM	Yes
E1014	CPT/HCPCS	RECLINING BACK, ADDITION TO PEDIATRIC SIZE WHEELCHAIR	Yes
E0760	CPT/HCPCS	OSTOGENESIS STIMULATOR LOW INTENSITY ULTRASOUND NON-INVASIVE	Yes
E0985	CPT/HCPCS	WHEELCHAIR ACCESSORY, SEAT LIFT MECHANISM	Yes
E1004	CPT/HCPCS	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITH MECHANICAL SHEAR REDUCTION	Yes
E0856	CPT/HCPCS	CERVICAL TRACTION DEVICE, WITH INFLATABLE AIR BLADDER(S)	Yes
E0187	CPT/HCPCS	WATER PRESSURE MATTRESS	Yes
E2341	CPT/HCPCS	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	Yes

E0159	CPT/HCPCS	BRAKE ATTACHMENT FOR WHEELED WALKER	Yes
E0830	CPT/HCPCS	AMBULATORY TRACTION DEVICE, ALL TYPES, EACH	Yes
E1238	CPT/HCPCS	WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, W/OUT SEATING SYSTEM	Yes
E1009	CPT/HCPCS	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, MECHANICALLY LINKED LEG ELEVATION SYSTEM, INCLUDING PUSHROD	Yes
E0328	CPT/HCPCS	HOSPITAL BED, PEDIATRIC, MANUAL, 360 DEGREE SIDE ENCLOSURES, TOP OF HEADBOARD,	Yes
E0625	CPT/HCPCS	PATIENT LIFT, BATHROOM OR TOILET, NOT OTHERWISE CLASSIFIED	Yes
E0650	CPT/HCPCS	PNEUMATIC COMPRESSOR, NON-SEGMENTAL HOME MODEL, (LYMPHEDEMA PUMP)	Yes
E0431	CPT/HCPCS	PORTABLE GASEOUS OXYGEN SYSTEM,RENTAL;INCLUDES CONTAINER, REGULATOR,FLOWMETER,HUMIDIFIER,CANNULA OR MASK, AND TUBING	Yes
E0667	CPT/HCPCS	PNEUMATIC APPLIANCE FOR USE WITH SEGMENTAL PNEUMATIC COMPRESSOR, LEG	Yes
E0604	CPT/HCPCS	BREAST PUMP, HOSPITAL GRADE, ELECTRIC (AC AND / OR DC), ANY TYPE	Yes
E0266	CPT/HCPCS	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	Yes
E0186	CPT/HCPCS	AIR PRESSURE MATTRESS	Yes
E0673	CPT/HCPCS	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, HALF LEG	Yes
E0352	CPT/HCPCS	DISPOSABLE PACK FOR USE WITH THE ELECTRONIC BOWEL/EVACUATIONSYSTEM	Yes
E0574	CPT/HCPCS	ULTRASONIC/ELECTRONIC AEROSOL GENERATOR WITH SMALL VOLUME NEBULIZER	Yes
E0967	CPT/HCPCS	MANUAL WHEELCHAIR ACCESSORY, HAND RIM WITH PROJECTIONS, ANY TYPE, REPLACEMENT ONLY, EACH	Yes
E0941	CPT/HCPCS	GRAVITY ASSISTED TRACTION DEVICE, ANY TYPE	Yes
E1084	CPT/HCPCS	HEMI-WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG RESTS	Yes
E1818	CPT/HCPCS	STATIC PROGRESSIVE STRETCH/PATIENT ACTUALIZED SERIAL STRETCH FOREARM PRONATION/SUPINATION DEVICE, WITH OR WITHOUT RANGE OF MOTION ADJUSTMENT	Yes
E0948	CPT/HCPCS	FRACTURE FRAME, ATTACHMENTS FOR COMPLEX CERVICAL TRACTION	Yes
E1195	CPT/HCPCS	HEAVY DUTY WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEGRESTS	Yes
E0666	CPT/HCPCS	PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF LEG	Yes
E2202	CPT/HCPCS	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	Yes
E0239	CPT/HCPCS	HYDROCOLLATOR UNIT, PORTABLE	Yes
E0315	CPT/HCPCS	BED ACCESSORIES: BOARDS OR TABLES, ANY TYPE	Yes
E0291	CPT/HCPCS	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	Yes
E0980	CPT/HCPCS	SAFETY VEST, WHEELCHAIR	Yes
E0870	CPT/HCPCS	TRACTION FRAME, ATTACHED TO FOOTBOARD, SIMPLE EXTREMITY TRACTION, (E.G., BUCK'S)	Yes
E0910	CPT/HCPCS	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BARS	Yes
E8001	CPT/HCPCS	GAIT TRAINER, PEDIATRIC SIZE, UPRIGHT SUPPORT, INCLUDES ALL ACCESSORIES AND COMPONENTS	Yes
E1035	CPT/HCPCS	MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, W/INTEGRATED SEAT,OPERATED BY	Yes
E0242	CPT/HCPCS	BATH TUB RAIL, FLOOR BASE	Yes
E2360	CPT/HCPCS	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY EACH	Yes
E0255	CPT/HCPCS	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	Yes
E0256	CPT/HCPCS	HOSPITAL BED, VARIABLE HEIGHT,HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	Yes
E0880	CPT/HCPCS	TRACTION STAND, FREE STANDING, EXTREMITY TRACTION	Yes
E2627	CPT/HCPCS	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, ADJUSTABLE RANCHO TYPE	Yes
E2396	CPT/HCPCS	PWR WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACE ONLY, EA	Yes

E2340	CPT/HCPCS	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 20-23 INCHES	Yes
E0141	CPT/HCPCS	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	Yes
E2363	CPT/HCPCS	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTEREACH	Yes
E0982	CPT/HCPCS	WHEELCHAIR ACCESSORY, BACK UPHOLSTERY, REPLACEMENT ONLY,EACH	Yes
E0193	CPT/HCPCS	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	Yes
E0182	CPT/HCPCS	PUMP FOR ALTERNATING PRESSURE PAD, FOR REPLACEMENT ONLY	Yes
E0300	CPT/HCPCS	PEDIATRIC CRIB, HOSPITAL GRADE, FULLY ENCLOSED, WITHOUT TOP ENCLOSURE	Yes
E0740	CPT/HCPCS	NON-IMPLANTED PELVIC FLOOR ELECTRICAL STIMULATOR, COMPLETE SYSTEM	Yes
E0373	CPT/HCPCS	NONPOWERED ADVANCED PRESSURE REDUCING MATTERESS	Yes
E2615	CPT/HCPCS	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTIN	Yes
E0100	CPT/HCPCS	CANE, INCLUDES CANES OF ALL MATERIALS, ADJUSTABLE OR FIXED, WITH TIP	Yes
A4468	CPT/HCPCS	EXSUFFLATION BELT, INCLUDES ALL SUPPLIES AND ACCESSORIES	Yes
A4540	CPT/HCPCS	DISTAL TRANSCUTANEOUS ELECTRICAL NERVE STIMULATOR, STIMULATES PERIPHERAL NERVES OF THE UPPER ARM	Yes
E1285	CPT/HCPCS	HEAVY DUTY WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOTREST	Yes
E0183	CPT/HCPCS	POWERED PRESSURE REDUCING UNDERLAY/PAD, ALTERNATING, WITH PUMP, INCLUDES HEAVY DUTY	Yes
E2606	CPT/HCPCS	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	Yes
E0652	CPT/HCPCS	PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL (LYMPHEDEMA PUMP) WITH CALIBRATED GRADIENT PRESSURE	Yes
E1822	CPT/HCPCS	DYNAMIC ADJUSTABLE ANKLE EXTENSION ONLY DEVICE, INCLUDES SOFT INTERFACE MATERIAL	Yes
E1813	CPT/HCPCS	DYNAMIC ADJUSTABLE KNEE EXTENSION ONLY DEVICE, INCLUDES SOFT INTERFACE MATERIAL	Yes
E1808	CPT/HCPCS	DYNAMIC ADJUSTABLE WRIST FLEXION ONLY DEVICE, INCLUDES SOFT INTERFACE MATERIAL	Yes
E1823	CPT/HCPCS	DYNAMIC ADJUSTABLE ANKLE FLEXION ONLY DEVICE, INCLUDES SOFT INTERFACE MATERIAL	Yes
E1829	CPT/HCPCS	DYNAMIC ADJUSTABLE TOE FLEXION ONLY DEVICE, INCLUDES SOFT INTERFACE MATERIAL	Yes
E1807	CPT/HCPCS	DYNAMIC ADJUSTABLE WRIST EXTENSION ONLY DEVICE, INCLUDES SOFT INTERFACE MATERIAL	Yes
E1827	CPT/HCPCS	DYNAMIC ADJUSTABLE FINGER FLEXION ONLY DEVICE, INCLUDES SOFT INTERFACE MATERIAL	Yes
E1826	CPT/HCPCS	DYNAMIC ADJUSTABLE FINGER EXTENSION ONLY DEVICE, INCLUDES SOFT INTERFACE MATERIAL	Yes
E1804	CPT/HCPCS	DYNAMIC ADJUSTABLE ELBOW FLEXION ONLY DEVICE, INCLUDES SOFT INTERFACE MATERIAL	Yes
E1814	CPT/HCPCS	DYNAMIC ADJUSTABLE KNEE FLEXION ONLY DEVICE, INCLUDES SOFT INTERFACE MATERIAL	Yes
E1803	CPT/HCPCS	DYNAMIC ADJUSTABLE ELBOW EXTENSION ONLY DEVICE, INCLUDES SOFT INTERFACE MATERIAL	Yes
K1032	CPT/HCPCS	NONPNEUMATIC SEQUENTIAL COMPRESSION GARMENT, FULL LEG	Yes
K1031	CPT/HCPCS	NONPNEUMATIC COMPRESSION CONTROLLER WITHOUT CALIBRATED GRADIENT PRESSURE	Yes
K1033	CPT/HCPCS	NONPNEUMATIC SEQUENTIAL COMPRESSION GARMENT, HALF LEG	Yes
E1828	CPT/HCPCS	DYNAMIC ADJUSTABLE TOE EXTENSION ONLY DEVICE, INCLUDES SOFT INTERFACE MATERIAL	Yes
E2325	CPT/HCPCS	POWER WHEELCHAIR ACCESSORY, SIP AND PUFF INTERFACE, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANIC	Yes
E0210	CPT/HCPCS	ELECTRIC HEAT PAD, STANDARD	Yes
E2204	CPT/HCPCS	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	Yes
E1701	CPT/HCPCS	REPLACEMENT CUSHIONS OFR JAW MOTION REJHABILITATION SYSTEM PKG. OF 6	Yes
E0730	CPT/HCPCS	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, FOUR OR MORE LEADS	Yes
E0731	CPT/HCPCS	FORM FITTING CONDUCTIVE GARMENT FOR DELIVERY OF TENS	Yes

E0424	CPT/HCPCS	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM,RENTAL;INCLUDES CONTENTS,REGULATOR,FLOWMETER,HUMIDIFIER,NEBULIZER,CANNULA	Yes
E0637	CPT/HCPCS	COMBINATION SIT TO STAND SYSTEM, ANY SIZE INCLUDING PEDIATRIC, WITH SEATLIFT FEATURE, WITH OR WITHOUT WHEELS	Yes
E0669	CPT/HCPCS	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH SEGMENTAL PNEUMATIC COMPRESSOR;HALF LEAG	Yes
E2214	CPT/HCPCS	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, EACH	Yes
E2373	CPT/HCPCS	PWR WHEELCHAIR ACCESSORY, HAND/CHIN CONTROL INTERFACE, MINI-PROPORTIONAL, COMPACT, OR SHORT THROW REMOTE JOYSTICK OR TO	Yes
E0465	CPT/HCPCS	HOME VENTILATOR, ANY TYPE, USED WITH INVASIVE INTERFACE, (E.G., TRACHEOSTOMY TUBE)	Yes
E0483	CPT/HCPCS	HIGH FREQUENCY CHEST WALL OSCILLATION SYSTEM,WITH FULL ANTERIOR AND/OR POSTERIOR THORACIC REGION RECEIVING SIMULTANEOUS EXTERNAL OSCILLATION, INCLUDE+	Yes
E0434	CPT/HCPCS	PORTABLE LIQUID OXYGEN SYSTEM;RENTAL;INCLUDES PORTABLE CONTAINER,SUPPLY RESERVOIR,HUMIDIFIER,FLOWMETER,REFILL ADAPTOR	Yes
E1390	CPT/HCPCS	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR	Yes
E1110	CPT/HCPCS	SEMI-RECLINING WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH), ELEVATING LEG REST	Yes
E2221	CPT/HCPCS	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	Yes
E1016	CPT/HCPCS	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	Yes
E0221	CPT/HCPCS	INFRARED HEATING PAD SYSTEM	Yes
E2612	CPT/HCPCS	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	Yes
E0199	CPT/HCPCS	DRY PRESSURE PAD FOR MATTRESS (EG., EGGCRATE)	Yes
E0482	CPT/HCPCS	COUGH STIMULATING DEVICE, ALTERNATING POSITIVE AND NEGATIVE AIRWAY PRESSURE	Yes
E0572	CPT/HCPCS	AREROSOL COMPRESSOR ADJUSTABLE PRESSURE, LIGHT DUTY FOR INTERMITTENT USE	Yes
E2208	CPT/HCPCS	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	Yes
E0630	CPT/HCPCS	PATIENT LIFT, HYDRAULIC OR MECHANICAL, INCLUDES ANY SEAT, SLING, STRAP(S) OR PADS	Yes
E0840	CPT/HCPCS	TRACTION FRAME, ATTACHED TO HEADBOARD, SIMPLE CERVICAL TRACTION	Yes
E2621	CPT/HCPCS	POSITIONING WHEELCHAIR BACK CUSHION,PLANAR BACK WITH LATERALSUPPORTS, WIDTH INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY	Yes
E2377	CPT/HCPCS	PWR WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, UPGRADE PROVID	Yes
E0190	CPT/HCPCS	POSITIONING CUSHION/PILLOW/WEDGE, ANY SHAPE OR SIZE, INCLUDES ALL COMPONENTS	Yes
E1017	CPT/HCPCS	HEAVY DUTY SHOCK ABSORBER FOR HEAVY DUTY OR EXTRA HEAVY DUTYOR EXTRA DUTY POWER WHEELCHAIR	Yes
E1237	CPT/HCPCS	WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, W/OUT SEATINGSYSTEM	Yes
E1230	CPT/HCPCS	POWER OPERATED VEHICLE (THREE OR FOUR WHEEL NONHIGHWAY) SPECIFY BRAND NAME AND MODEL NUMBER	Yes
E1092	CPT/HCPCS	WIDE HEAVY DUTY WHEEL CHAIR, DETACHABLE ARMS DESK OR FULL LENGTH, SWING AWAY DETACHABLE ELEVATING LEG RESTS	Yes
E2617	CPT/HCPCS	CUSTOM FABRICATED WHEELCHAIR BACK CUSHION, ANY SIZE, INCLUDIANY TYPE MOUNTING HARDWARE	Yes
E0235	CPT/HCPCS	PARAFFIN BATH UNIT, PORTABLE (SEE MEDICAL SUPPLY CODE A4265 FOR PARAFFIN)	Yes
E0439	CPT/HCPCS	STATIONARY LIQUID OXYGEN SYSTEM,RENTAL;INCLUDES CONTAINER, CONTENTS,REQUULATOR,FLOWMETER, HUMIDIFIE,NEBULIZER,CANNULA OR	Yes
E2329	CPT/HCPCS	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, CONTACT SWITCH MECHANISM, NONPROPORTIONAL, INCLUDING ALL RELATED ELE	Yes
E0243	CPT/HCPCS	TOILET RAIL, EACH	Yes

E0671	CPT/HCPCS	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE FULL LEG	Yes
E0748	CPT/HCPCS	OSTEOGENESIS STIMULATOR, ELECTRICAL NONINVASIVE, SPINAL APPLICATIONS	Yes
E0705	CPT/HCPCS	TRANSFER DEVICE, ANY TYPE, EACH	Yes
E2508	CPT/HCPCS	SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, REQUIRING MESSFORMULATION BY SPELLING AND ACCESS BY PHYSICAL CONTACT WITH	Yes
E1200	CPT/HCPCS	AMPUTEE WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOTREST (CODE DELETED USE E0112)	Yes
E0118	CPT/HCPCS	CRUTCH SUBSTITUTE, LOWER LEG PLATFORM, WITH OR WITHOUT WHEELCHAIR	Yes
E2364	CPT/HCPCS	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY EACH	Yes
E0973	CPT/HCPCS	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	Yes
E2610	CPT/HCPCS	WHEELCHAIR SEAT CUSHION, POWERED	Yes
E0969	CPT/HCPCS	NARROWING DEVICE, WHEELCHAIR	Yes
E2603	CPT/HCPCS	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	Yes
E0629	CPT/HCPCS	SEAT LIFT MECHANISM, NON-ELECTRIC, ANY TYPE	Yes
E2372	CPT/HCPCS	POWER WHEELCHAIR ACCESSORY, GROUP 27 NON-SEALED LEAD ACID BATTERY, EACH	Yes
K0003	CPT/HCPCS	LIGHTWEIGHT WHEELCHAIR	Yes
E2500	CPT/HCPCS	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORD MESSAGES, LESS THAN OR EQUAL TO 8 MINUTES RECORDING TIME	Yes
E0215	CPT/HCPCS	ELECTRIC HEAT PAD, MOIST	Yes
E0294	CPT/HCPCS	HOSPITAL BED, SEMI-ELECT (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	Yes
E0911	CPT/HCPCS	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	Yes
E1800	CPT/HCPCS	DYNAMIC ADJUSTABLE ELBOW EXTENSION AND FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL	Yes
E0565	CPT/HCPCS	COMPRESSOR, AIR POWER SOURCE FOR EQUIPMENT WHICH IS NOT SELF CONTAINED OR CYLINDER DRIVEN	Yes
E2614	CPT/HCPCS	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING H	Yes
E0290	CPT/HCPCS	HOSPITAL BED, FIXED-HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	Yes
E2370	CPT/HCPCS	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX	Yes
E0471	CPT/HCPCS	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITH BACK-UP RATE FEATURE, USED WITH NONINVASIVE INTERFACE,	Yes
E1831	CPT/HCPCS	STATIC PROGRESSIVE STRETCH TOE DEVICE, EXTENSION AND/OR FLEXION, WITH OR WITHOUT RANGE OF MOTION ADJUSTMENT, INCLUDES A	Yes
E2623	CPT/HCPCS	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22 INCHES OR GREATER, ANY DEPTH	Yes
E2225	CPT/HCPCS	MANUAL WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	Yes
E1812	CPT/HCPCS	DYNAMIC KNEE EXTENSION/FLEXION DEVICE WITH ACTIVE RESISTANCE CONTROL	Yes
E0672	CPT/HCPCS	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, FULL ARM	Yes
E1815	CPT/HCPCS	DYNAMIC ADJUSTABLE ANKLE EXTENSION AND FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL	Yes
E2230	CPT/HCPCS	MANUAL WHEELCHAIR ACCESSORY, MANUAL STANDING SYSTEM	Yes
E0606	CPT/HCPCS	POSTURAL DRAINAGE BOARD	Yes
E0618	CPT/HCPCS	APNEA MONITOR, WITHOUT RECORDING FEATURE	Yes
E0246	CPT/HCPCS	TRANSFER TUB RAIL ATTACHMENT	Yes
E1260	CPT/HCPCS	LIGHTWEIGHT WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH), SWING AWAY DETACHABLE FOOTRESTS	Yes
E0942	CPT/HCPCS	CERVICAL HEAD HARNESS/ HALTER	Yes
E2607	CPT/HCPCS	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	Yes
E1090	CPT/HCPCS	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH, SWING AWAY DETACHABLE FOOT RESTS	Yes
E0205	CPT/HCPCS	HEAT LAMP, WITH STAND, INCLUDES BULB, OR INFRARED ELEMENT	Yes

E2608	CPT/HCPCS	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	Yes
E0617	CPT/HCPCS	EXTERNAL DEFIBRILLATOR WITH INTEGRATED ELECTROCARDIOGRAM ANALYSIS	Yes
E2374	CPT/HCPCS	PWR WHEELCHAIR ACCESSORY, HAND/CHIN CONTROL INTERFACE, STANDARD REMOTE JOYSTICK (NOT INCLUDING CONTROLLER), PROPORTIONAL	Yes
K0011	CPT/HCPCS	STANDARD WEIGHT FRAME MOTOIZED POWER WHEEL CHAIR WITH PROGRAMMABLE CONTROL PARAMETERS FOR SPEED ADJUSTMENT, TREMOR DAMPEN	Yes
E2313	CPT/HCPCS	POWER WHEELCHAIR ACCESSORY, HARNESS FOR UPGRADE TO EXPANDABLE CONTROLLER, INCL ALL FASTENERS, CONNECTORS AND MOUNTING HARDWARE	Yes
E1239	CPT/HCPCS	POWER WHEELCHAIR, PEDIATRIC SIZE, NOT OTHERWISE SPECIFIED	Yes
E2611	CPT/HCPCS	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCH ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	Yes
E1087	CPT/HCPCS	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG RESTS	Yes
E1012	CPT/HCPCS	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, CENTER MOUNT POWER ELEVATING LEG REST/PLATFORM, COMPLETE SYSTEM,	Yes
E2351	CPT/HCPCS	POWER WHEELCHAIR ACCESSORY, ELECTRONIC INTERFACE TO OPERATE SPEECH GENERATING DEVICE USING POWER WHEELCHAIR CONTROL INTERFACE	Yes
E2604	CPT/HCPCS	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	Yes
K0010	CPT/HCPCS	STANDARD WEIGHT FRAME MOTORIZED/POWDER WHEELCHAIR	Yes
E0316	CPT/HCPCS	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	Yes
E1816	CPT/HCPCS	STATIC PROGRESSIVE STRETCH/PATIENT ACTUALIZED SERIAL STRETCH ANKLE DEVICE, FLEXION AND/OR EXTENSION, WITH OR WITHOUT RANGE OF MOTION ADJUSTMENT,	Yes
E0200	CPT/HCPCS	HEAT LAMP, WITHOUT STAND (TABLE MODEL), INCLUDES BULB, OR INFRARED ELEMENT	Yes
E0676	CPT/HCPCS	INTERMITTENT LIMB COMPRESSION DEVICE (INCLUDES ALL ACCESSORIES), NOT OTHERWISE SPECIFIED	Yes
E2397	CPT/HCPCS	POWER WHEELCHAIR ACCESSORY, LITHIUM-BASED BATTERY, EACH	Yes
K0001	CPT/HCPCS	STANDARD WHEELCHAIR	Yes
E0849	CPT/HCPCS	TRACTION EQUIPMENT, CERVICAL, FREE-STANDING STAND/FRAME, PNEUMATIC, APPLYING TRACTION FORCE TO OTHER THAN MANDIBLE	Yes
E0217	CPT/HCPCS	WATER CIRCULATING HEAT PAD WITH PUMP	Yes
E0149	CPT/HCPCS	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE, EACH	Yes
E0560	CPT/HCPCS	HUMIDIFIER, DURABLE FOR SUPPLEMENTAL HUMIDIFICATION DURING IPPB TREATMENT OR OXYGEN DELIVERY, E.G., CASCADE JR.	Yes
E0959	CPT/HCPCS	MANUAL WHEELCHAIR ACCESSORY, ADAPTER FOR AMPUTEE, EACH	Yes
E0656	CPT/HCPCS	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, TRUNK	Yes
E2371	CPT/HCPCS	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E.G. GEL CELL, ABSORBED GLASSMAT), EACH	Yes
E0641	CPT/HCPCS	STANDING FRAME SYSTEM, MULTI-POSITION (E.G. THREE-WAY STANDER), ANY SIZE	Yes
E0251	CPT/HCPCS	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	Yes
E0600	CPT/HCPCS	SUCTION PUMP, HOME MODEL, PORTABLE	Yes
E0156	CPT/HCPCS	SEAT ATTACHMENT, WALKER	Yes
E0165	CPT/HCPCS	COMMODE CHAIR, MOBILE OR STATIONARY, WITH DETACHABLE ARMS	Yes
E0185	CPT/HCPCS	DECUBITUS CARE PAD, FLOTATION OR GEL PAD WITH FOAM LEVELING PAD (MATTRESS SIZE)	Yes
E0638	CPT/HCPCS	STANDING FRAME SYSTEM, ANY SIZE, WITH OR WITHOUT WHEELS	Yes
E1224	CPT/HCPCS	WHEELCHAIR WITH DETACHABLE ARMS, ELEVATING LEG RESTS	Yes
E2359	CPT/HCPCS	POWER WHEELCHAIR ACCESSORY, GROUP 34 SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL, ABSORBED GLASSMAT)	Yes
E0580	CPT/HCPCS	NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, FOR USE WITH REGULATOR OR FLOWMETER	Yes
E0350	CPT/HCPCS	CONTROL UNIT FOR ELECTRONIC BOWEL IRRIGATION/EVACUATION SYSTEM	Yes

E2510	CPT/HCPCS	SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, PERMITTING MULTIPLE METHODS OF MESSAGE FORMULATION AND MULTIPLE METHODS	Yes
E0677	CPT/HCPCS	NON-PNEUMATIC SEQUENTIAL COMPRESSION GARMENT, TRUNK	Yes
E1905	CPT/HCPCS	VIRTUAL REALITY COGNITIVE BEHAVIORAL THERAPY DEVICE (CBT), INCLUDING PRE-PROGRAMMED THERAPY SOFTWARE	Yes
E0694	CPT/HCPCS	ULTRAVIOLET MULTIDIRECTIONAL LIGHT THERAPY SYSTEM IN 6 FOOT CABINET, INCLUDES BULBS/LAMPS, TIMER AND EYE PROTECTION	Yes
E0248	CPT/HCPCS	TRANSFER BENCH, HEAVY DUTY, FOR TUB OR TOILET WITH OR WITHOUT COMMODE OPENING	Yes
E1405	CPT/HCPCS	OXYGEN AND WATER VAPOR ENRICHING SYSTEM WITH HEATED DELIVERY	Yes
E2331	CPT/HCPCS	POWER WHEELCHAIR ACCESSORY, ATTENDANT CONTROL, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS AND FIXED MOUNTING HARDWAR	Yes
E0952	CPT/HCPCS	TOE LOOP/HOLDER, ANY TYPE, EACH	Yes
E2376	CPT/HCPCS	PWR WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCL ALL RELATED ELECTRONICS AND MOUNTING HARDWARD, REPLACE ONLY	Yes
E2226	CPT/HCPCS	MANUAL WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	Yes
E1353	CPT/HCPCS	REGULATOR	Yes
E2613	CPT/HCPCS	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARD	Yes
E0329	CPT/HCPCS	HOSP BED, PEDS, ELECTRIC OR SEMI-ELECTRIC, 360 DEGREE SIDE ENCL, TOP OF HEADBOARD, FOOTBOARD AND SIDE RAILS UP TO 24 IN	Yes
E0167	CPT/HCPCS	PAIL OR PAN FOR USE WITH COMMODE CHAIR, REPLACEMENT ONLY	Yes
E0297	CPT/HCPCS	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUST MENTS), WITHOUT SIDE RAILS, WITHOUT MATTRESS	Yes
E1100	CPT/HCPCS	SEMI-RECLINING WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG RESTS	Yes
E1170	CPT/HCPCS	AMPUTEE WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEGRESTS	Yes
E0860	CPT/HCPCS	TRACTION EQUIPMENT, OVERDOOR, CERVICAL	Yes
E0275	CPT/HCPCS	BED PAN, STANDARD, METAL OR PLASTIC	Yes
E0765	CPT/HCPCS	FDA APPROVED NERVE STIMULATOR, WITH REPLACEABLE BATTERIES	Yes
E0250	CPT/HCPCS	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	Yes
E1372	CPT/HCPCS	IMMERSION EXTERNAL HEATER FOR NEBULIZER	Yes
E0170	CPT/HCPCS	COMMODE CHAIR WITH INTEGRATED SEAT LIFT MECHANISM, ELECTRIC, ANY TYPE	Yes
E2622	CPT/HCPCS	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22 INCHES, ANY DEPTH	Yes
E0160	CPT/HCPCS	SITZ TYPE BATH, PORTABLE, FITS OVER COMMODE SEAT	Yes
E2375	CPT/HCPCS	PWR WHEELCHAIR ACCESSORY, NON-EXPANDABLE CONTROLLER, INCL ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, REPLACE ONLY	Yes
E0114	CPT/HCPCS	CRUTCHES, UNDERARM, ALUMINUM, ADJUSTABLE OR FIXED, PAIR, WITH PADS, TIPS AND HANDGRIPS	Yes
E2291	CPT/HCPCS	BACK, PLANAR, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	Yes
E0111	CPT/HCPCS	CRUTCH, FOREARM, INCLUDES CRUTCHES OF VARIOUS MATERIALS, ADJUSTABLE OR FIXED, EACH, WITH TIP AND HANDGRIP	Yes
E2609	CPT/HCPCS	CUSTOM FABRICATED WHEELCHAIR SEAT CUSHION, ANY SIZE	Yes
E2625	CPT/HCPCS	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22 INCHES OR GREATER, ANY DEPTH	Yes
E2366	CPT/HCPCS	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EA	Yes
E0470	CPT/HCPCS	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITHOUT BACKUP RATE FEATURE, USED WITH NONINVASIVE INTERFACE	Yes
E0770	CPT/HCPCS	FUNCTIONAL ELECTRICAL STIMULATOR, TRANSCUTANEOUS STIMULATION OF NERVE AND/OR MUSCLE GROUPS, ANY TYPE, COMPLETE SYSTEM, N	Yes
E0745	CPT/HCPCS	NEUROMUSCULAR STIMULATOR, ELECTRONIC SHOCK UNIT	Yes
E0762	CPT/HCPCS	TRANSCUTANEOUS ELECTRICAL JOINT STIMULATION DEVICE SYSTEM, INCLUDES ALL ACCESSORIES	Yes

E2633	CPT/HCPCS	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, SUPINATOR	Yes
E0992	CPT/HCPCS	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	Yes
E0443	CPT/HCPCS	PORTABLE OXYGEN CONTENTS, GASEOUS (ONLY FOR PORTABLE GAS SYSTW/O USE OF STNRY OR LIQUID SYS), ONE MONTH'S SUPPLY = 1 UNIT	Yes
E2301	CPT/HCPCS	WHEELCHAIR ACCESSORY, POWER STANDING SYSTEM, ANY TYPE	Yes
E0188	CPT/HCPCS	SYNTHETIC SHEEPSKIN PAD	Yes
E2382	CPT/HCPCS	PWR WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACE ONLY, EA	Yes
E0260	CPT/HCPCS	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	Yes
K0008	CPT/HCPCS	CUSTOM MANUAL WHEELCHAIR/BASE	Yes
E2506	CPT/HCPCS	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORD MESSAGES, GREATER THAN 40 MINUTES RECORDING TIME	Yes
E1234	CPT/HCPCS	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJ WITHOUT SEATING SYSTEM	Yes
E1231	CPT/HCPCS	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE WITH SEATING	Yes
E0371	CPT/HCPCS	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS STANDARD MATTRESS LENGTH AND WIDTH	Yes
E0273	CPT/HCPCS	BED BOARD	Yes
E0920	CPT/HCPCS	FRACTURE FRAME, ATTACHED TO BED, INCLUDES WEIGHTS	Yes
E0945	CPT/HCPCS	EXTREMITY BELT/ HARNESS	Yes
E2209	CPT/HCPCS	WHEELCHAIR ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT	Yes
E0370	CPT/HCPCS	AIR PRESSURE PAD ELEVATOR FOR HEEL	Yes
E0148	CPT/HCPCS	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	Yes
E2626	CPT/HCPCS	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, ADJUSTABLE	Yes
E1802	CPT/HCPCS	DYNAMIC ADJUSTABLE FOREARM PRONATION/SUPINATION DEVICE, INCLUDES SOFT INTERFACE	Yes
E0484	CPT/HCPCS	OSCILLATORY POSITIVE EXPIRATORY PRESSURE DEVICE, NON-ELECTRIC ANY TYPE, EACH	Yes
E0459	CPT/HCPCS	CHEST WRAP	Yes
E2631	CPT/HCPCS	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, ELEVATING PROXIMAL ARM	Yes
E0900	CPT/HCPCS	TRACTION STAND, FREE STANDING, SIMPLE PELVIC TRACTION, (E.G., BUCK'S)	Yes
E0960	CPT/HCPCS	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP INCLUDING ANY TYPE MOUNTING HARDWARE	Yes
E0935	CPT/HCPCS	CONTINUOUS PASSIVE MOTION EXERCISE DEVICE FOR USE ON KNEE ONLY	Yes
E2323	CPT/HCPCS	POWER WHEELCHAIR ACCESSORY, SPECIALTY JOYSTICK HANDLE FOR HAND CONTROL INTERFACE, PREFABRICATED	Yes
E2224	CPT/HCPCS	MANUAL WHEELCHAIR ACCESSORY, PROPULSION WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	Yes
E0241	CPT/HCPCS	BATH TUB WALL RAIL, EACH	Yes
E2619	CPT/HCPCS	REPLACEMENT COVER FOR WHEELCHAIR SEAT CUSHION OR BACK CUSHION OR BACK CUSHION, EACH	Yes
E0446	CPT/HCPCS	TOPICAL OXYGEN DELIVERY SYSTEM, NOT OTHERWISE SPECIFIED, INCLUDES ALL SUPPLIES	Yes
E0161	CPT/HCPCS	SITZ TYPE BATH, PORTABLE, FITS OVER COMMODE SEAT, WITH FAUCET ATTACHMENTS	Yes
E2342	CPT/HCPCS	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO 21 INCHES	Yes
E2227	CPT/HCPCS	MANUAL WHEELCHAIR ACCESSORY, GEAR REDUCTION DRIVE WHEEL, EACH	Yes
E0225	CPT/HCPCS	HYDROCOLLATOR UNIT INCLUDES PADS	Yes
E2201	CPT/HCPCS	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	Yes
E0562	CPT/HCPCS	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	Yes
E0655	CPT/HCPCS	PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF ARM	Yes
E1222	CPT/HCPCS	WHEELCHAIR WITH FIXED ARMS, ELEVATING LEG REST	Yes

E2391	CPT/HCPCS	PWR WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE	Yes
E0292	CPT/HCPCS	HOSPITAL BED, VARIABLE HEIGHT HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	Yes
E0197	CPT/HCPCS	AIR PRESSURE PAD FOR MATTRESS	Yes
E0326	CPT/HCPCS	URINAL; FEMALE, JUG-TYPE, ANY MATERIAL	Yes
E2395	CPT/HCPCS	PWR WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACE ONLY, EA	Yes
E1030	CPT/HCPCS	WHEELCHAIR ACCESSORY, VENTILATOR TRAY, GIMBALED	Yes
E0746	CPT/HCPCS	ELECTROMYOGRAPHY (EMG), BIOFEEDBACK DEVICE	Yes
E0135	CPT/HCPCS	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	Yes
E0430	CPT/HCPCS	PORTABLE GASEOUS OXYGEN SYSTEM, INCLUDES REGULATOR WITH FLOW GAUGE, HUMIDIFIER, CANNULA OR MASK AND TUBING	Yes
E2206	CPT/HCPCS	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, REPLACEMENT ONLY, EACH	Yes
E2361	CPT/HCPCS	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH	Yes
E1392	CPT/HCPCS	PORTABLE OXYGEN CONCENTRATOR, RENTAL	Yes
E1029	CPT/HCPCS	WHEELCHAIR ACCESSORY, VENTILATOR TRAY, FIXED	Yes
E2630	CPT/HCPCS	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT, MONOSUSPENSION ARM AND HAND SUPPORT, OVERHEAD ELBOW FOREARM	Yes
E2632	CPT/HCPCS	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, OFFSET OR LATERAL ROCKER ARM WITH ELASTIC BALANCE CONTROL	Yes
E0561	CPT/HCPCS	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	Yes
E2212	CPT/HCPCS	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	Yes
E0668	CPT/HCPCS	PNEUMATIC APPLIANCE FOR USE WITH SEGMENTAL PNEUMATIC COMPRESSOR, ARM	Yes
E0245	CPT/HCPCS	TUB STOOL OR BENCH	Yes
E2100	CPT/HCPCS	BLOOD GLUCOSE MONITOR WITH INTEGRATED VOICE SYNTHESIZER	Yes
E0232	CPT/HCPCS	WARMING CARD FOR USE WITH NON-CONTACT WOUND WARMING DEVICE AND NON-CONTACT WOUND WARMING WOUND COVER	Yes
E1841	CPT/HCPCS	STATIC PROGRESSIVE STRETCH/PATIENT ACTUALIZED SERIAL STRETCH SHOULDER DEVICE, WITH OR WITHOUT RANGE OF MOTION ADJUSTMENT, INCLUDES	Yes
E0966	CPT/HCPCS	MANUAL WHEELCHAIR ACCESSORY, HEADREST EXTENSION, EACH	Yes
E0651	CPT/HCPCS	PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL (LYMPHEDEMA PUMP) WITHOUT CALIBRATED GRADIENT PRESSURE	Yes
E2367	CPT/HCPCS	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	Yes
E0555	CPT/HCPCS	HUMIDIFIER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC BOTTLE TYPE, FOR USE WITH REGULATOR OR FLOWMETER	Yes
E0481	CPT/HCPCS	INTRAPULMONARY PERCUSSIVE VENTILATION SYSTEM AND RELATED ACCESSORIES	Yes
E0635	CPT/HCPCS	PATIENT LIFT, ELECTRIC WITH SEAT OR SLING	Yes
E0203	CPT/HCPCS	THERAPEUTIC LIGHTBOX, MINIMUM 10,000 LUX, TABLE TOP MODEL	Yes
E1232	CPT/HCPCS	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJ WITHOUT SEATING	Yes
E0947	CPT/HCPCS	FRACTURE FRAME, ATTACHMENTS FOR COMPLEX PELVIC TRACTION	Yes
E1700	CPT/HCPCS	JAW MOTION REHABILITATION SYSTEM	Yes
E8002	CPT/HCPCS	GAIT TRAINER, PEDIATRIC SIZE, ANTERIOR SUPPORT, INCLUDES ALL ACCESSORIES AND COMPONENTS	Yes
E0433	CPT/HCPCS	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; W/WO SUPPLY RESERVOIR AND CONTENTS GAUGE	Yes
E0946	CPT/HCPCS	FRACTURE FRAME, DUAL WITH CROSS BARS, ATTACHED TO BED, (E.G., BALKEN, 4 POSTER)	Yes
E0162	CPT/HCPCS	SITZ BATH CHAIR	Yes
K1014	CPT/HCPCS	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, 4 BAR LINKAGE OR MULTIAXIAL, FLUID SWING AND STANCE PHASE CONTROL	Yes
K1015	CPT/HCPCS	FOOT, ADDUCTUS POSITIONING DEVICE, ADJUSTABLE	Yes
E0734	CPT/HCPCS	EXTERNAL UPPER LIMB TREMOR STIMULATOR OF THE PERIPHERAL NERVES OF THE WRIST	Yes
L3161	CPT/HCPCS	FOOT, ADDUCTUS POSITIONING DEVICE, ADJUSTABLE	Yes
L5926	CPT/HCPCS	ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL, KNEE DISARTICULATION, ABOVE KNEE, HIP DISARTICULATION, POSITIONAL	Yes
E0735	CPT/HCPCS	NON-INVASIVE VAGUS NERVE STIMULATOR	Yes

K1022	CPT/HCPCS	ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL, KNEE DISARTICULATION, ABOVE KNEE, HIP DISARTICULATION, POSITIONAL	Yes
K1023	CPT/HCPCS	DISTAL TRANSCUTANEOUS ELECTRICAL NERVE STIMULATOR, STIMULATES PERIPHERAL NERVES OF THE UPPER ARM	Yes
L2640	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, BAND AND BELT, BILATERAL	Yes
L8696	CPT/HCPCS	ANTENNA (EXTERNAL) FOR USE WITH IMPLANTABLE DIAPHRAGMATIC/PHRENIC NERVE STIMULATION DEVICE, REPLACEMENT,EACH	Yes
L2232	CPT/HCPCS	ADDITION TO LOWER EXTREMITY ORTHOSIS,ROCKER BOTTOM FOR TOTALCONTACT ANKLE FOOT ORTHOSIS, FOR CUSTOM FABRICATED ORTHOSIS	Yes
L2650	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, PELVIC AND THORACIC CONTROL, GLUTEAL PAD, EACH	Yes
L1845	CPT/HCPCS	KO,DOUBLE UPRIGHT,THIGH AND CALF,WITH ADJUSTABLE FLEXION ANDEXTENSION JOINT,MEDIAL-LATERAL AND ROTATION CONTROL,PREFABRI	Yes
L3150	CPT/HCPCS	FOOT, ABDUCTION ROTATION BARS (DENNIS BROWNE TYPE), CLAMPED TO SHOE	Yes
A4402	CPT/HCPCS	LUBRICANT	Yes
L2627	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, PLASTIC, MOLDED TO PATIENT MODEL, RECIPROCATING HIP JOINT AND CABLES	Yes
L4205	CPT/HCPCS	REPAIR OF ORTHOTIC DEVICE LABOR COMPONENT PER 15 MINUTES	Yes
L5622	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, TEST SOCKET, KNEE DISARTICULATION	Yes
L0472	CPT/HCPCS	TLSO, TRIPLANAR CONTROL, HYPEREXTENSION, RIGID ANTERIOR AND LATERAL FRAME EXTENDS FROM SYMPHYSIS PUBIS TO STERNAL NOTCH	Yes
L3760	CPT/HCPCS	ELBOW ORTHOSIS (EO), WITH ADJUSTABLE POSITION LOCKING JOINT(S), PREFABRICATED, ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUST+	Yes
L6641	CPT/HCPCS	UPPER EXTREMITY ADDITION, EXCURSION AMPLIFIER, PULLEY TYPE	Yes
L7170	CPT/HCPCS	ELECTRONIC ELBOW, HOSMER OR EQUAL, SWITCH CONTROLLED	Yes
L3918	CPT/HCPCS	HAND ORTHOSIS, METACARPAL FRACTURE ORTHOSIS, PREFABRICATED, OFF-THE-SHELF	Yes
L2200	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, LIMITED ANKLE MOTION, EACH JOINT	Yes
L6646	CPT/HCPCS	UPPER EXTREMITY ADDITION, SHOULDER JOINT, MULTIPOSITIONAL LOCKING, FLEXION,	Yes
L3649	CPT/HCPCS	UNLISTED PROCEDURES FOR FOOT ORTHOPEDIC SHOES, SHOE MODIFICATIONS AND TRANSFERS	Yes
L3976	CPT/HCPCS	SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR, WITHOUT JOINTS, MAY INCLUDE S+	Yes
L6629	CPT/HCPCS	UPPER EXTREMITY ADDITION, QUICK DISCONNECT LAMINATION COLLAR WITH COUPLING PIECE, OTTO BOCK OR EQUAL	Yes
L6588	CPT/HCPCS	PREPARATORY, SHOULDER DISARTICULATION OR INTERSCAPULAR THORACIC, SINGLE WALL PLASTIC SOCKET, SHOULDER JOINT, LOCKING EL	Yes
L1820	CPT/HCPCS	KNEE ORTHOSIS,ELASTIC WITH CONDYLAR PADS/JOINTS,WITH OR WITHOUT PATELLAR CONTROL, PREFABRICATED ITEM THAT HAS BEEN TRIMMED,	Yes
L1990	CPT/HCPCS	ANKLE-FOOT ORTHOSES,DOUBLE UPRIGHT FREE PLANTAR DORSIFLEXIONSOLID STIRRUP,CALF BAND/CUFF(DOUBLE BAR"BK"ORTHOSIS)CUST.FAB	Yes
L5699	CPT/HCPCS	ALL LOWER EXTREMITY PROSTHESES, SHOULDER HARNESS	Yes
L2620	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, HEAVY DUTY, EACH	Yes
L0220	CPT/HCPCS	THORACIC, RIB BELT, CUSTOM FABRICATED	Yes
L8641	CPT/HCPCS	PROSTHETIC PROCEDURES-DEVICES;METATARSAL JOINT	Yes
L1000	CPT/HCPCS	CERVICAL-THORACIC-LUMBAR-SACRAL ORTHOSIS (CTLSO) (MILWAUKEE), INCLUSIVE OF FURNISHING INITIAL ORTHOSES, INCLUDING MOD	Yes
L3160	CPT/HCPCS	FOOT ADJUSTABLE SHOE/STYLED POSITIONIN DEVICE	Yes
L3334	CPT/HCPCS	LIFT, ELEVATION, HEEL, PER INCH	Yes
A4405	CPT/HCPCS	OSTOMY SKIN BARRIER, NON-PECTIN BASED, PASTE, PER OUNCE	Yes
L3257	CPT/HCPCS	ORTHOPEDIC FOOTWEAR, ADDITIONAL CHARGE FOR SPLIT SIZE	Yes

