

D6192

CPT/HCPCS

SEMI-PRECISION ATTACHMENT - PLACEMENT

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.

benefit und	Denefit under the member's plan and to confirm precertification requirements. Categories labeled as "Various" will not include a detailed breakdown of codes				
Categories					
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: • 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	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		

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	Yes
D6191	CPT/HCPCS	EXTRA-ORALLY - IMAGE CAPTURE ONLY 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	Yes
		CORONAVIRUS	
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	Yes
		(INCLUDING CLASPS AND TEETH), MAXILLARY	
D1527	CPT/HCPCS	SPACE MAINTAINER - REMOVABLE - BILATERAL, MANDIBULAR	Yes
D0365	CPT/HCPCS	CONE BEAM CT CAPTURE AND INTERPRETATION WITH FIELD VIEW OF ONE	Yes
		FULL DENTAL ARCH-MANDIBLE	
D0366	CPT/HCPCS	CONE BEAM CT CAPTURE AND INTERPRETATION WITH FIELD VIEW OF ONE	Yes
D0007	CDT/LICDOS	FULL DENTAL ARCH-MAXILLA, WITH OR WITHOUT CRANIUM	Voc
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	Yes
		NEEDS	
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		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		Yes
20000	01 171101 00	OR WITHOUT CRANIUM	
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	Yes
D2662	CPT/HCPCS	SURFACES ONLAY - RESIN-BASED COMPOSITE COMPOSITE/RESIN - TWO SURFACES	Yes
Daesa	CDT/LICDOS	ONLAY - RESIN-BASED COMPOSITE COMPOSITE/RESIN - THREE	Vas
D2663	CPT/HCPCS	SURFACES SURFACES	Yes
D2664	CPT/HCPCS	ONLAY - RESIN-BASED COMPOSITE COMPOSITE/RESIN - FOUR OR MORESURFACES	Yes
D2720	CPT/HCPCS	CROWN - RESIN WITH HIGH NOBLE METAL	Yes
DZ/ZU	OF 1/110F03	ONO VVIN - NEOLIN VVITI I HIGH INODEE METAL	163

	1		
D8696	CPT/HCPCS	REPAIR OF ORTHODONTIC APPLIANCE - MAXILLARY	Yes
D7922	CPT/HCPCS	PLACEMENT OF INTRA-SOCKET BIOLOGICAL DRESSING TO AID IN	Yes
		HEMOSTASIS OR CLOT STABILIZATION, PER SITE	
D6784	CPT/HCPCS	RETAINER CROWN 3/4 - TITANIUM AND TITANIUM ALLOYS	Yes
D6753	CPT/HCPCS	RETAINER CROWN - PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOYS	
D0730	01 1/1101 00	TETAINER ONOWN TONGLEAIN TODED TO MANIOTTAND MANIOTTALEOTO	163
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 PRACTIONER NOT	Yes
		ASSOCIATED WITH CAPTURE OF THE IMAGE, INCLUDING REPORT	
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	Yes
		MODALITY	
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	Yes
		TITANIUM ALLOYS	
D6123	CPT/HCPCS	IMPLANT SUPPORTED RETAINER FOR METAL FPD - TITANIUM AND TITANUM	Yes
50120	01 1/1101 00	ALLOYS	
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	Yes
		MODALITIES	
D0414	CPT/HCPCS	LABORATORY PROCESSING OF MICROBIAL SPECIMENT TO INCLUDE	Yes
		CULTURE AND SENSITIVITY STUDIES, PREPARATION AND TRANSMISSION OF	
D0425	CPT/HCPCS	CARIES SUSCEPTIBILITY TESTS	Yes
D0431	CPT/HCPCS		Yes
D0401	01 1/1101 00	ABNORMALITIES	163
D0400	CPT/HCPCS	PULP VITALITY TESTS	Yes
D0460			
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 OFDIAGNOSIS	Yes
		NECESSARY PRIOR TO FINAL IMPRESSION	
D2910	CPT/HCPCS	RE-CEMENT OR RE-BOND INLAY, ONLAY, VENEER OR PARTIAL COVERAGE	Yes
		RESTORATION	
D2915	CPT/HCPCS	RE-CEMENT OR RE-BOND INDIRECTLY FABRICATED OR PREFABRICATED	Yes
		POST AND CORE	
D6121	CPT/HCPCS	IMPLANT SUPPORTED RETAINER FOR METAL FPD - PREDOMINANTLY BASE	Yes
D0121	CF1/11CFC3		165
		ALLOYS	1
D6120	CPT/HCPCS	IMPLANT SUPPORTED RETAINER - PORCELAIN FUSED TO TITANIUM	Yes
		ANDTITANIUM ALLOYS	
D6099	CPT/HCPCS	IMPLANT SUPPORTED RETAINER FOR FPD - PORCELAIN FUSED TO NOBLE	Yes
		ALLOYS	
D6098	CPT/HCPCS	IMPLANT SUPPORTED RETAINER - PORCELAIN FUSED TO PREDOMINANTLY	Yes
		BASE ALLOYS	
D0470	CPT/HCPCS	DIAGNOSTIC CASTS	Yes
D0470	CPT/HCPCS	ACCESSION OF TISSUE, GROSS EXAMINATION, PREPARATION AND	Yes
DU4/2	01 1/110503		103
D0 17 :	007#/0055	TRANSMISSION OF WRITTEN REPORT	
D0474	CPT/HCPCS	ACCESSION OF TISSUE, GROSS AND MICROSCOPIC EXAM, INCL	Yes
		ASSESSSURG MARGINS FOR DISEASE, PREPAND TRANS OF WRITTEN	
		REPORT	
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	Yes
		TITANIUM ALLOYS	
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
	CPT/HCPCS	ACCESSION OF EXFOLIATIVE CYTOLOGIC SMEARS, MICROSCOPIC	Yes
D0480			1
D0480		EXAMINATION, PREPARATION	
D0480 D0481	CPT/HCPCS	EXAMINATION, PREPARATION ELECTRON MICROSCOPY	Yes

	ODT#10055	INDURED IN AUDIO CONTROL CONTR	T _V
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	Yes
		MATERIAL SUPPLIED BY	
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
	CPT/HCPCS	EXTRA-ORAL 2D PROJECTION RADIOGRAPHIC IMAGE CREATED USING	Yes
D0250		STATIONARY RADIATION SOURCE, AND DETECTOR	
D0250	CPT/HCPCS	STATIONARY RADIATION SOURCE, AND DETECTOR EXTRA-ORAL POSTERIOR DENTAL RADIOGRAPHIC IMAGE	Yes

			T
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	Yes
D9130	CPT/HCPCS	QUADRANT TEMPOROMANDIBULAR JOINT DYSFUNCTION - NON-INVASIVE PHYSICAL	Yes
D9130	CP1/HCPC3	THERAPIES	res
D0000	CDT// ICDCC		Voc
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	Yes
		THREE TEETH OR TOOTH	
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
D7070			
D7870	CPT/HCPCS	ARTHROCENTESIS	Yes
D7870 D7871	CPT/HCPCS CPT/HCPCS	ARTHROCENTESIS NON-ARTHROSCOPIC LYSIS AND LAVAGE	Yes Yes
	_		
D7871	CPT/HCPCS	NON-ARTHROSCOPIC LYSIS AND LAVAGE	Yes
D7871 D7872	CPT/HCPCS CPT/HCPCS	NON-ARTHROSCOPIC LYSIS AND LAVAGE ARTHROSCOPY - DIAGNOSIS, WITH OR WITHOUT BIOPSY	Yes Yes
D7871 D7872 D7874	CPT/HCPCS CPT/HCPCS CPT/HCPCS	NON-ARTHROSCOPIC LYSIS AND LAVAGE ARTHROSCOPY - DIAGNOSIS, WITH OR WITHOUT BIOPSY ARTHROSCOPY: DISC REPOSITIONING AND STABILIZATION	Yes Yes Yes
D7871 D7872 D7874 D7875	CPT/HCPCS CPT/HCPCS CPT/HCPCS	NON-ARTHROSCOPIC LYSIS AND LAVAGE ARTHROSCOPY - DIAGNOSIS, WITH OR WITHOUT BIOPSY ARTHROSCOPY: DISC REPOSITIONING AND STABILIZATION ARTHOSCOPY: SYNOVECTOMY VESTIBULOPLASTY - RIDGE EXTENSION (INCL SOFT TISSUE GRAFTS, MUSLE	Yes Yes Yes Yes
D7871 D7872 D7874 D7875 D7350	CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS	NON-ARTHROSCOPIC LYSIS AND LAVAGE ARTHROSCOPY - DIAGNOSIS, WITH OR WITHOUT BIOPSY ARTHROSCOPY: DISC REPOSITIONING AND STABILIZATION ARTHOSCOPY: SYNOVECTOMY VESTIBULOPLASTY - RIDGE EXTENSION (INCL SOFT TISSUE GRAFTS, MUSLE REATTACHMENTS, REVISION OF SOFT TISSUE ATTACHMENT AND	Yes Yes Yes Yes Yes Yes
D7871 D7872 D7874 D7875 D7350	CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS	NON-ARTHROSCOPIC LYSIS AND LAVAGE ARTHROSCOPY - DIAGNOSIS, WITH OR WITHOUT BIOPSY ARTHROSCOPY: DISC REPOSITIONING AND STABILIZATION ARTHOSCOPY: SYNOVECTOMY VESTIBULOPLASTY - RIDGE EXTENSION (INCL SOFT TISSUE GRAFTS, MUSLE REATTACHMENTS, REVISION OF SOFT TISSUE ATTACHMENT AND EXCISION OF BENIGN LESION UP TO 1.25CM	Yes Yes Yes Yes Yes Yes Yes
D7871 D7872 D7874 D7875 D7350 D7410 D7411	CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS	NON-ARTHROSCOPIC LYSIS AND LAVAGE ARTHROSCOPY - DIAGNOSIS, WITH OR WITHOUT BIOPSY ARTHROSCOPY: DISC REPOSITIONING AND STABILIZATION ARTHOSCOPY: SYNOVECTOMY VESTIBULOPLASTY - RIDGE EXTENSION (INCL SOFT TISSUE GRAFTS, MUSLE REATTACHMENTS, REVISION OF SOFT TISSUE ATTACHMENT AND EXCISION OF BENIGN LESION UP TO 1.25CM EXCISION OF BENIGN LESION GREATER THAN 1.25CM	Yes Yes Yes Yes Yes Yes Yes Yes
D7871 D7872 D7874 D7875 D7350 D7410 D7411 D7971 D7972	CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS	NON-ARTHROSCOPIC LYSIS AND LAVAGE ARTHROSCOPY - DIAGNOSIS, WITH OR WITHOUT BIOPSY ARTHROSCOPY: DISC REPOSITIONING AND STABILIZATION ARTHOSCOPY: SYNOVECTOMY VESTIBULOPLASTY - RIDGE EXTENSION (INCL SOFT TISSUE GRAFTS, MUSLE REATTACHMENTS, REVISION OF SOFT TISSUE ATTACHMENT AND EXCISION OF BENIGN LESION UP TO 1.25CM EXCISION OF BENIGN LESION GREATER THAN 1.25CM EXCISION OF PERICORONAL GINGIVA SURGICAL REDUCTION OF FIROUS TUBEROSITY	Yes
D7871 D7872 D7874 D7875 D7350 D7410 D7411 D7971	CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS	NON-ARTHROSCOPIC LYSIS AND LAVAGE ARTHROSCOPY - DIAGNOSIS, WITH OR WITHOUT BIOPSY ARTHROSCOPY: DISC REPOSITIONING AND STABILIZATION ARTHOSCOPY: SYNOVECTOMY VESTIBULOPLASTY - RIDGE EXTENSION (INCL SOFT TISSUE GRAFTS, MUSLE REATTACHMENTS, REVISION OF SOFT TISSUE ATTACHMENT AND EXCISION OF BENIGN LESION UP TO 1.25CM EXCISION OF BENIGN LESION GREATER THAN 1.25CM EXCISION OF PERICORONAL GINGIVA SURGICAL REDUCTION OF FIROUS TUBEROSITY NON-INTRAVENTOUS CONSCIOUS SEDATION CONSULTATION - DIAGNOSTIC SERVICE PROVIDED BY DENTIST OR	Yes Yes Yes Yes Yes Yes Yes Yes Yes
D7871 D7872 D7874 D7875 D7350 D7410 D7411 D7971 D7972 D9248 D9310	CPT/HCPCS	NON-ARTHROSCOPIC LYSIS AND LAVAGE ARTHROSCOPY - DIAGNOSIS, WITH OR WITHOUT BIOPSY ARTHROSCOPY: DISC REPOSITIONING AND STABILIZATION ARTHOSCOPY: SYNOVECTOMY VESTIBULOPLASTY - RIDGE EXTENSION (INCL SOFT TISSUE GRAFTS, MUSLE REATTACHMENTS, REVISION OF SOFT TISSUE ATTACHMENT AND EXCISION OF BENIGN LESION UP TO 1.25CM EXCISION OF BENIGN LESION GREATER THAN 1.25CM EXCISION OF PERICORONAL GINGIVA SURGICAL REDUCTION OF FIROUS TUBEROSITY NON-INTRAVENTOUS CONSCIOUS SEDATION CONSULTATION - DIAGNOSTIC SERVICE PROVIDED BY DENTIST OR PHYSICIAN OTHER THAN PRACTITIONER PROVIDING TX	Yes
D7871 D7872 D7874 D7875 D7350 D7410 D7411 D7971 D7972 D9248 D9310	CPT/HCPCS	NON-ARTHROSCOPIC LYSIS AND LAVAGE ARTHROSCOPY - DIAGNOSIS, WITH OR WITHOUT BIOPSY ARTHROSCOPY: DISC REPOSITIONING AND STABILIZATION ARTHOSCOPY: SYNOVECTOMY VESTIBULOPLASTY - RIDGE EXTENSION (INCL SOFT TISSUE GRAFTS, MUSLE REATTACHMENTS, REVISION OF SOFT TISSUE ATTACHMENT AND EXCISION OF BENIGN LESION UP TO 1.25CM EXCISION OF BENIGN LESION GREATER THAN 1.25CM EXCISION OF PERICORONAL GINGIVA SURGICAL REDUCTION OF FIROUS TUBEROSITY NON-INTRAVENTOUS CONSCIOUS SEDATION CONSULTATION - DIAGNOSTIC SERVICE PROVIDED BY DENTIST OR PHYSICIAN OTHER THAN PRACTITIONER PROVIDING TX CONSULTATION WITH A MEDICAL HEALTH CARE PROFESSIONAL	Yes
D7871 D7872 D7874 D7875 D7350 D7410 D7411 D7971 D7972 D9248 D9310	CPT/HCPCS	NON-ARTHROSCOPIC LYSIS AND LAVAGE ARTHROSCOPY - DIAGNOSIS, WITH OR WITHOUT BIOPSY ARTHROSCOPY: DISC REPOSITIONING AND STABILIZATION ARTHOSCOPY: SYNOVECTOMY VESTIBULOPLASTY - RIDGE EXTENSION (INCL SOFT TISSUE GRAFTS, MUSLE REATTACHMENTS, REVISION OF SOFT TISSUE ATTACHMENT AND EXCISION OF BENIGN LESION UP TO 1.25CM EXCISION OF BENIGN LESION GREATER THAN 1.25CM EXCISION OF PERICORONAL GINGIVA SURGICAL REDUCTION OF FIROUS TUBEROSITY NON-INTRAVENTOUS CONSCIOUS SEDATION CONSULTATION - DIAGNOSTIC SERVICE PROVIDED BY DENTIST OR PHYSICIAN OTHER THAN PRACTITIONER PROVIDING TX	Yes
D7871 D7872 D7874 D7875 D7350 D7410 D7411 D7971 D7972 D9248 D9310 D9311 D7770 D7771	CPT/HCPCS	NON-ARTHROSCOPIC LYSIS AND LAVAGE ARTHROSCOPY - DIAGNOSIS, WITH OR WITHOUT BIOPSY ARTHROSCOPY: DISC REPOSITIONING AND STABILIZATION ARTHOSCOPY: SYNOVECTOMY VESTIBULOPLASTY - RIDGE EXTENSION (INCL SOFT TISSUE GRAFTS, MUSLE REATTACHMENTS, REVISION OF SOFT TISSUE ATTACHMENT AND EXCISION OF BENIGN LESION UP TO 1.25CM EXCISION OF BENIGN LESION GREATER THAN 1.25CM EXCISION OF PERICORONAL GINGIVA SURGICAL REDUCTION OF FIROUS TUBEROSITY NON-INTRAVENTOUS CONSCIOUS SEDATION CONSULTATION - DIAGNOSTIC SERVICE PROVIDED BY DENTIST OR PHYSICIAN OTHER THAN PRACTITIONER PROVIDING TX CONSULTATION WITH A MEDICAL HEALTH CARE PROFESSIONAL ALVEOLUS OPEN REDUCTION STABILIZATION OF TEETH, COMPOUND	Yes
D7871 D7872 D7874 D7875 D7350 D7410 D7411 D7971 D7972 D9248 D9310 D9311 D7770 D7771	CPT/HCPCS	NON-ARTHROSCOPIC LYSIS AND LAVAGE ARTHROSCOPY - DIAGNOSIS, WITH OR WITHOUT BIOPSY ARTHROSCOPY: DISC REPOSITIONING AND STABILIZATION ARTHOSCOPY: SYNOVECTOMY VESTIBULOPLASTY - RIDGE EXTENSION (INCL SOFT TISSUE GRAFTS, MUSLE REATTACHMENTS, REVISION OF SOFT TISSUE ATTACHMENT AND EXCISION OF BENIGN LESION UP TO 1.25CM EXCISION OF BENIGN LESION GREATER THAN 1.25CM EXCISION OF PERICORONAL GINGIVA SURGICAL REDUCTION OF FIROUS TUBEROSITY NON-INTRAVENTOUS CONSCIOUS SEDATION CONSULTATION - DIAGNOSTIC SERVICE PROVIDED BY DENTIST OR PHYSICIAN OTHER THAN PRACTITIONER PROVIDING TX CONSULTATION WITH A MEDICAL HEALTH CARE PROFESSIONAL ALVEOLUS OPEN REDUCTION STABILIZATION OF TEETH, COMPOUND REATTACHMENT OF TOOTH FRAGMENT, INCISAL EDGE OR CUSP	Yes
D7871 D7872 D7874 D7875 D7350 D7410 D7411 D7971 D7972 D9248 D9310 D9311 D7770 D7771 D2921 D7876	CPT/HCPCS	NON-ARTHROSCOPIC LYSIS AND LAVAGE ARTHROSCOPY - DIAGNOSIS, WITH OR WITHOUT BIOPSY ARTHROSCOPY: DISC REPOSITIONING AND STABILIZATION ARTHOSCOPY: SYNOVECTOMY VESTIBULOPLASTY - RIDGE EXTENSION (INCL SOFT TISSUE GRAFTS, MUSLE REATTACHMENTS, REVISION OF SOFT TISSUE ATTACHMENT AND EXCISION OF BENIGN LESION UP TO 1.25CM EXCISION OF BENIGN LESION GREATER THAN 1.25CM EXCISION OF PERICORONAL GINGIVA SURGICAL REDUCTION OF FIROUS TUBEROSITY NON-INTRAVENTOUS CONSCIOUS SEDATION CONSULTATION - DIAGNOSTIC SERVICE PROVIDED BY DENTIST OR PHYSICIAN OTHER THAN PRACTITIONER PROVIDING TX CONSULTATION WITH A MEDICAL HEALTH CARE PROFESSIONAL ALVEOLUS OPEN REDUCTION STABILIZATION OF TEETH, COMPOUND REATTACHMENT OF TOOTH FRAGMENT, INCISAL EDGE OR CUSP ARTHROSCOPY - SURGICAL: DISCECTOMY	Yes Yes
D7871 D7872 D7874 D7875 D7350 D7410 D7411 D7971 D7972 D9248 D9310 D9311 D7770 D7771 D2921 D7876 D7877	CPT/HCPCS	NON-ARTHROSCOPIC LYSIS AND LAVAGE ARTHROSCOPY - DIAGNOSIS, WITH OR WITHOUT BIOPSY ARTHROSCOPY: DISC REPOSITIONING AND STABILIZATION ARTHOSCOPY: SYNOVECTOMY VESTIBULOPLASTY - RIDGE EXTENSION (INCL SOFT TISSUE GRAFTS, MUSLE REATTACHMENTS, REVISION OF SOFT TISSUE ATTACHMENT AND EXCISION OF BENIGN LESION UP TO 1.25CM EXCISION OF BENIGN LESION GREATER THAN 1.25CM EXCISION OF PERICORONAL GINGIVA SURGICAL REDUCTION OF FIROUS TUBEROSITY NON-INTRAVENTOUS CONSCIOUS SEDATION CONSULTATION - DIAGNOSTIC SERVICE PROVIDED BY DENTIST OR PHYSICIAN OTHER THAN PRACTITIONER PROVIDING TX CONSULTATION WITH A MEDICAL HEALTH CARE PROFESSIONAL ALVEOLUS OPEN REDUCTION STABILIZATION OF TEETH, COMPOUND REATTACHMENT OF TOOTH FRAGMENT, INCISAL EDGE OR CUSP ARTHROSCOPY - SURGICAL: DISCECTOMY ARTHROSCOPY: DEBRIDEMENT	Yes
D7871 D7872 D7874 D7875 D7350 D7410 D7411 D7971 D7972 D9248 D9310 D9311 D7770 D7771 D2921 D7876 D7880	CPT/HCPCS	NON-ARTHROSCOPIC LYSIS AND LAVAGE ARTHROSCOPY - DIAGNOSIS, WITH OR WITHOUT BIOPSY ARTHROSCOPY: DISC REPOSITIONING AND STABILIZATION ARTHOSCOPY: SYNOVECTOMY VESTIBULOPLASTY - RIDGE EXTENSION (INCL SOFT TISSUE GRAFTS, MUSLE REATTACHMENTS, REVISION OF SOFT TISSUE ATTACHMENT AND EXCISION OF BENIGN LESION UP TO 1.25CM EXCISION OF BENIGN LESION GREATER THAN 1.25CM EXCISION OF PERICORONAL GINGIVA SURGICAL REDUCTION OF FIROUS TUBEROSITY NON-INTRAVENTOUS CONSCIOUS SEDATION CONSULTATION - DIAGNOSTIC SERVICE PROVIDED BY DENTIST OR PHYSICIAN OTHER THAN PRACTITIONER PROVIDING TX CONSULTATION WITH A MEDICAL HEALTH CARE PROFESSIONAL ALVEOLUS OPEN REDUCTION STABILIZATION OF TEETH, COMPOUND ALVEOLUS CLOSED REDUCTION STABILIZATION OF TEETH, COMPOUND REATTACHMENT OF TOOTH FRAGMENT, INCISAL EDGE OR CUSP ARTHROSCOPY - SURGICAL: DISCECTOMY ARTHROSCOPY: DEBRIDEMENT OCCLUSAL ORTHOTIC DEVICE, BY REPORT	Yes
D7871 D7872 D7874 D7875 D7350 D7410 D7411 D7971 D7972 D9248 D9310 D9311 D7770 D7771 D2921 D7876 D7877 D7880 D7899	CPT/HCPCS	NON-ARTHROSCOPIC LYSIS AND LAVAGE ARTHROSCOPY - DIAGNOSIS, WITH OR WITHOUT BIOPSY ARTHROSCOPY: DISC REPOSITIONING AND STABILIZATION ARTHOSCOPY: SYNOVECTOMY VESTIBULOPLASTY - RIDGE EXTENSION (INCL SOFT TISSUE GRAFTS, MUSLE REATTACHMENTS, REVISION OF SOFT TISSUE ATTACHMENT AND EXCISION OF BENIGN LESION UP TO 1.25CM EXCISION OF BENIGN LESION GREATER THAN 1.25CM EXCISION OF PERICORONAL GINGIVA SURGICAL REDUCTION OF FIROUS TUBEROSITY NON-INTRAVENTOUS CONSCIOUS SEDATION CONSULTATION - DIAGNOSTIC SERVICE PROVIDED BY DENTIST OR PHYSICIAN OTHER THAN PRACTITIONER PROVIDING TX CONSULTATION WITH A MEDICAL HEALTH CARE PROFESSIONAL ALVEOLUS OPEN REDUCTION STABILIZATION OF TEETH, COMPOUND ALVEOLUS CLOSED REDUCTION STABILIZATION OF TEETH, COMPOUND REATTACHMENT OF TOOTH FRAGMENT, INCISAL EDGE OR CUSP ARTHROSCOPY - SURGICAL: DISCECTOMY ARTHROSCOPY: DEBRIDEMENT OCCLUSAL ORTHOTIC DEVICE, BY REPORT UNSPECIFIED TMD THERAPY, BY REPORT	Yes
D7871 D7872 D7874 D7875 D7350 D7410 D7411 D7971 D7972 D9248 D9310 D9311 D7770 D7771 D2921 D7876 D7876 D7880 D7899 D7910	CPT/HCPCS	NON-ARTHROSCOPIC LYSIS AND LAVAGE ARTHROSCOPY - DIAGNOSIS, WITH OR WITHOUT BIOPSY ARTHROSCOPY: DISC REPOSITIONING AND STABILIZATION ARTHOSCOPY: SYNOVECTOMY VESTIBULOPLASTY - RIDGE EXTENSION (INCL SOFT TISSUE GRAFTS, MUSLE REATTACHMENTS, REVISION OF SOFT TISSUE ATTACHMENT AND EXCISION OF BENIGN LESION UP TO 1.25CM EXCISION OF BENIGN LESION GREATER THAN 1.25CM EXCISION OF PERICORONAL GINGIVA SURGICAL REDUCTION OF FIROUS TUBEROSITY NON-INTRAVENTOUS CONSCIOUS SEDATION CONSULTATION - DIAGNOSTIC SERVICE PROVIDED BY DENTIST OR PHYSICIAN OTHER THAN PRACTITIONER PROVIDING TX CONSULTATION WITH A MEDICAL HEALTH CARE PROFESSIONAL ALVEOLUS OPEN REDUCTION STABILIZATION OF TEETH, COMPOUND ALVEOLUS CLOSED REDUCTION STABILIZATION OF TEETH, COMPOUND REATTACHMENT OF TOOTH FRAGMENT, INCISAL EDGE OR CUSP ARTHROSCOPY - SURGICAL: DISCECTOMY ARTHROSCOPY: DEBRIDEMENT OCCLUSAL ORTHOTIC DEVICE, BY REPORT UNSPECIFIED TMD THERAPY, BY REPORT SUTURE OF RECENT SMALL WOUNDS UP TO 5CM	Yes
D7871 D7872 D7874 D7875 D7350 D7410 D7411 D7971 D7972 D9248 D9310 D9311 D7770 D7771 D2921 D7876 D7877 D7880 D7899	CPT/HCPCS	NON-ARTHROSCOPIC LYSIS AND LAVAGE ARTHROSCOPY - DIAGNOSIS, WITH OR WITHOUT BIOPSY ARTHROSCOPY: DISC REPOSITIONING AND STABILIZATION ARTHOSCOPY: SYNOVECTOMY VESTIBULOPLASTY - RIDGE EXTENSION (INCL SOFT TISSUE GRAFTS, MUSLE REATTACHMENTS, REVISION OF SOFT TISSUE ATTACHMENT AND EXCISION OF BENIGN LESION UP TO 1.25CM EXCISION OF BENIGN LESION GREATER THAN 1.25CM EXCISION OF PERICORONAL GINGIVA SURGICAL REDUCTION OF FIROUS TUBEROSITY NON-INTRAVENTOUS CONSCIOUS SEDATION CONSULTATION - DIAGNOSTIC SERVICE PROVIDED BY DENTIST OR PHYSICIAN OTHER THAN PRACTITIONER PROVIDING TX CONSULTATION WITH A MEDICAL HEALTH CARE PROFESSIONAL ALVEOLUS OPEN REDUCTION STABILIZATION OF TEETH, COMPOUND ALVEOLUS CLOSED REDUCTION STABILIZATION OF TEETH, COMPOUND REATTACHMENT OF TOOTH FRAGMENT, INCISAL EDGE OR CUSP ARTHROSCOPY - SURGICAL: DISCECTOMY ARTHROSCOPY: DEBRIDEMENT OCCLUSAL ORTHOTIC DEVICE, BY REPORT UNSPECIFIED TMD THERAPY, 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
D7810 D7820	CPT/HCPCS	CLOSED REDUCTION OF DISLOCATION	Yes
D7820 D9420	CPT/HCPCS	HOSPITAL CALL	Yes
D9420 D9430	CPT/HCPCS	OFFICE VISIT FOR OBSERVATION (DURING REGULARLY SCHEDULED	Yes
		HOURS) - NO OTHER SERVICES PERFORMED	
D2929	CPT/HCPCS	PREFABRICATED CTAINLESS STEEL 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
	CPT/HCPCS CPT/HCPCS		
D7412 D7413	CPT/HCPCS CPT/HCPCS	EXCISION OF BENIGN LESION, COMPLICATED EXCISION OF MALIGNANT LESION UP TO 1.25CM	Yes Yes
D7413 D9450	CPT/HCPCS CPT/HCPCS	CASE PRESENTATION, SUBSEQUENT TO DETAILED AND EXTENSIVE	Yes
Doo:		TREATMENT PLANNING	\(\frac{1}{2}\)
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 - TRANSEPITHELIAL 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
D7990 D7995	CPT/HCPCS CPT/HCPCS	SYNTHETIC GRAFT - MANDIBLE OR FACIAL BONES, BY REPORT	Yes
D7995 D2953	CPT/HCPCS CPT/HCPCS	EACH ADDITIONAL INDIRECTLY FABRICATED POST - SAME TOOTH	Yes
D2953 D2954	CPT/HCPCS CPT/HCPCS	PREFABRICATED POST AND CORE IN ADDITION TO CROWN	Yes
D2954 D2955	CPT/HCPCS CPT/HCPCS	POST REMOVAL	Yes
			Yes
D2752	CPT/HCPCS	CROWN - PORCELAIN FUSED TO NOBLE METAL CROWN - 3/4 CAST HIGH NOBLE METAL	
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	Yes
		DIAMETER UP TO 1.25CM	<u>L</u>

D7451	CPT/HCPCS	REMOVAL OF ODONTOGENIC CYST OR TUMOR; LESION DIAMETER OVER	Yes
D/431	CF1/HCFC3	1.25 CM	1105
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	Yes
D7 400	0. 171101 00	DIAMETER UP TO 1.25CM	
D7461	CPT/HCPCS	REMOVAL OF BENIGN NONODONTOGENIC CYST OR TUMOR - LESION	Yes
5, 101	0	DIAMETER GREATER THAN 1.25CM	
D7465	CPT/HCPCS	DESTRUCTION OF LESION(S) BY PHYSICAL OR CHEMICAL METHOD, BY	Yes
		REPORT	
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	Yes
		PATIENT - PERMANENT TOOTH	
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	Yes
		DENTITION	
D8070	CPT/HCPCS	COMPREHENSIVE ORTHODONTIC TEATMENT OF THE TRANSITIONAL	Yes
		DENTITION	
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	Yes
		PLATE] REQUIRING FLAP	
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 -	Yes
		COMPLICATED	
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
D7235	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	Yes
	1	HYPOPLASIA OR RETRUSION) WITHOUT BONE GRAFT	
1		p or blow officerious only will both officer	1

COMPLICATED				
DEPTH-CPCS	D7950	CPT/HCPCS		Yes
DEPTITION	D7521	CPT/HCPCS	INCISION AND DRAINAGE OF ABSCESS - EXTRAORAL SOFT TISSUE -	Yes
DEPENDENCE SPRICE ALL SYSTEM	D7530	CPT/HCPCS	REMOVAL OF FOREIGN BODY FROM MUCOSA, SKIN, OR SUBCUTANEOUS	Yes
DRIFF DEPLICATION DEPLIC	D7540	CPT/HCPCS	REMOVAL OF REACTION-PRODUCTING FOREIGN BODIES, MUSCULO-	Yes
DEPTING	D8660	CPT/HCPCS	PRE-ORTHODONTIC TREATMENT EXAMINATION TO MONITOR GROWTH AND	Yes
D2391	D8670	CPT/HCPCS		Yes
D2392		_		
D2393	D2391	CPT/HCPCS		Yes
D2394	D2392	CPT/HCPCS	RESIN-BASED COMPOSITE - TWO SURFACES, POSTERIOR	Yes
D7950	D2393	CPT/HCPCS	RESIN-BASED COMPOSITE - THREE SURFACES, POSTERIOR	Yes
09EA DAPPIGOCH OPTRICES OPTRICES OPTRICES VIS D8950 C PTRICES OCCUSSAL ADUSTRENT COMPLETE Vis Vis D8977 C PTRICES OCCUSSAL ADUSTRENT COMPLETE Vis D8971 C PTRICES OCCUSSAL ADUSTRENT COMPLETE Vis D8980 C PTRICES OCTIVATORS OCCUSSAL ADUSTRENT COMPLETE Vis D8990 C PTRICES REMOVABLE ORTHODONTIC TRETAINER ADJUSTMENT Vis D7560 C PTRICES MARCHAN ENTRICES Vis D7560 C PTRICES MARCHAN ENTRICES Vis D2420 C PTRICES MARCHAN ENTRICES Vis D2420 C PTRICES GOLD FOIL THRE SURFACES Vis D2420 C PTRICES OCPTRICES NIA METALLIC - SING SURFACES Vis D2520 C PTRICES NIA METALLIC - SING SURFACES Vis D2620 C PTRICES NIA METALLIC - SING SURFACES Vis D8972 C PTRICES NIA METALLI	D2394	CPT/HCPCS		Yes
D09502	D7951	CPT/HCPCS		Yes
DOBSTO	D9950		OCCLUSION ANALYSIS - MOUNTED CASE	Yes
DOBSTI		_		
D8880 CPT/HCPCS ORTHODONITIC RETENTION (REHOVAL OF APPLIANCES, CONSTRUCTION AND PLACEMENT) OF RETRAINERS(S)) YES D8881 CPT/HCPCS REMOVABLE ORTHODONITIC RETAINERS (ALIENDATIVE BILLING TO A CONTRACT FEE) Yes D7550 CPT/HCPCS PARTIAL OSTECTOMY/SEQUESTRECTOMY FOR REMOVAL OF NON-VITAL BONE Yes D7560 CPT/HCPCS PARTIAL OSTECTOMY/SEQUESTRECTOMY FOR REMOVAL OF NON-VITAL BONE Yes D7560 CPT/HCPCS MAXILLARY SINUSOTOMY FOR REMOVAL OF TOOTH FRAGMENT OR PARTIAL CHARGES PORBION BOOY Yes D2420 CPT/HCPCS GOLD FOIL THREE SURFACES Yes D2510 CPT/HCPCS GOLD FOIL THREE SURFACES Yes D2520 CPT/HCPCS GOLD FOIL THREE SURFACES Yes D2520 CPT/HCPCS INLAY-METALLIC TWO SURFACES Yes D2520 CPT/HCPCS INLAY-METALLIC TWO SURFACES Yes D8972 CPT/HCPCS				
AND PLACEMENT OF RETAINERS(S)				
D8890 CPT/HCPCS ORTHODONTIC TREATMENT (ALTERNATIVE BILLING TO A CONTRACT_FEE). Yes Yes D7550 CPT/HCPCS PARTIAL OSTECTOMY/SEQUESTRECTOMY FOR REMOVAL OF NON-VITAL BONE Yes D7560 CPT/HCPCS PARTIAL OSTECTOMY/SEQUESTRECTOMY FOR REMOVAL OF NON-VITAL BONE Yes D2420 CPT/HCPCS QDLD FOLL TWO SURFACES Yes D2430 CPT/HCPCS GOLD FOLL THREE SURFACES Yes D2510 CPT/HCPCS GOLD FOLL THREE SURFACES Yes D2520 CPT/HCPCS INLAY- METALLIC - THREE SURFACES Yes D2530 CPT/HCPCS INLAY- METALLIC - THREE SURFACES Yes D2520 CPT/HCPCS INLAY- METALLIC - THREE SURFACES Yes D8972 CPT/HCPCS INLAY- METALLIC - THREE SURFACES Yes D7284 CPT/HCPCSS PLACEMENT OF TEMPORARY ANCHORAGE DEVICE WITHOUT FL Yes D7295 CPT/HCPCSS PLACEMENT OF TEMPORARY ANCHORAGE DEVICE WITHOUT FL Yes D7310 CPT/HCPCS PLACEMENT OF CONTROL WITH EXTRACTIONS - FOUR OR FORGE Yes Yes D7311 CPT/HCPCS ALYEOLOPLASY IN CONJUN	D8680	CPT/HCPCS	·	Yes
D7550 CPTH-CPCS	D8681	CPT/HCPCS	REMOVABLE ORTHODONTIC RETAINER ADJUSTMENT	Yes
BONE	D8690	CPT/HCPCS	ORTHODONTIC TREATMENT (ALTERNATIVE BILLING TO A CONTRACT FEE)	Yes
FOREIGN BODY	D7550	CPT/HCPCS		Yes
D2420 CPT/HCPCS GOLD FOIL -TWO SURRACES Yes D2430 CPT/HCPCS GOLD FOIL -THREE SURFACES Yes D2510 CPT/HCPCS GOLD FOIL -THREE SURFACES Yes D2520 CPT/HCPCS INLAY - METALLIC - TWO SURFACES Yes D2530 CPT/HCPCS INLAY - METALLIC - TWO SURFACES Yes D9972 CPT/HCPCS EXTERNAL BLEACHING - PER ARCH - PERFORMED IN OFFICE Yes D7294 CPT/HCPCS EXTERNAL BLEACHING - PER ARCH - PERFORMED IN OFFICE Yes D7295 CPT/HCPCS PLACEMENT OF TEMPORARY ANCHORAGE DEVICE WITHOUT FL Yes D7310 CPT/HCPCS ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE Yes D7311 CPT/HCPCS ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - ONE TO 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 D8692 CPT/HCPCS MAXILLA - CLOSED REDUCTION (TEETH IMMOBILIZED, IF PRESENT), SIMPLE Yes D8693 <td< td=""><td>D7560</td><td>CPT/HCPCS</td><td></td><td>Yes</td></td<>	D7560	CPT/HCPCS		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 D2530 CPT/HCPCS EXTERNAL BLEACHING - PERARCH - PERFORMED IN OFFICE Yes D79724 CPT/HCPCS PLACEMENT OF TEMPORARY ANCHORAGE DEVICE WITHOUT FL Yes D7293 CPT/HCPCS HARVEST OF BONE FOR USE IN AUTOGENOUS GRAFTING PROCEDURE Yes D7310 CPT/HCPCS ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE Yes D7311 CPT/HCPCS ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE 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 D8692 CPT/HCPCS REPLACEMENT OF LOST OR BROKEN RETAINER Yes D2543 CPT/HCPCS REPLACEMENT OF LOST OR BROKEN RETAINER Yes D2544	D2420	CPT/HCPCS		Yes
D2520 CPT/HCPCS INLAY - METALLIC - TWO SURFACES Yes D2520 CPT/HCPCS INLAY - METALLIC - THREE SURFACES Yes D9920 CPT/HCPCS EXTERNAL BLEACHING - PER RACH - 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 Yes D7311 CPT/HCPCS ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - ONE TO 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 MANDIBLE - OPEN REDUCTION (TEETH IMMOBILIZED, IF PRESENT), SIMPLE Yes D8692 CPT/HCPCS REPAIR OF RIVED RETAINERS, INCLUDES REATHER Yes D2542 CPT/HCPCS REPAIR OF RIVED RETAINERS, INCLUDES REA				
D2530 CPT/HCPCS INLAY - METALLIC - THREE SURFACES Yes D9972 CPT/HCPCS EXTERNAL BLEACHING - PER ARCH - PERFORMED IN OFFICE Yes D7294 CPT/HCPCS EXTERNAL BLEACHING - PER ARCH - PERFORMED IN OFFICE Yes D7295 CPT/HCPCS HARVEST OF BONE FOR USE IN AUTOGENOUS GRAFTING PROCEDURE Yes D7310 CPT/HCPCS HARVEST OF BONE FOR USE IN AUTOGENOUS GRAFTING PROCEDURE Yes D7311 CPT/HCPCS ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE Yes D7610 CPT/HCPCS ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - ONE TO Yes D7620 CPT/HCPCS MAXILLA - OPEN REDUCTION (TEETH IMMOBILIZED, IF PRESENT), SIMPLE Yes D7630 CPT/HCPCS MANDIBLE - OPEN REDUCTION (TEETH IMMOBILIZED, IF PRESENT), SIMPLE Yes D8692 CPT/HCPCS MANDIBLE - OPEN REDUCTION (TEETH IMMOBILIZED, IF PRESENT), SIMPLE Yes D8694 CPT/HCPCS REPLACEMENT OF LOST OR BROKEN RETAINER Yes D8695 CPT/HCPCS REPLACEMENT OF LOST OR BROKEN RETAINER Yes D2543 CPT/HCPCS REPLACEMENT OF LOST OR BROKEN RETAINERS, INCLU	D2510	CPT/HCPCS	INLAY - METALLIC - ONE SURFACE	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 ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE Yes D7310 CPT/HCPCS ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE Yes D7311 CPT/HCPCS ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - ONE TO 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 MANDIBLE - OPEN REDUCTION (TEETH IMMOBILIZED, IF PRESENT), SIMPLE Yes D8692 CPT/HCPCS REPLACEMENT OF LOST OR BROKEN RETAINER Yes D8693 CPT/HCPCS REPLACEMENT OF LOST OR BROKEN RETAINER Yes D2542 CPT/HCPCS REPAIR OF FIXED RETAINERS, INCLUDES REATTACHMENT Yes D2542 CPT/HCPCS ONLAY - METALLIC -	D2520	CPT/HCPCS	INLAY - METALLIC - TWO SURFACES	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 Yes D7311 CPT/HCPCS ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - ONE TO Yes D7610 CPT/HCPCS MAXILLA - ORD IN CONJUNCTION (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 REPLACEMENT OF LOST OR BROKEN RETAINER Yes D2542 CPT/HCPCS REPLACEMENT OF LOST OR BROKEN RETAINER Yes D2543 CPT/HCPCS ONLAY - METALLIC - TWO SURFACES Yes D2544 CPT/HCPCS ONLAY - METALLIC - TWO SURFACES Yes D2543 CPT/HCPCS ONLAY - METALLIC - THARE SURFACES Yes	D2530	CPT/HCPCS	INLAY - METALLIC - THREE SURFACES	Yes
D7295 CPT/HCPCS HARVEST OF BONE FOR USE IN AUTOGENOUS GRAFTING PROCEDURE D7310 CPT/HCPCS ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH D7311 CPT/HCPCS ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREETEETH OR TOOTH 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 D7630 CPT/HCPCS MANDIBLE - OPEN REDUCTION (TEETH IMMOBILIZED, IF PRESENT), SIMPLE Yes D7630 CPT/HCPCS REPLACEMENT OF LOST OR BROKEN RETAINER Yes D8692 CPT/HCPCS REPLACEMENT OF LOST OR BROKEN RETAINER Yes D2542 CPT/HCPCS ONLAY - METALLIC - TWO SURFACES Yes D2543 CPT/HCPCS ONLAY - METALLIC - THREE SURFACES Yes D2544 CPT/HCPCS ONLAY - METALLIC - THREE SURFACES Yes D2545 CPT/HCPCS INLAY - PORCELAIN/CERAMIC - TWO SURFACES Yes D2620 CPT/HCPCS INLAY - PORCELAIN/CERAMIC - THREE OR MORE SURFACES Yes D7320 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 FRENULOPLASTY OR RENOLUCION OF REPAIR OF MAXILLOFACIAL SOFT AND/OR HARD TISSUE DEFECT YES D7960 CPT/HCPCS FRENULOPLASTY P68 D7961 CPT/HCPCS FRENULOPLASTY P68 D7962 CPT/HCPCS FRENULOPLASTY P68 D9990 CPT/HCPCS FRENULOPLASTY P68 D9990 CPT/HCPCS FRENULOPLASTY P68 D99100 CPT/HCPCS FRENULOPLASTY P68 D991100 CPT/HCPCS FRENULOPLASTY P68 D99120 CPT/HC	D9972	CPT/HCPCS	EXTERNAL BLEACHING - PER ARCH - PERFORMED IN OFFICE	Yes
D7310 CPT/HCPCS ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREETEETH OR TOOTH 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 MANDIBLE - OPEN REDUCTION (TEETH IMMOBILIZED, IF PRESENT), SIMPLE Yes D8694 CPT/HCPCS REPLACEMENT OF LOST OR BROKEN RETAINER Yes D8695 CPT/HCPCS REPLACEMENT OF LOST OR BROKEN RETAINER Yes D86964 CPT/HCPCS REPLACEMENT OF LOST OR BROKEN RETAINER Yes D8695 CPT/HCPCS ONLAY - METALLIC - TWO SURFACES Yes D2540 CPT/HCPCS ONLAY - METALLIC - TWO SURFACES Yes D2541 CPT/HCPCS ONLAY - METALLIC - FOUR OR MORE SURFACES YES D2620 CPT/HCPCS ONLAY - METALLIC - TWO SURFACES Yes D2620 CPT/HCPCS INLAY - PORCELAIN/CERAMIC - TWO SURFACES YES D7920 CPT/HCPCS INLAY - PORCELAIN/CERAMIC - TWO SURFACES YES D79320 CPT/HCPCS ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - FOUR OR YES D7955 CPT/HCPCS BEPAR OF MAXILLOFACIAL SOFT AND/OR HARD TISSUE DEFECT YES D7960 CPT/HCPCS FRENULCPLASTY D7963 CPT/HCPCS FRENULCOMY (FRENECTOMY OR FRENOTOMY) - SEPARATE PROCEDURE D8999 CPT/HCPCS PALLIATIVE TREATMENT OF DENTAL PAIN - PER VISIT YES D9110 CPT/HCPCS FIXED PARTIAL DENTURE SECTIONING YES D9120 CPT/HCPCS FIXED PARTIAL DENTURE SECTIONING YES	D7294	CPT/HCPCS	PLACEMENT OF TEMPORARY ANCHORAGE DEVICE WITHOUT FL	Yes
TEETH OR TOOTH				
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 REPLACEMENT OF LOST OR BROKEN RETAINER Yes D2542 CPT/HCPCS REPAIR OF FIXED RETAINERS, INCLUDES REATTACHMENT Yes D2543 CPT/HCPCS ONLAY - METALLIC - TWO SURFACES Yes D2544 CPT/HCPCS ONLAY - METALLIC - TOUR OR MORE SURFACES Yes D2630 CPT/HCPCS INLAY - PORCELAIN/CERAMIC - THREE OR MORE SURFACES Yes D2630 CPT/HCPCS INLAY - PORCELAIN/CERAMIC - THREE OR MORE SURFACES Yes D7930 CPT/HCPCS ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - FOUR OR Yes D7953 CPT/HCPCS BONE REPLACEMENT GRAFT FOR RIDGE PRESERVATION - PER SI	D7310	CPT/HCPCS		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 REPLACEMENT OF LOST OR BROKEN RETAINER Yes D2542 CPT/HCPCS ONLAY - METALLIC - TWO SURFACES Yes D2543 CPT/HCPCS ONLAY - METALLIC - TWO SURFACES Yes D2544 CPT/HCPCS ONLAY - METALLIC - TOUR 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 BON REPLACEMENT GRAFT FOR RIDGE PRESERVATION - PER SITE Yes D7960 CPT/HCPCS REPAIR OF MAXILLOFACIAL SOFT AND/OR HARD TISSUE DEFECT Yes	D7311	CPT/HCPCS		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 - 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 INLAY - PORCELAIN/CERAMIC - THREE OR MORE SURFACES YES D7953 CPT/HCPCS ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH D7955 CPT/HCPCS BONE REPLACEMENT GRAFT FOR RIDGE PRESERVATION - PER SITE YES D7960 CPT/HCPCS FRENULECTOMY (FRENECTOMY OR FRENOTOMY) - SEPARATE PROCEDURE YES D7963 CPT/HCPCS FRENULECTOMY (FRENECTOMY OR FRENOTOMY) - SEPARATE PROCEDURE YES D8999 CPT/HCPCS UNSPECIFIED ORTHODONTIC PROCEDURE, BY REPORT YES D9110 CPT/HCPCS FIXED PARTIAL DENTURE SECTIONING YES	D7610	CPT/HCPCS		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 - 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 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 PALLIATIVE TREATMENT OF DENTAL PAIN - PER VISIT YES D9110 CPT/HCPCS FIXED PARTIAL DENTURE SECTIONING YES	D7620	CPT/HCPCS	MAXILLA - CLOSED REDUCTION (TEETH IMMOBILIZED, IF PRESENT), SIMPLE	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 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 D7960 CPT/HCPCS FRENULECTOMY (FRENECTOMY OR FRENOTOMY) - SEPARATE PROCEDURE YES D7963 CPT/HCPCS FRENULECTOMY (FRENECTOMY OR FRENOTOMY) - SEPARATE PROCEDURE YES D8999 CPT/HCPCS UNSPECIFIED ORTHODONTIC PROCEDURE, BY REPORT YES D9110 CPT/HCPCS FIXED PARTIAL DENTURE SECTIONING YES	D7630	CPT/HCPCS	MANDIBLE - OPEN REDUCTION (TEETH IMMOBILIZED, IF PRESENT), SIMPLE	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 D7953 CPT/HCPCS BONE REPLACEMENT GRAFT FOR RIDGE PRESERVATION - PER SITE YES D7965 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 UNSPECIFIED ORTHODONTIC PROCEDURE, BY REPORT YES D9110 CPT/HCPCS FIXED PARTIAL DENTURE SECTIONING YES D9120 CPT/HCPCS FIXED PARTIAL DENTURE SECTIONING YES	D8692	CPT/HCPCS	REPLACEMENT OF LOST OR BROKEN RETAINER	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 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 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	D8694	CPT/HCPCS	REPAIR OF FIXED RETAINERS, INCLUDES REATTACHMENT	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 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 D8999 CPT/HCPCS UNSPECIFIED ORTHODONTIC PROCEDURE, BY REPORT Yes D9110 CPT/HCPCS FIXED PARTIAL DENTURE SECTIONING Yes				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 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 D8999 CPT/HCPCS UNSPECIFIED ORTHODONTIC PROCEDURE, BY REPORT Yes D9110 CPT/HCPCS FIXED PARTIAL DENTURE SECTIONING 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 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				
D7320 CPT/HCPCS ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH 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				
MORE TEETH OR TOOTH 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				
D7955CPT/HCPCSREPAIR OF MAXILLOFACIAL SOFT AND/OR HARD TISSUE DEFECTYesD7960CPT/HCPCSFRENULECTOMY (FRENECTOMY OR FRENOTOMY) - SEPARATE PROCEDURE FRENULOPLASTYYesD7963CPT/HCPCSFRENULOPLASTYYesD8999CPT/HCPCSUNSPECIFIED ORTHODONTIC PROCEDURE, BY REPORTYesD9110CPT/HCPCSPALLIATIVE TREATMENT OF DENTAL PAIN - PER VISITYesD9120CPT/HCPCSFIXED PARTIAL DENTURE SECTIONINGYes	ט/320	CP1/HCPCS		res
D7960CPT/HCPCSFRENULECTOMY (FRENECTOMY OR FRENOTOMY) - SEPARATE PROCEDUREYesD7963CPT/HCPCSFRENULOPLASTYYesD8999CPT/HCPCSUNSPECIFIED ORTHODONTIC PROCEDURE, BY REPORTYesD9110CPT/HCPCSPALLIATIVE TREATMENT OF DENTAL PAIN - PER VISITYesD9120CPT/HCPCSFIXED PARTIAL DENTURE SECTIONINGYes	D7953	CPT/HCPCS	BONE REPLACEMENT GRAFT FOR RIDGE PRESERVATION - PER SITE	Yes
D7963CPT/HCPCSFRENULOPLASTYYesD8999CPT/HCPCSUNSPECIFIED ORTHODONTIC PROCEDURE, BY REPORTYesD9110CPT/HCPCSPALLIATIVE TREATMENT OF DENTAL PAIN - PER VISITYesD9120CPT/HCPCSFIXED PARTIAL DENTURE SECTIONINGYes				
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	D7960	CPT/HCPCS	FRENULECTOMY (FRENECTOMY OR FRENOTOMY) - SEPARATE PROCEDURE	Yes
D9110 CPT/HCPCS PALLIATIVE TREATMENT OF DENTAL PAIN - PER VISIT Yes D9120 CPT/HCPCS FIXED PARTIAL DENTURE SECTIONING Yes	D7963	CPT/HCPCS	FRENULOPLASTY	Yes
D9120 CPT/HCPCS FIXED PARTIAL DENTURE SECTIONING Yes		_		Yes
		_		
D/640 CPT/HCPCS MANDIBLE - CLOSED REDUCTION (TEETH IMMOBILIZED, IF PRESENT), SIMPLE Yes				
	D/640	CP1/HCPCS	MANDIBLE - CLOSED REDUCTION (TEETH IMMOBILIZED, IF PRESENT),SIMPLE	Yes

	1		
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
2.200			
D7285	CPT/HCPCS	INCISIONAL BIOPSY OF ORAL TISSUE-HARD (BONE, TOOTH)	Yes
D7283 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	Yes
		MATERIALS AND FABRICATION OF CUSTOM TRAYS	
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	Yes
		REDUCTION SPLINTING, SIMPLE	
D7671	CPT/HCPCS	ALVEOLUS - OPEN REDUCTION, MAY INCL STABILIZATION OF TEETH, SIMPLE	Yes
57071	0	The second of th	
D9210	CPT/HCPCS	LOCAL ANESTHESIA NOT IN CONJUNCTION WITH OPERATIVE OR SURGICAL	Yes
D9210	CF1/HCFC3		165
D0040	007//10000	PROCEDURES	V.
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,	Yes
		MANDIBULAR	
D9935	CPT/HCPCS	CLEANING AND INSPECTION OF REMOVABLE PARTIAL DENTURE,	Yes
		MANDIBULAR	
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	Yes
D0210	01 1/1101 00	ANESTHESIA	163
DOGGO	CDT/LICDOS		Yes
D9223	CPT/HCPCS	DEEP SEDATION/GENERAL ANESTHESIA - EACH SUBSEQUENT 15 MINUTE	res
		INCREMENT	1
D7680	CPT/HCPCS	FACIAL BONES - COMPLICATED REDUCTION WITH FIXATION AND MULT	Yes
		SURGICAL APPROACHES, SIMPLE	
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	Yes
		IMAGES - IMAGE CAPTURE ONLY	
D0388	CPT/HCPCS	INTRAORAL TOMOSYNTHESIS - BITEWING RADIOGRAPHIC IMAGE - IMAGE	Yes
		CAPTURE ONLY	
D6107	CPT/HCPCS	GUIDED TISSUE REGENERATION - NON-RESORBABLE BARRIER, PER IMPLANT	Vas
D0107	01 1/1101 03	TOOLED HOUSE RECEIVERATION - NON-RESORDABLE BARRIER, I ERTIFICEANT	163
D7057	CDT// ICDOC	CHIPED TICCUE DECENIEDATION EDENTHI OLICADEA MON DECORDADIE	Vaa
D7957	CPT/HCPCS	GUIDED TISSUE REGENERATION, EDENTULOUS AREA - NON-RESORBABLE	Yes
D 4005	00=#1====	BARRIER, PER SITE	l.
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-	Yes
		RESTORABILITY	
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	Yes
		IMAGES	
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
D7201 D7272	CPT/HCPCS	TOOTH TRANSPLANTATION (INCL REIMPLANTATION FROM ONE SITE TO	Yes
0,2/2	01 1/110503	· ·	100
D7000	ODT// LODGS	ANOTHER AND SPLINTING AND/OR STABILIZATION)	V ₂ 2
D7280	CPT/HCPCS	EXPOSURE OF AN UNERUPTED TOOTH	Yes
D4212	CPT/HCPCS	GINGIVECTOMY OR GINGIVOPLASTY TO ALLOW ACCESS FOR RESTORATIVE	Yes
		PROCEDURE, PER TOOTH	
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	Yes
		QUADRANT	
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	Yes
		METAL	
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	Yes
		CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	
D4241	CPT/HCPCS	GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING - ONE TO THREE	Yes
		CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	
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	Yes
		GINGIVAL INFLAMMATION - FULL MOUTH, AFTER ORAL EVALUATION	
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	Yes
		RELEASE VEHICLE INTO DISEASED CREVICULAR TISSUE, PER TOOTH,	
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 RESIN INFILTRATION OF INCIPIENT SMOOTH SURFACE LESIONS	Yes
D2990 D2999	CPT/HCPCS CPT/HCPCS	UNSPECIFIED RESTORATIVE PROCEDURE, BY REPORT	Yes 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 VESICILI ORILLOUS DISEASE MEDICAMENT CARRIER	Yes
D5991 D5992	CPT/HCPCS CPT/HCPCS	VESICULOBULLOUS DISEASE MEDICAMENT CARRIER ADJUST MAXILLOFACIAL PROSTHETIC APPLIANCE	Yes Yes
D5992 D5993	CPT/HCPCS CPT/HCPCS		Yes
D3993	Or I/Hor G3	OR INTRAORAL) OTHER THAN REQUIRED ADJUSTMENTS, BY REPORT	
D3352	CPT/HCPCS	APEXIFICATION/RECALCIFICATON/-INTERIM MEDICATION REPLACEMENT	Yes
D3353	CPT/HCPCS	APEXIFICATION/RECALCIFICATION, FINAL VISIT (INCL COMPLETED ROOT	Yes
		CANAL THERAPY (APICAL CLOSURE/CALCIFIC REPAIR OF PERF,	
D5720	CPT/HCPCS	REBASE MAXILLARY PARTIAL DENTURE	Yes
D5721	CPT/HCPCS	REBASE MANDIBULAR PARTIAL DENTURE	Yes
D5731	CPT/HCPCS	RELINE COMPLETE MANULLARY 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	Yes
		DENTURE	
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
D6250	CPT/HCPCS	PONTIC - RESIN WITH PREDOMINANTLY BASE METAL	Yes
		PONTIC - RESIN WITH FREDOMINANTET BASE METAL PONTIC - RESIN WITH NOBLE METAL	Yes
D6252	CPT/HCPCS		
D6253	CPT/HCPCS	INTERIM PONTIC - FURTHER TREATMENT OR COMPLETION OF DIAGNOSIS	Yes
		NECESSARY PRIOR TO FINAL IMPRESSION	l
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	Yes
		RESINDENTURE BASES (INCL CONVENTIONAL CLASPS, RESTS AND TEETH)	
D5221	CPT/HCPCS	IMMEDIATE MAXILLARY PARTIAL DENTURE - RESIN BASE (INCLUDING	Yes
		RETENTIVE/CLASPING MATERIALS, REST AND TEETH)	
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	Yes
		DIAGNOSIS NECESSARY PRIOR TO FINAL IMPRESSION	
D6794	CPT/HCPCS	RETAINER CROWN - TITANIUM AND TITANIUM ALLOYS	Yes
D6101	CPT/HCPCS	DEBRIDEMENT OF PERIIMPLANT DEFECT AND SURFACE CLEANING OF	Yes
D0101	01 1/1101 03	EXPOSED IMPLANT SURFACES, INCLUDING FLAP ENTRY AND CLOSURE	
D404E	CPT/HCPCS	APICALLY POSITIONED FLAP	Voc
D4245			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
			l
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	Yes
		DENTIST OR THEIR STAFF)	
D4921	CPT/HCPCS	GINGIVAL IRRIGATION WITH A MEDICINAL AGENT-PER QUADRANT	Yes
D5222	CPT/HCPCS	IMMEDIATE MANDIBULAR PARTIAL DENTURE - RESIN BASE (INCLUDING	Yes
		RETENTIVE/CLASPING MATERIALS, RESTS ANDTEETH)	
D5223	CPT/HCPCS	IMMEDIATE MAXILLARY PARTIAL DENTURE - CAST METAL FRAMEWORK WITH	Yes
		RESIN DENTURE BASES (INCLUDING RETENTIVE/CLASPING MATERIALS,	
		RESTS AND TEETH)	
D5224	CPT/HCPCS	IMMEDIATE MANDIBULAR PARTIAL DENTURE - CAST METAL FRAMEWORK	Yes
	3	WITH RESIN DENTURE BASES (INCLUDING RETENTIVE/CLASPING	
		MATERIALS, RESTS AND TEETH)	
D6057	CPT/HCPCS	CUSTOM FABRICATED ABUTMENT - INCLUDES PLACEMENT	Yes
D6037	CPT/HCPCS 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	Yes
		TOOTH, SINGLE SITE	
D4261	CPT/HCPCS	OSSEOUS SURGERY (INCLUDING FLAP ENTRY AND CLOSURE) - ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	Yes
DAGG	CDT/UCDOC	BONE REPLACEMENT GRAFT - RETAINED NATURAL TOOTH-FIRST SITE IN	Yes
D4263	CPT/HCPCS		153
D500=	0.07.11.07.5	QUADRANT	l.
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	Yes
		METAL)	
			

20010	007#10000	DETAILED ON AV. OAST WOULDED ENETAL TWO SUBSICIO	L.
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	Yes
		DEFECT; INCLUDES SURFACE CLEANING OF EXPOSED IMPLANT SERVICES & FLAP ENTR	
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	Yes
	0.75"	(EXCLUDING FINAL RESTORATION)	1
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	Yes
D4264	CPT/HCPCS	ARCH - MANDIBULAR BONE REPLACMENT GRAFT - RETAINED NATURAL TOOTH- EACH ADDITIONAL	Yes
D4265	CPT/HCPCS	SITE IN QUADRANT BIOLOGIC MATERIALS TO AID IN SOFT AND OSSEOUS TISSUE	Yes
D3240	CPT/HCPCS	REGENERATION, PER SITE PULPAL THERAPY (RESORBABLE FILLING) - POSTERIOR, PRIMARY TOOTH	Yes
		(EXCLUDING FINAL RESTORATION)	
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
D4070	CDT/HCDCC	· · ·	Voc
D4270	CPT/HCPCS	PEDICLE SOFT TISSUE GRAFT PROCEDURE	Yes

D00935		-		T
DASCED OPTIMOCIS ADJUST MATINAL DESTRUCTION Yes			MANDIBULAR RESECTION PROSTHESIS WITHOUT GUIDE FLANGE	Yes
OPTICIONS PERLACE BROKEN TEST. PER TOOTH Yes			,	
DEPICH DEPICH DEPICE D				
METAL) METALS METALS ADJUNENT SUPPORTED CAST METAL CROWN (MOBIL METAL) Yes De000 CPTIACCS ABUTHENT SUPPORTED CAST METAL CROWN (MOBIL METAL) Yes De000 CPTIACCS DEFINACION SCREACTION CPTIACCS DEFINACION CONDUNCTION WITH PERRODICULAR SURGERY Yes DOSSY CPTIACCS TISSUE APPLICATION THE ADDITION OF PERRODIC DEFINACION THE ADDITION OF PERRODIC THE ADDITION OF PERRODIC DEFINACION THE ADDITION OF PERRODIC DEFINACION THE ADDITION OF PERRODIC THE A	640 CP1	T/HCPCS	REPLACE BROKEN TEETH - PER TOOTH	Yes
DOBBS	061 CP1		`	Yes
Design	062 CP1	T/HCPCS	ABUTMENT SUPPORTED CAST METAL CROWN (HIGH NOBLE METAL)	Yes
071140 CPFINEROSS EXTRACTION, CORD NA, REMAINS - PRIMARY TOOTH Yes 07140 CPFINEROSS CREATORN, REMIETS FOOTH OR RENDED ROY [ELEVATION AND/OR POSSED ROOT] Yes 03450 CPFINEROSS GEDET TISSUE REGERERATION, RESONABLE CARRIER, PER SITE, Yes 03450 CPFINEROSS MCONJUNCTION WITH PERRADICULAR SURGERY Yes 03450 CPFINEROSS TISSUES APPENDAGE, WIND TOR THO TREATMENT, Yes 08457 CPFINEROSS TISSUES APPENDAGE, WIND TOR THO TREATMENT) Yes 08112 CPFINEROSS TISSUES APPENDAGE, WIND TOR THO TREATMENT) Yes 08113 CPFINEROSS IMPLANTIABUTINENT SUPPORTED FREED DETTURE FOR PARTIALLY Yes 08114 CPFINEROS MPLANTIABUTINENT SUPPORTED FREED DETTURE FOR EDENTULIOUS Yes 08115 CPFINEROSS MPLANTIABUTINENT SUPPORTED FREED DETTURE FOR EDENTULIOUS Yes 08126 CPFINEROSS SURGICIAL PLACEMENT OF INTERIM MPLANT EDOY FOR TRANSITIONAL Yes 08136 CPFINEROSS SURGICIAL PLACEMENT OF MINIMPAINT Yes 08149 CPFINEROSS SURGICIAL PLACEMENT OF MINIMPAINT Yes	064 CP1	T/HCPCS	ABUTMENT SUPPORTED CAST METAL CROWN (NOBLE METAL)	Yes
D7400	999 CP1	T/HCPCS	UNSPECIFIED FIXED PROSTHODONTIC PROCEDURE, BY REPORT	Yes
FORCEPS REMOVAL	111 CP1	T/HCPCS	EXTRACTION, CORONAL REMNATS - PRIMARY TOOTH	Yes
DASSO CPTHOPOS DISCOULINGTON WITH PERRADICULA SURGERY DASSO CPTHOPOS ROOT AMPUTATION. PER ROOT PERRADICULA SURGERY DASSO CPTHOPOS ROOT AMPUTATION. PER ROOT PERRADICULA SURGERY PERSON CPTHOPOS ROOT AMPUTATION. PER ROOT PERSON CPTHOPOS ROOT AMPUTATION. PER ROOT PERSON CPTHOPOS ROOT AMPUTATION. PER ROOT PERSON CPTHOPOS RESULTANCE MOST FOR THE SURGERY EDENTILIOUS ARCH HANDLE SURGERY EDENTILIOUS ARCH HANDLE SURGERY CPTHOPOS ROOT AMPUTATION. PER ROOT PERSON CPTHOPOS ROOT ROOT ROOT ROOT ROOT ROOT ROOT RO	140 CP1		•	Yes
INCONTINCTION WITH PERRADICULAR SURGERY Ves	/32 CPI		,	Vas
D9317 CPTHICPCS TRISMUS APPLIANCE (NOT FOR THO TREATMENT) Ves D8112 CPTHICPCS IMPLANTABILITIES SUPPORTED REMOVABLE DENTURE FOR PARTIALLY Ves EDENTILLOUS ARCH MAXILLARY SUPPORTED REMOVABLE DENTURE FOR PARTIALLY Ves EDENTILLOUS ARCH MAXILLARY SUPPORTED REMOVABLE DENTURE FOR PARTIALLY Ves EDENTILLOUS ARCH MAXILLARY SUPPORTED FOR EDENTURE FOR PARTIALLY Ves EDENTILLOUS ARCH MAXILLARY SUPPORTED FIXED DENTURE FOR EDENTULOUS VES ARCH MAXILLARY VES SURGICAL PLACEMENT OF INTERM IMPLANT BODY FOR TRANSITIONAL VES SURGICAL PLACEMENT OF INTERM IMPLANT BODY FOR TRANSITIONAL VES SURGICAL PLACEMENT OF INTERM IMPLANT BODY FOR TRANSITIONAL VES SURGICAL PLACEMENT OF INTERM IMPLANT BODY FOR TRANSITIONAL VES SURGICAL PLACEMENT OF INTERM IMPLANT BODY FOR TRANSITIONAL VES SURGICAL PLACEMENT OF INTERM IMPLANT SUPPORTED FOR TRANSITIONAL VES SURGICAL PLACEMENT OF INTERM IMPLANT SUPPORTED FOR SURGICAL PLACEMENT, THERE FOR MORE SURFACES VES SURGICAL PROFESSOR OF INTERM INTERM IMPLANT SUPPORTED FOR SURFACES VES SURGICAL PROFESSOR OF INTERM INTERM IMPLANT SUPPORTED FOR SURFACES VES S			INCONJUNCTION WITH PERIRADICULAR SURGERY	
D8112 CPTHCPCS MPLANTABITHENT SUPPORTED REMOVABLE DENTURE FOR PARTIALLY VES DENTULOUS ARCH MANULARY DENTULOUS ARCH MANULARY POSTED REMOVABLE DENTURE FOR PARTIALLY VES DENTULOUS ARCH MANUBULARY POSTED REMOVABLE DENTURE FOR PARTIALLY VES DENTULOUS ARCH MANUBULAR PORTED REMOVABLE DENTURE FOR EDENTULOUS ARCH MANUBULARY POSTED REMOVABLE DENTURE FOR EDENTULOUS ARCH MANUBULARY POSTED REMOVABLE DENTURE FOR EDENTULOUS ARCH MANUBULARY POSTED REMOVED RE			ROOT AMPUTATION - PER ROOT	
EDENTILLOUS ARCH MANILLARY POS	937 CP1	T/HCPCS	TRISMUS APPLIANCE (NOT FOR TMD TREATMENT)	Yes
De513	112 CP1			Yes
FORTILLIOUS ARCH. MANDIBULAR			EDENTULOUS ARCH MAXILLARY	
ARCH-MANILLARY	113 CP1			Yes
D6012 CPT/HCPCS IMPLANT/ABILITMENT SUPPORTED FIXED DENTURE FOR EDENTULOUS Yes ARCH-MANDIBULAR PROSTHESIS: ENDOSTEAL IMPLANT PROSTHESIS: ENDOSTEAL IMPLANT YES CAPITAL STATEMENT OF INTERIIM IMPLANT BODY FOR TRANSITIONAL YES PROSTHESIS: ENDOSTEAL IMPLANT YES CAPITAL STATEMENT OF INTERIIM IMPLANT YES CAPITAL STATEMENT OF INTERIOR OF	114 CPT	T/HCPCS	IMPLANT/ABUTMENT SUPPORTED FIXED DENTURE FOR EDENTULOUS	Yes
D6012 CPT/HCPCS SURGICAL PLACEMENT OF INTERIM IMPLANT BODY FOR TRANSITIONAL PROSTHESIS: ENDOSTEAL IMPLANT D6013 CPT/HCPCS SURGICAL PLACEMENT OF INTERIM IMPLANT BODY FOR TRANSITIONAL PS D6548 CPT/HCPCS SURGICAL PLACEMENT OF IMINIMPLANT PS D6549 CPT/HCPCS RESINIBER - PORCELAIN/CERAMIC FOR RESIN BONDED FIXED PROSTHESIS D6549 CPT/HCPCS RESIN RETIAINER - FOR RESIN BONDED FIXED PROSTHESIS D6549 CPT/HCPCS RESIN RETIAINER - FOR RESIN BONDED FIXED PROSTHESIS D66601 CPT/HCPCS RESIN RETIAINER - FOR RESIN BONDED FIXED PROSTHESIS D66606 CPT/HCPCS IMPLANT SUPPORTED PORCELAIN/CERAMIC CROWN PS D66606 CPT/HCPCS IMPLANT SUPPORTED PORCELAIN/CERAMIC GROWN PS D6662 CPT/HCPCS IMPLANT SUPPORTED PORCELAIN/CERAMIC GROWN PS D6662 CPT/HCPCS RETIAINER INLAY - TITANIUM PS D6663 CPT/HCPCS RETIAINER INLAY - TITANIUM PS D6710 CPT/HCPCS RETIAINER ORDAY - TITANIUM PS D6710 CPT/HCPCS RETIAINER CROWN - INDIRECT RESIN BASED COMPOSITE PS D6740 CPT/HCPCS RETIAINER CROWN - INDIRECT RESIN BASED COMPOSITE PS D6740 CPT/HCPCS BLODODONIC ENDOSSEOUSIMPLANT PS D6740 CPT/HCPCS SURGICAL PROCEDURE FOR ISOLATION OF 10'OH WITH RUBBER DAM PS D6740 CPT/HCPCS SURGICAL PROCEDURE FOR ISOLATION OF 10'OH WITH RUBBER DAM PS D6740 CPT/HCPCS OVERDENTURE - COMPLETE MANDIBULAR PS D6740 CPT/HCPCS OVERDENTURE - PARTICAL MANDIBULAR PS D6740 CPT/HCPCS SURGICAL PROCEDURE FOR ISOLATION OF 10'OH WITH RUBBER DAM PS D6740 CPT/HCPCS SUBSPITIBLUAL CONNECTIVE TISSUE GRAFT PROCEDURES, PER TOOTH PS D6740 CPT/HCPCS SUBSPITIBLUAL CONNECTIVE TISSUE GRAFT PROCEDURES, PER TOOTH PS D6740 CPT/HCPCS SUBSPITIBLUAL CONNECTIVE TISSUE GRAFT PROCEDURES, PER TOOTH PS D6740 CPT/HCPCS SOURCE PROCEDURE FOR TRIAD DENTURE RETAINER - CROWN - RESIN WITH HIGH PS D6740 CPT/HCPCS COMBINED CONNECTIVE TISSUE GRAFT, PER TOOTH PS D6740 CPT/HCPCS RETAINER FIXED PARTIAL DENTURE RETAINER - CROWN - RESIN WITH HIGH PR D6740 CPT/HCPCS RETAINER FIXED PARTIAL DENTURE RETAINER - CROWN - RESIN WITH HIGH PS D6750 CPT/HCPCS RETAINER FIXED PARTIAL DENTURE RETAINER - CROWN - RESIN WITH HIGH PR D6760 CPT/HCPCS RETAINED FOR COT CA				1.
D8012 CPT/HCPCS SURGICAL PLACEMENT OF INTERIM IMPLANT BODY FOR TRANSITIONAL Yes PROSTHESIS: ENDOSTEAL IMPLANT Yes SURGICAL PLACEMENT OF MINI IMPLANT Yes PROSTHESIS: ENDOSTEAL IMPLANT Yes PROSTHESIS: ENDOSTEAL IMPLANT Yes PROSTHESIS PORCELAIN/CERAMIC FOR RESIN BONDED FIXED Yes PROSTHESIS PROSTHESIS PROSTHESIS Yes PROSTHE	115 CP1			Yes
PROSTHESIS: ENDOSTEAL IMPLANT DE644 CPT/HCPCS SURGICAL PLACEMENT OF HINI IMPLANT DE645 CPT/HCPCS RETAINER - PORCELAIN/CERAMIC FOR RESIN BONDED FIXED PROSTHESIS DE601 CPT/HCPCS RETAINER - FOR RESIN BONDED FIXED PROSTHESIS DE601 CPT/HCPCS RETAINER INLAY - PORCELAIN/CERAMIC, THREE OR MORE SURFACES Yes DE605 CPT/HCPCS IMPLANT SUPPORTED PORCELAIN/CERAMIC CROWN Yes DE6069 CPT/HCPCS IMPLANT SUPPORTED PORCELAIN/CERAMIC CROWN Yes DE6069 CPT/HCPCS RETAINER INLAY - TITANIUM Yes DE634 CPT/HCPCS RETAINER CROWN - INDIRECT RESIN BASED COMPOSITE Yes DE634 CPT/HCPCS RETAINER CROWN - INDIRECT RESIN BASED COMPOSITE Yes DA460 CPT/HCPCS RETAINER CROWN - INDIRECT RESIN BASED COMPOSITE Yes DA470 CPT/HCPCS INTENTIONAL REIMPLANTAINON (INCLUDING NECESSARY SPLINTING) Yes DA470 CPT/HCPCS SURGICAL PROCEDURE FOR ISOLATION OF TOOTH WITH RUBBER DAM Yes DA5865 CPT/HCPCS SURGICAL PROCEDURE FOR ISOLATION OF TOOTH WITH RUBBER DAM Yes DA5866 CPT/HCPCS OVERDETIVER - COMPLETE MADIBULAR Yes DA5866 CPT/HCPCS OVERDETIVER - COMPLETE MADIBULAR Yes DA5866 CPT/HCPCS OVERDETIVER - COMPLETE MADIBULAR Yes DA5970 CPT/HCPCS OVERDETIVER - COMPLETE MADIBULAR Yes DA5971 CPT/HCPCS DISTAIL OR PROXIMAL WEDGE PROCEDURE FOR PARTIALLY Yes DA4774 CPT/HCPCS DISTAIL OR PROXIMAL WEDGE PROCEDURE FOR PARTIALLY Yes DA4774 CPT/HCPCS DISTAIL OR PROXIMAL WEDGE PROCEDURE (WHEN NOT PERFORMED IN CONJUNCTION WY SURG PROCEDURES IN THE SAME ANATOMICAL AREA) DA5975 CPT/HCPCS CPT/HCPCS COMBINED CONNECTIVE TISSUE AND PEDICLE GRAFT, PER TOOTH Yes DA5970 CPT/HCPCS CPT/HCPCS COMBINED CONNECTIVE TISSUE AND PEDICLE GRAFT, PER TOOTH Yes DA5970 CPT/HCPCS CPT/HCPCS COMBINED CONNECTIVE TISSUE AND PEDICLE GRAFT, PER TOOTH Yes DA5970 CPT/HCPCS COMBINED CONNECTIVE TISSUE AND PEDICLE GRAFT, PER TOOTH Yes DA5970 CPT/HCPCS RETAINER RIXED PARTIAL DENTURE RETAINER - CROWN - RESIN WITH HOR Yes DA5970 CPT/HCPCS RETAINER RIXED PARTIAL DENTURE RETAINER - CROWN - RESIN WITH HOR YES DA5971 CPT/HCPCS RETAIN	012 CP1			Yes
D6548 CPT/HCPCS RETAINER - PORCELAIN/CERAMIC FOR RESIN BONDED FIXED Yes D6649 CPT/HCPCS RESIN RETAINER - FOR RESIN BONDED FIXED PROSTHESIS Yes D6601 CPT/HCPCS RETAINER INLAY - PORCELAIN/CERAMIC, THREE OR MORE SURFACES Yes D6605 CPT/HCPCS IMPLANT SUPPORTED PORCELAIN/CERAMIC CROWN Yes D6606 CPT/HCPCS IMPLANT SUPPORTED CROWN - PORCELAIN FUSED TO HIGH NOBLE ALLOYS D6624 CPT/HCPCS RETAINER DILAY - TITANIUM Yes D6634 CPT/HCPCS RETAINER CROWN - INDIRECT RESIN BASED COMPOSITE Yes D6630 CPT/HCPCS RETAINER CROWN - INDIRECT RESIN BASED COMPOSITE Yes D3460 CPT/HCPCS ERTAINER CROWN - INDIRECT RESIN BASED COMPOSITE Yes D3470 CPT/HCPCS BINTENTIONAL REIMPLANTATION (INCLUDING NECESSARY SPLINTING) Yes D3910 CPT/HCPCS SUBRICAL PROCEDURE FOR ISOLATION OF TOOTH WITH RUBBER DAM Yes D5865 CPT/HCPCS SURGICAL PROCEDURE FOR ISOLATION OF TOOTH WITH RUBBER DAM Yes D6116 CPT/HCPCS SUBRICALL PROCEDURE FOR ISOLATION OF TOOTH WITH RUBBER DAM Yes				
D6549 CPT/HCPCS RESIN RETAINER - FOR RESIN BONDED FIXED PROSTHESIS Yes D6601 CPT/HCPCS RESIN RETAINER INLAY - PORCELAIN/CERAMIC, THREE OR MORE SURFACES Yes D6065 CPT/HCPCS IMPLANT SUPPORTED PORCELAIN/CERAMIC CROWN Yes D6066 CPT/HCPCS IMPLANT SUPPORTED PORCELAIN/CERAMIC CROWN Yes D6066 CPT/HCPCS IMPLANT SUPPORTED CROWN - PORCELAIN FUSED TO HIGH NOBLE ALLOYS WES D6067 CPT/HCPCS RETAINER INLAY - TITANIUM Yes D60684 CPT/HCPCS RETAINER RONAY - TITANIUM Yes D60684 CPT/HCPCS RETAINER RONAY - INDIRECT RESIN BASED COMPOSITE Yes D3460 CPT/HCPCS RETAINER RONAY - INDIRECT RESIN BASED COMPOSITE Yes D3460 CPT/HCPCS ENDODONTIC ENDOSSEOUS IMPLANT Yes D3470 CPT/HCPCS INTENTIONAL REIMPLANTATION (INCLUDING NECESSARY SPLINTING) D3470 CPT/HCPCS SURGICAL PROCEDURE FOR ISOLATION OF TOOTH WITH RUBBER DAM Yes D5806 CPT/HCPCS OVERDENTURE - COMPLETE MANDIBULAR Yes D5806 CPT/HCPCS OVERDENTURE - PARTICAL MANDIBULAR D5806 CPT/HCPCS OVERDENTURE - PARTICAL MANDIBULAR D6116 CPT/HCPCS IMPLANT/ABUMENT SUPPORTED FIXED DENTURE FOR PARTIALLY EDENTULOUS ARCH - HAXILLARY D4273 CPT/HCPCS DISTAL OR PROXIMAL WEDGE PROCEDURE (WHEN NOT PERFORMED IN CONJUNCTION W/ SURG PROCEDURES IN THE SAME ANATOMICAL AREA) D4275 CPT/HCPCS SUFFITISUE ALLOGRAFT Yes D4276 CPT/HCPCS SOFT TISSUE ALLOGRAFT D4276 CPT/HCPCS SOFT TISSUE ALLOGRAFT NOBLE METAL D6721 CPT/HCPCS COMBINED CONNECTIVE TISSUE OR FAT FOR COUNTY - RESIN WITH HIGH NOBLE METAL D6721 CPT/HCPCS ENDODONTIC THERRY, MOLAR TOOTH (FIRST ROOT) P68 D6722 CPT/HCPCS ENDODONTIC THERRY, MOLAR TOOTH (FIRST ROOT) P69 D63332 CPT/HCPCS ENDODONTIC THERRY, MOLAR TOOTH (FIRST ROOT) P69 D633331 CPT/HCPCS INCOMPLETE ENDODONTIC THERRY, MOLAR TOOTH (FIRST ROOT) P69 D63331 CPT/HCPCS RETAINER FIXED PARTIAL DENTURE RETAINER - CROWN - RESIN WITH HIGH NOBLE METAL D6567 CPT/HCPCS FRACTURED TOOTH D667 CPT/HCPCS HODODONTIC THERRY, MOLAR TOOTH (FIRST ROOT) P69 D6731 CPT/HCPCS TREATMENT OF ROOT CANAL OBSTRUCTION; NON-SURGICAL ACCESS P69 D6740 CPT/HCPCS HODODONTIC THERRY, MOLAR TOOTH (FIRST ROOT) P69 D6752 CPT/HCPCS HODODONTIC THERRY OF SEMI-P	013 CP1	T/HCPCS	SURGICAL PLACEMENT OF MINI IMPLANT	Yes
D6549 CPT/HCPCS RESIN RETAINER - FOR RESIN BONDED FIXED PROSTHESIS Yes D6601 CPT/HCPCS RETAINER INIAY - PORCELAIN/CERAMIC, THREE OR MORE SURFACES Yes D6065 CPT/HCPCS IMPLANT SUPPORTED PORCELAIN/CERAMIC, CROWN Yes D6066 CPT/HCPCS IMPLANT SUPPORTED PORCELAIN/CERAMIC CROWN Pes D6664 CPT/HCPCS IMPLANT SUPPORTED CROWN - PORCELAIN FUSED TO HIGH NOBLE ALLOYS Yes D6624 CPT/HCPCS RETAINER INIAY - TITANIUM Pes D6634 CPT/HCPCS RETAINER ORLAY - TITANIUM Yes D6636 CPT/HCPCS RETAINER ORLAY - TITANIUM Pes D6710 CPT/HCPCS RETAINER CROWN - INDIRECT RESIN BASED COMPOSITE Yes D6710 CPT/HCPCS RETAINER CROWN - INDIRECT RESIN BASED COMPOSITE Yes D3460 CPT/HCPCS ENDODONITIC ENDOSSEQUIS IMPLANT D3470 CPT/HCPCS INTENTIONAL REIMPLANTATION (INCLUDING NECESSARY SPLINTING) D3910 CPT/HCPCS SURGICAL PROCEDURE FOR ISOLATION OF TOOTH WITH RUBBER DAM Yes D5866 CPT/HCPCS OVERDENTURE - PARTICAL MANDIBULAR PS D5866 CPT/HCPCS OVERDENTURE - PARTICAL MANDIBULAR PS D6716 CPT/HCPCS IMPLANT/ABUTMENT SUPPORTED FIXED DENTURE FOR PARTIALLY PES D6710 CPT/HCPCS SUBEPITHELIAL CONNECTIVE TISSUE GRAFT PROCEDURES, PER TOOTH YES D4273 CPT/HCPCS DISTAL OR PROXIMAL WEDGE PROCEDURE (WHEN NOT PERFORMED IN CONJUNCTION WIS SURG PROCEDURE (WHEN NOT PERFORMED IN CONJUNCTION WIS SURG PROCEDURES IN THE SAME ANATOMICAL AREA) D4275 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 D6721 CPT/HCPCS ENDODONITE CTHERAPY, MOLAR TOOTH (FIRST ROOT) PS D6720 CPT/HCPCS ENDODONITE CTHERAPY, MOLAR TOOTH (FIRST ROOT) PS D6731 CPT/HCPCS RETAINER FIXED PARTIAL DENTURE RETAINER - CROWN - RESIN WITH HIGH NOBLE METAL D67331 CPT/HCPCS ENDODONITE CTHERAPY, MOLAR TOOTH (FIRST ROOT) PS D6740 CPT/HCPCS RETAINER FIXED PARTIAL DENTURE RETAINER - CROWN - RESIN WITH PREDOMINANTLY BASE METAL D6751 CPT/HCPCS RETAINER FIXED PARTIAL DENTURE RETAINER - CROWN - RESIN WITH PREDOMINANTLY BASE METAL D6752 CPT/HCPCS REPAIR FIXED PARTIAL DENTURE RETAINER - CROWN - RESIN WITH PS D6754 CPT/HCPCS REPA	548 CP1			Yes
D6601 CPT/HCPCS RETAINER INLAY - PORCELAIN/CERAMIC, THREE OR MORE SURFACES Yes D6068 CPT/HCPCS IMPLANT SUPPORTED PORCELAIN/CERAMIC CROWN Pes D6068 CPT/HCPCS IMPLANT SUPPORTED PORCELAIN/CERAMIC CROWN PORCELAIN FUSED TO HIGH NOBLE ALLOYS Yes D6624 CPT/HCPCS RETAINER INLAY - TITANIUM Pes D6634 CPT/HCPCS RETAINER ORLAY - TITANIUM Pes D6710 CPT/HCPCS RETAINER ORLAY - TITANIUM Pes D3460 CPT/HCPCS RETAINER CROWN - INDIRECT RESIN BASED COMPOSITE Pes D3460 CPT/HCPCS ENDODONTIC ENDOSSEOUS IMPLANT Pes D3470 CPT/HCPCS INDIRECT RESIN BASED COMPOSITE Pes D3470 CPT/HCPCS SURGICAL PROCEDURE FOR ISOLATION OF TOOTH WITH RUBBER DAM Pes D5865 CPT/HCPCS OVERDENTURE - COMPLETE MANDIBULAR Pes D5866 CPT/HCPCS OVERDENTURE - COMPLETE MANDIBULAR Pes D6118 CPT/HCPCS OVERDENTURE - PARTICAL MANDIBULAR Pes D6119 CPT/HCPCS SUBSEPTHELIAL CONNECTIVE TISSUE GRAFT PROCEDURES, PER TOOTH Pes D4273 CPT/HCPCS SUSSEPTHELIAL CONNECTIVE TISSUE GRAFT PROCEDURES, PER TOOTH Pes D4274 CPT/HCPCS SUSTAIL OR PROXIMAL WEDGE PROCEDURE (WHEN NOT PERFORMED IN YES CONJUNCTION W/ SURG PROCEDURE WHEN NOT PERFORMED IN YES CONJUNCTION W/ SURG PROCEDURE WHEN NOT PERFORMED IN YES D4275 CPT/HCPCS SOFT TISSUE ALLOGRAFT Pes D6720 CPT/HCPCS RETAINER FIXED PARTIAL DENTURE RETAINER - CROWN - RESIN WITH HIGH Pes D6721 CPT/HCPCS RETAINER FIXED PARTIAL DENTURE RETAINER - CROWN - RESIN WITH HIGH PREDOMINANTLY BASE METAL D6721 CPT/HCPCS TREATMER FIXED PARTIAL DENTURE RETAINER - CROWN - RESIN WITH HIGH PREDOMINANTLY BASE METAL D67330 CPT/HCPCS TREATMENT OF ROOT CANAL OBSTRUCTION; NON-SURGICAL ACCESS PER D3331 CPT/HCPCS TREATMENT OF ROOT CANAL OBSTRUCTION; NON-SURGICAL ACCESS PER D3332 CPT/HCPCS TREATMENT OF REPLACEBBLE PART OF SEMI-PRECISION OR PRECISION PER D5866 CPT/HCPCS UNSPECIFIED REMOVABLE PROSTHODONTIC PROCEDURE, BY REPORT PES D5867 CPT/HCPCS UNSPECIFIED REMOVABLE PROSTHODONTIC PROCEDURE, BY REPORT PES D5869 CPT/HCPCS UNSPECIFIED REMOVABLE PROSTHODONTIC PROCEDURE, BY REPORT	549 CP1			Yes
D6065 CPT/HCPCS IMPLANT SUPPORTED PORCELAIN/CERAMIC CROWN D6066 CPT/HCPCS IMPLANT SUPPORTED CROWN - PORCELAIN FUSED TO HIGH NOBLE ALLOYS MIRLANT SUPPORTED CROWN - PORCELAIN FUSED TO HIGH NOBLE ALLOYS MIRLANT SUPPORTED CROWN - PORCELAIN FUSED TO HIGH NOBLE ALLOYS RETAINER CROWN - INDIRECT RESIN BASED COMPOSITE Ves D6624 CPT/HCPCS RETAINER ONLAY - TITANIUM Yes D6634 CPT/HCPCS RETAINER CROWN - INDIRECT RESIN BASED COMPOSITE Yes D6710 CPT/HCPCS ENDODONTIC ENDOSSEOUS IMPLANT Yes D3460 CPT/HCPCS ENDODONTIC ENDOSSEOUS IMPLANT D5470 CPT/HCPCS INTENTIONAL REIMPLANTATION (INCLUDING NECESSARY SPLINTING) Yes D5865 CPT/HCPCS SURGICAL PROCEDURE FOR ISOLATION OF TOOTH WITH RUBBER DAM Yes D5865 CPT/HCPCS OVERDENTURE - COMPLETE MANDIBULAR Yes D5866 CPT/HCPCS OVERDENTURE - COMPLETE MANDIBULAR Yes D6116 CPT/HCPCS IMPLANT/ABUTMENT SUPPORTED FIXED DENTURE FOR PARTIALLY YES D6116 CPT/HCPCS SUBEPTIFIELAL CONNECTIVE TISSUE GRAFT PROCEDURES, PER TOOTH Yes D4273 CPT/HCPCS SUBEPTIFIELAL CONNECTIVE TISSUE GRAFT PROCEDURES, PER TOOTH Yes D4274 CPT/HCPCS SUBEPTIFIELAL CONNECTIVE TISSUE GRAFT PROCEDURES, PER TOOTH Yes D4275 CPT/HCPCS SOFT TISSUE ALLOGRAFT D4276 CPT/HCPCS SOFT TISSUE ALLOGRAFT D6720 CPT/HCPCS COMBINED CONNECTIVE TISSUE AND PEDICLE GRAFT, PER TOOTH Yes D6720 CPT/HCPCS RETAINER FIXED PARTIAL DENTURE RETAINER - CROWN - RESIN WITH HIGH Yes D6721 CPT/HCPCS RETAINER FIXED PARTIAL DENTURE RETAINER - CROWN - RESIN WITH HIGH PREDOMINANTLY BASE METAL D6721 CPT/HCPCS ENDODONTIC THERAPY, MOLAR TOOTH (FIRST ROOT) Yes D3330 CPT/HCPCS INCOMPLETE ENDODONTIC THERAPY, MOLAR TOOTH (FIRST ROOT) Yes D3331 CPT/HCPCS INCOMPLETE ENDODONTIC THERAPY, MOLAR TOOTH (FIRST ROOT) P6867 CPT/HCPCS INCOMPLETE ENDODONTIC THERAPY, MOLAR TOOTH (FIRST ROOT) P6868 CPT/HCPCS INCOMPLETE ENDODONTIC THERAPY; INOPERABLE ON PRECISION OR PRECISION YES ATTACHMENT, PER ATTACHMENT D5867 CPT/HCPCS UNSPECIFIED REMOVABLE PROSTHODONTIC PROCEDURE, BY REPORT YES				
D6066 CPT/HCPCS IMPLANT SUPPORTED CROWN - PORCELAIN FUSED TO HIGH NOBLE ALLOYS Yes D6624 CPT/HCPCS RETAINER (NLAY - TITANIUM Yes D6710 CPT/HCPCS RETAINER CROWN - INDIRECT RESIN BASED COMPOSITE Yes D3460 CPT/HCPCS RETAINER CROWN - INDIRECT RESIN BASED COMPOSITE Yes D3460 CPT/HCPCS INTENTIONAL REIMPLANTATION (INCLUDING NECESSARY SPLINTING) 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 Yes EDENTULOUS ARCH - MAXILLARY D4273 CPT/HCPCS DISTAL OR PROXIMAL WEDGE PROCEDURE (WHEN NOT PERFORMED IN YES CONJUNCTION W/ SURG PROCEDURES IN THE SAME ANATOMICAL AREA) D4274 CPT/HCPCS SOFT TISSUE ALLOGRAFT Yes D4275 CPT/HCPCS SOFT TISSUE ALLOGRAFT Yes D4276 CPT/HCPCS COMBINED CONNECTIVE TISSUE AND PEDICLE GRAFT, PER TOOTH YES D4276 CPT/HCPCS RETAINER FIXED PARTIAL DENTURE RETAINER - CROWN - RESIN WITH HIGH NOBLE METAL D6721 CPT/HCPCS RETAINER FIXED PARTIAL DENTURE RETAINER - CROWN - RESIN WITH HIGH NOBLE METAL D6721 CPT/HCPCS RETAINER FIXED PARTIAL DENTURE RETAINER - CROWN - RESIN WITH HIGH PREDOMINANTLY BASE METAL D3330 CPT/HCPCS INEATMENT OF ROOT CANAL OBSTRUCTION; NON-SURGICAL ACCESS YES D3331 CPT/HCPCS INEATMENT OF ROOT CANAL OBSTRUCTION; NON-SURGICAL ACCESS YES D3332 CPT/HCPCS REPLACEMENT OF REPLACEABLE PART OF SEMI-PRECISION OR PRECISION ATTACHMENT, PER ATTACHMENT D5899 CPT/HCPCS UNSPECIFIED REMOVABLE PROSTHODONTIC PROCEDURE, BY REPORT				
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 ENDODONTIC ENDOSSEOUS IMPLANT Yes D3470 CPT/HCPCS INTENTIONAL REIMPLANTATION (INCLUDING NECESSARY SPLINTING) Yes D3910 CPT/HCPCS OVERDENTURE - COMPLETE MANDIBULAR Yes D5865 CPT/HCPCS OVERDENTURE - PARTICAL MANDIBULAR Yes D5866 CPT/HCPCS OVERDENTURE - PARTICAL MANDIBULAR Yes D6116 CPT/HCPCS OVERDENTURE - PARTICAL MANDIBULAR Yes D6116 CPT/HCPCS SUBEPITHELIAL CONNECTIVE TISSUE GRAFT PROCEDURES, PER TOOTH D4273 CPT/HCPCS SUBEPITHELIAL CONNECTIVE TISSUE GRAFT PROCEDURES, PER TOOTH Ves CONJUNCTION W/ SURG PROCEDURES IN THE SAME ANATOMICAL AREA) D4275 CPT/HCPCS SOFT TISSUE ALLOGRAFT Yes D4276 CPT/HCPCS COMBINED CONNECTIVE TISSUE AND PEDICLE GRAFT, PER TOOTH Yes 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 D6721 CPT/HCPCS RETAINER FIXED PARTIAL DENTURE RETAINER - CROWN - RESIN WITH HIGH NOBLE METAL D3330 CPT/HCPCS ENDODONTIC THERAPY, MOLAR TOOTH (FIRST ROOT) Yes PREDOMINANLY BASE METAL D3331 CPT/HCPCS TREATMENT OF ROOT CANAL OBSTRUCTION; NON-SURGICAL ACCESS Yes D3332 CPT/HCPCS RETAINER FIXED PARTIAL DENTURE RETAINER - CROWN - RESIN WITH PER PREDOMINANLY BASE METAL D5867 CPT/HCPCS REPLACEMENT OF REPLACEABLE PART OF SEMI-PRECISION OR PRECISION ATTACHMENT, PER ATTACHMENT D5875 CPT/HCPCS UNSPECIFIED REMOVABLE PROSTHEDIS FOLLOWING IMPLANT Yes D5899 CPT/HCPCS UNSPECIFIED REMOVABLE PROSTHODONTIC PROCEDURE, BY REPORT				
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 OVERDENTURE - PARTICAL MANDIBULAR Yes D6116 CPT/HCPCS IMPLANT/ABUTMENT SUPPORTED FIXED DENTURE FOR PARTIALLY Yes D6116 CPT/HCPCS IMPLANT/ABUTMENT SUPPORTED FIXED DENTURE FOR PARTIALLY Yes D4273 CPT/HCPCS SUBEPITHELIAL CONNECTIVE TISSUE GRAFT PROCEDURES, PER TOOTH Yes D4274 CPT/HCPCS SUBEPITHELIAL CONNECTIVE TISSUE GRAFT PROCEDURES, PER TOOTH Yes D4275 CPT/HCPCS SOFT TISSUE ALLOGRAFT Yes D4276 CPT/HCPCS SOFT TI	000	1/1101 00	IMI EANT 3011 ONTED GNOWN -1 ONGEEAINT GSED TO THOTTNODEE ALLOTS	163
D6710 CPT/HCPCS RETAINER CROWN - INDIRECT RESIN BASED COMPOSITE Yes D3460 CPT/HCPCS ENDODONTIC ENDOSSEOUS IMPLANT D3470 CPT/HCPCS INTENTIONAL REIMPLANTATION (INCLUDING NECESSARY SPLINTING) D3910 CPT/HCPCS SURGICAL PROCEDURE FOR ISOLATION OF TOOTH WITH RUBBER DAM Yes D5865 CPT/HCPCS OVERDENTURE - COMPLETE MANDIBULAR D5866 CPT/HCPCS OVERDENTURE - PARTICAL MANDIBULAR D6116 CPT/HCPCS IMPLANT/ABUTMENT SUPPORTED FIXED DENTURE FOR PARTIALLY EDENTULOUS ARCH - MAXILLARY 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) 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 D6721 CPT/HCPCS RETAINER FIXED PARTIAL DENTURE RETAINER - CROWN - RESIN WITH HIGH PREDOMINANTLY BASE METAL D3330 CPT/HCPCS ENDODONTIC THERAPY, MOLAR TOOTH (FIRST ROOT) THE PREDOMINANTLY BASE METAL D3331 CPT/HCPCS TREATMENT OF ROOT CANAL OBSTRUCTION; NON-SURGICAL ACCESS YES D3332 CPT/HCPCS TREATMENT OF ROOT CANAL OBSTRUCTION; NON-SURGICAL ACCESS YES D3332 CPT/HCPCS REPLACEMENT OF REPLACEABLE PART OF SEMI-PRECISION OR PRECISION ATTACHMENT, PER ATTACHMENT D5867 CPT/HCPCS REPLACEMENT OF REPLACEABLE PART OF SEMI-PRECISION OR PRECISION ATTACHMENT, PER ATTACHMENT SURGERY D5899 CPT/HCPCS UNSPECIFIED REMOVABLE PROSTHESIS FOLLOWING IMPLANT SURGERY D5899 CPT/HCPCS UNSPECIFIED REMOVABLE PROSTHESIS FOLLOWING IMPLANT YES D5899 CPT/HCPCS UNSPECIFIED REMOVABLE PROSTHESIS FOLLOWING IMPLANT YES	624 CP1	T/HCPCS	RETAINER INLAY - TITANIUM	Yes
D3460 CPT/HCPCS ENDODONTIC ENDOSSEOUS IMPLANT D3470 CPT/HCPCS INTENTIONAL REIMPLANTATION (INCLUDING NECESSARY SPLINTING) D3910 CPT/HCPCS SURGICAL PROCEDURE FOR ISOLATION OF TOOTH WITH RUBBER DAM PS865 CPT/HCPCS OVERDENTURE - COMPLETE MANDIBULAR D5866 CPT/HCPCS OVERDENTURE - COMPLETE MANDIBULAR D5866 CPT/HCPCS OVERDENTURE - PARTICAL MANDIBULAR D6116 CPT/HCPCS IMPLANT/ABUTMENT SUPPORTED FIXED DENTURE FOR PARTIALLY EDENTULOUS ARCH - MAXILLARY D4273 CPT/HCPCS SUBEPTITHELIAL CONNECTIVE TISSUE GRAFT PROCEDURES, PER TOOTH CONJUNCTION W/ SURG PROCEDURE (WHEN NOT PERFORMED IN CONJUNCTION W/ SURG PROCEDURES IN THE SAME ANATOMICAL AREA) D4274 CPT/HCPCS DISTAL OR PROXIMAL WEDGE PROCEDURE (WHEN NOT PERFORMED IN CONJUNCTION W/ SURG PROCEDURES IN THE SAME ANATOMICAL AREA) D4275 CPT/HCPCS SOFT TISSUE ALLOGRAFT Yes D4276 CPT/HCPCS COMBINED CONNECTIVE TISSUE AND PEDICLE GRAFT, PER TOOTH YES NOBLE METAL D6720 CPT/HCPCS RETAINER FIXED PARTIAL DENTURE RETAINER - CROWN - RESIN WITH HIGH NOBLE METAL D6721 CPT/HCPCS RETAINER FIXED PARTIAL DENTURE RETAINER - CROWN - RESIN WITH HIGH PREDOMINANTLY BASE METAL D3330 CPT/HCPCS ENDODONTIC THERAPY, MOLAR TOOTH (FIRST ROOT) YES D3331 CPT/HCPCS INEATMENT OF ROOT CANAL OBSTRUCTION; NON-SURGICAL ACCESS YES D3332 CPT/HCPCS INEATMENT OF ROOT CANAL OBSTRUCTION; NON-SURGICAL ACCESS YES D3332 CPT/HCPCS REPLACEMENT OF REPLACEABLE PART OF SEMI-PRECISION OR PRECISION YES CPT/HCPCS REPLACEMENT OF REPLACEABLE PART OF SEMI-PRECISION OR PRECISION YES ATTACHMENT, PER ATTACHMENT D5875 CPT/HCPCS UNSPECIFIED REMOVABLE PROSTHESIS FOLLOWING IMPLANT SURGERY D5899 CPT/HCPCS UNSPECIFIED REMOVABLE PROSTHODONTIC PROCEDURE, BY REPORT	634 CP1	T/HCPCS	RETAINER ONLAY - TITANIUM	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 Yes EDENTULOUS ARCH - MAXILLARY D4273 CPT/HCPCS SUBEPITHELIAL CONNECTIVE TISSUE GRAFT PROCEDURES, PER TOOTH Yes CONJUNCTION W/ SURG PROCEDURE (WHEN NOT PERFORMED IN CONJUNCTION W/ SURG PROCEDURES IN THE SAME ANATOMICAL AREA) D4275 CPT/HCPCS SOFT TISSUE ALLOGRAFT CPT/HCPCS COMBINED CONNECTIVE TISSUE AND PEDICLE GRAFT, PER TOOTH Yes CPT/HCPCS COMBINED CONNECTIVE TISSUE AND PEDICLE GRAFT, PER TOOTH Yes NOBLE METAL D6721 CPT/HCPCS RETAINER FIXED PARTIAL DENTURE RETAINER - CROWN - RESIN WITH HIGH YES NOBLE METAL D3330 CPT/HCPCS RETAINER FIXED PARTIAL DENTURE RETAINER - CROWN - RESIN WITH YES PREDOMINANTLY BASE METAL D3331 CPT/HCPCS INEATMENT OF ROOT CANAL OBSTRUCTION; NON-SURGICAL ACCESS YES D3332 CPT/HCPCS IREATMENT OF ROOT CANAL OBSTRUCTION; NON-SURGICAL ACCESS YES D3332 CPT/HCPCS REPLACEMENT OF REPLACEABLE PART OF SEMI-PRECISION OR PRECISION YES FRACTURED TOOTH D5867 CPT/HCPCS REPLACEMENT OF REPLACEABLE PART OF SEMI-PRECISION OR PRECISION ATTACHMENT, PER ATTACHMENT SURGERY D5899 CPT/HCPCS UNSPECIFIED REMOVABLE PROSTHOSINFONCEDURE, BY REPORT YES	710 CP1	T/HCPCS	RETAINER CROWN - INDIRECT RESIN BASED COMPOSITE	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 YES EDENTULOUS ARCH - MAXILLARY 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) D4275 CPT/HCPCS SOFT TISSUE ALLOGRAFT YES D4276 CPT/HCPCS COMBINED CONNECTIVE TISSUE AND PEDICLE GRAFT, PER TOOTH YES D6720 CPT/HCPCS COMBINED CONNECTIVE TISSUE AND PEDICLE GRAFT, PER TOOTH YES NOBLE METAL D6721 CPT/HCPCS RETAINER FIXED PARTIAL DENTURE RETAINER - CROWN - RESIN WITH YES NOBLE METAL D3330 CPT/HCPCS RETAINER FIXED PARTIAL DENTURE RETAINER - CROWN - RESIN WITH YES PREDOMINANTLY BASE METAL D3331 CPT/HCPCS ENDODONTIC THERAPY, MOLAR TOOTH (FIRST ROOT) YES D3332 CPT/HCPCS INCOMPLETE ENDODONTIC THERAPY; INOPERABLE, UNRESTORABLE OR FRACTURED TOOTH D5867 CPT/HCPCS REPLACEMENT OF REPLACEABLE PART OF SEMI-PRECISION OR PRECISION YES D5899 CPT/HCPCS UNSPECIFIED REMOVABLE PROSTHESIS FOLLOWING IMPLANT YES UNSPECIFIED REMOVABLE PROSTHESIS FOLLOWING IMPLANT SURGERY D5899 CPT/HCPCS UNSPECIFIED REMOVABLE PROSTHODONTIC PROCEDURE, BY REPORT YES	460 CP1	T/HCPCS	ENDODONTIC ENDOSSEOUS IMPLANT	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 Yes EDENTULOUS ARCH - MAXILLARY 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) 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 D6721 CPT/HCPCS RETAINER FIXED PARTIAL DENTURE RETAINER - CROWN - RESIN WITH YES PREDOMINANTLY BASE METAL 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 D5867 CPT/HCPCS REPLACEMENT OF REPLACEABLE PART OF SEMI-PRECISION OR PRECISION ATTACHMENT, PER ATTACHMENT D5875 CPT/HCPCS UNSPECIFIED REMOVABLE PROSTHOSINE PROCEDURE, BY REPORT YES D5889 CPT/HCPCS UNSPECIFIED REMOVABLE PROSTHOSINIC PROCEDURE, BY REPORT YES	470 CP1	T/HCPCS	INTENTIONAL REIMPLANTATION (INCLUDING NECESSARY SPLINTING)	Yes
D5866 CPT/HCPCS OVERDENTURE - PARTICAL MANDIBULAR Yes	910 CPT	T/HCPCS	SURGICAL PROCEDURE FOR ISOLATION OF TOOTH WITH RUBBER DAM	Yes
D6116 CPT/HCPCS IMPLANT/ABUTMENT SUPPORTED FIXED DENTURE FOR PARTIALLY EDENTULOUS ARCH - MAXILLARY 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) 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 YES NOBLE METAL D6721 CPT/HCPCS RETAINER FIXED PARTIAL DENTURE RETAINER - CROWN - RESIN WITH YES PREDOMINANTLY BASE METAL 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 YES FRACTURED TOOTH D5867 CPT/HCPCS MEPLACEABLE PART OF SEMI-PRECISION OR PRECISION YES ATTACHMENT, PER ATTACHMENT D5875 CPT/HCPCS UNSPECIFIED REMOVABLE PROSTHESIS FOLLOWING IMPLANT YES SURGERY D5889 CPT/HCPCS UNSPECIFIED REMOVABLE PROSTHOONTIC PROCEDURE, BY REPORT YES	865 CP1	T/HCPCS	OVERDENTURE - COMPLETE MANDIBULAR	Yes
EDENTULOUS ARCH - MAXILLARY 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) 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 D6721 CPT/HCPCS RETAINER FIXED PARTIAL DENTURE RETAINER - CROWN - RESIN WITH PREDOMINANTLY BASE METAL 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 D5867 CPT/HCPCS REPLACEMENT OF REPLACEABLE PART OF SEMI-PRECISION OR PRECISION ATTACHMENT, PER ATTACHMENT D5875 CPT/HCPCS MODIFICATION OF REMOVABLE PROSTHESIS FOLLOWING IMPLANT YES SURGERY D5899 CPT/HCPCS UNSPECIFIED REMOVABLE PROSTHODONTIC PROCEDURE, BY REPORT YES	866 CP1	T/HCPCS	OVERDENTURE - PARTICAL MANDIBULAR	Yes
D4273 CPT/HCPCS SUBEPITHELIAL CONNECTIVE TISSUE GRAFT PROCEDURES, PER TOOTH D4274 CPT/HCPCS DISTAL OR PROXIMAL WEDGE PROCEDURE (WHEN NOT PERFORMED IN CONJUNCTION W/ SURG PROCEDURES IN THE SAME ANATOMICAL AREA) D4275 CPT/HCPCS SOFT TISSUE ALLOGRAFT 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 D6721 CPT/HCPCS RETAINER FIXED PARTIAL DENTURE RETAINER - CROWN - RESIN WITH PREDOMINANTLY BASE METAL D3330 CPT/HCPCS ENDODONTIC THERAPY, MOLAR TOOTH (FIRST ROOT) PREDOMINANTLY BASE METAL D3331 CPT/HCPCS TREATMENT OF ROOT CANAL OBSTRUCTION; NON-SURGICAL ACCESS D3332 CPT/HCPCS INCOMPLETE ENDODONTIC THERAPY; INOPERABLE, UNRESTORABLE OR FRACTURED TOOTH D5867 CPT/HCPCS MEPLACEMENT OF REPLACEABLE PART OF SEMI-PRECISION OR PRECISION YES ATTACHMENT, PER ATTACHMENT D5875 CPT/HCPCS MODIFICATION OF REMOVABLE PROSTHESIS FOLLOWING IMPLANT YES SURGERY D5899 CPT/HCPCS UNSPECIFIED REMOVABLE PROSTHODONTIC PROCEDURE, BY REPORT YES	116 CP1			Yes
D4274 CPT/HCPCS DISTAL OR PROXIMAL WEDGE PROCEDURE (WHEN NOT PERFORMED IN CONJUNCTION W/ SURG PROCEDURES IN THE SAME ANATOMICAL AREA) 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 D6721 CPT/HCPCS RETAINER FIXED PARTIAL DENTURE RETAINER - CROWN - RESIN WITH Yes PREDOMINANTLY BASE METAL D3330 CPT/HCPCS ENDODONTIC THERAPY, MOLAR TOOTH (FIRST ROOT) D3331 CPT/HCPCS TREATMENT OF ROOT CANAL OBSTRUCTION; NON-SURGICAL ACCESS Yes D3332 CPT/HCPCS INCOMPLETE ENDODONTIC THERAPY; INOPERABLE, UNRESTORABLE OR FRACTURED TOOTH D5867 CPT/HCPCS REPLACEMENT OF REPLACEABLE PART OF SEMI-PRECISION OR PRECISION Yes ATTACHMENT, PER ATTACHMENT D5875 CPT/HCPCS MODIFICATION OF REMOVABLE PROSTHESIS FOLLOWING IMPLANT Yes SURGERY D5889 CPT/HCPCS UNSPECIFIED REMOVABLE PROSTHODONTIC PROCEDURE, BY REPORT Yes	273 CP1	T/HCPCS	SUBEPITHELIAL CONNECTIVE TISSUE GRAFT PROCEDURES, PER TOOTH	Yes
CONJUNCTION W/ SURG PROCEDURES IN THE SAME ANATOMICAL AREA) 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 D6721 CPT/HCPCS RETAINER FIXED PARTIAL DENTURE RETAINER - CROWN - RESIN WITH PREDOMINANTLY BASE METAL 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 D5867 CPT/HCPCS REPLACEMENT OF REPLACEABLE PART OF SEMI-PRECISION OR PRECISION ATTACHMENT, PER ATTACHMENT D5875 CPT/HCPCS MODIFICATION OF REMOVABLE PROSTHESIS FOLLOWING IMPLANT YES SURGERY D5889 CPT/HCPCS UNSPECIFIED REMOVABLE PROSTHODONTIC PROCEDURE, BY REPORT 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 D6721 CPT/HCPCS RETAINER FIXED PARTIAL DENTURE RETAINER - CROWN - RESIN WITH YES PREDOMINANTLY BASE METAL 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 D5867 CPT/HCPCS REPLACEMENT OF REPLACEABLE PART OF SEMI-PRECISION OR PRECISION YES ATTACHMENT, PER ATTACHMENT D5875 CPT/HCPCS UNSPECIFIED REMOVABLE PROSTHESIS FOLLOWING IMPLANT YES SURGERY D5889 CPT/HCPCS UNSPECIFIED REMOVABLE PROSTHODONTIC PROCEDURE, BY REPORT 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 D6721 CPT/HCPCS RETAINER FIXED PARTIAL DENTURE RETAINER - CROWN - RESIN WITH YES PREDOMINANTLY BASE METAL 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 D5867 CPT/HCPCS REPLACEMENT OF REPLACEABLE PART OF SEMI-PRECISION OR PRECISION YES ATTACHMENT, PER ATTACHMENT D5875 CPT/HCPCS UNSPECIFIED REMOVABLE PROSTHESIS FOLLOWING IMPLANT YES SURGERY D5889 CPT/HCPCS UNSPECIFIED REMOVABLE PROSTHODONTIC PROCEDURE, BY REPORT YES	275 CP1	T/HCPCS	SOFT TISSUE ALLOGRAFT	Yes
D6720 CPT/HCPCS RETAINER FIXED PARTIAL DENTURE RETAINER - CROWN - RESIN WITH HIGH NOBLE METAL D6721 CPT/HCPCS RETAINER FIXED PARTIAL DENTURE RETAINER - CROWN - RESIN WITH Yes PREDOMINANTLY BASE METAL 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 D5867 CPT/HCPCS REPLACEMENT OF REPLACEABLE PART OF SEMI-PRECISION OR PRECISION Yes ATTACHMENT, PER ATTACHMENT D5875 CPT/HCPCS MODIFICATION OF REMOVABLE PROSTHESIS FOLLOWING IMPLANT Yes SURGERY D5899 CPT/HCPCS UNSPECIFIED REMOVABLE PROSTHODONTIC PROCEDURE, BY REPORT Yes				
D6721 CPT/HCPCS RETAINER FIXED PARTIAL DENTURE RETAINER - CROWN - RESIN WITH PREDOMINANTLY BASE METAL 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 D5867 CPT/HCPCS REPLACEMENT OF REPLACEABLE PART OF SEMI-PRECISION OR PRECISION Yes ATTACHMENT, PER ATTACHMENT D5875 CPT/HCPCS MODIFICATION OF REMOVABLE PROSTHESIS FOLLOWING IMPLANT Yes SURGERY D5899 CPT/HCPCS UNSPECIFIED REMOVABLE PROSTHODONTIC PROCEDURE, BY REPORT Yes		T/HCPCS	RETAINER FIXED PARTIAL DENTURE RETAINER - CROWN - RESIN WITH HIGH	
D3330 CPT/HCPCS ENDODONTIC THERAPY, MOLAR TOOTH (FIRST ROOT) D3331 CPT/HCPCS TREATMENT OF ROOT CANAL OBSTRUCTION; NON-SURGICAL ACCESS D3332 CPT/HCPCS INCOMPLETE ENDODONTIC THERAPY; INOPERABLE, UNRESTORABLE OR FRACTURED TOOTH D5867 CPT/HCPCS REPLACEMENT OF REPLACEABLE PART OF SEMI-PRECISION OR PRECISION ATTACHMENT, PER ATTACHMENT D5875 CPT/HCPCS MODIFICATION OF REMOVABLE PROSTHESIS FOLLOWING IMPLANT Yes SURGERY D5899 CPT/HCPCS UNSPECIFIED REMOVABLE PROSTHODONTIC PROCEDURE, BY REPORT Yes	721 CP1	T/HCPCS	RETAINER FIXED PARTIAL DENTURE RETAINER - CROWN - RESIN WITH	Yes
D3331 CPT/HCPCS TREATMENT OF ROOT CANAL OBSTRUCTION; NON-SURGICAL ACCESS D3332 CPT/HCPCS INCOMPLETE ENDODONTIC THERAPY; INOPERABLE, UNRESTORABLE OR FRACTURED TOOTH D5867 CPT/HCPCS REPLACEMENT OF REPLACEABLE PART OF SEMI-PRECISION OR PRECISION ATTACHMENT, PER ATTACHMENT D5875 CPT/HCPCS MODIFICATION OF REMOVABLE PROSTHESIS FOLLOWING IMPLANT SURGERY D5899 CPT/HCPCS UNSPECIFIED REMOVABLE PROSTHODONTIC PROCEDURE, BY REPORT Yes	000			V
D3332 CPT/HCPCS INCOMPLETE ENDODONTIC THERAPY; INOPERABLE, UNRESTORABLE OR FRACTURED TOOTH D5867 CPT/HCPCS REPLACEMENT OF REPLACEABLE PART OF SEMI-PRECISION OR PRECISION Yes ATTACHMENT, PER ATTACHMENT D5875 CPT/HCPCS MODIFICATION OF REMOVABLE PROSTHESIS FOLLOWING IMPLANT SURGERY D5899 CPT/HCPCS UNSPECIFIED REMOVABLE PROSTHODONTIC PROCEDURE, BY REPORT Yes			· · ·	
D5867 CPT/HCPCS REPLACEMENT OF REPLACEABLE PART OF SEMI-PRECISION OR PRECISION ATTACHMENT, PER ATTACHMENT D5875 CPT/HCPCS MODIFICATION OF REMOVABLE PROSTHESIS FOLLOWING IMPLANT Yes SURGERY D5899 CPT/HCPCS UNSPECIFIED REMOVABLE PROSTHODONTIC PROCEDURE, BY REPORT Yes				
ATTACHMENT, PER ATTACHMENT D5875 CPT/HCPCS MODIFICATION OF REMOVABLE PROSTHESIS FOLLOWING IMPLANT Yes SURGERY D5899 CPT/HCPCS UNSPECIFIED REMOVABLE PROSTHODONTIC PROCEDURE, BY REPORT Yes				162
SURGERY D5899 CPT/HCPCS UNSPECIFIED REMOVABLE PROSTHODONTIC PROCEDURE, BY REPORT Yes	867 CP1			Yes
D5899 CPT/HCPCS UNSPECIFIED REMOVABLE PROSTHODONTIC PROCEDURE, BY REPORT Yes	875 CP1			Yes
	899 CP1			Yes
D6075 CPT/HCPCS IMPLANT SUPPORTED RETAINER FOR CERAMIC FPD Yes	075 CP1	T/HCPCS	IMPLANT SUPPORTED RETAINER FOR CERAMIC FPD	Yes
D4277 CPT/HCPCS FREE SOFT TISSUE GRAFT PROCEDURE, FIRST TOOTH OR EDENTULOUS Yes	+			
TOOTH POSITION IN GRAFT				

		I	I
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	Yes
		(MAXILLARY)	
D6076	CPT/HCPCS	IMPLANT SUPPORTED RETAINER FOR FPD - PORCELAINFUS ED TO HIGH	Yes
		NOBLE ALLOYS	
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	Yes
		PROSTHESIS IS REMOVED AND REINSERTED , INCLUDING CLEANING OF	
		PROSTHESIS AND ABUTMENTS	
D7220	CPT/HCPCS	REMOVAL OF IMPACTED TOOTH: SOFT TISSUE	Yes
D7230	CPT/HCPCS	REMOVAL OF IMPACTED TOOTH- PARITIALLY 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	Yes
		EDENTULOUS ARCH - MANDIBULAR	
D6190	CPT/HCPCS	RADIOGRAPHIC/SURGICAL IMPLANT INDEX, BY REPORT	Yes
D6194	CPT/HCPCS	ABUTMENT SUPPORTED RETAINER CROWN FOR FPD - TITANIUM AND	Yes
		TITANIUM ALLOYS	
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
2000		The manual of th	
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	Yes
D2371	01 171101 00	EXISTING PARTIAL DENTURE FRAMEWORK	103
D5671	CPT/HCPCS	REPLACE ALL TEETH AND ACRYLIC ON CAST METAL FRAMEWORK	Yes
D3071	01 1/1101 03	(MANDIBULAR)	103
D5711	CPT/HCPCS	REBASE COMPLETE MANDIBULAR DENTURE	Yes
D6740	CPT/HCPCS	RETAINER FIXED PARTIAL DENTURE RETAINER CROWN -	Yes
D0740	CFI/HCFC3	PORCELAIN/CERAMIC	1165
D6750	CPT/HCPCS	RETAINER FIXED PARTIAL DENTURE RETAINER - CROWN - PORCELAIN FUSED	Vos
D0730	CFI/HCFC3	TO HIGH NOBLE METAL	1165
D6751	CPT/HCPCS	RETAINER FIXED PARTIAL DENTURE RETAINER - CROWN - PORCELAIN FUSED	Vos
D0/31	CFI/HCFC3	TO PREDOMINANTLY BASE METAL	1165
D7240	CPT/HCPCS	REMOVAL OF IMPACTED TOOTH COMPLETELY BONY	Yes
D7240 D7241	CPT/HCPCS		Yes
D/241	CP1/HCPC3	REMOVAL OF IMPACTED TOOTH; SOFT TISSUE COMPLETELY BONY WITH	res
D7050	ODT// IODOC	UNUSUAL SURICAL COMPLICATIONS	V
D7250	CPT/HCPCS	REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE)	Yes
D3920	CPT/HCPCS	HEMISECTION (INCLUDING ANY ROOT REMOVAL), NOT INCLUDING	Yes
Dage	ODT// IODOC	ROOTCANAL THERAPY	V
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	Yes
		CONTIGUOUSTOOTH OR EDENTULOUS TOOTH POSITION IN SAME GRAFT	
		SITE	
D4283	CPT/HCPCS	AUTOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURE (INCLUDING	Yes
		DONOR AND RECIPIENT SURGICAL SITES) - EACH ADDITIONAL CONTIG	
D6752	CPT/HCPCS	RETAINER FIXED PARTIAL DENTURE RETAINER - CROWN - PORCELAIN FUSED	Yes
	1	TO NOBLE METAL	
D6780	CPT/HCPCS	RETAINER FIXED PARTIAL DENTURE RETAINER - CROWN - 3/4 CAST HIGH	Yes
		NOBLEMETAL	
D3347	CPT/HCPCS	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY - PREMOLAR (FIRST	Yes
		ROOT)	
D3348	CPT/HCPCS	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY - MOLAR	Yes
D3351	CPT/HCPCS	APEXIFICATION/RECALCIFICATION-INTIAL VISIST (APICAL	Yes
		CLOSURE/CALCIFIC REPAIR OF PERFORATIONS, ROOT RESORPTION, ETC.)	
D3999	CPT/HCPCS	UNSPECIFIED ENDODONTIC PROCEDURE, BY REPORT	Yes

CPT/HCPCS	GINGIVECTOMY OR GINGIVOPLASTY - FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	Yes
CPT/HCPCS	GINGIVECTOMY OR GINGIVOPLASTY - ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	Yes
CPT/HCPCS	FACIAL MOULAGE (SECTIONAL)	Yes
CPT/HCPCS	FACIAL MOULAGE (COMPLETE)	Yes
CPT/HCPCS	NON-ATUOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT SURGICAL SITE AND DONOR MATERIAL) - EACH ADDITIONA	Yes
CPT/HCPCS	PROVISIONAL SPLINTING - INTRACORONAL	Yes
CPT/HCPCS	PROVISIONAL SPLINTING - EXTRACORONAL	Yes
CPT/HCPCS	PALATAL LIFT PROSTHESIS, MODIFICATION	Yes
		Yes
		Yes
+		Yes Yes
		Yes
CPT/HCPCS	MAXILLARY PARTIAL DENTURE - RESIN BASE (INCLUDING ANY	Yes
CPT/HCPCS		Yes
CPT/HCPCS	DISC REPAIR	Yes
CPT/HCPCS	SYNOVECTOMY	Yes
CPT/HCPCS	МҮОТОМҮ	Yes
CPT/HCPCS	DRUGS OR MEDICAMENTS, DISPENSED IN THE OFFICE FOR HOME USE	Yes
CPT/HCPCS	NASAL PROSTHESIS	Yes
	AURICULAR PROSTHESIS	Yes
		Yes
		Yes L.
CPI/HCPCS	MUCOSITIS, INCLUDING INFLAMMATION BLEEDING UPON PROBING AND	Yes
CPT/HCPCS	SURGICAL STENT	Yes
CPT/HCPCS	RADIATION CARRIER	Yes
CPT/HCPCS	RADIATION SHIELD	Yes
CPT/HCPCS	RADIATION CONE LOCATOR	Yes
CPT/HCPCS	PONTIC - CAST PREDOMINANTLY BASE METAL	Yes
CPT/HCPCS	MANDIBULAR PARTIAL DENTURE - RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH)	Yes
CPT/HCPCS	MAXILLARY PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCL CONVENTIONAL CLASPS, RESTS AND TEETH)	Yes
CPT/HCPCS	SURGICAL PLACEMENT: EPOSTEAL IMPLANT	Yes
CPT/HCPCS	SURGICAL PLACEMENT: TRANSOSTEAL IMPLANT	Yes
CPT/HCPCS	SEMI-PRECISION ATTACHMENT ABUTMENT	Yes
		Yes
	APPLICATION OF DESENSITIZING RESIN FOR CERVICAL AND/OR ROOT SURFACE, PER TOOTH	Yes
		Yes
	CIRCUMSTANCES, BY REPORT	Yes
CPT/HCPCS	MOBILIZATION OF ERUPTED OR MALPOSITIONED TOOTH TO AID ERUPTION	Yes
CPT/HCPCS	INTERIM IMPLANT CROWN	Yes
CPT/HCPCS	REPAIR OF IMPLANT/ABUTMENT SUPPORTED PROSTHESIS	Yes
CPT/HCPCS	REPLACEMENT OF REPLACEABLE PART OF SEMI-PRECISION OR PRECISION ATTACHMENT OF IMPLANT/ABUTMENT SUPPORTED PROSTHESIS, PER ATTACHMENT	Yes
CPT/HCPCS	RE-CEMENT OR RE-BOND IMPLANT/ABUTMENT SUPPORTED CROWN	Yes
CPT/HCPCS	CORONECTOMY-INTENTIONAL PARTIAL TOOTH REMOVAL,IMPACTED TEETH ONLY	Yes
CPT/HCPCS	3D FACIAL SURFACE SCAN - DIRECT	Yes
CF1/HCFC3	1	lv
CPT/HCPCS	INDEXING FOR OSTEOTOMY USING DYNAMIC ROBOTIC ASSISTED OR DYNAMIC NAVIGATION	Yes
		Yes
CPT/HCPCS	DYNAMIC NAVIGATION FABRICATION OF A CUSTOM REMOVABLE CLEAR PLASTIC TEMPORARY	
	CPT/HCPCS	OR TOOTH BOUNDED SPACES PER QUADRANT CPT/HCPCS GINGIVECTOMY OR GINGIVOPLASTY ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT CPT/HCPCS FACIAL MOULAGE (SECTIONAL) CPT/HCPCS NON-ATUOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT SURGICAL SITE AND DONOR MATERIAL) - EACH ADDITIONA CPT/HCPCS PROVISIONAL SPLINTING - INTRACORONAL CPT/HCPCS PROVISIONAL SPLINTING - INTRACORONAL CPT/HCPCS PROVISIONAL SPLINTING - EXTRACORONAL CPT/HCPCS CROWN REPAIR, NECESSITATED BY RESTORATIVE MATERIAL FAILURE CPT/HCPCS INLAY REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE CPT/HCPCS IMMEDIATE DENTURE - MANDIBULAR CPT/HCPCS IMMEDIATE DENTURE - MANDIBULAR CPT/HCPCS MADILLARY PARTINAL DENTURE - RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH) CPT/HCPCS USIGICAL DISCECTOMY, WITH/WITHOUT IMPLANT DISC REPAIR SYNOVECTOMY CPT/HCPCS NASAL PROSTHESIS CPT/HCPCS NASAL PROSTHESIS CPT/HCPCS NASAL PROSTHESIS CPT/HCPCS OULUAR PROSTHESIS CPT/HCPCS RADIATION SHIELD CPT/HCPCS REPAIR CREMENT: BY REPORT CPT/H

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 STABILIZTION 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 D2610	CPT/HCPCS CPT/HCPCS	PONTIC - PORCELAIN FUSED TO HIGH NOBLE METAL INLAY - PORCELAIN/CERAMIC - ONE SURFACE	Yes 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 D7760	CPT/HCPCS CPT/HCPCS	POST AND CORE IN ADDITION TO CROWN, INDIRECTLY FABRICATED MALAR AND/OR ZYGOMATIC ARCH - CLOSED REDUCTION, COMPOUND	Yes Yes
, ,			
D0220	CPT/HCPCS	INTRAORAL-PERIAPICAL-FIRST RADIOGRAPHIC IMAGE	Yes
D8080	CPT/HCPCS	COMPREHENSIVE ORTHODONTIC TEATMENT OF THE ADOLESCENT	Yes
		DENTITION	
D9951	CPT/HCPCS	OCCLUSAL ADJUSTMENT - LIMITED	Yes

### OPTIMITIES AND UNITED STATES PROCESSAN FORSE TO MENTAL CRIDON PREPONDING PREPONDE AND PREPON			T	T
	D6600	CPT/HCPCS	RETAINER INLAY-PORCELAIN/CERAMIC, TWO SURFACES	Yes
OFFICEOCS AUTHENT'S SPRONTED CAST NETAL COVUM PREDOMINATERY MEET	D6060	CPT/HCPCS		Yes
OFFICIONS AUDITIONS SUPPORTED COST INFERED CONTINUES OF 198 08000 OFFICIONS INFANERONIAN-PORCELEANICEMENT, IHREE OR MORE SURFACES 198 08000 OFFICIONS INFANERONIAN-PORCELEANICEMENT, IHREE OR MORE SURFACES 198 08004 OFFICIONS MANDRIBLANDE SCOTON, INSTANCES 198 08004 OFFICIONS MANDRIBLANDE SCOTON, INSTANCES 198 08004 OFFICIONS MANDRIBLANDE SCOTON, INSTANCES 198 08000 OFFICIONS COLLEGIO AND PRIPARATION OF CONTROL SANDER MATERIAL FOR 198 08000 OFFICIONS COLLEGIO AND PRIPARATION OF CONTROL CANDER TO THE CONTROL AND PREVENTION OF CITAL 198 081120 OFFICIONS COLLEGA CONTROL CANDER TO THE CONTROL AND PREVENTION OF CITAL 198 082121 OFFICIONS OVERDICATION OF CONTROL CANDER TO THE CONTROL AND PREVENTION OF CITAL 198 08212 OFFICIACION OVERDICATION OF CONTROL CANDER TO THE CONTROL AND PREVENTION OF CITAL T	D5730	CPT/HCPCS	RELINE COMPLETE MAXILLARY DENTURE (CHAIRSIDE)	Yes
OFFINERORS	D6063	CPT/HCPCS	ABUTMENT SUPPORTED CAST METAL CROWN (PREDOMINTATELY BASE	Yes
PRINCES MANDELLAR RESECTION PROSTRESS WITH QUIDE FLANGE Vet	Deeno	CPT/HCPCS	,	Vas
		_		
OULECTION AND PERPARTION OF GENETIC SAMPLE MATERIAL FOR		_		
BEDITAGE DEPTHAPPOS PRECISION ATACAMENTS ADDITION				
DICKED D				
AMADIANATYSIS AMADIANATYSIS AMADIANATYSIS AMADIANATYSIS CPITHOPOS TORACCO COUNSELING FOR THE CONTROL AND PREVENTION OF ORAL Yes	D6950			
DISEASE OBIGADE OBIGADE OBIGADE OPTHICPCS OPTHICPCS RETAINER ONLAY - CAST PRED OMINANTLY BASE METAL, TWO SURFACES Yes ORDITIO - CAST HIGH NORTH FIETAL Yes ORDITION - CAST HIGH NORTH AND LIGHT YER Yes ORDITION - CAST HIGH NORTH AND LIGHT YER ORTH CAST HIGH NORTH YER AND LIGHT YER ORTH CAST HIGH YER AND LIGHT YER AND LIGHT YER AND LIGHT YER ORTH CAST HIGH YER AND LIGHT YER AND LIGHT YER AND LIGHT YER ORTH CAST HIGH YER AND LIGHT YER AND LIGHT YER AND LIGHT YER ORTH CAST HIGH YER AND LIGHT YER AND LIGHT YER AND LIGHT YER ORTH CAST HIGH YER AND LIGHT YER	D0340	CPT/HCPCS		Yes
DECEAD CPTHICPCS SETAINER ONLAY - CAST PREDOMINANTLY BASE METAL, TWO SURFACES Ves	D1320	CPT/HCPCS		Yes
DECEAD CPTHICPCS SETAINER ONLAY - CAST PREDOMINANTLY BASE METAL, TWO SURFACES Ves	D7881	CPT/HCPCS	OCCLUSAL ORTHOTIC DEVICE ADJUSTMENT	Yes
OPTIMOPICS OVERDENTURE PARTIAL MANULLARY Ves	D6612	_	RETAINER ONLAY - CAST PREDOMINANTLY BASE METAL, TWO SURFACES	
D5741	D6210			
OPTIMORIES RELINE MANDIBULAR PARTIAL DETURE Ves	D5864		OVERDENTURE - PARTIAL MAXILLARY	
D33421 OPTIMOPES SPACE MAINTAINER - INEQ. UNILLATERAL - PER QUADRAN Yes CTHMOPES SPACE MAINTAINER - INEQ. UNILLATERAL - PER QUADRAN Yes CHAMPONER - CHAMPONER - INEQ. UNILLATERAL - PER QUADRAN Yes CHAMPONER - CHAMPONER - INEQ. UNILLATERAL - PER QUADRAN Yes CLASES, RESTS AND TEETH) D3766 OFTHOPES SPACE MAINTAINER - INEQ. UNILLATERAL - PER QUADRAN Yes CLASES, RESTS AND TEETH) D3768 OFTHOPES SPACE - CHAMPONER - INEQ. UNILLATERAL - PER QUADRAN Yes CLASES, RESTS AND TEETH) D37280 OFTHOPES SEMOVE INTERHIMIMPLANT COMPONENT Yes MEMOVE INTERHIMIMPLANT COMPONENT Yes SAYCLASES, RESTS AND TEETH) D37280 OFTHOPES SPACE - CHAMPONER - ILEVIBLE BASE (INCLUDING ANY CLASES, RESTS AND TEETH) D37290 OFTHOPES SPACE - CHAMPONER - ILEVIBLE BASE (INCLUDING ANY CLASES, RESTS AND TEETH) D37291 OFTHOPES SPACE - CHAMPONER - ILEVIBLE BASE (INCLUDING ANY CLASES, RESTS AND TEETH) D37291 OFTHOPES SPACE - CHAMPONER - ILEVIBLE BASE (INCLUDING ANY CLASES) D37291 OFTHOPES SPACE - CHAMPONER AND TEETH OF THE CHAMPONER - ILEVIBLE BASE (INCLUDING ANY CLASES) D37291 OFTHOPES D4 CHAMPONER - ILEVIBLE BASE (INCLUDING ANY CLASES) D37292 OFTHOPES SPACE - CHAMPONER AND TEETH OF THE CHAMPONER - ILEVIBLE BASE (INCLUDING ANY CLASES) D37293 OFTHOPES BEAR OF CUSTOM SLEEP AND A DELIVER - ILEVIBLE BASE (INCLUDING ANY CLASES ANY CLAS	D5740	_	RELINE MAXILLARY PARTIAL DENTURE	
OPTIMOPOS SPACE MAINTAINER - FIXED, UNILLATERAL - PER QUIDANA Yes	D5741	_	RELINE MANDIBULAR PARTIAL DENTURE	
CPT/HCPCS IMMEDIATE MAXILLARY PARTIAL DENTURE - FLEXIBLE BASE (INCLUDING ANY VES CLASPS, RESTS AND TEETH) D578B CPT/HCPCS SEMOVE INTERIM IMPLANT COMPONENT Yes D522B CPT/HCPCS REMOVE INTERIM IMPLANT COMPONENT Yes D522B CPT/HCPCS REMOVAL OF TEMPORARY ANCHORAGE DEVICE (SCREW RETAINED PLATE), Yes D522B CPT/HCPCS REMOVAL OF TEMPORARY ANCHORAGE DEVICE (SCREW RETAINED PLATE), Yes D522B CPT/HCPCS REMOVAL OF TEMPORARY ANCHORAGE DEVICE WITHOUT FLAP Yes D522B CPT/HCPCS REMOVAL OF TEMPORARY ANCHORAGE DEVICE WITHOUT FLAP Yes D523B CPT/HCPCS REMOVAL OF TEMPORARY ANCHORAGE DEVICE WITHOUT FLAP Yes D523B CPT/HCPCS REPAIR OF CUSTOM SLEEP APNEA APPLIANCE Yes D523B CPT/HCPCS REPAIR OF CUSTOM SLEEP APNEA APPLIANCE Yes D523B CPT/HCPCS REPAIR OF CUSTOM SLEEP APNEA APPLIANCE Yes D523B CPT/HCPCS REPAIR OF CUSTOM SLEEP APNEA APPLIANCE Yes D523B CPT/HCPCS SUBJECT TOTAL STATEM CORONAL NATURAL TEETH OR PROSTITETIC CROWNS Yes D523B CPT/HCPCS SUBJECT TOTAL STATEM CORONAL NATURAL TEETH OR PROSTITETIC CROWNS Yes D523B CPT/HCPCS SUBJECT SUBJECT TOTAL STATEM CORONAL NATURAL TEETH OR PROSTITETIC CROWNS Yes D523B CPT/HCPCS SUBJECT SUBJECT TOTAL STATEM CORONAL NATURAL TEETH OR PROSTITETIC CROWNS Yes D523B CPT/HCPCS SUBJECT TOTAL STATEM CORONAL NATURAL TEETH OR PROSTITETIC CROWNS Yes D523B CPT/HCPCS SUBJECT TOTAL STATEM CORONAL NATURAL TEETH OR PROSTITETIC CROWNS Yes D523B CPT/HCPCS REMOVAL OF HIMPANT SOOTY NOT REQUIRING SONE REMOVAL OR FLAP D523B CPT/HCPCS REMOVAL OF HIMPANT SOOTY NOT REQUIRING SONE REMOVAL OR FLAP D523B CPT/HCPCS REMOVAL OF HIMPANT SORTY OR TEMPORT PROSTITETIC CROWNS Yes D523B CPT/HCPCS REMOVAL OF AN INDIRECT RESTORATI	D3421	CPT/HCPCS	APICOECTOMY - BICUSPID (FIRST ROOT)	Yes
CLASPS, RESTS AND TEETH) D5766 CPT/HCPCS SOFT LINER FOR COMPLETE OR PARTIAL REMOVABLE DENTURE - INDIRECT Yes OFTHOCPCS REMOVE INTERMI MPLANT COMPONENT TWO MIMEDIATE MANDIBULAR PARTIAL DENTURE - FLEXIBLE BASE (INCLUDING ANY CLASPS, RESTS AND TEETH) D77208 OFTH-OPCS REMOVAL OF TEMPORARY ANCHORAGE DEVICE (SCREW RETAINED PLATE), Yes REQUIRING FLAP D77300 OFTH-OPCS REMOVAL OF TEMPORARY ANCHORAGE DEVICE (SCREW RETAINED PLATE), Yes REQUIRING FLAP D77300 OFTH-OPCS REMOVAL OF TEMPORARY ANCHORAGE DEVICE WITHOUT FLAP Yes OFTH-OPCS REMOVAL OF TEMPORARY ANCHORAGE DEVICE WITHOUT FLAP Yes OFTH-OPCS REASE HYBRID PROSTHESIS Yes OFTH-OPCS REASE HYBRID FOR STHESIS PREVISIT PATIENT SCREENING OFTH-OPCS REASE HYBRID PROSTHESIS Yes OFTH-OPCS REASE HYBRID FOR STHESIS Yes OFTH-OPCS REMOVAL OF TEMPORARY ANCHORAGE DEVICE WITHOUT FLAP Yes OFTH-OPCS REMOVAL OF TEMPORARY ANCHORAGE DEVICE WITHOUT FLAP Yes OFTH-OPCS ADJUSTMENT OF CUSTOM SLEEP APNEA APPLIANCE Yes OFTH-OPCS SPLINT: INTRA-CORONAL; NATURAL TEETH OR PROSTHETIC CROWNS Yes OFTH-OPCS SPLINT: INTRA-CORONAL; NATURAL TEETH OR PROSTHETIC CROWNS Yes OFTH-OPCS OFTH-OPCS REMOVAL OF IMPLANT BODY NOT REQUIRING BONE REMOVAL OR FLAP ELEVATION REMOVAL OF IMPLANT BODY NOT REQUIRING BONE REMOVAL OR FLAP ELEVATION PROSTHESIS IS NOT REMOVED, INCLUDING CLEANSING OF PROSTHESI OFTH-OPCS PROVINCE OF IMPLANT BODY NOT REQUIRING BONE REMOVAL OR FLAP ELEVATION REMOVAL OF IMPLANT BODY NOT REQUIRING BONE REMOVAL OR FLAP ELEVATION REMOVAL OF IMPLANT BODY NOT REQUIRING BONE REMOVAL OR FLAP ELEVATION REMOVAL OF IMPLANT BODY NOT REQUIRING BONE REMOVAL OR FLAP ELEVATION OFTH-OPCS REMOVAL OF IMPLANT BODY NOT REQUIRING BONE REMOVAL OR FLAP ELEVATION REMOVAL OF IMPLANT BODY NOT REQUIRING BONE REMOVAL OR FLAP ELEVATION OFTH-OPCS REMOVAL OF IMPLANT BODY NOT REQUIRING BONE REMOVAL OR FLAP ELEVATION OFTH-OPCS REMOVAL OF IMPLANT SCREEN OFTH-OPCS REMOVAL OF IMPLANT BODY NOT REQUIRING BONE REMOVAL OR FLAP ELEVATION OFTH-OPCS REMOVAL OF IMPLANT S	D1510	CPT/HCPCS	SPACE MAINTAINER - FIXED, UNILATERAL - PER QUADRAN	Yes
Decision CPT/HCPCS SOFT LINER FOR COMPLETE OR PARTIAL REMOVABLE DENTURE - INDIRECT Ves SOFT LINER FOR COMPLETE OR PARTIAL REMOVABLE DENTURE - INDIRECT Ves SOFT LINER FOR COMPLETE OR PARTIAL DENTURE - FLEXIBLE BASE (INCLUDING Ves ANY CLASPS, RESTS AND TEETH CANNOT CASPS, RESTS AND TEETH CASPS, REST	D5227	CPT/HCPCS	·	Yes
December	D5765	CPT/HCPCS		Yes
December	D6100	CDT/HCDCS	DEMOVE INTEDIM IMPLANT COMPONENT	Vos
D72988 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 D75275 CPT/HCPCS REMOVAL OF TEMPORARY ANCHORAGE DEVICE WITHOUT FLAP Yes D9948 CPT/HCPCS REPAIR OF CUSTOM SLEEP APNEA APPLIANCE Yes D3921 CPT/HCPCS REPAIR OF CUSTOM SLEEP APNEA APPLIANCE Yes D3921 CPT/HCPCS DECORONATION OR SUBBERGENCE OF AN ERRUPTED TOOTH Yes D39212 CPT/HCPCS DECORONATION OR SUBBERGENCE OF AN ERRUPTED TOOTH Yes D39229 CPT/HCPCS DECORONATION OR SUBBERGENCE OF AN ERRUPTED TOOTH Yes D39484 CPT/HCPCS SPLINT-INTRA-CORONAL SUBBERGENCE OF AN ERRUPTED TOOTH Yes D39411 CPT/HCPCS SPLINT-INTRA-CORONALS, NATURAL TEETH OR PROSTHETIC CROWNS Yes D39411 CPT/HCPCS SPLINT-ENTRA-CORONALS, NATURAL TEETH OR PROSTHETIC CROWNS Yes D36180 CPT/HCPCS REMOVAL OF INFARMAL TEETH OR PROSTHETIC CROWNS Yes </td <td>D5228</td> <td></td> <td>IMMEDIATE MANDIBULAR PARTIAL DENTURE - FLEXIBLE BASE (INCLUDING</td> <td></td>	D5228		IMMEDIATE MANDIBULAR PARTIAL DENTURE - FLEXIBLE BASE (INCLUDING	
D9912 CPT/HCPCS PRE-VISIT PATIENT SCREENING Yes D7300 CPT/HCPCS REMOVAL OF TEMPORARY ANCHORAGE DEVICE WITHOUT FLAP Yes D7301 CPT/HCPCS REMOVAL OF TEMPORARY ANCHORAGE DEVICE WITHOUT FLAP PS D7290 CPT/HCPCS REASE HYBRID PROSITIESIS D9949 CPT/HCPCS REPAIR OF CUSTOM SLEEP APNEA APPLIANCE PS D9949 CPT/HCPCS REPAIR OF CUSTOM SLEEP APNEA APPLIANCE PS D9949 CPT/HCPCS REMOVAL OF TEMPORARY ANCHORAGE DEVICE, REQUIRING FLAP PS D9940 CPT/HCPCS DECORDANATION OR SUBMERGENCE OF AN ERUPTED TOOTH PS D9940 CPT/HCPCS ADJUSTMENT OF CUSTOM SLEEP APNEA APPLIANCE PS D9940 CPT/HCPCS SPLINT - INTRA-CORONAL; NATURAL TEETH OR PROSTHETIC CROWNS PS D9941 CPT/HCPCS SPLINT - INTRA-CRORONAL; NATURAL TEETH OR PROSTHETIC CROWNS D9941 CPT/HCPCS SPLINT - EXTRA-CORONAL; NATURAL TEETH OR PROSTHETIC CROWNS D9941 CPT/HCPCS SPLINT - EXTRA-CORONAL; NATURAL TEETH OR PROSTHETIC CROWNS D9941 CPT/HCPCS SPLINT - EXTRA-CORONAL; NATURAL TEETH OR PROSTHETIC CROWNS D9941 CPT/HCPCS SPLINT - EXTRA-CORONAL; NATURAL TEETH OR PROSTHETIC CROWNS D9941 CPT/HCPCS PROSTHESIS IS NOT REMOVED, INCLUDING CLEANSING OF PROSTHESI D9941 CPT/HCPCS PROSTHESIS IS NOT REMOVED, INCLUDING CLEANSING OF PROSTHESI D9941 CPT/HCPCS PRATIAL EXTRACTION FOR IMMEDIATE IMPLANT PLACEMENT D9941 CPT/HCPCS ADMINISTRATION OF DERMAL FILLERS D9941 CPT/HCPCS ADMINISTRATION OF DERMAL FILLERS D9941 CPT/HCPCS REPLOCEMENT OF AN IMPLANT SCREW D9941 CPT/HCPCS REPLOCEMENT OF AN IMPLANT SCREW D9941 CPT/HCPCS REMOVAL OF AN INDIRECT RESTORATION ON A NATURAL TOOTH D995 CPT/HCPCS COMPREHENSIVE ORTHODONTIC TREATMENT WITH ORTHOGONATHIC D9941 CPT/HCPCS COMPREHENSIVE ORTHODONTIC TREATMENT WITH ORTHOGONATHIC D9941 CPT/HCPCS REMOVAL OF AN INDIRECT RESTORATION ON A NATURAL TOOTH D995 CPT/HCPCS COMPREHENSIVE ORTHODONTIC TREATMENT WITH ORTHOGONATHIC D995 CPT/HCPCS COMPREHENSIVE ORTHODONTIC TREATMENT WITH ORTHOGONATHIC D995 CPT/HCPCS REMOVAL OF AN INDIRECT RESTORATION OR DEDONTOR DESCRIPTION OR SEPECATE ORTHODONTIC TREATMENT WITH ORTHOGONATHIC D995 CPT/HCPCS ADMINISTRATION OF DESCRIPTION ORTHODONTIC TREATMENT SUPPORTED PROST	D7298	CPT/HCPCS		Yes
D7300 CPT/HCPCS REMOVAL OF TEMPORARY ANCHORAGE DEVICE WITHOUT FLAP Yes 909499 CPT/HCPCS REASE HYBRID PROSTHESIS 707591 CPT/HCPCS DECORONATION OR SUBMERGENCE OF AN ERUPTED TOOTH Yes 909499 CPT/HCPCS REPAIR OF CUSTOM SLEEP APNEA APPLIANCE 907599 CPT/HCPCS REMOVAL OF TEMPORARY ANCHORAGE DEVICE, REQUIRING FLAP Yes 907599 CPT/HCPCS SALDISTMENT OF CUSTOM SLEEP APNEA APPLIANCE 907599 CPT/HCPCS SALDISTMENT OF CUSTOM SLEEP APNEA APPLIANCE 907599 CPT/HCPCS SPLINT - INTRA-CORONAL; NATURAL TEETH OR PROSTHETIC CROWNS 907599 CPT/HCPCS SPLINT - INTRA-CORONAL; NATURAL TEETH OR PROSTHETIC CROWNS 907599 CPT/HCPCS CUSTOM SLEEP APNEA APPLIANCE FABRICATION AND PLACEMENT 907599 CPT/HCPCS SPLINT - EXTRA-CORONAL; NATURAL TEETH OR PROSTHETIC CROWNS 907599 CPT/HCPCS SPLINT - EXTRA-CORONAL; NATURAL TEETH OR PROSTHETIC CROWNS 90759 SPLINT - EXTRA-CORONAL; NATURAL TEETH OR PROSTHETIC CROWNS 90759 SPLINT - EXTRA-CORONAL; NATURAL TEETH OR PROSTHETIC CROWNS 90759 SPLINT - EXTRA-CORONAL; NATURAL TEETH OR PROSTHETIC CROWNS 90759 SPLINT - EXTRA-CORONAL; NATURAL TEETH OR PROSTHETIC CROWNS 90759 SPLINT - EXTRA-CORONAL; NATURAL TEETH OR PROSTHESI CROWNS 90759 SPLINT - EXTRA-CORONAL; NATURAL TEETH OR PROSTHESI CROWNS 90759 SPLINT - EXTRA-CORONAL; NATURAL TEETH OR PROSTHESI CROWNS 90759 SPLINT - EXTRA-CORONAL; NATURAL TEETH OR PROSTHESI 90759 CPT/HCPCS REMOVAL OF IMPLANT BODY NOT REQUIRING BONE REMOVAL OR FLAP 90759 CPT/HCPCS PARTIAL EXTRACTION FOR IMMEDIATE IMPLANT PLACEMENT 90759 PARTIAL EXTRACTION FOR IMMEDIATE IMPLANT PLACEMENT 90759 PARTIAL EXTRACTION FOR IMMEDIATE IMPLANT PLACEMENT 90759 CPT/HCPCS REMOVAL OF AN INDIRECT RESTORATION ON A NATURAL TOOTH 90759 CPT/HCPCS REMOVAL OF AN INDIRECT RESTORATION ON A NATURAL TOOTH 90759 CPT/HCPCS REMOVAL OF AN INDIRECT RESTORATION ON A NATURAL TOOTH 90759 CPT/HCPCS COMPREHENSIVE ORTHODONTIC TREATMENT WITH ORTHODONTHIC 90759 CPT/HCPCS ADMINISTRATION OF DEMONDULATORS 90759 CPT/HCPCS ADMINISTRATION OF DEMONDULATORS 90759 CPT/HCPCS MARSUPLIZATION OF DODNITOGENIC CYST 90759 CPT			REQUIRING FLAP	
D5725 CPT/HCPCS REBASE HYBRID PROSTHESIS Yes D9049 CPT/HCPCS REPAR DF CUSTOM SLEEP APNEA APPLIANCE D7299 CPT/HCPCS DECORONATION OR SUBMERGENCE OF AN ERUPTED TOOTH YES D7299 CPT/HCPCS REMOVAL OF TEMPORARY ANCHORAGE DEVICE, REQUIRING FLAP D7299 CPT/HCPCS REMOVAL OF TEMPORARY ANCHORAGE DEVICE, REQUIRING FLAP D7299 CPT/HCPCS ADJUSTMENT OF CUSTOM SLEEP APNEA APPLIANCE YES D7299 CPT/HCPCS SUSTIMINITATION OF SUBMER DEVICE, REQUIRING FLAP YES D7290 CPT/HCPCS SUSTIMINITATION OF SUBMER DEVICE, REQUIRING FLAP YES D73911 CPT/HCPCS SUSTIMINITATION OF SUBMER DEVICE, REQUIRING FLAP YES D73911 CPT/HCPCS SUSTIMINITATION OF SUBMER DEVICE, REQUIRING FLAP YES D73911 CPT/HCPCS CUSTOM SLEEP APNEA APPLIANCE TOTHCPCS CUSTOM SLEEP APNEA APPLIANCE FABRICATION AND PLACEMENT YES D74323 CPT/HCPCS SUSTIMINITATION OF SUBMER DAVIDATION OF SUBMER DEVICE OF SUB	D9912	CPT/HCPCS	PRE-VISIT PATIENT SCREENING	Yes
D9949 CPT/HCPCS REPAIR OF CUSTOM SLEEP APNEA APPLIANCE Yes D3921 CPT/HCPCS DECORONATION OR SUBMERGENCE OF AN ERUPTED TOOTH Yes D3929 CPT/HCPCS BEMOVAL OF TEMPORARY NANCHORAGE DEVICE, REQUIRING FLAP D3948 CPT/HCPCS ADJUSTMENT OF CUSTOM SLEEP APNEA APPLIANCE Yes D3949 CPT/HCPCS SPLINT - INTRA-CORONAL; NATURAL TEETH OR PROSTHETIC GROWNS D3911 CPT/HCPCS SPLINT - INTRA-CORONAL; NATURAL TEETH OR PROSTHETIC GROWNS D3911 CPT/HCPCS INTRA-CORONAL; NATURAL TEETH OR PROSTHETIC GROWNS D3911 CPT/HCPCS INTRA-CORONAL; NATURAL TEETH OR PROSTHETIC GROWNS D3911 CPT/HCPCS SPLINT - EXTRA-CORONAL; NATURAL TEETH OR PROSTHETIC GROWNS D3912 CPT/HCPCS SPLINT - EXTRA-CORONAL; NATURAL TEETH OR PROSTHETIC GROWNS D3913 CPT/HCPCS SPLINT - EXTRA-CORONAL; NATURAL TEETH OR PROSTHETIC GROWNS D3914 CPT/HCPCS IMPLANT BODY NOT REQUIRING BONE REMOVAL OR FLAP ELEVATION D3915 PROSTHESIS IS NOT REMOVED, INCLUDING CLEANSING OF PROSTHESI D3916 CPT/HCPCS PRITIAL EXTRACTION FOR IMMEDIATE IMPLANT PLACEMENT PROSTHESIS IS NOT REMOVED, INCLUDING CLEANSING OF PROSTHESI D3914 CPT/HCPCS PRITIAL EXTRACTION FOR IMMEDIATE IMPLANT PLACEMENT PSE D3914 CPT/HCPCS ADMINISTRATION OF DERMAL FILLERS D3914 CPT/HCPCS REMOVAL OF AN INDIRECT RESTORATION ON A NATURAL TOOTH PSE D3915 CPT/HCPCS REMOVAL OF AN INDIRECT RESTORATION ON A NATURAL TOOTH PSE D3916 CPT/HCPCS REMOVAL OF AN INDIRECT RESTORATION ON A NATURAL TOOTH PSE D3917 CPT/HCPCS UNSPECIFIED SLEEP APNEA SERVICES PROCEDURE, BY REPORT PSE D3917 CPT/HCPCS ADMINISTRATION OF RESTORATIVE MITTEN WITH ORTHOGNATHIC D3918 CPT/HCPCS REMOVAL OF AN INDIRECT RESTORATIVE MITTEN WITH ORTHOGNATHIC D3919 CPT/HCPCS ADMINISTRATION OF DEUROMODULATORS PSE D3910 CPT/HCPCS ADMINISTRATION OF DEUROMODULATORS PSE D3910 CPT/HCPCS ADMINISTRATION OF DEUROMODULATORS PSE D3	D7300	CPT/HCPCS	REMOVAL OF TEMPORARY ANCHORAGE DEVICE WITHOUT FLAP	Yes
D3921 CPT/HCPCS	D5725	CPT/HCPCS	REBASE HYBRID PROSTHESIS	Yes
D7299	D9949	CPT/HCPCS	REPAIR OF CUSTOM SLEEP APNEA APPLIANCE	Yes
D9948 CPT/HCPCS ADJUSTMENT OF CUSTOM SLEEP APNEA APPLIANCE Ves D4322 CPT/HCPCS SPLINT - INTRA-CORONAL; NATURAL TEETH OR PROSTHETIC CROWNS Ves D9947 CPT/HCPCS CUSTOM SLEEP APNEA APPLIANCE FABRICATION AND PLACEMENT Ves D4323 CPT/HCPCS SPLINT - EXTRA-CORONAL; NATURAL TEETH OR PROSTHETIC CROWNS D6105 CPT/HCPCS SPLINT - EXTRA-CORONAL; NATURAL TEETH OR PROSTHETIC CROWNS D6106 CPT/HCPCS SPLINT - EXTRA-CORONAL; NATURAL TEETH OR PROSTHETIC CROWNS D6107 CPT/HCPCS REMOVAL OF IMPLANT BODY NOT REQUIRING BONE REMOVAL OR FLAP ELEVATION D6180 CPT/HCPCS IMPLANT MAINTENANCE PROCEDURES WHEN A FULL ARCH FIXED HYBRID PROSTHESIS IS NOT REMOVED, INCLUDING CLEANSING OF PROSTHESI D7252 CPT/HCPCS PARTIAL EXTRACTION FOR IMMEDIATE IMPLANT PLACEMENT ORTHOGONATHIC SURGERY D7254 CPT/HCPCS PERIODIC ORTHODONTIC TREATMENT VISIT ASSOCIATED WITH ORTHOGONATHIC SURGERY D7255 CPT/HCPCS REPLACEMENT OF AN INDIRECT RESTORATION ON A NATURAL TOOTH Ves D7256 CPT/HCPCS REMOVAL OF AN INDIRECT RESTORATION ON A NATURAL TOOTH Ves D7256 CPT/HCPCS NEEVE DISSECTION Ves D7256 CPT/HCPCS NEEVE DISSECTION Ves D7256 CPT/HCPCS UNSPECIFIED SLEEP APNEA SERVICES PROCEDURE, BY REPORT Ves D7259 CPT/HCPCS COMPREHENSIVE ORTHODONTIC TREATMENT WITH ORTHOGONATHIC SURGERY D7259 CPT/HCPCS ADMINISTRATION OF NEUROMODULATORS CPT/HCPCS ADMINISTRATION OF NEUROMODULATORS Ves D7259 CPT/HCPCS ADMINISTRATION OF NEUROMODULATORS CPT/HCPCS ADMINISTRATION OF NEUROMODULATORS OPENING OF A SCREW-RETAINED IMPLANT SUPPORTED PROSTHESIS, PE D72509 CPT/HCPCS MARSUPIALIZATION OF ODONTOGENIC CYST OPENING OF A SCREW-RETAINED IMPLANT SUPPORTED PROSTHESIS, PE D72509 CPT/HCPCS MARSUPIALIZATION OF ODONTOGENIC CYST OPENING OF A SCREW-RETAINED IMPLANT SUPPORTED PROSTHESIS, PE D72509 CPT/HCPCS MARSUPIALIZATION OF ODONTOGENIC CYST OPENING OF A SCREW-RETAINED IMPLANT SUPPORTED PROSTHESIS, PE D72509 CPT/HCPCS MARSUPIALIZATION OF ODONTOGENIC CYST OPENING OF A SCREW-RETAINED IMPLANT SUPPORTED PROSTHESIS, PE D72509 CPT/HCPCS MARSUPIALIZATION OF ODONTOGENIC CYST OPENING OF A SCREW-RETAINED IMPLANT SUPPORTED PROSTHESIS	D3921	CPT/HCPCS	DECORONATION OR SUBMERGENCE OF AN ERUPTED TOOTH	Yes
D4322 CPT/HCPCS SPLINT - INTRA-CORONAL; NATURAL TEETH OR PROSTHETIC CROWNS Yes D3911 CPT/HCPCS (INTRAORIFICE BARRIER Yes) D4927 CPT/HCPCS CUSTOM SLEEP APNEA APPLIANCE FABRICATION AND PLACEMENT Yes D4923 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 D6180 CPT/HCPCS IMPLANT MAINTENANCE PROCEDURES WHEN A FULL ARCH FIXED HYBRID PROSTHESIS IS NOT REMOVED, INCLUDING CLEANSING OF PROSTHESI D7252 CPT/HCPCS PARTIAL EXTRACTION FOR IMMEDIATE IMPLANT PLACEMENT Yes D8671 CPT/HCPCS PERIODIC ORTHODONTIC TREATMENT VISIT ASSOCIATED WITH Yes ORTHOGONATHIC SURGERY D9914 CPT/HCPCS ADMINISTRATION OF DERMAL FILLERS Yes D6193 CPT/HCPCS REMOVAL OF AN INDIRECT RESTORATION ON A NATURAL TOOTH Yes D7259 CPT/HCPCS NERVE DISSECTION Yes D7259 CPT/HCPCS UNSPECIFIED SLEEP APNEA SERVICES PROCEDURE, BY REPORT Yes D80915 CPT/HCPCS COMPREHENSIVE ORTHODONTIC TREATMENT WITH ORTHOGNATHIC Yes D80916 CPT/HCPCS COMPREHENSIVE ORTHODONTIC TREATMENT WITH ORTHOGNATHIC Yes D80917 CPT/HCPCS ADMINISTRATION OF NEUROMODULATORS CPT/HCPCS COMPREHENSIVE ORTHODONTIC TREATMENT WITH ORTHOGNATHIC Yes D80918 CPT/HCPCS COMPREHENSIVE ORTHODONTIC TREATMENT WITH ORTHOGNATHIC Yes D80919 CPT/HCPCS ADMINISTRATION OF NEUROMODULATORS CPT/HCPCS REPLACEMENT OF RESTORATIVE MATERIAL USED TO CLOSE AN ACCESS OPENING OF A SCREW-RETAINED IMPLANT SUPPORTED PROSTHESIS, PE D7509 CPT/HCPCS MARSUPIALIZATION OF ODONTOGENIC CYST D7509 CPT/HCPCS GUIDED TISSUE REGENERATION, EDENTULOUS AREA - RESORBABLE D7509 CPT/HCPCS GUIDED TISSUE REGENERATION, EDENTULOUS AREA - RESORBABLE D7509 CPT/HCPCS GUIDED TISSUE REGENERATION, EDENTULOUS AREA - RESORBABLE D7509 CPT/HCPCS GUIDED TISSUE REGENERATION, EDENTULOUS AREA - RESORBABLE D7509 CPT/HCPCS GUIDED TISSUE REGENERATION, EDENTULOUS AREA - RESORBABLE D7509 CPT/HCPCS GUIDED TISSUE REGENERATION, EDENTULOUS AREA - RESORBABLE D7509 CPT/HCPCS GUIDED TISSUE REGENERATION, EDENTULOUS AREA - RESORBABLE D7509 CPT/HCPCS GUIDED TISSUE REGENERATION.	D7299	CPT/HCPCS	REMOVAL OF TEMPORARY ANCHORAGE DEVICE, REQUIRING FLAP	Yes
D3911 CPT/HCPCS INTRAORIFICE BARRIER Yes D3947 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 D6180 CPT/HCPCS IMPLANT MAINTENANCE PROCEDURES WHEN A FULL ARCH FIXED HYBRID PROSTHESIS IS NOT REMOVED, INCLUDING CLEANSING OF PROSTHESI D7252 CPT/HCPCS PARTIAL EXTRACTION FOR IMMEDIATE IMPLANT PLACEMENT Yes D8671 CPT/HCPCS PERIODIC ORTHODONTIC TREATMENT VISIT ASSOCIATED WITH Yes D6193 CPT/HCPCS ADMINISTRATION OF DERMAL FILLERS Yes D6193 CPT/HCPCS REPLACEMENT OF AN IMPLANT SCREW Yes D7259 CPT/HCPCS NERVOYAL OF AN IMDIRECT RESTORATION ON A NATURAL TOOTH Yes D7259 CPT/HCPCS UNSPECTIFIO SLEEP APNEA SERVICES PROCEDURE, BY REPORT Yes D8091 CPT/HCPCS UNSPECTIFIO SLEEP APNEA SERVICES PROCEDURE, BY REPORT Yes D8091 CPT/HCPCS COMPREHENSIVE ORTHODONTIC TREATMENT WITH ORTHOGNATHIC YES D8091 CPT/HCPCS REPLACEMENT OF RESTORATIVE MATERIAL USED TO CLOSE AN ACCESS OPENING OF A SCREW-RETAINED IMPLANT SUPPORTED PROSTHESIS, PE D7509 CPT/HCPCS MARSUPIALIZATION OF DONTOGENIC CYST D7509 CPT/HCPCS MARSUPIALIZATION OF ODONTOGENIC CYST D7509 CPT/HCPCS GUIDED TISSUE REGENERATION, EDENTULOUS AREA - RESORBABLE D7509 CPT/HCPCS GUIDED TISSUE REGENERATION, EDENTULOUS AREA - RESORBABLE D7509 CPT/HCPCS GUIDED TISSUE REGENERATION, EDENTULOUS AREA - RESORBABLE D7509 CPT/HCPCS GUIDED TISSUE REGENERATION, EDENTULOUS AREA - RESORBABLE D7509 CPT/HCPCS GUIDED TISSUE REGENERATION, EDENTULOUS AREA - RESORBABLE D7509 CPT/HCPCS GUIDED TISSUE REGENERATION, EDENTULOUS AREA - RESORBABLE D7509 CPT/HCPCS GUIDED TISSUE REGENERATION, EDENTULOUS AREA - RESORBABLE D7509 CPT/HCPCS GUIDED TISSUE REGENERATION, EDENTULOUS AREA - RESORBABLE D7509 CPT/HCPCS GUIDED TISSUE REGENERATION, EDENTULOUS AREA - RESORBABLE D7509 CPT/HCPCS GUIDED TISSUE REGENERATION, EDENTULOUS AREA - RESORBABLE D7509 CPT/HCPCS GUIDED TISSUE REGENERATION, EDENTULOUS AREA - RESORBABLE D7509 CPT/HCPCS GUIDED TISSUE REGENERA	D9948	CPT/HCPCS	ADJUSTMENT OF CUSTOM SLEEP APNEA APPLIANCE	Yes
Degator CPT/HCPCS CUSTOM SLEEP APNEA APPLIANCE FABRICATION AND PLACEMENT Yes D4323 CPT/HCPCS SPLINT - EXTRA-CORONAL; NATURAL TEETH OR PROSTHETIC CROWNS D6105 CPT/HCPCS REMOVAL OF IMPLANT BODY NOT REQUIRING BONE REMOVAL OR FLAP ELEVATION D6180 CPT/HCPCS IMPLANT MAINTENANCE PROCEDURES WHEN A FULL ARCH FIXED HYBRID PROSTHESIS IS NOT REMOVED, INCLUDING CLEANSING OF PROSTHESI D7252 CPT/HCPCS PARTIAL EXTRACTION FOR IMMEDIATE IMPLANT PLACEMENT D7253 CPT/HCPCS PERIODIC ORTHODONTIC TREATMENT VISIT ASSOCIATED WITH ORTHODONTIC SURGERY D7254 CPT/HCPCS ADMINISTRATION OF DERMAL FILLERS D7255 CPT/HCPCS REPLACEMENT OF AN IMPLANT SCREW D7255 CPT/HCPCS REMOVAL OF AN INDIRECT RESTORATION ON A NATURAL TOOTH YES D7256 CPT/HCPCS UNSPECIFIED SLEEP APNEA SERVICES PROCEDURE, BY REPORT D7259 CPT/HCPCS COMPREHENSIVE ORTHODONTIC TREATMENT WITH ORTHOGNATHIC D7250 CPT/HCPCS ADMINISTRATION OF NEUROMODULATORS D7250 CPT/HCPCS COMPREHENSIVE ORTHODONTIC TREATMENT WITH ORTHOGNATHIC D7250 CPT/HCPCS REPLACEMENT OF RESTORATION ON A NATURAL TOOTH D7350 CPT/HCPCS COMPREHENSIVE ORTHODONTIC TREATMENT WITH ORTHOGNATHIC D7350 CPT/HCPCS REPLACEMENT OF RESTORATIVE MATERIAL USED TO CLOSE AN ACCESS OPENING OF A SCREW-RETAINED IMPLANT SUPPORTED PROSTHESIS, PE D7350 CPT/HCPCS MARSUPIALIZATION OF ODONTOGENIC CYST D7350 CPT/HCPCS GUIDED TISSUE REGENERATION, EDENTULOUS AREA - RESORBABLE BARRIER, PER SITE	D4322	CPT/HCPCS	SPLINT - INTRA-CORONAL; NATURAL TEETH OR PROSTHETIC CROWNS	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 [PROSTHESIS] PROSTHESIS IS NOT REMOVED, INCLUDING CLEANSING OF PROSTHESI PROSTHESIS IS NOT REMOVED, INCLUDING CLEANSING OF PROSTHESI PROSTHESIS IS NOT REMOVED, INCLUDING CLEANSING OF PROSTHESI PROSTHESI PROSTHESIS IS NOT REMOVED, INCLUDING CLEANSING OF PROSTHESI PROSTHESI PROSTHESIS OF PROSTHESI PROSTHESIS IS NOT REMOVED, INCLUDING CLEANSING OF PROSTHESI PROSTHESI PROSTHESIS IS NOT REMOVED, INCLUDING CLEANSING OF PROSTHESI PROSTHESIS PRO	D3911	CPT/HCPCS	INTRAORIFICE BARRIER	Yes
De105 CPT/HCPCS REMOVAL OF IMPLANT BODY NOT REQUIRING BONE REMOVAL OR FLAP ELEVATION De180 CPT/HCPCS IMPLANT MAINTENANCE PROCEDURES WHEN A FULL ARCH FIXED HYBRID PROSTHESIS IS NOT REMOVED, INCLUDING CLEANSING OF PROSTHESI De107252 CPT/HCPCS PARTIAL EXTRACTION FOR IMMEDIATE IMPLANT PLACEMENT Yes De108671 CPT/HCPCS PERIODIC ORTHODONTIC TREATMENT VISIT ASSOCIATED WITH Yes De10914 CPT/HCPCS ADMINISTRATION OF DERMAL FILLERS De10915 CPT/HCPCS REPLACEMENT OF AN IMPLANT SCREW Yes De10916 CPT/HCPCS REMOVAL OF AN INDIRECT RESTORATION ON A NATURAL TOOTH Yes De10919 CPT/HCPCS UNSPECIFIED SLEEP APNEA SERVICES PROCEDURE, BY REPORT Yes De10911 CPT/HCPCS COMPREHENSIVE ORTHODONTIC TREATMENT WITH ORTHOGNATHIC SURGERY De10911 CPT/HCPCS ADMINISTRATION OF NEUROMODULATORS Yes De10912 CPT/HCPCS ADMINISTRATION OF NEUROMODULATORS Yes De10913 CPT/HCPCS REPLACEMENT OF RESTORATIVE MATERIAL USED TO CLOSE AN ACCESS OPENING OF A SCREW-RETAINED IMPLANT SUPPORTED PROSTHESIS, PE De10915 CPT/HCPCS MARSUPIALIZATION OF ODONTOGENIC CYST Yes De10916 CPT/HCPCS MARSUPIALIZATION OF DONTOGENIC CYST Yes De10917 CPT/HCPCS MARSUPIALIZATION OF DONTOGENIC CYST Yes De10918 CPT/HCPCS MARSUPIALIZATION OF DONTOGENIC CYST Yes De10919 CPT/HCPCS MARSUPIALIZATION OF DONTOGENIC CYST Yes De10910 CPT	D9947	CPT/HCPCS	CUSTOM SLEEP APNEA APPLIANCE FABRICATION AND PLACEMENT	Yes
ELEVATION CPT/HCPCS IMPLANT MAINTENANCE PROCEDURES WHEN A FULL ARCH FIXED HYBRID PROSTHESIS IS NOT REMOVED, INCLUDING CLEANSING OF PROSTHESI CPT/HCPCS PARTIAL EXTRACTION FOR IMMEDIATE IMPLANT PLACEMENT Yes ORTHOGONATHIC SURGERY D8671 CPT/HCPCS PERIODIC ORTHODONTIC TREATMENT VISIT ASSOCIATED WITH Yes ORTHOGONATHIC SURGERY 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 UNSPECIFIED SLEEP APNEA SERVICES PROCEDURE, BY REPORT Yes D2959 CPT/HCPCS UNSPECIFIED SLEEP APNEA SERVICES PROCEDURE, BY REPORT Yes D3901 CPT/HCPCS COMPREHENSIVE ORTHODONTIC TREATMENT WITH ORTHOGNATHIC YES SURGERY D9913 CPT/HCPCS ADMINISTRATION OF NEUROMODULATORS Yes OPENING OF A SCREW-RETAINED IMPLANT SUPPORTED PROSTHESIS, PE D7509 CPT/HCPCS MARSUPIALIZATION OF ODONTOGENIC CYST Yes D7956 CPT/HCPCS GUIDED TISSUE REGENERATION, EDENTULOUS AREA - RESORBABLE Yes BARRIER, PER SITE	D4323	CPT/HCPCS	SPLINT - EXTRA-CORONAL; NATURAL TEETH OR PROSTHETIC CROWNS	Yes
CPT/HCPCS IMPLANT MAINTENANCE PROCEDURES WHEN A FULL ARCH FIXED HYBRID PROSTHESIS IS NOT REMOVED, INCLUDING CLEANSING OF PROSTHESI CPT/HCPCS PARTIAL EXTRACTION FOR IMMEDIATE IMPLANT PLACEMENT Yes D8671 CPT/HCPCS PERIODIC ORTHODONTIC TREATMENT VISIT ASSOCIATED WITH YES D8671 CPT/HCPCS ADMINISTRATION OF DERMAL FILLERS Yes D9914 CPT/HCPCS REPLACEMENT OF AN IMPLANT SCREW Yes D6193 CPT/HCPCS REMOVAL OF AN IMDIRECT RESTORATION ON A NATURAL TOOTH YES D7259 CPT/HCPCS NERW DISSECTION Yes D8959 CPT/HCPCS UNSPECIFIED SLEEP APNEA SERVICES PROCEDURE, BY REPORT YES D8091 CPT/HCPCS COMPREHENSIVE ORTHODONTIC TREATMENT WITH ORTHOGNATHIC YES D8193 CPT/HCPCS ADMINISTRATION OF NEUROMODULATORS YES D8194 CPT/HCPCS ADMINISTRATION OF NEUROMODULATORS YES D8195 CPT/HCPCS REPLACEMENT OF RESTORATIVE MATERIAL USED TO CLOSE AN ACCESS OPENING OF A SCREW-RETAINED IMPLANT SUPPORTED PROSTHESIS, PE D7509 CPT/HCPCS MARSUPIALIZATION OF ODONTOGENIC CYST YES D7509 CPT/HCPCS GUIDED TISSUE REGENERATION, EDENTULOUS AREA - RESORBABLE YES	D6105	CPT/HCPCS	-	Yes
D8671 CPT/HCPCS PERIODIC ORTHODONTIC TREATMENT VISIT ASSOCIATED WITH ORTHOGONATHIC SURGERY D9914 CPT/HCPCS ADMINISTRATION OF DERMAL FILLERS D6193 CPT/HCPCS REPLACEMENT OF AN IMPLANT SCREW D2956 CPT/HCPCS REMOVAL OF AN INDIRECT RESTORATION ON A NATURAL TOOTH PSS D2956 CPT/HCPCS NERVE DISSECTION D9959 CPT/HCPCS UNSPECIFIED SLEEP APNEA SERVICES PROCEDURE, BY REPORT D8091 CPT/HCPCS COMPREHENSIVE ORTHODONTIC TREATMENT WITH ORTHOGONATHIC SURGERY D9913 CPT/HCPCS ADMINISTRATION OF NEUROMODULATORS D6197 CPT/HCPCS REPLACEMENT OF RESTORATIVE MATERIAL USED TO CLOSE AN ACCESS OPENING OF A SCREW-RETAINED IMPLANT SUPPORTED PROSTHESIS, PE D7509 CPT/HCPCS MARSUPIALIZATION OF ODONTOGENIC CYST D7956 CPT/HCPCS GUIDED TISSUE REGENERATION, EDENTULOUS AREA - RESORBABLE BARRIER, PER SITE	D6180	CPT/HCPCS		Yes
D8671 CPT/HCPCS PERIODIC ORTHODONTIC TREATMENT VISIT ASSOCIATED WITH ORTHOGONATHIC SURGERY D9914 CPT/HCPCS ADMINISTRATION OF DERMAL FILLERS D6193 CPT/HCPCS REPLACEMENT OF AN IMPLANT SCREW D2956 CPT/HCPCS REMOVAL OF AN INDIRECT RESTORATION ON A NATURAL TOOTH PSS D2956 CPT/HCPCS NERVE DISSECTION D9959 CPT/HCPCS UNSPECIFIED SLEEP APNEA SERVICES PROCEDURE, BY REPORT D8091 CPT/HCPCS COMPREHENSIVE ORTHODONTIC TREATMENT WITH ORTHOGONATHIC SURGERY D9913 CPT/HCPCS ADMINISTRATION OF NEUROMODULATORS D6197 CPT/HCPCS REPLACEMENT OF RESTORATIVE MATERIAL USED TO CLOSE AN ACCESS OPENING OF A SCREW-RETAINED IMPLANT SUPPORTED PROSTHESIS, PE D7509 CPT/HCPCS MARSUPIALIZATION OF ODONTOGENIC CYST D7956 CPT/HCPCS GUIDED TISSUE REGENERATION, EDENTULOUS AREA - RESORBABLE BARRIER, PER SITE	D7252	CPT/HCPCS	PARTIAL EXTRACTION FOR IMMEDIATE IMPLANT PLACEMENT	Yes
Designation of Dermal Fillers Designation of Dermal Fillers Designation of Dermal Fillers Designation of An Implant Screw Designation of Dermal Fillers Designation of An Implant Screw Designation of An Implant Screw Designation of Dermal Fillers Designation of Designation of Dermal Fillers Designation of Dermal Fillers Designation of Designation of Dermal Fillers Designation of Dermal Fillers Designation of Designation of Dermal Fillers Designation of Desig	D8671		PERIODIC ORTHODONTIC TREATMENT VISIT ASSOCIATED WITH	
CPT/HCPCS REPLACEMENT OF AN IMPLANT SCREW D2956 CPT/HCPCS REMOVAL OF AN IMPLANT SCREW D2956 CPT/HCPCS REMOVAL OF AN IMPLANT SCREW D2959 CPT/HCPCS NERVE DISSECTION D2959 CPT/HCPCS UNSPECIFIED SLEEP APNEA SERVICES PROCEDURE, BY REPORT D29010 CPT/HCPCS COMPREHENSIVE ORTHODONTIC TREATMENT WITH ORTHOGNATHIC D29011 SURGERY D29012 CPT/HCPCS ADMINISTRATION OF NEUROMODULATORS D29013 CPT/HCPCS REPLACEMENT OF RESTORATIVE MATERIAL USED TO CLOSE AN ACCESS OPENING OF A SCREW-RETAINED IMPLANT SUPPORTED PROSTHESIS, PE D20015 CPT/HCPCS MARSUPIALIZATION OF ODONTOGENIC CYST D20015 CPT/HCPCS GUIDED TISSUE REGENERATION, EDENTULOUS AREA - RESORBABLE D20016 BARRIER, PER SITE	D001.4	ODT/UODOO		Voc
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 YES D80913 CPT/HCPCS ADMINISTRATION OF NEUROMODULATORS D6197 CPT/HCPCS REPLACEMENT OF RESTORATIVE MATERIAL USED TO CLOSE AN ACCESS OPENING OF A SCREW-RETAINED IMPLANT SUPPORTED PROSTHESIS, PE D7509 CPT/HCPCS MARSUPIALIZATION OF ODONTOGENIC CYST D7956 CPT/HCPCS GUIDED TISSUE REGENERATION, EDENTULOUS AREA - RESORBABLE YES BARRIER, PER SITE				
CPT/HCPCS NERVE DISSECTION Yes CPT/HCPCS UNSPECIFIED SLEEP APNEA SERVICES PROCEDURE, BY REPORT Yes CPT/HCPCS COMPREHENSIVE ORTHODONTIC TREATMENT WITH ORTHOGNATHIC Yes SURGERY CPT/HCPCS ADMINISTRATION OF NEUROMODULATORS CPT/HCPCS REPLACEMENT OF RESTORATIVE MATERIAL USED TO CLOSE AN ACCESS OPENING OF A SCREW-RETAINED IMPLANT SUPPORTED PROSTHESIS, PE CPT/HCPCS MARSUPIALIZATION OF ODONTOGENIC CYST Yes CPT/HCPCS GUIDED TISSUE REGENERATION, EDENTULOUS AREA - RESORBABLE BARRIER, PER SITE				
D9959 CPT/HCPCS UNSPECIFIED SLEEP APNEA SERVICES PROCEDURE, BY REPORT Yes D8091 CPT/HCPCS COMPREHENSIVE ORTHODONTIC TREATMENT WITH ORTHOGNATHIC SURGERY D9913 CPT/HCPCS ADMINISTRATION OF NEUROMODULATORS D6197 CPT/HCPCS REPLACEMENT OF RESTORATIVE MATERIAL USED TO CLOSE AN ACCESS OPENING OF A SCREW-RETAINED IMPLANT SUPPORTED PROSTHESIS, PE D7509 CPT/HCPCS MARSUPIALIZATION OF ODONTOGENIC CYST D7509 CPT/HCPCS GUIDED TISSUE REGENERATION, EDENTULOUS AREA - RESORBABLE SARRIER, PER SITE		_		
CPT/HCPCS COMPREHENSIVE ORTHODONTIC TREATMENT WITH ORTHOGNATHIC SURGERY D9913 CPT/HCPCS ADMINISTRATION OF NEUROMODULATORS CPT/HCPCS REPLACEMENT OF RESTORATIVE MATERIAL USED TO CLOSE AN ACCESS OPENING OF A SCREW-RETAINED IMPLANT SUPPORTED PROSTHESIS, PE D7509 CPT/HCPCS MARSUPIALIZATION OF ODONTOGENIC CYST CPT/HCPCS GUIDED TISSUE REGENERATION, EDENTULOUS AREA - RESORBABLE BARRIER, PER SITE				
SURGERY D9913 CPT/HCPCS ADMINISTRATION OF NEUROMODULATORS CPT/HCPCS REPLACEMENT OF RESTORATIVE MATERIAL USED TO CLOSE AN ACCESS OPENING OF A SCREW-RETAINED IMPLANT SUPPORTED PROSTHESIS, PE CPT/HCPCS MARSUPIALIZATION OF ODONTOGENIC CYST CPT/HCPCS GUIDED TISSUE REGENERATION, EDENTULOUS AREA - RESORBABLE BARRIER, PER SITE SURGERY Yes Yes Yes			· ·	
CPT/HCPCS REPLACEMENT OF RESTORATIVE MATERIAL USED TO CLOSE AN ACCESS OPENING OF A SCREW-RETAINED IMPLANT SUPPORTED PROSTHESIS, PE CPT/HCPCS MARSUPIALIZATION OF ODONTOGENIC CYST CPT/HCPCS GUIDED TISSUE REGENERATION, EDENTULOUS AREA - RESORBABLE BARRIER, PER SITE CPT/HCPCS BARRIER, PER SITE	שטט91	CP1/HCPCS		
OPENING OF A SCREW-RETAINED IMPLANT SUPPORTED PROSTHESIS, PE O7509 CPT/HCPCS MARSUPIALIZATION OF ODONTOGENIC CYST Yes O7956 CPT/HCPCS GUIDED TISSUE REGENERATION, EDENTULOUS AREA - RESORBABLE BARRIER, PER SITE	D9913	CPT/HCPCS	ADMINISTRATION OF NEUROMODULATORS	Yes
D7956 CPT/HCPCS GUIDED TISSUE REGENERATION, EDENTULOUS AREA - RESORBABLE Yes BARRIER, PER SITE	D6197	CPT/HCPCS		Yes
D7956 CPT/HCPCS GUIDED TISSUE REGENERATION, EDENTULOUS AREA - RESORBABLE Yes BARRIER, PER SITE	D7500	CDT/UCDCS	MARSHIDIALIZATION OF ODONTOCENIC CVST	Voc
BARRIER, PER SITE				
D9953 CPT/HCPCS RELINE CUSTOM SLEEP APNEA APPLIANCE (INDIRECT) Yes			BARRIER, PER SITE	
	D9953	CPT/HCPCS	RELINE CUSTOM SLEEP APNEA APPLIANCE (INDIRECT)	Yes

•	<u> </u>	T
CPT/HCPCS	INTRAORAL TOMOSYNTHESIS-PERIAPICAL RADIOGRAPHIC IMAGE - IMAGE	Yes
CPT/HCPCS		Yes
		Yes
	APPROVED PRESCRIPTION ORAL DRUG,30 DAYS	
CPT/HCPCS	METHOTREXATE (XATMEP), ORAL, 2.5 MG	Yes
CPT/HCPCS	METHOTREXATE (JYLAMVO), ORAL, 2.5 MG	Yes
CPT/HCPCS	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10	Yes
CPT/HCPCS		Yes
		Yes
CPT/HCPCS	INJECTION, BETAMETHASONE ACETATE 3 MG AND BETAMETHASONE SODIUM PHOSPHATE 3 MG	Yes
_		Yes
		Yes I
_		Yes
CP1/HCPC5	IMMUNOSUPPRESSIVE DRUG(S); FOR A SUBSEQUENT PRESCRIPTION	Yes
CPT/HCPCS	PHARMACY SUPPLY FEE FOR INITIAL IMMUNOSUPPRESSIVE DRUG(S), FIRST MONTH FOLLOWING TRANSPLANT	Yes
CPT/HCPCS	METHOTREXATE ORAL 2.5 MG	Yes
CPT/HCPCS	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED,	Yes
CPT/HCPCS	BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER 0.25 MG	Yes
CPT/HCPCS	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED,	Yes
CPT/HCPCS	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT,	Yes
CPT/HCPCS	IMMUNOSUPPRESSIVE DRUG NOT OTHERWISE CLASSIFIED	Yes
CPT/HCPCS	EVEROLIMUS, ORAL, 0. 25 MG	Yes
CPT/HCPCS	TACROLIMUS, PARENTERAL, 5MG	Yes
CPT/HCPCS	SIROLIMUS, ORAL, 1MG	Yes
CPT/HCPCS	MYCOPHENOLIC ACID, ORAL, 180 MG	Yes
		Yes
		Yes
		Yes Yes
CPT/HCPCS	LYMPHOCYTE IMMUNE GLOBULIN, ANTITHYMOCYTE GLOBULIN, RABBIT,	Yes
CDT/HCDCS		Yes
CPT/HCPCS CPT/HCPCS	LYMPHOCYTE IMMUNE GLOBULIN, ANTITYMOCYTE GLOBULIN (E.G., ATGAM)	
		Yes
		Yes Yes
CF1/HCFC3		ites
CPT/HCPCS	PHARMACY SUPPLY FEE FOR ORAL ANTI-CANCER, ORAL ANTI-EMETIC OR	Yes
CPT/HCPCS	INJECTION, TRIAMCINOLONE ACETONIDE, SUPRACHOROIDAL (XIPERE),1	Yes
CPT/HCPCS		Yes
		Yes
CPT/HCPCS	PHARMACY SUPPLYING FEE FOR HIV PRE-EXPOSURE PROPHYLAXIS FDA	Yes
CDT/U.CDCC		Voc
		Yes
		Yes Yes
		Yes
	INSERTION OF INTRALUMINAL TUBE OR CATHETER	
CPT/HCPCS	DIAGNOSTIC, INCLUDING COLLECTION OF SPECIMEN(S) BY BRUSHING OR	Yes
CPT/HCPCS	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSNASAL; WITH	Yes
	CPT/HCPCS	CAPTURE ONLY CPT/HCPCS INTRAORAL TOMOSYNTHESIS - PERIAPICAL RADIOGRAPHIC IMAGE CPT/HCPCS PHARMACY SUPPLYING FEE FOR HIV PRE-EXPOSURE PROPHYLAXIS FDA APPROVED PRESCRIPTION ORAL 2.5 MG CPT/HCPCS METHOTREASTE (WILMON), ORAL 2.5 MG CPT/HCPCS METHOTREASTE (WILMON), ORAL 2.5 MG CPT/HCPCS METHOTREASTE (WILMON), ORAL 2.5 MG CPT/HCPCS INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG CPT/HCPCS INJECTION, METHOTREASTE (WILMON), ORAL 2.5 MG CPT/HCPCS INJECTION, BETAMETHASONE ACETONIDE, PRESERVATIVE FREE, 1 MG CPT/HCPCS INJECTION, BETAMETHASONE ACETATES MG AND BETAMETHASONE SODIUM PHOSPHATE 3 MG CPT/HCPCS INJECTION, BELATACEPT, 1 MG CPT/HCPCS INJECTION, BELATACEPT, 1 MG CPT/HCPCS INJECTION, BELATACEPT, 2.5 MG CPT/HCPCS INJECTION, BELATACEPT, 3.5 MG CPT/HCPCS INJECTION, BELATACEPT, 3.5 MG CPT/HCPCS PHARMACY SUPPLY FEE FOR ORAL ANTI-CANCER, ORAL ANTI-EMETIC OR IMMUNOSUPPRESSIVE DRIG(S); FOR A SUBSEQUENT PRESCRIPTION CPT/HCPCS PHARMACY SUPPLY FEE FOR INITIAL IMMUNOSUPPRESSIVE DRIUG(S), FIRST MONTH FOLLOWING TRANSPLANT CPT/HCPCS METHOTREASTE ORAL 2.5 MG CPT/HCPCS BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER 0.25 MG CPT/HCPCS BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER 0.25 MG CPT/HCPCS BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER 0.25 MG CPT/HCPCS SETAMETHASONE, NHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME CPT/HCPCS SIROLIMUS, ORAL, 1MG CPT/HCPCS MYCOPHENOLATE MORE MYCOPHENOLATE MORE CPT/HCPCS MYCOPHENOLATE MORE CPT/HCPCS MYCOPHENOLATE MORE MYCOPHENOLATE MORE CPT/HCPCS MYCOPHENOLATE MORE CPT/HCPCS MYCOPHENOLATE MORE MYCOPHENOLATE MORE CPT/HCPCS MYCOPHENOLATE MORE MYCOPHENOLATE MORE CPT/HCPCS MYCOPHENOLATE MORE MYCOPHENOLATE MORE

			<u>. </u>
43193	CPT/HCPCS	ESOPHAGOSCOPY, RIGID, TRANSORAL; WITH BIOPSY, SINGLE OR	Yes
		MULTIPLE	
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 ORDEBRIDEMENT (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 COLLECTIONOF 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	Yes
		OR VIDEO RECORDING;INTERPRETATIONA ND REPORT ONLY	

44366	CPT/HCPCS	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND	Yes
		PORTION OF DUODENUM; FOR CONTROL OF HEMORRHAGE (EG,	
		ELECTROCOAG	
44385	CPT/HCPCS	FIBEROPTIC EVALUATION OF SMALL INTESTINAL (KOCK) OR PELVIC POUCH;	Yes
50555	CPT/HCPCS	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR	Yes
30333	01 1/1101 00	PYELOSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETE	
31295	CPT/HCPCS	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DILATION OF MAXILLARY	Yes
		SINUS OSTIUM (EG, BALLOON DILATION), TRANSNASAL OR VIA CANINE	
		FOSSA	
43278	CPT/HCPCS	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP);	Yes
		WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION(S), INCLUDING	
31267	CPT/HCPCS	MAXILLARY SINUS ENDOSCOPY, SURGICAL; WITH REMOVAL OF MUCOUS	Yes
01207	01 1/1101 00	MEMBRANE AND/OR POLYPS	
52287	CPT/HCPCS	CYSTOURETHROSCOPY, WITH INJECTION(S) FOR CHEMODENERVATIONS	Yes
		OF THE BLADDER	
31297	CPT/HCPCS	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON	Yes
		DILATION); SPHENOID SINUS OSTIUM	
43202	CPT/HCPCS	ESOPHAGOSCOPY, FLEXIBLE, TRANSORAL; WITH BIOPSY, SINGLE OR MULTIPLE	Yes
43217	CPT/HCPCS	ESOPHAGOSCOPY, FLEXIBLE, TRANSORAL; WITH REMOVAL OF TUMOR(S),	Yes
40217	01 1/1101 00	POLYP(S), OR OTHER LESION(S) BY SNARE TECHNIQUE	
43192	CPT/HCPCS	ESOPHAGOSCOPY, RIGID, TRANSORAL; WITH DIRECTED SUBMUCOSAL	Yes
		INJECTION(S), ANY SUBSTANCE	
33266	CPT/HCPCS	ENDOSCOPY, OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF	Yes
		ATRIA, EXTENSIVE (EG, MAZE PROCEDURE), WITHOUT CARDIOPULMONARY	
44400	CDT// ICDCC	BYPASS COLONOSCODY TUROUGUESTOMA: WITH ENDOSCODIC STENT DI ACEMENT	Voc
44402	CPT/HCPCS	COLONOSCOPY THROUGH STOMA; WITH ENDOSCOPIC STENT PLACEMENT (INCLUDING PRE-AND POST-DILATION AND GUIDE WIRE PASSAGE, WHEN	res
		(INCECUTING FRE-AND FOST-DIEATION AND COIDE WINE FASSACE, WHEN	
31237	CPT/HCPCS	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH BIOPSY, POLYPECTOMY	Yes
		ORDEBRIDEMENT (SEPARATE PROCEDURE)	
31653	CPT/HCPCS	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC	Yes
		GUIDANCE, WHEN PERFORMED WITH EBUS,ONE OR TWO MEDIASTINAL	
44204	CPT/HCPCS	AND/OR	Voc
44384	CP1/HCPCS	ILEOSCOPY, THROUGH STOMA; WITH PLACEMENT OF ENDOSCOPIC STENT(INCLUDES PRE AND POST-DILATION AND GUIDE WIRE PASSAGE,	Yes
		WHEN	
43255	CPT/HCPCS	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; WITH	Yes
		CONTROL OF BLEEDING, ANY METHOD	
43246	CPT/HCPCS	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; WITH	Yes
40040	ODT// LODGO	DIRECTED PLACEMENT OF PERCUTANEOUS GASTROSTOMY TUBE	
43210	CPT/HCPCS	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; WITH ESOPHAGASTRIC FUNDOPLASTY, PARTIAL OR COMPLETE, INCLUDES	Yes
50976	CPT/HCPCS	URETERAL ENDOSCOPY THROUGH URETEROTOMY, WITH OR WITHOUT	Yes
		IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLU	
50553	CPT/HCPCS	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR	Yes
		PYELOSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETE	
S2342	CPT/HCPCS	NASAL ENDOSCOPY FOR POST-OP DEBRIDEMENT FOLLOWING FUNCTIONAL	Yes
		ENDOSCOPIC SINUS SURGERY, NASAL AND/OR SINUS CAVITY(S), UNI	
44365	CPT/HCPCS	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND	Yes
		PORTIONOF DUODENUM, NOT INCLUDING ILEUM; W/REMOVAL OF	
		TUMOR(S), POLY	
43226	CPT/HCPCS	ESOPHAGOSCOPY, FLEXIBLE, TRANSORAL; WITH INSERTION OF GUIDE WIRE	Yes
	05-111-	FOLLOWED BY PASSAGE OF DILATOR(S) OVER GUIDE WIRE	
50561	CPT/HCPCS	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR	Yes
		PYELOSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETE	
45393	CPT/HCPCS	COLONOSCOPY, FLEXIBLE; WITH DECOMPRESSION (FOR PATHOLOGIC	Yes
		DISTENTION)(EG VOLVULUS, MEGACOLON), INCLUDING PLACEMENT	
50980	CPT/HCPCS	URETERAL ENDOSCOPY THROUGH URETEROTOMY, WITH OR WITHOUT	Yes
		IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLU	
43194	CPT/HCPCS	ESOPAGOSCOPY RIDGID,TRANSORAL;WITH REMOVAL OF FOREIGH 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		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 PREAND	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	Yes
		PORTION OF DUODENUM; FOR PLACEMENT OF PERCUTANEOUS	
10000		JEJUNOSTOMY	<u> </u>
43200	CPT/HCPCS	ESOPHAGOSCOPY, RIGID OR FLEXIBLE FIBEROPTIC (SPECIFY); DIAGNOSTIC PROCEDURE	Yes
43206	CPT/HCPCS	ESOPHAGOSCOPY, FLEXIBLE, TRANSORAL; WITH OPTICAL	Yes
		ENDOMICROSCOPY	
31288	CPT/HCPCS	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY; WITH	Yes
		REMOVAL OF TISSUE FROM THE SPHENOID SINUS	
43238	CPT/HCPCS	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS,	Yes
		STOMACEITHER THE DUODENUM AND/OR JEJUNUM AS APPROPRIATE; WITH	
20005	007/110000	TRAN	lv.
33265	CPT/HCPCS	ENDOSCOPY, SURGICAL; OPERATIVE TISSUE ABLATION AND	Yes
		RECONSTRUCTION OF ATRIA, LIMITED (EG, MODIFIED MAZE PROCEDURE), WITHO	
45398	CPT/HCPCS	COLONOSCOPY, FLEXIBLE; WITH BAND LIGATION(S) (EG	Yes
43330	01 1/1101 03	HEMORRHOIDS)	103
47553	CPT/HCPCS	BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT; FOR	Yes
		BIOPSY AND/OR COLLECTION OF SPECIMEN BY BRUSHING OR WASH	
31257	CPT/HCPCS	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL	Yes
		(ANTERIOR AND POSTERIOR), INCLUDING SPHENOIDOTOMY	
31253	CPT/HCPCS	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL	Yes
		(ANTERIOR AND POSTERIOR), INCLUDING FRONTAL SINUS EXPLORATION,	
			1
C9751	CPT/HCPCS	BRONCHOSCOPY, RIGID OR FLEXIBLE, TRANSBRONCHIAL ABLATION OF	Yes
		LESION(S) BY MICROWAVE ENERGY, INCLUDING FLUOROSCOPIC	
43275	CPT/HCPCS	GUIDANCE,WHEN PERFORMED,WITH COMPUTED + ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP);	Yes
43273	GF 1/11GF GS	WITH REMOVAL OF FOREIGN BODY(S) OR STENT(S) FROM	163
		BILIARY/PANCREAT	
44401	CPT/HCPCS	COLONOSCOPY THROUGH STOMA; WITH ABLATION OF TUMOR(S),	Yes
		POLYP(S) OR OTHER LESION(S) (INCLUDES PRE-AND POST-DILATION	
50957	CPT/HCPCS	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR	Yes
		WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOG	
50575	CPT/HCPCS	RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR	Yes
		WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSI	
50562	CPT/HCPCS	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR	Yes
30302	CF1/HCFC3	PYLEOSTOMWITH OR WITHOUT IRRIGATION, INSTILLATION, OR	ites
		URETEROPYLEOGRA	
31233	CPT/HCPCS	NASAL/SINUS ENDOSCOPY, DIAGNOSTIC; WITH MAXILLARY SINUSOSCOPY	Yes
		(VIA INFERIOR MEATUS OR CANINE FOSSA PUNCTURE)	
44377	CPT/HCPCS	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND	Yes
		PORTION OF DUODENUM, INCLUDING ILEUM, W/BIOSPY, SINGLE OR	
		MULTIPLE	
43257	CPT/HCPCS	·	Yes
		EITHER THE DUODENUM AND/OR JEJUNUM AS APPROPRIATE; WITH	
44400	CDT/HCDCS	COLONOS CODY TUDOLICU STOMA: WITH DECOMPRESSION (FOR	Voc
44408	CPT/HCPCS	COLONOSCOPY THROUGH STOMA; WITH DECOMPRESSION (FOR PATHOLOGIC DISTENTION) (EG, VOLVULUS, MEGACOLON), INCLUDING	Yes
		PATHOLOGIC DISTENTION) (EG, VOLVOLOS, MEGACOLON), INCLUDING	
43220	CPT/HCPCS	ESOPHAGOSCOPY, FLEXIBLE, TRANSORAL; WITH TRANSENDOSCOPIC	Yes
		BALLOON DILATION (LESS THAN 30 MM DIAMETER)	
37501	CPT/HCPCS	UNLISTED VASCULAR ENDOSCOPY PROCEDURE	Yes
0407T	CPT/HCPCS	NASAL ENDOSCOPY, SURGICAL, ETHMOID SINUS, PLACEMENT OF DRUG	Yes
		ELUTING IMPLANT; WITH BIOPSY, POLYPECTOMY OR DEBRIDEMENT	
50970	CPT/HCPCS	URETERAL ENDOSCOPY THROUGH URETEROTOMY, WITH OR WITHOUT	Yes
44000	ODT#LODGS	IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLU	Voc
44360	CPT/HCPCS	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND	Yes
0397T	CPT/HCPCS	PORTION OF DUODENUM; DIAGNOSTIC ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP),	Yes
009/1	OF ITHORUS	WITH OPTICAL ENDOMICROSCOPY (LIST SEPARATELY IN ADDITION TO CODE	
		The second of th	
43237	CPT/HCPCS	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMAC	Yes
		AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPROPRIATE; WITH	

1	T	T
CPT/HCPCS	NASAL/SINUS ENDOSCOPY, SURGICAL FRONTAL SINUS EXPLORATION W/WO REMOVAL OF TISSUE FROM FRONTAL SINUS	Yes
CPT/HCPCS	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; WITH INSERTION OF INTRALUMINAL TUBE OR CATHETER	Yes
CPT/HCPCS	ENDOSCOPY, SURGICAL, INCLUDING VIDEO-ASSISTED HARVEST OF VEIN(S) FOR CORONARY ARTERY BY PASS PROCEDURE	Yes
CPT/HCPCS	BRONCHOSCOPY,RIGID/FLEXIBLE,INCLUDING FLUOROSCOPIC GUIDANCE,WHEN PERFORMED W/TRANSENDOSCOPIC ENDOBRONCHIAL	Yes
CPT/HCPCS	ULTRASOUND (E NASAL ENDOSCOPY, DIAGNOSTIC, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)	Yes
CPT/HCPCS	ESOPHAGOSCOPY,FLEXIBLE,TRANSORAL;WITH PLACEMENT OF	Yes
CPT/HCPCS	COLONOSCOPY THROUGH STOMA; WITH TRANSENDOSCOPIC BALLOON	Yes
CPT/HCPCS	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH REPAIR OF CEREBROSPINAL	Yes
CPT/HCPCS	CATHETER, EXTRAVASCULAR TISSUE ABLATION, ANY MODALITY (INSERTABLE)	Yes
CPT/HCPCS	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH OPTIC NERVE	Yes
CPT/HCPCS	SIGMOIDOSCOPY, FLEXIBLE; WITH MUCOSAL ENDOSCOPIC RESECTION	Yes
CPT/HCPCS	RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLU	Yes
CPT/HCPCS	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; WITH DIRECTED SUBMUCOSAL INJECTION(S), ANY SUBSTANCE	Yes
CPT/HCPCS	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOG	Yes
CPT/HCPCS	ESOPHAGOSCOPY,FLEXIBLE,TRANSORAL;WITH DILATION OF ESOPHAGUS WITH BALLOON (30 MM DIAMETER OR LARGER) (INCL FLUOROSCOPIC	Yes
CPT/HCPCS	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOG	Yes
CPT/HCPCS	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM; FOR BIOPSY AND/OR COLLECTION OF SPECIMEN B	Yes
CPT/HCPCS	ESOPHAGOSCOPY, FLEXIBLE, TRANSNASAL; WITH BIOPSY, SINGLE OR MULTIPLE	Yes
CPT/HCPCS	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY	Yes
CPT/HCPCS	SIGMOIDOSCOPY, FLEXIBLE; WITH PLACEMENT OF ENDOSCOPIC STENT (INCLUDES PRE- AND POST-DILATION AND GUIDE WIRE PASSAGE, WHN	Yes
CPT/HCPCS	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; WITH INJECTION SCLEROSIS OF ESOPHAGEAL/GASTRIC VARICES	Yes
CPT/HCPCS	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; WITH TRANSENDOSCOPIC ULTRASOUND-GUIDED TRANSMURAL INJECTION OF DI	Yes
CPT/HCPCS	COLONOSCOPY, FLEXIBLE; WITH ENDOSCOPIC STENT PLACEMENT (INCLUDES PRE- AND POST- DILATION AND GUIDE WIRE PASSAGE,	Yes
CPT/HCPCS	SIGMOIDOSCOPY, FLEXIBLE; WITH ABLATION OF TUMOR(S), POLYP(S),	Yes
CPT/HCPCS	ESOPHAGOSCOPY, FLEXIBLE, TRANSORAL; WITH ENDOSCOPIC MUCOSAL RESECTION	Yes
CPT/HCPCS	SMALL INTESTINAL ENDOSCOPY, INCLUDING ILEUM; WITH TRANSENDOSCOPIC STENT PLACEMENT	Yes
CPT/HCPCS	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPROPRIATE; CO	Yes
CPT/HCPCS	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; WITH ENDOSCOPIC MUCOSAL RESECTION	Yes
CPT/HCPCS	RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLU	Yes
	CPT/HCPCS	CPT/HCPCS ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; WITH INSERTION OF INTRALLMINAL TUBE OR CATHETR CPT/HCPCS ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; WITH INSERTION OF INTRALLMINAL TUBE OR CATHETR CPT/HCPCS ENDOSCOPY, SURGICAL, INCLUDING VIDEO-ASSISTED HARVEST OF VENIS) FOR CORONARY ARTERY BY PASS PROCEDURE CPT/HCPCS BRONCHOSCOPY, RIGID/FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED WITRANSENDOSCOPIC ENDOBRONCHIAL ULTRASCUIND (E CPT/HCPCS CPT/HCPCS CPT/HCPCS COLONOSCOPY, PLEXIBLE, TRANSORAL; WITH PLACEMENT OF ENDOSCOPIC STENT (INCLUDES PRE- AND POST-DILATION & GUIDE CPT/HCPCS COLONOSCOPY THROUGH STOMA; WITH TRANSENDOSCOPIC BALLOON DILATION CPT/HCPCS COLONOSCOPY, ELXIBLE, TRANSORAL; WITH REPAIR OF CEREBROSPINAL FILLID LEAK; ETHMOID REGION CPT/HCPCS CATHETER, EXTRAVASCULAR TISSUE ABLATION, ANY MODALITY (INSERTABLE) CPT/HCPCS SIGMOIDOSCOPY, FLEXIBLE; WITH MUCOSAL ENDOSCOPIC RESECTION CPT/HCPCS URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOG CPT/HCPCS URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOG CPT/HCPCS SMALL INTESTINAL ENDOSCOPY, ELXIBLE, TRANSORAL; WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOG CPT/HCPCS SMALL INTESTINAL ENDOSCOPY, SURGICAL WITH SPHENDIDOTOMY IRRIGATION, INSTILLATION, OR URETEROPYELOG CPT/HCPCS SOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOG CPT/HCPCS SOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; WITH IRANSENDOSCOPY, FLEXIBLE, TRANSORAL; WIT

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	
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

CPHINGPOS	31296	CPT/HCPCS		Yes
AND BITHER THE DUDGEDOWN AND CONTROLOGY BY THE THE PROPOSED BY THE THE PROPOSED BY THE THE PROPOSED BY THE THE THE PROPOSED BY THE	42240	CDT/HCDCS		Voc
PORTIONOR DUODS BUN, INCLUDING LEUMYNTH CONTROL OF BUTTORNA, AM HET BUTTORNA, AM HET BODGSCOPE, SINGLE USE ILE DISPOSABLE, UPER GI, MAGNA CHALLMHARTON DEWCE (INSERTRABLE) ROSPITAL PROPERTY OF THE PROPERTY O	43249	CP1/HCPCS		res
IMAGINACILLUMINATION DENCE INSERTRALE	44378	CPT/HCPCS	PORTIONOF DUODENUM, INCLUDING ILEUM; WITH CONTROL OF	Yes
NITROTISE, LUNIA TITAL OR BILLATION. OPTIVICPOS PRODOCODOS SUBMINICOSA DESCRICTION (ESD), INCLUDING ENDOSCOPY OR COLONOSCOPY, MUCOSAL CLOSURE, WHEN PERFORMED OR COLONOSCOPY, MUCOSAL CLOSURE, WHEN PERFORMED OR COLONOSCOPY, MUCOSAL CLOSURE, WHEN PERFORMED OPTIVICPOS OPTIVICPOS OPTIVICPOS OPTIVICPOS OPTIVICPOS ENDOSCOPE, SUBLE, DESCRICTION, OR COLONOSTO OPTIVICPOS ENDOSCOPE, SUBLE, DESCRICTION, OR COLONOSTO OPTIVICPOS ENDOSCOPE, SUBLE, DESCRICTION, OR COLONOSTO OPTIVICPOS ENDOSCOPE, SUBLE, USE (E. DISPOSABLE), UNINVAY TRACT, MAGNORILLUMINATION DEVICE (INSERTIALE) ENDOSCOPE AND INTRALLIMINATION (ENSERTIALE) OPTIVICPOS ENDOSCOPE, SINGLE, USE (I. E., DISPOSABLE), PULLMONARY, MAGNORILLUMINATION DEVICE (INSERTIALE) OPTIVICPOS ENDOSCOPE, REVELE, SUBLE, I. E., DISPOSABLE), PULLMONARY, MAGNORILLUMINATION DEVICE (INSERTIALE) OPTIVICPOS ENDOSCOPE, PEDERLE, TRANSORAL, WITH INTRAL TRANSSPORCE, PEDERLE, TRANSORAL, WITH INTRAL TRACT, INCLUDING UIPPE REVIDENCE, POR ATTACHINO ULTRASOUND OPTIVACION OPTIVACION OPTIVACION OPTIVACION OPTIVACION OPTIVACION OPTIVACION ADAPTER, SINGLE-USE (I.E., DISPOSABLE), FOR ATTACHINO ULTRASOUND SYSTEM TO UPPER GASTROIMESTIALE, POR ATTACHINO ULTRASOUND SYSTEM TO UPPER GASTROIMESTIALE, POR ATTACHINO ULTRASOUND SYSTEM TO UPPER GASTROIMESTIALE, POR ATTACHINO ULTRASOUND OPTIVACION OPTIVACION OPTIVACION OPTIVACION MARAGE MENTI OF NEW PATERNI-CARRIGIVER DIVAD WITH DEMENTIA, WAS DEPARTMENT OF THE PROPERTION OF THE PATERNI-CARRIGIVER DIVAD WITH VES ORDINATE COMPILIZATION OF CORP. PATERNI-CARRIGIVER DIVAD WITH DEMENTIA, PORTIVACIONO MARAGEMENT OF PATERNI-CARRIGIVER DIVAD WITH VES ORDINATE COMPILIZATION, FOR USE IN COMMINIODEL OPTIVACION MARAGEMENTI OF AN EXPRESE PRIBERIA CARRIGIVER DIVAD WITH DEMENTIA, POR OR OPTIVACION MARAGEMENTIA, DIVA COMPILIZATION, FOR USE IN COMMINIODEL	C1748	CPT/HCPCS		Yes
CPTI-HCPC3	C9771	CPT/HCPCS		Yes
VELUM, PHARMYL, TONGUE BASE, FLERIBLE, DIAGNOSTIC	C9779	CPT/HCPCS	ENDOSCOPIC SUBMUCOSAL DISSECTION (ESD), INCLUDING ENDOSCOPY	Yes
MAGINGAIL UNIMATION DEVICE (INSERTABLE)	42975	CPT/HCPCS	·	Yes
ENDOSCOPY AND INTRALUMINAL TUBE INSERTION, IF PERFORMED, IN C1738 CPT/HCPCS POWERED, SINGLE-USE (I.E. DISPOSABLE), PULMONARY, MAGNINGLILLUMINATION DEVICE INSERTABLE) C1738 CPT/HCPCS POWERED, SINGLE-USE (I.E. DISPOSABLE), PULMONARY, MAGNINGLILLUMINATION DEVICE INSERTABLE) C1738 CPT/HCPCS COPHAGOSCOPY, ELDSIEL, TRANSORAL, WITH INITIAL TRANSEADOSCOPIC MECHANICAL DILATION (E.G., NONDRUG-COATED BALLOON) FOLICOW C19901 CPT/HCPCS BALLOON FOLICOW ENDOSCOPIC DEFECT CLOSURE WITHIN THE ENTIRE GASTROINTESTINAL TRACT, INCLUDING UPPER PENDOSCOPY (INCLUDING DIAGNOSTIC, IF C1606 CPT/HCPCS BADAPITER, SINGLE USE (I.E. DISPOSABLE), FOR ATTACHING ULTRASOUND YES SYSTEM TO UPPER GASTROINTESTINAL ENDOSCOPIC C9038 CPT/HCPCS SYSTEM TO UPPER GASTROINTESTINAL ENDOSCOPE G9038 CPT/HCPCS MANAGEMENT OF STADIONO TO CODE FOR PRIMARY PROEDURE) (INTRADERINAL CANCER IMMUNOTHERAPY, EACH ADDITIONAL INJECTION WAS SERVED TO THE WORLD ON THE WORL	C1747	CPT/HCPCS		Yes
MAGING/ILLIMINATION DENICE (INSERTIABLE)	C9785	CPT/HCPCS	·	Yes
GUIDED BIOPSY DEVICE CPT/HCPCS ESOPHAGOSCOPY, FLEXIBLE, TRANSORAL, WITH INITIAL TRANSENDOSCOPY, ENCH-ANICAL DILATION (FG, NONDRUG-COATED BALLOON) FOLLOW CP901 CPT/HCPCS CPT/H	C1601	CPT/HCPCS		Yes
TRANSENDOSCOPIC MECHANICAL DILATION (EG., NONDRUG-COATED BALLOON) FOLLOW CP17HCPCS ENDOSCOPIC DEFECT CLOSURE WITHIN THE ENTIRE GASTROINTESTINAL TRACT, INCLUDING UPPER ENDOSCOPY (INCLUDING DIAGNOSTIC, IF C1606 CP17HCPCS ADAPTER, SINGLE-JUSE (E., DISPOSABLE), FOR ATTACHING ULTRASOUND SYSTEM TO UPPER GASTROINTESTINAL ENDOSCOPE (INTRADERMAL CANCER IMMUNOTHERAPY; EACH ADDITIONAL INJECTION (IUST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) G9038 CP17HCPCS MANAGEMENT OF NEW PATIENT CAREGIVER DYAD WITH DEMENTIA, MODERATE COMPLEXITY, FOR USE IN CMMI MODEL G9059 CP17HCPCS MANAGEMENT OF ESTABLISHED PATIENT-CAREGIVER DYAD WITH YES DEMENTIA, HIGH COMPLEXITY, FOR USE IN CMMI MODEL G9529 CP17HCPCS MANAGEMENT OF ESTABLISHED PATIENT-CAREGIVER DYAD WITH YES DEMENTIA, MODERATE COMPLEXITY, FOR USE IN CMMI MODEL G9529 CP17HCPCS MANAGEMENT OF ESTABLISHED PATIENT-CAREGIVER DYAD WITH YES DEMENTIA, MODERATE COMPLEXITY, FOR USE IN CMMI MODEL G9529 CP17HCPCS MANAGEMENT OF ESTABLISHED PATIENT-CAREGIVER DYAD WITH YES DEMENTIA, MODERATE COMPLEXITY, FOR USE IN CMMI MODEL G9529 CP17HCPCS MANAGEMENT OF ESTABLISHED PATIENT-CAREGIVER DYAD WITH YES DEMENTIA, MODERATE COMPLEXITY, FOR USE IN CMMI MODEL G9529 CP17HCPCS MANAGEMENT OF ESTABLISHED PATIENT-CAREGIVER DYAD WITH YES DEMENTIA, LOW COMPLEXITY, FOR USE IN CMMI MODEL G9520 CP17HCPCS MOMERICAN OF MORE HEALTH RESPIRATORY THERAPY, NOS, PER DIEM YES G9521 CP17HCPCS MOMERICAN OF MORE HEALTH RESPIRATORY THERAPY, INDIAL EVALUATION YES G9523 CP17HCPCS MOMERICAN OF MORE HEALTH RESPIRATORY THERAPY, INDIAL EVALUATION YES G9526 CP17HCPCS MANAGEMENT OF A NEW PATIENT CAREGIVER DYAD WITH DEMENTIA, HIGH YES G9527 CP17HCPCS MANAGEMENT OF A NEW PATIENT CAREGIVER DYAD WITH DEMENTIA, HIGH YES G9528 CP17HCPCS MANAGEMENT OF A NEW PATIENT WITH DEMENTIA, MODERATE TO HIGH COMPLEXITY, FOR USE IN CMMI MODEL TO THE COMPLEXITY OF THE MODEL TO THE COMPLEXITY OF THE MODERATE TO HIGH COMPLEXITY, FOR USE IN CMMI MODEL TO THE COMPLEXITY OF THE MODERATE TO HIGH COMP	C1738	CPT/HCPCS		Yes
C9901 CPT/HCPCS ENDOSCOPIC DEFECT CLOSURE WITHIN THE ENTIRE GASTROINTESTINAL TRACT, INCLUDING UPPER PRODOSCOPY (INCLUDING DIAGNOSTIC, IF C1606 CPT/HCPCS ADAPTER, SINGLE-USE (I.E., DISPOSABLE), FOR ATTACHING ULTRASOUND SYSTEM TO UPPER GASTROINTESTINAL ENDOSCOPY (INCLUDING DIAGNOSTIC, IF G9038 CPT/HCPCS INTRADERMAL CANCER IMMUNOTHERAPY; EACH ADDITIONAL INJECTION (LUST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) G9531 CPT/HCPCS MANAGEMENT OF NEW PATIENT-CAREGIVER DYAD WITH DEMENTIA, MODERATE COMPLEXITY, FOR USE IN CMMI MODEL G0530 CPT/HCPCS MANAGEMENT OF ESTABLISHED PATIENT-CAREGIVER DYAD WITH DEMENTIA, HIGH COMPLEXITY, FOR USE IN CMMI MODEL G0529 CPT/HCPCS MANAGEMENT OF ESTABLISHED PATIENT-CAREGIVER DYAD WITH DEMENTIA, HIGH COMPLEXITY, FOR USE IN CMMI MODEL G0528 CPT/HCPCS MANAGEMENT OF ESTABLISHED PATIENT-CAREGIVER DYAD WITH DEMENTIA, HIGH COMPLEXITY, FOR USE IN CMMI MODEL G0529 CPT/HCPCS MANAGEMENT OF ESTABLISHED PATIENT-CAREGIVER DYAD WITH Ves DEMENTIA, LOW COMPLEXITY, FOR USE IN CMMI MODEL G0520 CPT/HCPCS MANAGEMENT OF ESTABLISHED PATIENT-CAREGIVER DYAD WITH Ves DEMENTIA, LOW COMPLEXITY, FOR USE IN CMMI MODEL G0521 CPT/HCPCS HOME HEALTH RESPIRATORY THERAPY, NOS, PER DIEM Ves DEMENTIA, LOW COMPLEXITY, FOR USE IN CMMI MODEL G0522 CPT/HCPCS MANAGEMENT OF NEW PATIENT-CAREGIVER DYAD WITH DEMENTIA, HIGH Ves COMPLEXITY, FOR USE IN CMMI MODEL G0523 CPT/HCPCS MANAGEMENT OF NEW PATIENT-CAREGIVER DYAD WITH DEMENTIA, HIGH Ves COMPLEXITY, FOR USE IN CMMI MODEL G0524 CPT/HCPCS MANAGEMENT OF NEW PATIENT-CAREGIVER DYAD WITH DEMENTIA, HIGH Ves COMPLEXITY, FOR USE IN CMMI MODEL G0525 CPT/HCPCS MANAGEMENT OF NEW PATIENT-CAREGIVER DYAD WITH DEMENTIA, HIGH Ves COMPLEXITY, FOR USE IN CMMI MODEL G0526 CPT/HCPCS MANAGEMENT OF PATIENT HIGH DEMENTIA, LOW COMPLEXITY, FOR USE IN CMMI MODEL G0527 CPT/HCPCS MANAGEMENT OF PATIENT HIGH DEMENTIA, LOW COMPLEXITY, FOR USE IN CMMI MODEL G0528 CPT/HCPCS MANAGEMENT OF PATIENT HOME CARE, STANDARD MONTHLY VES CASE RATE (PER 30 DAYS) G053 CPT/HCPCS MANAGEMENT OF PATIENT HO	0884T	CPT/HCPCS	TRANSENDOSCOPIC MECHANICAL DILATION (EG, NONDRUG-COATED	Yes
SYSTEM TO UPPER GASTROINTESTINAL ENDOSCOPE G9038 CPT/HCPCS (INTRADERMAL CANCER IMMUNOTHERAPY; EACH ADDITIONAL INJECTION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) G0531 CPT/HCPCS MANAGEMENT OF NEW PATIENT-CAREGIVER DYAD WITH DEMENTIA, MODERATE COMPLEXITY, FOR USE IN CMMI MODEL G0530 CPT/HCPCS MANAGEMENT OF ESTABLISHED PATIENT-CAREGIVER DYAD WITH DEMENTIA, HIGH COMPLEXITY, FOR USE IN CMMI MODEL G0529 CPT/HCPCS MANAGEMENT OF ESTABLISHED PATIENT-CAREGIVER DYAD WITH DEMENTIA, MODERATE COMPLEXITY, FOR USE IN CMMI MODEL G0528 CPT/HCPCS MANAGEMENT OF ESTABLISHED PATIENT-CAREGIVER DYAD WITH YES DEMENTIA, MODERATE COMPLEXITY, FOR USE IN CMMI MODEL G0527 CPT/HCPCS MANAGEMENT OF ESTABLISHED PATIENT-CAREGIVER DYAD WITH YES DEMENTIA, LOW COMPLEXITY, FOR USE IN CMMI MODEL G0527 CPT/HCPCS HOME HEALTH RESPIRATORY THERAPY, NOS, PER DIEM YES DEMENTIA, LOW COMPLEXITY, FOR USE IN CMMI MODEL G0527 CPT/HCPCS HOME HEALTH RESPIRATORY THERAPY, NOS, PER DIEM YES COMPLEXITY, FOR USE IN CMMI MODEL G0527 CPT/HCPCS MANAGEMENT OF NEW PATIENT-CAREGIVER DYAD WITH DEMENTIA, HIGH YES COMPLEXITY, FOR USE IN CMMI MODEL G0527 CPT/HCPCS MANAGEMENT OF A NEW PATIENT-CAREGIVER DYAD WITH DEMENTIA, HIGH YES COMPLEXITY, FOR USE IN CMMI MODEL G0527 CPT/HCPCS MANAGEMENT OF A NEW PATIENT WITH DEMENTIA, MODERATE TO HIGH COMPLEXITY, FOR USE IN CMMI MODEL G0527 CPT/HCPCS MANAGEMENT OF A NEW PATIENT WITH DEMENTIA, MODERATE TO HIGH COMPLEXITY, FOR USE IN CMMI MODEL G0528 Revenue MANAGEMENT OF A NEW PATIENT WITH DEMENTIA, LOW COMPLEXITY, FOR YES USE IN CMMI MODEL G0528 PHYSICIAN MISIT AT MEMBERS HOME, OUTSIDE OF A CAPITATION ARAGEMENT OF A NEW PATIENT HOME CARE, STANDARD MONTHLY YES CASE RATE (PER 30 DAYS) G0528 REVENUE PHYSICIAN MANAGEMENT OF PATIENT HOME CARE, EPISODIC CARE MONTHLY CASE RATE (PER 30 DAYS) G0528 CPT/HCPCS HOME IN MANAGEMENT OF PATIENT HOME CARE, EPISODIC CARE MONTHLY CASE RATE (PER 30 DAYS) G0528 CPT/HCPCS HOME INFORM THE FRAPY, ROUTINE SERVICE OF INFUSION DEVICE YES	C9901	CPT/HCPCS	ENDOSCOPIC DEFECT CLOSURE WITHIN THE ENTIRE GASTROINTESTINAL	Yes
(LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) G0531 CPT/HCPCS MANAGEMENT OF NEW PATIENT-CAREGIVER DYAD WITH DEMENTIA, MODERATE COMPLEXITY, FOR USE IN CMMI MODEL G0530 CPT/HCPCS MANAGEMENT OF ESTABLISHED PATIENT-CAREGIVER DYAD WITH DEMENTIA, HIGH COMPLEXITY, FOR USE IN CMMI MODEL G0529 CPT/HCPCS MANAGEMENT OF ESTABLISHED PATIENT-CAREGIVER DYAD WITH DEMENTIA, MODERATE COMPLEXITY, FOR USE IN CMMI MODEL G0528 CPT/HCPCS MANAGEMENT OF ESTABLISHED PATIENT-CAREGIVER DYAD WITH DEMENTIA, LOW COMPLEXITY, FOR USE IN CMMI MODEL G0527 CPT/HCPCS HOME HEALTH RESPIRATORY THERAPY, NOS, PER DIEM G0527 CPT/HCPCS HOME HEALTH RESPIRATORY THERAPY, NOS, PER DIEM G0527 CPT/HCPCS MANAGEMENT OF NEW PATIENT-CAREGIVER DYAD WITH DEMENTIA, HIGH YES G05273 CPT/HCPCS MANAGEMENT OF NEW PATIENT-CAREGIVER DYAD WITH DEMENTIA, HIGH YES G05274 CPT/HCPCS MANAGEMENT OF NEW PATIENT-CAREGIVER DYAD WITH DEMENTIA, HIGH YES G05275 CPT/HCPCS MANAGEMENT OF A NEW PATIENT WITH DEMENTIA, MODERATE TO HIGH YES G05276 CPT/HCPCS MANAGEMENT OF A NEW PATIENT WITH DEMENTIA, MODERATE TO HIGH YES G05277 CPT/HCPCS MANAGEMENT OF A NEW PATIENT WITH DEMENTIA, LOW COMPLEXITY, FOR USE IN CMMI MODEL S0271 CPT/HCPCS MANAGEMENT OF A NEW PATIENT WITH DEMENTIA, LOW COMPLEXITY, FOR YES G0528 REVENUE PHYSICIAN VISIT AT MEMBER S HOME, OUTSIDE OF A CAPITATION YES G0528 REVENUE PHYSICIAN MISST AT MEMBER S HOME, OUTSIDE OF A CAPITATION YES S0278 REVENUE PHYSICIAN MANAGEMENT OF PATIENT HOME CARE, STANDARD MONTHLY CASE RATE (PER 30 DAYS) 551 Revenue PHYSICIAN MANAGEMENT OF PATIENT HOME CARE, HOSPICE MONTHLY CASE RATE (PER 30 DAYS) 560 Revenue NURSE PRACTITIONAL PROBLEMS VISIT AT MEMBER'S HOME, OUTSIDE OF A CAPITATIONA MANAGEMENT OF PATIENT HOME CARE, EPISODIC CARE MONTHLY CASE RATE (PER 30 DAYS) 560 Revenue NURSE PRACTITIONAL PROBLEMS VISIT AT MEMBER'S HOME, OUTSIDE OF A CAPITATIONA MANAGEMENT OF PATIENT HOME CARE, EPISODIC CARE MONTHLY CASE RATE (PER 30 DAYS) FOR THE MANAGEMENT OF PATIENT HOME CARE, EPISODIC CARE MONTHLY CASE RATE (PER 30 DAYS)	C1606	CPT/HCPCS		Yes
MODERATE COMPLEXITY, FOR USE IN CMMI MODEL	G9038	CPT/HCPCS	· ·	Yes
G0530 CPT/HCPCS MANAGEMENT OF ESTABLISHED PATIENT-CAREGIVER DYAD WITH DEMENTIA, HIGH COMPLEXITY, FOR USE IN CMMI MODEL G0529 CPT/HCPCS MANAGEMENT OF ESTABLISHED PATIENT-CAREGIVER DYAD WITH Yes DEMENTIA, MODERATE COMPLEXITY, FOR USE IN CMMI MODEL G0528 CPT/HCPCS MANAGEMENT OF ESTABLISHED PATIENT-CAREGIVER DYAD WITH DEMENTIA, LOW COMPLEXITY, FOR USE IN CMMI MODEL G0527 CPT/HCPCS MOME HEALTH RESPIRATORY THERAPY, NOS, PER DIEM Yes G709T CPT/HCPCS HOME HEALTH RESPIRATORY THERAPY, INITIAL EVALUATION YES G709T CPT/HCPCS HOME HEALTH RESPIRATORY THERAPY, INITIAL EVALUATION YES G709T CPT/HCPCS NURSING HOURLY CHARGE YES G709T CPT/HCPCS NURSING HOURLY CHARGE YES G709T CPT/HCPCS MANAGEMENT OF NEW PATIENT-CAREGIVER DYAD WITH DEMENTIA, HIGH COMPLEXITY, FOR USE IN CMMI MODEL G709T CPT/HCPCS MANAGEMENT OF A NEW PATIENT WITH DEMENTIA, MODERATE TO HIGH COMPLEXITY, FOR USE IN CMMI MODEL G709T CPT/HCPCS MANAGEMENT OF A NEW PATIENT WITH DEMENTIA, LOW COMPLEXITY, FOR USE IN CMMI MODEL G709T CPT/HCPCS MANAGEMENT OF A NEW PATIENT WITH DEMENTIA, LOW COMPLEXITY, FOR USE IN CMMI MODEL G709T REVENUE PHYSICIAN WIST AT MEMBER S HOME, OUTSIDE OF A CAPITATION YES ARRANGEMENT G70T REVENUE PHYSICIAN MINAGEMENT OF PATIENT HOME CARE, STANDARD MONTHLY CASE RATE (PER 30 DAYS) G710 REVENUE PHYSICIAN MANAGEMENT OF PATIENT HOME CARE, STANDARD MONTHLY CASE RATE (PER 30 DAYS) G710 REVENUE PHYSICIAN MANAGEMENT OF PATIENT HOME CARE, EPISODIC CARE MONTHLY CASE RATE (PER 30 DAYS) G710 REVENUE PHYSICIAN MANAGEMENT OF PATIENT HOME CARE, EPISODIC CARE MONTHLY CASE RATE (PER 30 DAYS) G710 REVENUE PHYSICIAN MANAGEMENT OF PATIENT HOME CARE, EPISODIC CARE MONTHLY CASE RATE (PER 30 DAYS) G710 REVENUE PHYSICIAN MANAGEMENT OF PATIENT HOME CARE, EPISODIC CARE MONTHLY CASE RATE (PER 30 DAYS) G710 REVENUE PHYSICIAN MANAGEMENT OF PATIENT HOME CARE, EPISODIC CARE MONTHLY CASE RATE (PER 30 DAYS) G711 REVENUE PHYSICIAN MANAGEMENT OF PATIENT HOME CARE, EPISODIC CARE MONTHLY CASE RATE (PER 30 DAYS) G711 REVENUE PHYSICIAN MANAGEMENT OF PATIENT HOME CARE, EPISODIC CARE MONTHLY C	G0531	CPT/HCPCS	· ·	Yes
DEMENTIA, MODERATE COMPLEXITY, FOR USE IN CMMI MODEL G0528 CPT/HCPCS MANAGEMENT OF ESTABLISHED PATIENT-CAREGIVER DYAD WITH YES DEMENTIAL, LOW COMPLEXITY, FOR USE IN CMMI MODEL G0527 CPT/HCPCS HOME HEALTH RESPIRATORY THERAPY, NOS, PER DIEM O709T CPT/HCPCS HOME HEALTH RESPIRATORY THERAPY, INITIAL EVALUATION YES S0273 CPT/HCPCS NURSING HOURLY CHARGE S0270 CPT/HCPCS MANAGEMENT OF NEW PATIENT-CAREGIVER DYAD WITH DEMENTIA, HIGH COMPLEXITY, FOR USE IN CMMI MODEL S0271 CPT/HCPCS MANAGEMENT OF A NEW PATIENT WITH DEMENTIA, MODERATE TO HIGH COMPLEXITY, FOR USE IN CMMI MODEL S0271 Revenue MANAGEMENT OF A NEW PATIENT WITH DEMENTIA, LOW COMPLEXITY, FOR USE IN CMMI MODEL S72 Revenue PHYSICIAN VISIT AT MEMBER S HOME, OUTSIDE OF A CAPITATION YES ARRANGEMENT S71 Revenue PHYSICIAN MINAGEMENT OF PATIENT HOME CARE, STANDARD MONTHLY CASE RATE (PER 30 DAYS) S51 Revenue PHYSICIAN MANAGEMENT OF PATIENT HOME CARE, HOSPICE MONTHLY CASE RATE (PER 30 DAYS) S62 Revenue PHYSICIAN MANAGEMENT OF PATIENT HOME CARE, EPISODIC CARE MONTHLY CASE RATE (PER 30 DAYS) S60 Revenue NURSE PRACTITIONER VISIT AT MEMBER'S HOME, OUTSIDE OF A CAPITATION ARRANGEMENT OF PATIENT HOME CARE, EPISODIC CARE MONTHLY CASE RATE (PER 30 DAYS) S60 Revenue NURSE PRACTITIONER VISIT AT MEMBER'S HOME, OUTSIDE OF A CAPITATION ARRANGEMENT OF PATIENT HOME CARE, EPISODIC CARE MONTHLY CASE RATE (PER 30 DAYS) CAPITATION ARRANGEMENT OF PATIENT HOME CARE, EPISODIC CARE MONTHLY CASE RATE (PER 30 DAYS) OF PATIENT HOME CARE, EPISODIC CARE MONTHLY CASE RATE (PER 30 DAYS) OF PATIENT HOME CARE, EPISODIC CARE MONTHLY CASE RATE (PER 30 DAYS) OF PATIENT HOME CARE, EPISODIC CARE MONTHLY CASE RATE (PER 30 DAYS) OF PATIENT HOME CARE, EPISODIC CARE MONTHLY CASE RATE (PER 30 DAYS) OF PATIENT HOME CARE, EPISODIC CARE MONTHLY CASE RATE (PER 30 DAYS) OF PATIENT HOME CARE, EPISODIC CARE MONTHLY CASE RATE (PER 30 DAYS) OF PATIENT HOME CARE, EPISODIC CARE MONTHLY CASE RATE (PER 30 DAYS) OF PATIENT HOME OF PATIE	G0530	CPT/HCPCS	MANAGEMENT OF ESTABLISHED PATIENT-CAREGIVER DYAD WITH	Yes
DEMENTIA, LOW COMPLEXITY, FOR USE IN CMMI MODEL G0527 CPT/HCPCS HOME HEALTH RESPIRATORY THERAPY, NOS, PER DIEM 7091 CPT/HCPCS HOME HEALTH RESPIRATORY THERAPY, INITIAL EVALUATION 9es 80273 CPT/HCPCS NURSING HOURLY CHARGE 80270 CPT/HCPCS MANAGEMENT OF NEW PATIENT-CAREGIVER DYAD WITH DEMENTIA, HIGH COMPLEXITY, FOR USE IN CMMI MODEL 80271 CPT/HCPCS MANAGEMENT OF A NEW PATIENT WITH DEMENTIA, MODERATE TO HIGH COMPLEXITY, FOR USE IN CMMI MODEL 80271 Revenue MANAGEMENT OF A NEW PATIENT WITH DEMENTIA, LOW COMPLEXITY, FOR USE IN CMMI MODEL 872 Revenue MANAGEMENT OF A NEW PATIENT WITH DEMENTIA, LOW COMPLEXITY, FOR USE IN CMMI MODEL 874 Revenue PHYSICIAN VISIT AT MEMBER S HOME, OUTSIDE OF A CAPITATION ARRANGEMENT 875 REVENUE PHYSICIAN MANAGEMENT OF PATIENT HOME CARE, STANDARD MONTHLY CASE RATE (PER 30 DAYS) 876 Revenue PHYSICIAN MANAGEMENT OF PATIENT HOME CARE, HOSPICE MONTHLY CASE RATE (PER 30 DAYS) 877 REVENUE PHYSICIAN MANAGEMENT OF PATIENT HOME CARE, HOSPICE MONTHLY CASE RATE (PER 30 DAYS) 878 REVENUE PHYSICIAN MANAGEMENT OF PATIENT HOME CARE, EPISODIC CARE MONTHLY CASE RATE (PER 30 DAYS) 879 REVENUE PHYSICIAN MANAGEMENT OF PATIENT HOME CARE, EPISODIC CARE MONTHLY CASE RATE (PER 30 DAYS) 870 REVENUE PHYSICIAN MANAGEMENT OF PATIENT HOME CARE, EPISODIC CARE MONTHLY CASE RATE (PER 30 DAYS) 870 REVENUE PHYSICIAN MANAGEMENT OF PATIENT HOME CARE, EPISODIC CARE MONTHLY CASE RATE (PER 30 DAYS) 870 REVENUE PHYSICIAN MANAGEMENT OF PATIENT HOME CARE, EPISODIC CARE MONTHLY CASE RATE (PER 30 DAYS) 870 REVENUE PHYSICIAN MANAGEMENT OF PATIENT HOME CARE, EPISODIC CARE MONTHLY CASE RATE (PER 30 DAYS) 870 REVENUE PHYSICIAN MANAGEMENT OF PATIENT HOME CARE, EPISODIC CARE MONTHLY CASE RATE (PER 30 DAYS) 870 REVENUE PHYSICIAN MANAGEMENT OF PATIENT HOME CARE, EPISODIC CARE MONTHLY CASE RATE (PER 30 DAYS) 870 REVENUE PHYSICIAN MANAGEMENT OF PATIENT HOME CARE, EPISODIC CARE MONTHLY CASE RATE (PER 30 DAYS) 870 REVENUE PHYSICIAN MANAGEMENT OF PATIENT HOME CARE, EPISODIC CARE MONTHLY CASE RATE (PER 30 DAYS)	G0529	CPT/HCPCS		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 ARRANGEMENT OF PATIENT HOME CARE, EPISODIC CARE 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 60526 CPT/HCPCS HOME INFUSION THERAPY, ROUTINE SERVICE OF INFUSION DEVICE Yes	G0528	CPT/HCPCS		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 60526 CPT/HCPCS HOME INFUSION THERAPY, ROUTINE SERVICE OF INFUSION DEVICE Yes	G0527	CPT/HCPCS	HOME HEALTH RESPIRATORY THERAPY, NOS, PER DIEM	Yes
S0270 CPT/HCPCS MANAGEMENT OF NEW PATIENT-CAREGIVER DYAD WITH DEMENTIA, HIGH COMPLEXITY, FOR USE IN CMMI MODEL S0271 CPT/HCPCS MANAGEMENT OF A NEW PATIENT WITH DEMENTIA, MODERATE TO HIGH COMPLEXITY, FOR USE IN CMMI MODEL S72 Revenue MANAGEMENT OF A NEW PATIENT WITH DEMENTIA, LOW COMPLEXITY, FOR USE IN CMMI MODEL S70 Revenue PHYSICIAN VISIT AT MEMBER S HOME, OUTSIDE OF A CAPITATION ARRANGEMENT S71 Revenue PHYSICIAN MANAGEMENT OF PATIENT HOME CARE, STANDARD MONTHLY CASE RATE (PER 30 DAYS) S51 Revenue PHYSICIAN MANAGEMENT OF PATIENT HOME CARE, HOSPICE MONTHLY CASE RATE (PER 30 DAYS) - S62 Revenue PHYSICIAN MANAGEMENT OF PATIENT HOME CARE, EPISODIC CARE MONTHLY CASE RATE (PER 30 DAYS) S60 Revenue NURSE PRACTITIONER VISIT AT MEMBER'S HOME, OUTSIDE OF A CAPITATION ARRANGEMENT COS26 CPT/HCPCS HOME INFUSION THERAPY, ROUTINE SERVICE OF INFUSION DEVICE YES	0709T	CPT/HCPCS	HOME HEALTH RESPIRATORY THERAPY, INITIAL EVALUATION	Yes
COMPLEXITY, FOR USE IN CMMI MODEL S0271 CPT/HCPCS MANAGEMENT OF A NEW PATIENT WITH DEMENTIA, MODERATE TO HIGH COMPLEXITY, FOR USE IN CMMI MODEL 572 Revenue MANAGEMENT OF A NEW PATIENT WITH DEMENTIA, LOW COMPLEXITY, FOR USE IN CMMI MODEL 570 Revenue PHYSICIAN VISIT AT MEMBER S HOME, OUTSIDE OF A CAPITATION ARRANGEMENT 571 Revenue PHYSICIAN MANAGEMENT OF PATIENT HOME CARE, STANDARD MONTHLY CASE RATE (PER 30 DAYS) 551 Revenue PHYSICIAN MANAGEMENT OF PATIENT HOME CARE, HOSPICE MONTHLY CASE RATE (PER 30 DAYS) - 562 Revenue PHYSICIAN MANAGEMENT OF PATIENT HOME CARE, EPISODIC CARE MONTHLY CASE RATE (PER 30 DAYS) - 560 Revenue NURSE PRACTITIONER VISIT AT MEMBER'S HOME, OUTSIDE OF A CAPITATION ARRANGEMENT OF PATIENT HOME, OUTSIDE OF A CAPITATION ARRANGEMENT OF PATIENT HOME, OUTSIDE OF A CAPITATION ARRANGEMENT 60526 CPT/HCPCS HOME INFUSION THERAPY, ROUTINE SERVICE OF INFUSION DEVICE YES			NURSING HOURLY CHARGE	
COMPLEXITY, FOR USE IN CMMI MODEL 572 Revenue MANAGEMENT OF A NEW PATIENT WITH DEMENTIA, LOW COMPLEXITY, FOR USE IN CMMI MODEL 570 Revenue PHYSICIAN VISIT AT MEMBER S HOME, OUTSIDE OF A CAPITATION ARRANGEMENT 571 Revenue PHYSICIAN MANAGEMENT OF PATIENT HOME CARE, STANDARD MONTHLY CASE RATE (PER 30 DAYS) 551 Revenue PHYSICIAN MANAGEMENT OF PATIENT HOME CARE, HOSPICE MONTHLY CASE RATE (PER 30 DAYS) - 562 Revenue PHYSICIAN MANAGEMENT OF PATIENT HOME CARE, EPISODIC CARE MONTHLY CASE RATE (PER 30 DAYS) 560 Revenue NURSE PRACTITIONER VISIT AT MEMBER'S HOME, OUTSIDE OF A CAPITATION ARRANGEMENT G0526 CPT/HCPCS HOME INFUSION THERAPY, ROUTINE SERVICE OF INFUSION DEVICE YES	S0270	CPT/HCPCS	· ·	Yes
USE IN CMMI MODEL 570 Revenue PHYSICIAN VISIT AT MEMBER S HOME, OUTSIDE OF A CAPITATION YES ARRANGEMENT 571 Revenue PHYSICIAN MANAGEMENT OF PATIENT HOME CARE, STANDARD MONTHLY CASE RATE (PER 30 DAYS) 551 Revenue PHYSICIAN MANAGEMENT OF PATIENT HOME CARE, HOSPICE MONTHLY CASE RATE (PER 30 DAYS) - 562 Revenue PHYSICIAN MANAGEMENT OF PATIENT HOME CARE, EPISODIC CARE MONTHLY CASE RATE (PER 30 DAYS) - 560 Revenue NURSE PRACTITIONER VISIT AT MEMBER'S HOME, OUTSIDE OF A CAPITATION ARRANGEMENT G0526 CPT/HCPCS HOME INFUSION THERAPY, ROUTINE SERVICE OF INFUSION DEVICE YES	S0271	CPT/HCPCS	COMPLEXITY, FOR USE IN CMMI MODEL	Yes
ARRANGEMENT Revenue PHYSICIAN MANAGEMENT OF PATIENT HOME CARE, STANDARD MONTHLY CASE RATE (PER 30 DAYS) Revenue PHYSICIAN MANAGEMENT OF PATIENT HOME CARE, HOSPICE MONTHLY CASE RATE (PER 30 DAYS) - Revenue PHYSICIAN MANAGEMENT OF PATIENT HOME CARE, EPISODIC CARE MONTHLY CASE RATE (PER 30 DAYS) - Revenue PHYSICIAN MANAGEMENT OF PATIENT HOME CARE, EPISODIC CARE MONTHLY CASE RATE (PER 30 DAYS) Revenue NURSE PRACTITIONER VISIT AT MEMBER'S HOME, OUTSIDE OF A CAPITATION ARRANGEMENT G0526 CPT/HCPCS HOME INFUSION THERAPY, ROUTINE SERVICE OF INFUSION DEVICE YES	572	Revenue		Yes
CASE RATE (PER 30 DAYS) 551 Revenue PHYSICIAN MANAGEMENT OF PATIENT HOME CARE, HOSPICE MONTHLY CASE RATE (PER 30 DAYS) - 562 Revenue PHYSICIAN MANAGEMENT OF PATIENT HOME CARE, EPISODIC CARE MONTHLY CASE RATE (PER 30 DAYS) 560 Revenue NURSE PRACTITIONER VISIT AT MEMBER'S HOME, OUTSIDE OF A CAPITATION ARRANGEMENT G0526 CPT/HCPCS HOME INFUSION THERAPY, ROUTINE SERVICE OF INFUSION DEVICE Yes	570	Revenue	ARRANGEMENT	Yes
CASE RATE (PER 30 DAYS) - Revenue PHYSICIAN MANAGEMENT OF PATIENT HOME CARE, EPISODIC CARE MONTHLY CASE RATE (PER 30 DAYS) Revenue NURSE PRACTITIONER VISIT AT MEMBER'S HOME, OUTSIDE OF A CAPITATION ARRANGEMENT G0526 CPT/HCPCS HOME INFUSION THERAPY, ROUTINE SERVICE OF INFUSION DEVICE Yes			· ·	Yes
MONTHLY CASE RATE (PER 30 DAYS) 560 Revenue NURSE PRACTITIONER VISIT AT MEMBER'S HOME, OUTSIDE OF A CAPITATION ARRANGEMENT G0526 CPT/HCPCS HOME INFUSION THERAPY, ROUTINE SERVICE OF INFUSION DEVICE Yes			CASE RATE (PER 30 DAYS) -	
CAPITATION ARRANGEMENT G0526 CPT/HCPCS HOME INFUSION THERAPY, ROUTINE SERVICE OF INFUSION DEVICE Yes	562		MONTHLY CASE RATE (PER 30 DAYS)	Yes
			, ,	Yes
G0525 CPT/HCPCS MEDICAL SOCIAL SERVICES - VISIT CHARGE 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	Yes
1		ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE	
		COORDINA	
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,	Yes
		PHARM,CARE COORD, SUP/EQP; PER DIEM	
G0523	CPT/HCPCS	HOME INFUSION THERAPY, ENZYME REPLACEMENT IV THERAPY; ADMIN	Yes
		SVCS, CARE COORD, PHARM, SUP/EQP; PER DIEM	
G0522	CPT/HCPCS	HOME INFUSION THERAPY, ANTI-TUMOR NECROSIS FACTOR IV	Yes
<u> </u>		THERAPY;ADMIN SVCS, CARE COORD, PHARM, SUP/EQP; PER DIEM	
G0520	CPT/HCPCS	HOME INFUSION THERAPY, DIURETIC IV THERAPY; ADMIN SVC, CARE	Yes
<u> </u>		COORD, PHARM, SUP/EQP; PER DIEM	
S0272	CPT/HCPCS	HOME INFUSION THERAPY, REPAIR OF INFUSION DEVICE	Yes
S0274	CPT/HCPCS	HOME INFUSION THERAPY, CATHETER CARE/MAINT, NOT OTHERWISE	Yes
		CLASSIFIED; INCL ADMIN, PHARM, CARE, SUPP/EQP; PER DIEM	
S5035	CPT/HCPCS	HOME INFUSION THERAPY, CATHETER CARE/MAINT, SIMPLE (SINGLE	Yes
		LUMEN); INCL ADMIN, CARE, PHARM, CARE, SUPP/EQP; PER DIEM	
561	Revenue	HOME INFUSION THERAPY, CATHETER CARE/MAINT, COMPLEX (MORE THAN	Yes
<u> </u>		1 LUMEN); ADMIN, PHARM, CARE, SUP/EQP; PER DIEM	
550	Revenue	HOME INFUSION THERAPY, ANTI-SPASMOTIC IV THERAPY; ADMIN SVCSCARE	Yes
		COORD, PHARM, SUP/EQP; PER DIEM	
G0068	CPT/HCPCS	HOME INFUSION THERAPY, TOTAL PARENTERAL NUTRITION (TPN); ADMIN	Yes
1		SVCS, PHARM, CARE, SUP/EQP; PER DIEM INCL STD TPN FORMULA	
S9355	CPT/HCPCS	HOME INFUSION THERAPY, TOTAL PARENTERAL NUTRITION (TPN); ONE	Yes
<u> </u>		LITER PER DAY, INCL STD TPN FORMULA; PER DIEM	
S9357	CPT/HCPCS	HOME INFSN THRPY, TOTAL PARENTERAL NUTRITION (TPN); 1-2 LITERS PER	Yes
<u> </u>		DAY; INCL STD TPN FORMULA; PER DIEM	
S9359	CPT/HCPCS	HOME INFUSION THERAPY, CATHETER CARE/MAINT, IMPLANTED	Yes
<u> </u>		ACCESSDEVICE; INCL ADMIN, CARE, PHARM, SUPP/EQP; PER DIEM	
S9361	CPT/HCPCS	HOME INFUSION THERAPY, ALL SUPPLIES NECESSARY FOR	Yes
<u> </u>		RESTORATION OF CATHETER PATENCY OR DECLOTTING	
S5036	CPT/HCPCS	HOME INFUSION THERAPY, ALL SUPPLIES NECESSARY FOR CATHETER	Yes
<u> </u>		REPAIR	
S5497	CPT/HCPCS	HOME INFUSION THERAPY, ALL SUPPLIES (INCLUDING CATHETER)	Yes
1		NECESSARY FOR A PERIPHERALLY INSERTED CENTRAL VENOUS CATHER	
S5498	CPT/HCPCS	HOME INFUSION THERAPY, TOTAL PARENTERAL NUTRITION (TPN); 2-3	Yes
		LITERS PER DAY; INCL STD TPN FORMULA; PER DIEM	
S5501	CPT/HCPCS	HOME INFUSION THERAPY, TOTAL PARENTERAL NUTRITION (TPN); MORE	Yes
<u> </u>		THAN 3 LITERS PER DAY; INCL STD TPN FORMULA; PER DIEM	
S9363	CPT/HCPCS	HOME THERAPY, INTERMITTENT ANTI-EMETIC INJECTION THERAPY; ADMIN	Yes
<u> </u>		SVCS, CARE COORD, PHARM, SUP/EQP; PER DIEM	
S9364	CPT/HCPCS	HOME THERAPY, INTERMITTENT ANTICOAGULANT INJECTION THERAPY;	Yes
<u> </u>		ADMIN SVCS, PHARM, CARE COORD, SUP/EQP; PER DIEM	
S9365	CPT/HCPCS	CO-MANAGEMENT SERVICES WITH THE FOLLOWING ELEMENTS: NEW	Yes
1		DIAGNOSIS OR ACUTE EXACERBATION AND STABILIZATION OF EXISTING CO	
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	Yes
<u> </u>		HIGH COMPLEXITY, FOR USE IN CMMI MODEL	
S5520	CPT/HCPCS	MANAGEMENT OF ESTABLISHED PATIENT WITH DEMENTIA, LOW	Yes
		COMPLEXITY, FOR USE IN CMMI MODEL	
S9367	CPT/HCPCS	HOME INFUSION THERAPY, ALL SUPPLIES (INCLUDING CATHETER)	Yes
		NECESSARY FOR A MIDLINE CATHETER INSERTION	
S9368	CPT/HCPCS	HOME INFUSION THERAPY, INSERTION OF PERIPHERALLY INSERTED	Yes
		CENTRAL VENOUS CATHETER, NURSING SERVICES ONLY	
S9370	CPT/HCPCS	HOME INFUSION THERAPY, INSERTION OF MIDLINE VENOUS CATHETER,	Yes
		NURSING SERVICES ONLY (NO SUPPLIES OR CATHETER INCLUDED)	
S9372	CPT/HCPCS	HOME ADMIN OF AEROSOLIZED DRUG THERAPY; ADMIN SVCS, PHARM,	Yes
		CARE, SUPP/EQP; PER DIEM	
S5521	CPT/HCPCS	HOME INFUSION THERAPY, HYDRATION THERAPY; ADMIN SVCS,	Yes
	i	PHARM, CARE COORD, SUP/EQP; PER DIEM	
1		IDLIADA CADE COCODO CUD/ECO DED DIEM	1

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	Yes
S9061	CPT/HCPCS	DAYADMIN SVCS, PHARM, CARE COORD, SUP/EQP; PER DIEM HOME INFUSION THERAPY, HYDRATION THERAPY; 2-3 LITERS PER	Yes
		DAYADMIN SVCS, CARE COORD, PHARM, SUP/EQP; PER DIEM	
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		Yes
S9213	CPT/HCPCS		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,	Yes
S9502	CPT/HCPCS	PHARM, CARE, SUP/EQP; PER DIEM HOME INFUSION THERAPY, CHEMOTHERAPY INFUSION; ADMIN SVCS, PHARM, CARE, SUP/EQP; PER DIEM DON'T USE W/CO220 OR S0224	Yes
S9326	CPT/HCPCS		Yes
S9327	CPT/HCPCS	6 HOURS; ADMIN, CARE, PHARM, SUP/EQP; PER DIEM 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;	Yes
00500	ODT// LODGO	ADMIN, PHARM, CARE, SUP/EQP; PER DIEM	ly.
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,	Yes
00000	ODT// 10000	PHARM, CARE, SUP/EQP; PER DIEM	ly.
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	Yes
	0.77// 10.700	SVCS, PHARM, CARE, SUP/EQP; PER DIEM	L.
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,	Yes
COE 40	CDT// ICDCC	SUP/EQP; PER DIEM	Voc
S9542	CPT/HCPCS	HOME THERAPY; ENTERNAL NUTRITION; ADMIN SVCS, PHARM, SUP/EQP AND CARE; PER DIEM	Yes
S9558	CPT/HCPCS	HOME THERAPY; ENTERNAL NUTRITION VIA GRAVITY; ADMIN SVCS, PHARM, CARE, SUP/EQP; PER DIEM	Yes
S9559	CPT/HCPCS	HOME THERAPY; ENTERNAL NUTRITION VIA PUMP; ADMIN SVCS, CARE,PROF	Yes
	222//2222	PHARM, SUP/EQP; PER DIEM (FORMULA SEPARATE)	I
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,	Yes
		PROFESSIONAL SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE	
S9341	CPT/HCPCS	HOME THERAPY, IRRIGATION THERAPY; INCLUDING ADMINISTRATVIE	Yes
		SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION	
S9342	CPT/HCPCS	HOME THERAPY; PROF PHARM SVCS PROVISION OF INFSN, SPC DRUG	Yes
		ADMN,AND/OR DISEASE MGT UNCLASS; PER HOUR; DONT USE W/PERDIEM	
S9560	CPT/HCPCS	HOME THERAPY; ENTERNAL NUTRITION VIA BOLUS; ADMIN SVCS,	Yes
39360	CF1/HCFC3	CAREPHARM, SUP/EQP; PER DIEM (FORMULA SEPARATE)	res
S9562	CPT/HCPCS	HOME INFUSION THERAPY, ANTI-HEMOPHILIC AGENT INFSN THRPY; ADMIN	Yes
S9590	CPT/HCPCS	SVCS, CARE, PHARM, SUP/EQP; PER DIEM	Voc
39390	CP1/HCPC3	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	Yes
		RATE IV THRPY; ADMIN, CARE, PHARM, SUP/EQP; PER DIEM	
S9343	CPT/HCPCS	HOME INFUSION/SPECIALTY DRUG ADMINISTRATION, PER VISIT UP TO 2	Yes
00045	007//10000	HOURS	
S9345	CPT/HCPCS	HOME INFUSION/SPECIALTY DRUG ADMINISTRATION, EACH ADDITION HOUR	Yes
S9346	CPT/HCPCS	HOME INFUSION THERAPY, SYMPATHOMIMETIC/INOTROPIC AGENT INFSN	Yes
000.47	ODT/I IODOC	THRPY; ADMIN SVCS, CARE, SUP/EQP, PHARM; PER DIEM	Was .
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	Yes
00000	ODT// 10000	ADMINISTRATIVE SERVICES	Voc
99602	CPT/HCPCS	HOME INFUSION THERAPY, CONTINUOUS INSULIN INFSN THRPY; ADMINSVCS, 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	Yes
12-002	0. 1/1101 00	IMMUNOTHERAPY FOR EACH INFUSION DRUG, EACH 15 MINUTES	
G0556	CPT/HCPCS	PROFESSIONAL SERVICES FOR THE ADMINISTRATION OF CHEMOTHERAPY	Yes
30330	051/110409	FOR EACH INFUSION DRUG ADMINISTRATION, EACH 15 MINUTES	163

G0557	CPT/HCPCS	SERVICES, SUPPLIES AND ACCESSORIES USED IN THE HOME FOR THE	Yes
		ADMINISTRATION OF INTRAVENOUS IMMUNE GLOBULIN(IVIG)	
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 WITHMULTIPLE(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-INFECTIVE, 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		OCCLUSION OF BILATERAL FALLOPIAN TUBES, OPEN APPROACH	Yes
0UL78DZ		VIA NATURAL OR ARTIFICIAL OPENING ENDOSCOPIC	Yes
0UL74DZ		OCCLUSION OF BILATERAL FALLOPIAN TUBES WITH INTRALUMINAL DEVICE, PERCUTANEOUS ENDOSCOPIC APPROACH	
0UL74CZ		OCCLUSION OF BILATERAL FALLOPIAN TUBES WITH EXTRALUMINAL DEVICE, PERCUTANEOUS ENDOSCOPIC APPROACH	
0U578ZZ		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	Yes
		BILATERAL (SEPARATE PROCEDURE)	
58611	CPT/HCPCS	LIGATION OR TRANSECTION OF FALLOPIAN TUBE(S) WHEN DONE AT THE	Yes
		TIME OF CESAREAN SECTION OR INTRA-ABDOMINAL SURGER	1
0567T	CPT/HCPCS	PERMANENT FALLOPIAN TUBE OCCLUSION WITH DEGRADABLE	Yes
		BIOPOLYMER IMPLANT, TRANSCERVICAL APPROACH, INCLUDING	
		TRANSVAGINAL UL	
0UL77DZ	ICD Procedure	OCCLUSION OF BILATERAL FALLOPIAN TUBES WITH INTRALUMINAL DEVICE,	Yes
		VIA NATURAL OR ARTIFICIAL OPENING	
0UL73DZ	ICD Procedure	OCCLUSION OF BILATERAL FALLOPIAN TUBES WITH INTRALUMINAL DEVICE,	Yes
		PERCUTANEOUS APPROACH	
0UL73CZ	ICD Procedure	OCCLUSION OF BILATERAL FALLOPIAN TUBES WITH EXTRALUMINAL DEVICE,	Yes
		PERCUTANEOUS APPROACH	
0UL70DZ	ICD Procedure	OCCLUSION OF BILATERAL FALLOPIAN TUBES WITH INTRALUMINAL DEVICE,	Yes
		OPEN APPROACH	
0UL70CZ	ICD Procedure	OCCLUSION OF BILATERAL FALLOPIAN TUBES WITH EXTRALUMINAL DEVICE,	Yes
		OPEN APPROACH	
0U577ZZ	ICD Procedure	DESTRUCTION OF BILATERAL FALLOPIAN TUBES, VIA NATURAL OR	Yes
		ARTIFICIAL OPENING	
0U573ZZ	ICD Procedure	DESTRUCTION OF BILATERAL FALLOPIAN TUBES, PERCUTANEOUS	Yes
		APPROACH	
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-	Yes
F 9031	CF1/HCFC3	· · · · · · · · · · · · · · · · · · ·	1165
00000	CPT/HCPCS	NEGATIVE, EACH UNIT	Voc
86930 B0050		FROZEN BLOOD, EACH UNIT; FREEZING (INCL PREPARATION)	Yes
P9052	CPT/HCPCS	PLATELETS, HLA-MATCHED LEUKOCYTES REDUCED, APHERESIS/	Yes
	0.77// 10.7.00	PHERESIS, EACH UNIT	
P9053	CPT/HCPCS	PLATELETS, PHERESIS, LEUKOCYTES REDUCED, CMV-NEGATIVE,	Yes
		IRRADIATED, EACH UNIT	
P9054	CPT/HCPCS	WHOLE BLOOD OR RED BLOOD CELLS, LEUKOCYTES REDUCED, FROZEN,	Yes
		DEGLYCEROL, WASHED, EACH UNIT	
P9059	CPT/HCPCS	FRESH FROZEN PLASMA BETWEEN 8-24 HOURS OF COLLECTION, EACH	Yes
		UNIT	
36516	CPT/HCPCS	THERAPEUTIC APHERESIS; WITH EXTRACORPOREAL IMMUNOADSORPTION	Yes
		SELECTIVE ADSORPTION OR SELECTIVE FILTRATION AND PLASMA	
		REINFUSION	
P9033	CPT/HCPCS	PLATELETS, LEUKOCYTES REDUCED, IRRADIATED, EACH UNIT	Yes
G0460	CPT/HCPCS	AUTOLOGOUS PLATELET RICH PLASMA/OTHER BLOOD-DERIVED PRODUCT	Yes
		NON-DIABETIC CHRONIC WOUNDS,ULCERS,INCL APPLICABLE	
		PHLEBOTOMY, CENTRIFUGATION OR MIXING ALL	
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, 2 YEARS OR UNDER 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
	Revenue	PACKED RED CELLS	Yes
381			I
381 380	Revenue	BLOOD - GENERAL CLASSIFICATION	Yes
		BLOOD - GENERAL CLASSIFICATION PLASMA, POOLED MULTIPLE DONOR, PATHOGEN REDUCED, FROZEN,	Yes Yes
380	Revenue		

	0.000	To 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1	I.,
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	Yes
		PRODUCT, DIABETIC CHRONIC WOUNDS/ULCER USING FDA-CLEARED DEVICE FOR THIS INDICATION, (INCL APP+	
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;	Yes
000	Daviania	INCLUDING POSTPATUM CARE	Vaa
232 59410	Revenue CPT/HCPCS	NURSING CHARGE - OB VAGINAL DELIVERY ONLY (WITH OR WITHOUT EPISIOTOMY AND/OR	Yes Yes
99460	CPT/HCPCS	FORCEPS) INCLUDING POSTPARTUM CARE INITIAL HOSPITAL OR BIRTHING CENTER CARE, PER DAY, FOR E&M OF	Yes
50.606	0.00	NORMAL NEWBORN INFANT	
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	Yes
		AFTER PREVIOUS CESAREAN DELIVERY	

59409	CPT/HCPCS	VAGINAL DELIVERY ONLY (WITH OR WITHOUT EPISIOTOMY AND/OR	Yes
		FORCEPS)	
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	Yes
		MANAGEMENT OF A PATIENT WHICH REQUIRES 3 COMPONENTS;	
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	Yes
	_	MANAGEMENT OF A PATIENT WHICH REQUIRES 3 COMPONENTS;	
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

00455	lon=#+====	LUISEDDIOTOUS OD AL SOSSIO	L.
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,	Yes
		EXCLUDES TRANSDUCER/ACTUATOR, REPLACEMENT ONLY, EACH	
L8694	CPT/HCPCS	AUDITORY OSSEOINTEGRATED DEVICE, TRANSDUCER/ACTUATOR, REPLACEMENT ONLY, EACH	Yes
V5273	CPT/HCPCS	ASSISSTIVE 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	Yes
20010	01 171101 00	AUDITORY OSSEOINTEGRATED DEVICE, REPLACEMENT	165
L8619	CPT/HCPCS	COCHLEAR IMPLANT EXTERNAL SPEECH PROCESSOR REPLACEMENT	Yes
L8628	CPT/HCPCS	COCHLEAR IMPLANT, EXTERNAL CONTROLLER COMPONENT, REPLACEMENT	
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,	Yes
L8616	CPT/HCPCS	REPLACEMENT MICROPHONE FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	Yes
69715	CPT/HCPCS	IMPLANTATION, OSSEOINTEGRATED IMPLANT, W/ATTACHMENT EXTERNAL	Yes
		SPEECH PROCESSOR W/MASTOIDECTOMY	
S4027	CPT/HCPCS	STORAGE OF PREVIOUSLY FROZEN EMBRYOS	Yes
88240	CPT/HCPCS	CRYOPRESERVATION, FREEZING AND STORAGE OF CELLS, EACH CELL LINE	
88241	CPT/HCPCS	THAWING AND EXPANSION OF FROZEN CELLS, EACH ALIQUOT	Yes
89258	CPT/HCPCS	CRYOPRESERVATION; EMBRYO(S)	Yes
89258 89335	CPT/HCPCS CPT/HCPCS	CRYOPRESERVATION; EMBRYO(S) CRYOPRESERVATION, REPRODUCTIVE TISSUE, TESTICULAR	Yes
		· · · · · · · · · · · · · · · · · · ·	
89337	CPT/HCPCS	CRYOPRESERVATION, MATURE OOCYTE(S)	Yes
89352	CPT/HCPCS	THAWING OF CRYOPERSERVED; EMBRYO(S)	Yes
89353 89354	CPT/HCPCS CPT/HCPCS	THAWING OF CRYOPERSERVED; SPERM/SEMEN, EACH ALIQUOT THAWING OF CRYOPRESERVED; REPRODUCTIVE TISSUE,	Yes Yes
		TESTICULAR/OVARIAN	
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	

	_		
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-	Yes
		LYOPHILIZED (E.G., LIQUID), 500 MG	
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, DETOXIMAB, 10 MG	Yes
J9347	CPT/HCPCS	INJECTION, DANATOMOMAB, 10 MG 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
		<u> </u>	<u></u>
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
14000	ODT#HODOG	INJECTION FOULTHAR 40 MO	\ <u>\</u>
J1300	CPT/HCPCS	INJECTION, ECULIZUMAB, 10 MG	Yes
J1303	CPT/HCPCS	INJECTION, RAVULIZUMAB-CWVZ, 10 MG	Yes
J0897	CPT/HCPCS	INJECTION, DENOSUMAB, 1 MG	Yes
J3111	CPT/HCPCS	INJECTION, ROMOSOZUMAB-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 J1950	CPT/HCPCS CPT/HCPCS	HISTRELIN IMPLANT (SUPPRELIN LA), 50MG	Yes
11950	CP1/HCPC3	INJECTION, LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), PER 3.75 MG	res
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		Yes
J2353	CPT/HCPCS	INJECTION, POLVESTRAINT, 25 MG INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR	Yes
12000	0. 1/110503	INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMOSCOLAR INJECTION, 1 MG	163
10100	CDT// ICDCC		Voc
J0180	CPT/HCPCS	INJECTION, AGALSIDASE BETA, 1MG	Yes
J0221	CPT/HCPCS	INJECTION, ALGLUCOSIDASE ALFA, (LUMIZYME), 10 MG	Yes
	CPT/HCPCS	INJECTION, IDURSULFASE, 1 MG	Yes
J1743	CPT/HCPCS	INJECTION, VELAGLUCERASE ALFA, 100 UNITS	Yes
J3385	+		
J3385 J2507	CPT/HCPCS	INJECTION, PEGLOTICASE, 1 MG	Yes
J3385	+	INJECTION, PEGLOTICASE, 1 MG INJECTION, ECALLANTIDE, 1 MG	Yes Yes
J3385 J2507	CPT/HCPCS	INJECTION, ECALLANTIDE, 1 MG	

10507	ODT#10500	INJECTION O 4 FOTERAGE INJURITOR (UUNAAN) BERNIERE (COMPA	lv
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	Yes
		WHEN DRUG ADMINISTERED UNDER DIRECT SUPERVISION OF A PH	
J1459	CPT/HCPCS	INJECTION, IMMUNE GLOBULIN (PRIVIGEN), INTRAVENOUS, NON- LYOPHILIZED (E.G.	Yes
J7209	CPT/HCPCS	INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT),	Yes
		(NUWIQ), 1 I.U.	
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)	Yes
1/103	CF1/HCFC3	(XYNTHA), PER I.U	165
J1460	CPT/HCPCS	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 1 CC	Yes
J1460 J1555	CPT/HCPCS CPT/HCPCS	INJECTION, GAMMA GLOBULIN, INTRAMOSCULAR, 1 CC INJECTION, IMMUNE GLOBULIN (CUVITRU), 100 MG	Yes
J1557	CPT/HCPCS	INJECTION, IMMUNE GLOBULIN, (GAMMAPLEX), INTRAVENOUS, NON-	Yes
. 1007	3	LYOPHILIZED (E.G.LIQUID), 500 MG	
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-	Yes
J1569	CPT/HCPCS	LYOPHILIZED (E.G. LIQUID), 500 MG INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), NON-LYOPHILIZED,	Yes
10000	ODT/UODOO	(E. G.LIQUID), 500 MG	Voc
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 J7195	CPT/HCPCS CPT/HCPCS	INJECTION, INCOBOTULINUMTOXIN A, 1 UNIT INJECTION, FACTOR IX (ANTIHEMOPHILIC FACTOR, RECOMBINANT) PER IU,	Yes Yes
		NOT OTHERWISE SPECIFIED	
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),	Yes
		PEGYLATED, 1 I.U.	

J7211	CPT/HCPCS	INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT),	Yes
		(KOVALTRY), 1 I.U.	
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 Q5116	CPT/HCPCS CPT/HCPCS	INJECTION, TRASTUZUMAB-PKRB, BIOSIMILAR, (HERZUMA), 10 MG INJECTION, TRASTUZUMAB-QYYP, BIOSIMILAR, (TRAZIMERA), 10 MG	Yes Yes
Q5116 Q5119	CPT/HCPCS	INJECTION, TRASTUZUMAB-QTTP, BIOSIMILAR, (TRAZIMERA), 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
70200	0.11101.00		
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 PERITONEAL DIALYSIS - OUTPATIENT OR HOME - SUPPLIES	Yes
832 833	Revenue Revenue	PERITONEAL DIALYSIS - OUTPATIENT OR HOME - SUPPLIES PERITONEAL DIALYSIS - OUPAT ORHOME - EQUIPMENT	Yes 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
849 850	Revenue Revenue	OTHER OUTPATIENT CAPD CONTIN CYCLING PERITONEAL DIALYSIS - CCPD OUTPAT OR HOME	Yes 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
874 871	Revenue Revenue	DIALYSIS-CAPD TRAINING DIALYSIS-HEMODIALYSIS TRAINING	Yes Yes
881	Revenue	MISC DIALYSIS ULTRAFILTRATION	Yes
882	Revenue	HOME DIALYSIS AIDE VISIT	Yes
90935	CPT/HCPCS	HEMODIALYSIS AIDE VISIT HEMODIALYSIS PROCEDURE WITH SINGLE EVALUATION BY A PHYSICIAN OR	
		OTHER QUALIFIED HEALTH CARE PROFESSIONAL	
90937	CPT/HCPCS	HEMODIALYSIS PROCEDURE REQUIRING REPEATED EVALUATION(S) WITH OR WITHOUT SUBSTANTIAL REVISION OF DIALYSIS PRESCRIPT	Yes
C1001	CDT/LICDOS	DIALVEIS ACCESS SYSTEM (IMDI ANTARI E)	Vos
C1881	CPT/HCPCS	DIALYSIS ACCESS SYSTEM (IMPLANTABLE)	Yes

00040	CDT/LLODGG	HEMODIAL VOIC ACOECCELOW CTUDY TO DETERMINE BLOCK ELOWIN	Type
90940	CPT/HCPCS	HEMODIALYSIS ACCESS FLOW STUDY TO DETERMINE BLOOD FLOW IN	Yes
90945	CPT/HCPCS	GRAFTS AND ARTERIOVENOUS FISTULAE BY AN INDICATOR DIALYSIS PROCEDURE OTHER THAN HEMODIALYSIS, WITH SINGLE	Yes
JU343	UF1/11UFUS	EVALUATION BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE	165
1		PROFESSIONAL	
90947	CPT/HCPCS	DIALYSIS PROCEDURE OTHER THAN HEMODIALYSIS (EG, PERITONEAL,	Yes
		HEMOFILTRATION) REQUIRING REPEATED EVALUATIONS, WITH OR WI	
90951	CPT/HCPCS	ESRD RELATED SVCS MONTHLY, FOR PTS YOUNGER THAN 2 YRS OF AGE TO	Yes
1		INCL MONITORING FOR ADEQUACY OF NUTRITION, ASSESS GROWTH	
90952	CPT/HCPCS	ESRD RELATED SVCS MONTHLY, FOR PTS YOUNGER THAN 2 YRS OF AGE TO	Yes
		INCL MONITORING FOR ADEQUACY OF NUTRITION, ASSESS GROWT	
90052	CDT/LICECO	ESRD RELATED SVCS MONTHLY FOR DTS VOLNIGED THAN SVCS OF ASSTS	Vas
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
1		ASSESS GROWI	
90954	CPT/HCPCS	ESRD RELATED SVCS MONTHLY, FOR PTS 2-11 YRS OF AGE TO INCL	Yes
1	1	MONITORING FOR ADEQUACY OF NUTRITION, ASSESS GROWTH & DEVELO	
90955	CPT/HCPCS	ESRD RELATED SVCS MONTHLY, FOR PTS 2-11 YRS OF AGE TO INCL	Yes
1		MONITORING FOR ADEQUACY OF NUTRITION, ASSESS GROWTH & DEVELO	
00050	CDT// ICT	ESDD DELATED SUCC MONTHLY FOR STOR 11112	Vas
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
1		MONITORING FOR ADEQUACY OF NUTRITION, ASSESS GROWTH & DEVELOP	
90957	CPT/HCPCS	ESRD RELATED SVCS MONTHLY, FOR PTS 12-19 YRS OF AGE TO INCL	Yes
1		MONITORING FOR ADEQUACY OF NUTRITION, ASSESS GROWTH & DEVELO	1
			<u> </u>
90958	CPT/HCPCS	ESRD RELATED SVCS MONTHLY, FOR PTS 12-19 YRS OF AGE TO INCL	Yes
1		MONITORING FOR ADEQUACY OF NUTRITION, ASSESS GROWTH & DEVELO	1
90959	CPT/HCPCS	ESRD RELATED SVCS MONTHLY, FOR PTS 12-19 YRS OF AGE TO INCL	Yes
1		MONITORING FOR ADEQUACY OF NUTRITION, ASSESS GROWTH & DEVELO	1
90969	CPT/HCPCS	FND-STAGE RENAL DISEASE (ESDD) DELATED SERVICES FOR SALVICIO LEGA	Yes
20308	J. I/ITCYCS	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	Yes
		THAN 1 FULL MONTH OF SERVICE, PER DAY; FOR PTS 20 YRS	1
90989	CPT/HCPCS	DIALYSIS TRAINING, PATIENT, INCLUDING HELPER WHERE APPLICABLE, ANY	Yes
		MODE, COMPLETED COURSE	
90993	CPT/HCPCS	DIALYSIS TRAINING, PATIENT, INCLUDING HELPER WHERE APPLICABLE, ANY	Yes
1		MODE, COURSE NOT COMPLETED, PER TRAINING SESSION	1
90060	CDT/LICECS	ESRD RELATED SVCS MONTHLY FOR DTG 20 VPG OF 105 1112 CT TO THE	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-	Yes
 		3 FACE-TO-FACE PHYS VISITS MO	
90962	CPT/HCPCS	ESRD RELATED SVCS MONTHLY, FOR PTS 20 YEARS OF AGE AND OLDER; W/1	Yes
		FACE-TO-FACE PHYS VISIT MO	
G0491	CPT/HCPCS	DIALYSIS PROCEDURE AT A MEDICARE CERTIFIED ESRD FACILITY FORACUTE	Yes
<u> </u>		KIDNEY INJURY WITHOUT ESRD	
90997	CPT/HCPCS	HEMOPERFUSION (EG, WITH ACTIVATED CHARCOAL OR RESIN)	Yes
90999	CPT/HCPCS	UNLISTED DIALYSIS PROCEDURE, IN HOSPITALIZED OR OUT-PATIENT	Yes Ves
304 800	Revenue Revenue	NON-ROUTINE DIALYSIS INPATIENT RENAL DIALYSIS - GENERAL CLASSIFICATION	Yes Yes
800 801	Revenue Revenue	INPATIENT RENAL DIALYSIS - GENERAL CLASSIFICATION INPATIENT HEMODIALYSIS	Yes Yes
801 G0492	CPT/HCPCS		Yes
	51 00	QUALIFIED HEALTH CARE PROFESSIONAL FOR ACUTE KIDNEY INJU	
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	1
0000	OPT "	TODD DELATED OVICE FOR VISITE SAME	Voc
90964	CPT/HCPCS	ESRD RELATED SVCS FOR HOME DIALYSIS PER FULL MO, FOR PTS 2-11 YRS	Yes
ຊຸກວ	Povoz	OF AGE TO INCL MONITORING FOR ADEQUACY OF NUTRITION,	Ves
802 803	Revenue Revenue	INPATIENT PERITONEAL DIALYSIS - NON CAPD INPATIENT CONTINUOUS AMBULATORY PERITONEAL DIALYSIS (CAPD)	Yes Yes
	ovenue	UALYSIS (CAPD)	<u></u>

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 (RENVELA 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 (RENVELA 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 J9073	CPT/HCPCS	INJECTION, CYCLOPHOSPHAMIDE (SANDOZ), 5 MG	Yes
J1323	CPT/HCPCS CPT/HCPCS	INJECTION, CYCLOPHOSPHAMIDE (DR. REDDY'S), 5 MG INJECTION, ELRANATAMAB-BCMM, 1 MG	Yes 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 Q5118	CPT/HCPCS CPT/HCPCS	INJECTION, GEMCITABINE HYDROCHLORIDE (INFUGEM), 200 MG INJECTION, BEVACIZUMAB-BVZR, BIOSIMILAR, (ZIRABEV), 10 MG	Yes Yes
Q5118 Q5117	CPT/HCPCS	INJECTION, BEVACIZUMAB-BVZR, BIOSIMILAR, (ZIRABEV), 10 MG INJECTION, TRASTUZUMAB-ANNS, BIOSIMILAR, (KANJINTI), 10 MG	Yes
J9215	CPT/HCPCS	INJECTION, INTERFERON, ALFA-N3, (HUMAN LEUKOCYTE DERIVED), 250,000	
J9035	CPT/HCPCS	INJECTION, BEVACIZUMAB, 10 MG	Yes
J9035 J9017	CPT/HCPCS	INJECTION, BEVACIZUMAB, 10 MG INJECTION, ARSENIC TRIOXIDE, 1 MG	Yes
C9080	CPT/HCPCS	INJECTION, AGSENIC TRIOXIDE, 1 MG INJECTION, MELPHALAN FLUFENAMIDE HYDROCHLORIDE, 1 MG	Yes
J1427	CPT/HCPCS	INJECTION, VILTOLARSEN, 10 MG	Yes
J 144 /	OF 1/110703	INDECTION, VICTOLANDEN, 10 MG	163

	1		
Q2053	CPT/HCPCS	BREXUCABTAGENE AUTOLEUCEL, UP TO 200 MILLION AUTOLOGOUS ANTI-	Yes
		CD19 CAR POSITIVE VIABLE T CELLS, INCLUDING LEUKAPHERESIS	
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, CEMIPLIMAB-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 PYELOCALYCEAL 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	Yes
~-∨ +±	1	CAR POSITIVE VIABLE T CELLS, INCLUDING LEUKAPHERESIS AND	
Q2042	CPT/HCPCS	TISAGENLECLEUCEL, UP TO 600 MILLION CAR-POSITIVE VIABLE T CELLS,	Yes
Y 2042	051/110803		1163
		INCLUDING LEUKAPHERESIS AND DOSE PREPARATION PROCEDURES, PER	
		THERAPEUTIC DOSE	<u> </u>
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	Yes
		FORMING UNITS	
C9165	CPT/HCPCS	INJECTION, ELRANATAMAB-BCMM, 1 MG	Yes
C9163	CPT/HCPCS	INJECTION, ELIVARIATIAN DECITIVI, 1140	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	Yes
		10 MG	
J9223	CPT/HCPCS	INJECTION, LURBINECTEDIN, 0.1 MG	Yes
C9073	CPT/HCPCS	BREXUCABTAGENE AUTOLEUCEL, UP TO 200 MILLION AUTOLOGOUS ANTI-	Yes
		CD19 CAR POSITIVE VIABLE T CELLS, PER THERAPEUTIC DOSE	
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, CEMIPLIMAB-RWLC, 1 MG	Yes
J9328	CPT/HCPCS	INJECTION, CEMIT EINAB-RWEE, 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	Yes
		TO J9043, 1 MG	
J9051	CPT/HCPCS	INJECTION, BORTEZOMIB (MAIA), NOT THERAPEUTICALLY EQUIVALENT TO	Yes
		J9041, 0.1 MG	
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
C9072 C9070	CPT/HCPCS	INJECTION, IMMONE GEOBOLIN (ASCENTY), 300 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 L.
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	Yes
		TO J9305, 10 MG	
J9259	CPT/HCPCS	INJECTION, PACLITAXEL PROTEIN-BOUND PARTICLES (AMERICAN REGENT)	Yes
70200	0	NOT THERAPEUTICALLY EQUIVALENT TO J9264, 1 MG	
J9196	CPT/HCPCS	INJECTION, GEMCITABINE HYDROCHLORIDE(ACCORD), NOT	Yes
33130	01 1/1101 00	THERAPEUTICALLY EQUIVALENT TO J9201, 200 MG	103
J9297	CPT/HCPCS	INJECTION, PEMETREXED (SANDOZ), NOT THERAPEUTICALLY EQUIVALENT	Yes
19297	CF1/HCFC3		ites
00004	ODT//LODGO	TO J9305, 10 MG	V
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,	Yes
		INCLUDING LEUKAPHERESIS AND DOSE PREPARATION PROCEDURES, PER	
		INFUSION	
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	Yes
		LIPODOX, 10 MG	
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	Yes
70200	0	TO J9305, 10 MG	
J9294	CPT/HCPCS	INJECTION, PEMETREXED (HOSPIRA) NOT THERAPEUTICALLY EQUIVALENT	Yes
30204	01 1/1101 00	TO J9305, 10 MG	103
C9149	CPT/HCPCS	INJECTION, TEPLIZUMAB-MZWV, 5 MCG	Yes
	CPT/HCPCS		
C9148		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	Yes
		INFUSION,100MG,EACH	
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		Yes
		SPECIFIED, 10MG	
J9314	CPT/HCPCS		Yes
J9314	CPT/HCPCS	INJECTION, PEMETREXED (TEVA) NOT THERAPEUTICALLY EQUIVALENT TO	Yes
		INJECTION, PEMETREXED (TEVA) NOT THERAPEUTICALLY EQUIVALENT TO J9305, 10 MG	
J3060	CPT/HCPCS	INJECTION, PEMETREXED (TEVA) NOT THERAPEUTICALLY EQUIVALENT TO J9305, 10 MG INJECTION, TALIGLUCERACE ALFA, 10 UNITS	Yes
J3060 J7315	CPT/HCPCS CPT/HCPCS	INJECTION, PEMETREXED (TEVA) NOT THERAPEUTICALLY EQUIVALENT TO J9305, 10 MG INJECTION, TALIGLUCERACE ALFA, 10 UNITS MITOMYCIN, OPTHALMIC, 0. 2 MG	Yes Yes
J3060 J7315 J8999	CPT/HCPCS CPT/HCPCS CPT/HCPCS	INJECTION, PEMETREXED (TEVA) NOT THERAPEUTICALLY EQUIVALENT TO J9305, 10 MG INJECTION, TALIGLUCERACE ALFA, 10 UNITS MITOMYCIN, OPTHALMIC, 0. 2 MG PRESCRIPTION DRUG ORAL CHEMOTHERAPEURTIC NOS	Yes Yes Yes
J3060 J7315 J8999 J9000	CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS	INJECTION, PEMETREXED (TEVA) NOT THERAPEUTICALLY EQUIVALENT TO J9305, 10 MG INJECTION, TALIGLUCERACE ALFA, 10 UNITS MITOMYCIN, OPTHALMIC, 0. 2 MG PRESCRIPTION DRUG ORAL CHEMOTHERAPEURTIC NOS INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	Yes Yes Yes Yes
J3060 J7315 J8999 J9000 J9022	CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS	INJECTION, PEMETREXED (TEVA) NOT THERAPEUTICALLY EQUIVALENT TO J9305, 10 MG INJECTION, TALIGLUCERACE ALFA, 10 UNITS MITOMYCIN, OPTHALMIC, 0. 2 MG PRESCRIPTION DRUG ORAL CHEMOTHERAPEURTIC NOS INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG INJECTION, ATEZOLIZUMAB, 10 MG	Yes Yes Yes Yes Yes Yes
J3060 J7315 J8999 J9000	CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS	INJECTION, PEMETREXED (TEVA) NOT THERAPEUTICALLY EQUIVALENT TO J9305, 10 MG INJECTION, TALIGLUCERACE ALFA, 10 UNITS MITOMYCIN, OPTHALMIC, 0. 2 MG PRESCRIPTION DRUG ORAL CHEMOTHERAPEURTIC NOS INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	Yes Yes Yes Yes

Logos	0.07.11.00.00	INVESTIGATION OF ADDIDING DED AND	T.
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	Yes
J9023	CPT/HCPCS	EQUIVALENT TO J9395, 25 MG INJECTION, AVELUMAB, 10 MG	Yes
J9023 J9025	CPT/HCPCS	INJECTION, AVELOMAB, 10 MG INJECTION, AZACITIDINE, 1 MG	Yes
J9023	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	Yes
		J9395, 25 MG	
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 J9207	CPT/HCPCS CPT/HCPCS	INJECTION, IRINOTECAN, 20 MG INJECTION, IXABEPILONE, 1 MG	Yes Yes
J9207 J9208	CPT/HCPCS CPT/HCPCS	INJECTION, IXABEPILONE, 1 MG INJECTION, IFOSFAMIDE, 1 GRAM	Yes
J9208 J9359	CPT/HCPCS	INJECTION, IFOSPAMIDE, 1 GRAM 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
	1	1	1

	1	1	
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	Yes
		MATURATION ANTIGEN(BCMA) DIRECTED CAR-POSITIVE T CELLS,	
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),	Yes
100.45	ODT// IODOC	10 MG	V ₂ 2
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 J9263	CPT/HCPCS CPT/HCPCS	INJECTION, PACLITAXEL, 1 MG INJECTION, OXALIPLATIN, 0.5 MG	Yes Yes
C9087	CPT/HCPCS	INJECTION, OXALIPLATIN, 0.5 MG INJECTION, CYCLOPHOSPHAMIDE, (AUROMEDICS), 10 MG	Yes
Q2054	CPT/HCPCS	LISOCABTAGENE MARALEUCEL, UP TO 110 MILLION AUTOLOGOUS ANTI-	Yes
Q2054	CF1/HCFC3	CD19 CAR-POSITIVE VIABLE T CELLS, INCLUDING LEUKAPHERESIS	res
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	Yes
		CAR-POSITIVE VIABLE T CELLS, INCLUDING LEUKAPHERESIS AND	
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	Yes
		MG)	
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	Yes
<u> </u>	1	APPROVED PRESCRIPTION ORAL DRUG,30 DAYS	
Q0518	CPT/HCPCS	PHARMACY SUPPLYING FEE FOR HIV PRE-EXPOSURE PROPHYLAXIS FDA	Yes
		APPROVED PRESCRIPTION ORAL DRUG,90 DAYS	
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-	Yes
I	1	EMETIC,TREATMENT NOT TO EXCEED A 48 HR DOSAGE REGIMEN	

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 DISORDEROR	Yes
00040	01 1/1101 00	SYNDROME), RAPID SEQUENCE ANALYSIS	
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) ULTILIZING 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

	T	T	F.:
96377	CPT/HCPCS	APPLICATION OF ON-BODY INJECTOR (INCLUDES CANNULA INSERTION) FOR	Yes
200	Deven	TIMED SUBCUTANEOUS INJECTION	Voc
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	Yes
		PROLONGED INFUSION (MORE THAN 8 HOURS), REQUIRING USE OF PORT	
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	Yes
		(SPECIFY SUBSTANCE OR DRUG); ADDITIONAL SEQUENTIAL INFUSION	
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	Yes
		SUBSTANCE OR DURG); ADDITIONAL PUMP SET-UP WITH ESTABLISHMENT	
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	Yes
		SUBSTANCE OR DURG); INITIAL UP TO 1 HOUR, INCLUDING PUMP SET-U	
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	Yes
		INFUSION AND POST ADMINISTRATION MONITORING	
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,	Yes
		AND REMOVAL OF DEVICE (LIST SEPARATELY IN ADDITION TO CODE	
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

BACK ADDITIONAL SEQUENTIAL INVISION (INTERNATION SUBSYANCEDING)				
UP TO 11/00/LIL (LIST ESPA- UP TO 11/00/LIL (LIST ESPA-)	96417	CPT/HCPCS	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE;	Yes
PRINCES CHARGERY ADMINISTRATION, INTERCEDIOUS PROJECTION Yes			EACH ADDITIONAL SEQUENTIAL INFUSION (DIFFERENT SUBSTANCE/DRUG),	
UP TO 1 HOUR, SINGLE OR MINIST SUBSTANCEORDUG OPHINCIPS CHEMOTIVE ADMINISTRATION PRINCIPS IN TECHNIQUE ONLY, PER YES OPHINCIPS CHEMOTICS CHEMOTICS CHEMOTIVE ADMINISTRATION, INTRACES ONLY, PER YES OPHINCIPS CHEMOTICS CHEMOTI			UP TO 1 HOUR (LIST SEPAR+	
OPPINIONESS DEPINIONA SAN MAINTHANNESS OF ROTATION PROTESSION TICHNIQUE ONLY, PER	96413	CPT/HCPCS	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE;	Yes
WIST			UP TO 1 HOUR, SINGLE OR INITIAL SUBSTANCE/DRUG	
	Q0084	CPT/HCPCS	CHEMOTHERAPY ADMINISTRATION BY INFUSION TECHNIQUE ONLY, PER	Yes
PRINCE PRINCES PRINC			- '	
CPT/PEPCS	96521	CPT/HCPCS	REFILLING AND MAINTENANCE OF PORTABLE PUMP	Yes
MICLION TO TLESSIONS				
CPTMPCPS			, , , , , , , , , , , , , , , , , , ,	
	96422	CPT/HCPCS		Yes
CPTH-CPCS COLEROTHERAPY ADMINISTRATION, INTRAVENOUS, PUSH TECHNIQUE, SACH ADDITION TO SCORE FOR PRIMARY PROCEDURE) COCHE FOR PRIMARY PROCEDURE CHANGE AND CHANGE AN	00122	0		
ACH ADDITIONAL SUBSTANCE/DRUBE) CODE FOR PRIMARY PROCESURE) CODE OF PRIMARY PROCESURE) CERTIFICES CHEMOTHERAPY INCICION, SUBARACINDO OR INTRAVENTICULAR. VIA YOS CERTIFICES CHEMOTHERAPY ADMINISTRATION, SUBCUSTANCOUS OR INTRAVENUS CHEMOTHERAPY ADMINISTRATION, SUBCUSTANCOUS OR INTRAVENUS CERTIFICES	96/11	CPT/HCPCS		Vas
CODE FOR PRIMARY PROCEDURE	50411	01 1/1101 03		103
CPTINCPCS			·	
TECHNIQUE, EACH ADOL, HR	06422	CDT/HCDCS	,	Vos
CPTHCPCS	30423	CF 1/11CFC3		165
SUBCULTANTOUS REFERENCING, SINCLE OR MULTIPLE AGENTS	06540	CDT/HCDCS		Voc
Revenue	96542	CP1/HCPC3	, ,	res
	005	D		V
DEFINITION OF THE PROPERTY ADMINISTRATION, SUBCUTANEOUS OR INTRAMUSCULAR; Ves HORMONAL ANTI-NEOPLASTIC CONTINUES OF THE PROTONEAL CAVITY VIA HORMONAL SELECTION OF THE CURRY (AUC) ANALYSIS, FOR INVISIONAL SELECTION OF THE CURRY (AUC) ANALYSIS, FOR INVISIONAL SELECTION OF THE CURRY (AUC) ANALYSIS, FOR INVISIONAL SELECTION OF THE PROTONEAL CAVITY OF THE PROTONEAL SELECTION OF THE PROTONE OF THE PROTONEAL SELECTION OF THE PROTONEAL SEL				
HORMONAL ANTI-RECPLASTIC				
CPT/HCPCS	96402	CPI/HCPCS		Yes
MPLANTED PORT OR CATHETER	00445	007"15-5-		
DESTANDANCE OF THERAPEURIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG); EACH ADDITIONAL SEQUENTIAL INTRAVENOUS P THERAPEURIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG); INTRAVENOUS PUSH, SINDLE OR INITIAL SUBSTANCE OR DRUG); INTRAVENOUS PUSH, SINDLE OR INITIAL SUBSTANCE OR DRUG, SINDLE OR INITIAL SUBSTANCE OR SECRET. THOR REACTIVITY PER COURSE OF TREATMENT ADOPTIVE IMMUNOTHERAPY, ADMINISTRATION, INITIAVENOUS, PUSH TECHNIQUE, VES SINDLE OR INITIAL SUBSTANCE/DRUG CPT/HCPCS CHEMOTHERAPY ADMINISTRATION, INITIAVEN DEPOT OR INPLANT FUMP DEAGLO CPT/HCPCS CHEMOTHERAPY ADMINISTRATION, INITIAVEN DEPOT OR INPLANT FUMP DEAGLO CPT/HCPCS CHEMOTHERAPY ADMINISTRATION, INITIAVEN DEPOT OR INPLANT FUMP DEAGLO CPT/HCPCS CHEMOTHERAPY ADMINISTRATION INITIAVEN DEPOT OR INPLANT FUMP DEAGLO CPT/HCPCS CHEMOTHERAPY ADMINISTRATION INITIAVEN DEPOT OR INPLANT FUMP DEAGLO CPT/HCPCS CHEMOTHERAPY ADMINISTRATION INITIAL ESIONAL, MORE THAN 7 LESIONS VES DEAGLO CPT/HCPCS CHEMOTHERAPY ADMINISTRATION BY BOTH INFUSION TECHNIQUES AND VES OTHER TECHNIQUE PER VISIT CPT/HCPCS CHEMOTHERAPY ADMINISTRATION SUBCUTANEOUS OR INTRAMUSCULAR, VES NON-HORMONAL ANTI-NEOPLASTIC PROPHICAL PROPHINE STRATUS OR STRAMUSCULAR CONTROLLED COOLING DEV PLACEMENT OF A MECHANICAL TEMPERATURE CONTROLLED COOLING DEV PLACEMENT OF A MECHANICAL TEMPERATURE CONTROLLED COOLING DEV PLACEMENT OF A MECHANICAL TEMPERATURE CONTROLLED COOLING DEV PLACEMENT OF A MECHANICAL ENDARTIC SITUATION OR THAN ADDITION OR THAN ADDITION OR THE ADDITION OR THAN ADDITION OR THAN ADDITION OR THAN ADDITION OR	96446	CPT/HCPCS		Yes
SUBSTANCE OR DRUGI; EACH ADDITIONAL SEQUENTIAL INTRAVENOUS P 186274 CPT/HCPCS THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUGI; INTRAVENOUS PUSH, SINGLE OR INITIAL SUBS 186425 CPT/HCPCS CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; PUSH TECHNIQUE, INTRATION OF PROLONGED INFUSION (MORE THAN 8 HOURS). 187222 CPT/HCPCS DOSE OPTIMIZATION BY AREA UNDER THE CURVE (AUC) ANALYSIS, FOR INFUSIONAL SELUCIONAL AND AND CARE COORDINATION MANAGEMENT FOR CANCER INTIAL SELATION AND CARE COORDINATION MANAGEMENT FOR CANCER INTIAL SELATION THE ADDITION OF SECIFIC ANTI-TUMOR REACTIVITY PER COLURS OF TEATMENT TUMOR TUMOR TUMOR TEATMENT TUMOR REACTIVITY PER COLURS OF TEATMENT TUMOR TU				
186374 CPT/HCPCS THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG); INTRAVENCUS PUSH, SINGLE OR INITIAL SUBS 186425 CPT/HCPCS CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; INFUSION TECHNIQUE, INITIATION OF PROLONGED INFUSION (MORE THAN 8 HOURS). 187222 CPT/HCPCS DOSE OPTIMIZATION BY AREA UNDER THE CURVE (AUC) ANALYSIS, FOR INFUSIONAL 5-FLUOROURACIL. 180553 CPT/HCPCS TREATMENT PLANNING AND CARE COORDINATION MANAGEMENT FOR CANCER INTELL TREATMENT THAN INFUSIONAL 5-FLUOROURACIL. 180553 CPT/HCPCS ADOPTIVE HANNING AND CARE COORDINATION MANAGEMENT FOR CANCER INTELL TREATMENT THAN INFUSIONAL 5-FLUOROURACIL. 180553 CPT/HCPCS ADOPTIVE INMUNOTHERAPY, ID EVELOPMENT OF SPECIFIC ANTI-TUMOR REACTIVITY PER COURSE OF TREATMENT 180640 CPT/HCPCS CHEMOTHERAPY-ORAL CHEMOTHERAPY (DEVELOPMENT OF SPECIFIC ANTI-TUMOR REACTIVITY PER COURSE OF TREATMENT 180640 CPT/HCPCS CHEMOTHERAPY ADMINISTRATION; INTRA-ARTERIAL; PUSH TECHNIQUE, Yes SINGLE OR INITIAL SUBSTANCE/DRUG 180640 CPT/HCPCS CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; PUSH TECHNIQUE YES INSUSION (MORE THIN 8 HRS), REQUISE OF PORT OR INPUSION FER THAN INFUSION (MORE THIN 8 HRS), REQUISE OF PORT OR INPUSION FER THAN INFUSION (MORE THIN 8 HRS), REQUISE OF PORT OR INPUSION TECHNIQUES AND YES OTHER TECHNIQUE PREVISIT CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOUS OR INTRAMUSCULAR; YES NON-HORMONAL ANTI-NEOPLASTIC CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOUS OR INTRAMUSCULAR; YES NON-HORMONAL ANTI-NEOPLASTIC THEREPEATURE (DIDUCTION OF INTRA-BRAIN HYPOTHERMAL, INCLUDING PLACEMENT OF A MECHANICAL TEMPERATURE-CONTROLLED COOLING DEV YES CHEMOTHERAPY OF THE ORAL CAVITY USING TEMPERATURE REQULATED FLUOR COOLING DEV YES CHEMOTHERAPY OF THE ORAL CAVITY USING TEMPERATURE REQULATED FLUOR COOLING DEV YES CHEMOTHERAPY OF THE ORAL CAVITY USING TEMPERATURE REQULATED FLUOR COOLING DEV YES CHEMOTHERAPY OF THE ORAL CAVITY USING TEMPERATURE REQULATED FLUOR COOLING DEV YES CHEMOTHERAPY (DIEMENT, ASCENIV), 500 MG YES CHEMOTHERAPY (DIEMENT, ASCENIV), 500 MG YES CHEMOTHERAPY (DIEMENT,	96375	CPT/HCPCS	·	Yes
SUBSTANCE OR DRUGE; INTRAVENOUS PUSH. SINGLE OR INITIAL SUBS CPT/HCPCS CHEMOTHERARY ADMINISTRATION, INTRA-ARTERIAL; INTUSION TECHNIQUE, INITIATION OF PROLONGED INFUSION (MORE THAN 8 HOURS). S7222 CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CRYCHEMINISTRATION, INTRA-ARTERIAL; INTUSION TECHNIQUE, INITIATION OF PROLONGED INFUSION (MORE THAN 8 HOURS). CPT/HCPCS CRYCHEMINISTRATION BY AREA UNDER THE CURVE (AUC) ANALYSIS, FOR INFUSIONAL 5-FLUOROURACII. TREAT MENT PLANNING AND CARE COORDINATION MANAGEMENT FOR CANCER INTIAL TREATMENT CANCER INTIAL TREATMENT CANCER INTIAL TREATMENT ADDITIVE INMUNOTHERAPY, IE DEVELOPMENT OF SPECIFIC ANTI- TUMOR REACTIVITY PER COURSE OF TREATMENT S1207 CPT/HCPCS CHEMOTHERAPY-ADMINISTRATION; INTRA-ARTERIAL; PUSH TECHNIQUE SINGLE OR INITIAL SUBSTANCE/DRUG CPT/HCPCS CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; PUSH TECHNIQUE SINGLE OR INITIAL SUBSTANCE/DRUG MFUSION (MORE THIN 8 MRS), REQ USE OF PORT OR INPLANT PUMP CHEMOTHERAPY ADMINISTRATION; INTRA-ARTERIAL; PUSH TECHNIQUES AND YES CHEMOTHERAPY ADMINISTRATION; INTRA-LESIONAL, MORE THAN 7 LESIONS YES CHEMOTHERAPY ADMINISTRATION SUBCUTANEOUS OR INTRAMUSCULAR; VES NON-HORMONAL, ANTI-NE-OFLASTIC CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOUS OR INTRAMUSCULAR; VES NON-HORMONAL, ANTI-NE-OFLASTIC CHEMOTHERAPY ADMINISTRATION BY BOTH INFUSION TECHNIQUES AND YES THERAPEUTIC INDUCTION OF INTRA-BRAIN HYPOTHERMIA, INCLUDING PLACEMENT OF A MECHANICAL TEMPERATURE CONTROLLED COOLING DEV THERAPEUTIC INDUCTION OF INTRA-BRAIN HYPOTHERMIA, INCLUDING PLACEMENT OF A MECHANICAL TEMPERATURE CONTROLLED COOLING DEV THERAPEUTIC INDUCTION OF INTRA-BRAIN HYPOTHERMIA, INCLUDING PLACEMENT OF A MECHANICAL TEMPERATURE REGULATED THE THOR THE ARCHITECTURE OF THE ORAL CAVITY USING TEMPERATURE REGULATED THE THOR THE THAN THE THAN THE THAN THE THAN THE THAN THE TH			SUBSTANCE OR DRUG); EACH ADDITIONAL SEQUENTIAL INTRAVENOUS P	
SUBSTANCE OR DRUGE; INTRAVENOUS PUSH. SINGLE OR INITIAL SUBS CPT/HCPCS CHEMOTHERARY ADMINISTRATION, INTRA-ARTERIAL; INTUSION TECHNIQUE, INITIATION OF PROLONGED INFUSION (MORE THAN 8 HOURS). S7222 CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CRYCHEMINISTRATION, INTRA-ARTERIAL; INTUSION TECHNIQUE, INITIATION OF PROLONGED INFUSION (MORE THAN 8 HOURS). CPT/HCPCS CRYCHEMINISTRATION BY AREA UNDER THE CURVE (AUC) ANALYSIS, FOR INFUSIONAL 5-FLUOROURACII. TREAT MENT PLANNING AND CARE COORDINATION MANAGEMENT FOR CANCER INTIAL TREATMENT CANCER INTIAL TREATMENT CANCER INTIAL TREATMENT ADDITIVE INMUNOTHERAPY, IE DEVELOPMENT OF SPECIFIC ANTI- TUMOR REACTIVITY PER COURSE OF TREATMENT S1207 CPT/HCPCS CHEMOTHERAPY-ADMINISTRATION; INTRA-ARTERIAL; PUSH TECHNIQUE SINGLE OR INITIAL SUBSTANCE/DRUG CPT/HCPCS CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; PUSH TECHNIQUE SINGLE OR INITIAL SUBSTANCE/DRUG MFUSION (MORE THIN 8 MRS), REQ USE OF PORT OR INPLANT PUMP CHEMOTHERAPY ADMINISTRATION; INTRA-ARTERIAL; PUSH TECHNIQUES AND YES CHEMOTHERAPY ADMINISTRATION; INTRA-LESIONAL, MORE THAN 7 LESIONS YES CHEMOTHERAPY ADMINISTRATION SUBCUTANEOUS OR INTRAMUSCULAR; VES NON-HORMONAL, ANTI-NE-OFLASTIC CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOUS OR INTRAMUSCULAR; VES NON-HORMONAL, ANTI-NE-OFLASTIC CHEMOTHERAPY ADMINISTRATION BY BOTH INFUSION TECHNIQUES AND YES THERAPEUTIC INDUCTION OF INTRA-BRAIN HYPOTHERMIA, INCLUDING PLACEMENT OF A MECHANICAL TEMPERATURE CONTROLLED COOLING DEV THERAPEUTIC INDUCTION OF INTRA-BRAIN HYPOTHERMIA, INCLUDING PLACEMENT OF A MECHANICAL TEMPERATURE CONTROLLED COOLING DEV THERAPEUTIC INDUCTION OF INTRA-BRAIN HYPOTHERMIA, INCLUDING PLACEMENT OF A MECHANICAL TEMPERATURE REGULATED THE THOR THE ARCHITECTURE OF THE ORAL CAVITY USING TEMPERATURE REGULATED THE THOR THE THAN THE THAN THE THAN THE THAN THE THAN THE TH				
DEGES CONTINENCES CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; INFUSION YES CONTINENCES, INITIATION OF PROLONGED INFUSION (MORE THAN 8 HOURS), 187222 POPTIVEORS DOSE OPTIMIZATION BY AREA UNDER THE CURVE (AUC) ANALYSIS, FOR YES INFUSIONAL 5-FLUOROURACIL. 1873333 CPTIHOPCS TREATMENT PLANNING AND CARE COORDINATION MANAGEMENT FOR YES CANCER INTRAL TREATMENT TUMOR REACTIVITY PER COURSE OF TREATMENT YES SINGLE OR INTRAL SUBSTANCE/DRUG SINGLE OR INTRAL SUBSTANCE/DRUG CONTINENCE OF TREATMENT YES SINGLE OR INTRAL SUBSTANCE/DRUG CONTINENCE OF TREATMENT YES SINGLE OR INTRAL SUBSTANCE/DRUG CONTINENCE OF THE PROLONGED CHEMO OF THE PROLONGED CH	96374	CPT/HCPCS		Yes
TECHNIQUE, INITIATION OF PROLONGED INFUSION (MORE THAN 8 HOURS). S3722 CPT/HCPCS DOSE OPTIMIZATION BY AREA UNDER THE CURVE (AUC) ANALYSIS, FOR INFUSIONAL 5-FLUOROURACIL. S3833 CPT/HCPCS TREATMENT PLANNING AND CARE COORDINATION MANAGEMENT FOR CANCER INTIAL TREATMENT PLANNING AND CARE COORDINATION MANAGEMENT FOR CANCER INTIAL TREATMENT. S2107 CPT/HCPCS ADOPTIVE IMMUNOTHERAPY, IE DEVELOPMENT OF SPECIFIC ANTI-Ves UNDER COORDINATION PROLONGED OF TREATMENT. S322 Revenue CHEMOTHERAPY ADMINISTRATION; INTRAVENOUS, PUSH TECHNIQUE, SINCISE OR INTIAL SUBSTANCE/DRUG SINCISE OR INTIAL SUBSTANCE/DRUG S6416 CPT/HCPCS CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS, PUSH TECHNIQUE, Ves SINCISE OR INTIAL SUBSTANCE/DRUG S6416 CPT/HCPCS CHEMOTHERAPY ADMINISTRATION; INTRAVENINFUS TECH; INIT OF PROLONGED CHEMO INFUSION (MORE THAN 8 HSS.), REQ USE OF PORT OR IMPLANT PUMP S6416 CPT/HCPCS CHEMOTHERAPY ADMINISTRATION; INTRALESIONAL, MORE THAN 7 LESIONS Ves CHEMOTHERAPY ADMINISTRATION; INTRALESIONAL, MORE THAN 7 LESIONS Ves CHEMOTHERAPY ADMINISTRATION; INTRALESIONAL, MORE THAN 7 LESIONS Ves CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOUS OR INTRAMUSCULAR; Ves OTHER TECHNIQUE PER VISIT OF THE TECHNIQUE PER VISIT OF THE TECHNIQUE PER VISIT OF THE TECHNIQUE PER VISIT ON THE TECHNIQUE PER VISIT OF THE TECHNIQUE PER VISIT ON THE TECHNIQUE PER VISIT ON THE TECHNIQUE PER VISIT OF THE TECHNIQUE PER VISIT ON THE TECHNIQUE PER VISIT OF THE TECHNIQUE PER VISIT ON THE SEARCH OF AN ORAL DEVICE, S6607 CPT/HCPCS CRYOTHERAPY OF THE ORAL CAVITY USING TEMPERATURE REGULATED FUNDED FOR THE TECHNIQUE PER VISIT OF THE SEARCH OF AN ORAL DEVICE, S67078 CPT/HCPCS INJECTION, CASIMERSEN, 10 MG YES S67078 CPT/HCPCS INJECTION, CASIMERSEN, 10 MG YES S67079 CPT/HCPCS INJECTION, INSECTION, INCLUSIRAN, 1 MG YES S67079 CPT/HCPCS INJECTION, INCLUSIRAN, 1 MG YES S67079 CPT/HC			SUBSTANCE OR DRUG); INTRAVENOUS PUSH, SINGLE OR INITIAL SUBS	
HOURS)	96425	CPT/HCPCS	CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; INFUSION	Yes
CPT/HCPCS CPT/HC			TECHNIQUE, INITIATION OF PROLONGED INFUSION (MORE THAN 8	
INFUSIONAL 5-FLUOROURACIL TREATMENT PLANNING AND CARE COORDINATION MANAGEMENT FOR CANCER INTIAL TREATMENT CPT/HCPCS CANCER INTIAL TREATMENT CPT/HCPCS ADOPTIVE IMMUNOTHERAPY, IE DEVELOPMENT OF SPECIFIC ANTI- TUMOR REACTIVITY PER COURSE OF TREATMENT SECURITY PER COURSE OF TREATMENT WES CPT/HCPCS CHEMOTHERAPY ADMINISTRATION; INTRAVENOUS, PUSH TECHNIQUE, SINGLE OR INITIAL SUBSTANCE/DRUG SINGLE OR INITIAL SUBSTANCE/DRUG CPT/HCPCS CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; PUSH TECHNIQUE YES CPT/HCPCS CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; PUSH TECHNIQUE SECURITY OF SECURITY PROPERTY OF THE ORD ADMINISTRATION, INTRA-ARTERIAL; PUSH TECHNIQUE CPT/HCPCS CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; PUSH TECHNIQUE CPT/HCPCS CHEMOTHERAPY ADMINISTRATION; INTRALESIONAL, MORE THAN 7 LESIONS YES CPT/HCPCS CHEMOTHERAPY ADMINISTRATION; INTRALESIONAL, MORE THAN 7 LESIONS YES CPT/HCPCS CHEMOTHERAPY ADMINISTRATION; SUBCUTANEOUS OR INTRAMUSCULAR; NOR- NON-HORMONAL ANTI-NEOPLASTIC CPT/HCPCS THERAPEUTIC INDUCTION OF INTRA-BRAIN HYPOTHERMIA, INCLUDING PER PLACEMENT OF A MECHANICAL TEMPERATURE-CONTROLLED COOLING DEV CPT/HCPCS INJECTION, TRILACICLIB, 1 MG CPT/HCPCS INJECTION, TRILACICLIB, 1 MG YES CPT/HCPCS INJECTION, TRILACICLIB, 1 MG YES CPT/HCPCS INJECTION, TRILACICLIB, 1 MG YES CPT/HCPCS INJECTION, SENGRESEN, 10 MG YES CPT/HCPCS INJECTION, MINUNE GLOBULIN (GUSCENIV), 500 MG YES CPT/HCPCS INJECTION, MINUNE GLOBULIN (GUSCENIV), 500 MG YES CPT/HCPCS INJECTION, MINUNE GLOBULIN (GUTCAQUIG), 100 MG YES CPT/HCPCS INJECTION, INMUNE GLOBULIN (GUTCAQUIG), 100 MG YES CPT/HCPCS INJECTION, INMUNE GLOBULIN (GUTCAQUIG), 100 MG YES THE TABLE THE THE THE THAT THE THAT THE THAT THE THAT THE THAT THE THAT THAT			HOURS),	
CPT/HCPCS CHEMOTHERAPY ADMINISTRATION, INTRALESIONAL, MORE THANT LESIONS YES OTHER TECHNIQUE PER VASIONAL AND THE TECHNIQUE PER VES OTHER TECHNIQUE PER VASIONAL AND THE TECHNIQUE PER VES OTHER TECHNIQUE PER VASIONAL AND THE TECHNIQUE PER VES OTHER TECHNIQUE PER VASIONAL AND THE TECHNIQUE PER VES OTHER TECHNIQUE PER VISIT OTHER	S3722	CPT/HCPCS	DOSE OPTIMIZATION BY AREA UNDER THE CURVE (AUC) ANALYSIS, FOR	Yes
CANCER INTIAL TREATMENT CHEMOTHERAPY, IED EVELOPMENT OF SPECIFIC ANTI- TUMOR REACTIVITY PER COURSE OF TREATMENT CHEMOTHERAPY ADMINISTRATION; INTRAVENIOUS, PUSH TECHNIQUE, SINGLE OR INITIAL SUBSTANCE/ORUG COPTINCPCS CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; PUSH TECHNIQUE COPTINCPCS CHEMOTHERAPY ADMINISTRATION; INTRALESIONAL, MORE THAN 7 LESIONS CORRES COPTINCPCS CHEMOTHERAPY ADMINISTRATION; INTRALESIONAL, MORE THAN 7 LESIONS CORRES COPTINCPCS CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOUS OR INTRAMUSCULAR; NON-HORMONAL ANTI-NEOPLASTIC COPTINCPCS CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOUS OR INTRAMUSCULAR; NON-HORMONAL ANTI-NEOPLASTIC COPTINCPCS CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOUS OR INTRAMUSCULAR; NON-HORMONAL ANTI-NEOPLASTIC COPTINCPCS COPTINCPCS CHEMOTHERAPY OF THE ORAL CAVITY USING TEMPERATURE REGULATED FLUID COOLING SYSTEM, INCLUDING PLACEMENT OF AN ORAL DEVICE, COPTINCPCS COPTINC			INFUSIONAL 5-FLUOROURACIL	
S2107 CPT/HCPCS ADDPTIVE IMMUNOTHERAPY, IE DEVELOPMENT OF SPECIFIC ANTI- TUMOR REACTIVITY PER COURSE OF TREATMENT 332 REVENUE CHEMOTHERAPY CRAL YES 36409 CPT/HCPCS CHEMOTHERAPY ADMINISTRATION; INTRAVENOUS, PUSH TECHNIQUE, SINGLE OR INITIAL SUBSTANCE/DRUG 36420 CPT/HCPCS CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; PUSH TECHNIQUE YES 36416 CPT/HCPCS CHEMO ADMIN, INTRAVEN INFUS TECH; INTO OF PROLONGED CHEMO 36406 CPT/HCPCS CHEMO ADMIN, INTRAVEN INFUS TECH; INTO OF PROLONGED CHEMO 36406 CPT/HCPCS CHEMOTHERAPY ADMINISTRATION; INTRALESIONAL, MORE THAN 7 LESIONS YES 36407 CPT/HCPCS CHEMOTHERAPY ADMINISTRATION; INTRALESIONAL, MORE THAN 7 LESIONS YES 36408 CPT/HCPCS CHEMOTHERAPY ADMINISTRATION BY BOTH INFUSION TECHNIQUES AND 36409 CPT/HCPCS CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOUS OR INTRAMUSCULAR; 364001 CPT/HCPCS THERAPEVIGIT (INDUCTION OF INTRA-BRAIN HYPOTHERMIA, INCLUDING PLACEMENT OF A MECHANICAL TEMPERATURE-CONTROLLED COOLING DEV 36507 CPT/HCPCS INJECTION, TRILACICLIB, 1 MG 36607 CPT/HCPCS INJECTION, TRILACICLIB, 1 MG 36607 CPT/HCPCS INJECTION, ASSIMERSEN, 10 MG 36608 CPT/HCPCS INJECTION, BEVACIZUMAB, 0.25 MG 36609 CPT/HCPCS INJECTION, INMUNE GLOBULIN (ASCENIV), 500 MG 36609 YES 36609 CPT/HCPCS INJECTION, INMUNE GLOBULIN (CUTAQUIG), 100 MG 36609 CPT/HCPCS INJECTION, INMUNE GLOBULIN (CUTAQUIG), 100 MG 36609 CPT/HCPCS INJECTION, INMUNE GLOBULIN (CUTAQUIG), 100 MG 36609 CPT/HCPCS INJECTION, INGUISIANA, 1 MG 3660	S0353	CPT/HCPCS	TREATMENT PLANNING AND CARE COORDINATION MANAGEMENT FOR	Yes
TUMOR REACTIVITY PER COURSE OF TREATMENT TUMOR REACTIVITY PER COURSE OF TREATMENT CHEMOTHERAPY ADMINISTRATION; INTRAVENOUS, PUSH TECHNIQUE, SINGLE OR INITIAL SUBSTANCE/DRUG CPT/HCPCS CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; PUSH TECHNIQUE YES CHEMO THERAPY ADMINISTRATION, INTRA-ARTERIAL; PUSH TECHNIQUE YES CHEMO ADMIN, INTRAVEN INFUS TECH; INIT OF PROLONGED CHEMO INFUSION (MORE THA 8 HRS), REQ USE OF PORT OR IMPLANT PUMP CHEMOTHERAPY ADMINISTRATION; INTRALESIONAL, MORE THAN 7 LESIONS YES CHEMOTHERAPY ADMINISTRATION; INTRALESIONAL, MORE THAN 7 LESIONS YES CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOUS OR INTRAMUSCULAR; YES NON-HORMONAL ANTI-NEOPLASTIC CPT/HCPCS CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOUS OR INTRAMUSCULAR; YES NON-HORMONAL ANTI-NEOPLASTIC CPT/HCPCS THERAPY OF THE ORAL CAVITY USING TEMPERATURE REGULATED PLACEMENT OF A MECHANICAL TEMPERATURE-CONTROLLED COOLING DEV CRYOTHERAPY OF THE ORAL CAVITY USING TEMPERATURE REGULATED FLUID COOLING SYSTEM, INCLUDING PLACEMENT OF AN ORAL DEVICE, CRYOTHCPCS INJECTION, TRILACICLIB, 1 MG CPT/HCPCS INJECTION, CASIMERSEN, 10 MG CPT/HCPCS INJECTION, CASIMERSEN, 10 MG YES CPT/HCPCS INJECTION, ERVACIZUMAB, 0.25 MG CPT/HCPCS INJECTION, IMMUNE GLOBULIN (ASCENIV), 500 MG YES CPT/HCPCS INJECTION, INMUNE GLOBULIN (CUTAQUIG), 100 MG YES 1356 CPT/HCPCS INJECTION, IMMUNE GLOBULIN (CUTAQUIG), 100 MG YES 1368 CPT/HCPCS INJECTION, INMUNE GLOBULIN (CUTAQUIG), 100 MG YES 1368 CPT/HCPCS INJECTION, INMUNE GLOBULIN (CUTAQUIG), 100 MG YES 1368 CPT/HCPCS INJECTION, INMUNE GLOBULIN (CUTAQUIG), 100 MG YES 1368 CPT/HCPCS INJECTION, INMUNE GLOBULIN (CUTAQUIG), 100 MG YES 1368 CPT/HCPCS INJECTION, INMUNE GLOBULIN (CUTAQUIG), 100 MG YES 1368 CPT/HCPCS INJECTION, INMUNE GLOBULIN (CUTAQUIG), 100 MG YES 1368 CPT/HCPCS INJECTION, INMUNE GLOBULIN (CUTAQUIG), 100 MG YES 1368 CPT/HCPCS INJECTION, INMUNE GLOBULIN (CUTAQUIG), 100 MG YES 1369 CPT/HCPCS INJECTION, CASIMERSEN, 10 MG			CANCER INTIAL TREATMENT	
Revenue	S2107	CPT/HCPCS	ADOPTIVE IMMUNOTHERAPY, IE DEVELOPMENT OF SPECIFIC ANTI-	Yes
CPT/HCPCS CHEMOTHERAPY ADMINISTRATION; INTRAVENOUS, PUSH TECHNIQUE, SINGLE OR INITIAL SUBSTANCE/ORUG CPT/HCPCS CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; PUSH TECHNIQUE Yes CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; PUSH TECHNIQUE Yes DE406 CPT/HCPCS CHEMO ADMIN, INTRAVEN INFUS TECH; INIT OF PROLONGED CHEMO INFUSION (MORE THAN 8 HRS), REQ USE OF PORT OR IMPLANT PUMP DE406 CPT/HCPCS CHEMOTHERAPY ADMINISTRATION; INTRALESIONAL, MORE THAN 7 LESIONS Yes CHEMOTHERAPY ADMINISTRATION BY BOTH INFUSION TECHNIQUES AND Yes OTHER TECHNIQUE PER VISIT CPT/HCPCS CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOUS OR INTRAMUSCULAR; Yes NON-HORMONAL ANTI-NEOPLASTIC THERAPEUTIC INDUCTION OF INTRA-BRAIN HYPOTHERMIA, INCLUDING PLACEMENT OF A MECHANICAL TEMPERATURE REGULATED FLUID COOLING SYSTEM, INCLUDING PLACEMENT OF AN ORAL DEVICE, CPT/HCPCS CRYOTHERAPY OF THE ORAL CAVITY USING TEMPERATURE REGULATED FLUID COOLING SYSTEM, INCLUDING PLACEMENT OF AN ORAL DEVICE, CP078 CPT/HCPCS INJECTION, TRILACICLIB, 1 MG Yes C9075 CPT/HCPCS INJECTION, CASIMERSEN, 10 MG Yes C90257 CPT/HCPCS INJECTION, CASIMERSEN, 10 MG Yes C90257 CPT/HCPCS INJECTION, IMMUNE GLOBULIN (ASCENIV), 500 MG Yes C90360 CPT/HCPCS INJECTION, IMMUNE GLOBULIN (ASCENIV), 500 MG Yes C90376 CPT/HCPCS INJECTION, IMMUNE GLOBULIN (CUTAQUIG), 100 MG Yes C90360 CPT/HCPCS INJECTION, INMUNE GLOBULIN (CUTAQUIG), 100 MG Yes C91366 CPT/HCPCS INJECTION, INMUNE GLOBULIN (CUTAQUIG), 100 MG Yes C914468 CPT/HCPCS INJECTION, IRMILACICLIB, 1 MG Yes C914469 CPT/HCPCS INJECTION, IRMILACICLIB, 1 MG Yes C914469 CPT/HCPCS INJECTION, IRMILACICLIB, 1 MG Yes C914469 CPT/HCPCS INJECTION, INGLISIRAN, 1 MG Yes C914460 CPT/HCPCS INJECTION, CASIMERSEN, 10 MG			TUMOR REACTIVITY PER COURSE OF TREATMENT	
SINGLE OR INITIAL SUBSTANCE/DRUG CPT/HCPCS CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; PUSH TECHNIQUE PS CPT/HCPCS CHEMO ADMIN, INTRAVEN INFUS TECH; INIT OF PROLONGED CHEMO INFUSION (MORE THN 8 HRS), REQ USE OF PORT OR IMPLANT PUMP CHEMOTHERAPY ADMINISTRATION; INTRALESIONAL, MORE THAN 7 LESIONS CPT/HCPCS CHEMOTHERAPY ADMINISTRATION BY BOTH INFUSION TECHNIQUES AND OTHER TECHNIQUE PER VISIT CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOUS OR INTRAMUSCULAR; NON-HORMONAL ANTI-NEOPLASTIC CPT/HCPCS CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOUS OR INTRAMUSCULAR; NON-HORMONAL ANTI-NEOPLASTIC CPT/HCPCS THERAPEUTIC INDUCTION OF INTRA-BRAIN HYPOTHERMIA, INCLUDING PLACEMENT OF A MECHANICAL TEMPERATURE-CONTROLLED COOLING DEV CPT/HCPCS CRYOTHERAPY OF THE ORAL CAVITY USING TEMPERATURE REGULATED FLUID COOLING SYSTEM, INCLUDING PLACEMENT OF AN ORAL DEVICE, COO75 CPT/HCPCS INJECTION, TRILACICLIB, 1 MG COO75 CPT/HCPCS INJECTION, TRILACICLIB, 1 MG COO75 CPT/HCPCS INJECTION, CASIMERSEN, 10 MG YES COO75 CPT/HCPCS INJECTION, IMMUNE GLOBULIN (ASCENIV), 500 MG YES COO75 CPT/HCPCS INJECTION, BEVACIZUMAB, 0.25 MG COO75 CPT/HCPCS INJECTION, BEVACIZUMAB, 0.25 MG COO75 CPT/HCPCS INJECTION, TRILACICLIB, 1 MG YES COO75 CPT/HCPCS INJECTION, TRILACICLIB, 1 MG COOTH-HCPCS INJECTION, IMMUNE GLOBULIN (CUTAQUIG), 100 MG YES COOTH-HCPCS INJECTION, IMMUNE GLOBULIN (CUTAQUIG), 100 MG YES COOTH-HCPCS INJECTION, TRILACICLIB, 1 MG CPT/HCPCS INJECTION, TRILACICLIB, 1 MG CPT/HCPCS INJECTION, TRILACICLIB, 1 MG YES COOTH-HCPCS INJECTION, TRILACICLIB, 1 MG CPT/HCPCS INJECTION, TRILACICLIB, 1 MG YES COOTH COO	332	Revenue	CHEMOTHERAPY-ORAL	Yes
CPT/HCPCS CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; PUSH TECHNIQUE Yes CHEMO ADMIN, INTRAVEN INFUS TECH; INIT OF PROLONGED CHEMO INFUSION (MORE THN 8 HRS), REQ USE OF PORT OR IMPLANT PUMP CHEMOTHERAPY ADMINISTRATION; INTRALESIONAL, MORE THAN 7 LESIONS YES CPT/HCPCS CHEMOTHERAPY ADMINISTRATION BY BOTH INFUSION TECHNIQUES AND OTHER TECHNIQUE PER VISIT CPT/HCPCS CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOUS OR INTRAMUSCULAR; NON-HORMONAL ANTI-NEOPLASTIC CPT/HCPCS CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOUS OR INTRAMUSCULAR; NON-HORMONAL ANTI-NEOPLASTIC CPT/HCPCS THERAPEUTIC INDUCTION OF INTRA-BRAIN HYPOTHERMIA, INCLUDING PLACEMENT OF A MECHANICAL TEMPERATURE-CONTROLLED COOLING DEV CRYOTHERAPY OF THE ORAL CAVITY USING TEMPERATURE REGULATED FLUID COOLING SYSTEM, INCLUDING PLACEMENT OF AN ORAL DEVICE, CS0078 CPT/HCPCS INJECTION, TRILACICLIB, 1 MG CPT/HCPCS INJECTION, CASIMERSEN, 10 MG Yes CS0075 CPT/HCPCS INJECTION, DEVACIZUMAB, 0.25 MG M0300 CPT/HCPCS INJECTION, BEVACIZUMAB, 0.25 MG M0300 CPT/HCPCS INJECTION, BEVACIZUMAB, 0.25 MG M0300 CPT/HCPCS INJECTION, MMUNUB GLOBULIN (CUTAQUIG), 100 MG Yes 1551 CPT/HCPCS INJECTION, IMMUNE GLOBULIN (CUTAQUIG), 100 MG Yes 11448 CPT/HCPCS INJECTION, TRILACICLIB, 1 MG Yes 11426 CPT/HCPCS INJECTION, TRILACICLIB, 1 MG Yes	96409	CPT/HCPCS	CHEMOTHERAPY ADMINISTRATION; INTRAVENOUS, PUSH TECHNIQUE,	Yes
26416 CPT/HCPCS CHEMO ADMIN, INTRAVEN INFUS TECH; INIT OF PROLONGED CHEMO INFUSION (MORE THN 8 HRS), REQ USE OF PORT OR IMPLANT PUMP 26406 CPT/HCPCS CHEMOTHERAPY ADMINISTRATION; INTRALESIONAL, MORE THAN 7 LESIONS YES 26085 CPT/HCPCS CHEMOTHERAPY ASDMINISTRATION BY BOTH INFUSION TECHNIQUES AND YES 26401 CPT/HCPCS CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOUS OR INTRAMUSCULAR; NON-HORMONAL ANTI-NEOPLASTIC 26776T CPT/HCPCS THERAPY ADMINISTRATION, SUBCUTANEOUS OR INTRAMUSCULAR; NON-HORMONAL ANTI-NEOPLASTIC 26776T CPT/HCPCS THERAPEUTIC INDUCTION OF INTRA-BRAIN HYPOTHERMIA, INCLUDING PLACEMENT OF A MECHANICAL TEMPERATURE-CONTROLLED COOLING DEV 26881T CPT/HCPCS CRYOTHERAPY OF THE ORAL CAVITY USING TEMPERATURE REGULATED FLUID COOLING SYSTEM, INCLUDING PLACEMENT OF AN ORAL DEVICE, 269075 CPT/HCPCS INJECTION, TRILACICLIB, 1 MG Yes 269075 CPT/HCPCS INJECTION, CASIMERSEN, 10 MG Yes 269257 CPT/HCPCS INJECTION, IMMUNE GLOBULIN (ASCENIV), 500 MG Yes 269257 CPT/HCPCS INJECTION, BEVACIZUMAB, 0.25 MG Yes 269257 CPT/HCPCS INJECTION, BEVACIZUMAB, 0.25 MG Yes 269257 CPT/HCPCS INJECTION, IMMUNE GLOBULIN (CUTAQUIG), 100 MG Yes 269257 CPT/HCPCS INJECTION, IMMUNE GLOBULIN (CUTAQUIG), 100 MG Yes 269257 CPT/HCPCS INJECTION, IMMUNE GLOBULIN (CUTAQUIG), 100 MG Yes 269257 CPT/HCPCS INJECTION, IMMUNE GLOBULIN (CUTAQUIG), 100 MG Yes 269257 CPT/HCPCS INJECTION, IMMUNE GLOBULIN (CUTAQUIG), 100 MG Yes 269257 CPT/HCPCS INJECTION, INICLISIRAN, 1 MG Yes 269257 CPT/HCPCS INJECTION, INICLISIRAN, 1 MG Yes 269257 CPT/HCPCS INJECTION, TRILACICLIB, 1 MG Yes			SINGLE OR INITIAL SUBSTANCE/DRUG	
INFUSION (MORE THN 8 HRS), REQ USE OF PORT OR IMPLANT PUMP 26406 CPT/HCPCS CHEMOTHERAPY ADMINISTRATION; INTRALESIONAL, MORE THAN 7 LESIONS 20085 CPT/HCPCS CHEMOTHERAPY ASDMINISTRATION BY BOTH INFUSION TECHNIQUES AND OTHER TECHNIQUE PER VISIT 26401 CPT/HCPCS CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOUS OR INTRAMUSCULAR; NON-HORMONAL ANTI-NEOPLASTIC 2776T CPT/HCPCS THERAPEUTIC INDUCTION OF INTRA-BRAIN HYPOTHERMIA, INCLUDING PLACEMENT OF A MECHANICAL TEMPERATURE-CONTROLLED COOLING DEV 2881T CPT/HCPCS CRYOTHERAPY OF THE ORAL CAVITY USING TEMPERATURE REGULATED FLUID COOLING SYSTEM, INCLUDING PLACEMENT OF AN ORAL DEVICE, 29078 CPT/HCPCS INJECTION, TRILACICLIB, 1 MG 29075 CPT/HCPCS INJECTION, TRILACICLIB, 1 MG 29085 CPT/HCPCS INJECTION, IMMUNE GLOBULIN (ASCENIV), 500 MG 29257 CPT/HCPCS INJECTION, BEVACIZUMAB, 0.25 MG 29257 CPT/HCPCS INJECTION, BEVACIZUMAB, 0.25 MG 29257 CPT/HCPCS INJECTION, IMMUNE GLOBULIN (CUTAQUIG), 100 MG 29251 CPT/HCPCS INJECTION, INGELION, INGUINE CORDINAL OF THE PROPERTY OF THE	96420	CPT/HCPCS	CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; PUSH TECHNIQUE	Yes
INFUSION (MORE THN 8 HRS), REQ USE OF PORT OR IMPLANT PUMP 26406 CPT/HCPCS CHEMOTHERAPY ADMINISTRATION; INTRALESIONAL, MORE THAN 7 LESIONS 20085 CPT/HCPCS CHEMOTHERAPY ASDMINISTRATION BY BOTH INFUSION TECHNIQUES AND OTHER TECHNIQUE PER VISIT 26401 CPT/HCPCS CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOUS OR INTRAMUSCULAR; NON-HORMONAL ANTI-NEOPLASTIC 2776T CPT/HCPCS THERAPEUTIC INDUCTION OF INTRA-BRAIN HYPOTHERMIA, INCLUDING PLACEMENT OF A MECHANICAL TEMPERATURE-CONTROLLED COOLING DEV 2881T CPT/HCPCS CRYOTHERAPY OF THE ORAL CAVITY USING TEMPERATURE REGULATED FLUID COOLING SYSTEM, INCLUDING PLACEMENT OF AN ORAL DEVICE, 29078 CPT/HCPCS INJECTION, TRILACICLIB, 1 MG 29075 CPT/HCPCS INJECTION, TRILACICLIB, 1 MG 29085 CPT/HCPCS INJECTION, IMMUNE GLOBULIN (ASCENIV), 500 MG 29257 CPT/HCPCS INJECTION, BEVACIZUMAB, 0.25 MG 29257 CPT/HCPCS INJECTION, BEVACIZUMAB, 0.25 MG 29257 CPT/HCPCS INJECTION, IMMUNE GLOBULIN (CUTAQUIG), 100 MG 29251 CPT/HCPCS INJECTION, INGELION, INGUINE CORDINAL OF THE PROPERTY OF THE				
CPT/HCPCS CHEMOTHERAPY ADMINISTRATION; INTRALESIONAL, MORE THAN 7 LESIONS Yes CO085 CPT/HCPCS CHEMOTHERAPY ASDMINISTRATION BY BOTH INFUSION TECHNIQUES AND Yes OTHER TECHNIQUE PER VISIT CPT/HCPCS CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOUS OR INTRAMUSCULAR; NON-HORMONAL ANTI-NEOPLASTIC THERAPEUTIC INDUCTION OF INTRA-BRAIN HYPOTHERMIA, INCLUDING PLACEMENT OF A MECHANICAL TEMPERATURE-CONTROLLED COOLING DEV CPT/HCPCS CRYOTHERAPY OF THE ORAL CAVITY USING TEMPERATURE REGULATED FLUID COOLING SYSTEM, INCLUDING PLACEMENT OF AN ORAL DEVICE, CP0778 CPT/HCPCS INJECTION, TRILACICLIB, 1 MG CP0775 CPT/HCPCS INJECTION, CASIMERSEN, 10 MG CP0775 CPT/HCPCS INJECTION, IMMUNE GLOBULIN (ASCENIV), 500 MG CP0776 CPT/HCPCS INJECTION, IMMUNE GLOBULIN (ASCENIV), 500 MG CP0776 CPT/HCPCS INJECTION, BEVACIZUMAB, 0.25 MG CP0776 CPT/HCPCS INJECTION, IMMUNE GLOBULIN (CUTAQUIG), 100 MG CPT/HCPCS INJECTION, IMMUNE GLOBULIN (CUTAQUIG), 100 MG CPT/HCPCS INJECTION, INCLISIRAN, 1 MG CPT/HCPCS INJECTION, TRILACICLIB, 1 MG Yes 1448 CPT/HCPCS INJECTION, CASIMERSEN, 10 MG CPT/HCPCS INJECTION, TRILACICLIB, 1 MG Yes 1448 CPT/HCPCS INJECTION, TRILACICLIB, 1 MG Yes 1446 CPT/HCPCS INJECTION, CASIMERSEN, 10 MG Yes 1447 CPT/HCPCS INJECTION, TRILACICLIB, 1 MG Yes 1448 CPT/HCPCS INJECTION, CASIMERSEN, 10 MG	96416	CPT/HCPCS	CHEMO ADMIN, INTRAVEN INFUS TECH; INIT OF PROLONGED CHEMO	Yes
CPT/HCPCS CHEMOTHERAPY ASDMINISTRATION BY BOTH INFUSION TECHNIQUES AND Yes OTHER TECHNIQUE PER VISIT CPT/HCPCS CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOUS OR INTRAMUSCULAR; NON-HORMONAL ANTI-NEOPLASTIC THERAPEUTIC INDUCTION OF INTRA-BRAIN HYPOTHERMIA, INCLUDING PLACEMENT OF A MECHANICAL TEMPERATURE-CONTROLLED COOLING DEV CPT/HCPCS CRYOTHERAPY OF THE ORAL CAVITY USING TEMPERATURE REGULATED FLUID COOLING SYSTEM, INCLUDING PLACEMENT OF AN ORAL DEVICE, CPT/HCPCS INJECTION, TRILACICLIB, 1 MG CPT/HCPCS INJECTION, CASIMERSEN, 10 MG CPT/HCPCS INJECTION, IMMUNE GLOBULIN (ASCENIV), 500 MG Yes CPT/HCPCS INJECTION, BEVACIZUMAB, 0.25 MG CPT/HCPCS INJECTION, BEVACIZUMAB, 0.25 MG CPT/HCPCS INJECTION, BEVACIZUMAB, 0.25 MG CPT/HCPCS INJECTION, IMMUNE GLOBULIN (CUTAQUIG), 100 MG Yes 1306 CPT/HCPCS INJECTION, INCLISIRAN, 1 MG CPT/HCPCS INJECTION, INCLISIRAN, 1 MG Yes 1448 CPT/HCPCS INJECTION, TRILACICLIB, 1 MG Yes 1448 CPT/HCPCS INJECTION, TRILACICLIB, 1 MG Yes 1448 CPT/HCPCS INJECTION, CASIMERSEN, 10 MG Yes 1448 CPT/HCPCS INJECTION, TRILACICLIB, 1 MG Yes 1448 CPT/HCPCS INJECTION, TRILACICLIB, 1 MG Yes 1448 CPT/HCPCS INJECTION, CASIMERSEN, 10 MG Yes			INFUSION (MORE THN 8 HRS), REQ USE OF PORT OR IMPLANT PUMP	
CPT/HCPCS CHEMOTHERAPY ASDMINISTRATION BY BOTH INFUSION TECHNIQUES AND Yes OTHER TECHNIQUE PER VISIT CPT/HCPCS CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOUS OR INTRAMUSCULAR; NON-HORMONAL ANTI-NEOPLASTIC THERAPEUTIC INDUCTION OF INTRA-BRAIN HYPOTHERMIA, INCLUDING PLACEMENT OF A MECHANICAL TEMPERATURE-CONTROLLED COOLING DEV CPT/HCPCS CRYOTHERAPY OF THE ORAL CAVITY USING TEMPERATURE REGULATED FLUID COOLING SYSTEM, INCLUDING PLACEMENT OF AN ORAL DEVICE, CPT/HCPCS INJECTION, TRILACICLIB, 1 MG CPT/HCPCS INJECTION, CASIMERSEN, 10 MG CPT/HCPCS INJECTION, IMMUNE GLOBULIN (ASCENIV), 500 MG Yes CPT/HCPCS INJECTION, BEVACIZUMAB, 0.25 MG CPT/HCPCS INJECTION, BEVACIZUMAB, 0.25 MG CPT/HCPCS INJECTION, BEVACIZUMAB, 0.25 MG CPT/HCPCS INJECTION, IMMUNE GLOBULIN (CUTAQUIG), 100 MG Yes 1306 CPT/HCPCS INJECTION, INCLISIRAN, 1 MG CPT/HCPCS INJECTION, INCLISIRAN, 1 MG Yes 1448 CPT/HCPCS INJECTION, TRILACICLIB, 1 MG Yes 1448 CPT/HCPCS INJECTION, TRILACICLIB, 1 MG Yes 1448 CPT/HCPCS INJECTION, CASIMERSEN, 10 MG Yes 1448 CPT/HCPCS INJECTION, TRILACICLIB, 1 MG Yes 1448 CPT/HCPCS INJECTION, TRILACICLIB, 1 MG Yes 1448 CPT/HCPCS INJECTION, CASIMERSEN, 10 MG Yes	96406	CPT/HCPCS	CHEMOTHERAPY ADMINISTRATION; INTRALESIONAL, MORE THAN 7 LESIONS	Yes
OTHER TECHNIQUE PER VISIT OFFICIAL CONTINUES CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOUS OR INTRAMUSCULAR; NON-HORMONAL ANTI-NEOPLASTIC OTTO THE REAPPEUTIC INDUCTION OF INTRA-BRAIN HYPOTHERMIA, INCLUDING PLACEMENT OF A MECHANICAL TEMPERATURE-CONTROLLED COOLING DEV OBSTIT CPT/HCPCS CRYOTHERAPY OF THE ORAL CAVITY USING TEMPERATURE REGULATED FLUID COOLING SYSTEM, INCLUDING PLACEMENT OF AN ORAL DEVICE, COOTS CPT/HCPCS INJECTION, TRILACICLIB, 1 MG COOTS CPT/HCPCS INJECTION, CASIMERSEN, 10 MG COOTS CPT/HCPCS INJECTION, IMMUNE GLOBULIN (ASCENIV), 500 MG COOTS CPT/HCPCS INJECTION, IMMUNE GLOBULIN (ASCENIV), 500 MG COOTS CPT/HCPCS INJECTION, BEVACIZUMAB, 0.25 MG COOTS CPT/HCPCS INJECTION, IMMUNE GLOBULIN (CUTAQUIG), 100 MG COOTS COOTS COOTS INJECTION, IMMUNE GLOBULIN (CUTAQUIG), 100 MG COOTS COOTS INJECTION, INCLISIRAN, 1 MG COOTS COOTS INJECTION, INCLISIRAN, 1 MG COOTS INJECTION, INCLISIRAN, 1 MG YES INJECTION, TRILACICLIB, 1 MG YES INJECTION, CASIMERSEN, 10 MG YES				
OTHER TECHNIQUE PER VISIT OFFICIAL CONTINUES CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOUS OR INTRAMUSCULAR; NON-HORMONAL ANTI-NEOPLASTIC OTTO THE REAPPEUTIC INDUCTION OF INTRA-BRAIN HYPOTHERMIA, INCLUDING PLACEMENT OF A MECHANICAL TEMPERATURE-CONTROLLED COOLING DEV OBSTIT CPT/HCPCS CRYOTHERAPY OF THE ORAL CAVITY USING TEMPERATURE REGULATED FLUID COOLING SYSTEM, INCLUDING PLACEMENT OF AN ORAL DEVICE, COOTS CPT/HCPCS INJECTION, TRILACICLIB, 1 MG COOTS CPT/HCPCS INJECTION, CASIMERSEN, 10 MG COOTS CPT/HCPCS INJECTION, IMMUNE GLOBULIN (ASCENIV), 500 MG COOTS CPT/HCPCS INJECTION, IMMUNE GLOBULIN (ASCENIV), 500 MG COOTS CPT/HCPCS INJECTION, BEVACIZUMAB, 0.25 MG COOTS CPT/HCPCS INJECTION, IMMUNE GLOBULIN (CUTAQUIG), 100 MG COOTS COOTS COOTS INJECTION, IMMUNE GLOBULIN (CUTAQUIG), 100 MG COOTS COOTS INJECTION, INCLISIRAN, 1 MG COOTS COOTS INJECTION, INCLISIRAN, 1 MG COOTS INJECTION, INCLISIRAN, 1 MG YES INJECTION, TRILACICLIB, 1 MG YES INJECTION, CASIMERSEN, 10 MG YES	Q0085	CPT/HCPCS	CHEMOTHERAPY ASDMINISTRATION BY BOTH INFUSION TECHNIQUES AND	Yes
CPT/HCPCS CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOUS OR INTRAMUSCULAR; NON-HORMONAL ANTI-NEOPLASTIC CPT/HCPCS THERAPEUTIC INDUCTION OF INTRA-BRAIN HYPOTHERMIA, INCLUDING PLACEMENT OF A MECHANICAL TEMPERATURE-CONTROLLED COOLING DEV CPT/HCPCS CRYOTHERAPY OF THE ORAL CAVITY USING TEMPERATURE REGULATED FLUID COOLING SYSTEM, INCLUDING PLACEMENT OF AN ORAL DEVICE, C9078 CPT/HCPCS INJECTION, TRILACICLIB, 1 MG C9075 CPT/HCPCS INJECTION, CASIMERSEN, 10 MG C9076 CPT/HCPCS INJECTION, IMMUNE GLOBULIN (ASCENIV), 500 MG C9257 CPT/HCPCS INJECTION, BEVACIZUMAB, 0.25 MG M0300 CPT/HCPCS IV CHELATION THERAPY (CHEMICAL ENDARTERECTOMY) TYPES C9174 CPCS INJECTION, IMMUNE GLOBULIN (CUTAQUIG), 100 MG CPT/HCPCS INJECTION, IMMUNE GLOBULIN (CUTAQUIG), 100 MG CPT/HCPCS INJECTION, INCLISIRAN, 1 MG CPT/HCPCS INJECTION, INCLISIRAN, 1 MG CPT/HCPCS INJECTION, IRLACICLIB, 1 MG CPT/HCPCS INJECTION, IRLACICLIB, 1 MG CPT/HCPCS INJECTION, TRILACICLIB, 1 MG CPT/HCPCS INJECTION, TRILACICLIB, 1 MG CPT/HCPCS INJECTION, TRILACICLIB, 1 MG CPT/HCPCS INJECTION, CASIMERSEN, 10 MG Yes CHARACTER OF THE ORAL TRIANG TO THE ORAL TRILACICLIB, 1 MG CPT/HCPCS INJECTION, CASIMERSEN, 10 MG YES CHARACTER OF THE ORAL TRIANG TO THE ORAL TRILACICLIB, 1 MG CPT/HCPCS INJECTION, CASIMERSEN, 10 MG YES				
NON-HORMONAL ANTI-NEOPLASTIC CPT/HCPCS THERAPEUTIC INDUCTION OF INTRA-BRAIN HYPOTHERMIA, INCLUDING PLACEMENT OF A MECHANICAL TEMPERATURE-CONTROLLED COOLING DEV CPT/HCPCS CRYOTHERAPY OF THE ORAL CAVITY USING TEMPERATURE REGULATED FLUID COOLING SYSTEM, INCLUDING PLACEMENT OF AN ORAL DEVICE, C9078 CPT/HCPCS INJECTION, TRILACICLIB, 1 MG C9075 CPT/HCPCS INJECTION, CASIMERSEN, 10 MG Yes C9257 CPT/HCPCS INJECTION, IMMUNE GLOBULIN (ASCENIV), 500 MG CPT/HCPCS INJECTION, BEVACIZUMAB, 0.25 MG Yes C90300 CPT/HCPCS IV CHELATION THERAPY (CHEMICAL ENDARTERECTOMY) Yes 1551 CPT/HCPCS INJECTION, IMMUNE GLOBULIN (CUTAQUIG), 100 MG Yes 1306 CPT/HCPCS INJECTION, INCLISIRAN, 1 MG Yes 1448 CPT/HCPCS INJECTION, TRILACICLIB, 1 MG Yes 1448 CPT/HCPCS INJECTION, TRILACICLIB, 1 MG Yes 1448 CPT/HCPCS INJECTION, CASIMERSEN, 10 MG Yes	96401	CPT/HCPCS		Yes
THERAPEUTIC INDUCTION OF INTRA-BRAIN HYPOTHERMIA, INCLUDING PLACEMENT OF A MECHANICAL TEMPERATURE-CONTROLLED COOLING DEV OBSTIT CPT/HCPCS CRYOTHERAPY OF THE ORAL CAVITY USING TEMPERATURE REGULATED FLUID COOLING SYSTEM, INCLUDING PLACEMENT OF AN ORAL DEVICE, C9078 CPT/HCPCS INJECTION, TRILACICLIB, 1 MG C9075 CPT/HCPCS INJECTION, CASIMERSEN, 10 MG C9075 CPT/HCPCS INJECTION, IMMUNE GLOBULIN (ASCENIV), 500 MG C90957 CPT/HCPCS INJECTION, IMMUNE GLOBULIN (ASCENIV), 500 MG C90957 CPT/HCPCS INJECTION, BEVACIZUMAB, 0.25 MG C90957 CPT/HCPCS INJECTION, BEVACIZUMAB, 0.25 MG C90958 CPT/HCPCS INJECTION, IMMUNE GLOBULIN (CUTAQUIG), 100 MG CPT/HCPCS INJECTION, IMMUNE GLOBULIN (CUTAQUIG), 100 MG TYPES C90959 CPT/HCPCS INJECTION, INMUNE GLOBULIN (CUTAQUIG), 100 MG TYPES C90959 CPT/HCPCS INJECTION, INCLISIRAN, 1 MG TYPES C90959 CPT/HCPCS INJECTION, INCLISIRAN, 1 MG TYPES C90959 CPT/HCPCS INJECTION, TRILACICLIB, 1 MG TYPES C90959 CPT/HCPCS INJECTION, CASIMERSEN, 10 MG TYPES C90959 CPT/HCPCS INJECTION, CASIMER	· *=		· ·	
PLACEMENT OF A MECHANICAL TEMPERATURE-CONTROLLED COOLING DEV OBSTIT CPT/HCPCS CRYOTHERAPY OF THE ORAL CAVITY USING TEMPERATURE REGULATED FLUID COOLING SYSTEM, INCLUDING PLACEMENT OF AN ORAL DEVICE, C9078 CPT/HCPCS INJECTION, TRILACICLIB, 1 MG C9075 CPT/HCPCS INJECTION, CASIMERSEN, 10 MG C9076 CPT/HCPCS INJECTION, IMMUNE GLOBULIN (ASCENIV), 500 MG C90977 CPT/HCPCS INJECTION, IMMUNE GLOBULIN (ASCENIV), 500 MG C90978 CPT/HCPCS INJECTION, BEVACIZUMAB, 0.25 MG C90979 CPT/HCPCS INJECTION, IMMUNE GLOBULIN (CUTAQUIG), 100 MG C90979 CPT/HCPCS INJECTION, IMMUNE GLOBULIN (CUTAQUIG), 100 MG C90979 CPT/HCPCS INJECTION, INCLISIRAN, 1 MG C90979 Yes C90979 CPT/HCPCS INJECTION, INCLISIRAN, 1 MG C90979 Yes C90979 CPT/HCPCS INJECTION, TRILACICLIB, 1 MG C90979 Yes C909	0776T	CPT/HCPCS		Yes
D881T CPT/HCPCS CRYOTHERAPY OF THE ORAL CAVITY USING TEMPERATURE REGULATED FLUID COOLING SYSTEM, INCLUDING PLACEMENT OF AN ORAL DEVICE, C9078 CPT/HCPCS INJECTION, TRILACICLIB, 1 MG C9075 CPT/HCPCS INJECTION, CASIMERSEN, 10 MG C9075 CPT/HCPCS INJECTION, IMMUNE GLOBULIN (ASCENIV), 500 MG C9257 CPT/HCPCS INJECTION, BEVACIZUMAB, 0.25 MG C9257 CPT/HCPCS INJECTION, BEVACIZUMAB, 0.25 MG C976 CPT/HCPCS INJECTION, IMMUNE GLOBULIN (CUTAQUIG), 100 MG CPT/HCPCS INJECTION, IMMUNE GLOBULIN (CUTAQUIG), 100 MG CPT/HCPCS INJECTION, INCLISIRAN, 1 MG CPT/HCPCS INJECTION, INCLISIRAN, 1 MG CPT/HCPCS INJECTION, TRILACICLIB, 1 MG CPT/HCPCS INJECTION, TRILACICLIB, 1 MG Yes CPT/HCPCS INJECTION, CASIMERSEN, 10 MG Yes CPT/HCPCS INJECTION, CASIMERSEN, 10 MG Yes			·	
FLUID COOLING SYSTEM, INCLUDING PLACEMENT OF AN ORAL DEVICE, C9078 CPT/HCPCS INJECTION, TRILACICLIB, 1 MG C9075 CPT/HCPCS INJECTION, CASIMERSEN, 10 MG 1554 CPT/HCPCS INJECTION, IMMUNE GLOBULIN (ASCENIV), 500 MG C9257 CPT/HCPCS INJECTION, BEVACIZUMAB, 0.25 MG M0300 CPT/HCPCS IV CHELATION THERAPY (CHEMICAL ENDARTERECTOMY) 1551 CPT/HCPCS INJECTION, IMMUNE GLOBULIN (CUTAQUIG), 100 MG 1306 CPT/HCPCS INJECTION, INCLISIRAN, 1 MG CPT/HCPCS INJECTION, TRILACICLIB, 1 MG Yes 1448 CPT/HCPCS INJECTION, CASIMERSEN, 10 MG Yes 1426 CPT/HCPCS INJECTION, CASIMERSEN, 10 MG Yes				
FLUID COOLING SYSTEM, INCLUDING PLACEMENT OF AN ORAL DEVICE, C9078 CPT/HCPCS INJECTION, TRILACICLIB, 1 MG C9075 CPT/HCPCS INJECTION, CASIMERSEN, 10 MG 1554 CPT/HCPCS INJECTION, IMMUNE GLOBULIN (ASCENIV), 500 MG C9257 CPT/HCPCS INJECTION, BEVACIZUMAB, 0.25 MG M0300 CPT/HCPCS IV CHELATION THERAPY (CHEMICAL ENDARTERECTOMY) 1551 CPT/HCPCS INJECTION, IMMUNE GLOBULIN (CUTAQUIG), 100 MG 1306 CPT/HCPCS INJECTION, INCLISIRAN, 1 MG CPT/HCPCS INJECTION, TRILACICLIB, 1 MG Yes 1448 CPT/HCPCS INJECTION, CASIMERSEN, 10 MG Yes 1426 CPT/HCPCS INJECTION, CASIMERSEN, 10 MG Yes	0881T	CPT/HCPCS	CRYOTHERAPY OF THE ORAL CAVITY USING TEMPERATURE REGULATED	Yes
C9078	00011	01 171101 00		
C9075 CPT/HCPCS INJECTION, CASIMERSEN, 10 MG Yes C9257 CPT/HCPCS INJECTION, BEVACIZUMAB, 0.25 MG Yes C9257 CPT/HCPCS INJECTION, BEVACIZUMAB, 0.25 MG Yes C9300 CPT/HCPCS IV CHELATION THERAPY (CHEMICAL ENDARTERECTOMY) Yes C9300 CPT/HCPCS INJECTION, IMMUNE GLOBULIN (CUTAQUIG), 100 MG Yes C9300 CPT/HCPCS INJECTION, INCLISIRAN, 1 MG Yes C9300 CPT/HCPCS INJECTION, INCLISIRAN, 1 MG Yes C9300 CPT/HCPCS INJECTION, TRILACICLIB, 1 MG Yes C9300 CPT/HCPCS INJECTION, CASIMERSEN, 10 MG Yes C9300			TEGID GOOGLING STOTELT, INGEGINGT EAGETTENT OF AN ONAE DEVICE,	
C9075 CPT/HCPCS INJECTION, CASIMERSEN, 10 MG Yes C9257 CPT/HCPCS INJECTION, BEVACIZUMAB, 0.25 MG Yes C9257 CPT/HCPCS INJECTION, BEVACIZUMAB, 0.25 MG Yes C9300 CPT/HCPCS IV CHELATION THERAPY (CHEMICAL ENDARTERECTOMY) Yes C9300 CPT/HCPCS INJECTION, IMMUNE GLOBULIN (CUTAQUIG), 100 MG Yes C9300 CPT/HCPCS INJECTION, INCLISIRAN, 1 MG Yes C9300 CPT/HCPCS INJECTION, INCLISIRAN, 1 MG Yes C9300 CPT/HCPCS INJECTION, TRILACICLIB, 1 MG Yes C9300 CPT/HCPCS INJECTION, CASIMERSEN, 10 MG Yes C9300	C9072	CDT/HCDCs	INIECTION TRILACICUE 1 MG	Ves
1554 CPT/HCPCS INJECTION, IMMUNE GLOBULIN (ASCENIV), 500 MG C9257 CPT/HCPCS INJECTION, BEVACIZUMAB, 0.25 MG M0300 CPT/HCPCS IV CHELATION THERAPY (CHEMICAL ENDARTERECTOMY) 1551 CPT/HCPCS INJECTION, IMMUNE GLOBULIN (CUTAQUIG), 100 MG Yes 1306 CPT/HCPCS INJECTION, INCLISIRAN, 1 MG Yes 1448 CPT/HCPCS INJECTION, TRILACICLIB, 1 MG Yes 1446 CPT/HCPCS INJECTION, CASIMERSEN, 10 MG Yes				
C9257 CPT/HCPCS INJECTION, BEVACIZUMAB, 0.25 MG M0300 CPT/HCPCS IV CHELATION THERAPY (CHEMICAL ENDARTERECTOMY) 1551 CPT/HCPCS INJECTION, IMMUNE GLOBULIN (CUTAQUIG), 100 MG 1306 CPT/HCPCS INJECTION, INCLISIRAN, 1 MG 1448 CPT/HCPCS INJECTION, TRILACICLIB, 1 MG 1426 CPT/HCPCS INJECTION, CASIMERSEN, 10 MG Yes Yes Yes				
M0300 CPT/HCPCS IV CHELATION THERAPY (CHEMICAL ENDARTERECTOMY) 1551 CPT/HCPCS INJECTION, IMMUNE GLOBULIN (CUTAQUIG), 100 MG 1306 CPT/HCPCS INJECTION, INCLISIRAN, 1 MG 1448 CPT/HCPCS INJECTION, TRILACICLIB, 1 MG 1426 CPT/HCPCS INJECTION, CASIMERSEN, 10 MG Yes Yes				
1551 CPT/HCPCS INJECTION, IMMUNE GLOBULIN (CUTAQUIG), 100 MG 1306 CPT/HCPCS INJECTION, INCLISIRAN, 1 MG 1448 CPT/HCPCS INJECTION, TRILACICLIB, 1 MG 1426 CPT/HCPCS INJECTION, CASIMERSEN, 10 MG Yes 1427 Yes				
1306 CPT/HCPCS INJECTION, INCLISIRAN, 1 MG 1448 CPT/HCPCS INJECTION, TRILACICLIB, 1 MG 1426 CPT/HCPCS INJECTION, CASIMERSEN, 10 MG Yes 1427 Yes			·	
1448 CPT/HCPCS INJECTION, TRILACICLIB, 1 MG 1426 CPT/HCPCS INJECTION, CASIMERSEN, 10 MG Yes				
1426 CPT/HCPCS INJECTION, CASIMERSEN, 10 MG Yes				
1305 CPT/HCPCS INJECTION, EVINACUMAB-DGNB, 5 MG Yes				
	J1305	CPT/HCPCS	INJECTION, EVINACUMAB-DGNB, 5 MG	Yes

000==	000000000	INVESTIGAL FUNDA SALES SALES	T _v
C9079	CPT/HCPCS	INJECTION, EVINACUMAB-DGNB, 5 MG	Yes
J7799	CPT/HCPCS	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGHDME	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 RECEIVIN	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	Yes
C9142	CPT/HCPCS	EQUIVALENT TO J1644, PER 1000 UNITS INJECTION, BEVACIZUMAB-MALY, BIOSIMILAR, (ALYMSYS), 10 MG	Yes
J1599	CPT/HCPCS	INJECTION, BEVACIZUMAB-MALY, BIOSIMILAR, (ALYMSYS), 10 MG INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, NON-LYOPHILIZED (E.G.	Yes
71399	CFI/HCFC3	LIQUID), NOT OTHERWISE SPECIFIED, 500 MG	165
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 HCI,250MG(LOADING DOSE FOR INFUSIONPUMP)	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 INFUSIONPUMP)	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	Yes
		INTRAVENOUS INJECTION, 25 MCG	
J3358	CPT/HCPCS CPT/HCPCS	USTEKINUMAB, FOR INTRAVENOUS INJECTION, 1 MG INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G.	Yes
J1566	OF I/FICECS	POWDER), NOT OTHERWISE SPECIFIED	Yes

STATE		1	T	I
DE FERGENT, 2001 DE FERGENT,	S5012	CPT/HCPCS	5% DEXTROSE WITH POTASSIUM CHLORIDE, 1000ML	Yes
SOURCEST SOURCEST MONTRO	J2792	CPT/HCPCS		Yes
WOMERSON	90288	CPT/HCPCS	BOTULISM IMMUNE GLOBULIN, HUMAN, FOR INTRAVENOUS USE	Yes
WORTH INCOMES OF A STATE OF A LIQUID, SOO MO CITTAPONS MICCIDIN, PACTOR MI, MINISTROPHUS PACTOR PER 10 FOR PACTOR MINISTROPHUS PACTOR AND PACTOR AND PACTOR PER 10 FOR PACTOR MINISTROPHUS PACTOR AND PACTOR AND PACTOR PER 10 FOR PACTOR MINISTROPHUS PACTOR AND PACTOR AND PACTOR PER 10 FOR PACTOR MINISTROPHUS PACTOR PER 10 FOR PACTOR MINISTROPHUS PACTOR PER 10 FOR PACTOR MINISTROPHUS PACTOR PER 10 FOR PACTOR MINISTROPHUS PACTOR PER 10 FOR PACTOR MINISTROPHUS PACTOR PER 10 FOR PACTOR MINISTROPHUS PACTOR PER 10 FOR PACTOR MINISTROPHUS PACTOR PER 10 FOR PACTOR MINISTROPHUS PACTOR PER 10 FOR PACTOR MINISTROPHUS PACTOR PER 10 FOR PACTOR MINISTROPHUS PACTOR PER 10 FOR PACTOR MINISTROPHUS PACTOR PACTOR PACTOR PACTOR FOR PACTOR MINISTROPHUS PACTOR PACTO	J1561	CPT/HCPCS	INJECTION, IMMUNE GLOBULIN, (GAMUNEX), INTRAVENOUS, NON-	Yes
			LYOPHILIZED (E.G. LIQUID), 500 MG	
	J7204	CPT/HCPCS		Yes
CPTH-CPCS				
2220 ANDEDON, 10 MO	I7169	CPT/HCPCS		Yes
17.79.00	,, 100	01 1/1101 00		
OPTINGES	17196	CPT/HCPCS		Yes
CHEATURE, PERLU. Yes				
	J7 100	01 1/1101 03		163
PARTOR P	17175	CDT/HCDCS		Vos
U				
NOVOSEIGHT, PERIU	J/ 193	CF1/HCFC3		165
PITHOPOS	J7182	CPT/HCPCS	INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT),	Yes
			(NOVOEIGHT), PER IU	
17188	J7211	CPT/HCPCS		Yes
OPT/HCPCS	17100	CDT/HCDCS		Voc
DYTHOROS NUECTION, PACE NOT NUELEBRAND FACTOR COMPLEX (HUMATE P), PER IU Yes WESTERD Ves WESTERD Ves WESTERD Ves WESTERD Ves V				
17187	J/103	CP1/HCPC3	· · · · · · · · · · · · · · · · · · ·	res
WF-RCO	174.07	ODT// IODOC		Vaa
CPT/HCPCS	J/18/	CPI/HCPCS		Yes
CPT/HCPCS	J7197	CPT/HCPCS	ANTITHROMBIN III (HUMAN), PER I.U.	Yes
(NUMIQ), 1.I.U.				
WWF.RCO	J7183	CPT/HCPCS		Yes
17205 CPT/HCPCS				
17195	J7205	CPT/HCPCS		Yes
NOT OTHERWISE SPECIFIED				
	J7 100	01 1/1101 00		163
	J7199	CPT/HCPCS		Yes
WF:RCO OPT/HCPCS FACTOR VIIA (ANTIHEMOPHILIC FACTOR, RECOMBINANT) (NOVOSEVEN RT) ING J7207 OPT/HCPCS INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PEGYLATED, 1 I.U. OPT/HCPCS INJECTION, FACTOR IX, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), RIXUBIS, PER IU C9041 CPT/HCPCS INJECTION, COAGULATION FACTOR XA (RECOMBINANT), INACTIVATED (ANDEXXA), 10 MG C9141 CPT/HCPCS INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PEGYLATED-AUCL (JIVI), 1 I.U. J7177 CPT/HCPCS INJECTION, HUMAN FIBRINGEN CONCENTRATE (FIBRYGA), 1 MG PEGYLATED-AUCL (JIVI), 1 I.U. J7170 CPT/HCPCS INJECTION, FACTOR IXI, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), GLYCOPEGYLATED, (REBINYN), 1 IU J7170 CPT/HCPCS INJECTION, EMICIZUMAB-KXWH, 0.5 MG Ves J7186 CPT/HCPCS INJECTION, EMICIZUMAB-KXWH, 0.5 MG Ves J7181 CPT/HCPCS INJECTION, FACTOR VIII, LU. J7192 CPT/HCPCS INJECTION, FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PER I.U. Ves J7191 CPT/HCPCS INJECTION, FACTOR VIII ANDIHINITY, RECOMBINANT), PER I.U. Yes J7191 CPT/HCPCS INJECTION, FACTOR VIII ANDIHINITY, RECOMBINANT), PER I.U. Yes J7191 CPT/HCPCS INJECTION, FACTOR VIII, ANTIHEMOPHILIC FACTOR, RECOMBINANT), PER I.U. Yes J7191 CPT/HCPCS INJECTION, FACTOR VIII, ANTIHEMOPHILIC FACTOR, RECOMBINANT), PER I.U. Yes J7191 CPT/HCPCS INJECTION, FACTOR VIII, ANTIHEMOPHILIC FACTOR, RECOMBINANT), Yes J7210 CPT/HCPCS INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), Yes J7220 CPT/HCPCS INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), ALPROLIX, 1 Ves J7220 CPT/HCPCS INJECTION, FACTOR VIII, ANTIHEMOPHILIC FACTOR, RECOMBINANT), ALPROLIX, 1 Yes J7220 CPT/HCPCS INJECTION, FACTOR VIII, ANTIHEMOPHILIC FACTOR, RECOMBINANT), Yes (RECOMBINANT, IDL. J7220 CPT/HCPCS INJECTION, FACTOR VIII, ANTIHEMOPHILIC FACTOR, RECOMBINANT), Yes (RECOMBINANT, IDL. J7220 CPT/HCPCS INJECTION, FACTOR VIII, ANTIHEMOPHILIC FACTOR, RECOMBINANT), Yes (RECOMBINANT, IDL. J7220 CPT/HCPCS INJECTION, FACTOR VIII, ANTIHEMOPHILIC FACTOR, RECOMBINANT), Yes				
J7287 CPT/HCPCS	,, 1, 0	0		
J7207 CPT/HCPCS INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PEGYLATED, 1.LU. J7200 CPT/HCPCS INJECTION, FACTOR IX, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), Pes	J7189	CPT/HCPCS		Yes
PEGYLATED, 1.LU. J7200 CPT/HCPCS INJECTION, FACTOR IX, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), Yes RIXUBIS, PER IU C9041 CPT/HCPCS INJECTION, COAGULATION FACTOR XA (RECOMBINANT), INACTIVATED Yes (ANDEXXA), 10 MG C9141 CPT/HCPCS INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), Yes PEGYLATED-AUCL (JIVI), 1 LU. J7177 CPT/HCPCS INJECTION, HUMAN FIBRINOGEN CONCENTRATE (FIBRYGA), 1 MG Yes J7203 CPT/HCPCS INJECTION, FACTOR IX, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), Yes GLYCOPEGYLATED, (REBINYN), 1 IU J7170 CPT/HCPCS INJECTION, EMICIZUMAB-KXWH, 0.5 MG Yes J7186 CPT/HCPCS INJECTION, ANTIHEMOPHILIC FACTOR VIII/VON WILLEBRAND FACTOR YES COMPLEX (HUMAN), PER FACTOR VIII LU. J7192 CPT/HCPCS FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT) PER LU. Yes J7181 CPT/HCPCS INJECTION, FACTOR XIII A-SUBUNIT, (RECOMBINANT), PER IU Yes J7191 CPT/HCPCS FACTOR VIII, (ANTIHEMOPHILIC FACTOR, PORCINE) PER LU. Yes J7190 CPT/HCPCS FACTOR VIII, (ANTIHEMOPHILIC FACTOR, PORCINE) PER LU. Yes J7210 CPT/HCPCS INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), Yes J7210 CPT/HCPCS INJECTION, FACTOR IX, FC FUSION PROTEIN, (RECOMBINANT), ALPROLIX, 1 LU. J7201 CPT/HCPCS INJECTION, FACTOR IX, FC FUSION PROTEIN, (RECOMBINANT), ALPROLIX, 1 LU. J7202 CPT/HCPCS INJECTION, FACTOR IX, ALBUMIN FUSION PROTEIN, (RECOMBINANT), Yes J7208 CPT/HCPCS INJECTION, FACTOR IX, ALBUMIN FUSION PROTEIN, Yes J7208 CPT/HCPCS INJECTION, FACTOR IX, ALBUMIN FUSION PROTEIN, Yes J7208 CPT/HCPCS INJECTION, FACTOR IX, ALBUMIN FUSION PROTEIN, Yes J7208 CPT/HCPCS INJECTION, FACTOR IX, ALBUMIN FUSION PROTEIN, Yes J7208 CPT/HCPCS INJECTION, FACTOR IX, ALBUMIN FUSION PROTEIN, Yes J7208 CPT/HCPCS INJECTION, FACTOR IX, ALBUMIN FUSION PROTEIN, Yes J7208 CPT/HCPCS INJECTION, FACTOR IX, ALBUMIN FUSION PROTEIN, Yes J7208 CPT/HCPCS INJECTION, FACTOR IX, ALBUMIN FUSION PROTEIN, Yes J7208 CPT/HCPCS INJECTION, FACTOR IX, ALBUMIN FUSION PROTEIN, Yes			1 MCG	
J7200 CPT/HCPCS INJECTION, FACTOR IX, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), Yes	J7207	CPT/HCPCS		Yes
RIXUBIS, PER IU C9041 CPT/HCPCS INJECTION, COAGULATION FACTOR XA (RECOMBINANT), INACTIVATED (ANDEXXA), 10 MG C9141 CPT/HCPCS INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), Yes PEGYLATED-AUCL (JIVI), 1 I.U. J7177 CPT/HCPCS INJECTION, HUMAN FIBRINOGEN CONCENTRATE (FIBRYGA), 1 MG Yes J7203 CPT/HCPCS INJECTION FACTOR IX, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), Yes GLYCOPEGYLATED, (REBINNY), 1 IU J7170 CPT/HCPCS INJECTION, EMICIZUMAB-KXWH, 0.5 MG CPT/HCPCS INJECTION, ANTIHEMOPHILIC FACTOR VIIII/VON WILLEBRAND FACTOR YES COMPLEX, (HUMAN), PER FACTOR VIII I.U. J7192 CPT/HCPCS FACTOR VIII, (ANTI-HEMOPHILIC FACTOR (RECOMBINANT) PER I.U. Yes J7191 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 NUIT Yes J7210 CPT/HCPCS INJECTION, FACTOR XIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), Yes LIU. J7201 CPT/HCPCS INJECTION, FACTOR XI, CANTIHEMOPHILIC FACTOR, RECOMBINANT), Yes LIU. J7202 CPT/HCPCS INJECTION, FACTOR IX, FC FUSION PROTEIN, (RECOMBINANT), ALPROLIX, 1 (RECOMBINANT), IDELVION, 1 I.U. J7208 CPT/HCPCS INJECTION, FACTOR IX, ALBUMIN FUSION PROTEIN, (RECOMBINANT), IDELVION, 1 I.U. J7208 CPT/HCPCS INJECTION, FACTOR IX, III, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PEGYLATED-AUCL, (JIVI), 1 I.U. J7208 CPT/HCPCS INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PEGYLATED-AUCL, (JIVI), 1 I.U. J7208 CPT/HCPCS INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PEGYLATED-AUCL, (JIVI), 1 I.U.	17200	CDT/HCDCS		Voc
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 L.U. Yes J7177 CPT/HCPCS INJECTION, HUMAN FIBRINOGEN CONCENTRATE (FIBRYGA), 1 MG Yes J7203 CPT/HCPCS INJECTION, HUMAN FIBRINOGEN CONCENTRATE (FIBRYGA), 1 MG Yes J7170 CPT/HCPCS INJECTION, EMICIZUMAB-KXWH, 0.5 MG Yes J7186 CPT/HCPCS INJECTION, ANTIHEMOPHILIC FACTOR VIII/VON WILLEBRAND FACTOR Yes J7198 CPT/HCPCS FACTOR VIII, (ANTIHEMOPHILIC FACTOR (RECOMBINANT) PER I.U. Yes J7191 CPT/HCPCS FACTOR VIII, (ANTIHEMOPHILIC FACTOR (RECOMBINANT), PER I.U. Yes J7191 CPT/HCPCS FACTOR VIII, (ANTIHEMOPHILIC FACTOR (PORCINE) PER I.U. Yes J7190 CPT/HCPCS FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), Yes J7201 CPT/HCPCS INJECTION, FACTOR IX, FC FUSION PROTEIN, (RECOMBINANT), ALPROLIX, 1 Yes J7202 CPT/HCPCS INJECTION, FACTOR IX, ALBUMIN FUSION PROTEIN, (RECOMBINANT), PER UNIT, AND PROTEIN, (RECOMBINANT), PER UNIT, AND PROTEIN, (RECO	J/200	CP1/HCPCS	· · · · · · · · · · · · · · · · · · ·	res
(ANDEXXA), 10 MG C9141 CPT/HCPCS INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), Pes PEGYLATED-AUCL (JIVI), 1 I.U. J7177 CPT/HCPCS INJECTION, HUMAN FIBRINOGEN CONCENTRATE (FIBRYGA), 1 MG Yes J7203 CPT/HCPCS INJECTION, FACTOR IX, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), Pes GLYCOPEGYLATED, (REBINYN), 1 IU J7170 CPT/HCPCS INJECTION, EMICIZUMAB-KXWH, 0.5 MG Yes J7186 CPT/HCPCS INJECTION, ANTIHEMOPHILIC FACTOR VIII/VON WILLEBRAND FACTOR Pes COMPLEX (HUMAN), PER FACTOR VIII I.U. J7192 CPT/HCPCS FACTOR VIII, (ANTI-HEMOPHILIC FACTOR (RECOMBINANT) PER I.U. Pes INJECTION, FACTOR XIII A-SUBUNIT, (RECOMBINANT), PER IU. Pes INJECTION FACTOR VIII (ANTIHEMOPHILIC FACTOR (PORCINE) PER I.U. Pes IJ1910 CPT/HCPCS FACTOR VIII, VIRAL INACTIVATED, PER UNIT Pes IJ1910 CPT/HCPCS FACTOR VIII, VIRAL INACTIVATED, PER UNIT Pes IJ1910 CPT/HCPCS INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), Pes IJ1910 CPT/HCPCS INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), Pes IJ1910 CPT/HCPCS INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), Pes IJ1910 CPT/HCPCS INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), Pes IJ1910 CPT/HCPCS INJECTION, FACTOR IX, FC FUSION PROTEIN, (RECOMBINANT), ALPROLIX, 1 Pes IJ1910 CPT/HCPCS INJECTION, FACTOR IX, ALBUMIN FUSION PROTEIN, (RECOMBINANT), ALPROLIX, 1 Pes IJ1910 CPT/HCPCS INJECTION, FACTOR IX, ALBUMIN FUSION PROTEIN, Pes IJ1910 CPT/HCPCS INJECTION, FACTOR IX, ALBUMIN FUSION PROTEIN, Pes IJ1910 CPT/HCPCS INJECTION, FACTOR IX, ALBUMIN FUSION PROTEIN, Pes IJ1910 CPT/HCPCS INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), Pes IJ1910 CPT/HCPCS INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), Pes IJ1910 CPT/HCPCS INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), Pes IJ1910 CPT/HCPCS INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), Pes IJ1910 CPT/HCPCS INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), Pes IJ19110 CPT/HCPCS INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), Pes	00044	007//10000		v.
C9141 CPT/HCPCS INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PEGYLATED-AUCL (JIVI), 1 I.U. J7177 CPT/HCPCS INJECTION, HUMAN FIBRINGGEN CONCENTRATE (FIBRYGA), 1 MG CPT/HCPCS INJECTION, HUMAN FIBRINGGEN CONCENTRATE (FIBRYGA), 1 MG CPT/HCPCS INJECTION, EMICIZUMAB-KXWH, 0.5 MG J7170 CPT/HCPCS INJECTION, EMICIZUMAB-KXWH, 0.5 MG J7186 CPT/HCPCS INJECTION, ANTIHEMOPHILIC FACTOR VIII/VON WILLEBRAND FACTOR VES COMPLEX (HUMAN), PER FACTOR VIII I.U. J7192 CPT/HCPCS FACTOR VIII (ANTI-HEMOPHILIC FACTOR (RECOMBINANT) PER I.U. YES J7181 CPT/HCPCS FACTOR VIII (ANTIHEMOPHILIC FACTOR (PORCINE) PER I.U. YES J7190 CPT/HCPCS FACTOR VIII (ANTIHEMOPHILIC FACTOR (PORCINE) PER I.U. YES J7210 CPT/HCPCS INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), VES J7221 CPT/HCPCS INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), VES J7222 CPT/HCPCS INJECTION, FACTOR IX, FC FUSION PROTEIN, (RECOMBINANT), ALPROLIX, 1 INJECTION, FACTOR IX, ALBUMIN FUSION PROTEIN, (PORCINE) PER UNIT J7223 CPT/HCPCS INJECTION, FACTOR IX, ALBUMIN FUSION PROTEIN, (RECOMBINANT), YES J7224 CPT/HCPCS INJECTION, FACTOR IX, ALBUMIN FUSION PROTEIN, (RECOMBINANT), YES J7225 CPT/HCPCS INJECTION, FACTOR IX, ALBUMIN FUSION PROTEIN, (RECOMBINANT), YES J7226 CPT/HCPCS INJECTION, FACTOR IX, ALBUMIN FUSION PROTEIN, (RECOMBINANT), YES J7227 CPT/HCPCS INJECTION, FACTOR IX, ALBUMIN FUSION PROTEIN, (RECOMBINANT), YES J7228 CPT/HCPCS INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), YES	C9041	CPI/HCPCS		Yes
PEGYLATED-AUCL (JIVI), 1 I.U. J7177 CPT/HCPCS INJECTION, HUMAN FIBRINOGEN CONCENTRATE (FIBRYGA), 1 MG YES J7203 CPT/HCPCS INJECTION FACTOR IX, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), GLYCOPEGYLATED, (REBINYN), 1 IU J7170 CPT/HCPCS INJECTION, EMICIZUMAB-XXWH, 0.5 MG I7186 CPT/HCPCS INJECTION, ANTIHEMOPHILIC FACTOR VIII/VON WILLEBRAND FACTOR COMPLEX (HUMAN), PER FACTOR VIII I.U. 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 J7190 CPT/HCPCS FACTOR VIII (ANTIHEMOPHILIC FACTOR (PORCINE) PER I.U. YES J7210 CPT/HCPCS INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), YES J7210 CPT/HCPCS INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), (AFSTYLA), 1 I.U. J7201 CPT/HCPCS INJECTION, FACTOR IX, FC FUSION PROTEIN, (RECOMBINANT), ALPROLIX, 1 I.U. J7202 CPT/HCPCS INJECTION, FACTOR IX, ALBUMIN FUSION PROTEIN, (RECOMBINANT), IDELVION, 1 I.U. J7208 CPT/HCPCS INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PEGYLATED-AUCL, (JIVI), 1 I.U.	CO1.41	CDT/HCDCS		Voc
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 I.U. J7192 CPT/HCPCS FACTOR VIII, (ANTI-HEMOPHILIC FACTOR (RECOMBINANT) PER I.U. Yes J7181 CPT/HCPCS FACTOR VIII (ANTI-HEMOPHILIC FACTOR (PORCINE) PER I.U. Yes J7191 CPT/HCPCS FACTOR VIII (ANTIHEMOPHILIC FACTOR (PORCINE) PER I.U. Yes J7190 CPT/HCPCS FACTOR VIII (ANTIHEMOPHILIC FACTOR (PORCINE) PER I.U. Yes J7210 CPT/HCPCS INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), Yes (AFSTYLA), 1 I.U. J7201 CPT/HCPCS INJECTION, FACTOR IX, FC FUSION PROTEIN, (RECOMBINANT), ALPROLIX, 1 Yes I.U. J7202 CPT/HCPCS INJECTION, FACTOR IX, ALBUMIN FUSION PROTEIN, (RECOMBINANT), Yes RECOMBINANT), INJECTION, FACTOR IX, ALBUMIN FUSION PROTEIN, (RECOMBINANT), Yes RECOMBINANT), INJECTION, FACTOR IX, ALBUMIN FUSION PROTEIN, (RECOMBINANT), Yes RECOMBINANT), INJECTION, FACTOR IX, ALBUMIN FUSION PROTEIN, (RECOMBINANT), Yes RECOMBINANT), INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), Yes RECOMBINANT), INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), Yes RECOMBINANT, INJECTION, FACTOR VIII, INJECTION, INJECTION, INJECTION, INJECTION, INJECTION, INJECTION,	C9141	CP1/HCPC3	· · · · · · · · · · · · · · · · · · ·	res
J7203 CPT/HCPCS INJECTION FACTOR IX, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), GLYCOPEGYLATED, (REBINYN), 1 IU 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. 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), Yes J7201 CPT/HCPCS INJECTION, FACTOR IX, FC FUSION PROTEIN, (RECOMBINANT), ALPROLIX, 1 I.U. J7202 CPT/HCPCS INJECTION, FACTOR IX, ALBUMIN FUSION PROTEIN, (RECOMBINANT), IDELVION, 1 I.U. J7208 CPT/HCPCS INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PEGYLATED-AUCL, (JIVI), 1 I.U. Yes	17177	CDT/HCDCS		Voc
GLYCOPEGYLATED, (REBINYN), 1 IU J7170 CPT/HCPCS INJECTION, EMICIZUMAB-KXWH, 0.5 MG J7186 CPT/HCPCS INJECTION, ANTIHEMOPHILIC FACTOR VIII/VON WILLEBRAND FACTOR COMPLEX (HUMAN), PER FACTOR VIII I.U. J7192 CPT/HCPCS FACTOR VIII, (ANTI-HEMOPHILIC FACTOR (RECOMBINANT) PER I.U. J7181 CPT/HCPCS INJECTION, FACTOR XIII A-SUBUNIT, (RECOMBINANT), PER IU CPT/HCPCS FACTOR VIII (ANTIHEMOPHILIC FACTOR (PORCINE) PER I.U. J7190 CPT/HCPCS FACTOR VIII, VIRAL INACTIVATED, PER UNIT CPT/HCPCS INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), Yes (AFSTYLA), 1 I.U. J7201 CPT/HCPCS INJECTION, FACTOR IX, FC FUSION PROTEIN, (RECOMBINANT), ALPROLIX, 1 I.U. J7202 CPT/HCPCS INJECTION, FACTOR IX, ALBUMIN FUSION PROTEIN, (RECOMBINANT), IDELVION, 1 I.U. J7208 CPT/HCPCS INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PES (RECOMBINANT), IDELVION, 1 I.U. J7208 CPT/HCPCS INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PES (RECOMBINANT), IDELVION, 1 I.U. J7208 CPT/HCPCS INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PES (PES (PES VIATED-AUCL, (JIVI), 1 I.U.)				
J7170 CPT/HCPCS INJECTION, EMICIZUMAB-KXWH, 0.5 MG J7186 CPT/HCPCS INJECTION, ANTIHEMOPHILIC FACTOR VIII/VON WILLEBRAND FACTOR COMPLEX (HUMAN), PER FACTOR VIII I.U. J7192 CPT/HCPCS FACTOR VIII, (ANTI-HEMOPHILIC FACTOR (RECOMBINANT) PER I.U. J7181 CPT/HCPCS INJECTION, FACTOR XIII A-SUBUNIT, (RECOMBINANT), PER IU J7191 CPT/HCPCS FACTOR VIII (ANTIHEMOPHILIC FACTOR (PORCINE) PER I.U. J7190 CPT/HCPCS FACTOR VIII, VIRAL INACTIVATED, PER UNIT J7210 CPT/HCPCS INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), Ves J7201 CPT/HCPCS INJECTION, FACTOR IX, FC FUSION PROTEIN, (RECOMBINANT), ALPROLIX, 1 I.U. J7202 CPT/HCPCS INJECTION, FACTOR IX, ALBUMIN FUSION PROTEIN, (RECOMBINANT), IDELVION, 1 I.U. J7208 CPT/HCPCS INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PEGYLATED-AUCL, (JIVI), 1 I.U.	J/203	CP1/HCPCS		res
J7186 CPT/HCPCS INJECTION, ANTIHEMOPHILIC FACTOR VIII I.U. J7192 CPT/HCPCS FACTOR VIII, (ANTI-HEMOPHILIC FACTOR (RECOMBINANT) PER I.U. J7181 CPT/HCPCS INJECTION, FACTOR XIII A-SUBUNIT, (RECOMBINANT), PER I.U. J7191 CPT/HCPCS FACTOR VIII, (ANTIHEMOPHILIC FACTOR (PORCINE) PER I.U. J7190 CPT/HCPCS FACTOR VIII, VIRAL INACTIVATED, PER UNIT J7210 CPT/HCPCS INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), Yes (AFSTYLA), 1 I.U. J7201 CPT/HCPCS INJECTION, FACTOR IX, FC FUSION PROTEIN, (RECOMBINANT), ALPROLIX, 1 J7202 CPT/HCPCS INJECTION, FACTOR IX, ALBUMIN FUSION PROTEIN, (RECOMBINANT), IDELVION, 1 I.U. J7208 CPT/HCPCS INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PEGYLATED-AUCL, (JIVI), 1 I.U.	17170	ODT/I LODGO		Voc
COMPLEX (HUMAN), PER FACTOR VIII (.U. J7192 CPT/HCPCS FACTOR VIII, (ANTI-HEMOPHILIC FACTOR (RECOMBINANT) PER I.U. J7181 CPT/HCPCS INJECTION, FACTOR XIII A-SUBUNIT, (RECOMBINANT), PER I.U. J7191 CPT/HCPCS FACTOR VIII (ANTIHEMOPHILIC FACTOR (PORCINE) PER I.U. J7190 CPT/HCPCS FACTOR VIII, VIRAL INACTIVATED, PER UNIT J7210 CPT/HCPCS INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), Yes (AFSTYLA), 1 I.U. J7201 CPT/HCPCS INJECTION, FACTOR IX, FC FUSION PROTEIN, (RECOMBINANT), ALPROLIX, 1 I.U. J7202 CPT/HCPCS INJECTION, FACTOR IX, ALBUMIN FUSION PROTEIN, (RECOMBINANT), IDELVION, 1 I.U. J7208 CPT/HCPCS INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PEGYLATED-AUCL, (JIVI), 1 I.U.				
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), Yes (AFSTYLA), 1 I.U. J7201 CPT/HCPCS INJECTION, FACTOR IX, FC FUSION PROTEIN, (RECOMBINANT), ALPROLIX, 1 Yes I.U. J7202 CPT/HCPCS INJECTION, FACTOR IX, ALBUMIN FUSION PROTEIN, (RECOMBINANT), IDELVION, 1 I.U. J7208 CPT/HCPCS INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PYES PEGYLATED-AUCL, (JIVI), 1 I.U.	1/186	CP1/HCPCS		res
J7181 CPT/HCPCS INJECTION, FACTOR XIII A-SUBUNIT, (RECOMBINANT), PER IU J7191 CPT/HCPCS FACTOR VIII (ANTIHEMOPHILIC FACTOR (PORCINE) PER I.U. J7190 CPT/HCPCS FACTOR VIII, VIRAL INACTIVATED, PER UNIT J7210 CPT/HCPCS INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), Yes (AFSTYLA), 1 I.U. J7201 CPT/HCPCS INJECTION, FACTOR IX, FC FUSION PROTEIN, (RECOMBINANT), ALPROLIX, 1 I.U. J7202 CPT/HCPCS INJECTION, FACTOR IX, ALBUMIN FUSION PROTEIN, (RECOMBINANT), IDELVION, 1 I.U. J7208 CPT/HCPCS INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PEGYLATED-AUCL, (JIVI), 1 I.U.	17400	007//107-5-		L.
J7191 CPT/HCPCS FACTOR VIII (ANTIHEMOPHILIC FACTOR (PORCINE) PER I.U. J7190 CPT/HCPCS FACTOR VIII, VIRAL INACTIVATED, PER UNIT J7210 CPT/HCPCS INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), (AFSTYLA), 1 I.U. J7201 CPT/HCPCS INJECTION, FACTOR IX, FC FUSION PROTEIN, (RECOMBINANT), ALPROLIX, 1 I.U. J7202 CPT/HCPCS INJECTION, FACTOR IX, ALBUMIN FUSION PROTEIN, (RECOMBINANT), ALPROLIX, 1 (RECOMBINANT), IDELVION, 1 I.U. J7208 CPT/HCPCS INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), Yes PEGYLATED-AUCL, (JIVI), 1 I.U.				
J7190 CPT/HCPCS FACTOR VIII, VIRAL INACTIVATED, PER UNIT J7210 CPT/HCPCS INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), (AFSTYLA), 1 I.U. J7201 CPT/HCPCS INJECTION, FACTOR IX, FC FUSION PROTEIN, (RECOMBINANT), ALPROLIX, 1 I.U. J7202 CPT/HCPCS INJECTION, FACTOR IX, ALBUMIN FUSION PROTEIN, (RECOMBINANT), IDELVION, 1 I.U. J7208 CPT/HCPCS INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PEGYLATED-AUCL, (JIVI), 1 I.U.				
J7210 CPT/HCPCS INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), Yes J7201 CPT/HCPCS INJECTION, FACTOR IX, FC FUSION PROTEIN, (RECOMBINANT), ALPROLIX, 1 I.U. J7202 CPT/HCPCS INJECTION, FACTOR IX, ALBUMIN FUSION PROTEIN, (RECOMBINANT), IDELVION, 1 I.U. J7208 CPT/HCPCS INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PEGYLATED-AUCL, (JIVI), 1 I.U.				
CPT/HCPCS INJECTION, FACTOR IX, FC FUSION PROTEIN, (RECOMBINANT), ALPROLIX, 1 Yes				
J7201 CPT/HCPCS INJECTION, FACTOR IX, FC FUSION PROTEIN, (RECOMBINANT), ALPROLIX, 1 I.U. J7202 CPT/HCPCS INJECTION, FACTOR IX, ALBUMIN FUSION PROTEIN, (RECOMBINANT), IDELVION, 1 I.U. J7208 CPT/HCPCS INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PEGYLATED-AUCL, (JIVI), 1 I.U. Yes Yes	J7210	CPT/HCPCS		Yes
J7202 CPT/HCPCS INJECTION, FACTOR IX, ALBUMIN FUSION PROTEIN, (RECOMBINANT), IDELVION, 1 I.U. J7208 CPT/HCPCS INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PEGYLATED-AUCL, (JIVI), 1 I.U. Yes				
J7202 CPT/HCPCS INJECTION, FACTOR IX, ALBUMIN FUSION PROTEIN, (RECOMBINANT), IDELVION, 1 I.U. J7208 CPT/HCPCS INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PEGYLATED-AUCL, (JIVI), 1 I.U. Yes PEGYLATED-AUCL, (JIVI), 1 I.U.	J7201	CPT/HCPCS		Yes
(RECOMBINANT),IDELVION, 1 I.U. J7208 CPT/HCPCS INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), Yes PEGYLATED-AUCL, (JIVI), 1 I.U.	17000	ODT#107.5		V
J7208 CPT/HCPCS INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), Yes PEGYLATED-AUCL, (JIVI), 1 I.U.	1/202	CP1/HCPCS		Yes
PEGYLATED-AUCL, (JIVI), 1 I.U.				
	J7208	CPT/HCPCS		Yes
J/213 CP1/HCPCS INJECTION, COAGULATION FACTOR IX (RECOMBINANT), IXINITY, 1 I.U. Yes	17617	0		<u> </u>
	J7213	CPT/HCPCS	INJECTION, COAGULATION FACTOR IX (RECOMBINANT), IXINITY, 1 I.U.	Yes

J1411	CPT/HCPCS	INJECTION, ETRANACOGENE DEZAPARVOVEC-DRLB, PER THERAPEUTIC	Yes
		DOSE	1
C9159	CPT/HCPCS	INJECTION, PROTHROMBIN COMPLEX CONCENTRATE (HUMAN), BALFAXAR,	Yes
J7214	CPT/HCPCS	PER I.U. OF FACTOR IX ACTIVITY	Yes
J/214	CP1/HCPC3	INJECTION, FACTOR VIII/VON WILLEBRAND FACTOR COMPLEX, RECOMBINANT (ALTUVIIIO), PER FACTOR VIII IU	res
J7165	CPT/HCPCS	INJECTION, PROTHROMBIN COMPLEX CONCENTRATE, HUMAN-LANS, PER IU	Yes
<i>77</i> 100	01 171101 00	OF FACTOR IX ACTIVITY	
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
Q4363 Q4364	CPT/HCPCS	AMNIO BURGEON ZPLUS MEMBRANE AND XPLUS HYDROMEMBRANE, PER	Yes
Q-100-1	101 171101 00	SQUARE CENTIMETER	
Q4363	CPT/HCPCS	AMNIO BURGEON MEMBRANE AND HYDROMEMBRANE, PER SQUARE	Yes
		CENTIMETER	
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	Yes
		CENTIMETER	1
Q4355	CPT/HCPCS	ABIOMEND XPLUS MEMBRANE AND ABIOMEND XPLUS HYDROMEMBRANE,	Yes
0.405.4	ODT// LODGS	PER SQUARE CENTIMETER	V
Q4354 J9038	CPT/HCPCS CPT/HCPCS	PALINGEN DUAL-LAYER MEMBRANE, PER SQUARE CENTIMETER INJECTION, AXATILIMAB-CSFR, 0.1 MG	Yes Yes
J2865	CPT/HCPCS	INJECTION, AXATILIMAB-CSFR, 0.1 MG 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	
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 Q9997	CPT/HCPCS CPT/HCPCS	RAMPART DL MATRIX, PER SQ CM INJECTION, USTEKINUMAB-TTWE (PYZCHIVA), INTRAVENOUS, 1 MG	Yes
Q9996 Q9996	CPT/HCPCS CPT/HCPCS	INJECTION, USTEKINUMAB-TIWE (PYZCHIVA), INTRAVENOUS, 1 MG INJECTION, USTEKINUMAB-TTWE (PYZCHIVA), SUBCUTANEOUS, 1 MG	Yes Yes
Q9996 Q5145	CPT/HCPCS	INJECTION, OSTEKINOMAB-TIWE (PYZCHIVA), SOBCOTANEOUS, 1 MG INJECTION, ADALIMUMAB-AFZB (ABRILADA), BIOSIMILAR, 1 MG	Yes
Q5145 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	Yes
		PRODUCT, NONCOMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE	
		FORM	<u> </u>
J3392	CPT/HCPCS	INJECTION, EXAGAMGLOGENE AUTOTEMCEL, PER TREATMENT	Yes
Q5106	CPT/HCPCS	INJECTION, EPOETIN ALFA-EPBX, BIOSIMILAR, (RETACRIT) (FOR NON-ESRD	Yes
		USE), 1000 UNITS	1

0.4050	ODT#10505	VOLED TI MATRIX DEC CO CM	W
Q4353	CPT/HCPCS	XCEED TL MATRIX, PER SQ CM	Yes
Q4352	CPT/HCPCS CPT/HCPCS	OVERLAY SL MATRIX, PER SQ CM	Yes
Q4351		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 ADMINISTRATED	Yes
		THRU D	
C9290	CPT/HCPCS	INJECTION, BUPIVACAINE LIPOSOME, 1 MG	Yes
Q9998	CPT/HCPCS	INJECTION, BOPTVACAINE LIPOSOME, 1 MG INJECTION, USTEKINUMAB-AEKN (SELARSDI), 1 MG	Yes
J0281	CPT/HCPCS	INJECTION, OSTERINOMAB-AERN (SELARSDI), 1 MG INJECTION, AMINOCAPROIC ACID, 1 GRAM	Yes
A2035	CPT/HCPCS	CORPLEX P OR THERACOR P OR ALLACOR P, PER MILLIGRAM	Yes
A2033	CPT/HCPCS	FOUNDATION DRS SOLO, PER SQUARE CENTIMETER	Yes
A2034 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	Yes
,,,,,	0	MG	
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	Yes
		MICROGRAMS	
J2373	CPT/HCPCS	INJECTION, PHENYLEPHRINE HCL (IMMPHENTIV), 20 MCG	Yes
J2267	CPT/HCPCS	INJECTION, MIRIKIZUMAB-MRKZ, 1 MG	Yes
J2246	CPT/HCPCS	INJECTION, MICAFUNGIN IN SODIUM (BAXTER), NOT THERAPEUTICALLY	Yes
		EQUIVALENT TO J2248, 1 MG	
J2183	CPT/HCPCS	INJECTION, MEROPENEM (WG CRITICAL CARE), NOT THERAPEUTICALLY	Yes
		EQUIVALENT TO J2185, 100 MG	
J1748	CPT/HCPCS	INJECTION, INFLIXIMAB-DYYB (ZYMFENTRA), 10 MG	Yes
J1598	CPT/HCPCS	INJECTION, GLYCOPYRROLATE (FRESENIUS KABI), NOT THERAPEUTICALLY	Yes
		EQUIVALENT TO J1596, 0.1 MG	
J1597	CPT/HCPCS	INJECTION, GLYCOPYRROLATE (GLYRX-PF), 0.1 MG	Yes
J3393	CPT/HCPCS	INJECTION, BETIBEGLOGENE AUTOTEMCEL, PER TREATMENT	Yes

DATE DEFINITION, PAINTORPAZOE F, RIMMAN, NOT THERAPEUTICALLY EQUIVALENT TO JAPA, 64 No.				
DEPTICIONS NUMBER SERSION Yes	71 CP	PT/HCPCS	INJECTION, PANTOPRAZOLE (HIKMA), NOT THERAPEUTICALLY EQUIVALENT	Yes
OPTIMICISCS MOUNDPLUS, PIESS CM Ves			TO J2470, 40 MG	
OFFICE O	70 CP	PT/HCPCS	INJECTION, PANTOPRAZOLE SODIUM, 40 MG	Yes
OPTIMEPOS OPTIMEPOS NICCION, DEPONDENCIA, VIGUALIZATIO, DISPOSA DISPOSA OPTIMEPOS OPTIMEPOS	26 CP	PT/HCPCS	WOUNDPLUS, PER SQ CM	Yes
THERREDITION_CONTROL PROVINCEST CONTROL PROVINCEST CAPE, NOT	25 CP	PT/HCPCS	ACAPATCH, PER SQ CM	Yes
DEPTIMENS DISCRIDAL, CERTICAL CARE, NOT PER PE	72 CP	PT/HCPCS	INJECTION, DAPTOMYCIN (XELLIA), UNREFRIGERATED, NOT	Yes
THERAPEUTCALLY SOUNALENT TO JOBOS, SOUN THIOSULENTE 125 MG PS			THERAPEUTICALLY EQUIVALENT TO J0878 OR J0873, 1 MG	
DITTITUTE PRICE	37 CP	PT/HCPCS	INJECTION, CEFAZOLIN SODIUM (WG CRITICAL CARE), NOT	Yes
NITHICODTE			THERAPEUTICALLY EQUIVALENT TO J0690, 500 MG	
INTHIODOTE	L1 CP	PT/HCPCS	INJECTION, SODIUM NITRITE 3 MG AND SODIUM THIOSULFATE 125 MG	Yes
11437 CPTH-CPCS INJECTION, PERSIDA DESCRIPTIONS TYPE				
C9158 CPITHOPCS NECTION, MINICAUMAB-MRZA, ING	37 CP	PT/HCPCS	INJECTION, FERRIC DERISOMALTOSE, 10 MG	Yes
2022	.68 CP			Yes
05134 CPTHOPCES INJECTION, NATALIZUMAB-SZIN TYPILKO), BIOSIMILAR, 1 MG Yes 04310 CPTHOPCES PROCENTA, PER 100 MG Yes 04310 CPTHOPCS PROCENTA, PER 100 MG Yes 04310 CPTHOPCS NECTION, 20X CINCAPTAD PEOLO, 0.1 MG Yes 04310 CPTHOPCS NICHORO, AUXILORADA PEOLO, 0.1 MG Yes 05154 OPTHOPCS NICHORO, AUXILORADA PEOLO, 0.1 MG Yes 02154 OPTHOPCS NICHORO, AUXILORADA PEOLO, 0.1 MG Yes 02154 OPTHOPCS NICHORO, AUXILORADA PEOLO, 0.1 MG Yes 02781 OPTHOPCS NICHORO, AUXILORADA PEOLO, 0.1 MG Yes 02781 OPTHOPCS NICHORO, AUXILORADA PER SOLUARE CENTIMETER Yes 02826 OPTHOPCS NICHOROS PER SOLUARE CENTIMETER Yes 04409 OPTHOPCS NICHOROS PER SOLUARE CENTIMETER Yes 04301 OPTHOPCS NICHOROS PER SOLUARE CENTIMETER Yes 04302 OPTHOPCS NICHOROS PER SOLUARE CENTIMETER Yes 04303 OPTHOPCS ACESSOT, PER				
69133 CPTHACPCS NIECTION, TOCILIZUMAB-RAN (TOFIDENCE), BIOSIMILAR, 1 MG Yes 04309 CPTHACPCS PROCENTA, PER 100 MG Yes 04309 CPTHACPCS INJECTION, AVACINCAPTAD PEGOL, 0.1 MG Yes 05162 CPTHACPCS INJECTION, BUPRENORY, INTRIVITIONED, RELEASE (BRIXADI), 1 MG Yes 05162 CPTHACPCS INJECTION, PEGOETACOPLAN, INTRIVITIONED, ALLANG YES Yes 0674 CPTHACPCS INJECTION, PEGOETACOPLAN, INTRIVITIONED, ALLANG YES Yes 04286 CPTHACPCS INJECTION, PEGOETACOPLAN, INTRIVITIONED, ALLANG YES Yes 04286 CPTHACPCS NEOSTIM ETRAGE YES Yes 04286 CPTHACPCS NEOSTIM ETRAGE YES Yes 04387 CPTHACPCS NEOSTIM ETRAGE YES Yes 04380 CPTHACPCS NEOSTIM ETRAGE YES Yes 04301 CPTHACPCS ACTIVATE MATRIX, PER SQUARE CENTIMETER Yes 04302 CPTHACPCS ACTIVATE MATRIX, PER SQUARE CENTIMETER Yes 04303 CPTHACPCS ACTIVATE MATRIX, PER SQUARE CENTIMETER Yes 0				
Q4309				
CRITICLES VAMARIEN, PERSOLOM Ves				
C9154				
C01144			,	
19781 CPT/HCPCS INIECTION, PEGCETACOPLAN, INTRAVITERAL, 1 MO				
D874				
URSTALL NIG				
Q4265 CPT/HCPCS NEOSTIM MEMBRANE, PER SQUARE CENTIMETER Yes Q4265 CPT/HCPCS NEOSTIM II., PER SQUARE CENTIMETER Yes J1449 CPT/HCPCS INECTION, CALCIUM GLUCONATE (WG CRITICAL CARE)NOT Yes J0513 CPT/HCPCS INECTION, CALCIUM GLUCONATE (WG CRITICAL CARE)NOT Yes Q4302 CPT/HCPCS COMPLETE ACA, PER SQUARE CENTIMETER Yes Q4301 CPT/HCPCS ACTIVATE MATRIX, PER SQUARE CENTIMETER Yes Q4300 CPT/HCPCS ACTIVATE MATRIX, PER SQUARE CENTIMETER Yes Q4299 CPT/HCPCS AMNICORE PRO+, PER SQUARE CENTIMETER Yes Q4299 CPT/HCPCS MINECTION, CORTICOTROPIN (ACHAR GEL), UP TO 40 UNITS Yes J0801 CPT/HCPCS INECTION, CORTICOTROPIN (ACHAR GEL), UP TO 40 UNITS Yes J0339 CPT/HCPCS INECTION, CALCIUM GLUCONATE, NOT OTHERWISE SPECIFIED, 10 MG Yes J0212 CPT/HCPCS INECTION, CALCIUM GLUCONATE, NOT OTHERWISE SPECIFIED, 10 MG Yes J0228 CPT/HCPCS INECTION, TREMELIMUMBABACTL, 1 MG Yes Q4290 CPT/HCPCS <	- Jor		·	
Q4265 CPT/HCPCS NEOSTIM TL, PER SQUARE CENTIMETER Yes	966 CD			Voc
1449				
D613				
THERAPEUTICALLY EQUIVALENT TO J0612, 10 MG				
Q4302 CPTHCPCS COMPLETE ACA, PER SQUARE CENTIMETER Yes Q4301 CPTHCPCS ACTIVATE MATRIX, PER SQUARE CENTIMETER Yes Q4299 CPTHCPCS ACESSO TI, PER SQUARE CENTIMETER Yes Q4299 CPTHCPCS AMNICORE PRO+, PER SQUARE CENTIMETER Yes J0802 CPTHCPCS INJECTION, CORTICOTROPIN (ANI), JUP TO 40 UNITS Yes J0802 CPTHCPCS INJECTION, CONTICOTROPIN (ACHAR GEL), UP TO 40 UNITS Yes J0349 CPTHCPCS INJECTION, CALCIUM (ACHAR GEL), UP TO 40 UNITS Yes J0349 CPTHCPCS INJECTION, CALCIUM GLUCONATE, NOT OTHERWISE SPECIFIED, 10 MG Yes J0512 CPTHCPCS INJECTION, CALCIUM GLUCONATE, NOT OTHERWISE SPECIFIED, 10 MG Yes J0218 CPTHCPCS INJECTION, SODIUM THIOSULFATE (PEDMARK), 100 MG Yes J0208 CPTHCPCS INJECTION, SODIUM THIOSULFATE (PEDMARK), 100 MG Yes Q4298 CPTHCPCS INJECTION, SODIUM THIOSULFATE (PEDMARK), 100 MG Yes Q4299 CPTHCPCS INJECTION, SOLUR THIOSULFATE (PEDMARK), 100 MG Yes Q4299 CPTHCPCS	is CF		,	165
Q4301 CPT/HCPCS ACTIVATE MATRIX, PER SQUARE CENTIMETER Yes Q4300 CPT/HCPCS ACESSO TL, PER SQUARE CENTIMETER Yes Q4299 CPT/HCPCS INJECTION, CORTICOTROPIN (ANI), UP TO 40 UNITS Yes J0801 CPT/HCPCS INJECTION, CORTICOTROPIN (ACTHAR GEL), UP TO 40 UNITS Yes J0801 CPT/HCPCS INJECTION, CANZAPINE, O.5 MG Yes J0349 CPT/HCPCS INJECTION, CALCIUM GLUCONATE, NOT OTHERWISE SPECIFIED, 10 MG Yes J0612 CPT/HCPCS INJECTION, CALCIUM GLUCONATE, NOT OTHERWISE SPECIFIED, 10 MG Yes J0218 CPT/HCPCS INJECTION, CALCIUM GLUCONATE, NOT OTHERWISE SPECIFIED, 10 MG Yes J0218 CPT/HCPCS INJECTION, CALCIUM GLUCONATE, NOT OTHERWISE SPECIFIED, 10 MG Yes J0218 CPT/HCPCS INJECTION, SDULW THIOSULFATE (PEDMARK), 100 MG Yes J0219 CPT/HCPCS INJECTION, TEMELLIMINAB-ACTL, 1 MG Yes Q4296 CPT/HCPCS AMMICORE PRO, PER SQUARE CENTIMETER Yes Q4297 CPT/HCPCS AMMICORE PRO, PER SQUARE CENTIMETER Yes Q4298 CPT/HCPCS	000			Voo
Q4300 CPT/HCPCS ACESSO TL, PER SQUARE CENTIMETER Yes Q4290 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 J0809 CPT/HCPCS INJECTION, EAZEAUNGIN, 1 MG Yes J0349 CPT/HCPCS INJECTION, EAZEAUNGIN, 1 MG Yes J0612 CPT/HCPCS INJECTION, CALCIUM GLUCONATE, NOT OTHERWISE SPECIFIED, 10 MG Yes J0218 CPT/HCPCS INJECTION, SALEZAUNGIN, 1 MG Yes J0228 CPT/HCPCS INJECTION, SODIUM THIOSULFATE (PEDMARK), 100 MG Yes J0228 CPT/HCPCS INJECTION, SODIUM THIOSULFATE (PEDMARK), 100 MG Yes Q4298 CPT/HCPCS INJECTION, TIEMELIMUMBE-ACTL, 1 MG Yes Q4299 CPT/HCPCS INJECTION, TIEMELIMUMBE-ACTL, 1 MG Yes Q4299 CPT/HCPCS REBOUND MATRIX, PER SQUARE CENTIMETER Yes Q4291 CPT/HCPCS REBOUND MATRIX, PER SQUARE CENTIMETER Yes <td></td> <td></td> <td></td> <td></td>				
Q4299 CPT/HCPCS AMNICORE PRO+, PER SQUARE CENTIMETER Yes J0802 CPT/HCPCS INJECTION, CORTICOTROPIN (AMI), UP TO 40 UNITS Yes J0801 CPT/HCPCS INJECTION, CORTICOTROPIN (ACH+AR GEL), UP TO 40 UNITS Yes J2359 CPT/HCPCS INJECTION, CALACIUM GLUCONATE, NOT OTHERWISE SPECIFIED, 10 MG Yes J0349 CPT/HCPCS INJECTION, CALCIUM GLUCONATE, NOT OTHERWISE SPECIFIED, 10 MG Yes J0612 CPT/HCPCS INJECTION, CALCIUM GLUCONATE, NOT OTHERWISE SPECIFIED, 10 MG Yes J0218 CPT/HCPCS INJECTION, CALCIUM GLUCONATE, NOT OTHERWISE SPECIFIED, 10 MG Yes J0218 CPT/HCPCS INJECTION, SODIUM THIOSULFATE (PEDMARK), 100 MG Yes C9147 CPT/HCPCS INJECTION, TREMELIMUMAB-ACTL, 1 MG Yes Q4298 CPT/HCPCS INJECTION, TREMELIMUMAB-ACTL, 1 MG Yes Q4297 CPT/HCPCS AMNICORE PRO, PER SQUARE CENTIMETER Yes Q4296 CPT/HCPCS REBEBOUND MATRIX, PER SQUARE CENTIMETER Yes Q4295 CPT/HCPCS REBOUND MATRIX, PER SQUARE CENTIMETER Yes Q9153				
D8002				
D8001				
19359 CPT/HCPCS				
10349				
10612				
J0218	-			
JO208	L2 CP	PI/HCPCS	INJECTION, CALCIUM GLUCONATE, NOT OTHERWISE SPECIFIED, 10 MG	Yes
JO208				
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 C9153 CPT/HCPCS INJECTION, AMISULPRIDE, 1 MG Yes C9153 CPT/HCPCS INJECTION, AMISULPRIDE, 1 MG Yes C9154 CPT/HCPCS INJECTION, ARIPIPRAZICE, (ABILIFY ASIMTUFII), 1 MG Yes C9152 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, CALCIUM GLUCONATE (FRESENIUS KABI), PER10 ML Yes Q4264 CPT/HCPCS COCOON MEMBRANE, PER SQUARE CENTIMETER Yes Q4293 CPT/HCPCS COCOON MEMBRANE, PER SQUARE CENT				
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 Q4295 CPT/HCPCS INJECTION, RISPERIDONE, (UZEDY), 1 MG Yes J7353 CPT/HCPCS INJECTION, RISPERIDONE, (UZEDY), 1 MG Yes C9153 CPT/HCPCS INJECTION, AMISULPRIDE, 1 MG Yes C9152 CPT/HCPCS INJECTION, ARIPIPRAZOLE, (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), PER 10 ML Yes J3241 CPT/HCPCS INJECTION, TERROTUMUMAB-TRBW, 10 MG Yes Q4264 CPT/HCPCS INJECTION, TERROTUMUMAB-TRBW, 10 MG Yes Q4294 CPT/HCPCS AMNIO QUAD-CORE, PER SQUARE CENTIMETER Yes Q4293 CPT/HCPCS AMSON MEMBRANE, PER SQUARE CENTIMETER <td></td> <td></td> <td>· · · ·</td> <td></td>			· · · ·	
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 INJECTION, RISPERIDONE, (UZEDY), 1 MG Yes C9153 CPT/HCPCS INJECTION, AMISULPRIDE, 1 MG Yes C9152 CPT/HCPCS INJECTION, ARIPIPRAZOLE, (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 Q4264 CPT/HCPCS INJECTION, TEPROTUMUMAB-TRBW, 10 MG Yes Q4264 CPT/HCPCS IMJECTION, TEPROTUMUMAB-TRBW, 10 MG Yes Q4294 CPT/HCPCS AMNIO QUAD-CORE, PER SQUARE CENTIMETER Yes Q4294 CPT/HCPCS AMNIO QUAD-CORE, PER SQUARE CENTIMETER Yes Q4292 CPT/HCPCS ACESSO DL, PER SQUARE CENTIMETER				
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, ARIPIPRAZOLE, (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), PER 10 ML Yes J3241 CPT/HCPCS INJECTION, TEPROTUMUMAB-TRBW, 10 MG Yes Q4264 CPT/HCPCS INJECTION, TEPROTUMUMAB-TRBW, 10 MG Yes Q4294 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 Q4291 CPT/HCPCS LAMELLAS, PER SQUARE CENTIMETER <td< td=""><td></td><td></td><td>-</td><td></td></td<>			-	
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, ARIPIPRAZOLE, (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, T, PER SQUARE CENTIMETER Yes Q4286 CPT/HCPCS LAMELLAS, T, PER SQUARE CENTIMETER Yes Q4281 CPT/HCPCS DERMABIND SL, PER SQUA				
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, ARIPIPRAZOLE, (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, PER SQUARE CENTIMETER Yes Q4291 CPT/HCPCS LAMELLAS, PER SQUARE CENTIMETER Yes Q4291 CPT/HCPCS LAMELLAS XT, PER SQUARE CENTIMETER Yes Q4291 CPT/HCPCS LAMELLAS XT, PER SQUARE CENTIMETER Yes Q4296 CPT/HCPCS LAMELLAS XT, PER SQUARE CENTIMETER Yes Q4286 CPT/HCPCS DERMABIND SL, PER SQUARE CENTIMETER Yes Q4282 CPT/HCPCS DERMABIND SL, PER SQUARE CENTIMETER Yes Q4284 CPT/HCPCS CYGNUS DUAL, PER SQUARE CENTIMETER Yes Q4285 CPT/HCPCS SURGRAFT TL, PER SQUARE CENTIMETER Yes Q4263 CPT/HCPCS SURGRAFT TL, PER SQUARE CENTIMETER Yes Q4266 CPT/HCPCS SURGRAFT TL, PER SQUARE CENTIMETER Yes Q4267 CPT/HCPCS SURGRAFT TL, PER SQUARE CENTIMETER Yes Q4268 CPT/HCPCS SURGRAFT TL, PER SQUARE CENTIMETER Yes Q4269 CPT/HCPCS SURGRAFT TL, PER SQUARE CENTIMETER Yes			-	
J7353 CPT/HCPCS ANACAULASE-BCDB, 8.8% GEL, 1 GM Yes C9153 CPT/HCPCS INJECTION, AMISULPRIDE, 1 MG Yes C9152 CPT/HCPCS INJECTION, ARIPIPRAZOLE, (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, PER SQUARE CENTIMETER Yes Q4291 CPT/HCPCS LAMELLAS XT, PER SQUARE CENTIMETER Yes Q4296 CPT/HCPCS DERMABIND SL, PER SQUARE CENTIMETER Yes Q4286 CPT/HCPCS DERMABIND SL, PER SQUARE CENTIMETER Yes Q4282 CPT/HCPCS DERMABIND SL, PER SQUARE CENTIMETER Yes Q4283 CPT/HCPCS DERMABIND SL, PER SQUARE CENTIMETER Yes Q4284 CPT/HCPCS DERMABIND SL, PER SQUARE CENTIMETER Yes Q4285 CPT/HCPCS DERMABIND SL, PER SQUARE CENTIMETER Yes Q4263 CPT/HCPCS SURGRAFT TL, PER SQUARE CENTIMETER Yes Q4264 CPT/HCPCS SURGRAFT TL, PER SQUARE CENTIMETER Yes Q4265 CPT/HCPCS CAREPATCH, PER SQ CM Yes J3372 CPT/HCPCS INJECTION, VANCOMYCIN HCL (XELLIA) NOT THERAPEUTICALLY Yes				Yes
C9153 CPT/HCPCS INJECTION, AMISULPRIDE, 1 MG C9152 CPT/HCPCS INJECTION, ARIPIPRAZOLE, (ABILIFY ASIMTUFII), 1 MG Ves J0611 CPT/HCPCS INJECTION, CALCIUM GLUCONATE (WG CRITICAL CARE), PER 10 ML J0610 CPT/HCPCS INJECTION, CALCIUM GLUCONATE (FRESENIUS KABI), PER 10 ML Ves J3241 CPT/HCPCS INJECTION, TEPROTUMUMAB-TRBW, 10 MG Ves Q4264 CPT/HCPCS COCOON MEMBRANE, PER SQUARE CENTIMETER Ves Q4294 CPT/HCPCS AMNIO QUAD-CORE, PER SQUARE CENTIMETER Ves Q4293 CPT/HCPCS ACESSO DL, PER SQUARE CENTIMETER Ves Q4292 CPT/HCPCS LAMELLAS, PER SQUARE CENTIMETER Ves Q4291 CPT/HCPCS LAMELLAS, T, PER SQUARE CENTIMETER Ves Q4291 CPT/HCPCS NUDYN SL OR NUDYN SLW, PER SQ CM Ves Q4286 CPT/HCPCS DERMABIND SL, PER SQUARE CENTIMETER Ves Q4284 CPT/HCPCS DERMABIND SL, PER SQUARE CENTIMETER Ves Q4285 CPT/HCPCS DERMABIND SL, PER SQUARE CENTIMETER Ves Q4286 CPT/HCPCS DERMABIND SL, PER SQUARE CENTIMETER Ves Q4287 CPT/HCPCS DERMABIND SL, PER SQUARE CENTIMETER Ves Q4288 CPT/HCPCS DERMABIND SL, PER SQUARE CENTIMETER Ves Q4280 CPT/HCPCS DERMABIND SL, PER SQUARE CENTIMETER Ves Q4281 CPT/HCPCS DERMABIND SL, PER SQUARE CENTIMETER Ves Q4282 CPT/HCPCS SURGRAFT TL, PER SQUARE CENTIMETER Ves Q4263 CPT/HCPCS SURGRAFT TL, PER SQUARE CENTIMETER Ves Q4236 CPT/HCPCS INJECTION, VANCOMYCIN HCL (XELLIA) NOT THERAPEUTICALLY Ves	.58 CP			Yes
C9152 CPT/HCPCS INJECTION, ARIPIPRAZOLE, (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 Q4282 CPT/HCPCS INJECTION, ADALIMUMAB-AACF (IDACIO), BIOSIMILAR, 20 MG Yes Q4263 CPT/HCPCS SURGRAFT TL, PER SQUARE CENTIMETER			ANACAULASE-BCDB, 8.8% GEL, 1 GM	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 Q4290 CPT/HCPCS LAMELLAS, PER SQUARE CENTIMETER Yes Q4291 CPT/HCPCS LAMELLAS XT, PER SQUARE CENTIMETER Yes Q4296 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 J3372 CPT/HCPCS INJECTION, VANCOMYCIN HCL (XELLIA) NOT THERAPEUTICALLY Yes				
J0610 CPT/HCPCS INJECTION, CALCIUM GLUCONATE (FRESENIUS KABI), PER10 ML J3241 CPT/HCPCS INJECTION, TEPROTUMUMAB-TRBW, 10 MG Q4264 CPT/HCPCS COCOON MEMBRANE, PER SQUARE CENTIMETER Q4294 CPT/HCPCS AMNIO QUAD-CORE, PER SQUARE CENTIMETER Q4293 CPT/HCPCS ACESSO DL, PER SQUARE CENTIMETER Q4290 CPT/HCPCS LAMELLAS, PER SQUARE CENTIMETER Q4291 CPT/HCPCS LAMELLAS XT, PER SQUARE CENTIMETER Q4296 CPT/HCPCS LAMELLAS XT, PER SQUARE CENTIMETER Q4286 CPT/HCPCS NUDYN SL OR NUDYN SLW, PER SQ CM Q4284 CPT/HCPCS DERMABIND SL, PER SQUARE CENTIMETER Q4282 CPT/HCPCS CYGNUS DUAL, PER SQUARE CENTIMETER Q5131 CPT/HCPCS INJECTION, ADALIMUMAB-AACF (IDACIO), BIOSIMILAR, 20 MG Q4263 CPT/HCPCS CAREPATCH, PER SQ CM J3372 CPT/HCPCS INJECTION, VANCOMYCIN HCL (XELLIA) NOT THERAPEUTICALLY Yes Ves Ves Ves Ves Ves Ves Ve				Yes
J3241 CPT/HCPCS INJECTION, TEPROTUMUMAB-TRBW, 10 MG Q4264 CPT/HCPCS COCOON MEMBRANE, PER SQUARE CENTIMETER Q4294 CPT/HCPCS AMNIO QUAD-CORE, PER SQUARE CENTIMETER Q4293 CPT/HCPCS ACESSO DL, PER SQUARE CENTIMETER Q4294 CPT/HCPCS LAMELLAS, PER SQUARE CENTIMETER Q4295 CPT/HCPCS LAMELLAS, PER SQUARE CENTIMETER Q4296 CPT/HCPCS LAMELLAS XT, PER SQUARE CENTIMETER Q4286 CPT/HCPCS NUDYN SL OR NUDYN SLW, PER SQ CM Q4284 CPT/HCPCS DERMABIND SL, PER SQUARE CENTIMETER Q4285 CPT/HCPCS CYGNUS DUAL, PER SQUARE CENTIMETER Q4286 CPT/HCPCS CYGNUS DUAL, PER SQUARE CENTIMETER Q4287 CPT/HCPCS INJECTION, ADALIMUMAB-AACF (IDACIO), BIOSIMILAR, 20 MG Q4263 CPT/HCPCS SURGRAFT TL, PER SQUARE CENTIMETER Q4266 CPT/HCPCS CAREPATCH, PER SQ CM Q4267 CPT/HCPCS CAREPATCH, PER SQ CM YES Q4268 CPT/HCPCS INJECTION, VANCOMYCIN HCL (XELLIA) NOT THERAPEUTICALLY YES				Yes
Q4264CPT/HCPCSCOCOON MEMBRANE, PER SQUARE CENTIMETERYesQ4294CPT/HCPCSAMNIO QUAD-CORE, PER SQUARE CENTIMETERYesQ4293CPT/HCPCSACESSO DL, PER SQUARE CENTIMETERYesQ4292CPT/HCPCSLAMELLAS, PER SQUARE CENTIMETERYesQ4291CPT/HCPCSLAMELLAS XT, PER SQUARE CENTIMETERYesQ4286CPT/HCPCSNUDYN SL OR NUDYN SLW, PER SQ CMYesQ4284CPT/HCPCSDERMABIND SL, PER SQUARE CENTIMETERYesQ4282CPT/HCPCSCYGNUS DUAL, PER SQUARE CENTIMETERYesQ5131CPT/HCPCSINJECTION, ADALIMUMAB-AACF (IDACIO), BIOSIMILAR, 20 MGYesQ4263CPT/HCPCSSURGRAFT TL, PER SQUARE CENTIMETERYesQ4236CPT/HCPCSCAREPATCH, PER SQ CMYesJ3372CPT/HCPCSINJECTION, VANCOMYCIN HCL (XELLIA) NOT THERAPEUTICALLYYes	-			Yes
Q4294CPT/HCPCSAMNIO QUAD-CORE, PER SQUARE CENTIMETERYesQ4293CPT/HCPCSACESSO DL, PER SQUARE CENTIMETERYesQ4292CPT/HCPCSLAMELLAS, PER SQUARE CENTIMETERYesQ4291CPT/HCPCSLAMELLAS XT, PER SQUARE CENTIMETERYesQ4286CPT/HCPCSNUDYN SL OR NUDYN SLW, PER SQ CMYesQ4284CPT/HCPCSDERMABIND SL, PER SQUARE CENTIMETERYesQ4282CPT/HCPCSCYGNUS DUAL, PER SQUARE CENTIMETERYesQ5131CPT/HCPCSINJECTION, ADALIMUMAB-AACF (IDACIO), BIOSIMILAR, 20 MGYesQ4263CPT/HCPCSSURGRAFT TL, PER SQUARE CENTIMETERYesQ4236CPT/HCPCSCAREPATCH, PER SQ CMYesJ3372CPT/HCPCSINJECTION, VANCOMYCIN HCL (XELLIA) NOT THERAPEUTICALLYYes	11 CP	PT/HCPCS	INJECTION, TEPROTUMUMAB-TRBW, 10 MG	Yes
Q4293CPT/HCPCSACESSO DL, PER SQUARE CENTIMETERYesQ4292CPT/HCPCSLAMELLAS, PER SQUARE CENTIMETERYesQ4291CPT/HCPCSLAMELLAS XT, PER SQUARE CENTIMETERYesQ4286CPT/HCPCSNUDYN SL OR NUDYN SLW, PER SQ CMYesQ4284CPT/HCPCSDERMABIND SL, PER SQUARE CENTIMETERYesQ4282CPT/HCPCSCYGNUS DUAL, PER SQUARE CENTIMETERYesQ5131CPT/HCPCSINJECTION, ADALIMUMAB-AACF (IDACIO), BIOSIMILAR, 20 MGYesQ4263CPT/HCPCSSURGRAFT TL, PER SQUARE CENTIMETERYesQ4236CPT/HCPCSCAREPATCH, PER SQ CMYesJ3372CPT/HCPCSINJECTION, VANCOMYCIN HCL (XELLIA) NOT THERAPEUTICALLYYes	.64 CP	PT/HCPCS	COCOON MEMBRANE, PER SQUARE CENTIMETER	Yes
Q4292CPT/HCPCSLAMELLAS, PER SQUARE CENTIMETERYesQ4291CPT/HCPCSLAMELLAS XT, PER SQUARE CENTIMETERYesQ4286CPT/HCPCSNUDYN SL OR NUDYN SLW, PER SQ CMYesQ4284CPT/HCPCSDERMABIND SL, PER SQUARE CENTIMETERYesQ4282CPT/HCPCSCYGNUS DUAL, PER SQUARE CENTIMETERYesQ5131CPT/HCPCSINJECTION, ADALIMUMAB-AACF (IDACIO), BIOSIMILAR, 20 MGYesQ4263CPT/HCPCSSURGRAFT TL, PER SQUARE CENTIMETERYesQ4236CPT/HCPCSCAREPATCH, PER SQ CMYesJ3372CPT/HCPCSINJECTION, VANCOMYCIN HCL (XELLIA) NOT THERAPEUTICALLYYes	.94 CP	PT/HCPCS	AMNIO QUAD-CORE, PER SQUARE CENTIMETER	Yes
Q4291CPT/HCPCSLAMELLAS XT, PER SQUARE CENTIMETERYesQ4286CPT/HCPCSNUDYN SL OR NUDYN SLW, PER SQ CMYesQ4284CPT/HCPCSDERMABIND SL, PER SQUARE CENTIMETERYesQ4282CPT/HCPCSCYGNUS DUAL, PER SQUARE CENTIMETERYesQ5131CPT/HCPCSINJECTION, ADALIMUMAB-AACF (IDACIO), BIOSIMILAR, 20 MGYesQ4263CPT/HCPCSSURGRAFT TL, PER SQUARE CENTIMETERYesQ4236CPT/HCPCSCAREPATCH, PER SQ CMYesJ3372CPT/HCPCSINJECTION, VANCOMYCIN HCL (XELLIA) NOT THERAPEUTICALLYYes	.93 CP	PT/HCPCS	ACESSO DL, PER SQUARE CENTIMETER	Yes
Q4286CPT/HCPCSNUDYN SL OR NUDYN SLW, PER SQ CMYesQ4284CPT/HCPCSDERMABIND SL, PER SQUARE CENTIMETERYesQ4282CPT/HCPCSCYGNUS DUAL, PER SQUARE CENTIMETERYesQ5131CPT/HCPCSINJECTION, ADALIMUMAB-AACF (IDACIO), BIOSIMILAR, 20 MGYesQ4263CPT/HCPCSSURGRAFT TL, PER SQUARE CENTIMETERYesQ4236CPT/HCPCSCAREPATCH, PER SQ CMYesJ3372CPT/HCPCSINJECTION, VANCOMYCIN HCL (XELLIA) NOT THERAPEUTICALLYYes	.92 CP	PT/HCPCS	LAMELLAS, PER SQUARE CENTIMETER	Yes
Q4284CPT/HCPCSDERMABIND SL, PER SQUARE CENTIMETERYesQ4282CPT/HCPCSCYGNUS DUAL, PER SQUARE CENTIMETERYesQ5131CPT/HCPCSINJECTION, ADALIMUMAB-AACF (IDACIO), BIOSIMILAR, 20 MGYesQ4263CPT/HCPCSSURGRAFT TL, PER SQUARE CENTIMETERYesQ4236CPT/HCPCSCAREPATCH, PER SQ CMYesJ3372CPT/HCPCSINJECTION, VANCOMYCIN HCL (XELLIA) NOT THERAPEUTICALLYYes	.91 CP	PT/HCPCS	LAMELLAS XT, PER SQUARE CENTIMETER	Yes
Q4284CPT/HCPCSDERMABIND SL, PER SQUARE CENTIMETERYesQ4282CPT/HCPCSCYGNUS DUAL, PER SQUARE CENTIMETERYesQ5131CPT/HCPCSINJECTION, ADALIMUMAB-AACF (IDACIO), BIOSIMILAR, 20 MGYesQ4263CPT/HCPCSSURGRAFT TL, PER SQUARE CENTIMETERYesQ4236CPT/HCPCSCAREPATCH, PER SQ CMYesJ3372CPT/HCPCSINJECTION, VANCOMYCIN HCL (XELLIA) NOT THERAPEUTICALLYYes	.86 CP	PT/HCPCS	NUDYN SL OR NUDYN SLW, PER SQ CM	Yes
Q5131 CPT/HCPCS INJECTION, ADALIMUMAB-AACF (IDACIO), BIOSIMILAR, 20 MG Q4263 CPT/HCPCS SURGRAFT TL, PER SQUARE CENTIMETER Q4236 CPT/HCPCS CAREPATCH, PER SQ CM J3372 CPT/HCPCS INJECTION, VANCOMYCIN HCL (XELLIA) NOT THERAPEUTICALLY Yes		PT/HCPCS	DERMABIND SL, PER SQUARE CENTIMETER	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 Yes	.82 CP	PT/HCPCS	CYGNUS DUAL, PER SQUARE CENTIMETER	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 Yes	.31 CP	PT/HCPCS	INJECTION, ADALIMUMAB-AACF (IDACIO), BIOSIMILAR, 20 MG	Yes
Q4236 CPT/HCPCS CAREPATCH, PER SQ CM J3372 CPT/HCPCS INJECTION, VANCOMYCIN HCL (XELLIA) NOT THERAPEUTICALLY Yes				
J3372 CPT/HCPCS INJECTION, VANCOMYCIN HCL (XELLIA) NOT THERAPEUTICALLY Yes				
			EQUIVALENT TO J3370, 500 MG	
J3371 CPT/HCPCS INJECTION, VANCOMYCIN HCL (MYLAN) NOT THERAPEUTICALLY Yes	71 CP	PT/HCPCS		Yes
EQUIVALENT TO J3370, 500 MG		-	,	
Q4290 CPT/HCPCS MEMBRANE WRAP-HYDRO, PER SQ CM Yes	90 CP	PT/HCPCS		Yes

Q4288	CPT/HCPCS	DERMABIND CH, PER SQUARE CENTIMETER	Yes
Q4288 Q4279	CPT/HCPCS CPT/HCPCS	VENDAJE AC, PER SQUARE CENTIMETER	Yes
J3425	CPT/HCPCS CPT/HCPCS	INJECTION, HYDROXOCOBALAMIN, IM, 10 MCG	Yes
	CPT/HCPCS CPT/HCPCS		
Q4281		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,	Yes
		CONTAINING NOMINAL 5 X 10^9 PFU/ML VECTOR GENOMES, PER 0.1 ML	
			1
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	Yes
		THERAPEUTIC DOSE	
J2806	CPT/HCPCS	INJECTION, SINCALIDE (MAIA) NOT THERAPEUTICALLY EQUIVALENT TO	Yes
		J2805, 5 MICROGRAMS	
J2599	CPT/HCPCS	INJECTION, VASOPRESSIN (AMERICAN REGENT) NOT THERAPEUTICALLY	Yes
		EQUIVALENT TO J2598, 1 UNIT	
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	Yes
		HAFYERA, OR INVEGA TRINZA), 1 MG	
J2372	CPT/HCPCS	INJECTION, PHENYLEPHRINE HYDROCHLORIDE (BIORPHEN), 20	Yes
		MICROGRAMS	
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	Yes
		TO J1920, 5 MG	
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	Yes
,1000	151 1/1101 00	EQUIVALENT TO J1805, 10 MG	
J2277	CPT/HCPCS	INJECTION, MOTIXAFORTIDE, 0.25 MG	Yes
J1434	CPT/HCPCS	INJECTION, MOTIZAFORTIDE, 0.25 MG INJECTION, FOSAPREPITANT (FOCINVEZ), 1 MG	Yes
J1434 J1203	CPT/HCPCS CPT/HCPCS	INJECTION, POSAPREPITANT (FOCINVEZ), 1 MG INJECTION, CIPAGLUCOSIDASE ALFA-ATGA, 5 MG	Yes
C9167	CPT/HCPCS	INJECTION, CIPAGLOCOSIDASE ALFA-ATGA, 5 MG INJECTION, APADAMTASE ALFA, 10 UNITS	Yes
J1805	CPT/HCPCS CPT/HCPCS	INJECTION, APADAMIASE ALFA, 10 UNITS INJECTION, ESMOLOL HYDROCHLORIDE, 10 MG	Yes
J1805 J1440	CPT/HCPCS CPT/HCPCS	FECAL MICROBIOTA, LIVE - JSLM, 1 ML	Yes
J0737	CPT/HCPCS	INJECTION, CLINDAMYCIN PHOSPHATE (BAXTER), NOT THERAPEUTICALLY	Yes
10700	ODT#10000	EQUIVALENT TO J0736, 300 MG	Ves.
J0736	CPT/HCPCS	INJECTION, CLINDAMYCIN PHOSPHATE, 300 MG	Yes
J1202	CPT/HCPCS	MIGLUSTAT, ORAL, 65 MG	Yes
	CPT/HCPCS	INJECTION, METHYLPREDNISOLONE ACETATE, 1 MG	Yes
J1010			
	CPT/HCPCS	INJECTION, LEVOTHYROXINE SODIUM (HIKMA) NOT THERAPEUTICALLY	Yes
J1010 J0652	CPT/HCPCS	EQUIVALENT TO J0650, 10 MCG	
J1010			Yes

J1939	OPT#10= = =	INJECTION BUNGTANDS OF THE	V
14.500	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,	Yes
,1716	0.1/110503	CONTAINING NOMINAL 2 X 10^13 VECTOR GENOMES	
J0665	CPT/HCPCS	INJECTION, BUPIVICAINE, NOT OTHERWISE SPECIFIED, 0.5 MG	Yes
J0457	CPT/HCPCS	INJECTION, AZTREONAM, 100 MG	Yes
J0437 J0216	CPT/HCPCS	INJECTION, ALTREONANI, 100 MG INJECTION, ALFENTANIL HYDROCHLORIDE, 500 MICROGRAMS	Yes
J0216 J0206	CPT/HCPCS	INJECTION, ALLOPURINOL SODIUM, 1 MG	Yes
J0650	CPT/HCPCS	INJECTION, LEVOTHYROXINE SODIUM, NOT OTHERWISE SPECIFIED, 10 MCG	
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
J0589	CPT/HCPCS	INJECTION, DAXIBOTULINUMTOXINA-LANM, 1 UNIT	Yes
J0578	CPT/HCPCS	INJECTION, BUPRENORPHINE EXTENDED-RELEASE (BRIXADI), GREATER	Yes
		THAN 7 DAYS AND UP TO 28 DAYS OF THERAPY	
J0577	CPT/HCPCS	INJECTION, BUPRENORPHINE EXTENDED-RELEASE (BRIXADI), LESS THAN OR	Yes
		EQUAL TO 7 DAYS OF THERAPY	
J1105	CPT/HCPCS	DEXMEDETOMIDINE, ORAL, 1 MCG	Yes
J0873	CPT/HCPCS	INJECTION, DAPTOMYCIN (XELLIA)NOT THERAPEUTICALLY EQUIVALENT TO	Yes
		J0878 OR J0872, 1 MG	
J0799	CPT/HCPCS	FDA APPROVED PRESCRIPTION DRUG, ONLY FOR USE AS HIV PRE-	Yes
		EXPOSURE PROPHYLAXIS (NOT FOR USE AS TREATMENT OF HIV), NOT OTHE	
J0751	CPT/HCPCS	EMTRICITABINE 200MG AND TENOFOVIR ALAFENAMIDE 25MG, ORAL, FDA	Yes
		APPROVED PRESCRIPTION, ONLY FOR USE AS HIV PRE-EXPOSURE PR	
J0137	CPT/HCPCS	INJECTION, ACETAMINOPHEN (HIKMA) NOT THERAPEUTICALLY EQUIVALENT	Yes
		TO J0131, 10 MG	
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	Yes
		300MG,ORAL,FDA APPROVED PRESCRIPTION,ONLY FOR USE AS HIV PRE-	
		EXPOSURE PROPHYLAXIS	
J0688	CPT/HCPCS	EXPOSURE PROPHYLAXIS INJECTION, CEFAZOLIN SODIUM (HIKMA), NOT THERAPEUTICALLY	Yes
		EXPOSURE PROPHYLAXIS INJECTION, CEFAZOLIN SODIUM (HIKMA), NOT THERAPEUTICALLY EQUIVALENT TO J0690, 500 MG	
J0576	CPT/HCPCS	EXPOSURE PROPHYLAXIS INJECTION, CEFAZOLIN SODIUM (HIKMA), NOT THERAPEUTICALLY EQUIVALENT TO J0690, 500 MG INJECTION, BUPRENORPHINE EXTENDED-RELEASE (BRIXADI), 1 MG	Yes
J0576 J0402	CPT/HCPCS CPT/HCPCS	EXPOSURE PROPHYLAXIS INJECTION, CEFAZOLIN SODIUM (HIKMA), NOT THERAPEUTICALLY EQUIVALENT TO J0690, 500 MG INJECTION, BUPRENORPHINE EXTENDED-RELEASE (BRIXADI), 1 MG INJECTION, ARIPIPRAZOLE (ABILIFY ASIMTUFII), 1 MG	Yes Yes
J0576 J0402 Q4270	CPT/HCPCS CPT/HCPCS CPT/HCPCS	EXPOSURE PROPHYLAXIS INJECTION, CEFAZOLIN SODIUM (HIKMA), NOT THERAPEUTICALLY EQUIVALENT TO J0690, 500 MG INJECTION, BUPRENORPHINE EXTENDED-RELEASE (BRIXADI), 1 MG INJECTION, ARIPIPRAZOLE (ABILIFY ASIMTUFII), 1 MG COMPLETE SL, PER SQUARE CENTIMETER	Yes Yes
J0576 J0402 Q4270 Q4269	CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS	EXPOSURE PROPHYLAXIS INJECTION, CEFAZOLIN SODIUM (HIKMA), NOT THERAPEUTICALLY EQUIVALENT TO J0690, 500 MG INJECTION, BUPRENORPHINE EXTENDED-RELEASE (BRIXADI), 1 MG INJECTION, ARIPIPRAZOLE (ABILIFY ASIMTUFII), 1 MG COMPLETE SL, PER SQUARE CENTIMETER SURGRAFT XT, PER SQUARE CENTIMETER	Yes Yes Yes Yes
J0576 J0402 Q4270 Q4269 Q4268	CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS	EXPOSURE PROPHYLAXIS INJECTION, CEFAZOLIN SODIUM (HIKMA), NOT THERAPEUTICALLY EQUIVALENT TO J0690, 500 MG INJECTION, BUPRENORPHINE EXTENDED-RELEASE (BRIXADI), 1 MG INJECTION, ARIPIPRAZOLE (ABILIFY ASIMTUFII), 1 MG COMPLETE SL, PER SQUARE CENTIMETER SURGRAFT XT, PER SQUARE CENTIMETER SURGRAFT FT, PER SQUARE CENTIMETER	Yes Yes Yes Yes Yes
J0576 J0402 Q4270 Q4269 Q4268 Q4267	CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS	EXPOSURE PROPHYLAXIS INJECTION, CEFAZOLIN SODIUM (HIKMA), NOT THERAPEUTICALLY EQUIVALENT TO J0690, 500 MG INJECTION, BUPRENORPHINE EXTENDED-RELEASE (BRIXADI), 1 MG INJECTION, ARIPIPRAZOLE (ABILIFY ASIMTUFII), 1 MG COMPLETE SL, PER SQUARE CENTIMETER SURGRAFT XT, PER SQUARE CENTIMETER SURGRAFT FT, PER SQUARE CENTIMETER NEOSTIM DL, PER SQUARE CENTIMETER	Yes Yes Yes Yes Yes Yes Yes
J0576 J0402 Q4270 Q4269 Q4268 Q4267 J0217	CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS	EXPOSURE PROPHYLAXIS INJECTION, CEFAZOLIN SODIUM (HIKMA), NOT THERAPEUTICALLY EQUIVALENT TO J0690, 500 MG INJECTION, BUPRENORPHINE EXTENDED-RELEASE (BRIXADI), 1 MG INJECTION, ARIPIPRAZOLE (ABILIFY ASIMTUFII), 1 MG COMPLETE SL, PER SQUARE CENTIMETER SURGRAFT XT, PER SQUARE CENTIMETER SURGRAFT FT, PER SQUARE CENTIMETER NEOSTIM DL, PER SQUARE CENTIMETER INJECTION, VELMANASE ALFA-TYCV, 1 MG	Yes Yes Yes Yes Yes Yes Yes Yes
J0576 J0402 Q4270 Q4269 Q4268 Q4267 J0217 Q5132	CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS	EXPOSURE PROPHYLAXIS INJECTION, CEFAZOLIN SODIUM (HIKMA), NOT THERAPEUTICALLY EQUIVALENT TO J0690, 500 MG INJECTION, BUPRENORPHINE EXTENDED-RELEASE (BRIXADI), 1 MG INJECTION, ARIPIPRAZOLE (ABILIFY ASIMTUFII), 1 MG COMPLETE SL, PER SQUARE CENTIMETER SURGRAFT XT, PER SQUARE CENTIMETER SURGRAFT FT, PER SQUARE CENTIMETER NEOSTIM DL, PER SQUARE CENTIMETER INJECTION, VELMANASE ALFA-TYCV, 1 MG INJECTION, ADALIMUMAB-AFZB (ABRILADA), BIOSIMILAR, 10 MG	Yes
J0576 J0402 Q4270 Q4269 Q4268 Q4267 J0217 Q5132 Q4304	CPT/HCPCS	EXPOSURE PROPHYLAXIS INJECTION, CEFAZOLIN SODIUM (HIKMA), NOT THERAPEUTICALLY EQUIVALENT TO J0690, 500 MG INJECTION, BUPRENORPHINE EXTENDED-RELEASE (BRIXADI), 1 MG INJECTION, ARIPIPRAZOLE (ABILIFY ASIMTUFII), 1 MG COMPLETE SL, PER SQUARE CENTIMETER SURGRAFT XT, PER SQUARE CENTIMETER SURGRAFT FT, PER SQUARE CENTIMETER NEOSTIM DL, PER SQUARE CENTIMETER INJECTION, VELMANASE ALFA-TYCV, 1 MG INJECTION, ADALIMUMAB-AFZB (ABRILADA), BIOSIMILAR, 10 MG GRAFIX PLUS, PER SQUARE CENTIMETER	Yes
J0576 J0402 Q4270 Q4269 Q4268 Q4267 J0217 Q5132 Q4304 Q4303	CPT/HCPCS	EXPOSURE PROPHYLAXIS INJECTION, CEFAZOLIN SODIUM (HIKMA), NOT THERAPEUTICALLY EQUIVALENT TO J0690, 500 MG INJECTION, BUPRENORPHINE EXTENDED-RELEASE (BRIXADI), 1 MG INJECTION, ARIPIPRAZOLE (ABILIFY ASIMTUFII), 1 MG COMPLETE SL, PER SQUARE CENTIMETER SURGRAFT XT, PER SQUARE CENTIMETER SURGRAFT FT, PER SQUARE CENTIMETER NEOSTIM DL, PER SQUARE CENTIMETER INJECTION, VELMANASE ALFA-TYCV, 1 MG INJECTION, ADALIMUMAB-AFZB (ABRILADA), BIOSIMILAR, 10 MG GRAFIX PLUS, PER SQUARE CENTIMETER COMPLETE AA, PER SQUARE CENTIMETER	Yes
J0576 J0402 Q4270 Q4269 Q4268 Q4267 J0217 Q5132 Q4304 Q4303 J0391	CPT/HCPCS	EXPOSURE PROPHYLAXIS INJECTION, CEFAZOLIN SODIUM (HIKMA), NOT THERAPEUTICALLY EQUIVALENT TO J0690, 500 MG INJECTION, BUPRENORPHINE EXTENDED-RELEASE (BRIXADI), 1 MG INJECTION, ARIPIPRAZOLE (ABILIFY ASIMTUFII), 1 MG COMPLETE SL, PER SQUARE CENTIMETER SURGRAFT XT, PER SQUARE CENTIMETER SURGRAFT FT, PER SQUARE CENTIMETER NEOSTIM DL, PER SQUARE CENTIMETER INJECTION, VELMANASE ALFA-TYCV, 1 MG INJECTION, ADALIMUMAB-AFZB (ABRILADA), BIOSIMILAR, 10 MG GRAFIX PLUS, PER SQUARE CENTIMETER COMPLETE AA, PER SQUARE CENTIMETER INJECTION, ARTESUNATE, 1 MG	Yes
J0576 J0402 Q4270 Q4269 Q4268 Q4267 J0217 Q5132 Q4304 Q4303 J0391 J0184	CPT/HCPCS	EXPOSURE PROPHYLAXIS INJECTION, CEFAZOLIN SODIUM (HIKMA), NOT THERAPEUTICALLY EQUIVALENT TO J0690, 500 MG INJECTION, BUPRENORPHINE EXTENDED-RELEASE (BRIXADI), 1 MG INJECTION, ARIPIPRAZOLE (ABILIFY ASIMTUFII), 1 MG COMPLETE SL, PER SQUARE CENTIMETER SURGRAFT XT, PER SQUARE CENTIMETER SURGRAFT FT, PER SQUARE CENTIMETER NEOSTIM DL, PER SQUARE CENTIMETER INJECTION, VELMANASE ALFA-TYCV, 1 MG INJECTION, ADALIMUMAB-AFZB (ABRILADA), BIOSIMILAR, 10 MG GRAFIX PLUS, PER SQUARE CENTIMETER COMPLETE AA, PER SQUARE CENTIMETER INJECTION, ARTESUNATE, 1 MG INJECTION, AMISULPRIDE, 1 MG	Yes
J0576 J0402 Q4270 Q4269 Q4268 Q4267 J0217 Q5132 Q4304 Q4303 J0391 J0184 C9160	CPT/HCPCS	EXPOSURE PROPHYLAXIS INJECTION, CEFAZOLIN SODIUM (HIKMA), NOT THERAPEUTICALLY EQUIVALENT TO J0690, 500 MG INJECTION, BUPRENORPHINE EXTENDED-RELEASE (BRIXADI), 1 MG INJECTION, ARIPIPRAZOLE (ABILIFY ASIMTUFII), 1 MG COMPLETE SL, PER SQUARE CENTIMETER SURGRAFT XT, PER SQUARE CENTIMETER SURGRAFT FT, PER SQUARE CENTIMETER NEOSTIM DL, PER SQUARE CENTIMETER INJECTION, VELMANASE ALFA-TYCV, 1 MG INJECTION, ADALIMUMAB-AFZB (ABRILADA), BIOSIMILAR, 10 MG GRAFIX PLUS, PER SQUARE CENTIMETER COMPLETE AA, PER SQUARE CENTIMETER INJECTION, ARTESUNATE, 1 MG INJECTION, AMISULPRIDE, 1 MG INJECTION, DAXIBOTULINUMTOXINA-LANM, 1 UNIT	Yes
J0576 J0402 Q4270 Q4269 Q4268 Q4267 J0217 Q5132 Q4304 Q4303 J0391 J0184 C9160	CPT/HCPCS	EXPOSURE PROPHYLAXIS INJECTION, CEFAZOLIN SODIUM (HIKMA), NOT THERAPEUTICALLY EQUIVALENT TO J0690, 500 MG INJECTION, BUPRENORPHINE EXTENDED-RELEASE (BRIXADI), 1 MG INJECTION, ARIPIPRAZOLE (ABILIFY ASIMTUFII), 1 MG COMPLETE SL, PER SQUARE CENTIMETER SURGRAFT XT, PER SQUARE CENTIMETER SURGRAFT FT, PER SQUARE CENTIMETER NEOSTIM DL, PER SQUARE CENTIMETER INJECTION, VELMANASE ALFA-TYCV, 1 MG INJECTION, ADALIMUMAB-AFZB (ABRILADA), BIOSIMILAR, 10 MG GRAFIX PLUS, PER SQUARE CENTIMETER COMPLETE AA, PER SQUARE CENTIMETER INJECTION, ARTESUNATE, 1 MG INJECTION, AMISULPRIDE, 1 MG INJECTION, DAXIBOTULINUMTOXINA-LANM, 1 UNIT INJECTION, AFLIBERCEPT HD, 1 MG	Yes
J0576 J0402 Q4270 Q4269 Q4268 Q4267 J0217 Q5132 Q4304 Q4303 J0391 J0184 C9160 C9161 J2998	CPT/HCPCS	EXPOSURE PROPHYLAXIS INJECTION, CEFAZOLIN SODIUM (HIKMA), NOT THERAPEUTICALLY EQUIVALENT TO J0690, 500 MG INJECTION, BUPRENORPHINE EXTENDED-RELEASE (BRIXADI), 1 MG INJECTION, ARIPIPRAZOLE (ABILIFY ASIMTUFII), 1 MG COMPLETE SL, PER SQUARE CENTIMETER SURGRAFT XT, PER SQUARE CENTIMETER SURGRAFT FT, PER SQUARE CENTIMETER NEOSTIM DL, PER SQUARE CENTIMETER INJECTION, VELMANASE ALFA-TYCV, 1 MG INJECTION, ADALIMUMAB-AFZB (ABRILADA), BIOSIMILAR, 10 MG GRAFIX PLUS, PER SQUARE CENTIMETER INJECTION, ARTESUNATE, 1 MG INJECTION, AMISULPRIDE, 1 MG INJECTION, DAXIBOTULINUMTOXINA-LANM, 1 UNIT INJECTION, AFLIBERCEPT HD, 1 MG INJECTION, PLASMINOGEN, HUMAN-TVMH, 1 MG	Yes
J0576 J0402 Q4270 Q4269 Q4268 Q4267 J0217 Q5132 Q4304 Q4303 J0391 J0184 C9160	CPT/HCPCS	EXPOSURE PROPHYLAXIS INJECTION, CEFAZOLIN SODIUM (HIKMA), NOT THERAPEUTICALLY EQUIVALENT TO J0690, 500 MG INJECTION, BUPRENORPHINE EXTENDED-RELEASE (BRIXADI), 1 MG INJECTION, ARIPIPRAZOLE (ABILIFY ASIMTUFII), 1 MG COMPLETE SL, PER SQUARE CENTIMETER SURGRAFT XT, PER SQUARE CENTIMETER SURGRAFT FT, PER SQUARE CENTIMETER NEOSTIM DL, PER SQUARE CENTIMETER INJECTION, VELMANASE ALFA-TYCV, 1 MG INJECTION, ADALIMUMAB-AFZB (ABRILADA), BIOSIMILAR, 10 MG GRAFIX PLUS, PER SQUARE CENTIMETER COMPLETE AA, PER SQUARE CENTIMETER INJECTION, ARTESUNATE, 1 MG INJECTION, AMISULPRIDE, 1 MG INJECTION, DAXIBOTULINUMTOXINA-LANM, 1 UNIT INJECTION, AFLIBERCEPT HD, 1 MG	Yes
J0576 J0402 Q4270 Q4269 Q4268 Q4267 J0217 Q5132 Q4304 Q4303 J0391 J0184 C9160 C9161 J2998 J2779	CPT/HCPCS	EXPOSURE PROPHYLAXIS INJECTION, CEFAZOLIN SODIUM (HIKMA), NOT THERAPEUTICALLY EQUIVALENT TO J0690, 500 MG INJECTION, BUPRENORPHINE EXTENDED-RELEASE (BRIXADI), 1 MG INJECTION, ARIPIPRAZOLE (ABILIFY ASIMTUFII), 1 MG COMPLETE SL, PER SQUARE CENTIMETER SURGRAFT XT, PER SQUARE CENTIMETER SURGRAFT FT, PER SQUARE CENTIMETER NEOSTIM DL, PER SQUARE CENTIMETER INJECTION, VELMANASE ALFA-TYCV, 1 MG INJECTION, ADALIMUMAB-AFZB (ABRILADA), BIOSIMILAR, 10 MG GRAFIX PLUS, PER SQUARE CENTIMETER COMPLETE AA, PER SQUARE CENTIMETER INJECTION, ARTESUNATE, 1 MG INJECTION, AMISULPRIDE, 1 MG INJECTION, DAXIBOTULINUMTOXINA-LANM, 1 UNIT INJECTION, AFLIBERCEPT HD, 1 MG INJECTION, PLASMINOGEN, HUMAN-TVMH, 1 MG INJECTION, RANIBIZUMAB, VIA INTRAVITREAL IMPLANT (SUSVIMO), 0.1 MG	Yes
J0576 J0402 Q4270 Q4269 Q4268 Q4267 J0217 Q5132 Q4304 Q4303 J0391 J0184 C9160 C9161 J2998 J2779 C9097	CPT/HCPCS	EXPOSURE PROPHYLAXIS INJECTION, CEFAZOLIN SODIUM (HIKMA), NOT THERAPEUTICALLY EQUIVALENT TO J0690, 500 MG INJECTION, BUPRENORPHINE EXTENDED-RELEASE (BRIXADI), 1 MG INJECTION, ARIPIPRAZOLE (ABILIFY ASIMTUFII), 1 MG COMPLETE SL, PER SQUARE CENTIMETER SURGRAFT XT, PER SQUARE CENTIMETER SURGRAFT FT, PER SQUARE CENTIMETER NEOSTIM DL, PER SQUARE CENTIMETER INJECTION, VELMANASE ALFA-TYCV, 1 MG INJECTION, ADALIMUMAB-AFZB (ABRILADA), BIOSIMILAR, 10 MG GRAFIX PLUS, PER SQUARE CENTIMETER COMPLETE AA, PER SQUARE CENTIMETER INJECTION, ARTESUNATE, 1 MG INJECTION, AMISULPRIDE, 1 MG INJECTION, DAXIBOTULINUMTOXINA-LANM, 1 UNIT INJECTION, PLASMINOGEN, HUMAN-TVMH, 1 MG INJECTION, RANIBIZUMAB, VIA INTRAVITREAL IMPLANT (SUSVIMO), 0.1 MG INJ, FARICIMAB-SVOA, 0.1 MG	Yes
J0576 J0402 Q4270 Q4269 Q4268 Q4267 J0217 Q5132 Q4304 Q4303 J0391 J0184 C9160 C9161 J2998 J2779	CPT/HCPCS	EXPOSURE PROPHYLAXIS INJECTION, CEFAZOLIN SODIUM (HIKMA), NOT THERAPEUTICALLY EQUIVALENT TO J0690, 500 MG INJECTION, BUPRENORPHINE EXTENDED-RELEASE (BRIXADI), 1 MG INJECTION, ARIPIPRAZOLE (ABILIFY ASIMTUFII), 1 MG COMPLETE SL, PER SQUARE CENTIMETER SURGRAFT XT, PER SQUARE CENTIMETER SURGRAFT FT, PER SQUARE CENTIMETER NEOSTIM DL, PER SQUARE CENTIMETER INJECTION, VELMANASE ALFA-TYCV, 1 MG INJECTION, ADALIMUMAB-AFZB (ABRILADA), BIOSIMILAR, 10 MG GRAFIX PLUS, PER SQUARE CENTIMETER COMPLETE AA, PER SQUARE CENTIMETER INJECTION, ARTESUNATE, 1 MG INJECTION, AMISULPRIDE, 1 MG INJECTION, DAXIBOTULINUMTOXINA-LANM, 1 UNIT INJECTION, AFLIBERCEPT HD, 1 MG INJECTION, PLASMINOGEN, HUMAN-TVMH, 1 MG INJECTION, RANIBIZUMAB, VIA INTRAVITREAL IMPLANT (SUSVIMO), 0.1 MG INJ, FARICIMAB-SVOA, 0.1 MG HYALURONAN OR DERIVATIVE, GEL-SYN, FOR INTRA-ARTICULAR	Yes
J0576 J0402 Q4270 Q4269 Q4268 Q4267 J0217 Q5132 Q4304 Q4303 J0391 J0184 C9160 C9161 J2998 J2779 C9097 J7328	CPT/HCPCS	EXPOSURE PROPHYLAXIS INJECTION, CEFAZOLIN SODIUM (HIKMA), NOT THERAPEUTICALLY EQUIVALENT TO J0690, 500 MG INJECTION, BUPRENORPHINE EXTENDED-RELEASE (BRIXADI), 1 MG INJECTION, ARIPIPRAZOLE (ABILIFY ASIMTUFII), 1 MG COMPLETE SL, PER SQUARE CENTIMETER SURGRAFT XT, PER SQUARE CENTIMETER SURGRAFT FT, PER SQUARE CENTIMETER NEOSTIM DL, PER SQUARE CENTIMETER INJECTION, VELMANASE ALFA-TYCV, 1 MG INJECTION, ADALIMUMAB-AFZB (ABRILADA), BIOSIMILAR, 10 MG GRAFIX PLUS, PER SQUARE CENTIMETER COMPLETE AA, PER SQUARE CENTIMETER INJECTION, ARTESUNATE, 1 MG INJECTION, AMISULPRIDE, 1 MG INJECTION, AFLIBERCEPT HD, 1 MG INJECTION, PLASMINOGEN, HUMAN-TVMH, 1 MG INJECTION, RANIBIZUMAB, VIA INTRAVITREAL IMPLANT (SUSVIMO), 0.1 MG INJ, FARICIMAB-SVOA, 0.1 MG HYALURONAN OR DERIVATIVE, GEL-SYN, FOR INTRA-ARTICULAR INJECTION, 0.1 MG	Yes
J0576 J0402 Q4270 Q4269 Q4268 Q4267 J0217 Q5132 Q4304 Q4303 J0391 J0184 C9160 C9161 J2998 J2779 C9097	CPT/HCPCS	EXPOSURE PROPHYLAXIS INJECTION, CEFAZOLIN SODIUM (HIKMA), NOT THERAPEUTICALLY EQUIVALENT TO J0690, 500 MG INJECTION, BUPRENORPHINE EXTENDED-RELEASE (BRIXADI), 1 MG INJECTION, ARIPIPRAZOLE (ABILIFY ASIMTUFII), 1 MG COMPLETE SL, PER SQUARE CENTIMETER SURGRAFT XT, PER SQUARE CENTIMETER SURGRAFT FT, PER SQUARE CENTIMETER NEOSTIM DL, PER SQUARE CENTIMETER INJECTION, VELMANASE ALFA-TYCV, 1 MG INJECTION, ADALIMUMAB-AFZB (ABRILADA), BIOSIMILAR, 10 MG GRAFIX PLUS, PER SQUARE CENTIMETER COMPLETE AA, PER SQUARE CENTIMETER INJECTION, ARTESUNATE, 1 MG INJECTION, AMISULPRIDE, 1 MG INJECTION, DAXIBOTULINUMTOXINA-LANM, 1 UNIT INJECTION, AFLIBERCEPT HD, 1 MG INJECTION, PLASMINOGEN, HUMAN-TVMH, 1 MG INJECTION, RANIBIZUMAB, VIA INTRAVITREAL IMPLANT (SUSVIMO), 0.1 MG INJ, FARICIMAB-SVOA, 0.1 MG HYALURONAN OR DERIVATIVE, GEL-SYN, FOR INTRA-ARTICULAR INJECTION, TIGECYCLINE (ACCORD) NOT THERAPEUTICALLY EQUIVALENT	Yes
J0576 J0402 Q4270 Q4269 Q4268 Q4267 J0217 Q5132 Q4304 Q4303 J0391 J0184 C9160 C9161 J2998 J2779 C9097 J7328	CPT/HCPCS	EXPOSURE PROPHYLAXIS INJECTION, CEFAZOLIN SODIUM (HIKMA), NOT THERAPEUTICALLY EQUIVALENT TO J0690, 500 MG INJECTION, BUPRENORPHINE EXTENDED-RELEASE (BRIXADI), 1 MG INJECTION, ARIPIPRAZOLE (ABILIFY ASIMTUFII), 1 MG COMPLETE SL, PER SQUARE CENTIMETER SURGRAFT XT, PER SQUARE CENTIMETER SURGRAFT FT, PER SQUARE CENTIMETER NEOSTIM DL, PER SQUARE CENTIMETER INJECTION, VELMANASE ALFA-TYCV, 1 MG INJECTION, ADALIMUMAB-AFZB (ABRILADA), BIOSIMILAR, 10 MG GRAFIX PLUS, PER SQUARE CENTIMETER COMPLETE AA, PER SQUARE CENTIMETER INJECTION, ARTESUNATE, 1 MG INJECTION, AMISULPRIDE, 1 MG INJECTION, DAXIBOTULINUMTOXINA-LANM, 1 UNIT INJECTION, AFLIBERCEPT HD, 1 MG INJECTION, PLASMINOGEN, HUMAN-TVMH, 1 MG INJECTION, RANIBIZUMAB, VIA INTRAVITREAL IMPLANT (SUSVIMO), 0.1 MG INJ, FARICIMAB-SVOA, 0.1 MG HYALURONAN OR DERIVATIVE, GEL-SYN, FOR INTRA-ARTICULAR INJECTION, TIGECYCLINE (ACCORD) NOT THERAPEUTICALLY EQUIVALENT TO J3243, 1 MG	Yes
J0576 J0402 Q4270 Q4269 Q4268 Q4267 J0217 Q5132 Q4304 Q4303 J0391 J0184 C9160 C9161 J2998 J2779 C9097 J7328	CPT/HCPCS	EXPOSURE PROPHYLAXIS INJECTION, CEFAZOLIN SODIUM (HIKMA), NOT THERAPEUTICALLY EQUIVALENT TO J0690, 500 MG INJECTION, BUPRENORPHINE EXTENDED-RELEASE (BRIXADI), 1 MG INJECTION, ARIPIPRAZOLE (ABILIFY ASIMTUFII), 1 MG COMPLETE SL, PER SQUARE CENTIMETER SURGRAFT XT, PER SQUARE CENTIMETER SURGRAFT FT, PER SQUARE CENTIMETER NEOSTIM DL, PER SQUARE CENTIMETER INJECTION, VELMANASE ALFA-TYCV, 1 MG INJECTION, ADALIMUMAB-AFZB (ABRILADA), BIOSIMILAR, 10 MG GRAFIX PLUS, PER SQUARE CENTIMETER COMPLETE AA, PER SQUARE CENTIMETER INJECTION, ARTESUNATE, 1 MG INJECTION, AMISULPRIDE, 1 MG INJECTION, DAXIBOTULINUMTOXINA-LANM, 1 UNIT INJECTION, AFLIBERCEPT HD, 1 MG INJECTION, PLASMINOGEN, HUMAN-TVMH, 1 MG INJECTION, RANIBIZUMAB, VIA INTRAVITREAL IMPLANT (SUSVIMO), 0.1 MG INJ, FARICIMAB-SVOA, 0.1 MG HYALURONAN OR DERIVATIVE, GEL-SYN, FOR INTRA-ARTICULAR INJECTION, TIGECYCLINE (ACCORD) NOT THERAPEUTICALLY EQUIVALENT	Yes
J0576 J0402 Q4270 Q4269 Q4268 Q4267 J0217 Q5132 Q4304 Q4303 J0391 J0184 C9160 C9161 J2998 J2779 C9097 J7328	CPT/HCPCS	EXPOSURE PROPHYLAXIS INJECTION, CEFAZOLIN SODIUM (HIKMA), NOT THERAPEUTICALLY EQUIVALENT TO J0690, 500 MG INJECTION, BUPRENORPHINE EXTENDED-RELEASE (BRIXADI), 1 MG INJECTION, ARIPIPRAZOLE (ABILIFY ASIMTUFII), 1 MG COMPLETE SL, PER SQUARE CENTIMETER SURGRAFT XT, PER SQUARE CENTIMETER SURGRAFT FT, PER SQUARE CENTIMETER NEOSTIM DL, PER SQUARE CENTIMETER INJECTION, VELMANASE ALFA-TYCV, 1 MG INJECTION, ADALIMUMAB-AFZB (ABRILADA), BIOSIMILAR, 10 MG GRAFIX PLUS, PER SQUARE CENTIMETER COMPLETE AA, PER SQUARE CENTIMETER INJECTION, ARTESUNATE, 1 MG INJECTION, AMISULPRIDE, 1 MG INJECTION, DAXIBOTULINUMTOXINA-LANM, 1 UNIT INJECTION, AFLIBERCEPT HD, 1 MG INJECTION, PLASMINOGEN, HUMAN-TVMH, 1 MG INJECTION, RANIBIZUMAB, VIA INTRAVITREAL IMPLANT (SUSVIMO), 0.1 MG INJ, FARICIMAB-SVOA, 0.1 MG HYALURONAN OR DERIVATIVE, GEL-SYN, FOR INTRA-ARTICULAR INJECTION, TIGECYCLINE (ACCORD) NOT THERAPEUTICALLY EQUIVALENT TO J3243, 1 MG	Yes
J0576 J0402 Q4270 Q4269 Q4268 Q4267 J0217 Q5132 Q4304 Q4303 J0391 J0184 C9160 C9161 J2998 J2779 C9097 J7328 J3244 J2402	CPT/HCPCS	EXPOSURE PROPHYLAXIS INJECTION, CEFAZOLIN SODIUM (HIKMA), NOT THERAPEUTICALLY EQUIVALENT TO J0690, 500 MG INJECTION, BUPRENORPHINE EXTENDED-RELEASE (BRIXADI), 1 MG INJECTION, ARIPIPRAZOLE (ABILIFY ASIMTUFII), 1 MG COMPLETE SL, PER SQUARE CENTIMETER SURGRAFT XT, PER SQUARE CENTIMETER SURGRAFT FT, PER SQUARE CENTIMETER NEOSTIM DL, PER SQUARE CENTIMETER INJECTION, VELMANASE ALFA-TYCV, 1 MG INJECTION, ADALIMUMAB-AFZB (ABRILADA), BIOSIMILAR, 10 MG GRAFIX PLUS, PER SQUARE CENTIMETER COMPLETE AA, PER SQUARE CENTIMETER INJECTION, ARTESUNATE, 1 MG INJECTION, AMISULPRIDE, 1 MG INJECTION, AKISULPRIDE, 1 MG INJECTION, AFLIBERCEPT HD, 1 MG INJECTION, PLASMINOGEN, HUMAN-TVMH, 1 MG INJECTION, RANIBIZUMAB, VIA INTRAVITREAL IMPLANT (SUSVIMO), 0.1 MG INJ, FARICIMAB-SVOA, 0.1 MG HYALURONAN OR DERIVATIVE, GEL-SYN, FOR INTRA-ARTICULAR INJECTION, 0.1 MG INJECTION, TIGECYCLINE (ACCORD) NOT THERAPEUTICALLY EQUIVALENT TO J3243, 1 MG INJECTION, CHLOROPROCAINE HYDROCHLORIDE (CLOROTEKAL), PER 1 MG	Yes
J0576 J0402 Q4270 Q4269 Q4268 Q4267 J0217 Q5132 Q4304 Q4303 J0391 J0184 C9160 C9161 J2998 J2779 C9097 J7328 J3244 J2402 J2401	CPT/HCPCS	EXPOSURE PROPHYLAXIS INJECTION, CEFAZOLIN SODIUM (HIKMA), NOT THERAPEUTICALLY EQUIVALENT TO J0690, 500 MG INJECTION, BUPRENORPHINE EXTENDED-RELEASE (BRIXADI), 1 MG INJECTION, ARIPIPRAZOLE (ABILIFY ASIMTUFII), 1 MG COMPLETE SL, PER SQUARE CENTIMETER SURGRAFT XT, PER SQUARE CENTIMETER SURGRAFT FT, PER SQUARE CENTIMETER NEOSTIM DL, PER SQUARE CENTIMETER INJECTION, VELMANASE ALFA-TYCV, 1 MG INJECTION, VELMANASE ALFA-TYCV, 1 MG INJECTION, ADALIMUMAB-AFZB (ABRILADA), BIOSIMILAR, 10 MG GRAFIX PLUS, PER SQUARE CENTIMETER COMPLETE AA, PER SQUARE CENTIMETER INJECTION, ARTESUNATE, 1 MG INJECTION, AMISULPRIDE, 1 MG INJECTION, AMISULPRIDE, 1 MG INJECTION, AFLIBERCEPT HD, 1 MG INJECTION, PLASMINOGEN, HUMAN-TVMH, 1 MG INJECTION, RANIBIZUMAB, VIA INTRAVITREAL IMPLANT (SUSVIMO), 0.1 MG INJ, FARICIMAB-SVOA, 0.1 MG HYALURONAN OR DERIVATIVE, GEL-SYN, FOR INTRA-ARTICULAR INJECTION, TIGECYCLINE (ACCORD) NOT THERAPEUTICALLY EQUIVALENT TO J3243, 1 MG INJECTION, CHLOROPROCAINE HYDROCHLORIDE, PER 1 MG	Yes
J0576 J0402 Q4270 Q4269 Q4268 Q4267 J0217 Q5132 Q4304 Q4303 J0391 J0184 C9160 C9161 J2998 J2779 J7328 J3244 J2402 J2401 J2311	CPT/HCPCS	EXPOSURE PROPHYLAXIS INJECTION, CEFAZOLIN SODIUM (HIKMA), NOT THERAPEUTICALLY EQUIVALENT TO J0690, 500 MG INJECTION, BUPRENORPHINE EXTENDED-RELEASE (BRIXADI), 1 MG INJECTION, ARIPIPRAZOLE (ABILIFY ASIMTUFII), 1 MG COMPLETE SL, PER SQUARE CENTIMETER SURGRAFT XT, PER SQUARE CENTIMETER SURGRAFT FT, PER SQUARE CENTIMETER NEOSTIM DL, PER SQUARE CENTIMETER INJECTION, VELMANASE ALFA-TYCV, 1 MG INJECTION, VELMANASE ALFA-TYCV, 1 MG INJECTION, ADALIMUMAB-AFZB (ABRILADA), BIOSIMILAR, 10 MG GRAFIX PLUS, PER SQUARE CENTIMETER COMPLETE AA, PER SQUARE CENTIMETER INJECTION, ARTESUNATE, 1 MG INJECTION, AMISULPRIDE, 1 MG INJECTION, DAXIBOTULINUMTOXINA-LANM, 1 UNIT INJECTION, AFLIBERCEPT HD, 1 MG INJECTION, PLASMINOGEN, HUMAN-TVMH, 1 MG INJECTION, RANIBIZUMAB, VIA INTRAVITREAL IMPLANT (SUSVIMO), 0.1 MG INJ, FARICIMAB-SVOA, 0.1 MG HYALURONAN OR DERIVATIVE, GEL-SYN, FOR INTRA-ARTICULAR INJECTION, 0.1 MG INJECTION, TIGECYCLINE (ACCORD) NOT THERAPEUTICALLY EQUIVALENT TO J3243, 1 MG INJECTION, CHLOROPROCAINE HYDROCHLORIDE (CLOROTEKAL), PER 1 MG INJECTION, CHLOROPROCAINE HYDROCHLORIDE, PER 1 MG INJECTION, NALOXONE HYDROCHLORIDE (ZIMHI), 1 MG	Yes

Q5124	CPT/HCPCS	INJECTION DANIENTHMAD MUNA DIOCIMU AD (DVOOVIT) O 1 MO	Yes
Q5124 Q4256	CPT/HCPCS CPT/HCPCS	INJECTION, RANIBIZUMAB-NUNA, BIOSIMILAR, (BYOOVIZ), 0.1 MG MLG-COMPLETE, PER SQ CM	Yes
J2281	CPT/HCPCS CPT/HCPCS	INJECTION, MOXIFLOXACIN (FRESENIUS KABI) NOT THERAPEUTICALLY	Yes
12201	OF I/HOPOS	EQUIVALENT TO J2280, 100 MG	103
J2272	CPT/HCPCS		Yes
1		EQUIVALENT TO J2270, UP TO 10 MG	
J2251	CPT/HCPCS	INJECTION, MIDAZOLAM IN 0.9% SODIUM CHLORIDE, INTRAVENOUS, NOT	Yes
		THERAPEUTICALLY EQUIVALENT TO J2250,1 MG	
J2247	CPT/HCPCS		Yes
		EQUIVALENT TO J2248, 1 MG	
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		Yes
COOC	CDT/LICEO	(SUSVIMO), 0.1 MG	Vas
C9092	CPT/HCPCS	INJECTION, TRIAMCINOLONE ACETONIDE, SUPRACHOROIDAL (XIPERE),1 MG	Yes
J2184	CPT/HCPCS	INJECTION, MEROPENEM (B. BRAUN) NOT THERAPEUTICALLY EQUIVALENT	Yes
	5/1101 00	TO J2185, 100 MG	
J2021	CPT/HCPCS	INJECTION, LINEZOLID (HOSPIRA) NOT THERAPEUTICALLY EQUIVALENT TO	Yes
L		J2020, 200 MG	
J1954	CPT/HCPCS		Yes
J1611	CPT/HCPCS	INJECTION, GLUCAGON HYDROCHLORIDE (FRESENIUS KABI), NOT	Yes
		THERAPEUTICALLY EQUIVALENT TO J1610, PER 1 MG	<u></u>
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	0.1 MG OF IRON INJECTION, GANCICLOVIR SODIUM (EXELA) NOT THERAPEUTICALLY	Yes
	5. 1/110503	EQUIVALENT TO J1570, 500 MG	
J1456	CPT/HCPCS	INJECTION, FOSAPREPITANT (TEVA), NOT THERAPEUTICALLY EQUIVALENT TO	Yes
L		J1453, 1 MG	
90678	CPT/HCPCS		Yes
		INTRAMUSCULAR USE	
J0898	CPT/HCPCS	INJECTION, ARGATROBAN (AUROMEDICS), NOT THERAPEUTICALLY	Yes
		EQUIVALENT TO J0883, 1 MG (FOR NON-ESRD USE)	<u></u>
J0224	CPT/HCPCS	INJECTION, LUMASIRAN, 0.5 MG	Yes
C9077	CPT/HCPCS	INJECTION, CABOTEGRAVIR AND RILPIVIRINE, 2MG/3MG	Yes
J7402 C9074	CPT/HCPCS CPT/HCPCS	MOMETASONE FUROATE SINUS IMPLANT, (SINUVA), 10 MICROGRAMS INJECTION LUMASIRAN 0.5 MG	Yes Ves
J0893	CPT/HCPCS CPT/HCPCS	INJECTION, LUMASIRAN, 0.5 MG INJECTION, DECITABINE (SUN PHARMA) NOT THERAPEUTICALLY	Yes Yes
	01 1/110700	EQUIVALENT TO J0894, 1 MG	
J0891	CPT/HCPCS		Yes
_		TO J0883, 1 MG (FOR NON-ESRD USE)	
J0877	CPT/HCPCS	INJECTION, DAPTOMYCIN (HOSPIRA), NOT THERAPEUTICALLY EQUIVALENT	Yes
		TO J0878, 1 MG	
J0703	CPT/HCPCS	INJECTION, CEFEPIME HYDROCHLORIDE (B BRAUN), NOT	Yes
		THERAPEUTICALLY EQUIVALENT TO MAXIPIME, 500 MG	<u></u>
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 J0701	CPT/HCPCS CPT/HCPCS	INJECTION, AVALGLUCOSIDASE ALFA-NGPT, 4 MG INJECTION, CEFEPIME HYDROCHLORIDE (BAXTER), NOT THERAPEUTICALLY	Yes Yes
10 / U I	OF I/FICPCS	EQUIVALENT TO MAXIPIME, 500 MG	
J0689	CPT/HCPCS	INJECTION, CEFAZOLIN SODIUM (BAXTER), NOT THERAPEUTICALLY	Yes
	3/1101 00	EQUIVALENT TO J0690, 500 MG	
J0283	CPT/HCPCS		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	Yes
		YRS/OLDER)COVID-19,RECEIVING SYSTEMIC CORTICOSTEROID;REQUIRES	
11051	CDT/LICEO	INJECTION LEUDDOUDE ACETATE FOR DEPOT QUARENCION (TENSEN)	Vos
J1951	CPT/HCPCS	INJECTION, LEUPROLIDE ACETATE FOR DEPOT SUSPENSION (FENSOLVI), 0.25 MG	Yes
J0173	CPT/HCPCS		Yes
-01/0	01 1/110700	TO J0171, 0.1 MG	

CHAPTER COMMENTATION THE STATE OF THE	J0136	CPT/HCPCS	INJECTION, ACETAMINOPHEN (B BRAUN) NOT THERAPEUTICALLY	Yes
SERITO			EQUIVALENT TO J0131, 10 MG	
MORPHISTON MOR	C9143	CPT/HCPCS	COCAINE HYDROCHLORIDE NASAL SOLUTION (NUMBRINO), 1 MG	Yes
	J9317	CPT/HCPCS	INJECTION, SACITUZUMAB GOVITECAN-HZIY, 2.5 MG	Yes
SOUTH SOUT	J9281	CPT/HCPCS	MITOMYCIN PYELOCALYCEAL INSTILLATION, 1 MG	Yes
DISCHARD DISCHARD	J9144	CPT/HCPCS	INJECTION, DARATUMUMAB, 10 MG AND HYALURONIDASE-FIHJ	Yes
SOUNDAIR NIT OD 131, 10 NO	S0013	CPT/HCPCS	ESKETAMINE, NASAL SPRAY, 1 MG	Yes
13932	J0134	CPT/HCPCS	,	Yes
2777			EQUIVALENT TO J0131, 10 MG	
OPPINIONS SIGNATURE APACIES, PERSOLARE CRININGTEEN Yes				
2250				
OPTINICIONS MIECTION, CADDIEGRAVIR. 1.14G Yes			SIGNATURE APATCH, PER SQUARE CENTIMETER	Yes
CONTRICTOR CONTRICTON FILEGRASTIM AYOW, BIOSIMILAR, (RELEUKO), 1 MICROGRAM Ves			INJECTION, TEZEPELUMAB-EKKO, 1 MG	
1989 OPTHORPOS				
Description	C9096	CPT/HCPCS	INJECTION, FILGRASTIM-AYOW, BIOSIMILAR, (RELEUKO), 1 MICROGRAM	Yes
OPTIMENTS NINECTION, INFELTIMABE-MAKO, BIOSIMILAR, (MYSOLA), 10 MG	J3299	CPT/HCPCS	INJECTION, TRIAMCINOLONE ACETONIDE (XIPERE), 1 MG	Yes
Q2228 CPTH-CPCS DERMACYTE ANNOTIC MEMBRANE ALLOGRAFT, PER SQ CM	J7336	CPT/HCPCS	CAPSAICIN 8% PATCH, PER SQUARE CENTIMETER	Yes
Q4245	Q5121	CPT/HCPCS	INJECTION, INFLIXIMAB-AXXQ, BIOSIMILAR, (AVSOLA), 10 MG	Yes
04246 OPTH-POPCS CORETEXT OR PROTEXT, PER CC Yes 04246 OPTH-POPCS PROCENTA, PER CC Yes 04242 OPTH-POPCS PROCENTA, PER 200 MG Yes 04242 OPTH-POPCS PROCENTA, PER 200 MG Yes 04240 OPTH-POPCS AMNIOCHTE PLUS, PER D. S. CC Yes 04240 OPTH-POPCS ANNIOCHTE, PER SO. CC Yes 04240 OPTH-POPCS CORCOTE, ERROR DONAL USE ONLY, PER D. S. CC Yes 04230 OPTH-POPCS DERM MADA, PER SQ. CM Yes 04233 OPTH-POPCS DERM MADA, PER SQ. CM Yes 04234 OPTH-POPCS CAREPATCH, PER SQ. CM Yes 04235 OPTH-POPCS CAREPATCH, PER SQ. CM Yes 04231 OPTH-POPCS XCPL LERATE, PER SQ. CM Yes 04232 OPTH-POPCS <td>Q4248</td> <td>CPT/HCPCS</td> <td>DERMACYTE AMNIOTIC MEMBRANE ALLOGRAFT, PER SQ CM</td> <td>Yes</td>	Q4248	CPT/HCPCS	DERMACYTE AMNIOTIC MEMBRANE ALLOGRAFT, PER SQ CM	Yes
Q2241 CPT/HCPCS AMNOTEXT, PER 20 MG	Q4247	CPT/HCPCS	AMNIOTEXT PATCH, PER SQ CM	Yes
Q2241 CPTHOPCS AMNIOCOTE PUS, PER JO CC Yes Q4241 CPTHOPCS AMNIOCOTE PUS, PER JO SCC Yes Q4240 CPTHOPCS CORECYTE, FOR TOPICAL USE ONLY, PER JO SCC Yes Q42430 CPTHOPCS CORECYTE, FOR TOPICAL USE ONLY, PER JO CO Yes Q4238 CPTHOPCS DERM-MAXX, PER SQ CM Yes Q4237 CPTHOPCS DERM-MAXX, PER SQ CM Yes Q4238 CPTHOPCS CABERATCH, PER SQ CM Yes Q4235 CPTHOPCS CABERATCH, PER SQ CM Yes Q4236 CPTHOPCS CABERATCH, PER SQ CM Yes Q4237 CPTHOPCS CABERATCH, PER SQ CM Yes Q4234 CPTHOPCS CABERATCH, PER SQ CM Yes Q4231 CPTHOPCS CORPLEX P. PER CC Yes Q4232 CPTHOPCS CORPLEX P. PER CC Yes Q4232 CPTHOPCS CORPLEX P. PER SQ CM Yes Q4232 CPTHOPCS CORPLEX P. PER SQ CM Yes Q4232 CPTHOPCS AMNIOCORETM, PER SQ CM	Q4246	CPT/HCPCS	CORETEXT OR PROTEXT, PER CC	Yes
Q42212 CPTHCPCS AMNIOCYTE FULS, PER 0.5 CC Yes Q4240 CPTHCPCS CORECYTE, FOR TOPICAL USE ONLY, PER 0.5 CC Yes Q4230 CPTHCPCS AMNIOLMAX OR AMNIOLMAX LITE, PER SQ CM Yes Q4232 CPTHCPCS AMNIOLMAX OR AMNIOLMAX LITE, PER SQ CM Yes Q4233 CPTHCPCS CRYO-CORD, PER SQ CM Yes Q4236 CPTHCPCS CRYO-CORD, PER SQ CM Yes Q4236 CPTHCPCS AMNIOREPAIR OR ALTIFLY, PER SQ CM Yes Q4236 CPTHCPCS AMNIOREPAIR OR ALTIFLY, PER SQ CM Yes Q4231 CPTHCPCS COERELE RANGOUND MEMBRANE, PER SQ CM Yes Q4232 CPTHCPCS COERELE ANNIONIO MEMBRANE, PER SQ CM Yes Q4229 CPTHCPCS GOENELE ANNIONIO MEMBRANE, PER SQ CM Yes Q4227 CPTHCPCS BIONEXTPATCH, PER SQ CM Yes Q4228 CPTHCPCS BIONEXTRATION ONASEMNOGENE ABEPARVOVEC-XIOI, PER TREATMENT, UP O Yes Q4230 CPTHCPCS NICETION, IMMUNE GLOBULIN (XEMBIFY), 100 MG Yes Q4232 CPTHCPCS	Q4245	CPT/HCPCS	AMNIOTEXT, PER CC	Yes
Q2241 CPTHCPCS	Q4244	CPT/HCPCS	PROCENTA, PER 200 MG	Yes
02420 CPT/HCPCS CORRCYTE, FORTOPICAL USE ONLY, PER 0.5 CC Yes 04238 CPT/HCPCS AMNIO-MAXX OR AMNIO-MAXX, LITE, PER SQ CM Yes 04237 CPT/HCPCS DERM-MAXX, PER SQ CM Yes 04238 CPT/HCPCS CRYO-CORD, PER SQ CM Yes 04237 CPT/HCPCS CRYD-CORD, PER SQ CM Yes 04234 CPT/HCPCS AMNIOREPARIA OR ALTIPLY, PER SQ CM Yes 04234 CPT/HCPCS AMNIOREPARIA OR ALTIPLY, PER SQ CM Yes 04230 CPT/HCPCS CORENEX P, PER CC Yes 04231 CPT/HCPCS CORENEX P, PER SQ CM Yes 04229 CPT/HCPCS COGENEX AMNIOTION EMBRANE, PER SQ CM Yes 04229 CPT/HCPCS BIONEXTRATCH, PER SQ CM Yes 04227 CPT/HCPCS AMNIOCORETM, PER SQ CM Yes 17333 CPT/HCPCS AMNIOCORETM, PER SQ CM Yes 173399 CPT/HCPCS AMNIOCORETM, PER SQ CM Yes 17588 CPT/HCPCS AMNIOCORETM, PER SQ CM Yes 17589 </td <td>Q4242</td> <td>CPT/HCPCS</td> <td>AMNIOCYTE PLUS, PER 0.5 CC</td> <td>Yes</td>	Q4242	CPT/HCPCS	AMNIOCYTE PLUS, PER 0.5 CC	Yes
CPT/HCPCS	Q4241	CPT/HCPCS	POLYCYTE, FOR TOPICAL USE ONLY, PER 0.5 CC	Yes
Q4238 CPTHOPCS DERM-MAXX, PER SQ CM Yes	Q4240	CPT/HCPCS	CORECYTE, FOR TOPICAL USE ONLY, PER 0.5 CC	Yes
Q4236 CPT/HCPCS CRYO-CORD, PER SQ CM Yes Q4236 CPT/HCPCS CAREPATCH, PER SQ CM Yes Q4234 CPT/HCPCS AMMIOREPAIR OR ALTIPLY, PER SQ CM Yes Q4234 CPT/HCPCS XCELLERATE, PER SQ CM Yes Q4230 CPT/HCPCS COBPLEX, PER SQ CM Yes Q4230 CPT/HCPCS COGENEX FLOWABLE AMNION, PER SQ CM Yes Q4229 CPT/HCPCS COGENEX FLOWABLE AMNION, PER SQ CM Yes Q4229 CPT/HCPCS COGENEX RANNIOTIC MEMBRANE, PER SQ CM Yes Q4227 CPT/HCPCS GONEXTERCH, PER SQ CM Yes Q4228 CPT/HCPCS AMNIOCORETM, PER SQ CM Yes Q4270 CPT/HCPCS AMNIOCORETM, PER SQ CM Yes Q4271 CPT/HCPCS HYALURONAN OR DERRIVATIVE, VISCO-3, FOR INTRA-ARTICULAR INJECTION, PER TREATMENT, UP O Yes Q4230 CPT/HCPCS INJECTION, ONASEMNOGENE ABEPARVOVEC-XIOI, PER TREATMENT, UP O Yes Q4231 CPT/HCPCS INJECTION, INJECTI	Q4239	CPT/HCPCS	AMNIO-MAXX OR AMNIO-MAXX LITE, PER SQ CM	Yes
Q4236 CPT/HCPCS CAREPATCH, PER SQ CM Yes Q4235 CPT/HCPCS AMNIOREPAIR OR ALTIPLY, PER SQ CM Yes Q4231 CPT/HCPCS CORPLEX, PER CO Yes Q4231 CPT/HCPCS CORPLEX, PER CO Yes Q4230 CPT/HCPCS CORENEX LOWABLE AMNION, PER 0.5 CC Yes Q4229 CPT/HCPCS COGENEX CANNIOTIC MEMBRANE, PER SQ CM Yes Q4220 CPT/HCPCS BIONESTRATCH, PER SQ CM Yes Q4221 CPT/HCPCS BIONESTRATCH, PER SQ CM Yes J7333 CPT/HCPCS HYALURONAN OR DERIVATIVE, VISCO-3, FOR INTRA-ARTICULAR INJECTION, PER DOSE Yes J8399 CPT/HCPCS HYALURONAN OR DERIVATIVE, VISCO-3, FOR INTRA-ARTICULAR INJECTION, PER DOSE Yes Q4233 CPT/HCPCS INJECTION, INSEMINOGENE ABEPARVOVEC-XIOI, PER TREATMENT, UP O Yes Q4233 CPT/HCPCS SURFACTOR GENOMES Yes J7212 CPT/HCPCS SURFACTOR OR NUDYN, PER 0.5 CC Yes Q4233 CPT/HCPCS SURFACTOR OR NUDYN, PER 0.5 CC Yes J7212 CP	Q4238	CPT/HCPCS	DERM-MAXX, PER SQ CM	Yes
Q4235 CPT/HCPCS AMNIOREPAIR OR ALTIPLY, PER SQ CM Yes Q4231 CPT/HCPCS CORPLEXP, PER CC Yes Q4230 CPT/HCPCS CORPLEXP, PER CC Yes Q4230 CPT/HCPCS COGENEX FLOWABLE ANNION, PER 0.5 CC Yes Q4229 CPT/HCPCS GOGENEX FLOWABLE ANNION, PER 0.5 CC Yes Q4229 CPT/HCPCS GOORDEX FLOWABLE ANNION, PER 0.5 CC Yes Q4227 CPT/HCPCS GOORDEX ANNIOCOGETM, PER SQ CM Yes Q4227 CPT/HCPCS ANNIOCOGNETM, PER SQ CM Yes Q4237 CPT/HCPCS HYALURONAN OR DERIVATIVE, VISCO-3, FOR INTRA-ARTICULAR INJECTION, Yes PER DOSE INJECTION, ONASEMNOGENE ABEPARVOVEC-XIOI, PER TREATMENT, UP O Yes J1558 CPT/HCPCS INJECTION, ONASEMNOGENE ABEPARVOVEC-XIOI, PER TREATMENT, UP O Yes Q4233 CPT/HCPCS INJECTION, INMUNE GLOBULIN (XEMBIFY), 100 MG Yes Q4232 CPT/HCPCS SUFFACTOR OR NUDYN, PER 0.5 CC Yes Q4232 CPT/HCPCS SUFFACTOR OR NUDYN, PER 0.5 CC Yes Q4232 CPT/HCPCS	Q4237	CPT/HCPCS	CRYO-CORD, PER SQ CM	Yes
Q4231 CPTI/HCPCS XCELLERATE, PER SQ CM Yes Q4231 CPTI/HCPCS CORPLEX P, PER CC Yes Q4229 CPTI/HCPCS COGENEX LOWABLE ANNION, PER 0.5 CC Yes Q4228 CPTI/HCPCS BIONEXTRATCH, PER SQ CM Yes Q4228 CPTI/HCPCS BIONEXTRATCH, PER SQ CM Yes Q4227 CPTI/HCPCS AMNIOCORETM, PER SQ CM Yes J7333 CPTI/HCPCS HYALURONAN OR DERIVATIVE, VISCO-3, FOR INTRA-ARTICULAR INJECTION, PER DOSE Yes J3399 CPTI/HCPCS INJECTION, INMUNE GLOBULIN (XEMBIPY), 100 MG Yes J1558 CPTI/HCPCS SURFACTOR OR NUDYN, PER 0.5 CC Yes Q4233 CPTI/HCPCS SURFACTOR OR NUDYN, PER 0.5 CC Yes Q4234 CPTI/HCPCS SURFACTOR OR NUDYN, PER 0.5 CC Yes Q4235 CPTI/HCPCS SURFACTOR OR NUDYN, PER 0.5 CC Yes Q4236 CPTI/HCPCS SURFACTOR OR NUDYN, PER 0.5 CC Yes Q4237 CPTI/HCPCS SURFACTOR OR NUDYN, PER 0.5 CC Yes Q4238 CPTI/HCPCS ARAMELAN	Q4236	CPT/HCPCS	CAREPATCH, 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 GOGENEX AMNIOTIC MEMBRANE, PER SQ CM Yes Q4227 CPT/HCPCS BIONEXTPATCH, PER SQ CM Yes Q4228 CPT/HCPCS ANNIOCORETH, PER SQ CM Yes Q4227 CPT/HCPCS ANNIOCORETH, PER SQ CM Yes J7333 CPT/HCPCS ANNIOCORETH, PER SQ CM Yes J3399 CPT/HCPCS INJECTION, ONASEMNOGENE ABEPARVOVEC-XIOI, PER TREATMENT, UP O 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 AFAMELANOTIDE IMPLANT, 1 MG Yes J1823 CPT/HCPCS INJECTION, INSENIZUANB-CDON, 1 MG Yes J1823 CPT/HCPCS INJECTION, INJECTION, CEPIDEROCOL, 5 MG	Q4235	CPT/HCPCS	AMNIOREPAIR OR ALTIPLY, PER SQ CM	Yes
Q4230 CPT/HCPCS COGENEX FLOWABLE AMNION, PER 0.5 CC Yes Q4229 CPT/HCPCS COGENEX AMNIOTIC MEMBRANE, PER SQ CM Yes Q4227 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, INDMINE GLOBULIN (XEMBIFY), 100 MG Yes J1558 CPT/HCPCS INJECTION, IMMINE GLOBULIN (XEMBIFY), 100 MG Yes Q4233 CPT/HCPCS SURFACTOR OR NUDYN, PER 0.5 CC Yes Q4232 CPT/HCPCS SURFACTOR OR NUDYN, PER 0.5 CC Yes Q4232 CPT/HCPCS SURFACTOR OR NUDYN, PER 0.5 CC Yes Q4232 CPT/HCPCS SURFACTOR OR NUDYN, PER 0.5 CC Yes Q4232 CPT/HCPCS SURFACTOR OR NUDYN, PER 0.5 CC Yes Q4232 CPT/HCPCS AFAMELANOTIDE IMPLANT, 1 MG Yes J17212 CPT/HCPCS FACTOR VIII, (ANTHIEMOPHILLO FACTOR, RECOMBINANT)-JINCW Yes <td< td=""><td>Q4234</td><td>CPT/HCPCS</td><td>XCELLERATE, PER SQ CM</td><td>Yes</td></td<>	Q4234	CPT/HCPCS	XCELLERATE, PER SQ CM	Yes
Q4229 CPT/HCPCS COGENEX AMNIOTIC MEMBRANE, PER SQ CM Yes Q4228 CPT/HCPCS BIONEXTPATCH, PER SQ CM Yes Q4227 CPT/HCPCS AMNIOGORETM, PER SQ CM Yes J7333 CPT/HCPCS HYALURONAN OR DERIVATIVE, VISCO-3, FOR INTRA-ARTICULAR INJECTION, PER DOSE J3399 CPT/HCPCS INJECTION, ONASEMNOGENE ABEPARVOVEC-XIOI, PER TREATMENT, UP O Yes Q4233 CPT/HCPCS INJECTION, IMMUNE GLOBULIN (XEMBIFY), 100 MG Yes Q4233 CPT/HCPCS SURFACTOR OR NUDYN, PER 0.5 CC Yes Q4232 CPT/HCPCS SURFACTOR OR NUDYN, PER 0.5 CC Yes Q4232 CPT/HCPCS AFAMELANOTIDE IMPLANT, 1 MG Yes J7212 CPT/HCPCS AFAMELANOTIDE IMPLANT, 1 MG Yes J7212 CPT/HCPCS INJECTION, INATTHEMPOPHILIC FACTOR, RECOMBINANT)-JNCW Yes J823 CPT/HCPCS INJECTION, GETIBEROOD, 1 MG Yes J9693 CPT/HCPCS INJECTION, GETIBEROOD, 5 MG Yes J1201 CPT/HCPCS INJECTION, GETIBEROOD, 5 MG Yes J9896 CP	Q4231	CPT/HCPCS	CORPLEX P, PER CC	Yes
Q4228 CPT/HCPCS BIONEXTPATCH, PERSQ CM Yes Q4227 CPT/HCPCS AMNIOCORETM, PER SQ CM Yes J7333 CPT/HCPCS HYALURONAN OR DERIVATIVE, VISCO-3, FOR INTRA-ARTICULAR INJECTION, Yes J3399 CPT/HCPCS INJECTION, ONASEMNOGENE ABEPARVOVEC-XIOI, PER TREATMENT, UP O Yes J1558 CPT/HCPCS INJECTION, IMMUNE GLOBULIN (XEMBIFY), 100 MG Yes Q4233 CPT/HCPCS SUBFACTOR OR NUDYN, PER 0.5 CC Yes Q4232 CPT/HCPCS SUBFACTOR OR NUDYN, PER 0.5 CC Yes Q4232 CPT/HCPCS AFAMELANOTIDE IMPLANT, 1 MG Yes J7212 CPT/HCPCS AFAMELANOTIDE IMPLANT, 1 MG Yes J7212 CPT/HCPCS AFAMELANOTIDE IMPLANT, 1 MG Yes J1823 CPT/HCPCS INJECTION, INBELIZUMAB-CDON, 1 MG Yes J0693 CPT/HCPCS INJECTION, INBELIZUMAB-CDON, 1 MG Yes J0696 CPT/HCPCS INJECTION, CERTIZINE HCL, 0.5 MG Yes J1429 CPT/HCPCS INJECTION, SCENTIZINE HCL, 0.5 MG Yes J0742 CPT/HCPCS	Q4230	CPT/HCPCS	COGENEX FLOWABLE AMNION, PER 0.5 CC	Yes
Q4227 CPT/HCPCS AMNIOCORETM, PER SQ CM Yes J7333 CPT/HCPCS HYALURONAN OR DERIVATIVE, VISCO-3, FOR INTRA-ARTICULAR INJECTION, Yes J3399 CPT/HCPCS INJECTION, ONASEMINOGENE ABEPARVOVEC-XIOI, PER TREATMENT, UP O 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 AFAMELANOTIDE IMPLANT, 1 MG Yes J1823 CPT/HCPCS INJECTION, VILID GRORM Yes J1823 CPT/HCPCS INJECTION, DERIDEROCOL, 5 MG Yes J1201 CPT/HCPCS INJECTION, VILID LARSEN, 10 MG Yes J1201 CPT/HCPCS INJECTION, LUSPATERCEPT-AANT, 0.25 MG Yes J1429 CPT/HCPCS INJECTION, DEOXYCHOLIC ACID, 1 MG Yes J0742 CPT/HCPCS INJECTION, DEOXYCHOLIC ACID, 1 MG Yes J0791 CPT/HCPCS	Q4229	CPT/HCPCS	COGENEX AMNIOTIC MEMBRANE, PER SQ CM	Yes
17333	Q4228	CPT/HCPCS	BIONEXTPATCH, PER SQ CM	Yes
PER DOSE INJECTION, ONASEMNOGENE ABEPARVOVEC-XIOI, PER TREATMENT, UP O Yes SX10^15 VECTOR GENOMES INJECTION, INMUNE GLOBULIN (XEMBIFY), 100 MG Yes Y	Q4227	CPT/HCPCS	AMNIOCORETM, PER SQ CM	Yes
13399	J7333	CPT/HCPCS		Yes
SX10^15 VECTOR GENOMES SX10^15 VECTOR, IMMUNE GLOBULIN (XEMBIFY), 100 MG	J3399	CPT/HCPCS		Yes
11558				
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 (ANTHEMOPHILIC FACTOR, RECOMBINANT)-JNCW Yes J1823 CPT/HCPCS INJECTION, INEBILIZUMAB-CDON, 1 MG Yes J0693 CPT/HCPCS INJECTION, SETIDEROCOL, 5 MG Yes J1201 CPT/HCPCS INJECTION, VILTOLARSEN, 10 MG Yes J0896 CPT/HCPCS INJECTION, DETIRIZINE HCL, 0,5 MG Yes J1429 CPT/HCPCS INJECTION, GETIRIZINE HCL, 0,5 MG Yes J0742 CPT/HCPCS INJECTION, GETIRIZINE HCL, 0,5 MG Yes J0742 CPT/HCPCS INJECTION, GETIRIZINE HCL, 0,5 MG Yes J0591 CPT/HCPCS INJECTION, GETIRIZINE HCL, 1 MG Yes J0591 CPT/HCPCS INJECTION, GETIRIZINE HCL, 2 MG Yes J0591 CPT/HCPCS INJECTION, GETIRIZINE HCL, 3 MG Yes C9058 CPT/HCPCS INJECTION, GETIRIZ	J1558	CPT/HCPCS		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 Yes J8212 CPT/HCPCS INJECTION, IMEBILIZUMAB-CDON, 1 MG 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, ESPATERCEPT-AAMT, 0.25 MG Yes J1429 CPT/HCPCS INJECTION, GOLODIRSEN, 10 MG Yes J0742 CPT/HCPCS INJECTION, HERMULIN, 1 MG Yes J0591 CPT/HCPCS INJECTION, DEOXYCHOLIC ACID, 1 MG Yes J0591 CPT/HCPCS INJECTION, GIVOSIRAN, 0.5 MG Yes C9122 CPT/HCPCS INJECTION, EPTINEZUMAB-JJMR, 1 MG Yes C9063 CPT/HCPCS INJECTION, PEGFILGRAST				
17352 CPT/HCPCS				
J7212 CPT/HCPCS				
J1823			FACTOR VIIA (ANTIHEMOPHILIC FACTOR, RECOMBINANT)-JNCW	
J0693	11823	CPT/HCPC9		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, IMIPENEM 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, GETIRIZINE HCL, 1 MG Yes C9056 CPT/HCPCS INJECTION, BROLUCIZUMAB-DBLL, 1 MG Yes C9055 CPT/HCPCS INJECTION, BREXANOLONE, 1MG Yes				
J1201				
J0896				
11429 CPT/HCPCS INJECTION, GOLODIRSEN, 10 MG Yes 10742 CPT/HCPCS INJECTION, IMIPENEM 4 MG, CILASTATIN 4 MG AND RELEBACTAM 2 MG 10691 CPT/HCPCS INJECTION, LEFAMULIN, 1 MG Yes 10591 CPT/HCPCS INJECTION, DEOXYCHOLIC ACID, 1 MG Yes 10223 CPT/HCPCS INJECTION, GIVOSIRAN, 0.5 MG Yes 10224 CPT/HCPCS MOMETASONE FUROATE SINUS IMPLANT, 10 MCG (SINUVA) Yes 10225 CPT/HCPCS INJECTION, EPTINEZUMAB-JJMR, 1 MG Yes 10226 CPT/HCPCS INJECTION, PEGFILGRASTIM-BMEZ, BIOSIMILAR, (ZIEXTENZO) 0.5 MG Yes 10226 CPT/HCPCS INJECTION, CETIRIZINE HCL, 1 MG Yes 10227 CPT/HCPCS INJECTION, GIVOSIRAN, 0.5 MG Yes 10228 CPT/HCPCS INJECTION, GIVOSIRAN, 0.5 MG Yes 10229 CPT/HCPCS INJECTION, BROLUCIZUMAB-DBLL, 1 MG Yes 10229 CPT/HCPCS INJECTION, BROLUCIZUMAB-DBLL, 1 MG Yes 10229 CPT/HCPCS INJECTION, BREXANOLONE, 1MG YES 10229 CPT/H				
J0742 CPT/HCPCS INJECTION, IMIPENEM 4 MG, CILASTATIN 4 MG AND RELEBACTAM 2 MG J0691 CPT/HCPCS INJECTION, LEFAMULIN, 1 MG J0591 CPT/HCPCS INJECTION, DEOXYCHOLIC ACID, 1 MG J0223 CPT/HCPCS INJECTION, GIVOSIRAN, 0.5 MG C9122 CPT/HCPCS MOMETASONE FUROATE SINUS IMPLANT, 10 MCG (SINUVA) C9063 CPT/HCPCS INJECTION, EPTINEZUMAB-JJMR, 1 MG C9058 CPT/HCPCS INJECTION, PEGFILGRASTIM-BMEZ, BIOSIMILAR, (ZIEXTENZO) 0.5 MG C9057 CPT/HCPCS INJECTION, CETIRIZINE HCL, 1 MG C9056 CPT/HCPCS INJECTION, GIVOSIRAN, 0.5 MG C9057 CPT/HCPCS INJECTION, GIVOSIRAN, 0.5 MG C9058 CPT/HCPCS INJECTION, BROLUCIZUMAB-DBLL, 1 MG C9055 CPT/HCPCS INJECTION, BREXANOLONE, 1 MG C9055 CPT/HCPCS INJECTION, BREXANOLONE, 1 MG Yes				
J0691 CPT/HCPCS INJECTION, LEFAMULIN, 1 MG J0591 CPT/HCPCS INJECTION, DEOXYCHOLIC ACID, 1 MG J0223 CPT/HCPCS INJECTION, GIVOSIRAN, 0.5 MG C9122 CPT/HCPCS MOMETASONE FUROATE SINUS IMPLANT, 10 MCG (SINUVA) C9063 CPT/HCPCS INJECTION, EPTINEZUMAB-JJMR, 1 MG C9058 CPT/HCPCS INJECTION, PEGFILGRASTIM-BMEZ, BIOSIMILAR, (ZIEXTENZO) 0.5 MG C9057 CPT/HCPCS INJECTION, CETIRIZINE HCL, 1 MG C9056 CPT/HCPCS INJECTION, GIVOSIRAN, 0.5 MG C9057 CPT/HCPCS INJECTION, GIVOSIRAN, 0.5 MG C9056 CPT/HCPCS INJECTION, BROLUCIZUMAB-DBLL, 1 MG C9055 CPT/HCPCS INJECTION, BREXANOLONE, 1MG Yes C9055 CPT/HCPCS INJECTION, BREXANOLONE, 1MG				
JOS91 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, 1 MG Yes C9055 CPT/HCPCS INJECTION, BREXANOLONE, 1 MG Yes C9056 CPT/HCPCS INJECTION, BREXANOLONE, 1 MG Yes C9057 CPT/HCPCS INJECTION, BREXANOLONE, 1 MG Yes C9058 CPT/HCPCS INJECTION, BREXANOLONE, 1 MG Yes C9059 CPT/HCPCS INJECTION, CPT/HCPCS INJECTION, CPT/HCPCS INJECTION, CPT/HC				
J0223 CPT/HCPCS INJECTION, GIVOSIRAN, 0.5 MG C9122 CPT/HCPCS MOMETASONE FUROATE SINUS IMPLANT, 10 MCG (SINUVA) C9063 CPT/HCPCS INJECTION, EPTINEZUMAB-JJMR, 1 MG C9058 CPT/HCPCS INJECTION, PEGFILGRASTIM-BMEZ, BIOSIMILAR, (ZIEXTENZO) 0.5 MG C9057 CPT/HCPCS INJECTION, CETIRIZINE HCL, 1 MG C9056 CPT/HCPCS INJECTION, GIVOSIRAN, 0.5 MG C9057 CPT/HCPCS INJECTION, BROLUCIZUMAB-DBLL, 1 MG Yes C9055 CPT/HCPCS INJECTION, BREXANOLONE, 1MG Yes				
C9122 CPT/HCPCS MOMETASONE FUROATE SINUS IMPLANT, 10 MCG (SINUVA) C9063 CPT/HCPCS INJECTION, EPTINEZUMAB-JJMR, 1 MG C9058 CPT/HCPCS INJECTION, PEGFILGRASTIM-BMEZ, BIOSIMILAR, (ZIEXTENZO) 0.5 MG C9057 CPT/HCPCS INJECTION, CETIRIZINE HCL, 1 MG C9056 CPT/HCPCS INJECTION, GIVOSIRAN, 0.5 MG Yes J0179 CPT/HCPCS INJECTION, BROLUCIZUMAB-DBLL, 1 MG C9055 CPT/HCPCS INJECTION, BREXANOLONE, 1MG Yes				
C9063 CPT/HCPCS INJECTION, EPTINEZUMAB-JJMR, 1 MG C9058 CPT/HCPCS INJECTION, PEGFILGRASTIM-BMEZ, BIOSIMILAR, (ZIEXTENZO) 0.5 MG C9057 CPT/HCPCS INJECTION, CETIRIZINE HCL, 1 MG C9056 CPT/HCPCS INJECTION, GIVOSIRAN, 0.5 MG J0179 CPT/HCPCS INJECTION, BROLUCIZUMAB-DBLL, 1 MG C9055 CPT/HCPCS INJECTION, BREXANOLONE, 1MG 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				
C9057 CPT/HCPCS INJECTION, CETIRIZINE HCL, 1 MG C9056 CPT/HCPCS INJECTION, GIVOSIRAN, 0.5 MG J0179 CPT/HCPCS INJECTION, BROLUCIZUMAB-DBLL, 1 MG C9055 CPT/HCPCS INJECTION, BREXANOLONE, 1MG Yes			· · · · · · · · · · · · · · · · · · ·	
C9056 CPT/HCPCS INJECTION, GIVOSIRAN, 0.5 MG J0179 CPT/HCPCS INJECTION, BROLUCIZUMAB-DBLL, 1 MG C9055 CPT/HCPCS INJECTION, BREXANOLONE, 1MG Yes				
J0179 CPT/HCPCS INJECTION, BROLUCIZUMAB-DBLL, 1 MG Yes C9055 CPT/HCPCS INJECTION, BREXANOLONE, 1MG Yes			· · · · · · · · · · · · · · · · · · ·	
C9055 CPT/HCPCS INJECTION, BREXANOLONE, 1MG Yes				
			· · · · · · · · · · · · · · · · · · ·	
C9054 CPT/HCPCS INJECTION, LEFAMULIN (XENLETA), 1 MG Yes				
	C9054	CPT/HCPCS	INJECTION, LEFAMULIN (XENLETA), 1 MG	Yes

PER SQUARE CENTIMETER 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 Q4216 CPT/HCPCS ARTACENT CORD, PER SQUARE CENTIMETER Q4215 CPT/HCPCS AXOLOTL AMBIENT OR AXOLOTL CRYO, 0.1 MG Q4214 CPT/HCPCS CELLESTA CORD, PER SQUARE CENTIMETER Q4215 CPT/HCPCS CELLESTA CORD, PER SQUARE CENTIMETER Q4216 CPT/HCPCS CELLESTA CORD, PER SQUARE CENTIMETER Q4217 CPT/HCPCS AXOLOTL GRAFT OR AXOLOTL DATAGRAFT, PER SQUARE CENTIMETER Q4218 CPT/HCPCS SURGRAFT, PER SQUARE CENTIMETER Q4219 CPT/HCPCS SURGRAFT, PER SQUARE CENTIMETER Q4210 CPT/HCPCS SURGRAFT, PER SQUARE CENTIMETER Q4209 CPT/HCPCS INJECTION, BENRALIZUMAB, 1 MG CPT/HCPCS INJECTION, BENRALIZUMAB, 1 MG CPT/HCPCS INJECTION, PER DOSE C9462 CPT/HCPCS INJECTION, DELAFLOXACIN, 1 MG Yes C9462 CPT/HCPCS INJECTION, DELAFLOXACIN, 1 MG Yes				
GPTINERS	Q4226	CPT/HCPCS		Yes
1,000,000			PER SQUARE CENTIMETER	
CAMPAINCES CONTROL C	Q4222	CPT/HCPCS	PROGENAMATRIX, PER SQUARE CENTIMETER	Yes
CAPTION CAPT	Q4220	CPT/HCPCS	BELLACELL HD OR SUREDERM, PER SQUARE CENTIMETER	Yes
CONTINUED	Q4219	CPT/HCPCS	SURGIGRAFT-DUAL, PER SQUARE CENTIMETER	Yes
MULS OR BIOMONIA DIVINES ER SQUARE CENTIMETER	Q4218	CPT/HCPCS	SURGICORD, PER SQUARE CENTIMETER	Yes
MAILES CHYPICHES AND REPORT ORIGIN, PERSONANE CENTINETER Yes	Q4217	CPT/HCPCS	WOUNDFIX, BIOWOUND, WOUNDFIX PLUS, BIOWOUND PLUS, WOUNDFIX	Yes
CHAPTER CHAPTER CANCOTT AMBRIAN OR AND OTT CRYO, OL 1965			XPLUS OR BIOWOUND XPLUS, PER SQUARE CENTIMETER	
CHAPTER CHILDREN CORP. SPESQUARE CENTIMETER Yes	Q4216	CPT/HCPCS	ARTACENT CORD, PER SQUARE CENTIMETER	Yes
CHAPTER CONTROL CHAPTER CHAP	Q4215	CPT/HCPCS	AXOLOTL AMBIENT OR AXOLOTL CRYO, 0.1 MG	Yes
CPTHCPCS ACTION OF THE PROPERTY OF THE PRO	Q4214	CPT/HCPCS	CELLESTA CORD, PER SQUARE CENTIMETER	Yes
October Commonstrate Commonstr	Q4221	CPT/HCPCS	AMNIOWRAP2, PER SQUARE CENTIMETER	Yes
CAMPAINS	Q4210	CPT/HCPCS	AXOLOTL GRAFT OR AXOLOTL DUALGRAFT, PER SQUARE CENTIMETER	Yes
CPTH-CPCS	Q4209	CPT/HCPCS	SURGRAFT, PER SQUARE CENTIMETER	Yes
	C9466	CPT/HCPCS	INJECTION, BENRALIZUMAB, 1 MG	Yes
OPTINCPOS NECTION DELAFLOXACIN. 1 MG Ves	C9465	CPT/HCPCS	HYALURONAN OR DERIVATIVE, DUROLANE, FOR INTRA-ARTICULAR	Yes
OPTIMODIS			INJECTION, PER DOSE	
OPTINICPOS	C9462	CPT/HCPCS	INJECTION, DELAFLOXACIN, 1 MG	Yes
OPTINICPOS	Q5104	CPT/HCPCS	INJECTION, INFLIXIMAB-ABDA, BIOSIMILAR, (RENFLEXIS), 10 MG	Yes
OPTIMEPOS FLUID FLOW OR FLUID GF. LCC Yes	-			
CPTI-HCPCS MILECTION, MOGRANULZUMBS KPKC, 1 MS	-	_		
OPTIMENCES INJECTION, MOGAMULIZUMAB-KRIC, 1 MG	_		·	
OPTHOPPOS	-			
PRODUCT SOPROTERENOL HCL, INHALATION SOLUTION, COMPOUNDED PRODUCT, Yes ADMINISTERED THROUGH DIME, UNIT DOSE FORM, PERMS Yes	_			
17660	,, 000			
ADMINISTERED THROUGH DIVE, UNIT DOSE FORM, PER MG	17660	CPT/HCPCS		Yes
17685 OPT/HCPCS MANNITOL, ADMINISTERED THROUGH AN INHALER, S.M.G. Ves.	37 000	01 1/1101 00		
DEPTHCPCS	17665	CPT/HCPCS		Vas
IRRIGATION SOLUTION.1 ML				
11096	11007	01 1/1101 00		
CPT/HCPCS	11096	CPT/HCPCS		Vas
17667				
PRODUCT, CONCENTRATED FORM, PER 10 MG		_		
17668	37007	01 1/1101 05		
PRODUCT	17669	CDT/HCDCS		Vas
S0074	37000	01 1/1101 05		. 103
S0077 CPT/HCPCS INJECTION, CLINDAMYCIN PHOSPHATE 300 MG Yes	S007/	CPT/HCPCS		Vas
SOO78				
J7682 CPT/HCPCS TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED				
NON-COMPOUNDED NON-COMPOUNDED TRIAMCINCLOUNE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME TRIAMCINCLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MG TOPTHOPCS MOMETASONE FURDATE SINUS IMPLANT, 10 MICROGRAMS YES TOPTHOPCS HYALURONAN OR DERIVATIVE, TRILURON, FOR INTRA-ARTICULAR YES INJECTION, 1 MG TOPTHOPCS HYALURONAN OR DERIVATIVE, SYNOJOYNT, FOR INTRA-ARTICULAR YES INJECTION, 1 MG TOPTHOPCS INJECTION, FLUOCINOLONE ACETONIDE, INTRAVITREAL IMPLANT (YUTIQ), O.01 MG Q2009 CPT/HCPCS INJECTION, FOSPHENYTOIN, 50 MG YES S0164 CPT/HCPCS INJECTION, PANTOPRAZOLE SODIUM, 40 MG YES S0166 CPT/HCPCS INJECTION, DANTOPRAZOLE SODIUM, 40 MG YES S0171 CPT/HCPCS INJECTION, DANTAPRAZOLE SODIUM, 40 MG YES S0189 CPT/HCPCS INJECTION, DANTAPRAZOLE SODIUM, 40 MG YES S01811 CPT/HCPCS INJECTION, DANTAPRAZOLE SODIUM, 40 MG YES S0189 CPT/HCPCS INJECTION, ROMOSOZUMAB-AQQG, 1 MG YES S01801 CPT/HCPCS INJECTION, ROMOSOZUMAB-AQQG, 1 MG YES S01801 CPT/HCPCS INJECTION, FREMANEZUMAB-VFRM, 1 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF				
TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME	17002	01 1/1101 05		
ADMINISTERED THROUGH DME TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MG TOTAL CPT/HCPCS MOMETASONE FUROATE SINUS IMPLANT, 10 MICROGRAMS TOTAL CPT/HCPCS HYALURONAN OR DERIVATIVE, TRILURON, FOR INTRA-ARTICULAR INJECTION, 1 MG TOTAL CPT/HCPCS HYALURONAN OR DERIVATIVE, SYNOJOYNT, FOR INTRA-ARTICULAR INJECTION, 1 MG TOTAL CPT/HCPCS INJECTION, FULOCINOLONE ACETONIDE, INTRAVITREAL IMPLANT (YUTIQ), 0.01 MG Q2009 CPT/HCPCS INJECTION, FOSPHENYTOIN, 50 MG Q2009 CPT/HCPCS INJECTION, PANTOPRAZOLE SODIUM, 40 MG CPT/HCPCS INJECTION, DANTAPINE, 2.5MG SO166 CPT/HCPCS INJECTION, BUMETANIDE, 0.5 MG CPT/HCPCS INJECTION, BUMETANIDE, 0.5 MG YES SO171 CPT/HCPCS INJECTION, BUMETANIDE, 0.5 MG TESTOSTERONE PELLET, 75MG YES SO1301 CPT/HCPCS INJECTION, FREMANEZUMAB-AQCG, 1 MG TOTAL CPT/HCPCS INJECTION, FREMANEZUMAB-AVERN, 1 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF MEDICARE WHEN DRUG ADMINISTERED	17693	CDT/HCDCS		Vas
17684 CPT/HCPCS	17000	CF 1/11CF CS		163
ADMINISTERED THROUGH DME	17601	CDT/HCDCS		Voc
TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MG	17004	CFI/HCFC3		165
ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MG	17605	CDT/HCDCS		Voc
17401 CPT/HCPCS MOMETASONE FUROATE SINUS IMPLANT, 10 MICROGRAMS Yes 17332 CPT/HCPCS HYALURONAN OR DERIVATIVE, TRILURON, FOR INTRA-ARTICULAR Yes 17331 CPT/HCPCS HYALURONAN OR DERIVATIVE, SYNOJOYNT, FOR INTRA-ARTICULAR Yes 17331 CPT/HCPCS HYALURONAN OR DERIVATIVE, SYNOJOYNT, FOR INTRA-ARTICULAR Yes 17314 CPT/HCPCS INJECTION, 1 MG	17000	CP1/HCPC3		res
CPT/HCPCS	17401	CDT/HCDCS		Voc
INJECTION, 1 MG J7331 CPT/HCPCS HYALURONAN OR DERIVATIVE, SYNOJOYNT, FOR INTRA-ARTICULAR INJECTION, 1 MG I7314 CPT/HCPCS INJECTION, FLUOCINOLONE ACETONIDE, INTRAVITREAL IMPLANT (YUTIQ), 0.01 MG Q2009 CPT/HCPCS INJECTION, FOSPHENYTOIN, 50 MG S0164 CPT/HCPCS INJECTION, PANTOPRAZOLE SODIUM, 40 MG S0165 CPT/HCPCS INJECTION, DLANZAPINE, 2.5MG S0171 CPT/HCPCS INJECTION, BUMETANIDE, 0.5 MG S0189 CPT/HCPCS TESTOSTERONE PELLET, 75MG J33111 CPT/HCPCS INJECTION, ROMOSOZUMAB-AQQG, 1 MG J3031 CPT/HCPCS INJECTION, FREMANEZUMAB-VFRM, 1 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF J2798 CPT/HCPCS INJECTION, RISPERIDONE, (PERSERIS), 0.5 MG S0080 CPT/HCPCS INJECTION, ARIPIPRAZOLE LAUROXIL, (ARISTADA), 1 MG Yes S0080 CPT/HCPCS INJECTION, ARIPIPRAZOLE LAUROXIL, (ARISTADA), 1 MG Yes INJECTION, ARIPIPRAZOLE LAUROXIL, (ARISTADA), 1 MG Yes S0080 CPT/HCPCS INJECTION PENTAMIDINE ISETHIONATE 300 MG Yes		_		
CPT/HCPCS	J/332	CF1/HCFC3		i es
INJECTION, 1 MG J7314 CPT/HCPCS INJECTION, FLUOCINOLONE ACETONIDE, INTRAVITREAL IMPLANT (YUTIQ), 0.01 MG 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 PELLET, 75MG Yes J3111 CPT/HCPCS INJECTION, ROMOSOZUMAB-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 J2798 CPT/HCPCS INJECTION, RISPERIDONE, (PERSERIS), 0.5 MG Yes J1944 CPT/HCPCS INJECTION, ARIPIPRAZOLE LAUROXIL, (ARISTADA), 1 MG Yes S0080 CPT/HCPCS INJECTION PENTAMIDINE ISETHIONATE 300 MG Yes	17001	CDT/HCDCS		Voc
CPT/HCPCS	J/331	CP1/HCPC3		res
Q2009 CPT/HCPCS INJECTION, FOSPHENYTOIN, 50 MG Yes	1704.4	ODT//LODGS		V
Q2009 CPT/HCPCS INJECTION, FOSPHENYTOIN, 50 MG S0164 CPT/HCPCS INJECTION, PANTOPRAZOLE SODIUM, 40 MG S0166 CPT/HCPCS INJECTION, OLANZAPINE, 2.5MG S0171 CPT/HCPCS INJECTION, BUMETANIDE, 0.5 MG S0189 CPT/HCPCS TESTOSTERONE PELLET, 75MG J3111 CPT/HCPCS INJECTION, ROMOSOZUMAB-AQQG, 1 MG CPT/HCPCS INJECTION, FREMANEZUMAB-VFRM, 1 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF J2798 CPT/HCPCS INJECTION, RISPERIDONE, (PERSERIS), 0.5 MG CPT/HCPCS INJECTION, ARIPIPRAZOLE LAUROXIL, (ARISTADA), 1 MG CPT/HCPCS INJECTION, ARIPIPRAZOLE LAUROXIL, (ARISTADA), 1 MG Yes S0080 CPT/HCPCS INJECTION PENTAMIDINE ISETHIONATE 300 MG Yes	J/314	CPI/HCPCS	, , , , , , , , , , , , , , , , , , , ,	res
S0164 CPT/HCPCS INJECTION, PANTOPRAZOLE SODIUM, 40 MG S0166 CPT/HCPCS INJECTION, OLANZAPINE, 2.5MG S0171 CPT/HCPCS INJECTION, BUMETANIDE, 0.5 MG S0189 CPT/HCPCS TESTOSTERONE PELLET, 75MG J3111 CPT/HCPCS INJECTION, ROMOSOZUMAB-AQQG, 1 MG J3031 CPT/HCPCS INJECTION, FREMANEZUMAB-VFRM, 1 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF J2798 CPT/HCPCS INJECTION, RISPERIDONE, (PERSERIS), 0.5 MG J1944 CPT/HCPCS INJECTION, ARIPIPRAZOLE LAUROXIL, (ARISTADA), 1 MG S0080 CPT/HCPCS INJECTION PENTAMIDINE ISETHIONATE 300 MG Yes YES S0189 YES S0189 YES S0189 YES S0189 CPT/HCPCS INJECTION, ARIPIPRAZOLE LAUROXIL, (ARISTADA), 1 MG YES S0189 YES S0189 YES S0189 YES S0189 CPT/HCPCS INJECTION PENTAMIDINE ISETHIONATE 300 MG	00000	ODT//LODGS		V
S0166 CPT/HCPCS INJECTION, OLANZAPINE, 2.5MG S0171 CPT/HCPCS INJECTION, BUMETANIDE, 0.5 MG S0189 CPT/HCPCS TESTOSTERONE PELLET, 75MG J3111 CPT/HCPCS INJECTION, ROMOSOZUMAB-AQQG, 1 MG J3031 CPT/HCPCS INJECTION, FREMANEZUMAB-VFRM, 1 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF J2798 CPT/HCPCS INJECTION, RISPERIDONE, (PERSERIS), 0.5 MG J1944 CPT/HCPCS INJECTION, ARIPIPRAZOLE LAUROXIL, (ARISTADA), 1 MG S0080 CPT/HCPCS INJECTION PENTAMIDINE ISETHIONATE 300 MG Yes				
S0171 CPT/HCPCS INJECTION, BUMETANIDE, 0.5 MG S0189 CPT/HCPCS TESTOSTERONE PELLET, 75MG J3111 CPT/HCPCS INJECTION, ROMOSOZUMAB-AQQG, 1 MG J3031 CPT/HCPCS INJECTION, FREMANEZUMAB-VFRM, 1 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF J2798 CPT/HCPCS INJECTION, RISPERIDONE, (PERSERIS), 0.5 MG J1944 CPT/HCPCS INJECTION, ARIPIPRAZOLE LAUROXIL, (ARISTADA), 1 MG CPT/HCPCS INJECTION PENTAMIDINE ISETHIONATE 300 MG Yes S0080 CPT/HCPCS INJECTION PENTAMIDINE ISETHIONATE 300 MG Yes				
CPT/HCPCS TESTOSTERONE PELLET, 75MG Yes J3111 CPT/HCPCS INJECTION, ROMOSOZUMAB-AQQG, 1 MG J3031 CPT/HCPCS INJECTION, FREMANEZUMAB-VFRM, 1 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF J2798 CPT/HCPCS INJECTION, RISPERIDONE, (PERSERIS), 0.5 MG Yes J1944 CPT/HCPCS INJECTION, ARIPIPRAZOLE LAUROXIL, (ARISTADA), 1 MG Yes S0080 CPT/HCPCS INJECTION PENTAMIDINE ISETHIONATE 300 MG Yes				
J3111 CPT/HCPCS INJECTION, ROMOSOZUMAB-AQQG, 1 MG J3031 CPT/HCPCS INJECTION, FREMANEZUMAB-VFRM, 1 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF J2798 CPT/HCPCS INJECTION, RISPERIDONE, (PERSERIS), 0.5 MG J1944 CPT/HCPCS INJECTION, ARIPIPRAZOLE LAUROXIL, (ARISTADA), 1 MG S0080 CPT/HCPCS INJECTION PENTAMIDINE ISETHIONATE 300 MG Yes		_		
US031 CPT/HCPCS INJECTION, FREMANEZUMAB-VFRM, 1 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF US2798 CPT/HCPCS INJECTION, RISPERIDONE, (PERSERIS), 0.5 MG CPT/HCPCS INJECTION, ARIPIPRAZOLE LAUROXIL, (ARISTADA), 1 MG S0080 CPT/HCPCS INJECTION PENTAMIDINE ISETHIONATE 300 MG Yes				
MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF J2798 CPT/HCPCS INJECTION, RISPERIDONE, (PERSERIS), 0.5 MG J1944 CPT/HCPCS INJECTION, ARIPIPRAZOLE LAUROXIL, (ARISTADA), 1 MG S0080 CPT/HCPCS INJECTION PENTAMIDINE ISETHIONATE 300 MG Yes				
OF J2798 CPT/HCPCS INJECTION, RISPERIDONE, (PERSERIS), 0.5 MG J1944 CPT/HCPCS INJECTION, ARIPIPRAZOLE LAUROXIL, (ARISTADA), 1 MG S0080 CPT/HCPCS INJECTION PENTAMIDINE ISETHIONATE 300 MG Yes	J3031	CPT/HCPCS	· · · · · · · · · · · · · · · · · · ·	Yes
J2798 CPT/HCPCS INJECTION, RISPERIDONE, (PERSERIS), 0.5 MG Yes J1944 CPT/HCPCS INJECTION, ARIPIPRAZOLE LAUROXIL, (ARISTADA), 1 MG Yes S0080 CPT/HCPCS INJECTION PENTAMIDINE ISETHIONATE 300 MG Yes				
J1944 CPT/HCPCS INJECTION, ARIPIPRAZOLE LAUROXIL, (ARISTADA), 1 MG S0080 CPT/HCPCS INJECTION PENTAMIDINE ISETHIONATE 300 MG Yes	10705	OPT#10= = =		lv
S0080 CPT/HCPCS INJECTION PENTAMIDINE ISETHIONATE 300 MG Yes				
S0081 CPT/HCPCS PIPERACILLIN SODIUM, INJECTION, 500 MG Yes				
	S0081	CPT/HCPCS	PIPERACILLIN SODIUM, INJECTION, 500 MG	Yes

00000	ODT#10000	OU DENIACH OITDATE OF MO	
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, ARIPIPRAZOLE LAUROXIL, (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-ARTI CULAR 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 ADMINSTERED 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 ESDR 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	
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
,		ACTIVATED WITH PAP-GM-CSF, INCLUDING LEUKAPHERESIS AND ALL OT	

<u> </u>	T	T	I
Q3027	CPT/HCPCS	INJECTION, INTERFERON BETA-1A, 1 MCG FOR INTRAMUSCULAR USE	Yes
J2797	CPT/HCPCS	INJECTION, ROLAPITANT, 0.5 MG	Yes L.
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, ARIPIPRAZOLE LAUROXIL ,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,	Yes
10705	ODT//JODOS	EXTENDED-RELEASE, MICROSPHERE FORMULATION, 1 MG	V
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,	
77040	01 1/1101 00	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MG	165
J7647	CPT/HCPCS	ISOETHARINE HCL, INHALATION SOLUTION, COMPOUNDED PRODUCT,	Yes
77047		ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MG	
S0030	CPT/HCPCS	METRONIDAZOLE, INJECTION, 500 MG	Yes
S0030	CPT/HCPCS	NAFCILLIN SODIUM, INJECTION, 2 GRAMS	Yes
J7340	CPT/HCPCS	CARBIDOPA 5 MG/LEVODOPA 20 MG ENTERAL SUSPENSION, 100 ML	Yes
		S. M. DID OF TO THOSE LAND OF THE COURT ENGLOSING, 100 PIL	'
	CPT/HCPCS	INSTALLATION CIPROELOVACINOTIC SUSPENSION 6 MG	Voc
J7342 J7345	CPT/HCPCS CPT/HCPCS	INSTALLATION, CIPROFLOXACIN OTIC SUSPENSION, 6 MG AMINOLEVULINIC ACID HCL FOR TOPICAL ADMINISTRATION, 10% GEL, 10 MG	Yes Yes
		AMINOLEVULINIC ACID HCL FOR TOPICAL ADMINISTRATION, 10% GEL, 10 MG LYMPHOCYTE IMMUNE GLOBULIN, ANTITHYMOCYTE GLOBULIN, RABBIT,	
J7345 J7511	CPT/HCPCS CPT/HCPCS	AMINOLEVULINIC ACID HCL FOR TOPICAL ADMINISTRATION, 10% GEL, 10 MG LYMPHOCYTE IMMUNE GLOBULIN, ANTITHYMOCYTE GLOBULIN, RABBIT, PARENTERAL, 25MG	Yes Yes
J7345 J7511 J7513	CPT/HCPCS CPT/HCPCS CPT/HCPCS	AMINOLEVULINIC ACID HCL FOR TOPICAL ADMINISTRATION, 10% GEL, 10 MG LYMPHOCYTE IMMUNE GLOBULIN, ANTITHYMOCYTE GLOBULIN, RABBIT, PARENTERAL, 25MG DACLIZUMAB, PARENTERAL, 25 MG	Yes Yes Yes
J7345 J7511 J7513 Q4110	CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS	AMINOLEVULINIC ACID HCL FOR TOPICAL ADMINISTRATION, 10% GEL, 10 MG LYMPHOCYTE IMMUNE GLOBULIN, ANTITHYMOCYTE GLOBULIN, RABBIT, PARENTERAL, 25MG DACLIZUMAB, PARENTERAL, 25 MG SKIN SUBSTITUTE, PRIMATRIX, PER SQUARE CENTIMETER	Yes Yes Yes Yes
J7345 J7511 J7513 Q4110 Q4111	CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS	AMINOLEVULINIC ACID HCL FOR TOPICAL ADMINISTRATION, 10% GEL, 10 MG LYMPHOCYTE IMMUNE GLOBULIN, ANTITHYMOCYTE GLOBULIN, RABBIT, PARENTERAL, 25MG DACLIZUMAB, PARENTERAL, 25 MG SKIN SUBSTITUTE, PRIMATRIX, PER SQUARE CENTIMETER SKIN SUBSTITUTE, GAMMAGRAFT, PER SQUARE CENTIMETER	Yes Yes Yes Yes Yes Yes
J7345 J7511 J7513 Q4110 Q4111 Q4112	CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS	AMINOLEVULINIC ACID HCL FOR TOPICAL ADMINISTRATION, 10% GEL, 10 MG LYMPHOCYTE IMMUNE GLOBULIN, ANTITHYMOCYTE GLOBULIN, RABBIT, PARENTERAL, 25MG DACLIZUMAB, PARENTERAL, 25 MG SKIN SUBSTITUTE, PRIMATRIX, PER SQUARE CENTIMETER SKIN SUBSTITUTE, GAMMAGRAFT, PER SQUARE CENTIMETER ALLOGRAFT, CYMETRA, INJECTABLE, 1CC	Yes Yes Yes Yes Yes Yes Yes Yes
J7345 J7511 J7513 Q4110 Q4111 Q4112 Q4113	CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS	AMINOLEVULINIC ACID HCL FOR TOPICAL ADMINISTRATION, 10% GEL, 10 MG LYMPHOCYTE IMMUNE GLOBULIN, ANTITHYMOCYTE GLOBULIN, RABBIT, PARENTERAL, 25 MG DACLIZUMAB, PARENTERAL, 25 MG SKIN SUBSTITUTE, PRIMATRIX, PER SQUARE CENTIMETER SKIN SUBSTITUTE, GAMMAGRAFT, PER SQUARE CENTIMETER ALLOGRAFT, CYMETRA, INJECTABLE, 1CC ALLOGRAFT, GRAFTJACKET EXPRESS, INJECTABLE, 1CC	Yes Yes Yes Yes Yes Yes Yes Yes Yes
J7345 J7511 J7513 Q4110 Q4111 Q4112 Q4113 Q4114	CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS	AMINOLEVULINIC ACID HCL FOR TOPICAL ADMINISTRATION, 10% GEL, 10 MG LYMPHOCYTE IMMUNE GLOBULIN, ANTITHYMOCYTE GLOBULIN, RABBIT, PARENTERAL, 25 MG DACLIZUMAB, PARENTERAL, 25 MG SKIN SUBSTITUTE, PRIMATRIX, PER SQUARE CENTIMETER SKIN SUBSTITUTE, GAMMAGRAFT, PER SQUARE CENTIMETER ALLOGRAFT, CYMETRA, INJECTABLE, 1CC ALLOGRAFT, GRAFTJACKET EXPRESS, INJECTABLE, 1CC INTEGRA FLOWABLE WOUND MATRIX, INJECTABLE, 1CC	Yes
J7345 J7511 J7513 Q4110 Q4111 Q4112 Q4113 Q4114 S0034	CPT/HCPCS	AMINOLEVULINIC ACID HCL FOR TOPICAL ADMINISTRATION, 10% GEL, 10 MG LYMPHOCYTE IMMUNE GLOBULIN, ANTITHYMOCYTE GLOBULIN, RABBIT, PARENTERAL, 25 MG DACLIZUMAB, PARENTERAL, 25 MG SKIN SUBSTITUTE, PRIMATRIX, PER SQUARE CENTIMETER SKIN SUBSTITUTE, GAMMAGRAFT, PER SQUARE CENTIMETER ALLOGRAFT, CYMETRA, INJECTABLE, 1CC ALLOGRAFT, GRAFTJACKET EXPRESS, INJECTABLE, 1CC INTEGRA FLOWABLE WOUND MATRIX, INJECTABLE, 1CC OFLOXACIN, INJECTION, 400 MG	Yes
J7345 J7511 J7513 Q4110 Q4111 Q4112 Q4113 Q4114 S0034 S0039	CPT/HCPCS	AMINOLEVULINIC ACID HCL FOR TOPICAL ADMINISTRATION, 10% GEL, 10 MG LYMPHOCYTE IMMUNE GLOBULIN, ANTITHYMOCYTE GLOBULIN, RABBIT, PARENTERAL, 25 MG DACLIZUMAB, PARENTERAL, 25 MG SKIN SUBSTITUTE, PRIMATRIX, PER SQUARE CENTIMETER SKIN SUBSTITUTE, GAMMAGRAFT, PER SQUARE CENTIMETER ALLOGRAFT, CYMETRA, INJECTABLE, 1CC ALLOGRAFT, GRAFTJACKET EXPRESS, INJECTABLE, 1CC INTEGRA FLOWABLE WOUND MATRIX, INJECTABLE, 1CC OFLOXACIN, INJECTION, 400 MG SULFAMETHOXZOLE AND TRIMETHOPRIM, INJECTION 10 ML	Yes
J7345 J7511 J7513 Q4110 Q4111 Q4112 Q4113 Q4114 S0034 S0039 S0040	CPT/HCPCS CPT/HCPCS	AMINOLEVULINIC ACID HCL FOR TOPICAL ADMINISTRATION, 10% GEL, 10 MG LYMPHOCYTE IMMUNE GLOBULIN, ANTITHYMOCYTE GLOBULIN, RABBIT, PARENTERAL, 25 MG DACLIZUMAB, PARENTERAL, 25 MG SKIN SUBSTITUTE, PRIMATRIX, PER SQUARE CENTIMETER SKIN SUBSTITUTE, GAMMAGRAFT, PER SQUARE CENTIMETER ALLOGRAFT, CYMETRA, INJECTABLE, 1CC ALLOGRAFT, GRAFTJACKET EXPRESS, INJECTABLE, 1CC INTEGRA FLOWABLE WOUND MATRIX, INJECTABLE, 1CC OFLOXACIN, INJECTION, 400 MG SULFAMETHOXZOLE AND TRIMETHOPRIM, INJECTION 10 ML TICARCILLIN DISODIUM AND CLAVULANATE POTASSIUM, INJECTION 3.1 GRAMS	Yes
J7345 J7511 J7513 Q4110 Q4111 Q4112 Q4113 Q4114 S0034 S0039	CPT/HCPCS	AMINOLEVULINIC ACID HCL FOR TOPICAL ADMINISTRATION, 10% GEL, 10 MG LYMPHOCYTE IMMUNE GLOBULIN, ANTITHYMOCYTE GLOBULIN, RABBIT, PARENTERAL, 25 MG DACLIZUMAB, PARENTERAL, 25 MG SKIN SUBSTITUTE, PRIMATRIX, PER SQUARE CENTIMETER SKIN SUBSTITUTE, GAMMAGRAFT, PER SQUARE CENTIMETER ALLOGRAFT, CYMETRA, INJECTABLE, 1CC INTEGRA FLOWABLE WOUND MATRIX, INJECTABLE, 1CC OFLOXACIN, INJECTION, 400 MG SULFAMETHOXZOLE AND TRIMETHOPRIM, INJECTION 10 ML TICARCILLIN DISODIUM AND CLAVULANATE POTASSIUM, INJECTION	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
Q4115 Q4116	CPT/HCPCS	SKIN SUBSTITUTE, ALLODERM, PER SQ CM	Yes
Q4110 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	ISOPROTERED THROUGH DME, ONIT DOSE FORM, PER MG 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, SYNVISC OR SYNVISC-ONE, FOR INTRA- ARTICULARE 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,	
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
	13		1

			T
J2916	CPT/HCPCS	INJECTION, SODIUM FERRIC GLUCONATE COMPLEX IN SUCROSE	Yes
		INJECTION, 12.5 MG	
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	Yes
		CENTIMETER	
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,	Yes
		ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	
J7610	CPT/HCPCS	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT,	Yes
		ADMINISTERED THROUGH DME, CONCENTRATED FORM, 1 MG	
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,	Yes
77014	01 171101 00	NON-COMPOUNDED,	
J7615	CPT/HCPCS	LEVALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT,	Yes
,,010	01 1/110503	ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	
J7620	CPT/HCPCS	ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-	Vos
17020	CF1/HCFC3	APPROVED	res
17000	CDT/LICDOS		Voc
J7622	CPT/HCPCS	BECLOMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT,	Yes
10000	007/110000	ADMINISTERED THROUGH	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
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,	Yes
		ADMINISTERED THROUGH DME	
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	Yes
		GRAMS(1.125 GRAMS)	
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	ACETYCYSTEINE, INHALATION SOLUTION, COMPOUNDED	Yes
		PRODUCT,ADMINISTERED THROUGH	
J7605	CPT/HCPCS	ARFORMOTEROL, INHALATION SOLUTION, FDA APPROVED FINAL	Yes
		PRODUCT,NON-COMPOUNDED	
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,	Yes
		NON-COMPOUNDED,	
J7627	CPT/HCPCS	BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT,	Yes
		ADMINISTERED THROUGH DME	
J7628	CPT/HCPCS	BITOLTEROL MESYLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT,	Yes
		ADMINISTERED	
J3430	CPT/HCPCS	INJECTION, VITAMIN K, PHYTONADIONE, MENADIONE, MENADIOL SODIUM	Yes
JO - -OU	01 1/110503	DIPHOSPHATE, FOR 1 MG	
12465	CDT/HCDCS		Voc
J3465 J3470	CPT/HCPCS CPT/HCPCS	INJECTION, VORICONAZOLE, 10 MG	Yes
		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-	Yes
		COMPOUNDED, ADMIN'D THRU DME, UNIT DOSE FORM, PER 300 MG	
	ļ		<u> </u>

J2796	CPT/HCPCS	INJECTION ROMIDI OSTIM 10 MICROCRAMS	Yes
	_	INJECTION, ROMIPLOSTIM, 10 MICROGRAMS	
J2800	CPT/HCPCS	INJECTION, METHOCARBAMOL, UP TO 10 ML	Yes
J2805	CPT/HCPCS	INJECTION, SINCALIDE, 5 MICROGRAMS	Yes I
J2810	CPT/HCPCS	INJECTION, THEOPHYLLINE, PER 40MG	Yes I
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,	Yes
Q4148	CPT/HCPCS	PER SQUARE CENTIMETER NEOX CORD 1K, NEOX CORD RT, OR CLARIX CORD 1K, PER SQUARE	Yes
105.47	ODT// 100000	CENTIMETER INVESTIGATION REPORTS AND	ly.
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	Yes
77011	01 1/1101 00	(RETISERT), 0.01 MG	103
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 I
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	Yes
		PRODUCT,ADMINISTERED THROUGH	
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,	Yes
J7634	CPT/HCPCS	NON-COMPOUNDED, BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT,	Yes
		ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER 0.25 MG	
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, TREDNISOLONE ACETATE, OF TO THE	Yes
J2675	CPT/HCPCS	INJECTION, PROGESTERONE PER 50 MG	Yes
J2680	CPT/HCPCS	INJECTION, FROGESTERONE FER 30 Mg	Yes
Q4165	CPT/HCPCS	KERAMATRIX OR KERASORB, PER SQUARE CENTIMETER	Yes
Q4103 Q5102	CPT/HCPCS	INJECTION, INFLIXIMAB, BIOSIMILAR, 10 MG	Yes
	CPT/HCPCS CPT/HCPCS		
Q9968	CPI/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,	Yes
10000	OPT#10= = =	ADMINISTERED THROUGH DME	l .
J2690	CPT/HCPCS	INJECTION, PROCAINAMIDE HCL, UP TO 1 GM	Yes
J3486	CPT/HCPCS	INJECTION, ZIPRASIDONE MESYLATE, 10 MG	Yes I
J3489	CPT/HCPCS	INJECTION, ZOLEDRONIC ACID, 1 MG	Yes

	T	I	I
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-	Yes
J7640	CPT/HCPCS	COMPOUNDED, ADMIN'D THRU DME, UNIT DOSE FORM, PER MG FORMOTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT,	Yes
J7641	CPT/HCPCS	ADMINISTERED THROUGH DME FLUNISOLIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT,	Yes
J3530	CPT/HCPCS	ADMINISTERED THROUGH DME 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
J2700 J2704	CPT/HCPCS	INJECTION, OXACILLIN SODIOM, OF TO 250 MG	Yes
J2704 J2710	CPT/HCPCS CPT/HCPCS	INJECTION, PROPOPOL, 10 MG INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	Yes
Q4082	CPT/HCPCS	DRUG OR BIOLOGICAL, NOT OTHERWISE CLASSIFIED, PART B DRUG	Yes
	CP1/HCPC3	COMPETITIVE ACQUISITION PROGRAM	res
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	BUPIVICAIN 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),	Yes
0.1101	0.07//.100.00	0.01 MG	<u></u>
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	Yes
J7320	CPT/HCPCS	PRODUCT HYALURONAN OR DERIVITIVE, GENVISC 850, FOR INTRA-ARTICULAR	Yes
J7321	CPT/HCPCS	INJECTION, 1 MG HYALURONAN OR DERIVATIVE, HYALGAN, SUPARTZ OR VISCO-3, FOR INTRA-	Yes
J7322	CPT/HCPCS	ARTICULAR INJECTION, PER DOSE HYALURONAN OR DERIVATIVE, HYMOVIS, FOR INTRA-ARTICULAR INJECTION,	Ves
		1 MG	
J2760	CPT/HCPCS	INJECTION, PHENTOLAINE 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
Licose	CPT/HCPCS	INJECTION, MINOCYCLINE HYDROCHLORIDE, 1 MG	Yes
J2265	01 171101 00		lVos.
J2265 J2270	CPT/HCPCS	INJECTION, MORPHINE SULFATE, UP TO 10 MG	Yes
		INJECTION, MORPHINE SULFATE, PRESERVATIVE-FREE FOR EPIDURAL OR	Yes
J2270 J2274	CPT/HCPCS CPT/HCPCS	INJECTION, MORPHINE SULFATE, PRESERVATIVE-FREE FOR EPIDURAL OR INTRATHECAL USE, 10MG	Yes
J2270 J2274 J3230	CPT/HCPCS CPT/HCPCS CPT/HCPCS	INJECTION, MORPHINE SULFATE, PRESERVATIVE-FREE FOR EPIDURAL OR INTRATHECAL USE, 10MG INJECTION, CHLORPROMAZINE HCL, UP TO 50 MG	Yes Yes
J2270 J2274 J3230 J3240	CPT/HCPCS CPT/HCPCS CPT/HCPCS	INJECTION, MORPHINE SULFATE, PRESERVATIVE-FREE FOR EPIDURAL OR INTRATHECAL USE, 10MG INJECTION, CHLORPROMAZINE HCL, UP TO 50 MG INJECTION, THYROTROPIN ALPHA, 0.9MG, PROVIDED IN 1.1MG VIAL	Yes Yes Yes
J2270 J2274 J3230 J3240 J3243	CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS	INJECTION, MORPHINE SULFATE, PRESERVATIVE-FREE FOR EPIDURAL OR INTRATHECAL USE, 10MG INJECTION, CHLORPROMAZINE HCL, UP TO 50 MG INJECTION, THYROTROPIN ALPHA, 0.9MG, PROVIDED IN 1.1MG VIAL INJECTION, TIGECYCLINE, 1 MG	Yes Yes Yes Yes Yes
J2270 J2274 J3230 J3240 J3243 J3246	CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS	INJECTION, MORPHINE SULFATE, PRESERVATIVE-FREE FOR EPIDURAL OR INTRATHECAL USE, 10MG INJECTION, CHLORPROMAZINE HCL, UP TO 50 MG INJECTION, THYROTROPIN ALPHA, 0.9MG, PROVIDED IN 1.1MG VIAL INJECTION, TIGECYCLINE, 1 MG INJECTION, TIROFIBAN HCL, 0.25MG	Yes Yes Yes Yes Yes Yes
J2270 J2274 J3230 J3240 J3243 J3246 J3250	CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS	INJECTION, MORPHINE SULFATE, PRESERVATIVE-FREE FOR EPIDURAL OR INTRATHECAL USE, 10MG INJECTION, CHLORPROMAZINE HCL, UP TO 50 MG INJECTION, THYROTROPIN ALPHA, 0.9MG, PROVIDED IN 1.1MG VIAL INJECTION, TIGECYCLINE, 1 MG INJECTION, TIROFIBAN HCL, 0.25MG INJECTION, TRIMETHOBENZAMIDE HCL, UP TO 200 MG	Yes Yes Yes Yes Yes Yes Yes
J2270 J2274 J3230 J3240 J3243 J3246	CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS	INJECTION, MORPHINE SULFATE, PRESERVATIVE-FREE FOR EPIDURAL OR INTRATHECAL USE, 10MG INJECTION, CHLORPROMAZINE HCL, UP TO 50 MG INJECTION, THYROTROPIN ALPHA, 0.9MG, PROVIDED IN 1.1MG VIAL INJECTION, TIGECYCLINE, 1 MG INJECTION, TIROFIBAN HCL, 0.25MG	Yes Yes Yes Yes Yes Yes

	1	T	
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
J1736 J1786	CPT/HCPCS	INJECTION, INON SUCROSE, 1 MG INJECTION, IMIGLUCERASE, 10 UNITS	Yes
J2175	CPT/HCPCS	INJECTION, IMIGLOCERASE, 10 UNITS 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, MICAFUNGIN 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, ARIPIPRAZOLE 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	
	31 1/1101 03	SUBCUTANEOUS USE	150
	<u>[</u>	OODOO IANEOOO OOL	

DIGITION OF PERFORMANCE NO. Net	i r	Ī	T	
DESTS CPTACKECS NINCTIONA, DENOSITIAND, THE STATEMENT AND PENCIAL IN SEPTIMENT Ven	J0894	CPT/HCPCS	INJECTION, DECITABINE, 1 MG	Yes
DISCRIPTOR DIS				
10061 CPTHICPCS NICETON, PENCILLIN G BERZATHINE, 100,000 UNTS Veg	J0897		INJECTION, DENOSUMAB, 1 MG	Yes
1955 CFFIACRES INCEDION, ENCOUNT SOUTH STATE AND THE STATE	J0558	CPT/HCPCS	INJECTION, PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE,	Yes
DISSPEED			100,000 UNITS	
1977 CPITACPCS NINCTION, CANDICUCON'S SOURM, CYTOCHES, JORD Yes	J0561	CPT/HCPCS		Yes
1975 OPTIMOTICS NIBECTION, REPAIR IS RIMMINE GLOBULIN (REPAGAM 8), Yes	J0565	CPT/HCPCS	INJECTION, BEZLOTOXUMAB, 10 MG	Yes
	J1570	CPT/HCPCS	INJECTION, GANCICLOVIR SODIUM, CYTOVENE, 500 MG	Yes
1955 OPTIACICS NUECTION LEVOCAMENT ERS 1 GRAM	J1571	CPT/HCPCS	INJECTION, HEPATITIS B IMMUNE GLOBULIN (HEPAGAM B),	Yes
1988 OPTIMICROS NUICCION LEVEL DOCUMENT, 1985 Yes			INTRAMUSCULAR, 0.5 ML	
2223	J1955	CPT/HCPCS	INJECTION LEVOCARNITINE, PER 1 GRAM	Yes
CPTHCPCS	J1956	CPT/HCPCS	INJECTION LEVOFLOXACIN, 250MG	Yes
DEPTITE CPHICHECS	J2323	CPT/HCPCS	INJECTION, NATALIZUMAB, 1MG	Yes
1712 CPHICHORS NICCION, DIRECTION, DIR	J2325	CPT/HCPCS	INJECTION, NESIRITIDE, 0.1 MG	Yes
17736	J2326	CPT/HCPCS	INJECTION, NUSINERSEN, 0.1 MG	Yes
1741	J1212	CPT/HCPCS	INJECTION, DMSO, DIMETHYL SULFOXIDE	Yes
17741 CPTHACPCS NIECTION, BURDOFFEN, 100 MG Ves	J1730	CPT/HCPCS	INJECTION, DIAZOXIDE, UP TO 300 MG	Yes
11742	J1740	CPT/HCPCS	INJECTION, IBANDRONATE SODIUM, 1 MG	Yes
10945 CPTH-CPCS NECTION, BROWNERS PROBLEC CYPIONATE, UP 10 S MG Ves	J1741	CPT/HCPCS	INJECTION, IBUPROFEN, 100 MG	Yes
1000	J1742	CPT/HCPCS	INJECTION IBUTILIDE FUMARATE, 1 MG	Yes
Septimental Symbols Septimental Symbols	J0945	CPT/HCPCS	INJECTION, BROMPHENIRAMINE MALEATE, PER 10MG	Yes
FOR INTRAMISCULAR USE, 50 MS, EACH	J1000	CPT/HCPCS	INJECTION, DEPO-ESTRADIOL CYPIONATE, UP TO 5 MG	Yes
FOR INTRAMUSCULAR USE, 50 NS, EACH	90378	CPT/HCPCS	RESPIRATORY SYNCYTIAL VIRUS, MONOCLONAL ANTIBODY, RECOMBINANT,	Yes
INTRAMUSCULAR USE			FOR INTRAMUSCULAR USE, 50 MG, EACH	
1589	90384	CPT/HCPCS	RHO(D) IMMUNE GLOBULIN(RHIG), HUMAN, FULL-DOSE, FOR	Yes
1595 CPTH-PCPS			INTRAMUSCULAR USE	
1860	J1580	CPT/HCPCS	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	Yes
	J1595	CPT/HCPCS	INJECTION, GLATIRAMER ACETATE, 20 MG	Yes
	J1600			Yes
10275				
PHYSICIAN SUPERVISION, EXCLUDES SELF ADMINISTRATION	J0275	CPT/HCPCS	ALPROSTADIL URETHRAL SUPPOSITORY, ADMINISTERED UNDER DIRECT	Yes
12353 CPT/HCPCS			l ·	
INJECTION, 1 MG	J2353	CPT/HCPCS		Yes
12355 CPT/HCPCS INJECTION OPRELVEKIN, 5MG				
23357 CPT/HCPCS INJECTION, OMALIZUMAB, 5 MG	J2355	CPT/HCPCS		Yes
3301 CPT/HCPCS				
MG				
13302 CPT/HCPCS INJECTION TRIAMCINOLONE DIACETATE, PER 5 MG				
10670 CPT/HCPCS	J3302	CPT/HCPCS		Yes
10690			·	
10692				
10694				
10695				
90385 CPT/HCPCS				
INTRAMUSCULAR USE				
1020		0	1 ' ' '	
1030	11020	CPT/HCPCS		Yes
J1040				
J1071				
JO278				
J0280				
J0282				
J0285				
JOS70 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 J1980 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, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG Yes J1100 CPT/HCPCS INJECTION, DEXAMETHOSONE SODIUM PHOSPHATE, 1 MG Yes J1100 CPT/HCPCS INJECTION, DEXAMETHOSONE SODIUM PHOSPHATE, 1 MG Yes J1100 CPT/HCPCS INJECTION, DEXAMETHOSONE SODIUM PHOSPHATE, 1 MG Yes J1100 CPT/HCPCS INJECTION, DEXAMETHOSONE SODIUM PHOSPHATE, 1 MG Yes J1100 CPT/HCPCS INJECTION, DEXAMETHOSONE SODIUM PHOSPHATE, 1 MG Yes J1100 CPT/HCPCS INJECTION, DEXAMETHOSONE SODIUM PHOSPHATE, 1 MG Yes J1100 CPT/HCPCS INJECTION, DEXAMETHOSONE SODIUM PHOSPHATE, 1 MG Yes J1100 CPT/HCPCS INJECTION, DEXAMETHOSONE SODIUM PHOSPHATE, 1 MG Yes J1100 CPT/HCPCS INJECTION, DEXAMETHOSONE SODIUM PHOSPHATE, 1 MG Yes J1100 CPT/HCPCS INJECTION, DEXAMETHOSONE SODIUM PHOSPHATE, 1 MG Yes J1100 CPT/HCPCS INJECTION, DEXAMETHOSONE SODIUM PHOSPHATE, 1 MG Yes J1100 CPT/HCPCS INJECTION, DEXAMETHOSONE SODIUM PHOSPHATE, 1 MG Yes J1100 CPT/HCPCS INJECTION, DEXAMETHOSONE SODIUM PHOSPHATE, 1 MG Yes J1100 CPT/HCPCS INJECTION, DEXAMETHOSONE SODIUM PHOSPHATE, 1 MG Yes J1100 CPT/HCPCS INJECTION, DEXAMETHOSONE SODIUM PHOSPHATE, 1 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 J1980 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, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG Yes J1100 CPT/HCPCS INJECTION, DEXAMETHOSONE SODIUM PHOSPHATE, 1 MG Yes J1100 CPT/HCPCS INJECTION, DEXAMETHOSONE SODIUM PHOSPHATE, 1 MG Yes J1100 CPT/HCPCS INJECTION, DEXAMETHOSONE SODIUM PHOSPHATE, 1 MG Yes J1100 CPT/HCPCS INJECTION, DEXAMETHOSONE SODIUM PHOSPHATE, 1 MG Yes J1100 CPT/HCPCS INJECTION, DEXAMETHOSONE SODIUM PHOSPHATE, 1 MG Yes J1100 CPT/HCPCS INJECTION, DEXAMETHOSONE SODIUM PHOSPHATE, 1 MG Yes J1100 CPT/HCPCS INJECTION, DEXAMETHOSONE SODIUM PHOSPHATE, 1 MG Yes J1100 CPT/HCPCS INJECTION, DEXAMETHOSONE SODIUM PHOSPHATE, 1 MG Yes J1100 CPT/HCPCS INJECTION, DEXAMETHOSONE SODIUM PHOSPHATE, 1 MG Yes J1100 CPT/HCPCS INJECTION, DEXAMETHOSONE SODIUM PHOSPHATE, 1 MG Yes J1100 CPT/HCPCS INJECTION, DEXAMETHOSONE SODIUM PHOSPHATE, 1 MG Yes J1100 CPT/HCPCS INJECTION, DEXAMETHOSONE SODIUM PHOSPHATE, 1 MG Yes J1100 CPT/HCPCS INJECTION, DEXAMETHOSONE SODIUM PHOSPHATE, 1 MG Yes J1100 CPT/HCPCS INJECTION, DEXAMETHOSONE SODIUM PHOSPHATE, 1 MG Yes J1100 CPT/HCPCS INJECTION, DEXAMETHOSONE SODIUM PHOSPHATE, 1 MG Yes J1100 CPT/HCPCS INJECTION, DEXAMETHOSONE SODIUM PHOSPH				
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 J1100 CPT/HCPCS INJECTION, DEXAMETHOSONE SODIUM PHOSPHATE, 1 MG Yes J1100 CPT/HCPCS INJECTION, DEXAMETHOSONE SODIUM PHOSPHATE, 1 MG Yes J1100 CPT/HCPCS INJECTION, DEXAMETHOSONE SODIUM PHOSPHATE, 1 MG Yes J1100 CPT/HCPCS INJECTION, DEXAMETHOSONE SODIUM PHOSPHATE, 1 MG Yes J1100 CPT/HCPCS INJECTION, DEXAMETHOSONE SODIUM PHOSPHATE, 1 MG Yes J1100 CPT/HCPCS INJECTION, DEXAMETHOSONE SODIUM PHOSPHATE, 1 MG Yes J1100 CPT/HCPCS INJECTION, DEXAMETHOSONE SODIUM PHOSPHATE, 1 MG Yes J1100 CPT/HCPCS INJECTION, DEXAMETHOSONE SODIUM PHOSPHATE, 1 MG Yes J1100 CPT/HCPCS INJECTION, DEXAMETHOSONE SODIUM PHOSPHATE, 1 MG Yes J1100 CPT/HCPCS INJECTION, DEXAMETHOSONE SODIUM PHOSPHATE, 1 MG Yes J1100 CPT/HCPCS INJECTION, DEXAMETHOSONE SODIUM PHOSPHATE, 1 MG Yes J1100 CPT/HCPCS INJECTION, DEXAMETHOSONE SODIUM PHOSPHATE, 1 MG Yes J1100 CPT/HCPCS INJECTION, DEXAMETHOSONE SODIUM PHOSPHATE, 1 MG Yes J1100 CPT/HCPCS INJECTION, DEXAMETHOSONE SODIUM PHOSPHATE, 1 MG Yes J1100 CPT/HCPCS INJECTION, DEXAMETHOSONE SODIUM PHOSPHATE, 1 MG Yes J1100 CPT/HCPCS INJECTION, DEXAMETHOSONE SODIUM PHOSPHATE, 1 MG YES J1100				
J3315 CPT/HCPCS INJECTION, TRIPTORELIN PAMOATE, 3.75 MG J1960 CPT/HCPCS INJECTION, LEVORPHANOL TARTRATE, UP TO 2 MG J1980 CPT/HCPCS INJECTION, HYOSCYAMINE SULFATE, UP TO 0.25 MG J0696 CPT/HCPCS INJECTION, CEFTRIAXONE SODIUM, PER 250 MG J1230 CPT/HCPCS INJECTION, METHADONE HCL, UP TO 10 MG J1240 CPT/HCPCS INJECTION, DIMENHYDRINATE, UP TO 50 MG J1245 CPT/HCPCS INJECTION, DIPYRIDAMOLE, PER 10 MG J1250 CPT/HCPCS INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 J1094 CPT/HCPCS INJECTION, DEXAMETHASONE ACETATE, 1 MG J1100 CPT/HCPCS INJECTION, DEXAMETHOSONE SODIUM PHOSPHATE, 1 MG Yes J1100 CPT/HCPCS INJECTION, DEXAMETHOSONE SODIUM PHOSPHATE, 1 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 J1100 CPT/HCPCS INJECTION, DEXAMETHOSONE SODIUM PHOSPHATE, 1 MG Yes J1100 CPT/HCPCS INJECTION, DEXAMETHOSONE SODIUM PHOSPHATE, 1 MG Yes J1100 CPT/HCPCS INJECTION, DEXAMETHOSONE SODIUM PHOSPHATE, 1 MG Yes J1100 CPT/HCPCS INJECTION, DEXAMETHOSONE SODIUM PHOSPHATE, 1 MG Yes J1100 CPT/HCPCS INJECTION, DEXAMETHOSONE SODIUM PHOSPHATE, 1 MG Yes J1100 CPT/HCPCS INJECTION, DEXAMETHOSONE SODIUM PHOSPHATE, 1 MG Yes J1100 CPT/HCPCS INJECTION, DEXAMETHOSONE SODIUM PHOSPHATE, 1 MG Yes J1100 CPT/HCPCS INJECTION, DEXAMETHOSONE SODIUM PHOSPHATE, 1 MG Yes J1100 CPT/HCPCS INJECTION, DEXAMETHOSONE SODIUM PHOSPHATE, 1 MG Yes J1100 CPT/HCPCS INJECTION, DEXAMETHOSONE SODIUM PHOSPHATE, 1 MG Yes J1100 CPT/HCPCS INJECTION, DEXAMETHOSONE SODIUM PHOSPHATE, 1 MG Yes J1100 CPT/HCPCS INJECTION, DEXAMETHOSONE SODIUM PHOSPHATE, 1 MG Yes J1100 CPT/HCPCS INJECTION, DEXAMETHOSONE SODIUM PHOSPHATE, 1 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 J1100 CPT/HCPCS INJECTION, DEXAMETHOSONE SODIUM PHOSPHATE, 1 MG Yes J1100 CPT/HCPCS INJECTION, DEXAMETHOSONE SODIUM PHOSPHATE, 1 MG Yes J1100 CPT/HCPCS INJECTION, DEXAMETHOSONE SODIUM PHOSPHATE, 1 MG Yes J1100 CPT/HCPCS INJECTION, DEXAMETHOSONE SODIUM PHOSPHATE, 1 MG Yes J1100 CPT/HCPCS INJECTION, DEXAMETHOSONE SODIUM PHOSPHATE, 1 MG Yes J1100 CPT/HCPCS INJECTION, DEXAMETHOSONE SODIUM PHOSPHATE, 1 MG Yes J1100 CPT/HCPCS INJECTION, DEXAMETHOSONE SODIUM PHOSPHATE, 1 MG Yes J1100 CPT/HCPCS INJECTION, DEXAMETHOSONE SODIUM PHOSPHATE, 1 MG Yes J1100 CPT/HCPCS INJECTION, DEXAMETHOSONE SODIUM PHOSPHATE, 1 MG Yes J1100 CPT/HCPCS INJECTION, DEXAMETHOSONE SODIUM PHOSPHATE, 1 MG Yes J1100 CPT/HCPCS INJECTION, DEXAMETHOSONE SODIUM PHOSPHATE, 1 MG Yes J1100 CPT/HCPCS INJECTION, DEXAMETHOSONE SODIUM PHOSPHATE, 1 MG Yes J1100 CPT/HCPCS INJECTION, DEXAMETHOSONE SODIUM PHOSPHATE, 1 MG Yes J1100 CPT/HCPCS INJECTION, DEXAMETHOSONE SODIUM PHOSPHATE, 1 MG Yes J1100 CPT/HCPCS INJECTION, DEXAMETHOSONE SODIUM PHOSPHATE, 1 MG YES YES			·	
J0696CPT/HCPCSINJECTION, CEFTRIAXONE SODIUM, PER 250 MGYesJ1230CPT/HCPCSINJECTION, METHADONE HCL, UP TO 10 MGYesJ1240CPT/HCPCSINJECTION, DIMENHYDRINATE, UP TO 50 MGYesJ1245CPT/HCPCSINJECTION, DIPYRIDAMOLE, PER 10 MGYesJ1250CPT/HCPCSINJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250YesJ1094CPT/HCPCSINJECTION, DEXAMETHASONE ACETATE, 1 MGYesJ1100CPT/HCPCSINJECTION, DEXAMETHOSONE SODIUM PHOSPHATE, 1 MGYes				
J1230 CPT/HCPCS INJECTION, METHADONE HCL, UP TO 10 MG J1240 CPT/HCPCS INJECTION, DIMENHYDRINATE, UP TO 50 MG J1245 CPT/HCPCS INJECTION, DIPYRIDAMOLE, PER 10 MG J1250 CPT/HCPCS INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 J1094 CPT/HCPCS INJECTION, DEXAMETHASONE ACETATE, 1 MG J1100 CPT/HCPCS INJECTION, DEXAMETHOSONE SODIUM PHOSPHATE, 1 MG Yes Yes				
J1240CPT/HCPCSINJECTION, DIMENHYDRINATE, UP TO 50 MGYesJ1245CPT/HCPCSINJECTION, DIPYRIDAMOLE, PER 10 MGYesJ1250CPT/HCPCSINJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250YesJ1094CPT/HCPCSINJECTION, DEXAMETHASONE ACETATE, 1 MGYesJ1100CPT/HCPCSINJECTION, DEXAMETHOSONE SODIUM PHOSPHATE, 1 MGYes				
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			·	
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				
J1094 CPT/HCPCS INJECTION, DEXAMETHASONE ACETATE, 1 MG Yes J1100 CPT/HCPCS INJECTION, DEXAMETHOSONE SODIUM PHOSPHATE, 1 MG Yes			· · · · · · · · · · · · · · · · · · ·	
J1100 CPT/HCPCS INJECTION, DEXAMETHOSONE SODIUM PHOSPHATE, 1 MG Yes				
1)T380 TCPT/HCPCS INJECTION: ESTRADIOL VALERATE: UPTO 10 MG IVes				
7-2-2-2 10-7-1-3-1-3-3 10-7-1-3-1-3-1-3-3-3-3-3-3-3-3-3-3-3-3-3-3	J1380	CP1/HCPCS	INJECTION, ESTRADIOL VALERATE, UP TO 10 MG	Yes

	T		
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, ABATACET 1, 10 FIG	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
J2403 J2407	CPT/HCPCS	INJECTION, ORITAVANCIN (ORBACTIV), 10 MG	Yes
J0706	CPT/HCPCS	INJECTION, CAFFEINE CITRATE, 5MG	Yes
J0700	CPT/HCPCS	INJECTION, CEPHAPRIN SODIUM, UP TO 1 GM	Yes
J0710 J0712	CPT/HCPCS	INJECTION, CEFTAFAIN SOCION, OF TO 1 GM	Yes
J1267	CPT/HCPCS	INJECTION, DORIPENEM, 10 MG	Yes
J1207 J1270	CPT/HCPCS	INJECTION, DOXIFENEM, 10 MG	Yes
J0130	CPT/HCPCS	INJECTION, ABCIXIMAB 10 MG	Yes
J0330	CPT/HCPCS	INJECTION, SUCCINYCHOLINE CHLORIDE, UP TO 20 MG	Yes
J0348	CPT/HCPCS	INJECTION, ANIDULAFUNGIN, 1 MG	Yes
J0348	CPT/HCPCS	INJECTION, ANIBOLATONGIN, 1 MG	Yes
J0360	CPT/HCPCS	INJECTION ANISTREPLASE PER 30 UNITS INJECTION, HYDRALAZINE HCL, UP TO 20 MG	Yes
J1631	CPT/HCPCS	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	Yes
J2850	CPT/HCPCS	INJECTION, HALOPERIDOL DECANOATE, FER 30 MG	Yes
	CPT/HCPCS		
J0775 J1575	CPT/HCPCS CPT/HCPCS	INJECTION, COLLAGENASE, CLOSTRIDIUM HISTOLYTICUM, 0.01 MG	Yes Yes
		INJECTION, IMMUNE GLOBULIN/HYALURONIDASE, (HYQVIA), 100 MG IMMUNEGLOBULIN	
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	T		I
	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	Yes
12 120	0	SUSTENNA), 1 MG	
10.400	CDT// ICDCC	INJECTION, PAMIDRONATE DISODIUM PER 30 MG	Voc
J2430	CPT/HCPCS		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	Yes
		ADENOSINE PHOSPHATE COMPOUNDS)	
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
10000			
10205			
J0395	CPT/HCPCS	INJECTION ARBUTAMINE HCI 1MG	Yes
J0290	CPT/HCPCS CPT/HCPCS	INJECTION ARBUTAMINE HCI 1MG INJECTION, AMPICILLIN, UP TO 500 MG	Yes Yes
J0290 J0295	CPT/HCPCS CPT/HCPCS CPT/HCPCS	INJECTION ARBUTAMINE HCI 1MG INJECTION, AMPICILLIN, UP TO 500 MG INJECTION AMPICILLIM SODIUM/SULBACTAM SODIUM PER 1.5 G	Yes Yes Yes
J0290	CPT/HCPCS CPT/HCPCS	INJECTION ARBUTAMINE HCI 1MG INJECTION, AMPICILLIN, UP TO 500 MG	Yes Yes
J0290 J0295	CPT/HCPCS CPT/HCPCS CPT/HCPCS	INJECTION ARBUTAMINE HCI 1MG INJECTION, AMPICILLIN, UP TO 500 MG INJECTION AMPICILLIM SODIUM/SULBACTAM SODIUM PER 1.5 G	Yes Yes Yes
J0290 J0295 J0300	CPT/HCPCS CPT/HCPCS CPT/HCPCS	INJECTION ARBUTAMINE HCI 1MG INJECTION, AMPICILLIN, UP TO 500 MG INJECTION AMPICILLIM SODIUM/SULBACTAM SODIUM PER 1.5 G INJECTION, AMOBARBITAL, UP TO 125 MG	Yes Yes Yes Yes
J0290 J0295 J0300 J0592	CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS	INJECTION ARBUTAMINE HCI 1MG INJECTION, AMPICILLIN, UP TO 500 MG INJECTION AMPICILLIM SODIUM/SULBACTAM SODIUM PER 1.5 G INJECTION, AMOBARBITAL, UP TO 125 MG INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG	Yes Yes Yes Yes Yes Yes
J0290 J0295 J0300 J0592 J0594 J1364	CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS	INJECTION ARBUTAMINE HCI 1MG INJECTION, AMPICILLIN, UP TO 500 MG INJECTION AMPICILLIM SODIUM/SULBACTAM SODIUM PER 1.5 G INJECTION, AMOBARBITAL, UP TO 125 MG INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG INJECTION, BUSULFAN, 1 MG INJECTION, ERTHROMYCIN LACTOBIONATE, PER 500 MG	Yes Yes Yes Yes Yes Yes Yes Yes Yes
J0290 J0295 J0300 J0592 J0594	CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS	INJECTION ARBUTAMINE HCI 1MG INJECTION, AMPICILLIN, UP TO 500 MG INJECTION AMPICILLIM SODIUM/SULBACTAM SODIUM PER 1.5 G INJECTION, AMOBARBITAL, UP TO 125 MG INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG INJECTION, BUSULFAN, 1 MG INJECTION, ERTHROMYCIN LACTOBIONATE, PER 500 MG PROCHLORPERAZINE MALEATE, ORAL, 5MG (FOR CIRCUMSTANCES FALLING	Yes Yes Yes Yes Yes Yes Yes Yes Yes
J0290 J0295 J0300 J0592 J0594 J1364 S0183	CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS	INJECTION ARBUTAMINE HCI 1MG INJECTION, AMPICILLIN, UP TO 500 MG INJECTION AMPICILLIM SODIUM/SULBACTAM SODIUM PER 1.5 G INJECTION, AMOBARBITAL, UP TO 125 MG INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG INJECTION, BUSULFAN, 1 MG INJECTION, ERTHROMYCIN LACTOBIONATE, PER 500 MG PROCHLORPERAZINE MALEATE, ORAL, 5MG (FOR CIRCUMSTANCES FALLING UNDER THE MEDICARE STATUTE, USE Q0164)	Yes
J0290 J0295 J0300 J0592 J0594 J1364 S0183	CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS	INJECTION ARBUTAMINE HCI 1MG INJECTION, AMPICILLIN, UP TO 500 MG INJECTION AMPICILLIM SODIUM/SULBACTAM SODIUM PER 1.5 G INJECTION, AMOBARBITAL, UP TO 125 MG INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG INJECTION, BUSULFAN, 1 MG INJECTION, ERTHROMYCIN LACTOBIONATE, PER 500 MG PROCHLORPERAZINE MALEATE, ORAL, 5MG (FOR CIRCUMSTANCES FALLING UNDER THE MEDICARE STATUTE, USE Q0164) CELLULAR THERAPY	Yes
J0290 J0295 J0300 J0592 J0594 J1364 S0183 M0075 M0076	CPT/HCPCS	INJECTION ARBUTAMINE HCI 1MG INJECTION, AMPICILLIN, UP TO 500 MG INJECTION AMPICILLIM SODIUM/SULBACTAM SODIUM PER 1.5 G INJECTION, AMOBARBITAL, UP TO 125 MG INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG INJECTION, BUSULFAN, 1 MG INJECTION, ERTHROMYCIN LACTOBIONATE, PER 500 MG PROCHLORPERAZINE MALEATE, ORAL, 5MG (FOR CIRCUMSTANCES FALLING UNDER THE MEDICARE STATUTE, USE Q0164) CELLULAR THERAPY PROLOTHERAPY	Yes
J0290 J0295 J0300 J0592 J0594 J1364 S0183 M0075 M0076 J0725	CPT/HCPCS	INJECTION ARBUTAMINE HCI 1MG INJECTION, AMPICILLIN, UP TO 500 MG INJECTION AMPICILLIM SODIUM/SULBACTAM SODIUM PER 1.5 G INJECTION, AMOBARBITAL, UP TO 125 MG INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG INJECTION, BUSULFAN, 1 MG INJECTION, ERTHROMYCIN LACTOBIONATE, PER 500 MG PROCHLORPERAZINE MALEATE, ORAL, 5MG (FOR CIRCUMSTANCES FALLING UNDER THE MEDICARE STATUTE, USE Q0164) CELLULAR THERAPY PROLOTHERAPY INJECTION, CHORIONIC GONADOTROPIN PER 1,000 USP	Yes
J0290 J0295 J0300 J0592 J0594 J1364 S0183 M0075 M0076 J0725 J0400	CPT/HCPCS	INJECTION ARBUTAMINE HCI 1MG INJECTION, AMPICILLIN, UP TO 500 MG INJECTION AMPICILLIM SODIUM/SULBACTAM SODIUM PER 1.5 G INJECTION, AMOBARBITAL, UP TO 125 MG INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG INJECTION, BUSULFAN, 1 MG INJECTION, ERTHROMYCIN LACTOBIONATE, PER 500 MG PROCHLORPERAZINE MALEATE, ORAL, 5MG (FOR CIRCUMSTANCES FALLING UNDER THE MEDICARE STATUTE, USE Q0164) CELLULAR THERAPY PROLOTHERAPY INJECTION, CHORIONIC GONADOTROPIN PER 1,000 USP INJECTION, ARIPIPRAZOLE, INTRAMUSCULAR, 0.25 MG	Yes
J0290 J0295 J0300 J0592 J0594 J1364 S0183 M0075 M0076 J0725 J0400 J0401	CPT/HCPCS	INJECTION ARBUTAMINE HCI 1MG INJECTION, AMPICILLIN, UP TO 500 MG INJECTION AMPICILLIM SODIUM/SULBACTAM SODIUM PER 1.5 G INJECTION, AMOBARBITAL, UP TO 125 MG INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG INJECTION, BUSULFAN, 1 MG INJECTION, ERTHROMYCIN LACTOBIONATE, PER 500 MG PROCHLORPERAZINE MALEATE, ORAL, 5MG (FOR CIRCUMSTANCES FALLING UNDER THE MEDICARE STATUTE, USE Q0164) CELLULAR THERAPY PROLOTHERAPY INJECTION, CHORIONIC GONADOTROPIN PER 1,000 USP INJECTION, ARIPIPRAZOLE, INTRAMUSCULAR, 0.25 MG INJECTION, ARIPIPRAZOLE (ABILIFY MAINTENA), 1 MG	Yes
J0290 J0295 J0300 J0592 J0594 J1364 S0183 M0075 M0076 J0725 J0400 J0456	CPT/HCPCS	INJECTION ARBUTAMINE HCI 1MG INJECTION, AMPICILLIN, UP TO 500 MG INJECTION AMPICILLIM SODIUM/SULBACTAM SODIUM PER 1.5 G INJECTION, AMOBARBITAL, UP TO 125 MG INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG INJECTION, BUSULFAN, 1 MG INJECTION, ERTHROMYCIN LACTOBIONATE, PER 500 MG PROCHLORPERAZINE MALEATE, ORAL, 5MG (FOR CIRCUMSTANCES FALLING UNDER THE MEDICARE STATUTE, USE Q0164) CELLULAR THERAPY PROLOTHERAPY INJECTION, CHORIONIC GONADOTROPIN PER 1,000 USP INJECTION, ARIPIPRAZOLE, INTRAMUSCULAR, 0.25 MG INJECTION, ARIPIPRAZOLE (ABILIFY MAINTENA), 1 MG INJECTION, AZITHROMYCIN, 500MG	Yes
J0290 J0295 J0300 J0592 J0594 J1364 S0183 M0075 M0076 J0725 J0400 J0401	CPT/HCPCS	INJECTION ARBUTAMINE HCI 1MG INJECTION, AMPICILLIN, UP TO 500 MG INJECTION AMPICILLIM SODIUM/SULBACTAM SODIUM PER 1.5 G INJECTION, AMOBARBITAL, UP TO 125 MG INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG INJECTION, BUSULFAN, 1 MG INJECTION, ERTHROMYCIN LACTOBIONATE, PER 500 MG PROCHLORPERAZINE MALEATE, ORAL, 5MG (FOR CIRCUMSTANCES FALLING UNDER THE MEDICARE STATUTE, USE Q0164) CELLULAR THERAPY PROLOTHERAPY INJECTION, CHORIONIC GONADOTROPIN PER 1,000 USP INJECTION, ARIPIPRAZOLE, INTRAMUSCULAR, 0.25 MG INJECTION, ARIPIPRAZOLE (ABILIFY MAINTENA), 1 MG	Yes
J0290 J0295 J0300 J0592 J0594 J1364 S0183 M0075 M0076 J0725 J0400 J0456	CPT/HCPCS	INJECTION ARBUTAMINE HCI 1MG INJECTION, AMPICILLIN, UP TO 500 MG INJECTION AMPICILLIM SODIUM/SULBACTAM SODIUM PER 1.5 G INJECTION, AMOBARBITAL, UP TO 125 MG INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG INJECTION, BUSULFAN, 1 MG INJECTION, ERTHROMYCIN LACTOBIONATE, PER 500 MG PROCHLORPERAZINE MALEATE, ORAL, 5MG (FOR CIRCUMSTANCES FALLING UNDER THE MEDICARE STATUTE, USE Q0164) CELLULAR THERAPY PROLOTHERAPY INJECTION, CHORIONIC GONADOTROPIN PER 1,000 USP INJECTION, ARIPIPRAZOLE, INTRAMUSCULAR, 0.25 MG INJECTION, ARIPIPRAZOLE (ABILIFY MAINTENA), 1 MG INJECTION, AZITHROMYCIN, 500MG	Yes
J0290 J0295 J0300 J0592 J0594 J1364 S0183 M0075 M0076 J0725 J0400 J0401 J0456 J1451	CPT/HCPCS	INJECTION ARBUTAMINE HCI 1MG INJECTION, AMPICILLIN, UP TO 500 MG INJECTION AMPICILLIM SODIUM/SULBACTAM SODIUM PER 1.5 G INJECTION, AMOBARBITAL, UP TO 125 MG INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG INJECTION, BUSULFAN, 1 MG INJECTION, ERTHROMYCIN LACTOBIONATE, PER 500 MG PROCHLORPERAZINE MALEATE, ORAL, 5MG (FOR CIRCUMSTANCES FALLING UNDER THE MEDICARE STATUTE, USE Q0164) CELLULAR THERAPY PROLOTHERAPY INJECTION, CHORIONIC GONADOTROPIN PER 1,000 USP INJECTION, ARIPIPRAZOLE, INTRAMUSCULAR, 0.25 MG INJECTION, ARIPIPRAZOLE (ABILIFY MAINTENA), 1 MG INJECTION, AZITHROMYCIN, 500MG INJECTION, FOMEPIZOLE, 15 MG	Yes
J0290 J0295 J0300 J0592 J0594 J1364 S0183 M0075 M0076 J0725 J0400 J0456 J1451 J1452	CPT/HCPCS	INJECTION ARBUTAMINE HCI 1MG INJECTION, AMPICILLIN, UP TO 500 MG INJECTION AMPICILLIM SODIUM/SULBACTAM SODIUM PER 1.5 G INJECTION, AMOBARBITAL, UP TO 125 MG INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG INJECTION, BUSULFAN, 1 MG INJECTION, ERTHROMYCIN LACTOBIONATE, PER 500 MG PROCHLORPERAZINE MALEATE, ORAL, 5MG (FOR CIRCUMSTANCES FALLING UNDER THE MEDICARE STATUTE, USE Q0164) CELLULAR THERAPY PROLOTHERAPY INJECTION, CHORIONIC GONADOTROPIN PER 1,000 USP INJECTION, ARIPIPRAZOLE, INTRAMUSCULAR, 0.25 MG INJECTION, ARIPIPRAZOLE (ABILIFY MAINTENA), 1 MG INJECTION, AZITHROMYCIN, 500MG INJECTION, FOMEPIZOLE, 15 MG INJECTION, FOMEPIZOLE, 15 MG	Yes
J0290 J0295 J0300 J0592 J0594 J1364 S0183 M0075 M0076 J0725 J0400 J0401 J0456 J1451 J1452 J0595	CPT/HCPCS	INJECTION ARBUTAMINE HCI 1MG INJECTION, AMPICILLIN, UP TO 500 MG INJECTION AMPICILLIM SODIUM/SULBACTAM SODIUM PER 1.5 G INJECTION, AMOBARBITAL, UP TO 125 MG INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG INJECTION, BUSULFAN, 1 MG INJECTION, ERTHROMYCIN LACTOBIONATE, PER 500 MG PROCHLORPERAZINE MALEATE, ORAL, 5MG (FOR CIRCUMSTANCES FALLING UNDER THE MEDICARE STATUTE, USE Q0164) CELLULAR THERAPY PROLOTHERAPY INJECTION, CHORIONIC GONADOTROPIN PER 1,000 USP INJECTION, ARIPIPRAZOLE, INTRAMUSCULAR, 0.25 MG INJECTION, ARIPIPRAZOLE (ABILIFY MAINTENA), 1 MG INJECTION, AZITHROMYCIN, 500MG INJECTION, FOMEPIZOLE, 15 MG INJECTION, FOMEPIZOLE, 15 MG INJECTION, BUTORPHANOL TARTRATE, 1 MG	Yes
J0290 J0295 J0300 J0592 J0594 J1364 S0183 M0075 M0076 J0725 J0400 J0401 J0456 J1451 J1452 J0595 J0596	CPT/HCPCS	INJECTION ARBUTAMINE HCI 1MG INJECTION, AMPICILLIN, UP TO 500 MG INJECTION AMPICILLIM SODIUM/SULBACTAM SODIUM PER 1.5 G INJECTION, AMOBARBITAL, UP TO 125 MG INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG INJECTION, BUSULFAN, 1 MG INJECTION, ERTHROMYCIN LACTOBIONATE, PER 500 MG PROCHLORPERAZINE MALEATE, ORAL, 5MG (FOR CIRCUMSTANCES FALLING UNDER THE MEDICARE STATUTE, USE Q0164) CELLULAR THERAPY PROLOTHERAPY INJECTION, CHORIONIC GONADOTROPIN PER 1,000 USP INJECTION, ARIPIPRAZOLE, INTRAMUSCULAR, 0.25 MG INJECTION, ARIPIPRAZOLE (ABILIFY MAINTENA), 1 MG INJECTION, AZITHROMYCIN, 500MG INJECTION, FOMEPIZOLE, 15 MG INJECTION, FOMEPIZOLE, 15 MG INJECTION, BUTORPHANOL TARTRATE, 1 MG INJECTION, C1 ESTERASE INHIBITOR (RECOMBINANT), RUCONEST, 10UNITS	Yes
J0290 J0295 J0300 J0592 J0594 J1364 S0183 M0075 M0076 J0725 J0400 J0401 J0456 J1451 J1452 J0595 J0596	CPT/HCPCS	INJECTION ARBUTAMINE HCI 1MG INJECTION, AMPICILLIN, UP TO 500 MG INJECTION, AMPICILLIM SODIUM/SULBACTAM SODIUM PER 1.5 G INJECTION, AMOBARBITAL, UP TO 125 MG INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG INJECTION, BUSULFAN, 1 MG INJECTION, ERTHROMYCIN LACTOBIONATE, PER 500 MG PROCHLORPERAZINE MALEATE, ORAL, 5MG (FOR CIRCUMSTANCES FALLING UNDER THE MEDICARE STATUTE, USE Q0164) CELLULAR THERAPY PROLOTHERAPY INJECTION, CHORIONIC GONADOTROPIN PER 1,000 USP INJECTION, ARIPIPRAZOLE, INTRAMUSCULAR, 0.25 MG INJECTION, ARIPIPRAZOLE (ABILIFY MAINTENA), 1 MG INJECTION, FOMEPIZOLE, 15 MG INJECTION, FOMEPIZOLE, 15 MG INJECTION, FOMIVIRSEN SODIUM, INTRAOCULAR, 1.65MG INJECTION, BUTORPHANOL TARTRATE, 1 MG INJECTION, C1 ESTERASE INHIBITOR (RECOMBINANT), RUCONEST, 10UNITS	Yes
J0290 J0295 J0300 J0592 J0594 J1364 S0183 M0075 M0076 J0725 J0400 J0401 J0456 J1451 J1452 J0595 J0596	CPT/HCPCS	INJECTION ARBUTAMINE HCI 1MG INJECTION, AMPICILLIN, UP TO 500 MG INJECTION, AMPICILLIM SODIUM/SULBACTAM SODIUM PER 1.5 G INJECTION, AMOBARBITAL, UP TO 125 MG INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG INJECTION, BUSULFAN, 1 MG INJECTION, ERTHROMYCIN LACTOBIONATE, PER 500 MG PROCHLORPERAZINE MALEATE, ORAL, 5MG (FOR CIRCUMSTANCES FALLING UNDER THE MEDICARE STATUTE, USE Q0164) CELLULAR THERAPY PROLOTHERAPY INJECTION, CHORIONIC GONADOTROPIN PER 1,000 USP INJECTION, ARIPIPRAZOLE, INTRAMUSCULAR, 0.25 MG INJECTION, ARIPIPRAZOLE (ABILIFY MAINTENA), 1 MG INJECTION, AZITHROMYCIN, 500MG INJECTION, FOMEPIZOLE, 15 MG INJECTION, FOMEPIZOLE, 15 MG INJECTION, BUTORPHANOL TARTRATE, 1 MG INJECTION, C1 ESTERASE INHIBITOR (RECOMBINANT), RUCONEST, 10UNITS INJECTION, C1 ESTERASE INHIBITOR (HUMAN), BERINERT, 10 UNITS	Yes
J0290 J0295 J0300 J0592 J0594 J1364 S0183 M0075 M0076 J0725 J0400 J0401 J0456 J1451 J1452 J0595 J0596 J0597 J0598 J1640	CPT/HCPCS	INJECTION ARBUTAMINE HCI 1MG INJECTION, AMPICILLIN, UP TO 500 MG INJECTION AMPICILLIM SODIUM/SULBACTAM SODIUM PER 1.5 G INJECTION, AMOBARBITAL, UP TO 125 MG INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG INJECTION, BUSULFAN, 1 MG INJECTION, ERTHROMYCIN LACTOBIONATE, PER 500 MG PROCHLORPERAZINE MALEATE, ORAL, 5MG (FOR CIRCUMSTANCES FALLING UNDER THE MEDICARE STATUTE, USE Q0164) CELLULAR THERAPY PROLOTHERAPY INJECTION, CHORIONIC GONADOTROPIN PER 1,000 USP INJECTION, ARIPIPRAZOLE, INTRAMUSCULAR, 0.25 MG INJECTION, ARIPIPRAZOLE (ABILIFY MAINTENA), 1 MG INJECTION, FOMEPIZOLE, 15 MG INJECTION, FOMEPIZOLE, 15 MG INJECTION, BUTORPHANOL TARTRATE, 1 MG INJECTION, C1 ESTERASE INHIBITOR (RECOMBINANT), RUCONEST, 10UNITS INJECTION, C1 ESTERASE INHIBITOR (HUMAN), 10 UNITS INJECTION, HEMIN, 1 MG	Yes
J0290 J0295 J0300 J0592 J0594 J1364 S0183 M0075 M0076 J0725 J0400 J0401 J0456 J1451 J1452 J0595 J0596 J0597 J0598 J1640 J0735	CPT/HCPCS	INJECTION ARBUTAMINE HCI 1MG INJECTION, AMPICILLIN, UP TO 500 MG INJECTION, AMPICILLIN, UP TO 125 MG INJECTION, AMOBARBITAL, UP TO 125 MG INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG INJECTION, BUSULFAN, 1 MG INJECTION, ERTHROMYCIN LACTOBIONATE, PER 500 MG PROCHLORPERAZINE MALEATE, ORAL, 5MG (FOR CIRCUMSTANCES FALLING UNDER THE MEDICARE STATUTE, USE Q0164) CELLULAR THERAPY PROLOTHERAPY INJECTION, CHORIONIC GONADOTROPIN PER 1,000 USP INJECTION, ARIPIPRAZOLE, INTRAMUSCULAR, 0.25 MG INJECTION, ARIPIPRAZOLE (ABILIFY MAINTENA), 1 MG INJECTION, FOMEPIZOLE, 15 MG INJECTION, FOMIVIRSEN SODIUM, INTRAOCULAR, 1.65MG INJECTION, BUTORPHANOL TARTRATE, 1 MG INJECTION, C1 ESTERASE INHIBITOR (RECOMBINANT), RUCONEST, 10UNITS INJECTION, C1 ESTERASE INHIBITOR (HUMAN), BERINERT, 10 UNITS INJECTION, C1 ESTERASE INHIBITOR (HUMAN), 10 UNITS INJECTION, HEMIN, 1 MG INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG	Yes
J0290 J0295 J0300 J0592 J0594 J1364 S0183 M0075 M0076 J0725 J0400 J0456 J1451 J1452 J0595 J0596 J0597 J0598 J1640 J0735 J0740	CPT/HCPCS	INJECTION ARBUTAMINE HCI 1MG INJECTION, AMPICILLIN, UP TO 500 MG INJECTION, AMPICILLIN, UP TO 500 MG INJECTION, AMOBARBITAL, UP TO 125 MG INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG INJECTION, BUSULFAN, 1 MG INJECTION, ERTHROMYCIN LACTOBIONATE, PER 500 MG PROCHLORPERAZINE MALEATE, ORAL, 5MG (FOR CIRCUMSTANCES FALLING UNDER THE MEDICARE STATUTE, USE Q0164) CELLULAR THERAPY PROLOTHERAPY INJECTION, CHORIONIC GONADOTROPIN PER 1,000 USP INJECTION, ARIPIPRAZOLE, INTRAMUSCULAR, 0.25 MG INJECTION, ARIPIPRAZOLE (ABILIFY MAINTENA), 1 MG INJECTION, FOMEPIZOLE, 15 MG INJECTION, FOMIVIRSEN SODIUM, INTRAOCULAR, 1.65MG INJECTION, BUTORPHANOL TARTRATE, 1 MG INJECTION, C1 ESTERASE INHIBITOR (RECOMBINANT), RUCONEST, 10UNITS INJECTION, C1 ESTERASE INHIBITOR (HUMAN), BERINERT, 10 UNITS INJECTION, C1 ESTERASE INHIBITOR (HUMAN), 10 UNITS INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG INJECTION CIDOFOVIR 375 MG	Yes
J0290 J0295 J0300 J0592 J0594 J1364 S0183 M0075 M0076 J0725 J0400 J0401 J0456 J1451 J1452 J0595 J0596 J0597 J0598 J1640 J0735	CPT/HCPCS	INJECTION ARBUTAMINE HCI 1MG INJECTION, AMPICILLIN, UP TO 500 MG INJECTION, AMPICILLIN, UP TO 125 MG INJECTION, AMOBARBITAL, UP TO 125 MG INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG INJECTION, BUSULFAN, 1 MG INJECTION, ERTHROMYCIN LACTOBIONATE, PER 500 MG PROCHLORPERAZINE MALEATE, ORAL, 5MG (FOR CIRCUMSTANCES FALLING UNDER THE MEDICARE STATUTE, USE Q0164) CELLULAR THERAPY PROLOTHERAPY INJECTION, CHORIONIC GONADOTROPIN PER 1,000 USP INJECTION, ARIPIPRAZOLE, INTRAMUSCULAR, 0.25 MG INJECTION, ARIPIPRAZOLE (ABILIFY MAINTENA), 1 MG INJECTION, FOMEPIZOLE, 15 MG INJECTION, FOMIVIRSEN SODIUM, INTRAOCULAR, 1.65MG INJECTION, BUTORPHANOL TARTRATE, 1 MG INJECTION, C1 ESTERASE INHIBITOR (RECOMBINANT), RUCONEST, 10UNITS INJECTION, C1 ESTERASE INHIBITOR (HUMAN), BERINERT, 10 UNITS INJECTION, C1 ESTERASE INHIBITOR (HUMAN), 10 UNITS INJECTION, HEMIN, 1 MG INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG	Yes
J0290 J0295 J0300 J0592 J0594 J1364 S0183 M0075 M0076 J0725 J0400 J0456 J1451 J1452 J0595 J0596 J0597 J0598 J1640 J0735 J0740	CPT/HCPCS	INJECTION ARBUTAMINE HCI 1MG INJECTION, AMPICILLIN, UP TO 500 MG INJECTION, AMPICILLIN, UP TO 500 MG INJECTION, AMOBARBITAL, UP TO 125 MG INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG INJECTION, BUSULFAN, 1 MG INJECTION, ERTHROMYCIN LACTOBIONATE, PER 500 MG PROCHLORPERAZINE MALEATE, ORAL, 5MG (FOR CIRCUMSTANCES FALLING UNDER THE MEDICARE STATUTE, USE Q0164) CELLULAR THERAPY PROLOTHERAPY INJECTION, CHORIONIC GONADOTROPIN PER 1,000 USP INJECTION, ARIPIPRAZOLE, INTRAMUSCULAR, 0.25 MG INJECTION, ARIPIPRAZOLE (ABILIFY MAINTENA), 1 MG INJECTION, FOMEPIZOLE, 15 MG INJECTION, FOMIVIRSEN SODIUM, INTRAOCULAR, 1.65MG INJECTION, BUTORPHANOL TARTRATE, 1 MG INJECTION, C1 ESTERASE INHIBITOR (RECOMBINANT), RUCONEST, 10UNITS INJECTION, C1 ESTERASE INHIBITOR (HUMAN), BERINERT, 10 UNITS INJECTION, C1 ESTERASE INHIBITOR (HUMAN), 10 UNITS INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG INJECTION CIDOFOVIR 375 MG	Yes
J0290 J0295 J0300 J0592 J0594 J1364 S0183 M0075 M0076 J0725 J0400 J0456 J1451 J1452 J0595 J0596 J0597 J0598 J1640 J0735 J0740 J0743	CPT/HCPCS	INJECTION ARBUTAMINE HCI 1MG INJECTION, AMPICILLIN, UP TO 500 MG INJECTION, AMPICILLIN, UP TO 500 MG INJECTION, AMOBARBITAL, UP TO 125 MG INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG INJECTION, BUSULFAN, 1 MG INJECTION, ERTHROMYCIN LACTOBIONATE, PER 500 MG PROCHLORPERAZINE MALEATE, ORAL, 5MG (FOR CIRCUMSTANCES FALLING UNDER THE MEDICARE STATUTE, USE Q0164) CELLULAR THERAPY PROLOTHERAPY INJECTION, CHORIONIC GONADOTROPIN PER 1,000 USP INJECTION, ARIPIPRAZOLE, INTRAMUSCULAR, 0.25 MG INJECTION, ARIPIPRAZOLE (ABILIFY MAINTENA), 1 MG INJECTION, AZITHROMYCIN, 500MG INJECTION, FOMEPIZOLE, 15 MG INJECTION, FOMIVIRSEN SODIUM, INTRAOCULAR, 1.65MG INJECTION, BUTORPHANOL TARTRATE, 1 MG INJECTION, C1 ESTERASE INHIBITOR (RECOMBINANT), RUCONEST, 10UNITS INJECTION, C1 ESTERASE INHIBITOR (HUMAN), BERINERT, 10 UNITS INJECTION, C1 ESTERASE INHIBITOR (HUMAN), 10 UNITS INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG INJECTION, CILASTATIN SODIUM IMIPENEM, PER 250 MG	Yes
J0290 J0295 J0300 J0592 J0594 J1364 S0183 M0075 M0076 J0725 J0400 J0456 J1451 J1452 J0595 J0596 J0597 J0598 J1640 J0735 J0740 J0743 J0744 J0745	CPT/HCPCS	INJECTION ARBUTAMINE HCI 1MG INJECTION, AMPICILLIN, UP TO 500 MG INJECTION, AMPICILLIM SODIUM/SULBACTAM SODIUM PER 1.5 G INJECTION, AMOBARBITAL, UP TO 125 MG INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG INJECTION, BUSULFAN, 1 MG INJECTION, ERTHROMYCIN LACTOBIONATE, PER 500 MG PROCHLORPERAZINE MALEATE, ORAL, 5MG (FOR CIRCUMSTANCES FALLING UNDER THE MEDICARE STATUTE, USE Q0164) CELLULAR THERAPY PROLOTHERAPY INJECTION, CHORIONIC GONADOTROPIN PER 1,000 USP INJECTION, ARIPIPRAZOLE, INTRAMUSCULAR, 0.25 MG INJECTION, ARIPIPRAZOLE (ABILIFY MAINTENA), 1 MG INJECTION, AZITHROMYCIN, 500MG INJECTION, FOMEPIZOLE, 15 MG INJECTION, FOMEPIZOLE, 15 MG INJECTION, BUTORPHANOL TARTRATE, 1 MG INJECTION, C1 ESTERASE INHIBITOR (RECOMBINANT), RUCONEST, 10UNITS INJECTION, C1 ESTERASE INHIBITOR (HUMAN), BERINERT, 10 UNITS INJECTION, C1 ESTERASE INHIBITOR (HUMAN), 10 UNITS INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG INJECTION, CIASTATIN SODIUM IMIPENEM, PER 250 MG INJECTION, CIASTATIN SODIUM IMIPENEM, PER 250 MG INJECTION, CIPROFLOXACIN FOR INTRAVENOUS INFUSION, 200MGS INJECTION, CODEINE PHOSPHATE	Yes
J0290 J0295 J0300 J0592 J0594 J1364 S0183 M0075 M0076 J0725 J0400 J0401 J0456 J1451 J1452 J0595 J0596 J0597 J0598 J1640 J0735 J0740 J0743 J0744	CPT/HCPCS	INJECTION ARBUTAMINE HCI 1MG INJECTION, AMPICILLIN, UP TO 500 MG INJECTION, AMPICILLIM SODIUM/SULBACTAM SODIUM PER 1.5 G INJECTION, AMOBARBITAL, UP TO 125 MG INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG INJECTION, BUSULFAN, 1 MG INJECTION, ERTHROMYCIN LACTOBIONATE, PER 500 MG PROCHLORPERAZINE MALEATE, ORAL, 5MG (FOR CIRCUMSTANCES FALLING UNDER THE MEDICARE STATUTE, USE Q0164) CELLULAR THERAPY PROLOTHERAPY INJECTION, CHORIONIC GONADOTROPIN PER 1,000 USP INJECTION, ARIPIPRAZOLE, INTRAMUSCULAR, 0.25 MG INJECTION, ARIPIPRAZOLE (ABILIFY MAINTENA), 1 MG INJECTION, FOMEPIZOLE, 15 MG INJECTION, FOMEPIZOLE, 15 MG INJECTION, FOMIVIRSEN SODIUM, INTRAOCULAR, 1.65MG INJECTION, C1 ESTERASE INHIBITOR (RECOMBINANT), RUCONEST, 10UNITS INJECTION, C1 ESTERASE INHIBITOR (HUMAN), BERINERT, 10 UNITS INJECTION, C1 ESTERASE INHIBITOR (HUMAN), 10 UNITS INJECTION, C1 ESTERASE INHIBITOR (HUMAN), 10 UNITS INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG INJECTION, CILASTATIN SODIUM IMIPENEM, PER 250 MG INJECTION, CILASTATIN SODIUM IMIPENEM, PER 250 MG INJECTION, CIPROFLOXACIN FOR INTRAVENOUS INFUSION, 200MGS	Yes

		007//10000	INVESTIGAL CALLUMANITE AND	l.,
OPPINIONS	J1457	CPT/HCPCS	INJECTION, GALLIUM NITRATE, 1 MG	Yes
PRINCESS MICHIGAN ENGLANDAMIN SOURCE 1948				
PRINCIPOS INDICTION, POLOPARABINIS SODIUM, 10-10				
PRINCES PRINCESS NECTION, FORMARPAIN SODULES 196 PRINCES NECTION, TURANES MUNICIPAL SODULES 196 PRINCES NECTION, TURANES MUNICIPAL SODULES 196 PRINCES NECTION, TURANES MUNICIPAL SODULES 196 PRINCES SECURITION OF LOUIS 196 PRINCES NEURIN, MOST RAPIO DIRECT JURIS 196 PRINCES NEURINA, RAZIO DIRECT JURIS 196 PRINCES NEURINA, REPUBLICA JURIS 196 PRINCES NEURINA, REPUBLIC		+		
		+		
		1		
SEAPLE PRINT OF COLOR PROCESS	J1655			
S01746	J1670	CPT/HCPCS	INJECTION, TETANUS IMMUNE GLOBULIN, HUMAN, UP TO 250 UNITS	Yes
55550 PETRIFOROS SISUUM, RAPID ONSET, SUNTS Yes 55551 PETRIFOROS SISUUM, NETRIFOROR SUNTS Yes 55552 PETRIFOROS SULUM, NETRIFOROR SUNTS Yes 00100 OPTROPOS SULUM, NETRIFOROR SUNTS Yes 00100 OPTROPOS SULUM, NETRIFOROR, AND SURGED STATE SUNTS Yes 00100 OPTROPOS SULUTION, BETTERN, A. MED Yes 00202 OPTROPOS SUECTION, ALBITUZINAB, 1 MG Yes 00202 OPTROPOS SUECTION, ALBITUZINAB, 1 MG Yes 00203 OPTROPOS SUECTION, DEPTATE CALCIUM DISCOURU, IPTO 200 MG Yes 00204 OPTROPOS SUECTION, DEPTATE CALCIUM DISCOURUM, IPTO 200 MG Yes 00205 OPTROPOS SUECTION, DEPTATE CALCIUM DISCOURUM, IPTO 300 MG Yes 00206 OPTROPOS SUECTION, DEPTATE SUCCESSARIA, IPTO 300 MG Yes 00207 OPTROPOS SUECTION, DEPTATE SOLUTION, IPTO 300 MG Yes 00208 OPTROPOS SUECTION, DEPTATE SOLUTION, IPTO 300 MG Yes 00209 OPTROPOS	S0157	CPT/HCPCS	BECAPLERMIN GEL 0.01% 0.5 GM	Yes
SSS512 CPTI-FOCES INSULIN, MOST RAPID ONSET, 5 UNITS 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
CPTINCPCS NUECTION ALBITIQUARS 110 Yes	J0180	CPT/HCPCS	INJECTION, AGALSIDASE BETA, 1MG	Yes
CPTINCPCS NUECTON, ALGULERASE, PER JUNITS Ves	J0190	CPT/HCPCS	INJECTION, BIPERIDEN, 2 MG	Yes
DECEMBER CONTROL CON	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
DECEMBER DECEMBER				
10ML				
	30020		1	
	11110	CPT/HCPC9		Yes
CPTH-CPCS		+		
DEPTHOPES				
10795				
10795				
DEPTH-CPCS NIECTION, CONTICOTROPIN, UP TO 40 UNITS Yes				
		+		
100476				
10.0475	J0461	+		Yes
10476	J0470	CPT/HCPCS		Yes
	J0475	CPT/HCPCS	INJECTION BACLOFEN 10 MG	Yes
1130	J0476	CPT/HCPCS	INJECTION, BACLOFEN, 50 MCG FOR INTRATHECAL TRIAL	Yes
	J0480	CPT/HCPCS	INJECTION, BASILIXIMAB, 20 MG	Yes
11162	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
XX5466 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 TOXIO ADSORBED 1ML Yes X6969 CPT/HCPCS INJECTION, BELIMUMAB, 10 MG Yes X6400 CPT/HCPCS INJECTION, BELIMUMAB, 10 MG Yes X6506 CPT/HCPCS INJECTION, IMMUNE GLOBULIN (CUVITRU), 100 MG Yes X6507 CPT/HCPCS INJECTION, IMMUNE GLOBULIN (VIVAGLOBIN), 100 MG Yes X6508 CPT/HCPCS INJECTION, IMMUNE GLOBULIN (VIVAGLOBIN), 100 MG Yes X6509 CPT/HCPCS INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG Yes X6717 CPT/HCPCS INJECTION, HYDROCORTISONE SODIUM PHOSPHATE, UP TO 50 MG Yes X6717 CPT/HCPCS INJECTION, HYDROCORTISONE SODIUM SUCCINATE, UP TO 100 MG Yes X6710 CPT/HCPCS INJECTION, SUCCINATE, UP TO 400 UNITS Yes X6710 CPT/HCPCS INJECTION, CALCITONIN SALMON, UP TO 400 UNITS/ML	J1675	CPT/HCPCS	INJECTION, HISTRELIN ACETATE, 10 MICROGRAMS	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 X6909 CPT/HCPCS INJECTION, BELIMUMAB, 10 MG Yes X10400 CPT/HCPCS INJECTION, GAPMA GLOBULIN, INTRAMUSCULAR, 1 CC Yes X11555 CPT/HCPCS INJECTION, IMMUNE GLOBULIN (INJECTIVAR), 100 MG Yes X1555 CPT/HCPCS INJECTION, IMMUNE GLOBULIN (YIZAGLOBIN), 100 MG Yes X1562 CPT/HCPCS INJECTION, IMMUNE GLOBULIN (YIVAGLOBIN), 100 MG Yes X1700 CPT/HCPCS INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG Yes X1710 CPT/HCPCS INJECTION, HYDROCORTISONE SODIUM PLOSPHATE, UP TO 30 MG Yes X1720 CPT/HCPCS INJECTION, HYDROCORTISONE SODIUM SUCCINATE, UP TO 100 MG Yes X1729 CPT/HCPCS INJECTION, HYDROCORTISONE CAPROATE, NOT OTHERWISE Yes X7108 CPT/HCPCS INJECTION, CALCITONIN SALMON, UP TO 400 UNITS Yes X7208 CPT/HCPCS INJECTION, EECH	J0833	CPT/HCPCS	INJECTION, COSYNTROPIN, NOT OTHERWISE SPECIFIED, 0.25 MG	Yes
X6308 CPT/HCPCS HEPARIN SOD (USP) 1000 UNITS/ML (HEPARIN) Yes X6992 CPT/HCPCS TETANUS TOXID ADSORBED 1ML Yes 10490 CPT/HCPCS INJECTION, BELIMUMAB, 10 MG Yes 10490 CPT/HCPCS INJECTION, BELIMUMAB, 10 MG Yes 10555 CPT/HCPCS INJECTION, IMMUNE GLOBULIN (INJENDAMA GLOBULIN, 100 MG Yes 10559 CPT/HCPCS INJECTION, IMMUNE GLOBULIN (INJENDAMA GLOBULIN, 100 MG Yes 10562 CPT/HCPCS INJECTION, IMMUNE GLOBULIN (INJENDAMA GLOBULIN, 100 MG Yes 10700 CPT/HCPCS INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG Yes 10710 CPT/HCPCS INJECTION, HYDROCORTISONE SODIUM PHOSPHATE, UP TO 50 MG Yes 10720 CPT/HCPCS INJECTION, HYDROCORTISONE SODIUM SUCCINATE, UP TO 100 MG Yes 10729 CPT/HCPCS INJECTION, TYDROCORTISONE SODIUM SUCCINATE, UP TO 100 MG Yes 10729 CPT/HCPCS INJECTION, CALCITONIN SALMON, UP TO 400 UNITS Yes 10630 CPT/HCPCS INJECTION, CALCITONIN SALMON, UP TO 400 UNITS Yes 106334 CPT/HCPCS	X5466	CPT/HCPCS	METHICILLIN SOD-2G PIGGYBACK UNITS	Yes
X6308 CPT/HCPCS HEPARIN SOD (USP) 1000 UNITS/ML (HEPARIN) Yes X6992 CPT/HCPCS TETANUS TOXID ADSORBED 1ML Yes 10490 CPT/HCPCS INJECTION, BELIMUMAB, 10 MG Yes 10490 CPT/HCPCS INJECTION, BELIMUMAB, 10 MG Yes 10555 CPT/HCPCS INJECTION, IMMUNE GLOBULIN (INJENDAMA GLOBULIN, 100 MG Yes 10559 CPT/HCPCS INJECTION, IMMUNE GLOBULIN (INJENDAMA GLOBULIN, 100 MG Yes 10562 CPT/HCPCS INJECTION, IMMUNE GLOBULIN (INJENDAMA GLOBULIN, 100 MG Yes 10700 CPT/HCPCS INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG Yes 10710 CPT/HCPCS INJECTION, HYDROCORTISONE SODIUM PHOSPHATE, UP TO 50 MG Yes 10720 CPT/HCPCS INJECTION, HYDROCORTISONE SODIUM SUCCINATE, UP TO 100 MG Yes 10729 CPT/HCPCS INJECTION, TYDROCORTISONE SODIUM SUCCINATE, UP TO 100 MG Yes 10729 CPT/HCPCS INJECTION, CALCITONIN SALMON, UP TO 400 UNITS Yes 10630 CPT/HCPCS INJECTION, CALCITONIN SALMON, UP TO 400 UNITS Yes 106334 CPT/HCPCS	X6252	CPT/HCPCS	GLUCAGON - 10MG/10ML	Yes
X6952	X6308	CPT/HCPCS	HEPARIN SOD (USP) 1000 UNITS/ML (HEPARIN)	Yes
11460		1		
1555 CPT/HCPCS				
CPT/HCPCS				
1562			i i	
1700 CPT/HCPCS				
Internation				
CPT/HCPCS INJECTION, HYDROXYPROGESTERONE CAPROATE, NOT OTHERWISE SPECIFIED, 10 MG CPT/HCPCS INJECTION, CALCITONIN SALMON, UP TO 400 UNITS X7108 CPT/HCPCS BACLOFEN INJECTION 10MG CPT/HCPCS INSUL ZINC SUSP PROM (BEEF) 40 UNITS/ML Ves INSUL ZINC SUSP PROM (BEEF) 40 UNITS/ML Ves INJECTION, COSYNTROPIN, 0.25 MG CPT/HCPCS INJECTION, CROTALIDAE POLYVALENT IMMUNE FAB (OVINE), UP TO 1 GRAM CPT/HCPCS INJECTION, DALBAVANCIN, 5MG CPT/HCPCS INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), NON-LYOPHILIZED, (E. G.LIQUID), 500 MG CPT/HCPCS AMIFOSTINE 500 MG CPT/HCPCS INJECTION, METHYLDOPATE HCL, UP TO 250 MG CPT/HCPCS INJECTION, ALEFACEPT, 0.5 MG Yes				
SPECIFIED, 10 MG				
CPT/HCPCS	J1/29	CPT/HCPCS		res
X7108 CPT/HCPCS BACLOFEN INJECTION 10MG Yes	100-0			<u></u>
CPT/HCPCS INJECTION, COSYNTROPIN, 0.25 MG INJECTION, COSYNTROPIN, 0.25 MG CPT/HCPCS INJECTION, CROTALIDAE POLYVALENT IMMUNE FAB (OVINE), UP TO 1 GRAM CPT/HCPCS INJECTION, DALBAVANCIN, 5MG CPT/HCPCS INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), NON-LYOPHILIZED, (E. G.LIQUID), 500 MG CPT/HCPCS AMIFOSTINE 500 MG CPT/HCPCS INJECTION, METHYLDOPATE HCL, UP TO 250 MG CPT/HCPCS INJECTION, ALEFACEPT, 0.5 MG CPT/HCPCS INJECTION, ALGLUCOSIDASE ALFA, (LUMIZYME), 10 MG Yes CPT/HCPCS INJECTION, ALGLUCOSIDASE ALFA, (LUMIZYME), 10 MG Yes	J0630			
CPT/HCPCS INJECTION, COSYNTROPIN, 0.25 MG Yes	X7108	+		
CPT/HCPCS INJECTION, CROTALIDAE POLYVALENT IMMUNE FAB (OVINE), UP TO 1 GRAM Yes CPT/HCPCS INJECTION, DALBAVANCIN, 5MG Yes CPT/HCPCS INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), NON-LYOPHILIZED, Yes (E. G.LIQUID), 500 MG CPT/HCPCS AMIFOSTINE 500 MG CPT/HCPCS INJECTION, METHYLDOPATE HCL, UP TO 250 MG CPT/HCPCS INJECTION, ALEFACEPT, 0.5 MG CPT/HCPCS INJECTION, ALEFACEPT, 0.5 MG CPT/HCPCS INJECTION, ALGLUCOSIDASE ALFA, (LUMIZYME), 10 MG Yes CPT/HCPCS INJECTION, ALGLUCOSIDASE ALFA, (LUMIZYME), 10 MG Yes	Z6396		· · ·	
10875 CPT/HCPCS INJECTION, DALBAVANCIN, 5MG 11569 CPT/HCPCS INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), NON-LYOPHILIZED, (E. G.LIQUID), 500 MG 10207 CPT/HCPCS AMIFOSTINE 500 MG 10210 CPT/HCPCS INJECTION, METHYLDOPATE HCL, UP TO 250 MG 10215 CPT/HCPCS INJECTION, ALEFACEPT, 0.5 MG 10221 CPT/HCPCS INJECTION, ALGLUCOSIDASE ALFA, (LUMIZYME), 10 MG Yes	J0834	CPT/HCPCS		
CPT/HCPCS INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), NON-LYOPHILIZED, Yes (E. G.LIQUID), 500 MG (CPT/HCPCS AMIFOSTINE 500 MG (CPT/HCPCS INJECTION, METHYLDOPATE HCL, UP TO 250 MG (CPT/HCPCS INJECTION, ALEFACEPT, 0.5 MG (CPT/HCPCS INJECTION, ALEFACEPT, 0.5 MG (CPT/HCPCS INJECTION, ALGLUCOSIDASE ALFA, (LUMIZYME), 10 MG (CPT/HCPCS INJECTION, ALGLUCOSIDASE ALFA, (LUMIZYME), 10 MG (CPT/HCPCS INJECTION, ALGLUCOSIDASE ALFA, (LUMIZYME), 10 MG	J0840	CPT/HCPCS	INJECTION, CROTALIDAE POLYVALENT IMMUNE FAB (OVINE), UP TO 1 GRAM	Yes
CPT/HCPCS INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), NON-LYOPHILIZED, Yes (E. G.LIQUID), 500 MG (CPT/HCPCS AMIFOSTINE 500 MG (CPT/HCPCS INJECTION, METHYLDOPATE HCL, UP TO 250 MG (CPT/HCPCS INJECTION, ALEFACEPT, 0.5 MG (CPT/HCPCS INJECTION, ALEFACEPT, 0.5 MG (CPT/HCPCS INJECTION, ALGLUCOSIDASE ALFA, (LUMIZYME), 10 MG (CPT/HCPCS INJECTION, ALGLUCOSIDASE ALFA, (LUMIZYME), 10 MG (CPT/HCPCS INJECTION, ALGLUCOSIDASE ALFA, (LUMIZYME), 10 MG	J0875	CPT/HCPCS	INJECTION, DALBAVANCIN, 5MG	Yes
(E. G.LIQUID), 500 MG 10207 CPT/HCPCS AMIFOSTINE 500 MG 10210 CPT/HCPCS INJECTION, METHYLDOPATE HCL, UP TO 250 MG 10215 CPT/HCPCS INJECTION, ALEFACEPT, 0.5 MG 10221 CPT/HCPCS INJECTION, ALGLUCOSIDASE ALFA, (LUMIZYME), 10 MG Yes				
J0207CPT/HCPCSAMIFOSTINE 500 MGYesJ0210CPT/HCPCSINJECTION, METHYLDOPATE HCL, UP TO 250 MGYesJ0215CPT/HCPCSINJECTION, ALEFACEPT, 0.5 MGYesJ0221CPT/HCPCSINJECTION, ALGLUCOSIDASE ALFA, (LUMIZYME), 10 MGYes	11009	1/110503	· · · · · · · · · · · · · · · · · · ·	
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	10207	CDT/LICDOS		Voc
J0215 CPT/HCPCS INJECTION, ALEFACEPT, 0.5 MG Yes J0221 CPT/HCPCS INJECTION, ALGLUCOSIDASE ALFA, (LUMIZYME), 10 MG Yes		+		
10221 CPT/HCPCS INJECTION, ALGLUCOSIDASE ALFA, (LUMIZYME), 10 MG Yes		+		
/90				
	/90	Revenue	JEXTRA-CURPUREAL SHOCK WAVE THERAPY (FORMERLY LITHOTRIPSY)	Yes