L2010	CPT/HCPCS	KAFO,SINGLE UPRIGHT,FREE ANKLE,SOLID STIRRUP,THIGH AND CALF BANDS/CUFFS(SINGLE BAR"AK"ORTHOSIS)W/KNEE JOINT,CUSTOM FAB	Yes
L0710	CPT/HCPCS	CERVICAL-THORACIC-LUMBAR-SACRAL-ORTHOSES, ANTERIOR-POSTERIOR-LATERAL-CONTROL, MOLDED TO PATIENT MODEL, WITH INTERFACE MA	Yes
L3630	CPT/HCPCS	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, SOLID STIRRUP, NEW	Yes
A4330	CPT/HCPCS	PERIANAL FECAL COLLECTION POUCH WITH ADHESIVE	Yes
L8642	CPT/HCPCS	PROSTHETIC PROCEDURES-DEVICES;HALLUX IMPLANT	Yes
A4358	CPT/HCPCS	URINARY LEG BAG; VINYL, WITH OR WITHOUT TUBE	Yes
A4410	CPT/HCPCS	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDIEXTENDED WEAR, WITHOUT 4X4 INCH OR LARGER	Yes
L8686	CPT/HCPCS	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, SINGLE ARRAY, NON-RECHARGEABLE, INCLUDES EXTENSION	Yes
L2106	CPT/HCPCS	AFO,FRACTURE ORTHOSIS,TIBIAL FRACTURE CAST ORTHOSIS,THERMOPLASTIC TYPE CASTING MATERIAL,CUSTOM FABRICATED	Yes
L3901	CPT/HCPCS	WRIST-HAND-FINGER-ORTHOSES (WHFO), DYNAMIC FLEXOR HINGE, RECIPROCAL WRIST EXTENSION/ FLEXION, FINGER FLEXION/ EXTENS	Yes
L5960	CPT/HCPCS	ADDITION, ENDOSKELETAL SYSTEM, HIP DISARTICULATION, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	Yes
L8631	CPT/HCPCS	METACARPAL PHALANGEAL JOINT REPLACEMENT, TWO OR MORE PIECES,METAL (E.G., STAINLESS STEEL OR COBALT CHROME), CERAMIC-LIKE	Yes
L5971	CPT/HCPCS	ALL LOWER EXTREMITY PROSTHESIS, SOLID ANKLE CUSHION HEEL (SACH) FOOT, REPLACEMENT ONLY	Yes
L0491	CPT/HCPCS	TLSO, SAGITTAL-CORONAL CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, TWO RIGID PLASTIC SHELLS, POSTERIOR EXTENDS FROM THE SACROCOCCYGEAL JUNCTION AND	Yes
L8505	CPT/HCPCS	ARTIFICIAL LARYNX REPLACEMENT BATTERY/ACCESSORY, ANY TYPE EACH	Yes
L2570	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, CLEVIS TYPE, TWO POSITION HIP JOINT, EACH	Yes
L5940	CPT/HCPCS	ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	Yes
L0642	CPT/HCPCS	LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POSTERIOR EXTENDS FROM L-1 TO BELOW L-5 VER	Yes
L6965	CPT/HCPCS	SHOULDER DISARTICULATION, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE SHOULDER SHELL, SHOULDER BULKHEAD, HUMERAL	Yes
L4020	CPT/HCPCS	REPLACE QUADRILATERAL SOCKET BRIM, MOLDED TO PATIENT MODEL	Yes
L0488	CPT/HCPCS	TLSO, TRIPLANAR CONTROL, ONE PIECE RIGID PLASTIC SHELL WITH INTERFACE LINER, MULTIPLE STRAPS AND CLOSURES, POSTERIOR	Yes
L5690	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, BELOW KNEE, WAIST BELT, PADDED AND LINED	Yes
L5060	CPT/HCPCS	ANKLE, SYMES, METAL FRAME, MOLDED LEATHER SOCKET, ARTICULATED ANKLE/ FOOT	Yes
L2624	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, ADJUSTABLE FLEXION, EXTENSION, ABDUCTION CONTROL, EACH	Yes
L1100	CPT/HCPCS	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSES, RING FLANGE, PLASTIC OR LEATHER	Yes
L5301	CPT/HCPCS	BELOW KNEE, MOLDED SOCKET, SHIN, SACH FOOT, ENDOSKELETAL SYSTEM	Yes
A4340	CPT/HCPCS	INDWELLING CATHETER; SPECIALTY TYPE, EG; COUDE, MUSHROOM, WING, ETC.)	Yes
L0464	CPT/HCPCS	TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM FOUR RIGID PLASTIC	Yes
L5795	CPT/HCPCS	ADDITION, EXOSKELETAL SYSTEM, HIP DISARTICULATION, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	Yes
L6655	CPT/HCPCS	UPPER EXTREMITY ADDITION, STANDARD CONTROL CABLE, EXTRA	Yes
L3660	CPT/HCPCS	SHOULDER ORTHOSIS, FIGURE OF EIGHT DESIGN ABDUCTION RESTRAINER, PREFABRICATED, OFF-THE-SHELF	Yes
L5250	CPT/HCPCS	HIP DISARTICULATION, CANADIAN TYPE; MOLDED SOCKET, HIP JOINTSINGLE AXIS CONSTANT FRICTION KNEE, SHIN, SACH FOOT	Yes

L3001	CPT/HCPCS	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, SPENCO, EACH	Yes
L3905	CPT/HCPCS	WRIST HAND ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLU+	Yes
L3710	CPT/HCPCS	ELBOW ORTHOSIS, ELASTIC WITH METAL JOINTS, PREFABRICATED, OFF-THE-SHELF	Yes
L0984	CPT/HCPCS	PROTECTIVE BODY SOCK, PREFABRICATED, OFF-THE-SHELF, EACH	Yes
A4376	CPT/HCPCS	OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, RUBBER, EACH	Yes
L3216	CPT/HCPCS	ORTHOPEDIC FOOTWEAR, LADIES SHOE, DEPTH INLAY, EACH	Yes
L2380	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, TORSION CONTROL, STRAIGHT KNEE JOINT, EACH JOINT	Yes
L8622	CPT/HCPCS	ALKALINE BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE, ANY SIZE, REPLACEMENT, EACH	Yes
A4424	CPT/HCPCS	OSTOMY POUCH, DRAINABLE, WITH BARRIER ATTACHED, WITH FILTER (1 PIECE), EACH	Yes
L5703	CPT/HCPCS	ANKLE, SYMES, MOLDED TO PATIENT MODEL, SOCKET WITHOUT SOLID ANKLE CUSHION HEEL (SACH) FOOT, REPLACEMENT ONLY	Yes
L3540	CPT/HCPCS	MISCELLANEOUS SHOE ADDITION, SOLE, FULL	Yes
L7360	CPT/HCPCS	SIX VOLT BATTERY, EACH	Yes
L0456	CPT/HCPCS	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, THORACIC REGION, RIGID POSTERIOR PANEL AND SOFT ANTERIOR APRON, EXTENDS FROM THE SACROCOCCYGEAL JUNCTION AND +	Yes
L6955	CPT/HCPCS	ABOVE ELBOW, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE HUMERAL SHELL, INTERNAL LOCKING ELBOW, FOREARM, OTTO BOCK	Yes
L0648	CPT/HCPCS	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEA	Yes
L5698	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, SILESIA BANDAGE	Yes
L7902	CPT/HCPCS	TENSION RING, FOR VACUUM ERECTION DEVICE, ANY TYPE, REPLACEMENT ONLY, EACH	Yes
L5679	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED FROM EXISTING MOLD OR PREFABRICATED, SOCKET INSER	Yes
L5614	CPT/HCPCS	ADDITION TO LOWERE EXTREMITY, ABOVE KNEE-KNEE DISARTICULATIO4-BAR LINKAGE, WITH PNEUMATIC SWING PHASE CONTROL	Yes
L8513	CPT/HCPCS	CLEANING DEVICE USED WITH TRACHEOESOPHAGEAL VOICE PROSTHESIS, PIPET, BRUSH, OR EQUAL, REPLACEMENT ONLY, EACH	Yes
L0172	CPT/HCPCS	CERVICAL, COLLAR, SEMI-RIGID THERMOPLASTIC FOAM, TWO-PIECE, PREFABRICATED, OFF-THE-SHELF	Yes
L0629	CPT/HCPCS	LUMBAR-SACRAL ORTHOSIS, FLEXIBLE, PROVIDES LUMBO-SACRAL SUPPORT, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9	Yes
L3300	CPT/HCPCS	LIFT, ELEVATION, HEEL, TAPERED TO METATARSALS, PER INCH	Yes
L6704	CPT/HCPCS	TERMINAL DEVICE, SPORT/RECREATIONAL/WORK ATTACHMENT, ANY MATERIAL, ANY SIZE	Yes
L5655	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, BELOW KNEE (KEMBLO, PELITE, ALIPLAST, PLASTAZOTE OR EQUAL)	Yes
L5988	CPT/HCPCS	ALL LOWER EXTREMITY PROSTHESIS, COMBINATION VERTICAL SHOCK AND MULTIAXIAL ROTATION/TORSIONAL FORCE REDUCTING PYLON	Yes
A4331	CPT/HCPCS	EXTENSION DRAINAGE TUBING, ANY TYPE, ANY LENGTH, W/CONNECTOR ADAPTOR,	Yes
L0974	CPT/HCPCS	THORACIC-LUMBAR-SACRAL-ORTHOSES, FULL CORSET	Yes
L2510	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, QUADRILATERAL BRIM, MOLDED TO PATIENT MODEL	Yes
L5665	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, MULTI-DUROMETER, BELOW KNEE	Yes
L5990	CPT/HCPCS	ADDITION TO LOWER EXTREMITY PROSTHESIS, UNDER ADJUSTABLE HEEL HEIGHT	Yes
A4380	CPT/HCPCS	OSTOMY POUCH, URINARY, WITH FACEPLATE ATTACHED, RUBBER, EACH	Yes
L5560	CPT/HCPCS	PREPARATORY, ABOVE KNEE - KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, "USMC" OR EQUAL PYLON, NO COVER, SACH FOOT, PLAST	Yes

L5722	CPT/HCPCS	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC SWING, FRICTION STANCE PHASE CONTROL	Yes
L5840	CPT/HCPCS	ADDITION MULTIAXIAL PNEUMATIC/WING PHASE CONTROL	Yes
L0120	CPT/HCPCS	CERVICAL, FLEXIBLE, NON-ADJUSTABLE, PREFABRICATED, OFF-THE-SHELF (FOAM COLLAR)	Yes
L5979	CPT/HCPCS	ALL LOWER EXTREMITY PROSTHESES; MULTIAXIAL ANKLE/FOOT DYNAMIRESPONSE	Yes
L8400	CPT/HCPCS	PROSTHETIC SHEATH, BELOW KNEE, EACH	Yes
L1720	CPT/HCPCS	LEGG PERTHES ORTHOSIS, TRILATERAL, (TACHDIJAN TYPE)CUSTOM FABRICATED	Yes
L3924	CPT/HCPCS	HAND FINGER ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, PREFABRICATED, OFF-THE-SHELF	Yes
L6645	CPT/HCPCS	UPPER EXTREMITY ADDITION, SHOULDER FLEXION-ABDUCTION JOINT, EACH	Yes
A4372	CPT/HCPCS	OSTOMY SKIN BARRIER, SOLID 4X4 OR EQUIVALENT, STANDARD WEAR, WITH BUILT-IN CONVEXITY, EACH	Yes
L2114	CPT/HCPCS	AFO, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, SEMI-RIGIDPREFABRICATED,INCLUDES FITTING AND ADJUSTMENT	Yes
L2397	CPT/HCPCS	ADDITION TO LOWER EXTREMITY ORTHOSI	Yes
L5649	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, ISCHIAL CONTAINMENT/NARROW M-L SOCKET	Yes
L5848	CPT/HCPCS	ADDITION TO ENDOSKELETAL KNEE-SHIN SYSTEM, FLUID STANCE EXTENSION, DAMPENING	Yes
L3595	CPT/HCPCS	MISCELLANEOUS SHOE ADDITION, MARCH BAR	Yes
L3978	CPT/HCPCS	SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR, INCLUDES ONE OR MORE NONTORSI+	Yes
L1906	CPT/HCPCS	ANKLE FOOT ORTHOSIS, MULTILIGAMENTOUS ANKLE SUPPORT, PREFABRICATED, OFF-THE-SHELF	Yes
L6000	CPT/HCPCS	PARTIAL HAND, ROBIN-AIDS, THUMB REMAINING (OR EQUAL)	Yes
L1831	CPT/HCPCS	KNEE ORTHOSIS, LOCKING KNEE JOINT(S), POSITIONAL ORTHOSIS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes
L4100	CPT/HCPCS	REPLACE LEATHER CUFF KAFO, PROXIMAL THIGH	Yes
L5341	CPT/HCPCS	HEMIPELVECTOMY, CANADIAN TYPE,MOLDED SOCKET,ENDOSKELETAL SYSTEM,HIP,JOINT,SINGLE AXIS KNEE, SACH FOOT	Yes
L1001	CPT/HCPCS	CERVICAL THORACIC LUMBAR SACRAL ORTHOSIS, IMMOBILIZER, INFANT SIZE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes
L8040	CPT/HCPCS	NASAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	Yes
L6687	CPT/HCPCS	UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, BELOW ELBOW OR WRIST DISARTICULATION	Yes
L3766	CPT/HCPCS	ELBOW WRIST HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABR+	Yes
L1844	CPT/HCPCS	KNEE ORTHOSIS, SINGLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL AND ROTATION C+	Yes
L6920	CPT/HCPCS	WRIST DISARTICULATION, EXTERNAL POWER, SELF-SUSPENDED INNER SOCKET, REMOVABLE FOREARM SHELL, OTTO BOCK OR EQUAL, SWITCH,	Yes
L5321	CPT/HCPCS	ABOVE KNEE, MOLDED SOCKET, OPEN END, SACH FOOT, ENDOSKELETALSYSTEM, SINGLE AXIS KNEE	Yes
L1940	CPT/HCPCS	ANKLE-FOOT ORTHOSES,PLASTIC,CUSTOM FABRICATED	Yes
L5714	CPT/HCPCS	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, VARIABLE FRICTION SWING PHASE CONTROL	Yes
L3962	CPT/HCPCS	SHOULDER-ELBOW-WRIST-HAND-ORTHOSES (SEWHO), ABDUCTION POSITIONING, ERBS PALSEY DESIGN	Yes
L5611	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, ABOVE KNEE-KNEE DISARTICULATION, OHC 4-BAR LINKAGE, WITH FRICTION SWING PHASE CONTROL	Yes
L2850	CPT/HCPCS	ADDITION TO LOWER EXTREMITY ORTHOSIS, FEMORAL LENGTH SOCK, FRACTURE OR EQUAL, EACH	Yes
L2116	CPT/HCPCS	AFO, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, RIGID,PREFABRICATED,INCLUDES FITTING AND ADJUSTMENTS	Yes
L6600	CPT/HCPCS	UPPER EXTREMITY ADDITIONS, POLYCENTRIC HINGE, PAIR	Yes
L5970	CPT/HCPCS	ALL LOWER EXTREMITY PROSTHESES, FOOT, EXTERNAL KEEL, SACH FOOT	Yes
L2680	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, THORACIC CONTROL, LATERAL SUPPORT UPRIGHTS	Yes

L0632	CPT/HCPCS	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGE	Yes
L3677	CPT/HCPCS	SHOULDER ORTHOSIS, SHOULDER JOINT DESIGN, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED,+	Yes
L4000	CPT/HCPCS	REPLACE GIRDLE FOR MILWAUKEE ORTHOSIS	Yes
L0621	CPT/HCPCS	SACROILIAC ORTHOSIS, FLEXIBLE, PROVIDES PELVIC-SACRAL SUPPORT, REDUCES MOTION ABOUT THE SACROILIAC JOINT, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PEND+	Yes
L3450	CPT/HCPCS	HEEL, SACH CUSHION TYPE	Yes
L2000	CPT/HCPCS	KNEE-ANKLE-FOOT-ORTHOSES(KAFO),SINGLE UPRIGHT,FREE KNEE,FREEANKLE,SOLID STIRRUP,THIGH AND CALF BANDS/CUFFS,CUSTOM FAB	Yes
A4394	CPT/HCPCS	OSTOMY DEODORANT, WITH OR WITHOUT LUBRICANT, FOR USE IN OSTOMY POUCH, PER	Yes
L7368	CPT/HCPCS	LITHIUM ION BATTERY CHARGER	Yes
L2080	CPT/HCPCS	HKAFO,TORSION CONTROL,UNILATERAL TORSION CABLE,HIP JOINT,PELVIC BAND/BELT,CUSTOM FABRICATED	Yes
L6712	CPT/HCPCS	TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED, PEDIATRIC	Yes
L5654	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, SYMES, (KEMBLO, PELITE, ALIPLAST, PLASTAZOTE OR EQUAL)	Yes
L1836	CPT/HCPCS	KNEE ORTHOSIS, RIGID, WITHOUT JOINT(S), INCLUDES SOFT INTERFACE MATERIAL, PREFABRICATED, OFF-THE-SHELF	Yes
L3675	CPT/HCPCS	SHOULDER ORTHOSIS, VEST TYPE ABDUCTION RESTRAINER, CANVAS WEBBING TYPE OR EQUAL, PREFABRICATED, OFF-THE-SHELF	Yes
L5652	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, SUCTION SUSPENSION, ABOVE KNEE OR KNEE DISARTICULATION SOCKET	Yes
L6628	CPT/HCPCS	UPPER EXTREMITY ADDITION, QUICK DISCONNECT HOOK ADAPTER, OTTO BOCK OR EQUAL	Yes
L3090	CPT/HCPCS	FOOT, ARCH SUPPORT, NON-REMOVABLE ATTACHED TO SHOE, LONGITUDINAL/METATARSAL, EACH	Yes
L7009	CPT/HCPCS	ELECTRIC HOOK, SWITCH OR MYOELECTRIC CONTROLLED, ADULT	Yes
L8501	CPT/HCPCS	TRACHEOSTOMY SPEAKING VALVE	Yes
L6890	CPT/HCPCS	ADDITION TO UPPER EXTREMITY PROSTHESIS, GLOVE FOR TERMINAL DEVICE, ANY MATERIAL, PREFRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes
L3390	CPT/HCPCS	OUTFLARE WEDGE	Yes
L5620	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, TEST SOCKET, BELOW KNEE	Yes
L5961	CPT/HCPCS	ADDITION, ENDOSKELETAL SYSTEM, POLYCENTRIC HIP JOINT, PNEUMATIC OR HYDRAULIC CONTROL, ROTATION CONTROL, WITH OR WITHOUT FLEXION AND/OR EXTENSION CONT+	Yes
L0466	CPT/HCPCS	TLSO, SAGITTAL CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR APRON WITH STRAPS, CLOSURES AND PADDING, RESTRICTS GROSS TRUNK MOTION IN SAG+	Yes
L8015	CPT/HCPCS	EXTERNAL BREAST PROSTHESIS GARMENT, WITH MASTECTOMY FORM, POST MASTECTOMY	Yes
L0643	CPT/HCPCS	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID POSTERIOR PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION	Yes
L6611	CPT/HCPCS	ADDITION TO UPPER EXTREMITY PROSTHESIS, EXTERNAL POWERED, ADDITIONAL SWITCH, ANY TYPE	Yes
L0982	CPT/HCPCS	STOCKING SUPPORTER GRIPS, PREFABRICATED, OFF-THE-SHELF, SET OF FOUR (4)	Yes
L4397	CPT/HCPCS	STATIC OR DYNAMIC ANKLE FOOT ORTHOSIS, INCLUDING SOFT INTERFACE MATERIAL, ADJUSTABLE FOR FIT, FOR POSITIONING, MAY BE US	Yes
L5420	CPT/HCPCS	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING, INCLUDING FITTING, ALIGNMENT AND	Yes
L5781	CPT/HCPCS	ADDITION TO LOWER LIMB PROSTHESIS, VACUUM PUMP, RESIDUAL LIMB VOLUME MANAGEMENT	Yes
L0859	CPT/HCPCS	ADDITION TO HALO PROCEDURE, MAGNETIC RESONANCE IMAGE COMPATIBLE SYSTEMS, RINGS AND PINS, ANY MATERIAL	Yes
L3967	CPT/HCPCS	SHOULDER ELBOW WRIST HAND ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR, WITHOUT JOINTS, MAY INCLUDE SOFT INT+	Yes

L1812	CPT/HCPCS	KNEE ORTHOSIS, ELASTIC WITH JOINTS, PREFABRICATED, OFF-THE-SHELF	Yes
L3927	CPT/HCPCS	FINGER ORTHOSIS, PROXIMAL INT (PIP) DISTAL INT (DIP), W/O JOINT/SPRING, EXTENSION/FLEXION (E.G. STATIC OR RING TYPE), MAY INCLUDE SOFT INTERFACE MATL, PREFAB+	Yes
L3740	CPT/HCPCS	ELBOW ORTHOSIS (EO), DOUBLE UPRIGHT WITH FOREARM/ ARM CUFFS, ADJUSTABLE POSITION LOCK WITH ACTIVE CONTROL	Yes
L4392	CPT/HCPCS	REPLACE SOFT INTERFACE MATERIAL ANKLE CONTRACTURE SPLINT	Yes
L5616	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, UNIVERSAL MULTIPLEX SYSTEM, FRICTION SWING PHASE CONTROL	Yes
L2430	CPT/HCPCS	ADDITION TO KNEE JOINT; RATCHET LOCK FOR PROGRESSIVE KNEE EXTENSION, EACH JOINT	Yes
L5677	CPT/HCPCS	ADDITIONS TO LOWER EXTREMITY, BELOW KNEE, KNEE JOINTS, POLYCENTRIC, PAIR	Yes
L2500	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, GLUTEAL/ISCHIAL WEIGHT BEARING, RING	Yes
L2112	CPT/HCPCS	AFO, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, SOFT CUSTOM FITTED	Yes
L3912	CPT/HCPCS	HAND FINGER ORTHOSIS (HFO), FLEXION GLOVE WITH ELASTIC FINGER CONTROL, PREFABRICATED, OFF-THE-SHELF	Yes
L6706	CPT/HCPCS	TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED	Yes
L2630	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, BAND AND BELT, UNILATERAL	Yes
L0830	CPT/HCPCS	HALO PROCEDURE, CERVICAL HALO INCORPORATED INTO MILWAUKEE TYPE ORTHOSIS	Yes
L5857	CPT/HCPCS	ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL KNEE- SHIN SYSTEM, MICROPROCESSOR CONTROL FEATURE, SWING PHASE ONL	Yes
L3971	CPT/HCPCS	SHOULDER ELBOW WRIST HAND ORTHOSIS, SHOULDER CAP DESIGN, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT	Yes
L6805	CPT/HCPCS	ADDITION TO TERMINAL DEVICE, MODIFIER WRIST UNIT	Yes
L8420	CPT/HCPCS	PROSTHETIC SOCK, WOOL, BELOW KNEE, EACH	Yes
L2070	CPT/HCPCS	HIP-KNEE-ANKLE-FOOT ORTHOSIS, TORSION CONTROL, UNILATERAL ROTATION STRAPS, PELVIC BAND/BELT, CUSTOM FABRICATED	Yes
L0638	CPT/HCPCS	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR FRAME/PANELS, POSTERIOR EXTENDS FRO	Yes
A4435	CPT/HCPCS	OSTOMY POUCH, DRAINABLE, HIGH OUTPUT, WITH EXTENDED WEAR BARRIER (ONE-PIECE SYSTEM), WITH OR WITHOUT FILTER, EACH	Yes
L5430	CPT/HCPCS	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING, INCLUDING FITTING, ALIGNMENT AND	Yes
L4055	CPT/HCPCS	REPLACE MOLDED CALF LACER, FOR CUSTOM FABRICATED ORTHOSIS ONLY	Yes
L8042	CPT/HCPCS	ORBITAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	Yes
L8683	CPT/HCPCS	RADIOFREQUENCY TRANSMITTER (EXTERNAL) FOR USE WITH IMPLANTABLE NEUROSTIMULATOR RADIOFREQUENCY RECEIVER	Yes
A4423	CPT/HCPCS	OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH LOCKING FLANGE WITH FILTER (2 PIECE), EACH	Yes
A4379	CPT/HCPCS	OSTOMY POUCH, URINARY, WITH FACEPLATE ATTACHED, PLASTIC, EACH	Yes
L3400	CPT/HCPCS	METATARSAL BAR WEDGE, ROCKER	Yes
A4346	CPT/HCPCS	INDWELLING CATHETER; FOLEY TYPE, THREE WAY FOR CONTINUOUS IRRIGATION	Yes
L1025	CPT/HCPCS	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, KYPHOSIS PAD, FLOATING	Yes
L6020	CPT/HCPCS	PARTIAL HAND, ROBIN-AIDS, NO FINGER REMAINING (OR EQUAL)	Yes
L0480	CPT/HCPCS	TLSO, TRIPLANAR CONTROL, ONE PIECE RIGID PLASTIC SHELL WITH INTERFACE LINER, WITH MULTIPLE STRAPS AND CLOSURES, POSTERIO	Yes
L3764	CPT/HCPCS	ELBOW WRIST HAND ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, +	Yes
L0810	CPT/HCPCS	HALO PROCEDURE, CERVICAL HALO INCORPORATED INTO JACKET VEST	Yes

L6621	CPT/HCPCS	UPPER EXTREMITY PROSTHESIS ADDITION, FLEXION/EXTENSION WRIST WITH OR WITHOUT FRICTION, FOR USE WITH EXTERNAL POWERED TERMINAL DEVICE	Yes
A4431	CPT/HCPCS	OSTOMY POUCH, URINARY; WITH BARRIER ATTACHED, WITH FAUCET- TYPE TAP WITH VALVE (1 PIECE), EACH	Yes
L3485	CPT/HCPCS	HEEL, PAD, REMOVABLE FOR SPUR	Yes
L2132	CPT/HCPCS	KAFO,FRACTURE ORTHOSIS,FEMORAL FRACTURE CAST ORTHOSIS,SOFT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes
L0641	CPT/HCPCS	LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH RIGID POSTERIOR PANEL(S), POSTERIOR EXTENDS FROM L-1 TO BELOW L-5 VERTEBRA, PROD	Yes
L8621	CPT/HCPCS	ZINC AIR BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE AND AUDITORY OSSEOINTEGRATED SOUND PROCESSORS,REPLACEMENT, EACH	Yes
L5624	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, TEST SOCKET, ABOVE KNEE	Yes
L8435	CPT/HCPCS	PROSTHETIC SOCK, WOOL, UPPER LIMB, EACH	Yes
L4080	CPT/HCPCS	REPLACE METAL BANDS KAFO, PROXIMAL THIGH	Yes
L3330	CPT/HCPCS	LIFT, ELEVATION, METAL EXTENSION (SKATE)	Yes
L1240	CPT/HCPCS	ADDITION TO TLSO (LOW PROFILE), LUMBAR DEROTATION PAD	Yes
L7186	CPT/HCPCS	ELECTRONIC ELBOW, CHILD, VARIETY VILLAGE OR EQUAL, SWITCH CONTROLLED	Yes
L8507	CPT/HCPCS	TRACHEO-ESOPHAGEAL VOICE PROSTHESIS, PATIENT INSERTED, ANY TYPE, EACH	Yes
L5710	CPT/HCPCS	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK	Yes
L2300	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, ABDUCTION BAR (BILATERAL HIP INVOLVEMENT), JOINTED, ADJUSTABLE	Yes
L6250	CPT/HCPCS	ABOVE ELBOW, MOLDED DOUBLE WALL SOCKET, INTERNAL LOCKING ELBOW, FOREARM	Yes
L3807	CPT/HCPCS	WRIST HAND FINGER ORTHOSIS, WITHOUT JOINT(S), PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPE+	Yes
L2628	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, METAL FRAME, RECIPROCATING HIP JOINT AND CABLES	Yes
L3915	CPT/HCPCS	WRIST HAND ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, PREFABRICATED ITEM THA+	Yes
L5460	CPT/HCPCS	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF NON-WEIGHT BEARING RIGID DRESSING, ABOVE KNEE	Yes
L0468	CPT/HCPCS	TLSO, SAGITTAL-CORONAL CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR APRON WITH STRAPS, CLOSURES AND PADDING, EXTENDS FROM SACROCOCCYGEAL+	Yes
L3170	CPT/HCPCS	FOOT, PLASTIC, SILICONE OR EQUAL, HEEL STABILIZER, PRAFABRICATED, OFF-THE-SHELF, EACH	Yes
L0482	CPT/HCPCS	TLSO, TRIPLANAR CONTROL, ONE PIECE RIGID PLASTIC SHELL WITH INTERFACE LINER, MULTIPLE STRAPS AND CLOSURES POSTERIOR EXTE	Yes
L6110	CPT/HCPCS	BELOW ELBOW, MOLDED SOCKET, (MUENSTER OR NORTHWESTERN SUSPENSION TYPES)	Yes
L8049	CPT/HCPCS	REPAIR OR MODIFICATION OF MAXILLOFACIAL PROSTHESIS, LABOR COMPONENT, 15 MINUTES	Yes
L6695	CPT/HCPCS	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, CUSTOM FABRICATED FROM EXISTING MOLD OR PREFABRICATED	Yes
A4382	CPT/HCPCS	OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, HEAVY PLASTIC, EACH	Yes
A4407	CPT/HCPCS	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE, OR ACCORDEXTENDED WITH 4X4 INC OR SMALLER	Yes
A4378	CPT/HCPCS	OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, RUBBER, EACH	Yes
A4349	CPT/HCPCS	MALE EXTERNAL CATHETER, WITH OR WITHOUT ADHESIVE, DISPOSABLE, EACH	Yes
L2090	CPT/HCPCS	HIP-KNEE-ANKLE-FOOT ORTHOSES,TORSION CONTROL,UNILATERAL TORSION CABLE,BALL BEARING HIP JOINT,PELVIC BAND/ BELT,CUST FAB	Yes
L7040	CPT/HCPCS	PREHENSILE ACTUATOR, SWITCH CONTROLLED	Yes
L3981	CPT/HCPCS	UPPER EXTREMITY FRACTURE ORTHOSIS, HUMERAL, PREFABRICATED, INCLUDES SHOULDER CAP DESIGN, WITH OR WITHOUT JOINTS, FOREAR	Yes

L3917	CPT/HCPCS	HAND ORTHOSIS, METACARPAL FRACTURE ORTHOSIS, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPEC+	Yes
L5505	CPT/HCPCS	INITIAL, ABOVE KNEE - KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, ``USMC" OR EQUAL PYLON, NO COVER, SACH FOOT, PLASTER	Yes
L0170	CPT/HCPCS	CERVICAL, COLLAR, MOLDED TO PATIENT MODEL	Yes
L6640	CPT/HCPCS	UPPER EXTREMITY ADDITIONS, SHOULDER ABDUCTION JOINT, PAIR	Yes
L8690	CPT/HCPCS	AUDITORY OSSEOINTEGRATED DEVICE, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS	Yes
L0200	CPT/HCPCS	CERVICAL, MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORTS, ADJUSTABLE CERVICAL BARS, AND THORACIC EXTENSION	Yes
A4356	CPT/HCPCS	EXTERNAL URETHRAL CLAMP OR COMPRESSION DEVICE (NOT TO BE USED FOR CATHETER CLAMP)	Yes
L6675	CPT/HCPCS	UPPER EXTREMITY ADDITION, HARNESS, (E.G. FIGURE OF EIGHT TYPE), SINGLE CABLE	Yes
L4060	CPT/HCPCS	REPLACE HIGH ROLL CUFF	Yes
A4369	CPT/HCPCS	OSTOMY SKIN BARRIER, LIQUID, PER OZ	Yes
L8613	CPT/HCPCS	OSSICULA IMPLANT	Yes
L0623	CPT/HCPCS	SACROILIAC ORTHOSIS, PROVIDES PELVIC-SACRAL SUPPORT, WITH RIGID OR SEMI-RIGID PANELS OVER THE SACRUM AND ABDOMEN, REDUCES MOTION ABOUT THE SACROILIAC+	Yes
L5643	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, HIP DISARTICULATION, FLEXIBLE INNER SOCKET, EXTERNAL FRAME	Yes
L6584	CPT/HCPCS	PREPARATORY, ELBOW DISARTICULATION OR ABOVE ELBOW, SINGLE WALL PLASTIC SOCKET, FRICTION WRIST, LOCKING ELBOW, FIG	Yes
L5410	CPT/HCPCS	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING, INCLUDING FITTING, ALIGNMENT AND	Yes
L3930	CPT/HCPCS	HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), TURNBUCKLES, ELASTIC BANDS/SPRINGS, MAY INCLUDE SOFT INTERFACE MATERIAL, STRAPS, PREF+	Yes
L8630	CPT/HCPCS	METACARPOPHALANGEAL JOINT IMPLANT	Yes
L4631	CPT/HCPCS	ANKLE FOOT ORTHOSIS, WALKING BOOT TYPE, VARUS/VALGUS CORRECTION, ROCKER BOTTOM, ANTERIOR TIBIAL SHELL, SOFT INTERFACE,	Yes
L7405	CPT/HCPCS	ADDITION TO UPPER EXTREMITY PROSTHESIS, SHOULDER DISARTICULATION/INTERSCAPULAR THORACIC, ACRYLIC MATERIAL	Yes
L3224	CPT/HCPCS	ORTHOPEDIC FOOTWEAR WOMAN'S SHOE OXFORD USED AS AN INTEGRAL PART OF A BRACE OTHOSIS	Yes
L3999	CPT/HCPCS	UNLISTED PROCEDURES FOR UPPER LIMB ORTHOSIS	Yes
A4408	CPT/HCPCS	OSTOMY SKIN BARRIER, WTIH FLANGE (SOLID, FLEXIBLE OR ACCORDIEXTENDED WEAR,WITH LARGER THAN 4X4	Yes
A4353	CPT/HCPCS	INTERMITTENT URINARY CATHETER WITH INSERTION SUPPLIES	Yes
L2999	CPT/HCPCS	UNLISTED PROCEDURES FOR LOWER EXTREMITY ORTHOSES	Yes
L3209	CPT/HCPCS	SURGICAL BOOT, EACH, CHILD	Yes
A4429	CPT/HCPCS	OSTOMY POUCH, URINARY, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY, WITH FAUCET-TYPE TAP WITH VALVE (1 PIECE), EACH	Yes
A4315	CPT/HCPCS	INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE	Yes
L8499	CPT/HCPCS	UNLISTED PROCEDURE FOR MISCELLANEOUS PROSTHETIC SERVICES	Yes
L2795	CPT/HCPCS	ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, FULL KNEECAP	Yes
L5974	CPT/HCPCS	ALL LOWER EXTREMITY PROSTHESES, FOOT, SINGLE AXIS ANKLE/FOOT	Yes
L1005	CPT/HCPCS	TENSION BASED SCOLIOSIS ORTHOSIS ANDDD ACCESSORY PADS, INCLUDES FITTING AND ADJUSTMENT	Yes
L6647	CPT/HCPCS	UPPER EXTREMITY ADDITION, SHOULDER LOCK MECHANISM, BODY POWERED ACTUATOR	Yes
A4416	CPT/HCPCS	OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH FILTER (1 PIECE), EACH	Yes
L3933	CPT/HCPCS	FINGER ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes
L5650	CPT/HCPCS	ADDITIONS TO LOWER EXTREMITY, TOTAL CONTACT, ABOVE KNEE OR KNEE DISARTICULATION SOCKET	Yes
L8606	CPT/HCPCS	INJECTABLE BULKING AGENT, SYNTHETIC IMPLANT, URINARY TRACT 1ML SYRINGE	Yes
L1060	CPT/HCPCS	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSES, THORACIC PAD	Yes
L6632	CPT/HCPCS	UPPER EXTREMITY ADDITION, LATEX SUSPENSION SLEEVE, EACH	Yes

L3370	CPT/HCPCS	SOLE WEDGE, BETWEEN SOLE	Yes
L5570	CPT/HCPCS	PREPARATORY, ABOVE KNEE - KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, "USMC" OR EQUAL PYLON, NO COVER, EACH FOOT, THERM	Yes
L4210	CPT/HCPCS	REPAIR OF ORTHOTIC DEVICE, REPAIR OR REPLACE MINOR PARTS	Yes
L6960	CPT/HCPCS	SHOULDER DISARTICULATION, EXTERNAL POWER, MOLDED SOCKET, REMOVABLE SHOULDER SHELL, SHOULDER BULKHEAD, HUMERAL SECTION,	Yes
L4110	CPT/HCPCS	REPLACE LEATHER CUFF KAFO-AFO, CALF OR DISTAL THIGH	Yes
L5510	CPT/HCPCS	PREPARATORY, BELOW KNEE "PTB" TYPE SOCKET, "USMC" OR EQUAL PYLON, NO COVER, SACH FOOT, PLASTER SOCKET, MOLDED TO MODEL	Yes
L8509	CPT/HCPCS	TRACHEO-ESOPHAGEAL VOICE PROSTHESIS, INSERTED BY A LICENSED HEALTH CARE PROVIDER, ANY TYPE	Yes
A4421	CPT/HCPCS	OSTOMY SUPPLY; MISCELLANEOUS	Yes
L2280	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, MOLDED INNER BOOT	Yes
L1686	CPT/HCPCS	HO, ABDUCTION CONTROL OF HIP JOINT, POST-OPERATIVE HIP ABDUCTION TYPE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENTS	Yes
L7402	CPT/HCPCS	ADDITION TO UPPER EXTREMITY PROSTHESIS, SHOULDER DISARTICULATION/INTERSCAPULAR THORACIC, ULTRALIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	Yes
L3010	CPT/HCPCS	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, LONGITUDINAL ARCH SUPPORT, EACH	Yes
L8440	CPT/HCPCS	PROSTHETIC SHRINKER, BELOW KNEE, EACH	Yes
L3207	CPT/HCPCS	ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, JUNIOR	Yes
L5828	CPT/HCPCS	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING AND STANCE PHASE CONTROL	Yes
L0640	CPT/HCPCS	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, RIGID SHELL(S)/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL	Yes
L8603	CPT/HCPCS	COLLAGEN IMPLANT URINARY TRACT PER 2.5 CC SYRINGE INCLUDES SHIPPING AND NECESSARY SUPPLIES	Yes
L3809	CPT/HCPCS	WRIST HAND FINGER ORTHOSIS, WITHOUT JOINT(S), PREFABRICATED, OFF-THE-SHELF, ANY TYPE	Yes
L8610	CPT/HCPCS	OCULAR	Yes
A4417	CPT/HCPCS	OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY, WITH FILTER (1 PIECE), EACH	Yes
L5613	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, ABOVE KNEE-KNEE DISARTICULATION, OHC 4-BAR LINKAGE, WITH HYDRAULIC SWING PHASE CONTRO	Yes
L3670	CPT/HCPCS	SHOULDER ORTHOSIS, ACROMIO/CLAVICULAR (CANVAS AND WEBBING TYPE), PREFABRICATED, OFF-THE-SHELF	Yes
L2005	CPT/HCPCS	KNEE ANKLE FOOT ORTHOSIS, ANY MATERIAL, SINGLE OR DOUBLE UPRUPRIGHT, STANCE CONTROL, AUTOMATIC LOCK AND SWING PHASE RELE	Yes
L4002	CPT/HCPCS	REPLACEMENT STRAP, ANY ORTHOSIS, INCLUDES ALL COMPONENTS, ANY LENGTH, ANY TYPE	Yes
L3520	CPT/HCPCS	MISCELLANEOUS SHOE ADDITION, INSOLE, FELT COVERED WITH LEATHER	Yes
L6677	CPT/HCPCS	UPPER EXTREMITY ADDITION, HARNESS, TRIPLE CONTROL, SIMULTANEOUS OPERATION OF TERMINAL DEVICE AND ELBOW	Yes
L6714	CPT/HCPCS	TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, PEDIATRIC	Yes
L0462	CPT/HCPCS	TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, THREE RIGID PLASTIC	Yes
L5634	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, SYMES TYPE, POSTERIOR OPENING (CANADIAN) SOCKET	Yes
L0467	CPT/HCPCS	TLSO, SAGITTAL CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR APRON WITH STRAPS, CLOSURES AND PADDING, RESTRI	Yes
L5680	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, BELOW KNEE, THIGH LACER, NON-MOLDED	Yes
L2035	CPT/HCPCS	KNEE ANKLE FOOT ORTHOSIS FULL PLASTIC STATIC PREFABRICATED (PEDIATRIC SIZE) INCLUDES FITTING AND ADJUSTMENT	Yes
L0637	CPT/HCPCS	"LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR FRAME/PANELS, POSTERIOR EXTENDS FR	Yes
L5910	CPT/HCPCS	ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, ALIGNABLE SYSTEM	Yes

L3908	CPT/HCPCS	WRIST HAND ORTHOSIS, WRIST EXTENSION CONTROL COCK-UP, NON MOLDED, PREFABRICATED, OFF-THE-SHELF	Yes
L2310	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, ABDUCTION BAR-STRAIGHT	Yes
L0450	CPT/HCPCS	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, UPPER THORACIC REGION, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD	Yes
L2830	CPT/HCPCS	ADDITION TO LOWER EXTREMITY ORTHOSIS, SOFT INTERFACE FOR MOLDED PLASTIC, ABOVE KNEE SECTION	Yes
A4371	CPT/HCPCS	OSTOMY SKIN BARRIER, POWDER, PER OZ	Yes
L1971	CPT/HCPCS	ANKLE FOOT ORTHOSIS, PLASTIC OR OTHER MATERIAL WITH ANKLE JOINT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes
L3975	CPT/HCPCS	SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS, SHOULDER CAP DESIGN, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS,	Yes
L6616	CPT/HCPCS	UPPER EXTREMITY ADDITION, ADDITIONAL DISCONNECT INSERT FOR LOCKING WRIST UNIT, EACH	Yes
L3000	CPT/HCPCS	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, "UCB" TYPE, BERKELEY SHELL, EACH	Yes
L1945	CPT/HCPCS	AFO, MOLDED TO PATIENT MODEL, PLASTIC, RIGID ANTERIOR TIBIAL SECTION (FLOOR REACTION) CUSTOM FABRICATED	Yes
L3560	CPT/HCPCS	MISCELLANEOUS SHOE ADDITION, TOE TAP, HORSESHOE	Yes
L2780	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, NON-CORROSIVE FINISH, PER BAR	Yes
L5618	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, TEST SOCKET, SYMES	Yes
L5672	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, BELOW KNEE, REMOVABLE MEDIAL BRIM SUSPENSION	Yes
L1846	CPT/HCPCS	KNEE ORTHOSIS, DOUBLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL AND ROTATION C+	Yes
L6915	CPT/HCPCS	HAND RESTORATION (SHADING, AND MEASUREMENTS INCLUDED), REPLACEMENT GLOVE FOR PARTIAL HAND, NO FINGERS REMAINING	Yes
L5707	CPT/HCPCS	HIP DISARTICULATION	Yes
L8048	CPT/HCPCS	UNSPECIFIED MAXILLOFACIAL PROSTHESIS, BY REPORT PROVIDED BY A NON-PHYSICIAN	Yes
L0972	CPT/HCPCS	LUMBAR-SACRAL-ORTHOSES, CORSET FRONT	Yes
L1085	CPT/HCPCS	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, OUTRIGGER, BILATERAL WITH VERTICAL EXTENSIONS	Yes
A4312	CPT/HCPCS	INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE	Yes
L3230	CPT/HCPCS	ORTHOPEDIC FOOTWEAR, CUSTOM SHOE, DEPTH INLAY, EACH	Yes
L0470	CPT/HCPCS	TLSO, TRIPLANAR CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR APRON WITH STRAPS, CLOSURES AND PADDING, EXTE	Yes
A4344	CPT/HCPCS	INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE	Yes
L5540	CPT/HCPCS	PREPARATORY, BELOW KNEE "PTB" TYPE SOCKET, "USMC" OR EQUAL PYLON, NO COVER, SACH FOOT, LAMINATED SOCKET, MOLDED TO MOD	Yes
L6648	CPT/HCPCS	UPPER EXTREMITY ADDITION, SHOULDER LOCK MECHANISM, EXTERNAL POWERED ACTUATOR	Yes
L1040	CPT/HCPCS	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSES, LUMBAR OR LUMBAR RIB PAD	Yes
L2540	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, LACER, MOLDED TO PATIENT MODEL	Yes
L7366	CPT/HCPCS	BATTERY CHARGER, TWELVE VOLT, EACH	Yes
L2390	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, OFFSET KNEE JOINT, EACH JOINT	Yes
L3208	CPT/HCPCS	SURGICAL BOOT, EACH, INFANT	Yes
A4311	CPT/HCPCS	INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY LATEX WITH COATING (TEFLON, SILICO	Yes
L5704	CPT/HCPCS	REPLACEMENT CUSTOM SHAPED PROTECTIVE COVER BELOW KNEE	Yes
L3570	CPT/HCPCS	MISCELLANEOUS SHOE ADDITION, SPECIAL EXTENSION TO INSTEP (LEATHER WITH EYELETS)	Yes
L6684	CPT/HCPCS	UPPER EXTREMITY ADDITION, TEST SOCKET, SHOULDER DISARTICULATION OR INTERSCAPULAR THORACIC	Yes
L6693	CPT/HCPCS	UPPER EXTREMITY ADDITION, EXTERNAL LOCKING ELBOW, FOREARM COUNTERBALANCE	Yes
L6975	CPT/HCPCS	INTERSCAPULAR THORACIC, EXTERNAL POWER, MOLDED SOCKET, REMOVABLE SHOULDER SHELL, BULKHEAD, HUMERAL SECTION, MECHANIC	Yes
A4389	CPT/HCPCS	OSTOMY POUCH, DRAINABLE, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (ONE PIECE), EACH	Yes