50080	CPT/HCPCS	PERCUTANEOUS NEPHROLITHOTOMY OR PYELOLITHOTOMY, LITHOTRIPSY,	Yes
		STONE EXTRACTION, ANTEGRADE URETEROSCOPY, ANTEGRADE STENT	
		PLACEMENT AND NEPHROSTOMY TUBE+	
50081	CPT/HCPCS	PERCUTANEOUS NEPHROLITHOTOMY OR PYELOLITHOTOMY, LIITHOTRIPSY,	Vos
30061	CPI/HCPC3		1165
		STONE EXTRACTION, ANTEGRADE URETEROSCOPY, ANTEGRADE STENT	
		PLACEMENT AND NEPHROSTOMY TUB+	
50590	CPT/HCPCS	LITHOTRIPSY, EXTRACORPOREAL SHOCK WAVE	Yes
52353	CPT/HCPCS	CYSTOURETHROSCOPY, W/URETEROSCOPY AND/OR PYELOSCOPY;	Yes
		DIAGNOSTIC, W/LITHOTRIPSY	
52356	CPT/HCPCS	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY;	Yes
02000	01 1/1101 00		103
		WITHLITHOTRIPSY INCLUDING INSERTION OF INDWELLING URETERAL	
		STENT	
S0400	CPT/HCPCS	GLOBAL FEE FOR EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	Yes
		TREATMENT OF KIDNEY STONE(S)	
S9034	CPT/HCPCS	EXTRACORPOREAL SHOCKWAVE LITHOTRIPSY FOR GALL STONES (IF	Yes
		PERFORMED WITH ERCP, USE 43265)	
G0555	CPT/HCPCS	PROVISION OF REPLACEMENT PATIENT ELECTRONICS SYSTEM (E.G.,	Yes
00333	CF 1/11CF CS	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	163
		SYSTEM PILLOW, HANDHELD READER) FOR HOME PULMONARY ARTERY PRE	
G0249	CPT/HCPCS	PROVISION OF TEST MATLS & EQUIP FOR HOME INR MONITOR OF PT	Yes
		W/MECH HEART VALVE(S), CHRONIC AFIB, OR VENOUS TE; INCLS PROV	
E2102	CPT/HCPCS	ADJUNCTIVE, NONIMPLANTED CONTINUOUS GLUCOSE MONITOR (CGM) OR	Yes
L2102	01 1/1101 00	RECEIVER	163
F0400	ODT//LIODOG		V
E2103	CPT/HCPCS	NON-ADJUNCTIVE, NON-IMPLANTED CONTINUOUS GLUCOSE MONITOR OR	Yes
		RECEIVER	
S1031	CPT/HCPCS	CONTINUOUS NONINVASIVE GLUCOSE MONITORING DEVICE, RENTAL	Yes
		INCSENSOR, SENSOR REPLACEMENT, AND DOWNLOAD TO MONITOR	
S1037	CPT/HCPCS	RECEIVER (MONITOR); EXTERNAL, FOR USE WITH ARTIFICIAL PANCREAS	Yes
		DEVICE SYSTEM	
K0554	CPT/HCPCS	RECEIVER (MONITOR), DEDICATED, FOR USE WITH THERAPEUTIC GLUCOSE	Vas
K0354	CFI/IICFC3		1165
		CONTINUOUS MONITOR SYSTEM	
S1034	CPT/HCPCS	ARTIFICIAL PANCREAS DEVICE SYSTEM (EG, LOW GLUCOSE SUSPEND (LGS)	Yes
		FEATURE) INCLUDING CONTINUOUS GLUCOSE MONITOR, BLOOD G	
S1035	CPT/HCPCS	SENSOR; INVASIVE (EG, SUBCUTANEOUS), DISPOSABLE, FOR USE WITH	Yes
		ARTIFICIAL PANCREAS DEVICE SYSTEM	
S1036	CPT/HCPCS	TRANSMITTER; EXTERNAL, FOR USE WITH ARTIFICIAL PANCREAS DEVICE	Yes
31030	CF 1/11CF CS		163
		SYSTEM	1.
S1030	CPT/HCPCS	CONTINUOUS NONINVASIVE GLUCOSE MONITORING DEVICE, PURCHASE	Yes
A5513	CPT/HCPCS	FOR DIABETICS ONLY, MULTIPLE DENSITY INSERT, CUSTOM MOLDED FROM	Yes
		MODEL OF PATIENT'S FOOT	
A4239	CPT/HCPCS	SUPPLY ALLOWANCE FOR NON-ADJUNCTIVE, NON-IMPLANTED	Yes
		CONTINUOUS GLUCOSE MONITOR (CGM), INCLUDES ALL SUPPLIES AND	
		, , ,	
		ACCESSORI	
A5514	CPT/HCPCS	FOR DIABETICS ONLY, MULTIPLE DENSITY INSERT, MADE BY DIRECT	Yes
		CARVING WITH CAM TECHNOLOGY FROM A RECTIFIED CAD MODEL CREAT	
A4271	CPT/HCPCS	INTEGRATED LANCING AND BLOOD SAMPLE TESTING CARTRIDGES FOR	Yes
		HOME BLOOD GLUCOSE MONITOR, PER 50 TESTS	
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 L.
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	Yes
		MONITOR, PER 50 STRIPS	
A 4007	ODT#10000		V
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
	CPT/HCPCS	INSULIN CARTRIDGE FOR USE IN INSULIN DELIVERY DEVICE OTHER THAN	Yes
```	101 1/110503	INVOCTING OVER UPOF FOR OPE IN INSOCIAL DEFINED DEVICE OTHER THAIN	160
S5566		PUMP 300 UNITS	

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 BL00D GULCOSE 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, SPEM WASH AND SWIM-UP) FOR	Yes
89261	CPT/HCPCS	INSEMINATION OR DIAGNOSIS WITH SEMEN ANALYSIS  SPEM ISOLATION, COMLEX 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 OREQUAL 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	SEMAN ANALYSIS, PRESENCE AND/OR MOTILITY OF SPERM	Yes
<b></b>	1		1

S4016 C	CPT/HCPCS	FROZEN IVF CYCLE TO REIMBURSE FOR INFERTILITY SERVICES ON A CASE RATE BASIS	Yes
S4021 C	CPT/HCPCS	IN VITRO FERTILIZATION PROCEDURE CANCELLED AFTER ASPIRATION, CASE RATE	Yes
S4031 C	CPT/HCPCS	SPERM PROCUREMENT AND CRYOPERSERVATION SVCS; SUBSEQUENT VISIT	Yes
89325 C	PT/HCPCS	SPERM ANTIBODIES	Yes
	CPT/HCPCS	COMPLETE CYCLE, ZYGOTE INTRAFALLOPIAN TRANSFER (ZIFT), CASE RATE	Yes
34014	JF 1/11 OF 03	COMPLETE GIGLE, 21001E INTIAL ALLOPIAN MANSI EN (2111), GASE NATE	165
S4018 C	CPT/HCPCS	FROZEN EMBRYO TRANSFER PROCEDURE CANCELLED BEFORE TRANSFER, CASE RATE	Yes
0255U C	CPT/HCPCS	ANDROLOGY (INFERTILITY), SPERM-CAPACITATION ASSESSMENT OF GANGLIOSIDE GM1 DISTRIBUTION PATTERNS, FLUORESCENCE MICROSCOP	Yes
S8092 C	CPT/HCPCS	ELECTRON BEAM COMPUTED TOMOGRAPHY (ALSO KNOWN AS ULTRAFAST CT, CINE CT)	Yes
0394T C	CPT/HCPCS	HIGH DOSE RATE ELECTRONIC BRACHYTHERAPY, SKIN SURFACE APPLICATION, PER FRACTION, INCLUDES BASIC DOSIMETRY, WHEN	Yes
0395T C	CPT/HCPCS	HIGH DOSE RATE ELECTRONIC BRACHYTHERAPY, INTERSTITIAL OR	Yes
		INTRACAVITY TREATMENT, PER FRACTION, INCLUDES BASIC DOSIMETRY,W	
C1716 C	CPT/HCPCS	BRACHYTHERAPY SOURCE, NON-STRANDED GOLD 198, PER SOURCE	Yes
C1717 C	CPT/HCPCS	BRACHYTHERAPY SOURCE, NON-STRANDED, HIGH DOSE RATE IRIDIUM 192, PER SOURCE	Yes
77767 C	CPT/HCPCS	REMOTE AFTERLOADING HIGH DOSE RATE RADIONUCLIDE SKIN	Yes
		SURFACE,WHEN PERFORMED; LESION DIAMETER UP TO 2.0 CM OR 1 CHANNEL	
77768 C	CPT/HCPCS	REMOTE AFTERLOADING HIGH DOSE RATE RADIONUCLIDE SKIN SURFACE	Yes
		WHEN PERFORMED;LESION DIAMETER OVER 2.0CM;2 OR MORE CHANNEL	
77770 C	CPT/HCPCS	REMOTE AFTERLOADING HIGH DOSE RATE RADIONUCLIDE INTERSTITIALOR	Yes
		INTRACAVITARY BRACHYTHERAPY, WHEN PERFORMED 1 CHANNEL	
77771 C	CPT/HCPCS	REMOTE AFTERLOADING HIGH DOSE RATE RADIONUCLIDE INTERSTITIALOR	Yes
		INTRACAVITARY BRACHYTHERAPY, WHEN PERFORMED 2-12 CHANNELS	
77772 C	CPT/HCPCS	REMOTE AFTERLOADING HIGH DOSE RATE RADIONUCLIDE INTERSTITIALOR	Yes
		INTRACAVITARY BRACHYTHERAPY, WHEN PERFORMED OVER 12 CHANN	
77778 C	CPT/HCPCS	INTERSTITIAL RADIATION SOURCE APPLICATION; COMPLEX, INCLUDES SUPERVISION, HANDLING, LOADING OF RADIATION SOURCE, WHEN PE	Yes
77790 C	CPT/HCPCS	SUPERVISION, HANDLING, LOADING OF RADIOELEMENT	Yes
	CPT/HCPCS	UNLISTED PROCEDURE, CLINICAL BRACHYTHERAPY	Yes
	CPT/HCPCS	RADIOPHARMACEUTICAL THERAPY, BY ORAL ADMINISTRATION	Yes
	CPT/HCPCS	RADIOPHARMACEUTICAL THERAPY, BY INTRAVENOUS ADMINISTRATION	Yes
79200 C	CPT/HCPCS	RADIOPHARMACEUTICAL THERAPY, BY INTRACAVITARY ADMINISTRATION	Yes
79300 C	CPT/HCPCS	RADIOPHARMACEUTICAL THERAPY, BY INTERSTITIAL RADIOACTIVE COLLOID ADMINISTRATION	Yes
79403 C	CPT/HCPCS	RADIOPHARMACEUTICAL THERAPY, RADIOLABELED MONOCLONAL ANTIBODBY INTRAVENOUS INFUSION	Yes
79440 C	CPT/HCPCS	RADIOPHARMACEUTICAL THERAPY, BY INTRA-ARTICULAR ADMINISTRATION	Yes
344 R	Revenue	NUCLEAR MEDICINE-THERAPEUTIC RADIOPHARMACEUTICALS	Yes
	CPT/HCPCS	COMPUTED TOMOGRAPHY GUIDANCE FOR PLACEMENT OF RADIATION	Yes
		THERAPY FIELDS.	
	PT/HCPCS	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; INTERMEDIATE	Yes
	PT/HCPCS	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX	Yes
	CPT/HCPCS	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; SIMPLE	Yes
	CPT/HCPCS	RADIOPHARMACEUTICAL THERAPY, BY INTRA-ARTERIAL PARTICULATE ADMINISTRATION	Yes
	Revenue	RADIATION THERAPY	Yes
	Revenue	THERAPUTIC RADIOLOGY - OTHER	Yes
342 R	Revenue CPT/HCPCS	NUCLEAR MEDICINE - THERAPEUTIC  RADIOPHARMACEUTICAL THERAPY, UNLISTED PROCEDURE	Yes Yes
79999 C			

C1719	CPT/HCPCS	BRACHYTHERAPY SOURCE, NON-STRANDED, NON-HIGH DOSE RATE IRIDIUM 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		Yes
G6004	CPT/HCPCS	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA, SINGLE PORT	Yes
G6005	CPT/HCPCS	, , , , , , , , , , , , , , , , , , ,	Yes
G6006	CPT/HCPCS	OR PARALLEL OPPOSED PORTS: : 11-19MEV  RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA, SINGLE PORT	Yes
	0.77// 10.700	OR PARALLEL OPPOSED PORTS, SIMPLE BLOCKS OR NO BLOCKS:	1
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	Yes
		MORE PORTS ON A SINGLE TREATMENT AREA,USE OF MULTIPLE:6-10	
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	Yes
G6012	CPT/HCPCS	RADIATION TREATMENT DELIVERY,3 OR MORE SEPARATE TREATMENT	Yes
G6013	CPT/HCPCS	RADIATION TREATMENT DELIVERY,3 OR MORE SEPARATE TREATMENT	Yes
G6014	CPT/HCPCS	RADIATION TREATMENT DELIVERY,3 OR MORE SEPARATE TREATMENT	Yes
G6015	CPT/HCPCS	AREAS, CUSTOM BLOCKING, ELECTRON BEAM; 20MEV OR GREATER INTENSITY MODULATED TREATMENT DELIVERY, SINGLE OR MULTIPLE	Yes
G6016	CPT/HCPCS	FIELDS/ARCS,DYNAMIC MLC, PER TREATMENT SESSION  COMPENSATOR-BASED BEAM MODULATION TREATMENT DELIVERY OF	Yes
		INVERSE PLANNED TREATMENT USING 3 OR MORE HIGH RESOLUTION	<u></u>
G6017	CPT/HCPCS	INTRA-FRACTION LOCALIZATION AND TRACKING OF TARGET OR PATIENT MOTION DURING DELIVERY OF RADIATION THERAPY, 3D SURF	Yes
77750	CDT/LLODGS	INFLICION OF INCTILLATION OF PARIOT FMENT COLUTION (INCLUDES	Voc
77750	CPT/HCPCS	INFUSION OR INSTILLATION OF RADIOELEMENT SOLUTION (INCLUDES THREE MONTHS FOLLOW-UP CARE)	Yes

PRINCES   NITURAL MATERIAL PROJECTION, INTERMEDIATE   Yes		ı		
PFMORES	77761	CPT/HCPCS	l ·	Yes
CPITHCROS	77700	007//10000		v.
OFFICEORS		+		
PRINCES   LITTLEMENT LUTZ, DOTATATE, THERROPETURE, 1 MOI			,	
SIGNAY OF PRINCIPAGES  CERTAIN ARP LICATION OF TRATTAL MIR BINARS) CONTROL AND THE BIRLASTI,  DIVINIFICATION OF BEROON BEAR HITERAPY  SIGNAY  CONTINUAM ROCUMENT MADDIMENTATION OF THE BIRLASTI,  UNILATERAL INCLUDING SUPPLY OF INDIOPHARMAN OF THE BIRLASTI,  OPPHICAPOS  CONTINUAM REFIDICAL RADIATION THE STATEMAN OF THE MIRLAMY, ABBIRLATION IN SUPPORT  OF THE REPRESENCE AND CONSTRUCTION FOR INTERSTRY MODULA ATTOR  RADIATION TO REFER AND AND CONSTRUCTION FOR INTERSTRY MODULA ATTOR  RADIATION TO REFER AND AND CONSTRUCTION FOR INTERSTRY MODULA ATTOR  RADIATION TO REFER AND AND CONSTRUCTION FOR INTERSTRY MODULA ATTOR  RADIATION TO REFER AND AND CONSTRUCTION FOR INTERSTRY MODULA ATTOR  RADIATION TO REFER AND AND CONSTRUCTION FOR INTERSTRY MODULA ATTOR  RADIATION TO REFER AND AND CONSTRUCTION FOR INTERSTRY MODULA ATTOR  RADIATION TO REFER AND AND CONSTRUCTION FOR INTERSTRY MODULA ATTOR  COPPINGERS  SPECIAL MERICAL INDUSTRIAN FOR INTERSTRUCTION AND AND CONSTRUCTION OF ISSESSON, MUNICAL  COMPANION OF THE OFFICE AND AND AND CONSTRUCTION FOR INTERSTRY MODULA ATTOR  COPPINGERS  SOURCE CORALL INDUSTRIAN INTERSTRUCTION AND AND AND AND AND AND AND AND AND AN				
ESIONES FOR PROCIOUS BEAM THERRAPY  CHANGE OF PHYSPORS  MULTI-LEAF COLLIMATOR IMILION PHYSICS CONSULTATION IN SUPPORT  OF THEARE PHYSPORS  CHANGE OF PHYSPORS  MULTI-LEAF COLLIMATOR IMILIO DEVICEIS FOR INTENSITY MODULATED  ASBRUTTHMAN CREMENT  AND CHANGE OF PHYSPORS  MULTI-LEAF COLLIMATOR IMILIO DEVICEIS FOR INTENSITY MODULATED  CHANGE OF TAG CEREBRAL I ESIONIS, CONSULTATION IN SUPPORT  OF PHYSPORS  MULTI-LEAF COLLIMATOR IMILIO DEVICEIS FOR INTENSITY MODULATED  CHANGE OF TAG CEREBRAL I ESIONIS, CONSISTING OF IS SESSION, MULTI-  SOURCE CORLINS OF TAG CEREBRAL I ESIONIS, CONSISTING OF IS SESSION, MULTI-  SOURCE CORLINS OF TAG CEREBRAL I ESIONIS, CONSISTING OF IS SESSION, MULTI-  SOURCE CORLINS OF TAG CEREBRAL I ESIONIS, CONSISTING OF IS SESSION, MULTI-  COURSE OF TAG CEREBRAL I ESIONIS, CONSISTING OF IS SESSION, MULTI-  SOURCE CORLING ASSES  CPHYSPORS  CPHYSPORS  CHANGE OF PHYSPORS  CHANGE OF PHYSPORS  CHANGE OF THE PHYSPORS  CHANGE OF PHYSPORS  CHANGE OF PHYSPORS  CHANGE OF THE PHYSPORS  C	C9031			
UNILATERAL INCLUDING SUPPLY OF RADIOPHARMACEUTICAL  CPITHCPCS AMOUNT FOR A ABANTOM UNITED AND AND AND AND AND AND AND AND AND AN	S8030	CPT/HCPCS	` '	Yes
ABRIEVITHMA DILLUTER OF RADIATION I HERREY, ABRIEVITHMA CPTHOPES CONTINUIUM MICHOR RADIATION PHYSICS CONSILITATION IN SUPPORT OF THERAPEUTIC RADIOLOGIST INCLUDING CONTINUIUM QUALITY A  77738 CPTHOPES MILTHLEAF COLUMNATOR INACID EVICES; FORINTERSITY MODILLATED RADIATION I HERRAPY INRIT, DESIGN AND CONSTITUCTION PER INMIT 777371 CPTHOPES SEFCAM METICAL BODIATION PHYSICS CONSILITATION RADIATION IN CONTROL BODIATION PHYSICS CONSILITATION THE COLUMNATOR OF THE COLUMNATOR INACIDINA CPTHOPES RADIATION IN COLUMNATOR INACIDINA CPTHOPES RADIATION IN COLUMNATOR INACIDINA COLUMNATOR IN COLUMNATOR INACIDINA CPTHOPES COLUMNATOR OF THE COLUMNATOR INACIDINA CPTHOPES COLUMNATOR OF THE COLUMNATOR INACIDINA COLUMNATOR IN COLUMNATOR INACIDINA CPTHOPES	S8080	CPT/HCPCS	· · · · · · · · · · · · · · · · · · ·	Yes
CONTINUINO MEDICAL RODATION PHYSICS CONSULTATION IN SUPPORT OFTHERWEITER RODATION CONTINUED QUALITY A  PROBABILITY OF THERWEITER RODATION PHYSICS CONSULTATION IN SUPPORT OFTHERWEITER RODATION CONTINUED QUALITY A  PROBABILITY OF THERWEITER RODATION PHYSICS CONSULTATION OFTHERWEITER RODATION PHYSICS CONSULTATION PHYSICS	0747T	CPT/HCPCS		Yes
RADIATION THERAPY (IMRT), DESIGN AND CONSTRUCTION PER IMRT  77770	77336	CPT/HCPCS	CONTINUING MEDICAL RADIATION PHYSICS CONSULTATION IN SUPPORT	Yes
CPTHCPCS CADATION TO RELEVERY, STEREOTACTIC RADIOSURGERY, COMPLETE COURSE OF TX OF CEREBRAL LESION(S) CONSISTING OF 1 SESSION; MULTI- SOURCE COBALT FOR BASED.  CPTHCPCS CADATION TO RELEVERY, STEREOTACTIC RADIOSURGERY, COMPLETE COURSE OF TX OF CEREBRAL LESION(S) CONSISTING OF 1 SESSION; INVARIA ACCLERATOR BASED  CPTHCPCS SEREOTACTIC GOOD YRADIATION TX, TO ELEVERY, PER FRACTION TO 1 OR YES MORE LESIONS, ENTRE COURSE NOT TO EXCEED 5 FRACTIONS.  CPTHCPCS INTENSITY MODULATED RADIATION TREATMENT DELIVERY (IMPT), INCLUDES CUIDANCE AND TRACKING WHEN PERFORMED; SIMPLE  CPTHCPCS CHORD CONTROL FOR THE COLORISAN OF THE COL	77338	CPT/HCPCS		Yes
OPTIMOPIES   ADDIATION TO BELIVERY, STEREOTACTIC RADIOSURGERY, COMPLETE   Ves	77370	CPT/HCPCS	SPECIAL MEDICAL RADIATION PHYSICS CONSULTATION	Yes
CP7.HCPCS	77371	CPT/HCPCS	COURSE OF TX OF CEREBRAL LESION(S) CONSISTING OF 1 SESSION; MULTI-	Yes
CPT/HCPCS STEREOTACTIC BODY RADIATION TX, TX DELIVERY, PER FRACTION TO 1 OR VES MORE LESIONS, ENTIRE COURSE NOT TO EXCEED 5 FRACTIONS.  CPT/HCPCS INSISTY MODULATED RADIATION TREATMENT DELIVERY (IMRT), NICLUDES GUIDANCE AND TRACKING WHEN PERFORMED, SIMPLE (INCLUDES GUIDANCE AND TRACKING WHEN PERFORMED, SIMPLE (INCLUDES GUIDANCE AND TRACKING WHEN PERFORMED; SIMPLE (INCLUDES GUIDANCE AND TRACKING WHEN PERFORMED; COMPLEX (INCLUDES INTRAFFACTION)  CPT/HCPCS GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR DELIVERY OF REALIZATION (INCLUDES INTRAFFACTION)  CPT/HCPCS RADIATION TREATMENT DELIVERY, INCLUDES INTRAFFACTION (INCLUDES INTRAFFACTION)  CPT/HCPCS RADIATION TREATMENT DELIVERY, SUPERFICIAL AND/OR ORTHOWOLTAGE, YES PER DAY  CPT/HCPCS RADIATION TREATMENT DELIVERY, SURVEY, SIMPLE (INCLUDED AND TREATMENT DELIVERY), SURVEY, SIMPLE (INCLUDED AND TREATMENT DELIVERY), SURVEY, SIMPLE (INCLUDED AND TREATMENT DELIVERY) (INTRACTION TO THE AND TREATMENT TO THE AND TREATMEN	77372	CPT/HCPCS	RADIATION TX DELIVERY, STEREOTACTIC RADIOSURGERY, COMPLETE COURSE OF TX OF CEREBRAL LESION(S) CONSISTING OF 1 SESSION; LINEAR	
INCLUDES GUIDANCE AND TRACKING WHEN PERFORMED; SIMPLE  (PTHOPCS INTENSITY MODULATED RADIATION TREATMENT DELIVERY (IMRT),  (NOLUDES GUIDANCE AND TRACKING WHEN PERFORMED; COMPLEX  (PTHOPCS GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR DELIVERY OF RADIATION TREATMENT DELIVERY, INCLUDES INTERFACTION  (PTHOPCS GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR DELIVERY OF RADIATION TREATMENT DELIVERY, INCLUDES INTERFACTION  (PTHOPCS GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR DELIVERY OF REDIATION TREATMENT DELIVERY, INCLUDES INTERFACTION  (PTHOPCS GUIDANCE FOR LOCALIZATION PHYSICS, DOSIMETRY AND TREATMENT DELIVERY, SUPERFICIAL AND/OR ORTHOVOLTAGE, Yes PER DAY  (PTHOPCS RADIATION TREATMENT DELIVERY, SUPERFICIAL AND/OR ORTHOVOLTAGE, Yes PER DAY  (PTHOPCS RADIATION TREATMENT DELIVERY, SIMPLE YES RADIATION TREATMENT DELIVERY, SIMPLE YES PER DAY  (PTHOPCS RADIATION TREATMENT DELIVERY, SIMPLY, INTERMEDIATE YES SIMPLE YES YES SIMPLE YES SIMPLE YES SIMPLE YES SIMPLE	77373	CPT/HCPCS	STEREOTACTIC BODY RADIATION TX, TX DELIVERY, PER FRACTION TO 1 OR	Yes
INCLUDES GUIDANCE AND TRACKING WHEN PERFORMED; COMPLEX	77385	CPT/HCPCS		Yes
RADIATION TREATMENT DELIVERY, INCLUDES INTRAFRACTION  (77399 CPT/HCPCS UNLISTED PROCEDURE, MEDICAL RADIATION PHYSICS, DOSIMETRY AND TREATMENT DEVICES  (77401 CPT/HCPCS RADIATION TREATMENT DELIVERY, SUPERFICIAL AND/OR ORTHO VOLTAGE, PER DAY  (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; INTERMEDIATE YES  (77412 CPT/HCPCS RADIATION TREATMENT DELIVERY, > 1MEV; INTERMEDIATE YES  (77413 CPT/HCPCS HICH ENERGY NEUTRON RADIATION TREATMENT DELIVERY; ONE OR MORE ISOCENTER(S) WITH COPLANAR OR NON-COPLANAR GEOMETRY WITH  (77417 CPT/HCPCS HICH ENERGY NEUTRON RADIATION TREATMENT DELIVERY; ONE OR MORE ISOCENTER(S) WITH COPLANAR OR NON-COPLANAR GEOMETRY WITH  (77424 CPT/HCPCS INTRAOPERATIVE RADIATION TREATMENT DELIVERY, X-RAY, SINGLE TREATMENT SESSION.  (77425 CPT/HCPCS INTRAOPERATIVE RADIATION TREATMENT DELIVERY, X-RAY, SINGLE TREATMENT SESSION.  (77426 CPT/HCPCS INTRAOPERATIVE RADIATION THEATMENT DELIVERY, ELECTRONS, SINGLE TREATMENT SESSION.  (77427 CPT/HCPCS BRACHYTHERAPY LINEAR SOURCE, NON-STRANDED, PALADIUM-103, PER 1 YES  (77788 CPT/HCPCS SURFACE APPLICATION OF RADIATION SOURCE YES  (777427 CPT/HCPCS RADIATION THEATMENT MANAGEMENT, FIVE TREATMENTS  (77431 CPT/HCPCS RADIATION THEATMENT MANAGEMENT, FIVE TREATMENTS  (77432 CPT/HCPCS STEREOTACTIC RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS  (77433 CPT/HCPCS STEREOTACTIC RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS  (77449 CPT/HCPCS PROTON TREATMENT DELIVERY; COMPLEX  (77455 CPT/HCPCS PROTON TREATMENT DELIVERY; COMPLEX  (77469 CPT/HCPCS HYPERTHERMIA, EXTERNALLY GENERATED; SUPERFICIAL (IE, HEATING TO A PUES  (77505 CPT/HCPCS HYPERTHERMIA, EXTERNALLY GENERATED; SUPERFICIAL (IE, HEATING TO DE	77386	CPT/HCPCS	, , , ,	Yes
TREATMENT DEVICES  CPT/HCPCS RADIATION TREATMENT DELIVERY, SUPERFICIAL AND/OR ORTHO VOLTAGE, Pes PER DAY  77402 CPT/HCPCS RADIATION TREATMENT DELIVERY, > 1 MEV; SIMPLE Yes  77407 CPT/HCPCS RADIATION TREATMENT DELIVERY, > 1 MEV; SIMPLE Yes  77417 CPT/HCPCS RADIATION TREATMENT DELIVERY, > 1 MEV; SIMPLE Yes  77417 CPT/HCPCS TADIATION TREATMENT DELIVERY, > 1 MEV; COMPLEX Yes  77417 CPT/HCPCS THERAPEUTIC RADIOLOGY PORT IMAGE(S)  77420 CPT/HCPCS HIGH ENERGY NEUTRON RADIATION TREATMENT DELIVERY; ONE OR MORE ISOCENTER(S) WITH COPLANAR OR NON-COPLANAR GEOMETRY WITH  77424 CPT/HCPCS INTRAOPERATIVE RADIATION TREATMENT DELIVERY, X-RAY, SINGLE YES  77425 CPT/HCPCS INTRAOPERATIVE RADIATION TREATMENT DELIVERY, ELECTRONS, SINGLE TREATMENT SESSION.  77426 INTRAOPERATIVE RADIATION TREATMENT DELIVERY, ELECTRONS, SINGLE YES  77427 INTRAOPERATIVE RADIATION THEAPPY (IORT) OF GALLBLADDER YES  77428 SUBREACE APPLICATION OF RADIATION SOURCE YES  77429 CPT/HCPCS BRACHYTHERAPY LINEAR SOURCE, NON-STRANDED, PALADIUM-103, PER 1  MM  CPT/HCPCS RADIATION THEAPPY MANAGEMENT, FIVE TREATMENTS  77431 CPT/HCPCS RADIATION THEAPPY MANAGEMENT, FIVE TREATMENTS  77432 CPT/HCPCS RADIATION THEAPPY MANAGEMENT, FIVE TREATMENTS  77433 CPT/HCPCS STEREOTACTIC RADIATION TREATMENT MANAGEMENT OF CERBRAL  LESION(S)  STEREOTACTIC RADIATION TREATMENT MANAGEMENT OF CERBRAL  LESION(S)  STEREOTACTIC RADIATION TREATMENT MANAGEMENT OF CERBRAL  LESION(S)  STEREOTACTIC RADIATION TREATMENT MANAGEMENT YES  ONE OR MORE LESIONS, ENTIRE COURSE NOT TO EXCEED 5 FRACTIONS.  ONE OR MORE LESIONS, ENTIRE COURSE NOT TO EXCEED 5 FRACTIONS.  ONE OR MORE LESIONS, ENTIRE COURSE NOT TO EXCEED 5 FRACTIONS.  PROFINE PROFINE PROFINE PROFINE PROFINE PROFICIAL (IE, HEATING TO A YES  DEPTH OF A CM OR LESS)  PROFINCE PROFINE PROFINE PROFINE PROFICIAL (IE, HEATING TO A YES  DEPTH OF A CM OR LESS)  PROFINE PROFINE PROFINE PROFINE PROFICIAL (IE, HEATING TO A YES  DEPTH OF A CM OR LESS)	77387	CPT/HCPCS		Yes
PER DAY  77402 CPT/HCPCS RADIATION TREATMENT DELIVERY, > 1MEV; SIMPLE Yes  77417 CPT/HCPCS RADIATION TREATMENT DELIVERY, > 1MEV; INTERMEDIATE Yes  77418 CPT/HCPCS RADIATION TREATMENT DELIVERY, > 1MEV; COMPLEX Yes  77419 CPT/HCPCS RADIATION TREATMENT DELIVERY, > 1MEV; COMPLEX Yes  77410 CPT/HCPCS RADIATION TREATMENT DELIVERY, > 1MEV; COMPLEX Yes  77421 CPT/HCPCS HIGH ENERGY NEUTRON RADIATION TREATMENT DELIVERY; ONE OR MORE ISOCENTERIS) WITH COPLANAR OR NON-COPLANAR GEOMETRY WITH  77424 CPT/HCPCS INTRAOPERATIVE RADIATION TREATMENT DELIVERY, X-RAY, SINGLE TREATMENT SESSION.  77425 CPT/HCPCS INTRAOPERATIVE RADIATION TREATMENT DELIVERY, ELECTRONS, SINGLE TREATMENT SESSION.  DEVICE ICD Procedure INTRAOPERATIVE RADIATION THERAPY (IORT) OF GALLBLADDER Yes  77426 CPT/HCPCS BRACHYTHERAPY LINEAR SOURCE, NON-STRANDED, PALADIUM-103, PER 1 MM  777789 CPT/HCPCS SURFACE APPLICATION OF RADIATION SOURCE Yes  77427 CPT/HCPCS RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS Yes  77431 CPT/HCPCS RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS Yes  77432 CPT/HCPCS STEREOTACTIC RADIATION TREATMENT MANAGEMENT OF CERBRAL LESION(S)  77432 CPT/HCPCS STEREOTACTIC RADIATION TREATMENT MANAGEMENT OF CERBRAL LESION(S)  77433 CPT/HCPCS STEREOTACTIC RADIATION TREATMENT MANAGEMENT, FIVE TREATMENT YES  77434 CPT/HCPCS STEREOTACTIC RADIATION TREATMENT MANAGEMENT, FIVE TREATMENT YES  77435 CPT/HCPCS STEREOTACTIC RADIATION TREATMENT MANAGEMENT OF CERBRAL LESION(S)  77469 CPT/HCPCS INTRAOPERATIVE RADIATION TREATMENT MANAGEMENT, FIVE TREATMENT YES  77525 CPT/HCPCS PROTON TREATMENT DELIVERY; COMPLEX YES  77526 CPT/HCPCS PROTON TREATMENT DELIVERY; COMPLEX YES  77527 CPT/HCPCS PROTON TREATMENT DELIVERY; COMPLEX YES  77528 CPT/HCPCS HYPERTHERMIA, EXTERNALLY GENERATED; SUPERFICIAL (IE, HEATING TO A PYES  77529 CPT/HCPCS HYPERTHERMIA, EXTERNALLY GENERATED; DEEP (IE, HEATING TO DEPTHS YES	77399	CPT/HCPCS		Yes
CPT/HCPCS	77401	CPT/HCPCS		Yes
Transpersive Radiation Treatment Delivery, > 1MeV; COMPLEX   Yes	77402	CPT/HCPCS	RADIATION TREATMENT DELIVERY, > 1MEV; SIMPLE	Yes
77417 CPT/HCPCS THERAPEUTIC RADIOLOGY PORT IMAGE(S) 77423 CPT/HCPCS HIGH ENERGY NEUTRON RADIATION TREATMENT DELIVERY; ONE OR MORE ISOCENTER(S) WITH COPLANAR OR NON-COPLANAR GEOMETRY WITH 77424 CPT/HCPCS INTRAOPERATIVE RADIATION TREATMENT DELIVERY, X-RAY, SINGLE TEATMENT SESSION. 77425 CPT/HCPCS INTRAOPERATIVE RADIATION TREATMENT DELIVERY, ELECTRONS, SINGLE TREATMENT SESSION. DFY1CZZ ICD Procedure INTRAOPERATIVE RADIATION THERAPY (IORT) OF GALLBLADDER YES C2636 CPT/HCPCS BRACHYTHERAPY LINEAR SOURCE, NON-STRANDED, PALADIUM-103, PER 1 MM MM 777789 CPT/HCPCS SUFFACE APPLICATION OF RADIATION SOURCE YES 77427 CPT/HCPCS RADIATION THERAPY MANAGEMENT, FIVE TREATMENTS YES 77427 CPT/HCPCS RADIATION THERAPY MANAGEMENT WITH COMPLETE COURSE OF THERAPY CONSISTING OF ONE OR TWO FRACTIONS ONLY 77432 CPT/HCPCS STEREOTACTIC RADIATION TREATMENT MANAGEMENT, PER TX COURSE, TO ONE OR MORE LESION(S) 77435 CPT/HCPCS INTRAOPERATIVE RADIATION TREATMENT MANAGEMENT, PER TX COURSE, TO ONE OR MORE LESIONS, ENTIRE COURSE NOT TO EXCEED 5 FRACTIONS. 77469 CPT/HCPCS INTRAOPERATIVE RADIATION TREATMENT MANAGEMENT 77525 CPT/HCPCS PROTON TREATMENT DELIVERY; COMPLEX 77600 CPT/HCPCS HYPERTHERMIA, EXTERNALLY GENERATED; SUPERFICIAL (IE, HEATING TO A DEPTH) OF 4 CM ONE LESS)	77407	CPT/HCPCS	RADIATION TREATMENT DELIVERY, > 1MEV; INTERMEDIATE	Yes
CPT/HCPCS HIGH ENERGY NEUTRON RADIATION TREATMENT DELIVERY; ONE OR MORE ISOCENTER(S) WITH COPLANAR OR NON-COPLANAR GEOMETRY WITH  77424 CPT/HCPCS INTRAOPERATIVE RADIATION TREATMENT DELIVERY, X-RAY, SINGLE TREATMENT SESSION.  77425 CPT/HCPCS INTRAOPERATIVE RADIATION TREATMENT DELIVERY, ELECTRONS, SINGLE TREATMENT SESSION INTRAOPERATIVE RADIATION THERAPY (IORT) OF GALLBLADDER  DPY1CZZ ICD Procedure INTRAOPERATIVE RADIATION THERAPY (IORT) OF GALLBLADDER  C2636 CPT/HCPCS BRACHYTHERAPY LINEAR SOURCE, NON-STRANDED, PALADIUM-103, PER 1 MM  MM  77789 CPT/HCPCS SUBFACE APPLICATION OF RADIATION SOURCE Yes  77427 CPT/HCPCS RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS Yes  77431 CPT/HCPCS RADIATION TREATMENT MANAGEMENT WITH COMPLETE COURSE OF THERAPY YES  77432 CPT/HCPCS STEREOTACTIC RADIATION TREATMENT MANAGEMENT OF CERBRAL LESION(S)  77435 CPT/HCPCS STEREOTACTIC RADIATION TREATMENT MANAGEMENT, PER TX COURSE, TO ONE OR MORE LESIONS, ENTIRE COURSE NOT TO EXCEED 5 FRACTIONS.  77449 CPT/HCPCS INTRAOPERATIVE RADIATION TREATMENT MANAGEMENT YES  77525 CPT/HCPCS INTRAOPERATIVE RADIATION TREATMENT MANAGEMENT YES  775260 CPT/HCPCS HYPERTHERMIA, EXTERNALLY GENERATED; SUPERFICIAL (IE, HEATING TO A DEPTH OF 4 CM OR LESS)  77605 CPT/HCPCS HYPERTHERMIA, EXTERNALLY GENERATED; DEEP (IE, HEATING TO DEPTHS) YES	77412	CPT/HCPCS	RADIATION TREATMENT DELIVERY, > 1MEV; COMPLEX	Yes
ISOCENTER(S) WITH COPLANAR OR NON-COPLANAR GEOMETRY WITH  77424 CPT/HCPCS INTRAOPERATIVE RADIATION TREATMENT DELIVERY, X-RAY, SINGLE TREATMENT SESSION.  77425 CPT/HCPCS INTRAOPERATIVE RADIATION TREATMENT DELIVERY, ELECTRONS, SINGLE TREATMENT SESSION.  DEPTICZZ ICD Procedure INTRAOPERATIVE RADIATION THERAPY (IORT) OF GALLBLADDER YES  DEPTICAZZ ICD PROCEDURE INTRAOPERATIVE RADIATION THERAPY (IORT) OF GALLBLADDER YES  DEPTICAZZ ICD PROCEDURE INTRAOPERATIVE RADIATION THERAPY (IORT) OF GALLBLADDER YES  DEPTICAZZ ICD PROCEDURE INTRAOPERATIVE RADIATION THERAPY (IORT) OF GALLBLADDER YES  TREATMENT SESSION YES  TREATMENT SESSION YES  TREATMENT RADIATION THERAPY CIONAL PROCEDURE OF GALLBLADDER YES  TREATMENT SESSION YES  TREATMENT RADIATION THERAPY CIONAL PROCEDURE OF GALLBLADDER YES  TREATMENT MANAGEMENT, FIVE TREATMENTS YES  TREATMENT MANAGEMENT, FIVE TREATMENTS YES  TREATMENT MANAGEMENT, FIVE TREATMENTS YES  TREATMENT MANAGEMENT, FIVE TREATMENT OF CREBRAL YES  TREATMENT MANAGEMENT OF CREBRAL YES  TREATMENT MANAGEMENT, FIVE TREATMENT OF CERBRAL YES  TREATMENT MANAGEMENT, FIVE TREATMENT TREATMENT TREATMENT MANAGEMENT YES  TREATMENT MANAGEMENT YES	77417	CPT/HCPCS	THERAPEUTIC RADIOLOGY PORT IMAGE(S)	Yes
TREATMENT SESSION.  CPT/HCPCS INTRAOPERATIVE RADIATION TREATMENT DELIVERY, ELECTRONS, SINGLE TREATMENT SESSION  DEPTICZZ ICD Procedure INTRAOPERATIVE RADIATION THERAPY (IORT) OF GALLBLADDER  CPT/HCPCS BRACHYTHERAPY LINEAR SOURCE, NON-STRANDED, PALADIUM-103, PER 1 MM  CPT/R89 CPT/HCPCS SURFACE APPLICATION OF RADIATION SOURCE  CPT/HCPCS RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS  CPT/HCPCS RADIATION THERAPY MANAGEMENT WITH COMPLETE COURSE OF THERAPY CONSISTING OF ONE OR TWO FRACTIONS ONLY  CPT/HCPCS STEREOTACTIC RADIATION TREATMENT MANAGEMENT OF CERBRAL LESION(S)  CPT/HCPCS STEREOTACTIC BODY RADIATION TX, TX MANAGEMENT, PER TX COURSE, TO ONE OR MORE LESIONS, ENTIRE COURSE NOT TO EXCEED 5 FRACTIONS.  CPT/HCPCS INTRAOPERATIVE RADIATION TREATMENT MANAGEMENT  PS STEREOTACTIC BODY RADIATION TREATMENT MANAGEMENT  PS S	77423	CPT/HCPCS		Yes
T7425 CPT/HCPCS INTRAOPERATIVE RADIATION TREATMENT DELIVERY, ELECTRONS, SINGLE TREATMENT SESSION  DFY1CZZ ICD Procedure INTRAOPERATIVE RADIATION THERAPY (IORT) OF GALLBLADDER C2636 CPT/HCPCS BRACHYTHERAPY LINEAR SOURCE, NON-STRANDED, PALADIUM-103, PER 1 MM  777789 CPT/HCPCS SURFACE APPLICATION OF RADIATION SOURCE 77427 CPT/HCPCS RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS 77431 CPT/HCPCS RADIATION THERAPY MANAGEMENT, WITH COMPLETE COURSE OF THERAPY CONSISTING OF ONE OR TWO FRACTIONS ONLY 77432 CPT/HCPCS STEREOTACTIC RADIATION TREATMENT MANAGEMENT OF CERBRAL LESION(S)  77435 CPT/HCPCS STEREOTACTIC BODY RADIATION TX, TX MANAGEMENT, PER TX COURSE, TO ONE OR MORE LESIONS, ENTIRE COURSE NOT TO EXCEED 5 FRACTIONS.  77469 CPT/HCPCS INTRAOPERATIVE RADIATION TREATMENT MANAGEMENT 77525 CPT/HCPCS PROTON TREATMENT DELIVERY; COMPLEX 77600 CPT/HCPCS HYPERTHERMIA, EXTERNALLY GENERATED; SUPERFICIAL (IE, HEATING TO A DEPTHS Yes	77424	CPT/HCPCS		Yes
C2636 CPT/HCPCS BRACHYTHERAPY LINEAR SOURCE, NON-STRANDED, PALADIUM-103, PER 1 MM  C77789 CPT/HCPCS SURFACE APPLICATION OF RADIATION SOURCE C77427 CPT/HCPCS RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS C77431 CPT/HCPCS RADIATION THERAPY MANAGEMENT, FIVE TREATMENTS CONSISTING OF ONE OR TWO FRACTIONS ONLY CONSISTING OF ONE OR TWO FRACTIONS ONLY CONSISTING OF ONE OR TWO FRACTIONS ONLY CPT/HCPCS STEREOTACTIC RADIATION TREATMENT MANAGEMENT OF CERBRAL LESION(S) CPT/HCPCS STEREOTACTIC BODY RADIATION TX, TX MANAGEMENT, PER TX COURSE, TO ONE OR MORE LESIONS, ENTIRE COURSE NOT TO EXCEED 5 FRACTIONS.  CPT/HCPCS INTRAOPERATIVE RADIATION TREATMENT MANAGEMENT CPT/HCPCS PROTON TREATMENT DELIVERY; COMPLEX CPT/HCPCS HYPERTHERMIA, EXTERNALLY GENERATED; SUPERFICIAL (IE, HEATING TO A DEPTH OF 4 CM OR LESS) CPT/HCPCS HYPERTHERMIA, EXTERNALLY GENERATED; DEEP (IE, HEATING TO DEPTHS)  CPT/HCPCS HYPERTHERMIA, EXTERNALLY GENERATED; DEEP (IE, HEATING TO DEPTHS)  CPT/HCPCS HYPERTHERMIA, EXTERNALLY GENERATED; DEEP (IE, HEATING TO DEPTHS)	77425	CPT/HCPCS	INTRAOPERATIVE RADIATION TREATMENT DELIVERY, ELECTRONS, SINGLE	Yes
MM  CPT/RE9 CPT/HCPCS SURFACE APPLICATION OF RADIATION SOURCE  CPT/HCPCS RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS  CPT/HCPCS RADIATION THERAPY MANAGEMENT WITH COMPLETE COURSE OF THERAPY CONSISTING OF ONE OR TWO FRACTIONS ONLY  CPT/HCPCS STEREOTACTIC RADIATION TREATMENT MANAGEMENT OF CERBRAL LESION(S)  CPT/HCPCS STEREOTACTIC BODY RADIATION TX, TX MANAGEMENT, PER TX COURSE, TO ONE OR MORE LESIONS, ENTIRE COURSE NOT TO EXCEED 5 FRACTIONS.  CPT/HCPCS INTRAOPERATIVE RADIATION TREATMENT MANAGEMENT CPT/HCPCS PROTON TREATMENT DELIVERY; COMPLEX  CPT/HCPCS HYPERTHERMIA, EXTERNALLY GENERATED; SUPERFICIAL (IE, HEATING TO A YES DEPTH OF 4 CM OR LESS)  CPT/HCPCS HYPERTHERMIA, EXTERNALLY GENERATED; DEEP (IE, HEATING TO DEPTHS)  Yes  CPT/HCPCS HYPERTHERMIA, EXTERNALLY GENERATED; DEEP (IE, HEATING TO DEPTHS)  Yes	DFY1CZZ	ICD Procedure	INTRAOPERATIVE RADIATION THERAPY (IORT) OF GALLBLADDER	Yes
CPT/HCPCS RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS  (CPT/HCPCS RADIATION THERAPY MANAGEMENT WITH COMPLETE COURSE OF THERAPY CONSISTING OF ONE OR TWO FRACTIONS ONLY  (CPT/HCPCS STEREOTACTIC RADIATION TREATMENT MANAGEMENT OF CERBRAL LESION(S)  (CPT/HCPCS STEREOTACTIC BODY RADIATION TX, TX MANAGEMENT, PER TX COURSE, TO ONE OR MORE LESIONS, ENTIRE COURSE NOT TO EXCEED 5 FRACTIONS.  (CPT/HCPCS INTRAOPERATIVE RADIATION TREATMENT MANAGEMENT Yes CPT/HCPCS PROTON TREATMENT DELIVERY; COMPLEX  (CPT/HCPCS HYPERTHERMIA, EXTERNALLY GENERATED; SUPERFICIAL (IE, HEATING TO A DEPTHS YES DEPTH OF 4 CM OR LESS)  (CPT/HCPCS HYPERTHERMIA, EXTERNALLY GENERATED; DEEP (IE, HEATING TO DEPTHS YES)	C2636	CPT/HCPCS		Yes
CPT/HCPCS RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS  (CPT/HCPCS RADIATION THERAPY MANAGEMENT WITH COMPLETE COURSE OF THERAPY CONSISTING OF ONE OR TWO FRACTIONS ONLY  (CPT/HCPCS STEREOTACTIC RADIATION TREATMENT MANAGEMENT OF CERBRAL LESION(S)  (CPT/HCPCS STEREOTACTIC BODY RADIATION TX, TX MANAGEMENT, PER TX COURSE, TO ONE OR MORE LESIONS, ENTIRE COURSE NOT TO EXCEED 5 FRACTIONS.  (CPT/HCPCS INTRAOPERATIVE RADIATION TREATMENT MANAGEMENT Yes CPT/HCPCS PROTON TREATMENT DELIVERY; COMPLEX  (CPT/HCPCS HYPERTHERMIA, EXTERNALLY GENERATED; SUPERFICIAL (IE, HEATING TO A DEPTHS YES DEPTH OF 4 CM OR LESS)  (CPT/HCPCS HYPERTHERMIA, EXTERNALLY GENERATED; DEEP (IE, HEATING TO DEPTHS YES)	77789	CPT/HCPCS	SURFACE APPLICATION OF RADIATION SOURCE	Yes
CPT/HCPCS RADIATION THERAPY MANAGEMENT WITH COMPLETE COURSE OF THERAPY CONSISTING OF ONE OR TWO FRACTIONS ONLY  CPT/HCPCS STEREOTACTIC RADIATION TREATMENT MANAGEMENT OF CERBRAL LESION(S)  CPT/HCPCS STEREOTACTIC BODY RADIATION TX, TX MANAGEMENT, PER TX COURSE, TO ONE OR MORE LESIONS, ENTIRE COURSE NOT TO EXCEED 5 FRACTIONS.  CPT/HCPCS INTRAOPERATIVE RADIATION TREATMENT MANAGEMENT Yes  CPT/HCPCS PROTON TREATMENT DELIVERY; COMPLEX Yes  CPT/HCPCS HYPERTHERMIA, EXTERNALLY GENERATED; SUPERFICIAL (IE, HEATING TO A DEPTH OF 4 CM OR LESS)  CPT/HCPCS HYPERTHERMIA, EXTERNALLY GENERATED; DEEP (IE, HEATING TO DEPTHS)  Yes	77427	CPT/HCPCS	RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS	
CPT/HCPCS STEREOTACTIC RADIATION TREATMENT MANAGEMENT OF CERBRAL LESION(S)  CPT/HCPCS STEREOTACTIC BODY RADIATION TX, TX MANAGEMENT, PER TX COURSE, TO ONE OR MORE LESIONS, ENTIRE COURSE NOT TO EXCEED 5 FRACTIONS.  CPT/HCPCS INTRAOPERATIVE RADIATION TREATMENT MANAGEMENT Yes  CPT/HCPCS PROTON TREATMENT DELIVERY; COMPLEX  CPT/HCPCS HYPERTHERMIA, EXTERNALLY GENERATED; SUPERFICIAL (IE, HEATING TO A DEPTH OF 4 CM OR LESS)  CPT/HCPCS HYPERTHERMIA, EXTERNALLY GENERATED; DEEP (IE, HEATING TO DEPTHS)  CPT/HCPCS HYPERTHERMIA, EXTERNALLY GENERATED; DEEP (IE, HEATING TO DEPTHS)	77431		RADIATION THERAPY MANAGEMENT WITH COMPLETE COURSE OF THERAPY	
CPT/HCPCS STEREOTACTIC BODY RADIATION TX, TX MANAGEMENT, PER TX COURSE, TO ONE OR MORE LESIONS, ENTIRE COURSE NOT TO EXCEED 5 FRACTIONS.  CPT/HCPCS INTRAOPERATIVE RADIATION TREATMENT MANAGEMENT CPT/HCPCS PROTON TREATMENT DELIVERY; COMPLEX CPT/HCPCS HYPERTHERMIA, EXTERNALLY GENERATED; SUPERFICIAL (IE, HEATING TO A DEPTH OF 4 CM OR LESS) CPT/HCPCS HYPERTHERMIA, EXTERNALLY GENERATED; DEEP (IE, HEATING TO DEPTHS) CPT/HCPCS HYPERTHERMIA, EXTERNALLY GENERATED; DEEP (IE, HEATING TO DEPTHS)  Yes	77432	CPT/HCPCS	STEREOTACTIC RADIATION TREATMENT MANAGEMENT OF CERBRAL	Yes
77525 CPT/HCPCS PROTON TREATMENT DELIVERY; COMPLEX 77600 CPT/HCPCS HYPERTHERMIA, EXTERNALLY GENERATED; SUPERFICIAL (IE, HEATING TO A Pes DEPTH OF 4 CM OR LESS) 77605 CPT/HCPCS HYPERTHERMIA, EXTERNALLY GENERATED; DEEP (IE, HEATING TO DEPTHS Pes DEPTH OF A CM OR LESS)	77435	CPT/HCPCS	STEREOTACTIC BODY RADIATION TX, TX MANAGEMENT, PER TX COURSE, TO	Yes
77600 CPT/HCPCS HYPERTHERMIA, EXTERNALLY GENERATED; SUPERFICIAL (IE, HEATING TO A Yes DEPTH OF 4 CM OR LESS)  77605 CPT/HCPCS HYPERTHERMIA, EXTERNALLY GENERATED; DEEP (IE, HEATING TO DEPTHS Yes	77469	CPT/HCPCS	INTRAOPERATIVE RADIATION TREATMENT MANAGEMENT	Yes
77600 CPT/HCPCS HYPERTHERMIA, EXTERNALLY GENERATED; SUPERFICIAL (IE, HEATING TO A Yes DEPTH OF 4 CM OR LESS)  77605 CPT/HCPCS HYPERTHERMIA, EXTERNALLY GENERATED; DEEP (IE, HEATING TO DEPTHS Yes	77525		PROTON TREATMENT DELIVERY; COMPLEX	
77605 CPT/HCPCS HYPERTHERMIA, EXTERNALLY GENERATED; DEEP (IE, HEATING TO DEPTHS Yes	77600		HYPERTHERMIA, EXTERNALLY GENERATED; SUPERFICIAL (IE, HEATING TO A	
	77605	CPT/HCPCS	HYPERTHERMIA, EXTERNALLY GENERATED; DEEP (IE, HEATING TO DEPTHS	Yes

7		
CPT/HCPCS	HYPERTHERMIA GENERATED BY INTERSTITIAL PROBE(S); 5 OR FEWER	Yes
	INTERSTITIAL APPLICATORS	
	,	Yes
CPT/HCPCS	SPECIAL TREATMENT PROCEDURE(EG,TOTAL BODY IRRADIATION,HEMIBODY IRRADIATION,PER ORAL VAGINAL ENDOCAVITARY,INTRAOPERATIVE	Yes
CPT/HCPCS	UNLISTED PROCEDURE, THERAPEUTIC RADIOLOGY CLINICAL TREATMENT MANAGEMENT	Yes
CPT/HCPCS	PROTON TREATMENT DELIVERY;SIMPLE,WITHOUT COMPENSATION	Yes
CPT/HCPCS	PROTON TREATMENT DELIVERY; SIMPLE WITH COMPENSATION	Yes
CPT/HCPCS	PROTON TREATMENT DELIVERY; SIMPLE, WITHOUT COMPENSATION, INTERMEDIATE	Yes
		Yes
CPT/HCPCS	BRACHYTHERAPY SOURCE, NON-STRANDED, CESIUM-131, PER SOURCE	Yes
CPT/HCPCS	BRACHYTHERAPY SOURCE, NON-STRANDED, HIGH ACTIVITY, IODINE-125, PER SOURCE	Yes
CPT/HCPCS	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; SIMPLE	Yes
CPT/HCPCS	HYPERTHERMIA GENERATED BY INTERSTITIAL PROBE(S); MORE THAN 5 INTERSTITIAL APPLICATORS	Yes
CPT/HCPCS	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; INTERMEDIATE	Yes
CPT/HCPCS	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX	Yes
CPT/HCPCS	RESPIRATORY MOTION MANAGEMENT SIMULATION (LIST SEPARATELY INADDITION TO CODE FOR PRIMARY PROCEDURE)	Yes
CPT/HCPCS	3-DIMENSIONAL RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAMS	Yes
CPT/HCPCS	UNLISTED PROCEDURE, THERAPEUTIC RADIOLOGY CLINICAL TREATMENT PLANNING	Yes
CPT/HCPCS	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TISSUE INHOM	Yes
CPT/HCPCS	INTENSITY MODULATED RADIOTHERAPY PLAN, INCLUDING DOSE VOLUMEHISTOGRAMS FOR TARGET CRITICAL STRUCTURE PARTIAL TOLERANCE	Yes
CPT/HCPCS	TELETHERAPY ISODOSE PLAN; SIMPLE (1 OR 2 UNMODIFIED PORTS DIRECTED TO A SINGLE AREA OF INTERES), INCLUDES BASIC DOSIME	Yes
CPT/HCPCS	TELETHERAPY ISODOSE PLAN; COMPLEX (MULTIPLE TREATMENT AREAS,TANGENTIAL PORTS, THE USE OF WEDGES, BLOCKING, ROTATIONAL BE	Yes
CPT/HCPCS	BRACHYTHERAPY ISODOSE PLAN; SIMPLE (CALCULATIONS) MADE FROM1 TO 4 SOURCES, OR REMOTE AFTERLOADING B RACHYTHERAPY,1 CHANN	Yes
CPT/HCPCS	BRACHYTHERAPY ISODOSE PLAN; INTERMEDIATE (CALCULATION(S) MADE FROM 5 TO 10 SOURCES, OR REMOTE AFTER LOADING 2-12 CHAN	Yes
CPT/HCPCS	BRACHYTHERAPY ISODOSE PLAN; COMPLEX (CALCULATION(S) MADE FROM OVER 10 SOURCES OR REMOTE AFTERLOADING OVER 12 CHANNELS	Yes
CPT/HCPCS	SPECIAL TELETHERAPY PORT PLAN, PARTICLES, HEMI-BODY, TOTAL BODY	Yes
CPT/HCPCS	SPECIAL DOSIMETRY (EG, TLD, MICRODOSIMETRY) (SPECIFY), ONLY WHEN PRESCRIBED BY THE TREATING PHYSICIAN	Yes
CPT/HCPCS	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; SIMPLE (SIMPLE BLOCK, SIMPLE BOLUS)	Yes
CPT/HCPCS	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; INTERMEDIATE (MULTIPLE BLOCKS, STENTS, BITE BLOCKS, SPECIAL BOLUS)	Yes
CPT/HCPCS	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL SHIELDS, COMPENSATORS, WEDGES, MOL	Yes
CPT/HCPCS	MEDICAL PHYSICS DOSE EVALUATION FOR RADIATION EXPOSURE THAT EXCEEDS INSTITUTIONAL REVIEW THRESHOLD, INCLUDING REPORT	Yes
CPT/HCPCS	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX, INCLUDING ACQUISITION OF PET AND CT IMAGING DATA REQUIRED	Yes
	ICD Procedure CPT/HCPCS  CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS	INTERSTITIAL APPLICATORS  CPT/HCPCS  SPECIAL TREATMENT PROCEDURE(EG,TOTAL BODY) IRRADIATION, HEMIBODY IRRADIATION, PER ORAL VAGINAL ENDOCAVITARY, INTRAOPERATIVE  CPT/HCPCS  UNLISTED PROCEDURE, THERAPEUTIC RADIOLOGY CLINICAL TREATMENT MANAGEMENT  CPT/HCPCS  PROTON TREATMENT DELIVERY; SIMPLE WITHOUT COMPENSATION  INTERMEDIATE  IDD PROCEDURE  INTRAOPERATIVE RADIATION THERAPY (IORT) OF KIDNEY  CPT/HCPCS  BRACHYTHERAPY SOURCE, NON-STRANDED, CESIUM-131, PER SOURCE  CPT/HCPCS  BRACHYTHERAPY SOURCE, NON-STRANDED, HIGH ACTIVITY, IODINE-125, PER SOURCE  CPT/HCPCS  THERAPEUTIC RADIOLOGY TREATMENT PLANNING; SIMPLE  CPT/HCPCS  THERAPEUTIC RADIOLOGY TREATMENT PLANNING; SIMPLE  CPT/HCPCS  THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX  CPT/HCPCS  THERAPEUTIC RADIOLOGY SIMULATION (CENTRAL AXIS DEPTH DOSE, TOP, NSD, GAP CALCULATION, CENTRAL AXIS DEPTH DOSE, TOP, NSD, GAP CALCULATION, OF PAXIS FACTOR, TISSUE INHOM  CPT/HCPCS  BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE, TOP, NSD, GAP CALCULATION, OF PAXIS FACTOR, TISSUE INHOM  CPT/HCPCS  THERAPEUTIC PROCEDURE, THERAPEUTIC RADIOLOGY CLIULATION(S) MADE FROM TOP, AIDEN SIMPLE SIMPLE SIMPLE SIMPLE S

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
E 401E	CDT/LICDOS	INCICION AND DRAINAGE OF DENIC DEED	Voc
54015 55000	CPT/HCPCS 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	
00721	or imigrae	MR GUIDANCE; TOTAL LEIOMYOMATA VOLUME GREATER OR EQUAL TO 200 CC OF TISSUE	
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,	Yes
		,	
64858	CPT/HCPCS	RETROPERITONEAL TUMORS) SUTURE OF SCIATIC NERVE	Yes

APPLICATION   WITH DECOMPRISSION OF CAUDA EQUINA AND NET				
1910   P.PHAPES	63012	CPT/HCPCS		Yes
DIPPINCIPS	27151	CPT/HCPCS		Yes
### ### ##############################	19101	CPT/HCPCS	BIOPSY OF BREAST; OPEN INCISIONAL	Yes
DISSECTION DISSECTION DISSECTION DISSECTION DISSECTION OF SUTURE THROUGH SMALL INCISION (E.S. MCCANNEL SUTUR PORT SUTURE THROUGH SMALL INCISION (E.S. MCCANNEL SUTUR PORT SUTURE) THROUGH SMALL INCISION (E.S. MCCANNEL SUTURE) THROUGH	60271	CPT/HCPCS	· · · · · · · · · · · · · · · · · · ·	Yes
OF SUTURE THROUGH SMALL INCISION (FG, MCCAMNEL SUTUR)  CPITACHCS  ABDOMINAL TUMORS, CYSTS OR ENDOWERROMAS, 10 MORE PERTONALA, MESENTERIC, OR RETROPERITONEAL PRIMARY OR SCONDARY TUMORS  CPITACHCS  AND A BATT, PLASTIC OPTRATION FOR STRICTURE, INFARIT  SAG, WITH BIORSY  THORACOSCOPY, DIAGNOSTIC (SERABATE PROCEDURE, PERICARDIAL)  SAG, WITH BIORSY  CPITACHCS  AND A BATT, PLASTIC OPTRATION, STRICT, PROBLEMS, PERICARDIAL  SAG, WITH BIORSY  CPITACHCS  CRAFT FOR FACIAL MIRROR PARALYSIS, SIRPE FASCIA GRAFT (INCILLUDING)  ORIALINIS FASCIA)  ORIALINIS FASCIA;  CRAFT CALL BIS AND STRICT, ARTHRICAL DISC, ALTERIOR  APPROACH AGAIN ADDITIONAL INTERSPACE, CENTOCAL  APPROACH AGAIN ADDITIONAL INTERSPACE, CENTOCAL  TRANSCONDYLAR, FRACTURE, WITH OR WITHOUT INTERNAL OR EXTE  CPITACHCS  SEPAR, COMPLEX, FYLUS, NOSE, EARS ANDOCAL LISS, FRACH ADDITIONAL 5 Yes  CRAFT CRARSCONDYLAR, FRACTURE, WITH OR WITHOUT INTERNAL OR EXTE  TRANSCONDYLAR, FRACTURE, WITH OR WITHOUT INTERNAL OR EXTE  TRANSCONDYLAR, FRACTURE, WITH OR WITHOUT INTERNAL OR EXTE  SEPAR, WALDENANT INJURIES, CONTROLLES, FRACTURE, WITHOUT INTERNAL OR EXTE  TRANSCONDYLAR, WITHOUT INTERNAL OR EXTE  TRANSCONDYLAR, WITHOUT INTERNAL OR	69155	CPT/HCPCS		Yes
PERIONEL, MISSINTERIC, OR RETROPERTIONED, PRIMARY OR SCONDARY UNMORS  CPTHICPCS  ANDPLASTY, PLASTIC OPERATION FOR STRICTURE, INFANT  Ves  3200H  CPTHICPCS  GRAFF FOR ACIOL, NEW BY  GRAFF FOR ACIOL, NEW PACALYSIS; FIRE FASCIA GRAFT (INCLUDING  ORTHORDS  GRAFF FOR ACIOL, NEW PACALYSIS; FIRE FASCIA GRAFT (INCLUDING  ORTHORDS  REMOVAL OF TOTAL DESCRIPT  GRAFF FOR ACIOL, NEW PACALYSIS; FIRE FASCIA GRAFT (INCLUDING  ORTHORDS  REMOVAL OF TOTAL DESCRIPT  APPROACH FASH ADDITIONAL INTERSPACE, CERVICAL  APPROACH FASH ADDITIONAL INTERSPACE, CERVICAL  COM DELESS  CPTHICPCS  CPTHICPCS  GRAFF FOR COMPLEX PEUDS, NOSE, EARS AND/ORLIPS; EACH ADDITIONAL 5 Ves  CHORLESS  CPTHICPCS  CPTHICPCS  GRAFF FASCIURE, WITH OR WITHOUT INTERNAL OR EXTE  REPARA, WALKINGHM TALIONOMY CONSTRUCTION  READ COMPLEX PEUDS, NOSE, ASS AND/ORLIPS; EACH ADDITIONAL 6 Ves  REPARA, WALKINGHM TALIONOMY CONSTRUCTION  REPARA, WALKINGHM TALIONOMY CONSTRUCTION  CPTHICPCS  C	66682	CPT/HCPCS	· · · · · · · · · · · · · · · · · · ·	Yes
CPTINCPCS MORAGOSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE); PERICARDIAL NS SIGN, WITH BIOPRY SIGNAL HIS BOPRY OBSTANDAY OSSTANDAY	49205	CPT/HCPCS	PERITONEAL, MESENTERIC, OR RETROPERITONEAL PRIMARY OR SCONDARY	Yes
SAC, WITH BIDRYS  OPT-INCPCS OPT-FOR FOR FACIAL REVER PARALYSIS; FREE FASCIA GRAFT (INCLUDING OBLANING FASCIA)  OBLANING FASCIA)  ORDANING FASCIA)  ORDANING FASCIA)  ORDANING FASCIA)  ORDANING FASCIA)  REPAIR, COMPLEX, FYELDS, NOSE, LARGE ANDOR LIPS; EACH ADDITIONAL SYES APPROACH EACH ADDITIONAL INTERSPACE, CERVICAL  APPROACH EACH ADDITIONAL INTERSPACE, CERVICAL  CPTIACPCS OPEN TREATMENT OF CLOSED OR OPEN HUMERAL SUPRACONQUIAN OR THAN SOCIAL MANDOR LIPS; EACH ADDITIONAL SYES  CPTIACPCS WITH PRIMARY LIGAMENTOUS REPAIR, WALDEMENTATION RECONSTRUCTION  REPAIR WALDEMENTATION FOR STATE OR SHEW THE FINANCIAN PERILIPATE  SHEWS OPT-INCPCS RECITION (INTINIAL) OF OVERALA, TUBBAL OR REPRESANT PERILIPATE  SHEWS OPT-INCPCS RECITION (INTINIAL) OF OVERALA, TUBBAL OR REPRESANT PERILIPATE  SECURITY OF THE STATE OF THE	46705	CPT/HCPCS	ANOPLASTY, PLASTIC OPERATION FOR STRICTURE; INFANT	Yes
OBTAINING FASCIA)  OPTHOPOS  REPAIR, COMPIEZE, PEFLIDS, NOSE, EARS AND/OR LIDSC), ANTERIOR  APPROACH FACH ADDITIONAL INTERSPACE, CERVICAL  REPAIR, COMPIEZE, PEFLIDS, NOSE, FARS AND/OR LIDSC, ANTERIOR  OPTHOPOS  OPEN TREATMENT OF CLOSED OR OPEN HUMBRAL SUPRACONDYLAR OR  TRANSCONDYLAR FRACTURE, WITH OR WITHOUT INTERNAL OR EXTE  PROCESSOR  OPEN TREATMENT OF CLOSED OR OPEN HUMBRAL SUPRACONDYLAR OR  TRANSCONDYLAR FRACTURE, WITH OR WITHOUT INTERNAL OR EXTE  WITH PRIMARY LIGAMENTOUS  REFAIR, WALIGHENTATION OR CONSTRUCTION  OPEN TERMINAL LIGAMENTOUS  REFAIR, WALIGHENTATION OR CONSTRUCTION  OPEN TERMINAL CONTROL WITH BILLATERAL SALPINGO-OPHORECTOMY AND OPEN TERMINAL OR EXTE  OPTHOPOS  CETTHOPOS  CETTHOPO	32604	CPT/HCPCS		Yes
APPROACH EACH ADDITIONAL INTERPACE, CERNICAL  SETTING COMPLEX EYELIDS, NOSE, EARS AND/OR LIPS; EACH ADDITIONAL 5 Yes CM OR LESS CM O	15840	CPT/HCPCS	· ·	Yes
SPEAR, COMPLEX, EYELLOS, NOSE, EARS AND/OR LIPS, EACH ADDITIONAL 5   Yes	0095T	CPT/HCPCS	` '	Yes
27565 CPT/HCPCS OPEN TREATMENT OF CLOSED OR OPEN HUMBRAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE, WITH OR WITHOUT INTERNAL OR EXTER  27566 CPT/HCPCS WITH PRIMARY LIGAMENTOUS REPAR, WALGOMENTATION, SECONSTRUCTION  RECTION (INTIAL) OF OVARIAN, TUBAL OR PRIMARY PERITONEAL  MALIONANCY WITH BILITARIA SALITION OF PRIMARY PERITONEAL  MALIONANCY WITH SALITION OF PRIMARY PERITONEAL  MALIONANCY WITH SALITION OF PRIMARY PERITONEAL MASTOLIC ORD  MALIONANCY WITH SALITION OF PRIMARY PERITON OF PRIMARY PERITONEAL  MALIONANCY WITH SALITION OF PRIMARY PERITONEAL MASTOLIC ORD  MALIONANCY WITH SALITION OF PRIMARY PERITONEAL MASTOLIC ORD  MALIONANCY SALITION OF PRIMARY PERITON OF PRIMARY PERITONEAL MASTOLIC ORD  MALIONANCY PERITON OF PRIMARY PERIT	13153	CPT/HCPCS	REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; EACH ADDITIONAL 5	Yes
REPARR, WALDOMENTATION/RECONSTRUCTION  RECTION (INITIAL) OF OVARIAN, TUBAL OR PRIMARY PERITONEAL  MALIGNANDY WITH BILATERAL SALPINGO-ODPHORECTOMY AND  MENTECTOMY  25112 CPT/HCPCS  CPT/HCPCS  CPT/HCPCS  OPEN TREATMENT OF NASOMANILLARY COMPLEX FRACTURE (LEFORT II  TYPE), WITH MULTIPLE APPROACHES  21550 OPT/HCPCS  BIOPSY, SOFT TISSUE OF NECK OR THORAX  Yes  21550 OPT/HCPCS  TREATMENT OF NASOMANILLARY COMPLEX FRACTURE (LEFORT II  TYPE), WITH MULTIPLE APPROACHES  24595 CPT/HCPCS  TREATMENT OF CLOSED HUMERAL SHAFT FRACTURE; WITH MANIPULATION  Yes  22111 CPT/HCPCS  CRANIOPLASTY FOR SKULL DEFECT; LARGER THAN 5 CM DIAMETER  69603 CPT/HCPCS  REVISION MASTOIDECTOMY; RESULTING IN RADICAL MASTOIDECTOMY  Yes  255559 CPT/HCPCS  CPT/HCPCS  UNLISTED LARAROSCOPY PROCEDURE, SPERMATIC CORD  Yes  228270 CPT/HCPCS  UNLISTED LARAROSCOPY PROCEDURE, SPERMATIC CORD  Yes  228270 CPT/HCPCS  UNLISTED PROCEDURE, CONTINACTURE METATARSOPHALANCEAL JOINT, WITH Yes  OR WITHOUT TENORRHAPHY, SINGLE, EACH JOINT (SEPARATE  CPT/HCPCS  UNLISTED PROCEDURE, CONJUNCTIVA  Yes  23182 CPT/HCPCS  ABLATION THERAPY REDUCTION OR ERADICATION ONE/MORE PULMONARY  TUMOR(S) INCLUDING PLEURA/CHEST WALL WHEN INVOLVED BY TUMOR  23182 CPT/HCPCS  CPT/HCPCS  CREATION OF ARTERIOVENOUS FISTULA; AUTOCEROUS GRAFT  Yes  GROSS  CPT/HCPCS  CREATION OF ARTERIOVENOUS FISTULA; AUTOCEROUS GRAFT  Yes  CPT/HCPCS  CREATION OF ARTERIOVENOUS FISTULA; AUTOCEROUS GRAFT  Yes  CPT/HCPCS  TREATMENT OF CLOSED INTERTROCHANTERIC, PERTROCHANTERIC, OR  SUBTROCHANTERIC CFEMORAL PROCEDURE; DIAGNOSTIC  Yes  27238 CPT/HCPCS  TREATMENT OF CLOSED INTERTROCHANTERIC, PERTROCHANTERIC, OR  SUBTROCHANTERIC CFEMORAL PRACTURE; WITHOLLOSURE OF AUYOLLAR RIDGE;  WITH BONE GRAFT TO AUYOCLAR RIDGE (INCLUDES OBTAININ)  TO THE CPT/HCPCS  TREATMENT OF CRONIFORMS, FRONTALIS MUSCLE TECHNIQUE WITH  AUTOCLOGOUS FASCIAL SUNG INICLUDES OBTAINING FASCIA)  CPT/HCPCS  TREATMENT OF CRANIFORMS OF OR PLINT  Ves  11505  CPT/HCPCS  TREATMENT OF CRANIFORMS OF OR PLINT  TO THE CPT/HCPCS  TREATMENT OF CRANIFORMS OF OR PLINT  TO THE CO	24545	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN HUMERAL SUPRACONDYLAR OR	Yes
CPT/HCPCS RECTION (INTITIAL) OF OWARIAN, TUBAL OR PRIMARY PERITONEAL MALIGNANCY WITH BILATERAL SALPINGO-OOPHORECTOMY AND MALIGNANCY WITH COMPLEX FRACTURE (LEFORT II TYPE); WITH MULTIPLE APPROACHES  21550 OPT/HCPCS BIODPSY, SOFT TISSUE OF NECK OR THORAX 21550 OPT/HCPCS BIODPSY, SOFT TISSUE OF NECK OR THORAX 21550 OPT/HCPCS CRANIOPLASTY FOR SKULL DEFECT: LARGER THAN 5 CM DIAMETER YES 21551 OPT/HCPCS CRANIOPLASTY FOR SKULL DEFECT: LARGER THAN 5 CM DIAMETER YES 21550 OPT/HCPCS CRANIOPLASTY FOR SKULL DEFECT: LARGER THAN 5 CM DIAMETER YES 21550 OPT/HCPCS UNLISSTED LAPAROSCOPY PROCEDURE, SPERMATIC CORD YES 21550 OPT/HCPCS UNLISSTED LAPAROSCOPY PROCEDURE, SPERMATIC CORD YES 21550 OPT/HCPCS CAPSULOTOMY FOR CONTRACTURE; METATASOPHALANGEAL JOINT, WITH YES OR WITHOUT TENORRHAPHY, SINGLE, FACH JOINT (SEPARATE  21550 OPT/HCPCS UNLISSTED PROCEDURE, CONJUNCTIVA YES 21550 OPT/HCPCS UNLISSTED PROCEDURE, CONJUNCTIVA YES 21550 OPT/HCPCS PARTIAL EXCISION (CRATERIZATION, SALUCERIZATION, OR DIAPHYSECTOMY) YES 21550 OPT/HCPCS PARTIAL EXCISION (CRATERIZATION, SALUCERIZATION, OR DIAPHYSECTOMY) YES 21550 OPT/HCPCS CREATION OF ARTERIOVENOUS FISTULA; AUTOGENOUS GRAFT YES 21550 OPT/HCPCS CREATION OF ARTERIOVENOUS FISTULA; AUTOGENOUS GRAFT YES 21550 OPT/HCPCS CREATION OF ARTERIOVENOUS FISTULA; AUTOGENOUS GRAFT YES 21550 OPT/HCPCS PALATOPLASTY FOR CLEFT PALATE, WITH EXCISION OF CAROTID ARTERY YES 21550 OPT/HCPCS PALATOPLASTY FOR CLEFT PALATE, WITH EXCISION OF CAROTID ARTERY YES 21550 OPT/HCPCS PALATOPLASTY FOR CLEFT PALATE, WITH CLOSURE OF ALVEOLAR RIDGE; YES 21550 OPT/HCPCS PALATOPLASTY FOR CLEFT PALATE, WITH CLOSURE OF ALVEOLAR RIDGE; YES 21550 OPT/HCPCS REPARA TO A LUFT OF A PALATOPLAST, FRONTALIS MUSCLE TECHNIQUE WITH YES 21550 OPT/HCPCS REPARA OF BEPHARROPTOSIS; FRONTALIS MUSCLE TEC	27558	CPT/HCPCS		Yes
21347 CPT/HCPCS OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WITH MULTIPLE APPROACHES 21550 CPT/HCPCS GROSPY, SOFT TISSUE OF NECK OR THORAX Yes 24505 CPT/HCPCS TREATMENT OF CLOSED HUMERAL SHAFT FRACTURE; WITH MANIPULATION Yes 24505 CPT/HCPCS CRANIOPLASTY FOR SKULL DEFECT; LARGER THAN 5 CM DIAMETER Yes 69603 CPT/HCPCS REVISION MASTOIDECTOMY; RESULTING IN RADICAL MASTOIDECTOMY Yes 255559 CPT/HCPCS UNLISTED LAPAROSCOPY PROCEDURE, SPERMATIC CORD Yes 262270 CPT/HCPCS CAPSULOTOMY FOR CONTRACTURE; METATARSOPHALANGEAL JOINT, WITH YES 26399 CPT/HCPCS UNLISTED PROCEDURE, CONJUNCTIVA Yes 26399 CPT/HCPCS UNLISTED PROCEDURE, CONJUNCTIVA Yes 27507 ABLATION THERAPY REDUCTION OR ERADICATION ONE/MORE PULMONARY TUMOR TUMOR(S) INCLUDING PLEURA/CHEST WALL WHEN INVOLVED BY TUMOR 27508 PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) Yes 27509 OF BONE (EG, FOR OSTEOMYELITIS), SCAPULA 27509 OF BONE (EG, FOR OSTEOMYELITIS), SCAPULA 27509 CPT/HCPCS CREATION OF ARTERIOVENOUS FISTULA; AUTOGENOUS GRAFT Yes 275000 CPT/HCPCS CREATION OF ARTERIOVENOUS FISTULA; AUTOGENOUS GRAFT Yes 27500 CPT/HCPCS CREATION OF ARTERIOVENOUS FISTULA; AUTOGENOUS GRAFT Yes 27500 CPT/HCPCS CREATION OF ARTERIOVENOUS FISTULA; AUTOGENOUS GRAFT Yes 27500 CPT/HCPCS CREATION OF ARTERIOVENOUS FISTULA; AUTOGENOUS GRAFT Yes 27500 CPT/HCPCS TREATMENT OF CLOSED INTERTROCHANTERIC, PERTROCHANTERIC, OR 27500 CPT/HCPCS TREATMENT OF CRANIDES OBTAINING FASCIA) 27600 CPT/HCPCS TREATMENT OF CRANIDES OBTAINING FASCIA) 27760 CPT/HCPCS TREATMENT OF CRANIDES OBTAINING FASCIA) 27776 CPT/HCPCS TREATMENT OF CRANIDES OBTAINING FASCIA) 2788 CPT/HCPCS TREATMENT OF CRANIDES OBTAINING FASCIA) 2789 CPT/HCPCS TREATMENT OF CRANIDES OBTAINING FASCIA) 27800 CPT/HCPCS TREATMENT OF CRANIDES OBTAINING FASCIA) 27800 CPT/HCPCS TREATMENT OF CRANI	58950	CPT/HCPCS	RECTION (INITIAL) OF OVARIAN, TUBAL OR PRIMARY PERITONEAL MALIGNANCY WITH BILATERAL SALPINGO-OOPHORECTOMY AND	Yes
TYPE): WITH MULTIPLE APPROACHES  CPT/HCPCS BIDPSY, 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  68603 CPT/HCPCS REVISION MASTOIDECTOMY; RESULTING IN RADICAL MASTOIDECTOMY  Yes  CPT/HCPCS UNLISTED LAPAROSCOPY PROCEDURE, SPERMATIC CORD  CPT/HCPCS CAPSULOTOMY FOR CONTRACTURE; METATARSOPHALANGEAL JOINT, WITH Yes  OR WITHOUT TENORRHAPHY, SINGLE, EACH JOINT (SEPARATE  68399 CPT/HCPCS UNLISTED PROCEDURE, CONJUNCTIVA  Yes  CPT/HCPCS ABLATION THERAPY REDUCTION OR ERADICATION ONE/MORE PULMONARY  Yes  TUMOR(S) INCLUDING PLEURA/CHEST WALL WHEN INVOLVED BY TUMOR  23182 CPT/HCPCS PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY)  OF BONE (EG, FOR OSTEOMYELITIS), SCAPULA  36825 CPT/HCPCS CREATION OF ARTERIOVENOUS FISTULA; AUTOGENOUS GRAFT  OF BONE (EG, FOR COSTEOMYELITIS), SCAPULA  36825 CPT/HCPCS CREATION OF ARTERIOVENOUS FISTULA; AUTOGENOUS GRAFT  Yes  CPT/HCPCS EXCISION OF CAROTID BODY TUMOR; WITH EXCISION OF CAROTID ARTERY  Yes  31505 CPT/HCPCS LARYNGOSCOPY, INDIRECT (SEPARATE PROCEDURE); DIAGNOSTIC  27238 CPT/HCPCS PALATOPLASTY FOR CLEET PALATE, WITH CLOSURE OF ALVEOLAR RIDGE; WISH  WITH BONE GRAFT TO ALVEOLAR RIDGE (INCLUDES OBTAININ)  TREATMENT OF CLOSED INTERTROCHANTERIC, PERTROCHANTERIC, OR  SUBTROCHANTERIC FEMORAL FRACTURE; WITHOUT MANIPULATION  TREATMENT OF COSED INTERTROCHANTERIC, PERTROCHANTERIC, OR  SUBTROCHANTERIC FEMORAL FRACTURE; WITHOUT MANIPULATION  TREATMENT OF COSED INTERTROCHANTERIC, PERTROCHANTERIC, OR  SUBTROCHANTERIC FEMORAL FRACTURE; WITHOUT MANIPULATION  TREATMENT OF CORADISAS; FRONTALIS MUSCLE TECHNIQUE WITH  AUTOLOGOUS FASCIAL SLING (INCLUDES OBTAINING FASCIA)  Ves  CPT/HCPCS REPAIR OF BLEPHAROPTOSIS; FRONTALIS MUSCLE TECHNIQUE WITH  AUTOLOGOUS FASCIAL SLING (INCLUDES OBTAINING FASCIA)  NEW GRAFT TO PENTURE OR PALITIT TYPE) USING  INTERDENTAL WIRE FIXATION OF DENTURE OR PALITIT  PENTURE FIXATION OF CORDINING GRAFT), MULTIPLE STRANDS (CA	25112	CPT/HCPCS	EXCISION OF GANGLION, WRIST (DORSAL OR VOLAR); RECURRENT	Yes
CPT/HCPCS TREATMENT OF CLOSED HUMERAL SHAFT FRACTURE; WITH MANIPULATION YES  62141 CPT/HCPCS CRANIOPLASTY FOR SKULL DEFECT; LARGER THAN 5 CM DIAMETER YES  68603 CPT/HCPCS REVISION MASTOIDECTOMY; RESULTING IN RADICAL MASTOIDECTOMY YES  55559 CPT/HCPCS UNLISTED LAPAROSCOPY PROCEDURE, SPERMATIC CORD YES  CAPSULOTOMY FOR CONTRACTURE; METATARSOPHALANGEAL JOINT, WITH YES  OR WITHOUT TENORRHAPHY, SINGLE, EACH JOINT (SEPARATE  68399 CPT/HCPCS UNLISTED PROCEDURE, CONJUNCTIVA YES  28298 CPT/HCPCS UNLISTED PROCEDURE, CONJUNCTIVA YES  COPT/HCPCS ABLATION THERAPY REDUCTION OR ERADICATION ONE/MORE PULMONARY TUMOR(S) INCLUDING PLEURA/CHEST WALL WHEN INVOLVED BY TUMOR  23182 CPT/HCPCS PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY)  OF BOME (EG, FOR OSTEOMYELITS), SCAPULA  36825 CPT/HCPCS EXCISION OF CAROTID BODY TUMOR; WITH EXCISION OF CAROTID ARTERY  66005 CPT/HCPCS EXCISION OF CAROTID BODY TUMOR; WITH EXCISION OF CAROTID ARTERY  231505 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  27238 CPT/HCPCS TREATMENT OF CLOSED INTERTROCHANTERIC, PERTROCHANTERIC, OR SUBTROCHANTERIC FEMORAL FRACTURE; WITHOUT MANIPULATION  67902 CPT/HCPCS REPAIR OF BLEPHAROPTOSIS; FRONTALIS MUSCLE TECHNIQUE WITH AUTOLOGOUS FASCIAL SLING (INCLUDES OBTAINING FASCIA)  1431 CPT/HCPCS TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE) USING INTERCENTAL WITH CROSURE OF SPLINT HIS TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE) USING INTERCENTAL WITH CROSURE OF SPLINT HIS TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE) USING INTERCENTAL WITH CROSURE OF SPLINT HIS TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE) USING INTERCENTAL WITH CROSURE OF SPLINT HIS TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE) USING INTERCENTAL WITH CROSURE OF SPLINT HIS TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE) USING INTERCENTAL WITH CROSURE OF SPLINT HIS TREATMENT OF	21347	CPT/HCPCS	· ·	Yes
62141 CPT/HCPCS CRANIOPLASTY FOR SKULL DEFECT; LARGER THAN 5 CM DIAMETER Yes 69603 CPT/HCPCS REVISION MASTOIDECTOMY; RESULTING IN RADICAL MASTOIDECTOMY 7 Ves 7 Ves 7 CPT/HCPCS CAPSULOTOMY FOR CONTRACTURE; SPERMATIC CORD 7 CPT/HCPCS CAPSULOTOMY FOR CONTRACTURE; METATARSOPHALANGEAL JOINT, WITH 7 Ves 7 CPT/HCPCS UNLISTED PROCEDURE, CONJUNCTIVA 7 CPT/HCPCS UNLISTED PROCEDURE, CONJUNCTIVA 8 CPT/HCPCS ABLATION THERAPY REDUCTION OR ERADICATION ONE/MORE PULMONARY 8 TUMOR(S) INCLUDING PLEURA/CHEST WALL WHEN INVOLVED BY TUMOR 7 TUMOR(S) INCLUDING PLEURA/CHEST WALL WHEN INVOLVED BY TUMOR 7 SORD (E.G., FOR OSTEOMYELITIS), SCAPULA 7 CPT/HCPCS EXCISION OF ARTERIOVENOUS FISTULA; AUTOGENOUS GRAFT Ves 7 CORATION OF CAROTID BODY TUMOR; WITH EXCISION OF CAROTID ARTERY 8 STANDARD CONTRACTOR SEASON, INDIRECT (SEPARATE PROCEDURE; DIAGNOSTIC YES 8 CPT/HCPCS PALATOPLASTY FOR CLEFT PALATE, WITH CLOSURE OF ALVEOLAR RIDGE; WITH BONE GRAFT TO ALVEOLAR RIDGE (INCLUDES OBTAININ 8 CPT/HCPCS TREATMENT OF CLOSED INTERTROCHANTERIC, OR SUBTROCHANTERIC FEMORAL FRACTURE; WITHOUT MANIPULATION 8 CPT/HCPCS REPAIR OF BLEPHAROPTOSIS; FRONTALIS MUSCLE TECHNIQUE WITH AUTOLOGOUS FASCIAL SLING (INCLUDES OBTAININ FEACURE) 9 CPT/HCPCS REPAIR OF BLEPHAROPTOSIS; FRONTALIS MUSCLE TECHNIQUE WITH AUTOLOGOUS FASCIAL SLING (INCLUDES OBTAININ FEACURE) 9 CPT/HCPCS REPAIR OF BLEPHAROPTOSIS; FRONTALIS MUSCLE TECHNIQUE WITH AUTOLOGOUS FASCIAL SLING (INCLUDES OBTAININ FEACURE) 9 CPT/HCPCS REPAIR OF BLEPHAROPTOSIS; FRONTALIS MUSCLE TECHNIQUE WITH AUTOLOGOUS FASCIAL SLING (INCLUDES OBTAININ FEACURE) 9 CPT/HCPCS REPAIR OF BLEPHAROPTOSIS; FRONTALIS MUSCLE TECHNIQUE WITH AUTOLOGOUS FASCIAL SLING (INCLUDES OBTAININ FEACURE) 9 CPT/HCPCS REPAIR OF BLEPHAROPTOSIS; FRONTALIS MUSCLE TECHNIQUE WITH AUTOLOGOUS FASCIAL SLING (INCLUDES OBTAINING FASCIA) 9 CPT/HCPCS REPAIR OF BLEPHAROPTOSIS; FRONTALIS MUSCLE TECHNIQUE WITH AUTOLOGOUS FASCIAL SLING (INCLUDES OBTAINING FASCIA) 9 CPT/HCPCS REPAIR OF BLEPHAROPTOSIS; FRONTALIS SPACET III TYPE) USING INTERDENTAL WITE FIXATION OF DETITURE OR S	21550	CPT/HCPCS	BIOPSY, SOFT TISSUE OF NECK OR THORAX	Yes
CPT/HCPCS REVISION MASTOIDECTOMY; RESULTING IN RADICAL MASTOIDECTOMY  Yes  CPT/HCPCS UNLISTED LAPAROSCOPY PROCEDURE, SPERMATIC CORD  Yes  28270 CPT/HCPCS CAPSULOTOMY FOR CONTRACTURE; METATARSOPHALANGEAL JOINT, WITH Yes  OR WITHOUT TENORRHAPHY, SINGLE, EACH JOINT (SEPARATE  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  23182 CPT/HCPCS PARTIAL EXCISION (CRATERIZATION, SAUGERIZATION, OR DIAPHYSECTOMY)  OF BONE (EG, FOR OSTEOMYELITIS), SCAPULA  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  42210 CPT/HCPCS PALATOPLASTY FOR CLEFT PALATE, WITH CLOSURE OF ALVEOLAR RIDGE; WITH BONE GRAFT TO ALVEOLAR RIDGE (INCLUDES OBTAININ)  27228 CPT/HCPCS TREATMENT OF CLOSED INTERTROCHANTERIC, PERTROCHANTERIC, OR  SUBTROCHANTERIC FEMORAL FRACTURE; WITHOUT MANIPULATION  67902 CPT/HCPCS REPAIR OF BLEPHAROPTOSIS; FRONTALIS MUSCLE TECHNIQUE WITH  AUTOLOGOUS FASCIAL SLING (INCLUDES OBTAINING FASCIA)  TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE) USING  INTERDENTAL WIRE FIXATION OF DENTURE OR SPLINT  G4897 CPT/HCPCS NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), Yes	24505	CPT/HCPCS	TREATMENT OF CLOSED HUMERAL SHAFT FRACTURE; WITH MANIPULATION	Yes
CPT/HCPCS UNLISTED LAPAROSCOPY PROCEDURE, SPERMATIC CORD Yes CAPSULOTOMY FOR CONTRACTURE; METATARSOPHALANGEAL JOINT, WITH OR WITHOUT TENORRHAPHY, SINGLE, EACH JOINT (SEPARATE  68399 CPT/HCPCS UNLISTED PROCEDURE, CONJUNCTIVA 32998 CPT/HCPCS ABLATION THERAPY REDUCTION OR ERADICATION ONE/MORE PULMONARY TUMOR(S) INCLUDING PLEURA/CHEST WALL WHEN INVOLVED BY TUMOR  23182 CPT/HCPCS PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), SCAPULA 36825 CPT/HCPCS CREATION OF ARTERIOVENOUS FISTULA; AUTOGENOUS GRAFT Yes 60605 CPT/HCPCS EXCISION OF CAROTID BODY TUMOR; WITH EXCISION OF CAROTID ARTERY 42210 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  27238 CPT/HCPCS TREATMENT OF CLOSED INTERTROCHANTERIC, OR SUBTROCHANTERIC FEMORAL FRACTURE; WITHOUT MANIPULATION  67902 CPT/HCPCS REPAIR OF BLEPHAROPTOSIS; FRONTALIS MUSCLE TECHNIQUE WITH AUTOLOGOUS FASCIAL SLING (INCLUDES OBTAINING FASCIA)  TREATMENT OF CRANICFACIAL SEPARATION (LEFORT) III TYPE) USING INTERDENTAL WIRE FIXATION OF DENTURE OR SPLINT  64897 CPT/HCPCS NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), Yes	62141	CPT/HCPCS	CRANIOPLASTY FOR SKULL DEFECT; LARGER THAN 5 CM DIAMETER	Yes
CPT/HCPCS CAPSULOTOMY FOR CONTRACTURE; METATARSOPHALANGEAL JOINT, WITH OR WITHOUT TENORRHAPHY, SINGLE, EACH JOINT (SEPARATE  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  23182 CPT/HCPCS PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), SCAPULA  36825 CPT/HCPCS CREATION OF ARTERIOVENOUS FISTULA; AUTOGENOUS GRAFT Yes 60605 CPT/HCPCS EXCISION OF CAROTID BODY TUMOR; WITH EXCISION OF CAROTID ARTERY  31506 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  27238 CPT/HCPCS TREATMENT OF CLOSED INTERTROCHANTERIC, PERTROCHANTERIC, OR SUBTROCHANTERIC FEMORAL FRACTURE; WITHOUT MANIPULATION  67902 CPT/HCPCS REPAIR OF BLEPHAROPTOSIS; FRONTALIS MUSCLE TECHNIQUE WITH AUTOLOGOUS FASCIAL SLING (INCLUDES OBTAININ) Yes  21431 CPT/HCPCS TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE) USING INTERDENTAL WIRE FIXATION OF DENTURE OR SPLINT  64897 CPT/HCPCS NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), Yes	69603	CPT/HCPCS	REVISION MASTOIDECTOMY; RESULTING IN RADICAL MASTOIDECTOMY	Yes
OR WITHOUT TENORRHAPHY, SINGLE, EACH JOINT (SEPARATE  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  23182 CPT/HCPCS PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) Yes OF BONE (EG, FOR OSTEOMYELITIS), SCAPULA 36825 CPT/HCPCS CREATION OF ARTERIOVENOUS FISTULA; AUTOGENOUS GRAFT Yes 60605 CPT/HCPCS EXCISION OF CAROTID BODY TUMOR; WITH EXCISION OF CAROTID ARTERY  42210 CPT/HCPCS LARYNGOSCOPY, INDIRECT (SEPARATE PROCEDURE); DIAGNOSTIC Yes WITH BONE GRAFT TO ALVEOLAR RIDGE (INCLUDES OBTAININ  27238 CPT/HCPCS TREATMENT OF CLOSED INTERTROCHANTERIC, PERTROCHANTERIC, OR SUBTROCHANTERIC FEMORAL FRACTURE; WITHOUT MANIPULATION  67902 CPT/HCPCS REPAIR OF BLEPHAROPTOSIS; FRONTALIS MUSCLE TECHNIQUE WITH AUTOLOGOUS FASCIAL SLING (INCLUDES OBTAININ FASCIA)  27431 CPT/HCPCS TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE) USING INTERDENTAL WIRE FIXATION OF DENTURE OR SPLINT 64897 CPT/HCPCS NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), Yes	55559	CPT/HCPCS	UNLISTED LAPAROSCOPY PROCEDURE, SPERMATIC CORD	Yes
23182 CPT/HCPCS PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), SCAPULA 36825 CPT/HCPCS CREATION OF ARTERIOVENOUS FISTULA; AUTOGENOUS GRAFT Yes 60605 CPT/HCPCS EXCISION OF CAROTID BODY TUMOR; WITH EXCISION OF CAROTID ARTERY 42210 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  27238 CPT/HCPCS TREATMENT OF CLOSED INTERTROCHANTERIC, PERTROCHANTERIC, OR SUBTROCHANTERIC FEMORAL FRACTURE; WITHOUT MANIPULATION  67902 CPT/HCPCS REPAIR OF BLEPHAROPTOSIS; FRONTALIS MUSCLE TECHNIQUE WITH AUTOLOGOUS FASCIAL SLING (INCLUDES OBTAINING FASCIA)  21431 CPT/HCPCS TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE) USING INTERDENTAL WIRE FIXATION OF DENTURE OR SPLINT 64897 CPT/HCPCS NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), Yes	28270	CPT/HCPCS		Yes
TUMOR(S) INCLUDING PLEURA/CHEST WALL WHEN INVOLVED BY TUMOR  23182 CPT/HCPCS PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), SCAPULA  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  27238 CPT/HCPCS TREATMENT OF CLOSED INTERTROCHANTERIC, PERTROCHANTERIC, OR SUBTROCHANTERIC FEMORAL FRACTURE; WITHOUT MANIPULATION  67902 CPT/HCPCS REPAIR OF BLEPHAROPTOSIS; FRONTALIS MUSCLE TECHNIQUE WITH AUTOLOGOUS FASCIAL SLING (INCLUDES OBTAINING FASCIA)  21431 CPT/HCPCS TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE) USING INTERDENTAL WIRE FIXATION OF DENTURE OR SPLINT 64897 CPT/HCPCS NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), Yes	68399	CPT/HCPCS	UNLISTED PROCEDURE, CONJUNCTIVA	Yes
OF BONE (EG, FOR OSTEOMYELITIS), SCAPULA  36825 CPT/HCPCS CREATION OF ARTERIOVENOUS FISTULA; AUTOGENOUS GRAFT YES  60605 CPT/HCPCS EXCISION OF CAROTID BODY TUMOR; WITH EXCISION OF CAROTID ARTERY  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  27238 CPT/HCPCS TREATMENT OF CLOSED INTERTROCHANTERIC, PERTROCHANTERIC, OR SUBTROCHANTERIC FEMORAL FRACTURE; WITHOUT MANIPULATION  67902 CPT/HCPCS REPAIR OF BLEPHAROPTOSIS; FRONTALIS MUSCLE TECHNIQUE WITH AUTOLOGOUS FASCIAL SLING (INCLUDES OBTAINING FASCIA)  21431 CPT/HCPCS TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE) USING INTERDENTAL WIRE FIXATION OF DENTURE OR SPLINT  64897 CPT/HCPCS NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), Yes	32998	CPT/HCPCS		Yes
CPT/HCPCS EXCISION OF CAROTID BODY TUMOR; WITH EXCISION OF CAROTID ARTERY  9es  31505 CPT/HCPCS LARYNGOSCOPY, INDIRECT (SEPARATE PROCEDURE); DIAGNOSTIC  42210 CPT/HCPCS PALATOPLASTY FOR CLEFT PALATE, WITH CLOSURE OF ALVEOLAR RIDGE; WITH BONE GRAFT TO ALVEOLAR RIDGE (INCLUDES OBTAININ  27238 CPT/HCPCS TREATMENT OF CLOSED INTERTROCHANTERIC, PERTROCHANTERIC, OR SUBTROCHANTERIC FEMORAL FRACTURE; WITHOUT MANIPULATION  67902 CPT/HCPCS REPAIR OF BLEPHAROPTOSIS; FRONTALIS MUSCLE TECHNIQUE WITH AUTOLOGOUS FASCIAL SLING (INCLUDES OBTAINING FASCIA)  21431 CPT/HCPCS TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE) USING INTERDENTAL WIRE FIXATION OF DENTURE OR SPLINT  64897 CPT/HCPCS NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), Yes	23182	CPT/HCPCS		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  27238 CPT/HCPCS TREATMENT OF CLOSED INTERTROCHANTERIC, PERTROCHANTERIC, OR SUBTROCHANTERIC FEMORAL FRACTURE; WITHOUT MANIPULATION  67902 CPT/HCPCS REPAIR OF BLEPHAROPTOSIS; FRONTALIS MUSCLE TECHNIQUE WITH AUTOLOGOUS FASCIAL SLING (INCLUDES OBTAINING FASCIA)  21431 CPT/HCPCS TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE) USING INTERDENTAL WIRE FIXATION OF DENTURE OR SPLINT  64897 CPT/HCPCS NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), Yes	36825	CPT/HCPCS		Yes
42210 CPT/HCPCS PALATOPLASTY FOR CLEFT PALATE, WITH CLOSURE OF ALVEOLAR RIDGE; WITH BONE GRAFT TO ALVEOLAR RIDGE (INCLUDES OBTAININ  27238 CPT/HCPCS TREATMENT OF CLOSED INTERTROCHANTERIC, PERTROCHANTERIC, OR SUBTROCHANTERIC FEMORAL FRACTURE; WITHOUT MANIPULATION  67902 CPT/HCPCS REPAIR OF BLEPHAROPTOSIS; FRONTALIS MUSCLE TECHNIQUE WITH AUTOLOGOUS FASCIAL SLING (INCLUDES OBTAINING FASCIA)  21431 CPT/HCPCS TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE) USING INTERDENTAL WIRE FIXATION OF DENTURE OR SPLINT  64897 CPT/HCPCS NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), Yes	60605		· ·	
WITH BONE GRAFT TO ALVEOLAR RIDGE (INCLUDES OBTAININ  27238 CPT/HCPCS TREATMENT OF CLOSED INTERTROCHANTERIC, PERTROCHANTERIC, OR SUBTROCHANTERIC FEMORAL FRACTURE; WITHOUT MANIPULATION  67902 CPT/HCPCS REPAIR OF BLEPHAROPTOSIS; FRONTALIS MUSCLE TECHNIQUE WITH AUTOLOGOUS FASCIAL SLING (INCLUDES OBTAINING FASCIA)  21431 CPT/HCPCS TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE) USING INTERDENTAL WIRE FIXATION OF DENTURE OR SPLINT  64897 CPT/HCPCS NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), Yes	31505	CPT/HCPCS	LARYNGOSCOPY, INDIRECT (SEPARATE PROCEDURE); DIAGNOSTIC	Yes
SUBTROCHANTERIC FEMORAL FRACTURE; WITHOUT MANIPULATION  67902 CPT/HCPCS REPAIR OF BLEPHAROPTOSIS; FRONTALIS MUSCLE TECHNIQUE WITH AUTOLOGOUS FASCIAL SLING (INCLUDES OBTAINING FASCIA)  21431 CPT/HCPCS TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE) USING INTERDENTAL WIRE FIXATION OF DENTURE OR SPLINT  64897 CPT/HCPCS NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), Yes	42210	CPT/HCPCS	i i	Yes
AUTOLOGOUS FASCIAL SLING (INCLUDES OBTAINING FASCIA)  21431 CPT/HCPCS TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE) USING INTERDENTAL WIRE FIXATION OF DENTURE OR SPLINT  64897 CPT/HCPCS NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), Yes	27238	CPT/HCPCS	· · · · · · · · · · · · · · · · · · ·	Yes
INTERDENTAL WIRE FIXATION OF DENTURE OR SPLINT  64897 CPT/HCPCS NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), Yes	67902	CPT/HCPCS	•	Yes
	21431	CPT/HCPCS	,	Yes
, ,	64897	CPT/HCPCS	· · · · · · · · · · · · · · · · · · ·	Yes

49450 CPT/HCPCS REPLACEMENT OF GASTROSTOMY OR CEDOSTOMY (OR OTHER COLONIC) TUBE, PERCUTANEOUS, UNDER FLUOSCOPIC GUIDANCE INCLDING 35656 CPT/HCPCS BYPASS GRAFT, WITH OTHER THAN VEIN; FEMORAL-POPLITEAL Yes 53080 CPT/HCPCS DRAINAGE OF PERINEAL URINARY EXTRAVASATION; UNCOMPLICATED YES (SEPARATE PROCEDURE) 31400 CPT/HCPCS ARYTENOIDECTOMY OR ARYTENOIDOPEXY, EXTERNAL APPROACH Yes 34812 CPT/HCPCS ARYTENOIDECTOMY OR ARYTENOIDOPEXY, EXTERNAL APPROACH Yes PROSTHESIS, BY GROIN INCISION, UNILATERAL 69110 CPT/HCPCS EXCISION EXTERNAL EAR; PARTIAL, SIMPLE REPAIR Yes 36818 CPT/HCPCS ARTERIOVENOUS ANASTOMOSIS, OPEN; BY OPEN ARM CEPHALIC VEIN YES TRABISMUS SURGERY, RECESSION OR RESECTION PROCEDURE (PATIENT NOT PREVIOUSLY OPERATED ON); TWO HORIZONTAL MUSCLES 28110 CPT/HCPCS OSTECTOMY, PARTIAL EXCISION, FIFTH METATARSAL HEAD (BUNIONETTE) (SEPARATE PROCEDURE) 40808 CPT/HCPCS BIOPSY, VESTIBULE OF MOUTH VES 33240 CPT/HCPCS INSERTION OF BUIDE INTO RENAL PELVIS AND/OR URETER WITH WITH SINING SINGLE LEAD 50395 CPT/HCPCS INTRODUCTION OF GUIDE INTO RENAL PELVIS AND/OR URETER WITH DILATION TO ESTABLISH NEPHROSTOMY TRACF, PERCUTANEOUS 19260 CPT/HCPCS EXCISION OF CHEST WALL TUMOR INCLUDING RIBS 40831 CPT/HCPCS CLOSURE OF LACERATION, VESTIBULE OF MOUTH; OVER 2.5 CM OR YES COMPLEX CPT/HCPCS UNLISTED PROCEDURE, ARTHROSCOPY YES CPT/HCPCS UNLISTED PROCEDURE, ARTHROSCOPY 40831 CPT/HCPCS UNLISTED PROCEDURE, ARTHROSCOPY 57921 CPT/HCPCS UNLISTED PROCEDURE, ARTHROSCOPY 57921 CPT/HCPCS REPAIR OF ENTROPION; SUTURE 51590 CPT/HCPCS REPAIR OF ENTROPION; SUTURE 51590 CPT/HCPCS REPAIR OF ENTROPION; SUTURE 51590 CPT/HCPCS REPAIR OF ENTROPION; SUTURE 51500 CPT/HCPCS REPAIR OF ENTROPION; SUTURE 51500 CPT/HCPCS REPAIR OF ENTROPION; SUTURE	
INCLDING   SYPASS GRAFT, WITH OTHER THAN VEIN; FEMORAL-POPLITEAL   Yes	
35656   CPT/HCPCS   SYPASS GRAFT, WITH OTHER THAN VEIN; FEMORAL-POPLITEAL   Yes	
S080 CPT/HCPCS DRAINAGE OF PERINEAL URINARY EXTRAVASATION; UNCOMPLICATED (SEPARATE PROCEDURE)  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  69110 CPT/HCPCS EXCISION EXTERNAL EAR; PARTIAL, SIMPLE REPAIR Yes  36818 CPT/HCPCS ARTERIOVENOUS ANASTOMOSIS, OPEN; BY OPEN ARM CEPHALIC VEIN TRANSPOSITION  67312 CPT/HCPCS STRABISMUS SURGERY, RECESSION OR RESECTION PROCEDURE (PATIENT NOT PREVIOUSLY OPERATED ON); TWO HORIZONTAL MUSCLES  28110 CPT/HCPCS OSTECTOMY, PARTIAL EXCISION, FIFTH METATARSAL HEAD (BUNIONETTE) (SEPARATE PROCEDURE)  40808 CPT/HCPCS BIOPSY, VESTIBULE OF MOUTH YES  33240 CPT/HCPCS INSERTION OF IMPLANTABLE DEFIBRILLATOR PULSE GENERATOR ONLY; WITH EXISTING SINGLE LEAD  50395 CPT/HCPCS INTRODUCTION OF GUIDE INTO RENAL PELVIS AND/OR URETER WITH DILATION TO ESTABLISH NEPHROSTOMY TRACT, PERCUTANEOUS  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  26037 CPT/HCPCS INSERTION OF IMPLANTABLE DEFIBRILATOR PULSE GENERATOR ON YES  COMPLEX  DECOMPLEX  102909 CPT/HCPCS INSERTION OF CHEST WALL TUMOR INCLUDING RIBS YES  202301 CPT/HCPCS INSERTION OF CHEST WALL TUMOR INCLUDING RIBS YES  20301 CPT/HCPCS DECOMPRESSIVE FASCIOTOMY, HAND (EXCLUDES 26035) YES  20301 CPT/HCPCS UNLISTED PROCEDURE, ARTHROSCOPY YES  20301 CPT/HCPCS UNLISTED PROCEDURE, ARTHROSCOPY YES  20302 CPT/HCPCS REPAIR OF ENTROPION; SUTURE YES  51590 CPT/HCPCS CYSTECTOMY, COMPLETE, WITH URETEROILEAL CONDUIT OR SIGMOID YES	
SEPARATE PROCEDURE	
31400 CPT/HCPCS ARYTENOIDECTOMY OR ARYTENOIDOPEXY, EXTERNAL APPROACH  PROSTHESIS, BY GROIN INCISION, UNILATERAL  CPT/HCPCS CISION EXTERNAL EAR; PARTIAL, SIMPLE REPAIR  36818 CPT/HCPCS ARTERIOVENOUS ANASTOMOSIS, OPEN; BY OPEN ARM CEPHALIC VEIN TRANSPOSITION  67312 CPT/HCPCS STRABISMUS SURGERY, RECESSION OR RESECTION PROCEDURE (PATIENT NOT PREVIOUSLY OPERATED ON); TWO HORIZONTAL MUSCLES  28110 CPT/HCPCS OSTECTOMY, PARTIAL EXCISION, FIFTH METATARSAL HEAD (BUNIONETTE) (SEPARATE PROCEDURE)  40808 CPT/HCPCS BIOPSY, VESTIBULE OF MOUTH Yes  33240 CPT/HCPCS INSERTION OF IMPLANTABLE DEFIBRILLATOR PULSE GENERATOR ONLY; Yes  WITH EXISTING SINGLE LEAD  50395 CPT/HCPCS INTRODUCTION OF GUIDE INTO RENAL PELVIS AND/OR URETER WITH Yes  DILATION TO ESTABLISH NEPHROSTOMY TRACT, PERCUTANEOUS  19260 CPT/HCPCS EXCISION OF CHEST WALL TUMOR INCLUDING RIBS  40831 CPT/HCPCS CLOSURE OF LACERATION, VESTIBULE OF MOUTH; OVER 2.5 CM OR COMPLEX  COMPLEX  26037 CPT/HCPCS DECOMPRESSIVE FASCIOTOMY, HAND (EXCLUDES 26035) Yes  0230T CPT/HCPCS UNLISTED PROCEDURE, ARTHROSCOPY Yes  51590 CPT/HCPCS REPAIR OF ENTROPION; SUTURE  CYSTECTOMY, OWN PLANS ON PERSON P	
ABB12 CPT/HCPCS OPEN FEMORAL ARTERY EXPOSURE FOR DELIVERY OF ENDOVASCULAR PROSTHESIS, BY GROIN INCISION, UNILATERAL  69110 CPT/HCPCS EXCISION EXTERNAL EAR; PARTIAL, SIMPLE REPAIR Yes  36818 CPT/HCPCS ARTERIOVENOUS ANASTOMOSIS, OPEN; BY OPEN ARM CEPHALIC VEIN TRANSPOSITION  67312 CPT/HCPCS STRABISMUS SURGERY, RECESSION OR RESECTION PROCEDURE (PATIENT NOT PREVIOUSLY OPERATED ON); TWO HORIZONTAL MUSCLES  28110 CPT/HCPCS OSTECTOMY, PARTIAL EXCISION, FIFTH METATARSAL HEAD (BUNIONETTE) (SEPARATE PROCEDURE)  40808 CPT/HCPCS BIOPSY, VESTIBULE OF MOUTH Yes  33240 CPT/HCPCS INSERTION OF IMPLANTABLE DEFIBRILLATOR PULSE GENERATOR ONLY; Yes  WITH EXISTING SINGLE LEAD  50395 CPT/HCPCS INTRODUCTION OF GUIDE INTO RENAL PELVIS AND/OR URETER WITH DILATION TO ESTABLISH NEPHROSTOMY TRACT, PERCUTANEOUS  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  26037 CPT/HCPCS DECOMPRESSIVE FASCIOTOMY, HAND (EXCLUDES 26035) Yes  02307 CPT/HCPCS INISETIONS), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH ULTRASOUND GUIDANCE, LUMBAR OR SACRAL; SING  29999 CPT/HCPCS UNLISTED PROCEDURE, ARTHROSCOPY Yes  51590 CPT/HCPCS CYSTECTOMY, COMPLETE, WITH URETEROILEAL CONDUIT OR SIGMOID YES  BLADDER, INCLUDING BOWEL ANASTOMOSIS;	
PROSTHESIS, BY GROIN INCISION, UNILATERAL 69110 CPT/HCPCS EXCISION EXTERNAL EAR; PARTIAL, SIMPLE REPAIR 798 36818 CPT/HCPCS ARTERIOVENOUS ANASTOMOSIS, OPEN; BY OPEN ARM CEPHALIC VEIN TRANSPOSITION 67312 CPT/HCPCS STRABISMUS SURGERY, RECESSION OR RESECTION PROCEDURE (PATIENT NOT PREVIOUSLY OPERATED ON); TWO HORIZONTAL MUSCLES  28110 CPT/HCPCS OSTECTOMY, PARTIAL EXCISION, FIFTH METATARSAL HEAD (BUNIONETTE) (SEPARATE PROCEDURE) 40808 CPT/HCPCS BIOPSY, VESTIBULE OF MOUTH 33240 CPT/HCPCS INSERTION OF IMPLANTABLE DEFIBRILLATOR PULSE GENERATOR ONLY; WITH EXISTING SINGLE LEAD 60395 CPT/HCPCS INTRODUCTION OF GUIDE INTO RENAL PELVIS AND/OR URETER WITH DILATION TO ESTABLISH NEPHROSTOMY TRACT, PERCUTANEOUS 19260 CPT/HCPCS EXCISION OF CHEST WALL TUMOR INCLUDING RIBS 40831 CPT/HCPCS DECOMPRESSIVE FASCIOTOMY, HAND (EXCLUDES 26035) CPT/HCPCS DECOMPRESSIVE FASCIOTOMY, HAND (EXCLUDES 26035) Ves 26037 CPT/HCPCS DECOMPRESSIVE FASCIOTOMY, HAND (EXCLUDES 26035) Ves 26037 CPT/HCPCS UNLISTED PROCEDURE, ARTHROSCOPY 4 YES 67921 CPT/HCPCS REPAIR OF ENTROPION; SUTURE 51590 CPT/HCPCS REPAIR OF ENTROPION; SUTURE 51590 CPT/HCPCS REPAIR OF ENTROPION; SUTURE 51590 CPT/HCPCS CYSTECTOMY, COMPLETE, WITH URETEROILEAL CONDUIT OR SIGMOID BLADDER, INCLUDING BOWEL ANASTOMOSIS;	
69110 CPT/HCPCS EXCISION EXTERNAL EAR; PARTIAL, SIMPLE REPAIR Yes 36818 CPT/HCPCS ARTERIOVENOUS ANASTOMOSIS, OPEN; BY OPEN ARM CEPHALIC VEIN TRANSPOSITION 67312 CPT/HCPCS STRABISMUS SURGERY, RECESSION OR RESECTION PROCEDURE (PATIENT NOT PREVIOUSLY OPERATED ON); TWO HORIZONTAL MUSCLES  28110 CPT/HCPCS OSTECTOMY, PARTIAL EXCISION, FIFTH METATARSAL HEAD (BUNIONETTE) (SEPARATE PROCEDURE) 40808 CPT/HCPCS BIOPSY, VESTIBULE OF MOUTH Yes 33240 CPT/HCPCS INSERTION OF IMPLANTABLE DEFIBRILLATOR PULSE GENERATOR ONLY; WITH EXISTING SINGLE LEAD 50395 CPT/HCPCS INTRODUCTION OF GUIDE INTO RENAL PELVIS AND/OR URETER WITH DILATION TO ESTABLISH NEPHROSTOMY TRACT, PERCUTANEOUS 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 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 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;	
ARTERIOVENOUS ANASTOMOSIS, OPEN; BY OPEN ARM CEPHALIC VEIN TRANSPOSITION  67312 CPT/HCPCS STRABISMUS SURGERY, RECESSION OR RESECTION PROCEDURE (PATIENT NOT PREVIOUSLY OPERATED ON); TWO HORIZONTAL MUSCLES  28110 CPT/HCPCS OSTECTOMY, PARTIAL EXCISION, FIFTH METATARSAL HEAD (BUNIONETTE) (SEPARATE PROCEDURE)  40808 CPT/HCPCS BIOPSY, VESTIBULE OF MOUTH Yes  33240 CPT/HCPCS INSERTION OF IMPLANTABLE DEFIBRILLATOR PULSE GENERATOR ONLY; WITH EXISTING SINGLE LEAD  50395 CPT/HCPCS INTRODUCTION OF GUIDE INTO RENAL PELVIS AND/OR URETER WITH DILATION TO ESTABLISH NEPHROSTOMY TRACT, PERCUTANEOUS  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  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  29999 CPT/HCPCS REPAIR OF ENTROPION; SUTURE Yes  51590 CPT/HCPCS CYSTECTOMY, COMPLETE, WITH URETEROILEAL CONDUIT OR SIGMOID BLADDER, INCLUDING BOWEL ANASTOMOSIS;	
TRANSPOSITION  67312 CPT/HCPCS STRABISMUS SURGERY, RECESSION OR RESECTION PROCEDURE (PATIENT NOT PREVIOUSLY OPERATED ON); TWO HORIZONTAL MUSCLES  28110 CPT/HCPCS OSTECTOMY, PARTIAL EXCISION, FIFTH METATARSAL HEAD (BUNIONETTE) (SEPARATE PROCEDURE)  40808 CPT/HCPCS BIOPSY, VESTIBULE OF MOUTH Yes  33240 CPT/HCPCS INSERTION OF IMPLANTABLE DEFIBRILLATOR PULSE GENERATOR ONLY; WITH EXISTING SINGLE LEAD  50395 CPT/HCPCS INTRODUCTION OF GUIDE INTO RENAL PELVIS AND/OR URETER WITH DILATION TO ESTABLISH NEPHROSTOMY TRACT, PERCUTANEOUS  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  26037 CPT/HCPCS DECOMPRESSIVE FASCIOTOMY, HAND (EXCLUDES 26035) Yes  10230T CPT/HCPCS INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH ULTRASOUND GUIDANCE, LUMBAR OR SACRAL; SING  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 Yes	
CPT/HCPCS STRABISMUS SURGERY, RECESSION OR RESECTION PROCEDURE (PATIENT NOT PREVIOUSLY OPERATED ON); TWO HORIZONTAL MUSCLES  28110 CPT/HCPCS OSTECTOMY, PARTIAL EXCISION, FIFTH METATARSAL HEAD (BUNIONETTE) (SEPARATE PROCEDURE)  40808 CPT/HCPCS BIOPSY, VESTIBULE OF MOUTH Yes  33240 CPT/HCPCS INSERTION OF IMPLANTABLE DEFIBRILLATOR PULSE GENERATOR ONLY; WITH EXISTING SINGLE LEAD  50395 CPT/HCPCS INTRODUCTION OF GUIDE INTO RENAL PELVIS AND/OR URETER WITH DILATION TO ESTABLISH NEPHROSTOMY TRACT, PERCUTANEOUS  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  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  29999 CPT/HCPCS UNLISTED PROCEDURE, ARTHROSCOPY Yes  67921 CPT/HCPCS CYSTECTOMY, COMPLETE, WITH URETEROILEAL CONDUIT OR SIGMOID YES  BLADDER, INCLUDING BOWEL ANASTOMOSIS;	
NOT PREVIOUSLY OPERATED ON); TWO HORIZONTAL MUSCLES  28110 CPT/HCPCS OSTECTOMY, PARTIAL EXCISION, FIFTH METATARSAL HEAD (BUNIONETTE) (SEPARATE PROCEDURE)  40808 CPT/HCPCS BIOPSY, VESTIBULE OF MOUTH Yes 33240 CPT/HCPCS INSERTION OF IMPLANTABLE DEFIBRILLATOR PULSE GENERATOR ONLY; Yes WITH EXISTING SINGLE LEAD  50395 CPT/HCPCS INTRODUCTION OF GUIDE INTO RENAL PELVIS AND/OR URETER WITH DILATION TO ESTABLISH NEPHROSTOMY TRACT, PERCUTANEOUS  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  26037 CPT/HCPCS DECOMPRESSIVE FASCIOTOMY, HAND (EXCLUDES 26035) Yes 0230T CPT/HCPCS INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL FIDURAL, WITH ULTRASOUND GUIDANCE, LUMBAR OR SACRAL; SING  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 Yes	
28110 CPT/HCPCS OSTECTOMY, PARTIAL EXCISION, FIFTH METATARSAL HEAD (BUNIONETTE) (SEPARATE PROCEDURE) 40808 CPT/HCPCS BIOPSY, VESTIBULE OF MOUTH Yes 33240 CPT/HCPCS INSERTION OF IMPLANTABLE DEFIBRILLATOR PULSE GENERATOR ONLY; WITH EXISTING SINGLE LEAD 50395 CPT/HCPCS INTRODUCTION OF GUIDE INTO RENAL PELVIS AND/OR URETER WITH Yes DILATION TO ESTABLISH NEPHROSTOMY TRACT, PERCUTANEOUS 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 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 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;	
(SEPARATE PROCEDURE)  40808 CPT/HCPCS BIOPSY, VESTIBULE OF MOUTH Yes  33240 CPT/HCPCS INSERTION OF IMPLANTABLE DEFIBRILLATOR PULSE GENERATOR ONLY; Yes  50395 CPT/HCPCS INTRODUCTION OF GUIDE INTO RENAL PELVIS AND/OR URETER WITH DILATION TO ESTABLISH NEPHROSTOMY TRACT, PERCUTANEOUS  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  26037 CPT/HCPCS DECOMPRESSIVE FASCIOTOMY, HAND (EXCLUDES 26035) Yes  10230T CPT/HCPCS INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH ULTRASOUND GUIDANCE, LUMBAR OR SACRAL; SING  29999 CPT/HCPCS REPAIR OF ENTROPION; SUTURE Yes  51590 CPT/HCPCS CYSTECTOMY, COMPLETE, WITH URETEROILEAL CONDUIT OR SIGMOID YES  BLADDER, INCLUDING BOWEL ANASTOMOSIS;	
(SEPARATE PROCEDURE)  40808 CPT/HCPCS BIOPSY, VESTIBULE OF MOUTH Yes  33240 CPT/HCPCS INSERTION OF IMPLANTABLE DEFIBRILLATOR PULSE GENERATOR ONLY; Yes  50395 CPT/HCPCS INTRODUCTION OF GUIDE INTO RENAL PELVIS AND/OR URETER WITH DILATION TO ESTABLISH NEPHROSTOMY TRACT, PERCUTANEOUS  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  26037 CPT/HCPCS DECOMPRESSIVE FASCIOTOMY, HAND (EXCLUDES 26035) Yes  10230T CPT/HCPCS INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH ULTRASOUND GUIDANCE, LUMBAR OR SACRAL; SING  29999 CPT/HCPCS REPAIR OF ENTROPION; SUTURE Yes  51590 CPT/HCPCS CYSTECTOMY, COMPLETE, WITH URETEROILEAL CONDUIT OR SIGMOID YES  BLADDER, INCLUDING BOWEL ANASTOMOSIS;	
40808 CPT/HCPCS BIOPSY, VESTIBULE OF MOUTH Yes  33240 CPT/HCPCS INSERTION OF IMPLANTABLE DEFIBRILLATOR PULSE GENERATOR ONLY; Yes  WITH EXISTING SINGLE LEAD  50395 CPT/HCPCS INTRODUCTION OF GUIDE INTO RENAL PELVIS AND/OR URETER WITH Yes  DILATION TO ESTABLISH NEPHROSTOMY TRACT, PERCUTANEOUS  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  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  29999 CPT/HCPCS REPAIR OF ENTROPION; SUTURE Yes  51590 CPT/HCPCS CYSTECTOMY, COMPLETE, WITH URETEROILEAL CONDUIT OR SIGMOID Yes  BLADDER, INCLUDING BOWEL ANASTOMOSIS;	
Sacration of Implantable Defibrillator Pulse Generator Only;   Yes	
WITH EXISTING SINGLE LEAD  50395 CPT/HCPCS INTRODUCTION OF GUIDE INTO RENAL PELVIS AND/OR URETER WITH DILATION TO ESTABLISH NEPHROSTOMY TRACT, PERCUTANEOUS  19260 CPT/HCPCS EXCISION OF CHEST WALL TUMOR INCLUDING RIBS  40831 CPT/HCPCS CLOSURE OF LACERATION, VESTIBULE OF MOUTH; OVER 2.5 CM OR COMPLEX  26037 CPT/HCPCS DECOMPRESSIVE FASCIOTOMY, HAND (EXCLUDES 26035)  CPT/HCPCS INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH ULTRASOUND GUIDANCE, LUMBAR OR SACRAL; SING  29999 CPT/HCPCS UNLISTED PROCEDURE, ARTHROSCOPY  FOR STEPPING OF ENTROPION; SUTURE  51590 CPT/HCPCS CYSTECTOMY, COMPLETE, WITH URETEROILEAL CONDUIT OR SIGMOID YES BLADDER, INCLUDING BOWEL ANASTOMOSIS;	
CPT/HCPCS INTRODUCTION OF GUIDE INTO RENAL PELVIS AND/OR URETER WITH DILATION TO ESTABLISH NEPHROSTOMY TRACT, PERCUTANEOUS  19260 CPT/HCPCS EXCISION OF CHEST WALL TUMOR INCLUDING RIBS  40831 CPT/HCPCS CLOSURE OF LACERATION, VESTIBULE OF MOUTH; OVER 2.5 CM OR COMPLEX  26037 CPT/HCPCS DECOMPRESSIVE FASCIOTOMY, HAND (EXCLUDES 26035)  CPT/HCPCS INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH ULTRASOUND GUIDANCE, LUMBAR OR SACRAL; SING  29999 CPT/HCPCS UNLISTED PROCEDURE, ARTHROSCOPY Fes 67921 CPT/HCPCS REPAIR OF ENTROPION; SUTURE CYSTECTOMY, COMPLETE, WITH URETEROILEAL CONDUIT OR SIGMOID YES BLADDER, INCLUDING BOWEL ANASTOMOSIS;	
DILATION TO ESTABLISH NEPHROSTOMY TRACT, PERCUTANEOUS  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  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  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 Yes  BLADDER, INCLUDING BOWEL ANASTOMOSIS;	
19260 CPT/HCPCS EXCISION OF CHEST WALL TUMOR INCLUDING RIBS 40831 CPT/HCPCS CLOSURE OF LACERATION, VESTIBULE OF MOUTH; OVER 2.5 CM OR COMPLEX 26037 CPT/HCPCS DECOMPRESSIVE FASCIOTOMY, HAND (EXCLUDES 26035) 10230T CPT/HCPCS INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL FIDURAL, WITH ULTRASOUND GUIDANCE, LUMBAR OR SACRAL; SING 29999 CPT/HCPCS UNLISTED PROCEDURE, ARTHROSCOPY 47921 CPT/HCPCS REPAIR OF ENTROPION; SUTURE 51590 CPT/HCPCS CYSTECTOMY, COMPLETE, WITH URETEROILEAL CONDUIT OR SIGMOID Yes BLADDER, INCLUDING BOWEL ANASTOMOSIS;	
19260 CPT/HCPCS EXCISION OF CHEST WALL TUMOR INCLUDING RIBS 40831 CPT/HCPCS CLOSURE OF LACERATION, VESTIBULE OF MOUTH; OVER 2.5 CM OR COMPLEX 26037 CPT/HCPCS DECOMPRESSIVE FASCIOTOMY, HAND (EXCLUDES 26035) 10230T CPT/HCPCS INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL FIDURAL, WITH ULTRASOUND GUIDANCE, LUMBAR OR SACRAL; SING 29999 CPT/HCPCS UNLISTED PROCEDURE, ARTHROSCOPY 47921 CPT/HCPCS REPAIR OF ENTROPION; SUTURE 51590 CPT/HCPCS CYSTECTOMY, COMPLETE, WITH URETEROILEAL CONDUIT OR SIGMOID Yes BLADDER, INCLUDING BOWEL ANASTOMOSIS;	
40831 CPT/HCPCS CLOSURE OF LACERATION, VESTIBULE OF MOUTH; OVER 2.5 CM OR COMPLEX  26037 CPT/HCPCS DECOMPRESSIVE FASCIOTOMY, HAND (EXCLUDES 26035)  CPT/HCPCS INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH ULTRASOUND GUIDANCE, LUMBAR OR SACRAL; SING  29999 CPT/HCPCS UNLISTED PROCEDURE, ARTHROSCOPY  CPT/HCPCS REPAIR OF ENTROPION; SUTURE  51590 CPT/HCPCS CYSTECTOMY, COMPLETE, WITH URETEROILEAL CONDUIT OR SIGMOID YES BLADDER, INCLUDING BOWEL ANASTOMOSIS;	
COMPLEX  26037 CPT/HCPCS DECOMPRESSIVE FASCIOTOMY, HAND (EXCLUDES 26035)  CPT/HCPCS INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL Yes  EPIDURAL, WITH ULTRASOUND GUIDANCE, LUMBAR OR SACRAL; SING  29999 CPT/HCPCS UNLISTED PROCEDURE, ARTHROSCOPY  67921 CPT/HCPCS REPAIR OF ENTROPION; SUTURE  51590 CPT/HCPCS CYSTECTOMY, COMPLETE, WITH URETEROILEAL CONDUIT OR SIGMOID Yes  BLADDER, INCLUDING BOWEL ANASTOMOSIS;	
0230T CPT/HCPCS INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH ULTRASOUND GUIDANCE, LUMBAR OR SACRAL; SING  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 Yes BLADDER, INCLUDING BOWEL ANASTOMOSIS;	
0230T CPT/HCPCS INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH ULTRASOUND GUIDANCE, LUMBAR OR SACRAL; SING  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 Yes BLADDER, INCLUDING BOWEL ANASTOMOSIS;	
EPIDURAL, WITH ULTRASOUND GUIDANCE, LUMBAR OR SACRAL; SING  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 Yes  BLADDER, INCLUDING BOWEL ANASTOMOSIS;	
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 Yes BLADDER, INCLUDING BOWEL ANASTOMOSIS;	
67921 CPT/HCPCS REPAIR OF ENTROPION; SUTURE  51590 CPT/HCPCS CYSTECTOMY, COMPLETE, WITH URETEROILEAL CONDUIT OR SIGMOID Yes  BLADDER, INCLUDING BOWEL ANASTOMOSIS;	
67921 CPT/HCPCS REPAIR OF ENTROPION; SUTURE  51590 CPT/HCPCS CYSTECTOMY, COMPLETE, WITH URETEROILEAL CONDUIT OR SIGMOID Yes  BLADDER, INCLUDING BOWEL ANASTOMOSIS;	
51590 CPT/HCPCS CYSTECTOMY, COMPLETE, WITH URETEROILEAL CONDUIT OR SIGMOID Yes BLADDER, INCLUDING BOWEL ANASTOMOSIS;	
BLADDER, INCLUDING BOWEL ANASTOMOSIS;	
SYSTEM; PULSE GENERATOR ONLY	
31605 CPT/HCPCS TRACHEOSTOMY, EMERGENCY PROCEDURE; CRICOTHYROID MEMBRANE Yes	
INACHEOSTOMI, EMERGENOT HOGEDORE, GRICOTT HOLD MEMBRANE TES	
27516 CPT/HCPCS TREATMENT OF CLOSED DISTAL FEMORAL EPIPHYSEAL SEPARATION; Yes	
WITHOUT MANIPULATION (INCLUDES TRACTION)	
68525 CPT/HCPCS BIOPSY OF LACRIMAL SAC Yes	
47370 CPT/HCPCS LAPAROSCOPY, SURGICAL, ABLATION OF ONE OR MORE LIVER Yes	
TUMOR(S); RADIOFREQUENCY	
11404 CPT/HCPCS EXCISION, BENIGN LESION INCL MARGINS, EXCEPT SKIN TAG (UNLS LISTED Yes	
ELSEWHR) TRUNK, ARMS, OR LEGS; EX DIAM 3.1 TO 4.0CM	
43761 CPT/HCPCS REPOSITIONING OF A NASO- OR ORO-GASTRIC FEEDING TUBE, THROUGH Yes	
THE DUODENUM FOR ENTERIC NUTRITION	
50543 CPT/HCPCS LAPARSOCOPY, SURGICAL; PARTIAL NEPHRECTOMY Yes	
53010 CPT/HCPCS URETHROTOMY OR URETHROSTOMY, EXTERNAL (SEPARATE PROCEDURE); Yes	
PERINEAL URETHRA, EXTERNAL	
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, Yes	
FASCIA OR SYNTHETIC)	
41113 CPT/HCPCS EXCISION OF LESION OF TONGUE WITH CLOSURE; POSTERIOR ONE-THIRD Yes	
41113 CP1/HCPC5 EXCISION OF LESION OF TONGUE WITH CLOSURE, POSTERIOR ONE-THIRD TES	
24101 CPT/HCDCS EMPOLECTOMY OR THROMPECTOMY WITH OR WITHOUT CATHETER: Voc	
34101 CPT/HCPCS EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; Yes	
AXILLARY, BRACHIAL, INNOMINATE, SUBCLAVIAN ARTERY, BY ARM INCI	
46220 CDT/HCDCS EVOISION OF THROMPOSED HEMORRHOID EVTERNAL	
46320 CPT/HCPCS EXCISION OF THROMBOSED HEMORRHOID, EXTERNAL Yes	
23490 CPT/HCPCS PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH Yes	
OR WITHOUT METHYL METHACRYLATE; CLAVICLE	
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 Yes	
INSTRUMENTATION, IMAGING (WHEN PERFORMED), AND DISCECTOMY TO	
PREP	

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	Yes
02101		FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOI	
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,	Yes
27826	CPT/HCPCS	UNILATERAL OR BILATERAL, ANY METHOD; SUPERFICIAL  OPEN TREATMENT OR FRACTURE OF WEIGHT BEARING ARTICULAR  OURSEASE (ROPETION OF RICHAR TIPLA MITTUNIFERMAL OR EXTERNAL FILE	Yes
01014	CDT// ICDCC	SURFACE/PORTION OF DISTAL TIBIA, WITH INTERNAL OR EXTERNAL FI	Voc
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

			l
45135	CPT/HCPCS	EXCISION OF RECTAL PROCIDENTIA, WITH ANASTOMOSIS; ABDOMINAL AND	Yes
	007//10000	PERINEAL APPROACH	
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,	Yes
		AORTOMESENTERIC, AORTORENAL	
27236	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN FEMORAL FRACTURE, PROXIMAL END, NECK,INTERNAL FIXATION OR PROSTHETIC REPLACEMEN	Yes
		END, NEGR, INTERIVAL FIXATION ON PROSTRETIC REPEACEMENT	
0215T	CPT/HCPCS	INJECTION(S), DX OR TX AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL)	Yes
		JOINT (OR NERVES INNERVATING THAT JOINT) W/ULTRASOUND	
	007//10000		<u></u>
33779	CPT/HCPCS	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, AORTIC PULMONARY	Yes
		ARTERY RECONSTRUCTION (EG, JATENE TYPE); WITH REM	
31086	CPT/HCPCS	SINUSOTOMY FRONTAL; NONOBLITERATIVE, WITH OSTEOPLASTIC FLAP,	Yes
01000		BROW INCISION	
27120	CPT/HCPCS	ACETABULOPLASTY; (EG, WHITMAN, COLONNA, HAYGROVES, OR CUP TYPE)	Yes
50433	CPT/HCPCS	PLACEMENT OF NEPHROSTOMY CATHETER, PERCUTANEOUS, INCLUDING	Yes
		DIAGNOSTIC NEPHROSTOGRAM AND/OR URETEROGRAM; NEW ACCESS	
26641	CPT/HCPCS	TREATMENT OF CARPOMETACARPAL DISLOCATION, THUMB, WITH	Yes
00005	ODT//LIODOG	MANIPULATION  OPERATION OF REPLICAPRIAL MANIPOWOR PARTIAL RESERVED FOR	V
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	Yes
00100	01 1/1101 03	DURAL GRAFT, CERVICAL; ONE OR TWO SEGMENTS	
25909	CPT/HCPCS	AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; RE-AMPUTATION	Yes
64580	CPT/HCPCS	OPEN IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY;	Yes
		NEUROMUSCULAR	
27725	CPT/HCPCS	REPAIR OF NONUNION OR MALUNION, TIBIA; BY SYNOSTOSIS, WITH FIBULA,	Yes
		ANY METHOD	
28289	CPT/HCPCS	HALLUX RIGIDUS CORRECTION WITH CHEILECTOMY, DEBRIDEMENT AND	Yes
		CAPSULAR RELEASE OF THE FIRST METATARSOPHALANGEAL JOINT;	
21932	CPT/HCPCS	WITHOUT IMPLANT  EVOISION TUMOR SOFTTISSUE OF BACK OR FLANK, SUBFASCIAL (FC	Yes
21932	CPI/HCPCS	EXCISION, TUMOR, SOFT TISSUE OF BACK OR FLANK, SUBFASCIAL (EG, INTRAMUSCULAR); LESS THAN 5 CM	res
21012	CPT/HCPCS	EXCISION, TUMOR, SOFT TISSUE OF FACE OR SCALP, SUBCUTANEOUS; 2 CM	Yes
		OR GREATER	
59350	CPT/HCPCS	HYSTERORRHAPHY OF RUPTURED UTERUS	Yes
61305	CPT/HCPCS	CRANIECTOMY OR CRANIOTOMY, EXPLORATORY; INFRATENTORIAL	Yes
		(POSTERIOR FOSSA)	
21275	CPT/HCPCS	SECONDARY REVISION OF ORBITOCRANIOFACIAL RECONSTRUCTION	Yes
69601	CPT/HCPCS	REVISION MASTOIDECTOMY; RESULTING IN COMPLETE MASTOIDECTOMY	Yes
0.4.5.5	007":		
31595	CPT/HCPCS	SECTION RECURRENT LARYNGEAL NERVE, THERAPEUTIC (SEPARATE	Yes
25604	CDT/LICECO	PROCEDURE), UNILATERAL	Voc
35694	CPT/HCPCS	TRANSPOSITION AND/OR TEIMPLANTATION; SUBCLAVIAN TO CAROTID ARTERY	Yes
48152	CPT/HCPCS	PANCREATECTOMY, PROXIMAL SUBTOTAL W/TOTAL	Yes
<del>-10102</del>	01 1/1101 00	DUODENECTOMY, PARTIAL GASTRECTOMY, CHOLECYSTOENTEROSTOMY &	103
		GASTROJEJUNOSTOMY W/O	
27632	CPT/HCPCS	EXCISION, TUMOR, SOFT TISSUE OF LEG OR ANKLE AREA, SUBCUTANEOUS;	Yes
		3 CM OR GREATER	
50236	CPT/HCPCS	NEPHRECTOMY WITH TOTAL URETERECTOMY AND BLADDER CUFF;	Yes
		THROUGH SEPARATE INCISION	
22102	CPT/HCPCS	PARTIAL RESECTION OF VERTEBRAL COMPONENT, SPINOUS PROCESSES;	Yes
00055	ODT#10555	LUMBAR ADTUBOGGODIOALLY AIDED TREATMENT OF TIDIAL	\(\frac{1}{2}\)
29855	CPT/HCPCS	ARTHROSCOPICALLY AIDED TREATMENT OF TIBIAL	Yes
		FRACTURE,PROXIMALUNICONDYLAR, W/WO INTERNAL OR EXTERNAL FIXATION	
51960	CPT/HCPCS	ENTEROCYSTOPLASTY, INCLUDING BOWEL ANASTOMOSIS	Yes
5 I 46II	101 1/110103	IEMATEROOFO ENOTE, INCLUDING DOWLE ANADIGMOS	[ 1 CO

		T	T
23470	CPT/HCPCS	ARTHROPLASTY WITH PROXIMAL HUMERAL IMPLANT (EG, NEER TYPE	Yes
00400	007/110000	OPERATION)	V
G0168	CPT/HCPCS	WOUND CLOSURE UTILIZING TISSUE ADHESIVE(S) ONLY  LAMINECTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES;	Yes
63655	CPT/HCPCS	EPIDURAL	Yes
50760	CPT/HCPCS	URETEROURETEROSTOMY	Yes
13160	CPT/HCPCS	SECONDARY CLOSURE OF SURGICAL WOUND OR DEHISCENCE, EXTENSIVE	
		OR COMPLICATED	
27340	CPT/HCPCS	EXCISION, PREPATELLAR BURSA	Yes
61615	CPT/HCPCS	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECITOUS	Yes
		LESION OF BASE OF POSTERIOR CRANIAL FOSSA, JUGULAR FORAMEN,	
41512	CPT/HCPCS	TONGUE BASE SUSPENSION, PERMANENT SUTURE TECHNIQUE	Yes 
25335	CPT/HCPCS	CENTRALIZATION OF WRIST ON ULNA (EG, RADIAL CLUB HAND) INSERTION OR REPLACEMENT OF PERMANENT CARDIAC CONTRACTILITY	Yes
0408T	CPT/HCPCS	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	Yes
24120	CF 1/11CF C3	NECK OF RADIUS OR OLECRANON PROCESS;	163
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	Yes
		MIDDLE PHALANX, FINGER OR THUMB, WITH MANIPULATION, REQUIR	
20526	CPT/HCPCS	INJECTION, THERAPEUTIC CARPAL TUNNEL	Yes
36838	CPT/HCPCS	DISTAL REVASCULARIZATION AND INTERVAL LIGATION (DRIL),	Yes
		UPPEREXTREMITY HEMODIALYSIS ACCESS (STEAL SYNDROME)	
42409	CPT/HCPCS	MARSUPIALIZATION OF SUBLINGUAL SALIVARY CYST (RANULA)	Yes
57540	CPT/HCPCS	EXCISION OF CERVICAL STUMP, ABDOMINAL APPROACH;	Yes
37160 64646	CPT/HCPCS CPT/HCPCS	ANASTOMOSIS; CAVAL-MESENTERIC  CHEMODENERVATION OF TRUNK MUSCLE(S); 1-5 MUSCLE(S)	Yes Yes
61314	CPT/HCPCS	CRANIECTOMY OR CRANIOTOMY FOR EVACUATION OF HEMATOMA,	Yes
01014	01 1/1101 00	INFRATENTORIAL; EXTRADURAL OR SUBDURAL	
65880	CPT/HCPCS	SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL	Yes
		TECHNIQUE (WITH OR WITHOUT INJECTION OF AIR OR LIQUID) (SEPAR	
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)	
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	Yes
		SPHINCT	
27886	CPT/HCPCS	AMPUTATION LEG, THROUGH TIBIA AND FIBULA; RE-AMPUTATION	Yes
42420	CPT/HCPCS	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, WITH	Yes
		DISSECTION AND PRESERVATION OF FACIAL NERVE	

37606	CPT/HCPCS	LIGATION; INTERNAL OR COMMON CAROTID ARTERY, WITH GRADUAL	Yes
		OCCLUSION, AS WITH SELVERSTONE OR CRUTCHFIELD CLAMP	
47120	CPT/HCPCS	HEPATECTOMY, RESECTION OF LIVER; PARTIAL LOBECTOMY	Yes
G0429	CPT/HCPCS	DERMAL FILLER INJECTION(S) FOR THE TREATMENT OF FACIAL	Yes
		LIPODYSTROPHY SYNDROME (LDS) (E.G., AS A RESULT OF HIGHLY ACTIVE	
33417	CPT/HCPCS	AORTOPLASTY (GUSSET) FOR SUPRAVALVULAR STENOSIS	Yes
36815	CPT/HCPCS	INSERTION OF CANNULA FOR HEMODIALYSIS, OTHER PURPOSE;	Yes
		ARTERIOVENOUS, EXTERNAL REVISION OR CLOSURE	
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	Yes
39303	CP1/HCPC3	TUBE INSERTION AND WITH OR WITHOUT CREATION OF VENTRAL HE	res
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	Yes
00774		PROCEDURE (EG, MUSTARD OR SENNING TYPE) WITH CARDIOPULMON	
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
25527	CDT/LICDOS	RVDASS CDAET WITH VEIN ACCITOURAC	Vos
35537 26111	CPT/HCPCS CPT/HCPCS	BYPASS GRAFT, WITH VEIN; AORTOILIAC	Yes
20111	051/170703	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF FOREARM AND/OR WRIST AREA; 3 CM OR GREATER	
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	Yes
	3//101 00	SECONDARY, EACH TENDON	

50.400	0.07#1.00.00	THE OLD THE	I.,
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 FIBROCUTANEOUS TAGS, ANY AREA, EACH ADDITIONAL 10 LESIONS, OR PART THEREOF	Yes
10120	CPT/HCPCS	*INCISION AND REMOVAL OF FOREIGN BODY, SUBCUTANEOUS TISSUES;	Yes
		SIMPLE	
22841	CPT/HCPCS	INTERNAL SPINAL DIXATION BY WIRING OF SPINOUS PROCESSES	Yes
54520	CPT/HCPCS	ORCHIECTOMY, SIMPLE (INCLUDING SUBCAPSULAR), WITH OR WITHOUT	Yes
04020	01 1/1101 00	TESTICULAR PROSTHESIS, SCROTAL OR INGUINAL APPROACH	100
		TESTICOLAR TROSTILESIS, SCROTAL ORTROSTINALAT FROAGIT	
45300	CPT/HCPCS	PROCTOSIGMOIDOSCOPY; DIAGNOSTIC (SEPARATE PROCEDURE)	Yes
25071	CPT/HCPCS	EXCISION, TUMOR, SOFT TISSUE OF FOREARM AND/OR WRIST AREA,	Yes
25071	01 1/1101 00	SUBCUTANEOUS; 3 CM OR GREATER	103
67974	CPT/HCPCS	RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF	Yes
0/3/4	01 1/1101 03	TARSOCONJUNCTIVAL FLAP FROM OPPOSING EYELID; TOTAL EYELID, U	103
		TANSOCONJUNCTIVAL FLAF FROM OFFOSING ETELID, TOTAL ETELID, O	
31725	CPT/HCPCS	CATHETER ASPIRATION (SEPARATE PROCEDURE); TRACHEOBRONCHIAL	Yes
31/23	CFI/IICFC3	WITH FIBERSCOPE, BEDSIDE	1165
E 4 4 0 0	CDT/UCDCS		Voc
54408	CPT/HCPCS	REPAIR OF COMPONENT(S) OF A MULTI-COMPONENT, INFLATABLE PENILE PROSTHESIS	res
	ODT/I I ODOC		V
57320	CPT/HCPCS	CLOSURE OF VESICOVAGINAL FISTULA; VAGINAL APPROACH	Yes
33368	CPT/HCPCS	TRANSCATHETER AORTIC VALVE REPLACEMENT WITH PROSTHETIC VALVE;	Yes
		CARDIOPLUMONARY BYPASS SUPPORT WITH OPEN PERIPHERAL ARTERI	
65775	CPT/HCPCS	CORNEAL WEDGE RESECTION FOR CORRECTION OF SURGICALLY INDUCED	Yes
		ASTIGMATISM	
32701	CPT/HCPCS	THORACIC TARGET(S) DELINATION FOR STEROTACTIC BODY	Yes
		RADIATIONTHERAPY (SRS/SBRT), (PHOTON OR PARTICLE BEAM) ENTIRE	
		COURSE	
27075	CPT/HCPCS	RADICAL RESECTION OF TUMOR; WING OF ILIUM, 1 PUBIC OR ISCHIAL	Yes
		RAMUS OR SYMPHYSIS PUBIS	
44050	CPT/HCPCS	REDUCTION OF VOLVULUS, INTUSSUSCEPTION, INTERNAL HERNIA, BY	Yes
		LAPAROTOMY	
35533	CPT/HCPCS	BYPASS GRAFT, WITH VEIN; AXILLARY-FEMORAL-FEMORAL	Yes
61711	CPT/HCPCS	ANASTOMOSIS, ARTERIAL, EXTRACRANIAL-INTRACRANIAL (EG, MIDDLE	Yes
		CEREBRAL/CORTICAL) ARTERIES	
64787	CPT/HCPCS	IMPLANTATION OF NERVE END INTO BONE OR MUSCLE (LIST SEPARATELY IN	Yes
		ADDITION TO NEUROMA EXCISION)	
22326	CPT/HCPCS	OPEN TREATMENT OF VERTEBRAL FRACTURE AND/OR DISLOCATION;	Yes
	01 171101 00	CERVICAL, EACH	
27025	CPT/HCPCS	FASCIOTOMY, HIP OR THIGH, ANY TYPE	Yes
61585	CPT/HCPCS	ORBITOCRANIAL APPROACH TO ANTERIOR CRANIAL FOSSA,	Yes
01303	CF 1/11CF C3	EXTRADURALINGLUDING SUPROARBITAL RIDGE OSTEOTOMY AND	163
00.405	ODT/ILIODOG	ELEVATION OF FRON	V
28435	CPT/HCPCS	TREATMENT OF CLOSED TALUS FRACTURE; WITH MANIPULATION	Yes
49427	CPT/HCPCS	INJECTION PROCEDURE FOR EVALUATION OF PREVIOUSLY PLACED	Yes
40000	007#16=5=	PERITONEAL-VENOUS SHUNT	l .
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	Yes
		FEMORAL COMPONENTS	
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	Yes
		MUSCLE (SEPARATE PROCEDURE)	
27825	CPT/HCPCS	WITH SKELETAL TRACTION AND/OR REQUIRING MANIPULATION	Yes
45380	CPT/HCPCS	COLONOSCOPY, FIBEROPTIC, BEYOND SPLENIC FLEXURE; FOR BIOPSY	Yes
		AND/OR COLLECTION OF SPECIMEN BY BRUSHING OR WASHING	
	0.57//.05.00	RECONSTRUCTION OF SUPERNUMERARY DIGIT, SOFT TISSUE AND BONE	Yes
26587	CPT/HCPCS	INCOORDING OF OUR CHINGS IERWIN DIGHT, COLL HOUSE THE BOTTE	
26587	CP1/HCPCS	The content of our entrollers and profit the content of our entrollers and our entro	
	CPT/HCPCS  CPT/HCPCS		Yes
26587 42215 26474		PALATOPLASTY FOR CLEFT PALATE; MAJOR REVISION  TENODESIS; FOR DISTAL JOINT STABILIZATION	Yes Yes

ARNEST OF FEMOROPOPULTEAL VEIN ONE SEGMENT FOR VASCULAR RECONSTRUCTION PROCEDURE(G, ADRTIC, VENA CAVAL, CORONARY,)
26410 CPT/HCPCS EXTENSORTENDON REPAIR, DORSUM OF HAND, SINGLE, PRIMARY OR SECONDARY; WITHOUT FREE GRAFT, EACH TENDON  32664 CPT/HCPCS THORACOSCOPY, SURGICAL; WITH THORACIC SYMPATHECTOMY Yes  25628 CPT/HCPCS OPEN TREATMENT OF CARPAL SCAPHOID (NAWICULAR) FRACTURE, Yes  INCLUDES INTERNAL FIXATION, WHEN PERFORMED  44701 CPT/HCPCS INTRAOPERATIVE COLONIC LAVAGE YES  46901 CPT/HCPCS REVIEWED COLONIC LAVAGE YES  CPT/HCPCS REVIEWED COLONIC LAVAGE YES  63091 CPT/HCPCS EXTRAOORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, TRANSPERITONEAL OR RETROPERITONEAL APPROAC  33896 CPT/HCPCS EXTRACORPOREAL MEMBRANE OXYGENATION; REMOVAL OF CENTRAL CANNULA(E) BY STERNOTOMY OR THORACOTOMY, 6 YEARS AND OLDER  28140 CPT/HCPCS EXCISION, TUMOR, SOFT TISSUE OF FACE AND SCALP, SUBFASCIAL (EG, YES SUBGALEAL, INTRAMUSCULAR); 2 CM OR GREATER  28110 CPT/HCPCS EXCISION, LESION OF TENDON SHEATH, FOREARM AND/OR WRIST YES  28098 CPT/HCPCS EXCISION, LESION OF TENDON SHEATH, FOREARM AND/OR WRIST YES  280940 CPT/HCPCS THORACOTOMY, WITH BIOPSY/(ES) OF PLEURA. YES  280940 CPT/HCPCS BYPASS GRAFT, WITH VEIN; SPLENORENAL YES  37699 CPT/HCPCS BYPASS GRAFT, WITH VEIN; SPLENORENAL YES  37699 CPT/HCPCS BYPASS GRAFT, WITH VEIN; SPLENORENAL YES  37699 CPT/HCPCS CAUTE COLONIES OF VEIN COLONIES OF VEIN COLONIES OF VEIN CANTURE OF VEIN COLONIES
SECONDARY; WITHOUT FREE GRAFT, EACH TENDON  32664 CPT/HCPCS THORACOSCOPY, SURGICAL; WITH THORACIC SYMPATHECTOMY Yes  OPEN TREATMENT OF CARPAL SCAPHOIN (NAVICULAR) FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED  44701 CPT/HCPCS INTRAOPERATIVE COLONIC LAVAGE  44701 CPT/HCPCS REVER SEASON (NAVICULAR) FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED  Yes  OPEN TREATMENT OF CARPAL SCAPHOIN (NAVICULAR) FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED  Yes  OPEN THE STAND YES  FLAP  15829 CPT/HCPCS RHYTIDECTOMY; SUBCUTANEOUS MUSCULOAPONEUROTIC SYSTEM (SMAS) YES  FLAP  63091 CPT/HCPCS RHYTIDECTOMY; SUBCUTANEOUS MUSCULOAPONEUROTIC SYSTEM (SMAS) YES  FLAP  COMPLETE, TRANSPERITONEAL OR RETROPERITONEAL APPROAC  33986 CPT/HCPCS EXTRACORPOREAL MEMBRANE OXYGENATION; REMOVAL OF CENTRAL CANNULA(E) BY STERNOTOMY OR THORACOTOMY, 6 YEARS AND OLDER  28140 CPT/HCPCS EXCISION, TUMOR, SOFT TISSUE OF FACE AND SCALP, SUBFASCIAL (EG, SUBGALEAL, INTRAMUSCULAR); 2 CM OR GREATER  25110 CPT/HCPCS EXCISION, LESION OF TENDON SHEATH, FOREARM AND/OR WRIST YES  32988 CPT/HCPCS THORACOTOMY, WITH BIOPSYJES) OF PLEURA. YES  29040 CPT/HCPCS THORACOTOMY, WITH BIOPSYJES) OF PLEURA. YES  37699 CPT/HCPCS LIGATION OF BODY CAST, SHOULDER TO HIPS; INCLUDING HEAD, MINERVALTYPE  17613 CPT/HCPCS CAUTERIZATION OF CERVIX; LASER ABLATION  YES  33888 CPT/HCPCS CAUTERIZATION OF CERVIX; LASER ABLATION  YES  33888 CPT/HCPCS CAUTERIZATION OF CERVIX; LASER ABLATION  YES  33888 CPT/HCPCS CAUTERIZATION OF CERVIX; LASER ABLATION  YES  33814 CPT/HCPCS USDANGER OF VENTRICULAR SEPTAL DEFECT, WITH OR WITHOUT PATCH WITH REMOVAL OF PULIMONARY SEPTAL DEFECT, WITH CRADIOPULMONARY SEPTAL DEFECT, WITH CRADIOPULMONA
SECONDARY; WITHOUT FREE GRAFT, EACH TENDON  32664 CPT/HCPCS THORACOSCOPY, SURGICAL; WITH THORACIC SYMPATHECTOMY Yes  OPEN TREATMENT OF CARPAL SCAPHOIN (NAVICULAR) FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED  44701 CPT/HCPCS INTRAOPERATIVE COLONIC LAVAGE  44701 CPT/HCPCS REVER SEASON (NAVICULAR) FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED  Yes  OPEN TREATMENT OF CARPAL SCAPHOIN (NAVICULAR) FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED  Yes  OPEN THE STAND YES  FLAP  15829 CPT/HCPCS RHYTIDECTOMY; SUBCUTANEOUS MUSCULOAPONEUROTIC SYSTEM (SMAS) YES  FLAP  63091 CPT/HCPCS RHYTIDECTOMY; SUBCUTANEOUS MUSCULOAPONEUROTIC SYSTEM (SMAS) YES  FLAP  COMPLETE, TRANSPERITONEAL OR RETROPERITONEAL APPROAC  33986 CPT/HCPCS EXTRACORPOREAL MEMBRANE OXYGENATION; REMOVAL OF CENTRAL CANNULA(E) BY STERNOTOMY OR THORACOTOMY, 6 YEARS AND OLDER  28140 CPT/HCPCS EXCISION, TUMOR, SOFT TISSUE OF FACE AND SCALP, SUBFASCIAL (EG, SUBGALEAL, INTRAMUSCULAR); 2 CM OR GREATER  25110 CPT/HCPCS EXCISION, LESION OF TENDON SHEATH, FOREARM AND/OR WRIST YES  32988 CPT/HCPCS THORACOTOMY, WITH BIOPSYJES) OF PLEURA. YES  29040 CPT/HCPCS THORACOTOMY, WITH BIOPSYJES) OF PLEURA. YES  37699 CPT/HCPCS LIGATION OF BODY CAST, SHOULDER TO HIPS; INCLUDING HEAD, MINERVALTYPE  17613 CPT/HCPCS CAUTERIZATION OF CERVIX; LASER ABLATION  YES  33888 CPT/HCPCS CAUTERIZATION OF CERVIX; LASER ABLATION  YES  33888 CPT/HCPCS CAUTERIZATION OF CERVIX; LASER ABLATION  YES  33888 CPT/HCPCS CAUTERIZATION OF CERVIX; LASER ABLATION  YES  33814 CPT/HCPCS USDANGER OF VENTRICULAR SEPTAL DEFECT, WITH OR WITHOUT PATCH WITH REMOVAL OF PULIMONARY SEPTAL DEFECT, WITH CRADIOPULMONARY SEPTAL DEFECT, WITH CRADIOPULMONA
SECONDARY; WITHOUT FREE GRAFT, EACH TENDON  32664 CPT/HCPCS THORACOSCOPY, SURGICAL; WITH THORACIC SYMPATHECTOMY Yes  OPEN TREATMENT OF CAPRA LS SCAPHOIN (NAVICULAR), FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED  44701 CPT/HCPCS INTRAOPERATIVE COLONIC LAVAGE  64701 CPT/HCPCS RETURN COLONIC LAVAGE  Yes  OPEN TREATMENT OF CAPRA LS CAPHOIN (NAVICULAR), FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED  Yes  OPEN TREATMENT COLONIC LAVAGE  Yes  OPEN TREATMENT COLONIC LAVAGE  Yes  OPEN TREATMENT COLONIC LAVAGE  Yes  OPEN THORACOSCOPY, SUBGUTANEOUS MUSCULOAPONEUROTIC SYSTEM (SMAS) (YES  FLAP  FLAP  OPT/HCPCS RHYTIDECTOMY; SUBGUTANEOUS MUSCULOAPONEUROTIC SYSTEM (SMAS) (YES  FLAP  OPT/HCPCS VERTEERAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR  COMPLETE, TRANSPERITONEAL OR RETROPERITONEAL APPROAC  33986 CPT/HCPCS EXCISION, TUMOR, SOFT TISSUE OF FACE AND SCALP, SUBFASCIAL (EG, YES  SUBGALEAL, INTRAMUSCULAR); 2 CM OR GREATER  25110 CPT/HCPCS EXCISION, LESION OF TENDON SHEATH, FOREARM AND/OR WRIST YES  252040 CPT/HCPCS THORACOTOMY, WITH BIOPSYJES) OP FLEURA. YES  29040 CPT/HCPCS THORACOTOMY, WITH BIOPSYJES) OP FLEURA. YES  275090 CPT/HCPCS LIGATION OF BODY CAST, SHOULDER TO HIPS; INCLUDING HEAD, YES  37699 CPT/HCPCS LIGATION OF BODY CAST, SHOULDER TO HIPS; INCLUDING HEAD, YES  37513 CPT/HCPCS CAUTERIZATION OF CERVIX; LASER ABLATION  YES  37514 CPT/HCPCS CAUTERIZATION OF CERVIX; LASER ABLATION  YES  37515 CPT/HCPCS CAUTERIZATION OF CERVIX; LASER ABLATION  YES  37516 CPT/HCPCS LIGATION DIRECT, ESOPHAGEAL VARICES  37517 CPT/HCPCS REPAIR BLOOD VESSEL WITH VEIN GRAFT, NECK YES  37518 CPT/HCPCS REPAIR BLOOD VESSEL WITH VEIN GRAFT, NECK YES  37519 CPT/HCPCS RECISION OF LISTON, ON JOUNCHYA; COVER 1 CM  WITH REMOVAL OF PULINONARY SEPTAL DEFECT, WITH OR WITHOUT FATCH  WITH CRADITION OF LISTON, ON JOUNCITYA; OVER 1 CM  HEMORYLOUS SECULORY, WITH OR WITHOUT FISSURECTOMY  WITH FISTULECTOMY, WITH OR WITHOUT FISSURECTOMY
32564 CPT/HCPCS   THORACOSCOPY, SURGICAL; WITH THORACIC SYMPATHECTOMY   Yes
25628 CPT/HCPCS   OPEN TREATMENT OF CARPAL SCAPHOID (NAVICULAR) FRACTURE,   Yes   INCLUDES INTERNAL, FIXATION, WHEN PERFORMED   Yes   A
INCLUDES INTERNAL FIXATION, WHEN PERFORMED  44701 CPT/HCPCS INTRAOPERATIVE COLLONIC LAVAGE  54901 CPT/HCPCS REYLE GRAFT, EACH ADDITIONAL NERVE; SINGLE STRAND  FLAP  63091 CPT/HCPCS RHYTIDECTOMY; SUBCUTANEOUS MUSCULOAPONEUROTIC SYSTEM (SMAS) FLAP  63091 CPT/HCPCS VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, TRANSPERITONEAL OR RETROPERITONEAL APPROAC  33986 CPT/HCPCS EXTRACORPOREAL MEMBRANE OXYGENATION; REMOVAL OF CENTRAL CANNULA(E) BY STERNOTOMY OR THORACOTOMY, 6 YEARS AND OLDER  28140 CPT/HCPCS METATARSECTOMY  201014 CPT/HCPCS EXCISION, TUMOR, SOFT TISSUE OF FACE AND SCALP, SUBFASCIAL (EG, SUBGALEAL, INTRAMUSCULAR); 2 CM OR GREATER  25110 CPT/HCPCS EXCISION, LESION OF TENDON SHEATH, FOREARM AND/OR WRIST Yes CPT/HCPCS APPLICATION OF BODY CAST, SHOULDER TO HIPS; INCLUDING HEAD, MINERBYA TYPE  37609 CPT/HCPCS LICATION OF BODY CAST, SHOULDER TO HIPS; INCLUDING HEAD, MINERBYA TYPE  37609 CPT/HCPCS LICATION OF BODY CAST, SHOULDER TO HIPS; INCLUDING HEAD, MINERBYA TYPE  37609 CPT/HCPCS LICATION OF BODY CAST, SHOULDER TO HIPS; INCLUDING HEAD, MINERBYA TYPE  37609 CPT/HCPCS LICATION OF GERVIX; LASER ABLATION  37609 CPT/HCPCS CAUTERIZATION OF CERVIX; LASER ABLATION Ves  37613 CPT/HCPCS CAUTERIZATION OF CERVIX; LASER ABLATION WITH REMOVAL OF PULMONARY ARTERY BAND, WITH OR WITHOUT DATCH WITH REMOVAL OF PULMONARY ARTERY BAND, WITH OR WITHOUT GUS  44400 CPT/HCPCS OBLITERATION OF AORTOPULMONARY SEPTAL DEFECT, WITH ACADIOPULMONARY BYPASS  38231 CPT/HCPCS REASING NO F SYNOVIAL CYST OF POPULTEAL SPACE (BAKER'S CYST) Yes  38231 CPT/HCPCS EXCISION OF SYNOVIAL CYST OF POPULTEAL SPACE (BAKER'S CYST) Yes  46262 CPT/HCPCS HEMORRHOLDECTOMY, INTERNAL AND EXTERNAL, COMPLEX OR EXTERNSIVE, Yes WITH FISTULECTOMY, WITH OR WITHOUT FISSURECTOMY
A4701   CPT/HCPCS   INTRAOPERATIVE COLONIC LAVAGE   Yes
CPT/HCPCS   NERVE GRAFT, EACH ADDITIONAL NERVE; SINGLE STRAND   Yes
15829   CPT/HCPCS
FLAP
CPT/HCPCS VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, TRANSPERITONEAL OR RETROPERITONEAL APPROAC  33986 CPT/HCPCS EXTRACORPOREAL MEMBRANE OXYGENATION; REMOVAL OF CENTRAL CANNULA(E) BY STERNOTOMY OR THORACOTOMY, 6 YEARS AND OLDER  28140 CPT/HCPCS METATARSECTOMY  21014 CPT/HCPCS EXCISION, TUMOR, SOFT TISSUE OF FACE AND SCALP, SUBFASCIAL (EG, SUBGALEAL, INTRAMUSCULAR); 2 CM OR GREATER  25110 CPT/HCPCS EXCISION, LESION OF TENDON SHEATH, FOREARM AND/OR WRIST YES  29040 CPT/HCPCS THORACOTOMY, WITH BIOPSY(IES) OF PLEURA. YES  29040 CPT/HCPCS APPLICATION OF BODY CAST, SHOULDER TO HIPS; INCLUDING HEAD, MINERVA TYPE  37609 CPT/HCPCS LIGATION OR BIOPSY, TEMPORAL ARTERY YES  37536 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  43400 CPT/HCPCS LIGATION, DIRECT, ESOPHAGEAL VARICES YES  33814 CPT/HCPCS LIGATION, DIRECT, ESOPHAGEAL VARICES YES  33814 CPT/HCPCS REPAIR BLOOD VESSEL WITH VEIN GRAFT; NECK YES  35231 CPT/HCPCS EXCISION OF SYNOVIAL CYST OF POPLITEAL SPACE (BAKER'S CYST) YES  35231 CPT/HCPCS EXCISION OF SYNOVIAL CYST OF POPLITEAL SPACE (BAKER'S CYST) YES  46622 CPT/HCPCS HORDOWN HERORIT OR WITHOUT FISSURECTOMY  WITH FISTULECTOMY, WITH OR WITHOUT FISSURECTOMY
COMPLETE, TRANSPERITONEAL OR RETROPERITONEAL APPROAC  33986 CPT/HCPCS EXTRACORPOREAL MEMBRANE OXYGENATION; REMOVAL OF CENTRAL CANNULA(E) BY STERNOTOMY OR THORACOTOMY, 6 YEARS AND OLDER  28140 CPT/HCPCS METATARSECTOMY 21014 CPT/HCPCS EXCISION, TUMOR, SOFT TISSUE OF FACE AND SCALP, SUBFASCIAL (EG, SUBGALEAL, INTRAMUSCULAR); 2 CM OR GREATER 25110 CPT/HCPCS EXCISION, LESION OF TENDON SHEATH, FOREARM AND/OR WRIST Yes 32098 CPT/HCPCS THORACOTOMY, WITH BIOPSY(IES) OF PLEURA. 29040 CPT/HCPCS APPLICATION OF BODY CAST, SHOULDER TO HIPS; INCLUDING HEAD, MINERVA TYPE 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 37688 CPT/HCPCS CLOSURE OF VENTRICULAR SEPTAL DEFECT, WITH OR WITHOUT PATCH WITH REMOVAL OF PULMONARY ARTERY BAND, WITH OR WITHOUT GUS 43400 CPT/HCPCS LIGATION, DIRECT, ESOPHAGEAL VARICES Yes 37814 CPT/HCPCS COBLITERATION OF AORTOPULMONARY SEPTAL DEFECT, WITH OR WITHOUT GUS 378231 CPT/HCPCS REPAIR BLOOD VESSEL WITH VEIN GRAFT; NECK Yes 378231 CPT/HCPCS REPAIR BLOOD VESSEL WITH VEIN GRAFT; NECK Yes 37835 CPT/HCPCS EXCISION OF SYNOVIAL CYST OF POPLITEAL SPACE (BAKER'S CYST) Yes 37836 CPT/HCPCS EXCISION OF SYNOVIAL CYST OF POPLITEAL SPACE (BAKER'S CYST) Yes 37836 CPT/HCPCS EXCISION OF LESION, CONJUNCTIVA; OVER 1 CM 46620 CPT/HCPCS EXCISION OF LESION, CONJUNCTIVA; OVER 1 CM 4795 HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, COMPLEX OR EXTENSIVE; WITH FISTULECTOMY, WITH OR WITHOUT FISSURECTOMY
33986 CPT/HCPCS EXTRACORPOREAL MEMBRANE OXYGENATION; REMOVAL OF CENTRAL CANNULA(E) BY STERNOTOMY OR THORACOTOMY, 6 YEARS AND OLDER  28140 CPT/HCPCS METATARSECTOMY 21014 CPT/HCPCS EXCISION, TUMOR, SOFT TISSUE OF FACE AND SCALP, SUBFASCIAL (EG, Yes SUBGALEAL, INTRAMUSCULAR); 2 CM OR GREATER 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, Yes MININERVA TYPE 37609 CPT/HCPCS LIGATION OR BIOPSY, TEMPORAL ARTERY Yes 35536 CPT/HCPCS BYPASS GRAFT, WITH VEIN; SPLENORENAL Yes 37513 CPT/HCPCS CAUTERIZATION OF CERVIX; LASER ABLATION Yes 3688 CPT/HCPCS CAUTERIZATION OF CERVIX; LASER ABLATION Yes 37609 CPT/HCPCS CAUTERIZATION OF PLUMONARY ARTERY BAND, WITH OR WITHOUT PATCH WITH REMOVAL OF PULMONARY ARTERY BAND, WITH OR WITHOUT GUS 37609 CPT/HCPCS LIGATION, DIRECT, ESOPHAGEAL VARICES 37609 CPT/HCPCS CAUTERIZATION OF AORTOPULMONARY SEPTAL DEFECT, YES 37609 CPT/HCPCS CEXCISION OF SYNOVIAL CYST OF POPLITEAL SPACE (BAKER'S CYST) YES 37609 CPT/HCPCS EXCISION OF LESION, CONJUNCTIVA; OVER 1 CM 46262 CPT/HCPCS HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, COMPLEX OR EXTENSIVE; YES 46262 CPT/HCPCS HEMORRHOIDECTOMY, WITH OR WITHOUT FISSURECTOMY
CANNULA(E) BY STERNOTOMY OR THORACOTOMY, 6 YEARS AND OLDER  28140 CPT/HCPCS METATARSECTOMY 21014 CPT/HCPCS EXCISION, TUMOR, SOFT TISSUE OF FACE AND SCALP, SUBFASCIAL (EG, SUBGALEAL, INTRAMUSCULAR); 2 CM OR GREATER  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, WISS MINERVA TYPE 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 43400 CPT/HCPCS LIGATION, DIRECT, ESOPHAGEAL VARICES YES 33814 CPT/HCPCS OBLITERATION OF AORTOPULMONARY SEPTAL DEFECT, YES 33814 CPT/HCPCS REPAIR BLOOD VESSEL WITH VEIN GRAFT; NECK YES 27345 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 SYNOVIAL CYST OF POPLITEAL SPACE (BAKER'S CYST) YES WITH FISTULECTOMY, WITH OR WITHOUT FISSURECTOMY
CANNULA(E) BY STERNOTOMY OR THORACOTOMY, 6 YEARS AND OLDER  28140 CPT/HCPCS METATARSECTOMY 21014 CPT/HCPCS EXCISION, TUMOR, SOFT TISSUE OF FACE AND SCALP, SUBFASCIAL (EG, SUBGALEAL, INTRAMUSCULAR); 2 CM OR GREATER  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, WISS MINERVA TYPE 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 43400 CPT/HCPCS LIGATION, DIRECT, ESOPHAGEAL VARICES YES 33814 CPT/HCPCS OBLITERATION OF AORTOPULMONARY SEPTAL DEFECT, YES 33814 CPT/HCPCS REPAIR BLOOD VESSEL WITH VEIN GRAFT; NECK YES 27345 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 SYNOVIAL CYST OF POPLITEAL SPACE (BAKER'S CYST) YES WITH FISTULECTOMY, WITH OR WITHOUT FISSURECTOMY
CANNULA(E) BY STERNOTOMY OR THORACOTOMY, 6 YEARS AND OLDER  28140 CPT/HCPCS METATARSECTOMY 21014 CPT/HCPCS EXCISION, TUMOR, SOFT TISSUE OF FACE AND SCALP, SUBFASCIAL (EG, SUBGALEAL, INTRAMUSCULAR); 2 CM OR GREATER  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, WIST YES 37609 CPT/HCPCS LIGATION OR BIOPSY, TEMPORAL ARTERY YES 37536 CPT/HCPCS BYPASS GRAFT, WITH VEIN; SPLENORENAL YES 57513 CPT/HCPCS CAUTERIZATION OF CERVIX; LASER ABLATION YES 37688 CPT/HCPCS CLOSURE OF VENTRICULAR SEPTAL DEFECT, WITH OR WITHOUT PATCH WITH REMOVAL OF PULMONARY ARTERY BAND, WITH OR WITHOUT GUS 43400 CPT/HCPCS LIGATION, DIRECT, ESOPHAGEAL VARICES YES 37511 CPT/HCPCS COBLITERATION OF AORTOPULMONARY SEPTAL DEFECT, YES 37511 CPT/HCPCS CREPAIR BLOOD VESSEL WITH VEIN GRAFT; NECK YES 37511 CPT/HCPCS REPAIR BLOOD VESSEL WITH VEIN GRAFT; NECK YES 37511 CPT/HCPCS REPAIR BLOOD VESSEL WITH VEIN GRAFT; NECK YES 37511 CPT/HCPCS EXCISION OF SYNOVIAL CYST OF POPLITEAL SPACE (BAKER'S CYST) YES 37511 CPT/HCPCS EXCISION OF SYNOVIAL CYST OF POPLITEAL SPACE (BAKER'S CYST) YES 37512 CPT/HCPCS EXCISION OF LESION, CONJUNCTIVA; OVER 1 CM 46262 CPT/HCPCS HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, COMPLEX OR EXTENSIVE; YES 37511 FISTULECTOMY, WITH OR WITHOUT FISSURECTOMY
28140 CPT/HCPCS METATARSECTOMY 21014 CPT/HCPCS EXCISION, TUMOR, SOFT TISSUE OF FACE AND SCALP, SUBFASCIAL (EG, SUBGALEAL, INTRAMUSCULAR); 2 CM OR GREATER 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 37609 CPT/HCPCS LIGATION OR BIOPSY, TEMPORAL ARTERY 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 43400 CPT/HCPCS LIGATION, DIRECT, ESOPHAGEAL VARICES 33814 CPT/HCPCS OBLITERATION OF AORTOPULMONARY SEPTAL DEFECT, Yes WITH CARDIOPULMONARY BYPASS 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 HEMORRHOLDECTOMY, INTERNAL AND EXTERNAL, COMPLEX OR EXTENSIVE; WITH FISTULECTOMY, WITH OR WITHOUT FISSURECTOMY
21014 CPT/HCPCS EXCISION, TUMOR, SOFT TISSUE OF FACE AND SCALP, SUBFASCIAL (EG, SUBGALEAL, INTRAMUSCULAR); 2 CM OR GREATER  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  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 43400 CPT/HCPCS LIGATION, DIRECT, ESOPHAGEAL VARICES YES 33814 CPT/HCPCS OBLITERATION OF AORTOPULMONARY SEPTAL DEFECT, YES 33231 CPT/HCPCS REPAIR BLOOD VESSEL WITH VEIN GRAFT; NECK YES 27345 CPT/HCPCS EXCISION OF SYNOVIL CYST OF POPLITEAL SPACE (BAKER'S CYST) YES 68115 CPT/HCPCS EXCISION OF LESION, CONJUNCTIVA; OVER 1 CM 4622 CPT/HCPCS HEMORY WITH OR WITHOUT FISSURECTOMY
21014 CPT/HCPCS EXCISION, TUMOR, SOFT TISSUE OF FACE AND SCALP, SUBFASCIAL (EG, SUBGALEAL, INTRAMUSCULAR); 2 CM OR GREATER  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  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 43400 CPT/HCPCS LIGATION, DIRECT, ESOPHAGEAL VARICES YES 33814 CPT/HCPCS OBLITERATION OF AORTOPULMONARY SEPTAL DEFECT, YES 33231 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 46262 CPT/HCPCS HEMORYHOLD CONJUNCTIVA; OVER 1 CM WITH OR WITHOUT FISSURECTOMY WITH FISTULECTOMY, WITH OR WITHOUT FISSURECTOMY
SUBGALEAL, INTRAMUSCULAR); 2 CM OR GREATER  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, YES  MINERVA TYPE  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  43400 CPT/HCPCS LIGATION, DIRECT, ESOPHAGEAL VARICES YES  33814 CPT/HCPCS OBLITERATION OF AORTOPULMONARY SEPTAL DEFECT, YES  WITH CARROLOPULMONARY BYPASS  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  WITH FISTULECTOMY, WITH OR WITHOUT FISSURECTOMY
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 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 43400 CPT/HCPCS LIGATION, DIRECT, ESOPHAGEAL VARICES 33814 CPT/HCPCS OBLITERATION OF AORTOPULMONARY SEPTAL DEFECT, WITH CARDIOPULMONARY BYPASS 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 WITH FISTULECTOMY, WITH OR WITHOUT FISSURECTOMY
32098   CPT/HCPCS   THORACOTOMY, WITH BIOPSY(IES) OF PLEURA.   Yes
29040 CPT/HCPCS APPLICATION OF BODY CAST, SHOULDER TO HIPS; INCLUDING HEAD, MINERVA TYPE  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  43400 CPT/HCPCS LIGATION, DIRECT, ESOPHAGEAL VARICES Yes 33814 CPT/HCPCS OBLITERATION OF AORTOPULMONARY SEPTAL DEFECT, WITHCARDIOPULMONARY BYPASS 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 WITH FISTULECTOMY, WITH OR WITHOUT FISSURECTOMY
MINERVA TYPE  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  43400 CPT/HCPCS LIGATION, DIRECT, ESOPHAGEAL VARICES Yes  33814 CPT/HCPCS OBLITERATION OF AORTOPULMONARY SEPTAL DEFECT, Yes  WITHCARDIOPULMONARY BYPASS  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; Yes  WITH FISTULECTOMY, WITH OR WITHOUT FISSURECTOMY
37609 CPT/HCPCS LIGATION OR BIOPSY, TEMPORAL ARTERY 35536 CPT/HCPCS BYPASS GRAFT, WITH VEIN; SPLENORENAL 57513 CPT/HCPCS CAUTERIZATION OF CERVIX; LASER ABLATION 3688 CPT/HCPCS CLOSURE OF VENTRICULAR SEPTAL DEFECT, WITH OR WITHOUT PATCH WITH REMOVAL OF PULMONARY ARTERY BAND, WITH OR WITHOUT GUS  43400 CPT/HCPCS LIGATION, DIRECT, ESOPHAGEAL VARICES 33814 CPT/HCPCS OBLITERATION OF AORTOPULMONARY SEPTAL DEFECT, WITH CARDIOPULMONARY BYPASS 35231 CPT/HCPCS REPAIR BLOOD VESSEL WITH VEIN GRAFT; NECK 27345 CPT/HCPCS EXCISION OF SYNOVIAL CYST OF POPLITEAL SPACE (BAKER'S CYST) 568115 CPT/HCPCS EXCISION OF LESION, CONJUNCTIVA; OVER 1 CM 46262 CPT/HCPCS HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, COMPLEX OR EXTENSIVE; Yes WITH FISTULECTOMY, WITH OR WITHOUT FISSURECTOMY
35536 CPT/HCPCS BYPASS GRAFT, WITH VEIN; SPLENORENAL 57513 CPT/HCPCS CAUTERIZATION OF CERVIX; LASER ABLATION 33688 CPT/HCPCS CLOSURE OF VENTRICULAR SEPTAL DEFECT, WITH OR WITHOUT PATCH WITH REMOVAL OF PULMONARY ARTERY BAND, WITH OR WITHOUT GUS  43400 CPT/HCPCS LIGATION, DIRECT, ESOPHAGEAL VARICES 33814 CPT/HCPCS OBLITERATION OF AORTOPULMONARY SEPTAL DEFECT, WITHCARDIOPULMONARY BYPASS 35231 CPT/HCPCS REPAIR BLOOD VESSEL WITH VEIN GRAFT; NECK 27345 CPT/HCPCS EXCISION OF SYNOVIAL CYST OF POPLITEAL SPACE (BAKER'S CYST) 68115 CPT/HCPCS EXCISION OF LESION, CONJUNCTIVA; OVER 1 CM 46262 CPT/HCPCS HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, COMPLEX OR EXTENSIVE; Yes WITH FISTULECTOMY, WITH OR WITHOUT FISSURECTOMY
CPT/HCPCS CAUTERIZATION OF CERVIX; LASER ABLATION  33688 CPT/HCPCS CLOSURE OF VENTRICULAR SEPTAL DEFECT, WITH OR WITHOUT PATCH WITH REMOVAL OF PULMONARY ARTERY BAND, WITH OR WITHOUT GUS  43400 CPT/HCPCS LIGATION, DIRECT, ESOPHAGEAL VARICES  33814 CPT/HCPCS OBLITERATION OF AORTOPULMONARY SEPTAL DEFECT, Yes WITHCARDIOPULMONARY BYPASS  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
33688 CPT/HCPCS CLOSURE OF VENTRICULAR SEPTAL DEFECT, WITH OR WITHOUT PATCH WITH REMOVAL OF PULMONARY ARTERY BAND, WITH OR WITHOUT GUS  43400 CPT/HCPCS LIGATION, DIRECT, ESOPHAGEAL VARICES  33814 CPT/HCPCS OBLITERATION OF AORTOPULMONARY SEPTAL DEFECT, WITHCARDIOPULMONARY BYPASS  35231 CPT/HCPCS REPAIR BLOOD VESSEL WITH VEIN GRAFT; NECK  27345 CPT/HCPCS EXCISION OF SYNOVIAL CYST OF POPLITEAL SPACE (BAKER'S CYST)  68115 CPT/HCPCS EXCISION OF LESION, CONJUNCTIVA; OVER 1 CM 46262 CPT/HCPCS HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, COMPLEX OR EXTENSIVE; Yes WITH FISTULECTOMY, WITH OR WITHOUT FISSURECTOMY
33688 CPT/HCPCS CLOSURE OF VENTRICULAR SEPTAL DEFECT, WITH OR WITHOUT PATCH WITH REMOVAL OF PULMONARY ARTERY BAND, WITH OR WITHOUT GUS  43400 CPT/HCPCS LIGATION, DIRECT, ESOPHAGEAL VARICES  33814 CPT/HCPCS OBLITERATION OF AORTOPULMONARY SEPTAL DEFECT, WITHCARDIOPULMONARY BYPASS  35231 CPT/HCPCS REPAIR BLOOD VESSEL WITH VEIN GRAFT; NECK  27345 CPT/HCPCS EXCISION OF SYNOVIAL CYST OF POPLITEAL SPACE (BAKER'S CYST)  68115 CPT/HCPCS EXCISION OF LESION, CONJUNCTIVA; OVER 1 CM 46262 CPT/HCPCS HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, COMPLEX OR EXTENSIVE; Yes WITH FISTULECTOMY, WITH OR WITHOUT FISSURECTOMY
WITH REMOVAL OF PULMONARY ARTERY BAND, WITH OR WITHOUT GUS  43400 CPT/HCPCS LIGATION, DIRECT, ESOPHAGEAL VARICES Yes  33814 CPT/HCPCS OBLITERATION OF AORTOPULMONARY SEPTAL DEFECT, Yes WITHCARDIOPULMONARY BYPASS  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; Yes  WITH FISTULECTOMY, WITH OR WITHOUT FISSURECTOMY
43400 CPT/HCPCS LIGATION, DIRECT, ESOPHAGEAL VARICES  33814 CPT/HCPCS OBLITERATION OF AORTOPULMONARY SEPTAL DEFECT, WITHCARDIOPULMONARY BYPASS  35231 CPT/HCPCS REPAIR BLOOD VESSEL WITH VEIN GRAFT; NECK 27345 CPT/HCPCS EXCISION OF SYNOVIAL CYST OF POPLITEAL SPACE (BAKER'S CYST)  68115 CPT/HCPCS EXCISION OF LESION, CONJUNCTIVA; OVER 1 CM 46262 CPT/HCPCS HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, COMPLEX OR EXTENSIVE; Yes WITH FISTULECTOMY, WITH OR WITHOUT FISSURECTOMY
33814 CPT/HCPCS OBLITERATION OF AORTOPULMONARY SEPTAL DEFECT, WITHCARDIOPULMONARY BYPASS  35231 CPT/HCPCS REPAIR BLOOD VESSEL WITH VEIN GRAFT; NECK 27345 CPT/HCPCS EXCISION OF SYNOVIAL CYST OF POPLITEAL SPACE (BAKER'S CYST)  68115 CPT/HCPCS EXCISION OF LESION, CONJUNCTIVA; OVER 1 CM 46262 CPT/HCPCS HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, COMPLEX OR EXTENSIVE; Yes WITH FISTULECTOMY, WITH OR WITHOUT FISSURECTOMY
33814 CPT/HCPCS OBLITERATION OF AORTOPULMONARY SEPTAL DEFECT, WITHCARDIOPULMONARY BYPASS  35231 CPT/HCPCS REPAIR BLOOD VESSEL WITH VEIN GRAFT; NECK 27345 CPT/HCPCS EXCISION OF SYNOVIAL CYST OF POPLITEAL SPACE (BAKER'S CYST)  68115 CPT/HCPCS EXCISION OF LESION, CONJUNCTIVA; OVER 1 CM 46262 CPT/HCPCS HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, COMPLEX OR EXTENSIVE; Yes WITH FISTULECTOMY, WITH OR WITHOUT FISSURECTOMY
WITHCARDIOPULMONARY BYPASS  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; Yes  WITH FISTULECTOMY, WITH OR WITHOUT FISSURECTOMY
35231   CPT/HCPCS   REPAIR BLOOD VESSEL WITH VEIN GRAFT; NECK   Yes
27345 CPT/HCPCS EXCISION OF SYNOVIAL CYST OF POPLITEAL SPACE (BAKER'S CYST)  68115 CPT/HCPCS EXCISION OF LESION, CONJUNCTIVA; OVER 1 CM  46262 CPT/HCPCS HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, COMPLEX OR EXTENSIVE; Yes  WITH FISTULECTOMY, WITH OR WITHOUT FISSURECTOMY
68115 CPT/HCPCS EXCISION OF LESION, CONJUNCTIVA; OVER 1 CM Yes  46262 CPT/HCPCS HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, COMPLEX OR EXTENSIVE; Yes  WITH FISTULECTOMY, WITH OR WITHOUT FISSURECTOMY
46262 CPT/HCPCS HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, COMPLEX OR EXTENSIVE; Yes WITH FISTULECTOMY, WITH OR WITHOUT FISSURECTOMY
WITH FISTULECTOMY, WITH OR WITHOUT FISSURECTOMY
<u> </u>
28104 CPT/HCPCS EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR TARSAL OR 1/25
120 00 00 00 1 1 1 1 1 1 1 1 1 1 1 1 1
METATARSAL BONES, EXCEPT TALUS OR CALCANEUS;
31646 CPT/HCPCS BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC Yes
GUIDANCE, WHEN PERFORMED; WITH THERAPEUTIC ASPIRATION,
SUBSEQUENT, SAME HOSPITAL STAY
C9728 CPT/HCPCS PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RAD THERAPY/SURGERY Yes
GUIDANCE (E.G. FIDUCIAL MARKERS, DOSIMETER) OTHER THAN PROST
22856 CPT/HCPCS TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANT APPROACH, INCL
DISCECTOMY W/END PLATE PREP (INCL OSTEOPHYTECTOMY FOR NERV
45315 CPT/HCPCS PROCTOSIGMOIDOSCOPY; FOR REMOVAL OF MULTIPLE EXCRESCENCES, Yes
PAPILLOMATA OR POLYPS
44205 CPT/HCPCS LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH REMOVAL OF Yes
TERMINAL ILEUM WITH ILEOCOLOSTOMY
TERMINAL ILEUM WITH ILEOCOLOSTOMY  0274T CPT/HCPCS PERCUTANEOUS LAMINOTOMY/LAMINECTOMY (INTERLAMINAR APPROACH) Yes
TERMINAL ILEUM WITH ILEOCOLOSTOMY  0274T CPT/HCPCS PERCUTANEOUS LAMINOTOMY/LAMINECTOMY (INTERLAMINAR APPROACH) FOR DECOMPRESSION OF NEURAL ELEMENTS, (WITH OR WITHOUT
TERMINAL ILEUM WITH ILEOCOLOSTOMY  0274T CPT/HCPCS PERCUTANEOUS LAMINOTOMY/LAMINECTOMY (INTERLAMINAR APPROACH) Yes FOR DECOMPRESSION OF NEURAL ELEMENTS, (WITH OR WITHOUT LIGAMENTOUS RESECTION, DISCECTOMY,+
TERMINAL ILEUM WITH ILEOCOLOSTOMY  0274T CPT/HCPCS PERCUTANEOUS LAMINOTOMY/LAMINECTOMY (INTERLAMINAR APPROACH) FOR DECOMPRESSION OF NEURAL ELEMENTS, (WITH OR WITHOUT LIGAMENTOUS RESECTION, DISCECTOMY,+  36831 CPT/HCPCS THROMBECTOMY,OPEN,ARTERIOVENOUS FISTULA WITHOUT REVISION, Yes
TERMINAL ILEUM WITH ILEOCOLOSTOMY  0274T CPT/HCPCS PERCUTANEOUS LAMINOTOMY/LAMINECTOMY (INTERLAMINAR APPROACH) Yes FOR DECOMPRESSION OF NEURAL ELEMENTS, (WITH OR WITHOUT LIGAMENTOUS RESECTION, DISCECTOMY,+
TERMINAL ILEUM WITH ILEOCOLOSTOMY  0274T CPT/HCPCS PERCUTANEOUS LAMINOTOMY/LAMINECTOMY (INTERLAMINAR APPROACH) FOR DECOMPRESSION OF NEURAL ELEMENTS, (WITH OR WITHOUT LIGAMENTOUS RESECTION, DISCECTOMY,+  36831 CPT/HCPCS THROMBECTOMY,OPEN,ARTERIOVENOUS FISTULA WITHOUT REVISION, Yes
TERMINAL ILEUM WITH ILEOCOLOSTOMY  0274T CPT/HCPCS PERCUTANEOUS LAMINOTOMY/LAMINECTOMY (INTERLAMINAR APPROACH) FOR DECOMPRESSION OF NEURAL ELEMENTS, (WITH OR WITHOUT LIGAMENTOUS RESECTION, DISCECTOMY,+  36831 CPT/HCPCS THROMBECTOMY,OPEN,ARTERIOVENOUS FISTULA WITHOUT REVISION, AUTOGENEOUS OR NONAUTOGENOUS DIALYSIS GRAFT
TERMINAL ILEUM WITH ILEOCOLOSTOMY  0274T CPT/HCPCS PERCUTANEOUS LAMINOTOMY/LAMINECTOMY (INTERLAMINAR APPROACH) FOR DECOMPRESSION OF NEURAL ELEMENTS, (WITH OR WITHOUT LIGAMENTOUS RESECTION, DISCECTOMY,+  36831 CPT/HCPCS THROMBECTOMY,OPEN,ARTERIOVENOUS FISTULA WITHOUT REVISION, AUTOGENEOUS OR NONAUTOGENOUS DIALYSIS GRAFT  S2351 CPT/HCPCS DISKECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORP AND/OR Yes
TERMINAL ILEUM WITH ILEOCOLOSTOMY  0274T CPT/HCPCS PERCUTANEOUS LAMINOTOMY/LAMINECTOMY (INTERLAMINAR APPROACH) FOR DECOMPRESSION OF NEURAL ELEMENTS, (WITH OR WITHOUT LIGAMENTOUS RESECTION, DISCECTOMY,+  36831 CPT/HCPCS THROMBECTOMY,OPEN,ARTERIOVENOUS FISTULA WITHOUT REVISION, AUTOGENEOUS OR NONAUTOGENOUS DIALYSIS GRAFT  S2351 CPT/HCPCS DISKECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORP AND/OR NERVE ROOT(S), INCLUDING OSTEOPHYTECTOMY; LUMBAR, EACH A
TERMINAL ILEUM WITH ILEOCOLOSTOMY  0274T CPT/HCPCS PERCUTANEOUS LAMINOTOMY/LAMINECTOMY (INTERLAMINAR APPROACH) FOR DECOMPRESSION OF NEURAL ELEMENTS, (WITH OR WITHOUT LIGAMENTOUS RESECTION, DISCECTOMY,+  36831 CPT/HCPCS THROMBECTOMY,OPEN,ARTERIOVENOUS FISTULA WITHOUT REVISION, AUTOGENEOUS OR NONAUTOGENOUS DIALYSIS GRAFT  S2351 CPT/HCPCS DISKECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORP AND/OR NERVE ROOT(S), INCLUDING OSTEOPHYTECTOMY; LUMBAR, EACH A  35341 CPT/HCPCS THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; Yes
TERMINAL ILEUM WITH ILEOCOLOSTOMY  0274T CPT/HCPCS PERCUTANEOUS LAMINOTOMY/LAMINECTOMY (INTERLAMINAR APPROACH) FOR DECOMPRESSION OF NEURAL ELEMENTS, (WITH OR WITHOUT LIGAMENTOUS RESECTION, DISCECTOMY,+  36831 CPT/HCPCS THROMBECTOMY,OPEN,ARTERIOVENOUS FISTULA WITHOUT REVISION, AUTOGENEOUS OR NONAUTOGENOUS DIALYSIS GRAFT  S2351 CPT/HCPCS DISKECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORP AND/OR NERVE ROOT(S), INCLUDING OSTEOPHYTECTOMY; LUMBAR, EACH A  35341 CPT/HCPCS THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; MESENTERIC, CELIAC, OR RENAL
TERMINAL ILEUM WITH ILEOCOLOSTOMY  0274T CPT/HCPCS PERCUTANEOUS LAMINOTOMY/LAMINECTOMY (INTERLAMINAR APPROACH) FOR DECOMPRESSION OF NEURAL ELEMENTS, (WITH OR WITHOUT LIGAMENTOUS RESECTION, DISCECTOMY,+  36831 CPT/HCPCS THROMBECTOMY,OPEN,ARTERIOVENOUS FISTULA WITHOUT REVISION, AUTOGENEOUS OR NONAUTOGENOUS DIALYSIS GRAFT  S2351 CPT/HCPCS DISKECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORP AND/OR NERVE ROOT(S), INCLUDING OSTEOPHYTECTOMY; LUMBAR, EACH A  35341 CPT/HCPCS THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; MESENTERIC, CELIAC, OR RENAL  42804 CPT/HCPCS BIOPSY; NASOPHARYNX, VISIBLE LESION, SIMPLE YES
TERMINAL ILEUM WITH ILEOCOLOSTOMY  0274T CPT/HCPCS PERCUTANEOUS LAMINOTOMY/LAMINECTOMY (INTERLAMINAR APPROACH) FOR DECOMPRESSION OF NEURAL ELEMENTS, (WITH OR WITHOUT LIGAMENTOUS RESECTION, DISCECTOMY,+  36831 CPT/HCPCS THROMBECTOMY,OPEN,ARTERIOVENOUS FISTULA WITHOUT REVISION, AUTOGENEOUS OR NONAUTOGENOUS DIALYSIS GRAFT  S2351 CPT/HCPCS DISKECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORP AND/OR NERVE ROOT(S), INCLUDING OSTEOPHYTECTOMY; LUMBAR, EACH A  35341 CPT/HCPCS THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; MESENTERIC, CELIAC, OR RENAL

38102	CPT/HCPCS	SPLENECTOMY; TOTAL, EN BLOC FOR EXTENSIVE DISEASE, IN CONJUCTION 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 (GASTROJEJUNOSTOMY) 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		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 OTHER WISE 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

S1565   CPT/HCPCS   CYSTECTOMY, PARTIAL, WITH REIMPLANTATION OF URETER(S) INTO   Yes	
62121         CPTH-CPCS         CRAINIOTOMY WITH REPAIR OF ENCEPHALOCELE, SKULL BASE         Yes           62343         CPTH-CPCS         CYSTOURETHROSCOPY, WITREATMENT OF INTRA RENAL STRICTURE         Yes           64492         CPTH-CPCS         INICCTIONIS), DX OR ITX AGENT, PARAVERITEBRAL FACE (TYCKAPOPHYSEAL)         Yes           45995         CPTH-CPCS         OMENTAL FLAP, INTRA-ABDOMINAL (LIST SEPARATELY IN ADDITION TO         Yes           65260         CPTH-CPCS         BRONCHOSCOPY, RIGID OR FLEXIBLE, INCL FLUOROSCOPIC         Yes           65260         CPTH-CPCS         BRONCHOSCOPY, RIGID OR FLEXIBLE, INCL FLUOROSCOPIC         Yes           64712         CPTH-CPCS         REMOVAL OF FOREIGN BODY, INTRACCULAR: FROM POSTERIOR SEGMENT,         Yes           64712         CPTH-CPCS         NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG, OPEN; SCIATIC         Yes           64712         CPTH-CPCS         NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG, OPEN; SCIATIC         Yes           64712         CPTH-CPCS         NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG, OPEN; SCIATIC         Yes           64712         CPTH-CPCS         NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG, OPEN; SCIATIC         Yes           64120         CPTH-CPCS         GLOSSECTOMY, LESS THAN ONE-HALF TONGUE         Yes           65779         CPTH-CPCS	
CPT/HCPCS CYSTOURETHROSCOPY: WTREATMENT OF INTRA-RENAL STRICTURE  6492 CPT/HCPCS INECTION(S), DX ORT X AGENT, PARAVERTIEBRAL FACET (TXPA-OPHYSEAL)  JOINT (OR NEWES INDERWATING THAT JOINT) WIMAGE GUIDA  49905 CPT/HCPCS GMENTAL FLAP, INTRA-ABDOMINAL (LIST SEPARATELY IN ADDITION TO  CODE FOR PIBMARY PROCEDURE)  31648 CPT/HCPCS BRONCHOSCOPY, RIGID OR FLEXIBLE, INCL FLUOROSCOPIC  GUIDANOE, WHEN PERFORMED, WITH REMOVAL OF BRONCIAL VALUE,  INITIAL LOBE  65260 CPT/HCPCS REMOVAL OF FOREION BODY, INTRAOCULAR, FROM POSTERIOR SEGMENT,  MAGNETIC EXTRACTION, ANTERIOR OR POSTERIOR ROUTE  441120 CPT/HCPCS NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG, OPEN; SCIATIC  NERVE  44120 CPT/HCPCS NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG, OPEN; SCIATIC  NERVE  44120 CPT/HCPCS NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG, OPEN; SCIATIC  NERVE  44120 CPT/HCPCS NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG, OPEN; SCIATIC  NERVE  44120 CPT/HCPCS NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG, OPEN; SCIATIC  NERVE  44120 CPT/HCPCS NINCSIGNON AND DRAINAGE, PELVIS OR HIP JOINT AREA; DEEP ABSCESS OR  HEMATOMA  HEMATO	
CPT/HCPCS   INICCTIONIS, DX OR TX AGENT, PARAVERTERRAL FACET (ZYCAPOPHYSEAL)   Yes	
49905 CPT/HCPCS OMENTAL FLAP, INTRA-ABDOMINAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) 31648 CPT/HCPCS OMENTAL FLAP, INTRA-ABDOMINAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) 45260 CPT/HCPCS BONCHOSCOPY, RIGID OR FLEXIBLE, INCL FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH REMOVAL OF BRONCIAL VALUE, INITIAL LOBE 45260 CPT/HCPCS REMOVAL OF FOREIGN BODY, INTRAOCULAR, FROM POSTERIOR SEGMENT, MAGNETIC EXTRACTION, ANTERIOR OR POSTERIOR ROUTE 454712 CPT/HCPCS NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG, OPEN; SCIATIC NERVE 41120 CPT/HCPCS OSCIOUSSECTOMY; LESS THAN ONE-HALF TONGUE 41121 CPT/HCPCS GLOSSECTOMY; LESS THAN ONE-HALF TONGUE 41120 CPT/HCPCS INCISION AND DRAINAGE, PELIVIS OR HIP JOINT AREA; DEEP ABSCESS OR VES 41120 CPT/HCPCS INLECTION PROCEDURE FOR ELBOW ARTHROGRAPHY YES 42220 CPT/HCPCS INLECTION PROCEDURE FOR ELBOW ARTHROGRAPHY YES 45779 CPT/HCPCS INLECTION PROCEDURE FOR ELBOW ARTHROGRAPHY YES 46779 CPT/HCPCS INTRODUCTION OF CATHETER; IN SUPERIOR OR INFERIOR VENA CAVA, VES 46719 CPT/HCPCS NEUROPLASTY AND/OR TRANSPOSITION; LUNAR NERVE AT WRIST YES 46719 CPT/HCPCS LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ADORS, INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR ENDING AND ARTIAL FACETECTOMY, FORAMINOTOMY AND/OR ENDING AND ARTIAL FACETECTOMY, FORAMINOTOMY AND/OR ADORS, INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR ENDING AND DRAINAGE, FOREARM AND/OR WRIST; INFECTED BURSA YES 40770 CPT/HCPCS STEREOTACTIC RADIOSUNGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR YES 40780 CPT/HCPCS STEREOTACTIC RADIOSUNGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR YES 40718 CPT/HCPCS STEREOTACTIC RADIOSUNGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR YES 40718 CPT/HCPCS STEREOTACTIC RADIOSUNGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR YES 40718 CPT/HCPCS STEREOTACTIC RADIOSUNGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR YES 40718 CPT/HCPCS STEREOTACTIC RADIOSUNGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR YES 40719 CPT/HCPCS STEREOTACTIC RADIOSUNGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR YES 40719	
49905 CPT/HCPCS OMENTAL FLAP, INTRA-ABDOMINAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)  31648 CPT/HCPCS BRONCHOSCOPY, RIGID OR FLEXIBLE, INCL FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH REMOVAL OF BRONCHAL VALUE, INITIAL LOBE  65260 CPT/HCPCS REMOVAL OF FOREIGN BODY, INTRAOCULAR; FROM POSTERIOR SEGMENT, MAGNETIC EXTRACTION, ANTERIOR OR POSTERIOR ROUTE  64712 CPT/HCPCS NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG, OPEN; SCIATIC NEW YES  64712 CPT/HCPCS GLOSSECTIOMY; LESS THAN ONE-HALF TONGUE YES  64712 CPT/HCPCS GLOSSECTIOMY; LESS THAN ONE-HALF TONGUE YES  64712 CPT/HCPCS GLOSSECTIOMY; LESS THAN ONE-HALF TONGUE YES  65799 CPT/HCPCS INJECTION PROCEDURE FOR ELBOW ARTHROGRAPHY YES  65779 CPT/HCPCS INJECTION OF CATHETER; IN SUPERIOR OR INJECTION PROCEDURE FOR ELBOW ARTHROGRAPHY YES  65779 CPT/HCPCS INJECTION OF CATHETER; IN SUPERIOR OR INFERIOR VENA CAVA, RIGHT HEART OR PULMONARY ARTERY  64719 CPT/HCPCS NEUROPLASTY AND/OR TRANSPOSITION; ULNAR NERVE AT WRIST YES  63035 CPT/HCPCS INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR E  65036 CPT/HCPCS INCISION AND DRAINAGE, FOREARM AND/OR WRIST; INFECTED BURSA YES  65700 CPT/HCPCS INCISION AND DRAINAGE, FOREARM AND/OR WRIST; INFECTED BURSA YES  65701 CPT/HCPCS STEREOTACTIC RADIOSUNGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR); 1 SPINAL LESION OF DERMAL LESION, TRUNK, ARMS YES  65718 CPT/HCPCS SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS YES  65720 CPT/HCPCS NEUROPLASTY AND/OR TRANSPOSITION; ULNAR NERVE AT ELBOW YES  65721 CPT/HCPCS SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS YES  65721 CPT/HCPCS NEUROPLASTY AND/OR TRANSPOSITION; ULNAR NERVE AT ELBOW YES  65722 CPT/HCPCS NEUROPLASTY AND/OR TRANSPOSITION; ULNAR NERVE AT ELBOW YES  65723 CPT/HCPCS NEUROPLASTY AND/OR TRANSPOSITION; ULNAR NERVE AT ELBOW YES  65724 CPT/HCPCS NEUROPLASTY AND/OR TRANSPOSITION; ULNAR NERVE AT ELBOW YES  65736 CPT/HCPCS NEUROPLASTY AND/OR TRANSPOSITION; ULNAR NERVE AT ELBOW YES  65740C CPT/HCPCS SHOPPLOTE OR PERFONDER OR PER	
CODE FOR PRIMARY PROCEDURE; BRONCHOSCOPY, RIGID OR FLEXIBLE, INCL FLUOROSCOPIC GUIDANCE, WHEN PERFORMED, WITH REMOVAL OF BRONCIAL VALUE, INITIAL LOBE 65280 CPT/HCPCS REMOVAL OF FOREIGN BODY, INTRACCULAR; FROM POSTERIOR SEGMENT, MAGNETIC EXTRACTION, ANTERIOR OR POSTERIOR SEGMENT, MAGNETIC EXTRACTION, ANTERIOR OR POSTERIOR SEGMENT, MAGNETIC EXTRACTION, ANTERIOR OR POSTERIOR ROUTE 64712 CPT/HCPCS NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG, OPEN; SCIATIC NERVE 64712 CPT/HCPCS GLOSSECTOMY; LESS THAN ONE-HALF TONGUE 71 NERVE 71 NEW PROCEDURE FOR ELBOW ARTHROGRAPHY 72 SESSION OF NEW PROCEDURE FOR ELBOW ARTHROGRAPHY 74 SESSION OF NEW PROCEDURE FOR ELBOW ARTHROGRAPHY 75 PLACEMENT OF AMNIOTIC MEMBRANE ON THE OCULAR SURFACE; SINGLE 1 LAYER, SUTURED 75 CPT/HCPCS PLACEMENT OF AMNIOTIC MEMBRANE ON THE OCULAR SURFACE; SINGLE 1 LAYER, SUTURED 75 CPT/HCPCS PLACEMENT OF ANNIOTIC MEMBRANE ON THE OCULAR SURFACE; SINGLE 1 LAYER, SUTURED 75 CPT/HCPCS PLACEMENT OF ANNIOTIC MEMBRANE ON THE OCULAR SURFACE; SINGLE 1 LAYER, SUTURED 75 CPT/HCPCS PLACEMENT OF ANNIOTIC MEMBRANE ON THE OCULAR SURFACE; SINGLE 1 LAYER, SUTURED 1 CPT/HCPCS NEUROPLASTY AND/OR TRANSPOSITION; ULNAR NERVE AT WRIST 1 VES 1 CPT/HCPCS INCLIDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR E 1 SET SECONSTRUCTION OF CATHETER; IN SUPERIOR OR INFERIOR VENA CAVA, RIGHT HEART OR PULMONARY ARTERY 1 ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR E 1 SET SECONSTRUCTION OF CATHETER; IN SUPERIOR OR INFERIOR VENA CAVA, RIGHT HEART OR PULMONARY ARTERY 1 SES 1 CPT/HCPCS INCLIDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR E 1 SET	
CODE FOR PRIMARY PROCEDURE; BRONCHOSCOPY, RIGID OR FLEXIBLE, INCL FLUOROSCOPIC GUIDANCE, WHEN PERFORMED, WITH REMOVAL OF BRONCIAL VALUE, INITIAL LOBE 65280 CPT/HCPCS REMOVAL OF FOREIGN BODY, INTRACCULAR; FROM POSTERIOR SEGMENT, MAGNETIC EXTRACTION, ANTERIOR OR POSTERIOR SEGMENT, MAGNETIC EXTRACTION, ANTERIOR OR POSTERIOR SEGMENT, MAGNETIC EXTRACTION, ANTERIOR OR POSTERIOR ROUTE 64712 CPT/HCPCS NEUROPLASTY, MAIOR PERIPHERAL NERVE, ARM OR LEG, OPEN; SCIATIC NERVE 64712 CPT/HCPCS GLOSSECTOMY; LESS THAN ONE-HALF TONGUE 71 CPT/HCPCS GLOSSECTOMY; LESS THAN ONE-HALF TONGUE 72 CPT/HCPCS GLOSSECTOMY; LESS THAN ONE-HALF TONGUE 73 CPT/HCPCS GLOSSECTOMY; LESS THAN ONE-HALF TONGUE 74 HEMATOMA 75 CPT/HCPCS GLOSSECTOMY; LESS THAN ONE-HALF TONGUE 76 CPT/HCPCS GLOSSECTOMY; LESS THAN ONE-HALF TONGUE 77 CPT/HCPCS GLOSSECTOMY; LESS THAN ONE-HALF TONGUE 78 CPT/HCPCS GLOSSECTOMY; LESS THAN ONE HALF TONGUE 78 CPT/HCPCS GLOSSECTOMY; LESS THAN ONE-HALF TONGUE 78 CPT/HCPCS GLOSSECTOMY 78 CPT/HCPC	
S1648 CPT/HCPCS BRONCHOSCOPY, RIGIO OR FLEXIBLE, INCL FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH REMOVAL OF BRONCIAL VALUE, INITIAL LOBE 65260 CPT/HCPCS REMOVAL OF FOREIGN BODY, INTRAOCULAR; FROM POSTERIOR SEGMENT, Yes MAGNETIC EXTRACTION, ANTERIOR OR POSTERIOR REMOVAL. 64712 CPT/HCPCS REMOVAL OF FOREIGN BODY, INTRAOCULAR; FROM POSTERIOR SEGMENT, Yes MAGNETIC EXTRACTION, ANTERIOR OR POSTERIOR ROUTE 64712 CPT/HCPCS REMOVAL OF FOREIGN BODY, INTRAOCULAR; FROM POSTERIOR SEGMENT, Yes NERVE 64712 CPT/HCPCS GLOSSECTOMY; LESS THAN ONE-HALF TONGUE Yes 64712 CPT/HCPCS GLOSSECTOMY; LESS THAN ONE-HALF TONGUE Yes 65790 CPT/HCPCS INJECTION PROCEDURE FOR ELBOW ARTHROGRAPHY YES 65779 CPT/HCPCS INJECTION PROCEDURE FOR ELBOW ARTHROGRAPHY YES 65779 CPT/HCPCS PLACEMENT OF AMMIOTIC MEMBRANE ON THE COLLAR SURFACE; SINGLE YES 65779 CPT/HCPCS INTRODUCTION OF CATHETER; IN SUPERIOR OR INFERIOR VENA CAVA, RIGHT HEART OR PULMONARY ARTERY 64719 CPT/HCPCS NEUROPIALSTY AND/OR TRANSPOSITION; ULNAR NERVE AT WRIST YES 63035 CPT/HCPCS LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE YES 63035 CPT/HCPCS INCISION AND DRAINAGE, FOREARM AND/OR WRIST; INFECTED BURSA 63060 CPT/HCPCS INCISION AND DRAINAGE, FOREARM AND/OR WRIST; INFECTED BURSA 6370 CPT/HCPCS STEREOTIACTIC RADIOSURGERY (PARTICLE BEAM, CAMMA RAY, OR LINEAR ACCELERATOR); 1 SPINAL LESION 63620 CPT/HCPCS STEREOTIACTIC RADIOSURGERY (PARTICLE BEAM, CAMMA RAY, OR LINEAR ACCELERATOR); 1 SPINAL LESION DIAM OR TO 10 G CM 64718 CPT/HCPCS SHAWING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR LEGS: LESION DIAM OR TO 10 G CM 64728 CPT/HCPCS RECONSTRUCTION SUPERIOR CARDEN (PARTICLE BEAM, CAMMA RAY, OR LINEAR ACCELERATOR); 1 SPINAL LESION 64728 CPT/HCPCS CLOSURE OR EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR LEGS: LESION DIAM OR TO 10 G CM 64728 CPT/HCPCS RECONSTRUCTION SUPERIOR-LATERAL ORBITAL RIM AND LOWER YES 64729 CPT/HCPCS RECONSTRUCTION SUPERIOR-LATERAL ORBITAL RIM AND LOWER YES 64720 CPT/HCPCS CLOSURE OF PEPHROCUTANEOUS OR PYELOCUTANEOUS FISTULA YES 65810 CP	
GUIDANCE,WHEN PERFORMED; WITH REMOVAL OF BRONCIAL VALUE, INITIAL LOBE  65260 CPT/HCPCS REMOVAL OF FOREIGN BODY, INTRAOCULAR; FROM POSTERIOR SEGMENT, MAGNETIC EXTRACTION, ANTERIOR OR POSTERIOR SEGMENT, MAGNETIC EXTRACTION, ANTERIOR OR POSTERIOR ROUTE  64712 CPT/HCPCS NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG, OPEN; SCIATIC NERVE  41120 CPT/HCPCS GLOSSECTOMY; LESS THAN ONE-HALF TONGUE CPT/HCPCS INICISION AND DRAINAGE, PELVIS OR HIP JOINT AREA; DEEP ABSCESS OR HEMATOMA  24220 CPT/HCPCS INICISION PROCEDURE FOR ELBOW ARTHROGRAPHY POST PLACEMENT OF AMNIOTIC MEMBRANE ON THE OCULAR SURFACE; SINGLE LAYER, SUTURED CPT/HCPCS INICIDION FOR CATHETER; IN SUPERIOR OR INFERIOR VENA CAVA, RIGHT HEATT OR PULMONARY ARTERY  64719 CPT/HCPCS NEUROPLASTY AND/OR TRANSPOSITION; LUNAR NERVE AT WRIST POST NEW SOCIETY OF THE PROPERTY OF THE	
INITIAL LOBE  65260 CPT/HCPCS REMOVAL OF FOREIGN BODY, INTRAOCULAR; FROM POSTERIOR SEGMENT, MAGNETIC EXTRACTION, ANTERIOR OR POSTERIOR ROUTE  64712 CPT/HCPCS NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG, OPEN; SCIATIC YES NERVE  41120 CPT/HCPCS GLOSSECTOMY, LESS THAN ONE-HALF TONGUE YES  66990 CPT/HCPCS INCISION AND DRAINAGE, PELVIS OR RHIP JOINT AREA; DEEP ABSCESS OR HEMATOMA  665779 CPT/HCPCS INJECTION PROCEDURE FOR ELBOW ARTHROGRAPHY YES  665779 CPT/HCPCS INJECTION PROCEDURE FOR ELBOW ARTHROGRAPHY YES  66779 CPT/HCPCS INTRODUCTION OF CATHETER; IN SUPERIOR OR INFERIOR VENA CAVA, RISTORY SERVE AND AND STRANSPOSITION; ULINAR NERVE AT WRIST YES  66719 CPT/HCPCS INTRODUCTION OF CATHETER; IN SUPERIOR OR INFERIOR VENA CAVA, RISTORY SERVE AND	
65260 CPT/HCPCS REMOVAL OF FOREIGN BODY, INTRAOCULAR; FROM POSTERIOR SEGMENT, MAGNETIC EXTRACTION, ANTERIOR OR POSTERIOR ROUTE  64712 CPT/HCPCS NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG, OPEN; SCIATIC NERWE (GLOSSECTOMY; LESS THAN ONE-HALF TONGUE Yes (GLOSSECTOMY; LESS THAN ONE-HALF TONGUE Yes (INCISION AND DRAINAGE, PELVIS OR HIP JOINT AREA; DEEP ABSCESS OR HEMATOMA INJECTION PROCEDURE FOR ELBOW ARTHROGRAPHY Yes (INJECTION PROCEDURE) (INTRODUCTION OF CATHETER; IN SUPERIOR OR INFERIOR VENA CAVA, RIGHT HEART OR PULMONARY ARTERY (INJECTION PROCEDURE) (INJECTION AND DRAINAGE, FOREARM AND/OR WRIST; INFECTED BURSA YES (INJECTION AND OBTURATOR NODES (SEPARATE PROCEDURE) (INJECTION SUPERIOR PROFINC) (INJECTION SUPERIOR OR PREDICTION, WITH OR WITHOUT GRAFTS (INC) (INJECTION SUPERIOR OR PREDICTION, WITH OR WITHOUT GRAFTS (INC) (INJECTION PROCEDURE FOR PETRONIC PROFIND UNITHOUT FARES (INJECTION PROCEDURE FOR PETRONIC PROFIND UNITHOUT FARES (INJECTION PROCEDURE FOR PETRONIC DISEASE; WITH SURGICAL YES (INJECTION PROCEDURE FOR PET	
MAGNETIC EXTRACTION, ANTERIOR OR POSTERIOR ROUTE  64712 CPT/HCPCS NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG, OPEN; SCIATIC YES NERVE  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  42220 CPT/HCPCS INDECTION PROCEDURE FOR ELBOW ARTHROGRAPHY YES  65779 CPT/HCPCS PLACEMENT OF ARMIOTIC MEMBRANE ON THE OCULAR SURFACE; SINGLE LAYER, SUTURED  36010 CPT/HCPCS INTRODUCTION OF CATHETER; IN SUPERIOR OR INFERIOR VENA CAVA, YES  46719 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  563031 CPT/HCPCS INCISION AND DRAINAGE, FOREARM AND/OR WRIST; INFECTED BURSA YES  8770 CPT/HCPCS PLUIC LYMPHADENECTOMY, INCLUDING EXTERNAL ILIAC, HYPOGASTRIC, AND OBTURATOR NODES (SEPARATE PROCEDURE)  38770 CPT/HCPCS STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR YES ACCELERATOR); I SPINAL LESION  11301 CPT/HCPCS SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS YES OR LEGS: LESION DIAM 0.6 TO 1.0 CM  84718 CPT/HCPCS ANTERIOR VESICOURETH ROPEXY, OR URETHROPEXY (MARSHALL- YES MARCHETT-RANIT TYPE); COMPLICATED (EG, SECONDARY REPAIR)  21172 CPT/HCPCS RECONSTRUCTION SUPERIOR CATEFACTED. SUPERA LEISION, WITH OR WITHOUT GRAFTS (INC  SOSOO CPT/HCPCS LOSURE OF NEPHROCUTANEOUS OR PYELOCUTANEOUS FISTULA YES FOREHEAD, ADVANCEMENT OR ALTERATION, WITH OR WITHOUT GRAFTS (INC  50520 CPT/HCPCS LAPAROSCOPIC TREATMENT OF ECTOPIC PREGNANCY; WITHOUT YES SALPINGECTOMY AND/OR TRANSPOSITION, ULDRAR REPORDEDURE)  54205 CPT/HCPCS INJECTION PROCEDURE FOR PEYRONIE DISEASE; WITH SURGICAL YES	
64712 CPT/HCPCS NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG, OPEN; SCIATIC YES NERVE  41120 CPT/HCPCS GLOSSECTOMY; LESS THAN ONE-HALF TONGUE YES INCISION AND DRAINAGE, PELVIS OR HIP JOINT AREA; DEEP ABSCESS OR YES HEMATOM HEMATOMA HEMATOMA PLANGAGE, PELVIS OR HIP JOINT AREA; DEEP ABSCESS OR YES HEMATOMA PROCEDURE FOR ELBOW ARTHROGRAPHY YES CAPTURED AND AND PROJECTION PROCEDURE FOR ELBOW ARTHROGRAPHY YES LAYER, SUTURED PLACEMENT OF ANNIOTIC MEMBRANE ON THE OCULAR SURFACE; SINGLE YES LAYER, SUTURED AND AND RAINAGE, PILVINGHARY STERY SUPERIOR OR INFERIOR VENA CAVA, RIGHT HEART OR PULMONARY ARTERY SUPERIOR OR INFERIOR VENA CAVA, RIGHT HEART OR PULMONARY ARTERY SUPERIOR OR INFERIOR VENA CAVA, RIGHT HEART OR PULMONARY ARTERY SUPERIOR OR INFERIOR VENA CAVA, RIGHT HEART OR PULMONARY ARTERY SUPERIOR OR INFERIOR VENA CAVA, RIGHT HEART OR PULMONARY ARTERY SUPERIOR OR INFERIOR VENA CAVA, RIGHT HEART OR PULMONARY ARTERY SUPERIOR OR INFERIOR VENA CAVA, RIGHT HEART OR PULMONARY ARTERY SUPERIOR OR INFERIOR VENA CAVA, RIGHT HEART OR PULMONARY ARTERY SUPERIOR OR INFERIOR VENA CAVA, RIGHT HEART OR PULMONARY ARTERY SUPERIOR OR INFERIOR OF REVUE AND ARTERY AND ARTE	
NERVE  41120 CPT/HCPCS GLOSSECTOMY; LESS THAN ONE-HALF TONGUE  26990 CPT/HCPCS INCISION AND DRAINAGE, PELVIS OR HIP JOINT AREA; DEEP ABSCESS OR YES  HEMATOMA  24220 CPT/HCPCS INJECTION PROCEDURE FOR ELBOW ARTHROGRAPHY  CPT/HCPCS PLACEMENT OF AMNIOTIC MEMBRANE ON THE OCULAR SURFACE; SINGLE  LAYER, SUTURED  36010 CPT/HCPCS INTRODUCTION OF CATHETER; IN SUPERIOR OR INFERIOR VENA CAVA, RIGHT HEART OR PULMONARY ARTERY  64719 CPT/HCPCS INTRODUCTION OF CATHETER; IN SUPERIOR OR INFERIOR VENA CAVA, RIGHT HEART OR PULMONARY ARTERY  63035 CPT/HCPCS LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR E  25031 CPT/HCPCS INCISION AND DRAINAGE, FOREARM AND/OR WRIST; INFECTED BURSA  25031 CPT/HCPCS PLEVIC LYMPHADENECTOMY, INCLUDING EXTERNAL ILIAC, HYPOGASTRIC, AND OBTURATOR NODES (SEPARATE PROCEDURE)  63620 CPT/HCPCS STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR); 1 SPINAL LESION  11301 CPT/HCPCS STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR); 1 SPINAL LESION  64718 CPT/HCPCS NEUROPLASTY AND/OR TRANSPOSITION; ULNAR NERVE AT ELBOW YES  71841 CPT/HCPCS NEUROPLASTY AND/OR TRANSPOSITION; ULNAR NERVE AT ELBOW YES  71842 CPT/HCPCS RECONSTRUCTION SUPERIOR-LETA CROBITAL RIM AND LOWER FOREHEAD, ADVANCEMENT OR ALTERATION, WITH OR WITHOUT GRAFTS  (INC  60520 CPT/HCPCS CLOSURE OF NEPHROCUTANEOUS OR PYELOCUTANEOUS FISTULA  71950 CPT/HCPCS LAPAROSCOPIC TREATMENT OF ECTOPIC PREGNANCY; WITHOUT YES  71950 CPT/HCPCS INDECTION ADVORD OR PREDOCUTANEOUS FISTULA  71960 CPT/HCPCS INDECTION SUPERIOR-LETARED OR PREDOCEDURE)  7107 PER SUPERIOR OF PENIS; CUTANEOUS (SEPARATE PROCEDURE)  7108 PENIS CUTANEOUS (SEPARATE PROCEDURE)  7109 PENIS CUTANEOUS (SEPARATE PROCEDURE)  71100 CPT/HCPCS INJECTION PROCEDURE FOR PEYRONIE DISEASE; WITH SURGICAL	
NERVE 41120 CPT/HCPCS GLOSSECTOMY; LESS THAN ONE-HALF TONGUE 26990 CPT/HCPCS INCISION AND DRAINAGE, PELVIS OR HIP JOINT AREA; DEEP ABSCESS OR YES HEMATOMA 24220 CPT/HCPCS INLECTION PROCEDURE FOR ELBOW ARTHROGRAPHY 24220 CPT/HCPCS INLECTION PROCEDURE FOR ELBOW ARTHROGRAPHY 24220 CPT/HCPCS INLECTION PROCEDURE FOR ELBOW ARTHROGRAPHY 24220 CPT/HCPCS INTRODUCTION OF AMNIOTIC MEMBRANE ON THE OCULAR SURFACE; SINGLE 2428 CPT/HCPCS INTRODUCTION OF CATHETER; IN SUPERIOR OR INFERIOR VENA CAVA, RIGHT HEART OR PULMONARY ARTERY 2429 CPT/HCPCS INTRODUCTION OF CATHETER; IN SUPERIOR OR INFERIOR VENA CAVA, RIGHT HEART OR PULMONARY ARTERY 2430 CPT/HCPCS INCURIONAL INTRODUCTION; ULNAR NERVE AT WRIST YES 2440 CPT/HCPCS INCISION AND DRAINAGE, FOREARM AND/OR WRIST; INFECTED BURSA 2440 CPT/HCPCS INCISION AND DRAINAGE, FOREARM AND/OR WRIST; INFECTED BURSA 245031 CPT/HCPCS INCISION AND DRAINAGE, FOREARM AND/OR WRIST; INFECTED BURSA 245031 CPT/HCPCS INCISION AND DRAINAGE, FOREARM AND/OR WRIST; INFECTED BURSA 245031 CPT/HCPCS STEREOTACTIC RADIOSURGERY (PARTICLE BEAN, GAMMA RAY, OR LINEAR 245032 CPT/HCPCS STEREOTACTIC RADIOSURGERY (PARTICLE BEAN, GAMMA RAY, OR LINEAR 245033 CPT/HCPCS STEREOTACTIC RADIOSURGERY (PARTICLE BEAN, GAMMA RAY, OR LINEAR 245034 CPT/HCPCS NEUROPLASTY AND/OR TRANSPOSITION; ULNAR NERVE AT ELBOW 24504 ANTERIOR VESICOURETHROPEXY, OR URETHROPEXY (MARSHALL- 24505 CPT/HCPCS RECONSTRUCTION SUPERIOR-LETERAL ORBITAL RIM AND LOWER 24505 CPT/HCPCS CLOSURE OF NEPHROCUTANEOUS OR PYELOCUTANEOUS FISTULA 24505 CPT/HCPCS LAPAROSCOPIC TREATMENT OF ECTOPIC PREGNANCY; WITHOUT SEA 24505 CPT/HCPCS INJECTION PROCEDURE FOR PEYRONIE DISEASE; WITH SURGICAL 24605 CPT/HCPCS INJECTION PROCEDURE FOR PEYRONIE DISEASE; WITH SURGICAL 24707 CPT/HCPCS INJECTION PROCEDURE FOR PEYRONIE DISEASE; WITH SURGICAL 24707 CPT/HCPCS INJECTION PROCEDURE FOR PEYRONIE DISEASE; WITH SURGICAL 24707 CPT/HCPCS INJECTION PROCEDURE FOR PEYRONIE DISEASE; WITH SURGICAL	
41120 CPT/HCPCS GLOSSECTOMY; LESS THAN ONE-HALF TONGUE Yes 26990 CPT/HCPCS INICISION AND DRAINAGE, PELVIS OR HIP JOINT AREA; DEEP ABSCESS OR HEAMTOMA 424220 CPT/HCPCS INJECTION PROCEDURE FOR ELBOW ARTHROGRAPHY Yes 65779 CPT/HCPCS INJECTION PROCEDURE FOR ELBOW ARTHROGRAPHY Yes 65779 CPT/HCPCS INJECTION OF CATHETER; IN SUPERIOR OR INFERIOR VENA CAVA, RIGHT HEART OR PULMONARY ARTERY 65719 CPT/HCPCS INTRODUCTION OF CATHETER; IN SUPERIOR OR INFERIOR VENA CAVA, RIGHT HEART OR PULMONARY ARTERY 64719 CPT/HCPCS INJECTION OF CATHETER; IN SUPERIOR OR INFERIOR VENA CAVA, RIGHT HEART OR PULMONARY ARTERY 63035 CPT/HCPCS LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR E 63035 CPT/HCPCS INCISION AND DRAINAGE, FOREARM AND/OR WRIST; INFECTED BURSA Yes 8770 CPT/HCPCS INCISION AND DRAINAGE, FOREARM AND/OR WRIST; INFECTED BURSA Yes 878770 CPT/HCPCS STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR); 1 SPINAL LESION 63620 CPT/HCPCS STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR); 1 SPINAL LESION 11301 CPT/HCPCS SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK,ARMS YES 64718 CPT/HCPCS NEUROPLASTY AND/OR TRANSPOSITION; ULNAR NERVE AT ELBOW YES 64718 CPT/HCPCS NEUROPLASTY AND/OR TRANSPOSITION; ULNAR NERVE AT ELBOW YES 64718 CPT/HCPCS RECONSTRUCTION SUPERIOR-LATERAL ORBITAL RIM AND LOWER POREHEAD, ADVANCEMENT OR ALTERATION, WITH OR WITHOUT GRAFTS (INC 6471C CPT/HCPCS CLOSURE OF NEPHROCUTANEOUS OR PYELOCUTANEOUS FISTULA YES 659150 CPT/HCPCS LAPAROSCOPIC TREATMENT OF ECTOPIC PREGNANCY; WITHOUT YES 65100 CPT/HCPCS BIOPS OF PEPINS, CUTARATE PROCEDURE) YES 65100 CPT/HCPCS BIOPS OF PEPINS, CUTARATE PROCEDURE) YES 65100 CPT/HCPCS BIOPS OF PEPINS, CUTARATE PROCEDURE) 65100 CPT/HCPCS BIOPS OF PEPINS, CUTARATE PROCEDURE 65100 CPT/HCPCS BIOPS OF PEPINS, CUTARATE PROCEDURE 65100 CPT/HCPCS BIOPS OF PEPINS, CUTARATE PROCEDURE 65100 CPT/HCPCS BIOPS OF PEPINS, CUTARATER PROCEDURE 65100 CPT/HCPCS BIOPS OF PEPINS, CUTARATE	
26990 CPT/HCPCS INCISION AND DRAINAGE, PELVIS OR HIP JOINT AREA; DEEP ABSCESS OR HEMATOMA 24220 CPT/HCPCS INJECTION PROCEDURE FOR ELBOW ARTHROGRAPHY Yes 65779 CPT/HCPCS PLACEMENT OF AMNIOTIC MEMBRANE ON THE OCULAR SURFACE; SINGLE LAYER, SUTURED 36010 CPT/HCPCS INTRODUCTION OF CATHETER; IN SUPERIOR OR INFERIOR VENA CAVA, RIGHT HEART OR PULMONARY ARTERY 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 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) 63620 CPT/HCPCS STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR YES ACCELERATOR); 1 SPINAL LESION 11301 CPT/HCPCS SHAVING OF EPIDERMAL LOSION, SINGLE LESION, TRUNK, ARMS YES 0R LEGS: LESION DIAM 0.6 TO 1.0 CM 64718 CPT/HCPCS NEUROPLASTY AND/OR TRANSPOSITION, ULNAR NERVE AT ELBOW YES OR LEGS: LESION DIAM 0.6 TO 1.0 CM 64718 CPT/HCPCS RECONSTRUCTION SUPERIOREXY, OR URETHROPEXY (MARSHALL YES MARCHETTI-KRANTZ TYPE); COMPLICATED (EG, SECONDARY REPAIR) 21172 CPT/HCPCS RECONSTRUCTION SUPERIOR-LATERAL ORBITAL RIM AND LOWER FOREHAAD, ADVANCEMENT OR ALTERATION, WITH OR WITHOUT GRAFTS (INC 50520 CPT/HCPCS LLAPAROSCOPIC TREATMENT OF PLETORY COMPLICATED (EG, SECONDARY REPAIR) 559150 CPT/HCPCS BLOOSE OF NEPHROCUTANEOUS OR PYELOCUTANEOUS FISTULA YES 54205 CPT/HCPCS BLOOSE PROPESS; CUTANEOUS (SEPARATE PROCEDURE) YES 54205 CPT/HCPCS BLOOSE PROFISE CUTANEOUS (SEPARATE PROCEDURE) YES 54205 CPT/HCPCS INJECTION PROCEDURE FOR PEYRONIE DISEASE; WITH SURGICAL YES	
HEMATOMA  24220 CPT/HCPCS INIECTION PROCEDURE FOR ELBOW ARTHROGRAPHY  FOR CPT/HCPCS INIECTION PROCEDURE FOR ELBOW ARTHROGRAPHY  PLACEMENT OF AMNIOTIC MEMBRANE ON THE OCULAR SURFACE; SINGLE LAYER, SUTURED  36010 CPT/HCPCS INTRODUCTION OF CATHETER; IN SUPERIOR OR INFERIOR VENA CAVA, RIGHT HEART OR PULMONARY ARTERY  64719 CPT/HCPCS INCROPLASTY AND/OR TRANSPOSITION; ULNAR NERVE AT WRIST  63035 CPT/HCPCS LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR E  25031 CPT/HCPCS INCISION AND DRAINAGE, FOREARM AND/OR WRIST; INFECTED BURSA  25031 CPT/HCPCS PELVIC LYMPHADENECTOMY, INCLUDING EXTERNAL ILIAC, HYPOGASTRIC, AND OBTURATOR NODES (SEPARATE PROCEDURE)  36700 CPT/HCPCS STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR); 1 SPINAL LESION  11301 CPT/HCPCS SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR LEGS: LESION DIAM 0.6 TO 1.0 CM  46718 CPT/HCPCS ANTERIOR VESTICOURETHROPEXY, OR URETHROPEXY (MARSHALL- MARCHETTI-KRANTZ TYPE); COMPLICATED (EG, SECONDARY REPAIR)  21172 CPT/HCPCS ANTERIOR VESTICOURETHROPEXY, OR URETHROPEXY (MARSHALL- MARCHETTI-KRANTZ TYPE); COMPLICATED (EG, SECONDARY REPAIR)  21172 CPT/HCPCS CLOSURE OF NEPHROCUTANEOUS OR PYELOCUTANEOUS FISTULA  FOR SECONSTRUCTION SUPERIOR-LATERAL ORBITAL RIM AND LOWER FOREHEAD, ADVANCEMENT OR ALTERATION, WITH OR WITHOUT GRAFTS (INC  50520 CPT/HCPCS LLOSURE OF NEPHROCUTANEOUS OR PYELOCUTANEOUS FISTULA  YES  51500 CPT/HCPCS BIOPSY OF PENIS; CUTANEOUS OR PYELOCUTANEOUS FISTULA  YES  54205 CPT/HCPCS INJECTION PROCEDURE FOR PEYRONIE DISEASE; WITH SURGICAL  YES  54205 CPT/HCPCS INJECTION PROCEDURE FOR PEYRONIE DISEASE; WITH SURGICAL	
24220 CPT/HCPCS INJECTION PROCEDURE FOR ELBOW ARTHROGRAPHY YES 65779 CPT/HCPCS PLACEMENT OF AMNIOTIC MEMBRANE ON THE OCULAR SURFACE; SINGLE LAYER, SUTURED 36010 CPT/HCPCS INTRODUCTION OF CATHETER; IN SUPERIOR OR INFERIOR VENA CAVA, RIGHT HEART OR PULMONARY ARTERY 464719 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 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) 63620 CPT/HCPCS STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR); 1 SPINAL LESION 11301 CPT/HCPCS SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR LEGS: LESION DIAM 0.6 TO 1.0 CM 64718 CPT/HCPCS NEUROPLASTY AND/OR TRANSPOSITION; ULNAR NERVE AT ELBOW YES 61841 CPT/HCPCS ANTERIOR VESICOURETHROPEXY, OR URETHROPEXY (MARSHALL YES MARCHETTI-KRANTZ TYPE); COMPLICATED (EG, SECONDARY REPAIR) 21172 CPT/HCPCS RECONSTRUCTION SUPERIOR-LATERAL ORBITAL RIM AND LOWER FOREHEAD, ADVANCEMENT OR ALTERATION, WITH OR WITHOUT GRAFTS (INC 650520 CPT/HCPCS LLOSURE OF NEPHROCUTANEOUS OR PYELOCUTANEOUS FISTULA YES SALPINGECTOMY AND/OR OPHORECTOMY 54100 CPT/HCPCS BIOPSY OF PENIS; CUTANEOUS OR PYELOCUTANEOUS FISTULA YES SALPINGECTOMY AND/OR OPHORECTOMY 54100 CPT/HCPCS BIOPSY OF PENIS; CUTANEOUS (SEPARATE PROCEDURE) YES 54205 CPT/HCPCS INJECTION PROCEDURE FOR PEYRONIE DISEASE; WITH SURGICAL YES	
65779 CPT/HCPCS PLACEMENT OF AMNIOTIC MEMBRANE ON THE OCULAR SURFACE; SINGLE LAYER, SUTURED  36010 CPT/HCPCS INTRODUCTION OF CATHETER; IN SUPERIOR OR INFERIOR VENA CAVA, RIGHT HEART OR PULMONARY ARTERY  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  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)  63620 CPT/HCPCS STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR); 1 SPINAL LESION  11301 CPT/HCPCS SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS YES  OR LEGS: LESION DIAM 0.6 TO 1.0 CM  64718 CPT/HCPCS NEUROPLASTY AND/OR TRANSPOSITION; ULNAR NERVE AT ELBOW YES  51841 CPT/HCPCS ANTERIOR VESICOURETHROPEXY, OR URETHROPEXY (MARSHALL-MARCHETIL-KRANTZ TYPE); COMPLICATED (EG, SECONDARY REPAIR)  21172 CPT/HCPCS RECONSTRUCTION SUPERIOR-LATERAL ORBITIAL RIM AND LOWER FOREHEAD, ADVANCEMENT OR ALTERATION, WITH OR WITHOUT GRAFTS (INC  50520 CPT/HCPCS LAPAROSCOPIC TREATMENT OF ECTOPIC PREGNANCY; WITHOUT YES  54100 CPT/HCPCS BIOPSY OF PENIS; CUTANEOUS GEPARATE PROCEDURE) YES  54205 CPT/HCPCS INJECTION PROCEDURE FOR PEYRONIE DISEASE; WITH SURGICAL	
LAYER, SUTURED  10010 CPT/HCPCS INTRODUCTION OF CATHETER; IN SUPERIOR OR INFERIOR VENA CAVA, RIGHT HEART OR PULMONARY ARTERY  10010 CPT/HCPCS NEUROPLASTY AND/OR TRANSPOSITION; ULNAR NERVE AT WRIST Yes  10010 CPT/HCPCS LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR E  10010 CPT/HCPCS INCISION AND DRAINAGE, FOREARM AND/OR WRIST; INFECTED BURSA Yes  10010 CPT/HCPCS PELVIC LYMPHADENECTOMY, INCLUDING EXTERNAL ILIAC, HYPOGASTRIC, AND OBTURATOR NODES (SEPARATE PROCEDURE)  10010 CPT/HCPCS STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR); 1 SPINAL LESION  11301 CPT/HCPCS SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS YES  11301 CPT/HCPCS NEUROPLASTY AND/OR TRANSPOSITION; ULNAR NERVE AT ELBOW YES  11301 CPT/HCPCS NEUROPLASTY AND/OR TRANSPOSITION; ULNAR NERVE AT ELBOW YES  11301 CPT/HCPCS ANTERIOR VESICOURETHROPEXY, OR URETHROPEXY (MARSHALL-MARCHETTI-KRANTZ TYPE); COMPLICATED (EG, SECONDARY REPAIR)  1172 CPT/HCPCS RECONSTRUCTION SUPERIOR-LATERAL ORBITAL RIM AND LOWER FOREHEAD, ADVANCEMENT OR ALTERATION, WITH OR WITHOUT GRAFTS (INC  1172 CPT/HCPCS CLOSURE OF NEPHROCUTANEOUS OR PYELOCUTANEOUS FISTULA YES  1173 CPT/HCPCS CLOSURE OF NEPHROCUTANEOUS OR PYELOCUTANEOUS FISTULA YES  1174 CPT/HCPCS LAPROSCOPIC TREATMENT OF ECTOPY PREGNANCY; WITHOUT YES  1175 SALPINGECTOMY AND/OR OOPHORECTOMY  1176 SHOPPOND YES  1177 SALPINGECTOMY AND/OR OOPHORECTOMY  1178 SHOPPOND YES  1179 S	
36010 CPT/HCPCS INTRODUCTION OF CATHETER; IN SUPERIOR OR INFERIOR VENA CAVA, RIGHT HEART OR PULMONARY ARTERY 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  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)  63620 CPT/HCPCS STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR); 1 SPINAL LESION 11301 CPT/HCPCS SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK,ARMS Yes OR LEGS: LESION DIAM 0.6 TO 1.0 CM  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)  21172 CPT/HCPCS RECONSTRUCTION SUPERIOR-LATERAL ORBITAL RIM AND LOWER FOREHEAD, ADVANCEMENT OR ALTERATION, WITH OR WITHOUT GRAFTS (INC  CPT/HCPCS CLOSURE OF NEPHROCUTANEOUS OR PYELOCUTANEOUS FISTULA Yes 59150 CPT/HCPCS LAPAROSCOPIC TREATMENT OF ECTOPIC PREGNANCY; WITHOUT Yes 54100 CPT/HCPCS BIOPSY OF PENIS; CUTANEOUS (SEPARATE PROCEDURE) 1NJECTION PROCEDURE FOR PEYRONE DISEASE; WITH SURGICAL YES	
RIGHT HEART OR PULMONARY ARTERY  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  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)  63620 CPT/HCPCS STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR); 1 SPINAL LESION  11301 CPT/HCPCS SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK,ARMS Yes OR LEGS: LESION DIAM 0.6 TO 1.0 CM  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)  21172 CPT/HCPCS RECONSTRUCTION SUPERIOR-LATERAL ORBITAL RIM AND LOWER FOREHEAD, ADVANCEMENT OR ALTERATION, WITH OR WITHOUT GRAFTS (INC  50520 CPT/HCPCS CLOSURE OF NEPHROCUTANEOUS OR PYELOCUTANEOUS FISTULA Yes 59150 CPT/HCPCS BIOPSY OF PENIS; CUTANEOUS (SEPARATE PROCEDURE) Yes 54205 CPT/HCPCS INJECTION PROCEDURE FOR PEYRONIE DISEASE; WITH SURGICAL 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  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)  63620 CPT/HCPCS STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR); 1 SPINAL LESION  11301 CPT/HCPCS SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR LEGS: LESION DIAM 0.6 TO 1.0 CM  64718 CPT/HCPCS NEUROPLASTY AND/OR TRANSPOSITION; ULNAR NERVE AT ELBOW Yes 51841 CPT/HCPCS ANTERIOR VESICOURETHROPEXY, OR URETHROPEXY (MARSHALL-) MARCHETTI-KRANIZ TYPE); COMPLICATED (EG, SECONDARY REPAIR)  21172 CPT/HCPCS RECONSTRUCTION SUPERIOR-LATERAL ORBITAL RIM AND LOWER FOREHEAD, ADVANCEMENT OR ALTERATION, WITH OR WITHOUT GRAFTS (INC  50520 CPT/HCPCS CLOSURE OF NEPHROCUTANEOUS OR PYELOCUTANEOUS FISTULA Yes 59150 CPT/HCPCS LAPAROSCOPIC TREATMENT OF ECTOPIC PREGNANCY; WITHOUT SESTION SALPINGECTOMY AND/OR OPPHORECTOMY 54100 CPT/HCPCS BIOPSY OF PENIS; CUTANEOUS (SEPARATE PROCEDURE) Yes 54205 CPT/HCPCS INJECTION PROCEDURE FOR PEYRONIE DISEASE; WITH SURGICAL YES	
CPT/HCPCS LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR E  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)  63620 CPT/HCPCS STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR); 1 SPINAL LESION  11301 CPT/HCPCS SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR LEGS: LESION DIAM 0.6 TO 1.0 CM  64718 CPT/HCPCS NEUROPLASTY AND/OR TRANSPOSITION; ULNAR NERVE AT ELBOW Yes  51841 CPT/HCPCS ANTERIOR VESICOURETHROPEXY, OR URETHROPEXY (MARSHALL-MARCHETI-KRANTZ TYPE); COMPLICATED (EG, SECONDARY REPAIR)  21172 CPT/HCPCS RECONSTRUCTION SUPERIOR-LATERAL ORBITAL RIM AND LOWER FOREHEAD, ADVANCEMENT OR ALTERATION, WITH OR WITHOUT GRAFTS (INC.  50520 CPT/HCPCS CLOSURE OF NEPHROCUTANEOUS OR PYELOCUTANEOUS FISTULA Yes  SALPINGECTOMY AND/OR OOPHORECTOMY  54100 CPT/HCPCS BIOPSY OF PENIS; CUTANEOUS (SEPARATE PROCEDURE) Yes  54205 CPT/HCPCS INJECTION PROCEDURE FOR PEYRONIE DISEASE; WITH SURGICAL Yes	
ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR E  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)  63620 CPT/HCPCS STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR); 1 SPINAL LESION  11301 CPT/HCPCS SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR LEGS: LESION DIAM 0.6 TO 1.0 CM  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)  21172 CPT/HCPCS RECONSTRUCTION SUPERIOR-LATERAL ORBITAL RIM AND LOWER FOREHEAD, ADVANCEMENT OR ALTERATION, WITH OR WITHOUT GRAFTS (INC.)  50520 CPT/HCPCS CLOSURE OF NEPHROCUTANEOUS OR PYELOCUTANEOUS FISTULA YES  59150 CPT/HCPCS LAPAROSCOPIC TREATMENT OF ECTOPIC PREGNANCY; WITHOUT YES  54100 CPT/HCPCS BIOPSY OF PENIS; CUTANEOUS (SEPARATE PROCEDURE) YES  54205 CPT/HCPCS INJECTION PROCEDURE FOR PEYRONIE DISEASE; WITH SURGICAL 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)  63620 CPT/HCPCS STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR); 1 SPINAL LESION  11301 CPT/HCPCS SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS Yes OR LEGS: LESION DIAM 0.6 TO 1.0 CM  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)  21172 CPT/HCPCS RECONSTRUCTION SUPERIOR-LATERAL ORBITAL RIM AND LOWER FOREHEAD, ADVANCEMENT OR ALTERATION, WITH OR WITHOUT GRAFTS (INC)  50520 CPT/HCPCS CLOSURE OF NEPHROCUTANEOUS OR PYELOCUTANEOUS FISTULA Yes 59150 CPT/HCPCS LAPAROSCOPIC TREATMENT OF ECTOPIC PREGNANCY; WITHOUT Yes SALPINGECTOMY AND/OR OOPHORECTOMY 54100 CPT/HCPCS BIOPSY OF PENIS; CUTANEOUS (SEPARATE PROCEDURE) Yes 54205 CPT/HCPCS INJECTION PROCEDURE FOR PEYRONIE DISEASE; WITH SURGICAL Yes	
38770 CPT/HCPCS PELVIC LYMPHADENECTOMY, INCLUDING EXTERNAL ILIAC, HYPOGASTRIC, AND OBTURATOR NODES (SEPARATE PROCEDURE) 63620 CPT/HCPCS STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR); 1 SPINAL LESION 11301 CPT/HCPCS SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS YES OR LEGS: LESION DIAM 0.6 TO 1.0 CM 64718 CPT/HCPCS NEUROPLASTY AND/OR TRANSPOSITION; ULNAR NERVE AT ELBOW YES 51841 CPT/HCPCS ANTERIOR VESICOURETHROPEXY, OR URETHROPEXY (MARSHALL- YES MARCHETTI-KRANTZ TYPE); COMPLICATED (EG, SECONDARY REPAIR) 21172 CPT/HCPCS RECONSTRUCTION SUPERIOR-LATERAL ORBITAL RIM AND LOWER FOREHEAD, ADVANCEMENT OR ALTERATION, WITH OR WITHOUT GRAFTS (INC 50520 CPT/HCPCS CLOSURE OF NEPHROCUTANEOUS OR PYELOCUTANEOUS FISTULA YES SALPINGECTOMY AND/OR OOPHORECTOMY 54100 CPT/HCPCS BIOPSY OF PENIS; CUTANEOUS (SEPARATE PROCEDURE) YES 54205 CPT/HCPCS INJECTION PROCEDURE FOR PEYRONIE DISEASE; WITH SURGICAL YES	
38770 CPT/HCPCS PELVIC LYMPHADENECTOMY, INCLUDING EXTERNAL ILIAC, HYPOGASTRIC, AND OBTURATOR NODES (SEPARATE PROCEDURE) 63620 CPT/HCPCS STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR); 1 SPINAL LESION 11301 CPT/HCPCS SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS YES OR LEGS: LESION DIAM 0.6 TO 1.0 CM 64718 CPT/HCPCS NEUROPLASTY AND/OR TRANSPOSITION; ULNAR NERVE AT ELBOW YES 51841 CPT/HCPCS ANTERIOR VESICOURETHROPEXY, OR URETHROPEXY (MARSHALL- YES MARCHETTI-KRANTZ TYPE); COMPLICATED (EG, SECONDARY REPAIR) 21172 CPT/HCPCS RECONSTRUCTION SUPERIOR-LATERAL ORBITAL RIM AND LOWER FOREHEAD, ADVANCEMENT OR ALTERATION, WITH OR WITHOUT GRAFTS (INC 50520 CPT/HCPCS CLOSURE OF NEPHROCUTANEOUS OR PYELOCUTANEOUS FISTULA YES SALPINGECTOMY AND/OR OOPHORECTOMY 54100 CPT/HCPCS BIOPSY OF PENIS; CUTANEOUS (SEPARATE PROCEDURE) YES 54205 CPT/HCPCS INJECTION PROCEDURE FOR PEYRONIE DISEASE; WITH SURGICAL YES	
AND OBTURATOR NODES (SEPARATE PROCEDURE)  63620 CPT/HCPCS STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR); 1 SPINAL LESION  11301 CPT/HCPCS SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK,ARMS YES OR LEGS: LESION DIAM 0.6 TO 1.0 CM  64718 CPT/HCPCS NEUROPLASTY AND/OR TRANSPOSITION; ULNAR NERVE AT ELBOW YES  51841 CPT/HCPCS ANTERIOR VESICOURETHROPEXY, OR URETHROPEXY (MARSHALL-YES MARCHETTI-KRANTZ TYPE); COMPLICATED (EG, SECONDARY REPAIR)  21172 CPT/HCPCS RECONSTRUCTION SUPERIOR-LATERAL ORBITAL RIM AND LOWER FOREHEAD, ADVANCEMENT OR ALTERATION, WITH OR WITHOUT GRAFTS (INC  50520 CPT/HCPCS CLOSURE OF NEPHROCUTANEOUS OR PYELOCUTANEOUS FISTULA YES SALPINGECTOMY AND/OR OOPHORECTOMY  54100 CPT/HCPCS BIOPSY OF PENIS; CUTANEOUS (SEPARATE PROCEDURE) YES  54205 CPT/HCPCS INJECTION PROCEDURE FOR PEYRONIE DISEASE; WITH SURGICAL YES	
AND OBTURATOR NODES (SEPARATE PROCEDURE)  63620 CPT/HCPCS STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR); 1 SPINAL LESION  11301 CPT/HCPCS SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK,ARMS YES OR LEGS: LESION DIAM 0.6 TO 1.0 CM  64718 CPT/HCPCS NEUROPLASTY AND/OR TRANSPOSITION; ULNAR NERVE AT ELBOW YES  51841 CPT/HCPCS ANTERIOR VESICOURETHROPEXY, OR URETHROPEXY (MARSHALL-YES MARCHETTI-KRANTZ TYPE); COMPLICATED (EG, SECONDARY REPAIR)  21172 CPT/HCPCS RECONSTRUCTION SUPERIOR-LATERAL ORBITAL RIM AND LOWER FOREHEAD, ADVANCEMENT OR ALTERATION, WITH OR WITHOUT GRAFTS (INC  50520 CPT/HCPCS CLOSURE OF NEPHROCUTANEOUS OR PYELOCUTANEOUS FISTULA YES SALPINGECTOMY AND/OR OOPHORECTOMY  54100 CPT/HCPCS BIOPSY OF PENIS; CUTANEOUS (SEPARATE PROCEDURE) YES  54205 CPT/HCPCS INJECTION PROCEDURE FOR PEYRONIE DISEASE; WITH SURGICAL YES	
63620 CPT/HCPCS STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR); 1 SPINAL LESION  11301 CPT/HCPCS SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS YES  OR LEGS: LESION DIAM 0.6 TO 1.0 CM  64718 CPT/HCPCS NEUROPLASTY AND/OR TRANSPOSITION; ULNAR NERVE AT ELBOW YES  51841 CPT/HCPCS ANTERIOR VESICOURETHROPEXY, OR URETHROPEXY (MARSHALL-MARCHETI-KRANTZ TYPE); COMPLICATED (EG, SECONDARY REPAIR)  21172 CPT/HCPCS RECONSTRUCTION SUPERIOR-LATERAL ORBITAL RIM AND LOWER FOREHEAD, ADVANCEMENT OR ALTERATION, WITH OR WITHOUT GRAFTS (INC)  50520 CPT/HCPCS CLOSURE OF NEPHROCUTANEOUS OR PYELOCUTANEOUS FISTULA YES  59150 CPT/HCPCS LAPAROSCOPIC TREATMENT OF ECTOPIC PREGNANCY; WITHOUT YES  SALPINGECTOMY AND/OR OOPHORECTOMY  54100 CPT/HCPCS BIOPSY OF PENIS; CUTANEOUS (SEPARATE PROCEDURE) YES  54205 CPT/HCPCS INJECTION PROCEDURE FOR PEYRONIE DISEASE; WITH SURGICAL YES	
ACCELERATOR); 1 SPINAL LESION  11301 CPT/HCPCS SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR LEGS: LESION DIAM 0.6 TO 1.0 CM  64718 CPT/HCPCS NEUROPLASTY AND/OR TRANSPOSITION; ULNAR NERVE AT ELBOW YES  51841 CPT/HCPCS ANTERIOR VESICOURETHROPEXY, OR URETHROPEXY (MARSHALL- YES MARCHETTI-KRANTZ TYPE); COMPLICATED (EG, SECONDARY REPAIR)  21172 CPT/HCPCS RECONSTRUCTION SUPERIOR-LATERAL ORBITAL RIM AND LOWER FOREHEAD, ADVANCEMENT OR ALTERATION, WITH OR WITHOUT GRAFTS (INC (INC)  50520 CPT/HCPCS CLOSURE OF NEPHROCUTANEOUS OR PYELOCUTANEOUS FISTULA YES SALPINGECTOMY AND/OR OPHORECTOMY  54100 CPT/HCPCS BIOPSY OF PENIS; CUTANEOUS (SEPARATE PROCEDURE) YES  54205 CPT/HCPCS INJECTION PROCEDURE FOR PEYRONIE DISEASE; WITH SURGICAL YES	
11301 CPT/HCPCS SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR LEGS: LESION DIAM 0.6 TO 1.0 CM  64718 CPT/HCPCS NEUROPLASTY AND/OR TRANSPOSITION; ULNAR NERVE AT ELBOW Yes 51841 CPT/HCPCS ANTERIOR VESICOURETHROPEXY, OR URETHROPEXY (MARSHALL- Yes MARCHETTI-KRANTZ TYPE); COMPLICATED (EG, SECONDARY REPAIR)  21172 CPT/HCPCS RECONSTRUCTION SUPERIOR-LATERAL ORBITAL RIM AND LOWER FOREHEAD, ADVANCEMENT OR ALTERATION, WITH OR WITHOUT GRAFTS (INC  50520 CPT/HCPCS CLOSURE OF NEPHROCUTANEOUS OR PYELOCUTANEOUS FISTULA Yes 59150 CPT/HCPCS LAPAROSCOPIC TREATMENT OF ECTOPIC PREGNANCY; WITHOUT Yes SALPINGECTOMY AND/OR OOPHORECTOMY  54100 CPT/HCPCS BIOPSY OF PENIS; CUTANEOUS (SEPARATE PROCEDURE) Yes 54205 CPT/HCPCS INJECTION PROCEDURE FOR PEYRONIE DISEASE; WITH SURGICAL Yes	
OR LEGS: LESION DIAM 0.6 TO 1.0 CM  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)  21172 CPT/HCPCS RECONSTRUCTION SUPERIOR-LATERAL ORBITAL RIM AND LOWER FOREHEAD, ADVANCEMENT OR ALTERATION, WITH OR WITHOUT GRAFTS (INC  50520 CPT/HCPCS CLOSURE OF NEPHROCUTANEOUS OR PYELOCUTANEOUS FISTULA Yes 59150 CPT/HCPCS LAPAROSCOPIC TREATMENT OF ECTOPIC PREGNANCY; WITHOUT Yes SALPINGECTOMY AND/OR OOPHORECTOMY  54100 CPT/HCPCS BIOPSY OF PENIS; CUTANEOUS (SEPARATE PROCEDURE) Yes 54205 CPT/HCPCS INJECTION PROCEDURE FOR PEYRONIE DISEASE; WITH SURGICAL Yes	
64718 CPT/HCPCS NEUROPLASTY AND/OR TRANSPOSITION; ULNAR NERVE AT ELBOW 51841 CPT/HCPCS ANTERIOR VESICOURETHROPEXY, OR URETHROPEXY (MARSHALL- MARCHETTI-KRANTZ TYPE); COMPLICATED (EG, SECONDARY REPAIR)  21172 CPT/HCPCS RECONSTRUCTION SUPERIOR-LATERAL ORBITAL RIM AND LOWER FOREHEAD, ADVANCEMENT OR ALTERATION, WITH OR WITHOUT GRAFTS (INC  50520 CPT/HCPCS CLOSURE OF NEPHROCUTANEOUS OR PYELOCUTANEOUS FISTULA Yes 59150 CPT/HCPCS LAPAROSCOPIC TREATMENT OF ECTOPIC PREGNANCY; WITHOUT Yes SALPINGECTOMY AND/OR OOPHORECTOMY  54100 CPT/HCPCS BIOPSY OF PENIS; CUTANEOUS (SEPARATE PROCEDURE) Yes 54205 CPT/HCPCS INJECTION PROCEDURE FOR PEYRONIE DISEASE; WITH SURGICAL Yes	
51841 CPT/HCPCS ANTERIOR VESICOURETHROPEXY, OR URETHROPEXY (MARSHALL-MARCHETTI-KRANTZ TYPE); COMPLICATED (EG, SECONDARY REPAIR)  21172 CPT/HCPCS RECONSTRUCTION SUPERIOR-LATERAL ORBITAL RIM AND LOWER FOREHEAD, ADVANCEMENT OR ALTERATION, WITH OR WITHOUT GRAFTS (INC  50520 CPT/HCPCS CLOSURE OF NEPHROCUTANEOUS OR PYELOCUTANEOUS FISTULA Yes  59150 CPT/HCPCS LAPAROSCOPIC TREATMENT OF ECTOPIC PREGNANCY; WITHOUT Yes  SALPINGECTOMY AND/OR OOPHORECTOMY  54100 CPT/HCPCS BIOPSY OF PENIS; CUTANEOUS (SEPARATE PROCEDURE) Yes  54205 CPT/HCPCS INJECTION PROCEDURE FOR PEYRONIE DISEASE; WITH SURGICAL Yes	
MARCHETTI-KRANTZ TYPE); COMPLICATED (EG, SECONDARY REPAIR)  21172 CPT/HCPCS RECONSTRUCTION SUPERIOR-LATERAL ORBITAL RIM AND LOWER FOREHEAD, ADVANCEMENT OR ALTERATION, WITH OR WITHOUT GRAFTS (INC  50520 CPT/HCPCS CLOSURE OF NEPHROCUTANEOUS OR PYELOCUTANEOUS FISTULA  59150 CPT/HCPCS LAPAROSCOPIC TREATMENT OF ECTOPIC PREGNANCY; WITHOUT SALPINGECTOMY AND/OR OOPHORECTOMY  54100 CPT/HCPCS BIOPSY OF PENIS; CUTANEOUS (SEPARATE PROCEDURE)  54205 CPT/HCPCS INJECTION PROCEDURE FOR PEYRONIE DISEASE; WITH SURGICAL  YES	
21172 CPT/HCPCS RECONSTRUCTION SUPERIOR-LATERAL ORBITAL RIM AND LOWER FOREHEAD, ADVANCEMENT OR ALTERATION, WITH OR WITHOUT GRAFTS (INC  50520 CPT/HCPCS CLOSURE OF NEPHROCUTANEOUS OR PYELOCUTANEOUS FISTULA  59150 CPT/HCPCS LAPAROSCOPIC TREATMENT OF ECTOPIC PREGNANCY; WITHOUT SALPINGECTOMY AND/OR OOPHORECTOMY  54100 CPT/HCPCS BIOPSY OF PENIS; CUTANEOUS (SEPARATE PROCEDURE)  54205 CPT/HCPCS INJECTION PROCEDURE FOR PEYRONIE DISEASE; WITH SURGICAL  Yes	
FOREHEAD, ADVANCEMENT OR ALTERATION, WITH OR WITHOUT GRAFTS (INC  50520 CPT/HCPCS CLOSURE OF NEPHROCUTANEOUS OR PYELOCUTANEOUS FISTULA Yes  59150 CPT/HCPCS LAPAROSCOPIC TREATMENT OF ECTOPIC PREGNANCY; WITHOUT Yes  SALPINGECTOMY AND/OR OOPHORECTOMY  54100 CPT/HCPCS BIOPSY OF PENIS; CUTANEOUS (SEPARATE PROCEDURE) Yes  54205 CPT/HCPCS INJECTION PROCEDURE FOR PEYRONIE DISEASE; WITH SURGICAL Yes	
(INC  50520 CPT/HCPCS CLOSURE OF NEPHROCUTANEOUS OR PYELOCUTANEOUS FISTULA Yes  59150 CPT/HCPCS LAPAROSCOPIC TREATMENT OF ECTOPIC PREGNANCY; WITHOUT Yes  SALPINGECTOMY AND/OR OOPHORECTOMY  54100 CPT/HCPCS BIOPSY OF PENIS; CUTANEOUS (SEPARATE PROCEDURE) Yes  54205 CPT/HCPCS INJECTION PROCEDURE FOR PEYRONIE DISEASE; WITH SURGICAL Yes	
50520 CPT/HCPCS CLOSURE OF NEPHROCUTANEOUS OR PYELOCUTANEOUS FISTULA Yes 59150 CPT/HCPCS LAPAROSCOPIC TREATMENT OF ECTOPIC PREGNANCY; WITHOUT Yes SALPINGECTOMY AND/OR OOPHORECTOMY 54100 CPT/HCPCS BIOPSY OF PENIS; CUTANEOUS (SEPARATE PROCEDURE) Yes 54205 CPT/HCPCS INJECTION PROCEDURE FOR PEYRONIE DISEASE; WITH SURGICAL Yes	
59150 CPT/HCPCS LAPAROSCOPIC TREATMENT OF ECTOPIC PREGNANCY; WITHOUT SALPINGECTOMY AND/OR OOPHORECTOMY  54100 CPT/HCPCS BIOPSY OF PENIS; CUTANEOUS (SEPARATE PROCEDURE)  54205 CPT/HCPCS INJECTION PROCEDURE FOR PEYRONIE DISEASE; WITH SURGICAL Yes	
SALPINGECTOMY AND/OR OOPHORECTOMY  54100 CPT/HCPCS BIOPSY OF PENIS; CUTANEOUS (SEPARATE PROCEDURE)  54205 CPT/HCPCS INJECTION PROCEDURE FOR PEYRONIE DISEASE; WITH SURGICAL Yes	
54100 CPT/HCPCS BIOPSY OF PENIS; CUTANEOUS (SEPARATE PROCEDURE) Yes 54205 CPT/HCPCS INJECTION PROCEDURE FOR PEYRONIE DISEASE; WITH SURGICAL Yes	
54205 CPT/HCPCS INJECTION PROCEDURE FOR PEYRONIE DISEASE; WITH SURGICAL Yes	
EXPOSURE OF PLAQUE	
26116 CPT/HCPCS EXCISION, TUMOR OR VASCULAR MALFORMATION, HAND OR FINGER; DEEP, Yes	
SUBFASCIAL, INTRAMUSCULAR	
64872 CPT/HCPCS SUTURE OF NERVE; REQUIRING SECONDARY OR DELAYED SUTURE (LIST Yes	
SEPARATELY IN ADDITION TO CODE FOR PRIMARY NEURORRHAPHY)	
27881 CPT/HCPCS AMPUTATION LEG, THROUGH TIBIA AND FIBULA; WITH IMMEDIATE FITTING Yes	
TECHNIQUE INCLUDING APPLICATION OF FIRST CAST	
S2403 CPT/HCPCS REPAIR, EXTRALOBAR PULMONARY SEQUESTRATION IN THE FETUS, Yes	
PROCEDURE PERFORMED IN UTERO	
47015 CPT/HCPCS LAPAROTOMY, WITH ASPIRATION AND/OR INJECTION OF HEPATIC Yes	
PARASITIC CYST(S) OR ABSCESS (ES)	
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, Yes	
PERIANAL, PERINEAL, OR UMBILICAL; WITH PRIMARY CLOSU	
11644 CPT/HCPCS EXCISION, MALIGNANT LESION INCL MARGINS, FACE, EARS, EYELIDSNOSE, Yes	
LIPS; EXCISED DIAMETER 3.1 TO 4.0CM	

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	Yes
10402	01 1/1101 00	50WKSPOSTCONCEPTUAL AGE,W OR W/O	
		HYDROCELECTOMY;INCARCERATED OR	
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)	
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
		11000EE3 (E0, 1 NION OCOLAN INDON, 3 MADISHOS ON NETWAL DE IAC	
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,	Vac
24000	GF I/HGFG3	WITH OR WITHOUT INTERNAL FIXATION OR RADIAL HEAD E	165
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	Yes
		CAST; UP TO 6 VERTEBRAL SEGMENTS	
15157	CPT/HCPCS	TISSUE CULTURED EPIDERMAL AUTOGRAFT; EACH ADDITIONAL 100 SQ CM	Yes
		OR LESS, OR 1% OF BODY AREA OF INFANTS AND CHILDREN; FAC	
19081	CPT/HCPCS	BIOPSY,BREAST,WITH PLACEMENT OF BREAST LOCALIZATION	Yes
		DEVICE(S),PERCUTANEOUS,FIRST LESION INCLUDING STEREOTACTIC	
45136	CPT/HCPCS	EXCISION OF ILEOANAL RESERVOIR WITH ILEOSTOMY	Yes
61120	CPT/HCPCS	BURR HOLE(S) FOR VENTRICULAR PUNCTURE (INCLUDING INJECTION OF	Yes
		GAS, CONTRAST MEDIA, DYE, OR RADIOACTIVE MATERIAL); NOT	1
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	Yes
47042	01 1/1101 00	(SPHINCTEROPLASTY), AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION	
57522	CPT/HCPCS	AND IN  CONIZSATION OF CERVIX WITH OR WITH FULGURATION, WITH OR	Yes
37322	GF I/HOF GS	WITHOUT DILATION AND CURETTAGE, W/WO REPAIR; LOOP ELECTRO	165
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	Yes
		INJECTION(S), ANY SUBSTANCE	
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	Yes
21020	CDT/LICEOS	OTHER LESION(S) BY HOT BIOPSY FORCEPS  SINUSCIONY MAYILLARY (ANTROTOMY): PADICAL (CALDWELL LLIC)	Voc
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	Yes
		ULNOCARPAL FUSION); WITHOUT BONE GRAFT	

33545 C 31002 C 59871 C 52007 C 69646 C 21196 C	CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS	LAPAROSCOPY, SURGICAL; ENTERECTOMY, RESECTION OF SMALL INTESTINE, SINGLE RESECTION AND ANASTOMOSIS  REPAIR OF POSTINFARCTION VENTRICULAR SEPTAL DEFECT, WITH OR WITHOUT MYOCARDIAL RESECTION  *LAVAGE BY CANNULATION; SPHENOID SINUS  REMOVAL OF CERCLAGE SUTURE UNDER ANESTHESIA (OTHER THAN LOCAL)	Yes Yes Yes Yes
31002 C 59871 C 52007 C 69646 C	CPT/HCPCS CPT/HCPCS CPT/HCPCS	REPAIR OF POSTINFARCTION VENTRICULAR SEPTAL DEFECT, WITH OR WITHOUT MYOCARDIAL RESECTION *LAVAGE BY CANNULATION; SPHENOID SINUS REMOVAL OF CERCLAGE SUTURE UNDER ANESTHESIA (OTHER THAN LOCAL)	Yes
59871 C 52007 C 69646 C 21196 C	CPT/HCPCS	REMOVAL OF CERCLAGE SUTURE UNDER ANESTHESIA (OTHER THAN LOCAL)	
52007 C 69646 C 21196 C	CPT/HCPCS		Yes
69646 C		1	
21196 C	PDT/HCDCS	CYSTOURETHROSCOPY, WITH URETERAL CATHETERIZATION, WITH OR	Yes
21196 C	PDT/LICDCS	WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLU	
	F1/11CFC3	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY,	Yes
		MIDDLE EAR SURGERY, TYMPANIC MEMBRANE REPAIR); RADICAL OR COMP	
26140 C	CPT/HCPCS	RECONSTRUCTION OF MANDIBULAR RAMI, SAGITTAL SPLIT; WITH INTERNAL RIGID FIXATION	Yes
I	CPT/HCPCS		Yes
C5276 C	CPT/HCPCS	·	Yes
15782 C	PT/HCPCS	DERMABRASION; REGIONAL, OTHER THAN FACE	Yes
	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN TRIMALLEOLAR ANKLE FRACTURE,	Yes
		WITH OR WITHOUT INTERNAL OR EXTERNAL SKELETAL FIXATION, ME	
	PT/HCPCS	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; DISTAL FEMUR	Yes
53850 C	CPT/HCPCS	TRANSURETHRAL DESTRUCTION OF PROSTATE TISSUE;BY MICROWAVE THERMOTHERAPY	Yes
49083 C	PT/HCPCS	ABDOMINAL PARACENTESIS (DIAGNOSTIC OR THERAPEUTIC); WITH IMAGING GUIDANCE	Yes
55060 C	PT/HCPCS		Yes
67930 C	CPT/HCPCS	SUTURE OF RECENT WOUND, EYELID, INVOLVING LID MARGIN, TARSUS, AND/OR PALPEBRAL CONJUNCTIVA) DIRECT CLOSURE; PAR	Yes
21465 C	CPT/HCPCS	OPEN TREATMENT OF MANDIBULAR CONDYLAR FRACTURE	Yes
31553 C	CPT/HCPCS	LARYNGOPLASTY; FOR LARYNGEAL STENOSIS, WITH GRAFT, WITH INDWELLLING STENT PLACEMENT, YOUNGER THAN 12 YEARS OF AGE	Yes
S2202 C	PT/HCPCS	ECHOSCLEROTHERAPY	Yes
32670 C	PT/HCPCS	THORACOSCOPY, SURGICAL; WITH REMOVAL OF TWO LOBES (BILOBECTOMY)	Yes
44500 C	CPT/HCPCS	INTRODUCTION OF LONG GASTROINTESTINAL TUBE (EG, MILLER-ABBOTT) (SEPARATE PROCEDURE)	Yes
61682 C	PT/HCPCS	SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION; SUPRATENTORIAL, COMPLEX	Yes
61332 C	PT/HCPCS	EXPLORATION OF ORBIT (TRANSCRANIAL APPROACH); WITH BIOPSY	Yes
49587 C	CPT/HCPCS	REPAIR UMBILICAL HERNIA, AGE 5 YEARS OR OVER; INCARCERATED OR STRANGULATED	Yes
27355 C	CPT/HCPCS	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR;	Yes
38500 C	PT/HCPCS	BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN SUPERFICIAL	Yes
32661 C	CPT/HCPCS	THORACOSCOPY, SURGICAL; WITH EXCISION OF PERICARDIAL CYST, TUMOR, OR MASS	Yes
28660 C	PT/HCPCS		Yes
28341 C	CPT/HCPCS	RECONSTRUCTION, TOE, MACRODACTYLY; REQUIRING BONE RESECTION	Yes
20970 C	PT/HCPCS	FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS; ILIAC CREST	Yes
35246 C	PT/HCPCS	REPAIR BLOOD VESSEL WITH VEIN GRAFT; INTRATHORACIC, WITHOUT BYPASS	Yes
35642 C	PT/HCPCS	BYPASS GRAFT, WITH OTHER THAN VEIN; CAROTID-VERTEBRAL	Yes
	PT/HCPCS	INTUBATION, ENDOTRACHEAL, EMERGENCY PROCEDURE	Yes
	PT/HCPCS	RADICAL RESECTION OF TUMOR; TIBIA	Yes
46614 C	PT/HCPCS	ANOSCOPY; WITH COAGULATION FOR CONTROL OF HEMORRHAGE AND/OR FULGURATION OF MUCOSAL LESION	Yes
65205 C	CPT/HCPCS	*REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CONJUNCTIVAL SUPERFICIAL	Yes
38562 C	PT/HCPCS	LIMITED LYMPHADENECTOMY FOR STAGING (SEPARATE PROCEDURE); PELVIC AND PARA-AORTIC	Yes
46947 C	PT/HCPCS		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	Yes
48153	CPT/HCPCS	SEPARATELY IN ADDITION TO CODE FOR NEUROPLASTY) (NEUR PANCREATECTOMY, PROXIMAL SUBTOTAL W/NEAR-TOTAL	Yes
40133	CF 1/11CF C3	DUODENECTOMY, CHOLEDOCHENTEROSTOMY &	163
		DUODENOJEJUNOSTOMY;W/PANCREATOJEJUNOS	
49605	CPT/HCPCS	REPAIR OF OMPHALOCELE; LARGE OR GASTROSCHISIS, WITH OR WITHOUT	Yes
		PROSTHESIS	
49424	CPT/HCPCS	CONTRAST INJECTION FOR ASSESSMENT OF ABSCESS OR CYST VIA	Yes
		PREVIOUSLY PLACED CATHETER (SEPARATE PROCEDURE)	
33511	CPT/HCPCS	CORONARY ARTERY BYPASS, AUTOGENOUS GRAFT, (EG, SAPHENOUS VEIN	Yes
40005	ODT//JODGG	OR INTERNAL MAMMARY ARTERY); TWO CORONARY GRAFTS	V
42235 67808	CPT/HCPCS CPT/HCPCS	REPAIR OF ANTERIOR PALATE, INCLUDING VOMER FLAP EXCISION OF CHALAZION; UNDER GENERAL ANESTHESIA AND/OR	Yes Yes
07000	CF 1/11CF C3	REQUIRING HOSPITALIZATION, SINGLE OR MULTIPLE	163
29899	CPT/HCPCS	ARTHROSCOPY, ANKLE, SURGICAL; WITH ANKLE ARTHRODESIS	Yes
25248	CPT/HCPCS		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	Yes
00000	ODT//LODGS	CYSTS)	V
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	Yes
		SECONDARY, WITHOUT FREE GRAFT, EACH TENDON	
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	Yes
		INTRACORONARY STENT, WTH CORONARY ANGIOPLASTY WHN PEFRMD;	
		SINGLE MA	
20664	CPT/HCPCS	APPLICATION OF HALO, INCLUDING REMOVAL, CRANIAL, 6 OR MORE PINS	Yes
		PLACED, FOR THIN SKULL OSTEOLOGY, REQUIRING GENERAL ANES	
27001	CPT/HCPCS	TENOTOMY, ADDUCTOR OF HIP, SUBCUTANEOUS, OPEN	Yes
24155 67805	CPT/HCPCS CPT/HCPCS	RESECTION OF ELBOW JOINT (ARTHRECTOMY)  EXCISION OF CHALAZION; MULTIPLE, DIFFERENT LIDS	Yes Yes
49082	CPT/HCPCS	ABDOMINAL PARACENTESIS (DIAGNOSTIC OR THERAPEUTIC); WITHOUT	Yes
10002	01 1/1101 00	IMAGING GUIDANCE	
36261	CPT/HCPCS	REVISION OF IMPLANTED INTRA-ARTERIAL INFUSION PUMP	Yes
42220	CPT/HCPCS	PALATOPLASTY FOR CLEFT PALATE; SECONDARY LENGTHENING	Yes
		PROCEDURE	
28130	CPT/HCPCS	TALECTOMY (ASTRAGALECTOMY)	Yes
G0428	CPT/HCPCS	COLLAGEN MENISCUS IMPLANT PROCEDURE FOR FILLING MENISCAL	Yes
57000	ODT//JODOG	DEFECTS (E.G., CMI, COLLAGEN SCAFFOLD, MENAFLEX)	
57282	CPT/HCPCS	COLOPLEXY, VAGINAL; EXTRA-PERITONEAL APPROACH (SACROSPINOUS, ILIOCOCCYGEUS)	Yes
33952	CPT/HCPCS	EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO)/ EXTRACORPOREAL	Yes
00002		INSERTION OF PERIPHERAL (ARTERIAL AND/OR VENOUS) CANNULA(E),6	
67908	CPT/HCPCS	REPAIR OF BLEPHAROPTOSIS; CONJUNCTIVO-TARSO-LEVATOR RESECTION	Yes
		(FASANELLA-SERVAT TYPE)	
44207	CPT/HCPCS	LAPARSOCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS,	Yes
21205	ODT/ILODOS	WITH COLOPROCTOSTOMY WITH COLOSTOMY	Voc
31395	CPT/HCPCS	PHARYNGOLARYNGECTOMY, WITH RADICAL NECK DISSECTION; WITH RECONSTRUCTION	Yes
16030	CPT/HCPCS	DRESSINGS AND/OR DEBRIDEMENT, INITIAL OR SUBSEQUENT; WITHOUT	Yes
10000	17110103	ANESTHESIA, LARGE (EG, MORE THAN ONE EXTREMITY)	
64823	CPT/HCPCS	SYMPATHECTOMY; SUPERFICIAL PALMAR ARCH	Yes
27232	CPT/HCPCS		Yes
		MANIPULATION INCLUDING SKELETAL TRACTION	
51102	CPT/HCPCS	ASPIRATION OF BLADDER; WITH INSERTION OF SUPRAPUBIC CATHETER	Yes

CPT/HCPCS		
	LAPAROSCOPY, SURGICAL; COLECTOMY, TOTAL ABD, W/PROCTECTOMY	Yes
	W/ILEOANAL ANASTOMOSIS, CREATION OF ILEAL RESERVOIR (S OR J),	
	W/LOOP ILEOSTOMY, INCL RECTA+	
CPT/HCPCS	RECONSTRUCTION MIDFACE LEFORT I; TWO PIECES SEGMENT	Yes
	MOVEMENTIN ANY DIRECTION, WITHOUT BONE GRAFT	
CPT/HCPCS	RESECTION AND REPAIR OF PORTION OF BRONCHUS WHEN PERFORMED	Yes
	AT TIME OF LOBECTOMY OR SEGMENTECTOMY (LIST SEPARATELY)	
	,	
CPT/HCPCS	OPERATIVE ABLATION OF ARRHYTHMOGENIC FOCUS OR PATHWAY; WITH	Yes
0,	· ·	
CPT/HCPCS		Yes
01 1/1101 00		163
CDT/HCDCS		Yes
		Yes
CP1/HCPCS	· · · · · · · · · · · · · · · · · · ·	Yes
007#10000	·	\(\frac{1}{2}\)
CP1/HCPCS		Yes
		Yes
CPT/HCPCS	VESTIBULOPLASTY; ANTERIOR	Yes
CPT/HCPCS	THORACOSCOPY, SURGICAL; WITH ESOPHAGOMYOTOMY	Yes
CPT/HCPCS	DISARTICULATION OF HIP	Yes
CPT/HCPCS	PROCTECTOMY; PARTIAL RESECTION OF RECTUM	Yes
CPT/HCPCS	PERCUTANEOUS SKELETAL FIXATION OF ULNAR STYLOID FRACTURE	Yes
CPT/HCPCS	GASTRECTOMY, PARTIAL, DISTAL; WITH GASTRODUODENOSTOMY	Yes
CPT/HCPCS	GRAFT; RIB CARTILAGE, AUTOGENOUS, TO FACE, CHIN, NOSE OR EAR	Yes
	(INCLUDES OBTAINING GRAFT)	
CPT/HCPCS	EXCISION OF CHALAZION; MULTIPLE, SAME LID	Yes
		Yes
	,	Yes
		Yes
01 1/1101 03	· · · · · · · · · · · · · · · · · · ·	103
CDT/HCDCS		Yes
		Yes
		Yes
CPI/HCPCS		Yes
CPT/HCPCS		Yes
CPT/HCPCS		Yes
CPT/HCPCS	OPEN TREATMENT OF DISTAL TIBIOFIBULAR JOINT (SYNDESMOSIS)	Yes
	DISRUPTION, INCLUDES INTERNAL FIXATION, WHEN PERFORMED	
CPT/HCPCS	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL,	Yes
	MIDDLE OR DISTAL PHALANX OF FINGER; WITH AUTOGRAFT (	
CPT/HCPCS	EXCISION OF BILE DUCTM TUMOR, WITH OR WITHOUT PRIMARY REPAIROF	Yes
	BILE DUCT; EXRTRAHPATIC	
	REMOVAL OF SPINAL NEUROSTIMULATOR ELECTRODE PLATE/PADDLE(S)	
CPT/HCPCS	TREMOVAL OF SHINAL NEUROSTIMULATOR ELECTRODE PLATE/PADDLETS	Yes
CPT/HCPCS	` '	Yes
CPT/HCPCS	PLACED VIA LAMINOTOMY OR LAMINECTOMY, INCL FLUOROSCOPY, WHEN	Yes
	PLACED VIA LAMINOTOMY OR LAMINECTOMY, INCL FLUOROSCOPY, WHEN	
CPT/HCPCS CPT/HCPCS	PLACED VIA LAMINOTOMY OR LAMINECTOMY, INCL FLUOROSCOPY, WHEN THORACOTOMY, MAJOR; WITH REMOVAL OF INTRAPULMONARY FOREIGN	Yes Yes
CPT/HCPCS	PLACED VIA LAMINOTOMY OR LAMINECTOMY, INCL FLUOROSCOPY, WHEN THORACOTOMY, MAJOR; WITH REMOVAL OF INTRAPULMONARY FOREIGN BODY	Yes
	PLACED VIA LAMINOTOMY OR LAMINECTOMY, INCL FLUOROSCOPY, WHEN  THORACOTOMY, MAJOR; WITH REMOVAL OF INTRAPULMONARY FOREIGN BODY  COLECTOMY, PARTIAL; WITH COLOPROCTOSTOMY (LOW PELVIC	
CPT/HCPCS	PLACED VIA LAMINOTOMY OR LAMINECTOMY, INCL FLUOROSCOPY, WHEN  THORACOTOMY, MAJOR; WITH REMOVAL OF INTRAPULMONARY FOREIGN BODY  COLECTOMY, PARTIAL; WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS)	Yes Yes
CPT/HCPCS	PLACED VIA LAMINOTOMY OR LAMINECTOMY, INCL FLUOROSCOPY, WHEN  THORACOTOMY, MAJOR; WITH REMOVAL OF INTRAPULMONARY FOREIGN BODY  COLECTOMY, PARTIAL; WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS)  REPAIR OF LOW IMPERFORATE ANUS; WITH ANOPERINEAL ("CUT-	Yes
CPT/HCPCS CPT/HCPCS CPT/HCPCS	PLACED VIA LAMINOTOMY OR LAMINECTOMY, INCL FLUOROSCOPY, WHEN  THORACOTOMY, MAJOR; WITH REMOVAL OF INTRAPULMONARY FOREIGN BODY  COLECTOMY, PARTIAL; WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS)  REPAIR OF LOW IMPERFORATE ANUS; WITH ANOPERINEAL ("CUT-BACK"PROCEDURE)	Yes Yes Yes
CPT/HCPCS	PLACED VIA LAMINOTOMY OR LAMINECTOMY, INCL FLUOROSCOPY, WHEN  THORACOTOMY, MAJOR; WITH REMOVAL OF INTRAPULMONARY FOREIGN BODY  COLECTOMY, PARTIAL; WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS)  REPAIR OF LOW IMPERFORATE ANUS; WITH ANOPERINEAL ("CUT-	Yes Yes
CPT/HCPCS CPT/HCPCS CPT/HCPCS	PLACED VIA LAMINOTOMY OR LAMINECTOMY, INCL FLUOROSCOPY, WHEN  THORACOTOMY, MAJOR; WITH REMOVAL OF INTRAPULMONARY FOREIGN BODY  COLECTOMY, PARTIAL; WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS)  REPAIR OF LOW IMPERFORATE ANUS; WITH ANOPERINEAL ("CUT-BACK"PROCEDURE)	Yes Yes Yes
CPT/HCPCS CPT/HCPCS CPT/HCPCS	PLACED VIA LAMINOTOMY OR LAMINECTOMY, INCL FLUOROSCOPY, WHEN  THORACOTOMY, MAJOR; WITH REMOVAL OF INTRAPULMONARY FOREIGN BODY  COLECTOMY, PARTIAL; WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS)  REPAIR OF LOW IMPERFORATE ANUS; WITH ANOPERINEAL ("CUT-BACK"PROCEDURE)  AQUEOUS SHUNT TO EXTRAOCULAR EQUATORIAL PLATE RESERVOIR,	Yes Yes Yes
CPT/HCPCS  CPT/HCPCS  CPT/HCPCS	PLACED VIA LAMINOTOMY OR LAMINECTOMY, INCL FLUOROSCOPY, WHEN  THORACOTOMY, MAJOR; WITH REMOVAL OF INTRAPULMONARY FOREIGN BODY  COLECTOMY, PARTIAL; WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS)  REPAIR OF LOW IMPERFORATE ANUS; WITH ANOPERINEAL ("CUT-BACK"PROCEDURE)  AQUEOUS SHUNT TO EXTRAOCULAR EQUATORIAL PLATE RESERVOIR, EXTERNAL APPROACH; WITH GRAFT	Yes Yes Yes Yes
CPT/HCPCS  CPT/HCPCS  CPT/HCPCS  CPT/HCPCS	PLACED VIA LAMINOTOMY OR LAMINECTOMY, INCL FLUOROSCOPY, WHEN  THORACOTOMY, MAJOR; WITH REMOVAL OF INTRAPULMONARY FOREIGN BODY  COLECTOMY, PARTIAL; WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS)  REPAIR OF LOW IMPERFORATE ANUS; WITH ANOPERINEAL ("CUT-BACK"PROCEDURE)  AQUEOUS SHUNT TO EXTRAOCULAR EQUATORIAL PLATE RESERVOIR, EXTERNAL APPROACH; WITH GRAFT  PALATOPLASTY FOR CLEFT PALATE, SOFT AND/OR HARD PALATE ONLY	Yes Yes Yes Yes Yes
CPT/HCPCS  CPT/HCPCS  CPT/HCPCS  CPT/HCPCS  CPT/HCPCS	PLACED VIA LAMINOTOMY OR LAMINECTOMY, INCL FLUOROSCOPY, WHEN  THORACOTOMY, MAJOR; WITH REMOVAL OF INTRAPULMONARY FOREIGN BODY  COLECTOMY, PARTIAL; WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS)  REPAIR OF LOW IMPERFORATE ANUS; WITH ANOPERINEAL ("CUT-BACK"PROCEDURE)  AQUEOUS SHUNT TO EXTRAOCULAR EQUATORIAL PLATE RESERVOIR, EXTERNAL APPROACH; WITH GRAFT  PALATOPLASTY FOR CLEFT PALATE, SOFT AND/OR HARD PALATE ONLY SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC;	Yes Yes Yes Yes Yes Yes Yes
CPT/HCPCS  CPT/HCPCS  CPT/HCPCS  CPT/HCPCS  CPT/HCPCS  CPT/HCPCS  CPT/HCPCS	PLACED VIA LAMINOTOMY OR LAMINECTOMY, INCL FLUOROSCOPY, WHEN  THORACOTOMY, MAJOR; WITH REMOVAL OF INTRAPULMONARY FOREIGN BODY  COLECTOMY, PARTIAL; WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS)  REPAIR OF LOW IMPERFORATE ANUS; WITH ANOPERINEAL ("CUT-BACK"PROCEDURE)  AQUEOUS SHUNT TO EXTRAOCULAR EQUATORIAL PLATE RESERVOIR, EXTERNAL APPROACH; WITH GRAFT  PALATOPLASTY FOR CLEFT PALATE, SOFT AND/OR HARD PALATE ONLY SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC; GENIOPLASTY; SLIDING OSTEOTOMY, SINGLE PIECE	Yes Yes Yes Yes Yes Yes Yes Yes Yes
CPT/HCPCS  CPT/HCPCS  CPT/HCPCS  CPT/HCPCS  CPT/HCPCS  CPT/HCPCS  CPT/HCPCS	PLACED VIA LAMINOTOMY OR LAMINECTOMY, INCL FLUOROSCOPY, WHEN  THORACOTOMY, MAJOR; WITH REMOVAL OF INTRAPULMONARY FOREIGN BODY  COLECTOMY, PARTIAL; WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS)  REPAIR OF LOW IMPERFORATE ANUS; WITH ANOPERINEAL ("CUT-BACK"PROCEDURE)  AQUEOUS SHUNT TO EXTRAOCULAR EQUATORIAL PLATE RESERVOIR, EXTERNAL APPROACH; WITH GRAFT  PALATOPLASTY FOR CLEFT PALATE, SOFT AND/OR HARD PALATE ONLY SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC; GENIOPLASTY; SLIDING OSTEOTOMY, SINGLE PIECE  URINARY UNDIVERSION (EG, TAKING DOWN OF URETEROILEAL CONDUIT,	Yes Yes Yes Yes Yes Yes Yes Yes Yes
CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS	PLACED VIA LAMINOTOMY OR LAMINECTOMY, INCL FLUOROSCOPY, WHEN  THORACOTOMY, MAJOR; WITH REMOVAL OF INTRAPULMONARY FOREIGN BODY  COLECTOMY, PARTIAL; WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS)  REPAIR OF LOW IMPERFORATE ANUS; WITH ANOPERINEAL ("CUT-BACK"PROCEDURE)  AQUEOUS SHUNT TO EXTRAOCULAR EQUATORIAL PLATE RESERVOIR, EXTERNAL APPROACH; WITH GRAFT  PALATOPLASTY FOR CLEFT PALATE, SOFT AND/OR HARD PALATE ONLY SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC; GENIOPLASTY; SLIDING OSTEOTOMY, SINGLE PIECE  URINARY UNDIVERSION (EG, TAKING DOWN OF URETEROILEAL CONDUIT, URETEROSIGMOIDOSTOMY OR URETEROENTEROSTOMY	Yes
CPT/HCPCS  CPT/HCPCS  CPT/HCPCS  CPT/HCPCS  CPT/HCPCS  CPT/HCPCS  CPT/HCPCS	PLACED VIA LAMINOTOMY OR LAMINECTOMY, INCL FLUOROSCOPY, WHEN  THORACOTOMY, MAJOR; WITH REMOVAL OF INTRAPULMONARY FOREIGN BODY  COLECTOMY, PARTIAL; WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS)  REPAIR OF LOW IMPERFORATE ANUS; WITH ANOPERINEAL ("CUT-BACK"PROCEDURE)  AQUEOUS SHUNT TO EXTRAOCULAR EQUATORIAL PLATE RESERVOIR, EXTERNAL APPROACH; WITH GRAFT  PALATOPLASTY FOR CLEFT PALATE, SOFT AND/OR HARD PALATE ONLY SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC; GENIOPLASTY; SLIDING OSTEOTOMY, SINGLE PIECE  URINARY UNDIVERSION (EG, TAKING DOWN OF URETEROILEAL CONDUIT,	Yes Yes Yes Yes Yes Yes Yes Yes Yes
	CPT/HCPCS	CARDIOPULMONARY BYPASS  CPT/HCPCS  BIOPSY, BREAST, WITH PLACEMENT OF BREAST LOCALIZATION DEVICE(S), EACH ADDITIONAL LESION INICL STEREOTACTIC GUIDANCE  CPT/HCPCS  LIGATION OR BANDING OF ANGIOACCESS ARTERIOVENOUS FISTULA  CPT/HCPCS  TRANSPLANT OR TRANSFER (WITH MUSCLE REDIRECTION OR REROUTING), THIGH IEG, EXTENSOR TO FLEXOR); MULTIPLE TENDONS  CPT/HCPCS  CNTRST INJ FOR RAD EVAL OF EXSTING GASTROSTOMY, DUODENOSTOMY, JEJUNOSTOMY, GASTRO JEJUNOSTOMY, OR CECOSTOMY FROM A PERCUTANEOUS APPRCH INCLDING IMAGE+  CPT/HCPCS  STRAPPING; ELBOW OR WRIST  CPT/HCPCS  THORACOSCOPY, SURGICAL; WITH ESOPHAGOMYOTOMY  CPT/HCPCS  DISARTICULATION OF HIP  CPT/HCPCS  PROCTECTOMY, PARTIAL RESECTION OF RECTUM  PERCUTANEOUS SKELETAL FIXATION OF ULNAR STYLOID FRACTURE  CPT/HCPCS  GASTRECTOMY, PARTIAL, DISTAL; WITH GASTRODUODENOSTOMY  CPT/HCPCS  GRAFT; RIB CARTILLAGE, AUTOGENOUS, TO FACE, CHIN, NOSE OR EAR  (INCLUDES OBTAINING GRAFT)  CPT/HCPCS  EXCISION OF CHALAZION; MULTIPLE, SAME LID  CPT/HCPCS  EXCISION OF CHALAZION; MULTIPLE, SAME LID  CPT/HCPCS  EXCISION OF NEUROMA; DIGITAL NERVE, ONE OR BOTH, SAME DIGIT  CPT/HCPCS  COMPLETE REPAIR OF ANOMALOUS VENOUS RETURN (SUPRACARDIAC, INTRACARDIAC, OR INFRACARDIAC TYPES)  CPT/HCPCS  REMOVAL OF TUMOR, TEMPORAL BONE  CPT/HCPCS  REPAIR POJASTRIC HERNIA (EG, PREPERITONEAL FAT); INCARCERATED OR  STRANGULATED  CPT/HCPCS  REPAIR POJASTRIC HERNIA (EG, PREPERITONEAL FAT); INCARCERATED OR  STRANGULATED  OPEN TREATMENT OF DISTAL TIBIOFIBULAR JOINT (SYNDESMOSIS)  DISRUPTION, INCLUDES INTERNAL FIXATION, WHEN PERFORMED  CPT/HCPCS  CPT/HCPCS  CXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL,  MIDDLE OR DISTAL PHALANX OF FINGER; WITH AUTOGRAFT (

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		Yes
0076T	CPT/HCPCS	TRANSCATHETER PLACEMENT OF EXTRACRANIAL VERTEBRAL OR INTRATHORACIC CAROTID ARTERY STENT(S), OPEN OR PERCUTANEOUS;	Yes
31572	CPT/HCPCS	EACH ADDITIONAL VESSEL, INCLUDINGRA+  LARYNGOSCOPY, FLEXIBLE; WITH ABLATION OR DESCTRUCTION OF  LESION(S) WITH LASER, UNILATERAL	Yes
46270	CPT/HCPCS	FISTULECTOMY; SUBCUTANEOUS	Yes
11624	CPT/HCPCS		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	Yes
19297	CPT/HCPCS		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	VITRCTMY,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		Yes
30410	CPT/HCPCS	RHINOPLASTY, PRIMARY; COMPLETE, EXTERNAL PARTS INCLUDING BONY PYRAMID, LATERAL AND ALAR CARTILAGES, AND/OR ELEVAT	Yes
11055	CPT/HCPCS		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	Yes
		PARTIALFACETECTOMY, CERVICAL, EACH ADD'L CERVICAL INTERSPACE	

24950 CPITHOPOS DEFINATION OF PERPINENT PROJECTION OF				
DEPUTION	25332	CPT/HCPCS	ARTHROPLASTY, WRIST; PSEUDARTHROSIS TYPE WITH INTERNAL FIXATION	Yes
SPEAR   SPEA	24495	CPT/HCPCS		Yes
STATEMENT   STAT	54438	CPT/HCPCS	REPLANTATION, PENIS, COMPLETE AMPUTATION INCLUDING URETHRAL	Yes
APAROSCOPY_SURGICAL_MOBILIZATION OF SPIENDE_PERUPE   PERFORMED IN COMJUNION WITH PARIAL COLECTION*   Yes	53430	CPT/HCPCS		Yes
PERFORMED IN CONJUNCTION WITH PARTIAL COLECTOMY   PERFORMED IN CONJUNCTION WITH PARTIAL DESAM, CAMMAR RAY, OR LINEAR   STEED THIC RADIOSUSCER (PARTICLE BEAM, CAMMAR RAY, OR LINEAR   ACCELERATOR); I COMPLEX CRANAL LESION				
	77210	01 1/1101 00		163
61798 CPTHCPCS STEREOTATIC RADIOSURGERY (PARTICLE BEAN, CAMMARAY, OR LINEAR ACCELERATOR); LOOMER CARGINAL LESS THAN SOME ACCELERATOR); LOOMER CARGINAL LESS THAN SOME ACCELERATOR; LOOMER CARGINAL LESS THAN SOME ACCELERATOR; LOOMER CARGINAL LESS THAN SOME ACCELERATION; LOOMER CARGINAL RESPONSE ACCELERATION; LOOMER CARGINAL RESPONS	62105	CDT/HCDCS		Voc
ACCEL FRATOR; 1 COMPLEX CRANAL LESION  OPTI-HOPCS  PULMONARY ARTERY FEMBLE CTOMY; WITH CARDIOPULMONARY BYPASS  VES  5772  OPTI-HOPCS  CORNEAL RELAXING INCISION FOR CORRECTION OF SURGICALLY INDUCED VES  SISTIONAMISM  SESTIONAMISM  SESTIONAMISM  SESTIONAMISM  SESTIONAMISM  SESTIONAMISM  OPTI-HOPCS  DEWTH SUBCULTANOUS PORT: AGE 5 YEARS OR OLDER  OPTI-HOPCS  OPEN TREATMENT OF CLOSED OR OPEN CARPOMETICACARPAL DISLOCATION, VES  OPEN TREATMENT OF CLOSED OR OPEN CARPOMETICACARPAL DISLOCATION, VES  OPEN TREATMENT OF CLOSED OR OPEN CARPOMETICACARPAL DISLOCATION, VES  OPTI-HOPCS  OPEN TREATMENT OF CLOSED OR OPEN CARPOMETICACARPAL DISLOCATION, VES  OPTI-HOPCS  OPTI-HOPCS  HITRODUCTION OF CATHETER, ADDRES OR ORDER  THIRD ORDER, AND BEYOND, ABDOMINAL, PELIFOR DEL  ENDOWED AND SECOND OF CATHETER, ADDRES OR ORDER  THIRD ORDER, AND BEYOND, ABDOMINAL, PELIFOR, ADDRES ORDER  THIRD ORDER, AND BEYOND, ABDOMINAL, PELIFOR, ADDRES ORDER  THIRD ORDER, AND BEYOND, ABDOMINAL, PELIFOR, OR LOWER EXTREMITY  PROPERTY OF THE CONTROL OF THE SECOND OF THE SECOND OF THE SECOND ORDER ORDER ORDER  THIRD ORDER, AND BEYOND, ABDOMINAL, PELIFOR, ADDRES ORDER  THIRD ORDER ORDER  THIRD ORDER ORDER  THIRD ORDE				
S3910 CPT/HCPCS PULMONARY ARTERY EMBOLECTOMY; WITH CARDIOPULMONARY BYPASS YES  85772 CPT/HCPCS CORNEAL RELAXING INCISION FOR CORRECTION OF SURGICALLY INDUCED YES  36571 CPT/HCPCS CORNEAL RELAXING INCISION FOR CORRECTION OF SURGICALLY INDUCED YES  36572 CPT/HCPCS CORNEAL RELAXING INCISION FOR CORRECTION OF SURGICALLY INDUCED YES  26686 CPT/HCPCS OPEN TREATMENT OF CUSED OR OPEN CARPOMETACARPAL DISLOCATION, YES  36571 CPT/HCPCS DEPART COMPLEX, TRUMS; 2.6 CM TO 7.5 CM  36572 CPT/HCPCS DEPART COMPLEX, TRUMS; 2.6 CM TO 7.5 CM  365840 CPT/HCPCS HERAR, COMPLEX, TRUMS; 2.6 CM TO 7.5 CM  365860 CPT/HCPCS HINTODUCTION OF CATHETER, AORTA OR SELECTIVE; ADD SEC ORDER  118100 CPT/HCPCS HINTODUCTION OF CATHETER, AORTA OR SELECTIVE; ADD SEC ORDER  118100 CPT/HCPCS PHALANGECTOMY OF TOE, SINGLE, EACH  28150 CPT/HCPCS PHALANGECTOMY OF TOE, SINGLE, EACH  28150 CPT/HCPCS PHALANGECTOMY OF TOE, SINGLE, EACH  28160 CPT/HCPCS PHALANGECTOMY OF TOE, SINGLE, EACH  38160 CPT/HCPCS PHALANGECTOMY OF TOE, SINGLE, EACH  38170 CPT/HCPCS PHALANGECTOMY, SUBGICAL PROSTATECTOMY, RETROPUBIC RADICAL,  NICLUIDING NERVE SPARING  48001 CPT/HCPCS PLACEMENT OF DRAINS, PERIFAMOREATIC, FOR ACUTE PANCREATITIS, WITH  48001 CPT/HCPCS PLACEMENT OF DRAINS, PERIFAMOREATIC, FOR ACUTE PANCREATITIS, WITH  48001 CPT/HCPCS PLACEMENT OF DRAINS, PERIFAMOREATIC, FOR ACUTE PANCREATITIS, WITH  48010 CPT/HCPCS PLACEMENT OF DRAINS, PERIFAMOREATIC, FOR ACUTE PANCREATITIS, WITH  48010 CPT/HCPCS PLACEMENT OF DRAINS, PERIFAMOREATIC, FOR ACUTE PANCREATITIS, WITH  48010 CPT/HCPCS PLACEMENT OF DRAINS, PERIFAMOREATIC, FOR ACUTE PANCREATITIS, WITH  48010 CPT/HCPCS PLACEMENT OF DRAINS, PERIFAMOREATIC, FOR ACUTE PANCREATITIS, WITH  48010 CPT/HCPCS PLACEMENT OF DRAINS, PERIFAMOREATIC, FOR ACUTE PANCREATITIS, WITH  48010 CPT/HCPCS PLACEMENT OF DRAINS, PERIFAMOREATIC, FOR ACUTE PANCREATITIS, WITH  48010 CPT/HCPCS PLACEMENT OF DRAINS, PERIFAMOREATIC, FOR ACUTE PANCREATITIS, WITH  48010 CPT/HCPCS PLACEMENT OF DRAINS, PERIFAMOREAN PANCREATICS, PERIFAMOREAN PANCREATICS, PERIFAMOREAN PANCREATIC	61/98	CPT/HCPCS	·	Yes
CPT/HCPCS   CPT/HCPCS   CONTEAL RELAXING INCISION FOR CORRECTION OF SURGICALLY INDUCED   Yes		007//10000	7	
ASTIOMATISM  OPTIMOPOS  DISCRITION OF PERIPHERALLY INSERTED CENTRAL VENOUS ACCESS  POPUMPOS  OPEN TREATMENT OF CLOSED OR OPEN CARPOMERACARRAL DISLOCATION. Yes  OPEN TREATMENT OF CLOSED OR OPEN CARPOMERACARRAL DISLOCATION. Yes  OPEN TREATMENT FRACTURE; COMPLEX, TRUNK 2.6 CM TO 7.5 CM  OPEN TREATMENT FRACTURE; COMPLEX, TRUNK 2.6 CM TO 7.5 CM  OPEN THAN BENEFIT FRACTURE; COMPLEX, TRUNK 2.6 CM TO 7.5 CM  OPEN THAN BENEFIT FRACTURE; COMPLEX, TRUNK 2.6 CM TO 7.5 CM  OPEN THAN DORDER, AND SEYOND, ARDOMINAL, PELINC, OR LOWER EXTREMITY  POPUMPOS  OPTIMOPOS  OPTIMOPOS  PHALARAGECTOMY OF TOE, SINGLE, EACH  OPTIMOPOS  OPTIMOPOS  PHALARAGECTOMY OF TOE, SINGLE, EACH  OPTIMOPOS  OPTIMOPOS  OPTIMOPOS  OPTIMOPOS  PHALARAGECTOMY OF TOE, SINGLE, EACH  OPTIMOPOS  OPTIMOPOS  OPTIMOPOS  OPTIMOPOS  OPTIMOPOS  OPTIMOPOS  PHALARAGECTOMY OF TOE, SINGLE, EACH  OPTIMOPOS  OPTIMOPOS  OPTIMOPOS  PHALARAGECTOMY OF TOE, SINGLE, EACH  OPTIMOPOS  OPTIMOPOS  OPTIMOPOS  OPTIMOPOS  OPTIMOPOS  OPTIMOPOS  THORROSCOPY, SURGICAL; WITH MEDIASTINAL AND REGIONAL  LYMPHADENECTOMY, LUST SEPARATELY IN ADDITION TO CODE FOR  PRIMARY  SINGLE  OPTIMOPOS  OPTIMOPOS  THORROSCOPY, SURGICAL; WITH MEDIASTINAL AND REGIONAL  LYMPHADENECTOMY, ULIST SEPARATELY IN ADDITION TO CODE FOR  PRIMARY  SINGLE  OPTIMOPOS  THORROSCOPY, SURGICAL; WITH MEDIASTINAL AND REGIONAL  LYMPHADENECTOMY WITH OERDOTOMY, WITH SECTION OF ONE SPINOTHALIAMIC  VES  THACT, ONE  STAGE; THORACIC  OPTIMOPOS  "VENTIFICIAL AND LUNAR COMPONENTS  OPTIMOPOS  "VENTIFICIAL AND LUNAR COMPONENTS  OPTIMOPOS  "VENTIFICIAL AND LUNAR COMPONENTS  OPTIMOPOS  "VENTIFICIAL AND LUNAR SHAFET FRCTURE, WITH INTERNAL  PRIMARY  OPTIMOPOS  OPTIMOPO	33910	CP1/HCPCS	PULMONARY ARTERY EMBOLECTOMY; WITH CARDIOPULMONARY BYPASS	Yes
DEWITH SUBCULTANEOUS PORT, AGE SYEARS OR DIDER  28886 CPTHOPOS OPEN TREATMENT OF CLOSED OR OPEN CARPOMETACARPAL DISLOCATION, Yes  OTHER THAN BENNETT FRACTURE; COMPLEX, MULTIPLE OR DEL  13101 CPTHOPOS REPAIR, COMPLEX, TRUNK; 2.6 CM TO 7.5 CM Yes  13248 CPTHOPOS INTRODUCTION OF CATHETER, ADRIA OR SELECTIVE; ADD SEC ORDER Yes  THIRD ORDER, AND BEYOND, ABDOMINIAL, PELIVC, OR LOWER EXTREMITY  28150 CPTHOPOS PHALANGECTOMY OF TOE, SINGLE, EACH Yes  29076 CPTHOPOS EXCISION, TUMOR, SOFT TISSUE OR SHOULDER AREA, SUBFASCIAL (EG, Yes  INTRAMUSCULAR); LESS THAN S CM  29076 CPTHOPOS PHALANGECTOMY OF TOE, SINGLE, EACH Yes  10077 CPTHOPOS PHALANGECTOMY OF TOE, SINGLE, EACH Yes  10078 CPTHOPOS PHALANGECTOMY, SOFT TISSUE OR SHOULDER AREA, SUBFASCIAL (EG, Yes  10078 CPTHOPOS PHALANGECTOMY, SOFT TISSUE OR SHOULDER AREA, SUBFASCIAL (EG, Yes  10078 CPTHOPOS PHALANGECTOMY, SOFT TISSUE OR SHOULDER AREA, SUBFASCIAL (EG, Yes  10078 CPTHOPOS PHALANGECTOMY, SOFT TISSUE OR SHOULDER AREA, SUBFASCIAL (EG, Yes  10078 CPTHOPOS PHALANGECTOMY, SOFT TISSUE OR SHOULDER AREA, SUBFASCIAL (EG, Yes  10078 CPTHOPOS PHALANGECTOMY, SOFT TISSUE OR SHOULDER AREA, SUBFASCIAL (EG, Yes  10078 CPTHOPOS PHALANGECTOMY, SOFT TISSUE OR SHOULDER AREA, SUBFASCIAL (EG, Yes  10078 CPTHOPOS PHALANGECTOMY, SOFT TISSUE OR SHOULDER AREA, SUBFASCIAL (EG, Yes  10078 CPTHOPOS PHALANGECTOMY, SOFT TISSUE OR SHOULDER AREA, SUBFASCIAL (EG, Yes  10078 CPTHOPOS PHALANGECTOMY, SOFT TISSUE OR SHOULDER AREA, SUBFASCIAL (EG, Yes  10078 CPTHOPOS PHALANGECTOMY, SOFT TISSUE OR SHOULDER AREA, SUBFASCIAL (EG, Yes  10078 CPTHOPOS PHALANGECTOMY, SOFT TISSUE OR SHOULDER AREA, SUBFASCIAL (EG, Yes  10078 CPTHOPOS PHALANGECTOMY, SOFT TISSUE OR SHOULDER AREA, SUBFASCIAL (EG, Yes  10078 CPTHOPOS PHALANGECTOMY, SOFT TISSUE OR SHOULDER AREA, SUBFASCIAL (EG, Yes  10078 CPTHOPOS PHALANGECTOMY, SOFT TISSUE OR SHOULDER AREA, SUBFASCIAL (EG,				
OTHER THAN BENNETT FRACTURE; COMPLEX, MULTIPLE OR DEL  13101 CPT/HCPCS REPAIR, COMPLEX, TRUNK; 2.5 CM TO 7.5 CM  9248 CPT/HCPCS INTRODUCTION OF CATHETER, AORTA OR SELECTIVE; ADD SEC ORDER THIRD ORDER, AND BEYOND, ABBOMINAL, PELIVC, OR LOWER EXTREMITY  28150 CPT/HCPCS PHALANGECTOMY OF TOE, SINGLE, EACH 282076 CPT/HCPCS EXCISION, TUMOR, SOFT TISSUE OF SHOULDER AREA, SUBFASCIAL (EG, INTRAMUSCULAR); LESS THAN 5 CM  677HCPCS LEXISION, TUMOR, SOFT TISSUE OF SHOULDER AREA, SUBFASCIAL (EG, INTRAMUSCULAR); LESS THAN 5 CM  677HCPCS LEXISION, TUMOR, SOFT TISSUE OF SHOULDER AREA, SUBFASCIAL (EG, INTRAMUSCULAR); LESS THAN 5 CM  677HCPCS LEXISION, TUMOR, SOFT TISSUE OF SHOULDER AREA, SUBFASCIAL (EG, INTRAMUSCULAR); LESS THAN 5 CM  677HCPCS LEXISION, TUMOR, SOFT TISSUE OF SHOULDER AREA, SUBFASCIAL (EG, INTRAMUSCULAR); LESS THAN 5 CM  677HCPCS LEXISION OF DRAINS, PERIPARCREATIC, FOR ACUTE PANCREATITIS, WITH Yes CHOCKED CONTROL OF PARISHAM CONTROL OF PARISHAM AND REGIONAL LYMPHADENECTOMY, (LIST SEPARATELY) IN ADDITION TO CODE FOR PRIMARY  68195 CPT/HCPCS LEXISION CONTROL OF THE SET OF THE	36571	CPT/HCPCS		Yes
CPT/HCPCS	26686	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN CARPOMETACARPAL DISLOCATION,	Yes
Section			OTHER THAN BENNETT FRACTURE; COMPLEX, MULTIPLE OR DEL	
Se248 CPT/HCPCS INTRODUCTION OF CATHETER, AORTA OR SELECTIVE; ADD SEC ORDER THIRD ORDER, AND BEYOND, ABDOMINAL, PELIVC, OR LOWER EXTREMITY  28150 CPT/HCPCS PHALANGECTOMY OF TOE, SINGLE, EACH Yes  23076 CPT/HCPCS EXCISION, TUMOR, SOFT TISSUE OF SHOULDER AREA, SUBFASCIAL (EG, INTRAMUSCULIAR); LESS THAN 5 CM  255866 CPT/HCPCS LAPAROSCOPY, SURGICAL PROSTATECTOMY, RETROPUBIC RADICAL, INCLUDING NEWEY SPARING  48001 CPT/HCPCS PLACEMENT OF DRAINS, PERIPANCREATIC, FOR ACUTE PANCREATITIS, WITH CHOLOGOPY CHOLOGO	13101	CPT/HCPCS	REPAIR, COMPLEX, TRUNK; 2.6 CM TO 7.5 CM	Yes
THIRD ORDER, AND BEYOND, ABDOMINAL, PELIVC, OR LOWER EXTREMITY  28150 CPT/HCPCS PHALANGECTOMY OF TOE, SINGLE, EACH Yes 23076 CPT/HCPCS EXCISION, TUMOR, SOFT TISSUE OF SHOULDER AREA, SUBFASCIAL (EG., Yes)  58866 CPT/HCPCS LAPAROSCOPY, SURGICAL PROSTATECTOMY, RETROPUBIC RADICAL, NCLUDING NERVE SPARING  48001 CPT/HCPCS LAPAROSCOPY, SURGICAL PROSTATECTOMY, RETROPUBIC RADICAL, NCLUDING NERVE SPARING  48001 CPT/HCPCS LAPAROSCOPY, SURGICAL PROSTATECTOMY, RETROPUBIC RADICAL, NCLUDING NERVE SPARING  48001 CPT/HCPCS CHACKEN STATE OF A CUTE PANCREATITIS, WITH Yes CHOLECYSTOSTOMY, GASTROSTOMY AND JEJUNOSTOMY  29674 CPT/HCPCS THORACOSCOPY, SURGICAL; WITH MEDIASTINAL AND REGIONAL LYMPHADENECTOMY, (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY  63195 CPT/HCPCS AMINECTOMY WITH CORDOTOMY, WITH SECTION OF ONE SPINOTHALAMIC YES TRACT, ONE STAGE; THORACIC  24160 CPT/HCPCS REMOVAL OF PROSTHESIS, INCLUDES DEBRIDEMENT AND SYNOVECTOMY WES WHEN PERFORMED; HUMERAL AND ULNAR COMPONENTS  61020 CPT/HCPCS "VENTRICULAR PUNCTURE THROUGH PREVIOUS BURR HOLE, FONTANELLE, Yes SUTURE, OR IMPLANTED VENTRICULAR CATHETER/RESERVOIR;  25136 CPT/HCPCS EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL BONES; WITH ALLOGRAFT SOMES; WITH ALLOGRAFT SECONDARY OF SOME SYNOME OF BONE CYST OR BENIGN TUMOR OF CARPAL FIXATION, WHEN PREFMID; OF RADIUS AND ULNAR CATHETER/RESERVOIR;  27303 CPT/HCPCS APPLANTATION, THUMB (INCLUDES DISTALTIF TO MP JOINT; COMPLETE YES STATION, WHEN PREFMID; OF RADIUS AND ULNAR SHAFT FRCTURE, WITH INTERNAL FIXATION, WHEN PREFMID; OF RADIUS AND ULNAR CONTEX/EG, FOR YES STEED STATION, THUMB (INCLUDES DISTALTIF TO MP JOINT; COMPLETE YES STATION, WHEN PREFMID; OF RADIUS AND ULNAR CONTEX/EG, FOR YES STEED STATION, THUMB (INCLUDES DISTALTIF TO MP JOINT; COMPLETE YES STATION, THUMB (INCLUDES DISTALTIF TO MP JOINT; COMPLETE YES STATION, THUMB (INCLUDES DISTALTIF TO MP JOINT; COMPLETE YES STATION, THUMB (INCLUDES DISTALTIF TO MP JOINT; COMPLETE YES STATION OF DIRECT ORTUBED PEDICLE; WITH ON WITHOUT YES STATION OF DIRECT ORTUBE. TO THE				
20076 CPT/HCPCS EXCISION, TUMOR, SOFT TISSUE OF SHOULDER AREA, SUBFASCIAL (EG, INTRAMUSCULAR); LESS THAN 5 CM  48001 CPT/HCPCS INCAPROSCOPY, SURGICIAL PROSTATECTOMY, RETROPUBIC RADICAL, INCLUDING NERVE SPARING  48001 CPT/HCPCS PLACEMENT OF DRAINS, PERIPANCREATIC, FOR ACUTE PANCREATITIS; WITH YES CHOLECYSTOSTOMY, GASTROSTOMY AND JEJUNOSTOMY  22674 CPT/HCPCS THORACOSCOPY, SURGICIAL FOR ACUTE PANCREATITIS; WITH YES CHOLECYSTOSTOMY, GASTROSTOMY AND JEJUNOSTOMY  232674 CPT/HCPCS THORACOSCOPY, SURGICIAL; WITH MEDIASTINAL AND REGIONAL LYMPHADENECTOMY. (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY  63195 CPT/HCPCS LAMINECTOMY WITH CORDOTOMY, WITH SECTION OF ONE SPINOTHALAMIC YES TRACT, ONE STAGE; THORACO  24160 CPT/HCPCS REMOVAL OF PROSTHESIS, INCLUDES DEBRIDEMENT AND SYNOVECTOMY WES WHEN PERFORMED; HUMERAL AND ULNAR COMPONENTS  51020 CPT/HCPCS "VENTRICULAR PUNCTURE THROUGH PREVIOUS BURR HOLE, FONTANELLE, YES SUTURE, OR IMPLANTED VENTRICULAR CATHETER/RESERVOIR;  25136 CPT/HCPCS EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL BONES; WITH ALLOGRAFT OPEN TRIMOTHOR FADIAL AND ULNAR SHAFT FRCTURE, WITH INTERNAL PROSTHESING, WHEN PREFRIND, OF RADIAL AND ULNAR SHAFT FRCTURE, WITH INTERNAL PROSTHESING, WHEN PREFRIND, OF RADIAL AND ULNAR SHAFT FRCTURE, WITH INTERNAL PROSTHESING, WHEN PREFRIND, OF RADIAL AND ULNAR SHAFT FRCTURE, WITH INTERNAL PROSTHESING, WITH SINCIPAL PROSTHESING, OR CRAFE OPEN TENTANT OF RADIAL AND ULNAR SHAFT FRCTURE, WITH INTERNAL PROSTHESING, WITH SINCIPAL PROSTHESING, OR RADIC STOME SECSION, FEMUR OR NAME ASSESS), FEMUR OR NAME ASSESS, FEMUR OR NAME ASSESS, FEMU				
20076 CPT/HCPCS EXCISION, TUMOR, SOFT TISSUE OF SHOULDER AREA, SUBFASCIAL (EG, INTRAMUSCULAR); LESS THAN 5 CM  48001 CPT/HCPCS INCAPROSCOPY, SURGICIAL PROSTATECTOMY, RETROPUBIC RADICAL, INCLUDING NERVE SPARING  48001 CPT/HCPCS PLACEMENT OF DRAINS, PERIPANCREATIC, FOR ACUTE PANCREATITIS; WITH YES CHOLECYSTOSTOMY, GASTROSTOMY AND JEJUNOSTOMY  22674 CPT/HCPCS THORACOSCOPY, SURGICIAL FOR ACUTE PANCREATITIS; WITH YES CHOLECYSTOSTOMY, GASTROSTOMY AND JEJUNOSTOMY  232674 CPT/HCPCS THORACOSCOPY, SURGICIAL; WITH MEDIASTINAL AND REGIONAL LYMPHADENECTOMY. (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY  63195 CPT/HCPCS LAMINECTOMY WITH CORDOTOMY, WITH SECTION OF ONE SPINOTHALAMIC YES TRACT, ONE STAGE; THORACO  24160 CPT/HCPCS REMOVAL OF PROSTHESIS, INCLUDES DEBRIDEMENT AND SYNOVECTOMY WES WHEN PERFORMED; HUMERAL AND ULNAR COMPONENTS  51020 CPT/HCPCS "VENTRICULAR PUNCTURE THROUGH PREVIOUS BURR HOLE, FONTANELLE, YES SUTURE, OR IMPLANTED VENTRICULAR CATHETER/RESERVOIR;  25136 CPT/HCPCS EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL BONES; WITH ALLOGRAFT OPEN TRIMOTHOR FADIAL AND ULNAR SHAFT FRCTURE, WITH INTERNAL PROSTHESING, WHEN PREFRIND, OF RADIAL AND ULNAR SHAFT FRCTURE, WITH INTERNAL PROSTHESING, WHEN PREFRIND, OF RADIAL AND ULNAR SHAFT FRCTURE, WITH INTERNAL PROSTHESING, WHEN PREFRIND, OF RADIAL AND ULNAR SHAFT FRCTURE, WITH INTERNAL PROSTHESING, WITH SINCIPAL PROSTHESING, OR CRAFE OPEN TENTANT OF RADIAL AND ULNAR SHAFT FRCTURE, WITH INTERNAL PROSTHESING, WITH SINCIPAL PROSTHESING, OR RADIC STOME SECSION, FEMUR OR NAME ASSESS), FEMUR OR NAME ASSESS, FEMUR OR NAME ASSESS, FEMU	28150	CPT/HCPCS	PHALANGECTOMY OF THE SINGLE FACH	Vas
INTRAMUSCULAR); LESS THAN 5 CM  LAPAROSCOPY, SURGICAL PROSTATECTOMY, RETROPUBIC RADICAL,  INCLUDING NERVE SPARING  RETOPUBLIC CONTINUES  PLACEMENT OF DRAINS, PERIPANCREATIC, FOR ACUTE PANCREATITIS: WITH Ves  CHOLECYSTOSTOMY, GASTROSTOMY AND JEJUNOSTOMY  2674  CPT/HCPCS  THORACOSCOPY, SURGICAL; WITH MEDIASTINAL AND REGIONAL LYMPHADENECTOMY. (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY  G3195  CPT/HCPCS  LAMINECTOMY WITH CORDOTOMY, WITH SECTION OF ONE SPINOTHALAMIC Ves TRACT, ONE STAGE; THORACIC  CPT/HCPCS  REMOVAL OF PROSTHESIS, INCLUDES DEBRIDEMENT AND SYNOVECTOMY WES WHEN PERFORMED; HUMERAL AND ULNAR COMPONENTS  61020  CPT/HCPCS  -VENTRICULAR PUNCTURE THROUGH PREVIOUS BURR HOLE, FONTANELLE, Ves SUTURE, OR IMPLANTED VENTRICULAR CATHETER/RESERVOIR;  25196  CPT/HCPCS  EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL BONEs; WITH ALLOGRAFT  OPEN TRIMINT OF RADIAL AND ULNAR SHAFT FRCTURE, WITH INTERNAL FINATION, WHEN PERFIND, OF RADIUS AND ULNA  FINATION, WHEN PERFIND, OF RADIUS AND ULNA  CPT/HCPCS  INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR OSTEOWYELITIS OR BONE ABSCESS), FEMUR OR KNEE  28227  CPT/HCPCS  REPLANTATION, THUMS (INCLUDES DISTAL TIP TO MP PIOINT); COMPLETE AMPUTATION  FORMATION OF DIRECT OR TUBED PEDICLE; WITH OR WITHOUT TRANSFER: EYELLDS, NOSE, EARS, LIPS, OR INTRAORAL  15576  CPT/HCPCS  EXCENSION OF DIRECT OR TUBED PEDICLE; WITH OR WITHOUT TRANSFER: EYELLDS, NOSE, EARS, LIPS, OR INTRAORAL  15578  CPT/HCPCS  EXTENSIVE CRANIECTOMY FOR MULTIPLE CRANIAL SUTURE CRANIOSYNOSTOSIS EG, CLOVERLEAF SKULL); NOT REQUIRING BONE GRAF  CPT/HCPCS  REMOVAL BY CONTOURING OF BENIGN TUMOR OF CRANIAL BONES (EG, FIBROUS DYSPAJASIA), EXTRACRANIAL  B0247  CPT/HCPCS  INTRODUCTION OF CATHETER, AORTA OR SELECTIVE; INITIAL THIRD ORDER  Yes  INTRODUCTION OF CATHETER, AORTA OR SELECTIVE; INITIAL THIRD ORDER  Yes				
INCLUDING NERVE SPARING			INTRAMUSCULAR); LESS THAN 5 CM	
CHOLECYSTOSTOMY, GASTROSTOMY AND JEJUNOSTOMY  32674 CPT/HCPCS THORACOSCOPY, SURGICAL; WITH MEDIASTINAL AND REGIONAL LYMPHADENECTOMY, (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY  63195 CPT/HCPCS LAMINECTOMY WITH CORDOTOMY, WITH SECTION OF ONE SPINOTHALAMIC YES TRACT, ONE STAGE; THORACIG  24160 CPT/HCPCS REMOVAL OF PROSTHESIS, INCLUDES DEBRIDEMENT AND SYNOVECTOMY WHEN PERFORMED; HUMERAL AND ULNAR COMPONENTS  61020 CPT/HCPCS "VENTRICULAR PUNCTURE THROUGH PREVIOUS BURR HOLE, FONTANELLE. YES SUTURE, OR IMPLANTED VENTRICULAR CATHETER/RESERVOIR;  25136 CPT/HCPCS EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL BONES; WITH ALLOGRAFT  25575 CPT/HCPCS OPEN TRITMIT OF RADIAL AND ULNAR SHAFT FRCTURE, WITH INTERNAL FIXATION, WHEN PRFRMD; OF RADIUS AND ULNA  27303 CPT/HCPCS INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), FEMUR OR KNEE  20827 CPT/HCPCS FORMATION OF DIRECT OR TUBED PEDICLE; WITH OR WITHOUT TRANSFER; EYELIOS, NOSE, EARS, LIPS, OR INTRAORAL  61558 CPT/HCPCS REMOVAL BY CONTOURING OF BONE CORTEX (EG, FOR OR OR INTRAORAL)  61558 CPT/HCPCS FORMATION OF DIRECT OR TUBED PEDICLE; WITH OR WITHOUT TRANSFER; EYELIOS, NOSE, EARS, LIPS, OR INTRAORAL  61558 CPT/HCPCS REMOVAL BY CONTOURING OF BENIGN TUMOR OF CRANIAL BONES (EG, GRAF)  61568 CPT/HCPCS REMOVAL BY CONTOURING OF BENIGN TUMOR OF CRANIAL BONES (EG, FIBROUS DYSPLASIA), EXTRACRANIAL  27301 CPT/HCPCS INTRODUCTION OF CATHETER, AORTA OR SELECTIVE; INITIAL THIRD ORDER YES	55866	CPT/HCPCS		Yes
LYMPHADENECTOMY. (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY  CPT/HCPCS LAMINECTOMY WITH CORDOTOMY, WITH SECTION OF ONE SPINOTHALAMIC YES TRACT, ONE STAGE; THORACIC  24160 CPT/HCPCS REMOVAL OF PROSTHESIS, INCLUDES DEBRIDEMENT AND SYNOVECTOMY WHEN PERFORMED; HUMERAL AND ULNAR COMPONENTS  61020 CPT/HCPCS *VENTRICULAR PUNCTURE THROUGH PREVIOUS BURR HOLE, FONTANELLE, SUTURE, OR IMPLANTED VENTRICULAR CATHETER/RESERVOIR;  25136 CPT/HCPCS EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL BONES; WITH ALLOGRAFT  25575 CPT/HCPCS OPEN TRIMNT OF RADIAL AND ULNAR SHAFT FRCTURE, WITH INTERNAL FIXATION, WHEN PRERMD; OF RADIUS AND ULNA  27303 CPT/HCPCS INISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), FEMUR OR KNEE  20827 CPT/HCPCS REPLANTATION, THUMB (INCLUDES DISTAL TIP TO MP JOINT); COMPLETE AMPUTATION  15576 CPT/HCPCS REPLANTATION, THUMB (INCLUDES DISTAL TIP TO MP JOINT); COMPLETE AMPUTATION  61558 CPT/HCPCS EXTENSIVE CRANIECTOMY FOR MULTIPLE CRANIAL SUTURE CRANIOSYNOSTOSIS EG, CLOVERLEAF SKULL); NOT REQUIRING BONE GRAF  21181 CPT/HCPCS INTRODUCTION OF CATHETER, AORTA OR SELECTIVE; INITIAL THIRD ORDER YES	48001	CPT/HCPCS		Yes
LYMPHADENECTOMY. (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY  CPT/HCPCS LAMINECTOMY WITH CORDOTOMY, WITH SECTION OF ONE SPINOTHALAMIC YES TRACT, ONE STAGE; THORACIC  24160 CPT/HCPCS REMOVAL OF PROSTHESIS, INCLUDES DEBRIDEMENT AND SYNOVECTOMY WHEN PERFORMED; HUMERAL AND ULNAR COMPONENTS  61020 CPT/HCPCS *VENTRICULAR PUNCTURE THROUGH PREVIOUS BURR HOLE, FONTANELLE, SUTURE, OR IMPLANTED VENTRICULAR CATHETER/RESERVOIR;  25136 CPT/HCPCS EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL BONES; WITH ALLOGRAFT  25575 CPT/HCPCS OPEN TRIMNT OF RADIAL AND ULNAR SHAFT FRCTURE, WITH INTERNAL FIXATION, WHEN PRERMD; OF RADIUS AND ULNA  27303 CPT/HCPCS INISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), FEMUR OR KNEE  20827 CPT/HCPCS REPLANTATION, THUMB (INCLUDES DISTAL TIP TO MP JOINT); COMPLETE AMPUTATION  15576 CPT/HCPCS REPLANTATION, THUMB (INCLUDES DISTAL TIP TO MP JOINT); COMPLETE AMPUTATION  61558 CPT/HCPCS EXTENSIVE CRANIECTOMY FOR MULTIPLE CRANIAL SUTURE CRANIOSYNOSTOSIS EG, CLOVERLEAF SKULL); NOT REQUIRING BONE GRAF  21181 CPT/HCPCS INTRODUCTION OF CATHETER, AORTA OR SELECTIVE; INITIAL THIRD ORDER YES				
LYMPHADENECTOMY. (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY  63195 CPT/HCPCS LAMINECTOMY WITH CORDOTOMY, WITH SECTION OF ONE SPINOTHALAMIC YES TRACT, ONE STAGE; THORACIC  24160 CPT/HCPCS REMOVAL OF PROSTHESIS, INCLUDES DEBRIDEMENT AND SYNOVECTOMY WHEN PERFORMED; HUMERAL AND ULNAR COMPONENTS  61020 CPT/HCPCS *VENTRICULAR PUNCTURE THROUGH PREVIOUS BURR HOLE, FONTANELLE, SUTURE, OR IMPLANTED VENTRICULAR CATHETER/RESERVOIR;  25136 CPT/HCPCS EXCISION OR CUREITIAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL BONES; WITH ALLOGRAFT  25575 CPT/HCPCS OPEN TRIMNT OF RADIAL AND ULNAR SHAFT FRCTURE, WITH INTERNAL FIXATION, WHEN PRFRMD: OF RADIUS AND ULNA  27303 CPT/HCPCS INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), FEMUR OR KNEE  20827 CPT/HCPCS REPLANTATION, THUMB (INCLUDES DISTAL TIP TO MP JOINT); COMPLETE AMPUTATION  15576 CPT/HCPCS FORMATION OF DIRECT OR TUBBED PEDICLE; WITH OR WITHOUT TRANSFER; EYELIDS, NOSE, EARS, LIPS, OR INTRAORAL  61558 CPT/HCPCS EXTENSIVE CRANIECTOMY FOR MULTIPLE CRANIAL SUTURE CRANIOSYNOSTOSIS EG, CLOVERLEAF SKULL); NOT REQUIRING BONE GRAF  21181 CPT/HCPCS INTRODUCTION OF CATHETER, AORTA OR SELECTIVE; INITIAL THIRD ORDER YES	32674	CPT/HCPCS	THORACOSCOPY, SURGICAL; WITH MEDIASTINAL AND REGIONAL	Yes
PRIMARY  63195 CPT/HCPCS LAMINECTOMY WITH CORDOTOMY, WITH SECTION OF ONE SPINOTHALAMIC YES TRACT, ONE STAGE; THORACIC  24160 CPT/HCPCS REMOVAL OF PROSTHESIS, INCLUDES DEBRIDEMENT AND SYNOVECTOMY WHEN PERFORMED; HUMERAL AND ULNAR COMPONENTS  61020 CPT/HCPCS *VENTRICULAR PUNCTURE THROUGH PREVIOUS BURR HOLE, FONTANELLE, SUTURE, OR IMPLANTED VENTRICULAR CATHETER/RESERVOIR;  25136 CPT/HCPCS EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL BONES; WITH ALLOGRAFT  25575 CPT/HCPCS OPEN TRITMIN OF RADIAL AND ULNAR SHAFT FRCTURE, WITH INTERNAL FIXATION, WHEN PRFRMD; OF RADIALS AND ULNA  27303 CPT/HCPCS INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), FEMUR OR KNEE  20827 CPT/HCPCS REPLANTATION, THUMB (INCLUDES DISTAL TIP TO MP JOINT); COMPLETE AMPUTATION  15576 CPT/HCPCS FORMATION OF DIRECT OR TUBED PEDICLE; WITH OR WITHOUT YES AMPUTATION  15576 CPT/HCPCS EXTENSIVE CRANIECTOMY FOR MULTIPLE CRANIAL SUTURE CRANIOSYNOSTOSIS EG, CLOVERLEAF SKULL); NOT REQUIRING BONE GRAF  21181 CPT/HCPCS INTRODUCTION OF CATHETER, AORTA OR SELECTIVE; INITIAL THIRD ORDER YES				
CPT/HCPCS LAMINECTOMY WITH CORDOTOMY, WITH SECTION OF ONE SPINOTHALAMIC YES  TRACT, ONE STAGE; THORACIC  24160 CPT/HCPCS REMOVAL OF PROSTHESIS, INCLUDES DEBRIDEMENT AND SYNOVECTOMY WHEN PERFORMED; HUMERAL AND ULNAR COMPONENTS  61020 CPT/HCPCS *VENTRICULAR PUNCTURE THROUGH PREVIOUS BURR HOLE, FONTANELLE, SUTURE, OR IMPLANTED VENTRICULAR CATHETER/RESERVOIR;  25136 CPT/HCPCS EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL BONES; WITH ALLOGRAFT  25575 CPT/HCPCS OPEN TRIMNT OF RADIUL AND ULNAR SHAFT FRCTURE, WITH INTERNAL FIXATION, WHEN PRFRMD; OF RADIUS AND ULNA  27303 CPT/HCPCS INICISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), FEMUR OR KNEE  20827 CPT/HCPCS REPLANTATION, THUMB (INCLUDES DISTALTIP TO MP JOINT); COMPLETE AMPUTATION  15576 CPT/HCPCS FORMATION OF DIRECT OR TUBED PEDICLE; WITH OR WITHOUT TRANSFER, EYELIDS, NOSE, EARS, LIPS, OR INTRAORAL  61558 CPT/HCPCS EXTENSIVE CRANIECTOMY FOR MULTIPLE CRANIAL SUTURE CRANIOSYNOSTOSIS EG, CLOVERLEAF SKULL); NOT REQUIRING BONE GRAF  21181 CPT/HCPCS INTRODUCTION OF CATHETER, AORTA OR SELECTIVE; INITIAL THIRD ORDER YES  1015 CPT/HCPCS INTRODUCTION OF CATHETER, AORTA OR SELECTIVE; INITIAL THIRD ORDER YES			· ·	
TRACT, ONE STAGE; THORACIC  24160 CPT/HCPCS REMOVAL OF PROSTHESIS, INCLUDES DEBRIDEMENT AND SYNOVECTOMY WHEN PERFORMED; HUMERAL AND ULNAR COMPONENTS  61020 CPT/HCPCS *VENTRICULAR PUNCTURE THROUGH PREVIOUS BURR HOLE, FONTANELLE, SUTURE, OR IMPLANTED VENTRICULAR CATHETER/RESERVOIR;  25136 CPT/HCPCS EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL BONES; WITH ALLOGRAFT  25575 CPT/HCPCS OPEN TRIMNT OF RADIAL AND ULNAR SHAFT FRCTURE, WITH INTERNAL FIXATION, WHEN PRERMD; OF RADIUS AND ULNA  27303 CPT/HCPCS INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), FEMUR OR KNEE  20827 CPT/HCPCS REPLANTATION, THUMB (INCLUDES DISTAL TIP TO MP JOINT); COMPLETE AMPUTATION  15576 CPT/HCPCS FORMATION OF DIRECT OR TUBED PEDICLE; WITH OR WITHOUT YES TRANSFER; EYELIDS, NOSE, EARS, LIPS, OR INTRAORAL  61558 CPT/HCPCS EXTENSIVE CRANIECTOMY FOR MULTIPLE CRANIAL SUTURE CRANIOSYNOSTOSIS EG, CLOVERLEAF SKULL); NOT REQUIRING BONE GRAF  21181 CPT/HCPCS INTRODUCTION OF CATHETER, AORTA OR SELECTIVE; INITIAL THIRD ORDER YES  36247 CPT/HCPCS INTRODUCTION OF CATHETER, AORTA OR SELECTIVE; INITIAL THIRD ORDER YES	63195	CPT/HCPCS		Yes
24160 CPT/HCPCS REMOVAL OF PROSTHESIS, INCLUDES DEBRIDEMENT AND SYNOVECTOMY WHEN PERFORMED; HUMERAL AND ULNAR COMPONENTS  61020 CPT/HCPCS *VENTRICULAR PUNCTURE THROUGH PREVIOUS BURR HOLE, FONTANELLE, Yes SUTURE, OR IMPLANTED VENTRICULAR CATHETER/RESERVOIR;  25136 CPT/HCPCS EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL BONES; WITH ALLOGRAFT  25575 CPT/HCPCS OPEN TRIMNT OF RADIAL AND ULNAR SHAFT FRCTURE, WITH INTERNAL FIXATION, WHEN PREFRND; OF RADIUS AND ULNA  27303 CPT/HCPCS INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), FEMUR OR KNEE  20827 CPT/HCPCS REPLANTATION, THUMB (INCLUDES DISTAL TIP TO MP JOINT); COMPLETE AMPUTATION  15576 CPT/HCPCS FORMATION OF DIRECT OR TUBED PEDICLE; WITH OR WITHOUT TRANSFER; EYELIDS, NOSE, EARS, LIPS, OR INTRAORAL  61558 CPT/HCPCS EXTENSIVE CRANIECTOMY FOR MULTIPLE CRANIAL SUTURE CRANICSYNOSTOSIS EG, CLOVERLEAF SKULL); NOT REQUIRING BONE GRAF  21181 CPT/HCPCS REMOVAL BY CONTOURING OF BENIGN TUMOR OF CRANIAL BONES (EG, FIBROUS DYSPLASIA), EXTRACRANIAL  36247 CPT/HCPCS INTRODUCTION OF CATHETER, AORTA OR SELECTIVE; INITIAL THIRD ORDER YES	00100	01 171101 00	· ·	163
WHEN PERFORMED; HUMERAL AND ULNAR COMPONENTS  61020 CPT/HCPCS *VENTRICULAR PUNCTURE THROUGH PREVIOUS BURR HOLE, FONTANELLE, SUTURE, OR IMPLANTED VENTRICULAR CATHETER/RESERVOIR;  25136 CPT/HCPCS EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL BONES; WITH ALLOGRAFT  25575 CPT/HCPCS OPEN TRIMNT OF RADIAL AND ULNAR SHAFT FRCTURE, WITH INTERNAL FIXATION, WHEN PRERMD; OF RADIUS AND ULNA  27303 CPT/HCPCS INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), FEMUR OR KNEE  20827 CPT/HCPCS REPLANTATION, THUMB (INCLUDES DISTAL TIP TO MP JOINT); COMPLETE AMPUTATION  15576 CPT/HCPCS FORMATION OF DIRECT OR TUBED PEDICLE; WITH OR WITHOUT TRANSFER; EYELIDS, NOSE, EARS, LIPS, OR INTRAORAL  61558 CPT/HCPCS EXTENSIVE CRANIECTOMY FOR MULTIPLE CRANIAL SUTURE CRANIAL SUTURE CRANIOSYNOSTOSIS EG, CLOVERLEAF SKULL); NOT REQUIRING BONE GRAF  21181 CPT/HCPCS REMOVAL BY CONTOURING OF BENIGN TUMOR OF CRANIAL BONES (EG, FIBROUS DYSPLASIA), EXTRACRANIAL  36247 CPT/HCPCS INTRODUCTION OF CATHETER, AORTA OR SELECTIVE; INITIAL THIRD ORDER YES	24160	CDT/HCDCS		Voc
SUTURE, OR IMPLANTED VENTRICULAR CATHETER/RESERVOIR;  25136 CPT/HCPCS EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL BONES; WITH ALLOGRAFT  25575 CPT/HCPCS OPEN TRIMNT OF RADIAL AND ULNAR SHAFT FRCTURE, WITH INTERNAL FIXATION, WHEN PRFRMD; OF RADIUS AND ULNA  27303 CPT/HCPCS INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), FEMUR OR KNEE  20827 CPT/HCPCS REPLANTATION, THUMB (INCLUDES DISTAL TIP TO MP JOINT); COMPLETE AMPUTATION  15576 CPT/HCPCS FORMATION OF DIRECT OR TUBED PEDICLE; WITH OR WITHOUT TRANSFER; EYELIDS, NOSE, EARS, LIPS, OR INTRAORAL  61558 CPT/HCPCS EXTENSIVE CRANIECTOMY FOR MULTIPLE CRANIAL SUTURE CRANIOSYNOSTOSIS EG, CLOVERLEAF SKULL); NOT REQUIRING BONE GRAF  21181 CPT/HCPCS REMOVAL BY CONTOURING OF BENIGN TUMOR OF CRANIAL BONES (EG, FIBROUS DYSPLASIA), EXTRACRANIAL  36247 CPT/HCPCS INTRODUCTION OF CATHETER, AORTA OR SELECTIVE; INITIAL THIRD ORDER YES	24100	CF1/HCFC3	· ·	165
SUTURE, OR IMPLANTED VENTRICULAR CATHETER/RESERVOIR;  25136 CPT/HCPCS EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL BONES; WITH ALLOGRAFT  25575 CPT/HCPCS OPEN TRIMNT OF RADIAL AND ULNAR SHAFT FRCTURE, WITH INTERNAL FIXATION, WHEN PRFRMD; OF RADIUS AND ULNA  27303 CPT/HCPCS INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), FEMUR OR KNEE  20827 CPT/HCPCS REPLANTATION, THUMB (INCLUDES DISTAL TIP TO MP JOINT); COMPLETE AMPUTATION  15576 CPT/HCPCS FORMATION OF DIRECT OR TUBED PEDICLE; WITH OR WITHOUT YES TRANSFER; EYELIDS, NOSE, EARS, LIPS, OR INTRAORAL  61558 CPT/HCPCS EXTENSIVE CRANIECTOMY FOR MULTIPLE CRANIAL SUTURE CRANIOSYNOSTOSIS EG, CLOVERLEAF SKULL); NOT REQUIRING BONE GRAF  21181 CPT/HCPCS REMOVAL BY CONTOURING OF BENIGN TUMOR OF CRANIAL BONES (EG, FIBROUS DYSPLASIA), EXTRACRANIAL  36247 CPT/HCPCS INTRODUCTION OF CATHETER, AORTA OR SELECTIVE; INITIAL THIRD ORDER YES	61020	CPT/HCPCS	*VENTRICULAR PUNCTURE THROUGH PREVIOUS BURR HOLE. FONTANELLE.	Yes
BONES; WITH ALLOGRAFT  25575 CPT/HCPCS OPEN TRTMNT OF RADIAL AND ULNAR SHAFT FRCTURE, WITH INTERNAL FIXATION, WHEN PRFRMD; OF RADIUS AND ULNA  27303 CPT/HCPCS INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), FEMUR OR KNEE  20827 CPT/HCPCS REPLANTATION, THUMB (INCLUDES DISTAL TIP TO MP JOINT); COMPLETE AMPUTATION  15576 CPT/HCPCS FORMATION OF DIRECT OR TUBED PEDICLE; WITH OR WITHOUT TRANSFER; EYELIDS, NOSE, EARS, LIPS, OR INTRAORAL  61558 CPT/HCPCS EXTENSIVE CRANIECTOMY FOR MULTIPLE CRANIAL SUTURE CRANIOSYNOSTOSIS EG, CLOVERLEAF SKULL); NOT REQUIRING BONE GRAF  21181 CPT/HCPCS REMOVAL BY CONTOURING OF BENIGN TUMOR OF CRANIAL BONES (EG, FIBROUS DYSPLASIA), EXTRACRANIAL  36247 CPT/HCPCS INTRODUCTION OF CATHETER, AORTA OR SELECTIVE; INITIAL THIRD ORDER YES	02020			
BONES; WITH ALLOGRAFT  25575 CPT/HCPCS OPEN TRTMNT OF RADIAL AND ULNAR SHAFT FRCTURE, WITH INTERNAL FIXATION, WHEN PRFRMD; OF RADIUS AND ULNA  27303 CPT/HCPCS INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), FEMUR OR KNEE  20827 CPT/HCPCS REPLANTATION, THUMB (INCLUDES DISTAL TIP TO MP JOINT); COMPLETE AMPUTATION  15576 CPT/HCPCS FORMATION OF DIRECT OR TUBED PEDICLE; WITH OR WITHOUT TRANSFER; EYELIDS, NOSE, EARS, LIPS, OR INTRAORAL  61558 CPT/HCPCS EXTENSIVE CRANIECTOMY FOR MULTIPLE CRANIAL SUTURE CRANIOSYNOSTOSIS EG, CLOVERLEAF SKULL); NOT REQUIRING BONE GRAF  21181 CPT/HCPCS REMOVAL BY CONTOURING OF BENIGN TUMOR OF CRANIAL BONES (EG, FIBROUS DYSPLASIA), EXTRACRANIAL  36247 CPT/HCPCS INTRODUCTION OF CATHETER, AORTA OR SELECTIVE; INITIAL THIRD ORDER YES	25136	CPT/HCPCS	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CAPPAI	Yes
25575 CPT/HCPCS OPEN TRTMNT OF RADIAL AND ULNAR SHAFT FRCTURE, WITH INTERNAL FIXATION, WHEN PRFRMD; OF RADIUS AND ULNA  27303 CPT/HCPCS INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), FEMUR OR KNEE  20827 CPT/HCPCS REPLANTATION, THUMB (INCLUDES DISTAL TIP TO MP JOINT); COMPLETE AMPUTATION  15576 CPT/HCPCS FORMATION OF DIRECT OR TUBED PEDICLE; WITH OR WITHOUT TRANSFER; EYELIDS, NOSE, EARS, LIPS, OR INTRAORAL  61558 CPT/HCPCS EXTENSIVE CRANIECTOMY FOR MULTIPLE CRANIAL SUTURE CRANIOSYNOSTOSIS EG, CLOVERLEAF SKULL); NOT REQUIRING BONE GRAF  21181 CPT/HCPCS REMOVAL BY CONTOURING OF BENIGN TUMOR OF CRANIAL BONES (EG, FIBROUS DYSPLASIA), EXTRACRANIAL  36247 CPT/HCPCS INTRODUCTION OF CATHETER, AORTA OR SELECTIVE; INITIAL THIRD ORDER YES	20100	01 1/1101 00		163
FIXATION, WHEN PRERMD; OF RADIUS AND ULNA  27303 CPT/HCPCS INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), FEMUR OR KNEE  20827 CPT/HCPCS REPLANTATION, THUMB (INCLUDES DISTAL TIP TO MP JOINT); COMPLETE AMPUTATION  15576 CPT/HCPCS FORMATION OF DIRECT OR TUBED PEDICLE; WITH OR WITHOUT TRANSFER; EYELIDS, NOSE, EARS, LIPS, OR INTRAORAL  61558 CPT/HCPCS EXTENSIVE CRANIECTOMY FOR MULTIPLE CRANIAL SUTURE CRANIOSYNOSTOSIS EG, CLOVERLEAF SKULL); NOT REQUIRING BONE GRAF  21181 CPT/HCPCS REMOVAL BY CONTOURING OF BENIGN TUMOR OF CRANIAL BONES (EG, FIBROUS DYSPLASIA), EXTRACRANIAL  36247 CPT/HCPCS INTRODUCTION OF CATHETER, AORTA OR SELECTIVE; INITIAL THIRD ORDER YES	25575	CDT/LICDOS		Vas
OSTEOMYELITIS OR BONE ABSCESS), FEMUR OR KNEE  20827 CPT/HCPCS REPLANTATION, THUMB (INCLUDES DISTAL TIP TO MP JOINT); COMPLETE AMPUTATION  15576 CPT/HCPCS FORMATION OF DIRECT OR TUBED PEDICLE; WITH OR WITHOUT TRANSFER; EYELIDS, NOSE, EARS, LIPS, OR INTRAORAL  61558 CPT/HCPCS EXTENSIVE CRANIECTOMY FOR MULTIPLE CRANIAL SUTURE CRANIOSYNOSTOSIS EG, CLOVERLEAF SKULL); NOT REQUIRING BONE GRAF  21181 CPT/HCPCS REMOVAL BY CONTOURING OF BENIGN TUMOR OF CRANIAL BONES (EG, FIBROUS DYSPLASIA), EXTRACRANIAL  36247 CPT/HCPCS INTRODUCTION OF CATHETER, AORTA OR SELECTIVE; INITIAL THIRD ORDER YES			FIXATION, WHEN PRFRMD; OF RADIUS AND ULNA	
AMPUTATION  15576 CPT/HCPCS FORMATION OF DIRECT OR TUBED PEDICLE; WITH OR WITHOUT TRANSFER; EYELIDS, NOSE, EARS, LIPS, OR INTRAORAL  61558 CPT/HCPCS EXTENSIVE CRANIECTOMY FOR MULTIPLE CRANIAL SUTURE CRANIOSYNOSTOSIS EG, CLOVERLEAF SKULL); NOT REQUIRING BONE GRAF  21181 CPT/HCPCS REMOVAL BY CONTOURING OF BENIGN TUMOR OF CRANIAL BONES (EG, FIBROUS DYSPLASIA), EXTRACRANIAL  36247 CPT/HCPCS INTRODUCTION OF CATHETER, AORTA OR SELECTIVE; INITIAL THIRD ORDER YES	27303	CPT/HCPCS	•	Yes
TRANSFER; EYELIDS, NOSE, EARS, LIPS, OR INTRAORAL  61558 CPT/HCPCS EXTENSIVE CRANIECTOMY FOR MULTIPLE CRANIAL SUTURE CRANIOSYNOSTOSIS EG, CLOVERLEAF SKULL); NOT REQUIRING BONE GRAF  21181 CPT/HCPCS REMOVAL BY CONTOURING OF BENIGN TUMOR OF CRANIAL BONES (EG, FIBROUS DYSPLASIA), EXTRACRANIAL  36247 CPT/HCPCS INTRODUCTION OF CATHETER, AORTA OR SELECTIVE; INITIAL THIRD ORDER Yes	20827	CPT/HCPCS	,	Yes
61558 CPT/HCPCS EXTENSIVE CRANIECTOMY FOR MULTIPLE CRANIAL SUTURE CRANIOSYNOSTOSIS EG, CLOVERLEAF SKULL); NOT REQUIRING BONE GRAF  21181 CPT/HCPCS REMOVAL BY CONTOURING OF BENIGN TUMOR OF CRANIAL BONES (EG, FIBROUS DYSPLASIA), EXTRACRANIAL  36247 CPT/HCPCS INTRODUCTION OF CATHETER, AORTA OR SELECTIVE; INITIAL THIRD ORDER Yes	15576	CPT/HCPCS	· ·	Yes
21181 CPT/HCPCS REMOVAL BY CONTOURING OF BENIGN TUMOR OF CRANIAL BONES (EG, FIBROUS DYSPLASIA), EXTRACRANIAL  36247 CPT/HCPCS INTRODUCTION OF CATHETER, AORTA OR SELECTIVE; INITIAL THIRD ORDER Yes	61558	CPT/HCPCS	EXTENSIVE CRANIECTOMY FOR MULTIPLE CRANIAL SUTURE CRANIOSYNOSTOSIS EG, CLOVERLEAF SKULL); NOT REQUIRING BONE	Yes
36247 CPT/HCPCS INTRODUCTION OF CATHETER, AORTA OR SELECTIVE; INITIAL THIRD ORDER Yes	21181	CPT/HCPCS	REMOVAL BY CONTOURING OF BENIGN TUMOR OF CRANIAL BONES (EG,	Yes
	36247	CPT/HCPC9		Yes
	00247	011/110703		
22026 CDT/HCDCS THODACOSTOMY: WITH ODEN ELAD DDAINIAGE FOD EMBYEMA	22026	CDT/HCDCC	THODACOSTOMY: WITH ODEN II AD DDAINIAGE FOR EMPYEAR	Voc
32036 CPT/HCPCS THORACOSTOMY; WITH OPEN FLAP DRAINAGE FOR EMPYEMA Yes				
43771 CPT/HCPCS LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REVISION Yes OF ADJUSTABLE GASTRIC BAND COMPONENT ONLY	43//1	ICP1/HCPCS		TES
61000 CPT/HCPCS *SUBDURAL TAP THROUGH FONTANELLE, OR SUTURE, INFANT, UNILATERAL Yes	61000	CPT/HCPCS	*SUBDURAL TAP THROUGH FONTANELLE, OR SUTURE. INFANT. UNILATERAL	Yes
OR BILATERAL; INITIAL		1		

	1		T
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	Yes
26450	CP1/HCPC3	CALCANEUS); WITHOUT MANIPULATION, EACH	res
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	Yes
		EPIDURAL, WITH ULTRASOUND GUIDANCE, CERVICAL OR THORACIC;	
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 ("MALLET FINGER"), OPEN, PRIMARY OR SECONDARY REPAIR; WITH FREE GRAFT (INCLUDE	Yes
27509	CPT/HCPCS	PERCUTANEOUS SKELETAL FIXATION OF SUPRACONDYLAR OR	Yes
27000	01 1/1101 00	TRANSCONDYLAR FEMORAL FRACTURE W/WO INTERCONDYLAR EXTENSION	
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	Yes
22332	CF I/HOF GS	PREPARATION, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; C+	
33330	CPT/HCPCS	INSERTION OF GRAFT, AORTA OR GREAT VESSELS; WITHOUT BYPASS	Yes
30905	CPT/HCPCS	*CONTROL NASAL HEMORRHAGE, POSTERIOR, WITH POSTERIOR NASAL	Yes
15001	CDT// LODGE	PACKS AND/OR CAUTERIZATION, ANY METHOD; INITIAL	Voc
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	Yes
20110	01 1/1101 00	PARTIAL OR ENTIRE CARPUS ("TOTAL WRIST")	
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
20550	ODT//JODOC	REMOVAL OF INDWELLING TUNNELED PLEURAL CATHETER WITH CUFF	Vaa
32552	CPT/HCPCS		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 INTRUMENTATION; 13 OR MORE VERTEBRAL	Yes
		SEGMENTS	
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	Yes
04591	CPI/HCPCS	COUNTERPULSATION DEVICE, MECHANO-ELECTRICAL SKIN INTERFAC	res
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	Yes
11920	CF1//1CFC3	PIGMENTS TO CORRECT COLOR DEFECTS OF SKIN, INCLUDING MICROPIGM	165
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	Yes
07000	007/110000	ULNOCARPAL FUSION); WITH SLIDING GRAFT	V
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	Yes
FF400	OPT#10500	TENDON GRAFT	
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	
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	BRONCHONSCOPY; 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 51580	CPT/HCPCS CPT/HCPCS	BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS; FIBULA CYSTECTOMY, COMPLETE, WITH URETEROSIGMOIDOSTOMY OR	Yes Yes
		URETEROCUTANEOUS TRANSPLANTATIONS;	
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
		NERVE(S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); CERVICAL	

11642	CPT/HCPCS	EXCISION, MALIGNANT LESION INCL MARGINS, FACE, EARS, EYELIDSNOSE,	Yes
		LIPS; EXCISED DIAMETER 1.1 TO 2.0CM	
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,	Yes
		INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION; RENAL	
		ARTERY	
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	Yes
		NEUROSTIMULATOR ELECTRODES, ANTRUM	
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	
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 50382	CPT/HCPCS CPT/HCPCS	BYPASS GRAFT, WITH OTHER THAN VEIN; ILIOILIAC  REMOVAL AND REPLACEMENT OF INTERNALLY DWELLING URETERAL STENT	Yes Yes
JU36Z	GET/HOPOS	VIA PERCUTANEOUS APPROACH, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION	165
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	
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
	1	(	!

17272	CPT/HCPCS	DESTRUCTION, MALIGNANT LESION, ANY METHOD, SCALP, NECK,	Yes
		HANDFEET, GENITALIA; LESION DIAMETER 1.1 TO 2.0 CM	
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	Yes
		SUBMUCOSAL ABSCESS, TRANSANAL, UNDER ANESTHESIA	
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	Yes
		LYMPHADENECTOMY	
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 ADRENOGENTIAL 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	CDT/LICDOS	THYMECTOMY DADTIAL OD TOTAL (SEDADATE DROCEDLINE)	Vos
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	Yes
00010	0	INFECTION; ABDOMEN	
66710	CPT/HCPCS	CILIARY BODY DESTRUCTION; CYCLOPHOTOCOAGULATION,	Yes
		TRANSSCLERAL	
62273	CPT/HCPCS	*INJECTION, LUMBAR EPIDURAL, OF BLOOD OR CLOT PATCH	Yes
66155	CPT/HCPCS		Yes
		IRIDECTOMY	
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	Yes
		INCLUDE CONST CONDUIT FROM RIGHT VENTRICLE TO PULMONARY ARTERY	
		&	
69990	CPT/HCPCS	USE OF OPERATION MICROSCOPE (LIST SEPARATELY IN ADDITION TO	Yes
		CODE FOR PRIMARY PROCEDURE	
17274	CPT/HCPCS	DESTRUCTION, MALIGNANT LESION, ANY METHOD, SCALP, NECK, HAND,	Yes
		FEET, GENITALIA; LESION DIAMETER 3.1 TO 4.0 CM	
27654	CPT/HCPCS	REPAIR, SECONDARY, RUPTURED ACHILLES TENDON, WITH OR WITHOUT	Yes
		GRAFT	
50045	CPT/HCPCS	NEPHROTOMY, WITH EXPLORATION	Yes
47533	CPT/HCPCS	PLACEMENT OF BILIARY DRAINAGE CATHETER, PERCUTANEOUS,	Yes
		INCLUDING DIAGNOSTIC CHOLANGIOGRAPHY WHEN PERFORMED,	
19100	CPT/HCPCS	*BIOPSY OF BREAST; PERCUTANEOUS, NEEDLE CORE, NOT USING	Yes
		IMAGING GUIDANCE	
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	Yes
		SUBTROCHANTERIC FEMORAL FRACTURE; WITH MANIPULATION (INCLU	
27443	CPT/HCPCS	ARTHROPLASTY, KNEE, FEMORAL CONDYLES OR TIBIAL PLATEAUS; WITH	Yes
		DEBRIDEMENT AND PARTIAL SYNOVECTOMY	
29898	CPT/HCPCS	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL;	Yes
		DEBRIDEMENT, EXTENSIVE	
61886	CPT/HCPCS	INCISION AND SUBCUTANEOUS PLACEMENT OF CRANIAL	Yes
		NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER, DIRECT OR	
		INDUCTIVE COUPLING	
0413T	CPT/HCPCS	REMOVAL OF PERMANENT CARDIAC CONTRACTILITY MODULATION	Yes
		SYSTEM; TRANSVENOUS ELECTRODE (ATRIAL OR VENTRICULAR)	
58292	CPT/HCPCS	VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS:	Yes
		W/REMOVAL OF TUBE(S) AND/OR OVARY(S), W/REPAIR OF ENTEROCELE	
			1.
50250	CPT/HCPCS	ABLATION, OPEN, ONE OR MORE RENAL MASS LESION(S), CRYOSURGICAL,	Yes
		INCLUDING INTRAOPERATIVE ULTRASOUND, IF PERFORMED	
	007//10000	DIAGENERIT OF URFTERNI OTENT REPOUTANEOUS AND ALL ASSOCIATED	lv.
50695	CPT/HCPCS	PLACEMENT OF URETERAL STENT, PERCUTANEOUS, AND ALL ASSOCIATED	Yes
		RADIOLOGICAL SUPERVISION AND INTERPRETATION; NEW ACCESS,	
E2000	ODT// LODGS	EVOICION OF LIBETURAL DIVERTIQUIUM (CERARATE PROCESSISS). FEVALS	Voc
53230	CPT/HCPCS	EXCISION OF URETHRAL DIVERTICULUM (SEPARATE PROCEDURE); FEMALE	Yes
65000	CDT// LCDCC	DADACENTECIS OF ANTEDIOD CHAMBED OF EVE (CEDADATE DECOEDURE)	Voc
65800	CPT/HCPCS	PARACENTESIS OF ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE);	Yes
05167	CPT/HCPCS	WITH REMOVAL OF AQUEOUS	Voc
0516T	CP1/HCPCS	INSERTION OF WIRELESS CARDIAC STIMULATOR FOR LEFT VENTRICULAR	Yes
0515T	CPT/HCPCS	PACING, WHEN PERFORMED; ELECTRODE ONLY INSERTION OF WIRELESS CARDIAC STIMULATOR FOR LEFT VENTRICULAR	Yes
02121	CP1/HCPCS		res
		PACING, WHEN PERFORMED; COMPLETE SYSTEM (INCLUDES ELECTROD	
0514T	CPT/HCPCS	INTRAOPERATIVE VISUAL AXIS IDENTIFICATION USING PATIENT FIXATION	Yes
03141	CP1/HCPC3		res
		(LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCED	
0512T	CPT/HCPCS	EXTRACORPOREAL SHOCK WAVE FOR INTEGUMENTARY WOUND HEALING.	Yes
0513T	CP1/HCPCS	· ·	169
		INCLUDING TOPICAL APPLICATION AND DRESSING CARE; EACH	
10044	OPT// LODGE	ADDITIONAL WOUND (LIST SEPARATELY IN+	V
12041	CPT/HCPCS	REPAIR, INTERMEDIATE, WOUNDS OF NECK, HANDS, FEET AND/OR	Yes
02007	ODT// LODGS	EXTERNAL GENITALIA, 2.5 CM OR LESS	Voc
U3961	CP1/HCPCS		ites
		STABILITY DUKING KNEE KEPLACEMENT AKTHKUPLASTY (LIST SEPARAT	
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	Yes
07331	01 1/1101 00	PACEMAKER,?INCLUDING IMAGING GUIDANCE (E.G., FLUOROSCOPY, VENOU	
0798T	CPT/HCPCS	TRANSCATHETER REMOVAL OF PERMANENT DUAL-CHAMBER LEADLESS	Yes
0,001		PACEMAKER,?INCLUDING IMAGING GUIDANCE (E.G., FLUOROSCOPY,	
		VENOU	
0797T	CPT/HCPCS	TRANSCATHETER INSERTION OF PERMANENT DUAL-CHAMBER LEADLESS	Yes
		PACEMAKER, INCLUDING IMAGING GUIDANCE (E.G., FLUOROSCOPY, VEN	
0796T	CPT/HCPCS	TRANSCATHETER INSERTION OF PERMANENT DUAL-CHAMBER LEADLESS	Yes
		PACEMAKER, INCLUDING IMAGING GUIDANCE (E.G., FLUOROSCOPY, VEN	
0581T	CPT/HCPCS	ABLATION, MALIGNANT BREAST TUMOR(S), PERCUTANEOUS,	Yes
		CRYOTHERAPY, INCLUDING IMAGING GUIDANCE WHEN PERFORMED,	
		UNILATERAL	
0580T	CPT/HCPCS	REMOVAL OF SUBSTERNAL IMPLANTABLE DEFIBRILLATOR PULSE	Yes
		GENERATOR ONLY	
0574T	CPT/HCPCS	REPOSITIONING OF PREVIOUSLY IMPLANTED SUBSTERNAL	Yes
		IMPLANTABLEDEFIBRILLATOR-PACING ELECTRODE	
0573T	CPT/HCPCS	REMOVAL OF SUBSTERNAL IMPLANTABLE DEFIBRILLATOR ELECTRODE	Yes
0512T	CPT/HCPCS	EXTRACORPOREAL SHOCK WAVE FOR INTEGUMENTARY WOUND HEALING,	Yes
		INCLUDING TOPICAL APPLICATION AND DRESSING CARE; INITIAL WOUND	
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	Yes
		THUMB; WITH PERCUTANEOUS PINNING, EACH	
31574	CPT/HCPCS	LARYNGOSCOPY, FLEXIBLE; WITH INJECTION(S) FOR AUGMENTATION (EG,	Yes
07040	0.07.11.00.00	PERCUTANEOUS, TRANSORAL), UNILATERAL	lv.
27619	CPT/HCPCS	EXCISION, TUMOR, SOFT TISSUE OF LEG OR ANKLE AREA, SUBFASCIAL (EG,	Yes
07070	0.07/1100000	INTRAMUSCULAR); LESS THAN 5 CM	v.
27370	CPT/HCPCS	INJECTION OF CONTRAST FOR KNEE ARTHROGRAPHY	Yes
27200 0795T	CPT/HCPCS CPT/HCPCS	TRANSCATUSTED INSERTION OF REPMANENT DUAL CHAMBER LEADLESS	Yes Yes
07931	CF1/HCFC3	TRANSCATHETER INSERTION OF PERMANENT DUAL-CHAMBER LEADLESS PACEMAKER, INCLUDING IMAGING GUIDANCE (E.G., FLUOROSCOPY, VEN	Tes .
0801T	CPT/HCPCS	TRANSCATHETER REMOVAL AND REPLACEMENT OF PERMANENT DUAL-	Yes
		CHAMBER LEADLESS PACEMAKER, INCLUDING IMAGING GUIDANCE (E.G.,	
		FL	
C9780	CPT/HCPCS	INSERTION OF CENTRAL VENOUS CATHETERTHROUGH CENTRAL VENOUS	Yes
		OCCLUSION VIA INFERIOR/SUPERIOR APPROACHES, INCL IMAGING GUI	
G2171	CPT/HCPCS	PERCUTANEOUS ARTERIOVENOUS FISTULA CREATION (AVF), DIRECT, ANY	Yes
		SITE, USING MAGNETIC-GUIDED ARTERIAL AND VENOUS CATHETERS AND	
05707	ODT#40000	RADIOFREQUENCY ENERGY, IN+	V
0572T	CPT/HCPCS	INSERTION OF SUBSTERNAL IMPLANTABLE DEFIBRILLATOR ELECTRODE	Yes
0563T	CPT/HCPCS	EVACUATION OF MEIBOMIAN GLANDS, USING HEAT DELIVERED	Yes
00001	101 1/110703	THROUGHWEARABLE, OPEN-EYE EYELID TREATMENT DEVICES AND MANUAL	100
		IGLAND	
0571T	CPT/HCPCS	INSERTION OR REPLACEMENT OF IMPLANTABLE CARDIOVERTER-	Yes
30,11	15. 1,1151 55	DEFIBRILLATOR SYSTEM WITH SUBSTERNAL ELECTRODE(S), INCLUDING ALL	
		IMA	
C9758	CPT/HCPCS	BLIND PROCEDURE FOR NYHA CLASS III/IV HEART FAILURE;	Yes
- <del>-</del>		TRANSCATHETER IMPLANTATION OF INTERATRIAL SHUNT INCLUDING RIGHT	
		HEART CATHETERIZATION, TRANSESOP+	
58555	CPT/HCPCS	HYSTEROSCOPY, DIAGNOSTIC	Yes
56637	CPT/HCPCS	VULVECTOMY, RADICAL, COMPLETE; WITH BILATERAL	Yes
		INGUINOFEMORAL LYMPHADENECTOMY	
46742	CPT/HCPCS	REPAIR OF HIGH IMPERFORATE ANUS W/RECTOURETHRAL OR	Yes
-		RECTOVAGINAL FISTULA; COMBINED TRANSABDOMINAL & SACROPERINEAL	
		APPROAC	
		<u>i</u>	Ţ

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	Yes
		FISSURECTOMY	
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	Yes
		OR TOPICAL ANESTHESIA	
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,	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 ULCERDIVERTICULUM, 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, PLUSREPAIR 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 PREPERITONEALPELVIC 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- COMPONENTINFLATABLE 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	Yes
		PROCEDURE)	
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	Yes
		PLACEMENT OF AN AORTO-ILIAC ARTERY ENDOGRAFT AT THE SAME SESSIO	
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	Yes
		VENTRICULAR, INCLUDING IMAGING GUIDANCE(EG, FLUOROSCOPY,	
41009	CPT/HCPCS	VENOUS ULTRASOUND, VENTRICULOGR+ INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA	Yes
41000	01 1/1101 00	OF TONGUE OR FLOOR OF MOUTH; MASTICATOR SPACE	
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 IDENIFIED 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 BLEEDING, 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	Yes
20934	CPT/HCPCS	CONTRAST ENHANCED CT/MRI KNEE ARTHROGRAPHY  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
		1	<u> </u>

	•		
27675	CPT/HCPCS	REPAIR FOR DISLOCATING PERONEAL TENDONS; WITHOUT FIBULAR OSTEOTOMY	Yes
44210	CPT/HCPCS	LAPARSOCOPY, SURGICAL; COLECTOMY, TOTAL, ABDOMINAL,	Yes
	007//10700	WITHOUTPROCTECTOMY, WITH ILEOSTOMY OR ILEOPROCTOSTOMY	1
22854	CPT/HCPCS	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) WHEN PERFORMED,	Yes
		TO VERTEBRAL CORPECTOMY(IES) DEFECT, IN CONJUNCTION WITH	
57310	CPT/HCPCS	CLOSURE OF URETHROVAGINAL FISTULA;	Yes
23440	CPT/HCPCS	RESECTION OR TRANSPLANTATION OF LONG TENDON OF BICEPS, FOR	Yes
_00		CHRONIC TENOSYNOVITIS	
27230	CPT/HCPCS	TREATMENT OF CLOSED FEMORAL FRACTURE, PROXIMAL END, NECK;	Yes
		WITHOUT MANIPULATION	
33018	CPT/HCPCS	PERICARDIAL DRAINAGE WITH INSERTION OF INDWELLING CATHETER,	Yes
		PERCUTANEOUS; BIRTH THROUGH 5 YEARS OF AGE OR ANY AGE WITH CO	
00047	ODT//LIODOG	DEDICARDIAL DRAINAGE WITH INCEPTION OF INDIVIDUAL INC. OATHETER	V
33017	CPT/HCPCS	PERICARDIAL DRAINAGE WITH INSERTION OF INDWELLING CATHETER, PERCUTANEOUS, WHEN PERFORMED; 6 YEARS AND OLDER WITHOUT CONG	Yes
		PERCUTANEOUS, WHEN PERFORMED, 6 YEARS AND OLDER WITHOUT CONG	
33016	CPT/HCPCS	PERICARDIOCENTESIS, INCLUDING IMAGING GUIDANCE, WHEN	Yes
		PERFORMED	
21603	CPT/HCPCS	EXCISION OF CHEST WALL TUMOR INVOLVING RIB(S), WITH PLASTIC	Yes
		RECONSTRUCTION; WITH MEDIASTINAL LYMPHADENECTOMY	
20932	CPT/HCPCS	ALLOGRAFT, INCLUDES TEMPLATING, CUTTING, PLACEMENT AND INTERNAL	Yes
		FIXATION, WHEN PERFORMED; OSTEOARTICULAR, INCLUDING ARTI	
44407	ODT//10000	INDICIONAL PIOPOVOE OVIN (FO. WEDGE) (INDIVIDINO CIMPLE OF OCUPE	V
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,	Yes
11100	01 1/1101 03	WHEN PERFORMED); SINGLE LESION	163
11105	CPT/HCPCS	PUNCH BIOPSY OF SKIN (INCLUDING SIMPLE CLOSURE, WHEN	Yes
		PERFORMED); EACH SEPARATE/ADDITIONAL LESION	
42890	CPT/HCPCS	LIMITED PHARYNGECTOMY	Yes
44100	CPT/HCPCS	BIOPSY OF INTESTINE BY CAPSULE, TUBE, PERORAL (ONE OR MORE	Yes
		SPECIMENS)	
67999	CPT/HCPCS	UNLISTED PROCEDURE, EYELIDS	Yes
15004	CPT/HCPCS	SURG PREP/CREATION RECIP 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
0-1000	01 1/1101 00	THE VICTOR OF THE THE TREE THE THE TREE THE THE TREE TRE	
24430	CPT/HCPCS	REPAIR OF NONUNION OR MALUNION, HUMERUS; WITHOUT GRAFT (EG,	Yes
		COMPRESSION TECHNIQUE)	
26350	CPT/HCPCS	FLEXOR TENDON REPAIR OR ADVANCEMENT, SINGLE, NOT IN "NO MAN'S	Yes
		LAND"; PRIMARY OR SECONDARY WITHOUT FREE GRAFT, E	
33877	CPT/HCPCS	REPAIR OF THORACOABDOMINAL AORTIC ANEURYSM WITH GRAFT, WITH OR	Yes
65815	CPT/HCPCS	WITHOUT CARDIOPULMONARY BYPASS  PARACENTESIS OF ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE);	Yes
03013	CFI/HCFC3	WITH REMOVAL OF BLOOD, WITH OR WITHOUT IRRIGATION AND/OR A	165
		William E of Beood, Will of William Milliam Mi	
21602	CPT/HCPCS	EXCISION OF CHEST WALL TUMOR INVOLVING RIB(S), WITH PLASTIC	Yes
		RECONSTRUCTION; WITHOUT MEDIASTINAL LYMPHADENECTOMY	
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	Yes
11103	CPT/HCPCS	PERFORMED); SINGLE LESION  TANGENTIAL BIOPSY OF SKIN (EG, SHAVE, SCOOP, SAUCERIZE, CURETTE);	Yes
	3,,,,,,,,	EACH SEPARATE/ADDITIONAL LESION	1.55
11102	CPT/HCPCS	TANGENTIAL BIOPSY OF SKIN (EG, SHAVE, SCOOP, SAUCERIZE, CURETTE);	Yes
		SINGLE LESION	
10012	CPT/HCPCS	FINE NEEDLE ASPIRATION BIOPSY, INCLUDING MR GUIDANCE; EACH	Yes
		ADDITIONAL LESION (LIST SEPARATELY IN ADDITION TO CODE FOR PR	
44979	CPT/HCPCS	UNLISTED LAPAROSCOPY PROCEDURE, APPENDIX	Yes
22224	CPT/HCPCS	OSTEOTOMY OF SPINE, INCLUDING DISCECTOMY, ANTERIORAPPROACH,	Yes
21421	CPT/HCPCS	SINGLE VERTEBRAL SEGMENT; LUMBAR  TREATMENT OF DAI ATAL OR ALVEOLAR RIDGE ERACTURES (LEFORT LTVRE):	Yes
∠1 <del>4</del> ∠1	GF 1/HGPG3	TREATMENT OF PALATAL OR ALVEOLAR RIDGE FRACTURES (LEFORT I TYPE); CLOSED MANIPULATION WITH INTERDENTAL WIRE FIXATIO	1163
15734	CPT/HCPCS	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; TRUNK	Yes
	1551 55	1	1

51030  50280	CPT/HCPCS	CYSTOTOMY OR CYSTOSTOMY; WITH CRYOSURGICAL DESTRUCTION OF	Yes
50200	I	INTERNATIONAL LEGICAL	
20200	ODT#10000	INTRAVESICAL LESION	<u></u>
	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	
15773	CPT/HCPCS	GRAFTING OF AUTOLOGOUS FAT HARVESTED BY LIPOSUCTION TECHNIQUE	Yes
		TO FACE, EYELIDS, MOUTH, NECK; 25 CC OR LESS INJECTATE	
15772	CPT/HCPCS	GRAFTING OF AUTOLOGOUS FAT HARVESTED BY LIPOSUCTION TECHNIQUE	Yes
		TO TRUNK, BREASTS; EACH ADDITIONAL 50 CC INJECTATE, OR PAR	
 15771	CPT/HCPCS	GRAFTING OF AUTOLOGOUS FAT HARVESTED BY LIPOSUCTION TECHNIQUE	Yes
		TO TRUNK, BREASTS, SCALP, ARMS, AND/OR LEGS; 50 CC OR LESS	
10011	CPT/HCPCS	FINE NEEDLE ASPIRATION BIOPSY, INCLUDING MR GUIDANCE; FIRST	Yes
		LESION	
10010	CPT/HCPCS	FINE NEEDLE ASPIRATION BIOPSY, INCLUDING CT GUIDANCE; EACH	Yes
		ADDITIONAL LESION (LIST SEPARATELY IN ADDITION TO CODE FOR PR	
10009	CPT/HCPCS	FINE NEEDLE ASPIRATION BIOPSY, INCLUDING CT GUIDANCE; FIRST LESION	Yes
10008	CPT/HCPCS	FINE NEEDLE ASPIRATION BIOPSY, INCLUDING FLUOROSCOPIC GUIDANCE;	Yes
		EACH ADDITIONAL LESION (LIST SEPARATELY IN ADDITION TO C	
42870	CPT/HCPCS	EXCISION OR DESTRUCTION LINGUAL TONSIL, ANY METHOD (SEPARATE	Yes
	5, 1,1101 00	PROCEDURE)	
23406	CPT/HCPCS	TENOMYOTOMY, SHOULDER AREA; MULTIPLE THROUGH SAME INCISION	Yes
62115	CPT/HCPCS	REDUCTION OF CRANIOMEGALIC SKULL (EG, TREATED HYDROCEPHALUS);	Yes
		NOT REQUIRING BONE GRAFTS OR CRANIOPLASTY	
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	Yes
		IMPLANTATION (I.E., CAVAL VALVE IMPLANTATION (CAVI)); PER	
0793T	CPT/HCPCS	PERCUTANEOUS TRANSCATHETER THERMAL ABLATION OF NERVES	Yes
		INNERVATING THE PULMONARY ARTERIES, INCLUDING RIGHT HEART	
C0704	CDT/LICECO	CASTRIC DESTRICTIVE DROCEDURE ENDOSCORIC SI EEVE CASTRODI ASTV	Voc
C9784	CPT/HCPCS	GASTRIC RESTRICTIVE PROCEDURE, ENDOSCOPIC SLEEVE GASTROPLASTY, WITH ESOPHAGOGASTRODUODENOSCOPY AND INTRALUMINAL TUBE INS	Yes
		WITH ESOLUAGORYSTRODOODEINOSCOLT AIND INTRAFOMINAL TORE INS	
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	Yes
<del>-</del> -		DEVICE NEUROSTIMULATION SYSTEM FOR BLADDER DYSFUNCTION INCLUDING ELECTRODE ARRAY/RECEI+	
0587T	CPT/HCPCS	PERCUTANEOUS IMPLANTATION OR REPLACEMENT OF INTEGRATED SINGLE	Yes
	2	DEVICE NEUROSTIMULATION, WHEN PERFORMED, POSTERIOR TIBIAL	
0586T	CPT/HCPCS	ISLET CELL TRANSPLANT, INCLUDES PORTAL VEIN CATHETERIZATION AND	Yes
4000=	007":27-7-	INFUSION, WHEN PERFORMED; OPEN	v.
10007	CPT/HCPCS	FINE NEEDLE ASPIRATION BIOPSY, INCLUDING FLUOROSCOPIC GUIDANCE; FIRST LESION	Yes
10006	CPT/HCPCS	FINE NEEDLE ASPIRATION BIOPSY, INCLUDING ULTRASOUND GUIDANCE;	Yes
		EACH ADDITIONAL LESION (LIST SEPARATELY IN ADDITION TO COD	
10005	CPT/HCPCS	FINE NEEDLE ASPIRATION BIOPSY, INCLUDING ULTRASOUND GUIDANCE;	Yes
		FIRST LESION	
10004	CPT/HCPCS	FINE NEEDLE ASPIRATION BIOPSY, WITHOUT IMAGING GUIDANCE; EACH	Yes
		ADDITIONAL LESION (LIST SEPARATELY IN ADDITION TO CODE FOR	
			•

19296	CPT/HCPCS	PLACMENT RADIOTHRPY AFTERLOADING EXPAND CATH (SINGLE /	Yes
		MULTICHNL) BREAST INTRSTITIAL RADIOELMNT APPLICATION FOLLOW	
		PRTIAL MASTECTOMY, INCLUD IMAGNG G+	
43337	CPT/HCPCS	REPAIR, PARAESOPHAGEAL HIATAL HERNIA, (INCLUDING	Yes
		FUNDOPLICATION), VIA THORACOABDOMINAL INCISION, EXCEPT	
		NEONATAL; WITH IMPLANTATION OF MESH OR OTHER +	
31536	CPT/HCPCS	LARYNGOSCOPY DIRECT, OPERATIVE, WITH BIOPSY; WITH OPERATING	Yes
		MICROSCOPE OR TELESCOPE	
0810T	CPT/HCPCS	SUBRETINAL INJECTION OF A PHARMACOLOGIC AGENT, INCLUDING	Yes
		VITRECTOMY AND 1 OR MORE RETINOTOMIES	
0803T	CPT/HCPCS	TRANSCATHETER REMOVAL AND REPLACEMENT OF PERMANENT DUAL-	Yes
00001		CHAMBER LEADLESS PACEMAKER, INCLUDING IMAGING GUIDANCE (E.G.,	
		FL	
0802T	CPT/HCPCS	TRANSCATHETER REMOVAL AND REPLACEMENT OF PERMANENT DUAL-	Yes
00021	01 1/1101 00	CHAMBER LEADLESS PACEMAKER, INCLUDING IMAGING GUIDANCE (E.G.,	163
		FL	
0800T	CPT/HCPCS	TRANSCATHETER REMOVAL OF PERMANENT DUAL-CHAMBER LEADLESS	Yes
08001	CP1/HCPC3		res
		PACEMAKER, INCLUDING IMAGING GUIDANCE (E.G., FLUOROSCOPY,	
OFOFT	ODT//JODOS	VENOU	V
0585T	CPT/HCPCS	ISLET CELL TRANSPLANT, INCLUDES PORTAL VEIN CATHETERIZATION AND	Yes
	0.77//.07.00	INFUSION, WHEN PERFORMED; LAPAROSCOPIC	1.,
0584T	CPT/HCPCS	ISLET CELL TRANSPLANT, INCLUDES PORTAL VEIN CATHETERIZATION AND	Yes
		INFUSION, WHEN PERFORMED; PERCUTANEOUS	
0583T	CPT/HCPCS	TYMPANOSTOMY (REQUIRING INSERTION OF VENTILATING TUBE), USING AN	Yes
		AUTOMATED TUBE DELIVERY SYSTEM, IONTOPHORESIS LOCAL ANE	
0582T	CPT/HCPCS	TRANSURETHRAL ABLATION OF MALIGNANT PROSTATE TISSUE BY HIGH-	Yes
		ENERGY WATER VAPOR THERMOTHERAPY, INCLUDING INTRAOPERATIVE I	
0520T	CPT/HCPCS	REMOVAL/REPLACEMENT OF PULSE GENERATOR FOR WIRELESS CARDIAC	Yes
		STIMULATOR FOR LEFT VENTRICULAR PACING, INCLUDING DEVICE	
		INTERROGATION AND PROGRAMMING;	
0519T	CPT/HCPCS	REMOVAL/REPLACEMENT OF PULSE GENERATOR FOR WIRELESS CARDIAC	Yes
		STIMULATOR FOR LEFT VENTRICULAR PACING INCLUDING DEVICE	
		INTERROGATION	
0518T	CPT/HCPCS	REMOVAL OF PULSE GENERATOR FOR WIRELESS CARDIAC STIMULATOR FOR	Yes
		LEFT VENTRICULAR PACING; BATTERY COMPONENT ONLY	
0517T	CPT/HCPCS	INSERTION OF WIRELESS CARDIAC STIMULATOR FOR LEFT VENTRICULAR	Yes
		PACING, WHEN PERFORMED; PULSE GENERATOR COMPONENT(S) (BAT	
28605	CPT/HCPCS	TREATMENT OF CLOSED TARSOMETATARSAL JOINT DISLOCATION;	Yes
		REQUIRING ANESTHESIA	
27596	CPT/HCPCS	AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; RE-AMPUTATION	Yes
0228T	CPT/HCPCS	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL	Yes
02201	01 1/1101 00	EPIDURAL, WITH ULTRASOUND GUIDANCE, CERVICAL OR THORACIC;	165
		ELIBORAL, WITH CERTACOUND GOIDANGE, CERVICAL OR INGRACIO,	
23650	CPT/HCPCS	TREATMENT OF CLOSED SHOULDER DISLOCATION, WITH MANIPULATION;	Yes
20000	101 1/110103	WITHOUT ANESTHESIA	
67917	CPT/HCPCS	REPAIR OF ECTROPION; BLEPHAROPLASTY, EXTENSIVE (EG, KUHNT-	Yes
0/91/	CF1/HCFC3	· ·	res
10160	CPT/HCPCS	SZYMANOWSKI OPERATION)  *DUNCTURE ASDIRATION OF ARSCESS HEMATOMA BUILLA OR CVST	Vos
10160		*PUNCTURE ASPIRATION OF ABSCESS, HEMATOMA, BULLA, OR CYST	Yes
32673	CPT/HCPCS	THORACOSCOPY, SURGICAL; WITH RESECTION OF THYMUS, UNILATERAL	Yes
20152	0.07/1100.00	OR BILATERAL.	<u></u>
66150	CPT/HCPCS	FISTULIZATION OF SCLERA FOR GLAUCOMA; TREPHINATION WITH	Yes
07004	007/110705	IRIDECTOMY	L.
27381	CPT/HCPCS	SUTURE OF INFRAPATELLAR TENDON; SECONDARY RECONSTRUCTION,	Yes
	05-00-	INCLUDING FASCIAL OR TENDON GRAFT	<u> </u>
60522	CPT/HCPCS	THYMECTOMY, PARTIAL OR TOTAL; STERNAL SPLIT OR TRASTHORACIC	Yes
		APPROACH, WITH RADICAL MEDIASTINAL DISSECTION(SEPARATE)	
62320	CPT/HCPCS	INJECTION(S) OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S)	Yes
		CERVICAL OR THROACIC; WITHOUT IMAGING GUIDANCE	
28665	CPT/HCPCS	*TREATMENT OF CLOSED INTERPHALANGEAL JOINT DISLOCATION;	Yes
		REQUIRING ANESTHESIA	
30220	CPT/HCPCS	INSERTION, NASAL SEPTAL PROSTHESIS (BUTTON)	Yes
36561	CPT/HCPCS	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS	Yes
		ACCEDEVICE, WITH SUBCUTANEOUS PORT; AGE 5 YEARS OR OLDER	

CPT/HCPCS	CRANIECTOMY, INFRATENTORIAL OR POSTERIOR FOSSA; FOR EXCISION OR FENESTRATION OF CYST	Yes
CPT/HCPCS	ARTHROSCOPY, HIP, SURGICAL; WITH FEMOROPLASTY (IE, TREATMENT OF	Yes
CPT/HCPCS		Yes
GF1//IGFG3	RECONSTRUCTION, INCLUDING FASCIAL OR TENDON GRAFT	165
CPT/HCPCS	SUTURE OF MAJOR PERIPHERAL NERVE, ARM OR LEG, EXCEPT SCIATIC; WITHOUT TRANSPOSITION	Yes
CPT/HCPCS	*DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; CH	Yes
CPT/HCPCS	CYSTOTOMY OR CYSTOSTOMY, WITH FULGURATION AND/OR INSERTION OF RADIOACTIVE MATERIAL	Yes
CPT/HCPCS	REVISION OR REMOVAL OF CRANIAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER	Yes
CPT/HCPCS	OBLITERATION OF CAROTID ANEURYSM, ARTERIOVENOUS MALFORMATIONOR CAROTID-CAVERNOUS FISTULA BY DISSECTION WITHIN CAVERNOUS	Yes
CPT/HCPCS	EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO)/INSERTION OF PERIPHERAL (ARTERIAL AND/OR VENOUS) CANNULA(E) OPEN,BIRTH THROUG	Yes
CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN FRACTURE, PHALANX OR PHALANGES, OTHER THAN GREAT TOE, WITH OR WITHOUT INTERNAL OR EXT	Yes
CPT/HCPCS	REPAIR, COMPLEX, SCALP, ARMS, AND/OR LEGS; EACH ADDITIONAL 5 CM OR LESS	Yes
CPT/HCPCS	ARTHROTOMY FOR SYNOVECTOMY; STERNOCLAVICULAR JOINT	Yes
CPT/HCPCS	ARTHROSCOPY, KNEE, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROCEDURE)	Yes
CPT/HCPCS	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH;	Yes
CPT/HCPCS	INSERTION OF OCULAR IMPLANT SECONDARY; AFTER ENUCLEATION, MUSCLES ATTACHED TO IMPLANT	Yes
CPT/HCPCS	TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR NERVE ROOT(S) (EG, HERNIATED INTERVERTEBRA	Yes
CPT/HCPCS	COLECTOMY, PARTIAL; WITH ANASTOMOSIS	Yes
CPT/HCPCS	CHEMODENERVATION OF MUSCLE(S); NECK MUSCLE(S), EXCLUDING MUSCLES OF THE LARYNX, UNIL ATERAL (E.G., FOR CERVICAL DYSTONIA	Yes
CPT/HCPCS	CYSTOURETHROSCOPY, WITH CALIBRATION AND/OR DILATION OF URETHRAL STRICTURE OR STENOSIS, WITH OR WITHOUT MEATOTOMY AND	Yes
CPT/HCPCS	SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE, ADULT; LEVATOR MUSCLE	Yes
CPT/HCPCS	SCROTOPLASTY; SIMPLE	Yes
CPT/HCPCS	BURR HOLE(S) WITH EVACUATION AND/OR DRAINAGE OF HEMATOMA, EXTRADURAL OR SUBDURAL	Yes
CPT/HCPCS	*DRAINAGE OF ABSCESS; SUBMAXILLARY, EXTERNAL	Yes
CPT/HCPCS	TRANSECTION OR AVULSION OF; VAGUS NERVE (VAGOTOMY), ABDOMINAL	Yes
CPT/HCPCS	LAPAROSCOPY, SURGICAL, COLPOPEXY	Yes
CPT/HCPCS	LIGATION, HEMORRHOIDAL VASCULAR BUNDLE(S), INCLUDING ULTRASOUND GUIDANCE	Yes
CPT/HCPCS	OSTEOTOMY, MANDIBLE, SEGMENTAL	Yes
CPT/HCPCS	REVISION OR REPLACEMENT OF CRANIAL NERVE (EG, VAGUS NERVE) NEUROSTIMULATOR ELECTRODE ARRAY, INCLUDING CONNECTION TO EXIS	Yes
CPT/HCPCS	SUBCUTANEOUS INJECTION OF "FILLING" MATERIAL (EG, COLLAGEN); 5.1 TO 10.0 CC	Yes
CPT/HCPCS	REMOVAL OF PERMANENTLY IMPLANTABLE AORTIC COUNTERPULSATION VENTRICULAR ASSIST SYSTEM; COMPLETE SYSTEM	Yes
CPT/HCPCS	SHAVING OF EPIDERMAL/DERMAL LESION, SINGLE LESION, FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER OVER 2.0CM	Yes
CPT/HCPCS	CIRCUMCISION, USING CLAMP OR OTHER DEVICE WITH REGIONAL DORSAL PENILE OR RING BLOCK	Yes
CPT/HCPCS	PROCTECTOMY, COMBINED ABDOMINOPERINEAL, PULL-THROUGH	Yes
	CPT/HCPCS	FENESTRATION OF CYST  CPT/HCPCS  ARTHROSCOPY, HIP, SURGICAL; WITH FEMOROPLASTY (IE, TREATMENT OF CAM LESION)  CPT/HCPCS  SUTURE OF QUADRICEPS OR HAMSTRING MUSCLE RUPTURE; SECONDARY RECONSTRUCTION, INCLUDING FASCIAL OR TENDON GRAFT  CPT/HCPCS  SUTURE OF MAJOR PERIPHERAL NERVE, ARM OR LEG, EXCEPT SCIATIC; WITHOUT TRANSPOSITION  OPT/HCPCS  - DESTRUCTION OF LESIONIS), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM. CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; CH  CPT/HCPCS  CYSTOTOMY OR CYSTOSTOMY, WITH FULGURATION AND/OR INSERTION OF RADIOACTIVE MATERIAL  CPT/HCPCS  CYSTOTOMY OR CYSTOSTOMY, WITH FULGURATION AND/OR INSERTION OF RADIOACTIVE MATERIAL  CPT/HCPCS  GENERATION OF ACADID ANEURYSM, ARTERIOVENOUS MALFORMATIONOR CAROTID. CAVERNOUS FISTULA BY DISSECTION WITHIN CAVERNOUS  CPT/HCPCS  CYSTRACCORPOREAL NEMBRANE CXYGENATION (ECMO)/INSERTION OF PERIPHERAL (ARTERIAL AND/OR VENOUS) CANNULA(E) OPEN, BIRTH THROUG  CPT/HCPCS  CYTHICPCS  CYTHICPCS  CYTHICPCS  CYTHICPCS  CYTHICPCS  CYTHICPCS  REPAIR, COMPLEX, SCALP, ARMS, AND/OR LEGS; EACH ADDITIONAL 5 CM OR LESS  CPT/HCPCS  ARTHROSCOPY, KNEE, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY  CSPARATE PROCEDURE)  CYTHICPCS  CYTHICPCS  ARTHROSCOPY, KNEE, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY  CSPARATE PROCEDURE)  CYTHICPCS  CYTHICPCS  TRANSPEDICULAR PAPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR NERVE ROOT(S) (EG, HERNIATED INTERVENTEBRA  CYTHICPCS  CYTHICPCS  CYTHICPCS  CYTHICPCS  COLECTOMY, PRAFTIAL WITH ANASTOMOSIS  CYTHICPCS  CYTHICPCS

64835	CDT/HCDCS	CLITLIDE OF ONE NEDVE HAND OR FOOT: MEDIAN MOTOR THENAD	Yes
56633	CPT/HCPCS CPT/HCPCS	SUTURE OF ONE NERVE, HAND OR FOOT; MEDIAN MOTOR THENAR VULVECTOMY, RADICAL, COMPLETE;	Yes
14060	CPT/HCPCS	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, EYELIDS, NOSE, EARS	Yes
14060	CP1/HCPC3	AND/OR LIPS; DEFECT 10 SQ CM OR LESS	res
27280	CPT/HCPCS	ARTHRODESIS, SACROILIAC JOINT, OPEN, INCLUDES OBTAINING BONE	Yes
27200	CF I/TICF CS	GRAFT, INCLUDING INSTRUMENTATION, WHEN PERFORMED	163
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	Yes
20740	01 1/1101 00	METACARPOPHALANGEAL OR PROXIMAL INTERPHALANGEAL JOINT;	
		WITHOUT MA	
44340	CPT/HCPCS	REVISION OF COLOSTOMY; SIMPLE (RELEASE OF SUPERFICIAL SCAR)	Yes
		(SEPARATE PROCEDURE)	
61710	CPT/HCPCS	SURGERY OF ANEURYSM, VASCULAR MALFORMATION OR CAROTID-	Yes
		CAVERNOUS FISTULA; BY INTRA-ARTERIAL EMBOLIZATION, INJECTION PRO	
37253	CPT/HCPCS	INTRAVASCULAR ULTRASOUND DURING DIAGNOSTIC EVALUATION AND/OR	Yes
		THERAPEUTIC INTERVENTION; EACH ADDITIONAL NONCORONARY VESSE	
24800	CPT/HCPCS	ARTHRODESIS, ELBOW JOINT; WITH OR WITHOUT LOCAL AUTOGRAFT OR	Yes
		ALLOGRAFT	
61458	CPT/HCPCS	CRANIECTOMY, SUBOCCIPITAL; FOR EXPLORATION OR DECOMPRESSION	Yes
		OF CRANIAL NERVES	
33681	CPT/HCPCS	CLOSURE OF SINGLE VENTRICULAR SEPTAL DEFECT, WITH OR WITHOUT	Yes
		PATCH	
32445	CPT/HCPCS	PNEUMONECTOMY, EXTRAPLEURAL; WITHOUT EMPYEMECTOMY	Yes
33813	CPT/HCPCS	OBLITERATION OF AORTOPULMONARY SEPTAL DEFECT; WITHOUT	Yes
		CARDIOPULMONARY BYPASS	
35508	CPT/HCPCS	BYPASS GRAFT, WITH VEIN; CAROTID-VERTEBRAL	Yes
65210	CPT/HCPCS	*REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CONJUNCTIVAL EMBEDDED	Yes
		(INCLUDES CONCRETIONS), SUBCONJUNCTIVAL, OR SCLERAL	
26546	CPT/HCPCS	REPAIR NON-UNION, METACARPAL OR PHALANX, (INCLUDES OBTAING	Yes
		BONE GRAFT WITH OR WITHOUT EXTERNAL OR INTERAL	
23485	CPT/HCPCS	OSTEOTOMY, CLAVICLE, WITH OR WITHOUT INTERNAL FIXATION; WITH	Yes
		BONE GRAFT FOR NONUNION OR MALUNION (INCLUDES OBTAINING G	
57150	CPT/HCPCS	*IRRIGATION OF VAGINA AND/OR APPLICATION OF MEDICAMENT FOR	Yes
00705	007//10000	TREATMENT OF BACTERIAL, PARASITIC, OR FUNGOID DISEASE	ly.
26725	CPT/HCPCS	TREATMENT OF CLOSED PHALANGEAL SHAFT FRACTURE, PROXIMAL OR	Yes
		MIDDLE PHALANX, FINGER OR THUMB; WITH MANIPULATION, EACH	
15150	ODT//JODOS	TICCUE CUI TUDED EDIDEDMAI AUTOCDAET, FACULADDITIONAL 4 TO 75 CO	Va.
15156	CPT/HCPCS	TISSUE CULTURED EPIDERMAL AUTOGRAFT; EACH ADDITIONAL 1 TO 75 SQ	Yes
36569	CPT/HCPCS	CM; SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALI	Voc
30309	CP1/HCPC3	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	Yes
01001	01 1/110503	OPERATING MICROSCOPE OR TELESCOPE	
40702	CPT/HCPCS	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY BILATERAL, ONE	Yes
.57,52	10.17110100	OF TWO STAGES	
47612	CPT/HCPCS	CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT; WITH	Yes
312	10. 17.101 00	CHOLEDOCHOENTEROSTOMY	
58952	CPT/HCPCS	RESECTION OF OVARIAN MALIGNANCY WITH BILATERAL SALPINGO-	Yes
		OOPHORECTOMY AND OMENTECTOMY; W\RADICAL DISSECTION FOR	
		DEBULKING	
67227	CPT/HCPCS	DESTRUCTION OF EXTENSIVE OR PROGRESSIVE RETINOPATHY (EG,	Yes
		DIABETIC RETINOPATHY), CRYOTHERAPY, DIATHERMY	
29882	CPT/HCPCS	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCUS REPAIR (MEDIAL OR	Yes
		LATERAL)	
57423	CPT/HCPCS	PARAVAGINAL DEFECT REPAIR OF CYSTOCELE, IF PERFORMED),	Yes
		LAPAROSCOPIC APPROACH	
36014	CPT/HCPCS	SELECTIVE CATHETER PLACEMENT, LEFT OR RIGHT PULMONARY ARTERY	Yes
33516	CPT/HCPCS	CORONARY ARTERY BYPASS, AUTOGENOUS GRAFT, (EG, SAPHENOUS VEIN	Yes
		OR INTERNAL MAMMARY ARTERY); SIX OR MORE CORONARY GRAF	
]	Į	<del>_</del>	•

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	Yes
		FOSSA(PARAPHARYNGEAL SPACE, INFRATEMPORAL AND MIDLINE SKULL BASE,	
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 CONJUCTION 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
	CPT/HCPCS	MUSCLE OR TENDON TRANSFER, ANY TYPE, UPPER ARM OR ELBOW, SINGLE	Yes
24301	01 1/1101 00	(EXCLUDING 24320-24331)	

	•		
27768	CPT/HCPCS	CLOSED TRTMENT OF POSTERIOR MALLEOLUS FRACTURE; WITH	Yes
		MANIPULATION	
20206	CPT/HCPCS	*BIOPSY, MUSCLE, PERCUTANEOUS NEEDLE	Yes
25415	CPT/HCPCS	REPAIR OF NONUNION OR MALUNION, RADIUS AND ULNA; WITHOUT GRAFT	Yes
05500	ODT//JODGG	(EG, COMPRESSION TECHNIQUE)	V
35538 43305	CPT/HCPCS	BYPASS GRAFT, WITH VEIN; AORTOBI-ILIAC	Yes
43305	CPT/HCPCS	ESOPHAGOPLASTY, (PLASTIC REPAIR OR RECONSTRUCTION) CERVICAL	Yes
		APPROACH; WITH REPAIR OF TRACHEOESOPHAGEAL FISTULA	
27824	CPT/HCPCS	CLOSED TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR	Yes
_,		PORTION OF DISTAL TIBIA, W/WO ANESTHESIA; W/O MANIPULATION	
54670	CPT/HCPCS	SUTURE OR REPAIR OF TESTICULAR INJURY	Yes
23073	CPT/HCPCS	EXCISION, TUMOR, SOFT TISSUE OF SHOULDER AREA, SUBFASCIAL (EG,	Yes
		INTRAMUSCULAR); 5 CM OR GREATER	
61210	CPT/HCPCS	*BURR HOLE(S); FOR IMPLANTING VENTRICULAR CATHETER, RESERVOIR,	Yes
		OR PRESSURE RECORDING DEVICE (SEPARATE PROCEDURE)	
40000	007/110000	CACTRECTOMY BARTIAL BIOTAL MUTIL CACTROLEUNICOTOMY	lv.
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;	Yes
20000	0. 171101 00	WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT) (FOWLER TYPE)	
22586	CPT/HCPCS	ARTHRODESIS, PRE-SACRAL INTERBODY TECHNIQUE, INCLUDING DISC	Yes
		SPACE PREPARATION, DISCECTOMY, WITH POSTERIOR INSTRUMENTATION,	
		WITH IMAGE GUIDANCE, INCLU+	
36832	CPT/HCPCS	REVISION, OPEN, TERIOVENOUS FISTULA, WITH OR WITHOUT THROMB	Yes
		ECTOMY, AUTOGENOUS OR NON-AUTOGENOUS DIALYSIS GRAFT	
			1
27630	CPT/HCPCS	EXCISION OF LESION OF TENDON SHEATH OR CAPSULE (EG, CYST OR	Yes
40055	ODT/ILIODOC	GANGLION), LEG AND/OR ANKLE	V
43855	CPT/HCPCS	REVISION OF GASTRODUODENAL ANASTOMOSIS (GASTRODUODENOSTOMY) WITH RECONSTRUCTION; WITH	Yes
		VAGOTOMY	
19271	CPT/HCPCS	EXCISION OF CHEST WALL TUMOR INVOLVING RIBS, WITH PLASTIC	Yes
		RECONSTRUCTION; WITHOUT MEDIASTINAL LYMPHADENECTOMY	
26700	CPT/HCPCS	TREATMENT OF CLOSED METACARPOPHALANGEAL DISLOCATION, SINGLE,	Yes
		WITH MANIPULATION; WITHOUT ANESTHESIA	
21150	CPT/HCPCS	RECONSTRUCTION MIDFACE, LEFORT II; ANTERIOR INTRUSION (EG,	Yes
		TREACHER-COLLINS SYNDROME)	1
55845	CPT/HCPCS	PROSTATECTOMY, RETROPUBIC RADICAL; WITH BILATERAL PELVIC	Yes
		LYMPHADENECTOMY, INCLUDING EXTERNAL ILIAC, HYPOGASTRIC AND	
40761	CPT/HCPCS	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; WITH CROSS LIP PEDICLE	Ves
40701	61 1/1161 63	FLAP (ABBE-ESTLANDER TYPE), INCLUDING SECTIONIN	163
19030	CPT/HCPCS	INJECTION PROCEDURE ONLY FOR MAMMARY DUCTOGRAM OR	Yes
		GALACTOGRAM	
49561	CPT/HCPCS	REPAIR INITIAL INCISIONAL HERNIA; INCARCERATED OR STRANGULATED	Yes
33608	CPT/HCPCS	REPAIR OF COMPLEX CARDIAC ANOMALY OTHER THAN PULMONARY	Yes
		ATRESIA W/VENTRICULAR SEPTAL DEFECT BY CONSTRUCTION OR	
11000	ODT//100000	REPLACEMEN	l vaa
11622	CPT/HCPCS	EXCISION, MALIGNANT LESION INCL MARGINS, SCALP, NECK, HANDS, FEET,	Yes
24340	CPT/HCPCS	GENITALIA; EXCISED DIAMETER 1.1 TO 2.0CM TENODESIS FOR RUPTURE OF BICEPS TENDON AT ELBOW	Yes
54060	CPT/HCPCS	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA,	Yes
<del>-</del>		MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; SU	
0290T	CPT/HCPCS	CORNEAL INCISIONS IN THE RECIPIENT CORNEA CREATED USING A LASER,	Yes
		IN PREPARATION FOR PENETRATING OR LAMELLAR KERATOPLAS	
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	Yes
20010	CDT/UCDCC	ACCESSORY NAVICULAR BONE (KIDNER TYPE PROCEDURE)	Voc
29819	CPT/HCPCS	ARTHROSCOPY, SHOULDER, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY	Yes
	1	טח רטחבוטוז פטט ז	<u> </u>

33335	CPT/HCPCS	INSERTION OF GRAFT, AORTA OR GREAT VESSELS; WITH	Yes
		CARDIOPULMONARY BYPASS	
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	Yes
	0	NERVE(S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); CERVICAL	
67900	CPT/HCPCS	REPAIR OF BROW PTOSIS (SUPRACILIARY, MID-FOREHEAD OR CORONALAPPROACH)	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	Yes
		FRACTURE AND/OR DISLOCATION	
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,	Yes
26445	CPT/HCPCS	ELEVATION OR R	Yes
26445	CP1/HCPC3	TENOLYSIS, EXTENSOR TENDON, DORSUM OF HAND OR FINGER; EACH TENDON	res
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,	Yes
		UNILATERAL, WITH ANGIOGRAPHY OF THE IPSILATERAL EXTERNAL CAROTID	
21310	CPT/HCPCS	TREATMENT OF CLOSED OR OPEN NASAL FRACTURE WITHOUT	Yes
		MANIPULATION	
27070	CPT/HCPCS	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION) (EG, FOR	Yes
		OSTEOMYELITIS); SUPERFICIAL (EG, WING OF ILIUM, SYMPHYSIS	
32672	CPT/HCPCS	THORACOSCOPY, SURGICAL; WITH RESECTION-PLICATION FOR	Yes
		EMPHYSEMATOUSLUNG(BULLOUS OR NON-BULLOUS)FOR LUNG VOLUME	
07400	ODT//JODGG	REDUCTION	N
67108	CPT/HCPCS	REPAIR OF RETINAL DETACHMENT, ONE OR MORE SESSIONS; WITH	Yes
		VITRECTOMY, ANY METHOD, WITH OR WITHOUT AIR OR GAS TAMPONA	
04507	ODT/I LODGE	LADVALOGGODY DIDECT MITH OR MITHOUT TRACHEGGOODY, MITH	Vac
31527	CPT/HCPCS	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; WITH	Yes
61222	CPT/HCPCS	INSERTION OF OBTURATOR	Yes
61322	CP1/HCPCS	CRANIECTOMY OR CRANIOTOMY, DECOMPRESSIVE, WITH OR WITHOUT	res
		DURAPLASTY, FOR TREATMENT OF INTRACRANIAL HYPERTENSION, WITH	
50432	CPT/HCPCS	PLACEMENT OF NEPHROSTOMY CATHETER, PERCUTANEOUS, INCLUDING	Yes
30432	CF1/HCFC3	DIAGNOSTIC NEPHROSTOGRAM AND/OR URETEROGRAM WHEN	165
		PERFORMED,	
11604	CPT/HCPCS	EXCISION, MALIGNANT LESION INCL MARGINS, TRUNK, ARMS, OR LEGS;	Yes
11004	01 1/1101 03	EXCISED DIAMETER 3.1 TO 4.0CM	163
42550	CPT/HCPCS	INJECTION PROCEDURE FOR SIALOGRAPHY	Yes
24575	CPT/HCPCS	OPEN TREATMENT OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR	Yes
24373	01 1/1101 03	LATERAL, INCLUDES INTERNAL FIXATION, WHEN PERFORMED	163
31638	CPT/HCPCS	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPI	Yes
31030	01 1/1101 03	GUIDANCE; WITH REVISION OF TRACHEAL OR BRONCHIAL STENT INSE	163
		GOIDANGE, WITH REVISION OF TRACTIEAE ON BRONGHIAE STENT INSE	
27560	CPT/HCPCS	TREATMENT OF CLOSED PATELLAR DISLOCATION; WITHOUT ANESTHESIA	Yes
27500	01 1/1101 00	THEATTENT OF GEOGLE PATELLANDIGEOGRAPON, WITHOUT ANESTHEORY	165
27884	CPT/HCPCS	AMPUTATION LEG, THROUGH TIBIA AND FIBULA; SECONDARY CLOSURE OR	Yes
27004	01 1/1101 00	SCAR REVISION	100
51725	CPT/HCPCS	SIMPLE CYSTOMETROGRAM (CMG) (EG, SPINAL MANOMETER)	Yes
21016	CPT/HCPCS	RADICAL RESECTION OF TUMOR (EG, SARCOMA), SOFT TISSUE OF FACE OR	Yes
21010	01 1/1101 03	SCALP; 2 CM OR GREATER	163
33684	CPT/HCPCS	CLOSURE OF VENTRICULAR SEPTAL DEFECT, WITH OR WITHOUT PATCH	Yes
00004	01 1/1101 00	WITH PULMONARY VALVOTOMY OR INFUNDIBULAR RESECTION (ACYAN	165
		WITH GENORAL WILLOUGH ON THE ONE DEED WITH ESECUTION (NOT NIN	
54440	CPT/HCPCS	PLASTIC OPERATION OF PENIS FOR INJURY	Yes
28262	CPT/HCPCS	CAPSULOTOMY, MIDFOOT; EXTENSIVE, INCLUDING POSTERIOR TALOTIBIAL	Yes
		CAPSULOTOMY AND TENDON(S) LENGTHENING AS FOR RESISTANT	
28113	CPT/HCPCS	OSTECTOMY, COMPLETE EXCISION; FIFTH METATARSAL HEAD	Yes
45335	CPT/HCPCS	SIGMOIDSOCPY, FLEXIBLE:, WITH DIRECTED SUBMUCOSA INJECTION ANY	Yes
		SUBSTANCE	
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,	Yes
		VAGINAL AND/OR PERINEAL APPROACH	
63088	CPT/HCPCS	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR	Yes
	0,	COMPLETE, COMBINED THORACOLUMBAR APPROACH WITH DECOM	
23075	CPT/HCPCS	EXCISION, TUMOR, SOFT TISSUE OF SHOULDER AREA, SUBCUTANEOUS;	Yes
	1	LESS THAN 3 CM	
20985	CPT/HCPCS	COMPUTER-ASSISTED SURGICAL NAVIGATIONAL PROCEDURE FOR	Yes
	1	MUSCULOSKELETAL PROCEDURES, IMAGE-LESS	
53440	CPT/HCPCS	SLING OPERATION FOR CORRECTION OF MALE URINARY INCONTINENCE	Yes
55-1-0	3. 1/1101 00	(EG, FASCIA OR SYNTHETIC)	
33010	CPT/HCPCS	*PERICARDIOCENTESIS; INITIAL	Yes
43640	CPT/HCPCS	VAGOTOMY INCLUDING PYLOROPLASTY, WITH OR WITHOUT GASTROSTOMY;	
70040	101 1/110503	TRUNCAL OR SELECTIVE	
33518	CPT/HCPCS	TWO VENOUS GRAFTS (LIST SEPARATELY IN ADDITION TO CODE FOR	Yes
55510	17110103	ARTERIAL GRAFT)	1.55
1		PROFESSION I	

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,	Yes
0,0		FEMORAL, POPLITEAL ARTERY(S), UNILATERAL; WITH ATHERECTOMY, INCLU	
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,	Yes
		INVOLVES THE SOFT TISSUE BELOW THE DEEP FASCIA)	
26130	CPT/HCPCS	SYNOVECTOMY, CARPOMETACARPAL JOINT	Yes
31649	CPT/HCPCS	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCL FLUOROSCOPIC	Yes
		GUIDANCE, WHEN PERFORMED; WITH REMOVAL OF BRONCIAL VALUE, ECH ADD LOBE	
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	
43634	CPT/HCPCS	GASTRECTOMY, PARTIAL, DISTAL; WITH FORMATION OF INTESTIONAL 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;	Yes
00.400	007/110000	LUMBAR, EACH	ly.
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	Yes
		SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)	
35236	CPT/HCPCS	REPAIR BLOOD VESSEL WITH VEIN GRAFT; UPPER EXTREMITY	Yes
21510	CPT/HCPCS	INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR	Yes
		OSTEOMYELITIS OR BONE ABSCESS), THORAX	
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	Yes
		BRANCHES OF SCIATIC, FEMORAL OR OBTURATOR NERVES	
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  28490 CPT/HCPCS TREATMENT OF CLOSED FRACTURE GREAT TOE, PHALANX OR PHALANGES; VES WITHOUT MANIPULATION  21423 CPT/HCPCS OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE; COMPLICATED YES MULTIPLE APPROACHES  54326 CPT/HCPCS ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISION); WITH URETHROPLASTY BY LOCAL  22843 CPT/HCPCS POSTERIOR SEGMENTAL INSTRUMENTATION; 7 TO 12 VERTEBRAL YES SEGMENTS  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 YES LENGTH  15933 CPT/HCPCS EXCISION, SACRAL PRESSURE ULCER, WITH PRIMARY SUTURE; WITH YES	
WITHOUT MANIPULATION  21423 CPT/HCPCS OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE; COMPLICATED Yes  MULTIPLE APPROACHES  54326 CPT/HCPCS ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISION); WITH URETHROPLASTY BY LOCAL  22843 CPT/HCPCS POSTERIOR SEGMENTAL INSTRUMENTATION; 7 TO 12 VERTEBRAL Yes  SEGMENTS  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 Yes  LENGTH	
21423 CPT/HCPCS OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE; COMPLICATED MULTIPLE APPROACHES  54326 CPT/HCPCS ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISION); WITH URETHROPLASTY BY LOCAL  22843 CPT/HCPCS POSTERIOR SEGMENTAL INSTRUMENTATION; 7 TO 12 VERTEBRAL YES SEGMENTS  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	
CPT/HCPCS ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISION); WITH URETHROPLASTY BY LOCAL  22843 CPT/HCPCS POSTERIOR SEGMENTAL INSTRUMENTATION; 7 TO 12 VERTEBRAL Yes SEGMENTS  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	
SEGMENTS  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 Yes  LENGTH	
55520 CPT/HCPCS EXCISION OF LESION OF SPERMATIC CORD (SEPARATE PROCEDURE)  CPT/HCPCS RELOCATION OF SKIN POCKET FOR IMPLANTABLE DEFIBRILLATOR  CPT/HCPCS EXCISION OF PENILE PLAQUE (PEYRONIE DISEASE); WITH GRAFT TO 5 CM IN Yes  LENGTH	
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 Yes LENGTH	
54111 CPT/HCPCS EXCISION OF PENILE PLAQUE (PEYRONIE DISEASE); WITH GRAFT TO 5 CM IN Yes LENGTH	
LENGTH	
15933 CPT/HCPCS EXCISION, SACRAL PRESSURE ULCER, WITH PRIMARY SUTURE; WITH Yes	
оѕтестому	
45160 CPT/HCPCS EXCISION OF RECTAL TUMOR BY PROCTOTOMY, TRANSACRAL OR Yes TRANSCOCCYGEAL APPROACH	
36510 CPT/HCPCS *CATHETERIZATION OF UMBILICAL VEIN FOR DIAGNOSIS OR THERAPY, Yes NEWBORN	
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  Yes  PROSTHETIC VALVE; OPEN AXILLARY ARTERY APPROACH	
61781 CPT/HCPCS STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; Yes CRANIAL, INTRADURAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	
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 Yes OR SACRAL (CAUDAL); WITH IMAGING GUIDANCE (IE, FLUOROSCOPY	
30430 CPT/HCPCS RHINOPLASTY, SECONDARY; MINOR REVISION (SMALL AMOUNT OF NASAL Yes TIP WORK)	
C9740 CPT/HCPCS CYSTOURETHROSCOPY, WITH INSERTION OF TRANSPROSTATIC IMPLANT;4 Yes OR MORE IMPLANTS	
28297 CPT/HCPCS CORRECTION, HALLUX VALGUS WITH BUNIONECTOMY, WITH SESAMOIDECTOMY WHEN PERFORMED; WITH FIRST METATARSAL AND MEDIAL CUNEIFORM JOINT ARTHRODESIS, ANY ME+	
57520 CPT/HCPCS CONIZATION OF CERVIX, WITH OR WITHOUT FULGURATION, WITH OR WITHOUT DILATION AND CURETTAGE, WITH OR WITHOUT REPAIR (ANY	
27892 CPT/HCPCS DECOMPRESSION FASCIOTOMY, LEG;ANTERIOR AND/OR LATERAL Yes COMPARTMENTS ONLY, DEBRIDEMENT OF NONVIABLE MUSCLE A/O NERVE	
41008 CPT/HCPCS INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA Yes OF TONGUE OR FLOOR OF MOUTH; SUBMANDIBULAR SPACE	
51736 CPT/HCPCS SIMPLE UROFLOWMETRY (UFR) (EG, STOP-WATCH FLOW RATE, MECHANICAL UROFLOWMETER)  MECHANICAL UROFLOWMETER)  MECHANICAL UROFLOWMETER)	
22327 CPT/HCPCS OPEN TREATMENT OF VERTEBRAL FRACTURE AND/OR DISLOCATION; Yes THORACIC, EACH	
22610 CPT/HCPCS ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE INTERSPACE; THORACIC (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	
21080 CPT/HCPCS IMPRESSION AND CUSTOM PREPARATION; DEFINITIVE OBTURATOR Yes PROSTHESIS	
0450T CPT/HCPCS INSERTION OF AQUEOUS DRAINAGE DEVICE, WITHOUT EXTRAOCULAR Yes RESERVOIR, INTERNAL APPROACH, EACH ADDITIONAL DEVICE	
28092 CPT/HCPCS EXCISION OF LESION OF TENDON OR FIBROUS SHEATH OR CAPSULE (INCLUDING SYNOVECTOMY) (CYST OR GANGLION); TOES	
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	

00707	OPT#/2555	TOODDECTION OF EVENTED DUNCTURE OF THE PARTY	T _V
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,	Yes
		LAMINECTOMY, FORAMINOTOMY & VERTBRL COLUMN FIXATION, W/OR W/O INJE	
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	
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(I)	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,	Yes
		DILATION	
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	Yes
50728	CPT/HCPCS	INCLUDING POPLITEAL AREA WITH REPAIR OF FASCIAL DEFECT AND HERNIA	Yes
38100	CPT/HCPCS  CPT/HCPCS	SPLENECTOMY (SEPARATE PROCEDURE); TOTAL	Yes
17273	CPT/HCPCS	DESTRUCTION, MALIGNANT LESION, ANY METHOD, SCALP, NECK,	Yes
1,2,0	0. 1/1101 00	HANDFEET, GENITALIA; LESION DIAMETER 2.1 TO 3.0 CM	

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	Yes
		COLPOSCOPY	
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,	Yes
		EYELIDS, NOSE, LIPS, MUCOUS MEMB, EX DIAM OVER 4.0CM	
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	Yes
		EXTREMITY	
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	Yes
15201	CPT/HCPCS	SINU  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	Yes
50949	CPT/HCPCS	ADVANCEMENT, INTERNAL APPROACH 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	Yes
	0. 1/1101 00	REPAIR OF MITRAL AND/OR TRICUSPID CLEFT;	

49327	CPT/HCPCS	LAPAROSCOPY, SURG; WITH PLACEMENT OF INTERSTITIAL DEVICE(S) FOR	Yes
		RADIATION THERAPY GUIDANCE, INC IMAG GUIDANCE (LIST SEPARATELY	
		W/ PRIMARY PROCEDURE)	
10011	007#10000		\ <u>\</u>
43611	CPT/HCPCS	EXCISION, LOCAL; MALIGNANT TUMOR OF STOMACH	Yes
51845	CPT/HCPCS	ABDOMINO-VAGINAL VESICAL NECK SUSPENSION, WITH OR WITHOUT	Yes
		ENDOSCOPIC CONTROL (EG, STAMEY, RAZ, MODIFIED PEREYRA)	
23665	CPT/HCPCS	TREATMENT OF CLOSED SHOULDER DISLOCATION, WITH FRACTURE OF	Yes
23003	CF1/HCFC3		165
		GREATER TUBEROSITY, WITH MANIPULATION	
61107	CPT/HCPCS	*TWIST DRILL HOLE FOR SUBDURAL OR VENTRICULAR PUNCTURE; FOR	Yes
		IMPLANTING VENTRICULAR CATHETER OR PRESSURE RECORDING	
53500	CPT/HCPCS	URETHROLYSIS, TRANSVAGINAL, SECONDARY, OPEN, INCLUDING	Yes
33300	CFI/HCFC3		165
		CYSTOURETHROSCOPY	
33310	CPT/HCPCS	Cardiotomy, exploratory (includes removal of foreign body, atrial or	Yes
		ventricular thrombus); without bypass	
14000	CPT/HCPCS	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, TRUNK; DEFECT 10 SQ	Yes
14000	01 1/1101 03		
		CM OR LESS	
27498	CPT/HCPCS	DECOMPRESSION FASCIOTOMY,THIGH AND/OR KNEE, MULTIPLE	Yes
		COMPARTMENTS;	
27065	CPT/HCPCS	EXCISION OF BONE CYST OR BENIGN TUMOR, WING OF ILIUM, SYMPHYSIS	Yes
27000	01 1/1101 00		
		PUBIS, OR GREATER TROCHANTER OF FEMUR; SUPERFICIAL, INCLUDES	
		AUTOGRAFT, WHEN PERFORMED	
26075	CPT/HCPCS	ARTHROTOMY, FOR INFECTION, WITH EXPLORATION, DRAINAGE OR	Yes
		REMOVAL OF FOREIGN BODY; METACARPOPHALANGEAL JOINT	
05005	ODT//JODGG		V
65865	CPT/HCPCS	SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL	Yes
		TECHNIQUE (WITH OR WITHOUT INJECTION OF AIR OR LIQUID) (SEPAR	
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	Yes
		THAN GREAT TOE. DOUBLE	
00505	ODT/LIODOC		Ven
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	Yes
00201	01 1/1101 00		
		ONLY; WITH EXISTING MULTIPLE LEADS	
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	Yes
		PROCEDURE)	
40755	007/110000		\ <u>\</u>
43755	CPT/HCPCS	GASTRIC INTUBATION AND ASPIRATION, DIAGNOSTIC; COLLECTION OF	Yes
		MULTIPLE FRACTIONAL SPECIMENS WITH GASTRIC STIMULATION, SI	
63020	CPT/HCPCS	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE	Yes
03020	CF1/HCFC3	· · · · · · · · · · · · · · · · · · ·	i tes
		ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR E	
41805	CPT/HCPCS	REMOVAL OF EMBEDDED FOREIGN BODY FROM DENTOALVEOLAR	Yes
		STRUCTURES; SOFT TISSUES	
E0000	ODT#40000		Ves
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	Yes
,		WHEN PERFORMED; HUMERAL OR ULNAR COMPONENT	
0000 1	ODT#105.5.5		V
29894	CPT/HCPCS	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL;	Yes
		WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY	
34490	CPT/HCPCS	THROMBECTOMY, DIRECT OR WITH CATHETER; AXILLARY AND SUBCLAVIAN	Yes
<del>.</del>		VEIN, BY ARM INCISION	
00000	OPT#10500		V
29860	CPT/HCPCS	ARTHROSCOPY, HIP, DIAGNOSTIC WITH OR WITHOUT SYNOVIAL BIOPSY	Yes
		(SEPARATE PROCEDURE)	<u>                                     </u>
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	Yes
		RETROPERITONEAL FIBROSIS	
12020	CPT/HCPCS	TREATMENT OF SUPERFICIAL WOUND DEHISCENCE; SIMPLE CLOSURE	Yes
		· ·	
61313	CPT/HCPCS	CRANIECTOMY OR CRANIOTOMY FOR EVACUATION OF HEMATOMA,	Yes
		SUPRATENTORIAL; INTRACEREBRAL	
43621	CPT/HCPCS	GASTRECTOMY, TOTAL; WITH ROUX-EN-Y RECONSTRUCTION	Yes
69806	CPT/HCPCS	ENDOLYMPHATIC SAC OPERATION; WITH SHUNT	Yes
		1 12	į ···

		T_,	l.,
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,	Yes
		OPEN(EG,MOSAICPLASTY)(INCLUDES HARVESTING OF AUTOGRAFT(S)	
31631	CPT/HCPCS	BRONCHOSCOPY; WITH TRACHEAL DILATION AND PLACEMENT OF	Yes
04045	ODT#407.55	TRACHEAL STENT	
61215	CPT/HCPCS	INSERTION OF SUBCUTANEOUS RESERVOIR, PUMP OR CONTINUOUS	Yes
31578	CPT/HCPCS	INFUSION SYSTEM FOR CONNECTION TO VENTRICULAR CATHETER  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	Yes
		MYOCUTANEOUS FLAP CLOSURE; WITH OSTECTOMY	
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	Yes
		FINGER; 3 CM OR GREATER	
55870	CPT/HCPCS	ELECTROEJACULATION	Yes
40510	CPT/HCPCS	EXCISION OF LIP; TRANSVERSE WEDGE EXCISION WITH PRIMARY CLOSURE	Yes
05005	ODT#407.55	DIRECT REPAIR OF AUGUSTAL OF TAXABLE VICTORIAN CONTRACTORIAN CONTRACTORI	
35002	CPT/HCPCS	DIRECT REPAIR OF ANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND GRAFT	Yes
57280	CPT/HCPCS	INSERTION, WITH OR WITHOUT PATCH GRAFT; FOR RUPTURED 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)	
49323	CPT/HCPCS	LAPAROSCOPY, SURGICAL, ABDOMEN, PERITONEUM, AND OMENTUM; WITH	Yes
		DRAINAGE OF LYMPHOCELE TO PERITONEAL CAVITY	
21260	CPT/HCPCS	PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE	Yes
		GRAFTS; EXTRACRANIAL APPROACH	
69740	CPT/HCPCS	SUTURE FACIAL NERVE, INTRATEMPORAL, WITH OR WITHOUT GRAFT OR	Yes
50541	CPT/HCPCS	DECOMPRESSION; LATERAL TO GENICULATE GANGLION  LAPAROSCOPY, SURGICAL; ABLATION OF RENAL CYSTS	Yes
42970	CPT/HCPCS	CONTROL OF NASOPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY	
.2070	3/1.3/ 33	(EG, POSTADENOIDECTOMY); SIMPLE, WITH POSTERIOR	
23120	CPT/HCPCS	CLAVICULECTOMY; PARTIAL	Yes
0457T	CPT/HCPCS	REMOVAL OF PERMANENTLY IMPLANTABLE AORTIC COUNTERPULSATION	Yes
		VENTRICULAR ASSIST SYSTEM; MECHANO-ELECTRICAL SKIN INTERFACE	
63087	CPT/HCPCS	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR	Yes
		COMPLETE, COMBINED THORACOLUMBAR APPROACH WITH DECOM	
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	Yes
	3/1131 30	LYMPHADENECTOMY	1.55
30400	CPT/HCPCS	RHINOPLASTY, PRIMARY; LATERAL AND ALAR CARTILAGES AND/OR	Yes
F7440	ODT#10202	ELEVATION OF NASAL TIP	 
57112	CPT/HCPCS	VAGINECTOMY, COMPLETE REMOVAL OF VAGINAL WALL; WITH REMOVAL OF PARAVAGINAL TISSUE WITH BILAT TOT PELV LYMPH/ NODE SAMP	res
53431	CPT/HCPCS	URETHROPLASTY WITH TUBULARIZATION OF POSTERIOR URETHRA	Yes
JJ431	OF 1/110863	AND/OR LOWER BLADDER FOR INCONTINENCE	। टिउ
10080	CPT/HCPCS	*INCISION AND DRAINAGE OF PILONIDAL CYST; SIMPLE	Yes
44373	CPT/HCPCS	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND	Yes
		PORTION OF DUODENUM; FOR CONVERSION OF PERCUTANEOUS	
25265	CDT/LICDOS	GASTROSTOMY  DEDAID TENDON OF MUSCLE ELEVOR FOREARM AND/OR WRIST:	Voc
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)	Yes
		OF BONE (EG, FOR OSTEOMYELITIS), FEMUR, PROXIMAL T	
43336	CPT/HCPCS	REPAIR, PARAESOPHAGEAL HIATAL HERNIA, (INCLUDING	Yes
		FUNDOPLICATION), VIA THORACOABDOMINAL INCISION, EXCEPT	
		NEONATAL; WITHOUT IMPLANTATION OF MESH OR OTH+	
14301	CPT/HCPCS	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, ANY AREA; DEFECT 30.1	Yes
		SQ CM TO 60.0 SQ CM	
31552	CPT/HCPCS	LARYNGOPLASTY; FOR LARYNGEAL STENOSIS, WITH GRAFT, WITHOUT	Yes
		INDWELLING STENT PLACEMENT, AGE 23 YEARS OR OLDER	
24940	CPT/HCPCS	CINEPLASTY, UPPER EXTREMITY, COMPLETE PROCEDURE	Yes
27607	CPT/HCPCS	INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR	Yes
		OSTEOMYELITIS OR BONE ABSCESS), LEG OR ANKLE	
64636	CPT/HCPCS	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT	Yes
		NERVE(S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR	
64874	CPT/HCPCS	SUTURE OF NERVE; REQUIRING EXTENSIVE MOBILIZATION, OR	Yes
		TRANSPOSITION OF NERVE (LIST SEPARATELY IN ADDITION TO CODE FOR N	
E7E01	CDT// ICDCC	DADICAL TRACLICI COTOMY MUTULBU ATERAL TOTAL DELVIC	Voc
57531	CPT/HCPCS	RADICAL TRACHELECTOMY, WITH BILATERAL TOTAL PELVIC	Yes
		LYMPHADENECTOMY AND PARA-AORTIC LYMPH NODE SAMPLING BIOPSY,W/WO REMOVL	
15111	CPT/HCPCS	EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 SQ	Yes
13111	CF1/HCFC3	CM, OR 1% OF BODY AREA OF INFANTS AND CHILDREN	res
15852	CPT/HCPCS	DRESSING CHANGE (FOR OTHER THAN BURNS) UNDER ANESTHESIA (OTHER	Ves
13032	01 1/1101 03	THAN LOCAL)	163
33735	CPT/HCPCS	ATRIAL SEPTECTOMY OR SEPTOSTOMY; CLOSED (BLALOCK-HANLON TYPE	Yes
00700	01 171101 00	OPERATION)	
17314	CPT/HCPCS	MOHS MICROGRAPHIC TECHNIQUE, TRUNK, ARMS, OR LEGS; EACH	Yes
		ADDITIONAL STAGE AFTER THE FIRST STAGE, UP TO 5 TISSUE BLOCKS	
32662	CPT/HCPCS	THORACOSCOPY, SURGICAL; WITH EXCISION OF MEDIASTINAL CYST,	Yes
		TUMOR OR MASS	
27198	CPT/HCPCS	CLOSED TREATMENT OF POSTERIOR PELVIC RING FRACTURE(S),	Yes
		DISLOCATION(S), UNILATERAL OR BILATERAL; WITH MANIPULATION, REQUI	
57109	CPT/HCPCS	VAGINECTOMY, PARTIAL REMOVAL OF VAGINAL WALL; WITH REMOVAL OF	Yes
		PARAVAGINAL TISSUE WITH BILATERAL TOTAL PELVIC LYMPH ETC	
23031	CPT/HCPCS	INCISION AND DRAINAGE, SHOULDER AREA; INFECTED BURSA	Yes
41530	CPT/HCPCS	SUBMUCOSAL ABLATION OF THE TONGUE BASE, RADIOFREQUENCY, ONE	Yes
		OR MORE SITE, PER SESSION	
12004	CPT/HCPCS	*SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE,	Yes
		EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES (INCLU	1.
62258	CPT/HCPCS	REMOVAL OF COMPLETE CSF SHUNT SYSTEM; WITH REPLACEMENT BY	Yes
	007//10000	SIMILAR OR OTHER SHUNT AT SAME OPERATION	<u> </u>
36555	CPT/HCPCS	INSERTION OF NON-TUNNELED CENTRALLY INSERTED CENTRAL VENOUS	Yes
00711	CDT// ICDCC	CATHETER; UNDER 5 YEARS OF AGE	Yes
66711	CPT/HCPCS	CILIARY BODY DESTRUCTION; CYCLOPHOTOCOAGULATION, ENDOSCOPIC, WITHOUT CONCOMITANT REMOVAL OF CRYSTALLINE LENS	res
		WITHOUT CONCOMITANT REMOVAL OF CRISTALLINE LENS	
26135	CPT/HCPCS	SYNOVECTOMY, METACARPOPHALANGEAL JOINT INCLUDING INTRINSIC	Yes
20100	CF I/TICF CS	RELEASE AND EXTENSOR HOOD RECONSTRUCTION, EACH DIGIT	165
		INCLEASE AND EXTENSION TOOL RECONSTRUCTION, EACH DION	
44312	CPT/HCPCS	REVISION OF ILEOSTOMY; SIMPLE (RELEASE OF SUPERFICIAL SCAR)	Yes
012	0. 1,710100	(SEPARATE PROCEDURE)	1.55
58270	CPT/HCPCS	VAGINAL HYSTERECTOMY, WITH OR WITHOUT REMOVAL OF TUBE(S), WITH	Yes
		OR WITHOUT REMOVAL OF OVARY(S); WITH REPAIR OF ENTERO	
62256	CPT/HCPCS	REMOVAL OF COMPLETE CSF SHUNT SYSTEM; WITHOUT REPLACEMENT	Yes
C9606	CPT/HCPCS	PERCUTANEOUS TRANSLUMINAL REVASCULARIZATION OF ACUTE	Yes
		TOTAL/SUBTOTAL OCCLUSION DURING ACUTE MYOCARDIAL INFRACTION,	
		SINGLE	
42330	CPT/HCPCS	SIALOLITHOTOMY; SUBMANDIBULAR (SUBMAXILLARY), SUBLINGUAL OR	Yes
		PAROTID, UNCOMPLICATED, INTRAORAL	
54430	CPT/HCPCS	CORPORA CAVERNOSA-CORPUS SPONGIOSUM SHUNT (PRIAPISM	Yes
		OPERATION), UNILATERAL OR BILATERAL	
		· ·	

66982	CPT/HCPCS	EXTRACAPSULAR CATARACT REMOVAL W/INSERTION OF INTRAOCULAR LENS PROSTHESIS, MANUAL OR MECHANICAL TECHINIQUE	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-	Yes
		OOPHORECTOMY AND OMENTECTOMY; WITH TOTAL ABDOMINAL HYSTEREC	
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 RECONSTRCTION 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 TOTALOCCLUSION, 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	Yes
		SHUNT(S) (TIPS)	

		T	T
27562	CPT/HCPCS	TREATMENT OF CLOSED PATELLAR DISLOCATION; REQUIRING ANESTHESIA	Yes
	227//2222		1
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	Yes
40002	01 1/1101 00	FUNDOPLICATION), VIA LAPAROTOMY, EXCEPT NEONATAL; WITHOUT	163
		IMPLANTATION OF MESH OR OTHER PROSTHESIS	
28530	CPT/HCPCS	TREATMENT OF CLOSED SESAMOID FRACTURE	Yes
33214	CPT/HCPCS	UPGRADE OF IMPLANTED PACEMAKER SYSTEM, CONVERISON OF SINGLE	Yes
		CHAMBER SYSTEM TO DUAL CHAMBER SYSTEM(INCLUDES REMOVAL OF PRE	
0254T	CPT/HCPCS	ENDOVASCULAR REPAIR OF ILIAC ARTERY BIFURCATION(EG ANEURYSM,	Yes
		PSEUDOANEURYSM, TRAUMA, DISSECTION)USING BIFURCATED	
		ENDOGRAFT FROM THE COMMON ILIAC ARTE+	
40816	CPT/HCPCS	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF	Yes
		MOUTH; COMPLEX, WITH EXCISION OF UNDERLYING MUSCLE	
26593	CPT/HCPCS	RELEASE, INTRINSIC MUSCLES OF HAND (SPECIFY)	Yes
50100	CPT/HCPCS	TRANSECTION OR REPOSITIONING OF ABERRANT RENAL VESSELS	Yes
20010	007/110000	(SEPARATE PROCEDURE)	ly
20612	CPT/HCPCS	ASPIRATION AND/OR INJECTION OF GANGLION CYST(S) ANY LOCATION	Yes
29838	CPT/HCPCS	ADTUDOSCODY ELBOW SUDCICAL DEPDIDEMENT EVIENSIVE	Yes
33922	CPT/HCPCS  CPT/HCPCS	ARTHROSCOPY, ELBOW, SURGICAL; DEBRIDEMENT, EXTENSIVE TRANSECTION OF PULMONARY ARTERY WITH CARDIOPULMONARY BYPASS	Yes
33922	CF1/HCFC3	TRANSECTION OF FOLMONANT ARTERT WITH CARDIOFOLMONART BTFASS	165
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;	Yes
		WITH ALLOGRAFT	
0163T	CPT/HCPCS	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH,	Yes
		INCLUDING DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR	
		DECOMPRESSION), EACH ADDITIO+	
24371	CPT/HCPCS	REVISION OF TOTAL ELBOW ARTHROPLASTY, INCLUDING ALLOGRAFT	Yes
		WHEN PERFORMED; HUMERAL AND ULNAR COMPONENT	
61544	CPT/HCPCS	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISION	Yes
		OR COAGULATION OF CHOROID PLEXUS	
54200	CPT/HCPCS	*INJECTION PROCEDURE FOR PEYRONIE DISEASE;	Yes 
35701	CPT/HCPCS	EXPLORATION NOT FOLLOWED BY SURGICAL REPAIR, ARTERY; NECK (EG,	Yes
20615	CDT/HCDCS	CAROTID, SUBCLAVIAN)	Yes
28615	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN TARSOMETATARSAL JOINT DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL SKELETAL FIXA	res
		DISLOCATION, WITHOUT INTERNAL OR EXTERNAL SKELETAL FIXA	
57268	CPT/HCPCS	REPAIR OF ENTEROCELE, VAGINAL APPROACH (SEPARATE PROCEDURE)	Yes
0,200		112.7.11.6.1.2.11.6.6.2.2.2, 7.7.6.11.12.7.11.1.6.7.6.1 (62.7.11.11.6.6.2.2.6.1.2.)	
21110	CPT/HCPCS	APPLICATION OF INTERDENTAL FIXATION DEVICE FOR CONDITIONS OTHER	Yes
		THAN FRACTURE OR DISLOCATION, INCLUDES REMOVAL	
69725	CPT/HCPCS	DECOMPRESSION FACIAL NERVE, INTRATEMPORAL; INCLUDING MEDIAL TO	Yes
		GENICULATE GANGLION	
35506	CPT/HCPCS	BYPASS GRAFT, WITH VEIN, CAROTID-SUBCLAVIAN OR SUBCLAVIAN-	Yes
		CAROTID	
27290	CPT/HCPCS	INTERPELVIABDOMINAL AMPUTATION (HIND QUARTER AMPUTATION)	Yes
57311	CPT/HCPCS	CLOSURE OF URETHROVAGINAL FISTULA; WITH BULBOCAVERNOSUS	Yes
0010-	0	TRANSPLANT	<u> </u>
26498	CPT/HCPCS	TENDON TRANSFER TO RESTORE INTRINSIC FUNCTION; ALL FOUR FINGERS	Yes
26755	CDT/UCDCC	TREATMENT OF CLOSED DISTAL BHALANCEAL ERACTURE SINCER OR	Voc
26755	CPT/HCPCS	TREATMENT OF CLOSED DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB; WITH MANIPULATION, EACH	Yes
30920	CPT/HCPCS	THUMB; WITH MANIPULATION, EACH LIGATION ARTERIES; INTERNAL MAXILLARY ARTERY, TRANSANTRAL	Yes
49606	CPT/HCPCS	REPAIR OF OMPHALOCELE; WITH STAGED CLOSURE OF PROSTHESIS,	Yes
.0000	151 1/1101 00	REDUCTION IN OPERATING ROOM, UNDER ANESTHESIA	
50526	CPT/HCPCS	CLOSURE OF NEPHROVISCERAL FISTULA (EG, RENOCOLIC), INCLUDING	Yes
		VISCERAL REPAIR; THORACIC APPROACH	
24147	CPT/HCPCS	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION OR DIAPHYSECTOMY)	Yes
		OF BONE (EG, FOR OSTEOMYELITIS), OLECRANON PROCESS	
22808	CPT/HCPCS	ARTHRODESIS, ANTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT	Yes
		CAST; 2 TO 3 VERTEBRAL SEGMENTS	
	Ţ	•	

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,	Yes
		SUTURE, OR IMPLANTED VENTRICULAR CATHETER/RESERVOIR;	
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 INTERPOSTION	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	Yes
0/221	GF 1/11GF G3	THERAPY	163
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	Yes
67560	CPT/HCPCS	MANIPULATION  ORBITAL IMPLANT (IMPLANT OUTSIDE MUSCLE CONE); REMOVAL OR	Yes
64632	CPT/HCPCS	REVISION  DESTRUCTION BY NEUROLYTIC AGENT; PLANTAR COMMON DIGITAL NERVE	Yes
28298	CPT/HCPCS	CORRECTION, HALLUX VALGUS WITH BUNIONECTOMY, WITH	Yes
20200	01 1/1101 00	SESAMOIDECTOMY, WHEN PERFORMED; WITH PROXIMAL PHALANX OSTEOTOMY, ANY METHOD	
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;	Yes
		WITHOUT GRAFT (EG, COMPRESSION TECHNIQUE)	

A== :: -		I.,
CPT/HCPCS	ESOPHAGOMYOTOMY ((HELLER TYPE) WITH OR WITHOUT HIATAL HERNIA REPAIR); ABDOMINAL APPROACH	Yes
CPT/HCPCS	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP REPLACEMENT), WITH OR WITHOUT AUTOGRAF	Yes
CPT/HCPCS	LAPAROSCOPY, SURGICAL; PROCTECTOMY, COMPLETE, COMBINED ABDOMINOPERINEAL, WITH COLOSTOMY	Yes
CPT/HCPCS	EXCISION OF LOCAL LESION, ESOPHAGUS, WITH PRIMARY REPAIR; THORACIC APPROACH	Yes
CPT/HCPCS	INSERT OF PACING ELECTRODE, CARDIAC VENOUS SYSTEM, TO	Yes
	PREVIOUSPLACED PACEMAKER OR PACING CARDIOVERTER-DEFIBRILLATOR	
CPT/HCPCS	PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY	Yes
	CREATION; EACH ADDITIONAL THORACIC OR LUMBAR VERTEBRAL BODY	
CPT/HCPCS	VASCULAR EMBOLIZATION OR OCCLUSION, IMAGING GUIDANCE NESSRY TO COMPLETE THE INTERVENTION; ARTERIAL, OTHER THAN HEMORRHAGE	Yes
CPT/HCPCS	TENDON SHORTENING, EXTENSOR, HAND OR FINGER, SINGLE, EACH	Yes
CPT/HCPCS	OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE);	Yes
	COMPLICATED (EG, MULTIPLE APPROACHES)	
CPT/HCPCS	ARTHROPLASTY, ANKLE; WITH IMPLANT ("TOTAL ANKLE")	Yes
		Yes I
CP1/HCPCS	EXTRAOCULAR RESERVOIR; INTERNAL APPROACH, INTO THE TRABECULAR MESHWORK	Yes
CPT/HCPCS	TENOLYSIS, COMPLEX, EXTENSOR TENDON, DORSUM OF HAND OR FINGER, INCLUDING HAND AND FOREARM	Yes
CPT/HCPCS	EXCISION, BENIGN LESION INCL MARGINS, (UNLS LSTD ELSWR) FACEEARS, EYELIDS, NOSE, LIPS, MUCOUS MEMB, EX DIAM 1.1 TO 2.0CM	Yes
CPT/HCPCS	DESTRUCTION BY NEUROLYTIC AGENT, WITH OR WITH OUT RADIOLOGICMONITORING; SUPERIOR HYPOGASTRIC PLEXUS	Yes
CPT/HCPCS	CYSTECTOMY, PARTIAL; SIMPLE	Yes
CPT/HCPCS	OPEN TREATMENT OF DISTAL FIBULAR (LATERAL MALLEOLUS), INCLUDES INTERNAL FIXATION, WHEN PERFORMED	Yes
CPT/HCPCS	PRIMARY REPAIR OF COLLATERAL LIGAMENT, METACARPOPHALANGEAL JOINT;	Yes
CPT/HCPCS	ARTHRODESIS, SYMPHYSIS PUBIS (INCLUDING OBTAINING GRAFT)	Yes
CPT/HCPCS	IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; PERIPHERAL FOR GLAUCOMA (SEPARATE PROCEDURE)	Yes
CPT/HCPCS	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITA	Yes
CPT/HCPCS	URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING URINARY DIVERSION): GREATER THAN 3 CM	Yes
CPT/HCPCS	TENOTOMY, SUBCUTANEOUS, TOE; MULTIPLE	Yes
CPT/HCPCS	TISSUE CULTURED EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; FIRST 25 SQ CM OR LESS	Yes
CPT/HCPCS	SURGICAL CLOSURE TRACHEOSTOMY OR FISTULA; WITH PLASTIC REPAIR	Yes
CPT/HCPCS	ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISION); WITH SIMPLE MEATAL ADVANCEM	Yes
CPT/HCPCS	APPLICATION OF SKIN SUBSTITUTE GRAFT TO TRUNK, ARMS EACH ADDITIONAL 25 SQ CM WOUND SURFACE AREA, OR PART THEREOF	Yes
CPT/HCPCS	*INJECTION OF SINUS TRACT; DIAGNOSTIC (SINOGRAM) (SEPARATE	Yes
CPT/HCPCS		Yes
CPT/HCPCS	BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOFEMORAL	Yes
CPT/HCPCS	TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR/TAVI) WITH PROSTHETIC VALVE; TRANSAORTIC APPROACH (EG MEDIAN STERNOTOMY THO	Yes
CPT/HCPCS	RECONSTRUCTION FOR STABILIZATION OF UNSTABLE DISTAL ULNA OR DISTAL RADIOULNAR JOINT, SECONDARY BY SOFT TISSUE	Yes
CPT/HCPCS	SURG PREP/CREATION RECIP SITE BY EXCISE WOUNDS/SCAR, TRUNK, ARMS, LEGS, FIRST 100 SQ. CM OR 1% BODY AREA OF INFANTS AND CHILDREN	Yes
	CPT/HCPCS	REPAIR): ABDOMINAL APPROACH  CPT/HCPCS  ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP BEPLACEMENT), WITH OR WITHOUT AUTOGRAF  ABDOMINOPERINEAL, WITH COLOSTOMY.  CPT/HCPCS  LAPAROSCOPY, SURGICAL; PROCTECTOMY, COMPLETE, COMBINED ABDOMINOPERINEAL, WITH COLOSTOMY  CPT/HCPCS  EXCISION OF LOCAL LESION, ESOPHAGUS, WITH PRIMARY REPAIR; THORACIC APPROACH  CPT/HCPCS  INSERT OF PACING ELECTRODE, CARDIAC VENOUS SYSTEM, TO PREVIOUSIFA LOCE PACEMAKER OR PACING CARDIOVERTER-DEFIBRILLATOR PULSE  CPT/HCPCS  PERCUITANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION:EACH ADDITIONAL THORACIC OR LUMBAR VERTEBRAL BODY  CPT/HCPCS  VASCULAR EMBOLIZATION OR OCCLUSION, IMAGING GUIDANCE NESSRY TO COMPLETE THE INTERVENTION; ARTERIAL, OTHER THAN HEMORRHAGE  CPT/HCPCS  TENDON SHORTENING, EXTENSOR, HAND OR FINGER, SINGLE, EACH CPT/HCPCS  TENDON SHORTENING, EXTENSOR, HAND OR FINGER, SINGLE, EACH CPT/HCPCS  ARTHROPLASTY, ANKLE; WITH IMPLANT ("TOTAL ANKLE")  CPT/HCPCS  ARTHROPLASTY, ANKLE; WITH IMPLANT ("TOTAL ANKLE")  EXTRACOLUAR RESERVOIR; INTERNAL APPROACHES)  CPT/HCPCS  TENDOLYSIS, COMPLEX, EXTENSOR TENDON, DORSUM OF HAND OR FINGER, INCLUDING HAND AND FOREAM  OFFICIAL SECRICIAL SECRICIAL SECRICAL S

07040	OPT/LIOPOS	ODEN TREATMENT OF POOTERIOR RING ERACTURE AND (CR	V
27218	CPT/HCPCS	OPEN TREATMENT OF POSTERIOR RING FRACTURE AND/OR DISLOCATIONWITH 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	Yes
		PINNING OR BONE GRAFT (INCLUDES OBTAINING GRAFT)	
51798	CPT/HCPCS	MEASUREMENT OF POST-VOIDING RESIDUAL URINE AND/ORBLADDER 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	Yes
61535	CPT/HCPCS	INTERNAL FIXATION, WHEN PERFORMED, EACH BONE CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR REMOVAL	Yes
01000	01 1/1101 00	OF EPIDURAL ELECTRODE ARRAY, WITHOUT EXCISION OF CEREB	
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	INTERTHORACOSCAPULAR 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, INCLUDS 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 DRAINAGESYSTEM (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

SANDER   CHARLEC   CONSTRUCT ON REPUTATION AND ESPECIAL DEPECTARY				
SEPARATE   PROCEDURE	33920	CPT/HCPCS	· ·	Yes
CPITHOPICS   COMPILIOR CONTROLLATION   COMPILIOR CONTROLLATION   COMPILIOR CONTROLLATION   CONTROLLATION   COMPILIOR CON	53520	CPT/HCPCS		Yes
COMPILICATED	35522	CPT/HCPCS	BYPASS GRAFT, WITH VEIN; AXILLARY-BRACHIAL	Yes
GENERAL CONTROLLES OFFINATION, BONE FLAP CRANICIONY, FOR TRANSCRION CONTROLLES OFFINATION, BONE FLAP CRANICIONY, FOR TRANSCRION OF CORPUS OF CALL DISM  ABRIO BLES, MORE THAN COLLES OF CALL SIM MAN CONTROLLES OFFINATION OF CALL STANDAY OF	42505	CPT/HCPCS	·	Yes
INTERSECTION OF CORPUS CALLOSUM  CPTICATORS  NEW REART FORCUSES CERTINNO CAREFT, MALTIPLE STRANDS (CABLE), Yes  AMM ORLEG, MORE THAN 1 CM LENGTH  AS400 CPTICATORS  COPTICATORS  COPTICATORS  COPTICATORS  AND CREATER STRANDS CONTRACTED THAN 1 CAN LENGTH  AS500 CPTICATORS  AND CREATER STRANDS CONTRACTED THAN 1 CAN LENGTH  ESSON  CPTICATORS  AND CREATER STRANDS CONTRACTED THAN 1 CAN LENGTH  ESSON  CPTICATORS  AND CREATER STRANDS CONTRACTED THAN 1 CAN LENGTH  BESION  REPLACITION OF VILVA ON PERMILEURISSERVATE PROCEDURE; ONE  ESSON  CPTICATORS  AND CREATER STRANDS CONTRACTED THAN 1 CAN LENGTH  WITHOUT CARDOOUT CAR	22847	CPT/HCPCS	ANTERIOR INSTRUMENTATION; 8 OR MOR VERTEBRAL SEGMENTS	Yes
AM ORLEG. MORE THAN 1 CHILENTEN  24200 CPTACCCS  CLOSURED ESSOPHAGOSTON OS RETULAL CERVICAL APPROACH  Yes  50005 CPTACCCS  1-00067 OF PARCEAS, RECOLUNA DE USE NEEDLE  CPTACCCS  1-00067 OF PARCEAS, RECOLUNA DE USE NEEDLE  CPTACCCS  1-00067 OF PARCEAS, RECOLUNA DE USE NEEDLE  CPTACCCS  C	61541	CPT/HCPCS		Yes
###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###	64898	CPT/HCPCS		Yes
SPICE   SPIC	43420	CPT/HCPCS	CLOSURE OF ESOPHAGOSTOMY OR FISTULA; CERVICAL APPROACH	Yes
LISSON DEFINITION DEFI				
INTRACORPOREAL, SINGLE VENTRICLE, WITHOUT CARDIOPULMONARY BYPASS			LESION	
PROCEDURE    PROCEDURE    PROSECURE    PRO	33982	CPT/HCPCS	INTRACORPOREAL, SINGLE VENTRICLE, WITHOUT CARDIOPULMONARY	Yes
19125 CPTIACPCS CONCISION OF BEASTLESION IDENTIFIED BY PRE-OPERATIVE PLACEMENT YES OF RADIOGICAL MARKER, OPEN, SINGLE LESION OF RADIOGICAL MARKER, OPEN, SINGLE SERVICE AND	46080	CPT/HCPCS		Yes
OF RADIOGICAL MARKER, OPEN, SINGLE LESION  DESTRIPTION, PLUSREPAIR OF INFRARENAL AGRITIC ANEURYSM OR DISSECTION, PLUSREPAIR OF INFRARENAL AGRITIC ANEURYSM OR DISSECTION, PLUSREPAIR OF ASSOC ARTERNAL TRAUM; AORTO-BI-LLIAC PROSTINESS  34203 CPT/HCPCS  TREATMENT OF CLOSED CARPAL SCAPHOLD (NAVICULIAR) FRACTURE; WITH MANIPULATION  34203 CPT/HCPCS  DEFORMING THROMBECTOMY, WITH OR WITHOUT CATHETER; POPULITEAL-TIBLO-PERONEL ARTERY, BY LEG IN  CPT/HCPCS  CPT/HCPCS  OSTECTOMY, PARTIAL, COMPULCATE (E.G., POSTRADIATION, PREVIOUS SURGERY, DIFFICULT LOCATION)  SURGERY, DIFFICULT LOCATION)  DEFORMITY, SINGLE SEGMENT; LUMBAR  REPAIR OF NORUNION OR MALUNION; TARSAL BONES (E.G., CALCANEUS, TALUS)  33535 CPT/HCPCS  THREE CORONARY ARTERIAL GRAFTS  CPT/HCPCS  THREE CORONARY ARTERIAL GRAFTS  CPT/HCPCS  CPT/HCPCS  THREE CORONARY ARTERIAL GRAFTS  CPT/HCPCS  THREE CORONARY ARTERIAL GRAFTS  THREE CORONARY ARTERIAL GRAFT THREE CORONARY (INCLUDING CANALPLASTY).  THREE CORONARY ARTERIAL GRAFT THREE CORON	48100	CPT/HCPCS	BIOPSY OF PANCREAS (SEPARATE PROCEDURE)	Yes
DISSECTION, PLUSREPAIR OF ASSOC ARTERIAL TRAUM; AORTO-BI-ILIAC PROSTITESIS  25624 CPT/HCPC3 TREATMENT OF CLOSED CARPAL SCAPHOID (NAVICULAR) FRACTURE; WITH Yes MANIPULATION  34203 CPT/HCPCS MOBILECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; Yes POPULIFEAL TIBIO-PERONEAL ARTERY, BY LEG IN  51555 CPT/HCPCS CYSTECTOMY, PARTIAL; COMPULCATED (EG, POSTRADIATION, PREVIOUS SURGERY, DIFFICULT LOCATION)  22214 CPT/HCPCS OSTEOTOMY OF SPINE, POSTERIOR APPROACH, FOR CORRECTION OF Yes DEFONDED, ARTERY OF SPINE, POSTERIOR APPROACH, FOR CORRECTION OF Yes OFFONDER, POSTERIOR APPROACH, FOR CALCANEUS, YES TALUS)  33535 CPT/HCPCS HERE CORONARY ARTERIAL GRAFTS  11606 CPT/HCPCS EXCISION, MALIGNANT LESION INCL MARGINS, TRUNK, ARMS, OR LEGS; YES CESCED DIMETTER COVER A LOW AND	19125	CPT/HCPCS		Yes
MANIPULATION  S4203 CPT/HCPCS EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; POPULTEAL-TIBLO-PERONEAL ARTERY, BY LEG IN  S1555 CPT/HCPCS CYSTECTOMY, PARTIAL; COMPLICATED (EG, POSTRADIATION, PREVIOUS SURGERY, DIFFICULT LOCATION)  22214 CPT/HCPCS OSTEOTOMY OF SPINE, POSTERIOR APPROACH, FOR CORRECTION OF DEFORMITY, SINGLE SEGMENT; LUMBAR  28320 CPT/HCPCS CAPARIO OR NONLINON OR PMALUNION; TARRAL BONES (EG, CALCANEUS, TALUS)  33535 CPT/HCPCS THREE CORONARY ARTERIAL GRAFTS  EXCISION, MALIGNANT LESION INCL MARGINS, TRUNK, ARMS, OR LEGS; EXCISION, MALIGNANT LESION INCL MARGINS, TRUNK, ARMS, OR LEGS; EXCISION, MALIGNANT LESION INCL MARGINS, TRUNK, ARMS, OR LEGS; EXCISION, MALIGNANT LESION INCL MARGINS, TRUNK, ARMS, OR LEGS; EXCISION, MALIGNANT LESION INCL MARGINS, TRUNK, ARMS, OR LEGS; EXCISION, MALIGNANT LESION INCL MARGINS, TRUNK, ARMS, OR LEGS; EXCISION, MALIGNANT LESION INCL MARGINS, TRUNK, ARMS, OR LEGS; EXCISION, MALIGNANT LESION INCL MARGINS, TRUNK, ARMS, OR LEGS; EXCISION, MALIGNANT LESION INCL MARGINS, TRUNK, ARMS, OR LEGS; EXCISION, MALIGNANT LESION INCL MARGINS, TRUNK, ARMS, OR LEGS; EXCISION, MALIGNANT LESION INCL MARGINS, TRUNK, ARMS, OR LEGS; EXCISION, MALIGNANT LESION INCL MARGINS, TRUNK, ARMS, OR LEGS; EXCISION, MALIGNANT LESION INCL MARGINS, TRUNK, ARMS, OR LEGS; EXCISION, MALIGNANT LESION INCL MARGINS, TRUNK, ARMS, OR LEGS; EXCISION MARGINS, TRUNK, ARMS, OR LEGS; EXCISION, MALIGNANT LESION INCL MARGINS, TRUNK, ARMS, OR LEGS; EXCISION MARGINS, TRUNK, ARMS, OR LEGS, CALCANEUS, ARM	34831	CPT/HCPCS	DISSECTION, PLUSREPAIR OF ASSOC ARTERIAL TRAUM; AORTO-BI-ILIAC	Yes
POPLITEAL TIBIO-PERONEAL ARTERY, BY LEG IN  S1555 CPT/HCPCS CYSTECTOMY, PARTILL; COMPLICATED (LEG, POSTRADIATION, PREVIOUS SURGERY, DIFFICULT LOCATION)  22214 CPT/HCPCS OSTECTOMY OF SPINE, POSTERIOR APPRAOCH, FOR CORRECTION OF DEPORMYTY, SINGLE SEGMENT, LUMBAR  28320 CPT/HCPCS REPAIR OF NONUNION OR MALUNION; TARSAL BONES (EG, CALCANEUS, TALUS)  33535 CPT/HCPCS EXCISION, MALIGNANT LESION INCL MARGINS, TRUNK, ARMS, OR LEGS; EXCISED DIAMETER OVER 4.0CM  CPT/HCPCS EXCISION, MALIGNANT LESION INCL MARGINS, TRUNK, ARMS, OR LEGS; EXCISED DIAMETER OVER 4.0CM  CPT/HCPCS CALCANEUS WITHOUT MASTOIDECTOMY (INCLUDING CANALPLASTY, ATTICCTOMY AND/OR MIDDLE EAR SURGERY), INITIAL OR REVISION;  28800 CPT/HCPCS REPAIR LUNG HERNIA THROUGH CHEST WALL  Ves  CPT/HCPCS VAGINAL HYSTERECTOMY, RADICAL (SCHAUITA TYPE OPERATION)  CPT/HCPCS COMPUTER ASSISTED MUSCULOSKELETAL SURGICAL NAVIGATIONAL ORTHO PROCEDURE, WIMAGE-GUIDANCE BASED ON FLUOROSCOPIC IMAGES  CPT/HCPCS NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, ARM OR LEG; UP TO A CM LENGTH  CEG; UP TO A CM LENGTH  MEDIAL MALLEOLI, OR LATERAL AND POSTERIOR MALLEOLI OR MEDIAL AND POSTERIOR MALLEOLI, OR LATERAL AND POSTERIOR MALLEOLI, OR LATERAL AND POSTERIOR MALLEOLI, OR LATERAL AND POSTERIOR MALLEOLI, WITH  28116 CPT/HCPCS TREATMENT OF BILMALLEOLAR ANKLE FRACTURE; LATERAL AND POSTERIOR MALLEOLI, OR LATERAL AND POSTERIOR MALLEOLI, WITH  28116 CPT/HCPCS TREATMENT OF CLOSED ULNAR SHAFT FRACTURE; WITHOUT MANIPULATION (YES  31770 CPT/HCPCS BRONCHOPLASTY; GRAFT REPAIR  29844 CPT/HCPCS ARTHROSCOPY, WRIST, SURGICAL: SYNOVECTOMY, PARTILL  29844 CPT/HCPCS ARTHROSCOPY, WRIST, SURGICAL: SYNOVECTOMY, PARTILL  29844 CPT/HCPCS ARTHROSCOPY, WRIST, SURGICAL: SYNOVECTOMY, PARTILL  29844 CPT/HCPCS THE THROSCOPY, WRIST, SURGICAL: SYNOVECTOMY, PARTILL  29844 CPT/HCPCS THE THROSCOPY, WRIST, SURGICAL: SYNOVECTOMY, PARTILL  29844 CPT/HCPCS THROSCOPY, WRIST, SURGICAL: SYNOVECTOMY, PARTILL  29844 CPT/HCPCS THROSCOPY, WRIST, SURGICAL: SYNOVECTOMY, PARTILL  29844 CPT/HCPCS THROSCOPY TO THE THROSCOPY TO THE THR	25624	CPT/HCPCS	· · · · · · · · · · · · · · · · · · ·	Yes
SURGERY, DIFFICULT LOCATION)  22214 CPT/HCPCS OSTEOTOMY OF SPINE, POSTERIOR APPROACH, FOR CORRECTION OF Pes DEFORMITY, SINGLE SEGMENT; LUMBAR  28320 CPT/HCPCS REPAIR OF NONUNION OR MALUNION; TARSAL BONES (EG, CALCANEUS, TALUS)  33535 CPT/HCPCS THREE CORONARY ARTERIAL GRAFTS Yes  11606 CPT/HCPCS EXCISION, MALIGNANT LESION INCL MARGINS, TRUNK, ARMS, OR LEGS; Ves EXCISED DIAMETER OVER 4 DCM  69632 CPT/HCPCS EXCISION, MALIGNANT LESION INCL MARGINS, TRUNK, ARMS, OR LEGS; Ves EXCISED DIAMETER OVER 4 DCM  ATTICOTOMY AND/OR MIDDLE EAR SURGERY), INITIAL OR REVISION;  22800 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 ORTHOP ROCEDURE, WINAGEG-GUIDANCE BASED ON FLUOROSCOPIC IMAGES  64892 CPT/HCPCS NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, ARM OR LEG; UP TO 4 CM LENGTH  27808 CPT/HCPCS CLOSED TREATMENT OF BILMALLECIAR ANKLE FRACTURE, LATERAL AND MEDIAL MALLEOLI, OR LATERAL AND POSTERIOR MALLEOLI, OR LATERAL AND POSTERIOR MALLEOLI, OR HALLEOLI, OR THAT POSTERIOR MALLEOLI, OR MALLEOLI, OR THAT POSTERIOR MALLEOLI, OR THAT POSTERIOR MALLEOLI; WITH POSTERIOR MALLEOLI, WITH POSTERIOR MALLEOLI, OR LATERAL AND POSTERIOR MALLEOLI, WITH POSTERIOR MALLEOLI, WITH POSTERIOR MALLEOLI, WITH POSTERIOR MALLEOLI, OR LATERAL AND POSTERIOR MALLEOLI, WITH POSTERIOR MALLEOLI,	34203	CPT/HCPCS		Yes
DEFORMITY, SINGLE SEGMENT; LUMBAR  28320 CPT/HCPCS REPAIR OF NONUNION OR MALUNION; TARSAL BONES (EC, CALCANEUS, TALUS)  33535 CPT/HCPCS THREE CORONARY ARTERIAL GRAFTS  11606 CPT/HCPCS EXCISION, MALIGNANT LESION INCL MARGINS, TRUNK, ARMS, OR LEGS; EXCISION, MALIGNANT LESION INCL MARGINS, TRUNK, ARMS, OR LEGS; EXCISED DIAMETER OVER A LOM  89632 CPT/HCPCS TYMPANOPLASTY WITHOUT MASTOIDECTOMY (INCLUDING CANALPLASTY, ATTICOTOMY AND/OR MIDDLE EAR SURGERY), INITIAL OR REVISION:  32800 CPT/HCPCS REPAIR LUNG HERNIA THROUGH CHEST WALL  9685 CPT/HCPCS VAGINAL HYSTERECTOMY, RADICAL (SCHAUTA TYPE OPERATION)  978 COMPUTER ASSISTED MUSCULOSKELETAL SURGICAL NAVIGATIONAL ORTHOPROCEDURE, W/IMAGE-GUIDANCE BASED ON FLUOROSCOPIC IMAGES  64892 CPT/HCPCS COMPUTER ASSISTED MUSCULOSKELETAL SURGICAL NAVIGATIONAL ORTHOPROCEDURE, W/IMAGE-GUIDANCE BASED ON FLUOROSCOPIC IMAGES  64892 CPT/HCPCS CLOSED TREATMENT OF BILMALLEOLAR ANKLE FRACTURE, LATERAL AND MEDIAL MALLEOLI, OR IALTERAL AND POSTERIOR MALLEOLI, OR IALTERAL AND POSTERIOR MALLEOLI, OR INTERAL AND POSTERIOR MALLEOLI, OR INTERAL AND POSTERIOR MALLEOLI, OR INTERAL AND POSTERIOR MALLEOLI OR MEDIAL AND POSTERIOR MALLEOLI, OR INTERAL AND POSTERIOR MALLEOLI OR INTERAL AND POSTERIOR MALLEOLI, OR INTERAL AND POSTERIOR MALLEOLI OR INTERAL AND POSTERIOR MALEOLI OR INTERAL AND POSTERIOR OR POSTERIOR POSTERIOR OR POSTERIOR POSTERIOR POSTERIOR POSTERIOR POSTERIOR POSTERIOR POSTER	51555	CPT/HCPCS	·	Yes
TALUS) 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 69632 CPT/HCPCS TYMPANOPLASTY WITHOUT MASTOIDECTOMY (INCLUDING CANALPLASTY, ATTICOTOMY AND/OR MIDDLE EAR SURGERY), INITIAL OR REVISION;  32800 CPT/HCPCS REPAIR LUNG HERNIA THROUGH CHEST WALL Yes 69632 CPT/HCPCS VAGINAL HYSTERECTOMY, RADICAL (SCHAUTA TYPE OPERATION) 7054T CPT/HCPCS COMPUTER ASSISTED MUSCULOSKELETAL SURGICAL NAVIGATIONAL ORTHO PROCEDURE, W/IMAGE-GUIDANCE BASED ON FLUOROSCOPIC INAGES 64892 CPT/HCPCS NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, ARM OR LEG; UP TO 4 CM LENGTH LEG; UP TO 4 CM LENGTH CLOSED TREATMENT OF BILMALLEOLAR ANKLE FRACTURE, LATERAL AND POSTERIOR MALLEOL; WIT+ POSTERIOR MALLEOL; WIT+ 28116 CPT/HCPCS OSTECTOMY, EXCISION OF TARSAL COALITION 25530 CPT/HCPCS TREATMENT OF CLOSED ULNAR SHAFT FRACTURE; WITHOUT MANIPULATION YES 131770 CPT/HCPCS FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR YES SITE, NOSE, EARS, EYELIDS, AND/OR LIPS; EACH ADDITIONA 29844 CPT/HCPCS ATTICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR YES SITE, NOSE, EARS, EYELIDS, AND/OR LIPS; EACH ADDITIONA 29844 CPT/HCPCS ATTICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR YES SITE, NOSE, EARS, EYELIDS, AND/OR LIPS; EACH ADDITIONA 29844 CPT/HCPCS TRANSFER ILLORSOOPY, WRIST, SURGICAL: SYNOVECTOMY, PARTIAL YES CPT/HCPCS TRANSFER ILLORSOOPY, WRIST, SURGICAL: SYNOVECTOMY, PARTIAL 22212 CPT/HCPCS TRANSFER ILLORSOOPY, WRIST, SURGICAL: SYNOVECTOMY, PARTIAL 22212 CPT/HCPCS TRANSFER ILLORSOORS TO GREATER TROCHANTER 27110 CPT/HCPCS TRANSFER ILLORSOOS; TO GREATER TROCHANTER 27110 CPT/HCPCS TRANSFER ILLORSOOS; TO GREATER TROCHANTER 27110 CPT/HCPCS TRANSFER ILLORSOOS; TO GREATER TROCHANTER	22214	CPT/HCPCS		Yes
11606 CPT/HCPCS EXCISION, MALIGNANT LESION INCL MARGINS, TRUNK, ARMS, OR LEGS; EXCISED DIAMETER OVER 4.0CM  17MPANOPLASTY WITHOUT MASTOIDECTOMY (INCLUDING CANALPLASTY, ATTICOTOMY AND/OR MIDDLE EAR SURGERY), INITIAL OR REVISION;  12800 CPT/HCPCS REPAIR LUNG HERNIA THROUGH CHEST WALL Yes  128285 CPT/HCPCS VAGINAL HYSTERECTOMY, RADICAL (SCHAUTA TYPE OPERATION) Yes  10541 CPT/HCPCS COMPUTER ASSISTED MUSCULOSKELETAL SURGICAL NAVIGATIONAL ORTHOPROCEDURE, WI/MAGE-GUIDANCE BASED ON FLUOROSCOPIC IMAGES  164892 CPT/HCPCS NERWE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, ARM OR LEG; UP TO 4 CM LENGTH  127808 CPT/HCPCS CLOSED TREATMENT OF BILMALLECIAR ANKLE FRACTURE, LATERAL AND MEDIAL MALLEOLI; WITH  128116 CPT/HCPCS OSTECTOMY, EXCISION OF TARSAL COALITION Yes  152530 CPT/HCPCS TREATMENT OF CLOSED ULNAR SHAFT FRACTURE; WITHOUT MANIPULATION YES  15770 CPT/HCPCS BRONCHOPLASTY; GRAFT REPAIR YES  15261 CPT/HCPCS BRONCHOPLASTY; GRAFT REPAIR YES  15261 CPT/HCPCS FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, NOSE, EARS, EYELIDS, AND/ORLIPS; EACH ADDITIONA  28844 CPT/HCPCS OSTECTOMY, DESCRIPTION, SINGLE SEGMENT; THORACIC  24840 CPT/HCPCS TRANSFER LIJOPSOAS; TO GREATER TROCHANTER YES  15710 CPT/HCPCS TRANSFER LIJOPSOAS; TO GREATER TROCHANTER YES  15710 CPT/HCPCS TRANSFER LIJOPSOAS; TO GREATER TROCHANTER YES	28320	CPT/HCPCS	, , ,	Yes
EXCISED DIAMETER OVER 4.0CM 69632 CPT/HCPCS TYMPANOPLASTY WITHOUT MASTOIDECTOMY (INCLUDING CANALPLASTY, ATTICOTOMY AND/OR MIDDLE EAR SURGERY), INITIAL OR REVISION;  32800 CPT/HCPCS REPAIR LUNG HERNIA THROUGH CHEST WALL Yes 52285 CPT/HCPCS VAGINAL HYSTERECTOMY, RADICAL (SCHAUTA TYPE OPERATION) Yes 0054T CPT/HCPCS COMPUTER ASSISTED MISCULOSKELETAL SURGICAL NAVIGATIONAL ORTHO PROCEDURE, W/IMAGE-GUIDANCE BASED ON FLUOROSCOPIC IMAGES 64892 CPT/HCPCS NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, ARM OR LEG; UP TO 4 CM LENGTH LEG; UP TO 4 CM LENGTH 27808 CPT/HCPCS CLOSED TREATMENT OF BILMALLEOLAR ANKLE FRACTURE, LATERAL AND MEDIAL MALLEOLI, OR LATERAL AND POSTERIOR MALLEOLI OR MEDIAL AND POSTERIOR MALLEOLI; WIT+ 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 29844 CPT/HCPCS ARTHOSCOPY, WRIST, SURGICAL; SYNOVECTOMY, PARTIAL YES 22212 CPT/HCPCS OSTECTOMY OF SPINE, POSTERIOR APPROACH, FOR CORRECTION OF DEFORMITY, SINGLE SEGMENT; THORACIC THROMBECTMY, DIRECT OR WITH CATHETER; VENA CAVA, ILIAC VEIN, BY ABDOMINAL INCISION 27110 CPT/HCPCS TRANSFER ILIOPSOAS; TO GREATER TROCHANTER YES	33535	CPT/HCPCS	THREE CORONARY ARTERIAL GRAFTS	Yes
ATTICOTOMY AND/OR MIDDLE EAR SURGERY), INITIAL OR REVISION;  32800 CPT/HCPCS REPAIR LUNG HERNIA THROUGH CHEST WALL  52285 CPT/HCPCS VAGINAL HYSTERECTOMY, RADICAL (SCHAUTA TYPE OPERATION)  0054T CPT/HCPCS COMPUTER ASSISTED MUSCULOSKELETAL SURGICAL NAVIGATIONAL ORTHO PROCEDURE, W/IMAGE-GUIDANCE BASED ON FLUOROSCOPIC IMAGES  64892 CPT/HCPCS NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, ARM OR LEG; UP TO 4 CM LENGTH  27808 CPT/HCPCS CLOSED TREATMENT OF BILMALLEOLAR ANKLE FRACTURE, LATERAL AND MEDIAL MALLEOLI, OR LATERAL AND POSTERIOR MALLEOLI OR MEDIAL AND POSTERIOR MALLEOLI; WIT+  28116 CPT/HCPCS OSTECTOMY, EXCISION OF TARSAL COALITION  25530 CPT/HCPCS TREATMENT OF CLOSED ULNAR SHAFT FRACTURE; WITHOUT MANIPULATION YES  31770 CPT/HCPCS BRONCHOPLASTY; GRAFT REPAIR  25541 CPT/HCPCS BRONCHOPLASTY; GRAFT REPAIR  25710 CPT/HCPCS ARTHROSCOPY, WRIST, SURGICAL; SYNOVECTOMY, PARTIAL  25821 CPT/HCPCS OSTECTOMY OF SPINE, POSTERIOR APPROACH, FOR CORRECTION OF DEFORMITY, SINGLE SEGMENT; THORACIC  34401 CPT/HCPCS TRANSFER ILIOPSOAS; TO GREATER TROCHANTER  27110 CPT/HCPCS TRANSFER ILIOPSOAS; TO GREATER TROCHANTER	11606	CPT/HCPCS		Yes
S8285 CPT/HCPCS VAGINAL HYSTERECTOMY, RADICAL (SCHAUTA TYPE OPERATION)  OD54T CPT/HCPCS COMPUTER ASSISTED MUSCULOSKELETAL SURGICAL NAVIGATIONAL ORTHO PROCEDURE, W/IMAGE-GUIDANCE BASED ON FLUOROSCOPIC IMAGES  ORTHO PROCEDURE, W/IMAGE-GUIDANCE BASED ON FLUOROSCOPIC IMAGES  NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, ARM OR LEG; UP TO 4 CM LENGTH  27808 CPT/HCPCS CLOSED TREATMENT OF BILMALLEOLAR ANKLE FRACTURE, LATERAL AND MEDIAL MALLEOLI, OR LATERAL AND POSTERIOR MALLEOLI OR MEDIAL AND POSTERIOR MALLEOLI; WIT+  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  29844 CPT/HCPCS ARTHROSCOPY, WRIST, SURGICAL; SYNOVECTOMY, PARTIAL YES  22212 CPT/HCPCS OSTEOTOMY OF SPINE, POSTERIOR APPROACH, FOR CORRECTION OF DEFORMITY, SINGLE SEGMENT; THORACIC  34401 CPT/HCPCS THROMSECTOMY, DIRECT OR WITH CATHETER; VENA CAVA, ILIAC VEIN, BY ABDOMINAL INCISION  27110 CPT/HCPCS TRANSFER ILIOPSOAS; TO GREATER TROCHANTER YES	69632	CPT/HCPCS	·	Yes
CPT/HCPCS COMPUTER ASSISTED MUSCULOSKELETAL SURGICAL NAVIGATIONAL ORTHO PROCEDURE, W/IMAGE-GUIDANCE BASED ON FLUOROSCOPIC IMAGES  64892 CPT/HCPCS NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, ARM OR LEG; UP TO 4 CM LENGTH  27808 CPT/HCPCS CLOSED TREATMENT OF BILMALLEOLAR ANKLE FRACTURE, LATERAL AND MEDIAL MALLEOLI, OR LATERAL AND POSTERIOR MALLEOLI; WIT+  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  29844 CPT/HCPCS ARTHROSCOPY, WRIST, SURGICAL; SYNOVECTOMY, PARTIAL Yes  22212 CPT/HCPCS OSTEOTOMY OF SPINE, POSTERIOR APPROACH, FOR CORRECTION OF DEFORMITY, SINGLE SEGMENT; THORACIC  34401 CPT/HCPCS TRANSFER ILIOPSOAS; TO GREATER TROCHANTER Yes	32800	CPT/HCPCS	REPAIR LUNG HERNIA THROUGH CHEST WALL	Yes
ORTHO PROCEDURE, W/IMAGE-GUIDANCE BASED ON FLUOROSCOPIC IMAGES  64892 CPT/HCPCS NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, ARM OR LEG; UP TO 4 CM LENGTH  27808 CPT/HCPCS CLOSED TREATMENT OF BILMALLEOLAR ANKLE FRACTURE, LATERAL AND MEDIAL MALLEOLI, OR LATERAL AND POSTERIOR MALLEOLI, OR LATERAL AND POSTERIOR MALLEOLI OR MEDIAL AND POSTERIOR MALLEOLI, WIT+  28116 CPT/HCPCS OSTECTOMY, EXCISION OF TARSAL COALITION Yes  25530 CPT/HCPCS TREATMENT OF CLOSED ULNAR SHAFT FRACTURE; WITHOUT MANIPULATION Yes  15261 CPT/HCPCS FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, NOSE, EARS, EYELIDS, AND/OR LIPS; EACH ADDITIONA  29844 CPT/HCPCS ARTHROSCOPY, WRIST, SURGICAL; SYNOVECTOMY, PARTIAL YES  CPT/HCPCS OSTECTOMY OF SPINE, POSTERIOR APPROACH, FOR CORRECTION OF DEFORMITY, SINGLE SEGMENT; THORACIC  34401 CPT/HCPCS THROMBECTOMY, DIRECT OR WITH CATHETER; VENA CAVA, ILIAC VEIN, BY ABDOMINAL INCISION  27110 CPT/HCPCS TRANSFER ILIOPSOAS; TO GREATER TROCHANTER YES	58285	CPT/HCPCS	VAGINAL HYSTERECTOMY, RADICAL (SCHAUTA TYPE OPERATION)	Yes
LEG; UP TO 4 CM LENGTH  27808 CPT/HCPCS CLOSED TREATMENT OF BILMALLEOLAR ANKLE FRACTURE, LATERAL AND MEDIAL MALLEOLI, OR LATERAL AND POSTERIOR MALLEOLI OR MEDIAL AND POSTERIOR MALLEOLI; WIT+  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  15261 CPT/HCPCS FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, NOSE, EARS, EYELIDS, AND/OR LIPS; EACH ADDITIONA  29844 CPT/HCPCS ARTHROSCOPY, WRIST, SURGICAL; SYNOVECTOMY, PARTIAL Yes  22212 CPT/HCPCS OSTEOTOMY OF SPINE, POSTERIOR APPROACH, FOR CORRECTION OF DEFORMITY, SINGLE SEGMENT; THORACIC  34401 CPT/HCPCS THROMBECTOMY, DIRECT OR WITH CATHETER; VENA CAVA, ILIAC VEIN, BY ABDOMINAL INCISION  27110 CPT/HCPCS TRANSFER ILIOPSOAS; TO GREATER TROCHANTER YES	0054T	CPT/HCPCS	ORTHO PROCEDURE, W/IMAGE-GUIDANCE BASED ON FLUOROSCOPIC	Yes
MEDIAL MALLEOLI, OR LATERAL AND POSTERIOR MALLEOLI OR MEDIAL AND POSTERIOR MALLEOLI; WIT+  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  29844 CPT/HCPCS ARTHROSCOPY, WRIST, SURGICAL; SYNOVECTOMY, PARTIAL Yes  22212 CPT/HCPCS OSTEOTOMY OF SPINE, POSTERIOR APPROACH, FOR CORRECTION OF YES  DEFORMITY, SINGLE SEGMENT; THORACIC  34401 CPT/HCPCS THROMBECTOMY, DIRECT OR WITH CATHETER; VENA CAVA, ILIAC VEIN, BY ABDOMINAL INCISION  27110 CPT/HCPCS TRANSFER ILIOPSOAS; TO GREATER TROCHANTER YES	64892	CPT/HCPCS	· · · · · · · · · · · · · · · · · · ·	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  29844 CPT/HCPCS ARTHROSCOPY, WRIST, SURGICAL; SYNOVECTOMY, PARTIAL Yes  22212 CPT/HCPCS OSTEOTOMY OF SPINE, POSTERIOR APPROACH, FOR CORRECTION OF YES DEFORMITY, SINGLE SEGMENT; THORACIC  34401 CPT/HCPCS THROMBECTOMY, DIRECT OR WITH CATHETER; VENA CAVA, ILIAC VEIN, BY ABDOMINAL INCISION  27110 CPT/HCPCS TRANSFER ILIOPSOAS; TO GREATER TROCHANTER YES	27808	CPT/HCPCS	MEDIAL MALLEOLI, OR LATERAL AND POSTERIOR MALLEOLI OR MEDIAL AND	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 29844 CPT/HCPCS ARTHROSCOPY, WRIST, SURGICAL; SYNOVECTOMY, PARTIAL Yes 22212 CPT/HCPCS OSTEOTOMY OF SPINE, POSTERIOR APPROACH, FOR CORRECTION OF DEFORMITY, SINGLE SEGMENT; THORACIC 34401 CPT/HCPCS THROMBECTOMY, DIRECT OR WITH CATHETER; VENA CAVA, ILIAC VEIN, BY ABDOMINAL INCISION 27110 CPT/HCPCS TRANSFER ILIOPSOAS; TO GREATER TROCHANTER Yes			·	
15261 CPT/HCPCS FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, NOSE, EARS, EYELIDS, AND/OR LIPS; EACH ADDITIONA  29844 CPT/HCPCS ARTHROSCOPY, WRIST, SURGICAL; SYNOVECTOMY, PARTIAL Yes  22212 CPT/HCPCS OSTEOTOMY OF SPINE, POSTERIOR APPROACH, FOR CORRECTION OF DEFORMITY, SINGLE SEGMENT; THORACIC  34401 CPT/HCPCS THROMBECTOMY, DIRECT OR WITH CATHETER; VENA CAVA, ILIAC VEIN, BY ABDOMINAL INCISION  27110 CPT/HCPCS TRANSFER ILIOPSOAS; TO GREATER TROCHANTER Yes	25530	CPT/HCPCS	TREATMENT OF CLOSED ULNAR SHAFT FRACTURE; WITHOUT MANIPULATION	Yes
SITE, NOSE, EARS, EYELIDS, AND/OR LIPS; EACH ADDITIONA  29844 CPT/HCPCS ARTHROSCOPY, WRIST, SURGICAL; SYNOVECTOMY, PARTIAL Yes  22212 CPT/HCPCS OSTEOTOMY OF SPINE, POSTERIOR APPROACH, FOR CORRECTION OF DEFORMITY, SINGLE SEGMENT; THORACIC  34401 CPT/HCPCS THROMBECTOMY, DIRECT OR WITH CATHETER; VENA CAVA, ILIAC VEIN, BY ABDOMINAL INCISION  27110 CPT/HCPCS TRANSFER ILIOPSOAS; TO GREATER TROCHANTER Yes	31770	CPT/HCPCS	BRONCHOPLASTY; GRAFT REPAIR	Yes
22212 CPT/HCPCS OSTEOTOMY OF SPINE, POSTERIOR APPROACH, FOR CORRECTION OF DEFORMITY, SINGLE SEGMENT; THORACIC  34401 CPT/HCPCS THROMBECTOMY, DIRECT OR WITH CATHETER; VENA CAVA, ILIAC VEIN, BY ABDOMINAL INCISION  27110 CPT/HCPCS TRANSFER ILIOPSOAS; TO GREATER TROCHANTER Yes	15261	CPT/HCPCS	· · · ·	Yes
DEFORMITY, SINGLE SEGMENT; THORACIC  34401 CPT/HCPCS THROMBECTOMY, DIRECT OR WITH CATHETER; VENA CAVA, ILIAC VEIN, BY ABDOMINAL INCISION  27110 CPT/HCPCS TRANSFER ILIOPSOAS; TO GREATER TROCHANTER Yes	29844	CPT/HCPCS		Yes
ABDOMINAL INCISION  27110 CPT/HCPCS TRANSFER ILIOPSOAS; TO GREATER TROCHANTER Yes			DEFORMITY, SINGLE SEGMENT; THORACIC	
	34401			Yes
68200 CPT/HCPCS *SUBCONJUNCTIVAL INJECTION Yes	27110	CPT/HCPCS	TRANSFER ILIOPSOAS; TO GREATER TROCHANTER	Yes
	68200	CPT/HCPCS	*SUBCONJUNCTIVAL INJECTION	Yes

CPT/HCPCS	STRARISMUS SURGERY ANY PROCEDURE (PATIENT NOT PREVIOUSLY	Yes
01 1/1101 03	· ·	163
CPT/HCPCS	ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR OSTEOCHONDRITIS DISSECANS WITH BONE GRAFTING WITH OR WITHOUT INTERNAL FIXATION	Yes
		Yes
CP1/HCPCS	SUBCUTANEOUS PORT OR PUMP, CENTRAL OR PERIPHERAL INSERTION	Yes
CPT/HCPCS	DRAINAGE EXTERNAL EAR, ABSCESS OR HEMATOMA; COMPLICATED	Yes
CPT/HCPCS	MANAGEMENT OF LIVER HEMORRHAGE; RE-EXPLORATIN OF HEPATIC	Yes
	WOUND FOR REMOVAL OF PACKING`	
CPT/HCPCS	EXCISION, TUMOR, SOFT TISSUE OF FOREARM AND/OR WRIST AREA, SUBCUTANEOUS; LESS THAN 3 CM	Yes
CPT/HCPCS	LAPAROSCOPY, SURGICAL, REPAIR, RECURRENT INCISIONAL HERNIA (INCLUDES MESH INSERTION, WHEN PERFORMED); INCARCERATED OR STRANGULATED	Yes
CPT/HCPCS	CRANIECTOMY FOR EXCISION OF BRAIN TUMOR, INFRATENTORIAL OR POSTERIOR FOSSA; EXCEPT MENINGIOMA, CEREBELLOPONTINE ANGLE	Yes
CPT/HCPCS	BIOPSY OF VULVA OR PERINEUM; EACH SEPARATE ADDITIONAL LESION	Yes
CPT/HCPCS	SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY SNARE TECHNIQUE	Yes
CPT/HCPCS	ENDOSCOPIC PLANTAR FASCIOTOMY	Yes
CPT/HCPCS	OPPONENS PLASTY; HYPOTHENAR MUSCLE TRANSFER	Yes
CPT/HCPCS	BYPASS GRAFT, WITH OTHER THAN VEIN; AXILLARY-POPLITEAL OR -TIBIAL	Yes
CPT/HCPCS	INJECTION PROCEDURE FOR HIP ARTHROGRAPHY; WITH ANESTHESIA	Yes
CPT/HCPCS	OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, EXTENSIVE (EG, MAZE PROCEDURE); WITHOUT CARDIOPULMONARY BYPASS	Yes
ODT// IODOC	TRANSCOATUETER DUACEMENT OF INTRAVACCUU AR CTENTICA CERVICAL	V
CPI/HCPCS	CAROTID ARTERY, PERCUTANEOUS; WITH DISTAL EMBOLIC PROTECTION	Yes
CPT/HCPCS	TENOLYSIS, SIMPLE, FLEXOR TENDON; PALM AND FINGER, EACH TENDON	Yes
CPT/HCPCS	*DRAINAGE ABSCESS OR HEMATOMA, NASAL SEPTUM	Yes
CPT/HCPCS	TRACHELORRHAPHY, PLASTIC REPAIR OF UTERINE CERVIX, VAGINAL APPROACH	Yes
CPT/HCPCS	EXTRAOCULAR RESERVOIR; INTERNAL APPROACH, INTO THE	Yes
CPT/HCPCS		Yes
CPT/HCPCS	OSTEOTOMY AND TRANSFER OF GREATER TROCHANTER (SEPARATE	Yes
CPT/HCPCS	PLACEMENT OF URETERAL STENT, PERCUTANEOUS, INCLUDING DIAGNOSTIC NEPHROSTOGRAM AND/OR FLUOROSCOPY), NEW ACCESS, WIT	Yes
CPT/HCPCS	TENDON GRAFT, FROM A DISTANCE (EG, PALMARIS, TOE EXTENSOR,	Yes
CPT/HCPCS	*INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA	Yes
CPT/HCPCS	REPLACEMENT, COMPLETE, OF A NON-TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP,	Yes
CPT/HCPCS	PERCUTANEOUS TRANSLUMINAL REVASCULARIZATION OF OR THROUGH CORONARY ARTERY BYPASS GRAFT, ANY COMBINATION OF DRUG-ELUTING	Yes
CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN ACROMIOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC; WITH FASCIAL GRAFT (INCLUDES	Yes
CPT/HCPCS	CLOSURE OF VESICOVAGINAL FISTULA, ABDOMINAL APPROACH	Yes
CPT/HCPCS	REPAIR FISTULA; ORONASAL	Yes
CPT/HCPCS	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS); DISTAL PHALANX OF	Yes
CPT/HCPCS	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, AXILLARY; WITH OTHER CLOSURE	Yes
	CPT/HCPCS	OPERATED ONI). SUPERIOR OBLIQUE MUSCLE  CPT/HCPCS  ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR OSTEOCHONDRITIS DISSECANS WITH BONE GRAFTING WITH OWNTHOUT INTERNAL FIXATION  OPT/HCPCS  REPAIR OF NONUNION OR MALUNION, TIBIA; WITH SLIDING GRAFT  CPT/HCPCS  REMOVAL OF TUNNELED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT OR PUMP, CENTRAL OR PERIPHERAL INSERTION  OPT/HCPCS  ORAINAGE EXTERNAL EAR, ABSCESS OR HEMATOMA; COMPLICATED  CPT/HCPCS  ORAINAGE EXTERNAL EAR, ABSCESS OR HEMATOMA; COMPLICATED  CPT/HCPCS  OPT/HCPCS  OPT/HCPCS  CEXISION, TUMOR, SOFT TISSUE OF FOREARM AND/OR WRIST AREA, SUBCUTANEOUS; LESS THAN 3 CM  CPT/HCPCS  LAPAROSCOPY, SUBGICAL, REPAIR, RECURRENT INCISIONAL HERNIA (INCLUDES MESH IN SERTION, WHEN PERFORMED); INCARCERATED OR STRANGULATED  CPT/HCPCS  CRAINECTOMY FOR EXCISION OF BRAIN TUMOR, INFRATENTORIAL OR POSTERIOR FOSSA; EXCEPT MENINGIOMA, CEREBELLOPONTINE ANGLE  CPT/HCPCS  SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY SWARE TECHNIQUE  CPT/HCPCS  OPPONENS PLASTY, HYPOTHENAR MUSCLE TRANSFER  CPT/HCPCS  TRANSCATHETER FLACEMENT OF INTRAVASCULAR STENT(S), CERVICAL CAROID ARTERY, PERCUTANEOUS; WITH DISTAL EMBOLIC PROTECTION  CPT/HCPCS  TRANSCATHETER PLACEMENT OF INTRAVASCULAR STENT(S), CERVICAL CAROID ARTERY, PERCUTANEOUS; WITH DISTAL EMBOLIC PROTECTION  CPT/HCPCS  TRANSCATHETER PLACEMENT OF INTRAVASCULAR STENT(S), CERVICAL CAROID ARTERY, PERCUTANEOUS; WITHOUT CARDIOPULMONARY BYPASS  CPT/HCPCS  TRANSCATHETER PLACEMENT OF INTRAVASCULAR STENT(S), CERVICAL CAROID ARTERY, PERCUTANEOUS; WITH DISTAL EMBOLIC PROTECTION  CPT/HCPCS  TRANSCATHER RESSEROR, INTERNAL APPROACH, INTO THE SUPRACHOROIDAL SPACE  CPT/HCPCS  TRANSCATHER RESSEROR, INTERNAL APPROACH, INTO THE SUPRACHOROIDAL SPACE  CPT/HCPCS  PROCEDURE;  CPT/HCPCS  PROCEDURE;  CPT/HCPCS  OPEN TRESTRICTOR OF AND TUTUNINELED CENTRALLY INSERTED  COPT/

26170	CPT/HCPCS	EXCISION OF TENDON, PALM, FLEXOR OR EXTENSOR, SINGLE, EACH	Yes
20170	CF1/11CFC3	TENDON	165
28060	CPT/HCPCS	FASCIECTOMY, EXCISION OF PLANTAR FASCIA; PARTIAL (SEPARATE	Yes
		PROCEDURE)	
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	Yes
		PROSTHESIS, OR NATIVE TISSUE(EG,BLADDER OR OMENTUM)	
31636	CPT/HCPCS	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT	Yes
		FLUOROSCOPIGUIDANCE; WITH PLACEMENT OF BRONCHIAL STENT(S),	
		INITIAL BRON	
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	Yes
		FOREIGN BODY	
49610	CPT/HCPCS	REPAIR OF OMPHALOCELE (GROSS TYPE OPERATION); FIRST STAGE	Yes
15240	CPT/HCPCS	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR	Yes
		SITE, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITA	
	0.77// 0.700		
26562	CPT/HCPCS	REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE; COMPLEX (EG,	Yes
20100	ODT/ILIODOO	INVOLVING BONE, NAILS)	Voc
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	Yes
11000	CDT/UCDCC	IN LENGTH	Voc
11200	CPT/HCPCS	*EXCISION (INCLUDING SIMPLE CLOSURE OR LIGATURE STRANGULATION),	Yes
64575	CPT/HCPCS	SKIN TAGS, ANY AREA; UP TO 15 LESIONS  OPEN IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY;	Yes
04373	CF1/HCFC3	PERIPHERAL NERVE (EXCLUDES SACRAL NERVE)	res
61516	CPT/HCPCS	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISION	Yes
01310	01 1/1101 03	OR FENESTRATION OF CYST, SUPRATENTORIAL	103
15260	CPT/HCPCS	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR	Yes
10200	01 1/1101 00	SITE, NOSE, EARS, EYELIDS, AND/OR LIPS; 20 SQ CM OR LE	
43333	CPT/HCPCS	REPAIR, PARAESOPHAGEAL HIATAL HERNIA (INCLUDING	Yes
		FUNDOPLICATION), VIA LAPAROTOMY, EXCEPT NEONATAL; WITH	
		IMPLANTATION OF MESH OR OTHER PROSTHESIS	
67973	CPT/HCPCS	RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF	Yes
		TARSOCONJUNCTIVAL FLAP FROM OPPOSING EYELID; TOTAL EYELID, L	
41016	CPT/HCPCS	EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA	Yes
		OF FLOOR OF MOUTH; SUBMENTAL	
21387	CPT/HCPCS	OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; COMBINED	Yes
		APPROACH	
57555	CPT/HCPCS	EXCISION OF CERVICAL STUMP, VAGINAL APPROACH; WITH ANTERIOR	Yes
		AND/OR POSTERIOR REPAIR	
52318	CPT/HCPCS	LITHOLAPAXY: CRUSHING OR FRAGMENTATION OF CALCULUS BY ANY	Yes
		MEANS IN BLADDER AND REMOVAL OF FRAGMENTS, SIMPLE; COMPLICA	
33864	CPT/HCPCS	ASCENDING AORTA GRAFT, WITH CARDIOPULMONARY BYPASS WITH VALVE	Yes
		SUSPENSION, WITH CORONARY RECONSTRUCTION AND VALVE-SPARING	
04005	007#10000	AORTIC ROOT REMODELING (EG, +	l.
21365	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN COMPLICATED, (EG, MULTIPLE	Yes
		FRACTURES), OF MALAR AREA, INCLUDING ZYGOMATIC ARCH AND M	
33366	CPT/HCPCS	TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR/TAVI) WITH	Yes
33366	CPI/HCPCS	,	res
		PROSTHETIC VALVE;TRANSAPICAL EXPOSURE (EG, LEFT THORACOTOMY)	
20660	CPT/HCPCS	APPLICATION OF CRANIAL TONGS, CALIPER, OR STEREOTACTIC FRAME,	Yes
20000	OF I/HOFUS	INCLUDING REMOVAL (SEPARATE PROCEDURE)	
23570	CPT/HCPCS	TREATMENT OF CLOSED SCAPULAR FRACTURE; WITHOUT MANIPULATION	Yes
20070	01 1/110103	MEATHER OF GEOGLE SOAL SEALTHACTORE, WITHOUT PIANTFORMION	
32484	CPT/HCPCS	REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY; SINGLE	Yes
5-	5/1151 55	SEGMENT (SEGMENTECTOMY)	
12057	CPT/HCPCS	REPAIR, INTERMEDIATE, WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS	Yes
		AND/OR MUCOUS MEMBRANES; OVER 30.0 CM	
44391	CPT/HCPCS	COLONOSCOPY THROUGH STOMA; WITH CONTROL OF BLEEDING, ANY	Yes
		METHOD	
	ļ.	1	!

63081	CPT/HCPCS	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, ANTERIOR APPROACH WITH DECOMPRESSION OF SP	Yes
		The second of th	
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 FRACTURESMEDICAL OR LATERAL, WITH MANIPULATION	Yes
69949	CPT/HCPCS	UNLISTED PROCEDURE, INNER EAR	Yes
54416	CPT/HCPCS	REMOVAL AND REPLACEMENT OF NONINFLATABLE OR INFLATABLE	Yes
		PENILE PROSTHESIS AT THE SAME OPERATIVE SESSION	
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	Yes
		APPROACH;CAROTID CIRCULATION	
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 STERSTEREOTACTIC IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRA	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
44010	CPT/HCPCS		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 35800	CPT/HCPCS CPT/HCPCS	FETAL SHUNT PLACEMENT, INCLUDING ULTRASOUND GUIDANCE  EXPLORATION FOR POSTOPERATIVE HEMORRHAGE, THROMBOSIS OR	Yes Yes
11463	CPT/HCPCS	INFECTION; NECK  EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, INGUINAL; WITH OTHER CLOSURE	Yes
11402	CPT/HCPCS		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,	Yes

District				
	12017	CPT/HCPCS	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE,	Yes
PRINCESS			LIPS AND/OR MUCOUS MEMBRANES; 20.1 CM TO 30.0 CM	
PACH   PACH	26580	CPT/HCPCS	REPAIR CLEFT HAND	Yes
CPHINTONS   EXCISION OF PLANDING HIGH STATES SULANDS   Yes	25109	CPT/HCPCS	EXCISION OF TENDON, FOREARM AND/OR WRIST, FLEXOR OR EXTENSOR,	Yes
APPLICATION   POST			EACH	
	53270	CPT/HCPCS	EXCISION OR FULGURATION; SKENE'S GLANDS	Yes
MEPARAN   NITROURAL SACRAL	63273	CPT/HCPCS		
Principics				
MERCARPOPHALANCEAL OR. PROXINAL INTERPHALANCEAL DIOLT, WITH MANUP	26742	CPT/HCPCS		Yes
MANIP	20742	01 1/1101 00	· ·	
DILATION OF USE PRIAL STRECTURE BY PRESSING OF SOUND OR USE THRIAL YOU DILATOR, MALE SUBSEQUENT  MASSIPAL MALE SUBSEQUENT  MALE			·	
DILATOR, MALE SUBSEQUENT  DILATOR, MALE SUBSEQUENT  MASSINGUIZATION OF BARTHOLOUS SCAND CYST  MASSINGUIZATION OF SATURE RIGHT HEART OR MAIN PULMONARY  MISSINGUIZATION OF SATURE RIGHT HEART OR MAIN PULMONARY  MISSINGUIZATION OF SATURE RIGHT HEART OR MAIN PULMONARY  MISSINGUIZATION OF SATURE PURMONARY  MISSINGUIZATION OR SATURE MAIN OR SATURE PURMONARY  MISSINGUIZATION OR SATURE PURMONARY  MISSINGUIZATION OR SATURE PURMONARY  MISSINGUIZATION OR MISSINGUIZATION OR MAINTAIN OR MISSINGUIZATION  MISSINGUIZATION OR MISSINGUIZATION OR MISSINGUIZATION  MISSINGUIZATION OR SINGUIZATION OR MISSINGUIZATION  MISSINGUIZATION OR MISSINGUIZATION OR MISSINGUIZATION  MISSINGUIZATION OR MISSINGU	53601	CPT/HCPCS		Vas
MASUPILIZATION OF BARTHOUN'S GLAND CYST   Yes	33001	Cr 1/11Cr C3		163
	EC 4 4 0	CDT/UCDCS		Voc
ARTERY ARTHOSOCIOPY, HIP SURGICAL, WITH SYNOVECTOMY YES 27330 CPTH-CPCS ARTHOSOCIOPY, HIP SURGICAL, WITH SYNOVECTOMY YES 27390 CPTH-CPCS ARTHOSOCIOPY, HIP SURGICAL, WITH SYNOVECTOMY YES 27390 CPTH-CPCS ARTHOSOCIOPY, HIP SURGICAL, WITH SYNOVECTOMY YES 27390 CPTH-CPCS ARTHOSOCIOPY, HIP SURGICAL, WITH SYNOVECTOMY YES BOOYLEG, FRACTURED VENOUS OR ARTERIAL CATHETER, INCL RADI BOOYLEG, FRACTURED VENOUS OR ARTERIAL CATHETER, INCL RADI BOOYLEG, FRACTURED VENOUS OR ARTERIAL CATHETER, INCL RADI CPTH-CPCS BOOYLEG, FRACTURED VENOUS OR ARTERIAL CATHETER, INCL RADI CPTH-CPCS BOOYLEG, FRACTURED VENOUS OR ARTERIAL CATHETER, INCL RADI WITH PRESSURE MEASUREMENT OF SPHINCTER OF ODD OSARICULATION THROUGH WIRES, SECONDARY ELOSURE OR SCAR WITH PRESSURE MEASUREMENT OF SPHINCTER OF ODD OSARICULATION, ELBOW, UNDER ARMSTHESIA CPTH-CPCS OPTH-CPCS OPTH				
CPTHCPCS   ARTHROSCOPY_HIP SURGICAL_WITH SYNOWED TOWN   Yes	30013	CP1/HCPC3	· ·	res
APTHOCOS   APTHOCOS   APTHOCOMY, INC.; FOR SYNOVAL BIOPSY ONLY   Yes	20000	007/110000		ly.
PARTON OPTHOCAS TRANSCATHERE RETRIVAL PERCUTANEOUS, OF INTRAVACULAR FOREION NO BODYEG, FRACTURED VENUS OR ARTERIAL CARLETER, INCL RADI SOUTH OF THE PERCENTAGE OF THE PERCENTA				
BODY(EQ. FRACTURED VENOUS OR ARTERIAL CATHETER), INCL RADI   CPT/HCPCS				
Page	3/19/	CPT/HCPCS		Yes
CPTI-HCPCS   ENDOSCOPIC RETROCRADE CHOLANGICPANCREATOGRAPHY (ERCP);   Yes			BODY(EG, FRACTURED VENOUS OR ARTERIAL CATHETER), INCL RADI	
CPTI-HCPCS   ENDOSCOPIC RETROCRADE CHOLANGICPANCREATOGRAPHY (ERCP);   Yes				
WITH PRESSURE MEASUREMENT OF SPHINCTER OF DOD!  DISARTICULATION THROUGH WRIST; SECONDARY CLOSURE OR SCAR PERSISION CPTIANCPCS DISARTICULATION THROUGH WRIST; SECONDARY CLOSURE OR SCAR PERSISION MAINFULLATION, ELBOW, UNDER AMESTHESIA Yes CPTIANCPCS PROVIDED TOTAL DISC ARTHROPLASTY (ARTHROPLASTY) (ARTHROPLASTY) (ARTHROPLASTY (ARTHROPLASTY) (ARTHROPLAST	27680			
CPT/HCPCS REPAIR OF THE PROPERTY OF THE PROPER	43263	CPT/HCPCS	, , ,	Yes
REVISION   REVISION   RAPIFICATION   REDOW, UNDER ANESTHESIA   Yes			WITH PRESSURE MEASUREMENT OF SPHINCTER OF ODDI	
DEFINENCES  PARTICIPATION OF SINUS TARSHIPLANT  PASS  CPTHOPOS  TOTAL DISCOTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINUE INTERSPACE (OTHER THAN FOR DECOMPRESSION), LUMBAR EXPONDED INTERSPACE (OTHER THAN FOR DECOMPRESSION), LUMBAR EXPONDED INTERSPACE (OTHER THAN FOR DECOMPRESSION), LUMBAR EXCONDEL FOR DECOMPRESSION, LUMBAR EXCONDEL FOR DECOMPRESSION AND STREAM FOR FOR DECOMPRESSION AND STREAM FOR DECOMPRESSION AND STREAM FOR DECOMPRESSION AND STREAM FOR DECOMPRESSION AND STREAM FOR D	25922	CPT/HCPCS	DISARTICULATION THROUGH WRIST; SECONDARY CLOSURE OR SCAR	Yes
DEFINEDCES    SERTION OF SINUS TARSI IMPLANT   Yes			REVISION	
CPT/HCPCS  TOTAL DISC ARTHROPLASTY (ARTHROCAL DISC), ANTERIORA APPROACH, INCLUDING DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SMOLE INTER*  DEBRIDEMENT INCLUDING REMOVAL OF FOREIGN MATERIAL ASSOCIATEOWITH OPEN FRACTURE(S) AND/OR DISLOCATION(S); SIXIN & SUB TISS  SIBEZI  CPT/HCPCS  DISCISSION OF SECONDARY MEMBRANEOUS CATARACT (OPACIFIED POSTERIOR LENS CAPSULE AND/OR ANTERIOR THYLOLO); LASER SUR  STATEMAN OF THE ANTERIOR STATEMAN OF THE ACTIVATION OF THE A	24300	CPT/HCPCS	MANIPULATION, ELBOW, UNDER ANESTHESIA	Yes
INCLUDING DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); SINGLE INTER- DECOMPRESSION); SINGLE INTER- SUBTISS  CPT/HCPCS  CLOSURE OF MULTIPLE VENTRICULAR SERTAL DEFECTS; WITH PULMONARY YES  VALVOTOMY OR INFUNDIBULAR RESECTION (ACYANOTIC)  SUBTISS	0335T	CPT/HCPCS	INSERTION OF SINUS TARSI IMPLANT	Yes
DECOMPRESSION); SINGLE INTER+  DERRIDEMENT INCLUDING REPOVAL OF FOREIGN MATERIAL  ASSOCIATEDWITH OPEN FRACTURE(S) AND/OR DISLOCATION(S); SKIN &  SUB TISS  SUB TISS  SUB TISS  SUB TISS  SUB TISS  DOUBLESSION OF SECONDARY MEMBRANEOUS CATARACT (OPACIFIED POSTERIOR LENS CAPSULE AND/OR ANTERIOR HYALOID; LASER SUR  POSTERIOR LENS CAPSULE AND/OR ANTERIOR HYALOID; LASER SUR  STATEMAN OF THE POSTERIOR OF MULTIPLE VENTRICULAR SEPTAL DEFECTS; WITH PULMONARY VES VALVOTOMY OR INFUNDIBULAR RESECTION (ACYANOTIC)  POT/HCPCS  REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; INTRA-ABDOMINAL VES  TO THE POT/HCPCS CAUTERIZATION OF GERVIX; CRYOCAUTERY, INITIAL OR REPEAT VES  TO THE SUBJECT OF THE POSTER OF THE SUBJECT OF TH	22857	CPT/HCPCS	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH,	Yes
L1010 CPT/HCPCS DEBRIDEMENT INCLUDING REMOVAL OF FOREIGN MATERIAL ASSOCIATEDWITH OPEN PRACTURE(S) AND/TOR DISLOCATION(S); SKIN & SUB TISS  386821 CPT/HCPCS DISCISSION OF SECONDARY MEMBRANEOUS CATARACT (OPACIFIED POSTERIOR LENS CAPSULE AND/TOR ANTERIOR HYALOID; LASER SUR POSTERIOR LENS CAPSULE AND/TOR ANTERIOR HYALOID; LASER SUR VES VALVOTOMY OR INFUNDIBULAR RESECTION (ACYANOTIC)  387676 CPT/HCPCS CLOSURE OF MULTIPLE VENTRICULAR SEPTAL DEFECTS; WITH PULMONARY VES VALVOTOMY OR INFUNDIBULAR RESECTION (ACYANOTIC)  3876711 CPT/HCPCS REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; INTRA-ABDOMINAL VES VES CAPSULE REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; INTRA-ABDOMINAL VES CAPSULE REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; INTRA-ABDOMINAL VES CAPSULE REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; INTRA-ABDOMINAL VES CAPSULE REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; INTRA-ABDOMINAL VES CAPSULE REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; INTRA-ABDOMINAL VES CAPSULE REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; INTRA-ABDOMINAL VES CAPSULE REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; INTRA-ABDOMINAL VES CAPSULE REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; INTRA-ABDOMINAL VES CAPSULE REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; INTRA-ABDOMINAL VES CAPSULE REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; INTRA-ABDOMINAL VES CAPSULE REPAIR GRAFT OTHER THAN VEIN; INTRA-ABDOMINAL VES CAPSULE REPAIR CAPSULE			INCLUDING DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR	
L1010 CPT/HCPCS DEBRIDEMENT INCLUDING REMOVAL OF FOREIGN MATERIAL ASSOCIATEDWITH OPEN PRACTURE(S) AND/TOR DISLOCATION(S); SKIN & SUB TISS  386821 CPT/HCPCS DISCISSION OF SECONDARY MEMBRANEOUS CATARACT (OPACIFIED POSTERIOR LENS CAPSULE AND/TOR ANTERIOR HYALOID; LASER SUR POSTERIOR LENS CAPSULE AND/TOR ANTERIOR HYALOID; LASER SUR VES VALVOTOMY OR INFUNDIBULAR RESECTION (ACYANOTIC)  387676 CPT/HCPCS CLOSURE OF MULTIPLE VENTRICULAR SEPTAL DEFECTS; WITH PULMONARY VES VALVOTOMY OR INFUNDIBULAR RESECTION (ACYANOTIC)  3876711 CPT/HCPCS REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; INTRA-ABDOMINAL VES VES CAPSULE REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; INTRA-ABDOMINAL VES CAPSULE REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; INTRA-ABDOMINAL VES CAPSULE REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; INTRA-ABDOMINAL VES CAPSULE REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; INTRA-ABDOMINAL VES CAPSULE REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; INTRA-ABDOMINAL VES CAPSULE REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; INTRA-ABDOMINAL VES CAPSULE REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; INTRA-ABDOMINAL VES CAPSULE REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; INTRA-ABDOMINAL VES CAPSULE REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; INTRA-ABDOMINAL VES CAPSULE REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; INTRA-ABDOMINAL VES CAPSULE REPAIR GRAFT OTHER THAN VEIN; INTRA-ABDOMINAL VES CAPSULE REPAIR CAPSULE			DECOMPRESSION); SINGLE INTER+	
ASSOCIATEDWITH OPEN FRACTURE(S) AND/OR DISLOCATION(S); SKIN & SUB TISS  SUB TISS  SUB TISS  SUB TISS  DISCUSSION OF SECONDARY MEMBRANEOUS CATARACT (OPACIFIED POSTERIOR LENS CAPSULE AND/OR ANTERIOR HYALOID; LASER SUR  STATEMENT OF MEMBRANEOUS CATARACT (OPACIFIED POSTERIOR LENS CAPSULE AND/OR ANTERIOR HYALOID; LASER SUR  STATEMENT OF MEMBRANEOUS CAPSULE AND/OR ANTERIOR HYALOID; LASER SUR  STATEMENT OF MEMBRANEOUS CAPSULE AND/OR ANTERIOR HYALOID; LASER SUR  STATEMENT OF MEMBRANEOUS CAPSULE AND/OR ANTERIOR HYALOID; LASER SUR  STATEMENT OF MEMBRANEOUS CAPSULE AND/OR ANTERIOR OF MEMBRANEOUS CAPSULE AND ANTERIOR OR RESECTION (ACYANOTIC)  STATEMENT OF MEMBRANEOUS CAPSULE AND ANTERIOR OF RESECTION (ACYANOTIC)  TO THE CONTINUENCE OF THE CAPSULE AND ANTERIOR OF CAPSULE AND ANTERIOR OF REPORT OF PACEGORIES AND ANTERIOR OF CAPSULE AND AND ANTERIOR OF ANDERIOR OF AND ANTERIOR OF ANDEROUS ANTERIOR OF CAPSULE AND AND ANT	11010	CPT/HCPCS		Yes
SUBTISS DISCISSION OF SECONDARY MEMBRANEOUS CATARACT (OPACIFIED POSTERIOR LENS CAPSULE AND/OR ANTERIOR HYALOID; LASER SUR  33676 CPT/HCPCS CLOSURE OF MULTIPLE VENTRICULAR SEPTAL DEFECTS; WITH PULMONARY VES VALVOTOMY OR INFUNDIBULAR RESECTION (ACYANOTIC)  35281 CPT/HCPCS REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; INTRA-ABDOMINAL VES  25281 CPT/HCPCS CAUTERIZATION OF CERVIX; CRYOCAUTERY, INITIAL OR REPEAT YES 25283 CPT/HCPCS INSERTION OR REPLACEMENT OF PACEMAKER PULSE GENERATOR ONLY; VES 25283 CPT/HCPCS UNLISTED PROCEDURE, HUMERUS OR ELBOW YES 25293 CPT/HCPCS UNLISTED PROCEDURE, HUMERUS OR BLBOW YES 25293 CPT/HCPCS UNLISTED PROCEDURE, HUMERUS OR BLBOW YES 25293 CPT/HCPCS CYSTOURETHROSCOPY, WITH INSERTION OF INDIVIDUAL OR FIETERAL STENT YES (EIG, GIBBONS OR DOUBLE-JTYPE) EACH OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OR SECURITY O				
DISCISSION OF SECONDARY MEMBRANEOUS CATARACT (OPACIFIED POSTERIOR LENS CAPSULE AND/OR ANTERIOR HYALOID; LASER SUR  STATEMENT OF THE CONTROL OF SECONDARY MEMBRANEOUS CATARACT (OPACIFIED POSTERIOR LENS CAPSULE AND/OR ANTERIOR HYALOID; LASER SUR  STATEMENT OF THE CONTROL OF SECONDARY MEMBRANEOUS CATARACT (OPACIFIED POSTERIOR LENS CAPSULE AND/OR ANTERIOR HYALOID; LASER SUR  STATEMENT OF THE CONTROL OF SECONDARY MEMBRANEOUS CATARACT (OPACIFIED PURSUANDE SECONDARY VES VALVOTOMY OR INFUNDIBULAR RESECTION (ACYANOTIC)  STATEMENT OF THE CONTROL OF SECONDARY MEMBRANEOUS CATARACT (OPACIFIED PURSUANDE SECONDARY VES CAUTERIZATION OF CERVIX; CRYOCAUTERY, INITIAL OR REPEAT VES CAUTERIZATION OF CERVIX; CRYOCAUTERY, INITIAL OR REPEAT VES CAUTERIZATION OR FERDALM.  STATEMENT OF THE CONTROL OF SECONDARY VES CAUTERIZATION OR FERDALM.  STATEMENT OF THE CONTROL OF SECONDARY VES CAUTERIZATION OR FERDALM VES CONTROL OR SECONDARY VES CAUTERIZATION OR REPLACEMENT OF PACEMAKER PULSE GENERATOR ONLY;  SOBOTO CPTHOPOS UNLISTED PROCEDURE, HUMERUS OR ELBOW VES CAUTERIZATION OR FINDWELLING URETERAL STENT VES CAUTERIZATION OR FOR MORE LESIONS OF SMALL OR LARGE BOWEL NOT VES CAUTERIZATION OR FOR MORE LESIONS OF SMALL OR LARGE BOWEL NOT VES CAUTERIZATION OR FOR MORE LESIONS OF SMALL OR LARGE BOWEL NOT VES CAUTERIZATION OR FOR MORE LESIONS OF SMALL OR LARGE BOWEL NOT VES CAUTERIZATION OR FOR MORE LESIONS OF SMALL OR LARGE BOWEL NOT VES CAUTERIZATION OR FOR MORE LESIONS OF SMALL OR LARGE BOWEL NOT VES CAUTERIZATION OR FOR MORE LESIONS OF SMALL OR LARGE BOWEL NOT VES CAUTERIZATION OR FOR MORE LESIONS OF SMALL OR LARGE BOWEL NOT VES CAUTERIZATION OR FOR MORE LESIONS OF SMALL OR LARGE BOWEL NOT VES CAUTERIZATION OR FOR MORE LESIONS OF SMALL OR LARGE BOWEL NOT VES CAUTERIZATION OR FOR MORE LESIONS OF SMALL OR LARGE BOWEL NOT VES CAUTERIZATION OR FOR MORE SECONDARY AND PROCESS WITHOUT FUSION, VES WITH HEAD OR FOR SECONDARY ARTERY; WITH CONSTRUCTION OF FOR SECONDARY ARTERY; WITH CONSTRUCTION OF FOR SECONDARY ARTERY; WITH CONSTRUCTION OF FOR SECONDARY ARTE				
POSTERIOR LENS CAPSULE AND/OR ANTERIOR HYALOID; LASER SUR  23676 CPT/HCPCS CLOSURE OF MULTIPLE VENTRICULAR SEPTAL DEFECTS; WITH PULMONARY VES VALVOTOMY OR INFUNDIBULAR RESECTION (ACYANOTIC)  25281 CPT/HCPCS REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; INTRA-ABDOMINAL VES  257511 CPT/HCPCS "CAUTERIZATION OF CERVIX; CRYOCAUTERY, INITIAL OR REPEAT VES  25630 CPT/HCPCS RADICAL RESECTION OF STERNUM; VES  251030 CPT/HCPCS INSERTION OF REPLACEMENT OF PACEMAKER PULSE GENERATOR ONLY; DUAL CHAMBER VES  251031 CPT/HCPCS UNLISTED PROCEDURE, HUMERUS OR ELBOW VES  251032 CPT/HCPCS UNLISTED PROCEDURE, HUMERUS OR ELBOW VES  251032 CPT/HCPCS UNLISTED PROCEDURE, TEMPORAL BONE, MIDDLE FOSSA APPROACH VES  251032 CPT/HCPCS UNLISTED PROCEDURE, TEMPORAL BONE, MIDDLE FOSSA APPROACH VES  251032 CPT/HCPCS EXCISION OF ONE OR MORE LESIONS OF SMALL OR LARGE BOWEL NOT REQUIRING ANASTOMOSIS, EXTERIORIZATION, OR FISTULIZA  25104 CPT/HCPCS INSERTION OF INTERLAMINAR/INTERSPINOUS PROCESS WITHOUT FUSION, WITH OPEN DECOMPRESSION, LUMBAR; SECOND LEVEL  25104 CPT/HCPCS INSERTION OF INTERLAMINAR/INTERSPINOUS PROCESS WITHOUT FUSION, WITH OPEN DECOMPRESSION, LUMBAR; SECOND LEVEL  25104 CPT/HCPCS REPAIR OF ANOMALOUS CORONARY ARTERY, WITH CONSTRUCTION OF INTERLAMINAR/INTERSPUNDER PROCEDURE)  25104 CPT/HCPCS REPAIR OF ANOMALOUS CORONARY ARTERY, WITH CONSTRUCTION OF INTERLAMINAR/INTERSPUNDER PROCEDURE)  25104 CPT/HCPCS CHEMODENERVATION OF ABDUCTOR MUSCLE(S) OF VOCAL CORD VES  25104 CPT/HCPCS CHEMODENERVATION OF ABDUCTOR MUSCLE(S) OF VOCAL CORD VES  25104 CPT/HCPCS CHEMODENERVATION OF ABDUCTOR MUSCLE(S) OF VOCAL CORD VES  25104 CPT/HCPCS CHEMODENERVATION OF REPOULDATION, PRECUTANEOUS, ANY METHOD; NON-CENTRAL NERVOUS SYSTEM, HEAD OR NECK  25104 CPT/HCPCS CHEMODENERVATION OF FRACHEOSOPHAGEAL FISTULA  25105 CPT/HCPCS CHEMODENERVATION OF FRACHEOSOPHAGEAL FISTULA  25105 CPT/HCPCS CHEMODENERVATION OF FRACHEOSOPHAGEAL FISTULA  25106 CPT/HCPCS CHEMODENERVATION OF FRACHEOSOPHAGEAL FISTULA  25107 CPT/HCPCS CHEMODENERVATION OF FRACHEOSOPHAGEAL FISTULA  25108 CPT/HC	66821	CPT/HCPCS		Yes
CPT/HCPCS CLOSURE OF MULTIPLE VENTRICULAR SEPTAL DEFECTS; WITH PULMONARY YES VALVOTOMY OR INFUNDIBULAR RESECTION (ACVANOTIC)  S5281 CPT/HCPCS REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; INTRA-ABDOMINAL YES   FOR THAN ON THE PROPERTY OF THE PROPERTY O	00021	01 1/1101 00	· ·	
VALVOTOMY OR INFUNDIBULAR RESECTION (ACYANOTIC)  25281 CPT/HCPCS REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; INTRA-ABDOMINAL VES  257511 CPT/HCPCS *CAUTERIZATION OF CERVIX; CRYOCAUTERY, INITIAL OR REPEAT YES  25630 CPT/HCPCS RADICAL RESECTION OF STERNUM;  2583213 CPT/HCPCS INSERTION OR REPLACEMENT OF PACEMAKER PULSE GENERATOR ONLY;  DUAL CHAMBER  26999 CPT/HCPCS UNLISTED PROCEDURE, HUMERUS OR ELBOW YES  269979 CPT/HCPCS UNLISTED PROCEDURE, TEMPORAL BONE, MIDDLE FOSSA APPROACH YES  269979 CPT/HCPCS CYSTOURETHROSCOPY, WITH INSERTION OF INDWELLING URETERAL STENT (EG. GIBBONS OR DOUBLE-J TYPE)  27014110 CPT/HCPCS EXCISION OF ONE OR MORE LESIONS OF SMALL OR LARGE BOWEL NOT REQUIRING ANASTOMOSIS, EXTERIORIZATION, OR FISTULIZA  270268 CPT/HCPCS INSERTION OF INTERLAMINAR/INTERSPINOUS PROCESS WITHOUT FUSION, WITH OPEN DECOMPRESSION, LUMBAR, SECOND LEVEL  270314 CPT/HCPCS PROBE, PERCUTANEOUS LUMBAR DISCECTOMY YES  270326 CPT/HCPCS REPAIR OF ANIOMALOUS CORONARY ARTERY; WITH CONSTRUCTION OF YES  27044 CPT/HCPCS REPAIR OF ANIOMALOUS CORONARY ARTERY; WITH CONSTRUCTION OF YES  27045 CPT/HCPCS CHEMOBENER VAITON OF REPOLIZATION, OR REPOLIZATION, PERCUTANEOUR.  27046 CPT/HCPCS CHEMOBENER VAITON OF REPOLIZATION, PERCUTANEOUR.  27047 CPT/HCPCS CHEMOBENER VAITON OF REPOLIZATION, PERCUTANEOUR.  27048 CPT/HCPCS CHEMOBENER VAITON OF REPOLIZATION, PERCUTANEOUR.  27050 CPT/HCPCS CHEMOBENER VAITON OF REPOLIZATION, PERCUTANEOUR.  27050 CPT/HCPCS CHEMOBENER VAITON OF REPOLIZATION, PERCUTANEOUR.  27060 CPT/HCPCS CHEMOBENER VAITON OF REPOLIZATION, PERCUTANEOUR.  27070 CPT/HCPCS CHEMOBENER VAITON OF REPOLIZATION, PERCUTANEOUR.  27071 CPT/HCPCS CHEMOB			ON COLETION THIN LOID, ENGLINGEN	
VALVOTOMY OR INFUNDIBULAR RESECTION (ACYANOTIC)  25281 CPT/HCPCS REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; INTRA-ABDOMINAL VES  257511 CPT/HCPCS *CAUTERIZATION OF CERVIX; CRYOCAUTERY, INITIAL OR REPEAT YES  25630 CPT/HCPCS RADICAL RESECTION OF STERNUM;  2583213 CPT/HCPCS INSERTION OR REPLACEMENT OF PACEMAKER PULSE GENERATOR ONLY;  DUAL CHAMBER  26999 CPT/HCPCS UNLISTED PROCEDURE, HUMERUS OR ELBOW YES  269979 CPT/HCPCS UNLISTED PROCEDURE, TEMPORAL BONE, MIDDLE FOSSA APPROACH YES  269979 CPT/HCPCS CYSTOURETHROSCOPY, WITH INSERTION OF INDWELLING URETERAL STENT (EG. GIBBONS OR DOUBLE-J TYPE)  27014110 CPT/HCPCS EXCISION OF ONE OR MORE LESIONS OF SMALL OR LARGE BOWEL NOT REQUIRING ANASTOMOSIS, EXTERIORIZATION, OR FISTULIZA  270268 CPT/HCPCS INSERTION OF INTERLAMINAR/INTERSPINOUS PROCESS WITHOUT FUSION, WITH OPEN DECOMPRESSION, LUMBAR, SECOND LEVEL  270314 CPT/HCPCS PROBE, PERCUTANEOUS LUMBAR DISCECTOMY YES  270326 CPT/HCPCS REPAIR OF ANIOMALOUS CORONARY ARTERY; WITH CONSTRUCTION OF YES  27044 CPT/HCPCS REPAIR OF ANIOMALOUS CORONARY ARTERY; WITH CONSTRUCTION OF YES  27045 CPT/HCPCS CHEMOBENER VAITON OF REPOLIZATION, OR REPOLIZATION, PERCUTANEOUR.  27046 CPT/HCPCS CHEMOBENER VAITON OF REPOLIZATION, PERCUTANEOUR.  27047 CPT/HCPCS CHEMOBENER VAITON OF REPOLIZATION, PERCUTANEOUR.  27048 CPT/HCPCS CHEMOBENER VAITON OF REPOLIZATION, PERCUTANEOUR.  27050 CPT/HCPCS CHEMOBENER VAITON OF REPOLIZATION, PERCUTANEOUR.  27050 CPT/HCPCS CHEMOBENER VAITON OF REPOLIZATION, PERCUTANEOUR.  27060 CPT/HCPCS CHEMOBENER VAITON OF REPOLIZATION, PERCUTANEOUR.  27070 CPT/HCPCS CHEMOBENER VAITON OF REPOLIZATION, PERCUTANEOUR.  27071 CPT/HCPCS CHEMOB	33676	CPT/HCPCS	CLOSURE OF MULTIPLE VENTRICULAR SEPTAL DEFECTS: WITH PULLMONARY	Vas
S5281 CPT/HCPCS REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; INTRA-ABDOMINAL Yes  77511 CPT/HCPCS "CAUTERIZATION OF CERVIX; CRYOCAUTERY, INITIAL OR REPEAT Yes  77511 CPT/HCPCS RADICAL RESECTION OF STERNUM; Yes  77511 CPT/HCPCS RADICAL RESECTION OF STERNUM; Yes  77512 CPT/HCPCS INSERTION OR REPLACEMENT OF PACEMAKER PULSE GENERATOR ONLY; Yes  77512 UNLISTED PROCEDURE, HUMERUS OR ELBOW Yes  77512 CPT/HCPCS UNLISTED PROCEDURE, TEMPORAL BONE, MIDDLE FOSSA APPROACH YES  77512 CPT/HCPCS UNLISTED PROCEDURE, TEMPORAL BONE, MIDDLE FOSSA APPROACH YES  77512 CPT/HCPCS (EG, GIBBONS OR DOUBLE-J TYPE)  77512 CPT/HCPCS EXCISION OF ONE OR MORE LESIONS OF SMALL OR LARGE BOWEL NOT REQUIRING ANASTOMOSIS, EXTERIORIZATION, OR FISTULIZA  77512 CPT/HCPCS (INSERTION OF INTERLAMINAR/INTERSPINOUS PROCESS WITHOUT FUSION, YES  77512 UNLISTED PROCEDURE, ANUS  77513 CPT/HCPCS (PROBE, PERCUTANEOUS LUMBAR DISCECTOMY YES  77514 CPT/HCPCS (PROBE, PERCUTANEOUS LUMBAR DISCECTOMY YES  77515 CPT/HCPCS (PROBE, PERCUTANEOUS LUMBAR DISCECTOMY YES  77515 CPT/HCPCS (PROBE, PERCUTANEOUS LUMBAR DISCECTOMY YES  77515 CPT/HCPCS (PROBE, PERCUTANEOUS LUMBAR DISCECTOMY YES  77516 CPT/HCPCS (PROBE, PERCUTANEOUS LUMBAR DISCECTOMY YES  77517 CPT (PROBE, PERCUTANEOUS LUMBAR DISCECTOMY YES  77517 CPT (PROBE, PERCUTANEOUS LUMBAR DISCECTOMY YES  77517 CPT (PROBE, PERCUTANEOUS LUMBAR DISCECTOMY YES  77518 CPT/HCPCS (PROBE, PERCUTANEOUS LUMBAR DISCECTOMY YES  77518 CPT/HCPCS (PROBE, PERCUTANEOUS LUMBAR DISCECTOMY YES  77519 CPT/HCPCS (PROBE, PERCUTANEOUS LUMBAR DISCECTOMY YES  77510 CPT/HCPCS (PROBE, PERCUTANEOUS CORONARY ARTERY TUNNEL (TAKEUCHI PROCEDURE)  77510 CPT/HCPCS (PROBE, PERCUTANEOUS CORONARY ARTERY TUNNEL (TAKEUCHI PROCEDURE)  77510 CPT/HCPCS (PROBE, PERCUTANEOUS CORONARY ARTERY TUNNEL (TAKEUCHI PROCEDURE)  77510 CPT/HCP	33070	Cr 1/11Cr C3	· ·	163
CPT/HCPCS *CAUTERIZATION OF CERVIX; CRYOCAUTERY, INITIAL OR REPEAT Yes 21630 CPT/HCPCS RADICAL RESECTION OF STERNUM; 33213 CPT/HCPCS INSERTION OR REPLACEMENT OF PACEMAKER PULSE GENERATOR ONLY; DUAL CHAMBER  CPT/HCPCS UNLISTED PROCEDURE, HUMERUS OR ELBOW  CPT/HCPCS UNLISTED PROCEDURE, TEMPORAL BONE, MIDDLE FOSSA APPROACH Yes 32322 CPT/HCPCS CYSTOURETHROSCOPY, WITH INSERTION OF INDWELLING URETERAL STENT (EG, GIBBONS OR DOUBLE-J TYPE)  CPT/HCPCS EXCISION OF ONE OR MORE LESIONS OF SMALL OR LARGE BOWEL NOT REQUIRING ANASTOMOSIS, EXTERIORIZATION, OR FISTULIZA  CPT/HCPCS INSERTION OF INTERLAMINAR/INTERSPINOUS PROCESS WITHOUT FUSION, WITH OPEN DECOMPRESSION, LUMBAR; SECOND LEVEL  CPT/HCPCS UNLISTED PROCEDURE, ANUS  CPT/HCPCS UNLISTED PROCEDURE, ANUS  CPT/HCPCS UNLISTED PROCEDURE, ANUS  CPT/HCPCS REPAIR OF ANOMALOUS CORONARY ARTERY; WITH CONSTRUCTION OF INTRAPULMONARY ARTERY TUNNEL (TAKEUCHI PROCEDURE)  S2240 CPT/HCPCS CHEMODENERVATION OF ABBUCTOR MUSCLE(S) OF VOCAL CORD  S2240 CPT/HCPCS TRANSCATHETER OCCLUSION OR EMBOLIZATION, PERCUTANEOUS, ANY METHOD; NON-CENTRAL NERVOUS SYSTEM, HEAD OR NECK  APPROACH; WITHOUT REPAIR OF TRACHEOESOPHAGEAL FISTULA  CPT/HCPCS ESOPHAGOPLASTY, (PLASTIC REPAIR OR RECONSTRUCTION) THORACIC APPROACH; WITHOUT REPAIR OF TRACHEOESOPHAGEAL FISTULA  CPT/HCPCS OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH BONE GRAFTING (INCLUDES OBTAINING GRAFT)			VALVOTOM TON INFONDIBULAN RESECTION (ACTANOTIC)	
CPT/HCPCS *CAUTERIZATION OF CERVIX; CRYOCAUTERY, INITIAL OR REPEAT Yes 21630 CPT/HCPCS RADICAL RESECTION OF STERNUM; 33213 CPT/HCPCS INSERTION OR REPLACEMENT OF PACEMAKER PULSE GENERATOR ONLY; DUAL CHAMBER  CPT/HCPCS UNLISTED PROCEDURE, HUMERUS OR ELBOW  CPT/HCPCS UNLISTED PROCEDURE, TEMPORAL BONE, MIDDLE FOSSA APPROACH Yes 32322 CPT/HCPCS CYSTOURETHROSCOPY, WITH INSERTION OF INDWELLING URETERAL STENT (EG, GIBBONS OR DOUBLE-J TYPE)  CPT/HCPCS EXCISION OF ONE OR MORE LESIONS OF SMALL OR LARGE BOWEL NOT REQUIRING ANASTOMOSIS, EXTERIORIZATION, OR FISTULIZA  CPT/HCPCS INSERTION OF INTERLAMINAR/INTERSPINOUS PROCESS WITHOUT FUSION, WITH OPEN DECOMPRESSION, LUMBAR; SECOND LEVEL  CPT/HCPCS UNLISTED PROCEDURE, ANUS  CPT/HCPCS UNLISTED PROCEDURE, ANUS  CPT/HCPCS UNLISTED PROCEDURE, ANUS  CPT/HCPCS REPAIR OF ANOMALOUS CORONARY ARTERY; WITH CONSTRUCTION OF INTRAPULMONARY ARTERY TUNNEL (TAKEUCHI PROCEDURE)  S2240 CPT/HCPCS CHEMODENERVATION OF ABBUCTOR MUSCLE(S) OF VOCAL CORD  S2240 CPT/HCPCS TRANSCATHETER OCCLUSION OR EMBOLIZATION, PERCUTANEOUS, ANY METHOD; NON-CENTRAL NERVOUS SYSTEM, HEAD OR NECK  APPROACH; WITHOUT REPAIR OF TRACHEOESOPHAGEAL FISTULA  CPT/HCPCS ESOPHAGOPLASTY, (PLASTIC REPAIR OR RECONSTRUCTION) THORACIC APPROACH; WITHOUT REPAIR OF TRACHEOESOPHAGEAL FISTULA  CPT/HCPCS OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH BONE GRAFTING (INCLUDES OBTAINING GRAFT)	25201	CDT/UCDCS	DEDAID DI COD VESSEI WITH CDAFT OTHER THAN VEIN; INTRA ARROMINAL	Voc
21630 CPT/HCPCS RADICAL RESECTION OF STERNUM; Yes 33213 CPT/HCPCS INSERTION OR REPLACEMENT OF PACEMAKER PULSE GENERATOR ONLY; Yes DUAL CHAMBER 24999 CPT/HCPCS UNLISTED PROCEDURE, HUMERUS OR ELBOW Yes 259979 CPT/HCPCS UNLISTED PROCEDURE, TEMPORAL BONE, MIDDLE FOSSA APPROACH Yes 25232 CPT/HCPCS CYSTOURETHROSCOPY, WITH INSERTION OF INDWELLING URETERAL STENT (EG, GIBBONS OR DOUBLE-J TYPE) 44110 CPT/HCPCS EXCISION OF ONE OR MORE LESIONS OF SMALL OR LARGE BOWEL NOT REQUIRING ANASTOMOSIS, EXTERIORIZATION, OR FISTULIZA 22868 CPT/HCPCS INSERTION OF INTERLAMINAR/INTERSPINOUS PROCESS WITHOUT FUSION, WITH OPEN DECOMPRESSION, LUMBAR; SECOND LEVEL 22614 CPT/HCPCS REPAIR OF ANOMALOUS CORONARY ARTERY; WITH CONSTRUCTION OF INTRAPULMONARY ARTERY TUNNEL (TAKEUCHI PROCEDURE) 23240 CPT/HCPCS REPAIR OF ANOMALOUS CORONARY ARTERY; WITH CONSTRUCTION OF INTRAPULMONARY ARTERY TUNNEL (TAKEUCHI PROCEDURE) 23240 CPT/HCPCS CHEMODENERVATION OF ABDUCTOR MUSCLE(S) OF VOCAL CORD YES 23240 CPT/HCPCS CHEMODENERVATION OF ABDUCTOR MUSCLE(S) OF VOCAL CORD YES 233310 CPT/HCPCS ESOPHAGOPLASTY, (PLASTIC REPAIR OR RECONSTRUCTION) THORACIC APPROACH; WITHOUT REPAIR OF TRACHEOESOPHAGEAL FISTULA 221408 CPT/HCPCS OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH BONE GRAFTING (INCLUDES OBTAINING GRAFT) 41015 CPT/HCPCS EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA YES	33201	CP1/HCPC3	REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN, INTRA-ADDOMINAL	ites
21630 CPT/HCPCS RADICAL RESECTION OF STERNUM; Yes 33213 CPT/HCPCS INSERTION OR REPLACEMENT OF PACEMAKER PULSE GENERATOR ONLY; Yes DUAL CHAMBER 24999 CPT/HCPCS UNLISTED PROCEDURE, HUMERUS OR ELBOW Yes 259979 CPT/HCPCS UNLISTED PROCEDURE, TEMPORAL BONE, MIDDLE FOSSA APPROACH Yes 25232 CPT/HCPCS CYSTOURETHROSCOPY, WITH INSERTION OF INDWELLING URETERAL STENT (EG, GIBBONS OR DOUBLE-J TYPE) 44110 CPT/HCPCS EXCISION OF ONE OR MORE LESIONS OF SMALL OR LARGE BOWEL NOT REQUIRING ANASTOMOSIS, EXTERIORIZATION, OR FISTULIZA 22868 CPT/HCPCS INSERTION OF INTERLAMINAR/INTERSPINOUS PROCESS WITHOUT FUSION, WITH OPEN DECOMPRESSION, LUMBAR; SECOND LEVEL 22614 CPT/HCPCS REPAIR OF ANOMALOUS CORONARY ARTERY; WITH CONSTRUCTION OF INTRAPULMONARY ARTERY TUNNEL (TAKEUCHI PROCEDURE) 23240 CPT/HCPCS REPAIR OF ANOMALOUS CORONARY ARTERY; WITH CONSTRUCTION OF INTRAPULMONARY ARTERY TUNNEL (TAKEUCHI PROCEDURE) 23240 CPT/HCPCS CHEMODENERVATION OF ABDUCTOR MUSCLE(S) OF VOCAL CORD YES 23240 CPT/HCPCS CHEMODENERVATION OF ABDUCTOR MUSCLE(S) OF VOCAL CORD YES 233310 CPT/HCPCS ESOPHAGOPLASTY, (PLASTIC REPAIR OR RECONSTRUCTION) THORACIC APPROACH; WITHOUT REPAIR OF TRACHEOESOPHAGEAL FISTULA 221408 CPT/HCPCS OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH BONE GRAFTING (INCLUDES OBTAINING GRAFT) 41015 CPT/HCPCS EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA YES	F7F44	ODT/ILIODOG	+OALITERIZATION OF OFRIVE ORYGONITERY INITIAL OR REPEAT	V
CPT/HCPCS INSERTION OR REPLACEMENT OF PACEMAKER PULSE GENERATOR ONLY; DUAL CHAMBER  24999 CPT/HCPCS UNLISTED PROCEDURE, HUMERUS OR ELBOW  259979 CPT/HCPCS UNLISTED PROCEDURE, TEMPORAL BONE, MIDDLE FOSSA APPROACH  252322 CPT/HCPCS CYSTOURETHROSCOPY, WITH INSERTION OF INDWELLING URETERAL STENT  25232 (EG, GIBBONS OR DOUBLE-J TYPE)  252410 CPT/HCPCS EXCISION OF ONE OR MORE LESIONS OF SMALL OR LARGE BOWEL NOT REQUIRING ANASTOMOSIS, EXTERIORIZATION, OR FISTULIZA  252668 CPT/HCPCS INSERTION OF INTERLAMINAR/INTERSPINOUS PROCESS WITHOUT FUSION, WITH OPEN DECOMPRESSION, LUMBAR; SECOND LEVEL  252614 CPT/HCPCS PROBE, PERCUTANEOUS LUMBAR DISCECTOMY  263699 CPT/HCPCS UNLISTED PROCEDURE, ANUS  26400 CPT/HCPCS REPAIR OF ANOMALOUS CORONARY ARTERY; WITH CONSTRUCTION OF INTERPULMONARY ARTERY TUNNEL (TAKEUCHI PROCEDURE)  2651620 CPT/HCPCS CHEMODENERVATION OF ABDUCTOR MUSCLE(S) OF VOCAL CORD  2651620 CPT/HCPCS ESOPHAGOPLASTY, (PLASTIC REPAIR OR RECONSTRUCTION) THORACIC  267160 APPROACH; WITHOUT REPAIR OF TRACHEOESOPHAGEAL FISTULA  267160 CPT/HCPCS OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH YES  267160 CPT/HCPCS OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH YES  267160 CPT/HCPCS EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA YES				
DUAL CHAMBER  24999 CPT/HCPCS UNLISTED PROCEDURE, HUMERUS OR ELBOW  Pes  59979 CPT/HCPCS UNLISTED PROCEDURE, TEMPORAL BONE, MIDDLE FOSSA APPROACH  Yes  CYSTOURETHROSCOPY, WITH INSERTION OF INDWELLING URETERAL STENT  (EG, GIBBONS OR DOUBLE-J TYPE)  41110 CPT/HCPCS EXCISION OF ONE OR MORE LESIONS OF SMALL OR LARGE BOWEL NOT  REQUIRING ANASTOMOSIS, EXTERIORIZATION, OR FISTULIZA  22868 CPT/HCPCS INSERTION OF INTERLAMINAR/INTERSPINOUS PROCESS WITHOUT FUSION, WITH OPEN DECOMPRESSION, LUMBAR; SECOND LEVEL  22614 CPT/HCPCS PROBE, PERCUTANEOUS LUMBAR DISCECTOMY  46999 CPT/HCPCS UNLISTED PROCEDURE, ANUS  33505 CPT/HCPCS REPAIR OF ANOMALOUS CORONARY ARTERY; WITH CONSTRUCTION OF INTRAPULMONARY ARTERY TUNNEL (TAKEUCHI PROCEDURE)  562340 CPT/HCPCS (TRANSCATHETER OCCLUSION OR EMBOLIZATION, PERCUTANEOUS, ANY METHOD; NON-CENTRAL NERVOUS SYSTEM, HEAD OR NECK  43310 CPT/HCPCS ESOPHAGOPLASTY, (PLASTIC REPAIR OR RECONSTRUCTION) THORACIC APPROACH; WITHOUT REPAIR OF TRACHEOESOPHAGEAL FISTULA  21408 CPT/HCPCS OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH BONE GRAFTING(INCLUDES OBTAINING GRAFT)  41015 CPT/HCPCS EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA YES  ***TOTAL THE TOTAL THE TOTAL TORS ***TOTAL THE TOTAL THE TOTAL THE TOTAL THE TOTAL THE TOTAL TORS ***TOTAL THE TOTAL THE TOTA				
24999 CPT/HCPCS UNLISTED PROCEDURE, HUMERUS OR ELBOW Yes 39979 CPT/HCPCS UNLISTED PROCEDURE, TEMPORAL BONE, MIDDLE FOSSA APPROACH Yes 39322 CPT/HCPCS CYSTOURETHROSCOPY, WITH INSERTION OF INDWELLING URETERAL STENT (EG, GIBBONS OR DOUBLE-J TYPE) 44110 CPT/HCPCS EXCISION OF ONE OR MORE LESIONS OF SMALL OR LARGE BOWEL NOT REQUIRING ANASTOMOSIS, EXTERIORIZATION, OR FISTULIZA 422868 CPT/HCPCS INSERTION OF INTERLAMINAR/INTERSPINOUS PROCESS WITHOUT FUSION, WITH OPEN DECOMPRESSION, LUMBAR; SECOND LEVEL 42614 CPT/HCPCS PROBE, PERCUTANEOUS LUMBAR DISCECTOMY Yes 42699 CPT/HCPCS UNLISTED PROCEDURE, ANUS 4270 CPT/HCPCS REPAIR OF ANOMALOUS CORONARY ARTERY; WITH CONSTRUCTION OF 1017 INTRAPULMONARY ARTERY TUNNEL (TAKEUCHI PROCEDURE) 426240 CPT/HCPCS CHEMODENERVATION OF ABDUCTOR MUSCLE(S) OF VOCAL CORD 4263 CPT/HCPCS CHEMODENERVATION OF ABDUCTOR MUSCLE(S) OF VOCAL CORD 4264 CPT/HCPCS CHEMODENERVATION OF ABDUCTOR MUSCLE(S) OF VOCAL CORD 4265 CPT/HCPCS CHEMODENERVATION OF ABDUCTOR MUSCLE(S) OF VOCAL CORD 4265 CPT/HCPCS CHEMODENERVATION OF REBOLIZATION, PERCUTANEOUS, ANY METHOD; NON-CENTRAL NERVOUS SYSTEM, HEAD OR NECK 43310 CPT/HCPCS ESOPHAGOPLASTY, (PLASTIC REPAIR OR RECONSTRUCTION) THORACIC APPROACH; WITHOUT REPAIR OF TRACHEOESOPHAGEAL FISTULA 421408 CPT/HCPCS OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH YES BONE GRAFTING(INCLUDES OBTAINING GRAFT) 441015 CPT/HCPCS EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA YES	33213	CP1/HCPCS	· ·	Yes
CPT/HCPCS UNLISTED PROCEDURE, TEMPORAL BONE, MIDDLE FOSSA APPROACH  Yes  CYSTOURETHROSCOPY, WITH INSERTION OF INDWELLING URETERAL STENT  (EG, GIBBONS OR DOUBLE-J TYPE)  EXCISION OF ONE OR MORE LESIONS OF SMALL OR LARGE BOWEL NOT  REQUIRING ANASTOMOSIS, EXTERIORIZATION, OR FISTULIZA  CPT/HCPCS INSERTION OF INTERLAMINAR/INTERSPINOUS PROCESS WITHOUT FUSION,  WITH OPEN DECOMPRESSION, LUMBAR; SECOND LEVEL  CPT/HCPCS PROBE, PERCUTANEOUS LUMBAR DISCECTOMY  Ves  CPT/HCPCS UNLISTED PROCEDURE, ANUS  CPT/HCPCS REPAIR OF ANOMALOUS CORONARY ARTERY; WITH CONSTRUCTION OF INTRAPULMONARY ARTERY TUNNEL (TAKEUCHI PROCEDURE)  CPT/HCPCS CHEMODENERVATION OF ABDUCTOR MUSCLE(S) OF VOCAL CORD  CPT/HCPCS TRANSCATHETER OCCLUSION OR EMBOLIZATION, PERCUTANEOUS, ANY  METHOD; NON-CENTRAL NERVOUS SYSTEM, HEAD OR NECK  APPROACH; WITHOUT REPAIR OF TRACHEOESOPHAGEAL FISTULA  CPT/HCPCS OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH BONE GRAFTING (INCLUDES OBTAINING GRAFT)  CPT/HCPCS EXTRAORAL INCISION AND DRAINING GRAFT)  CPT/HCPCS SEXTRAORAL INCISION AND DRAINING OF ABSCESS, CYST, OR HEMATOMA  Yes				
CPT/HCPCS CYSTOURETHROSCOPY, WITH INSERTION OF INDWELLING URETERAL STENT (EG, GIBBONS OR DOUBLE-J TYPE)  44110 CPT/HCPCS EXCISION OF ONE OR MORE LESIONS OF SMALL OR LARGE BOWEL NOT REQUIRING ANASTOMOSIS, EXTERIORIZATION, OR FISTULIZA  22868 CPT/HCPCS INSERTION OF INTERLAMINAR/INTERSPINOUS PROCESS WITHOUT FUSION, WITH OPEN DECOMPRESSION, LUMBAR; SECOND LEVEL  22614 CPT/HCPCS PROBE, PERCUTANEOUS LUMBAR DISCECTOMY  46999 CPT/HCPCS UNLISTED PROCEDURE, ANUS  33505 CPT/HCPCS REPAIR OF ANOMALOUS CORONARY ARTERY; WITH CONSTRUCTION OF INTRAPULMONARY ARTERY TUNNEL (TAKEUCHI PROCEDURE)  52340 CPT/HCPCS CHEMODENERVATION OF ABDUCTOR MUSCLE(S) OF VOCAL CORD  561626 CPT/HCPCS TRANSCATHETER OCCLUSION OR EMBOLIZATION, PERCUTANEOUS, ANY METHOD; NON-CENTRAL NERVOUS SYSTEM, HEAD OR NECK  43310 CPT/HCPCS ESOPHAGOPLASTY, (PLASTIC REPAIR OR RECONSTRUCTION) THORACIC APPROACH; WITHOUT REPAIR OF TRACHEOESOPHAGEAL FISTULA  21408 CPT/HCPCS OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH BONE GRAFTING (INCLUDES OBTAINING GRAFT)  41015 CPT/HCPCS EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA YES				
(EG, GIBBONS OR DOUBLE-J TYPE)  L4110 CPT/HCPCS EXCISION OF ONE OR MORE LESIONS OF SMALL OR LARGE BOWEL NOT REQUIRING ANASTOMOSIS, EXTERIORIZATION, OR FISTULIZA  LINSERTION OF INTERLAMINAR/INTERSPINOUS PROCESS WITHOUT FUSION, WITH OPEN DECOMPRESSION, LUMBAR; SECOND LEVEL  C2614 CPT/HCPCS PROBE, PERCUTANEOUS LUMBAR DISCECTOMY  LARGE PROCEDURE, ANUS  CPT/HCPCS UNLISTED PROCEDURE, ANUS  CPT/HCPCS REPAIR OF ANOMALOUS CORONARY ARTERY; WITH CONSTRUCTION OF INTRAPULMONARY ARTERY TUNNEL (TAKEUCHI PROCEDURE)  C2340 CPT/HCPCS CHEMODENERVATION OF ABDUCTOR MUSCLE(S) OF VOCAL CORD  LARGE CPT/HCPCS TRANSCATHETER OCCLUSION OR EMBOLIZATION, PERCUTANEOUS, ANY METHOD; NON-CENTRAL NERVOUS SYSTEM, HEAD OR NECK  LASTO CPT/HCPCS ESOPHAGOPLASTY, (PLASTIC REPAIR OR RECONSTRUCTION) THORACIC APPROACH; WITHOUT REPAIR OF TRACHEOESOPHAGEAL FISTULA  CPT/HCPCS OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH BONE GRAFTING(INCLUDES OBTAINING GRAFT)  L1015 CPT/HCPCS EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA YES	69979	CPT/HCPCS		
EXCISION OF ONE OR MORE LESIONS OF SMALL OR LARGE BOWEL NOT REQUIRING ANASTOMOSIS, EXTERIORIZATION, OR FISTULIZA  22868 CPT/HCPCS INSERTION OF INTERLAMINAR/INTERSPINOUS PROCESS WITHOUT FUSION, WITH OPEN DECOMPRESSION, LUMBAR; SECOND LEVEL  22614 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)  52340 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  43310 CPT/HCPCS ESOPHAGOPLASTY, (PLASTIC REPAIR OR RECONSTRUCTION) THORACIC APPROACH; WITHOUT REPAIR OF TRACHEOESOPHAGEAL FISTULA  CPT/HCPCS OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH BONE GRAFTING(INCLUDES OBTAINING GRAFT)  41015 CPT/HCPCS EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA YES	52332	CPT/HCPCS	CYSTOURETHROSCOPY, WITH INSERTION OF INDWELLING URETERAL STENT	Yes
REQUIRING ANASTOMOSIS, EXTERIORIZATION, OR FISTULIZA  22868 CPT/HCPCS INSERTION OF INTERLAMINAR/INTERSPINOUS PROCESS WITHOUT FUSION, WITH OPEN DECOMPRESSION, LUMBAR; SECOND LEVEL  22614 CPT/HCPCS PROBE, PERCUTANEOUS LUMBAR DISCECTOMY  46999 CPT/HCPCS UNLISTED PROCEDURE, ANUS  33505 CPT/HCPCS REPAIR OF ANOMALOUS CORONARY ARTERY; WITH CONSTRUCTION OF INTRAPULMONARY ARTERY TUNNEL (TAKEUCHI PROCEDURE)  452340 CPT/HCPCS CHEMODENERVATION OF ABDUCTOR MUSCLE(S) OF COAL CORD YES  45626 CPT/HCPCS TRANSCATHETER OCCLUSION OR EMBOLIZATION, PERCUTANEOUS, ANY METHOD; NON-CENTRAL NERVOUS SYSTEM, HEAD OR NECK  43310 CPT/HCPCS ESOPHAGOPLASTY, (PLASTIC REPAIR OR RECONSTRUCTION) THORACIC APPROACH; WITHOUT REPAIR OF TRACHEOESOPHAGEAL FISTULA  21408 CPT/HCPCS OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH YES  BONE GRAFTING (INCLUDES OBTAINING GRAFT)  41015 CPT/HCPCS EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA YES			(EG, GIBBONS OR DOUBLE-J TYPE)	
CPT/HCPCS INSERTION OF INTERLAMINAR/INTERSPINOUS PROCESS WITHOUT FUSION, WITH OPEN DECOMPRESSION, LUMBAR; SECOND LEVEL  C2614 CPT/HCPCS PROBE, PERCUTANEOUS LUMBAR DISCECTOMY  46999 CPT/HCPCS UNLISTED PROCEDURE, ANUS  CPT/HCPCS REPAIR OF ANOMALOUS CORONARY ARTERY; WITH CONSTRUCTION OF INTRAPULMONARY ARTERY TUNNEL (TAKEUCHI PROCEDURE)  C32340 CPT/HCPCS CHEMODENERVATION OF ABDUCTOR MUSCLE(S) OF VOCAL CORD  C61626 CPT/HCPCS TRANSCATHETER OCCLUSION OR EMBOLIZATION, PERCUTANEOUS, ANY METHOD; NON-CENTRAL NERVOUS SYSTEM, HEAD OR NECK  C43310 CPT/HCPCS ESOPHAGOPLASTY, (PLASTIC REPAIR OR RECONSTRUCTION) THORACIC APPROACH; WITHOUT REPAIR OF TRACHEOESOPHAGEAL FISTULA  CPT/HCPCS OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH YES BONE GRAFTING(INCLUDES OBTAINING GRAFT)  C41015 CPT/HCPCS EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA YES	44110	CPT/HCPCS	EXCISION OF ONE OR MORE LESIONS OF SMALL OR LARGE BOWEL NOT	Yes
WITH OPEN DECOMPRESSION, LUMBAR; SECOND LEVEL  C2614 CPT/HCPCS PROBE, PERCUTANEOUS LUMBAR DISCECTOMY  46999 CPT/HCPCS UNLISTED PROCEDURE, ANUS  33505 CPT/HCPCS REPAIR OF ANOMALOUS CORONARY ARTERY; WITH CONSTRUCTION OF INTRAPULMONARY ARTERY TUNNEL (TAKEUCHI PROCEDURE)  52340 CPT/HCPCS CHEMODENERVATION OF ABDUCTOR MUSCLE(S) OF VOCAL CORD Yes  51626 CPT/HCPCS TRANSCATHETER OCCLUSION OR EMBOLIZATION, PERCUTANEOUS, ANY METHOD; NON-CENTRAL NERVOUS SYSTEM, HEAD OR NECK  43310 CPT/HCPCS ESOPHAGOPLASTY, (PLASTIC REPAIR OR RECONSTRUCTION) THORACIC APPROACH; WITHOUT REPAIR OF TRACHEOESOPHAGEAL FISTULA  CPT/HCPCS OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH Yes  BONE GRAFTING(INCLUDES OBTAINING GRAFT)  41015 CPT/HCPCS EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA Yes			REQUIRING ANASTOMOSIS, EXTERIORIZATION, OR FISTULIZA	
C2614 CPT/HCPCS PROBE, PERCUTANEOUS LUMBAR DISCECTOMY  46999 CPT/HCPCS UNLISTED PROCEDURE, ANUS  33505 CPT/HCPCS REPAIR OF ANOMALOUS CORONARY ARTERY; WITH CONSTRUCTION OF INTRAPULMONARY ARTERY TUNNEL (TAKEUCHI PROCEDURE)  52340 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  43310 CPT/HCPCS ESOPHAGOPLASTY, (PLASTIC REPAIR OR RECONSTRUCTION) THORACIC APPROACH; WITHOUT REPAIR OF TRACHEOESOPHAGEAL FISTULA  21408 CPT/HCPCS OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH BONE GRAFTING(INCLUDES OBTAINING GRAFT)  41015 CPT/HCPCS EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA YES	22868	CPT/HCPCS	INSERTION OF INTERLAMINAR/INTERSPINOUS PROCESS WITHOUT FUSION,	Yes
CPT/HCPCS UNLISTED PROCEDURE, ANUS  REPAIR OF ANOMALOUS CORONARY ARTERY; WITH CONSTRUCTION OF INTRAPULMONARY ARTERY TUNNEL (TAKEUCHI PROCEDURE)  CPT/HCPCS CHEMODENERVATION OF ABDUCTOR MUSCLE(S) OF VOCAL CORD  TRANSCATHETER OCCLUSION OR EMBOLIZATION, PERCUTANEOUS, ANY METHOD; NON-CENTRAL NERVOUS SYSTEM, HEAD OR NECK  CPT/HCPCS ESOPHAGOPLASTY, (PLASTIC REPAIR OR RECONSTRUCTION) THORACIC APPROACH; WITHOUT REPAIR OF TRACHEOESOPHAGEAL FISTULA  CPT/HCPCS OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH YES BONE GRAFTING (INCLUDES OBTAINING GRAFT)  CPT/HCPCS EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA YES			WITH OPEN DECOMPRESSION, LUMBAR; SECOND LEVEL	
CPT/HCPCS REPAIR OF ANOMALOUS CORONARY ARTERY; WITH CONSTRUCTION OF INTRAPULMONARY ARTERY TUNNEL (TAKEUCHI PROCEDURE) CPT/HCPCS CHEMODENERVATION OF ABDUCTOR MUSCLE(S) OF VOCAL CORD TRANSCATHETER OCCLUSION OR EMBOLIZATION, PERCUTANEOUS, ANY METHOD; NON-CENTRAL NERVOUS SYSTEM, HEAD OR NECK CPT/HCPCS ESOPHAGOPLASTY, (PLASTIC REPAIR OR RECONSTRUCTION) THORACIC APPROACH; WITHOUT REPAIR OF TRACHEOESOPHAGEAL FISTULA  CPT/HCPCS OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH BONE GRAFTING (INCLUDES OBTAINING GRAFT)  CPT/HCPCS EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA Yes	C2614	CPT/HCPCS	PROBE, PERCUTANEOUS LUMBAR DISCECTOMY	Yes
INTRAPULMONARY ARTERY TUNNEL (TAKEUCHI PROCEDURE)  52340 CPT/HCPCS CHEMODENERVATION OF ABDUCTOR MUSCLE(S) OF VOCAL CORD Yes  51626 CPT/HCPCS TRANSCATHETER OCCLUSION OR EMBOLIZATION, PERCUTANEOUS, ANY METHOD; NON-CENTRAL NERVOUS SYSTEM, HEAD OR NECK  43310 CPT/HCPCS ESOPHAGOPLASTY, (PLASTIC REPAIR OR RECONSTRUCTION) THORACIC APPROACH; WITHOUT REPAIR OF TRACHEOESOPHAGEAL FISTULA  21408 CPT/HCPCS OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH BONE GRAFTING (INCLUDES OBTAINING GRAFT)  41015 CPT/HCPCS EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA Yes	46999	CPT/HCPCS	UNLISTED PROCEDURE, ANUS	Yes
INTRAPULMONARY ARTERY TUNNEL (TAKEUCHI PROCEDURE)  52340 CPT/HCPCS CHEMODENERVATION OF ABDUCTOR MUSCLE(S) OF VOCAL CORD Yes  51626 CPT/HCPCS TRANSCATHETER OCCLUSION OR EMBOLIZATION, PERCUTANEOUS, ANY METHOD; NON-CENTRAL NERVOUS SYSTEM, HEAD OR NECK  43310 CPT/HCPCS ESOPHAGOPLASTY, (PLASTIC REPAIR OR RECONSTRUCTION) THORACIC APPROACH; WITHOUT REPAIR OF TRACHEOESOPHAGEAL FISTULA  21408 CPT/HCPCS OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH BONE GRAFTING (INCLUDES OBTAINING GRAFT)  41015 CPT/HCPCS EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA Yes	33505	CPT/HCPCS	REPAIR OF ANOMALOUS CORONARY ARTERY; WITH CONSTRUCTION OF	Yes
CPT/HCPCS CHEMODENERVATION OF ABDUCTOR MUSCLE(S) OF VOCAL CORD  TRANSCATHETER OCCLUSION OR EMBOLIZATION, PERCUTANEOUS, ANY METHOD; NON-CENTRAL NERVOUS SYSTEM, HEAD OR NECK  SOPTIAL SECONDARY, (PLASTIC REPAIR OR RECONSTRUCTION) THORACIC APPROACH; WITHOUT REPAIR OF TRACHEOESOPHAGEAL FISTULA  CPT/HCPCS OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH BONE GRAFTING (INCLUDES OBTAINING GRAFT)  CPT/HCPCS EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA  Yes			INTRAPULMONARY ARTERY TUNNEL (TAKEUCHI PROCEDURE)	
TRANSCATHETER OCCLUSION OR EMBOLIZATION, PERCUTANEOUS, ANY METHOD; NON-CENTRAL NERVOUS SYSTEM, HEAD OR NECK  43310 CPT/HCPCS ESOPHAGOPLASTY, (PLASTIC REPAIR OR RECONSTRUCTION) THORACIC APPROACH; WITHOUT REPAIR OF TRACHEOESOPHAGEAL FISTULA  CPT/HCPCS OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH BONE GRAFTING (INCLUDES OBTAINING GRAFT)  41015 CPT/HCPCS EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA Yes	S2340	CPT/HCPCS	· · · · · · · · · · · · · · · · · · ·	Yes
METHOD; NON-CENTRAL NERVOUS SYSTEM, HEAD OR NECK  43310 CPT/HCPCS ESOPHAGOPLASTY, (PLASTIC REPAIR OR RECONSTRUCTION) THORACIC APPROACH; WITHOUT REPAIR OF TRACHEOESOPHAGEAL FISTULA  21408 CPT/HCPCS OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH BONE GRAFTING(INCLUDES OBTAINING GRAFT)  41015 CPT/HCPCS EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA Yes	61626			
CPT/HCPCS ESOPHAGOPLASTY, (PLASTIC REPAIR OR RECONSTRUCTION) THORACIC APPROACH; WITHOUT REPAIR OF TRACHEOESOPHAGEAL FISTULA  CPT/HCPCS OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH BONE GRAFTING (INCLUDES OBTAINING GRAFT)  CPT/HCPCS EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA Yes	<del></del>			
APPROACH; WITHOUT REPAIR OF TRACHEOESOPHAGEAL FISTULA  21408 CPT/HCPCS OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH BONE GRAFTING(INCLUDES OBTAINING GRAFT)  41015 CPT/HCPCS EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA Yes	43310	CPT/HCPCS		Yes
21408 CPT/HCPCS OPEN TREATMENT OF FRACTURE OF ORBIT,EXCEPT "BLOWOUT"; WITH Yes BONE GRAFTING(INCLUDES OBTAINING GRAFT) 41015 CPT/HCPCS EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA Yes	10010	0. 1,1101 00	· · · · · · · · · · · · · · · · · · ·	
BONE GRAFTING(INCLUDES OBTAINING GRAFT)  41015 CPT/HCPCS EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA Yes			AT HOAGH, WITHOUT HELAIN OF HIAGHEOLOGI HAGEAL FIGIULA	
BONE GRAFTING(INCLUDES OBTAINING GRAFT)  41015 CPT/HCPCS EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA Yes	21.400	CDT/UCDOS	ODEN TREATMENT OF EDACTI IDE OF ORDIT EVOEDT "DI OMOLIT". MATTI	Vos
CPT/HCPCS EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA Yes	Z14UÖ	051/110503		163
	41015	ODT/UODOO		Voc
OF FLOOR OF MOUTH; SUBLINGUAL	41015	CP1/HCPCS		res
			JOE FLOOR OF MOUTH; SUBLINGUAL	

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,	Yes
		LEGS, TOTAL WOUND SURFACE AREA UP TO 100 SQ CM; FIRST 25 S	
44640	CPT/HCPCS	CLOCUDE OF INTESTINAL CUITANEOUS FISTULA	Yes
44640 42972	CPT/HCPCS  CPT/HCPCS	CLOSURE OF INTESTINAL CUTANEOUS FISTULA	
42972	CPI/HCPCS	CONTROL OF NASOPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, POSTADENOIDECTOMY); WITH SECONDARY SURGICA	res
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	Yes
		MEANS IN BLADDER AND REMOVAL OF FRAGMENTS, SIMPLE; SMALL (L	
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	Yes
		ELECTRODE ARRAY, INCLUDING CONNECTION TO PULSE GENERATOR	

33946	CPT/HCPCS	EVERA CORRODEAL MEMBRANE OVICENATION (FOMO) (FVERA CORRODEAL	
		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		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		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 INTERPOSTITION 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
<u> </u>			<u> </u>

CAPTIANCE   CALLADOR   CALLADOR   CAPTIANCE   CAPTIA				
SECONDORDER ADDONNAL, PELVIC OR LOWER EXTREMITY ARTRAY	29877	CPT/HCPCS		Yes
	36246	CPT/HCPCS	SECONDORDER ABDOMINAL, PELVIC OR LOWER EXTREMITY ARTERY	Yes
	29280	CPT/HCPCS	STRAPPING; HAND OR FINGER	Yes
CPTHOPOS	42825	CPT/HCPCS		Yes
OR SCAR. REVISION				
DIPHICPOS OPEN IDEA MINISTON CONTROLLED TROCHANDERS CHAPTOLUNE, INGLUDES NETBRAKE AUTHOR, MAINTEN, MAI				
	27248	CPT/HCPCS		Yes
EMISSION OF ARTHROPLASTY, INCLUDING REMOVAL OF IMPLANT, WILST				
JOINT CPTHCPCS SRONCHOSCOPY, RIGID OR FLEXBLE, INCLUDING FLUDROSCOPIC GUIDANCE, WHEN PERFORMED: WITHTRANSBRONCHIA LLUNG BIOPSY(S), ACH ADDITIONAL LOSE USTS SEPA LEAD ADDITIONAL LOSE USTS SEPA LEAD ADDITIONAL SERVING SERVING ACHIEVES SEPA SECISION, BENICH, LESIONINC, MARGINS, LIVIS, LISTG ELSWIF FACEEARS, YES EXCISION, BENICH, LESIONINC, MARGINS, LIVIS, LISTG ELSWIF FACEEARS, YES EXCISION, BENICH, LESIONINC, MARGINS, LIVIS, LISTG ELSWIF FACEEARS, YES EXCISION, BENICH, LESIONINC, MARGINS, LIVIS, LISTG ELSWIF FACEEARS, YES EXCISION, BENICH, LESIONINC, MARGINS, LIVIS, LISTG ELSWIF FACEEARS, YES EXCISION CONTROLLED THE SERVING PROPERTY BYPASS SURGERY INVOLVING MINI-TERRACOTORY OR MINI-STERNACTIONY SURGERY, PERFORME PROPERTY OF AN ACHIEVE OF INSCRIPTION OF MINI-STERNAL LESION OPERATION.  ADMINISTRATION OF THE SERVING PROPERTY BYPASS SURGERY INVOLVING MINI-TERRACOTORY OR MINI-STERNAL LESION OPHERITARY. WEDDITION OF STERNAL HARD CONTROLLED THE SERVING PROPERTY OF THE SERVING PROPERTY	25449	CPT/HCPCS		Yes
BUDANCE, WHEN PERCORNED, WITHTRANSBOROGINAL LUNS BIOPSYSJ.  BACH ADDITIONAL LOSE LUSS SERVE  BACH ADDITIONAL LOSE LUSS SERVE  BACH ADDITIONAL LOSE LUSS SERVE  PYFLIDS, NOSE, LUSS, MUCOUS MEMB, EX DIAM 2, IT 07.0.0.0.  CPTHOPCS  MINIMALY BIVASSYE DIBECT CORONARY ARTERY BYASS SURGERY  PROTECTION OF THE PROPERTY OF THE PROTECTION OF MINISTERNOLOWY SURGERY, PERFORME.  22338 CPTHOPCS  OPEN REATMENT OF NASOETHMOID FRACTURE, WITHOUT EXTERNAL  VES  POPTHOPCS  OPEN REATMENT OF NASOETHMOID FRACTURE, WITHOUT EXTERNAL  VES  PROFITOR  PROFITOR DUCT DIVERSION, BULLETING LANDS  CPTHOPCS  PROFITOR DUCT DIVERSION, BULLETING LANDS  CPTHOPCS  PROFITOR DUCT DIVERSION, BULLETING LANDS  CPTHOPCS  REPLACEMENT OF STREAM PROFITOR AND ARTERY ADULLARY  VES  DEPTHOPCS  REPLACEMENT OF STREAM PROFITOR AND ARTERY ADULLARY  VES  CPTHOPCS  REPLACEMENT OF STREAM PROFITOR AND ARTERY ADULLARY  PROFITOR  PROFITOR STREAM PROFITOR AND ARTERY ADULLARY ADULLARY  VES  CPTHOPCS  REPLACEMENT OF STREAM PROFITOR AND ARTERY ADULLARY  PROFITOR STREAM PROFITOR AND ARTERY ADULLARY  PROFITOR STREAM PROFITOR AND ARTERY ADULLARY ADULLARY  PROFITOR STREAM PROFITOR ADULT ARTERY ADULLARY  PROFITOR STREAM PROFITOR ADULT AD			· · · · · · · · · · · · · · · · · · ·	
BUDANCE, WHEN PERCORNED, WITHTRANSBOROGINAL LUNS BIOPSYSJ.  BACH ADDITIONAL LOSE LUSS SERVE  BACH ADDITIONAL LOSE LUSS SERVE  BACH ADDITIONAL LOSE LUSS SERVE  PYFLIDS, NOSE, LUSS, MUCOUS MEMB, EX DIAM 2, IT 07.0.0.0.  CPTHOPCS  MINIMALY BIVASSYE DIBECT CORONARY ARTERY BYASS SURGERY  PROTECTION OF THE PROPERTY OF THE PROTECTION OF MINISTERNOLOWY SURGERY, PERFORME.  22338 CPTHOPCS  OPEN REATMENT OF NASOETHMOID FRACTURE, WITHOUT EXTERNAL  VES  POPTHOPCS  OPEN REATMENT OF NASOETHMOID FRACTURE, WITHOUT EXTERNAL  VES  PROFITOR  PROFITOR DUCT DIVERSION, BULLETING LANDS  CPTHOPCS  PROFITOR DUCT DIVERSION, BULLETING LANDS  CPTHOPCS  PROFITOR DUCT DIVERSION, BULLETING LANDS  CPTHOPCS  REPLACEMENT OF STREAM PROFITOR AND ARTERY ADULLARY  VES  DEPTHOPCS  REPLACEMENT OF STREAM PROFITOR AND ARTERY ADULLARY  VES  CPTHOPCS  REPLACEMENT OF STREAM PROFITOR AND ARTERY ADULLARY  PROFITOR  PROFITOR STREAM PROFITOR AND ARTERY ADULLARY ADULLARY  VES  CPTHOPCS  REPLACEMENT OF STREAM PROFITOR AND ARTERY ADULLARY  PROFITOR STREAM PROFITOR AND ARTERY ADULLARY  PROFITOR STREAM PROFITOR AND ARTERY ADULLARY ADULLARY  PROFITOR STREAM PROFITOR ADULT ARTERY ADULLARY  PROFITOR STREAM PROFITOR ADULT AD	31632	CPT/HCPCS	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC	Yes
FACH ADDITIONAL LOBE (UST SIPA:				
EXCISION, BENIOR LESION INCL MARGINS, (LINELS STO ELSWIN FACEBARS, PEPLIDS, NOSE, LIPS, MULCOUS MEMBE, EX DIAM 2, 1 TO 3,00M			• • • • • • • • • • • • • • • • • • • •	
EVELIDS, NOSE, LIPS, MUCOUS MEMB, EX DIAM 2.1 TO 3.0 CM  CPTHCPCS  MINIMALI Y INNASA VED DIRECT CORDONARY ARTERY 8Y PASS SURGERY  NOVOL VINDO MINI-THORACOTOMY OR MINI-STERNOTOMY SURGERY,  PERFORME  OPEN TREATMENT OF NASOETHMOID FRACTURE; WITHOUT EXTERNAL  PERSONNE  CPTHCPCS  CPTHCPCS  CPTHCPCS  CPTHCPCS  PAROTID DUCT DIVERSION, BILATERAL RIVINKE TYPE PROCEDURE; WITHOUT EXTERNAL  PERSONNE  CPTHCPCS  PAROTID DUCT DIVERSION, BILATERAL RIVINKE TYPE PROCEDURE; WITHOUT EXTERNAL  PERSONNE  CPTHCPCS  PAROTID DUCT DIVERSION, BILATERAL RIVINKE TYPE PROCEDURE; WITH  PERSONNE  CPTHCPCS  TRANSPOSITION AND/OR REIMPLANTATION, VERTEBRAL TO CAROTID  ARTERY  PERSONNE  CPTHCPCS  TRANSPOSITION AND/OR REIMPLANTATION, VERTEBRAL TO CAROTID  ARTERY  PERSONNE  CPTHCPCS  TRANSPOSITION AND/OR REIMPLANTATION, VERTEBRAL TO CAROTID  ARTERY  PERSONNE  CPTHCPCS  TRANSPOSITION AND/OR SEMPLANTATION, VERTEBRAL TO CAROTID  ARTERY  PERSONNE  CPTHCPCS  TRANSPOSITION AND/OR SEMPLANTATION, VERTEBRAL TO CAROTID  ARTERY  PERSONNE  CPTHCPCS  TRANSPOSITION AND/OR SEMPLANTATION, VERTEBRAL TO CAROTID  ARTERY  PERSONNE  CPTHCPCS  TRANSPOSITION AND/OR SEMPLANTATION, VERTEBRAL TO CAROTID  ARTERY  PERSONNE  CPTHCPCS  TRANSPOSITION AND/OR SEMPLANTATION, VERTEBRAL TO CAROTID  ARTERY  PERSONNE  CPTHCPCS  TRANSPOSITION AND/OR SEMPLANTATION, VERTEBRAL TO CAROTID  ARTERY  PERSONNE  CPTHCPCS  TRANSPOSITION AND/OR SEMPLANTATION, VERTEBRAL TO CAROTID  ARTERY  PERSONNE  CPTHCPCS  TRANSPOSITION AND/OR SEMPLANTATION, VERTEBRAL TO CAROTID  ARTERY  PERSONNE  CPTHCPCS  TRANSPOSITION AND/OR SEMPLANTATION, VERTEBRAL TO CAROTID  ARTERY  PERSONNE  CPTHCPCS  TRANSPOSITION AND/OR SEMPLANTATION, VERTEBRAL TO CAROTID  ARTERY  PERSONNE  CPTHCPCS  TRANSPOSITION AND/OR SEMPLANTATION, VERTEBRAL TO CAROTID  ARTERY  PERSONNE  TRANSPOSITION AND/OR SEMPLANTATION, VERTEBRAL TO CAROTID  ARTERY  PERSONNE  TRANSPOSITION AND/OR SEMPLANTATION, VERTEBRAL TO CAROTID  ARTERY  PERSONNE  TRANSPOSITION AND/OR SEMPLANTATION, VERTEBRAL TO CAROTID  TRANSPOSITION AND/OR SEMPLANTATION AND/OR SEMPLANTATION A	11443	CPT/HCPCS	,	Yes
Particles	11110	01 171101 00		
INVOLVING MINI-THORACOTOMY OR MINI-STERNOTOMY SURGERY, PERFORME  221338 CPT/HCPCS OPEN TREATMENT OF NASOETHMOID FRACTURE; WITHOUT EXTERNAL FINATION  36266 CPT/HCPCS LAMINECTOMY FOR EXCISION OR EVACUATION OF INTRASPINAL LESION  42599 CPT/HCPCS OPEN TREATMENT NEOPLASM, EXTRAQUIRAL; THORACIC  42599 CPT/HCPCS PAROTID DUCT DIVERSION, BUILTERAL WILLER TYPE FROCDURE); WITH  4259 CPT/HCPCS PROBOTION DUCT DIVERSION, BUILTERAL WILLER TYPE FROCDURE; WITH  425 EXCISION OF BOTH SUBMANDIBULAR CLANDS  35518 CPT/HCPCS TRANSPOSITION AND/OR REIMPLANTATION, VERTEBRAL TO CAROTID  475 ARTERY  476 CPT/HCPCS PAROTIC DUCT DIVERSION  477 ALL STANDARD				
INVOLVING MINI-THORACOTOMY OR MINI-STERNOTOMY SURGERY, PERFORME  221338 CPT/HCPCS OPEN TREATMENT OF NASOETHMOID FRACTURE; WITHOUT EXTERNAL FINATION  36266 CPT/HCPCS LAMINECTOMY FOR EXCISION OR EVACUATION OF INTRASPINAL LESION  42599 CPT/HCPCS OPEN TREATMENT NEOPLASM, EXTRAQUIRAL; THORACIC  42599 CPT/HCPCS PAROTID DUCT DIVERSION, BUILTERAL WILLER TYPE FROCDURE); WITH  4259 CPT/HCPCS PROBOTION DUCT DIVERSION, BUILTERAL WILLER TYPE FROCDURE; WITH  425 EXCISION OF BOTH SUBMANDIBULAR CLANDS  35518 CPT/HCPCS TRANSPOSITION AND/OR REIMPLANTATION, VERTEBRAL TO CAROTID  475 ARTERY  476 CPT/HCPCS PAROTIC DUCT DIVERSION  477 ALL STANDARD	S2205	CPT/HCPCS	MINIMALLY INVASIVE DIRECT CORONARY ARTERY BYPASS SURGERY	Yes
PERFORME  CPT/HCPCS CPT/HC			INVOLVING MINI-THORACOTOMY OR MINI-STERNOTOMY SURGERY.	
271338 CPTHOPOS PRATEATMENT OF NASOETHMOID FRACTURE; WITHOUT EXTERNAL POS PACIFIC PROJECT PROJ				
FRATION	21338	CPT/HCPCS		Yes
CPT/HCPCS LAMINECTOMY FOR EXCISION OR EVACUATION OF INTRASPINAL LESION OTHER THAN NEOPLASM, EXTRADURAL; THORACIC CPT/HCPCS PAROTID DUCT DIVERSION, BILATERAL (MILKE YPE PROCEDURE); WITH EXCISION OF BOTH SUBMANDIBULAR GLANDS  35991 CPT/HCPCS PAROTID DUCT DIVERSION, BILATERAL (MILKE YPE PROCEDURE); WITH EXCISION OF BOTH SUBMANDIBULAR GLANDS  35911 CPT/HCPCS PAROTID AND PROPERTY OF THE PROCEDURE); WITH EXCISION OF BOTH SUBMANDIBULAR GLANDS  35912 CPT/HCPCS PAROTICAL (MITH VEIN; AXILLARY AXILLARY AXILLARY  27913 CPT/HCPCS PADICAL RESECTION OF STERNUM; WITH MEDIASTINAL WES  27914 CPT/HCPCS REPLACEMENT OR BRIGATION, SUBARACHNOID/SUBDURAL CATHETER WES  27918 CPT/HCPCS REPLACEMENT OR BRIGATION, SUBARACHNOID/SUBDURAL CATHETER  27918 CPT/HCPCS REPLACEMENT OR BRIGATION, SUBARACHNOID/SUBDURAL CATHETER  27918 CPT/HCPCS POLICICATION OF A DIGIT  27917 CPT/HCPCS POLICICATION OF A DIGIT  27917 CPT/HCPCS ATTEMPOSES, TIBEDFULAR JOINT, PROXIMAL OR DISTAL  27918 CPT/HCPCS ARCHAEL STANDARD (MITH AND				
APACID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE); WITH VES EXCISION OF BOTH SUBMANDIBULAR GLANDS  JOHN CONTROLL OF THANSPOSITION AND/OR REIMPLANTATION; VERTEBRAL TO CAROTID ARTERY  JOHN CONTROLL OF THANSPOSITION AND/OR REIMPLANTATION; VERTEBRAL TO CAROTID ARTERY  JOHN CONTROLL OF THANSPOSITION AND/OR REIMPLANTATION; VERTEBRAL TO CAROTID ARTERY  JOHN CONTROLL OF THANSPOSITION AND/OR REIMPLANTATION; VERTEBRAL TO CAROTID ARTERY  JOHN CONTROLL OF THANSPOSITION AND/OR REIMPLANTATION; VERTEBRAL TO CAROTID YES  JOHN CONTROLL OF THANSPOSITION AND/OR REIMPLANTATION; VERTEBRAL TO CAROTID YES  JOHN CONTROLL OF THANSPOSITION AND/OR REIMPLANTATION; VERTEBRAL TO CAROTID YES  JOHN CONTROLL OF THANSPOSITION AND/OR SUBARACHNOID/SUBDURAL CATHETER YES  JOHN CONTROLL OF THANSPOSITION OF A DIGIT YES  JOHN CONTROLL OF THANSPOSI	63266	CPT/HCPCS	LAMINECTOMY FOR EXCISION OR EVACUATION OF INTRASPINAL LESION	Yes
APACID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE); WITH VES EXCISION OF BOTH SUBMANDIBULAR GLANDS  JOHN CONTROLL OF THANSPOSITION AND/OR REIMPLANTATION; VERTEBRAL TO CAROTID ARTERY  JOHN CONTROLL OF THANSPOSITION AND/OR REIMPLANTATION; VERTEBRAL TO CAROTID ARTERY  JOHN CONTROLL OF THANSPOSITION AND/OR REIMPLANTATION; VERTEBRAL TO CAROTID ARTERY  JOHN CONTROLL OF THANSPOSITION AND/OR REIMPLANTATION; VERTEBRAL TO CAROTID ARTERY  JOHN CONTROLL OF THANSPOSITION AND/OR REIMPLANTATION; VERTEBRAL TO CAROTID YES  JOHN CONTROLL OF THANSPOSITION AND/OR REIMPLANTATION; VERTEBRAL TO CAROTID YES  JOHN CONTROLL OF THANSPOSITION AND/OR REIMPLANTATION; VERTEBRAL TO CAROTID YES  JOHN CONTROLL OF THANSPOSITION AND/OR SUBARACHNOID/SUBDURAL CATHETER YES  JOHN CONTROLL OF THANSPOSITION OF A DIGIT YES  JOHN CONTROLL OF THANSPOSI			OTHER THAN NEOPLASM, EXTRADURAL; THORACIC	
EXCISION OF BOTH SUBMANDIBULAR GLANDS  CPT/HCPCS TRANSPOSITION AND/OR REIMPLANTATION; VERTEBRAL TO CAROTID ARTERY  ARTERY  PYES  SSSS ART, WITH VEIN; AXILLARY AXILLARY YES  CPT/HCPCS BYPASS GRAFT, WITH VEIN; AXILLARY-AXILLARY YES  LYMPHADENECTOMY ATTERY  ATTERY  CPT/HCPCS CPT/HCPCS REPLACEMENT OR IRRIGATION, SUBARACHNOID/SUBDURAL CATHETER  CPT/HCPCS EXCISION OR CURETTIAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBIALLY WITH ALLOGRAFT  CPT/HCPCS POLILICIZATION OF A DIGIT  PYES  CPT/HCPCS POLILICIZATION OF A DIGIT  PYES  CPT/HCPCS POLILICIZATION OF A DIGIT  PYES  CPT/HCPCS CPT/HCPCS CPT/HCPCS POLILICIZATION OF A DIGIT  PYES  CPT/HCPCS CPT/H	42509	CPT/HCPCS		Yes
ARTERY  STATE CPT/HCPCS BYPASS GRAFT, WITH VEIN; AXILLARY AXILLARY  Ves  21632 CPT/HCPCS ADDICAL RESECTION OF STERNUM; WITH MEDIASTINAL YES  22194 CPT/HCPCS REPLACEMENT OR IRRIGATION, SUBARACHNOID/SUBDURAL CATHETER  727638 CPT/HCPCS EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA; WITH ALLOGRAFT FIBU				
27518 CPT/HCPCS BYPASS GRAFT, WITH VEIN; AXILLARY-AXILLARY 2752 CPT/HCPCS RADICAL RESECTION OF STERRUM; WITH MEDIASTINAL 2753 CPT/HCPCS REPLACEMENT OR IRRIGATION, SUBARACHNOID/SUBDURAL CATHETER 2753 CPT/HCPCS REPLACEMENT OR IRRIGATION, SUBARACHNOID/SUBDURAL CATHETER 2754 CPT/HCPCS EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR 2755 CPT/HCPCS EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR 2756 CPT/HCPCS PAULICIZATION OF A DIGIT 2757 CPT/HCPCS ARTHRODESIS, TIBIOFIBULAR JOINT, PROXIMAL OR DISTAL 2757 CPT/HCPCS ARTHRODESIS, TIBIOFIBULAR JOINT, PROXIMAL OR DISTAL 2758 CPT/HCPCS SIGNEL, EACH TENDON 2759 CPT/HCPCS PANCREATICOJEJUNOSTOMY, SIDE-TO-SIDE ANASTOMOSIS (PUESTOW-TYPE Yes 2759 OPERATION) 2751 CPT/HCPCS DIRECT REPAIR OF ANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND GRAFT 2759 OPERATION, WITH OR WITHOUT PATCH GRAFT. FOR ANEURYSM 2750 CPT/HCPCS OR RITHOUT HYDROCELECTOMY; INCARCERATED OR STRANGULA 2750 CPT/HCPCS CORONARY ENDATERETOMY, OPEN, ANY METHOD, OF LEFT ANTERIOR 2750 CPT/HCPCS ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL OR LATERAL 2750 CPT/HCPCS ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL OR LATERAL 2750 CPT/HCPCS EXCISION OF LACRIMAL GLAND TUMOR; INVOLVING OSTEOTOMY 2750 CPT/HCPCS TREATMENT OF CLOSED INTERCONDYLAR SPINIES) FRACTURE(S) OF KNEE 2750 CPT/HCPCS TREATMENT OF CLOSED INTERCONDYLAR SPINIES) FRACTURE(S) OF KNEE 2750 CPT/HCPCS TREATMENT OF CLOSED INTERCONDYLAR SPINIES) FRACTURE(S) OF KNEE 2751 CPT/HCPCS CHANGE OF CYSTOSTOMY TUBE; COMPLICATED 2751 CPT/HCPCS CHANGE OF CYSTOSTOMY TUBE; COMPLICATED 2752 CPT/HCPCS CHANGE OF CYSTOSTOMY TUBE; COMPLICATED 2753 CPT/HCPCS CHANGE OF CYSTOSTOMY TUBE; COMPLICATED 2754 CPT/HCPCS CHANGE OF CYSTOSTOMY TUBE; COMPLICATED 2755 CPT/HCPCS CHANGE OF CYSTOSTOMY TUBE; COMPLICATED 2756 CPT/HCPCS CHANGE OF CYSTOSTOMY TUBE; COMPLICATED 2757 CPT/HCPCS CHANGE OF CYSTOSTOMY TUBE; COMPLICATED 2758 CPT/HCPCS CHANGE OF CYSTOSTOMY TUBE; COMPLICATED 2759 CPT/HCPCS CHANGE OF CALL HISTOLA WITH TIBRIN GUILE 2759 CPT/HCPCS CHANGE OF CALL HISTOLA WITH TIB	35691	CPT/HCPCS	TRANSPOSITION AND/OR REIMPLANTATION; VERTEBRAL TO CAROTID	Yes
CPT/HCPCS REPLACEMENT OF STERNUM; WITH MEDIASTINAL YES LYMPHADENECTOMY  82194 CPT/HCPCS REPLACEMENT OR IRRIGATION, SUBARACHNOID/SUBDURAL CATHETER YES  82195 CPT/HCPCS EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA, WITH ALLOGRAFT YES  82500 CPT/HCPCS POLLICIZATION OF A DIGIT YES  827871 CPT/HCPCS POLLICIZATION OF A DIGIT YES  827872 CPT/HCPCS TENDLYSIS, FLEXOR OR EXTENSOR TENDON, FOREARM AND/OR WRIST, SINGLE, EACH TENDON  848548 CPT/HCPCS TENDLYSIS, FLEXOR OR EXTENSOR TENDON, FOREARM AND/OR WRIST, SINGLE, EACH TENDON  849549 CPT/HCPCS DIECT REPAIR OF ANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND GRAFT YES  835111 CPT/HCPCS DIECT REPAIR OF ANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND GRAFT YES DIRECT REPAIR OF ANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND GRAFT YES DIRECT REPAIR OF ANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND GRAFT YES DIRECT REPAIR OF ANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND GRAFT YES DIRECT REPAIR OF ANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND GRAFT YES DIRECT REPAIR OF ANEURYSM OR EXCESSION (PARTIAL OR TOTAL) AND GRAFT YES DIRECT REPAIR OF ANEURYSM OR EXCESSION (PARTIAL OR TOTAL) AND GRAFT YES DIRECT REPAIR OF ANEURYSM OR EXCESSION (PARTIAL OR TOTAL) AND GRAFT YES DIRECT REPAIR OF ANEURYSM OR EXCESSION (PARTIAL OR TOTAL) AND GRAFT YES DIRECT REPAIR OF ANEURY SM OR WITHOUT HYDROCELECTOMY; INCARCERATED OR STRANGULA  95011 CPT/HCPCS CORONARY ENDATERETOMY, OPEN, ANY METHOD, OF LEFT ANTERIOR DESCENDING, CIRCUMFLEX, OR RIGHT CORONANAY ARTERY PERFORMED  27446 CPT/HCPCS ARTHROFT OF CLOSED INTERCONDYLAR SPINIC(S) FRACTURE(S) OF KNEE YES COMPARTMENT  27538 CPT/HCPCS EXCISION OF LACRIMAL GLAND TUMOR; INVOLVING OSTEOTOMY YES COMPHICATED YES PROCEDURE UNDER ANESTHESIA YES PROCEDURE YES SYNDROME OR THER CAUSE; WITH SYMPATHECTOMY YES			ARTERY	
LYMPHADENECTOMY  REPLACEMENT OR IRRIGATION, SUBARACHNOID/SUBDURAL CATHETER  Yes  CPT/HCPCS  EXCISION OR GURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA: WITH ALLOGRAFT  POLLICIZATION OF A DIGIT  26550  CPT/HCPCS  POLLICIZATION OF A DIGIT  Yes  27871  CPT/HCPCS  ARTHRODESIS, TIBIOFIBULAR JOINT, PROXIMAL OR DISTAL  Yes  CPT/HCPCS  TENOLYSIS, FLEXOR OR EXTENSOR TENDON, FOREARM AND/OR WRIST, SINCLE, EACH TENDON  ABS48  CPT/HCPCS  PANCREATICOJEJUNOSTOMY, SIDE-TO-SIDE ANASTOMOSIS (PUESTOW-TYPE OF PANCREATICOJEJUNOSTOMY, SIDE-TO-SIDE ANASTOMOSIS (PUESTOW-TYPE  PANCREATICOJEJUNOSTOMO, SIDE-TO-SIDE ANASTOMOSIS (PUESTOW-TYPE  PANCREATICOJEJUNOSTOMO, SIDE	35518	CPT/HCPCS	BYPASS GRAFT, WITH VEIN; AXILLARY-AXILLARY	Yes
CPT/HCPCS REPLACEMENT OR IRRIGATION, SUBARACHNOID/SUBDURAL CATHETER YES  CPT/HCPCS EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA; WITH ALLOGRAFT  Pes POLLICIZATION OF A DIGIT  CPT/HCPCS TENDLYSIS, FLEXOR OR EXTENSOR TENDON, FOREARM AND/OR WRIST, SINGLE, EACH TENDON  RESERVED OPERATION)  RESERVED OPERATION  CPT/HCPCS DIRECT REPAIR OF ANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND GRAFT YES OPERATION)  CPT/HCPCS REPAIR OF ANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND GRAFT YES OR WITHOUT HYDROCELLECTOMY; INCARCERATED OR STRANGULA  STATE OF THE CONTROL OF	21632	CPT/HCPCS	RADICAL RESECTION OF STERNUM; WITH MEDIASTINAL	Yes
27638 CPT/HCPCS EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA; WITH ALLOGRAFT 28550 CPT/HCPCS POLLICIZATION OF A DIGIT 27671 CPT/HCPCS ARTHRODESIS, TIBIOPIBULAR JOINT, PROXIMAL OR DISTAL 27672 CPT/HCPCS ARTHRODESIS, TIBIOPIBULAR JOINT, PROXIMAL OR DISTAL 27673 CPT/HCPCS CPT/HCPCS PROLYSIS, FLEXOR OR EXTENSOR TENDON, FOREARM AND/OR WRIST, SINGLE, EACH TENDON 265295 CPT/HCPCS PANCREATICOJEJUNOSTOMY, SIDE-TO-SIDE ANASTOMOSIS (PUESTOW-TYPE Yes OPERATION) 26640 CPT/HCPCS DIRECT REPAIR OF ANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND GRAFT YES INSERTION, WITH OR RWITHOUT PATCH GRAFT; FOR ANEURYSM PROXIMAL OR TOTAL) AND GRAFT YES OR WITHOUT HYDROCELECTOMY; INCARCERATED OR STRANGULA 26520 CPT/HCPCS CORONARY ENDATERETOMY, OPEN, ANY METHOD, OF LEFT ANTERIOR DESCENDING, CIRCUMFLEX, OR RIGHT CORONARY ARTERY PERFORMED 26520 CPT/HCPCS ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL OR LATERAL COMPARTMENT COMPAR			LYMPHADENECTOMY	
FIBULA; WITH ALLOGRAFT  POLLICIZATION OF A DIGIT  PES  27871 CPT/HCPCS POLLICIZATION OF A DIGIT  27872 CPT/HCPCS TENDLYSIS, FILEOFIBULAR JOINT, PROXIMAL OR DISTAL  PES  28295 CPT/HCPCS TENDLYSIS, FLEXOR OR EXTENSOR TENDON, FOREARM AND/OR WRIST, SINGLE, EACH TENDON  48548 CPT/HCPCS PANCREATICO/EJUNOSTOMY, SIDE-TO-SIDE ANASTOMOSIS (PUESTOW-TYPE YES OPERATION)  35111 CPT/HCPCS DIRECT REPAIR OF ANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND GRAFT YES INSERTION, WITH OR WITHOUT PATCH GRAFT; FOR ANEURYSM  49501 CPT/HCPCS DIRECT REPAIR OF ANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND GRAFT YES INSERTION, WITH OR WITHOUT PATCH GRAFT; FOR ANEURYSM  33572 CPT/HCPCS CORONARY ENDATERETOMY, OPEN, ANY METHOD, OF LEFT ANTERIOR DESCENDING, CIRCUMFLEX, OR RIGHT CORONARY ARTERY PERFORMED  27446 CPT/HCPCS ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL OR LATERAL YES COMPARTMENT  27538 CPT/HCPCS EXCISION OF LACRIMAL GLAND TUMOR; INVOLVING OSTEOTOMY YES  27538 CPT/HCPCS TREATMENT OF CLOSED INTERCONDYLAR SPINE(S) FRACTURE(S) OF KNEE  28570 CPT/HCPCS THORACIC LYMPHADENECTOMY, REGIONAL, INCLUDING MEDIASTINAL & PERITRACHEAL NODES (REPORT IN ADDITION TO PRIMARY PROC CODE)  27610 CPT/HCPCS "CHANGE OF CYSTOSTOMY TUBE; COMPULATED YES PROCEDURE) UNDER ANISTHESIA  27610 CPT/HCPCS "CHANGE OF CYSTOSTOMY TUBE; COMPULATED YES PROCEDURE) UNDER ANISTHESIA  27610 CPT/HCPCS "SPOON OF LACRIMAL GRAD TO FOREIGN BODY (SEPARATE YES PROCEDURE) UNDER ANISTHESIA  27610 CPT/HCPCS "SPOON OF LACRIMAL FIRSTILA WISH FIBRIN GLUE YES  27610 CPT/HCPCS "SPOON OF LACRIMAL FOR DUTLET COMPRESSION YES SYNDROME OR OTHER CAUSE; WITH SYMPATHECTOMY  406706 CPT/HCPCS REPAIR OF ANAL FISTULA WITH FIBRIN GLUE YES	62194	CPT/HCPCS	REPLACEMENT OR IRRIGATION, SUBARACHNOID/SUBDURAL CATHETER	Yes
FIBULA; WITH ALLOGRAFT  POLLICIZATION OF A DIGIT  PES  27871 CPT/HCPCS POLLICIZATION OF A DIGIT  27872 CPT/HCPCS TENDLYSIS, FILEOFIBULAR JOINT, PROXIMAL OR DISTAL  PES  28295 CPT/HCPCS TENDLYSIS, FLEXOR OR EXTENSOR TENDON, FOREARM AND/OR WRIST, SINGLE, EACH TENDON  48548 CPT/HCPCS PANCREATICO/EJUNOSTOMY, SIDE-TO-SIDE ANASTOMOSIS (PUESTOW-TYPE YES OPERATION)  35111 CPT/HCPCS DIRECT REPAIR OF ANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND GRAFT YES INSERTION, WITH OR WITHOUT PATCH GRAFT; FOR ANEURYSM  49501 CPT/HCPCS DIRECT REPAIR OF ANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND GRAFT YES INSERTION, WITH OR WITHOUT PATCH GRAFT; FOR ANEURYSM  33572 CPT/HCPCS CORONARY ENDATERETOMY, OPEN, ANY METHOD, OF LEFT ANTERIOR DESCENDING, CIRCUMFLEX, OR RIGHT CORONARY ARTERY PERFORMED  27446 CPT/HCPCS ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL OR LATERAL YES COMPARTMENT  27538 CPT/HCPCS EXCISION OF LACRIMAL GLAND TUMOR; INVOLVING OSTEOTOMY YES  27538 CPT/HCPCS TREATMENT OF CLOSED INTERCONDYLAR SPINE(S) FRACTURE(S) OF KNEE  28570 CPT/HCPCS THORACIC LYMPHADENECTOMY, REGIONAL, INCLUDING MEDIASTINAL & PERITRACHEAL NODES (REPORT IN ADDITION TO PRIMARY PROC CODE)  27610 CPT/HCPCS "CHANGE OF CYSTOSTOMY TUBE; COMPULATED YES PROCEDURE) UNDER ANISTHESIA  27610 CPT/HCPCS "CHANGE OF CYSTOSTOMY TUBE; COMPULATED YES PROCEDURE) UNDER ANISTHESIA  27610 CPT/HCPCS "SPOON OF LACRIMAL GRAD TO FOREIGN BODY (SEPARATE YES PROCEDURE) UNDER ANISTHESIA  27610 CPT/HCPCS "SPOON OF LACRIMAL FIRSTILA WISH FIBRIN GLUE YES  27610 CPT/HCPCS "SPOON OF LACRIMAL FOR DUTLET COMPRESSION YES SYNDROME OR OTHER CAUSE; WITH SYMPATHECTOMY  406706 CPT/HCPCS REPAIR OF ANAL FISTULA WITH FIBRIN GLUE YES	07000	ODT/ILIODOS	EVOICION OR CURETTAGE OF PONE OVET OR RENIGNITUMOR TIPLA OR	V
26550 CPT/HCPCS POLLICIZATION OF A DIGIT CPT/HCPCS ARTHRODESIS, TIBIOFIBULAR JOINT, PROXIMAL OR DISTAL Yes 25295 CPT/HCPCS TENOLYSIS, FLEXOR OR EXTENSOR TENDON, FOREARM AND/OR WRIST, SINGLE, EACH TENDON A8548 CPT/HCPCS PANCREATICOJEJUNOSTOMY, SIDE-TO-SIDE ANASTOMOSIS (PUESTOW-TYPE OPERATION) DIRECT REPAIR OF ANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR WITHOUT PATCH GRAFT; FOR ANEURYSM A9501 CPT/HCPCS REPAIR OF ANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND GRAFT OR WITHOUT HYDROCELECTOMY; INCARCERATED OR STRANGULA  33572 CPT/HCPCS CORONARY ENDATERETOMY, OPEN, ANY METHOD, OF LEFT ANTERIOR DESCENDING, CIRCUMFLEX, OR RIGHT CORORNARY ARTERY PERFORMED  27446 CPT/HCPCS ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL OR LATERAL COMPARITMENT  38550 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)  51710 CPT/HCPCS "CHANGE OF CYSTOSTOMY TUBE; COMPLICATED YES 45915 CPT/HCPCS "CHANGE OF CYSTOSTOMY TUBE; COMPLICATED YES 27400 CPT/HCPCS "BIOPSY, PLEURA; PERCUTANEOUS NEEDLE PROCEDUREJ UNDER ANESTHESIA 32400 CPT/HCPCS "BIOPSY, PLEURA; PERCUTANEOUS NEEDLE YES 46706 CPT/HCPCS REPAIR OF ANAL FISTULA WITH FIBRIN GLUE YES	2/638	CP1/HCPCS	· ·	res
CPT/HCPCS   ARTHRODESIS, TIBIOFIBULAR JOINT, PROXIMAL OR DISTAL   Yes	26550	CDT/HCDCS	·	Voc
CPT/HCPCS TENOLYSIS, FLEXOR OR EXTENSOR TENDON, FOREARM AND/OR WRIST, SINGLE, EACH TENDON  48548 CPT/HCPCS PANCREATICO/JEJUNOSTOMY, SIDE-TO-SIDE ANASTOMOSIS (PUESTOW-TYPE Yes OPERATION)  35111 CPT/HCPCS DIRECT REPAIR OF ANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR WITHOUT PATCH GRAFT; FOR ANEURYSM  49501 CPT/HCPCS REPAIR INITIAL INGUINAL HERNIA, AGE 6 MONTHS TO UNDER 5 YEARS, WITH OR WITHOUT HYDROCELECTOMY; INCARCERATED OR STRANGULA  33572 CPT/HCPCS CORONARY ENDATERETOMY, OPEN, ANY METHOD, OF LEFT ANTERIOR DESCENDING, CIRCUMFLEX, OR RIGHT CORONARY ARTERY PERFORMED  27446 CPT/HCPCS ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL OR LATERAL COMPARTMENT  88550 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)  51710 CPT/HCPCS "CHANGE OF CYSTOSTOMY TUBE; COMPLICATED PROCEDURE, UNDER ANESTHESIA  45915 CPT/HCPCS "BIOPSY, PLEURS; PERCUTANEOUS NEEDLE PROCEDURE, UNDER ANESTHESIA 22400 CPT/HCPCS "BIOPSY, PLEURS; PERCUTANEOUS NEEDLE YES  27507 CPT/HCPCS REPAIR OF ANAL FISTULA WITH FIBRIN GLUE YES  46706 CPT/HCPCS REPAIR OF ANAL FISTULA WITH FIBRIN GLUE YES				
SINGLE, EACH TENDON  ARSTARD  PANCREATICOJEUNOSTOMY, SIDE-TO-SIDE ANASTOMOSIS (PUESTOW-TYPE YES OPERATION)  35111 CPT/HCPCS DIRECT REPAIR OF ANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND GRAFT YES INSERTION, WITH OR WITHOUT PATCH GRAFT; FOR ANEURYSM  49501 CPT/HCPCS REPAIR INITIAL INSUINAL HERNIA, AGE 6 MONTHS TO UNDER 8 YEARS, WITH OR WITHOUT HYDROCELECTOMY; INCARCERATED OR STRANGULA  33572 CPT/HCPCS CORONARY ENDATERETOMY, OPEN, ANY METHOD, OF LEFT ANTERIOR DESCENDING, CIRCUMFLEX, OR RIGHT CORONARRY ARTERY PERFORMED  27446 CPT/HCPCS ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL OR LATERAL YES COMPARTMENT  BR8550 CPT/HCPCS EXCISION OF LACRIMAL GLAND TUMOR; INVOLVING OSTEOTOMY YES COTHCHOPCS TREATMENT OF CLOSED INTERCONDYLAR SPINE(S) FRACTURE(S) OF KNEE YES PERITRACHEAL NODES (REPORT IN ADDITION TO PRIMARY PROC CODE)  36746 CPT/HCPCS *THORACIC LYMPHADENECTOMY, REGIONAL, INCLUDING MEDIASTINAL & PERITRACHEAL NODES (REPORT IN ADDITION TO PRIMARY PROC CODE)  51710 CPT/HCPCS *CHANGE OF CYSTOSTOMY TUBE; COMPLICATED YES PROCEDURE) UNDER ANESTHESIA  45915 CPT/HCPCS *BIOPSY, PLEURA; PERCUTANEOUS NEEDLE YES PROCEDURE) UNDER ANESTHESIA  32400 CPT/HCPCS *BIOPSY, PLEURA; PERCUTANEOUS NEEDLE YES SYNDROME OR OTHER CAUSE; WITH SYMPATHECTOMY  46706 CPT/HCPCS REPAIR OF ANAL FISTULA WITH FIBRIN GLUE YES				
AB548 CPT/HCPCS PANCREATICOJEJUNOSTOMY, SIDE-TO-SIDE ANASTOMOSIS (PUESTOW-TYPE Yes OPERATION)  35111 CPT/HCPCS DIRECT REPAIR OF ANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND GRAFT Yes INSERTION, WITH OR WITHOUT PATCH GRAFT, FOR ANEURYSM  49501 CPT/HCPCS REPAIR INITIAL INGUINAL HERNIA, AGE 6 MONTHS TO UNDER 5 YEARS, WITH Yes OR WITHOUT HYDROCELECTOMY; INCARCERATED OR STRANGULA  33572 CPT/HCPCS CORONARY ENDATERETOMY, OPEN, ANY METHOD, OF LEFT ANTERIOR DESCENDING, CIRCUMFLEX, OR RIGHT CORONARY ARTERY PERFORMED  27446 CPT/HCPCS ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL OR LATERAL COMPARTMENT  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)  51710 CPT/HCPCS *CHANGE OF CYSTOSTOMY TUBE; COMPLICATED YES  45915 CPT/HCPCS *REMOVAL OF FECAL IMPACTION OR FOREIGN BODY (SEPARATE YES PROCEDURE) UNDER ANESTHESIA  2460 CPT/HCPCS SICISION FIRST AND/OR CERVICAL RIB FOR OUTLET COMPRESSION YES  25021616 CPT/HCPCS REPAIR OF ANAL FISTULA WITH FIBRIN GLUE YES  46706 CPT/HCPCS REPAIR OF ANAL FISTULA WITH FIBRIN GLUE  Yes	20290	CF1/HCFC3		ites
OPERATION)  35111 CPT/HCPCS DIRECT REPAIR OF ANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND GRAFT (Yes INSERTION, WITH OR WITHOUT PATCH GRAFT; FOR ANEURYSM (PARTIAL OR TOTAL) AND GRAFT (Yes INSERTION, WITH OR WITHOUT PATCH GRAFT; FOR ANEURYSM (PARTIAL OR TOTAL) AND GRAFT (Yes OR WITHOUT HYDROCELECTOMY; INCARCERATED OR STRANGULA (PARTIAL OR TOTAL) AND GRAFT (Yes OR WITHOUT HYDROCELECTOMY; INCARCERATED OR STRANGULA (PARTIAL OR TOTAL) AND GRAFT (Yes OR WITHOUT HYDROCELECTOMY; INCARCERATED OR STRANGULA (PARTIAL OR TOTAL) AND GRAFT (Yes OR OR WITHOUT HYDROCELECTOMY; INCARCERATED OR STRANGULA (Yes OR	18518	CPT/HCPCS		Ves
DIRECT REPAIR OF ANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND GRAFT Yes INSERTION, WITH OR WITHOUT PATCH GRAFT; FOR ANEURYSM  REPAIR INITIAL INGUINAL HERNIA, AGE 6 MONTHS TO UNDER 5 YEARS, WITH Yes OR WITHOUT HYDROCELECTOMY; INCARCERATED OR STRANGULA  33572 CPT/HCPCS CORONARY ENDATERETOMY, OPEN, ANY METHOD, OF LEFT ANTERIOR DESCENDING, CIRCUMFLEX, OR RIGHT CORONARY ARTERY PERFORMED  27446 CPT/HCPCS ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL OR LATERAL COMPARTMENT  27538 CPT/HCPCS EXCISION OF LACRIMAL GLAND TUMOR; INVOLVING OSTEOTOMY YES  27538 CPT/HCPCS TREATMENT OF CLOSED INTERCONDYLAR SPINE(S) FRACTURE(S) OF KNEE  38746 CPT/HCPCS THORACIC LYMPHADENECTOMY, REGIONAL, INCLUDING MEDIASTINAL & PERITRACHEAL NODES (REPORT IN ADDITION TO PRIMARY PROC CODE)  51710 CPT/HCPCS *CHANGE OF CYSTOSTOMY TUBE; COMPLICATED YES PROCEDURE) UNDER ANESTHESIA  45915 CPT/HCPCS *REMOVAL OF FECAL IMPACTION OR FOREIGN BODY (SEPARATE PROCEDURE) UNDER ANESTHESIA  32400 CPT/HCPCS *SIOPSY, PLEURA; PERCUTANEOUS NEEDLE YES PROCEDURE) UNDER ANESTHESIA  46706 CPT/HCPCS REPAIR OF ANAL FIRST AND/OR CERVICAL RIB FOR OUTLET COMPRESSION YES SYNDROME OR OTHER CAUSE; WITH SYMPATHECTOMY  46706 CPT/HCPCS REPAIR OF ANAL FISTULA WITH FIBRIN GLUE YES	40040	01 1/1101 00	· ·	
INSERTION, WITH OR WITHOUT PATCH GRAFT; FOR ANEURYSM  49501 CPT/HCPCS REPAIR INITIAL INGUINAL HERNIA, AGE 6 MONTHS TO UNDER 5 YEARS, WITH OR WITHOUT HYDROCELECTOMY; INCARCERATED OR STRANGULA  33572 CPT/HCPCS CORONARY ENDATERETOMY, OPEN, ANY METHOD, OF LEFT ANTERIOR DESCENDING, CIRCUMFLEX, OR RIGHT CORORNARY ARTERY PERFORMED  27446 CPT/HCPCS ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL OR LATERAL COMPARTMENT  COMPARTMENT  COMPARTMENT  COMPARTMENT  COMPARTMENT  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)  51710 CPT/HCPCS *CHANGE OF CYSTOSTOMY TUBE; COMPLICATED YES  45915 CPT/HCPCS *REMOVAL OF FECAL IMPACTION OR FOREIGN BODY (SEPARATE PROCEDURE) UNDER ANESTHESIA  32400 CPT/HCPCS *BIOPSY, PLEURA; PERCUTANEOUS NEEDLE YES  251616 CPT/HCPCS REPAIR OF ANAL FISTULA WITH FIBRIN GLUE YES  46706 CPT/HCPCS REPAIR OF ANAL FISTULA WITH FIBRIN GLUE YES	35111	CPT/HCPCS		Yes
REPAIR INITIAL INGUINAL HERNIA, AGE 6 MONTHS TO UNDER 5 YEARS, WITH YES OR WITHOUT HYDROCELECTOMY; INCARCERATED OR STRANGULA  CPT/HCPCS CORONARY ENDATERETOMY, OPEN, ANY METHOD, OF LEFT ANTERIOR DESCENDING, CIRCUMFLEX, OR RIGHT CORORNARY ARTERY PERFORMED  TESCENDING, CIRCUMFLEX, OR RIGHT CORORNARY ARTERY PERFORMED  ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL OR LATERAL COMPARTMENT  SESSO CPT/HCPCS EXCISION OF LACRIMAL GLAND TUMOR; INVOLVING OSTEOTOMY YES TREATMENT OF CLOSED INTERCONDYLAR SPINE(S) FRACTURE(S) OF KNEE  THORACIC LYMPHADENECTOMY, REGIONAL, INCLUDING MEDIASTINAL & PERITRACHEAL NODES (REPORT IN ADDITION TO PRIMARY PROC CODE)  THORACIC LYMPHADENECTOMY, REGIONAL, INCLUDING MEDIASTINAL & PERITRACHEAL NODES (REPORT IN ADDITION TO PRIMARY PROC CODE)  THORACIC LYMPHADENECTOMY, REGIONAL, INCLUDING MEDIASTINAL & PERITRACHEAL NODES (REPORT IN ADDITION TO PRIMARY PROC CODE)  THORACIC LYMPHADENECTOMY, REGIONAL, INCLUDING MEDIASTINAL & PERITRACHEAL NODES (REPORT IN ADDITION TO PRIMARY PROC CODE)  THORACIC LYMPHADENECTOMY, REGIONAL, INCLUDING MEDIASTINAL & PERITRACHEAL NODES (REPORT IN ADDITION TO PRIMARY PROC CODE)  THORACIC LYMPHADENECTOMY, REGIONAL, INCLUDING MEDIASTINAL & PERITRACHEAL NODES (REPORT IN ADDITION TO PRIMARY PROC CODE)  THORACIC LYMPHADENECTOMY, REGIONAL, INCLUDING MEDIASTINAL & PERITRACHEAL NODES (REPORT IN ADDITION TO PRIMARY PROC CODE)  THORACIC LYMPHADENECTOMY, REGIONAL, INCLUDING MEDIASTINAL & PERITRACHEAL NODES (REPORT IN ADDITION TO PRIMARY PROC CODE)  THORACIC LYMPHADENECTOMY, REGIONAL RIB FOR OUTLET COMPRESSION SYNDROME OR OTHER CAUSE; WITH SYMPATHECTOMY  THORACIC LYMPHADENCTOMY, REPAIR OF ANAL FISTULA WITH FIBRIN GLUE  THORACIC LYMPHADENCTOMY  THORACIC LYMPHADENCTOMY, REPAIR OF ANAL FISTULA WITH FIBRIN GLUE  THORACIC LYMPHADENCTOMY  THORACIC LYMPHADENCTOMY, REFORMANT AND THE CONDY SEARCH AND THE CO	00111	01 171101 00	,	
OR WITHOUT HYDROCELECTOMY; INCARCERATED OR STRANGULA  33572 CPT/HCPCS CORONARY ENDATERETOMY, OPEN, ANY METHOD, OF LEFT ANTERIOR DESCENDING, CIRCUMFLEX, OR RIGHT CORORNARY ARTERY PERFORMED  27446 CPT/HCPCS ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL OR LATERAL COMPARTMENT  88550 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)  51710 CPT/HCPCS *CHANGE OF CYSTOSTOMY TUBE; COMPLICATED Yes  45915 CPT/HCPCS *REMOVAL OF FECAL IMPACTION OR FOREIGN BODY (SEPARATE YES  PROCEDURE) UNDER ANESTHESIA  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  46706 CPT/HCPCS REPAIR OF ANAL FISTULA WITH FIBRIN GLUE Yes	49501	CPT/HCPCS		Yes
CPT/HCPCS CORONARY ENDATERETOMY, OPEN, ANY METHOD, OF LEFT ANTERIOR DESCENDING, CIRCUMFLEX, OR RIGHT CORORNARY ARTERY PERFORMED  27446 CPT/HCPCS ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL OR LATERAL COMPARTMENT  88550 CPT/HCPCS EXCISION OF LACRIMAL GLAND TUMOR; INVOLVING OSTEOTOMY  Yes  27538 CPT/HCPCS TREATMENT OF CLOSED INTERCONDYLAR SPINE(S) FRACTURE(S) OF KNEE  88746 CPT/HCPCS THORACIC LYMPHADENECTOMY, REGIONAL, INCLUDING MEDIASTINAL & PERITRACHEAL NODES (REPORT IN ADDITION TO PRIMARY PROC CODE)  51710 CPT/HCPCS *CHANGE OF CYSTOSTOMY TUBE; COMPLICATED Yes  45915 CPT/HCPCS *REMOVAL OF FECAL IMPACTION OR FOREIGN BODY (SEPARATE PROCEDURE) UNDER ANESTHESIA  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  46706 CPT/HCPCS REPAIR OF ANAL FISTULA WITH FIBRIN GLUE YES	.000_			
DESCENDING, CIRCUMFLEX, OR RIGHT CORORNARY ARTERY PERFORMED  27446 CPT/HCPCS ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL OR LATERAL COMPARTMENT  88550 CPT/HCPCS EXCISION OF LACRIMAL GLAND TUMOR; INVOLVING OSTEOTOMY Yes  27538 CPT/HCPCS TREATMENT OF CLOSED INTERCONDYLAR SPINE(S) FRACTURE(S) OF KNEE  38746 CPT/HCPCS THORACIC LYMPHADENECTOMY, REGIONAL, INCLUDING MEDIASTINAL & PERITRACHEAL NODES (REPORT IN ADDITION TO PRIMARY PROC CODE)  51710 CPT/HCPCS *CHANGE OF CYSTOSTOMY TUBE; COMPLICATED Yes  45915 CPT/HCPCS *REMOVAL OF FECAL IMPACTION OR FOREIGN BODY (SEPARATE PROCEDURE) UNDER ANESTHESIA  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 46706 CPT/HCPCS REPAIR OF ANAL FISTULA WITH FIBRIN GLUE  Yes			, , , , , , , , , , , , , , , , , , , ,	
27446 CPT/HCPCS ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL OR LATERAL COMPARTMENT  88550 CPT/HCPCS EXCISION OF LACRIMAL GLAND TUMOR; INVOLVING OSTEOTOMY 27538 CPT/HCPCS TREATMENT OF CLOSED INTERCONDYLAR SPINE(S) FRACTURE(S) OF KNEE  878746 CPT/HCPCS THORACIC LYMPHADENECTOMY, REGIONAL, INCLUDING MEDIASTINAL & Yes PERITRACHEAL NODES (REPORT IN ADDITION TO PRIMARY PROC CODE)  87915 CPT/HCPCS *CHANGE OF CYSTOSTOMY TUBE; COMPLICATED PROCEDURE) UNDER ANESTHESIA  87916 CPT/HCPCS *BIOPSY, PLEURA; PERCUTANEOUS NEEDLE PROCEDURE) UNDER ANESTHESIA  87916 CPT/HCPCS EXCISION FIRST AND/OR CERVICAL RIB FOR OUTLET COMPRESSION SYNDROME OR OTHER CAUSE; WITH SYMPATHECTOMY  46706 CPT/HCPCS REPAIR OF ANAL FISTULA WITH FIBRIN GLUE  Yes	33572	CPT/HCPCS	CORONARY ENDATERETOMY, OPEN, ANY METHOD, OF LEFT ANTERIOR	Yes
COMPARTMENT  ESS50 CPT/HCPCS EXCISION OF LACRIMAL GLAND TUMOR; INVOLVING OSTEOTOMY  27538 CPT/HCPCS TREATMENT OF CLOSED INTERCONDYLAR SPINE(S) FRACTURE(S) OF KNEE  38746 CPT/HCPCS THORACIC LYMPHADENECTOMY, REGIONAL, INCLUDING MEDIASTINAL & PERITRACHEAL NODES (REPORT IN ADDITION TO PRIMARY PROC CODE)  51710 CPT/HCPCS *CHANGE OF CYSTOSTOMY TUBE; COMPLICATED Yes  45915 CPT/HCPCS *REMOVAL OF FECAL IMPACTION OR FOREIGN BODY (SEPARATE PROCEDURE) UNDER ANESTHESIA  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  46706 CPT/HCPCS REPAIR OF ANAL FISTULA WITH FIBRIN GLUE Yes			DESCENDING, CIRCUMFLEX, OR RIGHT CORORNARY ARTERY PERFORMED	
COMPARTMENT  ESS50 CPT/HCPCS EXCISION OF LACRIMAL GLAND TUMOR; INVOLVING OSTEOTOMY  27538 CPT/HCPCS TREATMENT OF CLOSED INTERCONDYLAR SPINE(S) FRACTURE(S) OF KNEE  38746 CPT/HCPCS THORACIC LYMPHADENECTOMY, REGIONAL, INCLUDING MEDIASTINAL & PERITRACHEAL NODES (REPORT IN ADDITION TO PRIMARY PROC CODE)  51710 CPT/HCPCS *CHANGE OF CYSTOSTOMY TUBE; COMPLICATED Yes  45915 CPT/HCPCS *REMOVAL OF FECAL IMPACTION OR FOREIGN BODY (SEPARATE PROCEDURE) UNDER ANESTHESIA  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  46706 CPT/HCPCS REPAIR OF ANAL FISTULA WITH FIBRIN GLUE Yes				
CPT/HCPCS EXCISION OF LACRIMAL GLAND TUMOR; INVOLVING OSTEOTOMY Yes  CPT/HCPCS TREATMENT OF CLOSED INTERCONDYLAR SPINE(S) FRACTURE(S) OF KNEE Yes  THORACIC LYMPHADENECTOMY, REGIONAL, INCLUDING MEDIASTINAL & Yes  PERITRACHEAL NODES (REPORT IN ADDITION TO PRIMARY PROC CODE)  THORACIC LYMPHADENECTOMY, REGIONAL, INCLUDING MEDIASTINAL & Yes  PERITRACHEAL NODES (REPORT IN ADDITION TO PRIMARY PROC CODE)  THORACIC LYMPHADENECTOMY TUBE; COMPLICATED Yes  THORACIC LYMPHADENECTOMY TUBE; COMPLICATED Yes  PROCEDURE) UNDER ANESTHESIA  THORACIC LYMPHADENECTOMY ANESTHESIA ANESTHESIA SYNDROME OR OTHER CAUSE; WITH SYMPATHECTOMY  THORACIC LYMPHADENECTOMY  THORACIC LYMPHADENECTOMY AND THORACIC LYMPHADENECTOMY  THORACIC LYMPHADENECTOMY  THORACIC LYMPHADENECTOMY  THORACIC LYMPHADENECTOMY AND THORACIC LYMPHADENECTOMY  THORACIC LYMPHADENECTOMY  THORACIC LYMPHADENECTOMY AND THORACIC LYMPHADENECTOMY  THORACIC LYMPHADENECTOMY  THORACIC LYMPHADENECTOMY AND THORACIC LYMPHADENECTOMY  THORACIC LYMPHADENECTOMY AND THORACIC LYMPHADENECTOMY  THORACIC LYMPHADENECTOMY  THORACIC LYMPHADENECTOMY AND THORACIC LYMPHADENECTOMY  THORACIC LYMPHADENECTOMY AND THORACIC LYMPHADENECTOMY  THORACIC LYMPHADENECTOMY  THORACIC LYMPHADENECTOMY AND THORACIC LYMPHADENECTOMY  THORACIC LYMPHADENECTOMY  THORACIC LYMPHADENECTOMY AND THORACIC LYMPHADENECTOMY  THORA	27446	CPT/HCPCS	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL OR LATERAL	Yes
CPT/HCPCS TREATMENT OF CLOSED INTERCONDYLAR SPINE(S) FRACTURE(S) OF KNEE  THORACIC LYMPHADENECTOMY, REGIONAL, INCLUDING MEDIASTINAL & PERITRACHEAL NODES (REPORT IN ADDITION TO PRIMARY PROC CODE)  THORACIC LYMPHADENECTOMY, REGIONAL, INCLUDING MEDIASTINAL & Yes  PERITRACHEAL NODES (REPORT IN ADDITION TO PRIMARY PROC CODE)  THORACIC LYMPHADENECTOMY, REGIONAL, INCLUDING MEDIASTINAL & Yes  PERITRACHEAL NODES (REPORT IN ADDITION TO PRIMARY PROC CODE)  THORACIC LYMPHADENECTOMY, Yes  THORACIC LYMPHADENECTOMY, REGIONAL, INCLUDING MEDIASTINAL & Yes  THORACIC LYMPHADENECTOMY, RESIDENCE LYES  THORACIC LYMPHADENECTOMY, REGIONAL, INCLUDING MEDIASTINAL & Yes  THORACIC LYMPHADENECTOMY, REGIONAL FIRST AND				
38746 CPT/HCPCS THORACIC LYMPHADENECTOMY, REGIONAL, INCLUDING MEDIASTINAL & Yes PERITRACHEAL NODES (REPORT IN ADDITION TO PRIMARY PROC CODE)  51710 CPT/HCPCS *CHANGE OF CYSTOSTOMY TUBE; COMPLICATED Yes 45915 CPT/HCPCS *REMOVAL OF FECAL IMPACTION OR FOREIGN BODY (SEPARATE Yes PROCEDURE) UNDER ANESTHESIA 32400 CPT/HCPCS *BIOPSY, PLEURA; PERCUTANEOUS NEEDLE Yes 21616 CPT/HCPCS EXCISION FIRST AND/OR CERVICAL RIB FOR OUTLET COMPRESSION Yes SYNDROME OR OTHER CAUSE; WITH SYMPATHECTOMY 46706 CPT/HCPCS REPAIR OF ANAL FISTULA WITH FIBRIN GLUE Yes	68550	CPT/HCPCS	EXCISION OF LACRIMAL GLAND TUMOR; INVOLVING OSTEOTOMY	Yes
PERITRACHEAL NODES (REPORT IN ADDITION TO PRIMARY PROC CODE)  51710 CPT/HCPCS *CHANGE OF CYSTOSTOMY TUBE; COMPLICATED Yes  45915 CPT/HCPCS *REMOVAL OF FECAL IMPACTION OR FOREIGN BODY (SEPARATE Yes PROCEDURE) UNDER ANESTHESIA  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  46706 CPT/HCPCS REPAIR OF ANAL FISTULA WITH FIBRIN GLUE Yes	27538	CPT/HCPCS	TREATMENT OF CLOSED INTERCONDYLAR SPINE(S) FRACTURE(S) OF KNEE	Yes
PERITRACHEAL NODES (REPORT IN ADDITION TO PRIMARY PROC CODE)  51710 CPT/HCPCS *CHANGE OF CYSTOSTOMY TUBE; COMPLICATED Yes  45915 CPT/HCPCS *REMOVAL OF FECAL IMPACTION OR FOREIGN BODY (SEPARATE Yes PROCEDURE) UNDER ANESTHESIA  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  46706 CPT/HCPCS REPAIR OF ANAL FISTULA WITH FIBRIN GLUE Yes				
51710 CPT/HCPCS *CHANGE OF CYSTOSTOMY TUBE; COMPLICATED Yes 45915 CPT/HCPCS *REMOVAL OF FECAL IMPACTION OR FOREIGN BODY (SEPARATE Yes PROCEDURE) UNDER ANESTHESIA  32400 CPT/HCPCS *BIOPSY, PLEURA; PERCUTANEOUS NEEDLE Yes  21616 CPT/HCPCS EXCISION FIRST AND/OR CERVICAL RIB FOR OUTLET COMPRESSION Yes SYNDROME OR OTHER CAUSE; WITH SYMPATHECTOMY  46706 CPT/HCPCS REPAIR OF ANAL FISTULA WITH FIBRIN GLUE Yes	38746	CPT/HCPCS	THORACIC LYMPHADENECTOMY, REGIONAL, INCLUDING MEDIASTINAL &	Yes
45915 CPT/HCPCS *REMOVAL OF FECAL IMPACTION OR FOREIGN BODY (SEPARATE PROCEDURE) UNDER ANESTHESIA  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  46706 CPT/HCPCS REPAIR OF ANAL FISTULA WITH FIBRIN GLUE Yes			PERITRACHEAL NODES (REPORT IN ADDITION TO PRIMARY PROC CODE)	
45915 CPT/HCPCS *REMOVAL OF FECAL IMPACTION OR FOREIGN BODY (SEPARATE PROCEDURE) UNDER ANESTHESIA  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  46706 CPT/HCPCS REPAIR OF ANAL FISTULA WITH FIBRIN GLUE Yes				
PROCEDURE) UNDER ANESTHESIA  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  46706 CPT/HCPCS REPAIR OF ANAL FISTULA WITH FIBRIN GLUE Yes	51710		,	
32400 CPT/HCPCS *BIOPSY, PLEURA; PERCUTANEOUS NEEDLE Yes 21616 CPT/HCPCS EXCISION FIRST AND/OR CERVICAL RIB FOR OUTLET COMPRESSION Yes SYNDROME OR OTHER CAUSE; WITH SYMPATHECTOMY 46706 CPT/HCPCS REPAIR OF ANAL FISTULA WITH FIBRIN GLUE Yes	45915	CPT/HCPCS	`	Yes
21616 CPT/HCPCS EXCISION FIRST AND/OR CERVICAL RIB FOR OUTLET COMPRESSION SYNDROME OR OTHER CAUSE; WITH SYMPATHECTOMY 46706 CPT/HCPCS REPAIR OF ANAL FISTULA WITH FIBRIN GLUE Yes			,	
SYNDROME OR OTHER CAUSE; WITH SYMPATHECTOMY 46706 CPT/HCPCS REPAIR OF ANAL FISTULA WITH FIBRIN GLUE Yes	32400			
46706 CPT/HCPCS REPAIR OF ANAL FISTULA WITH FIBRIN GLUE Yes	21616	CPT/HCPCS		Yes
28344   CPT/HCPCS   RECONSTRUCTION, TOE(S); POLYDACTYLY   Yes				
	28344	CPT/HCPCS	JRECONSTRUCTION, TOE(S); POLYDACTYLY	Yes

62269 C 69511 C 15825 C 61576 C 11441 C	CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS	THERAPEUTIC APHERESIS WITH SELECTIVE HDL DELIPIDATION AND PLASMA REINFUSION  *BIOPSY OF SPINAL CORD, PERCUTANEOUS NEEDLE  MASTOIDECTOMY; RADICAL  RHYTIDECTOMY; NECK WITH PLATYSMAL TIGHTENING (PLATYSMAL FLAP, "P-FLAP")  TRANSORAL APPROACH TO SKULL BASE, BRAIN STEM OR UPPER SPINAL CORD FOR BIOPSY, DECOMPRESSION OR EXCISION OF LESION; REQUI  EXCISION, BENIGN LESION INCL MARGINS, (UNLS LSTD ELSWR) FACEEARS, EYELIDS, NOSE, LIPS, MUCOUS MEMB, EX DIAM 0.6 TO 1.0CM  DIRECT REPAIR OF ANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND GRAFT	Yes Yes Yes Yes Yes Yes
69511 C 15825 C 61576 C 11441 C	CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS	*BIOPSY OF SPINAL CORD, PERCUTANEOUS NEEDLE  MASTOIDECTOMY; RADICAL  RHYTIDECTOMY; NECK WITH PLATYSMAL TIGHTENING (PLATYSMAL FLAP, "P-FLAP")  TRANSORAL APPROACH TO SKULL BASE, BRAIN STEM OR UPPER SPINAL  CORD FOR BIOPSY, DECOMPRESSION OR EXCISION OF LESION; REQUI  EXCISION, BENIGN LESION INCL MARGINS, (UNLS LSTD ELSWR) FACEEARS,  EYELIDS, NOSE, LIPS, MUCOUS MEMB, EX DIAM 0.6 TO 1.0CM  DIRECT REPAIR OF ANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND GRAFT	Yes Yes Yes
69511 C 15825 C 61576 C 11441 C	CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS	MASTOIDECTOMY; RADICAL RHYTIDECTOMY; NECK WITH PLATYSMAL TIGHTENING (PLATYSMAL FLAP, "P-FLAP") TRANSORAL APPROACH TO SKULL BASE, BRAIN STEM OR UPPER SPINAL CORD FOR BIOPSY, DECOMPRESSION OR EXCISION OF LESION; REQUI EXCISION, BENIGN LESION INCL MARGINS, (UNLS LSTD ELSWR) FACEEARS, EYELIDS, NOSE, LIPS, MUCOUS MEMB, EX DIAM 0.6 TO 1.0CM  DIRECT REPAIR OF ANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND GRAFT	Yes Yes Yes
15825 C 61576 C 11441 C 35102 C	CPT/HCPCS CPT/HCPCS CPT/HCPCS	RHYTIDECTOMY; NECK WITH PLATYSMAL TIGHTENING (PLATYSMAL FLAP, "P-FLAP")  TRANSORAL APPROACH TO SKULL BASE, BRAIN STEM OR UPPER SPINAL CORD FOR BIOPSY, DECOMPRESSION OR EXCISION OF LESION; REQUI  EXCISION, BENIGN LESION INCL MARGINS, (UNLS LSTD ELSWR) FACEEARS, EYELIDS, NOSE, LIPS, MUCOUS MEMB, EX DIAM 0.6 TO 1.0CM  DIRECT REPAIR OF ANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND GRAFT	Yes Yes
61576 C	CPT/HCPCS CPT/HCPCS	TRANSORAL APPROACH TO SKULL BASE, BRAIN STEM OR UPPER SPINAL CORD FOR BIOPSY, DECOMPRESSION OR EXCISION OF LESION; REQUIEXCISION, BENIGN LESION INCL MARGINS, (UNLS LSTD ELSWR) FACEEARS, EYELIDS, NOSE, LIPS, MUCOUS MEMB, EX DIAM 0.6 TO 1.0CM  DIRECT REPAIR OF ANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND GRAFT	Yes
11441 C	CPT/HCPCS	CORD FOR BIOPSY, DECOMPRESSION OR EXCISION OF LESION; REQUI  EXCISION, BENIGN LESION INCL MARGINS, (UNLS LSTD ELSWR) FACEEARS, EYELIDS, NOSE, LIPS, MUCOUS MEMB, EX DIAM 0.6 TO 1.0CM  DIRECT REPAIR OF ANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND GRAFT	
35102 C	CPT/HCPCS	EYELIDS, NOSE, LIPS, MUCOUS MEMB, EX DIAM 0.6 TO 1.0CM  DIRECT REPAIR OF ANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND GRAFT	Yes
		· · · · · · · · · · · · · · · · · · ·	
28456 C	DT/LIODOC	INSERTION, WITH OR WITHOUT PATCH GRAFT; FOR ANEURYSM	Yes
	PT/HCPCS	TREATMENT OF CLOSED TARSAL BONE FRACTURE (EXCEPT TALUS AND CALCANEUS); WITH MANIPULATION AND PERCUTANEOUS PINNING, EAC	Yes
63661 C	CPT/HCPCS	REMOVAL OF SPINAL NEUROSTIMULATOR ELECTRODE PERCUTANEOUS ARRAY(S), INCLUDING FLUOROSCOPY, WHEN PERFORMED	Yes
40814 C	CPT/HCPCS	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITH COMPLEX REPAIR	Yes
11450 C	CPT/HCPCS	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, AXILLARY; WITH PRIMARY SUTURE	Yes
0474T C	CPT/HCPCS	INSERTION OF ANTERIOR SEGMENT AQUEOUS DRAINAGE DEVICE, WITH CREATION OF INTRAOCULAR RESERVOIR, INTERNAL APPROACH, INTO	Yes
49418 C	CPT/HCPCS	INSERTION OF TUNNELED INTRAPERITONEAL CATHETER (EG, DIALYSIS, INTRAPERITONEAL CHEMOTHERAPY INSTILLATION, MANAGEMENT OF	Yes
44187 C	PT/HCPCS	LAPAROSCOPY, SURGICAL; ILEOSTOMY OR JEJUNOSTOMY, NON-TUBE	Yes
31090 C	PT/HCPCS	SINUSOTOMY COMBINED, THREE OR MORE SINUSES	Yes
G0343 C	PT/HCPCS	LAPAROTOMY FOR ISLET CELL TRANSPLANT, INCLUDES PORTAL VEIN CATHETERIZATION AND INFUSION	Yes
27380 C	PT/HCPCS	SUTURE OF INFRAPATELLAR TENDON; PRIMARY	Yes
39545 C	PT/HCPCS	IMBRICATION OF DIAPHRAGM FOR EVENTRATION; PARALYTIC	Yes
	PT/HCPCS	BYPASS GRAFT, WITH OTHER THAN VEIN; ILIOFEMORAL	Yes
24665 C	PT/HCPCS	OPEN TREATMENT OF RADIAL HEAD OR NECK FRACTURE INCLUDES INTERNAL FIXATION OR RADIAL HEAD EXCISION, WHEN PERFORMED;	Yes
64766 C	PT/HCPCS	TRANSECTION OR AVULSION OF OBTURATOR NERVE, INTRAPELVIC, WITH OR WITHOUT ADDUCTOR TENOTOMY	Yes
29837 C	PT/HCPCS	ARTHROSCOPY, ELBOW, SURGICAL; DEBRIDEMENT, LIMITED	Yes
36905 C	CPT/HCPCS	PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY AND/OR INFUSION FOR THROMBOLYSIS, DIALYSIS, TO PERFORM ANGIOPLASTY	Yes
37618 C	PT/HCPCS	LIGATION, MAJOR ARTERY (EG, POST-TRAUMATIC, RUPTURE); EXTREMITY	Yes
10040 C	CPT/HCPCS	*ACNE SURGERY (EG, MARSUPIALIZATION, OPENING OR REMOVAL OF MULTIPLE MILIA, COMEDONES, CYSTS, PUSTULES)	Yes
C7414	CPT/HCPCS	ORBITOTOMY WITHOUT BONE FLAP(FRONTAL APPROACH); WITH REMOVAL OF BONE FOR DECOMPRESSION	Yes
67414 C			Yes
27740 C	CPT/HCPCS	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING, COMBINED, PROXIMAL AND DISTAL TIBIA AND FIBULA;	
27740 C	CPT/HCPCS		Yes
27740 C 27265 C C5278 C		PROXIMAL AND DISTAL TIBIA AND FIBULA; TREATMENT OF ATRAUMATIC HIP DISLOCATION (EG, POST-TOTAL HIP	
27740 C 27265 C C5278 C 12016 C	CPT/HCPCS CPT/HCPCS CPT/HCPCS	PROXIMAL AND DISTAL TIBIA AND FIBULA;  TREATMENT OF ATRAUMATIC HIP DISLOCATION (EG, POST-TOTAL HIP ARTHROPLASTY); WITHOUT ANESTHESIA  APPLICATION OF LOW COST SKIN SUBSTITUTE GRAFT TO FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 12.6 CM TO 20.0 CM	Yes Yes
27740 C 27265 C C5278 C 12016 C 61070 C	CPT/HCPCS CPT/HCPCS CPT/HCPCS	PROXIMAL AND DISTAL TIBIA AND FIBULA;  TREATMENT OF ATRAUMATIC HIP DISLOCATION (EG, POST-TOTAL HIP ARTHROPLASTY); WITHOUT ANESTHESIA  APPLICATION OF LOW COST SKIN SUBSTITUTE GRAFT TO FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET  SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 12.6 CM TO 20.0 CM  *PUNCTURE OF SHUNT TUBING OR RESERVOIR FOR ASPIRATION OR INJECTION PROCEDURE	Yes Yes Yes
27740 C 27265 C C5278 C 12016 C 61070 C	CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS	PROXIMAL AND DISTAL TIBIA AND FIBULA;  TREATMENT OF ATRAUMATIC HIP DISLOCATION (EG, POST-TOTAL HIP ARTHROPLASTY); WITHOUT ANESTHESIA  APPLICATION OF LOW COST SKIN SUBSTITUTE GRAFT TO FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET  SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 12.6 CM TO 20.0 CM  *PUNCTURE OF SHUNT TUBING OR RESERVOIR FOR ASPIRATION OR INJECTION PROCEDURE  PLASTIC REPAIR OF CANALICULI	Yes Yes Yes Yes Yes
27740 C 27265 C C5278 C 12016 C 61070 C 68700 C 54340 C	CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS	PROXIMAL AND DISTAL TIBIA AND FIBULA;  TREATMENT OF ATRAUMATIC HIP DISLOCATION (EG, POST-TOTAL HIP ARTHROPLASTY); WITHOUT ANESTHESIA  APPLICATION OF LOW COST SKIN SUBSTITUTE GRAFT TO FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET  SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 12.6 CM TO 20.0 CM  *PUNCTURE OF SHUNT TUBING OR RESERVOIR FOR ASPIRATION OR INJECTION PROCEDURE  PLASTIC REPAIR OF CANALICULI  REPAIR OF HYPOSPADIAS COMPLICATION(S) (IE, FISTULA, STRICTURE, DIVERTICULA); BY CLOSURE, INCISION, OR EXCISION, SIMPLE	Yes Yes Yes Yes Yes Yes
27740 C 27265 C C5278 C 12016 C 61070 C 68700 C 54340 C	CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS	PROXIMAL AND DISTAL TIBIA AND FIBULA;  TREATMENT OF ATRAUMATIC HIP DISLOCATION (EG, POST-TOTAL HIP ARTHROPLASTY); WITHOUT ANESTHESIA  APPLICATION OF LOW COST SKIN SUBSTITUTE GRAFT TO FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET  SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 12.6 CM TO 20.0 CM  *PUNCTURE OF SHUNT TUBING OR RESERVOIR FOR ASPIRATION OR INJECTION PROCEDURE  PLASTIC REPAIR OF CANALICULI  REPAIR OF HYPOSPADIAS COMPLICATION(S) (IE, FISTULA, STRICTURE, DIVERTICULA); BY CLOSURE, INCISION, OR EXCISION, SIMPLE  GASTRORRHAPHY, SUTURE OF PERFORATED DUODENAL OR GASTRIC ULCER, WOUND, OR INJURY	Yes Yes Yes Yes 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	Yes
		INTRACORPOREAL, SINGLE VENTRICLE, WITH CARDIOPULMONARY BYPASS	
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	Yes
		CATHWITHOUT SUBCUTANEOUS PORT OR PUMP, THROUGH SAME VENOUS ACCES	
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,	Yes
		DIVERTICULA); REQUIRING EXTENSIVE DISSECTION, AND URETHROPLASTY	
		WITH FLAP, PATCH OR TU+	
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	Yes
		SURFACE AREA, GREATER THAN OR EQUAL TO 100 SQ CM	
29880	CPT/HCPCS	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCECTOMY (MEDIAL AND	Yes
20000	007//10000	LATERAL, INCLUDING ANY MENISCAL SHAVING)	lv.
69222	CPT/HCPCS	DEBRIDEMENT, MASTOIDECTOMY CAVITY, COMPLEX (EG, WITH ANESTHESIA OR MORE THAN ROUTINE CLEANING)	
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	Yes
		URETHROPLASTY, COMBINED ADBOMINAL AND SACROPERINEAL APPROACH	
33031	CPT/HCPCS	PERICARDIECTOMY, SUBTOTAL OR COMPLETE; WITH CARDIOPULMONARY	Yes
00001		BYPASS	
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	Yes
45562	01 1/1101 03	STRANGULATED	
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);	Yes
		WITH REMOVAL OF FOREIGN BODY	
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 L.
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	Yes
42010	01 1/1101 00	BENEATH SUBCUTANEOUS TISSUES AND/OR INTO PHARYNX	
15937	CPT/HCPCS	EXCISION, SACRAL PRESSURE ULCER, WITH OTHER FLAP CLOSURE; WITH	Yes
		OSTECTOMY	
21554	CPT/HCPCS	EXCISION, TUMOR, SOFT TISSUE OF NECK OR ANTERIOR THORAX,	Yes
04040	ODT//LIODOG	SUBFASCIAL (EG, INTRAMUSCULAR); 5 CM OR GREATER	V
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,	Yes
0055.1	OPT#107.55	SINGLE VERTEBRAL SEGMENT; CERVICAL	 
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	Yes
		CHEMOTHERAPY OF LIVER)	
26471	CPT/HCPCS	TENODESIS; FOR PROXIMAL INTERPHALANGEAL JOINT STABILIZATION	Yes
28047	CPT/HCPCS		Yes
	0.000	TOE; 3 CM OR GREATER	
33767	CPT/HCPCS	SHUNT; SUPERIOR VENA CAVA TO PULMONARY ARTERY FOR FLOW TO BOTH	Yes
26522	CDT/LICECO	LUNGS (BIDIRECTIONAL GLENN PROCEDURE)	Voc
36522 23195	CPT/HCPCS CPT/HCPCS	PHOTOPHERESIS, EXTRACORPOREAL RESECTION HUMERAL HEAD	Yes Yes
24149	CPT/HCPCS	RADICAL RESECTION OF CAPSULE, SOFT TISSUE, AND HETEROTOPIC	Yes
	11	BONE, ELBOW, WITH CONTRACTURE RELEASE (SEPARATE PROCEDURE)	

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 CLOSU	Yes
67445	CPT/HCPCS	ORBITOTOMY WITH BONW 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 ORGINALLY 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 ASCENDINGAORTA, 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 AIDE TREATMENT OR INTERCONDYLAR SPINE(S) AND/OR TUBEROSITY FRACTURE(S) OF THE KNEE,W/WO 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	ANGLOSCOPY(NON-CORONARY VESSELS OR GRAFTS) DURING	Yes
		THERAPEUTIC INTERVENTION (LIST SEPARATELY IN ADDITION TO CODE FOR	
		PRIM	
64568	CPT/HCPCS	OPEN IMPLANTATION OF CRANIAL NERVE (EG, VAGUS NERVE)	Yes
		NEUROSTIMULATOR ELECTRODE ARRAY AND PULSE GENERATOR	
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	Yes
		THORACIC OR BRACHIOCEPHALIC BRANCH, WITHIN A VASCULAR FAMILY	
61330	CPT/HCPCS	DECOMPRESSION OF ORBIT ONLY, TRANSCRANIAL APPROACH	Yes
37222	CPT/HCPCS	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, ILIAC	Yes
		ARTERY, EACH ADDITIONAL IPSILATERAL ILIAC VESSEL; WITH TRAN	
22511	CPT/HCPCS	PERCUTANEOUS VERTEBROPLASTY,1 VERTEBRAL BODY, UNILATERAL OR	Yes
		BILATERAL INJECTION, INCLUSIVE OF ALL IMAGING GUIDANCE;	
69535	CPT/HCPCS	RESECTION TEMPORAL BONE, EXTERNAL APPROACH	Yes
11012	CPT/HCPCS	DEBRIDEMENT INCLUDING REMOVAL OF FOREIGN MATERIAL	Yes
		ASSOCIATEDWITH OPEN FRACTURE AND/OR	
		DISLOC;SKIN,SUB,MUSCLE,BONE	
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	Yes
02011	01 1/1101 00	EPIDURAL, WITH ULTRASOUND GUIDANCE, LUMBAR OR SACRAL; EACH	
32503	CPT/HCPCS	RESECTION OF APICAL LUNG TUMOR, INCLUDING CHEST WALL AND RIB(S)	Yes
		RESECTION, NEUROVASCULAR DISSECTION, WHEN PERFORMED; WITHOUT	
		CHEST WALL RECONSTRUCTION	
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	Yes
		RADIOACTIVE SUBSTANCE;	
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	Yes
		ELECTRODE, SINGLE TREATMENT, INCLUDES PROGRAMMING	
33820	CPT/HCPCS	PATENT DUCTUS ARTERIOSUS; LIGATION (PRIMARY PROCEDURE)	Yes
S2070	CPT/HCPCS	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY; WITHENDOSCOPIC LASER TREATMENT OF URETERAL CALCULI	Yes
50947	CPT/HCPCS	LAPAROSCOPY, SURGICAL URETERONEOCYSTOSTOMY W/CYSTOSCOPY	Yes
		AND URETERAL STENT PLACEMENT	

21255	CPT/HCPCS	RECONSTRUCTION OF ZYGOMATIC ARCH AND GLENOID FOSSA WITH BONE	Yes
41250	CPT/HCPCS	AND CARTILAGE (INCLUDES OBTAINING AUTOGRAFTS)  *REPAIR OF LACERATION 2.5 CM OR LESS; FLOOR OF MOUTH AND/OR	Yes
		ANTERIOR TWO-THIRDS OF TONGUE	
33979	CPT/HCPCS	INSERTION OF VENTRICULAR ASSIST DEVICE, IMPLANTABLE	Yes
		INTRACORPOREAL, SINGLE VENTRICLE	
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)	Yes
		OF BONE (EG, FOR OSTEOMYELITIS OR DORSAL BOSSING),	
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	Yes
		APPROACH INCLUDING VASCULAR ACCESS, VESSEL SELECTION,	
63252	CPT/HCPCS	LAMINECTOMY FOR EXCISION OR OCCLUSION OF ARTERIOVENOUS	Yes
33851	CPT/HCPCS	MALFORMATION OF SPINAL CORD; THORACOLUMBAR	Yes
33851	CP1/HCPCS	EXCISION OF COARCTATION OF AORTA, WITH OR WITHOUT ASSOCIATED PATENT DUCTUS ARTERIOSUS; REPAIR USING EITHER LEFT SUBCL	res
27197	CPT/HCPCS	CLOSED TREATMENT OF POSTERIOR PELVIC RING FRACTURE(S), DISLO	Yes
43030	CPT/HCPCS	CATION(S), UNILATERAL OR BILATERAL; WITHOUT MANIPULATION.  CRICOPHARYNGEAL MYOTOMY	Yes
32666	CPT/HCPCS	THORACOSCOPY, SURGICAL; WITH THERAPEUTIC WEDGE RESECTION	Yes
		(EG,MASS, NODULE), INITIAL UNILATERAL.	
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	Yes
40750	CDT// ICDOS	MANIPULATION  Need or are general tube placement, requiring physician's skill and	Vac
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),	Yes
26145	CPT/HCPCS	PERFORMED FROM BIRTH UP TO ONE +  SYNOVECTOMY TENDON SHEATH, RADICAL (TENOSYNOVECTOMY) FLEXOR	Yes
		TENDON, PALM AND/OR FINGER, EACH TENDON	
27067	CPT/HCPCS	EXCISION OF BONE CYST OR BENIGN TUMOR, WING OF ILIUM, SYMPHYSIS	Yes
		PUBIS, OR GREATER TROCHANTER OF FEMUR; WITH AUTOGRAFT REQUIRING SEPARATE INCISION	
	ļ	OET ATTAIL INTOIOION	<u> </u>

SASSON   CPTH-PCPCS   CHEMITAGE POSTMARTING INFORMATION PROCEDURE   Ves.	9160	+	*DRAINAGE OF LYMPH NODE ABSCESS OR LYMPHADENITIS; SIMPLE	Yes
19136   CPPHOPOS		CPT/HCPCS		
OF INFANTS AND CHILDREN, EACE, SCALP, EVELIDS, MOUTH, N.	5136		CURETTAGE, POSTPARTUM (SEPARATE PROCEDURE)	Yes
49580		CPT/HCPCS	DERMAL AUTOGRAFT; EACH ADDITIONAL 100 SQ CM, OR 1% OF BODY AREA	Yes
D2391 OPT/HCPCS CAPSULOTOMY, WIRST IEG, FOR CONTRACTURE)  OPT/HCPCS DEBRIDGEMENT, BONE (INCLUDES ENDERINS, SUBCUTANEOUS TSSUE, MUSCLE AND/OR RESCUI, IF PERFORMED; EA ADDITIONAL 20 SQ CM, OR PART THEREOF, CUS+  MESSAGE AND/OR RESCUI, IF PERFORMED; EA ADDITIONAL 20 SQ CM, OR PART THEREOF, CUS+  OPT/HCPCS DEBRIDGEMENT, BONE (INCLUDES ENDERINS, SUBCUTANEOUS TSSUE, MUSCLE AND/OR RESCUI, IF PERFORMED; EA ADDITIONAL 20 SQ CM, OR PART THEREOF, CUS+  OPT/HCPCS DEBRIDGEMENT, BONE RESCUE, IF PERFORMED; EA ADDITIONAL 20 SQ CM, OR PART THEREOF, CUS+  OPT/HCPCS DEBRIDGEMENT, BONE RESCUE, IF PERFORMED; EA ADDITIONAL 20 SQ CM, OR PART THEREOF, CONSTITUTION OF PERSON OF PERS			OF INFANTS AND CHILDREN; FACE, SCALP, EYELIDS, MOUTH, N	
2008 OPTH-OPCS DEBRIDEMENT, BONE (INCLUDES BEPIDERNIS, DERMIS, SUBCUTANEOUS YES DEBRIDEMENT, BONE (INCLUDES BEPIDERNIS, DERMIS, SUBCUTANEOUS YES SISSUE, PURSCLE AND/OR PASCAL, IF PERFORMED); FA ADDITIONAL 20 SQ CM, OR PART THEREOF (LIS* OPTH-OPCS UNLESSED PROCEDURE, BADDMEN, PERTONEUM AND DIMENTUM YES TEATHWAY OF CLOSED FEMORAL FRACTURE, DISTAL END, MEDIAL OR LACKED CONTINUES OF PROCESSED FEMORAL FRACTURE, DISTAL END, MEDIAL OR LACKED CONTINUES OF CONTINUE	<del></del>	CPT/HCPCS	REPAIR UMBILICAL HERNIA; UNDER AGE 5 YEARS	Yes
2005 OPT/HCPCS DEBRIDEMENT, BONE (INCLUDES EPIDERMIS, DERMIS, SUBCUTANEOUS YES SISSUE, PURSCLE AND/OR PASCAL, FE PERFORMED); EA ADD/OR AND COMPANY THEREOF (LIS* OFT/HCPCS UNLESSEE PROCEDURE, BADDMEN, PERITONEUMAND OMENTUM YES TESTING OFT/HCPCS UNLESSEE PROCEDURE, BADDMEN, PERITONEUMAND OMENTUM YES LATERAL CONDYCE, WITH PANAPULATION OF SOME CONTROL OF THE PASCAL PROCEDURE, DISTAL END, MEDIAL OR YES LATERAL CONDYCE, WITH PANAPULATION OF SCHUCHARD) YES CONTROL OF THE PASCAL CONDYCE, WITH PANAPULATION OF SCHUCHARD) YES CONTROL OF THE PASCAL CONDYCE, WITH PANAPULATION OF SCHUCHARD OF SCHU		CPT/HCPCS	TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; MULTIPLE, ONE LEG	Yes
DEPTIMENT OF THE PROPERTY OF A STATE OF A				
TISSUE, MUSCIÉ ANDIOR FASCIA, IF PERFORMED); FA ADDITIONAL 20 SQ CM, OR PART THEREOF (LIS-				
CM, OR PART THEREOF (ILS*  OPTH-CPCS  OPTH-C	1047	01 1/1101 00	· · · · · · · · · · · · · · · · · · ·	165
AGREGIA   CPTHICPCS   UNUSTED PROCEDURE, ABDOMÉN, PERITONEUM AND OMENTUM   Ves			· · · · · · · · · · · · · · · · · · ·	
P7510 CPT/HCPCS TREATMENT OF CLOSED FENDRAL FRACTURE, DISTAL END, MEDIAL OR Ves LATERAL CONDYLE; WITH MANIPULATION (CPT/HCPCS) OSTEOTOMY, MEXILA, SEGMENTAL (E.G., WASSMUND OR SCHUCHARD) (Ves STOTOMY FOR SIMPLE EXCISION OF VESICAL NECK (SEPARATE PROCEDURE) (CPT/HCPCS) CYSTOTOMY, FOR SIMPLE EXCISION OF VESICAL NECK (SEPARATE PROCEDURE) (CPT/HCPCS) CYSTOTOMY, FOR SIMPLE EXCISION OF VESICAL NECK (SEPARATE PROCEDURE) (CPT/HCPCS) (CPT/HCPCS	2000	ODT//LIODOG		V
LATERAL CONDYLE: WITH MANIPULATION  22206 OPT/HCPCS OSTEOTOMY, MAXILLA, SEGMENTAL (E.G., WASSMUND OR SCHUCHARD) Yes  52700 CPT/HCPCS TRANSURETHRAL DRAINAGE OF PROSTATIC ABSCESS  51520 CPT/HCPCS CYSTOTOMY, FOR SIMPLE EXCISION OF VESICAL NECK (SEPARATE PROCEDURE)  21188 OPT/HCPCS RECONSTRUCTION MIDFACE, OSTEOTOMIES (OTHER THAN LEFORT TYPE) Yes  AND BONE GRAFTS (INCLUDES OSTANINOS AUTOGRAFTS)  54522 CPT/HCPCS ORCHIECTOMY, FARTIAL  43338 CPT/HCPCS ORCHIECTOMY, FARTIAL  54338 CPT/HCPCS ORCHIECTOMY, FARTIAL  54338 CPT/HCPCS ORCHIECTOMY, FARTIAL  64726 CPT/HCPCS ORCHIECTOMY, FARTIAL  64726 CPT/HCPCS DECOMPRESSION; PLANTIAR DIGITAL NERVE  64726 CPT/HCPCS DECOMPRESSION; PLANTIAR DIGITAL NERVE  64726 CPT/HCPCS UNLISTED PROCEDURE, ENDOCRINE SYSTEM  748  64727 CPT/HCPCS UNLISTED PROCEDURE, ENDOCRINE SYSTEM  64728 CPT/HCPCS UNLISTED PROCEDURE, ENDOCRINE SYSTEM  749  64728 CPT/HCPCS UNLISTED PROCEDURE, ENDOCRINE SYSTEM  749  64729 CPT/HCPCS UNLISTED PROCEDURE, ENDOCRINE SYSTEM  749  64720 CPT/HCPCS UNLI				
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 POPEN CONTINUED AND BONE GRAFTS; (INCLUDES OSTAINING AUTOGRAFTS)  21188 CPT/HCPCS RECONSTRUCTION MIDFACE, OSTEOTOMIES (OTHER THAN LEFORT TYPE) AND BONE GRAFTS; (INCLUDES OSTAINING AUTOGRAFTS)  54522 CPT/HCPCS RECONSTRUCTION MIDFACE, OSTEOTOMIES (OTHER THAN LEFORT TYPE) AND BONE GRAFTS; (INCLUDES OSTAINING AUTOGRAFTS)  54522 CPT/HCPCS  64726 CPT/HCPCS  64726 CPT/HCPCS  650PHAGEAL LENGTHENING PROCEDURE (EG, COLLIS GASTROPLASTY OR WEDGE GASTROPLASTY) (LIST SEPARATELY IN ADDITION TO CODE FOR PIMARY PROCEDURE)  64726 CPT/HCPCS  64726 CPT/HCPCS  66726 CPT/HCPCS  660899 CPT/HCPCS  67047 CPT/HCPCS  67047 CPT/HCPCS  67047 CPT/HCPCS  67047 CPT/HCPCS  67048 LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILITERAL OR BILLATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT)SI, [EG. SPINAL +  67120 CPT/HCPCS  67040 CPT/HCPCS  67041 C	7510	CPT/HCPCS		Yes
CPT/HCPCS CPT/HCPCS DECOMPRESSION, PLANTAR DIGITAL NERVE 60699 CPT/HCPCS UNILSTED PROCEDURE, PROCEDURE, PROCEDURE, PROCEDURE) 67076 CPT/HCPCS DECOMPRESSION, PLANTAR DIGITAL NERVE 67076 CPT/HCPCS DECOMPRESSION, PLANTAR DIGITAL NERVE 670776 CPT/HCPCS DECOMPRESSION, PLANTAR DIGITAL NERVE 670777 CPT/HCPCS DECOMPRESSION, PLANTAR DIGITAL NERVE 670777 CPT/HCPCS DECOMPRESSION, PLANTAR DIGITAL NERVE 670777 CPT/HCPCS UNILSTED PROCEDURE, ENDOCRINE SYSTEM 67077 CPT/HCPCS OPEN TREATMENT OF CLAVICULAR FRACTURE INCLUDES INTERNAL 67077 PROCEDURE SYSTEM 67077 CPT/HCPCS OPEN TREATMENT OF CLAVICULAR FRACTURE INCLUDES INTERNAL 67077 PROCEDURE SYSTEM 67077 CPT/HCPCS UNICSTED SYSTEM 67077 CPT/HCPCS UNICSTED SYSTEM 67077 UNICSTE				
CPT/HCPCS CYSTOTOMY; FOR SIMPLE EXCISION OF VESICAL NECK (SEPARATE PROCEDURE)  21188 CPT/HCPCS CONSTRUCTION MIDFACE, OSTEOTOMIES (OTHER THAN LEFORT TYPE) AND BONG EGAFTS (INCLUDES OBTAINING AUTOGRAFTS)  54522 CPT/HCPCS ORCHIECTOMY, PARTIAL  43338 CPT/HCPCS CONTRUCTION MIDFACE, OSTEOTOMIES (OTHER THAN LEFORT TYPE) AND BONG EGAFTS (INCLUDES OBTAINING AUTOGRAFTS)  54522 CPT/HCPCS ORCHIECTOMY, PARTIAL  43338 CPT/HCPCS CONTRUCTION MIDFACE, OSTEOTOMIES (OTHER THAN LEFORT TYPE) WEGG GASTROPLASTY) (IUST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE; (IST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)  64726 CPT/HCPCS DECOMPRESSION; PLANTAR DIGITAL NERVE Yes CPT/HCPCS UNLISTED PROCEDURE, ENDOCRINE SYSTEM  65047 CPT/HCPCS UNLISTED PROCEDURE, ENDOCRINE SYSTEM  65048 CPT/HCPCS COLPOCILISIS, ELE FORT TYPE)  657120 CPT/HCPCS COLPOCILISIS (LE FORT TYPE)  768 CPT/HCPCS COLPOCILISIS (LE FORT TYPE)  769 CPT/HCPCS COLPOCILISIS (LE FORT TYPE)  760 CPT/HCPCS NEUROEMOUS ADDITION CL MARGINS, FACE, EARS, EYELIDSNOSE, Yes  67041 CPT/HCPCS NEUROEMOUS MEATH, LIGAMENT, SINGLE OR MULTIPLE TRIGGER YES  67041 CPT/HCPCS VITRECTOMY, MECHNL PARS PLANA APPRICH: WITH REMOVAL OF PREREINAL CELLULAR MEMBRANELE, MACULAR PUCKTORN  768 PREREINAL CELLULAR MEMBRANELE, MACULAR PUCKTORN  769 PREREINAL CELLULAR MEMBRANELE, MACULAR PUCKTORN  769 VES  769 CPT/HCPCS VILLUOPLASTY, TRICUSPID VALVE, WITH RIMG INSERTION YES  760 CPT/HCPCS SUTURE OF ESOPHAGEAL WOUND OR INJURY; THORACIC APPROACH  769 VES  760 CPT/HCPCS SULVER OF ESOPHAGEAL WOUND OR INJURY; THORACIC APPROACH  760 CPT/HCPCS SULVER OF ESOPHAGEAL WOUND OR INJURY; THORACIC APPROACH  760 CPT/HCPCS OSTEOPLASTY, FRIGUSPID VALVE, WITH RIMG INSERTI	1206	CPT/HCPCS	OSTEOTOMY, MAXILLA, SEGMENTAL (EG, WASSMUND OR SCHUCHARD)	Yes
CPT/HCPCS CYSTOTOMY; FOR SIMPLE EXCISION OF VESICAL NECK (SEPARATE PROCEDURE)  21188 CPT/HCPCS CONSTRUCTION MIDFACE, OSTEOTOMIES (OTHER THAN LEFORT TYPE) AND BONG EGAFTS (INCLUDES OBTAINING AUTOGRAFTS)  54522 CPT/HCPCS ORCHIECTOMY, PARTIAL  43338 CPT/HCPCS CONTRUCTION MIDFACE, OSTEOTOMIES (OTHER THAN LEFORT TYPE) AND BONG EGAFTS (INCLUDES OBTAINING AUTOGRAFTS)  54522 CPT/HCPCS ORCHIECTOMY, PARTIAL  43338 CPT/HCPCS CONTRUCTION MIDFACE, OSTEOTOMIES (OTHER THAN LEFORT TYPE) WEGG GASTROPLASTY) (IUST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE; (IST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)  64726 CPT/HCPCS DECOMPRESSION; PLANTAR DIGITAL NERVE Yes CPT/HCPCS UNLISTED PROCEDURE, ENDOCRINE SYSTEM  65047 CPT/HCPCS UNLISTED PROCEDURE, ENDOCRINE SYSTEM  65048 CPT/HCPCS COLPOCILISIS, ELE FORT TYPE)  657120 CPT/HCPCS COLPOCILISIS (LE FORT TYPE)  768 CPT/HCPCS COLPOCILISIS (LE FORT TYPE)  769 CPT/HCPCS COLPOCILISIS (LE FORT TYPE)  760 CPT/HCPCS NEUROEMOUS ADDITION CL MARGINS, FACE, EARS, EYELIDSNOSE, Yes  67041 CPT/HCPCS NEUROEMOUS MEATH, LIGAMENT, SINGLE OR MULTIPLE TRIGGER YES  67041 CPT/HCPCS VITRECTOMY, MECHNL PARS PLANA APPRICH: WITH REMOVAL OF PREREINAL CELLULAR MEMBRANELE, MACULAR PUCKTORN  768 PREREINAL CELLULAR MEMBRANELE, MACULAR PUCKTORN  769 PREREINAL CELLULAR MEMBRANELE, MACULAR PUCKTORN  769 VES  769 CPT/HCPCS VILLUOPLASTY, TRICUSPID VALVE, WITH RIMG INSERTION YES  760 CPT/HCPCS SUTURE OF ESOPHAGEAL WOUND OR INJURY; THORACIC APPROACH  769 VES  760 CPT/HCPCS SULVER OF ESOPHAGEAL WOUND OR INJURY; THORACIC APPROACH  760 CPT/HCPCS SULVER OF ESOPHAGEAL WOUND OR INJURY; THORACIC APPROACH  760 CPT/HCPCS OSTEOPLASTY, FRIGUSPID VALVE, WITH RIMG INSERTI				
PROCEDURE)  PROCEDURE)  RECONSTRUCTION MIDFACE, OSTEOTOMIES (OTHER THAN LEFORT TYPE) AND BONE GRAFTS (INCLUDES DETAINING AUTOGRAFTS)  SAS22 CPTH-CPCS ORCHITECTOMY, PARTIAL  PYES  SA338 CPTH-CPCS ESOPHAGEAL LENGTHENING PROCEDURE (EG, COLLIS GASTROPLASTY OR WEDGE GASTROPLASTY) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)  GA726 CPTH-CPCS DECOMPRESSION PLANTAR DIGITAL NERVE  SA526 CPTH-CPCS UNLISTED PROCEDURE, ENDOCRINE SYSTEM  GA726 CPTH-CPCS UNLISTED PROCEDURE, ENDOCRINE SYSTEM  FOR THAN AND/OR NERVE ROOTIS], IEG, SPINAL +  COPTH-CPCS LAMINECTOMY, FACETECTOMY AND PORABINOTOMY (UNILATERAL OR HALTERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOTIS], IEG, SPINAL +  COPTH-CPCS COLPOCLESIS (LE FORT TYPE)  CPTH-CPCS INJECTION OF SEATH, LIGAMENTS, SINGLE OR MULTIPLE TRIGGER PS POINTS), THREE OR MORE MUSCLES  CPTH-CPCS NEUTOMOST, OR MORE MUSCLES  CPTH-CPCS NEUTOMOST, OR MORE MUSCLES  CPTH-CPCS VITRECTOMY, MECHNIL PARS PLANA APPRCH: WITH REMOVAL OF PRENETINAL CELLULAR MEMBRANLE; G. MACULAR PLOCKER)  SA644 CPTH-CPCS VITRECTOMY, MECHNIL PARS PLANA APPRCH: WITH REMOVAL OF PRENETINAL CELLULAR MEMBRANLE; G. MACULAR PLOCKER)  SA6500 CPTH-CPCS VITRECTOMY, MECHNIL PARS PLANA APPRCH: WITH REMOVAL OF PRENETINAL CELLULAR MEMBRANLE; G. MACULAR PLOCKER)  SA6501 CPTH-CPCS VITRECTOMY, MECHNIL PARS PLANA APPRCH: WITH REMOVAL OF PRENETINAL CELLULAR MEMBRANLE; G. MACULAR PLOCKER)  SA6503 CPTH-CPCS SUTURE OF ESOPHAGEAL WOUND OR INJURY; THORACIC APPROACH  THE PROPENSION OF SCLEROSING SOLUTION, HEMORRHOIDS PESS STAPLING, GREATER PESS SUTURE OF ESOPHAGEAL WOUND OR INJURY; THORACIC APPROACH PESS  TROCHANTER  TRANSCATHETE AORTIC VALVE PREPACACHER (TAVR/TAVI) WITH PESS  CPTH-CPCS STAPLANCE PROPAGEAL WOUND OR INJURY; THORACIC APPROACH PESS  TROCHANTER  THE PROPAGE AND THE PROPAGE PROCEDING PESS  TROCHANTER  THE PROPAGE AND THE PROPEDING ACTOR TO THE PROPACH PESS  THORACIC PROPAGE AND THE PROPEDING A	2700	CPT/HCPCS	TRANSURETHRAL DRAINAGE OF PROSTATIC ABSCESS	Yes
21188 CPT/HCPCS RECONSTRUCTION MIDFACE, OSTEOTOMIES (OTHER THAN LEFORT TYPE) Yes AND BONE GRAFTS (INCLUDES OBTIANINO AUTOGRAFTS)  5.4522 CPT/HCPCS GORHIGETOMY, PARTIAL Yes ORDIGINATE, ORGANIC CONTINUES, PARTIAL Yes ORDIGINATE, ORGANICAL LENGTHENING PROCEDURE, (E.G., COLLIS GASTROPLASTY) OR YES WEDGE GASTROPLASTY) (ILST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)  6.4726 CPT/HCPCS DECOMPRESSION, PLANTAR DIGITAL NERVE Yes OPEN CONTINUES, COLOR ORGANICAL COLOR ORGANICAL CONTINUES, COLOR ORGANICAL	1520	CPT/HCPCS	CYSTOTOMY; FOR SIMPLE EXCISION OF VESICAL NECK (SEPARATE	Yes
AND BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS)  54522 CPT/HCPCS ORCHIECTOMY, PARTIAL  43338 CPT/HCPCS SOPHAGEAL LENGTHENING PROCEDURE (EG, COLLIS GASTROPLASTY OR YES WEDGE GASTROPLASTY) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)  64726 CPT/HCPCS OECOMPRESSION, PLANTAR DIGITAL NERVE  65899 CPT/HCPCS UNLISTED PROCEDURE, ENDOCRINE SYSTEM  CPT/HCPCS LAMINECTOMY, FACETECTOMY AND FORMINOTOMY (UNILATERAL OR YES GENERAL CORP.)  63747 CPT/HCPCS LAMINECTOMY, FACETECTOMY AND FORMINOTOMY (UNILATERAL OR YES GENERAL CORP.)  63815 CPT/HCPCS OPEN TREATHENT OF CLAVICULAR FRACTURE INCLUDES INTERNAL FIXATION, WHEN PERFORMED  757120 CPT/HCPCS COLPOCICISIS (LIE FORT TYPE)  11640 CPT/HCPCS COLPOCICISIS (LIE FORT TYPE)  117540 CPT/HCPCS INJECTION(S); TENDON SHEATH, LIGAMENT; SINGLE OR MULTIPLE TRIGGER (YES POINT(S), THREE OR MORE MUSCASHALL; WITH EXCISION OF PITUITARY TUMOR (YES  62165 CPT/HCPCS VITRECTOMY, MECHNLE PARS PLANA APPROCH: WITH REMOVAL OF PRERETINAL CELLULAR MEMBRANE(EG, MACULAR PUCKER)  33464 CPT/HCPCS SUJURE OF CALEROSING SOLUTION, HEMORRHOIDS  45563 CPT/HCPCS SUJURE OF ESOPHAGEAL WOUND OR INJURY; THORACIC APPROACH  45660 CPT/HCPCS SUJURE OF ESOPHAGEAL WOUND OR INJURY; THORACIC APPROACH  45661 CPT/HCPCS SUJURE OF ESOPHAGEAL WOUND OR INJURY; THORACIC APPROACH  45662 CPT/HCPCS SUJURE OF ESOPHAGEAL WOUND OR INJURY; THORACIC APPROACH  45663 CPT/HCPCS SUJURE OF ESOPHAGEAL WOUND OR INJURY; THORACIC APPROACH  45664 CPT/HCPCS OSTEOPLASTY, FEMURE, LENGTHENING  67746 CPT/H			PROCEDURE)	
AND BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS)  54522 CPT/HCPCS ORCHIECTOMY, PARTIAL  43338 CPT/HCPCS SOPHAGEAL LENGTHENING PROCEDURE (EG, COLLIS GASTROPLASTY OR YES WEDGE GASTROPLASTY) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)  64726 CPT/HCPCS OECOMPRESSION, PLANTAR DIGITAL NERVE  65899 CPT/HCPCS UNLISTED PROCEDURE, ENDOCRINE SYSTEM  CPT/HCPCS LAMINECTOMY, FACETECTOMY AND FORMINOTOMY (UNILATERAL OR YES GENERAL CORP.)  63747 CPT/HCPCS LAMINECTOMY, FACETECTOMY AND FORMINOTOMY (UNILATERAL OR YES GENERAL CORP.)  63815 CPT/HCPCS OPEN TREATHENT OF CLAVICULAR FRACTURE INCLUDES INTERNAL FIXATION, WHEN PERFORMED  757120 CPT/HCPCS COLPOCICISIS (LIE FORT TYPE)  11640 CPT/HCPCS COLPOCICISIS (LIE FORT TYPE)  117540 CPT/HCPCS INJECTION(S); TENDON SHEATH, LIGAMENT; SINGLE OR MULTIPLE TRIGGER (YES POINT(S), THREE OR MORE MUSCASHALL; WITH EXCISION OF PITUITARY TUMOR (YES  62165 CPT/HCPCS VITRECTOMY, MECHNLE PARS PLANA APPROCH: WITH REMOVAL OF PRERETINAL CELLULAR MEMBRANE(EG, MACULAR PUCKER)  33464 CPT/HCPCS SUJURE OF CALEROSING SOLUTION, HEMORRHOIDS  45563 CPT/HCPCS SUJURE OF ESOPHAGEAL WOUND OR INJURY; THORACIC APPROACH  45660 CPT/HCPCS SUJURE OF ESOPHAGEAL WOUND OR INJURY; THORACIC APPROACH  45661 CPT/HCPCS SUJURE OF ESOPHAGEAL WOUND OR INJURY; THORACIC APPROACH  45662 CPT/HCPCS SUJURE OF ESOPHAGEAL WOUND OR INJURY; THORACIC APPROACH  45663 CPT/HCPCS SUJURE OF ESOPHAGEAL WOUND OR INJURY; THORACIC APPROACH  45664 CPT/HCPCS OSTEOPLASTY, FEMURE, LENGTHENING  67746 CPT/H	1188	CPT/HCPCS	RECONSTRUCTION MIDEACE, OSTEOTOMIES (OTHER THAN LEFORT TYPE)	Yes
S4522 CPT/HCPCS ORCHIECTOMY, PARTIAL 43388 CPT/HCPCS ESOPHAGEAL LENGTHENING PROCEDURE (EG, COLLIS GASTROPLASTY OR WEDG GASTROPLASTY) (ILST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) 64726 CPT/HCPCS DECOMPRESSION: PLANTAR DIGITAL NERVE 60699 CPT/HCPCS LAWINGCTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOTIS); [EG, SPINAL + PARTICLE OR COLOR OR CAUDA EQUINA AND/OR NERVE ROOTIS]; [EG, SPINAL + PARTICLE OR COLOR OR CAUDA EQUINA AND/OR NERVER ROOTIS]; [EG, SPINAL + PARTICLE OR COLOR OR CAUDA EQUINA AND/OR NERVER ROOTIS]; [EG, SPINAL + PARTICLE OR COLOR OR CAUDA EQUINA AND/OR NERVER ROOTIS]; [EG, SPINAL + PARTICLE OR COLOR OR CAUDA EQUINA AND/OR NERVER ROOTIS]; [EG, SPINAL + PARTICLE OR CAUDA EQUINA AND/OR NERVER ROOTIS]; [EG, SPINAL + PARTICLE OR CAUDA EQUINA AND/OR NERVER ROOTIS]; [EG, SPINAL + PARTICLE OR CAUDA EQUINA AND/OR NERVER ROOTIS]; [EG, SPINAL + PARTICLE OR CAUDA EQUINA AND/OR NERVER ROOTIS]; [EG, SPINAL + PARTICLE OR CAUDA EQUINA AND/OR NERVER ROOTIS]; [EG, SPINAL + PARTICLE OR CAUDA EQUINA AND/OR NERVER ROOTIS]; [EG, SPINAL + PARTICLE OR CAUDA EQUINA AND/OR NERVER ROOTIS]; [EG, SPINAL + PARTICLE OR CAUDA EQUINA AND/OR NERVER ROOTIS]; [EG, SPINAL + PARTICLE OR CAUDA EQUINA AND/OR NERVER ROOTIS]; [EG, SPINAL + PARTICLE OR CAUDA EQUINA EQU			1	
43338 CPT/HCPCS ESOPHAGEAL LENGTHENING PROCEDURE (EG, COLLIS GASTROPLASTY OR WEDGE GASTROPLASTY) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)  64726 CPT/HCPCS DECOMPRESSION; PLANTAR DIGITAL NERVE Yes  60699 CPT/HCPCS UNLISTED PROCEDURE, ENDOCRINE SYSTEM  788  63047 CPT/HCPCS LAMINECTORNY, FACETECTORNY AND FORAMINOTOMY (UNILATERAL OR PER ADDITION OF PROCEDURE, ENDOCRINE SYSTEM  789  63047 CPT/HCPCS LAMINECTORNY, FACETECTORNY AND FORAMINOTOMY (UNILATERAL OR PER ADDITION)  8104 DEPTH PREMISER OF CLAYLOUTH AND FORAMINOTOMY (UNILATERAL OR PER ADDITION)  8104 DEPTH PREMISER OF CLAYLOUTH AND FORAMINOTOMY (UNILATERAL OR PER ADDITION)  8105 DEPTH PREMISER OF CLAYLOUTH AND FORAMINOTOMY (UNILATERAL OR PER ADDITION)  8104 DEPTH PREMISER OF CLAYLOUTH AND FORAMINOTOMY (UNILATERAL OR PER ADDITION)  8105 DEPTH PREMISER OF PRIME OR SPINAL CORD, CAUDA EQUINA  8106 AND/OR NERVE ROOTIS], [EG, SPINAL +  926 DEPTH PREMISER OF PREMISER OR PER WILLIAM FRACTURE INCLUDES INTERNAL  927 PREMISER OR MORE MUSCLES  820553 CPT/HCPCS INJECTION (S); TENDON SHEATH, LIGAMENT; SINGLE OR MULTIPLE TRIGGER YES  92165 CPT/HCPCS NEUROENDOSCOPY, INTRACRANIAL; WITH EXCISION OF PITUITARY TUMOR YES  92165 CPT/HCPCS VITRECTOMY, MECHNIL PARS PLANA APPRCH: WITH REMOVAL OF YES  92166 CPT/HCPCS VALVULOPLASTY, TRICUSPID VALVE, WITH RING INSERTION YES  93464 CPT/HCPCS VALVULOPLASTY, TRICUSPID VALVE, WITH RING INSERTION YES  945690 CPT/HCPCS SUTURE OF ESOPHAGEAL WOUND OR INJURY; THORACIC APPROACH YES  92126 CPT/HCPCS SUTURE OF ESOPHAGEAL WOUND OR INJURY; THORACIC APPROACH YES  92126 CPT/HCPCS EXLORATION, REPAIR AND PRESACRAL DRAINAGE FOR RECTAL INJURY WITH YES  92126 CPT/HCPCS REPAIR AND PRESACRAL DRAINAGE FOR RECTAL INJURY WITH YES  92126 CPT/HCPCS REPAIR AND RECONSTRUCTION, FINGER, VOLAR PLATE, INTERPHALANGEAL YES  92126 CPT/HCPCS REPAIR AND PRESACRAL DRAINAGE FOR RECTAL INJURY WITH YES  92126 CPT/HCPCS REPAIR AND PREMISE ENGTHENING YES  92126 CPT/HCPCS REPAIR AND RECONSTRUCTION, FINGER, VOLAR PLATE, INTERPHALANGEAL YES  92127 DEPH YESOTORY OF THE	1522	CDT/HCDCS		Vac
WEDGE GASTROPLASTY) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)  64726 CPT/HCPCS DECOMPRESSION; PLANTAR DIGITAL NERVE Yes  6699 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 + PARAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT[S], [EG, SPINAL + PARAMINOT OR SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT[S], [EG, SPINAL + PARAMINOT OR SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT[S], [EG, SPINAL + PARAMINOT OR SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT[S], [EG, SPINAL + PARAMINOT OR SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT[S], [EG, SPINAL + PARAMINOT OR SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT[S], [EG, SPINAL + PARAMINOT OR SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT[S], [EG, SPINAL + PARAMINOT OR SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT[S], [EG, SPINAL + PARAMINOT OR SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT[S], [EG, SPINAL + PARAMINOT OR SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT[S], [EG, SPINAL + PARAMINOT OR SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT[S], [EG, SPINAL + PARAMINOT OR SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT[S], [EG, SPINAL + PARAMINOT OR SPINAL CORD, CAUDA EQUINA AND/OR NEW SPINAL CORD, CAUDA EQUINA E				
PRIMARY PROCEDURE)  64726 CPT/HCPCS DECOMPRESSION P.NAITAR DIGITAL NERVE Yes  60899 CPT/HCPCS UNLISTED PROCEDURE, ENDOCRINE SYSTEM  7 CPT/HCPCS LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT[3], [EG, SPINAL+  23615 CPT/HCPCS OPEN TREATMENT OF CLAVICULAR FRACTURE INCLUDES INTERNAL YES  FIXATION, WHEN PERFORMED  57120 CPT/HCPCS OCLPOCLEISI (LE FORT TYPE)  7 YES  11640 CPT/HCPCS EXCISION, MALIGNANT LESION INCL MARGINS, FACE, EARS, EYELIDSNOSE, VES  11PS; EXCISED DIAMETER O.SCM OR LESS  20553 CPT/HCPCS INJECTION(S); TENDON SHEATH, LIGAMENT; SINGLE OR MULTIPLE TRIGGER YES  POINT(S), THREE OR MORE MUSCLES  62165 CPT/HCPCS NEUROENDOSCOPY, INTRACRANIAL; WITH EXCISION OF PITUITARY TUMOR YES  67041 CPT/HCPCS VITRECTOMY, MECHNIL PARS PLANA APPRCH: WITH REMOVAL OF PRERETINAL CELLULAR MEMBRANE(EG, MACULAR PUCKER)  33464 CPT/HCPCS VALVULOPLASTY, TRICUSPID VALVE, WITH RING INSERTION YES  46500 CPT/HCPCS SUTURE OF ESOPHAGEAL WOUND OR INJURY; THORACIC APPROACH YES  454415 CPT/HCPCS SUTURE OF ESOPHAGEAL WOUND OR INJURY; THORACIC APPROACH YES  27185 CPT/HCPCS EXLORATION, REPAIR AND PRESACRAL DRAINAGE FOR RECTAL INJURY WITH YES  27466 CPT/HCPCS REPAIRS AND PRESACRAL DRAINAGE FOR RECTAL INJURY WITH YES  27466 CPT/HCPCS REPAIR AND RECONSTRUCTION, FINGER, VOLAR PLATE, INTERPHALANGEAL JOINT  33364 CPT/HCPCS REPAIR AND RECONSTRUCTION, FINGER, VOLAR PLATE, INTERPHALANGEAL JOINT  33364 CPT/HCPCS REPAIR AND RECONSTRUCTION, FINGER, VOLAR PLATE, INTERPHALANGEAL JOINT  33364 CPT/HCPCS REPAIR AND RECONSTRUCTION, FINGER, VOLAR PLATE, INTERPHALANGEAL JOINT  33364 CPT/HCPCS REPAIR AND RECONSTRUCTION, FINGER, VOLAR PLATE, INTERPHALANGEAL JOINT  33364 CPT/HCPCS REPAIR AND RECONSTRUCTION, FINGER, VOLAR PLATE, INTERPHALANGEAL JOINT  33364 CPT/HCPCS REPAIR AND RECONSTRUCTION, FINGER, VOLAR PLATE, INTERPHALANGEAL JOINT  33364 CPT/HCPCS REPAIR AND RECONSTRUCTION, FINGER, VOLAR PLATE, INTERPHALANGEAL JOINT  33364 CPT/HCPCS REPAIR AND RECONSTRUCTION, FINGER, VOLAR PLATE	) <b>330</b>	CF1/HCFC3	, ,	165
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 ROOTIS), [EG, SPINAL +  23615 CPT/HCPCS OPEN TREATMENT OF CLAVICULAR FRACTURE INCLUDES INTERNAL FIXATION, WHEN PERFORMED  57120 CPT/HCPCS COLPOCLEISIS (LE FORT TYPE) 11640 CPT/HCPCS EXCISION, MALIGNANT LESION INCL MARGINS, FACE, EARS, EYELIDSNOSE, 1195; EXCISED DIAMETER D.SCM OR LESS 20553 CPT/HCPCS INJECTION(S); TENDON SHEATH, LIGAMENT; SINGLE OR MULTIPLE TRIGGER POINT(S), THREE OR MORE MUSCLES 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) 33464 CPT/HCPCS VILVEUOPLASTY, TRICUSPID VALVE, WITH RING INSERTION YES 45500 CPT/HCPCS NIJECTION OF SCLEROSING SOLUTION, HEMORRHOIDS YES 45501 CPT/HCPCS SUITURE OF ESOPHAGEAL WOUND OR INJURY; THORACIC APPROACH YES 77185 CPT/HCPCS SUITURE OF ESOPHAGEAL WOUND OR INJURY; THORACIC APPROACH YES 77185 CPT/HCPCS SUITURE OF ESOPHAGEAL WOUND OR INJURY; THORACIC APPROACH YES 77186 CPT/HCPCS EXLORATION, REPAIR AND PRESACRAL DRAINAGE FOR RECTAL INJURY WITH 785 CPT/HCPCS REPAIR AND RESACRAL DRAINAGE FOR RECTAL INJURY WITH 786 CPT/HCPCS REPAIR AND RESACRAL DRAINAGE FOR RECTAL INJURY WITH 787 COLOSTOMY 788 CPT/HCPCS REPAIR AND RESORDITION, FINGER, VOLAR PLATE, INTERPHALANGEAL 789 STEPPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING, GREATER 789 STAPLING, REPAIR AND RESORDITION, FINGER, VOLAR PLATE, INTERPHALANGEAL 789 STAPLING YES 780 SECONDARY, FEMURY; LENGTHENING YES 780 SECONDARY, PERMITY ARTERIAL BYPASS, WITHOUT 780 STAPLING YES 780 SETOPLASTY, FEMURY; LENGTHENING ARTERIAL EPIPASS, WITHOUT 780 STAPLING YES 780 STAPL			1	
60699 CPT/HCPCS UNLISTED PROCEDURE, ENDOCRINE SYSTEM 63047 CPT/HCPCS LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOTIS], [FG., SPINAL +  23615 CPT/HCPCS OPEN TREATMENT OF CLAVICULAR FRACTURE INCLUDES INTERNAL YES FIXATION, WHEN PERFORMED  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  10553 CPT/HCPCS INJECTION(S); TENDON SHEATH, LIGAMENT; SINGLE OR MULTIPLE TRIGGER YES POINT(S), THREE OR MORE MUSCLES  62165 CPT/HCPCS NEUROENDOSCOPY, INTRACRANIAL; WITH EXCISION OF PITUITARY TUMOR YES  67041 CPT/HCPCS VITRECTOMY, MECHNIL PARS PLANA APPRCH: WITH REMOVAL OF PREREITINAL CELLULAR MEMBRANE(EG, MACULAR PUCKER)  33464 CPT/HCPCS VALVULOPLASTY, TRICUSPID VALVE, WITH RING INSERTION YES  67050 CPT/HCPCS VALVULOPLASTY, TRICUSPID VALVE, WITH RING INSERTION YES  46500 CPT/HCPCS SUTURE OF ESOPHAGEAL WOUND OR INJURY; THORACIC APPROACH YES  27185 CPT/HCPCS EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING, GREATER YES  1760CHANTER  45563 CPT/HCPCS OSTEOPLASTY, FEMUR; LENGTHENING YES  27466 CPT/HCPCS OSTEOPLASTY, FEMUR; LENGTHENING YES  27466 CPT/HCPCS OSTEOPLASTY, FEMUR; LENGTHENING YES  33364 CPT/HCPCS TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR/TAVI) WITH YES  COLOSTIONY  37586 CPT/HCPCS TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR/TAVI) WITH YES  COLOSTIONY  37587 CPT/HCPCS TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR/TAVI) WITH YES  COLOSTIONY  375881 CPT/HCPCS INJECTIONS, DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL YES  10214T CPT/HCPCS INJECTIONS, DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL YES			,	L.
CPT/HCPCS			· ·	
BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT[S], [EG. SPINAL +  23615 CPT/HCPCS OPEN TREATMENT OF CLAVICULAR FRACTURE INCLUDES INTERNAL FIXATION, WHEN PERFORMED  57120 CPT/HCPCS COLPOCLEISIS (LE FORT TYPE)  EXCISION, MALIGNANT LESION INCL MARGINS, FACE, EARS, EYELIDSNOSE, LIPS; EXCISED DIAMETER 0.5CM OR LESS  20553 CPT/HCPCS INJECTION(S); TENDON SHEATH, LICAMENT; SINGLE OR MULTIPLE TRIGGER YES POINT(S), THREE OR MORE MUSCLES  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)  33464 CPT/HCPCS VALVULOPLASTY, TRICUSPID VALVE, WITH RING INSERTION YES  43540 CPT/HCPCS SUTURE OF ESOPHAGEAL WOUND OR INJURY; THORACIC APPROACH YES  43650 CPT/HCPCS SUTURE OF ESOPHAGEAL WOUND OR INJURY; THORACIC APPROACH YES  27185 CPT/HCPCS EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING, GREATER YES TROCHANITER  45563 CPT/HCPCS EXLORATION, REPAIR AND PRESACRAL DRAINAGE FOR RECTAL INJURY WITH YES COLOSTOMY  27466 CPT/HCPCS OSTEOPLASTY, FEMUR; LENGTHENING YES  33364 CPT/HCPCS TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR/TAVI) WITH YES PROSTHETIC VALVE: OPEN ILIAC ARTERY APPROACH  THORACIC APPROACH  THORACTORY YES  35881 CPT/HCPCS INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL YES	)699	CPT/HCPCS	UNLISTED PROCEDURE, ENDOCRINE SYSTEM	Yes
AND/OR NERVE ROOT[S], [EG, SPINAL +  23615 CPT/HCPCS OPEN TREATMENT OF CLAVICULAR FRACTURE INCLUDES INTERNAL FIXATION, WHEN PERFORMED  57120 CPT/HCPCS COLPOCLEISIS (LE FORT TYPE)  11640 CPT/HCPCS EXCISION, MALIGNANT LESION INCL MARGINS, FACE, EARS, EYELIDSNOSE, LIPS; EXCISED DIAMETER 0.5CM OR LESS  20553 CPT/HCPCS INJECTION(S); TENDON SHEATH, LIGAMENT; SINGLE OR MULTIPLE TRIGGER Yes POINT(S), THREE OR MORE MUSCLES  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)  33464 CPT/HCPCS VALVULOPLASTY, TRICUSPID VALVE, WITH RING INSERTION Yes  46500 CPT/HCPCS VALVULOPLASTY, TRICUSPID VALVE, WITH RING INSERTION Yes  46501 CPT/HCPCS SUTURE OF ESOPHAGEAL WOUND OR INJURY; THORACIC APPROACH  43415 CPT/HCPCS SUTURE OF ESOPHAGEAL WOUND OR INJURY; THORACIC APPROACH  43415 CPT/HCPCS EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING, GREATER TROCHANTER  45563 CPT/HCPCS EXLORATION, REPAIR AND PRESACRAL DRAINAGE FOR RECTAL INJURY WITH Yes COLOSTOMY  45648 CPT/HCPCS OSTEOPLASTY, FEMUR; LENGTHENING  45654 CPT/HCPCS REPAIR AND RECONSTRUCTION, FINGER, VOLAR PLATE, INTERPHALANGEAL JOINT  33364 CPT/HCPCS TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR/TAVI) WITH Yes PROSTHETIC VALVE; OPEN LILCA CARTERY APPROACH  35881 CPT/HCPCS INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL Yes	3047	CPT/HCPCS	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR	Yes
23615 CPT/HCPCS OPEN TREATMENT OF CLAVICULAR FRACTURE INCLUDES INTERNAL YES FIXATION, WHEN PERFORMED 57120 CPT/HCPCS COLPOCLESIS (LE FORT TYPE) 11640 CPT/HCPCS EXCISION, MALIGNANT LESION INCL MARGINS, FACE, EARS, EYELIDSNOSE, LIPS; EXCISED DIAMETER 0.5CM OR LESS 20553 CPT/HCPCS INJECTION(S); TENDON SHEATH, LIGAMENT; SINGLE OR MULTIPLE TRIGGER YES POINT(S), THREE OR MORE MUSCLES 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) 33464 CPT/HCPCS VALVULOPLASTY, TRICUSPID VALVE, WITH RING INSERTION YES 46500 CPT/HCPCS VALVULOPLASTY, TRICUSPID VALVE, WITH RING INSERTION YES 43415 CPT/HCPCS SUTURE OF ESOPHAGEAL WOUND OR INJURY; THORACIC APPROACH YES 27185 CPT/HCPCS EVLORATION, REPAIR AND PRESACRAL DRAINAGE FOR RECTAL INJURY WITH YES 45563 CPT/HCPCS EXLORATION, REPAIR AND PRESACRAL DRAINAGE FOR RECTAL INJURY WITH COLOSTOMY 27466 CPT/HCPCS OSTEOPLASTY, FEMUR; LENGTHENING YES 27564 CPT/HCPCS TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR/TAVI) WITH YES 26548 CPT/HCPCS TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR/TAVI) WITH YES 26548 CPT/HCPCS TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR/TAVI) WITH YES 26549 CPT/HCPCS TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR/TAVI) WITH YES 26540 CPT/HCPCS TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR/TAVI) WITH YES 26541 CPT/HCPCS TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR/TAVI) WITH YES 26542 CPT/HCPCS TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR/TAVI) WITH YES 26543 CPT/HCPCS TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR/TAVI) WITH YES 26544 CPT/HCPCS TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR/TAVI) WITH YES 26545 CPT/HCPCS TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR/TAVI) WITH YES 26546 CPT/HCPCS TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR/TAVI) WITH YES 26547 CPT/HCPCS TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR/TAVI) WITH YES 26548 CPT/HCPCS TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR/TAVI) WITH YES 26548 CPT/HCPCS TRANSCATHET			BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA	
FIXATION, WHEN PERFORMED  57120 CPT/HCPCS COLPOCLEISIS (LE FORT TYPE)  11640 CPT/HCPCS EXCISION, MALIONANT LESION INCL MARGINS, FACE, EARS, EYELIDSNOSE, LIPS; EXCISED DIAMETER 0.5CM OR LESS  20553 CPT/HCPCS INJECTION(S); TENDON SHEATH, LIGAMENT; SINGLE OR MULTIPLE TRIGGER YES POINT(S), THREE OR MORE MUSCLES  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)  33464 CPT/HCPCS VALVULOPLASTY, TRICUSPID VALVE, WITH RING INSERTION YES  46500 CPT/HCPCS VINJECTION 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 YES  TROCHANTER  45563 CPT/HCPCS EXLORATION, REPAIR AND PRESACRAL DRAINAGE FOR RECTAL INJURY WITH COLOSTOMY  27466 CPT/HCPCS REPAIR AND RECONSTRUCTION, FINGER, VOLAR PLATE, INTERPHALANGEAL YES  JOINT  33364 CPT/HCPCS TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR/TAVI) WITH YES  COLOSTOMY  35881 CPT/HCPCS REVISION, LOWER EXTREMITY ARTERIAL BYPASS, WITHOUT YES  THROMBECTOMY, OPEN; WITH SEGMENTAL VEIN INTERPOSITON  10214T CPT/HCPCS INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL YES			AND/OR NERVE ROOT[S], [EG, SPINAL +	
ST120   CPT/HCPCS   COLPOCLEISIS (LE FORT TYPE)   Yes		CPT/HCPCS	OPEN TREATMENT OF CLAVICULAR FRACTURE INCLUDES INTERNAL	Yes
ST120   CPT/HCPCS   COLPOCLEISIS (LE FORT TYPE)   Yes			FIXATION, WHEN PERFORMED	
11640 CPT/HCPCS EXCISION, MALIGNANT LESION INCL MARGINS, FACE, EARS, EYELIDSNOSE, LIPS; EXCISED DIAMETER 0.5CM OR LESS 20553 CPT/HCPCS INJECTION(S); TENDON SHEATH, LIGAMENT; SINGLE OR MULTIPLE TRIGGER YES POINT(S), THREE OR MORE MUSCLES 62165 CPT/HCPCS NEUROENDOSCOPY, INTRACRANIAL; WITH EXCISION OF PITUITARY TUMOR YES 67041 CPT/HCPCS VITRECTOMY, MECHNL PARS PLANA APPRCH: WITH REMOVAL OF PERRETINAL CELLULAR MEMBRANE(EG, MACULAR PUCKER) 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 EXLORATION, REPAIR AND PRESACRAL DRAINAGE FOR RECTAL INJURY WITH YES 27185 CPT/HCPCS EXLORATION, REPAIR AND PRESACRAL DRAINAGE FOR RECTAL INJURY WITH YES 27266 CPT/HCPCS OSTEOPLASTY, FEMUR; LENGTHENING YES 27466 CPT/HCPCS OSTEOPLASTY, FEMUR; LENGTHENING YES 2758 CPT/HCPCS REPAIR AND RECONSTRUCTION, FINGER, VOLAR PLATE, INTERPHALANGEAL YES 2758 CPT/HCPCS REPAIR AND RECONSTRUCTION, FINGER, VOLAR PLATE, INTERPHALANGEAL YES 2758 CPT/HCPCS REPAIR AND RECONSTRUCTION, FINGER, VOLAR PLATE, INTERPHALANGEAL YES 2758 CPT/HCPCS REPAIR AND RECONSTRUCTION, FINGER, VOLAR PLATE, INTERPHALANGEAL YES 2758 CPT/HCPCS REPAIR AND RECONSTRUCTION, FINGER, VOLAR PLATE, INTERPHALANGEAL YES 2758 CPT/HCPCS REPAIR AND RECONSTRUCTION, FINGER, VOLAR PLATE, INTERPHALANGEAL YES 2758 CPT/HCPCS REPAIR AND RECONSTRUCTION, FINGER, VOLAR PLATE, INTERPHALANGEAL YES 2758 CPT/HCPCS REPAIR AND RECONSTRUCTION, FINGER, VOLAR PLATE, INTERPHALANGEAL YES 2758 CPT/HCPCS REPAIR AND RECONSTRUCTION, FINGER, VOLAR PLATE, INTERPHALANGEAL YES 2758 CPT/HCPCS REPAIR AND RECONSTRUCTION, FINGER, VOLAR PLATE, INTERPHALANGEAL YES 2758 CPT/HCPCS REPAIR AND RECONSTRUCTION, FINGER, VOLAR PLATE, INTERPHALANGEAL YES 2758 CPT/HCPCS REPAIR AND RECONSTRUCTION, FINGER, VOLAR PLATE, INTERPHALANGEAL YES 2758 CPT/HCPCS REPAIR AND RECONSTRUCTION, FINGER, VOLAR PLATE, INTERPHALANGEAL YES 2758 CPT/HCPCS REPAIR AND RECONSTRUCTIO	 7120	CPT/HCPCS		Yes
LIPS; EXCISED DIAMETER 0.5CM OR LESS  20553 CPT/HCPCS INJECTION(S); TENDON SHEATH, LIGAMENT; SINGLE OR MULTIPLE TRIGGER Yes POINT(S), THREE OR MORE MUSCLES  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)  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 EXLORATION, REPAIR AND PRESACRAL DRAINAGE FOR RECTAL INJURY WITH YES  45563 CPT/HCPCS EXLORATION, REPAIR AND PRESACRAL DRAINAGE FOR RECTAL INJURY WITH YES  COLOSTOMY  27466 CPT/HCPCS OSTEOPLASTY, FEMUR; LENGTHENING YES  26548 CPT/HCPCS REPAIR AND RECONSTRUCTION, FINGER, VOLAR PLATE, INTERPHALANGEAL JOINT  33364 CPT/HCPCS TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR/TAVI) WITH YES  COT/HCPCS REPAIR AND RECONSTRUCTION, FINGER, VOLAR PLATE, INTERPHALANGEAL YES  JOINT  35881 CPT/HCPCS REVISION, LOWER EXTREMITY ARTERIAL BYPASS, WITHOUT YES  THROMBECTOMY, OPEN; WITH SEGMENTAL VEIN INTERPOSITON  0214T CPT/HCPCS INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL YES			· · · · · · · · · · · · · · · · · · ·	
20553 CPT/HCPCS INJECTION(S); TENDON SHEATH, LIGAMENT; SINGLE OR MULTIPLE TRIGGER YES POINT(S), THREE OR MORE MUSCLES 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) 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 YES TROCHANTER 45563 CPT/HCPCS EXLORATION, REPAIR AND PRESACRAL DRAINAGE FOR RECTAL INJURY WITH YES COLOSTOMY 27466 CPT/HCPCS OSTEOPLASTY, FEMUR; LENGTHENING YES 26548 CPT/HCPCS REPAIR AND RECONSTRUCTION, FINGER, VOLAR PLATE, INTERPHALANGEAL YES JOINT 33364 CPT/HCPCS TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR/TAVI) WITH YES TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR/TAVI) WITH YES 25881 CPT/HCPCS REVISION, LOWER EXTREMITY ARTERIAL BYPASS, WITHOUT YES THROMBECTOMY, OPEN; WITH SEGMENTAL VEIN INTERPOSITON 0214T CPT/HCPCS INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL YES	1040	CF 1/11CF C3		165
POINT(S), THREE OR MORE MUSCLES  62165 CPT/HCPCS NEUROENDOSCOPY, INTRACRANIAL; WITH EXCISION OF PITUITARY TUMOR YES  67041 CPT/HCPCS VITRECTOMY, MECHNL PARS PLANA APPRCH: WITH REMOVAL OF YES PRERETINAL CELLULAR MEMBRANE(EG, MACULAR PUCKER)  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  45563 CPT/HCPCS EXLORATION, REPAIR AND PRESACRAL DRAINAGE FOR RECTAL INJURY WITH COLOSTOMY  27466 CPT/HCPCS OSTEOPLASTY, FEMUR; LENGTHENING YES  26548 CPT/HCPCS REPAIR AND RECONSTRUCTION, FINGER, VOLAR PLATE, INTERPHALANGEAL YES  JOINT TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR/TAVI) WITH YES  PROSTHETIC VALVE; OPEN ILIAC ARTERY APPROACH  35881 CPT/HCPCS REVISION, LOWER EXTREMITY ARTERIAL BYPASS, WITHOUT THROMBECTOMY, OPEN; WITH SEGMENTAL VEIN INTERPOSITON  0214T CPT/HCPCS INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL YES		ODT/LIODOC	·	Vac
62165 CPT/HCPCS NEUROENDOSCOPY, INTRACRANIAL; WITH EXCISION OF PITUITARY TUMOR YES 67041 CPT/HCPCS VITRECTOMY, MECHNL PARS PLANA APPRCH: WITH REMOVAL OF YES PRERETINAL CELLULAR MEMBRANE(EG, MACULAR PUCKER) 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 YES TROCHANTER 45563 CPT/HCPCS EXLORATION, REPAIR AND PRESACRAL DRAINAGE FOR RECTAL INJURY WITH YES COLOSTOMY 27466 CPT/HCPCS OSTEOPLASTY, FEMUR; LENGTHENING YES 26548 CPT/HCPCS REPAIR AND RECONSTRUCTION, FINGER, VOLAR PLATE, INTERPHALANGEAL YES JOINT 33364 CPT/HCPCS TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR/TAVI) WITH YES PROSTHETIC VALVE; OPEN ILIAC ARTERY APPROACH 35881 CPT/HCPCS REVISION, LOWER EXTREMITY ARTERIAL BYPASS, WITHOUT YES THROMBECTOMY, OPEN; WITH SEGMENTAL VEIN INTERPOSITON 0214T CPT/HCPCS INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL YES	1553	CPI/HCPCS		Yes
67041 CPT/HCPCS VITRECTOMY, MECHNL PARS PLANA APPRCH: WITH REMOVAL OF PRERETINAL CELLULAR MEMBRANE(EG, MACULAR PUCKER)  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 YES  TROCHANTER  45563 CPT/HCPCS EXLORATION, REPAIR AND PRESACRAL DRAINAGE FOR RECTAL INJURY WITH COLOSTOMY  27466 CPT/HCPCS OSTEOPLASTY, FEMUR; LENGTHENING YES  26548 CPT/HCPCS REPAIR AND RECONSTRUCTION, FINGER, VOLAR PLATE, INTERPHALANGEAL YES  JOINT  33364 CPT/HCPCS TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR/TAVI) WITH YES  PROSTHETIC VALVE; OPEN ILIAC ARTERY APPROACH  35881 CPT/HCPCS REVISION, LOWER EXTREMITY ARTERIAL BYPASS, WITHOUT YES  THROMBECTOMY, OPEN; WITH SEGMENTAL VEIN INTERPOSITON  0214T CPT/HCPCS INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL YES				
PRERETINAL CELLULAR MEMBRANE(EG, MACULAR PUCKER)  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 Yes  TROCHANTER  45563 CPT/HCPCS EXLORATION, REPAIR AND PRESACRAL DRAINAGE FOR RECTAL INJURY WITH Yes  COLOSTOMY  27466 CPT/HCPCS OSTEOPLASTY, FEMUR; LENGTHENING Yes  26548 CPT/HCPCS REPAIR AND RECONSTRUCTION, FINGER, VOLAR PLATE, INTERPHALANGEAL YES  JOINT  33364 CPT/HCPCS TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR/TAVI) WITH Yes  PROSTHETIC VALVE; OPEN ILIAC ARTERY APPROACH  35881 CPT/HCPCS REVISION, LOWER EXTREMITY ARTERIAL BYPASS, WITHOUT YES  THROMBECTOMY, OPEN; WITH SEGMENTAL VEIN INTERPOSITON  0214T CPT/HCPCS INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL YES	2165	CPT/HCPCS	NEUROENDOSCOPY, INTRACRANIAL; WITH EXCISION OF PITUITARY TUMOR	Yes
PRERETINAL CELLULAR MEMBRANE(EG, MACULAR PUCKER)  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 Yes  TROCHANTER  45563 CPT/HCPCS EXLORATION, REPAIR AND PRESACRAL DRAINAGE FOR RECTAL INJURY WITH Yes  COLOSTOMY  27466 CPT/HCPCS OSTEOPLASTY, FEMUR; LENGTHENING Yes  26548 CPT/HCPCS REPAIR AND RECONSTRUCTION, FINGER, VOLAR PLATE, INTERPHALANGEAL YES  JOINT  33364 CPT/HCPCS TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR/TAVI) WITH Yes  PROSTHETIC VALVE; OPEN ILIAC ARTERY APPROACH  35881 CPT/HCPCS REVISION, LOWER EXTREMITY ARTERIAL BYPASS, WITHOUT YES  THROMBECTOMY, OPEN; WITH SEGMENTAL VEIN INTERPOSITON  0214T CPT/HCPCS INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL 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 45563 CPT/HCPCS EXLORATION, REPAIR AND PRESACRAL DRAINAGE FOR RECTAL INJURY WITH Yes COLOSTOMY 27466 CPT/HCPCS OSTEOPLASTY, FEMUR; LENGTHENING Yes 26548 CPT/HCPCS REPAIR AND RECONSTRUCTION, FINGER, VOLAR PLATE, INTERPHALANGEAL YES JOINT 33364 CPT/HCPCS TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR/TAVI) WITH Yes PROSTHETIC VALVE; OPEN ILIAC ARTERY APPROACH 35881 CPT/HCPCS REVISION, LOWER EXTREMITY ARTERIAL BYPASS, WITHOUT Yes THROMBECTOMY, OPEN; WITH SEGMENTAL VEIN INTERPOSITON 0214T CPT/HCPCS INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL YES	7041	CPT/HCPCS	VITRECTOMY, MECHNL PARS PLANA APPRCH: WITH REMOVAL OF	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 Yes TROCHANTER 45563 CPT/HCPCS EXLORATION, REPAIR AND PRESACRAL DRAINAGE FOR RECTAL INJURY WITH Yes COLOSTOMY 27466 CPT/HCPCS OSTEOPLASTY, FEMUR; LENGTHENING Yes 26548 CPT/HCPCS REPAIR AND RECONSTRUCTION, FINGER, VOLAR PLATE, INTERPHALANGEAL Yes JOINT 33364 CPT/HCPCS TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR/TAVI) WITH Yes PROSTHETIC VALVE; OPEN ILIAC ARTERY APPROACH 35881 CPT/HCPCS REVISION, LOWER EXTREMITY ARTERIAL BYPASS, WITHOUT THROMBECTOMY, OPEN; WITH SEGMENTAL VEIN INTERPOSITON 0214T CPT/HCPCS INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL Yes			PRERETINAL CELLULAR MEMBRANE(EG, MACULAR PUCKER)	
43415 CPT/HCPCS SUTURE OF ESOPHAGEAL WOUND OR INJURY; THORACIC APPROACH 27185 CPT/HCPCS EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING, GREATER TROCHANTER 45563 CPT/HCPCS EXLORATION, REPAIR AND PRESACRAL DRAINAGE FOR RECTAL INJURY WITH Yes COLOSTOMY 27466 CPT/HCPCS OSTEOPLASTY, FEMUR; LENGTHENING 26548 CPT/HCPCS REPAIR AND RECONSTRUCTION, FINGER, VOLAR PLATE, INTERPHALANGEAL Yes JOINT 33364 CPT/HCPCS TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR/TAVI) WITH Yes PROSTHETIC VALVE; OPEN ILIAC ARTERY APPROACH 35881 CPT/HCPCS REVISION, LOWER EXTREMITY ARTERIAL BYPASS, WITHOUT THROMBECTOMY, OPEN; WITH SEGMENTAL VEIN INTERPOSITON 0214T CPT/HCPCS INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL YES	3464	CPT/HCPCS	VALVULOPLASTY, TRICUSPID VALVE, WITH RING INSERTION	Yes
27185 CPT/HCPCS EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING, GREATER TROCHANTER  45563 CPT/HCPCS EXLORATION, REPAIR AND PRESACRAL DRAINAGE FOR RECTAL INJURY WITH Yes COLOSTOMY  27466 CPT/HCPCS OSTEOPLASTY, FEMUR; LENGTHENING Yes 26548 CPT/HCPCS REPAIR AND RECONSTRUCTION, FINGER, VOLAR PLATE, INTERPHALANGEAL Yes JOINT  33364 CPT/HCPCS TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR/TAVI) WITH Yes PROSTHETIC VALVE; OPEN ILIAC ARTERY APPROACH  35881 CPT/HCPCS REVISION, LOWER EXTREMITY ARTERIAL BYPASS, WITHOUT THROMBECTOMY, OPEN; WITH SEGMENTAL VEIN INTERPOSITON  0214T CPT/HCPCS INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL Yes	3500	CPT/HCPCS	*INJECTION OF SCLEROSING SOLUTION, HEMORRHOIDS	Yes
27185 CPT/HCPCS EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING, GREATER TROCHANTER  45563 CPT/HCPCS EXLORATION, REPAIR AND PRESACRAL DRAINAGE FOR RECTAL INJURY WITH Yes COLOSTOMY  27466 CPT/HCPCS OSTEOPLASTY, FEMUR; LENGTHENING Yes 26548 CPT/HCPCS REPAIR AND RECONSTRUCTION, FINGER, VOLAR PLATE, INTERPHALANGEAL Yes JOINT  33364 CPT/HCPCS TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR/TAVI) WITH Yes PROSTHETIC VALVE; OPEN ILIAC ARTERY APPROACH  35881 CPT/HCPCS REVISION, LOWER EXTREMITY ARTERIAL BYPASS, WITHOUT THROMBECTOMY, OPEN; WITH SEGMENTAL VEIN INTERPOSITON  0214T CPT/HCPCS INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL Yes		CPT/HCPCS	SUTURE OF ESOPHAGEAL WOUND OR INJURY; THORACIC APPROACH	Yes
TROCHANTER  45563 CPT/HCPCS EXLORATION, REPAIR AND PRESACRAL DRAINAGE FOR RECTAL INJURY WITH Yes COLOSTOMY  27466 CPT/HCPCS OSTEOPLASTY, FEMUR; LENGTHENING Yes  26548 CPT/HCPCS REPAIR AND RECONSTRUCTION, FINGER, VOLAR PLATE, INTERPHALANGEAL JOINT  33364 CPT/HCPCS TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR/TAVI) WITH Yes PROSTHETIC VALVE; OPEN ILIAC ARTERY APPROACH  35881 CPT/HCPCS REVISION, LOWER EXTREMITY ARTERIAL BYPASS, WITHOUT Yes THROMBECTOMY, OPEN; WITH SEGMENTAL VEIN INTERPOSITON  0214T CPT/HCPCS INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL Yes		CPT/HCPCS	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING, GREATER	Yes
45563 CPT/HCPCS EXLORATION, REPAIR AND PRESACRAL DRAINAGE FOR RECTAL INJURY WITH COLOSTOMY  27466 CPT/HCPCS OSTEOPLASTY, FEMUR; LENGTHENING  26548 CPT/HCPCS REPAIR AND RECONSTRUCTION, FINGER, VOLAR PLATE, INTERPHALANGEAL Yes  JOINT  33364 CPT/HCPCS TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR/TAVI) WITH Yes  PROSTHETIC VALVE; OPEN ILIAC ARTERY APPROACH  35881 CPT/HCPCS REVISION, LOWER EXTREMITY ARTERIAL BYPASS, WITHOUT Yes  THROMBECTOMY, OPEN; WITH SEGMENTAL VEIN INTERPOSITON  0214T CPT/HCPCS INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL Yes				
COLOSTOMY  27466 CPT/HCPCS OSTEOPLASTY, FEMUR; LENGTHENING Yes  26548 CPT/HCPCS REPAIR AND RECONSTRUCTION, FINGER, VOLAR PLATE, INTERPHALANGEAL JOINT  33364 CPT/HCPCS TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR/TAVI) WITH Yes  PROSTHETIC VALVE; OPEN ILIAC ARTERY APPROACH  35881 CPT/HCPCS REVISION, LOWER EXTREMITY ARTERIAL BYPASS, WITHOUT Yes  THROMBECTOMY, OPEN; WITH SEGMENTAL VEIN INTERPOSITON  0214T CPT/HCPCS INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL Yes	 5563	CPT/HCPC9		Yes
27466 CPT/HCPCS OSTEOPLASTY, FEMUR; LENGTHENING Yes  26548 CPT/HCPCS REPAIR AND RECONSTRUCTION, FINGER, VOLAR PLATE, INTERPHALANGEAL Yes  JOINT  33364 CPT/HCPCS TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR/TAVI) WITH Yes  PROSTHETIC VALVE; OPEN ILIAC ARTERY APPROACH  35881 CPT/HCPCS REVISION, LOWER EXTREMITY ARTERIAL BYPASS, WITHOUT  THROMBECTOMY, OPEN; WITH SEGMENTAL VEIN INTERPOSITON  0214T CPT/HCPCS INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL Yes	,500	1/110F03		
26548 CPT/HCPCS REPAIR AND RECONSTRUCTION, FINGER, VOLAR PLATE, INTERPHALANGEAL Yes  33364 CPT/HCPCS TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR/TAVI) WITH Yes  PROSTHETIC VALVE; OPEN ILIAC ARTERY APPROACH  35881 CPT/HCPCS REVISION, LOWER EXTREMITY ARTERIAL BYPASS, WITHOUT Yes  THROMBECTOMY, OPEN; WITH SEGMENTAL VEIN INTERPOSITON  0214T CPT/HCPCS INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL Yes	7460	CDT/ILIODOO		Voc
JOINT  33364 CPT/HCPCS TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR/TAVI) WITH PROSTHETIC VALVE; OPEN ILIAC ARTERY APPROACH  35881 CPT/HCPCS REVISION, LOWER EXTREMITY ARTERIAL BYPASS, WITHOUT THROMBECTOMY, OPEN; WITH SEGMENTAL VEIN INTERPOSITON  0214T CPT/HCPCS INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL Yes				
33364 CPT/HCPCS TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR/TAVI) WITH PROSTHETIC VALVE; OPEN ILIAC ARTERY APPROACH  35881 CPT/HCPCS REVISION, LOWER EXTREMITY ARTERIAL BYPASS, WITHOUT THROMBECTOMY, OPEN; WITH SEGMENTAL VEIN INTERPOSITON  0214T CPT/HCPCS INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL Yes	) <del>ე</del> 48	CP1/HCPCS		res
PROSTHETIC VALVE; OPEN ILIAC ARTERY APPROACH  35881 CPT/HCPCS REVISION, LOWER EXTREMITY ARTERIAL BYPASS, WITHOUT THROMBECTOMY, OPEN; WITH SEGMENTAL VEIN INTERPOSITON  0214T CPT/HCPCS INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL Yes				<u> </u>
35881 CPT/HCPCS REVISION, LOWER EXTREMITY ARTERIAL BYPASS, WITHOUT THROMBECTOMY, OPEN; WITH SEGMENTAL VEIN INTERPOSITON  0214T CPT/HCPCS INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL Yes	3364	CPT/HCPCS	,	Yes
THROMBECTOMY, OPEN; WITH SEGMENTAL VEIN INTERPOSITON  0214T CPT/HCPCS INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL Yes			PROSTHETIC VALVE;OPEN ILIAC ARTERY APPROACH	
0214T CPT/HCPCS INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL Yes	5881	CPT/HCPCS	REVISION, LOWER EXTREMITY ARTERIAL BYPASS, WITHOUT	Yes
			THROMBECTOMY, OPEN; WITH SEGMENTAL VEIN INTERPOSITON	
FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOI	214T	CPT/HCPCS	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL	Yes
			FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOI	
			, , , , , , , , , , , , , , , , , , , ,	
35311 CPT/HCPCS THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; Yes	 5311	CPT/HCPCS	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT	Yes
SUBCLAVIAN, INNOMINATE, BY THORACIC INCISION				
	7999	CDT/LICDOS		Vos
	223	051/00505		
EA ADDT VESSEL; W/T TRANSLUMINAL STENT PLACEMENT(S), INCL			LEA ADDI VESSEL; W/T TRANSLUMINAL STENT PLACEMENT(S), INCL	
66920 CPT/HCPCS REMOVAL OF LENS MATERIAL; INTRACAPSULAR Yes		+		
26428 CPT/HCPCS EXTENSOR TENDON REPAIR, CENTRAL SLIP REPAIR, SECONDARY Yes	3428	CPT/HCPCS	EXTENSOR TENDON REPAIR, CENTRAL SLIP REPAIR, SECONDARY	Yes
(BOUTONNIERE DEFORMITY); WITH FREE GRAFT (INCLUDES OBTA			(BOUTONNIERE DEFORMITY); WITH FREE GRAFT (INCLUDES OBTA	
33988 CPT/HCPCS INSERTION OF LEFT HEART VENT BY THORACIC INCISION (EG, Yes	3988	CPT/HCPCS	INSERTION OF LEFT HEART VENT BY THORACIC INCISION (EG.	Yes
			STERNOTOMY, THORACOTOMY) FOR ECMO/ECLS	

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	Yes
		LENGTHENING AND ADVANCEMENT (MILLER TYPE PROCEDURE)	
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	Yes
		DEFIBRILLATOR SYSTEM, WITH TRANSVENOUS LEAD(S), SINGLE OR DUAL CHAMBER	
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 OSTEOPHYTECTOMY; CERVICAL, EACH	Yes
10060	CPT/HCPCS	*INCISION AND DRAINAGE OF ABSCESS (EG,	Yes
		CARBUNCLE, SUPPURATIVEHIDRADENITIS, CUTANEOUS OR) SIMPLE OR SINGLE	
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	Yes
		MANIPULATION	

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	Yes
33340	CPT/HCPCS	AND/OR WRIST AREA; 3 CM OR GREATER  PERCUTANEOUS TRANSCATHETER CLOSURE OF THE LEFT ATRIAL	Yes
33340	CPI/HCPCS	APPENDAGE WITH ENDOCARDIAL IMPLANT, INCLUDING FLUOROSCOPY, TRANSSE	res
0232T	CPT/HCPCS	INJECTION(S), PLATELET RICH PLASMA, ANY TISSUE, INCLUDING IMAGE	Yes
02321	01 1/1101 00	GUIDANCE, HARVESTING AND PREPARATION WHEN PERFORMED	
49520	CPT/HCPCS	REPAIR INGUINAL HERNIA, ANY AGE; RECURRENT	Yes
28272	CPT/HCPCS	CAPSULOTOMY FOR CONTRACTURE; INTERPHALANGEAL JOINT, SINGLE,	Yes
		EACH JOINT (SEPARATE PROCEDURE)	
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	Yes
		(EGCANALOPLASTY); WITHOUT RETENTION OF DEVICE OR STENT	 
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	Yes
		THAN FOR DECOMPRESSION), SINGLE INTE+	

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 OCCLUSI ON 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

		1	
44126	CPT/HCPCS	ENTERECTOMY, RESECTION OF SMALL INTESTINE FOR CONGENITAL	Yes
		ATREIA, SINGLE RESECTION, ANASTOMOSIS OF PROXIMAL; WITHOUT TAPE	
	1		
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	Yes
		GRAFTS; WITH FOREHEAD ADVANCEMENT	
27006	CPT/HCPCS	TENOTOMY, ABDUCTORS OF HIP, OPEN (SEPARATE PROCEDURE)	Yes
29888	CPT/HCPCS	ARTHROSCOPICALLY AIDED ANTERIOR CRUCIATE LIGAMENT REPAIR/	Yes
		AUGMENTATION OR RECONSTRUCTION	L.
28288	CPT/HCPCS	OSTECTOMY, PARTIAL, EXOSTECTOMY OR CONDYLECTOMY, SINGLE,	Yes
		METATARSAL HEAD, FIRST THROUGH FIFTH, EACH METATARSAL HEAD,	
50004	007//10000	+DU ATION OF FEMALE LIBETURA INCLUDING QUIDDOQUEORY AND (OR	\ <u>\</u>
53661	CPT/HCPCS	*DILATION OF FEMALE URETHRA INCLUDING SUPPOSITORY AND/OR	Yes
0.4070	ODT//LIODOG	INSTILLATION; SUBSEQUENT	V
24076	CPT/HCPCS	EXCISION, TUMOR, SOFT TISSUE OF UPPER ARM OR ELBOW AREA,	Yes
46940	CPT/HCPCS	SUBFASCIAL (EG, INTRAMUSCULAR); LESS THAN 5 CM CURETTAGE OR CAUTERIZATION OF ANAL FISSURE, INCLUDING DILATION	Yes
40940	CP1/HCPC3	OF ANAL SPHINCTER (SEPARATE PROCEDURE); INITIAL	res
44010	CPT/HCPCS	DUODENOTOMY, FOR EXPLORATION, BIOPSY(S), OR FOREIGN BODY	Yes
44010	CF1/HCFC3	REMOVAL	165
12036	CPT/HCPCS	REPAIR INTERMEDIATE WOUNDS OF SCALP, AXILLAE, TRUNK, AND/OR	Yes
12030	CF I/HCF CS	EXTREMITIES (EXCLUDING HANDS AND FEET); 20.1 TO 30.0 CM	165
27715	CPT/HCPCS	OSTEOPLASTY, TIBIA AND FIBULA, LENGTHENING	Yes
49659	CPT/HCPCS	UNLISTED LAPAROSCOPY PROCEDURE, HEMIOPLASTY, HERNIORRHAPHY,	Yes
10000		HERNIOTOMY	
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	Yes
		POSTERIOR CARANIAL FOSSA FOLLOWING SURGERY OF THE SKULL BASE;	
25565	CPT/HCPCS	TREATMENT OF CLOSED RADIAL AND ULNAR SHAFT FRACTURES; WITH	Yes
		MANIPULATION	
11423	CPT/HCPCS	EXCISION, BENIGN LESION INCL MARGINS, EXPT SKIN TAG (UNLS LSTD	Yes
		ELSWR) SCALP, NECK, HNDS, FEET, GENIT; EX DM 2.1 TO 3.0CM	
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	Yes