L5782	CPT/HCPCS	ADDITION TO LOWER LIMB PROSTHESIS, VACUUM PUMP, RESIDUAL LIMB VOLUME MANAGEMENT	Yes
L3410	CPT/HCPCS	METATARSAL BAR WEDGE, BETWEEN SOLE	Yes
L3730	CPT/HCPCS	ELBOW ORTHOSIS (EO), DOUBLE UPRIGHT WITH FOREARM/ ARM CUFFS, EXTENSION/ FLEXION ASSIST	Yes
L3260	CPT/HCPCS	SURGICAL BOOT/SHOE, EACH	Yes
L6691	CPT/HCPCS	UPPER EXTREMITY ADDITION, REMOVABLE INSERT, EACH	Yes
L5656	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, KNEE DISARTICULATION, (KEMBLO, PELITE, ALIPLAST, PLASTAZOTE OR EQUAL)	Yes
L6665	CPT/HCPCS	UPPER EXTREMITY ADDITION, TEFLON, OR EQUAL, CABLE LINING	Yes
L0980	CPT/HCPCS	PERONEAL STRAPS, PREFABRICATED, OFF-THE-SHELF, PAIR	Yes
L1951	CPT/HCPCS	ANKLE FOOT ORTHOSIS, SPIRAL, (INSTITUTE OF REHABILITATIVE MEDICINE TYPE), PLASTIC OR OTHER MATERIAL, PREFABRICATED, IN	Yes
L5694	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, PELVIC CONTROL BELT, PADDED AND LINED	Yes
L2038	CPT/HCPCS	KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, WITH OR WITHOUT FREE MOTION KNEE, MULTI-AXIS ANKLE, CUSTOM FABRICATED	Yes
L1847	CPT/HCPCS	KNEE ORTHOSIS,DOUBLE UPRIGHT WITH ADJUSTABLE JOINT,WITH INFLATABLE AIR SUPPORT CHAMBER,PREFABRICATED,INCL FITTING AND AD	Yes
L8511	CPT/HCPCS	INSERT FOR INDWELLING TRACHEOESOPHAGEAL PROSTHESIS, WITH OR WITHOUT VALVE, REPLACEMENT ONLY, EACH	Yes
L8679	CPT/HCPCS	IMPLANTABLE NEUROSTIMULATOR, PULSE GENERATOR, ANY TYPE	Yes
L6590	CPT/HCPCS	PREPARATORY, SHOULDER DISARTICULATION OR INTERSCAPULAR THORACIC, SINGLE WALL SOCKET, SHOULDER JOINT, LOCKING ELBOW, FRI	Yes
L2525	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, ISCHIAL CONTAINMENT/NARROW M-L BRIM MOLDED TO PATIENT MODEL	Yes
L3265	CPT/HCPCS	PLASTAZOTE SANDAL, EACH	Yes
L0492	CPT/HCPCS	TLSO, SAGITTAL-CORONAL CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, THREE RIGID PLASTIC SHELLS, POSTERIOR EXTENDS FROM THE SACROCOCCYGEAL JUNCTION AND	Yes
L7403	CPT/HCPCS	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/WRIST DISARTICULATION, ACRYLIC MATERIAL	Yes
L5999	CPT/HCPCS	UNLISTED PROCEDURES FOR LOWER EXTREMITY PROSTHESIS	Yes
L7900	CPT/HCPCS	VACUUM ERECTION SYSTEM	Yes
L0622	CPT/HCPCS	SACROILIAC ORTHOSIS, FLEXIBLE, PROVIDES PELVIC-SACRAL SUPPORT, REDUCES MOTION ABOUT THE SACROILIAC JOINT, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PEND+	Yes
L3360	CPT/HCPCS	SOLE WEDGE, OUTSIDE SOLE	Yes
L7520	CPT/HCPCS	REPAIR PROSTHETIC DEVICE LABOR COMPONENT PER 15 MINUTES	Yes
L8510	CPT/HCPCS	VOICE AMPLIFIER	Yes
L8604	CPT/HCPCS	INJECTABLE BULKING AGENT, DEXTRANOMER/HYALURONIC ACID COPOLYMER IMPLANT, URINARY TRACT, 1 ML, INCLUDES SHIPPING & NECESSARY SUPPLIES	Yes
L1260	CPT/HCPCS	ADDITION TO TLSO (LOW PROFILE), ANTERIOR THORACIC DEROTATION PAD	Yes
L0970	CPT/HCPCS	THORACIC-LUMBAR-SACRAL-ORTHOSES, CORSET FRONT	Yes
A4316	CPT/HCPCS	INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, THREE-WAY, FOR CONTINUOUS IRRIGATION	Yes
A4413	CPT/HCPCS	OSTOMY POUCH, DRAINABLE, HIGH OUTPUT, FOR USE ON A BARRIER WITH FLANGE;WITH FILTER	Yes
L0631	CPT/HCPCS	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR	Yes
L1848	CPT/HCPCS	KNEE ORTHOSIS, DOUBLE UPRIGHT WITH ADJUSTABLE JOINT, WITH INFLATABLE AIR SUPPORT CHAMBER(S), PREFABRICATED, OFF-THE-SHEL	Yes
L2182	CPT/HCPCS	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, DROP LOCK KNEE JOINT	Yes
L6688	CPT/HCPCS	UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, ABOVE ELBOW OR ELBOW DISARTICULATION	Yes
L1200	CPT/HCPCS	THORACIC-LUMBAR-SACRAL-ORTHOSES (TLSO), INCLUSIVE OF FURNISHING INITIAL ORTHOSIS ONLY	Yes
L7510	CPT/HCPCS	REPAIR PROSTHETIC DEVICE, REPAIR OR REPLACE MINOR PARTS	Yes
L0150	CPT/HCPCS	CERVICAL, SEMI-RIGID, ADJUSTABLE MOLDED CHIN CUP (PLASTIC COLLAR WITH MANDIBULAR/OCCIPITAL PIECE)	Yes

L8624	CPT/HCPCS	LITHIUM ION BATTERY FOR USE WITH COCHLEAR IMPLANT OR AUDITORY OSSEOINTEGRATED DEVICE SPEECH PROCESSOR, EAR LEVEL, REPLACEMENT, EACH	Yes
L5812	CPT/HCPCS	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FRICTION SWING AND STANCE PHASE CONTROL (SAFETY KNEE)	Yes
L3620	CPT/HCPCS	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, SOLID STIRRUP, EXISTING	Yes
L5630	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, SYMES TYPE, EXPANDABLE WALL SOCKET	Yes
L5450	CPT/HCPCS	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF NON-WEIGHT BEARING RIGID DRESSING, BELOW KNEE	Yes
L0651	CPT/HCPCS	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, RIGID SHELL(S)/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTIO	Yes
L1620	CPT/HCPCS	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, FLEXIBLE, (PAVLIK HARNESS), PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHE+	Yes
L8670	CPT/HCPCS	PROSTHETIC VASCULAR GRAFT MATERIAL SYNTHETIC	Yes
L7404	CPT/HCPCS	ADDITION TO UPPER EXTREMITY PROSTHESIS, ABOVE ELBOW DISARTICULATION, ACRYLIC MATERIAL	Yes
L6400	CPT/HCPCS	BELOW ELBOW, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING	Yes
L1020	CPT/HCPCS	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSES, KYPHOSIS PAD	Yes
L3919	CPT/HCPCS	HAND ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes
L1090	CPT/HCPCS	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSES, LUMBAR SLING	Yes
L0634	CPT/HCPCS	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID POSTERIOR FRAME/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCC	Yes
L6050	CPT/HCPCS	WRIST DISARTICULATION, MOLDED SOCKET, FLEXIBLE ELBOW HINGES, TRICEPS PAD	Yes
L5658	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, ABOVE KNEE (KEMBLO, PELITE, ALIPLAST, PLASTAZOTE OR EQUAL)	Yes
L6925	CPT/HCPCS	WRIST DISARTICULATION, EXTERNAL POWER, SELF-SUSPENDED INNER SOCKET, REMOVAL FOREARM SHELL, OTTO BOCK OR EQUAL ELECTROD	Yes
L0649	CPT/HCPCS	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID POSTERIOR FRAME/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCY	Yes
L5661	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, MULTI-DUROMETER SYMES	Yes
L5629	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, BELOW KNEE, ACRYLIC SOCKET	Yes
L2387	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, POLYCENTRIC KNEE JOINT, FOR CUSTOM FABRICATED KNEE ANKLE FOOT ORTHOSIS, EACH JOINT	Yes
L6692	CPT/HCPCS	UPPER EXTREMITY ADDITION, SILICONE GEL INSERT OR EQUAL, WITH OR WITHOUT LOCKING MECHANISM, EACH	Yes
L3765	CPT/HCPCS	ELBOW WRIST HAND FINGER ORTHOSIS, RIGID, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes
L8688	CPT/HCPCS	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, DUAL ARRAY, NON-RECHARGEABLE, INCLUDES EXTENSION	Yes
L3763	CPT/HCPCS	ELBOW WRIST HAND ORTHOSIS, RIGID, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes
A4355	CPT/HCPCS	IRRIGATION TUBING SET FOR CONTINUOUS BLADDER IRRIGATION THROUGH A THREE-WAY INDWELLING FOLEY CATHETER	Yes
L6320	CPT/HCPCS	SHOULDER DISARTICULATION, PASSIVE RESTORATION (SHOULDER CAP ONLY)	Yes
L4090	CPT/HCPCS	REPLACE METAL BANDS KAFO-AFO, CALF OR DISTAL THIGH	Yes
L3480	CPT/HCPCS	HEEL, PAD AND DEPRESSION FOR SPUR	Yes
A4433	CPT/HCPCS	OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANGE (2 PIECE), EACH	Yes
L5810	CPT/HCPCS	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK	Yes
L5986	CPT/HCPCS	ALL LOWER EXTREMITY PROSTHESES, MULTI-AXIAL ROTATION UNIT ('MCP' OR EQUAL)	Yes

L5681	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED SOCKET INSERT FOR CONGENITAL OR ATYPICAL TRAUMATI	Yes
A4396	CPT/HCPCS	OSTOMY BELT WITH PERISTOMAL HERNIA SUPPORT	Yes
L2350	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, PROSTHETIC TYPE, (BK) SOCKET, MOLDED TO PATIENT MODEL, (USED FOR `PTB` `AFO` ORTHOSES)	Yes
L5985	CPT/HCPCS	ALL ENDOSKELETAL LOWER EXTREMITY PROSTHSES DYNAMIC PROSHETICPYLON	Yes
L2415	CPT/HCPCS	ADDITION TO KNEE JOINT, CAM LOCK (SWISS, FRENCH, BAIL TYPES) EACH JOINT	Yes
L6698	CPT/HCPCS	ADDITION TO UPPER EXTREMITY PROSTHESIS, LOCK MECHANISM, EXCLUDES SOCKET INSERT	Yes
L5678	CPT/HCPCS	ADDITIONS TO LOWER EXTREMITY, BELOW KNEE, JOINT COVERS, PAIR	Yes
L6930	CPT/HCPCS	BELOW ELBOW, EXTERNAL POWER, SELF-SUSPENDED INNER SOCKET, REMOVABLE FOREARM SHELL, OTTO BOCK OR EQUAL SWITCH, CABLES,	Yes
A4337	CPT/HCPCS	INCONTINENCE SUPPLY, RECTAL INSERT, ANY TYPE, EACH	Yes
L2136	CPT/HCPCS	KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, RIGID,PREFABRICATED,INCLUDES FITTING AND ADJUSTMENT	Yes
L2755	CPT/HCPCS	ADDITION TO LOWER EXTREMITY ORTHOSIS, HIGH STRENGTH, LIGHTWEIGHT MATERIAL, ALL HYBRID LAMINATION/PREPREG COMPOSITE, PER SEGMENT, FOR CUSTOM FABRICATE+	Yes
L5312	CPT/HCPCS	KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET,SINGLEAXIS KNEE, PYLON, SACH FOOT, ENDOSKELETAL SYSTEM	Yes
L8515	CPT/HCPCS	GELATIN CAPSULE, APPLICATION DEVICE FOR USE WITH TRACHEOESOPHAGEAL VOICE PROSTHESIS, EACH	Yes
L5718	CPT/HCPCS	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, FRICTION SWING AND STANCE PHASE CONTROL	Yes
L3671	CPT/HCPCS	SHOULDER ORTHOSIS, SHOULDER CAP DESIGN, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes
L2265	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, LONG TONGUE STIRRUP	Yes
A4456	CPT/HCPCS	ADHESIVE REMOVER, WIPES, ANY TYPE, EACH	Yes
L1860	CPT/HCPCS	KNEE ORTHOSES,MODIFICATION OF SUPRACONDYLAR PROSTHETIC SOCKET,CUSTOM FABRICATED	Yes
L5105	CPT/HCPCS	BELOW KNEE, PLASTIC SOCKET, JOINTS AND THIGH LACER, SACH FOOT	Yes
L1980	CPT/HCPCS	ANKLE-FOOT ORTHOSES,SINGLE UPRIGHT FREE PLANTAR DORSIFLEXIONSOLID STIRRUP,CALF BAND/CUFF(SINGLE BAR"BK"ORTHOSIS)CUST.FAB	Yes
A4352	CPT/HCPCS	INTERMITTENT URINARY CATHETER; COUDE (CURVED) TIP	Yes
L8039	CPT/HCPCS	BREAST PROSTHESIS; NOT OTHERWISE SPECIFIED	Yes
L3340	CPT/HCPCS	HEEL WEDGE, SACH	Yes
L6884	CPT/HCPCS	REPLACEMENT SOCKET, ABOVE ELBOW/ELBOW DISARTICULATION, MOLDED TO PATIENT MODEL,	Yes
A4412	CPT/HCPCS	OSTOMY POUCH, DRAINABLE, HIGH OUTPUT, FOR USE ON A BARRIER WITH FLANGE (2 PIECE SYSTEM), WITHOUT FILTER, EACH	Yes
L8001	CPT/HCPCS	BREAST PROSTHESIS, MASTECTOMY BRA, WITH INTEGRATED BREAST PROSTHESIS FORM	Yes
L8480	CPT/HCPCS	STUMP SOCK, SINGLE PLY, FITTING, ABOVE KNEE, EACH	Yes
L6703	CPT/HCPCS	TERMINAL DEVICE, PASSIVE HAND/MITT, ANY MATERIAL, ANY SIZE	Yes
L6300	CPT/HCPCS	SHOULDER DISARTICULATION, MOLDED SOCKET, SHOULDER BULKHEAD, HUMERAL SECTION, INTERNAL LOCKING ELBOW, FOREARM	Yes
L5500	CPT/HCPCS	INITIAL, BELOW KNEE "PTB" TYPE SOCKET,"USMC" OR EQUAL PYLON, NO COVER, SACH FOOT, PLASTER SOCKET, DIRECT FORMED	Yes
L5651	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, FLEXIBLE INNER SOCKET, EXTERNAL FRAME	Yes
L3702	CPT/HCPCS	ELBOW ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes
L6686	CPT/HCPCS	UPPER EXTREMITY ADDITION, SUCTION SOCKET	Yes
L7367	CPT/HCPCS	LITHIUM ION BATTERY, RECHARGEABLE, REPLACEMENT	Yes
L2425	CPT/HCPCS	ADDITION TO KNEE JOINT, DISC OR DIAL LOCK FOR ADJUSTABLE KNEE FLEXION, EACH JOINT	Yes
L2580	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, PELVIC SLING	Yes
L3465	CPT/HCPCS	HEEL, THOMAS WITH WEDGE	Yes

A4422	CPT/HCPCS	OSTOMY ABSORBENT MATERIAL (SHEET/PAD/CRYSTAL PACKET) FOR USE IN OSTOMY POUCH TO THICKEN LIQUID STOMAL OUTPUT, EACH	Yes
L2335	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, ANTERIOR SWING BAND	Yes
L5638	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, BELOW KNEE, LEATHER SOCKET	Yes
L6882	CPT/HCPCS	MICROPROCESSOR CONTROL FEATURE, ADDITION TO UPPER LIMB PROSTHETIC TERMINAL	Yes
A4400	CPT/HCPCS	OSTOMY IRRIGATION SET	Yes
L3350	CPT/HCPCS	HEEL WEDGE	Yes
L2250	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, FOOT PLATE, MOLDED TO PATIENT MODEL, STIRRUP ATTACHMENT	Yes
L5646	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, BELOW KNEE, AIR, FLUID, GEL OR EQUAL, CUSHION	Yes
A4334	CPT/HCPCS	URINARY CATHETER ANCHORING DEVICE, LEG STRAP, EACH	Yes
A4391	CPT/HCPCS	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED (ONE PIECE), EACH	Yes
L1210	CPT/HCPCS	ADDITION TO TLSO, (LOW PROFILE), LATERAL THORACIC EXTENSION	Yes
L3640	CPT/HCPCS	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, DENNIS BROWNE SPLINT (RIVETON), BOTH SHOES	Yes
L4010	CPT/HCPCS	REPLACE TRILATERAL SOCKET BRIM	Yes
L8047	CPT/HCPCS	NASAL SEPTAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	Yes
L8046	CPT/HCPCS	PARTRIAL FACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	Yes
L5984	CPT/HCPCS	ALL ENDOSKELETAL LOWER EXTREMITY PROSTHESIS, AXIAL ROTATION UNIT, WITH OR	Yes
L5976	CPT/HCPCS	ALL LOWER EXTREMITY PROSTHESES, ENERGY STORING FOOT (SEATTLE CARBON COPY II OR EQUAL)	Yes
L5981	CPT/HCPCS	ALL LOWER EXTREMITY PROSTHESE; FLEX FOOT SYSTEM	Yes
L2188	CPT/HCPCS	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, QUADRILATERAL BRIM	Yes
L5160	CPT/HCPCS	KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, BENT KNEE CONFIGURATION, EXTERNAL KNEE JOINTS, SHIN,	Yes
L5617	CPT/HCPCS	ADDITION TO LOWER EXTREMITY QUICK CHANGE SELF-ALIGNING UNIT ABOVE KNEE OR BELOW KNEE EACH	Yes
A4384	CPT/HCPCS	OSTOMY FACEPLATE EQUIVALENT, SILICONE RING, EACH	Yes
A4333	CPT/HCPCS	URINARY CATHETER ANCHORING DEVICE, ADHESIVE SKIN ATTACHMENT EACH	Yes
L1730	CPT/HCPCS	LEGG PERTHES ORTHOSIS, SCOTTISH RITE TYPE, CUSTOM FABRICATED	Yes
A4367	CPT/HCPCS	OSTOMY BELT	Yes
L1755	CPT/HCPCS	LEGG PERTHES ORTHOSIS, PATTEN BOTTOM TYPE, CUSTOM FABRICATED	Yes
A4409	CPT/HCPCS	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORD EXTENDED WEAR, WITHOUT 4X4 INCH OR SMALLER	Yes
L1010	CPT/HCPCS	ADDITION TO CERVICAL-THORACIC-LUMBAR-SACRAL ORTHOSES (CTL SO) OR SCOLIOSIS ORTHOSES, AXILLA SLING	Yes
L0636	CPT/HCPCS	LUMBAR SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, LUMBAR FLEXION, RIGID POSTERIOR FRAME/PANELS, LATERAL ARTICULATING DE	Yes
L1851	CPT/HCPCS	KNEE ORTHOSIS (KO), SINGLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT, MEDIAL-LATERAL AND	Yes
L2768	CPT/HCPCS	ORTHOTIC SIDE BAR DISCONNECT DEVICE, PER BAR	Yes
L5697	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, PELVIC BAND	Yes
L5966	CPT/HCPCS	ADDITION ENDOSKELETAL HIP DISARTICULATION FLEXIBLE PROTECTIV OUTER SURFACE COVERING SURFACE	Yes
L5636	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, SYMES TYPE, MEDIAL OPENING SOCKET	Yes
L8699	CPT/HCPCS	PROSTHETIC IMPLANT NOT OTHERWISE SPECIFIED	Yes
L1220	CPT/HCPCS	ADDITION TO TLSO, (LOW PROFILE), ANTERIOR THORACIC EXTENSION	Yes
L1832	CPT/HCPCS	KNEE ORTHOSIS, ADJUSTABLE KNEE JOINTS (UNICENTRIC OR POLYCENTRIC), POSITIONAL ORTHOSIS, RIGID SUPPORT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes
L8658	CPT/HCPCS	INTERPHALANGEAL JOINT SPACER, SILICONE OR EQUAL, EACH	Yes
L3060	CPT/HCPCS	FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED, LONGITUDINAL/METATARSAL, EACH	Yes
L5692	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, PELVIC CONTROL BELT, LIGHT	Yes
A4364	CPT/HCPCS	ADHESIVE, LIQUID, OR EQUAL, ANY TYPE, PER OZ.	Yes

L6945	CPT/HCPCS	ELBOW DISARTICULATION, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE HUMERAL SHELL, OUTSIDE LOCKING HINGES, FOREARM, OT	Yes
L5150	CPT/HCPCS	KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, EXTERNAL KNEE JOINTS, SHIN, SACH FOOT	Yes
L0190	CPT/HCPCS	CERVICAL, MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORTS, ADJUSTABLE CERVICAL BARS (SOMI, GUILFORD, TAYLOR TYPE	Yes
L5964	CPT/HCPCS	ADDITION ENDOSKETAL SYSTEM AVOVE KNEE FLEXIBLE PROTECTIVE OUTER SURFACE COVERING SYSTEM	Yes
L8605	CPT/HCPCS	INJECTABLE BULKING AGENT,DEXTRANOMER/ HYALURONIC ACID COPOLYMER IMPLANT,ANAL CANAL,1 ML,INCL SHIPPING AND NECESSARY SUPP	Yes
L2785	CPT/HCPCS	ADDITION TO LOWER EXTREMITY ORTHOSIS, DROP LOCK RETAINER, EACH	Yes
L5816	CPT/HCPCS	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, MECHANICAL STANCE PHASE LOCK	Yes
L8659	CPT/HCPCS	INTERPHALANGEAL FINGER JOINT REPLACEMENT, 2 OR MORE PIECES, METAL (E.G., STAINLESS STEEL OR COBALT CHROME), CERAMIC-LIK	Yes
L6672	CPT/HCPCS	UPPER EXTREMITY ADDITION, HARNESS, CHEST OR SHOULDER, SADDLE TYPE	Yes
L5050	CPT/HCPCS	ANKLE, SYMES, MOLDED SOCKET, SACH FOOT	Yes
L6026	CPT/HCPCS	TRANSCARPAL/METACARPAL OR PARTIAL HAND DISARTICULATION PROSTHESIS, EXTERNAL POWER, SELF-SUSPENDED, INNER SOCKET WIT	Yes
L8687	CPT/HCPCS	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, DUAL ARRAY, RECHARGEABLE, INCLUDES EXTENSION	Yes
L1250	CPT/HCPCS	ADDITION TO TLSO (LOW PROFILE), ANTERIOR ASIS PAD	Yes
L5626	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, TEST SOCKET, HIP DISARTICULATION	Yes
A4351	CPT/HCPCS	INTERMITTENT URINARY CATHETER; STRAIGHT TIP, WITH OR WITHOUT COATING EACH	Yes
L6950	CPT/HCPCS	ABOVE ELBOW, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE HUMERAL SHELL, INTERNAL LOCKING ELBOW, FOREARM, OTTO BOCK	Yes
L8465	CPT/HCPCS	PROSTHETIC SHRINKER, UPPER LIMB, EACH	Yes
L8035	CPT/HCPCS	CUSTOM BREAST PROSTHESIS, POST MASTECTOMY, MOLDED TO PATIENT MODEL	Yes
L8415	CPT/HCPCS	PROSTHETIC SHEATH, UPPER LIMB, EACH	Yes
L3931	CPT/HCPCS	WRIST HAND FINGER ORTHOSIS,INCLUDES ONE OR MORE NONTORSION JOINT(S), TURNBUCKLES,ELASTIC BANDS/SPRINGS,MAY INCLUDE SOFT INTERFACE MATL, STRAPS,PREFAB+	Yes
L5785	CPT/HCPCS	ADDITION, EXOSKELETAL SYSTEM, BELOW KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	Yes
L3140	CPT/HCPCS	FOOT, ABDUCTION ROTATION BARS (DENNIS BROWNE TYPE), ATTACHED TO SHOE	Yes
L6880	CPT/HCPCS	TERMINAL DEVICE, HAND, BOCK, VO	Yes
L5020	CPT/HCPCS	PARTIAL FOOT, MOLDED SOCKET, TIBIAL TUBERCLE HEIGHT, WITH TOE FILLER	Yes
L3217	CPT/HCPCS	ORTHOPEDIC FOOTWEAR, LADIES SHOE, HIGHTOP, DEPTH INLAY, EACH	Yes
A4426	CPT/HCPCS	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH LOCKING FLANGE (2 PIECE SYSTEM), EACH	Yes
L6680	CPT/HCPCS	UPPER EXTREMITY ADDITION, TEST SOCKET, WRIST DISARTICULATION OR BELOW ELBOW	Yes
L5580	CPT/HCPCS	PREPARATORY, ABOVE KNEE - KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, "USMC" OR EQUAL PYLON, NO COVER, SACH FOOT, THERM	Yes
L3213	CPT/HCPCS	BENESCH BOOT, PAIR, CHILD	Yes
L3215	CPT/HCPCS	ORTHOPEDIC FOOTWEAR, LADIES SHOE, OXFORD, EACH	Yes
L8695	CPT/HCPCS	EXTERNAL RECHARGING SYSTEM FOR BATTERY (EXTERNAL) FOR USE WITH IMPLANTABLE NEUROSTIMULATOR, REPLACEMENT ONLY	Yes
L5610	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, HYDRACADENCE SYSTEM	Yes
L4130	CPT/HCPCS	REPLACE PRETIBIAL SHELL	Yes
L3204	CPT/HCPCS	ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, INFANT	Yes

L1932	CPT/HCPCS	ANKLE FOOT ORTHOSIS (AFO), RIGID ANTERIOR TIBIAL SECTION, TOTAL CARBON FIBER OR EQUAL MATERIAL,PRE FABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLD+	Yes
L3921	CPT/HCPCS	HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCL+	Yes
L0454	CPT/HCPCS	TLSO FLEXIBLE, PROVIDES TRUNK SUPPORT, EXTENDS FROM SACROCOCCYGEAL JUNCTION TO ABOVE T-9 VERTEBRA, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL PLANE+	Yes
L6694	CPT/HCPCS	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ABOVE ELBOW, CUSTOM FABRICATED FROM EXISTING MOLD OR PREFABR	Yes
L1600	CPT/HCPCS	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, FLEXIBLE, FREJKA TYPE WITH COVER, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, O+	Yes
L5826	CPT/HCPCS	ADDITION ENDOSKELETAL KNEE-SHIN SYSTEM HYDRAULIC SWING PHASE CONTROL WITH MINIATURE HIGH ACTIVITY FRAME	Yes
L5595	CPT/HCPCS	PREPARATORY, HIP DISARTICULATION-HEMIPELVECTOMY, PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQUAL, MOLDED TO PATIENT	Yes
L2060	CPT/HCPCS	HIP-KNEE-ANKLE-FOOT ORTHOSES,TORSION CONTROL,BILATERAL TORSION CABLES,BALL BEARING HIP JOINT,PELVIC BAND/BELT,CUST FAB	Yes
L3380	CPT/HCPCS	CLUBFOOT WEDGE	Yes
L5686	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, BELOW KNEE, BACK CHECK (EXTENSION CONTROL)	Yes
L4398	CPT/HCPCS	FOOT DROP SPLINT, RECUMBENT POSITIONING DEVICE, PREFABRICATED, OFF-THE-SHELF	Yes
L7045	CPT/HCPCS	ELECTRIC HOOK, SWITCH OR MYOELECTRIC CONTROLLED, PEDIATRIC	Yes
L3550	CPT/HCPCS	MISCELLANEOUS SHOE ADDITION, TOE TAP, STANDARD	Yes
A4335	CPT/HCPCS	INCONTINENCE SUPPLY; MISCELLANEOUS	Yes
L5676	CPT/HCPCS	ADDITIONS TO LOWER EXTREMITY, BELOW KNEE, KNEE JOINTS, SINGLE AXIS, PAIR	Yes
L2810	CPT/HCPCS	ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, CONDYLAR PAD	Yes
L3420	CPT/HCPCS	FULL SOLE AND HEEL WEDGE, BETWEEN SOLE	Yes
L2670	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, THORACIC CONTROL, PARASPINAL UPRIGHTS	Yes
A4360	CPT/HCPCS	DISPOSIBLE EXTERNAL URETHRAL CLAMP OR COMPRESSION DEVICE WITH PAD AND/OR PUCH, EACH	Yes
A4362	CPT/HCPCS	SKIN BARRIER; SOLID, 4 X 4 OR EQUIVALENT; EACH	Yes
L0999	CPT/HCPCS	ADDITION TO SPINAL ORTHOSIS, NOT OTHERWISE SPECIFIED	Yes
L0486	CPT/HCPCS	TLSO, TRIPLANAR CONTROL, TWO PIECE RIGID PLASTIC SHELL WITH INTERFACE LINER, MULTIPLE STRAPS AND CLOSURES, POSTERIOR EXT	Yes
L5969	CPT/HCPCS	ADDITION, ENDOSKELETAL ANKLE-FOOT OR ANKLE SYSTEM, POWER ASSIST, INCLUDES ANY TYPE MOTOR(S)	Yes
L4070	CPT/HCPCS	REPLACE PROXIMAL AND DISTAL UPRIGHT FOR KAFO	Yes
L6935	CPT/HCPCS	BELOW ELBOW, EXTERNAL POWER, SELF-SUSPENDED INNER SOCKET, REMOVABLE FOREARM SHELL, OTTO BOCK OR EQUAL ELECTRODES, CABL	Yes
L5628	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, TEST SOCKET, HEMIPELVECTOMY	Yes
A4428	CPT/HCPCS	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH FAUCET-TYPE TAP WITH VALVE (1 PIECE), EACH	Yes
A4366	CPT/HCPCS	OSTOMY VENT, ANY TYPE, EACH	Yes
L2180	CPT/HCPCS	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, PLASTIC SHOE INSERT WITH ANKLE JOINTS	Yes
A4361	CPT/HCPCS	OSTOMY FACE PLATE	Yes
L0457	CPT/HCPCS	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, THORACIC REGION, RIGID POSTERIOR PANEL AND SOFT ANTERIOR APRON, EXTENDS FROM THE	Yes
L6709	CPT/HCPCS	TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE	Yes
A4392	CPT/HCPCS	OSTOMY POUCH, URINARY, WITH STANDARD WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY, EACH	Yes
L3961	CPT/HCPCS	SHOULDER ELBOW WRIST HAND ORTHOSIS, SHOULDER CAP DESIGN, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND +	Yes

L6708	CPT/HCPCS	TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE	Yes
A4432	CPT/HCPCS	OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH NON-LOCKING FLANGE, WITH FAUCET-TYPE TAP WITH VALVE (2 PIECE), EACH	Yes
L1970	CPT/HCPCS	ANKLE-FOOT ORTHOSES, PLASTIC, WITH ANKLE JOINT, CUSTOM FABRICATED	Yes
L3904	CPT/HCPCS	WRIST-HAND-FINGER-ORTHOSES (WHFO), EXTERNAL POWERED, ELECTRIC	Yes
L5987	CPT/HCPCS	ALL LOWER EXTREMITY PROSTHESIS SHANK FOOT SYSTEM WITH VERTICLOADING PYLON	Yes
L5666	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, BELOW KNEE, CUFF SUSPENSION	Yes
L8430	CPT/HCPCS	PROSTHETIC SOCK, WOOL, ABOVE KNEE, EACH	Yes
L6388	CPT/HCPCS	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF RIGID DRESSING ONLY	Yes
L1080	CPT/HCPCS	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSES, OUTRIGGER	Yes
L3320	CPT/HCPCS	LIFT, ELEVATION, HEEL AND SOLE, CORK, PER INCH	Yes
L8682	CPT/HCPCS	IMPLANTABLE NEUROSTIMULATOR RADIOFREQUENCY RECEIVER	Yes
L8693	CPT/HCPCS	AUDITORY OSSEOINTEGRATED DEVICE ABUTMENT, ANY LENGTH, REPLACEMENT ONLY	Yes
L3251	CPT/HCPCS	FOOT, SHOE MOLDED TO PATIENT MODEL, SILICONE SHOE, EACH	Yes
L8470	CPT/HCPCS	STUMP SOCK, SINGLE PLY, FITTING, BELOW KNEE, EACH	Yes
L8300	CPT/HCPCS	TRUSS, SINGLE WITH STANDARD PAD	Yes
L8044	CPT/HCPCS	HEMI-FACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	Yes
L6690	CPT/HCPCS	UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, INTERSCAPULAR-THORACIC	Yes
L6620	CPT/HCPCS	UPPER EXTREMITY ADDITION, FLEXION/EXTENSION WRIST UNIT, WITH OR WITHOUT	Yes
L8010	CPT/HCPCS	BREAST PROSTHESIS, MASTECTOMY SLEEVE	Yes
L6120	CPT/HCPCS	BELOW ELBOW, MOLDED DOUBLE WALL SPLIT SOCKET, STEP-UP HINGES, HALF CUFF	Yes
L6605	CPT/HCPCS	UPPER EXTREMITY ADDITIONS, SINGLE PIVOT HINGE, PAIR	Yes
L6550	CPT/HCPCS	SHOULDER DISARTICULATION, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING	Yes
L3925	CPT/HCPCS	FINGER ORTHOSIS, PROXIMAL INTERPHALANGEAL (PIP)DISTAL INTERPHALANGEAL (DIP), NON TORSION JOINT/SPRING,EXT/FLEX, MAY INCLD SOFT INTERFACE MTL, PREFABR+	Yes
L1910	CPT/HCPCS	ANKLE-FOOT ORTHOSES,POSTERIOR,SINGLE BAR,CLASP ATTACHMENT TOSHOE COUNTER, PREFABRICATED,INCLUDESFITTING AND ADJUSTMENT	Yes
L2760	CPT/HCPCS	ADDITION TO LOWER EXTREMITY ORTHOSIS, EXTENSION, PER EXTENSION, PER BAR (FOR LINEAL ADJUSTMENT FOR GROWTH)	Yes
L5684	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, BELOW KNEE, FORK STRAP	Yes
L5858	CPT/HCPCS	ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL KNEE SHIN SYSTEM, MICROPROCESSOR CONTROL FEATURE, STANCE PHASE ONLY, INCLUDES	Yes
L5682	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, BELOW KNEE, THIGH LACER, GLUTEAL/ISCHIAL, MOLDED	Yes
L5780	CPT/HCPCS	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC/HYDRA PNEUMATIC SWING PHASE CONTROL	Yes
L3580	CPT/HCPCS	MISCELLANEOUS SHOE ADDITION, CONVERT INSTEP TO VELCO CLOSURE	Yes
A4398	CPT/HCPCS	IRRIGATION SUPPLIES, BAGS	Yes
L6580	CPT/HCPCS	PREPARATORY, WRIST DISARTICULATION OR BELOW ELBOW, SINGLE WALL PLASTIC SOCKET, FRICTION WRIST, FLEXIBLE ELBOW HIN	Yes
L2600	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, CLEVIS TYPE, OR THRUST BEARING, FREE, EACH	Yes
L5010	CPT/HCPCS	PARTIAL FOOT, MOLDED SOCKET, ANKLE HEIGHT, WITH TOE FILLER	Yes
A4322	CPT/HCPCS	IRRIGTAION SYRINGE, BULB OR PISTON	Yes
L3430	CPT/HCPCS	HEEL, COUNTER, PLASTIC REINFORCED	Yes
L3900	CPT/HCPCS	WRIST-HAND-FINGER-ORTHOSES (WHFO), DYNAMIC FLEXOR HINGE, RECIPROCAL WRIST EXTENSION/ FLEXION, FINGER FLEXION/ EXTENS	Yes
L3201	CPT/HCPCS	ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, INFANT	Yes
L2030	CPT/HCPCS	KAFO,DOUBLE UPRIGHT,FREE ANKLE,SOLID STIRRUP,THIGH AND CALF BANDS/CUFFS(DOUBLE BAR"AK"ORTHOSIS)W/KNEE JOINT,CUSTOM FAB	Yes

L3460	CPT/HCPCS	HEEL, NEW RUBBER, STANDARD	Yes
L6722	CPT/HCPCS	TERMINAL DEVICE, HOOK OR HAND, HEAVY DUTY, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED	Yes
L5850	CPT/HCPCS	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE OR HIP DISARTICULATION, KNEE EXTENSION ASSIST	Yes
L6642	CPT/HCPCS	UPPER EXTREMITY ADDITION, EXCURSION AMPLIFIER, LEVER TYPE	Yes
L2020	CPT/HCPCS	KNEE-ANKLE-FOOT-ORTHOSES,DOUBLE UPRIGHT,FREE KNEE,FREE ANKLESOLID STIRRUP,THIGH AND CALF BANDS/CUFFS,CUSTOM FABRICATED	Yes
L2550	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, HIGH ROLL CUFF	Yes
L3808	CPT/HCPCS	WRIST HAND FINGER ORTHOSIS, RIGID W/O JOINTS, MAY INCL SOFT INTERFACE MATERIAL, STRAPS, CUSTOM FABRICATED, INCL FITTING AND ADJUSTMENT	Yes
L1852	CPT/HCPCS	KNEE ORTHOSIS (KO), DOUBLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT, MEDIAL-LATERAL AND	Yes
L3650	CPT/HCPCS	SHOULDER ORTHOSIS, FIGURE OF EIGHT DESIGN ABDUCTION RESTRAINER, PREFABRICATED, OFF-THE-SHELF	Yes
L0174	CPT/HCPCS	CERVICAL, COLLAR, SEMI-RIGID, THERMOPLASTIC FOAM, TWO PIECE WITH THORACIC EXTENSION, PREFABRICATED, OFF-THE-SHELF	Yes
L2320	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, NON-MOLDED LACER, FOR CUSTOM FABRICATED ORTHOSIS ONLY	Yes
L5814	CPT/HCPCS	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, VARIABLE FRICTION SWING PHASE CONTROL	Yes
L8689	CPT/HCPCS	EXTERNAL RECHARGING SYSTEM FOR BATTERY (INTERNAL) FOR USE WITH IMPLANTABLE NEUROSTIMULATOR, REPLACEMENT ONLY	Yes
L0624	CPT/HCPCS	SACROILIAC ORTHOSIS, PROVIDES PELVIC-SACRAL SUPPORT, WITH RIGID OR SEMI-RIGID PANELS PLACED OVER THE SACRUM AND ABDOMEN	Yes
L0140	CPT/HCPCS	CERVICAL, SEMI-RIGID, ADJUSTABLE (PLASTIC COLLAR)	Yes
L2820	CPT/HCPCS	ADDITION TO LOWER EXTREMITY ORTHOSIS, SOFT INTERFACE FOR MOLDED PLASTIC, BELOW KNEE SECTION	Yes
L1050	CPT/HCPCS	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSES, STERNAL PAD	Yes
L2184	CPT/HCPCS	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, LIMITED MOTION KNEE JOINT	Yes
L1630	CPT/HCPCS	HIP ORTHOSES,ABDUCTION CONTROL OF HIP JOINTS,SEMI-FLEXIBLE(VON ROSEN TYPE)CUSTOM FABRICATED	Yes
L1904	CPT/HCPCS	ANKLE ORTHOSIS, ANKLE GAUNTLET OR SIMILIAR, WITH OR WITHOUT JOINTS, CUSTOM FABRICATED	Yes
L2520	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, QUADRILATERAL BRIM, CUSTOM FITTED	Yes
L2340	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, PRE-TIBIAL SHELL, MOLDED TO PATIENT MODEL	Yes
L0452	CPT/HCPCS	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, UPPER THORACIC PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERV	Yes
L5702	CPT/HCPCS	REPLACEMENT, SOCKET, BELOW KNEE, MOLDED TO PATIENT MODEL HIP DISRTICULATION, INCLUDING HIP JOINT, MOLDED TO PATIENT	Yes
L0627	CPT/HCPCS	LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POSTERIOR EXTENDS FROM L-1 TO BELOW L-5 VE	Yes
L6615	CPT/HCPCS	UPPER EXTREMITY ADDITION, DISCONNECT LOCKING WRIST UNIT	Yes
L3202	CPT/HCPCS	ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, CHILD	Yes
L7190	CPT/HCPCS	ELECTRONIC ELBOW, ADOLESCENT, VARIETY VILLAGE OR EQUAL, MYOELECTRONICALLY CONTROLLED	Yes
L5845	CPT/HCPCS	ADDITION ENDOSKELETAL KNEE SHIN SYSTEM STANCE FLECION FEATURE ADJUSTABLE	Yes
L5695	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, PELVIC CONTROL, SLEEVE SUSPENSION, NEOPRENE OR EQUAL, EACH	Yes
L1920	CPT/HCPCS	ANKLE-FOOT ORTHOSES,SINGLE UPRIGHT W/STATIC OR ADJUSTABLE STOP(PHELPS OR PERLSTEIN TYPE)CUSTOM FABRICATED	Yes
L8685	CPT/HCPCS	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, SINGLE ARRAY, RECHARGEABLE, INCLUDES EXTENSION	Yes
L8031	CPT/HCPCS	BREAST PROSTHESIS, SILICONE OR EQUAL, WITH INTEGRAL ADHESIVE	Yes
L2530	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, THIGH-WEIGHT BEARING, LACER, NON-MOLDED	Yes
L2385	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, STRAIGHT KNEE JOINT, HEAVY DUTY, EACH JOINT	Yes