		INJECTION(S), WHEN USED, 1 OR MORE NEEDLE, INCLUDES IMAGING	
		GUIDANCE AND BONE BIOPSY, WHEN+	
62294	CPT/HCPCS	INJECTION PROCEDURE, ARTERIAL, FOR OCCLUSION OF ARTERIOVENOUS	Yes
		MALFORMATION, SPINAL	
59121	CPT/HCPCS	SURGICAL TREATMENT OF ECTOPIC PREGNANCY; TUBAL OR OVARIAN,	Yes
		WITHOUT SALPINGECTOMY AND/OR OOPHORECTOMY	L.
31780	CPT/HCPCS	EXCISION TRACHEAL STENOSIS AND ANASTOMOSIS; CERVICAL	Yes
15951	CPT/HCPCS	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH PRIMARY SUTURE; WITH	Yes
50504	007//10000	OSTECTOMY	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
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	Yes
E33E0	CDT/HCDCC	GENERAL ANESTHESIA  EVOISION OF BUILD BOUDETHEAL OLAND (COMPER'S CLAND)	Yes
53250	CPT/HCPCS	EXCISION OF BULBOURETHRAL GLAND (COWPER'S GLAND)  EXCISION, BENIGN LESION INCL MARGINS, EXPT SKIN TAG (UNLS LSTD	
11420	CPT/HCPCS	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  CPT/HCPCS	REPAIR OF SACROCOCCYGEAL TERATOMA IN THE FETUS, PROCEDURE	Yes
02 <del>4</del> 00	01 1/110503	PERFORMED IN UTERO	
25290	CPT/HCPCS	TENOTOMY, OPEN, FLEXOR OR EXTENSOR TENDON, FOREARM AND/OR	Yes
20200	0. 1/110503	WRIST, SINGLE, EACH TENDON	
48150	CPT/HCPCS	PANCREATECTOMY, PROXIMAL SUBTOTAL, WITH	Yes
10100	0. 1/1101 03	PANCREATICODUODENECTOMY (WHIPPLE TYPE PROCEDURE), AND	
		PANCREATIC JEJUNOSTOMY	
69450	CPT/HCPCS	TYMPANOLYSIS, TRANSCANAL	Yes
68330	CPT/HCPCS	REPAIR OF SYMBLEPHARON; CONJUNCTIVOPLASTY, WITHOUT GRAFT	Yes
0033U			

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,	Yes
25420	CPT/HCPCS	WITHOUT NERVE DISSECTION  REPAIR OF NONUNION OR MALUNION, RADIUS AND ULNA; WITH ILIAC OR	Yes
		OTHER AUTOGRAFT (INCLUDES OBTAINING GRAFT)	
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	REVASCULARIZATION, 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
	ļ		

44445	ODT#10000	EVOIDION OF LINGUAL EDENIAL (EDENICOTOMY)	<u> </u>
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	Yes
		CANNULA(E) BY STERNOTOMY OR THORACOTOMY, BIRTH THROUGH 5 YEARS	
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	Yes
22532	CPT/HCPCS	DIRECT OR PATCH CLOSURE	Voo
22332	CFI/HCFC3	ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); THORACIC	165
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		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		Yes
42510	CPT/HCPCS	,	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	Yes
1		MANIPULATION, MAY INCLUDE EXTERNAL FIXATION	

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		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		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 SAPHENOPOPLITEAL JUNCTION (SEPARATE PROCEDURE)	Yes
67030	CPT/HCPCS	DISCISSION OF VITREOUS STRANDS (WITHOUT REMOVAL), PARS PLANA APPROACH	Yes
25125	CPT/HCPCS	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF RADIUS OR	Yes
		ULNA (EXCLUDING HEAD OR NECK OF RADIUS AND OLEC	
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, PERCUTANEO	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/T ASSESMENT OF AI	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 TREATEMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR SURFACE/PORTION OF DISTAL TIBIA, BOTH TIBIA NAD 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	Yes
35271	CPT/HCPCS	IMAGING GUIDANCE (EG,ULTRA  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	URETHRORRHAPHY, 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		Yes
45126	CPT/HCPCS	PELVIC EXENTERATION FOR COLORECTAL MALIGNANCY, WITH PROCETECTOMY (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, CAVERN	Yes
33241	CPT/HCPCS	REMOVAL OF IMPLANTABLE DEFIBRILLATOR PULSE GENERATOR ONLY	Yes
35371	CPT/HCPCS	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; COMMON FEMORAL	
33390	CPT/HCPCS	VALVULOPLASTY, AORTIC VALVE, OPEN, WITH CARDIOPULMONARY BYPASS; SIMPLE (IE, VALVOTOMY, DEBRIDEMENT, DEBAULKING,	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;	Yes
		WITH PANCREATICOJEJUNOSTOMY	
50430	CPT/HCPCS	INJECTION PROCEDURE FOR ANTEGRADE NEPHROSTOGRAM AND/OR	Yes
		URETEROGRAM, COMPLETE DIAGNOSTIC PROCEDURE INCLUDING IMAGING	
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 LESIONBY	
40011	01 1/1101 00	SNARE TECHNIQUE	
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	
28230	CPT/HCPCS	TENOTOMY, OPEN, FLEXOR; FOOT, SINGLE OR MULTIPLE (SEPARATE	Yes
		PROCEDURE)	
M0301	CPT/HCPCS	FABRIC WRAPPING OF ABDOMINAL ANEURYSM	Yes
51840	CPT/HCPCS	ANTERIOR VESICOURETHROPEXY, OR URETHROPEXY (MARSHALL-	Yes
		MARCHETTI-KRANTZ TYPE); SIMPLE	
45562	CPT/HCPCS	EXLORATION, REPAIR, AND PRESACRAL DRAINAGE FOR RECTAL INJURY	Yes
47490	CPT/HCPCS	PERCUTANEOUS CHOLECYSTOSTOMY	Yes
27098	CPT/HCPCS	ADDUCTOR TRANSFER TO ISCHIUM	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	Yes
		SUPRAORBITAL RIMS; WITH GRAFTS (ALLOGRAFT OR PROSTHETIC MATERIAL)	
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	Yes
		AORTICCOUNTERPULSATION VENTRICULAR ASSIST SYSTEM;AORTIC COUNTERPUL	
57100	CPT/HCPCS	*BIOPSY OF VAGINAL MUCOSA; SIMPLE (SEPARATE PROCEDURE)	Yes
23078	CPT/HCPCS	RADICAL RESECTION OF TUMOR (EG, SARCOMA), SOFT TISSUE OF	Yes
		SHOULDER AREA; 5 CM OR GREATER	
43410	CPT/HCPCS	SUTURE OF ESOPHAGEAL WOUND OR INJURY; CERVICAL APPROACH	Yes
15837	CPT/HCPCS	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING	Yes
40000	ODT//LIODOS	LIPECTOMY); FOREARM OR HAND	V
46083 44389	CPT/HCPCS CPT/HCPCS	INCISION OF THROMBOSED HEMORRHOID, EXTERNAL FIBEROPTIC COLONOSCOPY THROUGH COLOSTOMY; FOR BIOPSY AND/OR	Yes Yes
44009	OF 1/HUPUS	COLLECTION OF SPECIMEN BY BRUSHING OR WASHING	163
69505	CPT/HCPCS	MASTOIDECTOMY; MODIFIED RADICAL	Yes
63302	CPT/HCPCS	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR	Yes
33002	01 1/110103	COMPLETE, FOR EXCISION OF INTRASPINAL LESION, SINGLE SEG	
37785	CPT/HCPCS	LIGATION, DIVISION, AND/OR EXCISION OF VARICOSE VEIN CLUSTER(S),	Yes
]	0, ,,,,,,,,	ONE LEG	
64868	CPT/HCPCS	ANASTOMOSIS; FACIAL-HYPOGLOSSAL	Yes
29830	CPT/HCPCS	ARTHROSCOPY, ELBOW, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY	
		(SEPARATE PROCEDURE)	
58400	CPT/HCPCS	UTERINE SUSPENSION, WITH OR WITHOUT SHORTENING OF ROUND	Yes
		LIGAMENTS, WITH OR WITHOUT SHORTENING OF SACROUTERINE LIGAMEN	
21366	CPT/HCPCS	OPEN TREATMENT OF COMPLICATED FRACTURE(S) OF MALAR AREA,	Yes
	2	INCLUDING ZYGOMATIC ARCH AZND MALAR TRIPOD; W/BONE GRAFTING	
37766	CPT/HCPCS	STAB PHLEBECTOMY OF VARICOSE VEINS, ONE EXTREMITY; MORE THAN20 INCISIONS	Yes
33412	CPT/HCPCS	REPLACEMENT, AORTIC VALVE; WITH TRANSVENTRICULAR AORTIC	Yes
	1115. 33	ANNULUS ENLARGEMENT (KONNO PROCEDURE)	

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	Yes
		ELSEWHR) TRUNK, ARMS, OR LEGS; EX DIAM 2.1 TO 3.0CM	
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	Yes
55300	CPT/HCPCS	TYPE) OR EPIPHYSEAL SEPARATION, WITH OR WITHOUT FRA  VASOTOMY FOR VASOGRAMS, SEMINAL VESICULOGRAMS, OR	Yes
2222	007//10000	EPIDIDYMOGRAMS, UNILATERAL OR BILATERAL	lv.
36860	CPT/HCPCS	CANNULA DECLOTTING; WITHOUT BALLOON CATHETER	Yes
31070 0195T	CPT/HCPCS	SINUSOTOMY FRONTAL; EXTERNAL, SIMPLE (TREPHINE OPERATION)	Yes Yes
01951	CPT/HCPCS	ARTHRODESIS, PRE-SACRAL INTERBODY TECHNIQUE, INCLUDING INSTRUMENTATION, IMAGING (WHEN PERFORMED), AND DISCECTOMY TO PREP	res
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 28345	CPT/HCPCS CPT/HCPCS	BYPASS GRAFT, WITH OTHER THAN VEIN; CAROTID-SUBCLAVIAN RECONSTRUCTION, TOE(S); SYNDACTYLY, WITH OR WITHOUT SKIN	Yes Yes
		GRAFT(S), EACH WEB	
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	Yes
		PERIPHERAL (ARTERIAL AND/OR VENOUS) CANNULA(E) OPEN, 6 YEARS AND	
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 GUDANCE INCLUDING CONTRAST INJECTION(S), IMAGE DOUCMENTATION AND REPORT	Yes
25520	CPT/HCPCS	CLOSE TRRATMENT 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, NIKAIDOH PROCEDURE); WITH RE	Yes
35683	CPT/HCPCS	BYPASS GRAFT; AUTOGENOUS COMPOSITE, THREE OR MORE SEGMENTS OF VEINS FROM TWO OR MORE LOC(LIST SEPARAT 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	Yes
		DEVICE(S), EACH ADDITIONAL LESION INCL MAGNETIC RESONANCE	
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	Yes
33050	CPT/HCPCS	ELSEWHR) TRUNK, ARMS, OR LEGS; EX DIAM 0.6 TO 1.0CM  EXCISION OF PERICARDIAL CYST OR TUMOR	Yes
38381	CPT/HCPCS  CPT/HCPCS	SUTURE AND/OR LIGATION OF THORACIC DUCT; THORACIC APPROACH	Yes
30301	GF I/TICF C3	SOTONE AND/ON EIGATION OF THORACIC BOOT, HICHAGIC AFFROACH	163
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	Yes
		DEVICE(S), EACH ADDITIONAL LESION INCL ULTRASOUND GUIDANCE	
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	Yes
35570	CPT/HCPCS	BYPASS GRAFT, WITH VEIN; TIBIAL-TIBIAL, PERONEAL-TIBIAL, OR TIBIAL/PERONEAL TRUNK-TIBIAL	Yes
57545	CPT/HCPCS	DECOMPRESSION OF SENSORY ROOT OF GASSERIAN GANGLION  EXCISION OF CERVICAL STUMP, ABDOMINAL APPROACH; WITH PELVIC FLOOR REPAIR  BYPASS GRAFT, WITH VEIN; TIBIAL-TIBIAL, PERONEAL-TIBIAL, OR	Yes

OTTHORCS	F4701	ODT#10505	INCEPTION OF NOV INDIVIDUAL INC. STADES OF THE	Iv
DURAPLESTY, FOR TREATRENT OF INTRACEMENT OF INTRACEMENT OF STATEMENT OF CONTROL OF CORPORAL AMERICAN WITH PLANAMOCI COSC AGENTS	51701	CPT/HCPCS	INSERTION OF NON-INDWELLING BLADDER CATHETER	Yes
IFER PRAYERINE P. PRICE CHANNES	61323	CPT/HCPCS		Yes
	54235	CPT/HCPCS	` '	Yes
TREATMENT OF CLOSED METATARSOPHALANGEAL JOINT DISLOCATION; Very WITHOUT ANESTICSA  STATE OF THE PROCESS ON THE PROCESS OF THE	0100T	CPT/HCPCS	PLACEMENT OF SUBCONJUCTIVAL RETINAL PROSTHESIS RECEIVER AND	Yes
WITHOUT ANISHTHISIA WITHOUT ANISHTHISIA WITHOUT REPAIR OF CONCENTIAL INFERCICLE APPROACH WITHOUT REPAIR OF CONCENTIAL TRACHOROSSOPHAGEAL RISTULA  44406 CPTH-CPCS REPOVAL OF ALL COMPONENTS OF AMULT CONCENTESTULA  45406 CPTH-CPCS REPOVAL OF ALL COMPONENTS OF AMULT CONCENTESTULA  45407 CPTH-CPCS REPOVAL OF ALL COMPONENTS OF AMULT CONCENTESTULA  45408 CPTH-CPCS REPOVAL ARTER PRINSE, SING VENOUS SPATTS) AND ARTERIAL  4540 CPTH-CPCS REPOVAL OF GRATTISL SING VENOUS SPATTS) AND ARTERIAL  4540 CPTH-CPCS REPOVAL OF GRATTISL SING VENOUS SPATTS) AND ARTERIAL  4540 CPTH-CPCS REPAIR OR SUTURE OF TENDON, FOOT, EXTENSION, SINGLE SECONDARY WITH FREE CRAFT, EACH TENDON (INCLUDES OBTAINING CRA  4541 CPTH-CPCS REPAIR OR SUTURE OF TENDON, FOOT, EXTENSION, SINGLE SECONDARY WITH FREE CRAFT, EACH TENDON (INCLUDES OBTAINING CRA  4541 CPTH-CPCS REPAIR OR SUTURE OF TENDON, FOOT, EXTENSION, SINGLE SECONDARY WITH FREE CRAFT, EACH TENDON (INCLUDES OBTAINING CRA  4541 CPTH-CPCS REPAIR OR SUTURE OF TENDON, FOOT, EXTENSION, SINGLE SECONDARY WITH FREE CRAFT, EACH TENDON (INCLUDES OBTAINING CRA  4541 CPTH-CPCS REPAIR OR SUTURE OF TENDON, FOOT, EXTENSION, SINGLE SECONDARY WITH FREE CRAFT, EACH TENDON (INCLUDES OBTAINING CRA  4541 CPTH-CPCS REPAIR OR SUTURE OF TENDON, FOOT, EXTENSION, SINGLE SECONDARY WITH FREE CRAFT, EACH TENDON (INCLUDES OBTAINING CRA  4541 CPTH-CPCS REPAIR OR SUTURE OF TENDON, FOOT, WILLDOWN AND FLOSURE OF DISTAL  4541 SECONDARY REPAIR OR SUTURE OF TENDON, FOOT, WILLDOWN AND FLOSURE OF DISTAL  4541 SECONDARY REPAIR OR SUTURE OF TENDON, FOOT, WILLDOWN AND FLOSURE OF DISTAL  4541 SECONDARY REPAIR OR SUTURE OF TENDON, FOOT, WILLDOWN AND FLOSURE OF DISTAL  4541 SECONDARY REPAIR OR SUTURE OF TENDON, FOOT, WILLDOWN AND FLOSURE OF DISTAL  4541 SECONDARY REPORT OF THE PROPERTIES OF THE TENDON OF TENDON REPORT OF THE PROPERTIES OF THE TENDON REPORT OF THE PROPE OF THE TENDON REPORT OF THE TENDON REPORT OF THE TENDON REPOR	43622	CPT/HCPCS	GASTRECTOMY, TOTAL; WITH FORMATION OF INTESTINAL POUCH, ANY TYPE	Yes
WITHOUT REPAIR OF CONSENSITY TRANSPORTED SOME PAGE AND TABLE AND THE A	28630	CPT/HCPCS		Yes
PENILE PROSTHESIS WITHOUT REPLACEMENT OF PROSTHESIS  DESCRIPTION OF THE PROSTHESIS WITHOUT REPLACEMENT OF PROSTHESIS  CPTH-CPCS CROMAN ARTHERY ENVISES, LISING VENDUS GRAFTIS), AND ARTERIAL PRES CPTH-CPCS CROMAN ARTHERY ENVISES, LISING VENDUS GRAFTIS), AND ARTERIAL PRES CPTH-CPCS CROMAN ARTHER YEARS, LISING VENDUS GRAFTIS), AND ARTERIAL PRES CPTH-CPCS CREATING COUNTY WITH CROMAN ARTHER YEARS CONSTRUCTION, WITHOUT WAGOTOWY  WITH FREE CRAFT, EACH TENDON, FOOT, EXTENSOR, SINGLE; SECONDARY WITH FREE CRAFT, EACH TENDON, FOOT, EXTENSOR, SINGLE; SECONDARY WITH FREE CRAFT, EACH TENDON, FOOT, EXTENSOR, SINGLE; SECONDARY WITH FREE CRAFT, EACH TENDON, FOOT, EXTENSOR, SINGLE; SECONDARY WITH FREE CRAFT, EACH TENDON, FOOT, EXTENSOR, SINGLE; SECONDARY WITH FREE CRAFT, EACH TENDON, FOOT, EXTENSOR, SINGLE; SECONDARY WITH FREE CRAFT, EACH TENDON, FOOT, EXTENSOR, SINGLE; SECONDARY WITH FREE CRAFT, EACH TENDON, FOOT, EXTENSOR, SINGLE; SECONDARY WITH FREE CRAFT, EACH TENDON, FOOT, EXTENSOR, SINGLE; SECONDARY WITH FREE CRAFT, EACH TENDON, FOOT, EXTENSOR, SINGLE; SECONDARY WITH FREE CRAFT, EACH TENDON, FOOT, EXTENSOR, SINGLE; SECONDARY WITH FREE CRAFT, EACH TENDON, FOOT, EXTENSOR, SINGLE; SECONDARY WITH FREE CRAFT, EACH TENDON, FOOT, EXTENSOR, SINGLE; SECONDARY WITH FREE CRAFT, EACH TENDON, FOOT, EXTENSOR, SINGLE; SECONDARY WITH FREE CRAFT, EACH TENDON, FOOT, EXTENSOR, SINGLE; SECONDARY WITH FREE CRAFT, EACH TENDON, FOOT, TO THE SECONDARY WITH FREE CRAFT, EACH TENDON, FOOT, TO THE SECONDARY WITH FREE CRAFT, EACH TENDON, FOOT, TO THE SECONDARY WITH FREE CRAFT, EACH TENDON, FOOT, TO THE SECONDARY WITH FREE CRAFT, EACH TENDON, FOOT, TO THE SECONDARY WITH SECONDARY WITH FREE CRAFT, EACH TENDON, FOOT, TO THE SECONDARY WITH SECONDA	43313	CPT/HCPCS		Yes
CORONARY ARTERY PYPASS, LISING VEROUS CRAFT(S) AND ARTERIAL  CORATO, SE KOR PMORE VEROUS CRAFT(S) AND ARTERIAL  COPTINEDS: SECON PROFESSION OF CASTRODUCDENAL ANASTONOSIS  COPTINEDS: SECON PROFESSION OF CASTRODUCDENAL ANASTONOSIS  COPTINEDS: COPTINEDS: REPAIR OR SUTURE OF TENDON, FOOT, EXTENSOR, SINGLE; SECONDARY  WITH FREE CRAFT, EACH TENDON (INCLUDIES OBTAINING GRAF  COPTINEDS: COPTINEDS: COLECTOMY, PARTIAL; WITH END COLOSTOMY AND CLOSURE OF DISTAL  SECONDARY  COPTINEDS: COLECTOMY, PARTIAL; WITH END COLOSTOMY AND CLOSURE OF DISTAL  SECONDARY  COPTINEDS: COLECTOMY, PARTIAL; WITH END COLOSTOMY AND CLOSURE OF DISTAL  SECONDARY  COPTINEDS: COLOCTOMY, ARTERIOL WITH DECOMPRESSION OF SPINAL CORD AND/OR YES  NERVE ROOT(S), INCLUDING OSTEOPHYTECTOMY; THORACIC, EACH  COPTINEDS: C	54406	CPT/HCPCS	· ·	Yes
CPTINCPCS CORDINARY ARTERY PYPASS, USING VEROUS GRAFTIS) AND ARTERIAL YES GRAFTIS IS KOR PROFES VEROUS GRAFTS IN CORDINARY VERS VERSION OF GASTROUD CONTON WITH RECONSTRUCTION; WITHOUT VARGOTOWN WITH FREE CRAFT, EACH TENDON, INCLUDES DETAINING GRAFT VERS WITH FREE CRAFT, EACH TENDON, INCLUDES DETAINING GRAFT VERS SECRETARY WITH FREE CRAFT, EACH TENDON, INCLUDES DETAINING GRAFT OF THE CORDINARY VERS SECRETARY OF THE CORDINARY AND CLOSURE OF DISTAL VERS SECRETARY OF THE CORDINARY AND CLOSURE OF DISTAL VERS SECRETARY IN THE ECOMPRESSION OF SPIRAL CORD AND/OR VERS NEEDED IN SECRETORY, AND ECOMPANY AND CLOSURE OF DISTAL VERS SECRETARY IN THE ECOMPRESSION OF SPIRAL CORD AND/OR VERS NEEDED IN SECRETORY, AND ECOMPANY AND CLOSURE OF DISTAL VERS SECRETARY IN THE ECOMPRESSION OF SPIRAL CORD AND/OR VERS NEEDED IN SECRETORY, AND ECOMPANY AND CLOSURE OF DISTAL VERS WITH THE COMPRESSION OF SPIRAL CORD AND/OR VERS NEEDED IN SECRETARY OF THE FRACTION OF SPIRAL CORD AND/OR VERS WITH THE COMPRESSION OF SPIRAL CORD AND/OR VERS WITH THE COMPRESSION OF SPIRAL CORD AND/OR VERS WITH THE COMPRESSION OF SPIRAL CORD AND IN THE VERS WITH THE COMPRESSION OF SPIRAL CORD AND IN THE VERS WITH THE COMPRESSION OF SPIRAL CORD AND IN THE VERS WITH THE COMPRESSION OF SPIRAL CORD AND IN THE VERS WITH THE COMPRESSION OF SPIRAL CORD AND IN THE VERS WITH THE COMPRESSION OF SPIRAL AND IN THE VERS WITH THE COMPRESSION OF SPIRAL AND IN THE VERS WITH THE CONTON WHEN PERFORMED AND IN THE VERS WITH THE VERS WIT	29540	CPT/HCPCS	STRAPPING; ANKLE AND/OR FOOT	Yes
PERSONAL CONTINCES  REVISION DE GASTRODUCIDENAL ANASTOMOSIS  GASTRODUCIDEN STORMY WITH RECONSTRUCTION; WITHOUT VAGOTOMY  REPAIR OR SUTURE OF TENDON, FOOT, EXTENSOR, SINGLE; SECONDARY WITH FREE GRAFT, EACH TENDON (INCLUDES DITAINING GRA  DEATH OF THE CONTINUE OF TENDON, FOOT, EXTENSOR, SINGLE; SECONDARY WITH FREE GRAFT, EACH TENDON (INCLUDES DITAINING GRA  DEATH OF THE CONTINUE OF TENDON, FOOT, EXTENSOR, SINGLE; SECONDARY WITH FREE GRAFT, EACH TENDON (INCLUDES DITAINING GRA  DEATH OF THE CONTINUE OF THE CO	33523	CPT/HCPCS	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL	Yes
IGASTRODUODENOSTOMY) WITH   RECONSTRUCTION; WITHOUT   VADODTOMY				
WITH FREE GRAFT, EACH TENDON (INCLUDES OBTAINING GRA  OPT/HCPCS DRAINAGE OF PERIRENAL OR RENAL ABSCESS (SEPARATE PROCEDURE)  14143 CPT/HCPCS COLECTOMY, PARTIAL; WITH END COLOSTOMY AND CLOSURE OF DISTAL SEGMENT HARTMANN TYPE PROCEDURE)  DISSECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD AND/OR NERVER PROOTS), INCLUDING OSTEOPHYTECTOMY; THORACIC, EACH  DISSECTION, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD AND/OR NERVER PROOTS), INCLUDING OSTEOPHYTECTOMY; THORACIC, EACH  WIVO USE OF CYSTOSCPY, INLCDING RADIOLOGICAL SUPRVSN AND IN  1812 CPT/HCPCS OPEN TREATMENT OF RIB FRACTURE(S) WITH INTERNAL FIXATION, INCLUDES THORACOSCOPIC VISUALIZATION WHEN PERFORMED, 4-6 RIBS  182924 CPT/HCPCS DISARTICULATION THROUGH WRIST; RE-AMPUTATION  SEPECAL CPT/HCPCS DISARTICULATION THROUGH WRIST; RE-AMPUTATION  WEDDASTINOTOMY WITH EXPLORATION, DRAINAGE, OR REMOVAL OF FEMOROPOPLITEAL VEIN, BY ABDOMINAL AND LEG INCISION  SEPOND OF THE EXCUSION, ISCHILAR PRESSURE LUCER, WITH PRIMARY SUTURE; WITH  STEED OF THORES OSTEODY  SOSTEODY  S	43850	CPT/HCPCS	(GASTRODUODENOSTOMY) WITH RECONSTRUCTION; WITHOUT	Yes
CPT/HCPCS COLECTOMY, PARTIAL; WITH END COLOSTOMY AND CLOSURE OF DISTAL SEGMENT (HARTMANN TYPE PROCEDURE) DISKECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD AND/OR YES NERVE ROOT(S), INCLUDING OSTEOPHYTECTOMY; THORACIC, EACH  DISKECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD AND/OR YES NERVE ROOT(S), INCLUDING OSTEOPHYTECTOMY; THORACIC, EACH  DISKECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD AND/OR WIN/O USE OF CYSTOSCPY, INLCONG RADIOLOGICAL SUPR'SNA NAD IN  PERSONAL CPT/HCPCS DISARTICULATION THROUGH WRIST; RE-AMPUTATION WINCLUDES THORACOSCOPIC VISUALIZATION WHEN PERFORMED, 4-6 RIBS  DESCALABLE OF THROMECTOMY, DIRECT OR WITH CATHETER VENA CAVA, ILLAC, FEMOROPOPULTEAL VEIN, BY ABDOMINAL AND LEG INCISION  DESCALABLE OF THROMECTOMY UNITE EXPLORATION, DRAINAGE, OR REMOVAL OF FOREION BODY: CERVICAL APPROACH  DISTARTIVE OF THE STANDAY OF THE CATHETER VEIN CAVA, ILLAC, FEMOROPOPULTEAL VEIN, BY ABDOMINAL AND LEG INCISION  DESCALABLE OF THE STANDAY OF THE CATHETER VEIN CAVA, ILLAC, FEMOROPOPULTEAL VEIN, BY ABDOMINAL AND LEG INCISION  DESCALABLE OF THE STANDAY OF THE CATHETER STANDAY OF THE S	28210	CPT/HCPCS		Yes
SEMENT (HARTMANN TYPE PROCEDURE)  DISKECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD AND/OR YES  NEWEY ROOT(S), INCLUDING OSTEOPHYTECTOMY; THORACIC, EACH  REMOVL OF INT DWILING URETRAL STENT VIA TRANSURETHRAL APPRCH, WI/O USE OF CYSTOSCPY, INLCDING RADIOLOGICAL SUPRVSN AND IN  PERSONAL CONTINUES OF CYSTOSCPY, INLCDING RADIOLOGICAL SUPRVSN AND IN  REMOVL OF INT DWILING URETRAL STENT VIA TRANSURETHRAL APPRCH, WI/O USE OF CYSTOSCPY, INLCDING RADIOLOGICAL SUPRVSN AND IN  PERSONAL CONTINUES OF CYSTOSCPY, INLCDING RADIOLOGICAL SUPRVSN AND IN  REMOVE OF CYTHOPOS  OPEN TREATMENT OF RIB FRACTURE(S) WITH INTERNAL FIXATION, INCLUDES THORACOSCOPIC VISUALIZATION WHEN PERFORMED, 4-6 RIBS  THROMBECTOMY, DIRECT OR WITH CATHETER; VENA CAVA, ILIAC, FEMOROPOLITICAL VEN. BY ABBODINAL ADD LEG INCISION  PERSONAL CONTINUES OF A WITH CATHETER; VENA CAVA, ILIAC, FEMOROPOLITICAL VEN. BY ABBODINAL ADD LEG INCISION  OPTI-HOPOS	50020	CPT/HCPCS	DRAINAGE OF PERIRENAL OR RENAL ABSCESS (SEPARATE PROCEDURE)	Yes
DISKECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD AND/OR YES NEIVER COOTS), INCLUDING OSTEOPHYTECTOMY, THORACIC, EACH  PET/HCPCS REMOVL OF INT DWILING URETRAL STENT VIA TRANSURETHRAL APPRCH, WI/O USE OF CYSTOSCPY, INLCOME RADIOLOGICAL SUPRVSN AND IN  PETRIC CPT/HCPCS OPEN TREATMENT OF RIB FRACTURE(S) WITH INTERNAL FIXATION, INCLUDES THORACOSCOPIC VISUALIZATION WHEN PERFORMED A-6 RIBS  PETRIC CPT/HCPCS DISARTICULATION THROUGH WRIST; RE-AMPUTATION, WHEN PERFORMED A-6 RIBS  PETRIC CPT/HCPCS THROMBECTOMY, DIRECT OR WITH CATHETER VENA CAVA, ILLIAC, FEMOROPOPUTEAL. VEIN, BY ABDOMINAL AND LEG INCISION  PETRIC CPT/HCPCS MEDIASTINOTOMY WITH EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY; CERVICAL APPROACH  SECOND CPT/HCPCS CSCISION, ISCHIAL PRESSURE ULCER, WITH PRIMARY SUTURE; WITH SECONDARY OF SECONDARY (ISCHIECTOMY)  STECTOMY (ISCHIECTOMY)  STECTOMY (ISCHIECTOMY)  STECTOMY (ISCHIECTOMY)  STECTOMY (ISCHIECTOMY)  STECTOMY (ISCHIECTOMY)  STECTORY ANASTOMOSIS OF DUPLICATED URETER TO BLADDER  PETRIC CPT/HCPCS ANASTOMOSIS OF DUPLICATED URETER TO BLADDER  CPT/HCPCS TEATMENT CENTRED TO SECONDARY OF	44143	CPT/HCPCS		Yes
WI/O USE OF CYSTOSCPY, INLCDNG RADIOLOGICAL SUPRYSN AND IN  P1812 CPT/HCPCS OPEN TREATMENT OF RIB FRACTURE(S) WITH INTERNAL FIXATION, INCLUDES THORACOSCOPIC VISUALIZATION WHEN PERFORMED, 4-6 RIBS  P1824 CPT/HCPCS DISARTICULATION THROUGH WRIST; RE-AMPUTATION YES  P1825 CPT/HCPCS THROMBECTOMY, DIRECT OR WITH CATHETER; VENA CAVA, ILIAC, YES  P1826 CPT/HCPCS THROMBECTOMY, DIRECT OR WITH CATHETER; VENA CAVA, ILIAC, YES  P1826 CPT/HCPCS THROMBECTOMY, DIRECT OR WITH CATHETER; VENA CAVA, ILIAC, YES  P1826 CPT/HCPCS THROMBECTOMY, DIRECT OR WITH CATHETER; VENA CAVA, ILIAC, YES  P1826 CPT/HCPCS EXCISION, ISCHILL PRESSURE ULCER, WITH PRIMARY SUTURE; WITH YES  P1827 CPT/HCPCS CONJUNCTIVOPLASTY; WITH CONJUNCTIVAL GRAFT OR EXTENSIVE YES  P1828 CPT/HCPCS CONJUNCTIVOPLASTY; WITH CONJUNCTIVAL GRAFT OR EXTENSIVE YES  P1828 CPT/HCPCS TRANSCATHETER INSERTION OR REPLACEMENT OF PERMANENT YES  P1828 CPT/HCPCS ANASTOMOSIS OF DUPLICATED URFER TO BLADDER YES  P1829 CPT/HCPCS TREATMENT OF CLOSED FRACTURE GREAT TOE, PHALANX OR PHALANGES; WITH MANIPULATION AND PERCUTANEOUS PINNING  P1829 CPT/HCPCS LAPAROSCOPY, SURGICAL, WITH FIMBRIOPLASTY YES  P1829 CPT/HCPCS EAPHAGOSCOPY, FLEXIBLE, TRANSORAL; WITH INJECTION SCLEROSIS OF YES  P1829 CPT/HCPCS ANTHOMOSY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; YES  P1829 CPT/HCPCS ANTHOMOSY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; YES  P1820 CPT/HCPCS LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; YES  P1820 CPT/HCPCS UNDERGOLA, GASTRIC RESTRICTIVE PROCEDURE; YES  P1820 CPT/HCPCS SUTURE OF DIGITAL NERVE, HAND OR FOOT; EACH ADDITIONAL DIGITAL YES  P1821 CPT/HCPCS SUTURE OF DIGITAL NERVE, HAND OR FOOT; EACH ADDITIONAL DIGITAL YES  P1821 CPT/HCPCS OR THROM TO THE P182 OF THAND OR FOOT; EACH ADDITIONAL DIGITAL YES  P1821 CPT/HCPCS OR FURGICAL, GASTRIC RESTRICTIVE PROCEDURE; YES  P1822 CPT/HCPCS OR THROM TO THE P182 OF THAND OR FOOT; EACH ADDITIONAL DIGITAL YES  P1822 CPT/HCPCS OR THROM TO THE P182 OF THAND OR FOOT; EACH ADDITIONAL DIGITAL YES  P1823 CPT/HCPCS OR THROM TO THE P182 OF THAND OR FOOT; EACH A	63078	CPT/HCPCS	DISKECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD AND/OR	Yes
INCLUDES THORACOSCOPIC VISUALIZATION WHEN PERFORMED, 4-6 RIBS  15924 CPT/HCPCS DISARTICULATION THROUGH WRIST; RE-AMPUTATION Yes  154451 CPT/HCPCS THROMBECTOMY, DIRECT OR WITH CATHETER; VENA CAVA, ILIAC, FEMOROPOPLITEAL VEIN, BY ABDOMINAL AND LEG INCISION  159000 CPT/HCPCS MEDIASTINOTOMY WITH EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY; CERVICAL APPROACH  15941 CPT/HCPCS EXCISION, ISCHIAL PRESSURE ULCER, WITH PRIMARY SUTURE; WITH OSTECTOMY (ISCHIECTOMY)  15942 CPT/HCPCS CONJUNCTIVOPLASTY; WITH CONJUNCTIVAL GRAFT OR EXTENSIVE YES REARRANGEMENT  159672 CPT/HCPCS TRANSCATHETER INSERTION OR REPLACEMENT OF PERMANENT LEADLESSPACEMAKER, VENTRICULAR  159672 CPT/HCPCS TREATMENT OF CLOSED FRACTURE GREAT TOE, PHALANX OR PHALANGES; WITH MANIPULATION AND PERCUTANEOUS PINNING  159672 CPT/HCPCS LAPAROSCOPY, SURGICAL; WITH FIMBRIOPLASTY YES SOPHAGOSCOPY, FLEXIBLE, TRANSORAL; WITH INJECTION SCLEROSIS OF ESOPHAGOSCOPY, FLEXIBLE, TRANSORAL; WITH INJECTION SCLEROSIS OF ESOPHAGOSCOPY, FLEXIBLE, TRANSORAL; WITH INJECTION SCLEROSIS OF ESOPHAGOSLOPY, SURGICAL; WITH FIMBRIOPLASTY YES LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)  16143 CPT/HCPCS LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL CASTRECTOMY (IE, SLEEVE GASTRECTOMY)  1625 LONGITUDINAL CASTRECTOMY (IE, SLEEVE GASTRECTOMY)  162615 CPT/HCPCS SUTURE OF DIGITAL NERVE, HAND OR FOOT; EACH ADDITIONAL DIGITAL NERVE  162616 CPT/HCPCS EXCISION, TUMOR OR VASCULAR MALFORMATION, SOFT TISSUE OF HAND OR FINGER, SUBCUTANEOUS; LESS THAN 1.5 CM	50386	CPT/HCPCS	· ·	Yes
CPT/HCPCS THROMBECTOMY, DIRECT OR WITH CATHETER; VENA CAVA, ILIAC, FEMOROPOPLITEAL VEIN, BY ABDOMINAL AND LEG INCISION  PORTOR MEDIASTINOTOMY WITH EXPLORATION, DRAINAGE, OR REMOVAL OF FOREION BODY; CERVICAL APPROACH  SENDIA CPT/HCPCS EXCISION, ISCHIAL PRESSURE ULCER, WITH PRIMARY SUTURE; WITH Yes OSTECTOMY (ISCHIECTOMY)  SERVICE CONJUNCTIVOPLASTY; WITH CONJUNCTIVAL GRAFT OR EXTENSIVE YES REARRANGEMENT  STATE OPT/HCPCS TRAINSCATHETER INSERTION OR REPLACEMENT OF PERMANENT YES LEADLESSPACEMAKER, VENTRICULAR  SOURCE CPT/HCPCS ANASTOMOSIS OF DUPLICATED URETER TO BLADDER YES WITH MANIPULATION AND PERCUTANEOUS PINNING  SERVICE CPT/HCPCS LAPAROSCOPY, SURGICAL; WITH FIMBRIOPLASTY YES ESOPHAGOSCOPY, FLEXIBLE, TRAINSORAL; WITH INJECTION SCLEROSIS OF YES ESOPHAGEAL VARICES  SALVA CPT/HCPCS ARTHORY, ELBOW; FOR SYNOVIAL BIOPSY ONLY YES LONGITUDINAL GASTRECTOMY)  LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; YES LONGITUDINAL GASTRECTOMY (IE., SLEEVE GASTRECTOMY)  LECKLISC CPT/HCPCS SCION, MALIGNANT LESION INCL MARGINS, FACE, EARS, EYELIDSNOSE, IJES; EXCISION, MALIGNANT LESION INCL MARGINS, FACE, EARS, EYELIDSNOSE, IJES; EXCISION, MALIGNANT LESION INCL MARGINS, FACE, EARS, EYELIDSNOSE, IJES; EXCISION, TUMOR OR VASCULAR MALFORMATION, SOFT TISSUE OF HAND OR FINGER, SUBCUTANEOUS; LESS THAN 1.5 CM  POTH-HCPCS SCISION, TUMOR OR VASCULAR MALFORMATION, SOFT TISSUE OF HAND OR FINGER, SUBCUTANEOUS; LESS THAN 1.5 CM	21812	CPT/HCPCS		Yes
CPT/HCPCS THROMBECTOMY, DIRECT OR WITH CATHETER; VENA CAVA, ILIAC, FEMOROPOPLITEAL VEIN, BY ABDOMINAL AND LEG INCISION  PORTOR MEDIASTINOTOMY WITH EXPLORATION, DRAINAGE, OR REMOVAL OF FOREION BODY; CERVICAL APPROACH  SENDIA CPT/HCPCS EXCISION, ISCHIAL PRESSURE ULCER, WITH PRIMARY SUTURE; WITH Yes OSTECTOMY (ISCHIECTOMY)  SERVICE CONJUNCTIVOPLASTY; WITH CONJUNCTIVAL GRAFT OR EXTENSIVE YES REARRANGEMENT  STATE OPT/HCPCS TRAINSCATHETER INSERTION OR REPLACEMENT OF PERMANENT YES LEADLESSPACEMAKER, VENTRICULAR  SOURCE CPT/HCPCS ANASTOMOSIS OF DUPLICATED URETER TO BLADDER YES WITH MANIPULATION AND PERCUTANEOUS PINNING  SERVICE CPT/HCPCS LAPAROSCOPY, SURGICAL; WITH FIMBRIOPLASTY YES ESOPHAGOSCOPY, FLEXIBLE, TRAINSORAL; WITH INJECTION SCLEROSIS OF YES ESOPHAGEAL VARICES  SALVA CPT/HCPCS ARTHORY, ELBOW; FOR SYNOVIAL BIOPSY ONLY YES LONGITUDINAL GASTRECTOMY)  LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; YES LONGITUDINAL GASTRECTOMY (IE., SLEEVE GASTRECTOMY)  LECKLISC CPT/HCPCS SCION, MALIGNANT LESION INCL MARGINS, FACE, EARS, EYELIDSNOSE, IJES; EXCISION, MALIGNANT LESION INCL MARGINS, FACE, EARS, EYELIDSNOSE, IJES; EXCISION, MALIGNANT LESION INCL MARGINS, FACE, EARS, EYELIDSNOSE, IJES; EXCISION, TUMOR OR VASCULAR MALFORMATION, SOFT TISSUE OF HAND OR FINGER, SUBCUTANEOUS; LESS THAN 1.5 CM  POTH-HCPCS SCISION, TUMOR OR VASCULAR MALFORMATION, SOFT TISSUE OF HAND OR FINGER, SUBCUTANEOUS; LESS THAN 1.5 CM	25924	CPT/HCPCS	DISARTICULATION THROUGH WRIST: RE-AMPLITATION	Yes
Page   CPT/HCPCS	34451		THROMBECTOMY, DIRECT OR WITH CATHETER; VENA CAVA, ILIAC,	
OSTECTOMY (ISCHIECTOMY)  88320 CPT/HCPCS CONJUNCTIVOPLASTY; WITH CONJUNCTIVAL GRAFT OR EXTENSIVE REARRANGEMENT  CPT/HCPCS TRANSCATHETER INSERTION OR REPLACEMENT OF PERMANENT LEADLESSPACEMAKER, VENTRICULAR  80782 CPT/HCPCS ANASTOMOSIS OF DUPLICATED URETER TO BLADDER YES  84896 CPT/HCPCS TREATMENT OF CLOSED FRACTURE GREAT TOE, PHALANX OR PHALANGES; WITH MANIPULATION AND PERCUTANEOUS PINNING  868672 CPT/HCPCS LAPAROSCOPY, SURGICAL; WITH FIMBRIOPLASTY YES  83204 CPT/HCPCS ESOPHAGGOSCOPY, FLEXIBLE, TRANSORAL; WITH INJECTION SCLEROSIS OF ESOPHAGEAL VARICES  84100 CPT/HCPCS ARTHROTOMY, ELBOW; FOR SYNOVIAL BIOPSY ONLY YES  83775 CPT/HCPCS LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; Ves  101643 CPT/HCPCS EXCISION, MALIGNANT LESION INCL MARGINS, FACE, EARS, EYELIDSNOSE, LIPS; EXCISED DIAMETER 2.1 TO 3.0 CM  84832 CPT/HCPCS SUTURE OF DIGITAL NERVE, HAND OR FOOT; EACH ADDITIONAL DIGITAL NERVE  85615 CPT/HCPCS EXCISION, TUMOR OR VASCULAR MALFORMATION, SOFT TISSUE OF HAND OR FINGER, SUBCUTANEOUS; LESS THAN 1.5 CM	39000	CPT/HCPCS	MEDIASTINOTOMY WITH EXPLORATION, DRAINAGE, OR REMOVAL OF	Yes
REARRANGEMENT  CPT/HCPCS TRANSCATHETER INSERTION OR REPLACEMENT OF PERMANENT LEADLESSPACEMAKER, VENTRICULAR  O782 CPT/HCPCS ANASTOMOSIS OF DUPLICATED URETER TO BLADDER REARMAN OF PHALANGES; WITH MANIPULATION AND PERCUTANEOUS PINNING  O783 CPT/HCPCS LAPAROSCOPY, SURGICAL; WITH FIMBRIOPLASTY ESOPHAGEAL VARICES  O797/HCPCS ESOPHAGOSCOPY, FLEXIBLE, TRANSORAL; WITH INJECTION SCLEROSIS OF ESOPHAGEAL VARICES  O797/HCPCS ARTHROTOMY, ELBOW; FOR SYNOVIAL BIOPSY ONLY ESOPHAGEAL VARICES  O797/HCPCS LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)  CPT/HCPCS EXCISION, MALIGNANT LESION INCL MARGINS, FACE, EARS, EYELIDSNOSE, LIPS; EXCISED DIAMETER 2.1 TO 3.0CM  SECOPT/HCPCS SUTURE OF DIGITAL NERVE, HAND OR FOOT; EACH ADDITIONAL DIGITAL NERVE  CONFINGER, SUBCUTANEOUS; LESS THAN 1.5 CM  PVes  CONFINGER, SUBCUTANEOUS; LESS THAN 1.5 CM	15941	CPT/HCPCS		Yes
LEADLESSPACEMAKER, VENTRICULAR  10782 CPT/HCPCS ANASTOMOSIS OF DUPLICATED URETER TO BLADDER  128496 CPT/HCPCS TREATMENT OF CLOSED FRACTURE GREAT TOE, PHALANX OR PHALANGES; WITH MANIPULATION AND PERCUTANEOUS PINNING  108672 CPT/HCPCS LAPAROSCOPY, SURGICAL; WITH FIMBRIOPLASTY ESOPHAGOSCOPY, FLEXIBLE, TRANSORAL; WITH INJECTION SCLEROSIS OF ESOPHAGEAL VARICES  1094100 CPT/HCPCS ARTHROTOMY, ELBOW; FOR SYNOVIAL BIOPSY ONLY 109513775 CPT/HCPCS LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)  1096143 CPT/HCPCS SUTURE OF DIGITAL NERVE, HAND OR FOOT; EACH ADDITIONAL DIGITAL NERVE  109615 CPT/HCPCS EXCISION, TUMOR OR VASCULAR MALFORMATION, SOFT TISSUE OF HAND OR FINGER, SUBCUTANEOUS; LESS THAN 1.5 CM	68320	CPT/HCPCS		Yes
R8496 CPT/HCPCS TREATMENT OF CLOSED FRACTURE GREAT TOE, PHALANX OR PHALANGES; WITH MANIPULATION AND PERCUTANEOUS PINNING  R8672 CPT/HCPCS LAPAROSCOPY, SURGICAL; WITH FIMBRIOPLASTY Yes  RS09HAGOSCOPY, FLEXIBLE, TRANSORAL; WITH INJECTION SCLEROSIS OF SOPHAGEAL VARICES  R4100 CPT/HCPCS ARTHROTOMY, ELBOW; FOR SYNOVIAL BIOPSY ONLY Yes  R3775 CPT/HCPCS LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)  R1643 CPT/HCPCS EXCISION, MALIGNANT LESION INCL MARGINS, FACE, EARS, EYELIDSNOSE, LIPS; EXCISED DIAMETER 2.1 TO 3.0CM  R34832 CPT/HCPCS SUTURE OF DIGITAL NERVE, HAND OR FOOT; EACH ADDITIONAL DIGITAL YES  R6415 CPT/HCPCS EXCISION, TUMOR OR VASCULAR MALFORMATION, SOFT TISSUE OF HAND OR FINGER, SUBCUTANEOUS; LESS THAN 1.5 CM	0387T	CPT/HCPCS		Yes
WITH MANIPULATION AND PERCUTANEOUS PINNING  S8672 CPT/HCPCS LAPAROSCOPY, SURGICAL; WITH FIMBRIOPLASTY Yes  S204 CPT/HCPCS ESOPHAGOSCOPY, FLEXIBLE, TRANSORAL; WITH INJECTION SCLEROSIS OF ESOPHAGEAL VARICES  S24100 CPT/HCPCS ARTHROTOMY, ELBOW; FOR SYNOVIAL BIOPSY ONLY Yes  S2775 CPT/HCPCS LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)  S2610 CPT/HCPCS EXCISION, MALIGNANT LESION INCL MARGINS, FACE, EARS, EYELIDSNOSE, LIPS; EXCISED DIAMETER 2.1 TO 3.0CM  S26115 CPT/HCPCS EXCISION, TUMOR OR VASCULAR MALFORMATION, SOFT TISSUE OF HAND OR FINGER, SUBCUTANEOUS; LESS THAN 1.5 CM	50782	CPT/HCPCS	ANASTOMOSIS OF DUPLICATED URETER TO BLADDER	Yes
CPT/HCPCS ESOPHAGOSCOPY, FLEXIBLE, TRANSORAL; WITH INJECTION SCLEROSIS OF ESOPHAGEAL VARICES  ARTHROTOMY, ELBOW; FOR SYNOVIAL BIOPSY ONLY  CPT/HCPCS ARTHROTOMY, ELBOW; FOR SYNOVIAL BIOPSY ONLY  CPT/HCPCS LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)  CPT/HCPCS EXCISION, MALIGNANT LESION INCL MARGINS, FACE, EARS, EYELIDSNOSE, LIPS; EXCISED DIAMETER 2.1 TO 3.0CM  CPT/HCPCS SUTURE OF DIGITAL NERVE, HAND OR FOOT; EACH ADDITIONAL DIGITAL NERVE  CPT/HCPCS EXCISION, TUMOR OR VASCULAR MALFORMATION, SOFT TISSUE OF HAND OR FINGER, SUBCUTANEOUS; LESS THAN 1.5 CM	28496	CPT/HCPCS		Yes
ESOPHAGEAL VARICES  ARTHROTOMY, ELBOW; FOR SYNOVIAL BIOPSY ONLY  Yes  CPT/HCPCS LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)  EXCISION, MALIGNANT LESION INCL MARGINS, FACE, EARS, EYELIDSNOSE, LIPS; EXCISED DIAMETER 2.1 TO 3.0CM  SUTURE OF DIGITAL NERVE, HAND OR FOOT; EACH ADDITIONAL DIGITAL NERVE  CPT/HCPCS EXCISION, TUMOR OR VASCULAR MALFORMATION, SOFT TISSUE OF HAND OR FINGER, SUBCUTANEOUS; LESS THAN 1.5 CM	58672	CPT/HCPCS	LAPAROSCOPY, SURGICAL; WITH FIMBRIOPLASTY	Yes
CPT/HCPCS LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)  EXCISION, MALIGNANT LESION INCL MARGINS, FACE, EARS, EYELIDSNOSE, LIPS; EXCISED DIAMETER 2.1 TO 3.0CM  S4832 CPT/HCPCS SUTURE OF DIGITAL NERVE, HAND OR FOOT; EACH ADDITIONAL DIGITAL NERVE  CPT/HCPCS EXCISION, TUMOR OR VASCULAR MALFORMATION, SOFT TISSUE OF HAND OR FINGER, SUBCUTANEOUS; LESS THAN 1.5 CM	43204	CPT/HCPCS		Yes
LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)  1643 CPT/HCPCS EXCISION, MALIGNANT LESION INCL MARGINS, FACE, EARS, EYELIDSNOSE, LIPS; EXCISED DIAMETER 2.1 TO 3.0CM  64832 CPT/HCPCS SUTURE OF DIGITAL NERVE, HAND OR FOOT; EACH ADDITIONAL DIGITAL NERVE  166115 CPT/HCPCS EXCISION, TUMOR OR VASCULAR MALFORMATION, SOFT TISSUE OF HAND OR FINGER, SUBCUTANEOUS; LESS THAN 1.5 CM	24100		ARTHROTOMY, ELBOW; FOR SYNOVIAL BIOPSY ONLY	
LIPS; EXCISED DIAMETER 2.1 TO 3.0CM  64832 CPT/HCPCS SUTURE OF DIGITAL NERVE, HAND OR FOOT; EACH ADDITIONAL DIGITAL  NERVE  COPT/HCPCS EXCISION, TUMOR OR VASCULAR MALFORMATION, SOFT TISSUE OF HAND  OR FINGER, SUBCUTANEOUS; LESS THAN 1.5 CM	43775			
NERVE 26115 CPT/HCPCS EXCISION, TUMOR OR VASCULAR MALFORMATION, SOFT TISSUE OF HAND Yes OR FINGER, SUBCUTANEOUS; LESS THAN 1.5 CM	11643	CPT/HCPCS		Yes
OR FINGER, SUBCUTANEOUS; LESS THAN 1.5 CM	64832	CPT/HCPCS		Yes
CPT/HCPCS TRACHEOPLASTY; INTRATHORACIC Yes	26115	CPT/HCPCS		Yes
	31760	CPT/HCPCS	TRACHEOPLASTY; INTRATHORACIC	Yes

MINISTRATE   MARCH				
ACTIVIDED   CONTRICTOR   CONT	0235T	CPT/HCPCS	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN OR PERCUTANEOUS,	Yes
OFFICEOCS   SPEAR SHALE OF WAS AN ARRESTIVA, WITH CARRY OF WITH REPRESENT OFFICET			INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION; VISCERAL	
March   Marc			ARTERY (EXCEPT RENAL), EAC+	
OPFINITIONS   DISCISION ON CURRETINGS OF BONE CYST OR BENION TUMON OF No.	33710	CPT/HCPCS	REPAIR SINUS OF VALSALVA FISTULA, WITH CARDIOPULMONARY BYPASS;	Yes
METACARPAL			WITH REPAIR OF VENTRICULAR SEPTAL DEFECT	
METACARPAL	26200	CPT/HCPCS	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF	Yes
MPMORES   MPMO				
PETAPETRIC   PET	31570	CPT/HCPCS	,	Yes
	01070	01 171101 00		
	26785	CPT/HCPCS		Vas
OPTH-CPCS	20703	01 1/1101 00		163
DISLOCATION, ACUIT OR. CHRONICS	22520	CDT/HCDCS		Voc
HISTARY OF PROPERTY CONTROL OR EXCISION OF PUTUTARY TUMOR, TRANSHASAL OR PASS OF TRANSPER A APPROACH, NONSTREP CASCOL.  BROWN OF CREATER A PROCESSOR. NONSTREP CASCOL.  BROWN OF CREATER A PROCESSOR. NONSTREP CASCOL.  BROWN OF THE STEEN AND CHARGE PROCEDURE; Yes BROWN OF PROCESSOR. THE STEEN AND CHARGE PROCEDURE; Yes BROWN OF PROCESSOR. THE STEEN AND CHARGE PROCEDURE; Yes BROWN OF PROCESSOR. THE STEEN AND CHARGE PROCEDURE; Yes BROWN OF PROCESSOR. THE STEEN AND CHARGE PROCEDURE; Yes BROWN OF THE STEEN AND CHARGE PROCESSOR. THE STEEN AND CHARGE PROCESS	23330	CPI/HCPCS		res
MANSSPIAL APPROACH NONSTREADACTION   MANSSPIAL APPROACH NONSTREADACTION   MISSISS	04540	007//10000		ly.
	61548	CP1/HCPCS		Yes
DETERORMANY, SURFECTION OF THE CONTROL OF PERMANENT PROCEDURE.  POPERATOR OF PERMANENT PERFADIBLY ARCHITECTURE PROCESS BY 198  POPERATOR OF PERFADIBLY ARCHITECTURE PROCESS PROCESS BY 198  POPERATOR OF PERFADIBLY OF PROCESS BY 198  POPERATOR OF PERFADIBLY OF PERFADIBLY ARCHITECTURE PROCESS BY 198  POPERATOR OF PERFADIBLY ARCHITECTURE PROCESS BY 198  POPERATOR OF PERFADIBLY OF PERFADI				
Page		_		
THORACOTOMY, DUAL LEAD SYSTEM  SURFICE, SURFICE, ALT REATHER OF COTTOPIC PRESNANCY; INTERSTITIAL UTERINE  PRICANACY : REQUIRING TOTAL HYSTERCTOMY  SHARED  CPTHCPCS  INDECTORNS, DO RET AGENT PARAMETERISE ACET, [TYCAPOPHYSEAL]  VES  JOINT (OR NERVES INNERVATING THAT JOINT) WIMMAGE QUIDA  THE STATE OF THE	50900	CPT/HCPCS	URETERORRHAPHY, SUTURE OF URETER (SEPARATE PROCEDURE)	Yes
SUBSIGICAL TREATMENT OF ECTORIC PRECNANCY, INTERSTITIAL, UTERNE PRECNANCY - REQUIRING TOTAL HYSTERCTOMY AL4491 CPT/HCPCS	33237	CPT/HCPCS	REMOVAL OF PERMANENT EPICARDIAL PACEMAKER AND ELECTRODES BY	Yes
PEGNANCY REQUIRING TOTAL HYSTERECTOMY  M491 CPI/HCPCS CONTINGED AND TXAGENT, PARAVERIEBRAL FACET (ZYGAPOPHYSEAL)  JOINT (OR NERVES INNERVATING THAT JOINT) WITHAGE GUIDA  TOTAL CPI/HCPCS TRANSECTION OR LIGATION, CAROTID ARTERY IN PETROUS CANAL;  WITHOUT REPAIR  MY722 CPT/HCPCS EXISTON OR LIGATION, CAROTID ARTERY IN PETROUS CANAL;  WITHOUT REPAIR  MY724 CPT/HCPCS EXISTON OR NEUROFIBROMA OR NEUROLEMMONA; EXTENSIVE Yes  (INCLUDING MALIGNANT TYPE)  INCLUDING MALIGNANT TYPE)  INCLUDING MALIGNANT TYPE)  STEEL SCALP, ARMS, AND/OR LEGS; 20 SQ CM OR LESS  STEEL SCALP, ARMS, AND/OR LEGS; 20 SQ CM OR LESS  CPT/HCPCS VESCULOTOMY;  LAPAROSCOPY, SURGICAL; SLING OPREATION FOR STRESS INCONTINENCE YES  MPRESSION AND CUSTOM PREPARABITON; SURGICAL OBTURATION  CPT/HCPCS ARTHRODESIS, HIP JOINT (INCLUDES OBTAINING GRAFT);  WES  CPT/HCPCS ARTHRODESIS, HIP JOINT (INCLUDES OBTAINING GRAFT);  CPT/HCPCS PROSTRESS  MPRESSION AND CUSTOM PREPARABITON; SURGICAL OBTURATION  PROSTRESS  CPT/HCPCS CONTINUES  TREE SINN FLAP WITH MICROVASCULAR ANASTOMOSIS  CPT/HCPCS EXCISION OF MULCOSA OF VESTIBLE OF MOUTH AS DONOR GRAFT  Ves  ARTERY, UNILITARIAL, INTIAL VESSES; WITH TRANSLUMINIAL ANGIO  CPT/HCPCS EXCISION OF MULCOSA OF VESTIBLE OF MOUTH AS DONOR GRAFT  Ves  CYTHCPCS EXCISION OF MULCOSA OF VESTIBLE OF MOUTH AS DONOR GRAFT  Ves  CYTHCPCS CONTINUES OF MULTER TRANSLUMINIAL ANGIO  CPT/HCPCS EXCISION OF MULCOSA OF VESTIBLE OF MOUTH AS DONOR GRAFT  Ves  CHEMODEN REVIATION OF MUSCLESIS, MUSCLES INNERVATED BY  VES  CHEMODEN REVIATION OF MUSCLESIS, MUSTLES INNERVATED BY  VES  CHEMODEN REVIATION OF MUSCLESIS, MUSCLES INNERVATED BY  VES  CHEMODEN REVIATION OF PROSPACIAL OR CORNEAL SECTION, FOR  REMOVAL OF LESION  ARTHRODESS SHOULDER FORNY WITH PRIMARY AUTOGENOUS GRAFT INCRESS OF MUSCLES SHOULD FOR THE THE REVIATION OF M			THORACOTOMY; DUAL LEAD SYSTEM	
DEFINITIONS, DUCK TRANSETTING THAT JOINT) WITMAGE GUIDA  TRANSECTION OR LIGATION, CAROTIL ARTERY IN PETROUS CANAL;  VIEW  TRANSECTION OR LIGATION, CAROTIL ARTERY IN PETROUS CANAL;  VIEW  WITHOUT REPAIR  (INCLUDING PALLENANT TYPE)  EXCISION OF NEUROFIBROMA OR NEUROLEMMONA; EXTENSIVE  EXCISION OF NEUROFIBROMA OR NEUROLEMMONA; EXTENSIVE  FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR  SITE, SCAUP, ARMS, ANDORIE LOSS, 20 SQ CM OR LESS  STES, CALP, ARMS, ANDORIE LOSS, 20 SQ CM OR LESS  CPTHICPCS  CPTHICPCS  CPTHICPCS  ARTHRODESIS, HIP JOINT INICLUDES OBTAINING GRAFT;  VES  LAPAGOSCOPY, SURGICAL; SLING OPPEATION FOR STRESS INCONTINENCE  VES  LAPAGOSCOPY, SURGICAL; SLING OPPEATION FOR STRESS INCONTINENCE  VES  CPTHICPCS  CPTHICPCS  ARTHRODESIS, HIP JOINT INICLUDES OBTAINING GRAFT;  VES  CPTHICPCS  FRESSION AND CUSTOM PREPARATIONS, SURGICAL GRUPATOR  PROSTITESIS  CPTHICPCS  FRESSION AND CUSTOM PREPARATIONS, SURGICAL GRUPATOR  REVASCULARIZATION, ENDOVASCULIAR ANASTOMOSIS  VES  CPTHICPCS  CPTHICPCS  CPTHICPCS  CRISTON OF MUCKOSA OF VESTIBULE OF MOUTH AS DONOR GRAFT  VES  CPTHICPCS  CPTHICPCS  CRISTON OF MUCKOSA OF VESTIBULE OF MOUTH AS DONOR GRAFT  VES  CPTHICPCS  CPTHICPCS  CPTHICPCS  CPTHICPCS  CPTHICPCS  CPTHICPCS  CPTHICPCS  CPTHICPCS  CRISTON OF MUCKOSA OF VESTIBULE OF MOUTH AS DONOR GRAFT  VES  CPTHICPCS  CPTHICPCS  CPTHICPCS  CPTHICPCS  CPTHICPCS  TENDOP PULLEY RECONSTRUCTION, WITH FORMULE, WITH Z-PLASTY  VES  PROSTITEMAN  CPTHICPCS  CPTHICPCS  TENDOP PULLEY RECONSTRUCTION, WITH CREASE INSERVATED BY  VES  PRODUCTION, WITH CREASE INSERVATED BY  VES  SHADAL ATTRIBUTE OF MUCKETS INSERVATED BY  VES  SHADAL ATTRIBUTE OF SYMOVECTOMY, HIP JOINT THE PINHARY AUTOGENOUS GRAFT  VES  SHOW ALL TRIBGROWN, WITH CREASE SESSION  CPTHICPCS  CPTHIC	59135	CPT/HCPCS	SURGICAL TREATMENT OF ECTOPIC PREGNANCY; INTERSTITIAL, UTERINE	Yes
DEFINITIONS, DUCK TRANSETTING THAT JOINT) WITMAGE GUIDA  TRANSECTION OR LIGATION, CAROTIL ARTERY IN PETROUS CANAL;  VIEW  TRANSECTION OR LIGATION, CAROTIL ARTERY IN PETROUS CANAL;  VIEW  WITHOUT REPAIR  (INCLUDING PALLENANT TYPE)  EXCISION OF NEUROFIBROMA OR NEUROLEMMONA; EXTENSIVE  EXCISION OF NEUROFIBROMA OR NEUROLEMMONA; EXTENSIVE  FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR  SITE, SCAUP, ARMS, ANDORIE LOSS, 20 SQ CM OR LESS  STES, CALP, ARMS, ANDORIE LOSS, 20 SQ CM OR LESS  CPTHICPCS  CPTHICPCS  CPTHICPCS  ARTHRODESIS, HIP JOINT INICLUDES OBTAINING GRAFT;  VES  LAPAGOSCOPY, SURGICAL; SLING OPPEATION FOR STRESS INCONTINENCE  VES  LAPAGOSCOPY, SURGICAL; SLING OPPEATION FOR STRESS INCONTINENCE  VES  CPTHICPCS  CPTHICPCS  ARTHRODESIS, HIP JOINT INICLUDES OBTAINING GRAFT;  VES  CPTHICPCS  FRESSION AND CUSTOM PREPARATIONS, SURGICAL GRUPATOR  PROSTITESIS  CPTHICPCS  FRESSION AND CUSTOM PREPARATIONS, SURGICAL GRUPATOR  REVASCULARIZATION, ENDOVASCULIAR ANASTOMOSIS  VES  CPTHICPCS  CPTHICPCS  CPTHICPCS  CRISTON OF MUCKOSA OF VESTIBULE OF MOUTH AS DONOR GRAFT  VES  CPTHICPCS  CPTHICPCS  CRISTON OF MUCKOSA OF VESTIBULE OF MOUTH AS DONOR GRAFT  VES  CPTHICPCS  CPTHICPCS  CPTHICPCS  CPTHICPCS  CPTHICPCS  CPTHICPCS  CPTHICPCS  CPTHICPCS  CRISTON OF MUCKOSA OF VESTIBULE OF MOUTH AS DONOR GRAFT  VES  CPTHICPCS  CPTHICPCS  CPTHICPCS  CPTHICPCS  CPTHICPCS  TENDOP PULLEY RECONSTRUCTION, WITH FORMULE, WITH Z-PLASTY  VES  PROSTITEMAN  CPTHICPCS  CPTHICPCS  TENDOP PULLEY RECONSTRUCTION, WITH CREASE INSERVATED BY  VES  PRODUCTION, WITH CREASE INSERVATED BY  VES  SHADAL ATTRIBUTE OF MUCKETS INSERVATED BY  VES  SHADAL ATTRIBUTE OF SYMOVECTOMY, HIP JOINT THE PINHARY AUTOGENOUS GRAFT  VES  SHOW ALL TRIBGROWN, WITH CREASE SESSION  CPTHICPCS  CPTHIC			PREGNANCY REQUIRING TOTAL HYSTERECTOMY	
JOINT (OR NERVES INNERVATING THAT JOINT) W/IMAGE GUIDA  JOINT (OR NERVES INNERVATING THAT JOINT) W/IMAGE GUIDA  TRANSECTION OR LIGATION, CAROTID ARTERY IN PETROUS CANAL; WITHOUT REPAIR  JA792  CPTIACPCS  EXISION OR NEUROFIBROMA OR NEUROLEMMOMA; EXTENSIVE  (INCLUDING PAULIONANT TYPE)  SIES, SCALP, ARMS, AND/OR LEGS, 20 SQ CM OR LESS  SEGO CPTIACPCS  VENCULOTIONY; VES  JESSON CETHACPCS  VENCULOTIONY; VES  JESSON CETHACPCS  ARTHRODESS, HIPJOINT (INCLUDES OBTAINING GRAFT);  WES  JESSON CETHACPCS  CETHACPCS  CETHACPCS  EXCISION OF MUCOSA OF VESTIBULE OF MOUTH ANASTOMOSIS  VES  JESSON CETHACPCS  CETHACPCS  EXCISION OF MUCOSA OF VESTIBULE OF MOUTH ANASTOMOSIS  CETHACPCS  CETHACPCS  CETHACPCS  CETHACPCS  CETHACPCS  CETHACPCS  CETHACPCS  CETHACPCS  TENDOR AND ANASTOMOS TRICTURE  JESSON CETHACPCS  TENDOR ANASTOMOS TRICTURE  THE STANDARD ANASTOMOS TRICTURE  JESSON CETHACPCS  TENDOR PAULIC PRICADISTICUTION OF FRENUM, E.G. WITH Z-PLASTY)  VES  JESSON CETHACPCS  TENDOR PAULIC PRICADISTICUTION WITH LOCAL TISSUES (SEPARATE  PROCEDURE;  TENDOR PAULIC PRICADISTICUTION OF THE THE ANASTOMOSIS (PAULIC PAULIC PAU	64491	CPT/HCPCS		Yes
TRANSECTION OR LIGATION, CAROTID ARTERY IN PETROUS CANAL; WITHOUT REPAIR  EXCISION OF NEUROPERBORMA OR NEUROLEMMOMA; EXTENSIVE (INCLUING MALIGNANT TYPE)  SECOLUTION OR PEUROPERBORMA OR NEUROLEMMOMA; EXTENSIVE (INCLUING MALIGNANT TYPE)  FULL THICKNESS GRAFT, FREE, INCLUINING DIRECT CLOSURE OF DONOR SIE, SCALP, ARMS, AUDOR LEGIS; 20 SQ CM GRLESS  SIE, SCALP, ARMS, AUDOR LEGIS; 20 SQ CM GRLESS  SIE, SCALP, ARMS, AUDOR LEGIS; 20 SQ CM GRLESS  CPTHOPCS  LAPAROSCOPY, SURGICIAL; SLING OPREATION FOR STRESS INCONTINENCE Ves  LAPAROSCOPY, SURGICIAL; SLING OPREATION FOR STRESS INCONTINENCE Ves  LAPAROSCOPY, SURGICIAL; SLING OPREATION FOR STRESS INCONTINENCE Ves  LAPAROSCOPY, SURGICIAL; SLING OPREATION, SURGICAL OBTURATION (PTHOPCS)  CPTHOPCS  CPTHOPCS  CPTHOPCS  CPTHOPCS  CPTHOPCS  ARTERY, UNILLATERAL, INITIAL VESSEL; WITH TRANSLUMINAL ANGIO  DIBBIS  CPTHOPCS  CPTH	01101			
WITHOUT REPAIR			JOINT (OR NERVES INNERVATING THAT JOINT) WITHAGE GOIDA	
WITHOUT REPAIR	01011	ODT/I I ODOC	TRANSFORM OR LIGATION, CAROTID ARTERVIN RETROUG CANAL.	Vaa
SPATEST   SPATE   SP	01011	CP1/HCPCS		res
INCLUDING MALIGNANT TYPE				
CPT/HCPCS	64792	CPT/HCPCS		Yes
SITE. SCALP. ARMS, AND/OR LEGS; 20 SQ CM OR LESS  VESICULOTOMY; VES  VES  VESICULOTOMY; VES  VESICULOTOMY; VES  PROSTILESIS  PROSTILESIS  CPT/HCPCS  REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, ILIAC ARTERY, UNILATERAL, INITIAL VESSEL; WITH TRANSLUMINAL ANGIO  VES  VESICULOR  CPT/HCPCS  CYSTOURETHROSCOPY WUNBETEROSCOPY; WITH TREATMENT OF VES  VESICULOR OF TREE OR OF VESICULOR OF FERENTIAL SUBJECT OF VESICULAR OF VESICULA			(INCLUDING MALIGNANT TYPE)	
SEGOD   CPT/HCPCS	15220	CPT/HCPCS	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR	Yes
CPT/HCPCS LAPAROSCOPY, SURGICAL; SLING OPREATION FOR STRESS INCONTINENCE Ves  P7284 CPT/HCPCS ARTHRODESIS, HIP JOINT (INCLUDES OBTAINING GRAFT); Yes  P7284 CPT/HCPCS MPRESSION AND CUSTOM PREPARATION; SURGICAL OBTURATOR Yes  PROSTHESIS  PROSTHESIS  PROSTHESIS  PROSTHESIS  PROSTHESIS  PROSTHESIS  REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, ILIAC ARTERY, UNILATERAL, INITIAL VESSEL; WITH TRANSLUMINAL ANGIO  P85  P7740 CPT/HCPCS EXCISION OF MUCOSA OF VESTIBULE OF MOUTH AS DONOR GRAFT  P85  P86  CPT/HCPCS CYSTOURETHROSCOPY WUNDETERGOCOPY, WITH TREATMENT OF Yes  URETEROPELIUC JUNCTION STRICTURE  P86  CPT/HCPCS CHEMOPLASTY (SURGICAL REVISION OF FRENUM, EG, WITH Z-PLASTY)  P85  P86  CPT/HCPCS CHEMOPLASTY (SURGICAL REVISION OF FRENUM, EG, WITH Z-PLASTY)  P85  P86  CPT/HCPCS CHEMOPLASTY (SURGICAL SPINAL AND ACCESSORY NERVES,  BILATERAL  TENDON PULLEY RECONSTRUCTION; WITH LOCAL TISSUES (SEPARATE YES  PROCEDURE)  PROCEDURE)  P80  CPT/HCPCS SUTURE REPAIR OF AORTA OR GREAT VESSELS; WITHOUT BYPASS YES  PROCEDURE)  PROCEDURE)  P80  CPT/HCPCS ARTHRODOMY FOR SYNOVECTOMY, HIP JOINT YES  INCLUDES OFTINING GRAFT YES  REMOVAL OF LESION  PATRIAL CORNELS AND STRING FOR A STRING OF CHOROID, PHOTODYNAMIC YES  CPT/HCPCS ESCHARDOTOMY, INTIAL INCISION OF CHOROID, PHOTODYNAMIC YES  CPT/HCPCS CONTAINING GRAFT YES  CPT/HCPCS ESCHARDOTOMY, INTIAL INCISION OF CHOROID, PHOTODYNAMIC YES  CPT/HCPCS ESCHARDOTOMY, INTIAL INCISION OF CHOROID, PHOTODYNAMIC YES  CPT/HCPCS ESCHARDOTOMY, INTIAL INCISION OF CHOROID, PHOTODYNAMIC YES  CPT/HCPCS INJECTION PROCEDURE FOR ANKLE ARTHROGRAPHY  PASS STARE OPTI-HCPCS ABLATION OF PROSEDURE FOR ANKLE ARTHROGRAPHY  PASS STARE OPTI-HCPCS ABLATION OF PROSEDURE FOR ANKLE ARTHROGRAPHY  P85  CPT/HCPCS ABLATION OF PROSTATE, TRANSRECTAL, HIGH INTENSITY FOCUSED  P86  CPT/HCPCS ABLATION OF PROSTATE, TRANSRECTAL, HIGH INTENSITY FOCUSED  P87  P87  CPT/HCPCS ABLATION OF PROSTATE, TRANSRECTAL, HIGH INTENSITY FOCUSED  P87  P87  CPT/HCPCS ABLATION AND PROSTATE, TRANSRECTAL, HIGH INTENSITY FOCUSED  P87  P87  CPT/HCPCS ABLA			SITE, SCALP, ARMS, AND/OR LEGS; 20 SQ CM OR LESS	
ARTHRODESIS, HIP JOINT (INCLUDES OBTAINING GRAFT); Pres PROSTHESIS	55600	CPT/HCPCS	VESICULOTOMY;	Yes
PROSTRESIS  OPT/HCPCS IMPRESSION AND CUSTOM PREPARATION; SURGICAL OBTURATOR Yes PROSTRESIS  OPT/HCPCS FREE SKIN FLAP WITH MICROVASCULAR ANASTOMOSIS Yes REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, ILIAC ARTERY, UNILATERAL, INITIAL VESSEL; WITH TRANSLUMINAL ANGIO  OPT/HCPCS REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, ILIAC ARTERY, UNILATERAL, INITIAL VESSEL; WITH TRANSLUMINAL ANGIO  OPT/HCPCS REPAIR MEDIAL COLLATERAL LIGAMENT, ELBOW, WITH LOCAL TISSUE Yes CATALOGY OF YOUNGETEROSCOPY WURSTEROSCOPY WES SELECTOR WURSTEROSCOPY WURSTEROSCOPY WURSTEROSCOPY WES SELECTOR WURSTEROSCOPY WES WURSTEROSCOPY WURSTEROSC	51992	CPT/HCPCS	LAPAROSCOPY, SURGICAL; SLING OPREATION FOR STRESS INCONTINENCE	Yes
PROSTRESIS  OPT/HCPCS IMPRESSION AND CUSTOM PREPARATION; SURGICAL OBTURATOR Yes PROSTRESIS  OPT/HCPCS FREE SKIN FLAP WITH MICROVASCULAR ANASTOMOSIS Yes REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, ILIAC ARTERY, UNILATERAL, INITIAL VESSEL; WITH TRANSLUMINAL ANGIO  OPT/HCPCS REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, ILIAC ARTERY, UNILATERAL, INITIAL VESSEL; WITH TRANSLUMINAL ANGIO  OPT/HCPCS REPAIR MEDIAL COLLATERAL LIGAMENT, ELBOW, WITH LOCAL TISSUE Yes CATALOGY OF YOUNGETEROSCOPY WURSTEROSCOPY WES SELECTOR WURSTEROSCOPY WURSTEROSCOPY WURSTEROSCOPY WES SELECTOR WURSTEROSCOPY WES WURSTEROSCOPY WURSTEROSC				
PROSTRESIS  OPT/HCPCS IMPRESSION AND CUSTOM PREPARATION; SURGICAL OBTURATOR Yes PROSTRESIS  OPT/HCPCS FREE SKIN FLAP WITH MICROVASCULAR ANASTOMOSIS Yes REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, ILIAC ARTERY, UNILATERAL, INITIAL VESSEL; WITH TRANSLUMINAL ANGIO  OPT/HCPCS REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, ILIAC ARTERY, UNILATERAL, INITIAL VESSEL; WITH TRANSLUMINAL ANGIO  OPT/HCPCS REPAIR MEDIAL COLLATERAL LIGAMENT, ELBOW, WITH LOCAL TISSUE Yes CATALOGY OF YOUNGETEROSCOPY WURSTEROSCOPY WES SELECTOR WURSTEROSCOPY WURSTEROSCOPY WURSTEROSCOPY WES SELECTOR WURSTEROSCOPY WES WURSTEROSCOPY WURSTEROSC	27284	CPT/HCPCS	ARTHRODESIS, HIP JOINT (INCLUDES OBTAINING GRAFT):	Yes
PROSTHESIS  PROSTHESIS  CPT/HCPCS  CPT/HCPCS  PREE SKIN FLAP WITH MICROVASCULAR ANASTOMOSIS  CPT/HCPCS  CPT/HCPCS  CPT/HCPCS  CPT/HCPCS  EXCISION OF MUCOSA OF VESTIBULE OF MOUTH AS DONOR GRAFT  VES  REPAIR MEDIAL COLLATERAL LIGAMENT, ELBOW, WITH LOCAL TISSUE  VES  CPT/HCPCS  CPT/HCPCS  CPT/HCPCS  CPT/HCPCS  CPT/HCPCS  CPT/HCPCS  CPT/HCPCS  FRENOPLASTY (SURGICAL REVISION OF FRENUM, EG, WITH Z-PLASTY)  VES  CPT/HCPCS  CPT/HCPCS				
LEYST CPT/HCPCS FREE SKIN FLAP WITH MICROVASCULAR ANASTOMOSIS  Pes  REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, ILIAC ARTERY, UNILATERAL, INITIAL VESSEL; WITH TRANSLUMINAL ANGIO  REPAIR MEDIAL COLLATERAL LIGAMENT, ELBOW, WITH LOCAL TISSUE YES  CPT/HCPCS REPAIR MEDIAL COLLATERAL LIGAMENT, ELBOW, WITH LOCAL TISSUE YES  CYSTOURETHROSCOPY WURETEROSCOPY; WITH TREATMENT OF URETEROPELVIC JUNCTION STRICTURE  REPORT STRICTURE  CPT/HCPCS CYSTOURETHROSCOPY WURETEROSCOPY; WITH TREATMENT OF URETEROPELVIC JUNCTION STRICTURE  REPORT STRICTURE  CPT/HCPCS CHEMODENERVATION OF MUSCLE(S); MUSCLES INNERVATED BY FACIAL, TRIGEMINAL, CERVICAL SPINAL AND ACCESSORY NERVES, BILATERAL  RESEOU  CPT/HCPCS TENDON PULLEY RECONSTRUCTION; WITH LOCAL TISSUE (SEPARATE PROCEDURE)  SUTURE REPAIR OF A ORTA OR GREAT VESSELS; WITHOUT BYPASS  CPT/HCPCS ARTHROTOMY, FOR SYNOVECTOMY, HIP JOINT YES  SUTURE REPAIR OF A ORTA OR GREAT VESSELS; WITHOUT BYPASS  CPT/HCPCS IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; FOR REMOVAL OF LESION  CPT/HCPCS ARTHROTOMY FOR SYNOVECTOMY, HIP JOINT YES  CPT/HCPCS ARTHRODESIS, SHOULDER JOINT; WITH PRIMARY AUTOGENOUS GRAFT (INCLUDES OBTANING GRAFT)  CREENOVAL OF LESION  CPT/HCPCS CECHAROTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; FOR PREMOVAL OF LESION  CPT/HCPCS CECHAROTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; FOR PREMOVAL OF LESION  CPT/HCPCS CECHAROTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; FOR PREMOVAL OF LESION  CPT/HCPCS CECHAROTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; FOR PREMOVAL OF LESION  CPT/HCPCS DESTRUCTION OF LOCALIZED LESION OF CHOROID; PHOTODYNAMIC THERAPY, SECOND EYE, AT SINGLE SESSION  AND SEPARATE ABDOMINAL INCISION, WWO PROXIMAL GASTRECTOMY  PARTILL ESPONAL OF PROSTATE, TRANSRICTAL, HIGH INTENSITY FOCUSED  LITERAGUE OF THE CHILDY, INCLUDION IN MAGING GUIDANCE  CPT/HCPCS POSITIONAL CHANGE OF OTHER FINGER  CPT/HCPCS POSITIONAL CHANGE OF OTHER FINGER	21070	01 171101 00	· · · · · · · · · · · · · · · · · · ·	163
CPT/HCPCS REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, ILLIAC ARTERY, UNILATERAL, INITIAL VESSEL; WITH TRANSLUMINAL ANGIO  10818 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 25245 CPT/HCPCS CYSTOURETHROSCOPY WIRETEROSCOPY; WITH TREATMENT OF YES 25245 CPT/HCPCS CYSTOURETHROSCOPY WIRETEROSCOPY; WITH TREATMENT OF YES 25245 CPT/HCPCS FRENOPLASTY (SURGICAL REVISION OF FRENUM, EG, WITH Z-PLASTY)  11520 CPT/HCPCS FRENOPLASTY (SURGICAL REVISION OF FRENUM, EG, WITH Z-PLASTY)  12520 CPT/HCPCS CHEMODENERVATION OF MUSCLE(S); MUSCLES INNERVATED BY YES 12540 CPT/HCPCS CHEMODENERVATION OF MUSCLE(S); MUSCLES INNERVATED BY YES 12540 CPT/HCPCS TENDON PULLEY RECONSTRUCTION; WITH LOCAL TISSUES (SEPARATE YES 12540 CPT/HCPCS SUTURE REPAIR OF AORTA OR GREAT VESSELS; WITHOUT BYPASS YES 12540 CPT/HCPCS ARTHROTOMY FOR SYNOVECTOMY, HIP JOINT YES 12560 CPT/HCPCS ARTHROTOMY FOR SYNOVECTOMY, HIP JOINT YES 12560 CPT/HCPCS ARTHROTOMY FOR SYNOVECTOMY, HIP JOINT YES 12560 CPT/HCPCS ARTHRODESIS, SHOULDER JOINT; WITH PRIMARY AUTOGENOUS GRAFT (INCLUDES OBTAINING GRAFT) 126035 CPT/HCPCS CONTAINING GRAFT) 126035 CPT/HCPCS DESTRUCTION OF LOCALIZED LESION OF CHOROID; PHOTODYNAMIC YES 125725 CPT/HCPCS DESTRUCTION OF LOCALIZED LESION OF CHOROID; PHOTODYNAMIC YES 125725 CPT/HCPCS DESTRUCTION OF LOCALIZED LESION OF CHOROID; WINT HORACOTOMY AND SEPARATE ABDOMINAL INCISION, WWO PROXIMAL GASTRECTOMY 12674 CPT/HCPCS BIOPSY OF EXTRAOCULAR MUSCLES 12674 CPT/HCPCS BIOPSY OF EXTRAOCULAR MUSCLES 12675 CPT/HCPCS BIOPSY OF EXTRAOCULAR MUSCLES 126765 CPT/HCPCS POSITIONAL CHANGE OF OTHER FINGER 126767 CPT/HCPCS POSITIONAL CHANGE OF OTHER FINGER	15757	CDT/HCDCS		Voc
ARTERY, UNILATERAL, INITIAL VESSEL; WITH TRANSLUMINAL ANGIO  10818 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 25246 CPT/HCPCS REPAIR MEDIAL COLLATERAL LIGAMENT, ELBOW, WITH TREATMENT OF Yes 25246 CPT/HCPCS CYSTOURETHROSCOPY WURETEROSCOPY; WITH TREATMENT OF Yes 25246 CPT/HCPCS FRENOPLASTY (SURGICAL REVISION OF FRENUM, EG, WITH Z-PLASTY) 254615 CPT/HCPCS FRENOPLASTY (SURGICAL REVISION OF FRENUM, EG, WITH Z-PLASTY) 254616 CPT/HCPCS CHEMODENERVATION OF MUSCLE(S); MUSCLES INNERVATED BY FACIAL, TRIGEMINAL, CERVICAL SPINAL AND ACCESSORY NERVES, 254616 CPT/HCPCS TENDON PULLEV RECONSTRUCTION; WITH LOCAL TISSUES (SEPARATE PROCEDURE) 25462 CPT/HCPCS SUTURE REPAIR OF AORTA OR GREAT VESSELS; WITHOUT BYPASS YES 25464 CPT/HCPCS ARTHROTOMY FOR SYNOVECTOMY, HIP JOINT YES 25460 CPT/HCPCS ARTHROTOMY FOR SYNOVECTOMY, HIP JOINT YES 25460 CPT/HCPCS ARTHROTOMY FOR SYNOVECTOMY, HIP JOINT YES 25460 CPT/HCPCS ARTHRODESIS, SHOULDER JOINT; WITH PRIMARY AUTOGENOUS GRAFT YES 25460 CPT/HCPCS ESCHAROTOMY, INITH CORNEOSCLERAL OR CORNEAL SECTION; FOR REMOVAL OF LESION OF ARTHROPESIS, SHOULDER JOINT; WITH PRIMARY AUTOGENOUS GRAFT YES 25461 CPT/HCPCS DESTRUCTION OF LOCALIZED LESION OF CHOROID; PHOTODYNAMIC YES 25462 CPT/HCPCS DESTRUCTION OF LOCALIZED LESION OF CHOROID; PHOTODYNAMIC YES 25463 CPT/HCPCS DESTRUCTION OF LOCALIZED LESION, WIND PROXIMAL GASTRECTOMY 25464 CPT/HCPCS BIOPSY OF EXTRAOCULAR MUSCLES YES 25464 CPT/HCPCS BIOPSY OF EXTRAOCULAR MUSCLES YES 2547 CPT/HCPCS BIOPSY OF EXTRAOCULAR MUSCLES YES 25555 CPT/HCPCS POSITIONAL CHANGE OF OTHER FINGER YES				
No.	3/220	CP1/HCPCS		res
24345 CPT/HCPCS REPAIR MEDIAL COLLATERAL LIGAMENT, ELBOW, WITH LOCAL TISSUE YES 25246 CPT/HCPCS CYSTOURETHROSCOPY WIJNETEROSCOPY; WITH TREATMENT OF YES 25246 CPT/HCPCS FRENOPLASTY (SURGICAL REVISION OF FRENUM, EG, WITH Z-PLASTY) YES 25246 CPT/HCPCS FRENOPLASTY (SURGICAL REVISION OF FRENUM, EG, WITH Z-PLASTY) YES 25246 CPT/HCPCS CHEMODENERVATION OF MUSCLE(S); MUSCLES INNERVATED BY FACIAL, TRIGEMINAL, CERVICAL SPINAL AND ACCESSORY NERVES, 26500 CPT/HCPCS TENDON PULLEY RECONSTRUCTION; WITH LOCAL TISSUES (SEPARATE PROCEDURE) 26500 CPT/HCPCS SUTURE REPAIR OF AORTA OR GREAT VESSELS; WITHOUT BYPASS YES 27054 CPT/HCPCS ARTHROTOMY FOR SYNOVECTOMY, HIP JOINT YES 26600 CPT/HCPCS IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; FOR REMOVAL OF LESION 26600 CPT/HCPCS IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; FOR REMOVAL OF LESION 267025 CPT/HCPCS BOBANNING GRAFT) 26803 CPT/HCPCS ESCHAROTOMY; NITHLA INCISION YES 267025 CPT/HCPCS ESCHAROTOMY; NITHLA INCISION YES 267025 CPT/HCPCS DESTRUCTION OF LOCALIZED LESION OF CHOROID; PHOTODYNAMIC YES 267025 CPT/HCPCS PARTIAL ESPOHAGECTOMY, DISTAL TWO-THIRDS, WITH THORACOTOMY AND SEPARATE ABDOMINAL INCISION, WWO PROXIMAL GASTRECTOMY 267048 CPT/HCPCS INJECTION PROCEDURE FOR ANKLE ARTHROGRAPHY YES 267046 CPT/HCPCS INJECTION PROCEDURE FOR ANKLE ARTHROGRAPHY YES 267047 CPT/HCPCS ABLAINON OF PROSTATE, TRANSLESSECTAL, HIGH INTENSITY FOCUSED YES 267047 CPT/HCPCS POSITIONAL CHANGE OF OTHER FINGER YES			ARTERY, UNILATERAL, INITIAL VESSEL; WITH TRANSLUMINAL ANGIO	
24345 CPT/HCPCS REPAIR MEDIAL COLLATERAL LIGAMENT, ELBOW, WITH LOCAL TISSUE YES 25246 CPT/HCPCS CYSTOURETHROSCOPY WIJNETEROSCOPY; WITH TREATMENT OF YES 25246 CPT/HCPCS FRENOPLASTY (SURGICAL REVISION OF FRENUM, EG, WITH Z-PLASTY) YES 25246 CPT/HCPCS FRENOPLASTY (SURGICAL REVISION OF FRENUM, EG, WITH Z-PLASTY) YES 25246 CPT/HCPCS CHEMODENERVATION OF MUSCLE(S); MUSCLES INNERVATED BY FACIAL, TRIGEMINAL, CERVICAL SPINAL AND ACCESSORY NERVES, 26500 CPT/HCPCS TENDON PULLEY RECONSTRUCTION; WITH LOCAL TISSUES (SEPARATE PROCEDURE) 26500 CPT/HCPCS SUTURE REPAIR OF AORTA OR GREAT VESSELS; WITHOUT BYPASS YES 27054 CPT/HCPCS ARTHROTOMY FOR SYNOVECTOMY, HIP JOINT YES 26600 CPT/HCPCS IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; FOR REMOVAL OF LESION 26600 CPT/HCPCS IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; FOR REMOVAL OF LESION 267025 CPT/HCPCS BOBANNING GRAFT) 26803 CPT/HCPCS ESCHAROTOMY; NITHLA INCISION YES 267025 CPT/HCPCS ESCHAROTOMY; NITHLA INCISION YES 267025 CPT/HCPCS DESTRUCTION OF LOCALIZED LESION OF CHOROID; PHOTODYNAMIC YES 267025 CPT/HCPCS PARTIAL ESPOHAGECTOMY, DISTAL TWO-THIRDS, WITH THORACOTOMY AND SEPARATE ABDOMINAL INCISION, WWO PROXIMAL GASTRECTOMY 267048 CPT/HCPCS INJECTION PROCEDURE FOR ANKLE ARTHROGRAPHY YES 267046 CPT/HCPCS INJECTION PROCEDURE FOR ANKLE ARTHROGRAPHY YES 267047 CPT/HCPCS ABLAINON OF PROSTATE, TRANSLESSECTAL, HIGH INTENSITY FOCUSED YES 267047 CPT/HCPCS POSITIONAL CHANGE OF OTHER FINGER YES				1.
CPT/HCPCS CYSTOURETHROSCOPY W/URETEROSCOPY; WITH TREATMENT OF URETEROPELIVIC JUNCTION STRICTURE  11520 CPT/HCPCS FRENOPLASTY (SURGICAL REVISION OF FRENUM, EG, WITH Z-PLASTY)  126415 CPT/HCPCS CHEMODENERVATION OF MUSCLE(S); MUSCLES INNERVATED BY FACIAL, TRIGEMINAL, CERVICAL SPINAL AND ACCESSORY NERVES, BILATERAL  126500 CPT/HCPCS TENDON PULLEY RECONSTRUCTION; WITH LOCAL TISSUES (SEPARATE PROCEDURE)  126500 CPT/HCPCS SUTURE REPAIR OF AORTA OR GREAT VESSELS; WITHOUT BYPASS YES  127054 CPT/HCPCS ARTHROTOMY FOR SYNOVECTOMY, HIP JOINT YES  126600 CPT/HCPCS IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; FOR REMOVAL OF LESION  126000 CPT/HCPCS ARTHROTOMY FOR SYNOVECTOMY, HIP JOINT YES  126100 CPT/HCPCS DESTRUCTION OF LOCALIZED LESION OF CHOROID; PHOTODYNAMIC YES  126100 CPT/HCPCS DESTRUCTION OF LOCALIZED LESION OF CHOROID; PHOTODYNAMIC YES  126100 CPT/HCPCS DESTRUCTION OF LOCALIZED LESION OF CHOROID; PHOTODYNAMIC YES  126100 CPT/HCPCS INJECTION PROCEDURE FOR ANKLE ARTHROGRAPHY YES  126100 CPT/HCPCS DIOPEN OF EXTRAOCULAR MUSCLES YES  126100 CPT/HCPCS DIOPEN OF PROSTATE, TRANSRECTAL, HIGH INTENSITY FOCUSED YES  126100 CPT/HCPCS POSITIONAL CHANGE OF OTHER FINGER  126100 CPT/HCPCS POSITIONAL CHANGE OF OTHER FINGER  126100 CPT/HCPCS POSITIONAL CHANGE OF OTHER FINGER				
URETEROPELVIC JUNCTION STRICTURE  11520 CPT/HCPCS FRENOPLASTY (SURGICAL REVISION OF FRENUM, EG, WITH Z-PLASTY)  PS S4615 CPT/HCPCS CHEMODENERVATION OF MUSCLE(S); MUSCLES INNERVATED BY FACIAL, TRIGEMINAL, CERVICAL SPINAL AND ACCESSORY NERVES, BILATERAL  126500 CPT/HCPCS TENDON PULLEY RECONSTRUCTION; WITH LOCAL TISSUES (SEPARATE PROCEDURE)  133320 CPT/HCPCS SUTURE REPAIR OF AORTA OR GREAT VESSELS; WITHOUT BYPASS YES  127064 CPT/HCPCS ARTHROTOMY FOR SYNOVECTOMY, HIP JOINT YES  136600 CPT/HCPCS IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; FOR REMOVAL OF LESION  137025 CPT/HCPCS ARTHRODESIS, SHOULDER JOINT; WITH PRIMARY AUTOGENOUS GRAFT (INCLUDES OBTAINING GRAFT)  146035 CPT/HCPCS ESCHAROTOMY; INITIAL INCISION YES  13717 CPT/HCPCS DESTRUCTION OF LOCALIZED LESION OF CHOROID; PHOTODYNAMIC YES  13117 CPT/HCPCS INJECTION OF LOCALIZED LESION OF CHOROID; PHOTODYNAMIC YES  13117 CPT/HCPCS INJECTION PROCEDURE FOR ANKLE ARTHROGRAPHY YES  13746 CPT/HCPCS INJECTION PROCEDURE FOR ANKLE ARTHROGRAPHY YES  13747 CPT/HCPCS BIOPSY OF EXTRAOCULAR MUSCLES YES  13747 CPT/HCPCS POSITIONAL CHANGE OF OTHER FINGER YES	24345	CPT/HCPCS	REPAIR MEDIAL COLLATERAL LIGAMENT, ELBOW, WITH LOCAL TISSUE	Yes
11520 CPT/HCPCS FRENOPLASTY (SURGICAL REVISION OF FRENUM, EG, WITH Z-PLASTY)  13615 CPT/HCPCS CHEMODENERVATION OF MUSCLE(S); MUSCLES INNERVATED BY FACIAL, TRIGEMINAL, CERVICAL SPINAL AND ACCESSORY NERVES, BILATERAL  126500 CPT/HCPCS TENDON PULLEY RECONSTRUCTION; WITH LOCAL TISSUES (SEPARATE PROCEDURE)  136320 CPT/HCPCS SUTURE REPAIR OF AORTA OR GREAT VESSELS; WITHOUT BYPASS YES  127054 CPT/HCPCS IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; FOR REMOVAL OF LESION  136600 CPT/HCPCS IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; FOR REMOVAL OF LESION  137025 CPT/HCPCS ARTHRODOMY; MITH CORNEOSCLERAL OR CORNEAL SECTION; FOR REMOVAL OF LESION  13802 CPT/HCPCS ARTHRODESIS, SHOULDER JOINT; WITH PRIMARY AUTOGENOUS GRAFT (INCLUDES OBTAINING GRAFT)  13902 CPT/HCPCS ESCHAROTOMY; INITIAL INCISION YES  137225 CPT/HCPCS DESTRUCTION OF LOCALIZED LESION OF CHOROID; PHOTODYNAMIC THERAPY, SECOND EYE, AT SINGLE SESSION  13117 CPT/HCPCS PARTIAL ESPOHAGECTOMY, DISTAL TWO-THIRDS, WITH THORACOTOMY AND SEPARATE ABDOMINAL INCISION, W/WO PROXIMAL GASTRECTOMY  13117 CPT/HCPCS INJECTION PROCEDURE FOR ANKLE ARTHROGRAPHY YES  137246 CPT/HCPCS BIOPSY OF EXTRAOCULAR MUSCLES YES  137346 CPT/HCPCS ABLATION OF PROSTATE, TRANSRECTAL, HIGH INTENSITY FOCUSED ULTRASOUND (HIPU), INCLUDING IMAGING GUIDANCE  136555 CPT/HCPCS POSITIONAL CHANGE OF OTHER FINGER YES	52345	CPT/HCPCS	CYSTOURETHROSCOPY W/URETEROSCOPY; WITH TREATMENT OF	Yes
CPT/HCPCS CHEMODENERVATION OF MUSCLE(S); MUSCLES INNERVATED BY FACIAL, TRIGEMINAL, CERVICAL SPINAL AND ACCESSORY NERVES, BILATERAL  26500 CPT/HCPCS TENDON PULLEY RECONSTRUCTION; WITH LOCAL TISSUES (SEPARATE PROCEDURE)  33320 CPT/HCPCS SUTURE REPAIR OF AORTA OR GREAT VESSELS; WITHOUT BYPASS YES  27054 CPT/HCPCS ARTHROTOMY FOR SYNOVECTOMY, HIP JOINT YES  36600 CPT/HCPCS IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; FOR REMOVAL OF LESION  27802 CPT/HCPCS ARTHRODESIS, SHOULDER JOINT; WITH PRIMARY AUTOGENOUS GRAFT (INCLUDES OBTAINING GRAFT)  16035 CPT/HCPCS ESCHAROTOMY; INITIAL INCISION YES  37225 CPT/HCPCS DESTRUCTION OF LOCALIZED LESION OF CHOROID; PHOTODYNAMIC THERAPY, SECOND EYE, AT SINGLE SESSION  13117 CPT/HCPCS PARTIAL ESPOHAGECTOMY, DISTAL TWO-THIRDS, WITH THORACOTOMY AND SEPARATE ABDOMINAL INCISION, WWO PROXIMAL GASTRECTOMY  AND SEPARATE ABDOMINAL INCISION, WWO PROXIMAL GASTRECTOMY  17804 CPT/HCPCS BIOPSY OF EXTRAOCULAR MUSCLES YES  27804 CPT/HCPCS BIOPSY OF EXTRAOCULAR MUSCLES YES  287047 CPT/HCPCS DESITION OF PROSTATE, TRANSRECTAL, HIGH INTENSITY FOCUSED YES  ULTRASOUND (HIFU); INCLUDING IMAGING GUIDANCE  28655 CPT/HCPCS POSITIONAL CHANGE OF OTHER FINGER YES			URETEROPELVIC JUNCTION STRICTURE	
FACIAL,TRIGEMINAL, CERVICAL SPINAL AND ACCESSORY NERVES, BILATERAL  PROCEDURE)  SUTURE REPAIR OF AORTA OR GREAT VESSELS; WITHOUT BYPASS  PROCEDURE)  SUTURE REPAIR OF AORTA OR GREAT VESSELS; WITHOUT BYPASS  PROCEDURE)  SUTURE REPAIR OF AORTA OR GREAT VESSELS; WITHOUT BYPASS  PROCEDURE)  SUTURE REPAIR OF AORTA OR GREAT VESSELS; WITHOUT BYPASS  PROCEDURE)  SUTURE REPAIR OF AORTA OR GREAT VESSELS; WITHOUT BYPASS  PROCEDURE)  REMOVAL OF LESION  PREMOVAL OF LESION  ARTHROTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; FOR REMOVAL OF LESION  REMOVAL OF LESION  ARTHRODESIS, SHOULDER JOINT; WITH PRIMARY AUTOGENOUS GRAFT (INCLUDES OBTAINING GRAFT)  (INCLUDES OBTAINING GRAFT)  SUBJECT OF THE CONTROL OF LOCALIZED LESION OF CHOROID; PHOTODYNAMIC THE CONTROL OF LOCALIZED LESION OF CONTROL OF LOCALIZED LESION OF CHOROID; PHOTODYNAMIC THE CONTROL OF LOCALIZED LESION OF	41520	CPT/HCPCS	FRENOPLASTY (SURGICAL REVISION OF FRENUM, EG, WITH Z-PLASTY)	Yes
BILATERAL  26500 CPT/HCPCS TENDON PULLEY RECONSTRUCTION; WITH LOCAL TISSUES (SEPARATE PROCEDURE)  33320 CPT/HCPCS SUTURE REPAIR OF AORTA OR GREAT VESSELS; WITHOUT BYPASS YES  27054 CPT/HCPCS ARTHROTOMY FOR SYNOVECTOMY, HIP JOINT YES  36600 CPT/HCPCS IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; FOR REMOVAL OF LESION  23802 CPT/HCPCS ARTHRODESIS, SHOULDER JOINT; WITH PRIMARY AUTOGENOUS GRAFT (INCLUDES OBTAINING GRAFT)  26035 CPT/HCPCS ESCHAROTOMY; INITIAL INCISION YES  37225 CPT/HCPCS DESTRUCTION OF LOCALIZED LESION OF CHOROID; PHOTODYNAMIC THERAPY, SECOND EYE, AT SINGLE SESSION  33117 CPT/HCPCS PARTIAL ESPOHAGECTOMY, DISTAL TWO-THIRDS, WITH THORACOTOMY AND SEPARATE ABDOMINAL INCISION, W/WO PROXIMAL GASTRECTOMY  27648 CPT/HCPCS INJECTION PROCEDURE FOR ANKLE ARTHROGRAPHY YES  37346 CPT/HCPCS BIOPSY OF EXTRAOCULAR MUSCLES  27647 CPT/HCPCS ABLATION OF PROSTATE, TRANSRECTAL, HIGH INTENSITY FOCUSED YES  ULTRASOUND (HIFU), INCLUDING IMAGING GUIDANCE  27655 CPT/HCPCS POSITIONAL CHANGE OF OTHER FINGER YES	64615	CPT/HCPCS	CHEMODENERVATION OF MUSCLE(S); MUSCLES INNERVATED BY	Yes
BILATERAL  26500 CPT/HCPCS TENDON PULLEY RECONSTRUCTION; WITH LOCAL TISSUES (SEPARATE PROCEDURE)  33320 CPT/HCPCS SUTURE REPAIR OF AORTA OR GREAT VESSELS; WITHOUT BYPASS YES  27054 CPT/HCPCS ARTHROTOMY FOR SYNOVECTOMY, HIP JOINT YES  36600 CPT/HCPCS IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; FOR REMOVAL OF LESION  23802 CPT/HCPCS ARTHRODESIS, SHOULDER JOINT; WITH PRIMARY AUTOGENOUS GRAFT (INCLUDES OBTAINING GRAFT)  26035 CPT/HCPCS ESCHAROTOMY; INITIAL INCISION YES  37225 CPT/HCPCS DESTRUCTION OF LOCALIZED LESION OF CHOROID; PHOTODYNAMIC THERAPY, SECOND EYE, AT SINGLE SESSION  33117 CPT/HCPCS PARTIAL ESPOHAGECTOMY, DISTAL TWO-THIRDS, WITH THORACOTOMY AND SEPARATE ABDOMINAL INCISION, W/WO PROXIMAL GASTRECTOMY  27648 CPT/HCPCS INJECTION PROCEDURE FOR ANKLE ARTHROGRAPHY YES  37346 CPT/HCPCS BIOPSY OF EXTRAOCULAR MUSCLES  27647 CPT/HCPCS ABLATION OF PROSTATE, TRANSRECTAL, HIGH INTENSITY FOCUSED YES  ULTRASOUND (HIFU), INCLUDING IMAGING GUIDANCE  27655 CPT/HCPCS POSITIONAL CHANGE OF OTHER FINGER YES			FACIAL, TRIGEMINAL, CERVICAL SPINAL AND ACCESSORY NERVES,	
PROCEDURE)  TENDON PULLEY RECONSTRUCTION; WITH LOCAL TISSUES (SEPARATE PROCEDURE)  SUTURE REPAIR OF AORTA OR GREAT VESSELS; WITHOUT BYPASS  PROCEDURE)  SUTURE REPAIR OF AORTA OR GREAT VESSELS; WITHOUT BYPASS  PROCEDURE  ARTHROTOMY FOR SYNOVECTOMY, HIP JOINT  YES  GREAT VESSELS; WITHOUT BYPASS  YES  PROCEDURE  IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; FOR REMOVAL OF LESION  REMOVAL OF LESION  REMOVAL OF LESION  CPT/HCPCS  ARTHRODESIS, SHOULDER JOINT; WITH PRIMARY AUTOGENOUS GRAFT  (INCLUDES OBTAINING GRAFT)  LEGOSS  CPT/HCPCS  ESCHAROTOMY; INITIAL INCISION  YES  THERAPY, SECOND EYE, AT SINGLE SESSION  THERAPY, SECOND EYE, AT SINGLE SESSION  PARTIAL ESPOHAGECTOMY, DISTAL TWO-THIRDS, WITH THORACOTOMY AND SEPARATE ABDOMINAL INCISION, W/WO PROXIMAL GASTRECTOMY  AND SEPARATE ABDOMINAL INCISION, W/WO PROXIMAL GASTRECTOMY  PROCEDURE FOR ANKLE ARTHROGRAPHY  YES  THERAPY OF THE CONTROL OF PROSTATE, TRANSRECTAL, HIGH INTENSITY FOCUSED ULTRASOUND (HIFU), INCLUDING IMAGING GUIDANCE  POSITIONAL CHANGE OF OTHER FINGER  YES				
PROCEDURE)  PROCEDURE)  S3320 CPT/HCPCS SUTURE REPAIR OF AORTA OR GREAT VESSELS; WITHOUT BYPASS Yes  PROCEDURE  PROCEDURE  S3320 CPT/HCPCS ARTHROTOMY FOR SYNOVECTOMY, HIP JOINT Yes  REMOVAL OF LESION  PREMOVAL OF LESION  REMOVAL OF LESION  REMOVAL OF LESION  REMOVAL OF LESION  PROCEDURE  PROCEDURE  PROCEDURE  PROCEDURE  PROCEDURE  REMOVAL OF LESION  PROCEDURE  REMOVAL OF LESION  PROCEDURE  PRO	26500	CPT/HCPCS		Yes
23320 CPT/HCPCS SUTURE REPAIR OF AORTA OR GREAT VESSELS; WITHOUT BYPASS YES 27054 CPT/HCPCS ARTHROTOMY FOR SYNOVECTOMY, HIP JOINT YES 26600 CPT/HCPCS IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; FOR REMOVAL OF LESION 23802 CPT/HCPCS ARTHRODESIS, SHOULDER JOINT; WITH PRIMARY AUTOGENOUS GRAFT (INCLUDES OBTAINING GRAFT) 26035 CPT/HCPCS ESCHAROTOMY; INITIAL INCISION YES 27225 CPT/HCPCS DESTRUCTION OF LOCALIZED LESION OF CHOROID; PHOTODYNAMIC THERAPY, SECOND EYE, AT SINGLE SESSION THERAPY, SECOND EYE, AT SINGLE SESSION AND SEPARATE ABDOMINAL INCISION, W/WO PROXIMAL GASTRECTOMY 27648 CPT/HCPCS INJECTION PROCEDURE FOR ANKLE ARTHROGRAPHY YES 27648 CPT/HCPCS BIOPSY OF EXTRAOCULAR MUSCLES YES 27647 CPT/HCPCS ABLATION OF PROSTATE, TRANSRECTAL, HIGH INTENSITY FOCUSED YES 27655 CPT/HCPCS POSITIONAL CHANGE OF OTHER FINGER YES	<del></del>			
CPT/HCPCS ARTHROTOMY FOR SYNOVECTOMY, HIP JOINT Yes  GEOOD CPT/HCPCS IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; FOR REMOVAL OF LESION  CPT/HCPCS ARTHRODESIS, SHOULDER JOINT; WITH PRIMARY AUTOGENOUS GRAFT (INCLUDES OBTAINING GRAFT)  LEGIST CPT/HCPCS ESCHAROTOMY; INITIAL INCISION Yes  THERAPY, SECOND EYE, AT SINGLE SESSION  LISTIA CPT/HCPCS PARTIAL ESPOHAGECTOMY, DISTAL TWO-THIRDS, WITH THORACOTOMY AND SEPARATE ABDOMINAL INCISION, W/WO PROXIMAL GASTRECTOMY  CPT/HCPCS INJECTION PROCEDURE FOR ANKLE ARTHROGRAPHY Yes  CPT/HCPCS BIOPSY OF EXTRAOCULAR MUSCLES Yes  CPT/HCPCS ABLATION OF PROSTATE, TRANSRECTAL, HIGH INTENSITY FOCUSED ULTRASOUND (HIFU), INCLUDING IMAGING GUIDANCE  CPT/HCPCS POSITIONAL CHANGE OF OTHER FINGER  Ves	33320	CDT/HCDCs	,	Yes
GEOOD CPT/HCPCS IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; FOR REMOVAL OF LESION  ARTHRODESIS, SHOULDER JOINT; WITH PRIMARY AUTOGENOUS GRAFT (INCLUDES OBTAINING GRAFT)  LEGO35 CPT/HCPCS ESCHAROTOMY; INITIAL INCISION YES  CPT/HCPCS DESTRUCTION OF LOCALIZED LESION OF CHOROID; PHOTODYNAMIC THERAPY, SECOND EYE, AT SINGLE SESSION  AND SEPARATE ABDOMINAL INCISION, W/WO PROXIMAL GASTRECTOMY  AND SEPARATE ABDOMINAL INCISION, W/WO PROXIMAL GASTRECTOMY  CPT/HCPCS INJECTION PROCEDURE FOR ANKLE ARTHROGRAPHY YES  CPT/HCPCS BIOPSY OF EXTRAOCULAR MUSCLES  CPT/HCPCS ABLATION OF PROSTATE, TRANSRECTAL, HIGH INTENSITY FOCUSED ULTRASOUND (HIFU), INCLUDING IMAGING GUIDANCE  CPT/HCPCS POSITIONAL CHANGE OF OTHER FINGER  YES  CPT/HCPCS POSITIONAL CHANGE OF OTHER FINGER  YES			,	
REMOVAL OF LESION  23802 CPT/HCPCS ARTHRODESIS, SHOULDER JOINT; WITH PRIMARY AUTOGENOUS GRAFT (INCLUDES OBTAINING GRAFT)  16035 CPT/HCPCS ESCHAROTOMY; INITIAL INCISION Yes  37225 CPT/HCPCS DESTRUCTION OF LOCALIZED LESION OF CHOROID; PHOTODYNAMIC THERAPY, SECOND EYE, AT SINGLE SESSION  13117 CPT/HCPCS PARTIAL ESPOHAGECTOMY, DISTAL TWO-THIRDS, WITH THORACOTOMY AND SEPARATE ABDOMINAL INCISION, W/WO PROXIMAL GASTRECTOMY  27648 CPT/HCPCS INJECTION PROCEDURE FOR ANKLE ARTHROGRAPHY Yes  37346 CPT/HCPCS BIOPSY OF EXTRAOCULAR MUSCLES Yes  29747 CPT/HCPCS ABLATION OF PROSTATE, TRANSRECTAL, HIGH INTENSITY FOCUSED ULTRASOUND (HIFU), INCLUDING IMAGING GUIDANCE  26555 CPT/HCPCS POSITIONAL CHANGE OF OTHER FINGER Yes				
CPT/HCPCS ARTHRODESIS, SHOULDER JOINT; WITH PRIMARY AUTOGENOUS GRAFT (INCLUDES OBTAINING GRAFT)  LEGO35 CPT/HCPCS ESCHAROTOMY; INITIAL INCISION Yes  G7225 CPT/HCPCS DESTRUCTION OF LOCALIZED LESION OF CHOROID; PHOTODYNAMIC THERAPY, SECOND EYE, AT SINGLE SESSION  LIST CPT/HCPCS PARTIAL ESPOHAGECTOMY, DISTAL TWO-THIRDS, WITH THORACOTOMY AND SEPARATE ABDOMINAL INCISION, W/WO PROXIMAL GASTRECTOMY  AND SEPARATE ABDOMINAL INCISION, W/WO PROXIMAL GASTRECTOMY  PARTIAL ESPOHAGECTOMY PROCEDURE FOR ANKLE ARTHROGRAPHY Yes  CPT/HCPCS INJECTION PROCEDURE FOR ANKLE ARTHROGRAPHY Yes  CPT/HCPCS BIOPSY OF EXTRAOCULAR MUSCLES Yes  CPT/HCPCS ABLATION OF PROSTATE, TRANSRECTAL, HIGH INTENSITY FOCUSED ULTRASOUND (HIFU), INCLUDING IMAGING GUIDANCE  CPT/HCPCS POSITIONAL CHANGE OF OTHER FINGER Yes	UUddd	CP1/HCPCS		res
(INCLUDES OBTAINING GRAFT)  L6035 CPT/HCPCS ESCHAROTOMY;INITIAL INCISION Yes  B7225 CPT/HCPCS DESTRUCTION OF LOCALIZED LESION OF CHOROID;PHOTODYNAMIC THERAPY, SECOND EYE, AT SINGLE SESSION  L3117 CPT/HCPCS PARTIAL ESPOHAGECTOMY, DISTAL TWO-THIRDS, WITH THORACOTOMY AND SEPARATE ABDOMINAL INCISION, W/WO PROXIMAL GASTRECTOMY  L7648 CPT/HCPCS INJECTION PROCEDURE FOR ANKLE ARTHROGRAPHY Yes  L77346 CPT/HCPCS BIOPSY OF EXTRAOCULAR MUSCLES Yes  L7747 CPT/HCPCS ABLATION OF PROSTATE, TRANSRECTAL, HIGH INTENSITY FOCUSED ULTRASOUND (HIFU), INCLUDING IMAGING GUIDANCE  L76555 CPT/HCPCS POSITIONAL CHANGE OF OTHER FINGER Yes				
L6035 CPT/HCPCS ESCHAROTOMY;INITIAL INCISION Yes CPT/HCPCS DESTRUCTION OF LOCALIZED LESION OF CHOROID;PHOTODYNAMIC THERAPY, SECOND EYE, AT SINGLE SESSION  43117 CPT/HCPCS PARTIAL ESPOHAGECTOMY, DISTAL TWO-THIRDS, WITH THORACOTOMY AND SEPARATE ABDOMINAL INCISION, W/WO PROXIMAL GASTRECTOMY  427648 CPT/HCPCS INJECTION PROCEDURE FOR ANKLE ARTHROGRAPHY Test Single Session  4316 CPT/HCPCS BIOPSY OF EXTRAOCULAR MUSCLES C9747 CPT/HCPCS ABLATION OF PROSTATE, TRANSRECTAL, HIGH INTENSITY FOCUSED ULTRASOUND (HIFU), INCLUDING IMAGING GUIDANCE C9555 CPT/HCPCS POSITIONAL CHANGE OF OTHER FINGER  Yes	23802	CPT/HCPCS		Yes
CPT/HCPCS DESTRUCTION OF LOCALIZED LESION OF CHOROID;PHOTODYNAMIC THERAPY, SECOND EYE, AT SINGLE SESSION  CPT/HCPCS PARTIAL ESPOHAGECTOMY, DISTAL TWO-THIRDS, WITH THORACOTOMY AND SEPARATE ABDOMINAL INCISION, W/WO PROXIMAL GASTRECTOMY  CPT/HCPCS INJECTION PROCEDURE FOR ANKLE ARTHROGRAPHY CPT/HCPCS BIOPSY OF EXTRAOCULAR MUSCLES CPT/HCPCS ABLATION OF PROSTATE, TRANSRECTAL, HIGH INTENSITY FOCUSED ULTRASOUND (HIFU), INCLUDING IMAGING GUIDANCE CPT/HCPCS POSITIONAL CHANGE OF OTHER FINGER  CPT/HCPCS POSITIONAL CHANGE OF OTHER FINGER  Yes				
THERAPY, SECOND EYE, AT SINGLE SESSION  CPT/HCPCS PARTIAL ESPOHAGECTOMY, DISTAL TWO-THIRDS, WITH THORACOTOMY AND SEPARATE ABDOMINAL INCISION, W/WO PROXIMAL GASTRECTOMY  CPT/HCPCS INJECTION PROCEDURE FOR ANKLE ARTHROGRAPHY CPT/HCPCS BIOPSY OF EXTRAOCULAR MUSCLES CPT/HCPCS ABLATION OF PROSTATE, TRANSRECTAL, HIGH INTENSITY FOCUSED ULTRASOUND (HIFU), INCLUDING IMAGING GUIDANCE CPT/HCPCS POSITIONAL CHANGE OF OTHER FINGER  CPT/HCPCS POSITIONAL CHANGE OF OTHER FINGER  Yes	16035	CPT/HCPCS	ESCHAROTOMY;INITIAL INCISION	Yes
CPT/HCPCS PARTIAL ESPOHAGECTOMY, DISTAL TWO-THIRDS, WITH THORACOTOMY AND SEPARATE ABDOMINAL INCISION, W/WO PROXIMAL GASTRECTOMY  PARTIAL ESPOHAGECTOMY, DISTAL TWO-THIRDS, WITH THORACOTOMY AND SEPARATE ABDOMINAL INCISION, W/WO PROXIMAL GASTRECTOMY  PARTIAL ESPOHAGECTOMY, DISTAL TWO-THIRDS, WITH THORACOTOMY AND SEPARATE ABDOMINAL INCISION, W/WO PROXIMAL GASTRECTOMY  PARTIAL ESPOHAGECTOMY, DISTAL TWO-THIRDS, WITH THORACOTOMY AND SEPARATE ABDOMINAL INCISION, W/WO PROXIMAL GASTRECTOMY  PARTIAL ESPOHAGECTOMY  PES  PARTIAL ESPOHAGECTOMY, DISTAL TWO-THIRDS, WITH THORACOTOMY AND SEPARATE ABDOMINAL INCISION, W/WO PROXIMAL GASTRECTOMY  PES  PARTIAL ESPOHAGECTOMY, DISTAL TWO-THIRDS, WITH THORACOTOMY AND SEPARATE ABDOMINAL INCISION, W/WO PROXIMAL GASTRECTOMY  PES  PARTIAL ESPOHAGECTOMY, DISTAL TWO-THIRDS, WITH THORACOTOMY AND SEPARATE ABDOMINAL INCISION, W/WO PROXIMAL GASTRECTOMY  PES  PARTIAL ESPOHAGECTOMY, DISTAL TWO-THIRDS, WITH THORACOTOMY AND SEPARATE ABDOMINAL INCISION, W/WO PROXIMAL GASTRECTOMY  PES  PARTIAL ESPOHAGECTOMY  PES  PARTIAL ESPOHAGECTOMY, DISTAL TWO-THIRDS, WITH THORACOTOMY PES  PARTIAL ESPOHAGECTOMY  PES  PARTIAL ESPOHAGECTOMY, DISTAL TWO-THIRDS, WITH THORACOTOMY PES  PARTIAL ESPOHAGECTOMY PES  PES  PARTIAL ESPOHAGECTOMY PES  PES  PARTIAL ESPOHAGECTOMY PES  PES  PARTIAL ESPOHAGECTOMY PES  PES  PES  PES  PES  PES  PES  PES	67225	CPT/HCPCS	DESTRUCTION OF LOCALIZED LESION OF CHOROID;PHOTODYNAMIC	Yes
AND SEPARATE ABDOMINAL INCISION, W/WO PROXIMAL GASTRECTOMY  27648 CPT/HCPCS INJECTION PROCEDURE FOR ANKLE ARTHROGRAPHY Yes  37346 CPT/HCPCS BIOPSY OF EXTRAOCULAR MUSCLES Yes  C9747 CPT/HCPCS ABLATION OF PROSTATE, TRANSRECTAL, HIGH INTENSITY FOCUSED Yes  ULTRASOUND (HIFU), INCLUDING IMAGING GUIDANCE  26555 CPT/HCPCS POSITIONAL CHANGE OF OTHER FINGER Yes			THERAPY, SECOND EYE, AT SINGLE SESSION	
AND SEPARATE ABDOMINAL INCISION, W/WO PROXIMAL GASTRECTOMY  27648 CPT/HCPCS INJECTION PROCEDURE FOR ANKLE ARTHROGRAPHY Yes  37346 CPT/HCPCS BIOPSY OF EXTRAOCULAR MUSCLES Yes  C9747 CPT/HCPCS ABLATION OF PROSTATE, TRANSRECTAL, HIGH INTENSITY FOCUSED Yes  ULTRASOUND (HIFU), INCLUDING IMAGING GUIDANCE  26555 CPT/HCPCS POSITIONAL CHANGE OF OTHER FINGER Yes	43117	CPT/HCPCS	PARTIAL ESPOHAGECTOMY, DISTAL TWO-THIRDS, WITH THORACOTOMY	Yes
27648 CPT/HCPCS INJECTION PROCEDURE FOR ANKLE ARTHROGRAPHY 27648 CPT/HCPCS BIOPSY OF EXTRAOCULAR MUSCLES 267346 CPT/HCPCS BIOPSY OF EXTRAOCULAR MUSCLES 26747 CPT/HCPCS ABLATION OF PROSTATE, TRANSRECTAL, HIGH INTENSITY FOCUSED 26555 CPT/HCPCS POSITIONAL CHANGE OF OTHER FINGER 26555 CPT/HCPCS POSITIONAL CHANGE OF OTHER FINGER 26556 CPT/HCPCS POSITIONAL CHANGE OF OTHER FINGER 26557 CPT/HCPCS POSITIONAL CHANGE OF OTHER FINGER 26558 CPT/HCPCS POSITIONAL CHANGE OF OTHER FINGER 26559 CPT/HCPCS POSITIONAL CHANGE OF OTHER FINGER 26550 CPT/HCPCS POSITIONAL CHANGE OF OTHER FINGER				
CPT/HCPCS BIOPSY OF EXTRAOCULAR MUSCLES  C9747 CPT/HCPCS ABLATION OF PROSTATE, TRANSRECTAL, HIGH INTENSITY FOCUSED  ULTRASOUND (HIFU), INCLUDING IMAGING GUIDANCE  C6555 CPT/HCPCS POSITIONAL CHANGE OF OTHER FINGER  Yes				
CPT/HCPCS BIOPSY OF EXTRAOCULAR MUSCLES  C9747 CPT/HCPCS ABLATION OF PROSTATE, TRANSRECTAL, HIGH INTENSITY FOCUSED  ULTRASOUND (HIFU), INCLUDING IMAGING GUIDANCE  C6555 CPT/HCPCS POSITIONAL CHANGE OF OTHER FINGER  Yes	27648	CPT/HCPCS	INJECTION PROCEDURE FOR ANKLE ARTHROGRAPHY	Yes
C9747 CPT/HCPCS ABLATION OF PROSTATE, TRANSRECTAL, HIGH INTENSITY FOCUSED Yes ULTRASOUND (HIFU), INCLUDING IMAGING GUIDANCE 26555 CPT/HCPCS POSITIONAL CHANGE OF OTHER FINGER Yes				
ULTRASOUND (HIFU), INCLUDING IMAGING GUIDANCE 26555 CPT/HCPCS POSITIONAL CHANGE OF OTHER FINGER Yes				
26555 CPT/HCPCS POSITIONAL CHANGE OF OTHER FINGER Yes	U9/4/	CP1/HCPCS	· · · · · · · · · · · · · · · · · · ·	162
		0.5		<u> </u>
27552   CPT/HCPCS   TREATMENT OF CLOSED KNEE DISLOCATION; REQUIRING ANESTHESIA   Yes				
	27552	CPT/HCPCS	TREATMENT OF CLOSED KNEE DISLOCATION; REQUIRING ANESTHESIA	Yes

20172	CDT/LLODGG	DADICAL DESECTION OF THMOD, METATARCAL	Voc
28173	CPT/HCPCS	RADICAL RESECTION OF TUMOR; METATARSAL	Yes
49451	CPT/HCPCS	REPLACEMENT OF DUODENOSTOMY OR JEJUNOSTOMY TUBE,	Yes
		PERCUTANEOUS, UNDER FLUOROSCOPIC GUIDANCE INCLUDING	
27842	CPT/HCPCS	CONTRAST INJ(S, IMA TREATMENT OF ANKLE DISLOCATION; REQUIRING ANESTHESIA	Yes
57415	CPT/HCPCS	REMOVAL OF IMPACTED VAGINAL FOREIGN BODY (SEPARATE PROCEDURE)	Yes
0,410	17/10/03	UNDER ANESTHESIA (OTHER THAN LOCAL)	
52010	CPT/HCPCS	CYSTOURETHROSCOPY, WITH EJACULATORY DUCT CATHETERIZATION,	Yes
, <u>,                                  </u>		WITH OR WITHOUT IRRIGATION, INSTILLATION, OR DUCT RADIOGRA	
69210	CPT/HCPCS	REMOVAL IMPACTED CERUMEN REQUIRING INSTRUMENTATION,	Yes
		UNILATERAL	
37212	CPT/HCPCS	TRANSCATHETER THERAPY, VENOUS INFUSION FOR THOMBOLYSIS, ANY	Yes
		METHOD, INCL RADIOLOGICAL SUPERVISION, INTIAL TREATMENT DAY	
58953	CPT/HCPCS	BILATERAL SALPINGO-OOPHORECTOMY WITH OMENTETOMY, TOTAL	Yes
		ABDOMINAL HYSTERECTOMY AND RADICAL DISSECTION FOR DEBULKING;	
26112	CDT/LLCDCC	EVOISION THMOD SOFTTISSUE ORVASOULARMALEORMATION OF HAND	Voc
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	Yes
5,110	17110103	OF AIR OR OTHER GAS (EG, PNEUMORETINOPEXY)	
67335	CPT/HCPCS	PLACEMENT OF ADJUSTABLE SUTURE(S) DURING STRABISMUS SURGERY,	Yes
<del>-</del>		INCLUDING POSTOPERATIVE ADJUSTMENT(S) OF SUTURE(S) (	
44661	CPT/HCPCS	CLOSURE OF ENTEROVESICAL FISTULA; WITH BOWEL AND/OR BLADDER	Yes
		RESECTION	
27625	CPT/HCPCS	ARTHROTOMY, ANKLE, FOR SYNOVECTOMY;	Yes
50225	CPT/HCPCS	NEPHRECTOMY, INCLUDING PARTIAL URETERECTOMY, ANY APPROACH	Yes
		INCLUDING RIB RESECTION; COMPLICATED BECAUSE OF PREVIOUS	
47000	OPT#10500	DESTRUCTION MALIONANTI FOION ANNOUNTINOS FIGE FIGE	 
17283	CPT/HCPCS	DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYE-	Yes
		LIDS,NOSE,LIPS,MUCOUS MEMBRANE;LESION DIAMETER 2.1 TO 3.0 CM	
33883	CPT/HCPCS	PLACEMENT OF PROXIMAL EXTENSION PROSTHESIS FOR ENDOVASCULAR	Yes
55555	17/10/03	REPAIR OF DESCENDING THORACIC AORTA; INITIAL EXTENSION	
		and a design of the second of	
63650	CPT/HCPCS	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODES;	Yes
		EPIDURAL	
19085	CPT/HCPCS	BIOPSY,BREAST,WITH PLACEMENT OF BREAST LOCALIZATION	Yes
		DEVICE(S), FIRST LESION INCL MAGNETIC RESONANCE GUIDANCE	
G0413	CPT/HCPCS	PERCUTANEOUS SKELETAL FIXATION OF POSTERIOR PELVIC BONE FX	Yes
		AND/OR DISLOCATION, FOR FX PATTERNS WHICH DISRUPT THE PELVIC	
00074	ODT#10500	INCEPTION OF CURCUITANEOUS MADI ANTARY 5 DESIREMANTARY	V
33271	CPT/HCPCS	INSERTION OF SUBCUTANEOUS IMPLANTABLE DEFIBRILLATOR	Yes
26117	CPT/HCPCS	ELECTRODE  RADICAL RESECTION OF TUMOR (EG, SARCOMA), SOFT TISSUE OF HAND OR	Ves
2011/	OF 1/HOPOS	FINGER; LESS THAN 3 CM	163
27003	CPT/HCPCS	TENOTOMY, ADDUCTOR, SUBCUTANEOUS, OPEN, WITH OBTURATOR	Yes
555	1	NEURECTOMY	
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	Yes
		LESIONWITHOUT DECOMPRESSION OF SPINAL CORD OR NERVE ROOT(S)	
		SINGLE	
62368	CPT/HCPCS	ELECTRONIC ANALYSIS OF PROGRAMMABLE IMPLANTED PUMP FOR	Yes
20245	ODT/II/ODGG	INTRATHECAL OR EPIDURAL DRUG INFUSION WITH REPROGRAMMING	Voc
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	Yes
55700	01 1/1101 03	GUIDED SATURATION SAMPLING, INCLUDING IMAGING GUIDANCE	
		2012 25 S. C. S. C.	
57300	CPT/HCPCS	CLOSURE OF RECTOVAGINAL FISTULA; VAGINAL OR TRANSANAL APPROACH	Yes
64818	CPT/HCPCS	SYMPATHECTOMY, LUMBAR	Yes
_	<del></del>		· · · · · · · · · · · · · · · · · · ·

	1	T	I
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	Yes
		TO COMPLETE THE INTERVENTION; FOR ARTERIAL OR VENOUS HEMORRHA	
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	
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
10022	0.1/110103	DEEL HAROT LAUTT, OFF EINEFIELD,	1100

CPT/HCPCS  CPT/HCPCS	REPOSITIONING OF PREVIOUSLY IMPLANTED TRAN VENOUS PACEMAKER OR PACING CARDIOVERTER-DEFIBRILLATOR ELECTRODE  TYMPANOPLASTY WITH ANTROTOMY OR MASTOIDOTOMY (INCLUDING	
CPT/HCPCS	TYMPANOPI ASTY WITH ANTROTOMY OR MASTOIDOTOMY (INCLUDING	I
	CANALPLASTY, ATTICOTOMY, MIDDLE EAR SURGERY, AND/OR TYM	Yes
CPT/HCPCS	EXCISION, MALIGNANT LESION INCL MARGINS, TRUNK, ARMS, OR LEGS; EXCISED DIAMETER 2.1 TO 3.0CM	Yes
CPT/HCPCS	EXCISION OF RECTAL TUMOR, TRANSANAL ENDOSCOPIC MICROSURGICAL APPROACH (IE. TEMS)	Yes
CPT/HCPCS	DIRECT OR PATCH CLOSURE, SINUS VENOSUS, WITH OR WITHOUT	Yes
CPT/HCPCS	REMOVAL AND REPLACEMENT ALL COMPONENTS OF A MULTI-COMPONENT INFLATABLE PENILE PROSTHESIS, INFECTED FIELD SAME OPERATIVE	Yes
CPT/HCPCS	OPEN TREATMENT OF POSTERIOR MALLEOLUS FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED	Yes
CPT/HCPCS	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT	Yes
CPT/HCPCS		Yes
		Yes
	MATERIAL	
CPT/HCPCS	· ·	Yes
CPT/HCPCS	THORACOTOMY, MAJOR; WITH REMOVAL OF INTRAPLEURAL FOREIGN BODY	Yes
CDT/HCDCS		Yes
GI I/IIGI GG	GUIDANCE (EG, ULTRASOUND AND/OR FLUOROSCOPY) AND ALL ASSOCIA	
CPT/HCPCS		Yes
CPT/HCPCS	PARTIAL THYROID LOBECTOMY, UNILATERAL; WITH CONTRALATERAL	Yes
CPT/HCPCS		Yes
	` '	Yes
	APPROACH, SINGLE INTERPSACE, LUMBAR	
CPT/HCPCS	CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT; WITH TRANSDUODENAL SPHINCTEROTOMY OR SPHINCTEROPLASTY, WITH O	Yes
CPT/HCPCS	URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY; PERINEAL	Yes
CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN MANDIBULAR FRACTURE; WITHOUT	Yes
CPT/HCPCS	LAPAROTOMY, FOR STAGING OR RESTAGING OF OVARIAN MALIGNANCY ("SECOND LOOK"), WITH OR WITHOUT OMENTECTOMY, PERITONEAL WA	Yes
CPT/HCPCS	URETEROILEAL CONDUIT (ILEAL BLADDER), INCLUDING BOWEL ANASTOMOSIS (BRICKER OPERATION)	Yes
CPT/HCPCS	SPLIT-THICKNESS AUTOGRAFT, TRUNK, ARMS, LEGS; EACH ADDTL 100 SQ	Yes
CPT/HCPCS	PLACEMENT OF DISTAL EXTENSION PROSTHESIS DELAYED AFTER ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA	Yes
CPT/HCPCS		Yes
CPT/HCPCS	INSERTION OF INTRA-AORTIC BALLOON ASSIST DEVICE, PERCUTANEOUS	Yes
CPT/HCPCS	APPLICATION OF SKIN SUBSTITUTE GRAFT TO FACE, EACH ADDITIONAL 100 SQ CM WOUND SURFACE AREA, OR EACH ADDITIONAL 1% OF BODY	Yes
CPT/HCPCS	EXTRACORPOREAL MEMBRANE OXYGENATION; REPOSITION OF CENTRAL CANNULA(E) BY STERNOTOMY OR THORACOTOMY, BIRTH THROUGH 5 YEAR	Yes
CPT/HCPCS	OSTEOTOMY, METATARSAL, BASE OR SHAFT, SINGLE, WITH OR WITHOUT LENGTHENING, FOR SHORTENING OR ANGULAR CORRECTION; FIRS	Yes
CPT/HCPCS	TENOLYSIS, INCLUDING TIBIA, FIBULA AND ANKLE FLEXOR; MULTIPLE (THROUGH SAME INCISION), EACH	Yes
CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN TARSAL BONE FRACTURE (EXCEPT TALUS AND CALCANEUS), WITH OR WITHOUT INTERNAL OR EX	Yes
	CPT/HCPCS  CPT/HCPCS	CPT/HCPCS EXCISION OF RECTAL TUMOR, TRANSANAL ENDOSCOPIC MICROSURGICAL APPROACH (IE, TEMS) DIRECT OR PATCH CLOSURE, SINUS VENOSUS, WITH OR WITHOUT ANOMALOUS PULMONARY VENOUS DRAINAGE CPT/HCPCS REMOVAL AND REPLACEMENT ALL COMPONENTS OF A MULTI-COMPONENT INFLATABLE PENILE PROSTRESIS, INFECTED FIELD SAME OPERATIVE  CPT/HCPCS OPEN TREATMENT OF POSTERIOR MALLEOLUS FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED CPT/HCPCS OPEN TREATMENT OF POSTERIOR MALLEOLUS FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED CPT/HCPCS OESTRUCTION BY NEUROLYTIC AGENT, PARAMETERSAL FACET JOINT NERVE(S), WITH IMAGING GUIDANCE (FLUOROSSCOPY OR CT); LUMBAR CPT/HCPCS REPAIR OF ECTROPION; BLEPHAROPLASTY, EXCISION TARSAL WEDGE CPT/HCPCS REPAIR OF ECTROPION; BLEPHAROPLASTY, EXCISION TARSAL WEDGE CPT/HCPCS REPAIR OF ECTROPION; BLEPHAROPLASTY, EXCISION TARSAL WEDGE CPT/HCPCS OPEN TREATMENT OF CLOSED OR OPEN HUMBERAL SHAFT FRACTURE, WITH OR MITHOUT INTERNAL OR EXTERNAL SKELETAL FIXATION CPT/HCPCS OPEN TREATMENT OF CLOSED OR OPEN HUMBERAL SHAFT FRACTURE, WITH ORACOTOMY, MAJOR, WITH REMOVAL OF INTRAPLEURAL FOREIGN BODY OR FIBRIN DEPOSIT CPT/HCPCS URETERAL EMBOLIZATION OF OCCLUSION, INCLUDING IMAGING GUIDANOCE (EG, ULTRASOUND AND/OR FLUOROSCOPY) AND ALL ASSOCIA CPT/HCPCS PARTIAL THYROID LOBECTOMY, UNILATERAL; WITH OR WITHOUT ISTHMUSECTOMY CPT/HCPCS EXCISION OF SUBLINGUAL SALIVARY CYST (RANULA) CPT/HCPCS EXCISION OF SUBLINGUAL SALIVARY CYST (RANULA) CPT/HCPCS EXCISION OF SUBLINGUAL SALIVARY CYST (RANULA) CPT/HCPCS CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT; WITH TRANSDUODENAL SPHINCTEROTOMY OR SPHINCTEROPLASTY, WITH ON TREAD OR SHAPE AND SHAPE

	ı		
50545	CPT/HCPCS	LAPAROSCOPY, RADICAL NEPHRECOTOMY	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	Yes
		PATTERNS WHICH DISRUPT THE PELVIC RING, UNIXL OR BILX, INCLS I	
24362	CPT/HCPCS	ARTHROPLASTY, ELBOW; WITH IMPLANT AND FASCIA LATA LIGAMENT RECONSTRUCTION	Yes
31546	CPT/HCPCS	LARYNGOSCOPY, DIRECT, OPERATIVE WITH OPERATING MICROSCOPE ORTELESCOPE, WITH SUBMUCOSAL REMOVAL OR NON-NEOPLASTIC LESION(	Yes
32491	CPT/HCPCS	REMOVALOF 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 SESSIN, 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 IMPLATED VASCULAR ACCES 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 PROCIDENTIA, 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	Yes
	007/110000	BY ANY METHOD OTHER THAN EXCISION (EG, LASER)	
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	LIGAMENTOUS 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		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,	Yes
	331 30	SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL VERTEBRAL SEGMENT (LIST SEPARATELY IN ADDITION +	
57220	CPT/HCPCS	PLASTIC OPERATION ON URETHRAL SPHINCTER, VAGINAL APPROACH (EG, KELLY URETHRAL PLICATION)	Yes
21936	CPT/HCPCS	,	Yes
	3/1101 00	FLANK; 5 CM OR GREATER	

25280	CPT/HCPCS	LENGTHENING OR SHORTENING OF FLEXOR OR EXTENSOR TENDON,	Yes
54861	CPT/HCPCS	FOREARM AND/OR WRIST, SINGLE, EACH TENDON EPIDIDYMECTOMY; BILATERAL	Yes
24164	CPT/HCPCS	REMOVAL OF PROSTHESIS, INCLUDES DEBRIDEMENT AND SYNOVECTOMY	Yes
		WHEN PERFORMED; RADIAL HEAD	
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	Yes
		DISLOCATION, WITH MANIPULATION	
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	Yes
		ACCEDEVICE, REQUIRING TWO CATHETERS VIA TWO SEPARATE VENOUS ACCE	
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	Yes
		EXTRAORAL OSTEOTOMY AND PARTIAL MANDIBULECTOMY	

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	Yes
		BOWEL ANASTOMOSIS (EG, KOCK POUCH, CAMEY ENTEROCYSTOPLASTY)	
60540	CPT/HCPCS	ADRENALECTOMY, PARTIAL OR COMPLETE, OR EXPLORATION OF ADRENAL	Yes
		GLAND WITH OR WITHOUT BIOPSY, TRANSABDOMINAL, LUMBAR OR	
35879	CPT/HCPCS	REVISION, LOWER EXTREMITY ARTERIAL BYPASS, WITHOUT	Yes
		THROMBECTOMY, OPEN; WITH VEIN PATCH ANGIOPLASTY	1.
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	Yes
		APPROACH INCL ARTERIAL PUNCTURE, WHEN PERFORMED; BILATERAL	
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	Yes
22010	GF1/HGFG3	CAST; 4 TO 7 VERTEBRAL SEGMENTS	165
28800	CPT/HCPCS	AMPUTATION, FOOT; MIDTARSAL (CHOPART TYPE PROCEDURE)	Yes
63251	CPT/HCPCS	LAMINECTOMY FOR EXCISION OR OCCLUSION OF ARTERIOVENOUS	Yes
04040	007//10000	MALFORMATION OF SPINAL CORD; THORACIC	W.
61343	CPT/HCPCS	CRANIECTOMY, SUBOCCIPITAL WITH CERVICAL LAMINECTOMY FOR DECOMMPRESSION 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	Yes
24358	CPT/HCPCS	INDWELLING TUBE FOR OXYGEN THERAPY  TENOTOMY, ELBOW, LATERAL OR MEDIAL(EG EPICONDYLITIS, TENNIS	Yes
		ELBOW, GLOLFER ELBOW; DEBRIDEMENT, SOFT TISSUE AND/OR BONE,	
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	Yes
50705	OPT///02000	INCLUDING DISTAL ARTICULAR SURFACE (MUMFORD PROCEDURE)	
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,	Yes
		GENITALIA, HANDS AND/OR FEET; EACH ADDITIONAL 5 CM OR LES	
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	Yes
MINISTRATE			COLLECTIONOF SPECIMAN(S) BY BRUSHING OR WASHING W/STENT	
OPTIMENS SURGERY OF INTRACRANIAL ANEUTYSM, INTRACRANIAL APPROACH; WESTERSOBASILAR GROULATION WESTERSOBASILAR GROULATION OF INTRACRANIAL OR PRINCIPLE OF WESTER BEARING ARTHOUGH SIZE OF INTRACRANIAL OR PRINCIPLE OF WESTER BEARING ARTHOUGH SIZE OF INTRACRANIAL OR PRINCIPLE OF WESTER OF INTRACRANIAL OR PRINCIPLE OR PRINCIPLE OR PRINCIPLE ARTHOUGH SIZE OF INTRACRANIAL OR PRINCIPLE OR PRINCIPLE ARTHOUGH SIZE OF INTRACRANIAL OR PRINCIPLE ARTHOUGH SIZE OF INTRODUCTION OF CARTITURE, ADDITACH SIZE OF INTRODUCTION OF CARTITURE OF INTRODUCTION OF CARTITURE, ADDITACH SIZE OF INTRODUCTION OF CARTITURE OF CARTITURE OF INTRODUCTION OF CARTITURE OF INTRODUCTION OF CARTITURE OF CARTITURE OF INTRODUCTION OF CARTITURE OF INTRODUCTION OF CARTITURE OF CARTITURE OF INTRODUCTION OF CARTITURE OF CARTITURE OF CARTITURE OF INTRODUCTION OF CARTITURE OF			PLACEMENT	
WESTERSORABLIAR GROULATION  OPENIACEON  OPENIACEON  OPENIACEON  REPONDAL	42106	CPT/HCPCS	EXCISION, LESION OF PALATE, UVULA; WITH SIMPLE PRIMARY CLOSURE	Yes
WESTERSORABLIAR GROULATION  OPENIACEON  OPENIACEON  OPENIACEON  REPONDAL				
CPTI-CPCS CPTI-CPCS CPTI-CPCS CPTI-CPCS CPTI-CPCS APPROVAD OF PERSONAL OF EXTREME OF WISE DEPORT PARK SUBJECT CONTROL OF EXTREME AND EXTREME CPTI-CPCS APPROVAD OF EXTREME OF MAN THE PARK SUBJECT CONTROL OF MAN THE PARK SUBJECT CONTROL OF MAN THE PARK SUBJECT CYTIS AND THE PARK SUBJECT CYTIS	61702	CPT/HCPCS	SURGERY OF INTRACRANIAL ANEURYSM, INTRACRANIAL APPROACH;	Yes
SURFACE/POPULINO P DISTAL IBBA WITH INTERNAL OF EXTERNAL  37878 OPT-MCPCS  REMONAL OF WHITE IDLAN ASSIS DIVINCE, BURNING LAWS SUPPOPULINO THE STATE OF THE STATE			VERTEBROBASILAR CIRCULATION	
SERVING CHYPHOCOS   SHIRONIA OF VEHTIORICAL ASSISTED FOR EACH PROPERTY (IN A CONTROL OF STATEMENT OF STATEM	27827	CPT/HCPCS	OPEN TREATMENT OR FRACTURE OF WEIGHT BEARING ARTICULAR	Yes
OPTINICIDES   ARTHRODESIS, SARGRULAC JOHNT, PERCUTAHOLUS OR MINNALLY   Ves			SURFACE/PORTION OF DISTAL TIBIA, WITH INTERNAL OR EXTERNAL	
MANASWER (MOBIECT WISIALIZATION), WITH IMAGE GUIDANCE, INCLUDINAL SECOND ORDER, THIRD ORDER, AND BEYOND, THORACIC OR BRACHOCEP  225900 CPT/HCPCS ARTHRODESIS, POSTERIOR TECHNIQUE, CRANIOCERVICAL (OCCIPUT-C2) Ves 33971 CPT/HCPCS ARTHRODESIS, POSTERIOR TECHNIQUE, CRANIOCERVICAL (OCCIPUT-C2) WISIA SIGNATURE CPT/HCPCS ARTHRODESIS, POSTERIOR TECHNIQUE, CRANIOCERVICAL (OCCIPUT-C2) WISIA SIGNAT CPT/HCPCS ARCHAROLOS CORONARY ARTERY, SERIOR, BEROVAL OF BALLDON NICLUDIAN BERBARIC ARTERY WITH OR WITHOUT GRAFT SPASS CPT/HCPCS SPASS CPT/HCPCS SPASS CPT/HCPCS SPASS SPASS CPT/HCPCS SPASS CPT/HCPCS SPASS SPASS CPT/HCPCS SPASS CPT/HCPCS SPASS SPASS CPT/HCPCS SPASS SPASS CPT/HCPCS SPASS SPASS CPT/HCPCS SPASS SPASS SPASS CPT/HCPCS SPASS SPASS SPASS CPT/HCPCS SPASS SPASS SPASS SPASS SPASS CPT/HCPCS SPASS SPA	33978	CPT/HCPCS	REMOVAL OF VENTRICULAR ASSIST DEVICE; BIVENTRICULAR SUPPORT	Yes
SPITHOPOST   INTRODUCTION OF CATHETER, ADDITA OR SELECTIVE, ADDITIONAL SECOND ORDER THIRD ORDER, AND SEVOND, THORACL OR BRACHICCEP   Vos	27279	CPT/HCPCS	ARTHRODESIS, SACROILIAC JOINT, PERCUTANEOUS OR MINIMALLY	Yes
SCOND ORDER, THIRD ORDER, AND BEYOND, THORACIC OR BRACHHOCEP  22000 CPTIAHCRCS ARTHRODESIS, POSTERIOR TECHNIQUE, CRANIOCERVICAL (OCCIPUT-C2) Ves  30014 CPTIAHCRCS INTERACORTIC CALLOON COUNTERPULSATION, ENDOVAL OF PALLOON INCLUDIOM, BERNATIC CHARTERY WITH DO WITHOUT CRAFT  30014 CPTIAHCRCS ANDMALOUS CORONARY ARTERY, GRAFT, WITH CARDIOPULMOMARY BYPASS  2002 CPTIAHCRCS REPAIR OR SUTURE OF EXOR TEMPOND FLEG; SECONDARY WITH OR WITHOUT CARACT. SHOLE TEMPOND, EACH			INVASIVE (INDIRECT VISUALIZATION), WITH IMAGE GUIDANCE, INCLU	
OPTIMOPOS ANTHRODESIS, POSTERIOR TECHNIQUE, CRANIOCERVICAL (OCCIPUT-C2) 193  33971 OPTIMOPOS NINEA-ADRITIC RALLOON COUNTERPUISATION, BENDOVAL OF PAULOON  ALCHOMOLOS CROMARY ARTERY WITH OR WITHOUT GRAFT  33504 OPTIMOPOS NINEA-ADRITIC RALLOON COUNTERPUISATION, BENDOVAL OF PAULOON  ALCHOMOLOS CROMARY ARTERY CRAFT, WITH CARDIOPULMONARY  SYPASS  327659 OPTIMOPOS REPRINDENCY FLORE TROUND OF LOG SECONDARY WITH OR  WITHOUT GRAFT, SINGLE TENDON, EACH  WITHOUT GRAFT, SINGLE TENDON, EACH  MICHOMOLOGIC MONITORING  AMOSCOCIPY, SURGICAL, PROCTOPORY, WITH SIGMOID RESECTION  AMOSCOCIPY, SURGICAL, PROCTOPORY, WITH SIGMOID RESECTION  AMOSCOCIPY, SURGICAL, PROCTOPORY, WITH SIGMOID RESECTION  PAULOUS CONTROL OF SURGICAL PROCTOPORY, WITH SIGMOID RESECTION  OPERATION)  CPPINOPOS  SURVIN, SUBCLUMAN TO PULMONARY ARTERY (BILLOCK, TAUSSIG TYPE  OPERATOR  OPERATOR  CPPINOPOS  INCISION AND DRAINAGE, PELVIS OR HIP JOINT AREA; INFECTED BURSA  PAULOUS CONTROL OR PROCEDURE OF THE PROCEDURE OF	36218	CPT/HCPCS	INTRODUCTION OF CATHETER, AORTA OR SELECTIVE; ADDITIONAL	Yes
AND CONTROLLED STATES			SECOND ORDER, THIRD ORDER, AND BEYOND, THORACIC OR BRACHIOCEP	
AND CONTROLLED STATES				
	22590	CPT/HCPCS	ARTHRODESIS, POSTERIOR TECHNIQUE, CRANIOCERVICAL (OCCIPUT-C2)	Yes
NCLLUNING REPAIR OF ARTERY WITH OR WITHOUT GRAFT				
S9504 OPT/HCPCS ADOMALOUS CORONARY ARTERY; GRAFT, WITH CARDIOPULMONARY BYES BYPASS 27659 OPT/HCPCS REPAIR OR SUTURE OF FLEXOR TENDON OF LEG; SECONDARY WITH OR WITHOUT GRAFT, SINGLE TENDON, EACH WITHOUT GRAFT COLOGIC MONTONING 3770 OPT/HCPCS DESTRUCTION BY NEUROLYTIC ASERT, CELLAC PLEXUS, WITH OR WITHOUT YES ADDIOLOGIC MONTONING 3770 OPT/HCPCS SINUNI; SUBCLAVIAN TO PLUMONARY ARTERY (BLACOCK TAUSSIG TYPE OPERALION) 31579 OPT/HCPCS LARYNGOSCOPY, FLEXIBLE OR RIGID TELESCOPIC, WITH STROBOSCOPY 405 OPERALION) 31579 OPT/HCPCS LARYNGOSCOPY, FLEXIBLE OR RIGID TELESCOPIC, WITH STROBOSCOPY 405 OPT/HCPCS INCISION OF INTERDIGITAL (MORTON) NEUROMA, SINGLE, EACH YES CONTINUED TO THE REPAIR OF LACERATION; CORREA, NONPERFORATING, WITH OR WITHOUT YES REMAYL FOREIGN BOODY 406 OPT/HCPCS REPAIR OF LACERATION; CORREA, NONPERFORATING, WITH OR WITHOUT YES REMAYL FOREIGN BOODY 407 OPT/HCPCS TREATMENT OF PALATAL OR ALVESTOLAR RIDGE FRACTURES (LEFORT ITYPE); Yes OPEN REALMENT OR ANY OR TREATMENT OR PALATAL OR ALVESTOLAR RIDGE FRACTURES (LEFORT ITYPE); Yes OPEN REALMENT OR REALMENT OR ANY OR THE ADDITION OR REMOVAL OF LOOSE OR FOREIGN BODY 407 OPT/HCPCS REMOVAL OF TENDONE STREAM OR SERVICE AND ANY OR SERVICE AND AN	33971	CPT/HCPCS	INTRA-AORTIC BALLOON COUNTERPULSATION; REMOVAL OF BALLOON	Yes
BYPASS   CPT/H-CPCS   REPAIR OR SUIUSE OF FLEXOR TENDON OF LEG; SECONDARY WITH OR WITHOUT GRAFT, SINGLE TENDON, EACH   WITHOUT GRAFT, SINGLE TENDON, EACH   WITHOUT GRAFT, SINGLE TENDON, EACH   WITHOUT WES   CPT/H-CPCS   CPT/			INCLUDING REPAIR OF ARTERY WITH OR WITHOUT GRAFT	
CPTH-CPCS REPAIR OR SUITURE OF FLEXOR TRADON OF LEG: SECONDARY WITH OR WITHOUT GRAFT, SINGLE FEMBON, EACH STANDARD FOR CONTINUE OF THE CONTINU	33504	CPT/HCPCS	ANOMALOUS CORONARY ARTERY; GRAFT, WITH CARDIOPULMONARY	Yes
MITHOUT GRAFT, SINGLE TENDON, LACH  48402 CPTH-CPCS DESTRUCTION BY NEUROLYTIC AGENT, CELIAC PLEXUS, WITH OR WITHOUT YES RADIOLOGIC MONITORING SHOPPORT OF THE PROPERTY OF THE			BYPASS	
4.6402 CPTH-CPCS DAPAROSCOPY, SURGICAL: PROCTOPEX, WITH GISMOID RESECTION YES DESTRUCTION BY NEUROLYTIC AGENT, CELLAC PLEXUS, WITH OR WITHOUT YES RADIOLOGIC MONITORING SHURT, SURCILAYIN TO PULMONARY ARTERY (BLALOCK-TAUSSIG TYPE YES OPERATION) 33750 CPTH-CPCS SHURT, SURCILAYINA TO PULMONARY ARTERY (BLALOCK-TAUSSIG TYPE YES OPERATION) 31579 CPTH-CPCS LARYINGGSCOPY, FLEXIBLE OR RIGID TELESCOPIC, WITH STROBOSCOPY YES CANDIDATED SHURT, SURCILAYINA TO PULMONARY ARTERY (BLALOCK-TAUSSIG TYPE YES OPERATION) 31579 CPTH-CPCS LARYINGGSCOPY, FLEXIBLE OR RIGID TELESCOPIC, WITH STROBOSCOPY YES CANDIDATED SHURT, SURCILAYING AND DAPATHAGE, PELVIS OR HIP JOINT AREA; INFECTED BURSA YES SHORT AND	27659	CPT/HCPCS	REPAIR OR SUTURE OF FLEXOR TENDON OF LEG; SECONDARY WITH OR	Yes
4.6402 CPTH-CPCS DAPAROSCOPY, SURGICAL: PROCTOPEX, WITH GISMOID RESECTION YES DESTRUCTION BY NEUROLYTIC AGENT, CELLAC PLEXUS, WITH OR WITHOUT YES RADIOLOGIC MONITORING SHURT, SURCILAYIN TO PULMONARY ARTERY (BLALOCK-TAUSSIG TYPE YES OPERATION) 33750 CPTH-CPCS SHURT, SURCILAYINA TO PULMONARY ARTERY (BLALOCK-TAUSSIG TYPE YES OPERATION) 31579 CPTH-CPCS LARYINGGSCOPY, FLEXIBLE OR RIGID TELESCOPIC, WITH STROBOSCOPY YES CANDIDATED SHURT, SURCILAYINA TO PULMONARY ARTERY (BLALOCK-TAUSSIG TYPE YES OPERATION) 31579 CPTH-CPCS LARYINGGSCOPY, FLEXIBLE OR RIGID TELESCOPIC, WITH STROBOSCOPY YES CANDIDATED SHURT, SURCILAYING AND DAPATHAGE, PELVIS OR HIP JOINT AREA; INFECTED BURSA YES SHORT AND			WITHOUT GRAFT, SINGLE TENDON, EACH	
CPT/HCPCS  DESTRUCTION BY NEUROLYTIC AGENT, CELIAC PLEXUS, WITH OR WITHOUT ADDIOLOGIC MONITORING  33750  CPT/HCPCS  SHUNT, SUBCLAVAIN TO PULMONARY ARTERY (BLALOCK-TAUSSIG TYPE OPERATION)  OPERATION)  131579  CPT/HCPCS  LARYNGOSCOPY, FLEXIBLE OR RIGID TELESCOPIC, WITH STROBOSCOPY Yes  26991  CPT/HCPCS  LARYNGOSCOPY, FLEXIBLE OR RIGID TELESCOPIC, WITH STROBOSCOPY Yes  26992  CPT/HCPCS  EXCISION OF INTERDIGITAL (MORTON) NEUROMA, SINGLE, EACH Yes 66225  CPT/HCPCS  EXCISION OF INTERDIGITAL (MORTON) NEUROMA, SINGLE, EACH Yes 66226  CPT/HCPCS  EXCISION OF INTERDIGITAL (MORTON) NEUROMA, SINGLE, EACH Yes 66227  CPT/HCPCS  EXCISION OF INTERDIGITAL (MORTON) NEUROMA, SINGLE, EACH Yes 66226  CPT/HCPCS  TRATMENT  ANTERIOR TIBBLE, UDBERCLE PLASTY FOR CHONDROMALACIA PATELLA  ANTERIOR TIBBLE, TUBERCLE PLASTY FOR CHONDROMALACIA PATELLA  ANTERIOR TIBBLE, TUBERCLE PLASTY FOR CHONDROMALACIA PATELLA  CPT/HCPCS  ARTHROTOMY, HIP, FOR EXEL DRATION OR REMOVAL OF LOOSE OR FOREION BODY  TRANSFER EXTERNAL OBLIQUE MUSCLE TO GREATER TROCHANTER  YES  10CULDING FASCIAL OR TENDON EXTERNION (GRAFT)  32233  CPT/HCPCS  TRANSFER EXTERNAL OBLIQUE MUSCLE TO GREATER TROCHANTER  YES  10CULDING FASCIAL OR TENDON EXTERNION (GRAFT)  32233  CPT/HCPCS  REPAIR OF HYPOSPADIAS COMPLICATION(S) (IE, FISTULA, STRICTURE, DIVERTICULA); REQUIRING MOBILIZATION OF SKIN FLAPS AND UBETHROPLASTY WITH FLAP OB PATCL*  CYSTOURE HAROSCOPY, WITH FLAP GRAPACE  CYSTOURE HAROSCOPY, WITH FLAP OR PATCL*  GRAPACE OR ARTHROTOMY, WITH FLAP OR PATCL*  CYSTOURE HAROSCOPY, WITH FLAP GRAPACION OF, MEDIUM BLADDER TUMOR;  OPEN TREATMENT OF ARTICULAR PROCURM OF SKIN FLAPS AND UBETHROPLASTY WITH FLAP OR PATCL*  CYSTOURE HAROSCOPY, WITH FLAP OR PATCL*  OPEN TREATMENT OF ARTICULAR PRACTUE, INVOLVING  METALOR PROCURM OF ARTICULAR PROCURM OF SKIN FLAPS AND UBETHROPLASTY, RADIAL HEAD;  CYTHOPOS  GROWN THE PROCURM OF BRITAL WALLS, RINS, FOREHEAD, NASOETHMOID  YES  CPT/HCPCS  OPEN TREATMENT OF ARTICULAR PROCURM OF THE PATCH AND T	45402	CPT/HCPCS		Yes
RADIOLOGIC MONITORING  SHUNT; SUBCLAVIAN TO PULMONARY ARTERY (BLALOCK-TAUSSIG TYPE OPERATION)  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  26902 CPT/HCPCS EXCISION OF INTERDIGITAL (MORTON) NEUROMA, SINGLE, EACH Yes 65275 CPT/HCPCS REPAIR OF LACERATION; CONDRAI, NONPERFORATING, WITH OR WITHOUT Yes 12442 CPT/HCPCS REPAIR OF LACERATION; CONDRAI, NONPERFORATING, WITH OR WITHOUT Yes 12442 CPT/HCPCS TREATMENT OF PALATAL OR ALVEOLAR RIDGE FRACTURES (LEFORT ITYPE); Yes 0PT/HCPCS ANTERIOR BIBBLI TUBERCLE HASTY FOR CHONDROMALACIA PATELLAE (MAQUET PROCEDURE)  27100 CPT/HCPCS ANTERIOR BODY 27100 CPT/HCPCS ANTERIOR BODY 27100 CPT/HCPCS REMAINS AND REMAINS AND REMOVAL OF LOOSE OR PORTION OF SEASON OF THE SEASO		CPT/HCPCS		Yes
SPINITS SUBCLAVIANT OF PULMONARY ARTERY (BLALOCK-TAUSSIG TYPE OPERATION) OPERATION) OPERATION) OPERATION) OPERATION				
OPERATION)  OPT/HCPCS LARYNGOSCOPY, FLEXIBLE OR RIGID TELESCOPIC, WITH STROBOSCOPY Yes  CPT/HCPCS INCISION AND DRAINAGE, PELVIS OR HIP JOINT AREA; INFECTED BURSA Yes  OPT/HCPCS EXCISION OF INTERDIGITAL (MORTON) NEUROMA, SINGLE, EACH Yes  OPT/HCPCS REPAIR OF LACERATION; CORNEA, NONPERFORATING, WITH OR WITHOUT Yes  REMANUAL FOREION BODY  21422 CPT/HCPCS TREATMENT OF PALATAL OR ALVEOLAR RIDGE FRACTURES (LEFORT LTYPE); OPEN TREATMENT  27418 CPT/HCPCS ANTERIOR TIBUAL TUBERCLE PLASTY FOR CHONDROMALACIA PATELLIAE (MAQUET PROCEDURE)  CPT/HCPCS ANTERIOR TIBUAL TUBERCLE PLASTY FOR CHONDROMALACIA PATELLIAE (MAQUET PROCEDURE)  27033 CPT/HCPCS ANTERIOR TIBUAL TUBERCLE PLASTY FOR CHONDROMALACIA PATELLIAE (MAQUET PROCEDURE)  27100 CPT/HCPCS TRANSFER EXTERNAL OBLIQUE MUSCLE TO GREATER TROCHANTER NOLLUDING FASCIAL ON TENDON EXTENSION (GRAFT)  NOLLUDING FASCIAL ON TENDON EXTENSION (GRAFT)  S4344 CPT/HCPCS REMOVAL OF PERMANENT PACEMAKER, PULSE GENERATOR ONLY Yes  NOVERTICULLA; REQUIRING MOBILIZATION OF SKIN FLAPS AND URETHOPLASTY WITH FLAP OR PATC+ DIVERTICULA; REQUIRING MOBILIZATION (INCLUDING CRYOSURGERY OR LASER SUGGERY) AND/OR RESECTION OF; MEDIUM BLADDER TUMOR( S2235 CPT/HCPCS OPEN REFORMED, EACH  OPEN REFORMED, EACH  FINATION, WHEN PERFORMED, EACH  FINATION, WHEN PERFORMED, EACH  CPT/HCPCS RECONSTRUCTION OF ORBITAL WALLS, RINK, FOREHEAD, NASOETHMOID OOMELSE REQUIRING MOBILIZATION (INCLUDING INTERNAL FINATION, WHEN PERFORMED, EACH  CPT/HCPCS RECONSTRUCTION OF ORBITAL WALLS, RINK, FOREHEAD, NASOETHMOID OOMELSE REQUIRING EXTERNAL PRACTUE, INVOLVING METAGER PROVIDENT OF THE PROCEDURE OF THE PROVIDENCE OF	33750	CPT/HCPCS		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 28080 CPT/HCPCS EXCISION OF INTERDIGITAL [MORTON) NEUROMA, SINGLE, EACH YES 65275 CPT/HCPCS REPAIR OF LACERATION; CORNEA, NONPERFORATING, WITH OR WITHOUT YES REMOVAL FOREIGN BODY 21422 CPT/HCPCS TREATMENT OF PALATAL OR ALVEOLAR RIDGE FRACTURES (LEFORT LTYPE); OPEN TREATMENT 27418 CPT/HCPCS ANTERIOR BIODY 27418 CPT/HCPCS ANTERIOR TIBLE TO THE STATE OF	00700		,	
28991 CPT/HCPCS INCISION AND DRAINAGE, PELVIS OR HIP JOINT AREA; INFECTED BURSA Yes 28080 CPT/HCPCS EXCISION OF INTERDIGITAL (MORTON) NEUROMA, SINGLE, EACH 69275 CPT/HCPCS REPAIR OF LACERATION: CORNEA, NONPERFORATING, WITH OR WITHOUT REMOVAL FOREIGN BODY 21422 CPT/HCPCS TREATMENT OF PALATAL OR ALVEOLAR RIDGE FRACTURES (LEFORT I TYPE); OPEN TREATMENT OF PALATAL OR ALVEOLAR RIDGE FRACTURES (LEFORT I TYPE); OPEN TREATMENT OF PALATAL OR ALVEOLAR RIDGE FRACTURES (LEFORT I TYPE); OPEN TREATMENT OF PALATAL OR ALVEOLAR RIDGE FRACTURES (LEFORT I TYPE); OPEN TREATMENT OF PALATAL OR ALVEOLAR RIDGE FRACTURES (LEFORT I TYPE); OPEN TREATMENT OF PALATAL OR ALVEOLAR RIDGE FRACTURES (LEFORT I TYPE); OPEN TREATMENT OF PALATAL OR ALVEOLAR RIDGE FRACTURES (LEFORT I TYPE); OPEN TREATMENT OF PALATAL OR ALVEOLAR RIDGE FRACTURES (LEFORT I TYPE); OPEN TREATMENT OF PALATAL OR ALVEOLAR RIDGE FRACTURES (LEFORT I TYPE); OPEN TREATMENT OF PALATAL OR ALVEOLAR RIDGE FRACTURES (LEFORT I TYPE); OPEN TREATMENT OF ALVEOLAR RIDGE FRACTURES (LEFORT I TYPE); OPEN TREATMENT OF ALVEOLAR RIDGE FRACTURES (LEFORT I TYPE); OPEN TREATMENT OF ALVEOLAR RIDGE FRACTURES (LEFORT I TYPE); OPEN TREATMENT OF ALVEOLAR RIDGE FRACTURES (LEFORT I TYPE); OPEN TREATMENT OF ALVEOLAR RIDGE FRACTURES (LEFORT I TYPE); OPEN TREATMENT OF ALVEOLAR RIDGE FRACTURES (LEFORT I TYPE); OPEN TREATMENT OF ALVEOLAR RIDGE FRACTURES (LEFORT I TYPE); OPEN TREATMENT OF ALVEOLAR RIDGE FRACTURES (LEFORT I TYPE); OPEN TREATMENT OF ALVEOLAR RIDGE FRACTURES (LEFORT I TYPE); OPEN TREATMENT OF ARTICULAR FRACTURE, INVOLVING METACARPHALANOSAL OR INTERPHALANGEAL JOINT, INCLUDES INTERNAL FRACTURE, INVOLVING METACARPHALANOSAL OR INTERPHALANGEAL JOINT, INCLUDES INTERNAL FRACTION OF ORDITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOWING INTRA-AND EXTRACRANIAL EXCISION  OPEN TREATMENT OF A SERVICE OF A PRODUCTION TO CORRECT CHORDEE AN  OPEN TREATMENT OF A SERVICE OF A PRODUCTION OF ORDITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOWING EXTENSIVE DISSECTION TO CORRECT CHORDEE AN  OPEN TREATMEN	31579	CPT/HCPCS	,	Yes
28080 CPT/HCPCS REPAIR OF LACERATION; CORNEA, NONPERFORATING, WITH OR WITHOUT YES REPAIR OF LACERATION; CORNEA, NONPERFORATING, WITH OR WITHOUT YES REPAIR OF LACERATION; CORNEA, NONPERFORATING, WITH OR WITHOUT YES REMOVAL FOREIGN BODY TREATMENT OF PALATAL OR ALVEOLAR RIDGE FRACTURES (LEFORT I TYPE); Yes OPEN TREATMENT OF PALATAL OR ALVEOLAR RIDGE FRACTURES (LEFORT I TYPE); Yes OPEN TREATMENT OR PALATAL OR ALVEOLAR RIDGE FRACTURES (LEFORT I TYPE); Yes OPEN TREATMENT OR PALATAL OR ALVEOLAR RIDGE FRACTURES (LEFORT I TYPE); Yes OPEN TREATMENT OR REMOVAL OF LOOSE OR YES (MAQUET PROCEDURE) OPEN TREATMENT OR REMOVAL OF LOOSE OR YES FOREIGN BODY TRANSFER EXTRENAL OBLIQUE MUSCLE TO GREATER TROCHANTER YES INCLUDING FASCIAL OR TENDON EXTENSION (GRAFT) OF STANDARD TRANSFER EXTRENAL OBLIQUE MUSCLE TO GREATER TROCHANTER YES INCLUDING FASCIAL OR TENDON EXTENSION (GRAFT) OF STANDARD TRANSFER EXTRENAL OBLIQUE MUSCLE TO GREATER TROCHANTER YES INCLUDING FASCIAL OR TENDON EXTENSION (GRAFT) OF STANDARD TRANSFER EXTRENAL OBLIQUE MUSCLE TO GREATER TROCHANTER YES INCLUDING FASCIAL OR TENDON EXTENSION (GRAFT) OF STANDARD TRANSFER EXTRENAL OBLIQUE MUSCLE TO GREATER TROCHANTER YES INCLUDING FASCIAL OR TENDON EXTENSION (GRAFT) OF STANDARD TRANSFER EXTRENAL OBLIQUE MUSCLE TO GREATER TROCHANTER YES INCLUDING FASCIAL OR TENDON EXTENSION (GRAFT) OF STANDARD TRANSFER EXTRENAL OBLIQUE MUSCLE TO GREATER TROCHANTER YES INCLUDING FASCIAL OR TENDON EXTENSION (GRAFT) OF STANDARD TRANSFER EXTRENAL PROPERTY OF THE ALTERNAL PROPERTY OF T	01070	01 1/1101 00	Entition of the Entitle Citing is received to, with citing occorri	
28080 CPT/HCPCS REPAIR OF LACERATION; CORNEA, NONPERFORATING, WITH OR WITHOUT YES REPAIR OF LACERATION; CORNEA, NONPERFORATING, WITH OR WITHOUT YES REPAIR OF LACERATION; CORNEA, NONPERFORATING, WITH OR WITHOUT YES REMOVAL FOREIGN BODY TREATMENT OF PALATAL OR ALVEOLAR RIDGE FRACTURES (LEFORT I TYPE); Yes OPEN TREATMENT OF PALATAL OR ALVEOLAR RIDGE FRACTURES (LEFORT I TYPE); Yes OPEN TREATMENT OR PALATAL OR ALVEOLAR RIDGE FRACTURES (LEFORT I TYPE); Yes OPEN TREATMENT OR PALATAL OR ALVEOLAR RIDGE FRACTURES (LEFORT I TYPE); Yes OPEN TREATMENT OR REMOVAL OF LOOSE OR YES (MAQUET PROCEDURE) OPEN TREATMENT OR REMOVAL OF LOOSE OR YES FOREIGN BODY TRANSFER EXTRENAL OBLIQUE MUSCLE TO GREATER TROCHANTER YES INCLUDING FASCIAL OR TENDON EXTENSION (GRAFT) OF STANDARD TRANSFER EXTRENAL OBLIQUE MUSCLE TO GREATER TROCHANTER YES INCLUDING FASCIAL OR TENDON EXTENSION (GRAFT) OF STANDARD TRANSFER EXTRENAL OBLIQUE MUSCLE TO GREATER TROCHANTER YES INCLUDING FASCIAL OR TENDON EXTENSION (GRAFT) OF STANDARD TRANSFER EXTRENAL OBLIQUE MUSCLE TO GREATER TROCHANTER YES INCLUDING FASCIAL OR TENDON EXTENSION (GRAFT) OF STANDARD TRANSFER EXTRENAL OBLIQUE MUSCLE TO GREATER TROCHANTER YES INCLUDING FASCIAL OR TENDON EXTENSION (GRAFT) OF STANDARD TRANSFER EXTRENAL OBLIQUE MUSCLE TO GREATER TROCHANTER YES INCLUDING FASCIAL OR TENDON EXTENSION (GRAFT) OF STANDARD TRANSFER EXTRENAL OBLIQUE MUSCLE TO GREATER TROCHANTER YES INCLUDING FASCIAL OR TENDON EXTENSION (GRAFT) OF STANDARD TRANSFER EXTRENAL PROPERTY OF THE ALTERNAL PROPERTY OF T	26991	CPT/HCPCS	INCISION AND DRAINAGE PELVIS OR HIP IOINT AREA: INFECTED RURSA	Vas
SE275   CPT/HCPCS   REPAIR OF LACERATION; CORNEA, NONPERFORATING, WITH OR WITHOUT   REMOVAL FOREIGN BODY	20001	01 1/1101 00	INGIGION AND DIVANAGE, I EEVIS ON THE JOINT AREA, IN EGIED BORGA	
SE275   CPT/HCPCS   REPAIR OF LACERATION; CORNEA, NONPERFORATING, WITH OR WITHOUT   REMOVAL FOREIGN BODY	28080	CPT/HCPCS	EYCISION OF INTERDIGITAL (MORTON) NEUROMA SINGLE FACH	Vas
REMOVAL FOREIGN BODY  21422 CPT/HCPCS TREATMENT OF PALATAL OR ALVEOLAR RIDGE FRACTURES (LEFORT I TYPE); Yes  OPEN TREATMENT  27418 CPT/HCPCS ANTERIOR TIBIAL TUBERCLE PLASTY FOR CHONDROMALACIA PATELLAE (MAQUET PROCEDURE)  27033 CPT/HCPCS ANTERIOR TIBIAL TUBERCLE PLASTY FOR CHONDROMALACIA PATELLAE (MAQUET PROCEDURE)  27100 CPT/HCPCS FARTHROTOM, HIP, FOR EXPLORATION OR REMOVAL OF LOOSE OR FOREIGN BODY  27100 CPT/HCPCS TRANSFER EXTERNAL OBLIQUE MUSCLE TO GREATER TROCHANTER (INCLUDING FASCIAL OR TENDON EXTENSION (GRAFT)  33233 CPT/HCPCS REMOVAL OF PERMANENT PACEMAKER, PULSE GENERATOR ONLY Yes  13244 CPT/HCPCS REPAIR OF HYPOSPADIAS COMPLICATION(S) (IE, FISTULA, STRICTURE, DIVERTICULA); REQUIRING MOBILIZATION OF SKIN FLAPS AND URETHROPLASTY WITH FLAP OR PATC-  52235 CPT/HCPCS CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING GRYOSURGERY OR LASER SURGERY) AND/OR RESECTION OF; MEDIUM BLADDER TUMOR(  52325 CPT/HCPCS HIP CORE DECOMPRESSION Yes  CPT/HCPCS OPEN TREATMENT OF ARTICULAR FRACTUE, INVOLVING METACARPHALANGEAL, OR INTERPHALANGEAL JOINT, INCLUDES INTERNAL FINATION, WHEN PERFORMED, EACH  CPT/HCPCS ARTHROPLASTY, RADIAL HEAD;  CPT/HCPCS ARTHROPLASTY, RADIAL HEAD;  CPT/HCPCS CPT/HCPCS ARTHROPLASTY, RADIAL HEAD;  COMPLEX FOLLOWING INTRA- AND EXTRACRANIAL EXCISION  54332 CPT/HCPCS RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID Yes  COMPLEX FOLLOWING INTRA- AND EXTRACRANIAL EXCISION  54332 CPT/HCPCS REPOSITIONING OF PREVIOUSLY IMPLANTED CARDIAC VENOUS SYSTEM REQUIRING EXTENSIVE DISSECTION TO CORRECT CHORDEE AN  35226 CPT/HCPCS CRANIECTOMY OR CRANICTOMY FOR EVACUATION OF HEMATOMA, Yes  65220 CPT/HCPCS REPAIR OF SCLERAL STAPHYLOMA; WITHOUT GRAFT Yes				
274122 CPT/HCPCS TREATMENT OF PALATAL OR ALVEOLAR RIDGE FRACTURES (LEFORT I TYPE); OPEN TREATMENT OF PROCEDURE)  27418 CPT/HCPCS ANTERIOTOMY, HIP, FOR EXPLORATION OR REMOVAL OF LOOSE OR FOREIGN BODY  27100 CPT/HCPCS TRANSFER EXTERNAL OBLIQUE MUSCLE TO GREATER TROCHANTER (PS INCLUDING FASCIAL OR TENDON EXTENSION (GRAFT))  33233 CPT/HCPCS REMOVAL OF PERMANENT PACEMAKER; PULSE GENERATOR ONLY (PS UNDERTRICULA); REQUIRING MOBILIZATION OF SKIN FLAPS AND UNETHINDUST WITH FLAP OR PATC+ (PS UNETHINDUST WITH FLAP OR PATC+ (PS UNETHINDUST))  52235 CPT/HCPCS CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY) AND/OR RESECTION OF; MEDIUM BLADDER TUMOR(  52325 CPT/HCPCS HIP CORE DECOMPRESSION (PS METCACRPHALANGEAL DIONT, INCLUDES INTERNAL FIXATION), WHEN PERFORMED, EACH (PS UNDERTRICULA) FRACTION FOR METCACRPHALANGEAL DIONT, INCLUDES INTERNAL FIXATION, WHEN PERFORMED, EACH (PT/HCPCS ARTHROPLASTY, RADIAL HEAD; COMPLEX FOLLOWING INTRA-AND EXTRACRAPHALANGEAL DIONT, INCLUDES INTERNAL FIXATION, WHEN PERFORMED, EACH (PT/HCPCS RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID (PS COMPLEX FOLLOWING INTRA-AND EXTRACRANIAL EXCISION)  54332 CPT/HCPCS ONE STAGE PROXIMAL PENILE OR PENOSCROTAL HYPOSPADIAS REPAIR (PS COMPLEX FOLLOWING INTRA-AND EXTRACRANIAL EXCISION)  54332 CPT/HCPCS REPOSITIONING OF PREVIOUSLY IMPLANTED CARDIAC VENOUS SYSTEM (PS COMPLEX FOLLOWING OF PREVIOUSLY IMPLANTED CARDIAC VENOUS SYSTEM (PS COMPLEX FOLLOWING OF PREVIOUSLY IMPLANTED CARDIAC VENOUS SYSTEM (PS COMPLEX FOLLOWING OF REATMENT OF REVIOUSLY IMPLANTED CARDIAC VENOUS SYSTEM (PS COMPLEX FOLLOWING OF REVIOUSLY IMPLANTED CARDIAC VENOUS SYSTEM (PS COMPLEX FOLLOWING OF PREVIOUSLY IMPLANTED CARDIAC VENOUS SYSTEM (PS COMPLEX FOR PROXIDON OF CRANICTOMY FOR EVACUATION OF HEMATOMA, SUPPARIENTORIAL; EXTRADURAL OR SUBDURAL (PS COPYCHOPCS REPAIR OF SCLERAL STAPHYLOMA; WITHOUT	03273	01 1/1101 03		
OPEN TREATMENT   27418   CPT/HCPCS   ANTERIOR TIBIAL TUBERCLE PLASTY FOR CHONDROMALACIA PATELLAE   Yes	21/22	CDT/HCDCS		Vas
27418 CPT/HCPCS ANTERIOR TIBIAL TUBERCLE PLASTY FOR CHONDROMALACIA PATELLAE (MAQUET PROCEDURE) PROCEDURE) PROCEDURE) PROCEDURE) PROCEDURE) PROCEDURE) PROCEDURE PROCEDUR PROCEDU	21422	GF1/HGFG3	·	165
MAQUET PROCEDURE	27/12	CDT/HCDCS		Vas
271033 CPT/HCPCS ARTHROTOMY, HIP, FOR EXPLORATION OR REMOVAL OF LOOSE OR FOREIGN BODY 27100 CPT/HCPCS TRANSFER EXTERNAL OBLIQUE MUSCLE TO GREATER TROCHANTER (NCLUDING FASCIAL OR TENDON EXTENSION (GRAFT)) 33233 CPT/HCPCS REMOVAL OF PERMANENT PACEMAKER; PULSE GENERATOR ONLY (PS) 54344 CPT/HCPCS REMOVAL OF PERMANENT PACEMAKER; PULSE GENERATOR ONLY (PS) DIVERTICULA); REQUIRING MOBILIZATION OF SKIN FLAPS AND URETHROPLASTY WITH FLAP OR PATC+ 52235 CPT/HCPCS CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY) OR LASER SURGERY) AND/OR RESECTION OF; MEDIUM BLADDER TUMOR(  \$2325 CPT/HCPCS HIP CORE DECOMPRESSION (PS) ARTHROPLASTY AND	2/410	OF I/HOF 03		163
POREIGN BODY  27100 CPT/HCPCS TRANSEER EXTERNAL OBLIQUE MUSCLE TO GREATER TROCHANTER INCLUDING FASCIAL OR TENDON EXTENSION (GRAFT)  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+  52235 CPT/HCPCS CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY) AND/OR RESECTION OF; MEDIUM BLADDER TUMOR(  52325 CPT/HCPCS HIP CORE DECOMPRESSION YES  677/HCPCS OPEN TREATMENT OF ARTICULAR FRACTUE, INVOLVING YES  67846 CPT/HCPCS OPEN TREATMENT OF ARTICULAR FRACTUE, INVOLVING YES  6795 RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOWING INTRA-AND EXTRACRANIAL EXCISION  64332 CPT/HCPCS ONE STAGE PROXIMAL PENILE OR PENOSCROTAL HYPOSPADIAS REPAIR REQUIRING EXTENSIVE DISSECTION TO CORRECT CHORDEE AN  33226 CPT/HCPCS REPOSITIONING OF PREVIOUSLY IMPLANTED CARDIAC VENOUS SYSTEM REQUIRING EXTENSIVE DISSECTION TO CORRECT CHORDEE AN  33226 CPT/HCPCS REPOSITIONING OF PREVIOUSLY IMPLANTED CARDIAC VENOUS SYSTEM ELECTRODE  61312 CPT/HCPCS REPOSITIONING OF CRANIOTOMY FOR EVACUATION OF HEMATOMA, YES  SUPRATEMOTORIAL; EXTRADURAL OR SUBDURAL  66220 CPT/HCPCS REPAIR OF SCLERAL STAPHYLOMA; WITHOUT GRAFT YES	27022	CDT/HCDCS		Vas
27100 CPT/HCPCS TRANSFER EXTERNAL OBLIQUE MUSCLE TO GREATER TROCHANTER YES INCLUDING FASCIAL OR TENDON EXTENSION (GRAFT) 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+ 52235 CPT/HCPCS CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY) AND/OR RESECTION OF; MEDIUM BLADDER TUMOR( 52325 CPT/HCPCS HIP CORE DECOMPRESSION Yes 6746 CPT/HCPCS OPEN TREATMENT OF ARTICULAR FRACTUE, INVOLVING METACARPHALANGEAL OR INTERPHALANGEAL JOINT, INCLUDES INTERNAL FIXATION, WHEN PERFORMED, EACH 6757 CPT/HCPCS ARTHROPLASTY, RADIAL HEAD; 6768 CPT/HCPCS ARTHROPLASTY, RADIAL HEAD; 6779 CPT/HCPCS ONE STAGE PROXIMAL PENILE OR PENOSCROTAL HYPOSPADIAS REPAIR REQUIRING EXTENSIVE DISSECTION TO CORRECT CHORDEE AN 6779 CPT/HCPCS REPOSITIONING OF PREVIOUSLY IMPLANTED CARDIAC VENOUS SYSTEM REQUIRING EXTENSIVE DISSECTION TO CORRECT CHORDEE AN 6779 CPT/HCPCS REPOSITIONING OF PREVIOUSLY IMPLANTED CARDIAC VENOUS SYSTEM FLECTRODE 6770 CPT/HCPCS REPOSITIONING OF CRANIOTOMY FOR EVACUATION OF HEMATOMA, SUPRATENTORIAL; EXTRADURAL OR SUBBURAL 6770 CPT/HCPCS REPAIR OF SCLERAL STAPHYLOMA; WITHOUT GRAFT YES	27033	OF I/HOF 03		163
INCLUDING FASCIAL OR TENDON EXTENSION (GRAFT)  33233 CPT/HCPCS REMOVAL OF PERMANENT PACEMAKER; PULSE GENERATOR ONLY  54344 CPT/HCPCS REPAIR OF HYPOSPADIAS COMPLICATION (S) (IE, FISTULA, STRICTURE, DIVERTICULA); REQUIRING MOBILIZATION OF SKIN FLAPS AND URETHROPLASTY WITH FLAP OR PATC+  52235 CPT/HCPCS CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY) AND/OR RESECTION OF; MEDIUM BLADDER TUMOR(  52325 CPT/HCPCS HIP CORE DECOMPRESSION Yes  6746 CPT/HCPCS OPEN TREATMENT OF ARTICULAR FRACTUE, INVOLVING METACARPHALANGEAL OR INTERPHALANGEAL JOINT, INCLUDES INTERNAL FIXATION, WHEN PERFORMED, EACH FIXATION, WHEN PERFORMED, EACH  24365 CPT/HCPCS ARTHROPLASTY, RADIAL HEAD;  21184 CPT/HCPCS RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOWING INTRA- AND EXTRACRANIAL EXCISION  54332 CPT/HCPCS ONE STAGE PROXIMAL PENILE OR PENOSCROTAL HYPOSPADIAS REPAIR REQUIRING EXTENSIVE DISSECTION TO CORRECT CHORDEE AN  33226 CPT/HCPCS REPOSITIONING OF PREVIOUSLY IMPLANTED CARDIAC VENOUS SYSTEM REQUIRING EXTENSIVE DISSECTION TO CORRECT CHORDEE AN  61312 CPT/HCPCS REPOSITIONING OF REVIOUSLY IMPLANTED CARDIAC VENOUS SYSTEM ELECTRODE  61312 CPT/HCPCS REPAIR OF SCLERAL STAPHYLOMA; WITHOUT GRAFT YES  66220 CPT/HCPCS REPAIR OF SCLERAL STAPHYLOMA; WITHOUT GRAFT YES	27100	CDT/HCDCS		Vas
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+ 52235 CPT/HCPCS CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY) AND/OR RESECTION OF; MEDIUM BLADDER TUMOR( 52325 CPT/HCPCS HIP CORE DECOMPRESSION Yes 26746 CPT/HCPCS OPEN TREATMENT OF ARTICULAR FRACTUE, INVOLVING METACARPHALANGEAL OR INTERPHALANGEAL JOINT, INCLUDES INTERNAL FIXATION, WHEN PERFORMED, EACH PRIVATION, WHEN PERFORMED, EACH PRIVATION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOWING INTRA- AND EXTRACRANIAL EXCISION 54332 CPT/HCPCS REPOSITIONING OF PREVIOUSLY IMPLANTED CARDIAC VENOUS SYSTEM REQUIRING EXTENSIVE DISSECTION TO CORRECT CHORDEE AN REQUIRING OF PREVIOUSLY IMPLANTED CARDIAC VENOUS SYSTEM YES ELECTRODE 61312 CPT/HCPCS REPOSITIONING OF CRANIOTOMY FOR EVACUATION OF HEMATOMA, YES SUPRATENTORIAL; EXTRADURAL OR SUBDURAL 66220 CPT/HCPCS REPAIR OF SCLERAL STAPHYLOMA; WITHOUT GRAFT YES	2/100	GF1/HGFG3	7	165
54344 CPT/HCPCS REPAIR OF HYPOSPADIAS COMPLICATION(S) (IE, FISTULA, STRICTURE, DIVERTICULA); REQUIRING MOBILIZATION OF SKIN FLAPS AND URETHROPLASTY WITH FLAP OR PATC+  52235 CPT/HCPCS CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY) AND/OR RESECTION OF; MEDIUM BLADDER TUMOR(  52325 CPT/HCPCS HIP CORE DECOMPRESSION Yes  26746 CPT/HCPCS OPEN TREATMENT OF ARTICULAR FRACTUE, INVOLVING METACARPHALANGEAL OR INTERPHALANGEAL JOINT, INCLUDES INTERNAL FIXATION, WHEN PERFORMED, EACH  24365 CPT/HCPCS ARTHROPLASTY, RADIAL HEAD; Yes  21184 CPT/HCPCS RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOWING INTRA- AND EXTRACRANIAL EXCISION  54332 CPT/HCPCS ONE STAGE PROXIMAL PENILE OR PENOSCROTAL HYPOSPADIAS REPAIR REQUIRING EXTENSIVE DISSECTION TO CORRECT CHORDEE AN  33226 CPT/HCPCS REPOSITIONING OF PREVIOUSLY IMPLANTED CARDIAC VENOUS SYSTEM ELECTRODE  61312 CPT/HCPCS CRANIECTOMY OR CRANIOTOMY FOR EVACUATION OF HEMATOMA, SUPPRATENTORIAL; EXTRADURAL OR SUBDURAL  66220 CPT/HCPCS REPAIR OF SCLERAL STAPHYLOMA; WITHOUT GRAFT YES	22222	CDT/HCDCS		Voc
DIVERTICULA); REQUIRING MOBILIZATION OF SKIN FLAPS AND URETHROPLASTY WITH FLAP OR PATC+  52235 CPT/HCPCS CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY) AND/OR RESECTION OF; MEDIUM BLADDER TUMOR(  52325 CPT/HCPCS HIP CORE DECOMPRESSION Yes  26746 CPT/HCPCS OPEN TREATMENT OF ARTICULAR FRACTUE, INVOLVING METACARPHALANGEAL OR INTERPHALANGEAL JOINT, INCLUDES INTERNAL FIXATION, WHEN PERFORMED, EACH  24365 CPT/HCPCS ARTHROPLASTY, RADIAL HEAD; Yes  21184 CPT/HCPCS RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOWING INTRA- AND EXTRACRANIAL EXCISION  54332 CPT/HCPCS ONE STAGE PROXIMAL PENILE OR PENOSCROTAL HYPOSPADIAS REPAIR REQUIRING EXTENSIVE DISSECTION TO CORRECT CHORDEE AN  33226 CPT/HCPCS REPOSITIONING OF PREVIOUSLY IMPLANTED CARDIAC VENOUS SYSTEM ELECTRODE  61312 CPT/HCPCS CRANIECTOMY OR CRANIOTOMY FOR EVACUATION OF HEMATOMA, SUPPATENTORIAL; EXTRADURAL OR SUBDURAL  66220 CPT/HCPCS REPAIR OF SCLERAL STAPHYLOMA; WITHOUT GRAFT YES				
URETHROPLASTY WITH FLAP OR PATC+  52235 CPT/HCPCS CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY) AND/OR RESECTION OF; MEDIUM BLADDER TUMOR(  52325 CPT/HCPCS HIP CORE DECOMPRESSION Yes  26746 CPT/HCPCS OPEN TREATMENT OF ARTICULAR FRACTUE, INVOLVING METACARPHALANGEAL OR INTERPHALANGEAL JOINT, INCLUDES INTERNAL FIXATION, WHEN PERFORMED, EACH  24365 CPT/HCPCS ARTHROPLASTY, RADIAL HEAD;  21184 CPT/HCPCS RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOWING INTRA- AND EXTRACRANIAL EXCISION  54332 CPT/HCPCS ONE STAGE PROXIMAL PENILE OR PENOSCROTAL HYPOSPADIAS REPAIR REQUIRING EXTENSIVE DISSECTION TO CORRECT CHORDEE AN  33226 CPT/HCPCS REPOSITIONING OF PREVIOUSLY IMPLANTED CARDIAC VENOUS SYSTEM ELECTRODE  61312 CPT/HCPCS CRANIECTOMY OR CRANIOTOMY FOR EVACUATION OF HEMATOMA, SUPRATENTORIAL; EXTRADURAL OR SUBDURAL  66220 CPT/HCPCS REPAIR OF SCLERAL STAPHYLOMA; WITHOUT GRAFT YES	34344	CFI/HCFC3		res
CPT/HCPCS CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY) AND/OR RESECTION OF; MEDIUM BLADDER TUMOR(  S2325 CPT/HCPCS HIP CORE DECOMPRESSION Yes  CPT/HCPCS OPEN TREATMENT OF ARTICULAR FRACTUE, INVOLVING METACARPHALANGEAL OR INTERPHALANGEAL JOINT, INCLUDES INTERNAL FIXATION, WHEN PERFORMED, EACH  24365 CPT/HCPCS ARTHROPLASTY, RADIAL HEAD; Yes  21184 CPT/HCPCS RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOWING INTRA- AND EXTRACRANIAL EXCISION  54332 CPT/HCPCS ONE STAGE PROXIMAL PENILE OR PENOSCROTAL HYPOSPADIAS REPAIR REQUIRING EXTENSIVE DISSECTION TO CORRECT CHORDEE AN  33226 CPT/HCPCS REPOSITIONING OF PREVIOUSLY IMPLANTED CARDIAC VENOUS SYSTEM ELECTRODE  61312 CPT/HCPCS CRANIECTOMY OR CRANIOTOMY FOR EVACUATION OF HEMATOMA, SUPRATENTORIAL; EXTRADURAL OR SUBDURAL  66220 CPT/HCPCS REPAIR OF SCLERAL STAPHYLOMA; WITHOUT GRAFT Yes			· · · · ·	
OR LASER SURGERY) AND/OR RESECTION OF; MEDIUM BLADDER TUMOR(  \$2325 CPT/HCPCS HIP CORE DECOMPRESSION  26746 CPT/HCPCS OPEN TREATMENT OF ARTICULAR FRACTUE, INVOLVING METACARPHALANGEAL OR INTERPHALANGEAL JOINT, INCLUDES INTERNAL FIXATION, WHEN PERFORMED, EACH  24365 CPT/HCPCS ARTHROPLASTY, RADIAL HEAD; PSS  21184 CPT/HCPCS RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOWING INTRA- AND EXTRACRANIAL EXCISION  54332 CPT/HCPCS ONE STAGE PROXIMAL PENILE OR PENOSCROTAL HYPOSPADIAS REPAIR REQUIRING EXTENSIVE DISSECTION TO CORRECT CHORDEE AN  33226 CPT/HCPCS REPOSITIONING OF PREVIOUSLY IMPLANTED CARDIAC VENOUS SYSTEM ELECTRODE  61312 CPT/HCPCS CRANIECTOMY OR CRANIOTOMY FOR EVACUATION OF HEMATOMA, SUPRATENTORIAL; EXTRADURAL OR SUBDURAL  66220 CPT/HCPCS REPAIR OF SCLERAL STAPHYLOMA; WITHOUT GRAFT YES	E222E	CDT/UCDCS		Voc
S2325 CPT/HCPCS HIP CORE DECOMPRESSION Yes  26746 CPT/HCPCS OPEN TREATMENT OF ARTICULAR FRACTUE, INVOLVING METACARPHALANGEAL OR INTERPHALANGEAL JOINT, INCLUDES INTERNAL FIXATION, WHEN PERFORMED, EACH  24365 CPT/HCPCS ARTHROPLASTY, RADIAL HEAD; Yes  21184 CPT/HCPCS RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOWING INTRA- AND EXTRACRANIAL EXCISION  54332 CPT/HCPCS ONE STAGE PROXIMAL PENILE OR PENOSCROTAL HYPOSPADIAS REPAIR REQUIRING EXTENSIVE DISSECTION TO CORRECT CHORDEE AN  33226 CPT/HCPCS REPOSITIONING OF PREVIOUSLY IMPLANTED CARDIAC VENOUS SYSTEM ELECTRODE  61312 CPT/HCPCS CRANIECTOMY OR CRANIOTOMY FOR EVACUATION OF HEMATOMA, SUPRATENTORIAL; EXTRADURAL OR SUBDURAL  66220 CPT/HCPCS REPAIR OF SCLERAL STAPHYLOMA; WITHOUT GRAFT Yes	32233	CPI/HCPC3	•	res
26746 CPT/HCPCS OPEN TREATMENT OF ARTICULAR FRACTUE, INVOLVING METACARPHALANGEAL OR INTERPHALANGEAL JOINT, INCLUDES INTERNAL FIXATION, WHEN PERFORMED, EACH  24365 CPT/HCPCS ARTHROPLASTY, RADIAL HEAD; Yes  21184 CPT/HCPCS RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOWING INTRA- AND EXTRACRANIAL EXCISION  54332 CPT/HCPCS ONE STAGE PROXIMAL PENILE OR PENOSCROTAL HYPOSPADIAS REPAIR REQUIRING EXTENSIVE DISSECTION TO CORRECT CHORDEE AN  33226 CPT/HCPCS REPOSITIONING OF PREVIOUSLY IMPLANTED CARDIAC VENOUS SYSTEM ELECTRODE  61312 CPT/HCPCS CRANIECTOMY OR CRANIOTOMY FOR EVACUATION OF HEMATOMA, SUPRATENTORIAL; EXTRADURAL OR SUBDURAL 66220 CPT/HCPCS REPAIR OF SCLERAL STAPHYLOMA; WITHOUT GRAFT Yes			ON LASEN SUNGENT) AND/ON NESECTION OF, MEDIUM BLADDEN TUMON	
26746 CPT/HCPCS OPEN TREATMENT OF ARTICULAR FRACTUE, INVOLVING METACARPHALANGEAL OR INTERPHALANGEAL JOINT, INCLUDES INTERNAL FIXATION, WHEN PERFORMED, EACH  24365 CPT/HCPCS ARTHROPLASTY, RADIAL HEAD; Yes  21184 CPT/HCPCS RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOWING INTRA- AND EXTRACRANIAL EXCISION  54332 CPT/HCPCS ONE STAGE PROXIMAL PENILE OR PENOSCROTAL HYPOSPADIAS REPAIR REQUIRING EXTENSIVE DISSECTION TO CORRECT CHORDEE AN  33226 CPT/HCPCS REPOSITIONING OF PREVIOUSLY IMPLANTED CARDIAC VENOUS SYSTEM ELECTRODE  61312 CPT/HCPCS CRANIECTOMY OR CRANIOTOMY FOR EVACUATION OF HEMATOMA, SUPRATENTORIAL; EXTRADURAL OR SUBDURAL 66220 CPT/HCPCS REPAIR OF SCLERAL STAPHYLOMA; WITHOUT GRAFT Yes	C222E	CDT/LICDOS	HID CODE DECOMPRESSION	Vas
METACARPHALANGEAL OR INTERPHALANGEAL JOINT, INCLUDES INTERNAL FIXATION, WHEN PERFORMED, EACH  24365 CPT/HCPCS ARTHROPLASTY, RADIAL HEAD; Yes  21184 CPT/HCPCS RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID YCS COMPLEX FOLLOWING INTRA- AND EXTRACRANIAL EXCISION  54332 CPT/HCPCS ONE STAGE PROXIMAL PENILE OR PENOSCROTAL HYPOSPADIAS REPAIR REQUIRING EXTENSIVE DISSECTION TO CORRECT CHORDEE AN  33226 CPT/HCPCS REPOSITIONING OF PREVIOUSLY IMPLANTED CARDIAC VENOUS SYSTEM ELECTRODE  61312 CPT/HCPCS CRANIECTOMY OR CRANIOTOMY FOR EVACUATION OF HEMATOMA, SUPRATENTORIAL; EXTRADURAL OR SUBDURAL  66220 CPT/HCPCS REPAIR OF SCLERAL STAPHYLOMA; WITHOUT GRAFT Yes				
FIXATION, WHEN PERFORMED, EACH  24365 CPT/HCPCS ARTHROPLASTY, RADIAL HEAD;  21184 CPT/HCPCS RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID YES  COMPLEX FOLLOWING INTRA- AND EXTRACRANIAL EXCISION  54332 CPT/HCPCS ONE STAGE PROXIMAL PENILE OR PENOSCROTAL HYPOSPADIAS REPAIR REQUIRING EXTENSIVE DISSECTION TO CORRECT CHORDEE AN  33226 CPT/HCPCS REPOSITIONING OF PREVIOUSLY IMPLANTED CARDIAC VENOUS SYSTEM ELECTRODE  61312 CPT/HCPCS CRANIECTOMY OR CRANIOTOMY FOR EVACUATION OF HEMATOMA, SUPRATENTORIAL; EXTRADURAL OR SUBDURAL  66220 CPT/HCPCS REPAIR OF SCLERAL STAPHYLOMA; WITHOUT GRAFT YES	26746	CPI/HCPC3		res
24365 CPT/HCPCS ARTHROPLASTY, RADIAL HEAD; 21184 CPT/HCPCS RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOWING INTRA- AND EXTRACRANIAL EXCISION  54332 CPT/HCPCS ONE STAGE PROXIMAL PENILE OR PENOSCROTAL HYPOSPADIAS REPAIR REQUIRING EXTENSIVE DISSECTION TO CORRECT CHORDEE AN  33226 CPT/HCPCS REPOSITIONING OF PREVIOUSLY IMPLANTED CARDIAC VENOUS SYSTEM ELECTRODE  61312 CPT/HCPCS CRANIECTOMY OR CRANIOTOMY FOR EVACUATION OF HEMATOMA, SUPRATENTORIAL; EXTRADURAL OR SUBDURAL  66220 CPT/HCPCS REPAIR OF SCLERAL STAPHYLOMA; WITHOUT GRAFT Yes				
21184 CPT/HCPCS RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOWING INTRA- AND EXTRACRANIAL EXCISION  54332 CPT/HCPCS ONE STAGE PROXIMAL PENILE OR PENOSCROTAL HYPOSPADIAS REPAIR REQUIRING EXTENSIVE DISSECTION TO CORRECT CHORDEE AN  33226 CPT/HCPCS REPOSITIONING OF PREVIOUSLY IMPLANTED CARDIAC VENOUS SYSTEM ELECTRODE  61312 CPT/HCPCS CRANIECTOMY OR CRANIOTOMY FOR EVACUATION OF HEMATOMA, SUPRATENTORIAL; EXTRADURAL OR SUBDURAL  66220 CPT/HCPCS REPAIR OF SCLERAL STAPHYLOMA; WITHOUT GRAFT Yes	0.4005	ODT/ILIODOS		Va a
COMPLEX FOLLOWING INTRA- AND EXTRACRANIAL EXCISION  54332 CPT/HCPCS ONE STAGE PROXIMAL PENILE OR PENOSCROTAL HYPOSPADIAS REPAIR REQUIRING EXTENSIVE DISSECTION TO CORRECT CHORDEE AN  33226 CPT/HCPCS REPOSITIONING OF PREVIOUSLY IMPLANTED CARDIAC VENOUS SYSTEM FLECTRODE  61312 CPT/HCPCS CRANIECTOMY OR CRANIOTOMY FOR EVACUATION OF HEMATOMA, SUPRATENTORIAL; EXTRADURAL OR SUBDURAL  66220 CPT/HCPCS REPAIR OF SCLERAL STAPHYLOMA; WITHOUT GRAFT Yes				
54332 CPT/HCPCS ONE STAGE PROXIMAL PENILE OR PENOSCROTAL HYPOSPADIAS REPAIR REQUIRING EXTENSIVE DISSECTION TO CORRECT CHORDEE AN  33226 CPT/HCPCS REPOSITIONING OF PREVIOUSLY IMPLANTED CARDIAC VENOUS SYSTEM ELECTRODE  61312 CPT/HCPCS CRANIECTOMY OR CRANIOTOMY FOR EVACUATION OF HEMATOMA, SUPRATENTORIAL; EXTRADURAL OR SUBDURAL  66220 CPT/HCPCS REPAIR OF SCLERAL STAPHYLOMA; WITHOUT GRAFT Yes	21184	CPT/HCPCS		res
REQUIRING EXTENSIVE DISSECTION TO CORRECT CHORDEE AN  33226 CPT/HCPCS REPOSITIONING OF PREVIOUSLY IMPLANTED CARDIAC VENOUS SYSTEM FLECTRODE  61312 CPT/HCPCS CRANIECTOMY OR CRANIOTOMY FOR EVACUATION OF HEMATOMA, SUPRATENTORIAL; EXTRADURAL OR SUBDURAL  66220 CPT/HCPCS REPAIR OF SCLERAL STAPHYLOMA; WITHOUT GRAFT Yes			COMPLEX FULLOWING INTRA- AND EXTRACRANIAL EXCISION	
REQUIRING EXTENSIVE DISSECTION TO CORRECT CHORDEE AN  33226 CPT/HCPCS REPOSITIONING OF PREVIOUSLY IMPLANTED CARDIAC VENOUS SYSTEM FLECTRODE  61312 CPT/HCPCS CRANIECTOMY OR CRANIOTOMY FOR EVACUATION OF HEMATOMA, SUPRATENTORIAL; EXTRADURAL OR SUBDURAL  66220 CPT/HCPCS REPAIR OF SCLERAL STAPHYLOMA; WITHOUT GRAFT Yes	E 4000	ODT//LODGS	ONE CTAGE DROVIMAL REALIES OF PENAGOROTAL LIVESCONDING	Va.
33226 CPT/HCPCS REPOSITIONING OF PREVIOUSLY IMPLANTED CARDIAC VENOUS SYSTEM Yes ELECTRODE 61312 CPT/HCPCS CRANIECTOMY OR CRANIOTOMY FOR EVACUATION OF HEMATOMA, SUPRATENTORIAL; EXTRADURAL OR SUBDURAL 66220 CPT/HCPCS REPAIR OF SCLERAL STAPHYLOMA; WITHOUT GRAFT Yes	54332	CPT/HCPCS		Yes
ELECTRODE  61312 CPT/HCPCS CRANIECTOMY OR CRANIOTOMY FOR EVACUATION OF HEMATOMA, Yes SUPRATENTORIAL; EXTRADURAL OR SUBDURAL  66220 CPT/HCPCS REPAIR OF SCLERAL STAPHYLOMA; WITHOUT GRAFT Yes			REQUIRING EXTENSIVE DISSECTION TO CORRECT CHORDEE AN	
ELECTRODE  61312 CPT/HCPCS CRANIECTOMY OR CRANIOTOMY FOR EVACUATION OF HEMATOMA, Yes SUPRATENTORIAL; EXTRADURAL OR SUBDURAL  66220 CPT/HCPCS REPAIR OF SCLERAL STAPHYLOMA; WITHOUT GRAFT Yes	00000	057#155		
61312 CPT/HCPCS CRANIECTOMY OR CRANIOTOMY FOR EVACUATION OF HEMATOMA, SUPRATENTORIAL; EXTRADURAL OR SUBDURAL 66220 CPT/HCPCS REPAIR OF SCLERAL STAPHYLOMA; WITHOUT GRAFT Yes	33226	CPT/HCPCS		Yes
SUPRATENTORIAL; EXTRADURAL OR SUBDURAL  66220 CPT/HCPCS REPAIR OF SCLERAL STAPHYLOMA; WITHOUT GRAFT Yes	04045	007#107		lv
66220 CPT/HCPCS REPAIR OF SCLERAL STAPHYLOMA; WITHOUT GRAFT Yes	61312	CP1/HCPCS	· ·	Yes
		25-11		
CPT/HCPCS   REMOVAL OF LENS MATERIAL; INTRACAPSULAR, FOR DISLOCATED LENS   Yes				
	66930	CPT/HCPCS	KEMOVAL OF LENS MATERIAL; INTRACAPSULAR, FOR DISLOCATED LENS	Yes

05700	ODT/LIODOC	KEDATOMII ELICIC	V
65760	CPT/HCPCS	KERATOMILEUSIS	Yes
26568	CPT/HCPCS	OSTEOPLASTY FOR LENGTHENING OF METACARPAL OR PHALANX	Yes L.
28222	CPT/HCPCS	TENOLYSIS, FLEXOR, FOOT; MULTIPLE (THROUGH SAME INCISION)	Yes
24073	CPT/HCPCS	EXCISION, TUMOR, SOFT TISSUE OF UPPER ARM OR ELBOW AREA,	Yes
		SUBFASCIAL (EG, INTRAMUSCULAR); 5 CM OR GREATER	
48540	CPT/HCPCS	INTERNAL ANASTOMOSIS OF PANCREATIC CYST TO GASTROINTESTINAL	Yes
		TRACT; ROUX-EN-Y	
52270	CPT/HCPCS	CYSTOURETHROSCOPY, WITH INTERNAL URETHROTOMY; FEMALE	Yes
64809	CPT/HCPCS	SYMPATHECTOMY, THORACOLUMBAR	Yes
62161	CPT/HCPCS	NEUROENDOSCOPY, INTRACRANIAL; WITH DISSECTION OF ADHESIONS,	Yes
		FENESTRATION OF SEPTUM PELLUCIDUM OR INTRAVENTRICULAR CYSTS	
61570	CPT/HCPCS	, and the second	Yes
		BRAIN	
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	Yes
20070	01 1/1101 00	BENNETT FRACTURE, SINGLE, WITH MANIPULATION; WITHOUT ANESTHE	
17312	CPT/HCPCS	MOHS MICROGRAPHIC TECHNIQUE, ANY LOCATION W/SURGERY DIRECTLY	Yes
_, 512	10. 17.1101 00	INVOLVING MUSCLE, CARTILAGE, BONE, TENDON, MAJOR NERVES, O	1.55
		Januari de de la contractiva del la contractiva de la contractiva del la contractiva de la contra	
12015	CPT/HCPCS	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE,	Yes
12013	CF I/HCF CS	LIPS AND/OR MUCOUS MEMBRANES; 7.6 CM TO 12.5 CM	163
32607	CPT/HCPCS	THORACOSCOPY; WITH DIAGNOSTIC BIOPSY(IES) OF LUNG INFILTRATE(S)	Yes
32607	CP1/HCPCS		res
00070	007//10000	(EG, WEDGE, INCISIONAL), UNILATERAL.	v.
26372	CPT/HCPCS		Yes
		SECONDARY WITH FREE GRAFT (INCLUDES OBTAINING GRAFT)	
38115	CPT/HCPCS	REPAIR OF RUPTURED SPLEEN (SPLENORRHAPHY) WITH OR WITHOUT	Yes
		PARTIAL SPLENECTOMY	
26416	CPT/HCPCS	REMOVAL OF TUBE OR ROD AND INSERTION OF EXTENSOR TENDON GRAFT	Yes
		(INCLUDES OBTAINING GRAFT), HAND OR FINGER	
58145	CPT/HCPCS	MYOMECTOMY, EXCISION OF FIBROID TUMOR OF UTERUS, SINGLE OR	Yes
		MULTIPLE (SEPARATE PROCEDURE); VAGINAL APPROACH	
42600	CPT/HCPCS	CLOSURE SALIVARY FISTULA	Yes
36216	CPT/HCPCS	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL SECOND	Yes
		ORDER THORACIC OR BRACHIOCEPHALIC BRANCH, WITHIN A VASCULAR	
		FAMILY	
65272	CPT/HCPCS	REPAIR OF LACERATION; CONJUNCTIVA, BY MOBILIZATION AND	Yes
		REARRANGEMENT, WITHOUT HOSPITALIZATION	
58290	CPT/HCPCS	VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS:	Yes
50405	CPT/HCPCS	PYELOPLASTY (FOLEY Y-PYELOPLASTY), PLASTIC OPERATION ON RENAL	Yes
		PELVIS, WITH OR WITHOUT PLASTIC OPERATION ON URETER, NEPHR	
0219T	CPT/HCPCS	PLACEMENT OF POSTERIOR INTRAFACET IMPLANT(S), UNILATERAL OR	Yes
		BILATERAL, INCL IMAGING & PLACEMENT OF BONE GRAFT(S) OR SYNTHETIC	
		DEVICE(S), SINGLE LEVEL+	
33405	CPT/HCPCS	REPLACEMENT, AORTIC VALVE, WITH CARDIOPULMONARY BYPASS	Yes
63278	CPT/HCPCS	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM;	Yes
JUZ/U	01 1/1101 03	EXTRADURAL, SACRAL	
22315	CPT/HCPCS	CLOSED TREATMENT OF VERTEBRAL FRACTURE AND/OR DISLOCATION,	Yes
ZZ313	OF 1/HOPOS		। टिउ
		WITH OR WITHOUT ANESTHESIA, BY MANIPULATION OR TRACTION, E	
50750	CPT/HCPCS	URETEROCALYCOSTOMY, ANASTOMOSIS OF URETER TO RENAL CALYX	Vos
50750			Yes
55801	CPT/HCPCS	PROSTATECTOMY, PERINEAL, SUBTOTAL (INCLUDING CONTROL OF	Yes
		POSTOPERATIVE BLEEDING, VASECTOMY, MEATOTOMY, URETHRAL C	
47400	ODT// LODGO	CHOLEOVETOTOMY OR CHOLEOVETOCTOMY, OREN, WITH EVEL CRATICS!	Voc
47480	CPT/HCPCS	CHOLECYSTOTOMY OR CHOLECYSTOSTOMY, OPEN, WITH EXPLORATION,	Yes
		DRAINAGE, OR REMOVAL OF CALCULUS (SEPARATE PROCEDURE)	
			<u> </u>
31571	CPT/HCPCS	LARYNGOSCOPY DIRECT, OPERATIVE, WITH INJECTION INTO VOCAL	Yes
		CORD(S), THERAPEUTIC; WITH OPERATING MICROSCOPE OR TELESCOPE	
43641	CPT/HCPCS	VAGOTOMY INCLUDING PYLOROPLASTY, WITH OR WITHOUT GASTROSTOMY;	Yes
	ī	PARIETAL CELL (HIGHLY SELECTIVE)	1
	Ī	IDADIETAL OFIL (UIOLUYOFI FOTIVE)	

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	Yes
22818	CPT/HCPCS	HEMATOMA, THIGH OR KNEE REGION  KYPHECTOMY, CIRCUMFERENTIAL EXPOSURE OF SPINE AND RESECTION OF	Yes
24075	CPT/HCPCS	VERTEBRAL SEGMENT(S) SINGLE OR TWO SEGMENTS EXCISION, TUMOR, SOFT TISSUE OF UPPER ARM OR ELBOW AREA,	Yes
32940	CPT/HCPCS	SUBCUTANEOUS; LESS THAN 3 CM PNEUMONOLYSIS, EXTRAPERIOSTEAL, INCLUDING FILLING OR PACKING	Yes
27326	CPT/HCPCS	PROCEDURES  NEURECTOMY, POPLITEAL (GASTROCNEMIUS)	Yes
	CPT/HCPCS	TREATMENT OF CLOSED STERNOCLAVICULAR DISLOCATION; WITHOUT	Yes
	CPT/HCPCS	MANIPULATION  ONE STAGE PERINEAL HYPOSPADIAS REPAIR REQUIRING EXTENSIVE	Yes
34336	CP1/HCPC3	DISSECTION TO CORRECT CHORDEE AND URETHROPLASTY BY USE O	res
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
	CPT/HCPCS	MEATOTOMY, CUTTING OF MEATUS (SEPARATE PROCEDURE); EXCEPT INFANT	Yes
38794	CPT/HCPCS	CANNULATION, THORACIC DUCT	Yes
	CPT/HCPCS	INSERTION OF INTRAVASCULAR VENA CAVA FILTER, ENDOVASCULAR A	Yes
		PPROACH INCLUDING VASCULAR ACCESS, VESSEL SELECTION,	
	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
	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
	CPT/HCPCS	REPAIR INITIAL INGUINAL HERNIA, AGE 5 OR OVER; INCARCERATED OR	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
12044 C 22849 C 56740 C 31528 C 63702 C 49507 C 46917 C	CPT/HCPCS  CPT/HCPCS  CPT/HCPCS  CPT/HCPCS  CPT/HCPCS  CPT/HCPCS  CPT/HCPCS	APPROACH; COMPLICATED  REPAIR, INTERMEDIATE, WOUNDS OF NECK, HANDS, FEET AND/OR  EXTERNAL GENITALIA, 7.6 CM TO 12.5 CM  REINSERTION OF SPINAL FIXATION DEVICE  EXCISION OF BARTHOLIN'S GLAND OR CYST  LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; WITH  DILATATION, INITIAL  REPAIR OF MENINGOCELE; LARGER THAN 5 CM DIAMETER  REPAIR INITIAL INGUINAL HERNIA, AGE 5 OR OVER; INCARCERATED OR  STRANGULATED  DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA,  MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; LA  CYSTOURETHROSCOPY, WITH BIOPSY(S)	Yes Yes Yes Yes Yes Yes Yes Yes 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	
26358	CPT/HCPCS	DEBRIDEMENT); SKIN, SUBC+  FLEXOR TENDON REPAIR OR ADVANCEMENT, SINGLE, IN "NO MAN'S LAND";	Yes
20330	CP1/HCPC3	SECONDARY WITH FREE GRAFT (INCLUDES OBTAINING GRAFT)	res
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	REVASCULARIZATION, 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	
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	PLCMENT 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

COUNTY   CONTROL OF STANDARD TO A THE STANDARD TO A STAN	67835	CPT/HCPCS		Yes
CP71-CPCS	64783	CPT/HCPCS	EXCISION OF NEUROMA; HAND OR FOOT, EACH ADDITIONAL NERVE,	Yes
	29710	CPT/HCPCS	REMOVAL OR BIVALVING; SHOULDER OR HIP SPICA, MINERVA, OR RISSER	Yes
APPLICATION AND REPORT PROJUCT PROJU	43320	CPT/HCPCS	ESOPHAGOGASTROSTOMY (CARDIOPLASTY) WITH OR WITHOUT VAGOTOMY	Yes
SOURCE OF THE CONTROL NASAL HEMORRHAGE, POSTERIOR, WITH POSTERIOR NASAL PACKS AND/OR CAUTER/ATION, ANY METHOD, SUBSEQUENT  SOURCE SUBSEQUENCES  SPECIAL OF THE CONTROL NASAL HEMORRHAGE, POSTERIOR, WITH POSTERIOR NASAL PACKS AND/OR CAUTER/ATION, ANY METHOD, SUBSEQUENT  SOURCE OF THE CONTROL O	24920	CPT/HCPCS	·	Yes
POPTINGES   PRODUCTION ANSAL HEMORRHAGE, POSTERIOR, WITH POSTERIOR ANSAL   Post	26508	CDT/HCDCS	THENAR MUSCUE RELEASE FOR THUMR CONTRACTURE	Vas
DOTH-CPCS			*CONTROL NASAL HEMORRHAGE, POSTERIOR, WITH POSTERIOR NASAL	
LIPS AND/OR MUCOUS MEMBRANES, 3.1 CM 10 7.5 CM	69220	CPT/HCPCS	DEBRIDEMENT, MASTOIDECTOMY CAVITY, SIMPLE (EG, ROUTINE CLEANING)	Yes
67146         CPTH-CPCS         PROPHYLAXES OF RETHINAL DETACH-HENT (EG. RETHINAL BREAK, LATTICE)         Yes           27085         CPTH-CPCS         TENDTOMY, LUPSPOSS, OREN SERRANTE PROCEDURE!         Yes           53885         CPTH-CPCS         TENDTOMY, LUPSPOSS, OREN SERRANTE PROCEDURE!         Yes           50436         CPTH-CPCS         TENDTOMY CATHETER, PERCUTANEOUS, INCLUDING         Yes           50436         CPTH-CPCS         EXCHANGE REPRROSTOMY CATHETER, PERCUTANEOUS, INCLUDING         Yes           25020         CPTH-CPCS         DISARROSTIC METHROSTORIAM AND/OR INETERROGIAM WHEN PERCUTANEOUS, INCLUDING         Yes           40806         CPTH-CPCS         DISARROLLATION THROUGH WRIST:         Yes           40807         CPTH-CPCS         TOTAL OR REPROSTOR FOR BOOKY, ESTIBULE OF MOUTH:         Yes           42313         CPTH-CPCS         TOTAL OR REPROSTOR SERVICE RECONSTRUCTION         WITH Yes           42314         CPTH-CPCS         TOTAL OR REPROSTOR SERVICE RECONSTRUCTION         WITH Yes           42315         CPTH-CPCS         TOTAL OR REPROSTORY SUBFRICIPATE TO +         Yes           42316         CPTH-CPCS         SERVICE SUBSEQUENT         Yes           42317         CPTH-CPCS         PROCEDURE SUBSEQUENT         Yes           42318         CPTH-CPCS         PR	12014	CPT/HCPCS		Yes
27005 CPTH-PCPCS DESTRICTION OF FEMALE URENTHRA, GENERAL OR CONDUCTION (SPINAL) ANESTHESIA  SOASS CPTH-CPCS DESTRICTION OF FEMALE URENTHRA, GENERAL OR CONDUCTION (SPINAL) ANESTHESIA  SOASS CPTH-CPCS DESTRICTION OF FEMALE URENTHRA, GENERAL OR CONDUCTION (SPINAL) ANESTHESIA  SOASS CPTH-CPCS DESTRICTION OF SEMALE URENTHRA, GENERAL OR CONDUCTION (SPINAL) ANESTHESIA  SOASS CPTH-CPCS DESTRICTION OF SEMALE URENTHRA, GENERAL OR CONDUCTION (SPINAL) ASSESS CREATED OR CONDUCTION OR SEMALE SOAS WHEN DESTRICTION OR SEMALE SOAS WESTERD OR POSTEROLOUS OR SEMALE SOAS WESTEROLOUS OR SEMALE SEMALE SOAS WESTEROLOUS OR SEMALE SEMAL	67145	CPT/HCPCS	PROPHYLAXIS OF RETINAL DETACHMENT (EG, RETINAL BREAK, LATTICE	Yes
AMESTHESIA  CPTINCPCS	27005	CPT/HCPCS		Yes
CPT/HCPCS   EXCHANGE MEPHROSTOMY CATHETER, PERCUTANEOUS, INCLUDING   Ves			DILATION OF FEMALE URETHRA, GENERAL OR CONDUCTION (SPINAL)	
25220   CPTI-ICPCS   DISARTICULATION THROUGH WRIST;   Yes	50435	CPT/HCPCS	DIAGNOSTIC NEPHROSTOGRAM AND/OR URETEROGRAM WHEN	Yes
COMPLICATED  CONTINCOR STATE TOTAL ESOPHAGECTOMY, ETHER THORACOTOMY; WITH  Ves  COLON INTERPOSISTION OR SMALL BOWEL RECONSTRUCTION  ARTHRODESIS, COMBINED POSTERIOR OR POSTERIOR THORACOTOMY; WITH  Ves  CPTHCPCS  ARTHRODESIS, COMBINED POSTERIOR OR POSTERIOR OR POSTERIOLATERAL TECHNIQUE  WITH POSTERIOR INTERRODY TECHNIQUE INCLUDING LAMINECTOMY  AND/OR DISCECTOMY SUFFICIENT TO -  30311  CPTHCPCS  PERIOARDIOCENTESIS, SUBSEQUENT  Ves  CPTHCPCS  CPTHCPCS  CPTHCPCS  CPTHCPCS  CPTHCPCS  CPTHCPCS  CPTHCPCS  CPTHCPCS  REMANLUMINAL DIATROM OF AQUIEOUS QUIFLOW CANAL  (EGCANALOPLASTY); WITH RETENTION OF DEVICE OR STENT  31824  CPTHCPCS  BRONCHOSCOPY; WITH BRONCHIAL ALVEOLAR LAVAGE  Yes  CPTHCPCS  CPTHCPCS  REMORATION CONTROL OR SUBSEQUENT  Ves  CPTHCPCS  CPTHCPCS  BRONCHOSCOPY; WITH BRONCHIAL ALVEOLAR LAVAGE  Yes  CPTHCPCS  CPTHCPCS  BYPASS GRAFT, WITH VEIN; SUBCLAVIAN SUBCLAVIAN  YES  CPTHCPCS  CPTHCPCS  CPTHCPCS  BYPASS GRAFT, WITH VEIN; SUBCLAVIAN SUBCLAVIAN  YES  CPTHCPCS  CPTHCPCS  CPTHCPCS  INTRODUCTION OF NEEDLE OR INTRACATHETER, AORTIC, TRANSLUMBAR  YES  CPTHCPCS  CPTHCPCS  PERCUTANEOUS SACRAL AUGMENTATION (SACROPLASTY), BILATERAL  INJECTIONS, WHEN USED, 2 OR MORE NEEDLES, INCLUDES IMAGING  GUIDANCE AND BONE BIOPSY, WHEN P+  PARTILL EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF  MOUTH, WITH SIMPLE REPAR  CPTHCPCS  CPTHC	25920	CPT/HCPCS		Yes
COLON INTERPOSISTION OR SMALL BOWEL RECONSTRUCTION  ARTHRODESIS, COMBINED POSTERIOR OR POSTEROLATERA LTECHNIQUE WITH POSTERIOR INTERBODY TECHNIQUE INCLUDING LAMINECTOMY AND/OR DISCECTOMY SUFFICIENT TO +  33011 CPT/HCPCS PERICABDIOCENTESIS; SUBSEQUENT  23315 CPT/HCPCS CLOSED TREATMENT OF NASAL BONE FRACTURE WITH MANIPULATION; WITHOUT STABILIZATION  66175 CPT/HCPCS CLOSED TREATMENT OF NASAL BONE FRACTURE WITH MANIPULATION; WITHOUT STABILIZATION  66175 CPT/HCPCS RANSLAWINAL DIATION OF AQUEOUS OUTFLOW CANAL (EGCANALOPLASTY); WITH RETENTION OF DEVICE OR STENT  31624 CPT/HCPCS BRONCHOSCOPY; WITH BRONCHIAL ALVEOLAR LAVAGE  45305 CPT/HCPCS BRONCHOSCOPY; WITH BRONCHIAL ALVEOLAR LAVAGE  45305 CPT/HCPCS TEMPORARY CLOSURE OF EYELIDS BY SUTURE (EG, FROST SUTURE)  767875 CPT/HCPCS TEMPORARY CLOSURE OF EYELIDS BY SUTURE (EG, FROST SUTURE)  789 PROCTIOSIGMOIDOSCOPY; FOR BIOPSY  780 PROCTIOSIGMOIDOSCOPY; FOR B	40805	CPT/HCPCS		Yes
22834 CPT/HCPCS ARTHRODESIS, COMBINED POSTERIOR OR POSTEROLATERAL TECHNIQUE WITH POSTERIOR INTERDED YTECHNIQUE UNICLUDING LAMINECTOMY AND/ORD DISCECTOMY SUFFICIENT TO +  33011 CPT/HCPCS *PERICARDIOCENTESIS; SUBSEQUENT Yes  21315 CPT/HCPCS *PERICARDIOCENTESIS; SUBSEQUENT Yes  21315 CPT/HCPCS CLOSED TREATMENT OF NASAL BONE FRACTURE WITH MANIPULATION; Yes  WITHOUT STABILIZATION  66175 CPT/HCPCS TRANSLUMINAL DILATION OF AQUEOUS OUTFLOW CANAL  (EGCANALOPLASTIX; WITH RETENTOM OF POLYCE OR STENT YES  (EGCANALOPLASTIX; WITH RETENTOM OF DEVICE OR STENT YES  (EGCANALOPLASTIX; WITH VEIN; SUBCLAVIANS SUBCLAVIANS YES  (EGCANALOPLASTIX; WITH VEIN; SUBCLAVIANS SUBCLAVIAN YES  (EGT/HCPCS BYPASS GRAFT, WITH VEIN; SUBCLAVIANS SUBCLAVIAN YES  (EGT/HCPCS BYPASS GRAFT, WITH VEIN; SUBCLAVIANS SUBCLAVIAN YES  (EGT/HCPCS INTRODUCTION OF NEEDLE OR INTRACATHETER, AORTIC, TRANSLUMBAR YES  (EGT/HCPCS PERCUTANEOUS SACRAL AUGMENTATION (SACROPLASTY), BILATERAL INJUCCTIONS, WHEN USED, 2 OR MORE NEEDLES, INCLUDES IMAGING GUIDANCE AND BONE BIOPSY, WHEN PH  (EGUANCE AND BONE BIOPSY, WITHEN PH	43113	CPT/HCPCS		Yes
33011 CPT/HCPCS PERICARDIOCENTESIS: SUBSEQUENT Yes 21315 CPT/HCPCS CLOSED TREATMENT OF NASAL BONE FRACTURE WITH MANIPULATION; Yes 66175 CPT/HCPCS TRANSLUMINAL DILATION OF AQUEOUS OUTFLOW CANAL (EGCANALOPLASTY); WITH RETENTION OF DEVUCE OR STENT 31624 CPT/HCPCS BRONCHOSCOPY; WITH BRONCHIAL ALVEOLAR LIVAGE YES 45305 CPT/HCPCS PROCTOSIGMOIDOSCOPY; FOR BIOPSY 45305 CPT/HCPCS PROSCORATE WITH VEIN; SUBCLAVIANS UBCLAVIAN 45511 CPT/HCPCS FASCIECTOMY, PALMAR ONLY, WITH OR WITHOUT Z-PLASTY, OTHER LOCAL 15SSUE REARRANGEMENT, OR SKIN GRAFTING (INCLUDES 36160 CPT/HCPCS INTRODUCTION OF NEEDLE OR INTRACATHETER, AORTIC, TRANSLUMBAR 45511 CPT/HCPCS PROCEDURE OR INTRACATHETER, AORTIC, TRANSLUMBAR 4560 CPT/HCPCS PARTIAL EXCISION OR LICENTERIZATION, SAUCERIZATION, SEQUESTRECTOMY, OR 45710 CPT/HCPCS PARTIAL EXCISION OR LICENTERIZATION, SAUCERIZATION, SEQUESTRECTOMY, OR 45710 CPT/HCPCS EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF 45711 CPT/HCPCS EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF 45711 CPT/HCPCS EXCISION OF PAROTID TUMOR OR PAROTID GLAND; LATERAL LOBE, WITH 45711 DISSECTION AND PRESERVATION OF FACIAL NERVE 45711 CPT/HCPCS EXCISION OF PAROTID TUMOR OR PAROTID GLAND; LATERAL LOBE, WITH 45711 DISSECTION AND PRESERVATION OF FACIAL NERVE 45711 CPT/HCPCS EXCISION OF PAROTID TUMOR OR PAROTID GLAND; LATERAL LOBE, WITH 45711 DISSECTION AND PRESERVATION OF FACIAL NERVE 45711 CPT/HCPCS EXCISION OF PAROTID TUMOR OR PAROTID GLAND; LATERAL LOBE, WITH 45711 DISSECTION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF 45711 CPT/HCPCS EXCISION OF PAROTID TUMOR OR PAROTID GLAND; LATERAL LOBE, WITH 45711 CPT/HCPCS SEXUES OR ADDITIONAL MAJOR PE	22634	CPT/HCPCS	ARTHRODESIS, COMBINED POSTERIOR OR POSTEROLATERAL TECHNIQUE WITH POSTERIOR INTERBODY TECHNIQUE INCLUDING LAMINECTOMY	Yes
21315 CPT/HCPCS CLOSED TREATMENT OF NASAL BONE FRACTURE WITH MANIPULATION; WITHOUT STABILIZATION WITHOUT STABILIZATION 66175 CPT/HCPCS TRANSLUMINAL DILATION OF AQUEOUS OUTFLOW CANAL (EGCANALOPLASTY); WITH RETENTION OF DEVICE OR STENT 31624 CPT/HCPCS BRONCHOSCOPY; WITH BRONCHILA LAVEOLAR LAVAGE YES 67875 CPT/HCPCS BRONCHOSCOPY; WITH BRONCHILA LAVEOLAR LAVAGE YES 67875 CPT/HCPCS TEMPORARY CLOSURE OF EYELIDS BY SUTURE (EG, FROST SUTURE) YES 67875 CPT/HCPCS BYPASS GRAFT, WITH YEIN; SUBCLAVIAN-SUBCLAVIAN YES 67875 CPT/HCPCS BYPASS GRAFT, WITH YEIN; SUBCLAVIAN-SUBCLAVIAN YES 67876 CPT/HCPCS BYPASS GRAFT, WITH YEIN; SUBCLAVIAN-SUBCLAVIAN YES 67876 CPT/HCPCS FASCIECTOMY, PALMAR ONLY, WITH OR WITHOUT Z-PLASTY, OTHER LOCAL YES 67876 CPT/HCPCS INTRODUCTION OF NEEDLE OR INTRACATHETER, AORTIC, TRANSLUMBAR YES 67876 CPT/HCPCS PERCUTANEOUS SACRAL AUGMENTATION (SACROPLASTY), BILATERAL INJECTIONS, WHEN USED, 2 OR MORE NEEDLES, INCLUDES IMAGING GUIDANCE AND BONE BIOPSY, WHEN PH- 67876 CPT/HCPCS PARTIAL EXCISION (CRATETIZATION, SAUCERIZATION, SEQUESTRECTOMY, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELI 67876 CPT/HCPCS EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF YES MOUTH; WITH SIMPLE REPAIR 67876 CPT/HCPCS EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF YES MOUTH; WITH SIMPLE REPAIR OPEN TREATMENT OF ALVEOLAR RIDGE FRACTURE (SEPARATE PROCEDURE) YES 67876 CPT/HCPCS EXCISION OF PAROTID TUMOR OR PAROTID GLAND; LATERAL LOBE, WITH YES 67876 CPT/HCPCS DESCRIPTION AND PRESERVATION OF FACIAL NERVE 67890 CPT/HCPCS **DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; CH 679710 CPT/HCPCS EXCISION, SACRAL PRESSURE ULCER, WITH OTHER FLAP CLOSURE; YES 679710 CPT/HCPCS EXCISION, SACRAL PRESSURE ULCER, WITH OTHER FLAP CLOSURE; YES 679710 CPT/HCPCS EXCISION, SACRAL PRESSURE ULCER, WITH OTHER FLAP CLOSURE; YES 679710 CPT/HCPCS EXCISION, SACRAL PRESSURE ULCER, WITH OTHER FLAP CLOSURE; YES 679710 CPT/HCPCS EXCISION. SACRAL PRESSURE ULCER, WITH OTHER FLAP CLOSURE; YES	33011	CPT/HCPCS		Yes
(EGCANALOPLASTY); WITH RETENTION OF DEVICE OR STENT  31624 CPT/HCPCS BRONCHOSCOPY; WITH BRONCHILL ALVEOLAR LAVAGE YES  45305 CPT/HCPCS TEMPORARY CLOSURE OF EYELIDS BY SUTURE (EG, FROST SUTURE)  75875 CPT/HCPCS TEMPORARY CLOSURE OF EYELIDS BY SUTURE (EG, FROST SUTURE)  75875 CPT/HCPCS BYPASS GRAFT, WITH VEIN; SUBCLAVIAN YES  75811 CPT/HCPCS BYPASS GRAFT, WITH VEIN; SUBCLAVIAN-SUBCLAVIAN YES  75812 CPT/HCPCS BYPASS GRAFT, WITH VEIN; SUBCLAVIAN-SUBCLAVIAN YES  75813 CPT/HCPCS BYPASS GRAFT, WITH VEIN; SUBCLAVIAN-SUBCLAVIAN YES  75814 CPT/HCPCS BYPASS GRAFT, WITH VEIN; SUBCLAVIAN-SUBCLAVIAN YES  75815 CPT/HCPCS BYPASS GRAFT, WITH VEIN; SUBCLAVIAN-SUBCLAVIAN YES  75816 CPT/HCPCS INTRODUCTION OF NEEDLE OR INTRACATHETER, AORTIC, TRANSLUMBAR YES  75816 CPT/HCPCS PERCUTANEOUS SACRAL AUGMENTATION (SACROPLASTY), BILATERAL INJECTIONS, WHEN USED, 2 OR MORE NEEDLES, INCLUDES IMAGING GUIDANCE AND BONE BIOPSY, WHEN PH  75817 CPT/HCPCS PARTIAL EXCISION (GRATERIZATION, SAUCERIZATION, SEQUESTRECTOMY, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELI)  75818 CPT/HCPCS EXCISION OF LESION OF PROTIED GLAND, SAUCERIZATION, SEQUESTRECTOMY, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELI)  75819 CPT/HCPCS EXCISION OF PAROTID TUMOR OR PAROTID GLAND; LATERAL LOBE, WITH DISSECTION AND PRESERVATION OF FACIAL NERVE PERSONAL CONTAGIOSUM, HERPETIC VESICLE, SIMPLE; CH  7582 CPT/HCPCS SUTURE OF FACH ADDITIONAL MAJOR PERIPHERAL NERVE YES  75836 CPT/HCPCS SUTURE OF FACH ADDITIONAL MAJOR PERIPHERAL NERVE YES  75836 CPT/HCPCS SEVERING OF TARGORRHAPHY YES  75910 CPT/HCPCS SEVERING OF TARGORRHAPHY YES  75910 CPT/HCPCS LAMINECTOMY WITH CORDOTOMY WITH SECTION OF BOTH YES  75910 CPT/HCPCS SPINOTHALAMIC TRACTS, TWO STAGES WITHIN 14 DAYS; THORACIC	21315	CPT/HCPCS	<u> </u>	Yes
31624   CPT/HCPCS   BRONCHOSCOPY; WITH BRONCHIAL ALVEOLAR LAVAGE   Yes	66175	CPT/HCPCS	1	Yes
67875 CPT/HCPCS TEMPORARY CLOSURE OF EYELIDS BY SUTURE (EG, FROST SUTURE)  785511 CPT/HCPCS BYPASS GRAFT, WITH VEIN; SUBCLAVIAN-SUBCLAVIAN  7862  786125 CPT/HCPCS FASCIECTOMY, PALMAR ONLY, WITH OR WITHOUT Z-PLASTY, OTHER LOCAL  78581 REARRANGEMENT, OR SKIN GRAFTING (INCLUDES)  786160 CPT/HCPCS INTRODUCTION OF NEEDLE OR INTRACATHETER, AORTIC, TRANSLUMBAR  786160 CPT/HCPCS INTRODUCTION OF NEEDLE OR INTRACATHETER, AORTIC, TRANSLUMBAR  786160 CPT/HCPCS PERCUTANEOUS SACRAL AUGMENTATION (SACROPLASTY), BILATERAL  786161 INJECTIONS, WHEN USED, 2 OR MORE NEEDLES, INCLUDES IMAGING  78611 GUIDANCE AND BONE BIOPSY, WHEN P+  78612 CPT/HCPCS PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, SEQUESTRECTOMY, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELI  78612 CPT/HCPCS EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF  78613 MOUTH; WITH SIMPLE REPAIR  78614 CPT/HCPCS EXCISION OF PAROTID TUMOR OR PAROTID GLAND; LATERAL LOBE, WITH  78615 DISSECTION AND PRESERVATION OF FACIAL NERVE  78615 CPT/HCPCS AMPUTATION, TOE; INTERPHALANGEAL JOINT  78616 CPT/HCPCS AMPUTATION, TOE; INTERPHALANGEAL JOINT  78616 CPT/HCPCS SUTURE OF EACH ADDITIONAL MAJOR PERIPHERAL NERVE  78617 CPT/HCPCS SUTURE OF EACH ADDITIONAL MAJOR PERIPHERAL NERVE  78617 CPT/HCPCS EXCISION, SACRAL PRESSURE ULCER, WITH OTHER FLAP CLOSURE;  78618 CPT/HCPCS SUTURE OF EACH ADDITIONAL MAJOR PERIPHERAL NERVE  78619 CPT/HCPCS SUTURE OF EACH ADDITIONAL MAJOR PERIPHERAL NERVE  78619 CPT/HCPCS LEXCISION, SACRAL PRESSURE ULCER, WITH OTHER FLAP CLOSURE;  78619 CPT/HCPCS LAMINECTOMY WITH CORDOTOMY WITH SECTION OF BOTH  78619 CPT/HCPCS LAMINECTOMY WITH CORDOTOMY WITH SECTION OF BOTH  78619 CPT/HCPCS LAMINECTOMY WITH CORDOTOMY WITH SECTION OF BOTH  78619 CPT/HCPCS LAMINECTOMY WITH CORDOTOMY WITH SECTION OF BOTH  78619 CPT/HCPCS LAMINECTOMY WITH CORDOTOMY WITH SECTION OF BOTH  78619 CPT/HCPCS LAMINECTOMY WITH CORDOTOMY WITH SECTION OF BOTH  78619 CPT/HCPCS LAMINECTOMY WITH CORDOTOMY WITH SECTION OF BOTH  78619 CPT/HCPCS LAMINECTOMY WITH CORDOTOMY WITH SECTION OF BOTH  78619 CPT/HCPC	31624	CPT/HCPCS		Yes
SS511   CPT/HCPCS   BYPASS GRAFT, WITH VEIN; SUBCLAVIAN-SUBCLAVIAN   Yes	45305	CPT/HCPCS	PROCTOSIGMOIDOSCOPY; FOR BIOPSY	Yes
26125 CPT/HCPCS FASCIECTOMY, PALMAR ONLY, WITH OR WITHOUT Z-PLASTY, OTHER LOCAL TISSUE REARRANGEMENT, OR SKIN GRAFTING (INCLUDES) 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 PHARTIAL EXCISION, SHORE NEEDLES, INCLUDES IMAGING GUIDANCE AND BONE BIOPSY, WHEN PHARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, SEQUESTRECTOMY, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELI  40812 CPT/HCPCS EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITH SIMPLE REPAIR  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  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 64859 CPT/HCPCS SUTURE OF EACH ADDITIONAL MAJOR PERIPHERAL NERVE YES 15936 CPT/HCPCS EXCISION, SCRAL PRESSURE ULCER, WITH OTHER FLAP CLOSURE; Yes 67710 CPT/HCPCS *SEVERING OF TARSORRHAPHY YES 5PINOTHALAMIC TRACTS, TWO STAGES WITHIN 14 DAYS; THORACIC	67875	CPT/HCPCS	TEMPORARY CLOSURE OF EYELIDS BY SUTURE (EG, FROST SUTURE)	Yes
TISSUE REARRANGEMENT, OR SKIN GRAFTING (INCLUDES  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+  28120 CPT/HCPCS PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, SEQUESTRECTOMY, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELI  40812 CPT/HCPCS EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITH SIMPLE REPAIR  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  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  64859 CPT/HCPCS SUTURE OF EACH ADDITIONAL MAJOR PERIPHERAL NERVE YES  15936 CPT/HCPCS SUTURE OF EACH ADDITIONAL MAJOR PERIPHERAL NERVE YES  67710 CPT/HCPCS LAMINECTOMY WITH CORDOTOMY WITH SECTION OF BOTH YES  63199 CPT/HCPCS LAMINECTOMY WITH CORDOTOMY WITH SECTION OF BOTH SPINOTHALAMIC TRACTS, TWO STAGES WITHIN 14 DAYS; THORACIC	35511	CPT/HCPCS	BYPASS GRAFT, WITH VEIN; SUBCLAVIAN-SUBCLAVIAN	Yes
0201T CPT/HCPCS PERCUTANEOUS SACRAL AUGMENTATION (SACROPLASTY), BILATERAL INJECTIONS, WHEN USED, 2 OR MORE NEEDLES, INCLUDES IMAGING GUIDANCE AND BONE BIOPSY, WHEN P+  28120 CPT/HCPCS PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, SEQUESTRECTOMY, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELI  40812 CPT/HCPCS EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITH SIMPLE REPAIR  21445 CPT/HCPCS OPEN TREATMENT OF ALVEOLAR RIDGE FRACTURE (SEPARATE PROCEDURE)  42415 CPT/HCPCS EXCISION OF PAROTID TUMOR OR PAROTID GLAND; LATERAL LOBE, WITH DISSECTION AND PRESERVATION OF FACIAL NERVE  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  48859 CPT/HCPCS SUTURE OF EACH ADDITIONAL MAJOR PERIPHERAL NERVE Yes 67710 CPT/HCPCS *SEVERING OF TARSORRHAPHY Yes 63199 CPT/HCPCS LAMINECTOMY WITH CORDOTOMY WITH SECTION OF BOTH Yes SPINOTHALAMIC TRACTS, TWO STAGES WITHIN 14 DAYS; THORACIC	26125	CPT/HCPCS		Yes
INJECTIONS, WHEN USED, 2 OR MORE NEEDLES, INCLUDES IMAGING GUIDANCE AND BONE BIOPSY, WHEN P+  28120 CPT/HCPCS PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, SEQUESTRECTOMY, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELI  40812 CPT/HCPCS EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITH SIMPLE REPAIR  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  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  64859 CPT/HCPCS SUTURE OF EACH ADDITIONAL MAJOR PERIPHERAL NERVE  15936 CPT/HCPCS *SEVERING OF TARSORRHAPHY Yes  67710 CPT/HCPCS *SEVERING OF TARSORRHAPHY Yes  SPINOTHALAMIC TRACTS, TWO STAGES WITHIN 14 DAYS; THORACIC	36160	CPT/HCPCS	INTRODUCTION OF NEEDLE OR INTRACATHETER, AORTIC, TRANSLUMBAR	Yes
OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELI  40812 CPT/HCPCS EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITH SIMPLE REPAIR  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  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  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 LAMINECTOMY WITH CORDOTOMY WITH SECTION OF BOTH Yes  SPINOTHALAMIC TRACTS, TWO STAGES WITHIN 14 DAYS; THORACIC	0201T	CPT/HCPCS	INJECTIONS, WHEN USED, 2 OR MORE NEEDLES, INCLUDES IMAGING	Yes
MOUTH; WITH SIMPLE REPAIR  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  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  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 Yes  SPINOTHALAMIC TRACTS, TWO STAGES WITHIN 14 DAYS; THORACIC	28120	CPT/HCPCS	, , , , , , , , , , , , , , , , , , , ,	Yes
CPT/HCPCS OPEN TREATMENT OF ALVEOLAR RIDGE FRACTURE (SEPARATE PROCEDURE)  42415 CPT/HCPCS EXCISION OF PAROTID TUMOR OR PAROTID GLAND; LATERAL LOBE, WITH DISSECTION AND PRESERVATION OF FACIAL NERVE  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  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 LAMINECTOMY WITH CORDOTOMY WITH SECTION OF BOTH Yes  63199 CPT/HCPCS LAMINECTOMY WITH CORDOTOMY WITH SECTION OF BOTH Yes  SPINOTHALAMIC TRACTS, TWO STAGES WITHIN 14 DAYS; THORACIC	40812	CPT/HCPCS		Yes
DISSECTION AND PRESERVATION OF FACIAL NERVE  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  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 Yes  SPINOTHALAMIC TRACTS, TWO STAGES WITHIN 14 DAYS; THORACIC	21445	CPT/HCPCS	·	Yes
46900 CPT/HCPCS *DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; CH  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	42415	CPT/HCPCS		Yes
MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; CH  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				
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			MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; CH	
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				
63199 CPT/HCPCS LAMINECTOMY WITH CORDOTOMY WITH SECTION OF BOTH SPINOTHALAMIC TRACTS, TWO STAGES WITHIN 14 DAYS; THORACIC				
SPINOTHALAMIC TRACTS, TWO STAGES WITHIN 14 DAYS; THORACIC				
I17340 ICPT/HCPCS I*CRYOTHERAPY (CO2 SLUSH, LIOUID N2) IVes			SPINOTHALAMIC TRACTS, TWO STAGES WITHIN 14 DAYS; THORACIC	
	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	Yes
		REMOVAL OF ANTROCHOANAL POLYPS	
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;	Yes
37231	CPT/HCPCS	PRIMARY, SINGLE, EACH TENDON OR MUSCLE 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	Yes
		RETROMOLAR TRIGONE; CLOSURE WITH LOCAL FLAP (EG, TONGUE, BUCCA	
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,	Yes
		INCLUDES FUNDOPLASTY, WHEN PERFORMED; WITHOUT IMPLANTATION OF	
		ME	
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	Yes
		CORA	
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
157.10	007/110000		
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	Yes
66170	CPT/HCPCS	FIXATION; EACH ADDITIONAL INTERPHALANGEAL JOINT FISTULIZATION OF SCLERA FOR GLAUCOMA; TRABECULECTOMY AB	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	
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	Yes
11626	CPT/HCPCS	BYPASS, WITH OR WITHOUT PATCH  EXCISION, MALIGNANT LESION INCL MARGINS, SCALP, NECK, HANDS, FEET,	Yes
		GENITALIA; EXCISED DIAMETER OVER 4CM	

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		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		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		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	ABLATIN, 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	
33968	CPT/HCPCS	REMOVAL OF INTRA-AORTIC BALLOON ASSIST DEVICE, PERCUTANEOUS	Yes

CPTHICPUS	53444	CPT/HCPCS	INSEERTION OF TANDEM CUFF (DUAL CUFF)	Yes
GRATION CONTROL   CAPTAIGNESS   GRATION CONTROL   CAPTAIGNESS   CAPTAI				
CHAMPORS		+	ORBITOTOMY WITH BONE FLAP, LATERAL APPROACH (EG, KROENLEIN);	
Passetter, CLOSURE OF DONOR STEP A SIMPLING FLAP INTO 0.				1
MEDIAETINAL ENFORMANCE   MEDICARION STEMAS PUT OR TRANSPIRACIÓN	Q2066	CPI/HCPCS	· · · · · ·	Yes
### ### ### ### ### ### ### ### ### ##	60505	CPT/HCPCS	` "	Yes
CPTIACPCS   CONTROL OF HASDINACEAL HEMORIHAGE, PRINARY OR SECONDARY   Yes	43116	CPT/HCPCS	PARTIAL ESOPHAGECTOMY, CERVICAL, WITH FREE INTESTINAL GRAFT	Yes
Fig.   POSTADENCIDECTOMY, COMPLICATED, REQUIRING   Ves	42071	CDT/HCDCS		Voc
SPITHOPOS   PRINCIPOS   PRIN	42971	CPI/HCPCS		res
PRODUCUS BETHAR   CPT/HCPCS	31750	CPT/HCPCS	TRACHEOPLASTY; CERVICAL	Yes
CPTINCPCS	53000	CPT/HCPCS		Yes
NEUROLYTIC AGENT (EB, ALCOHOL, THERMAL, ELECTRICAL, RADIOFR  220200 OPT/HCPCS OPEN TREATING OF TUMOR; CLAVICLE Yes  30251 OPTHCPCS OPEN TREATING OF UN MAR STOUD FRACTURE  30251 OPTHCPCS OPEN TREATING OF UN AND STOUD FRACTURE  30251 OPTHCPCS OPEN TREATING OF SUPRAVENTIBIOLUAR ARRHYTHMOGENIC FOCUS OF RATHWAY (EG, WOLF-FARKINSON-WHITE, AV MODE RE-ENTRY),  30413 OPTHCPCS APPLICATION OF JUMP ARRHYTHMOGENIC FOCUS PUMP ON AND STOUD AND STO	35540	CPT/HCPCS	BYPASS GRAFT, WITH VEIN, AORTOBIFEMORAL	Yes
26552 CPT/HCPCS OPEN TREATENT OF UNINAS STUCID FRACTURE Yes 33251 CPT/HCPCS OPEN TREATENT OF UNINAS STUCID FRACTURE  OPENATIVE AUGUSTO OF SUPPAVENTIFICALIS ARRIVITHMOGENIC FOCUS OPENATIVE AUGUSTO OF SUPPAVENTIFICATION OF AUTOLOGOUS PULMONARY VALVE WINDMOGRAFT REPLACEMENT OF PULMONARY VALVE (ROSS)  C2277 CPT/HCPCS APPLICATION OF LOW COST SKIN SUBSTITUTE GRAFT TO FACE, SCALP, EVELIDS, MOUTH, NECK, EARS, OBBITS, GENTRALIA, HANDS, FEET 11970 CPT/HCPCS REPLACEMENT OF TRUMONARY VALVE STORM CPT/HCPCS REPLACEMENT OF TISSUE EXPANDER WITH PERMANENT IMPLANT PORTHUPPES REPLACEMENT OF TISSUE EXPANDER WITH PERMANENT PROCEDURE; MALE PORTHUPPES REPLACEMENT OF TISSUE EXPANDER WITH PERMANENT PROCEDURE; MALE PORTHUPPES REPLACEMENT OF TISSUE EXPANDER WITH PERMANENT PROCEDURE; WALL PORTHUPPES REPLACEMENT OF TISSUE EXPANDER WITH PERMANENT PROCEDURE; WALL PORTHUPPES REPLACEMENT OF TISSUE EXPANDER WITH PROCEDURE PROCEDURE; WALL PORTHUPPES REPLACEMENT OF TISSUE EXPANDER WITH PROCEDURE PROCEDURE; WALL PORTHUPPES REPLACEMENT OF TISSUE EXPANDER WITH PROCEDURE PROCEDURE. PORTHUPPES REPLACEMENT OF TISSUE EXPANDER WITH PROCEDURE PROCEDURE. PORTHUPPES REPLACEMENT OF TISSUE EXPANDER WITH PROCEDURE. PORTHUPPES REPLACEMENT OF TISSUE EXPANDER PROCEDURE. PORTHUPPES REPLACEMENT OF TI	61790	CPT/HCPCS		Yes
OPT/HCPCS	23200	CPT/HCPCS	RADICAL RESECTION OF TUMOR; CLAVICLE	Yes
OR PATHWAY (EG. WOLFF-PARKINSON-WHITE, A V NODE RE-ENTRY),  23413 CPTH-CPCS REPLACEMENT, AORTIC VALVE, BY TRANSLOCATION OF AUTOLOGOUS PULMONARY VALVE WHOMOGRAFT REPLACEMENT OF PULMONARY VALVE (ROSS)  CS2277 CPTH-CPCS APPLICATION OF LOW COST SKIN SUBSTITUTE GRAFT TO FACE, SCALP, EYELDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET  11970 CPTH-CPCS REPAIR OF MENINOCCELE; LESS THAN S CM DIAMETER YES  23700 CPTH-CPCS REPAIR OF MENINOCCELE; LESS THAN S CM DIAMETER YES  23700 CPTH-CPCS REPAIR OF MENINOCCELE; LESS THAN S CM DIAMETER YES  23700 CPTH-CPCS REPAIR OF MENINOCCELE; LESS THAN S CM DIAMETER YES  23700 CPTH-CPCS PROSTATE-CTOWN, RETROPLUSIC RADICAL; WITH LYMPH NODE YES  23700 CPTH-CPCS PROSTATE-CTOWN, RETROPLUSIC RADICAL; WITH LYMPH NODE YES  23700 CPTH-CPCS EXCISION OF URETHRAL DIVERTICULUM (SEPARATE PROCEDURE); MALE YES  23700 CPTH-CPCS FINE NEEDLE ASPIRATION; WITH MAGING GUIDANCE YES  23700 CPTH-CPCS FINE NEEDLE ASPIRATION; WITH MAGING GUIDANCE YES  237184 CPTH-CPCS PRIMARY PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMSECTOMY; INITIAL VESSE; NONCORONARY, ARTERIAL DRYASS GRA  27215 CPTH-CPCS OPEN TREATMENT OF LICAS SPINATION; WITH MEGING GUIDANCE YES  237184 CPTH-CPCS OPEN TREATMENT OF LICAS SPINATION; WITH MEGING GUIDANCE YES  237185 CPTH-CPCS OPEN TREATMENT OF LICAS SPINATION; WITH MEGING GUIDANCE YES  237186 CPTH-CPCS OPEN TREATMENT OF LICAS SPINATION; WITH MEGING GUIDANCE YES  237187 CPTH-CPCS OPEN TREATMENT OF LICAS SPINATION; WITH MEGING GUIDANCE YES  237188 CPTH-CPCS OPEN TREATMENT OF LICAS SPINATION; WITH MEGING GUIDANCE YES  237189 CPTH-CPCS OPEN TREATMENT OF LICAS SPINATION; WITH MEGING GUIDANCE YES  237180 CPTH-CPCS OPEN TREATMENT OF LICAS SPINATION; WITH OUT TRANSLUMINAL MECHANICAL THROMSECTOMY; YES  237180 CPTH-CPCS OPEN TREATMENT OF LICAS SPINATION; WITH OUT TRANSLUMINAL MECHANICAL THROMSECTOMY; YES  237180 CPTH-CPCS OPEN TREATMENT OF LICAS SPINATION; WITH OUT TRANSLUMINAL MECHANICAL THROMSECTOMY; YES  23780 CPTH-CPCS OPEN TREATMENT OF TRANSLUMINATION YES  23890 CPTH-CPCS OPEN TREATMENT OF TRE	25652	CPT/HCPCS	OPEN TREATENT OF ULNAR STYLOID FRACTURE	Yes
PULMONARY VALVE W/HOMOGRAFT REPLACEMENT OF PULMONARY VALVE (ROSS	33251	CPT/HCPCS		Yes
CS2777         CPT/HCPCS         APPLICATION OF LOW COST SKIN SUBSTITUTE GRAFT TO FACE, SCALP, EVELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET         Yes           11970         CPT/HCPCS         REPLACEMENT OF TISSUE EXPANDER WITH PERMANENT IMPLANT         Yes           63700         CPT/HCPCS         REPAIR OF MENINGGCELE, LESS THAN 5 CM DIAMETER         Yes           23256         CPT/HCPCS         OPEN TREATMENT OF DEPRESSED YZGOMATIC ARCH FRACTURE         Yes           55842         CPT/HCPCS         PROSTATECTOMY, RETROPUBIC RADICAL; WITH LYMPH NODE         Yes           53235         CPT/HCPCS         PROSTATECTOMY, RETROPUBIC RADICAL; WITH LYMPH NODE         Yes           53236         CPT/HCPCS         DEVENTION OF URETHALD IDVERTICULUM (SEPARATE PROCEDURE); MALE         Yes           32360         CPT/HCPCS         OPEN TREATMENT OF CLOSED OR OPEN SHOULDER DISLOCATION         Yes           30022         CPT/HCPCS         SIN IN REDULE ASPIRATION; WITH IMAGING GUIDANCE         Yes           40805         CPT/HCPCS         URETEROTOMY FOR INSERTION OF INDWELLING STENT, ALL TYPES         Yes           37184         CPT/HCPCS         URETEROTOMY FOR INSERTION OF INDWELLING STENT, ALL TYPES         Yes           37215         CPT/HCPCS         OPEN TREATMENT OF ILIAC SPINE(S), TUBEROSITY AVULSION, OR ILIAC         Yes           4820 <t< td=""><td>33413</td><td>CPT/HCPCS</td><td>PULMONARY VALVE W/HOMOGRAFT REPLACEMENT OF PULMONARY VALVE</td><td>Yes</td></t<>	33413	CPT/HCPCS	PULMONARY VALVE W/HOMOGRAFT REPLACEMENT OF PULMONARY VALVE	Yes
11970 CPT/HCPCS REPLACEMENT OF TISSUE EXPANDER WITH PERMANENT IMPLANT YES 32700 CPTHCPCS REPAIR OF MENINGOCELE; LESS THAN 5 CM DIAMETER YES 22366 CPT/HCPCS POEN TREATMENT OF DEPRESSED ZYGOMATIC ARCH FRACTURE 25842 CPT/HCPCS PROSTATECTOMY, RETROPUBIC RADICAL; WITH LYMPH NODE 258542 CPT/HCPCS PROSTATECTOMY, RETROPUBIC RADICAL; WITH LYMPH NODE 25855 CPT/HCPCS PROSTATECTOMY, RETROPUBIC RADICAL; WITH LYMPH NODE 25856 CPT/HCPCS EXISION OF URETHRAL DIVERTICULUM (SEPARATE PROCEDURE); MALE 25860 CPT/HCPCS OPEN TREATMENT OF CLOSED OR OPEN SHOULDER DISLOCATION 2600 CPT/HCPCS PINE NEEDLE ASPIRATION; WITH IMAGING GUIDANCE YES 26005 CPT/HCPCS PINE NEEDLE ASPIRATION; WITH IMAGING GUIDANCE YES 27184 CPT/HCPCS URETEROTOMY FOR INSERTION OF INDWELLING STENT, ALL TYPES YES 27195 CPT/HCPCS OPEN TREATMENT OF ILIAC SPINE(S), TUBEROSITY AVULSION, OR ILIAC YES 27215 CPT/HCPCS OPEN TREATMENT OF ILIAC SPINE(S), TUBEROSITY AVULSION, OR ILIAC YES 27216 CPT/HCPCS GINGIVECTOMY, EXCISION GINGINA, EACH QUADARANT YES 27217 CPT/HCPCS GINGIVECTOMY, EXCISION GINGINA, EACH QUADARANT YES 27218 CPT/HCPCS CROSS-OVER YEIN GRAFT TO VENOUS SYSTEM YES 27219 CPT/HCPCS CROSS-OVER YEIN GRAFT TO VENOUS SYSTEM YES 27219 CPT/HCPCS CROSS-OVER YEIN GRAFT TO VENOUS SYSTEM YES 27219 CPT/HCPCS REMISION OR REMOVAL OF INTRACRANIAL NEUROSTIMULATOR YES 27219 CPT/HCPCS REMISION OR REMOVAL OF INTRACRANIAL NEUROSTIMULATOR YES 27219 CPT/HCPCS OSTECTOMY, CALCANEUS; FOR SPUR, WITH OR WITHOUT PLANTAR FASCIAL YES 27219 CPT/HCPCS OSTECTOMY, CALCANEUS; FOR SPUR, WITH OR WITHOUT PLANTAR FASCIAL YES 27219 CPT/HCPCS OSTECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DE COMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT[S], [EG, SPINAL CORD, CAU	C5277	CPT/HCPCS	APPLICATION OF LOW COST SKIN SUBSTITUTE GRAFT TO FACE, SCALP,	Yes
63700 CPT/HCPCS REPAIR OF MENINGOELE; LESS THAN 5 CM DIAMETER YES 21356 CPTHOPGS OPEN TREATMENT OF DEPRESSED ZYGOMATIC ARCH FRACTURE YES 58842 CPTHOPGS PROSTATECTOMY, RETROPUBIC RADICAL, WITH LYMPH NODE YES 58942 CPTHOPCS EXCISION OF URETHRAL DIVERTICULUM (SEPARATE PROCEDURE); MALE YES 53235 CPTHCPCS EXCISION OF URETHRAL DIVERTICULUM (SEPARATE PROCEDURE); MALE YES 53236 CPTHCPCS PROSTATE OF CLOSED OR OPEN SHOULDER DISLOCATION YES 53236 CPTHCPCS PRIME NEEDLE ASPIRATION; WITH IMAGING QUIDANCE YES 53236 CPTHCPCS PRIME YER OF THE NEEDLE ASPIRATION; WITH IMAGING QUIDANCE YES 53237 CPTHCPCS PRIME YER OF THE NEEDLE ASPIRATION; WITH IMAGING QUIDANCE YES 53238 CPTHCPCS PRIME YER OF THE NEEDLE ASPIRATION; WITH IMAGING QUIDANCE YES 53239 CPTHCPCS PRIME YER OF THE NEEDLE ASPIRATION; WITH IMAGING QUIDANCE YES 53239 CPTHCPCS PRIME YER OF THE NEEDLE ASPIRATION; WITH IMAGING QUIDANCE YES 532184 CPTHCPCS PRIME YER OF THE NEEDLE ASPIRATION; WITH IMAGING QUIDANCE YES 532184 CPTHCPCS OPEN TREATMENT OF ILLAC SPINE(S), TUBEROSITY AULSION, OR ILLAC YES 53220 CPTHCPCS GINGIVECTOMY, EXCISION GINGIVA, EACH QUADRANT YES 53230 CPTHCPCS COLONOSCOPY, FIBEROPTIC, BEYOND SPLENIC FLEXURE; FOR REMOVAL OF POLYPOID LESION(S) 53230 CPTHCPCS COLONOSCOPY, FIBEROPTIC, BEYOND SPLENIC FLEXURE; FOR REMOVAL OF POLYPOID LESION(S) 53230 CPTHCPCS REVISION OR REMOVAL OF INTRACRANIAL NEUROSTIMULATOR YES 645300 CPTHCPCS REMOVAL OF BLOOD CLOT, ANTERIOR SEGMENT YES 645301 CPTHCPCS OSTECTOMY, CALCANEUS; FOR SPUR, WITH OUT PLANTAR FASCIAL YES 65301 CPTHCPCS OSTECTOMY, FAGETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOTIS], [EG, SPINAL + GOTT, CAUDA EQUINA AND/OR NERVE ROOTIS], [EG, SPINAL + GOTT, CAUDA EQUINA AND/OR NERVE ROOTIS], [EG, SPINAL + GOTT, CAUDA EQUINA AND/OR NERVE ROOTIS], [EG, SPINAL + GOTT, CAUDA EQUINA AND/OR NERVE ROOTIS], [EG, SPINAL + GOTT, CAUDA EQUINA AND/OR NERVE ROOTIS], [EG, SPINAL + GOTT, CAUDA EQUINA AND/OR NERVE ROOTIS], [EG, SPINAL + GOTT, CAUDA EQUINA AND/OR NERVE ROOTI	11970	CPT/HCPCS		Yes
27356				
BIOPSY(S)(LIMITED PELVIC LYMPHADENECTOMY)  53235 CPT/HCPCS EXCISION OF URETHRAL DIVERTICULUM (SEPARATE PROCEDURE); MALE  23660 CPT/HCPCS OPENTREATMENT OF CLOSED OR OPEN SHOULDER DISLOCATION  7022 CPT/HCPCS FINE NEEDLE ASPIRATION; WITH IMAGING GUIDANCE  948 Yes  37184 CPT/HCPCS PRIMARY PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY; INITIAL VESSEL; NONCORONARY, ARTERIAL OR ARTERIAL BYPASS GRA  27215 CPT/HCPCS OPEN TREATMENT OF ILIAC SPINE(S), TUBEROSITY AVULSION, OR ILIAC WING FRACTURE(S), WITH INTERNAL FINATION  41820 CPT/HCPCS GINGINECTOMY, EXCISION GINGING, EACH QUADRANT Yes  45385 CPT/HCPCS COLONOSCOPY, FIBEROPTIC, BEYOND SPLENIC FLEXURE; FOR REMOVAL OF POLYPOID LESION(S)  34520 CPT/HCPCS REVISION OR REMOVAL OF INTRACRANIAL NEUROSTIMULATOR YES  65830 CPT/HCPCS REVISION OR REMOVAL OF INTRACRANIAL NEUROSTIMULATOR YES  65830 CPT/HCPCS ANORECTAL EXAM, SURGICAL, REQUIRING ANESTHESIA, DIAGNOSTIC YES  45890 CPT/HCPCS ANORECTAL EXAM, SURGICAL, REQUIRING ANESTHESIA, DIAGNOSTIC YES  45890 CPT/HCPCS ANORECTAL EXAM, SURGICAL, REQUIRING ANESTHESIA, DIAGNOSTIC YES  65930 CPT/HCPCS ANORECTAL EXAM, SURGICAL, REQUIRING ANESTHESIA, DIAGNOSTIC YES  65930 CPT/HCPCS LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT[S], [EG, SPINAL +  AND/OR NERVE ROOT[S], [EG, SPINAL +  65930 CPT/HCPCS VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR EXCISION OF INTRASPINAL LESION, SINGLE SEG  50727 CPT/HCPCS REVISION OF INTRASPINAL LESION, SINGLE SEG  50727 CPT/HCPCS REVISION OF DIAGNAY-CUTANEOUS ANASTOMOSIS(ANY TYPE YES  108120 CPT/HCPCS REVISION OF DIAGNAY-CUTANEOUS ANASTOMOSIS(ANY TYPE YES  1082455 CPT/HCPCS REPAIR OF DEFECT WITH AUTOGRAFT; RADIUS OR ULINA YES  25425 CPT/HCPCS REPAIR OF DEFECT WITH AUTOGRAFT; RADIUS OR ULINA YES	21356			Yes
23660 CPT/HCPCS OPEN TREATMENT OF CLOSED OR OPEN SHOULDER DISLOCATION YES 10022 CPT/HCPCS FINE NEEDLE ASPIRATION; WITH IMAGING GUIDANCE 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  27215 CPT/HCPCS OPEN TREATMENT OF ILIAC SPINE(S), TUBEROSITY AVULSION, OR ILIAC YES WING FRACTURE(S), WITH INTERNAL FIXATION 41820 CPT/HCPCS GINGIVECTOMY, EXCISION GINGIVA, EACH QUADRANT YES 45385 CPT/HCPCS COLONOSCOPY, FIBEROPTIC, BEYOND SPLENIC FLEXURE; FOR REMOVAL OF POLYPOID LESION(S) 34520 CPT/HCPCS CROSS-OVER VEIN GRAFT TO VENOUS SYSTEM YES 61880 CPT/HCPCS REVISION OR REMOVAL OF INTRACRANIAL NEUROSTIMULATOR YES 65930 CPT/HCPCS REMOVAL OF BLOOD CLOT, ANTERIOR SEGMENT EYE YES 65930 CPT/HCPCS OSTECTOMY, CALCANEUS; FOR SPUR, WITH OR WITHOUT PLANTAR FASCIAL YES 65990 CPT/HCPCS OSTECTOMY, CALCANEUS; FOR SPUR, WITH OR WITHOUT PLANTAR FASCIAL YES 63045 CPT/HCPCS LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILIATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT[S], [EG, SPINAL + 63308 CPT/HCPCS RESISSION OF PRINARY-CUTANSPINAL EDDY RESECTION), PARTIAL OR YES 65727 CPT/HCPCS REVISION OF UNINARY-CUTANSPINAL LESION, SINGLE SEG 65727 CPT/HCPCS REVISION OF UNINARY-CUTANSPINAL LESION, SINGLE SEG 65728 CPT/HCPCS REVISION OF UNINARY-CUTANSPINAL LESION, SINGLE SEG 65729 CPT/HCPCS REVISION OF UNINARY-CUTANSPINAL LESION, SINGLE SEG 65727 CPT/HCPCS REVISION OF UNINARY-CUTANSPINAL LESION, SINGLE SEG 65728 CPT/HCPCS REVISION OF UNINARY-CUTANSPINAL LESION, SINGLE SEG 65729 CPT/HCPCS REVISION OF UNINARY-CUTANSPINAL LESION, SINGLE SEG 65727 CPT/HCPCS REVISION OF UNINARY-CUTANSPINAL LESION, SINGLE SEG 65728 CPT/HCPCS REVISION OF UNINARY-CUTANSPINAL LESION, SINGLE SEG 65729 CPT/HCPCS REVISION OF UNINARY-CUTANSPINAL LESION, SINGLE SEG 657210 CPT/HCPCS REPAIR OF DEFECT WITH BEPARATIVE BRAIN SURGERY 7ES	55842	CPT/HCPCS		Yes
10022 CPT/HCPCS FINE NEEDLE ASPIRATION; WITH IMAGING GUIDANCE Yes 150805 CPT/HCPCS URETEROTOMY FOR INSERTION OF INDWELLING STENT, ALL TYPES Yes 17184 CPT/HCPCS PRIMARY PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY; INITIAL VESSEL; NONCORONARY, ARTERIAL OR ARTERIAL BYPASS GRA 172215 CPT/HCPCS OPEN TREATMENT OF ILIAC SPINE(S), TUBEROSITY AVULSION, OR ILIAC Yes 172215 WING FRACTURE(S), WITH INTERNAL FIXATION Yes 172216 CPT/HCPCS GINGIVECTOMY, EXCISION GINGIVA, EACH QUADRANT Yes 172217 CPT/HCPCS GINGIVECTOMY, EXCISION GINGIVA, EACH QUADRANT Yes 172218 CPT/HCPCS COLONOSCOPY, FIBEROPTIC, BEYOND SPLENIC FLEXURE; FOR REMOVAL OF POLYPOID LESION(S) 172218 CPT/HCPCS CROSS-OVER VEIN GRAFT TO VENOUS SYSTEM Yes 172219 CPT/HCPCS REVISION OR REMOVAL OF INTRACRANIAL NEUROSTIMULATOR YES 172219 CPT/HCPCS REVISION OR REMOVAL OF INTRACRANIAL NEUROSTIMULATOR YES 172219 CPT/HCPCS REVISION OR REMOVAL OF INTRACRANIAL NEUROSTIMULATOR YES 172219 CPT/HCPCS ANORECTAL EXAM, SURGICAL, REQUIRING ANESTHESIA, DIAGNOSTIC YES 172219 CPT/HCPCS OSTECTOMY, CALCANEUS; FOR SPUR, WITH OR WITHOUT PLANTAR FASCIAL YES 172219 CPT/HCPCS CSTECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT[S], [EG, SPINAL + GASON OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT[S], [EG, SPINAL + GASON OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT[S], [EG, SPINAL + GASON OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT[S], [EG, SPINAL + GASON OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT[S], [EG, SPINAL + GASON OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT[S], [EG, SPINAL + GASON OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT[S], [EG, SPINAL + GASON OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT[S], [EG, SPINAL + GASON OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT[S], [EG, SPINAL + GASON OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT[S], [EG, SPINAL + GASON OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT[S], [EG, SPINAL + GASON OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT[S], [EG, SPINAL + GASO	53235	CPT/HCPCS	EXCISION OF URETHRAL DIVERTICULUM (SEPARATE PROCEDURE); MALE	Yes
SOBOS   CPT/HCPCS   URETEROTOMY FOR INSERTION OF INDWELLING STENT, ALL TYPES   Yes	23660	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN SHOULDER DISLOCATION	Yes
CPT/HCPCS   PRIMARY PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY; INITIAL VESSEL; NONCORONARY, ARTERIAL OR ARTERIAL BYPASS GRA	10022	CPT/HCPCS	FINE NEEDLE ASPIRATION; WITH IMAGING GUIDANCE	Yes
INITIAL VESSEL; NONCORONARY, ARTERIAL OR ARTERIAL BYPASS GRA  27215 CPT/HCPCS OPEN TREATMENT OF ILIAC SPINE(S), TUBEROSITY AVULSION, OR ILIAC WING FRACTURE(S), WITH INTERNAL FIXATION  41820 CPT/HCPCS GINGIVECTOMY, EXCISION GINGIVA, EACH QUADRANT YES  45385 CPT/HCPCS COLONOSCOPY, FIBEROPTIC, BEYOND SPLENIC FLEXURE; FOR REMOVAL OF POLYPOID LESION(S)  34520 CPT/HCPCS CROSS-OVER VEIN GRAFT TO VENOUS SYSTEM YES  61880 CPT/HCPCS REVISION OR REMOVAL OF INTRACRANIAL NEUROSTIMULATOR YES  ELECTRODES  65930 CPT/HCPCS REMOVAL OF BLOOD CLOT, ANTERIOR SEGMENT EYE YES  45990 CPT/HCPCS ANORECTAL EXAM, SURGICAL, REQUIRING ANESTHESIA, DIAGNOSTIC YES  828119 CPT/HCPCS OSTECTOMY, CALCANEUS; FOR SPUR, WITH OR WITHOUT PLANTAR FASCIAL RELEASE  63045 CPT/HCPCS LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT[S], [EG, SPINAL +  63308 CPT/HCPCS VERTEBRAL CORPECTOMY VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR EXCISION OF INTRASPINAL LESION, SINGLE SEG  50727 CPT/HCPCS REVISION OF URINARY-CUTANEOUS ANASTOMOSIS(ANY TYPE YES UROSTOMY);  69120 CPT/HCPCS CRANIOPLASTY FOR SKULL DEFECT WITH REPARATIVE BRAIN SURGERY YES  62145 CPT/HCPCS REPAIR OF DEFECT WITH AUTOGRAFT; RADIUS OR ULNA YES				
WING FRACTURE(S), WITH INTERNAL FIXATION  41820 CPT/HCPCS GINGIVECTOMY, EXCISION GINGIVA, EACH QUADRANT Yes  45385 CPT/HCPCS COLONOSCOPY, FIBEROPTIC, BEYOND SPLENIC FLEXURE; FOR REMOVAL OF POLYPOID LESION(S)  34520 CPT/HCPCS CROSS-OVER VEIN GRAFT TO VENOUS SYSTEM Yes  61880 CPT/HCPCS REVISION OR REMOVAL OF INTRACRANIAL NEUROSTIMULATOR ELECTRODES  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  63045 CPT/HCPCS LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT[S], [EG, SPINAL +  63308 CPT/HCPCS VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR EXCISION OF INTRASPINAL LESION, SINGLE SEG  50727 CPT/HCPCS REVISION OF URINARY-CUTANEOUS ANASTOMOSIS(ANY TYPE UROSTOMY);  69120 CPT/HCPCS EXCISION EXTERNAL EAR; COMPLETE AMPUTATION YES  62145 CPT/HCPCS REPAIR OF DEFECT WITH AUTOGRAFT; RADIUS OR ULNA YES	37184	CPT/HCPCS	· ·	Yes
41820 CPT/HCPCS GINGIVECTOMY, EXCISION GINGIVA, EACH QUADRANT Yes 45385 CPT/HCPCS COLONOSCOPY, FIBEROPTIC, BEYOND SPLENIC FLEXURE; FOR REMOVAL OF POLYPOID LESION(S) 34520 CPT/HCPCS CROSS-OVER VEIN GRAFT TO VENOUS SYSTEM Yes 61880 CPT/HCPCS REVISION OR REMOVAL OF INTRACRANIAL NEUROSTIMULATOR ELECTRODES 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 63045 CPT/HCPCS LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT[S], [EG, SPINAL + 63308 CPT/HCPCS VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR EXCISION OF INTRASPINAL LESION, SINGLE SEG 670727 CPT/HCPCS REVISION OF URINARY-CUTANEOUS ANASTOMOSIS(ANY TYPE UROSTOMY); 68120 CPT/HCPCS CRANIOPLASTY FOR SKULL DEFECT WITH REPARATIVE BRAIN SURGERY YES 67145 CPT/HCPCS REPAIR OF DEFECT WITH AUTOGRAFT; RADIUS OR ULNA YES	27215	CPT/HCPCS	· ·	Yes
OF POLYPOID LESION(S)  34520 CPT/HCPCS CROSS-OVER VEIN GRAFT TO VENOUS SYSTEM YES 61880 CPT/HCPCS REVISION OR REMOVAL OF INTRACRANIAL NEUROSTIMULATOR ELECTRODES 65930 CPT/HCPCS REMOVAL OF BLOOD CLOT, ANTERIOR SEGMENT EYE 45990 CPT/HCPCS ANORECTAL EXAM, SURGICAL, REQUIRING ANESTHESIA, DIAGNOSTIC YES 28119 CPT/HCPCS OSTECTOMY, CALCANEUS; FOR SPUR, WITH OR WITHOUT PLANTAR FASCIAL RELEASE 63045 CPT/HCPCS LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT[S], [EG, SPINAL + 63308 CPT/HCPCS VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR EXCISION OF INTRASPINAL LESION, SINGLE SEG 50727 CPT/HCPCS REVISION OF URINARY-CUTANEOUS ANASTOMOSIS(ANY TYPE UROSTOMY); 69120 CPT/HCPCS EXCISION EXTERNAL EAR; COMPLETE AMPUTATION YES 62145 CPT/HCPCS REPAIR OF DEFECT WITH REPARATIVE BRAIN SURGERY YES 25425 CPT/HCPCS REPAIR OF DEFECT WITH AUTOGRAFT; RADIUS OR ULNA YES	41820	CPT/HCPCS		Yes
61880 CPT/HCPCS REVISION OR REMOVAL OF INTRACRANIAL NEUROSTIMULATOR ELECTRODES 65930 CPT/HCPCS REMOVAL OF BLOOD CLOT, ANTERIOR SEGMENT EYE 45990 CPT/HCPCS ANORECTAL EXAM, SURGICAL, REQUIRING ANESTHESIA, DIAGNOSTIC 28119 CPT/HCPCS OSTECTOMY, CALCANEUS; FOR SPUR, WITH OR WITHOUT PLANTAR FASCIAL RELEASE 63045 CPT/HCPCS LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT[S], [EG, SPINAL + 63308 CPT/HCPCS VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR EXCISION OF INTRASPINAL LESION, SINGLE SEG 50727 CPT/HCPCS REVISION OF URINARY-CUTANEOUS ANASTOMOSIS(ANY TYPE UROSTOMY); 69120 CPT/HCPCS EXCISION EXTERNAL EAR; COMPLETE AMPUTATION YES 62145 CPT/HCPCS REPAIR OF DEFECT WITH AUTOGRAFT; RADIUS OR ULNA YES	45385	CPT/HCPCS	COLONOSCOPY, FIBEROPTIC, BEYOND SPLENIC FLEXURE; FOR REMOVAL	Yes
ELECTRODES  65930 CPT/HCPCS REMOVAL OF BLOOD CLOT, ANTERIOR SEGMENT EYE  45990 CPT/HCPCS ANORECTAL EXAM, SURGICAL, REQUIRING ANESTHESIA, DIAGNOSTIC  28119 CPT/HCPCS OSTECTOMY, CALCANEUS; FOR SPUR, WITH OR WITHOUT PLANTAR FASCIAL RELEASE  63045 CPT/HCPCS LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT[S], [EG, SPINAL +  63308 CPT/HCPCS VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR EXCISION OF INTRASPINAL LESION, SINGLE SEG  50727 CPT/HCPCS REVISION OF URINARY-CUTANEOUS ANASTOMOSIS(ANY TYPE UROSTOMY);  69120 CPT/HCPCS EXCISION EXTERNAL EAR; COMPLETE AMPUTATION YES  62145 CPT/HCPCS REPAIR OF DEFECT WITH AUTOGRAFT; RADIUS OR ULNA YES	34520		CROSS-OVER VEIN GRAFT TO VENOUS SYSTEM	Yes
45990 CPT/HCPCS ANORECTAL EXAM, SURGICAL, REQUIRING ANESTHESIA, DIAGNOSTIC  28119 CPT/HCPCS OSTECTOMY, CALCANEUS; FOR SPUR, WITH OR WITHOUT PLANTAR FASCIAL RELEASE  63045 CPT/HCPCS LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT[S], [EG, SPINAL +  63308 CPT/HCPCS VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR EXCISION OF INTRASPINAL LESION, SINGLE SEG  50727 CPT/HCPCS REVISION OF URINARY-CUTANEOUS ANASTOMOSIS(ANY TYPE UROSTOMY);  69120 CPT/HCPCS EXCISION EXTERNAL EAR; COMPLETE AMPUTATION Yes 62145 CPT/HCPCS REPAIR OF DEFECT WITH AUTOGRAFT; RADIUS OR ULNA Yes	61880	CPT/HCPCS		Yes
28119 CPT/HCPCS OSTECTOMY, CALCANEUS; FOR SPUR, WITH OR WITHOUT PLANTAR FASCIAL YES RELEASE  63045 CPT/HCPCS LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT[S], [EG, SPINAL +  63308 CPT/HCPCS VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR EXCISION OF INTRASPINAL LESION, SINGLE SEG  50727 CPT/HCPCS REVISION OF URINARY-CUTANEOUS ANASTOMOSIS(ANY TYPE UROSTOMY);  69120 CPT/HCPCS EXCISION EXTERNAL EAR; COMPLETE AMPUTATION YES  62145 CPT/HCPCS REPAIR OF DEFECT WITH AUTOGRAFT; RADIUS OR ULNA YES				
RELEASE  63045 CPT/HCPCS LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT[S], [EG, SPINAL +  63308 CPT/HCPCS VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR EXCISION OF INTRASPINAL LESION, SINGLE SEG  50727 CPT/HCPCS REVISION OF URINARY-CUTANEOUS ANASTOMOSIS(ANY TYPE UROSTOMY);  69120 CPT/HCPCS EXCISION EXTERNAL EAR; COMPLETE AMPUTATION Yes  62145 CPT/HCPCS REPAIR OF DEFECT WITH AUTOGRAFT; RADIUS OR ULNA Yes				
BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT[S], [EG, SPINAL +  63308 CPT/HCPCS VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR EXCISION OF INTRASPINAL LESION, SINGLE SEG  50727 CPT/HCPCS REVISION OF URINARY-CUTANEOUS ANASTOMOSIS(ANY TYPE UROSTOMY);  69120 CPT/HCPCS EXCISION EXTERNAL EAR; COMPLETE AMPUTATION Yes  62145 CPT/HCPCS CRANIOPLASTY FOR SKULL DEFECT WITH REPARATIVE BRAIN SURGERY 25425 CPT/HCPCS REPAIR OF DEFECT WITH AUTOGRAFT; RADIUS OR ULNA Yes	28119	CPT/HCPCS		Yes
COMPLETE, FOR EXCISION OF INTRASPINAL LESION, SINGLE SEG  50727 CPT/HCPCS REVISION OF URINARY-CUTANEOUS ANASTOMOSIS(ANY TYPE UROSTOMY);  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	63045	CPT/HCPCS	BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA	Yes
UROSTOMY); 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	63308	CPT/HCPCS	,	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	50727	CPT/HCPCS	REVISION OF URINARY-CUTANEOUS ANASTOMOSIS(ANY TYPE	Yes
25425 CPT/HCPCS REPAIR OF DEFECT WITH AUTOGRAFT; RADIUS OR ULNA Yes	69120	CPT/HCPCS	7	Yes
	62145	CPT/HCPCS	CRANIOPLASTY FOR SKULL DEFECT WITH REPARATIVE BRAIN SURGERY	
43450   CPT/HCPCS   *DILATION OF ESOPHAGUS, BY UNGUIDED SOUND OR BOUGIE, SINGLE OR   Yes				Yes
MULTIPLE PASSES; INITIAL SESSION	43450	CPT/HCPCS		Yes

47900	CPT/HCPCS	SUTURE OF EXTRAHEPATIC BILIARY DUCT FOR PRE-EXISTING INJURY	Yes
47900	CF1/HCFC3	(SEPARATE PROCEDURE)	res
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		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	Yes

CPT/HCPCS CPT/HCPCS CPT/HCPCS	DECOMPRESSION INTERNAL AUDITORY CANAL GLOSSECTOMY; HEMIGLOSSECTOMY	Yes
	GLOSSECTOMY: HEMIGLOSSECTOMY	V
CPT/HCPCS		Yes
	EXPLORATORY LAPAROTOMY, EXPLORATORY CELIOTOMY WITH OR WITHOUT	Yes
CPT/HCPCS	BIOPSY(S) (SEPARATE PROCEDURE)  PERCUTANEOUS SKELETAL FIXATION OF METATARSOPHALANGEAL JOINT DISLOCATION, WITH MANIPULATION	Yes
CPT/HCPCS	RESECTION OF PHARYNGEAL WALL REQUIRING CLOSURE WITH	Yes
	MYOCUTANEOUS OR FASCIOCUTANEOUS FLAP OR FREE MUSCLE, SKIN, OR	
	FASCIAL FLAP WITH MICROVASCULAR ANA+	
CPT/HCPCS	REPLACEMENT OF GASTRO-JEJONOSTOMY TUBE, PERCUTANEOUS, UNDER	Yes
	FLUOROSCOPIC GUIDANCE INCLDING CONTRST INJ(S) IMAGE DOCUMENT	
CPT/HCPCS	ENTEROSTOMY OR CECOSTOMY, TUBE (EG, FOR DECOMPRESSION OR	Yes
	FEEDING) (SEPARATE PROCEDURE)	
CPT/HCPCS	VENTRICULOMYOTOMY (-MYECTOMY) FOR IDIOPATHIC HYPERTROPHIC SUBAORTIC STENOSIS (EG, ASYMMETRIC SEPTAL HYPERTROPHY)	Yes
CPT/HCPCS	PLEURAL DRAINAGE, PERCUTANEOUS, WITH INSERTION OF INDWELLINGCATHETER; WITHOUT IMAGING GUIDANCE	Yes
CPT/HCPCS	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; SYNOVECTOMY, PARTIAL	Yes
CPT/HCPCS	BYPASS GRAFT, WITH OTHER THAN VEIN; SUBCLAVIAN-VERTEBRAL	Yes
CPT/HCPCS	REVISION OF PERITONEAL-VENOUS SHUNT	Yes
CPT/HCPCS	UNLISTED LAPAROSCOPY PROCEDURE, ENDOCRINE SYSTEM	Yes
CPT/HCPCS	EXCISION OF LACRIMAL GLAND (DACRYOADENECTOMY), EXCEPT FOR	Yes
CPT/HCPCS	OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; CLOSED	Yes
CDT/HCDCS		Von
CPI/HCPCS	REPAIR OF MITRAL AND/OR TRICUSPID CLEFT; WITH REPAIR OF SEP	Yes
CPT/HCPCS	EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA; REQUIRING EXTRAORAL	Yes
CPT/HCPCS	CYSTOURETHROSCOPY WITH INSERTION OF URETERAL GUIDE WIRE THROUGH KIDNEY TO ESTABLISH A PERCUTANEOUS NEPHROSTOMY, RETR	Yes
CPT/HCPCS	CERVICOPLASTY	Yes
CPT/HCPCS	SINUSOTOMY FRONTAL; TRANSORBITAL, UNILATERAL (FOR MUCOCELE OR	Yes
	OSTEOMA, LYNCH TYPE)	
CPT/HCPCS	CRANIECTOMY OR CRANIOTOMY, DRAINAGE OF INTRACRANIAL ABSCESS; SUPRATENTORIAL	Yes
CPT/HCPCS	VALVULOPLASTY OR VALVECTOMY, TRICUSPID VALVE, WITH CARDIOPULMONARY BYPASS: REPLACEMENT	Yes
CPT/HCPCS		Yes
	, ,	Yes
CPT/HCPCS	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH	Yes
CPT/HCPCS	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA,	Yes
	MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; SU	
CPT/HCPCS	TREATMENT OF ANKLE DISLOCATION; WITHOUT ANESTHESIA	Yes
CPT/HCPCS	OSTEOTOMY; TIBIA	Yes
CPT/HCPCS	EXCISION, TUMOR, SOFT TISSUE OF FACE OR SCALP, SUBCUTANEOUS; LESS THAN 2 CM	Yes
CPT/HCPCS	LIGAMENTOUS RECONSTRUCTION (AUGMENTATION), KNEE; INTRA- ARTICULAR (OPEN) AND EXTRA-ARTICULAR	Yes
CPT/HCPCS	COLONOSCOPY THROUGH STOMA; WITH REMOVAL OF	Yes
CPT/HCPCS		Yes
	TENDON;	
CPT/HCPCS	VALVULOPLASTY OR VALVECTOMY, TRICUSPID VALVE, WITH CARDIOPULMONARY BYPASS;	Yes
CPT/HCPCS		Yes
CPT/HCPCS	PLACEMENT OF POSTERIOR INTRAFACET IMPLANT(S), UNILATERAL OR BILATERAL, INCLUIDING IMAGING AND PLACEMENT OF BONE GRAFT(S) OR	Yes
	CPT/HCPCS  CPT/HCPCS	DISLOCATION, WITH MANIPULATION  CPT/HCPCS  RESECTION OF PHARYNGEAL WALL REQUIRING CLOSURE WITH MYOCUTANEOUS OR FASCIOCUTANEOUS FLAP OR FREE MUSCLE, SKIN, OR FASCIAL FLAP WITH MICROVASCULAR ANA+  CPT/HCPCS  REPLACEMENT OF GASTRO_JEJONOSTOMY TUBE, PERCUTANEOUS, UNDER FLUDOROSCOPIC GUIDANCE INCLIDING CONTRST INJ(S) IMAGE DOCUMENT  CPT/HCPCS  ENTERGSTOMY OR CECOSTOMY, TUBE (EG, FOR DECOMPRESSION OR FEEDING) (SEPARATE PROCEDURE)  CPT/HCPCS  VENTRICULOMYOTOMY (MYECTOMY) FOR IDIOPATHIC HYPERTROPHIC SUBAORTIC STENOSIS (EG, ASYMMETRIC SEPTAL HYPERTROPHY)  CPT/HCPCS  PLEURAL DRAINAGE, PERCUTANEOUS, WITH INSERTION OF INDMELLINGCATHETER: WITHOUT IMAGING GUIDANCE  CPT/HCPCS  ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; SYNOVECTOMY, PARTIAL  CPT/HCPCS  REVISION OF PERITONEAL-VENOUS SHUNT  CPT/HCPCS  REVISION OF PERITONEAL-VENOUS SHUNT  CPT/HCPCS  REVISION OF PERITONEAL-VENOUS SHUNT  CPT/HCPCS  CPT/HCPCS  CEXCISION OF LACIMINAL GLAND (DACRYOADENECTOMY), EXCEPT FOR TUMOR; TOTAL  CPT/HCPCS  CPT/HCPCS  CPT/HCPCS  CPT/HCPCS  PATCH CLOSURE, ENDOCARDIAL CUSHION DEFECT, WITH OR WITHOUT REPAIR OF MITRAL AND/JOR TRICUSPID CLEFT; WITH REPAIR OF SEP  CPT/HCPCS  CEXCISION OF BENIGN TUMOR OR CYST OF MAXILLA; REQUIRING EXTRAORAL OSTEOTOMY AND PARTIAL MAXILLECTOMY  CPT/HCPCS  CEXCISION OF BENIGN TUMOR OR CYST OF MAXILLA; REQUIRING EXTRAORAL OSTEOTOMY AND PARTIAL MAXILLECTOMY  CPT/HCPCS  CEXCISION OF BENIGN TUMOR OR CYST OF MAXILLA; REQUIRING EXTRAORAL OSTEOTOMY AND PARTIAL MAXILLECTOMY  CPT/HCPCS  CEXCISION OF BENIGN TUMOR OR CYST OF MAXILLA; REQUIRING EXTRAORAL OSTEOTOMY AND PARTIAL MAXILLECTOMY  CPT/HCPCS  CEXCISION OF BENIGN TUMOR OR CYST OF MAXILLA; REQUIRING EXTRAORAL OSTEOTOMY OR CRANICTOMY. TRICUSPID VALVE, WITH CARDIOPULMONARY BYPASS;  CPT/HCPCS  CRANICCTOMY OR CRANICTOMY. TRICUSPID VALVE, WITH CARDIOPULMONARY SYPASS;  CPT/HCPCS  CPT/HCPCS  GRANIECTOMY, TIBLA  CPT/HCPCS  CPT/HCPCS  CPT/HCPCS  ORANIECTOMY, TIBLA  CPT/HCPCS  CPT/HCPCS  CPT/HCPCS  OSTEOTOMY, TIBLA  CPT/HCPCS  CPT/HCPCS  CALUMADIAL TO A CALLED TO A

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		LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL	Yes
	CPT/HCPCS	AND REPLACEMENT OF ADJUSTABLE GASTRIC BAND COMPONENT ONLY	
29905	CPT/HCPCS	AND REPLACEMENT OF ADJUSTABLE GASTRIC BAND COMPONENT ONLY  ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH SYNOVECTOMY	Yes
29905 0075T		AND REPLACEMENT OF ADJUSTABLE GASTRIC BAND COMPONENT ONLY  ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH SYNOVECTOMY  TRANSCATHETER PLACEMENT OF EXTRACRANIAL VERTEBRAL OR INTRATHORACIC CAROTID ARTERY STENT(S), INCLUDING RADIOLOGIC	Yes Yes
0075T	CPT/HCPCS CPT/HCPCS	AND REPLACEMENT OF ADJUSTABLE GASTRIC BAND COMPONENT ONLY  ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH SYNOVECTOMY  TRANSCATHETER PLACEMENT OF EXTRACRANIAL VERTEBRAL OR INTRATHORACIC CAROTID ARTERY STENT(S), INCLUDING RADIOLOGIC SUPERVI	Yes
	CPT/HCPCS	AND REPLACEMENT OF ADJUSTABLE GASTRIC BAND COMPONENT ONLY  ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH SYNOVECTOMY  TRANSCATHETER PLACEMENT OF EXTRACRANIAL VERTEBRAL OR INTRATHORACIC CAROTID ARTERY STENT(S), INCLUDING RADIOLOGIC	

		1
CPT/HCPCS	PLEURAL SCARIFICATION FOR REPEAT PNEUMOTHORAX	Yes
CPT/HCPCS	DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG, LASER TECHNIQUE); 10.0 - 50.0 SQ CM	Yes
CPT/HCPCS	ENDOLUMINAL BIOPSY(IES) OF BILIARY TREE, PERCUTANEOUS, ANY METHOD(S) (EG, BRUSH, FORCEPS AND/OR NEEDLE), INCLUDING IMAG	Yes
CPT/HCPCS	APPLICATION OF RIGHT AND LEFT PULMONARY ARTERY BANDS (EG, HYBRID APPROACH STAGE 1)	Yes
CPT/HCPCS	TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; MULTIPLE, BILATERAL	Yes
CPT/HCPCS	LAPAROSCPY, SURGICAL, WITH ADRENALECTOMY, PARTIAL OR COMPLETE, OR EXPLORATION OF ADRENAL GLAND WITH OR WITHOUT BIOPSY,	Yes
CPT/HCPCS	INSERTION OF UTERINE TANDEM AND/OR VAGINAL OVOIDS FOR CLINICAL BRACHYTHERAPY	Yes
CPT/HCPCS	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS;	Yes
CPT/HCPCS	REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR WRIST; SECONDARY, SINGLE, EACH TENDON OR MUSCLE	Yes
CPT/HCPCS	EXPLORATION (NOT FOLLOWED BY SURGICAL REPAIR), WITH OR WITHOUT LYSIS OF ARTERY; OTHER VESSELS	Yes
CPT/HCPCS	EXCISION EXOSTOSIS(ES), EXTERNAL AUDITORY CANAL	Yes
		Yes
CPT/HCPCS	REMOVAL OF PERMANENT PACEMAKER PULSE GENERATOR WITH REPLACEMENT OF PACEMAKER PULSE GENERATOR; DUAL LEAD SYSTEM	Yes
CPT/HCPCS	OPEN TREATMENT OF CLAVICULAR FRACTURE INCLUDES INTERNAL FIXATION, WHEN PERFORMED	Yes
CPT/HCPCS	BONE GRAFT, ANY DONOR AREA; MAJOR OR LARGE	Yes
CPT/HCPCS	ENTERECTOMY, RESECTION OF SMALL INTESTINE; EACH ADDITIONAL RESECTION AND ANASTOMOSIS	Yes
CPT/HCPCS	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, SCALP, ARMS AND/OR LEGS; DEFECT 10 SQ CM OR LESS	Yes
CPT/HCPCS	INCISION, DEEP, WITH OPENING OF CORTEX (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), SHOULDER AREA	Yes
CPT/HCPCS	PROSTATE BRACHYTHERAPY USING PERMANENTLY IMPLANTED PALLADIUMSEEDS, INCLUDING TRAANSPERITONEAL PLACEMENT OF NEEDLES OR CA	Yes
CPT/HCPCS	DRAINAGE OF OVARIAN CYST(S), UNILATERAL OR BILATERAL, (SEPARATE PROCEDURE); VAGINAL APPROACH	Yes
CPT/HCPCS	VESTIBULAR NERVE SECTION, TRANSLABYRINTHINE APPROACH	Yes
CPT/HCPCS	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY, TYMPANIC MEMBRANE REPAIR); WITH OSSICULAR	Yes
CPT/HCPCS	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, PHALANGES OF FOOT	Yes
CPT/HCPCS	LYMPHANGIOTOMY OR OTHER OPERATIONS ON LYMPHATIC CHANNELS	Yes
CPT/HCPCS	*INJECTION OF SINUS TRACT; THERAPEUTIC (SEPARATE PROCEDURE)	Yes
CPT/HCPCS	DESTRUCTION, MALIGNANT LESION, ANY METHOD, TRUNK ARMS OR LEGS; LESION DIAMETER 1.1 TO 2.0 CM	Yes
CPT/HCPCS	SUTURE FACIAL NERVE, INTRATEMPORAL, WITH OR WITHOUT GRAFT OR DECOMPRESSION; INCLUDING MEDIAL TO GENICULATE GANGLION	Yes
CPT/HCPCS	*BIOPSY, ABDOMINAL OR RETROPERITONEAL MASS, PERCUTANEOUS NEEDLE	Yes
CPT/HCPCS	ARTHRODESIS, GREAT TOE; METATARSOPHALANGEAL JOINT	Yes
CPT/HCPCS	ENDOVASCULAR REPAIR OF VISCERAL AORTA & INFRARENAL ABDOMINAL AORTA; INCLUDING ONE VISCERAL ARTERY ENDOPROSTHESIS	Yes
CPT/HCPCS	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH REMOVAL OF CALCULI/DEBRIS FROM BILLARY/PANCREATIC DUCT(S)	Yes
CPT/HCPCS	UNLISTED PROCEDURE, HANDS OR FINGERS	Yes
CPT/HCPCS	CRANIECTOMY, INFRATENTORIAL OR POSTERIOR FOSSA; FOR EXCISION OF BRAIN ABSCESS	Yes
CPT/HCPCS	TENDON TRANSFER OR TRANSPLANT, CARPOMETACARPAL AREA OR DORSUM OF HAND, SINGLE; WITH FREE TENDON GRAFT (INCLUDES O	Yes
	CPT/HCPCS  CPT/HCPCS	CPT/HCPCS DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG, LASER TECHNIQUE): 10.0 - 5.00.90 QM  CPT/HCPCS ENDOLUMINAL BIOPSY(IES) OF BILLARY TREE, PERCUTANEOUS, ANY METHOD(S) (EG, BRUSH, FORCEPS AND/OR NEEDLE), INCLUDING IMAG  CPT/HCPCS APPLICATION OF RIGHT AND LEFT PULMONARY ARTERY BANDS (EG, HYBRID APPROACH STAGE 1)  CPT/HCPCS APPLICATION OF RIGHT AND LEFT PULMONARY ARTERY BANDS (EG, HYBRID APPROACH STAGE 1)  CPT/HCPCS INSERTION OF MERNAL WITH ADRENAL ECTOMY, PARTAL OR COMPLETE, OR EXPLORATION OF ADRENAL GLAND WITH OR WITHOUT BIOPSY, CPT/HCPCS INSERTION OF UTERINE TANDEM AND/OR VAGINAL OVOIDS FOR CLINICAL BRACHYTHERAPY CPT/HCPCS EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS; CPT/HCPCS EXCISION OR GURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS; CPT/HCPCS EXPLORATION (NOT FOLLOWED BY SURGICAL REPAIR), WITH OR WITHOUT LYSIS OF ARTERY, OTHER VESSELS CPT/HCPCS EXPLORATION (NOT FOLLOWED BY SURGICAL REPAIR), WITH OR WITHOUT LYSIS OF ARTERY, OTHER VESSELS CPT/HCPCS EXPLORATION (NOT FOLLOWED BY SURGICAL REPAIR), WITH OR WITHOUT LYSIS OF ARTERY, OTHER VESSELS CPT/HCPCS EXPLORATION (NOT FOLLOWED BY SURGICAL REPAIR), WITH OR WITHOUT LYSIS OF ARTERY, OTHER VESSELS CPT/HCPCS EXPLORATION (NOT FOLLOWED BY SURGICAL REPAIR), WITH OR WITHOUT LYSIS OF ARTERY, OTHER VESSELS CPT/HCPCS EXPLORATION (NOT FOLLOWED BY SURGICAL REPAIR), WITH OR WITHOUT LYSIS OF ARTERY, OTHER VESSELS CPT/HCPCS EXPLORATION EXTERNAL FRACTURE INCLUDES INTERNAL FIXED OR PERMANENT PACEMAKER PULSE GENERATOR; DUAL LEAD SYSTEM CPT/HCPCS EXPLORATION EXPLOR

35005	CPT/HCPCS	DIRECT REPAIR OF ANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND GRAFT	Yes
		INSERTION, WITH OR WITHOUT PATCH GRAFT; FOR ANEURYSM	
33536	CPT/HCPCS	FOUR OR MORE CORONARY ARTERIAL GRAFTS	Yes
0275T	CPT/HCPCS	PERCUTANEOUS LAMINOTOMY/LAMINECTOMY (INTERLAMINAR APPROACH)	Yes
		FOR DECOMPRESSION OF NEURAL ELEMENTS, (WITH OR WITHOUT	
		LIGAMENTOUS RESECTION, DISCECTOMY,+	
27332	CPT/HCPCS	ARTHROTOMY, KNEE, FOR EXCISION OF SEMILUNAR CARTILAGE	Yes
		(MENISCECTOMY); MEDIAL OR LATERAL	
64866	CPT/HCPCS	ANASTOMOSIS; FACIAL-SPINAL ACCESSORY	Yes
66820	CPT/HCPCS	DISCISSION OF SECONDARY MEMBRANEOUS CATARACT (OPACIFIED	Yes
		POSTERIOR LENS CAPSULE AND/OR ANTERIOR HYALOID; STAB INCI	
24150	CPT/HCPCS	RADICAL RESECTION OF TUMOR, SHAFT OR DISTAL HUMERUS	Yes
58120	CPT/HCPCS	DILATION AND CURETTAGE, DIAGNOSTIC AND/OR THERAPEUTIC	Yes
		(NONOBSTETRICAL)	
15115	CPT/HCPCS	EPIDERMAL AUTOGRAFT; FIRST 100 SQ CM OR LESS, OR 1% OF BODY AREA	Yes
		OF INFANTS AND CHILDREN; FACE, SCALP, EYELIDS, MOUTH, N	
22861	CPT/HCPCS	REVISION INCL REPLACEMENT OF TOTAL DISC ARTHROPLASTY (ARTIFICIAL	Yes
		DISC), ANT APPROACH, SINGLE INTERSPACE; CERVICAL	
28035	CPT/HCPCS	TARSAL TUNNEL RELEASE (POSTERIOR TIBIAL NERVE DECOMPRESSION)	Yes
0437T	CPT/HCPCS	IMPLANTATION OF NON-BIOLOGIC OR SYNTHETIC IMPLANT (EG,	Yes
		POLYPROPYLENE) FOR FASCIAL REINFORCEMENT OF THE ABDOMINAL WALL	
20102	CPT/HCPCS	EXPLORATION OF PENETRATING WOUND; ABDOMEN/FLAMK/BACK	Yes
34848	CPT/HCPCS	ENDOVASCULAR REPAIR OF VISCERAL AORTA & INFRARENAL ABDOMINAL	Yes
		AORTA;INCLUDING FOUR VISCERAL ARTERY ENDOPROSTHESIS	
FF0F0	ODT// IODOC	VECTORIA ECTORAY, ANIV ARRESONOLI	Vaa
55650	CPT/HCPCS	VESICULECTOMY, ANY APPROACH	Yes
0315T	CPT/HCPCS	VAGUS NERVE BLOCKING THERAPY (MORBID OBESITY); REMOVAL OF PULSE GENERATOR	res
36251	CPT/HCPCS	SELECTIVE CATHETER PLACEMENT (FIRST-ORDER), MAIN RENAL ARTERY	Yes
30231	CF1/HCFC3	AND ANY ACCESSORY RENAL ARTERY(S) FOR RENAL ANGIOGRAPHY	165
		AND ANT ACCESSORT RENALANTERT (3) FOR RENALANGIOGRAFITI	
20974	CPT/HCPCS	ELECTRICAL STIMULATION TO AID BONE HEALING; NONINVASIVE	Yes
20074	01 171101 00	(NONOPERATIVE)	
15620	CPT/HCPCS	INTERMEDIATE "DELAY" OF ANY FLAP, PRIMARY "DELAY" OF SMALL FLAP, OR	Yes
		SECTIONING PEDICLE OF TUBED OR DIRECT FLAP	
31577	CPT/HCPCS	LARYNGOSCOPY, FLEXIBLE; WITH REMOVAL OF FOREIGN BODY(S)	Yes
28292	CPT/HCPCS	CORRECTION, HALLUX VALGUS WITH BUNIONECTOMY, WITH	Yes
		SESAMOIDECTOMY WHEN PERFORMED, WITH RESECTION OF PROXIMAL	
		PHALANX BASE,	
41019	CPT/HCPCS	PLACEMENT OF NEEDLES, CATHETERS, OR OTHER DEVICE(S) INTO HEAD	Yes
		AND/OR NECK REGION	
43100	CPT/HCPCS	EXCISION OF LOCAL LESION, ESOPHAGUS, WITH PRIMARY REPAIR;	Yes
		CERVICAL APPROACH	
27745	CPT/HCPCS	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH	Yes
		OR WITHOUT METHYL METHACRYLATE, TIBIA	
0415T	CPT/HCPCS	REPOSITIONING OF PREVIOUSLY IMPLANTED CARDIAC CONTRACTILITY	Yes
		MODULATION TRANSVENOUS ELECTRODE, (ATRIAL OR VENTRICULAR	
			<u> </u>
34530	CPT/HCPCS	SAPHENOPOPLITEAL VEIN ANASTOMOSIS	Yes
28106	CPT/HCPCS	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL OR	Yes
45440	007#10000	METATARSAL BONES, EXCEPT TALUS OR CALCANEUS; WITH ILI	v.
45110	CPT/HCPCS	PROCTECTOMY; COMPLETE, COMBINED ABDOMINOPERINEAL, WITH	Yes
27364	CPT/HCPCS	COLOSTOMY, ONE OR TWO STAGES  RADICAL RESECTION OF TUMOR (EG, SARCOMA), SOFT TISSUE OF THIGH OR	Vos
Z/304	10F1/H0F03	KNEE AREA; 5 CM OR GREATER	। ७०
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	Yes
<b>- · -</b>	1	DIAPHYSECTOMY), BONE (EG, OSTEOMYELITIS); FIBULA	
32663	CPT/HCPCS	THORACOSCOPY, SURGICAL; WITH LOBECTOMY, TOTAL OR SEGMENTAL	Yes
		, , , , , , , , , , , , , , , , , , , ,	
54390	CPT/HCPCS	PLASTIC OPERATION ON PENIS FOR EPISPADIAS DISTAL TO EXTERNAL	Yes
		SPHINCTER; WITH EXSTROPHY OF BLADDER	
	<u> </u>	,	

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
	Į.	<u>.</u>	<u> </u>

MICHIGHTON AND DIMANAGE, FOREARM AND DIMANAGE, TORRAM AND	HEMATOMA  37788 CPT/HCPCS PENILE REVASCULARIZATION, ARTERY, WITH OR WITHOUT VEIN GRAFT  44850 CPT/HCPCS SUTURE OF MESENTERY (SEPARATE PROCEDURE)	Yes
### APPLIANCES SULVINE OF MESENTERY ISEPARATE PROCEDURES ### APPLIANCES SULVINE OF MESENTERY ISEPARATE PROCEDURES ### APPLIANCES SULVINE OF MESENTERY ISEPARATE PROCEDURES ### APPLIANCES SULVINE OF MANAGEMENT AND CONTROL TO THE AND CONTROL TO THE AND CONTROL THE AND CONTROL TO TH	44850 CPT/HCPCS SUTURE OF MESENTERY (SEPARATE PROCEDURE)	
200201		Yes
200201		100
MULSIED LAMANGSOOPY PROCEDURE, STREEN   Yes	20020 GI IMO GO DITAINAGE OF TENDON SHEATH, ONE DIGHT AND/ONT ALT	
CPTIACHCS  INAMERICA OF STROKE TO TRANSPIANT OF SINGLE IERDODN (WITH HOLDCLE REDIRECTION OR REDUCTION OR REDUCTION) SUPERIOR (E.G. AUTERIOR TIB  1879  CPTIACCCS  RESECTION OR EXSISTENCY ASSOCIATED (ASSOCIATED ASSOCIATED	20120 CDT/HCDCS LINI ISTED LADADOSCODY DDOCEDI DE SDI EEN	
REDIFICTION OR   REPOLITING, SUPPRINCIPAL, (F.G. ANTERIOR TIBL)		
SESCETION OR EXCUSION OF EXECUTABLIC VASCULAR OR INFECTIONS LESION OF BASE OF ANTERIOR CRANIAL FOSSE, INTRADURAL, INCLUDI  15775. OPTIMICACS PRINCE LESION OF BASE OF ANTERIOR CRANIAL FOSSE, INTRADURAL, INCLUDI  15776. OPTIMICACS PRINCE LEFT VINDED AND CHEFT VIN	\	res
LESION OF BASE OF ANTERIOR CRANAL POSSA, INTRADURAL, INCLUDIO  PUNCH CRAFT FOR HAIR TRANSPLANT. 1 TO 15 PUNCH CRAFT S  PUNCH CRAFT FOR HAIR TRANSPLANT. 1 TO 15 PUNCH CRAFT S  PUNCH CRAFT FOR HAIR TRANSPLANT. 1 TO 15 PUNCH CRAFT S  PUNCH CRAFT FOR HAIR TRANSPLANT. 1 TO 15 PUNCH CRAFT S  PUNCH CRAFT FOR HAIR TRANSPLANT. 1 TO 15 PUNCH CRAFT S  PUNCH CR		
2007   CPTICCCS   OPTICCCS   SEPARA DE LETE YESTINGULAR OUT FLOW TRACT   STRUCTION BY PATCH   New Separation   Patch   Patch   New Separation   Patch   Patch   Patch   New Separation   Patch   P		Yes
SEPART OF LETT VENTRICULAR OUTFLOW TRACT   STATEMAL OF LETT VENTRICULAR OUTFLOW TRACT   STATEMAL ORAFT   S	LESION OF BASE OF ANTERIOR CRANIAL FOSSA; INTRADURAL, INCLUDI	
ENLARGEMENT OF THE OUTFLOW TRACT	15775 CPT/HCPCS PUNCH GRAFT FOR HAIR TRANSPLANT; 1 TO 15 PUNCH GRAFTS	Yes
PHINE PURPLY STATES   THREE VENDUS GRAFTS (LIST SEPARATELY IN ADDITION TO CODE FOR STATEMENT GRAFT	33414 CPT/HCPCS REPAIR OF LEFT VENTRICULAR OUTFLOW TRACT OBSTRUCTION BY PATCH	Yes
ARTERIAL GRAFT  CPTHOPCS	ENLARGEMENT OF THE OUTFLOW TRACT	
ARTERIAL GRAFT  CPTHOPCS	33519 CPT/HCPCS THREE VENOUS GRAFTS (LIST SEPARATELY IN ADDITION TO CODE FOR	Yes
STATISTICO   CPTI-HOPCS   CATINACORPOREAL MEMBRANE OXYCENATION, REPOSITION PERIPHERAL   Yes	· ·	
CANNULA[E], PERCUTANEOUS, BIRTH THROUGH S YEARS OF AGE (INCLUD  57700 CPT/HCPCS CERCLAGE OF LITERINE CERVIX, NONOBSTERICAL  VES  57700 CPT/HCPCS CERCLAGE OF LITERINE CERVIX, NONOBSTERICAL  CPT/HCPCS BIORY, MUSCLE; DEEP  20205 CPT/HCPCS BIORY, MUSCLE; DEEP  PERCUTANEOUS YERTERROPLASTY (BONE BIOPSY INCLUDED WHEN YES  20212 CPT/HCPCS PERCORMED, 1 VERTERRABL BODY, EACH ADDITIONAL CERVICOTHORACIC  PERCUTANEOUS YERTERROPLASTY (BONE BIOPSY INCLUDED WHEN YES  PERCUTANEOUS FLAP WITH YES PROCE  PERCUTANEOUS FLAP WITH HICROVASCULAR ANASTOMOSIS;  PERCUTANEOUS FRAP WITH HICROVASCULAR POLICIA TO PERCUTANEOUS FRAP WITH HICROVASCULAR ANASTOMOSIS;		Ves
OPT/HCPCS CERCLAGE OF LITERINE CERVIX, NONDESITETRICAL  Ves  REPLACEMENT, CATHETER ONLY, OF CENTRAL VENOUS ACCESS DEVOCE, WITH SUBCULANEOUS PROT OR PUMP, CENTRAL OR PERIPHERAL INSERT  20205 OPT/HCPCS BIOPSY, MUSCLE, DEEP Yes PERFORMED, 1 VERTEBRAL BODY, EACH ADDITIONAL CERVICOTHORACIC  PERFORMED, 1 VERTEBRAL	l	
CPT/HCPCS   REPLACEMENT, CATHETER ONLY, OF CENTRAL VENOUS ACCESS   DEVICE WITH SUBCUTANEOUS PROT OR PUMP, CENTRAL OR PERIPHERAL INSERT	CANNOLA(E), PERCUTANEOUS, BIRTH THROUGH 5 YEARS OF AGE (INCLUI	,
CPT/HCPCS   REPLACEMENT, CATHETER ONLY, OF CENTRAL VENOUS ACCESS   DEVICE WITH SUBCUTANEOUS PROT OR PUMP, CENTRAL OR PERIPHERAL INSERT	57700 CDT/HCDCS CEDCIAGE OF LITEDINE CEDVIV MONOPETETRICAL	Vas
DEVICE,WITH SUBGUTANEOUS PROT OR PUMP, CENTRAL OR PERIPHERAL NASERT  20205 CPT/HCPCS BIOFSY, MUSCLE: DEEP  PERCUTANEOUS VERTEBROPLASTY (BONE BIOPSY INCLUDED WHEN PERCOMED), 1 VERTEBROPLASTY (BONE BIOPSY INCLUDED WHEN PERCOMED), 1 VERTEBROPLASTY (BONE BIOPSY INCLUDED WHEN PERCOMED), 1 VERTEBRAL BODY, EACH ADDITIONAL CERVICOTHORACIC  PERCUTANEOUS VERTEBROPLASTY (BONE BIOPSY INCLUDED WHEN PERCOMED), 1 VERTEBRAL BODY, EACH ADDITIONAL CERVICOTHORACIC  PERCUTANEOUS VERTEBROPLASTY (BONE BIOPSY INCLUDED WHEN PARKS AND AND STEEL BENEFIT OF STEEL BENEFIT		
NSERT		
22512   CPT/HCPGS		
PERCUTANCOUS VERTEBROPLASTY (BONE BIOPSY INCLUDED WHEN PERFORMED), 1 VERTEBRAL BODY, FACH ADDITIONAL CERVICOTHORACIC  PERFORMED, 2 VERY CONTROL OF LESSION SIS, ANUS (EG, CONDYLOMA, PAPILLOMA, VERS MODILLAGON, MICHAEL STRUCTION OF LEATHER FASCIA, RADICAL (SEPARATE PROCEDURE)  PROCEDURE OF PROCEDURE OF PROCEDURE OF PROLAPSES OF SOUND OR URETHRAL. Yes DILATOR. MALE; INITIAL STRUCTURE BY PASSAGE OF SOUND OR URETHRAL. Yes DILATOR. WHEN SHACE  PROCEDURE OF STRUCTURE STRUCTURE BY PASSAGE OF SOUND OR URETHRAL. Yes DILATOR. WHEN SHACE  PROCEDURE OF STRUCTURE STRUCTURE BY PASSAGE OF SOUND OR URETHRAL. Yes DILATOR. WHEN SHACE  PROCEDURE OF STRUCTURE STRUCTURE BY PASSAGE OF SOUND OR URETHRAL. Yes DILATOR. WHEN SHACE  PROCEDURE OF STRUCTURE STRUCTURE BY PASSAGE OF SOUND OR URETHRAL. Yes DILATOR. WHEN SHACE  PROCEDURE STRUCTURE BY PASSAGE OF SOUND OR URETHRAL. Yes PROCEDURE OF STRUCTURE STR		
PERFORMED), 1 VERTEBRAL BODY, EACH ADDITIONAL CERVICOTHORACIC	20205 CPT/HCPCS BIOPSY, MUSCLE; DEEP	Yes
46910 CPT/HCPCS PESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE, SIMPLE; EL Yes MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE, SIMPLE; EL Yes PASCIECTOMY, EXCISION OF PLANTAR FASCIA; RADICAL (SEPARATE Yes POSCIECTOMY, EXCISION OF PLANTAR FASCIA; RADICAL (SEPARATE Yes POSCIECTOMY, EXCISION OF PLANTAR FASCIA; RADICAL (SEPARATE Yes POLICATION) OF URETHRAL STRICTURE BY PASSAGE OF SOUND OR URETHRAL YES DILLATOR, MALE; INITIAL DILLATOR, MALE; INITIAL DILLATOR, MALE; INITIAL DILLATOR, MALE; INITIAL COPTINCPCS IT THE PERICARDIOSTOMY (PS GREAT TOE WITH WEB SPACE GREAT TOE WITH WEB SPACE OF PROLAPSE; CHILD YES SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE OR PROLAPSE; CHILD YES SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE OR PROLAPSE; CHILD YES SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE OR PROLAPSE; CHILD YES SPHINCTEROPLASTY, ANAL, FOR INFORMATION OR DISSECTION YES SPHINCTEROPLASTY, ANAL, FOR INFORMATION OR DISSECTION YES SPHINCTROPLASTY, ANAL, FOR INFORMATION OR STRAPPING OF INFORMATION OR SPRIAPING YES SPHINCTROPLASTY, ANAL, FOR INFORMATION OR SPRIAPING YES SPHINCTROPLASTY, ANAL, FOR INFORMATION OR STRAPPING YES SPHINCTROPLASTY, AND SPRIAPING YES SPHINCTROPLASTY, AND SPRIAPING YES SPHINCTROPLASTY, AND SPRIAPING YES SPHINCTROPLASTY, AND SPRIAPING YES SPHINCTROPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY, TYMPANIC MEMBRANE REPAIR); RADICAL OR COMPANAGINAL TISSUE (RADICAL VAGINECTOMY)  49185 CPT/HCPCS THYRODECTOMY, INCLUDING CANALPLASTY, MIDDLE EAR SURGERY, TYMPANIC MEMBRANE REPAIR); RADICAL OR COMPANAGINAL TISSUE (RADICAL VAGINECTOMY)  49186 CPT/HCPCS THYRODECTOMY, INCLUDING CANALPLASTY, MIDDLE EAR SURGERY, TYMPANIC MEMBRANE REPAIR); RADICAL OR COMPANAGINAL THASTOIDECTOMY, (INCLUDING CANALPLASTY), PES SEROMA, PERCUTANEOUS, INCLUDING CONTRAST INJECTION(S), S  60270 CPT/HCPCS THYRODECTOMY, CUTUAN CONTRAST INJECTION(S), S  60270 CPT/HCPCS THE AND STRANDER OF SERNING SUBSTERNAL THYRODE GLAND, STERNAL PYES SPHINCTORY, OR SERMAN PROCEDURE, (E.O. SECONDAL PROMOCHAL PROCE	22512 CPT/HCPCS PERCUTANEOUS VERTEBROPLASTY (BONE BIOPSY INCLUDED WHEN	Yes
MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE: EL 28062 CPT/HCPCS FASCIECTOMY, EXCISION OF PLANTAR FASCIA: RADICAL (SEPARATE PROCEDURE) 33800 CPT/HCPCS *DILATION OF URETHRAL STRICTURE BY PASSAGE OF SOUND OR URETHRAL 20973 CPT/HCPCS FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS; GREAT TOE WITH WEB SPACE 33015 CPT/HCPCS SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE OR PROLAPSE; CHILD Ves 46751 CPT/HCPCS SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE OR PROLAPSE; CHILD Ves 34830 CPT/HCPCS CHEMICAL PEEL, FACIAL; EPIDERMAL 20979 CPT/HCPCS OPEN REPAIR OF INFRARENAL ADRITIC ANEURYSM OR DISSECTION PLUSREPAIR OF ASSOCIANTERIAL TRAUM,TUBE PROSTHESIS 20799 CPT/HCPCS UNLISTED PROCEDURE, CASTING OR STRAPPING 86185 CPT/HCPCS REVISION OF AQUIEOUS SHUNT TO EXTRAOCULAR EQUATORIAL PLATE 27598 CPT/HCPCS DISARTICULATION AT KINEE 27598 CPT/HCPCS USARTICULATION AT KINEE 27598 CPT/HCPCS VAOINECTOMY, COMPLETE REMOVAL OF VAGINAL WALL,WITH REMOVAL OPPRARAVAGINAL TISSUE (RADICAL VAGINECTOMY) 869645 CPT/HCPCS VAOINECTOMY, COMPLETE REMOVAL OF VAGINAL WALL,WITH REMOVAL POPRARAVAGINAL TISSUE (RADICAL VAGINECTOMY) 869645 CPT/HCPCS SCLEROTHERAPY OF A FLUID COLLECTION (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY, TYMPANIC MEMBRANE REPAIR; RADICAL OR COMP 49185 CPT/HCPCS SCLEROTHERAPY OF A FLUID COLLECTION (G. LYMPHOCELE, CYST, OR SEROMA), PERCUTANEOUS, INCLUDING CONTRAST INJECTION(S), S 80670 CPT/HCPCS REPAIR OF COMPLETE ATRIOVENTRICULAR CANAL, WITH OR WITHOUT PROSTHETIC VALVE PROSTHETIC VALVE 21820 CPT/HCPCS HEAMPHOLDECTOMY, EXTERNAL 2 OR MORE COLLUMNS/GROUPS 40850 CPT/HCPCS HEAMPHOLDECTOMY, EXTERNAL 2 OR MORE COLLUMNS/GROUPS 40950 CPT/HCPCS HEAMPHOLDECTOMY, EXTERNAL 2 OR MORE COLLUMNS/GROUPS 40950 CPT/HCPCS AND SERVING TO STERNUM FRACTURE; CLOSED 40050 CPT/HCPCS AREA OF SERVING TO STERNUM FRACTURE; CLOSED 40050 CPT/HCPCS AREA OF SERVING TO STERNUM FRACTURE; CLOSED 40050 CPT/HCPCS AREA OF SERVING TO STERNUM FRACTURE; CLOSED 40050 CPT/HCPCS AREA OF SERVING TO SERVING T	PERFORMED), 1 VERTEBRAL BODY, EACH ADDITIONAL CERVICOTHORACIO	
MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE: EL 28062 CPT/HCPCS FASCIECTOMY, EXCISION OF PLANTAR FASCIA: RADICAL (SEPARATE PROCEDURE) 33800 CPT/HCPCS *DILATION OF URETHRAL STRICTURE BY PASSAGE OF SOUND OR URETHRAL 20973 CPT/HCPCS FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS; GREAT TOE WITH WEB SPACE 33015 CPT/HCPCS SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE OR PROLAPSE; CHILD Ves 46751 CPT/HCPCS SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE OR PROLAPSE; CHILD Ves 34830 CPT/HCPCS CHEMICAL PEEL, FACIAL; EPIDERMAL 20979 CPT/HCPCS OPEN REPAIR OF INFRARENAL ADRITIC ANEURYSM OR DISSECTION PLUSREPAIR OF ASSOCIANTERIAL TRAUM,TUBE PROSTHESIS 20799 CPT/HCPCS UNLISTED PROCEDURE, CASTING OR STRAPPING 86185 CPT/HCPCS REVISION OF AQUIEOUS SHUNT TO EXTRAOCULAR EQUATORIAL PLATE 27598 CPT/HCPCS DISARTICULATION AT KINEE 27598 CPT/HCPCS USARTICULATION AT KINEE 27598 CPT/HCPCS VAOINECTOMY, COMPLETE REMOVAL OF VAGINAL WALL,WITH REMOVAL OPPRARAVAGINAL TISSUE (RADICAL VAGINECTOMY) 869645 CPT/HCPCS VAOINECTOMY, COMPLETE REMOVAL OF VAGINAL WALL,WITH REMOVAL POPRARAVAGINAL TISSUE (RADICAL VAGINECTOMY) 869645 CPT/HCPCS SCLEROTHERAPY OF A FLUID COLLECTION (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY, TYMPANIC MEMBRANE REPAIR; RADICAL OR COMP 49185 CPT/HCPCS SCLEROTHERAPY OF A FLUID COLLECTION (G. LYMPHOCELE, CYST, OR SEROMA), PERCUTANEOUS, INCLUDING CONTRAST INJECTION(S), S 80670 CPT/HCPCS REPAIR OF COMPLETE ATRIOVENTRICULAR CANAL, WITH OR WITHOUT PROSTHETIC VALVE PROSTHETIC VALVE 21820 CPT/HCPCS HEAMPHOLDECTOMY, EXTERNAL 2 OR MORE COLLUMNS/GROUPS 40850 CPT/HCPCS HEAMPHOLDECTOMY, EXTERNAL 2 OR MORE COLLUMNS/GROUPS 40950 CPT/HCPCS HEAMPHOLDECTOMY, EXTERNAL 2 OR MORE COLLUMNS/GROUPS 40950 CPT/HCPCS AND SERVING TO STERNUM FRACTURE; CLOSED 40050 CPT/HCPCS AREA OF SERVING TO STERNUM FRACTURE; CLOSED 40050 CPT/HCPCS AREA OF SERVING TO STERNUM FRACTURE; CLOSED 40050 CPT/HCPCS AREA OF SERVING TO STERNUM FRACTURE; CLOSED 40050 CPT/HCPCS AREA OF SERVING TO SERVING T	46910 CPT/HCPCS *DESTRUCTION OF LESION(S), ANUS (EG. CONDYLOMA, PAPILLOMA.	Yes
28062 CPT/HCPCS FASCIECTOMY, EXCISION OF PLANTAR FASCIA; RADICAL (SEPARATE PROCEDURE)  38000 CPT/HCPCS TULINION OF UBETHRAL STRICTURE BY PASSAGE OF SOUND OR URETHRAL YES DILATION. MALE; INITIAL  20973 CPT/HCPCS FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS; CPT/HCPCS FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS; CPT/HCPCS GRAT TOE WITH WEB SPACE  38015 CPT/HCPCS TUBE PERICARDIOSTOMY YES  46751 CPT/HCPCS SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE OR PROLAPSE; CHILD YES  15788 CPT/HCPCS CHEMICAL PEEL, FACIAL; EPIDERMAL YES  24830 CPT/HCPCS CHEMICAL PEEL, FACIAL; EPIDERMAL YES  25799 CPT/HCPCS OPEN REPAIR OF INFRARENAL AORTIC ANEURYSM OR DISSECTION YES  PLUSREPAIR OF A SSOC ARTERIAL TRAUM, TUBE PROSTHESIS  27999 CPT/HCPCS UNLISTED PROCEDURE, CASTING OR STRAPPING YES  66185 CPT/HCPCS REVISION OF AQUEOUS SHUNT TO EXTRAOCULAR EQUATORIAL PLATE YES  75911 CPT/HCPCS DISARTICULATION AT KNEE YES  75111 CPT/HCPCS DISARTICULATION AT KNEE YES  75111 CPT/HCPCS TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, YES)  66645 CPT/HCPCS TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, YES)  66766 CPT/HCPCS SCLEROTHERAPY OF A FLUID COLLECTION (EG. LYMPHOCELE, CYST., OF SEROMA), PERCUTANEOUS, INCLUDING CONTAST INJECTION(S), S  66770 CPT/HCPCS THANSTHORACIC APPROACH  33670 CPT/HCPCS REPAIR OF COMPLETE RETRIOVENTRICULAR CANAL, WITH OR WITHOUT YES  7681 PROSTHETIC VALVE  21820 CPT/HCPCS REPAIR OF COMPLETE RITOVENTRICULAR CANAL, WITH OR WITHOUT YES  86620 CPT/HCPCS TRANSTHORACIC APPROACH  21820 CPT/HCPCS REPAIR OF COMPLETE ARTIOVENTRICULAR CANAL, WITH OR WITHOUT YES  86620 CPT/HCPCS REPAIR OF STRENUM FRACTURE; CLOSED YES  46650 CPT/HCPCS ANOSCOPY; FOR MULTIPLE POLYP REMOVAL  221820 CPT/HCPCS ANOSCOPY; FOR MULTIPLE POLYP REMOVAL  22182		
PROCEDURE)  PROCEDURE  PROCEDURE)  PROCEDURE  PROCEDUR  PR		Voc
SOUTH   STATE   STAT		res
DILATOR, MALE; INITIAL  20973 CPT/HCPCS FREE OSTECOUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS; GREAT TOE WITH WEB SPACE  33015 CPT/HCPCS TUBE PERICARDIOSTOMY  46751 CPT/HCPCS SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE OR PROLAPSE; CHILD YES  15788 CPT/HCPCS CHEMICAL PEEL, FACIAL; EPIDERMAL  34830 CPT/HCPCS OPEN REPAIR OF INFRARENAL AORTIC ANEURYSM OR DISSECTION YES  PLUSREPAIR OF INFRARENAL AORTIC ANEURYSM OR DISSECTION YES  29799 CPT/HCPCS UNLISTED PROCEDURE, CASTING OR STRAPPING YES  66185 CPT/HCPCS REVISION OF AQUEOUS SHUNT TO EXTRAOCULAR EQUATORIAL PLATE RESERVOIR; WITH GRAFT  27598 CPT/HCPCS DISARTICULATION AT KNEE YES  57111 CPT/HCPCS VAGINECTOMY, COMPLETE REMOVAL OF VAGINAL WALL; WITH REMOVAL OF PARAVAGINAL TISSUE (RADICAL VAGINECTOMY)  68645 CPT/HCPCS SCLEROTHERAPY OF A FLUID COLLECTION (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY, TYMPANIC MEMBRANE REPAIR); RADICAL OR COMP  49185 CPT/HCPCS SCLEROTHERAPY OF A FLUID COLLECTION (EG, LYMPHOCELE, CYST, OR SEROMA), PERCUTANEOUS, INCLUDING CONTRAST INJECTION(S), S  60270 CPT/HCPCS THYROIDECTOMY, INCLUDING SUBSTERNAL THYROID GLAND, STERNAL SPLIT OR TRANSTHORACIC APPROACH  33670 CPT/HCPCS REPAIR OF COMPLETE ATRIOCVENTRICULAR CANAL, WITH OR WITHOUT YES  49210 CPT/HCPCS TREATMENT OF STERNUM FRACTURE; CLOSED YES  49220 CPT/HCPCS REPAIR OF COMPLETE ATRIOCVENTRICULAR CANAL, WITH OR WITHOUT YES  492310 CPT/HCPCS REPAIR OF COMPLETE ATRIOCVENTRICULAR CANAL, WITH OR WITHOUT YES  49251 CPT/HCPCS REPAIR OF COMPLETE ATRIOCVENTRICULAR CANAL, WITH OR WITHOUT YES  49252 CPT/HCPCS REPAIR OF COMPLETE ATRIOCVENTRICULAR CANAL, WITH OR WITHOUT YES  49253 CPT/HCPCS REPAIR OF COMPLETE ATRIOCVENTRICULAR CANAL, WITH OR WITHOUT YES  49254 CPT/HCPCS REPAIR OF COMPLETE ATRIOCVENTRICULAR CANAL, WITH OR WITHOUT YES  49255 CPT/HCPCS REPAIR OF COMPLETE ATRIOCVENTRICULAR CANAL, WITH OR WITHOUT YES  49257 CPT/HCPCS REPAIR OF COMPLETE ATRIOCVENTRICULAR CANAL, WITH OR WITHOUT YES  49257 CPT/HCPCS REPAIR OF COMPLETE ATRIOCVENTRICULAR CANAL, WITH OR WITHOUT YES  49257 CPT/HCPCS REPAIR OF COMPLETE AT		
20973 CPT/HCPCS FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS; GREAT TOE WITH WEB SPACE  33015 CPT/HCPCS TUBE PERICARDIOSTOMY 46751 CPT/HCPCS SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE OR PROLAPSE; CHILD YES  348751 CPT/HCPCS CHEMICAL PEEL, FACIAL; PEIDERMAL 46751 CPT/HCPCS CHEMICAL PEEL, FACIAL; PEIDERMAL 46751 CPT/HCPCS CHEMICAL PEEL, FACIAL; PEIDERMAL 46751 CPT/HCPCS CPE CONTINENCE OR PROLAPSE; CHILD YES  34830 CPT/HCPCS OPEN REPAIR OF INFRARENAL AORTIC ANEURYSM OR DISSECTION PLUSREPAIR OF ASSOC ARTERIAL TRAUM, TUBE PROSTHESIS  29799 CPT/HCPCS INDUSTRIES PROCEDURE, CASTING OR STRAPPING YES  66185 CPT/HCPCS REVISION OF AQUEOUS SHUNT TO EXTRAOCULAR EQUATORIAL PLATE YES RESERVOIR; WITH GRAFT 27598 CPT/HCPCS DISARTICULATION AT KNEE 57111 CPT/HCPCS VAGINACCTOMY, COMPLETE REMOVAL OF VAGINAL WALL; WITH REMOVAL YES OFPARAVAGINAL TISSUE (RADICAL VAGINECTOMY)  69645 CPT/HCPCS TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY, TYMPANIC MEMBRANE REPAIR); RADICAL OR COMP  49185 CPT/HCPCS SCLEROTHERAPY OF A FLUID COLLECTION (EG, LYMPHOCELE, CYST, OR SEROMA), PERCUTANEOUS, INCLUDING CONTRAST INJECTION(S), S  60270 CPT/HCPCS THYROIDECTOMY, INCLUDING SUBSTERNAL THYROID GLAND, STERNAL SPLIT OR TRANSTHORACIC APPROACH 33670 CPT/HCPCS TREATMENT OF STERNUM FRACTURE; CLOSED YES PROSTHETIC VALVE 11820 CPT/HCPCS TREATMENT OF STERNUM FRACTURE; CLOSED YES 46250 CPT/HCPCS TREATMENT OF STERNUM FRACTURE; CLOSED YES 46250 CPT/HCPCS ANOSCOPY; FOR MULTIPLE POLYP REMOVAL YES 33775 CPT/HCPCS ARTHROTOMY, GLENOHUMERAL JOINT, WITH JOINT EXPLORATION, WITH OR YES  23107 CPT/HCPCS ARTHROTOMY, GLENOHUMERAL JOINT, WITH JOINT EXPLORATION, WITH OR YES		AL Yes
GREAT TOE WITH WEB SPACE  33015 CPT/HCPCS TUBE PERICARDIOSTOMY 46751 CPT/HCPCS SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE OR PROLAPSE; CHILD Yes  15788 CPT/HCPCS CHEMICAL PEEL, FACIAL; EPIDERMAL 34830 CPT/HCPCS OPEN REPAIR OF INFRARENAL AORTIC ANEURYSM OR DISSECTION PLUSREPAIR OF ASSOC ARTERIAL TRAUM, TUBE PROSTHESIS  29799 CPT/HCPCS UNLISTED PROCEDURE, CASTING OR STRAPPING 66185 CPT/HCPCS REVISION OF AQUEOUS SHUNT TO EXTRAOCULAR EQUATORIAL PLATE RESERVOIR; WITH GRAFT  27598 CPT/HCPCS DISARTICULATION AT KINEE 77111 CPT/HCPCS USIGNATICULATION AT KINEE 77111 CPT/HCPCS ITYMPANIC MEMBRANE REPAIR); RADICAL OR COMP PRARAVAGINAL TISSUE (RADICAL VAGINECTOMY) 69645 CPT/HCPCS TYMPANIC MEMBRANE REPAIR); RADICAL OR COMP 49185 CPT/HCPCS SCLEROTHERAPY OF A FLUID COLLECTION (EG, LYMPHOCELE, CYST, OR SEROMA), PERCUTANEOUS, INCLUDING CONTRAST INJECTION(S), S  60270 CPT/HCPCS THYROIDECTOMY, INCLUDING SUBSTERNAL THYROID GLAND, STERNAL SPLIT OR TRANSTHORACIC APPROACH 33670 CPT/HCPCS TREATMENT OF STERNUM FRACTURE; CLOSED PROSTHETIC VALVE PROSTHETIC VALVE 11820 CPT/HCPCS TREATMENT OF STERNUM FRACTURE; CLOSED PROSTHETIC VALVE PROSTHETIC VALVE PROSTHETIC VALVE PROCEDURE (EG, MUSTARD OR SENNING TYPE) WITH CARDIOPULMON PS  23107 CPT/HCPCS ARTHROTOMY, GLENOHUMERAL JOINT, WITH JOINT EXPLORATION, WITH OR YES PROCEDURE (EG, MUSTARD OR SENNING TYPE) WITH CARDIOPULMON  23107 CPT/HCPCS ARTHROTOMY, GLENOHUMERAL JOINT, WITH JOINT EXPLORATION, WITH OR YES		
33015 CPT/HCPCS TUBE PERICARDIOSTOMY 46751 CPT/HCPCS SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE OR PROLAPSE; CHILD Yes 15788 CPT/HCPCS CHEMICAL PEEL, FACIAL; EPIDERMAL 34830 CPT/HCPCS OPEN REPAIR OF INFRARENAL AORTIC ANEURYSM OR DISSECTION PLUSREPAR OF ASSOC ARTERIAL TRAUM, TUBE PROSTHESIS 29799 CPT/HCPCS UNLISTED PROCEDURE, CASTING OR STRAPPING CPT/HCPCS REVISION OF AQUEOUS SHUNT TO EXTRAOCULAR EQUATORIAL PLATE RESERVOIR; WITH GRAFT 27598 CPT/HCPCS DISARTICULATION AT KNEE 757111 CPT/HCPCS VAGINECTOMY, COMPLETE REMOVAL OF VAGINAL WALL; WITH REMOVAL OFPARAVAGINAL TISSUE (RADICAL VAGINECTOMY) CPT/HCPCS TYPPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY, TYMPANIC MEMBRANE REPAIR); RADICAL OR COMP 49185 CPT/HCPCS SCLEROTHERAPY OF A FLUID COLLECTION (EG, LYMPHOCELE, CYST, OR SEROMA), PERCUTANEOUS, INCLUDING SONTRAST INJECTION(S), S 60270 CPT/HCPCS THYPOLOCETOMY, INCLUDING SUSTERNAL THYROID GLAND, STERNAL SPLIT OR TRANSTHORACIC APPROACH 33670 CPT/HCPCS TREATMENT OF STERNUM FRACTURE; CLOSED YES SPLIT OR TRANSTHORACIC APPROACH PROSTHETIC VALVE 21820 CPT/HCPCS TREATMENT OF STERNUM FRACTURE; CLOSED YES 46612 CPT/HCPCS ANOSCOPY; FOR MULTIPLE POLYP REMOVAL 23107 CPT/HCPCS ARTHROTOMY, GLENOHUMERAL JOINT, WITH JOINT EXPLORATION, WITH OR YES 23107 CPT/HCPCS ARTHROTOMY, GLENOHUMERAL JOINT, WITH JOINT EXPLORATION, WITH OR YES	20973 CPT/HCPCS FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS;	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 YES  PLUSREPAIR OF ASSOC ARTERIAL TRAUM, TUBE PROSTHESIS  29799 CPT/HCPCS UNLISTED PROCEDURE, CASTING OR STRAPPING  60185 CPT/HCPCS REVISION OF AQUEOUS SHUNT TO EXTRAOCULAR EQUATORIAL PLATE  RESERVOIR; WITH GRAFT  27598 CPT/HCPCS DISARTICULATION AT KNEE  79111 CPT/HCPCS VAGINECTOMY, COMPLETE REMOVAL OF VAGINAL WALL; WITH REMOVAL  OFPARAVAGINAL TISSUE (RADICAL VAGINECTOMY)  MIDDLE EAR SURGERY, TYMPANIC MEMBRANE REPAIR); RADICAL OR COMP  49185 CPT/HCPCS SCLEROTHERAPY OF A FLUID COLLECTION (EG, LYMPHOCELE, CYST, OR  SEROMA), PERCUTANEOUS, INCLUDING CONTRAST INJECTION(S), S  60270 CPT/HCPCS THYROIDECTOMY, INCLUDING SUBSTERNAL THYROID GLAND, STERNAL  SPLIT OR TRANSTHORACIC APPROACH  33670 CPT/HCPCS TREATMENT OF STERNUM FRACTURE; CLOSED  REPAIR OF COMPLETE A RIOVENTRICULAR CANAL, WITH OR WITHOUT  PROSTHETIC VALVE  1820 CPT/HCPCS TREATMENT OF STERNUM FRACTURE; CLOSED  YES  46250 CPT/HCPCS REPAIR OF COMPLETE A RIOVENTRICULAR CANAL, WITH OR WITHOUT  PROSTHETIC VALVE  1820 CPT/HCPCS TREATMENT OF STERNUM FRACTURE; CLOSED  YES  46250 CPT/HCPCS REPAIR OF COMPLETE A RIOVENTRICULAR CANAL, WITH OR WITHOUT  PROSTHETIC VALVE  1820 CPT/HCPCS REPAIR OF COMPLETE A RIOVENTRICULAR CANAL, WITH OR WITHOUT  PROSTHETIC VALVE  1820 CPT/HCPCS REPAIR OF COMPLETE A RIOVENTRICULAR CANAL, WITH OR WITHOUT  PROSTHETIC VALVE  1820 CPT/HCPCS REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, ATRIAL BAFFLE  PROCEDURE (EG, MUSTARD OR SENNING TYPE) WITH CARDIOPULMON  23107 CPT/HCPCS ARTHROTOMY, GLENOHUMERAL JOINT, WITH JOINT EXPLORATION, WITH OR YES	GREAT TOE WITH WEB SPACE	
15788 CPT/HCPCS CHEMICAL PEEL, FACIAL; EPIDERMAL 34830 CPT/HCPCS OPEN REPAIR OF INFRARENAL AORTIC ANEURYSM OR DISSECTION PLUSREPAIR OF ASSOC ARTERIAL TRAUM, TUBE PROSTHESIS 29799 CPT/HCPCS UNLISTED PROCEDURE, CASTING OR STRAPPING 6185 CPT/HCPCS REVISION OF AQUEOUS SHUNT TO EXTRAOCULAR EQUATORIAL PLATE 27598 CPT/HCPCS DISARTICULATION AT KNEE 27598 CPT/HCPCS DISARTICULATION AT KNEE 27598 CPT/HCPCS DISARTICULATION AT KNEE 275911 CPT/HCPCS VAGINECTOMY, COMPLETE REMOVAL OF VAGINAL WALL; WITH REMOVAL OFPARAVAGINAL TISSUE (RADICAL VAGINECTOMY) 69645 CPT/HCPCS TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY, TYMPANIC MEMBRANE REPAIR); RADICAL OR COMP 49185 CPT/HCPCS SCEROTHERAPY OF A FLUID COLLECTION (EG, LYMPHOCELE, CYST, OR SEROMA), PERCUTANEOUS, INCLUDING CONTRAST INJECTION(S), S 60270 CPT/HCPCS THYROIDECTOMY, INCLUDING SUBSTERNAL THYROID GLAND, STERNAL 33670 CPT/HCPCS REPAIR OF COMPLETE ATRIOVENTRICULAR CANAL, WITH OR WITHOUT PROSTHETIC VALVE 21820 CPT/HCPCS REPAIR OF COMPLETE ATRIOVENTRICULAR CANAL, WITH OR WITHOUT PROSTHETIC VALVE 21820 CPT/HCPCS ANOSCOPY; FOR MULTIPLE POLYP REMOVAL 496250 CPT/HCPCS REPAIR OF TRANSFOSITION OF THE GREAT ARTERIES, ATRIAL BAFFLE PROCEDURE (EG, MUSTARD OR SENNING TYPE) WITH CARDIOPULMON 23107 CPT/HCPCS ARTHROTOMY, GLENOHUMERAL JOINT, WITH JOINT EXPLORATION, WITH OR YES	33015 CPT/HCPCS TUBE PERICARDIOSTOMY	Yes
SAB30   CPT/HCPCS   OPEN REPAIR OF INFRARENAL AORTIC ANEURYSM OR DISSECTION   PLUSREPAIR OF ASSOC ARTERIAL TRAUM, TUBE PROSTHESIS	46751 CPT/HCPCS SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE OR PROLAPSE; CHILD	Yes
SAB30   CPT/HCPCS   OPEN REPAIR OF INFRARENAL AORTIC ANEURYSM OR DISSECTION   PLUSREPAIR OF ASSOC ARTERIAL TRAUM, TUBE PROSTHESIS		
PLUSREPAIR OF ASSOC ARTERIAL TRAUM, TUBE PROSTHESIS  29799 CPT/HCPCS UNLISTED PROCEDURE, CASTING OR STRAPPING  66185 CPT/HCPCS REVISION OF AQUEOUS SHING OR STRAPPING  798 RESERVOIR; WITH GRAFT  27598 CPT/HCPCS DISARTICULATION AT KNEE  27598 CPT/HCPCS DISARTICULATION AT KNEE  27598 CPT/HCPCS VAGINECTOMY, COMPLETE REMOVAL OF VAGINAL WALL; WITH REMOVAL OFPARAVAGINAL TISSUE (RADICAL VAGINECTOMY)  69645 CPT/HCPCS TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY, TYMPANIC MEMBRANE REPAIR); RADICAL OR COMP  49185 CPT/HCPCS SCLEROTHERAPY OF A FLUID COLLECTION (EG, LYMPHOCELE, CYST, OR SEROMA), PERCUTANEOUS, INCLUDING CONTRAST INJECTION(S), S  60270 CPT/HCPCS THYROIDECTOMY, INCLUDING SUBSTERNAL THYROID GLAND, STERNAL SPLIT OR TRANSTHORACIC APPROACH  33670 CPT/HCPCS REPAIR OF COMPLETE ATRIOVENTRICULAR CANAL, WITH OR WITHOUT PROSTHETIC VALVE  21820 CPT/HCPCS TEATHENT 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 ARTHROTOMY, GLENOHUMERAL JOINT, WITH JOINT EXPLORATION, WITH OR YES  23107 CPT/HCPCS ARTHROTOMY, GLENOHUMERAL JOINT, WITH JOINT EXPLORATION, WITH OR YES	15788 CPT/HCPCS CHEMICAL PEEL, FACIAL; EPIDERMAL	Yes
29799 CPT/HCPCS UNLISTED PROCEDURE, CASTING OR STRAPPING Yes 66185 CPT/HCPCS REVISION OF AQUEOUS SHUNT TO EXTRAOCULAR EQUATORIAL PLATE RESERVOIR; WITH GRAFT 27598 CPT/HCPCS DISARTICULATION AT KNEE Yes 57111 CPT/HCPCS VAGINECTOMY, COMPLETE REMOVAL OF VAGINAL WALL; WITH REMOVAL OFPARAVAGINAL TISSUE (RADICAL VAGINECTOMY) 69645 CPT/HCPCS TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY, TYMPANIC MEMBRANE REPAIR); RADICAL OR COMP 49185 CPT/HCPCS SCLEROTHERAPY OF A FLUID COLLECTION (EG, LYMPHOCELE, CYST, OR SEROMA), PERCUTANEOUS, INCLUDING CONTRAST INJECTION(S), S 60270 CPT/HCPCS THYROIDECTOMY, INCLUDING SUBSTERNAL THYROID GLAND, STERNAL SPLIT OR TRANSTHORACIC APPROACH 33670 CPT/HCPCS REPAIR OF COMPLETE ATRIOVENTRICULAR CANAL, WITH OR WITHOUT PROSTHETIC VALVE 21820 CPT/HCPCS TREATMENT OF STERNUM FRACTURE; CLOSED Yes 46250 CPT/HCPCS HEMORRHOIDECTOMY, EXTERNAL, 2 OR MORE COLUMNS/GROUPS YES 46250 CPT/HCPCS HEMORRHOIDECTOMY, EXTERNAL, 2 OR MORE COLUMNS/GROUPS YES 46612 CPT/HCPCS ANOSCOPY; FOR MULTIPLE POLYP REMOVAL YES 33775 CPT/HCPCS ARTHROTOMY, GLENOHUMERAL JOINT, WITH JOINT EXPLORATION, WITH OR YES	34830 CPT/HCPCS OPEN REPAIR OF INFRARENAL AORTIC ANEURYSM OR DISSECTION	Yes
29799 CPT/HCPCS UNLISTED PROCEDURE, CASTING OR STRAPPING Yes 66185 CPT/HCPCS REVISION OF AQUEOUS SHUNT TO EXTRAOCULAR EQUATORIAL PLATE RESERVOIR; WITH GRAFT 27598 CPT/HCPCS DISARTICULATION AT KNEE Yes 57111 CPT/HCPCS VAGINECTOMY, COMPLETE REMOVAL OF VAGINAL WALL; WITH REMOVAL OFPARAVAGINAL TISSUE (RADICAL VAGINECTOMY) 69645 CPT/HCPCS TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY, TYMPANIC MEMBRANE REPAIR); RADICAL OR COMP 49185 CPT/HCPCS SCLEROTHERAPY OF A FLUID COLLECTION (EG, LYMPHOCELE, CYST, OR SEROMA), PERCUTANEOUS, INCLUDING CONTRAST INJECTION(S), S 60270 CPT/HCPCS THYROIDECTOMY, INCLUDING SUBSTERNAL THYROID GLAND, STERNAL SPLIT OR TRANSTHORACIC APPROACH 33670 CPT/HCPCS REPAIR OF COMPLETE ATRIOVENTRICULAR CANAL, WITH OR WITHOUT PROSTHETIC VALVE 21820 CPT/HCPCS TREATMENT OF STERNUM FRACTURE; CLOSED Yes 46250 CPT/HCPCS HEMORRHOIDECTOMY, EXTERNAL, 2 OR MORE COLUMNS/GROUPS YES 46250 CPT/HCPCS HEMORRHOIDECTOMY, EXTERNAL, 2 OR MORE COLUMNS/GROUPS YES 46612 CPT/HCPCS ANOSCOPY; FOR MULTIPLE POLYP REMOVAL YES 33775 CPT/HCPCS ARTHROTOMY, GLENOHUMERAL JOINT, WITH JOINT EXPLORATION, WITH OR YES	PLUSREPAIR OF ASSOC ARTERIAL TRAUM, TUBE PROSTHESIS	
66185 CPT/HCPCS REVISION OF AQUEOUS SHUNT TO EXTRAOCULAR EQUATORIAL PLATE RESERVOIR; WITH GRAFT  27598 CPT/HCPCS DISARTICULATION AT KNEE  57111 CPT/HCPCS VAGINECTOMY, COMPLETE REMOVAL OF VAGINAL WALL; WITH REMOVAL OFPARAVAGINAL TISSUE (RADICAL VAGINECTOMY)  69645 CPT/HCPCS TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY, TYMPANIC MEMBRANE REPAIR); RADICAL OR COMP  49185 CPT/HCPCS SCLEROTHERAPY OF A FLUID COLLECTION (EG, LYMPHOCELE, CYST, OR SEROMA), PERCUTANEOUS, INCLUDING CONTRAST INJECTION(S), S  60270 CPT/HCPCS THYROIDECTOMY, INCLUDING SUBSTERNAL THYROID GLAND, STERNAL SPLIT OR TRANSTHORACIC APPROACH  33670 CPT/HCPCS REPAIR OF COMPLETE ATRIOVENTRICULAR CANAL, WITH OR WITHOUT PROSTHETIC VALVE  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 ARTHROTOMY, GLENOHUMERAL JOINT, WITH JOINT EXPLORATION, WITH OR YES  22107 CPT/HCPCS ARTHROTOMY, GLENOHUMERAL JOINT, WITH JOINT EXPLORATION, WITH OR YES		Yes
RESERVOIR; WITH GRAFT  27598 CPT/HCPCS DISARTICULATION AT KNEE  7957111 CPT/HCPCS VAGINECTOMY, COMPLETE REMOVAL OF VAGINAL WALL; WITH REMOVAL OF VAGINAL TISSUE (RADICAL VAGINECTOMY)  69645 CPT/HCPCS TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY, TYMPANIC MEMBRANE REPAIR); RADICAL OR COMP  49185 CPT/HCPCS SCLEROTHERAPY OF A FLUID COLLECTION (EG, LYMPHOCELE, CYST, OR SEROMA), PERCUTANEOUS, INCLUDING CONTRAST INJECTION(S), S  60270 CPT/HCPCS THYROIDECTOMY, INCLUDING SUBSTERNAL THYROID GLAND, STERNAL SPLIT OR TRANSTHORACIC APPROACH  33670 CPT/HCPCS REPAIR OF COMPLETE ATRIOVENTRICULAR CANAL, WITH OR WITHOUT PROSTHETIC VALVE  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 ARTHROTOMY, GLENOHUMERAL JOINT, WITH JOINT EXPLORATION, WITH OR YES  23107 CPT/HCPCS ARTHROTOMY, GLENOHUMERAL JOINT, WITH JOINT EXPLORATION, WITH OR 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       Yes		
57111 CPT/HCPCS VAGINECTOMY, COMPLETE REMOVAL OF VAGINAL WALL; WITH REMOVAL OFPARAVAGINAL TISSUE (RADICAL VAGINECTOMY)  69645 CPT/HCPCS TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY, TYMPANIC MEMBRANE REPAIR); RADICAL OR COMP  49185 CPT/HCPCS SCLEROTHERAPY OF A FLUID COLLECTION (EG, LYMPHOCELE, CYST, OR SEROMA), PERCUTANEOUS, INCLUDING CONTRAST INJECTION(S), S  60270 CPT/HCPCS THYROIDECTOMY, INCLUDING SUBSTERNAL THYROID GLAND, STERNAL SPLIT OR TRANSTHORACIC APPROACH  33670 CPT/HCPCS REPAIR OF COMPLETE ATRIOVENTRICULAR CANAL, WITH OR WITHOUT PROSTHETIC VALVE  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  23107 CPT/HCPCS ARTHROTOMY, GLENOHUMERAL JOINT, WITH JOINT EXPLORATION, WITH OR YES  23107 CPT/HCPCS ARTHROTOMY, GLENOHUMERAL JOINT, WITH JOINT EXPLORATION, WITH OR YES		Voc
OFPARAVAGINAL TISSUE (RADICAL VAGINECTOMY)  69645 CPT/HCPCS TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY, TYMPANIC MEMBRANE REPAIR); RADICAL OR COMP  49185 CPT/HCPCS SCLEROTHERAPY OF A FLUID COLLECTION (EG, LYMPHOCELE, CYST, OR SEROMA), PERCUTANEOUS, INCLUDING CONTRAST INJECTION(S), S  60270 CPT/HCPCS THYROIDECTOMY, INCLUDING SUBSTERNAL THYROID GLAND, STERNAL SPLIT OR TRANSTHORACIC APPROACH  33670 CPT/HCPCS REPAIR OF COMPLETE ATRIOVENTRICULAR CANAL, WITH OR WITHOUT PROSTHETIC VALVE  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  23107 CPT/HCPCS ARTHROTOMY, GLENOHUMERAL JOINT, WITH JOINT EXPLORATION, WITH OR YES		
CPT/HCPCS TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY, TYMPANIC MEMBRANE REPAIR); RADICAL OR COMP  49185 CPT/HCPCS SCLEROTHERAPY OF A FLUID COLLECTION (EG, LYMPHOCELE, CYST, OR SEROMA), PERCUTANEOUS, INCLUDING CONTRAST INJECTION(S), S  60270 CPT/HCPCS THYROIDECTOMY, INCLUDING SUBSTERNAL THYROID GLAND, STERNAL SPLIT OR TRANSTHORACIC APPROACH  33670 CPT/HCPCS REPAIR OF COMPLETE ATRIOVENTRICULAR CANAL, WITH OR WITHOUT PROSTHETIC VALVE  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  23107 CPT/HCPCS ARTHROTOMY, GLENOHUMERAL JOINT, WITH JOINT EXPLORATION, WITH OR YES		162
MIDDLE EAR SURGERY, TYMPANIC MEMBRANE REPAIR); RADICAL OR COMP  49185 CPT/HCPCS SCLEROTHERAPY OF A FLUID COLLECTION (EG, LYMPHOCELE, CYST, OR SEROMA), PERCUTANEOUS, INCLUDING CONTRAST INJECTION(S), S  60270 CPT/HCPCS THYROIDECTOMY, INCLUDING SUBSTERNAL THYROID GLAND, STERNAL SPLIT OR TRANSTHORACIC APPROACH  33670 CPT/HCPCS REPAIR OF COMPLETE ATRIOVENTRICULAR CANAL, WITH OR WITHOUT PROSTHETIC VALVE  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  23107 CPT/HCPCS ARTHROTOMY, GLENOHUMERAL JOINT, WITH JOINT EXPLORATION, WITH OR YES		
49185 CPT/HCPCS SCLEROTHERAPY OF A FLUID COLLECTION (EG, LYMPHOCELE, CYST, OR SEROMA), PERCUTANEOUS, INCLUDING CONTRAST INJECTION(S), S  60270 CPT/HCPCS THYROIDECTOMY, INCLUDING SUBSTERNAL THYROID GLAND, STERNAL SPLIT OR TRANSTHORACIC APPROACH  33670 CPT/HCPCS REPAIR OF COMPLETE ATRIOVENTRICULAR CANAL, WITH OR WITHOUT PROSTHETIC VALVE  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  23107 CPT/HCPCS ARTHROTOMY, GLENOHUMERAL JOINT, WITH JOINT EXPLORATION, WITH OR YES		
SEROMA), PERCUTANEOUS, INCLUDING CONTRAST INJECTION(S), S  60270 CPT/HCPCS THYROIDECTOMY, INCLUDING SUBSTERNAL THYROID GLAND, STERNAL SPLIT OR TRANSTHORACIC APPROACH  33670 CPT/HCPCS REPAIR OF COMPLETE ATRIOVENTRICULAR CANAL, WITH OR WITHOUT PROSTHETIC VALVE  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  23107 CPT/HCPCS ARTHROTOMY, GLENOHUMERAL JOINT, WITH JOINT EXPLORATION, WITH OR Yes	MIDDLE EAR SURGERY, TYMPANIC MEMBRANE REPAIR); RADICAL OR COM	P
SEROMA), PERCUTANEOUS, INCLUDING CONTRAST INJECTION(S), S  60270 CPT/HCPCS THYROIDECTOMY, INCLUDING SUBSTERNAL THYROID GLAND, STERNAL SPLIT OR TRANSTHORACIC APPROACH  33670 CPT/HCPCS REPAIR OF COMPLETE ATRIOVENTRICULAR CANAL, WITH OR WITHOUT PROSTHETIC VALVE  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  23107 CPT/HCPCS ARTHROTOMY, GLENOHUMERAL JOINT, WITH JOINT EXPLORATION, WITH OR Yes		<del> </del>
60270 CPT/HCPCS THYROIDECTOMY, INCLUDING SUBSTERNAL THYROID GLAND, STERNAL SPLIT OR TRANSTHORACIC APPROACH  33670 CPT/HCPCS REPAIR OF COMPLETE ATRIOVENTRICULAR CANAL, WITH OR WITHOUT PROSTHETIC VALVE  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  23107 CPT/HCPCS ARTHROTOMY, GLENOHUMERAL JOINT, WITH JOINT EXPLORATION, WITH OR Yes		Yes
SPLIT OR TRANSTHORACIC APPROACH  33670 CPT/HCPCS REPAIR OF COMPLETE ATRIOVENTRICULAR CANAL, WITH OR WITHOUT PROSTHETIC VALVE  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  23107 CPT/HCPCS ARTHROTOMY, GLENOHUMERAL JOINT, WITH JOINT EXPLORATION, WITH OR Yes	SEROMA), PERCUTANEOUS, INCLUDING CONTRAST INJECTION(S), S	
SPLIT OR TRANSTHORACIC APPROACH  33670 CPT/HCPCS REPAIR OF COMPLETE ATRIOVENTRICULAR CANAL, WITH OR WITHOUT PROSTHETIC VALVE  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  23107 CPT/HCPCS ARTHROTOMY, GLENOHUMERAL JOINT, WITH JOINT EXPLORATION, WITH OR Yes		
33670 CPT/HCPCS REPAIR OF COMPLETE ATRIOVENTRICULAR CANAL, WITH OR WITHOUT PROSTHETIC VALVE  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  23107 CPT/HCPCS ARTHROTOMY, GLENOHUMERAL JOINT, WITH JOINT EXPLORATION, WITH OR Yes	60270 CPT/HCPCS THYROIDECTOMY, INCLUDING SUBSTERNAL THYROID GLAND, STERNAL	Yes
PROSTHETIC VALVE  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  23107 CPT/HCPCS ARTHROTOMY, GLENOHUMERAL JOINT, WITH JOINT EXPLORATION, WITH OR Yes	SPLIT OR TRANSTHORACIC APPROACH	
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  23107 CPT/HCPCS ARTHROTOMY, GLENOHUMERAL JOINT, WITH JOINT EXPLORATION, WITH OR Yes	33670 CPT/HCPCS REPAIR OF COMPLETE ATRIOVENTRICULAR CANAL, WITH OR WITHOUT	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  23107 CPT/HCPCS ARTHROTOMY, GLENOHUMERAL JOINT, WITH JOINT EXPLORATION, WITH OR 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 23107 CPT/HCPCS ARTHROTOMY, GLENOHUMERAL JOINT, WITH JOINT EXPLORATION, WITH OR Yes		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  23107 CPT/HCPCS ARTHROTOMY, GLENOHUMERAL JOINT, WITH JOINT EXPLORATION, WITH OR Yes		
23107 CPT/HCPCS REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, ATRIAL BAFFLE PROCEDURE (EG, MUSTARD OR SENNING TYPE) WITH CARDIOPULMON  CPT/HCPCS ARTHROTOMY, GLENOHUMERAL JOINT, WITH JOINT EXPLORATION, WITH OR Yes		
PROCEDURE (EG, MUSTARD OR SENNING TYPE) WITH CARDIOPULMON  23107 CPT/HCPCS ARTHROTOMY, GLENOHUMERAL JOINT, WITH JOINT EXPLORATION, WITH OR Yes		
23107 CPT/HCPCS ARTHROTOMY, GLENOHUMERAL JOINT, WITH JOINT EXPLORATION, WITH OR Yes		res
	PROCEDURE (EG, MUSTARD OR SENNING TYPE) WITH CARDIOPULMON	
h.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		PR Yes
WITHOUT REMOVAL OF LOOSE OR FOREIGN BODY	WITHOUT REMOVAL OF LOOSE OR FOREIGN BODY	

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 (PYELOLITHOTOMY, PELVIOLITHOTOMY, INCLUDING COAGULUM PYELOLITHOTOMY)	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 CIRCUT, 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	Yes
		JOINT; WITH LOCAL TISSUE (EG, ADDUCTOR ADVANCEMENT)	
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;	Yes
		EXTRADURALINCLUDING LATERAL RHONOTOMY, ETHMOIDECTOMY, SPHENOIDECTOMY	
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
50040	CDT/ILICDOS		Voc
50940 23680	CPT/HCPCS CPT/HCPCS	DELIGATION OF URETER  OPEN TREATMENT OF CLOSED OR OPEN SHOULDER DISLOCATION, WITH	Yes Yes
23000	CF 1/11CF CS	SURGICAL OR ANATOMICAL NECK FRACTURE	163
11440	CPT/HCPCS	EXCISION, BENIGN LESION INCL MARGINS, (UNLS LSTD ELSWR) FACEEARS,	Yes
		EYELIDS, NOSE, LIPS, MUCOUS MEMB, EX DIAM 0.5CM ORLESS	
67570	CPT/HCPCS	OPTIC NERVE DECOMPRESSION(EG, INCISION OR FENESTRATION OF	Yes
		OPTIC NERVE SHEATH)	
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	Yes
		GRAFTS; COMBINED INTRA- AND EXTRACRANIAL APPROACH	
G0268	CPT/HCPCS	REMOVAL OF IMPACTED CERUMEN (ONE OR BOTH EARS) BY PHYSICIAN ON	Yes
11101	CPT/HCPCS	SAME DATE OF AS AUDIOLOGIC FUNCTION TESTING	Yes
11101	CP1/HCPC3	BIOPSY OF SKIN, SUBCUTANEOUS TISSUE AND/OR MUCOUS MEMBRANE (INCLUDING SIMPLE CLOSURE), EACH ADDITIONAL LESION	res
58740	CPT/HCPCS	LYSIS OF ADHESIONS (SALPINGOLYSIS, OVARIOLYSIS)	Yes
24136	CPT/HCPCS	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), RADIAL	Yes
2 1200	01 111101 00	HEAD OR NECK	
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	Yes
		PHYSICIAN'S SKILL (EG, FOR GASTROINTESTINAL HEMORRHAGE),	
63050	CPT/HCPCS	LAMINOPLASTY, CERVICAL, WITH DECOMPRESSION OF THE SPINAL CORD, TWO OR MORE VERTEBRAL SEGMENTS;	Yes
28555	CPT/HCPCS	·	Yes
25675	CPT/HCPCS	TREATMENT OF CLOSED DISTAL RADIOULNAR DISLOCATION WITH	Yes
19105	CPT/HCPCS	MANIPULATION  ABLATION, CRYOSURGICAL, OF FIBROADENOMA, INCLUDING ULTRASOUND	Yes
		GUIDANCE, EACH FIBROADENOMA	
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	Yes
0447T	CPT/HCPCS		Yes
28240	CPT/HCPCS	SUBCUTANEOUS POCKET VIA INCISION TENOTOMY, LENGTHENING, OR RELEASE, ABDUCTOR HALLUCIS MUSCLE	Yes
15820	CPT/HCPCS	BLEPHAROPLASTY, LOWER EYELID;	Yes
28360	CPT/HCPCS  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 36226	CPT/HCPCS CPT/HCPCS	EXCISION OF TRACHEAL TUMOR OR CARCINOMA; THORACIC SELECTIVE CATHERTER PLACEMENT, VERTEBRAL ARTERY, UNILATERAL, WITH	Yes Yes
36226	CPT/HCPCS		Yes
		ANGIOGRAPHY OF THE IPSILATERAL VERTEBRAL CIRCULATION AN	
54324	CPT/HCPCS	ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR	Yes
		CIRCUMCISION); WITH URETHROPLASTY BY LOCAL	
21199	CPT/HCPCS	OSTEOTOMY, MANDIBLE, SEGMENTAL WITH GENIOGLOSSUS	Yes
21199	CF1/HCFC3	ADVANCEMENT	165
0.4071	CPT/HCPCS		Voc
24071	CP1/HCPCS	EXCISION, TUMOR, SOFT TISSUE OF UPPER ARM OR ELBOW AREA,	Yes
	007#10000	SUBCUTANEOUS; 3 CM OR GREATER	.,
33427	CPT/HCPCS	VALVULOPLASTY, MITRAL VALVE, WITH CARDIOPULMONARY BYPASS;	Yes
		RADICAL RECONSTRUCTION WITH OR WITHOUT RING	
61623	CPT/HCPCS	ENDOVASCULAR TEMPORARY BALLOON ARTERIAL OCCLUSION, HEAD OR	Yes
		NNECK INCLUDING SELECTIVE CATHETERIZATION OF VESSEL TO BE OCC	
21147	CPT/HCPCS	RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, ANY	Yes
		DIRECTION, REQUIRING BONE GRAFTS (INCLUDES OBTAINING	
36576	CPT/HCPCS	REPAIR OF CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS	Yes
		PORT OR PUMP, CENTRAL OR PERIPHERAL INSERTION SITE	
21029	CPT/HCPCS	REMOVAL BY CONTOURING OF BENIGN TUMOR OF FACIAL BONE (EG,	Yes
- <del></del>		FIBROUS DYSPLASIA)	
44151	CPT/HCPCS	COLECTOMY, TOTAL, ABDOMINAL, WITHOUT PROCTECTOMY; WITH	Yes
- <del></del> 101	01 1/110103	CONTINENT ILEOSTOMY	
58820	CPT/HCPCS		Yes
		DRAINAGE OF OVARIAN ABSCESS; VAGINAL APPROACH	
64736	CPT/HCPCS	TRANSECTION OR AVULSION OF; MENTAL NERVE	Yes
58550	CPT/HCPCS	LAPAROSCOPY, SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR	Yes
		UTERUSGREATER THAN 250GM;	
35321	CPT/HCPCS	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; AXILLARY-	Yes
		BRACHIAL	
37600	CPT/HCPCS	LIGATION; EXTERNAL CAROTID ARTERY	Yes
67105	CPT/HCPCS	REPAIR OF RETINAL DETACHMENT, INCLUDING DRAINAGE SUBRETINAL	Yes
		FLUID, WHEN PERFORMED; PHOTOCOAGULATION,	
27217	CPT/HCPCS	OPEN TREATMENT OF ANTERIOR RING FRACTURE AND/OR DISLOCATION	Yes
		WITH INTERNAL FIXATION	
26499	CPT/HCPCS	CORRECTION CLAW FINGER, OTHER METHODS	Yes
36596	CPT/HCPCS	MECHANICAL REMOVAL OF INTRALUMINAL (INTRACATHETER)	Yes
00000	0,	OBSTRUCTIMATERIAL FROM CENTRAL VENOUS DEVICE THROUGH DEVICE	
		LUMEN	
35121	CPT/HCPCS	DIRECT REPAIR OF ANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND GRAFT	Voc
33121	CPI/HCPCS	` '	res
04077	ODT//LIODOG	INSERTION, WITH OR WITHOUT PATCH GRAFT; FOR ANEURYSM	V
21077	CPT/HCPCS	IMPRESSION AND CUSTOM PREPARATION; ORBITAL PROSTHESIS	Yes
21194	CPT/HCPCS	RECONSTRUCTION OF MANDIBULAR RAMI, HORIZONTAL, VERTICAL, "C", OR	Yes
		"L" OSTEOTOMY; WITH BONE GRAFT (INCLUDES OBTAINING GRAFT)	
64570	CPT/HCPCS	REMOVAL OF CRANIAL NERVE (EG, VAGUS NERVE) NEUROSTIMULATOR	Yes
		ELECTRODE ARRAY AND PULSE GENERATOR	
27472	CPT/HCPCS	REPAIR, NONUNION OR MALUNION, FEMUR, DISTAL TO HEAD AND NECK;	Yes
		WITH ILIAC OR OTHER AUTOGENOUS BONE GRAFT (INCLUDES OBTA	
24330	CPT/HCPCS	FLEXOR-PLASTY, ELBOW (EG, STEINDLER TYPE ADVANCEMENT);	Yes
47800	CPT/HCPCS		Yes
		TO-END ANASTOMOSIS	
33771	CPT/HCPCS	REPAIR OF TRANSPOSITION OF GREAT ARTERIES W/VENTRICULAR SEPTAL	Yes
JU, / I	0. 1/110103	DEFECT & SUBPUL STEN; W/SURGICAL ENLARGE VENTRI SEPTAL DEF	
		DELICOT & SOUP OF STEIN, W/SUNDICAL ENLANGE VENTRI SEPTAL DEF	
27044	ODT// IODOO	TRANSCATUETER THERADY ARTERIAL INCHOLON FOR THEOMOSPACIA	Voc
37211	CPT/HCPCS	TRANSCATHETER THERAPY, ARTERIAL INFUSION FOR THROMBOLYSIS	Yes
		OTHER THAN CORONARY, INTRACRANIAL, ANY METHOD, INCLUDING	
		RADIOLOGICAL SUPERVISION AND INTERPR+	L.
64862	CPT/HCPCS	SUTURE OF; LUMBAR PLEXUS	Yes
61735	CPT/HCPCS	CREATION OF LESION BY STEREOTACTIC METHOD, INCLUDING BURR	Yes
		HOLE(S) AND LOCALIZING AND RECORDING TECHNIQUES, SINGL	
22858	CPT/HCPCS	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH,	Yes
	1	INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES	
22000		INCCODING DISCLOTOFF WITH LIND FLATE FILE ANATION (INCLODES	
		OSTEOPHYTECTOMY FOR NERVE ROO+	
26860	CPT/HCPCS	OSTEOPHYTECTOMY FOR NERVE ROO+	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	Yes
04003	CF1/HCFC3	THIRD DIVISION BRANCHES AT FORAMEN OVALE	res
45309	CPT/HCPCS	PROCTOSIGMOIDOSCOPY, RIGID; WITH REMOVAL OF SINGLE TUMOR,	Yes
		POLYP, OR OTHER LESION BY SNARE TECHNIQUE	
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)	
22015	CPT/HCPCS	INCISION AND DRAINAGE, OPEN, OF DEEP ABSCESS (SUBFASCIAL),	Yes
33881	CPT/HCPCS	POSTERIOR SPINE; LUMBAR, SACRAL, OR LUMBOSACRAL	Yes
33881	CPI/HCPCS	ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA; NOT INVOLVING COVERAGE OF LEFT SUBCLAVIAN ARTERY ORIGIN, INITIAL ENDO	res
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	Yes
		OTHER THAN NEOPLASM, EXTRADURAL; LUMBAR	
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	Yes
		RADIOSURGERY	
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	Yes
00000		LAND"; SECONDARY WITH FREE GRAFT (INCLUDES OBTAIN	
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
Z2101	JOE 1/11/10/103	ALT LICATION OF FINGEN SPLINT, DINAPIIC	169

63055	CPT/HCPCS	TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR NERVE ROOT(S) (EG, HERNIATED INTERVERTEBRA	Yes
		EQUITATIVE TO UT (0) (EU, TETIVITAE INTERVENTEDIA	
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,	Yes
0010T	CDT// ICDCS	POSTTONSILLECTOMY); COMPLICATED, REQUIRING	Yes
0313T	CPT/HCPCS	VAGUS NERVE BLOCKING THERAPY; LAPAROSCOPIC REVISION OR REPLACEMENT OF VAGAL TRUNK NEUROSTIMULATOR ELECTRODE ARRAY,	res
		INCLU	
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	Yes
	007//10000	PUBIC RAMI, OR ISCHIUM AND ACETABULUM	
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,	Yes
		OTHERTHAN TEMPORAL LOBE, PARTIAL OR TOTAL, WITHOUT	
0440T	CPT/HCPCS	ELECTROCORTICO  ABLATION, PERCUTANEOUS, CRYOABLATION, INCLUDES IMAGING	Yes
04401	GF1/HGFG3	GUIDANCE; UPPER EXTREMITY DISTAL/PERIPHERAL NERVE	lies .
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	Yes
15839	CPT/HCPCS	BLOCK, RECTUS SHEATH BLOCK) UNILATERAL; BY CONTINUOUS  EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING	Yes
15639	CPI/HCPC3	LIPECTOMY); OTHER AREA	res
23460	CPT/HCPCS	CAPSULORRHAPHY FOR RECURRENT DISLOCATION, ANTERIOR, ANY TYPE; WITH BONE BLOCK	Yes
61651	CPT/HCPCS	ENDOVASCULAR INTRA CRANIAL PROLONGED ADMINSTRATION 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	Yes
45391	CPT/HCPCS	CAR COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH	Yes
33391	CPT/HCPCS	ENDOSCOPIC ULTRASOUND EXAMINATION  VALVULOPLASTY, AORTIC VALVE, OPEN, WITH CARDIOPULMONARY	Yes
EOECO	ODT// IODOO	BYPASS; COMPLEX (EG, LEAFLET EXTENSION, LEAFLET RESECTION,	Voc
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
-	Ţ	•	

27618	CPT/HCPCS		Yes
52300	CPT/HCPCS	LESS THAN 3 CM CYSTOURETHROSCOPY; WITH RESECTION OR FULGURATION OF	Yes
62326	CPT/HCPCS	URETEROCELE(S), UNILATERAL OR BILATERAL INJECTION(S), INCLUDING INDWELLING CATHETER PLACEMENT, LUMBAR	Yes
02320	0F1/H0F03	OR SACRAL (CAUDAL); WITHOUT IMAGING GUIDANCE	153
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	Yes
25392	CPT/HCPCS	CORNEA AND/OR SCLERA OSTEOPLASTY, RADIUS AND ULNA; SHORTENING (EXCLUDING 64876)	Yes
61108	CPT/HCPCS	TWIST DRILL HOLE FOR SUBDURAL OR VENTRICULAR PUNCTURE; FOR	Yes
01100	01 1/1101 00	EVACUATION AND/OR DRAINAGE OF SUBDURAL HEMATOMA	163
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 (EPIPHYSIODESIS), 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	Yes
		OR LENS	
43401	CPT/HCPCS	TRANSECTION OF ESOPHAGUS WITH REPAIR, FOR ESOPHAGEAL VARICES	Yes
15860	CPT/HCPCS	INTRAVENOUS INJECTION OF AGENT (EG, FLUORESCEIN) 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	Yes
		CANNULA(E) BY STERNOTOMY OR THORACOTOMY 6 YEARS AND OLDER	
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; CARDIOPLUMONARY 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

31661 CP 61537 CP 61641 CP 49062 CP 61150 CP 50700 CP 43810 CP 26676 CP 50948 CP	PT/HCPCS	URETEROPLASTY, PLASTIC OPERATION ON URETER (EG, STRICTURE) GASTRODUODENOSTOMY TREATMENT OF CLOSED CARPOMETACARPAL DISLOCATION, OTHER THAN BENNETT FRACTURE, SINGLE, WITH MANIPULATION; WITH PERCUTANEO REPAIR RECURRENT FEMORAL HERNIA; INCARCERATED OR STRANGULATED	Yes
61537 CP 61641 CP 49062 CP 61150 CP 50700 CP 43810 CP 26676 CP 50948 CP	PT/HCPCS	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCL FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH BRONCHIAL THERMOPLASTY, 2 OR MORE LOBES CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR LOBECTOMY, TEMPOTEMPORAL LOBE, WITHOUT ELECTROCORTICOGRAPHY DURING SURGERY BALLOON DILATATION OF INTRACRANIAL VASOSPASM, PERCUTANEOUS; EACH ADDITIONAL VESSEL IN SAME VASCULAR TERRITORY  DRAINAGE OF EXTRAPERITONEAL LYMPHOCELE TO PERITONEAL CAVITY, OPEN BURR HOLE(S) OR TREPHINE; WITH DRAINAGE OF BRAIN ABSCESS OR CYST  URETEROPLASTY, PLASTIC OPERATION ON URETER (EG, STRICTURE) GASTRODUODENOSTOMY TREATMENT OF CLOSED CARPOMETACARPAL DISLOCATION, OTHER THAN BENNETT FRACTURE, SINGLE, WITH MANIPULATION; WITH PERCUTANEO  REPAIR RECURRENT FEMORAL HERNIA; INCARCERATED OR STRANGULATED	Yes Yes Yes Yes Yes Yes Yes Yes Yes
61537 CP 61641 CP 49062 CP 61150 CP 50700 CP 43810 CP 26676 CP 49557 CP 50948 CP	PT/HCPCS PT/HCPCS PT/HCPCS PT/HCPCS PT/HCPCS PT/HCPCS PT/HCPCS PT/HCPCS	GUIDANCE, WHEN PERFORMED; WITH BRONCHIAL THERMOPLASTY, 2 OR MORE LOBES  CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR LOBECTOMY, TEMPOTEMPORAL LOBE, WITHOUT ELECTROCORTICOGRAPHY DURING SURGERY  BALLOON DILATATION OF INTRACRANIAL VASOSPASM, PERCUTANEOUS; EACH ADDITIONAL VESSEL IN SAME VASCULAR TERRITORY  DRAINAGE OF EXTRAPERITONEAL LYMPHOCELE TO PERITONEAL CAVITY, OPEN  BURR HOLE(S) OR TREPHINE; WITH DRAINAGE OF BRAIN ABSCESS OR CYST  URETEROPLASTY, PLASTIC OPERATION ON URETER (EG, STRICTURE)  GASTRODUODENOSTOMY  TREATMENT OF CLOSED CARPOMETACARPAL DISLOCATION, OTHER THAN BENNETT FRACTURE, SINGLE, WITH MANIPULATION; WITH PERCUTANEO  REPAIR RECURRENT FEMORAL HERNIA; INCARCERATED OR STRANGULATED	Yes Yes Yes Yes Yes Yes Yes Yes Yes
61641 CP  49062 CP  61150 CP  50700 CP  43810 CP  26676 CP  49557 CP  50948 CP	PT/HCPCS PT/HCPCS PT/HCPCS PT/HCPCS PT/HCPCS PT/HCPCS PT/HCPCS PT/HCPCS PT/HCPCS	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR LOBECTOMY, TEMPOTEMPORAL LOBE, WITHOUT ELECTROCORTICOGRAPHY DURING SURGERY  BALLOON DILATATION OF INTRACRANIAL VASOSPASM, PERCUTANEOUS; EACH ADDITIONAL VESSEL IN SAME VASCULAR TERRITORY  DRAINAGE OF EXTRAPERITONEAL LYMPHOCELE TO PERITONEAL CAVITY, OPEN BURR HOLE(S) OR TREPHINE; WITH DRAINAGE OF BRAIN ABSCESS OR CYST  URETEROPLASTY, PLASTIC OPERATION ON URETER (EG, STRICTURE) GASTRODUODENOSTOMY TREATMENT OF CLOSED CARPOMETACARPAL DISLOCATION, OTHER THAN BENNETT FRACTURE, SINGLE, WITH MANIPULATION; WITH PERCUTANEO  REPAIR RECURRENT FEMORAL HERNIA; INCARCERATED OR STRANGULATED	Yes Yes Yes Yes Yes Yes Yes Yes
49062 CP 61150 CP 50700 CP 43810 CP 26676 CP 49557 CP 50948 CP	PT/HCPCS PT/HCPCS PT/HCPCS PT/HCPCS PT/HCPCS PT/HCPCS PT/HCPCS PT/HCPCS	BALLOON DILATATION OF INTRACRANIAL VASOSPASM, PERCUTANEOUS; EACH ADDITIONAL VESSEL IN SAME VASCULAR TERRITORY  DRAINAGE OF EXTRAPERITONEAL LYMPHOCELE TO PERITONEAL CAVITY, OPEN BURR HOLE(S) OR TREPHINE; WITH DRAINAGE OF BRAIN ABSCESS OR CYST  URETEROPLASTY, PLASTIC OPERATION ON URETER (EG, STRICTURE) GASTRODUODENOSTOMY TREATMENT OF CLOSED CARPOMETACARPAL DISLOCATION, OTHER THAN BENNETT FRACTURE, SINGLE, WITH MANIPULATION; WITH PERCUTANEO  REPAIR RECURRENT FEMORAL HERNIA; INCARCERATED OR STRANGULATED	Yes Yes Yes Yes Yes Yes
49062 CP 61150 CP 50700 CP 43810 CP 26676 CP 49557 CP 50948 CP	PT/HCPCS PT/HCPCS PT/HCPCS PT/HCPCS PT/HCPCS PT/HCPCS	DRAINAGE OF EXTRAPERITONEAL LYMPHOCELE TO PERITONEAL CAVITY, OPEN BURR HOLE(S) OR TREPHINE; WITH DRAINAGE OF BRAIN ABSCESS OR CYST  URETEROPLASTY, PLASTIC OPERATION ON URETER (EG, STRICTURE) GASTRODUODENOSTOMY TREATMENT OF CLOSED CARPOMETACARPAL DISLOCATION, OTHER THAN BENNETT FRACTURE, SINGLE, WITH MANIPULATION; WITH PERCUTANEO  REPAIR RECURRENT FEMORAL HERNIA; INCARCERATED OR STRANGULATED	Yes Yes Yes Yes Yes Yes
61150 CP 50700 CP 43810 CP 26676 CP 49557 CP 50948 CP	PT/HCPCS PT/HCPCS PT/HCPCS PT/HCPCS PT/HCPCS PT/HCPCS	DRAINAGE OF EXTRAPERITONEAL LYMPHOCELE TO PERITONEAL CAVITY, OPEN  BURR HOLE(S) OR TREPHINE; WITH DRAINAGE OF BRAIN ABSCESS OR CYST  URETEROPLASTY, PLASTIC OPERATION ON URETER (EG, STRICTURE) GASTRODUODENOSTOMY TREATMENT OF CLOSED CARPOMETACARPAL DISLOCATION, OTHER THAN BENNETT FRACTURE, SINGLE, WITH MANIPULATION; WITH PERCUTANEO  REPAIR RECURRENT FEMORAL HERNIA; INCARCERATED OR STRANGULATED	Yes Yes Yes Yes Yes
61150 CP 50700 CP 43810 CP 26676 CP 49557 CP 50948 CP	PT/HCPCS PT/HCPCS PT/HCPCS PT/HCPCS PT/HCPCS	OPEN BURR HOLE(S) OR TREPHINE; WITH DRAINAGE OF BRAIN ABSCESS OR CYST  URETEROPLASTY, PLASTIC OPERATION ON URETER (EG, STRICTURE) GASTRODUODENOSTOMY TREATMENT OF CLOSED CARPOMETACARPAL DISLOCATION, OTHER THAN BENNETT FRACTURE, SINGLE, WITH MANIPULATION; WITH PERCUTANEO  REPAIR RECURRENT FEMORAL HERNIA; INCARCERATED OR STRANGULATED	Yes Yes Yes Yes Yes
50700 CP 43810 CP 26676 CP 49557 CP 50948 CP	PT/HCPCS PT/HCPCS PT/HCPCS PT/HCPCS	URETEROPLASTY, PLASTIC OPERATION ON URETER (EG, STRICTURE) GASTRODUODENOSTOMY TREATMENT OF CLOSED CARPOMETACARPAL DISLOCATION, OTHER THAN BENNETT FRACTURE, SINGLE, WITH MANIPULATION; WITH PERCUTANEO REPAIR RECURRENT FEMORAL HERNIA; INCARCERATED OR STRANGULATED	Yes Yes Yes
43810 CP 26676 CP 49557 CP 50948 CP	PT/HCPCS PT/HCPCS PT/HCPCS PT/HCPCS	GASTRODUODENOSTOMY TREATMENT OF CLOSED CARPOMETACARPAL DISLOCATION, OTHER THAN BENNETT FRACTURE, SINGLE, WITH MANIPULATION; WITH PERCUTANEO REPAIR RECURRENT FEMORAL HERNIA; INCARCERATED OR STRANGULATED	Yes Yes
26676 CP 49557 CP 50948 CP	PT/HCPCS PT/HCPCS PT/HCPCS	TREATMENT OF CLOSED CARPOMETACARPAL DISLOCATION, OTHER THAN BENNETT FRACTURE, SINGLE, WITH MANIPULATION; WITH PERCUTANEO REPAIR RECURRENT FEMORAL HERNIA; INCARCERATED OR STRANGULATED	Yes
49557 CP 50948 CP	PT/HCPCS PT/HCPCS	BENNETT FRACTURE, SINGLE, WITH MANIPULATION; WITH PERCUTANEO REPAIR RECURRENT FEMORAL HERNIA; INCARCERATED OR STRANGULATED	
50948 CP	PT/HCPCS	, '	Yes
		LAPAROSCOPY SURGICAL URFTERONFOCYSTOSTOMY W/O CYSTOSCOPY	
0267T CP		ANDURETERAL STENT PLACEMENT	Yes
		IMPLANTATION OR REPLACEMENT OF CAROTID SINUS BAROREFLEX ACTIVATION DEVICE; LEAD ONLY, UNILATERAL.	Yes
66830 CP		REMOVAL OF SECONDARY MEMBRANOUS CATARACT (OPACIFIED	Yes
		POSTERIOR LENS CAPSULE AND/OR ANTERIOR HYALOID) WITH CORNEO- SCLER	
63307 CP		VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR	Yes
20011		COMPLETE, FOR EXCISION OF INTRASPINAL LESION, SINGLE SEG	
		SELECTIVE CATHETER PLACEMENT, VENOUS SYSTEM; FIRST ORDER BRANCK (EG, RENAL VEIN, JUGULAR VEIN)	Yes
17280 CP	PT/HCPCS	*DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELDS,NOSE,LIPS,MUCOUS MEMBRANE;LESION DIAMETER 0.5 CM/LESS	Yes
23400 CP	PT/HCPCS	SCAPULOPEXY (EG, SPRENGEL'S DEFORMITY OR FOR PARALYSIS)	Yes
31085 CP		SINUSOTOMY FRONTAL; OBLITERATIVE, WITH OSTEOPLASTIC FLAP, CORONAL INCISION	Yes
		BIOPSY, BONE, TROCAR OR NEEDLE; DEEP (VERTEBRAL BODY, FEMUR)	Yes
		REMOVAL OR BIVALVING; GAUNTLET, BOOT OR BODY CAST	Yes
		ARTHRODESIS, HIP JOINT (INCLUDES OBTAINING GRAFT); WITH SUBTROCHANTERIC OSTEOTOMY	Yes
		THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; ABDOMINAL AORTA	Yes
28100 CP		EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR CALCANEUS;	Yes
49020 CP		DRAINAGE OF PERITONEAL ABSCESS OR LOCALIZED PERITONITIS, EXCLUSIVE OF APPENDICEAL ABSCESS, TRANSABDOMINAL	Yes
		NEPHROLITHOTOMY; REMOVAL OF CALCULUS	Yes
		EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITHOUT REPAIR	Yes
35666 CP		BYPASS GRAFT, WITH OTHER THAN VEIN; FEMORAL-ANTERIOR TIBIAL, POSTERIOR TIBIAL, OR PERONEAL ARTERY	Yes
11623 CP		EXCISION, MALIGNANT LESION INCL MARGINS, SCALP, NECK, HANDS, FEET, GENITALIA; EXCISED DIAMETER 2.1 TO 3.0CM	Yes
43620 CP	PT/HCPCS	GASTRECTOMY, TOTAL; INCLUDING INTESTINAL ANASTOMOSIS	Yes
57500 CP	PT/HCPCS	*BIOPSY, SINGLE OR MULTIPLE, OR LOCAL EXCISION OF LESION, WITH OR WITHOUT FULGURATION (SEPARATE PROCEDURE)	Yes
58561 CP		HYSTEROSCOPIC REMOVAL OF FIBROIDS, W/REMOVAL OF LEIOMYOMATA	Yes
36245 CP		SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; EACH FIRST ORDER ABDOMINAL, PELVIC OR LOWER EXT ARTERY BRANCH, WITHIN A VASCULAR FAMILY	Yes
	PT/HCPCS	INSERTION OF PENILE PROSTHESIS; NON-INFLATABLE (SEMI-RIGID)	Yes
66984 CP		EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (ONE STAGE PROCEDURE), MANUAL OR MECHANICA	Yes

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

		_	
40720	CPT/HCPCS	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; SECONDARY, BY RECREATION OF DEFECT AND RECLOSURE	Yes
40.400	OPTULODOS		V ₂ 2
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	Yes
		LATERAL, INCLUDES INTERNAL FIXATION, WHEN PERFORMED	
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		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 THANRUBBER 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
	CPT/HCPCS	DESTRUCTION BY NEUROLYTIC AGENT, TRIGEMINAL NERVE; SECOND AND	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	Yes
	101 1/1101 03	CREATION, 1 VERTEBRAL BODY, UNILATERAL OR BILATERAL ANNULATI	
61640	CPT/HCPCS	BALLOON DILATION OF INTRACRANIAL VASOSPASM, PERCUTANEOUS;	Yes
		INITIAL VESSEL	
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	Yes
		CANNULA(E), OPEN, BIRTH THROUGH 5 YEARS OF AGE (INCLUDES	
31622	CPT/HCPCS	CANNULA(E), OPEN, BIRTH THROUGH 5 YEARS OF AGE (INCLUDES  Bronchoscopy, (rigid or flexible), with or without fluoroscopic guidance; diagnostic, with or without cell washing (separate procedure)	Yes
		Bronchoscopy, (rigid or flexible), with or without fluoroscopic guidance; diagnostic, with or without cell washing (separate procedure)	
31622 25001 15003	CPT/HCPCS  CPT/HCPCS  CPT/HCPCS	Bronchoscopy, (rigid or flexible), with or without fluoroscopic guidance;	Yes Yes Yes
25001 15003	CPT/HCPCS CPT/HCPCS	Bronchoscopy, (rigid or flexible), with or without fluoroscopic guidance; diagnostic, with or without cell washing (separate procedure)  INCISION, FLEXOR TENDON SHEATH, WRIST  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 Yes
25001	CPT/HCPCS	Bronchoscopy, (rigid or flexible), with or without fluoroscopic guidance; diagnostic, with or without cell washing (separate procedure)  INCISION, FLEXOR TENDON SHEATH, WRIST  SRG PRP CREATN OF RECIPNT SITE BY EXCIS OPEN WNDS, BRN ESCHR, OR SCAR (INCLD SUBCT TISS), INCISNL SCR CNTRCTR, TRNK, ARMS, LEGS;	Yes

F	I	T	I
49654	CPT/HCPCS	LAPAROSCOPY, SURGICAL, REPAIR, INCISIONAL HERNIA (INCLUDES MESH	Yes
45000	007#1675	INSERTION, WHEN PERFORMED); REDUCIBLE	
45999	CPT/HCPCS	UNLISTED PROCEDURE, RECTUM	Yes
61650	CPT/HCPCS	ENDOVASCULAR INTRA CRANIAL PROLONGED ADMINSTRATION OF PHARMACOLOGIC AGENT(S) OTHER THAN FOR THROMBOLYSIS, INTIAL	Yes
29720	CPT/HCPCS	REPAIR OF SPICA, BODY CAST OR JACKET	Yes
45400	CPT/HCPCS	LAPAROSCOPY, SURGICAL; PROCTOPEXY	Yes
63077	CPT/HCPCS	DISKECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOT(S), INCLUDING OSTEOPHYTECTOMY; THORACIC, SINGL	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 ATEA, CAVERNOUS SINUS, CLIVUS OR MIDLIN	Yes
0265T	CPT/HCPCS	INTRAMUSCULAR AUTOLOGOUS BONE MARROW CELL THERAPY, WITH PREPARATION OF HARVESTED CELLS, MULTIPLE INJECTIONS, ONE LEG, ULTRASOUND GUIDANCE; BONE MARRO+	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 TAPERI	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 RECONSTRUCTON FOR PREVIOUS ESOPHAGECTOMY FOR OBSTRUCTING ESOPHAGEAL LESION OR FISTULA, OR FOR PREVIOU	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 IEG, EXTENSOR TO FLEXOR); SINGLE TENDON	Yes

28420	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN CALCANEAL FRACTURE, WITH OR	Yes
		WITHOUT INTERNAL OR EXTERNAL SKELETAL FIXATION; WITH PRIMAR	
			1
36595	CPT/HCPCS	MECHANICAL REMOVAL OF PERICATHETER OBSTRUCTIVE MATERIAL	Yes
47383	CPT/HCPCS	FROMCENTRAL VENOUS DEVICE VIA SEPARATE VENOUS ACCESS  ABLATION, 1 OR MORE LIVER TUMOR(S), PERCUTANEOUS,	Yes
47303	CF I/HOF CS	CRYOABLATION	165
67450	CPT/HCPCS	ORBITOTOMY WITH BONE FLAP, LATERAL APPROACH (EG, KROENLEIN); FOR	Yes
07 100	0	EXPLORATION, WITH OR WITHOUT BIOPSY	
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	Yes
		GUN)	
52442	CPT/HCPCS	CYSTOURETHROSCOPY, WITH INSERTION OF PERMANENT ADJUSTABLE	Yes
		TRANSPROSTATIC IMPLANT; EACH ADDITIONAL PERMANENT ADJUSTABLE	
00505	ODT/ILIODOS	MAANURUU ATION OF CRINE REQUIRING ANIFCTUECIA. ANIV REGION	Vac
22505 23044	CPT/HCPCS CPT/HCPCS	MANIPULATION OF SPINE REQUIRING ANESTHESIA, ANY REGION  ARTHROTOMY, ACROMIOCLAVICULAR, STERNOCLAVICULAR JOINT, FOR	Yes Yes
23044	CF1/HCFC3	INFECTION, WITH EXPLORATION, DRAINAGE OR REMOVAL OF FOREIG	res
		IN ECTION, WITH EXPEDITATION, DIVINAGE OF THE POWER OF TOTAL OF	
61539	CPT/HCPCS	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; for lobectomy,	Yes
		other than temporal lobe, partial or total, with electrocorticography during	
		surgery	
0449T	CPT/HCPCS	INSERTION OF AQUEOUS DRAINAGE DEVICE, WITHOUT EXTRAOCULAR	Yes
		RESERVOIR, INTERNAL APPROACH, INITIAL DEVICE	
51792	CPT/HCPCS	STIMULUS EVOKED RESPONSE (EG, MEASUREMENT OF BULBOCAVERNOSUS	Yes
		REFLEX LATENCY TIME)	
34834	CPT/HCPCS	OPEN BRACHIAL ARTERY EXPOSURE FOR DELIVERY OF ENDOVASCULAR	Yes
		PROSTHESIS, UNLIATERAL (LIST SEPARATELY IN ADDITION TO CODE FOR	
2222	0.07.// 1.00.00	PRIMARY PROCEDURE)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
69660	CPT/HCPCS	STAPEDECTOMY OR STAPEDOTOMY WITH REESTABLISHMENT OF	Yes
		OSSICULAR CONTINUITY, WITH OR WITHOUT USE OF FOREIGN MATERIAL;	
27454	CPT/HCPCS	OSTEOTOMY, MULTIPLE, FEMORAL SHAFT, WITH REALIGNMENT ON	Yes
27404	01 1/1101 00	INTRAMEDULLARY ROD (SOFIELD TYPE PROCEDURE)	
29884	CPT/HCPCS	ARTHROSCOPY, KNEE, SURGICAL; WITH LYSIS OF ADHESIONS WITH OR	Yes
		WITHOUT MANIPULATION (SEPARATE PROCEDURE)	
15826	CPT/HCPCS	RHYTIDECTOMY; GLABELLAR FROWN LINES	Yes
33880	CPT/HCPCS	ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA; INVOLVING	Yes
		COVERAGE OF LEFT SUBCLAVIAN ARTERY ORIGIN, INITIAL ENDOPROS	
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	Yes
22000	0.171101.00	DISCECTOMY TO PREPARE INTERSPACE (OTHERTHAN FOR	
		DECOMPRESSION); LUMBAR	
58346	CPT/HCPCS	INSERTION OF HEYMAN CAPSULES FOR CLINICAL BRACHYTHERAPY	Yes
50387	CPT/HCPCS	REMOVAL AND REPLACEMENT OF EXTERNALLY ACCESSIBLE URETERAL	Yes
		STENT REQUIRING FLUOROSCOPIC GUIDANCE, INCLUDING RADIOLOGICAL	
		SUPERVISION AND INTERPRETATION	
54512	CPT/HCPCS	EXCISION O EXTRAPARENCHYMAL LESION OF TESTIES	Yes
C9746	CPT/HCPCS	TRANSPERINEAL IMPLANTATION OF PERMANENT ADJUSTABLE BALLOON	Yes
		CONTINENCE DEVICE, WITH CYSTOURETHROSCOPY, WHEN PERFORMED	
62001	CDT// LCDCC	AND  LAMINECTOMY WITH EVELOPATION AND OR DECOMPRESSION OF SPINAL	Vos
63001	CPT/HCPCS	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA EQUINA, WITHOUT FACETECTOMY, FORAMINOTOMY	Yes
		OR DISCECTOMY (EG, SPINAL STE+	
35221	CPT/HCPCS	REPAIR BLOOD VESSEL, DIRECT; INTRA-ABDOMINAL	Yes
12007	CPT/HCPCS	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE,	Yes
,		EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES (INCLU	
35903	CPT/HCPCS	EXCISION OF INFECTED GRAFT; EXTREMITY	Yes
33362	CPT/HCPCS	TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR/TAVI) WITH	Yes
		PROSTHETIC VALVE; OPEN FEMORAL ARTERY APPROACH	
		· ————————————————————————————————————	

ARTHHODESSIS, LATERAL EXTRACAUTIANY TECHNIQUE, INCLUDING MINIMAL   Vis				
DECOMPRESSION, THORACIC OR LUMBAR. +   1938	22534	CPT/HCPCS	ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL	Yes
SESSION			DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR	
SESSION			DECOMPRESSION); THORACIC OR LUMBAR, +	
PACHEMENT OF POSTERIOR INTRIACTOR PREMATES, INDIALATERAL OR BILATERAL, INCLINATIONS BEACHMENT OF DIDENCERRATES OR SYNTHETIC DEVICES, SINGLE LEVEL*	35583	CPT/HCPCS		Yes
BILATERAL, INCL. IMAGING & PLACEMENT OF DONE GRAFTIS) OR SYNTHETIC				
DEFICE SIS, SINGLE LEVEL*   274010   OPTICICES   SERVICE OF PENILS PROSTRESS, INFLATABLE ISSUE CONTAINED   Yes	UZZZI	CF 1/11CF CS	` /	163
PRIMERON   PROPHYLACTIC TREATMENT INALILIA, PHINING, PLATING OR WIRING) WITH   Yes				
OR WITHOUT METHAL METHAL METHAL CRITICATE, FEMULA 68633 CPTHACPOS CHEMODEREVATION OF OTHER AREASY, PER DAY 9'08 67769 CPTHACPOS CHEMODEREVATION OF OTHER AREASY, PER DAY 9'08 67769 CPTHACPOS CHEMODEREVATION OF OTHER AREASY, PER DAY 9'08 67760 CPTHACPOS SILEAN OR PSEUDOMENINGOCELE, WITH 100 CPTHACPOS SILEAN OR PSEUDOMENINGOCELE, WITHOUT GRAFT 9'09 67760 CPTHACPOS CHEMODER OF THE MELE, INCLUDING PLUDING PLUDING SCOOPIC 97760 CPTHACPOS CHEMODER OF THE MELE, INCLUDING PLUDING PLUDING SCOOPIC 97760 CPTHACPOS CHEMODER OF THE MELE, INCLUDING PLUDING PLUDING SCOOPIC 97760 CPTHACPOS CHEMODER OF THE MELE, INCLUDING PLUDING PLUDING SCOOPIC 97760 CPTHACPOS CHEMODER OF THE MELE, INCLUDING PLUDING SCOOPIC 97760 CPTHACPOS CHEMODER OF THE MELE, INCLUDING PLUDING SCOOPIC 97760 CPTHACPOS CHEMODER OF THE MELE, INCLUDING PLUDING SCOOPIC 97760 CPTHACPOS CHEMODER OF THE MELE, INCLUDING PLUDING STOWN SEFFERNIS, 98591 CPTHACPOS PLUDING SUBJECT OF THE MELE, INCLUDING SEPPORT OF THE MELE, INCLUDING SCOOPIC 97760 CPTHACPOS PLUDING SCOOPIC SCOOPIC 97760 CPTHACPOS PLUDING SCOOPIC SCOOPIC 97760 CPTHACPOS PLUDING SCOOPIC 97760 CPTHA		CPT/HCPCS		
DEFINITION	27495	CPT/HCPCS	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH	Yes
62709 CPTH-PCPS SECRETAL REPURS PROFESSION FOR THE STREET PROCEDURE; WITHOUT GRAFT VES CONTINUED			OR WITHOUT METHYL METHACRYLATE, FEMUR	
67760 CPTHOPOS SECURAL RENEADED SECURAL INSTRUMENTAL SEPARATE PROCEDURE; WITHOUT GRAFT VES SECURAL RENEADED RESPONSE PROCEDURE; WES SECURATED RENEADED RESPONSE PROCEDURE; WES SECURADED RESPONSE PROCEDURE; WES SECURATED RENEADED RESPONSE PROCEDURE; WES SECURATED RENEADED RENEADED RESPONSE PROCEDURE; WES SECURATED RENEADED RENEADE	64653	CPT/HCPCS	CHEMODENERVATION OF OTHER AREA(S), PER DAY	Yes
LAMINECTOMY	63709	CPT/HCPCS		Yes
STATE	67250	CDT/HCDCS		Voc
GUIDANCE, WHEN PERFORMED; WITH THERAPEUTIC ASPIRATION, INITIAL  57800 CPT/HCPCS				
CPT/HCPCS CYSTOURETHROSCOPY, WITH RESECTION OF EXTERNAL SPHINCTER SPHINCTEROTOMY SESTIO CPT/HCPCS CYSTOURETHROSCOPY, WITH RESECTION OF EXTERNAL SPHINCTER SPHINCTEROTOMY SESTIO CPT/HCPCS CROSS INTRINSIC TRANSFER SHOW	31645	CPI/HCPCS		Yes
CPT/HCPCS   CYSTOURETHROSCOPY, WITH RESECTION OF EXTERNAL SPHINCTER   Yes			GUIDANCE, WHEN PERFORMED; WITH THERAPEUTIC ASPIRATION, INITIAL	
CYTOLORETHROSCOPY, WITH RESECTION OF EXTERNAL SPHINCTER   Yes				
SPHINCTEROTOMY	57800	CPT/HCPCS	*DILATION OF CERVICAL CANAL, INSTRUMENTAL (SEPARATE PROCEDURE)	Yes
SPHINCTEROTOMY				
SPHINCTEROTOMY	52277	CPT/HCPCS	CYSTOURETHROSCOPY, WITH RESECTION OF EXTERNAL SPHINCTER	Yes
28510 CPT/HCPCS CROSS INTRINSIC TRANSFER  54901 CPT/HCPCS EPIDIDYMOVASOSTOMY, ANASTOMOSIS OF EPIDIDYMIS TO VAS DEFERENS; FYS  849555 CPT/HCPCS REPAIR FEMORAL HERINA, RECURRENT, ANYAPPROACH Yes  61105 CPT/HCPCS REPAIR FEMORAL HERINA, RECURRENT, ANYAPPROACH Yes  7105 CPT/HCPCS PROBLEM FOR SUBDURAL OR VENTRICULAR PUNCTURE; NOT Yes  7106 CPT/HCPCS DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR COMPARTMENT ONLY  7107 CPT/HCPCS DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR COMPARTMENT ONLY  7108 PERCUTANEOUS SKELETAL FIXATION OF TALOTARSAL JOINT Yes  8108 CPT/HCPCS PERCUTANEOUS SKELETAL FIXATION OF TALOTARSAL JOINT Yes  9108 DISLOCATION, WITH MANIPULATION  40744 CPT/HCPCS EXCISION OF RIB, PARTIAL  40744 CPT/HCPCS EXCISION OF RIB, PARTIAL  40745 CPT/HCPCS EXCISION OF RIB, PARTIAL  40746 CPT/HCPCS EXCISION OF RIB, PARTIAL  40747 CPT/HCPCS LAMINECTOMY WITH CORDOTOMY, WITH SECTION OF BOTH Yes  9107 CPT/HCPCS LAMINECTOMY WITH CORDOTOMY, WITH SECTION OF BOTH Yes  9107 CPT/HCPCS THE MEMBERS OF THE ANABOL SECTION OF BOTH Yes  9107 CPT/HCPCS THE MEMBERS OF THE ANABOL SECTION OF SENDINALA ANCE TRACTS, 15TAGE, THORACIC  9108 CPT/HCPCS THE MEMBERS OF TREATMENT OF CLOSED OR OPEN TIBIAL SHAFT FRACTURE, WITH YES  107 CPT/HCPCS TREATMENT OF CLOSED OR OPEN TIBIAL SHAFT FRACTURE, WITH YES  107 CPT/HCPCS TREATMENT OF CLOSED OR OPEN TIBIAL SHAFT FRACTURE, WITH YES  107 CPT/HCPCS TREATMENT OF OPEN MANDIBULAR FRACTURE; WITHOUT MANIPULATION YES  107 CPT/HCPCS TREATMENT OF OPEN MANDIBULAR FRACTURE; WITHOUT MANIPULATION YES  108 CPT/HCPCS TREATMENT OF OPEN MANDIBULAR FRACTURE; WITHOUT MANIPULATION OF PASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF PASSETER PROCEDURE)  108 CPT/HCPCS REPAIR OF SYMBLE PHARADY DISTRACTION DEVICE, WITHOUT OPEN DECOMPRESSION OF FUNDALLY EXTRACTION OF SYMBLE PHARADY DISTRACTION OF SYMBLE PHARADY DI				
Seption CPT/HCPCS EPIDIDYMOVASOSTOMY, ANASTOMOSIS OF EPIDIDYMIS TO VAS DEFERENS; Ves BILATERAL SEPTIAL FEMORAL HERNIA, RECURRENT, ANY APPROACH Yes PERIAL FEMORAL HERNIA, RECURRENT, ANY APPROACH Yes CPT/HCPCS THOST SMILL HOLE FOR SUBGURAL OR VENTRICULAR PUNCTURE; NOT FOLLOWED BY OTHER SURGERY FOLLOWS FOLLOWED BY OTHER SURGERY FOLLOWS	26510	CDT/HCDCS		Vos
BILATERAL				
49555 CPT/HCPCS REPAIR FEMORAL HERNIA, RECURRENT, ANY APPROACH Yes  CPT/HCPCS TWINST DRILL HOLE FOR SUBDURAL OR VENTRICULAR PUNCTURE; NOT FOLLOWED BY OTHER SUBGERY  CPT/HCPCS DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR COMPARTMENT ONLY Yes  63707 CPT/HCPCS REPAIR OF DURAL/CSF LEAK, NOT REQUIRING LAMINECTOMY Yes  63707 CPT/HCPCS REPAIR OF DURAL/CSF LEAK, NOT REQUIRING LAMINECTOMY Yes  63707 CPT/HCPCS PERCUTANEOUS SKELETAL FIXATION OF ALOTARSAL JOINT DISLOCATION, WITH MANIPULATION  64744 CPT/HCPCS PERCUTANEOUS SKELETAL FIXATION OF TALOTARSAL JOINT DISLOCATION, WITH MANIPULATION  64744 CPT/HCPCS REPAIR OF CLOACAL ANOMALY BY ANORECTOVAGINOPLASTY AND URETHROPLASTY, SACROPERINEAL APPROACH  21600 CPT/HCPCS LAMINECTOMY WITH CORDOTOMY, WITH SECTION OF BOTH SPINOTHALAMIC TRACTS, 1 STAGE, THORACIC  60260 CPT/HCPCS LAMINECTOMY WITH CORDOTOMY, WITH SECTION OF BOTH SPINOTHALAMIC TRACTS, 1 STAGE, THORACIC  60260 CPT/HCPCS OPEN TREATMENT OF CLOSED OR OPEN TIBIAL SHAFT FRACTURE, WITH INTERNAL SKELETAL FIXATION, SIMPLE  64910 CPT/HCPCS TREATMENT OF OPEN MANDIBULAR FRACTURE; WITHOUT MANIPULATION  CPT/HCPCS TREATMENT OF OPEN MANDIBULAR FRACTURE; WITHOUT MANIPULATION  YES  21255 CPT/HCPCS CLOSURE OF VESICOUTERINE FISTULA.  22869 CPT/HCPCS REDUCTION OF ENSETER MUSCLE AND BONE (EG, FOR TREATMENT OF DEBNISM MASSETERIC HYPERTROPHY); EXTRAORAL APPROACH  PROCEDURE)  SINGERION OF INTERLAMINAR/DISTRACTION DEVICE, WITHOUT OPEN DECOMPRESSION OR PRUSIN LINBRAS: SINGLE LEVEL  77530 CPT/HCPCS TRACHELECTOMY (CERVICECTOMY), AMPUTATION OF CERVIX (SEPARATE PROCEDURE)  68340 CPT/HCPCS BIOPSY OF EPIDIDYMIS, NEEDLE  76531 CPT/HCPCS BIOPSY OF EPIDIDYMIS, NEEDLE  96840 CPT/HCPCS BIOPSY OF EPIDIDYMIS, NEEDLE  97651 CPT/HCPCS BIOPSY OF EPIDIDYMIS, NEEDLE  97651 CPT/HCPCS BIOPSY OF EPIDIDYMIS, NEEDLE  97651 CPT/HCPCS BIOPSY OF PROPORTING OF PREVIOUSLY CONSTRUCTED STRUCTURES INCLUDING OF PRICE HYPORD OF PREVIOUSLY CONSTRUCTED STRUCTURES INCLUDING OF PRICE HYPORD OF PRICE PROJECTION OF YEAR PARKENEY INCLUDING OF PRICE PROPOSED OF THE PROJECTION OF YEAR PARKENEY	54901	CPI/HCPCS		Yes
61105 CPT/HCPCS *TWIST DRILL HOLE FOR SUBDURAL OR VENTRICULAR PUNCTURE; NOT FOLLOWED BY OTHER SUBGERY 27600 CPT/HCPCS DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR COMPARTMENT ONLY Yes 63707 CPT/HCPCS REPAIR OF DURAL/CSF LEAK, NOT REQUIRING LAMINECTOMY Yes CPT/HCPCS REPAIR OF DURAL/CSF LEAK, NOT REQUIRING LAMINECTOMY Yes DISLOCATION, WITH MANIPULATION 46744 CPT/HCPCS PERCUTANEOUS SKELETAL FIXATION OF TALOTARSAL JOINT Yes URETHROPLASTY, SACROPERINEAL APPROACH 21600 CPT/HCPCS EXCISION OF RIB, PARTIAL 46745 CPT/HCPCS EXCISION OF RIB, PARTIAL 46746 CPT/HCPCS EXCISION OF RIB, PARTIAL 46747 CPT/HCPCS EXCISION OF RIB, PARTIAL 46749 CPT/HCPCS EXCISION OF RIB, PARTIAL 46749 CPT/HCPCS THYROIDECTOMY, SECONDARY 46740 CPT/HCPCS THYROIDECTOMY, SECONDARY 4785 CPT/HCPCS THYROIDECTOMY, SECONDARY 4786 CPT/HCPCS THYROIDECTOMY, SECONDARY 4786 CPT/HCPCS TREATMENT OF CLOSED OR OPEN TIBIAL SHAFT FRACTURE, WITH 4786 INTERNAL SKELETAL FIXATION; SIMPLE 464910 CPT/HCPCS TREATMENT OF OPEN MANDIBULAR FRACTURE; WITHOUT MANIPULATION 4787 TREATMENT OF OPEN MANDIBULAR FRACTURE; WITHOUT MANIPULATION 4788 TREATMENT OF OPEN MANDIBULAR FRACTURE; WITHOUT MANIPULATION 4788 TREATMENT OF OPEN MANDIBULAR FRACTURE; WITHOUT MANIPULATION 4789 TREATMENT OF OPEN MANDIBULAR FRACTURE; WITHOUT MANIPULATION 4789 TREATMENT OF OPEN MANDIBULAR FRACTURE; WITHOUT MANIPULATION 4789 SEDICION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF SESSION MASSETERIC HYPERTORPHY); EXTRAORAL APPROACH 4780 DECOMPRESSION OF RUSINON, LUMBAR: SINGLE LEVEL 4780 CPT/HCPCS INSERTION OF INTERLAMINAR/DISTRACTION DEVICE, WITHOUT OPEN DECOMPRESSION OR FUSION, LUMBAR: SINGLE LEVEL 4780 CPT/HCPCS REPOLITION OF METERLAMINAR/DISTRACTION DEVICE, WITHOUT OPEN PROCEDURE) 4780 CPT/HCPCS REPAIR OF SYMBLEPHARON; DIVISION OF SYMBLEPHARON WITH OR 4780 DISLOCATION 4780 CPT/HCPCS BIOPSYOR OF PIDIDITYMIS, NEFOLE 4780 CPT/HCPCS BIOPSYOR OF PIDIDITYMIS, NEFOLE 57801 CP				
POLLOWED BY OTHER SURGERY  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 TALOTRARAL JOINT  DISLOCATION, WITH MANIPULATION  48744 CPT/HCPCS REPAIR OF CLOACAL ANOMALY BY ANORECTOVAGINOPLASTY AND  URETHROPLASTY, SACROPERINEAL APPROACH  21600 CPT/HCPCS EXCISION OF RIB, FARTIAL  63197 CPT/HCPCS LAMINECTOMY WITH CORDOTOMY, WITH SECTION OF BOTH  Yes  SPINOTHALAMIC TRACTS, 1 STAGE, THORACIC  60260 CPT/HCPCS LAMINECTOMY, WITH CORDOTOMY, WITH SECTION OF BOTH  YES  SPINOTHALAMIC TRACTS, 1 STAGE, THORACIC  60260 CPT/HCPCS OPEN TREATMENT OF CLOSED OR OPEN TIBIAL SHAFT FRACTURE, WITH  INTERNAL SKELETAL FRATION; SIMPLE  10580 CPT/HCPCS TREATMENT OF CLOSED OR OPEN TIBIAL SHAFT FRACTURE, WITH  INTERNAL SKELETAL FRATION; SIMPLE  11452 CPT/HCPCS TREATMENT OF OPEN MANDIBULAR FRACTURE; WITHOUT MANIPULATION  YES  121452 CPT/HCPCS TREATMENT OF OPEN MANDIBULAR FRACTURE; WITHOUT MANIPULATION  YES  121295 CPT/HCPCS REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF YES  BENIGN MASSETERIC HYPERTROPHY); EXTRAORAL APPROACH  YES  122869 CPT/HCPCS REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF YES  BENIGN MASSETERIC HYPERTROPHY); EXTRAORAL APPROACH  YES  17530 CPT/HCPCS TRACHELECTOMY (CERVICECTOMY), AMPUTATION OF CERVIX (SEPARATE PROCEDURE)  17530 CPT/HCPCS TRACHELECTOMY (CERVICECTOMY), AMPUTATION OF CERVIX (SEPARATE PROCEDURE)  17530 CPT/HCPCS PERCUTANEOUS SKELETAL FIXATION OF DISTAL RADIOULNAR YES  DISLOCATION  17680 PERVIR OF SYMBLEPHARON; DIVISION OF SYMBLEPHARON WITH OR YES  17691 CPT/HCPCS REPAIR OF SYMBLEPHARON; DIVISION OF SYMBLEPHARON WITH OR YES  17601 CPT/HCPCS REPAIR OF SYMBLEPHARON; DIVISION OF PREVIOUSLY CONSTRUCTED STRUCTURES  INCLUDING RE-RELEASE OF CHORDEE  176011 CPT/HCPCS CAPSULODESIS FOR HY-PIONITS TABILIZATION; SINGLE DIGIT YES	49555	CPT/HCPCS	REPAIR FEMORAL HERNIA, RECURRENT, ANY APPROACH	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  46744 CPT/HCPCS PERCUTANEOUS SKELETAL FIXATION OF TALOTARSAL JOINT  Yes  URETHROPLASTY, SACROPERINEAL APPROACH  21600 CPT/HCPCS EXCISION OF RIB, PARTIAL  Yes  63197 CPT/HCPCS EXCISION OF RIB, PARTIAL  Yes  60197 CPT/HCPCS LAMINECTOMY WITH CORDOTOMY, WITH SECTION OF BOTH  Yes  SPINOTHALAMIC TRACTS, 1 STAGE, THORACIC  60260 CPT/HCPCS THYROIDECTOMY, SECONDARY  Yes  CPT/HCPCS OPEN TREATMENT OF CLOSED OR O'PEN TIBIAL SHAFT FRACTURE, WITH  INTERNAL SKELETAL FIXATION; SIMPLE  64910 CPT/HCPCS NERVE REPAIR; WITH SYNTHETIC CONDUIT OR VEIN ALLOGRAFT (EG, NERVE  Yes  11452 CPT/HCPCS TREATMENT OF O'PEN MANDIBULAR FRACTURE; WITHOUT MANIPULATION  Yes  151920 CPT/HCPCS CLOSURE OF VESICOUTERINE FISTULA;  Yes  21452 CPT/HCPCS REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF PER  BENIGM MASSETERIC HYPERTROPHY); EXTRAORAL APPROACH  SET ON THE CONTROL OF TREATMENT OF DEVICE WITHOUT OPEN  BENIGM MASSETERIC HYPERTROPHY); EXTRAORAL APPROACH  SET ON THE CONTROL OF TREATMENT OF DEVICE WITHOUT OPEN  DECOMPRESSION OR FUSION, LUMBAR: SINGLE LEVEL  77530 CPT/HCPCS TRACHELECTOMY (CERVICECTOMY), AMPUTATION OF CERVIX (SEPARATE PROCEDURE)  26671 CPT/HCPCS PERCUTANEOUS SKELETAL FIXATION OF DISTAL RADIOULNAR  DECOMPRESSION OF PROCEDURE)  68340 CPT/HCPCS REPAIR OF SYMBLEPHARON; DIVISION OF SYMBLEPHARON WITH OR  Yes  DISLOCATION  68340 CPT/HCPCS BIOSED OF SYMBLEPHARON CONTACT LENS  54800 CPT/HCPCS BIOSED OF SYMBLEPHARON; DIVISION OF SYMBLEPHARON WITH OR  Yes  DISLOCATION  68340 CPT/HCPCS BIOSED OF SYMBLEPHARON; DIVISION OF SYMBLEPHARON WITH OR  Yes  DISLOCATION OF CONFORMER OR CONTACT LENS  54800 CPT/HCPCS BIOSED OF SYMBLEPHARON; DIVISION OF SYMBLEPHARON WITH OR  Yes  DISSECTION AND EXCISION OF PREVIOUSLY CONSTRUCTED STRUCTURES  INCLUDING RE-RELEASE OF CHORDEET  57061 CPT/HCPCS CAPSULODESI	61105	CPT/HCPCS	*TWIST DRILL HOLE FOR SUBDURAL OR VENTRICULAR PUNCTURE; NOT	Yes
63707 CPT/HCPCS REPAIR OF DURAL/CSF LEAK, NOT REQUIRING LAMINECTOMY Yes 28576 CPT/HCPCS PERCUTANEOUS SKELETAL FIXATION OF TALOTARSAL JOINT Yes DISLOCATION, WITH MANIPULATION 46744 CPT/HCPCS REPAIR OF CLOACAL ANOMALY BY ANORECTOVAGINOPLASTY AND URETHROPLASTY, SACROPERINEAL APPROACH 21600 CPT/HCPCS EXCISION OF RIB. PARTIAL 263197 CPT/HCPCS EXCISION OF RIB. PARTIAL 263197 CPT/HCPCS LAMINECTOMY WITH CORDOTOMY, WITH SECTION OF BOTH Yes SINGHHALAMIC TRACTS, 1 STAGE, THORACIC 50260 CPT/HCPCS THYROIDECTOMY, SECONDARY 27756 CPT/HCPCS THYROIDECTOMY, SECONDARY 27756 CPT/HCPCS OPEN TREATMENT OF CLOSED OR OPEN TIBIAL SHAFT FRACTURE, WITH Yes INTERNAL SKELETAL FIXATION; SIMPLE 64910 CPT/HCPCS NERVE REPAIR; WITH SYNTHETIC CONDUIT OR VEIN ALLOGRAFT (EG, NERVE YES TUBE), EACH NERVE 21452 CPT/HCPCS TREATMENT OF OPEN MANDIBULAR FRACTURE; WITHOUT MANIPULATION YES 21225 CPT/HCPCS REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF YES BENIGN MASSETERIC HYPERTROPHY); EXTRAORAL APPROACH 22869 CPT/HCPCS REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF YES DECOMPRESSION OR FUSION, LUMBAR: SINOLE LEVEL 57530 CPT/HCPCS TRACHELECTOMY (CERVICECTOMY), AMPUTATION OF CERVIX (SEPARATE YES PROCEDURE) 25671 CPT/HCPCS PERCULATION OF REPAIR INVALIDATION OF DISTAL RADIOULNAR YES DISLOCATION CPT/HCPCS PERCULATION OF SYMBLEPHARON WITH OR YES DISLOCATION CPT/HCPCS REPAIR OF SYMBLEPHARON; DIVISION OF SYMBLEPHARON WITH OR YES DISLOCATION CPT/HCPCS BIOPS OF EPIDIDYMIS, NEEDLE YES DISLOCATION OF PROCEDURE; YES CASSOU CPT/HCPCS BIOPS OF FPIDIDYMIS, NEEDLE YES DISLOCATION OF PROCEDURE; YES DISSOCATION AND EXCISION OF PREVIOUSLY CONSTRUCTED STRUCTURES INCLUDING RE-RELEASE OF CHORDEE+ 57061 CPT/HCPCS CASSULODESIS FOR M-P. JOINT STABILIZATION; SIMPLE, ANY METHOD YES DISSOCATION OF DESTRUCTION OF VAGINAL LESION(S): SIMPLE, ANY METHOD YES			FOLLOWED BY OTHER SURGERY	
63707 CPT/HCPCS REPAIR OF DURAL/CSF LEAK, NOT REQUIRING LAMINECTOMY Yes 28576 CPT/HCPCS PERCUTANEOUS SKELETAL FIXATION OF TALOTARSAL JOINT Yes DISLOCATION, WITH MANIPULATION 46744 CPT/HCPCS REPAIR OF CLOACAL ANOMALY BY ANORECTOVAGINOPLASTY AND URETHROPLASTY, SACROPERINEAL APPROACH 21600 CPT/HCPCS EXCISION OF RIB. PARTIAL 263197 CPT/HCPCS EXCISION OF RIB. PARTIAL 263197 CPT/HCPCS LAMINECTOMY WITH CORDOTOMY, WITH SECTION OF BOTH Yes SINGHHALAMIC TRACTS, 1 STAGE, THORACIC 50260 CPT/HCPCS THYROIDECTOMY, SECONDARY 27756 CPT/HCPCS THYROIDECTOMY, SECONDARY 27756 CPT/HCPCS OPEN TREATMENT OF CLOSED OR OPEN TIBIAL SHAFT FRACTURE, WITH Yes INTERNAL SKELETAL FIXATION; SIMPLE 64910 CPT/HCPCS NERVE REPAIR; WITH SYNTHETIC CONDUIT OR VEIN ALLOGRAFT (EG, NERVE YES TUBE), EACH NERVE 21452 CPT/HCPCS TREATMENT OF OPEN MANDIBULAR FRACTURE; WITHOUT MANIPULATION YES 21225 CPT/HCPCS REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF YES BENIGN MASSETERIC HYPERTROPHY); EXTRAORAL APPROACH 22869 CPT/HCPCS REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF YES DECOMPRESSION OR FUSION, LUMBAR: SINOLE LEVEL 57530 CPT/HCPCS TRACHELECTOMY (CERVICECTOMY), AMPUTATION OF CERVIX (SEPARATE YES PROCEDURE) 25671 CPT/HCPCS PERCULATION OF REPAIR INVALIDATION OF DISTAL RADIOULNAR YES DISLOCATION CPT/HCPCS PERCULATION OF SYMBLEPHARON WITH OR YES DISLOCATION CPT/HCPCS REPAIR OF SYMBLEPHARON; DIVISION OF SYMBLEPHARON WITH OR YES DISLOCATION CPT/HCPCS BIOPS OF EPIDIDYMIS, NEEDLE YES DISLOCATION OF PROCEDURE; YES CASSOU CPT/HCPCS BIOPS OF FPIDIDYMIS, NEEDLE YES DISLOCATION OF PROCEDURE; YES DISSOCATION AND EXCISION OF PREVIOUSLY CONSTRUCTED STRUCTURES INCLUDING RE-RELEASE OF CHORDEE+ 57061 CPT/HCPCS CASSULODESIS FOR M-P. JOINT STABILIZATION; SIMPLE, ANY METHOD YES DISSOCATION OF DESTRUCTION OF VAGINAL LESION(S): SIMPLE, ANY METHOD YES	27600	CPT/HCPCS	DECOMPRESSION FASCIOTOMY, LEG: ANTERIOR COMPARTMENT ONLY	Yes
28576 CPT/HCPCS PERCUTANEOUS SKELETAL FIXATION OF TALOTARSAL JOINT DISLOCATION, WITH MANIPULATION  46744 CPT/HCPCS REPAIR OF CLOACAL ANOMALY BY ANORECTOVAGINOPLASTY AND VES URETHROPLASTY, SACROPERINEAL APPROACH  21600 CPT/HCPCS EXCISION OF RIB, PARTIAL Yes  63197 CPT/HCPCS LAMINECTOMY WITH CORDOTOMY, WITH SECTION OF BOTH YES  59INOTHALAMIC TRACTS, 1 STAGE, THORACIC  60260 CPT/HCPCS THYROIDECTOMY, SECONDARY Yes  60260 CPT/HCPCS THYROIDECTOMY, SECONDARY Yes  602766 CPT/HCPCS OPEN TREATMENT OF CLOSED OR OPEN TIBIAL SHAFT FRACTURE, WITH INTERNAL SELETIAL FIXATION; SIMPLE  64910 CPT/HCPCS NERVE REPAIR; WITH SYNTHETIC CONDUIT OR VEIN ALLOGRAFT (EG, NERVE TUBE), EACH NERVE  21452 CPT/HCPCS TREATMENT OF OPEN MANDIBULAR FRACTURE; WITHOUT MANIPULATION YES  151920 CPT/HCPCS CLOSURE OF VESICOUTERINE FISTULA; Yes  21295 CPT/HCPCS REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF SENICE OF AN MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF SENICE OF AN MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF SENICE OF AN MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF SENICE OF AN MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF SENICE OF AN MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF SENICE OF AN MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF SENICE OF AN MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF SENICE OF AN MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF YES  657530 CPT/HCPCS INSERTION OF INTERLAMINAR/DISTRACTION DEVICE, WITHOUT OPEN DECOMPRESSION OR FUSION, LUMBAR: SINGLE LEVEL  57530 CPT/HCPCS TRACHECTOMY (CERVICECTOMY), AMPUTATION OF GERVIX (SEPARATE PROCEDURE)  68340 CPT/HCPCS PERCUTANEOUS SELETAL FIXATION OF DISTAL RADIOULNAR YES  68340 CPT/HCPCS REPAIR OF SYMBLEPHARON; DIVISION OF SYMBLEPHARON WITH OR WITHOUT INSERTION OF CONFORMER OR CONTACT LENS  54800 CPT/HCPCS REVISION OF PRIOR HYPOSPADIAS REPAIR REQUIRING EXTENSIVE YES  54852 CPT/HCPCS REVISION OF PRIOR HYPOSPADIAS REPAIR REQUIRING EXTENSIVE YES  55856 CPT/HCPCS CAPSULODESIS FOR M-P JOINT STABILIZATION; SIMPLE, ANY METHOD YES	_,			
28576 CPT/HCPCS PERCUTANEOUS SKELETAL FIXATION OF TALOTARSAL JOINT DISLOCATION, WITH MANIPULATION  46744 CPT/HCPCS REPAIR OF CLOACAL ANOMALY BY ANORECTOVAGINOPLASTY AND VES URETHROPLASTY, SACROPERINEAL APPROACH  21600 CPT/HCPCS EXCISION OF RIB, PARTIAL Yes  63197 CPT/HCPCS LAMINECTOMY WITH CORDOTOMY, WITH SECTION OF BOTH YES  59INOTHALAMIC TRACTS, 1 STAGE, THORACIC  60260 CPT/HCPCS THYROIDECTOMY, SECONDARY Yes  60260 CPT/HCPCS THYROIDECTOMY, SECONDARY Yes  602766 CPT/HCPCS OPEN TREATMENT OF CLOSED OR OPEN TIBIAL SHAFT FRACTURE, WITH INTERNAL SELETIAL FIXATION; SIMPLE  64910 CPT/HCPCS NERVE REPAIR; WITH SYNTHETIC CONDUIT OR VEIN ALLOGRAFT (EG, NERVE TUBE), EACH NERVE  21452 CPT/HCPCS TREATMENT OF OPEN MANDIBULAR FRACTURE; WITHOUT MANIPULATION YES  151920 CPT/HCPCS CLOSURE OF VESICOUTERINE FISTULA; Yes  21295 CPT/HCPCS REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF SENICE OF AN MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF SENICE OF AN MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF SENICE OF AN MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF SENICE OF AN MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF SENICE OF AN MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF SENICE OF AN MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF SENICE OF AN MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF SENICE OF AN MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF YES  657530 CPT/HCPCS INSERTION OF INTERLAMINAR/DISTRACTION DEVICE, WITHOUT OPEN DECOMPRESSION OR FUSION, LUMBAR: SINGLE LEVEL  57530 CPT/HCPCS TRACHECTOMY (CERVICECTOMY), AMPUTATION OF GERVIX (SEPARATE PROCEDURE)  68340 CPT/HCPCS PERCUTANEOUS SELETAL FIXATION OF DISTAL RADIOULNAR YES  68340 CPT/HCPCS REPAIR OF SYMBLEPHARON; DIVISION OF SYMBLEPHARON WITH OR WITHOUT INSERTION OF CONFORMER OR CONTACT LENS  54800 CPT/HCPCS REVISION OF PRIOR HYPOSPADIAS REPAIR REQUIRING EXTENSIVE YES  54852 CPT/HCPCS REVISION OF PRIOR HYPOSPADIAS REPAIR REQUIRING EXTENSIVE YES  55856 CPT/HCPCS CAPSULODESIS FOR M-P JOINT STABILIZATION; SIMPLE, ANY METHOD YES	62707	CDT/HCDCS	DEDAIR OF DURAL/OSE LEAV. NOT DECLURING LAMINECTOMY	Voc
DISLOCATION, WITH MANIPULATION				
46744 CPT/HCPCS REPAIR OF CLOACAL ANOMALY BY ANORECTOVAGINOPLASTY AND UBETHROPLASTY, SACROPERINEAL APPROACH  21600 CPT/HCPCS EXCISION OF RIB, PARTIAL  21601 CPT/HCPCS LAMINECTOMY WITH CORDOTOMY, WITH SECTION OF BOTH YES SPINOTHALAMIC TRACTS, 1 STAGE, THORACIC  60260 CPT/HCPCS THYROIDECTOMY, SECONDARY  27756 CPT/HCPCS OPEN TREATMENT OF CLOSED OR OPEN TIBIAL SHAFT FRACTURE, WITH INTERNAL SKELETAL FIXATION; SIMPLE  64910 CPT/HCPCS NERVE REPAIR; WITH SYNTHETIC CONDUIT OR VEIN ALLOGRAFT (EG, NERVE TUBE), EACH NERVE  21452 CPT/HCPCS TREATMENT OF OPEN MANDIBULAR FRACTURE; WITHOUT MANIPULATION YES  51920 CPT/HCPCS REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETERIC HYPERTROPHY); EXTRAORAL APPROACH  22869 CPT/HCPCS REDUCTION OF INTERLAMINAR/DISTRACTION DEVICE, WITHOUT OPEN DECOMPRESSION OR FUSION, LUMBAR: SINGLE LEVEL  57530 CPT/HCPCS TRACHELECTOMY (CERVICECTOMY), AMPUTATION OF CERVIX (SEPARATE PROCEDURE)  57530 CPT/HCPCS REPAIR OF SYMBLEPHARON; DIVISION OF SYMBLEPHARON WITH OR PROCEDURE)  568340 CPT/HCPCS REPAIR OF SYMBLEPHARON; DIVISION OF SYMBLEPHARON WITH OR WITHOUT INSERTION OF CONFORMER OR CONTACT LENS  54800 CPT/HCPCS REPAIR OF SYMBLEPHARON; DIVISION OF FORWIRD EXPANDED TO SERVICE SECTION OF SYMBLEPHARON WITH OR WITHOUT INSERTION OF ONFORMER OR CONTACT LENS  54800 CPT/HCPCS REPAIR OF SYMBLEPHARON; DIVISION OF FORWIRD EXPRISIVE DISSECTION AND EXCISION OF PREVIOUSLY CONSTRUCTED STRUCTURES INCLUDING RE-RELEASE OF CHORDER+  57661 CPT/HCPCS DESTRUCTION OF VAGINAL LESSION(S); SIMPLE, ANY METHOD YES  57661 CPT/HCPCS CAPSULODESIS FOR M-P JOINT STABILIZATION; SINGLE DIGIT YES	285/6	CPI/HCPCS		Yes
URETHROPLASTY, SACROPERINEAL APPROACH  21600 CPT/HCPCS EXCISION OF RIB, PARTIAL  21601 CPT/HCPCS LAMINECTOMY WITH CORDOTOMY, WITH SECTION OF BOTH SPINOTHALAMIC TRACTS, 1 STAGE, THORACIC  27756 CPT/HCPCS THYROIDECTOMY, SECONDARY  27756 CPT/HCPCS THYROIDECTOMY, SECONDARY  27756 CPT/HCPCS THYROIDECTOMY, SECONDARY  27756 CPT/HCPCS THYROIDECTOMY, SECONDARY  27756 CPT/HCPCS OPEN TREATMENT OF CLOSED DOR OPEN TIBIAL SHAFT FRACTURE, WITH INTERNAL SKELETAL FIXATION; SIMPLE  64910 CPT/HCPCS NERVE REPAIR; WITH SYNTHETIC CONDUIT OR VEIN ALLOGRAFT (EG, NERVE TUBE), EACH NERVE  21452 CPT/HCPCS TREATMENT OF OPEN MANDIBULAR FRACTURE; WITHOUT MANIPULATION  YES  51920 CPT/HCPCS CLOSURE OF VESICOUTERINE FISTULA;  21452 CPT/HCPCS REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENION MASSETERIC HYPERTROPHY); EXTRAORAL APPROACH  NSERTION OF INITERLAMINAR/DISTRACTION DEVICE, WITHOUT OPEN DECOMPRESSION OR FUSION, LUMBAR: SINGLE LEVEL  57530 CPT/HCPCS TRACHELECTOMY (CERVICECTOMY), AMPUTATION OF CERVIX (SEPARATE PROCEDURE)  25671 CPT/HCPCS PERCUTANEOUS SKELETAL FIXATION OF DISTAL RADIOULNAR DISLOCATION  68340 CPT/HCPCS REPAIR OF SYMBLEPHARON; DIVISION OF SYMBLEPHARON WITH OR WITHOUT INSERTION OF CONFORMER OR CONTACT LENS  54800 CPT/HCPCS BIOPSY OF EPIDIDYMIS, NEEDLE  54352 CPT/HCPCS REVISION OF PRIOR HYPOSPADIAS REPAIR REQUIRING EXTENSIVE DISSECTION AND EXCISION OF PREVIOUSLY CONSTRUCTED STRUCTURES INCLUDING RE-RELEASE OF CHORDEF+  57061 CPT/HCPCS DESTRUCTION OF VAGINAL LESION(S); SIMPLE, ANY METHOD YES  26516 CPT/HCPCS CAPSULODESIS FOR M-P JOINT STABILIZATION; SINGLE DIGIT YES			DISLOCATION, WITH MANIPULATION	
21600 CPT/HCPCS EXCISION OF RIB, PARTIAL  63197 CPT/HCPCS LAMINECTOMY WITH CORDOTOMY, WITH SECTION OF BOTH SPINOTHALAMIC TRACTS. 1 STAGE, THORACIC  60260 CPT/HCPCS THYROIDECTOMY, SECONDARY  27756 CPT/HCPCS OPEN TREATMENT OF CLOSED OR OPEN TIBIAL SHAFT FRACTURE, WITH INTERNAL SKELETAL FIXATION; SIMPLE  64910 CPT/HCPCS NERVE REPAIR; WITH SYNTHETIC CONDUIT OR VEIN ALLOGRAFT (EG, NERVE TUBE), EACH NERVE TUBE), EACH NERVE  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 BENICON MASSETERIC HYPERTROPHY); EXTRAORAL APPROACH INSERTION OF INTERLAMINAR/DISTRACTION DEVICE, WITHOUT OPEN DECOMPRESSION OR FUSION, LUMBAR: SINGLE LEVEL  57530 CPT/HCPCS TRACHELECTOMY (CERVICECTOMY), AMPUTATION OF CREVIX (SEPARATE PROCEDURE)  25671 CPT/HCPCS REPAIR OF SYMBLEPHARON; DIVISION OF SYMBLEPHARON WITH OR PER PROCEDURE)  68340 CPT/HCPCS REPAIR OF SYMBLEPHARON; DIVISION OF SYMBLEPHARON WITH OR YES  54800 CPT/HCPCS REPAIR OF SYMBLEPHARON; DIVISION OF SYMBLEPHARON WITH OR YES  54800 CPT/HCPCS REPAIR OF SYMBLEPHARON; DIVISION OF SYMBLEPHARON WITH OR YES  54800 CPT/HCPCS REVISION OF PRIOR HYPOSPADIAS REPAIR REQUIRING EXTENSIVE PROSEDURES INCLUDING RE-RELEASE OF CHORDE+  57061 CPT/HCPCS DESTRUCTION OF VAGINAL LESION(S); SIMPLE, ANY METHOD YES  26516 CPT/HCPCS CAPSULODESIS FOR M-P JOINT STABILIZATION; SINGLE DIGIT YES	46744	CPT/HCPCS	REPAIR OF CLOACAL ANOMALY BY ANORECTOVAGINOPLASTY AND	Yes
63197 CPT/HCPCS LAMINECTOMY WITH CORDOTOMY, WITH SECTION OF BOTH SPINOTHALAMIC TRACTS, 1 STAGE, THORACIC  60260 CPT/HCPCS THYROIDECTOMY, SECONDARY  27756 CPT/HCPCS OPEN TREATMENT OF CLOSED OR OPEN TIBIAL SHAFT FRACTURE, WITH INTERNAL SKELETAL FIXATION; SIMPLE  64910 CPT/HCPCS NERVE REPAIR; WITH SYNTHETIC CONDUIT OR VEIN ALLOGRAFT (EG, NERVE TUBE), EACH			URETHROPLASTY, SACROPERINEAL APPROACH	
SPINOTHALAMIC TRACTS, 1 STAGE, THORACIC 60260 CPT/HCPCS THYROIDECTOMY, SECONDARY 27756 CPT/HCPCS OPEN TREATMENT OF CLOSED OR OPEN TIBIAL SHAFT FRACTURE, WITH INTERNAL SKELETAL FIXATION; SIMPLE 64910 CPT/HCPCS NERVE REPAIR; WITH SYNTHETIC CONDUIT OR VEIN ALLOGRAFT (EG, NERVE TUBE), EACH NERVE 21452 CPT/HCPCS TREATMENT OF OPEN MANDIBULAR FRACTURE; WITHOUT MANIPULATION YES 21290 CPT/HCPCS CLOSURE OF VESICOUTERINE FISTULA; 21295 CPT/HCPCS REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETERIC HYPERTROPHY); EXTRAORAL APPROACH 22869 CPT/HCPCS INSERTION OF INTERLAMINAR/DISTRACTION DEVICE, WITHOUT OPEN DECOMPRESSION OR FUSION, LUMBAR: SINGLE LEVEL 57530 CPT/HCPCS TRACHELECTOMY (CERVICECTOMY), AMPUTATION OF CERVIX (SEPARATE PROCEDURE) 25671 CPT/HCPCS PERCUTANEOUS SKELETAL FIXATION OF DISTAL RADIOULNAR YES DISLOCATION 68340 CPT/HCPCS REPAIR OF SYMBLEPHARON; DIVISION OF SYMBLEPHARON WITH OR WITHOUT INSERTION OF CONFORMER OR CONTACT LENS 54800 CPT/HCPCS BIOPSY OF EPIDIDYMIS, NEEDLE YES 54352 CPT/HCPCS BIOPSY OF EPIDIDYMIS, NEEDLE YES 57061 CPT/HCPCS DESTRUCTION AND EXCISION OF PREVIOUSLY CONSTRUCTED STRUCTURES INCLUDING RE-RELEASE OF CHORDEE+ 57061 CPT/HCPCS DESTRUCTION OF VAGINAL LESION(S); SIMPLE, ANY METHOD YES 26516 CPT/HCPCS CAPSULODESIS FOR M-P JOINT STABILIZATION; SINGLE DIGIT YES	21600	CPT/HCPCS	EXCISION OF RIB, PARTIAL	Yes
SPINOTHALAMIC TRACTS, 1 STAGE, THORACIC  60260 CPT/HCPCS THYROIDECTOMY, SECONDARY  27756 CPT/HCPCS OPEN TREATMENT OF CLOSED OR OPEN TIBIAL SHAFT FRACTURE, WITH INTERNAL SKELETAL FIXATION; SIMPLE  64910 CPT/HCPCS NERVE REPAIR; WITH SYNTHETIC CONDUIT OR VEIN ALLOGRAFT (EG, NERVE TUBE), EACH NERVE  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  22869 CPT/HCPCS INSERTION OF INTERLAMINAR/DISTRACTION DEVICE, WITHOUT OPEN DECOMPRESSION OR FUSION, LUMBAR: SINGLE LEVEL  57530 CPT/HCPCS TRACHELECTOMY (CERVICECTOMY), AMPUTATION OF CERVIX (SEPARATE PROCEDURE)  25671 CPT/HCPCS PERCUTANEOUS SKELETAL FIXATION OF DISTAL RADIOULNAR YES DISLOCATION  68340 CPT/HCPCS REPAIR OF SYMBLEPHARON; DIVISION OF SYMBLEPHARON WITH OR WITHOUT INSERTION OF CONFORMER OR CONTACT LENS  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+  57061 CPT/HCPCS CAPSULODESIS FOR M-P JOINT STABILIZATION; SINGLE DIGIT YES	63197	CPT/HCPCS	LAMINECTOMY WITH CORDOTOMY, WITH SECTION OF BOTH	Yes
60260 CPT/HCPCS THYROIDECTOMY, SECONDARY Yes 27756 CPT/HCPCS OPEN TREATMENT OF CLOSED OR OPEN TIBIAL SHAFT FRACTURE, WITH Yes INTERNAL SKELETAL FIXATION, SIMPLE 64910 CPT/HCPCS NERVE REPAIR; WITH SYNTHETIC CONDUIT OR VEIN ALLOGRAFT (EG, NERVE Yes TUBE), EACH NERVE 21452 CPT/HCPCS TREATMENT OF OPEN MANDIBULAR FRACTURE; WITHOUT MANIPULATION Yes 21452 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 22869 CPT/HCPCS INSERTION OF INTERLAMINAR/DISTRACTION DEVICE, WITHOUT OPEN Yes DECOMPRESSION OR FUSION, LUMBAR: SINGLE LEVEL 57530 CPT/HCPCS TRACHELECTOMY (CERVICECTOMY), AMPUTATION OF CERVIX (SEPARATE YES PROCEDURE) 25671 CPT/HCPCS PERCUTANEOUS SKELETAL FIXATION OF DISTAL RADIOULNAR YES DISLOCATION 68340 CPT/HCPCS BIOPSY OF EPIDIDYMIS, NEEDLE 48800 CPT/HCPCS BIOPSY OF EPIDIDYMIS, NEEDLE 54352 CPT/HCPCS REVISION OF PRIOR HYPOSPADIAS REPAIR REQUIRING EXTENSIVE YES DISSECTION AND EXCISION OF PREVIOUSLY CONSTRUCTED STRUCTURES INCLUDING RE-RELEASE OF CHORDEE+ 57061 CPT/HCPCS CAPSULODESIS FOR M-P JOINT STABILIZATION; SINGLE DIGIT YES			SPINOTHALAMIC TRACTS, 1 STAGE, THORACIC	
27756 CPT/HCPCS OPEN TREATMENT OF CLOSED OR OPEN TIBIAL SHAFT FRACTURE, WITH INTERNAL SKELETAL FIXATION; SIMPLE  64910 CPT/HCPCS NERVE REPAIR; WITH SYNTHETIC CONDUIT OR VEIN ALLOGRAFT (EG, NERVE TUBE), EACH NER	60260	CPT/HCPCS		VAS
INTERNAL SKELETAL FIXATION; SIMPLE  64910 CPT/HCPCS NERVE REPAIR; WITH SYNTHETIC CONDUIT OR VEIN ALLOGRAFT (EG, NERVE TUBE), EACH NERVE  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 YES BENIGN MASSETERIC HYPERTROPHY); EXTRAORAL APPROACH  22869 CPT/HCPCS INSERTION OF INTERLAMINAR/DISTRACTION DEVICE, WITHOUT OPEN DECOMPRESSION OR FUSION, LUMBAR: SINGLE LEVEL  57530 CPT/HCPCS TRACHELECTOMY (CERVICECTOMY), AMPUTATION OF CERVIX (SEPARATE PROCEDURE)  25671 CPT/HCPCS PERCUTANEOUS SKELETAL FIXATION OF DISTAL RADIOULNAR DISLOCATION  68340 CPT/HCPCS REPAIR OF SYMBLEPHARON; DIVISION OF SYMBLEPHARON WITH OR WITHOUT INSERTION OF CONFORMER OR CONTACT LENS  4800 CPT/HCPCS BIOPSY OF EPIDIDYMIS, NEEDLE YES  54800 CPT/HCPCS BIOPSY OF EPIDIDYMIS, NEEDLE YES  54852 CPT/HCPCS REVISION OF PRIOR HYPOSPADIAS REPAIR REQUIRING EXTENSIVE DISSECTION AND EXCISION OF PREVIOUSLY CONSTRUCTED STRUCTURES INCLUDING RE-RELEASE OF CHORDEE+ INCLUDING RE-RELEASE OF CHORDEE+  57061 CPT/HCPCS DESTRUCTION OF VAGINAL LESION(S); SIMPLE, ANY METHOD YES  26516 CPT/HCPCS CAPSULODESIS FOR M-P JOINT STABILIZATION; SINGLE DIGIT YES			· ·	
CPT/HCPCS NERVE REPAIR; WITH SYNTHETIC CONDUIT OR VEIN ALLOGRAFT (EG, NERVE TUBE), EACH NERVE  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  22869 CPT/HCPCS INSERTION OF INTERLAMINAR/DISTRACTION DEVICE, WITHOUT OPEN DECOMPRESSION OR FUSION, LUMBAR: SINGLE LEVEL  57530 CPT/HCPCS TRACHELECTOMY (CERVICECTOMY), AMPUTATION OF CERVIX (SEPARATE PROCEDURE)  25671 CPT/HCPCS PERCUTANEOUS SKELETAL FIXATION OF DISTAL RADIOULNAR YES DISLOCATION  68340 CPT/HCPCS REPAIR OF SYMBLEPHARON; DIVISION OF SYMBLEPHARON WITH OR WITHOUT INSERTION OF CONFORMER OR CONTACT LENS  54800 CPT/HCPCS BIOPSY OF EPIDIDYMIS, NEEDLE YES  54825 CPT/HCPCS REVISION OF PRIOR HYPOSPADIAS REPAIR REQUIRING EXTENSIVE DISSECTION AND EXCISION OF PREVIOUSLY CONSTRUCTED STRUCTURES INCLUDING RE-RELEASE OF CHORDEE+  57061 CPT/HCPCS DESTRUCTION OF VAGINAL LESION(S); SIMPLE, ANY METHOD YES  26516 CPT/HCPCS CAPSULODESIS FOR M-P JOINT STABILIZATION; SINGLE DIGIT YES	27730	CFI/HCFC3		ites
TUBE), EACH NERVE  21452 CPT/HCPCS TREATMENT OF OPEN MANDIBULAR FRACTURE; WITHOUT MANIPULATION Yes  51920 CPT/HCPCS CLOSURE OF VESICOUTERINE FISTULA; 21295 CPT/HCPCS REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF Yes  22869 CPT/HCPCS INSERTION OF INTERLAMINAR/DISTRACTION DEVICE, WITHOUT OPEN DECOMPRESSION OR FUSION, LUMBAR: SINGLE LEVEL  57530 CPT/HCPCS TRACHELECTOMY (CERVICECTOMY), AMPUTATION OF CERVIX (SEPARATE PROCEDURE)  25671 CPT/HCPCS PERCUTANEOUS SKELETAL FIXATION OF DISTAL RADIOULNAR Yes DISLOCATION  68340 CPT/HCPCS REPAIR OF SYMBLEPHARON; DIVISION OF SYMBLEPHARON WITH OR WITHOUT INSERTION OF CONFORMER OR CONTACT LENS  54800 CPT/HCPCS BIOPSY OF EPIDIDYMIS, NEEDLE  CPT/HCPCS REVISION OF PRIOR HYPOSPADIAS REPAIR REQUIRING EXTENSIVE DISSECTION AND EXCISION OF PREVIOUSLY CONSTRUCTED STRUCTURES INCLUDING RE-RELEASE OF CHORDEE+  57061 CPT/HCPCS DESTRUCTION OF VAGINAL LESION(S); SIMPLE, ANY METHOD YES 26516 CPT/HCPCS CAPSULODESIS FOR M-P JOINT STABILIZATION; SINGLE DIGIT YES			·	
21452 CPT/HCPCS TREATMENT OF OPEN MANDIBULAR FRACTURE; WITHOUT MANIPULATION  51920 CPT/HCPCS CLOSURE OF VESICOUTERINE FISTULA;  21295 CPT/HCPCS REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF Yes BENIGN MASSETERIC HYPERTROPHY); EXTRAORAL APPROACH  22869 CPT/HCPCS INSERTION OF INTERLAMINAR/DISTRACTION DEVICE, WITHOUT OPEN DECOMPRESSION OR FUSION, LUMBAR: SINGLE LEVEL  57530 CPT/HCPCS TRACHELECTOMY (CERVICECTOMY), AMPUTATION OF CERVIX (SEPARATE PROCEDURE)  25671 CPT/HCPCS PERCUTANEOUS SKELETAL FIXATION OF DISTAL RADIOULNAR YES DISLOCATION  68340 CPT/HCPCS REPAIR OF SYMBLEPHARON; DIVISION OF SYMBLEPHARON WITH OR WITHOUT INSERTION OF CONFORMER OR CONTACT LENS  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+  57061 CPT/HCPCS DESTRUCTION OF VAGINAL LESION(S); SIMPLE, ANY METHOD YES  26516 CPT/HCPCS CAPSULODESIS FOR M-P JOINT STABILIZATION; SINGLE DIGIT YES	64910	CPT/HCPCS	·	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 22869 CPT/HCPCS INSERTION OF INTERLAMINAR/DISTRACTION DEVICE, WITHOUT OPEN DECOMPRESSION OR FUSION, LUMBAR: SINGLE LEVEL 57530 CPT/HCPCS TRACHELECTOMY (CERVICECTOMY), AMPUTATION OF CERVIX (SEPARATE PROCEDURE) 25671 CPT/HCPCS PERCUTANEOUS SKELETAL FIXATION OF DISTAL RADIOULNAR YES DISLOCATION 68340 CPT/HCPCS REPAIR OF SYMBLEPHARON; DIVISION OF SYMBLEPHARON WITH OR WITHOUT INSERTION OF CONFORMER OR CONTACT LENS 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+ 57061 CPT/HCPCS CAPSULODESIS FOR M-P JOINT STABILIZATION; SINGLE DIGIT YES			TUBE), EACH NERVE	
21295 CPT/HCPCS REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETERIC HYPERTROPHY); EXTRAORAL APPROACH  22869 CPT/HCPCS INSERTION OF INTERLAMINAR/DISTRACTION DEVICE, WITHOUT OPEN DECOMPRESSION OR FUSION, LUMBAR: SINGLE LEVEL  57530 CPT/HCPCS TRACHELECTOMY (CERVICECTOMY), AMPUTATION OF CERVIX (SEPARATE PROCEDURE)  25671 CPT/HCPCS PERCUTANEOUS SKELETAL FIXATION OF DISTAL RADIOULNAR POISLOCATION  68340 CPT/HCPCS REPAIR OF SYMBLEPHARON; DIVISION OF SYMBLEPHARON WITH OR WITHOUT INSERTION OF CONFORMER OR CONTACT LENS  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+  57061 CPT/HCPCS CAPSULODESIS FOR M-P JOINT STABILIZATION; SINGLE DIGIT YES	21452	CPT/HCPCS	TREATMENT OF OPEN MANDIBULAR FRACTURE; WITHOUT MANIPULATION	Yes
21295 CPT/HCPCS REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETERIC HYPERTROPHY); EXTRAORAL APPROACH  22869 CPT/HCPCS INSERTION OF INTERLAMINAR/DISTRACTION DEVICE, WITHOUT OPEN DECOMPRESSION OR FUSION, LUMBAR: SINGLE LEVEL  57530 CPT/HCPCS TRACHELECTOMY (CERVICECTOMY), AMPUTATION OF CERVIX (SEPARATE PROCEDURE)  25671 CPT/HCPCS PERCUTANEOUS SKELETAL FIXATION OF DISTAL RADIOULNAR POISLOCATION  68340 CPT/HCPCS REPAIR OF SYMBLEPHARON; DIVISION OF SYMBLEPHARON WITH OR WITHOUT INSERTION OF CONFORMER OR CONTACT LENS  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+  57061 CPT/HCPCS CAPSULODESIS FOR M-P JOINT STABILIZATION; SINGLE DIGIT YES				
21295 CPT/HCPCS REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETERIC HYPERTROPHY); EXTRAORAL APPROACH  22869 CPT/HCPCS INSERTION OF INTERLAMINAR/DISTRACTION DEVICE, WITHOUT OPEN DECOMPRESSION OR FUSION, LUMBAR: SINGLE LEVEL  57530 CPT/HCPCS TRACHELECTOMY (CERVICECTOMY), AMPUTATION OF CERVIX (SEPARATE PROCEDURE)  25671 CPT/HCPCS PERCUTANEOUS SKELETAL FIXATION OF DISTAL RADIOULNAR POISLOCATION  68340 CPT/HCPCS REPAIR OF SYMBLEPHARON; DIVISION OF SYMBLEPHARON WITH OR WITHOUT INSERTION OF CONFORMER OR CONTACT LENS  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+  57061 CPT/HCPCS CAPSULODESIS FOR M-P JOINT STABILIZATION; SINGLE DIGIT YES	51920	CPT/HCPCS	CLOSURE OF VESICOUTERINE FISTULA:	Yes
BENIGN MASSETERIC HYPERTROPHY); EXTRAORAL APPROACH  22869 CPT/HCPCS INSERTION OF INTERLAMINAR/DISTRACTION DEVICE, WITHOUT OPEN DECOMPRESSION OR FUSION, LUMBAR: SINGLE LEVEL  57530 CPT/HCPCS TRACHELECTOMY (CERVICECTOMY), AMPUTATION OF CERVIX (SEPARATE PROCEDURE)  25671 CPT/HCPCS PERCUTANEOUS SKELETAL FIXATION OF DISTAL RADIOULNAR YES DISLOCATION  68340 CPT/HCPCS REPAIR OF SYMBLEPHARON; DIVISION OF SYMBLEPHARON WITH OR WITHOUT INSERTION OF CONFORMER OR CONTACT LENS  54800 CPT/HCPCS BIOPSY OF EPIDIDYMIS, NEEDLE YES DISSECTION AND EXCISION OF PREVIOUSLY CONSTRUCTED STRUCTURES INCLUDING RE-RELEASE OF CHORDEE+  57061 CPT/HCPCS DESTRUCTION OF VAGINAL LESION(S); SIMPLE, ANY METHOD YES  26516 CPT/HCPCS CAPSULODESIS FOR M-P JOINT STABILIZATION; SINGLE DIGIT YES				
22869 CPT/HCPCS INSERTION OF INTERLAMINAR/DISTRACTION DEVICE, WITHOUT OPEN DECOMPRESSION OR FUSION, LUMBAR: SINGLE LEVEL  57530 CPT/HCPCS TRACHELECTOMY (CERVICECTOMY), AMPUTATION OF CERVIX (SEPARATE PROCEDURE)  25671 CPT/HCPCS PERCUTANEOUS SKELETAL FIXATION OF DISTAL RADIOULNAR DISLOCATION  68340 CPT/HCPCS REPAIR OF SYMBLEPHARON; DIVISION OF SYMBLEPHARON WITH OR WITHOUT INSERTION OF CONFORMER OR CONTACT LENS  54800 CPT/HCPCS BIOPSY OF EPIDIDYMIS, NEEDLE YES  54352 CPT/HCPCS REVISION OF PRIOR HYPOSPADIAS REPAIR REQUIRING EXTENSIVE YES DISSECTION AND EXCISION OF PREVIOUSLY CONSTRUCTED STRUCTURES INCLUDING RE-RELEASE OF CHORDEE+  57061 CPT/HCPCS DESTRUCTION OF VAGINAL LESION(S); SIMPLE, ANY METHOD YES 26516 CPT/HCPCS CAPSULODESIS FOR M-P JOINT STABILIZATION; SINGLE DIGIT YES		3, 1101 00	` '	
DECOMPRESSION OR FUSION, LUMBAR: SINGLE LEVEL  57530 CPT/HCPCS TRACHELECTOMY (CERVICECTOMY), AMPUTATION OF CERVIX (SEPARATE PROCEDURE)  25671 CPT/HCPCS PERCUTANEOUS SKELETAL FIXATION OF DISTAL RADIOULNAR DISLOCATION  68340 CPT/HCPCS REPAIR OF SYMBLEPHARON; DIVISION OF SYMBLEPHARON WITH OR WITHOUT INSERTION OF CONFORMER OR CONTACT LENS  54800 CPT/HCPCS BIOPSY OF EPIDIDYMIS, NEEDLE Yes  54352 CPT/HCPCS REVISION OF PRIOR HYPOSPADIAS REPAIR REQUIRING EXTENSIVE YES  DISSECTION AND EXCISION OF PREVIOUSLY CONSTRUCTED STRUCTURES INCLUDING RE-RELEASE OF CHORDEE+  57061 CPT/HCPCS DESTRUCTION OF VAGINAL LESION(S); SIMPLE, ANY METHOD YES  26516 CPT/HCPCS CAPSULODESIS FOR M-P JOINT STABILIZATION; SINGLE DIGIT YES	22060	CDT/LICECO		Voc
CPT/HCPCS TRACHELECTOMY (CERVICECTOMY), AMPUTATION OF CERVIX (SEPARATE PROCEDURE)  25671 CPT/HCPCS PERCUTANEOUS SKELETAL FIXATION OF DISTAL RADIOULNAR Yes DISLOCATION  68340 CPT/HCPCS REPAIR OF SYMBLEPHARON; DIVISION OF SYMBLEPHARON WITH OR WITHOUT INSERTION OF CONFORMER OR CONTACT LENS  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+  57061 CPT/HCPCS DESTRUCTION OF VAGINAL LESION(S); SIMPLE, ANY METHOD Yes  26516 CPT/HCPCS CAPSULODESIS FOR M-P JOINT STABILIZATION; SINGLE DIGIT Yes	ZZ009	CP1/HCPCS		162
PROCEDURE)  25671 CPT/HCPCS PERCUTANEOUS SKELETAL FIXATION OF DISTAL RADIOULNAR Yes DISLOCATION  68340 CPT/HCPCS REPAIR OF SYMBLEPHARON; DIVISION OF SYMBLEPHARON WITH OR WITHOUT INSERTION OF CONFORMER OR CONTACT LENS  54800 CPT/HCPCS BIOPSY OF EPIDIDYMIS, NEEDLE  54352 CPT/HCPCS REVISION OF PRIOR HYPOSPADIAS REPAIR REQUIRING EXTENSIVE DISSECTION AND EXCISION OF PREVIOUSLY CONSTRUCTED STRUCTURES INCLUDING RE-RELEASE OF CHORDEE+  57061 CPT/HCPCS DESTRUCTION OF VAGINAL LESION(S); SIMPLE, ANY METHOD Yes 26516 CPT/HCPCS CAPSULODESIS FOR M-P JOINT STABILIZATION; SINGLE DIGIT Yes				
25671 CPT/HCPCS PERCUTANEOUS SKELETAL FIXATION OF DISTAL RADIOULNAR DISLOCATION  68340 CPT/HCPCS REPAIR OF SYMBLEPHARON; DIVISION OF SYMBLEPHARON WITH OR WITHOUT INSERTION OF CONFORMER OR CONTACT LENS  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+  57061 CPT/HCPCS DESTRUCTION OF VAGINAL LESION(S); SIMPLE, ANY METHOD Yes  26516 CPT/HCPCS CAPSULODESIS FOR M-P JOINT STABILIZATION; SINGLE DIGIT Yes	57530	CPT/HCPCS		Yes
DISLOCATION  68340 CPT/HCPCS REPAIR OF SYMBLEPHARON; DIVISION OF SYMBLEPHARON WITH OR WITHOUT INSERTION OF CONFORMER OR CONTACT LENS  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+  57061 CPT/HCPCS DESTRUCTION OF VAGINAL LESION(S); SIMPLE, ANY METHOD Yes  26516 CPT/HCPCS CAPSULODESIS FOR M-P JOINT STABILIZATION; SINGLE DIGIT Yes			PROCEDURE)	
68340 CPT/HCPCS REPAIR OF SYMBLEPHARON; DIVISION OF SYMBLEPHARON WITH OR WITHOUT INSERTION OF CONFORMER OR CONTACT LENS  54800 CPT/HCPCS BIOPSY OF EPIDIDYMIS, NEEDLE  CPT/HCPCS REVISION OF PRIOR HYPOSPADIAS REPAIR REQUIRING EXTENSIVE DISSECTION AND EXCISION OF PREVIOUSLY CONSTRUCTED STRUCTURES INCLUDING RE-RELEASE OF CHORDEE+  57061 CPT/HCPCS DESTRUCTION OF VAGINAL LESION(S); SIMPLE, ANY METHOD Yes  26516 CPT/HCPCS CAPSULODESIS FOR M-P JOINT STABILIZATION; SINGLE DIGIT Yes	25671	CPT/HCPCS	PERCUTANEOUS SKELETAL FIXATION OF DISTAL RADIOULNAR	Yes
68340 CPT/HCPCS REPAIR OF SYMBLEPHARON; DIVISION OF SYMBLEPHARON WITH OR WITHOUT INSERTION OF CONFORMER OR CONTACT LENS  54800 CPT/HCPCS BIOPSY OF EPIDIDYMIS, NEEDLE  CPT/HCPCS REVISION OF PRIOR HYPOSPADIAS REPAIR REQUIRING EXTENSIVE DISSECTION AND EXCISION OF PREVIOUSLY CONSTRUCTED STRUCTURES INCLUDING RE-RELEASE OF CHORDEE+  57061 CPT/HCPCS DESTRUCTION OF VAGINAL LESION(S); SIMPLE, ANY METHOD Yes  26516 CPT/HCPCS CAPSULODESIS FOR M-P JOINT STABILIZATION; SINGLE DIGIT Yes			DISLOCATION	
WITHOUT INSERTION OF CONFORMER OR CONTACT LENS  54800 CPT/HCPCS BIOPSY OF EPIDIDYMIS, NEEDLE Yes  54352 CPT/HCPCS REVISION OF PRIOR HYPOSPADIAS REPAIR REQUIRING EXTENSIVE Yes  DISSECTION AND EXCISION OF PREVIOUSLY CONSTRUCTED STRUCTURES INCLUDING RE-RELEASE OF CHORDEE+  57061 CPT/HCPCS DESTRUCTION OF VAGINAL LESION(S); SIMPLE, ANY METHOD Yes  26516 CPT/HCPCS CAPSULODESIS FOR M-P JOINT STABILIZATION; SINGLE DIGIT Yes	68340	CPT/HCPCS		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+  57061 CPT/HCPCS DESTRUCTION OF VAGINAL LESION(S); SIMPLE, ANY METHOD Yes  26516 CPT/HCPCS CAPSULODESIS FOR M-P JOINT STABILIZATION; SINGLE DIGIT Yes	<del></del>		· ·	
54352 CPT/HCPCS REVISION OF PRIOR HYPOSPADIAS REPAIR REQUIRING EXTENSIVE DISSECTION AND EXCISION OF PREVIOUSLY CONSTRUCTED STRUCTURES INCLUDING RE-RELEASE OF CHORDEE+  57061 CPT/HCPCS DESTRUCTION OF VAGINAL LESION(S); SIMPLE, ANY METHOD Yes 26516 CPT/HCPCS CAPSULODESIS FOR M-P JOINT STABILIZATION; SINGLE DIGIT Yes	5/900	CDT/LICDOS		Vos
DISSECTION AND EXCISION OF PREVIOUSLY CONSTRUCTED STRUCTURES INCLUDING RE-RELEASE OF CHORDEE+  57061 CPT/HCPCS DESTRUCTION OF VAGINAL LESION(S); SIMPLE, ANY METHOD Yes  26516 CPT/HCPCS CAPSULODESIS FOR M-P JOINT STABILIZATION; SINGLE DIGIT Yes				
INCLUDING RE-RELEASE OF CHORDEE+  57061 CPT/HCPCS DESTRUCTION OF VAGINAL LESION(S); SIMPLE, ANY METHOD Yes  26516 CPT/HCPCS CAPSULODESIS FOR M-P JOINT STABILIZATION; SINGLE DIGIT Yes	54352	CP1/HCPCS		res
57061 CPT/HCPCS DESTRUCTION OF VAGINAL LESION(S); SIMPLE, ANY METHOD Yes 26516 CPT/HCPCS CAPSULODESIS FOR M-P JOINT STABILIZATION; SINGLE DIGIT Yes				
26516 CPT/HCPCS CAPSULODESIS FOR M-P JOINT STABILIZATION; SINGLE DIGIT Yes			INCLUDING RE-RELEASE OF CHORDEE+	
	57061	CPT/HCPCS	DESTRUCTION OF VAGINAL LESION(S); SIMPLE, ANY METHOD	Yes
	26516	CPT/HCPCS	CAPSULODESIS FOR M-P JOINT STABILIZATION; SINGLE DIGIT	Yes
JOOGEO JOI TATIOL OO JOELLOANE OMHLIENT LAOLIILIN, SECIILINIAL ON SUDSECIILINIAL II	36015	CPT/HCPCS	SELECTIVE CATHETER PLACEMENT, SEGMENTAL OR SUBSEGMENTAL	Yes
PULMONARY ARTERY	-		· ·	
51610 CPT/HCPCS INJECTION PROCEDURE FOR RETROGRADE URETHROCYSTOGRAPHY Yes	51610	CDT/HCDC9		VAS
54420 CPT/HCPCS CORPORA CAVERNOSA-SAPHENOUS VEIN SHUNT (PRIAPISM OPERATION), Yes	J44ZU	OF 1/HUPUS	,	153
UNILATERAL OR BILATERAL			Invirateral or Ritaleral	

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	
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	Yes
24004	0.07///0.000	ARTHROPLASTY); REQUIRING GENERAL ANESTHESIA	lv.
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	Yes
		MALFORMATION OF SPINAL CORD; CERVICAL	
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, AUTO GENOUS 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),	Yes
		WITH INTERDENTAL WIRE FIXATION OR FIXATION OF D	
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,	Yes
		INCLUDING LATERAL RHINOTOMY, ORGITAL EXENTERATION, ETHMOIDEC	
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	Yes
	007#15	ULTRASOUND GUIDANCE, WHEN PERFORMED, 1 LEG	
29862	CPT/HCPCS	ARTHROSCOPY,HIP,SURGICAL;WITHDEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE (CHONDROPLASTY),ABRASION ARTHROPLASTY,	Yes
65125	CPT/HCPCS	MODIFICATION OF OCULAR IMPLANT(EG, DRILLING RECEPTACLE FOR	Yes
62600	CDT/LICDOS	PROSTHESIS APPENDAGE) (SEPARATE PROCEDURE)	Vos
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	Yes
20000	OI 1/11OF 03	TRICORTICAL,	

OPTIMITIES   CLASSING OF EMPROYSESTERS INSTITUTED   TOS				
10.00	21348	CPT/HCPCS	·	Yes
CPTINCPCS	50525	CPT/HCPCS		Yes
OFFINESCS   SECRESOR TENDON REPAIR OUTSING FROM SAME AND SAME SECRESOR SE	11044	CPT/HCPCS		Yes
OPPINEORS	26412		EXTENSOR TENDON REPAIR, DORSUM OF HAND, SINGLE, PRIMARY OR	
Privincing   Pri	60502	CPT/HCPCS	PARATHYROIDECTOMY OR EXPLORATION OF PARATHYROID(S); RE-	Yes
DEPUTE COST  APPLICATION OF LONG LESS PUNT (HIGH TO ANALE OR TOKES)  APPLICATION OF LONG LESS PUNT (HIGH TO ANALE OR TOKES)  APPLICATION OF LONG LESS PUNT (HIGH TO ANALE OR TOKES)  APPLICATION OF LONG LESS PUNT (HIGH TO ANALE OR TOKES)  APPLICATION OF LONG LESS PUNT (HIGH TO ANALE OR TOKES)  APPLICATION OF LONG LESS PUNT (HIGH TO ANALE OR TOKES)  APPLICATION OF LONG LESS PUNT (HIGH TO ANALE OR TOKES)  APPLICATION OF LONG LESS PUNT (HIGH TO ANALE OR TOKES)  APPLICATION OF LONG LESS PUNT (HIGH TO ANALE OR TOKES)  APPLICATION OF LONG LESS PUNT (HIGH TO ANALE OR TOKES)  ANALE LONG LESS PUNT (HIGH TO ANALE OR TOKES)  ANALE LONG LESS PUNT (HIGH TO ANALE OR TOKES)  ANALE LONG LESS PUNT (HIGH TO ANALE OR TOKES)  ANALE LONG LESS PUNT (HIGH TO ANALE OR TOKES)  ANALE LONG LESS PUNT (HIGH TO ANALE OR TOKES)  CPHICACES  CPHICACES  CPHICACES  CPHICACES  CPHICACES  CPHICACES  CPHICACES  CPHICACES  CPHICACES  CORPHICACES  BIOPSY, PROSTATE: INCISIONAL, ANY APPROACH, FOR INSERTION OF PUNT (HIGH TO ANALE OR TOKES)  CPHICACES	47399	CPT/HCPCS		Yes
COLP DUBETHROCKSTOPEX WITH DRIVEN TO ADMILE OR TORS!  OPTI-CPCIS  APPLICATION OF LONG LEG SPLINT (THIGH TO ANKLE OR TORS!  OPTI-CPCIS  BERTAN OF ENTROPHONE BLEFHARDOR LEGY SELVIN (THIGH TO ANKLE OR TORS!  OPTI-CPCIS  BERTAN OF ENTROPHONE BLEFHARDOR LEGY SELVIN (THIGH TO ANKLE OR TORS!  OPTI-CPCIS  FITTHOR OF ENTROPHONE BLEFHARDOR LANGE SELVIN (THIGH TO ANKLE OR TORS!)  OPTI-CPCIS  OPTI-CPCIS  OPTI-CPCIS  FOR THICH OF COSTO ON THICH AND TOR LONGE SELVIN (THIGH TO ANKLE OR TORS!)  OPTI-CPCIS  OPTI-CPCIS  OPTI-CPCIS  ENTROUBLE DARROSCOPIC PROCEDURE, LUVER  Veg  OPTI-CPCIS  OPTI-CPCIS  ENTROUBLE DARROSCOPIC PROCEDURE, LUVER  Veg  OCHTI-CPCIS  ENTROUBLE DARROSCOPIC PROCEDURE, LUVER  OPTI-CPCIS  OPTI-CPCIS  OPTI-CPCIS  OPTI-CPCIS  OPTI-CPCIS  OPTI-CPCIS  OPTI-CPCIS  OPTI-CPCIS  OPTI-CPCIS  ENTROUBLE, CERROSCOPIC PROCEDURE, LIVER  OPTI-CPCIS  ENTROUBLE, CERROSCOPIC PROCEDURE, LIVER  OPTI-CPCIS  ENTROUBLE PROCEDURE DARROSCOPIC PROCEDURE  OPTI-CPCIS  ENTROUBLE PROCEDURE DARROSCOPIC PROCEDURE  OPTI-CPCIS  ENTROUBLE PROCEDURE PROCEDURE PROCEDURE  OPTI-CPCIS  ENTROUBLE PROCEDURE  ENTROUBLE PROCEDURE  OPTI-CPCIS  OPTI-C	58293	CPT/HCPCS	· · · · · · · · · · · · · · · · · · ·	
197221 CPTHOPOS  BERANDO ENTROPOS DE RECARDO ENTROPOSIDA BLEPHADOPLA STYL EXCUSION TARSAS MEDISE  1980 CPTHOPOS  CPT				
20210 CPTHICPCS CAPTLIAGE GRAFTL, COSTOCHONDRAL 21210 CPTHICPCS TREATMENT OF CLOSED OF DEM MANDBULAR FRACTURE; WITHOUT 21210 CPTHICPCS TREATMENT OF CLOSED OF DEM MANDBULAR FRACTURE; WITHOUT 21210 CPTHICPCS COMBINED ANTEROPOSTERIOR COLPORARIA, INCLUDING 21210 CPTHICPCS COMBINED ANTEROPOSTERIOR COLPORARIA, INCLUDING 21210 CPTHICPCS CPTHICPCS COMBINED ANTEROPOSTERIOR COLPORARIA, INCLUDING 21210 CPTHICPCS CPTHICPCS CPTHICPCS, ANY APPROACH, FOR INSERTION OF RADIOACTIVE SUBSTANCE; WITH LYMPH NODE BIOPSY(3) (LIMITED PELVIC 21210 CPTHICPCS BIOPSY, PROSTATE, INCLUDING, ANY APPROACH, FOR INSERTION OF RADIOACTIVE SUBSTANCE; WITH LYMPH NODE BIOPSY(3) (LIMITED PELVIC 21210 CPTHICPCS BIOPSY, PROSTATE, INCLUDING, ANY APPROACH 21210 CPTHICPCS ANTEROPOSTERIOR OF INTRESTERIOR OF PROSTATE, ANY APPROACH 21210 CPTHICPCS ANTEROPOSTERIOR OF INTRESTERIOR OF INTRESTERIOR OF PROSTATE, ANY APPROACH 21210 CPTHICPCS ANTEROPOSTERIOR OF INTRESTERIOR OF INTRESTERIOR OF PROSTATE, AND APPROACH 21210 CPTHICPCS ANTEROPOSTERIOR OF INTRESTERIOR OF INTRESTERIOR OF INTRESTERIOR 21210 CPTHICPCS ANTEROPOSTERIOR OF INTRESTERIOR OF INTRESTERIOR OF INTRESTERIOR 21210 CPTHICPCS ANTEROPOSTERIOR OF INTRESTERIOR OF INTRESTERIOR 21210 CPTHICPCS ANTEROPOSTERIOR OF INTRESTERIOR OF INTRODUCTURE, AND APPROACH 21210 CPTHICPCS ANTEROPOSTERIOR OF INTRODUCTURE, AND APPROACH OF	29505	CPT/HCPCS	APPLICATION OF LONG LEG SPLINT (THIGH TO ANKLE OR TOES)	Yes
MAINTENANCE   MEATHER N. OF CLOSED OR OPEN MANDIBULAR FRAGURE; WITHOUT   Ves   MAINTENANCE   MULISTED LAPAROSCOPIC PROCEDURE, LIVER   Ves   Ves   MULISTED LAPAROSCOPIC, WHEN PERFORMED, WITH ENTEROCELE REPAIR   Ves   MODIOACTIVE SUBSTANCE; WITH LYMPH NODE BIOPSY[S] (LIMITED PELVIC   Ves   MODIOACTIVE SUBSTANCE; WITH LYMPH NODE BIOPSY[S] (LIMITED PELVIC   Ves   MODIOACTIVE SUBSTANCE; WITH LYMPH NODE BIOPSY[S] (LIMITED PELVIC   Ves	67923	CPT/HCPCS	REPAIR OF ENTROPION; BLEPHAROPLASTY, EXCISION TARSAL WEDGE	Yes
MANIPULATION	20910	CPT/HCPCS	CARTILAGE GRAFT; COSTOCHONDRAL	Yes
2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017   2017	21450	CPT/HCPCS	TREATMENT OF CLOSED OR OPEN MANDIBULAR FRACTURE; WITHOUT	Yes
CPT/HCPCS COMBINED ANTEROPOSTERIOR COLEPORHAPHY, INCLUDING CYSTOURETHROSCOPY, WHEN PERFORMED, WITH ENTEROCELE REPAIR  SP6882 CPT/HCPCS EXPOSURE OF PROSTATE, ANY APPROACH, FOR INSERTION OF RADIOACTIVE SUBSTANCE; WITH LYMPH NODE BIOPSYIS) [LIMITED PELVIC PERSON OF PROSTATE, ANY APPROACH, FOR INSERTION OF RADIOACTIVE SUBSTANCE; WITH LYMPH NODE BIOPSYIS) [LIMITED PELVIC PERSON OF PROSTATE, INCLIDING AND APPROACH Yes CAPTURED APPROACH YES CAPT			MANIPULATION	
CYSTOURETHROSCOPY, WHEN PERFORMED, WITH ENTEROCELE REPAIR  CYPTHOPOS  EXPOSURE OF PROSTATE, ANY APPROACH, FOR INSERTION OF MADIOACTIVE SUBSTANCE; WITH LYMPH NODE BIOPSYIS; ILIMITED PELVIC  CPT/HCPCS  BIOPSY, PROSTATE; INCISIONAL, ANY APPROACH  CPT/HCPCS  BIOPSY, PROSTATE; INCISIONAL, ANY APPROACH  CPT/HCPCS  ARTHROTOMY, GIP BIOPSY/PEX/SIGNO OF INTRASHINAL NEOPLASM;  Yes  EXTRADURAL, CERVICAL  CPT/HCPCS  ARTHROTOMY, GIP BIOPSY/PEX/SIGNO OF INTRASHINAL NEOPLASM;  Yes  EXTRADURAL, CERVICAL  ARTHROTOMY, GIP BIOPSY/PEX/SIGNO OF INTRASHINAL NEOPLASM;  Yes  EXTRADURAL, CERVICAL  ARTHROTOMY, GIP BIOPSY/PEX/SIGNO OF INTRASHINAL NEOPLASM;  Yes  CPT/HCPCS  CPT/HCPCS  CPT/HCPCS  CPT/HCPCS  CPT/HCPCS  CPT/HCPCS  CPT/HCPCS  EXISTOR OF APPROACH  CORONANY ARTERY BY ANS GRAFT, EACH ADD MALAR TRIPOD  CPT/HCPCS  CORONANY ARTERY BY ANS GRAFT, EACH ADDITIONAL BRANCH  SUBFRIDED  CPT/HCPCS  CORONANY ARTERY BY ANS GRAFT, EACH ADDITIONAL BRANCH  SUBFRIDED  CPT/HCPCS  CPT/HCPCS  FRANSCATHEIER AORTIC VALVE REPLACEMENT WITH PROSTHETIC  VALVE-CABDIOLUMONARY BY PASS SUPPORT WITH CENTRAL ARTERIAL  AND VE  CPT/HCPCS  CPT/HCPCS  FRANSCATHEIER AORTIC VALVE REPLACEMENT WITH PROSTHETIC  VES  CPT/HCPCS  CPT/HCPCS  FRANSCATHEIR AORTIC VALVE REPLACEMENT WITH PROSTHETIC  VES  CPT/HCPCS  FRANSCATHEIR AORTIC VALVE REPLACEMENT WITH PROSTHETIC  VES  CPT/HCPCS  CPT/HCPCS  FRANSCATHEIR AORTIC VALVE REPLACEMENT WITH PROSTHETIC  VES  CPT/HCPCS  FRANSCATHEIR AORTIC VALVE REPLACEMENT WITH PROSTHETIC  VES  CPT/HCPCS  FRANSCATHEIR AORTIC VALVE REPLACEMENT WITH PROSTHETIC  VES  CPT/HCPCS  CPT/HCPCS  FRANSCATHEIR AORTIC VALVE REPLACEMENT WITH PROSTHETIC  VES  CPT/HCPCS  CPT/HCPCS  FRANSCATHEIR AORTIC VALVE REPLACEMENT WITH PROSTHETIC  VES  CPT/HCPCS  CPT/HCPCS  FRANSCATHEIR AORTIC VALVE REPLACEMENT WITH PROSTHETIC  VES  CPT/HCPCS  CPT/HCPCS  CPT/HCPCS  FRANSCATHEIR AORTIC VALVE REPLACEMENT WITH PROSTHETIC  VES  CPT/HCPCS  C	47379	CPT/HCPCS	UNLISTED LAPAROSCOPIC PROCEDURE, LIVER	Yes
BADIOACTIVE SUBSTANCE: WITH LYMPH NODE BIOPSY(S) (LIMITED PELVIC  STATEMENT OF THE PLANT OF THE	57265	CPT/HCPCS	, ,	Yes
BADIOACTIVE SUBSTANCE: WITH LYMPH NODE BIOPSY(S) (LIMITED PELVIC  STATEMENT OF THE PLANT OF THE	55862	CPT/HCPCS	EXPOSURE OF PROSTATE, ANY APPROACH, FOR INSERTION OF	Yes
STATES OF THE PECS  LAMINECTORY FOR BIOPSYMEXICISION OF INTRASPINAL NEOPLASM; EXTRADURAL, CERVICAL  CPTHOPCS  CPTHOPCS  ATHROTOMY, GLENOHUMERAL JOINT, FOR INFECTION, WITH EXPLORATION, DRAINAGE OR REMOVAL OF FOREIGN BODY  PERSONAL OF PROPERTIES OF THE PECS OF				
EXTRADURAL, CERNICAL  ARTHROTOMY, GLENOHUMERAL JOINT, FOR INFECTION, WITH  EXPLORATION, DRAINAGE OR REMOVAL OF FOREIGN BODY  21360 CPT/HCPCS  OPEN TREATMENT OF CLOSED OR OPEN DEPRESSED MALAR FRACTURE, INCLUDING ZYGOMATIC ARCH AND MALAR TRIPOD  33969 CPT/HCPCS  EXTRACORPOREAL MEMBRANE COYGENATION, SEMOVAL OF PERIPHERAL CANNULALE), OPEN, BIRTH THROUGH 5 YEARS OF AGE  PERCUTANEOUS TRANSLUMINAL REVASCULARIZATION OF OR THROUGH CORONARY ARTERY BYPASS GRAFT, EACH ADDITIONAL BRANCH SUBTENDED  26180 CPT/HCPCS  EXCISION OF TENDON, FINGER, FLEXOR OR EXTENSOR, EACH TENDON  SUBTENDED  26180 CPT/HCPCS  TRANSCATHETER AGRIC VALVE REPLACEMENT WITH PROSTHETIC VALVE;CARDIOPILLMONARY BYPASS SUPPORT WITH CENTRAL ARTERIAL AND VE  10050 CPT/HCPCS  TRANSCATHETER AGRIC VALVE REPLACEMENT WITH PROSTHETIC VALVE;CARDIOPILLMONARY BYPASS SUPPORT WITH CENTRAL ARTERIAL AND VE  10050 CPT/HCPCS  EXCISION OF NEUROMA; SCHAFTLON ONLY  YES  27047 CPT/HCPCS  EXCISION NEUROM; SOFT TISSUE OF PELVIS AND HIP AREA, SUBCUTANEOUS; YES  LISSS THAN 3 CM  EXCISION OF NEUROM; SCHAFTLON FROM THE STEMP OF T	55705	CPT/HCPCS	BIOPSY, PROSTATE; INCISIONAL, ANY APPROACH	Yes
EXPLORATION, DRAINAGE OR REMOVAL OF FOREIGN BODY 213960 CPTHCPCS OPEN TREATMENT OF CLOSED OR OPEN DEPRESSED MALAR FRACTURE, NOCLUDING ZYGOMATIC ARCH AND MALAR TRIPOD 33969 CPTHCPCS EXTRACORPOREAL MEMBRANE OXYGENATION; REMOVAL OF PERIPHERAL CANNULAGE, OPEN, BIRTH THROUGH SYEARS OF AGE 29805 CPTHCPCS PERCUTANEOUS TRANSLUMINAL REVISCULARIZATION OF OR THROUGH CORONARY ARTERY BYPASS GRAFT, EACH ADDITIONAL BRANCH SUBTENDED 28180 CPTHCPCS EXCISION OF TENDON, FINGER, FLEXOR OR EXTENSOR, EACH TENDON 281809 CPTHCPCS (EXCISION OF TENDON, FINGER, FLEXOR OR EXTENSOR, EACH TENDON) 33369 CPTHCPCS (EXCISION OF TENDON, FINGER, FLEXOR OR EXTENSOR, EACH TENDON) 340650 CPTHCPCS (EXCISION OF TENDON, FINGER, FLEXOR OR EXTENSOR, EACH TENDON) 340650 CPTHCPCS (EXCISION OF TENDON, FINGER, FLEXOR OR EXTENSOR, EACH TENDON) 340650 CPTHCPCS (EXCISION OF TENDON, FINGER, FLEXOR OR EXTENSOR, EACH TENDON) 340650 CPTHCPCS (EXCISION OF TENDON, FINGER, FLEXOR OR EXTENSOR, EACH TENDON) 340650 CPTHCPCS (EXCISION OF TISSUE OF PELVIS AND HIP AREA, SUBCUTANEOUS) 340650 CPTHCPCS (EXCISION OF NEUROMA; SCIATIC NERVE 340760 CPTHCPCS (EXCI	63275	CPT/HCPCS	· ·	Yes
INCLUDING ZYGOMATIC ARCH AND MALAR TRIPOD  STRACORPOREAL MEMBRANE OXYGENATION, REMOVAL OF PERIPHERAL CANNUAL(E), OPEN BIRTH THROUGH BY EARS OF ACE  PERCUTANEOUS TRANSLUMINAL REVASCULARIZATION OF OR THROUGH CORONARY ARTERY BYPASS GRAFT, EACH ADDITIONAL BRANCH SUBTENDED  EXCISION OF TENDON, FINGER, FLEXOR OR EXTENSOR, EACH TENDON Yes  TRANSCATHETER AORTIC VALVE REPLACEMENT WITH PROSTHETIC VALVE, CARDIOPLUMONARY BYPASS SUPPORT WITH CENTRAL ARTERIAL AND VE  AND VE  EXCISION OF TINDON, SOFT TISSUE OF PELVIS AND HIP AREA, SUBCUTANEOUS, Yes LESS THAN 3 CM EXEST THAN 3 CM OPTIMICPCS EXCISION OF NEUROMA; SCIATIC NERVE VES  SYPASS GRAFT, WITH OTHER THAN VEIN; AORTOFEMORAL OR BIFEMORAL VES  CPTIMICPCS REPAIR, FASCIAL DEFECT OF LEG  OPTIMICPCS CYSTOURETHROSCOPY, WURETEROSCOPY AND/OR PYELOSCOPY; VES  DIAGNOSTIC  OPTIMICPCS OPTIMICPCS OFTIMICPCS SYPASS GRAFT, WITH OTHER THAN VEIN; ABDOMINAL Yes  OPTIMICPCS CYSTOURETHROSCOPY, WURETEROSCOPY AND/OR PYELOSCOPY; VES  DIAGNOSTIC  OPTIMICPCS OFTIMICPCS OPTIMICPCS OFTIMICPCS OFTI	23040	CPT/HCPCS		Yes
CANNULA(E), OPEN, BIRTH THROUGH S YEARS OF AGE  CPT/HCPCS  CPT/HCPCS  CPT/HCPCS  CPT/HCPCS  EXCISION OF TENDON, FINGER, FLEXOR OR EXTENSOR, EACH TENDON  YES  28180  CPT/HCPCS  EXCISION OF TENDON, FINGER, FLEXOR OR EXTENSOR, EACH TENDON  YES  33369  CPT/HCPCS  TRANSCATHETER ADRITC VALVE REPLACEMENT WITH PROSTHETIC  VALVE; CARDIOPLUMONARY BYPASS SUPPORT WITH CENTRAL ARTERIAL  AND VE  AND VE  PEPARL ILP, FULL THICKNESS; VERMILION ONLY  YES  CPT/HCPCS  REPAIR ILP, FULL THICKNESS; VERMILION ONLY  YES  CPT/HCPCS  EXCISION, TUMOR, SOFT TISSUE OF PELVIS AND HIP AREA, SUBCUTANEOUS; VES  LESS THAN 3 CM  CPT/HCPCS  EXCISION OF NEUROMA; SCIATIC NERVE  BYPASS GRAFT, WITH OTHER THAN VEIN; ADRITOFEMORAL OR BIFEMORAL  YES  CPT/HCPCS  CPT/HCPCS	21360	CPT/HCPCS	·	Yes
CORONARY ARTERY BYPASS GRAFT, EACH ADDITIONAL BRANCH SUBSENDED  CPT/HCPCS EXCISION OF TENDON, FINGER, FLEXOR OR EXTENSOR, EACH TENDON  TRANSCATHETER ADRITIC VALVE REPLACEMENT WITH PROSTHETIC VALVE, CARDIOPLUMONARY BYPASS SUPPORT WITH CENTRAL ARTERIAL AND VE  CPT/HCPCS REPAIR LIP, FULL THICKNESS; VERMILION ONLY Ves  CPT/HCPCS EXCISION, TUMOR, SOFT TISSUE OF PELVIS AND HIP AREA, SUBCUTANEOUS; VES LESS THAN 3 CM CPT/HCPCS EXCISION OF NEUROMA; SCIATIC NERVE EYES SEGAG CPT/HCPCS EYEASS GRAFT, WITH OTHER THAN VEIN; AORTOFEMORAL OR BIFEMORAL YES CPT/HCPCS REPAIR, FASCIAL DEFECT OF LEG YES CREATER SEGASS CPT/HCPCS CPT/HCPCS CPT/HCPCS CYSTOURETHROSCOPY, WURRETEROSCOPY AND/OR PYELOSCOPY; DIAGNOSTIC CPT/HCPCS SONE GRAFT WITH MICROVASCULAR ANASTOMOSIS; ILIAC CREST OFT/HCPCS SOTEOTOMY OF SPINE, POSTERIOR APPROACH, FOR CORRECTION OF DEFORMITY, SINGLE SEGMENT; CERVICAL SEGAMORY CPT/HCPCS SYMPHYSIOTOMY FOR HORSESHOE KIDNEY WITH OR WITHOUT PYELOPLASTY AND/OR OTHER PLASTIC PROCEDURE, UNILATERAL OR BILATERAL CPT/HCPCS CYPIHCPCS CYPIHCPCS OPEN TREATMENT OF CLOSED OR OPEN PATELLAR DISLOCATION, WITH OR WITHOUT PARTIAL OR TOTAL PATELLECTOMY CPT/HCPCS CYPIHCPCS	33969	CPT/HCPCS		Yes
28180 CPT/HCPCS EXCISION OF TENDON, FINGER, FLEXOR OR EXTENSOR, EACH TENDON Yes  33369 CPT/HCPCS TRANSCATHETER AORTIC VALVE REPLACEMENT WITH PROSTHETIC YALVE; CARDIOPLIMONARY BYPASS SUPPORT WITH CENTRAL ARTERIAL AND VE  40650 CPT/HCPCS REPAIR LIP, FULL THICKNESS; VERMILION ONLY Yes  277047 CPT/HCPCS EXCISION, TUMOR, SOFT TISSUE OF PELVIS AND HIP AREA, SUBCUTANEOUS; Yes  LESS THAN 3 CM  267476 CPT/HCPCS EXCISION OF NEUROMA; SCIATIC NERVE  35646 CPT/HCPCS EXCISION OF NEUROMA; SCIATIC NERVE  357476 CPT/HCPCS BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOFEMORAL OR BIFEMORAL Yes  27747 CPT/HCPCS REPAIR, FASCIAL DEFECT OF LEG  359325 CPT/HCPCS CERCLAGE OF CERVIX, DUBING PREGNANCY; ABDOMINAL Yes  27748 CPT/HCPCS CYSTOURETHROSCOPY, W/URETEROSCOPY AND/OR PYELOSCOPY; Yes  DIAGNOSTIC  27749 DIAGNOSTIC  27740 CPT/HCPCS OSTEOTOMY OF SPINE, POSTERIOR APPROACH, FOR CORRECTION OF YES  DEFORMITY, SINGLE SEGMENT; CERVICAL  277560 CPT/HCPCS SYMPHYSIOTOMY FOR HORSESHOE KIDNEY WITH OR WITHOUT YES  277560 CPT/HCPCS SYMPHYSIOTOMY FOR HORSESHOE KIDNEY WITH OR WITHOUT YES  277560 CPT/HCPCS EXCISION, COCCYGEAL PRESSURE ULCER, WITH COCCYGECTOMY; WITH OR WITHOUT PARTIAL OR TOTAL PATELLECTOMY  277540 CPT/HCPCS EXCISION, COCCYGEAL PRESSURE ULCER, WITH COCCYGECTOMY; WITH YES  277540 CPT/HCPCS PLACEMENT OF STENT(S) INTO A BILE DUCT, PERCUTANEOUS, INCLUDING PASS  277540 CPT/HCPCS PLACEMENT OF STENT(S) INTO A BILE DUCT, PERCUTANEOUS, INCLUDING YES  277540 CPT/HCPCS PLACEMENT OF STENT(S) INTO A BILE DUCT, PERCUTANEOUS, INCLUDING YES  277540 CPT/HCPCS PLACEMENT OF STENT(S) INTO A BILE DUCT, PERCUTANEOUS, INCLUDING YES  277540 CPT/HCPCS PLACEMENT OF STENT(S) INTO A BILE DUCT, PERCUTANEOUS, INCLUDING YES  277540 CPT/HCPCS PLACEMENT OF STENT(S) INTO A BILE DUCT, PERCUTANEOUS, INCLUDING YES  277540 CPT/HCPCS PLACEMENT OF STENT(S) INTO A BILE DUCT, PERCUTANEOUS, INCLUDING YES  277540 CPT/HCPCS PLACEMENT OF STENT(S) INTO A BILE DUCT, PERCUTANEOUS, INCLUDING YES  277540 CPT/HCPCS PLACEMENT OF STENT(S) INTO A BILE DUCT, PERCUTANEOUS, INCLUDING YES  277540 CP	C9605	CPT/HCPCS	CORONARY ARTERY BYPASS GRAFT, EACH ADDITIONAL BRANCH	Yes
VALVE;CARDIOPLUMONARY BYPASS SUPPORT WITH CENTRAL ARTERIAL AND VE  40650 CPT/HCPCS REPAIR LIP, FULL THICKNESS; VERMILION ONLY Yes  277047 CPT/HCPCS EXCISION, TUMOR, SOFT TISSUE OF PELVIS AND HIP AREA, SUBCUTANEOUS; Yes LESS THAN 3 CM EXCISION OF NEUROMA; SCIATIC NERVE Yes  354786 CPT/HCPCS EXCISION OF NEUROMA; SCIATIC NERVE BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOFEMORAL OR BIFEMORAL Yes  27656 CPT/HCPCS REPAIR, FASCIAL DEFECT OF LEG Ves  59325 CPT/HCPCS CERCLAGE OF CERVIX, DURING PREGNANCY; ABDOMINAL Yes  52351 CPT/HCPCS CYSTOURETHROSCOPY, W/URETEROSCOPY AND/OR PYELOSCOPY; DIAGNOSTIC  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  50540 CPT/HCPCS SYMPHYSIOTOMY FOR HORSESHOE KIDNEY WITH OR WITHOUT PYELOPLASTY AND/OR OTHER PLASTIC PROCEDURE, UNILATERAL OR BILATERAL  27566 CPT/HCPCS EXCISION, COCCYGEAL PRESSURE ULCER, WITH COCCYGECTOMY; WITH DEATH OF THE PARTIAL OR TOTAL PATELLECTOMY TO PARTIAL OR TOTAL PATELLECTOMY TO PARTIAL OR TOTAL PATELLECTOMY CPT/HCPCS PLACEMENT OF STENTIS, INTO A BILE DUCT, PERCUTANEOUS, INCLUDING DIAGNOSTIC CHOLANGIOGRAPHY, IMAGING GUIDANCE, EACH STENT  40700 CPT/HCPCS PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY, PARTIAL OR COMPLETE, UNILATERAL	26180	CPT/HCPCS		Yes
27047 CPT/HCPCS EXCISION, TUMOR, SOFT TISSUE OF PELVIS AND HIP AREA, SUBCUTANEOUS; Yes LESS THAN 3 CM 34786 CPT/HCPCS EXCISION OF NEUROMA; SCIATIC NERVE 27656 CPT/HCPCS BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOFEMORAL OR BIFEMORAL 27656 CPT/HCPCS REPAIR, FASCIAL DEFECT OF LEG 27656 CPT/HCPCS CERCLAGE OF CERVIX, DURING PREGNANCY; ABDOMINAL 27656 CPT/HCPCS CRECLAGE OF CERVIX, DURING PREGNANCY; ABDOMINAL 27656 CPT/HCPCS CYSTOURETHROSCOPY, W/URETEROSCOPY AND/OR PYELOSCOPY; DIAGNOSTIC 27656 CPT/HCPCS BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS; ILIAC CREST 27656 CPT/HCPCS OSTEOTOMY OF SPINE, POSTERIOR APPROACH, FOR CORRECTION OF DEFORMITY, SINGLE SEGMENT; CERVICAL 27656 CPT/HCPCS SYMPHYSIOTOMY FOR HORSESHOE KIDNEY WITH OR WITHOUT 27656 CPT/HCPCS OSTEOTOMY OF SPINE, POSTERIOR APPROACH, FOR CORRECTION OF DEFORMITY, SINGLE SEGMENT; CERVICAL 27666 CPT/HCPCS OSTEOTOMY OF SPINE, POSTERIOR APPROACH, FOR CORRECTION OF DEFORMITY OR HORSESHOE KIDNEY WITH OR WITHOUT 27666 CPT/HCPCS OSTEOTOMY OF OTHER PLASTIC PROCEDURE, UNILATERAL OR 37666 CPT/HCPCS OSTEOTOMY OF OTHER PLASTIC PROCEDURE, UNILATERAL OR 37666 CPT/HCPCS OSTEOTOMY OF OTHER PLASTIC PROCEDURE, UNILATERAL OR 37666 CPT/HCPCS EXCISION, COCCYGEAL PRESSURE ULCER, WITH COCCYGECTOMY; WITH LOCAL OR REGIONAL SKIN FLAP CLOSURE 37660 CPT/HCPCS PLACEMENT OF STENT(S) INTO A BILE DUCT, PERCUTANEOUS, INCLUDING DIAGNOSTIC CHOLANGIOGRAPHY, IMAGING GUIDANCE, EACH STENT 37660 CPT/HCPCS PLACEMENT OF STENT(S) INTO A BILE DUCT, PERCUTANEOUS, INCLUDING DIAGNOSTIC CHOLANGIOGRAPHY, IMAGING GUIDANCE, EACH STENT 37660 CPT/HCPCS PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY, PARTIAL OR 37660 COMPLETE, UNILATERAL	33369	CPT/HCPCS	VALVE;CARDIOPLUMONARY BYPASS SUPPORT WITH CENTRAL ARTERIAL	Yes
LESS THAN 3 CM  LESS THAN 3 CM  LESS THAN 3 CM  EXCISION OF NEUROMA; SCIATIC NERVE  EXPASS GRAFT, WITH OTHER THAN VEIN; AORTOFEMORAL OR BIFEMORAL  YES  EXPASS GRAFT, WITH OTHER THAN VEIN; AORTOFEMORAL OR BIFEMORAL  YES  EXPASS C CPT/HCPCS  EXPAIR, FASCIAL DEFECT OF LEG  YES  EXPASS C CPT/HCPCS  CERCLAGE OF CERVIX, DURING PREGNANCY; ABDOMINAL  YES  EXPASS C CPT/HCPCS  CYSTOURETHROSCOPY, WURETEROSCOPY AND/OR PYELOSCOPY; DIAGNOSTIC  EXPASS C CPT/HCPCS  BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS; ILIAC CREST  YES  EXPASS C CPT/HCPCS  OSTEOTOMY OF SPINE, POSTERIOR APPROACH, FOR CORRECTION OF DEFORMITY, SINGLE SEGMENT; CERVICAL  SYMPHYSIOTOMY FOR HORSESHOE KIDNEY WITH OR WITHOUT PYELOPLASTY AND/OR OTHER PLASTIC PROCEDURE, UNILATERAL OR BILATERAL  EXPASS C CPT/HCPCS  OPEN TREATMENT OF CLOSED OR OPEN PATELLAR DISLOCATION, WITH OR WITHOUT PARTIAL OR TOTAL PATELLECTOMY  EXCISION, COCCYGEAL PRESSURE ULCER, WITH COCCYGECTOMY; WITH LOCAL OR REGIONAL SKIN FLAP CLOSURE  EXCISION, COCCYGEAL PRESSURE ULCER, WITH COCCYGECTOMY; WITH LOCAL OR REGIONAL SKIN FLAP CLOSURE  EXCISION, COCCYGEAL PRESSURE ULCER, WITH COCCYGECTOMY; WITH LOCAL OR REGIONAL SKIN FLAP CLOSURE  EXCISION, COCCYGEAL PRESSURE ULCER, WITH COCCYGECTOMY; WITH LOCAL OR REGIONAL SKIN FLAP CLOSURE  EXCISION, COCCYGEAL PRESSURE ULCER, WITH COCCYGECTOMY; WITH LOCAL OR REGIONAL SKIN FLAP CLOSURE  EXCISION, COCCYGEAL PRESSURE ULCER, WITH COCCYGECTOMY; WITH DIAGNOSTIC CHOLANGIOGRAPHY, IMAGING GUIDANCE, EACH STENT  EXPANSIVE OF THE CONTROL OF THE PROPERT OF CLEFT LIP/NASAL DEFORMITY; PRIMARY, PARTIAL OR COMPLETE, UNILATERAL	40650	CPT/HCPCS	REPAIR LIP, FULL THICKNESS; VERMILION ONLY	Yes
27666 CPT/HCPCS BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOFEMORAL OR BIFEMORAL 27666 CPT/HCPCS REPAIR, FASCIAL DEFECT OF LEG 27656 CPT/HCPCS CERCLAGE OF CERVIX, DURING PREGNANCY; ABDOMINAL 27656 CPT/HCPCS CYSTOURETHROSCOPY, W/URETEROSCOPY AND/OR PYELOSCOPY; DIAGNOSTIC 27656 CPT/HCPCS BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS; ILIAC CREST 27656 CPT/HCPCS OSTEOTOMY OF SPINE, POSTERIOR APPROACH, FOR CORRECTION OF DEFORMITY, SINGLE SEGMENT; CERVICAL 27660 CPT/HCPCS SYMPHYSIOTOMY FOR HORSESHOE KIDNEY WITH OR WITHOUT PYELOPLASTY AND/OR OTHER PLASTIC PROCEDURE, UNILATERAL OR BILATERAL 27666 CPT/HCPCS OPEN TREATMENT OF CLOSED OR OPEN PATELLAR DISLOCATION, WITH OR WITHOUT PARTIAL OR TOTAL PATELLECTOMY 27660 CPT/HCPCS EXCISION, COCCYGEAL PRESSURE ULCER, WITH COCCYGECTOMY; WITH LOCAL OR REGIONAL SKIN FLAP CLOSURE 27660 CPT/HCPCS PLACEMENT OF STENT(S) INTO A BILE DUCT, PERCUTANEOUS, INCLUDING DIAGNOSTIC CHOLANGIOGRAPHY, IMAGING GUIDANCE, EACH STENT 27660 CPT/HCPCS PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY, PARTIAL OR COMPLETE, UNILATERAL 27660 CPT/HCPCS PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY, PARTIAL OR COMPLETE, UNILATERAL	27047	CPT/HCPCS		Yes
27656 CPT/HCPCS REPAIR, FASCIAL DEFECT OF LEG 39325 CPT/HCPCS CERCLAGE OF CERVIX, DURINO PREGNANCY; ABDOMINAL 49cs 32351 CPT/HCPCS CYSTOURETHROSCOPY, W/URETEROSCOPY AND/OR PYELOSCOPY; DIAGNOSTIC 20956 CPT/HCPCS BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS; ILIAC CREST 49cs 22210 CPT/HCPCS OSTEOTOMY OF SPINE, POSTERIOR APPROACH, FOR CORRECTION OF DEFORMITY, SINGLE SEGMENT; CERVICAL 50540 CPT/HCPCS SYMPHYSIOTOMY FOR HORSESHOE KIDNEY WITH OR WITHOUT PYELOPLASTY AND/OR OTHER PLASTIC PROCEDURE, UNILATERAL OR BILATERAL 27566 CPT/HCPCS OPEN TREATMENT OF CLOSED OR OPEN PATELLAR DISLOCATION, WITH OR WITHOUT PARTIAL OR TOTAL PATELLECTOMY 47540 CPT/HCPCS PLACEMENT OF STENT(S) INTO A BILE DUCT, PERCUTANEOUS, INCLUDING DIAGNOSTIC CHOLANGIOGRAPHY, IMAGING GUIDANCE, EACH STENT 40700 CPT/HCPCS PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY, PARTIAL OR COMPLETE, UNILATERAL	64786	CPT/HCPCS	EXCISION OF NEUROMA; SCIATIC NERVE	Yes
CPT/HCPCS CERCLAGE OF CERVIX, DURING PREGNANCY; ABDOMINAL Yes CYSTOURETHROSCOPY, W/URETEROSCOPY AND/OR PYELOSCOPY; DIAGNOSTIC COPT/HCPCS BONG GRAFT WITH MICROVASCULAR ANASTOMOSIS; ILIAC CREST Yes COPT/HCPCS OSTEOTOMY OF SPINE, POSTERIOR APPROACH, FOR CORRECTION OF DEFORMITY, SINGLE SEGMENT; CERVICAL COPT/HCPCS SYMPHYSIOTOMY FOR HORSESHOE KIDNEY WITH OR WITHOUT YES COPT/HCPCS SYMPHYSIOTOMY FOR HORSESHOE KIDNEY WITH OR WITHOUT PYELOPLASTY AND/OR OTHER PLASTIC PROCEDURE, UNILATERAL OR BILATERAL COPT/HCPCS OPEN TREATMENT OF CLOSED OR OPEN PATELLAR DISLOCATION, WITH OR WITHOUT PARTIAL OR TOTAL PATELLECTOMY COPT/HCPCS EXCISION, COCCYGEAL PRESSURE ULCER, WITH COCCYGECTOMY; WITH LOCAL OR REGIONAL SKIN FLAP CLOSURE COPT/HCPCS PLACEMENT OF STENT(S) INTO A BILE DUCT, PERCUTANEOUS, INCLUDING DIAGNOSTIC CHOLANGIOGRAPHY, IMAGING GUIDANCE, EACH STENT COMPLETE, UNILATERAL COPT/HCPCS PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY, PARTIAL OR COMPLETE, UNILATERAL	35646	CPT/HCPCS	BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOFEMORAL OR BIFEMORAL	Yes
CPT/HCPCS CYSTOURETHROSCOPY, W/URETEROSCOPY AND/OR PYELOSCOPY; DIAGNOSTIC  20956 CPT/HCPCS BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS; ILIAC CREST Ves  22210 CPT/HCPCS OSTEOTOMY OF SPINE, POSTERIOR APPROACH, FOR CORRECTION OF DEFORMITY, SINGLE SEGMENT; CERVICAL  50540 CPT/HCPCS SYMPHYSIOTOMY FOR HORSESHOE KIDNEY WITH OR WITHOUT PYELOPLASTY AND/OR OTHER PLASTIC PROCEDURE, UNILATERAL OR BILATERAL  27566 CPT/HCPCS OPEN TREATMENT OF CLOSED OR OPEN PATELLAR DISLOCATION, WITH OR WITHOUT PARTIAL OR TOTAL PATELLECTOMY  LOCAL OR REGIONAL SKIN FLAP CLOSURE  47540 CPT/HCPCS PLACEMENT OF STENT(S) INTO A BILE DUCT, PERCUTANEOUS, INCLUDING DIAGNOSTIC CHOLANGIOGRAPHY, IMAGING GUIDANCE, EACH STENT  40700 CPT/HCPCS PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY, PARTIAL OR COMPLETE, UNILATERAL	27656	CPT/HCPCS	REPAIR, FASCIAL DEFECT OF LEG	Yes
DIAGNOSTIC  DIAGNO	59325	CPT/HCPCS	CERCLAGE OF CERVIX, DURING PREGNANCY; ABDOMINAL	Yes
CPT/HCPCS OSTEOTOMY OF SPINE, POSTERIOR APPROACH, FOR CORRECTION OF DEFORMITY, SINGLE SEGMENT; CERVICAL  SO540 CPT/HCPCS SYMPHYSIOTOMY FOR HORSESHOE KIDNEY WITH OR WITHOUT PYELOPLASTY AND/OR OTHER PLASTIC PROCEDURE, UNILATERAL OR BILATERAL  CPT/HCPCS OPEN TREATMENT OF CLOSED OR OPEN PATELLAR DISLOCATION, WITH OR WITHOUT PARTIAL OR TOTAL PATELLECTOMY  SOCIETY OF THE CONTROL OF STENTIAL OR TOTAL PATELLECTOMY  CPT/HCPCS EXCISION, COCCYGEAL PRESSURE ULCER, WITH COCCYGECTOMY; WITH LOCAL OR REGIONAL SKIN FLAP CLOSURE  CPT/HCPCS PLACEMENT OF STENTIS) INTO A BILE DUCT, PERCUTANEOUS, INCLUDING DIAGNOSTIC CHOLANGIOGRAPHY, IMAGING GUIDANCE, EACH STENT  COMPLETE, UNILATERAL  OSTEOTOMY YES  Ves  COMPLETE, UNILATERAL	52351	CPT/HCPCS		Yes
DEFORMITY, SINGLE SEGMENT; CERVICAL  SYMPHYSIOTOMY FOR HORSESHOE KIDNEY WITH OR WITHOUT PYELOPLASTY AND/OR OTHER PLASTIC PROCEDURE, UNILATERAL OR BILATERAL  PYES  OPEN TREATMENT OF CLOSED OR OPEN PATELLAR DISLOCATION, WITH OR WITHOUT PARTIAL OR TOTAL PATELLECTOMY  SEXCISION, COCCYGEAL PRESSURE ULCER, WITH COCCYGECTOMY; WITH LOCAL OR REGIONAL SKIN FLAP CLOSURE  CPT/HCPCS PLACEMENT OF STENT(S) INTO A BILE DUCT, PERCUTANEOUS, INCLUDING DIAGNOSTIC CHOLANGIOGRAPHY, IMAGING GUIDANCE, EACH STENT  DIAGNOSTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY, PARTIAL OR COMPLETE, UNILATERAL	20956	CPT/HCPCS	BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS; ILIAC CREST	Yes
PYELOPLASTY AND/OR OTHER PLASTIC PROCEDURE, UNILATERAL OR BILATERAL  OPEN TREATMENT OF CLOSED OR OPEN PATELLAR DISLOCATION, WITH OR WITHOUT PARTIAL OR TOTAL PATELLECTOMY  EXCISION, COCCYGEAL PRESSURE ULCER, WITH COCCYGECTOMY; WITH LOCAL OR REGIONAL SKIN FLAP CLOSURE  OPEN/HCPCS PLACEMENT OF STENT(S) INTO A BILE DUCT, PERCUTANEOUS, INCLUDING DIAGNOSTIC CHOLANGIOGRAPHY, IMAGING GUIDANCE, EACH STENT  OPEN/HCPCS PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY, PARTIAL OR COMPLETE, UNILATERAL	22210	CPT/HCPCS	· · · · · · · · · · · · · · · · · · ·	Yes
WITHOUT PARTIAL OR TOTAL PATELLECTOMY  15922 CPT/HCPCS EXCISION, COCCYGEAL PRESSURE ULCER, WITH COCCYGECTOMY; WITH LOCAL OR REGIONAL SKIN FLAP CLOSURE  47540 CPT/HCPCS PLACEMENT OF STENT(S) INTO A BILE DUCT, PERCUTANEOUS, INCLUDING DIAGNOSTIC CHOLANGIOGRAPHY, IMAGING GUIDANCE, EACH STENT  40700 CPT/HCPCS PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY, PARTIAL OR COMPLETE, UNILATERAL	50540	CPT/HCPCS	PYELOPLASTY AND/OR OTHER PLASTIC PROCEDURE, UNILATERAL OR	Yes
CPT/HCPCS EXCISION, COCCYGEAL PRESSURE ULCER, WITH COCCYGECTOMY; WITH LOCAL OR REGIONAL SKIN FLAP CLOSURE  CPT/HCPCS PLACEMENT OF STENT(S) INTO A BILE DUCT, PERCUTANEOUS, INCLUDING DIAGNOSTIC CHOLANGIOGRAPHY, IMAGING GUIDANCE, EACH STENT  CPT/HCPCS PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY, PARTIAL OR COMPLETE, UNILATERAL  CPT/HCPCS COMPLETE, UNILATERAL	27566	CPT/HCPCS	, and the second	Yes
DIAGNOSTIC CHOLANGIOGRAPHY, IMAGING GUIDANCE, EACH STENT  40700 CPT/HCPCS PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY, PARTIAL OR COMPLETE, UNILATERAL  COMPLETE, UNILATERAL	15922	CPT/HCPCS	EXCISION, COCCYGEAL PRESSURE ULCER, WITH COCCYGECTOMY; WITH	Yes
COMPLETE, UNILATERAL	47540	CPT/HCPCS	, ,	Yes
CPT/HCPCS CORRECTION OF TRICHIASIS; INCISION OF LID MARGIN Yes	40700	CPT/HCPCS		Yes
	67830	CPT/HCPCS	CORRECTION OF TRICHIASIS; INCISION OF LID MARGIN	Yes

APPINHONES   SQUESTRECTOMY (S.), FOR DISTREMPHEURS REPORT ASSCESS, SAMET   No.	47500	ODT#10000	LADADOCOODY CUDOLOAL QUOLEQUATECTO M	lv
OPTIMOS DE LA HUMBERS REMONAD DE BILAY DE SANAS CATHETER, PERCUTANFOLIS, REQUIRING CPTIMOS DE BILAY DE SANAS CATHETER, PERCUTANFOLIS, PER	47562	CPT/HCPCS	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY	Yes
PLUCINGSCOPPIC GUIDANCE, INCLUDING DIAGNOSTIC CHOLANGIOGRAPHY	24134	CPT/HCPCS		Yes
DETHICRES  PRECIDENT SECTION AND THE PROPERTY OF PRESENCE OF THE PROPERTY OF T	47537	CPT/HCPCS		Yes
INCLIDANO INTRARPOCODIDAN. PHARMACOLOGICAL THROMODIVIC INCETIONS AND ELUDROSSOPIC GUIDAN.  SERTOR PERAR OF AMERIKAN DE RECISION PARTIAL DETOTAL AND GRAFT (**)  SERTOR WITHOUT AND THE PROPERT OF THE PROPERTY	27646			
	37187	CPT/HCPCS		Yes
MISERION, WITH OR WITHOUT PACTOL HORITS, FOR ANEURYMIN  CPTHOPPOS  POSITION, MANDER, STOTT TESTED OF FORMAN HORITOR WITHOUT AREA  SITE AND ANTI- SITE AND AN				
CPTINCPCS EXCISION, TUMOR, SOFT TISSUE OF FOREMAN AND/OR WIRST AREA, SURPASCUAL (E.G. NITAMANSCULAR); CAN OR DEATER  31:541 CPTINCPCS ARTHORY OF VOCAL CORDS OR ENGLOTTS; WITH OF CRISION OF TUMOR AND/OR STRIPPING OF VOCAL CORDS OR ENGLOTTS; WITH OF CRISION OF TUMOR AND/OR STRIPPING OF VOCAL CORDS OR ENGLOTTS; WITH OF CRISION OF TUMOR AND/OR STRIPPING OF VOCAL CORDS OR ENGLOTTS; WITH OF CRISION OF TUMOR AND/OR 31:647 CPTINCPCS  BEREAR, INTERNEDIATE, WOUNDS OF FACE, EARS, EVELDS, NOSE, LIPS AND/OR MULDOUS MEBBRANES; 20 1 ON TO 30 0 CM  CPTINCPCS  BERONCHOSCOOPY, RICH OR ENGLISE INC. TUMOROSCOPPIC GUIDANCE WHEN PERFORMED; INSERTION OF BRONCHIAL VALVES, INITIAL LOBE  WHEN PERFORMED; INSERTION OF BRONCHIAL VALVES, INITIAL LOBE  CPTINCPCS  ARTERIAL ROAD PERCUTARCOUS LEFT HEART VENTRICULAR ASSIST DEVICE, ARTERIAL OR ARTERIAL AND VENDUS CANNOLUSS, AT SEPARATE AND  SISTEMS  CPTINCPCS  REMOVAL OF PERCUTARCOUS CERT HEART VENTRICULAR ASSIST DEVICE, ARTERIAL FOR PERCUTARCOUS AND VENDUS CANNOLUSS, AT SEPARATE AND  SISTEMS  CPTINCPCS  REMOVAL OF PERCUTARCOUS CERT HEART VENTRICULAR ASSIST DEVICE, ARTERIAL OR ARTERIAL AND VENDUS CANNOLUSS, AT SEPARATE AND  SISTEMS  CPTINCPCS  REMOVAL OF PERCUTARCOUS AND VENDUS CANNOLUSS, AT SEPARATE AND  SISTEMS  CPTINCPCS  REMOVAL OF RECOVERY FOR PROCESSED OF IUCOUS MEMBRANE  YOU  CPTINCPCS  REMOVAL OF RECOVERY FOR PROCESSED OF IUCOUS MEMBRANE  YOU  PERCUTARCOUS TYPE OF THE ARTERIAL CONTROL OR SECREPANT  THE ARTERIAL AND VENDUS CANNOLUSS, AT SEPARATE AND  THE ARTERIAL AND VENDUS CANNOLUSS, AT SEPARATE AND  THE ARTERIAL CONTROL OR SECREPANT  CPTINCPCS  REMOVAL OF REPAIR CORDINATOR AND REMOVED AND RECEIPENT  SITE  SITE  CPTINCPCS  REMOVAL OF REPAIR CORDINATOR AND REMOVED AND RECEIPENT  SITE  SITE OF THE ARTERIAL CORDINATION PERFORMATION REPERPARATION OF RECEIPENT  SITE OF THE ARTERIAL CORDINATION OF SECREPATION OF RECEIPENT  THE ARTERIAL SECREPANT OF A SECREPANT OF THE ARTERIAL CORDINATION OF SECREPANT  THE ARTERIAL SECREPANT OF THE ARTERIAL CORDINATION OF SECREPANT OF THE ARTERIAL CORDINATION OF	35151	CPT/HCPCS		Yes
131541 CPTIHCPCS STRIPPINO OF VOCAL CORDS OR EPIGLOTTIS, WITH CASCISION OF TUMOR AND/OR STRIPPINO OF VOCAL CORDS OR EPIGLOTTIS, WITH OPERATING  13265 CPTIHCPCS REPAIR, INTERMEDIATE, WOUNDS OF FACE, EARS, EYELUS, NOSE, LIPS AND/OR MULCIUS MIT MEMBARIS; 20. LOW TO 30.0 CM  334647 CPTIHCPCS REPAIR, INTERMEDIATE, WOUNDS OF FACE, EARS, EYELUS, NOSE, LIPS WHEN PERFORMED; INSERTION OF BRONCHIAL VALVES, INITIAL LOBE  345782 CPTIHCPCS ADRITION OF STRIPPINO OF BRONCHIAL VALVES, INITIAL LOBE  35782 CPTIHCPCS ADRITION OF PERCUTANEOUS LEFT HEART VENTRICULAR ASSIST DEVICE, AMERICA CROST TRANSLOCATION WITH VENTRICULAR SPITAL DETECT AND PULPONARY STRIPPINO OF PERCUTANEOUS LEFT HEART VENTRICULAR ASSIST DEVICE, AMERICA CRASTIFICAL AND VENDES CANNOLLASS, AT SEPARATE AND PULPONARY STRIPPINO OF PERCUTANEOUS LEFT HEART VENTRICULAR ASSIST DEVICE, AMERICA CRASTIFICAL AND VENDES CANNOLLASS, AT SEPARATE AND VENDES CANNOLLASS, AT SEPARATE AND DESTINCE SESSION PROPERTY FOR PROJUCTION PERCUTANEOUS CANNOLLASS, AT SEPARATE AND VENDES CANNOLLASS, AT SEPARATE AND DESTINCE SESSION PROPERTY OF AN INTROVASCULAR STRIPPINO, OPEN OF VES PERCUTANEOUS FROM PROPERTY OF AN INTROVASCULAR STRIPPINO, OPEN OF VES PERCUTANEOUS STRIPPINO OF PERCUTANEOUS STRIPPINO OF PERCUTANEOUS STRIPPINO OF A PERCUTANEOUS STRIPPINO O	25073	CPT/HCPCS		Yes
STRIPPING OF VOCAL CORDS OR EPIGLOTTIS, WITH OPERATING  CPTHCPCS  SPEAR, INTERMEDIATE, WOUNDS OF FACE, FAIS, EPIGLIS, NOSE, LIPS ANDOS MUCOUS MEMBRANES; 20.1 CM TO 30.1 CM  ANDOS MUCOUS MEMBRANES; 20.1 CM TO 30.1 CM  SPONCHOSCOPY, RIGID OR FLEWBILE, INCL FULLOROSCOPIC CULDANCE WHER PERFORMED, INSCRIDON OF BONCHIAL VALVES, INTIRAL LOBE  WHER PERFORMED, INSCRIDON OF BONCHIAL VALVES, INTIRAL LOBE  OPPHCPCS  REMOVAL OF PERCUTANFOUS LEFT HEART VENTRICULAR ASSIST DEVICE, ARTERIAL OR ARTERIAL AND VENOUS CANNULASS, AT SEPARATE AND DISTINCT SESSION PROMITS OF AN INSERT  PROCTOPLASTY, FOR PROLAPSE OF MUCOUS MEMBRANE  ASSIST  OPPHCPCS  PROCTOPLASTY, FOR PROLAPSE OF MUCOUS MEMBRANE  OPPHCPCS  AND SERVICE OF MUSOUR SERVICE OF A SINGLA MORE MERRANING, OPEN OR PROCUMENT OF AN INTERVIDENCE ASSIST SYSTEM, COMPLETE SYSTEM  MASSIST OF MUSOUR SERVICE OF SINGLA MORE MERRANING AND INTERVIDENCE ASSIST SYSTEM, COMPLETE SYSTEM  OPPHCPCS  SUBCUTANEOUS NINCTION OF PEILLING" MATERIAL (EG., COLLAGEN); OVER 105  OPPHCPCS  OPPHCPCS  AND SERVICE OR AND SERVICE OF A SINGLA MORE MORE MORE MORE MORE MORE MORE MORE	0.45.44	007//10000		
ANDIOR PULGOUS MEMBRANES, 20.1 CMTO 30.0 CM  ANDIOR PULGOUS MEMBRANES, 20.1 CMTO 30.0 CM  CPT/HCPCS  CPT/HCPCS  AORTIC ROOT TRANSLOCATION WITH VENTRICULAR SEPTAL DEFECT AND PULMONARY STENOSIS REPAIR (IE, INKADION PROCEDURE), WITHOUT  PULMONARY STENOSIS REPAIR (IE, INKADION PROCEDURE), WITHOUT  STEPPER CONTINUES OF PERCUTAREOUS LEFT HEART VENTRICULAR ASSIST DEVICE, ARTERIAL OR ARTERIAL AND VENOUS CANNULAS), AT SEPARATE AND DISTINCT SESSION FROM INSER!  SESSION CPT/HCPCS  PROCUTAN SEVERAL AND VENOUS CANNULAS), AT SEPARATE AND DISTINCT SESSION FROM INSER!  SETAL CONTINUES OF PROCUINATE OF PERCUTANEOUS FOR PROCEDURE), WITHOUT  SITE OF PERCUTANEOUS AND PERCUTANEOUS SERVING PROCEDURE, WITHOUT  PROCUING SETAL AND VENOUS CONTINUES OF MUCKOUS MEMBRANE  CPT/HCPCS  FRACTICAR SETAL AND VENOUS SERVING SETAL AND SETAL AND DISTINCT SETAL AND DISTINCT SESSION FROM INSER!  SITE OF PERCUTANEOUS AND PERCUTANEOUS SETAL AND DISTINCT AND SETAL	31541	CP1/HCPCS		Yes
WHEN PERFORMED; INSERTION OF BRONCHIAL VALVES, INITIAL LOBE  23782 CPT/HCPCS AORTIC ROOT TRANSLOCATION WITH VENTRICULAR SEPTAL DEFECT AND PLIMONARY STRONGS REPAIR IR, INICADON PROCEDURE; WITHOUT PROCEDUR	12056	CPT/HCPCS		Yes
PULMONARY STENOSIS REPAIR (IE, NIKAIDOH PROCEDURE; WITHOUT  33992 CPT/HCPCS REMOVAL OF PERCUTANEOUS LEFT HEART VENTRICULAR ASSIST DEVICE, ARTERIAL OR ARTERIAL AND VENDUS CANNULAS), AT SEPARATE AND DISTINCTS ESSION REGON INSER-  45506 CPT/HCPCS PROCTOPLASTY; FOR PROLAPSE OF MUCOUS MEMBRANE  27237 PT/HCPCPS PROCTOPLASTY; FOR PROLAPSE OF MUCOUS MEMBRANE  27237 PT/HCPCPS PROCTOPLASTY; FOR PROLAPSE OF MUCOUS MEMBRANE  27237 PT/HCPCS PROCTOPLASTY; FOR PROLAPSE OF MUCOUS MEMBRANE  27237 PT/HCPCS PROCTOPLASTY; FOR PROLAPSE OF MUCOUS MEMBRANE  27247 PT/HCPCS PLETED FINGER OR TOE FLAP, MICLIDING PREPARATION OF RECIPIENT  3725 STE  3726 CPT/HCPCS INSERTION OR REPLACEMENT OF A PERMANENTLY IMPLANTABLE PARK PROCESSED ON PROCUDENT SYSTEM  3726 CPT/HCPCS SUBCITANEOUS INJECTION OF "FILLING" MATERIAL (EG, COLLAGEN); OVER YES  3726 CPT/HCPCS SUBCITANEOUS INJECTION OF "FILLING" MATERIAL (EG, COLLAGEN); OVER YES  3726 CPT/HCPCS PRAPIA, COMPLEX TRUNK; PACH ADDITIONAL SCHOOL RESS  3727 CPT/HCPCS PRAPIA, COMPLEX TRUNK; PACH ADDITIONAL SCHOOL RESS  3728 CPT/HCPCS PRAPIA, COMPLEX TRUNK; PACH ADDITIONAL SCHOOL RESS  3729 CPT/HCPCS PRAPIA, COMPLEX TRUNK; PACH ADDITIONAL SCHOOL RESS  3720 CPT/HCPCS PRAPIA, COMPLEX TRUNK; PACH ADDITIONAL SCHOOL RESS  3721 CPT/HCPCS PRAPIA, COMPLEX TRUNK; PACH ADDITIONAL SCHOOL RESS  3721 CPT/HCPCS PRAPIA, COMPLEX TRUNK; PACH ADDITIONAL SCHOOL RESS  3722 CPT/HCPCS PRAPIA, COMPLEX TRUNK; PACH ADDITIONAL SCHOOL RESS  3723 CPT/HCPCS PRAPIA, COMPLEX TRUNK; PACH ADDITIONAL SCHOOL RESS  3724 CPT/HCPCS PRAPIA, COMPLEX TRUNK; PACH ADDITIONAL SCHOOL RESS  3725 CPT/HCPCS PRAPIA, COMPLEX TRUNK; PACH ADDITIONAL SCHOOL RESS  3726 CPT/HCPCS PRAPIA COMPLEX TRUNK; PACH ADDITIONAL PROTECTION PROTECTIO	31647	CPT/HCPCS		Yes
PULMONARY STENOSIS REPAIR (IE, NIKAIDOH PROCEDURE; WITHOUT  33992 CPT/HCPCS REMOVAL OF PERCUTANEOUS LEFT HEART VENTRICULAR ASSIST DEVICE, ARTERIAL OR ARTERIAL AND VENDUS CANNULAS), AT SEPARATE AND DISTINCTS ESSION REGON INSER-  45506 CPT/HCPCS PROCTOPLASTY; FOR PROLAPSE OF MUCOUS MEMBRANE  27237 PT/HCPCPS PROCTOPLASTY; FOR PROLAPSE OF MUCOUS MEMBRANE  27237 PT/HCPCPS PROCTOPLASTY; FOR PROLAPSE OF MUCOUS MEMBRANE  27237 PT/HCPCS PROCTOPLASTY; FOR PROLAPSE OF MUCOUS MEMBRANE  27237 PT/HCPCS PROCTOPLASTY; FOR PROLAPSE OF MUCOUS MEMBRANE  27247 PT/HCPCS PLETED FINGER OR TOE FLAP, MICLIDING PREPARATION OF RECIPIENT  3725 STE  3726 CPT/HCPCS INSERTION OR REPLACEMENT OF A PERMANENTLY IMPLANTABLE PARK PROCESSED ON PROCUDENT SYSTEM  3726 CPT/HCPCS SUBCITANEOUS INJECTION OF "FILLING" MATERIAL (EG, COLLAGEN); OVER YES  3726 CPT/HCPCS SUBCITANEOUS INJECTION OF "FILLING" MATERIAL (EG, COLLAGEN); OVER YES  3726 CPT/HCPCS PRAPIA, COMPLEX TRUNK; PACH ADDITIONAL SCHOOL RESS  3727 CPT/HCPCS PRAPIA, COMPLEX TRUNK; PACH ADDITIONAL SCHOOL RESS  3728 CPT/HCPCS PRAPIA, COMPLEX TRUNK; PACH ADDITIONAL SCHOOL RESS  3729 CPT/HCPCS PRAPIA, COMPLEX TRUNK; PACH ADDITIONAL SCHOOL RESS  3720 CPT/HCPCS PRAPIA, COMPLEX TRUNK; PACH ADDITIONAL SCHOOL RESS  3721 CPT/HCPCS PRAPIA, COMPLEX TRUNK; PACH ADDITIONAL SCHOOL RESS  3721 CPT/HCPCS PRAPIA, COMPLEX TRUNK; PACH ADDITIONAL SCHOOL RESS  3722 CPT/HCPCS PRAPIA, COMPLEX TRUNK; PACH ADDITIONAL SCHOOL RESS  3723 CPT/HCPCS PRAPIA, COMPLEX TRUNK; PACH ADDITIONAL SCHOOL RESS  3724 CPT/HCPCS PRAPIA, COMPLEX TRUNK; PACH ADDITIONAL SCHOOL RESS  3725 CPT/HCPCS PRAPIA, COMPLEX TRUNK; PACH ADDITIONAL SCHOOL RESS  3726 CPT/HCPCS PRAPIA COMPLEX TRUNK; PACH ADDITIONAL PROTECTION PROTECTIO	22722	CDT/HCDCS	AORTIC ROOT TRANSLOCATION WITH VENTRICULAR SERTAL DEFECT AND	Vac
ARTERIAL OR ARTERIAL AND VENOUS CANNULA(S), AT SEPARATE AND DISTINCT SESSION FROM INSERA  45505 CPT/HCPCS PROCTOPILASTY, FOR PROLAPSE OF MUCOUS MEMBRANE YES  PROCTOPILASTY, FOR PROLAPSE YES  PROCTOPILASTY, FOR PROLAPSE OF MUCOUS MEMBRANE YES  PROCTOPILASTY, FOR PROLAPSE Y	33762	CF I/IICF C3		165
DISTINCT SESSION FROM INSER- 45505 CPT/HCPCS PROCTOPLASTY; FOR PROLAPSE OF MUCOUS MEMBRANE Yes 47237 CPT/HCPCS TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S), OPEN OR PERCUTANEOUS, WHEN PERFORMED; EACH ADDITIONAL ARTERY  14350 CPT/HCPCS ILLETED FINGER OR TOE FLAP, INCLUDING PREPARATION OF RECIPIENT SITE  1550 INSERTION OR REPLACEMENT OF A PERMANENTLY IMPLANTABLE ADDITIONAL ARTERY  1651 CPT/HCPCS INSERTION OR REPLACEMENT OF A PERMANENTLY IMPLANTABLE ADDITIONAL STITE SYSTEM  1654 CPT/HCPCS SUCLITANEOUS INJECTION OF "FILLING" MATERIAL (EG, COLLAGEN); OVER YES 160 CPT/HCPCS SUCLITANEOUS INJECTION OF "FILLING" MATERIAL (EG, COLLAGEN); OVER YES 160 CPT/HCPCS RACTURE NASAL INFERIOR TURBINATE(S); THERAPEUTIC YES 160 CPT/HCPCS RACTURE NASAL INFERIOR TURBINATE(S); THERAPEUTIC YES 167/HCPCS CLOSURE OF LACRIMAL PUNCTUM EG, THERMOCLAVICULAR, WRIST, ELEGOW OR ANKLE, OLECRAMON **  168/HOD CPT/HCPCS RADIAL PUNCTUM EG, THERMOCLAVICULAR, WRIST, ELEGOW OR ANKLE, OLECRAMON **  168/HD CPT/HCPCS TENDON TRANSPLANTATION OR TRANSFER, FLEXOR OR EXTENSOR, YES 167/HCPCS TENDON TRANSPLANTATION OR TRANSFER, FLEXOR OR EXTENSOR, YES 167/HCPCS TENDON TRANSPLANTATION OR TRANSFER, FLEXOR OR EXTENSOR, YES 167/HCPCS TRANSURETHRAL RESECTION; RESIDUAL OR REGROWTH OF OBSTRUCTIVE YES 166/HCPC SE ADAIL KERATOTOMY OR SEPTOSTOMY; OPEN, WITH INFLOW OCCLUSION YES 166/HCPC SE ADAIL KERATOTOMY OR SEPTOSTOMY; OPEN, WITH INFLOW OCCLUSION YES 166/HCPC SE ADAIL KERATOTOMY OR SEPTOSTOMY; OPEN, WITH INFLOW OCCLUSION YES 166/HCPC SE ADAIL KERATOTOMY OR SEPTOSTOMY; OPEN, WITH INFLOW OCCLUSION YES 166/HCPC SE ADAIL KERATOTOMY OR SEPTOSTOMY; OPEN, WITH THE OWN OF THE YEAR YES 166/HCPC SE ADA	33992	CPT/HCPCS	· ·	Yes
45806 CPT/HCPCS PROCTOPLASTY; FOR PROLAPSE OF MUCOUS MEMBRANE Ves PROCTOPLASTY; FOR PROLAPSE OF PROCTOPLASTY; FOR PROCTOPLASTY				
CPT/HCPCS TRANSCATHETER PLACEMENT OF AN INTRAVASCILLAR STEMTIS), OPEN OR PERCUTANEOUS, WHEN PERFORMED; EACH ADDITIONAL ARTERY  44350 PTH-CPCS PTILLETED FINGER OR TOE FLAP, INCLUDING PREPARATION OF RECIPIENT SITE  44351 CPT/HCPCS SITE CPT/HCPCS ARTIFICATION OR REPLACEMENT OF A PERMANENTLY IMPLANTABLE AORTICCOUNTERPULSATION VENTRICULAR ASSIST SYSTEM; COMPLETE SYSTEM 11954 CPT/HCPCS SIGNOUTERPULSATION VENTRICULAR ASSIST SYSTEM; COMPLETE SYSTEM 10.0 CC 1	45505	CPT/HCPCS		Yes
L4350 CPT/HCPCS FILLETED FINGER OR TOE FLAP, INCLUDING PREPARATION OF RECIPIENT SITE  CPT/HCPCS INSERTION OR REPLACEMENT OF A PERMANENTLY IMPLANTABLE AORTICCOUNTERPULSATION VENTRICULAR ASSIST SYSTEM; COMPLETE SYSTEM  11954 CPT/HCPCS SUBCUTANEOUS INJECTION OF "FILLING" MATERIAL (EG, COLLAGEN); OVER YES 10.0 °CC  30930 CPT/HCPCS SUBCUTANEOUS INJECTION OF "FILLING" MATERIAL (EG, COLLAGEN); OVER YES 10.0 °CC  30930 CPT/HCPCS REPAIR, COMPLEX, TRUNK; EACH ADDITIONAL 5 CM OR LESS YES  2005 CPT/HCPCS REPAIR, COMPLEX, TRUNK; EACH ADDITIONAL 5 CM OR LESS YES  313102 CPT/HCPCS REPAIR, COMPLEX, TRUNK; EACH ADDITIONAL 5 CM OR LESS YES  48570 CPT/HCPCS CREATED AND AND AND AND AND AND AND AND AND AN	37237	<del>-  </del>		
SITE	1/350	CPT/HCPCS		Vas
AORTICCOUNTERPULSATION VENTRICULAR ASSIST SYSTEM; COMPLETE SYSTEM  11954  CPT/HCPCS  CPT/HCPCS  FRACTURE NASAL INFERIOR TURBINATE(S), THERAPEUTIC  CPT/HCPCS  FRACTURE NASAL INFERIOR TURBINATE(S), THERAPEUTIC  CPT/HCPCS  ARTHROCENTESIS, ASPIRATION AND/OR INJECTION, INTERMEDIATE JOINT OR BURSA (EG, TEMPOROMANDIBULAR, ACROMIOCLAVICULAR, WRIST, ELBOW OR ANKLE, OLECRANON +  BEZGO  CPT/HCPCS  CLOSURE OF LACRIMAL PUNCTUM EG, THERMOCAUTERIZATION, LIGATION, OR LASER PHOTOCOAGULATION)  CPT/HCPCS  TENDON TRANSPLANTATION OR TRANSFER, FLEXOR OR EXTENSOR, FOREARM AND/OR WRIST, SINGLE; EACH TENDON  337377  CPT/HCPCS  ATRIAL SEPTECTOMY OR SEPTOSTOMY; OPEN, WITH INFLOW OCCLUSION  CPT/HCPCS  TRANSURETHRAL RESECTION; RESIDUAL OR REGROWTH OF OBSTRUCTIVE PROSTATE TISSUE INCL CONTROL OF POSTOP BLEEDING, COMPLETE  SESTO!  CPT/HCPCS  RADIAL KERATOTOMY  CPT/HCPCS  RADIAL KERATOTOMY  CPT/HCPCS  RADIAL KERATOTOMY  SECTIONING PEOICLE OF TUSED OR DIRECT FLAP  SUSTEMBLATE TISSUE INCL CONTROL OF POSTOP BLEEDING, COMPLETE  SESTOIN ING PEOICLE OF TUSED OR DIRECT FLAP  SUSTEMBLATE TISSUE OR NECK OR ANTERIOR THORAX, SUBFASCIAL (EG, INTRAMUSCULAR); LESS THAN 5 CM  ARTHRODESIS, CARPOMETACAPPAL JOINT, THUMB, WITH OR WITHOUT INTERNAL EIKATION:  11950  CPT/HCPCS  SUBGULTANEOUS INJECTION OF "FILLING" MATERIAL (EG, COLLAGEN); 1 CC OR LESS  SOBRES  CPT/HCPCS  INSERTION OF TEMPORARY TRANSVENOUS CARDIAC ELECTRODE, OR PACEMMER CATHETER (SEPARATE PROCEDURE)  TYPARONSON OF TEMPORARY TRANSVENOUS CARDIAC ELECTRODE, OR PACEMMER CATHETER (SEPARATE PROCEDURE)  TYPARONSON OF TEMPORARY TRANSVENOUS CARDIAC ELECTRODE, OR PACEMAKER CATHETER (SEPARATE PROCEDURE)  TYPARONSON OF TEMPORARY TRANSVENOUS CARDIAC ELECTRODE, OR PACEMAKER CATHETER (SEPARATE PROCEDURE)  TYPARONSON OF TEMPORARY TRANSVENOUS CARDIAC ELECTRODE, OR PACEMAKER CATHETER (SEPARATE PROCEDURE)			SITE	
11954 CPT/HCPCS SUBCUTANEOUS INJECTION OF "FILLING" MATERIAL (EG, COLLAGEN); OVER Yes  30830 CPT/HCPCS FRACTURE NASAL INFERIOR TURBINATE(S), THERAPEUTIC Yes  313102 CPT/HCPCS REPAIR, COMPLEX, TRUNK, EACH ADDITIONAL 5 CM OR LESS Yes  20605 CPT/HCPCS ARTHROCENESS, ASPIRATION AND/OR INJECTION, INTERMEDIATE (DINT OR BURSA (EG, TEMPOROMANDIBULAR, ACROMICCLAVICULAR, WRIST, ELBOW OR ANKLE, OLECRANON +  COLOSURE OF LACRIMAL PUNCTUM EG, THERMOCAUTERIZATION, LIGATION, Yes  OR LASER PHOTOCOAGULATION)  CPT/HCPCS TENDON TRANSPLANTATION OR TRANSFER, FLEXOR OR EXTENSOR, Yes  POREARM AND/OR WRIST, SINGLE, EACH TENDON  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  PROSTATE TISSUE INCL CONTROL OF POSTOP BLEEDING, COMPLETE   65771 CPT/HCPCS RADIAL KERATOTOMY FRANSFER (SECTION); RESIDUAL OR REGROWTH OF OBSTRUCTIVE PROSTATE TISSUE INCL CONTROL OF POSTOP BLEEDING, COMPLETE   65771 CPT/HCPCS RADIAL KERATOTOMY FROM YEAP, PRIMARY "DELAY" OF SMALL FLAP, OR YES  SECTIONING PEDICLE OF TUBED OR DIRECT FLAP  21556 CPT/HCPCS EXCISION, TUMOR, SOFT TISSUE OF NECK OR ANTERIOR THORAX, YES  SECTIONING PEDICLE OF TUBED OR DIRECT FLAP  26841 CPT/HCPCS ARTHRODESIS, CARPOMETACARPAL JOINT, THUMB, WITH OR WITHOUT YES  SUBCUTANEOUS INJECTION OF "FILLING" MATERIAL (EG, COLLAGEN); 1 CC  YES  OR LESS  33210 CPT/HCPCS INSERTION OF TEMPORAY TRANSVENOUS CARDIAC ELECTRODE, OR  PACEMAKER (CATHETER (SEPARATE PROCEDURE)  198486 CPT/HCPCS TYMPANOSTOMY (REQUIRING INSERTION OF VENTILIATING TUBE), GENERAL YES	0451T	CPT/HCPCS		Yes
10.0 CC  CPT/HCPCS FRACTURE NASAL INFERIOR TURBINATE(S), THERAPEUTIC Yes  REPAIR, COMPLEX, TRUNK; EACH ADDITIONAL 5 CM OR LESS  PYES  CPT/HCPCS ARTHROCENTESIS, ASPIRATION AND/OR INJECTION, INTERMEDIATE JOINT OR BURSA (FG, TEMPOROMANDIBULAR, ACROMIOCLAVICULAR, WRIST, ELBOW OR ANKLE, OLECRANON +  CREAD OR ANKLE, OLECRANON +  CPT/HCPCS CLOSURE OF LACRIMAL PUNCTUM EG, THERMOCAUTERIZATION, LIGATION, Yes  OR LASER PHOTOCOAGULATION)  CPT/HCPCS TENDON TRANSPLANITATION OR TRANSFER, FLEXOR OR EXTENSOR, FOREARM AND/OR WRIST, SINGLE; EACH TENDON  33737 CPT/HCPCS ATRIAL SEPTECTOMY OR SEPTOSTOMY; OPEN, WITH INFLOW OCCLUSION  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  65771 CPT/HCPCS RADIAL KERATOTOMY PROST PROST PROSTATE TISSUE INCL CONTROL OF POSTOP BLEEDING, COMPLETE  52630 CPT/HCPCS RADIAL KERATOTOMY PROST PROST PROST PROBLEM TO SECTION OF SECTIONING PEDICLE OF TUBED OR DIRECT FLAP  21556 CPT/HCPCS RADIAL KERATOTOMY PROBLEM OF THE PROST PROST PROBLEM TO SECTION OF SECTION OF PROST PROBLEM OF THE P			·	
CPT/HCPCS	11954	CPT/HCPCS		Yes
13102 CPT/HCPCS REPAIR, COMPLEX, TRUNK; EACH ADDITIONAL 5 CM OR LESS 20605 CPT/HCPCS ARTHROCENTESIS, ASPIRATION AND/OR INJECTION, INTERMEDIATE JOINT OR BURSA (EG, TEMPOROMANDIBULAR, ACROMIOCLAVICULAR, WRIST, ELBOW OR ANKLE, OLECRANON + 68760 CPT/HCPCS CLOSURE OF LACRIMAL PUNCTUM EG, THERMOCAUTERIZATION, LIGATION, OR LASER PHOTOCOAGULATION) 25310 CPT/HCPCS TENDON TRANSPLANTATION OR TRANSFER, FLEXOR OR EXTENSOR, FOREARM AND/OR WRIST, SINGLE; EACH TENDON 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 65771 CPT/HCPCS RADIAL KERATOTOMY YES 65771 CPT/HCPCS RADIAL KERATOTOMY YES 65771 CPT/HCPCS RADIAL KERATOTOMY YES 65771 CPT/HCPCS RESIDUAL OR DIRECT FLAP 21556 CPT/HCPCS EXCISION, TUMOR, SOFT TISSUE OF NECK OR ANTERIOR THORAX, SUBFASCIAL (EG, INTRAMUSCULAR); LESS THAN 5 CM 26841 CPT/HCPCS ARTHRODESIS, CARPOMETACARPAL JOINT, THUMB, WITH OR WITHOUT YES 11950 CPT/HCPCS SUBCUTANEOUS INJECTION OF "FILLING" MATERIAL (EG, COLLAGEN); 1 CC OR LESS 33210 CPT/HCPCS INSERTION OF TEMPORARY TRANSVENOUS CARDIAC ELECTRODE, OR PACEMAKER CATHETER (SEPARATE PROCEDURE) 69436 CPT/HCPCS TYMPANOSTOMY (REQUIRING INSERTION OF VENTILATING TUBE), GENERAL YES	30930	CPT/HCPCS		Yes
OR BURSA (EG, TEMPOROMANDIBULAR, ACROMIOCLAVICULAR, WRIST, ELBOW OR ANKLE, OLECRANON +  CLOSURE OF LACRIMAL PUNCTUM EG, THERMOCAUTERIZATION, LIGATION. OR LASER PHOTOCOAGULATION)  25310 CPT/HCPCS TENDON TRANSPLANTATION OR TRANSFER, FLEXOR OR EXTENSOR, FOREARM AND/OR WRIST, SINGLE; EACH TENDON  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  65771 CPT/HCPCS RADIAL KERATOTOMY YES  15610 CPT/HCPCS RIMEDIATE "DELAY" OF ANY FLAP, PRIMARY "DELAY" OF SMALL FLAP, OR SECTIONING PEDICLE OF TUBED OR DIRECT FLAP  21556 CPT/HCPCS EXCISION, TUMOR, SOFT TISSUE OF NECK OR ANTERIOR THORAX, SUBFASCIAL (EG, INTRAMUSCULAR); LESS THAN 5 CM  26841 CPT/HCPCS ARTHORD SIDER OF MERCE AREA SINGLE SIDER OF MERCE AREA SIDER OF MERCE FLAP  26841 CPT/HCPCS SUBCUTANEOUS INJECTION OF "FILLING" MATERIAL (EG, COLLAGEN); 1 CC OR LESS  33210 CPT/HCPCS TYMPANOSTOMY (REQUIRING INSERTION OF VENTILATING TUBE), GENERAL YES	13102			
ELBOW OR ANKLE, OLECRANON +  CPT/HCPCS CLOSURE OF LACRIMAL PUNCTUME 6, THERMOCAUTERIZATION, LIGATION, OR LASER PHOTOCOAGULATION)  25310 CPT/HCPCS TENDON TRANSPLANTATION OR TRANSFER, FLEXOR OR EXTENSOR, FOREARM AND/OR WRIST, SINGLE; EACH TENDON  33737 CPT/HCPCS ATRIAL SEPTECTOMY OR SEPTOSTOMY; OPEN, WITH INFLOW OCCLUSION  40800 CPT/HCPCS TRANSURETHRAL RESECTION; RESIDUAL OR REGROWTH OF OBSTRUCTIVE PROSTATE TISSUE INCL CONTROL OF POSTOP BLEEDING, COMPLETE  65771 CPT/HCPCS TRANSURETHRAL RESECTION; RESIDUAL OR REGROWTH OF OBSTRUCTIVE PROSTATE TISSUE INCL CONTROL OF POSTOP BLEEDING, COMPLETE  65771 CPT/HCPCS INTERMEDIATE "DELAY" OF ANY FLAP, PRIMARY "DELAY" OF SMALL FLAP, OR SECTIONING PEDICLE OF TUBED OR DIRECT FLAP  21556 CPT/HCPCS EXCISION, TUMOR, SOFT TISSUE OF NECK OR ANTERIOR THORAX, SUBFASCIAL (EG, INTRAMUSCULAR); LESS THAN 5 CM  26841 CPT/HCPCS ARTHRODESIS, CARPOMETACARPAL JOINT, THUMB, WITH OR WITHOUT INTERNAL FIXATION; INTERNAL FIXATION; INTERNAL FIXATION; CPT/HCPCS UBCUTANEOUS INJECTION OF "FILLING" MATERIAL (EG, COLLAGEN); 1 CC OR LESS  33210 CPT/HCPCS TYMPANOSTOMY (REQUIRING INSERTION OF VENTILATING TUBE), GENERAL Yes	20605			
OR LASER PHOTOCOAGULATION)  25310 CPT/HCPCS TENDON TRANSPLANTATION OR TRANSFER, FLEXOR OR EXTENSOR, FOREARM AND/OR WRIST, SINGLE; EACH TENDON  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  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  21556 CPT/HCPCS EXCISION, TUMOR, SOFT TISSUE OF NECK OR ANTERIOR THORAX, SUBFASCIAL (EG, INTRAMUSCULAR); LESS THAN 5 CM  26841 CPT/HCPCS ARTHRODESIS, CARPOMETACARPAL JOINT, THUMB, WITH OR WITHOUT INTERNAL FIXATION;  11950 CPT/HCPCS SUBCUTANEOUS INJECTION OF "FILLING" MATERIAL (EG, COLLAGEN); 1 CC OR LESS  33210 CPT/HCPCS INSERTION OF TEMPORARY TRANSVENOUS CARDIAC ELECTRODE, OR PACEMAKER CATHETER (SEPARATE PROCEDURE)  69436 CPT/HCPCS TYMPANOSTOMY (REQUIRING INSERTION OF VENTILATING TUBE), GENERAL YES				
25310 CPT/HCPCS TENDON TRANSPLANTATION OR TRANSFER, FLEXOR OR EXTENSOR, FOREARM AND/OR WRIST, SINGLE; EACH TENDON  33737 CPT/HCPCS ATRIAL SEPTECTOMY OR SEPTOSTOMY; OPEN, WITH INFLOW OCCLUSION  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  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  21556 CPT/HCPCS EXCISION, TUMOR, SOFT ISSUE OF NECK OR ANTERIOR THORAX, SUBFASCIAL (EG, INTRAMUSCULAR); LESS THAN 5 CM  26841 CPT/HCPCS ARTHRODESIS, CARPOMETACARPAL JOINT, THUMB, WITH OR WITHOUT YES INTERNAL FIXATION;  11950 CPT/HCPCS SUBCUTANEOUS INJECTION OF "FILLING" MATERIAL (EG, COLLAGEN); 1 CC OR LESS  33210 CPT/HCPCS INSERTION OF TEMPORARY TRANSVENOUS CARDIAC ELECTRODE, OR PACEMAKER CATHETER (SEPARATE PROCEDURE)  17MPANOSTOMY (REQUIRING INSERTION OF VENTILATING TUBE), GENERAL  Yes	68760	CPT/HCPCS	CLOSURE OF LACRIMAL PUNCTUM EG, THERMOCAUTERIZATION, LIGATION,	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  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  21556 CPT/HCPCS EXCISION, TUMOR, SOFT TISSUE OF NECK OR ANTERIOR THORAX, SUBFASCIAL (EG, INTRAMUSCULAR); LESS THAN 5 CM  26841 CPT/HCPCS ARTHRODESIS, CARPOMETACARPAL JOINT, THUMB, WITH OR WITHOUT INTERNAL FIXATION;  11950 CPT/HCPCS SUBCUTANEOUS INJECTION OF "FILLING" MATERIAL (EG, COLLAGEN); 1 CC OR LESS  33210 CPT/HCPCS INSERTION OF TEMPORARY TRANSVENOUS CARDIAC ELECTRODE, OR PACEMAKER CATHETER (SEPARATE PROCEDURE)  69436 CPT/HCPCS TYMPANOSTOMY (REQUIRING INSERTION OF VENTILATING TUBE), GENERAL Yes	25310	CPT/HCPCS	TENDON TRANSPLANTATION OR TRANSFER, FLEXOR OR EXTENSOR,	Yes
CPT/HCPCS TRANSURETHRAL RESECTION; RESIDUAL OR REGROWTH OF OBSTRUCTIVE PROSTATE TISSUE INCL CONTROL OF POSTOP BLEEDING, COMPLETE  65771 CPT/HCPCS RADIAL KERATOTOMY FISHER PROSTATE "DELAY" OF ANY FLAP, PRIMARY "DELAY" OF SMALL FLAP, OR SECTIONING PEDICLE OF TUBED OR DIRECT FLAP  21556 CPT/HCPCS EXCISION, TUMOR, SOFT TISSUE OF NECK OR ANTERIOR THORAX, SUBFASCIAL (EG, INTRAMUSCULAR); LESS THAN 5 CM  26841 CPT/HCPCS ARTHRODESIS, CARPOMETACARPAL JOINT, THUMB, WITH OR WITHOUT INTERNAL FIXATION;  11950 CPT/HCPCS SUBCUTANEOUS INJECTION OF "FILLING" MATERIAL (EG, COLLAGEN); 1 CC OR LESS  33210 CPT/HCPCS INSERTION OF TEMPORARY TRANSVENOUS CARDIAC ELECTRODE, OR PACEMAKER CATHETER (SEPARATE PROCEDURE)  69436 CPT/HCPCS TYMPANOSTOMY (REQUIRING INSERTION OF VENTILATING TUBE), GENERAL Yes	33737	CPT/HCPCS	ATRIAL SEPTECTOMY OR SEPTOSTOMY; OPEN, WITH INFLOW OCCLUSION	Yes
PROSTATE TISSUE INCL CONTROL OF POSTOP BLEEDING, COMPLETE  65771 CPT/HCPCS RADIAL KERATOTOMY Yes  15610 CPT/HCPCS INTERMEDIATE "DELAY" OF ANY FLAP, PRIMARY "DELAY" OF SMALL FLAP, OR Yes  SECTIONING PEDICLE OF TUBED OR DIRECT FLAP  21556 CPT/HCPCS EXCISION, TUMOR, SOFT TISSUE OF NECK OR ANTERIOR THORAX,  SUBFASCIAL (EG, INTRAMUSCULAR); LESS THAN 5 CM  26841 CPT/HCPCS ARTHRODESIS, CARPOMETACARPAL JOINT, THUMB, WITH OR WITHOUT INTERNAL FIXATION;  11950 CPT/HCPCS SUBCUTANEOUS INJECTION OF "FILLING" MATERIAL (EG, COLLAGEN); 1 CC OR LESS  33210 CPT/HCPCS INSERTION OF TEMPORARY TRANSVENOUS CARDIAC ELECTRODE, OR PACEMAKER CATHETER (SEPARATE PROCEDURE)  69436 CPT/HCPCS TYMPANOSTOMY (REQUIRING INSERTION OF VENTILATING TUBE), GENERAL Yes	40800	CPT/HCPCS	*DRAINAGE OF ABSCESS, CYST, HEMATOMA, VESTIBULE OF MOUTH; SIMPLE	Yes
15610 CPT/HCPCS INTERMEDIATE "DELAY" OF ANY FLAP, PRIMARY "DELAY" OF SMALL FLAP, OR SECTIONING PEDICLE OF TUBED OR DIRECT FLAP  21556 CPT/HCPCS EXCISION, TUMOR, SOFT TISSUE OF NECK OR ANTERIOR THORAX, SUBFASCIAL (EG, INTRAMUSCULAR); LESS THAN 5 CM  26841 CPT/HCPCS ARTHRODESIS, CARPOMETACARPAL JOINT, THUMB, WITH OR WITHOUT INTERNAL FIXATION;  11950 CPT/HCPCS SUBCUTANEOUS INJECTION OF "FILLING" MATERIAL (EG, COLLAGEN); 1 CC OR LESS  33210 CPT/HCPCS INSERTION OF TEMPORARY TRANSVENOUS CARDIAC ELECTRODE, OR PACEMAKER CATHETER (SEPARATE PROCEDURE)  69436 CPT/HCPCS TYMPANOSTOMY (REQUIRING INSERTION OF VENTILATING TUBE), GENERAL Yes	52630	CPT/HCPCS		Yes
SECTIONING PEDICLE OF TUBED OR DIRECT FLAP  21556 CPT/HCPCS EXCISION, TUMOR, SOFT TISSUE OF NECK OR ANTERIOR THORAX, SUBFASCIAL (EG, INTRAMUSCULAR); LESS THAN 5 CM  26841 CPT/HCPCS ARTHRODESIS, CARPOMETACARPAL JOINT, THUMB, WITH OR WITHOUT INTERNAL FIXATION;  11950 CPT/HCPCS SUBCUTANEOUS INJECTION OF "FILLING" MATERIAL (EG, COLLAGEN); 1 CC OR LESS  33210 CPT/HCPCS INSERTION OF TEMPORARY TRANSVENOUS CARDIAC ELECTRODE, OR PACEMAKER CATHETER (SEPARATE PROCEDURE)  69436 CPT/HCPCS TYMPANOSTOMY (REQUIRING INSERTION OF VENTILATING TUBE), GENERAL YES	65771			
SUBFASCIAL (EG, INTRAMUSCULAR); LESS THAN 5 CM  26841 CPT/HCPCS ARTHRODESIS, CARPOMETACARPAL JOINT, THUMB, WITH OR WITHOUT INTERNAL FIXATION;  11950 CPT/HCPCS SUBCUTANEOUS INJECTION OF "FILLING" MATERIAL (EG, COLLAGEN); 1 CC OR LESS  33210 CPT/HCPCS INSERTION OF TEMPORARY TRANSVENOUS CARDIAC ELECTRODE, OR PACEMAKER CATHETER (SEPARATE PROCEDURE)  69436 CPT/HCPCS TYMPANOSTOMY (REQUIRING INSERTION OF VENTILATING TUBE), GENERAL Yes	15610		SECTIONING PEDICLE OF TUBED OR DIRECT FLAP	
INTERNAL FIXATION;  11950 CPT/HCPCS SUBCUTANEOUS INJECTION OF "FILLING" MATERIAL (EG, COLLAGEN); 1 CC OR LESS  33210 CPT/HCPCS INSERTION OF TEMPORARY TRANSVENOUS CARDIAC ELECTRODE, OR PACEMAKER CATHETER (SEPARATE PROCEDURE)  69436 CPT/HCPCS TYMPANOSTOMY (REQUIRING INSERTION OF VENTILATING TUBE), GENERAL Yes	21556		SUBFASCIAL (EG, INTRAMUSCULAR); LESS THAN 5 CM	
OR LESS  33210 CPT/HCPCS INSERTION OF TEMPORARY TRANSVENOUS CARDIAC ELECTRODE, OR PACEMAKER CATHETER (SEPARATE PROCEDURE)  69436 CPT/HCPCS TYMPANOSTOMY (REQUIRING INSERTION OF VENTILATING TUBE), GENERAL Yes			INTERNAL FIXATION;	
PACEMAKER CATHETER (SEPARATE PROCEDURE)  69436 CPT/HCPCS TYMPANOSTOMY (REQUIRING INSERTION OF VENTILATING TUBE), GENERAL Yes	11950	CPT/HCPCS		Yes
	33210	CPT/HCPCS	· ·	Yes
	69436	CPT/HCPCS	, · · · · · · · · · · · · · · · · · · ·	Yes

	1		
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	Yes
12045	CPT/HCPCS	SPINOTHALAMIC TRACTS, ONE STAGE; CERVICAL REPAIR, INTERMEDIATE, WOUNDS OF NECK, HANDS, FEET AND/OR	Yes
27530	CPT/HCPCS	EXTERNAL GENITALIA, 12.6 CM TO 20.0 CM TREATMENT OF CLOSED TIBIAL FRACTURE, PROXIMAL (PLATEAU); WITHOUT	Yes
62163	CPT/HCPCS	MANIPULATION  NEUROENDOSCOPY, INTRACRANIAL; WITH RETRIEVAL OF FOREIGN BODY	Vos
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,	Yes
		UNILATERAL, PERCUTANEOUS (EG, FOR SPASMODIC DYSPHONIA), INCLUDESGUIDANCE BY	
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	Yes
5710E	CDT/HCDCC	RESERVOIR; WITHOUT GRAFT	Voc
57135	CPT/HCPCS	EXCISION OF VAGINAL CYST OR TUMOR	Yes

_			
40845	CPT/HCPCS	VESTIBULOPLASTY; COMPLEX (INCLUDING RIDGE EXTENSION, MUSCLE	Yes
		REPOSITIONING)	
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 MIDDL	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 OBTAIN)	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, WALLDIUS 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 PRO+	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 NFLATABLE URETHERAL/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	Yes
12052	CPT/HCPCS	CATHETERS INTO THE BREAST FOR INTERSTITIAL RADIOELEMENT APPL REPAIR INTERMEDIATE, WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS	Yes
		AND/OR MUCOUS MEMBRANES, 2.6CM TO 5.0CM	
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 TRACHEOESPOPHAGEAL 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 ORGNSAND/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	Yes
17108	CPT/HCPCS	OSTEOTOMY AND WITH OPEN REDUCTION OF HIP  DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG,	Yes
05055	ODT#167-5	LASER TECHNIQUE); OVER 50.0 SQ CM	<u></u>
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	Yes
000 <del>4</del> 2	Gr I/HGFG3	CATHETERIZATION AND INFUSION	165

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	Yes
45592	CFI/IICFC3	TRARANSENDOSCOPIC ULTRASOUND GUIDED INTRAMURAL OR TRANSMURAL FI	165
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

			1	
NO ROBIN. OPEN WITH NONDUTOGENIOUS PICKOPPT (BED. POLYSSTER.)  ETTE, GOVERNOME PERICARS  OPTH-CPCS  OPTH-CPCS  OPTH-CPCS  PERATHERIT OF CLOSED CAPPAL, SCAPPOLI NAMIOULARY PRACTURE: WITHOUT MANIPULLING  MINIPULLING  MINIPULLING	65400	CPT/HCPCS	· · · · · · · · · · · · · · · · · · ·	Yes
179701   CPT-HCPCS   CPT-HCP	35883	CPT/HCPCS	IN GROIN, OPEN; WITH NONAUTOGENOUS PATCH GRAFT (EG, POLYESTER,	Yes
WITHOUT MANIPULATION  OPTHICPOS  VERTIFICATION  MINIMAL (VERVISIVE APPROACH WITH DECOMPRISSION OF SPE  22840  CPTHICPOS  ENDOSCOPIC DECOMPRESSION OF SPINAL CORD, NEINVE ROUTS),  NICLUDIA CHANNOTOMY, PRAIL AFCETECTOMY, FORMINOTOMY,  DISCECT  OPTHICPOS  TRAINFEND OF CLOSED MONITECIDAL TYPE OF FHACTURE DISCLOCATION AT VER  ELBOW (FRACTURE PROXINAL END OF ULINA WITH DISCLOCATION OF R  84713  CPTHICPOS  TRAINFEND CLUB APPROACH WITH DECOMPRESSION OF SPINAL CORD,  VERTIFICATION  CPTHICPOS  TRAINFEND CLUB APPROACH WITH DECOMPRESSION OF SPINAL CORD,  VERTIFICATION  CPTHICPOS  TRAINFEND CLUB APPROACH WITH DECOMPRESSION OF SPINAL CORD,  VERTIFICATION  CPTHICPOS  REPAIR OF SINAL PROACH THE DECOMPRESSION OF SPINAL CORD,  CPTHICPOS  REPAIR OF SINAL PROACH THE DECOMPRESSION OF SPINAL CORD,  CPTHICPOS  REPAIR OF SINAL PROACH THE DECOMPRESSION OF SPINAL CORD,  CPTHICPOS  REPAIR OF SINAL PROACH THE DECOMPRESSION OF SPINAL CORD,  CPTHICPOS  PHOLOROW/CHOW, CUTTIFICATION  AND CORD PHOLOROW/CHOW, CUTTIFICATION  ASSAULT CHARGE AND CORD PHOLOROW CORD PHOLOROW CORD PHOLOROW CORD  CPTHICPOS  CHINACOS  ARTHRIOTOMY, FOR INFECTION, WITH PEPCIDARTION  TO SERVING CORD  T	17261	CPT/HCPCS	DESTRUCTION, MALIGNANT LESION, ANY METHOD, TRUNK, ARMS OR LEGS;	Yes
S982 CPTHCPCS  PRESENTAL CORPECTION / VERTEBRAL DON'S ESSCRIONLY RAFTILLOR  COMPLETE. ANTERIOR APPROACH WITH DECOMPRESSION OF SYMPTHY  MINIMALLY PINASWY APPROACH WITH THORACOSCOPY  MINIMALLY PINASWY APPROACH WITH THORACOSCOPY  MINIMALLY PINASWY APPROACH WITH THORACOSCOPY  PINASWY APPROACH WITH THORACOSCOPY  COPTHCPCS  ENDOSCIPIC ECOMPRESSION OF SYMPTHA CORD, RIVER ROOTIS;  NICLIDING LAMINOTORY, PARTIAL FACETECTOMY, FORAMINOTOMY, DECCET  PROACH AND THORACOSCOPY  PROACH AND THORACOSCOPY  APPROACH AND THORACOSCOPY  PROACH AND THORACOSCOPY  PRO	25622	CPT/HCPCS	, , , , , , , , , , , , , , , , , , , ,	Yes
MINIMALIZ INMASSIZE APPROACH WITH THORACOSCOPY CPTHOPOS C	63082	CPT/HCPCS	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR	Yes
INCLUDING LAMINOTOMY, PARTIAL FACETECTOMY, FORAMINOTOMY, DISCOCT  24020 CPT/HCPCS TREATMENT OF CLOSED MONTEGINA TYPE OF FRACTURE DISLOCATION AT YES  160713 CPT/HCPCS TREATMENT OF CLOSED MONTEGINA TYPE OF FRACTURE DISLOCATION AT YES  18086 CPT/HCPCS PLOUIS  18086 CPT/HCPCS TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA ANDOR NERVE ROOTS) (E.G., HERNATED INTERVERIBRA  182218 CPT/HCPCS REPAIR OF SINGLE TRANSVENOUS ELECTRODE, PERMANENT PACEMAKER YES  085020 CPT/HCPCS PLOUNA ANDOR NERVE ROOTS) (E.G., HERNATED INTERVERIBRA  183220 CPT/HCPCS PLOUNA THE PRIVATE OF THE PRIVATE OF THE PRIVATE OF THE YES  085020 CPT/HCPCS PLOUNA THE PRIVATE OF THE PRIVATE OF THE YES  085021 CPT/HCPCS PLOUNA THE PRIVATE OF THE PRIVATE OF THE YES  085020 CPT/HCPCS PLOUND TOWN TOWN TOWN TOWN TOWN TOWN TOWN TOWN	21743	CPT/HCPCS	· ·	Yes
ELBOW (FRACTURE PROXIMAL END OF JULIA WITH DISLOCATION OF R  64713 CPT-HCPCS NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG, OPEN; BRACHIAL. Yes PLEXUS  83056 CPTH-CPCS RIMANSPEDICULIAR APPROACH WITH DECOMPRESSION OF SPINAL CORD. POLICIA REMANSPEDICULIAR APPROACH WITH DECOMPRESSION OF SPINAL CORD. POLICIA REMANSPEDICULIAR APPROACH WITH DECOMPRESSION OF SPINAL CORD. POLICIA ANDIOR NERVE ROOTING JEG, HERNIATED INTERVERTIERAR  92218 CPTH-CPCS  REPAIR OF SINGLE TRANSPURDUS ELECTRODE, PERMANENT PACEMAKER  94520 CPTH-CPCS  REPAIR OF SINGLE TRANSPURDUS PERMANENT PACEMAKER  94520 CPTH-CPCS  REPAIR OR SHORTENING OF TENDON, IEG OR ANKIE; MULTIFULE  150431 CPTH-CPCS  RIFICULES AND INJUSTIONS OF TENDON, IEG OR ANKIE; MULTIFULE  150431 CPTH-CPCS  RIFICULES AND INJUSTIONS OR SHORTENING OF TENDON, IEG OR ANKIE; MULTIFULE  150431 CPTH-CPCS  RIFICULES AND INJUSTIONS OR SHORTENING OF TENDON, IEG OR ANKIE; MULTIFULE  150431 CPTH-CPCS  RIFICULES AND INJUSTIONS OR SHORTENING OF TENDON, IEG OR ANKIE; MULTIFULE  150431 CPTH-CPCS  RIFICULES AND INJUSTIONS OF TENDON, IEG OR ANKIE; MULTIFULE  150432 CPTH-CPCS  RIFICULES AND INJUSTIONS OF TENDON, IEG OR ANKIE; MULTIFULE  150432 CPTH-CPCS  REPAIR OR NEETED AND INJUSTION PROFECTION, WITH EXPLORATION, DRAINAGE OR  150432 CPTH-CPCS  REPAIR NITIAL INCUDINGL HERMIA PRETERM INFANT BIRTH TO  150445 CAPSULODES SHORT INSULE OF THIGH OR RIVE EARS, SUBCUTANEOUS  150456 CPTH-CPCS  150456 CPTH-CPCS  REPAIR NITIAL INCUDINGL HERMIA PRETERM INFANT BIRTH TO  150456 CPTH-CPCS  150456 CPTH-CPCS	62380	CPT/HCPCS	INCLUDING LAMINOTOMY, PARTIAL FACETECTOMY, FORAMINOTOMY,	Yes
PLEXUS  CPTHCPCS TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD. FOR COUNTY OF SEQUINA AND/OR NERVE ROOTIS) [FG, HERNINTED INTERVERTEERA  33218 CPTHCPCS REPAIR OF SINGLE TRANSVENOUS ELECTRODE, PERMANENT PACEMAKER OR IMPLANTABLE DEFIBRILLATOR  43520 CPTHCPCS PI OROMOTIONAY, CUITING OF PULGRIC MUSCLE (FREDET-RAMSTEDT TYPE Veis OPERATION)  27686 CPTHCPCS INTERVENOUS OR SHORTENING OF TENDON, LEG OR ANKLE; MULTIPLE VEIS (INTEROLER) SAME INCISION), EACH INTERVENOUS ANKLE; MULTIPLE VEIS (INTERVENOUS ANKLE) SAME ANKLE; MULTIPLE VEIS	24620	CPT/HCPCS		Yes
EQUINA AND/OR NERVE ROOT(S) (EG, HERNIATED INTERVERTEBRA  33218 CPT/HCPCS REPAIR OF SINGLE TRANSVENOUS ELECTRODE, PERMANENT PACEMAKER (1985)  GRIMPLANTABLE DEFIBRILLATOR  43520 CPT/HCPCS CONDONYOTOMY, CUTING OF PYLORIC MUSCLE (FREDET-RAMSTEDT TYPE YES OPERATION)  27886 CPT/HCPCS LEXINGHENING OR SHORTENING OF TENDON, LEG OR ANKLE; MULTIPLE (1985)  GORDINAL REPAIR (INCISION), EACH (1986)  CPT/HCPCS INJECTION OR SHORTENING OF TENDON, LEG OR ANKLE; MULTIPLE (1986)  GPT/HCPCS INJECTION PROCEDURE FOR ANTEGRADE NEPHROSTOGRAM AND/OR (1986)  CPT/HCPCS RETEROGRAM, COMPLETE DIAGNOSTIC PROCEDURE; EXISTING ACCESS (1986)  CPT/HCPCS ARTHROTOMY, FOR INFECTION, WITH EXPLORATION, DRAINAGE OR (1986)  CPT/HCPCS REVISION, TUMOR, SOTT ISSUE OF THIGH ON THE ASK JUBCUTANEOUS; YES LESS THAN 3 CM (1986)  CPT/HCPCS SONSOPOSTONOEPTUAL AGE, WO RWO HYDROCOLECTOMY; REDUCIBLE (1986)  CPT/HCPCS OPEN TREATMENT OF CLOSED OR OPEN ANKLE DISLOCATION; WITH (1986)  CPT/HCPCS CAPSULODESIS FOR M-PJOINT STABILIZATION; THREE OR FOUR DIGITS (1986)  CPT/HCPCS (1986)	64713	CPT/HCPCS		Yes
OR IMPLANTABLE DEFIBILITATOR  45520 CPT/HCPCS PYLOROMYOTOMY, CUTTING OF PYLORIC MUSCLE (FREDET-RAMSTEDT TYPE Yes OPERATION)  27886 CPT/HCPCS LENGTHENING OR SHORTENING OF TENDON, LEG OR ANKLE; MULTIPLE THROUGH SAME INCISION, EACH  50431 CPT/HCPCS INECTION PROCEDURE FOR ANTEGRADE NEPHROSTOGRAM AND/OR URETEROGRAM, COMPLETE DIAGNOSTIC PROCEDURE; EXISTING ACCESS  26080 CPT/HCPCS ARTHROTOMY, FOR INFECTION, WITH EXPLORATION, DRAINAGE OR REMOVAL OF FOREIGN BODY; INTERPHALANGEAL JOINT, EACH  27327 CPT/HCPCS EXCISION, TIMOR, SOFT TISSUE OF THIGH OR KNEE AREA, SUBCUTANEOUS; Ves LESS THAN 3 CM  48491 CPT/HCPCS REPAIR, NITIAL INGUINAL HERNIA, PRETERM INFANT BIRTH TO SOWKSPOSTCONCEPTUAL AGE, W OR W/O HYDROCELECTOMY; REDUCIBLE  27848 CPT/HCPCS OPEN TREATMENT OF CLOSED OR OPEN ANKLE DISLOCATION; WITH Yes PRAINING ACCESS  26560 CPT/HCPCS OPEN TREATMENT OF CLOSED OR OPEN ANKLE DISLOCATION; WITH Yes PRAINING ACCEDEVICE, REQ TWO CATHETERS VIA TWO SEPARATE VENOUS ACCEDITED OF TRACHEAL ANASTOMOSIS (SLEEVE PNEUMONECTO)  27130 CPT/HCPCS VERTEBRAL CORPECTOMY, PARTIAL OR COMPLETE, LATERAL  CPT/HCPCS REMOVAL OF LUNG, TOTAL PNEUMONECTOMY, WIRESECTION OF TRACHEAL ANASTOMOSIS (SLEEVE PNEUMONECTO)  272602 CPT/HCPCS REMOVAL OF LUNG, TOTAL PNEUMONECTOMY, WIRESECTION OF TRACHEAL ANASTOMOSIS (SLEEVE PNEUMONECTO)  372604 CPT/HCPCS PREDUTANEOUS TRANSCATHETER LACLEMENT OF DRUG GLUTINING INTRACORONARY STENT, EACH ADDITIONAL BRANCH OF MAJOR CORONARY ARTERY Ves  372607 CPT/HCPCS PREDUTANEOUS OF THE CERWIX INCLUDING UPPERADIACENT VAGINA; Ves  37262 CPT/HCPCS PREDUTANEOUS PORT	63056	CPT/HCPCS	· ·	Yes
43520 CPT/HCPCS PYLOROMOTOMY, CUTTING OF PYLORIC MUSCLE (FREDET-RAMSTEDT TYPE Ves OPERATION) 27686 CPT/HCPCS INCENTENING OR SHORTENING OF TENDON, LEG OR ANKLE; MULTIPLE (THROUGH SAME INCISION), EACH (INCIDION), EACH (INCIDION), EACH (INCIDION), EACH (INCIDION) PROCEDURE; EXISTING ACCESS 50431 CPT/HCPCS INCETON PROCEDURE FOR ANTEGRADE NEPHROSTOGRAM AND/OR UNEFTEROGRAM, COMPLETE DIAGNOSTIC PROCEDURE; EXISTING ACCESS 26080 CPT/HCPCS ARTHROTOMY, FOR INFECTION, WITH EXPLORATION, DRAINAGE OR REMOVAL OF FOREIGN BODY; INTERPHALANGEAL JOINT, EACH (SCISION), TUMOR, SOFT TISSUE OF THIGH OR KNEE AREA, SUBCUTANEOUS; VES LESS THAN 3 CM (SCISION), TUMOR, SOFT TISSUE OF THIGH OR KNEE AREA, SUBCUTANEOUS; VES LESS THAN 3 CM (SCISION), TUMOR, SOFT TISSUE OF THIGH OR KNEE AREA, SUBCUTANEOUS; VES LESS THAN 3 CM (SCISION), TUMOR, SOFT TISSUE OF THIGH OR KNEE AREA, SUBCUTANEOUS; VES LESS THAN 3 CM (SCISION), TUMOR, SOFT TISSUE OF THIGH OR KNEE AREA, SUBCUTANEOUS; VES LESS THAN 3 CM (SCISION), TUMOR, SOFT TISSUE OF THIGH OR KNEE AREA, SUBCUTANEOUS; VES LESS THAN 3 CM (SCISION), TUMOR, SOFT TISSUE OF THIGH OR KNEE AREA, SUBCUTANEOUS; VES LESS THAN 3 CM (SCISION), TUMOR, SOFT TISSUE OF THIGH OR KNEE AREA, SUBCUTANEOUS; VES LESS THAN 3 CM (SCISION), TUMOR, SOFT TISSUE OR THICKNEY, OR SOFT TISSUE OR THICKNEY, OR SOFT TISSUE OR THICKNEY, OR SOFT TISSUE OR SOFT TI	33218	CPT/HCPCS		Yes
27686 CPT/HCPCS LENGTHENING OR SHORTENING OF TENDON, LEG OR ANKLE: MULTIPLE YES (THROUGH SAME INCISION), EACH URETEROGRAM, COMPLETE DIAGNOSTIC PROCEDURE; EXISTING ACCESS INICIDENT OF MINIECTION PROCEDURE FOR ANTEGRADE NEPHROSTOGRAM AND/OR URETEROGRAM, COMPLETE DIAGNOSTIC PROCEDURE; EXISTING ACCESS 26080 CPT/HCPCS ARTHROTOMY, FOR INFECTION, WITH EXPLORATION, DRAINAGE OR REMOVAL OF FOREIGN BODY; INTERPHALANGEAL, JOINT, FACH YES (SIGNO, TUMOR, SOFT TISSUE OF THIGH OR KNEE AREA, SUBCUTANEOUS; VES LESS THAN 3 CM REPAIR, INITIAL INGUINAL HERNIA, PRETERM INFANT BIRTH TO SOWKSPOSTCONCEPTUAL AGE, WOR WICH HYDROCELECTOMY; REDUCIBLE 27848 CPT/HCPCS OPEN TREATMENT OF CLOSED OR OPEN ANKLE DISLOCATION; WITH FIXATION SOME SENSE OF THE STATION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCEDEVICE, REQ TWO CATHETERS VIA TWO SEPARATE VENOUS ACCEDEVICE, REQ TO THE COMPRESSION OF SPINAL CORD AND/OR NEAVE ROOT REMOVAL OF LUNG, TOTAL PNEUMONECTO THE COMPRESSION OF SPINAL CORD AND/OR NEAVE ROOT REMOVAL OF LUNG, TOTAL PNEUMONECTO THE COMPRESSION OF SPINAL CORD AND/OR NEAVE ROOT TRACHEAL ANASTOMOSIS (SLEEVE PNEUMONECTO TO TR	43520	CPT/HCPCS	PYLOROMYOTOMY, CUTTING OF PYLORIC MUSCLE (FREDET-RAMSTEDT TYPE	Yes
CPT/HCPCS INJECTION PROCEDURE FOR ANTEGRADE NEPHROSTOGRAM AND/OR URETEROGRAM, COMPLETE DIAGNOSTIC PROCEDURE; EXISTING ACCESS  27927 CPT/HCPCS ARTHROTOMY, FOR INFECTION, WITH EXPLORATION, DRAINAGE OR REMOVAL OF FOREIGN BODY; INTERPHALANGEAL JOINT, EACH  27927 CPT/HCPCS EXCISION, TUMOR, SOFT TISSUE OF THIGH OR KNEE AREA, SUBCUTANEOUS; Yes LESS THAN 3 CM  49491 CPT/HCPCS REPAIR, INITIAL INIGUINAL HERNIA, PRETERM INFANT BIRTH TO SOWKSPOSTCONCEPTUAL AGE, WOR W/M OHYDROCELECTOMY; REDUCIBLE  27848 CPT/HCPCS OPEN TREATMENT OF CLOSED OR OPEN ANKLE DISLOCATION; WITH Yes FIXATION  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 WA TWO SEPARATE VENOUS ACCEDIVE, REQ TWO CATHETERS WA TWO SEPARATE VENOUS ACCEDIVE WITH DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOT  32442 CPT/HCPCS REMOVAL OF LUNG, TOTAL PNEUMONECTOMY; W/RESECTION OF TRACHEAP OLLOWED BY BRONCHO-TRACHEAL ANASTOMOSIS, (SLEEVE PNEUMONECTO)  57130 CPT/HCPCS EXCISION DE VAGINAL SEPTUM Yes  26502 CPT/HCPCS EXCISION DE VAGINAL SEPTUM YES  57250 CPT/HCPCS TENDON PULLEY RECONSTRUCTION; WITH TENDON OR FASCIAL GRAFT (INCLUDES OBTAINING GRAFT) (SEPARATE PROCEDURE)  C9601 CPT/HCPCS EXCISION DE VAGINAL SEPTUM YES  108402 CPT/HCPCS TENDON PULLEY RECONSTRUCTION; WITH TENDON OR FASCIAL GRAFT (VES INTERCONDER OF THE CONTROL OF THE CERVIX INCLUDING ADPERADIACENT VAGINA; YES  108404 CPT/HCPCS PERCUTANEOUS TRANSCATHETER PLACEMENT OF DRUG EUSTACHIAN TUBE  108404 CPT/HCPCS PERCUTANEOUS TRANSCATHETER PLACEMENT OF DRUG EUSTACHIAN TUBE  108404 CPT/HCPCS PERCUTANEOUS TRANSCATHETER PLACEMENT OF DRUG EUSTACHIAN TUBE  108404 CPT/HCPCS PERCUTANEOUS TRANSCATHETER PLACEMENT OF DRUG EUSTACHIAN	27686	CPT/HCPCS	LENGTHENING OR SHORTENING OF TENDON, LEG OR ANKLE; MULTIPLE	Yes
REMOVAL OF FOREIGN BODY; INTERPHALANGEAL JOINT, EACH 27327 CPT/HCPCS EXCISION, TUMOR, SOFT TISSUE OF THIGH OR KNEE AREA, SUBCUTANEOUS; Yes LESS THAN 3 CM 49491 CPT/HCPCS REPAIR, INITIAL INGUINAL HERNIA, PRETERM INFANT BIRTH TO 50WKSPOSTCONCEPTUAL AGE, WOR W/O HYDROCELECTOMY; REDUCIBLE 27848 CPT/HCPCS OPEN TREATMENT OF CLOSED OR OPEN ANKLE DISLOCATION; WITH Yes FIXATION 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 ACCEDIVICE, RED TWO SEPARATE VENOUS ACCEDIVE VENOUS BORD SEPARATE VENOUS ACCEDIVE VENOUS SEPARATE VENOUS ACCEDIVE VENOUS SEPARATE VENOUS ACCEDIVE VENOUS SEPARATE VENOUS ACCEDIVE VENOUS SEPARATE VENOUS A	50431	CPT/HCPCS	INJECTION PROCEDURE FOR ANTEGRADE NEPHROSTOGRAM AND/OR	Yes
LESS THAN 3 CM 49491 CPT/HCPCS REPAIR, INITIAL INQUINAL HERNIA, PRETERM INFANT BIRTH TO 50WKSPOSTCONCEPTUAL AGE, W OR W/O HYDROCELECTOMY; REDUCIBLE  27848 CPT/HCPCS OPEN TREATMENT OF CLOSED OR OPEN ANKLE DISLOCATION; WITH Yes FIXATION 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 ACCEVITH  63102 CPT/HCPCS VERTEBRAL CORPECTOMY, PARTIAL OR COMPLETE, LATERAL EXTRACAVIAPPROACH WITH DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOT  32442 CPT/HCPCS REMOVAL OF LUNG, TOTAL PNEUMONECTOMY; W/RESECTION OF TRACHEAFOLLOWED BY BRONCHO-TRACHEAL ANASTOMOSIS (SLEEVE PNEUMONECTO 57130 CPT/HCPCS EXCISION OF VAGINAL SEPTUM 26502 CPT/HCPCS TENDON PULLEY RECONSTRUCTION; WITH TENDON OR FASCIAL GRAFT (INCLUDES OBTAINING GRAFT) (SEPARATE PROCEDURE) CPG011 CPT/HCPCS PERCUTANEOUS TRANSCATHETER PLACEMENT OF DRUG-ELUTING INTRACORONARY STENT, EACH ADDITIONAL BRANCH OF MAJOR CORONARY ARTERY  69420 CPT/HCPCS *OLIPOSCOPY OF THE CERVIX INCLUDING ASPIRATION AND/OR EUSTACHIAN TUBE Yes INFLATION 57452 CPT/HCPCS *CLIPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; Yes SHABABI CPT/HCPCS PERCUTANEOUS PORTAL VERICACIONED BY ANY METHOD YES CPT/HCPCS TERDOR PORTAL VERICACIONED BY ANY METHOD Yes INFLATION THE ADDITIONAL PROPER/ADJACENT VAGINA; Yes SHABABI CPT/HCPCS *CLIPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; Yes WITH MANIPULATION; REQUIRING ANESTHESIA	26080	CPT/HCPCS		Yes
27848 CPT/HCPCS OPEN TREATMENT OF CLOSED OR OPEN ANKLE DISLOCATION; WITH YES FIXATION 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  63102 CPT/HCPCS VERTEBRAL CORPECTOMY, PARTIAL OR COMPLETE, LATERAL EXTRACAWIAPPROACH WITH DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOT  32442 CPT/HCPCS REMOVAL OF LUNG, TOTAL PNEUMONECTOMY; WRESECTION OF TRACHEAFOLLOWED BY BRONCHO-TRACHEAL ANASTOMOSIS (SLEEVE PNEUMONECTO PNEUMONECTO EXCISION OF VAGINAL SEPTUM 26502 CPT/HCPCS EXCISION OF VAGINAL SEPTUM 26502 CPT/HCPCS EXCISION OF VAGINAL SEPTUM 26504 CPT/HCPCS PERCUTANEOUS TRANSCATHETER PLACEMENT OF DRUG-ELUTING INTRACORONARY STENT, EACH ADDITIONAL BRANCH OF MAJOR CORONARY ARTERY  69420 CPT/HCPCS *COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; YES 107/HCPCS *COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; YES 26705 CPT/HCPCS PERCUTANEOUS PORTAL VEN CATHETTER PLACEMENT OF DRUG-ELUTING VES 107/HCPCS *COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; YES 26705 CPT/HCPCS TREATMENT OF CLOSED METACARPOPHALANGEAL DISLOCATION, SINGLE, WITH MANIPULATION; REQUIRING ANESTHESIA	27327	CPT/HCPCS		Yes
FIXATION  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  63102 CPT/HCPCS VERTEBRAL CORPECTOMY, PARTIAL OR COMPLETE, LATERAL EXTRACAVIAPPROACH WITH DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOT  32442 CPT/HCPCS REMOVAL OF LUNG, TOTAL PNEUMONECTOMY; W/RESECTION OF TRACHEAFOLLOWED BY BRONCHO-TRACHEAL ANASTOMOSIS (SLEEVE PNEUMONECTO  57130 CPT/HCPCS EXCISION OF VAGINAL SEPTUM Yes  26502 CPT/HCPCS TENDON PULLEY RECONSTRUCTION; WITH TENDON OR FASCIAL GRAFT (INCLUDES OBTAINING GRAFT) (SEPARATE PROCEDURE)  C9601 CPT/HCPCS PERCUTANEOUS TRANSCATHETER PLACEMENT OF DRUG-ELUTING INTRACORONARY STENT, EACH ADDITIONAL BRANCH OF MAJOR CORONARY ARTERY  69420 CPT/HCPCS "MYRINGOTOMY INCLUDING ASPIRATION AND/OR EUSTACHIAN TUBE YES INFLATION  57452 CPT/HCPCS PERCUTANEOUS PORTAL VEIN CATHETERIZATION BY ANY METHOD YES  69681 CPT/HCPCS TRANSCAS PORTAL VEIN CATHETERIZATION BY ANY METHOD YES  57452 CPT/HCPCS COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; YES  696481 CPT/HCPCS TREATMENT OF CLOSED METACARPOPHALANGEAL DISLOCATION, SINGLE, WITH MANIPULATION; REQUIRING ANESTHESIA	49491	CPT/HCPCS		Yes
26518 CPT/HCPCS CAPSULODESIS FOR M-P JOINT STABILIZATION; THREE OR FOUR DIGITS  36566 CPT/HCPCS INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCEDEVICE, REQ TWO CATHETERS VIA TWO SEPARATE VENOUS ACCEWITH  63102 CPT/HCPCS VERTEBRAL CORPECTOMY, PARTIAL OR COMPLETE, LATERAL EXTRACAVIAPPROACH WITH DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOT  32442 CPT/HCPCS REMOVAL OF LUNG, TOTAL PNEUMONECTOMY; W/RESECTION OF TRACHEAFOLLOWED BY BRONCHO-TRACHEAL ANASTOMOSIS (SLEEVE PNEUMONECTO  57130 CPT/HCPCS EXCISION OF VAGINAL SEPTUM Yes 26502 CPT/HCPCS TENDON PULLEY RECONSTRUCTION; WITH TENDON OR FASCIAL GRAFT (INCLUDES OBTAINING GRAFT) (SEPARATE PROCEDURE)  CP601 CPT/HCPCS PERCUTANEOUS TRANSCATHETER PLACEMENT OF DRUG-ELUTING INTRACORONARY STENT, EACH ADDITIONAL BRANCH OF MAJOR CORONARY ARTERY  69420 CPT/HCPCS *MYRINGOTOMY INCLUDING ASPIRATION AND/OR EUSTACHIAN TUBE INFLATION  57452 CPT/HCPCS PERCUTANEOUS PORTAL VEIN CATHETERIZATION BY ANY METHOD Yes 36481 CPT/HCPCS TREATMENT OF CLOSED METACARPOPHALANGEAL DISLOCATION, SINGLE, WITH MANIPULATION; REQUIRING ANESTHESIA	27848	CPT/HCPCS		Yes
ACCEDEVICE, REQ TWO CATHETERS VIA TWO SEPARATE VENOUS ACCEWITH  VERTEBRAL CORPECTOMY, PARTIAL OR COMPLETE, LATERAL EXTRACAVIAPPROACH WITH DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOT  32442 CPT/HCPCS REMOVAL OF LUNG, TOTAL PNEUMONECTOMY; W/RESECTION OF TRACHEAFOLLOWED BY BRONCHO-TRACHEAL ANASTOMOSIS (SLEEVE PNEUMONECTO  57130 CPT/HCPCS EXCISION OF VAGINAL SEPTUM  26502 CPT/HCPCS EXCISION OF VAGINAL SEPTUM Yes (INCLUDES OBTAINING GRAFT) (SEPARATE PROCEDURE)  C9601 CPT/HCPCS PERCUTANEOUS TRANSCATHETER PLACEMENT OF DRUG-ELUTING INTRACORONARY STENT, EACH ADDITIONAL BRANCH OF MAJOR CORONARY ARTERY  69420 CPT/HCPCS *MYRINGOTOMY INCLUDING ASPIRATION AND/OR EUSTACHIAN TUBE YES INFLATION  57452 CPT/HCPCS *COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; Yes 36481 CPT/HCPCS TREATMENT OF CLOSED METACARPOPHALANGEAL DISLOCATION, SINGLE, WITH MANIPULATION; REQUIRING ANESTHESIA	26518	CPT/HCPCS		Yes
CPT/HCPCS VERTEBRAL CORPECTOMY, PARTIAL OR COMPLETE, LATERAL EXTRACAVIAPPROACH WITH DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOT  32442 CPT/HCPCS REMOVAL OF LUNG, TOTAL PNEUMONECTOMY; W/RESECTION OF TRACHEAFOLLOWED BY BRONCHO-TRACHEAL ANASTOMOSIS (SLEEVE PNEUMONECTO)  57130 CPT/HCPCS EXCISION OF VAGINAL SEPTUM Yes  26502 CPT/HCPCS TENDON PULLEY RECONSTRUCTION; WITH TENDON OR FASCIAL GRAFT (INCLUDES OBTAINING GRAFT) (SEPARATE PROCEDURE)  C9601 CPT/HCPCS PERCUTANEOUS TRANSCATHETER PLACEMENT OF DRUG-ELUTING INTRACORONARY STENT, EACH ADDITIONAL BRANCH OF MAJOR CORONARY ARTERY  69420 CPT/HCPCS **MYRINGOTOMY INCLUDING ASPIRATION AND/OR EUSTACHIAN TUBE INFLATION  57452 CPT/HCPCS **COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; Yes 36481 CPT/HCPCS TREATMENT OF CLOSED METACARPOPHALANGEAL DISLOCATION, SINGLE, WITH MANIPULATION; REQUIRING ANESTHESIA	36566	CPT/HCPCS	ACCEDEVICE, REQ TWO CATHETERS VIA TWO SEPARATE VENOUS	Yes
32442 CPT/HCPCS REMOVAL OF LUNG, TOTAL PNEUMONECTOMY; W/RESECTION OF TRACHEAFOLLOWED BY BRONCHO-TRACHEAL ANASTOMOSIS (SLEEVE PNEUMONECTO  57130 CPT/HCPCS EXCISION OF VAGINAL SEPTUM Yes  26502 CPT/HCPCS TENDON PULLEY RECONSTRUCTION; WITH TENDON OR FASCIAL GRAFT (INCLUDES OBTAINING GRAFT) (SEPARATE PROCEDURE)  C9601 CPT/HCPCS PERCUTANEOUS TRANSCATHETER PLACEMENT OF DRUG-ELUTING INTRACORONARY STENT, EACH ADDITIONAL BRANCH OF MAJOR CORONARY ARTERY  69420 CPT/HCPCS *MYRINGOTOMY INCLUDING ASPIRATION AND/OR EUSTACHIAN TUBE (INFLATION)  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	63102	CPT/HCPCS	EXTRACAVIAPPROACH WITH DECOMPRESSION OF SPINAL CORD AND/OR	Yes
CPT/HCPCS EXCISION OF VAGINAL SEPTUM  26502 CPT/HCPCS TENDON PULLEY RECONSTRUCTION; WITH TENDON OR FASCIAL GRAFT (INCLUDES OBTAINING GRAFT) (SEPARATE PROCEDURE)  C9601 CPT/HCPCS PERCUTANEOUS TRANSCATHETER PLACEMENT OF DRUG-ELUTING INTRACORONARY STENT, EACH ADDITIONAL BRANCH OF MAJOR CORONARY ARTERY  69420 CPT/HCPCS *MYRINGOTOMY INCLUDING ASPIRATION AND/OR EUSTACHIAN TUBE (INFLATION)  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	32442	CPT/HCPCS	REMOVAL OF LUNG, TOTAL PNEUMONECTOMY; W/RESECTION OF TRACHEAFOLLOWED BY BRONCHO-TRACHEAL ANASTOMOSIS (SLEEVE	Yes
CPT/HCPCS TENDON PULLEY RECONSTRUCTION; WITH TENDON OR FASCIAL GRAFT (INCLUDES OBTAINING GRAFT) (SEPARATE PROCEDURE)  C9601 CPT/HCPCS PERCUTANEOUS TRANSCATHETER PLACEMENT OF DRUG-ELUTING INTRACORONARY STENT, EACH ADDITIONAL BRANCH OF MAJOR CORONARY ARTERY  69420 CPT/HCPCS *MYRINGOTOMY INCLUDING ASPIRATION AND/OR EUSTACHIAN TUBE (INFLATION)  57452 CPT/HCPCS *COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; Yes  36481 CPT/HCPCS PERCUTANEOUS PORTAL VEIN CATHETERIZATION BY ANY METHOD YES  CPT/HCPCS TREATMENT OF CLOSED METACARPOPHALANGEAL DISLOCATION, SINGLE, WITH MANIPULATION; REQUIRING ANESTHESIA	57130	CPT/HCPCS		Yes
C9601 CPT/HCPCS PERCUTANEOUS TRANSCATHETER PLACEMENT OF DRUG-ELUTING INTRACORONARY STENT, EACH ADDITIONAL BRANCH OF MAJOR CORONARY ARTERY  69420 CPT/HCPCS *MYRINGOTOMY INCLUDING ASPIRATION AND/OR EUSTACHIAN TUBE INFLATION  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			TENDON PULLEY RECONSTRUCTION; WITH TENDON OR FASCIAL GRAFT	
69420 CPT/HCPCS *MYRINGOTOMY INCLUDING ASPIRATION AND/OR EUSTACHIAN TUBE INFLATION  57452 CPT/HCPCS *COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; Yes  36481 CPT/HCPCS PERCUTANEOUS PORTAL VEIN CATHETERIZATION BY ANY METHOD Yes  CPT/HCPCS TREATMENT OF CLOSED METACARPOPHALANGEAL DISLOCATION, SINGLE, WITH MANIPULATION; REQUIRING ANESTHESIA	C9601	CPT/HCPCS	PERCUTANEOUS TRANSCATHETER PLACEMENT OF DRUG-ELUTING INTRACORONARY STENT, EACH ADDITIONAL BRANCH OF MAJOR CORONARY	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	69420	CPT/HCPCS		Yes
26705 CPT/HCPCS TREATMENT OF CLOSED METACARPOPHALANGEAL DISLOCATION, SINGLE, Yes WITH MANIPULATION; REQUIRING ANESTHESIA	57452	CPT/HCPCS	*COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA;	Yes
WITH MANIPULATION; REQUIRING ANESTHESIA	36481	CPT/HCPCS	PERCUTANEOUS PORTAL VEIN CATHETERIZATION BY ANY METHOD	Yes
27676 CPT/HCPCS REPAIR FOR DISLOCATING PERONEAL TENDONS; WITH FIBULAR Yes	26705	CPT/HCPCS		Yes
ОЅТЕОТОМУ	27676	CPT/HCPCS	· · · · · · · · · · · · · · · · · · ·	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-	Yes
45331	CPT/HCPCS	EXTERNAL, OR CONVERSION OF INTERNAL-EXTERNAL; TO SIGMOIDOSCOPY, FLEXIBLE FIBEROPTIC; FOR BIOPSY AND/OR COLLECTION	Yes
00000	007//10000	OF SPECIMEN BY BRUSHING OR WASHING	v.
33282 24126	CPT/HCPCS CPT/HCPCS	IMPLANTATION OF PATIENT-ACTIVATED CARDIAC EVENT RECORDER EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF HEAD OR	Yes Yes
		NECK OF RADIUS OR OLECRANON PROCESS; WITH ALLOGRAFT	
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	Yes
		BLOCK AFTER THE FIRST 5 TISSUE BLOCKS, ANY STAGE	
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,	Yes
		PERCUTANEOUS, COMPLETE DIAGNOSTIC PROCEDURE INCL IMAGING GUIDANCE & ALL ASSOCIAT	
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,	Yes
		WITH MANIPULATION; WITHOUT ANESTHESIA	

22585	CPT/HCPCS	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL	Yes
		DISCECTOMY TO PREPARE INTERSPACE (OTHERTHAN FOR	
		DECOMPRESSION); EACH ADDITIONAL INTERSPA+	
49322	CPT/HCPCS	LAPAROSCOPY, SURGICAL, ABDOMEN, PERITONEUM, AND OMENTUM; WITH	Yes
		ASPIRATION OF CAVITY OR CYST	
21247	CPT/HCPCS	RECONSTRUCTION OF MANDIBULAR CONDYLE WITH BONE AND CARTILAGE	Yes
		AUTOGRAFTS (INCLUDES OBTAINING GRAFTS) (EG, FOR HEMIF	
43107	CPT/HCPCS	TOTAL OR NEAR TOTAL ESOPHAGECTOMY, WITHUT THORACOTOMY; WITH	Yes
		PHARYNGOGASTROSTOMY OR CERVICAL ESOPHAGOGASTROSTOMY	
25441	CPT/HCPCS	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL RADIUS	Yes
66500	CPT/HCPCS	IRIDOTOMY BY STAB INCISION (SEPARATE PROCEDURE); EXCEPT	Yes
00000	01 1/1101 00	TRANSFIXION	165
31573	CPT/HCPCS	LARYNGOSCOPY, FLEXIBLE; WITH THERAPEUTIC	Yes
01070	01 1/1101 00	INJECTION(S), UNILATERAL(EG, CHEMODENERVATION AGENT OR	165
		CORTICOSTEROID, INJECTED PE	
62355	CPT/HCPCS	REMOVAL OF PREVIOUSLY IMPLANTED INTRATHECAL OR EPIDURAL	Yes
02333	CF1/HCFC3	CATHETER	165
49505	CPT/HCPCS		Yes
		REPAIR INGUINAL HERNIA, AGE 5 OR OVER;	
41874	CPT/HCPCS	ALVEOPLASTY	Yes
26440	CPT/HCPCS	TENOLYSIS, SIMPLE, FLEXOR TENDON; PALM OR FINGER, SINGLE, EACH	Yes
	0.77#10.700	TENDON	
15005	CPT/HCPCS	SRG PREP/CREAT SITE EXCISION, BRN ESCHR, SCR (SUBCUTTIS),	Yes
		INCSNL SCR CNTRC FACE, SCLP, EYELDS, MTH, NCK, EAR, ORBT, GENIT,	
		HND, FT MLTIPL DGT+	
35700	CPT/HCPCS	REOPERATION, FERMORAL-POPLITEAL OR FEMORAL (POPLITEAL)-	Yes
		ANERIORTIBIAL, POSTERIOR TIBIAL, PERONEAL ARTERY OR OTHER DISTAL	
		VESS	
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	Yes
		LATERAL; WITH MANIPULATION	
20999	CPT/HCPCS	UNLISTED PROCEDURE, MUSCULOSKELETAL SYSTEM, GENERAL	Yes
33238	CPT/HCPCS	REMOVAL OF PERMANENT TRANSVENOUS ELECTRODE(S) BY	Yes
		THORACOTOMY	
19120	CPT/HCPCS	EXCISION OF CYST, FIBROADENOMA, OR OTHER BENIGN OR	Yes
		MALIGNANTTUMOR, ABERRANT BREAST TISSUE, DUCT OR NIPPLE LESION	
27137	CPT/HCPCS	REVISION OF TOTAL HIP ARTHROPLASTY; ACETABULAR COMPONENT ONLY,	Yes
		WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	
32601	CPT/HCPCS	THORACOSCOPY, DIASNOSTIC (SEPARATE PROCEDURE); LUNGS AND	Yes
		PLEURAL SPACE, WITHOUT BIOPSY	
11422	CPT/HCPCS	EXCISION, BENIGN LESION INCL MARGINS, EXPT SKIN TAG (UNLS LSTD	Yes
		ELSWR) SCALP, NECK, HNDS, FEET, GENIT; EX DM 1.1 TO 2.0CM	
48160	CPT/HCPCS	PANCREATECTOMY, TOTAL; WITH TRANSPLANTATION	Yes
27235	CPT/HCPCS	PERCUTANEOUS SKELETAL FIXATION OF FEMORAL FRACTURE,	Yes
		PROXIMALEND, NECK	
36584	CPT/HCPCS	REPLACEMENT, COMPLETE, OF A PERIPHERALLY INSERTED CENTRAL	Yes
00004	01 171101 00	VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP, THROUGH	
		SAME VENOUS ACCESS, INCLUDING A+	
38720	CPT/HCPCS	CERVICAL LYMPHADENECTOMY (COMPLETE)	Yes
29058	CPT/HCPCS	APPLICATION; PLASTER VELPEAU	Yes
-	CPT/HCPCS		
57289 33422		PEREYRA PROCEDURE, INCLUDING ANTERIOR COLPORRHAPHY	Yes
33422	CPT/HCPCS	VALVOTOMY, MITRAL VALVE (COMMISSUROTOMY); OPEN, WITH CARDIOPULMONARY BYPASS	Yes
00750	ODT/ILIODOC		Vaa
68750	CPT/HCPCS	CONJUNCTIVORHINOSTOMY (FISTULIZATION OF CONJUNCTIVA TO NASAL	Yes
40040	ODT/LIODOO	CAVITY); WITH INSERTION OF TUBE OR STENT	Voc
43846	CPT/HCPCS	GASTRIC BYPASS WITH ROUX-EN-Y GASTROENTEROSTOMY FOR MORBID	Yes
00015	05=#:	OBESITY CONTROL OF MARKET AND	1
68816	CPT/HCPCS	PROBING OF NASALACRIMAL DUCT, WITH OR W/O IRRIGATION; WITH	Yes
		TRANSLUMINAL BALLOON CATHETER DILATION	
	CPT/HCPCS	VAGUS NERVE BLOCKING THERAPY(MORBID OBESITY);LAPAROSCOPIC	Yes
0314T		REMOVAL OF VAGAL TRUNK NEUROSTIMULATOR ELECTRODE ARRAY/ PULSE	
0314T		HE TOVAL OF VACAL MONKING CONTROLL TO THE CONTROLL AND THE CONTROLL AND THE CONTROL AND THE CO	
		NETIOVAL OF VACAL MONKING ON TOLERON ELECTRODE ARRAIT FOLGE	
0314T 15135	CPT/HCPCS	DERMAL AUTOGRAFT; FIRST 100 SQ CM OR LESS, OR 1% OF BODY AREA OF	Yes
	CPT/HCPCS		Yes
	CPT/HCPCS	DERMAL AUTOGRAFT; FIRST 100 SQ CM OR LESS, OR 1% OF BODY AREA OF	Yes

35697	CPT/HCPCS	REIMPLANTATION, VISCERAL ARTERY TO INFRARENAL AORTIC	Yes
		PROSTHESIS, EACH ARTERY	
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,	Yes
		BELOW KNEE	
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	

Management   Man			_	
	53852	CPT/HCPCS	· ·	Yes
PRINCECCA   THORACOPILATY, SCHEPT TYPE OF SCHERAL PRIANT ALL STAGESS, SCAPILLA   THE			RADIOFREQUENCY THERMOTHERAPY	
PFINISECS   SQUESTIFICTOMY FIG. OR OSTFOMPHITS OR ROME ASSCRISS, SCAPULA   Vis.	29075	CPT/HCPCS	APPLICATION; ELBOW TO FINGER (SHORT ARM)	Yes
	32905	CPT/HCPCS	THORACOPLASTY, SCHEDE TYPE OR EXTRAPLEURAL (ALL STAGES);	Yes
CPPHCPCS	23172	CPT/HCPCS	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), SCAPULA	Yes
ADDISONORMAN   PRINCE   PRIN	26590	CPT/HCPCS	REPAIR MACRODACTYLIA	Yes
Principos	0377T	CPT/HCPCS	ANOSCOPY WITH DIRECTED SUBMUCOSAL INJECTION OF BULKING	
POPHICIS				
SISTED OPTH-CIPCS SIMMODOSCOUP. FLEBBLE; WITH REMOVAL OF FOREIGN BODY(S)   Yes   18070 OPTH-CIPCS SIMMODOSCOUP. FLEBBLE; WITH REMOVED GRAFT, WITH REMOVED OF   Yes   18070 OPTH-CIPCS SIMMODOSCOUP. SIMMODOSCOUP. Yes   18070 OPTH-CIPCS SIMMODOSCOUP. SIMMODOSCOUP. Yes   18070 OPTH-CIPCS ARTERIAL OR VENUOUS GRAFT, WITH REMOVED OF   Yes   18070 OPTH-CIPCS ARTERIAL OR VENUOUS GRAFT, WITH REMOVED OF   Yes   18070 OPTH-CIPCS ARTERIAL OR VENUOUS GRAFT, WITH REMOVED OR   Yes   18070 OPTH-CIPCS ARTERIAL OR VENUOUS GRAFT, WITH HOME AND   Yes   18070 OPTH-CIPCS ARTERIAL OR VENUOUS GRAFT WITH HOME AND   Yes   18070 OPTH-CIPCS ARTERIAL OR VENUOUS GRAFT WITH HOME AND   Yes   18070 OPTH-CIPCS ARTERIAL OR VENUOUS GRAFT WITH HOME AND   Yes   18070 OPTH-CIPCS SUITURE, PRIMARY, FORM, BUTUELD OR SEVERED LOADNESS, AND   Yes   18070 OPTH-CIPCS SUITURE ARTERIAL FOR PRIMARY   OR PRIMARY   O	25820			
BRIDDID	S2115			
HENDORS COTON OF ARTERIAL CONTYNOUS GRAFT, WITH REVUSION OF ARTERIAL ON EXPOSED SET OF THE SET OF T	45332			
ARTRIAL OR VENUES GRAFT  ARTRIALOR VENUES  BIBLIOTOR  ARTRIALOR VENUES  BARRO  CPITHOPOS  BARRO  CPITHOPOS  BARRO  CPITHOPOS  BARRO  CPITHOPOS  BARRO  CPITHOPOS  BENERO  CRILL LIGAMENTS  CRILL LIGAMENTS  CRILL LIGAMENTS  CRILL LIGAMENTS  CRILL LIGAMENTS  BARRO  CPITHOPOS  CRILL LIGAMENTS  CRILL LI	28010			
PETHOPOS   Implection (pt. single or multiple trigger priority), one or two mixade(s)   Yes	35876	CPT/HCPCS		res
CPTINCECS   ARTHROPLASTY, RADIAL HEAD, WITH MELANT   Yes	20552	CDT/LICEO		Ves
CPTINCPCS   LAPANDSCOPP, SUBSCIAL, WITH TOTALHYSTERECTOMY, FOR UTERUS 25 0 G Yes ON LESS: ON LECTION PROCEDURE FOR INITEAGREPS PANCES ATTORNAY OF Yes STURIE, PRIMARY, TORN, RUPTURED OR SEVERED LIGAMENT, ANKLE BOTH Yes COLLAFERAL LIGAMENTS		_		
CPTHCPCS   INJECTION PROCEDURE FOR INTRAOPERATIVE PANCHEATOGRAPHY   Yes	58570		LAPAROSCOPY, SURGICAL, WITH TOTALHYSTERECTOMY, FOR UTERUS 25 0 G	
CPTI-CPCS SUTURE, PRIMARY, TORN, RUPTURED OR SEVERED LIGAMENT, ANKLE, BOTH Pes COLLAFALL LIGAMENTS COPPHICES COPPHICES COPPHICES COPPHICES COPPHICES COPPHICES TENOTOMY, OPEN, EXTENSOR, FOOT OR TOF THOMPSON, OPEN, EXTENSOR, FOOT OR TOR COPPHICES COP	-			
COLLAFAL LICAMENTS  OPEN TREATMENT OF DISTAL RADIAL INTRA ARTICULAR FRACTURE OR EPHPHYSEAL SEPARATION, WITH INTERNAL FRACTION OF 2 FRAGMENTS  8254 CPTHCPCS TENOTOMY, OPEN, EXTENSOR, FOOT OR TOE  44670 CPTHCPCS TOUGHAND  44670 CPTHCPCS TOUGHAND  44670 CPTHCPCS TRAUMA  46748 CPTHCPCS TRAUMA  47740 CPTHCPCS TRAUMA  47740 CPTHCPCS TRAUMA  47740 CPTHCPCS TRAUMANA  47740 CPTHCPCS TRAUMA	48400			
EPIPHYSEAL SEPARATION; WITH INTERNAL FIXATION OF 2 FRAGMENTS  CPT/HCPCS TENOTOMY, OPEN, EXTENSOR, FOOT OR TOE HEMIEPIPHYSEAL ARREST (EG, FOR CUBITUS VARIUS OR VALGUS, DISTAL HEMIEPIPHYSEAL ARREST (EG, FOR CUBITUS VARIUS OR VALGUS, DISTAL HEMIEPIPHYSEAL ARREST (EG, FOR CUBITUS VARIUS OR VALGUS, DISTAL HEMIENS) SUDOENAL EXCLUSION WITH GASTROJERINOSTOMY FOR PANCREATIC TRAUMA  CPT/HCPCS REPHAR OF CLOACAL ANOMALY BY ANORECTOVAGIONOPLASTY C URETHROPLASTY, COMINED ABDOMINAL & SACROPERINEAL APPROACH WAVAGINAL ANOMALY OF WARREST (EG) AND COMPRESSION OF THE SPINAL CORD. TWO OR MORE VERTEBRAL SECMENTS; WITH RECONSTRUCTION OF  CPT/HCPCS ESOPHAGOGASTRIC FUNDOPLASTY PARTIAL OR COMPLETE; LAPAROTOMY Yes  CPT/HCPCS CPT/HCPCS TREATMENT OF CLOSED CLAVICULAR FRACTURE; WITH MANIPULATION Yes  CPT/HCPCS EXCISION OR CURETTAGE OF BONE CYST OR BENION TUMOR, TIBIA OR FIRE CONSTRUCTION OF THE SPINAL CORD. TYPE CPT/HCPCS CYSTION OF SINGLE EXTERNAL PARILLA OR TAG, ANUS CPT/HCPCS CYTHEROPS CY	27696	CPT/HCPCS		Yes
INDITION OF THE PROTOMY, OPEN, EXTENSOR, FOOT OR TOE  VEG  VEG  VEG  VEG  VEG  VEG  VEG  V	25608	CPT/HCPCS	OPEN TREATMENT OF DISTAL RADIAL INTRA-ARTICULAR FRACTURE OR	Yes
LAMPO			EPIPHYSEAL SEPARATION; WITH INTERNAL FIXATION OF 2 FRAGMENTS	
LAMPO	00-1	2==		
HUMERUS) DUODENAL EXCLUSION WITH GASTROJEUNOSTOMY FOR PANCREATIC TRAILMA  CPT/HCPCS REPAIR OF CLOACAL ANDMALY BY ANORECTOVAGIONOPLASTY & Yes UNETHADOLASTY, COMMED ABDOMINAL & SACROPERINEAL APPROACH W/AGINAL  CPT/HCPCS LAMINOPLASTY, CERVICAL, WITH DECOMPRESSION OF THE SPINAL CORD, TWO OR MORE VERTEBRAL SEGMENTS; WITH RECONSTRUCTION OF TWO OR MORE VERTEBRAL SEGMENTS TWO OR MORE VERTEBRAL SCHOOL OR FURE US TWO OR MORE VERTEBRAL SCHOOL OR SEGMENTS TWO OR MORE VERTEBRAL SCHOOL OR SEGMENTS TWO OR MORE VERTEBRAL SCHO	28234			
LIBSAT7 CPT/HCPCS DUODENAL EXCLUSION WITH GASTROJEJUNOSTOMY FOR PANCREATIC TRAUMA.  6748 CPT/HCPCS REPAIR OF CLOACAL ANOMALY BY ANORECTOVAGIONOPLASTY & URETHROPLASTY, COMINED ABDOMINAL & SACROPERINEAL APPROACH WYAGINAL  18051 CPT/HCPCS LAMINOPLASTY, CERVICAL, WITH DECOMPRESSION OF THE SPINAL. CORD, TWO OR MORE VERTIEBRAL SEGMENTS; WITH RECONSTRUCTION OF TWO OR MORE VERTIEBRAL SEGMENTS; WITH RAID OR COMPLETE; LAPAROTOMY YES  13305 CPT/HCPCS ESOPHAGOGASTRIC FUNDOPLASTY PARTIAL OR COMPLETE; LAPAROTOMY YES  13505 CPT/HCPCS EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA; WITH AUTOGRAFT (INCLUDES DETAINING GRAFT)  156220 CPT/HCPCS EXCISION OF SINGLE EXTERNAL PAPILLA OR TAG, ANUS  15725 CPT/HCPCS EXCISION OF SINGLE EXTERNAL PAPILLA OR TAG, ANUS  15726 CPT/HCPCS EXCISION OF SINGLE EXTERNAL PAPILLA OR TRAG, ANUS  15726 CPT/HCPCS TRANSLUMINAL BALLOON ANGIOPLASTY OPEN OR PERGUTANEOUS EACH ADDITIONAL ARTERY, INCLUDING ALL INAGING, ANGIOPLASTY WITHIN TOUT PRI  15727 CPT/HCPCS LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL OR ADDITIONAL ARTERY, INCLUDING ALL INAGING, ANGIOPLASTY WITHIN TOUT TOWN OR ADDITIONAL ARTERY, INCLUDING ALL INAGING, ANGIOPLASTY WITHIN TOWN SPHENTHIN TOWN OR ADDITIONAL ARTERY, INCLUDING ALL INAGING, ANGIOPLASTY WITHIN TOWN OR ADDITIONAL ARTERY, INCLUDING ALL INAGING, ANGIOPLASTY WITHIN TOWN OR ADDITIONAL ARTERY, INCLUDING ALL INAGING, ANGIOPLASTY WITHIN TOWN OR ADDITIONAL ARTERY, INCLUDING ALL INAGING, ANGIOPLASTY WITHIN TOWN OR ADDITIONAL ARTERY, INCLUDING ALL INAGING, ANGIOPLASTY WITHIN TOWN OR ADDITIONAL ARTERY, INCLUDING ALL INAGING, AND ADDITIONAL ARTERY, INCLUDING ALL INAGING, AND ADDITIONAL ARTERY, INCLUDING ALL INAGING, AND ADDIT	24470	CPT/HCPCS		Yes
CPT/HCPCS   REPAIR OF CLOACAL ANOMALY BY ANORECTOVAGIONOPLASTY & URETHROPLASTY, COMINED ABDOMINAL & SACROPERINEAL APPROACH WYAGAINAL	48547	CPT/HCPCS	DUODENAL EXCLUSION WITH GASTROJEJUNOSTOMY FOR PANCREATIC	Yes
WYAGINAL LAMINOPLASTY, CERVICAL, WITH DECOMPRESSION OF THE SPINAL CORD, TWO OR MORE VERTEBRAL SEGMENTS; WITH RECONSTRUCTION OF  Personal Corp. CPT/HCPCS ESOPHAGOGASTRIC FUNDOPLASTY PARTIAL OR COMPLETE; LAPAROTOMY Ves  CPT/HCPCS CPT/HCPCS TREATMENT OF CLOSED CLAVICULAR FRACTURE; WITH MANIPULATION Test Section of Curettage of Bone Cyst or Benion Tumor, Tibia or Fibiliz, With Autograft (includes obtaining graft)  CPT/HCPCS EXCISION OR CURETTAGE OF BONE CYST OR BENION TUMOR, TIBIA OR FIBILIZ, WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)  CPT/HCPCS	46748	CPT/HCPCS	REPAIR OF CLOACAL ANOMALY BY ANORECTOVAGIONOPLASTY &	Yes
TWO OR MORE VERTEBRAL SEGMENTS; WITH RECONSTRUCTION OF  13327 CPT/HCPCS ESOPHAGOGASTRIC FUNDOPLASTY PARTIAL OR COMPLETE; LAPAROTOMY YES  13505 CPT/HCPCS TREATMENT OF CLOSED CLAVICULAR FRACTURE; WITH MANIPULATION YES  13627 CPT/HCPCS EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)  16220 CPT/HCPCS EXCISION OR SINGLE EXTERNAL PAPILLA OR TAG, ANUS YES  17556 CPT/HCPCS OPEN TREATMENT OF CLOSED OR OPEN KNEE DISLOCATION, WITH OR YES  175247 CPT/HCPCS TRANSLUMINAL BALLOON ANGIOPLASTY OPEN OR PERCUTANEOUS, EACH ADDITIONAL ARTERY, INCLUDING ALL IMAGING, ANGIOPLASTY WITHIN T  13772 CPT/HCPCS LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL OF ADJUSTABLE GASTRIC BAND COMPONENT ONLY  14385 CPT/HCPCS PLASTIC OPERATION ON PENIS FOR EPISPADIAS DISTAL TO EXTERNAL SPHINICTER; WITH INCONTINENCE  158003 CPT/HCPCS DEED DISSECTION BELOW FASCIA, FOR DEEP INFECTION OF FOOT, WITH OR YES  158111 CPT/HCPCS EXCISION, BENIGN LESION INCL MARGINS, EXPT SKIN TAG (UNLS LSTD ELSWIP) SCALP, NECK, HINDS, FEET, GENTI; EX DM 3. 11 O.4.DCM  159125 CPT/HCPCS AUGMENTATION, MANDIBULAR BODY OR ANGLE; PROSTHETIC MATERIAL YES  159136 CPT/HCPCS IMPLANTATION OF INTRASTROMAL CORNEAL RINGS SEGMENTS  159136 CPT/HCPCS MPLANTATION OF INTRASTROMAL CORNEAL RINGS SEGMENTS  159136 CPT/HCPCS ATTRIBUTION OF INTRASTROMAL CORNEAL RINGS SEGMENTS  159136 CPT/HCPCS ATTRIBUTED ON STREET INFOUGH URETEROSTOMY OR INDWELLING  159136 CPT/HCPCS ATTRIBUTES IN ANGLE; DETAIL OF THE TIBOL OR THE TIBOL OF THE TIBOL OR THE TIBOL OF THE TIBOL OR THE TI				
CPT/HCPCS ESOPHAGOGASTRIC FUNDOPLASTY PARTIAL OR COMPLETE; LAPAROTOMY Yes  13327 CPT/HCPCS TREATMENT OF CLOSED CLAVICULAR FRACTURE; WITH MANIPULATION Yes  17637 CPT/HCPCS EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT) FIBULA; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT) FIBULA; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT) FOR THE AUTOGRAFT (INCLUDES OBTAINING GRAFT) FOR THE AUTOGRAFT (INCLUDES OBTAINING GRAFT) FOR WITHOUT INTERNAL OR EXTERNAL PAPILLA OR TAGA, ANUS FOR WITHOUT INTERNAL OR EXTERNAL SKELETAL FIXATION; WITHOUT PRI FOR THE ADDITIONAL ARTERY, INCLUDING ALL IMAGING, ANGIOPLASTY WITHIN T FOR ADDITIONAL ARTERY, INCLUDING ALL IMAGING, ANGIOPLASTY WITHIN T FOR ADDITIONAL ARTERY, INCLUDING ALL IMAGING, ANGIOPLASTY WITHIN T FOR ADDITIONAL ARTERY, INCLUDING ALL IMAGING, ANGIOPLASTY WITHIN T FOR ADDITIONAL ARTERY, INCLUDING ALL IMAGING, ANGIOPLASTY WITHIN T FOR ADDITIONAL ARTERY, INCLUDING ALL IMAGING, ANGIOPLASTY WITHIN T FOR ADDITIONAL ARTERY, INCLUDING ALL IMAGING, ANGIOPLASTY WITHIN T FOR ADDITIONAL ARTERY, INCLUDING ALL IMAGING, ANGIOPLASTY WITHIN T FOR ADDITIONAL ARTERY, INCLUDING ALL IMAGING, ANGIOPLASTY WITHIN T FOR ADDITIONAL ARTERY, FOR PERIPADAL SOME THE FOR THE FO	63051	CPT/HCPCS		Yes
CPT/HCPCS EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)  (B220 CPT/HCPCS EXCISION OF SINGLE EXTERNAL PAPILLA OR TAG, ANUS Yes  (CPT/HCPCS EXCISION OF SINGLE EXTERNAL PAPILLA OR TAG, ANUS Yes  (CPT/HCPCS CPT/HCPCS OPEN TREATMENT OF CLOSED OR OPEN KINE DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL SKELETAL FIXATION; WITHOUT PRI  (CPT/HCPCS TRANSLUMINAL BALLOON ANGIOPLASTY OPEN OR PERCUTANEOUS, EACH ADDITIONAL ARTERY, INCLUDING ALL IMAGING, ANGIOPLASTY WITHIN T  (CPT/HCPCS LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL OF ADJUSTABLE GASTRIC BAND COMPONENT ONLY  (CPT/HCPCS PLASTIC OPERATION ON PENIS FOR EPISPADIAS DISTAL TO EXTERNAL SPHINCTER: WITH INCONTINENCE  (SB003 CPT/HCPCS DEEP DISSECTION BELOW FASCIA, FOR DEEP INFECTION OF FOOT, WITH OR YES WITHOUT TENDON SHEATH INVOLVEMENT; MULTIPLE AREAS  (CPT/HCPCS PROBE/NEEDLE, CRYOABLATION YES WITHOUT TENDON SHEATH INVOLVEMENT; MULTIPLE AREAS  (CPT/HCPCS EXCISION, BENIGN LESION INCL MARGINS, EXPT SKIN TAG (UNLS LSTD YES ELSWR) SCALP, NECK, HNDS, FEET, GENIT; EX DM 3.1 TO 4.0CM  (CPT/HCPCS AUGMENTATION, MANDIBULAR BODY OR ANGLE; PROSTHETIC MATERIAL YES SHEAD AUGMENTATION, MANDIBULAR BODY OR ANGLE; PROSTHETIC MATERIAL YES SHEAD AUGMENTATION OF INTRASTROMAL CORNEAL RING SEGMENTS  (CPT/HCPCS SURGICAL TREATMENT OF ECTOPIC PRECNANCY; INTERSTITIAL, UTERINE PREGNANCY WITH PARTIAL RESECTION OF UTERUS  (CPT/HCPCS AUGMENTATION OF INTRASTROMAL CORNEAL RING SEGMENTS YES SURGICAL TREATMENT OF ECTOPIC PRECNANCY; INTERSTITIAL, UTERINE PREGNANCY WITH PARTIAL RESECTION OF UTERUS  (CPT/HCPCS ARTHMODESIS, ANKLE, OPEN YES MANOMETRIC STUDIES THROUGH URETEROSTOMY OR INDWELLING YES URETERAL CATHETER			TWO OR MORE VERTEBRAL SEGMENTS; WITH RECONSTRUCTION OF	
CPT/HCPCS EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)  (B220 CPT/HCPCS EXCISION OF SINGLE EXTERNAL PAPILLA OR TAG, ANUS Yes  (CPT/HCPCS EXCISION OF SINGLE EXTERNAL PAPILLA OR TAG, ANUS Yes  (CPT/HCPCS CPT/HCPCS OPEN TREATMENT OF CLOSED OR OPEN KINE DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL SKELETAL FIXATION; WITHOUT PRI  (CPT/HCPCS TRANSLUMINAL BALLOON ANGIOPLASTY OPEN OR PERCUTANEOUS, EACH ADDITIONAL ARTERY, INCLUDING ALL IMAGING, ANGIOPLASTY WITHIN T  (CPT/HCPCS LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL OF ADJUSTABLE GASTRIC BAND COMPONENT ONLY  (CPT/HCPCS PLASTIC OPERATION ON PENIS FOR EPISPADIAS DISTAL TO EXTERNAL SPHINCTER: WITH INCONTINENCE  (SB003 CPT/HCPCS DEEP DISSECTION BELOW FASCIA, FOR DEEP INFECTION OF FOOT, WITH OR YES WITHOUT TENDON SHEATH INVOLVEMENT; MULTIPLE AREAS  (CPT/HCPCS PROBE/NEEDLE, CRYOABLATION YES WITHOUT TENDON SHEATH INVOLVEMENT; MULTIPLE AREAS  (CPT/HCPCS EXCISION, BENIGN LESION INCL MARGINS, EXPT SKIN TAG (UNLS LSTD YES ELSWR) SCALP, NECK, HNDS, FEET, GENIT; EX DM 3.1 TO 4.0CM  (CPT/HCPCS AUGMENTATION, MANDIBULAR BODY OR ANGLE; PROSTHETIC MATERIAL YES SHEAD AUGMENTATION, MANDIBULAR BODY OR ANGLE; PROSTHETIC MATERIAL YES SHEAD AUGMENTATION OF INTRASTROMAL CORNEAL RING SEGMENTS  (CPT/HCPCS SURGICAL TREATMENT OF ECTOPIC PRECNANCY; INTERSTITIAL, UTERINE PREGNANCY WITH PARTIAL RESECTION OF UTERUS  (CPT/HCPCS AUGMENTATION OF INTRASTROMAL CORNEAL RING SEGMENTS YES SURGICAL TREATMENT OF ECTOPIC PRECNANCY; INTERSTITIAL, UTERINE PREGNANCY WITH PARTIAL RESECTION OF UTERUS  (CPT/HCPCS ARTHMODESIS, ANKLE, OPEN YES MANOMETRIC STUDIES THROUGH URETEROSTOMY OR INDWELLING YES URETERAL CATHETER	4000=	0077717	FOODUACO ACTRIO FINIS CON CONTRACTOR CONTRAC	\(\frac{1}{2}\)
CPT/HCPCS EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)  EXCISION OF SINGLE EXTERNAL PAPILLA OR TAG, ANUS Yes  CPT/HCPCS EXCISION OF SINGLE EXTERNAL PAPILLA OR TAG, ANUS Yes  WITHOUT INTERNAL OR EXTERNAL SKELETAL FIXATION; WITH OR WITHOUT PRI  WITHOUT INTERNAL OR EXTERNAL SKELETAL FIXATION; WITHOUT PRI  CPT/HCPCS TRANSLUMINAL BALLOON ANGIOPLASTY OPEN OR PERCUTANEOUS, EACH ADDITIONAL ARTERY, INCLUDING ALL IMAGING, ANGIOPLASTY WITHIN T  CPT/HCPCS LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL OF ADJUSTABLE GASTRIC BAND COMPONENT ONLY  PLASTIC OPERATION ON PENIS FOR EPISPADIAS DISTAL TO EXTERNAL SPHINCTER; WITH INCONTINENCE  BOOM CPT/HCPCS DEEP DISSECTION BELOW FASCIA, FOR DEEP INFECTION OF FOOT, WITH OR WITHOUT TENDON SHEATH INVOLVEMENT; MULTIPLE AREAS  CPT/HCPCS PROBE/NEEDLE, CRYOABLATION  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  AUGMENTATION, MANDIBULAR BODY OR ANGLE; PROSTHETIC MATERIAL YES  CPT/HCPCS IMPLANTATION OF INTRASTROMAL CORNEAL RING SEGNENTS  Ves  CPT/HCPCS SURGICAL TREATMENT OF ECTOPIC PREGNANCY; INTERSTITIAL, UTERINE PREGNANCY WITH PARTIAL RESECTION OF UTERUS  ARTHRODESIS, ANKLE, OPEN  MANOMETRIC STUDIES THROUGH URETEROSTOMY OR INDWELLING  Ves  URSTAND OF THE CONTRACT OF	43327	CPT/HCPCS	ESUPHAGOGASTRIC FUNDOPLASTY PARTIAL OR COMPLETE; LAPAROTOMY	Yes
FIBULA; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)  FIBULA; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)  EXCISION OF SINGLE EXTERNAL PAPILLA OR TAG, ANUS  OPEN TREATMENT OF CLOSED OR OPEN KNEE DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL SKELETAL FIXATION; WITHOUT PRI  TRANSLUMINAL BALLOON ANGIOPLASTY OPEN OR PERCUTANEOUS, EACH ADDITIONAL ARTERY, INCLUDING ALL IMAGING, ANGIOPLASTY WITHIN T  TO FADJUSTABLE GASTRIC BAND COMPONENT ONLY  LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL OF ADJUSTABLE GASTRIC BAND COMPONENT ONLY  PLASTIC OPERATION ON PENIS FOR EPISPADIAS DISTAL TO EXTERNAL SPHINCTER; WITH INCONTINENCE  DEEP DISSECTION BELOW FASCIA, FOR DEEP INFECTION OF FOOT, WITH OR WITHOUT TENDON SHEATH INVOLVEMENT; MULTIPLE AREAS  CPT/HCPCS  PROBE/NEEDLE, CRYOABLATION  TENDON SHEATH INVOLVEMENT; MULTIPLE AREAS  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  CPT/HCPCS  AUGMENTATION, MANDIBULAR BODY OR ANGLE; PROSTHETIC MATERIAL YES  CPT/HCPCS  SURGICAL TREATMENT OF ECTOPIC PREGNANCY; INTERSTITIAL, UTERINE PREGNANCY WITH PARTIAL RESECTION OF UTERUS  CPT/HCPCS  ARTHRODESIS, ANKLE, OPEN WANDOMETRIC STUDIES THROUGH URETEROSTOMY OR INDWELLING URETERAL CATHETER	23505	CPT/HCPCS	TREATMENT OF CLOSED CLAVICULAR FRACTURE; WITH MANIPULATION	Yes
CPT/HCPCS	27637	CPT/HCPCS		Yes
CPT/HCPCS OPEN TREATMENT OF CLOSED OR OPEN KNEE DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL SKELETAL FIXATION; WITHOUT PRI  TY247 CPT/HCPCS TRANSLUMINAL BALLOON ANGIOPLASTY OPEN OR PERCUTANEOUS, EACH ADDITIONAL ARTERY, INCLUDING ALL IMAGING, ANGIOPLASTY WITHIN T  THE ADDITIONAL ARTERY, INCLUDING ALL IMAGING, ANGIOPLASTY WITHIN T  THE ADDITIONAL ARTERY, INCLUDING ALL IMAGING, ANGIOPLASTY WITHIN T  THE ADDITIONAL ARTERY, INCLUDING ALL IMAGING, ANGIOPLASTY WITHIN T  THE ADDITIONAL ARTERY, INCLUDING ALL IMAGING, ANGIOPLASTY WITHIN T  THE ADDITIONAL ARTERY, INCLUDING ALL IMAGING, ANGIOPLASTY WITHIN T  THE ADDITIONAL ARTERY, INCLUDING ALL IMAGING, ANGIOPLASTY WITHIN T  THE ADDITIONAL ARTERY, INCLUDING ALL IMAGING, ANGIOPLASTY WITHIN T  THE ADDITIONAL ARTERY, INCLUDING ALL IMAGING, ANGIOPLASTY WITHIN T  THE ADDITIONAL ARTERY, INCLUDING ALL IMAGING, ANGIOPLASTY WITHIN T  THE ADDITIONAL ARTERY, INCLUDING ALL IMAGING, ANGIOPLASTY WITHIN T  THE ADDITIONAL ARTERY, INCLUDING ALL IMAGING, ANGIOPLASTY WITHIN T  THE ADDITIONAL ARTERY, INCLUDING ALL IMAGING, ANGIOPLASTY WITHIN T  THE ADDITIONAL ARTERY, INCLUDING ALL IMAGING, ANGIOPLASTY WITHIN T  THE ADDITIONAL ARTERY, INCLUDING ALL IMAGING, ANGIOPLASTY WITHIN T  THE ADDITIONAL ARTERY, INCLUDING ALL IMAGING, ANGIOPLASTY WITHIN T  THE ADDITIONAL ARTERY, INCLUDING ALL IMAGING, ANGIOPLASTY WITHIN T  THE ADDITIONAL ARTERY, INCLUDING ALL IMAGING, ANGIOPLASTY WITHIN T  THE ADDITIONAL ARTERY, INCLUDING ALL IMAGING, ANGIOPLASTY WITHIN T  THE ADDITIONAL ARTERY AND ANGIOPLASTY WITHIN T  THE ADDITIONAL ARTERY AND ANGIOPLASTY WITHIN T  THE ADDITIONAL ARTERY AND ANGIOPLASTY OPEN OF THE ADDITIONAL THE ADDITIONAL THE ANGIOPLASTY OPEN OF THE ADDITIONAL THE ADDITIO	<b>16220</b>	CDT/LICEOS		Ves
WITHOUT INTERNAL OR EXTERNAL SKELETAL FIXATION; WITHOUT PRI  TRANSLUMINAL BALLOON ANGIOPLASTY OPEN OR PERCUTANEOUS, EACH ADDITIONAL ARTERY, INCLUDING ALL IMAGING, ANGIOPLASTY WITHIN T  TO PHYPOPCS LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL OF ADJUSTABLE GASTRIC BAND COMPONENT ONLY  PLASTIC OPERATION ON PENIS FOR EPISPADIAS DISTAL TO EXTERNAL SPHINCTER; WITH INCONTINENCE  PROSECUTION OF SURGICAL FOR DEEP INFECTION OF FOOT, WITH OR WITHOUT TENDON SHEATH INVOLVEMENT; MULTIPLE AREAS  TO PHYPOPCS PROBE/NEEDLE, CRYOABLATION YES  PROBE/NEEDLE, CRYOABLATION YES  TO PHYPOPCS EXCISION, BENIGN LESION INCL MARGINS, EXPT SKIN TAG (UNLS LSTD ELSWR) SCALP, NECK, HNDS, FEET, GENIT; EX DM 3.1 TO 4.0CM  TO PHYPOPCS AUGMENTATION, MANDIBULAR BODY OR ANGLE; PROSTHETIC MATERIAL YES  TO PHYPOPCS SURGICAL TREATMENT OF ECTOPIC PREGNANCY; INTERSTITIAL, UTERINE PREGNANCY WITH PARTIAL RESECTION OF UTERUS  TO PHYPOPCS AUGMENTATIOS SURGICAL TREATMENT OF ECTOPIC PREGNANCY; INTERSTITIAL, UTERINE PREGNANCY WITH PARTIAL RESECTION OF UTERUS  WANDMETRIC STUDIES THROUGH URETEROSTOMY OR INDWELLING YES  URETERAL CATHETER  WITHOUT INTERMED ADDITIONAL STANDAL CORNEAL RING SEGMENTS YES  WAS ARTHRODESIS, ANKLE, OPEN  WANDMETRIC STUDIES THROUGH URETEROSTOMY OR INDWELLING YES  URETERAL CATHETER				
ADDITIONAL ARTERY, INCLUDING ALL IMAGING, ANGIOPLASTY WITHIN T  APPROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL OF ADJUSTABLE GASTRIC BAND COMPONENT ONLY  ASSESSED CPT/HCPCS PLASTIC OPERATION ON PENIS FOR EPISPADIAS DISTAL TO EXTERNAL SPHINCTER; WITH INCONTINENCE  BROOS CPT/HCPCS DEEP DISSECTION BELOW FASCIA, FOR DEEP INFECTION OF FOOT, WITH OR WITHOUT TENDON SHEATH INVOLVEMENT; MULTIPLE AREAS  C2618 CPT/HCPCS PROBE/NEEDLE, CRYOABLATION Yes  C1424 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  C1125 CPT/HCPCS AUGMENTATION, MANDIBULAR BODY OR ANGLE; PROSTHETIC MATERIAL YES  C5785 CPT/HCPCS IMPLANTATION OF INTRASTROMAL CORNEAL RING SEGMENTS YES  C9136 CPT/HCPCS SURGICAL TREATMENT OF ECTOPIC PREGNANCY; INTERSTITIAL, UTERINE PREGNANCY WITH PARTIAL RESECTION OF UTERUS  C7870 CPT/HCPCS ATHRODESIS, ANKLE, OPEN YES  MANOMETRIC STUDIES THROUGH URETEROSTOMY OR INDWELLING YES  URETERAL CATHETER	_,	01 1/110700	·	
OF ADJUSTABLE GASTRIC BAND COMPONENT ONLY  A4385 CPT/HCPCS PLASTIC OPERATION ON PENIS FOR EPISPADIAS DISTAL TO EXTERNAL SPHINCTER; WITH INCONTINENCE  B8003 CPT/HCPCS DEEP DISSECTION BELOW FASCIA, FOR DEEP INFECTION OF FOOT, WITH OR WITHOUT TENDON SHEATH INVOLVEMENT; MULTIPLE AREAS  C2618 CPT/HCPCS PROBE/NEEDLE, CRYOABLATION Yes  EXCISION, BENIGN LESION INCL MARGINS, EXPT SKIN TAG (UNLS LSTD ELSWR) SCALP, NECK, HNDS, FEET, GENIT; EX DM 3.1 TO 4.0CM  AUGMENTATION, MANDIBULAR BODY OR ANGLE; PROSTHETIC MATERIAL YES  C97/HCPCS IMPLANTATION OF INTRASTROMAL CORNEAL RING SEGMENTS YES  C9136 CPT/HCPCS SURGICAL TREATMENT OF ECTOPIC PREGNANCY; INTERSTITIAL, UTERINE PREGNANCY WITH PARTIAL RESECTION OF UTERUS  C97870 CPT/HCPCS ARTHRODESIS, ANKLE, OPEN YES  C9686 CPT/HCPCS MANOMETRIC STUDIES THROUGH URETEROSTOMY OR INDWELLING YES  URETERAL CATHETER	37247	CPT/HCPCS		Yes
CPT/HCPCS PLASTIC OPERATION ON PENIS FOR EPISPADIAS DISTAL TO EXTERNAL SPHINCTER; WITH INCONTINENCE  DEEP DISSECTION BELOW FASCIA, FOR DEEP INFECTION OF FOOT, WITH OR WITHOUT TENDON SHEATH INVOLVEMENT; MULTIPLE AREAS  CPT/HCPCS PROBE/NEEDLE, CRYOABLATION  EXCISION, BENIGN LESION INCL MARGINS, EXPT SKIN TAG (UNLS LSTD ELSWR) SCALP, NECK, HNDS, FEET, GENIT; EX DM 3.1 TO 4.0CM  CPT/HCPCS AUGMENTATION, MANDIBULAR BODY OR ANGLE; PROSTHETIC MATERIAL YES  CPT/HCPCS IMPLANTATION OF INTRASTROMAL CORNEAL RING SEGMENTS YES  STRES CPT/HCPCS SURGICAL TREATMENT OF ECTOPIC PREGNANCY; INTERSTITIAL, UTERINE PREGNANCY WITH PARTIAL RESECTION OF UTERUS  CPT/HCPCS ARTHRODESIS, ANKLE, OPEN YES  MANOMETRIC STUDIES THROUGH URETEROSTOMY OR INDWELLING YES  URETERAL CATHETER	43772	CPT/HCPCS		Yes
CPT/HCPCS DEEP DISSECTION BELOW FASCIA, FOR DEEP INFECTION OF FOOT, WITH OR WITHOUT TENDON SHEATH INVOLVEMENT; MULTIPLE AREAS  C2618 CPT/HCPCS PROBE/NEEDLE, CRYOABLATION Yes  C1424 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  C1125 CPT/HCPCS AUGMENTATION, MANDIBULAR BODY OR ANGLE; PROSTHETIC MATERIAL Yes  C5785 CPT/HCPCS IMPLANTATION OF INTRASTROMAL CORNEAL RING SEGMENTS Yes  C9136 CPT/HCPCS SURGICAL TREATMENT OF ECTOPIC PREGNANCY; INTERSTITIAL, UTERINE PREGNANCY WITH PARTIAL RESECTION OF UTERUS  C7870 CPT/HCPCS ARTHRODESIS, ANKLE, OPEN Yes  C0686 CPT/HCPCS MANOMETRIC STUDIES THROUGH URETEROSTOMY OR INDWELLING Yes  URETERAL CATHETER	54385	CPT/HCPCS	PLASTIC OPERATION ON PENIS FOR EPISPADIAS DISTAL TO EXTERNAL	Yes
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  CPT/HCPCS AUGMENTATION, MANDIBULAR BODY OR ANGLE; PROSTHETIC MATERIAL  CPT/HCPCS IMPLANTATION OF INTRASTROMAL CORNEAL RING SEGMENTS  CPT/HCPCS SURGICAL TREATMENT OF ECTOPIC PREGNANCY; INTERSTITIAL, UTERINE PREGNANCY WITH PARTIAL RESECTION OF UTERUS  CPT/HCPCS ARTHRODESIS, ANKLE, OPEN  CPT/HCPCS MANOMETRIC STUDIES THROUGH URETEROSTOMY OR INDWELLING  URETERAL CATHETER	28003	CPT/HCPCS	DEEP DISSECTION BELOW FASCIA, FOR DEEP INFECTION OF FOOT, WITH OR	Yes
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  CPT/HCPCS AUGMENTATION, MANDIBULAR BODY OR ANGLE; PROSTHETIC MATERIAL  CPT/HCPCS IMPLANTATION OF INTRASTROMAL CORNEAL RING SEGMENTS  CPT/HCPCS SURGICAL TREATMENT OF ECTOPIC PREGNANCY; INTERSTITIAL, UTERINE PREGNANCY WITH PARTIAL RESECTION OF UTERUS  CPT/HCPCS ARTHRODESIS, ANKLE, OPEN  CPT/HCPCS MANOMETRIC STUDIES THROUGH URETEROSTOMY OR INDWELLING  URETERAL CATHETER	C2618	CPT/HCPCS	PROBE/NEEDLE, CRYOABLATION	Yes
CPT/HCPCS AUGMENTATION, MANDIBULAR BODY OR ANGLE; PROSTHETIC MATERIAL  Yes  CPT/HCPCS IMPLANTATION OF INTRASTROMAL CORNEAL RING SEGMENTS  SP136 CPT/HCPCS SURGICAL TREATMENT OF ECTOPIC PREGNANCY; INTERSTITIAL, UTERINE PREGNANCY WITH PARTIAL RESECTION OF UTERUS  CPT/HCPCS ARTHRODESIS, ANKLE, OPEN  CPT/HCPCS MANOMETRIC STUDIES THROUGH URETEROSTOMY OR INDWELLING  URETERAL CATHETER	11424		EXCISION, BENIGN LESION INCL MARGINS, EXPT SKIN TAG (UNLS LSTD	
SURGICAL TREATMENT OF ECTOPIC PREGNANCY; INTERSTITIAL, UTERINE Yes PREGNANCY WITH PARTIAL RESECTION OF UTERUS  Yes  CPT/HCPCS ARTHRODESIS, ANKLE, OPEN  WANOMETRIC STUDIES THROUGH URETEROSTOMY OR INDWELLING URETERAL CATHETER	21125	CPT/HCPCS		Yes
SURGICAL TREATMENT OF ECTOPIC PREGNANCY; INTERSTITIAL, UTERINE Yes PREGNANCY WITH PARTIAL RESECTION OF UTERUS  Yes  CPT/HCPCS ARTHRODESIS, ANKLE, OPEN  WANOMETRIC STUDIES THROUGH URETEROSTOMY OR INDWELLING URETERAL CATHETER	65785	CPT/HCPCS	IMPLANTATION OF INTRASTROMAL CORNEAL RING SEGMENTS	Yes
PREGNANCY WITH PARTIAL RESECTION OF UTERUS  CPT/HCPCS ARTHRODESIS, ANKLE, OPEN CPT/HCPCS MANOMETRIC STUDIES THROUGH URETEROSTOMY OR INDWELLING URETERAL CATHETER  PREGNANCY WITH PARTIAL RESECTION OF UTERUS Yes	59136			
27870 CPT/HCPCS ARTHRODESIS, ANKLE, OPEN Yes 30686 CPT/HCPCS MANOMETRIC STUDIES THROUGH URETEROSTOMY OR INDWELLING Yes URETERAL CATHETER	· 			
CPT/HCPCS MANOMETRIC STUDIES THROUGH URETEROSTOMY OR INDWELLING URETERAL CATHETER  Yes	27870	CPT/HCPCS		Yes
	50686	CPT/HCPCS		Yes
S8530   CPT/HCPCS   REMOVAL OF FOREIGN BODY OR DACRYOLITH, LACRIMAL PASSAGES   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	Yes
13110	01 1/1101 00	LACTIFEROUS DUCT OR A PAPILLOMA LACTIFEROUS DUCT	103
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	Yes
		INSERTION OF TUBE OR STENT	
0271T	CPT/HCPCS	REVISION OR REMOVAL OF CAROTID SINUS BAROREFLEX ACTIVATION	Yes
		DEVICE; PULSE GENERATOR ONLY (INCLUDES INTRA-OPERATIVE	
		INTERROGATION, PROGRAMMING, AND REP+	
31502	CPT/HCPCS	TRACHEOTOMY TUBE CHANGE PRIOR TO ESTABLISHMENT OF FISTULA	Yes
		TRACT	
25150	CPT/HCPCS	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION OR DIAPHYSECTOMY)	Yes
		OF BONE (EG, FOR OSTEOMYELITIS); ULNA	
30118	CPT/HCPCS	EXCISION OR DESTRUCTION, ANY METHOD (INCLUDING LASER),	Yes
		INTRANASAL LESION; EXTERNAL APPROACH (LATERAL RHINOTOMY)	
26862	CPT/HCPCS	ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL	Yes
		FIXATION; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)	
61796	CPT/HCPCS	STEREOTATIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR	Yes
		ACCELERATOR); 1 SIMPLE CRANIAL LESION	
31051	CPT/HCPCS	SINUSOTOMY, SPHENOID, WITH OR WITHOUT BIOPSY; WITH MUCOSAL	Yes
		STRIPPING OR REMOVAL OF POLYP(S)	
27299	CPT/HCPCS	UNLISTED PROCEDURE, PELVIS OR HIP JOINT	Yes
34111	CPT/HCPCS	EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; RADIAL	Yes
		OR ULNAR ARTERY, BY ARM INCISION	
54328	CPT/HCPCS	ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR	Yes
		CIRCUMCISION); WITH EXTENSIVE DISSECTION T	
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)	Yes
		FRACTURE(S) OF KNEE, WITH INTERNAL FIXATION	
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	CHEMODENED/VATION OF TRUNK MUSCLE(S): 6 OR MODE MUSCLE(S)	Yes
		CHEMODENERVATION OF TRUNK MUSCLE(S); 6 OR MORE MUSCLE(S)	
20957 30117	CPT/HCPCS CPT/HCPCS	BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS; METATARSAL EXCISION OR DESTRUCTION, ANY METHOD (INCLUDING LASER),	Yes Yes
0011/	OF MICEUS	INTRANASAL LESION; INTERNAL APPROACH	
27647	CPT/HCPCS	RADICAL RESECTION OF TUMOR; TALUS OR CALCANEUS	Yes
28405	CPT/HCPCS	TREATMENT OF CLOSED CALCANEAL FRACTURE; WITH MANIPULATION	Yes
20400	01 1/1101 03	INCLUDING COTTON OR BOHLER TYPE REDUCTIONS	
35304	CPT/HCPCS	THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED;	Yes
JJJU4	0.1/110103	TIBIOPERONEAL TRUNK ARTERY	
33917	CPT/HCPCS	REPAIR OF PULMONARY ARTERY STENOSIS BY RECONSTRUCTION WITH	Yes
55517	3. 1,1101 00	PATCH OR GRAFT	
33533	CPT/HCPCS	CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); SINGLE ARTERIAL	Yes
		GRAFT	
		STRAPPING; UNNA BOOT	Yes
29580	CPT/HCPCS		1
			Yes
29580 45905	CPT/HCPCS CPT/HCPCS	*DILATION OF ANAL SPHINCTER (SEPARATE PROCEDURE) UNDER	Yes
45905	CPT/HCPCS	*DILATION OF ANAL SPHINCTER (SEPARATE PROCEDURE) UNDER ANESTHESIA OTHER THAN LOCAL	
		*DILATION OF ANAL SPHINCTER (SEPARATE PROCEDURE) UNDER ANESTHESIA OTHER THAN LOCAL INSERTION OF MESH OR OTHER PROSTHESIS FOR REPAIR OF PELVIC FLOOR	
45905 57267	CPT/HCPCS  CPT/HCPCS	*DILATION OF ANAL SPHINCTER (SEPARATE PROCEDURE) UNDER ANESTHESIA OTHER THAN LOCAL INSERTION OF MESH OR OTHER PROSTHESIS FOR REPAIR OF PELVIC FLOOR DEFECT, EACH SITE, VAGINAL APPROACH	Yes
45905	CPT/HCPCS	*DILATION OF ANAL SPHINCTER (SEPARATE PROCEDURE) UNDER ANESTHESIA OTHER THAN LOCAL INSERTION OF MESH OR OTHER PROSTHESIS FOR REPAIR OF PELVIC FLOOR	
45905 57267	CPT/HCPCS  CPT/HCPCS	*DILATION OF ANAL SPHINCTER (SEPARATE PROCEDURE) UNDER ANESTHESIA OTHER THAN LOCAL INSERTION OF MESH OR OTHER PROSTHESIS FOR REPAIR OF PELVIC FLOOR DEFECT, EACH SITE, VAGINAL APPROACH REPAIR OF DOUBLE OUTLET RIGHT VENTRICLE W/INTRAVENTRICULAR	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-OOPHROECTOMY 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	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	Yes
69905	CPT/HCPCS	TENDON); COMP  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 ELECTROCORTICOGR	Yes
22845	CPT/HCPCS	ANTERIOR INSTRUMENTATION	Yes
220 <del>4</del> 0	OI I/HOFUS	ANTERIOR INTERNATION	100

0338T	CPT/HCPCS	TRANSCATHETER RENAL SYMPATHETIC DENERVATION, PERCUTANEOUS	Yes
		APPROACH INCL ARTERIAL PUNCTURE, WHEN PERFORMED; UNILATERAL	
27111	CPT/HCPCS	TRANSFER ILIOPSOAS; TO FEMORAL NECK	Yes
58200	CPT/HCPCS	TOTAL ABDOMINAL HYSTERECTOMY, INCLUDING PARTIAL VAGINECTOMY,	Yes
		WITH LIMITED PARA-AORTIC AND PELVIC LYMPH NODE BIOPSY(S	
27742	CPT/HCPCS	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING, COMBINED,	Yes
		PROXIMAL AND DISTAL TIBIA AND FIBULA; AND DISTAL FEMUR	
63048	CPT/HCPCS	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR	Yes
		BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA	
26541	CPT/HCPCS	AND/OR NERVE ROOT[S], [EG, SPINAL + PRIMARY REPAIR OF COLLATERAL LIGAMENT, METACARPOPHALANGEAL	Yes
20041	CP1/HCPC3	JOINT; WITH TENDON OR FASCIAL GRAFT (INCLUDES OBTAINING GRAFT	res
		JOINT, WITH TENDON ON THOUSAND ON THE THOUSAND OF THE THOUSAND	
61797	CPT/HCPCS	STEREOTATIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR	Yes
		ACCELERATOR); EACH ADDITIONAL CRANIAL LESION, SIMPLE	
37246	CPT/HCPCS	TRANSLUMINAL BALLOON ANGIOPLASTY FOR OCCLUSIVE	Yes
		DISEASE, NECESSARY TO PERFORM THE ANGIOPLASTY WITHIN SAME ARTERY; INTIAL AR	
21390	CPT/HCPCS	OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL	Yes
	01 1/1101 00	APPROACH, WITH ALLOPLASTIC OR OTHER IMPLANT	
40804	CPT/HCPCS	*REMOVAL OF EMBEDDED FOREIGN BODY, VESTIBULE OF MOUTH;	Yes
		SIMPLE	
G0105	CPT/HCPCS	COLORECTAL CANCER SCREENING; COLONSCOPY ON INDIVIDUAL AT	Yes
15830	CPT/HCPCS	HIGH RISK  EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES	Yes
13030	CF I/HCF CS	LIPECTOMY); ABDOMEN, INFRAUMBILICAL PANNICULECTOMY	163
21355	CPT/HCPCS	*MANIPULATIVE TREATMENT OF CLOSED OR OPEN FRACTURE OF MALAR	Yes
		AREA, INCLUDING ZYGOMATIC ARCH AND MALAR TRIPOD, TOWEL CLI	
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	Yes
		GRAFT (INCLUDES OBTAINING GRAFT), FOREARM AND/OR WRIST, EA	
15833	CPT/HCPCS	EVOISION EVOESSIVE SKIN AND SUBOLITANEOUS TISSUE (INCLUDING	Yes
13633	CP1/HCPC3	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); LEG	res
29823	CPT/HCPCS	ARTHROSCOPY, SHOULDER, SURGICAL; DEBRIDEMENT, EXTENSIVE, 3 OR	Yes
		MORE DISCRETE STRUCTURES (EG, HUMERAL BONE, HUMERAL ARTICULAR	
		CARTILAGE, GLENOID BONE, +	
11311	CPT/HCPCS	SHAVING OF EPIDERMAL/DERMAL LESION, SINGLE LESION, FACE, EARS	Yes
		EYELIDS,NOSE,LIPS,MUCOUS MEMBRANE;LESION DIAMETER 0.6 TO 1.0	
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,	Yes
		MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; LA	
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	Yes
		CORD AND/OR CAUDA EQUINA, WITHOUT FACETECTOMY, FORAMINOTOMY	
16036	CPT/HCPCS	ESCHAROTOMY; EACH ADDITIONAL INCISION	Yes
0264T	CPT/HCPCS	INTRAMUSCULAR AUTOLOGOUS BONE MARROW CELL THERAPY, WITH	Yes
		PREPARATION OF HARVESTED CELLS, MULTIPLE INJECTIONS, ONE LEG, ULTRASOUND GUIDANCE, COMPLETE P+	
33600	CPT/HCPCS	CLOSURE OF ARTRIOVENTRICULAR VALVE (MITRAL OR TRICUSPID) BY	Yes
		SUTURE OR PATCH	
35661	CPT/HCPCS	BYPASS GRAFT, WITH OTHER THAN VEIN; FEMORAL-FEMORAL	Yes
15152	CPT/HCPCS	TISSUE CULTURED EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; EACH	Yes
49255	CPT/HCPCS	ADDITIONAL 100 SQ CM OMENTECTOMY, EPIPLOECTOMY, RESECTION OF OMENTUM (SEPARATE	Yes
49200	UP1/HUPUS	PROCEDURE)	165
<u> </u>	<u> </u>	I HOOLDONE)	<u>l</u>

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 FRACTRBY INTRAMEDULLARY IMPLANT W/OR W/O INTRLOCKG SCRWS/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 INCL 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 INJECT	Yes
54700	CPT/HCPCS	INCISION AND DRAINAGE OF EPIDIDYMIS, 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;	Yes
		DIAGNOSTIC W/REMOVAL OR MANIPULATION OF CALCULUS	
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, MULTIPL	Yes
28260	CPT/HCPCS	CAPSULOTOMY, MIDFOOT; MEDIAL RELEASE ONLY (SEPARATE PROCEDURE)	
57180	CPT/HCPCS	INTRODUCTION OF ANY HEMOSTATIC AGENT OR PACK FOR SPONTANEOUS OR TRAUMATIC NONOBSTETRICAL VAGINAL HEMORRHAGE (SEPARAT	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;TRANSPERINEAL 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	Yes
		SACROCOCCYGEAL APPROACH	

37760	CPT/HCPCS	LIGATION OF PERFORATOR VEINS, SUBFASCIAL, RADICAL (LINTON TYPE), INCLUDING SKIN GRAFT, WHEN PERFORMED, OPEN,1 LEG	Yes
33777	CDT// ICDCC		Yes
33///	CPT/HCPCS	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, ATRIAL BAFFLE PROCEDURE (EG, MUSTARD OR SENNING TYPE) WITH CARDIOPULMON	res
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

WITH PLACEMENT OF BREAST LOCALIZATION PITANEOUS; FIRST LESION INCL ULTRASOUND GUIDANCE PUCE, DORSAL OR LATERAL (SEPARATE PROCEDURE);  COMPLEX OR MULTIPLE R MORE LIVER TUMOR(S), PERCUTANEOUS, EY BOUTANEOUS POCKET WITH INSERTION OF IMPLANTABLE COSE SENSOR, INCLUDING SYSTEM ACTIVATION  CATHETER PLACEMENT (ONE OR MORE SECOND ORDER L ARTERY BRANCHES) RENAL ARTERY AND ANY  SPINE SURGERY ONLY; MORSELIZED R REVISION OF CSF SHUNT, OBSTRUCTED VALVE, OR R IN SHUNT SYSTEM EPIDIDYMIS, WITH OR WITHOUT BIOPSY IF AORTA OR GREAT VESSELS; WITHOUT BYPASS WITH RY BYPASS IRGICAL PROCEDURE(S) USING CONSCIOUS SEDATION, RAL OR SPINAL ANESTHESIA INA MEDICAL QUAL  Y, (PLASTIC REPAIR OR RECONSTRUCTION) THORACIC REPAIR OF TRACHEOESOPHAGEAL FISTULA	Yes Yes Yes Yes Yes Yes Yes Yes
COMPLEX OR MULTIPLE R MORE LIVER TUMOR(S), PERCUTANEOUS, SY BOUTANEOUS POCKET WITH INSERTION OF IMPLANTABLE COSE SENSOR, INCLUDING SYSTEM ACTIVATION  CATHETER PLACEMENT (ONE OR MORE SECOND ORDER L ARTERY BRANCHES) RENAL ARTERY AND ANY  SPINE SURGERY ONLY; MORSELIZED R REVISION OF CSF SHUNT, OBSTRUCTED VALVE, OR R IN SHUNT SYSTEM EPIDIDYMIS, WITH OR WITHOUT BIOPSY F AORTA OR GREAT VESSELS; WITHOUT BYPASS WITH RY BYPASS JRGICAL PROCEDURE(S) USING CONSCIOUS SEDATION, RAL OR SPINAL ANESTHESIA INA MEDICAL QUAL  Y, (PLASTIC REPAIR OR RECONSTRUCTION) THORACIC	Yes
R MORE LIVER TUMOR(S), PERCUTANEOUS, SY  BCUTANEOUS POCKET WITH INSERTION OF IMPLANTABLE COSE SENSOR, INCLUDING SYSTEM ACTIVATION  CATHETER PLACEMENT (ONE OR MORE SECOND ORDER L ARTERY BRANCHES) RENAL ARTERY AND ANY  SPINE SURGERY ONLY; MORSELIZED R REVISION OF CSF SHUNT, OBSTRUCTED VALVE, OR R IN SHUNT SYSTEM EPIDIDYMIS, WITH OR WITHOUT BIOPSY F AORTA OR GREAT VESSELS; WITHOUT BYPASS WITH RY BYPASS  JRGICAL PROCEDURE(S) USING CONSCIOUS SEDATION, RAL OR SPINAL ANESTHESIA INA MEDICAL QUAL  Y, (PLASTIC REPAIR OR RECONSTRUCTION) THORACIC	Yes
R MORE LIVER TUMOR(S), PERCUTANEOUS, SY  BCUTANEOUS POCKET WITH INSERTION OF IMPLANTABLE COSE SENSOR, INCLUDING SYSTEM ACTIVATION  CATHETER PLACEMENT (ONE OR MORE SECOND ORDER L ARTERY BRANCHES) RENAL ARTERY AND ANY  SPINE SURGERY ONLY; MORSELIZED R REVISION OF CSF SHUNT, OBSTRUCTED VALVE, OR R IN SHUNT SYSTEM EPIDIDYMIS, WITH OR WITHOUT BIOPSY F AORTA OR GREAT VESSELS; WITHOUT BYPASS WITH RY BYPASS  JRGICAL PROCEDURE(S) USING CONSCIOUS SEDATION, RAL OR SPINAL ANESTHESIA INA MEDICAL QUAL  Y, (PLASTIC REPAIR OR RECONSTRUCTION) THORACIC	Yes
COSE SENSOR, INCLUDING SYSTEM ACTIVATION  CATHETER PLACEMENT (ONE OR MORE SECOND ORDER L ARTERY BRANCHES) RENAL ARTERY AND ANY  SPINE SURGERY ONLY; MORSELIZED R REVISION OF CSF SHUNT, OBSTRUCTED VALVE, OR RIN SHUNT SYSTEM EPIDIDYMIS, WITH OR WITHOUT BIOPSY OF AORTA OR GREAT VESSELS; WITHOUT BYPASS WITH RY BYPASS URGICAL PROCEDURE(S) USING CONSCIOUS SEDATION, RAL OR SPINAL ANESTHESIA INA MEDICAL QUAL  Y, (PLASTIC REPAIR OR RECONSTRUCTION) THORACIC	Yes Yes Yes Yes Yes Yes Yes Yes
EPIDIDYMIS, WITH OR WITHOUT BIOPSY F AORTA OR GREAT VESSELS; WITHOUT BYPASS WITH RY BYPASS URGICAL PROCEDURE(S) USING CONSCIOUS SEDATION, RAL OR SPINAL ANESTHESIA INA MEDICAL QUAL  Y, (PLASTIC REPAIR OR RECONSTRUCTION) THORACIC	Yes Yes Yes Yes Yes Yes
R REVISION OF CSF SHUNT, OBSTRUCTED VALVE, OR R IN SHUNT SYSTEM  EPIDIDYMIS, WITH OR WITHOUT BIOPSY  F AORTA OR GREAT VESSELS; WITHOUT BYPASS WITH  RY BYPASS  IRGICAL PROCEDURE(S) USING CONSCIOUS SEDATION,  RAL OR SPINAL ANESTHESIA INA MEDICAL QUAL  Y, (PLASTIC REPAIR OR RECONSTRUCTION) THORACIC	Yes Yes Yes Yes Yes
EPIDIDYMIS, WITH OR WITHOUT BIOPSY  F AORTA OR GREAT VESSELS; WITHOUT BYPASS WITH RY BYPASS  FRIGICAL PROCEDURE(S) USING CONSCIOUS SEDATION, RAL OR SPINAL ANESTHESIA INA MEDICAL QUAL  Y, (PLASTIC REPAIR OR RECONSTRUCTION) THORACIC	Yes Yes Yes
F AORTA OR GREAT VESSELS; WITHOUT BYPASS WITH RY BYPASS URGICAL PROCEDURE(S) USING CONSCIOUS SEDATION, RAL OR SPINAL ANESTHESIA INA MEDICAL QUAL  Y, (PLASTIC REPAIR OR RECONSTRUCTION) THORACIC	Yes
RY BYPASS  URGICAL PROCEDURE(S) USING CONSCIOUS SEDATION, RAL OR SPINAL ANESTHESIA INA MEDICAL QUAL  Y, (PLASTIC REPAIR OR RECONSTRUCTION) THORACIC	Yes
RAL OR SPINAL ANESTHESIA INA MEDICAL QUAL  Y, (PLASTIC REPAIR OR RECONSTRUCTION) THORACIC	
·	
	Yes
LOSED ACETABULUM (HIP SOCKET) FRACTURE(S); JLATION	Yes
ONIDAL CYST OR SINUS; COMPLICATED	Yes
GASTRIC BAND DIAMETER VIA SUBCUTANEOUS PORT BY PIRATION OF SALINE	Yes
RETTAGE OF BONE CYST OR BENIGN TUMOR OF RADIUS OF DING HEAD OR NECK OF RADIUS AND OLEC	Yes
NULATION; MAXILLARY SINUS (ANTRUM PUNCTURE OR )	Yes
PLACEMENT OF AN INTRAVASCULAR STENT(S), OPEN OR WHEN PERFORMED; INITIAL VIEN	Yes
OMPLETE, OF A TUNNELED CENTRALLY INSERTED CESS DEVICE, WITH SUBCUTANEOUS PORT, THROUGH	Yes
TERECTOMY, WITH OR WITHOUT PATCH GRAFT; DEEP ORAL	Yes
DIATE, WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS 5 MEMBRANES; 7.6 CM TO 12.5 CM	Yes
SUBCUTANEOUS TISSUE AND/OR MUCOUS MEMBRANE PLE CLOSURE), ONE LESION	Yes
SHOULDER AREA; SINGLE	Yes
ITH OTHER THAN VEIN; SUBCLAVIAN-AXILLARY	Yes
H STONE BASKET EXTRACTION AND/OR ULTRASONIC OR ILIC FRAGMENTATION OF URETERAL CALCULUS	Yes
NOSA-GLANS PENIS FISTULIZATION (EG, BIOPSY NEEDLE,	Yes
EDURE, RONGEUR, OR PUNCH) FOR PRIAPISM	Yes
EDURE, RONGEUR, OR PUNCH) FOR PRIAPISM  NEUROLYTIC AGENT; INTERCOSTAL NERVE	Yes
NEUROLYTIC AGENT; INTERCOSTAL NERVE GH, THROUGH FEMUR, ANY LEVEL; IMMEDIATE FITTING	Yes
NEUROLYTIC AGENT; INTERCOSTAL NERVE GH, THROUGH FEMUR, ANY LEVEL; IMMEDIATE FITTING CLUDING FIRST CAST IKLE, WITH JOINT EXPLORATION, WITH OR WITHOUT	Yes
NEUROLYTIC AGENT; INTERCOSTAL NERVE GH, THROUGH FEMUR, ANY LEVEL; IMMEDIATE FITTING CLUDING FIRST CAST IKLE, WITH JOINT EXPLORATION, WITH OR WITHOUT WITHOUT REMOVAL OF LOOSE OR FOREIGN BODY	
NEUROLYTIC AGENT; INTERCOSTAL NERVE GH, THROUGH FEMUR, ANY LEVEL; IMMEDIATE FITTING CLUDING FIRST CAST IKLE, WITH JOINT EXPLORATION, WITH OR WITHOUT WITHOUT REMOVAL OF LOOSE OR FOREIGN BODY ALIGNANT LESION, ANY METHOD, SCALP, NECK, HAND,	Yes
	IIGH, THROUGH FEMUR, ANY LEVEL; IMMEDIATE FITTING ICLUDING FIRST CAST  NKLE, WITH JOINT EXPLORATION, WITH OR WITHOUT  R WITHOUT REMOVAL OF LOOSE OR FOREIGN BODY  MALIGNANT LESION, ANY METHOD, SCALP, NECK, HAND,

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	Yes
11071	ODT// IODOC	MUCOUS MEMBRANE GRAFT (INCLUDES OBTAINING GRAFT)	Vac
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		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		Yes
23155	CPT/HCPCS		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 (FRENUMECTOMY, 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	Yes
05040	CDT// LODGO	GASTRIC BYPASS AND ROUX-EN-Y GASTROENTEROSTOMY	Voc
25246	CPT/HCPCS	INJECTION PROCEDURE FOR WRIST ARTHROGRAPHY	Yes
35535	CPT/HCPCS	BYPASS GRAFT, WITH VEIN; HEPATORENAL	Yes

	T	I	T.,
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	Yes
25492	CPT/HCPCS	MUCOUS MEMBRANE (INCLUDES OBTAINING GRAFT)  PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH	Voc
23432	CF 1/11CF CS	OR WITHOUT METHYL METHACRYLATE; RADIUS AND ULNA	163
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	Yes
		ARTERY RECONSTRUCTION (EG, JATENE TYPE); WITH REP	
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	Yes
		INTRACORON	
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	Yes
51715	CPT/HCPCS	CLOSURE (EG, ADVANCEMENT, ROTATION, RHOMBOID, BIPE ENDOSCOPIC INJECTION OF IMPLANT MATERIAL INTO THE	Yes
44625	CPT/HCPCS	SUBMUCOSALTISSUES OF THE URETHRA AND/OR BLADDER NECK CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE; WITH	Yes
61533	CPT/HCPCS	RESECTION AND ANASTOMOSIS  CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR INSERTION	Yes
65265	CPT/HCPCS	OF EPIDURAL ELECTRODE ARRAY  REMOVAL OF FOREIGN BODY, INTRAOCULAR; FROM POSTERIOR SEGMENT,	Yes
0.4000	ODT// LODGO	NONMAGNETIC EXTRACTION	V
24332 20100	CPT/HCPCS CPT/HCPCS	TENOLYSIS, TRICEPS  EXPLORATION OF PENETRATING WOUND; NECK	Yes Yes
26496	CPT/HCPCS  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	Yes
61619	CPT/HCPCS	MASS(ES) (EG, WEDGE, INCISIONAL), UNILATERAL  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 FIBROCARTILAGE AND/OR JOINT DEBRIDEMENT	Yes
47100	CPT/HCPCS	BIOPSY OF LIVER, WEDGE (SEPARATE PROCEDURE)	Yes
	1	1	1

	1		T
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, PERCTANEOUS NEEDLE; WHEN DONE FOR	Yes
		INDICATEDPURPOSE AT TIME OF OTHER MAJOR PROCEDURE (NOT AS SEP PROC)	
63663	CPT/HCPCS	REVISION INCLUDING REPLACEMENT, WHEN PERFORMED, OF SPINAL	Yes
		NEUROSTIMULATOR ELECTRODE PERCUTANEOUS ARRAY(S), INCL	
	  :	FLUOROSC	L.
63086	CPT/HCPCS	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR	Yes
		COMPLETE, TRANSTHORACIC APPROACH WITH DECOMPRESSION	
64495	CPT/HCPCS	INJECTION(S), DX OR TX AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL)	Yes
		JOINT (OR NERVES INNERVATING THAT JOINT) W/IMAGE GUIDA	
36570	CPT/HCPCS	INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS ACCESS	Yes
<u> </u>		DEVWITH SUBCUTANEOUS PORT; UNDER 5 YEARS OF AGE	
24000	CPT/HCPCS	ARTHROTOMY, ELBOW, FOR INFECTION, WITH EXPLORATION, DRAINAGE OR	Yes
00700	0.07.11.55.55	REMOVAL OF FOREIGN BODY	
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	Yes
		BOWEL TO ASSIST WITH AN ENDOSCOPIC BILIARY PROCEDURE (EG,	
24305	CPT/HCPCS	TENDON LENGTHENING, UPPER ARM OR ELBOW, SINGLE, EACH	Yes
42160	CPT/HCPCS	DESTRUCTION OF LESION, PALATE OR UVULA (THERMAL, CRYO OR	Yes
EE040	ODT//JODGG	CHEMICAL)	Voc
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	Yes
-		OSTEOTOMY (INCLUDES CORRECTION OF GENU VARUS (BOWLEG) OR GENU	
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)	Yes
		OF BONE (EG, FOR OSTEOMYELITIS OR TARSAL BOSSING),	
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 CPT/HCPCS	EXCISION OR FULGURATION OF CARCINOMA OF URETHRA	Yes
15151	10F1/H0P03	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,	Yes
50546	CPT/HCPCS	INTRAMUSCULAR); 5 CM OR GREATER  LAPAROSCOPY, SURGICAL; NEPHRECTOMY, INCLUDING PARTIAL	Yes
		URETERECTOMY	I C S
27333	CPT/HCPCS	ARTHROTOMY, KNEE, FOR EXCISION OF SEMILUNAR CARTILAGE	Yes
27000		(MENISCECTOMY); MEDIAL AND LATERAL	

STATES  STATE  OPTINICIDES  SITURIES OF EXTERNAL TRACEINAL WOULD OF INVADITY, INTRACHORICE  PERSONAL OPTINICIDES  STATE  OPTINICIDES  OPTINICIDE				
AMERICA MERITARION OF DRAINAGE OF ASSCESS, DEEP  VIS  06944 OPPICIECS  MISTOTOMY WITH EDPLOPATION OF DRAINAGE OF ASSCESS, DEEP  VIS  47799 OPPICIECS  MISTOTOMY WITH EDPLOPATION OF ONE EXTREMITY, 5 OR MORE MUSICISS  VIS  47790 OPPICIECS  MISTOTOMY OF THE DROCCIDINE, MISTOTOMY  VIS  57780 OPPICIECS  MISTOTOMY OF THE DROCCIDINE, MISTOTOMY  VIS  38900 OPPICIECS  MISTOTOMY ONE OF THE PROCEDURE PERFORMED IN UTERO  MISTOTOMY OF THE PROCEDURE PERFORMED OF THE PROCEDURE PERFORMED IN UTERO  GENERAL PROCEDURE PERFORMED OF THE PROCEDURE PERFORMED IN UTERO  MISTOTOMY OF THE PROCEDURE PERFORMED OF THE PROCEDURE P	31805	CPT/HCPCS	SUTURE OF EXTERNAL TRACHEAL WOUND OR INJURY; INTRATHORACIC	Yes
19020	35671	CPT/HCPCS		Yes
SABASA   CPITACPCIS	19020	CPT/HCPCS		Yes
A4799 OPTIACIDES DIL BISTED PROCEDURE, SMALL INITISTINE Yes PETUS, PROCESSINE CORRESTANCE OFFICE APPROVATION MALE PRINTED PROCESSION FETUS, PROCESSION CORRESTANCE OFFICE APPROVATION MALE PRINTED PROCEDURE, STATE OF THE PROCESSION OF THE PROCESSIO				
SAME OFFICE OF SEPAR, CONGENTIAL CYSTIC ADEMONATOR MALFORMATION IN THE FETUS, PROCEDURE PERSONNED IN LITERO STRUCK PROCESSION OF SERVING AND PROVIDED BY LITEROPH AND AND PROVIDED BY LITER		+		
FETUS, PROCEDURE PERFORMED IN UTERO OPTHOPOS NTROPOGRATIVE IDENTIFICATION ES, MAPPING OF SENTINEL LYMPH NODE(S), INCL INJ OF NON-RADIOACTIVE DYE, WHEN PERFORMED (L.  57288 CPTHOPOS SUNG OPERATION FOR STRESS INCONTINENCE (EG., FASCIA OR SYNTHETIC) Yes  57288 CPTHOPOS SUNG OPERATION FOR STRESS INCONTINENCE (EG., FASCIA OR SYNTHETIC) Yes  57288 CPTHOPOS CORRESPONDATION OF FROM CPTHOPOS CORRESPONDATION OF CROMORE RENAL TUMORIS), PERCUTANEOUS, UNILATERAL, Yes  43508 CPTHOPOS CPTHOPOS CPTHOPOS CORRESPONDATION ON DO ROMBERENAL TUMORIS), PERCUTANEOUS, UNILATERAL, Yes  43508 CPTHOPOS CPTHOPOS CORRESPONDATION ON DO ROMBERENAL TUMORIS), PERCUTANEOUS, UNILATERAL, Yes  43508 CPTHOPOS CPTHOPOS CREATED PROCEDURE, STOMACH Yes  CPTHOPOS UNILSTED PROCEDURE, STOMACH Yes  CPTHOPOS CORRESPONDATION (INCERCION STREAM) CPTHOPOS CREAM C				
SPECIAL CONTRIBUTION   DESTRUCTION   PROPERTY   PROPERTY	02402	01 1/1101 00		100
S1988 CPT.HCPCS SUNG OPERATION FOR STRESS INCONTINENCE (EG, FASCIA OR SYNTHETIC) Yes  51984 CPT.HCPCS ORBITOCRANIAL APPROACH TO ANTERIOR CRANIAL FOSSA, EXTRADUPALINCLUSION SUPPAGERITAR IDDG OSTSTOTOMY AND ELEVATION OF FROM ELEVATION OF FROM ELEVATION OF THOM CIPCUMCISION, SURGISCAL EXCISION OTHER THAN CLAMP, DEVICE, OR OPICAL SUIT, OLDER THAN 20 DAYS OF AGE  54191 CPT.HCPCS ORCHIOPEXY, ASDOMINAL APPROACH, FOR INITEA-ABDOMINAL TESTIS (EG, 1988 CPT.HCPCS ORCHIOPEXY, ASDOMINAL APPROACH, FOR INITEA-ABDOMINAL TESTIS (EG, 1988 CPT.HCPCS ORCHIOPEXY, ASDOMINAL APPROACH, FOR INITEA-ABDOMINAL TESTIS (EG, 1988 CPT.HCPCS ORCHIOPEXY, ASDOMINAL APPROACH, FOR INITEA-ABDOMINAL TESTIS (EG, 1988 CPT.HCPCS ORCHIOPEXY, ASDOMINAL APPROACH, FOR INITEA-ABDOMINAL TESTIS (EG, 1988 CPT.HCPCS ORCHIOPEXY, ASDOMINAL APPROACH, FOR INITEA-ABDOMINAL TESTIS (EG, 1988 CPT.HCPCS ORCHIOPEXY, ASDOMINAL APPROACH, FOR INITEA-ABDOMINAL TESTIS (EG, 1988 CPT.HCPCS ORCHIOPEXY, ASDOMINAL APPROACH, FOR INITEA-ABDOMINAL TESTIS (EG, 1988 CPT.HCPCS ORCHIOPEXY, ASDOMINAL APPROACH, FOR INITEA-ABDOMINAL TESTIS (EG, 1988 CPT.HCPCS ORCHIOPEXY, ASDOMINAL APPROACH, FOR INITEA-ABDOMINAL TESTIS (EG, 1988 CPT.HCPCS OFTHER CLASS (EG) (EG) (EG) (EG) (EG) (EG) (EG) (EG)	39000	CDT/HCDCS		Voc
CPT/HCPCS SUNG OPERATION FOR STRESS INCONTINENCE (EG, FASCIA OR SYNTHETIC) Ves  61584 CPT/HCPCS ORBITOCKANIAL APPROACH TO ANTERIOR CRAINAL TOSSA, EXTRADURALING LIDING SURPACORBITAL RIDGE OSTEOTOMY AND ELEXATION OF FROM  61610 CPT/HCPCS CIRCUMCISION, SURGICAL EXCISION OTHER THAN CLAMP, DEVICE, OR 61600 CPT/HCPCS ORCHOPEXY, ABDOMRAY APPROACH, FOR INTRA-ABDOMINAL TESTIS (EG, 700 CPT/HCPCS ORCHOPEXY, ABDOMRAY APPROACH, FOR INTRA-ABDOMINAL TESTIS (EG, 700 CPT/HCPCS ORCHOPEXY, ABDOMRAY APPROACH, FOR INTRA-ABDOMINAL TESTIS (EG, 700 CPT/HCPCS ORCHOPEXY, ABDOMRAY APPROACH, FOR INTRA-ABDOMINAL TESTIS (EG, 700 CPT/HCPCS ORCHOPEXY, ABDOMRAY APPROACH, FOR INTRA-ABDOMINAL TESTIS (EG, 700 CPT/HCPCS ORCHOPEXY, ABDOMRAY APPROACH, FOR INTRA-ABDOMINAL TESTIS (EG, 700 CPT/HCPCS ORCHOPEXY, ABDOMRAY APPROACH, FOR INTRA-ABDOMINAL TESTIS (EG, 700 CPT/HCPCS ORCHOPEXY, ABDOMRAY APPROACH, FOR INTRA-ABDOMINAL TESTIS (EG, 700 CPT/HCPCS ORCHOPEXY, ABDOMRAY APPROACH, FOR INTRA-ABDOMINAL TESTIS (EG, 700 CPT/HCPCS OF MOUTH, MASTICATOR SPACE  60 CPT/HCPCS OF EXTRAORAL INCIDION AND DRIANAGE OF ABSCESS, CYST, OR HEMATIONA  60 CPT/HCPCS OF EXTRAORAL TO THE AND AND ARE ABDOMENATED OR FOR INTRA-TIBLE OR THE ABDOMENATED OR FOR INTRA-TIBLE OR THE ABDOMENATED OR FOR INTRA-TIBLE OR FOR INT	36900	CF 1/11CFC3		1165
61584 CPT/HCPCS ORBITOCRANIAL APPROACH TO ANTERIOR CRANIAL FOSSA, EXTRADURAL INCLUDING SUPRAORBITAL RIDGE OSTFOTOMY AND ELEVATION OF FRON  54161 CPT/HCPCS CIRCUMCISION, SUPRAORBITAL RIDGE OSTFOTOMY AND ELEVATION OF FRON  54550 CPT/HCPCS ORCHORPOY, ABDO MILA APPROACH, FOR INTRA-ABDOMINAL TESTIS (EG, POW. SER. STEPHENS)  51880 CPT/HCPCS CONCINERY OR SERVING APPROACH, FOR INTRA-ABDOMINAL TESTIS (EG, FOW. SER. STEPHENS)  51880 CPT/HCPCS CLOSIBLE OF CYSTOSTOMY (SEPARATE PROCEDURE)  50592 CPT/HCPCS CLOSIBLE OF CYSTOSTOMY (SEPARATE PROCEDURE)  50592 CPT/HCPCS CLOSIBLE OF CYSTOSTOMY (SEPARATE PROCEDURE)  50592 CPT/HCPCS ABIATION, ONE OR NORE RENAL TUMORIS), PERCUTANEOUS, UNILITERAL, YES 20090 CPT/HCPCS CLOSIBLE OF CYSTOSTOMY AND DRAINAGE OF ASSCESS, CYST, OR HEMATOMA OF FLOOD OF MOUTH WASTICATOR SPACE  54177 CPT/HCPCS UNUSTED PROCEDURE, STOMACH  56270 CPT/HCPCS UNUSTED PROCEDURE, STOMACH  66270 CPT/HCPCS REMOVAL AND REPLACHENT OF NONINFLATABLE OR INFLATABLE PERCURPOSITIES IN BROUGH IN PERCURPOSITE OF HELD SAME OPERATIVE SESSION  66270 CPT/HCPCS "REPAIR OF LACERATION; CONJUNCTIVA, WITH OR WITHOUT NONPERFORATIVE LACERATION; CONJUNCTIVA, WITH OR WITHOUT NONPERFORATIVE LACERATION CALERATION SCLERA, DIRECT LOSUSHE  33722 CPT/HCPCS CLOSIBLE OF ADRITICOLETY FUNRICULAR TUNNEL  527513 CPT/HCPCS CLOSIBLE OF ADRITICOLETY FUNRICULAR TUNNEL  54508 CPT/HCPCS CLOSIBLE OF ADRITICOLETY FUNRICULAR TUNNEL  54508 CPT/HCPCS CLOSIBLE OF ADRITICOLETY FUNRICULAR TUNNEL  54508 CPT/HCPCS CLOSIBLE OF ADRITICOLETY FUNRICULAR TUNNEL  54609 CPT/HCPCS CLOSIBLE OF ADRITICOLETY FUNRICULAR TUNNEL  54708 CPT/HCPCS CLOSIBLE OF ADRITICOLETY FU			NODE(5) INCL INJOF NON-KADIOACTIVE DYE, WHEN PERFORMED (L	
EXTRADURAL INCLUDING SUPRAGENTAL RIDGE OSTEOTOMY AND ELEVATION OF PROM 54650 CPT/HCPCS CICCUMCISION, SURGICAL EXCISION OTHER THAN CLAMP, DEVICE, OR 96850 CPT/HCPCS CICCUMCISION, SURGICAL EXCISION OTHER THAN CLAMP, DEVICE, OR 96850 CPT/HCPCS CICCUMCISION, SURGICAL EXCISION OTHER THAN CLAMP, DEVICE, OR 96850 CPT/HCPCS CICCUMCISION, SURGICAL EXCISION OTHER THAN CLAMP, DEVICE, OR 96850 CPT/HCPCS CICCUMCISION, SURGICAL EXCISION OTHER THAN CLAMP, DEVICE, OR 96850 CPT/HCPCS CICCUMCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA 96850 CPT/HCPCS BUTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA 9680 CPT/HCPCS BUTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA 9680 CPT/HCPCS BUTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA 9680 CPT/HCPCS BUTRAORAL MOR BERLACKED OF PRICE STOMACH 968270 CPT/HCPCS BUTRAORAL MOR BERLACKED OF PRICE STOMACH 968270 CPT/HCPCS BUTRAORAL MAD REPLACEMENT OF MONINFEATABLE OR INFLATABLE 96810 CPT/HCPCS CICCUMCINETY 96810 CPT/HCPCS CICCUMCIN	57288	CPT/HCPCS	SLING OPERATION FOR STRESS INCONTINENCE (EG, FASCIA OR SYNTHETIC)	Yes
DORSAS SUIT OLDER THAN 28 DAYS OF AGE  54650 CPTHCPCS ORCHIOPEXT, ABDOMINAL APPROACH, FOR INTRA ABDOMINAL TESTIS (EG, Yes FOWLER STEPHENS)  51880 CPTHCPCS SE CLOSURE OF CYSTOSTOMY (SEPARATE PROCEDURE) Yes CONCLET OR THE CONCLET OF THE CONCLET OR	61584	CPT/HCPCS	EXTRADURALINCLUDING SUPRAORBITAL RIDGE OSTEOTOMY AND	Yes
FOMULES.STEPHENS)  51880 CPT/HCPCS CLOSURE OF CYSTOSTOMY (SEPARATE PROCEDURE)  Ves  505922 CPT/HCPCS CLOSURE OF CYSTOSTOMY (SEPARATE PROCEDURE)  41018 CPT/HCPCS CRAMORAL INICISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA  OF FLOOR OF MOUTH: MASTICATOR SPACE  42939 CPT/HCPCS  FREMOVAL AND REPLACMENT OF NONINFLATABLE OR INFLATABLE  PENILEPROSTHESIS THROUGH INFECTED FIELD SAME OPERATIVE SESSION  65270 CPT/HCPCS  FREPAIR OF LACERATION; CONJUNCTIVA, WITH OR WITHOUT  Ves  13722 CPT/HCPCS  FREPAIR OF LACERATION; CONJUNCTIVA, WITH OR WITHOUT  Ves  13722 CPT/HCPCS  CLOSURE OF AORTICO-LEFT VENTRICULAR TUNNEL  Yes  27513 CPT/HCPCS  CPT/HCPCS  CPT/HCPCS  APPLICATION OF HALO, INCLUDING REMOVAL, CRAINAL  YES  CPT/HCPCS  CLOSED TREATMENT OF FEMORAL SUPRACONDVLAR OR TRANSCONDYLAR  FERACTURE WITH INTERCONDYAR EXTENSION, WWW INTERNAL OR EX  FERACTURE WITH INTERCONDYAR EXTENSION, WWW INTERNAL OR EX  27268 CPT/HCPCS  CLOSED TREATMENT OF FEMORAL SUPRACONDVLAR PROXIBAL END AND AND AND AND AND AND AND AND AND A	54161	CPT/HCPCS		Yes
Sesso CPT/HCPCS ABLATION. ONE OR MORE RENAL TUMORI(S), PERCUTANEOUS, UNILATERAL Yes RADIOFREQUENCY 41018 CPT/HCPCS CATRAGRAI, INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA Yes OF FLOOR OF MOUTH; MASTICATOR SPACE 43999 CPT/HCPCS DIVISITED PROCEDURE, STOMACH Yes PENILEPROCEDURE, STOMACH Yes PENILEPROCES, CONTINUES TO PROCEDURE, STOMACH Yes PENILEPROCES AND REPLACEMENT OF NONINELIZABLE OR INFLATABLE YES PENILEPROSTHESIS THROUGH INFECTED FIELD SAME OPERATIVE SESSION  65220 CPT/HCPCS REMOVAL AND REPLACEMENT OF NONINELIZABLE OR INFLATABLE YES PENILEPROSTHESIS THROUGH INFECTED FIELD SAME OPERATIVE SESSION NONPERFORATING LACERATION; CONJUNCTIVA, WITH OR WITHOUT YES NONPERFORATING LACERATION SCLERA, DIRECT CLOSURE  78722 CPT/HCPCS CLOSURE OF AORTICO-LEFT VENTRICULAR TUNNEL YES PENILEPROCEDURE OF THE PROCEDURE OF THE PROCEDURE WITH INTERCONDYRA EXTENSION, WITHOUT AND RESERVE OF THE PROCEDURE WITH INTERCONDYRA EXTENSION, WITHOUT AND RESERVE OF THE PROCEDURE OF THE P	54650	CPT/HCPCS		Yes
S0592 CPT/HCPCS ABLATION, ONE OR MORE RENAL TUMOR(S), PERCUTANEOUS, UNILATERAL Yes RADIOFREQUENCY 41018 CPT/HCPCS EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA Yes OF FLOOR OF MOUTH; MASTICATOR SPACE 43999 CPT/HCPCS UNISTED PROCEDURE, STOMACH Yes PENILEPROCTHESIS THROUGH INFECTED FIELD SAME OPERATIVE SESSION 54417 CPT/HCPCS REMOVAL AND REPLACMENT OF NONINELATABLE OR INFLATABLE Yes PENILEPROSTHESIS THROUGH INFECTED FIELD SAME OPERATIVE SESSION 55270 CPT/HCPCS REMOVAL AND REPLACMENT OF NONINELATABLE OR INFLATABLE Yes PENILEPROSTHESIS THROUGH INFECTED FIELD SAME OPERATIVE SESSION 55270 CPT/HCPCS CLOSURE OF ADRITICAL CHARLES AND INFLATABLE YES PENILEPROSTHESIS THROUGH INFECTED FIELD SAME OPERATIVE SESSION 55270 CPT/HCPCS CLOSURE OF ADRITICAL PENINGULAR TUNNEL YES CONTROL OF ADRITICAL PENINGULAR TUNNEL YES CONTROL OF THE SESSION OF PENINGULAR TUNNEL OF EXAMENSION, WINNO INTERNAL OR EX CONTROL OF THE SESSION OF PENINGULAR TUNNEL OR EX CONTROL OF THE SESSION OF PENINGULAR TUNNEL OR EX CONTROL OF THE SESSION OF PENINGULAR TUNNEL OR EX CONTROL OF THE SESSION OF PENINGULAR TUNNEL OR EX CONTROL OF THE SESSION OF PENINGULAR TUNNEL OR EX CONTROL OF THE SESSION OF PENINGULAR TUNNEL OR EX CONTROL OF THE SESSION OF PENINGULAR TUNNEL OR EX CONTROL OF THE SESSION OF PENINGULAR TUNNEL OR EX CONTROL OF THE SESSION OF PENINGULAR TUNNEL OR EX CONTROL OF THE SESSION OF PENINGULAR TUNNEL OR EXCELSION OF THE SESSION OF	51880	CPT/HCPCS	CLOSURE OF CYSTOSTOMY (SEPARATE PROCEDURE)	Yes
OF FLOOR OF MOUTH; MASTICATOR SPACE  43999 CPT/HCPCS UNLISTED PROCEDURE, SIONACH  CPT/HCPCS REMOVAL AND REPLACMENT OF NONINELATIABLE OR INFLATABLE PENILEPROSTHESIS THROUGH INFECTED FIELD SAME OPERATIVE SESSION  65270 CPT/HCPCS *REPAIR OF LACERATION; CONJUNCTIVA, WITH OR WITHOUT NONPERFORATING LACERATION SCLERA, DIRECT CLOSURE  33722 CPT/HCPCS APPLICATION OF HALO, INCLUDING REMOVAL; CRANIAL Yes  20661 CPT/HCPCS APPLICATION OF HALO, INCLUDING REMOVAL; CRANIAL Yes  27513 CPT/HCPCS OPEN TREATMENT OF FEMORAL SUPPRACONDIVLAR OR TRANSCONDYLAR FERACTURE WITH INTERCONDYAR EXTENSION, WWW INTERNAL OR EX  27268 CPT/HCPCS CLOSED TREATMENT OF FEMORAL FLANCHURGH, PROXIMAL END, HEAD; WITH Yes  42266 CPT/HCPCS UNETHERDENSION; LESS THAN 3 CM  42425 CPT/HCPCS UNETHERDENSION; LESS THAN 3 CM  42425 CPT/HCPCS EXCISION OF PAROTIDI TUMOR OR PRAROTID GLAND; TOTAL, EN BLOC YES  REMOVAL WITH SACRIFICE OF FACIAL NERVE  44820 CPT/HCPCS EXCISION OF LESSON OF PERSONERY (SEPARA PROCEDURE) Yes  55430 CPT/HCPCS SCARPING OF CORNEA, DIAGNOSTIC, FOR SMEAR AND/OR CULTURE YES  44826 CPT/HCPCS EXCISION OF LESSON OF MESSINERY (SEPARATE PROCEDURE) YES  55430 CPT/HCPCS EXCISION OF LESSON OF MESSINERY (SEPARATE PROCEDURE) YES  55430 CPT/HCPCS EXCISION OF LESSON OF MESSINERY (SEPARATE PROCEDURE) YES  55430 CPT/HCPCS EXCISION OF LESSON OF MESSINERY (SEPARATE PROCEDURE) YES  55540 CPT/HCPCS EXCISION OF LESSON OF MESSINERY (SEPARATE PROCEDURE) YES  55550 CPT/HCPCS EXCISION OF LESSON OF MESSINERY (SEPARATE PROCEDURE)  5560 CPT/HCPCS EXCISION OF LESSON OF MESSINERY (SEPARATE PROCEDURE)  5560 CPT/HCPCS PROVING ASSOCIATED (SECOPT LISTED ABOVE), DENTOALVEOLAR YES  5560 CPT/HCPCS FENSION MASTOIDECTOMY, RESULTING INTYMPANOPLASTY  5560 CPT/HCPCS PROVING ASSOCIATED (SEPARATE PROCEDURE)  5570 CPT/HCPCS PORAINAGE OF SCROTAL WITH LYSIS OF ADHESIONS  5560 CPT/HCPCS PORAINAGE OF SCROTAL WITH LYSIS OF ADHESIONS  5560 CPT/HCPCS SPACEDURE OF SCROTAL WITH LYSIS OF ADHESIONS  5560 CPT/HCPCS PORAINAGE OF SCROTAL WITH LYSIS OF ADHESIONS  5560 CPT/HCPCS PORAINAGE OF SCROTAL WITH	50592	CPT/HCPCS	• • • • • • • • • • • • • • • • • • • •	Yes
43999 CPT/HCPCS UNLISTED PROCEDURE, STOMACH CPT/HCPCS REMOVAL AND REPLACEMENT OF NONINFLATABLE OR INFLATABLE PENILEPROSTHESIS THROUGH INFECTED FIELD SAME OPERATIVE SESSION  SEPALE OF PRILEPROSTHESIS THROUGH INFECTED FIELD SAME OPERATIVE SESSION  SERVICE OF THE CONTROL OF THE	41018	CPT/HCPCS	EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA	Yes
S4417 CPT/HCPCS REMOVAL AND REPLACMENT OF NONINFLATABLE OR INFLATABLE PENILEPROSTHESIS THROUGH INFECTED FIELD SAME OPERATIVE SESSION  65270 CPT/HCPCS REPAIR OF LACERATION; CONJUNCTIVA, WITH OR WITHOUT NONPERFORATING LACERATION; CONJUNCTIVA, WITH OR WITHOUT NONPERFORATING LACERATION SCLERA, DIRECT CLOSURE 33722 CPT/HCPCS APPLICATION OF HALO, INCLUDING REMOVAL; CRANIAL YES CPT/HCPCS APPLICATION OF HALO, INCLUDING REMOVAL; CRANIAL YES CPT/HCPCS OPEN TREATMENT OF FEMORAL SUPRACONDYLAR OR TRANSCONDYLAR FFRACTURE WITH INTERCONDYAR EXTENSION, W/WO INTERNAL OR EX  27268 CPT/HCPCS CLOSED TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, HEAD; WITH S4308 CPT/HCPCS URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING URINARY DIVERSION); LESS THAN 3 CM  42425 CPT/HCPCS EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, EN BLOC REMOVAL WITH SACRIFICE OF FACIAL NERVE SCISION OF LESION OF MESENTY (SEPARATE PROCEDURE) YES CASISION OF LESION OF MESENTY (SEPARATE PROCEDURE) YES CPT/HCPCS EXCISION OF LESION OF MESENTY (SEPARATE PROCEDURE) YES CPT/HCPCS EXCISION OF LESION OF MESENTY (SEPARATE PROCEDURE) YES STRUCTURES; WITH SIMPLE REPAIR SERVED OF TRANSCORPY, SURGICAL; WITH LYSIS OF ADHESIONS CPT/HCPCS REVISION MASTOLDECTOMY, RESULTING IN TYMPANOPLASTY YES CPT/HCPCS LAPAROSCOPY, SURGICAL; WITH LYSIS OF ADHESIONS CPT/HCPCS TREATMENT OF CLOSED HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR YES CPT/HCPCS TREATMENT OF CLOSED HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR YES CPT/HCPCS TREATMENT OF CLOSED HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR YES CPT/HCPCS TRANSCATHETER MITRAL VALVE REPAIR PROCUTANEOUS APPROACH, INCLUDING TRANSCEPTAL PUNCTURE BY PASSAGE OF FILIFORM AND FRACTURE, WITH MANIPULATION; CPT/HCPCS TRANSCATHETER MITRAL VALVE REPAIR PRECUTANEOUS APPROACH, INCLUDING TRANSCEPTAL PUNCTURE WHEN PERFORMED; ADD PROSTHESIS CPT/HCPCS COLONSONY, FLEXIBLE; WITH CONTROL OF BLEEDING, ANY METHOD YES CPT/HCPCS COLONSONY, FLEXIBLE; WITH CONTROL OF BLEEDING, ANY METHOD YES CPT/HCPCS RESECTION (TUMOR GLEUKING) OF RECURRENT OVARIAN, TUBAL, PRIMARY PERFORMEN	43999	CPT/HCPCS		Yes
PENILEPROSTHESIS THROUGH INFECTED FIELD SAME OPERATIVE SESSION  65270 CPT/HCPCS - REPAIR OF LACERATION; CONJUNCTIVA, WITH OR WITHOUT YES NONPERFORATING LACERATION SCLERA, DIRECT CLOSURE  37722 CPT/HCPCS CLOSURE OF ADRITICO-LETY VENTRICULAR TUNNEL YES CAPILATION OF HALO, INCLUDING REMOVAL; CRANIAL OR EX FRACTURE WITH INTERCONDYAR EXTENSION, WITHOUT STANDARD AND AND ADMINISTRATION OF PERFORMANCIAN OF FRACTURE, PROXIMAL END, HEAD; WITH YES MANIPULATION YES WITHOUT DISTRICT OF THE MANIPULATION YES URINARY DIMERSION); LESS THAN 3 CM WITHOUT STANDARD AND ADMINISTRATION OF PAROTID DIMOR OR PAROTID GLAND; TOTAL, EN BLOC REMOVAL WITH SACRIFICE OF FACIAL NERVE AND ADMINISTRATION OF CONTROL OF PAROTID GLAND, TOTAL, EN BLOC YES REMOVAL WITH SACRIFICE OF FACIAL NERVE SEASON OF CITIED OF PAROTID GLAND, TOTAL, EN BLOC YES CONTROL OF PAROTID GLAND, TOTAL, EN BLOC YES CAPING OF CORNEA, DIAGNOSTIC, FOR SMEAR AND/OR CULTURE YES STRUCTURES, WITH SIMPLE REPAIR SEASON OF CULTURE YES STRUCTURES, WITH SIMPLE REPAIR SEASON OF CONTROL OF STRUCTURES, WITH SIMPLE REPAIR SEASON OF CONTROL OF CON		CPT/HCPCS		
NONPERFORATING LACERATION SCLERA, DIRECT CLOSURE  33722 CPT/HCPCS CLOSURE OF AORTICO-LEFT VENTRICULAR TUNNEL Yes 27513 CPT/HCPCS APPLICATION OF HALO, INCLUDING REMOVAL; CRANIAL Yes 27513 CPT/HCPCS OPEN TREATMENT OF FEMORAL SUPRACONDYLAR OR TRANSCONDYLAR FFRACTURE WITH INTERCONDYAR EXTENSION, W/WO INTERNAL OR EX 27268 CPT/HCPCS CLOSED TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, HEAD; WITH MAINPULATION 27268 CPT/HCPCS URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING WAINNARY DIVERSION); LESS THAN 3 CM 42425 CPT/HCPCS EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, EN BLOC YES REMOVAL WITH SACRIFICE OF FACIAL NERVE 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 OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR YES 58660 CPT/HCPCS REVISION MASTOIDECTOMY; RESULTING IN TYMPANOPLASTY YES 58660 CPT/HCPCS REVISION MASTOIDECTOMY; RESULTING IN TYMPANOPLASTY YES 58660 CPT/HCPCS LAPAROSCOPY, SURGICAL; WITH LYSIS OF ADHESIONS YES CPT/HCPCS TREATMENT OF CLOSED HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR YES 58620 CPT/HCPCS "DRAINAGE OF SCROTAL WALL ABSCESS" YES 58620 CPT/HCPCS "DRAINAGE OF SCROTAL WALL ABSCESS" YES 58631 CPT/HCPCS "DRAINAGE OF SCROTAL WALL ABSCESS" YES 58640 CPT/HCPCS "DRAINAGE OF SCROTAL WALL ABSCESS" YES 58650 CPT/HCPCS "TRANSCATHETER MITRAL VALUE REPAIR PROCUTANEOUS APPROACH, INCLUDING TRANSCATHETER MITRAL VALUE REPAIR, PERCUTANEOUS APPROACH, INCLUDING TRANSCATHETE MITRAL VALUE REPAIR, PERCUTANEOUS APPROACH				
20661 CPT/HCPCS APPLICATION OF HALO, INCLUDING REMOVAL; CRANIAL Yes 27513 CPT/HCPCS OPEN TREATMENT OF FEMORAL SUPRACONDYLAR OR TRANSCONDYLAR Yes FFRACTURE WITH INTERCONDYAR EXTENSION, W/WO INTERNAL OR EX 27268 CPT/HCPCS CLOSED TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, HEAD; WITH Yes MANIPULATION 54308 CPT/HCPCS USETHORPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING URINARY DIVERSION); LESS THAN 3 CM 42425 CPT/HCPCS EXCISION OF PARDITID TUMOR OR PAROTID GLAND; TOTAL, EN BLOC REMOVAL WITH SACRIFICE OF FACIAL NERVE 44820 CPT/HCPCS EXCISION OF LESION OF MESENTERY (SEPARATE PROCEDURE) 456430 CPT/HCPCS EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR YES 65430 CPT/HCPCS EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR YES 558660 CPT/HCPCS REVISION MASTOIDECTOMY; RESULTING IN TYMPANOPLASTY YES 558660 CPT/HCPCS TREATMENT OF CLOSED HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR YES 558620 CPT/HCPCS TREATMENT OF CLOSED HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR YES FRACTURE, WITH MANIPULATION; 55100 CPT/HCPCS "DRAINAGE OF SCROTAL WALL ABSCESS" 33419 CPT/HCPCS "DRAINAGE OF SCROTAL WALL ABSCESS" 34425 CPT/HCPCS "DRAINAGE OF SCROTAL WALL ABSCESS" 34436 CPT/HCPCS "BRAINAGE OF SCROTAL WALL ABSCESS" 34436 CPT/HCPCS "BRAINAGE OF SCROTAL WALL ABSCESS" 34436 CPT/HCPCS "BRAINAGE OF SCROTAL WALL ABSCESS" 34437 CPT/HCPCS "BRAINAGE OF SCROTAL WALL ABSCESS" 34438 CPT/HCPCS REVISION OF COLOSTOMY; COMPLICATED (RECONSTRUCTION IN-DEPTH) YES 658957 CPT/HCPCS COLONOSCOPY, FLEXIBLE; WITH CONTROL OF BLEEDING, ANY METHOD YES 658957 CPT/HCPCS COLONOSCOPY, FLEXIBLE; WITH CONTROL OF BLEEDING, ANY METHOD YES 658957 CPT/HCPCS COLONOSCOPY, FLEXIBLE; WITH CONTROL OF BLEEDING, ANY METHOD YES 658957 CPT/HCPCS RESECTION (TUMOR DEBULKING) OF RECURRENT OVARIAN, TUBAL, PRIMARY PERTONEAL, UTERINE MALIGNANCY (INTRA-ABDOMINAL, RETROPERTONEAL, UTERINE MALIGNANCY (INTRA-ABDOMINAL, RETROPERTONEAL, UTERINE MALIGNANCY (INTRA-ABDOMINAL, RETROPERTONEAL, UTERINE MALIGNANCY (INTRA-ABDOMINAL,	65270	CPT/HCPCS		Yes
27513 CPT/HCPCS OPEN TREATMENT OF FEMORAL SUPRACONDYLAR OR TRANSCONDYLAR FFRACTURE WITH INTERCONDYAR EXTENSION, W/WO INTERNAL OR EX  27268 CPT/HCPCS CLOSED TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, HEAD; WITH YES MANIPULATION  54308 CPT/HCPCS URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING URINARY DIVERSION); LESS THAN 3 CM  42425 CPT/HCPCS EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, EN BLOC REMOVAL WITH SACRIFICE OF FACIAL NERVE  44820 CPT/HCPCS EXCISION OF LESION OF MESENTERY (SEPARATE PROCEDURE)  565430 CPT/HCPCS SCRAPING OF CORNEA, DIAGNOSTIC, FOR SMEAR AND/OR CULTURE YES  41826 CPT/HCPCS EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR YES STRUCTURES; WITH SIMPLE REPAIR  59604 CPT/HCPCS REVISION MASTOIDECTOMY; RESULTING IN TYMPANOPLASTY YES  58660 CPT/HCPCS LAPAROSCOPY, SURGICAL; WITH LYSIS OF ADHESIONS YES  4535 CPT/HCPCS ITREATMENT OF CLOSED HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR YES FRACTURE, WITH MANIPULATION;  53620 CPT/HCPCS "OPINIATION OF URETHRAL STRICTURE BY PASSAGE OF FILIFORM AND YES FOLLOWER, MALE; INITIAL STRICTURE BY PASSAGE OF FILIFORM AND YES FOLLOWER, MALE; INITIAL STRICTURE BY PASSAGE OF FILIFORM AND YES FINAL STRICTURE BY PASSAGE OF FILIFORM AND PROSTHESIS  44345 CPT/HCPCS "RANSCATHETER MITRAL VALVE REPAIR, PERCUTANEOUS APPROACH, INCLUDING TRANSSEPTAL PUNCTURE WHEN PERFORMED; ADD PROSTHESIS  45382 CPT/HCPCS REVISION OF COLOSTOMY; COMPLICATED (RECONSTRUCTION IN-DEPTH) YES (SEPARATE PROCEDURE)  45382 CPT/HCPCS COLONOSCOPY, FLEXIBLE; WITH CONTROL OF BLEEDING, ANY METHOD YES PRIMARY PERTONEAL, UTERINE MALIGNANCY (INTRA-ABDOMINAL, PERMINAL, PERMINANCH, UTENINE MALIGNANCY (INTRA-ABDOMINAL, PERMINANCH, UTENINE MALIGNANCY (INTRA-ABDOMINAL, RETROPERITONEAL, UTENINE MALIGNANCY (INTRA-ABDOMINAL, RETROPERITONEAL, UTERINE MALIGNANCY (INTRA-ABDOMINAL, RETROPERITONEAL, UTERINE MALIGNANCY (INTRA-ABDOMINAL, RETROPERITONEAL, UTENINE MALIGNANCY (INTRA-ABDOMINAL, RETROPERITONEAL TUMORS), WITH OMENT+	33722	CPT/HCPCS	CLOSURE OF AORTICO-LEFT VENTRICULAR TUNNEL	Yes
27513 CPT/HCPCS OPEN TREATMENT OF FEMORAL SUPRACONDYLAR OR TRANSCONDYLAR FFRACTURE WITH INTERCONDYAR EXTENSION, W/WO INTERNAL OR EX  27268 CPT/HCPCS CLOSED TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, HEAD; WITH Yes MANIPULATION  54308 CPT/HCPCS URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING URINARY DIVERSION); LESS THAN 3 CM  42425 CPT/HCPCS EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, EN BLOC REMOVAL WITH SACRIFICE OF FACIAL NERVE SEXOLISM OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, EN BLOC YES EXCISION OF LESION OF MESENTERY (SEPARATE PROCEDURE)  56430 CPT/HCPCS *SCRAPING OF CORNEA, DIAGNOSTIC, FOR SMEAR AND/OR CULTURE YES STRANGED OF CORNEA, DIAGNOSTIC, FOR SMEAR AND/OR CULTURE YES STRUCTURES; WITH SIMPLE REPAIR  69604 CPT/HCPCS EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR YES STRUCTURES; WITH SIMPLE REPAIR  69604 CPT/HCPCS REVISION MASTOIDECTOMY; RESULTING IN TYMPANOPLASTY YES STRUCTURES; WITH SIMPLE REPAIR  69604 CPT/HCPCS LAPAROSCOPY, SURGICAL; WITH LYSIOS OF ADHESIONS YES TRACTURE, WITH MANIPULATION;  53620 CPT/HCPCS TREATMENT OF CLOSED HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR YES FRACTURE, WITH MANIPULATION;  53620 CPT/HCPCS *OILATION OF URETHRAL STRICTURE BY PASSAGE OF FILIFORM AND YES FOLLOWER, MALE; INITIAL  55100 CPT/HCPCS *OPINIAGE OF SCROTAL WALL ABSCESS YES  33419 CPT/HCPCS *TRANSCATHETER MITRAL VALVE REPAIR, PERCUTANEOUS APPROACH, INCLUDING TRANSSEPTAL PUNCTURE WHEN PERFORMED; ADD PROSTHESIS  44345 CPT/HCPCS *REVISION OF COLOSTOMY; COMPLICATED (RECONSTRUCTION IN-DEPTH) YES (SEPARATE PROCEDURE)  45382 CPT/HCPCS *COLONOSCOPY, FLEXIBLE; WITH CONTROL OF BLEEDING, ANY METHOD YES PRIMARY PERTONEAL, UTERINE MALIGNANCY (INTRA-ABDOMINAL, PERMANAL, UTERINE MALIGNANCY (INTRA-ABDOMINAL, RETROPERITONEAL, UTERINE MALIGNANCY (INTRA-ABDOMINAL, RETROPERITONEAL TUM	20661	CPT/HCPCS	APPLICATION OF HALO, INCLUDING REMOVAL; CRANIAL	Yes
MANIPULATION  54308 CPT/HCPCS URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING VES URINARY DIVERSION); LESS THAN 3 CM  42425 CPT/HCPCS EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, EN BLOC REMOVAL WITH SACRIFICE OF FACIAL NERVE  44820 CPT/HCPCS EXCISION OF LESION OF MESENTERY (SEPARATE PROCEDURE) VES CESSION OF LESION OF MESENTERY (SEPARATE PROCEDURE)  55430 CPT/HCPCS EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR STRUCTURES; WITH SIMPLE REPAIR  69604 CPT/HCPCS REVISION MASTOIDECTOMY; RESULTING IN TYMPANOPLASTY VES STRUCTURES; WITH SIMPLE REPAIR  69604 CPT/HCPCS REVISION MASTOIDECTOMY; RESULTING IN TYMPANOPLASTY VES TRACTURE, WITH MANIPULATION;  58600 CPT/HCPCS ITREATMENT OF CLOSED HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE, WITH MANIPULATION;  53620 CPT/HCPCS *DILATION OF URETHRAL STRICTURE BY PASSAGE OF FILIFORM AND YES FOLLOWER, MALE: INITIAL  55100 CPT/HCPCS *TRANSCATHETER MITRAL VALVE REPAIR, PERCUTANEOUS APPROACH, INCLUDING TRANSSEPTAL PUNCTURE WHEN PERFORMED; ADD PROSTHESIS  44345 CPT/HCPCS TRANSCATHETER MITRAL VALVE REPAIR, PERCUTANEOUS APPROACH, INCLUDING TRANSSEPTAL PUNCTURE WHEN PERFORMED; ADD PROSTHESIS  44345 CPT/HCPCS REVISION OF COLOSTOMY; COMPLICATED (RECONSTRUCTION IN-DEPTH) (SEPARATE PROCEDURE)  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 TURORS), WITH OMENT+			OPEN TREATMENT OF FEMORAL SUPRACONDYLAR OR TRANSCONDYLAR	
URINARY DIVERSION); LESS THAN 3 CM  42425 CPT/HCPCS EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, EN BLOC REMOVAL WITH SACRIFICE OF FACIAL NERVE REMOVED. PROSERVE REMOVED. PROSER	27268	CPT/HCPCS		Yes
REMOVAL WITH SACRIFICE OF FACIAL NERVE  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  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 YES  FRACTURE, WITH MANIPULATION;  53620 CPT/HCPCS *DILATION OF URETHRAL STRICTURE BY PASSAGE OF FILIFORM AND FOLLOWER, MALE; INITIAL  55100 CPT/HCPCS *DRAINAGE OF SCROTAL WALL ABSCESS  33419 CPT/HCPCS TRANSCATHETER MITRAL VALVE REPAIR, PERCUTANEOUS APPROACH, INCLUDING TRANSSEPTAL PUNCTURE WHEN PERFORMED; ADD PROSTHESIS  44345 CPT/HCPCS REVISION OF COLOSTOMY; COMPLICATED (RECONSTRUCTION IN-DEPTH) (SEPARATE PROCEDURE)  45382 CPT/HCPCS RESECTION (TUMOR DEBULKING) OF RECURRENT OVARIAN, TUBAL, PRIMARY PERITONEAL, UTERINE MALIGNANCY (INTRA-ABDOMINAL, RETROPERITONEAL, UTERINE MALIGNANCY (INTRA-ABDOMINAL, RETROPERITONEAL TUMORS), WITH OMENT+	54308	CPT/HCPCS	· ·	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 Yes 5TRUCTURES; WITH SIMPLE REPAIR 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 Yes FRACTURE, WITH MANIPULATION; 53620 CPT/HCPCS *DILATION OF URETHRAL STRICTURE BY PASSAGE OF FILIFORM AND Yes FOLLOWER, MALE; INITIAL 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 44345 CPT/HCPCS REVISION OF COLOSTOMY; COMPLICATED (RECONSTRUCTION IN-DEPTH) (SEPARATE PROCEDURE) 45382 CPT/HCPCS RESECTION (TUMOR DEBULKING) OF RECURRENT OVARIAN, TUBAL, PRIMARY PERITONEAL TUMORS), WITH OMENT+	42425	CPT/HCPCS		Yes
41826 CPT/HCPCS EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR STRUCTURES; WITH SIMPLE REPAIR 69604 CPT/HCPCS REVISION MASTOIDECTOMY; RESULTING IN TYMPANOPLASTY 58660 CPT/HCPCS LAPAROSCOPY, SURGICAL; WITH LYSIS OF ADHESIONS 24535 CPT/HCPCS TREATMENT OF CLOSED HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE, WITH MANIPULATION; 53620 CPT/HCPCS *DILATION OF URETHRAL STRICTURE BY PASSAGE OF FILIFORM AND FOLLOWER, MALE; INITIAL 55100 CPT/HCPCS *DRAINAGE OF SCROTAL WALL ABSCESS 33419 CPT/HCPCS TRANSCATHETER MITRAL VALVE REPAIR, PERCUTANEOUS APPROACH, INCLUDING TRANSSEPTAL PUNCTURE WHEN PERFORMED; ADD PROSTHESIS 44345 CPT/HCPCS REVISION OF COLOSTOMY; COMPLICATED (RECONSTRUCTION IN-DEPTH) (SEPARATE PROCEDURE) 45382 CPT/HCPCS RESECTION (TUMOR DEBULKING) OF RECURRENT OVARIAN, TUBAL, PRIMARY PERITONEAL, UTERINE MALIGNANCY (INTRA-ABDOMINAL, RETROPERITONEAL TUMORS), WITH OMENT+	44820	CPT/HCPCS	EXCISION OF LESION OF MESENTERY (SEPARATE PROCEDURE)	Yes
41826 CPT/HCPCS EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR STRUCTURES; WITH SIMPLE REPAIR 69604 CPT/HCPCS REVISION MASTOIDECTOMY; RESULTING IN TYMPANOPLASTY 58660 CPT/HCPCS LAPAROSCOPY, SURGICAL; WITH LYSIS OF ADHESIONS 24535 CPT/HCPCS TREATMENT OF CLOSED HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE, WITH MANIPULATION; 53620 CPT/HCPCS *DILATION OF URETHRAL STRICTURE BY PASSAGE OF FILIFORM AND FOLLOWER, MALE; INITIAL 55100 CPT/HCPCS *DRAINAGE OF SCROTAL WALL ABSCESS 33419 CPT/HCPCS TRANSCATHETER MITRAL VALVE REPAIR, PERCUTANEOUS APPROACH, INCLUDING TRANSSEPTAL PUNCTURE WHEN PERFORMED; ADD PROSTHESIS 44345 CPT/HCPCS REVISION OF COLOSTOMY; COMPLICATED (RECONSTRUCTION IN-DEPTH) (SEPARATE PROCEDURE) 45382 CPT/HCPCS RESECTION (TUMOR DEBULKING) OF RECURRENT OVARIAN, TUBAL, PRIMARY PERITONEAL, UTERINE MALIGNANCY (INTRA-ABDOMINAL, RETROPERITONEAL TUMORS), WITH OMENT+	65430	CPT/HCPCS	*SCRAPING OF CORNEA, DIAGNOSTIC, FOR SMEAR AND/OR CULTURE	Yes
Seed	41826	CPT/HCPCS	· · · · · · · · · · · · · · · · · · ·	Yes
24535 CPT/HCPCS TREATMENT OF CLOSED HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE, WITH MANIPULATION;  53620 CPT/HCPCS *DILATION OF URETHRAL STRICTURE BY PASSAGE OF FILIFORM AND YES FOLLOWER, MALE; INITIAL  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  44345 CPT/HCPCS REVISION OF COLOSTOMY; COMPLICATED (RECONSTRUCTION IN-DEPTH) (SEPARATE PROCEDURE)  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+	69604	CPT/HCPCS	REVISION MASTOIDECTOMY; RESULTING IN TYMPANOPLASTY	Yes
FRACTURE, WITH MANIPULATION;  53620 CPT/HCPCS *DILATION OF URETHRAL STRICTURE BY PASSAGE OF FILIFORM AND Yes FOLLOWER, MALE; INITIAL  55100 CPT/HCPCS *DRAINAGE OF SCROTAL WALL ABSCESS  33419 CPT/HCPCS TRANSCATHETER MITRAL VALVE REPAIR, PERCUTANEOUS APPROACH, INCLUDING TRANSSEPTAL PUNCTURE WHEN PERFORMED; ADD PROSTHESIS  44345 CPT/HCPCS REVISION OF COLOSTOMY; COMPLICATED (RECONSTRUCTION IN-DEPTH) Yes (SEPARATE PROCEDURE)  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+	58660	CPT/HCPCS	LAPAROSCOPY, SURGICAL; WITH LYSIS OF ADHESIONS	Yes
FOLLOWER, MALE; INITIAL  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  44345 CPT/HCPCS REVISION OF COLOSTOMY; COMPLICATED (RECONSTRUCTION IN-DEPTH) Yes  (SEPARATE PROCEDURE)  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+	24535	CPT/HCPCS		Yes
TRANSCATHETER MITRAL VALVE REPAIR, PERCUTANEOUS APPROACH, INCLUDING TRANSSEPTAL PUNCTURE WHEN PERFORMED; ADD PROSTHESIS  44345 CPT/HCPCS REVISION OF COLOSTOMY; COMPLICATED (RECONSTRUCTION IN-DEPTH) (SEPARATE PROCEDURE)  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+	53620	CPT/HCPCS		Yes
INCLUDING TRANSSEPTAL PUNCTURE WHEN PERFORMED; ADD PROSTHESIS  44345 CPT/HCPCS REVISION OF COLOSTOMY; COMPLICATED (RECONSTRUCTION IN-DEPTH) (SEPARATE PROCEDURE)  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+	55100	CPT/HCPCS	*DRAINAGE OF SCROTAL WALL ABSCESS	Yes
44345 CPT/HCPCS REVISION OF COLOSTOMY; COMPLICATED (RECONSTRUCTION IN-DEPTH) (SEPARATE PROCEDURE)  45382 CPT/HCPCS COLONOSCOPY, FLEXIBLE; WITH CONTROL OF BLEEDING, ANY METHOD  58957 CPT/HCPCS RESECTION (TUMOR DEBULKING) OF RECURRENT OVARIAN, TUBAL, PRIMARY PERITONEAL, UTERINE MALIGNANCY (INTRA-ABDOMINAL, RETROPERITONEAL TUMORS), WITH OMENT+		CPT/HCPCS	INCLUDING TRANSSEPTAL PUNCTURE WHEN PERFORMED;ADD	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+	44345	CPT/HCPCS	REVISION OF COLOSTOMY; COMPLICATED (RECONSTRUCTION IN-DEPTH)	Yes
PRIMARY PERITONEAL, UTERINE MALIGNANCY (INTRA-ABDOMINAL, RETROPERITONEAL TUMORS), WITH OMENT+	45382	CPT/HCPCS		Yes
23466 CPT/HCPCS CAPSULORRHAPHY FOR RECURRENT DISLOCATION WITH ANY TYPE MULTI- Yes	58957	CPT/HCPCS	PRIMARY PERITONEAL, UTERINE MALIGNANCY (INTRA-ABDOMINAL,	Yes
DIRECTIONAL INSTABILITY	23466	CPT/HCPCS	CAPSULORRHAPHY FOR RECURRENT DISLOCATION WITH ANY TYPE MULTI-	Yes
29740 CPT/HCPCS WEDGING OF CAST (EXCEPT CLUBFOOT CASTS) 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	ANASTOMSIS, 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
	ļ	POWER COLLECTE ALLI OTATION	l .

		<u></u>	
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	Yes
67040	CPT/HCPCS	FOREIGN BODY; METATARSOPHALANGEAL JOINT  VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH ENDOLASER	Yes
24582	CPT/HCPCS	PANRETINAL PHOTOCOAGULATION  PERCUTANEOUS SKELETAL FIXATION OF HEMERAL CONDYLAR FRATURES	Yes
10.105	0.07.11.00.00	MEDICAL OR LATERAL, WITH MANIPULATION	lv.
43425	CPT/HCPCS CPT/HCPCS	CLOSURE OF ESOPHAGOSTOMY OR FISTULA; THORACIC APPROACH	Yes
28755 49436	CPT/HCPCS  CPT/HCPCS	ARTHRODESIS, GREAT TOE; INTERPHALANGEAL JOINT  DELAYED CREATION OF EXIT SITE FROM EMBEDDED SUBCUTANEOUS	Yes Yes
24140	CPT/HCPCS	SEGMENT OF INTRAPERITONEAL CANNULA OR CATHETER  PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION OR DIAPHYSECTOMY)	Yes
00004	007/110000	OF BONE (EG, FOR OSTEOMYELITIS), HUMERUS	V
63664	CPT/HCPCS	REVISION INCL REPLACE, WHEN PERFORMED, OF SPINAL NEUROSTIMULATOR ELECTRODE PLATE/PADDLE(S) PLACED VIA	Yes
45500	CDT/LICDOS	LAMINOTOMY OR LAMI	Voc
45520 G0269	CPT/HCPCS CPT/HCPCS	PERIRECTAL INJECTION OF SCLEROSING SOLUTION FOR PROLAPSE  PLACEMENT OF OCCLUSIVE DEVICE INTO EITHER A VENOUS OR ARTERIAL	Yes Yes
00203	01 1/1101 00	ACCESS SITE,	103
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	Yes
51500	CPT/HCPCS	BRONCHUS FOLLOWED BY BRONCHO-BRONC  EXCISION OF URACHAL CYST OR SINUS, WITH OR WITHOUT UMBILICAL	Yes
32220	CPT/HCPCS	HERNIA REPAIR  DECORTICATION, PULMONARY, (SEPARATE PROCEDURE); TOTAL	Yes
62140	CPT/HCPCS  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 COMMINUTED, 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
-			!

Principage   Pri	23071	CPT/HCPCS		Yes
OPPHICPOS	21201	CDT/UCDCC		Voc
Section   Sect				
CPHINCPGS   DISCOTERNA DE ANALDRAM DE ROCISION PARTIAL OR TOTAL HAD GRAFT YOU	25560	CP1/HCPC5		res
INSERTION, WITH OR WITHOUT PATCH ORDER; FOR ARBEINISM PRISON OF GASTIDINE FINAL MANIFORMUS (SASTIDUE AND MANIFORMUS (SAST	53265	CPT/HCPCS	EXCISION OR FULGURATION; URETHRAL CARUNCLE	Yes
CPHINCPOS  ENVISION OF CASTROCERUNAL ANASTOMOSIS CASTROCEUROSTOMY) WITH Yes  RECONSTRUCTION, WITH OR WITHOUT PARTALL GA  COMMATINE HELY WITH CONTROLLING AND CONTROLLING AND CONTROLLING AND COMMATINE HELY WITH CONTROLLING AND CONTROLLING AND COMMATINE HELY WITH CONTROLLING AND COMMATINE AND COMMA	35091	CPT/HCPCS	DIRECT REPAIR OF ANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND GRAFT	Yes
DECONSTRUCTION, WITH DRIWN THOUT WRITE, FEXOR AND TOR EXTENSIOR DECONSERSION ASSOCIATION, WRITE, FEXOR AND TOR EXTENSIOR DECONSTRUCTION OF DECONSTRUCTION OF THE PROPERTY OF T			INSERTION, WITH OR WITHOUT PATCH GRAFT; FOR ANEURYSM	
COMPARTMENT, WITH DEBRIDMENT OF NONWABLE PURCLE AND/OR NOR NOR NOR NOR NOR NOR NOR NOR NOR N	43865	CPT/HCPCS	· · · · · · · · · · · · · · · · · · ·	Yes
COMPARTMENT, WITH DEBRIDMENT OF NONWABLE PURCLE AND/OR NOR NOR NOR NOR NOR NOR NOR NOR NOR N	25023	CPT/HCPCS	DECOMPRESSION FASCIOTOMY, WRIST, FLEXOR AND/OR EXTENSOR	Yes
PRIMARY PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTIONY, 10s			COMPARTMENT; WITH DEBRIDEMENT OF NONVIABLE MUSCLE AND/OR	
SECOND AND ALL SUBSEQUENT VESSELS WITHIN THE SAME VASCULAR F  23880 CPTHICPCS CLOSURE OF CASTROCOLOC FISTULA  CPTHICPCS NEUROPEOSCOPY, INTRACRANIAL, WITH FENESTRATION OR EXCISIONOP  COLOID CYST, INCLUDING PLACEMENT OF EXTERNAL VENTRICULAR  34427 CPTHICPCS ABLATION, PERCUTANEOUS, CRYCABLATION, INCLUDES IMAGING  COPTRICPCS ABLATION, PERCUTANEOUS, CRYCABLATION, INCLUDES IMAGING  COPTRICPCS COLOSCOP OF THE ENTRE VAGINA, WITH CRYCIA, PERCENTE, P. 848-CHIAI  CPTHICPCS COLOSCOP OF THE CHIEF AGAINA, WITH CRYCIA, PRICE FG, BRACHIAI  CPTHICPCS COPPRISED OF CHIEF AGAINA, WITH CRYCIAN, PRICE FG, BRACHIAI  THURS, INCLUDES INTERIER VAGINA, WITH CRYCIAN, PRICE PG, BRACHIAI  CPTHICPCS COPPRISE COLOR OF CHIEF AGAINA, WITH CRYCIAN, PRICE PROPRISED, EACH INITY  OF WITHOUT TENDON SHEATH INVOLVEMENT; SINGLE BURSALS  CPTHICPCS ARTHOUGH THE NON-SHEATH INVOLVEMENT; SINGLE BURSALS  CPTHICPCS ARTHOUGH STATE BORNE GRACET  COPTRICPCS ARTHOUGH STATE SCHOOLING, FOR SPINAL DEFORMITY, WITHOR WITHOUT THE CAST, 7 TO 12 VERTIFICATE OR REPARA FROM STATE AREA FROM STATE OR REPARA FROM STATE AREA FROM STATE OR REPARA FROM STATE AREA FR	35612	CPT/HCPCS	BYPASS GRAFT, WITH OTHER THAN VEIN; SUBCLAVIAN-SUBCLAVIAN	Yes
DEFINED SET OF THE PROPERTY OF THE PROPERTY OF EXTERNAL VENTROLLAR VENTROLLAR SET OF THE PROPERTY OF EXTERNAL VENTROLLAR SET OF THE PROPERTY	37185	CPT/HCPCS	· ·	Yes
COLLOID CYST, INCLUDING PLACEMENT OF EXTERNAL VENTRICULAR  CPT/HCPCS ABLATION, PERCUTANEOUS, CRYOABLATION, INCLUDES IMAGING CPT/HCPCS CUIDANCE, NEWER PLEXIS OR OTHER TRUNCAL NETWORK (E.G., BRACHLAL)  CPT/HCPCS CPT/HC	43880	CPT/HCPCS	CLOSURE OF GASTROCOLIC FISTULA	Yes
ABLATION, PERCUTANEOUS, CRYCABLATION, INCLUDES IMAGING GUIDANCE, NERVE PLEXUS OR OTHER TRUNCAL NERVE (EO, BRACHIAL CPT/HCPCS COPT/HCPCS COPT/HCPCS COPT/HCPCS COPT/HCPCS COPT/HCPCS COPT/HCPCS COPT/HCPCS CPT/HCPCS CPT/	62162	CPT/HCPCS	NEUROENDOSCOPY, INTRACRANIAL; WITH FENESTRATION OR EXCISIONOF	Yes
GUIDANCE, REFYE PLEXUS OR OTHER TRUNCAL NERVE (E.G. BRACHIAL CPT/HCPCS OCHPOSCOPY OF THE FINITE VAGINA, WITH CERVIX IP PRESENT); Ves CPT/HCPCS OCH TREATMENT OF CARPOMETRCARPAL DISLOCATION, OTHER THAN THUMB; INCLUDES INTERNAL FIXATION, WHEN PERFORMED, EACH JOINT HUMB; INCLUDES INTERNAL FIXATION, WHEN PERFORMED, EACH JOINT PROPERTY OF THE PROPERTY OF			COLLOID CYST, INCLUDING PLACEMENT OF EXTERNAL VENTRICULAR	
DEPTHOPES COLOSCOPY OF THE ENTIRE VAGINAL WITH CERVIXIE PRESENT:  VES  OPEN TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THURB, INCLUDES INTERNAL FINATION, WHEN PERFORMED, EACH JOINT  DEPTHUMB, INCLUDES INTERNAL FINATION, WHEN PERFORMED, EACH JOINT  OR WITHOUT TENDON SHEATH INVOLVEMENT; SINGLE BURSAL S  OPEN TREATMENT OF CARPOMETACH, WHEN PERFORMED, EACH JOINT  OR WITHOUT TENDON SHEATH INVOLVEMENT; SINGLE BURSAL S  OPEN THE OPEN SHEATH INVOLVEMENT; SINGLE BURSAL S  OPEN THOP COST ADDRESS PORT SHEATH INVOLVEMENT; SINGLE BURSAL S  OPEN THO SO SO SO CHE SO SO SO CHE SO SO SO SO SO CHE SO SO SO SO SO SO CHE SO	0442T	CPT/HCPCS	ABLATION, PERCUTANEOUS, CRYOABLATION, INCLUDES IMAGING	Yes
28002 CPT/HCPCS OPEN TREATMENT OF CARPOWERTACARPAL DISLOCATION, OTHER THAN THUMB; INCLUDES INTERNAL FIXATION, WHEN PERFORMED, EACH JOINT THUMB; INCLUDES INTERNAL FIXATION, WHEN PERFORMED, EACH JOINT THUMB; INCLUDES INTERNAL FIXATION, WHEN PERFORMED, EACH JOINT PROPERTY OF CONTROL OF CO			GUIDANCE; NERVE PLEXUS OR OTHER TRUNCAL NERVE (EG, BRACHIAL	
THUMB; INCLUDES INTERNAL FIXATION, WHEN PERFORMED, EACH JOINT  28002 CPT/HCPCS *DEEP DISSECTION BELOW FASCIA, FOR DEEP INFECTION OF FOOT, WITH OR WITHOUT TENDON SHEATH INVOLVEMENT; SINGLE BURSAL S  28051 CPT/HCPCS TO TO HAND TRANSFER WITH MICROVASCULAR ANASTOMOSIS; GREAT YES TOE "WRAP-AROUND" WITH BONG GRAFT TOE "WRAP-AROUND" WITH GRAFT TOE "WRAP-AROUND WITH GRAFT TOE "WRAP-AROUND" WITH GRAFT TOE "WRAP-AROUND" WITH GRAFT TOE "WRAP-AROUND WITH	57420	CPT/HCPCS	COLPOSCOPY OF THE ENTIRE VAGINA, WITH CERVIX IF PRESENT;	Yes
OR WITHOUT TENDON SHEATH INVOLVEMENT; SINGLE BURSALS  CPTHCPCS  TOE TO HAND TRANSFER WITH MICROVASCULAR ANASTOMOSIS; GREAT TOE "WREAP AROUND" WITH BONE GRAFT TOE "WREAP AROUND" WITH BONE GRAFT CREATER TO THE WARD AND THE STREET OF THE ARRONGEMENT, WITHOR WITHOUT CAST, 7TO 12 VERTEBRAL SEGMENTS  ADJACENT TISSUE TRANSFER OR REARRANGEMENT, TRUNK; DEFECT 10.1 SQ Yes CMT 03.0. SQ CM CPTHCPCS  COSURE OF MULTIPLE VENTIFICULAR SEPTAL DEFECTS; WITH REMOVAL OF YES PULMONARY ARTERY BAND, WITH OR WITHOUT GUSSET  CPTHCPCS	26685	CPT/HCPCS		Yes
TOE "WRAP_ARQUIND" WITH BOINE GRAFT CAST: 7TO 12 VERTEBRAL SEGMENTS L4001 CPT/HCPCS ADJACENT TISSUE TRANSFER OR REARRANGEMENT, TRUNK; DEFECT 10.1 SQ CM TO 30.0 SQ CM C	28002	CPT/HCPCS		Yes
CAST; 710 12 VERTEBRAL SEGMENTS  ADJACENT TISSUE TRANSFER OR REARRANGEMENT, TRUNK; DEFECT 10.1 SQ CM 07 03.0 SQ CM  27062 CPT/HCPCS EXCISION; TROCHANTERIC BURSA OR CALCIFICATION Yes 30545 CPT/HCPCS REPAIR CHOANAL ATRESIS; TRANSPALATINE Yes 30450 CPT/HCPCS REPAIR CHOANAL ATRESIS; TRANSPALATINE Yes 30450 CPT/HCPCS REPAIR CHOANAL ATRESIS; TRANSPALATINE 29822 CPT/HCPCS IGN BODY(IES))HOULDER, SURGICAL; DEBRIDEMENT, LIMITED, 1 OR 2 DISCRETE STRUCTURES (EG, HUMERAL BONE, HUMERAL ARTICULAR CARTILLAGE, GLENOID BONE, GLENOIH 33677 CPT/HCPCS CLOSURE OF MULTIPLE VENTRICULAR SEPTIAL DEFECTS; WITH REMOVAL OF YES PULMONARY ARTERY BAND, WITH OR WITHOUT GUSSET 27616 CPT/HCPCS RADICAL RESECTION OF TUMOR (EG, SARCOMA), SOFT TISSUE OF LEG OR ANKLE AREA; 5 CM OR GREATER ANKLE AREA; 5 CM OR GREATER 21725 CPT/HCPCS DIVISION OF STERNOCLEIDOMASTOID FOR TORTICOLLIS, OPEN 21386 CPT/HCPCS OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL YES APPROACH 21335 CPT/HCPCS OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL 21336 CPT/HCPCS OPEN TREATMENT OF NASAL FRACTURE; WITH CONCOMITANT OPEN 31541 CPT/HCPCS OPEN TREATMENT OF NASAL FRACTURE; WITH CONCOMITANT OPEN 31550 CPT/HCPCS CRANIECTOMY, BONE FLAP CRANICTOMY, TRANSTEMPORAL (MASTOID) FOR YES 31530 CPT/HCPCS EXCISION BRANCHIAL CLEFT CYST OR VESTIGE, CONFINED TO SKIN AND 31550 CPT/HCPCS EXCISION BRANCHIAL CLEFT CYST OR VESTIGE, CONFINED TO SKIN AND 31550 CPT/HCPCS FETOSCOPIC LASER THERAPY FOR TREATMENT OF TWIN-TO-TWIN YES 31550 CPT/HCPCS ARTHROSOOPY, SHOULDER, SURGICAL; REPAIR OF SLAP LESION YES 32411 CPT/HCPCS ARTHROSOOPY, SHOULDER, SURGICAL; REPAIR OF SLAP LESION YES 32411 CPT/HCPCS ARTHROSOOPY, SHOULDER, SURGICAL; REPAIR OF SLAP LESION YES 32419 CPT/HCPCS ARTHROSOOPY, SHOULDER, SURGICAL; REPAIR OF SLAP LESION YES 32519 CPT/HCPCS ARTHROSOOPY, SHOULDER, SURGICAL; REPAIR OF SLAP LESION YES	26551	CPT/HCPCS		Yes
ADJACENT TISSUE TRANSFER OR REARRANGEMENT, TRUNK; DEFECT 10.1 SQ YES CM TO 3.0. SQ CM CM TO 3.0. SQ CM CPT/HCPCS CPT/HCPCS REPAIR CHOANAL ATRESIA; TRANSPALATINE Ves 30545 CPT/HCPCS REPAIR CHOANAL ATRESIA; TRANSPALATINE Ves 30650 CPT/HCPCS REPAIR CHOANAL ATRESIA; TRANSPALATINE Ves 30750 CPT/HCPCS REPAIR CHOANAL ATRESIA; TRANSPALATINE Ves 30870 CPT/HCPCS REPAIR CHOANAL ATRESIA; TRANSPALATINE CARTILAGE, GLENOH DENCART CARTILAGE, GLENOH BORN, GLENOH CARTILAGE, GLENOH GLENOH CARTILAGE, GLENOH GLENOH CARTILAGE, CHORNARY ATTERY BAND, WITH OR WITHOUT GUSSET CARTILAGE, GLENOH GLENOH CARTILAGE, CHORNARY ATTERY BAND, WITH OR WITHOUT GUSSET CARTILAGE, GLENOH GLENOH CARTILAGE, CHORNARY ATTERY BAND, WITH OR STAND STAND CARTILAGE, CALIBRATED ELECTRONIC EQUIPMENT) Ves 21335 CPT/HCPCS COMPLEX URGELOWMETRY (EG, CALIBRATED ELECTRONIC EQUIPMENT) Ves 21335 CPT/HCPCS COMPLEX URGELOWMETRY (EG, CALIBRATED ELECTRONIC EQUIPMENT) Ves 3142810 CPT/HCPCS COMPLEX URGELOWMETRY (EG, CALIBRATED ELECTRONIC EQUIPMENT) Ves 3142810 CPT/HCPCS CRANIECTORY, BONE FLAP CRANICTOMY, TRANSTEMPORAL (MASTOID) FOR YES 314350 CPT/HCPCS CRANIECTORY, BONE FLAP CRANICTOMY, TRANSTEMPORAL (MASTOID) FOR YES 314360 CPT/HCPCS CPT/HCPCS CRANIECTORY, BONE FLAP CRANICTOMY, TRANSTEMPORAL (MASTOID) FOR YES 314360 CPT/HCPCS C	22802	CPT/HCPCS		Yes