L5790	CPT/HCPCS	ADDITION, EXOSKELETAL SYSTEM, ABOVE KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	Yes
L4361	CPT/HCPCS	WALKING BOOT, PNEUMATIC AND/OR VACUUM, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE MATERIAL, PREFABRICATED, OFF-TH	Yes
L3678	CPT/HCPCS	SHOULDER ORTHOSIS, SHOULDER JOINT DESIGN, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, PREFABRICATED, OFF-THE-SHE	Yes
L3203	CPT/HCPCS	ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, JUNIOR	Yes
A4328	CPT/HCPCS	FEMALE EXTERNAL URINARY COLLECTION DEVICE; POUCH, EACH	Yes
L0113	CPT/HCPCS	CRANIAL CERVICAL ORTHOSIS, TORTICOLLIS TYPE, W/ OR W/O JOINT, W/ OR W/O SOFT INTERFACE MATL, PREFABBED, INCLS FITTING &	Yes
L1690	CPT/HCPCS	COMBINATION BILATERAL LUMBAR-SACRAL,HIP,FEMUR ORTHOSIS PROVIDING ADDUCTION AND INTERNAL ROTATION CONTROL,PREFABRICATED	Yes
L1310	CPT/HCPCS	OTHER SCOLIOSIS PROCEDURE, POST-OPERATIVE BODY JACKET	Yes
L6721	CPT/HCPCS	TERMINAL DEVICE, HOOK OR HAND, HEAVY DUTY, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED	Yes
L8512	CPT/HCPCS	GELATIN CAPSULES OR EQUIVALENT, FOR USE WITH TRACHEOESOPHAGE VOICE PROSTHESIS, REPLACEMENT ONLY, PER 10	Yes
L5685	CPT/HCPCS	ADDITION TO LOWER EXTREMITY PROSTHESIS,BELOW KNEE,SUSPENSIONSEALING SLEEVE, WITH OR WITHOUT VALVE, ANY MATERIAL, EACH	Yes
L6713	CPT/HCPCS	TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, PEDIATRIC	Yes
L5331	CPT/HCPCS	HIP DISARTICULATION, CANADIAN TYPE, MOLDED SOCKET, ENDOSKELETAL SYSTEM, HIP JOINT SINGLE AXIS KNEE SACH FOOT	Yes
A4363	CPT/HCPCS	OSTOMY CLAMP, ANY TYPE, REPLACEMENT ONLY, EACH	Yes
L5701	CPT/HCPCS	REPLACEMENT SOCKET ABOVE KNEE/KNEE DISARTICULATION INCLUDING ATTACHMENT PLATE MOLDED TO PATIENT MODEL	Yes
L6881	CPT/HCPCS	AUTOMATIC GRASP FEATURE, ADDITION TO UPPER LIMB ELECTRIC PROSTHETIC TERMINAL	Yes
L5972	CPT/HCPCS	ALL LOWER EXTREMITY PROSTHESES,FOOT,FLEXIBLE KEEL	Yes
L5830	CPT/HCPCS	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC/ SWING PHASE CONTROL	Yes
L3050	CPT/HCPCS	FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED, METATARSAL, EACH	Yes
L4370	CPT/HCPCS	PNEUMATIC FULL LEG SPLINT, PREFABRICATED, OFF-THE-SHELF	Yes
L5644	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, WOOD SOCKET	Yes
A4373	CPT/HCPCS	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE, OR ACCORDIAN), WITH BUILT-IN CONVEXITY, ANY SIZE, EACH	Yes
A4314	CPT/HCPCS	INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY LATEX WITH COATING (TEFLON, SILICO	Yes
L3225	CPT/HCPCS	ORTHOPEDIC FOOTWEAR MAN'S SHOE OXFORD USED AS AN INTEGRAL PART OF A BRACE OTHOSIS	Yes
L1650	CPT/HCPCS	HIP ORTHOSES,ABDUCTION CONTROL OF HIP JOINTS,STATIC,ADJUSTABLE(ILFLED TYPE)PREFABRICATED,INCLUDES FITTING AND ADJUSTMENT	Yes
L8681	CPT/HCPCS	PATIENT PROGRAMMER (EXTERNAL) FOR USE WITH IMPLANTABLE PROGRAMMABLE NEUROSTIMULATOR PULSE GENERATOR, REPLACEMENT ONLY	Yes
L2126	CPT/HCPCS	KAFO,FRACTURE ORTHOSIS,FEMORAL FRACTURE CAST ORTHOSIS,THERMOPLASTIC TYPE CASTING MATERIAL,CUSTOM FABRICATED	Yes
A4415	CPT/HCPCS	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDIWITHOUT > 4X4	Yes
A4419	CPT/HCPCS	OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH NON-LOCKING FLANGE, WITH FILTER (2 PIECE), EACH	Yes
L3973	CPT/HCPCS	SHOULDER ELBOW WRIST HAND ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR, INCLUDES ONE OR MORE NONTORSION JOIN+	Yes
L8612	CPT/HCPCS	ORBITAL AQUEOUS SHUNT	Yes
L3030	CPT/HCPCS	FOOT, INSERT, REMOVABLE, FORMED TO PATIENT FOOT, EACH	Yes
L1640	CPT/HCPCS	HIP ORTHOSES,ABDUCTION CONTROL OF HIP JOINTS,STATIC,PELVIC BAND OR SPREADER BAR, THIGH CUFFS, CUSTOM FABRICATED	Yes
L5920	CPT/HCPCS	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE OR HIP DISARTICULATION, ALIGNABLE SYSTEM	Yes

L6635	CPT/HCPCS	UPPER EXTREMITY ADDITION, LIFT ASSIST FOR ELBOW	Yes
L3222	CPT/HCPCS	ORTHOPEDIC FOOTWEAR, MENS SHOE, HIGHTOP, DEPTH INLAY, EACH	Yes
L0633	CPT/HCPCS	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID POSTERIOR FRAME/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA+	Yes
L3440	CPT/HCPCS	HEEL, COUNTER, LEATHER REINFORCED	Yes
L0639	CPT/HCPCS	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, RIGID SHELL(S)/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTIO	Yes
L5688	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, BELOW KNEE, WAIST BELT, WEBBING	Yes
L0180	CPT/HCPCS	CERVICAL, MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORTS, ADJUSTABLE	Yes
L6637	CPT/HCPCS	UPPER EXTREMITY ADDITION, NUDGE CONTROL ELBOW LOCK	Yes
L2610	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, CLEVIS OR THRUST BEARING, LOCK, EACH	Yes
A4388	CPT/HCPCS	OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED(ONE PIECE), EACH	Yes
L4030	CPT/HCPCS	REPLACE QUADRILATERAL SOCKET BRIM, CUSTOM FITTED	Yes
L1902	CPT/HCPCS	ANKLE ORTHOSIS, ANKLE GAUNTLET OR SIMILIAR, WITH OR WITHOUT JOINTS, PREFABRICATED, OFF-THE-SHELF	Yes
L1230	CPT/HCPCS	ADDITION TO TLSO, (LOW PROFILE), MILWAUKEE TYPE SUPERSTRUCTURE	Yes
L6370	CPT/HCPCS	INTERSCAPULAR THORACIC, PASSIVE RESTORATION (SHOULDER CAP ONLY)	Yes
L8684	CPT/HCPCS	RADIOFREQUENCY TRANSMITTER (EXTERNAL) FOR USE WITH IMPLANTABLE SACRAL ROOT NEUROSTIMULATOR RECEIVER FOR BOWEL AND BLADD	Yes
L0460	CPT/HCPCS	TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, TWO RIGID PLASTIC SHELLS, POSTERIOR EXTENS FROM THE SACROCOC	Yes
L6360	CPT/HCPCS	INTERSCAPULAR THORACIC, PASSIVE RESTORATION (COMPLETE PROSTHESIS)	Yes
L8485	CPT/HCPCS	STUMP SOCK SINGLE PLY FITTING; UPPER LIMB EACH	Yes
L1030	CPT/HCPCS	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSES, LUMBAR BOLSTER PAD	Yes
L6810	CPT/HCPCS	ADDITION TO TERMINAL DEVICE, PRECISION PINCH DEVICE	Yes
L6130	CPT/HCPCS	BELOW ELBOW, MOLDED DOUBLE WALL SPLIT SOCKET, STUMP ACTIVATED LOCKING HINGE, HALF CUFF	Yes
L3674	CPT/HCPCS	SHOULDER ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR, WITH OR WITHOUT NONTORSION JOINT/TURNBUCKLE, SHOULDER+	Yes
L3906	CPT/HCPCS	WRIST HAND ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes
A4404	CPT/HCPCS	OSTOMY RINGS	Yes
L8514	CPT/HCPCS	TRACHEOESOPHAGEAL PUNCTURE DILATOR, REPLACEMENT ONLY, EACH	Yes
L6676	CPT/HCPCS	UPPER EXTREMITY ADDITION, HARNESS, (E.G. FIGURE OF EIGHT TYPE), DUAL CABLE	Yes
L6970	CPT/HCPCS	INTERSCAPULAR-THORACIC, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE SHOULDER SHELL, SHOULDER BULKHEAD, HUMERAL	Yes
L7181	CPT/HCPCS	ELECTRONIC ELBOW, MICROPROCESSOR SIMULTANEOUS CONTROL OF ELBOW AND TERMINAL DEVICE ELECTRONIC ELBOW, MICROPROCESSOR S	Yes
L6450	CPT/HCPCS	ELBOW DISARTICULATION, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING	Yes
L5818	CPT/HCPCS	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, FRICTION SWING, AND STANCE PHASE CONTROL	Yes
L2840	CPT/HCPCS	ADDITION TO LOWER EXTREMITY ORTHOSIS, TIBIAL LENGTH SOCK, FRACTURE OR EQUAL, EACH	Yes
L2036	CPT/HCPCS	KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, DOUBLE UPRIGHT, FREE KNEE, WITH OR WITHOUT FREE MOTION ANKLE, CUSTOM FABRICATED	Yes
L0820	CPT/HCPCS	HALO PROCEDURE, CERVICAL HALO INCORPORATED INTO PLASTER BODY JACKET	Yes
A4375	CPT/HCPCS	OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, PLASTIC, EACH	Yes
L8032	CPT/HCPCS	NIPPLE PROSTHESIS, PREFABRICATED, REUSABLE, ANYTY PE, EACH	Yes

L0650	CPT/HCPCS	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR FRAME/PANEL(S), POSTERIOR EXTENDS FR	Yes
L3080	CPT/HCPCS	FOOT, ARCH SUPPORT, NON-REMOVABLE ATTACHED TO SHOE, METATARSAL, EACH	Yes
L6610	CPT/HCPCS	UPPER EXTREMITY ADDITIONS, FLEXIBLE METAL HINGE, PAIR	Yes
L3255	CPT/HCPCS	ORTHOPEDIC FOOTWEAR, NON-STANDARD SIZE OR LENGTH	Yes
L3250	CPT/HCPCS	ORTHOPEDIC FOOTWEAR, CUSTOM MOLDED SHOE, REMOVABLE INNER MOLD, PROSTHETIC SHOE, EACH	Yes
L7007	CPT/HCPCS	ELECTRIC HAND, SWITCH OR MYOELECTRIC CONTROLLED, ADULT	Yes
L6711	CPT/HCPCS	TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED, PEDIATRIC	Yes
A4399	CPT/HCPCS	IRRIGATION SUPPLIES, CONE/CATHETER	Yes
L6582	CPT/HCPCS	PREPARATORY, WRIST DISARTICULATION OR BELOW ELBOW, SINGLE WALL SOCKET, FRICTION WRIST, FLEXIBLE ELBOW HINGES, FIG	Yes
L2186	CPT/HCPCS	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, ADJUSTABLE MOTION KNEE JOINT, LERMAN TYPE	Yes
L4396	CPT/HCPCS	STATIC OR DYNAMIC ANKLE FOOT ORTHOSIS, INCLUDING SOFT INTERFACE MATERIAL, ADJUSTABLE FOR FIT, FOR POSITIONING, MAY BE USED FOR MINIMAL AMBULATION, PR+	Yes
L1120	CPT/HCPCS	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSES, COVER FOR UPRIGHT, EACH	Yes
L5671	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE SUSPENSION LOCKING MECHANISM, EXCLUDES SOCKET INSERT	Yes
L2260	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, REINFORCED SOLID STIRRUP (SCOTT-CRAIG TYPE)	Yes
L8030	CPT/HCPCS	BREAST PROSTHESIS, SILICONE OR EQUAL	Yes
L3070	CPT/HCPCS	FOOT, ARCH SUPPORT, NON-REMOVABLE ATTACHED TO SHOE, LONGITUDINAL, EACH	Yes
L6910	CPT/HCPCS	HAND RESTORATION (CASTS, SHADING AND MEASUREMENTS INCLUDED), PARTIAL HAND, WITH GLOVE, NO FINGERS REMAINING	Yes
L3600	CPT/HCPCS	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, CALIPER PLATE, EXISTING	Yes
L5631	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, ACRYLIC SOCKET	Yes
L1499	CPT/HCPCS	UNLISTED PROCEDURE FOR SPINAL ORTHOSIS	Yes
L5637	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, BELOW KNEE, TOTAL CONTACT	Yes
A4387	CPT/HCPCS	OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (ONE PIECE), EACH	Yes
A4381	CPT/HCPCS	OSTOMY POUCH, URINARY, WITHOUT FACEPLATE ATTACHED, RUBBER, EACH	Yes
L4360	CPT/HCPCS	WALKING BOOT, PNEUMATIC AND/OR VACUUM, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE MATERIAL, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MO+	Yes
L5811	CPT/HCPCS	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK, ULTRA-LIGHT MATERIAL	Yes
L1300	CPT/HCPCS	OTHER SCOLIOSIS PROCEDURE, BODY JACKET MOLDED TO PATIENT MODEL	Yes
L6707	CPT/HCPCS	TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED	Yes
L5640	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, KNEE DISARTICULATION, LEATHER SOCKET	Yes
L1652	CPT/HCPCS	HIP ORTHOSIS, BILATERAL THIGH CUFFS WITH ADJUSTABLE ABDUCTORSPREADER BAR,	Yes
L2192	CPT/HCPCS	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, HIP JOINT, PELVIC BAND, THIGH FLANGE, AND PELVIC BELT	Yes
L6055	CPT/HCPCS	WRIST DISARTICULATION, MOLDED SOCKET WITH EXPANDABLE INTERFACE, FLEXIBLE ELBOW HINGES, TRICEPS PAD	Yes
L2750	CPT/HCPCS	ADDITION TO LOWER EXTREMITY ORTHOSIS, PLATING CHROME OR NICKEL, PER BAR	Yes
L5200	CPT/HCPCS	ABOVE KNEE, MOLDED SOCKET, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN, SACH FOOT	Yes
L8330	CPT/HCPCS	TRUSS, ADDITION TO STANDARD PAD, SCROTAL PAD	Yes
L7180	CPT/HCPCS	ELECTRONIC ELBOW, MICROPROCESSOR SEQUENTIAL CONTROL OF ELBOW AND TERMINAL DEVICE	Yes
L1843	CPT/HCPCS	KNEE ORTHOSIS, SINGLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL AND ROTATION C+	Yes

A4390	CPT/HCPCS	OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY, EACH	Yes
L1850	CPT/HCPCS	KNEE ORTHOSIS, SWEDISH TYPE, PREFABRICATED, OFF-THE-SHELF	Yes
L6900	CPT/HCPCS	HAND RESTORATION (CASTS, SHADING AND MEASUREMENTS INCLUDED), PARTIAL HAND, WITH GLOVE, THUMB OR ONE FINGER REMAINING	Yes
L4386	CPT/HCPCS	WALKING BOOT, NON-PNEUMATIC, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE MATERIAL, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSE+	Yes
L9900	CPT/HCPCS	ORTHOTIC AND PROSTHETIC SUPPLY, ACCESSORY, AND/OR SERVICE COMPONENT OF ANOTHER HCPCS "L" CODE	Yes
L5270	CPT/HCPCS	HIP DISARTICULATION, TILT TABLE TYPE; MOLDED SOCKET, LOCKINGHIP JOINT, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN,	Yes
L5978	CPT/HCPCS	ALL LOWER EXTREMITY PROSTHESES, FOOT, MULTIAXIAL ANKLE/FOOT (GREISSINGER OR EQUAL)	Yes
L2034	CPT/HCPCS	KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, SINGLE UPRIGHT, WITH OR WITHOUT FREE MOTION KNEE, MEDIAL LATERAL ROTATION CONTR	Yes
L8043	CPT/HCPCS	UPPER FACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	Yes
L1280	CPT/HCPCS	ADDITION TO TLSO (LOW PROFILE), RIB GUSSET (ELASTIC), EACH	Yes
L0490	CPT/HCPCS	TLSO, SAGITTAL-CORONAL CONTROL, ONE PIECE RIGID PLASTIC SHELWITH OVERLAPPING REINFORCED ANTERIOR WITH MULTIPLE STRAPS	Yes
L6660	CPT/HCPCS	UPPER EXTREMITY ADDITION, HEAVY DUTY CONTROL CABLE	Yes
L0458	CPT/HCPCS	TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM TWO RIGID PLASTIC SHELLS POSTERIOR EXTENDS FROM THE SACROCOC	Yes
L5210	CPT/HCPCS	ABOVE KNEE, SHORT PROSTHESIS, NO KNEE JOINT ("STUBBIES"), WITH FOOT BLOCKS, NO ANKLE JOINTS, EACH	Yes
L8607	CPT/HCPCS	INJECTABLE BULKING AGENT FOR VOCAL CORD MEDIALIZATION, 0.1 ML, INCLUDES SHIPPING AND NECESSARY SUPPLIES	Yes
A4397	CPT/HCPCS	IRRIGATION SUPPLY; SLEEVE	Yes
L7362	CPT/HCPCS	BATTERY CHARGER, SIX VOLT, EACH	Yes
L6350	CPT/HCPCS	INTERSCAPULAR THORACIC, MOLDED SOCKET, SHOULDER BULKHEAD, HUMERAL SECTION, INTERNAL LOCKING ELBOW, FOREARM	Yes
L5639	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, BELOW KNEE, WOOD SOCKET	Yes
L4394	CPT/HCPCS	REPLACE SOFT INTERFACE MATERIAL FOOT DROP SPLINT	Yes
A4411	CPT/HCPCS	OSTOMY SKIN BARRIER, SOLID 4X4 OR EQUIVALENT, EXTENDED WEAR, WITH BUILT-IN CONVEXITY, EACH	Yes
L7364	CPT/HCPCS	TWELVE VOLT BATTERY, EACH	Yes
L3100	CPT/HCPCS	HALLUS-VALGUS NIGHT DYNAMIC SPLINT, PREFABRICATED, OFF-THE-SHELF	Yes
L5724	CPT/HCPCS	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING PHASE CONTROL	Yes
L2050	CPT/HCPCS	HIP-KNEE-ANKLE-FOOT ORTHOSES,TORSION CONTROL,BILATERAL TORSION CABLES,HIP JOINT,PELVIC BAND/BELT,CUSTOM FABRICATION	Yes
L1840	CPT/HCPCS	KO,DEROTATION,MEDIAL-LATERAL,ANTERIOR CRUCIATE LIGAMENT, CUSTOM FABRICATED	Yes
L2360	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, EXTENDED STEEL SHANK	Yes
L6883	CPT/HCPCS	REPLACEMENT SOCKET, BELOW ELBOW/WRIST DISARTICULATION, MOLDED TO PATIENT MODEL, FOR USE WITH OR WITHOUT EXTERNAL POWER	Yes
L1700	CPT/HCPCS	LEGG PERTHES ORTHOSIS, TORONTO TYPE, CUSTOM FABRICATED	Yes
L5590	CPT/HCPCS	PREPARATORY, ABOVE KNEE - KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, "USMC" OR EQUAL PYLON NO COVER, SACH FOOT, LAMINA	Yes
L3995	CPT/HCPCS	ADDITION TO UPPER EXTREMITY ORTHOSIS, SOCK, FRACTURE OR EQUAL, EACH	Yes
L5670	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, BELOW KNEE, MOLDED SUPRACONDYLAR SUSPENSION (' PTS' OR SIMILAR)	Yes
L0700	CPT/HCPCS	CERVICAL-THORACIC-LUMBAR-SACRAL-ORTHOSES (CTL SO), ANTERIOR-POSTERIOR-LATERAL CONTROL, MOLDED TO PATIENT MODEL, (MINERVA	Yes
L3720	CPT/HCPCS	ELBOW ORTHOSIS (EO), DOUBLE UPRIGHT WITH FOREARM/ ARM CUFFS, FREE MOTION	Yes
L7191	CPT/HCPCS	ELECTRONIC ELBOW, CHILD, VARIETY VILLAGE OR EQUAL, MYOELECTRONICALLY CONTROLLED	Yes

L2128	CPT/HCPCS	KAFO,FRACTURE ORTHOSIS,FEMORAL FRACTURE CAST ORTHOSIS,CUSTOMFABRICATED	Yes
A4313	CPT/HCPCS	INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, THREE-WAY, FOR CONTINUOUS IRRIGATION	Yes
L1685	CPT/HCPCS	HO,ABDUCTION CONTROL OF HIP JOINT,POST-OPERATIVE HIP ABDUCTION TYPE,CUSTOM FABRICATED	Yes
L3956	CPT/HCPCS	ADDITION OF JOINT OT UPPER EXTREMITY ORTHOSIS ANY MATERIAL PER JOINT	Yes
L2230	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, SPLIT FLAT CALIPER STIRRUPS AND PLATE ATTACHMENT	Yes
L5711	CPT/HCPCS	ADDITIONS EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK, ULTRA-LIGHT MATERIAL	Yes
L2220	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, DORSIFLEXION AND PLANTAR FLEXION ASSIST/RESIST, EACH JOINT	Yes
L3984	CPT/HCPCS	UPPER EXTREMITY FRACTURE ORTHOSIS, WRIST	Yes
A4418	CPT/HCPCS	OSTOMY POUCH, CLOSED; WITHOUT BARRIER ATTACHED, WITH FILTER (1 PIECE), EACH	Yes
L3913	CPT/HCPCS	HAND FINGER ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes
L0628	CPT/HCPCS	LUMBAR-SACRAL ORTHOSIS, FLEXIBLE, PROVIDES LUMBO-SACRAL SUPPORT, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9	Yes
L7259	CPT/HCPCS	ELECTRONIC WRIST ROTATOR, ANY TYPE	Yes
L6386	CPT/HCPCS	IMMEDIATE POST SURGICAL OR EARLY FITTING, EACH ADDITIONAL CAST CHANGE AND REALIGNMENT	Yes
L5968	CPT/HCPCS	ALL LOWER EXTREMITY PROSTHESIS, ANKLE, MULTIAXIAL SHOCK ABSORBING SYSTEM	Yes
L0861	CPT/HCPCS	ADDITION TO HALO PROCEDURE, REPLACEMENT LINER/INTERFACE MATERIAL	Yes
L6380	CPT/HCPCS	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING, INCLUDING FITTING ALIGNMENT AND	Yes
L6670	CPT/HCPCS	UPPER EXTREMITY ADDITION, HOOK TO HAND, CABLE ADAPTER	Yes
L5683	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FFABRICATED SOCKET INSERT FOR OTHER THAN CONGENITAL OR ATYPIC	Yes
L3002	CPT/HCPCS	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, PLASTAZOTE OR EQUAL, EACH	Yes
L5716	CPT/HCPCS	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, MECHANICAL STANCE PHASE LOCK	Yes
L4050	CPT/HCPCS	REPLACE MOLDED CALF LACER, FOR CUSTOM FABRICATED ORTHOSIS ONLY	Yes
L2037	CPT/HCPCS	KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, SINGLE UPRIGHT, FREE KNEE, WITH OR WITHOUT FREE MOTION ANKLE CUTOM FABRICATED	Yes
L1830	CPT/HCPCS	KNEE ORTHOSIS, IMMOBILIZER, CANVAS LONGITUDINAL, PREFABRICATED, OFF-THE-SHELF	Yes
L6625	CPT/HCPCS	UPPER EXTREMITY ADDITION, ROTATION WRIST UNIT WITH CABLE LOCK	Yes
L3610	CPT/HCPCS	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, CALIPER PLATE, NEW	Yes
L6940	CPT/HCPCS	ELBOW DISARTICULATION, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE HUMERAL SHELL, OUTSIDE LOCKING HINGES, FOREARM, OT	Yes
L3960	CPT/HCPCS	SHOULDER-ELBOW-WRIST-HAND ORTHOSIS (SEWHO), ABDUCTION POSITIONING, AIRPLANE DESIGN	Yes
L5220	CPT/HCPCS	ABOVE KNEE, SHORT PROSTHESIS, NO KNEE JOINT ("STUBBIES"), WITH ARTICULATED ANKLE/ FOOT, DYNAMICALLY ALIGNED, EACH	Yes
L4045	CPT/HCPCS	REPLACE NON-MOLDED THIGH LACER, FOR CUSTOM FABRICATED ORTHOSIS ONLY	Yes
L2375	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, TORSION CONTROL, ANKLE JOINT AND HALF SOLID STIRRUP	Yes
L5645	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, BELOW KNEE, FLEXIBLE INNER SOCKET, EXTERNAL FRAME	Yes
L5982	CPT/HCPCS	ALL EXOSKELETAL LOWER EXTREMITY PROSTHESES, AXIAL ROTATION UNIT	Yes
L6689	CPT/HCPCS	UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, SHOULDER DISARTICULATION	Yes

L6715	CPT/HCPCS	TERMINAL DEVICE, MULTIPLE ARTICULATING DIGIT, INCLUDES MOTOR(S), INITIAL ISSUE OR REPLACEMENT	Yes
L5647	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, BELOW KNEE SUCTION SOCKET	Yes
L3455	CPT/HCPCS	HEEL, NEW LEATHER, STANDARD	Yes
L5000	CPT/HCPCS	PARTIAL FOOT, SHOE INSERT WITH LONGITUDINAL ARCH, TOE FILLER	Yes
L6382	CPT/HCPCS	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING INCLUDING FITTING ALIGNMENT AND S	Yes
A4321	CPT/HCPCS	THERAPEUTIC AGENT FOR URINARY CATHETER IRRIGATION	Yes
L3500	CPT/HCPCS	MISCELLANEOUS SHOE ADDITION, INSOLE, LEATHER	Yes
A4395	CPT/HCPCS	OSTOMY DEODORANT FOR USE IN OSTOMY POUCH, SOLID, PER TABLET	Yes
L2210	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, DORSIFLEXION ASSIST (PLANTAR FLEXION RESIST), EACH JOINT	Yes
A4430	CPT/HCPCS	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY WITH FAUCET-TYPE TAP WITH VALVE, EACH	Yes
L5668	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, BELOW KNEE, MOLDED DISTAL CUSHION	Yes
A4434	CPT/HCPCS	OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FAUCET-TYPE TAP WITH VALVE, 2 PC EACH	Yes
L0978	CPT/HCPCS	AXILLARY CRUTCH EXTENSION	Yes
L5822	CPT/HCPCS	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC SWING, FRICTION STANCE PHASE CONTROL	Yes
A4338	CPT/HCPCS	INDWELLING CATHETER; FOLEY TYPE, TWO-WAY LATEX WITH COATING (TEFLON, SILICONE, SILICONE ELASTOMER, OR HYDROPHIL	Yes
L7400	CPT/HCPCS	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/WRIST DISARTICULATION, ULTRALIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	Yes
L6100	CPT/HCPCS	BELOW ELBOW, MOLDED SOCKET, FLEXIBLE ELBOW HINGE, TRICEPS PAD	Yes
L2275	CPT/HCPCS	ADDITION TO LOWER EXTREMITY;VARUS/VULGUS CORRECTION, PLASTIC MODIFICATION, PADDED/LINED	Yes
L3020	CPT/HCPCS	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, LONGITUDINAL/METATARSAL SUPPORT, EACH	Yes
L3982	CPT/HCPCS	UPPER EXTREMITY FRACTURE ORTHOSIS, RADIUS/ ULNAR	Yes
L8692	CPT/HCPCS	AUDITORY OSSEOINTEGRATED DEVICE, EXTERNAL SOUND PROCESSOR, USED WITHOUT OSSEOINTEGRATION, BODY WORN, INCLUDES	Yes
L5648	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, AIR, FLUID, GEL OR EQUAL, CUSHION	Yes
L3590	CPT/HCPCS	MISCELLANEOUS SHOE ADDITION, CONVERT FIRM SHOE COUNTER TO SOFT COUNTER	Yes
L2526	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, ISCHIAL CONTAINMENT/NARROW M-L BRIM, CUSTOM FITTED	Yes
L7499	CPT/HCPCS	UNLISTED PROCEDURES FOR UPPER EXTREMITY PROSTHESIS	Yes
L3891	CPT/HCPCS	ADDITION TO UPPER EXTREMITY JOINT, WRIST OR ELBOW, CONCENTRIC ADJUSTABLE TORSION STYLE MECHANISM FOR CUSTOM FABRICATED O	Yes
L3916	CPT/HCPCS	WRIST HAND ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, PREFABRICATED, OFF-THE+	Yes
L3530	CPT/HCPCS	MISCELLANEOUS SHOE ADDITION, SOLE, HALF	Yes
L6697	CPT/HCPCS	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, CUSTOM FABRICATED SOCKET INSERT FOR OTHER THAN CONGEN	Yes
L7185	CPT/HCPCS	ELECTRONIC ELBOW, ADOLESCENT, VARIETY VILLAGE OR EQUAL, SWITCH CONTROLLED	Yes
L6586	CPT/HCPCS	PREPARATORY, ELBOW DISARTICULATION OR ABOVE ELBOW, SINGLE WALL SOCKET, FRICTION WRIST, LOCKING ELBOW, FIGURE OF E	Yes
L0976	CPT/HCPCS	LUMBAR-SACRAL-ORTHOSSES, FULL CORSET	Yes
L6650	CPT/HCPCS	UPPER EXTREMITY ADDITION, SHOULDER UNIVERSAL JOINT, EACH	Yes
L5100	CPT/HCPCS	BELOW KNEE, MOLDED SOCKET, SHIN, SACH FOOT	Yes
L5859	CPT/HCPCS	ADDITION TO LOWER EXTREMITY PROSTHESIS,ENDOSKELETAL KNEE-SHIN SYSTEM,POWERED/PROGRAMMABLE FLEXION/EXTENSION ASSIST CONTR	Yes
L6682	CPT/HCPCS	UPPER EXTREMITY ADDITION, TEST SOCKET, ELBOW DISARTICULATION OR ABOVE ELBOW	Yes

L1950	CPT/HCPCS	ANKLE FOOT ORTHOSIS, SPIRAL, (INSTITUTE OF REHABILITATIVE MEDICINE TYPE),	Yes
L0635	CPT/HCPCS	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, LUMBAR FLEXION, RIGID POSTERIOR FRAME/PANEL(S), LATERAL ARTICULATING	Yes
L3253	CPT/HCPCS	FOOT, MOLDED SHOE PLASTAZOTE (OR SIMILAR) CUSTOM FITTED, EACH	Yes
L5925	CPT/HCPCS	ADDITION ENDOSKELETAL SYSTEM MANUAL	Yes
A4383	CPT/HCPCS	OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, RUBBER, EACH	Yes
L3332	CPT/HCPCS	LIFT, ELEVATION, INSIDE SHOE, TAPERED, UP TO ONE-HALF INCH	Yes
L4040	CPT/HCPCS	REPLACE MOLDED THIGH LACER, FOR CUSTOM FABRICATED ORTHOSIS ONLY	Yes
L5700	CPT/HCPCS	REPLACEMENT, SOCKET, BELOW KNEE, MOLDED TO PATIENT MODEL	Yes
L3977	CPT/HCPCS	SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS, SHOULDER CAP DESIGN, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT	Yes
L5642	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, LEATHER SOCKET	Yes
L6885	CPT/HCPCS	REPLACEMENT SOCKET, SHOULDER DISARTICULATION/INTERSCAPULAR THORACIC, MOLDED TO PATIENT MODEL, FOR USE WITH OR WITHOUT EXTERNAL POWER	Yes
L8500	CPT/HCPCS	ARTIFICIAL LARYNX, ANY TYPE	Yes
L8002	CPT/HCPCS	BREAST PROSTHESIS, MASTECTOMY BRA, WITH INTEGRATED BREAST PROSTHESIS FORM	Yes
L1930	CPT/HCPCS	ANKLE-FOOT ORTHOSES, PLASTIC, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes
L6895	CPT/HCPCS	ADDITION TO UPPER EXTREMITY PROSTHESIS, GLOVE FOR TERMINAL DEVICE, ANY MATERIAL, CUSTOM FABRICATED	Yes
L1320	CPT/HCPCS	THORACIC, PECTUS CARINATUM ORTHOSIS, STERNAL COMPRESSION, RIGID CIRCUMFERENTIAL FRAME WITH ANTERIOR AND POSTERIOR RIGID	Yes
L5783	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, USER ADJUSTABLE, MECHANICAL, RESIDUAL LIMB VOLUME MANAGEMENT SYSTEM	Yes
L5841	CPT/HCPCS	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, PNEUMATIC SWING, AND STANCE PHASE CONTROL	Yes
K1018	CPT/HCPCS	EXTERNAL UPPER LIMB TREMOR STIMULATOR OF THE PERIPHERAL NERVES OF THE WRIST	Yes
K1020	CPT/HCPCS	NON-INVASIVE VAGUS NERVE STIMULATOR	Yes
K1016	CPT/HCPCS	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATOR FOR ELECTRICAL STIMULATION OF THE TRIGEMINAL NERVE	Yes
E0733	CPT/HCPCS	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATOR FOR ELECTRICAL STIMULATION OF THE TRIGEMINAL NERVE	Yes
L1681	CPT/HCPCS	HIP ORTHOSIS (HO), BILATERAL HIP JOINTS AND THIGH CUFFS, ADJUSTABLE FLEXION, EXTENSION, ABDUCTION CONTROL OF HIP JOINT,	Yes
L5991	CPT/HCPCS	ADDITION TO LOWER EXTREMITY PROSTHESES, OSSEOINTEGRATED EXTERNAL PROSTHETIC CONNECTOR	Yes
L8702	CPT/HCPCS	POWERED UPPER EXTREMITY RANGE OF MOTION ASSIST DEVICE, ELBOW, WRIST, HAND, FINGER, SINGLE OR DOUBLE UPRIGHT(S), INCLUDES	Yes
L8701	CPT/HCPCS	POWERED UPPER EXTREMITY RANGE OF MOTION ASSIST DEVICE, ELBOW, WRIST, HAND WITH SINGLE OR DOUBLE UPRIGHT(S), INCLUDES MIC	Yes
A4540	CPT/HCPCS	DISTAL TRANSCUTANEOUS ELECTRICAL NERVE STIMULATOR, STIMULATES PERIPHERAL NERVES OF THE UPPER ARM	Yes
L3761	CPT/HCPCS	ELBOW ORTHOSIS (EO), WITH ADJUSTABLE POSITION LOCKING JOINT(S), PREFABRICATED, OFF-THE-SHELF	Yes
L8720	CPT/HCPCS	EXTERNAL LOWER EXTREMITY SENSORY PROSTHETIC, CUTANEOUS STIMULATION OF MECHANORECEPTORS PROXIMAL TO THE ANKLE, PER LEG	Yes
L5615	CPT/HCPCS	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, 4 BAR LINKAGE OR MULTIAXIAL, FLUID SWING AND STANCE PHASE CONTROL	Yes
C9807	CPT/HCPCS	NERVE STIMULATOR, PERCUTANEOUS, PERIPHERAL (E.G., SPRINT PERIPHERAL NERVE STIMULATION SYSTEM), INCLUDING ELECTRODE AND A	Yes
L8619	CPT/HCPCS	COCHLEAR IMPLANT EXTERNAL SPEECH PROCESSOR REPLACEMENT	Yes
L8033	CPT/HCPCS	NIPPLE PROSTHESIS, CUSTOM FABRICATED, REUSABLE, ANY MATERIAL, ANY TYPE, EACH	Yes

L2006	CPT/HCPCS	KNEE ANKLE FOOT DEVICE, ANY MATERIAL, SINGLE OR DOUBLE UPRIGHT, SWING AND/OR STANCE PHASE MICROPROCESSOR CONTROL WITH AD	Yes
L6200	CPT/HCPCS	ELBOW DISARTICULATION, MOLDED SOCKET, OUTSIDE LOCKING HINGE, FOREARM	Yes
L0626	CPT/HCPCS	LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH RIGID POSTERIOR	Yes
L6623	CPT/HCPCS	UPPER EXTREMITY ADDITION, SPRING ASSISTED ROTATIONAL WRIST UNIT WITH LATCH RELEASE	Yes
A4310	CPT/HCPCS	INSERTION TRAY WITHOUT DRAINAGE BAG AND WITHOUT CATHETER (ACCESSORIES ONLY)	Yes
L7401	CPT/HCPCS	ADDITION TO UPPER EXTREMITY PROSTHESIS, ABOVE ELBOW DISARTICULATION, ULTRALIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	Yes
L5705	CPT/HCPCS	REPLACEMENT,CUSTOM SHAPED PROTECTIVE COVER ABOVE KNEE	Yes
L3214	CPT/HCPCS	BENESCH BOOT, PAIR, JUNIOR	Yes
A4425	CPT/HCPCS	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH NON-LOCKINGFLANGE, WITH FILTER (2 PIECE SYSTEM), EACH	Yes
L7008	CPT/HCPCS	ELECTRIC HAND, SWITCH OR MYOELECTRIC CONTROLLED, PEDIATRIC	Yes
A4327	CPT/HCPCS	FEMALE EXTERNAL URINARY COLLECTION DEVICE; MEATAL CUP, EACH	Yes
A4406	CPT/HCPCS	OSTOMY SKIN BARRIER, PECTIN-BASED, PASTE, PER OUNCE	Yes
A4427	CPT/HCPCS	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FILTER (2 PIECE SYSTEM), EACH	Yes
L3040	CPT/HCPCS	FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED, LONGITUDINAL, EACH	Yes
L3211	CPT/HCPCS	SURGICAL BOOT, EACH, JUNIOR	Yes
L8460	CPT/HCPCS	PROSTHETIC SHRINKER, ABOVE KNEE, EACH	Yes
L5280	CPT/HCPCS	HEMIPELVECTOMY, CANADIAN TYPE; MOLDED SOCKET, HIP JOINT, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN, SACH FOOT	Yes
L8417	CPT/HCPCS	PROSTHETIC SHEATH SOCK INCLUDING A GEL CUSHION LAYER BELOW KNEE OR ABOVE KNEE EACH	Yes
A4368	CPT/HCPCS	OSTOMY FILTER ANY TYPE EACH	Yes
L6205	CPT/HCPCS	ELBOW DISARTICULATION, MOLDED SOCKET WITH EXPANDABLE INTERFACE, OUTSIDE LOCKING HINGES, FOREARM	Yes
L2395	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, OFFSET KNEE JOINT, HEAVY DUTY, EACH JOINT	Yes
L1070	CPT/HCPCS	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSES, TRAPEZE SLING	Yes
L3762	CPT/HCPCS	ELBOW ORTHOSIS, RIGID, WITHOUT JOINTS, INCLUDES SOFT INTERFACE MATERIAL, PREFABRICATED, OFF-THE-SHELF	Yes
L1610	CPT/HCPCS	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, FLEXIBLE, (FREJKA COVER ONLY), PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR O+	Yes
L2190	CPT/HCPCS	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, WAIST BELT	Yes
L1290	CPT/HCPCS	ADDITION TO TLSO (LOW PROFILE), LATERAL TROCHANTERIC PAD	Yes
L6500	CPT/HCPCS	ABOVE ELBOW, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING	Yes
L6630	CPT/HCPCS	UPPER EXTREMITY ADDITION, STAINLESS STEEL, ANY WRIST	Yes
L6624	CPT/HCPCS	UPPER EXTREMITY ADDITION, FLEXION/EXTENSION AND ROTATION WRIST UNIT	Yes
L1110	CPT/HCPCS	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSES, RING FLANGE, PLASTIC OR LEATHER, MOLDED TO PATIENT MODEL	Yes
L5535	CPT/HCPCS	PREPARATORY, BELOW KNEE 'PTB' TYPE SOCKET, USMC OR EQUAL PYLON, NO COVER, SACH FOOT, PREFABRICATED, ADJUSTABLE OPEN	Yes
L0130	CPT/HCPCS	CERVICAL, FLEXIBLE, THERMOPLASTIC COLLAR, MOLDED TO PATIENT	Yes
L6384	CPT/HCPCS	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING INCLUDING FITTING ALIGNMENT AND S	Yes
L0160	CPT/HCPCS	CERVICAL, SEMI-RIGID, WIRE FRAME OCCIPITAL/MANDIBULAR SUPPORT, PREFABRICATED, OFF-THE-SHELF	Yes
L6905	CPT/HCPCS	HAND RESTORATION (CASTS, SHADING AND MEASUREMENTS INCLUDED), PARTIAL HAND, WITH GLOVE, MULTIPLE FINGERS REMAINING	Yes
L8020	CPT/HCPCS	BREAST PROSTHESIS, MASTECTOMY FORM	Yes
L0630	CPT/HCPCS	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID POSTERIOR PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, PRODUCES INT+	Yes
L5855	CPT/HCPCS	ADD HIP DISARTICULATION, MECHANICAL HIP EXTENSION ASSIST	Yes
L2270	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, VARUS/VALGUS CORRECTION ("T") STRAP, PADDED/LINED OR MALLEOLUS PAD	Yes

L3221	CPT/HCPCS	ORTHOPEDIC FOOTWEAR, MENS SHOE, DEPTH INLAY, EACH	Yes
L6310	CPT/HCPCS	SHOULDER DISARTICULATION, PASSIVE RESTORATION (COMPLETE PROSTHESIS)	Yes
L1833	CPT/HCPCS	KNEE ORTHOSIS, ADJUSTABLE KNEE JOINTS (UNICENTRIC OR POLYCENTRIC), POSITIONAL ORTHOSIS, RIGID SUPPORT, PREFABRICATED, OF	Yes
L5653	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, KNEE DISARTICULATION, EXPANDABLE WALL SOCKET	Yes
L5973	CPT/HCPCS	ENDOSKELETAL ANKLE FOOT SYSTEM, MICROPROCESSOR CONTROLLED FEATURE, DORSIFLEXION AND/OR PLANTAR FLEXION CONTROL, INCL POWER SOURCE	Yes
L2861	CPT/HCPCS	ADDITION TO LOWER EXTREMITY JOINT, KNEE OR ANKLE, CONCENTRIC ADJUSTABLE TORSION STYLE MECHANISM FOR CUSTOM FABRICATED OR	Yes
L8045	CPT/HCPCS	AURICULAR PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	Yes
L5962	CPT/HCPCS	ADDITION, ENDOSKETETAL SYSTEM, BELOW KNEE, FLEXIBLE PROTECTIVE OUTER SURFACE COVERING SYSTEM	Yes
L8310	CPT/HCPCS	TRUSS, DOUBLE WITH STANDARD PADS	Yes
L5980	CPT/HCPCS	ALL LOWER EXTREMITY PROSTHESES, FLEX FOOT SYSTEM	Yes
L3923	CPT/HCPCS	HAND FINGER ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHER+	Yes
L5673	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED FROM EXISTING MOLD OR PREFABRICATED, SOCKET INSERT	Yes
L3031	CPT/HCPCS	FOOT, INSERT/PLATE, REMOVABLE, ADDITION TO LOWER EXTREMITY ORTHOSIS, HIGH STRENGTH, LIGHTWEIGHT MATERIAL, ALL HYBRID L	Yes
A4320	CPT/HCPCS	IRRIGATION TRAY FOR BLADDER IRRIGATION WITH BULB OR PISTON SYRINGE	Yes
L5696	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, PELVIC JOINT	Yes
L8320	CPT/HCPCS	TRUSS, ADDITION TO STANDARD PAD, WATER PAD	Yes
L2240	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, ROUND CALIPER AND PLATE ATTACHMENT	Yes
L1710	CPT/HCPCS	LEGG PERTHES ORTHOSIS, NEWINGTON TYPE,CUSTOM FABRICATED	Yes
L5632	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, SYMES TYPE, "PTB" BRIM DESIGN SOCKET	Yes
L5975	CPT/HCPCS	ALL LOWER EXTREMITY PROSTHESIS, COMBINATION SINGLE AXIS ANKLE AND FLEXIBLE KEEL FOOT	Yes
A4385	CPT/HCPCS	OSTOMY SKIN BARRIER, SOLID 4*4 OR EQUIVALENT, EXTENDED WEAR,WITHOUT BUILT-IN CONVEXITY, EACH	Yes
L3510	CPT/HCPCS	MISCELLANEOUS SHOE ADDITION, INSOLE, RUBBER	Yes
L3206	CPT/HCPCS	ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, CHILD	Yes
A4357	CPT/HCPCS	BEDSIDE DRAINAGE BAG, DAY OR NIGHT, WITH OR WITHOUT ANTI REFLUX DEVICE, WITH OR WITHOUT TUBE	Yes
L8623	CPT/HCPCS	LITHIUM ION BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE SPEECH PROCESSOR, OTHER THAN EAR LEVEL, REPLACEMENT, EACH	Yes
L1270	CPT/HCPCS	ADDITION TO TLSO (LOW PROFILE), ABDOMINAL PAD	Yes
L1900	CPT/HCPCS	ANKLE-FOOT ORTHOSES(AFO),SPRING WIRE,DORSIFLEXION ASSIST CALF BAND,CUSTOM FABRICATED	Yes
L2800	CPT/HCPCS	ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, KNEE CAP, MEDIAL OR LATERAL PULL, FOUR USE WITH CUSTOM FABRICATED ORTHOSIS ONLY	Yes
L4387	CPT/HCPCS	WALKING BOOT, NON-PNEUMATIC, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE MATERIAL, PREFABRICATED, OFF-THE-SHELF	Yes
L3935	CPT/HCPCS	FINGER ORTHOSIS, NONTORSION JOINT, MAY INCLUDE SOFT INTERFACE, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes
A4332	CPT/HCPCS	LUBRICANT, INDIVIDUAL STERILE PACKET, EACH	Yes
L4350	CPT/HCPCS	ANKLE CONTROL ORTHOSIS, STIRRUP STYLE, RIGID, INCLUDES ANY TYPE INTERFACE	Yes
L5950	CPT/HCPCS	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	Yes
A4420	CPT/HCPCS	OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH LOCKING FLANGE(2 PIECE), EACH	Yes
L8041	CPT/HCPCS	MIDFACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	Yes
A4377	CPT/HCPCS	OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, PLSATIC, EACH	Yes

L6570	CPT/HCPCS	INTERSCAPULAR THORACIC, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING	Yes
L5706	CPT/HCPCS	REPLACEMENT CUSTOM SHAPED PROTECTIVE COVER KNEE DISARTICULATION	Yes
L3252	CPT/HCPCS	FOOT, SHOE MOLDED TO PATIENT MODEL, PLASTAZOTE (OR SIMILAR), CUSTOM FABRICATED, EACH	Yes
A4336	CPT/HCPCS	INCONTINENCE SUPPLY, URETHRAL INSERT, ANY TYPE, EACH	Yes
L6638	CPT/HCPCS	UPPER EXTREMITY ADDITION TO PROSTHESIS, ELECTRIC LOCKING FEATURE, ONLY FOR USE WITH MANUALLY POWERED ELBOW	Yes
L1960	CPT/HCPCS	ANKLE-FOOT ORTHOSES, POSTERIOR SOLID ANKLE, PLASTIC, CUSTOM FABRICATED	Yes
L0455	CPT/HCPCS	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, EXTENDS FROM SACROCOCCYGEAL JUNCTION TO ABOVE T-9 VERTEBRA, RESTRICTS GROSS TRUN	Yes
L3929	CPT/HCPCS	HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), TURNBUCKLES, ELASTIC BANDS/SPRINGS, MAY INCLUDE SOFT INTERFACE MATERIAL, STRAPS, PREF+	Yes
L2405	CPT/HCPCS	ADDITION TO KNEE JOINT, DROP LOCK, EACH	Yes
L5726	CPT/HCPCS	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, EXTERNAL JOINTS, FLUID SWING PHASE CONTROL	Yes
L1680	CPT/HCPCS	HIP ORTHOSES, ABDUCTION CONTROL OF HIP JOINTS, DYNAMIC, PELVIC CONTROL, ADJUSTABLE HIP MOTION CONTROL, THIGH CUFFS, CUST. FAB.	Yes
L2330	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, LACER MOLDED TO PATIENT MODEL, FOR CUSTOM FABRICATED ORTHOSIS ONLY	Yes
L2370	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, PATTEN BOTTOM	Yes
L2108	CPT/HCPCS	AFO, FRACTURE ORTHOSIS, TIBIAL FRACTURE CAST ORTHOSIS, CUSTOM FABRICATED	Yes
A4393	CPT/HCPCS	OSTOMY POUCH, URINARY, WITH EXTENDED WAER BARRIER ATTACHED, WITH BUILT-IN CONVEXITY, EACH	Yes
A4414	CPT/HCPCS	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDI WITHOUT > 4X4	Yes
L0625	CPT/HCPCS	LUMBAR ORTHOSIS, FLEXIBLE, PROVIDES LUMBAR SUPPORT, POSTERIOR EXTENDS FROM L-1 TO BELOW L-5 VERTEBRA, PRODUCES INTRACAV	Yes
L5728	CPT/HCPCS	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING AND STANCE PHASE CONTROL	Yes
L3254	CPT/HCPCS	ORTHOPEDIC FOOTWEAR, NON-STANDARD SIZE OR WIDTH	Yes
L8000	CPT/HCPCS	BREAST PROSTHESIS, MASTECTOMY BRA, WITHOUT INTEGRATED BREAST PROSTHESIS FORM	Yes
L3212	CPT/HCPCS	BENESCH BOOT, PAIR, INFANT	Yes
L3980	CPT/HCPCS	UPPER EXTREMITY FRACTURE ORTHOSIS, HUMERAL	Yes
A4354	CPT/HCPCS	INSERTION TRAY WITH DRAINAGE BAG BUT WITHOUT CATHETER	Yes
L2660	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, THORACIC CONTROL, THORACIC BAND	Yes
L5824	CPT/HCPCS	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING PHASE CONTROL	Yes
L6010	CPT/HCPCS	PARTIAL HAND, ROBIN-AIDS, LITTLE AND/OR RING FINGER REMAINING (OR EQUAL)	Yes
L5520	CPT/HCPCS	PREPARATORY, BELOW KNEE, "PTB" TYPE SOCKET, "USMC" OR EQUAL PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQUAL, DIRECT	Yes
A4326	CPT/HCPCS	MALE EXTERNAL CATHETER WITH INTEGRAL COLLECTION CHAMBER, ANY TYPE, EACH	Yes
L3470	CPT/HCPCS	HEEL, THOMAS EXTENDED TO BALL	Yes
L1907	CPT/HCPCS	ANKLE ORTHOSIS, SUPRAMALLEOLAR WITH STRAPS, WITH OR WITHOUT INTERFACE/PADS, CUSTOM FABRICATED	Yes
L7600	CPT/HCPCS	PROSTHETIC DONNING SLEEVE, ANY MATERIAL, EACH	Yes
L0484	CPT/HCPCS	TLSO, TRIPLANAR CONTROL, TWO PIECE RIGID PLASTIC SHELL WITH INTERFACE LINER, WITH MULTIPLE STRAPS AND CLOSURES POSTERIOR	Yes
L3310	CPT/HCPCS	LIFT, ELEVATION, HEEL AND SOLE, NEOPRENE, PER INCH	Yes
L5856	CPT/HCPCS	ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL KNEE- SHIN SYSTEM, MICROPROCESSOR CONTROL FEATURE, SWING AND STANC	Yes
L8680	CPT/HCPCS	IMPLANTABLE NEUROSTIMULATOR ELECTRODE, EACH	Yes
L1660	CPT/HCPCS	HIP ORTHOSES, ABDUCTION CONTROL OF HIP JOINTS, STATIC, PLASTIC PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes

L0469	CPT/HCPCS	TLSO, SAGITTAL-CORONAL CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR APRON WITH STRAPS, CLOSURES AND PADDING	Yes
L1810	CPT/HCPCS	KNEE ORTHOSES, ELASTIC WITH JOINTS,PREFABRICATED,INCLUDES FITTING AND ADJUSTMENTS	Yes
L3003	CPT/HCPCS	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, SILICONE GEL, EACH	Yes
L2134	CPT/HCPCS	KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, SEMI-RIDID,PREFABRICATED,INCLUDES FITTING AND ADJUSTMENT	Yes
L5600	CPT/HCPCS	PREPARATORY, HIP DISARTICULATION-HEMIPELVECTMY, PYLON, NO COVER, SACH FOOT, LAMINATED SOCKET, MOLDED TO PATIENT MODEL	Yes
L5230	CPT/HCPCS	ABOVE KNEE, FOR PROXIMAL FEMORAL FOCAL DEFICIENCY, CONSTANT FRICTION KNEE, SHIN, SACH FOOT	Yes
L6696	CPT/HCPCS	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, CUSTOM FABRICATED SOCKET INSERT FOR CONGENITAL OR ATY	Yes
L2492	CPT/HCPCS	ADDITION TO KNEE JOINT, LIFT LOOP FOR DROP LOCK RING	Yes
L8600	CPT/HCPCS	IMPLANTABLE BREAST PROSTHESIS, SILICONE OR EQUAL	Yes
L5585	CPT/HCPCS	PREPARATORY, ABOVE KNEE - KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, `USMC' OR EQUAL PYLON, NO COVER, SACH FOOT, PREFAB	Yes
L1834	CPT/HCPCS	KO,WITHOUT KNEE JOINT,RIGID,CUSTOM FABRICATED	Yes
L5530	CPT/HCPCS	PREPARATORY, BELOW KNEE "PTB" TYPE SOCKET, "USMC" OR EQUAL PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQUAL, MOLDED	Yes
L5400	CPT/HCPCS	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING, INCLUDING FITTING, ALIGNMENT, SU	Yes
L3806	CPT/HCPCS	'WRIST HAND FINGER ORTHOSIS, INCL 1 OR MORE NONTORSION JOINT(S), TURNBUCKLES, ELASTIC BANDS/SPRINGS, MAY INCL SOFT INTERFACE MATL, STRAPS, CUSTOM FAB+	Yes
L5930	CPT/HCPCS	ADDITION ENDOSKELETAL SYSTEM HIGH ACTIVITY KNEE CONTROL FRAME	Yes
L2040	CPT/HCPCS	HIP-KNEE-ANKLE-FOOT ORTHOSIS(HKAFO)TORSION CONTROL,BILATERALROTATION STRAPS,PELVIC BAND/BELT,CUSTOM FABRICATED	Yes
L5712	CPT/HCPCS	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FRICTION SWING AND STANCE PHASE CONTROL (SAFETY KNEE)	Yes
L3219	CPT/HCPCS	ORTHOPEDIC FOOTWEAR, MENS SHOE, OXFORD, EACH	Yes
L8410	CPT/HCPCS	PROSTHETIC SHEATH, ABOVE KNEE, EACH	Yes
L2622	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, ADJUSTABLE FLEXION, EACH	Yes
L8694	CPT/HCPCS	AUDITORY OSSEOINTEGRATED DEVICE, TRANSDUCER/ACTUATOR, REPLACEMENT ONLY, EACH	Yes
L8691	CPT/HCPCS	AUDITORY OSSEOINTEGRATED DEVICE, EXTERNAL SOUND PROCESSOR, EXCLUDES TRANSDUCER/ACTUATOR, REPLACEMENT ONLY, EACH	Yes
L6032	CPT/HCPCS	ADDITION TO UPPER EXTREMITY PROSTHESIS, PARTIAL HAND INCLUDING FINGERS, ULTRALIGHT MATERIAL (TITANIUM, CARBON FIBER OR E	Yes
L1952	CPT/HCPCS	ANKLE FOOT ORTHOSIS, SPIRAL, (INSTITUTE OF REHABILITATIVE MEDICINE TYPE), PLASTIC OR OTHER MATERIAL, PREFABRICATED, OFF-	Yes
L6033	CPT/HCPCS	ADDITION TO UPPER EXTREMITY PROSTHESIS, PARTIAL HAND INCLUDING FINGERS, ACRYLIC MATERIAL	Yes
L7406	CPT/HCPCS	ADDITION TO UPPER EXTREMITY, USER ADJUSTABLE, MECHANICAL, RESIDUAL LIMB VOLUME MANAGEMENT SYSTEM	Yes
L6029	CPT/HCPCS	UPPER EXTREMITY ADDITION, TEST SOCKET/INTERFACE, PARTIAL HAND INCLUDING FINGERS	Yes
L6700	CPT/HCPCS	UPPER EXTREMITY ADDITION, EXTERNAL POWERED FEATURELECTRONIC CONTROL MODULE, ADDITIONAL EMG INPUTS, PATTERN-RECOGNITION DECODING INTENT MOVEMENT	Yes
L6031	CPT/HCPCS	REPLACEMENT SOCKET/INTERFACE, PARTIAL HAND INCLUDING FINGERS, MOLDED TO PATIENT MODEL, FOR USE WITH OR WITHOUT EXTERNAL	Yes
L6028	CPT/HCPCS	PARTIAL HAND INCLUDING FINGERS, FLEXIBLE OR NON-FLEXIBLE INTERFACE, ENDOSKELETAL SYSTEM, MOLDED TO PATIENT MODEL, FOR US	Yes
L6030	CPT/HCPCS	UPPER EXTREMITY ADDITION, EXTERNAL FRAME, PARTIAL HAND INCLUDING FINGERS	Yes

L5827	CPT/HCPCS	ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, ELECTROMECHANICAL SWING AND STANCE PHASE CONTROL, WITH OR WITHOUT SHOCK ABSO	Yes
L1933	CPT/HCPCS	ANKLE FOOT ORTHOSIS, RIGID ANTERIOR TIBIAL SECTION, TOTAL CARBON FIBER OR EQUAL MATERIAL, PREFABRICATED, OFF-THE-SHELF	Yes
L0720	CPT/HCPCS	CERVICAL-THORACIC-LUMBAR-SACRAL-ORTHOSES (CTLSO), ANTERIOR-POSTERIOR-LATERAL CONTROL, PREFABRICATED ITEM THAT HAS BEEN T	Yes
L6037	CPT/HCPCS	IMMEDIATE POST-SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING, INCLUDING FITTING ALIGNMENT AND SUSPENS	Yes
S1015	CPT/HCPCS	IV TUBING EXTENSION SET.	Yes
E0782	CPT/HCPCS	INFUSION PUMP, IMPLANTABLE, NON-PROGRAMMABLE (INCLUDES ALL COMPONENTS, EG, PUMP, CATHETER, CONNECTORS, ETC)	Yes
E0776	CPT/HCPCS	IV POLE	Yes
E0786	CPT/HCPCS	IMPLANTABLE PROGRAMMABLE INFUSION PUMP, REPLACEMENT	Yes
E0781	CPT/HCPCS	AMBULATORY INFUSION PUMP WITH ADMINISTRATIVE EQUIPMENT, WORN BY PATIENT	Yes
E0779	CPT/HCPCS	AMBULATORY INFUSION PUMP, MECHANICAL, REUSABLE, FOR INFUSION8 HOURS OR GREATER	Yes
E0766	CPT/HCPCS	ELECTRICAL STIMULATION DEVICE USED FOR CANCER TREATMENT, INCLUDES ALL ACCESSORIES, ANY TYPE	Yes
E0780	CPT/HCPCS	AMBULATORY INFUSION PUMP, MECHANICAL, REUSABLE, FOR INFUSION LESS THAN 8 HOURS	Yes
S1016	CPT/HCPCS	NON-PVC (POLYVINYL CHLORIDE) INTRAVENOUS ADMINISTRATION SET, FOR USE WITH DRUGS THAT ARE NOT STABLE IN PVC E.G., PACLITAX	Yes
E0783	CPT/HCPCS	INFUSION PUMP, IMPLANTABLE PROGRAMMABLE	Yes
E0785	CPT/HCPCS	IMPLANTABLE INTRASPINAL(EPIDURAL/INRATHECAL) CATHETER USED WIMPLANTABLE INFUSION PUMP, REPLACEMENT	Yes
E0711	CPT/HCPCS	UPPER EXTREMITY MEDICAL TUBING/LINES ENCLOSURE OR COVERING DEVICE, RESTRICTS ELBOW RANGE OF MOTION	Yes
A4453	CPT/HCPCS	RECTAL CATHETER WITH OR WITHOUT BALLOON, FOR USE WITH ANY TYPE TRANSANAL IRRIGATION SYSTEM, EACH	Yes
K1013	CPT/HCPCS	ENEMA TUBE, WITH OR WITHOUT ADAPTER, ANY TYPE, RE PLACEMENT ONLY, EA	Yes
A6261	CPT/HCPCS	WOUND FILLER, GEL/PASTE, STERILE, PER FLUID OUNCE, NOT ELSEWHERE SPECIFIED	Yes
A6262	CPT/HCPCS	WOUND FILLER, DRY FORM, STERILE, PER GRAM, NOT ELSEWHERE SPECIFIED	Yes
A6266	CPT/HCPCS	GAUZE, IMPREGNATED, OTHER THAN WATER, NORMAL SALINE, OR ZINC PASTE, STERILE, ANY WIDTH, PER LINEAR YD	Yes
A6402	CPT/HCPCS	GAUZE NON IMPREGNATED STERILE PAD SIZE 16 SQ IN OR LESS WITHOUT ADHESIVE BORDER EACH DRESSING	Yes
A6508	CPT/HCPCS	COMPRESSION BURN GARMENT, FOOT TO THIGH LENGTH, CUSTOM FABRICATED	Yes
A6509	CPT/HCPCS	COMPRESSION BURN GARMENT, UPPER TRUNK TO WAIST INCLUDING ARMOPENINGS (VEST),	Yes
A6510	CPT/HCPCS	COMPRESSION BURN GARMENT, TRUNK, INCLUDING ARMS DOWN TO LEG OPENINGS (LEOTARD),	Yes
A6511	CPT/HCPCS	COMPRESSION BURN GARMENT, LOWER TRUNK INCLUDING LEG OPENINGS(PANTY), CUSTOM	Yes
A6530	CPT/HCPCS	GRADIENT COMPRESSION STOCKING, BELOW KNEE, 18-30 MMHG, EACH	Yes
K0108	CPT/HCPCS	OTHER ACCESSORIES	Yes
A6531	CPT/HCPCS	GRADIENT COMPRESSION STOCKING, BELOW KNEE,30-40 MMHG,USED AS A SURGICAL DRESSING, EACH	Yes
A6532	CPT/HCPCS	GRADIENT COMPRESSION STOCKING, BELOW KNEE,40-50 MMHG, USED AS A SURGICAL DRESSING, EACH	Yes
A6533	CPT/HCPCS	GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 18-30 MMHG, EACH	Yes
A6534	CPT/HCPCS	GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 30-40 MMHG, EACH	Yes
A6535	CPT/HCPCS	GRADIENT COMPRESSION STOCKING, THIGH LENGTH,40 MMHG,OR GREATER, EACH	Yes
A6403	CPT/HCPCS	GAUZE, NON IMPREGNATED STERILE PAD SIZE MORE THAN 16 SQ IN BUT LESS THAN OR EQUAL RO 48 SQ IN WITH OUT ADHESIVE BORDER	Yes

A6404	CPT/HCPCS	GAUZE NON IMPREGNATED STERILE PAD SIZE MORE THAN 48 SQ IN. BUT LESS THAN OR EQUAL TO 48 SQ WITHOUT ADHESIVE	Yes
A6537	CPT/HCPCS	GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE, 30-40 MMHG, EACH	Yes
A6539	CPT/HCPCS	GRADIENT COMPRESSION STOCKING, WAIST LENGTH, 18-30 MMHG, EACH	Yes
A6540	CPT/HCPCS	GRADIENT COMPRESSION STOCKING, WAIST LENGTH, 30-40 MMHG, EACH	Yes
A6541	CPT/HCPCS	GRADIENT COMPRESSION STOCKING, WAIST LENGTH, 40 MMHG, OR GREATER, EACH	Yes
A6549	CPT/HCPCS	GRADIENT COMPRESSION GARMENT, NOT OTHERWISE SPECIFIED, FOR DAYTIME USE, EACH	Yes
A6550	CPT/HCPCS	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES	Yes
A7000	CPT/HCPCS	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	Yes
A7003	CPT/HCPCS	ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, DISPOSABLE	Yes
A7004	CPT/HCPCS	SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, DISPOSABLE	Yes
A7005	CPT/HCPCS	ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, NON-DISPOSABLE	Yes
A7007	CPT/HCPCS	LARGE VOLUME NEBULIZER, DISPOSABLE, UNFILLED, USED WITH AEROSOL COMPRESSOR	Yes
A7010	CPT/HCPCS	CORRUGATED TUBING, DISPOSABLE, USED WITH LARGE VOLUME NEBULIZER, 100 FEET	Yes
A7012	CPT/HCPCS	WATER COLLECTION DEVICE, USED WITH LARGE VOLUME NEBULIZER	Yes
A7013	CPT/HCPCS	FILTER, DISPOSABLE, USED WITH AEROSOL COMPRESSOR	Yes
A7015	CPT/HCPCS	AEROSOL MASK, USED WITH DME NEBULIZER	Yes
A7016	CPT/HCPCS	DOME AND MOUTHPIECE, USED WITH SMALL VOLUME ULTRASONIC NEBULIZER	Yes
A7025	CPT/HCPCS	HIGH FREQUENCY CHEST WALL OSCILLATION SYSTEM VEST, REPLACEMENT FOR USE WITH PATIENT OWNED EQUIPMENT, EACH	Yes
A7026	CPT/HCPCS	HIGH FREQUENCY CHEST WALL OSCILLATION SYSTEM HOSE, REPLACEMENT FOR USE WITH PATIENT OWNED EQUIPMENT, EACH	Yes
A7029	CPT/HCPCS	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	Yes
A7032	CPT/HCPCS	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	Yes
A7033	CPT/HCPCS	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	Yes
A7034	CPT/HCPCS	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE POSITIVE AIRWAY PRESSURE	Yes
A7036	CPT/HCPCS	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	Yes
A7037	CPT/HCPCS	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	Yes
A7040	CPT/HCPCS	ONE WAY CHEST DRAIN VALVE	Yes
A7044	CPT/HCPCS	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	Yes
A7045	CPT/HCPCS	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	Yes
A7046	CPT/HCPCS	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH	Yes
A7047	CPT/HCPCS	ORAL INTERFACE USED WITH RESPIRATORY SUCTION PUMP, EACH	Yes
A7048	CPT/HCPCS	VACUUM DRAINAGE COLLECTION UNIT AND TUBING KIT, INCLUDING ALL SUPPLIES NEEDED FOR COLLECTION UNIT CHANGE, FOR USE WITH	Yes
A7504	CPT/HCPCS	FILTER FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM, EACH	Yes
A7505	CPT/HCPCS	HOUSING, REUSABLE WITHOUT ADHESIVE, FOR USE IN A HEAT AND MOISTURE EXCHANGE SYSTEM	Yes
A7507	CPT/HCPCS	FILTER HOLDER AND INTEGRATED FILTER WITHOUT ADHESIVE FOR USE IN A TRACHEOSTOMA MOISTURE EXCHANGE SYSTEM	Yes
A6407	CPT/HCPCS	PACKING STRIPS, NON-IMPREGNATED, STERILE, UP TO 2 INCHES IN WIDTH, PER LINEAR YD.	Yes
A6411	CPT/HCPCS	EYE PAD, NON-STERILE, EACH	Yes
A6442	CPT/HCPCS	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE, WIDTH LESS THAN THREE INCHES, PER YARD	Yes
A6443	CPT/HCPCS	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN F	Yes

A7508	CPT/HCPCS	HOUSING AND INTEGRATED ADHESIVE, FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM	Yes
A7509	CPT/HCPCS	FILTER HOLDER AND INTEGRATED FILTER HOUSING, AND ADHESIVE USED WITH MOISTURE EXCHANGE SYSTEM	Yes
A7521	CPT/HCPCS	TRACHEOSTOMY/LARYNGECTOMY TUBE, CUFFED, POLYVINYLCHLORIDE (PVC), SILICONE OR EQUAL, EACH	Yes
A7522	CPT/HCPCS	TRACHEOSTOMY/LARYNGECTOMY TUBE, STAINLESS STEEL OR EQUAL (STERILIZABLE AND REUSABLE), EACH	Yes
A7523	CPT/HCPCS	TRACHEOSTOMY SHOWER PROTECTOR, EACH	Yes
A6444	CPT/HCPCS	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE,WIDTH GREATER THAN OR EQUAL TO 5 INCHES, PER YARD	Yes
A6445	CPT/HCPCS	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE, WIDTH LESS THAN THREE INCHES, PER YARD	Yes
A6446	CPT/HCPCS	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE, GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE IN	Yes
A6448	CPT/HCPCS	LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH LESS THAN THREE INCHES, PER YARD	Yes
A7524	CPT/HCPCS	TRACHEOSTOMA STENT/STUD/BUTTON, EACH	Yes
A7525	CPT/HCPCS	TRACHEOSTOMY MASK, EACH	Yes
A7526	CPT/HCPCS	TRACHEOSTOMY TUBE COLLAR/HOLDER, EACH	Yes
A8004	CPT/HCPCS	SOFT INTERFACE FOR HELMET, REPLACEMENT ONLY	Yes
A9155	CPT/HCPCS	ARTIFICIAL SALIVA, 30 ML	Yes
A6449	CPT/HCPCS	LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INC	Yes
A6451	CPT/HCPCS	MODERATE COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, LOAD RESISTANCE OF 1.25 TO 1.34 FOOT POUNDS AT 50% MAXIMUM STRETC	Yes
A6452	CPT/HCPCS	HIGH COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, LOAD RESISGREATER THAN OR EQUAL TO 1.35 FOOT POUNDS AT 50% MAXIMUM STR	Yes
A6454	CPT/HCPCS	SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON-WOVEN, WIDTHGREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INC	Yes
A9272	CPT/HCPCS	WOUND SUCTION, DISPOSABLE, INCLUDES DRESSING, ALL ACCESSORIES AND COMPONENTS, ANY TYPE, EACH	Yes
A9275	CPT/HCPCS	HOME GLUCOSE DISPOSABLE MONITOR, INCLUDES TEST STRIPS	Yes
A9277	CPT/HCPCS	TRANSMITTER; EXTERNAL, FOR USE WITH NONDURABLE MEDICAL EQUIPMENT INTERSTITIAL CONTINUOUS GLUCOSE MONITORING SYSTEM (CGM)	Yes
A9278	CPT/HCPCS	RECEIVER (MONITOR); EXTERNAL, FOR USE WITH INTERSTITIAL CONTINUOUS GLUCOSE MONITORING SYSTEM	Yes
A9281	CPT/HCPCS	REACHING/GRABBING DEVICE, ANY TYPE, ANY LENGTH, EACH	Yes
A6455	CPT/HCPCS	SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON-WOVEN, WIDTHGREATER THAN OR EQUAL TO FIVE INCHES, PER YARD	Yes
A6456	CPT/HCPCS	ZINC PASTE IMPREGNATED BANDAGE, NON-ELASTIC, KNITTED/WOVEN, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN F	Yes
A6457	CPT/HCPCS	TUBULAR DRESSING WITH OR WITHOUT ELASTIC, ANY WIDTH, PER LINEAR YARD	Yes
A6460	CPT/HCPCS	SYNTHETIC RESORBABLE WOUND DRESSING,STERILE,PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING	Yes
A9282	CPT/HCPCS	WIG, ANY TYPE, EACH	Yes
A9283	CPT/HCPCS	FOOT PRESSURE OFF LOADING/SUPPORTIVE DEVICE, ANY TYPE, EACH	Yes
A9900	CPT/HCPCS	MISCELLANEOUS DME SUPPLY,ACCESSORY, AND/OR SERVICE COMPONENTOF ANOTHER HCPCS CODE	Yes
A9276	CPT/HCPCS	SENSOR; INVASIVE (E.G. SUBCUTANEOUS), DISPOSABLE, FOR USE WITH INTERSTITIAL	Yes
A4245	CPT/HCPCS	ALCOHOL WIPES, PER BOX	Yes
A6461	CPT/HCPCS	SYNTHETIC RESORBABLE WOUND DRESSING,STERILE,PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	Yes
A6502	CPT/HCPCS	COMPRESSION BURN GARMENT, CHIN STRAP, CUSTOM FABRICATED	Yes
A6504	CPT/HCPCS	COMPRESSION BURN GARMENT, GLOVE TO WRIST, CUSTOM FABRICATED	Yes
A6505	CPT/HCPCS	COMPRESSION BURN GARMENT, GLOVE TO ELBOW, CUSTOM FABRICATED	Yes
A6507	CPT/HCPCS	COMPRESSION BURN GARMENT, FOOT TO KNEE LENGTH, CUSTOM FABRIC	Yes

A7031	CPT/HCPCS	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	Yes
A7030	CPT/HCPCS	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE,	Yes
A7035	CPT/HCPCS	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	Yes
A7039	CPT/HCPCS	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE D	Yes
A9274	CPT/HCPCS	EXTERNAL AMBULATORY INSULIN DELIVERY SYSTEM, DISPOSABLE, EACH, INCLUDES ALL SUPPLIES AND ACCESSORIES	Yes
A6254	CPT/HCPCS	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ.IN., W/O ADHESIVE BORDER, EA DRESSING	Yes
A6255	CPT/HCPCS	SPECIALTY ABSORPTIVE DRESSING WOUND COVER PAD SIZE MORE THAN 16SQ IN BUT LESS THAN OR EQUAL TO 48SQ IN WITH ANY	Yes
A6256	CPT/HCPCS	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN, BUT LESS THAN OR EQUAL TO 48 SQ IN, WITH ANY SIZE ADHESIVE BORDER,+	Yes
A6257	CPT/HCPCS	TRANSPARENT FILM 16 SQ IN OR LESS EACH DRESSING	Yes
A6566	CPT/HCPCS	GRADIENT COMPRESSION GARMENT, NECK/HEAD, EACH	Yes
A6567	CPT/HCPCS	GRADIENT COMPRESSION GARMENT, NECK/HEAD, CUSTOM, EACH	Yes
A6568	CPT/HCPCS	GRADIENT COMPRESSION GARMENT, TORSO AND SHOULDER, EACH	Yes
A6569	CPT/HCPCS	GRADIENT COMPRESSION GARMENT, TORSO/SHOULDER, CUSTOM, EACH	Yes
A6570	CPT/HCPCS	GRADIENT COMPRESSION GARMENT, GENITAL REGION, EACH	Yes
A6573	CPT/HCPCS	GRADIENT COMPRESSION GARMENT, TOE CAPS, CUSTOM, EACH	Yes
A6574	CPT/HCPCS	GRADIENT COMPRESSION ARM SLEEVE AND GLOVE COMBINATION, CUSTOM, EACH	Yes
A6575	CPT/HCPCS	GRADIENT COMPRESSION ARM SLEEVE AND GLOVE COMBINATION, EACH	Yes
A6579	CPT/HCPCS	GRADIENT COMPRESSION GLOVE, CUSTOM, MEDIUM WEIGHT, EACH	Yes
A6581	CPT/HCPCS	GRADIENT COMPRESSION GLOVE, EACH	Yes
A6584	CPT/HCPCS	GRADIENT COMPRESSION WRAP WITH ADJUSTABLE STRAPS, NOT OTHERWISE SPECIFIED	Yes
A6585	CPT/HCPCS	GRADIENT COMPRESSION WRAP WITH ADJUSTABLE STRAPS, ABOVE KNEE, EACH	Yes
A6588	CPT/HCPCS	GRADIENT COMPRESSION WRAP WITH ADJUSTABLE STRAPS, ARM.EACH	Yes
A4457	CPT/HCPCS	ENEMA TUBE, WITH OR WITHOUT ADAPTER, ANY TYPE, REPLACEMENT ONLY, EACH	Yes
A4774	CPT/HCPCS	AMMONIA TEST PAPER, PER BOX	Yes
A4802	CPT/HCPCS	PROTAMINE SULFATE, FOR HEMODIALYSIS, PER 50MG	Yes
A4860	CPT/HCPCS	DISPOSABLE CATHETER CAPS	Yes
A4870	CPT/HCPCS	PLUMBING AND/OR ELECTRICAL WORK FOR HOME DIALYSIS EQUIPMENT	Yes
A4890	CPT/HCPCS	CONTRACTS, REPAIR AND MAINTENANCE, FOR HOME DIALYSIS EQUIPMENT IS NON-COVERED	Yes
A6245	CPT/HCPCS	HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EA DRESSING	Yes
A6246	CPT/HCPCS	HYDROGEL DRESSING WOUND COVER PAD SIZE 16 SQ IN OR LESS WITHOUT ADHESIVE BORDER EACH DRESSING	Yes
A4388	CPT/HCPCS	OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED(ONE PIECE), EACH	Yes
A4389	CPT/HCPCS	OSTOMY POUCH, DRAINABLE, WITH BARRIER ATTACHED, WITH BUILT- IN CONVEXITY (ONE PIECE), EACH	Yes
A4390	CPT/HCPCS	OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY, EACH	Yes
A4391	CPT/HCPCS	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED (ONE PIECE), EACH	Yes
A4392	CPT/HCPCS	OSTOMY POUCH, URINARY, WITH STANDARD WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY, EACH	Yes
A4561	CPT/HCPCS	PESSARY, REUSABLE, RUBBER, ANY TYPE	Yes
A4563	CPT/HCPCS	RECTAL CONTROL SYSTEM FOR VAGINAL INSERTION, FOR LONG TERM USE, INCLUDES PUMP AND ALL SUPPLIES AND ACCESSORIES, ANY TYPE	Yes
A4570	CPT/HCPCS	SPLINT	Yes
A4575	CPT/HCPCS	TOPICAL HYPERBARIC OXYGEN CHAMBER, DISPOSABLE	Yes
A4580	CPT/HCPCS	CAST SUPPLIES	Yes
A4911	CPT/HCPCS	DRAIN BAG/BOTTLE, FOR DIALYSIS, EACH	Yes
A4918	CPT/HCPCS	VENOUS PRESSURE CLAMPS, EACH	Yes
A4927	CPT/HCPCS	GLOVES, NON-STERILE, PER 100	Yes
A4928	CPT/HCPCS	SURGICAL MASK, PER 20	Yes
A4929	CPT/HCPCS	TOURNIQUET FOR DIALYSIS, EACH	Yes

A4393	CPT/HCPCS	OSTOMY POUCH, URINARY, WITH EXTENDED WAER BARRIER ATTACHED, WITH BUILT-IN CONVEXITY, EACH	Yes
A4394	CPT/HCPCS	OSTOMY DEODORANT, WITH OR WITHOUT LUBRICANT, FOR USE IN OSTOMY POUCH, PER	Yes
A4395	CPT/HCPCS	OSTOMY DEODORANT FOR USE IN OSTOMY POUCH, SOLID, PER TABLET	Yes
A4396	CPT/HCPCS	OSTOMY BELT WITH PERISTOMAL HERNIA SUPPORT	Yes
A4397	CPT/HCPCS	IRRIGATION SUPPLY; SLEEVE	Yes
A4590	CPT/HCPCS	SPECIAL CASTING MATERIALS, HEXCELITE AND LIGHT CAST	Yes
A4600	CPT/HCPCS	SLEEVE FOR INTERMITTENT LIMB COMPRESSION DEVICE, REPLACEMENT ONLY, EACH	Yes
A4602	CPT/HCPCS	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, LITHIUM, 1.5 VOLT, EACH	Yes
A4604	CPT/HCPCS	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	Yes
A4608	CPT/HCPCS	TRANSTRACHEAL OXYGEN CATHETER, EACH	Yes
A4931	CPT/HCPCS	ORAL THERMOMETER, REUSABLE, ANY TYPE, EACH	Yes
A4932	CPT/HCPCS	RECTAL THERMOMETER, REUSABLE, ANY TYPE, EACH	Yes
A5051	CPT/HCPCS	OSTOMY POUCH, CLOSED; WITH BARRIER ATTACHED (ONE PIECE), EACH	Yes
A5052	CPT/HCPCS	OSTOMY POUCH, CLOSED; WITHOUT BARRIER ATTACHED (ONE PIECE), EACH	Yes
A5053	CPT/HCPCS	OSTOMY POUCH, CLOSED; FOR USE ON FACEPLATE, EACH	Yes
A4398	CPT/HCPCS	IRRIGATION SUPPLIES, BAGS	Yes
A4399	CPT/HCPCS	IRRIGATION SUPPLIES, CONE/CATHETER	Yes
A4400	CPT/HCPCS	OSTOMY IRRIGATION SET	Yes
A4402	CPT/HCPCS	LUBRICANT	Yes
A4404	CPT/HCPCS	OSTOMY RINGS	Yes
A4611	CPT/HCPCS	BATTERY, HEAVY DUTY; REPLACEMENT FOR PATIENT OWNED VENTILATOR	Yes
A4612	CPT/HCPCS	BATTERY CABLES; REPLACEMENT FOR PATIENT-OWNED VENTILATOR	Yes
A4613	CPT/HCPCS	BATTERY CHARGER; REPLACEMENT FOR PATIENT-OWNED VENTILATOR	Yes
A4614	CPT/HCPCS	PEAK EXPIRATORY FLOW RATE METER HAND HELD	Yes
A4616	CPT/HCPCS	TUBING (OXYGEN), PER FOOT	Yes
A5054	CPT/HCPCS	OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH FLANGE (TWO PIECE), EACH	Yes
A5056	CPT/HCPCS	OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, WITH FILTER, (1 PIECE), EACH	Yes
A5057	CPT/HCPCS	OSTOMY POUCH,DRAINABLE,WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT IN CONVEXITY, WITH FILTER, (1 PIECE), EACH	Yes
A5061	CPT/HCPCS	OSTOMY POUCH, DRAINABLE; WITH BARRIER ATTACHED (ONE PIECE), EACH	Yes
A5062	CPT/HCPCS	OSTOMY POUCH, DRAINABLE; WITHOUT BARRIER ATTACHED (ONE PIECE), EACH	Yes
A4405	CPT/HCPCS	OSTOMY SKIN BARRIER, NON-PECTIN BASED, PASTE, PER OUNCE	Yes
A4406	CPT/HCPCS	OSTOMY SKIN BARRIER, PECTIN-BASED, PASTE, PER OUNCE	Yes
A4407	CPT/HCPCS	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE, OR ACCORDEXTENDED WITH 4X4 INC OR SMALLER	Yes
A4408	CPT/HCPCS	OSTOMY SKIN BARRIER, WTIH FLANGE (SOLID, FLEXIBLE OR ACCORDIEXTENDED WEAR,WITH LARGER THAN 4X4	Yes
A4409	CPT/HCPCS	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORD EXTENDED WEAR, WITHOUT 4X4 INCH OR SMALLER	Yes
A4617	CPT/HCPCS	MOUTH PIECE	Yes
A4618	CPT/HCPCS	BREATHING CIRCUITS	Yes
A4619	CPT/HCPCS	FACE TENT	Yes
A4620	CPT/HCPCS	VARIABLE CONCENTRATION MASK	Yes
A4623	CPT/HCPCS	TRACHEOSTOMY, INNER CANNULA	Yes
A5063	CPT/HCPCS	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH FLANGE (TWOPIECE SYSTEM), EACH	Yes
A5071	CPT/HCPCS	OSTOMY POUCH, URINARY; WITH BARRIER ATTACHED (ONE PIECE), EACH	Yes
A5072	CPT/HCPCS	OSTOMY POUCH, URINARY; WITHOUT BARRIER ATTACHED (ONE PIECE),EACH	Yes
A5081	CPT/HCPCS	STOMA PLUG OR SEAL, ANY TYPE	Yes
A5082	CPT/HCPCS	CONTINENT DEVICE; CATHETER FOR CONTINENT STOMA	Yes
A4410	CPT/HCPCS	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDIEXTENDED WEAR, WITHOUT 4X4 INCH OR LARGER	Yes

A4411	CPT/HCPCS	OSTOMY SKIN BARRIER, SOLID 4X4 OR EQUIVALENT, EXTENDED WEAR, WITH BUILT-IN CONVEXITY, EACH	Yes
A4412	CPT/HCPCS	OSTOMY POUCH, DRAINABLE, HIGH OUTPUT, FOR USE ON A BARRIER WITH FLANGE (2 PIECE SYSTEM), WITHOUT FILTER, EACH	Yes
A4413	CPT/HCPCS	OSTOMY POUCH, DRAINABLE, HIGH OUTPUT, FOR USE ON A BARRIER WITH FLANGE;WITH FILTER	Yes
A4624	CPT/HCPCS	TRACHEAL SUCTION CATHETER, ANY TYPE OTHER THAN CLOSED SYSTEM, EACH	Yes
A4625	CPT/HCPCS	TRACHEOSTOMY CARE OR CLEANING STARTER KIT	Yes
A4627	CPT/HCPCS	SPACER, BAG OR RESERVOIR, WITH OR WITHOUT MASK, FOR USE METERED DOSE INHALER	Yes
A4628	CPT/HCPCS	ORAL AND/OR OROPHARYNGEAL SUCTION CATHETER, EACH	Yes
A4629	CPT/HCPCS	TRACHEOSTOMY CARE KIT FOR ESTABLISHED TRACHEOSTOMY	Yes
A5083	CPT/HCPCS	CONTINENT DEVICE, STOMA ABSORPTIVE COVER FOR CONTINENT STOMA	Yes
A5093	CPT/HCPCS	OSTOMY ACCESSORY; CONVEX INSERT	Yes
A5102	CPT/HCPCS	BEDSIDE DRAINAGE BOTTLE, RIGID OR EXPANDABLE	Yes
A5105	CPT/HCPCS	URINARY SUSPENSORY WITH LEG BAG, WITH OR WITHOUT TUBE, EACH	Yes
A5113	CPT/HCPCS	LEG STRAP; LATEX, PER SET	Yes
A4414	CPT/HCPCS	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDI) WITHOUT > 4X4	Yes
A4415	CPT/HCPCS	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDI) WITHOUT > 4X4	Yes
A4416	CPT/HCPCS	OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH FILTER (1 PIECE), EACH	Yes
A4417	CPT/HCPCS	OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY, WITH FILTER (1 PIECE), EACH	Yes
A4418	CPT/HCPCS	OSTOMY POUCH, CLOSED; WITHOUT BARRIER ATTACHED, WITH FILTER (1 PIECE), EACH	Yes
A4630	CPT/HCPCS	REPLACEMENT BATTERIES, MEDICALLY NECESSARY, TRANSCUTANEOUS ELECTRICAL STIMULATOR, OWNED BY PATIENT	Yes
A4633	CPT/HCPCS	REPLACEMENT BULB/LAMP FOR ULTRAVIOLET LIGHT THERAPY SYSTEM, EACH	Yes
A4635	CPT/HCPCS	UNDERARM PAD, CRUTCH, REPLACEMENT, EACH	Yes
A4636	CPT/HCPCS	REPLACEMENT, HANDGRIP, CANE, CRUTCH, OR WALKER, EACH	Yes
A4637	CPT/HCPCS	REPLACEMENT, TIP, CANE, CRUTCHWALKER, EACH	Yes
A5114	CPT/HCPCS	LEG STRAP; FOAM OR FABRIC, PER SET	Yes
A5121	CPT/HCPCS	SKIN BARRIER; SOLID, 6 X 6 OR EQUIVALENT, EACH	Yes
A5122	CPT/HCPCS	SKIN BARRIER; SOLID, 8 X 8 OR EQUIVALENT, EACH	Yes
A5131	CPT/HCPCS	APPLIANCE CLEANER, INCONTINENCE AND OSTOMY APPLIANCES, PER 16 OZ.	Yes
A5200	CPT/HCPCS	PERCUTANEOUS CATHETER/TUBE ANCHORING DEVICE,, ADHESIVE SKIN ATTACHMENT	Yes
A4419	CPT/HCPCS	OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH NON-LOCKING FLANGE, WITH FILTER (2 PIECE), EACH	Yes
A4420	CPT/HCPCS	OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH LOCKING FLANGE(2 PIECE), EACH	Yes
A4421	CPT/HCPCS	OSTOMY SUPPLY; MISCELLANEOUS	Yes
A4422	CPT/HCPCS	OSTOMY ABSORBENT MATERIAL (SHEET/PAD/CRYSTAL PACKET) FOR USE IN OSTOMY POUCH TO THICKEN LIQUID STOMAL OUTPUT, EACH	Yes
A4423	CPT/HCPCS	OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH LOCKING FLANGE WITH FILTER (2 PIECE), EACH	Yes
A4638	CPT/HCPCS	REPLACEMENT BATTERY FOR PATIENT-OWNED EAR PULSE GENERATOR, EACH	Yes
A4639	CPT/HCPCS	REPLACEMENT PAD FOR INFRARED HEATING PAD SYSTEM, EACH	Yes
A4640	CPT/HCPCS	REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATING PRESSURE PAD OWNED BY PATIENT	Yes
A4642	CPT/HCPCS	SUPPLY OF SATUMOMAB PENDETIDE, RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT PER DOSE	Yes
A4649	CPT/HCPCS	SURGICAL SUPPLY; MISCELLANEOUS	Yes
A6000	CPT/HCPCS	NONCONTACT WOUND WARMING WOUND COVER FOR USE WITH NONCONTACT WOUND WARMING DEVICE AND WARMING CARD	Yes
A6011	CPT/HCPCS	COLLAGEN BASED WOUND FILLER, GEL/PASTE, STERILE, PER GRAM OF COLLAGEN	Yes
A6023	CPT/HCPCS	COLLAGEN DRESSING, STERILE, SIZE MORE THAN 48 SQ. IN., EACH	Yes
A6024	CPT/HCPCS	COLLAGEN DRESSING WOUND FILLER, STERILE, PER 6 INCHES	Yes