27062 CPT/HCPCS EXCISION; TROCHANTERIC BURSA OR CALCIFICATION Yes 30545 CPT/HCPCS REPAIR CHOANAL ATRESIA; TRANSPALATINE Yes 30450 CPT/HCPCS REPAIR CHOANAL ATRESIA; TRANSPALATINE Yes 30450 CPT/HCPCS RIHOPLASTY, SECONDARY; MAJOR REVISION (NASAL TIP WORK AND YES 27862 CPT/HCPCS IGN BODY(IES))HOULDER, SURGICAL; DEBRIDEMENT, LIMITED, 1 OR 2 DISCRETE STRUCTURES (EG, HUMERAL BONE, HUMERAL ARTICULAR CARTILAGE, GLENOID BONE, GLENOI+  33677 CPT/HCPCS CLOSURE OF MULTIPLE VENTRICULAR SEPTAL DEFECTS; WITH REMOVAL OF PULMONARY ARTERY BAND, WITH OR WITHOUT GUSSET  27616 CPT/HCPCS RADICAL RESECTION OF TUMOR (EG, SARCOMA), SOFT TISSUE OF LEG OR ANKLE AREA; S CM OR GREATER  21725 CPT/HCPCS DIVISION OF STERNOCLEIDOMASTOID FOR TORTICOLLIS, OPEN OPERATION; WITH CAST APPLICATION  21386 CPT/HCPCS OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH  CPT/HCPCS COMPLEX UROFLOWMETRY (EG, CALIBRATED ELECTRONIC EQUIPMENT)  21335 CPT/HCPCS OPEN TREATMENT OF NASAL FRACTURE; WITH CONCOMITANT OPEN TREATMENT OF FRACTURED SEPTUM  42810 CPT/HCPCS EXCISION BRANCHIAL CLEFT CYST OR VESTIGE, CONFINED TO SKIN AND SUBCUTANTIOUS TISSUES  51530 CPT/HCPCS CRANIECTOMY, BONE FLAP CRANIOTOMY, TRANSTEMPORAL (MASTOID) FOR EXCISION OF CEREBELLOPONTINE ANGLE TUMOR; COMBINED WIT  52411 CPT/HCPCS FETOSCOPIC LASER THERAPY FOR TREATMENT OF TWIN-TO-TWIN TRANSPUSION SYNDROME  52411 CPT/HCPCS KYPHECTOMY, CIRCUMERENTAL EXPOSURE OF SPINE AND RESECTION OF VES 52411 CPT/HCPCS KYPHECTOMY, CIRCUMERENTAL EXPOSURE OF SPINE AND RESECTION OF VES 52411 CPT/HCPCS KYPHECTOMY, CIRCUMERENTAL EXPOSURE OF SPINE AND RESECTION OF VES 52411 CPT/HCPCS KYPHECTOMY, CIRCUMERENTAL EXPOSURE OF SPINE AND RESECTION OF VES 52411 CPT/HCPCS KYPHECTOMY, CIRCUMERENTAL EXPOSURE OF SPINE AND RESECTION OF VES 52411 CPT/HCPCS KYPHECTOMY, CIRCUMERENTAL EXPOSURE OF SPINE AND RESECTION OF VES 52411 CPT/HCPCS KYPHECTOMY, CIRCUMERENTAL EXPOSURE OF SPINE AND RESECTION OF VES 52411 CPT/HCPCS KYPHECTOMY, CIRCUMERENTAL EXPOSURE OF SPINE AND RESECTION OF VES 52411 CPT/HCPCS KYPHECTOMY, CIRCUMER	14001	CPT/HCPCS		Yes
SOSS-5  CPT/HCPCS   REPAIR CHOANAL ATRESIA; TRANSPALATINE   Yes			CM TO 30.0 SQ CM	
CPT/HCPCS RHINOPLASTY, SECONDARY; MAJOR REVISION (NASAL TIP WORK AND OSTEOTOMIES)  29822 CPT/HCPCS IGN BODY(IES))HOULDER, SURGICAL; DEBRIDEMENT, LIMITED, 1 OR 2 DISCRETE STRUCTURES (EG, HUMERAL BONE, HUMERAL ARTICULAR CARTILAGE, GLENOID BONE, GLENOI+ CLOSURE OF MULTIPLE VENTRICULAR SEPTAL DEFECTS; WITH REMOVAL OF PULMONARY ARTERY BAND, WITH OR WITHOUT GUSSET  27616 CPT/HCPCS RADICAL RESECTION OF TUMOR (EG, SARCOMA), SOFT TISSUE OF LEG OR ANKLE AREA; 5 CM OR GREATER 21725 CPT/HCPCS DIVISION OF STERNOCLEIDOMASTOID FOR TORTICOLLIS, OPEN OPERATION; WITH CAST APPLICATION  21386 CPT/HCPCS OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL PRE S1741 CPT/HCPCS COMPLEX UROFLOWMETRY (EG, CALIBRATED ELECTRONIC EQUIPMENT)  21335 CPT/HCPCS OPEN TREATMENT OF NASAL FRACTURE; WITH CONCOMITANT OPEN TREATMENT OF FRACTURED SEPTUM  42810 CPT/HCPCS EXCISION BRANCHIAL CLEFT CYST OR VESTIGE, CONFINED TO SKIN AND SUBGUTANEOUS TISSUES  31530 CPT/HCPCS CRANIECTOMY, BONE FLAP CRANIOTOMY, TRANSTEMPORAL (MASTOID) FOR EXCISION OF CEREBELLOPONTINE ANGLE TUMOR; COMBINED WIT  \$2411 CPT/HCPCS FETOSCOPIC LASER THERAPY FOR TREATMENT OF TWIN. TO-TWIN TRANSPUSION SYNDROME  29807 CPT/HCPCS ARTHROSCOPY, SHOULDER, SURGICAL; REPAIR OF SLAP LESION VERTEBRAL SEGMENT(S) 3 OR MORE SEGMENTS	27062	CPT/HCPCS	EXCISION; TROCHANTERIC BURSA OR CALCIFICATION	Yes
OSTEOTOMIES)  OSTEOTOMIES)  IGN BODY(IES))HOULDER, SURGICAL; DEBRIDEMENT, LIMITED, 1 OR 2 DISCRETE STRUCTURES (EG, HUMERAL BONE, HUMERAL ARTICULAR CARTILAGE, GLENOID BONE, GLENOI+  33677 CPT/HCPCS CLOSURE OF MULTIPLE VENTRICULAR SEPTAL DEFECTS; WITH REMOVAL OF PULMONARY ARTERY BAND, WITH OR WITHOUT GUSSET  27616 CPT/HCPCS RADICAL RESECTION OF TUMOR (EG, SARCOMA), SOFT TISSUE OF LEG OR ANKLE AREA; 5 CM OR GREATER  21725 CPT/HCPCS DIVISION OF STERNOCLEIDOMASTOID FOR TORTICOLLIS, OPEN OPERATION; WITH CAST APPLICATION  21386 CPT/HCPCS OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH  CPT/HCPCS COMPLEX UROFLOWMETRY (EG, CALIBRATED ELECTRONIC EQUIPMENT)  21335 CPT/HCPCS OPEN TREATMENT OF NASAL FRACTURE; WITH CONCOMITANT OPEN TREATMENT OF FRACTURED SEPTUM  42810 CPT/HCPCS EXCISION BRANCHIAL CLEFT CYST OR VESTIGE, CONFINED TO SKIN AND SUBCUTANAEOUS TISSUES  31530 CPT/HCPCS CRANIECTOMY, BONE FLAP CRANIOTOMY, TRANSTEMPORAL (MASTOID) FOR EXCISION OF CEREBELLOPONTINE ANGLE TUMOR; COMBINED WIT  52411 CPT/HCPCS FETOSCOPIC LASER THERAPY FOR TREATMENT OF TWIN-TO-TWIN TRANSFUSION SYNDROME  29807 CPT/HCPCS ARTHROSCOPY, SHOULDER, SURGICAL; REPAIR OF SINE AND RESECTION OF VERTEBRAL SEGMENT(S) 3 OR MORE SEGMENTS	30545	CPT/HCPCS	REPAIR CHOANAL ATRESIA; TRANSPALATINE	Yes
DISCRETE STRUCTURES (EG, HUMERAL BONE, HUMERAL ARTICULAR CARTILAGE, GLENOID BONE, GLENOI+  CARTILAGE, GLENOID BONE, GLENOI+  CLOSURE OF MULTIPLE VENTRICULAR SEPTAL DEFECTS; WITH REMOVAL OF YES PULMONARY ARTERY BAND, WITH OR WITHOUT GUSSET  RADICAL RESECTION OF TUMOR (EG, SARCOMA), SOFT TISSUE OF LEG OR ANKLE AREA; 5 CM OR GREATER  21725 CPT/HCPCS DIVISION OF STERNOCLEIDOMASTOID FOR TORTICOLLIS, OPEN OPERATION; WITH CAST APPLICATION  21386 CPT/HCPCS OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH  CPT/HCPCS COMPLEX UROFLOWMETRY (EG, CALIBRATED ELECTRONIC EQUIPMENT)  21335 CPT/HCPCS OPEN TREATMENT OF NASAL FRACTURE; WITH CONCOMITANT OPEN TREATMENT OF FRACTURED SEPTUM  42810 CPT/HCPCS EXCISION BRANCHIAL CLEFT CYST OR VESTIGE, CONFINED TO SKIN AND SUBCUTANEOUS TISSUES  31530 CPT/HCPCS CANIECTOMY, TRANSTEMPORAL (MASTOID) FOR YES EXCISION OF CEREBELLOPONTINE ANGLE TUMOR; COMBINED WIT  TRANSCUSION SYNDROME  229807 CPT/HCPCS KYPHECTOMY, CIRCUMFERENTAL EXPOSURE OF SPINE AND RESECTION OF VES VERTEBRAL SEGMENT(S) 3 OR MORE SEGMENTS	30450	CPT/HCPCS	·	Yes
PULMONARY ARTERY BAND, WITH OR WITHOUT GUSSET  27616 CPT/HCPCS RADICAL RESECTION OF TUMOR (EG, SARCOMA), SOFT TISSUE OF LEG OR ANKLE AREA; 5 CM OR GREATER  21725 CPT/HCPCS DIVISION OF STERNOCLEIDOMASTOID FOR TORTICOLLIS, OPEN OPERATION; WITH CAST APPLICATION  21386 CPT/HCPCS OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL YES APPROACH  21741 CPT/HCPCS COMPLEX UROFLOWMETRY (EG, CALIBRATED ELECTRONIC EQUIPMENT) YES  21742 CPT/HCPCS OPEN TREATMENT OF NASAL FRACTURE; WITH CONCOMITANT OPEN TREATMENT OF FRACTURED SEPTUM  21743 CPT/HCPCS EXCISION BRANCHIAL CLEFT CYST OR VESTIGE, CONFINED TO SKIN AND SUBCUTANEOUS TISSUES  21754 CPT/HCPCS CRANIECTOMY, BONE FLAP CRANIOTOMY, TRANSTEMPORAL (MASTOID) FOR YES EXCISION OF CEREBELLOPONTINE ANGLE TUMOR; COMBINED WIT  21755 CPT/HCPCS FETOSCOPIC LASER THERAPY FOR TREATMENT OF TWIN-TO-TWIN TRANSFUSION SYNDROME  21766 CPT/HCPCS ARTHROSCOPY, SHOULDER, SURGICAL; REPAIR OF SLAP LESION YES VERTEBRAL SEGMENT(S) 3 OR MORE SEGMENTS	29822	CPT/HCPCS	DISCRETE STRUCTURES (EG, HUMERAL BONE, HUMERAL ARTICULAR	Yes
27616 CPT/HCPCS RADICAL RESECTION OF TUMOR (EG, SARCOMA), SOFT TISSUE OF LEG OR ANKLE AREA; 5 CM OR GREATER 21725 CPT/HCPCS DIVISION OF STERNOCLEIDOMASTOID FOR TORTICOLLIS, OPEN OPERATION; WITH CAST APPLICATION 21386 CPT/HCPCS OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH 21375 CPT/HCPCS COMPLEX UROFLOWMETRY (EG, CALIBRATED ELECTRONIC EQUIPMENT) YES 21376 CPT/HCPCS OPEN TREATMENT OF NASAL FRACTURE; WITH CONCOMITANT OPEN TREATMENT OF FRACTURE SEPTUM 21386 CPT/HCPCS EXCISION BRANCHIAL CLEFT CYST OR VESTIGE, CONFINED TO SKIN AND SUBGUITANEOUS TISSUES 21386 CPT/HCPCS CRANIECTOMY, BONE FLAP CRANIOTOMY, TRANSTEMPORAL (MASTOID) FOR EXCISION OF CEREBELLOPONTINE ANGLE TUMOR; COMBINED WIT  22411 CPT/HCPCS FETOSCOPIC LASER THERAPY FOR TREATMENT OF TWIN-TO-TWIN TRANSFUSION SYNDROME 22819 CPT/HCPCS ARTHROSCOPY, SHOULDER, SURGICAL; REPAIR OF SLAP LESION YES 22819 CPT/HCPCS KYPHECTOMY, CIRCUMFERENTAL EXPOSURE OF SPINE AND RESECTION OF YES	33677	CPT/HCPCS	· ·	Yes
CPT/HCPCS DIVISION OF STERNOCLEIDOMASTOID FOR TORTICOLLIS, OPEN OPERATION; WITH CAST APPLICATION  21386 CPT/HCPCS OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH  CPT/HCPCS COMPLEX UROFLOWMETRY (EG, CALIBRATED ELECTRONIC EQUIPMENT) Yes  21335 CPT/HCPCS OPEN TREATMENT OF NASAL FRACTURE; WITH CONCOMITANT OPEN TREATMENT OF FRACTURED SEPTUM  42810 CPT/HCPCS EXCISION BRANCHIAL CLEFT CYST OR VESTIGE, CONFINED TO SKIN AND SUBCUTANEOUS TISSUES  61530 CPT/HCPCS CRANIECTOMY, BONE FLAP CRANIOTOMY, TRANSTEMPORAL (MASTOID) FOR EXCISION OF CEREBELLOPONTINE ANGLE TUMOR; COMBINED WIT  62411 CPT/HCPCS FETOSCOPIC LASER THERAPY FOR TREATMENT OF TWIN-TO-TWIN TRANSFUSION SYNDROME  29807 CPT/HCPCS ARTHROSCOPY, SHOULDER, SURGICAL; REPAIR OF SLAP LESION Yes VERTEBRAL SEGMENT(S) 3 OR MORE SEGMENTS	27616	CPT/HCPCS	RADICAL RESECTION OF TUMOR (EG, SARCOMA), SOFT TISSUE OF LEG OR	Yes
CPT/HCPCS OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL Yes APPROACH CPT/HCPCS COMPLEX UROFLOWMETRY (EG, CALIBRATED ELECTRONIC EQUIPMENT) Yes  CPT/HCPCS OPEN TREATMENT OF NASAL FRACTURE; WITH CONCOMITANT OPEN TREATMENT OF FRACTURED SEPTUM  CPT/HCPCS EXCISION BRANCHIAL CLEFT CYST OR VESTIGE, CONFINED TO SKIN AND SUBCUTANEOUS TISSUES CPT/HCPCS CRANIECTOMY, BONE FLAP CRANIOTOMY, TRANSTEMPORAL (MASTOID) FOR EXCISION OF CEREBELLOPONTINE ANGLE TUMOR; COMBINED WIT  CPT/HCPCS FETOSCOPIC LASER THERAPY FOR TREATMENT OF TWIN-TO-TWIN YES TRANSFUSION SYNDROME  CPT/HCPCS ARTHROSCOPY, SHOULDER, SURGICAL; REPAIR OF SLAP LESION YES VERTEBRAL SEGMENT(S) 3 OR MORE SEGMENTS	21725	CPT/HCPCS	DIVISION OF STERNOCLEIDOMASTOID FOR TORTICOLLIS, OPEN	Yes
CPT/HCPCS COMPLEX UROFLOWMETRY (EG, CALIBRATED ELECTRONIC EQUIPMENT)  OPEN TREATMENT OF NASAL FRACTURE; WITH CONCOMITANT OPEN TREATMENT OF FRACTURED SEPTUM  EXCISION BRANCHIAL CLEFT CYST OR VESTIGE, CONFINED TO SKIN AND SUBCUTANEOUS TISSUES  CPT/HCPCS CRANIECTOMY, BONE FLAP CRANIOTOMY, TRANSTEMPORAL (MASTOID) FOR EXCISION OF CEREBELLOPONTINE ANGLE TUMOR; COMBINED WIT  CPT/HCPCS FETOSCOPIC LASER THERAPY FOR TREATMENT OF TWIN-TO-TWIN TRANSFUSION SYNDROME  CPT/HCPCS ARTHROSCOPY, SHOULDER, SURGICAL; REPAIR OF SLAP LESION VES VERTEBRAL SEGMENT(S) 3 OR MORE SEGMENTS	21386	CPT/HCPCS		Yes
TREATMENT OF FRACTURED SEPTUM  42810 CPT/HCPCS EXCISION BRANCHIAL CLEFT CYST OR VESTIGE, CONFINED TO SKIN AND SUBCUTANEOUS TISSUES  61530 CPT/HCPCS CRANIECTOMY, BONE FLAP CRANIOTOMY, TRANSTEMPORAL (MASTOID) FOR EXCISION OF CEREBELLOPONTINE ANGLE TUMOR; COMBINED WIT  62411 CPT/HCPCS FETOSCOPIC LASER THERAPY FOR TREATMENT OF TWIN-TO-TWIN YES TRANSFUSION SYNDROME  629807 CPT/HCPCS ARTHROSCOPY, SHOULDER, SURGICAL; REPAIR OF SLAP LESION YES  622819 CPT/HCPCS KYPHECTOMY, CIRCUMFERENTAL EXPOSURE OF SPINE AND RESECTION OF YES  6250 VERTEBRAL SEGMENT(S) 3 OR MORE SEGMENTS	51741	CPT/HCPCS		Yes
SUBCUTANEOUS TISSUES CPT/HCPCS CRANIECTOMY, BONE FLAP CRANIOTOMY, TRANSTEMPORAL (MASTOID) FOR Yes EXCISION OF CEREBELLOPONTINE ANGLE TUMOR; COMBINED WIT  CPT/HCPCS FETOSCOPIC LASER THERAPY FOR TREATMENT OF TWIN-TO-TWIN Yes TRANSFUSION SYNDROME  CPT/HCPCS ARTHROSCOPY, SHOULDER, SURGICAL; REPAIR OF SLAP LESION Yes  CPT/HCPCS KYPHECTOMY, CIRCUMFERENTAL EXPOSURE OF SPINE AND RESECTION OF Yes VERTEBRAL SEGMENT(S) 3 OR MORE SEGMENTS	21335	CPT/HCPCS		Yes
CPT/HCPCS CRANIECTOMY, BONE FLAP CRANIOTOMY, TRANSTEMPORAL (MASTOID) FOR EXCISION OF CEREBELLOPONTINE ANGLE TUMOR; COMBINED WIT  S2411 CPT/HCPCS FETOSCOPIC LASER THERAPY FOR TREATMENT OF TWIN-TO-TWIN TRANSFUSION SYNDROME  29807 CPT/HCPCS ARTHROSCOPY, SHOULDER, SURGICAL; REPAIR OF SLAP LESION Yes  CPT/HCPCS KYPHECTOMY, CIRCUMFERENTAL EXPOSURE OF SPINE AND RESECTION OF VES  VERTEBRAL SEGMENT(S) 3 OR MORE SEGMENTS	42810	CPT/HCPCS		Yes
TRANSFUSION SYNDROME  29807 CPT/HCPCS ARTHROSCOPY, SHOULDER, SURGICAL; REPAIR OF SLAP LESION Yes  CPT/HCPCS KYPHECTOMY, CIRCUMFERENTAL EXPOSURE OF SPINE AND RESECTION OF VERTEBRAL SEGMENT(S) 3 OR MORE SEGMENTS	61530	CPT/HCPCS	CRANIECTOMY, BONE FLAP CRANIOTOMY, TRANSTEMPORAL (MASTOID) FOR	Yes
29807 CPT/HCPCS ARTHROSCOPY, SHOULDER, SURGICAL; REPAIR OF SLAP LESION Yes 22819 CPT/HCPCS KYPHECTOMY, CIRCUMFERENTAL EXPOSURE OF SPINE AND RESECTION OF Ves VERTEBRAL SEGMENT(S) 3 OR MORE SEGMENTS	S2411	CPT/HCPCS		Yes
CPT/HCPCS KYPHECTOMY,CIRCUMFERENTAL EXPOSURE OF SPINE AND RESECTION OF Yes  VERTEBRAL SEGMENT(S) 3 OR MORE SEGMENTS	29807	CPT/HCPCS		Yes
VERTEBRAL SEGMENT(S) 3 OR MORE SEGMENTS	22819			
25251 CDT/HCDCS DEDAID BLOOD VESSEL WITH VEIN CDAET: INITIA ADDOMINAL Voc				
DOZDI   OF I/FICEOD   INTERIN DECOU VEGGEL WITH VEIN GRAFT, INTRA-ADDUMINAL   YES	35251	CPT/HCPCS	REPAIR BLOOD VESSEL WITH VEIN GRAFT; INTRA-ABDOMINAL	Yes

17270 49570 67107	CPT/HCPCS CPT/HCPCS	* DESTRUCTION, MALIGNANT LESION, ANY METHOD, SCALP, NECK, HAND, FEET, GENITALIA; LESION DIAMETER 0.5 CM OR LESS	Yes
	CPT/HCPCS		
67107		REPAIR EPIGASTRIC HERNIA, PROPERITONEAL FAT (SEPARATE PROCEDURE); SIMPLE	Yes
	CPT/HCPCS	REPAIR OF RETINAL DETACHMENT, ONE OR MORE SESSIONS; SCLERAL	Yes
07000	ODT// LODGS	BUCKLING (SUCH AS LAMELLAR EXCISION, IMBRICATION OR ENCIRCLI	Voc
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		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		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	Yes
57010	CPT/HCPCS	OR TRACTION; ANY METHOD  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	
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,	Yes
		INCLUDING EXTERNAL ILIAC, HYPOGASTRIC AND OBTURATOR	
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	Yes
04071		ELECTRODE OR ELECTRODE ARRAY, INCLUDING CONNECTION TO EXISTING	
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, ILEANAL 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	Yes
45397	CPT/HCPCS	CARPAL JOINT); COMPLETE AMPUTATION  LAPAROSCOPY, SURGICAL; PROCTECTOMY, COMBINED	Yes
43337	01 1/1101 00	ABDOMINOPERINEAL PULL-THROUGH PROCEDURE, WITH DIVERTING ENTEROSTOMY, WHEN PERFORMED	
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 LYMPHADE	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,GANCICIOVIR 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
10000	UP1/HUPUS	CANNOLA DECLOTTING, WITH BALLOUN CATHETER	1100

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	Yes
21046	CPT/HCPCS	NECESSITATING THE SKILL OF A PHYSICIAN OR OTHER QUALIFIED  EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE; REQUIRING INTRA-	Yes
		ORAL OSTEOTOMY	
31628	CPT/HCPCS	BRONCHOSCOPY; with transbronchial lung biopsy(s), single lobe	Yes
61582	CPT/HCPCS	CRANIOFACIAL APPROACH TO ANTERIOR CRANIAL FOSSA;	Yes
		EXTRADURAL, INCLUDING UNILATERAL OR BIFRONTAL CRANIOTOMY, ELEVATION OF F	
64738	CPT/HCPCS	TRANSECTION OR AVULSION OF; INFERIOR ALVEOLAR NERVE BY	Yes
0 17 00	0	OSTEOTOMY	
21083	CPT/HCPCS	IMPRESSION AND CUSTOM PREPARATION; PALATAL LIFT PROSTHESIS	Yes
0468T	CPT/HCPCS	REMOVAL OF CHEST WALL RESPIRATORY SENSOR ELECTRODE OR	Yes
		ELECTRODE ARRAY	
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	Yes
		OR DISLOCATION(S), ANTERIOR APPROACH, INCLUDING PLACEMENT OF	
23190	CPT/HCPCS	OSTECTOMY OF SCAPULA, PARTIAL (EG, SUPERIOR MEDIAL ANGLE)	Yes
54115	CPT/HCPCS	REMOVAL FOREIGN BODY FROM DEEP PENILE TISSUE (EG, PLASTIC	Yes
		IMPLANT)	
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	
29355	CPT/HCPCS	APPLICATION OF LONG LEG CAST (THIGH TO TOES); WALKER OR	Yes
22852	CPT/HCPCS	AMBULATORY TYPE  REMOVAL OF POSTERIOR SEGMENTAL INSTRUMENTATION	Yes
23145	CPT/HCPCS	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE	Yes
		OR SCAPULA; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)	
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	Yes
52240	CPT/HCPCS	GRAFT CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY	Yes
32240	GF 1/11GF G3	OR LASER SURGERY) AND/OR RESECTION OF; LARGE BLADDER TUMOR(S	165
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	Yes
		OR WITHOUT ADDUCTOR TENOTOMY	
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	Yes
		OR MORE SELECTIVE THORACIC OR BRACHIOCEPHALIC BRANCH,	
44960	CPT/HCPCS	APPENDECTOMY; FOR RUPTURED APPENDIX WITH ABSCESS OR	Yes
		GENERALIZED PERITONITIS	
52214	CPT/HCPCS	CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY) OF TRIGONE, BLADDER NECK, PROSTATIC FOSSA,	Yes
52001	CDT/HCDCC	CVSTOLIDETH DOSCORV MITH IRRICATION AND EVACUATION OF	Voc
52001	CPT/HCPCS	CYSTOURETHROSCOPY WITH IRRIGATION AND EVACUATION OF MULTIPLEOBSTRUCTING CLOTS	Yes
		PIOLITE LEODSTING CHING CLOTS	<u> </u>

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	Yes
43220	01 1/1101 03	LYMPHOMA (INCLUDES SPLENECTOMY, NEEDLE OR OPEN BIOPSIES OF BO	
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	Yes
		AFFERENT LOOP CULTURE)	
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
		, , , , , , , , , , , , , , , , , , , ,	!

	1	I	I
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-	Yes
07500	0.07.11.00.00	LIDS, NOSE, LIPS MUCOUS MEMBRANE; LESION DIAMETER 0.6 TO 1.0CM	<u> </u>
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	Yes
		WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(	
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,	Yes
25609	CPT/HCPCS	OPEN TREATMENT OF DISTAL RADIAL INTRA-ARTICULAR FRACTURE OR	Yes
07050	0.07.11.00.00	EPIPHYSEAL SEPARATION; WITH INTERNAL FIXATION OF 3 OR MORE F	<u></u>
27050 27447	CPT/HCPCS CPT/HCPCS	ARTHROTOMY, FOR BIOPSY; SACROILIAC JOINT  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
1			Yes
15952	CPT/HCPCS	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH LOCAL ROTATION SKIN FLAP CLOSURE;	
15952 43774	CPT/HCPCS  CPT/HCPCS		Yes
		FLAP CLOSURE;  LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL	

CPT/HCPCS	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, EYELIDS, NOSE, EARS AND/OR LIPS; DEFECT 10.1 SO CM TO 30.0 SO CM	Yes
CPT/HCPCS	INCISION AND DRAINAGE, DEEP ABSCESS OR HEMATOMA, SOFT TISSUES OF	Yes
CPT/HCPCS	REPAIR OF ILEOANAL POUCH FISTULA/SINUS, POUCH ADVANCEMENT;	Yes
CPT/HCPCS		Yes
_		Yes
		Yes
	ENUCLEATIONAND/OR CURETTAGE	
CPI/HCPCS	·	Yes
CPT/HCPCS		Yes
01 111101 00	INTRAOCULAR LENS PROSTHESIS (ONE STAGE PROCEDURE)	
CPT/HCPCS	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA EQUINA, WITHOUT FACETECTOMY, FORAMINOTOMY	Yes
CPT/HCPCS	BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOSUBCLAVIAN, AORTOINNOMINATE, OR AORTOCAROTID	Yes
CPT/HCPCS	VAGUS NERVE BLOCKING THERAPY; LAPAROSCOPIC IMPLANTATION OF	Yes
	NEUROSTIMULATOR ELECTRODE ARRAY, ANTERIOR AND POSTERIOR VAGAL	
CPT/HCPCS	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE	Yes
	INTERSPACE; EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN	
	ADDITION TO CODE FOR PRIMARY PR+	
CPT/HCPCS	DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYE- LIDS,NOSE,LIPS,MUCOUS MEMBRANE;LESION DIAMETER 1.1 TO 2.0 CM	Yes
CPT/HCPCS	HARVEST OF UPPER EXTREMITY VEIN, ONE SEGMENT, FOR LOWER  EXTREMITY BYPASS PROCEDURE (LIST SEPARATELY IN ADD TO PRIM)	Yes
CPT/HCPCS	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH EXCISION OF TUMOR AND/OR	Yes
	STRIPPING OF VOCAL CORDS OR EPIGLOTTIS;	
CPT/HCPCS	ANOSCOPY; FOR DILATION, DIRECT, INSTRUMENTAL	Yes
CPT/HCPCS	EXTENSOR TENDON EXCISION, IMPLANTATION OF PLASTIC TUBE OR ROD	Yes
007//10000		 
CPT/HCPCS		Yes
CPT/HCPCS	ASCENDING AORTA GRAFT, WITH CARDIOPULMONARY BYPASS, WITH	Yes
	AORTIC ROOT REPLACEMENT USING VALVED CONDUIT AND CORONARY RECONSTRUCTION (EG. BENTALL)	
CPT/HCPCS	INTERRUPTION, PARTIAL OR COMPLETE, OF COMMON ILIAC VEIN BY LIGATURE, INTRAVASCULAR DEVICE	Yes
CPT/HCPCS	* DESTRUCTION, MALIGNANT LESION, ANY METHOD, TRUNK, ARMS,	Yes
	ORLEGS; LESION DIAMETER 0.5 CM OR LESS	
CPT/HCPCS	PARAVAGINAL DEFCT REPAIR (INCL REPAIR OF CYSTOCELE, IF PERFRMD; VAGINAL APPRCH	Yes
CPT/HCPCS	REPAIR INGUINAL HERNIA, ANY AGE; SLIDING	Yes
CPT/HCPCS	URETHROPLASTY, TWO-STAGE RECONSTRUCTION OR REPAIR OF PROSTATIC OR MEMBRANOUS URETHRA; SECOND STAGE	Yes
CPT/HCPCS	SUTURE PHARYNX FOR WOUND OR INJURY	Yes
CPT/HCPCS	TREATMENT OF CLOSED ACETABULUM (HIP SOCKET) FRACTURE(S); WITH MANIPULATION WITH OR WITHOUT SKELETAL TRACTION	Yes
CPT/HCPCS	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR OF MOUTH; SUBLINGUAL, DEEP, SUPRAMYL	Yes
CPT/HCPCS	HEPATORRHAPHY, SUTURE OF LIVER WOUND OR INJURY; SIMPLE	Yes
CPT/HCPCS	SURGICAL TREATMENT OF ECTOPIC PREGNANCY; CERVICAL, WITH	Yes
	EVACUATION	
CPT/HCPCS	OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH WITH BONE GRAFT (INCLUDES OBTAINING GRAFT)	Yes
CPT/HCPCS	REMOVAL OF SINGLE OR DUAL CHAMBER IMPLANTABLE DEFIBRILLATOR ELECTORDE(S): BY TRANSVERSE EXTRACTION	Yes
CPT/HCPCS	INTRODUCTION OF NEEDLE OR INTRACATHETER, CAROTID OR VERTEBRAL ARTERY	Yes
CPT/HCPCS	REVISION OR REMOVAL OF PERIPHERAL, SACRAL, OR GASTRIC NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER, WITH DETACHABLE CONNECTION TO ELECTRODE ARRAY	Yes
	CPT/HCPCS	AND/ORUPS. DEFECT 10.1 SQ CM TO 30.0 SQ CM  CPT/HCPCS  INCISION AND DRAINAGE, DEEP ABSCESS OR HEMATOMA, SOFT TISSUES OF NEOK OR THORAX, WITH PARTIAL RIB OSTECTIONY  REPAIR OF HECOANAL PODUCH FISTULA/SINUS, POUCH ADVANCEMENT; TRANSPERIBLEA APPROACH  CPT/HCPCS  LOBECTOMY, TOTAL OB SEGMENTAL:  CPT/HCPCS  LOSECTOMY, TOTAL OB SEGMENTAL:  CPT/HCPCS  EXISION OF BENIGN TUMOR OR CYST OF MANDIBLE, BY ENUCLEATIONAND/OR CURETTAGE  CPT/HCPCS  EXISION OF CHESTWALL TUMORINVOLVING RIBS, WITH PLASTIC RECONSTRUCTION; WITH MEDIASTINAL LYMPHADENECTOMY  CPT/HCPCS  CPT/HCPCS  CANDING OF CHESTWALL TUMORINVOLVING RIBS, WITH PLASTIC RECONSTRUCTION; WITH MEDIASTINAL LYMPHADENECTOMY  INTRACAUBALENS PROSTHESIS (ONE STAGE PROCEDURE)  CPT/HCPCS  LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA EQUINA, WITHOUT FACETECTOMY, FORAMINOTOMY  CPT/HCPCS  SYPASS GRAFT, WITH OTHER THAN VEIN; AORTOSUBCLAVIAN, AORTOINNOMINATE, OR AORTOCAROTIO  CPT/HCPCS  VACUS NERWE BLOCKING THERAPY; LAPAROSCOPIC IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY, ANTERIOR AND POSTERIOR VAGAL INTERSPACE; EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR RIMARY PRA  CPT/HCPCS  CPT/HCPCS  ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE INTERSPACE; EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR RIMARY PRA  CPT/HCPCS  HARVEST OF UPPER EXTREMITY VEIN, ONE SEGMENT, FOR LOWER EXTREMITY BY ASS PROCEDURE (LIST SEPARATELY IN ADD TO PRIM)  CPT/HCPCS  HARVEST OF UPPER EXTREMITY VEIN, ONE SEGMENT, FOR LOWER EXTREMITY BY ASS PROCEDURE (LIST SEPARATELY IN ADD TO PRIM)  CPT/HCPCS  LOSTANDOROUS PROCEDURE (LIST SEPARATELY IN ADD TO PRIM)  CPT/HCPCS  LOSTANDOROUS PROCEDURE (LIST SEPARATELY IN ADD TO PRIM)  CPT/HCPCS  LOSTANDOROUS PROCEDURE (LIST SEPARATELY IN ADD TO PRIM)  CPT/HCPCS  CPT/HCPCS  CPT/HCPCS  LOSTANDOROUS PROCEDURE (LIST SEPARATELY IN ADD TO PRIM)  CPT/HCPCS  CPT/HCPCS  LOSTANDOROUS PROCEDURE (LIST SEPARATELY IN ADD TO PRIM)  CPT/HCPCS  CPT/HCPCS  CPT/HCPCS  CPT/HCPCS  LOSTANDOROUS PROCEDURE (LIST SE

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 15130	CPT/HCPCS CPT/HCPCS	BYPASS GRAFT, WITH OTHER THAN VEIN; ILIORENAL  DERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR LESS, OR	Yes Yes
		1% OF BODY AREA OF INFANTS AND CHILDREN	
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	Yes
25676	CPT/HCPCS	PACKIN  OPEN TREATMENT OF CLOSED OR OPEN DISTAL RADIOULNAR  DISLOCATION, ACUTE OR CHRONIC	Yes
27468	CPT/HCPCS	OSTEOPLASTY, FEMUR; COMBINED, LENGTHENING AND SHORTENING WITH	Yes
_, 400	51 1/1101 00	FEMORAL SEGMENT TRANSFER	

52260	CPT/HCPCS	OVOTO LIBETURO CO O DIV. MUTUL DU ATIONI O E DI ADDED FOD INITEDOTITIALI	
		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	REVASCULARIZATION, 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 PELLET 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 PROCDURE(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

		_	<del>,</del>
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; FOREHEADCHEEKS; CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HA	Yes
23412	CPT/HCPCS	NDS,OR FEET  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	Yes
32408	CPT/HCPCS	CORONARY  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	Yes
93532	CPT/HCPCS	HEART CATHETERIZATION FOR CONGENITAL CARDIAC ANOMALIES  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,	Yes
93563	CPT/HCPCS	INCLUDING ARTERIAL AND/OR VENOUS CATHETERIZATION; SU INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION INCL IMAGING SUPERV, INTERPRT, AND REPORT; FOR SELECTIVE CORONARY ANGIOGRAPHY DURING CONGENITAL HE+	Yes
93457	CPT/HCPCS		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	Yes
		ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR	
		•	
		CORONARY	
C7527	CPT/HCPCS	CATHETER PLACEMENT IN CORONARY ARTERY(IES) FOR CORONARY	Yes
		ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR	
		CORONARY	
07500	CDT/I I CDCC		Voc
C7528	CPT/HCPCS	CATHETER PLACEMENT IN CORONARY ARTERY(IES) FOR CORONARY	Yes
		ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR	
		CORONARY	
C7520	CPT/HCPCS	CATHETER PLACEMENT IN CORONARY ARTERY(IES) FOR CORONARY	Yes
C7320	GF 1/11GF G3	` '	163
		ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR	
		CORONARY	
C7524	CPT/HCPCS	CATHETER PLACEMENT IN CORONARY ARTERY(IES) FOR CORONARY	Yes
	0	` '	
		ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR	
		CORONARY	
C7523	CPT/HCPCS	CATHETER PLACEMENT IN CORONARY ARTERY(IES) FOR CORONARY	Yes
		ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR	
		. , ,	
		CORONARY	
92511	CPT/HCPCS	NASOPHARYNGOSCOPY WITH ENDOSCOPE (SEPARATE PROCEDURE)	Yes
92920	CPT/HCPCS	PERCUTANEOUS TRANSLUMINAL CORONARY THERAPY ANGIOPLASTY; SING	Yes
	35. 55	· ·	
		LE MAJOR CORONARY ARTERY OR BRANCH	
92924	CPT/HCPCS	PERCUTANEOUS TRANSLUMINAL CORONARY ATHERECTOMY, WITH	Yes
		CORONARY ANGIOPLASTY WHEN PERFORMED; SINGLE MAJOR CORONARY	
		ARTERY OR	
00007	ODT#107.5		V
92925	CPT/HCPCS	PERCUTANEOUS TRANSLUMINAL CORONARY ATHERECTOMY, WITH	Yes
		CORONARY ANGIOPLASTY WHEN PERFORMED; EACH ADDITIONAL BRANCH	
		OF MAJO	
07540	ODT// LODGO		V
C7518	CPT/HCPCS	CATHETER PLACEMENT IN CORONARY ARTERY(IES) FOR CORONARY	Yes
		ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR	
		CORONARY	
C7529	CPT/HCPCS		Yes
C/529	CP1/HCPC3	CATHETER PLACEMENT IN CORONARY ARTERY(IES) FOR CORONARY	res
		ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR	
		CORONARY	
C7516	CPT/HCPCS	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY	Yes
07310	01 1/1101 00	• • • • • • • • • • • • • • • • • • • •	103
		ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR	
		CORONARY A	
92944	CPT/HCPCS	PERCUTANEOUS TRANSLUMINAL REVASCULARIZATION OF CHRONIC TOTAL	Yes
		OCCLUSION,EA. ADDITIONAL CORONARY ARTERY,CORONARY ARTERY BR	
		OCCLUSION, EA. ADDITIONAL CONCINANT ANTENT, CONCINANT ANTENT DN	
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 VALVLOPLASTY; MITRAL VALUE	Yes
92992	CPT/HCPCS	ATRIAL SEPTECTOMY OR SEPTOSTOMY; TRANSVENOUS METHOD,	Yes
		BALLON, RASHKIND TYPE (INCLUDES CARDIAC CATHETERIZATION)	
00000	ODT#10000		Ves
92993	CPT/HCPCS	ATRIAL SEPTECTOMY OR SEPTOSTOMY; BLADE METHOD	Yes
92997	CPT/HCPCS	PERCUTANEOUS TRANSLUMINAL PULMONARY ARTERY BALLOON	Yes
		ANGIOPLASTY; SINGLE VESSEL	
92998	CPT/HCPCS	PERCUTANEOUS TRANSLUMINAL PULMONARY ARTERY BALLOON	Yes
J2330	OF 1/110/103		103
		ANGIOPLASTY; EACH ADDITIONAL VESSEL	
481	Revenue	CARDIAC CATHETERIZATION	Yes
33289	CPT/HCPCS	TRANSCATHETER IMPLANTATION OF WIRELESS PULMONARY ARTERY	Yes
	3/1131 30		
		PRESSURE SENSOR FOR LONG-TERM HEMODYNAMIC MONITORING, WHEN	
		PERFOR	
49407	CPT/HCPCS	IMAGE-GUIDED FLUID COLLECTION DRAINAGE BY CATHETER;	Yes
		·	
		IPERITONEAL OR RETROPERITONEAL TRANSVAGINAL OR TRANSRECTAL	•
		PERITONEAL OR RETROPERITONEAL, TRANSVAGINAL OR TRANSRECTAL	
51785	CPT/HCPCS	ELECTROMYOGRAPHY STUDIES (EMG) OF ANAL OR URETHRAL SPHINCTER,	Yes
51785	CPT/HCPCS		Yes
		ELECTROMYOGRAPHY STUDIES (EMG) OF ANAL OR URETHRAL SPHINCTER, ANY TECHNIQUE	
58340	CPT/HCPCS	ELECTROMYOGRAPHY STUDIES (EMG) OF ANAL OR URETHRAL SPHINCTER, ANY TECHNIQUE *INJECTION PROCEDURE FOR HYSTEROSALPINGOGRAPHY	Yes
		ELECTROMYOGRAPHY STUDIES (EMG) OF ANAL OR URETHRAL SPHINCTER, ANY TECHNIQUE  *INJECTION PROCEDURE FOR HYSTEROSALPINGOGRAPHY  MYELOGRAPHY VIA LUMBAR INJECTION, INCLUDING RADIOLOGICAL	
58340	CPT/HCPCS	ELECTROMYOGRAPHY STUDIES (EMG) OF ANAL OR URETHRAL SPHINCTER, ANY TECHNIQUE *INJECTION PROCEDURE FOR HYSTEROSALPINGOGRAPHY	Yes
58340 62302	CPT/HCPCS CPT/HCPCS	ELECTROMYOGRAPHY STUDIES (EMG) OF ANAL OR URETHRAL SPHINCTER, ANY TECHNIQUE *INJECTION PROCEDURE FOR HYSTEROSALPINGOGRAPHY MYELOGRAPHY VIA LUMBAR INJECTION, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION; CERVICAL	Yes Yes
58340	CPT/HCPCS	ELECTROMYOGRAPHY STUDIES (EMG) OF ANAL OR URETHRAL SPHINCTER, ANY TECHNIQUE  *INJECTION PROCEDURE FOR HYSTEROSALPINGOGRAPHY  MYELOGRAPHY VIA LUMBAR INJECTION, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION; CERVICAL  MYELOGRAPHY VIA LUMBAR INJECTION, INCLUDING RADIOLOGICAL	Yes
58340 62302 62303	CPT/HCPCS CPT/HCPCS CPT/HCPCS	ELECTROMYOGRAPHY STUDIES (EMG) OF ANAL OR URETHRAL SPHINCTER, ANY TECHNIQUE  *INJECTION PROCEDURE FOR HYSTEROSALPINGOGRAPHY  MYELOGRAPHY VIA LUMBAR INJECTION, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION; CERVICAL  MYELOGRAPHY VIA LUMBAR INJECTION, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION; THORACIC	Yes Yes Yes
58340 62302	CPT/HCPCS CPT/HCPCS	ELECTROMYOGRAPHY STUDIES (EMG) OF ANAL OR URETHRAL SPHINCTER, ANY TECHNIQUE  *INJECTION PROCEDURE FOR HYSTEROSALPINGOGRAPHY  MYELOGRAPHY VIA LUMBAR INJECTION, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION; CERVICAL  MYELOGRAPHY VIA LUMBAR INJECTION, INCLUDING RADIOLOGICAL	Yes Yes
58340 62302 62303	CPT/HCPCS CPT/HCPCS CPT/HCPCS	ELECTROMYOGRAPHY STUDIES (EMG) OF ANAL OR URETHRAL SPHINCTER, ANY TECHNIQUE  *INJECTION PROCEDURE FOR HYSTEROSALPINGOGRAPHY  MYELOGRAPHY VIA LUMBAR INJECTION, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION; CERVICAL  MYELOGRAPHY VIA LUMBAR INJECTION, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION; THORACIC	Yes Yes Yes
62302 62303	CPT/HCPCS CPT/HCPCS CPT/HCPCS	ELECTROMYOGRAPHY STUDIES (EMG) OF ANAL OR URETHRAL SPHINCTER, ANY TECHNIQUE  *INJECTION PROCEDURE FOR HYSTEROSALPINGOGRAPHY  MYELOGRAPHY VIA LUMBAR INJECTION, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION; CERVICAL  MYELOGRAPHY VIA LUMBAR INJECTION, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION; THORACIC  INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION INCLUDING	Yes Yes 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

CPT/HCPCS	PERCUTANEOUS TRANSLUMINAL REVASCULARIZATION OF OR THROUGH CORCONARY ARTERY BYPASS, EACH ADDITIONAL BRANCH OF MAJOR CORON	Yes
CPT/HCPCS	PERCUTANEOUS TRANSLUMINAL REVASCULARIZATION OF ACUTE TOTAL/SUBTOTAL OCCLUSION DURING ACUTE MYOCARDIAL INFARCTION, SINGLE	Yes
CPT/HCPCS	PERCUTANEOUS TRANSLUMINAL REVASCULARIZATION OF CHRONIC TOTALOCCULSION, CORONARY ARTERY, CORONARY ARTERY BRANCH, SINGLE V	Yes
CPT/HCPCS	PERCUTANEOUS TRANSCATHETER CLOSURE OF A CONGENITAL VENTRICULSEPTAL DEFECT WITH IMPLANT	Yes
CPT/HCPCS	PERCUTANEOUS TRANSCATHETER CLOSURE OF PARAVALVULAR LEAK; INITIAL OCCLUSION DEVICE, MITRIAL VALVE	Yes
CPT/HCPCS	PERCUTANEOUS TRANSCATHETER CLOSURE OF PARAVALVULAR LEAK; INITIAL OCCLUSION DEVICE, AORTIC VALVE	Yes
CPT/HCPCS	PERCUTANEOUS TRANSCATHETER CLOSURE OF PARAVALVULAR LEAK; EACH ADDITIONAL OCCLUSION DEVICE	Yes
CPT/HCPCS	PROGRAMMING OF SUBCUTANEOUSLY IMPLANTED PERITONEAL ASCITES PUMP SYSTEM BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFE	Yes
CPT/HCPCS	INSERTION, DRUG-DELIVERY IMPLANT (IE, BIORESORBABLE, BIODEGRADABLE, NON-BIODEGRADABLE)	Yes
CPT/HCPCS	APPLICATION OF SKIN CELL SUSPENSION AUTOGRAFT TO WOUND AND DONOR SITES, INCLUDING APPLICATION OF PRIMARY DRESSING, TRUNK	Yes
CPT/HCPCS	INSERTION OF PERMANENT CARDIAC CONTRACTILITY MODULATION- DEFIBRILLATION SYSTEM COMPONENT(S), INCLUDING FLUOROSCOPIC GLUDA	Yes
CPT/HCPCS	THORACIC FASCIAL PLANE BLOCK, UNILATERAL; BY INJECTION(S),	Yes
CPT/HCPCS	TRANSCATHETER IMPLANTATION OF WIRELESS LEFT ATRIAL PRESSURE SENSOR FOR LONG-TERM LEFT ATRIAL PRESSURE MONITORING, INCLUD	Yes
CPT/HCPCS	PERCUTANEOUS TRANSCATHETER THERAPEUTIC DRUG DELIVERY BY INTRACORONARY DRUG-DELIVERY BALLOON (EG, DRUG-COATED, DRUG-ELUTI	Yes
CPT/HCPCS	CYSTOURETHROSCOPY, FLEXIBLE; WITH INSERTION AND EXPANSION OF PROSTATIC URETHRAL SCAFFOLD USING INTEGRATED CYSTOSCOPIC VI	Yes
CPT/HCPCS	REMOVAL OF A PERMANENT CARDIAC CONTRACTILITY MODULATION- DEFIBRILLATION SYSTEM COMPONENT(S); SINGLE TRANSVENOUS PACING LE	Yes
CPT/HCPCS	REMOVAL AND REPLACEMENT OF PERMANENT CARDIAC CONTRACTILITY MODULATION-DEFIBRILLATION PULSE GENERATOR ONLY	Yes
CPT/HCPCS	PREPARATION OF SKIN CELL SUSPENSION AUTOGRAFT, REQUIRING ENZYMATIC PROCESSING, MANUAL MECHANICAL DISAGGREGATION OF SKIN	Yes
CPT/HCPCS	ABLATION OF 1 OR MORE THYROID NODULE(S), ONE LOBE OR THE ISTHMUS, PERCUTANEOUS, INCLUDING IMAGING GUIDANCE, RADIOFREQUEN	Yes
CPT/HCPCS	THORACIC FASCIAL PLANE BLOCK, BILATERAL; BY INJECTION(S), INCLUDING IMAGING GUIDANCE, WHEN PERFORMED	Yes
CPT/HCPCS	APPLICATION OF SKIN CELL SUSPENSION AUTOGRAFT TO WOUND AND DONOR SITES, INCLUDING APPLICATION OF PRIMARY DRESSING, FACE,	Yes
CPT/HCPCS	INTRAOPERATIVE ASSESSMENT FOR ABNORMAL (TUMOR) TISSUE, IN-VIVO, FOLLOWING PARTIAL MASTECTOMY (EG, LUMPECTOMY) USING COMP	Yes
CPT/HCPCS	TYMPANOSTOMY WITH LOCAL OR TOPICAL ANESTHESIA AND INSERTION OF A VENTILATING TUBE WHEN PERFORMED WITH TYMPANOSTOMY TUBE	Yes
CPT/HCPCS	PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY, VEIN(S), INCLUDING INTRAPROCEDURAL PHARMACOLOGICAL THROMBOLYTIC INJEC	Yes
CPT/HCPCS	HARVEST OF SKIN FOR SKIN CELL SUSPENSION AUTOGRAFT; EACH ADDITIONAL 25 SQ CM OR PART THEREOF (LIST SEPARATELY IN ADDITIO	Yes
	CPT/HCPCS  CPT/HCPCS	CORONARY ARTERY BYPASS, EACH ADDITIONAL BRANCH OF MAJOR CORONN  CPT/HCPCS  PERCUTANEOUS TRANSLUMINAL REVASCULARIZATION OF ACUTE TOTAL/SUBTOTAL OCCLUSION DURING ACUTE MYOCARDIAL INFARCTION, SINGLE  CPT/HCPCS  PERCUTANEOUS TRANSLUMINAL REVASCULARIZATION OF CHRONIC TOTALOCCULSION, CORONARY ARTERY, CORONARY ARTERY BRANCH, SINGLE V  CPT/HCPCS  PERCUTANEOUS TRANSCATHETER CLOSURE OF A CONGENITAL VENTRY BRANCH OF PERCUTANEOUS TRANSCATHETER CLOSURE OF PARAVALVULAR LEAK; INITIAL OCCLUSION DEVICE, MITIAL VALVE  PERCUTANEOUS TRANSCATHETER CLOSURE OF PARAVALVULAR LEAK; INITIAL OCCLUSION DEVICE, MITIAL VALVE  CPT/HCPCS  PERCUTANEOUS TRANSCATHETER CLOSURE OF PARAVALVULAR LEAK; INITIAL OCCLUSION DEVICE, ADRITIC VALVE  CPT/HCPCS  PERCUTANEOUS TRANSCATHETER CLOSURE OF PARAVALVULAR LEAK; INITIAL OCCLUSION DEVICE, ADRITIC VALVE  CPT/HCPCS  PERCUTANEOUS TRANSCATHETER CLOSURE OF PARAVALVULAR LEAK; INITIAL OCCLUSION DEVICE, ADRITIC VALVE  CPT/HCPCS  PERCUTANEOUS TRANSCATHETER CLOSURE OF PARAVALVULAR LEAK; INITIAL OCCLUSION DEVICE, ADRITIC VALVE  CPT/HCPCS  PROGRAMMING OF SUBCUTANEOUS! MIPLANT ED PERTONEAL ASCITES PARAVALVULAR LEAK; INITIAL OCCLUSION DEVICE, ADRITIC VALVE  CPT/HCPCS  INSERTION, DRUG-DELIVERY IMPLANT (IE, BIORESORBABLE, BIODEGRADABLE, NON-BIODEGRADABLE)  CPT/HCPCS  INSERTION, DRUG-DELIVERY IMPLANT (IE, BIORESORBABLE, BIODEGRADABLE, NON-BIODEGRADABLE)  CPT/HCPCS  INSERTION OF PERMANENT CARDIAC CONTRACTILITY MODULATION-DEFIBRILLATION SYSTEM COMPONENTIS), INCLUDING FLUOROSCOPIC GUIDA  CPT/HCPCS  TRANSCATHETER IMPLANTATION OF WIRELESS LEFT ATRIAL PRESSURE  SENSOR FOR LONG-TERM LEFT ATRIAL PRESSURE MONITORING, INCLUDING IMAGING GUIDANCE, WHEN PERFORMED  CPT/HCPCS  TRANSCATHETER IMPLANTATION OF WIRELESS LEFT ATRIAL PRESSURE  SENSOR FOR LONG-TERM LEFT ATRIAL PRESSURE MONITORING, INCLUDING PROJECT DATE OF THE ISTHMUS, PREPARATION OF SIX INCLUDING MAGING GUIDANCE, MADIC CONTRACTILITY MODULATION-DEFIBRILLATION SYSTEM COMPONENTIS); SINGLE TRANSVENOUS PACING LE  CPT/HCPCS  REMOVAL OF A PERMANENT CARDIAC CONTRACTILITY MODULATION-DE

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	
0935T	CPT/HCPCS	CYSTOURETHROSCOPY WITH RENAL PELVIC SYMPATHETIC DENERVATION, RADIOFREQUENCY ABLATION, RETROGRADE URETERAL APPROACH, INCL	Yes

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

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 SERVS	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
-		· ·	<del>!</del>

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;	Yes
		DEBRIDEMENT, LIMITED	
28002	CPT/HCPCS	*DEEP DISSECTION BELOW FASCIA, FOR DEEP INFECTION OF FOOT, WITH OR WITHOUT TENDON SHEATH INVOLVEMENT; SINGLE BURSALS	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
0809Т	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

PRINCE   P				
CPTIMENCOS   CPT	29805	CPT/HCPCS		Yes
### PATHONOSCOPE, MERITAGOSCOPE, MER	29914	CPT/HCPCS	ARTHROSCOPY, HIP, SURGICAL; WITH FEMOROPLASTY (IE, TREATMENT OF	Yes
Personal Committee   Persona	29915	CPT/HCPCS	ARTHROSCOPY, HIP, SURGICAL; WITH ACETABULOPLASTY (IE, TREATMENT	Yes
Mail	29916	CPT/HCPCS	·	Yes
CPITHORICS   SECONSTRUCTION FOR RECURRENT DISCOCATING PATELLA WITH EXTENSION PROCESSOR SECONSTRUCTION FOR RECURRENT DISCOCATING PATELLA WITH EXTENSION RECURRENT DISCOCATING PATELLA WITH PROCESSOR OF P				
PAGE 19 PRINCIPES SECONSTRUCTION FOR IECUNRENT DISLOCATING PATELLA, WITH STENSOR REALISMENT ANDOR MUSCLE ADVANCEMENT OR RELEASE (CAMP PRINCIPES SECONSTRUCTION FOR IECUNRENT DISLOCATING PATELLA, WITH PATELLECTOMY POPULATION FOR IECUNRENT DISLOCATING PATELLA, WITH PATELLECTOMY POPULATION FOR IECUNRENT DISLOCATING PATELLA, WITH PATELLECTOMY POPULATION FOR IECUNRENT DISLOCATING PATELLA, WITH PATELLECTOMY POPULATION, INVESTIGATION FOR IECUNRENT DISLOCATION, INVESTIGATION FOR IECUNRENT DIS				
CPTHCPCS   SPEAN OF TOWN OF THE STATE OF T			REGIONS INVOLVED	
Prince   P	27422	CPI/HCPCS	EXTENSOR REALIGNMENT AND/OR MUSCLE ADVANCEMENT OR RELEASE	res
	27424	CPT/HCPCS	RECONSTRUCTION FOR RECURRENT DISLOCATING PATELLA; WITH	Yes
274227 CPTIACPCS LIGAMENTOUS RECONSTRUCTION (AUGMENTATION), KNEE; EXTRA-ARTICULAR ARTICULAR CONTROLLAR ARTICULAR CONTROLLAR CONTROLL	27425	CPT/HCPCS		Yes
ARTICULAR OPTIACPOS USABATRICULAR (OPEN)  ARTICULAR (OPEN)  277565 CPTIACPOS OPTIACPOS APPIATATION, FIELD, HAROLOGI-FEMIR, ANY LEVEL; YES OPTIACPOS OPTIACPO				
ARTICLIA AR (OPEN)  ARTICLIA ARTICLIA ARTICLIA DISLOCATION, WITH OR  Yes  (PTHCPCS)  APPLIATION, THICH, THROUGH FEMING, ANY LEVEL; IMMEDIATE FITTING  TECHNIQUE INCLUDION FIRST CAST  CPTHCPCS  APPLIATION, THICH, THROUGH FEMING, ANY LEVEL; IMMEDIATE FITTING  TECHNIQUE INCLUDION FIRST CAST  CPTHCPCS  APPLIATION, THICH, THROUGH FEMING, ANY LEVEL; IMMEDIATE FITTING  TECHNIQUE INCLUDION FIRST CAST  CPTHCPCS  APPLIATION, THICH, THROUGH FEMING, ANY LEVEL; IMMEDIATE FITTING  TECHNIQUE INCLUDION FIRST CAST  APPLIATION, THE ARTICLIA AND AND AND AND AND AND AND AND AND AN			ARTICULAR	
WITHOUT   PARTAL OR TOTAL PATELLECTOMY			ARTICULAR (OPEN)	
CPT/HCPCS	27566	CPT/HCPCS	· ·	Yes
CPT/HCPCS   AMPLITATION, THIGH, THROUGH FEMUR, ANY LEVEL; IMMEDIATE RITTING   Yes   TECHNIQUE INCLUDING FIRST CAST	27580	CPT/HCPCS	FUSION OF KNEE, ANY TECHNIQUE	Yes
TECHNIQUE INCLUDING RIST CAST PART OF FIBULA NONUNION AND/OR MALUNION WITH INTERNAL PRESENTED OF PROPERTY OF THE PRESENT OF THE	27590	CPT/HCPCS	AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL;	Yes
CPT/HCPCS REPAIR OF FIBULA NONUNION AND/OR MALUNION WITH INTERNAL YES FIXATION FIXATION PROBLEM FIXATION PROBLEM FOR THE PROBL	27591	CPT/HCPCS		Yes
CPT/HCPCS   REPAIR OF CONCENTAL PSEUDARTHROSIS, IBIEN   Ves	27726	CPT/HCPCS	REPAIR OF FIBULA NONUNION AND/OR MALUNION WITH INTERNAL	Yes
27720   CPTH-CPCS   ARREST, EPIPHYSEAL ARREST BY PEPIPHYSIODESIS), OPEN, DISTAL TIBILA   Yes	27727	CPT/HCPCS		Yes
CPT/HCPCS EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; DISTAL FIBULA YES EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; DISTAL TIBIA AND YES FIBULA  CPT/HCPCS EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; DISTAL TIBIA AND YES FIBULA  CPT/HCPCS EXCISION, TUMOR, SOFT TISSUE OF FOOT OR TOE, SUBCUTANEOUS; 1.5 CM OR GREATER  EXCISION, TUMOR, SOFT TISSUE OF FOOT OR TOE, SUBCUTANEOUS; 1.5 CM OR GREATER  EXCISION, TUMOR, SOFT TISSUE OF FOOT OR TOE, SUBCUTANEOUS; LESS THAN 1.5 CM  CPT/HCPCS EXCISION, TUMOR, SOFT TISSUE OF FOOT OR TOE, SUBCUTANEOUS; LESS THAN 1.5 CM  EXCISION, TUMOR, SOFT TISSUE OF FOOT OR TOE, SUBCUTANEOUS; LESS THAN 1.5 CM  EXCISION, TUMOR, SOFT TISSUE OF FOOT OR TOE, SUBFASCIAL (EG, INTRAMUSCULAR); LESS THAN 1.5 CM  PERPORA  EXCISION, TUMOR, SOFT TISSUE OF FOOT OR TOE, SUBFASCIAL (EG, INTRAMUSCULAR); LESS THAN 1.5 CM  PERPORA  EXCISION, TUMOR, SOFT TISSUE OF FOOT OR TOE, SUBFASCIAL (EG, INTRAMUSCULAR); LESS THAN 1.5 CM  PERPORA  EXCISION, TUMOR, SOFT TISSUE OF FOOT OR TOE, SUBFASCIAL (EG, INTRAMUSCULAR); LESS THAN 1.5 CM  PERPORA  EXCISION, TUMOR, SOFT TISSUE OF FOOT OR TOE, SUBFASCIAL (EG, INTRAMUSCULAR); LESS THAN 1.5 CM  PERPORA  EXCISION, TUMOR, SOFT TISSUE OF FOOT OR TOE, SUBFASCIAL (EG, INTRAMUSCULAR); LESS THAN 1.5 CM  PERPORA  EXCISION, TUMOR, SOFT TISSUE OF FOOT OR TOE, SUBFASCIAL (EG, INTRAMUSCULAR); LESS THAN 1.5 CM  PERPORA  EXCISION, TUMOR, SOFT TISSUE OF FOOT OR TOE, SUBFASCIAL (EG, INTRAMUSCULAR); LESS THAN 1.5 CM  PERPORA  EXCISION, TUMOR, SOFT TISSUE OF FOOT OR TOE, SUBFASCIAL (EG, INTRAMUSCULAR); LESS THAN 1.5 CM  PERPORA  EXCISION, TUMOR, SOFT TISSUE OF FOOT OR TOE, SUBFASCIAL (EG, INTRAMUSCULAR); LESS THAN 1.5 CM  PERPORA  EXCISION, TUMOR, SOFT TISSUE OF FOOT OR TOE, SUBFASCIAL (EG, INTRAMUSCULAR); LESS THAN 1.5 CM  PERPORA  EXCISION, TUMOR, SOFT TISSUE OF FOOT OR TOE, SUBFASCIAL (EG, INTRAMUSCULAR); LESS THAN 1.5 CM  PERPORA  EXCISION, TUMOR, SOFT TISSUE OF FOOT OR TOE, SUBFASCIAL (EG, INTRAMUSCULAR, SUBFASCIAL (EG, INTRAMUSCULAR, SUBFASCIAL (EG, INTRAMUSCULAR, SUBFASCIAL				
CPT/HCPCS EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; DISTAL TIBIA AND FIBULA.  PROBLEM OF CONTROL OF THE				
ERBULA  CPT/HCPCS EXCISION, TUMOR, SOFT TISSUE OF FOOT OR TOE, SUBCUTANEOUS; 1.5 CM OR GREATER  EXCISION, TUMOR, SOFT TISSUE OF FOOT OR TOE, SUBFASCIAL (EG, INTRAMUSCULAR); 1.5 CM OR GREATER  EXCISION, TUMOR, SOFT TISSUE OF FOOT OR TOE, SUBFASCIAL (EG, INTRAMUSCULAR); 1.5 CM OR GREATER  EXCISION, TUMOR, SOFT TISSUE OF FOOT OR TOE, SUBFASCIAL (EG, INTRAMUSCULAR); 1.5 CM  EXCISION, TUMOR, SOFT TISSUE OF FOOT OR TOE, SUBFASCIAL (EG, INTRAMUSCULAR); 1.5 CM  EXCISION, TUMOR, SOFT TISSUE OF FOOT OR TOE, SUBFASCIAL (EG, INTRAMUSCULAR); 1.5 CM  EXCISION, TUMOR, SOFT TISSUE OF FOOT OR TOE, SUBFASCIAL (EG, INTRAMUSCULAR); 1.5 CM  PYES  EXCISION, TUMOR, SOFT TISSUE OF FOOT OR TOE, SUBFASCIAL (EG, INTRAMUSCULAR); 1.5 CM  PYES  EXCISION, TUMOR, SOFT TISSUE OF FOOT OR TOE, SUBFASCIAL (EG, INTRAMUSCULAR); 1.5 CM  PYES  EXCISION, TUMOR, SOFT TISSUE OF TOE, SUBFASCIAL (EG, INTRAMUSCULAR); 1.5 CM  PYES  EXCISION, TUMOR, SOFT TISSUE OF TOE, SUBFASCIAL (EG, INTRAMUSCULAR); 1.5 CM  PYES  EXCISION, TUMOR, SOFT TISSUE OF TOE, SUBFASCIAL (EG, INTRAMUSCULAR); 1.5 CM  PYES  EXCISION, TUMOR, SOFT TISSUE OF TOE, SUBFASCIAL (EG, INTRAMUSCULAR); 1.5 CM  PYES  EXEMPTION OF THE TOE TOE TOE TOE, SUBFASCIAL (EG, INTRAMUSCULAR); 1.5 CM  PYES  EXEMPTION OF THE TOE TOE TOE TOE TOE TOE, SUBFASCIAL (EG, INTRAMUSCULAR); 1.5 CM  PYES  EXEMPTION OF THE TOE TOE TOE TOE TOE TOE TOE TOE TOE TO				
OR GREATER  CPTHCPCS EXCISION, TUMOR, SOFT TISSUE OF FOOT OR TOE, SUBFASCIAL (EG, INTRAMUSCULAR); 1.5 CM OR GREATER  28043 CPTHCPCS EXCISION, TUMOR, SOFT TISSUE OF FOOT OR TOE, SUBCUTANEOUS; LESS THAN 1.5 CM  28045 CPTHCPCS EXCISION, TUMOR, SOFT TISSUE OF FOOT OR TOE, SUBFASCIAL (EG, INTRAMUSCULAR); 1.5 CM  28291 CPTHCPCS EXCISION, TUMOR, SOFT TISSUE OF FOOT OR TOE, SUBFASCIAL (EG, INTRAMUSCULAR); 1.5 CM  28291 CPTHCPCS CRECTION, HALLUX RICE OF FOOT OR TOE, SUBFASCIAL (EG, INTRAMUSCULAR); 1.5 CM  28292 CPTHCPCS CORRECTION, HALLUX VALGUS WITH CHEILECTOMY, DEBRIDEMENT/CAPSULAR RELEASE OF THE FIRST METATARSOPHALANGEAL JOINT WITH IMP  28292 CPTHCPCS CORRECTION, HALLUX VALGUS WITH BUNIONECTOMY, WITH SESAMOIDECTOMY WHEN PERFORMED, WITH RESECTION OF PROXIMAL PHALANX BASE, OSTEOTOMY, ANY METHOD  28296 CPTHCPCS CORRECTION, HALLUX VALGUS WITH BUNIONECTOMY, WITH SESAMOIDECTOMY WHEN PERFORMED; WITH PROXIMAL METATARSAL OSTEOTOMY, ANY METHOD  282806 CPTHCPCS CORRECTION, HALLUX VALGUS WITH BUNIONECTOMY, WITH SESAMOIDECTOMY WHEN PERFORMED; WITH DISTAL METATARSAL OSTEOTOMY, ANY METHOD  282807 CPTHCPCS ARTHROSCOPY, SHOULDER, SURGICAL; CAPSULORRHAPHY Ves CPTHCPCS CPTHCPCS ARTHROSCOPY, SHOULDER, SURGICAL; WITH REMOVAL OF LOSE BODY OF ORDERION BODY CPTHCPCS ARTHROSCOPY, SHOULDER, SURGICAL; WITH REMOVAL OF LOSE BODY OF ORDERION BODY CPTHCPCS ARTHROSCOPY, SHOULDER, SURGICAL; WITH REMOVAL OF LOSE BODY OF ORTHER BODY CPTHCPCS ARTHROSCOPY, SHOULDER, SURGICAL; WITH REMOVAL OF LOSE BODY OF ORTHER BODY CPTHCPCS ARTHROSCOPY, SHOULDER, SURGICAL; WITH REMOVAL OF LOSE BODY OF ORTHER BODY CPTHCPCS ARTHROSCOPY, SHOULDER, SURGICAL; WITH REMOVAL OF LOSE BODY OFTICE CPTHCPCS ARTHROSCOPY, SHOULDER, SURGICAL; WITH REMOVAL OF LOSE BODY OFTICE CPTHCPCS ARTHROSC			FIBULA	
INTRAMUSCULAR); 1.5 CM OR GREATER  EXCISION, TUMOR, SOFT TISSUE OF FOOT OR TOE, SUBCUTANEOUS; LESS THAN 1.5 CM  EXCISION, TUMOR, SOFT TISSUE OF FOOT OR TOE, SUBFASCIAL (EG, MITRAMUSCULAR); LESS THAN 1.5 CM  EXEMPTION OF THE FIRST METATARSOPHALANGEAL (INT) THE FIRST METATARSOPHALANG	28039	CPT/HCPCS		Yes
THAN 1.5 CM  EXCISION, TUMOR, SOFT TISSUE OF FOOT OR TOE, SUBFASCIAL (EG, INTRAMUSCULAR); LESS THAN 1.5 CM  EXCISION, TUMOR, SOFT TISSUE OF FOOT OR TOE, SUBFASCIAL (EG, INTRAMUSCULAR); LESS THAN 1.5 CM  CPT/HCPCS  HALLUX RIGIDUS CORRECTION WITH CHEILECTOMY, DEBRIDEMENT/CAPSULAR RELEASE OF THE FIRST METATARSOPHALANGEAL JOINT WITH IMP  EXEMPLIES CORRECTION, HALLUX VALGUS WITH BUNIONECTOMY, WITH SESAMOIDECTOMY WHEN PERFORMED, WITH RESECTION OF PROXIMAL PHALANS BASE,  CPT/HCPCS  CORRECTION, HALLUX VALGUS WITH BUNIONECTOMY, WITH SESAMOIDECTOMY, WHEN PERFORMED, WITH PROXIMAL METATARSAL OSTEOTOMY, ANY METHOD  COSTECTIOMY, ANY METHOD  COSTECTIOMY, ANY METHOD  EXEMPLIES CONTROL OF THE ANALYSIS OF THE A	28041	CPT/HCPCS		Yes
INTRAMUSCULAR); LESS THAN 1.5 CM  PROPRING CONTROL OF TREATMENT OF CLOSED INTERPHALANGEAL JOINT DISLOCATION; DISLOCATION DISLOCATION DISLOCATION DISLOCATION THE REPROPERS COPT/HCPCS  CORRECTION, HALLUX VALGUS WITH BUNIONECTOMY, WITH SESAMOIDECTOMY WHEN PERFORMED, WITH RESECTION OF PROXIMAL PHALANX BASE.  RESPONSIVE CORRECTION, HALLUX VALGUS WITH BUNIONECTOMY, WITH SESAMOIDECTOMY WHEN PERFORMED, WITH PROXIMAL METATARSAL OSTEOTOMY, ANY METHOD  CORRECTION, HALLUX VALGUS WITH BUNIONECTOMY, WITH SESAMOIDECTOMY WHEN PERFORMED; WITH DISTAL METATARSAL OSTEOTOMY, ANY METHOD  RESPONSIVE CORRECTION, HALLUX VALGUS WITH BUNIONECTOMY, WITH SESAMOIDECTOMY WHEN PERFORMED; WITH DISTAL METATARSAL OSTEOTOMY, ANY METHOD  RESPONSIVE CORRECTION, HALLUX VALGUS WITH BUNIONECTOMY, WITH YES SEAMOIDECTOMY WHEN PERFORMED; WITH DISTAL METATARSAL OSTEOTOMY, ANY METHOD  RESPONSIVE CORRECTION, HALLUX VALGUS WITH BUNIONECTOMY, WITH YES SEAMOIDECTOMY WHEN PERFORMED; WITH DISTAL METATARSAL OSTEOTOMY, ANY METHOD  RESPONSIVE CORRECTION, HALLUX VALGUS WITH BUNIONECTOMY, WITH YES SEAMOIDECTOMY, WITH MANIPULATION OF METATARSOPHALANGEAL JOINT YES DISLOCATION, WITH MANIPULATION  DISLOCATION, WITH MANIPULATION  OPEN TREATMENT OF CLOSED INTERPHALANGEAL JOINT DISLOCATION; YES WITHOUT ANESTHESIA  TREATMENT OF CLOSED INTERPHALANGEAL JOINT DISLOCATION; YES REQUIRING ANESTHESIA  TREATMENT OF CLOSED INTERPHALANGEAL JOINT DISLOCATION; YES REQUIRING ANESTHESIA  THREATMENT OF CLOSED INTERPHALANGEAL JOINT DISLOCATION; YES REQUIRING ANESTHESIA  THREATMENT OF CLOSED INTERPHALANGEAL JOINT DISLOCATION; YES REQUIRING ANESTHESIA  THREATMENT OF CLOSED INTERPHALANGEAL JOINT DISLOCATION; YES REQUIRING ANESTHESIA  THREATMENT OF CLOSED INTERPHALANGEAL JOINT DISLOCATION; YES REQUIRING ANESTHESIA  THREATMENT OF CLOSED INTERPHALANGEAL JOINT DISLOCATION; YES REGULAD. WITH REMOVAL OF LOOSE BODY ON FOREIGN BODY  ARTHROSCOPY, SHOULDER, SURGICAL; WITH REMOVAL OF LOOSE BODY ON FOREIGN BODY  OF FOREIGN BODY  ARTHROSCOPY, SHOULDER, SURGICAL; WITH REMOVAL OF LOOSE BODY ON FOREIGN BODY	28043	CPT/HCPCS		Yes
DEBRIDEMENT/CAPSULAR RELEASE OF THE FIRST METATARSOPHALANGEAL JOINT WITH IMP  28292 CPT/HCPCS CORRECTION, HALLUX VALGUS WITH BUNIONECTOMY, WITH SESAMOIDECTOMY WHEN PERFORMED, WITH RESECTION OF PROXIMAL PHALANX BASE,  28295 CPT/HCPCS CORRECTION, HALLUX VALGUS WITH BUNIONECTOMY, WITH SESAMOIDECTOMY WHEN PERFORMED; WITH PROXIMAL METATARSAL OSTEOTOMY, ANY METHOD  28296 CPT/HCPCS CORRECTION, HALLUX VALGUS WITH BUNIONECTOMY, WITH SESAMOIDECTOMY WHEN PERFORMED; WITH DISTAL METATARSAL OSTEOTOMY, ANY METHOD  28636 CPT/HCPCS PERCUTANEOUS SKELETAL FIXATION OF METATARSOPHALANGEAL JOINT DISLOCATION, WITH MANIPULATION  28645 CPT/HCPCS OPEN TREATMENT OF CLOSED OR OPEN METATARSOPHALANGEAL JOINT DISLOCATION  28660 CPT/HCPCS **TREATMENT OF CLOSED INTERPHALANGEAL JOINT DISLOCATION; YES  28665 CPT/HCPCS **TREATMENT OF CLOSED INTERPHALANGEAL JOINT DISLOCATION; YES  28666 CPT/HCPCS ARTHROSCOPY, SHOULDER, SURGICAL; CAPSULORRHAPHY YES  28980 CPT/HCPCS ARTHROSCOPY, SHOULDER, SURGICAL; REPAIR OF SLAP LESION YES  289819 CPT/HCPCS ARTHROSCOPY, SHOULDER, SURGICAL; REPAIR OF SLAP LESION YES  289820 CPT/HCPCS ARTHROSCOPY, SHOULDER, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY  OR FOREIGN BODY  289820 CPT/HCPCS ARTHROSCOPY, SHOULDER, SURGICAL; SYNOVECTOMY, PARTIAL YES	28045	CPT/HCPCS	· ·	Yes
JOINT WITH IMP  28292 CPT/HCPCS CORRECTION, HALLUX VALGUS WITH BUNIONECTOMY, WITH SESAMOIDECTOMY WHEN PERFORMED, WITH RESECTION OF PROXIMAL PHALANX BASE,  28295 CPT/HCPCS CORRECTION, HALLUX VALGUS WITH BUNIONECTOMY, WITH SESAMOIDECTOMY WHEN PERFORMED; WITH PROXIMAL METATARSAL OSTEOTOMY, ANY METHOD  28296 CPT/HCPCS CORRECTION, HALLUX VALGUS WITH BUNIONECTOMY, WITH SESAMOIDECTOMY WHEN PERFORMED; WITH DISTAL METATARSAL OSTEOTOMY, ANY METHOD  28636 CPT/HCPCS PERCUTANEOUS SKELETAL FIXATION OF METATARSOPHALANGEAL JOINT DISLOCATION, WITH MANIPULATION  28645 CPT/HCPCS OPEN TREATMENT OF CLOSED OR OPEN METATARSOPHALANGEAL JOINT DISLOCATION  28660 CPT/HCPCS *TREATMENT OF CLOSED INTERPHALANGEAL JOINT DISLOCATION; WITHOUT ANESTHESIA  28665 CPT/HCPCS ARTHROSCOPY, SHOULDER, SURGICAL; CAPSULORRHAPHY YES  28980 CPT/HCPCS ARTHROSCOPY, SHOULDER, SURGICAL; WITH REMOVAL OF LOSSE BODY OR FOREIGN BODY  289819 CPT/HCPCS ARTHROSCOPY, SHOULDER, SURGICAL; WITH REMOVAL OF LOSSE BODY OR FOREIGN BODY  289820 CPT/HCPCS ARTHROSCOPY, SHOULDER, SURGICAL; SYNOVECTOMY, PARTIAL YES	28291	CPT/HCPCS	HALLUX RIGIDUS CORRECTION WITH CHEILECTOMY,	Yes
CPT/HCPCS CORRECTION, HALLUX VALGUS WITH BUNIONECTOMY, WITH SESAMOIDECTOMY WHEN PERFORMED, WITH RESECTION OF PROXIMAL PHALANX BASE,  CPT/HCPCS CORRECTION, HALLUX VALGUS WITH BUNIONECTOMY, WITH SESAMOIDECTOMY WHEN PERFORMED; WITH PROXIMAL METATARSAL OSTEOTOMY, ANY METHOD  CORRECTION, HALLUX VALGUS WITH BUNIONECTOMY, WITH SESAMOIDECTOMY WHEN PERFORMED; WITH DISTAL METATARSAL OSTEOTOMY, ANY METHOD  CORRECTION, HALLUX VALGUS WITH BUNIONECTOMY, WITH SESAMOIDECTOMY WHEN PERFORMED; WITH DISTAL METATARSAL OSTEOTOMY, ANY METHOD  COSTEOTOMY, ANY METHOD  CORRECTION, WITH MANIPULATION  COSTEOTOMY, ANY METHOD  COSTINE COSTEON C				
SESAMOIDECTOMY WHEN PERFORMED, WITH RESECTION OF PROXIMAL PHALANX BASE,  CPT/HCPCS CORRECTION, HALLUX VALGUS WITH BUNIONECTOMY, WITH SESAMOIDECTOMY, HEN PERFORMED; WITH PROXIMAL METATARSAL OSTEOTOMY, ANY METHOD  CRESS COPT/HCPCS CORRECTION, HALLUX VALGUS WITH BUNIONECTOMY, WITH SESAMOIDECTOMY, WHEN PERFORMED; WITH DISTAL METATARSAL OSTEOTOMY, ANY METHOD  CRESS COPT/HCPCS PERCUTANEOUS SKELETAL FIXATION OF METATARSOPHALANGEAL JOINT DISLOCATION, WITH MANIPULATION  CRESS COPT/HCPCS DISLOCATION  CRESS COPT/HCPCS TREATMENT OF CLOSED OR OPEN METATARSOPHALANGEAL JOINT DISLOCATION; WITH METATAR SHALLOW AND S	28292	CPT/HCPCS		Yes
CPT/HCPCS CORRECTION, HALLUX VALGUS WITH BUNIONECTOMY, WITH SESAMOIDECTOMY WHEN PERFORMED; WITH PROXIMAL METATARSAL OSTEOTOMY, ANY METHOD  CORRECTION, HALLUX VALGUS WITH BUNIONECTOMY, WITH Yes  SESAMOIDECTOMY WHEN PERFORMED; WITH DISTAL METARTARSAL OSTEOTOMY, ANY METHOD  PERCUTANEOUS SKELETAL FIXATION OF METATARSOPHALANGEAL JOINT DISLOCATION, WITH MANIPULATION  CPT/HCPCS OPEN TREATMENT OF CLOSED OR OPEN METATARSOPHALANGEAL JOINT DISLOCATION  TO PERCUTANEOUS SKELETAL FIXATION OF METATARSOPHALANGEAL JOINT DISLOCATION  CREGOR OPEN TREATMENT OF CLOSED OR OPEN METATARSOPHALANGEAL JOINT DISLOCATION; Yes  WITHOUT ANESTHESIA  CPT/HCPCS *TREATMENT OF CLOSED INTERPHALANGEAL JOINT DISLOCATION; Yes  REQUIRING ANESTHESIA  CPT/HCPCS ARTHROSCOPY, SHOULDER, SURGICAL; CAPSULORRHAPHY Yes  CPSROO CPT/HCPCS ARTHROSCOPY, SHOULDER, SURGICAL; REPAIR OF SLAP LESION YES  CPT/HCPCS ARTHROSCOPY, SHOULDER, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY  CPT/HCPCS ARTHROSCOPY, SHOULDER, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY  CPT/HCPCS ARTHROSCOPY, SHOULDER, SURGICAL; SYNOVECTOMY, PARTIAL YES			SESAMOIDECTOMY WHEN PERFORMED, WITH RESECTION OF PROXIMAL	
SESAMOIDECTOMY WHEN PERFORMED; WITH PROXIMAL METATARSAL OSTEOTOMY, ANY METHOD  28296  CPT/HCPCS  CORRECTION, HALLUX VALGUS WITH BUNIONECTOMY, WITH SESAMOIDECTOMY WHEN PERFORMED; WITH DISTAL METARTARSAL OSTEOTOMY, ANY METHOD  28636  CPT/HCPCS  PERCUTANEOUS SKELETAL FIXATION OF METATARSOPHALANGEAL JOINT DISLOCATION, WITH MANIPULATION  28645  CPT/HCPCS  OPEN TREATMENT OF CLOSED OR OPEN METATARSOPHALANGEAL JOINT DISLOCATION  *TREATMENT OF CLOSED INTERPHALANGEAL JOINT DISLOCATION; WITHOUT ANESTHESIA  *TREATMENT OF CLOSED INTERPHALANGEAL JOINT DISLOCATION; REQUIRING ANESTHESIA  29806  CPT/HCPCS  *TREATMENT OF CLOSED INTERPHALANGEAL JOINT DISLOCATION; REQUIRING ANESTHESIA  29807  CPT/HCPCS  ARTHROSCOPY, SHOULDER, SURGICAL; CAPSULORRHAPHY OR FOREIGN BODY OR FOREIGN BODY  29820  CPT/HCPCS  ARTHROSCOPY, SHOULDER, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY  29820  CPT/HCPCS  ARTHROSCOPY, SHOULDER, SURGICAL; SYNOVECTOMY, PARTIAL  Yes	28205	CDT/HCDCS		Ves
CPT/HCPCS CORRECTION, HALLUX VALGUS WITH BUNIONECTOMY, WITH SESAMOIDECTOMY WHEN PERFORMED; WITH DISTAL METARTARSAL OSTEOTOMY, ANY METHOD  28636 CPT/HCPCS PERCUTANEOUS SKELETAL FIXATION OF METATARSOPHALANGEAL JOINT DISLOCATION, WITH MANIPULATION  28645 CPT/HCPCS OPEN TREATMENT OF CLOSED OR OPEN METATARSOPHALANGEAL JOINT DISLOCATION; VES DISLOCATION  28660 CPT/HCPCS **TREATMENT OF CLOSED INTERPHALANGEAL JOINT DISLOCATION; WITHOUT ANESTHESIA  28665 CPT/HCPCS **TREATMENT OF CLOSED INTERPHALANGEAL JOINT DISLOCATION; YES REQUIRING ANESTHESIA  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  29820 CPT/HCPCS ARTHROSCOPY, SHOULDER, SURGICAL; SYNOVECTOMY, PARTIAL YES	20233	011/1101 03	SESAMOIDECTOMY WHEN PERFORMED; WITH PROXIMAL METATARSAL	
SESAMOIDECTOMY WHEN PERFORMED; WITH DISTAL METARTARSAL OSTEOTOMY, ANY METHOD  28636 CPT/HCPCS PERCUTANEOUS SKELETAL FIXATION OF METATARSOPHALANGEAL JOINT DISLOCATION, WITH MANIPULATION  28645 CPT/HCPCS OPEN TREATMENT OF CLOSED OR OPEN METATARSOPHALANGEAL JOINT DISLOCATION  28660 CPT/HCPCS *TREATMENT OF CLOSED INTERPHALANGEAL JOINT DISLOCATION; WITHOUT ANESTHESIA  28665 CPT/HCPCS *TREATMENT OF CLOSED INTERPHALANGEAL JOINT DISLOCATION; REQUIRING ANESTHESIA  29806 CPT/HCPCS ARTHROSCOPY, SHOULDER, SURGICAL; CAPSULORRHAPHY YES 29807 CPT/HCPCS ARTHROSCOPY, SHOULDER, SURGICAL; REPAIR OF SLAP LESION 29819 CPT/HCPCS ARTHROSCOPY, SHOULDER, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY  29820 CPT/HCPCS ARTHROSCOPY, SHOULDER, SURGICAL; SYNOVECTOMY, PARTIAL YES	20200	ODT//JODGG		Voc
OSTEOTOMY, ANY METHOD  28636 CPT/HCPCS PERCUTANEOUS SKELETAL FIXATION OF METATARSOPHALANGEAL JOINT Ves DISLOCATION, WITH MANIPULATION  28645 CPT/HCPCS OPEN TREATMENT OF CLOSED OR OPEN METATARSOPHALANGEAL JOINT DISLOCATION  28660 CPT/HCPCS *TREATMENT OF CLOSED INTERPHALANGEAL JOINT DISLOCATION; Ves WITHOUT ANESTHESIA  28665 CPT/HCPCS *TREATMENT OF CLOSED INTERPHALANGEAL JOINT DISLOCATION; Yes REQUIRING ANESTHESIA  29806 CPT/HCPCS ARTHROSCOPY, SHOULDER, SURGICAL; CAPSULORRHAPHY Yes 29807 CPT/HCPCS ARTHROSCOPY, SHOULDER, SURGICAL; REPAIR OF SLAP LESION Yes CPT/HCPCS ARTHROSCOPY, SHOULDER, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY  29820 CPT/HCPCS ARTHROSCOPY, SHOULDER, SURGICAL; SYNOVECTOMY, PARTIAL Yes	Z0Z90	CP1/HCPCS		162
DISLOCATION, WITH MANIPULATION  28645 CPT/HCPCS OPEN TREATMENT OF CLOSED OR OPEN METATARSOPHALANGEAL JOINT DISLOCATION  28660 CPT/HCPCS *TREATMENT OF CLOSED INTERPHALANGEAL JOINT DISLOCATION; Yes WITHOUT ANESTHESIA  28665 CPT/HCPCS *TREATMENT OF CLOSED INTERPHALANGEAL JOINT DISLOCATION; Yes REQUIRING ANESTHESIA  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  29820 CPT/HCPCS ARTHROSCOPY, SHOULDER, SURGICAL; SYNOVECTOMY, PARTIAL Yes			· ·	
CPT/HCPCS OPEN TREATMENT OF CLOSED OR OPEN METATARSOPHALANGEAL JOINT DISLOCATION; DISLOCATION  **TREATMENT OF CLOSED INTERPHALANGEAL JOINT DISLOCATION; WITHOUT ANESTHESIA  **TREATMENT OF CLOSED INTERPHALANGEAL JOINT DISLOCATION; REQUIRING ANESTHESIA  **TREATMENT OF CLOSED INTERPHALANGEAL JOINT DISLOCATION; REQUIRING ANESTHESIA  **Pes REQUIRING ANESTHESIA  **Pes REQUIRING ARTHROSCOPY, SHOULDER, SURGICAL; CAPSULORRHAPHY RES REPAIR OF SLAP LESION REPAIR	28636	CPT/HCPCS		Yes
28660 CPT/HCPCS *TREATMENT OF CLOSED INTERPHALANGEAL JOINT DISLOCATION; WITHOUT ANESTHESIA  28665 CPT/HCPCS *TREATMENT OF CLOSED INTERPHALANGEAL JOINT DISLOCATION; Yes REQUIRING ANESTHESIA  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  29820 CPT/HCPCS ARTHROSCOPY, SHOULDER, SURGICAL; SYNOVECTOMY, PARTIAL Yes	28645	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN METATARSOPHALANGEAL JOINT	Yes
28665 CPT/HCPCS *TREATMENT OF CLOSED INTERPHALANGEAL JOINT DISLOCATION; REQUIRING ANESTHESIA 29806 CPT/HCPCS ARTHROSCOPY, SHOULDER, SURGICAL; CAPSULORRHAPHY 29807 CPT/HCPCS ARTHROSCOPY, SHOULDER, SURGICAL; REPAIR OF SLAP LESION 29819 CPT/HCPCS ARTHROSCOPY, SHOULDER, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY 29820 CPT/HCPCS ARTHROSCOPY, SHOULDER, SURGICAL; SYNOVECTOMY, PARTIAL Yes	28660	CPT/HCPCS	*TREATMENT OF CLOSED INTERPHALANGEAL JOINT DISLOCATION;	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 29820 CPT/HCPCS ARTHROSCOPY, SHOULDER, SURGICAL; SYNOVECTOMY, PARTIAL Yes	28665	CPT/HCPCS	*TREATMENT OF CLOSED INTERPHALANGEAL JOINT DISLOCATION;	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 29820 CPT/HCPCS ARTHROSCOPY, SHOULDER, SURGICAL; SYNOVECTOMY, PARTIAL Yes	20000	ODT//LODGS		Voc.
29819 CPT/HCPCS ARTHROSCOPY, SHOULDER, SURGICAL; WITH REMOVAL OF LOOSE BODY Yes OR FOREIGN BODY 29820 CPT/HCPCS ARTHROSCOPY, SHOULDER, SURGICAL; SYNOVECTOMY, PARTIAL Yes		_		
OR FOREIGN BODY 29820 CPT/HCPCS ARTHROSCOPY, SHOULDER, SURGICAL; SYNOVECTOMY, PARTIAL Yes				
			OR FOREIGN BODY	
29821 CPT/HCPCS ARTHROSCOPY, SHOULDER, SURGICAL; SYNOVECTOMY, COMPLETE Yes	29820	CPT/HCPCS	ARTHROSCOPY, SHOULDER, SURGICAL; SYNOVECTOMY, PARTIAL	Yes
	29821	CPT/HCPCS	ARTHROSCOPY, SHOULDER, SURGICAL; SYNOVECTOMY, COMPLETE	Yes

	ī		
98926	CPT/HCPCS	OSTEOPATHIC MANIPULATIVE TREATMENT(OMT); THREE TO FOUR BODY REGIONS INVOLVED	Yes
98927	CPT/HCPCS	OSTEOPHATHIC 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,	Yes
27740	CF I/HCF CS	PROXIMAL AND DISTAL TIBIA AND FIBULA;	163
27742	CPT/HCPCS	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING, COMBINED,	Yes
		PROXIMAL AND DISTAL TIBIA AND FIBULA; AND DISTAL FEMUR	
27745	CPT/HCPCS	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT METHYL METHACRYLATE, TIBIA	
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	Yes
		SESAMOIDECTOMY WHEN PERFORMED; WITH FIRST METATARSAL AND MEDIAL CUNEIFORM JOINT ARTHRODESIS, ANY ME+	
28298	CPT/HCPCS	CORRECTION, HALLUX VALGUS WITH BUNIONECTOMY, WITH	Yes
		SESAMOIDECTOMY, WHEN PERFORMED; WITH PROXIMAL PHALANX OSTEOTOMY, ANY METHOD	
28299	CPT/HCPCS	CORRECTION, HALLUX VALGUS WITH BUNIONECTOMY, WITH	Yes
20200		SESAMOIDECTOMY WHEN PERFORMED; WITH DOUBLE OSTEOTOMY, ANY METHOD	
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	Yes
28675	CPT/HCPCS	DISLOCATION, WITH MANIPULATION  OPEN TREATMENT OF CLOSED OR OPEN INTERPHALANGEAL JOINT  DISLOCATION	Yes
20705	CPT/HCPCS	DISLOCATION  PANTALAR ARTHRODESIS	Yes
28705 28715	CPT/HCPCS  CPT/HCPCS	TRIPLE ARTHRODESIS	Yes
28715	CPT/HCPCS  CPT/HCPCS	SUBTALAR ARTHRODESIS	Yes
29822	CPT/HCPCS	IGN BODY(IES))HOULDER, SURGICAL; DEBRIDEMENT, LIMITED, 1 OR 2	Yes
	5. 1/1/01/00	DISCRETE STRUCTURES (EG, HUMERAL BONE, HUMERAL ARTICULAR	
20022	CPT/HCPCS	CARTILAGE, GLENOID BONE, GLENOI+  ARTHROSCOPY, SHOULDER, SURGICAL; DEBRIDEMENT, EXTENSIVE, 3 OR	Voc
29823	CF1/HCPC5	MORE DISCRETE STRUCTURES (EG, HUMERAL BONE, HUMERAL ARTICULAR	Yes
	<b></b>	CARTILAGE, GLENOID BONE, +	<u> </u>
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	Yes
		ADHESIONS, WITH OR WITHOUT MANIPULATION	

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 ARTHOPLASTY (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 FRACTRBY INTRAMEDULLARY IMPLANT W/OR W/O INTRLOCKG SCRWS/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 28304	CPT/HCPCS CPT/HCPCS	OSTEOTOMY; TALUS OSTEOTOMY, MIDTARSAL BONES, OTHER THAN CALCANEUS OR TALUS;	Yes 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; FIRS	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 29834	CPT/HCPCS CPT/HCPCS	ARTHROSCOPY, SHOULDER, SURGICAL; BICEPS TENODESIS  ARTHROSCOPY, ELBOW, SURGICAL; WITH REMOVAL OF LOOSE BODY OR	Yes Yes
0101T	CPT/HCPCS	FOREIGN BODY  EXTRACORPOREAL SHOCK WAVE INVOLVING MUSCULOSKELETAL SYSTEM,	Yes
		NOT OTHERWISE SPECIFIED	

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		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
		ARTHROSCOPY, WRIST, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY	Yes
29840	CPT/HCPCS	(SEPARATE PROCEDURE)	
29840 0165T	CPT/HCPCS  CPT/HCPCS		Yes
		(SEPARATE PROCEDURE)  REVISION OF TOTAL DISC ARTHOROPLASTY, ANTERIOR APPROACH,	Yes Yes

0511T         CPT/HCPCS         REMO           27454         CPT/HCPCS         OSTE           27455         CPT/HCPCS         OSTE           27457         CPT/HCPCS         OSTE           27457         CPT/HCPCS         OSTE           27465         CPT/HCPCS         OSTE           27612         CPT/HCPCS         ARTH           27613         CPT/HCPCS         BIOPS           27614         CPT/HCPCS         BIOPS           27615         CPT/HCPCS         RADIC           27616         CPT/HCPCS         RADIC           27768         CPT/HCPCS         CLOS           MANII         ANKLI           27769         CPT/HCPCS         TREAT           MANII         CPT/HCPCS         TREAT           MANII         CPT/HCPCS         EXCIS           CALC         CALC         CALC           28100         CPT/HCPCS         EXCIS           CALC         CALC         CALC           28103         CPT/HCPCS         EXCIS           CALC         CALC         CALC           28312         CPT/HCPCS         ARTH           28813         CPT/HCPCS         ARPA </th <th>OVAL OF SINUS TARSI IMPLANT</th> <th>Yes</th>	OVAL OF SINUS TARSI IMPLANT	Yes
27454         CPT/HCPCS         OSTEGINTRA           27455         CPT/HCPCS         OSTEGINU           27457         CPT/HCPCS         OSTEGINU           27465         CPT/HCPCS         OSTEGINU           27612         CPT/HCPCS         OSTEGINU           27612         CPT/HCPCS         ARTHI           ACHII         ACHII         ACHII           27613         CPT/HCPCS         BIOPS           27614         CPT/HCPCS         BIOPS           27615         CPT/HCPCS         RADIC           ANKLI         ANKLI           27768         CPT/HCPCS         CLOS           MANII         CPT/HCPCS         TREAT           MANII         CPT/HCPCS         TREAT           MANII         CPT/HCPCS         EXCIS           CALC         CALC         CALC           28102         CPT/HCPCS         EXCIS           CALC         CALC         CALC           28103         CPT/HCPCS         EXCIS           CALC         CALC         CALC           28312         CPT/HCPCS         SESAI           28313         CPT/HCPCS         RECO           28810         CPT/HCPCS <td>OVAL AND REINSERTION OF SINUS TARSI IMPLANT</td> <td>Yes</td>	OVAL AND REINSERTION OF SINUS TARSI IMPLANT	Yes
27455         CPT/HCPCS         OSTEGOSTEGOSTEGOSTEGOSTEGOSTEGOSTEGOSTEG	EOTOMY, MULTIPLE, FEMORAL SHAFT, WITH REALIGNMENT ON  AMEDULLARY ROD (SOFIELD TYPE PROCEDURE)	Yes
OSTEGE	EOTOMY, PROXIMAL TIBIA, INCLUDING FIBULAR EXCISION OR	Yes
OSTEG	EOTOMY (INCLUDES CORRECTION OF GENU VARUS (BOWLEG) OR U	
27465         CPT/HCPCS         OSTEGA           27612         CPT/HCPCS         ARTHI           27612         CPT/HCPCS         ARTHI           27613         CPT/HCPCS         BIOPS           27614         CPT/HCPCS         BIOPS           27615         CPT/HCPCS         RADIC           27616         CPT/HCPCS         RADIC           27768         CPT/HCPCS         CLOS           MANII         CPT/HCPCS         TREAT           MANII         CPT/HCPCS         TREAT           MANII         CPT/HCPCS         EXCIS           CALC         CALC         CALC           28102         CPT/HCPCS         EXCIS           CALC         CALC         CALC           28103         CPT/HCPCS         EXCIS           CALC         CALC         CALC           28104         CPT/HCPCS         EXCIS           28312         CPT/HCPCS         EXCIS           28313         CPT/HCPCS         SESAI           28314         CPT/HCPCS         AMPU           28820         CPT/HCPCS         AMPU           28820         CPT/HCPCS         ARTHI           28840 <td< td=""><td>EOTOMY, PROXIMAL TIBIA, INCLUDING FIBULAR EXCISION OR</td><td>Yes</td></td<>	EOTOMY, PROXIMAL TIBIA, INCLUDING FIBULAR EXCISION OR	Yes
27465         CPT/HCPCS         OSTEGA           27612         CPT/HCPCS         ARTHI           27613         CPT/HCPCS         BIOPS           27614         CPT/HCPCS         BIOPS           27615         CPT/HCPCS         RADIGA           27616         CPT/HCPCS         RADIGA           27768         CPT/HCPCS         CLOS           MANII         CPT/HCPCS         TREAT           MANII         CPT/HCPCS         TREAT           MANII         CPT/HCPCS         TREAT           MANII         CPT/HCPCS         EXCIS           CALC         CALC         CALC           28102         CPT/HCPCS         EXCIS           CALC         CALC         CALC           28103         CPT/HCPCS         EXCIS           CALC         CALC         CALC           28104         CPT/HCPCS         EXCIS           CALC         CALC         CALC           28312         CPT/HCPCS         EXCIS           28313         CPT/HCPCS         SESAI           28320         CPT/HCPCS         AMPU           28820         CPT/HCPCS         AMPU           28825         CPT/	EOTOMY (INCLUDES CORRECTION OF GENU VARUS (BOWLEG) OR	
27612         CPT/HCPCS         ARTHI ACHII           27613         CPT/HCPCS         BIOPS           27614         CPT/HCPCS         BIOPS           27615         CPT/HCPCS         RADIG ANKLI           27616         CPT/HCPCS         RADIG ANKLI           27768         CPT/HCPCS         CLOS MANII           27769         CPT/HCPCS         TREAT MANII           27781         CPT/HCPCS         TREAT MANII           28100         CPT/HCPCS         EXCIS CALC           28102         CPT/HCPCS         EXCIS CALC           28103         CPT/HCPCS         EXCIS CALC           28104         CPT/HCPCS         EXCIS CALC           28312         CPT/HCPCS         EXCIS CALC           28313         CPT/HCPCS         RECO TOE, F           28320         CPT/HCPCS         REPAI TALUS           28820         CPT/HCPCS         AMPU AMPU AMPU AMPU AMPU AMPU AMPU AMPU		
ACHII	EOPLASTY, FEMUR; SHORTENING (EXCLUDING 64876)	Yes
27614         CPT/HCPCS         BIOPS           27615         CPT/HCPCS         RADIO           27616         CPT/HCPCS         RADIO           27768         CPT/HCPCS         CLOS           MANII         CPT/HCPCS         CPEN           27769         CPT/HCPCS         TREAT           MANII         CPT/HCPCS         TREAT           MANII         CPT/HCPCS         EXCIS           CALC         CALC         CALC           28102         CPT/HCPCS         EXCIS           CALC         CALC         CALC           28103         CPT/HCPCS         EXCIS           CALC         CALC         CALC           28104         CPT/HCPCS         EXCIS           CALC         CALC         CALC           28104         CPT/HCPCS         EXCIS           CALC         CALC         CALC           28104         CPT/HCPCS         EXCIS           CALC         CALC         CALC           28312         CPT/HCPCS         RECO           TOTH         TOTH         RECO           TOTH         TOTH         RECO           TOTH         CPT/HCPCS         AMPU	ILLES TENDON LENGTHENING	Yes
27615         CPT/HCPCS         RADIC ANKLI           27616         CPT/HCPCS         RADIC ANKLI           27768         CPT/HCPCS         CLOS MANKI           27769         CPT/HCPCS         OPEN INTER           27780         CPT/HCPCS         TREAT MANNI           27781         CPT/HCPCS         EXCIS CALC           28102         CPT/HCPCS         EXCIS CALC           28103         CPT/HCPCS         EXCIS CALC           28104         CPT/HCPCS         EXCIS CALC           28312         CPT/HCPCS         OSTEC OTHE           28313         CPT/HCPCS         RECO OTHE           28314         CPT/HCPCS         RESAI           28320         CPT/HCPCS         AMPU           28820         CPT/HCPCS         AMPU           28825         CPT/HCPCS         AMPU           28826         CPT/HCPCS         ARTHI           29843         CPT/HCPCS         ARTHI           29844         CPT/HCPCS         ARTHI           29845         CPT/HCPCS         ARTHI           29846         CPT/HCPCS         ARTHI           29847         CPT/HCPCS         ARTHI           10547T         CPT/HCPCS <td>PSY, SOFT TISSUE OF LEG OR ANKLE AREA; SUPERFICIAL</td> <td>Yes</td>	PSY, SOFT TISSUE OF LEG OR ANKLE AREA; SUPERFICIAL	Yes
ANKLI 27616 CPT/HCPCS RADIC ANKLI 27768 CPT/HCPCS CLOS MANII 27769 CPT/HCPCS OPEN INTER 27780 CPT/HCPCS TREAT MANII 27781 CPT/HCPCS EXCIS CALC 28100 CPT/HCPCS EXCIS CALC 28102 CPT/HCPCS EXCIS CALC 28104 CPT/HCPCS EXCIS CALC 28312 CPT/HCPCS OSTEC OTHE 28313 CPT/HCPCS RECO TOE, F  28315 CPT/HCPCS REPAI 28320 CPT/HCPCS REPAI 28320 CPT/HCPCS AMPU 28820 CPT/HCPCS AMPU 28820 CPT/HCPCS AMPU 28825 CPT/HCPCS AMPU 28826 CPT/HCPCS AMPU 28827 CPT/HCPCS AMPU 28828 CPT/HCPCS AMPU 28829 CPT/HCPCS AMPU 28840 CPT/HCPCS AMPU 28841 CPT/HCPCS AMPU 28842 CPT/HCPCS AMPU 28843 CPT/HCPCS AMPU 28844 CPT/HCPCS ARTHI 29845 CPT/HCPCS ARTHI 29846 CPT/HCPCS ARTHI 29846 CPT/HCPCS ARTHI 29847 CPT/HCPCS ARTHI INSTA	PSY, SOFT TISSUE OF LEG OR ANKLE AREA; DEEP ICAL RESECTION OF TUMOR (EG, SARCOMA), SOFT TISSUE OF LEG OR	Yes Yes
ANKLI 27768 CPT/HCPCS CLOS MANII 27769 CPT/HCPCS OPEN INTER 27780 CPT/HCPCS TREAT MANII 27781 CPT/HCPCS TREAT MANII 28100 CPT/HCPCS EXCIS CALC 28102 CPT/HCPCS EXCIS CALC 28102 CPT/HCPCS EXCIS CALC 28104 CPT/HCPCS EXCIS CALC 28312 CPT/HCPCS OSTEC OTHE 28313 CPT/HCPCS RECO TOE, F  28315 CPT/HCPCS SESAI 28320 CPT/HCPCS REPAI TALUS 28810 CPT/HCPCS AMPU 28820 CPT/HCPCS AMPU 28820 CPT/HCPCS AMPU 28820 CPT/HCPCS AMPU 28825 CPT/HCPCS AMPU 28826 CPT/HCPCS AMPU 28827 CPT/HCPCS AMPU 28828 CPT/HCPCS AMPU 28829 CPT/HCPCS AMPU 28840 CPT/HCPCS AMPU 28841 CPT/HCPCS AMPU 28842 CPT/HCPCS ARTHI 29844 CPT/HCPCS ARTHI 29844 CPT/HCPCS ARTHI 29845 CPT/HCPCS ARTHI 29846 CPT/HCPCS ARTHI 29846 CPT/HCPCS ARTHI 29847 CPT/HCPCS ARTHI 1NSTAI	LE AREA; LESS THAN 5 CM	
MANII	LE AREA; 5 CM OR GREATER	Yes
INTER   INTER	SED TRTMENT OF POSTERIOR MALLEOLUS FRACTURE; WITH IPULATION	Yes
27781 CPT/HCPCS TREAT MANII 28100 CPT/HCPCS EXCIS CALC 28102 CPT/HCPCS EXCIS CALC 28103 CPT/HCPCS EXCIS CALC 28104 CPT/HCPCS EXCIS CALC 28104 CPT/HCPCS EXCIS META 28312 CPT/HCPCS OSTEC OTHE 28313 CPT/HCPCS RECO TOE, F  28315 CPT/HCPCS REPA TALUS 28810 CPT/HCPCS AMPU 28820 CPT/HCPCS ARTHI DRAIN 29843 CPT/HCPCS ARTHI 10547T CPT/HCPCS ARTHI 1NSTA 0547T CPT/HCPCS BONE	N TREATMENT OF POSTERIOR MALLEOLUS FRACTURE, INCLUDES RNAL FIXATION, WHEN PERFORMED	Yes
28100 CPT/HCPCS EXCIS CALC.  28102 CPT/HCPCS EXCIS CALC.  28103 CPT/HCPCS EXCIS CALC.  28104 CPT/HCPCS EXCIS META  28312 CPT/HCPCS OSTEC OTHE  28313 CPT/HCPCS RECO TOE, F  28315 CPT/HCPCS REPAI TALUS  28820 CPT/HCPCS AMPU  28821 CPT/HCPCS AMPU  28822 CPT/HCPCS AMPU  28823 CPT/HCPCS AMPU  28824 CPT/HCPCS ARTHI  29844 CPT/HCPCS ARTHI  29845 CPT/HCPCS ARTHI  29846 CPT/HCPCS ARTHI  29847 CPT/HCPCS ARTHI  INSTA  05477 CPT/HCPCS BONE	ATMENT OF CLOSED PROXIMAL FIBULA OR SHAFT FRACTURE; WITHOUT IPULATION	Yes
28102         CPT/HCPCS         EXCIS           28103         CPT/HCPCS         EXCIS           28104         CPT/HCPCS         EXCIS           28312         CPT/HCPCS         OSTEG           28313         CPT/HCPCS         RECO           28315         CPT/HCPCS         SESAI           28320         CPT/HCPCS         REPAI           28820         CPT/HCPCS         AMPU           28825         CPT/HCPCS         AMPU           28890         CPT/HCPCS         AMPU           28899         CPT/HCPCS         ARTHI           29843         CPT/HCPCS         ARTHI           29844         CPT/HCPCS         ARTHI           29845         CPT/HCPCS         ARTHI           29846         CPT/HCPCS         ARTHI           29847         CPT/HCPCS         ARTHI           1NSTA         0547T         CPT/HCPCS         BONE	ATMENT OF CLOSED PROXIMAL FIBULA OR SHAFT FRACTURE; WITH IPULATION	Yes
28102         CPT/HCPCS         EXCIS CALC.           28103         CPT/HCPCS         EXCIS CALC.           28104         CPT/HCPCS         EXCIS META.           28312         CPT/HCPCS         OSTEGOTHE           28313         CPT/HCPCS         RECOTOE, F.           28315         CPT/HCPCS         REPAITALUS           28320         CPT/HCPCS         AMPULATION AM	SION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR CANEUS;	Yes
28103         CPT/HCPCS         EXCIS CALC.           28104         CPT/HCPCS         EXCIS META.           28312         CPT/HCPCS         OSTEGO OTHE           28313         CPT/HCPCS         RECO TOE, F           28315         CPT/HCPCS         SESAI TALUS           28810         CPT/HCPCS         AMPU AMPU AMPU AMPU AMPU AMPU AMPU AMPU	SION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR	Yes
28104         CPT/HCPCS         EXCIS           28312         CPT/HCPCS         OSTEGO           28313         CPT/HCPCS         RECO           28315         CPT/HCPCS         REPAI           28320         CPT/HCPCS         REPAI           28810         CPT/HCPCS         AMPU           28820         CPT/HCPCS         AMPU           28825         CPT/HCPCS         AMPU           28890         CPT/HCPCS         EXTRAPI           29843         CPT/HCPCS         ARTHI           29844         CPT/HCPCS         ARTHI           29845         CPT/HCPCS         ARTHI           29846         CPT/HCPCS         ARTHI           29847         CPT/HCPCS         ARTHI           1NSTA         0547T         CPT/HCPCS         BONE	CANEUS; WITH ILIAC OR OTHER AUTOGRAFT (INCLUDES OBTAINI	
28312 CPT/HCPCS OSTEGOTHE 28313 CPT/HCPCS RECOTOE, F  28315 CPT/HCPCS SESAI 28320 CPT/HCPCS REPAI TALUS 28810 CPT/HCPCS AMPU 28820 CPT/HCPCS AMPU 28825 CPT/HCPCS AMPU 28825 CPT/HCPCS AMPU 28840 CPT/HCPCS AMPU 28840 CPT/HCPCS AMPU 28841 CPT/HCPCS ARTHI DRAIN 29842 CPT/HCPCS ARTHI 29844 CPT/HCPCS ARTHI 29845 CPT/HCPCS ARTHI 29845 CPT/HCPCS ARTHI 29846 CPT/HCPCS ARTHI 29847 CPT/HCPCS ARTHI 1NSTAI 05477 CPT/HCPCS BONE	SION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR CANEUS; WITH ALLOGRAFT	Yes
28313 CPT/HCPCS RECO TOE, F  28315 CPT/HCPCS SESAI 28320 CPT/HCPCS REPAI TALUS 28810 CPT/HCPCS AMPU 28820 CPT/HCPCS AMPU 28825 CPT/HCPCS AMPU 28825 CPT/HCPCS AMPU 28840 CPT/HCPCS AMPU 28840 CPT/HCPCS AMPU 28841 CPT/HCPCS ARTHI DRAIN 29842 CPT/HCPCS ARTHI 29844 CPT/HCPCS ARTHI 29845 CPT/HCPCS ARTHI 29845 CPT/HCPCS ARTHI 29846 CPT/HCPCS ARTHI 29847 CPT/HCPCS ARTHI 1NSTAI 0547T CPT/HCPCS BONE	SION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL OR ATARSAL BONES, EXCEPT TALUS OR CALCANEUS;	Yes
28315 CPT/HCPCS SESAI 28320 CPT/HCPCS REPAI TALUS 28810 CPT/HCPCS AMPU 28820 CPT/HCPCS AMPU 28825 CPT/HCPCS AMPU 28890 CPT/HCPCS EXTRA PHYS  28899 CPT/HCPCS UNLIS 29843 CPT/HCPCS ARTHI DRAIN 29844 CPT/HCPCS ARTHI 29845 CPT/HCPCS ARTHI 29846 CPT/HCPCS ARTHI 29847 CPT/HCPCS ARTHI INSTA 0547T CPT/HCPCS BONE	EOTOMY FOR SHORTENING, ANGULAR OR ROTATIONAL CORRECTION; ER PHALANGES, ANY TOE	Yes
28320         CPT/HCPCS         REPAI TALUS           28810         CPT/HCPCS         AMPU           28820         CPT/HCPCS         AMPU           28825         CPT/HCPCS         AMPU           28890         CPT/HCPCS         EXTRAPHYS           28899         CPT/HCPCS         UNLISTAPHYS           29843         CPT/HCPCS         ARTHING           29844         CPT/HCPCS         ARTHING           29845         CPT/HCPCS         ARTHING           29846         CPT/HCPCS         ARTHING           29847         CPT/HCPCS         ARTHING           0547T         CPT/HCPCS         BONE	ONSTRUCTION, ANGULAR DEFORMITY OF TOE (OVERLAPPING SECOND FIFTH TOE, CURLY TOES), SOFT TISSUE PROCEDURES ONLY	Yes
28810 CPT/HCPCS AMPU 28820 CPT/HCPCS AMPU 28825 CPT/HCPCS AMPU 28890 CPT/HCPCS EXTRA PHYS  28899 CPT/HCPCS UNLIS 29843 CPT/HCPCS ARTHI DRAIN 29844 CPT/HCPCS ARTHI 29845 CPT/HCPCS ARTHI 29846 CPT/HCPCS ARTHI 29847 CPT/HCPCS ARTHI INSTA 0547T CPT/HCPCS BONE	AMOIDECTOMY, FIRST TOE (SEPARATE PROCEDURE)	Yes
28820         CPT/HCPCS         AMPU           28825         CPT/HCPCS         AMPU           28890         CPT/HCPCS         EXTRAPHYS           28899         CPT/HCPCS         UNLIS           29843         CPT/HCPCS         ARTHIDAM           29844         CPT/HCPCS         ARTHIDAM           29845         CPT/HCPCS         ARTHIDAM           29846         CPT/HCPCS         ARTHIDAM           29847         CPT/HCPCS         ARTHIDAM           0547T         CPT/HCPCS         BONE	AIR OF NONUNION OR MALUNION; TARSAL BONES (EG, CALCANEUS,	Yes
28825         CPT/HCPCS         AMPU           28890         CPT/HCPCS         EXTRAPHYS           28899         CPT/HCPCS         UNLIS           29843         CPT/HCPCS         ARTHID           29844         CPT/HCPCS         ARTHID           29845         CPT/HCPCS         ARTHID           29846         CPT/HCPCS         ARTHID           29847         CPT/HCPCS         ARTHID           0547T         CPT/HCPCS         BONE	UTATION, METATARSAL, WITH TOE, SINGLE	Yes
28890         CPT/HCPCS         EXTRAPHYS           28899         CPT/HCPCS         UNLIS           29843         CPT/HCPCS         ARTHID           29844         CPT/HCPCS         ARTHID           29845         CPT/HCPCS         ARTHID           29846         CPT/HCPCS         ARTHID           29847         CPT/HCPCS         ARTHID           0547T         CPT/HCPCS         BONE	UTATION, TOE; METATARSOPHALANGEAL JOINT	Yes
28899 CPT/HCPCS UNLIS 29843 CPT/HCPCS ARTHI DRAIN 29844 CPT/HCPCS ARTHI 29845 CPT/HCPCS ARTHI 29846 CPT/HCPCS ARTHI FIBRO 29847 CPT/HCPCS ARTHI INSTA 0547T CPT/HCPCS BONE	UTATION, TOE; INTERPHALANGEAL JOINT	Yes
29843         CPT/HCPCS         ARTHIDRAIN           29844         CPT/HCPCS         ARTHID           29845         CPT/HCPCS         ARTHID           29846         CPT/HCPCS         ARTHID           29847         CPT/HCPCS         ARTHID           0547T         CPT/HCPCS         BONE	RACORPOREAL SHOCK WAVE, HIGH ENERGY, PERFORMED BY A SICIAN, REQUIRING ANESTHESIA OTHER THAN LOCAL, INCLUDING ULTR	Yes
DRAIN  29844 CPT/HCPCS ARTHI  29845 CPT/HCPCS ARTHI  29846 CPT/HCPCS ARTHI  FIBRO  29847 CPT/HCPCS ARTHI  INSTA  0547T CPT/HCPCS BONE	STED PROCEDURE, FOOT OR TOES	Yes
29844         CPT/HCPCS         ARTHI           29845         CPT/HCPCS         ARTHI           29846         CPT/HCPCS         ARTHI           FIBRO           29847         CPT/HCPCS         ARTHI           INSTA           0547T         CPT/HCPCS         BONE	HROSCOPY, WRIST, SURGICAL; FOR INFECTION, LAVAGE AND	Yes
29846 CPT/HCPCS ARTHIFIBRO 29847 CPT/HCPCS ARTHIFIBRO 10547T CPT/HCPCS BONE	HROSCOPY, WRIST, SURGICAL; SYNOVECTOMY, PARTIAL	Yes
29847 CPT/HCPCS ARTHI INSTA 0547T CPT/HCPCS BONE	HROSCOPY, WRIST, SURGICAL; SYNOVECTOMY, COMPLETE	Yes
INSTA 0547T CPT/HCPCS BONE	HROSCOPY, WRIST, SURGICAL; EXCISION OF TRIANGULAR OCARTILAGE AND/OR JOINT DEBRIDEMENT	Yes
	HROSCOPY, WRIST, SURGICAL; INTERNAL FIXATION FOR FRACTURE OR ABILITY	Yes
	E-MATERIAL QUALITY TESTING BY MICROINDENTATION(S) OF THE (S), WITH RESULTS REPORTED AS A SCORE	Yes
THER	Y-LEVEL LASER THERAPY, DYNAMIC PHOTONIC AND DYNAMIC RMOKINETIC ENERGIES, PROVIDED BY A PHYSICIAN OR OTHER LIFIED	Yes
0594T CPT/HCPCS OSTE	EOTOMY, HUMERUS, WITH INSERTION OF AN EXTERNALLY CONTROLLED AMEDULLARY LENGTHENING DEVICE, INCLUDING INTRAOPERATI	Yes

0656T	CPT/HCPCS	ANTERIOR LUMBAR OR THORACOLUMBAR VERTEBRAL BODY TETHERING; UP	Yes
		TO 7 VERTEBRAL SEGMENTS	
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;	Yes
		WITH ILIAC OR OTHER AUTOGENOUS BONE GRAFT (INCLUDES OBTA	
27618	CPT/HCPCS	EXCISION, TUMOR, SOFT TISSUE OF LEG OR ANKLE AREA, SUBCUTANEOUS;	Yes
07040	ODT//JODOS	LESS THAN 3 CM	N
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		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	Yes
28107	CPT/HCPCS	METATARSAL BONES, EXCEPT TALUS OR CALCANEUS; WITH ILI EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL OR	Yes
20107	01 171101 00	METATARSAL BONES, EXCEPT TALUS OR CALCANEUS; WITH ALL	
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	Yes
29000	CPT/HCPCS	GRAFT(S), EACH WEB  APPLICATION OF HALO TYPE BODY CAST (SEE 20661-20663 FOR INSERTION)	Yes
29010	CPT/HCPCS	APPLICATION OF RISSER JACKET, LOCALIZER, BODY; ONLY	Yes
29015 29035	CPT/HCPCS CPT/HCPCS	APPLICATION OF RISSER JACKET, LOCALIZER, BODY; INCLUDING HEAD  APPLICATION OF BODY CAST, SHOULDER TO HIPS;	Yes Yes
29035	CPT/HCPCS  CPT/HCPCS	APPLICATION OF BODY CAST, SHOULDER TO HIPS; INCLUDING HEAD,	Yes
29848	CPT/HCPCS	MINERVA TYPE  ENDOSCOPY, WRIST, SURGICAL, WITH RELEASE OF TRANSVERSE CARPAL	Yes
20052	CDT//LICECO	APTHROSCOPICALLY AIDS TREATMENT OR INTERCONDVI AR SPINIS(S)	Voc
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,PROXIMALUNICONDYLAR, W/WO INTERNAL OR EXTERNAL	Yes
		FIXATION	
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	Yes
		FOR PARTIAL THICKNESS ROTATOR CUFF TEAR; ADIPOSE TISSUE HAR	

	1	_	_
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
27473	CPT/HCPCS	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; TIBIA AND FIBULA,	Yes
		PROXIMAL	
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	Yes
		MEDIAL MALLEOLI, OR LATERAL AND POSTERIOR MALLEOLI OR MEDIAL AND	
		POSTERIOR MALLEOLI; WIT+	
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	Yes
20111	CPT/HCPCS	MANIPULATION  OSTECTOMY COMPLETE EVOISION: EIRST METATARSAL HEAD	Vos
28111 28112	CPT/HCPCS  CPT/HCPCS	OSTECTOMY, COMPLETE EXCISION; FIRST METATARSAL HEAD OSTECTOMY, COMPLETE EXCISION; OTHER METATARSAL HEAD (SECOND,	Yes Yes
20112	01 1/1101 03	THIRD OR FOURTH)	103
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	Yes
29040	CF1/11CFC3	THIGHS	165
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

CPT/HCPCS	ARTHROSCOPY, SHOULDER, SURGICAL; WITH IMPLANTATION OF SUBACROMIAL SPACER (E.G., BALLOON), INCLUDES DEBRIDEMENT (E.G.	Yes
ODT/LIODOC		
CPT/HCPCS	INJECTION PROCEDURE FOR SACROILIAC JOINT; ARTHROGRAPY	Yes
CPT/HCPCS	REVISION OF TOTAL KNEE ARTHROPLASTY, WITH OR WITHOUT ALLOGRAFT; ONE COMPONENT	Yes
CPT/HCPCS	REVISION OF TOTAL KNEE ARTHROPLASTY, WITH OR WITHOUT ALLOGRAFT; ALL COMPONENTS	Yes
CPT/HCPCS	REMOVAL OF KNEE PROSTHESIS, INCLUDING "TOTAL KNEE," METHYL METHACRYLATE AND INSERTION OF SPACER. WHEN APPLICABLE	Yes
CPT/HCPCS	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH	Yes
CPT/HCPCS		Yes
	FIBULA; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)	Yes
	FIBULA; WITH ALLOGRAFT	
CPT/HCPCS	· · · · · · · · · · · · · · · · · · ·	Yes
CPT/HCPCS	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR	Yes
CPT/HCPCS	TREATMENT OF CLOSED TRIMALLEOLAR ANKLE FRACTURE; WITH	Yes
CPT/HCPCS		Yes
	WITH OR WITHOUT INTERNAL OR EXTERNAL SKELETAL FIXATION, ME	
CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN TRIMALLEOLAR ANKLE FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL SKELETAL FIXATION, ME	Yes
CPT/HCPCS	CLOSED TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR PORTION OF DISTAL TIBIA, W/WO ANESTHESIA; W/O MANIPULATION	Yes
CPT/HCPCS	OSTECTOMY, CALCANEUS;	Yes
CPT/HCPCS	OSTECTOMY, CALCANEUS; FOR SPUR, WITH OR WITHOUT PLANTAR FASCIAL RELEASE	Yes
CPT/HCPCS	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, SEQUESTRECTOMY, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELI	Yes
CPT/HCPCS	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS OR TARSAL BOSSING),	Yes
CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN CALCANEAL FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL SKELETAL FIXATION; WITH PRIMAR	Yes
CPT/HCPCS	TREATMENT OF CLOSED TALUS FRACTURE; WITHOUT MANIPULATION	Yes
CPT/HCPCS	TREATMENT OF CLOSED TALUS FRACTURE; WITH MANIPULATION	Yes
CPT/HCPCS	TREATMENT OF CLOSED TALUS FRACTURE; WITH MANIPULATION AND PERCUTANEOUS PINNING	Yes
CPT/HCPCS	APPLICATION; SHOULDER TO HAND (LONG ARM)	Yes
		Yes
		Yes Yes
		Yes
		Yes
CPT/HCPCS	ARTHROSCOPY, KNEE, SURGICAL; MENISCAL TRANSPLANTATION, MEDIAL	
CPT/HCPCS	ARTHROSCOPY, KNEE, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY	Yes
CPT/HCPCS	ARTHROSCOPY, KNEE, SURGICAL; FOR INFECTION, LAVAGE AND DRAINAGE	Yes
CPT/HCPCS	ARTHROSCOPY, KNEE,SURGICAL; WITH LATERAL RELEASE	Yes
CPT/HCPCS	INJECTION PROCEDURE FOR SACROILIAC JOINT; PROVISION OF ANESTHETIC, STEROID	Yes
CPT/HCPCS	BLINDED PROCEDURE FOR LUMBAR STENOSIS, PERCUTANEOUS IMAGE-GUIDED LUMBAR DECOMPRESSION (PILD) OR PLACEBO-CONTROL, PERFO	Yes
CPT/HCPCS	ARTHROSCOPY, KNEE, SURGICAL, FOR REMOVAL OF LOOSE BODY, FOREIGN BODY	Yes
CPT/HCPCS	OPEN TX OF ILIAC SPINE(S), TUBEROSITY AVULSION, OR ILIAC WING FX(S), UNILATERAL OR BILATERAL FOR PELVIC BONE FRACTURE PA	Yes
	CPT/HCPCS	CPT/HCPCS REVISION OF TOTAL KNEE ARTHROPLASTY, WITH OR WITHOUT ALLOGRAFT: ALL COMPONENTS CPT/HCPCS REMOVAL OF KNEE PROSTSHESIS, INCLUDING "TOTAL KNEE," METHYL METHACRYLATE AND INSERTION OF SPACER, WHEN APPLICABLE CPT/HCPCS PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT METHYL METHACRYLATE, PENDING OR SPACER, WHEN APPLICABLE CPT/HCPCS EXCISION OR CURETTAGE OF BONE CYST OR BENION TUMOR, TIBIA OR FIBULA: WITH ALLOGRAFT CPT/HCPCS EXCISION OR CURETTAGE OF BONE CYST OR BENION TUMOR, TIBIA OR FIBULA: WITH ALLOGRAFT CPT/HCPCS EXCISION OR CURETTAGE OF BONE CYST OR BENION TUMOR, TIBIA OR FIBULA: WITH ALLOGRAFT CPT/HCPCS PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY), BONE (EG, OSTEOMYELITIS); TIBIA CPT/HCPCS TREATMENT OF CLOSED TRIMALLEOLAR ANKLE FRACTURE; WITH MANIPULATION CPT/HCPCS TREATMENT OF CLOSED TRIMALLEOLAR ANKLE FRACTURE; WITH MANIPULATION CPT/HCPCS OPEN TREATMENT OF CLOSED OR OPEN TRIMALLEOLAR ANKLE FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL SKELETAL FIXATION, ME CPT/HCPCS OPEN TREATMENT OF CLOSED OR OPEN TRIMALLEOLAR ANKLE FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL SKELETAL FIXATION, ME CPT/HCPCS CLOSED TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR PORTION OF DISTAL TIBIA, WIWO AMESTHESIA, WIVO MANIPULATION OPTICHCPCS OSTECTOMY, CALCANEUS; FOR SPUR, WITH OR WITHOUT PLANTAR FASCIAL RELEASE CPT/HCPCS PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, SEQUESTRECTOMY, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELI CPT/HCPCS OPEN TREATMENT OF CLOSED TALUS FRACTURE; WITH MANIPULATION OPTOCHOPS OPEN TREATMENT OF CLOSED TALUS FRACTURE; WITH MANIPULATION OPTOCHOPS APPLICATION; HAND AND

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	Yes
		COMPARTMENTS;	
27499	CPT/HCPCS	WITH DEBRIDEMENT OF NONVIABLE MUSCLE AND/OR NERVE	Yes
27500	CPT/HCPCS	TREATMENT OF CLOSED FEMORAL SHAFT FRACTURE (INCLUDING	Yes
		SUPRACONDYLAR); WITHOUT MANIPULATION (INCLUDES TRACTION)	
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	Yes
		SURFACE/PORTION OF DISTAL TIBIA, WITH INTERNAL OR EXTERNAL FI	
27827	CPT/HCPCS	OPEN TREATMENT OR FRACTURE OF WEIGHT BEARING ARTICULAR	Yes
		SURFACE/PORTION OF DISTAL TIBIA, WITH INTERNAL OR EXTERNAL	
27828	CPT/HCPCS	OPEN TREATEMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR	Yes
		SURFACE/PORTION OF DISTAL TIBIA, BOTH TIBIA NAD FIBULA	
28124	CPT/HCPCS	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY)	Yes
		OF BONE (EG, FOR OSTEOMYELITIS OR DORSAL BOSSING),	
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	Yes
20443	01 1/1101 00	WITHOUT INTERNAL SKELETAL FIXATION	
28446	CPT/HCPCS	OPEN OSTEOCHONDRAL AUTOGRAFT, TALUS (INCLUDES OBTAINING	Yes
20440	CFI/HCFC3	·	i les
28450	CPT/HCPCS	DRAFT(S) TREATMENT OF CLOSED TARSAL BONE FRACTURE (EXCEPT TALUS AND	Yes
28430	CPI/HCPC3	,	res
20455	CDT/LICDOS	CALCANEUS); WITHOUT MANIPULATION, EACH	Voc
28455	CPT/HCPCS	TREATMENT OF CLOSED TARSAL BONE FRACTURE (EXCEPT TALUS AND	Yes
00405	ODT//LIODOG	CALCANEUS); WITH MANIPULATION, EACH	V
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	Yes
		FOREIGN BODY (EG, OSTEOCHONDRITIS DISSECANS FRAGMENTATION, C	
29875	CPT/HCPCS	ARTHROSCOPY, KNEE, SURGICAL; SYNOVECTOMY, LIMITED (EG, PLICA OR	Yes
290/3	CFI/HCFC3	SHELF RESECTION) (SEPARATE PROCEDURE)	i les
20076	CDT/HCDCS	, ,	Voc
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	Yes
230//	OF I/HOPGS	CARTILAGE (CHONDROPLASTY)	
G0413	CPT/HCPCS	PERCUTANEOUS SKELETAL FIXATION OF POSTERIOR PELVIC BONE FX	Yes
00413	CFI/HCFC3		i tes
		AND/OR DISLOCATION, FOR FX PATTERNS WHICH DISRUPT THE PELVIC	
C0414	CDT/LICDOS	ODEN TY OF ANT DELVIO DONE BY AND YOU DISLOCKED BY SATTERNS	Voc
G0414	CPT/HCPCS	OPEN TX OF ANT PELVIC BONE FX AND/OR DISLOC FOR FX PATTERNS	Yes
00445	ODT//JODGS	WHICH DISRUPT THE PELVIC RING, UNI OR BIL, INCLS NTERNAL FI	Voc
G0415	CPT/HCPCS	OPEN TX OF POSTERIOR PELVIC BONE FX AND/OR DISLOC, FOR FX	Yes
00400	007#10000	PATTERNS WHICH DISRUPT THE PELVIC RING, UNIXL OR BILX, INCLS I	l.
G0428	CPT/HCPCS	COLLAGEN MENISCUS IMPLANT PROCEDURE FOR FILLING MENISCAL	Yes
	057#155	DEFECTS (E.G., CMI, COLLAGEN SCAFFOLD, MENAFLEX)	l.
27501	CPT/HCPCS	CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR FEMORAL	Yes
		FRACTURE W/WO INTERCONDYLAR EXTENSION, W/O MANIPULATION	
27502	CPT/HCPCS	TREATMENT OF CLOSED FEMORAL SHAFT FRACTURE (INCLUDING	Yes
		SUPRACONDYLAR); WITH MANIPULATION	
27503	CPT/HCPCS	CLOSED TX OF SUPRACONDYLAR OR TRANSCONDYLAR FEMORAL FX W/WO	Yes
		INTERCONDYLAR EXTENSION; W/MANIPULATION W/WO TRACTION	
		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·

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	Yes
27652	CPI/HCPC3	TENDON; WITH GRAFT (INCLUDES OBTAINING GRAFT)	res
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	Yes
27829	CPT/HCPCS	WITHOUT GRAFT, SINGLE TENDON, EACH  OPEN TREATMENT OF DISTAL TIBIOFIBULAR JOINT (SYNDESMOSIS)	Yes
		DISRUPTION, INCLUDES INTERNAL FIXATION, WHEN PERFORMED	
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  CPT/HCPCS	TREATMENT OF CLOSED TARSAL BONE FRACTURE (EXCEPT TALUS AND	Yes
20400	1/110103	CALCANEUS); WITH MANIPULATION AND PERCUTANEOUS PINNING, EAC	
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
S2112	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
27372	CPT/HCPCS  CPT/HCPCS	SUTURE OF INFRAPATELLAR TENDON; PRIMARY	Yes
27381	CPT/HCPCS	SUTURE OF INFRAPATELLAR TENDON; SECONDARY RECONSTRUCTION,	Yes
		INCLUDING FASCIAL OR TENDON GRAFT	
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	Yes
		TRANSCONDYLAR FEMORAL FRACTURE W/WO INTERCONDYLAR EXTENSION	
27510	CPT/HCPCS	TREATMENT OF CLOSED FEMORAL FRACTURE, DISTAL END, MEDIAL OR	Yes
07004	007#10000	LATERAL CONDYLE; WITH MANIPULATION	lv.
27664	CPT/HCPCS	REPAIR OR SUTURE OF EXTENSOR TENDON OF LEG; PRIMARY, WITHOUT	Yes
07005	ODT//LIODOS	GRAFT, SINGLE, EACH	V
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	Yes
2/0/3	CF1/HCFC3	OSTEOTOMY	1165
27676	CPT/HCPCS	REPAIR FOR DISLOCATING PERONEAL TENDONS; WITH FIBULAR	Yes
27070	01 1/1101 00	OSTEOTOMY	163
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	Yes
		FIXATION	
27860	CPT/HCPCS	*MANIPULATION OF ANKLE UNDER GENERAL ANESTHESIA (INCLUDES	Yes
		APPLICATION OF TRACTION OR OTHER FIXATION APPARATUS)	
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	Yes
		SECONDARY, WITHOUT FREE GRAFT, EACH TENDON	
28202	CPT/HCPCS	REPAIR OR SUTURE OF TENDON, FOOT, FLEXOR, SINGLE; SECONDARY WITH	Yes
		FREE GRAFT, EACH TENDON (INCLUDES OBTAINING GRAFT)	
28476	CPT/HCPCS	TREATMENT OF CLOSED METATARSAL FRACTURE; WITH MANIPULATION AND	Yes
		PERCUTANEOUS PINNING, EACH	
28485	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN METATARSAL FRACTURE, WITH OR	Yes
		WITHOUT INTERNAL OR EXTERNAL SKELETAL FIXATION, EA	
28490	CPT/HCPCS	TREATMENT OF CLOSED FRACTURE GREAT TOE, PHALANX OR PHALANGES;	Yes
		WITHOUT MANIPULATION	
28495	CPT/HCPCS	TREATMENT OF CLOSED FRACTURE GREAT TOE, PHALANX OR PHALANGES;	Yes
00045	007#10000	WITH MANIPULATION	lv.
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	Yes
29358	CPT/HCPCS	AMBULATORY TYPE  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	Yes
20000	01 1/1101 00	LATERAL)	
29884	CPT/HCPCS	ARTHROSCOPY, KNEE, SURGICAL; WITH LYSIS OF ADHESIONS WITH OR	Yes
		WITHOUT MANIPULATION (SEPARATE PROCEDURE)	
29885	CPT/HCPCS	ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR OSTEOCHONDRITIS	Yes
		DISSECANS WITH BONE GRAFTING WITH OR WITHOUT INTERNAL FIXATION	
			Vac
29886	CPT/HCPCS	ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR INTACT	Yes
29886	CPT/HCPCS	ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR INTACT OSTEOCHONDRITIS DISSECANS LESION	Yes
29886 S2300	CPT/HCPCS CPT/HCPCS		Yes
		OSTEOCHONDRITIS DISSECANS LESION	
		OSTEOCHONDRITIS DISSECANS LESION ARTHROSCOPY, SHOULDER, SURGICAL; WITH THERMALLY-INDUCED	
S2300	CPT/HCPCS	OSTEOCHONDRITIS DISSECANS LESION  ARTHROSCOPY, SHOULDER, SURGICAL; WITH THERMALLY-INDUCED CAPSULORRHAPHY  HIP CORE DECOMPRESSION  SUTURE OF QUADRICEPS OR HAMSTRING MUSCLE RUPTURE; SECONDARY	Yes
\$2300 \$2325	CPT/HCPCS CPT/HCPCS	OSTEOCHONDRITIS DISSECANS LESION  ARTHROSCOPY, SHOULDER, SURGICAL; WITH THERMALLY-INDUCED CAPSULORRHAPHY  HIP CORE DECOMPRESSION	Yes Yes
S2300 S2325 27386	CPT/HCPCS  CPT/HCPCS  CPT/HCPCS	OSTEOCHONDRITIS DISSECANS LESION  ARTHROSCOPY, SHOULDER, SURGICAL; WITH THERMALLY-INDUCED CAPSULORRHAPHY  HIP CORE DECOMPRESSION  SUTURE OF QUADRICEPS OR HAMSTRING MUSCLE RUPTURE; SECONDARY RECONSTRUCTION, INCLUDING FASCIAL OR TENDON GRAFT	Yes Yes Yes
S2300 S2325 27386	CPT/HCPCS  CPT/HCPCS  CPT/HCPCS	OSTEOCHONDRITIS DISSECANS LESION  ARTHROSCOPY, SHOULDER, SURGICAL; WITH THERMALLY-INDUCED CAPSULORRHAPHY  HIP CORE DECOMPRESSION  SUTURE OF QUADRICEPS OR HAMSTRING MUSCLE RUPTURE; SECONDARY RECONSTRUCTION, INCLUDING FASCIAL OR TENDON GRAFT  TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; SINGLE	Yes Yes Yes Yes
S2300 S2325 27386 27390 27391	CPT/HCPCS  CPT/HCPCS  CPT/HCPCS  CPT/HCPCS  CPT/HCPCS	OSTEOCHONDRITIS DISSECANS LESION  ARTHROSCOPY, SHOULDER, SURGICAL; WITH THERMALLY-INDUCED CAPSULORRHAPHY  HIP CORE DECOMPRESSION  SUTURE OF QUADRICEPS OR HAMSTRING MUSCLE RUPTURE; SECONDARY RECONSTRUCTION, INCLUDING FASCIAL OR TENDON GRAFT  TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; SINGLE TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; MULTIPLE, ONE LEG	Yes Yes Yes Yes Yes Yes
S2300 S2325 27386 27390 27391 27392	CPT/HCPCS  CPT/HCPCS  CPT/HCPCS  CPT/HCPCS  CPT/HCPCS  CPT/HCPCS	OSTEOCHONDRITIS DISSECANS LESION  ARTHROSCOPY, SHOULDER, SURGICAL; WITH THERMALLY-INDUCED CAPSULORRHAPHY  HIP CORE DECOMPRESSION  SUTURE OF QUADRICEPS OR HAMSTRING MUSCLE RUPTURE; SECONDARY RECONSTRUCTION, INCLUDING FASCIAL OR TENDON GRAFT  TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; SINGLE TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; MULTIPLE, ONE LEG TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; MULTIPLE, BILATERAL	Yes Yes Yes Yes Yes Yes Yes
\$2300 \$2325 27386 27390 27391 27392 27393	CPT/HCPCS  CPT/HCPCS  CPT/HCPCS  CPT/HCPCS  CPT/HCPCS  CPT/HCPCS  CPT/HCPCS	OSTEOCHONDRITIS DISSECANS LESION  ARTHROSCOPY, SHOULDER, SURGICAL; WITH THERMALLY-INDUCED CAPSULORRHAPHY  HIP CORE DECOMPRESSION  SUTURE OF QUADRICEPS OR HAMSTRING MUSCLE RUPTURE; SECONDARY RECONSTRUCTION, INCLUDING FASCIAL OR TENDON GRAFT  TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; SINGLE TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; MULTIPLE, ONE LEG TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; MULTIPLE, BILATERAL LENGTHENING OF HAMSTRING TENDON; SINGLE	Yes Yes Yes Yes Yes Yes Yes Yes Yes
S2300 S2325 27386 27390 27391 27392	CPT/HCPCS  CPT/HCPCS  CPT/HCPCS  CPT/HCPCS  CPT/HCPCS  CPT/HCPCS	OSTEOCHONDRITIS DISSECANS LESION  ARTHROSCOPY, SHOULDER, SURGICAL; WITH THERMALLY-INDUCED CAPSULORRHAPHY  HIP CORE DECOMPRESSION  SUTURE OF QUADRICEPS OR HAMSTRING MUSCLE RUPTURE; SECONDARY RECONSTRUCTION, INCLUDING FASCIAL OR TENDON GRAFT  TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; SINGLE  TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; MULTIPLE, ONE LEG  TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; MULTIPLE, BILATERAL  LENGTHENING OF HAMSTRING TENDON; SINGLE  OPEN TREATMENT OF FEMORAL SUPRACONDYLAR OR TRANSCONDYLAR	Yes Yes Yes Yes Yes Yes Yes
\$2300 \$2325 27386 27390 27391 27392 27393	CPT/HCPCS  CPT/HCPCS  CPT/HCPCS  CPT/HCPCS  CPT/HCPCS  CPT/HCPCS  CPT/HCPCS	OSTEOCHONDRITIS DISSECANS LESION  ARTHROSCOPY, SHOULDER, SURGICAL; WITH THERMALLY-INDUCED CAPSULORRHAPHY  HIP CORE DECOMPRESSION  SUTURE OF QUADRICEPS OR HAMSTRING MUSCLE RUPTURE; SECONDARY RECONSTRUCTION, INCLUDING FASCIAL OR TENDON GRAFT  TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; SINGLE TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; MULTIPLE, ONE LEG TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; MULTIPLE, BILATERAL LENGTHENING OF HAMSTRING TENDON; SINGLE	Yes Yes Yes Yes Yes Yes Yes Yes Yes
\$2300 \$2325 27386 27390 27391 27392 27393 27511	CPT/HCPCS  CPT/HCPCS  CPT/HCPCS  CPT/HCPCS  CPT/HCPCS  CPT/HCPCS  CPT/HCPCS  CPT/HCPCS  CPT/HCPCS	OSTEOCHONDRITIS DISSECANS LESION  ARTHROSCOPY, SHOULDER, SURGICAL; WITH THERMALLY-INDUCED CAPSULORRHAPHY  HIP CORE DECOMPRESSION  SUTURE OF QUADRICEPS OR HAMSTRING MUSCLE RUPTURE; SECONDARY RECONSTRUCTION, INCLUDING FASCIAL OR TENDON GRAFT  TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; SINGLE  TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; MULTIPLE, ONE LEG  TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; MULTIPLE, BILATERAL  LENGTHENING OF HAMSTRING TENDON; SINGLE  OPEN TREATMENT OF FEMORAL SUPRACONDYLAR OR TRANSCONDYLAR  FRACTURE WITHOUT INTERCONDYLAR EXTENSION, W/WO INTERNAL OR EX	Yes
\$2300 \$2325 27386 27390 27391 27392 27393	CPT/HCPCS  CPT/HCPCS  CPT/HCPCS  CPT/HCPCS  CPT/HCPCS  CPT/HCPCS  CPT/HCPCS	OSTEOCHONDRITIS DISSECANS LESION  ARTHROSCOPY, SHOULDER, SURGICAL; WITH THERMALLY-INDUCED CAPSULORRHAPHY  HIP CORE DECOMPRESSION  SUTURE OF QUADRICEPS OR HAMSTRING MUSCLE RUPTURE; SECONDARY RECONSTRUCTION, INCLUDING FASCIAL OR TENDON GRAFT  TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; SINGLE  TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; MULTIPLE, ONE LEG  TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; MULTIPLE, BILATERAL  LENGTHENING OF HAMSTRING TENDON; SINGLE  OPEN TREATMENT OF FEMORAL SUPRACONDYLAR OR TRANSCONDYLAR	Yes Yes Yes Yes Yes Yes Yes Yes Yes

27514	CPT/HCPCS	OPEN TREATMENT OF FEMORAL FRACTURE, DISTAL END, MEDIAL OR	Yes
		LATERAL CONDYLE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED	
27516	CPT/HCPCS	TREATMENT OF CLOSED DISTAL FEMORAL EPIPHYSEAL SEPARATION;	Yes
		WITHOUT MANIPULATION (INCLUDES TRACTION)	
27681	CPT/HCPCS	TENOLYSIS, INCLUDING TIBIA, FIBULA AND ANKLE FLEXOR; MULTIPLE	Yes
07005	CDT/LICDOS	(THROUGH SAME INCISION), EACH	Voc
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	Yes
27000	01 1/1101 03	(THROUGH SAME INCISION), EACH	103
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	Yes
		TECHNIQUE INCLUDING APPLICATION OF FIRST CAST	
27882	CPT/HCPCS	AMPUTATION LEG, THROUGH TIBIA AND FIBULA; OPEN, CIRCULAR	Yes
		(GUILLOTINE)	
27884	CPT/HCPCS	· · · · · · · · · · · · · · · · · · ·	Yes
		SCAR REVISION	
28208	CPT/HCPCS	REPAIR OR SUTURE OF TENDON, FOOT, EXTENSOR, SINGLE; PRIMARY OR	Yes
00040	007//10000	SECONDARY, EACH TENDON	lv.
28210	CPT/HCPCS	REPAIR OR SUTURE OF TENDON, FOOT, EXTENSOR, SINGLE; SECONDARY	Yes
		WITH FREE GRAFT, EACH TENDON (INCLUDES OBTAINING GRA	
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		Yes
		WITH MANIPULATION AND PERCUTANEOUS PINNING	
28505	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN FRACTURE GREAT TOE, PHALANX	Yes
		OR PHALANGES, WITH OR WITHOUT INTERNAL OR EXTERNAL SKELE	
28510	CPT/HCPCS	TREATMENT OF CLOSED FRACTURE, PHALANX OR PHALANGES, OTHER THAN	Yes
		GREAT TOE; WITHOUT MANIPULATION, EACH	
28515	CPT/HCPCS	TREATMENT OF CLOSED FRACTURE, PHALANX OR PHALANGES, OTHER THAN	Yes
		GREAT TOE; WITH MANIPULATION, EACH	
29425	CPT/HCPCS	APPLICATION OF SHORT LEG CAST (BELOW KNEE TO TOES); WALKING OR	Yes
20425	CPT/HCPCS	AMBULATORY TYPE	Yes
29435 29440	CPT/HCPCS	APPLICATION OF PATELLAR TENDON BEARING (PTB) CAST  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,	Yes
		LONG OR SHORT LEG	
29887	CPT/HCPCS	ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR INTACT	Yes
		OSTEOCHONDRITIS DISSECANS LESION WITH INTERNAL FIXATION	
29888	CPT/HCPCS	ARTHROSCOPICALLY AIDED ANTERIOR CRUCIATE LIGAMENT REPAIR/	Yes
		AUGMENTATION OR RECONSTRUCTION	
29889	CPT/HCPCS	ARTHROSCOPICALLY AIDED POSTERIOR CRUCIATE LIGAMENT REPAIR/	Yes
		AUGMENTATION OR RECONSTRUCTION	
29891	CPT/HCPCS	ARTHROSCOPY, ANKLE, SURGICAL; EXCISION OF OSTEOCHONDRAL DEFECT	Yes
		OF TRALUS AND/OR TIBIA, INCLUDING DRILLING OF THE DEFECT	
	0		
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),	Yes
21001	OF I/HOPOS	THIGH IEG, EXTENSOR TO FLEXOR); MULTIPLE TENDONS	103
27517	CPT/HCPCS	TREATMENT OF CLOSED DISTAL FEMORAL EPIPHYSEAL SEPARATION; WITH	Yes
2,31,	3. 1/1101 00	MANIPULATION	
27519	CPT/HCPCS	OPEN TREATMENT OF DISTAL FEMORAL EPIPHYSEAL SEPARATION,	Yes
	2	INCLUDES INTERNAL FIXATION, WHEN PERFORMED	
27520	CPT/HCPCS	TREATMENT OF CLOSED PATELLAR FRACTURE, WITHOUT MANIPULATION	Yes
27524	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN PATELLAR FRACTURE, WITH REPAIR	Yes
		AND/OR EXCISION	
		AND/OR EXCISION	

CPT/HCPCS	TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE	Yes
	REDIRECTION OR REROUTING); SUPERFICIAL (EG, ANTERIOR TIBI	
CPT/HCPCS	TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTING); ANTERIOR TIBIAL OR POSTERIOR T	Yes
CPT/HCPCS	TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTING); EACH ADDITIONAL TENDON	Yes
CPT/HCPCS	SUTURE, PRIMARY, TORN, RUPTURED OR SEVERED LIGAMENT, ANKLE; COLLATERAL	Yes
CPT/HCPCS	AMPUTATION LEG, THROUGH TIBIA AND FIBULA; RE-AMPUTATION	Yes
CPT/HCPCS	AMPUTATION, ANKLE, THROUGH MALLEOLI OF TIBIA AND FIBULA (SYME, PIROGOFF TYPE PROCEDURES), WITH PLASTIC CLOSURE AND RESE	Yes
CPT/HCPCS	ANKLE DISARTICULATION	Yes
CPT/HCPCS	DECOMPRESSION FASCIOTOMY, LEG;ANTERIOR AND/OR LATERAL COMPARTMENTS ONLY,DEBRIDEMENT OF NONVIABLE MUSCLE A/O NERVE	Yes
CPT/HCPCS	TENOLYSIS, EXTENSOR, FOOT; MULTIPLE (THROUGH SAME INCISION)	Yes
CPT/HCPCS	TENOTOMY, OPEN, FLEXOR; FOOT, SINGLE OR MULTIPLE (SEPARATE PROCEDURE)	Yes
	TENOTOMY, OPEN, FLEXOR; TOE, SINGLE (SEPARATE PROCEDURE)	Yes
		Yes
	ACCESSORY NAVICULAR BONE (KIDNER TYPE PROCEDURE)	Yes
CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN FRACTURE, PHALANX OR PHALANGES, OTHER THAN GREAT TOE, WITH OR WITHOUT INTERNAL OR EXT	Yes
CPT/HCPCS	TREATMENT OF CLOSED SESAMOID FRACTURE	Yes
CPT/HCPCS	OPEN TREATMENT OF SESAMOID FRACTURE, W/WO INTERNAL FIXATION	Yes
CPT/HCPCS	TREATMENT OF CLOSED TARSAL BONE DISLOCATION; WITHOUT ANESTHESIA	Yes
CPT/HCPCS	TREATMENT OF CLOSED TARSAL BONE DISLOCATION; REQUIRING ANESTHESIA	Yes
CPT/HCPCS	APPLICATION OF LONG LEG SPLINT (THIGH TO ANKLE OR TOES)	Yes
CPT/HCPCS	APPLICATION OF SHORT LEG SPLINT (CALF TO FOOT)	Yes
CPT/HCPCS	STRAPPING; HIP	Yes
CPT/HCPCS	STRAPPING; KNEE	Yes
CPT/HCPCS	STRAPPING; ANKLE AND/OR FOOT	Yes
CPT/HCPCS	ARTHROSCOPICALLY AIDED REPAIR OF LARGE OSTEOCHONDRITIS DISSECANS LESION, TALAR DOME FRACTURE, OR TIBIAL PLAFOND FRACTURE,	Yes
CPT/HCPCS	ENDOSCOPIC PLANTAR FASCIOTOMY	Yes
CPT/HCPCS	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY	Yes
CPT/HCPCS	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; SYNOVECTOMY, PARTIAL	Yes
CPT/HCPCS	TENDON OR MUSCLE TRANSFER, HAMSTRINGS TO FEMUR (EGGERS TYPE PROCEDURE)	Yes
CPT/HCPCS	ARTHROTOMY WITH OPEN MENISCUS REPAIR	Yes
CPT/HCPCS	REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; COLLATERAL	Yes
CPT/HCPCS	REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; CRUCIATE	Yes
CPT/HCPCS	REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; COLLATERAL AND CRUCIATE LIGAMENTS	Yes
CPT/HCPCS	TREATMENT OF CLOSED TIBIAL FRACTURE, PROXIMAL (PLATEAU); WITH MANIPULATION	Yes
CPT/HCPCS	OPEN TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); UNICONDYLAR, INCLUDES INTERNAL FIXATION, WHEN PERFORMED	Yes
CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN TIBIAL FRACTURE, PROXIMAL (PLATEAU), WITH OR WITHOUT INTERNAL OR EXTERNAL SKELETAL FIXA	Yes
CPT/HCPCS	TREATMENT OF CLOSED INTERCONDYLAR SPINE(S) FRACTURE(S) OF KNEE	Yes
CPT/HCPCS	SUTURE, PRIMARY, TORN, RUPTURED OR SEVERED LIGAMENT, ANKLE; BOTH COLLATERAL LIGAMENTS	Yes
	CPT/HCPCS	REDIRECTION OR REROUTINO); SUPERFICIAL (EG, ANTERIOR TIBI CPT/HCPCS TRANSPER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTING); ANTERIOR TIBLA OR POSTERIOR T  CPT/HCPCS TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTING); EACH ADDITIONAL TENDON CPT/HCPCS SUTURE, PRIMARY, TORN RUPTURED OR SEVERED LIGAMENT, ANKLE; COLLATERAL CPT/HCPCS AMPUTATION, ANKLE, THROUGH TIBLA AND FIBULA; RE-AMPUTATION CPT/HCPCS AMPUTATION, ANKLE, THROUGH TIBLA AND FIBULA; RE-AMPUTATION CPT/HCPCS AMPUTATION, ANKLE, THROUGH TIBLA AND FIBULA; SPME, PIRGOOFF TYPE PROCEDURES), WITH PLASTIC CLOSURE AND RESE CPT/HCPCS ANKLE DISARTICULATION COMPARTMENTS ONLY, DEBRIDMENT OF NONVABLE MUSCLE A/O NERVE CPT/HCPCS TENOTYMY, OPEN, FLEXOR; FOOT; MULTIPLE (THROUGH SAME INCISION) CPT/HCPCS TENOTOMY, OPEN, FLEXOR; FOOT; SINGLE OR MULTIPLE (SEPARATE PROCEDURE) CPT/HCPCS TENOTOMY, OPEN, FLEXOR; TOE, SINGLE (SEPARATE PROCEDURE) CPT/HCPCS TENOTOMY, OPEN, EXTENSOR, FOOT OR TOE CPT/HCPCS TREATMENT OF CLOSED SESAMOID FRACTURE, PHALANX OR PHALANOES, OTHER THAN OREAT TOE, WITH OR WITHOUT INTERNAL OR EXT CPT/HCPCS TREATMENT OF CLOSED SESAMOID FRACTURE, WITHOUT WITHOUT AND STREAMS OF THE ATT OF SESAMOID FRACTURE, WITHOUT WITHOUT AND STREAMS OF CLOSED SESAMOID FRACTURE, WITHOUT WITHOUT AND STREAMS OF CLOSED TARSAL BONE DISLOCATION; WITHOUT CPT/HCPCS STRAPPING; ANKLE AND/OR FOOT CPT/HCPCS STRAPPING; ANKLE AND/OR FOOT CPT/HCP

27698	CPT/HCPCS	SUTURE, SECONDARY REPAIR, TORN, RUPTURED OR SEVERED LIGAMENT,	Yes
		ANKLE, COLLATERAL (EG, WATSON-JONES PROCEDURE)	
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	Yes
		CAPSULOTOMY AND TENDON(S) LENGTHENING AS FOR RESISTANT	
28546	CPT/HCPCS	TREATMENT OF CLOSED TARSAL BONE DISLOCATION, WITH PERCUTANEOUS SKELETAL FIXATION	Yes
28555	CPT/HCPCS		Yes
28570	CPT/HCPCS	TREATMENT OF CLOSED TALOTARSAL JOINT DISLOCATION; WITHOUT	Yes
28575	CPT/HCPCS	ANESTHESIA TREATMENT OF CLOSED TALOTARSAL JOINT DISLOCATION; REQUIRING	Yes
		ANESTHESIA	
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	Yes
07440	ODT/ILODOS	DEBRIDEMENT  AUTOLOGOUS CHONDROCYTE IMPLANTATION KNIEF	Voc
27412	CPT/HCPCS	AUTOLOGOUS CHONDROCYTE IMPLANTATION, KNEE	Yes
27415 27416	CPT/HCPCS CPT/HCPCS	OSTEOCHONDRAL ALLOGRAFT, KNEE, OPEN OSTEOCHONDRAL AUTOGRAFT(S), KNEE,	Yes Yes
Z/410	OF 1/110PG3	OPEN(EG,MOSAICPLASTY)(INCLUDES HARVESTING OF AUTOGRAFT(S)	163
27418	CPT/HCPCS	ANTERIOR TIBIAL TUBERCLE PLASTY FOR CHONDROMALACIA PATELLAE	Yes
27420	CPT/HCPCS	(MAQUET PROCEDURE)  RECONSTRUCTION FOR RECURRENT DISLOCATING PATELLA; (HAUSER TYPE	Yes
27540	CPT/HCPCS	PROCEDURE)  OPEN TREATMENT OF CLOSED OR OPEN INTERCONDYLAR SPINE(S)  EDACTURE(S) OF KNEEL MUTUAL ENVATION.	Yes
27550	CPT/HCPCS	FRACTURE(S) OF KNEE, WITH INTERNAL FIXATION TREATMENT OF CLOSED KNEE DISLOCATION; WITHOUT ANESTHESIA	Yes
27550 27552	CPT/HCPCS  CPT/HCPCS	TREATMENT OF CLOSED KNEE DISLOCATION; WITHOUT ANESTHESIA  TREATMENT OF CLOSED KNEE DISLOCATION; REQUIRING ANESTHESIA	Yes
27552 27556	CPT/HCPCS  CPT/HCPCS	OPEN TREATMENT OF CLOSED KNEE DISLOCATION; REQUIRING ANESTHESIA	Yes
.27000	01 1/110503	WITHOUT INTERNAL OR EXTERNAL SKELETAL FIXATION; WITHOUT PRI	
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	Yes
		(SOFIELD TYPE PROCEDURE)	

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	
20270		OR WITHOUT TENORRHAPHY, SINGLE, EACH JOINT (SEPARATE	
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 RISSER 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, MULTIPL	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	

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 INTRUMENTATION; 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	Yes
23334	CPT/HCPCS	INTRAMUSCULAR)  REMOVAL OF PROSTHESIS, INCLUDES DEBRIDEMENT AND SYNOVECTOMY	Yes
2004	Gr i/rior G3	WHEN PERFORMED; HUMERAL OR GLENOID COMPONENT	163
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	Yes
		METACARPOPHALANGEAL OR PROXIMAL INTERPHALANGEAL JOINT; WITH	
		MANIP	
26746	CPT/HCPCS	OPEN TREATMENT OF ARTICULAR FRACTUE, INVOLVING	Yes
		METACARPHALANGEAL OR INTERPHALANGEAL JOINT, INCLUDES INTERNAL	
		FIXATION, WHEN PERFORMED, EACH	
27091	CPT/HCPCS	REMOVAL OF HIP PROSTHESIS; COMPLICATED, INCLUDING "TOTAL HIP"	Yes
		AND METHYL METHACRYLATE, WHEN APPLICABLE	
27093	CPT/HCPCS	INJECTION PROCEDURE FOR HIP ARTHROGRAPHY; WITHOUT ANESTHESIA	Yes
2,000	0		
27095	CPT/HCPCS	INJECTION PROCEDURE FOR HIP ARTHROGRAPHY; WITH ANESTHESIA	Yes
27096	CPT/HCPCS	INJECTION PROCEDURE FOR SACROILIAC JOINT ARTHROGRAPHY	Yes
27000	01 171101 00	AND/ORANESTHETIC/STEROID	
27097	CPT/HCPCS	HAMSTRING RECESSION, PROXIMAL	Yes
27267	CPT/HCPCS	CLOSED TREATMENT OF FEMORAL FRACTURE, PROXIMAL END,	Yes
2/20/	CF1/HCFC3	HEAD; WITHOUT MANIPULATION	165
07000	ODT// IODOC		Va a
27268	CPT/HCPCS	CLOSED TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, HEAD; WITH	Yes
	0.77.11.00.00	MANIPULATION	l
27269	CPT/HCPCS	OPEN TREATMENT OF FEMORAL FRACTURE, PROXIMAL	Yes
		END,HEAD,INCLUDES INTERNAL FIXATION,WHEN PERFORMED	
27275	CPT/HCPCS	*MANIPULATION, HIP JOINT, REQUIRING GENERAL ANESTHESIA	Yes
20605	CPT/HCPCS	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION, INTERMEDIATE JOINT	Yes
		OR BURSA (EG, TEMPOROMANDIBULAR, ACROMIOCLAVICULAR, WRIST,	
		ELBOW OR ANKLE, OLECRANON +	
20606	CPT/HCPCS	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION, INTERMEDIATE JOINT	Yes
		OR BURSA (EG, TEMPOROMANDIBULAR, ACROMIOCLAVICULAR	
20610	CPT/HCPCS	ATHROCENTESIS, ASPIRATION AND/OR INJECTION, MAJOR JOINT OR BURSA	Yes
		(EG, SHOULDER, HIP, KNEE, SUBACROMIAL BURSA); WITHOUT	
		ULTRASOUND GUIDANCE	
20611	CPT/HCPCS	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION, MAJOR JOINT OR	Yes
		BURSA (EG, SHOULDER, HIP, KNEE, SUBACROMIAL BURSA); WITH	
21029	CPT/HCPCS	REMOVAL BY CONTOURING OF BENIGN TUMOR OF FACIAL BONE (EG,	Yes
		FIBROUS DYSPLASIA)	
21030	CPT/HCPCS	EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA OR ZYGOMA BY	Yes
		ENUCLEATION AND CURETTAGE	
21031	CPT/HCPCS	EXCISION OF TORUS MANDIBULARIS	Yes
21032	CPT/HCPCS	EXCISION OF MAXILLARY TORUS PALATINUS	Yes
21032	CPT/HCPCS	EXCISION OF MALIGNANT TUMOR OF MAXILLA OR ZYGOMA	Yes
21210	CPT/HCPCS	GRAFT, BONE; NASAL, MAXILLARY OR MALAR AREAS (INCLUDES OBTAINING	Yes
21210	CF1/HCFC3	GRAFT)	165
21215	CPT/HCPCS	GRAFT, BONE; MANDIBLE (INCLUDES OBTAINING GRAFT)	Yes
	_	GRAFT; RIB CARTILAGE, AUTOGENOUS, TO FACE, CHIN, NOSE OR EAR	
21230	CPT/HCPCS		Yes
04005	007//10000	(INCLUDES OBTAINING GRAFT)	l.,
21235	CPT/HCPCS	GRAFT; EAR CARTILAGE, AUTOGRAFT, TO NOSE OR EAR (INCLUDES	Yes
		OBTAINING GRAFT)	
21445	CPT/HCPCS	OPEN TREATMENT OF ALVEOLAR RIDGE FRACTURE (SEPARATE PROCEDURE)	Yes
21450	CPT/HCPCS	TREATMENT OF CLOSED OR OPEN MANDIBULAR FRACTURE; WITHOUT	Yes
		MANIPULATION	
21451	CPT/HCPCS	TREATMENT OF CLOSED OR OPEN MANDIBULAR FRACTURE; WITH	Yes
		MANIPULATION, MAY INCLUDE EXTERNAL FIXATION	
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,	Yes
		THREE COLUMNS, ONE VERTEBRAL SEGMENT (EG, PEDICLE/VERTEBRAL BO	
22208	CPT/HCPCS	OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH,	Yes
		THREE COLUMNS, ONE VERTEBRAL SEGMENT(EG, PEDICLE/VERTEBRAL BOD	
22210	CPT/HCPCS	OSTEOTOMY OF SPINE, POSTERIOR APPROACH, FOR CORRECTION OF	Yes
2221V	01 1/110503	DEFORMITY, SINGLE SEGMENT; CERVICAL	
22212	CPT/HCPCS	OSTEOTOMY OF SPINE, POSTERIOR APPROACH, FOR CORRECTION OF	Yes
	OF 1/110703	DEFORMITY, SINGLE SEGMENT; THORACIC	103
22212		IDEFUNITITI, SINGLE SECIMENT, IMUKACIC	İ
	CDT// LCDCC	· · · · · · · · · · · · · · · · · · ·	Voc
22849	CPT/HCPCS	REINSERTION OF SPINAL FIXATION DEVICE	Yes
	CPT/HCPCS CPT/HCPCS	REINSERTION OF SPINAL FIXATION DEVICE REMOVAL OF POSTERIOR NONSEGMENTAL INSTRUMENTATION (EG,	Yes Yes
22849		REINSERTION OF SPINAL FIXATION DEVICE	

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	Yes
		ARM; SINGLE	
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,	Yes
0.4510	CPT/HCPCS	SUBFASCIAL (EG, INTRAMUSCULAR); 5 CM OR GREATER	Yes
24516	CF1/HCFC3	TREATMENT OF HUMERAL SHAFT FRACTURE, WITH INSERTION OF INTRAMEDULLARY IMPLANT, WITH OR W/O CERCLAGE AND/OR LOCKING SCREWS	res
24530	CPT/HCPCS		Yes
		FRACTURE, WITHOUT MANIPULATION;	
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 TRRATMENT OF RADIAL SHAFT FRACTURE, WITH DISLOCATION OFDISTAL 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	Yes
27105	CPT/HCPCS	INCLUDING FASCIAL OR TENDON EXTENSION (GRAFT)  TRANSFER PARASPINAL MUSCLE TO HIP (INCLUDES FASCIAL OR TENDON	Yes
		EXTENSION GRAFT)	
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,	Yes
		INCLUDING REMOVAL (SEPARATE PROCEDURE)	
20660	CPT/HCPCS	APPLICATION OF CRANIAL TONGS, CALIPER, OR STEREOTACTIC FRAME,	Yes
		INCLUDING REMOVAL (SEPARATE PROCEDURE)	
20661	CPT/HCPCS	APPLICATION OF HALO, INCLUDING REMOVAL; CRANIAL	Yes
21040	CPT/HCPCS	EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE, BY ENUCLEATIONAND/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	Yes
04040	ODT//JODGG	AUTOGRAFT (INCLUDES OBTAINING GRAFT)	ly.
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	Yes
21402	01 1/1101 00	INTERDENTAL FIXATION	
21465	CPT/HCPCS	OPEN TREATMENT OF MANDIBULAR CONDYLAR FRACTURE	Yes
22214	CPT/HCPCS	OSTEOTOMY OF SPINE, POSTERIOR APPROACH, FOR CORRECTION OF	Yes
2224	ODT/UODOO	DEFORMITY, SINGLE SEGMENT; LUMBAR	Voc
22216	CPT/HCPCS	PARTIAL EXCISION OF VERTEBRAL BODY FOR INTRINSIC BONY LESIONWITHOUT DECOMPRESSION OF SPINAL CORD OR NERVE ROOT(S)	Yes
22220	CPT/HCPCS	SINGLE  OSTEOTOMY OF SPINE, INCLUDING DISCECTOMY, ANTERIORAPPROACH,	Yes
22222	CPT/HCPCS	SINGLE VERTEBRAL SEGMENT; CERVICAL OSTEOTOMY OF SPINE, INCLUDING DISCECTOMY, ANTERIORAPPROACH,	Yes
		SINGLE VERTEBRAL SEGMENT; THORACIC	
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 22856	CPT/HCPCS	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANT APPROACH, INCL	Yes
	0.77710103	DISCECTOMY W/END PLATE PREP (INCL OSTEOPHYTECTOMY FOR NERV	
22857	CPT/HCPCS	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH,	Yes
/	0.77710103	INCLUDING DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR	
00405	ODT/UODOO	DECOMPRESSION); SINGLE INTER+	Voc
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,	Yes
27130	CPT/HCPCS	FEMORAL STEM PROSTHESIS, BIPOLAR ARTHROPLASTY)  ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC	Yes
		REPLACEMENT (TOTAL HIP REPLACEMENT), WITH OR WITHOUT AUTOGRAF	
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, TEMORAL  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	Yes
		FRACTURE BY MULTIPLE SURGICAL APPROACHES INCLUDING INTERNAL FIX	
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, ANTERIORAPPROACH, SINGLE VERTEBRAL SEGMENT; LUMBAR	Yes
22226	CPT/HCPCS	OSTEOTOMY OF SPINE, INCLUDING DISCECTOMY, ANTERIORAPPROACH, SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL VERTEBRAL SEGMENT	Yes
		(LIST SEPARATELY IN ADDITION +	
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 OSTEOPHYTECTOMY 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 22862	CPT/HCPCS	REVISION INCL REPLACEMENT OF TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANT APPROACH, SINGLE INTERSPACE; CERVICAL	Yes
22862		IDISC). ANT APPROACH. SINGLE INTERSPACE: CERVICAL	
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	Yes
		PROCEDURE OR MAGNUSON TYPE OPERATION	
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 FRACTURESMEDICAL 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)	Yes
25170	CPT/HCPCS	OF BONE (EG, FOR OSTEOMYELITIS); RADIUS  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
			•

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
		ANESTRESIA, EG, NEW PIN(S) OR WIRE(S), WITH OR WITHOUT NEW	
21073	CPT/HCPCS	MANIPULATION OF TEMPOMANDIBULAR JOINT(S)(TMJ), THERAPEUTIC, REQUIRING AN ANESTHESIA SERIVCE(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
21077	CPT/HCPCS	IMPRESSION AND CUSTOM PREPARATION; INTERIM OBTURATOR	Yes
21075	01 1/1101 03	PROSTHESIS	163
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 INTERPSACE, LUMBAR	Yes
22867	CPT/HCPCS	INSERTION OF INTERLAMINAR/INTERSPINOUS PROCESS STABILIZATION/ DISTRACTION DEVICE, WITHOUT FUSION, WITH OPEN DECOMPRESSION	Yes
		DISTRACTION DEVICE, WITHOUT FUSION, WITH OPEN DECOMPRESSION	

CPT/HCPCS	INSERTION OF INTERLAMINAR/INTERSPINOUS PROCESS WITHOUT FUSION, WITH OPEN DECOMPRESSION, LUMBAR; SECOND LEVEL	Yes
CPT/HCPCS	CAPSULORRHAPHY FOR RECURRENT DISLOCATION, ANTERIOR; BANKART TYPE OPERATION WITH OR WITHOUT STAPLING	Yes
CPT/HCPCS	CAPSULORRHAPHY FOR RECURRENT DISLOCATION, ANTERIOR, ANY TYPE;	Yes
CPT/HCPCS	CAPSULORRHAPHY FOR RECURRENT DISLOCATION, ANTERIOR, ANY TYPE;	Yes
CPT/HCPCS	CAPSULORRHAPHY FOR RECURRENT DISLOCATION, POSTERIOR, WITH OR	Yes
CPT/HCPCS	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, HUMERUS;	Yes
CPT/HCPCS		Yes
	WITH ALLOGRAFT	Yes
	NECK OF RADIUS OR OLECRANON PROCESS;	
CPI/HCPCS	NECK OF RADIUS OR OLECRANON PROCESS; WITH AUTOGRAFT (INCL	Yes
CPT/HCPCS	OPEN TREATMENT OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR	Yes
CPT/HCPCS	PERCUTANEOUS SKELETAL FIXATION OF HEMERAL CONDYLAR FRATURES	Yes
	MEDICAL OR LATERAL, WITH MANIPULATION	
CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN COMMINUTED ELBOW FRACTURE (FRACTURE DISTAL HUMERUS AND/OR PROXIMAL ULNA/RADIUS), WITH	Yes
CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN COMMINUTED ELBOW FRACTURE	Yes
	(FRACTURE DISTAL HUMERUS AND/OR PROXIMAL ULNA/RADIUS), WITH	
CPT/HCPCS	RADIAL STYLOIDECTOMY (SEPARATE PROCEDURE)	Yes
CPT/HCPCS	EXCISION DISTAL ULNA (DARRACH TYPE PROCEDURE)	Yes
CPT/HCPCS	INJECTION PROCEDURE FOR WRIST ARTHROGRAPHY	Yes
CPT/HCPCS	EXPLORATION FOR REMOVAL OF DEEP FOREIGN BODY, FOREARM OR WRIST	Yes
CPT/HCPCS	REMOVAL OF WRIST PROSTHESIS; (SEPARATE PROCEDURE)	Yes
CPT/HCPCS	OPEN TRTMNT OF RADIAL AND ULNAR SHAFT FRCTURE, WITH INTERNAL FIXATION, WHEN PRFRMD; OF RADIUS AND ULNA	Yes
CPT/HCPCS	TREATMENT OF CLOSED DISTAL RADIAL FRACTURE (EG, COLLES OR SMITH TYPE) OR EPIPHYSEAL SEPARATION, WITH OR WITHOUT FRA	Yes
CPT/HCPCS	TREATMENT OF CLOSED DISTAL RADIAL FRACTURE (EG, COLLES OR SMITH	Yes
CPT/HCPCS	PERCUTANEOUS SKELETAL FIXATION OF DISTAL RADICAL FRACTURE OR	Yes
CPT/HCPCS	SYNOVECTOMY, PROXIMAL INTERPHALANGEAL JOINT, INCLUDING	Yes
CPT/HCPCS	SYNOVECTOMY TENDON SHEATH, RADICAL (TENOSYNOVECTOMY) FLEXOR	Yes
CPT/HCPCS	EXCISION OF LESION OF TENDON SHEATH OR CAPSULE (EG, CYST, MUCOUS	Yes
CPT/HCPCS	EXCISION OF TENDON, PALM, FLEXOR OR EXTENSOR, SINGLE, EACH	Yes
CPT/HCPCS	CAPSULODESIS FOR M-P JOINT STABILIZATION; SINGLE DIGIT	Yes
CPT/HCPCS	CAPSULODESIS FOR M-P JOINT STABILIZATION; TWO DIGITS	Yes
CPT/HCPCS	CAPSULODESIS FOR M-P JOINT STABILIZATION; THREE OR FOUR DIGITS	Yes
CPT/HCPCS	CAPSULECTOMY OR CAPSULOTOMY FOR CONTRACTURE; METACARPOPHALANGEAL JOINT, SINGLE, EACH	Yes
CPT/HCPCS	CAPSULECTOMY OR CAPSULOTOMY FOR CONTRACTURE; INTERPHALANGEAL JOINT, SINGLE, EACH	Yes
CPT/HCPCS	ARTHRODESIS, CARPOMETACARPAL JOINT, DIGITS, OTHER THAN THUMB; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)	Yes
CPT/HCPCS	ARTHRODESIS, METACARPOPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION;	Yes
		1
CPT/HCPCS	ARTHRODESIS, METACARPOPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)	Yes
	CPT/HCPCS   WITH BONE BLOCK CPT/HCPCS CAPSULORRHAPHY FOR RECURRENT DISLOCATION, ANTERIOR, ANY TYPE: WITH CORACOID PROCESS TRANSFER CPT/HCPCS CAPSULORRHAPHY FOR RECURRENT DISLOCATION, POSTERIOR, WITH OR WITHOUT BONE BLOCK CPT/HCPCS EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, HUMERUS; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT) CPT/HCPCS EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, HUMERUS; WITH ALLOGRAFT CPT/HCPCS EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF HEAD OR NECK OF RADIUS OR OLECRANON PROCESS; CPT/HCPCS EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF HEAD OR NECK OF RADIUS OR OLECRANON PROCESS; CPT/HCPCS CPT/HCPCS OPEN TREATMENT OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL, INCLUDES INTERNAL FIXATION, WHEN PERFORMED LATERAL, INCLUDES INTERNAL FIXATION, WHEN PERFORMED CPT/HCPCS OPEN TREATMENT OF CLOSED OR OPEN COMMINUTED ELBOW FRACTURE (FRACTURE DISTAL HUMERUS AND/OR PROXIMAL ULNA/RADIUS), WITH CPT/HCPCS OPEN TREATMENT OF CLOSED OR OPEN COMMINUTED ELBOW FRACTURE (FRACTURE DISTAL HUMERUS AND/OR PROXIMAL ULNA/RADIUS), WITH CPT/HCPCS ADJAL STYLOIDECTOMY (SEPARATE PROCEDURE) CPT/HCPCS EXCISION DISTAL ULNA (DARRACH TYPE PROCEDURE) CPT/HCPCS EXCISION OF REMOVAL OF DEEP FOREIGN BODY, FOREARM OR WRIST CPT/HCPCS REMOVAL OF WRIST PROSTHESIS; (SEPARATE PROCEDURE) CPT/HCPCS REMOVAL OF WRIST PROSTHESIS; (SEPARATE PROCEDURE) CPT/HCPCS TREATMENT OF CLOSED DISTAL RADIUL FRACTURE, WITH INTERNAL FIXATION, WHEN PREFMB): OF RADIUS AND ULNA FRATIMENT OF CLOSED DISTAL RADIUL FRACTURE; GG, COLLES OR SMITH TYPE) OR EPIPHYSEAL SEPARATION, WITH OR WITHOUT FRA CPT/HCPCS TREATMENT OF CLOSED DISTAL RADIUL FRACTURE; GG, COLLES OR SMITH TYPE) OR EPIPHYSEAL SEPARATION, WITH OR WITHOUT FRA CPT/HCPCS TREATMENT OF CLOSED DISTAL RADIUL FRACTURE; GG, COLLES OR SMITH TYPE) OR EPIPHYSEAL SEPARATION, WITH OR WITHOUT FRA CPT/HCPCS SYNOVECTOMY FROM SHEATH, RADICAL (TENOSYNOVECTOMY) FLEXOR TENDON, PALM AND/OR FINGER, EACH TENDON CPT/HCPCS CAPSULODESIS FOR M-P JOINT STABILIZATION; THREE OR FOUR DIGITS CPT/HCPCS CAPSULODESIS FOR	

27140	CPT/HCPCS	OSTEOTOMY AND TRANSFER OF GREATER TROCHANTER (SEPARATE	Yes
		PROCEDURE)	
27146	CPT/HCPCS	OSTEOTOMY, ILIAC, ACETABULAR OR INNOMINATE BONE;	Yes
27147	CPT/HCPCS	OSTEOTOMY, ILIAC, ACETABULAR OR INNOMINATE BONE; WITH OPEN	Yes
		REDUCTION OF HIP	
27151	CPT/HCPCS	OSTEOTOMY, ILIAC, ACETABULAR OR INNOMINATE BONE; WITH FEMORAL	Yes
		OSTEOTOMY	
27156	CPT/HCPCS	OSTEOTOMY, ILIAC, ACETABULAR OR INNOMINATE BONE; WITH FEMORAL	Yes
		OSTEOTOMY AND WITH OPEN REDUCTION OF HIP	
27358	CPT/HCPCS	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR;	Yes
		WITH INTERNAL FIXATION (LIST IN ADDITION TO 27355, 27356	
27360	CPT/HCPCS	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY)	Yes
		OF BONE (EG, FOR OSTEOMYELITIS), FEMUR, PROXIMAL T	
		(20,101,201,201,201,001,001,001,001,001,0	
27364	CPT/HCPCS	RADICAL RESECTION OF TUMOR (EG, SARCOMA), SOFT TISSUE OF THIGH OR	Yes
	0	KNEE AREA; 5 CM OR GREATER	
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-	Yes
20000	01 171101 00	ASSISTED ADJUST, INCL IMAGING; INIT & SUBSQ ALIGNMENT(S),	
		ASSISTED ADJUST, INCETHACTING, THIT & SUBSQ ALTONITETY (3),	
20697	CPT/HCPCS	APPLIC OF MULTIPLANE, UNILAT, EXT FIXATION W/STEREOTACTIC	Yes
20097	CP1/HCPC3		res
		COMPUTER-ASSISTED ADJUSTMENT, INCL IMAGING; EXCHANGE OF STRUT,	
00700	ODT// IODOC	MANUAL PREDADATION AND INCEPTION OF DRUG DELIVERY	Voc
20700	CPT/HCPCS	MANUAL PREPARATION AND INSERTION OF DRUG-DELIVERY	Yes
		DEVICE(S), DEEP (EG, SUBFASCIAL) (LIST SEPARATELY IN ADDITION TO CODE	
04004	007//10000	h	l.
21081	CPT/HCPCS	IMPRESSION AND CUSTOM PREPARATION; MANDIBULAR RESECTION	Yes
		PROSTHESIS	
21082	CPT/HCPCS	IMPRESSION AND CUSTOM PREPARATION; PALATAL AUGMENTATION	Yes
		PROSTHESIS	
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	Yes
		GRAFTS; COMBINED INTRA- AND EXTRACRANIAL APPROACH	
21263	CPT/HCPCS	PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE	Yes
		GRAFTS; WITH FOREHEAD ADVANCEMENT	
21267	CPT/HCPCS	ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UNILATERAL, WITH	Yes
		BONE GRAFTS; EXTRACRANIAL APPROACH	
21268	CPT/HCPCS	ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UNILATERAL, WITH	Yes
		BONE GRAFTS; COMBINED INTRA- AND EXTRACRANIAL APPROACH	
21510	CPT/HCPCS	INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR	Yes
		OSTEOMYELITIS OR BONE ABSCESS), THORAX	
21550	CPT/HCPCS	BIOPSY, SOFT TISSUE OF NECK OR THORAX	Yes
21552	CPT/HCPCS	EXCISION, TUMOR, SOFT TISSUE OF NECK OR ANTERIOR THORAX,	Yes
		SUBCUTANEOUS; 3 CM OR GREATER	
21554	CPT/HCPCS	EXCISION, TUMOR, SOFT TISSUE OF NECK OR ANTERIOR THORAX,	Yes
		SUBFASCIAL (EG, INTRAMUSCULAR); 5 CM OR GREATER	
22327	CPT/HCPCS	OPEN TREATMENT OF VERTEBRAL FRACTURE AND/OR DISLOCATION;	Yes
		THORACIC, EACH	
22328	CPT/HCPCS	OPEN TREATMENT AND/OR REDUCTION OF VERTEBRAL FRACTURE ;EA	Yes
		ADD FRACTURE VERTEBRAE OR DISLOCATED SEGMENT (LIST SEG	
22505	CPT/HCPCS	MANIPULATION OF SPINE REQUIRING ANESTHESIA, ANY REGION	Yes
22510	CPT/HCPCS	PERCUTANEOUS VERTEBROPLASTY (BONE BIOPSY INCLUDED WHEN	Yes
		PERFORMED), 1 VERTEBRAL BODY, UNILATERAL OR BILATERAL INJECT	
22869	CPT/HCPCS	INSERTION OF INTERLAMINAR/DISTRACTION DEVICE, WITHOUT OPEN	Yes
		DECOMPRESSION OR FUSION, LUMBAR: SINGLE LEVEL	
22870	CPT/HCPCS	INSERTION OF INTERLAMINAR/INTERSPINOUS PROCESS WITHOUT OPEN	Yes
		DECOMPRESSION OR FUSION, LUMBAR; SECOND LEVEL.	
22899	CPT/HCPCS	UNLISTED PROCEDURE, SPINE	Yes
22900	CPT/HCPCS	EXCISION, TUMOR, SOFT TISSUE OF ABDOMINAL WALL, SUBFASCIAL (EG,	Yes
		INTRAMUSCULAR); LESS THAN 5 CM	
23466	CPT/HCPCS	CAPSULORRHAPHY FOR RECURRENT DISLOCATION WITH ANY TYPE MULTI-	Yes
		DIRECTIONAL INSTABILITY	
<u> </u>	<u> </u>		Į.

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	Yes
24130	CPT/HCPCS	NECK OF RADIUS OR OLECRANON PROCESS; WITH ALLOGRAFT EXCISION, RADIAL HEAD	Yes
24130	CPT/HCPCS	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), SHAFT	Yes
		OR DISTAL HUMERUS	
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	Yes
		ELBOW (FRACTURE PROXIMAL END OF ULNA WITH DISLOCATION OF R	
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	
25263	CPT/HCPCS	REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR WRIST;	Yes
20200	01 1/1101 00	SECONDARY, SINGLE, EACH TENDON OR MUSCLE	
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	Yes
20000	01 1/1101 00	EPIPHYSEAL SEPARATION; WITH INTERNAL FIXATION OF 2 FRAGMENTS	
25609	CPT/HCPCS	OPEN TREATMENT OF DISTAL RADIAL INTRA-ARTICULAR FRACTURE OR	Yes
		EPIPHYSEAL SEPARATION; WITH INTERNAL FIXATION OF 3 OR MORE F	
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	Yes
		METACARPAL;	
26205	CPT/HCPCS	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF	Yes
00500	CPT/HCPCS	METACARPAL; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)	Vo.
26530 26531	CPT/HCPCS CPT/HCPCS	ARTHROPLASTY, METACARPOPHALANGEAL JOINT; SINGLE, EACH ARTHROPLASTY, METACARPOPHALANGEAL JOINT; WITH PROSTHETIC	Yes Yes
00505	007//10000	IMPLANT, SINGLE, EACH	lv.
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	Yes
		FIXATION; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)	
26863	CPT/HCPCS	ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL	Yes
		FIXATION; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT), EACH	
26910	CPT/HCPCS	AMPUTATION, METACARPAL, WITH FINGER OR THUMB (RAY AMPUTATION),	Yes
		SINGLE, WITH OR WITHOUT INTEROSSEOUS TRANSFER	
27161	CPT/HCPCS	OSTEOTOMY, FEMORAL NECK (SEPARATE PROCEDURE)	Yes
27165	CPT/HCPCS	OSTEOTOMY, INTERTROCHANTERIC OR SUBTROCHANTERIC INCLUDING	Yes
		INTERNAL OR EXTERNAL FIXATION AND/OR CAST	

27170	CPT/HCPCS	BONE GRAFT FOR NONUNION, FEMORAL HEAD, NECK,	Yes
		INTERTROCHANTERIC OR SUBTROCHANTERIC AREA (INCLUDES	
		OBTAINING B	
27175	CPT/HCPCS	TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; BY TRACTION, WITHOUT	Yes
27331	CPT/HCPCS	REDUCTION  ARTHROTOMY, KNEE; WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY,	Voc
2/331	CP1/HCPC3	WITH OR WITHOUT REMOVAL OF LOOSE OR FOREIGN BODIES	res
		WITTON WITHOUT REMOVAL OF LOUSE OR FOREIGN BODIES	
27332	CPT/HCPCS	ARTHROTOMY, KNEE, FOR EXCISION OF SEMILUNAR CARTILAGE	Yes
		(MENISCECTOMY); MEDIAL OR LATERAL	
27333	CPT/HCPCS	ARTHROTOMY, KNEE, FOR EXCISION OF SEMILUNAR CARTILAGE	Yes
		(MENISCECTOMY); MEDIAL AND LATERAL	
27334	CPT/HCPCS	ARTHROTOMY, KNEE, FOR SYNOVECTOMY; ANTERIOR OR POSTERIOR	Yes
20701	CPT/HCPCS	REMOVAL OF DRUG-DELIVERY DEVICE(S), DEEP (EG, SUBFASCIAL) (LIST	Yes
		SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	
20702	CPT/HCPCS	MANUAL PREPARATION AND INSERTION OF DRUG-DELIVERY	Yes
		DEVICE(S), INTRAMEDULLARY (LIST SEPARATELY IN ADDITION TO CODE FOR	
20703	CPT/HCPCS	PRIM  REMOVAL OF DRUG-DELIVERY DEVICE(S), INTRAMEDULLARY (LIST	Yes
20703	CF1/HCFC3	SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	i les
20704	CPT/HCPCS	MANUAL PREPARATION AND INSERTION OF DRUG-DELIVERY	Yes
20704	01 171101 00	DEVICE(S),INTRA-ARTICULAR (LIST SEPARATELY IN ADDITION TO CODE FOR	
		PRI	
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,	Yes
		INCLUDES REMOVAL (SEPARATE PROCEDURE)	
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 I
21282	CPT/HCPCS	LATERAL CANTHOPEXY	Yes
21295	CPT/HCPCS	REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF	Yes
21555	CPT/HCPCS	BENIGN MASSETERIC HYPERTROPHY); EXTRAORAL APPROACH EXCISION, TUMOR, SOFT TISSUE OF NECK OR ANTERIOR THORAX,	Yes
21333	CF 1/11CF C3	SUBCUTANEOUS; LESS THAN 3 CM	163
21556	CPT/HCPCS	EXCISION, TUMOR, SOFT TISSUE OF NECK OR ANTERIOR THORAX,	Yes
		SUBFASCIAL (EG, INTRAMUSCULAR); LESS THAN 5 CM	
21557	CPT/HCPCS	RADICAL RESECTION OF TUMOR (EG, SARCOMA), SOFT TISSUE OF NECK OR	Yes
		ANTERIOR THORAX; LESS THAN 5 CM	
21558	CPT/HCPCS	RADICAL RESECTION OF TUMOR (EG, SARCOMA), SOFT TISSUE OF NECK OR	Yes
		ANTERIOR THORAX; 5 CM OR GREATER	
22511	CPT/HCPCS	PERCUTANEOUS VERTEBROPLASTY,1 VERTEBRAL BODY, UNILATERAL OR	Yes
		BILATERAL INJECTION, INCLUSIVE OF ALL IMAGING GUIDANCE;	
22512	CPT/HCPCS	PERCUTANEOUS VERTEBROPLASTY (BONE BIOPSY INCLUDED WHEN	Yes
		PERFORMED), 1 VERTEBRAL BODY, EACH ADDITIONAL CERVICOTHORACIC	
00510	CDT// ICDCC	DEDCLITANICOLIC VEDTERDAL ALICMENTATION, INCLUDING CAVITY	Voc
22513	CPT/HCPCS	PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION (FRACTURE REDUCTION AND BONE BIOPSY INCLUDED	Yes
22514	CPT/HCPCS	PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY	Yes
22314	CF 1/11CF C3	CREATION, 1 VERTEBRAL BODY, UNILATERAL OR BILATERAL ANNULATI	163
22901	CPT/HCPCS	EXCISION, TUMOR, SOFT TISSUE OF ABDOMINAL WALL, SUBFASCIAL (EG,	Yes
		INTRAMUSCULAR); 5 CM OR GREATER	
22902	CPT/HCPCS	EXCISION, TUMOR, SOFT TISSUE OF ABDOMINAL WALL, SUBCUTANEOUS;	Yes
		LESS THAN 3 CM	
22903	CPT/HCPCS	EXCISION, TUMOR, SOFT TISSUE OF ABDOMINAL WALL, SUBCUTANEOUS; 3	Yes
		CM OR GREATER	
22904	CPT/HCPCS	RADICAL RESECTION OF TUMOR (EG, SARCOMA), SOFT TISSUE OF	Yes
		ABDOMINAL WALL; LESS THAN 5 CM	
23474	CPT/HCPCS	REVISION OF A TOTAL SHOULDER ARTHROPLASTY, INCLUDING ALLOGRAFT	Yes
		WHEN PERFORMED; HUMERAL AND GLENOID COMPONENT	
22400	CPT/HCPCS	OSTEOTOMY, CLAVICLE, WITH OR WITHOUT INTERNAL FIXATION;	Yes
23480 23485	CPT/HCPCS  CPT/HCPCS	OSTEOTOMY, CLAVICLE, WITH OR WITHOUT INTERNAL FIXATION;  OSTEOTOMY, CLAVICLE, WITH OR WITHOUT INTERNAL FIXATION; WITH	Yes
20400	OF MICECS	BONE GRAFT FOR NONUNION OR MALUNION (INCLUDES OBTAINING G	
		23.12 3.1 3.1 No. 10. 11. 11. 11. 11. 11. 11. 11. 11. 11	
	<u> </u>	_ <del>j</del>	!

CDT/UCDCc	DRODHVI ACTIC TDEATMENT (NIAILING DININING DI ATING OR MUDINO) MUTU	Vac
CPT/HCPCS	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT METHYL METHACRYLATE; CLAVICLE	
CPT/HCPCS	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), HUMERUS	Yes
CPT/HCPCS		Yes
	OF BONE (EG, FOR OSTEOMYELITIS), RADIAL HEAD OR NECK	
CPT/HCPCS	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION OR DIAPHYSECTOMY)	Yes
	OF BONE (EG, FOR OSTEOMYELITIS), OLECRANON PROCESS	
CPT/HCPCS	RADICAL RESECTION OF CAPSULE, SOFT TISSUE, AND HETEROTOPIC	Yes
CDT/HCDCS		Yes
CF1/HCFC3	DISLOCATION AT ELBOW (FRACTURE PROXIMAL END OF ULNA WITH	165
CPT/HCPCS	*TREATMENT OF RADIAL HEAD SUBLUXATION IN CHILD, "NURSEMAID ELBOW", WITH MANIPULATION	Yes
CPT/HCPCS	TREATMENT OF CLOSED RADIAL HEAD OR NECK FRACTURE; WITHOUT MANIPULATION	Yes
CPT/HCPCS	TREATMENT OF CLOSED RADIAL HEAD OR NECK FRACTURE; WITH	Yes
CPT/HCPCS	REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR WRIST;	Yes
	SECONDARY, WITH FREE GRAFT (INCLUDES OBTAINING GRAFT), EACH TEN	
CPT/HCPCS	REPAIR, TENDON OR MUSCLE, EXTENSOR, FOREARM AND/OR WRIST;	Yes
CPT/HCPCS		Yes
	SECONDARY, SINGLE, EACH TENDON OR MUSCLE	
CPT/HCPCS	REPAIR, TENDON OR MUSCLE, EXTENSOR, SECONDARY, WITH TENDON	Yes
	GRAFT (INCLUDES OBTAINING GRAFT), FOREARM AND/OR WRIST, EA	
CPT/HCPCS	TREATMENT OF CLOSED CARPAL SCAPHOID (NAVICULAR) FRACTURE; WITH MANIPULATION	Yes
CPT/HCPCS	OPEN TREATMENT OF CARPAL SCAPHOID (NAVICULAR) FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED	Yes
CPT/HCPCS	TREATMENT OF CLOSED CARPAL BONE FRACTURE (EXCLUDING CARPAL SCAPHOID (NAVICULAR)); WITHOUT MANIPULATION, EACH B	Yes
CPT/HCPCS	TREATMENT OF CLOSED CARPAL BONE FRACTURE (EXCLUDING CARPAL SCAPHOID (NAVICULAR)); WITH MANIPULATION, EACH BONE	Yes
CPT/HCPCS	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL, MIDDLE OR DISTAL PHALANX OF FINGER;	Yes
CPT/HCPCS	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL, MIDDLE OR DISTAL PHALANX OF FINGER; WITH AUTOGRAFT (	Yes
CPT/HCPCS	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS); METACARPAL	Yes
CPT/HCPCS	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS); PROXIMAL OR MIDDL	Yes
CPT/HCPCS	PRIMARY REPAIR OF COLLATERAL LIGAMENT, METACARPOPHALANGEAL JOINT; WITH TENDON OR FASCIAL GRAFT (INCLUDES OBTAINING GRAFT	Yes
CPT/HCPCS	PRIMARY REPAIR OF COLLATERAL LIGAMENT, METACARPOPHALANGEAL JOINT; WITH LOCAL TISSUE (EG, ADDUCTOR ADVANCEMENT)	Yes
CPT/HCPCS	RECONSTRUCTION, COLLATERAL LIGAMENT, INTERPHALANGEAL JOINT, SINGLE, INCLUDING GRAFT, EACH JOINT	Yes
CPT/HCPCS	REPAIR NON-UNION, METACARPAL OR PHALANX, (INCLUDES OBTAING BONE GRAFT WITH OR WITHOUT EXTERNAL OR INTERAL	Yes
CPT/HCPCS		Yes
CPT/HCPCS	AMPUTATION, FINGER OR THUMB, PRIMARY OR SECONDARY, ANY JOINT OR PHALANX, SINGLE, INCLUDING NEURECTOMIES; WITH LOCAL	Yes
	CPT/HCPCS	OR WITHOUT METHYL METHACRYLATE. CLAVICLE  CPT/HCPCS  PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION OR DIAPHYSECTOMY) OF BONE (E.G. FOR OSTEOWYELITIS), HUMERUS  CPT/HCPCS  PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION OR DIAPHYSECTOMY) OF BONE (E.G. FOR OSTEOWYELITIS), HUMERUS  CPT/HCPCS  PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION OR DIAPHYSECTOMY) OF BONE (E.G. FOR OSTEOWYELITIS), OLECRANON PROCESS  CPT/HCPCS  RADICAL RESECTION OF CAPSULE, SOFT TISSUE, AND HETEROTOPIC BONE, ELBOW, WITH CONTRACTURE RELEASE (SEPARATE PROCEDURE)  CPT/HCPCS  RADICAL RESECTION OF CAPSULE, SOFT TISSUE, AND HETEROTOPIC BONE, ELBOW, WITH CONTRACTURE RELEASE (SEPARATE PROCEDURE)  CPT/HCPCS  TREATMENT OF CLOSED OR OPEN MONTEGGIA TYPE OF FRACTURE ELBOW, WITH MANIPULATION  CPT/HCPCS  TREATMENT OF CLOSED RADIAL HEAD OR NECK FRACTURE; WITHOUT MANIPULATION  CPT/HCPCS  TREATMENT OF CLOSED RADIAL HEAD OR NECK FRACTURE; WITHOUT MANIPULATION  CPT/HCPCS  REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR WRIST; SECONDARY, WITH FREE GRAFT (INCLUDES OBTAINING GRAFT), EACH TEN  CPT/HCPCS  REPAIR, TENDON OR MUSCLE, EXTENSOR, FOREARM AND/OR WRIST; PRIMARY, SINGLE, EACH TENDON OR MUSCLE  CPT/HCPCS  REPAIR, TENDON OR MUSCLE, EXTENSOR, FOREARM AND/OR WRIST; SECONDARY, SINGLE, EACH TENDON OR MUSCLE  CPT/HCPCS  TREATMENT OF CLOSED CARPAL SCAPHOID (NAVICULAR) FRACTURE; WITH MANIPULATION  CPT/HCPCS  REPAIR, TENDON OR MUSCLE, EXTENSOR, FOREARM AND/OR WRIST; SECONDARY, SINGLE, EACH TENDON OR MUSCLE  CPT/HCPCS  TREATMENT OF CLOSED CARPAL SCAPHOID (NAVICULAR) FRACTURE; WITH MANIPULATION  CPT/HCPCS  TREATMENT OF CLOSED CARPAL SCAPHOID (NAVICULAR) FRACTURE; WITH MANIPULATION  CPT/HCPCS  TREATMENT OF CLOSED CARPAL SCAPHOID (NAVICULAR) FRACTURE; WITH MANIPULATION  CPT/HCPCS  TREATMENT OF CLOSED CARPAL SCAPHOID (NAVICULAR) FRACTURE; WITH MANIPULATION  CPT/HCPCS  TREATMENT OF COLOSED CARPAL SONE FRACTURE (EXCLUDING CARPAL  SCAPHOID (NAVICULAR); WITHOUT MANIPULATION, EACH BONE  CPT/HCPCS  PROME (E.G., FOR OSTEONYELITIS); METACARPA  CPT/HCPCS  PRIMARY REPAIR OF COLLA

	1		
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	Yes
27286	CPT/HCPCS	FEMORAL NECK (HEYMAN TYPE PROCEDURE)  ARTHRODESIS, HIP JOINT (INCLUDES OBTAINING GRAFT); WITH	Yes
27290	CPT/HCPCS	SUBTROCHANTERIC OSTEOTOMY 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	Yes
		HEMATOMA, THIGH OR KNEE REGION	
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
21121	CPT/HCPCS	REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF	Yes
21200	01 1/1101 03	BENIGN MASSETERIC HYPERTROPHY); INTRAORAL APPROACH	
21299	CPT/HCPCS	UNLISTED CRANIOFACIAL AND MAXILLOFACIAL PROCEDURE	Yes
21315	CPT/HCPCS	CLOSED TREATMENT OF NASAL BONE FRACTURE WITH MANIPULATION;	Yes
21010	01 1/1101 00	WITHOUT STABILIZATION	163
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	Yes
04040	ODT#10500	RECONSTRUCTION; WITH MEDIASTINAL LYMPHADENECTOMY	V ₂ 2
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
		II VEOI	<u> </u>

OR WITHOUT MITHAY MITHAGRY ART; PROXIMAL HUMERUS AND  OPTINCPOS  IREATMENT OF CLOSED CLAWIQUILAR FRACTURE; WITHOUT MANIPULATION  YES  OPTINCPOS  IREATMENT OF CLOSED CLAWIQUILAR FRACTURE; WITHOUT MANIPULATION  YES  OPTINCPOS  OPTINCPOS  OPTINCPOS  ANDICAL RESECTION OF FLAWOUTH REACTURE; WITH MANIPULATION  YES  ANDICAL RESECTION OF TUMOR, SMACT ON DISTAL HUMERUS  YES  OPTINCPOS  RESECTION OF TUMOR, SMACT ON DISTAL HUMERUS  YES  OPTINCPOS  RESECTION OF TUMOR, SMACT ON DISTAL HUMERUS  YES  OPTINCPOS  RESECTION OF TUMOR, SMACT ON DISTAL HUMERUS  YES  OPTINCPOS  RESECTION OF TUMOR, SMACT ON DISTAL HUMERUS  YES  OPTINCPOS  RESECTION OF TUMOR HEROWOND TO DISTAL HUMERUS  YES  OPTINCPOS  RESECTION OF TUMOR HEROWOND TO DISTAL HUMERUS  YES  OPTINCPOS  RESECTION OF TUMOR, SMACT ON DISTAL HUMERUS  YES  OPTINCPOS  REMOVAL OF PROSTHESIS, INCLUDES DEBRIDGMENT AND SYNOVECTOMY  WHEN PERFORMED, RADIAL HEAD  OPTINCPOS  OPEN TREATMENT OF ADAIL HEAD ON NECK FRACTURE INCLUDES  NITEMAL FOXATION ON RADIAL HEAD ON NECK FRACTURE.  YES  OPTINCPOS  OPEN TREATMENT OF ULUARA FRACTURE, PROXIMAL HEAD ON NECK FRACTURE.  YES  OPTINCPOS  OPEN TREATMENT OF ULUARA FRACTURE, PROXIMAL HEAD ON NECK FRACTURE.  YES  OLICEPANA ON ON CORONOOD FROOTSSIESS; WITHOUT MANIPULATION  OPEN TREATMENT OF HUMERUL EPROCHOLY ARE FRACTURE, HEAD ON NECK FRACTURE.  YES  OPTINCPOS  OPEN TREATMENT OF HUMERUL EPROCHOLY ARE FRACTURE, HEAD ON NECK FRACTURE.  YES  OPTINCPOS  OPEN TREATMENT OF HUMERUL EPROCHOLY ARE FRACTURE, HEAD ON NECK FRACTURE.  YES  OPTINCPOS  OPEN TREATMENT OF HUMERUL EPROCHOLY ARE FRACTURE, HEAD ON NECK FRACTURE.  YES  OPTINCPOS  OPEN TREATMENT OF HUMERUL EPROCHOLY ARE FRACTURE, HEAD ON NECK FRACTURE.  YES  OPTINCPOS  OPTINCPOS  REPAIR TENDON SHEATH, EXTENSOR FRACTURE, REPORMED  OPTINCPOS  OPEN TREATMENT OF HUMERUL EPROCHOLY ARE FRACTURE, HEAD ON NECK FRACTURE.  YES  OPTINCPOS  OPTINCPOS  OPTINCPOS  REPAIR TENDON SHEATH, EXTENSOR FRACTURE, REPORMED  OPTINCPOS				
ORWITHOUT METHAL PRIVATE PROCNEM & INDICATE PROCNEM PROGRAMS AND THE PROCNEMS OF THE PROCNEMS	23030	CPT/HCPCS	INCISION AND DRAINAGE, SHOULDER AREA; DEEP ABSCESS OR HEMATOMA	Yes
CPT/HCPCS   TREATMENT OF CLOSED CLAVICULAN FRACTURE WITH MANIFULATION   Yes	23491	CPT/HCPCS	•	Yes
CPT/HCPCS	23500	CPT/HCPCS	TREATMENT OF CLOSED CLAVICULAR FRACTURE; WITHOUT MANIPULATION	Yes
### FAXION, WHEN PERSONNED ### FAXION, WHEN PERS	23505	CPT/HCPCS	TREATMENT OF CLOSED CLAVICULAR FRACTURE; WITH MANIPULATION	Yes
24155 CPTINCPOS BADICAL RESECTION OF THANKS ADMALHEAD OR NECK 24155 CPTINCPOS BADICAL RESECTION OF TELEMY LONG TRATEMETICATIVE 24160 CPTINCPOS BADICAL RESECTION OF TELEMY LONG TRATEMETICATIVE WHEN PERFORMED, HUMBERAL AND SUNAR COMPONENTS 24160 CPTINCPOS BERMAN OF PROSTHESSIS, INCLUDES DERBICHENT AND SYNOVECTOMY WHEN PERFORMED, BADICAL HEAD 24160 CPTINCPOS BERMAN OF PROSTHESSIS, INCLUDES DERBICHENT AND SYNOVECTOMY WHEN PERFORMED, BADICAL HEAD 24160 CPTINCPOS COMPONENTS 24160 CPTINCPOS CPTINCPOS CPTINCPOS CPTINCPOS CPTINCPOS CPTINCPOS 24160 CPTINCPOS	23515	CPT/HCPCS		Yes
24189 OPTH-CPCS REMOVALO PERSONATION INTERHEUTORY YES  24180 OPTH-CPCS REMOVALO PERSONATION INTERHEUTORY WHICH PROPRIETS INCLUDES DERRICHMENT AND SYNOVECTOMY YES  24180 OPTH-CPCS REMOVALO PERSONATION INCLUDES DERRICHMENT AND SYNOVECTOMY YES  24180 OPTH-CPCS OPTH-CPCS REMOVALO PERSONATION INCLUDES DERRICHMENT AND SYNOVECTOMY YES  24180 OPTH-CPCS	24150	CPT/HCPCS	RADICAL RESECTION OF TUMOR, SHAFT OR DISTAL HUMERUS	Yes
DEMONAL OF PROSTHESIS INCLUDES DERRICHMENT AND SYNCHOLOGOMY WHEN PERCORMED, HUMBERAL AND ULMAR COMPONENTS  241844 CPTAICHCS  REMONAL OF PROSTHESIS INCLUDES DERRICHMENT AND SYNCHOLOGOMY YES  24085 CPTAICHCS  REMONAL OF PROSTHESIS INCLUDES DERRICHMENT AND SYNCHOLOGOMY YES  24086 CPTAICHCS  OPEN TREATMENT OF ADULL HEAD OR NECK FRACTURE INCLUDES INTERNAL FOATON OR RADIAL HEAD DESIGNON, WHEN PERFORMED  OPEN TREATMENT OF A LODGE OR OPEN RADIAL HEAD OR NECK FRACTURE, YES  WITHOUT INTERNAL FRACTION OR RADIAL HEAD OR NECK FRACTURE, YES  WITHOUT INTERNAL FRACTION OR RADIAL HEAD OR NECK FRACTURE, YES  WITHOUT INTERNAL FRACTION OR RADIAL HEAD OR NECK FRACTURE, YES  WITHOUT INTERNAL FRACTION OR RADIAL HEAD OR NECK FRACTURE, YES  WITHOUT WITHOUT INTERNAL FRACTION OR RADIAL HEAD OR NECK FRACTURE, YES  WITHOUT WITHOUT INTERNAL FRACTION, WHEN PERFORMED  CPTAICCS  CPTAICC	24152	CPT/HCPCS	RADICAL RESECTION OF TUMOR, RADIAL HEAD OR NECK	Yes
WHEN PERFORMED, HUMBRAL AND ULNAR COMPONENTS  ### (PATRICE) ### (PATRICE	24155	CPT/HCPCS	RESECTION OF ELBOW JOINT (ARTHRECTOMY)	Yes
WHEN PERFORMED, RADIAL HEAD         WHEN PERFORMED, RADIAL HEAD         PORTHICKS         Yes           24866         OPTHICKS         OPTHICKS         OPTHICKS         WITHOUT INTERNAL FINATION OR RADIAL HEAD OR NECK FRACTURE. PLANT         Yes           24866         CPTHICKS         CONTROL         OPTHICKS         WITHOUT INTERNAL FINATION OR RADIAL HEAD OR NECK FRACTURE. PLANT         Yes           24870         CPTHICKS         CLOSED TREATMENT OF LUNAR FRACTURE. PROXIMAL BRUFED.         Yes           24875         CPTHICKS         OPTHICKS         OPTHICKS         OPTHICKS         OPTHICKS         OPTHICKS         OPTHICKS         OPTHICKS         OPTHICKS         OPTHICKS         REPARL REDOON SHATH EXTRONOR, WHEN PERFORMED         Yes           25272         CPTHICKS         REPARL REDOON SHATH EXTRONOR, WHEN PERFORMED         Yes         OPTHICKS         REPARL REDOON SHATH EXTRONOR, WHEN PERFORMED         Yes           25280         CPTHICKS         ENCORAGE REDOON SHATH EXTRONOR, WHIST, SINGLE, EACH TENDON         Yes         Yes           25280         CPTHICKS         TENDERS, EACH TENDON         Yes         Yes           25280         CPTHICKS         TENDERS, EACH TENDON         Yes           25280         CPTHICKS         TENDERS, ATTRONOR OF WHEN STATE WAS ADDITED.         Yes           25280	24160	CPT/HCPCS	· ·	Yes
INTERNAL FIXATION OR RADIAL HEAD EXCISION, WHEN PERFORMED;   Ves	24164	CPT/HCPCS		Yes
24670 CPT/HCPCS OPENTREATMENT OF CLOSED OR OPEN RADIAL HEAD OR NECK PRACTURE, Ves WITH OR WITHOUT INTERNAL FIXATION OR RADIAL HEAD E 24670 CPT/HCPCS CLOSED TREATMENT OF LUNAR FRACTURE, PROXIMAL END [EC, OLECAMANON OR CORRONDO PROCESSIES; WITHOUT MANIPULATION PROCESSIES; WITHOUT WAS AND WITHOUT WITHOUT WAS AND WITHOUT WITHOUT WAS AND	24665	CPT/HCPCS		Yes
WITH OR WITHOUT INTERNAL FIXATION OR RADIAL HEAD E  2670 CPT/HCPCS CLOSED PREATMENT OF UNIAR FRACTURE, PROXIMAL END (EG. Yes OLECAMANO IN CORONOID PROME CORNOID PROSESSIES); WITHOUT MANIPULATION YES CATEGORY OR PREATMENT OF HUMBRIL PROXIMAL FRACTURE, MEDIAL OR ATTEMATION OF CORNOID PROVIDES INTERNAL FIXATION, WHEN PERFORMED  25275 CPT/HCPCS REPAIR. TRONOIS SHEAT, EXTENSOR, FEDRAL PROMISES, WITHOUT MANIPULATION OF PROFESSION OF PLANS OR SHAPE AND A CONTROL OF PROFESSION OF PLANS OR SHAPE AND A CONTROL OF PROFESSION OF PLANS OR SHAPE AND A CONTROL OF PLANS OR SHAPE AND	24666	CPT/HCPCS		Yes
OLEGRANON DE CORONIO PROCESSIES; WITHOUT MANIPULATION 24875 CPT/HCPCS OPEN TREATMENT OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR YES 25275 CPT/HCPCS REPAIR, ICKUDES INTERNAL FIXATION, WHEN PERFORMED 25287 CPT/HCPCS REPAIR, ICKUDES INTERNAL FIXATION, WHEN PERFORMED 25280 CPT/HCPCS LENGTHENING OR SHORTENING OF FLEXOR OR EXTENSOR TENDON, POREMA MANDOR WRIST, SINGLE, EACH TENDON 25290 CPT/HCPCS TENDTOWN, OPEN, FLEXOR OR EXTENSOR TENDON, POREMA MANDOR WRIST, SINGLE, EACH TENDON 25295 CPT/HCPCS TENDTOWN, OPEN, FLEXOR OR EXTENSOR TENDON, FOREARM AND/OR WRIST, SINGLE, EACH TENDON 25295 CPT/HCPCS TENDESSIS AT WRIST, ENDORS OF FINGERS 25296 CPT/HCPCS TENDESSIS AT WRIST, ENDORS OF FINGERS 25296 CPT/HCPCS TENDESSIS AT WRIST, TENDROS OF FINGERS 25296 CPT/HCPCS OF TENDESSIS AT WRIST, TENDROS OF FINGERS 25296 CPT/HCPCS OF TENDESSIS AT WRIST, TENDROS OF TEN			· ·	
LATERAL_INCLUDES INTERNAL PIXATION, WHERE PERFORMED	24670	CPT/HCPCS	· · · · · · · · · · · · · · · · · · ·	Yes
CPT/HCPCS	24675	CPT/HCPCS	, in the second of the second	Yes
FOREARM AND/OR WRIST, SINGLE, EACH TENDON	25275	CPT/HCPCS	REPAIR, TENDON SHEATH, EXTENSOR, FOREARM AND/OR WRIST, WITH FREE	Yes
CPT/HCPCS	25280	CPT/HCPCS	, and the second	Yes
25295 CPT/HCPCS TENOLYSIS, FLEXOR OR EXTENSOR TENDON, FOREARM AND/OR WRIST, SINGLE, EACH TENDON 25300 CPT/HCPCS TENOLESIS AT WRIST, FLEXORS OF FINGERS 25645 CPT/HCPCS OPEN TREATMENT OF CLOSED OR OPEN CARPAL BONE FRACTURE (EXCLUDING CARPAL SCAPHOID (NAVICULAR)), EACH BONE 25650 CPT/HCPCS (EXCLUDING CARPAL SCAPHOID (NAVICULAR)), EACH BONE 25651 CPT/HCPCS PERCUTANEOUS SKELETAL FIXATION OF ULNAR STYLOID FRACTURE 25652 CPT/HCPCS OPEN TREATMENT OF CLOSED OLNAR STYLOID FRACTURE 25660 CPT/HCPCS OPEN TREATMENT OF CLOSED READING FRACTURE 25660 CPT/HCPCS OPEN TREATMENT OF CLOSED READINCARPAL DISLOCATION, ONE OR MORE BONES, WITH MANIPULATION ONE OR MORE BONES, WITH MANIPULATION OPEN OR BONE (EG, FOR OSTEOMYELITIS); DISTAL PHALANX OF OPEN TREATMENT OF CLOSED RADIOCARPAL OR INTERCARPAL DISLOCATION, ONE OR MORE 26260 CPT/HCPCS PARTIAL EXCISION (CRAREIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) (PS 26260 CPT/HCPCS RADICAL RESECTION OF TUMOR, METACARPAL 26260 CPT/HCPCS RADICAL RESECTION OF TUMOR, PROXIMAL OR MIDDLE PHALANX OF FINGER 26262 CPT/HCPCS RADICAL RESECTION OF TUMOR, PROXIMAL OR MIDDLE PHALANX OF FINGER 26262 CPT/HCPCS REMOVAL OF IMPLANT FROM FINGER OR HAND YES 26263 CPT/HCPCS REMOVAL OF IMPLANT FROM FINGER OR HAND YES 26264 CPT/HCPCS REMOVAL OF IMPLANT FROM FINGER OR HAND YES 26265 CPT/HCPCS TO TO HAND TRANSFER WITH MICROVASCULAR PLATE, INTERPHALANGEAL YES 26265 CPT/HCPCS TO TO HAND TRANSFER WITH MICROVASCULAR ANASTOMOSIS; GREAT TO E'WRAP-AROUND' WITH BONE GRAFT TOE 'WRAP-AROUND' WITH BONE GRAFT TOE 'WRAP-AROUND' WITH BONE GRAFT THAN GREAT TOE SINGLE 26551 CPT/HCPCS TOE TO HAND TRANSFER WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN GREAT TOE SINGLE 26562 CPT/HCPCS TOE TO HAND TRANSFER WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN GREAT TOE SINGLE 26563 CPT/HCPCS TOE TO HAND TRANSFER WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN GREAT TOE SINGLE 26564 CPT/HCPCS TOE TO HAND TRANSFER WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN GREAT TOE SINGLE 26569 CPT/HCPCS TOE TO HAND TRANSFER WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN GREAT TOE S	25290	CPT/HCPCS	TENOTOMY, OPEN, FLEXOR OR EXTENSOR TENDON, FOREARM AND/OR	Yes
25645 CPT/HCPCS OPEN TREATMENT OF CLOSED OR OPEN CARPAL BONE FRACTURE (EXCLUDING CARPAL SCAPHOID (NAN/CULAR)), EACH BONE 25650 CPT/HCPCS PERCUTANEOUS SKELETAL FIXATION OF ULNAR STYLOID FRACTURE 25651 CPT/HCPCS PERCUTANEOUS SKELETAL FIXATION OF ULNAR STYLOID FRACTURE 25652 CPT/HCPCS OPEN TREATMENT OF CLOSED ULNAR STYLOID FRACTURE 25660 CPT/HCPCS OPEN TREATMENT OF CLOSED RADIOCARPAL OR INTERCARPAL DISLOCATION, ONE OR MORE BONES, WITH MANIPULATION 26236 CPT/HCPCS PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYBLITIS); DISTAL PHALANX OF 26230 CPT/HCPCS RADICAL RESECTION OF TUMOR, METACARPAL 26260 CPT/HCPCS RADICAL RESECTION OF TUMOR, PROXIMAL OR MIDDLE PHALANX OF 26230 CPT/HCPCS RADICAL RESECTION OF TUMOR, DISTAL PHALANX OF FINGER 26262 CPT/HCPCS RADICAL RESECTION OF TUMOR, DISTAL PHALANX OF FINGER 26263 CPT/HCPCS REMOVAL OF IMPLANT FROM FINGER OR HAND 26250 CPT/HCPCS REMOVAL OF IMPLANT FROM FINGER OR HAND 26264 CPT/HCPCS REMOVAL OF IMPLANT FROM FINGER OR HAND 26265 CPT/HCPCS REPAIR AND RECONSTRUCTION, FINGER, VOLAR PLATE, INTERPHALANGEAL JOINT 26265 CPT/HCPCS TO ETO HAND TRANSFER WITH MICROVASCULAR ANASTOMOSIS; GREAT 10E TO HAND TRANSFER WITH MICROVASCULAR ANASTOMOSIS; OTHER 11TH OR GREAT TOE SINGLE 11TH OR THAN OR FEAT TO BE SINGLE 11TH OR THAN OR FEAT TOE	25295	CPT/HCPCS	TENOLYSIS, FLEXOR OR EXTENSOR TENDON, FOREARM AND/OR WRIST,	Yes
EXCLUDING CARPAL SCAPHOID (NAVICULAR), EACH BONE	25300	CPT/HCPCS	TENODESIS AT WRIST; FLEXORS OF FINGERS	Yes
25651 CPT/HCPCS PERCUTANEOUS SKELETAL FIXATION OF ULNAR STYLOID FRACTURE 25652 CPT/HCPCS OPEN TREATENT OF ULNAR STYLOID FRACTURE 25660 CPT/HCPCS TREATMENT OF CLOSED RADIOCARPAL OR INTERCARPAL DISLOCATION, ONE OR MORE BONES, WITH MANIPULATION 26236 CPT/HCPCS PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS); DISTAL PHALANX OF 26250 CPT/HCPCS RADICAL RESECTION OF TUMOR, METACARPAL 26260 CPT/HCPCS RADICAL RESECTION OF TUMOR, PROXIMAL OR MIDDLE PHALANX OF FINGER 26262 CPT/HCPCS RADICAL RESECTION OF TUMOR, DISTAL PHALANX OF FINGER 26262 CPT/HCPCS REMOVAL OF IMPLANT FROM FINGER OR HAND 262648 CPT/HCPCS REMOVAL OF IMPLANT FROM FINGER OR HAND 26550 CPT/HCPCS POLILIZATION OF A DIGIT 26550 CPT/HCPCS POLILIZATION OF A DIGIT 26551 CPT/HCPCS TOE TO HAND TRANSFER WITH MICROVASCULAR ANASTOMOSIS; GREAT TOE "WRAP-AROUND" WITH BONE GRAFT TOE "WRAP-AROUND" WITH BONE GRAFT TOE "WRAP-AROUND" WITH BONE GRAFT THAN GREAT TOE SINGLE 26591 CPT/HCPCS INCISION AND DRAINSFER WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN GREAT TOE SINGLE 26592 CPT/HCPCS INCISION AND DRAINSFER WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN GREAT TOE DUBLE 26590 CPT/HCPCS TOE TO HAND TRANSFER WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN GREAT TOE SINGLE 26591 CPT/HCPCS TOE TO HAND TRANSFER WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN GREAT TOE SINGLE 26592 CPT/HCPCS TOE TO HAND TRANSFER WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN GREAT TOE SINGLE 26593 CPT/HCPCS TOE TO HAND TRANSFER WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN GREAT TOE SINGLE 26590 CPT/HCPCS TOE TO HAND TRANSFER WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN GREAT TOE SINGLE 26591 CPT/HCPCS TOE TOE HAND TRANSFER WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN GREAT TOE SINGLE 26592 CPT/HCPCS TOE TOE HAND TRANSFER WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN GREAT TOE SINGLE 26592 CPT/HCPCS TOE TOE TOE HAND TRANSFER WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN GREAT TOE SINGLE 26593 CPT/HCPCS TOE	25645	CPT/HCPCS		Yes
25652 CPT/HCPCS OPENTREATENT OF ULNAR STYLOID FRACTURE 25660 CPT/HCPCS TREATMENT OF CLOSED RADIOCARPAL OR INTERCARPAL DISLOCATION, ONE OR MORE BONES, WITH MANIPULATION 26236 CPT/HCPCS PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS); DISTAL PHALANX OF 26250 CPT/HCPCS RADICAL RESECTION OF TUMOR, METACARPAL YES 26260 CPT/HCPCS RADICAL RESECTION OF TUMOR, PROXIMAL OR MIDDLE PHALANX OF YES 26262 CPT/HCPCS RADICAL RESECTION OF TUMOR, DISTAL PHALANX OF FINGER YES 26262 CPT/HCPCS REMOVAL OF IMPLANT FROM FINGER OR HAND YES 262630 CPT/HCPCS REMOVAL OF IMPLANT FROM FINGER OR HAND YES 26264 CPT/HCPCS REPAIR AND RECONSTRUCTION, FINGER, VOLAR PLATE, INTERPHALANGEAL YES 26260 CPT/HCPCS TOE TO HAND TRANSFER WITH MICROVASCULAR ANASTOMOSIS; OTHER TOE "WRAP-AROUND" WITH BONE GRAFT 26265 CPT/HCPCS TOE TO HAND TRANSFER WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN GREAT TOE SINGLE 26265 CPT/HCPCS TOE TO HAND TRANSFER WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN GREAT TOE SINGLE 262660 CPT/HCPCS TOE TO HAND TRANSFER WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN GREAT TOE. DOUBLE 26260 CPT/HCPCS TOE TO HAND TRANSFER WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN GREAT TOE. DOUBLE 26260 CPT/HCPCS TOE TO HAND TRANSFER WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN GREAT TOE. DOUBLE 26260 CPT/HCPCS TOE TO HAND TRANSFER WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN GREAT TOE. DOUBLE 26260 CPT/HCPCS TOE TO HAND TRANSFER WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN GREAT TOE. DOUBLE 26260 CPT/HCPCS TOE TO HAND TRANSFER WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN GREAT TOE. DOUBLE 26260 CPT/HCPCS TOE TO HAND TRANSFER WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN GREAT TOE. DOUBLE 26260 CPT/HCPCS TOE TO HAND TRANSFER WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN GREAT TOE. DOUBLE 26260 CPT/HCPCS TOE TO HAND TRANSFER WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN GREAT TOE. DOUBLE 26260 CPT/HCPCS TOE TO HAND TRANSFER WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN GREAT TOE. DOUBLE 26260 CPT/HCPCS TOE TOE TOE TOE TOE TOE TOE TOE	25650	CPT/HCPCS	TREATMENT OF CLOSED ULNAR STYLOID FRACTURE	Yes
25660 CPT/HCPCS TREATMENT OF CLOSED RADIOCARPAL OR INTERCARPAL DISLOCATION, ONE OR MORE BONES, WITH MANIPULATION  26236 CPT/HCPCS PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS); DISTAL PHALANX OF  26250 CPT/HCPCS RADICAL RESECTION OF TUMOR, METACARPAL Yes  26260 CPT/HCPCS RADICAL RESECTION OF TUMOR, PROXIMAL OR MIDDLE PHALANX OF FINGER  26262 CPT/HCPCS RADICAL RESECTION OF TUMOR, DISTAL PHALANX OF FINGER Yes  26263 CPT/HCPCS REMOVAL OF IMPLANT FROM FINGER OR HAND Yes  26264 CPT/HCPCS REMOVAL OF IMPLANT FROM FINGER, VOLAR PLATE, INTERPHALANGEAL JOINT  26550 CPT/HCPCS POLICIZATION OF A DIGIT Yes  26551 CPT/HCPCS TO TO HAND TRANSFER WITH MICROVASCULAR ANASTOMOSIS; GREAT TOE "WRAP-AROUND" WITH BONE GRAFT  26552 CPT/HCPCS TOE TO HAND TRANSFER WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN GREAT TOE SINGLE  26554 CPT/HCPCS TOE TO HAND TRANSFER WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN GREAT TOE SINGLE  26554 CPT/HCPCS TOE TO HAND TRANSFER WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN GREAT TOE SINGLE  26591 CPT/HCPCS TOE TO HAND TRANSFER WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN GREAT TOE. DOUBLE  26592 CPT/HCPCS TOE TO HAND TRANSFER WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN GREAT TOE. DOUBLE  26592 CPT/HCPCS TOE TO HAND TRANSFER WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN GREAT TOE. DOUBLE  26692 CPT/HCPCS TOE TO HAND TRANSFER WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN GREAT TOE. DOUBLE  26700 CPT/HCPCS TOE TO HAND TRANSFER WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN GREAT TOE. DOUBLE  26892 CPT/HCPCS TOE TO HAND TRANSFER WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN GREAT TOE. DOUBLE  26993 CPT/HCPCS TOE TO HAND TRANSFER WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN GREAT TOE. DOUBLE  26994 CPT/HCPCS TOE TO HAND TRANSFER WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN GREAT TOE. DOUBLE  26995 TOE TO HAND TRANSFER WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN THAN THAN THAN THAN THAN THAN THAN	25651	CPT/HCPCS	PERCUTANEOUS SKELETAL FIXATION OF ULNAR STYLOID FRACTURE	Yes
ONE OR MORE BONES, WITH MANIPULATION 26236 CPT/HCPCS PARTIAL EXCISION (CRATERIZATION, SAUGERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS); DISTAL PHALANX OF 26250 CPT/HCPCS RADICAL RESECTION OF TUMOR, METACARPAL Yes 26260 CPT/HCPCS RADICAL RESECTION OF TUMOR, PROXIMAL OR MIDDLE PHALANX OF FINGER 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 Yes 26550 CPT/HCPCS POLICIZATION OF A DIGIT Yes 26551 CPT/HCPCS TOE TO HAND TRANSFER WITH MICROVASCULAR ANASTOMOSIS; GREAT TOE "WRAP-AROUND" WITH BONE GRAFT 26553 CPT/HCPCS TOE TO HAND TRANSFER WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN GREAT TOE SINGLE 26554 CPT/HCPCS INCISIONAL PLANSFER WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN GREAT TOE. DOUBLE 26991 CPT/HCPCS INCISION AND DRAINAGE, PELVIS OR HIP JOINT AREA; INFECTED BURSA 26992 CPT/HCPCS TEODY ADDRESS ON THE PROCEDURE) 27000 CPT/HCPCS TENOTOMY, ADDUCTOR OF HIP, SUBCUTANEOUS, CLOSED (SEPARATE PROCEDURE) 27000 CPT/HCPCS TENOTOMY, ADDUCTOR OF HIP, SUBCUTANEOUS, CLOSED (SEPARATE PROCEDURE) 27000 CPT/HCPCS TENOTOMY, ADDUCTOR OF HIP, SUBCUTANEOUS, CLOSED (SEPARATE PROCEDURE)	25652	CPT/HCPCS	OPEN TREATENT OF ULNAR STYLOID FRACTURE	Yes
CPT/HCPCS RADICAL RESECTION OF TUMOR, METACARPAL  26250 CPT/HCPCS RADICAL RESECTION OF TUMOR, PROXIMAL OR MIDDLE PHALANX OF FINGER  26262 CPT/HCPCS RADICAL RESECTION OF TUMOR, DISTAL PHALANX OF FINGER  26262 CPT/HCPCS RADICAL RESECTION OF TUMOR, DISTAL PHALANX OF FINGER  26262 CPT/HCPCS RADICAL RESECTION OF TUMOR, DISTAL PHALANX OF FINGER  26262 CPT/HCPCS REMOVAL OF IMPLANT FROM FINGER OR HAND  262630 CPT/HCPCS REMOVAL OF IMPLANT FROM FINGER OR HAND  262648 CPT/HCPCS REPAIR AND RECONSTRUCTION, FINGER, VOLAR PLATE, INTERPHALANGEAL JOINT  262650 CPT/HCPCS POLICIZATION OF A DIGIT  262650 CPT/HCPCS TOE TO HAND TRANSFER WITH MICROVASCULAR ANASTOMOSIS; GREAT TOE "WRAP-AROUND" WITH BONE GRAFT  262651 CPT/HCPCS TOE TO HAND TRANSFER WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN GREAT TOE SINGLE  262654 CPT/HCPCS TOE TO HAND TRANSFER WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN GREAT TOE. DOUBLE  262691 CPT/HCPCS INCISION AND DRAINAGE, PELVIS OR HIP JOINT AREA; INFECTED BURSA  262692 CPT/HCPCS INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), PELVIS AND/OR HIP JOINT  27000 CPT/HCPCS TENOTOMY, ADDUCTOR OF HIP, SUBCUTANEOUS, CLOSED (SEPARATE PROCEDURE)	25660	CPT/HCPCS	·	Yes
26260 CPT/HCPCS RADICAL RESECTION OF TUMOR, PROXIMAL OR MIDDLE PHALANX OF FINGER 26262 CPT/HCPCS RADICAL RESECTION OF TUMOR, DISTAL PHALANX OF FINGER 26320 CPT/HCPCS REMOVAL OF IMPLANT FROM FINGER OR HAND Yes 26548 CPT/HCPCS REPAIR AND RECONSTRUCTION, FINGER, VOLAR PLATE, INTERPHALANGEAL JOINT 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 26553 CPT/HCPCS TOE TO HAND TRANSFER WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN GREAT TOE SINGLE 26554 CPT/HCPCS TOE TO HAND TRANSFER WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN GREAT TOE SINGLE 26591 CPT/HCPCS TOE TO HAND TRANSFER WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN GREAT TOE. DOUBLE 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 27000 CPT/HCPCS TENOTOMY, ADDUCTOR OF HIP, SUBCUTANEOUS, CLOSED (SEPARATE PROCEDURE)	26236	CPT/HCPCS		Yes
26260 CPT/HCPCS RADICAL RESECTION OF TUMOR, PROXIMAL OR MIDDLE PHALANX OF FINGER 26262 CPT/HCPCS RADICAL RESECTION OF TUMOR, DISTAL PHALANX OF FINGER 26320 CPT/HCPCS REMOVAL OF IMPLANT FROM FINGER OR HAND Yes 26548 CPT/HCPCS REPAIR AND RECONSTRUCTION, FINGER, VOLAR PLATE, INTERPHALANGEAL JOINT 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 26553 CPT/HCPCS TOE TO HAND TRANSFER WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN GREAT TOE SINGLE 26554 CPT/HCPCS TOE TO HAND TRANSFER WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN GREAT TOE SINGLE 26591 CPT/HCPCS TOE TO HAND TRANSFER WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN GREAT TOE. DOUBLE 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 27000 CPT/HCPCS TENOTOMY, ADDUCTOR OF HIP, SUBCUTANEOUS, CLOSED (SEPARATE PROCEDURE)	26250	CPT/HCPCS	RADICAL RESECTION OF TUMOR, METACARPAI	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 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 26553 CPT/HCPCS TOE TO HAND TRANSFER WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN GREAT TOE SINGLE 26554 CPT/HCPCS TOE TO HAND TRANSFER WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN GREAT TOE. DOUBLE 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 27000 CPT/HCPCS TENOTOMY, ADDUCTOR OF HIP, SUBCUTANEOUS, CLOSED (SEPARATE PROCEDURE)			RADICAL RESECTION OF TUMOR, PROXIMAL OR MIDDLE PHALANX OF	
26320 CPT/HCPCS REMOVAL OF IMPLANT FROM FINGER OR HAND Yes 26548 CPT/HCPCS REPAIR AND RECONSTRUCTION, FINGER, VOLAR PLATE, INTERPHALANGEAL 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 26553 CPT/HCPCS TOE TO HAND TRANSFER WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN GREAT TOE SINGLE 26554 CPT/HCPCS TOE TO HAND TRANSFER WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN GREAT TOE. DOUBLE 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 27000 CPT/HCPCS TENOTOMY, ADDUCTOR OF HIP, SUBCUTANEOUS, CLOSED (SEPARATE PROCEDURE)	26262	CPT/HCPCS		Yes
26548 CPT/HCPCS REPAIR AND RECONSTRUCTION, FINGER, VOLAR PLATE, INTERPHALANGEAL 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 26553 CPT/HCPCS TOE TO HAND TRANSFER WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN GREAT TOE SINGLE 26554 CPT/HCPCS TOE TO HAND TRANSFER WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN GREAT TOE. DOUBLE 26991 CPT/HCPCS INCISION AND DRAINAGE, PELVIS OR HIP JOINT AREA; INFECTED BURSA 26992 CPT/HCPCS INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), PELVIS AND/OR HIP JOINT 27000 CPT/HCPCS TENOTOMY, ADDUCTOR OF HIP, SUBCUTANEOUS, CLOSED (SEPARATE PROCEDURE)				
26551 CPT/HCPCS TOE TO HAND TRANSFER WITH MICROVASCULAR ANASTOMOSIS; GREAT TOE "WRAP-AROUND" WITH BONE GRAFT  26553 CPT/HCPCS TOE TO HAND TRANSFER WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN GREAT TOE SINGLE  26554 CPT/HCPCS TOE TO HAND TRANSFER WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN GREAT TOE. DOUBLE  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  27000 CPT/HCPCS TENOTOMY, ADDUCTOR OF HIP, SUBCUTANEOUS, CLOSED (SEPARATE PROCEDURE)			REPAIR AND RECONSTRUCTION, FINGER, VOLAR PLATE, INTERPHALANGEAL	
26551 CPT/HCPCS TOE TO HAND TRANSFER WITH MICROVASCULAR ANASTOMOSIS; GREAT TOE "WRAP-AROUND" WITH BONE GRAFT  26553 CPT/HCPCS TOE TO HAND TRANSFER WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN GREAT TOE SINGLE  26554 CPT/HCPCS TOE TO HAND TRANSFER WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN GREAT TOE. DOUBLE  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  27000 CPT/HCPCS TENOTOMY, ADDUCTOR OF HIP, SUBCUTANEOUS, CLOSED (SEPARATE PROCEDURE)	26550	CPT/HCPCS		Yes
26553 CPT/HCPCS TOE TO HAND TRANSFER WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN GREAT TOE SINGLE 26554 CPT/HCPCS TOE TO HAND TRANSFER WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN GREAT TOE. DOUBLE 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 27000 CPT/HCPCS TENOTOMY, ADDUCTOR OF HIP, SUBCUTANEOUS, CLOSED (SEPARATE PROCEDURE)			TOE TO HAND TRANSFER WITH MICROVASCULAR ANASTOMOSIS; GREAT	
26554 CPT/HCPCS TOE TO HAND TRANSFER WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN GREAT TOE. DOUBLE 26991 CPT/HCPCS INCISION AND DRAINAGE, PELVIS OR HIP JOINT AREA; INFECTED BURSA 26992 CPT/HCPCS INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), PELVIS AND/OR HIP JOINT 27000 CPT/HCPCS TENOTOMY, ADDUCTOR OF HIP, SUBCUTANEOUS, CLOSED (SEPARATE PROCEDURE)  Yes	26553	CPT/HCPCS	TOE TO HAND TRANSFER WITH MICROVASCULAR ANASTOMOSIS; OTHER	Yes
26991 CPT/HCPCS INCISION AND DRAINAGE, PELVIS OR HIP JOINT AREA; INFECTED BURSA 26992 CPT/HCPCS INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), PELVIS AND/OR HIP JOINT 27000 CPT/HCPCS TENOTOMY, ADDUCTOR OF HIP, SUBCUTANEOUS, CLOSED (SEPARATE PROCEDURE)	26554	CPT/HCPCS	TOE TO HAND TRANSFER WITH MICROVASCULAR ANASTOMOSIS; OTHER	Yes
OSTEOMYELITIS OR BONE ABSCESS), PELVIS AND/OR HIP JOINT  27000 CPT/HCPCS TENOTOMY, ADDUCTOR OF HIP, SUBCUTANEOUS, CLOSED (SEPARATE PROCEDURE)  Yes	26991	CPT/HCPCS		Yes
PROCEDURE)	26992	CPT/HCPCS		Yes
	27000	CPT/HCPCS	TENOTOMY, ADDUCTOR OF HIP, SUBCUTANEOUS, CLOSED (SEPARATE	Yes
	27001	CPT/HCPCS		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	DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR	Yes
22534	CPT/HCPCS	DECOMPRESSION); LUMBAR  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

000.40	OPT#105.55	APTIPOTONY OF FUOUR PERSON FOR THE P	lv.
23040	CPT/HCPCS	ARTHROTOMY, GLENOHUMERAL JOINT, FOR INFECTION, WITH	Yes
22044	CDT// LODGO	EXPLORATION, DRAINAGE OR REMOVAL OF FOREIGN BODY	Voc
23044	CPT/HCPCS	ARTHROTOMY, ACROMIOCLAVICULAR, STERNOCLAVICULAR JOINT, FOR INFECTION, WITH EXPLORATION, DRAINAGE OR REMOVAL OF FOREIG	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	Yes
		DISLOCATION, ACUTE OR CHRONIC; WITH FASCIAL GRAFT (INCLUDES OBTA	
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 EXTE	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 OBT	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) POST ENZYME INJECTION (EG, COLLAGENASE), SINGLE CORD	Yes
26350	CPT/HCPCS	FLEXOR TENDON REPAIR OR ADVANCEMENT, SINGLE, NOT IN "NO MAN'S LAND"; PRIMARY OR SECONDARY WITHOUT FREE GRAFT, E	Yes
26352	CPT/HCPCS	FLEXOR TENDON REPAIR OR ADVANCEMENT, SINGLE, NOT IN "NO MAN'S LAND"; SECONDARY WITH FREE GRAFT (INCLUDES OBTAIN	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	
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,	Yes
27005	CPT/HCPCS	INVOLVING BONE, NAILS) TENOTOMY, ILIOPSOAS, OPEN (SEPARATE PROCEDURE)	Yes
27005	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	
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 21137	CPT/HCPCS CPT/HCPCS	CARTILAGE GRAFT; NASAL SEPTUM  REDUCTION FOREHEAD; CONTOURING ONLY	Yes Yes
21137	CPT/HCPCS	REDUCTION FOREHEAD; CONTOURING ONLY  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	Yes
		OPERATION; WITHOUT CAST APPLICATION	
22552	CPT/HCPCS	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION	Yes
		OF SPINAL CORD AND/OR NERVE ROOTS; C+	
22554	CPT/HCPCS	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL	Yes
		DISCECTOMY TO PREPARE INTERSPACE (OTHERTHAN FOR	
22556	CPT/HCPCS	DECOMPRESSION); CERVICAL BELOW C2	Yes
22556	CPI/HCPCS	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISCECTOMY TO PREPARE INTERSPACE (OTHERTHAN FOR	res
22558	CPT/HCPCS	DECOMPRESSION); THORACIC  ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL	Yes
22558	CPI/HCPCS	DISCECTOMY TO PREPARE INTERSPACE (OTHERTHAN FOR DECOMPRESSION); LUMBAR	res
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	Yes
20002	01 1/1101 00	DISLOCATION, ACUTE OR CHRONIC; WITH FASCIAL GRAFT (INCLUDES OBTA	
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,	Yes
24320	CF1/HCFC3	ELBOW TO SHOULDER, SINGLE (SEDDON-BROOKES TYPE PROC	165
24330	CPT/HCPCS	FLEXOR-PLASTY, ELBOW (EG, STEINDLER TYPE ADVANCEMENT);	Yes
24331	CPT/HCPCS	FLEXOR-PLASTY, ELBOW (EG, STEINDLER TYPE ADVANCEMENT); WITH	Yes
24920	CPT/HCPCS	EXTENSOR ADVANCEMENT  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	Yes
		CAPSULODESIS, LIGAMENT REPAIR, TENDON TRANS OR GRAFT) INLC SYNOVECTOMY	
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,	Yes
		CYST,GANGLION)KNEE	

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	Yes
		SHEET	
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	Yes
		ADDITION TO CODE FOR PRIMARY PROCEDURE)	
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,	Yes
21140	01 171101 00	REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS)	
21146	CPT/HCPCS	RECONSTRUCTION MIDFACE, LEFORT I; TWO PIECES, ANY DIRECTION,	Yes
		REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS) (EG	
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	Yes
		TYPE); WITH WIRING AND/OR LOCAL FIXATION	
21347 C	CPT/HCPCS	OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II	Yes
04040	007//10000	TYPE); WITH MULTIPLE APPROACHES	ly.
21348	CPT/HCPCS	OPEN TREATMENT OF NASOMAXILLARY COMPLEX; WITH BONE GRAFTING	Yes
21725	CPT/HCPCS	(INCLUDES OBTANING GRAFT) DIVISION OF STERNOCLEIDOMASTOID FOR TORTICOLLIS, OPEN	Yes
21/25	CF1/HCFC3	OPERATION; WITH CAST APPLICATION	res
21740	CPT/HCPCS	RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR CARINATUM; OPEN	Yes
21742	CPT/HCPCS	RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR CARINATUM:	Yes
		MINIMALLY INVASIVE APPROACH WITHOUT THORACOSCOPY	
21743	CPT/HCPCS	RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR CARINATUM;	Yes
		MINIMALLY INVASIVE APPROACH WITH THORACOSCOPY	
22585	CPT/HCPCS	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL	Yes
		DISCECTOMY TO PREPARE INTERSPACE (OTHERTHAN FOR	
		DECOMPRESSION); EACH ADDITIONAL INTERSPA+	
22586	CPT/HCPCS	ARTHRODESIS, PRE-SACRAL INTERBODY TECHNIQUE, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, WITH POSTERIOR INSTRUMENTATION,	Yes
		WITH IMAGE GUIDANCE, INCLU+	
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	Yes
00070	ODT#10055	SHOULDER AREA; LESS THAN 5 CM	 
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-	Yes
		ARTICULAR	
23600	CPT/HCPCS	TREATMENT OF CLOSED HUMERAL (SURGICAL OR ANATOMICAL NECK)	Yes
0.4000	007":57-5	FRACTURE; WITHOUT MANIPULATION	l .
24332	CPT/HCPCS	TENOLYSIS, TRICEPS	Yes
24340 24341	CPT/HCPCS CPT/HCPCS	TENODESIS FOR RUPTURE OF BICEPS TENDON AT ELBOW  REPAIR, TENDON OR MUSCLE, UPPER ARM OR ELBOW, EACH TENDON OR	Yes Yes
Z <del>7</del> J41	OF MICEOS	MUSCLE, PRIMARY OR SECONDARY (EXCLUDES ROTATOR CUFF)	103
<u> </u>		PRODUCE, FRIEDRICH ON OLOUWDAIN (ENGLUDES NOTATION GUFF)	<u>l</u>

24342	CPT/HCPCS	REINSERTION OF RUPTURED BICEPS TENDON, DISTAL, WITH OR WITHOUT	Yes
		TENDON GRAFT (INCLUDES OBTAINING GRAFT)	
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	Yes
		DISEASE	
25001	CPT/HCPCS	INCISION, FLEXOR TENDON SHEATH, WRIST	Yes
25020	CPT/HCPCS	DECOMPRESSION FASCIOTOMY, WRIST, FLEXOR AND/OR EXTENSOR	Yes
		COMPARTMENT;	
25337	CPT/HCPCS	RECONSTRUCTION FOR STABILIZATION OF UNSTABLE DISTAL ULNA OR	Yes
	0	DISTAL RADIOULNAR JOINT, SECONDARY BY SOFT TISSUE	
25350	CPT/HCPCS	OSTEOTOMY, RADIUS; DISTAL THIRD	Yes
25355	CPT/HCPCS	OSTEOTOMY, RADIUS; MIDDLE OR PROXIMAL THIRD	Yes
25360	CPT/HCPCS	OSTEOTOMY; ULNA	Yes
	CPT/HCPCS		Yes
25365		OSTEOTOMY; RADIUS AND ULNA	
25805	CPT/HCPCS	ARTHRODESIS, WRIST JOINT (INCLUDING RADIOCARPAL AND/OR	Yes
	007//10000	ULNOCARPAL FUSION); WITH SLIDING GRAFT	
25810	CPT/HCPCS	ARTHRODESIS, WRIST JOINT (INCLUDING RADIOCARPAL AND/OR	Yes
		ULNOCARPAL FUSION); WITH ILIAC OR OTHER AUTOGRAFT (INCLUDES OB	
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;	Yes
		SECONDARY WITH FREE GRAFT (INCLUDES OBTAINING GRAFT)	
26373	CPT/HCPCS	PROFUNDUS TENDON REPAIR OR ADVANCEMENT, WITH INTACT SUBLIMIS;	Yes
		SECONDARY WITHOUT FREE GRAFT	
26390	CPT/HCPCS	FLEXOR TENDON EXCISION, IMPLANTATION OF PLASTIC TUBE OR ROD FOR	Yes
20000	01 1/1101 00	DELAYED TENDON GRAFT, HAND OR FINGER	163
26392	CPT/HCPCS	REMOVAL OF TUBE OR ROD AND INSERTION OF FLEXOR TENDON GRAFT	Yes
20392	CF I/HCFC3		165
20500	CDT/LICDOS		Voc
26590	CPT/HCPCS	REPAIR MACRODACTYLIA	Yes
26591	CPT/HCPCS	REPAIR, INTRINSIC MUSCLES OF HAND (SPECIFY)	Yes I.,
26593	CPT/HCPCS	RELEASE, INTRINSIC MUSCLES OF HAND (SPECIFY)	Yes L.
26596	CPT/HCPCS	EXCISION OF CONSTRICTING RING OF FINGER, WITH MULTIPLE Z-PLASTIES	Yes
26600	CPT/HCPCS	TREATMENT OF CLOSED METACARPAL FRACTURE, SINGLE; WITHOUT	Yes
		MANIPULATION, EACH BONE	
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;	Yes
		3 CM OR GREATER	
27045	CPT/HCPCS	EXCISION, TUMOR, SOFT TISSUE OF PELVIS AND HIP AREA, SUBFASCIAL (EG,	Yes
		INTRAMUSCULAR); 5 CM OR GREATER	
27047	CPT/HCPCS	EXCISION, TUMOR, SOFT TISSUE OF PELVIS AND HIP AREA, SUBCUTANEOUS;	Yes
		LESS THAN 3 CM	
27222	CPT/HCPCS	TREATMENT OF CLOSED ACETABULUM (HIP SOCKET) FRACTURE(S); WITH	Yes
		MANIPULATION WITH OR WITHOUT SKELETAL TRACTION	
27226	CPT/HCPCS	OPEN TREATMENT OF POSTERIOR OR ANTERIOR ACETABULAR WALL	Yes
	1	FRACTURE, WITH INTERNAL FIXATION	
27227	CPT/HCPCS	OPENT OF ACETABULAR FRACTURE(S) INVOLVING ANTERIOR OR	Yes
L1221	OF 1/110F03	· ·	103
		POSTERIOR(1)COLUMN,OR A FRACTURE RUNNING TRANSVERSELY ACROSS	
27222	CDT// LCDCC	ODEN TREATMENT OF A OFTABLILAR FRA OTURE (OVIN) (OLVIN) CANTERIOS	Voc
27228	CPT/HCPCS	OPEN TREATMENT OF ACETABULAR FRACTURE(S) INVOLVING ANTERIOR	Yes
		AND POSTERIOR(2) COLONS, INCLUDS T-FRACTURE AND COLUM	
			<u> </u>
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	Yes
		TISSUE GRAFT OBTAINED THROUGH SAME FASCIAL INCISION	
20932	CPT/HCPCS	ALLOGRAFT, INCLUDES TEMPLATING, CUTTING, PLACEMENT AND INTERNAL	Yes
		FIXATION, WHEN PERFORMED; OSTEOARTICULAR, INCLUDING ARTI	
	<del>-</del>		

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,	Yes
21151	CPT/HCPCS	TREACHER-COLLINS SYNDROME)  RECONSTRUCTION MIDFACE, LEFORT II; ANY DIRECTION, REQUIRING BONE	Yes
21154	CPT/HCPCS	GRAFTS (INCLUDES OBTAINING AUTOGRAFTS)  RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE,	Yes
		REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS); WI	
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	Yes
		FRACTURES), OF MALAR AREA, INCLUDING ZYGOMATIC ARCH AND M	
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	Yes
22614	CPT/HCPCS	PERFORMED)  ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE INTERSPACE; EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN	Yes
23101	CPT/HCPCS	ADDITION TO CODE FOR PRIMARY PR+  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	Yes
24344	CPT/HCPCS	MANIPULATION  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

DENTOPPICE SECONDATE SECON PRODUCTION CONTROL				
COMPARISON   COM	24357	CPT/HCPCS	, ,	Yes
COMPARTMENT, WITH DERROPHENT OR NOWARD ENJISTED RADIOR   NEW				
DECOMPRESSION PASCIOTOMY, FOREARM ANDORWINS, FLEXURAND EXTENSION COMPARIMENT, VINDOUT DEBREDBERS ON FORMANDALE PURCE.  2003 CPTHOPCS  PECOMPRESSION FASCIOTOMY, FOREARM ANDORWINST, FLEXURAND EXTENSION, COMPARIMENT, VINDOUT DEBREDBERS ON FORMANDAL PURCE.  2003 CPTHOPCS  PECOMPRESSION FASCIOTOMY, FOREARM ANDORWINST, FLEXURAND EXTENSION, COMPARIMENT, VINDOUT DEBREDBERS OF WISE  PECONOMIC PROPERTY OF THE PROPERTY OF MONADALE PURCE.  2004 CPTHOPCS  SOFTIAL PURCE. WHITE REALISMENT ON INTERMEDIAL PURCE.  SORTIAL PURCE. SORTIAL PURCE. WHITE REALISMENT ON INTERMEDIAL PURCE.  SORTIAL PURCE. SORTIAL PURCE. WHITE REALISMENT ON INTERMEDIAL PURCE.  SORTIAL PURCE. SORTIAL PURCE. WHITE REALISMENT ON INTERMEDIAL PURCE.  SORTIAL PURCE. SORTIAL PURCE. WHITE REALISMENT ON INTERMEDIAL PURCE.  SORTIAL PURCE. PROCESSION FOR THE REALISMENT ON INTERMEDIAL PURCE.  SORTIAL PURCE. PROCESSION FOR THE REALISMENT ON INTERMEDIAL PURCE.  SORTIAL PURCE. PROCESSION FOR THE REALISMENT ON INTERMEDIAL PURCE.  SORTIAL PURCE. PROCESSION FOR THE REALISMENT ON INTERMEDIAL PURCE.  SORTIAL PURCE. PROCESSION FOR THE REALISMENT ON INTERMEDIAL PURCE.  SORTIAL PURCE. PROCESSION FOR THE REALISMENT ON INTERMEDIAL PURCE.  SORTIAL PURCE. PROCESSION FOR THE REALISMENT ON INTERMEDIAL PURCE.  SORTIAL PURCE. PROCESSION FOR THE REALISMENT ON INTERMEDIAL PURCE.  SORTIAL PURCE. PROCESSION FOR THE REALISMENT ON INTERMEDIAL PURCE.  SORTIAL PURCE. PROCESSION FOR THE REALISMENT ON INTERMEDIAL PURCE.  SORTIAL PURCE. PROCESSION FOR THE REALISMENT ON INTERMEDIAL PURCE.  SORTIAL PURCE. PROCESSION FOR THE REALISMENT ON INTERMEDIAL PURCE.  SORTIAL PURCE. PROCESSION FOR THE REALISMENT ON INTERMEDIAL PURCE.  SORTIAL PURCE. PROCESSION FOR THE REALISMENT ON INTERMEDIAL PURCE. PRIMARY OR INTERMEDIAL PURCE.  SORTIAL PURCE. PROCESSION FOR THE REALISMENT ON INTERMEDIAL PURCE. PRIMARY OR INTERMEDIAL PURCE.  SORTIAL PURCE. PROCESSION FOR THE PURCE. PRIMARY OR INTERMEDIAL	25023	CPT/HCPCS	COMPARTMENT; WITH DEBRIDEMENT OF NONVIABLE MUSCLE AND/OR	Yes
CETHADOR, COMMAND DRAMARE, FOREASM AND DRAMARE FOREASM AND	25024	CPT/HCPCS	DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST, FLEXOR AND	
HYMATOMA	25025	CPT/HCPCS		Yes
SOFIELD TYPE PROCEDURE; RADUS GRUINA.	25028	CPT/HCPCS		Yes
SOPIED TYPE PROCEDURE; RADIUS AND ULMA   PES	25370	CPT/HCPCS		Yes
PTHICPES   STEEPHASTY, RADIUS OR LUANS, LENGTHENING WITH AUTOGRAFT   Yes	25375	CPT/HCPCS		Yes
PATHACPACE   OSTEPHA STYL ARDUIS AND LINAS SHORTENING (EXCLUDING 64876)   Yes	25390	CPT/HCPCS	OSTEOPLASTY, RADIUS OR ULNA; SHORTENING	Yes
25905 OPTH-POPCS AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; OPEN, CIRCULAR YES COPTH-POPCS AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; SECONDARY COPTH-POPCS AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; SECONDARY COUNTY OF THE CONTROL OF THE	25391	CPT/HCPCS	OSTEOPLASTY, RADIUS OR ULNA; LENGTHENING WITH AUTOGRAFT	Yes
25905   CPT/HCPCS   AMPLITATION, FOREARM, THROUGH RADIUS AND ULNA; OPEN, CIRCULAR   Yes	25392	CPT/HCPCS	OSTEOPLASTY, RADIUS AND ULNA; SHORTENING (EXCLUDING 64876)	Yes
CONTINENT	25900	CPT/HCPCS	AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA;	Yes
29907   CPTHCPCS	25905	CPT/HCPCS	AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; OPEN, CIRCULAR	Yes
28915   CPT/HCPCS	25907	CPT/HCPCS	AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; SECONDARY	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 OSTAINING GRAFT), EAC         Yes           26415         CPT/HCPCS         EXTENSOR TENDON RECXISION, IMPANTATION OF PLASTIC TUBE OR ROD PO FOR DELAYED         Yes           26416         CPT/HCPCS         REMOVAL OF TUBE OR ROD AND INSERTION OR EXTENSOR TENDON GRAFT. HAND OR FINGER         Yes           26416         CPT/HCPCS         TREATMENT OF CLOSED METACARPAL FRACTURE, SINGLE; WITH         Yes           26607         CPT/HCPCS         TREATMENT OF CLOSED METACARPAL FRACTURE, SINGLE; WITH         Yes           26608         CPT/HCPCS         TREATMENT OF CLOSED METACARPAL FRACTURE, SINGLE; WITH         Yes           26608         CPT/HCPCS         TREATMENT OF CLOSED METACARPAL FRACTURE, SINGLE; WITH         Yes           26608         CPT/HCPCS         TREATMENT OF CLOSED METACARPAL FRACTURE, SINGLE; INCLUDES         Yes           26619         CPT/HCPCS         TREATMENT OF CLOSED METACARPAL FRACTURE, SINGLE; INCLUDES         Yes           26615         CPT/HCPCS         RECTUTAR OF METACARPAL FRACTURE, SINGLE; INCLUDES         Yes           27048         CPT/HCPCS         RECTUTAR OF METACARPAL FRACTURE, SING	25909	CPT/HCPCS	AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; RE-AMPUTATION	Yes
SECONDARY WITHOUT FREE GRAFT, EACH TENDON 26412 CPT/HCPCS EXTENSOR TENDON REPAIL, DORSUM OF HAND, SINGLE, PRIMARY OR SECONDARY, WITH FREE GRAFT (INCLUDES OBTAINING GRAFT), EAC 26415 CPT/HCPCS EXTENSOR TENDON EXCISION, IMPLANTATION OF PLASTIC TUBE OR ROD FOR DELAYED EXTENSOR TENDON GRAFT, HAND OR FINGER 26416 CPT/HCPCS REMOVAL OF TUBE OR ROD AND INSERTION OF EXTENSOR TENDON GRAFT, HAND OR FINGER 26605 CPT/HCPCS REMOVAL OF TUBE OR ROD AND INSERTION OF EXTENSOR TENDON GRAFT (INCLUDES OBTAINING GRAFT), HAND OR FINGER 26607 CPT/HCPCS TREATMENT OF CLOSED METACARPAL FRACTURE, SINGLE; WITH MANIPULATION, WITH SKELETAL FIXATION, EACH BONE 26608 CPT/HCPCS PERCUTANEOUS SKELETAL FIXATION OF METACARPAL FRACTURE, EACH BONE 26615 CPT/HCPCS PERCUTANEOUS SKELETAL FIXATION OF METACARPAL FRACTURE, EACH BONE 27048 CPT/HCPCS OPEN TREATMENT OF METACARPAL FRACTURE, SINGLE, INCLUDES INTERNAL FIXATION, WITH SKELETAL FIXATION, EACH BONE 27049 CPT/HCPCS CROSSION, TUMOR, SOFT TISSUE OF PELIVIS AND HIP AREA, SUBFASCIAL (EC, INTRAMUSCULAR), LESS THAN 5 CM 27050 CPT/HCPCS ARTHROTOMY, FOR BIOPSY, SACROLILAC JOINT YES 27051 CPT/HCPCS ARTHROTOMY, FOR BIOPSY, SACROLILAC JOINT YES 27052 CPT/HCPCS ARTHROTOMY, FOR BIOPSY, SACROLILAC JOINT YES 27054 CPT/HCPCS ARTHROTOMY, FOR BIOPSY, HIP JOINT YES 27055 CPT/HCPCS ARTHROTOMY, FOR BIOPSY, HIP JOINT YES 27056 CPT/HCPCS ARTHROTOMY FOR SYNOVECTOMY, HIP JOINT YES 27057 CPT/HCPCS TREATMENT OF CLOSED FEMORAL FRACTURE, PROXIMAL END, NECK; WITH MANIPULATION, LOUDING SKELETAL TRACTION AND MANIPULATION INCLIDING SKELETAL TRACTION AND MANIPULATION INCLIDING SKELETAL TRACTION OF PROSTHETIC REPLACEMEN  27235 CPT/HCPCS PERCUTANCED SHOPSY, HUSION OF PEMORAL FRACTURE, PROXIMAL END, NECK; WITH MANIPULATION INCLIDING SKELETAL TRACTION OF PEMORAL FRACTURE, PROXIMAL END, NECK; WITH MANIPULATION INCLIDING SKELETAL TRACTION OF PEMORAL FRACTURE, PROXIMAL END, NECK, INTERNAL FIXATION OR PROSTHETIC REPLACEMEN  27236 CPT/HCPCS PERCUTANCED SHOPSY, MUSICLE; DEEP  PROXIMALION, DECK SPROYN, MUSICLE; DEEP  PROXIMAL FRACTURE, PROXIMAL	25915	CPT/HCPCS	KRUKENBERG PROCEDURE	Yes
26412         CPT/HCPCS         EXTENSOR TENDON REPAIR, DORSUM OF HAND, SINGLE, PRIMARY OR SCONDARY, WITH FREE GRAFT (INCLUDES OSTAINING GRAFT), EAC         Yes           26415         CPT/HCPCS         EXTENSOR TENDON EXCISION, IMPOLATION OF PLASTIC TUBE OR ROD FOR DELAYED EXTENSOR TENDON GRAFT (INCLUDES OSTAINING GRAFT), HAND OR FINGER         Yes           26416         CPT/HCPCS         REMOVAL OF TUBE OR ROD AND INSERTION OF EXTENSOR TENDON GRAFT (INCLUDES OSTAINING GRAFT), HAND OR FINGER         Yes           26606         CPT/HCPCS         TREATMENT OF CLOSED METACARPAL FRACTURE, SINGLE; WITH MAINPULATION, EACH BONE         Yes           26607         CPT/HCPCS         TREATMENT OF CLOSED METACARPAL FRACTURE, SINGLE; WITH MAINPULATION, WITH MELETAL FIXATION, EACH BONE         Yes           26608         CPT/HCPCS         TREATMENT OF METACARPAL FRACTURE, SINGLE; WITH MAINPULATION, WITH MELETACARPAL 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 PEIVIS AND HIP AREA, SUBFASCIAL (EG, INTERNAL FIXATION, WHEN PERFORMED, EACH BONE         Yes           27050         CPT/HCPCS         RATHROTOMY, FOR BIOPSY; SACROULAGOUNT         Yes           27051         CPT/HCPCS         ARTHROTOMY, FOR BIOPSY; SACROULAGOUNT         Yes           27052         CP	26410	CPT/HCPCS		Yes
26615   CPT/HCPCS	26412	CPT/HCPCS	EXTENSOR TENDON REPAIR, DORSUM OF HAND, SINGLE, PRIMARY OR	Yes
26416 CPT/HCPCS REMOVAL OF TUBE OR ROD AND INSERTION OF EXTENSOR TENDON GRAFT (INCLUDES OBTAINING GRAFT), HAND OR FINGER 26605 CPT/HCPCS TREATMENT OF CLOSED METACAPPAL FRACTURE, SINGLE; WITH YES MANIPULATION, EACH BONE 26607 CPT/HCPCS TREATMENT OF CLOSED METACAPPAL FRACTURE, SINGLE; WITH YES MANIPULATION, EACH BONE 26608 CPT/HCPCS PERCUTANEOUS SKELETAL FIXATION, EACH BONE 26615 CPT/HCPCS PERCUTANEOUS SKELETAL FIXATION, EACH BONE 27048 CPT/HCPCS PERCUTANEOUS SKELETAL FIXATION, EACH BONE 27048 CPT/HCPCS EXCISION, TUMOR, SOFT TISSUE OF PELVIS AND HIP AREA, SUBFASCIAL (EG. YES INTERNAL FIXATION, WHEN PERFORMED, EACH BONE 27049 CPT/HCPCS RADICAL RESECTION OF TUMOR (EG. SARCOMA), SOFT TISSUE OF PELVIS AND HIP AREA, SUBFASCIAL (EG. YES INTERNAL ELSS THAN S CM 27050 CPT/HCPCS ARTHROTOMY, FOR BIOPSY; HIP JOINT YES COPT/HCPCS ARTHROTOMY, FOR BIOPSY; HIP JOINT YES COPT/HCPCS ARTHROTOMY, FOR BIOPSY; HIP JOINT YES COPT/HCPCS ARTHROTOMY, FOR SINOPSY; HIP JOINT YES COPT/HCPCS ARTHROTOMY, FOR SINOPSY; HIP JOINT YES COPT/HCPCS TREATMENT OF CLOSED FEMORAL FRACTURE, PROXIMAL END, NECK; WITHOUT MANIPULATION INCLUDING SKELETAL TRACTION PERCURANEOUS SKELETAL TRACTION OR PROSTHETIC REPLACEMEN 27236 CPT/HCPCS BIOPSY, MUSCLE; SUPERFICIAL YES POOL CPT/HCPCS BIOPSY, MUSCLE; SUPERFICIAL YES POOL CPT/HCPCS BIOPSY, MUSCLE; SUPERFICIAL YES POOL CPT/HCPCS BIOPSY, MUSCLE; SUPERFICIAL (EG., ILIUM, STERNUM, YES SINOUS PROCESS, RIBS) PROCESS, RIBS) BIOPSY, BONE, TROCAR OR NEEDLE; SUPERFICIAL (EG., ILIUM, STERNUM, YES SINOUS PROCESS, RIBS) BIOPSY, BONE, TROCAR OR REEDLE; SUPERFICIAL (EG., ILIUM, STERNUR) YES	26415	CPT/HCPCS	EXTENSOR TENDON EXCISION, IMPLANTATION OF PLASTIC TUBE OR ROD	Yes
26605 CPT/HCPCS TREATMENT OF CLOSED METACARPAL FRACTURE, SINGLE; WITH MANIPULATION, EACH BONE 26607 CPT/HCPCS TREATMENT OF CLOSED METACARPAL FRACTURE, SINGLE; WITH YES MANIPULATION, WITH SKELETAL FIXATION, EACH BONE 26608 CPT/HCPCS PERCUTANEOUS SKELETAL FIXATION OF METACARPAL FRACTURE, EACH BONE 26615 CPT/HCPCS OPEN TREATMENT OF METACARPAL FRACTURE, SINGLE, INCLUDES YES INTERNAL FIXATION, WHEN PERFORMED, EACH BONE 27048 CPT/HCPCS EXCISION, TUMOR, SOFT TISSUE OF PELVIS AND HIP AREA, SUBFASCIAL (EG. YES INTERNAL FIXATION, WHEN PERFORMED, EACH BONE 27049 CPT/HCPCS RADICAL RESECTION OF TUMOR (EG. SARCOMA), SOFT TISSUE OF PELVIS AND HIP AREA, LESS THAN 5 CM 27050 CPT/HCPCS ANTHROTOMY, FOR BIOPSY; SACROILLAG JOINT YES ANTHROTOMY, FOR BIOPSY; SACROILLAG JOINT YES ANTHROTOMY, FOR BIOPSY; HIP JOINT YES CPT/HCPCS ARTHROTOMY FOR SYNOVECTOMY, HIP JOINT YES CPT/HCPCS ARTHROTOMY FOR SYNOVECTOMY, HIP JOINT YES CPT/HCPCS TREATMENT OF CLOSED FEMORAL FRACTURE, PROXIMAL END, NECK; WITH MANIPULATION MANIPULATION MANIPULATION MANIPULATION INCLUDING SKELETAL FRACTURE, PROXIMAL END, NECK; WITH PROXIMALEND, NECK P	26416	CPT/HCPCS	REMOVAL OF TUBE OR ROD AND INSERTION OF EXTENSOR TENDON GRAFT	Yes
26607 CPT/HCPCS TREATMENT OF CLOSED METACARPAL FRACTURE, SINGLE; WITH MANIPULATION, WITH SKELETAL FIXATION, EACH BONE 26608 CPT/HCPCS PERCUTANEOUS SKELETAL FIXATION OF METACARPAL FRACTURE, EACH Yes BONE 26615 CPT/HCPCS OPEN TREATMENT OF METACARPAL FRACTURE, SINGLE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED, EACH BONE 27048 CPT/HCPCS EXCISION, TUMOR, SOFT TISSUE OF PELVIS AND HIP AREA, SUBFASCIAL (EG, INTRAMUSCULAR); LESS THAN 5 CM 27049 CPT/HCPCS RADICAL RESECTION OF TUMOR (EG, SARCOMA), SOFT TISSUE OF PELVIS AND HIP AREA, SUBFASCIAL (EG, Yes INTRAMUSCULAR); LESS THAN 5 CM 27050 CPT/HCPCS ARTHROTOMY, FOR BIOPSY; SACROILIAC JOINT YES 27052 CPT/HCPCS ARTHROTOMY, FOR BIOPSY; HIP JOINT YES 27054 CPT/HCPCS ARTHROTOMY, FOR BIOPSY; HIP JOINT YES 27230 CPT/HCPCS TREATMENT OF CLOSED FEMORAL FRACTURE, PROXIMAL END, NECK; WITH MANIPULATION MANIPULATION MANIPULATION INCLUDING SKELETAL TRACTION 27232 CPT/HCPCS PERCUTANEOUS SKELETAL FIXATION OF FEMORAL FRACTURE, PROXIMAL END, NECK; WITH MANIPULATION INCLUDING SKELETAL TRACTION FEMORAL FRACTURE, PROXIMAL END, NECK; WITH MANIPULATION INCLUDING SKELETAL TRACTION FEMORAL FRACTURE, PROXIMAL END, NECK; WITH MANIPULATION INCLUDING SKELETAL TRACTION FEMORAL FRACTURE, PROXIMAL END, NECK; WITH MANIPULATION INCLUDING SKELETAL TRACTION FEMORAL FRACTURE, PROXIMAL END, NECK; WITH MANIPULATION INCLUDING SKELETAL TRACTION FEMORAL FRACTURE, PROXIMAL END, NECK; WITH MANIPULATION INCLUDING SKELETAL TRACTION FEMORAL FRACTURE, PROXIMAL END, NECK; WITH MANIPULATION INCLUDING SKELETAL TRACTION FEMORAL FRACTURE, PROXIMAL END, NECK; WITH MANIPULATION OR PROSTHETIC REPLACEMEN  27236 CPT/HCPCS BIOPSY, MUSCLE; SUPERFICIAL YES 27236 CPT/HCPCS BIOPSY, MUSCLE; DEEP Yes 27236 CPT/HCPCS BIOPSY, MUSCLE; DEEP 27236 CPT/HCPCS BIOPSY, MUSCLE; DEEP 27237 SINOUS PROCESS, RIES) 27228 CPT/HCPCS BIOPSY, BONE, TROCAR OR NEEDLE; SUPERFICIAL (EG, ILIUM, STERNUM, YES 27229 CPT/HCPCS BIOPSY, BONE, TROCAR OR NEEDLE; SUPERFICIAL (EG, ILIUM, STERNUM, YES	26605	CPT/HCPCS	TREATMENT OF CLOSED METACARPAL FRACTURE, SINGLE; WITH	Yes
26615 CPT/HCPCS PERCUTANEOUS SKELETAL FIXATION OF METACARPAL FRACTURE, EACH BONE 26615 CPT/HCPCS OPEN TREATMENT OF METACARPAL FRACTURE, SINGLE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED, EACH BONE 27048 CPT/HCPCS EXCISION, TUMOR, SOFT TISSUE OF PELVIS AND HIP AREA, SUBFASCIAL (EG, Ves INTRAMUSCULAR); LESS THAN 5 CM 27049 CPT/HCPCS RADICAL RESECTION OF TUMOR (EG, SARCOMA), SOFT TISSUE OF PELVIS AND HIP AREA; LESS THAN 5 CM 27050 CPT/HCPCS ARTHROTOMY, FOR BIOPSY; SACROILLAC 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 27232 CPT/HCPCS TREATMENT OF CLOSED FEMORAL FRACTURE, PROXIMAL END, NECK; WITH MANIPULATION INCLUDING SKELETAL TRACTION 27235 CPT/HCPCS PERCUTANEOUS SKELETAL FIXATION OF FEMORAL FRACTURE, PROXIMAL END, NECK; WITH MANIPULATION INCLUDING SKELETAL TRACTION 27236 CPT/HCPCS OPEN TREATMENT OF CLOSED OR OPEN FEMORAL FRACTURE, PROXIMAL END, NECK; WITH MANIPULATION INCLUDING SKELETAL TRACTION 27236 CPT/HCPCS OPEN TREATMENT OF CLOSED OR OPEN FEMORAL FRACTURE, PROXIMAL END, NECK; WITH MANIPULATION OR PROSTHETIC REPLACEMEN 27236 CPT/HCPCS OPEN TREATMENT OF CLOSED OR OPEN FEMORAL FRACTURE, PROXIMAL END, NECK; WITH END, NECK; INTERNAL FIXATION OR PROSTHETIC REPLACEMEN 27236 CPT/HCPCS BIOPSY, MUSCLE; SUPERFICIAL YES 27237 CPT/HCPCS BIOPSY, MUSCLE; SUPERFICIAL YES 27238 CPT/HCPCS BIOPSY, MUSCLE; DEEP YES 27239 CPT/HCPCS BIOPSY, MUSCLE; DEEP 27230 CPT/HCPCS BIOPSY, BOSE, TROCAR OR NEEDLE; SUPERFICIAL (EG, ILIUM, STERNUM, YES 27236 CPT/HCPCS BIOPSY, BONE, TROCAR OR NEEDLE; SUPERFICIAL (EG, ILIUM, STERNUM, YES	26607	CPT/HCPCS	TREATMENT OF CLOSED METACARPAL FRACTURE, SINGLE; WITH	Yes
26615 CPT/HCPCS OPEN TREATMENT OF METACARPAL FRACTURE, SINGLE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED, EACH BONE 27048 CPT/HCPCS EXCISION, TUMOR, SOFT TISSUE OF PELVIS AND HIP AREA, SUBFASCIAL (EG., INTRAMUSCULAR); LESS THAN 5 CM 27049 CPT/HCPCS RADICAL RESECTION OF TUMOR (EG., SARCOMA), SOFT TISSUE OF PELVIS AND HIP AREA; LESS THAN 5 CM 27050 CPT/HCPCS ARTHROTOMY, FOR BIOPSY; SACROILIAC JOINT YES 27052 CPT/HCPCS ARTHROTOMY, FOR BIOPSY; SACROILIAC JOINT YES 27054 CPT/HCPCS ARTHROTOMY FOR SYNOVECTOMY, HIP JOINT YES 27230 CPT/HCPCS TREATMENT OF CLOSED FEMORAL FRACTURE, PROXIMAL END, NECK; WITH MANIPULATION MANIPULATION TREATMENT OF CLOSED FEMORAL FRACTURE, PROXIMAL END, NECK; WITH MANIPULATION INCLUDING SKELETAL FRACTION FEMORAL FRACTURE, PROXIMAL END, NECK; WITH MANIPULATION INCLUDING SKELETAL FRACTION FEMORAL FRACTURE, PROXIMAL END, NECK; WITH MANIPULATION OF PERCUTANEOUS SKELETAL FIXATION OF FEMORAL FRACTURE, PROXIMAL END, NECK; WITH MANIPULATION OF PERCUTANEOUS SKELETAL FIXATION OF FEMORAL FRACTURE, PROXIMAL END, NECK, INTERATMENT OF CLOSED OR OPEN FEMORAL FRACTURE, PROXIMAL END, NECK, INTERATMENT OF CLOSED OR OPEN FEMORAL FRACTURE, PROXIMAL END, NECK, INTERATMENT OF CLOSED OR OPEN FEMORAL FRACTURE, PROXIMAL END, NECK, INTERATMENT OF CLOSED OR OPEN FEMORAL FRACTURE, PROXIMAL END, NECK, INTERATMENT OF CLOSED OR OPEN FEMORAL FRACTURE, PROXIMAL END, NECK, INTERATMENT OF CLOSED OR OPEN FEMORAL FRACTURE, PROXIMAL END, NECK, INTERATMENT OF CLOSED OR OPEN FEMORAL FRACTURE, PROXIMAL END, NECK, INTERATMENT OF CLOSED OR OPEN FEMORAL FRACTURE, PROXIMAL END, NECK, INTERATMENT OF CLOSED OR OPEN FEMORAL FRACTURE, PROXIMAL END, NECK, INTERATMENT OF CLOSED OR OPEN FEMORAL FRACTURE, PROXIMAL END, NECK, INTERATMENT OF CLOSED OR OPEN FEMORAL FRACTURE, PROXIMAL END, NECK, INTERATMENT OF CLOSED OR OPEN FEMORAL FRACTURE, PROXIMAL END, NECK, INTERATMENT OF CLOSED OR OPEN FEMORAL FRACTURE, PROXIMAL END, NECK, INTERATMENT OF CLOSED OR OPEN FEMORAL FRACTURE, PROXIMAL END, NECK, WITH THE PROXIMAL END, NECK, WITH THE PROXIMAL END, N	26608	CPT/HCPCS	PERCUTANEOUS SKELETAL FIXATION OF METACARPAL FRACTURE, EACH	Yes
27048 CPT/HCPCS EXCISION, TUMOR, SOFT TISSUE OF PELVIS AND HIP AREA, SUBFASCIAL (EG, Ves INTRAMUSCULAR); LESS THAN 5 CM 27049 CPT/HCPCS RADICAL RESECTION OF TUMOR (EG, SARCOMA), SOFT TISSUE OF PELVIS AND HIP AREA; LESS THAN 5 CM 27050 CPT/HCPCS ARTHROTOMY, FOR BIOPSY; SACROILIAC JOINT Yes 27052 CPT/HCPCS ARTHROTOMY, FOR BIOPSY; SACROILIAC JOINT Yes 27054 CPT/HCPCS ARTHROTOMY, FOR BIOPSY; HIP JOINT Yes 27230 CPT/HCPCS TREATMENT OF CLOSED FEMORAL FRACTURE, PROXIMAL END, NECK; WITHOUT MANIPULATION 27232 CPT/HCPCS TREATMENT OF CLOSED FEMORAL FRACTURE, PROXIMAL END, NECK; WITHOUT MANIPULATION INCLUDING SKELETAL TRACTION 27235 CPT/HCPCS PERCUTANEOUS SKELETAL FIXATION OF FEMORAL FRACTURE, PROXIMAL END, NECK; PROXIMALEND, NECK 27236 CPT/HCPCS PERCUTANEOUS SKELETAL FIXATION OF FEMORAL FRACTURE, PROXIMAL END, NECK; PROXIMALEND, NECK 27236 CPT/HCPCS OPEN TREATMENT OF CLOSED OR OPEN FEMORAL FRACTURE, PROXIMAL END, NECK; PROXIMALEND, NECK 27236 CPT/HCPCS OPEN TREATMENT OF CLOSED OR OPEN FEMORAL FRACTURE, PROXIMAL END, NECK; PROXIMALEND, NECK 27236 CPT/HCPCS BIOPSY, MUSCLE; SUPERFICIAL YES 27237 CPT/HCPCS BIOPSY, MUSCLE; SUPERFICIAL YES 27238 CPT/HCPCS BIOPSY, MUSCLE; SUPERFICIAL YES 27239 CPT/HCPCS BIOPSY, BONE, TROCAR OR NEEDLE; SUPERFICIAL (EG, ILIUM, STERNUM, YES 27239 SPINOUS PROCESS, RIBS) 27220 CPT/HCPCS BIOPSY, BONE, TROCAR OR NEEDLE; DEEP (VERTEBRAL BODY, FEMUR)	26615	CPT/HCPCS	OPEN TREATMENT OF METACARPAL FRACTURE, SINGLE, INCLUDES	Yes
27049 CPT/HCPCS RADICAL RESECTION OF TUMOR (EG, SARCOMA), SOFT TISSUE OF PELVIS AND HIP AREA; LESS THAN 5 CM 27050 CPT/HCPCS ARTHROTOMY, FOR BIOPSY; SACROILIAC JOINT Yes 27052 CPT/HCPCS ARTHROTOMY, FOR BIOPSY; HIP JOINT Yes 27054 CPT/HCPCS ARTHROTOMY, FOR BIOPSY; HIP JOINT Yes 27056 CPT/HCPCS ARTHROTOMY FOR SYNOVECTOMY, HIP JOINT Yes 27230 CPT/HCPCS TREATMENT OF CLOSED FEMORAL FRACTURE, PROXIMAL END, NECK; WITH MANIPULATION MANIPULATION INCLUDING SKELETAL TRACTION 27232 CPT/HCPCS TREATMENT OF CLOSED FEMORAL FRACTURE, PROXIMAL END, NECK; WITH MANIPULATION INCLUDING SKELETAL TRACTION 27235 CPT/HCPCS PERCUMALEND, NECK 27236 CPT/HCPCS OPEN TREATMENT OF CLOSED OR OPEN FEMORAL FRACTURE, PROXIMAL END, NECK; WITH PROXIMAL END, NECK; WITH PROXIMALEND, NECK 27236 CPT/HCPCS OPEN TREATMENT OF CLOSED OR OPEN FEMORAL FRACTURE, PROXIMAL END, NECK; WITH PROXIMAL END, NECK; W	27048	CPT/HCPCS		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 27056 CPT/HCPCS ARTHROTOMY FOR SYNOVECTOMY, HIP JOINT Yes 27230 CPT/HCPCS TREATMENT OF CLOSED FEMORAL FRACTURE, PROXIMAL END, NECK; WIS 27232 CPT/HCPCS TREATMENT OF CLOSED FEMORAL FRACTURE, PROXIMAL END, NECK; WITH MANIPULATION INCLUDING SKELETAL TRACTION 27235 CPT/HCPCS PERCUTANEOUS SKELETAL FIXATION OF FEMORAL FRACTURE, PROXIMAL END, NECK; WITH PROXIMALEND, NECK 27236 CPT/HCPCS OPEN TREATMENT OF CLOSED OR OPEN FEMORAL FRACTURE, PROXIMAL END, NECK, INTERNAL FIXATION OR PROSTHETIC REPLACEMEN  27236 CPT/HCPCS BIOPSY, MUSCLE; SUPERFICIAL Yes 27237 CPT/HCPCS BIOPSY, MUSCLE; DEEP Yes 27238 CPT/HCPCS BIOPSY, MUSCLE; DEEP Yes 27239 CPT/HCPCS BIOPSY, MUSCLE; DEEP Yes 27240 CPT/HCPCS BIOPSY, BONE, TROCAR OR NEEDLE; SUPERFICIAL (EG, ILIUM, STERNUM, Yes 2725 CPT/HCPCS BIOPSY, BONE, TROCAR OR NEEDLE; DEEP (VERTEBRAL BODY, FEMUR) Yes 2726 CPT/HCPCS BIOPSY, BONE, TROCAR OR NEEDLE; DEEP (VERTEBRAL BODY, FEMUR) Yes	27049	CPT/HCPCS	7	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; Yes WITHOUT MANIPULATION 27232 CPT/HCPCS TREATMENT OF CLOSED FEMORAL FRACTURE, PROXIMAL END, NECK; WITH MANIPULATION INCLUDING SKELETAL TRACTION 27235 CPT/HCPCS PERCUTANEOUS SKELETAL FIXATION OF FEMORAL FRACTURE, PROXIMAL END, NECK; WITH PROXIMALEND, NECK 27236 CPT/HCPCS OPEN TREATMENT OF CLOSED OR OPEN FEMORAL FRACTURE, PROXIMAL END, NECK, INTERNAL FIXATION OR PROSTHETIC REPLACEMEN 20200 CPT/HCPCS BIOPSY, MUSCLE; SUPERFICIAL Yes 20205 CPT/HCPCS BIOPSY, MUSCLE; DEEP Yes 20206 CPT/HCPCS *BIOPSY, MUSCLE, PERCUTANEOUS NEEDLE Yes 20207 CPT/HCPCS BIOPSY, BONE, TROCAR OR NEEDLE; SUPERFICIAL (EG, ILIUM, STERNUM, SPINOUS PROCESS, RIBS) 20225 CPT/HCPCS BIOPSY, BONE, TROCAR OR NEEDLE; DEEP (VERTEBRAL BODY, FEMUR) Yes				
27054 CPT/HCPCS ARTHROTOMY FOR SYNOVECTOMY, HIP JOINT  27230 CPT/HCPCS TREATMENT OF CLOSED FEMORAL FRACTURE, PROXIMAL END, NECK; WITHOUT MANIPULATION  27232 CPT/HCPCS TREATMENT OF CLOSED FEMORAL FRACTURE, PROXIMAL END, NECK; WITH MANIPULATION INCLUDING SKELETAL TRACTION  27235 CPT/HCPCS PERCUTANEOUS SKELETAL FIXATION OF FEMORAL FRACTURE, PROXIMALEND, NECK  27236 CPT/HCPCS OPEN TREATMENT OF CLOSED OR OPEN FEMORAL FRACTURE, PROXIMAL END, NECK, INTERNAL FIXATION OR PROSTHETIC REPLACEMEN  20200 CPT/HCPCS BIOPSY, MUSCLE; SUPERFICIAL YES  20205 CPT/HCPCS BIOPSY, MUSCLE; DEEP Yes  20206 CPT/HCPCS *BIOPSY, MUSCLE; DEEP Yes  20207 CPT/HCPCS BIOPSY, MUSCLE, PERCUTANEOUS NEEDLE Yes  20208 CPT/HCPCS BIOPSY, BONE, TROCAR OR NEEDLE; SUPERFICIAL (EG, ILIUM, STERNUM, SPINOUS PROCESS, RIBS)  20225 CPT/HCPCS BIOPSY, BONE, TROCAR OR NEEDLE; DEEP (VERTEBRAL BODY, FEMUR) Yes				
CPT/HCPCS TREATMENT OF CLOSED FEMORAL FRACTURE, PROXIMAL END, NECK; WITHOUT MANIPULATION  27232 CPT/HCPCS TREATMENT OF CLOSED FEMORAL FRACTURE, PROXIMAL END, NECK; WITH MANIPULATION INCLUDING SKELETAL TRACTION  27235 CPT/HCPCS PERCUTANEOUS SKELETAL FIXATION OF FEMORAL FRACTURE, PROXIMAL END, NECK  27236 CPT/HCPCS OPEN TREATMENT OF CLOSED OR OPEN FEMORAL FRACTURE, PROXIMAL END, NECK, INTERNAL FIXATION OR PROSTHETIC REPLACEMEN  20200 CPT/HCPCS BIOPSY, MUSCLE; SUPERFICIAL Yes  20205 CPT/HCPCS BIOPSY, MUSCLE; DEEP Yes  20206 CPT/HCPCS *BIOPSY, MUSCLE, PERCUTANEOUS NEEDLE Yes  20207 CPT/HCPCS BIOPSY, BONE, TROCAR OR NEEDLE; SUPERFICIAL (EG, ILIUM, STERNUM, SPINOUS PROCESS, RIBS)  20225 CPT/HCPCS BIOPSY, BONE, TROCAR OR NEEDLE; DEEP (VERTEBRAL BODY, FEMUR) Yes				
WITHOUT MANIPULATION  27232 CPT/HCPCS TREATMENT OF CLOSED FEMORAL FRACTURE, PROXIMAL END, NECK; WITH MANIPULATION INCLUDING SKELETAL TRACTION  27235 CPT/HCPCS PERCUTANEOUS SKELETAL FIXATION OF FEMORAL FRACTURE, PROXIMALEND, NECK  27236 CPT/HCPCS OPEN TREATMENT OF CLOSED OR OPEN FEMORAL FRACTURE, PROXIMAL END, NECK, INTERNAL FIXATION OR PROSTHETIC REPLACEMEN  20200 CPT/HCPCS BIOPSY, MUSCLE; SUPERFICIAL Yes 20205 CPT/HCPCS BIOPSY, MUSCLE; DEEP Yes 20206 CPT/HCPCS *BIOPSY, MUSCLE; DEEP Yes 20207 CPT/HCPCS BIOPSY, MUSCLE, PERCUTANEOUS NEEDLE Yes 20208 CPT/HCPCS BIOPSY, BONE, TROCAR OR NEEDLE; SUPERFICIAL (EG, ILIUM, STERNUM, Yes 20209 SPINOUS PROCESS, RIBS) 20225 CPT/HCPCS BIOPSY, BONE, TROCAR OR NEEDLE; DEEP (VERTEBRAL BODY, FEMUR) Yes				
MANIPULATION INCLUDING SKELETAL TRACTION  27235 CPT/HCPCS PERCUTANEOUS SKELETAL FIXATION OF FEMORAL FRACTURE, PROXIMALEND, NECK  27236 CPT/HCPCS OPEN TREATMENT OF CLOSED OR OPEN FEMORAL FRACTURE, PROXIMAL END, NECK, INTERNAL FIXATION OR PROSTHETIC REPLACEMEN  20200 CPT/HCPCS BIOPSY, MUSCLE; SUPERFICIAL 20205 CPT/HCPCS BIOPSY, MUSCLE; DEEP 20206 CPT/HCPCS *BIOPSY, MUSCLE, PERCUTANEOUS NEEDLE 20200 CPT/HCPCS BIOPSY, BONE, TROCAR OR NEEDLE; SUPERFICIAL (EG, ILIUM, STERNUM, SPINOUS PROCESS, RIBS)  20225 CPT/HCPCS BIOPSY, BONE, TROCAR OR NEEDLE; DEEP (VERTEBRAL BODY, FEMUR)  Yes  **TOTAL TRACTION**  **TOTAL TRACTION**  Yes  **TOTAL TRACTION**  Yes  **TOTAL TRACTION**  **TOTAL TRACTI	27230	CPT/HCPCS		Yes
PROXIMALEND, NECK  27236 CPT/HCPCS OPEN TREATMENT OF CLOSED OR OPEN FEMORAL FRACTURE, PROXIMAL END, NECK, INTERNAL FIXATION OR PROSTHETIC REPLACEMEN  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)  20225 CPT/HCPCS BIOPSY, BONE, TROCAR OR NEEDLE; DEEP (VERTEBRAL BODY, FEMUR) Yes	27232	CPT/HCPCS		Yes
27236 CPT/HCPCS OPEN TREATMENT OF CLOSED OR OPEN FEMORAL FRACTURE, PROXIMAL END, NECK,INTERNAL FIXATION OR PROSTHETIC REPLACEMEN  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)  20225 CPT/HCPCS BIOPSY, BONE, TROCAR OR NEEDLE; DEEP (VERTEBRAL BODY, FEMUR) Yes	27235	CPT/HCPCS		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) 20225 CPT/HCPCS BIOPSY, BONE, TROCAR OR NEEDLE; DEEP (VERTEBRAL BODY, FEMUR) Yes	27236	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN FEMORAL FRACTURE, PROXIMAL	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) 20225 CPT/HCPCS BIOPSY, BONE, TROCAR OR NEEDLE; DEEP (VERTEBRAL BODY, FEMUR) Yes	20200	CPT/HCPCS	BIOPSY, MUSCLE; SUPERFICIAL	Yes
20206 CPT/HCPCS *BIOPSY, MUSCLE, PERCUTANEOUS NEEDLE 20220 CPT/HCPCS BIOPSY, BONE, TROCAR OR NEEDLE; SUPERFICIAL (EG, ILIUM, STERNUM, SPINOUS PROCESS, RIBS) 20225 CPT/HCPCS BIOPSY, BONE, TROCAR OR NEEDLE; DEEP (VERTEBRAL BODY, FEMUR) Yes				
20220 CPT/HCPCS BIOPSY, BONE, TROCAR OR NEEDLE; SUPERFICIAL (EG, ILIUM, STERNUM, SPINOUS PROCESS, RIBS)  20225 CPT/HCPCS BIOPSY, BONE, TROCAR OR NEEDLE; DEEP (VERTEBRAL BODY, FEMUR)  Yes				
20225 CPT/HCPCS BIOPSY, BONE, TROCAR OR NEEDLE; DEEP (VERTEBRAL BODY, FEMUR) Yes			BIOPSY, BONE, TROCAR OR NEEDLE; SUPERFICIAL (EG, ILIUM, STERNUM,	
	20225	CPT/HCPCS		Yes
CONTROL DE LA LABORATA DE LA DESCRIPCIÓN DE LA CONTROL DE	20937	CPT/HCPCS	AUTOGRAFT FOR SPINE SURGERY ONLY; MORSELIZED	Yes

20938	CPT/HCPCS	AUTOGRAFT FOR SPINE SURGERY ONLY STRUCTURAL, BICORTICAL OR	Yes
20300	01 1/1101 00	TRICORTICAL,	
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 AZND 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	Yes
		THAN FOR DECOMPRESSION), SINGLE INTE+	
22632	CPT/HCPCS	ARTHRODESIS, POSTERIOR INTERBODY TECHNIQUE, INCLUDING  LAMINECTOMY AND/OR DISCECTOMY TO PREPARE INTERSPACE (OTHER	Yes
22633	CPT/HCPCS	THAN FOR DECOMPRESSION), SINGLE INTE+  ARTHRODESIS, COMBINED POSTERIOR OR POSTEROLATERAL TECHNIQUE  WITH POSTERIOR INTERBODY TECHNIQUE INCLUDING LAMINECTOMY	Yes
22224	007#10000	AND/OR DISCECTOMY SUFFICIENT TO +	
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, GLOLFER 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	Yes
00400	ODT// IODOC	(BOUTONNIERE DEFORMITY); USING LOCAL TISSUES	Va.
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	Yes
		CERCLAGE	

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	Yes
		GREATER TUBEROSITY, WITH MANIPULATION	
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
	ļ	PROTECTION FRANCIONE, WITH PANIF CLATION	<u> </u>

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	Yes
25071	CPT/HCPCS	WHEN PERFORMED; HUMERAL OR ULNAR COMPONENT  EXCISION, TUMOR, SOFT TISSUE OF FOREARM AND/OR WRIST AREA,	Yes
25073	CPT/HCPCS	SUBCUTANEOUS; 3 CM OR GREATER  EXCISION, TUMOR, SOFT TISSUE OF FOREARM AND/OR WRIST AREA,	Yes
25075	CPT/HCPCS	SUBFASCIAL (EG, INTRAMUSCULAR); 3 CM OR GREATER EXCISION, TUMOR, SOFT TISSUE OF FOREARM AND/OR WRIST AREA,	Yes
		SUBCUTANEOUS; LESS THAN 3 CM	
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
26010	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	Yes
27246	CPT/HCPCS	OSTEOMYELITIS); SUPERFICIAL (EG, WING OF ILIUM, SYMPHYSIS  TREATMENT OF CLOSED GREATER TROCHANTERIC FRACTURE, WITHOUT	Yes
27248	CPT/HCPCS	MANIPULATION  OPEN TREATMENT OF GREATER TROCHANTERIC FRACTURE, INCLUDES	Yes
27250	CPT/HCPCS	INTERNAL FIXATION, WHEN PERFORMED TREATMENT OF CLOSED HIP DISLOCATION, TRAUMATIC; WITHOUT	Yes
	CPT/HCPCS	ANESTHESIA	Yes
27252		TREATMENT OF CLOSED HIP DISLOCATION, TRAUMATIC; REQUIRING ANESTHESIA	
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
	<u>i</u>	,	!

	T	T	I
20525	CPT/HCPCS	REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON SHEATH; DEEP OR	Yes
20520	ODT// IODOC	COMPLICATED  INJECTION THERAPEUTIC CARRAL TUNNEL	Voc
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, CIRCUMFERENTAL 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

24410 C 24420 C 25077 C 25078 C 25085 C 25100 C 25101 C 25441 C 25442 C 25443 C 25444 C 26025 C 26030 C	CPT/HCPCS	BIOPSY, WITH OR WITHOUT REMOVAL OF LOOSE OR FOREIGN BOD	
24420 C 25077 C 25078 C 25085 C 25100 C 25101 C 25440 C 25441 C 25442 C 25443 C 25444 C 26025 C 26030 C	CPT/HCPCS  CPT/HCPCS  CPT/HCPCS  CPT/HCPCS  CPT/HCPCS  CPT/HCPCS  CPT/HCPCS  CPT/HCPCS	HUMERAL SHAFT (SOFIELD TYPE PROCEDURE)  OSTEOPLASTY, HUMERUS (EG, SHORTENING OR LENGTHENING) (EXCLUDING 64876)  RADICAL RESECTION OF TUMOR (EG, SARCOMA), SOFT TISSUE OF FOREARM AND/OR WRIST AREA; LESS THAN 3 CM  RADICAL RESECTION OF TUMOR (EG, SARCOMA), SOFT TISSUE OF FOREARM AND/OR WRIST AREA; 3 CM OR GREATER  CAPSULOTOMY, WRIST (EG, FOR CONTRACTURE)  ARTHROTOMY, WRIST JOINT; FOR BIOPSY  ARTHROTOMY, WRIST JOINT; WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR WITHOUT REMOVAL OF LOOSE OR FOREIGN BOD  REPAIR OF NONUNION, SCAPHOID (NAVICULAR) BONE, WITH OR WITHOUT RADIAL STYLOIDECTOMY (INCLUDES OBTAINING GRAFT AN  ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL RADIUS	Yes Yes Yes Yes Yes Yes Yes Yes
25077 C 25078 C 25085 C 25100 C 25101 C 25440 C 25441 C 25442 C 25443 C 25444 C 26025 C 26030 C	CPT/HCPCS  CPT/HCPCS  CPT/HCPCS  CPT/HCPCS  CPT/HCPCS  CPT/HCPCS  CPT/HCPCS	(EXCLUDING 64876)  RADICAL RESECTION OF TUMOR (EG, SARCOMA), SOFT TISSUE OF FOREARM AND/OR WRIST AREA; LESS THAN 3 CM  RADICAL RESECTION OF TUMOR (EG, SARCOMA), SOFT TISSUE OF FOREARM AND/OR WRIST AREA; 3 CM OR GREATER  CAPSULOTOMY, WRIST (EG, FOR CONTRACTURE)  ARTHROTOMY, WRIST JOINT; FOR BIOPSY  ARTHROTOMY, WRIST JOINT; WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR WITHOUT REMOVAL OF LOOSE OR FOREIGN BOD  REPAIR OF NONUNION, SCAPHOID (NAVICULAR) BONE, WITH OR WITHOUT RADIAL STYLOIDECTOMY (INCLUDES OBTAINING GRAFT AN  ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL RADIUS	Yes Yes Yes Yes Yes Yes Yes
25078 C 25085 C 25100 C 25101 C 25440 C 25441 C 25442 C 25443 C 25444 C 26025 C 26030 C	CPT/HCPCS  CPT/HCPCS  CPT/HCPCS  CPT/HCPCS  CPT/HCPCS  CPT/HCPCS	RADICAL RESECTION OF TUMOR (EG, SARCOMA), SOFT TISSUE OF FOREARM AND/OR WRIST AREA; LESS THAN 3 CM  RADICAL RESECTION OF TUMOR (EG, SARCOMA), SOFT TISSUE OF FOREARM AND/OR WRIST AREA; 3 CM OR GREATER  CAPSULOTOMY, WRIST (EG, FOR CONTRACTURE)  ARTHROTOMY, WRIST JOINT; FOR BIOPSY  ARTHROTOMY, WRIST JOINT; WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR WITHOUT REMOVAL OF LOOSE OR FOREIGN BOD  REPAIR OF NONUNION, SCAPHOID (NAVICULAR) BONE, WITH OR WITHOUT RADIAL STYLOIDECTOMY (INCLUDES OBTAINING GRAFT AN  ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL RADIUS	Yes Yes Yes Yes Yes
25085 C 25100 C 25101 C 25440 C 25441 C 25442 C 25443 C 25444 C 26025 C 26030 C	CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS	RADICAL RESECTION OF TUMOR (EG, SARCOMA), SOFT TISSUE OF FOREARM AND/OR WRIST AREA; 3 CM OR GREATER  CAPSULOTOMY, WRIST (EG, FOR CONTRACTURE)  ARTHROTOMY, WRIST JOINT; FOR BIOPSY  ARTHROTOMY, WRIST JOINT; WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR WITHOUT REMOVAL OF LOOSE OR FOREIGN BOD  REPAIR OF NONUNION, SCAPHOID (NAVICULAR) BONE, WITH OR WITHOUT RADIAL STYLOIDECTOMY (INCLUDES OBTAINING GRAFT AN  ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL RADIUS	Yes Yes Yes Yes
25100 C 25101 C 25440 C 25441 C 25442 C 25443 C 25444 C 26025 C 26030 C	CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS	CAPSULOTOMY, WRIST (EG, FOR CONTRACTURE)  ARTHROTOMY, WRIST JOINT; FOR BIOPSY  ARTHROTOMY, WRIST JOINT; WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR WITHOUT REMOVAL OF LOOSE OR FOREIGN BOD  REPAIR OF NONUNION, SCAPHOID (NAVICULAR) BONE, WITH OR WITHOUT RADIAL STYLOIDECTOMY (INCLUDES OBTAINING GRAFT AN  ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL RADIUS	Yes Yes Yes
25100 C 25101 C 25440 C 25441 C 25442 C 25443 C 25444 C 26025 C 26030 C	CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS	ARTHROTOMY, WRIST JOINT; FOR BIOPSY  ARTHROTOMY, WRIST JOINT; WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR WITHOUT REMOVAL OF LOOSE OR FOREIGN BOD  REPAIR OF NONUNION, SCAPHOID (NAVICULAR) BONE, WITH OR WITHOUT RADIAL STYLOIDECTOMY (INCLUDES OBTAINING GRAFT AN  ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL RADIUS	Yes Yes Yes
25101 C 25440 C 25441 C 25442 C 25443 C 25444 C 26025 C 26030 C	CPT/HCPCS  CPT/HCPCS  CPT/HCPCS	ARTHROTOMY, WRIST JOINT; WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR WITHOUT REMOVAL OF LOOSE OR FOREIGN BOD  REPAIR OF NONUNION, SCAPHOID (NAVICULAR) BONE, WITH OR WITHOUT RADIAL STYLOIDECTOMY (INCLUDES OBTAINING GRAFT AN  ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL RADIUS	Yes Yes
25440 C 25441 C 25442 C 25443 C 25444 C 26025 C 26030 C	CPT/HCPCS  CPT/HCPCS  CPT/HCPCS	BIOPSY, WITH OR WITHOUT REMOVAL OF LOOSE OR FOREIGN BOD  REPAIR OF NONUNION, SCAPHOID (NAVICULAR) BONE, WITH OR WITHOUT RADIAL STYLOIDECTOMY (INCLUDES OBTAINING GRAFT AN  ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL RADIUS	Yes
25441 C 25442 C 25443 C 25444 C 26025 C 26030 C	CPT/HCPCS CPT/HCPCS	RADIAL STYLOIDECTOMY (INCLUDES OBTAINING GRAFT AN  ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL RADIUS	
25442 C 25443 C 25444 C 26025 C 26030 C	CPT/HCPCS		Yes
25443 C 25444 C 26025 C 26030 C		ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL ULNA	
25444 C 26025 C 26030 C	CPT/HCPCS		Yes
26025 C		ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; SCAPHOID (NAVICULAR)	Yes
26025 C	CPT/HCPCS	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; LUNATE	Yes
26030 C	CPT/HCPCS	DRAINAGE OF PALMAR BURSA; SINGLE, ULNAR OR RADIAL	Yes
	CPT/HCPCS	DRAINAGE OF PALMAR BURSA; MULTIPLE OR COMPLICATED	Yes
	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 C	CPT/HCPCS	,	Yes
	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 C	CPT/HCPCS	TENOTOMY, FLEXOR, SINGLE, PALM, OPEN, EACH	Yes
	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN CARPOMETACARPAL DISLOCATION, OTHER THAN BENNETT FRACTURE; COMPLEX, MULTIPLE OR DEL	
26700	CPT/HCPCS	TREATMENT OF CLOSED METACARPOPHALANGEAL DISLOCATION, SINGLE, WITH MANIPULATION; WITHOUT ANESTHESIA	Yes
26705 C	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 C	CPT/HCPCS	RADICAL RESECTION OF TUMOR; INNOMINATE BONE, TOTAL	Yes
	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN HIP DISLOCATION, TRAUMATIC,	Yes
07054	ODT/UODOO	WITHOUT INTERNAL FIXATION	Voc
27254	CPT/HCPCS	OPEN TREATMENT OF CLOSED OR OPEN HIP DISLOCATION, TRAUMATIC, WITH ACETABULAR LIP FIXATION, WITH OR WITHOUT INTERNAL OR	Yes
27256 C	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 C	CPT/HCPCS	INJECTION(S); TENDON SHEATH, LIGAMENT	Yes
	CPT/HCPCS	Injection: single tendon origin/insertion	Yes
	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	PLCMENT OF NEEDLES OF CATHETERS INTO MUCSCLE AND/OR SOFT TISSUE	Yes
20000		FOR SUBSEQUENT INTERSTITIAL RADIOELEMENT APPLICATION (AT THE TIME OF OR SUBSEQUENT TO+	
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	Yes
		MUSCULOSKELETAL PROCEDURES, IMAGE-LESS	
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		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	Yes
22843	CPT/HCPCS	FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAL WI POSTERIOR SEGMENTAL INSTRUMENTATION; 7 TO 12 VERTEBRAL	Yes
23184	CPT/HCPCS	SEGMENTS  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	
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	Yes
		HUMERUS)	

24495	CPT/HCPCS	DECOMPRESSION FASCIOTOMY, FOREARM, WITH BRACHIAL ARTERY	Yes
		EXPLORATION	
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	Yes
		PARTIAL OR ENTIRE CARPUS ("TOTAL WRIST")	
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
26065	CPT/HCPCS  CPT/HCPCS	TENOTOMY, SUBCUTANEOUS, SINGLE, EACH DIGIT	Yes
26070	CPT/HCPCS	ARTHROTOMY, FOR INFECTION, WITH EXPLORATION, DRAINAGE OR	Yes
20070	01 171101 00	REMOVAL OF FOREIGN BODY; CARPOMETACARPAL JOINT	
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,	Yes
		INCLUDES INTERNAL FIXATION, WHEN PERFORMED	
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	Yes
<u>L</u> _		(EG, FINGERS, TOES); WITHOUT ULTRASOUND GUIDANCE	
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
<u> </u>	İ	Jan Sineman	<u>I</u>

		I
CPT/HCPCS	EXCISION, TUMOR, SOFT TISSUE OF FACE AND SCALP, SUBFASCIAL (EG, SUBGALEAL, INTRAMUSCULAR); LESS THAN 2 CM	Yes
CPT/HCPCS	EXCISION, TUMOR, SOFT TISSUE OF FACE AND SCALP, SUBFASCIAL (EG, SUBGALEAL, INTRAMUSCULAR); 2 CM OR GREATER	Yes
CPT/HCPCS	SURFACE MECHANOMYOGRAPHY (SMMG) WITH CONCURRENT	Yes
	APPLICATION OF INERTIAL MEASUREMENT UNIT (IMU) SENSORS FOR MEASUREMENT O	
CPT/HCPCS	ARTHROPLASTY, INTERCARPAL OR CARPOMETACARPAL JOINTS;	Yes
	SUSPENSION, INCLUDING TRANSFER OR TRANSPLANT OF TENDON, WITH	
ICD Procedure		Yes
		Yes
	OPENING	
ICD Procedure	OCCLUSION OF BILATERAL FALLOPIAN TUBES, PERCUTANEOUS APPROACH	Yes
ICD Procedure	OCCLUSION OF BILATERAL FALLOPIAN TUBES, OPEN APPROACH	Yes
ICD Procedure	OCCLUSION OF BILATERAL FALLOPIAN TUBES WITH INTRALUMINAL DEVICE,	Yes
	VIA NATURAL OR ARTIFICIAL OPENING ENDOSCOPIC	
ICD Procedure	OCCLUSION OF BILATERAL FALLOPIAN TUBES WITH INTRALUMINAL DEVICE, PERCUTANEOUS ENDOSCOPIC APPROACH	Yes
ICD Procedure	OCCLUSION OF BILATERAL FALLOPIAN TUBES WITH EXTRALUMINAL DEVICE,	Yes
ICD Procedure		Yes
Flocedale	· ·	103
CPT/HCPCS		Yes
	VAGINAL APPROACH, UNILATERAL OR BILATERAL	
CPT/HCPCS	OCCLUSION OF FALLOPIAN TUBE(S) BY DEVICE (EG, BAND, CLIP, FALOPE RING) VAGINAL OR SUPRAPUBIC APPROACH	Yes
CPT/HCPCS	,	Yes
CPT/HCPCS	VASECTOMY, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE),	Yes
	INCLUDING POSTOPERATIVE SEMEN EXAMINATION(S)	
CPT/HCPCS	LAPAROSCOPY, SURGICAL; WITH FULGURATION OF OVIDUCTS WITH OR WITH OUT TRANSECTION	Yes
ICD Procedure	DESTRUCTION OF BILATERAL FALLOPIAN TUBES, PERCUTANEOUS ENDOSCOPIC APPROACH	Yes
ICD Procedure		Yes
ICD Procedure	· ·	Yes
CPT/HCPCS		Yes
CPT/HCPCS	LIGATION OR TRANSECTION OF FALLOPIAN TUBE(S), ABDOMINAL OR VAGINAL APPROACH, POSTPARTUM, UNILATERAL OR BILATERAL, DURIN	Yes
CDT/HCDCS	LADADOSCODY SUDCICAL WITH OCCULISION OF OVIDLICTS BY DEVICE	Yes
		Yes
	BILATERAL (SEPARATE PROCEDURE)	
CPT/HCPCS	LIGATION OR TRANSECTION OF FALLOPIAN TUBE(S) WHEN DONE AT THE TIME OF CESAREAN SECTION OR INTRA-ABDOMINAL SURGER	Yes
CPT/HCPCS	PERMANENT FALLOPIAN TUBE OCCLUSION WITH DEGRADABLE	Yes
	BIOPOLYMER IMPLANT, TRANSCERVICAL APPROACH, INCLUDING	
	TRANSVAGINAL UL	
ICD Procedure	OCCLUSION OF BILATERAL FALLOPIAN TUBES WITH INTRALUMINAL DEVICE,	Yes
100.0		 
ICD Procedure	OCCLUSION OF BILATERAL FALLOPIAN TUBES WITH INTRALUMINAL DEVICE, PERCUTANEOUS APPROACH	Yes
ICD Procedure	·	Yes
ICD Procedure	OCCLUSION OF BILATERAL FALLOPIAN TUBES WITH INTRALUMINAL DEVICE,	Yes
ICD Procedure	OCCLUSION OF BILATERAL FALLOPIAN TUBES WITH EXTRALUMINAL DEVICE,	Yes
ICD Procedure	OPEN APPROACH DESTRUCTION OF BILATERAL FALLOPIAN TUBES, VIA NATURAL OR	Yes
100.5	ARTIFICIAL OPENING	
ICD Procedure	DESTRUCTION OF BILATERAL FALLOPIAN TUBES, PERCUTANEOUS APPROACH	Yes
CPT/HCPCS	INTRODUCTION OF MIXTURE OF SALINE AND AIR FOR SONOSALPINGOGRAPHY TO CONFIRM OCCLUSION OF FALLOPIAN TUBES, TRANSCERVICAL	Yes
	CPT/HCPCS  CPT/HCPCS  CPT/HCPCS  ICD Procedure ICD Procedure ICD Procedure ICD Procedure ICD Procedure ICD Procedure ICD Procedure ICD Procedure ICD Procedure ICD Procedure CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS ICD Procedure ICD Procedure ICD Procedure ICD Procedure ICD Procedure ICD Procedure ICD Procedure ICD Procedure ICD Procedure ICD Procedure ICD Procedure ICD Procedure	SUBGALEAL, INTRAMUSCULARI; LESS THAN 2 CM CPT/HCPCS EXCISION, TUMOR, SOFT TISSUE OF FACE AND SCALP, SUBFASCIAL (EG, SUBGALEAL, INTRAMUSCULARI; 2 CM OR GREATER CPT/HCPCS SUBFASCAL, INTRAMUSCULARI; 2 CM OR GREATER CPT/HCPCS SUBFASCAL, INTRAMUSCULARI; 2 CM OR GREATER CPT/HCPCS ARTHROPLASTY, INTERCARPAL OR CARPOMETACARPAL JOINTS; SUSPENSION, INCLUDING TRANSFER OR TRANSPLANT OF TENDON, WITH INTERP INCLUDING DESTRUCTION OF BILATERAL FALLOPIAN TUBES, OPEN APPROACH ICD Procedure OCCLUSION OF BILATERAL FALLOPIAN TUBES, VIA NATURAL OR ARTHROJA. ICD Procedure OCCLUSION OF BILATERAL FALLOPIAN TUBES, WITH INTRALUMINAL DEVICE, PERCUTANEOUS ENDOSCOPIC COLUSION OF BILATERAL FALLOPIAN TUBES WITH INTRALUMINAL DEVICE, PERCUTANEOUS ENDOSCOPIC APPROACH ICD Procedure OCCLUSION OF BILATERAL FALLOPIAN TUBES WITH INTRALUMINAL DEVICE, PERCUTANEOUS ENDOSCOPIC APPROACH ICD Procedure OCCLUSION OF BILATERAL FALLOPIAN TUBES WITH INTRALUMINAL DEVICE, PERCUTANEOUS ENDOSCOPIC APPROACH ICD PROCEDURE OCCLUSION OF BILATERAL FALLOPIAN TUBES WITH INTRALUMINAL DEVICE, PERCUTANEOUS ENDOSCOPIC APPROACH ICD PROCEDURE OCCLUSION OF BILATERAL FALLOPIAN TUBES WITH EXTRALUMINAL DEVICE, PERCUTANEOUS ENDOSCOPIC APPROACH ICD PROCEDURE OCCUSION OF BILATERAL FALLOPIAN TUBES, VIA NATURAL OR ARTIFICIAL OPENINO ENDOSCOPIC CPT/HCPCS ILIGATION OR TRANSECTION OF FALLOPIAN TUBES, VIA NATURAL OR ARTIFICIAL OPENINO ENDOSCOPIC CPT/HCPCS ILIGATION OR TRANSECTION OF FALLOPIAN TUBES, VIA NATURAL OR ARTIFICIAL OPENINO ENDOSCOPIC CPT/HCPCS INCLUDING OCCUSION OF FALLOPIAN TUBES, BY DEVICE (EG, BAND, CLIP, FALOPE RING) VAGINAL APPROACH, UNILATERAL OR BILATERAL CPT/HCPCS INCLUDING OCCUSION OF BILATERAL FALLOPIAN TUBES, VIA NATURAL OR ARTIFICIAL OPENING ENDOSCOPIC CPT/HCPCS INCLUDING OCCUSION OF BILATERAL FALLOPIAN TUBES, VIA NATURAL OR ARTIFICIAL OPENING ENDOSCOPIC CPT/HCPCS INCLUDING OCCUSION OF BILATERAL FALLOPIAN TUBES, VIA NATURAL OR ARTIFICIAL OPENING ENDOSCOPIC CPT/HCPCS INCLUDING OCCUSION OF BILATERAL FALLOPIAN TUBES, WITH NOTAL UNINN OCCUSION OF BILATERAL FALLOPIAN TUBES,

	1	1	
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	REHABILIATION - 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
202	Revenue	SURGICAL - ICU	Yes
			Yes
141	Revenue	MED,SURG,GYN - PRIVATE DELUX	
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
-	+	TRAUMA RESPONSE OTHER TRAUMA RESPONSE	
689	Revenue		Voc
208	Dayramina		Yes
	Revenue	TRAUMA INTENSIVE CARE	Yes
682	Revenue	TRAUMA INTENSIVE CARE TRAUMA RESPONSE LEVEL II	Yes Yes
113	Revenue Revenue	TRAUMA INTENSIVE CARE TRAUMA RESPONSE LEVEL II PEDIATRIC - PRIVATE ROOM	Yes Yes Yes
113 230	Revenue Revenue Revenue	TRAUMA INTENSIVE CARE TRAUMA RESPONSE LEVEL II PEDIATRIC - PRIVATE ROOM INCREMENTAL NURSING - GENERAL	Yes Yes Yes Yes
113 230 140	Revenue Revenue	TRAUMA INTENSIVE CARE TRAUMA RESPONSE LEVEL II PEDIATRIC - PRIVATE ROOM INCREMENTAL NURSING - GENERAL RAB PRIVATE DELUX - GENERAL	Yes Yes Yes Yes Yes Yes
113 230	Revenue Revenue Revenue	TRAUMA INTENSIVE CARE TRAUMA RESPONSE LEVEL II PEDIATRIC - PRIVATE ROOM INCREMENTAL NURSING - GENERAL	Yes Yes Yes Yes
113 230 140	Revenue Revenue Revenue Revenue	TRAUMA INTENSIVE CARE TRAUMA RESPONSE LEVEL II PEDIATRIC - PRIVATE ROOM INCREMENTAL NURSING - GENERAL RAB PRIVATE DELUX - GENERAL	Yes Yes Yes Yes Yes Yes
113 230 140 151	Revenue Revenue Revenue Revenue Revenue	TRAUMA INTENSIVE CARE TRAUMA RESPONSE LEVEL II PEDIATRIC - PRIVATE ROOM INCREMENTAL NURSING - GENERAL RAB PRIVATE DELUX - GENERAL SURG/MEDICAL/GYN - WARD	Yes Yes Yes Yes Yes Yes Yes
113 230 140 151 212	Revenue Revenue Revenue Revenue Revenue Revenue Revenue	TRAUMA INTENSIVE CARE TRAUMA RESPONSE LEVEL II PEDIATRIC - PRIVATE ROOM INCREMENTAL NURSING - GENERAL RAB PRIVATE DELUX - GENERAL SURG/MEDICAL/GYN - WARD PULMONARY CARE - CCU	Yes Yes Yes Yes Yes Yes Yes Yes
113 230 140 151 212 683 214	Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue	TRAUMA INTENSIVE CARE TRAUMA RESPONSE LEVEL II  PEDIATRIC - PRIVATE ROOM INCREMENTAL NURSING - GENERAL RAB PRIVATE DELUX - GENERAL SURG/MEDICAL/GYN - WARD PULMONARY CARE - CCU TRAUMA RESPONSE LEVEL III	Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes
113 230 140 151 212 683 214 211	Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue	TRAUMA INTENSIVE CARE  TRAUMA RESPONSE LEVEL II  PEDIATRIC - PRIVATE ROOM  INCREMENTAL NURSING - GENERAL  RAB PRIVATE DELUX - GENERAL  SURG/MEDICAL/GYN - WARD  PULMONARY CARE - CCU  TRAUMA RESPONSE LEVEL III  POST CCU  MYOCARDIAL INFARCTION - CCU	Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes
113 230 140 151 212 683 214 211	Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue	TRAUMA INTENSIVE CARE TRAUMA RESPONSE LEVEL II  PEDIATRIC - PRIVATE ROOM INCREMENTAL NURSING - GENERAL RAB PRIVATE DELUX - GENERAL SURG/MEDICAL/GYN - WARD PULMONARY CARE - CCU TRAUMA RESPONSE LEVEL III POST CCU MYOCARDIAL INFARCTION - CCU MEDICAL/SURGICAL/GYN - PRIVATE ROOM	Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes
113 230 140 151 212 683 214 211 111	Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue	TRAUMA INTENSIVE CARE  TRAUMA RESPONSE LEVEL II  PEDIATRIC - PRIVATE ROOM  INCREMENTAL NURSING - GENERAL  RAB PRIVATE DELUX - GENERAL  SURG/MEDICAL/GYN - WARD  PULMONARY CARE - CCU  TRAUMA RESPONSE LEVEL III  POST CCU  MYOCARDIAL INFARCTION - CCU  MEDICAL/SURGICAL/GYN - PRIVATE ROOM  REHABILITATION - SEMI PRIVATE ROOM REHAB	Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes
113 230 140 151 212 683 214 211 111 128 127	Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue	TRAUMA INTENSIVE CARE TRAUMA RESPONSE LEVEL II  PEDIATRIC - PRIVATE ROOM INCREMENTAL NURSING - GENERAL RAB PRIVATE DELUX - GENERAL SURG/MEDICAL/GYN - WARD PULMONARY CARE - CCU TRAUMA RESPONSE LEVEL III POST CCU MYOCARDIAL INFARCTION - CCU MEDICAL/SURGICAL/GYN - PRIVATE ROOM REHABILITATION - SEMI PRIVATE TWO BED ROOM	Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes
113 230 140 151 212 683 214 211 111 128 127	Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue	TRAUMA INTENSIVE CARE TRAUMA RESPONSE LEVEL II  PEDIATRIC - PRIVATE ROOM INCREMENTAL NURSING - GENERAL RAB PRIVATE DELUX - GENERAL SURG/MEDICAL/GYN - WARD PULMONARY CARE - CCU TRAUMA RESPONSE LEVEL III  POST CCU MYOCARDIAL INFARCTION - CCU MEDICAL/SURGICAL/GYN - PRIVATE ROOM REHABILITATION - SEMI PRIVATE ROOM ROOM AND BOARD - PRIVATE GENRAL	Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes
113 230 140 151 212 683 214 211 111 128 127 110	Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue	TRAUMA INTENSIVE CARE TRAUMA RESPONSE LEVEL II  PEDIATRIC - PRIVATE ROOM INCREMENTAL NURSING - GENERAL RAB PRIVATE DELUX - GENERAL SURG/MEDICAL/GYN - WARD PULMONARY CARE - CCU TRAUMA RESPONSE LEVEL III POST CCU MYOCARDIAL INFARCTION - CCU MEDICAL/SURGICAL/GYN - PRIVATE ROOM REHABILITATION - SEMI PRIVATE ROOM ROOM AND BOARD - PRIVATE GENRAL ONCOLOGY - 3 TO 4 BED ROOM	Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes
113 230 140 151 212 683 214 211 111 128 127 110 137	Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue	TRAUMA INTENSIVE CARE  TRAUMA RESPONSE LEVEL II  PEDIATRIC - PRIVATE ROOM  INCREMENTAL NURSING - GENERAL  RAB PRIVATE DELUX - GENERAL  SURG/MEDICAL/GYN - WARD  PULMONARY CARE - CCU  TRAUMA RESPONSE LEVEL III  POST CCU  MYOCARDIAL INFARCTION - CCU  MEDICAL/SURGICAL/GYN - PRIVATE ROOM  REHABILITATION - SEMI PRIVATE ROOM  ROOM AND BOARD - PRIVATE GENRAL  ONCOLOGY - 3 TO 4 BED ROOM  SURG,MED,GYN - 3 TO 4 BED ROOM	Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes
113 230 140 151 212 683 214 211 111 128 127 110	Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue	TRAUMA INTENSIVE CARE TRAUMA RESPONSE LEVEL II  PEDIATRIC - PRIVATE ROOM INCREMENTAL NURSING - GENERAL RAB PRIVATE DELUX - GENERAL SURG/MEDICAL/GYN - WARD PULMONARY CARE - CCU TRAUMA RESPONSE LEVEL III POST CCU MYOCARDIAL INFARCTION - CCU MEDICAL/SURGICAL/GYN - PRIVATE ROOM REHABILITATION - SEMI PRIVATE ROOM ROOM AND BOARD - PRIVATE GENRAL ONCOLOGY - 3 TO 4 BED ROOM	Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes
113 230 140 151 212 683 214 211 111 128 127 110 137 131	Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue	TRAUMA INTENSIVE CARE  TRAUMA RESPONSE LEVEL II  PEDIATRIC - PRIVATE ROOM  INCREMENTAL NURSING - GENERAL  RAB PRIVATE DELUX - GENERAL  SURG/MEDICAL/GYN - WARD  PULMONARY CARE - CCU  TRAUMA RESPONSE LEVEL III  POST CCU  MYOCARDIAL INFARCTION - CCU  MEDICAL/SURGICAL/GYN - PRIVATE ROOM  REHABILITATION - SEMI PRIVATE ROOM  ROOM AND BOARD - PRIVATE GENRAL  ONCOLOGY - 3 TO 4 BED ROOM  SURG,MED,GYN - 3 TO 4 BED ROOM	Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes
113 230 140 151 212 683 214 211 111 128 127 110 137 131	Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue	TRAUMA INTENSIVE CARE TRAUMA RESPONSE LEVEL II  PEDIATRIC - PRIVATE ROOM INCREMENTAL NURSING - GENERAL RAB PRIVATE DELUX - GENERAL SURG/MEDICAL/GYN - WARD PULMONARY CARE - CCU TRAUMA RESPONSE LEVEL III POST CCU MYOCARDIAL INFARCTION - CCU MEDICAL/SURGICAL/GYN - PRIVATE ROOM REHABILITATION - SEMI PRIVATE ROOM REHAB ONCOLOGY - SEMI PRIVATE TWO BED ROOM ROOM AND BOARD - PRIVATE GENRAL ONCOLOGY - 3 TO 4 BED ROOM SURG,MED,GYN - 3 TO 4 BED ROOM SURG,MED,GYN - 3 TO 4 BED ROOM	Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes
113 230 140 151 212 683 214 211 111 128 127 110 137 131 193 158	Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue	TRAUMA INTENSIVE CARE TRAUMA RESPONSE LEVEL II  PEDIATRIC - PRIVATE ROOM INCREMENTAL NURSING - GENERAL RAB PRIVATE DELUX - GENERAL SURG/MEDICAL/GYN - WARD PULMONARY CARE - CCU TRAUMA RESPONSE LEVEL III POST CCU MYOCARDIAL INFARCTION - CCU MEDICAL/SURGICAL/GYN - PRIVATE ROOM REHABILITATION - SEMI PRIVATE ROOM REHAB ONCOLOGY - SEMI PRIVATE TWO BED ROOM ROOM AND BOARD - PRIVATE GENRAL ONCOLOGY - 3 TO 4 BED ROOM SURG,MED,GYN - 3 TO 4 BED ROOM SUBACUTE CARE - LEVEL III REHABILITATION WARD	Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes
113 230 140 151 212 683 214 211 111 128 127 110 137 131 193 158 210	Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue	TRAUMA INTENSIVE CARE TRAUMA RESPONSE LEVEL II  PEDIATRIC - PRIVATE ROOM INCREMENTAL NURSING - GENERAL RAB PRIVATE DELUX - GENERAL SURG/MEDICAL/GYN - WARD PULMONARY CARE - CCU TRAUMA RESPONSE LEVEL III POST CCU MYOCARDIAL INFARCTION - CCU MEDICAL/SURGICAL/GYN - PRIVATE ROOM REHABILITATION - SEMI PRIVATE ROOM REHAB ONCOLOGY - SEMI PRIVATE TWO BED ROOM ROOM AND BOARD - PRIVATE GENRAL ONCOLOGY - 3 TO 4 BED ROOM SURG,MED,GYN - 3 TO 4 BED ROOM SUBACUTE CARE - LEVEL III REHABILITATION WARD GENERAL CLASSIFICATION - CCU	Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes
113 230 140 151 212 683 214 211 111 128 127 110 137 131 193 158 210 207 174	Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue	TRAUMA INTENSIVE CARE TRAUMA RESPONSE LEVEL II  PEDIATRIC - PRIVATE ROOM INCREMENTAL NURSING - GENERAL RAB PRIVATE DELUX - GENERAL SURG/MEDICAL/GYN - WARD PULMONARY CARE - CCU TRAUMA RESPONSE LEVEL III POST CCU MYOCARDIAL INFARCTION - CCU MEDICAL/SURGICAL/GYN - PRIVATE ROOM REHABILITATION - SEMI PRIVATE TWO BED ROOM ROOM AND BOARD - PRIVATE GENRAL ONCOLOGY - 3 TO 4 BED ROOM SURG,MED,GYN - 3 TO 4 BED ROOM SURG,MED,GYN - 3 TO 4 BED ROOM SUBACUTE CARE - LEVEL III REHABILITATION WARD GENERAL CLASSIFICATION - CCU BURN CARE ICU NURSERY-NEWBORN-LEVEL IV	Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes
113 230 140 151 212 683 214 211 111 128 127 110 137 131 193 158 210 207	Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue Revenue	TRAUMA INTENSIVE CARE TRAUMA RESPONSE LEVEL II  PEDIATRIC - PRIVATE ROOM INCREMENTAL NURSING - GENERAL RAB PRIVATE DELUX - GENERAL SURG/MEDICAL/GYN - WARD PULMONARY CARE - CCU TRAUMA RESPONSE LEVEL III POST CCU MYOCARDIAL INFARCTION - CCU MEDICAL/SURGICAL/GYN - PRIVATE ROOM REHABILITATION - SEMI PRIVATE ROOM REHAB ONCOLOGY - SEMI PRIVATE TWO BED ROOM ROOM AND BOARD - PRIVATE GENRAL ONCOLOGY - 3 TO 4 BED ROOM SURG,MED,GYN - 3 TO 4 BED ROOM SUBACUTE CARE - LEVEL III REHABILITATION WARD GENERAL CLASSIFICATION - CCU BURN CARE ICU	Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         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	Yes
		DURING LABOR BY CONSULTANT WITH REPORT (SEPARATE PROCEDURE	
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	Yes
		ACTIVITY, EXTERNAL APPROACH	
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
4A1HXHZ	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, HGH 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,	
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	Yes
<del>-</del>		ORPERSONAL DIGITAL ASSISTANT	

E0855	CPT/HCPCS	CERVICAL TRACTION EQUIPMENT NOT REQUIRING ADDTITIONAL STAND	Yes
		OR FRAME	
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	Yes
		GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	
E0272	CPT/HCPCS	MATTRESS, FOAM RUBBER	Yes
K1028	CPT/HCPCS	POWER SOURCE AND CONTROL ELECTRONICS UNIT FOR ORAL	Yes
		DEVICE/APPLIANCE FOR NEUROMUSCULAR ELECTRICAL STIMULATION OF	
		THE TONG	
E2601	CPT/HCPCS	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22	Yes
		INCHANY DEPTH	
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	Yes
L2002	01 1/1101 00	EACH	
E0181	CPT/HCPCS	POWERED PRESSURE REDUCING MATTRESS OVERLAY/PAD, ALTERNATING,	Yes
L0101	01 1/1101 03	WITH PUMP,	
E0986	CPT/HCPCS	MANUAL WHEELCHAIR ACCESSORY, PUSH-RIM ACTIVATED POWER ASSIST	Yes
E0900	CP1/HCPC3	· ·	res
F0000	ODT//LIODOG	SYSTEM  EDAOTUBE FRAME, FREE STANDING, INCLUDES WEIGHTS	V
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	Yes
		SOFT INTERFACE MATERIAL	
E0936	CPT/HCPCS		Yes
		KNEE	
K0009	CPT/HCPCS	OTHER MANUAL WHEELCHAIR/BASE	Yes
E1180	CPT/HCPCS	AMPUTEE WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH),	Yes
		SWING AWAY DETACHABLE FOOTRESTS	
E0265	CPT/HCPCS	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS),	Yes
		WITH ANY TYPE SIDE RAILS, WITH MATTRESS	
E0444	CPT/HCPCS	PORTABLE OXYGEN CONTENTS, LIQUID (ONLY FOR PORTABLE GAS SYSTW/O	Yes
		USE OF STNRY OR LIQUID SYS), ONE MONTH'S SUPPLY = 1 UNIT	
E0971	CPT/HCPCS	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	Yes
E2384	CPT/HCPCS	PWR WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE,	Yes
		REPLACE ONLY, EA	
E1003	CPT/HCPCS	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY,	Yes
		WITHOUT SHEAR REDUCTION	
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	Yes
		BULBS/LAMPSTIMER AND EYE PROTECTION 4 FOOT PANEL	
E0616	CPT/HCPCS	IMPLANTABLE CARDIAC EVENT RECORDER WITH MEMORY, ACTIVATOR AND	Yes
		PROGRAMMER	
E0435	CPT/HCPCS	OXYGEN SYSTEM, LIQUID, PORTABLE, INCLUDES PORTABLE CONTAINER,	Yes
20400	01 1/1101 00	SUPPLY RESERVOIR, FLOW HUMIDIFIER, CANNULA OR MAS	
		THE THEOLITY ON, I LOW HOLIDINIEN, CANNOLA ON HAD	
E1220	CPT/HCPCS	WHEELCHAIR; SPECIALLY SIZED OR CONSTRUCTED, (INDICATE BRAND	Yes
C1220	CF1/HCFC3	•	165
E0602	CPT/HCPCS	NAME, MODEL NUMBER, IF ANY) AND JUSTIFICATION  BREAST PUMP, MANUAL, ANY TYPE	Yes
	_		
E0642	CPT/HCPCS	STANDING FRAME SYSTEM, MOBILE (DYNAMIC STANDER), ANY SIZE	Yes
F00F0	ODT///ODCC	INCLUDING PEDIATRIC	Voc
E0950	CPT/HCPCS	WHEELCHAIR ACCESSORY, TRAY, EACH	Yes
E0486	CPT/HCPCS	ORAL DEVICE/APPLIANCE USED TO REDUCE UPPER AIRWAY	Yes
		COLLAPSIBILITY, ADJUSTABLE OR NON-ADJUSTABLE, CUSTOM FABRICATED,	
		INCL	
E1002	CPT/HCPCS	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, TILT ONLY	Yes
E2390	CPT/HCPCS	PWR WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) DRIVE WHEEL	Yes
		TIRE, ANY SIZE, REPLACE ONLY, EA	
,		CTATIONARY COMPRESSED CAS SYSTEM INCLUDES DECLUATOR WITH	Yes
E0425	CPT/HCPCS	STATIONARY COMPRESSED GAS SYSTEM, INCLUDES REGULATOR WITH	lie2
E0425	CPT/HCPCS	FLOW GAUGE, HUMIDIFIER, CANNULA OR MASK AND TUBING	1165

E0769	ODT/LIODOC		
	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-	Yes
		RECORDMESSAGES, GREATER THAN 20 MINUTES BUT LESS THAN OR EQUAL TO	
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,	Yes
F00.40	ODT// LODGE	USED FOR WALKING BY SPINAL CORD INJUR+	V ₂ 2
E0249 E0163	CPT/HCPCS CPT/HCPCS	PAD FOR WATER CIRCULATING HEAT UNIT	Yes Yes
K0012	CPT/HCPCS  CPT/HCPCS	COMMODE CHAIR, MOBILE OR STATIONARY, WITH FIXED ARMS 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

EOEOO I	CDT/HCDCC	IDDB MACHINES WITH MANUAL VALVES EVTERNAL BOWER COLUDER	Voc
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		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	Yes
		CONCENTRATOR, ANY TYPE, REPLACEMENT ONLY, EACH	
	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 (INCLERGONOMIC 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
	CPT/HCPCS	WHEELCHAIR ACCESSORY, CRUTCH AND CANE HOLDER, EACH	Yes
	CPT/HCPCS	MECHANICAL ALLERGEN PARTICLE BARRIER/INHALATION FILTER, CREAM, NASAL, TOPICAL	Yes
	CPT/HCPCS	NONPNEUMATIC SEQUENTIAL COMPRESSION GARMENT, FULL ARM	Yes
	CPT/HCPCS	NONPNEUMATIC COMPRESSION CONTROLLER WITH SEQUENTIAL CALIBRATED GRADIENT PRESSURE	Yes
	CPT/HCPCS	EXSUFFLATION BELT, INCLUDES ALL SUPPLIES AND ACCESSORIES	Yes
	CPT/HCPCS	PWR WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACE ONLY, EA	Yes
	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
	CPT/HCPCS	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	Yes
	CPT/HCPCS	DISTAL TRANSCUTANEOUS ELECTRICAL NERVE STIMULATOR, STIMULATES PERIPHERAL NERVES OF THE UPPER ARM	Yes
+	CPT/HCPCS	NON-INVASIVE VAGUS NERVE STIMULATOR	Yes
	CPT/HCPCS	OF THE WRIST	Yes
	CPT/HCPCS	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATOR FOR ELECTRICAL STIMULATION OF THE TRIGEMINAL NERVE	Yes
	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
	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
	CPT/HCPCS	SPECIAL HEIGHT ARMS FOR WHEELCHAIR	Yes
	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
V0040	CDT/LICDOS		Voc
K0040 K0195	CPT/HCPCS CPT/HCPCS	ADJUSTABLE ANGLE FOOTPPATE EACH	Yes Yes
E1840	CPT/HCPCS	ELEVATING LEG RESTS PAIR  DYNAMIC ADJUSTIBLE SHOULDER FLEXION/ABDUCTION/ROTATION	Yes
		DEVICE, INCLUDES SOFT INTERFACE MATERIAL	
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	Yes
		COMPRESSOR, CHEST	
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	Yes
KIOOI	or micros	SENSOR, INCLUDES ALL COMPONENTS AND ACCESSORIES, ANY TYPE	
E0787	CPT/HCPCS	EXTERNAL AMBULATORY INFUSION PUMP, INSULIN, DOSAGE RATE	Yes
L0787	GFI/HOFGS	ADJUSTMENT USING THERAPEUTIC CONTINUOUS GLUCOSE SENSING	165
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,	Yes
E1140	CPT/HCPCS	REPLACE ONLY, EA WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH, SWING AWAY	Yes
		DETACHABLE FOOTRESTS	
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,	Yes
E0184	CPT/HCPCS	EACH 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	
E0610	CPT/HCPCS	FIXED MOUNTING HARDWARE, EACH PACEMAKER MONITOR, SELF CONTAINED, (CHECKS BATTERY DEPLETION,	Yes
E1038	CPT/HCPCS	INCLUDES AUDIBLE AND VISIBLE CHECK SYSTEMS)  TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND	Yes
E1090	IOLIVIOLO2	INCLUDING 300 POUNDS	165

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	Yes
		SIZE, REPLACEONLY, EA	
E1250	CPT/HCPCS	LIGHTWEIGHT WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOTRESTS	Yes
E1355	CPT/HCPCS	DETACHABLE FOOTRESTS STAND/RACK	Yes
E1172	CPT/HCPCS	AMPUTEE WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH),	Yes
		WITHOUT FOOTRESTS OR LEGREST	
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	
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 E2358	CPT/HCPCS CPT/HCPCS	MANUAL ADULT SIZE WHEELCHAIR, INCLUDES TILT IN SPACE POWER WHEELCHAIR ACCESSORY, GROUP 34 NON-SEALED LEAD ACID	Yes Yes
LZJJO	OF ITHOPUS	BATTERY, EACH	
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

PASSON   CPHINCPGS   CLETTORING PORTIONAL DISTRICT PRIVATION SYSTEM AND TYPE   Ves	K0005	CPT/HCPCS	ULTRALIGHTWEIGHT WHEELCHAIR	Yes
SENSOR, INCLUDES AL COMPRESSION ACCESSORIES, ANY TYPE  6978 CPTINCPOS  ONLY HEADING COMPRESSION COMPRESSION CAMPRIT, PULL LEG  Yes  CONTROL FOR COMPRESSION COMPRESSION CAMPRIT, PULL LEG  OPTINCPOS  ONLY HEADING COMPRESSION COMPRESSION CAMPRIT, PULL LEG  OPTINCPOS  ONLY HEADING COMPRESSION  OPTINCPOS  OPTINC	E2300	CPT/HCPCS	WHEELCHAIR ACCESSORY, POWER SEAT ELEVATION SYSTEM, ANY TYPE	Yes
CPTIACCICS   COMPRESSION CONTROLLER WITHOUT CAUSINATED   Yes	E0530	CPT/HCPCS	· ·	Yes
ORADIENT PRESSURE  ORADIENT PRESSURE  OPTIACCES  CEPTIACCES  NON-INVASIVE VARIANT STRENG STIMULATOR OF THE PERIPHERAL NERVES  Ves  OPTIACCES  CEPTIACCES  NON-INVASIVE VARIANT STRENG STIMULATOR OF THE PERIPHERAL NERVES  STRING LANGE STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG STRENG S	E0678	CPT/HCPCS	NON-PNEUMATIC SEQUENTIAL COMPRESSION GARMENT, FULL LEG	Yes
DO INTERVISION   DO INTERVISION	E0681	CPT/HCPCS		Yes
OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPTIMOPIES   OPT	E0734	CPT/HCPCS		Yes
STIMULATION OF THE TOMOSUL MUSCLE, USED IN CONJUNCTION WITH THE POWER  APOLITION OF THE TOMOSUL MUSCLE, USED IN CONJUNCTION WITH THE POWER  MICHANICAL ALLEGGEP PARTICLE BARRIERINHALATION FILER. CREAM, 1919  MARCHANICAL ALLEGGEP PARTICLE BARRIERINHALATION FILER. CREAM, 1919  MARCHANICAL ALLEGGEP PARTICLE BARRIERINHALATION FILER. CREAM, 1919  MARCHANDER, BACKER PARTICLE BARRIERINHALATION FILER. CREAM, 1919  MARCHANDER, BACKER PARTICLE BARRIERINHALATION FILER. CREAM, 1919  MARCHANDER, BACKER PARTICLE BARRIERINHALATION FILER. CREAM, 1919  EAST OF THE TOMOSUL MUSCLE BACKER PARTICLE BARRIERINHALATION FOR ORD.  DEPARTMENT OF THE TOMOSUL PROPERTY ONLY, BACKER PARTICLE PROPULS ONLY PROPULATION OF THE TOMOSUL PROPULATION OF THE TOMOSUL PROPULATION OF THE TOMOSUL PROPULATION OF THE TOMOSUL PROPULATION OF THE TOMOSUL PROPULATION OF THE TOMOSUL PROPULATION OF THE TOMOSUL PROPULATION OF THE TOMOSUL PROPULATION OF THE TOMOSUL PROPULATION OF THE TOMOSUL COMPRESSION GABRIENT, FULL ARM 1919  E0082 CPTHICPCS NON-PREJMANIC SEQUENTIAL COMPRESSION GABRIENT, FULL ARM 1919  E0082 CPTHICPCS NON-PREJMANIC SEQUENTIAL COMPRESSION GABRIENT, FULL ARM 1919  E0082 CPTHICPCS NON-PREJMANIC SEQUENTIAL COMPRESSION GABRIENT, FULL ARM 1919  E0082 CPTHICPCS STIMULATION OF THE TRIDGENIAL COMPRESSION GABRIENT, FULL ARM 1919  E0082 CPTHICPCS STIMULATION OF THE TRIDGENIAL COMPRESSION GABRIENT, FULL ARM 1919  E0082 CPTHICPCS GRADULT OF THE TOMOSUL PROPULATION OF THE TOMOSUL PROPULATION OF THE TOMOSUL PROPULATION OF THE TOMOSUL PROPULATION OF THE TOMOSUL PROPULATION OF THE TOMOSUL PROPULATION OF THE TOMOSUL PROPULATION OF THE TOMOSUL PROPULATION OF THE TOMOSUL PROPULATION OF THE TOMOSUL PROPULATION OF THE TOMOSUL PROPULATION OF THE TOMOSUL PROPULATION OF THE TOMOSUL PROPULATION OF THE TOMOSUL PROPULATION OF THE TOMOSUL PROPULATION OF THE TOMOSUL PROPULATION OF THE TOMOSUL PROPULATION OF THE TOMOSUL PROPULATION OF THE TOMOSUL PROPULATION OF THE TOMOSUL PROPULATION OF THE TOMOSUL PROPULATION OF THE TOMOSUL PROPULATION OF THE TOMOSUL PROPULATION OF THE TOMOS	E0735	CPT/HCPCS	NON-INVASIVE VAGUS NERVE STIMULATOR	Yes
NASAL TOPICAL	E0493	CPT/HCPCS	STIMULATION OF THE TONGUE MUSCLE, USED IN CONJUNCTION WITH THE	Yes
EXECUTION STATEMENT OF THE FINANCIAR CONTROL FRUIDSCRIPTORY DEVICE ALSO PROPERTIES OF THE CONTROL STATEMENT OF THE FORM SUPERIOR AND CONTROL FLEETINGS OF THE CONTROL STATEMENT OF THE FORM SUPERIOR AND CONTROL FLEETINGS UNIT FOR ORAL DEVICE APPLIANCE FOR NEUROMISCULAR ELECTRICAL STIMULATION OF THE TONG PROPERTIES OF THE FORM SUPERIOR AND CONTROL FLEETINGS UNIT FOR ORAL DEVICE APPLIANCE FOR NEUROMISCULAR ELECTRICAL STIMULATION OF THE TONG PROPERTIES OF THE FORM SUPERIOR OF THE FORM SUPERIOR OF THE FORM SUPERIOR OF THE FORM SUPERIOR OF THE FORM SUPERIOR OF THE FORM SUPERIOR OF THE FORM SUPERIOR OF THE FORM SUPERIOR OF THE FORM SUPERIOR OF THE FORM SUPERIOR OF THE FORM SUPERIOR OF THE FORM SUPERIOR OF THE FORM SUPERIOR OF THE FORM SUPERIOR OF THE FORM SUPERIOR OF THE FORM SUPERIOR OF THE FORM SUPERIOR OF THE FORM SUPERIOR OF THE FORM SUPERIOR OF THE FORM SUPERIOR OF THE FORM SUPERIOR OF THE FORM SUPERIOR OF THE FORM SUPERIOR OF THE FORM SUPERIOR OF THE FORM SUPERIOR OF THE FORM SUPERIOR OF THE FORM SUPERIOR OF THE FORM SUPERIOR OF THE FORM SUPERIOR OF THE FORM SUPERIOR OF THE FORM SUPERIOR OF THE FORM SUPERIOR OF THE FORM SUPERIOR OF THE FORM SUPERIOR OF THE FORM SUPERIOR OF THE FORM SUPERIOR OF THE FORM SUPERIOR OF THE FORM SUPERIOR OF THE FORM SUPERIOR OF THE FORM SUPERIOR OF THE FORM SUPERIOR OF THE FORM SUPERIOR OF THE FORM SUPERIOR OF THE FORM SUPERIOR OF THE FORM SUPERIOR OF THE FORM SUPERIOR OF THE FORM SUPERIOR OF THE FORM SUPERIOR OF THE FORM SUPERIOR OF THE FORM SUPERIOR OF THE FORM SUPERIOR OF THE FORM SUPERIOR OF THE FORM SUPERIOR OF THE FORM SUPERIOR OF THE FORM SUPERIOR OF THE FORM SUPERIOR OF THE FORM SUPERIOR OF THE FORM SUPERIOR OF THE FORM SUPERIOR OF THE FORM SUPERIOR OF THE FORM SUPERIOR OF THE FORM SUPERIOR OF THE FORM SUPERIOR OF THE FORM SUPERIOR OF THE FORM SUPERIOR OF THE FORM SUPERIOR OF THE FORM SUPERIOR OF THE FORM SUPERIOR OF THE FORM SUPERIOR OF THE FORM SUPERIOR OF THE FORM SUPERIOR OF THE FORM SUPERIOR OF THE FORM SUPERIOR OF THE FORM SUPERIOR OF THE FORM SUPERIOR OF THE FORM SUPERIO	A7023	CPT/HCPCS		Yes
TIRE, ANY SUE, REPLACEMENT ONLY, FACH  COPTINCPCS  COP	E0955	CPT/HCPCS		Yes
DEVICE/APPLIANCE FOR NEUROMUSCULAR ELECTRICAL STIMULATION OF THE TONG  10679 CPTIFICPCS NON-PNEUMATIC SEQUENTIAL COMPRESSION GARMENT, HALF LEG Yes 10680 CPTIFICPCS NON-PNEUMATIC SEQUENTIAL COMPRESSION GARMENT, HALF LEG 10682 CPTIFICPCS NON-PNEUMATIC COMPRESSION CONTROLLER WITH SEQUENTIAL 10682 CPTIFICPCS CALIBRATED GRADIENT PRESSURE 10682 CPTIFICPCS NON-PNEUMATIC SEQUENTIAL COMPRESSION GARMENT, FULL ARM 10683 CPTIFICPCS CALIBRATED GRADIENT PRESSURE 10683 CPTIFICPCS CALIBRATED GRADIENT STIMULATION OF THE TRICEMINAL NERVE 1077 CPTIFICPCS CALIBRATED SEQUENTIAL COMPRESSION GARMENT, FULL ARM 1078 CPTIFICPCS CALIBRATED GRADIENT STIMULATION OF THE TRICEMINAL NERVE 1079 CPTIFICPCS CALIBRATED SEQUENTIAL OF THE TRICEMINAL NERVE 1070 CPTIFICPCS CALIBRATED SEQUENTIAL SEQUENTIAL NERVE 1071 CPTIFICPCS COMPRESSION OF THE TRICEMINAL TRICEMINAL OF THE TRICEMINAL TRICEMINAL OF THE TRICEMINAL TRICEMINAL TRICEMINAL TRICEMINAL TRICEMINAL TRICEMINAL TRICEMINAL TRICEMINAL TRICEMINAL TRICEMINAL TRICEMINAL TRICEMINAL TRICEMINAL TRICEMINAL TRICEMINAL TRICEMINAL TRICEMINAL TRICEMINAL TRICEMINAL TRICEMINAL TRICEMINAL TRICEMINAL TRICEMINAL TRICEMINAL TRICEMINAL TRICEMINAL TRICEMINAL TRICEMINAL TRICEMINAL TRICEMINAL TRICEMINAL TRICEMINAL TRICEMINAL TRICEMINAL TRICEMINAL TRICEMINAL TRICEMINAL TRICEMINAL TRICEMINAL TRICEMINAL TRICEMINAL TRICEMINAL TRICEMINAL TRICEMINAL TRICEMINAL TRICEMINAL TRICEMINAL TRICEMINAL TRICEMINAL TRICEMINAL TRICEMINAL TRICEMINAL TRICEMINAL TRICEMINAL TRICEMINAL TRICEMINAL TRICEMINAL TRICEMINAL TRICEMINAL TRICEMINAL TRICEMINAL TRICEMINAL TRICEMINAL TRICEMINAL TRICEMINAL TRICEMINAL TRICEMINAL TRICEMINAL TRICEM	E2220	CPT/HCPCS		Yes