A6025	CPT/HCPCS	GEL SHEET FOR DERMAL OR EPIDERMAL APPLICATION, (E.G., SILICONE, HYDROGEL,	Yes
A4424	CPT/HCPCS	OSTOMY POUCH, DRAINABLE, WITH BARRIER ATTACHED, WITH FILTER (1 PIECE), EACH	Yes
A4425	CPT/HCPCS	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH NON-LOCKING FLANGE, WITH FILTER (2 PIECE SYSTEM), EACH	Yes
A4426	CPT/HCPCS	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH LOCKING FLANGE (2 PIECE SYSTEM), EACH	Yes
A4427	CPT/HCPCS	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FILTER (2 PIECE SYSTEM), EACH	Yes
A4650	CPT/HCPCS	IMPLANTABLE RADIATION DOSIMETER, EACH	Yes
A4651	CPT/HCPCS	CALIBRATED MICROCAPILLARY TUBE, EACH	Yes
A4652	CPT/HCPCS	MICROCAPILLARY TUBE SEALANT	Yes
A4653	CPT/HCPCS	PERITONEAL DIAYSIS CATHETER ANCHORING DEVICE, BELT, EACH	Yes
A4657	CPT/HCPCS	SYRINGE, WITH OR WITHOUT NEEDLE, EACH	Yes
A6154	CPT/HCPCS	WOUND POUND EACH	Yes
A6196	CPT/HCPCS	ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN OR LESS EACH DRESSING	Yes
A6197	CPT/HCPCS	ALGINATE DRESSING WOUND COVER PAD SIZE MORE THAN 16 SQ IN BULESS THAN OR EQUAL TO 48SQ IN EACH DRESSING	Yes
A6198	CPT/HCPCS	ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., EACH DRESSING	Yes
A4428	CPT/HCPCS	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH FAUCET-TYPE TAP WITH VALVE (1 PIECE), EACH	Yes
A4429	CPT/HCPCS	OSTOMY POUCH, URINARY, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY, WITH FAUCET-TYPE TAP WITH VALVE (1 PIECE), EACH	Yes
A4430	CPT/HCPCS	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY WITH FAUCET-TYPE TAP WITH VALVE, EACH	Yes
A4431	CPT/HCPCS	OSTOMY POUCH, URINARY; WITH BARRIER ATTACHED, WITH FAUCET- TYPE TAP WITH VALVE (1 PIECE), EACH	Yes
A4671	CPT/HCPCS	DISPOSABLE CYCLER SET USED WITH CYCLER DIALYSIS MACHINE, EACH	Yes
A4672	CPT/HCPCS	DRAINAGE EXTENSION LINE, STERILE, FOR DIALYSIS, EACH	Yes
A4673	CPT/HCPCS	EXTENSION LINE WITH EASY LOCK CONNECTORS, USED WITH DIALYSIS	Yes
A4674	CPT/HCPCS	CHEMICALS/ANTISEPTICS SOLUTION USED TO CLEAN/STERILIZE DIALYSIS EQUIPMENT, PER 8 OZ	Yes
A4680	CPT/HCPCS	ACTIVATED CARBON FILTERS FOR DIALYSIS	Yes
A6204	CPT/HCPCS	COMPOSITE DRESSING PAD SIZE MORE THAN 16 SQ IN BUT LESS THANOR EQUAL TO 48SQ IN., WITH ANY SIZW ADHESIVE BORDER EACH	Yes
A6207	CPT/HCPCS	CONTACT LAYER, STERILE, MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN, EA DRESSING	Yes
A6208	CPT/HCPCS	CONTACT LAYER, STERILE, MORE THAN 48 SQ. IN., EACH DRESSING	Yes
A6210	CPT/HCPCS	FOAM DRESSING WOUND COVER PAD SIZE MORED THAN 48 SQ WITHOUT ADHESIVE BORDER EACH DRESSING	Yes
A6247	CPT/HCPCS	HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EA DRESSING	Yes
A6248	CPT/HCPCS	HYDROGEL DRESSING, WOUND FILLER, GEL, STERILE, PER FLUID OUNCE	Yes
A4432	CPT/HCPCS	OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH NON-LOCKING FLANGE, WITH FAUCET-TYPE TAP WITH VALVE (2 PIECE), EACH	Yes
A4433	CPT/HCPCS	OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANGE (2 PIECE), EACH	Yes
A4434	CPT/HCPCS	OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FAUCET-TYPE TAP WITH VALVE, 2 PC EACH	Yes
A4435	CPT/HCPCS	OSTOMY POUCH, DRAINABLE, HIGH OUTPUT, WITH EXTENDED WEAR BARRIER (ONE-PIECE SYSTEM), WITH OR WITHOUT FILTER, EACH	Yes
A4690	CPT/HCPCS	DIALYZERS (ARTIFICIAL KIDNEY'S), ALL BRANDS, ALL SIZES PER UNIT	Yes
A4706	CPT/HCPCS	BICARBONATE CONCENTRATE, SOLUTION, FOR HEMODIALYSIS, PER GALLON	Yes
A4707	CPT/HCPCS	BICARBONATE CONCENTRATE, POWDER, FOR HEMODIALYSIS, PER PACKET	Yes
A4708	CPT/HCPCS	ACETATE CONCENTRATE SOLUTION, FOR HEMODIALYSIS, PER GALLON	Yes
A4709	CPT/HCPCS	ACID CONCENTRATE, SOLUTION, FOR HEMODIALYSIS, PER GALLON	Yes

A6211	CPT/HCPCS	FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EA DRESSING	Yes
A6212	CPT/HCPCS	FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EA DRESSING	Yes
A6213	CPT/HCPCS	FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ IN, WITH ANY SIZE ADHESIVE BORDER, EA DRESSING	Yes
A6214	CPT/HCPCS	FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EA DRESSING	Yes
A4353	CPT/HCPCS	INTERMITTENT URINARY CATHETER WITH INSERTION SUPPLIES	Yes
A4354	CPT/HCPCS	INSERTION TRAY WITH DRAINAGE BAG BUT WITHOUT CATHETER	Yes
A4355	CPT/HCPCS	IRRIGATION TUBING SET FOR CONTINUOUS BLADDER IRRIGATION THROUGH A THREE-WAY INDWELLING FOLEY CATHETER	Yes
A4356	CPT/HCPCS	EXTERNAL URETHRAL CLAMP OR COMPRESSION DEVICE (NOT TO BE USED FOR CATHETER CLAMP)	Yes
A4357	CPT/HCPCS	BEDSIDE DRAINAGE BAG, DAY OR NIGHT, WITH OR WITHOUT ANTI REFLUX DEVICE, WITH OR WITHOUT TUBE	Yes
A4450	CPT/HCPCS	TAPE, NON-WATERPROOF PER, 18 SQUARE INCHES	Yes
A4452	CPT/HCPCS	TAPE, WATERPROOF, PER 18 SQUARE INCHES	Yes
A4455	CPT/HCPCS	ADHESIVE REMOVER OR SOLVENT (FOR TAPE, CEMENT OR OTHER ADHESIVE)	Yes
A4456	CPT/HCPCS	ADHESIVE REMOVER, WIPES, ANY TYPE, EACH	Yes
A4458	CPT/HCPCS	ENEMA BAG WITH TUBING, REUSABLE	Yes
A4714	CPT/HCPCS	TREATED WATER (DEIONIZED, DISTILLED, REVERSE OSMOSIS) FOR USE IN DIALYSIS SYSTEM	Yes
A4719	CPT/HCPCS	Y SET TUBING FOR PERITONEAL DIALYSIS	Yes
A4720	CPT/HCPCS	DIALYSATE SOLUTION,ANY CONCENTRATION OF DEXTROSE,FLUID VOLUMGREATER THAN 249CC,LESS THAN OR EQUAL TO 999CC,DIALYSIS	Yes
A4721	CPT/HCPCS	DIALYSATE SOLUTION,ANY CONCENTRATION OF DEXTROSE,FLUID VOLUMGREATER THAN 999CC,LESS THAN OR EQUAL TO 1999CC,DIALYSIS	Yes
A6215	CPT/HCPCS	FOAM DRESSING, WOUND FILLER, STERILE, PER GRAM	Yes
A6216	CPT/HCPCS	GAUZE NON-IMPREGNATED NON-STERILE PAD SIZE 16 SQ IN. OR LESS WITHOUT ADHESIVE BORDER EACH DRESSING	Yes
A6217	CPT/HCPCS	GAUZE NON IMPREGNATED NON STERILE PAD SIZE MORE THAN 16SQ IN., WITHOUT ADHESIVE BORDER EACH DRESSING	Yes
A6218	CPT/HCPCS	GAIZE NON IMPREGNATED, NON-STERILE PAD SIZE MORE THAN 48 SQ IN WITHOUT ADHESIVE BORDER EACH DRESSING	Yes
A4358	CPT/HCPCS	URINARY LEG BAG; VINYL, WITH OR WITHOUT TUBE	Yes
A4360	CPT/HCPCS	DISPOSIBLE EXTERNAL URETHRAL CLAMP OR COMPRESSION DEVICE WITH PAD AND/OR PUCH, EACH	Yes
A4361	CPT/HCPCS	OSTOMY FACE PLATE	Yes
A4362	CPT/HCPCS	SKIN BARRIER; SOLID, 4 X 4 OR EQUIVALENT; EACH	Yes
A4363	CPT/HCPCS	OSTOMY CLAMP, ANY TYPE, REPLACEMENT ONLY, EACH	Yes
A4461	CPT/HCPCS	SURGICAL DRESSING HOLDER, NON-REUSABLE, EACH	Yes
A4463	CPT/HCPCS	SURGICAL DRESSING HOLDER, REUSABLE, EACH	Yes
A4465	CPT/HCPCS	NON-ELASTIC BINDER FOR EXTREMITY	Yes
A4467	CPT/HCPCS	BELT, STRAP, SLEEVE, GARMENT, OR COVERING, ANY TYPE	Yes
A4470	CPT/HCPCS	GRAVLEE JET WASHER	Yes
A4722	CPT/HCPCS	DIALYSATE SOLUTION,ANY CONCENTRATION OF DEXTROSE,FLUID VOLUMGREATER THAN 1999CC,LESS THAN OR EQUAL TO 2999CC,DIALYSIS	Yes
A4723	CPT/HCPCS	DIALYSATE SOLUTION,ANY CONCENTRATION OF DEXTROSE,FLUID VOLUMGREATER THAN 2999CC,LESS THAN OR EQUAL TO 3999CC,DIALYSIS	Yes
A4724	CPT/HCPCS	DIALYSATE SOLUTION,ANY CONCENTRATION OF DEXTROSE,FLUID VOLUMGREATER THAN 3999CC,LESS THAN OR EQUAL TO 4999CC,DIALYSIS	Yes
A4725	CPT/HCPCS	DIALYSATE SOLUTION,ANY CONCENTRATION OF DEXTROSE,FLUID VOLUMGREATER THAN 4999CC,LESS THAN OR EQUAL TO 5999CC,DIALYSIS	Yes
A6219	CPT/HCPCS	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EA DRESSING	Yes
A6220	CPT/HCPCS	GAUZE, NON IMPREGNATED PAD SIZE MORED THAN 16 SQ. IN. BUTN LESS THAN OR EQUAL TO 48 SQ. WITH ANY SIZE ADHESIVE BORDER	Yes
A6222	CPT/HCPCS	GAUZE IMPREGNTED OTHER THAN WATER OR NORMAL SALINE,HYDRO GELSIZE 16SQ OR LESS WITHOUT ADHESIVE BORDER,EACH DRESSING	Yes

A6223	CPT/HCPCS	GAUZE IMPREGNTED OTHER THAN WATER OR NORMAL SALINE, HYDRO GEL SIZE 16SQ TO 48SQ WITHOUT ADHESIVE BORDER, EACH DRESSING	Yes
A4364	CPT/HCPCS	ADHESIVE, LIQUID, OR EQUAL, ANY TYPE, PER OZ.	Yes
A4366	CPT/HCPCS	OSTOMY VENT, ANY TYPE, EACH	Yes
A4367	CPT/HCPCS	OSTOMY BELT	Yes
A4368	CPT/HCPCS	OSTOMY FILTER ANY TYPE EACH	Yes
A4369	CPT/HCPCS	OSTOMY SKIN BARRIER, LIQUID, PER OZ	Yes
A4480	CPT/HCPCS	VABRA ASPIRATOR	Yes
A4483	CPT/HCPCS	MOISTURE EXCHANGER, DISPOSABLE FOR USE WITH INVASIVE MECHANICAL VENTILATION	Yes
A4490	CPT/HCPCS	SURGICAL STOCKINGS ABOVE KNEE LENGTH, EACH	Yes
A4495	CPT/HCPCS	SURGICAL STOCKINGS THIGH LENGTH, EACH	Yes
A4500	CPT/HCPCS	SURGICAL STOCKINGS, BELOW KNEE LENGTH, EACH	Yes
A4726	CPT/HCPCS	DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME GREATER THAN 5999CC, FOR PERITONEAL DIALYSIS	Yes
A4728	CPT/HCPCS	DIALYSATE SOLUTION, NON-DEXTROSE CONTAINING, 500 ML	Yes
A4730	CPT/HCPCS	FISTULA CANNULATION SET FOR DIALYSIS ONLY	Yes
A4736	CPT/HCPCS	TOPICAL ANESTHETIC, FOR DIALYSIS, PER GRAM	Yes
A4737	CPT/HCPCS	INJECTIBLE ANESTHETIC, FOR DIALYSIS, PER 10ML	Yes
A6224	CPT/HCPCS	GAUZE, IMPREGNATED OTHER THAN WATER, NORMAL SALINE, OR HYDROGEL SIZE MORE THAN 48 SQ WITHOUT ADHESIVE BORDER EACH DRESSING	Yes
A6228	CPT/HCPCS	GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, STERILE, PAD SIZE 16 SQ. IN. OR LESS, W/O ADHESIVE BORDER, EA DRESSING	Yes
A6230	CPT/HCPCS	GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, STERILE, PAD SIZE MORE THAN 48 SQ. IN, W/O ADHESIVE BORDER, EA DRESSING	Yes
A6233	CPT/HCPCS	GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT WOUND CONTACT, STERILE, PAD SIZE MORE THAN 48 SQ IN, EA DRESSING	Yes
A4371	CPT/HCPCS	OSTOMY SKIN BARRIER, POWDER, PER OZ	Yes
A4372	CPT/HCPCS	OSTOMY SKIN BARRIER, SOLID 4X4 OR EQUIVALENT, STANDARD WEAR, WITH BUILT-IN CONVEXITY, EACH	Yes
A4373	CPT/HCPCS	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE, OR ACCORDIAN), WITH BUILT-IN CONVEXITY, ANY SIZE, EACH	Yes
A4375	CPT/HCPCS	OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, PLASTIC, EACH	Yes
A4376	CPT/HCPCS	OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, RUBBER, EACH	Yes
A4510	CPT/HCPCS	SURGICAL STOCKINGS FULL LENGTH, EACH	Yes
A4520	CPT/HCPCS	INCONTINENCE GARMENT, ANY TYPE, (E.G. BRIEF, DIAPER), EACH	Yes
A4550	CPT/HCPCS	SURGICAL TRAYS - SPECIAL INCIDENTAL PROCESSING (SEE SBA BULLETIN #51)	Yes
A4553	CPT/HCPCS	NON-DISPOSABLE UNDERPADS, ALL SIZES	Yes
A4554	CPT/HCPCS	DISPOSABLE UNDERPADS, ALL SIZES, (E.G., CHUX'S)	Yes
A4740	CPT/HCPCS	SHUNT ACCESSORIES FOR DIALYSIS ONLY	Yes
A4750	CPT/HCPCS	BLOOD TUBING, ARTERIAL OR VENOUS, EACH	Yes
A4755	CPT/HCPCS	BLOOD TUBING, ARTERIAL AND VENOUS COMBINED	Yes
A4760	CPT/HCPCS	DIALYSATE STANDARD TESTING SOLUTION, SUPPLIES	Yes
A4765	CPT/HCPCS	DIALYSATE CONCENTRATE ADDITIVES, EACH	Yes
A6234	CPT/HCPCS	HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, W/O ADHESIVE BORDER, EA DRESSING	Yes
A6235	CPT/HCPCS	HYDROCOLLOID DRESSING WOUND COVER PAD SIZE MORE 16 SQ BUT LESS THAN OR EQUAL TO 48 SQ IN. WITHOUT ADHESIVE BORDER`	Yes
A6236	CPT/HCPCS	HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., W/O ADHESIVE BORDER, EA DRESSING	Yes
A6237	CPT/HCPCS	HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EA DRESSING	Yes
A4377	CPT/HCPCS	OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, PLASTIC, EACH	Yes
A4378	CPT/HCPCS	OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, RUBBER, EACH	Yes
A4379	CPT/HCPCS	OSTOMY POUCH, URINARY, WITH FACEPLATE ATTACHED, PLASTIC, EACH	Yes
A4380	CPT/HCPCS	OSTOMY POUCH, URINARY, WITH FACEPLATE ATTACHED, RUBBER, EACH	Yes
A4381	CPT/HCPCS	OSTOMY POUCH, URINARY, WITHOUT FACEPLATE ATTACHED, RUBBER, EACH	Yes
A4555	CPT/HCPCS	ELECTRODE/TRANSDUCER FOR USE WITH ELECTRICAL STIMULATION DEVICE USED FOR CANCER TREATMENT, REPLACEMENT ONLY	Yes
A4556	CPT/HCPCS	ELECTRODES (E.G., APNEA MONITOR)	Yes
A4557	CPT/HCPCS	LEAD WIRES (E.G., APNEA MONITOR)	Yes

A4558	CPT/HCPCS	CONDUCTIVE GEL OR PASTE, FOR USE WITH ELECTRICAL DEVICE (E.G., TENS, NMES), PER	Yes
A4559	CPT/HCPCS	COUPLING GEL OR PASTE, FOR USE WITH ULTRASOUND DEVICE, PER OZ	Yes
A4766	CPT/HCPCS	DIALYSATE CONCENTRATE, SOLUTION, ADDITIVE FOR PERITONEAL DIALYSIS, PER 10ML	Yes
A4770	CPT/HCPCS	BLOOD TESTING SUPPLIES (E.G. VACUTAINERS AND TUBES)	Yes
A4771	CPT/HCPCS	SERUM CLOTTING TIME TUBE, PER BOX	Yes
A4772	CPT/HCPCS	DEXTROSTICK OR GLUCOSE TEST STRIPS, PER BOX	Yes
A4773	CPT/HCPCS	HEMOSTIX, PER BOTTLE	Yes
A6239	CPT/HCPCS	HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EA DRESSING	Yes
A6240	CPT/HCPCS	HYDROCOLLOID DRESSING, WOUND FILLER, PASTE, STERILE, PER OUNCE	Yes
A6242	CPT/HCPCS	HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EA DRESSING	Yes
A6243	CPT/HCPCS	HYDROGEL DRESSING WOULD COVER PAD SIZE MORE THAN 16 SQ.IN BUT LESS THAN OR EQUAL TO 48 SQ IN., W/O ADHESIVE BORDER	Yes
A4382	CPT/HCPCS	OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, HEAVY PLASTIC, EACH	Yes
A4383	CPT/HCPCS	OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, RUBBER, EACH	Yes
A4384	CPT/HCPCS	OSTOMY FACEPLATE EQUIVALENT, SILICONE RING, EACH	Yes
A4385	CPT/HCPCS	OSTOMY SKIN BARRIER, SOLID 4*4 OR EQUIVALENT, EXTENDED WEAR,WITHOUT BUILT-IN CONVEXITY, EACH	Yes
A4387	CPT/HCPCS	OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (ONE PIECE), EACH	Yes
A9154	CPT/HCPCS	ARTIFICIAL SALIVA, 1 ML	Yes
A6518	CPT/HCPCS	GRADIENT COMPRESSION WRAP WITH ADJUSTABLE STRAPS, ARM, EACH, CUSTOM	Yes
E1023	CPT/HCPCS	WHEELCHAIR TRANSIT SECUREMENT SYSTEM, INCLUDES ALL COMPONENTS AND ACCESSORIES	Yes
E1022	CPT/HCPCS	WHEELCHAIR TRANSPORTATION SECUREMENT SYSTEM, ANY TYPE INCLUDES ALL COMPONENTS AND ACCESSORIES	Yes
A6611	CPT/HCPCS	GRADIENT COMPRESSION WRAP WITH ADJUSTABLE STRAPS, ABOVE KNEE, EACH, CUSTOM	Yes
A6519	CPT/HCPCS	GRADIENT COMPRESSION GARMENT, NOT OTHERWISE SPECIFIED, FOR NIGHTTIME USE, EACH	Yes
A6524	CPT/HCPCS	GRADIENT COMPRESSION GARMENT, LOWER LEG AND FOOT, PADDED, FOR NIGHTTIME USE, EACH	Yes
A6525	CPT/HCPCS	GRADIENT COMPRESSION GARMENT, LOWER LEG AND FOOT, PADDED, FOR NIGHTTIME USE, CUSTOM, EACH	Yes
A6522	CPT/HCPCS	GRADIENT COMPRESSION GARMENT, ARM, PADDED, FOR NIGHTTIME USE, EACH	Yes
A6523	CPT/HCPCS	GRADIENT COMPRESSION GARMENT, ARM, PADDED, FOR NIGHTTIME USE, CUSTOM, EACH	Yes
A6552	CPT/HCPCS	GRADIENT COMPRESSION STOCKING, BELOW KNEE, 30-40 MMHG, EACH	Yes
A6554	CPT/HCPCS	GRADIENT COMPRESSION STOCKING, BELOW KNEE, 40 MMHG OR GREATER, EACH	Yes
A6553	CPT/HCPCS	GRADIENT COMPRESSION STOCKING, BELOW KNEE, 30-40 MMHG, CUSTOM, EACH	Yes
A6555	CPT/HCPCS	GRADIENT COMPRESSION STOCKING, BELOW KNEE, 40 MMHG OR GREATER, CUSTOM, EACH	Yes
A6558	CPT/HCPCS	GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 40 MMHG OR GREATER, CUSTOM, EACH	Yes
A6562	CPT/HCPCS	GRADIENT COMPRESSION STOCKING, WAIST LENGTH, 18-30 MMHG, CUSTOM, EACH	Yes
A6563	CPT/HCPCS	GRADIENT COMPRESSION STOCKING, WAIST LENGTH, 30-40 MMHG, CUSTOM, EACH	Yes
A6576	CPT/HCPCS	GRADIENT COMPRESSION ARM SLEEVE, CUSTOM, MEDIUM WEIGHT, EACH	Yes
E2398	CPT/HCPCS	WHEELCHAIR ACCESSORY, DYNAMIC POSITIONING HARDWARE FOR BACK	Yes
A4216	CPT/HCPCS	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	Yes
A6250	CPT/HCPCS	SKIN SEALANTZ PROTECTANTS MOISTURIZERS OINTMENTS ANY TYPE ANY SIZE	Yes
A6252	CPT/HCPCS	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, W/O ADHESIVE BORDER, EA DRESSING	Yes

99075	CPT/HCPCS	MEDICAL TESTIMONY	Yes
99072	CPT/HCPCS	ADDITIONAL SUPPLIES, MATERIALS, AND CLINICAL STAFF TIME OVERAND ABOVE THOSE USUALLY INCLUDED IN AN OFFICE VISIT OR OTHER	Yes
A4271	CPT/HCPCS	INTEGRATED LANCING AND BLOOD SAMPLE TESTING CARTRIDGES FOR HOME BLOOD GLUCOSE MONITOR, PER 50 TESTS	Yes
A4338	CPT/HCPCS	INDWELLING CATHETER; FOLEY TYPE, TWO-WAY LATEX WITH COATING (TEFLON, SILICONE, SILICONE ELASTOMER, OR HYDROPHIL	Yes
A4340	CPT/HCPCS	INDWELLING CATHETER; SPECIALTY TYPE, EG; COUDE, MUSHROOM, WING, ETC.)	Yes
A4344	CPT/HCPCS	INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE	Yes
A4346	CPT/HCPCS	INDWELLING CATHETER; FOLEY TYPE, THREE WAY FOR CONTINUOUS IRRIGATION	Yes
A4349	CPT/HCPCS	MALE EXTERNAL CATHETER, WITH OR WITHOUT ADHESIVE, DISPOSABLE, EACH	Yes
A4351	CPT/HCPCS	INTERMITTENT URINARY CATHETER; STRAIGHT TIP, WITH OR WITHOUT COATING EACH	Yes
A4352	CPT/HCPCS	INTERMITTENT URINARY CATHETER; COUDE (CURVED) TIP	Yes
A4206	CPT/HCPCS	SYRINGE WITH NEEDLE, STERILE, 1 CC OR LESS, EACH	Yes
A4207	CPT/HCPCS	SYRINGE WITH NEEDLE, STERILE 2 CC,EACH	Yes
A4208	CPT/HCPCS	SYRINGE WITH NEEDLE, STERILE 3 CC	Yes
A4209	CPT/HCPCS	SYRINGE WITH NEEDLE, STERILE 5 CC OR GREATER	Yes
A4210	CPT/HCPCS	NEEDLE-FREE INJECTION DEVICE	Yes
A4211	CPT/HCPCS	SUPPLIES FOR SELF-ADMINISTERED INJECTIONS	Yes
A4212	CPT/HCPCS	HUBER-TYPE NEEDLE, EACH	Yes
A4213	CPT/HCPCS	SYRINGE, STERILE, 20 CC OR GREATER	Yes
A4215	CPT/HCPCS	NEEDLE, STERILE, ANY SIZE, EACH	Yes
A4217	CPT/HCPCS	STERILE WATER/SALINE, 500 ML	Yes
A4218	CPT/HCPCS	STERILE SALINE OR WATER, METERED DOSE DISPENSER, 10 ML	Yes
A4220	CPT/HCPCS	REFILL KIT FOR IMPLANTABLE INFUSION PUMP	Yes
A4221	CPT/HCPCS	SUPPLIES FOR MAINTENANCE OF NON-INSULIN DRUG INFUSION CATHETER, PER WEEK (LIST DRUGS SEPARATELY)	Yes
A4223	CPT/HCPCS	INFUSION SUPPLIES NOT USED WITH EXTERNAL INFUSION PUMP, PER CASSETTE OR BAG	Yes
A4230	CPT/HCPCS	INFUSION SET FOR EXTERNAL INSULIN PUMP NEEDLE TYPE	Yes
A4231	CPT/HCPCS	INFUSION SET FOR EXTERNAL INSULIN PUMP, NEEDLE TYPE	Yes
A4232	CPT/HCPCS	SYRINGE WITH NEEDLE FOR EXTERNAL INSULIN PUMP STERILE, 3CC	Yes
A4233	CPT/HCPCS	REPLACEMENT BATTERY, ALKALINE (OTHER THAN J CELL), FOR USE WITH MEDICALLY NECESSARY HOME BLOOD GLUCOSE MONITOR OWNED BY	Yes
A4234	CPT/HCPCS	REPLACEMENT BATTERY, ALKALINE, J CELL, FOR USE WITH MEDICALLY NECESSARY HOME BLOOD GLUCOSE MONITOR OWNED BY PATIENT, EA	Yes
A4235	CPT/HCPCS	REPLACEMENT BATTERY, LITHIUM, FOR USE WITH MEDICALLY NECESSARY HOME BLOOD GLUCOSE MONITOR OWNED BY PATIENT, EACH	Yes
A4236	CPT/HCPCS	REPLACEMENT BATTERY, SILVER OXIDE, FOR USE WITH MEDICALLY NECESSARY HOME BLOOD GLUCOSE MONITOR OWNED BY PATIENT, EACH	Yes
A4244	CPT/HCPCS	ALCOHOL OR PEROXIDE, PER PINT	Yes
A4246	CPT/HCPCS	BETADINE OR PHISOHEX SOLUTION, PER PINT	Yes
A4247	CPT/HCPCS	BETADINE OR IODINE SWABS/ WIPES, PER BOX	Yes
A4248	CPT/HCPCS	CHLORHEXIDINE CONTAINING ANTISEPTIC, 1 ML	Yes
A4250	CPT/HCPCS	URINE TEST OR REAGENT STRIPS OR TABLETS (100 TABLETS OR STRIPS)	Yes
A4253	CPT/HCPCS	BLOOD GLUCOSE TEST OR REAGENT STRIPS FOR HOME BLOOD GLUCOSE MONITOR, PER 50 STRIPS	Yes
A4255	CPT/HCPCS	PLATFORMS FOR HOME BL00D GULCOSE MONITOR 50 PER BOX	Yes
A4256	CPT/HCPCS	NORMAL, LOW AND HIGH CALIBRATOR SOLUTION / CHIPS	Yes
A4258	CPT/HCPCS	SPRING-POWERED DEVICE FOR LANCET,EACH	Yes
A4259	CPT/HCPCS	LANCETS, PER BOX	Yes
A4262	CPT/HCPCS	TEMPORARY, ABSORBABLE LACRIMAL DUCT IMPLANT, EACH	Yes
A4263	CPT/HCPCS	PERMANENT,LONG TERM,NON-DISSOLVABLE LACRIMAL DUCT IMPLANT EACH	Yes
A4265	CPT/HCPCS	PARAFFIN	Yes
A4270	CPT/HCPCS	DISPOSABLE ENDOSCOPE SHEATH, EACH	Yes
A4280	CPT/HCPCS	ADHESIVE SKIN SUPPORT ATTACHMENT FOR USE WITH EXTERNAL BREAST PROSTHESIS, EACH	Yes

A4281	CPT/HCPCS	TUBING FOR BREAST PUMP, REPLACEMENT	Yes
A4282	CPT/HCPCS	ADAPTER FOR BREAST PUMP, REPLACEMENT	Yes
A4283	CPT/HCPCS	CAP FOR BREAST PUMP BOTTLE, REPLACEMENT	Yes
A4285	CPT/HCPCS	POLYCARBONATE BOTTLE FOR USE WITH BREAST PUMP, REPLACEMENT	Yes
A4286	CPT/HCPCS	LOCKING RING FOR BREAST PUMP, REPLACEMENT	Yes
A4290	CPT/HCPCS	SACRAL NERVE STIMULATION TEST LEAD, EACH	Yes
A4300	CPT/HCPCS	IMPLANTABLE VASCULAR ACCESS PORTAL/CATHETER (VENOUS, ARTERIAL OR PERITONEAL)	Yes
A4301	CPT/HCPCS	IMPLANTABLE ACCESS TOTAL CATHETER, PORT/RESERVOIR(EG VENOUS,ARTERIAL, EPIDURAL, SUBARACHNOID, PERITONEAL, ETC)	Yes
A4305	CPT/HCPCS	DISPOSABLE DRUG DELIVERY SYSTEM, FLOW RATE OF 50 ML OR GREATER PER HOUR	Yes
A4306	CPT/HCPCS	DISPOSABLE DRUG DELIVERY SYSTEM, FLOW RATE OF LESS THAN 50 ML PER HOUR	Yes
A4310	CPT/HCPCS	INSERTION TRAY WITHOUT DRAINAGE BAG AND WITHOUT CATHETER (ACCESSORIES ONLY)	Yes
A4311	CPT/HCPCS	INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY LATEX WITH COATING (TEFLON, SILICO	Yes
A4312	CPT/HCPCS	INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE	Yes
A4313	CPT/HCPCS	INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, THREE-WAY, FOR CONTINUOUS IRRIGATION	Yes
A4314	CPT/HCPCS	INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY LATEX WITH COATING (TEFLON, SILICO	Yes
A4315	CPT/HCPCS	INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE	Yes
A4316	CPT/HCPCS	INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, THREE-WAY, FOR CONTINUOUS IRRIGATION	Yes
A4320	CPT/HCPCS	IRRIGATION TRAY FOR BLADDER IRRIGATION WITH BULB OR PISTON SYRINGE	Yes
A4321	CPT/HCPCS	THERAPEUTIC AGENT FOR URINARY CATHETER IRRIGATION	Yes
A4322	CPT/HCPCS	IRRIGTAION SYRINGE, BULB OR PISTON	Yes
A4326	CPT/HCPCS	MALE EXTERNAL CATHETER WITH INTEGRAL COLLECTION CHAMBER, ANY TYPE, EACH	Yes
A4327	CPT/HCPCS	FEMALE EXTERNAL URINARY COLLECTION DEVICE; MEATAL CUP, EACH	Yes
A4328	CPT/HCPCS	FEMALE EXTERNAL URINARY COLLECTION DEVICE; POUCH, EACH	Yes
A4330	CPT/HCPCS	PERIANAL FECAL COLLECTION POUCH WITH ADHESIVE	Yes
A4331	CPT/HCPCS	EXTENSION DRAINAGE TUBING, ANY TYPE, ANY LENGTH,W/CONNECTOR ADAPTOR,	Yes
A4332	CPT/HCPCS	LUBRICANT, INDIVIDUAL STERILE PACKET, EACH	Yes
A4333	CPT/HCPCS	URINARY CATHETER ANCHORING DEVICE, ADHESIVE SKIN ATTACHMENT EACH	Yes
A4334	CPT/HCPCS	URINARY CATHETER ANCHORING DEVICE, LEG STRAP, EACH	Yes
A4335	CPT/HCPCS	INCONTINENCE SUPPLY; MISCELLANEOUS	Yes
A4336	CPT/HCPCS	INCONTINENCE SUPPLY, URETHRAL INSERT, ANY TYPE, EACH	Yes
A4337	CPT/HCPCS	INCONTINENCE SUPPLY, RECTAL INSERT, ANY TYPE, EACH	Yes
A6556	CPT/HCPCS	GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 18-30 MMHG, CUSTOM, EACH	Yes
A6557	CPT/HCPCS	GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 30-40 MMHG, CUSTOM, EACH	Yes
A6560	CPT/HCPCS	GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE, 30-40 MMHG, CUSTOM, EACH	Yes
A6564	CPT/HCPCS	GRADIENT COMPRESSION STOCKING, WAIST LENGTH, 40 MMHG OR GREATER, CUSTOM, EACH	Yes
A6571	CPT/HCPCS	GRADIENT COMPRESSION GARMENT, GENITAL REGION, CUSTOM, EACH	Yes
A6572	CPT/HCPCS	GRADIENT COMPRESSION GARMENT, TOE CAPS, EACH	Yes
A6577	CPT/HCPCS	GRADIENT COMPRESSION ARM SLEEVE, CUSTOM, HEAVY WEIGHT, EACH	Yes
A6578	CPT/HCPCS	GRADIENT COMPRESSION ARM SLEEVE, EACH	Yes
A6580	CPT/HCPCS	GRADIENT COMPRESSION GLOVE, CUSTOM, HEAVY WEIGHT, EACH	Yes
A6610	CPT/HCPCS	GRADIENT COMPRESSION STOCKING, BELOW KNEE, 18-30 MMHG, CUSTOM, EACH	Yes
A4222	CPT/HCPCS	INFUSION SUPPLIES FOR EXTERNAL DRUG INFUSION PUMP, PER CASSETTE OR BAG (LIST	Yes

A9273	CPT/HCPCS	COLD OR HOT FLUID BOTTLE, ICE CAP OR COLLAR, HEAT AND/OR COLD WRAP, ANY TYPE	Yes
K1019	CPT/HCPCS	SUPPLIES AND ACCESSORIES FOR EXTERNAL UPPER LIMB TREMOR STIMULATOR OF THE PERIPHERAL NERVES OF THE WRIST	Yes
A6602	CPT/HCPCS	GRADIENT COMPRESSION BANDAGING SUPPLY, HIGH DENSITY FOAM ROLL FOR BANDAGE, PER LINEAR YARD, ANY WIDTH, EACH	Yes
A6607	CPT/HCPCS	GRADIENT COMPRESSION BANDAGING SUPPLY, TUBULAR PROTECTIVE ABSORPTION LAYER, PER LINEAR YARD, ANY WIDTH, EACH	Yes
A6597	CPT/HCPCS	GRADIENT COMPRESSION BANDAGE ROLL, ELASTIC LONG STRETCH, LINEAR YARD, ANY WIDTH, EACH	Yes
A6598	CPT/HCPCS	GRADIENT COMPRESSION BANDAGE ROLL, ELASTIC MEDIUM STRETCH, PER LINEAR YARD, ANY WIDTH, EACH	Yes
A6521	CPT/HCPCS	GRADIENT COMPRESSION GARMENT, GLOVE, PADDED, FOR NIGHTTIME USE, CUSTOM, EACH	Yes
A6599	CPT/HCPCS	GRADIENT COMPRESSION BANDAGE ROLL, INELASTIC SHORT STRETCH, PER LINEAR YARD, ANY WIDTH, EACH	Yes
A6600	CPT/HCPCS	GRADIENT COMPRESSION BANDAGING SUPPLY, HIGH DENSITY FOAM SHEET, PER 250 SQUARE CENTIMETERS, EACH	Yes
A6601	CPT/HCPCS	GRADIENT COMPRESSION BANDAGING SUPPLY, HIGH DENSITY FOAM PAD, ANY SIZE OR SHAPE, EACH	Yes
A6526	CPT/HCPCS	GRADIENT COMPRESSION GARMENT, FULL LEG AND FOOT, PADDED, FOR NIGHTTIME USE, EACH	Yes
A6528	CPT/HCPCS	GRADIENT COMPRESSION GARMENT, BRA, FOR NIGHTTIME USE, EACH	Yes
A6603	CPT/HCPCS	GRADIENT COMPRESSION BANDAGING SUPPLY, LOW DENSITY CHANNEL FOAM SHEET, PER 250 SQUARE CENTIMETERS, EACH	Yes
A6527	CPT/HCPCS	GRADIENT COMPRESSION GARMENT, FULL LEG AND FOOT, PADDED, FOR NIGHTTIME USE, CUSTOM, EACH	Yes
A6604	CPT/HCPCS	GRADIENT COMPRESSION BANDAGING SUPPLY, LOW DENSITY FLAT FOAM SHEET, PER 250 SQUARE CENTIMETERS, EACH	Yes
A6606	CPT/HCPCS	GRADIENT COMPRESSION BANDAGING SUPPLY, PADDED TEXTILE, PER LINEAR YARD, ANY WIDTH, EACH	Yes
A6608	CPT/HCPCS	GRADIENT COMPRESSION BANDAGING SUPPLY, TUBULAR PROTECTIVE ABSORPTION PADDED LAYER, PER LINEAR YARD, ANY WIDTH, EACH	Yes
A6561	CPT/HCPCS	GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE, 40 MMHG OR GREATER, CUSTOM, EACH	Yes
A6609	CPT/HCPCS	GRADIENT COMPRESSION BANDAGING SUPPLY, NOT OTHERWISE SPECIFIED	Yes
A4560	CPT/HCPCS	NEUROMUSCULAR ELECTRICAL STIMULATOR (NMES)DISPOABLE,REPLACEMENT ONLY	Yes
A6559	CPT/HCPCS	GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE, 18-30 MMHG, CUSTOM, EACH	Yes
A6565	CPT/HCPCS	GRADIENT COMPRESSION GAUNTLET, CUSTOM, EACH	Yes
A6582	CPT/HCPCS	GRADIENT COMPRESSION GAUNTLET, EACH	Yes
A6605	CPT/HCPCS	GRADIENT COMPRESSION BANDAGING SUPPLY, PADDED FOAM, PER LINEAR YARD, ANY WIDTH, EACH	Yes
A6529	CPT/HCPCS	GRADIENT COMPRESSION GARMENT, BRA, FOR NIGHTTIME USE, CUSTOM, EACH	Yes
S9435	CPT/HCPCS	MEDICAL FOODS FOR INBORN ERRORS OF METABOLISM	Yes
B4105	CPT/HCPCS	IN-LINE CARTRIDGE CONTAINING DIGESTIVE ENZYME(S) FOR ENTERAL FEEDING, EACH	Yes
Q9994	CPT/HCPCS	IN-LINE CARTRIDGE CONTAINING DIGESTIVE ENZYME(S) FOR ENTERALFEEDING, EACH	Yes
B4036	CPT/HCPCS	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY	Yes
B4083	CPT/HCPCS	STOMACH TUBE - LEVINE TYPE	Yes
B4153	CPT/HCPCS	ENTERAL FORMULAE;CATEGORY III:HYDROLIZED PROTEIN/AMINO ACIDSINTERNAL FEEDING TUBE, 100 CALORIES= 1 UNIT	Yes
B4081	CPT/HCPCS	NASOGASTRIC TUBING WITH STYLET	Yes
B4222	CPT/HCPCS	PARENTERAL NUTRITION SUPPLY KIT; HOME MIX, PER DAY	Yes
B4185	CPT/HCPCS	PARENTERAL NUTRITION SOLUTION, NOT OTHERWISE SPECIFIED, 10 GRAMS LIPIDS	Yes
B4103	CPT/HCPCS	ENTERAL FORMULA, FOR PEDIATRICS, USED TO REPLACE FLUIDS AND ELECTROLYTES, 500 ML = 1 UNIT	Yes
B4162	CPT/HCPCS	ENTERAL FORMULA, FOR PEDIATRICS, SPECIAL METABOLIC NEEDS FORINHERITED DISEASE OF METABOLISM, INCLUDES PROTEINS, FATS, CA	Yes
B9006	CPT/HCPCS	PARENTERAL NUTRITION INFUSION PUMP, STATIONARY	Yes

B4224	CPT/HCPCS	PARENTERAL NUTRITION ADMINISTRATION KIT, PER DAY	Yes
B4155	CPT/HCPCS	ENTERAL FORMULAE;CATEGORY V:MODULAR COMPONENTS, ENTERAL FEEDING TUBE, 100 CALORIES= 1 UNIT	Yes
B4189	CPT/HCPCS	PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH ELECTROLYTES, TRACE ELEMENTS, AND VITAMINS	Yes
B9999	CPT/HCPCS	NOT OTHERWISE CLASSIFIED FOR PARENTERAL SUPPLIES	Yes
B4150	CPT/HCPCS	ENTERAL FORM, NUTRIT COMP/W INTACT NUTRIENTS, INC PRO, FATS CARBO, VIT/MIN, MAY INC FIB; 100 CAL=1 UNIT	Yes
B4102	CPT/HCPCS	ENTERAL FORMULA, FOR ADULTS, USED TO REPLACE FLUIDS AND ELECTROLYTES, 500 ML = 1 UNIT	Yes
B4168	CPT/HCPCS	PARENTERAL NUTRITION SOLUTION, (AMINO ACID, 3.5%), (500 ML = 1 UNIT), HOMEMIX	Yes
B4180	CPT/HCPCS	PARENTERAL NUTRITION SOLUTION; CARBOHYDRATES (DEXTROSE), GREATER THAN 50%, (500 ML = 1 UNIT) - HOMEMIX	Yes
B4176	CPT/HCPCS	PARENTERAL NUTRITION SOLUTION; AMINO ACID, 7% THROUGH 8.5%, (500 ML = 1 UNIT) - HOMEMIX	Yes
B4100	CPT/HCPCS	FOOD THICKENER, ADMINISTERED ORALLY, PER OUNCE	Yes
B4160	CPT/HCPCS	ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE CALORICALLY DENSE, WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FAT	Yes
B4088	CPT/HCPCS	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH	Yes
B4159	CPT/HCPCS	ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE SOY BASED WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBO	Yes
B4197	CPT/HCPCS	PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH ELECTROLYTES, TRACE ELEMENTS AND VITAMINS,	Yes
B5200	CPT/HCPCS	PARENTERAL NUTRITION SOLUTION COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH ELECTROLYTES, TRACE ELEMENTS, AND VITAMINS, I	Yes
B4034	CPT/HCPCS	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY	Yes
B4172	CPT/HCPCS	PARENTERAL NUTRITION SOLUTION, (AMINO ACID, 5.5% THROUGH 7%), (500 ML = 1 UNIT), HOMEMIX	Yes
B4193	CPT/HCPCS	PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH ELECTROLYTES, TRACE ELEMENTS, AND VITAMINS	Yes
B4157	CPT/HCPCS	ENTERAL FORMULA, NUT COMP. FOR SPC METAB, INHERIT DIS, OF METAB, INC PROTEINS, FATS CARBO, VIT AND MIN, MAY INCLUDE FIB	Yes
B4152	CPT/HCPCS	ENTERAL FORMULAE CATEGORY II:INTACT PROTEIN/PROTEIN ISOLATES(CALORICALLY DENSE)ENTERAL FEEDING TUBE 100 CALORIES=1 UNIT	Yes
B9998	CPT/HCPCS	NOT OTHERWISE CLASSIFIED FOR ENTERAL SUPPLIES	Yes
B4164	CPT/HCPCS	PARENTAL NUTRITION SOLUTION: CARBOHYDRATES (DEXTROSE), 50% OR LESS (500 ML = 1 UNIT) - HOMEMIX	Yes
B4154	CPT/HCPCS	ENTERAL FORMULAE CATEGORY IV:DEFINED FORMULA FOR SPECIAL METABOLIC NEED,ENTERAL FEEDING TUBE 100 CALORIES= 1 UNIT	Yes
B4035	CPT/HCPCS	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY	Yes
B4199	CPT/HCPCS	PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH ELECTROLYTES, TRACE ELEMENTS AND VITAMINS,	Yes
B9002	CPT/HCPCS	ENTERAL NUTRITION INFUSION PUMP, ANY TYPE	Yes
Q4025	CPT/HCPCS	CAST SUPPLIES, HIP SPICA, ADULT, PLASTER	Yes
Q4009	CPT/HCPCS	CAST SUPPLIES, SHORT ARM CAST, ADULT, PLASTER	Yes
S8130	CPT/HCPCS	INTERFERENTIAL CURRENT STIMULATOR, 2 CHANNEL	Yes
A6238	CPT/HCPCS	HYDROCOLLOID DREEDSSING WOUND COVER PAD SIZE MORE THAN 16 SQ IN BUT LESS THAN OR EQUAL TO 48 SQ IN., WITH ANY SIZE	Yes
S8131	CPT/HCPCS	INTERFERENTIAL CURRENT STIMULATOR, 4 CHANNEL	Yes
B5000	CPT/HCPCS	PARENTERAL NUTRITION SOLUTION: COMPOUNDED AMINO ACID AND CARBOHYDRATES, WITH ELECTROLYTES, TRACE ELEMENTS, AND VITAMINS	Yes
B4082	CPT/HCPCS	NASOGASTRIC TUBING WITHOUT STYLET	Yes
B9004	CPT/HCPCS	PARENTERAL NUTRITION INFUSION PUMP, PORTABLE	Yes
A7523	CPT/HCPCS	TRACHEOSTOMY SHOWER PROTECTOR, EACH	Yes
K0056	CPT/HCPCS	SEAT HEIGHT 17 OR EQUAL TO 21 FOR A HIGH STRENGTH LIGHTWEIGHT OR ULTRALIGHTWEIGHT WHEELCHAIR	Yes
K0806	CPT/HCPCS	POWER OPERATED VEHICLE, GROUP 2 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Yes

K0013	CPT/HCPCS	CUSTOM MOTORIZED POWER WHEELCHAIR BASE	Yes
A6250	CPT/HCPCS	SKIN SEALANTZ PROTECTANTS MOISTURIZERS OINTMENTS ANY TYPE ANY SIZE	Yes
A5505	CPT/HCPCS	FOR DIABETICS ONLY MODIFICATION OF OFF THE SHELF DEPTH INLAYSHOE OR CUSTOM-MOLDED SHOE WITH OFF SET HEEL(S) PER SHOE	Yes
A6457	CPT/HCPCS	TUBULAR DRESSING WITH OR WITHOUT ELASTIC, ANY WIDTH, PER LINEAR YARD	Yes
A4633	CPT/HCPCS	REPLACEMENT BULB/LAMP FOR ULTRAVIOLET LIGHT THERAPY SYSTEM, EACH	Yes
K0837	CPT/HCPCS	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Yes
A5093	CPT/HCPCS	OSTOMY ACCESSORY; CONVEX INSERT	Yes
A6510	CPT/HCPCS	COMPRESSION BURN GARMENT, TRUNK, INCLUDING ARMS DOWN TO LEG OPENINGS (LEOTARD),	Yes
K0858	CPT/HCPCS	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Yes
K0014	CPT/HCPCS	OTHER MOTORIZED/POWER WHEELCHAIR BASE	Yes
A5073	CPT/HCPCS	OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH FLANGE (TWO PIECE), EACH	Yes
Q4015	CPT/HCPCS	CAST SUPPLIES,GAUNTLET CAST, PEDIATRIC, PLASTER	Yes
A4463	CPT/HCPCS	SURGICAL DRESSING HOLDER, REUSABLE, EACH	Yes
S8420	CPT/HCPCS	GRADIENT PRESSURE AID (SLEEVE AND GLOVE COMBO), CUSTOM MADE	Yes
S8429	CPT/HCPCS	GADEINT PRESSURE EXTERIOR WRAP	Yes
K0880	CPT/HCPCS	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT 451 TO 600 POUNDS	Yes
A6442	CPT/HCPCS	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE,WIDTH LESS THAN THREE INCHES, PER YARD	Yes
K0038	CPT/HCPCS	LEG STRAP EACH	Yes
K0839	CPT/HCPCS	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	Yes
K0743	CPT/HCPCS	SUCTION PUMP, HOME MODEL, PORTABLE, FOR USE ON WOUNDS	Yes
Q4017	CPT/HCPCS	CAST SUPPLIES, LONG ARM SPLINT, ADULT, PLASTER	Yes
A4284	CPT/HCPCS	BREAST SHIELD AND SPLASH PROTECTOR FOR USE WITH BREAST PUMP,REPLACEMENT	Yes
Q4043	CPT/HCPCS	CAST SUPPLIES, LONG LEG SPLINT, PEDIATRIC, PLASTER	Yes
K0821	CPT/HCPCS	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Yes
A6447	CPT/HCPCS	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE, WIDTH GREATER THAN OR EQUAL TO FIVE INCHES, PER YARD	Yes
A4601	CPT/HCPCS	LITHIUM ION BATTERY, RECHARGEABLE, FOR NON-PROSTHETIC USE, REPLACEMENT	Yes
K0050	CPT/HCPCS	RATCHET ASSEMBLY, REPLACEMENT ONLY	Yes
S8185	CPT/HCPCS	FLUTTER DEVICE	Yes
A4927	CPT/HCPCS	GLOVES, NON-STERILE, PER 100	Yes
K0857	CPT/HCPCS	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Yes
Q4013	CPT/HCPCS	CAST SUPPLIES,GAUNTLET CAST, ADULT, PLASTER	Yes
A6231	CPT/HCPCS	GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT WOUND CONTACT, STERILE, PAD SIZE 16 SQ IN. OR LESS, EA DRESSING	Yes
K0043	CPT/HCPCS	FOOTREST, LOWER EXTENSION TUBE, REPLACEMENT ONLY,EACH	Yes
K0070	CPT/HCPCS	REAR WHEEL ASSEMBLY COMPLETE WITH PNEUMATIC TIRE SPOKES OR MOLED EACH	Yes
A8001	CPT/HCPCS	HELMET, PROTECTIVE, HARD, PREFABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES	Yes
A5112	CPT/HCPCS	URINARY LEG BAG; LATEX	Yes
Q0491	CPT/HCPCS	EMERGENCY POWER SOURCE FOR USE WITH ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	Yes
A6241	CPT/HCPCS	HYDROCOLLOID DRESSING, WOUND FILLER, DRY FORM, STERILE, PER GRAM	Yes

A6251	CPT/HCPCS	SPECIALTY ABSORPTIVE DRESSING WOUND COVER PAD SIZE 16 SQ IN.OR LESS WITHOUT ADHESIVE BORDER EACH DRESSING	Yes
Q4038	CPT/HCPCS	CAST SUPPLIES, SHORT LEG CAST, ADULT, FIBERGLASS	Yes
S8421	CPT/HCPCS	GRADIENT PRESSURE AID (SLEEVE AND GLOVE COMBO), READY MADE	Yes
Q0483	CPT/HCPCS	MONITOR/DISPLAY MODULE FOR USE WITH ELECTRIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	Yes
A6550	CPT/HCPCS	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES	Yes
A4467	CPT/HCPCS	BELT, STRAP, SLEEVE, GARMENT, OR COVERING, ANY TYPE	Yes
A4248	CPT/HCPCS	CHLORHEXIDINE CONTAINING ANTISEPTIC, 1 ML	Yes
A4265	CPT/HCPCS	PARAFFIN	Yes
A5126	CPT/HCPCS	ADHESIVE; DISC OR FOAM PAD	Yes
A5507	CPT/HCPCS	FOR DIABETICS ONLY NOT OTHERWISE SPECIFIED MODIFICATION OF OFF THE SHELF DEPTH INLAY SHOE OR CUSTOM-MOLDED SHOE PER	Yes
A6253	CPT/HCPCS	SPECIALTY ABSORPTIVE DRESSING WOUND COVER PAD SIZE MORE THAN 48 SQ IN WITHOUT ADHESIVE BORDER EACH DRESSING	Yes
Q0498	CPT/HCPCS	HOLSTER FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	Yes
A5512	CPT/HCPCS	FOR DIABETICS ONLY, MULTIPLE DENSITY INSERT, DIRECT FORMED, MOLDED TO FOOT AFTER EXTERNAL HEAT SOURCE OF 230 DEGREES FA	Yes
A4459	CPT/HCPCS	MANUAL TRANSANAL IRRIGATION SYSTEM, INCLUDES WATER RESERVOIR, PUMP, TUBING, AND ACCESSORIES, WITHOUT CATHETER, ANY TYPE	Yes
A6538	CPT/HCPCS	GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE, 40 MMHG OR GREATER, EACH	Yes
A7006	CPT/HCPCS	ADMINISTRATION SET, WITH SMALL VOLUME FILTERED PNEUMATIC NEBULIZER	Yes
Q4035	CPT/HCPCS	CAST SUPPLIES, LONG LEG CYLINDER CAST, PEDIATRIC, PLASTER	Yes
A6541	CPT/HCPCS	GRADIENT COMPRESSION STOCKING, WAIST LENGTH, 40 MMHG,OR GREATER, EACH	Yes
A4458	CPT/HCPCS	ENEMA BAG WITH TUBING, REUSABLE	Yes
K0831	CPT/HCPCS	POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUND	Yes
K0854	CPT/HCPCS	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	Yes
A6450	CPT/HCPCS	LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH GREATER THAN OR EQUAL TO FIVE INCHES, PER YARD	Yes
A6205	CPT/HCPCS	COMPOSITE DRESSING, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EA DRESSING	Yes
Q4007	CPT/HCPCS	CAST SUPPLIES, LONG ARM CAST, PEDIATRIC, PLASTER	Yes
Q4016	CPT/HCPCS	CAST SUPPLIES,GAUNTLET CAST, PEDIATRIC,FIBERGLASS	Yes
Q4021	CPT/HCPCS	CAST SUPPLIES, SHORT ARM SPLINT, ADULT, PLASTER	Yes
A5120	CPT/HCPCS	SKIN BARRIER, WIPES OR SWABS, EACH	Yes
S8121	CPT/HCPCS	OXYGEN CONTENT, LIQUID, 1 UNIT EQUALS 1 POUND	Yes
A7002	CPT/HCPCS	TUBING, USED WITH SUCTION PUMP, EACH	Yes
A7014	CPT/HCPCS	FILTER, NONDISPOSABLE, USED WITH AEROSOL COMPRESSOR OR ULTRASONIC GENERATOR	Yes
A4481	CPT/HCPCS	TRACHEOSTOMA FILTER ANY TYPE ANY SIZE EACH	Yes
B4161	CPT/HCPCS	ENTERAL FORMULA, FOR PEDIATRICS, HYDROLYZED/AMINO ACIDS AND PEPTIDE CHAIN PROTEINS, INCLUDES FATS, CARBOHYDRATES, VITAMI	Yes
B4149	CPT/HCPCS	ENTERAL FORMULA, BLENDERIZED NATURAL FOODS WITH INTACT NUTRIENTS, INCLUDES BLENDERIZED FOODS	Yes
B4216	CPT/HCPCS	PARENTERAL NUTRITION ADDITIVES (VITAMINS, TRACE ELEMENTS, HEPARIN, ELECTROLYTES), HOMEMIX, PER DAY	Yes
A7526	CPT/HCPCS	TRACHEOSTOMY TUBE COLLAR/HOLDER, EACH	Yes
K0815	CPT/HCPCS	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Yes
A4617	CPT/HCPCS	MOUTH PIECE	Yes
A5071	CPT/HCPCS	OSTOMY POUCH, URINARY; WITH BARRIER ATTACHED (ONE PIECE), EACH	Yes
K0740	CPT/HCPCS	REPAIR OR NONROUTINE SERVICE FOR OXYGEN EQUIPMENT REQUIRING THE SKILL OF A TECHNICIAN, LABOR COMPONENT, PER 15 MIN	Yes

K0842	CPT/HCPCS	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Yes
J1817	CPT/HCPCS	INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) PER 50 UNITS	Yes
K0744	CPT/HCPCS	ABSORPTIVE WOUND DRESSING FOR USE WITH SUCTION PUMP, HOME MODEL, PORTABLE, PAD SIZE 16 SQUARE INCHES OR LESS	Yes
Q4036	CPT/HCPCS	CAST SUPPLIES, LONG LEG CYLINDER CAST, PEDIATRIC, FIBERGLASS	Yes
Q4047	CPT/HCPCS	CAST SUPPLIES, SHORT LEG SPLINT, PEDIATRIC, PLASTER	Yes
A7027	CPT/HCPCS	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH	Yes
S8428	CPT/HCPCS	GRADIENT PRESSURE AID (GAUNTLET), READY MADE	Yes
G9018	CPT/HCPCS	ZANAMIVIR, INHALATION POWDER ADMINISTERED THROUGH INHALER, PER 10 MG	Yes
A7028	CPT/HCPCS	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	Yes
K0816	CPT/HCPCS	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACTIY UP TO AND INCLUDING 300 POUNDS	Yes
A6022	CPT/HCPCS	COLLAGEN DRESSING, STERILE, SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO	Yes
A5500	CPT/HCPCS	FOR DIABETICS ONLY, FITTING CUSTOM PREPARATION AND SUPPLY OF OFF THE SHELF DEPTH INLAY SHOE MANUFACTURED TO ACCOMMODA	Yes
K0603	CPT/HCPCS	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, ALKALINE, 1.5 VOLT, EACH	Yes
K0077	CPT/HCPCS	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, REPLACEMENT ONLY, EACH	Yes
A6260	CPT/HCPCS	WOUND CLEANSERS, STERILE, ANY TYPE, ANY SIZE	Yes
K0886	CPT/HCPCS	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 P	Yes
A6203	CPT/HCPCS	COMPOSITE DRESSING, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EA DRESSING	Yes
Q4024	CPT/HCPCS	CAST SUPPLIES, SHORT ARM SPLINT, PEDIATRIC (0-10 YEARS), FIBERGLASS	Yes
A4930	CPT/HCPCS	GLOVES, STERILE, PER PAIR	Yes
Q4008	CPT/HCPCS	CAST SUPPLIES, LONG ARM CAST, PEDIATRIC, FIBERGLASS	Yes
A9285	CPT/HCPCS	INVERSION/EVERSION CORRECTION DEVICE	Yes
K0045	CPT/HCPCS	FOOTREST, COMPLETE ASSEMBLY, REPLACEMENT ONLY, EACH	Yes
A5061	CPT/HCPCS	OSTOMY POUCH, DRAINABLE; WITH BARRIER ATTACHED (ONE PIECE), EACH	Yes
S8423	CPT/HCPCS	GRADIENT PRESSURE AID (SLEEVE) CUSTOM MADE, HEAVY WEIGHT	Yes
Q0508	CPT/HCPCS	MISCELLANEOUS SUPPLY OR ACCESSORY FOR USE WITH AN IMPLANTED VENTRICULAR ASSIST DEVICE	Yes
A6021	CPT/HCPCS	COLLAGEN DRESSING, STERILE, SIZE 16 SQ. IN. OR LESS, EACH	Yes
Q4029	CPT/HCPCS	CAST SUPPLIES, LONG LEG CAST, ADULT, PLASTER	Yes
K0044	CPT/HCPCS	FOOTREST, UPPER HANGER BRACKET, REPLACEMENT ONLY, EACH	Yes
S8210	CPT/HCPCS	MUCUS TRAP	Yes
K0863	CPT/HCPCS	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	Yes
Q4033	CPT/HCPCS	CAST SUPPLIES, LONG LEG CYLINDER CAST, ADULT, PLASTER	Yes
K0835	CPT/HCPCS	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Yes
Q4018	CPT/HCPCS	CAST SUPPLIES, LONG ARM SPLINT, ADULT, FIBERGLASS	Yes
Q0488	CPT/HCPCS	POWER PACK BASE FOR USE WITH ELECTRIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	Yes
A7527	CPT/HCPCS	TRACHEOSTOMY/LARYNGECTOMY TUBE PLUG/STOP, EACH	Yes
K0898	CPT/HCPCS	POWER WHEELCHAIR, NOT OTHERWISE CLASSIFIED	Yes
Q0482	CPT/HCPCS	MICROPROCESSOR CONTROL UNIT FOR USE WITH ELECTRIC/PNEUMATIC COMBINATION VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	Yes
A4604	CPT/HCPCS	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	Yes
S1040	CPT/HCPCS	CRANIAL REMOLDING ORTHOSIS, PEDIATRIC, RIGID, WITH SOFT INTERFACE MATERIAL	Yes
A5053	CPT/HCPCS	OSTOMY POUCH, CLOSED; FOR USE ON FACEPLATE, EACH	Yes

A6545	CPT/HCPCS	GRADIENT COMPRESSION WRAP, NON-ELASTIC, BELOW KNEE 30-50 MMHG,USED AS A SURGICAL DRESSING, EACH	Yes
A4615	CPT/HCPCS	CANNULA, NASAL	Yes
A6209	CPT/HCPCS	FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EA DRESSING	Yes
Q0502	CPT/HCPCS	MOBILITY CART FOR PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	Yes
A7018	CPT/HCPCS	WATER, DISTILLED, USED WITH LARGE VOLUME NEBULIZER 1000ML	Yes
K0855	CPT/HCPCS	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	Yes
K0745	CPT/HCPCS	ABSORPTIVE WOUND DRESSING FOR USE WITH SUCTION PUMP, HOME MODEL, PORTABLE, PAD SIZE MORE THAN 16 SQUARE INCHES BUT LESS THAN OR EQUAL TO 48 SQUARE IN+	Yes
K0746	CPT/HCPCS	ABSORPTIVE WOUND DRESSING FOR USE WITH SUCTION PUMP, HOME MODEL, PORTABLE, PAD SIZE GREATER THAN 48 SQUARE INCHES	Yes
V5266	CPT/HCPCS	BATTERY FOR USE IN HEARING DEVICE	Yes
K0851	CPT/HCPCS	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Yes
A6412	CPT/HCPCS	EYE PATCH, OCCLUSIVE, EACH	Yes
A7001	CPT/HCPCS	CANISTER, NON-DISPOSABLE, USED WITH SUCTION PUMP, EACH	Yes
A6544	CPT/HCPCS	GRADIENT COMPRESSION STOCKING, GARTER BELT	Yes
A6258	CPT/HCPCS	TRANSPARENT FILM, STERILE, MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ.IN., EA DRESSING	Yes
B4220	CPT/HCPCS	PARENTERAL NUTRITION SUPPLY KIT; PREMIX, PER DAY	Yes
B5100	CPT/HCPCS	PARENTERAL NUTRITION SOLUTION: COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH ELECTROLYTES, TRACE ELEMENTS, AND VITAMINS	Yes
B4087	CPT/HCPCS	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MAT, ANY TYPE, EACH	Yes
A7020	CPT/HCPCS	INTERFACE FOR COUGH STIMULATING DEVICE, INCLUDES ALL COMPONENTS, REPLACEMENT ONLY	Yes
A6441	CPT/HCPCS	PADDING BANDAGE, NON-ELASTIC, NON-WOVEN/NON-KNITTED, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE IN	Yes
S8999	CPT/HCPCS	RESUSCITATION BAG (FOR USE BY PATIENT ON ARTIFICIAL RESPIRATION DURING POWER FAILURE OR OTHER CATASTROPHIC EVENT)	Yes
A6259	CPT/HCPCS	TRANSPARENT FILM, STERILE, MORE THAN 48 SQ. IN., EACH DRESSING	Yes
B4178	CPT/HCPCS	PARENTERAL NUTRITION SOLUTION: AMINO ACID, GREATER THAT 8.5% (500 ML = 1 UNIT) - HOMEMIX	Yes
B4104	CPT/HCPCS	ADDITIVE FOR ENTERAL FORMULA	Yes
B4158	CPT/HCPCS	ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE WITHINTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VI	Yes
A9281	CPT/HCPCS	REACHING/GRABBING DEVICE, ANY TYPE, ANY LENGTH, EACH	Yes
A5510	CPT/HCPCS	DIABETICS ONLY, DIRECT FORMED, COMPRESSION MOLDED TO PATIENTFOOT WITHOUT HEAT SOURCE, PREFABRICATED, PER SHOE	Yes
A6506	CPT/HCPCS	COMPRESSION BURN GARMENT, GLOVE TO AXILLA, CUSTOM FABRICATED	Yes
A4634	CPT/HCPCS	REPLACEMENT BULB FOR THERAPEUTIC LIGHT BOX, TABLETOP MODEL	Yes
S8431	CPT/HCPCS	COMPRESSION BANDAGE, ROLL	Yes
A6453	CPT/HCPCS	SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON-WOVEN, WIDTHLESS THAN THREE INCHES, PER YARD	Yes
A4252	CPT/HCPCS	BLOOD KETONE TEST OR REAGENT STRIP, EACH	Yes
K0042	CPT/HCPCS	STANDARD SIZE FOOTPLATE, REPLACEMENT ONLY, EACH	Yes
A6229	CPT/HCPCS	GAUZE, IMPREGNATED WATER OR NORMAL SALINE PAD SIZE MORE THAN16 SQ IN. BUT LESS THAN OR EQUAL TO 48 SQ IN.,W/O ADHESIVE	Yes
A9280	CPT/HCPCS	ALERT OR ALARM DEVICE, NOT OTHERWISE CLASSIFIED	Yes
A9284	CPT/HCPCS	SPIROMETER, NON-ELECTRONIC, INCLUDES ALL ACCESSORIES	Yes
A6232	CPT/HCPCS	GAUZE, IMPREGNATED,HYDROGEL FOR DIRECT WOUND CONTACT PAD SIZE,GREATER THAN 16SQ INCHES, LESS THAN 48SQ INCHES, EACH	Yes
A4630	CPT/HCPCS	REPLACEMENT BATTERIES, MEDICALLY NECESSARY, TRANSCUTANEOUS ELECTRICAL STIMULATOR, OWNED BY PATIENT	Yes
A4614	CPT/HCPCS	PEAK EXPIRATORY FLOW RATE METER HAND HELD	Yes
A4670	CPT/HCPCS	AUTOMATIC BLOOD PRESSURE MONITOR	Yes
Q4041	CPT/HCPCS	CAST SUPPLIES, LONG LEG SPLINT, ADULT, PLASTER	Yes

A6502	CPT/HCPCS	COMPRESSION BURN GARMENT, CHIN STRAP, CUSTOM FABRICATED	Yes
A9279	CPT/HCPCS	MONITORING FEATURE/DEVICE, STAND-ALONE/INTEGRATED, ANY TYPE, INCL ALL ACCESSORIES, COMPONENTS AND ELECTRONICS, NOT OTHER	Yes
Q4034	CPT/HCPCS	CAST SUPPLIES, LONG LEG CYLINDER CAST, ADULT, FIBERGLASS	Yes
A6501	CPT/HCPCS	COMPRESSION BURN GARMENT, BODYSUIT (HEAD TO FOOT), CUSTOM FABRICATED	Yes
L0112	CPT/HCPCS	CRANIAL CERVICAL ORTHOSIS, CONGENITAL TORTICOLLIS TYPE, WITHOR WITHOUT SOFT INTERFACE MATERIAL, ADJUSTABLE RANGE OF MOTI	Yes
A4562	CPT/HCPCS	PESSARY, REUSABLE, NON RUBBER, ANY TYPE	Yes
A4282	CPT/HCPCS	ADAPTER FOR BREAST PUMP, REPLACEMENT	Yes
A5051	CPT/HCPCS	OSTOMY POUCH, CLOSED; WITH BARRIER ATTACHED (ONE PIECE), EACH	Yes
A6446	CPT/HCPCS	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE, GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE IN	Yes
A6247	CPT/HCPCS	HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EA DRESSING	Yes
K0602	CPT/HCPCS	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, SILVER OXIDE, 3 VOLT EACH	Yes
A7520	CPT/HCPCS	TRACHEOSTOMY/LARYNGECTOMY TUBE, NON-CUFFED, POLYVINYLCHLORIDE (PVC), SILICONE OR EQUAL, EACH	Yes
A4626	CPT/HCPCS	TRACHEOSTOMY CLEANING BRUSH, EACH	Yes
A7038	CPT/HCPCS	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVIC	Yes
A7009	CPT/HCPCS	RESERVOIR BOTTLE, NON-DISPOSABLE, USED WITH LARGE VOLUME ULTRASONIC NEBULIZER	Yes
A4565	CPT/HCPCS	SLINGS	Yes
K0814	CPT/HCPCS	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Yes
A4595	CPT/HCPCS	ELECTRICAL STIMULATOR SUPPLIES, 2 LEAD, PER MONTH (EG, TENS, NMES)	Yes
A6244	CPT/HCPCS	HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EA DRESSING	Yes
A7503	CPT/HCPCS	FILTER HOLDER OR FILTER CAP, REUSABLE, FOR USE IN A TRACHEOSTOMA HEAT MOISTURE EXCHANGE SYSTEM	Yes
Q0509	CPT/HCPCS	MISCELLANEOUS SUPPLY OR ACCESSORY FOR USE WITH ANY IMPLANTED VENTRICULAR ASSIST DEVICE FOR WHICH PAYMENT WAS NOT MADE UN	Yes
A6410	CPT/HCPCS	EYE PAD, STERILE, EACH	Yes
A6512	CPT/HCPCS	COMPRESSION BURN GARMENT, NOT OTHERWISE CLASSIFIED	Yes
A6010	CPT/HCPCS	COLLAGEN BASED WOUND FILLER, DRY FORM, STERILE, PER GRAM OF COLLAGEN	Yes
K0861	CPT/HCPCS	POWER WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Yes
A7506	CPT/HCPCS	ADHESIVE DISC FOR USE IN A HEAT AND MOISTURE EXCHANGE SYSTEM	Yes
A9999	CPT/HCPCS	MISCELLANEOUS DME SUPPLY OR ACCESSORY, NOT OTHERWISE SPECIFIED	Yes
A6206	CPT/HCPCS	CONTACT LAYER, STERILE, 16 SQ. IN. OR LESS, EACH DRESSING	Yes
Q4011	CPT/HCPCS	CAST SUPPLIES, SHORT ARM CAST, PEDIATRIC, PLASTER	Yes
A4648	CPT/HCPCS	TISSUE MARKER, IMPLANTABLE, ANY TYPE, EACH	Yes
A4605	CPT/HCPCS	TRACHEAL SUCTION CATHETER, CLOSED SYSTEM, EACH	Yes
Q4045	CPT/HCPCS	CAST SUPPLIES, SHORT LEG SPLINT, ADULT, PLASTER	Yes
A4641	CPT/HCPCS	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT	Yes
A9286	CPT/HCPCS	HYGIENIC ITEM OR DEVICE, DISPOSABLE OR NON-DISPOSABLE, ANY TYPE, EACH	Yes
S8450	CPT/HCPCS	SPLINT, PREFABRICATED, DIGIT (SPECIFY DIGIT BY USE OF MODIFI	Yes
Q4042	CPT/HCPCS	CAST SUPPLIES, LONG LEG SPLINT, ADULT, FIBERGLASS	Yes
S8425	CPT/HCPCS	GRADIENT PRESSURE AID (GLOVE), CUSTOM MADE, MEDIUM WEIGHT	Yes
A6503	CPT/HCPCS	COMPRESSION BURN GARMENT, FACIAL HOOD, CUSTOM FABRICATED	Yes
S9007	CPT/HCPCS	ULTRAFILTRATION MONITOR	Yes
A4606	CPT/HCPCS	OXYGEN PROBE FOR USE WITH OXIMETER DEVICE, REPLACEMENT	Yes
A5055	CPT/HCPCS	STOMA CAP	Yes
K0607	CPT/HCPCS	REPLACEMENT BATTERY FOR AUTOMATED EXTERNAL DEFIBRILLATOR, EACH	Yes

K0848	CPT/HCPCS	POWER WHEELCHAIR, GROUP 3 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Yes
A6536	CPT/HCPCS	GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE, 18-30 MMHG, EACH	Yes
A6199	CPT/HCPCS	ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND FILLER, STERILE, PER 6 INCHES	Yes
A6413	CPT/HCPCS	ADHESIVE BANDAGE, FIRST-AID TYPE, ANY SIZE, EACH	Yes
A6221	CPT/HCPCS	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER EACH DRESSING	Yes
K0098	CPT/HCPCS	DRIVE BELT FOR POWER WHEELCHAIR, REPLACEMENT ONLY	Yes
A7041	CPT/HCPCS	WATER SEAL DRAINAGE CONTAINER AND TUBING FOR USE WITH IMPLAN	Yes
Q4051	CPT/HCPCS	SPLINT SUPPLIES, MISCELLANEOUS	Yes
Q4027	CPT/HCPCS	CAST SUPPLIES, HIP SPICA, PEDIATRIC, PLASTER	Yes
Q4026	CPT/HCPCS	CAST SUPPLIES, HIP SPICA, ADULT, FIBERGLASS	Yes
C1739	CPT/HCPCS	TISSUE MARKER, PROBE DETECTABLE ANY METHOD (IMPLANTABLE), WITH DELIVERY SYSTEM	Yes
A6564	CPT/HCPCS	GRADIENT COMPRESSION STOCKING, WAIST LENGTH, 40 MMHG OR GREATER, CUSTOM, EACH	Yes
A6583	CPT/HCPCS	GRADIENT COMPRESSION WRAP WITH ADJUSTABLE STRAPS, BELOW KNEE, EACH	Yes
A6586	CPT/HCPCS	GRADIENT COMPRESSION WRAP WITH ADJUSTABLE STRAPS, FULL LEG, EACH	Yes
A6587	CPT/HCPCS	GRADIENT COMPRESSION WRAP WITH ADJUSTABLE STRAPS, FOOT,EACH	Yes
A4457	CPT/HCPCS	ENEMA TUBE, WITH OR WITHOUT ADAPTER, ANY TYPE, REPLACEMENT ONLY, EACH	Yes
A6589	CPT/HCPCS	GRADIENT PRESSURE WRAP WITH ADJUSTABLE STRAPS, BRA, EACH	Yes
A6593	CPT/HCPCS	ACCESSORY FOR GRADIENT COMPRESSION GARMENT OR WRAP WITH ADJUSTABLE STRAPS, NOT-OTHERWISE SPECIFIED	Yes
A6594	CPT/HCPCS	GRADIENT COMPRESSION BANDAGING SUPPLY, BANDAGE LINER, LOWER EXTREMITY, ANY SIZE OR LENGTH, EACH	Yes
A4541	CPT/HCPCS	MONTHLY SUPPLIES FOR USE OF DEVICE CODED AT E0733	Yes
A4542	CPT/HCPCS	SUPPLIES AND ACCESSORIES FOR EXTERNAL UPPER LIMB TREMOR STIMULATOR OF THE PERIPHERAL NERVES OF THE WRIST	Yes
A6595	CPT/HCPCS	GRADIENT COMPRESSION BANDAGING SUPPLY, BANDAGE LINER, UPPER EXTREMITY, ANY SIZE OR LENGTH, EACH	Yes
A6596	CPT/HCPCS	GRADIENT COMPRESSION BANDAGING SUPPLY, CONFORMING GAUZE, PER LINEAR YARD, ANY WIDTH, EACH	Yes
J1813	CPT/HCPCS	INSULIN (LYUMJEV) FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) PER 50 UNITS	Yes
A4564	CPT/HCPCS	PESSARY, DISPOSABLE, ANY TYPE	Yes
K1017	CPT/HCPCS	MONTHLY SUPPLIES FOR USE OF DEVICE CODED AT K1016	Yes
K1013	CPT/HCPCS	ENEMA TUBE, WITH OR WITHOUT ADAPTER, ANY TYPE, RE PLACEMENT ONLY, EA	Yes
A9269	CPT/HCPCS	PROGRAMMABLE, TRANSIENT, ORALLY INGESTED CAPSULE, FOR USE WITH EXTERNAL PROGRAMMER, PER MONTH	Yes
J1811	CPT/HCPCS	INSULIN (FIASP) FOR ADMINISTRATION THROUGH DME(I.E.,INSULIN PUMP) PER 50 UNITS	Yes
B4187	CPT/HCPCS	OMEGAVEN, 10 GRAMS LIPIDS	Yes
A4437	CPT/HCPCS	IRRIGATION SUPPLY; SLEEVE, DISPOSABLE, PER MONTH	Yes
A4436	CPT/HCPCS	IRRIGATION SUPPLY; SLEEVE, REUSABLE, PER MONTH	Yes
L8678	CPT/HCPCS	ELECTRICAL STIMULATOR SUPPLIES (EXTERNAL) FOR USE WITH IMPLANTABLE NEUROSTIMULATOR, PER MONTH	Yes
B4148	CPT/HCPCS	ENTERAL FEEDING SUPPLY KIT; ELASTOMERIC CONTROL FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMI	Yes
A9268	CPT/HCPCS	PROGRAMMER FOR TRANSIENT, ORALLY INGESTED CAPSULE	Yes
A6516	CPT/HCPCS	GRADIENT COMPRESSION WRAP WITH ADJUSTABLE STRAPS, FOOT, EACH, CUSTOM	Yes
A6515	CPT/HCPCS	GRADIENT COMPRESSION WRAP WITH ADJUSTABLE STRAPS, FULL LEG, EACH, CUSTOM	Yes
A6517	CPT/HCPCS	GRADIENT COMPRESSION WRAP WITH ADJUSTABLE STRAPS, BELOW KNEE, EACH, CUSTOM	Yes
A4438	CPT/HCPCS	ADHESIVE CLIP APPLIED TO THE SKIN TO SECURE EXTERNAL ELECTRICAL NERVE STIMULATOR CONTROLLER, EACH	Yes
S9432	CPT/HCPCS	MEDICAL FOODS FOR NONINBORN ERRORS OF METABOLISM	Yes

C1827	CPT/HCPCS	GENERATOR, NEUROSTIMULATOR (IMPLANTABLE), NON-RECHARGEABLE, WITH IMPLANTABLE STIMULATION LEAD AND EXTERNAL PAIRED STIMUL	Yes
A2011	CPT/HCPCS	SUPRA SDRM, PER SQ CM	Yes
Q4199	CPT/HCPCS	CYGNUS MATRIX, PER SQUARE CENTIMETER	Yes
A2010	CPT/HCPCS	APIS, PER SQUARE CENTIMETER	Yes
C1826	CPT/HCPCS	GENERATOR, NEUROSTIMULATOR (IMPLANTABLE), INCLUDES CLOSED FEEDBACK LOOP LEADS AND ALL IMPLANTABLE COMPONENTS, WITH RECHA	Yes
C1834	CPT/HCPCS	PRESSURE SENSOR SYSTEM, INCLUDES ALL COMPONENTS(E.G.,INTRODUCER,SENSOR),INTRAMUSCULAR (IMPLANTABLE) EXCLUDES MOBILE (WIR	Yes
A4596	CPT/HCPCS	CRANIAL ELECTROTHERAPY STIMULATION (CES) SYSTEM SUPPLIES/ACCESSORIES, PER MONTH	Yes
A2017	CPT/HCPCS	PERMEADERM GLOVE, EACH	Yes
A2018	CPT/HCPCS	PERMEADERM C, PER SQUARE CENTIMETER	Yes
C1735	CPT/HCPCS	CATHETER(S), INTRAVASCULAR FOR RENAL DENERVATION, RADIOFREQUENCY, INCLUDING ALL SINGLE-USE SYSTEM COMPONENTS	Yes
C1605	CPT/HCPCS	PACEMAKER, LEADLESS, DUAL CHAMBER (RIGHT ATRIAL AND RIGHT VENTRICULAR IMPLANTABLE COMPONENTS), RATE-RESPONSIVE, INCLUDIN	Yes
S4988	CPT/HCPCS	PENILE CONTRACTURE DEVICE, MANUAL, GREATER THAN 3 LBS TRACTION FORCE	Yes
A6565	CPT/HCPCS	GRADIENT COMPRESSION GAUNTLET, CUSTOM, EACH	Yes
A2016	CPT/HCPCS	PERMEADERM B, PER SQUARE CENTIMETER	Yes
A2015	CPT/HCPCS	PHOENIX WOUND MATRIX, PER SQ CM	Yes
A2014	CPT/HCPCS	OMEZA COLLAGEN MATRIX, PER 100 MG	Yes
A4100	CPT/HCPCS	SKIN SUBSTITUTE, FDA-CLEARED AS A DEVICE, NOT OTHERWISE SPECIFIED	Yes
A2013	CPT/HCPCS	INNOVAMATRIX FS, PER SQ CM	Yes
A2012	CPT/HCPCS	SUPRATHEL, PER SQ CM	Yes
A2021	CPT/HCPCS	NEOMATRIX, PER SQUARE CENTIMETER	Yes
A2020	CPT/HCPCS	AC5 ADVANCED WOUND SYSTEM (AC5)	Yes
A4564	CPT/HCPCS	PESSARY, DISPOSABLE, ANY TYPE	Yes
J1813	CPT/HCPCS	INSULIN (LYUMJEV) FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) PER 50 UNITS	Yes
A2022	CPT/HCPCS	INNOVABURN OR INNOVAMATRIX XL, PER SQ CM	Yes
A6506	CPT/HCPCS	COMPRESSION BURN GARMENT, GLOVE TO AXILLA, CUSTOM FABRICATED	Yes
A4634	CPT/HCPCS	REPLACEMENT BULB FOR THERAPEUTIC LIGHT BOX, TABLETOP MODEL	Yes
A9268	CPT/HCPCS	PROGRAMMER FOR TRANSIENT, ORALLY INGESTED CAPSULE	Yes
A2025	CPT/HCPCS	MIRO3D, PER CU CM	Yes
A2024	CPT/HCPCS	RESOLVE MATRIX OR XENOPATCH, PER SQUARE CENTIMETER	Yes
A2023	CPT/HCPCS	INNOVAMATRIX PD, 1 MG	Yes
A4542	CPT/HCPCS	SUPPLIES AND ACCESSORIES FOR EXTERNAL UPPER LIMB TREMOR STIMULATOR OF THE PERIPHERAL NERVES OF THE WRIST	Yes
A4541	CPT/HCPCS	MONTHLY SUPPLIES FOR USE OF DEVICE CODED AT E0733	Yes
A4540	CPT/HCPCS	DISTAL TRANSCUTANEOUS ELECTRICAL NERVE STIMULATOR, STIMULATES PERIPHERAL NERVES OF THE UPPER ARM	Yes
A9269	CPT/HCPCS	PROGRAMMABLE, TRANSIENT, ORALLY INGESTED CAPSULE, FOR USE WITH EXTERNAL PROGRAMMER, PER MONTH	Yes
E0732	CPT/HCPCS	CRANIAL ELECTROTHERAPY STIMULATION (CES) SYSTEM, ANY TYPE	Yes
C9359	CPT/HCPCS	POROUS PURIFIED COLLAGEN MATRIX BONE VOID FILLER (INTEGRA MOZAIK OSTEOCONDUCTIVE SCAFFOLD PUTTY, INTEGRA OS OSTEOCONDUCT	Yes
C1759	CPT/HCPCS	CATHETER, INTRACARDIAC ECHOCARDIOGRAPHY	Yes
C1897	CPT/HCPCS	LEAD, NEUROSTIMULATOR TEST KIT (IMPLANTABLE)	Yes
C1727	CPT/HCPCS	CATHETER, BALLOON TISSUE DISSECTOR, NON-VASCULAR (INSERTABLE)	Yes
C9898	CPT/HCPCS	RADIOLABELED PRODUCT PROVIDED DURING A HOSPITAL INPATIENT STAY	Yes
C1757	CPT/HCPCS	CATHETER, THROMBECTOMY/EMBOLECTOMY	Yes
C1814	CPT/HCPCS	RETINAL TAMPONADE DEVICE, SILICONE OIL	Yes
C1773	CPT/HCPCS	RETRIEVAL DEVICE, INSERTABLE (USED TO RETRIEVE FRACTURED MEDICAL DEVICES)	Yes
C1787	CPT/HCPCS	PATIENT PROGRAMMER, NEUROSTIMULATOR	Yes

C9361	CPT/HCPCS	COLLAGEN MATRIX NERVE WRAP (NEUROMED COLLAGE NERVE WRAP), PER 0.5 CM LENGTH	Yes
C1786	CPT/HCPCS	PACEMAKER, SINGLE CHAMBER, RATE-RESPONSIVE (IMPLANTABLE)	Yes
C1758	CPT/HCPCS	CATHETER, URETERAL	Yes
C1875	CPT/HCPCS	STENT, COATED/COVERED, WITHOUT DELIVERY SYSTEM	Yes
C1765	CPT/HCPCS	ADHESION BARRIER	Yes
C1754	CPT/HCPCS	CATHETER, INTRADISCAL	Yes
A5126	CPT/HCPCS	ADHESIVE; DISC OR FOAM PAD	Yes
A5507	CPT/HCPCS	FOR DIABETICS ONLY NOT OTHERWISE SPECIFIED MODIFICATION OF OFF THE SHELF DEPTH INLAY SHOE OR CUSTOM-MOLDED SHOE PER	Yes
A6253	CPT/HCPCS	SPECIALTY ABSORPTIVE DRESSING WOUND COVER PAD SIZE MORE THAN 48 SQ IN WITHOUT ADHESIVE BORDER EACH DRESSING	Yes
Q0498	CPT/HCPCS	HOLSTER FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	Yes
C1788	CPT/HCPCS	PORT, INDWELLING (IMPLANTABLE)	Yes
C1729	CPT/HCPCS	CATHETER, DRAINAGE	Yes
C1892	CPT/HCPCS	INTRODUCER/SHEATH, GUIDING, INTRACARDIAC ELECTROPHYSIOLOGICAL, FIXED-CURVE, PEEL-AWAY	Yes
C1753	CPT/HCPCS	CATHETER, INTRAVASCULAR ULTRASOUND	Yes
C1762	CPT/HCPCS	CONNECTIVE TISSUE, HUMAN (INCLUDES FASCIA LATA)	Yes
C1876	CPT/HCPCS	STENT, NON-COATED/NON-COVERED, WITH DELIVERY SYSTEM	Yes
C2621	CPT/HCPCS	PACEMAKER, OTHER THAN SINGLE OR DUAL CHAMBER (IMPLANTABLE)	Yes
C1751	CPT/HCPCS	CATHETER, INFUSION, INSERTED PERIPHERALLY, CENTRALLY OR MIDLINE	Yes
C9358	CPT/HCPCS	DERMAL SUBSTITUTE, NATIVE, NON-DENATURED COLLAGEN, FETAL BOVINE ORIGIN (SURGIMEND COLLAGEN MATRIX), PER 0.5 SQ CM	Yes
C9363	CPT/HCPCS	SKIN SUBSTITUTE, INTEGRA MESHED BILAYER WOUND MATRIX, PER SQ CM	Yes
C1789	CPT/HCPCS	PROSTHESIS, BREAST (IMPLANTABLE)	Yes
C1764	CPT/HCPCS	EVENT RECORDER, CARDIAC (IMPLANTABLE)	Yes
C9360	CPT/HCPCS	DERMAL SUBSTITUTE, NATIVE, NON-DENATURED COLLAGEN, NEONATAL BOVINE ORIGIN (SURGIMEND COLLAGEN MATRIX), PER 0.5 SQ CM	Yes
C1726	CPT/HCPCS	CATHETER, BALLOON DILATATION, NON-VASCULAR	Yes
C2628	CPT/HCPCS	CATHETER, OCCLUSION	Yes
C1822	CPT/HCPCS	GENERATOR, NEUROSTIMULATOR (IMPLANTABLE), HIGH FREQUENCY, WITH RECHARGEABLE BATTERY AND CHARGING SYSTEM	Yes
C2622	CPT/HCPCS	PROSTHESIS, PENILE, NON-INFLATABLE	Yes
C1784	CPT/HCPCS	OCULAR DEVICE, INTRAOPERATIVE, DETACHED RETINA	Yes
C2645	CPT/HCPCS	BRACHYTHERAPY PLANAR SOURCE, PALLADIUM-103, PER SQUARE MILLIMETER	Yes
C1817	CPT/HCPCS	SEPTAL DEFECT IMPLANT SYSTEM, INTRACARDIAC	Yes
C1781	CPT/HCPCS	MESH (IMPLANTABLE)	Yes
C1885	CPT/HCPCS	CATHETER, TRANSLUMINAL ANGIOPLASTY, LASER	Yes
C1883	CPT/HCPCS	ADAPTOR/EXTENSION, PACING LEAD OR NEUROSTIMULATOR LEAD (IMPLANTABLE)	Yes
C1841	CPT/HCPCS	RETINAL PROSTHESIS, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS	Yes
C1819	CPT/HCPCS	SURGICAL TISSUE LOCALIZATION AND EXCISION DEVICE (IMPLANTABLE)	Yes
Q4021	CPT/HCPCS	CAST SUPPLIES, SHORT ARM SPLINT, ADULT, PLASTER	Yes
K0842	CPT/HCPCS	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Yes
C1776	CPT/HCPCS	JOINT DEVICE (IMPLANTABLE)	Yes
C1842	CPT/HCPCS	RETINAL PROSTHESIS, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS; ADD-ON TO C1841	Yes
C1768	CPT/HCPCS	GRAFT, VASCULAR	Yes
C1782	CPT/HCPCS	MORCELLATOR	Yes
C1815	CPT/HCPCS	PROSTHESIS, URINARY SPHINCTER (IMPLANTABLE)	Yes
A6450	CPT/HCPCS	LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH GREATER THAN OR EQUAL TO FIVE INCHES, PER YARD	Yes
A6205	CPT/HCPCS	COMPOSITE DRESSING, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EA DRESSING	Yes
Q4007	CPT/HCPCS	CAST SUPPLIES, LONG ARM CAST, PEDIATRIC, PLASTER	Yes
Q4016	CPT/HCPCS	CAST SUPPLIES, GAUNTLET CAST, PEDIATRIC, FIBERGLASS	Yes
A2009	CPT/HCPCS	SYMPHONY, PER SQUARE CENTIMETER	Yes

C1725	CPT/HCPCS	CATHETER, TRANSLUMINAL ANGIOPLASTY, NON-LASER (MAY INCLUDE GUIDANCE,'INFUSION/PERFUSION CAPABILITY)	Yes
C1713	CPT/HCPCS	ANCHOR/SCREW FOR OPPOSING BONE-TO-BONE OR SOFT TISSUE-TO-BONE (IMPLANTABLE)	Yes
C2629	CPT/HCPCS	INTRODUCER/SHEATH, OTHER THAN GUIDING, INTRACARDIAC ELECTROPHYSIOLOGICAL, LASER	Yes
C1893	CPT/HCPCS	INTRODUCER/SHEATH, GUIDING, INTRACARDIAC ELECTROPHYSIOLOGICAL, FIXED-CURVE, OTHER THAN PEEL-AWAY	Yes
C2625	CPT/HCPCS	STENT, NON-CORONARY, TEMPORARY, WITH DELIVERY SYSTEM	Yes
C2613	CPT/HCPCS	LUNG BIOPSY PLUG WITH DELIVERY SYSTEM	Yes
C1830	CPT/HCPCS	POWERED BONE MARROW BIOPSY NEEDLE	Yes
C1760	CPT/HCPCS	CLOSURE DEVICE, VASCULAR (IMPLANTABLE/INSERTABLE)	Yes
C1721	CPT/HCPCS	CARDIOVERTER-DEFIBRILLATOR, DUAL CHAMBER (IMPLANTABLE)	Yes
A2001	CPT/HCPCS	INNOVAMATRIX AC, PER SQUARE CENTIMETER	Yes
C1832	CPT/HCPCS	AUTOGRAFT SUSPENSION, INCLUDING CELL PROCESSING AND APPLICATION, AND ALL SYSTEM COMPONENTS	Yes
A2008	CPT/HCPCS	THERAGENESIS, PER SQUARE CENTIMETER	Yes
A2004	CPT/HCPCS	XCELLISTEM, 1 MG	Yes
C1898	CPT/HCPCS	LEAD, PACEMAKER, OTHER THAN TRANSVENOUS VDD SINGLE PASS	Yes
C1770	CPT/HCPCS	IMAGING COIL, MAGNETIC RESONANCE (INSERTABLE)	Yes
C1820	CPT/HCPCS	GENERATOR, NEUROSTIMULATOR (IMPLANTABLE), WITH RECHARGEABLE BATTERY AND CHARGING SYSTEM	Yes
C1888	CPT/HCPCS	CATHETER, ABLATION, NON-CARDIAC, ENDOVASCULAR (IMPLANTABLE)	Yes
C1780	CPT/HCPCS	LENS, INTRAOCULAR (NEW TECHNOLOGY)	Yes
C9899	CPT/HCPCS	IMPLANTED PROSTHETIC DEVICE, PAYABLE ONLY FOR INPATIENTS WHO DO NOT HAVE INPATIENT COVERAGE	Yes
C1771	CPT/HCPCS	REPAIR DEVICE, URINARY, INCONTINENCE, WITH SLING GRAFT	Yes
C1880	CPT/HCPCS	VENA CAVA FILTER	Yes
C1889	CPT/HCPCS	IMPLANTABLE/INSERTABLE DEVICE, NOT OTHERWISE CLASSIFIED	Yes
C1769	CPT/HCPCS	GUIDE WIRE	Yes
A2002	CPT/HCPCS	MIRRAGEN ADVANCED WOUND MATRIX, PER SQUARE CENTIMETER	Yes
C1833	CPT/HCPCS	MONITOR, CARDIAC, INCLUDING INTRACARDIAC LEAD AND ALL SYSTEM COMPONENTS (IMPLANTABLE)	Yes
A2007	CPT/HCPCS	RESTRATA, PER SQUARE CENTIMETER	Yes
A2006	CPT/HCPCS	NOVOSORB SYNPATH DERMAL MATRIX, PER SQUARE CENTIMETER	Yes
C1728	CPT/HCPCS	CATHETER, BRACHYTHERAPY SEED ADMINISTRATION	Yes
C1882	CPT/HCPCS	CARDIOVERTER-DEFIBRILLATOR, OTHER THAN SINGLE OR DUAL CHAMBER (IMPLANTABLE)	Yes
C1778	CPT/HCPCS	LEAD, NEUROSTIMULATOR (IMPLANTABLE)	Yes
C1724	CPT/HCPCS	CATHETER, TRANSLUMINAL ATHERECTOMY, ROTATIONAL	Yes
C1779	CPT/HCPCS	LEAD, PACEMAKER, TRANSVENOUS VDD SINGLE PASS	Yes
C1722	CPT/HCPCS	CARDIOVERTER-DEFIBRILLATOR, SINGLE CHAMBER (IMPLANTABLE)	Yes
C1899	CPT/HCPCS	LEAD, PACEMAKER/CARDIOVERTER-DEFIBRILLATOR COMBINATION (IMPLANTABLE)	Yes
C1714	CPT/HCPCS	CATHETER, TRANSLUMINAL ATHERECTOMY, DIRECTIONAL	Yes
C9355	CPT/HCPCS	COLLAGEN NERVE CUFF (NEUROMATRIX), PER 0.5 CM LENGTH	Yes
C1816	CPT/HCPCS	RECEIVER AND/OR TRANSMITTER, NEUROSTIMULATOR (IMPLANTABLE)	Yes
A2005	CPT/HCPCS	MICROLYTE MATRIX, PER SQUARE CENTIMETER	Yes
C1831	CPT/HCPCS	INTERBODY CAGE, ANTERIOR, LATERAL OR POSTERIOR, PERSONALIZED (IMPLANTABLE)	Yes
K1023	CPT/HCPCS	DISTAL TRANSCUTANEOUS ELECTRICAL NERVE STIMULATOR, STIMULATES PERIPHERAL NERVES OF THE UPPER ARM	Yes
C1761	CPT/HCPCS	CATHETER, TRANSLUMINAL INTRAVASCULAR LITHOTRIPSY, CORONARY	Yes
C9362	CPT/HCPCS	POROUS PURIFIED COLLAGEN MATRIX BONE VOID FILLER (INTEGRA MOSAIK OSTEOCONDUCTIVE SCAFFOLD STRIP), PER 0.5 CC	Yes
C2620	CPT/HCPCS	PACEMAKER, SINGLE CHAMBER, NON RATE-RESPONSIVE (IMPLANTABLE)	Yes
C1763	CPT/HCPCS	CONNECTIVE TISSUE, NON-HUMAN (INCLUDES SYNTHETIC)	Yes
C1767	CPT/HCPCS	GENERATOR, NEUROSTIMULATOR (IMPLANTABLE), NON-RECHARGEABLE	Yes
C2619	CPT/HCPCS	PACEMAKER, DUAL CHAMBER, NON RATE-RESPONSIVE (IMPLANTABLE)	Yes
C9727	CPT/HCPCS	INSERTION OF IMPLANTS INTO THE SOFT PALATE; MINIMUM OF THREE IMPLANTS	Yes

C1896	CPT/HCPCS	LEAD, CARDIOVERTER-DEFIBRILLATOR, OTHER THAN ENDOCARDIAL SINGLE OR DUAL COIL (IMPLANTABLE)	Yes
C1900	CPT/HCPCS	LEAD, LEFT VENTRICULAR CORONARY VENOUS SYSTEM	Yes
C1877	CPT/HCPCS	STENT, NON-COATED/NON-COVERED, WITHOUT DELIVERY SYSTEM	Yes
C1783	CPT/HCPCS	OCULAR IMPLANT, AQUEOUS DRAINAGE ASSIST DEVICE	Yes
K1020	CPT/HCPCS	NON-INVASIVE VAGUS NERVE STIMULATOR	Yes
K1018	CPT/HCPCS	EXTERNAL UPPER LIMB TREMOR STIMULATOR OF THE PERIPHERAL NERVES OF THE WRIST	Yes
K1016	CPT/HCPCS	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATOR FOR ELECTRICAL STIMULATION OF THE TRIGEMINAL NERVE	Yes
S1091	CPT/HCPCS	STENT, NON-CORONARY, TEMPORARY, WITH DELIVERY SYSTEM(PROPEL)	Yes
C2631	CPT/HCPCS	REPAIR DEVICE, URINARY, INCONTINENCE, WITHOUT SLING GRAFT	Yes
C1894	CPT/HCPCS	INTRODUCER/SHEATH, OTHER THAN GUIDING, OTHER THAN INTRACARDIAC ELECTROPHYSIOLOGICAL, NON-LASER	Yes
C1887	CPT/HCPCS	CATHETER, GUIDING (MAY INCLUDE INFUSION/PERFUSION CAPABILITY)	Yes
C1874	CPT/HCPCS	STENT, COATED/COVERED, WITH DELIVERY SYSTEM	Yes
C1752	CPT/HCPCS	CATHETER, HEMODIALYSIS, SHORT-TERM	Yes
C2615	CPT/HCPCS	SEALANT, PULMONARY, LIQUID	Yes
C2623	CPT/HCPCS	CATHETER, TRANSLUMINAL ANGIOPLASTY, DRUG-COATED, NON-LASER	Yes
C9352	CPT/HCPCS	MICROPOROUS COLLAGEN IMPLANTABLE TUBE (NEURAGEN NERVE GUIDE), PER CM LENGTH	Yes
C1821	CPT/HCPCS	INTERSPINOUS PROCESS DISTRACTION DEVICE (IMPLANTABLE)	Yes
C1895	CPT/HCPCS	LEAD, CARDIOVERTER-DEFIBRILLATOR, ENDOCARDIAL DUAL COIL (IMPLANTABLE)	Yes
K1019	CPT/HCPCS	SUPPLIES AND ACCESSORIES FOR EXTERNAL UPPER LIMB TREMOR STIMULATOR OF THE PERIPHERAL NERVES OF THE WRIST	Yes
K1017	CPT/HCPCS	MONTHLY SUPPLIES FOR USE OF DEVICE CODED AT K1016	Yes
C1825	CPT/HCPCS	GENERATOR, NEUROSTIMULATOR (IMPLANTABLE), NON-RECHARGEABLE WITH CAROTID SINUS BARORECEPTOR STIMULATION LEAD(S)	Yes
C1849	CPT/HCPCS	SKIN SUBSTITUTE, SYNTHETIC, RESORBABLE, PER SQ CM	Yes
C1785	CPT/HCPCS	PACEMAKER, DUAL CHAMBER, RATE-RESPONSIVE (IMPLANTABLE)	Yes
C9356	CPT/HCPCS	TENDON, POROUS MATRIX OF CROSS-LINKED COLLAGEN & GLYCOSAMINOGLYCAN MATRIX, PER SQ CM	Yes
C9354	CPT/HCPCS	ACELLULAR PERICARDIAL TISSUE MATRIX OF NON-HUMAN ORIGIN (VERITAS), PER SQUARE CM	Yes
C2624	CPT/HCPCS	IMPLANTABLE WIRELESS PULMONARY ARTERY PRESSURE SENSOR WITH DELIVERY CATHETER, INCLUDING ALL SYSTEM COMPONENTS	Yes
A4284	CPT/HCPCS	BREAST SHIELD AND SPLASH PROTECTOR FOR USE WITH BREAST PUMP,REPLACEMENT	Yes
K0038	CPT/HCPCS	LEG STRAP EACH	Yes
K0839	CPT/HCPCS	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	Yes
K0743	CPT/HCPCS	SUCTION PUMP, HOME MODEL, PORTABLE, FOR USE ON WOUNDS	Yes
Q4017	CPT/HCPCS	CAST SUPPLIES, LONG ARM SPLINT, ADULT, PLASTER	Yes
C1982	CPT/HCPCS	CATHETER, PRESSURE-GENERATING, ONE-WAY VALVE, INTERMITTENTLYOCCLUSIVE	Yes
C1839	CPT/HCPCS	IRIS PROSTHESIS	Yes
C1824	CPT/HCPCS	GENERATOR, CARDIAC CONTRACTILITY MODULATION (IMPLANTABLE)	Yes
K1002	CPT/HCPCS	CRANIAL ELECTROTHERAPY STIMULATION (CES) SYSTEM, ANY TYPE	Yes
C2617	CPT/HCPCS	STENT, NON-CORONARY, TEMPORARY, WITHOUT DELIVERY SYSTEM	Yes
C9353	CPT/HCPCS	MICROPOROUS COLLAGEN IMPLANTABLE SLIT TUBE (NEURAWRAP NERVE PROTECTOR), PER CM LENGTH	Yes
C1755	CPT/HCPCS	CATHETER, INTRASPINAL	Yes
C1715	CPT/HCPCS	BRACHYTHERAPY NEEDLE	Yes
C9364	CPT/HCPCS	PORCINE IMPLANT, PERMACOL, PER SQ CM	Yes
K0043	CPT/HCPCS	FOOTREST, LOWER EXTENSION TUBE, REPLACEMENT ONLY,EACH	Yes
K0070	CPT/HCPCS	REAR WHEEL ASSEMBLY COMPLETE WITH PNEUMATIC TIRE SPOKES OR MOLED EACH	Yes
A8001	CPT/HCPCS	HELMET, PROTECTIVE, HARD, PREFABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES	Yes
A6231	CPT/HCPCS	GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT WOUND CONTACT, STERILE, PAD SIZE 16 SQ IN. OR LESS, EA DRESSING	Yes
A5112	CPT/HCPCS	URINARY LEG BAG; LATEX	Yes

C1734	CPT/HCPCS	ORTHOPEDIC/DEVICE/DRUG MATRIX FOR OPPOSING BONE-TO-BONE OR SOFT TISSUE-TO BONE (IMPLANTABLE)	Yes
L8608	CPT/HCPCS	MISCELLANEOUS EXTERNAL COMPONENT, SUPPLY OR ACCESSORY FOR USE WITH THE ARGUS II RETINAL PROSTHESIS SYSTEM	Yes
C1823	CPT/HCPCS	GENERATOR, NEUROSTIMULATOR (IMPLANTABLE), NON-RECHARGEABLE, WITH TRANSVENOUS SENSING AND STIMULATION LEADS	Yes
C2627	CPT/HCPCS	CATHETER, SUPRAPUBIC/CYSTOSCOPIC	Yes
C1878	CPT/HCPCS	MATERIAL FOR VOCAL CORD MEDIALIZATION, SYNTHETIC (IMPLANTABLE)	Yes
C1756	CPT/HCPCS	CATHETER, PACING, TRANSESOPHAGEAL	Yes
C1766	CPT/HCPCS	INTRODUCER/SHEATH, GUIDING, INTRACARDIAC ELECTROPHYSIOLOGICAL, STEERABLE, OTHER THAN PEEL-AWAY	Yes
C1777	CPT/HCPCS	LEAD, CARDIOVERTER-DEFIBRILLATOR, ENDOCARDIAL SINGLE COIL (IMPLANTABLE)	Yes
C1813	CPT/HCPCS	PROSTHESIS, PENILE, INFLATABLE	Yes
E0735	CPT/HCPCS	NON-INVASIVE VAGUS NERVE STIMULATOR	Yes
E0734	CPT/HCPCS	EXTERNAL UPPER LIMB TREMOR STIMULATOR OF THE PERIPHERAL NERVES OF THE WRIST	Yes
E0733	CPT/HCPCS	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATOR FOR ELECTRICAL STIMULATION OF THE TRIGEMINAL NERVE	Yes
A6561	CPT/HCPCS	GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE, 40 MMHG OR GREATER, CUSTOM, EACH	Yes
A6521	CPT/HCPCS	GRADIENT COMPRESSION GARMENT, GLOVE, PADDED, FOR NIGHTTIME USE, CUSTOM, EACH	Yes
A6559	CPT/HCPCS	GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE, 18-30 MMHG, CUSTOM, EACH	Yes
A6527	CPT/HCPCS	GRADIENT COMPRESSION GARMENT, FULL LEG AND FOOT, PADDED, FOR NIGHTTIME USE, CUSTOM, EACH	Yes
A6526	CPT/HCPCS	GRADIENT COMPRESSION GARMENT, FULL LEG AND FOOT, PADDED, FOR NIGHTTIME USE, EACH	Yes
S8431	CPT/HCPCS	COMPRESSION BANDAGE, ROLL	Yes
A6453	CPT/HCPCS	SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON-WOVEN, WIDTHLESS THAN THREE INCHES, PER YARD	Yes
A9279	CPT/HCPCS	MONITORING FEATURE/DEVICE, STAND-ALONE/INTEGRATED, ANY TYPE, INCL ALL ACCESSORIES, COMPONENTS AND ELECTRONICS, NOT OTHER	Yes
Q4034	CPT/HCPCS	CAST SUPPLIES, LONG LEG CYLINDER CAST, ADULT, FIBERGLASS	Yes
A6583	CPT/HCPCS	GRADIENT COMPRESSION WRAP WITH ADJUSTABLE STRAPS, BELOW KNEE, EACH	Yes
A4252	CPT/HCPCS	BLOOD KETONE TEST OR REAGENT STRIP, EACH	Yes
K0077	CPT/HCPCS	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, REPLACEMENT ONLY, EACH	Yes
A6260	CPT/HCPCS	WOUND CLEANSERS, STERILE, ANY TYPE, ANY SIZE	Yes
A6516	CPT/HCPCS	GRADIENT COMPRESSION WRAP WITH ADJUSTABLE STRAPS, FOOT, EACH, CUSTOM	Yes
A6517	CPT/HCPCS	GRADIENT COMPRESSION WRAP WITH ADJUSTABLE STRAPS, BELOW KNEE, EACH, CUSTOM	Yes
C9610	CPT/HCPCS	CATHETER, TRANSLUMINAL DRUG DELIVERY WITH OR WITHOUT ANGIOPLASTY, CORONARY, NONLASER (INSERTABLE)	Yes
C8002	CPT/HCPCS	PREPARATION OF SKIN CELL SUSPENSION AUTOGRAFT, AUTOMATED, INCLUDING ALL ENZYMATIC PROCESSING AND DEVICE COMPONENTS (DO N	Yes
C1737	CPT/HCPCS	JOINT FUSION AND FIXATION DEVICE(S), SACROILIAC AND PELVIS, INCLUDING ALL SYSTEM COMPONENTS (IMPLANTABLE)	Yes
A6515	CPT/HCPCS	GRADIENT COMPRESSION WRAP WITH ADJUSTABLE STRAPS, FULL LEG, EACH, CUSTOM	Yes
E0201	CPT/HCPCS	PENILE CONTRACTURE DEVICE, MANUAL, GREATER THAN 3 LBS TRACTION FORCE	Yes
C1739	CPT/HCPCS	TISSUE MARKER, PROBE DETECTABLE ANY METHOD (IMPLANTABLE), WITH DELIVERY SYSTEM	Yes
C1736	CPT/HCPCS	CATHETER(S), INTRAVASCULAR FOR RENAL DENERVATION, ULTRASOUND, INCLUDING ALL SINGLE-USE SYSTEM COMPONENTS	Yes
S8425	CPT/HCPCS	GRADIENT PRESSURE AID (GLOVE), CUSTOM MADE, MEDIUM WEIGHT	Yes
A6503	CPT/HCPCS	COMPRESSION BURN GARMENT, FACIAL HOOD, CUSTOM FABRICATED	Yes
S9007	CPT/HCPCS	ULTRAFILTRATION MONITOR	Yes
A4606	CPT/HCPCS	OXYGEN PROBE FOR USE WITH OXIMETER DEVICE, REPLACEMENT	Yes
A5055	CPT/HCPCS	STOMA CAP	Yes

K0607	CPT/HCPCS	REPLACEMENT BATTERY FOR AUTOMATED EXTERNAL DEFIBRILLATOR, EACH	Yes
K0848	CPT/HCPCS	POWER WHEELCHAIR, GROUP 3 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Yes
A6536	CPT/HCPCS	GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE, 18-30 MMHG, EACH	Yes
A6199	CPT/HCPCS	ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND FILLER, STERILE, PER 6 INCHES	Yes
A6413	CPT/HCPCS	ADHESIVE BANDAGE, FIRST-AID TYPE, ANY SIZE, EACH	Yes
A6221	CPT/HCPCS	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER EACH DRESSING	Yes
K0098	CPT/HCPCS	DRIVE BELT FOR POWER WHEELCHAIR, REPLACEMENT ONLY	Yes
A7041	CPT/HCPCS	WATER SEAL DRAINAGE CONTAINER AND TUBING FOR USE WITH IMPLAN	Yes
Q4051	CPT/HCPCS	SPLINT SUPPLIES, MISCELLANEOUS	Yes
Q4027	CPT/HCPCS	CAST SUPPLIES, HIP SPICA, PEDIATRIC, PLASTER	Yes
Q4026	CPT/HCPCS	CAST SUPPLIES, HIP SPICA, ADULT, FIBERGLASS	Yes
Q4024	CPT/HCPCS	CAST SUPPLIES, SHORT ARM SPLINT, PEDIATRIC (0-10 YEARS), FIBERGLASS	Yes
A4930	CPT/HCPCS	GLOVES, STERILE, PER PAIR	Yes
Q4008	CPT/HCPCS	CAST SUPPLIES, LONG ARM CAST, PEDIATRIC, FIBERGLASS	Yes
A6545	CPT/HCPCS	GRADIENT COMPRESSION WRAP, NON-ELASTIC, BELOW KNEE 30-50 MMHG,USED AS A SURGICAL DRESSING, EACH	Yes
A4615	CPT/HCPCS	CANNULA, NASAL	Yes
A6209	CPT/HCPCS	FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EA DRESSING	Yes
Q0502	CPT/HCPCS	MOBILITY CART FOR PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	Yes
A7018	CPT/HCPCS	WATER, DISTILLED, USED WITH LARGE VOLUME NEBULIZER 1000ML	Yes
K0814	CPT/HCPCS	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Yes
A4595	CPT/HCPCS	ELECTRICAL STIMULATOR SUPPLIES, 2 LEAD, PER MONTH (EG, TENS,NMES)	Yes
A6244	CPT/HCPCS	HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EA DRESSING	Yes
A7503	CPT/HCPCS	FILTER HOLDER OR FILTER CAP, REUSABLE, FOR USE IN A TRACHEOSTOMA HEAT MOISTURE EXCHANGE SYSTEM	Yes
Q0509	CPT/HCPCS	MISCELLANEOUS SUPPLY OR ACCESSORY FOR USE WITH ANY IMPLANTED VENTRICULAR ASSIST DEVICE FOR WHICH PAYMENT WAS NOT MADE UN	Yes
A6410	CPT/HCPCS	EYE PAD, STERILE, EACH	Yes
A6512	CPT/HCPCS	COMPRESSION BURN GARMENT, NOT OTHERWISE CLASSIFIED	Yes
A6010	CPT/HCPCS	COLLAGEN BASED WOUND FILLER, DRY FORM, STERILE, PER GRAM OF COLLAGEN	Yes
K0861	CPT/HCPCS	POWER WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Yes
A6501	CPT/HCPCS	COMPRESSION BURN GARMENT, BODYSUIT (HEAD TO FOOT), CUSTOM FABRICATED	Yes
L0112	CPT/HCPCS	CRANIAL CERVICAL ORTHOSIS, CONGENITAL TORTICOLLIS TYPE, WITHOR WITHOUT SOFT INTERFACE MATERIAL, ADJUSTABLE RANGE OF MOTI	Yes
A4562	CPT/HCPCS	PESSARY, REUSABLE, NON RUBBER, ANY TYPE	Yes
A7520	CPT/HCPCS	TRACHEOSTOMY/LARYNGECTOMY TUBE, NON-CUFFED, POLYVINYLCHLORIDE (PVC), SILICONE OR EQUAL, EACH	Yes
Q0491	CPT/HCPCS	EMERGENCY POWER SOURCE FOR USE WITH ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	Yes
A6241	CPT/HCPCS	HYDROCOLLOID DRESSING, WOUND FILLER, DRY FORM, STERILE, PER GRAM	Yes
A4626	CPT/HCPCS	TRACHEOSTOMY CLEANING BRUSH, EACH	Yes
A7038	CPT/HCPCS	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVIC	Yes
A7009	CPT/HCPCS	RESERVOIR BOTTLE, NON-DISPOSABLE, USED WITH LARGE VOLUME ULTRASONIC NEBULIZER	Yes
A4565	CPT/HCPCS	SLINGS	Yes
S8131	CPT/HCPCS	INTERFERENTIAL CURRENT STIMULATOR, 4 CHANNEL	Yes
A6251	CPT/HCPCS	SPECIALTY ABSORPTIVE DRESSING WOUND COVER PAD SIZE 16 SQ IN.OR LESS WITHOUT ADHESIVE BORDER EACH DRESSING	Yes

V2628	CPT/HCPCS	FABRICATION AND FITTING OF OCULAR CONFORMER	Yes
Q4038	CPT/HCPCS	CAST SUPPLIES, SHORT LEG CAST, ADULT, FIBERGLASS	Yes
S8421	CPT/HCPCS	GRADIENT PRESSURE AID (SLEEVE AND GLOVE COMBO), READY MADE	Yes
K0042	CPT/HCPCS	STANDARD SIZE FOOTPLATE, REPLACEMENT ONLY, EACH	Yes
Q4025	CPT/HCPCS	CAST SUPPLIES, HIP SPICA, ADULT, PLASTER	Yes
Q4009	CPT/HCPCS	CAST SUPPLIES, SHORT ARM CAST, ADULT, PLASTER	Yes
S8130	CPT/HCPCS	INTERFERENTIAL CURRENT STIMULATOR, 2 CHANNEL	Yes
A6238	CPT/HCPCS	HYDROCOLLOID DREDDSSING WOUND COVER PAD SIZE MORE THAN 16 SQ IN BUT LESS THAN OR EQUAL TO 48 SQ IN., WITH ANY SIZE	Yes
A6510	CPT/HCPCS	COMPRESSION BURN GARMENT, TRUNK, INCLUDING ARMS DOWN TO LEG OPENINGS (LEOTARD),	Yes
A6229	CPT/HCPCS	GAUZE, IMPREGNATED WATER OR NORMAL SALINE PAD SIZE MORE THAN 16 SQ IN. BUT LESS THAN OR EQUAL TO 48 SQ IN., W/O ADHESIVE	Yes
A9280	CPT/HCPCS	ALERT OR ALARM DEVICE, NOT OTHERWISE CLASSIFIED	Yes
A9284	CPT/HCPCS	SPIROMETER, NON-ELECTRONIC, INCLUDES ALL ACCESSORIES	Yes
A6232	CPT/HCPCS	GAUZE, IMPREGNATED, HYDROGEL FOR DIRECT WOUND CONTACT PAD SIZE, GREATER THAN 16 SQ INCHES, LESS THAN 48 SQ INCHES, EACH	Yes
K0858	CPT/HCPCS	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Yes
K0014	CPT/HCPCS	OTHER MOTORIZED/POWER WHEELCHAIR BASE	Yes
A5073	CPT/HCPCS	OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH FLANGE (TWO PIECE), EACH	Yes
Q4015	CPT/HCPCS	CAST SUPPLIES, GAUNTLET CAST, PEDIATRIC, PLASTER	Yes
A5120	CPT/HCPCS	SKIN BARRIER, WIPES OR SWABS, EACH	Yes
S8121	CPT/HCPCS	OXYGEN CONTENT, LIQUID, 1 UNIT EQUALS 1 POUND	Yes
A7002	CPT/HCPCS	TUBING, USED WITH SUCTION PUMP, EACH	Yes
A7014	CPT/HCPCS	FILTER, NONDISPOSABLE, USED WITH AEROSOL COMPRESSOR OR ULTRASONIC GENERATOR	Yes
A4481	CPT/HCPCS	TRACHEOSTOMA FILTER ANY TYPE ANY SIZE EACH	Yes
Q4043	CPT/HCPCS	CAST SUPPLIES, LONG LEG SPLINT, PEDIATRIC, PLASTER	Yes
K0821	CPT/HCPCS	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Yes
A6447	CPT/HCPCS	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE, WIDTH GREATER THAN OR EQUAL TO FIVE INCHES, PER YARD	Yes
A4601	CPT/HCPCS	LITHIUM ION BATTERY, RECHARGEABLE, FOR NON-PROSTHETIC USE, REPLACEMENT	Yes
A6021	CPT/HCPCS	COLLAGEN DRESSING, STERILE, SIZE 16 SQ. IN. OR LESS, EACH	Yes
Q4029	CPT/HCPCS	CAST SUPPLIES, LONG LEG CAST, ADULT, PLASTER	Yes
K0044	CPT/HCPCS	FOOTREST, UPPER HANGER BRACKET, REPLACEMENT ONLY, EACH	Yes
S8210	CPT/HCPCS	MUCUS TRAP	Yes
K0863	CPT/HCPCS	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	Yes
K0851	CPT/HCPCS	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Yes
A6412	CPT/HCPCS	EYE PATCH, OCCLUSIVE, EACH	Yes
A7001	CPT/HCPCS	CANISTER, NON-DISPOSABLE, USED WITH SUCTION PUMP, EACH	Yes
A6544	CPT/HCPCS	GRADIENT COMPRESSION STOCKING, GARTER BELT	Yes
A6258	CPT/HCPCS	TRANSPARENT FILM, STERILE, MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., EA DRESSING	Yes
Q4047	CPT/HCPCS	CAST SUPPLIES, SHORT LEG SPLINT, PEDIATRIC, PLASTER	Yes
A7027	CPT/HCPCS	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH	Yes
S8428	CPT/HCPCS	GRADIENT PRESSURE AID (GAUNTLET), READY MADE	Yes
G9018	CPT/HCPCS	ZANAMIVIR, INHALATION POWDER ADMINISTERED THROUGH INHALER, PER 10 MG	Yes
A7028	CPT/HCPCS	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	Yes
Q4033	CPT/HCPCS	CAST SUPPLIES, LONG LEG CYLINDER CAST, ADULT, PLASTER	Yes
K0835	CPT/HCPCS	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Yes
Q4018	CPT/HCPCS	CAST SUPPLIES, LONG ARM SPLINT, ADULT, FIBERGLASS	Yes
Q0488	CPT/HCPCS	POWER PACK BASE FOR USE WITH ELECTRIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	Yes

A7527	CPT/HCPCS	TRACHEOSTOMY/LARYNGECTOMY TUBE PLUG/STOP, EACH	Yes
A7020	CPT/HCPCS	INTERFACE FOR COUGH STIMULATING DEVICE, INCLUDES ALL COMPONENTS, REPLACEMENT ONLY	Yes
A6441	CPT/HCPCS	PADDING BANDAGE, NON-ELASTIC, NON-WOVEN/NON-KNITTED, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE IN	Yes
S8999	CPT/HCPCS	RESUSCITATION BAG (FOR USE BY PATIENT ON ARTIFICIAL RESPIRATION DURING POWER FAILURE OR OTHER CATASTROPHIC EVENT)	Yes
A6259	CPT/HCPCS	TRANSPARENT FILM, STERILE, MORE THAN 48 SQ. IN., EACH DRESSING	Yes
A7006	CPT/HCPCS	ADMINISTRATION SET, WITH SMALL VOLUME FILTERED PNEUMATIC NEBULIZER	Yes
A5512	CPT/HCPCS	FOR DIABETICS ONLY, MULTIPLE DENSITY INSERT, DIRECT FORMED, MOLDED TO FOOT AFTER EXTERNAL HEAT SOURCE OF 230 DEGREES FA	Yes
A4459	CPT/HCPCS	MANUAL TRANSANAL IRRIGATION SYSTEM, INCLUDES WATER RESERVOIR, PUMP, TUBING, AND ACCESSORIES, WITHOUT CATHETER, ANY TYPE	Yes
A6538	CPT/HCPCS	GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE, 40 MMHG OR GREATER, EACH	Yes
K0886	CPT/HCPCS	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 P	Yes
A6203	CPT/HCPCS	COMPOSITE DRESSING, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EA DRESSING	Yes
A7506	CPT/HCPCS	ADHESIVE DISC FOR USE IN A HEAT AND MOISTURE EXCHANGE SYSTEM	Yes
A9999	CPT/HCPCS	MISCELLANEOUS DME SUPPLY OR ACCESSORY, NOT OTHERWISE SPECIFIED	Yes
A6206	CPT/HCPCS	CONTACT LAYER, STERILE, 16 SQ. IN. OR LESS, EACH DRESSING	Yes
Q4011	CPT/HCPCS	CAST SUPPLIES, SHORT ARM CAST,PEDIATRIC, PLASTER	Yes
A4648	CPT/HCPCS	TISSUE MARKER, IMPLANTABLE, ANY TYPE, EACH	Yes
A4605	CPT/HCPCS	TRACHEAL SUCTION CATHETER, CLOSED SYSTEM, EACH	Yes
Q4045	CPT/HCPCS	CAST SUPPLIES, SHORT LEG SPLINT, ADULT, PLASTER	Yes
A4641	CPT/HCPCS	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT	Yes
A9286	CPT/HCPCS	HYGIENIC ITEM OR DEVICE, DISPOSABLE OR NON-DISPOSABLE, ANY TYPE, EACH	Yes
S8450	CPT/HCPCS	SPLINT, PREFABRICATED, DIGIT (SPECIFY DIGIT BY USE OF MODIFI	Yes
Q4042	CPT/HCPCS	CAST SUPPLIES, LONG LEG SPLINT, ADULT, FIBERGLASS	Yes
J1817	CPT/HCPCS	INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) PER 50 UNITS	Yes
K0744	CPT/HCPCS	ABSORPTIVE WOUND DRESSING FOR USE WITH SUCTION PUMP, HOME MODEL, PORTABLE, PAD SIZE 16 SQUARE INCHES OR LESS	Yes
Q4036	CPT/HCPCS	CAST SUPPLIES, LONG LEG CYLINDER CAST, PEDIATRIC, FIBERGLASS	Yes
A6022	CPT/HCPCS	COLLAGEN DRESSING, STERILE, SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO	Yes
A5500	CPT/HCPCS	FOR DIABETICS ONLY, FITTING CUSTOM PREPARATION AND SUPPLY OF OFF THE SHELF DEPTH INLAY SHOE MANUFACTURED TO ACCOMMODA	Yes
K0603	CPT/HCPCS	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, ALKALINE, 1.5 VOLT, EACH	Yes
J1811	CPT/HCPCS	INSULIN (FIASP) FOR ADMINISTRATION THROUGH DME(I.E.,INSULIN PUMP) PER 50 UNITS	Yes
L8678	CPT/HCPCS	ELECTRICAL STIMULATOR SUPPLIES (EXTERNAL) FOR USE WITH IMPLANTABLE NEUROSTIMULATOR, PER MONTH	Yes
A6582	CPT/HCPCS	GRADIENT COMPRESSION GAUNTLET, EACH	Yes
A4560	CPT/HCPCS	NEUROMUSCULAR ELECTRICAL STIMULATOR (NMES)DISPOABLE,REPLACEMENT ONLY	Yes
C1600	CPT/HCPCS	CATHETER, TRANSLUMINAL INTRAVASCULAR LESION PREPARATION DEVICE, BLADED, SHEATHED (INSERTABLE)	Yes
A6587	CPT/HCPCS	GRADIENT COMPRESSION WRAP WITH ADJUSTABLE STRAPS, FOOT,EACH	Yes
A6586	CPT/HCPCS	GRADIENT COMPRESSION WRAP WITH ADJUSTABLE STRAPS, FULL LEG, EACH	Yes
C1602	CPT/HCPCS	ORTHOPEDIC/DEVICE/DRUG MATRIX/ABSORBABLE BONE VOID FILLER, ANTIMICROBIAL-ELUTING (IMPLANTABLE)	Yes
A4438	CPT/HCPCS	ADHESIVE CLIP APPLIED TO THE SKIN TO SECURE EXTERNAL ELECTRICAL NERVE STIMULATOR CONTROLLER, EACH	Yes
A2026	CPT/HCPCS	RESTRATA MINIMATRIX, 5 MG	Yes

C1604	CPT/HCPCS	GRAFT, TRANSMURAL TRANSVENOUS ARTERIAL BYPASS (IMPLANTABLE), WITH ALL DELIVERY SYSTEM COMPONENTS	Yes
C1603	CPT/HCPCS	RETRIEVAL DEVICE, INSERTABLE, LASER (USED TO RETRIEVE INTRAVASCULAR INFERIOR VENA CAVA FILTER)	Yes
C1789	CPT/HCPCS	PROSTHESIS, BREAST (IMPLANTABLE)	Yes
L8600	CPT/HCPCS	IMPLANTABLE BREAST PROSTHESIS, SILICONE OR EQUAL	Yes
K1014	CPT/HCPCS	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, 4 BAR LINKAGE OR MULTIAXIAL, FLUID SWING AND STANCE PHASE CONTROL	Yes
L1860	CPT/HCPCS	KNEE ORTHOSES,MODIFICATION OF SUPRACONDYLAR PROSTHETIC SOCKET,CUSTOM FABRICATED	Yes
L5646	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, BELOW KNEE, AIR, FLUID, GEL OR EQUAL, CUSHION	Yes
L8415	CPT/HCPCS	PROSTHETIC SHEATH, UPPER LIMB, EACH	Yes
L5649	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, ISCHIAL CONTAINMENT/NARROW M-L SOCKET	Yes
L5647	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, BELOW KNEE SUCTION SOCKET	Yes
L6250	CPT/HCPCS	ABOVE ELBOW, MOLDED DOUBLE WALL SOCKET, INTERNAL LOCKING ELBOW, FOREARM	Yes
L8480	CPT/HCPCS	STUMP SOCK, SINGLE PLY, FITTING, ABOVE KNEE, EACH	Yes
L8470	CPT/HCPCS	STUMP SOCK, SINGLE PLY, FITTING, BELOW KNEE, EACH	Yes
L5312	CPT/HCPCS	KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET,SINGLEAXIS KNEE, PYLON, SACH FOOT, ENDOSKELETAL SYSTEM	Yes
L5648	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, AIR, FLUID, GEL OR EQUAL, CUSHION	Yes
L5650	CPT/HCPCS	ADDITIONS TO LOWER EXTREMITY, TOTAL CONTACT, ABOVE KNEE OR KNEE DISARTICULATION SOCKET	Yes
L5645	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, BELOW KNEE, FLEXIBLE INNER SOCKET, EXTERNAL FRAME	Yes
L6400	CPT/HCPCS	BELOW ELBOW, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING	Yes
L5960	CPT/HCPCS	ADDITION, ENDOSKELETAL SYSTEM, HIP DISARTICULATION, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	Yes
L8400	CPT/HCPCS	PROSTHETIC SHEATH, BELOW KNEE, EACH	Yes
L5782	CPT/HCPCS	ADDITION TO LOWER LIMB PROSTHESIS, VACUUM PUMP, RESIDUAL LIMB VOLUME MANAGEMENT	Yes
L8410	CPT/HCPCS	PROSTHETIC SHEATH, ABOVE KNEE, EACH	Yes
L8435	CPT/HCPCS	PROSTHETIC SOCK, WOOL, UPPER LIMB, EACH	Yes
L5781	CPT/HCPCS	ADDITION TO LOWER LIMB PROSTHESIS, VACUUM PUMP, RESIDUAL LIMB VOLUME MANAGEMENT	Yes
L8430	CPT/HCPCS	PROSTHETIC SOCK, WOOL, ABOVE KNEE, EACH	Yes
L8420	CPT/HCPCS	PROSTHETIC SOCK, WOOL, BELOW KNEE, EACH	Yes
L5651	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, FLEXIBLE INNER SOCKET, EXTERNAL FRAME	Yes
L8417	CPT/HCPCS	PROSTHETIC SHEATH SOCK INCLUDING A GEL CUSHION LAYER BELOW KNEE OR ABOVE KNEE EACH	Yes
L8485	CPT/HCPCS	STUMP SOCK SINGLE PLY FITTING; UPPER LIMB EACH	Yes
L5644	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, WOOD SOCKET	Yes
L5783	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, USER ADJUSTABLE, MECHANICAL, RESIDUAL LIMB VOLUME MANAGEMENT SYSTEM	Yes
L5615	CPT/HCPCS	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, 4 BAR LINKAGE OR MULTIAXIAL, FLUID SWING AND STANCE PHASE CONTROL	Yes
A4378	CPT/HCPCS	OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, RUBBER, EACH	Yes
A4375	CPT/HCPCS	OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, PLASTIC, EACH	Yes
A4377	CPT/HCPCS	OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, PLSATIC, EACH	Yes
A4376	CPT/HCPCS	OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, RUBBER, EACH	Yes
A4400	CPT/HCPCS	OSTOMY IRRIGATION SET	Yes
A4368	CPT/HCPCS	OSTOMY FILTER ANY TYPE EACH	Yes
A5093	CPT/HCPCS	OSTOMY ACCESSORY; CONVEX INSERT	Yes
A5062	CPT/HCPCS	OSTOMY POUCH, DRAINABLE; WITHOUT BARRIER ATTACHED (ONE PIECE), EACH	Yes
A4399	CPT/HCPCS	IRRIGATION SUPPLIES, CONE/CATHETER	Yes
A4366	CPT/HCPCS	OSTOMY VENT, ANY TYPE, EACH	Yes
A4398	CPT/HCPCS	IRRIGATION SUPPLIES, BAGS	Yes
A4367	CPT/HCPCS	OSTOMY BELT	Yes
A4369	CPT/HCPCS	OSTOMY SKIN BARRIER, LIQUID, PER OZ	Yes

A5053	CPT/HCPCS	OSTOMY POUCH, CLOSED; FOR USE ON FACEPLATE, EACH	Yes
A4361	CPT/HCPCS	OSTOMY FACE PLATE	Yes