CPTHICPCS   NON-PNEUMATIC COMPRESSION CONTROLLER WITH SEQUENTIAL   Yes	E0492	CPT/HCPCS	DEVICE/APPLIANCE FOR NEUROMUSCULAR ELECTRICAL STIMULATION OF	Yes
CALBRATEG GADDENT PRESSURE  60882 CPT/HCPCS NON-PNEUMATIC SEQUENTIAL COMPRESSION GARMENT, FULL ARM PERSONAL OPTHICPCS PRINCIPOS (CPT/HCPCS) TRANSCUTANEOUS ELECTRICAL REVER STIMULATION FOR ELECTRICAL  K1027 CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS TRANSCUTANEOUS ELECTRICAL REVER STIMULATOR FOR ELECTRICAL  K1027 CPT/HCPCS CPT/HCPCS TRANSCUTANEOUS ELECTRICAL REVER STIMULATOR FABRICATED,  E0736 CPT/HCPCS TRANSCUTANEOUS TIBIAL NERVE STIMULATOR E2288 CPT/HCPCS COMPLEX REHABILITATIVE POWER WHELECHAIR ACCESSORY, POWER SEAT YES ELEVATION SYSTEM, ANY TYPE E0152 CPT/HCPCS WALKER, BATTERY POWERED, WHEELED, FOLDING, ADJUSTABLE OR FIXED HEIGHT E0468 CPT/HCPCS WALKER, BATTERY POWERED, WHEELED, FOLDING, ADJUSTABLE OR FIXED PERFORMS ADDITIONAL FUNCTION OF COUGH STIMULATION, INCLUDES ALA  ACAIL  E2104 CPT/HCPCS HOME VENTILATOR, DUAL-FUNCTION RESPIRATORY DEVICE, ALSO PERFORMS ADDITIONAL FUNCTION OF COUGH STIMULATION, INCLUDES ALA  CALL  E2104 CPT/HCPCS HOME BLOOD GLUCOSE MONITOR FOR USE WITH INTEGRATED  FOR PERFORMS ADDITIONAL FUNCTION DEVICE  E0409 CPT/HCPCS NTRAVAGINAL MOTION SENSOR SYSTEM, PROVIDES BIOFEEDBACK FOR PERFOR FLOOR OF AUGUST ERHABILITATION DEVICE  E0490 CPT/HCPCS DOCKING STATION FOR USE WITH ORAL DEVICE/APPLIANCE USED TO REDUCE UPPER AIRWAY COLLAPSIBILITY  E0491 CPT/HCPCS ORAL DEVICE/APPLIANCE FOR NEUROMUSCULAR ELECTRICAL STIMULATION OF THE TONG  E0491 CPT/HCPCS ORAL DEVICE/APPLIANCE FOR NEUROMUSCULAR ELECTRICAL STATULATION OF THE TONGUE MUSCLE, USED IN CONJUNCTION WITH THE POWER  K1036 CPT/HCPCS UTRASONIC DIATHERMY TREATMENT DEVICE, PER MONTH  E1006 CPT/HCPCS UTRASONIC DIATHERMY TREATMENT DEVICE, PER MONTH  E1007 CPT/HCPCS UTRASONIC DIATHERMY TREATMENT DEVICE, PER MONTH  E1008 CPT/HCPCS OFFICE OF THE CONSULT OF THE TOR ORAL DEVICE/APPLIANCE FOR NEUROMUSCULAR ELECTRICAL STATULATION OF THE TORIOGUE MUSCLE, USED IN CONJUNCTION WITH THE POWER  E1009 CPT/HCPCS OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE UTRASONIC DIATHERMY TREATMENT DEVICE, PER MONTH  E1009 CPT/HCPCS OFFICE	E0679	CPT/HCPCS	NON-PNEUMATIC SEQUENTIAL COMPRESSION GARMENT, HALF LEG	Yes
E0733 CPT/HCPCS TRANSCUTANEOUS ELECTRICAL NERVE STIMULATOR FOR ELECTRICAL  K1027 CPT/HCPCS CPT/HCPCS CALD EVECKEAPPULANCE USED TO REDUCE UPPER AIRWAY  COLLAPSIBILITY, WITHOUT FIXED MECHANICAL HINGE, CUSTOM FABRICATED,  E0736 CPT/HCPCS TRANSCUTANEOUS TIBIAL NERVE STIMULATOR  E2298 CPT/HCPCS TRANSCUTANEOUS TIBIAL NERVE STIMULATOR  E2298 CPT/HCPCS TRANSCUTANEOUS TIBIAL NERVE STIMULATOR  E2298 CPT/HCPCS COMPLEX REHABILITATIVE POWER WHEELCHAIR ACCESSORY, POWER SEAT  E0152 CPT/HCPCS WALKER, BATTERY POWERED, WHEELED, FOLDING, ADJUSTABLE OR FIXED  HEIGHT  E0468 CPT/HCPCS WALKER, BATTERY POWERED, WHEELED, FOLDING, ADJUSTABLE OR FIXED  HEIGHT  E0468 CPT/HCPCS HOME VENTILATOR, DUAL-FUNCTION RESPIRATORY DEVICE, ALSO PERFORMS ADDITIONAL FUNCTION OF COUGH STIMULATION, INCLUDES  ALL  E2104 CPT/HCPCS HOME BLOOD GLUCOSE MONITOR FOR USE WITH INTEGRATED  LANCING/BLOOD SAMPLE TESTING CARTRIDGE  S9002 CPT/HCPCS INTRAVAGINAL MOTION SENSOR SYSTEM, PROVIDES BIOFEEDBACK FOR PELIVIC FLOOR MUSCLE REHABILITATION DEVICE  K1037 CPT/HCPCS ORXING STATION FOR USE WITH FOR DAL DEVICE/APPLIANCE USED TO  REDUCE UPPER AIRWAY COLLAPSIBILITY  E0490 CPT/HCPCS ORXING STATION FOR USE WITH FOR ALL DEVICE/APPLIANCE USED TO  REDUCE UPPER AIRWAY COLLAPSIBILITY  E0491 CPT/HCPCS ORAL DEVICE/APPLIANCE FOR NEUROMUSCULAR ELECTRICAL STIMULATION OF  THE TONG  E0491 CPT/HCPCS ORAL DEVICE/APPLIANCE FOR NEUROMUSCULAR ELECTRICAL  STIMULATION OF THE TONGUE MUSCLE, USED IN CONJUNCTION WITH THE  POWER  K1036 CPT/HCPCS WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION  TILTAND RECLINE, WITHOUT SHEAR REDUCTION  ULTRASONIC DIATHERMY TREATMENT DEVICE, PER MONTH  E1006 CPT/HCPCS WHEELCHAIR ACCESSORY, BEARING SYSTEM, COMBINATION  TILTAND RECLINE, WITHOUT SHEAR REDUCTION  ULTRASONIC DIATHERMY TREATMENT DEVICE, PER MONTH  E1007 CPT/HCPCS WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY,  EACH  E0445 CPT/HCPCS WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY,  EACH  E0445 CPT/HCPCS PARCEL FOR MEASURING BLOOD OXYGEN LEVELS NON-  INVASIVELY  FOR THE TORK	E0680	CPT/HCPCS	•	Yes
SITIMULATION OF THE TRICEMINAL NERVE	E0682	CPT/HCPCS	NON-PNEUMATIC SEQUENTIAL COMPRESSION GARMENT, FULL ARM	Yes
COLLAPSIBILITY, WITHOUT FIXED MECHANICAL HINGE, CUSTOM FABRICATED, E0736 CPT/HCPCS COMPLEX REHABILITATIVE POWER WHEELCHAIR ACCESSORY, POWER SEAT FAIRS. E2298 CPT/HCPCS COMPLEX REHABILITATIVE POWER WHEELCHAIR ACCESSORY, POWER SEAT ELEVATION SYSTEM, ANY TYPE E0152 CPT/HCPCS WALKER, BATTERY POWERED, WHEELED, FOLDING, ADJUSTABLE OR FIXED HEIGHT E0468 CPT/HCPCS WALKER, BATTERY POWERED, WHEELED, FOLDING, ADJUSTABLE OR FIXED HEIGHT E0468 CPT/HCPCS HOME VENTILATOR, DUAL-FUNCTION DESPIRATORY DEVICE, ALSO PERFORMS ADDITIONAL FUNCTION OF COUGH STIMULATION, INCLUDES ALL E2104 CPT/HCPCS HOME ELECTROM SEAT FISHING CARTRIDGE E2404 CPT/HCPCS INTRAVAGINAL MOTION SENOR SYSTEM, PROVIDES BIOFEEDBACK FOR PENUTO FLOOR MUSCLE REHABILITATION DEVICE E1037 CPT/HCPCS DOCKING STATION FOR USE WITH ORAL DEVICE/APPLIANCE USED TO REDUCE LUPPER AIRWAY COLLAPSIBILITY E0490 CPT/HCPCS POWER SOURCE AND CONTROL ELECTRONICS UNIT FOR ORAL DEVICE/APPLIANCE FOR NEUROMUSCULAR ELECTRICAL STIMULATION OF THE TONG E0491 CPT/HCPCS ORAL DEVICE/APPLIANCE FOR NEUROMUSCULAR ELECTRICAL STIMULATION OF THE TONG E0491 CPT/HCPCS SUPPLIES AND ACCESSORIS (E.G., TRANSDUCER) FOR LOW FREQUENCY ULTRASONIC DIATHERMY TREATMENT DEVICE, PER MONTH  E1006 CPT/HCPCS SUPPLIES AND ACCESSORIS (E.G., TRANSDUCER) FOR LOW FREQUENCY ULTRASONIC DIATHERMY TREATMENT DEVICE, PER MONTH  E1006 CPT/HCPCS WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILTAND RECLURE, WITHOUT SHEAR REDUCTION TILTAND RECLURE, WITHOUT SHEAR	E0733	CPT/HCPCS		Yes
E0736   CPT/HCPCS   TRANSCUTANEOUS TIBIAL NERVE STIMULATOR   Yes	K1027	CPT/HCPCS	COLLAPSIBILITY, WITHOUT FIXED MECHANICAL HINGE, CUSTOM	Yes
ELEVATION SYSTEM, ANY TYPE  E0152 CPT/HCPCS WALKER, BATTERY POWERED, WHEELED, FOLDING, ADJUSTABLE OR FIXED HEIGHT  E0468 CPT/HCPCS HOME VENTILATOR, DUAL-FUNCTION RESPIRATORY DEVICE, ALSO PERFORMS ADDITIONAL FUNCTION OF COUGH STIMULATION, INCLUDES ALL  E2104 CPT/HCPCS HOME BLOOD GLUCOSE MONITOR FOR USE WITH INTEGRATED LANCING/BLOOD SAMPLE TESTING CARTRIDGE  S9002 CPT/HCPCS INTRAVAGINAL MOTION SENSOR SYSTEM, PROVIDES BIOFEEDBACK FOR PELVIC FLOOR MUSCLE REHABILITATION DEVICE  K1037 CPT/HCPCS DOCKING STATION FOR USE WITH ORAL DEVICE/APPLIANCE USED TO REDUCE UPPER AIRWAY COLLAPSIBILITY  E0490 CPT/HCPCS POWER SOURCE AND CONTROL ELECTRICAL STIMULATION OF THE TONG  E0491 CPT/HCPCS ORAL DEVICE/APPLIANCE FOR NEUROMUSCULAR ELECTRICAL STIMULATION OF THE TONG  E0491 CPT/HCPCS ORAL DEVICE/APPLIANCE FOR NEUROMUSCULAR ELECTRICAL STIMULATION OF THE TONG  E0491 CPT/HCPCS SUPPLIES AND ACCESSORIES (E.G., TRANSDUCER) FOR LOW FREQUENCY ULTRASONIC DIATHERMY TREATMENT DEVICE, PER MONTH  E1006 CPT/HCPCS WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILTAND RECLINE, WITHOUT SHEAR REDUCTION  E0744 CPT/HCPCS WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH  E0296 CPT/HCPCS WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH  E0296 CPT/HCPCS WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, WES E0296 CPT/HCPCS OXIMETER DEVICE FOR MEASURINGS BLOOD OXYGEN LEVELS NON- INVASILEY  E02328 CPT/HCPCS OXIMETER DEVICE FOR MEASURING BLOOD OXYGEN LEVELS NON- INVASILEY  E02328 CPT/HCPCS POWER WHEELCHAIR ACCESSORY, BREATH TUBE KIT FOR SIP AND PUFF Ves INTERFACE  E02328 CPT/HCPCS POWER WHEELCHAIR ACCESSORY, BREATH TUBE KIT FOR SIP AND PUFF Ves INTERFACE  E02328 CPT/HCPCS POWER WHEELCHAIR ACCESSORY, BREATH TUBE KIT FOR SIP AND PUFF Ves INTERFACE  E02326 CPT/HCPCS POWER WHEELCHAIR ACCESSORY, BREATH TUBE KIT FOR SIP AND PUFF Ves INTERFACE	E0736	CPT/HCPCS		Yes
HEIGHT  E0468 CPT/HCPCS HOME VENTILATOR, DUAL-FUNCTION RESPIRATORY DEVICE, ALSO PERFORMS ADDITIONAL FUNCTION OF COUGH STIMULATION, INCLUDES ALL  E2104 CPT/HCPCS HOME BLOOD GLUCOSE MONITOR FOR USE WITH INTEGRATED YES  S9002 CPT/HCPCS INTRAVAGINAL MOTION SENSOR SYSTEM, PROVIDES BIOFEEDBACK FOR PELVIC FLOOR MUSCLE REHABILITATION DEVICE  K1037 CPT/HCPCS DOCKING STATION FOR USE WITH ORAL DEVICE/APPLIANCE USED TO REDUCE UPPER AIRWAY COLLAPSIBILITY  E0490 CPT/HCPCS POWER SOURCE AND CONTROL ELECTRONICS UNIT FOR ORAL PELVICE/APPLIANCE FOR NEUROMUSCOLLAR ELECTRICAL STIMULATION OF THE TONG DEVICE STIMULATION OF THE TONGUE MUSCLE, USED IN CONJUNCTION WITH THE POWER STIMULATION OF THE TONGUE MUSCLE, USED IN CONJUNCTION WITH THE POWER SUPPLIES AND ACCESSORIES (E.G., TRANSDUCER) FOR LOW FREQUENCY ULTRASONIC DIATHERMY TREATMENT DEVICE, PER MONTH  E1006 CPT/HCPCS WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILTAND RECLINE, WITHOUT SHEAR REDUCTION TILTAND RECLINE, WITHOUT SHEAR REDUCTION TILTAND RECLINE, WITHOUT SHEAR REDUCTION TO SHEAR REDUCTION TO SHEAR REDUCTION TO SHEAR REDUCTION TO SHEAR REDUCTION TO SHEAR REDUCTION TO SHEAR REDUCTION TO SHEAR REDUCTION TO SHEAR REDUCTION TO SHEAR REDUCTION TO SHEAR REDUCTION TO SHEAR REDUCTION TO SHEAR REDUCTION TO SHEAR REDUCTION TO SHEAR REDUCTION TO SHEAR REDUCTION TO SHEAR REDUCTION TO SHEAR REDUCTION TO SHEAR REDUCTION TO SHEAR REDUCTION TO SHEAR REDUCTION TO SHEAR REDUCTION TO SHEAR REDUCTION TO SHEAR REDUCTION TO SHEAR REDUCTION TO SHEAR REDUCTION TO SHEAR REDUCTION TO SHEAR REDUCTION TO SHEAR REDUCTION TO SHEAR REDUCTION TO SHEAR REDUCTION TO SHEAR REDUCTION TO SHEAR REDUCTION TO SHEAR REDUCTION TO SHEAR REDUCTION TO SHEAR REDUCTION TO SHEAR REDUCTION TO SHEAR REDUCTION TO SHEAR REDUCTION TO SHEAR REDUCTION TO SHEAR REDUCTION TO SHEAR REDUCTION TO SHEAR REDUCTION TO SHEAR REDUCTION TO SHEAR REDUCTION TO SHEAR REDUCTION TO SHEAR REDUCTION TO SHEAR REDUCTION TO SHEAR REDUCTION TO SHEAR REDUCTION TO SHEAR REDUCTION TO SHEAR REDUCTION TO SHEAR REDUCTION TO SHEAR REDUCTION T	E2298	CPT/HCPCS		Yes
PERFORMS ADDITIONAL FUNCTION OF COUGH STIMULATION, INCLUDES ALL  E2104 CPT/HCPCS HOME BLOOD GLUCOSE MONITOR FOR USE WITH INTEGRATED LANCING/BLOOD SAMPLE TESTING CARTRIDGE  S9002 CPT/HCPCS INTRAVAGINAL MOTION SENSOR SYSTEM, PROVIDES BIOFEEDBACK FOR PELVIC FLOOR MUSCLE REHABILITATION DEVICE  K1037 CPT/HCPCS DOCKING STATION FOR USE WITH ORAL DEVICE/APPLIANCE USED TO REDUCE UPPER AIRWAY COLLAPSIBILITY  E0490 CPT/HCPCS POWER SOURCE AND CONTROL ELECTRONICS UNIT FOR ORAL DEVICE/APPLIANCE OF NEUROMUSCULAR ELECTRICAL STIMULATION OF THE TONG  E0491 CPT/HCPCS ORAL DEVICE/APPLIANCE FOR NEUROMUSCULAR ELECTRICAL STIMULATION OF THE TONG ORAL DEVICE/APPLIANCE FOR NEUROMUSCULAR ELECTRICAL STIMULATION OF THE TONGUS MUSCLE, USED IN CONJUNCTION WITH THE POWER SUPPLIES AND ACCESSORIES (E.G., TRANSDUCER) FOR LOW FREQUENCY ULTRASONIC DIATHERMY TREATMENT DEVICE, PER MONTH  E1006 CPT/HCPCS WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION YES TILTAND RECLINE, WITHOUT SHEAR REDUCTION  E0744 CPT/HCPCS WHEELCHAIR ACCESSORY, BRARINGS, ANY TYPE, REPLACEMENT ONLY, EACH  E0296 CPT/HCPCS WHEELCHAIR ACCESSORY, BRARINGS, ANY TYPE, REPLACEMENT ONLY, EACH  HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUST MENTS), YES WITHOUT SIDE RAILS, WITH MATTRESS  E0445 CPT/HCPCS OXIMETER DEVICE FOR MEASURING BLOOD OXYGEN LEVELS NON-INVASIVLEY  E2326 CPT/HCPCS POWER WHEELCHAIR ACCESSORY, BREATH TUBE KIT FOR SIP AND PUFF YES INTERFACE	E0152	CPT/HCPCS		Yes
E2104 CPT/HCPCS HOME BLOOD GLUCOSE MONITOR FOR USE WITH INTEGRATED Yes  S9002 CPT/HCPCS INTRAVAGINAL MOTION SENSOR SYSTEM, PROVIDES BIOFEEDBACK FOR PELVIC FLOOR MUSCLE REHABILITATION DEVICE  K1037 CPT/HCPCS DOCKING STATION FOR USE WITH ORAL DEVICE/APPLIANCE USED TO REDUCE UPPER AIRWAY COLLAPSIBILITY  E0490 CPT/HCPCS POWER SOURCE AND CONTROL ELECTRONICS UNIT FOR ORAL DEVICE/APPLIANCE FOR NEUROMUSCULAR ELECTRICAL STIMULATION OF THE TONG  E0491 CPT/HCPCS ORAL DEVICE/APPLIANCE FOR NEUROMUSCULAR ELECTRICAL STIMULATION OF THE TONG  E0491 CPT/HCPCS ORAL DEVICE/APPLIANCE FOR NEUROMUSCULAR ELECTRICAL STIMULATION OF THE TONGUE MUSCLE, USED IN CONJUNCTION WITH THE POWER POWER  K1036 CPT/HCPCS SUPPLIES AND ACCESSORIES (E.G., TRANSDUCER) FOR LOW FREQUENCY ULTRASONIC DIATHERMY TREATMENT DEVICE, PER MONTH  E1006 CPT/HCPCS WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION YES TILTAND RECLINE, WITHOUT SHEAR REDUCTION  E0744 CPT/HCPCS NEUROMUSCULAR STIMULATOR FOR SCOLIOSIS Yes  E2210 CPT/HCPCS WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, Yes EACH  E0296 CPT/HCPCS HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUST MENTS), Yes WITHOUT SIDE RAILS, WITH MATTRESS  E0445 CPT/HCPCS OXIMETER DEVICE FOR MEASURING BLOOD OXYGEN LEVELS NON-INVASIVLEY  E2326 CPT/HCPCS POWER WHEELCHAIR ACCESSORY, BREATH TUBE KIT FOR SIP AND PUFF YES INTERFACE	E0468	CPT/HCPCS	PERFORMS ADDITIONAL FUNCTION OF COUGH STIMULATION, INCLUDES	Yes
S9002 CPT/HCPCS INTRAVAGINAL MOTION SENSOR SYSTEM, PROVIDES BIOFEEDBACK FOR PELVIC FLOOR MUSCLE REHABILITATION DEVICE  K1037 CPT/HCPCS DOCKING STATION FOR USE WITH ORAL DEVICE/APPLIANCE USED TO REDUCE UPPER AIRWAY COLLAPSIBILITY  E0490 CPT/HCPCS POWER SOURCE AND CONTROL ELECTRONICS UNIT FOR ORAL DEVICE/APPLIANCE FOR NEUROMUSCULAR ELECTRICAL STIMULATION OF THE TONG  E0491 CPT/HCPCS ORAL DEVICE/APPLIANCE FOR NEUROMUSCULAR ELECTRICAL STIMULATION OF THE TONGUMEN MUSCLE, USED IN CONJUNCTION WITH THE POWER  K1036 CPT/HCPCS SUPPLIES AND ACCESSORIES (E.G., TRANSDUCER) FOR LOW FREQUENCY ULTRASONIC DIATHERMY TREATMENT DEVICE, PER MONTH  E1006 CPT/HCPCS WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILTAND RECLINE, WITHOUT SHEAR REDUCTION  E0744 CPT/HCPCS WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH E0296 CPT/HCPCS HOSPITAL BED, TOTAL ELECTRIC (HEAD,FOOT AND HEIGHT ADJUST MENTS), YES  EACH  E0296 CPT/HCPCS OXIMETER DEVICE FOR MEASURING BLOOD OXYGEN LEVELS NON-INVASIVLEY  E2326 CPT/HCPCS POWER WHEELCHAIR ACCESSORY, BREATH TUBE KIT FOR SIP AND PUFF YES  INTERFACE	E2104	CPT/HCPCS	HOME BLOOD GLUCOSE MONITOR FOR USE WITH INTEGRATED	Yes
REDUCE UPPER AIRWAY COLLAPSIBILITY  E0490 CPT/HCPCS POWER SOURCE AND CONTROL ELECTRONICS UNIT FOR ORAL DEVICE/APPLIANCE FOR NEUROMUSCULAR ELECTRICAL STIMULATION OF THE TONG  E0491 CPT/HCPCS ORAL DEVICE/APPLIANCE FOR NEUROMUSCULAR ELECTRICAL STIMULATION OF THE TONGUE MUSCLE, USED IN CONJUNCTION WITH THE POWER  K1036 CPT/HCPCS SUPPLIES AND ACCESSORIES (E.G., TRANSDUCER) FOR LOW FREQUENCY ULTRASONIC DIATHERMY TREATMENT DEVICE, PER MONTH  E1006 CPT/HCPCS WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILTAND RECLINE, WITHOUT SHEAR REDUCTION  E0744 CPT/HCPCS NEUROMUSCULAR STIMULATOR FOR SCOLIOSIS YES E2210 CPT/HCPCS WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH E0296 CPT/HCPCS HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUST MENTS), WITHOUT SIDE RAILS, WITH MATTRESS  E0445 CPT/HCPCS OXIMETER DEVICE FOR MEASURING BLOOD OXYGEN LEVELS NON-INVASIVLEY  E2326 CPT/HCPCS POWER WHEELCHAIR ACCESSORY, BREATH TUBE KIT FOR SIP AND PUFF YES INTERFACE	S9002	CPT/HCPCS	INTRAVAGINAL MOTION SENSOR SYSTEM, PROVIDES BIOFEEDBACK FOR	Yes
DEVICE/APPLIANCE FOR NEUROMUSCULAR ELECTRICAL STIMULATION OF THE TONG  E0491 CPT/HCPCS ORAL DEVICE/APPLIANCE FOR NEUROMUSCULAR ELECTRICAL STIMULATION OF THE TONGUE MUSCLE, USED IN CONJUNCTION WITH THE POWER  K1036 CPT/HCPCS SUPPLIES AND ACCESSORIES (E.G., TRANSDUCER) FOR LOW FREQUENCY ULTRASONIC DIATHERMY TREATMENT DEVICE, PER MONTH  E1006 CPT/HCPCS WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILTAND RECLINE, WITHOUT SHEAR REDUCTION  E0744 CPT/HCPCS NEUROMUSCULAR STIMULATOR FOR SCOLIOSIS Yes  E2210 CPT/HCPCS WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUST MENTS), Yes WITHOUT SIDE RAILS, WITH MATTRESS  E0445 CPT/HCPCS OXIMETER DEVICE FOR MEASURING BLOOD OXYGEN LEVELS NON-INVASIVLEY  E2326 CPT/HCPCS POWER WHEELCHAIR ACCESSORY, BREATH TUBE KIT FOR SIP AND PUFF Yes INTERFACE	K1037	CPT/HCPCS		Yes
STIMULATION OF THE TONGUE MUSCLE, USED IN CONJUNCTION WITH THE POWER  K1036 CPT/HCPCS SUPPLIES AND ACCESSORIES (E.G., TRANSDUCER) FOR LOW FREQUENCY ULTRASONIC DIATHERMY TREATMENT DEVICE, PER MONTH  E1006 CPT/HCPCS WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION YES TILTAND RECLINE, WITHOUT SHEAR REDUCTION  E0744 CPT/HCPCS NEUROMUSCULAR STIMULATOR FOR SCOLIOSIS YES  E2210 CPT/HCPCS WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH  E0296 CPT/HCPCS HOSPITAL BED, TOTAL ELECTRIC (HEAD,FOOT AND HEIGHT ADJUST MENTS), YES WITHOUT SIDE RAILS, WITH MATTRESS  E0445 CPT/HCPCS OXIMETER DEVICE FOR MEASURING BLOOD OXYGEN LEVELS NON-INVASIVLEY  E2326 CPT/HCPCS POWER WHEELCHAIR ACCESSORY, BREATH TUBE KIT FOR SIP AND PUFF YES INTERFACE	E0490	CPT/HCPCS	DEVICE/APPLIANCE FOR NEUROMUSCULAR ELECTRICAL STIMULATION OF	Yes
ULTRASONIC DIATHERMY TREATMENT DEVICE, PER MONTH  E1006 CPT/HCPCS WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILTAND RECLINE, WITHOUT SHEAR REDUCTION  E0744 CPT/HCPCS NEUROMUSCULAR STIMULATOR FOR SCOLIOSIS  E2210 CPT/HCPCS WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, Yes EACH  E0296 CPT/HCPCS HOSPITAL BED, TOTAL ELECTRIC (HEAD,FOOT AND HEIGHT ADJUST MENTS), Yes WITHOUT SIDE RAILS, WITH MATTRESS  E0445 CPT/HCPCS OXIMETER DEVICE FOR MEASURING BLOOD OXYGEN LEVELS NON- INVASIVLEY  E2326 CPT/HCPCS POWER WHEELCHAIR ACCESSORY, BREATH TUBE KIT FOR SIP AND PUFF Yes INTERFACE	E0491	CPT/HCPCS	STIMULATION OF THE TONGUE MUSCLE, USED IN CONJUNCTION WITH THE	Yes
TILTAND RECLINE, WITHOUT SHEAR REDUCTION  E0744 CPT/HCPCS NEUROMUSCULAR STIMULATOR FOR SCOLIOSIS Yes  E2210 CPT/HCPCS WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, Yes EACH  E0296 CPT/HCPCS HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUST MENTS), Yes WITHOUT SIDE RAILS, WITH MATTRESS  E0445 CPT/HCPCS OXIMETER DEVICE FOR MEASURING BLOOD OXYGEN LEVELS NON- INVASIVLEY  E2326 CPT/HCPCS POWER WHEELCHAIR ACCESSORY, BREATH TUBE KIT FOR SIP AND PUFF Yes INTERFACE	K1036	CPT/HCPCS	, , , , , , , , , , , , , , , , , , , ,	Yes
E0744 CPT/HCPCS NEUROMUSCULAR STIMULATOR FOR SCOLIOSIS E2210 CPT/HCPCS WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH E0296 CPT/HCPCS HOSPITAL BED, TOTAL ELECTRIC (HEAD,FOOT AND HEIGHT ADJUST MENTS), Yes WITHOUT SIDE RAILS, WITH MATTRESS E0445 CPT/HCPCS OXIMETER DEVICE FOR MEASURING BLOOD OXYGEN LEVELS NON- INVASIVLEY E2326 CPT/HCPCS POWER WHEELCHAIR ACCESSORY, BREATH TUBE KIT FOR SIP AND PUFF Yes INTERFACE	E1006	CPT/HCPCS		Yes
E0296 CPT/HCPCS HOSPITAL BED, TOTAL ELECTRIC (HEAD,FOOT AND HEIGHT ADJUST MENTS), Yes WITHOUT SIDE RAILS, WITH MATTRESS  E0445 CPT/HCPCS OXIMETER DEVICE FOR MEASURING BLOOD OXYGEN LEVELS NON-INVASIVLEY  E2326 CPT/HCPCS POWER WHEELCHAIR ACCESSORY, BREATH TUBE KIT FOR SIP AND PUFF Yes INTERFACE	E0744	CPT/HCPCS	NEUROMUSCULAR STIMULATOR FOR SCOLIOSIS	Yes
WITHOUT SIDE RAILS, WITH MATTRESS  E0445 CPT/HCPCS OXIMETER DEVICE FOR MEASURING BLOOD OXYGEN LEVELS NON-INVASIVLEY  E2326 CPT/HCPCS POWER WHEELCHAIR ACCESSORY, BREATH TUBE KIT FOR SIP AND PUFF Yes INTERFACE	E2210	CPT/HCPCS		Yes
E2326 CPT/HCPCS POWER WHEELCHAIR ACCESSORY, BREATH TUBE KIT FOR SIP AND PUFF Yes INTERFACE	E0296	CPT/HCPCS	· ·	Yes
INTERFACE	E0445	CPT/HCPCS		Yes
E0958 CPT/HCPCS MANUAL WHEELCHAIR ACCESSORY, ONE ARM DRIVE ATTACHEMENT, EACH Yes	E2326	CPT/HCPCS		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	Yes
E1356	CPT/HCPCS	TILTAND RECLINE, WITH MECHANICAL SHEAR REDUCTION  OXYGEN ACCESSORY, BATTERY PACK/CARTRIDGE FOR PORTABLE	Yes
	0.77#107.00	CONCENTRATOR, ANY TYPE, REPLACEMENT ONLY, EACH	
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	
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 E2629 E1298 E0130	CPT/HCPCS CPT/HCPCS	SHOCK ABSORBER FOR MANUAL WHEELCHAIR, EACH WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, FRICTION ARM SUPPORT	Yes Yes
E1298			Yes
	CPT/HCPCS		
E0130		SPECIAL WHEELCHAIR SEAT DEPTH AND/OR WIDTH, BY CONSTRUCTION	Yes
- <del></del>	CPT/HCPCS	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	Yes
E2211	CPT/HCPCS		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,	Yes
E1391	CPT/HCPCS	20 TO LESS THAN 22 INCHES  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		Yes
E0154	CPT/HCPCS	PLATFORM ATTACHMENT, WALKER, EACH	Yes
E2387	CPT/HCPCS		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		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	EACH	Yes
E2386	CPT/HCPCS	PWR WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACE ONLY, EA	Yes
	CPT/HCPCS	EXTRA HEAVY DUTY WHEELCHAIR	Yes
K0007			
K0007 E1086	CPT/HCPCS	HEMI-WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH, SWING AWAY DETACHABLE FOOTRESTS	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 HE IGHT 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 E0760	CPT/HCPCS CPT/HCPCS	RECLINING BACK, ADDITION TO PEDIATRIC SIZE WHEELCHAIR OSTOGENESIS STIMULATOR LOW INTENSITY ULTRASOUND NON-INVASIVE	Yes Yes
EOOSE	CDT/LICEO	WHEELCHAID ACCESSORY SEATHET MECHANISM	Vos
E0985 E1004	CPT/HCPCS CPT/HCPCS	WHEELCHAIR ACCESSORY, SEAT LIFT MECHANISM WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY,	Yes Yes
F0055	0	WITH MECHANICAL SHEAR REDUCTION	
E0856	CPT/HCPCS	CERVICAL TRACTION DEVICE, WITH INFLATABLE AIR BLADDER(S) WATER PRESSURE MATTRESS	Yes
E0187 E2341	CPT/HCPCS CPT/HCPCS	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH,	Yes Yes
	3. 1/1101 00	24-27 INCHES	

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,	Yes
		(LYMPHEDEMA PUMP)	
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	Yes
E0666	CPT/HCPCS	DETACHABLE ELEVATING LEGRESTS  PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF	Yes
E2202	CPT/HCPCS	LEG 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
	1	<u>L</u> n	1

E2340	CPT/HCPCS	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH,	Yes
		20-23 INCHES	
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	Yes
A4468	CPT/HCPCS	EXSUFFLATION BELT, INCLUDES ALL SUPPLIES AND ACCESSORIES	Yes
A4540	CPT/HCPCS	DISTAL TRANSCUTANEOUS ELECTRICAL NERVE STIMULATOR, STIMULATES	Yes
		PERIPHERAL NERVES OF THE UPPER ARM	
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	Yes
E1823	CPT/HCPCS	DYNAMIC ADJUSTABLE ANKLE FLEXION ONLY DEVICE, INCLUDES SOFT	Yes
E1829	CPT/HCPCS	DYNAMIC ADJUSTABLE TOE FLEXION ONLY DEVICE, INCLUDES SOFT	Yes
E1807	CPT/HCPCS	DYNAMIC ADJUSTABLE WRIST EXTENSION ONLY DEVICE, INCLUDES SOFT	Yes
E1827	CPT/HCPCS	DYNAMIC ADJUSTABLE FINGER FLEXION ONLY DEVICE, INCLUDES SOFT	Yes
E1826	CPT/HCPCS	INTERFACE MATERIAL  DYNAMIC ADJUSTABLE FINGER EXTENSION ONLY DEVICE, INCLUDES SOFT	Yes
E1804	CPT/HCPCS	INTERFACE MATERIAL  DYNAMIC ADJUSTABLE ELBOW FLEXION ONLY DEVICE, INCLUDES SOFT	Yes
E1814	CPT/HCPCS	INTERFACE MATERIAL  DYNAMIC ADJUSTABLE KNEE FLEXION ONLY DEVICE, INCLUDES SOFT	Yes
E1803	CPT/HCPCS	INTERFACE MATERIAL DYNAMIC ADJUSTABLE ELBOW EXTENSION ONLY DEVICE, INCLUDES SOFT	Yes
		INTERFACE MATERIAL	
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,REQULATOR,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

	Т		
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	Yes
		MESSFORMULATION BY SPELLING AND ACCESS BY PHYSICAL CONTACT WITH	
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 WHEELEACH	Yes
E2364	CPT/HCPCS	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERYEACH	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- RECORDMESSAGES, 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		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		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		Yes
E0672	CPT/HCPCS	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, FULL ARM	Yes
E1815	CPT/HCPCS		Yes
E2230	CPT/HCPCS	MANUAL WHEELCHAIR ACCESSORY, MANUAL STANDING SYSTEM	Yes
E0606	CPT/HCPCS		Yes
E0618	CPT/HCPCS	APNEA MONITOR, WITHOUT RECORDING FEATURE	Yes
E0246	CPT/HCPCS	TRANSFER TUB RAIL ATTACHMENT	Yes
E1260	CPT/HCPCS		Yes
E0942	CPT/HCPCS	SWING AWAY DETACHABLE FOOTRESTS  CERVICAL HEAD HARNESS/ HALTER	Yes
E0942 E2607	CPT/HCPCS CPT/HCPCS	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION,	Yes
		WIDTH LESS THAN 22 INCHES, ANY DEPTH	
E1090	CPT/HCPCS	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH, SWING AWAY DETACHABLE FOOT RESTS	
E0205	CPT/HCPCS	HEAT LAMP, WITH STAND, INCLUDES BULB, OR INFRARED ELEMENT	Yes

E000-	los=#+== -	Town protection are protection and the second	L.
E2608	CPT/HCPCS	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	Yes
E0617	CPT/HCPCS	EXTERNAL DEFIBRILLAROT WITH INTEGRATED ELECTROCARDIOGRAM ANALYSIS	Yes
E2374	CPT/HCPCS	PWR WHEELCHAIR ACCESSORY, HAND/CHIN CONTROL INTERFACE,	Yes
		STANDARD REMOTE JOYSTICK (NOT INCLUDING CONTROLLER), PROPORTIONAL	
K0011	CPT/HCPCS	STANDARD WEIGHT FRAME MOTOIZED POWER WHEEL CHAIR WITH PROGR	Yes
		MMABLE CONTROL PARAMETERS FOR SPEED ADJUSTMENT, TREMOR DAMPEN	
E2313	CPT/HCPCS	POWER WHEELCHAIR ACCESSORY, HARNESS FOR UPGRADE TO	Yes
		EXPANDABLE CONTROLLER, INCL ALL FASTENERS, CONNECTORS AND	
		MOUNTING HA	
E1239	CPT/HCPCS	POWER WHEELCHAIR, PEDIATRIC SIZE, NOT OTHERWISE SPECIFIED	Yes
E2611	CPT/HCPCS	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	Yes
E1087	CPT/HCPCS	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR, FIXED FULL LENGTH ARMS,	Yes
E4040	007//10000	SWING AWAY DETACHABLE ELEVATING LEG RESTS	lv.
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	Yes
		SPEECH GENERATING DEVICE USING POWER WHEELCHAIR CONTROL INTE	
E2604	CPT/HCPCS	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR	Yes
K0010	CPT/HCPCS	GREATER, ANY DEPTH STANDARD WEIGHT FRAME MOTORIZED/POWDER WHEELCHAIR	Yes
E0316	CPT/HCPCS	SAFTY ENCLOSURE FRAM/CANOPY FOR USE WITH HOSPITAL BED, ANY	Yes
_0010	5. 1/1101 00	TYPE	
E1816	CPT/HCPCS	STATIC PROGRESSIVE STRETCH/PATIENT ACTUALIZED SERIAL STRETCH	Yes
		ANKLE DEVICE, FLEXION AND/OR EXTENSION, WITH OR WITHOUT RANGE OF	
		MOTION ADJUSTMENT,	
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 LEGRESTS	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

E2510	CPT/HCPCS	SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, PERMITTING MULTIPLE METHODS OF MESSAGE FORMULATION AND MULTIPLE METHODS	Yes
		PIGETI EE METHODS OF MESSAGE FORMOLATION AND MOETH LE METHODS	
E0677	CPT/HCPCS	NON-PNEUMATIC SEQUENTIAL COMPRESSION GARMENT, TRUNK	Yes
E1905	CPT/HCPCS	VIRTUAL REALITY COGNITIVE BEHAVIORAL THERAPY DEVICE (CBT),	Yes
	ODT// LODGE	INCLUDING PRE-PROGRAMMED THERAPY SOFTWARE	V
E0694	CPT/HCPCS	ULTRAVIOLET MULTIDIRECTIONAL LIGHT THERAPY SYSTEM IN 6 FOOT CABINET, INCLUDES BULBS/LAMPS, TIMER AND EYE PROTECTION	Yes
E0248	CPT/HCPCS		Yes
		COMMODE OPENING	
E1405	CPT/HCPCS	OXYGEN AND WATER VAPOR ENRICHING SYSTEM WITH HEATED DELIVERY	Yes
	CDT// ICDCC	DOWED WILLES CHAIR ACCESSORY ATTENDANT CONTROL	Voc
E2331	CPT/HCPCS	POWER WHEELCHAIR ACCESSORY, ATTENDANT CONTROL, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS AND FIXED	Yes
		MOUNTING HARDWAR	
E0952	CPT/HCPCS	TOE LOOP/HOLDER, ANY TYPE, EACH	Yes
E2376	CPT/HCPCS	PWR WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCL ALL	Yes
		RELATED ELECTRONICS AND MOUNTING HARDWARD, REPLACE ONLY	
E2226	CPT/HCPCS	MANUAL WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE,	Yes
		REPLACEMENT ONLY, EACH	
E1353	CPT/HCPCS	REGULATOR	Yes
E2613	CPT/HCPCS	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS	Yes
		THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARD	
E0329	CPT/HCPCS	HOSP BED, PEDS, ELECTRIC OR SEMI-ELECTRIC, 360 DEGREE SIDE ENCL,	Yes
EU329	CF1/HCFC3	TOP OF HEADBOARD, FOOTBOARD AND SIDE RAILS UP TO 24 IN	165
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	
E1100	CPT/HCPCS	SEMI-RECLINING WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY	Yes
		DETACHABLE ELEVATING LEG RESTS	
E1170	CPT/HCPCS	AMPUTEE WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY	Yes
		DETACHABLE ELEVATING LEGRESTS	1
E0860	CPT/HCPCS	TRACTION EQUIPMENT, OVERDOOR, CERVICAL	Yes
E0275	CPT/HCPCS	BED PAN, STANDARD, METAL OR PLASTIC	Yes
E0765 E0250	CPT/HCPCS CPT/HCPCS	FDA APPROVED NERVE STIMULATOR, WITH REPLACEABLE BATTERIES HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	Yes Yes
L0230	GF 1/11GF GS	TIOST TAL DED, TIXED TILIOTTI, WITH ANT TITE SIDE NAILS, WITH HATTILESS	163
E1372	CPT/HCPCS	IMMERSION EXTERNAL HEATER FOR NEBULIZER	Yes
E0170	CPT/HCPCS	COMMODE CHAIR WITH INTEGRATED SEAT LIFT MECHANISM, ELECTRIC,	Yes
		ANY TYPE	
E2622	CPT/HCPCS	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS	Yes
		THAN 22 INCHES, ANY DEPTH	
E0160	CPT/HCPCS	SITZ TYPE BATH, PORTABLE, FITS OVER COMMODE SEAT	Yes 
E2375	CPT/HCPCS	PWR WHEELCHAIR ACCESSORY, NON-EXPANDABLE CONTROLLER, INCL ALL	Yes
		RELATED ELECTRONICS AND MOUNTING HARDWARE, REPLACE ONLY	
E0114	CPT/HCPCS	CRUTCHES, UNDERARM, ALUMINUM, ADJUSTABLE OR FIXED, PAIR, WITH	Yes
- <del></del> -		PADS, TIPS AND HANDGRIPS	
E2291	CPT/HCPCS	BACK, PLANAR, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED	Yes
		ATTACHING HARDWARE	
E0111	CPT/HCPCS	CRUTCH, FOREARM, INCLUDES CRUTCHES OF VARIOUS MATERIALS,	Yes
		ADJUSTABLE OR FIXED, EACH, WITH TIP AND HANDGRIP	
E2609	CPT/HCPCS	CUSTOM FABRICATED WHEELCHAIR SEAT CUSHION, ANY SIZE	Yes
E2625	CPT/HCPCS	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION,	Yes
E2366	CPT/HCPCS	ADJUSTABLE, WIDTH 22 INCHES OR GREATER, ANY DEPTH POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE,	Yes
	17110103	FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EA	
E0470	CPT/HCPCS	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITHOUT	Yes
-		BACKUP RATE FEATURE, USED WITH NONINVASIVE INTERFACE	
E0770	CPT/HCPCS	FUNCTIONAL ELECTRICAL STIMULATOR, TRANSCUTANEOUS STIMULATION	Yes
		OF NERVE AND/OR MUSCLE GROUPS, ANY TYPE, COMPLETE SYSTEM, N	
	•		
F07.15	007#10000	NEUDOMIOOULAD OTHER ATOR ELECTRONIC COORDINATION	V
E0745 E0762	CPT/HCPCS CPT/HCPCS	NEUROMUSCULAR STIMULATOR, ELECTRONIC SHOCK UNIT TRANSCUTANEOUS ELECTRICAL JOINT STIMULATION DEVICE SYSTEM,	Yes Yes
F0745	CPT/HCPCS	NEUROMUSCULAR STIMULATOR, ELECTRONIC SHOCK LINIT	Yes

DITITION				
FIREDOC	E2633	CPT/HCPCS	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT,	Yes
CONTINUES CONTINUES CONTINUES CARBOURD STATE OF CONTINUES CASE SYSTEM OF STATEM OF CONTINUES CASE SYSTEM OF STATEM OF CONTINUES STATEMAN OF SYSTEM AND TYPE PAGE PAGE COPTINIONS SYSTEM FOR CONTINUES COPTINIONS SYSTEM FOR CONTINUES COPTINIONS C				
SYSTWO USS OF STREY OR LIQUID SYST, ONE MONTH'S SUPPLY = 1 UNIT				
60888         OFFINECES         SWINTERIOR SHEEDINN PAD         Yes           28382         OFFINECES         SWINTERIOR SHEEDING RAD AND SOSTORY, THE FOR PNEUMATIC DRIVE WHEELTING.         Yes           F6909         OFFINECES         AWN SEE, REPLACE DRIVE, EA         Yes           K0008         OFFINECES         CHISTORIA BROSSON, THE FOR PNEUMANIA PROPERTY.         Yes           K0008         OFFINECES         OUTHOR BROWN AND STILL BROWN AND STILL BROWN AND STILL BROWN AND STILL BROWN AND STILL BROWN AND STILL BROWN AND STILL BROWN AND STILL BROWN AND STILL BROWN AND STILL BROWN AND STILL BROWN AND STILL BROWN AND STILL BROWN AND STILL BROWN AND STILL BROWN AND STILL BROWN AND STILL BROWN AND STILL BROWN AND STILL BROWN AND STILL BROWN AND STILL BROWN AND STILL BROWN AND STILL BROWN AND STILL BROWN AND STILL BROWN AND STILL BROWN AND STILL BROWN AND STILL BROWN AND STILL BROWN AND STILL BROWN AND STILL BROWN AND STILL BROWN AND STILL BROWN AND STILL BROWN AND STILL BROWN AND STILL BROWN AND STILL BROWN AND STILL BROWN AND STILL BROWN AND STILL BROWN AND STILL BROWN AND STILL BROWN AND STILL BROWN AND STILL BROWN AND STILL BROWN AND STILL BROWN AND STILL BROWN AND STILL BROWN AND STILL BROWN AND STILL BROWN AND STILL BROWN AND STILL BROWN AND STILL BROWN AND STILL BROWN AND STILL BROWN AND STILL BROWN AND STILL BROWN AND STILL BROWN AND STILL BROWN AND STILL BROWN AND STILL BROWN AND STILL BROWN AND STILL BROWN AND STILL BROWN AND STILL BROWN AND STILL BROWN AND STILL BROWN AND STILL BROWN AND STILL BROWN AND STILL BROWN AND STILL BROWN AND STILL BROWN AND STILL BROWN AND STILL BROWN AND STILL BROWN AND STILL BROWN AND STILL BROWN AND STILL BROWN AND STILL BROWN AND STILL BROWN AND STILL BROWN AND STILL BROWN AND STILL BROWN AND STILL BROWN AND STILL BROWN AN	E0443	CPT/HCPCS	· · · · · · · · · · · · · · · · · · ·	Yes
CPTINCTICS  OPTINCTICS  ANY 305, REPLACE ONLY, FAB.  TOPE 306  OPTINCTICS  OPTINC	E2301	CPT/HCPCS	WHEELCHAIR ACCESSORY, POWER STANDING SYSTEM, ANY TYPE	Yes
AMY SIZE, REPLACE ONLY, EA	E0188	CPT/HCPCS	SYNTHETIC SHEEPSKIN PAD	Yes
THE SIDE ABLS WITH HATTRESS  OPTIMICROS  OPTIMICROS  SPECIA GENERATINO DEVICE, DIGITIZED SPECIAL USING PER-RECORD MESSADOS, GREATER HAM ONNUTES RECORDING TIME  E1234  OPTIMICROS  WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJ. WITHOUT SEATING, SYSTEM  SEATING, SYSTEM  SEATING, SYSTEM  SEATING, SYSTEM  SEATING, SYSTEM  SEATING, SYSTEM  SEATING, SYSTEM  SEATING, SYSTEM  SEATING, SYSTEM  SEATING, SYSTEM  SEATING, SYSTEM  SEATING, SYSTEM  SEATING, SYSTEM  SEATING, SYSTEM  SEATING, SYSTEM  SEATING, SYSTEM  SEATING, SYSTEM  SEATING, SYSTEM  SEATING, SYSTEM  SEATING, SYSTEM  SEATING, SYSTEM  SEATING, SYSTEM  SEATING, SYSTEM  SEATING, SYSTEM  SEATING, SYSTEM  SEATING, SYSTEM  SEATING, SYSTEM  SEATING, SYSTEM  SEATING, SYSTEM  SEATING, SYSTEM  SEATING, SYSTEM  SEATING, SYSTEM  SEATING, SYSTEM  SEATING, SYSTEM  SEATING, SYSTEM  SEATING, SYSTEM  SEATING, SYSTEM  SEATING, SYSTEM  SEATING, SYSTEM  SEATING, SYSTEM  SEATING, SYSTEM  SEATING, SYSTEM  SEATING, SYSTEM  SEATING, SYSTEM  SEATING, SYSTEM  SEATING, SYSTEM  SEATING, SYSTEM  SEATING, SYSTEM  SEATING, SYSTEM  SEATING, SYSTEM  SEATING, SYSTEM  SEATING, SYSTEM  SEATING, SYSTEM  SEATING, SYSTEM  SEATING, SYSTEM  SEATING, SYSTEM  SEATING, SYSTEM  SEATING, SYSTEM  SEATING, SYSTEM  SEATING, SYSTEM  SEATING, SYSTEM  SEATING, SYSTEM  SEATING, SYSTEM  SEATING, SYSTEM  SEATING, SYSTEM  SEATING, SYSTEM  SEATING, SYSTEM  SEATING, SYSTEM  SEATING, SYSTEM  SEATING, SYSTEM  SEATING, SYSTEM  SEATING, SYSTEM  SEATING, SYSTEM  SEATING, SYSTEM  SEATING, SYSTEM  SEATING, SYSTEM  SEATING, SYSTEM  SEATING, SYSTEM  SEATING, SYSTEM  SEATING, SYSTEM  SEATING, SYSTEM  SEATING, SYSTEM  SEATING, SYSTEM  SEATING, SYSTEM  SEATING, SYSTEM  SEATING, SYSTEM  SEATING, SYSTEM  SEATING, SYSTEM  SEATING, SYSTEM  SEATING, SYSTEM  SEATING, SYSTEM  SEATING, SYSTEM  SEATING, SYSTEM  SEATING, SYSTEM  SEATING, SYSTEM  SEATING, SYSTEM  SEATING, SYSTEM  SEATING, SYSTEM  SEATING, SYSTEM  SEATING, SYSTEM  SEATING, SYSTEM  SEATING, SYSTEM  SEATING, SYSTEM  SEATING, SYSTEM  SEATING, SYSTEM  SEATING, SYSTEM	E2382	CPT/HCPCS		Yes
E2506 CPTHOPOS SPECH GENERATING DEVICE, DIORIZED SPECH, USING PRE-RECORD Yes  FESSORS, GRAFTER THAN AIR MINITERS RECORDING TIME  E1231 CPTHOPOS WHEELCHAIR, PEDATRIC SIZE, TILTIN SPACE, FOLDING, ADJ. WITHOUT  SEXTING SYSTEM  WHEELCHAIR, PEDATRIC SIZE, TILTIN SPACE, FOLDING, ADJ. WITHOUT  SEXTING  SEXTING  SEXTING  SEXTING  CPTHOPOS  ADDIPOPRIES DAYWOOD PRESSURE REDUCING OVERLAY FOR MATTRESS  Yes  STANDARD MATTRESS LENGTH AND WIDTH  Ves  CPTHOPOS  FRACTURE FRAME, ATTACHED TO BED, INCLUDES WEIGHTS  Yes  CPTHOPOS  CPTHOPOS  WHEELCHAIR, ACCESSORY, AMM TROUGH, WITH OR WITHOUT HAND  Yes  SUSPOSITE  CPTHOPOS  MHEELCHAIR ACCESSORY, AMM TROUGH, WITH OR WITHOUT HAND  Yes  SUSPOSITE  CPTHOPOS  ARP PRESSURE PAD ELEVATION FOR HEELS, RIGID OR FOLDING, ANY TYPE,  FACH  CPTHOPOS  MHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT  FACH  CPTHOPOS  MHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT  FACH  CPTHOPOS  MHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT  WES  FACH  CPTHOPOS  CPTHOPOS  MHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT  WES  FACH  CPTHOPOS  CPTHOP	E0260	CPT/HCPCS	,	Yes
MISSAGES, GREATER THAN 40 MINUES RECORDING TIME  4224 OPTHOPOS  425 CHANGE CHAIR PEDIATRIC SET, ILLTIN-SPACE, FOLDING, ADJ. WITHOUT  54 SATING SYSTEM  54 STANDARD WATER STANDARD SET, ILLTIN-SPACE, RIGID, ADJASTABLEWITH  56 SETTING  67 STANDARD MATTRESS LENGTH AND WIDTH  N WITHOUT HAND  67 STANDARD MATTRESS LENGTH AND WIDTH ON WITHOUT HAND  67 STANDARD MATTRESS LENGTH AND WIDTH ON WITHOUT HAND  67 STANDARD MATTRESS LENGTH AND WIDTH ON WITHOUT HAND  67 STANDARD MATTRESS LENGTH AND WIDTH ON WITHOUT HAND  67 STANDARD MATTRESS LENGTH AND WIDTH ON WITHOUT HAND  67 STANDARD MATTRESS LENGTH AND WIDTH ON WITHOUT HAND  67 STANDARD MATTRESS LENGTH AND WITHOUT HAND WITHOUT HAND  68 STANDARD MATTRESS LENGTH AND WITHOUT WITHOUT HAND MATTRESS LENGTH ON WITHOUT HAND MATTRESS LENGTH ON WITHOUT HAND MATTRESS LENGTH ON WITHOUT HAND MATTRESS LENGTH ON WITHOUT HAND MATTRESS LENGTH ON WITHOUT HAND MATTRESS LENGTH ON WITHOUT HAND MATTRESS LENGTH ON WITHOUT HAND MATTRESS LENGTH ON WITHOUT HAND MATTRESS LENGTH ON WITHOUT HAND MATTRESS LENGTH ON WITHOUT HAND MATTRESS LENGTH ON WITHOUT HAND MATTRESS LENGTH ON WITHOUT HAND MATTRESS LENGTH ON WITHOUT HAND MATTRESS LENGTH ON WITHOUT HAND MATTRESS LENGTH ON WITHOUT HAND MATTRESS LENGTH ON WITHOUT HAND MATTRESS LENGTH ON WITHOUT HAND MATTRESS LENGTH ON WITHOUT HAND MATTRESS LENGTH ON WITHOUT HAND MATTRESS LENGTH ON WITHOUT HAND MATTRESS LENGTH ON WITHOUT HAND MATTRESS LENGTH ON WI	K0008	CPT/HCPCS	CUSTOM MANUAL WHEELCHAIR/BASE	Yes
SEATING SYSTEM  SPATING SYSTEM  CPT/HCPCS  SECURIAL CHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLEWITH  YOS  SALTING  CPT/HCPCS  CPT/H	E2506	CPT/HCPCS		Yes
SEATING	E1234	CPT/HCPCS		Yes
CPT/HCPCS   STANDARD MATTRESS LENGTH ADDIVIDITH	E1231	CPT/HCPCS		Yes
CPT/HCPCS   SED BOARD   Yes	E0371	CPT/HCPCS	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS	Yes
CP270 CP774CPCS EXTERMITY SELTY HARNESS CP345 CP714CPCS EXTERMITY SELTY HARNESS CP345 CP714CPCS EXTERMITY SELTY HARNESS CP346 CP714CPCS EXTERMITY SELTY HARNESS CP347 CP714CPCS EXTERMITY SELTY HARNESS CP348 CP714CPCS EXTERMITY SELTY HARNESS CP348 CP714CPCS EXTERMITY SELTY HARNESS CP348 CP714CPCS EXTERMITY SELTY HARNESS CP348 CP714CPCS EXTERMITY SELTY HARNESS CP348 CP714CPCS WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR POLDING, ANY TYPE, YES CEACH CP348 CP714CPCS WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR POLDING, ANY TYPE, YES CP348 CP714CPCS WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT YES ATTACHED TO WHEELCHAIR, BALANCED, ADJUSTABLE CP349 CP714CPCS CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344 CP344	E0273	CPT/HCPCS		Yes
E0945 CPT/HCPCS WHEELCHAIR ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND YES SUPPORT WHEELCHAIR ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND YES SUPPORT SUPPORT WHEELCHAIR ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND YES E0148 CPT/HCPCS WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT YES ATTACHED TO WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT YES INCLUDES SOFT INTERPRECE OR ORGANIZATION OF POLICY OF SUPPORT OF THE PROPERTY OF SUPPORT OF SUPPORT OF THE PROPERTY OF SUPPORT OF THE PROPERTY OF SUPPORT OF THE PROPERTY OF SUPPORT OF THE PROPERTY OF SUPPORT OF THE PROPERTY OF SUPPORT OF THE PROPERTY OF SUPPORT OF THE PROPERTY OF SUPPORT OF THE PROPERTY OF SUPPORT OF THE PROPERTY OF SUPPORT OF THE PROPERTY OF SUPPORT OF THE PROPERTY OF SUPPORT OF THE PROPERTY OF SUPPORT OF THE PROPERTY OF SUPPORT OF THE PROPERTY OF SUPPORT OF THE PROPERTY OF SUPPORT OF THE PROPERTY OF SUPPORT OF THE PROPERTY OF SUPPORT OF THE PROPERTY OF SUPPORT OF THE PROPERTY OF SUPPORT OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE				
CPT/HCPCS				
E0370 CPT/HCPCS WALKER HAD ELEVATIOR FOR HEEL Yes HAD TO TYP. WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, Yes HACH HAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, Yes HACH HAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, Yes HACH HAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, Yes HACH HAVE AND THE HAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, Yes HACH HAVE AND THE HAVE AND THE HAVE AND THE HAVE AND THE HAVE AND THE HAVE AND THE HAVE AND THE HAVE AND THE HAVE AND THE HAVE AND THE HAVE AND THE HAVE AND THE HAVE AND THE HAVE AND THE HAVE AND THE HAVE AND THE HAVE AND THE HAVE AND THE HAVE AND THE HAVE AND THE HAVE AND THE HAVE AND THE HAVE AND THE HAVE AND THE HAVE AND THE HAVE AND THE HAVE AND THE HAVE AND THE HAVE AND THE HAVE AND THE HAVE AND THE HAVE AND THE HAVE AND THE HAVE AND THE HAVE AND THE HAVE AND THE HAVE AND THE HAVE AND THE HAVE AND THE HAVE AND THE HAVE AND THE HAVE AND THE HAVE AND THE HAVE AND THE HAVE AND THE HAVE AND THE HAVE AND THE HAVE AND THE HAVE AND THE HAVE AND THE HAVE AND THE HAVE AND THE HAVE AND THE HAVE AND THE HAVE AND THE HAVE AND THE HAVE AND THE HAVE AND THE HAVE AND THE HAVE AND THE HAVE AND THE HAVE AND THE HAVE AND THE HAVE AND THE HAVE AND THE HAVE AND THE HAVE AND THE HAVE AND THE HAVE AND THE HAVE AND THE HAVE AND THE HAVE AND THE HAVE AND THE HAVE AND THE HAVE AND THE HAVE AND THE HAVE AND THE HAVE AND THE HAVE AND THE HAVE AND THE HAVE AND THE HAVE AND THE HAVE AND THE HAVE AND THE HAVE AND THE HAVE AND THE HAVE AND THE HAVE AND THE HAVE AND THE HAVE AND THE HAVE AND THE HAVE AND THE HAVE AND THE HAVE AND THE HAVE AND THE HAVE AND THE HAVE AND THE HAVE AND THE HAVE AND THE HAVE AND THE HAVE AND THE HAVE AND THE HAVE AND THE HAVE AND THE HAVE AND THE HAVE AND THE HAVE AND THE HAVE AND THE HAVE AND THE HAVE AND THE HAVE AND THE HAVE AND THE HAVE AND THE HAVE AND THE HAVE AND THE HAVE AND THE HAVE AND THE HAVE AND THE HAVE AND THE HAVE AND THE HAVE AND THE HAVE AND THE HAVE AND THE HAVE AND THE HAVE AND THE HAVE AND THE HAVE AND THE HAVE AND TH		CPT/HCPCS	, , , , , , , , , , , , , , , , , , ,	
EACH E2826 CPT/HCPCS WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, ADJUSTABLE E1802 CPT/HCPCS DYNAMIC ADJUSTABLE FORFARM PRONATION/SUPINATION DEVICE, INCLUDES SOFT INTERFACE E0484 CPT/HCPCS OSCILLATORY POSITIVE EXPIRATORY PRESSURE DEVICE, MON-ELECTRICANY INFE, EACH E0459 CPT/HCPCS OSCILLATORY POSITIVE EXPIRATORY PRESSURE DEVICE, MON-ELECTRICANY INFE, EACH E0459 CPT/HCPCS WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, ELEVATING PROXIMAL ARM E0600 CPT/HCPCS WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, ELEVATING PROXIMAL ARM E0600 CPT/HCPCS TRACTION STAND, FREE STANDING, SIMPLE PELVIC TRACTION, (E.G., BUCK'S) E0696 CPT/HCPCS CONTINUOUS PASSIVE MOTION EXERCISE DEVICE FOR USE ON KNEE ONLY E0835 CPT/HCPCS CONTINUOUS PASSIVE MOTION EXERCISE DEVICE FOR USE ON KNEE ONLY E2223 CPT/HCPCS POWER WHEELCHAIR ACCESSORY, SPECIALTY JOYSTICK HANDLE FOR HAND CONTROL INTERFACE, PREFABRICATED E2224 CPT/HCPCS MANUAL WHEELCHAIR ACCESSORY, PROPULSION WHEELE EXCLUDES TIRE, E0411 CPT/HCPCS MANUAL WHEELCHAIR ACCESSORY, PROPULSION WHEELE EXCLUDES TIRE, E0421 CPT/HCPCS BATH TUB WALL RAIL, EACH E2439 CPT/HCPCS REPLACEMENT COVER FOR WHEELCHAIR SEAT CUSHION OR BACK CUSHION, EACH E0446 CPT/HCPCS TOPICAL OXYGEN DELIVERY SYSTEM, NOT OTHERWISE SPECIFIED, INCLUDES ALL SUPPLIES E0446 CPT/HCPCS TOPICAL OXYGEN DELIVERY SYSTEM, NOT OTHERWISE SPECIFIED, E0446 CPT/HCPCS TOPICAL OXYGEN DELIVERY SYSTEM, NOT OTHERWISE SPECIFIED, E0450 CPT/HCPCS TOPICAL OXYGEN DELIVERY SYSTEM, NOT OTHERWISE SPECIFIED, E0451 CPT/HCPCS MANUAL WHEELCHAIR ACCESSORY, RONSTANDARD SEAT FRAME DEPTH, E04525 CPT/HCPCS HANDLAIL ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, E04525 CPT/HCPCS HANDLAIL ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, E05652 CPT/HCPCS HANDLAIL ACCESSORY, ON STANDARD SEAT FRAME DEPTH, E05652 CPT/HCPCS HANDLAIL ACCESSORY, ON STANDARD SEAT FRAME, WIDTH E10510 FRAME E05650 CPT/HCPCS HANDLAIL ACCESSORY, ON STANDARD SEAT FRAME, WIDTH E10510 FRAME E05650 CPT/HCPCS HANDLAIL ACCESSORY, ON STANDARD SEAT FRAME, WIDTH E10	E0370	CPT/HCPCS		Yes
E2826 CPT/HCPCS WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, ADJUSTABLE  E1802 CPT/HCPCS DYMAMIC ADJUSTABLE FOREARM PRONATION/SUPINATION DEVICE, INCLUDES SOFT INTERFACE  E0484 CPT/HCPCS OSCILLATORY POSITIVE EXPIRATORY PRESSURE DEVICE, NON-ELECTRICANY FIVE TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE, EACH TYPE,	E0148	CPT/HCPCS		Yes
E1802 CPT/HCPCS DYNAMIC ADJUSTABLE FOREARM PRONATION/SUPINATION DEVICE, NICLUDES SOFT INTERFACE  E0484 CPT/HCPCS OSCILLATORY POSITIVE EXPIRATORY PRESSURE DEVICE,NON-ELECTRICANY Yes  TYPE, EACH  E0459 CPT/HCPCS CHEST WRAP  E2831 CPT/HCPCS WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, Yes  E1807 CPT/HCPCS WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, Yes  E0900 CPT/HCPCS WHEELCHAIR ACCESSORY, STANDING, SIMPLE PELVIC TRACTION, (E.G., Yes  BUCK'S)  E0960 CPT/HCPCS WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST  STRAPINCLUDING ANY TYPE MOUNTING HARDWARE  E0935 CPT/HCPCS CONTINUOUS PASSIVE MOTION EXERCISE DEVICE FOR USE ON KNEE ONLY Yes  E2223 CPT/HCPCS POWER WHEELCHAIR ACCESSORY, SPECIALTY JOYSTICK HANDLE FOR HAND CONTROL INTERFACE, PREFABRICATED  E2224 CPT/HCPCS MANUAL WHEELCHAIR ACCESSORY, PROPULSION WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH  E0241 CPT/HCPCS BATH TUB WALL RAIL, EACH  E2619 CPT/HCPCS BATH TUB WALL RAIL, EACH  E2619 CPT/HCPCS TO PELACEMENT ONLY, EACH  E0446 CPT/HCPCS TO PELACEMENT ONLY, EACH  E0446 CPT/HCPCS TO PELACEMENT ONLY, EACH  E0446 CPT/HCPCS SIZE PREFACEMENT ONLY, EACH  E0446 CPT/HCPCS SIZE PREFACEMENT ONLY, EACH  E0446 CPT/HCPCS SIZE PREFACEMENT ONLY, EACH  E0447 CPT/HCPCS SIZE PREFACEMENT ONLY, EACH  E0448 CPT/HCPCS SIZE PREFACEMENT ONLY, EACH  E0449 CPT/HCPCS TO PROVE THE WALL RAIL, EACH  E0449 CPT/HCPCS TO PROVE THE WALL RAIL, EACH  E0440 CPT/HCPCS SIZE PREFACEMENT ONLY, EACH  E0440 CPT/HCPCS SIZE PREFACEMENT ONLY, EACH  E0440 CPT/HCPCS SIZE PREFACEMENT ONLY, EACH  E0440 CPT/HCPCS SIZE PRAIH, PORTABLE, FITS OVER COMMODE SEAT, WITH FAUCET  ANTACHMENTS  E0440 CPT/HCPCS SIZE PATH, PORTABLE, FITS OVER COMMODE SEAT, WITH FAUCET  ATTACHMENTS  E0440 CPT/HCPCS HANDLE CONTROL OF THE WALL BAIL EACH  E0440 CPT/HCPCS SIZE PATH, PORTABLE, FITS OVER COMMODE SEAT, WITH FAUCET  ATTACHMENTS  E0440 CPT/HCPCS HANDLE CONTROL OF THE WALL BAIL EACH  E0440 CPT/HCPCS HANDLE CONTROL OF THE WALL BAIL EACH  E0440 CPT/HCPCS HANDLE CONTROL OF THE WALL BAIL EACH  E0440 CPT/HCPCS HA	E2626	CPT/HCPCS	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT	Yes
E0484 CPT/HCPCS OSCILLATORY POSITIVE EXPIRATORY PRESSURE DEVICE, NON-ELECTRICANY Pes 17PE, EACH PYER, EACH PYER, EACH PYER, EACH PYER, EACH PYER, EACH PYER, ELEVATING PROXIMAL ARM PYER ELEVATING PROXIMAL ARM PYER ELEVATING PROXIMAL ARM PYER ELEVATING PROXIMAL ARM PYER ELEVATING PROXIMAL ARM PYER ELEVATING PROXIMAL ARM PYER ELEVATING PROXIMAL ARM PYER ELEVATING PROXIMAL ARM PYER ELEVATING PROXIMAL ARM PYER ELEVATING PROXIMAL ARM PYER ELEVATING PROXIMAL ARM PYER ELEVATING PROXIMAL ARM PYER BUCK'S) PYER BUCK'S) PYER BUCK'S PYER BUCK'S PYER BUCK'S PYER BUCK'S PYER BUCK'S PYER BUCK'S PYER BUCK'S PYER BUCK'S PYER BUCK'S PYER BUCK'S PYER BUCK'S PYER BUCK'S PYER BUCK'S PYER BUCK'S PYER BUCK'S PYER BUCK'S PYER BUCK'S PYER BUCK'S PYER BUCK'S PYER BUCK'S PYER BUCK'S PYER BUCK'S PYER BUCK'S PYER BUCK'S PYER BUCK'S PYER BUCK'S PYER BUCK'S PYER BUCK'S PYER BUCK'S PYER BUCK'S PYER BUCK'S PYER BUCK'S PYER BUCK'S PYER BUCK'S PYER BUCK'S PYER BUCK'S PYER BUCK'S PYER BUCK'S PYER BUCK'S PYER BUCK'S PYER BUCK'S PYER BUCK'S PYER BUCK'S PYER BUCK'S PYER BUCK'S PYER BUCK'S PYER BUCK'S PYER BUCK'S PYER BUCK'S PYER BUCK'S PYER BUCK'S PYER BUCK'S PYER BUCK'S PYER BUCK'S PYER BUCK'S PYER BUCK'S PYER BUCK'S PYER BUCK'S PYER BUCK'S PYER BUCK'S PYER BUCK'S PYER BUCK'S PYER BUCK'S PYER BUCK'S PYER BUCK'S PYER BUCK'S PYER BUCK'S PYER BUCK'S PYER BUCK'S PYER BUCK'S PYER BUCK'S PYER BUCK'S PYER BUCK'S PYER BUCK'S PYER BUCK'S PYER BUCK'S PYER BUCK'S PYER BUCK'S PYER BUCK'S PYER BUCK'S PYER BUCK'S PYER BUCK'S PYER BUCK'S PYER BUCK'S PYER BUCK'S PYER BUCK'S PYER BUCK'S PYER BUCK'S PYER BUCK'S PYER BUCK'S PYER BUCK'S PYER BUCK'S PYER BUCK'S PYER BUCK'S PYER BUCK'S PYER BUCK'S PYER BUCK'S PYER BUCK'S PYER BUCK'S PYER BUCK'S PYER BUCK'S PYER BUCK'S PYER BUCK'S PYER BUCK'S PYER BUCK'S PYER BUCK'S PYER BUCK'S PYER BUCK'S PYER BUCK'S PYER BUCK'S PYER BUCK'S PYER BUCK'S PYER BUCK'S PYER BUCK'S PYER BUCK'S PYER BUCK'S PYER BUCK'S PYER BUCK'S PYER BUCK'S PYER BUCK'S PYER BUCK'S PYER BUCK'S PYER BUCK'S PYER BUCK'S PYER BUCK'S PYER BUCK'S PYER BUCK'S PYER BUC	E1802	CPT/HCPCS	DYNAMIC ADJUSTABLE FOREARM PRONATION/SUPINATION DEVICE,	Yes
E0459 CPT/HCPCS CHEST WRAP E2631 CPT/HCPCS WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, E1EVATING PROXIMAL ARM E0900 CPT/HCPCS TRACTION STAND, FREE STANDING, SIMPLE PELVIC TRACTION, (E.G., BUCK'S) E0960 CPT/HCPCS WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAPINCLUDING ANY TYPE MOUNTING HARDWARE 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 E2224 CPT/HCPCS MANUAL WHEELCHAIR ACCESSORY, PROPULSION WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH E2619 CPT/HCPCS BATH TUB WALL RAIL, EACH E2619 CPT/HCPCS REPLACEMENT ONLY, EACH E0446 CPT/HCPCS TOPICAL OXYGEN DELIVERY SYSTEM, NOT OTHERWISE SPECIFIED, INCLUDES ALL SUPPLIES E0161 CPT/HCPCS SITZ TYPE BATH, PORTABLE, FITS OVER COMMODE SEAT, WITH FAUCET ATTACHMENTS E2342 CPT/HCPCS MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, COTTINUOUS BALL SUPPLIES E0161 CPT/HCPCS MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, COTTINUOUS BALL SUPPLIES E0162 CPT/HCPCS MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, COTTINUOUS BALL SUPPLIES E2227 CPT/HCPCS MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, COTTINUOUS BALL SUPPLIES E0162 CPT/HCPCS MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES E0562 CPT/HCPCS HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE YES E0655 CPT/HCPCS PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF ARM	E0484	CPT/HCPCS	OSCILLATORY POSITIVE EXPIRATORY PRESSURE DEVICE, NON-ELECTRICANY	Yes
E2631 CPT/HCPCS WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, ELEVATING PROXIMAL ARM E0900 CPT/HCPCS TRACTION STAND, FREE STANDING, SIMPLE PELVIC TRACTION, (E.G., BUCK'S) E0960 CPT/HCPCS WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAPINCLUDING ANY TYPE MOUNTING HARDWARE 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 E2224 CPT/HCPCS MANUAL WHEELCHAIR ACCESSORY, PROPULSION WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH E2619 CPT/HCPCS REPLACEMENT CONLY, EACH E2619 CPT/HCPCS REPLACEMENT CONLY, EACH E0446 CPT/HCPCS TOPICAL OXYGEN FOR WHEELCHAIR SEAT CUSHION OR BACK CUSHION OR BACK CUSHION, EACH E0446 CPT/HCPCS SIZE TYPE BATH, PORTABLE, FITS OVER COMMODE SEAT, WITH FAUCET ATTACHMENTS E2342 CPT/HCPCS SIZE TYPE BATH, PORTABLE, FITS OVER COMMODE SEAT, WITH FAUCET ATTACHMENTS E2342 CPT/HCPCS MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO 21 INCHES E2227 CPT/HCPCS MANUAL WHEELCHAIR ACCESSORY, GEAR REDUCTION DRIVE WHEEL, EACH E0225 CPT/HCPCS MANUAL WHEELCHAIR ACCESSORY, GEAR REDUCTION DRIVE WHEEL, EACH E0226 CPT/HCPCS MANUAL WHEELCHAIR ACCESSORY, MONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES E0562 CPT/HCPCS PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF ARM	F0459	CPT/HCPCS		Yes
E0900 CPT/HCPCS TRACTION STAND, FREE STANDING, SIMPLE PELVIC TRACTION, (E.G., BUCK'S)  E0960 CPT/HCPCS WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST YES STRAPINCLUDING ANY TYPE MOUNTING HARDWARE  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  E2224 CPT/HCPCS MANUAL WHEELCHAIR ACCESSORY, PROPULSION WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH  E0241 CPT/HCPCS BATH TUB WALL RAIL, EACH YES  E2619 CPT/HCPCS REPLACEMENT COVER FOR WHEELCHAIR SEAT CUSHION OR BACK YES  CUSHION OR BACK CUSHION, EACH  E0446 CPT/HCPCS TOPICAL COVER FOR WHEELCHAIR SEAT CUSHION OR BACK YES  INCLUDES ALL SUPPLIES  E0161 CPT/HCPCS SITZ TYPE BATH, PORTABLE, FITS OVER COMMODE SEAT, WITH FAUCET ATTACHMENTS  E2342 CPT/HCPCS POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, YES  20 TO 21 INCHES  E2227 CPT/HCPCS MANUAL WHEELCHAIR ACCESSORY, REPLACEMENT OF SEAT FRAME DEPTH, YES  E2227 CPT/HCPCS MANUAL WHEELCHAIR ACCESSORY, GEAR REDUCTION DRIVE WHEEL, YES  EACH  E0225 CPT/HCPCS HYDROCOLLATOR UNIT INCLUDES PADS  E22201 CPT/HCPCS HYDROCOLLATOR UNIT INCLUDES PADS  E22201 CPT/HCPCS HYDROCOLLATOR UNIT INCLUDES PADS  E22201 CPT/HCPCS HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE YES  E0665 CPT/HCPCS PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF YES  E0665 CPT/HCPCS PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF YES			WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT,	
E0980 CPT/HCPCS WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAPINCLUDING ANY TYPE MOUNTING HARDWARE  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  MANUAL WHEELCHAIR ACCESSORY, PROPULSION WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH  E0241 CPT/HCPCS BATH TUB WALL RAIL, EACH  E2619 CPT/HCPCS REPLACEMENT COVER FOR WHEELCHAIR SEAT CUSHION OR BACK CUSHION OR BACK CUSHION, EACH  E0446 CPT/HCPCS TOPICAL OXYGEN DELIVERY SYSTEM, NOT OTHERWISE SPECIFIED, YES INCLUDES ALL SUPPLIES  E0161 CPT/HCPCS SITZ TYPE BATH, PORTABLE, FITS OVER COMMODE SEAT, WITH FAUCET ATTACHMENTS  E2342 CPT/HCPCS POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO 21 INCHES  E2227 CPT/HCPCS HYDROCOLLATOR UNIT INCLUDES PADS YES E2221 CPT/HCPCS HYDROCOLLATOR UNIT INCLUDES PADS YES E2221 CPT/HCPCS HYDROCOLLATOR UNIT INCLUDES PADS YES E2221 CPT/HCPCS HYDROCOLLATOR UNIT INCLUDES PADS YES E2221 CPT/HCPCS HUDROCOLLATOR UNIT INCLUDES PADS YES E2221 CPT/HCPCS PADS WANDAL WHEELCHAIR PASTANDARD PASTANDARD PASTANDARD PASTANDARD PASTANDARD PASTANDARD PASTANDARD PASTANDARD PASTANDARD PASTANDARD PASTANDARD PASTANDARD PASTANDARD PASTANDARD PASTANDARD PAST	E0900	CPT/HCPCS	TRACTION STAND, FREE STANDING, SIMPLE PELVIC TRACTION, (E.G.,	Yes
E0335 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  E2224 CPT/HCPCS MANUAL WHEELCHAIR ACCESSORY, PROPULSION WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH  E0241 CPT/HCPCS BATH TUB WALL RAIL, EACH  E2619 CPT/HCPCS REPLACEMENT COVER FOR WHEELCHAIR SEAT CUSHION OR BACK CUSHION OR BACK CUSHION OR BACK CUSHION OR BACK CUSHION, EACH  E0446 CPT/HCPCS TOPICAL OXYGEN DELIVERY SYSTEM, NOT OTHERWISE SPECIFIED, INCLUDES ALL SUPPLIES  E0161 CPT/HCPCS SITZ TYPE BATH, PORTABLE, FITS OVER COMMODE SEAT, WITH FAUCET ATTACHMENTS  E2342 CPT/HCPCS POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO 21 INCHES  E2227 CPT/HCPCS MANUAL WHEELCHAIR ACCESSORY, GEAR REDUCTION DRIVE WHEEL, EACH  E0225 CPT/HCPCS HYDROCOLLATOR UNIT INCLUDES PADS YES  E2201 CPT/HCPCS HANDALL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES  E0562 CPT/HCPCS HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE YES  E0665 CPT/HCPCS PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF ARM	E0960	CPT/HCPCS	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST	Yes
HAND CONTROL INTERFACE, PREFABRICATED  E2224 CPT/HCPCS MANUAL WHEELCHAIR ACCESSORY, PROPULSION WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH  E0241 CPT/HCPCS BATH TUB WALL RAIL, EACH  E2619 CPT/HCPCS REPLACEMENT COVER FOR WHEELCHAIR SEAT CUSHION OR BACK CUSHION OR BACK CUSHION, EACH  E0446 CPT/HCPCS TOPICAL OXYGEN DELIVERY SYSTEM, NOT OTHERWISE SPECIFIED, INCLUDES ALL SUPPLIES  E0161 CPT/HCPCS SIZT YPE BATH, PORTABLE, FITS OVER COMMODE SEAT, WITH FAUCET ATTACHMENTS  E2342 CPT/HCPCS POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO 21 INCHES  E2227 CPT/HCPCS MANUAL WHEELCHAIR ACCESSORY, GEAR REDUCTION DRIVE WHEEL, EACH  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  E0562 CPT/HCPCS HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE Yes  E0655 CPT/HCPCS PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF ARM	E0935	CPT/HCPCS		Yes
E2224 CPT/HCPCS MANUAL WHEELCHAIR ACCESSORY, PROPULSION WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH  E0241 CPT/HCPCS BATH TUB WALL RAIL, EACH  E2619 CPT/HCPCS REPLACEMENT COVER FOR WHEELCHAIR SEAT CUSHION OR BACK CUSHION OR BACK CUSHION OR BACK CUSHION, EACH  E0446 CPT/HCPCS TOPICAL OXYGEN DELIVERY SYSTEM, NOT OTHERWISE SPECIFIED, INCLUDES ALL SUPPLIES  E0161 CPT/HCPCS SITZ TYPE BATH, PORTABLE, FITS OVER COMMODE SEAT, WITH FAUCET ATTACHMENTS  E2342 CPT/HCPCS POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO 21 INCHES  E2227 CPT/HCPCS MANUAL WHEELCHAIR ACCESSORY, GEAR REDUCTION DRIVE WHEEL, EACH  E0225 CPT/HCPCS HYDROCOLLATOR UNIT INCLUDES PADS  E2201 CPT/HCPCS MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES  E0562 CPT/HCPCS PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF ARM	E2323	CPT/HCPCS	· ·	Yes
E0241 CPT/HCPCS BATH TUB WALL RAIL, EACH  E2619 CPT/HCPCS REPLACEMENT COVER FOR WHEELCHAIR SEAT CUSHION OR BACK CUSHION OR BACK CUSHION, EACH  E0446 CPT/HCPCS TOPICAL OXYGEN DELIVERY SYSTEM, NOT OTHERWISE SPECIFIED, INCLUDES ALL SUPPLIES  E0161 CPT/HCPCS SITZ TYPE BATH, PORTABLE, FITS OVER COMMODE SEAT, WITH FAUCET ATTACHMENTS  E2342 CPT/HCPCS POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO 21 INCHES  E2227 CPT/HCPCS MANUAL WHEELCHAIR ACCESSORY, GEAR REDUCTION DRIVE WHEEL, EACH  E0225 CPT/HCPCS HYDROCOLLATOR UNIT INCLUDES PADS  E2201 CPT/HCPCS MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES  E0562 CPT/HCPCS HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE YES  E0655 CPT/HCPCS PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF ARM	E2224	CPT/HCPCS	MANUAL WHEELCHAIR ACCESSORY, PROPULSION WHEEL EXCLUDES TIRE,	Yes
E2619 CPT/HCPCS REPLACEMENT COVER FOR WHEELCHAIR SEAT CUSHION OR BACK CUSHION OR BACK CUSHION, EACH  E0446 CPT/HCPCS TOPICAL OXYGEN DELIVERY SYSTEM, NOT OTHERWISE SPECIFIED, INCLUDES ALL SUPPLIES  E0161 CPT/HCPCS SITZ TYPE BATH, PORTABLE, FITS OVER COMMODE SEAT, WITH FAUCET ATTACHMENTS  E2342 CPT/HCPCS POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO 21 INCHES  E2227 CPT/HCPCS MANUAL WHEELCHAIR ACCESSORY, GEAR REDUCTION DRIVE WHEEL, EACH  E0225 CPT/HCPCS HYDROCOLLATOR UNIT INCLUDES PADS  E2201 CPT/HCPCS MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES  E0562 CPT/HCPCS HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE YES  E0655 CPT/HCPCS PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF ARM	F00.41	CDT// ICDCS		Voc
E0446 CPT/HCPCS TOPICAL OXYGEN DELIVERY SYSTEM, NOT OTHERWISE SPECIFIED, INCLUDES ALL SUPPLIES  E0161 CPT/HCPCS SITZ TYPE BATH, PORTABLE, FITS OVER COMMODE SEAT, WITH FAUCET ATTACHMENTS  E2342 CPT/HCPCS POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO 21 INCHES  E2227 CPT/HCPCS MANUAL WHEELCHAIR ACCESSORY, GEAR REDUCTION DRIVE WHEEL, FACH  E0225 CPT/HCPCS HYDROCOLLATOR UNIT INCLUDES PADS  E2201 CPT/HCPCS MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES  E0562 CPT/HCPCS HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE YES  E0655 CPT/HCPCS PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF ARM			REPLACEMENT COVER FOR WHEELCHAIR SEAT CUSHION OR BACK	
E0161 CPT/HCPCS SITZ TYPE BATH, PORTABLE, FITS OVER COMMODE SEAT, WITH FAUCET ATTACHMENTS  E2342 CPT/HCPCS POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO 21 INCHES  E2227 CPT/HCPCS MANUAL WHEELCHAIR ACCESSORY, GEAR REDUCTION DRIVE WHEEL, EACH  E0225 CPT/HCPCS HYDROCOLLATOR UNIT INCLUDES PADS  E2201 CPT/HCPCS MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES  E0562 CPT/HCPCS HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE YES  E0655 CPT/HCPCS PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF ARM	E0446	CPT/HCPCS	TOPICAL OXYGEN DELIVERY SYSTEM, NOT OTHERWISE SPECIFIED,	Yes
E2342 CPT/HCPCS POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO 21 INCHES  E2227 CPT/HCPCS MANUAL WHEELCHAIR ACCESSORY, GEAR REDUCTION DRIVE WHEEL, EACH  E0225 CPT/HCPCS HYDROCOLLATOR UNIT INCLUDES PADS  E2201 CPT/HCPCS MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES  E0562 CPT/HCPCS HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE YES  E0655 CPT/HCPCS PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF ARM	E0161	CPT/HCPCS	SITZ TYPE BATH, PORTABLE, FITS OVER COMMODE SEAT, WITH FAUCET	Yes
E2227 CPT/HCPCS MANUAL WHEELCHAIR ACCESSORY, GEAR REDUCTION DRIVE WHEEL, EACH  E0225 CPT/HCPCS HYDROCOLLATOR UNIT INCLUDES PADS  E2201 CPT/HCPCS MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES  E0562 CPT/HCPCS HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE YES  E0655 CPT/HCPCS PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF ARM	E2342	CPT/HCPCS		Yes
E0225 CPT/HCPCS HYDROCOLLATOR UNIT INCLUDES PADS E2201 CPT/HCPCS MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES  E0562 CPT/HCPCS HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE Yes  E0655 CPT/HCPCS PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF ARM	E2227	CPT/HCPCS		Yes
E2201 CPT/HCPCS MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES  E0562 CPT/HCPCS HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE Yes  E0655 CPT/HCPCS PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF Yes  ARM	E0225	CPT/HCPCS		Yes
E0655 CPT/HCPCS PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF Yes ARM			MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH	
ARM	E0562	CPT/HCPCS	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	Yes
	E0655	CPT/HCPCS		Yes
E1222 CPT/HCPCS WHEELCHAIR WITH FIXED ARMS, ELEVATING LEGREST Yes	E1222	CPT/HCPCS		Yes

E2391	CPT/HCPCS	PWR WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE	Yes
L2391	CF 1/11CF CS	(REMOVABLE), ANY SIZE	163
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,	Yes
		MONOSUSPENSION ARM AND HAND SUPPORT, OVERHEAD ELBOW FOREARM	
E2632	CPT/HCPCS	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, OFFSET	Yes
L		OR LATERAL ROCKER ARM WITH ELASTIC BALANCE CONTROL	
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	Yes
20202	01 171101 00	AND NON-CONTACT WOUND WARMING WOUND COVER	
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	Yes
EOGOE	CDT/HCDCC	ACCESSORIES  DATIENT LIET ELECTRIC WITH SEAT OR SLING	Voc
E0635 E0203	CPT/HCPCS CPT/HCPCS	PATIENT LIFT, ELECTRIC WITH SEAT OR SLING THERAPEUTIC LIGHTBOX, MINIMUM 10,000 LUX, TABLE TOP MODEL	Yes 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.,	Yes
F0100	ODT// LODGS	BALKEN, 4 POSTER)	Voc
E0162 K1014	CPT/HCPCS CPT/HCPCS	SITZ BATH CHAIR  ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, 4 BAR LINKAGE OR	Yes Yes
		MULTIAXIAL, FLUID SWING AND STANCE PHASE CONTROL	
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	Yes
		DISARTICULATION, ABOVE KNEE, HIP DISARTICULATION, POSITIONAL	
	CPT/HCPCS	NON-INVASIVE VAGUS NERVE STIMULATOR	Yes

DESTRUCTION OF CONTROL PROPERTY OF CONTROL PROPERTY OF CONTROL STATEMENT				
CHARLES   CONTROL   CONT	K1022	CPT/HCPCS		Yes
### CHAMICS ADDITION TO LOWIS ENTREMINIT, PELVIC CONTROL, BAND AND BELT, 195 ### BIADERS ### CHAMICS AND AND AND AND SERVITH BYTEAN AND BELT, 195 ### CHAMICS AND AND AND AND AND AND AND AND AND AND	K1023	CPT/HCPCS	DISTAL TRANSCUTANEOUS ELECTRICAL NERVE STIMULATOR, STIMULATES	Yes
### CPHINCRS   STINNAR EXCERNAL FOLLOW PRIMER   Ves   ### CAPHING   SPHILOR    L2640	CPT/HCPCS		Yes	
DIAPHAGOMATIC/PRIENT SERVICE STIMULATION DEVICE,   REPLACEMENT JECH	1.0000	ODT/ILIODOO		N
TOTAL CONTROL AND FOOT ORTHOSIS, FOR CUSTON FARRICATED   Vot	L8696	CP1/HCPCS	DIAPHRAGMATIC/PHRENIC NERVE STIMULATION DEVICE,	Yes
CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPTHCPCS CPT	L2232	CPT/HCPCS	·	Yes
CPT-HCPCS	L2650	CPT/HCPCS		Yes
CONTROL, PREFARE   FOOT, ABDUCTION ROTATION BARS (DENNIS BROWNE TYPE), CLAMPED TO	L1845	CPT/HCPCS		Yes
SHOE				
ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, PLASTIC, MOLDED TO POST PATENT MODEL, RECIPROCATING HIP JOINT AND CABLES  ADDITION TO LOWER EXTREMITY, TO STOCKET, NINE DISARRICULATION  POST CHYRICPCS  ADDITION TO LOWER EXTREMITY, TEST SOCKET, NINE DISARRICULATION  Yes  TISO, TRIPLANAR CONTROL, HYPEREXTENSION, RIGID ANTERIOR AND LATERAL FRAME EXTENDS FROM SYMHYSIS PUBLS TO STERNAL NOTCH  ATTERNAL FRAME EXTENDS FROM SYMHYSIS PUBLS TO STERNAL NOTCH  ASSEMBLED, OR OTHERWISE CUSTST  PERFABRICATED, TEM THAT HAS BEEN THIMBED, BENT, MOLDEN, ASSEMBLED, OR OTHERWISE CUSTST  PERFABRICATED, TEM THAT HAS BEEN THIMBED, BENT, MOLDEN, ASSEMBLED, OR OTHERWISE CUSTST  PERFABRICATED, TEM THAT HAS BEEN THIMBED, BENT, MOLDEN, ASSEMBLED, OR OTHERWISE CUSTST  PERFABRICATED, TEM THAT HAS BEEN THIMBED, BENT, MOLDEN, ASSEMBLED, OR OTHERWISE CUSTST  PERFABRICATED, TEM THAT HAS BEEN THIMBED, BENT, MOLDEN, ASSEMBLED, OR OTHERWISE CUSTST  PERFABRICATED, TEM THAT HAS BEEN THIMBED, BENT, MOLDEN, ASSEMBLED, OR OTHERWISE CUSTST  PERFABRICATED, TEM THAT HAS BEEN THIMBED, BENT, MOLDEN, ASSEMBLED, OR OTHERWISE CUSTST  PERFABRICATED, TEM THAT HAS BEEN THIMBED, BENT, MOLDEN, ASSEMBLED, OR OTHERWISE CUSTST  PERFABRICATED, TEM THAT HAS BEEN THIMBED, BENT, MOLDEN, THE STANDARD ASSEMBLED, OR OTHERWISE CUSTST  PERFABRICATED, TEMPORADOR OF THE STANDARD ASSEMBLED, ASSEMBLED, OR OTHERWISE CUSTST  PERFABRICATED THAT ADDITION, SHOULDER HONTON, MULTIPOSITIONAL  CPTH-CPCS  ADDITION TO LOWER EXTREMITY, MULTIPOSITIONAL  CPTH-CPCS  UPPER EXTREMITY ADDITION, SHOULDER HONTON, MULTIPOSITIONAL  CPTH-CPCS  UPPER EXTREMITY ADDITION, SHOULDER HONTON, THE SHOULDER HONTON, THE SHOULD ASSEMBLED, ASSEMBLED, ASSEMBLED, ASSEMBLED, ASSEMBLED, ASSEMBLED, ASSEMBLED, ASSEMBLED, ASSEMBLED, ASSEMBLED, ASSEMBLED, ASSEMBLED, ASSEMBLED, ASSEMBLED, ASSEMBLED, ASSEMBLED, ASSEMBLED, ASSEMBLED, ASSEMBLED, ASSEMBLED, ASSEMBLED, ASSEMBLED, ASSEMBLED, ASSEMBLED, ASSEMBLED, ASSEMBLED, ASSEMBLED, ASSEMBLED, ASSEMBLED, ASSEMBLED, ASSEMBLED, ASSEMBLED, ASSEMBLED, ASSEMBLED, ASSEMBLED, ASSEMBLED, ASS	L3150	CPT/HCPCS	,	Yes
A2005 CPT/HCPCS REPAIR OF ORTHOTIC DEVICE LABOR COMPONENT FER 15 MINUTES  CPT/HCPCS ADDITION TO LOWER EXTREMITY, ESTS SOCKET, INNEE DISARRICULATION  Yes  1472 CPT/HCPCS ADDITION TO LOWER EXTREMITY, ESTS SOCKET, INNEE DISARRICULATION  Yes  15760 CPT/HCPCS ILSO, TRIPLANAR CONTROL, HYPEREXTENSION, RIGID ANTERIOR AND  Yes  27760 CPT/HCPCS ELROW ORTHOSIS (FOI), WITH ADJUSTABLE POSITION LOCKING JOINTIS), PREFABRICATED, ITEM THAT THAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUST -  ASSEMBLED, OR OTHERWISE CUST -  TO CPT/HCPCS UPPER EXTREMITY ADDITION, EXCURSION AMPLIFIER, PULLEY TYPE YES  27770 CPT/HCPCS UPPER EXTREMITY ADDITION, EXCURSION AMPLIFIER, PULLEY TYPE YES  2780 CPT/HCPCS ADDITION TO LOWER EXTREMITY, LIMITED ANKLE MOTION, EACH JOINT YES  27970 CPT/HCPCS ADDITION TO LOWER EXTREMITY, LIMITED ANKLE MOTION, EACH JOINT YES  2798 CPT/HCPCS UNLISTED PROCEDURES FOR FOOT ORTHOPEDIC SHOES, SHOE  2798 CPT/HCPCS UNLISTED PROCEDURES FOR FOOT ORTHOPEDIC SHOES, SHOE  2799 CPT/HCPCS UNLISTED PROCEDURES FOR FOOT ORTHOPEDIC SHOES, SHOE  2700 CPT/HCPCS UNLISTED PROCEDURES FOR FOOT ORTHOPEDIC SHOES, SHOE  2700 CPT/HCPCS UNLISTED PROCEDURES FOR FOOT ORTHOPEDIC SHOES, SHOE  2700 CPT/HCPCS UNLISTED PROCEDURES FOR FOOT ORTHOPEDIC SHOES, SHOE  2700 CPT/HCPCS UNLISTED FOR FOOT ORTHOPEDIC SHOES, SHOE  2700 CPT/HCPCS UNLISTED PROCEDURES FOR FOOT ORTHOPEDIC SHOES, SHOE  2700 CPT/HCPCS UNLISTED FOOK ORTHOPEDIC SHOES, SHOE  2700 CPT/HCPCS UNLISTED FOR FOOT ORTHOPEDIC SHOES, SHOE  2700 CPT/HCPCS UNLISTED FOR FOOT ORTHOPEDIC SHOES, SHOE  2700 CPT/HCPCS UNLISTED FOR FOOT ORTHOPEDIC SHOES, SHOE  2700 CPT/HCPCS UNLISTED FOR FOOT ORTHOPEDIC SHOES, SHOE  2700 CPT/HCPCS UNLISTED FOR FOOT ORTHOPEDIC SHOES, SHOE  2700 CPT/HCPCS UNLISTED FOR FOOT ORTHOPEDIC SHOES, SHOULD FOR JOHN TO SHOES ORTHOPEDIC SHOES, SHOULD FOR JOHN TO SHOE SHOES ORTHOPEDIC SHOES ORTHOPEDIC SHOES ORTHOPEDIC SHOES ORTHOPEDIC SHOES ORTHOPEDIC SHOES ORTHOPEDIC SHOES ORTHOPEDIC SHOES ORTHOPEDIC SHOES ORTHOPEDIC SHOES ORTHOPEDIC SHOES ORTHOPEDIC SHOES ORTHOPEDIC SHOES O	A4402	CPT/HCPCS	LUBRICANT	Yes
CPT/HCPCS ADDITION TO LOWER EXTREMITY, TEST SOCKET, KNEE DISARTICULATION Yes  CPT/HCPCS ILSO, TRIPLANAR CONTROL, HYPEREXTENSION, RIGID ANTERIOR AND LATERAL FRAME EXTENDS FROM SYMMYSIS PUBLIS TO STERNAL NOTCH  3760 CPT/HCPCS ELBOW ORTHORSIS (FO), WITH ADJUSTABLE POSITION LOCKING JOINTIS), PREFABBICATED, ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUST+  18641 CPT/HCPCS LECTRONIC ELBOW, HOSMER OR EQUAL, SWITCH CONTROLLED  3770 CPT/HCPCS LECTRONIC ELBOW, HOSMER OR EQUAL, SWITCH CONTROLLED  37818 CPT/HCPCS LECTRONIC ELBOW, HOSMER OR EQUAL, SWITCH CONTROLLED  37918 CPT/HCPCS LECTRONIC ELBOW, HOSMER OR EQUAL, SWITCH CONTROLLED  37918 CPT/HCPCS LECTRONIC ELBOW, HOSMER OR EQUAL, SWITCH CONTROLLED  37918 CPT/HCPCS LADDITION TO LOWER EXTREMITY, LIMITED ANKLE MOTION, EACH JOINT  37919 CPT/HCPCS LOWER EXTREMITY ADDITION, SHOULDER JOINT, MULTIPOSITIONAL  37910 CPT/HCPCS LOWER EXTREMITY ADDITION, SHOULDER JOINT, MULTIPOSITIONAL  37910 CPT/HCPCS LOWER EXTREMITY ADDITION, SHOULDER JOINT, MULTIPOSITIONAL  37910 CPT/HCPCS LOWER EXTREMITY ADDITION, QUICK DISCONNECT LAMINATION COLLAR  37910 CPT/HCPCS LOWER EXTREMITY ADDITION, QUICK DISCONNECT LAMINATION COLLAR  37910 CPT/HCPCS LOWER EXTREMITY ADDITION, QUICK DISCONNECT LAMINATION COLLAR  37910 CPT/HCPCS LOWER EXTREMITY ADDITION, QUICK DISCONNECT LAMINATION COLLAR  37910 CPT/HCPCS LOWER EXTREMITY ADDITION, QUICK DISCONNECT LAMINATION COLLAR  37910 CPT/HCPCS LOWER EXTREMITY PROBLEM EXEST ADDITION OR INTERSCAPULAR  37910 CPT/HCPCS LOWER EXTREMITY PROBLEMS EXES, SHOULDER HANNESS  37910 CPT/HCPCS LOWER EXTREMITY PROBLEMS EXES, SHOULDER HANNESS  37910 CPT/HCPCS LOWER EXTREMITY PROBLEMS EXES, SHOULDER HANNESS  37910 CPT/HCPCS LOWER EXTREMITY PROBLEMS EXES, SHOULDER HANNES	L2627	CPT/HCPCS		Yes
D.472 CPT/HCPCS ILSO, TRIPLANAR CONTROL, HYPEREXTENSION, RIGID ANTERIOR AND LATERAL FRAME EXTENDS FROM SYPMHYSIS PUBIS TO STERNAL NOTCH  3760 CPT/HCPCS ELBOW ORTHOSIS (EO), WITH ADJUSTABLE POSITION LOCKING JOINTIS), PREFABBICATED, ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISS CUST.  6641 CPT/HCPCS UPPEREXTERMITY ADDITION, EXCURSION AMPLIFIER, PULLEY TYPE Ves ELECTRONIC ELBOW, HOSMER OR ROUAL, SWITCH CONTROLLED YES CONTROLLED YES CONTROLLED YES CONTROLLED YES CONTROLLED YES CONTROLLED YES CONTROLLED YES CONTROLLED YES CONTROLLED YES CONTROLLED YES CONTROLLED YES CONTROLLED YES CONTROLLED YES CONTROLLED YES CONTROLLED YES CONTROLLED YES CONTROLLED YES CONTROLLED YES CONTROLLED YES CONTROLLED YES CONTROLLED YES CONTROLLED YES CONTROLLED YES CONTROLLED YES CONTROLLED YES CONTROLLED YES CONTROLLED YES CONTROLLED YES CONTROLLED YES CONTROLLED YES CONTROLLED YES CONTROLLED YES CONTROLLED YES CONTROLLED YES CONTROLLED YES CONTROLLED YES CONTROLLED YES CONTROLLED YES CONTROLLED YES CONTROLLED YES CONTROLLED YES CONTROLLED YES CONTROLLED YES CONTROLLED YES CONTROLLED YES CONTROLLED YES CONTROLLED YES CONTROLLED YES CONTROLLED YES CONTROLLED YES CONTROLLED YES CONTROLLED YES CONTROLLED YES CONTROLLED YES CONTROLLED YES CONTROLLED YES CONTROLLED YES CONTROLLED YES CONTROLLED YES CONTROLLED YES CONTROLLED YES CONTROLLED YES CONTROLLED YES CONTROLLED YES CONTROLLED YES CONTROLLED YES CONTROLLED YES CONTROLLED YES CONTROLLED YES CONTROLLED YES CONTROLLED YES CONTROLLED YES CONTROLLED YES CONTROLLED YES CONTROLLED YES CONTROLLED YES CONTROLLED YES CONTROLLED YES CONTROLLED YES CONTROLLED YES CONTROLLED YES CONTROLLED YES CONTROLLED YES CONTROLLED YES CONTROLLED YES CONTROLLED YES CONTROLLED YES CONTROLLED YES CONTROLLED YES CONTROLLED YES CONTROLLED YES CONTROLLED YES CONTROLLED YES CONTROLLED YES CONTROLLED YES CONTROLLED YES CONTROLLED YES CONTROLLED YES CONTROLLED YES CONTROLLED YES CONTROLLED YES CONTROLLED YES CONTROLLED YES CONTROLLED YES CONTROLLED YES CONTROLLED YES CONTROLLED YES CONTROLLED YES CON	L4205	CPT/HCPCS	REPAIR OF ORTHOTIC DEVICE LABOR COMPONENT PER 15 MINUTES	Yes
LATERAL FRAME EXTENDS FROM SYPMHYSIS PUBIS TO STERNAL NOTCH  2760 CPT/HCPCS ELBOW ORTHOSIS (EO), WITH ADJUSTABLE POSITION LOCKING JOINT(S), PREFABRICATED, ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUST.  28641 CPT/HCPCS UPER EXTREMITY ADDITION, EXCURSION AMPLIFER, PULLEY TYPE  27170 CPT/HCPCS LECTRONIC ELBOW, HOSMER OR REQUAL, SWITCH CONTROLLED Yes  3918 CPT/HCPCS ELECTRONIC ELBOW, HOSMER OR REQUAL, SWITCH CONTROLLED  2700 CPT/HCPCS LECTRONIC ELBOW, HOSMER OR REQUAL, SWITCH CONTROLLED  2700 CPT/HCPCS ADDITION TO LOWER EXTREMITY, LIMITED ANKLE MOTION, EACH JOINT  2700 CPT/HCPCS ADDITION TO LOWER EXTREMITY, LIMITED ANKLE MOTION, EACH JOINT  2700 CPT/HCPCS ADDITION TO LOWER EXTREMITY, LIMITED ANKLE MOTION, EACH JOINT  2700 CPT/HCPCS UNUSTED PROCEDURES FOR FOOT ORTHOPEDIC SHOES, SHOE  2701 CHYPICAPOS SHOULDER LEBOW WRIST HAID FINGER ORTHOSIS, ABDUCTION  2701 POSITIONING (AIRPLAND EDSIGN), THORACIC COMPONENT AND SUPPORT  2702 CPT/HCPCS UPER EXTREMITY ADDITIONS, MAY INCLUDE SHOES, SHOE  2704 CPT/HCPCS UPER EXTREMITY ADDITION, SHOR CIC COMPONENT AND SUPPORT  2705 BAR, WITHOUT JOINTS, MAY INCLUDE SHOES, CHOPONENT AND SUPPORT  2706 CPT/HCPCS PREPARATORY, SHOULDER JOSKAN JOINT SWITCH AND SUPPORT  2707 BAR, WITHOUT JOINTS, MAY INCLUDE SHOES, SHOE  2707 CPT/HCPCS PREPARATORY, SHOULDER JOSKATICULATION OR INTERSCAPILLAR  2708 THORACIC, SINGLE WALL PLASTIC SOCKET, SHOULDER JOINT, LOCKING EL  2709 CPT/HCPCS ROTHOSIS, ELASTIC WITH CONDYLAR PADS/JOINTS, WITH OR WITHOUT YES  2709 PATELLAR CONTROL, PREFABRICATED THEM THAT HAS BEEN TRIMMED,  2709 CPT/HCPCS ALLOWER EXTREMITY PROSTHESES, SHOULDER HARNESS  2709 CPT/HCPCS ALLOWER EXTREMITY PROSTHESES, SHOULDER HARNESS  2700 CPT/HCPCS ADDITION TO LOWER EXTREMITY PROSTHESES, SHOULDER HARNESS  2700 CPT/HCPCS ALLOWER EXTREMITY PROSTHESES, SHOULDER HARNESS  2700 CPT/HCPCS PROTECL-THORACIC-CLIMBAR-SACRAL ORTHOSIS (CITS.D) (MILWAUKEE), INCLUSIVE OF FURNISHING WITH A ORTHOSES, INCLUDING MOD  2710 CPT/HCPCS CONTROLL—THORACIC-CLIMBAR-SACRAL ORTHOSIS (CITS.D) (MILWAUKEE),	L5622	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, TEST SOCKET, KNEE DISARTICULATION	Yes
ASSEMBLED, OR OTHERWISE CUST+ ASSEMBLED, OR OTHERWISE CUST+ ASSEMBLED, OR OTHERWISE CUST+ ASSEMBLED, OR OTHERWISE CUST+ ASSEMBLED, OR OTHERWISE CUST+ ASSEMBLED, OR OTHERWISE CUST+ ASSEMBLED, OR OTHERWISE CUST+ ASSEMBLED, OR OTHERWISE CUST+ ASSEMBLED, OR OTHERWISE CUST+ ASSEMBLED, OR OTHERWISE CUST+ ASSEMBLED, OR OTHERWISE ASSEMBLED, OR OTHERWISE CUST+ ASSEMBLED, OR OTHERWISE ASSEMBLED, OR OTHERWISE CUST+ ASSEMBLED, OR OTHERWISE ASSEMBLED, OR OTHERWISE CUST+ ASSEMBLED, OR OTHERWISE CUST+ ASSEMBLED, OR OTHERWISE CUST+ ASSEMBLED, OR OTHERWISE CUST+ ASSEMBLED, OR OTHERWISE CUST+ ASSEMBLED, OR OTHERWISE CUST+ ASSEMBLED, OR OTHERWISE CUST+ ASSEMBLED, OR OTHERWISE CUST+ ASSEMBLED, OR OTHERWISE CUST+ ASSEMBLED, OR OTHERWISE CUST+ ASSEMBLED, OR OTHERWISE CUST+ ASSEMBLED, OR OTHERWISE CUST+ ASSEMBLED, OR OTHERWISE CUST+ ASSEMBLED, OR OTHERWISE CUST+ ASSEMBLED, OR OTHERWISE CUST+ ASSEMBLED, OR OTHERWISE CUST+ ASSEMBLED, OR OTHERWISE CUST+ ASSEMBLED, OR OTHERWISE CUST+ ASSEMBLED, OR OTHERWISE CUST+ ASSEMBLED, OR OTHERWISE CUST+ ASSEMBLED, OR OTHERWISE CUST+ ASSEMBLED, OR OTHERWISE CUST+ ASSEMBLED, OR OTHERWISE CUST+ ASSEMBLED, OR OTHERWISE CUST+ ASSEMBLED, OR OTHERWISE CUST+ ASSEMBLED, OR OTHERWISE CUST+ ASSEMBLED, OR OTHERWISE CUST+ ASSEMBLED, OR OTHERWISE CUST+ ASSEMBLED, OR OTHERWISE CUST+ ASSEMBLED, OR OTHERWISE CUST+ ASSEMBLED, OR OTHERWISE CUST+ ASSEMBLED, OR OTHERWISE CUST+ ASSEMBLED, OR OTHERWISE CUST+ ASSEMBLED, OR OTHERWISE CUST+ ASSEMBLED, OR OTHERWISE CUST+ ASSEMBLED, OR OTHERWISE CUST+ ASSEMBLED, OR OTHERWISE CUST+ ASSEMBLED, OR OTHERWISE CUST+ ASSEMBLED, OR OTHERWISE CUST+ ASSEMBLED, OR OTHERWISE CUST+ ASSEMBLED, OR OTHERWISE CUST+ ASSEMBLED, OR OTHERWISE CUST+ ASSEMBLED, OR OTHERWISE CUST+ ASSEMBLED, OR OTHERWISE CUST+ ASSEMBLED, OR OTHERWISE CUST+ ASSEMBLED, OR OTHERWISE CUST+ ASSEMBLED, OR OTHERWISE CUST+ ASSEMBLED, OR OTHERWISE CUST+ ASSEMBLED, OR OTHERWISE CUST+ ASSEMBLED, OR OTHERWISE CUST+ ASSEMBLED, OR OTHERWISE CUST+ ASSEMBLED, OR OTHERWISE CUST+ ASSEMBLED, OR OTHERWISE CUST+ ASSEMBLED, OR OTHERWISE	L0472	CPT/HCPCS		Yes
CPT/HCPCS	L3760	CPT/HCPCS	PREFABRICATED, ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED,	Yes
CPT/HCPCS	L6641	CPT/HCPCS		Yes
CPT/HCPCS ADDITIONS, METACARPAL FRACTURE ORTHOSIS, PREFABRICATED, Yes OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OFF-THE-SHELF OF	L7170			
.6646 CPT/HCPCS UPPER EXTREMITY ADDITION, SHOULDER JOINT, MULTIPOSITIONAL .0649 CPT/HCPCS UNLISTED PROCEDURES FOR FOOT ORTHOPEDIC SHOES, SHOE MODIFICATIONS AND TRANSFERS .3976 CPT/HCPCS SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS, ABDUCTION POSITIONING (ARPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR, WITHOUT JOINTS, MAY INCLUDE SH .6629 CPT/HCPCS UPPER EXTREMITY ADDITION, QUICK DISCONNECT LAMINATION COLLAR WITH COUPLING PIECE, OTTO BOCK OR EQUAL .6588 CPT/HCPCS PREPARATORY, SHOULDER DISARTICULATION OR INTERSCAPULAR THORACIC, SINGLE WALL PLASTIC SOCKET, SHOULDER JOINT, LOCKING EL .1820 CPT/HCPCS KNEE ORTHOSIS, ELASTIC WITH CONDYLAR PADS/JOINTS, WITH OR WITHOUT PATELLAR CONTROL, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, .1890 CPT/HCPCS ANKLE-FOOT ORTHOSES, DOUBLE UPRIGHT FREE PLANTAR DORSIFLEXIONSOLID STIRRUP, CALE BAND/CUFF(DOUBLE BAR'BK'ORTHOSIS/CUST.FAB .5699 CPT/HCPCS ALL LOWER EXTREMITY PROSTHESES, SHOULDER HARNESS YES .2620 CPT/HCPCS ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, HEAVY DUTY, EACH .0220 CPT/HCPCS PROSTHETIC PROCEDURES-DEVICES; METATARSAL JOINT YES .8841 CPT/HCPCS PROSTHETIC PROCEDURES-DEVICES; METATARSAL JOINT YES .3334 CPT/HCPCS FOOT ADJUSTABLE SHOE/STYLED POSITIONIN DEVICE YES .3334 CPT/HCPCS OSTOMY SKIN BARRIER, NON-PECTIN BASED, PASTE, PER OUNCE YES	L3918	CPT/HCPCS		Yes
LOCKING, FLEXION,  3649 CPT/HCPCS UNLISTED PROCEDURES FOR FOOT ORTHOPEDIC SHOES, SHOE  MODIFICATIONS AND TRANSFERS  3976 CPT/HCPCS SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR, WITHOUT JOINTS, MAY INCLUDE S+  46629 CPT/HCPCS UPPER EXTREMITY ADDITION, QUICK DISCONNECT LAMINATION COLLAR WITH COUPLING PIECE, OTTO BOCK OR EQUAL  56580 CPT/HCPCS PREPARATORY, SHOULDER DISARTICULATION OR INTERSCAPULAR THORACIC, SINGLE WALL PLASTIC SOCKET, SHOULDER JOINT, LOCKING EL  1820 CPT/HCPCS KNEE ORTHOSIS, ELASTIC WITH CONDYLAR PADD, JOINT, SWITH OR WITHOUT PATELLAR CONTROL, PREFABRICATED ITEM THAT HAS BEEN TRIMMED,  1990 CPT/HCPCS ANKLE-FOOT ORTHOSES, DOUBLE UPRIGHT FREE PLANTAR DORSIFLEXIONSOLD STIRRUP, CALF BAND/CUFF (DOUBLE BAR'BK''ORTHOSIS) CUST. FAB  5699 CPT/HCPCS ALL LOWER EXTREMITY PROSTHESES, SHOULDER HARNESS PERSON OF THORACIC, RIB BELT, CUSTOM FABRICATED  1001 CPT/HCPCS THORACIC, RIB BELT, CUSTOM FABRICATED  1017, EACH  1017 CPT/HCPCS CERVICAL-THORACIC-LUMBAR-SACRAL ORTHOSIS (CTLSO) (MILWAUKEE), INCLUSIVE OF FURNISHING INITIAL ORTHOSES, INCLUDING MOD  10230 CPT/HCPCS CERVICAL-THORACIC-LUMBAR-SACRAL ORTHOSIS (CTLSO) (MILWAUKEE), INCLUSIVE OF FURNISHING INITIAL ORTHOSES, INCLUDING MOD  103304 CPT/HCPCS LIFT, ELEVATION, HEEL, PER INCH  10405 CPT/HCPCS OSTOMY SKIN BARRIER, NON-PECTIN BASED, PASTE, PER OUNCE  10507  10507  10507  10507  10507  10507  10507  10507  10507  10507  10507  10507  10507  10507  10507  10507  10507  10507  10507  10507  10507  10507  10507  10507  10507  10507  10507  10507  10507  10507  10507  10507  10507  10507  10507  10507  10507  10507  10507  10507  10507  10507  10507  10507  10507  10507  10507  10507  10507  10507  10507  10507  10507  10507  10507  10507  10507  10507  10507  10507  10507  10507  10507  10507  10507  10507  10507  10507  10507  10507  10507  10507  10507  10507  10507  10507  10507  10507  10507  10507  10507  10507  10507  10507  10507  10507  10507  10507  10507  10507  10507  10507  10507  1	L2200	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, LIMITED ANKLE MOTION, EACH JOINT	Yes
MODIFICATIONS AND TRANSFERS  3976 CPT/HCPCS SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR, WITHOUT JOINTS, MAY INCLUDE S+  6629 CPT/HCPCS UPPER EXTREMITY ADDITION, QUICK DISCONNECT LAMINATION COLLAR WITH COUPLING PIECE, OTTO BOCK OR EQUAL  6588 CPT/HCPCS PREPRATORY, SHOULDER DISARTICULATION OR INTERSCAPULAR THORACIC, SINGLE WALL PLASTIC SOCKET, SHOULDER JOINT, LOCKING EL  1820 CPT/HCPCS KNEE ORTHOSIS, ELASTIC WITH CONDYLAR PADS/JOINTS, WITH OR WITHOUT PATELLAR CONTROL, PREFABRICATED ITEM THAT HAS BEEN TRIMMED,  1990 CPT/HCPCS ANKLE-FOOT ORTHOSES, DOUBLE UPRIGHT FREE PLANTAR DORSIFLEXIONSOLID STIRRUP, CALF BAND/CUFF(DOUBLE BAR-BK-ORTHOSIS)CUST-FAB  5699 CPT/HCPCS ALL LOWER EXTREMITY PROSTHESES, SHOULDER HARNESS PES  600 CPT/HCPCS ALL LOWER EXTREMITY PROSTHESES, SHOULDER HARNESS POUTY, EACH  1000 CPT/HCPCS THORACIC, RIB BELT, CUSTOM FABRICATED POUTY, EACH  1001 CPT/HCPCS PROSTHETIC PROCEDURES-DEVICES; METATARSAL JOINT PES  3334 CPT/HCPCS FOOT ADJUSTABLE SHOE/STYLED POSITIONIN DEVICE PES  44405 CPT/HCPCS OSTOMY SKIN BARRIER, NON-PECTIN BASED, PASTE, PER OUNCE PES  5450 CPT/HCPCS OSTOMY SKIN BARRIER, NON-PECTIN BASED, PASTE, PER OUNCE PES  5460 CPT/HCPCS OSTOMY SKIN BARRIER, NON-PECTIN BASED, PASTE, PER OUNCE PES  5569 CPT/HCPCS OSTOMY SKIN BARRIER, NON-PECTIN BASED, PASTE, PER OUNCE PES  5670 CPT/HCPCS OSTOMY SKIN BARRIER, NON-PECTIN BASED, PASTE, PER OUNCE PES  5670 CPT/HCPCS OSTOMY SKIN BARRIER, NON-PECTIN BASED, PASTE, PER OUNCE PES  5670 CPT/HCPCS OSTOMY SKIN BARRIER, NON-PECTIN BASED, PASTE, PER OUNCE PES  5670 CPT/HCPCS OSTOMY SKIN BARRIER, NON-PECTIN BASED, PASTE, PER OUNCE PES  5670 CPT/HCPCS OSTOMY SKIN BARRIER, NON-PECTIN BASED, PASTE, PER OUNCE PES  5671 CPT/HCPCS OSTOMY SKIN BARRIER, NON-PECTIN BASED, PASTE, PER OUNCE PES  5671 CPT/HCPCS OSTOMY SKIN BARRIER, NON-PECTIN BASED, PASTE, PER OUNCE PES  5671 CPT/HCPCS OSTOMY SKIN BARRIER, NON-PECTIN BASED, PASTE, PER OUNCE PES  5672 CPT/HCPCS OSTOMY SKIN BARRIER, NON-PECTIN BASED, PASTE	L6646	CPT/HCPCS		Yes
POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR, WITHOUT JOINTS, MAY INCLUDE S+  UPPER EXTREMITY ADDITION, QUICK DISCONNECT LAMINATION COLLAR WITH COUPLING PIECE, OTTO BOCK OR EQUAL  ESSAB  CPT/HCPCS  PREPARATORY, SHOULDER DISARTICULATION OR INTERSCAPULAR THORACIC, SINGLE WALL PLASTIC SOCKET, SHOULDER JOINT, LOCKING EL  RESEAUCH CONTROL, PREFABRICATED ITEM THAT HAS BEEN TRIMMED,  PATELLAR CONTROL, PREFABRICATED ITEM THAT HAS BEEN TRIMMED,  PATELLAR CONTROL, PREFABRICATED ITEM THAT HAS BEEN TRIMMED,  PATELLAR CONTROL, PREFABRICATED ITEM THAT HAS BEEN TRIMMED,  PATELLAR CONTROL, PREFABRICATED ITEM THAT HAS BEEN TRIMMED,  PATELLAR CONTROL, PREFABRICATED ITEM THAT HAS BEEN TRIMMED,  PATELLAR CONTROL, PREFABRICATED ITEM THAT HAS BEEN TRIMMED,  PATELLAR CONTROL, PREFABRICATED ITEM THAT HAS BEEN TRIMMED,  PES BAR"BK"ORTHOSIS)CUST.FAB  ALL LOWER EXTREMITY PROSTHESES, SHOULDER HARNESS  YES  ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, HEAVY DUTY, EACH  PES BABAL CPT/HCPCS  PROSTHETIC PROCEDURES DEVICES; METATARSAL JOINT  YES  CONTROL PROCEDURES DEVICES; METATARSAL JOINT  YES  CONTROL PROCEDURES DEVICES; METATARSAL JOINT  YES  CONTROL PROCEDURES SO DEVICES; METATARSAL JOINT  YES  CONTROL PROCEDURES SO DEVICES; METATARSAL JOINT  YES  CONTROL PROCEDURES SO DEVICES; METATARSAL JOINT  YES  CONTROL PROCEDURES SO DEVICES; METATARSAL JOINT  YES  CONTROL PROCEDURES SO DEVICES; METATARSAL JOINT  YES  CONTROL PROCEDURES SO DEVICES; METATARSAL JOINT  YES  CONTROL PROCEDURES SO DEVICES; METATARSAL JOINT  YES  CONTROL PROCEDURES SO DEVICES; METATARSAL JOINT  YES  CONTROL PROCEDURES SO DEVICES; METATARSAL JOINT  YES  CONTROL PROCEDURES SO DEVICES; METATARSAL JOINT  YES  CONTROL PROCEDURES SO DEVICES; METATARSAL JOINT  YES  CONTROL PROCEDURES SO DEVICES; METATARSAL JOINT  YES  CONTROL PROCEDURES SO DEVICES; METATARSAL JOINT  YES  CONTROL PROCEDURES SO DEVICES; METATARSAL JOINT  YES  CONTROL PROCEDURES SO DEVICES; METATARSAL JOINT  YES  CONTROL PROCEDURES SO DEVICES; METATARSAL JOINT  YES  CONTROL PROCEDURES	L3649	CPT/HCPCS	· ·	Yes
BAR, WITHOUT JOINTS, MAY INCLUDE S+  (ACCOUNTING ON THE COUNTING ON THE COUNTI	L3976	CPT/HCPCS		Yes
CPT/HCPCS UPPER EXTREMITY ADDITION, QUICK DISCONNECT LAMINATION COLLAR WITH COUPLING PIECE, OTTO BOCK OR EQUAL  CPT/HCPCS PREPARATORY, SHOULDER DISARTICULATION OR INTERSCAPULAR THORACIC, SINGLE WALL PLASTIC SOCKET, SHOULDER JOINT, LOCKING EL  CPT/HCPCS KNEE ORTHOSIS, ELASTIC WITH CONDYLAR PADS/JOINTS, WITH OR WITHOUT PATELLAR CONTROL, PREFABRICATED ITEM THAT HAS BEEN TRIMMED,  CPT/HCPCS ANKLE-FOOT ORTHOSES, DOUBLE UPRIGHT FREE PLANTAR DORSIFLEXIONSOLID STIRRUP, CALF BAND/CUFF(DOUBLE BAR"BK"ORTHOSIS) CUST. FAB  CPT/HCPCS ALL LOWER EXTREMITY PROSTHESES, SHOULDER HARNESS YES  CPT/HCPCS ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, HEAVY DUTY, EACH  DOCATED THORACIC, RIB BELT, CUSTOM FABRICATED YES  SE641 CPT/HCPCS PROSTHETIC PROCEDURES-DEVICES; METATARSAL JOINT YES  1000 CPT/HCPCS CERVICAL-THORACIC-LUMBAR-SACRAL ORTHOSIS (CTLSO) (MILWAUKEE), INCLUSIVE OF FURNISHING INITIAL ORTHOSES, INCLUDING MOD  CPT/HCPCS FOOT ADJUSTABLE SHOE/STYLED POSITIONIN DEVICE YES  1334 CPT/HCPCS ILIFT, ELEVATION, HEEL, PER INCH YES  14405 CPT/HCPCS OSTOMY SKIN BARRIER, NON-PECTIN BASED, PASTE, PER OUNCE YES			, , , , , , , , , , , , , , , , , , , ,	
CPT/HCPCS PREPARATORY, SHOULDER DISARTICULATION OR INTERSCAPULAR THORACIC, SINGLE WALL PLASTIC SOCKET, SHOULDER JOINT, LOCKING EL  KNEE ORTHOSIS, ELASTIC WITH CONDYLAR PADS/JOINTS, WITH OR WITHOUT PATELLAR CONTROL, PREFABRICATED ITEM THAT HAS BEEN TRIMMED,  CPT/HCPCS ANKLE-FOOT ORTHOSES, DOUBLE UPRIGHT FREE PLANTAR DORSIFLEXIONSOLID STIRRUP, CALF BAND/CUFF (DOUBLE BAR"BX"ORTHOSIS) CUST.FAB  DORSIFLEXIONSOLID STIRRUP, CALF BAND/CUFF (DOUBLE BAR"BX"ORTHOSIS) CUST.FAB  CPT/HCPCS ALL LOWER EXTREMITY PROSTHESES, SHOULDER HARNESS YES  ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, HEAVY DUTY, EACH  DUTY, EACH  CPT/HCPCS THORACIC, RIB BELT, CUSTOM FABRICATED YES  B641 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  S160 CPT/HCPCS FOOT ADJUSTABLE SHOE/STYLED POSITIONIN DEVICE YES  M4405 CPT/HCPCS OSTOMY SKIN BARRIER, NON-PECTIN BASED, PASTE, PER OUNCE YES	L6629	CPT/HCPCS		Yes
PATELLAR CONTROL, PREFABRICATED ITEM THAT HAS BEEN TRIMMED,  1990 CPT/HCPCS ANKLE-FOOT ORTHOSES, DOUBLE UPRIGHT FREE PLANTAR DORSIFLEXIONSOLID STIRRUP, CALF BAND/CUFF(DOUBLE BAR"BK"ORTHOSIS) CUST. FAB  15699 CPT/HCPCS ALL LOWER EXTREMITY PROSTHESES, SHOULDER HARNESS Yes DUTY, EACH DUTY, EACH 160220 CPT/HCPCS THORACIC, RIB BELT, CUSTOM FABRICATED Yes DUTY, EACH 17000 CPT/HCPCS PROSTHETIC PROCEDURES-DEVICES; METATARSAL JOINT Yes CERVICAL-THORACIC-LUMBAR-SACRAL ORTHOSIS (CTLSO) (MILWAUKEE), INCLUSIVE OF FURNISHING INITIAL ORTHOSES, INCLUDING MOD  23160 CPT/HCPCS FOOT ADJUSTABLE SHOE/STYLED POSITIONIN DEVICE Yes A4405 CPT/HCPCS OSTOMY SKIN BARRIER, NON-PECTIN BASED, PASTE, PER OUNCE YES	L6588	CPT/HCPCS	PREPARATORY, SHOULDER DISARTICULATION OR INTERSCAPULAR	Yes
DORSIFLEXIONSOLID STIRRUP, CALF BAND/CUFF (DOUBLE BAR" BK"ORTHOSIS) CUST. FAB  .5699 CPT/HCPCS ALL LOWER EXTREMITY PROSTHESES, SHOULDER HARNESS YES  .2620 CPT/HCPCS ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, HEAVY YES  .0220 CPT/HCPCS THORACIC, RIB BELT, CUSTOM FABRICATED YES  .8641 CPT/HCPCS PROSTHETIC PROCEDURES-DEVICES; METATARSAL JOINT YES  .1000 CPT/HCPCS CERVICAL-THORACIC-LUMBAR-SACRAL ORTHOSIS (CTLSO) (MILWAUKEE), INCLUSIVE OF FURNISHING INITIAL ORTHOSES, INCLUDING MOD  .3160 CPT/HCPCS FOOT ADJUSTABLE SHOE/STYLED POSITIONIN DEVICE YES  .3334 CPT/HCPCS LIFT, ELEVATION, HEEL, PER INCH YES  .44405 CPT/HCPCS OSTOMY SKIN BARRIER, NON-PECTIN BASED, PASTE, PER OUNCE YES	L1820	CPT/HCPCS		Yes
CPT/HCPCS ALL LOWER EXTREMITY PROSTHESES, SHOULDER HARNESS  2620 CPT/HCPCS ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, HEAVY DUTY, EACH  CPT/HCPCS THORACIC, RIB BELT, CUSTOM FABRICATED  Section CPT/HCPCS PROSTHETIC PROCEDURES-DEVICES; METATARSAL JOINT  CPT/HCPCS CERVICAL-THORACIC-LUMBAR-SACRAL ORTHOSIS (CTLSO) (MILWAUKEE), INCLUSIVE OF FURNISHING INITIAL ORTHOSES, INCLUDING MOD  CPT/HCPCS FOOT ADJUSTABLE SHOE/STYLED POSITIONIN DEVICE  CPT/HCPCS LIFT, ELEVATION, HEEL, PER INCH  CPT/HCPCS OSTOMY SKIN BARRIER, NON-PECTIN BASED, PASTE, PER OUNCE  Yes  CPT/HCPCS OSTOMY SKIN BARRIER, NON-PECTIN BASED, PASTE, PER OUNCE  Yes	L1990	CPT/HCPCS	DORSIFLEXIONSOLID STIRRUP, CALF BAND/CUFF(DOUBLE	Yes
DUTY, EACH  DUTY, EACH  CPT/HCPCS THORACIC, RIB BELT, CUSTOM FABRICATED  Sedat CPT/HCPCS PROSTHETIC PROCEDURES-DEVICES; METATARSAL JOINT Yes  CPT/HCPCS CERVICAL-THORACIC-LUMBAR-SACRAL ORTHOSIS (CTLSO) (MILWAUKEE), INCLUSIVE OF FURNISHING INITIAL ORTHOSES, INCLUDING MOD  CPT/HCPCS FOOT ADJUSTABLE SHOE/STYLED POSITIONIN DEVICE Yes  CPT/HCPCS LIFT, ELEVATION, HEEL, PER INCH Yes  CPT/HCPCS OSTOMY SKIN BARRIER, NON-PECTIN BASED, PASTE, PER OUNCE Yes	L5699	CPT/HCPCS	'	Yes
28641 CPT/HCPCS PROSTHETIC PROCEDURES-DEVICES; METATARSAL JOINT Yes 2.1000 CPT/HCPCS CERVICAL-THORACIC-LUMBAR-SACRAL ORTHOSIS (CTLSO) (MILWAUKEE), INCLUSIVE OF FURNISHING INITIAL ORTHOSES, INCLUDING MOD 2.3160 CPT/HCPCS FOOT ADJUSTABLE SHOE/STYLED POSITIONIN DEVICE Yes 2.3334 CPT/HCPCS LIFT, ELEVATION, HEEL, PER INCH Yes 2.44405 CPT/HCPCS OSTOMY SKIN BARRIER, NON-PECTIN BASED, PASTE, PER OUNCE Yes	L2620		DUTY, EACH	
CPT/HCPCS CERVICAL-THORACIC-LUMBAR-SACRAL ORTHOSIS (CTLSO) (MILWAUKEE), INCLUSIVE OF FURNISHING INITIAL ORTHOSES, INCLUDING MOD  CPT/HCPCS FOOT ADJUSTABLE SHOE/STYLED POSITIONIN DEVICE CPT/HCPCS LIFT, ELEVATION, HEEL, PER INCH CPT/HCPCS OSTOMY SKIN BARRIER, NON-PECTIN BASED, PASTE, PER OUNCE Yes	L0220			
INCLUSIVE OF FURNISHING INITIAL ORTHOSES, INCLUDING MOD  3160 CPT/HCPCS FOOT ADJUSTABLE SHOE/STYLED POSITIONIN DEVICE Yes  3334 CPT/HCPCS LIFT, ELEVATION, HEEL, PER INCH Yes  A4405 CPT/HCPCS OSTOMY SKIN BARRIER, NON-PECTIN BASED, PASTE, PER OUNCE Yes				
.3334 CPT/HCPCS LIFT, ELEVATION, HEEL, PER INCH A4405 CPT/HCPCS OSTOMY SKIN BARRIER, NON-PECTIN BASED, PASTE, PER OUNCE Yes	L1000	CP1/HCPCS		res
.3334 CPT/HCPCS LIFT, ELEVATION, HEEL, PER INCH A4405 CPT/HCPCS OSTOMY SKIN BARRIER, NON-PECTIN BASED, PASTE, PER OUNCE Yes	L3160	CPT/HCPCS	FOOT ADJUSTABLE SHOE/STYLED POSITIONIN DEVICE	Yes
	L3334	CPT/HCPCS	LIFT, ELEVATION, HEEL, PER INCH	Yes
.3257 CPT/HCPCS ORTHOPEDIC FOOTWEAR, ADDITIONAL CHARGE FOR SPLIT SIZE 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	ARTIFICAL 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	Yes
		INTERFACE LINER, MULTIPLE STRAPS AND CLOSURES, POSTERIOR	
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	ETC.)	Yes
L0464	CPT/HCPCS	TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM FOUR RIGID PLASTIC	
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	
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	Yes
10400	01 1/1101 00	POSTERIOR PANEL AND SOFT ANTERIOR APRON, EXTENDS FROM THE SACROCOCCYGEAL JUNCTION AND +	
L6955	CPT/HCPCS	ABOVE ELBOW, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE	Yes
		HUMERAL SHELL, INTERNAL LOCKING ELBOW, FOREARM, OTTO BOCK	
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, SILESIAN BANDAGE	Yes
L7902	CPT/HCPCS		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	
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

1944   OPTIMENES   DOUBTION MULTINASIA PROJECTION   Yes	L5722	CPT/HCPCS	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC	Yes
1979   PRIVACES   PRIVACES   PRIVACE   PRIVA			SWING, FRICTION STANCE PHASE CONTROL	
DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPTH   DEPT	L5840	CPT/HCPCS	ADDITION MULTIAXIAL PNEUMATIC/WING PHASE CONTROL	Yes
DOTAMINESPONSE    DIVAMINESPONSE    DIVAMINESPONSE    DIVAMINESPONSE    DIVAMINESPONSE    DIVAMINESPONSE    DIVAMINESPONSE    DIVAMINESPONSE    DIVAMINESPONSE    DIVAMINESPONSE  DIVAMINESPONSE  DIVAMINESPONSE  DIVAMINESPONSE  DIVAMINESPONSE  DIVAMINESPONSE  DIVAMINESPONSE  DIVAMINESPONSE  DIVAMINESPONSE  DIVAMINESPONSE  DIVAMINESPONSE  DIVAMINESPONSE  DIVAMINESPONSE  DIVAMINESPONSE  DIVAMINESPONSE  DIVAMINESPONSE  DIVAMINESPONSE  DIVAMINESPONSE  DIVAMINESPONSE  DIVAMINESPONSE  DIVAMINESPONSE  DIVAMINESPONSE  DIVAMINESPONSE  DIVAMINESPONSE  DIVAMINESPONSE  DIVAMINESPONSE  DIVAMINESPONSE  DIVAMINESPONSE  DIVAMINESPONSE  DIVAMINESPONSE  DIVAMINESPONSE  DIVAMINESPONSE  DIVAMINESPONSE  DIVAMINESPONSE  DIVAMINESPONSE  DIVAMINESPONSE  DIVAMINESPONSE  DIVAMINESPONSE  DIVAMINESPONSE  DIVAMINESPONSE  DIVAMINESPONSE  DIVAMINESPONSE  DIVAMINESPONSE  DIVAMINESPONSE  DIVAMINESPONSE  DIVAMINESPONSE  DIVAMINESPONSE  DIVAMINESPONSE  DIVAMINESPONSE  DIVAMINESPONSE  DIVAMINESPONSE  DIVAMINESPONSE  DIVAMINESPONSE  DIVAMINESPONSE  DIVAMINESPONSE  DIVAMINESPONSE  DIVAMINESPONSE  DIVAMINESPONSE  DIVAMINESPONSE  DIVAMINESPONSE  DIVAMINESPONSE  DIVAMINESPONSE  DIVAMINESPONSE  DIVAMINESPONSE  DIVAMINESPONSE  DIVAMINESPONSE  DIVAMINESPONSE  DIVAMINESPONSE  DIVAMINESPONSE  DIVAMINESPONSE  DIVAMINESPONSE  DIVAMINESPONSE  DIVAMINESPONSE  DIVAMINESPONSE  DIVAMINESPONSE  DIVAMINESPONSE  DIVAMINESPONSE  DIVAMINESPONSE  DIVAMINESPONSE  DIVAMINESPONSE  DIVAMINESPONSE  DIVAMINESPONSE  DIVAMINESPONSE  DIVAMINESPONSE  DIVAMINESPONSE  DIVAMINESPONSE  DIVAMINESPONSE  DIVAMINESPONSE  DIVAMINESPONSE  DIVAMINESPONSE  DIVAMINESPONSE  DIVAMINESPONSE  DIVAMINESPONSE  DIVAMINESPONSE  DIVAMINESPONSE  DIVAMINESPONSE  DIVAMINESPONSE  DIVAMINESPONSE  DIVAMINESPONSE  DIVAMINESPONSE  DIVAMINESPONSE  DIVAMINESPONSE  DIVAMINESPONSE  DIVAMINESPONSE  DIVAMINESPONSE  DIVAMINESPONSE  DIVAMINESPONSE  DIVAMINESPONSE  DIVAMINESPONSE  DIVAMINESPONSE  DIVAMINESPONSE  DIVAMINESPONSE  DIVAMINESPONSE  DIVAMINESPONSE  DIVAMINESPONSE  DIVAMINESPONSE  DIVAMINESPONSE  DIVAMINESP	L0120	CPT/HCPCS		Yes
1910   CPTH-PCPS	L5979	CPT/HCPCS		Yes
CPT/HCPCS	L8400	CPT/HCPCS		Yes
AGRICATIO   ARRIVANTO   NICERORITHOUSIS, WITHOUTJOINTS, MAY INCLUDE SOFT   Yes   WITTERACE, STRAWS, BRIT ABRICATED, OFF THE-SHELL				
			FABRICATED	
LEASE CPTHCPCS UPPER EXTREMITY ADDITION, SHOULDER FLEXION-ABDUCTION JOINT, EACH Yea CPTHCPCS STORY SIN BARBERS, SOLD, AND REQUIVALENT, STANDARD WEAR, WITH HAUTH IN COMMETTE ACH WITH HAUTH IN COMMETTE ACH BIGGORPEARREASTED INCLUDES STITMS AND AUDUSTRIENT BIGGORPEARREASTED INCLUDES STITMS AND AUDUSTRIENT CPTHCPCS ADDITION TO LOWER EXTREMITY SCHULL CONTAINING STIMM— SOCKET SOCKET SOCKET SOCKET CPTHCPCS ADDITION TO LOWER EXTREMITY SCHULL CONTAINING STIMM— SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET CPTHCPCS ADDITION TO LOWER EXTREMITY SCHULL CONTAINING STIMM— VES SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKE	L3924	CP1/HCPC3		res
WITH BUILTIN CONNEXTY, EACH	L6645	CPT/HCPCS		Yes
BIGIDPREFABRICATED.MCLUDES FITTING AND ADJUSTMENT	A4372	CPT/HCPCS	•	Yes
12397	L2114	CPT/HCPCS		Yes
LEGGO CPTHOPOS SOCKET  LISSAS CPTHOPOS SOCKET  LISSAS CPTHOPOS ADDITION TO EDIDOSELETAL KNEE SHIN SYSTEM, FLUID STANCE  LISSAS CPTHOPOS ADDITION TO EDIDOSELETAL KNEE SHIN SYSTEM, FLUID STANCE  LISSAS CPTHOPOS MISSELLANDOUS SHOP ADDITION, MARICH BAR  LISSAS CPTHOPOS SHOULDER LEDOW WINST HAND FINNER ORTHOSIS, ABDUCTION  POSITIONING (AIRPLANE DESIRN), HORACIC COMPONENT AND SUPPORT  BAS, INCLUDES ONE OR MORE MONITORIAL  LISSAS CPTHOPOS ANLE FOOT ORTHOSIS, MULTILIGAMENTOUS ANLE SUPPORT,  PREFABRICATED, OFF-THE-SHELE  CPTHOPOS NILE ORTHOSIS, LOCKING KINE SUPPORT,  PREFABRICATED, OFF-THE-SHELE  CPTHOPOS PREFABRICATED, OFF-THE-SHELE  CPTHOPOS REPLACE LEATHER CUFF KAFO, PROXIMAL THIGH  CPTHOPOS REPLACE LEATHER CUFF KAFO, PROXIMAL THIGH  LISSAS CPTHOPOS SERVICE SHOWN SHEE SHOULD SOCKET ENDOSKELETAL  VES  SYSTEM JURIS SHOULD STANDAY SHOULD SOCKET SHOULD SOCKET SHOULD SOCKET SHOULD SOCKET SHOULD SOCKET SHOULD SOCKET SHOULD SOCKET SHOULD SOCKET SHOULD SOCKET SHOULD SOCKET SHOULD SOCKET SHOULD SOCKET SHOULD SOCKET SHOULD SOCKET SHOULD SOCKET SHOULD SOCKET SHOULD SOCKET SHOULD SOCKET SHOULD SOCKET SHOULD SOCKET SHOULD SOCKET SHOULD SOCKET SHOULD SOCKET SHOULD SOCKET SHOULD SOCKET SHOULD SOCKET SHOULD SOCKET SHOULD SOCKET SHOULD SOCKET SHOULD SOCKET SHOULD SOCKET SHOULD SOCKET SHOULD SOCKET SHOULD SOCKET SHOULD SOCKET SHOULD SOCKET SHOULD SOCKET SHOULD SOCKET SHOULD SOCKET SHOULD SOCKET SHOULD SOCKET SHOULD SOCKET SHOULD SOCKET SHOULD SOCKET SHOULD SOCKET SHOULD SOCKET SHOULD SOCKET SHOULD SOCKET SHOULD SOCKET SHOULD SOCKET SHOULD SOCKET SHOULD SOCKET SHOULD SOCKET SHOULD SOCKET SHOULD SOCKET SHOULD SOCKET SHOULD SOCKET SHOULD SOCKET SHOULD SOCKET SHOULD SOCKET SHOULD SOCKET SHOULD SOCKET SHOULD SOCKET SHOULD SOCKET SHOULD SOCKET SHOULD SOCKET SHOULD SOCKET SHOULD SOCKET SHOULD SOCKET SHOULD SOCKET SHOULD SOCKET SHOULD SOCKET SHOULD SOCKET SHOULD SOCKET SHOULD SOCKET SHOULD SOCKET SHOULD SOCKET SHOULD SOCKET SHOULD SOCKET SOCKET SHOULD SOCKET SOCKET SHOULD SOCKET SOCKET SHOULD SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET SOCKET S	12397	CPT/HCPCS		Yes
SOCKET				
EXTENSION_DAMPENING			·	
13596   OPTH-CPCS   MISCELLANDUS SHOE ADDITION, MARCH BAR   OPTH-CPCS   OPTH	L5848	CPT/HCPCS		Yes
CPT/HCPCS SHOULDER ELEOW WRIST HAND FINGER ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR, INCLUDES ONE OR MORE NONTORS)+  LI906 CPT/HCPCS ANKLE POOT ORTHOSIS, MULTILICAMENTOUS ANKLE SUPPORT, Yes PREABRICATED, OF THE-SHELF PROFESSION OF PROFESSIONATE, OF THE-SHELF PROFES	13595	CPT/HCPCS		Yes
POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR, INCLUDES ONE OR MORE NONTORS!  L1996 CPT/HCPCS ANKIE FOOT ORTHOUSS, MULTILICAMENTOUS ANKLE SUPPORT, PREFABRICATED, OFF-THE-SHELF L1991 CPT/HCPCS PARTAL HAND, ROBIN-HOLS, THUMB REMAINING [OR EQUAL) CPT/HCPCS PREFABRICATED, OFF-THE-SHELF RIVER OF PREFABRICATED, OFF-THE-SHELF RIVER OFF PREFABRICATED, OFF-THE-SHELF REAR OFF PREFABRICATED, OFF-THE-SHELF RIVER OFF PREFABRICATED, OFF-THE-SHELF REAR OFF-THE-SHELF L1991 CPT/HCPCS REPLACE LEATHER CUEY KAPP, PROXIMAL THIGH L1991 CPT/HCPCS REPLACE LEATHER CUEY KAPP, PROXIMAL THIGH L1994 CPT/HCPCS REPLACE LEATHER CUEY KAPP, PROXIMAL THIGH CPT/HCPCS REPLACE LEATHER CUEY KAPP, PROXIMAL THIGH CPT/HCPCS REPLACE LEATHER CUEY KAPP, PROXIMAL THIGH CPT/HCPCS REPLACE LEATHER CUEY KAPP, PROXIMAL THIGH CPT/HCPCS REPLACE LEATHER CUEY KAPP, PROXIMAL THIGH CPT/HCPCS REPLACE LEATHER CUEY KAPP, PROXIMAL THIGH CPT/HCPCS REPLACE LEATHER CUEY KAPP, PROXIMAL THIGH STREET, INFANT SEZ, PREFABRICATED, INCLUDES STITION AND ADJUSTMENT REPLACED OFF AND AND AND ADJUSTMENT REPLACED OFF AND AND ADJUSTMENT REPLACED OFF AND AND ADJUSTMENT REPLACED OFF AND AND ADJUSTMENT REPLACED OFF AND AND ADJUSTMENT REPLACED OFF AND AND ADJUSTMENT REPLACED OFF AND AND ADJUSTMENT REPLACED OFF AND ADJUSTMENT REPLACED OFF AND ADJUSTMENT REPLACED OFF AND ADJUSTMENT REPLACED OFF AND ADJUSTMENT REPLACED OFF AND ADJUSTMENT REPLACED OFF AND ADJUSTMENT REPLACED OFF AND ADJUSTMENT REPLACED OFF AND ADJUSTMENT REPLACED OFF AND ADJUSTMENT REPLACED OFF AND ADJUSTMENT REPLACED OFF AND ADJUSTMENT REPLACED OFF AND ADJUSTMENT REPLACED OFF AND ADJUSTMENT REPLACED OFF AND ADJUSTMENT REPLACED OFF AND ADJUSTMENT REPLACED OFF AND ADJUSTMENT REPLACED OFF AND ADJUSTMENT REPLACED OFF AND ADJUSTMENT REPLACED OFF AND ADJUSTMENT REPLACED OFF AND ADJUSTMENT REPLACED OFF AND ADJUSTMENT REPLACED OFF AND ADJUSTMENT REPLACED OFF AND ADJUSTMENT REPLACED OFF AND ADJUSTMENT REPLACED OFF AND ADJUSTMENT REPLACED OFF AND ADJUSTMENT REPLACED OFF AND ADJUSTMENT REPLACED OFF AND ADJUSTMENT REPLA				
L1906	25070		POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT	
LIBO30   CPT/HCPCS	L1906	CPT/HCPCS	ANKLE FOOT ORTHOSIS, MULTILIGAMENTOUS ANKLE SUPPORT,	Yes
L1831	16000	CPT/HCPCS		Yes
PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT				
LIS341 CPT/HCPCS HEMIPELVECTOMY, CANADIAN TYPE, MOLDED SOCKET, ENDOSKELETAL SYSTEM, HIP, JOINT, SINGLE ANIS KNEE, SACH FOOT SIZE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT SIZE, PREFABRICATED, INCLUDES ONE OR MORE WRIST DISARTICULATION SIZE, PREFABRICATION SIZE, PREFABRICATED SIZE, PROVIDED BY A NON-PHYSICIAN SIZE, PREFABRICATED SIZE, STAPS, CUSTOM FABRE SIZE, SUSPENDED INVERSIZED SIZE, STAPS, CUSTOM FABRE SIZE, STAPS, CUSTOM FABRE SIZE, STAPS, CUSTOM FABRE SIZE, STAPS, CUSTOM FABRE SIZE, STAPS SIZE, STAPS SIZE, STAPS SIZE, STAPS SIZE, STAPS SIZE, STAPS SIZE, STAPS SIZE, STAPS SIZE, STAPS SIZE, STAPS SIZE, STAPS SIZE, STAPS SIZE, STAPS SIZE, STAPS SIZE, STAPS SIZE, STAPS SIZE, STAPS SIZE, STAPS SIZE, STAPS SIZE, STAPS SIZE, STAPS SIZE, STAPS SIZE, STAPS SIZE, STAPS SIZE, STAPS SIZE, STAPS SIZE, STAPS SIZE, STAPS SIZE, STAPS SIZE, STAPS SIZE, STAPS SIZE, STAPS SIZE, STAPS SIZE, STAPS SIZE, STAPS SIZE, STAPS SIZE, STAPS SIZE, STAPS SIZE, STAPS SIZE, STAPS SIZE, STAPS SIZE, STAPS SIZE, STAPS SIZE, STAPS SIZE, STAPS SIZE, STAPS SIZE, STAPS SIZE, STAPS SIZE, STAPS SIZE, STAPS SIZE, STAPS SIZE, STAPS SIZE, STAPS SIZE, STAPS SIZE, STAPS SIZE, STAPS SIZE, STAPS SIZE, STAPS SIZE, STAPS SIZE, STAPS SIZE, STAPS SIZE, STAPS SIZE, STAPS SIZE, STAPS SIZE, STAPS SIZE, STAPS SIZE, STAPS SIZE, STAPS SIZE, STAPS SIZE, STAPS SIZE, STAPS SIZE, STAPS SIZE, STAPS SIZE, STAPS SIZE, STAPS SIZE, STAPS SIZE, STAPS SIZE, STAPS SIZE, STAPS SIZE, STAPS SIZE, STAPS SIZE, STAPS SIZE, STAPS SIZE, STAPS SIZE, STAPS SIZE, STAPS SIZE, STAPS SIZE, STAPS SIZE, STAPS SIZE, STAPS SIZE, STAPS SIZE, STAPS SIZE, STAPS SIZE, STAPS SIZ			• • • • • • • • • • • • • • • • • • • •	
SYSTEM,HIP,JOINT,SINGLE AXIS KNEE, SACH FOOT	L4100	CPT/HCPCS		Yes
L1001	L5341	CPT/HCPCS	HEMIPELVECTOMY, CANADIAN TYPE, MOLDED SOCKET, ENDOSKELETAL	Yes
SIZE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT			SYSTEM,HIP,JOINT,SINGLE AXIS KNEE, SACH FOOT	
L8040 CPT/HCPCS NASAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN Yes  L8687 CPT/HCPCS UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, BELOW ELBOW OR WRIST DISARTICULATION  L3766 CPT/HCPCS ELBOW WRIST HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABR+  L1844 CPT/HCPCS KNEE ORTHOSIS, SINGLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL AND ROTATION C+  WRIST DISARTICULATION, EXTERNAL POWER, SELF-SUSPENDED INNER SOCKET, REMOVABLE FOREARM SHELL, OTTO BOCK OR EQUAL, SWITCH,  L5321 CPT/HCPCS ABOVE KNEE, MOLDED SOCKET, OPEN END, SACH FOOT, POLYCENTRIC, MEDIAL-LATERAL AND ROTATION C+  ENDOSKELETAL SYSTEM, SINGLE AXIS KNEE  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  L3962 CPT/HCPCS SHOULDER-ELBOW-WRIST-HAND-ORTHOSES (SEWHO), ABDUCTION POSITIONING, ERBS PALSEY DESIGN POSITIONING, ERBS PALSEY DESIGN ON COMPANIES (SEWHO), ABDUCTION POSITION COMPANIES (SEWHO), ABDUCTI	L1001	CPT/HCPCS		Yes
WRIST DISARTICULATION  LEBOW WRIST HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRY  L1844 CPT/HCPCS KNEE ORTHOSIS, SINGLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL- LATERAL AND ROTATION C+  L6920 CPT/HCPCS WRIST DISARTICULATION, EXTERNAL POWER, SELF-SUSPENDED INNER SOCKET, REMOVABLE FOREARM SHELL, OTTO BOCK OR EQUAL, SWITCH,  L1940 CPT/HCPCS ABOVE KNEE, MOLDED SOCKET, OPEN END, SACH FOOT, ENDOSKELETALSYSTEM, SINGLE AXIS KNEE  L1940 CPT/HCPCS ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, VARIABLE FRICTION SWING PHASE CONTROL  L3962 CPT/HCPCS ADDITION EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, VARIABLE FRICTION SWING PHASE CONTROL  L5611 CPT/HCPCS ADDITION TO LOWER EXTREMITY, ABOVE KNEE-KNEE DISARTICULATION, OHC 4-BAR LINKAGE, WITH FRICTION SWING PHASE CONTROL  L2850 CPT/HCPCS ADDITION TO LOWER EXTREMITY ORTHOSIS, FEMORAL LENGTH SOCK, FRACTURE OR EQUAL, EACH  L2116 CPT/HCPCS UPPER EXTREMITY ORTHOSIS, FEMORAL LENGTH SOCK, FRACTURE OR EQUAL, EACH  L5970 CPT/HCPCS ADDITION TO LOWER EXTREMITY ORTHOSIS, FEMORAL LENGTH SOCK, FRACTURE OR EQUAL, EACH  L5970 CPT/HCPCS ADDITION TO LOWER EXTREMITY ORTHOSIS, FEMORAL LENGTH SOCK, FRACTURE OR EQUAL, EACH  L5970 CPT/HCPCS ADDITION TO LOWER EXTREMITY ORTHOSIS, FEMORAL LENGTH SOCK, FRACTURE OR EQUAL, EACH  L5980 CPT/HCPCS ADDITION TO LOWER EXTREMITY ORTHOSIS, FEMORAL LENGTH SOCK, FRACTURE OR EQUAL, EACH  L5970 CPT/HCPCS ADDITION TO LOWER EXTREMITY PROSTHESES, FOOT, EXTERNAL KEEL, SACH FOOT  Ves  L2680 CPT/HCPCS ADDITION TO LOWER EXTREMITY PROSTHESES, FOOT, EXTERNAL KEEL, SACH FOOT  Ves	L8040	CPT/HCPCS	NASAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	Yes
NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRY  L1844 CPT/HCPCS KNEE ORTHOSIS, SINGLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE ELEXION AND EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL- LATERAL AND ROTATION C+  WRIST DISARTICULATION, EXTERNAL POWER, SELF-SUSPENDED INNER SOCKET, REMOVABLE FOREARM SHELL, OTTO BOCK OR EQUAL, SWITCH,  L5321 CPT/HCPCS ABOVE KNEE, MOLDED SOCKET, OPEN END, SACH FOOT, ENDOSKELETALSYSTEM, SINGLE AXIS KNEE  L1940 CPT/HCPCS ANKLE-FOOT ORTHOSES, PLASTIC, CUSTOM FABRICATED  L5714 CPT/HCPCS ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, VARIABLE FRICTION SWING PHASE CONTROL  L3962 CPT/HCPCS SHOULDER-ELBOW-WRIST-HAND-ORTHOSES (SEWHO), ABDUCTION POSITIONING, ERBS PALSEY DESIGN  L5611 CPT/HCPCS ADDITION TO LOWER EXTREMITY, ABOVE KNEE-KNEE DISARTICULATION, OHC 4-BAR LINKAGE, WITH FRICTION SWING PHASE CONTROL  L2850 CPT/HCPCS ADDITION TO LOWER EXTREMITY ORTHOSIS, FEMORAL LENGTH SOCK, FRACTURE OR EQUAL, EACH  L2116 CPT/HCPCS APOLITION TO LOWER EXTREMITY ORTHOSIS, FEMORAL LENGTH SOCK, FRACTURE OR EQUAL, EACH  L2116 CPT/HCPCS UPPER EXTREMITY ADDITIONS, POLYCENTRIC HINGE, PAIR  L6600 CPT/HCPCS ADDITION TO LOWER EXTREMITY AND ADJUSTMENTS  L6600 CPT/HCPCS ADDITION TO LOWER EXTREMITY ORDITIONS, POLYCENTRIC HINGE, PAIR  L5970 CPT/HCPCS ADDITION TO LOWER EXTREMITY PROSTHESES, FOOT, EXTERNAL KEEL, SACH FOOT  Ves  L2680 CPT/HCPCS ADDITION TO LOWER EXTREMITY THORACIC CONTROL, LATERAL SUPPORT  Ves	L6687	CPT/HCPCS		Yes
FLEXION AND EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL- LATERAL AND ROTATION C+  L6920 CPT/HCPCS WRIST DISARTICULATION, EXTERNAL POWER, SELF-SUSPENDED INNER SOCKET, REMOVABLE FOREARM SHELL, OTTO BOCK OR EQUAL, SWITCH,  L5321 CPT/HCPCS ABOVE KNEE, MOLDED SOCKET, OPEN END, SACH FOOT, ENDOSKELETALSYSTEM, SINGLE AXIS KNEE  L1940 CPT/HCPCS ANKLE-FOOT ORTHOSES, PLASTIC, CUSTOM FABRICATED  L5714 CPT/HCPCS ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, VARIABLE FRICTION SWING PHASE CONTROL  L3962 CPT/HCPCS SHOULDER-ELBOW-WRIST-HAND-ORTHOSES (SEWHO), ABDUCTION POSITIONING, ERBS PALSEY DESIGN  L5611 CPT/HCPCS ADDITION TO LOWER EXTREMITY, ABOVE KNEE-KNEE DISARTICULATION, OHC 4-BAR LINKAGE, WITH FRICTION SWING PHASE CONTROL  L2850 CPT/HCPCS ADDITION TO LOWER EXTREMITY ORTHOSIS, FEMORAL LENGTH SOCK, FRACTURE OR EQUAL, EACH  L2116 CPT/HCPCS AFO, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, RIGID, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENTS  L6600 CPT/HCPCS UPPER EXTREMITY ADDITIONS, POLYCENTRIC HINGE, PAIR L5970 CPT/HCPCS ADDITION TO LOWER EXTREMITY PROSTHESES, FOOT, EXTERNAL KEEL, SACH FOOT YES  L2680 CPT/HCPCS ADDITION TO LOWER EXTREMITY, THORACIC CONTROL, LATERAL SUPPORT YES	L3766	CPT/HCPCS	NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT	Yes
L6920 CPT/HCPCS WRIST DISARTICULATION, EXTERNAL POWER, SELF-SUSPENDED INNER SOCKET, REMOVABLE FOREARM SHELL, OTTO BOCK OR EQUAL, SWITCH,  L5321 CPT/HCPCS ABOVE KNEE, MOLDED SOCKET, OPEN END, SACH FOOT, ENDOSKELETAL SYSTEM, SINGLE AXIS KNEE  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  L3962 CPT/HCPCS SHOULDER-ELBOW-WRIST-HAND-ORTHOSES (SEWHO), ABDUCTION POSITIONING, ERBS PALSEY DESIGN  L5611 CPT/HCPCS ADDITION TO LOWER EXTREMITY, ABOVE KNEE-KNEE DISARTICULATION, OHC 4-BAR LINKAGE, WITH FRICTION SWING PHASE CONTROL  L2850 CPT/HCPCS ADDITION TO LOWER EXTREMITY ORTHOSIS, FEMORAL LENGTH SOCK, FRACTURE OR EQUAL, EACH  L2116 CPT/HCPCS AFO, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, RIGID, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENTS  L6600 CPT/HCPCS ALL LOWER EXTREMITY PROSTHESES, FOOT, EXTERNAL KEEL, SACH FOOT YES  L2680 CPT/HCPCS ADDITION TO LOWER EXTREMITY, THORACIC CONTROL, LATERAL SUPPORT YES  L2680 CPT/HCPCS ADDITION TO LOWER EXTREMITY, THORACIC CONTROL, LATERAL SUPPORT YES	L1844	CPT/HCPCS	KNEE ORTHOSIS, SINGLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-	Yes
ENDOSKELETALSYSTEM, SINGLE AXIS KNEE  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  L3962 CPT/HCPCS SHOULDER-ELBOW-WRIST-HAND-ORTHOSES (SEWHO), ABDUCTION POSITIONING, ERBS PALSEY DESIGN  L5611 CPT/HCPCS ADDITION TO LOWER EXTREMITY, ABOVE KNEE-KNEE DISARTICULATION, OHC 4-BAR LINKAGE, WITH FRICTION SWING PHASE CONTROL  L2850 CPT/HCPCS ADDITION TO LOWER EXTREMITY ORTHOSIS, FEMORAL LENGTH SOCK, FRACTURE OR EQUAL, EACH  L2116 CPT/HCPCS AFO, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, RIGID, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENTS  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 YES	L6920	CPT/HCPCS	WRIST DISARTICULATION, EXTERNAL POWER, SELF-SUSPENDED INNER	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  L3962 CPT/HCPCS SHOULDER-ELBOW-WRIST-HAND-ORTHOSES (SEWHO), ABDUCTION POSITIONING, ERBS PALSEY DESIGN  L5611 CPT/HCPCS ADDITION TO LOWER EXTREMITY, ABOVE KNEE-KNEE DISARTICULATION, OHC 4-BAR LINKAGE, WITH FRICTION SWING PHASE CONTROL  L2850 CPT/HCPCS ADDITION TO LOWER EXTREMITY ORTHOSIS, FEMORAL LENGTH SOCK, FRACTURE OR EQUAL, EACH  L2116 CPT/HCPCS AFO, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, RIGID, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENTS  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 Yes	L5321	CPT/HCPCS		Yes
L5714 CPT/HCPCS ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, VARIABLE FRICTION SWING PHASE CONTROL  L3962 CPT/HCPCS SHOULDER-ELBOW-WRIST-HAND-ORTHOSES (SEWHO), ABDUCTION POSITIONING, ERBS PALSEY DESIGN  L5611 CPT/HCPCS ADDITION TO LOWER EXTREMITY, ABOVE KNEE-KNEE DISARTICULATION, OHC 4-BAR LINKAGE, WITH FRICTION SWING PHASE CONTROL  L2850 CPT/HCPCS ADDITION TO LOWER EXTREMITY ORTHOSIS, FEMORAL LENGTH SOCK, FRACTURE OR EQUAL, EACH  L2116 CPT/HCPCS AFO, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, RIGID, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENTS  L6600 CPT/HCPCS UPPER EXTREMITY ADDITIONS, POLYCENTRIC HINGE, PAIR  L5970 CPT/HCPCS ADDITION TO LOWER EXTREMITY PROSTHESES, FOOT, EXTERNAL KEEL, SACH FOOT YES  L2680 CPT/HCPCS ADDITION TO LOWER EXTREMITY, THORACIC CONTROL, LATERAL SUPPORT YES	L1940	CPT/HCPCS		Yes
L3962 CPT/HCPCS SHOULDER-ELBOW-WRIST-HAND-ORTHOSES (SEWHO), ABDUCTION POSITIONING, ERBS PALSEY DESIGN  L5611 CPT/HCPCS ADDITION TO LOWER EXTREMITY, ABOVE KNEE-KNEE DISARTICULATION, OHC 4-BAR LINKAGE, WITH FRICTION SWING PHASE CONTROL  L2850 CPT/HCPCS ADDITION TO LOWER EXTREMITY ORTHOSIS, FEMORAL LENGTH SOCK, FRACTURE OR EQUAL, EACH  L2116 CPT/HCPCS AFO, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, RIGID, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENTS  L6600 CPT/HCPCS UPPER EXTREMITY ADDITIONS, POLYCENTRIC HINGE, PAIR L5970 CPT/HCPCS ALL LOWER EXTREMITY PROSTHESES, FOOT, EXTERNAL KEEL, SACH FOOT  L2680 CPT/HCPCS ADDITION TO LOWER EXTREMITY, THORACIC CONTROL, LATERAL SUPPORT  Yes			ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, VARIABLE	
L2850 CPT/HCPCS ADDITION TO LOWER EXTREMITY, ABOVE KNEE-KNEE DISARTICULATION, OHC 4-BAR LINKAGE, WITH FRICTION SWING PHASE CONTROL  L2850 CPT/HCPCS ADDITION TO LOWER EXTREMITY ORTHOSIS, FEMORAL LENGTH SOCK, FRACTURE OR EQUAL, EACH  L2116 CPT/HCPCS AFO, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, RIGID, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENTS  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 Yes	L3962	CPT/HCPCS	SHOULDER-ELBOW-WRIST-HAND-ORTHOSES (SEWHO), ABDUCTION	Yes
FRACTURE OR EQUAL, EACH  L2116 CPT/HCPCS AFO, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, RIGID, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENTS  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 Yes	L5611	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, ABOVE KNEE-KNEE DISARTICULATION,	Yes
L2116 CPT/HCPCS AFO, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, RIGID, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENTS  L6600 CPT/HCPCS UPPER EXTREMITY ADDITIONS, POLYCENTRIC HINGE, PAIR L5970 CPT/HCPCS ALL LOWER EXTREMITY PROSTHESES, FOOT, EXTERNAL KEEL, SACH FOOT  L2680 CPT/HCPCS ADDITION TO LOWER EXTREMITY, THORACIC CONTROL, LATERAL SUPPORT Yes	L2850	CPT/HCPCS		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       Yes	L2116	CPT/HCPCS	AFO, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS,	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 Yes	L6600	CPT/HCPCS		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	Yes
		AND POSTERIOR PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGE	
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,	Yes
		REDUCES MOTION ABOUT THE SACROILIAC JOINT, INCLUDES STRAPS,	
		CLOSURES, MAY INCLUDE PEND+	
L3450	CPT/HCPCS	HEEL, SACH CUSHION TYPE	Yes
L2000	CPT/HCPCS	KNEE-ANKLE-FOOT-ORTHOSES(KAFO),SINGLE UPRIGHT,FREE	Yes
		KNEE,FREEANKLE,SOLID STIRRUP,THIGH AND CALF BANDS/CUFFS,CUSTOM FAB	
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	Yes
L3390	CPT/HCPCS	ADJUSTMENT OUTFLARE WEDGE	Yes
L5620	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, TEST SOCKET, BELOW KNEE	Yes
L5020	CPT/HCPCS	ADDITION, ENDOSKELETAL SYSTEM, POLYCENTRIC HIP JOINT, PNEUMATIC	Yes
2001	0	OR HYDRAULIC CONTROL, ROTATION CONTROL, WITH OR WITHOUT FLEXION AND/OR EXTENSION CONT+	
L0466	CPT/HCPCS	TLSO, SAGITTAL CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT	Yes
		ANTERIOR APRON WITH STRAPS, CLOSURES AND PADDING, RESTRICTS	
		GROSS TRUNK MOTION IN SAG+	
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		Yes
L5420	CPT/HCPCS	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING, INCLUDING FITTING, ALIGNMENT AND	Yes
L5781	CPT/HCPCS		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	Yes
L3740	CPT/HCPCS	INLCUDE SOFT INTERFACE MATL, PREFAB+  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	Yes
L2430	CPT/HCPCS	SYSTEM, FRICTION SWING PHASE CONTROL  ADDITION TO KNEE JOINT; RATCHET LOCK FOR PROGRESSIVE KNEE	Yes
L2430	CF1/HCFC3	EXTENSION, EACH JOINT	res
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	Yes
L6706	CPT/HCPCS	CONTROL, PREFABRICATED, OFF-THE-SHELF TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY OPENING, ANY	Yes
		MATERIAL, ANY SIZE, LINED OR UNLINED	
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 ORTHOSES,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 FLANGEWITH 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	Yes
L1025	CPT/HCPCS	IRRIGATION  ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, KYPHOSIS PAD, FLOATING	Yes
L6020	CPT/HCPCS	DADTIAL HAND DODIN AIDS NO SINGED DEMAINING (OR SOLIAL)	Yes
L0480	CPT/HCPCS  CPT/HCPCS	PARTIAL HAND, ROBIN-AIDS, NO FINGER REMAINING (OR EQUAL)  TLSO, TRIPLANAR CONTROL, ONE PIECE RIGID PLASTIC SHELL	Yes
_0-700	0. 1/1101 00	WITHOINTERFACE LINER, WITH MULTIPLE STRAPS AND CLOSURES, POSTERIO	
Į.	•		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
L3764	CPT/HCPCS	ELBOW WRIST HAND ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED,+	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

LIGHT   CHTHINGES   MIND GRITHOGIS AND PRACTICUS CRITHOGIS PRETABBLETOR ON DITHORISES AND SERVICES   CHTHINGES				
USBNC*** OR EQUAL PYSON, NO COVER, SMOH FOOT, PLASTER  18690	L3917	CPT/HCPCS	ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR	Yes
LINEAD	L5505	CPT/HCPCS		Yes
CPTINCTOS  CPTINCTOS  CERTICAL COMPONENTS  EXTERNAL USE FORT COLLAR, OCCEPTAL/MANDIBULAR SUPPORTS,  ASJAN  CPTINCTOS  CERTICAL, MALTIELE FOST COLLAR, OCCEPTAL/MANDIBULAR SUPPORTS,  ADUSTABLE CERVICAL BARRA AND THORRACIC EXTENSION  ASJAN  CPTINCTOS  ADUSTABLE  CPTINCTOS  ADUSTABLE  CPTINCTOS  ADUSTABLE  CPTINCTOS  ADUSTABLE  CPTINCTOS  ADUSTABLE  ADUSTABLE  CPTINCTOS  CPTINCTOS  CPTINCTOS  CPTINCTOS  ADUSTABLE  ADUSTABLE  CPTINCTOS  ADUSTABLE  ADUSTABLE  ADUSTABLE  ADUSTABLE  CPTINCTOS  ADUSTABLE  ADUSTABLE  ADUSTABLE  ADUSTABLE  CPTINCTOS  ADUSTABLE  ADUS	L0170	CPT/HCPCS	CERVICAL, COLLAR, MOLDED TO PATIENT MODEL	Yes
DIFFERNAL COMPONENTS  COPTINCIPOS  CEPTIACPOS  SINGLE CABLE  CEPTIACPOS  SINGLE CABLE  CEPTIACPOS  CEP	L6640	CPT/HCPCS	UPPER EXTREMITY ADDITIONS, SHOULDER ABDUCTION JOINT, PAIR	Yes
ADJUSTABLE CERNICAL BARS, AND THORACIC EXTENSION  AGS66  CPTANCPCS  EXTERNAL IDETHAL CLAMP OR COMPRESSION DEVICE (NOTTO BE USED DISC BORCATHERE CLAMP)  CREATER CLAMP)  LIBERS  CPTANCPCS  CPTANCPCS  REPLACE HIGH SIDLE CUTF  YES  AGRICULATE OR REPLACE HIGH SIDLE CUTF  YES  CPTANCPCS  SOSTORY SAIN BARRIER LOUD, PER OZ  CPTANCPCS  ACREDICAL MPLANT  YES  CPTANCPCS  ACREDICAL MPLANT  YES  CPTANCPCS  ACREDICAL MPLANT  ACREDICAL MPLANT  ACREDICAL MPLANT  ACREDICAL MPLANT  ACREDICAL MPLANT  YES  CPTANCPCS  ADDITION TO LOWER EXTERNITY, HIP DISARTICULATION, FLEXIBLE INNER  YES  CPTANCPCS  ADDITION TO LOWER EXTERNITY, HIP DISARTICULATION, FLEXIBLE INNER  PLASTIC  CPTANCPCS  ADDITION TO LOWER EXTERNITY, HIP DISARTICULATION, FLEXIBLE INNER  TO PLASTIC  CPTANCPCS  ADDITION TO LOWER EXTERNITY, HIP DISARTICULATION, FLEXIBLE INNER  TO PLASTIC  CPTANCPCS  INMEDIATE POST SURFIGICAL OR FAIRLY FITTING APPLICATION OF INITIAL  THE PLASTIC  CPTANCPCS  HAPPINGER POST SURFIGICAL OR FAIRLY FITTING APPLICATION OF INITIAL  THE PLASTIC  CPTANCPCS  HAPPINGER POST SURFIGICAL OR FAIRLY FITTING ALLONGMENT AND  HAPPING POST SURFIGICAL OR FAIRLY FITTING ALLONGMENT AND  TURNBUCKLES, LEASTIC BANDS/SPIRIOS, MAY INCLUDE SOFT INTERFACE  METERAL STROAP, PREFF  TURNBUCKLES, LEASTIC BANDS/SPIRIOS, MAY INCLUDE SOFT INTERFACE  METERAL STROAP, PREFF  TURNBUCKLES, LEASTIC GANDS/SPIRIOS, MAY INCLUDE SOFT INTERFACE  METERAL STROAP, PREFF  TURNBUCKLES, LEASTIC GANDS/SPIRIOS, MAY INCLUDE SOFT INTERFACE  METERAL STROAP, PREFF  TURNBUCKLES, LEASTIC GANDS/SPIRIOS, MAY INCLUDE SOFT INTERFACE  METERAL STROAP, PREFF  TURNBUCKLES, LEASTIC GANDS/SPIRIOS, MAY INCLUDE SOFT INTERFACE  METERAL STROAP, PREFF  TURNBUCKLES, LEASTIC GANDS/SPIRIOS, MAY INCLUDE SOFT INTERFACE  METERAL STROAP, PREFF  TURNBUCKLES, LEASTIC GANDS/SPIRIOS, MAY INCLUDE SOFT INTERFACE  METERAL STROAP, PREFF  TURNBUCKLES, LEASTIC GANDS/SPIRIOS, MAY INCLUDE SOFT INTERFACE  METERAL STROAP	L8690	CPT/HCPCS	· ·	Yes
FOR CATHETER CLAMP	L0200	CPT/HCPCS		Yes
LORGY DEPTH-CPCS SINGLEABLE STATEMENT ADDITION, HARNESS, (E.G. FIGURE OF EIGHT TYPE), Ves SINGLEABLE SINGLEABLE SINGLEABLE SINGLEABLE SINGLEABLE SINGLEABLE SINGLEABLE SINGLEABLE SINGLEABLE SINGLEABLE SINGLEABLE SINGLEABLE SINGLEABLE SINGLEABLE SINGLEABLE SINGLEABLE SINGLEABLE SINGLEABLE SINGLEABLE SINGLEABLE SINGLEABLE SINGLEABLE SINGLEABLE SINGLEABLE SINGLEABLE SINGLEABLE SINGLEABLE SINGLEABLE SINGLEABLE SINGLEABLE SINGLEABLE SINGLE  A4356	CPT/HCPCS	·	Yes	
LIAGES	L6675	CPT/HCPCS		Yes
AASS9 OPTH-POPCS OSTOMY SKIN BARRIER, LIQUID, PER QZ Yes OSTOCIAL IMPRANT YES OSTOCIAL IMPRANT YES OSTOCIAL IMPRANT YES OSTOCIAL IMPRANT YES OR SEMI-RIGID PANELS OVER THE SACRUMAND ABDOMEN, REDUCES WOTON ABOUT THE SACROMAND ABDOMEN, REDUCES ON SEMI-RIGID PANELS OVER THE SACRUMAND ABDOMEN, REDUCES ON SEMI-RIGID PANELS OVER THE SACRUMAND ABDOMEN, REDUCES ON SEMI-RIGID PANELS OVER THE SACRUMAND ABDOMEN, REDUCES OSTOCIAL PANELS OSTOCIAL PRANTE LISSE OPTH-POPCS OSTOCIAL PANELS OSCIAL FIRE PANE  LISSE OPTH-POPCS IMMEDIATE POST SURGICAL OR RARLY FITTING, APPLICATION OF INITIAL PASTIC SOCIAL FIRE PANEL PLASTIC SOCIAL FIRE PANEL OPTH-POPCS IMMEDIATE POST SURGICAL OR RARLY FITTING, APPLICATION OF INITIAL PASTIC SOCIAL FIRE PANELS OF THE PANEL SOCIAL FIRE PANELS OPTH-POPCS HAND FIRE FROM FIRE PANELS OPTH-POPCS HAND FIRE FROM FIRE PANELS OPTH-POPCS HAND FIRE FROM FIRE PANELS OPTH-POPCS HAND FIRE PANELS METACARPOPHALANGEAL JOINT IMPLANT YES ORDITOR OF THE POPCH PANELS OPTH-POPCS OPTH-POPCS ADDITION TO UPPER EXTREMITY PROSTHESIS, SHOULDER OF THE POPCH PANELS OF THE POPCH PANELS OF THE POPCH PANELS OSTOMY SKIN BARRIER, WITH FLANCE FOR JULIE PANELS OSTOMY SKIN BARRIER, WITH FLANCE FOR JULIE PANELS OSTOMY SKIN BARRIER, WITH FLANCE FOR JULIE PANELS OSTOMY SKIN BARRIER, WITH FLANCE FOR JULIE PANELS OSTOMY SKIN BARRIER, WITH FLANCE FOR JULIE PANELS OSTOMY SKIN BARRIER, WITH FLANCE FOR JULIE PANELS OSTOMY SKIN BARRIER, WITH FLANCE FOR JULIE PANELS OSTOMY SKIN BARRIER, WITH FLANCE FOR JULIE PANELS OSTOMY SKIN BARRIER, WITH FLANCE FOR JULIE PANELS OSTOMY SKIN BARRIER, WITH FLANCE FOR JULIE PANELS OSTOMY FOR BARRIER FOR JUNIES FOR JUPPER LIMB ORTHOSIS OF THE POPCES UNISES FOR JUNIES FOR JUPPER LIMB ORTHOSIS OF THE POPCES OSTOMY SKIN BARRIER, WITH FLANCE FOR JULIE PANELS OSTOMY FOR BARRIER FOR JUNIES FOR JULIE PANELS OSTOMY FOR BARRIER FOR JURIES FOR JUNIES FOR THE PANELS OSTOMY FOR BARRIER FOR JURIES FOR JURIES FOR JURIES FOR JURIES FOR JURIES FOR JURIES FOR JURIES FOR JURIES FOR JURIES FOR JURIES FOR JURIES FOR JURIES FOR JURIES FOR	L4060	CPT/HCPCS		Yes
L6513 CPTH-CPCS SCIULA DELIAND SEPENUC SACRAL SUPPORT, WITH RIGID YES OR SEMI-RIGID PANELS OVER THE SACRUM AND ABDOMEN, REDUCES MOTION ABOUT THE SACROLLACY OF THE SACRUM AND ABDOMEN, REDUCES MOTION ABOUT THE SACROLLACY OF THE SACRUM AND ABDOMEN, REDUCES MOTION ABOUT THE SACROLLACY OF THE SACRUM AND ABDOMEN, REDUCES MOTION TO LOWING EXTREMITY, HIP DISARTICULATION, FLEXIBLE INNER YES SOCKET. EXTERNAL FRANKE SOCKET. EXTERNAL FRANKE SOCKET. EXTERNAL FRANKE SOCKET. EXTERNAL FRANKE SOCKET. EXTERNAL FRANKE SOCKET, RICITON WRIST, LOCKING ELBOW, FIG.  L0410 CPTH-CPCS PREPARATORY, ELBOW, SINGLICUTOR OR BOOK FLEXION, FIG.  L0410 CPTH-CPCS IN IMPOSED FOR STRUCKER, OR SERVE FITTING, APPLICATION OF INITIAL YES RIGID DIRECTS THE SACRUM AND ASSESSING, INCLUDES OF TIMES, PROFILE AND ASSESSING, INCLUDES OF TIMES, PROFILE AND ASSESSING, INCLUDES OF TIMES, PROFILE AND ASSESSING, INCLUDES OF TIMES, PROFILE AND ASSESSING, INCLUDES OF TIMES, PROFILE AND ASSESSING, INCLUDES OF TIMES, PROFILE AND ASSESSING, INCLUDES OF TIMES, PROFILE AND ASSESSING, INCLUDES OF TIMES, PROFILE AND ASSESSING, INCLUDES OF TIMES, PROFILE AND ASSESSING, INCLUDES OF TIMES, PROFILE AND ASSESSING, INCLUDES OF TIMES, PROFILE AND ASSESSING, INCLUDES OF TIMES, PROFILE AND ASSESSING, INCLUDES OF TIMES, PROFILE AND ASSESSING, INCLUDES OF TIMES, PROFILE AND ASSESSING, INCLUDES OF TIMES, PROFILE AND ASSESSING, INCLUDES OF TIMES, PROFILE AND ASSESSING, INCLUDES OF TIMES, SHOULDES OF TIMES, PROFILE AND ASSESSING, INCLUDES OF TIMES, SHOULDES OF TIMES, PROFILE AND ASSESSING, INCLUDES OF TIMES, SHOULDES OF TIMES, PROFILE AND ASSESSING, INCLUDES OF TIMES, AND ASSESSING, INCLUDES OF TIMES, AND ASSESSING, INCLUDES OF TIMES, AND ASSESSING, INCLUDES OF TIMES, AND ASSESSING, INCLUDES OF TIMES, AND ASSESSING, INCLUDES OF TIMES, AND				
OR SEMI-RIGIO PANELS OVER THE SACRUM AND ABDOMEN, REDUCES MOTION ABOUT THE SACROILAGE ADDITION TO LOWER EXTREMITY, HIP DISARTICULATION, FLEXIBLE INNER SOCKET, EXTERNAL FRAME LESSA CPTH-CPCS MEDITATE OF STATEMATORY, ELBOW DISARTICULATION OR ABOVE ELBOW, SINGLE WALL PLASTIC SOCKET, FRICTION WRIST, LOCKING ELBOW, FIG LESSA CPTH-CPCS MEDITATE OR STORM DISARTICULATION OR ABOVE ELBOW, SINGLE WALL PLASTIC SOCKET, FRICTION WRIST, LOCKING ELBOW, FIG LESSA CPTH-CPCS MEDITATE OR STATEMATORY, ELBOW, FIG LESSA CPTH-CPCS MEDITATE OR STATEMATORY, INCLUDES ONE OR MORE NOTIONS IN INITIAL RIGID DRESSING, INCLUDING FITTING, ALICAMENT AND HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NOTIONS ION INITIS), Yes TURNSUCKLES, ELSATIC BANDSYSPRINGS, MAY INCLUDE SOFT INTERFACE MATERIAL, STRAPS, PRIEF+ MATERIAL, STRAPS, PRIEF+ MATERIAL, STRAPS, PRIEF+ CARROLL CONTROLL OF THE CONTROLL OF THE CARROLL OF THE PRICE OR MATERIAL STRAPS, PRIEF+ CARROLL CONTROLL OF THE CARROLL OF THE PRICE OR THE CARROLL OF THE PRICE OR THE CARROLL OF THE PRICE OR THE CARROLL OF THE CARROLL OF THE PRICE OR THE CARROLL OF THE CARROLL OF THE CARROLL OF THE CARROLL OF THE CARROLL OF THE CARROLL OF THE CARROLL OF THE CARROLL OF THE CARROLL OF THE CARROLL OF THE CARROLL OF THE CARROLL OF THE CARROLL OF THE CARROLL OF THE CARROLL OF THE CARROLL OF THE CARROLL OF THE CARROLL OF THE CARROLL OF THE CARROLL OF THE CARROLL OF THE CARROLL OF THE CARROLL OF THE CARROLL OF THE CARROLL OF THE CARROLL OF THE CARROLL OF THE CARROLL OF THE CARROLL OF THE CARROLL OF THE CARROLL OF THE CARROLL OF THE CARROLL OF THE CARROLL OF THE CARROLL OF THE CARROLL OF THE CARROLL OF THE CARROLL OF THE CARROLL OF THE CARROLL OF THE CARROLL OF THE CARROLL OF THE CARROLL OF THE CARROLL OF THE CARROLL OF THE CARROLL OF THE CARROLL OF THE CARROLL OF THE CARROLL OF THE CARROLL OF THE CARROLL OF THE CARROLL OF THE CARROLL OF THE CARROLL OF THE CARROLL OF THE CARROLL OF THE CARROLL OF THE CARROLL OF THE CARROLL OF THE CARROLL OF THE CARROLL OF THE CARROLL OF THE CARROLL OF THE CARROLL OF THE CARROLL OF THE		CPT/HCPCS		Yes
SOCKET. EXTERNAL FRAME	L0623	CPT/HCPCS	OR SEMI-RIGID PANELS OVER THE SACRUM AND ABDOMEN, REDUCES	Yes
PUSTIC SOCKET, FRICTION WRIST, LOCKING ELBOW, FIG   CPT/HCPCS   IMMEDIATE POST SURGICAL OR EARLY FITTING, A PPLICATION OF INITIAL   Yes   RIGID DRESSING, INCLUDING FITTING, A PPLICATION OF INITIAL   Yes   RIGID DRESSING, INCLUDING FITTING, A PPLICATION OF INITIAL   Yes   RIGID DRESSING, INCLUDING FITTING, A LICHMENT AND     HAND FINCER ORTHOSIS, INICLUDES ONE OR MORE NONTORSION JOINTIS), THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE P	L5643	CPT/HCPCS		Yes
L3930 CPT/HCPCS HAND FINGER ORTHOSIS, INCLUDES ONE MORE NONTORSION JOINTIS), Yes With STRINGER ORTHOSIS, INCLUDES ONE MORE NONTORSION JOINTIS), Yes WITH STRINGER ORTHOSIS, INCLUDES ONE MORE NONTORSION JOINTIS), Yes WITH STRINGER ORTHOSIS, INCLUDES ONE MORE NONTORSION JOINTIS), Yes WITH STRINGER ORTHOSIS, WALKING BOOT TYPE, VARUS/VALGUS CPT/HCPCS ANKLE POOT ORTHOSIS, WALKING BOOT TYPE, VARUS/VALGUS CORRECTION, ROCKER BOTTOM, ANTERIOR TIBIAL SHELL, SOFT INTERFACE.  L7405 CPT/HCPCS ADDITION TO UPPER EXTREMITY PROSTHESIS, SHOULDER Yes DISARTICULATION/INTERSCAPULAR THORACIC, ACRYLIC MATERIAL PART OF A BRACE OTHOSIS CONTINUED OR SHOULDER OF AN INTEGRAL PART OF A BRACE OTHOSIS CONTINUED OR SHOULD SED AS AN INTEGRAL PART OF A BRACE OTHOSIS CONTINUED OR SHOULD SED AS AN INTEGRAL PART OF A BRACE OTHOSIS CONTINUED OR SHOULD SED AS AN INTEGRAL PART OF A BRACE OTHOSIS CONTINUED OR SHOULD SED AS AN INTEGRAL PART OF A BRACE OTHOSIS CONTINUED OR SHOULD SED AS AN INTEGRAL PART OR SHOULD SEND AS AND	L6584	CPT/HCPCS		Yes
TURNBUCKLES, ELASTIC BANDS/SPRINGS, MAY INCLUDE SOFT INTERFACE MATERIAL, STRAPS, PREF+  METACARPOPHALANGEAL JOINT IMPLANT  Ves  L6830 CPT/HCPCS ANKLE FOOT ORTHOSIS, WALKING BOOT TYPE, VARUS-VALGUS CORRECTION, ROCKER BOTTOM, ANTERIOR TIBIAL SHELL, SOFT INTERFACE,  L7405 CPT/HCPCS ADDITION TO UPPER EXTREMITY PROSTHESIS, SHOULDER CORRECTION, ROCKER BOTTOM, ANTERIOR TIBIAL SHELL, SOFT INTERFACE,  L3224 CPT/HCPCS ORTHOPEDIC FOOTWEAR WOMAN'S SHOE OXFORD USED AS AN INTEGRAL  L3224 CPT/HCPCS ORTHOPEDIC FOOTWEAR WOMAN'S SHOE OXFORD USED AS AN INTEGRAL PART OF A BRACE OTHOSIS  L3999 CPT/HCPCS OSTOMY SKIN BARRIER, WTH FLANGE (SOUL), FLEXIBLE OR ACCORDIEXTENDED WEAR WITH FLANGE (SOUL), FLEXIBLE OR ACCORDIEXTENDED WEAR WITH FLANGE (SOUL), FLEXIBLE OR ACCORDIEXTENDED WEAR WITH HARGER THAN AXA  A4353 CPT/HCPCS UNLISTED PROCEDURES FOR LOWER EXTREMITY ORTHOSES  PS CPT/HCPCS UNLISTED PROCEDURES FOR LOWER EXTREMITY ORTHOSES  CPT/HCPCS UNLISTED PROCEDURES FOR LOWER EXTREMITY ORTHOSES  CPT/HCPCS UNLISTED PROCEDURES FOR LOWER EXTREMITY ORTHOSES  CPT/HCPCS UNLISTED PROCEDURE FOR MISCELLANEOUS PROSTHETIC SERVICES  CPT/HCPCS ALL LOWER EXTREMITY PROSTHESSS, NEE CONTROL, FULL YES  CPT/HCPCS ALL LOWER EXTREMITY PROSTHESSS, NEE CONTROL, FULL YES  L5974 CPT/HCPCS ALL LOWER EXTREMITY ORTHOSIS ANDD ACCESSORY PADS, NCLUDES FITTING AND ADJUSTMENT  L6647 CPT/HCPCS OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH FILTER (1 Yes POWERED ACTUATOR  A4416 CPT/HCPCS FIRIGE ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT  L5650 CPT/HCPCS FIRIGE ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT  L5660 CPT/HCPCS INJECTABLE BULKING AGENT, SYNTHETIC IMPLANT, URINARY TRACT 1 ML YE	L5410	CPT/HCPCS		Yes
L8630 CPT/HCPCS METACARPOPHALANGEAL JOINT IMPLANT L6311 CPT/HCPCS ANKLE FOOT ORTHOSIS, WALKING BOOT TYPE, VARUS/VALGUS CORRECTION, ROCKER BOTTOM, ANTERIOR TIBIAL SHELL, SOFT INTERFACE,  L7405 CPT/HCPCS ADDITION TO UPPER EXTREMITY PROSTHESIS, SHOULDER 15224 CPT/HCPCS ORTHOPEDIC FOOTWEAR WOMAN'S SHOE OXFORD USED AS AN INTEGRAL PART OF A BRACE OTHOSIS 13999 CPT/HCPCS OSTOMY SKIN BARRIER, WTIH FLANGE (SACIYLLO MATERIAL 13924 CPT/HCPCS OSTOMY SKIN BARRIER, WTIH FLANGE (SOLID, FLEXIBLE OR ACCORDIEXTENDED WEAR, WTIH LARGE (SOLID, WITH BUILT-IN) YES CPT/HCPCS SURGICAL BOOT, EACH, CHILD YES CONVEXITY, WITH FAUCET-TYPE TAP WITH VALVE (1 PIECE), EACH A4315 CPT/HCPCS UNLISTED PROCEDURE FOR MISCELLANEOUS PROSTHETIC SERVICES YES CPT/HCPCS UNLISTED PROCEDURE FOR MISCELLANEOUS PROSTHETIC SERVICES YES CPT/HCPCS UNLISTED PROCEDURE FOR MISCELLANEOUS PROSTHETIC SERVICES YES CPT/HCPCS ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, FUIL YES CPT/HCPCS TENSION BASED SCOLIOSIS ORTHOSIS AND ACCESSORY PADS, INCLUDES FITTING AND ADJUSTMENT L6647 CPT/HCPCS LINEAR AND ADJUSTMENT L6648 CPT/HCPCS FINGER DATHOSIS, WITH BARRIER ATTACHED, WITH FILTER (1 YES PIECES, EACH  SOTOMY POWERED ACTUATOR  A4416 CPT/HCP	L3930	CPT/HCPCS	TURNBUCKLES, ELASTIC BANDS/SPRINGS, MAY INCLUDE SOFT INTERFACE	Yes
CORRECTION, ROCKER BOTTOM, ANTERIOR TIBIAL SHELL, SOFT INTERFACE,  L7405 CPT/HCPCS ADDITION TO UPPER EXTREMITY PROSTHESIS, SHOULDER DISARTICULATION/INTERSCAPULAR THORACIC, ACRYLIC MATERIAL L3224 CPT/HCPCS ORTHOPEDIC FOOTWAR WOMAN'S SHOE OXFORD USED AS AN INTEGRAL PART OF A BRACE OTHOSIS  L3999 CPT/HCPCS UNLISTED PROCEDURES FOR UPPER LIMB ORTHOSIS A4408 CPT/HCPCS OSTOMY SKIN BARRIER, WTH HEANGE (SOLID, FLEXIBLE OR ACCORDIEXTENDED WEAR, WITH LANGER THAN AXA  A4353 CPT/HCPCS INTERMITIENT URINARY CATHETER WITH INSERTION SUPPLIES PS UNLISTED PROCEDURES FOR LOWER EXTREMITY ORTHOSES PS UNDIVIDENCE ON SURGICAL BOOT, EACH, CHILD PS CONVEXITY, WITH FAUCET-TYPE TAP WITH HALVE (1 PIECE), EACH CONVEXITY, WITH FAUCET-TYPE TAP WITH HALVE (1 PIECE), EACH CONVEXITY, WITH FAUCET-TYPE TAP WITH HALVE (1 PIECE), EACH CONVEXITY, WITH FAUCET-TYPE TAP WITH HALVE (1 PIECE), EACH CONVEXITY, WITH FAUCET-TYPE TAP WITH HALVE (1 PIECE), EACH CONVEXITY, WITH FAUCET-TYPE TAP WITH HALVE (1 PIECE), EACH CONVEXITY, WITH FAUCET-TYPE TAP WITH HALVE (1 PIECE), EACH CONVEXITY, WITH FAUCET-TYPE TAP WITH HALVE (1 PIECE), EACH CONVEXITY, WITH FAUCET-TYPE TAP WITH HALVE (1 PIECE), EACH CONVEXITY, WITH FAUCET-TYPE TAP WITH HALVE (1 PIECE), EACH CONVEXITY, WITH FAUCET-TYPE TAP WITH HALVE (1 PIECE), EACH CONVEXITY, WITH FAUCET-TYPE TAP WITH HALVE (1 PIECE), EACH CONVEXITY, WITH FAUCET-TYPE TAP WITH HALVE (1 PIECE) ACCONVEXITY, POOT TO THE CONVEXITY PROSTREMITY PROSTREMITY PROSTREMITY ORTHOSIS, NINGLE AXIS ANKLE/FOOT VES CONVEXITY, WITH FAUCET-TYPE TAP WITH HALVE (1 PIECE) ACCONVEXITY PROSTREMITY PROSTREMITY PROSTREMITY PROSTREMITY PROSTREMITY PROSTREMITY PROSTREMITY PROSTREMITY PROSTREMI	L8630	CPT/HCPCS		Yes
DISARTICULATION/INTERSCAPULAR THORACIC, ACRYLIC MATERIAL L3224 CPT/HCPCS ORTHOPEDIC FOOTWEAR WOMAN'S SHOE OXFORD USED AS AN INTEGRAL PART OF A BRACE OTHOSIS  L3999 CPT/HCPCS UNLISTED PROCEDURES FOR UPPER LIMB ORTHOSIS  A4408 CPT/HCPCS OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXBLE OR ACCORDIEXTENDED WEAR, WITH FLANGE (SOLID, FLEXBLE OR ACCORDIEXTENDED WEAR, WITH LARGER THAN 4X4  A353 CPT/HCPCS INTERMITTENT URINARY CATHETER WITH INSERTION SUPPLIES L3299 CPT/HCPCS UNLISTED PROCEDURES FOR LOWER EXTREMITY ORTHOSES L3299 CPT/HCPCS UNLISTED PROCEDURES FOR LOWER EXTREMITY ORTHOSES L3209 CPT/HCPCS UNLISTED PROCEDURES FOR LOWER EXTREMITY ORTHOSES CONVEXITY, WITH FAUCET-TYPE TAP WITH VALVE (1 PIECE), EACH MA315 CPT/HCPCS INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-MAY, ALL SILLICONE L3499 CPT/HCPCS ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, FULL KNEECAP L5974 CPT/HCPCS ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, FULL KNEECAP L5974 CPT/HCPCS ALL LOWER EXTREMITY PROSTHESES, FOOT, SINGLE AXIS ANKLE/FOOT YES L1005 CPT/HCPCS TENSION BASED SCOLIOSIS ORTHOSIS ANDD ACCESSORY PADS, INCLIDES FITTING AND ADJUSTMENT L6647 CPT/HCPCS TENSION BASED SCOLIOSIS ORTHOSIS ANDD ACCESSORY PADS, INCLIDES FITTING AND ADJUSTMENT L6647 CPT/HCPCS OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH FILTER (1 YES PIECE), EACH L3933 CPT/HCPCS OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH FILTER (1 YES PIECE), EACH L3933 CPT/HCPCS ADDITIONS IN WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT L5650 CPT/HCPCS ADDITIONS TO LOWER EXTREMITY, TOTAL CONTACT, ABOVE KNEE OR KNEE DISARTICULATION SOCKET L5660 CPT/HCPCS INJECTABLE BULKING AGENT, SYNTHETIC IMPLANT, URINARY TRACT 1 ML YES SYRINGE	L4631	CPT/HCPCS		Yes
PART OF A BRACE OTHOSIS  L3999 CPT/HCPCS UNLISTED PROCEDURES FOR UPPER LIMB ORTHOSIS  A4408 CPT/HCPCS OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDIEXTENDED WEAR, WITH FLANGE (THAN AXA ACCORDIEXTENDED WEAR, WITH LANGER THAN AXA ACCORDIEXTENDED WEAR, WITH LOWER EXTREMITY ORTHOSES YES UNDISCLABOOT, EACH, CHILD YES SURGICAL BOOT, EACH, CHILD YES SURGICAL BOOT, EACH, CHILD YES CONVEXITY, WITH FAUCET-TYPE TAP WITH VALVE (1 PIECE), EACH ACCONVEXITY, WITH FAUCET-TYPE TAP WITH VALVE (1 PIECE), EACH ACCONVEXITY, WITH FAUCET-TYPE TAP WITH VALVE (1 PIECE), EACH ACCONVEXITY, WITH FAUCET-TYPE TAP WITH VALVE (1 PIECE), EACH ACCONVEXITY, WITH FAUCET-TYPE TAP WITH VALVE (1 PIECE), EACH ACCONVEXITY, WITH FAUCET-TYPE TAP WITH VALVE (1 PIECE), EACH ACCONVEXITY, WITH FAUCET-TYPE TAP WITH VALVE (1 PIECE), EACH ACCONVEXITY, WITH FAUCET-TYPE TAP WITH VALVE (1 PIECE), EACH ACCONVEXITY, WITH FAUCET-TYPE TAP WITH VALVE (1 PIECE), EACH ACCONVEXITY, WITH FAUCET-TYPE TAP WITH VALVE (1 PIECE), EACH ACCONVEXITY, WITH FAUCET-TYPE TAP WITH VALVE (1 PIECE), EACH ACCONVEXITY, WITH FAUCET-TYPE TAP WITH VALVE (1 PIECE), EACH ACCONVEXITY, WITH FAUCET-TYPE TAP WITH VALVE (1 PIECE), EACH ACCONVEXITY, WITH PROSTREMENT ACCONVEXITY, WITH PROSTREMENT ACCONVEXITY, WITH PROSTREMENT ACCONVEXITY, WITH PROSTREMENT ACCONVEXITY, WITH PROSTREMENT ACCONVEXITY, WITH PROSTREMENT ACCONVEXITY, WITH FILTER (1 PIECE), EACH ACCONVEXITY, WITH FILTER (1 PIECE), EACH ACCONVEXITY, WITH FILTER (1 PIECE), EACH ACCONVEXITY, WITH FILTER ACCONVEXITY, WITH FILTER ACCONVEXITY, WITH FILTER ACCONVEXITY, WITH FILTER ACCONVEXITY, WITH FILTER ACCONVEXITY, WITH FILTER ACCONVEXITY, WITH FILTER ACCONVEXITY, WITH FILTER ACCONVEXITY, WITH FILTER ACCONVEXITY, WITH FILTER ACCONVEXITY, WITH FILTER ACCONVEXITY, WITH FILTER ACCO	L7405	CPT/HCPCS	·	Yes
A4408 CPT/HCPCS OSTOMY SKIN BARRIER, WTIH FLANGE (SOLID, FLEXIBLE OR ACCORDIEXTENDED WEAR, WTIH LARGER THAIN AXA  A4353 CPT/HCPCS INTERMITITENT 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 Yes  CONVEXITY, WITH FAUCET-TYPE TAP WITH VALVE (1 PIECE), EACH  A4315 CPT/HCPCS INSERTION TRAY WITH DAINAGE BAG WITH INDWELLING CATHETER, FOLEY Yes  TYPE, TWO-WAY, ALL SILICONE  L8499 CPT/HCPCS UNLISTED PROCEDURE FOR MISCELLANEOUS PROSTHETIC SERVICES Yes  L2795 CPT/HCPCS ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, FULL Yes  KNEECAP  L5974 CPT/HCPCS ALL LOWER EXTREMITY PROSTHESES, FOOT, SINGLE AXIS ANKLE/FOOT Yes  L1005 CPT/HCPCS TENSION BASED SCOLIOSIS ORTHOSIS ANDD ACCESSORY PADS, INCLUDES FITTING AND ADJUSTMENT  L6647 CPT/HCPCS UPPER EXTREMITY ADDITION, SHOULDER LOCK MECHANISM, BODY POWERED ACTUATOR  A4416 CPT/HCPCS OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH FILTER (1 Yes  PIECE), EACH  L3933 CPT/HCPCS FINGER ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT  L5650 CPT/HCPCS ADDITIONS TO LOWER EXTREMITY, TOTAL CONTACT, ABOVE KNEE OR KNEE  DISARTICATION ON THE STREAM ORD ADJUSTMENT  L5660 CPT/HCPCS INCECTABLE BULKING AGENT, SYNTHETIC IMPLANT, URINARY TRACT 1 ML  SYRINGE	L3224	CPT/HCPCS		Yes
ACCORDIEXTENDED WEAR, WITH LARGER THAN 4X4  A4353 CPT/HCPCS INTERMITTENT URINARY CATHETER WITH INSERTION SUPPLIES YES  L2999 CPT/HCPCS SURGICAL BOOT, EACH, CHILD YES  L3209 CPT/HCPCS SURGICAL BOOT, EACH, CHILD YES  A4429 CPT/HCPCS OSTOMY POUCH, URINARY, WITH BARRIER ATTACHED, WITH BUILT-IN YES  CONVEXITY, WITH FAUCET-TYPE TAP WITH VALVE (1 PIECE), EACH  A4315 CPT/HCPCS INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY YES  TYPE, TWO-WAY, ALL SILICONE  L8499 CPT/HCPCS UNUSTED PROCEDURE FOR MISCELLANEOUS PROSTHETIC SERVICES YES  L2795 CPT/HCPCS ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, FULL YES  KNEECAP  L5974 CPT/HCPCS ALL LOWER EXTREMITY PROSTHESES, FOOT, SINGLE AXIS ANKLE/FOOT YES  INCLUDES FITTING AND ADJUSTMENT  L6647 CPT/HCPCS UPPER EXTREMITY ADDITION, SHOULDER LOCK MECHANISM, BODY POWERED ACTUATOR  A4416 CPT/HCPCS STOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH FILTER (1 YES PIECES), EACH  L3933 CPT/HCPCS FINGER ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT  L5650 CPT/HCPCS INDUSTANCE OF THOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT  L5660 CPT/HCPCS INDUSTANCE OF THOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT  L5660 CPT/HCPCS INDUSTANCE OF THOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT  L5660 CPT/HCPCS INCETABLE BULKING AGENT, SYNTHETIC IMPLANT, URINARY TRACT 1 ML YES SYRINGE	L3999	CPT/HCPCS	UNLISTED PROCEDURES FOR UPPER LIMB ORTHOSIS	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 A4315 CPT/HCPCS INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY YES TYPE, TWO-WAY, ALL SILICONE L8499 CPT/HCPCS UNLISTED PROCEDURE FOR MISCELLANEOUS PROSTHETIC SERVICES YES L2795 CPT/HCPCS ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, FULL YES KNEECAP L5974 CPT/HCPCS ALL LOWER EXTREMITY PROSTHESES, FOOT, SINGLE AXIS ANKLE/FOOT YES L1005 CPT/HCPCS TENSION BASED SCOLIOSIS ORTHOSIS ANDD ACCESSORY PADS, INCLUDES FITTING AND ADJUSTMENT L6647 CPT/HCPCS UPPER EXTREMITY ADDITION, SHOULDER LOCK MECHANISM, BODY POWERED ACTUATOR A4416 CPT/HCPCS OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH FILTER (1 YES PIECE), EACH L3933 CPT/HCPCS FINGER ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT L5650 CPT/HCPCS INJECTIONS TO LOWER EXTREMITY, TOTAL CONTACT, ABOVE KNEE OR KNEE DISARTICULATION SOCKET LB606 CPT/HCPCS INJECTABLE BULKING AGENT, SYNTHETIC IMPLANT, URINARY TRACT 1ML YES SYRINGE	A4408	CPT/HCPCS	,	Yes
L3209 CPT/HCPCS SURGICAL BOOT, EACH, CHILD Yes  A4429 CPT/HCPCS OSTOMY POUCH, URINARY, WITH BARRIER ATTACHED, WITH BUILT-IN Yes  CONVEXITY, WITH FAUGET-TYPE TAP WITH VALVE (1 PIECE), EACH  A4315 CPT/HCPCS INSERTION TRAY WITH DARINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE  L8499 CPT/HCPCS UNLISTED PROCEDURE FOR MISCELLANEOUS PROSTHETIC SERVICES Yes  L2795 CPT/HCPCS ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, FULL Yes  KNEECAP  L5974 CPT/HCPCS ALL LOWER EXTREMITY PROSTHESES, FOOT, SINGLE AXIS ANKLE/FOOT Yes  L1005 CPT/HCPCS TENSION BASED SCOLIOSIS ORTHOSIS ANDD ACCESSORY PADS, INCLUDES FITTING AND ADJUSTMENT  L6647 CPT/HCPCS UPPER EXTREMITY ADDITION, SHOULDER LOCK MECHANISM, BODY Yes  POWERED ACTUATOR  A4416 CPT/HCPCS OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH FILTER (1 YES  PIECE), EACH  L3933 CPT/HCPCS FINGER ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT  L5650 CPT/HCPCS INJECTABLE BULKING AGENT, SYNTHETIC IMPLANT, URINARY TRACT 1ML YES  SYRINGE	A4353	CPT/HCPCS	INTERMITTENT URINARY CATHETER WITH INSERTION SUPPLIES	Yes
A4429 CPT/HCPCS OSTOMY POUCH, URINARY, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY, WITH FAUCET-TYPE TAP WITH VALVE (1 PIECE), EACH  A4315 CPT/HCPCS INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE  L8499 CPT/HCPCS UNLISTED PROCEDURE FOR MISCELLANEOUS PROSTHETIC SERVICES YES  L2795 CPT/HCPCS ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, FULL YES KNEECAP  L5974 CPT/HCPCS ALL LOWER EXTREMITY PROSTHESES, FOOT, SINGLE AXIS ANKLE/FOOT YES  L1005 CPT/HCPCS TENSION BASED SCOLIOSIS ORTHOSIS ANDD ACCESSORY PADS, INCLUDES FITTING AND ADJUSTMENT  L6647 CPT/HCPCS UPPER EXTREMITY ADDITION, SHOULDER LOCK MECHANISM, BODY POWERED ACTUATOR  A4416 CPT/HCPCS OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH FILTER (1 YES PIECE), EACH  L3933 CPT/HCPCS FINGER ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT  L5650 CPT/HCPCS INSERT OWER EXTREMITY, TOTAL CONTACT, ABOVE KNEE OR KNEE YES DISARTICULATION SOCKET  L8606 CPT/HCPCS INJECTABLE BULKING AGENT, SYNTHETIC IMPLANT, URINARY TRACT 1ML SYRINGE	L2999	CPT/HCPCS	UNLISTED PROCEDURES FOR LOWER EXTREMITY ORTHOSES	Yes
CONVEXITY, WITH FAUCET-TYPE TAP WITH VALVE (1 PIECE), EACH  A4315 CPT/HCPCS INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY YES TYPE, TWO-WAY, ALL SILICONE  L8499 CPT/HCPCS UNLISTED PROCEDURE FOR MISCELLANEOUS PROSTHETIC SERVICES YES  L2795 CPT/HCPCS ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, FULL YES KNEECAP  L5974 CPT/HCPCS ALL LOWER EXTREMITY PROSTHESES, FOOT, SINGLE AXIS ANKLE/FOOT YES  L1005 CPT/HCPCS TENSION BASED SCOLIOSIS ORTHOSIS ANDD ACCESSORY PADS, INCLUDES FITTING AND ADJUSTMENT  L6647 CPT/HCPCS UPPER EXTREMITY ADDITION, SHOULDER LOCK MECHANISM, BODY YES POWERED ACTUATOR  A4416 CPT/HCPCS OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH FILTER (1 YES PIECE), EACH  L3933 CPT/HCPCS FINGER ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT  L5650 CPT/HCPCS ADDITIONS TO LOWER EXTREMITY, TOTAL CONTACT, ABOVE KNEE OR KNEE DISARTICULATION SOCKET  L8606 CPT/HCPCS INJECTABLE BULKING AGENT, SYNTHETIC IMPLANT, URINARY TRACT 1ML YES SYRINGE	L3209	CPT/HCPCS	SURGICAL BOOT, EACH, CHILD	Yes
TYPE, TWO-WAY, ALL SILICONE  L8499 CPT/HCPCS UNLISTED PROCEDURE FOR MISCELLANEOUS PROSTHETIC SERVICES Yes  L2795 CPT/HCPCS ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, FULL Yes  KNEECAP  L5974 CPT/HCPCS ALL LOWER EXTREMITY PROSTHESES, FOOT, SINGLE AXIS ANKLE/FOOT Yes  L1005 CPT/HCPCS TENSION BASED SCOLIOSIS ORTHOSIS ANDD ACCESSORY PADS, INCLUDES FITTING AND ADJUSTMENT  L6647 CPT/HCPCS UPPER EXTREMITY ADDITION, SHOULDER LOCK MECHANISM, BODY POWERED ACTUATOR  A4416 CPT/HCPCS OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH FILTER (1 Yes  PIECE), EACH  L3933 CPT/HCPCS FINGER ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT  L5650 CPT/HCPCS ADDITIONS TO LOWER EXTREMITY, TOTAL CONTACT, ABOVE KNEE OR KNEE DISARTICULATION SOCKET  L8606 CPT/HCPCS INJECTABLE BULKING AGENT, SYNTHETIC IMPLANT, URINARY TRACT 1ML Yes  SYRINGE	A4429	CPT/HCPCS		Yes
L2795 CPT/HCPCS ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, FULL KNEECAP  L5974 CPT/HCPCS ALL LOWER EXTREMITY PROSTHESES, FOOT, SINGLE AXIS ANKLE/FOOT YES  L1005 CPT/HCPCS TENSION BASED SCOLIOSIS ORTHOSIS ANDD ACCESSORY PADS, INCLUDES FITTING AND ADJUSTMENT  L6647 CPT/HCPCS UPPER EXTREMITY ADDITION, SHOULDER LOCK MECHANISM, BODY POWERED ACTUATOR  A4416 CPT/HCPCS OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH FILTER (1 YES PIECE), EACH  L3933 CPT/HCPCS FINGER ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT  L5650 CPT/HCPCS ADDITIONS TO LOWER EXTREMITY, TOTAL CONTACT, ABOVE KNEE OR KNEE DISARTICULATION SOCKET  L8606 CPT/HCPCS INJECTABLE BULKING AGENT, SYNTHETIC IMPLANT, URINARY TRACT 1ML YES SYRINGE	A4315	CPT/HCPCS	·	Yes
KNEECAP  L5974 CPT/HCPCS ALL LOWER EXTREMITY PROSTHESES, FOOT, SINGLE AXIS ANKLE/FOOT YES  L1005 CPT/HCPCS TENSION BASED SCOLIOSIS ORTHOSIS ANDD ACCESSORY PADS, INCLUDES FITTING AND ADJUSTMENT  L6647 CPT/HCPCS UPPER EXTREMITY ADDITION, SHOULDER LOCK MECHANISM, BODY POWERED ACTUATOR  A4416 CPT/HCPCS OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH FILTER (1 Yes PIECE), EACH  L3933 CPT/HCPCS FINGER ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT  L5650 CPT/HCPCS ADDITIONS TO LOWER EXTREMITY, TOTAL CONTACT, ABOVE KNEE OR KNEE YES DISARTICULATION SOCKET  L8606 CPT/HCPCS INJECTABLE BULKING AGENT, SYNTHETIC IMPLANT, URINARY TRACT 1ML YES SYRINGE	L8499	CPT/HCPCS		Yes
L1005 CPT/HCPCS TENSION BASED SCOLIOSIS ORTHOSIS ANDD ACCESSORY PADS, INCLUDES FITTING AND ADJUSTMENT  L6647 CPT/HCPCS UPPER EXTREMITY ADDITION, SHOULDER LOCK MECHANISM, BODY POWERED ACTUATOR  A4416 CPT/HCPCS OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH FILTER (1 Yes PIECE), EACH  L3933 CPT/HCPCS FINGER ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT  L5650 CPT/HCPCS ADDITIONS TO LOWER EXTREMITY, TOTAL CONTACT, ABOVE KNEE OR KNEE DISARTICULATION SOCKET  L8606 CPT/HCPCS INJECTABLE BULKING AGENT, SYNTHETIC IMPLANT, URINARY TRACT 1ML Yes SYRINGE	L2795	CPT/HCPCS		Yes
L1005 CPT/HCPCS TENSION BASED SCOLIOSIS ORTHOSIS ANDD ACCESSORY PADS, INCLUDES FITTING AND ADJUSTMENT  L6647 CPT/HCPCS UPPER EXTREMITY ADDITION, SHOULDER LOCK MECHANISM, BODY POWERED ACTUATOR  A4416 CPT/HCPCS OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH FILTER (1 Yes PIECE), EACH  L3933 CPT/HCPCS FINGER ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT  L5650 CPT/HCPCS ADDITIONS TO LOWER EXTREMITY, TOTAL CONTACT, ABOVE KNEE OR KNEE DISARTICULATION SOCKET  L8606 CPT/HCPCS INJECTABLE BULKING AGENT, SYNTHETIC IMPLANT, URINARY TRACT 1ML Yes SYRINGE	L5974	CPT/HCPCS		Yes
POWERED ACTUATOR  A4416 CPT/HCPCS OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH FILTER (1 Yes PIECE), EACH  L3933 CPT/HCPCS FINGER ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT  L5650 CPT/HCPCS ADDITIONS TO LOWER EXTREMITY, TOTAL CONTACT, ABOVE KNEE OR KNEE DISARTICULATION SOCKET  L8606 CPT/HCPCS INJECTABLE BULKING AGENT, SYNTHETIC IMPLANT, URINARY TRACT 1ML Yes SYRINGE	L1005	CPT/HCPCS	,	Yes
A4416 CPT/HCPCS OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH FILTER (1 PIECE), EACH  L3933 CPT/HCPCS FINGER ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT  L5650 CPT/HCPCS ADDITIONS TO LOWER EXTREMITY, TOTAL CONTACT, ABOVE KNEE OR KNEE DISARTICULATION SOCKET  L8606 CPT/HCPCS INJECTABLE BULKING AGENT, SYNTHETIC IMPLANT, URINARY TRACT 1ML SYRINGE	L6647	CPT/HCPCS	UPPER EXTREMITY ADDITION, SHOULDER LOCK MECHANISM, BODY	Yes
L3933 CPT/HCPCS FINGER ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT  L5650 CPT/HCPCS ADDITIONS TO LOWER EXTREMITY, TOTAL CONTACT, ABOVE KNEE OR KNEE DISARTICULATION SOCKET  L8606 CPT/HCPCS INJECTABLE BULKING AGENT, SYNTHETIC IMPLANT, URINARY TRACT 1ML SYRINGE	A4416	CPT/HCPCS	OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH FILTER (1	Yes
L5650 CPT/HCPCS ADDITIONS TO LOWER EXTREMITY, TOTAL CONTACT, ABOVE KNEE OR KNEE DISARTICULATION SOCKET  L8606 CPT/HCPCS INJECTABLE BULKING AGENT, SYNTHETIC IMPLANT, URINARY TRACT 1ML Yes SYRINGE	L3933	CPT/HCPCS	FINGER ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE,	Yes
L8606 CPT/HCPCS INJECTABLE BULKING AGENT, SYNTHETIC IMPLANT, URINARY TRACT 1ML Yes SYRINGE	L5650	CPT/HCPCS	ADDITIONS TO LOWER EXTREMITY, TOTAL CONTACT, ABOVE KNEE OR KNEE	Yes
	L8606	CPT/HCPCS	INJECTABLE BULKING AGENT, SYNTHETIC IMPLANT, URINARY TRACT 1ML	Yes
L1060 CPT/HCPCS ADDITION TO CTLSO OR SCOLIOSIS ORTHOSES, THORACIC PAD Yes	L1060	CPT/HCPCS		Yes
L6632 CPT/HCPCS UPPER EXTREMITY ADDITION, LATEX SUSPENSION SLEEVE, EACH Yes	L6632	CPT/HCPCS		Yes

LISTO   CPITHOPOS   SOLE WEDGE, BETWEEN SOLE   Ves	
SOCKET, LISMO" OR FQUIA PYLON, NO COVER, READ FOOT, THERM LEGROD CPTHOPOS SHOULDER DISARTICULATION, DOTERNAL POWER, MOLDED SOCKET, REMOVABLE SHOULDER DISARTICULATION, EXTERNAL POWER, MOLDED SOCKET, REMOVABLE SHOULDER DISARTICULATION, EXTERNAL POWER, MOLDED SOCKET, REMOVABLE SHOULDER SHELL, SHOULDER BULINHEAD, HUMBERAL LISTORY SHOULDER DISARTICULATION, EXTERNAL POWER, MOLDED SOCKET, SHOULDER DISARTICULATION, PART OF THE PROPERTY OF THE SOCKET, USBNO" OR EQUIA, PYLON, NO COVER, SACH FOOT, PLASTER SOCKET, USBNO" OR EQUIA, PYLON, NO COVER, SACH FOOT, PLASTER SOCKET, MOLDED TO MODEL LISSOS OPTHOPOS REALT-CARE PROVIDER ANY TYPE HEALT-CARE PROVIDER ANY TYPE ALL COPTHOPOS OPTHOPOS ADDITION TO LOWER EXTREMITY, MOLDED INNER BOOT TYPE, PREFABRICATED, INCLUDES PITTING AND ADJUSTMENTS OF THE PROPERTY OF THE PROVIDER OF THE PROVIDER AND SHAPE AND ADJUSTMENTS OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF TH	
LE210 CPTH-CPCS SHOULDER DISARTICULATION, EXTERNAL POWER, MOLDED SOCKET, Ves SHOWD ABLE SHOULDER DISARTICULATION, EXTERNAL POWER, MOLDED SOCKET, Ves SHOWD ABLE SHOULDER SHELL, SHOULDER BUSHREAD, HUMERAL SECTION, CPTH-CPCS SHERLOCK EARTHER CUFF KAFO AFO, CALF OR DISTAL THIGH Yes PREPARATORY, BELOW KINE "PIT" "TYPE SOCKET, "USING" OR COUAL YES PREPARATORY, BELOW KINE "PIT" "TYPE SOCKET, "USING" OR COUAL YES PREPARATORY, BELOW KINE "PIT" "TYPE SOCKET, "USING" OR COUAL YES PREPARATORY, BELOW KINE "PIT" "TYPE SOCKET, "USING" OR COUAL YES PREPARATORY, BELOW KINE "PIT" "TYPE SOCKET, "USING" OR COUAL YES HEALTH CASE PROVIDER, ANY TYPE HEALTH CASE PROVIDER, ANY TYPE HEALTH CASE PROVIDER, ANY TYPE HEALTH CASE PROVIDER, ANY TYPE HEALTH CASE PROVIDER, ANY TYPE HEALTH CASE PROVIDER, ANY TYPE HOADDUCTION TO LOWER KINER BIND, TO STORY SUPPLY, MISCELLAMEOUS TYPE, PREFABRICATER DATE OF THE ANY AND ADJUSTMENTS THE ABDUCTION TYPE, PREFABRICATER DATE OF THE ANY AND ADJUSTMENTS THE ABDUCTION TYPE, PREFABRICATER DATE OF THE ANY AND ADJUSTMENTS TO SHARE AND ADJUSTMENTS TO SHARE AND ADJUSTMENTS TO SHARE AND ADJUSTMENTS TO SHARE AND ADJUSTMENTS TO SHARE AND ADJUSTMENTS TO SHARE AND ADJUSTMENTS TO SHARE AND ADJUSTMENTS TO SHARE AND ADJUSTMENTS TO SHARE AND ADJUSTMENTS TO SHARE AND ADJUSTMENTS TO SHARE AND ADJUSTMENTS TO SHARE AND ADJUSTMENTS TO SHARE AND ADJUSTMENTS TO SHARE AND ADJUSTMENTS THE ADJUSTMENT TO SHARE AND ADJUSTMENTS TO SHARE AND ADJUSTMENTS TO SHARE AND ADJUSTMENTS TO SHARE AND ADJU	
LEGGO CPTHCPCS SHOULDER DISARTICULATION, EXTERNAL POWER, MOLDED SOCKET, REMOVABLE SHOULDER SHELL, SHOULDER BULKHEAD, HUMERAL SECTION, REMOVABLE SHOULDER SHELL, SHOULDER BULKHEAD, HUMERAL SECTION, SECTION, CPTHCPCS REPLACE LEATHER CUFF KAFO-AFO, CALF OR DISTALL THIGH Yes SECTION, CPTHCPCS REPLACE LEATHER CUFF KAFO-AFO, CALF OR DISTALL THIGH Yes COKET, "USBNC" OR EQUAL YES PYLON, NO COVER, SACH FOOT, FLASTER SOCKET, "USBNC" OR EQUAL YES PHACE LEADING WINE FYRE" THRES SCIENT, MOLDED TO MODEL SHOW THE ATTH CARE PROVIDER, ANY TYPE ADDITION, SOCIED SHOULD SHOULD SHOULD SHOW THE ATTH CARE PROVIDER, ANY TYPE ADDITION, TO COVER SERVERMENTY, MOLDED INNER BOOT YES COME SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD	
REMOVABLE SHOULDER SHELL, SHOULDER BULKHEAD, HUMERAL SECTION.  LI110 CPTH-CPCS REPLACE LEATHER CUFF KAFO-AFO, CALF OR DISTAL THIGH PREPARATIORY, BELOW KNIEC PIBE "TYPE SOCKET," USNOC" OR EQUAL PREPARATIORY, BELOW KNIEC PIBE "TYPE SOCKET," USNOC" OR EQUAL PREPARATIORY, BELOW KNIEC PIBE "TYPE SOCKET," USNOC" OR EQUAL PREPARATIORY, BELOW KNIEC PIBE "TYPE SOCKET," USNOC" OR EQUAL PREPARATIORY, BELOW KNIEC PIBE "TYPE SOCKET," USNOC" OR EQUAL PREPARATIORY, BELOW KNIEC PIBE "TYPE SOCKET," USNOC" OR EQUAL PREPARATION OF SOCKET, BELOW KNIEC PIBE "TYPE SOCKET," USNOC" OR EQUAL PREPARATION OF SOCKET, BELOW KNIEC PIBE "TYPE SOCKET," USNOC" OR EXPERIENCE OF SOCKET, BELOW KNIEC PIBE "TYPE SOCKET," USNOC "TYPE SOCKET," USNOC "TYPE SOCKET," USNOC "TYPE SOCKET," USNOC "TYPE SOCKET," USNOC "TYPE SOCKET," USNOC "TYPE SOCKET," USNOC "TYPE SOCKET," USNOC "TYPE SOCKET," USNOC "TYPE SOCKET," USNOC "TYPE SOCKET," USNOC "TYPE SOCKET," USNOC "TYPE SOCKET," USNOC "TYPE SOCKET," USNOC "TYPE SOCKET," USNOC "TYPE SOCKET," USNOC "TYPE SOCKET," USNOC "TYPE SOCKET," USNOC "TYPE SOCKET," USNOC "TYPE SOCKET," USNOC "TYPE SOCKET," USNOC "TYPE SOCKET," USNOC "TYPE SOCKET," USNOC "TYPE SOCKET," USNOC "TYPE SOCKET," USNOC "TYPE SOCKET," USNOC "TYPE SOCKET," USNOC "TYPE SOCKET," USNOC "TYPE SOCKET," USNOC "TYPE SOCKET," USNOC "TYPE SOCKET," USNOC "TYPE SOCKET," USNOC "TYPE SOCKET," USNOC "TYPE SOCKET," USNOC "TYPE SOCKET," USNOC "TYPE SOCKET," USNOC "TYPE SOCKET," USNOC "TYPE SOCKET," USNOC "TYPE SOCKET," USNOC "TYPE SOCKET," USNOC "TYPE SOCKET," USNOC "TYPE SOCKET," USNOC "TYPE SOCKET," USNOC "TYPE SOCKET," USNOC "TYPE SOCKET," USNOC "TYPE SOCKET," USNOC "TYPE SOCKET," USNOC "TYPE SOCKET," USNOC "TYPE SOCKET," USNOC "TYPE SOCKET," USNOC "TYPE SOCKET," USNOC "TYPE SOCKET," USNOC "TYPE SOCKET," USNOC "TYPE SOCKET," USNOC "TYPE SOCKET," USNOC "TYPE SOCKET," USNOC "TYPE SOCKET," USNOC "TYPE SOCKET," USNOC "TYPE SOCKET," USNOC "TYPE SOCKET," USNOC "TYPE SOCKET," USNOC "TYPE SOCKET," USNOC "TYPE SOCKET," USNOC "TYPE SOCKET," USNOC "TYPE SOCKET," USNOC "TY	
SECTION.  LISTO CPTH-CPCS  REPLACE LEATHER CLIFF KAFO-AFO, CALF OR DISTAL THIGH  Ves  PYLON, NO COVER, SACH FOOT, PLASTER SOCKET, TUSMC* OR EQUAL  PYLON, NO COVER, SACH FOOT, PLASTER SOCKET, MOLDED TO MODEL  RESEARCH COVER, SACH FOOT, PLASTER SOCKET, MOLDED TO MODEL  RESEARCH COVER, SACH FOOT, PLASTER SOCKET, MOLDED TO MODEL  REALTH CARE PROVIDER, ANY TYPE  AMAZI CPTH-CPCS  OSTOMY SUPPLY: MISCELLANEOUS  PROSTRICE OF THICKES  OPTH-CPCS  ADDITION TO LOWER EXTREMITY, MOLDED INNER BOOT  TYPE, PREFABRICATED, INCLUDES HITTING AND ADJUSTMENTS  TYPE, PREFABRICATED, OFFI-THE SHELP, ANY TYPE  TOTAL THAN ADJUSTMENT THAN ADJUSTMENT THAN ATTENDED HITTING AND ADJUSTMENTS  TOTAL THAN ADJUSTMENT THAN ADJUSTMENT THAN ADJUSTMENT THAN ADJUSTMENT THAN ADJUSTMENT THAN ADJUSTMENT THAN ADJUSTMENT THAN ADJUSTMENT THAN ADJUSTMENT THAN ADJUSTMENT THAN ADJUSTMENT THAN ADJUSTMENT THAN ADJUSTMENT THAN ADJUSTMENT THAN ADJUSTMENT THAN ADJUSTMENT THAN ADJUSTMENT THAN ADJUSTMENT THAN ADJUSTMENT THAN ADJUSTMENT THAN ADJUSTMENT THAN ADJUSTMENT THAN ADJUSTMENT THAN ADJUSTMENT THAN ADJUSTMENT THAN ADJUSTMENT THAN ADJUSTMENT THAN ADJUSTMENT THAN ADJUSTMENT THAN ADJUSTMENT THAN ADJUSTMENT THAN ADJUSTMENT THAN ADJUSTMENT THAN ADJUSTMENT THAN	
LEITIO CPTIACECS REPLACE LEATHER CUEF KARO-AFO, CALF OR INSTALTHIGH Yes PREPARATORY, BELOW KNEE 'PTB' TYPE SOCKET, 'USMC" OR EQUAL PREPARATORY, BELOW KNEE 'PTB' TYPE SOCKET, 'USMC" OR EQUAL PREPARATORY, BELOW KNEE 'PTB' TYPE SOCKET, 'USMC" OR EQUAL PREPARATORY, BELOW KNEE 'PTB' TYPE SOCKET, 'USMC" OR EQUAL PREPARATORY, BELOW KNEE 'PTB' TYPE SOCKET, 'USMC" OR EQUAL PREPARATORY, BELOW KNEE 'PTB' TYPE SOCKET, 'USMC" OR EQUAL PREPARATORY, BELOW KNEE 'PTB' TYPE SOCKET, 'USMC" OR EQUAL PREPARATORY, SOCKET, 'USMC" OR EXTREMITY, MOLDED INNER BOOT PREPARATORY, INCLUDES SITTING AND ADJUSTMENTS  L7402 CPT7HCPCS ADDITION TO LOWER EXTREMITY, MOLDED INNER BOOT PREPARATORY, INCLUDES SITTING AND ADJUSTMENTS  L7402 CPT7HCPCS ADDITION TO UPER EXTREMITY PROSTHESIS, SHOULDER PREPARATORY, INCLUDES SITTING AND ADJUSTMENTS  L7402 CPT7HCPCS ADDITION TO UPER EXTREMITY PROSTHESIS, SHOULDER DISARTICULATION/INTERSCAPULAR THORACIC, ULTRALIGHT MATERIAL (TITAMIUM, CARBON FISER OR EQUAL)  L8400 CPT7HCPCS ORTHOPEDIG SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, JUNIOR YES  L8501 CPT7HCPCS ORTHOPEDIG SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, JUNIOR YES  L8502 CPT7HCPCS ORTHOPEDIG SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, JUNIOR YES  AND STANCE PHASE CONTROL  L8603 CPT7HCPCS UMBREASCAPA DATIONS, SAGRITAL-CORONAL CONTROL, RIGID  SHELLIS/FANALIS), POSTERIOR EXTENDS FROM SACROCOCCYGEAL  L8603 CPT7HCPCS UMBREASCAPA DATIONS, SAGRITAL-CORONAL CONTROL, RIGID  SHELLIS/FANALIS), POSTERIOR EXTENDS FROM SACROCOCCYGEAL  L8603 CPT7HCPCS OCCURANT MEMBREASCAPA DATIONS, SAGRITAL-CORONAL CONTROL, RIGID  SHELLIS/FANALIS), POSTERIOR EXTENDS FROM SACROCOCCYGEAL  L8603 CPT7HCPCS OWN POUCH, CLOSED, WITH BARRIER ATTACHED, WITH BUILT-IN  CONVEXTY, WITH FILTER (1 PIECE), EACH  CPT7HCPCS OCCURANT MEMBREASCAPA DATIONS, AND WEBSING  TYPE, PREFARRICATED, OFF-THE-SHELF  TYPE, PREFARRICATED, OFF-THE-SHELF  TYPE, PREFARRICATED, OFF-THE-SHELF  L8602 CPT7HCPCS SHOULDER ORTHOSIS, AROMONOCIAVICULAR (CANVAS AND WEBBING TYPE, PREFARRICATED, OFF-THE-SHELF  TYPE, PREFARRICATED, OFF-THE-SH	
ISSID   CPT/HCPCS   PREPARATORY, BELOW KNEE: PTIET: TYPE SOCKET, "USNC" OR EQUAL PYLON, NO COVER, SACH FOOT, PLASTER SOCKET, MOLDED TO MODEL	
PYLON, NO COVER, SACH FOOT, PLASTER SOCKET, MOLDED TO MODEL	
L8509   CPT/HCPCS   TRACHEO-ESOPHAGEAL VOICE PROSTHESIS, INSERTED BY ALICENSED   Yes	
HEALTH CARE PROVIDER, ANY TYPE  A4421 CPT/HCPCS OSTOMY SUPPLY; MISCELLANEOUS  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  CPT/HCPCS ADDITION TO UPPER EXTREMITY PROSTHESIS, SHOULDER  DISARTICULATION/INTERSCAPULAR THORACIC, ULTRALIGHT MATERIAL  (ITTANIUM, CARBON FIGER OR EQUAL)  L3010 CPT/HCPCS PROSTHEIRC SHRINKER, BELOW KNEE, EACH  EACH CPT/HCPCS PROSTHEIRC SHRINKER, BELOW KNEE, EACH  L3207 CPT/HCPCS ORTHOPEDIS CHOPE, HIGHTOP WITH SUPINATOR OR PRONATOR, JUNIOR  L5828 CPT/HCPCS ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING AND STANCE PHASE CONTROL  L6640 CPT/HCPCS LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, RIGID  SHELLS(SYAPALLS), POSTERIOR EXTENDS FROM SACROCOCCYGEAL  L5603 CPT/HCPCS COLLAGEN IMPLANT URINARY TRACT PER 2.5 CG SYRINGE INCLUDES  SHIPPING AND NECESSARY SUPPLIES  L6610 CPT/HCPCS WRIST HAND FINGER ORTHOSIS, WITHOUT JOINTIS), PREFABRICATED, OFF-  THE SHELF, ANY TYPE  L6610 CPT/HCPCS OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH BUILT-IN  CONVEXITY, WITH FILTER (1) PIECE), EACH  CPT/HCPCS SHOULDER ORTHOSIS, ACROMIC/CLAVICULAR (CANVAS AND WEBSING TYPE), PREFABRICATED, OFF-  THE SHELF, ANY TYPE  L6613 CPT/HCPCS SHOULDER ORTHOSIS, ACROMIC/CLAVICULAR (CANVAS AND WEBBING TYPE), PREFABRICATED, OFF-  THE SHELF, ANY TYPE  L6610 CPT/HCPCS SHOULDER ORTHOSIS, ACROMIC/CLAVICULAR (CANVAS AND WEBBING TYPE), PREFABRICATED, OFF-  THE SHELF, ANY TYPE  L6610 CPT/HCPCS SHOULDER ORTHOSIS, ACROMIC/CLAVICULAR (CANVAS AND WEBBING TYPE), PREFABRICATED, OFF-  THE SHELF, ANY TYPE  L6610 CPT/HCPCS SHOULDER ORTHOSIS, ACROMIC/CLAVICULAR (CANVAS AND WEBBING TYPE), PREFABRICATED, OFF-  THE SHELF SHOULDER ORTHOSIS, ANY MATERIAL, SINGLE OR DOUBLE UPPURIORINT, STANCE CONTROL, AUTOMATIC LOCK AND SWING PHASE RELE  L6677 CPT/HCPCS REPLACEMENT STRAP, ANY ORTHOSIS, INCLUDES ALL COMPONENTS, ANY THE SHELF SHAND THAN TYPE  L6674 CPT/HCPCS TERMINAL DEVICE, HAND, M	
HEALTH CARE PROVIDER, ANY FYE  A4421 CPT/HCPCS OSTOMY SUPPLY; MISCELLANEOUS  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  L7402 CPT/HCPCS ADDITION TO UPPER EXTREMITY PROSTHESIS, SHOULDER  DISARTICULATION/INTERSCAPULAR THORACIC, ULTRALIGHT MATERIAL  (ITTANIUM, CARBON FIBER OR EQUAL)  L3010 CPT/HCPCS PROSTHEIC SHRINKER, BELOW KNEE, EACH  L8440 CPT/HCPCS PROSTHEIC SHRINKER, BELOW KNEE, EACH  L8440 CPT/HCPCS PROSTHEIC SHRINKER, BELOW KNEE, EACH  L8440 CPT/HCPCS ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING  AND STANCE PHASE CONTROL  L8640 CPT/HCPCS ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING  AND STANCE PHASE CONTROL  L8640 CPT/HCPCS LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, RIGID  SELLEJS/PANELIS), POSTERIOR EXTENDS FROM SACROCOCCYGEAL  L8603 CPT/HCPCS COLLAGEN IMPLANT URINARY TRACT PER 2.5 CC SYRINGE INCLUDES  SHIPPING AND NECESSARY SUPPLIES  L8610 CPT/HCPCS WRISTHAND FINGER ORTHOSIS, WITHOUT JOINTIS), PREFABRICATED, OFF-  THE SHELF, ANY TYPE  L8610 CPT/HCPCS OSTOMY POLICH, CLOSED, WITH BARRIER ATTACHED, WITH BUILT-IN  CONVEXITY, WITH FILTER (1 PIECE), EACH  L8613 CPT/HCPCS SHOULDER ORTHOSIS, ACROMIC/CLAVICULAR (CANVAS AND WEBBING TYPE), PREFABRICATED, OFF-  THE SHELF, ANY TYPE  L8610 CPT/HCPCS SHOULDER ORTHOSIS, ACROMIC/CLAVICULAR (CANVAS AND WEBBING TYPE), PREFABRICATED, OFF-  THE SHELF, ANY TYPE  L8610 CPT/HCPCS SHOULDER ORTHOSIS, ACROMIC/CLAVICULAR (CANVAS AND WEBBING TYPE), PREFABRICATED, OFT-THE-SHELF  L8610 CPT/HCPCS SHOULDER ORTHOSIS, ACROMIC/CLAVICULAR (CANVAS AND WEBBING TYPE), PREFABRICATED, OFT-THE-SHELF  L8610 CPT/HCPCS SHOULDER ORTHOSIS, ACROMIC/CLAVICULAR (CANVAS AND WEBBING TYPE), PREFABRICATED, OFT-THE-SHELF  L8610 CPT/HCPCS SHOULDER ORTHOSIS, ACROMIC/CLAVICULAR (CANVAS AND WEBBING TYPE), PREFABRICATED, OFT-THE-SHELF  L8610 CPT/HCPCS REPLACEMENT STRAP, ANY ORTHOSIS, INCLUDES ALL COMPONENTS, ANY LENG	
AUAZI	
L1686 CPT/HCPCS HO, ABDUCTION CONTROL OF HIP JOINT, POST-OPERATIVE HIP ABDUCTION YES TYPE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENTS  L7402 CPT/HCPCS ADDITION TO UPPER EXTREMITY PROSTHESIS, SHOULDER DISARTICULATION/INTERSCAPULAR THORACIC, ULTRALIGHT MATERIAL (TITANIUM, CARBON FIBER OR REQUAL)  L3010 CPT/HCPCS FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, LONGITUDINAL AGREON FIBER OR REQUAL)  L3010 CPT/HCPCS FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, LONGITUDINAL AGREON FIBER OR ACRE SUPPORTS, EACH  L3011 CPT/HCPCS PROSTHETIC SHRINKER, BELOW KNEE, EACH  L3012 CPT/HCPCS ORTHOPEOIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, JUNIOR YES  L5828 CPT/HCPCS ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING AND STANCE PHASE CONTROL  L0640 CPT/HCPCS ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING YES SHEELL(S)/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL  L8603 CPT/HCPCS SHEELL(S)/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL  L8604 CPT/HCPCS WIRIST HAND FINGER ORTHOSIS, WITHOUT JOINT(S), PREFABRICATED, OFF-TIS-SHELE, ANY TYPE  L3610 CPT/HCPCS DICULAR  A4417 CPT/HCPCS OCULAR  A4417 CPT/HCPCS OCULAR  A4417 CPT/HCPCS OCULAR  A4417 CPT/HCPCS ADDITION TO LOWER EXTREMITY, ABOVE KNEE-KNEE DISARTICULATION, OHG 4-BAR LINKAGE, WITH HYDRAULIC SWING PHASE CONTROL  L3670 CPT/HCPCS SHOULDER ORTHOSIS, ANY MATERIAL, SINGLE OR DOUBLE UPRUPINGHT, STANCE CONTROL, AUTOMATIC LOCK AND SWING PHASE CONTROL  L3670 CPT/HCPCS KNEE ANKLE FOOT ORTHOSIS, ANY MATERIAL, SINGLE OR DOUBLE UPRUPINGHT, STANCE CONTROL, AUTOMATIC LOCK AND SWING PHASE CONTROL  L3670 CPT/HCPCS MISCELLANEOUS SHOE ADDITION, HARDES, TRIPLE CONTROL, SIMULTANEOUS PER BELE  L3520 CPT/HCPCS MISCELLANEOUS SHOE ADDITION, HARNESS, TRIPLE CONTROL, SIMULTANEOUS OPERATION OF TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY CLOSING, ANY MESTELLANEOUS SHOE ADDITION, DOUBLE AND CONTROL, SIMULTANEOUS POPERATION OF TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY CLOSING, ANY MESTELLANEOUS SHOE ADDITION, HARNESS, TRIPLE CONTROL, SIMULTANEOUS OPERAT	
TYPE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENTS  L7402 CPT/HCPCS ADDITION TO UPPER EXTREMITY PROSTHESIS, SHOULDER DISABITULATION/INTERSCAPULAR THORACIC, ULTRALIGHT MATERIAL (ITTANIUM, CARBON FIBER OR EQUAL).  L3010 CPT/HCPCS FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, LONGITUDINAL ARCH SUPPORT, EACH ARCH SUPPORT, EACH ARCH SUPPORT, EACH CPT/HCPCS PROSTHETIC SHRINKER, BELOW KNEE, EACH 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  L0640 CPT/HCPCS LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, RIGID YES SHELLIS/PANELSIS, POSTERIOR BOX EXTENDS FROM SACROCOCCYGEAL  L8603 CPT/HCPCS COLLAGEN IMPLANT URINARY TRACT PER 2.5 CC SYRINGE INCLUDES YES SHIPPING AND NECESSARY SUPPLIES  L3809 CPT/HCPCS OCULAR A4417 CPT/HCPCS OCULAR  A4417 CPT/HCPCS OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH BUILT-IN YES CONVEXITY, WITH FILTER Q PIECES, EACH  L5613 CPT/HCPCS ADDITION TO LOWER EXTERMITY, ABOVE KNEE-KNEE DISARTICULATION, OHC-4-BAR LINKAGE, WITH HYDRAULIC SWING PHASE CONTROL  L3670 CPT/HCPCS SHOULDER ORTHOSIS, ACROMIG/CLAVICULAR (CANVAS AND WEBBING TYPE), PREFABRICATED, OFF-THE-SHELE  L2005 CPT/HCPCS SHOULDER ORTHOSIS, AND MATERIAL, SINGLE OR DOUBLE PROPRIPHERS RELE  L4002 CPT/HCPCS MISCELLANEOUS SHOE ADDITION, INSOLE, FELT COVERED WITH LEATHER YES  L5677 CPT/HCPCS MISCELLANEOUS SHOE ADDITION, HARNESS, TRIPLE CONTROL, SIMULTANEOUS PER BEPLACEMENT STRAP, ANY ORTHOSIS, INCLUDES ALL COMPONENTS, ANY YES  L6677 CPT/HCPCS MISCELLANEOUS SHOE ADDITION, HARNESS, TRIPLE CONTROL, SIMULTANEOUS PER BEPLACEMENT STRAP, ANY ORTHOSIS, STIPLE CONTROL, SIMULTANEOUS PER BEPLACEMENT STRAP, ANY ORTHOSIS, ANY MATERIAL, SINGLE OR DOUBLE  UPPER EXTREMITY ADDITION, HARNESS, TRIPLE CONTROL, SIMULTANEOUS PER BEPLACEMENT STRAP, ANY ORTHOSIS, ANY MATERIAL, SINGLE ORTHOSIS, ANY MATERIAL, SINGLE ORTHOSIS, ANY PER BENDAL SYSTEM, THERE RIGID PLASTIC  L6624 CPT/HCPCS TILE, STRIPLANAR CONTROL, MODULAR SEGMENTED	
L7402 CPT/HCPCS ADDITION TO UPPER EXTREMITY PROSTHESIS, SHOULDER DISARTICULATION/INTERSCAPULAR THORACIC, ULTRALIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)  L3010 CPT/HCPCS FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, LONGITUDINAL ARCH SUPPORT, EACH  L3207 CPT/HCPCS PROSTHETIC SHRINKER, BELOW KNEE, EACH 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  L0640 CPT/HCPCS LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, RIGID SHELL(S)/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL  L6603 CPT/HCPCS COLLAGEN IMPLANT URINARY TRACT PER 2.5 CC SYRINGE INCLUDES SHIPPING AND NECESSARY SUPPLIES  L3809 CPT/HCPCS WIRIST HAND FINGER ORTHOSIS, WITHOUT JOINT(S), PREFABRICATED, OFF- THE-SHELF, ANY TYPE  L6610 CPT/HCPCS OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY, WITH FILTER (1 PIECE), EACH  L5613 CPT/HCPCS ADDITION TO LOWER EXTREMITY, ABOVE KNEE-KNEE DISARTICULATION, OHC 4-BAR LINKAGE, WITH HYDRAULIC SWING PHASE CONTRO  L3670 CPT/HCPCS SHOULDER ORTHOSIS, ACROMIO/CLAVICULAR (CANVAS AND WEBBING TYPE), PREFABRICATED, OFF-THE-SHELF  L4002 CPT/HCPCS REPLACEMENT STRAP, ANY ORTHOSIS, INCLUDES ALL COMPONENTS, ANY YES  L6677 CPT/HCPCS MISCELLANEOUS SHOE ADDITION, INSOLE, FELT COVERED WITH LEATHER LEGGTY CPT/HCPCS MISCELLANEOUS SHOE ADDITION, HARNESS, TRIPLE CONTROL, SIMULTANEOUS OPERATION OF TERMINAL DEVICE AND ELBOW  L6677 CPT/HCPCS LEFT STREMITY ADDITION, HARNESS, TRIPLE CONTROL, SIMULTANEOUS OPERATION OF TERMINAL DEVICE AND ELBOW  L66714 CPT/HCPCS TERMINAL DEVICE AND ELBOW  MATERIAL, ANY SIZE, PEDIATRIC  L56534 CPT/HCPCS ADDITION TO LOWER EXTREMITY, SYMES TYPE, POSTERIOR OPENING  Ves	
DISARTICULATION/INTERSCAPULAR THORACIC, ULTRALIGHT MATERIAL (ITITANIUM, CARBON FIBER OR EQUAL)  L3010 CPT/HCPCS FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, LONGITUDINAL ARCH SUPPORT, EACH  L8440 CPT/HCPCS ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, JUNIOR 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 YES AND STANCE PHASE CONTROL  L0640 CPT/HCPCS LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, RIGID SHELL(S)/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL  L8603 CPT/HCPCS SHELL(S)/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL  L8604 CPT/HCPCS WRIST HAND FINGER ORTHOSIS, WITHOUT JOINT(S), PREFABRICATED, OFF- THE SHELF, ANY TYPE  L8610 CPT/HCPCS OCULAR  A4417 CPT/HCPCS OCULAR  CONVEXITY, WITH FILTER (2 PIECE), EACH  L5613 CPT/HCPCS ADDITION TO LOWER EXTREMITY, ABOVE KNEE-KNEE DISARTICULATION, OHC 4-BAR LINKAGE, WITH HYDRAULIC SWING PHASE CONTRO  L3670 CPT/HCPCS SHOULDER ORTHOSIS, ACROMIO/CLAVICULAR (CANVAS AND WEBBING TYPE), PREFABRICATED, OFF-THE-SHELF  L4002 CPT/HCPCS KNEE AND SHOULDER ORTHOSIS, ACROMIO/CLAVICULAR (CANVAS AND WEBBING TYPE), PREFABRICATED, OFF-THE-SHELF  L4002 CPT/HCPCS MISCELLANEOUS SHOE ADDITION, INSOLE, FELT COVERED WITH LEATHER YES  LENGTH, ANY TYPE  L5520 CPT/HCPCS MISCELLANEOUS SHOE ADDITION, INSOLE, FELT COVERED WITH LEATHER YES  LENGTH, ANY TYPE  L5521 CPT/HCPCS TERMINAL DEVICE, AND ELBOW  MISCELLANEOUS SHOE ADDITION, INSOLE, FELT COVERED WITH LEATHER YES  LENGTH, ANY TYPE  L5520 CPT/HCPCS TERMINAL DEVICE, AND ELBOW  MISCELLANEOUS SHOE ADDITION, INSOLE, FELT COVERED WITH LEATHER YES  LENGTH, ANY TYPE  L5521 CPT/HCPCS TERMINAL DEVICE, AND ELBOW  MATERIAL, ANY SIZE, PEDIATRIC  L5634 CPT/HCPCS ADDITION TO LOWER EXTREMITY, SYMES TYPE, POSTERIOR OPENING  YES	
DISARTICULATION/INTERSCAPULAR THORACIC, ULTRALIGHT MATERIAL (ITITANIUM, CARBON FIBER OR EQUAL)  L3010 CPT/HCPCS FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, LONGITUDINAL ARCH SUPPORT, EACH  L8440 CPT/HCPCS ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, JUNIOR 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 YES AND STANCE PHASE CONTROL  L0640 CPT/HCPCS LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, RIGID SHELL(S)/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL  L8603 CPT/HCPCS SHELL(S)/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL  L8604 CPT/HCPCS WRIST HAND FINGER ORTHOSIS, WITHOUT JOINT(S), PREFABRICATED, OFF- THE SHELF, ANY TYPE  L8610 CPT/HCPCS OCULAR  A4417 CPT/HCPCS OCULAR  CONVEXITY, WITH FILTER (2 PIECE), EACH  L5613 CPT/HCPCS ADDITION TO LOWER EXTREMITY, ABOVE KNEE-KNEE DISARTICULATION, OHC 4-BAR LINKAGE, WITH HYDRAULIC SWING PHASE CONTRO  L3670 CPT/HCPCS SHOULDER ORTHOSIS, ACROMIO/CLAVICULAR (CANVAS AND WEBBING TYPE), PREFABRICATED, OFF-THE-SHELF  L4002 CPT/HCPCS KNEE AND SHOULDER ORTHOSIS, ACROMIO/CLAVICULAR (CANVAS AND WEBBING TYPE), PREFABRICATED, OFF-THE-SHELF  L4002 CPT/HCPCS MISCELLANEOUS SHOE ADDITION, INSOLE, FELT COVERED WITH LEATHER YES  LENGTH, ANY TYPE  L5520 CPT/HCPCS MISCELLANEOUS SHOE ADDITION, INSOLE, FELT COVERED WITH LEATHER YES  LENGTH, ANY TYPE  L5521 CPT/HCPCS TERMINAL DEVICE, AND ELBOW  MISCELLANEOUS SHOE ADDITION, INSOLE, FELT COVERED WITH LEATHER YES  LENGTH, ANY TYPE  L5520 CPT/HCPCS TERMINAL DEVICE, AND ELBOW  MISCELLANEOUS SHOE ADDITION, INSOLE, FELT COVERED WITH LEATHER YES  LENGTH, ANY TYPE  L5521 CPT/HCPCS TERMINAL DEVICE, AND ELBOW  MATERIAL, ANY SIZE, PEDIATRIC  L5634 CPT/HCPCS ADDITION TO LOWER EXTREMITY, SYMES TYPE, POSTERIOR OPENING  YES	
(ITITANIUM, CARBON FIBER OR EQUAL)  L3010 CPT/HCPCS FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, LONGITUDINAL ARCH SUPPORT, EACH  L8440 CPT/HCPCS PROSTHETIC SHRINKER, BELOW KNEE, EACH  L3207 CPT/HCPCS ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, JUNIOR YES  L5828 CPT/HCPCS ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING YES  AND STANCE PHASE CONTROL  L0640 CPT/HCPCS LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, RIGID YES  SHIPPING AND NELL(S)/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL  L8603 CPT/HCPCS COLLAGEN IMPLANT URINARY TRACT PER 2.5 CC SYRINGE INCLUDES YES  SHIPPING AND NECESSARY SUPPLIES  L3809 CPT/HCPCS WRIST HAND FINGER ORTHOSIS, WITHOUT JOINT(S), PREFABRICATED, OFF- YES  THE-SHELF, ANY TYPE  L8610 CPT/HCPCS OCOULAR  A4417 CPT/HCPCS OCOVERTY, WITH FILTER (1 PIECE), EACH  L5613 CPT/HCPCS ADDITION TO LOWER EXTREMITY, ABOVE KNEE-KNEE DISARTICULATION, OHC 4-BAR LINKAGE, WITH HYDRAULIC SWING PHASE CONTRO  CPT/HCPCS SHOULDER ORTHOSIS, AROMIO/CALICULAR (CANVAS AND WEBBING TYPE), PREFABRICATED, OFF-THE-SHELF  L2005 CPT/HCPCS KNEE ANKLE FOOT ORTHOSIS, ANY MATERIAL, SINGLE OR DOUBLE URRUPRIGHT, STANCE CONTROL, AUTOMATIC LOCK AND SWING PHASE  RELE  L4002 CPT/HCPCS REPLACEMENT STRAP, ANY ORTHOSIS, INCLUDES ALL COMPONENTS, ANY YES  LENGTH, ANY TYPE  LS520 CPT/HCPCS MISCELLANEOUS SHOE ADDITION, INSOLE, FELT COVERED WITH LEATHER YES  L6677 CPT/HCPCS UPPER EXTREMITY ADDITION, HARNESS, TRIPLE CONTROL, SIMULTANEOUS YES  OPERATION OF TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, PEDIATRIC  L6624 CPT/HCPCS ADDITION TO LOWER EXTREMITY, SYMES TYPE, POSTERIOR OPENING YES	
L3010 CPT/HCPCS FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, LONGITUDINAL ARCH SUPPORT, EACH L3440 CPT/HCPCS PROSTHERICS, BELOW KNEE, EACH Ves L3207 CPT/HCPCS ORTHOPEDIC SHOVE, HIGHTOP WITH SUPINATOR OR PRONATOR, JUNIOR Ves L5828 CPT/HCPCS ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING AND STANCE PHASE CONTROL L0640 CPT/HCPCS LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, RIGID Yes SHELL(S)/PANEL(S), POSTERIOR EXTENDS FROM SAGROCOCCYGEAL L8603 CPT/HCPCS COLLAGEN IMPLANT URINARY TRACT PER 2.5 CC SYRINGE INCLUDES SHEPING AND NECESSARY SUPPLIES L3809 CPT/HCPCS WRIST HAND FINGER ORTHOSIS, WITHOUT JOINT(S), PREFABRICATED, OFF- THE-SHELF, ANY TYPE L6610 CPT/HCPCS OCULAR A4417 CPT/HCPCS OCULAR CPT/HCPCS OCULAR CPT/HCPCS OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY, WITH FILTER (1 PIECE), EACH L5613 CPT/HCPCS ADDITION TO LOWER EXTREMITY, ABOVE KNEE-KNEE DISARTICULATION, OHC 4-BAR LINKAGE, WITH HYDRAULIC SWING PHASE CONTRO  L3670 CPT/HCPCS SHOULDER ORTHOSIS, ACROMICO/CLAVICULAR (CANVAS AND WEBBING YES TYPE), PREFABRICATED, OFF-THE-SHELF L4002 CPT/HCPCS KNEE ANKLE FOOT ORTHOSIS, ANY MATERIAL, SINGLE OR DOUBLE UPRUPRIGHT, STANCE CONTROL, AUTOMATIC LOCK AND SWING PHASE RELE  L4002 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  L6714 CPT/HCPCS UPPER EXTREMITY ADDITION, HARNESS, TRIPLE CONTROL, SIMULTANEOUS OPERATION OF TERMINAL DEVICE AND ELBOW  L6714 CPT/HCPCS TERMINAL DEVICE AND ELBOW  L6714 CPT/HCPCS ADDITION TO LOWER EXTREMITY. ADDITION, MOOLLAR SEGMENTED SPINAL SYSTEM, MATERIAL, ANY SIZE, PEDIATRIC  L6634 CPT/HCPCS ADDITION TO LOWER EXTREMITY, SYMES TYPE, POSTERIOR OPENING  Ves	
ARCH SUPPORT, EACH  L8440 CPT/HCPCS PROSTHETIC SHRINKER, BELOW KNEE, EACH  L3207 CPT/HCPCS ORTHOPDEIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, JUNIOR  L5828 CPT/HCPCS ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING AND STANCE PHASE CONTROL  L0640 CPT/HCPCS LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, RIGID SHELL(S)/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL  L8603 CPT/HCPCS COLLAGEN IMPLANT URINARY TRACT PER 2.5 CC SYRINGE INCLUDES SHIPPING AND INCESSARY SUPPLIES  L3809 CPT/HCPCS WRIST HAND FINGER ORTHOSIS, WITHOUT JOINT(S), PREFABRICATED, OFF- THE-SHELF, ANY TYPE  L8610 CPT/HCPCS OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY, WITH FILTER (1 PIECE), EACH  L5613 CPT/HCPCS ADDITION TO LOWER EXTREMITY, ABOVE KNEE-KNEE DISARTICULATION, OHC 4-BAR LINKAGE, WITH HYDRAULIC SWING PHASE CONTRO  L9670 CPT/HCPCS KNEE ANKLE FOOT ORTHOSIS, ANY MATERIAL, SINGLE OR DOUBLE UPRUPRIGHT, STANCE CONTROL, AUTOMATIC LOCK AND SWING PHASE RELE  L4002 CPT/HCPCS REPLACEMENT STRAP, ANY ORTHOSIS, INCLUDES ALL COMPONENTS, ANY LENGTH, ANY TYPE  L3520 CPT/HCPCS MISCELLANEOUS SHOE ADDITION, HARNESS, TRIPLE CONTROL SWING PHASE RELE  L4002 CPT/HCPCS REPLACEMENT STRAP, ANY ORTHOSIS, INCLUDES ALL COMPONENTS, ANY LENGTH, ANY TYPE  L5677 CPT/HCPCS PEPER EXTREMITY ADDITION, HARNESS, TRIPLE CONTROL, SIMULTANEOUS OPERATION OF TERMINAL DEVICE AND ELBOW  AMSCELLANEOUS SHOE ADDITION, HARNESS, TRIPLE CONTROL, SIMULTANEOUS OPERATION OF TERMINAL DEVICE AND ELBOW  AMTERIAL, ANY SIZE, PEDIATRIC  L6674 CPT/HCPCS ADDITION TO LOWER EXTREMITY, SYMES TYPE, POSTERIOR OPENING  Ves  TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY CLOSING, ANY  MATERIAL, ANY SIZE, PEDIATRIC  L6634 CPT/HCPCS ADDITION TO LOWER EXTREMITY, SYMES TYPE, POSTERIOR OPENING	
L8440 CPT/HCPCS PROSTHETIC SHRINKER, BELOW KNEE, EACH 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  L0640 CPT/HCPCS LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, RIGID SHELL(S)/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL  L8603 CPT/HCPCS COLLAGEN IMPLANT URINARY TRACT PER 2.5 CC SYRINGE INCLUDES SHIPPING AND NECESSARY SUPPLIES  L3809 CPT/HCPCS WRIST HAND FINGER ORTHOSIS, WITHOUT JOINT(S), PREFABRICATED, OFF- THE-SHELF, ANY TYPE  L8610 CPT/HCPCS OCULAR  A44417 CPT/HCPCS OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY, WITH FILTER (1 PIECE), EACH  L5613 CPT/HCPCS ADDITION TO LOWER EXTREMITY, ABOVE KNEE-KNEE DISARTICULATION, OHC 4-BAR LINKAGE, WITH HYDRAULIC SWING PHASE CONTRO  L3670 CPT/HCPCS SHOULDER ORTHOSIS, ACROMIO/CLAVICULAR (CANVAS AND WEBBING TYPE), PREFABRICATED, OFF-THE-SHELF  L2005 CPT/HCPCS SHOULDER ORTHOSIS, ACROMIO/CLAVICULAR (CANVAS AND WEBBING TYPE), PREFABRICATED, OFF-THE-SHELF  L4002 CPT/HCPCS REPLACEMENT STRAP, ANY ORTHOSIS, INCLUDES ALL COMPONENTS, ANY LENGTH, ANY TYPE  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, HAND, MECHANICAL, VOLUNTARY CLOSING, ANY MISCELLANEOUS SHOE ADDITION, HARNESS, TRIPLE CONTROL, SIMULTANEOUS OPERATION OF TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, PEDIATRIC  L0462 CPT/HCPCS ADDITION TO LOWER EXTREMITY, SYMES TYPE, POSTERIOR OPENING  Ves	
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  L0640 CPT/HCPCS LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, RIGID Yes SHELL(S)/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL  L5603 CPT/HCPCS COLLAGEN IMPLANT URINARY TRACT FER 2.5 CC SYRINGE INCLUDES SHIPPING AND NECESSARY SUPPLIES  L3809 CPT/HCPCS WRIST HAND FINGER ORTHOSIS, WITHOUT JOINT(S), PREFABRICATED, OFF-THE-SHELF, ANY TYPE  L5610 CPT/HCPCS OCULAR  A4417 CPT/HCPCS OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH BUILT-IN Yes CONVEXITY, WITH FILTER (1 PIECE), EACH  L5613 CPT/HCPCS ADDITION TO LOWER EXTREMITY, ABOVE KNEE-KNEE DISARTICULATION, OHC 4-BAR LINKAGE, WITH HYDRAULIC SWING PHASE CONTRO  L3670 CPT/HCPCS SHOULDER ORTHOSIS, ACROMIC/CLAVICULAR (CANVAS AND WEBBING TYPE), PREFABRICATED, OFF-THE-SHELF  L2005 CPT/HCPCS KNEE ANKLE FOOT ORTHOSIS, ANY MATERIAL, SINGLE OR DOUBLE UPRUPRIGHT, STANCE CONTROL, AUTOMATIC LOCK AND SWING PHASE RELE  L4002 CPT/HCPCS REPLACEMENT STRAP, ANY ORTHOSIS, INCLUDES ALL COMPONENTS, ANY LENGTH, ANY TYPE  L3520 CPT/HCPCS MISCELLANEOUS SHOE ADDITION, INSOLE, FELT COVERED WITH LEATHER YES  L5677 CPT/HCPCS TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, PEDIATRIC  L6674 CPT/HCPCS TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, PEDIATRIC  L0462 CPT/HCPCS ADDITION TO LOWER EXTREMITY, SYMES TYPE, POSTERIOR OPENING YES	
L5828 CPT/HCPCS ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING YES AND STANCE PHASE CONTROL L0640 CPT/HCPCS LLMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, RIGID YES SHELL(S)/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL LB603 CPT/HCPCS COLLAGEN IMPLANT URINARY TRACT PER 2.5 CC SYRINGE INCLUDES SHIPPING AND NECESSARY SUPPLIES L3809 CPT/HCPCS WRIST HAND ENIGER ORTHOSIS, WITHOUT JOINT(S), PREFABRICATED, OFF-THE-SHELF, ANY TYPE  LB610 CPT/HCPCS OCULAR A4417 CPT/HCPCS OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH BUILT-IN YES CONVEXITY, WITH FILTER (1 PIECE), EACH L5613 CPT/HCPCS ADDITION TO LOWER EXTREMITY, ABOVE KNEE-KNEE DISARTICULATION, OHC 4-BAR LINKAGE, WITH HYDRAULIC SWING PHASE CONTRO  L3670 CPT/HCPCS SHOULDER ORTHOSIS, ACROMIO/CLAVICULAR (CANVAS AND WEBBING TYPE), PREFABRICATED, OFF-THE-SHELF L2005 CPT/HCPCS KNEE ANKLE FOOT ORTHOSIS, ANY MATERIAL, SINGLE OR DOUBLE UPRUPRIGHT, STANCE CONTROL, AUTOMATIC LOCK AND SWING PHASE RELE  L4002 CPT/HCPCS REPLACEMENT STRAP, ANY ORTHOSIS, INCLUDES ALL COMPONENTS, ANY YES LENGTH, ANY TYPE L3520 CPT/HCPCS MISCELLANEOUS SHOE ADDITION, INSOLE, FELT COVERED WITH LEATHER YES  L6677 CPT/HCPCS TERMINAL DEVICE, AND ELBOW  L6714 CPT/HCPCS TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, PEDIATRIC  L0462 CPT/HCPCS TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, PEDIATRIC  L7634 CPT/HCPCS ADDITION TO LOWER EXTREMITY, SYMES TYPE, POSTERIOR OPENING YES	
AND STANCE PHASE CONTROL  L0640 CPT/HCPCS LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, RIGID SHELL(S)/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL  L8603 CPT/HCPCS COLLAGEN IMPLANT URINARY TRACT PER 2.5 CC SYRINGE INCLUDES SHIPPING AND NECESSARY SUPPLIES  L8809 CPT/HCPCS WRIST HAND FINGER ORTHOSIS, WITHOUT JOINT(S), PREFABRICATED, OFF- THE-SHELF, ANY TYPE  L8610 CPT/HCPCS OCULAR  A4417 CPT/HCPCS OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH BUILT-IN YES CONVEXITY, WITH FILTER (1 PIECE), EACH  L5613 CPT/HCPCS ADDITION TO LOWER EXTREMITY, ABOVE KNEE-KNEE DISARTICULATION, OHC 4-BAR LINKAGE, WITH HYDRAULIC SWING PHASE CONTRO  CPT/HCPCS SHOULDER ORTHOSIS, ACROMIO/CLAVICULAR (CANVAS AND WEBBING TYPE), PREFABRICATED, OFF-THE-SHELF  L2005 CPT/HCPCS KNEE ANKLE FOOT ORTHOSIS, ANY MATERIAL, SINGLE OR DOUBLE UPRUPRIGHT, STANCE CONTROL, AUTOMATIC LOCK AND SWING PHASE RELE  L4002 CPT/HCPCS MISCELLANEOUS SHOE ADDITION, INSOLE, FELT COVERED WITH LEATHER YES  L5520 CPT/HCPCS MISCELLANEOUS SHOE ADDITION, INSOLE, FELT COVERED WITH LEATHER YES  L6677 CPT/HCPCS TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, PEDIATRIC  L6714 CPT/HCPCS TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, PEDIATRIC  L5634 CPT/HCPCS ADDITION TO LOWER EXTREMITY, SYMES TYPE, POSTERIOR OPENING YES	
AND STANCE PHASE CONTROL  L0640 CPT/HCPCS LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, RIGID SHELL(S)/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL  L8603 CPT/HCPCS COLLAGEN IMPLANT URINARY TRACT PER 2.5 CC SYRINGE INCLUDES SHIPPING AND NECESSARY SUPPLIES  L8809 CPT/HCPCS WRIST HAND FINGER ORTHOSIS, WITHOUT JOINT(S), PREFABRICATED, OFF- THE-SHELF, ANY TYPE  L8610 CPT/HCPCS OCULAR  A4417 CPT/HCPCS OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH BUILT-IN YES CONVEXITY, WITH FILTER (1 PIECE), EACH  L5613 CPT/HCPCS ADDITION TO LOWER EXTREMITY, ABOVE KNEE-KNEE DISARTICULATION, OHC 4-BAR LINKAGE, WITH HYDRAULIC SWING PHASE CONTRO  CPT/HCPCS SHOULDER ORTHOSIS, ACROMIO/CLAVICULAR (CANVAS AND WEBBING TYPE), PREFABRICATED, OFF-THE-SHELF  L2005 CPT/HCPCS KNEE ANKLE FOOT ORTHOSIS, ANY MATERIAL, SINGLE OR DOUBLE UPRUPRIGHT, STANCE CONTROL, AUTOMATIC LOCK AND SWING PHASE RELE  L4002 CPT/HCPCS MISCELLANEOUS SHOE ADDITION, INSOLE, FELT COVERED WITH LEATHER YES  L5520 CPT/HCPCS MISCELLANEOUS SHOE ADDITION, INSOLE, FELT COVERED WITH LEATHER YES  L6677 CPT/HCPCS TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, PEDIATRIC  L6714 CPT/HCPCS TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, PEDIATRIC  L5634 CPT/HCPCS ADDITION TO LOWER EXTREMITY, SYMES TYPE, POSTERIOR OPENING YES	
L0640 CPT/HCPCS LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, RIGID SHELL(S)/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL L8603 CPT/HCPCS COLLAGEN IMPLANT URINARY TRACT PER 2.5 CC SYRINGE INCLUDES SHIPPING AND NECESSARY SUPPLIES L3809 CPT/HCPCS WRIST HAND FINGER ORTHOSIS, WITHOUT JOINT(S), PREFABRICATED, OFF- THE-SHELF, ANY TYPE L8610 CPT/HCPCS OCULAR A4417 CPT/HCPCS OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY, WITH FILTER (1 PIECE), EACH L5613 CPT/HCPCS ADDITION TO LOWER EXTREMITY, ABOVE KNEE-KNEE DISARTICULATION, OHC 4-BAR LINKAGE, WITH HYDRAULIC SWING PHASE CONTRO  L3670 CPT/HCPCS SHOULDER ORTHOSIS, ACROMIO/CLAVICULAR (CANVAS AND WEBBING TYPE), PREFABRICATED, OFF-THE-SHELF L2005 CPT/HCPCS KNEE ANKLE FOOT ORTHOSIS, ANY MATERIAL, SINGLE OR DOUBLE UPRUPRIGHT, STANCE CONTROL, AUTOMATIC LOCK AND SWING PHASE RELE L4002 CPT/HCPCS REPLACEMENT STRAP, ANY ORTHOSIS, INCLUDES ALL COMPONENTS, ANY LENGTH, ANY TYPE 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 L6714 CPT/HCPCS TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, PEDIATRIC L6634 CPT/HCPCS ADDITION TO LOWER EXTREMITY, SYMES TYPE, POSTERIOR OPENING YES	
L8603 CPT/HCPCS COLLAGEN IMPLANT URINARY TRACT PER 2.5 CC SYRINGE INCLUDES SHIPPING AND NECESSARY SUPPLIES  L3809 CPT/HCPCS WRIST HAND FINGER ORTHOSIS, WITHOUT JOINT(S), PREFABRICATED, OFF-THE-SHELF, ANY TYPE  L8610 CPT/HCPCS OCULAR  A4417 CPT/HCPCS OCULAR  A4417 CPT/HCPCS OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY, WITH FILTER (1 PIECE), EACH  L5613 CPT/HCPCS ADDITION TO LOWER EXTREMITY, ABOVE KNEE-KNEE DISARTICULATION, OHC 4-BAR LINKAGE, WITH HYDRAULIC SWING PHASE CONTRO  L3670 CPT/HCPCS SHOULDER ORTHOSIS, ACROMIO/CLAVICULAR (CANVAS AND WEBBING TYPE), PREFABRICATED, OFF-THE-SHELF  L2005 CPT/HCPCS KNEE ANKLE FOOT ORTHOSIS, ANY MATERIAL, SINGLE OR DOUBLE UPRUPRIGHT, STANCE CONTROL, AUTOMATIC LOCK AND SWING PHASE RELE  L4002 CPT/HCPCS REPLACEMENT STRAP, ANY ORTHOSIS, INCLUDES ALL COMPONENTS, ANY YES LENGTH, ANY TYPE  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  L6714 CPT/HCPCS TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, PEDIATRIC  L0462 CPT/HCPCS TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, THREE RIGID PLASTIC  L5634 CPT/HCPCS ADDITION TO LOWER EXTREMITY, SYMES TYPE, POSTERIOR OPENING YES	
L8603 CPT/HCPCS COLLAGEN IMPLANT URINARY TRACT PER 2.5 CC SYRINGE INCLUDES SHIPPING AND NECESSARY SUPPLIES  L3809 CPT/HCPCS WRIST HAND FINGER ORTHOSIS, WITHOUT JOINT(S), PREFABRICATED, OFF-THE-SHELF, ANY TYPE  L8610 CPT/HCPCS OCULAR  A4417 CPT/HCPCS OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY, WITH FILTER (1 PIECE), EACH  L5613 CPT/HCPCS ADDITION TO LOWER EXTREMITY, ABOVE KNEE-KNEE DISARTICULATION, OHC 4-BAR LINKAGE, WITH HYDRAULIC SWING PHASE CONTRO  L3670 CPT/HCPCS SHOULDER ORTHOSIS, ACROMIO/CLAVICULAR (CANVAS AND WEBBING TYPE), PREFABRICATED, OFF-THE-SHELF  L2005 CPT/HCPCS KNEE ANKLE FOOT ORTHOSIS, ANY MATERIAL, SINGLE OR DOUBLE UPRUPRIGHT, STANCE CONTROL, AUTOMATIC LOCK AND SWING PHASE RELE  L4002 CPT/HCPCS REPLACEMENT STRAP, ANY ORTHOSIS, INCLUDES ALL COMPONENTS, ANY SEELE  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  L6714 CPT/HCPCS TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, PEDIATRIC  L0462 CPT/HCPCS ADDITION TO LOWER EXTREMITY, SYMES TYPE, POSTERIOR OPENING YES	
L3809 CPT/HCPCS WRIST HAND FINGER ORTHOSIS, WITHOUT JOINT(S), PREFABRICATED, OFF- THE-SHELF, ANY TYPE  L8610 CPT/HCPCS OCULAR  A4417 CPT/HCPCS OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY, WITH FILTER (1 PIECE), EACH  L5613 CPT/HCPCS ADDITION TO LOWER EXTREMITY, ABOVE KNEE-KNEE DISARTICULATION, OHC 4-BAR LINKAGE, WITH HYDRAULIC SWING PHASE CONTRO  L3670 CPT/HCPCS SHOULDER ORTHOSIS, ACROMIO/CLAVICULAR (CANVAS AND WEBBING TYPE), PREFABRICATED, OFF-THE-SHELF  L2005 CPT/HCPCS KNEE ANKLE FOOT ORTHOSIS, ANY MATERIAL, SINGLE OR DOUBLE UPRUPRIGHT, STANCE CONTROL, AUTOMATIC LOCK AND SWING PHASE RELE  L4002 CPT/HCPCS REPLACEMENT STRAP, ANY ORTHOSIS, INCLUDES ALL COMPONENTS, ANY LENGTH, ANY TYPE  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  L6714 CPT/HCPCS TERMINAL DEVICE AND ELBOW  L6714 CPT/HCPCS TERMINAL DEVICE AND ELBOW  L6714 CPT/HCPCS TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, PEDIATRIC THREE RIGID PLASTIC  L5634 CPT/HCPCS ADDITION TO LOWER EXTREMITY, SYMES TYPE, POSTERIOR OPENING YES	
L3809 CPT/HCPCS WRIST HAND FINGER ORTHOSIS, WITHOUT JOINT(S), PREFABRICATED, OFF- THE-SHELF, ANY TYPE  L8610 CPT/HCPCS OCULAR  A4417 CPT/HCPCS OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY, WITH FILTER (1 PIECE), EACH  L5613 CPT/HCPCS ADDITION TO LOWER EXTREMITY, ABOVE KNEE-KNEE DISARTICULATION, OHC 4-BAR LINKAGE, WITH HYDRAULIC SWING PHASE CONTRO  L3670 CPT/HCPCS SHOULDER ORTHOSIS, ACROMIO/CLAVICULAR (CANVAS AND WEBBING TYPE), PREFABRICATED, OFF-THE-SHELF  L2005 CPT/HCPCS KNEE ANKLE FOOT ORTHOSIS, ANY MATERIAL, SINGLE OR DOUBLE UPRUPRIGHT, STANCE CONTROL, AUTOMATIC LOCK AND SWING PHASE RELE  L4002 CPT/HCPCS REPLACEMENT STRAP, ANY ORTHOSIS, INCLUDES ALL COMPONENTS, ANY LENGTH, ANY TYPE  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  L6714 CPT/HCPCS TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, PEDIATRIC  L0462 CPT/HCPCS TISO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, THREE RIGID PLASTIC  L5634 CPT/HCPCS ADDITION TO LOWER EXTREMITY, SYMES TYPE, POSTERIOR OPENING YES	
THE-SHELF, ANY TYPE  L8610 CPT/HCPCS OCULAR  A4417 CPT/HCPCS OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY, WITH FILTER (1 PIECE), EACH  L5613 CPT/HCPCS ADDITION TO LOWER EXTREMITY, ABOVE KNEE-KNEE DISARTICULATION, OHC 4-BAR LINKAGE, WITH HYDRAULIC SWING PHASE CONTRO  L3670 CPT/HCPCS SHOULDER ORTHOSIS, ACROMIO/CLAVICULAR (CANVAS AND WEBBING TYPE), PREFABRICATED, OFF-THE-SHELF  L2005 CPT/HCPCS KNEE ANKLE FOOT ORTHOSIS, ANY MATERIAL, SINGLE OR DOUBLE UPRUPRIGHT, STANCE CONTROL, AUTOMATIC LOCK AND SWING PHASE RELE  L4002 CPT/HCPCS MISCELLANEOUS SHOE ADDITION, INSOLE, FELT COVERED WITH LEATHER YES  L5520 CPT/HCPCS WISCELLANEOUS SHOE ADDITION, INSOLE, FELT COVERED WITH LEATHER YES  L6677 CPT/HCPCS UPPER EXTREMITY ADDITION, HARNESS, TRIPLE CONTROL, SIMULTANEOUS OPERATION OF TERMINAL DEVICE AND ELBOW  L6714 CPT/HCPCS TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, PEDIATRIC  L0462 CPT/HCPCS ADDITION TO LOWER EXTREMITY, SYMES TYPE, POSTERIOR OPENING YES	
L8610 CPT/HCPCS OCULAR  A4417 CPT/HCPCS OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY, WITH FILTER (1 PIECE), EACH  L5613 CPT/HCPCS ADDITION TO LOWER EXTREMITY, ABOVE KNEE-KNEE DISARTICULATION, OHC 4-BAR LINKAGE, WITH HYDRAULIC SWING PHASE CONTRO  L3670 CPT/HCPCS SHOULDER ORTHOSIS, ACROMIO/CLAVICULAR (CANVAS AND WEBBING TYPE), PREFABRICATED, OFF-THE-SHELF  L2005 CPT/HCPCS KNEE ANKLE FOOT ORTHOSIS, ANY MATERIAL, SINGLE OR DOUBLE UPRUPRIGHT, STANCE CONTROL, AUTOMATIC LOCK AND SWING PHASE RELE  L4002 CPT/HCPCS REPLACEMENT STRAP, ANY ORTHOSIS, INCLUDES ALL COMPONENTS, ANY LENGTH, ANY TYPE  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  L6714 CPT/HCPCS TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, PEDIATRIC  L0462 CPT/HCPCS TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, THREE RIGID PLASTIC  L5634 CPT/HCPCS ADDITION TO LOWER EXTREMITY, SYMES TYPE, POSTERIOR OPENING YES	
A4417 CPT/HCPCS OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY, WITH FILTER (1 PIECE), EACH  L5613 CPT/HCPCS ADDITION TO LOWER EXTREMITY, ABOVE KNEE-KNEE DISARTICULATION, OHC 4-BAR LINKAGE, WITH HYDRAULIC SWING PHASE CONTRO  L3670 CPT/HCPCS SHOULDER ORTHOSIS, ACROMIO/CLAVICULAR (CANVAS AND WEBBING TYPE), PREFABRICATED, OFF-THE-SHELF  L2005 CPT/HCPCS KNEE ANKLE FOOT ORTHOSIS, ANY MATERIAL, SINGLE OR DOUBLE UPRUPRIGHT, STANCE CONTROL, AUTOMATIC LOCK AND SWING PHASE RELE  L4002 CPT/HCPCS REPLACEMENT STRAP, ANY ORTHOSIS, INCLUDES ALL COMPONENTS, ANY LENGTH, ANY TYPE  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 MATERIAL, ANY SIZE, PEDIATRIC  L6714 CPT/HCPCS TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY CLOSING, ANY YES MATERIAL, ANY SIZE, PEDIATRIC  L0462 CPT/HCPCS TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, THREE RIGID PLASTIC  L5634 CPT/HCPCS ADDITION TO LOWER EXTREMITY, SYMES TYPE, POSTERIOR OPENING YES	
CONVEXITY, WITH FILTER (1 PIECE), EACH  L5613 CPT/HCPCS ADDITION TO LOWER EXTREMITY, ABOVE KNEE-KNEE DISARTICULATION, OHC 4-BAR LINKAGE, WITH HYDRAULIC SWING PHASE CONTRO  L3670 CPT/HCPCS SHOULDER ORTHOSIS, ACROMIO/CLAVICULAR (CANVAS AND WEBBING TYPE), PREFABRICATED, OFF-THE-SHELF  L2005 CPT/HCPCS KNEE ANKLE FOOT ORTHOSIS, ANY MATERIAL, SINGLE OR DOUBLE UPRUPRIGHT, STANCE CONTROL, AUTOMATIC LOCK AND SWING PHASE RELE  L4002 CPT/HCPCS REPLACEMENT STRAP, ANY ORTHOSIS, INCLUDES ALL COMPONENTS, ANY YES  L5520 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  L6714 CPT/HCPCS TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY CLOSING, ANY YES  MATERIAL, ANY SIZE, PEDIATRIC  L0462 CPT/HCPCS TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, THREE RIGID PLASTIC  L5634 CPT/HCPCS ADDITION TO LOWER EXTREMITY, SYMES TYPE, POSTERIOR OPENING YES	
L5613 CPT/HCPCS ADDITION TO LOWER EXTREMITY, ABOVE KNEE-KNEE DISARTICULATION, OHC 4-BAR LINKAGE, WITH HYDRAULIC SWING PHASE CONTRO  L3670 CPT/HCPCS SHOULDER ORTHOSIS, ACROMIO/CLAVICULAR (CANVAS AND WEBBING TYPE), PREFABRICATED, OFF-THE-SHELF  L2005 CPT/HCPCS KNEE ANKLE FOOT ORTHOSIS, ANY MATERIAL, SINGLE OR DOUBLE UPRUPRIGHT, STANCE CONTROL, AUTOMATIC LOCK AND SWING PHASE RELE  L4002 CPT/HCPCS REPLACEMENT STRAP, ANY ORTHOSIS, INCLUDES ALL COMPONENTS, ANY YES LENGTH, ANY TYPE  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  L6714 CPT/HCPCS TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, PEDIATRIC  L0462 CPT/HCPCS TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, THREE RIGID PLASTIC  L5634 CPT/HCPCS ADDITION TO LOWER EXTREMITY, SYMES TYPE, POSTERIOR OPENING YES	
CPT/HCPCS SHOULDER ORTHOSIS, ACROMIO/CLAVICULAR (CANVAS AND WEBBING TYPE), PREFABRICATED, OFF-THE-SHELF  L2005 CPT/HCPCS KNEE ANKLE FOOT ORTHOSIS, ANY MATERIAL, SINGLE OR DOUBLE UPRUPRIGHT, STANCE CONTROL, AUTOMATIC LOCK AND SWING PHASE RELE  L4002 CPT/HCPCS REPLACEMENT STRAP, ANY ORTHOSIS, INCLUDES ALL COMPONENTS, ANY YES LENGTH, ANY TYPE  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  L6714 CPT/HCPCS TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, PEDIATRIC  L0462 CPT/HCPCS TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, THREE RIGID PLASTIC  L5634 CPT/HCPCS ADDITION TO LOWER EXTREMITY, SYMES TYPE, POSTERIOR OPENING YES	
L3670 CPT/HCPCS SHOULDER ORTHOSIS, ACROMIO/CLAVICULAR (CANVAS AND WEBBING TYPE), PREFABRICATED, OFF-THE-SHELF  L2005 CPT/HCPCS KNEE ANKLE FOOT ORTHOSIS, ANY MATERIAL, SINGLE OR DOUBLE UPRUPRIGHT, STANCE CONTROL, AUTOMATIC LOCK AND SWING PHASE RELE  L4002 CPT/HCPCS REPLACEMENT STRAP, ANY ORTHOSIS, INCLUDES ALL COMPONENTS, ANY YES LENGTH, ANY TYPE  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  L6714 CPT/HCPCS TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, PEDIATRIC  L0462 CPT/HCPCS TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, YES THREE RIGID PLASTIC  L5634 CPT/HCPCS ADDITION TO LOWER EXTREMITY, SYMES TYPE, POSTERIOR OPENING YES	
TYPE), PREFABRICATED, OFF-THE-SHELF  L2005 CPT/HCPCS KNEE ANKLE FOOT ORTHOSIS, ANY MATERIAL, SINGLE OR DOUBLE UPRUPRIGHT, STANCE CONTROL, AUTOMATIC LOCK AND SWING PHASE RELE  L4002 CPT/HCPCS REPLACEMENT STRAP, ANY ORTHOSIS, INCLUDES ALL COMPONENTS, ANY YES LENGTH, ANY TYPE  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  L6714 CPT/HCPCS TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, PEDIATRIC  L0462 CPT/HCPCS TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, THREE RIGID PLASTIC  L5634 CPT/HCPCS ADDITION TO LOWER EXTREMITY, SYMES TYPE, POSTERIOR OPENING YES	
TYPE), PREFABRICATED, OFF-THE-SHELF  L2005 CPT/HCPCS KNEE ANKLE FOOT ORTHOSIS, ANY MATERIAL, SINGLE OR DOUBLE UPRUPRIGHT, STANCE CONTROL, AUTOMATIC LOCK AND SWING PHASE RELE  L4002 CPT/HCPCS REPLACEMENT STRAP, ANY ORTHOSIS, INCLUDES ALL COMPONENTS, ANY LENGTH, ANY TYPE  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  L6714 CPT/HCPCS TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, PEDIATRIC  L0462 CPT/HCPCS TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, THREE RIGID PLASTIC  L5634 CPT/HCPCS ADDITION TO LOWER EXTREMITY, SYMES TYPE, POSTERIOR OPENING YES	
L2005 CPT/HCPCS KNEE ANKLE FOOT ORTHOSIS, ANY MATERIAL, SINGLE OR DOUBLE UPRUPRIGHT, STANCE CONTROL, AUTOMATIC LOCK AND SWING PHASE RELE L4002 CPT/HCPCS REPLACEMENT STRAP, ANY ORTHOSIS, INCLUDES ALL COMPONENTS, ANY LENGTH, ANY TYPE 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  L6714 CPT/HCPCS TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, PEDIATRIC  L0462 CPT/HCPCS TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, Yes THREE RIGID PLASTIC  L5634 CPT/HCPCS ADDITION TO LOWER EXTREMITY, SYMES TYPE, POSTERIOR OPENING Yes	
UPRUPRIGHT, STANCE CONTROL, AUTOMATIC LOCK AND SWING PHASE RELE  L4002 CPT/HCPCS REPLACEMENT STRAP, ANY ORTHOSIS, INCLUDES ALL COMPONENTS, ANY Yes LENGTH, ANY TYPE  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  L6714 CPT/HCPCS TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, PEDIATRIC  L0462 CPT/HCPCS TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, Yes THREE RIGID PLASTIC  L5634 CPT/HCPCS ADDITION TO LOWER EXTREMITY, SYMES TYPE, POSTERIOR OPENING Yes	
RELE  L4002 CPT/HCPCS REPLACEMENT STRAP, ANY ORTHOSIS, INCLUDES ALL COMPONENTS, ANY YES LENGTH, ANY TYPE  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  L6714 CPT/HCPCS TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, PEDIATRIC  L0462 CPT/HCPCS TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, THREE RIGID PLASTIC  L5634 CPT/HCPCS ADDITION TO LOWER EXTREMITY, SYMES TYPE, POSTERIOR OPENING YES	
L4002 CPT/HCPCS REPLACEMENT STRAP, ANY ORTHOSIS, INCLUDES ALL COMPONENTS, ANY YES LENGTH, ANY TYPE  L3520 CPT/HCPCS MISCELLANEOUS SHOE ADDITION, INSOLE, FELT COVERED WITH LEATHER YES  L6677 CPT/HCPCS UPPER EXTREMITY ADDITION, HARNESS, TRIPLE CONTROL, SIMULTANEOUS YES OPERATION OF TERMINAL DEVICE AND ELBOW  L6714 CPT/HCPCS TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, PEDIATRIC  L0462 CPT/HCPCS TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, THREE RIGID PLASTIC  L5634 CPT/HCPCS ADDITION TO LOWER EXTREMITY, SYMES TYPE, POSTERIOR OPENING YES	
LENGTH, ANY TYPE  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  L6714 CPT/HCPCS TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, PEDIATRIC  L0462 CPT/HCPCS TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, THREE RIGID PLASTIC  L5634 CPT/HCPCS ADDITION TO LOWER EXTREMITY, SYMES TYPE, POSTERIOR OPENING Yes	
L3520 CPT/HCPCS MISCELLANEOUS SHOE ADDITION, INSOLE, FELT COVERED WITH LEATHER Yes  L6677 CPT/HCPCS UPPER EXTREMITY ADDITION, HARNESS, TRIPLE CONTROL, SIMULTANEOUS Yes OPERATION OF TERMINAL DEVICE AND ELBOW  L6714 CPT/HCPCS TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, PEDIATRIC  L0462 CPT/HCPCS TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, THREE RIGID PLASTIC  L5634 CPT/HCPCS ADDITION TO LOWER EXTREMITY, SYMES TYPE, POSTERIOR OPENING Yes	
L6677 CPT/HCPCS UPPER EXTREMITY ADDITION, HARNESS, TRIPLE CONTROL, SIMULTANEOUS Yes OPERATION OF TERMINAL DEVICE AND ELBOW  L6714 CPT/HCPCS TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, PEDIATRIC  L0462 CPT/HCPCS TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, THREE RIGID PLASTIC  L5634 CPT/HCPCS ADDITION TO LOWER EXTREMITY, SYMES TYPE, POSTERIOR OPENING Yes	
OPERATION OF TERMINAL DEVICE AND ELBOW  L6714 CPT/HCPCS TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, PEDIATRIC  L0462 CPT/HCPCS TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, THREE RIGID PLASTIC  L5634 CPT/HCPCS ADDITION TO LOWER EXTREMITY, SYMES TYPE, POSTERIOR OPENING Yes	
OPERATION OF TERMINAL DEVICE AND ELBOW  L6714 CPT/HCPCS TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, PEDIATRIC  L0462 CPT/HCPCS TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, THREE RIGID PLASTIC  L5634 CPT/HCPCS ADDITION TO LOWER EXTREMITY, SYMES TYPE, POSTERIOR OPENING Yes	
MATERIAL, ANY SIZE, PEDIATRIC  L0462 CPT/HCPCS TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, THREE RIGID PLASTIC  L5634 CPT/HCPCS ADDITION TO LOWER EXTREMITY, SYMES TYPE, POSTERIOR OPENING Yes	
L0462 CPT/HCPCS TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, THREE RIGID PLASTIC L5634 CPT/HCPCS ADDITION TO LOWER EXTREMITY, SYMES TYPE, POSTERIOR OPENING Yes	
THREE RIGID PLASTIC  L5634 CPT/HCPCS ADDITION TO LOWER EXTREMITY, SYMES TYPE, POSTERIOR OPENING Yes	
L5634 CPT/HCPCS ADDITION TO LOWER EXTREMITY, SYMES TYPE, POSTERIOR OPENING Yes	
(CANADIAN) SOCKET	
L0467 CPT/HCPCS TLSO, SAGITTAL CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT Yes	
ANTERIOR APRON WITH STRAPS, CLOSURES AND PADDING, RESTRI	
L5680 CPT/HCPCS ADDITION TO LOWER EXTREMITY, BELOW KNEE, THIGH LACER, NON- Yes	
MOLDED	
L2035 CPT/HCPCS KNEE ANKLE FOOT ORTHOSIS FULL PLASTIC STATIC PREFABRICATED Yes	
(PEDIATRIC SIZE)INCLUDES FITTING AND ADJUSTMENT	
L0637 CPT/HCPCS "LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID Yes	
ANTERIOR AND POSTERIOR FRAME/PANELS, POSTERIOR EXTENDS FR	
L5910 CPT/HCPCS ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, ALIGNABLE SYSTEM Yes	

L3908	CPT/HCPCS	WRIST HAND ORTHOSIS, WRIST EXTENSION CONTROL COCK-UP, NON	Yes
		MOLDED, PREFABRICATED, OFF-THE-SHELF	
L2310	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, ABDUCTION BAR-STRAIGHT	Yes
L0450	CPT/HCPCS	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, UPPER THORACIC REGION,	Yes
		PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD	
L2830	CPT/HCPCS	ADDITION TO LOWER EXTREMITY ORTHOSIS, SOFT INTERFACE FOR MOLDED	Yes
		PLASTIC, ABOVE KNEE SECTION	
A4371	CPT/HCPCS	OSTOMY SKIN BARRIER, POWDER, PER OZ	Yes
L1971	CPT/HCPCS	ANKLE FOOT ORTHOSIS, PLASTIC OR OTHER MATERIAL WITH ANKLE JOJOINT,	Yes
		PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	
L3975	CPT/HCPCS	SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS, SHOULDER CAP	Yes
		DESIGN, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS,	
L6616	CPT/HCPCS	UPPER EXTREMITY ADDITION, ADDITIONAL DISCONNECT INSERT FOR	Yes
		LOCKING WRIST UNIT, EACH	1
L3000	CPT/HCPCS	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, "UCB" TYPE,	Yes
14045	ODT//LIODOS	BERKELEY SHELL, EACH	V
L1945	CPT/HCPCS	AFO, MOLDED TO PATIENT MODEL, PLASTIC, RIGID ANTERIOR TIBIAL	Yes
10500	ODT// IODOC	SECTION(FLOOR REACTION)CUSTOM FABRICATED	Vac
L3560	CPT/HCPCS	MISCELLANEOUS SHOE ADDITION, TOE TAP, HORSESHOE	Yes
L2780	CPT/HCPCS CPT/HCPCS	ADDITION TO LOWER EXTREMITY, NON-CORROSIVE FINISH, PER BAR	Yes Yes
L5618		ADDITION TO LOWER EXTREMITY, TEST SOCKET, SYMES	
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	Yes
L1040	CF1/HCFC3	FLEXION AND EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-	165
		LATERAL AND ROTATION C+	
L6915	CPT/HCPCS	HAND RESTORATION (SHADING, AND MEASUREMENTS INCLUDED),	Yes
10010	01 1/1101 00	REPLACEMENT GLOVE FOR PARTIAL HAND, NO FINGERS REMAINING	165
L5707	CPT/HCPCS	HIP DISARTICULATION	Yes
L8048	CPT/HCPCS	UNSPECIFIED MAXILLOFACIAL PROSTHESIS, BY REPORT PROVIDED BY A	Yes
		NON-PHYSICIAN	
L0972	CPT/HCPCS	LUMBAR-SACRAL-ORTHOSES, CORSET FRONT	Yes
L1085	CPT/HCPCS	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, OUTRIGGER, BILATERAL	Yes
		WITH VERTICAL EXTENSIONS	
A4312	CPT/HCPCS	INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER,	Yes
		FOLEY TYPE, TWO-WAY, ALL SILICONE	
L3230	CPT/HCPCS	ORTHOPEDIC FOOTWEAR, CUSTOM SHOE, DEPTH INLAY, EACH	Yes
L0470	CPT/HCPCS	TLSO, TRIPLANAR CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT	Yes
		ANTERIOR APRON WITH STRAPS, CLOSURES AND PADDING, EXTE	
	0.07.11.00.00	NAME AND CATALETED FOR EXTREE TWO MAY AND OUR OWN	lv.
A4344	CPT/HCPCS	INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE	Yes
L5540	CPT/HCPCS	PREPARATORY, BELOW KNEE "PTB" TYPE SOCKET, "USMC" OR EQUAL	Yes
		PYLON, NO COVER, SACH FOOT, LAMINATED SOCKET, MOLDED TO MOD	
L6648	CPT/HCPCS	UPPER EXTREMITY ADDITION, SHOULDER LOCK MECHANISM, EXTERNAL	Yes
10046	CF1/HCFC3	POWERED ACTUATOR	165
L1040	CPT/HCPCS	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSES, LUMBAR OR LUMBAR RIB	Yes
11040	01 1/1101 00	PAD	
L2540	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, LACER,	Yes
		MOLDED TO PATIENT MODEL	
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,	Yes
		FOLEY TYPE, TWO-WAY LATEX WITH COATING (TEFLON, SILICO	
L5704	CPT/HCPCS	REPLACEMENT CUSTOM SHAPED PROTECTIVER COVER BELOW KNEE	Yes
L3570	CPT/HCPCS	MISCELLANEOUS SHOE ADDITION, SPECIAL EXTENSION TO INSTEP	Yes
		(LEATHER WITH EYELETS)	
L6684	CPT/HCPCS	UPPER EXTREMITY ADDITION, TEST SOCKET, SHOULDER DISARTICULATION	Yes
		OR INTERSCAPULAR THORACIC	
L6693	CPT/HCPCS	UPPER EXTREMITY ADDITION, EXTERNAL LOCKING ELBOW, FOREARM	Yes
100==	007//107-5-	COUNTERBALANCE	
L6975	CPT/HCPCS	INTERSCAPULAR THORACIC, EXTERNAL POWER, MOLDED SOCKET,	Yes
		REMOVABLE SHOULDER SHELL, BULKHEAD, HUMERAL SECTION,	
A4389	CPT/HCPCS	MECHANIC OSTOMY POUCH, DRAINABLE, WITH BARRIER ATTACHED, WITH BUILT- IN	Yes
M4009	10F1/H0F03		। ७०
	ļ	CONVEXITY (ONE PIECE), EACH	

L5782	CPT/HCPCS	ADDITION TO LOWER LIMB PROSTHESIS, VACUUM PUMP, RESIDUAL LIMB	Yes
		VOLUME MANAGEMENT	
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		Yes
		(KEMBLO, PELITE, ALIPLAST, PLASTAZOTE OR EQUAL)	
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	Yes
1047	01 1/1101 03	INFLATABLE AIR SUPPORT CHAMBER, PREFABRICATED, INCL FITTING AND AD	
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	Yes
		THORACIC, SINGLE WALL SOCKET, SHOULDER JOINT, LOCKING ELBOW, FRI	
L2525	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, ISCHIAL	Yes
12020	01 171101 00	CONTAINMENT/NARROW M-L BRIM MOLDED TO PATIENT MODEL	
L3265	CPT/HCPCS	PLASTAZOTE SANDAL, EACH	Yes
L0492	CPT/HCPCS	TLSO, SAGITTAL-CORONAL CONTROL, MODULAR SEGMENTED SPINAL	Yes
		SYSTEM, THREE RIGID PLASTIC SHELLS, POSTERIOR EXTENDS FROM THE	
		SACROCOCCYGEAL JUNCTION AND	
L7403	CPT/HCPCS	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/WRIST	Yes
		DISARTICULATION, ACRYLIC MATERIAL	
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,	Yes
		REDUCES MOTION ABOUT THE SACROILIAC JOINT, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PEND+	
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	Yes
		COPOLYMER IMPLANT, URINARY TRACT, 1 ML, INCLUDES SHIPPING &	
		NECESSARY SUPPLIES	
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 WWITH 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		Yes
Ī		WITH MANDIBULAR/OCCIPITAL PIECE)	

L8624	CPT/HCPCS	LITHIUM ION BATTERY FOR USE WITH COCHLEAR IMPLANT OR AUDITORY	Yes
		OSSEOINTEGRATED DEVICE SPEECH PROCESSOR, EAR LEVEL,	
	1	REPLACEMENT, EACH	
L5812	CPT/HCPCS	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FRICTION	Yes
		SWING AND STANCE PHASE CONTROL (SAFETY KNEE)	
L3620	CPT/HCPCS	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, SOLID STIRRUP,	Yes
		EXISTING	
L5630	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, SYMES TYPE, EXPANDABLE WALL SOCKET	Yes
15450	CDT/LICDOS	IMMEDIATE DOCT CURCICAL OR FARI VEITTING ARRUGATION OF MON	Voc
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	Yes
20001	01 171101 00	SHELL(S)/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL	
		JUNCTIO	
L1620	CPT/HCPCS	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, FLEXIBLE, (PAVLIK	Yes
		HARNESS), PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT,	
		MOLDED, ASSEMBLED, OR OTHE+	
L8670	CPT/HCPCS	PROSTHETIC VASCULAR GRAFT MATERIAL SYNTHETIC	Yes
L7404	CPT/HCPCS	ADDITION TO UPPER EXTREMITY PROSTHESIS, ABOVE ELBOW	Yes
		DISARTICULATION, ACRYLIC MATERIAL	
L6400	CPT/HCPCS	BELOW ELBOW, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING	Yes
		SOFT PROSTHETIC TISSUE SHAPING	
L1020	CPT/HCPCS	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSES, KYPHOSIS PAD	Yes
L3919	CPT/HCPCS	HAND ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE,	Yes
		STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	
L1090	CPT/HCPCS	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSES, LUMBAR SLING	Yes
L0634	CPT/HCPCS	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID	Yes
		POSTERIOR FRAME/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCC	
	0.77// 10.7.00		1
L6050	CPT/HCPCS	WRIST DISARTICULATION, MOLDED SOCKET, FLEXIBLE ELBOW HINGES,	Yes
1.5050	007//10000	TRICEPS PAD	V
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	Yes
10323	CF I/HCF CS	SOCKET, REMOVAL FOREARM SHELL, OTTO BOCK OR EQUAL ELECTROD	163
		OGGRET, HELIOVAE TONEARITOTIELE, OTTO BOOK ON EQUAL ELECTROD	
L0649	CPT/HCPCS	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID	Yes
		POSTERIOR FRAME/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCY	
L5661	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, MULTI-DUROMETER	Yes
		SYMES	
L5629	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, BELOW KNEE, ACRYLIC SOCKET	Yes
L2387	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, POLYCENTRIC KNEE JOINT, FOR CUSTOM	Yes
		FABRICATED KNEE ANKLE FOOT ORTHOSIS, EACH JOINT	
L6692	CPT/HCPCS	UPPER EXTREMITY ADDITION, SILICONE GEL INSERT OR EQUAL, WITH OR	Yes
		WITHOUT LOCKING MECHANISM, EACH	1
L3765	CPT/HCPCS	ELBOW WRIST HAND FINGER ORTHOSIS, RIGID, WITHOUT JOINTS, MAY	Yes
		INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES	
L8688	CPT/HCPCS	FITTING AND ADJUSTMENT  IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, DUAL ARRAY, NON-	Yes
LUUOO	OF I/HOFOS	RECHARGEABLE, INCLUDES EXTENSION	
L3763	CPT/HCPCS	ELBOW WRIST HAND ORTHOSIS, RIGID, WITHOUT JOINTS, MAY INCLUDE	Yes
20,00	0. 1/1101 03	SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND	
		ADJUSTMENT	
A4355	CPT/HCPCS	IRRIGATION TUBING SET FOR CONTINUOUS BLADDER IRRIGATION	Yes
		THROUGH A THREE-WAY INDWELLING FOLEY CATHETER	
L6320	CPT/HCPCS	SHOULDER DISARTICULATION, PASSIVE RESTORATION (SHOULDER CAP	Yes
		ONLY)	
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	Yes
		(2 PIECE), EACH	
L5810	CPT/HCPCS	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL	Yes
		LOCK	
L5986	CPT/HCPCS	ALL LOWER EXTREMITY PROSTHESES, MULTI-AXIAL ROTATION UNIT ('MCP'	Yes
	I	OR EQUAL)	

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 L6300	CPT/HCPCS CPT/HCPCS	TERMINAL DEVICE, PASSIVE HAND/MITT, ANY MATERIAL, ANY SIZE SHOULDER DISARTICULATION, MOLDED SOCKET, SHOULDER BULKHEAD, HUMERAL SECTION, INTERNAL LOCKING ELBOW, FOREARM	Yes 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		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	Yes
		OSTOMY POUCH TO THICKEN LIQUID STOMAL OUTPUT, EACH	
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	Yes
		PROSTHETIC TERMINAL	
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,	Yes
		STIRRUP ATTACHMENT	
L5646	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, BELOW KNEE, AIR, FLUID, GEL OR EQUAL,	Yes
		CUSHION	
A4334	CPT/HCPCS	URINARY CATHETER ANCHORING DEVICE, LEG STRAP, EACH	Yes
A4391	CPT/HCPCS	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED	Yes
		(ONE PIECE), EACH	
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	Yes
		BROWNE SPLINT (RIVETON), BOTH SHOES	
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,	Yes
		WITH OR	
L5976	CPT/HCPCS	ALL LOWER EXTREMITY PROSTHESES, ENERGY STORING FOOT (SEATTLE	Yes
		CARBON COPY II OR EQUAL)	
L5981	CPT/HCPCS	ALL LOWER EXTREMITY PROSTHESE; FLEX FOOT SYSTEM	Yes
L2188	CPT/HCPCS	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, QUADRILATERAL	Yes
		BRIM	
L5160	CPT/HCPCS	KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, BENT	Yes
		KNEE CONFIGURATION, EXTERNAL KNEE JOINTS, SHIN,	
L5617	CPT/HCPCS	ADDITION TO LOWER EXTREMITY QUICK CHANGE SELF-ALIGNING UNIT	Yes
		ABOVE KNEE OR BELOW KNEE EACH	
A4384	CPT/HCPCS	OSTOMY FACEPLATE EQUIVALENT, SILICONE RING, EACH	Yes
A4333	CPT/HCPCS	URINARY CATHETER ANCHORING DEVICE, ADHESIVE SKIN ATTACHMENT	Yes
		EACH	
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	Yes
	0.77// 10.7.00	EXTENDED WEAR, WITHOUT 4X4 INCH OR SMALLER	
L1010	CPT/HCPCS	ADDITION TO CERVICAL-THORACIC-LUMBAR-SACRAL ORTHOSES (CTLSO)	Yes
	0.77// 10.7.00	OR SCOLIOSIS ORTHOSES, AXILLA SLING	
L0636	CPT/HCPCS	LUMBAR SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, LUMBAR	Yes
		FLEXION, RIGID POSTERIOR FRAME/PANELS, LATERAL ARTICULATING DE	
11051	CDT/LICDOS	KNIEF ORTHOGIS (KO), SINICI E LIDRICUT, THICH AND CALE WITH	Voc
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,	Yes
L003/	OF I/HOPO3	PELVIC BAND	103
L5966	CPT/HCPCS	ADDITION ENDOSKELETAL HIP DISARTICULATION FLEXIBLE	Yes
2000	OF I/HOPO3	PROTECTIVOUTER SURFACE COVERING SURFACE	103
L5636	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, SYMES TYPE, MEDIAL OPENING SOCKET	Yes
20000	01 1/110503	ADDITION TO LOWER EXTREMIT, STRIES TIPE, PIEDIAL OPENING SOCKET	
L8699	CPT/HCPCS	PROSTHETIC IMPLANT NOT OTHERWISE SPECIFIED	Yes
L1220	CPT/HCPCS	ADDITION TO TLSO, (LOW PROFILE), ANTERIOR THORACIC EXTENSION	Yes
	1		
L1832	CPT/HCPCS	KNEE ORTHOSIS, ADJUSTABLE KNEE JOINTS (UNICENTRIC OR	Yes
		POLYCENTRIC), POSITIONAL ORTHOSIS, RIGID SUPPORT, PREFABRICATED,	
		INCLUDES FITTING AND ADJUSTMENT	
L8658	CPT/HCPCS	INTERPHALANGEAL JOINT SPACER, SILICONE OR EQUAL, EACH	Yes
L3060	CPT/HCPCS	FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED,	Yes
		LONGITUDINAL/METATARSAL, EACH	
L5692	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, PELVIC CONTROL BELT,	Yes
		LIGHT	
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	Yes
		COPOLYMER IMPLANT, ANAL CANAL, 1 ML, INCL SHIPPING AND NECESSARY SUPP	
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	Yes
		PROSTHESIS, EXTERNAL POWER, SELF-SUSPENDED, INNER SOCKET WIT	
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 CPT/HCPCS		Yes
		BELOW ELBOW  PREPARATORY, ABOVE KNEE - KNEE DISARTICULATION, ISCHIAL LEVEL	
L5580	CPT/HCPCS	BELOW ELBOW  PREPARATORY, ABOVE KNEE - KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, "USMC" OR EQUAL PYLON, NO COVER, SACH FOOT, THERM	Yes
L5580 L3213	CPT/HCPCS CPT/HCPCS	BELOW ELBOW  PREPARATORY, ABOVE KNEE - KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, "USMC" OR EQUAL PYLON, NO COVER, SACH FOOT, THERM BENESCH BOOT, PAIR, CHILD	Yes Yes
L3213 L3215	CPT/HCPCS  CPT/HCPCS  CPT/HCPCS	BELOW ELBOW  PREPARATORY, ABOVE KNEE - KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, "USMC" OR EQUAL PYLON, NO COVER, SACH FOOT, THERM BENESCH BOOT, PAIR, CHILD ORTHOPEDIC FOOTWEAR, LADIES SHOE, OXFORD, EACH EXTERNAL RECHARGING SYSTEM FOR BATTERY (EXTERNAL) FOR USE WITH	Yes Yes Yes
L3213 L3215 L8695	CPT/HCPCS  CPT/HCPCS  CPT/HCPCS  CPT/HCPCS	BELOW ELBOW  PREPARATORY, ABOVE KNEE - KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, "USMC" OR EQUAL PYLON, NO COVER, SACH FOOT, THERM BENESCH BOOT, PAIR, CHILD  ORTHOPEDIC FOOTWEAR, LADIES SHOE, OXFORD, EACH EXTERNAL RECHARGING SYSTEM FOR BATTERY (EXTERNAL) FOR USE WITH IMPLANTABLE NEUROSTIMULATOR, REPLACEMENT ONLY	Yes Yes Yes Yes Yes

L1932	CPT/HCPCS	ANKLE FOOT ORTHOSIS (AFO), RIGID ANTERIOR TIBIAL SECTION, TOTAL CARBON FIBER OR EQUAL MATERIAL, PRE FABRICATED ITEM THAT HAS BEEN	Yes
		TRIMMED, BENT, MOLD+	
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	Yes
		SACROCOCCYGEAL JUNCTION TO ABOVE T-9 VERTEBRA, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL PLANE+	
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	Yes
A4432	CPT/HCPCS	MATERIAL, ANY SIZE	Yes
A4432	CPI/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,	Yes
		RECIPROCAL WRIST EXTENSION/ FLEXION, FINGER FLEXION/ EXTENS	
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		·	Yes
	CPT/HCPCS	TERMINAL DEVICE, HOOK OR HAND, HEAVY DUTY, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED	
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	Yes
		ANKLESOLID STIRRUP,THIGH AND CALF BANDS/CUFFS,CUSTOM FABRICATED	
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	Yes
		INTERFACE MATERIAL, STRAPS, CUSTOM FABRICATED, INCL FITTING AND ADJUSTMENT	
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,	Yes
10474	007//10000	PREFABRICATED, OFF-THE-SHELF	lv.
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	Yes
L0624	CPT/HCPCS	IMPLANTABLE NEUROSTIMULATOR, REPLACEMENT ONLY SACROILIAC ORTHOSIS, PROVIDES PELVIC-SACRAL SUPPORT, WITH RIGID	Yes
L0024	CF1/HCFC3	OR SEMI-RIGID PANELS PLACED OVER THE SACRUM AND ABDOMEN	res
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	
L1050	CPT/HCPCS	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSES, STERNAL PAD	Yes
L2184	CPT/HCPCS	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, LIMITED MOTION	Yes
L1630	CPT/HCPCS	KNEE JOINT HIP ORTHOSES,ABDUCTION CONTROL OF HIP JOINTS,SEMI-FLEXIBLE(VON	Yes
L1904	CPT/HCPCS	ROSEN TYPE)CUSTOM FABRICATED  ANKLE ORTHOSIS, ANKLE GAUNTLET OR SIMILIAR, WITH OR WITHOUT	Yes
		JOINTS, CUSTOM FABRICATED	
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	Yes
		POSTERIOR PANELS, POSTERIOR EXTENDS FROM L-1 TO BELOW L-5 VE	
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,	Yes
L8031	CPT/HCPCS	RECHARGEABLE, INCLUDES EXTENSION  BREAST PROSTHESIS, SILICONE OR EQUAL, WITH INTEGRAL ADHESIVE	Yes
L2530	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, THIGH-WEIGHT BEARING, LACER, NON-	Yes
L2385	CPT/HCPCS	MOLDED ADDITION TO LOWER EXTREMITY, STRAIGHT KNEE JOINT, HEAVY DUTY, EACH	Yes
		JOINT	

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

DEFENDENCES	L6635	CPT/HCPCS	UPPER EXTREMITY ADDITION, LIFT ASSIST FOR ELBOW	Yes
MARIA SACRA GENEROS, SAGRIA CERTORIS, SAGRIA CORROBOL CONTROL, WITH RIGID POSTERIOR TRANSPACEMENTS, POSTERIOR DETAINS ARE CONTROL OF THE VERTICAL PROPERTY OF THE VERTICAL PROPERTY OF THE VERTICAL PROPERTY OF THE VERTICAL PROPERTY OF THE VERTICAL PROPERTY OF THE VERTICAL PROPERTY OF THE VERTICAL PROPERTY OF THE VERTICAL PROPERTY OF THE VERTICAL PROPERTY OF THE VERTICAL PROPERTY OF THE VERTICAL PROPERTY OF THE VERTICAL PROPERTY OF THE VERTICAL PROPERTY OF THE VERTICAL PROPERTY OF THE VERTICAL PROPERTY OF THE VERTICAL PROPERTY OF THE VERTICAL PROPERTY OF THE VERTICAL PROPERTY OF THE VERTICAL PROPERTY OF THE VERTICAL PROPERTY OF THE VERTICAL PROPERTY OF THE VERTICAL PROPERTY OF THE VERTICAL PROPERTY OF THE VERTICAL PROPERTY OF THE VERTICAL PROPERTY OF THE VERTICAL PROPERTY OF THE VERTICAL PROPERTY OF THE VERTICAL PROPERTY OF THE VERTICAL PROPERTY OF THE VERTICAL PROPERTY OF THE VERTICAL PROPERTY OF THE VERTICAL PROPERTY OF THE VERTICAL PROPERTY OF THE VERTICAL PROPERTY OF THE VERTICAL PROPERTY OF THE VERTICAL PROPERTY OF THE VERTICAL PROPERTY OF THE VERTICAL PROPERTY OF THE VERTICAL PROPERTY OF THE VERTICAL PROPERTY OF THE VERTICAL PROPERTY OF THE VERTICAL PROPERTY OF THE VERTICAL PROPERTY OF THE VERTICAL PROPERTY OF THE VERTICAL PROPERTY OF THE VERTICAL PROPERTY OF THE VERTICAL PROPERTY OF THE VERTICAL PROPERTY OF THE VERTICAL PROPERTY OF THE VERTICAL PROPERTY OF THE VERTICAL PROPERTY OF THE VERTICAL PROPERTY OF THE VERTICAL PROPERTY OF THE VERTICAL PROPERTY OF THE VERTICAL PROPERTY OF THE VERTICAL PROPERTY OF THE VERTICAL PROPERTY OF THE VERTICAL PROPERTY OF THE VERTICAL PROPERTY OF THE VERTICAL PROPERTY OF THE VERTICAL PROPERTY OF THE VERTICAL PROPERTY OF THE VERTICAL PROPERTY OF THE VERTICAL PROPERTY OF THE VERTICAL PROPERTY OF THE VERTICAL PROPERTY OF THE VERTICAL PROPERTY OF THE VERTICAL PROPERTY OF THE VERTICAL PROPERTY OF THE VERTICAL PROPERTY OF THE VERTICAL PROPERTY OF THE VERTICAL PROPERTY OF THE VERTICAL PROPERTY OF THE VERTICAL PROPERTY OF THE VERTICAL PROPERTY OF THE VERTICAL PROPERTY OF THE VERTICA	L3222	_		
CPHAPES   LIBERT, COUNTER, LEATHER REPRORCED   Yes	L0633	_	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID POSTERIOR FRAME/PANEL(S), POSTERIOR EXTENDS FROM	
	I 3440	CPT/HCPCS		Yes
SHALLS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FANELS/FA				
DUBBO CPT-MCPCS CERVICAL MULTIPLE POST COLLAR, OCCUPTAL/MANDIBULAR SUPPORTS, MANDISFABLE ADDISFABLE CONTINUES OF PRESENTE PROTOCOLLAR, OCCUPTAL/MANDIBULAR SUPPORTS, MANDISFABLE CONTINUES OF PRESENCE ADDITION, NUDGE CONTROL ELEGOWLOCK YES ADDITION TO COVER EXTERNITY, PET VIG CONTROL, HIP JOINT, CLEVES OR PRESENCE ADDITION, TO COVER EXTERNITY, PET VIG CONTROL, HIP JOINT, CLEVES OR PRESENCE ADDITION TO COVER EXTERNITY, PET VIG CONTROL, HIP JOINT, CLEVES OR PRESENCE ADDITION TO COVER EXTERNITY, PET VIG CONTROL, HIP JOINT, CLEVES OR PRESENCE ADDITION TO COVER EXTERNITY, PET VIG CONTROL AND CONTROL PROCESS. AND CONTROL PROCESS. AND CONTROL PLOS PROCESS. AND CONTROL PLOS PROCESS. AND CONTROL PLOS PROCESS. AND CONTROL PLOS PROCESS. AND CONTROL PLOS PROCESS. AND CONTROL PLOS PROCESS. AND CONTROL PLOS PROCESS. AND CONTROL PLOS PROCESS. AND CONTROL PLOS PROCESS. AND CONTROL PLOS PROCESS. AND CONTROL PLOS PROCESS. AND CONTROL PLOS PROCESS. AND CONTROL PLOS PROCESS. AND CONTROL PLOS PROCESS. AND CONTROL PLOS PROCESS. AND CONTROL PLOS PROCESS. AND CONTROL PLOS PROCESS. AND CONTROL PLOS PROCESS. AND CONTROL PLOS PROCESS. AND CONTROL PLOS PROCESS. AND CONTROL PLOS PROCESS. AND CONTROL PLOS PROCESS. AND CONTROL PLOS PROCESS. AND CONTROL PLOS PROCESS. AND CONTROL PLOS PROCESS. AND CONTROL PLOS PROCESS. AND CONTROL PLOS PROCESS. AND CONTROL PLOS PROCESS. AND CONTROL PLOS PROCESS. AND CONTROL PLOS PROCESS. AND CONTROL PLOS PROCESS. AND CONTROL PLOS PROCESS. AND CONTROL PLOS PROCESS. AND CONTROL PLOS PROCESS. AND CONTROL PLOS PROCESS. AND CONTROL PLOS PROCESS. AND CONTROL PLOS PROCESS. AND CONTROL PLOS PROCESS. AND CONTROL PLOS PROCESS. AND CONTROL PLOS PROCESS. AND CONTROL PLOS PROCESS. AND CONTROL PLOS PROCESS. AND CONTROL PLOS PROCESS. AND CONTROL PLOS PROCESS. AND CONTROL PLOS PROCESS. AND CONTROL PLOS PROCESS. AND CONTROL PLOS PROCESS. AND CONTROL PLOS PROCESS. AND CONTROL PLOS PROCESS. AND CONTROL PLOS PROCESS. AND CONTROL PLOS PROCESS. AND CONTROL PLOS PROCESS. AND CONTROL PLOS PROCESS. AND CONTROL PLOS PROCESS. AND CONTROL			SHELL(S)/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL	
ADABITABLE   ADABITABLE   ADABITABLE   ADABITABLE   ADDITION TO LOWER EXTREMENT CONTROLL FLEW LOCK   Yes	L5688	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, BELOW KNEE, WAIST BELT, WEBBING	Yes
CPTINCPOS   ADDITION TO LOWER EXTREMENTS PERUP CONTROL, HIP JOINT, CLEVIS OR   No.	L0180		ADJUSTABLE	
HERIET   BRAINE, LOCK_EACH				
ATTACHEDIONE PIECES, EACH			THRUST BEARING, LOCK, EACH	
L1902 CPTIACIDCS ANLE ORTHOSIS, ANLE GAUNTLET OR SIMILAR, WITH OR WITHOUT WAS CONTROL ORTHOSIS, AND COUNTRY ORTHOSIS AND CONTROL ORTHOSIS AND CONTROL ORTHOSIS AND CONTROL ORTHOSIS AND CONTROL ORTHOSIS AND CONTROL ORTHOSIS AND CONTROL ORTHOSIS AND CONTROL ORTHOSIS AND CONTROL ORTHOSIS AND CONTROL ORTHOSIS AND CONTROL ORTHOSIS AND CONTROL ORTHOSIS AND CONTROL ORTHOSIS AND CONTROL ORTHOSIS AND CONTROL ORTHOSIS AND CONTROL ORTHOSIS AND CONTROL ORTHOSIS AND CONTROL ORTHOSIS AND CONTROL ORTHOSIS AND CONTROL ORTHOSIS AND CONTROL ORTHOSIS AND CONTROL ORTHOSIS AND CONTROL ORTHOSIS AND CONTROL ORTHOSIS AND CONTROL ORTHOSIS AND CONTROL ORTHOSIS AND CONTROL ORTHOSIS AND CONTROL ORTHOSIS AND CONTROL ORTHOSIS AND CONTROL ORTHOSIS AND CONTROL ORTHOSIS AND CONTROL ORTHOSIS AND CONTROL ORTHOSIS AND CONTROL ORTHOSIS AND CONTROL ORTHOSIS AND CONTROL ORTHOSIS AND CONTROL ORTHOSIS AND CONTROL ORTHOSIS AND CONTROL ORTHOSIS AND CONTROL ORTHOSIS AND CONTROL ORTHOSIS AND CONTROL ORTHOSIS AND CONTROL ORTHOSIS AND CONTROL ORTHOSIS AND CONTROL ORTHOSIS AND CONTROL ORTHOSIS AND CONTROL ORTHOSIS AND CONTROL ORTHOSIS AND CONTROL ORTHOSIS AND CONTROL ORTHOSIS AND CONTROL ORTHOSIS AND CONTROL ORTHOSIS AND CONTROL ORTHOSIS AND CONTROL ORTHOSIS AND CONTROL ORTHOSIS AND CONTROL ORTHOSIS AND CONTROL ORTHOSIS AND CONTROL ORTHOSIS AND CONTROL ORTHOSIS AND CONTROL ORTHOSIS AND CONTROL ORTHOSIS AND CONTROL ORTHOSIS AND CONTROL ORTHOSIS AND CONTROL ORTHOSIS AND CONTROL ORTHOSIS AND CONTROL ORTHOSIS AND CONTROL ORTHOSIS AND CONTROL ORTHOSIS AND CONTROL ORTHOSIS AND CONTROL ORTHOSIS AND CONTROL ORTHOSIS AND CONTROL ORTHOSIS AND CONTROL ORTHOSIS AND CONTROL ORTHOSIS AND CONTROL ORTHOSIS AND CONTROL ORTHOSIS AND CONTROL ORTHOSIS AND CONTROL ORTHOSIS AND CONTROL ORTHOSIS AND CONTROL ORTHOSIS AND CONTROL ORTHOSIS AND CONTROL ORTHOSIS AND CONTROL ORTHOSIS AND CONTROL ORTHOSIS AND CONTROL ORTHOSIS AND CONTROL ORTHOSIS AND CONTROL ORTHOSIS AND CONTROL ORTHOSIS AND CONTROL ORTHOSIS AND CONTROL ORTHOSIS AND CONTROL ORTHOSIS AND CONTROL ORTHOSIS AND CONTROL ORTHOS	A4388	CPT/HCPCS		Yes
IONITS, PREFABRICATED, OFF-THE-SHELF	L4030	CPT/HCPCS	REPLACE QUADRILATERAL SOCKET BRIM, CUSTOM FITTED	Yes
LESZO CPT/HCPCS ADDITION TO TLSO, (LOW PROPILE), MILWAUKEE TYPE SUPERSTRUCTURE VES  LESZO CPT/HCPCS INTERSCAPULAR THORACIC, PASSIVE RESTORATION (SHOULDER CAP ONLY) VES  LESSON CPT/HCPCS RADIOFREQUENCY TRANSMITTER (EXTERNAL) FOR USE WITH IMPLANTABLE SACRAL ROOT NEUROSTRULLATOR RECEIVER FOR BOWEL AND BLADD  LOGGO CPT/HCPCS ILSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SRINAL SYSTEM, TWO VES  RIGID PLASTIC SHELLS, POSTERIOR EXTENS FROM THE SACROCOC VES  ROSSINESS)  LESSON CPT/HCPCS RIGID PLASTIC SHELLS, POSTERIOR EXTENS FROM THE SACROCOC VES  ROSSINESS)  CPT/HCPCS STUMP SOCK SINGLE ELY FITTING: UPPER LIMB EACH VES  ROSSINESS)  CPT/HCPCS ADDITION TO CTISS OF SCOLOSIS ORTHOSES, LUMBAR BOLISTER PAD VES  LOCKING HINGE, HALF CUFF  STARPS, CUSTOM FABRICATED, INCLUDES PITTING AND ADJUSTMENT  AMADA CPT/HCPCS STAPS, CUSTOM FABRICATED, INCLUDES PITTING AND ADJUSTMENT  AMADA CPT/HCPCS STAPS, CUSTOM FABRICATED, INCLUDES PITTING AND ADJUSTMENT  AMADA CPT/HCPCS STAPS, CUSTOM FABRICATED, INCLUDES REPLACEMENT ONLY, EACH VES  LESSON CPT/HCPCS STAPS, CUSTOM FABRICATED, INCLUDES REPLACEMENT ONLY, EACH VES  LESSON CPT/HCPCS LOCKING FABRICATED, INCLUDES REPLACEMENT ONLY, EACH VES  LESSON CPT/HCPCS LOCKING HINGE, EACH PUNCTURE DILATOR, REPLACEMENT ONLY, EACH VES  LESSON CPT/HCPCS LOCKING FABRICATED, INCLUDES REPLACEMENT ONLY, EACH VES  LESSON CPT/HCPCS LOCKING FABRICATED, INCLUDES SOCKET, ENDOSCRELETAL SYSTEM, INCLUDING SOFT PROSTREDICT ELECTRONIC ELBOW, MICROPROCESSOR'S BIMULTANEOUS CONTROL OF ELBOW AND TERMINAL DEVICE ELECTRONIC ELBOW, MICROPROCESSOR'S BIMULTANEOUS CONTROL OF ELBOW DATE PROSTREDIC TISSUE SHAPING  LESSON AND TERMINAL DEVICE ELECTRONIC ELBOW, MICROPROCESSOR'S WELLOWS SHAPE AND SHAPE AND SHAPE AND SHAPE AND SHAPE AND SHAPE AND SHAPE AND SHAPE AND SHAPE AND SHAPE AND SHAPE AND SHAPE AND SHAPE AND SHAPE AND SHAPE AND SHAPE AND SHAPE AND SHAPE AND SHAPE AND SHAPE AND SHAPE AND SHAPE AND SHAPE AND SHAPE AND SHAPE AND SHAPE A	L1902	CPT/HCPCS		Yes
LESTO CPT/HCPCS INTERSCAPULAR THORACIC, PASSIVE RESTORATION (SHOULDER CAP ONLY) Yes  RADIOFREQUENCY TRANSMITTER (EXTERNAL) FOR USE WITH IMPLANTABLE YES  SACRAL BOOT NEUROSTIMULATOR RECEIVER FOR BOWEL AND BLADD  CPT/HCPCS ILSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, TWO RIGID PLASTICS SHELLS, POSTERIOR EXTENS FROM THE SACROCOC  (ESSO) CPT/HCPCS INTERSCAPULAR THORACIC, PASSIVE RESTORATION (COMPLETE YES PROSTHERISS)  LEASS CPT/HCPCS STUMP SOCK SHOULE PLY FITTING LUPPEL RUMB EACH YES CONTROL OF PROSTHERISS)  LEADS CPT/HCPCS ADDITION TO CITIS OR RECOLLOSIS ORTHOSES, LUMBAR BOLISTER PAD YES BELOW FLOW, MOLIPED DOUBLE WALL SPILIT SOCKET, STUMP ACTIVATED YES BELOW FLOW, MOLIPED DOUBLE WALL SPILIT SOCKET, STUMP ACTIVATED YES SHOULD BE ORTHOSES, ABDUCTION POSITIONING (ARPITAME DESIGN), THORACIC COMPONENT AND SUPPORT BAR, WITH OR WITHOUT ON NONTORSION IONIT/TURNOLOCKIE, SHOULDER ORTHOSES, ARBUCTION POSITIONING (ARPITAME POSICIA), WES STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT  MA4404 CPT/HCPCS STOMY RINGS WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, YES STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT  MA4404 CPT/HCPCS TRACHEOSOPHAGEAL PUNCTURE DILATOR, REPLACEMENT ONLY, EACH YES STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT  MA4404 CPT/HCPCS TRACHEOSOPHAGEAL PUNCTURE DILATOR, REPLACEMENT ONLY, EACH YES STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT  MA4404 CPT/HCPCS TRACHEOSOPHAGEAL PUNCTURE DILATOR, REPLACEMENT ONLY, EACH YES BELOW ON THE RESOLUTION OF THE PROST OF THE PROST OF THE PROST OF THE PROST OF THE PROST OF THE PROST OF THE PROST OF THE PROST OF THE PROST OF THE PROST OF THE PROST OF THE PROST OF THE PROST OF THE PROST OF THE PROST OF THE PROST OF THE PROST OF THE PROST OF THE PROST OF THE PROST OF THE PROST OF THE PROST OF THE PROST OF THE PROST OF THE PROST OF THE PROST OF THE PROST OF THE PROST OF THE PROST OF THE PROST OF THE PROST OF THE PROST OF THE PROST OF THE PROST OF THE PROST OF THE PROST OF THE PROST OF THE PROST OF THE PROST OF THE PROS				
L0864 CPT/HCPCS SACRAL ROOT NEUROSTINULATOR RECEIVER FOR BOWEL AND BLADD  CPT/HCPCS IT.S.O., TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, TWO YES RIGIO PLASTIC SHELLS, POSTERIOR EXTENS FROM THE SACROCOC  CPT/HCPCS INTERSCAPULAR THORACIC, PASSIVE RESTORATION (COMPLETE PROSTHERS)  L8485 CPT/HCPCS STUMP SOCK SINGLE PLY PITTING, UPPER LIMB EACH YES PROSTHERS ADDITION TO CITS.OO RESCUISION PINCH DEVICE YES STUMP SOCK SINGLE PLY PITTING, UPPER LIMB EACH YES CAPITAL SYSTEM, POSTERIOR STUMP SOCK SINGLE PLY PITTING, UPPER LIMB EACH YES CAPITAL SYSTEM, POSTERIOR OF THE STUMP SOCK SINGLE PLY PITTING, UPPER LIMB EACH YES CAPITAL SYSTEM, POSTERIOR OF THE STUMP ACTIVATED LOCKING HINGE, HALF CUFF YES CAPITAL SYSTEM, POSTERIOR OF THE STUMP ACTIVATED LOCKING HINGE, HALF CUFF YES CAPITAL SYSTEM, POSTERIOR SYSTEM SYSTEM SYSTEM, POSTERIOR SYSTEM SYSTEM SYSTEM, POSTERIOR SYSTEM SYSTEM SYSTEM SYSTEM SYSTEM SYSTEM SYSTEM SYSTEM SYSTEM SYSTEM SYSTEM SYSTEM SYSTEM SYSTEM SYSTEM SYSTEM SYSTEM SYSTEM SYSTEM SYSTEM SYSTEM SYSTEM SYSTEM SYSTEM SYSTEM SYSTEM SYSTEM SYSTEM SYSTEM SYSTEM SYSTEM SYSTEM SYSTEM SYSTEM SYSTEM SYSTEM SYSTEM SYSTEM SYSTEM SYSTEM SYSTEM SYSTEM SYSTEM SYSTEM SYSTEM SYSTEM SYSTEM SYSTEM SYSTEM SYSTEM SYSTEM SYSTEM SYSTEM SYSTEM SYSTEM SYSTEM SYSTEM SYSTEM SYSTEM SYSTEM SYSTEM SYSTEM SYSTEM SYSTEM SYSTEM SYSTEM SYSTEM SYSTEM SYSTEM SYSTEM SYSTEM SYSTEM SYSTEM SYSTEM SYSTEM SYSTEM SYSTEM SYSTEM SYSTEM SYSTEM SYSTEM SYSTEM, POLYCEPTRIC, FRICTION SWING, AND STANCE PRASE CONTROL OF ELECTRONIC ELBOW, MICROPROCESSOR SIMULTANEOUS CONTROL OF ELBOW AND TERMINAL DEVICE ELECTRONIC ELBOW, MICROPROCESSOR SYSTEM SYSTEM, POLYCEPTRIC, FRICTION SWING, AND STANCE PRASE CONTROL OF PROSTHEIR SHAP SYSTEM, POLYCEPTRIC, FRICTION SWING, AND STANCE PRASE CONTROL OF PROSTHEIR SHAP SYSTEM, POLYCEPTRIC, FRICTION SWING, AND STANCE PRASE CONTROL OF PROSTHEIR SHAP SYSTEM, POLYCEPTRIC, FRICTION SWING, AND STANCE PRASE CONTROL OF PROSTHEIR SHAP SYSTEM, POLYCEPTRIC, FRICTION SWING, AND STANCE PRASE CONTROL OF PRASE CONTROL OF PRASE CONTROL OF PR				
L0460 CPT/HCPCS TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, TWO RIGID PLASTIC SHELLS, POSTERIOR EXTENS FROM THE SACROCOC PROSTHESIS SHOULDER THORACIC, PASSIVE RESTORATION (COMPLETE PROSTHESIS)  L8485 CPT/HCPCS STUMP SOCK SINGLE PLY RITTING; UPPER LIMB EACH Ves PROSTHESIS ADDITION TO CITSO OR SCIOLOUSIS ORTHOSES, LUMBAR BOLISTER PAD Ves DELOW ELDOW, MOLDED DOUBLE WALL SPLIT SOCKET, STUMP ACTIVATED Ves DELOW ELDOW, MOLDED DOUBLE WALL SPLIT SOCKET, STUMP ACTIVATED Ves DELOW ELDOW, MOLDED DOUBLE WALL SPLIT SOCKET, STUMP ACTIVATED Ves DELOW ELDOW, MOLDED DOUBLE WALL SPLIT SOCKET, STUMP ACTIVATED Ves DELOW ELDOW, MOLDED DOUBLE WALL SPLIT SOCKET, STUMP ACTIVATED Ves DELOW ELDOW, MOLDED DOUBLE WALL SPLIT SOCKET, STUMP ACTIVATED Ves DELOW ELDOW, MOLDED DOUBLE WALL SPLIT SOCKET, STUMP ACTIVATED Ves DELOW ELDOW, MOLDED DOUBLE WALL SPLIT SOCKET, STUMP ACTIVATED Ves DELOW ELDOW, MOLDED DOUBLE WALL SPLIT SOCKET, STUMP ACTIVATED Ves DELOW ELDOW, MOLDED DOUBLE WALL SPLIT SOCKET, STUMP ACTIVATED Ves DELOW ELDOW, MOLDED DOUBLE WALL SPLIT SOCKET, STUMP ACTIVATED VES DELOW ELDOW, MOLDED DOUBLE WALL SPLIT SOCKET, STUMP ACTIVATED VES DELOW ELDOW ELDOW, MOLTORSION, AND STUMP ACTIVATED VES DELOW ELDOW ELDOW AND STUMP ACTIVATED VES DELOW ELDOW ELDOW MONTON AND STUMP ACTIVATED VES STRANGE, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT  LB390 CPT/HCPCS STARAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT ONLY, EACH VES STARAPS, CUSTOM FABRICATED, WILL SPLIT SPLIT SPLIT SPLIT SPLIT SPLIT SPLIT SPLIT SPLIT SPLIT SPLIT SPLIT SPLIT SPLIT SPLIT SPLIT SPLIT SPLIT SPLIT SPLIT SPLIT SPLIT SPLIT SPLIT SPLIT SPLIT SPLIT SPLIT SPLIT SPLIT SPLIT SPLIT SPLIT SPLIT SPLIT SPLIT SPLIT SPLIT SPLIT SPLIT SPLIT SPLIT SPLIT SPLIT SPLIT SPLIT SPLIT SPLIT SPLIT SPLIT SPLIT SPLIT SPLIT SPLIT SPLIT SPLIT SPLIT SPLIT SPLIT SPLIT SPLIT SPLIT SPLIT SPLIT SPLIT SPLIT SPLIT SPLIT SPLIT SPLIT SPLIT SPLIT SPLIT SPLIT SPLIT SPLIT SPLIT SPLIT SPLIT SPLIT SPLIT SPLIT SPLIT SPLIT SPLIT SPLIT SPLIT SPLIT SPLIT SPLIT SPLIT SPLIT SPLIT SPLIT SPLIT S	L6370	CPT/HCPCS	INTERSCAPULAR THORACIC, PASSIVE RESTORATION (SHOULDER CAP ONLY)	Yes
RIGID PLASTIC SHELLS, POSTERIOR EXTENS FROM THE SACROCOC  INTERSCAPULAR THORACIC, PASSIVE RESTORATION (COMPLETE YES PROSTHESIS)  LB486 CPT/HCPCS SUMP SOCK SINGLE PLY FITTING; UPPER LIMB EACH YES SUMP SOCK SINGLE PLY FITTING; UPPER LIMB EACH YES SUMP SOCK SINGLE PLY FITTING; UPPER LIMB EACH YES SUMP SOCK SINGLE PLY FITTING; UPPER LIMB EACH YES SUMP SOCK SINGLE PLY FITTING; UPPER LIMB EACH YES SUMP SOCK SINGLE PLY FITTING; UPPER LIMB EACH YES SUMP SOCK SINGLE PLY FITTING; UPPER LIMB EACH YES SUMP SOCK SINGLE PLY FITTING; UPPER LIMB EACH YES SUMP SOCK SINGLE PLY FITTING; UPPER LIMB EACH YES SUMP SOCK SINGLE PLY FITTING; UPPER LIMB EACH YES SUMP SOCK SINGLE PLY FITTING; UPPER LIMB EACH YES SUMP SOCK SINGLE PLY FITTING; UPPER LIMB EACH YES SUMP SOCK SINGLE PLANCE SUMP SOCK SINGLE PLANCE SUMP SOCK SINGLE PLANCE SUMP SOCK SINGLE PLANCE SUMP SOCK SINGLE PLANCE SUMP SOCK SINGLE PLANCE SUMP SOCK SINGLE PLANCE SUMP SOCK SINGLE PLANCE SUMP SOCK SINGLE PLANCE SUMP SOCK SINGLE PLANCE SUMP SOCK SINGLE PLANCE SUMP SOCK SINGLE PLANCE SUMP SOCK SINGLE PLANCE SUMP SOCK SINGLE PLANCE SUMP SOCK SINGLE PLANCE SUMP SOCK SINGLE PLANCE SUMP SOCK SINGLE PLANCE SUMP SOCK SINGLE PLANCE SUMP SOCK SINGLE PLANCE SUMP SOCK SINGLE PLANCE SUMP SOCK SINGLE PLANCE SUMP SOCK SINGLE PLANCE SUMP SOCK SINGLE PLANCE SUMP SOCK SINGLE PLANCE SUMP SOCK SINGLE PLANCE SUMP SOCK SINGLE PLANCE SUMP SOCK SINGLE PLANCE SUMP SOCK SINGLE PLANCE SUMP SOCK SINGLE PLANCE SUMP SOCK SINGLE PLANCE SUMP SOCK SINGLE PLANCE SUMP SOCK SINGLE PLANCE SUMP SOCK SINGLE PLANCE PLANCE SUMP SOCK SINGLE PLANCE PLANCE SUMP SOCK SINGLE  L8684	CPT/HCPCS	, ,	Yes	
PROSTHESIS)  PROSTHESIS)  CPT/HCPCS STUMP SOCK SINGLE PLY FITTING; UPPER LIMB EACH  L1030 CPT/HCPCS ADDITION TO CTLSO OR SCOLLOSIS ORTHOSES, LUMBAR BOLISTER PAD Yes  L8510 CPT/HCPCS ADDITION TO TERMINAL DEVICE, PRECISION PINCH DEVICE  SELOWER LIMBORY, MOLDER ORTHOSES, SUMPACTIVATED LOCKING HINGE, HALF CUFF  LOCKING HINGE, HALF CUFF  SHOULDER ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR, WITH OR WITHOUT NONTORSION JOINT/TURNBUCKLE, SHOULDER+  L3906 CPT/HCPCS WRIST HAND ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT  A4404 CPT/HCPCS OSTOMY RINGS  L8514 CPT/HCPCS UPPER EXTREMITY ADDITION, HARNESS, (E.G. FIGURE OF EIGHT TYPE), DUAL CABLE  L6676 CPT/HCPCS INTERSCAPULAR-THORACIC, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE SHOULDER SHELL, SHOULDER BULKHEAD, HUMERAL  L7181 CPT/HCPCS ELECTRONIC ELBOW, MICROPROCESSOR SIMULTANEOUS CONTROL OF ELBOW AND TERMINAL DEVICE ELECTRONIC ELECTRONIC ELBOW, MICROPROCESSORS  L6450 CPT/HCPCS ELECTRONIC ELBOW, MICROPROCESSOR SIMULTANEOUS CONTROL OF ELBOW AND TERMINAL DEVICE ELECTRONIC ELBOW, MICROPROCESSORS  L6450 CPT/HCPCS ELBOW DISARTICULATION, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING  L5518 CPT/HCPCS ADDITION, ENDOSKELETAL NEES-SHIN SYSTEM, POLYCENTRIC, FRICTION SMING, AND STANCE PHASE CONTROL  L5440 CPT/HCPCS ADDITION ENDOSKELETAL NEES-SHIN SYSTEM, POLYCENTRIC, FRICTION SMING, AND STANCE PHASE CONTROL  L5450 CPT/HCPCS ADDITION TO LOWER EXTREMITY ORTHOSIS, FIBIAL LENGTH SOCK, Yes FRACTURE OR EQUAL, EACH  L5460 CPT/HCPCS ADDITION TO LOWER EXTREMITY ORTHOSIS, FIBIAL LENGTH SOCK, Yes FRACTURE OR EQUAL, EACH  L5460 CPT/HCPCS KNEE AND THE STANCE PHASE CONTROL  L5460 CPT/HCPCS ADDITION TO LOWER EXTREMITY ORTHOSIS, FIBIAL LENGTH SOCK, Yes FRACTURE OR EQUAL, EACH  L5460 CPT/HCPCS CONTROL OR EQUAL, EACH  L5460 CPT/HCPCS CONTROL OR EXPREMENT OR EXPREMENT OR EXPREMENT OR EXPREMENT OR EXPREMENT OR EXPREMENT OR EXPREMENT OR EXPREMENT OR EXPREMENT OR EX	L0460	CPT/HCPCS		Yes
L1030 CPT/HCPCS ADDITION TO CTLSO OR SCOLIOSIS ORTHOSES, LUMBAR BOLSTER PAD Yes LB610 CPT/HCPCS ADDITION TO TERMINAL DEVICE, PRECISION PINCH DEVICE Yes L6130 CPT/HCPCS ADDITION TO TERMINAL DEVICE, PRECISION PINCH DEVICE Yes L0374 CPT/HCPCS ELOVEL BOW, MOLDED DOUBLE WALL SPLIT SOCKET, STUMP ACTIVATED Yes LOCKING HINGE, HALF CUFF SHOULDER ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR, WITH OR WITHOUT NONTORSION JOINT/TURNBUCKLE, SHOULDER+ L3906 CPT/HCPCS WRIST HAND ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT  A4404 CPT/HCPCS OSTOMY RINGS L8514 CPT/HCPCS TRACHEOESOPHAGEAL PUNCTURE DILATOR, REPLACEMENT ONLY, EACH L6676 CPT/HCPCS UPPER EXTREMITY ADDITION, HARNESS, (E.G. FIGURE OF EIGHT TYPE), DUAL Yes CABLE L6970 CPT/HCPCS WRISTSAND, AUGUST SHOULDER BULKHEAD, HUMERAL L7181 CPT/HCPCS SHEED SHOULDER SHELL, SHOULDER BULKHEAD, HUMERAL L7181 CPT/HCPCS ELECTRONIC ELBOW, MICROPROCESSOR SIMULTANEOUS CONTROL OF ELBOW AND TERMINAL DEVICE ELECTRONIC ELBOW, MICROPROCESSOR S L6450 CPT/HCPCS ELBOW DISARTICULATION, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING CPT/HCPCS ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, FRICTION SWING, AND STANCE PHASE CONTROL L2840 CPT/HCPCS ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, FRICTION SWING, AND STANCE PHASE CONTROL L2840 CPT/HCPCS ADDITION, TO LOWER EXTREMITY ORTHOSIS, TIBIAL LENGTH SOCK, FRACTURE OR EQUAL, EACH WITHOUR THE EMOTOM THOSIS, FULL PLASTIC, DOUBLE PRICHT, FREE KNEE, WITH OR WITHOUT FREE MOTOM ANALLE, CUSTOM FABRICATED  CPT/HCPCS HALO PROCEDURE, CERVICAL HALO INCORPORATED INTO PLASTER BODY JACKET  A44375 CPT/HCPCS OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, PLASTIC, EACH Yes	L6360	CPT/HCPCS	· · · · · · · · · · · · · · · · · · ·	Yes
L6810 CPT/HCPCS ADDITION TO TERMINAL DEVICE, PRECISION PINCH DEVICE  CPT/HCPCS BELOW LBOW, MOLDED DOUBLE WALL SPLIT SOCKET, STUMP ACTIVATED  CONTROLLING, HALF CUFF  SHOULDER ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR, WITH OR WITHOUT NONTORSION DINTTURNBUCKLE, SHOULDER+  L3906 CPT/HCPCS WRIST HAND ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT  A4404 CPT/HCPCS OSTOMY RINGS  EB514 CPT/HCPCS OSTOMY RINGS  EP514 CPT/HCPCS TRACHEOESOPHAGEAL PUNCTURE DILATOR, REPLACEMENT ONLY, EACH  CPT/HCPCS UPPER EXTREMITY ADDITION, HARNESS, (E.G. FIGURE OF EIGHT TYPE), DUAL  CABLE  L6970 CPT/HCPCS INTERSCAPULAR-THORACIC, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE SHOULDER SHELL, SHOULDER BULKHEAD, HUMERAL  L7181 CPT/HCPCS ELECTRONIC ELBOW, MICROPROCESSOR SIMULTANEOUS CONTROL OF ELBOW AND TERMINAL DEVICE ELECTRONIC ELBOW, MICROPROCESSOR S  L6450 CPT/HCPCS ELBOW DISARTICULATION, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING  L5818 CPT/HCPCS ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, FRICTION SWING, AND STANCE PHASE CONTROL  CPT/HCPCS ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, FRICTION SWING, AND STANCE PHASE CONTROL  CPT/HCPCS KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, DOUBLE UPRIGHT, FREE KNEE, FRACTURE OR EQUAL, EACH  L2930 CPT/HCPCS HALO PROCEDURE, CERVICAL HALO INCORPORATED INTO PLASTER BODY JACKET  A4375 CPT/HCPCS OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, PLASTIC, EACH Yes  CPT/HCPCS OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, PLASTIC, EACH Yes	L8485	CPT/HCPCS	STUMP SOCK SINGLE PLY FITTING; UPPER LIMB EACH	Yes
L6130 CPT/HCPCS BELOW ELBOW, MOLDED DOUBLE WALL SPLIT SOCKET, STUMP ACTIVATED Yes LOCKING HINDE, HALF CUFF SHOULDER OF RITHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR, WITH OR WITHOUT NONTOSION JOINT/TURNBUCKLE, SHOULDER+ L3906 CPT/HCPCS WRIST HAND DOTRHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT  A4404 CPT/HCPCS OSTOMY RINGS Yes L8514 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 Yes CABLE L6970 CPT/HCPCS INTERSCAPULAR-THORACIC, EXTERNAL POWER, MOLDED INNER SOCKET, Yes REMOVABLE SHOULDER SHELL, SHOULDER BULKHEAD, HUMERAL L7181 CPT/HCPCS ELECTRONIC ELBOW, MICROPROCESSOR SIMULTANEOUS CONTROL OF ELBOW AND TERMINAL DEVICE ELECTRONIC ELBOW, MICROPROCESSOR S L6450 CPT/HCPCS ELBOW DISARTICULATION, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPINO L5818 CPT/HCPCS ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, FRICTION YES SWING, AND STANCE PHASE CONTROL L2840 CPT/HCPCS ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, FRICTION SWING, AND STANCE PHASE CONTROL L2840 CPT/HCPCS KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, DUBLE UPRIGHT, FREE KNEE, YES MICHON SWING, AND STANCE PHASE CONTROL L2840 CPT/HCPCS KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, DUBLE UPRIGHT, FREE KNEE, YES MICHORY AND STANCE PHASE CONTROL L2840 CPT/HCPCS KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, DUBLE UPRIGHT, FREE KNEE, YES MICHORY AND STANCE PHASE CONTROL L2840 CPT/HCPCS KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, DUBLE UPRIGHT, FREE KNEE, YES MICHORY AND STANCE PHASE CONTROL L2840 CPT/HCPCS CONTROL ANALE, CUSTOM FABRICATED  L8820 CPT/HCPCS OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, PLASTIC, EACH YES  A44375 CPT/HCPCS OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, PLASTIC, EACH YES	L1030	CPT/HCPCS	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSES, LUMBAR BOLSTER PAD	Yes
LOCKING HINGE, HALF CUFF SHOULDER ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR, WITH OR WITHOUT NONTORSION JOINT/TURNBUCKLE, SHOULDER+  13906 CPT/HCPCS WRIST HAND ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT  A4404 CPT/HCPCS OSTOMY RINGS TRACHEOESOPHAGEAL PUNCTURE DILATOR, REPLACEMENT ONLY, EACH VES  L8514 CPT/HCPCS UPPER EXTREMITY ADDITION, HARNESS, (E.G., FIGURE OF EIGHT TYPE), DUAL CABLE CPT/HCPCS INTERSCAPULAR-THORACIC, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE SHOULDER SHELL, SHOULDER BULKHEAD, HUMERAL  L7181 CPT/HCPCS ELECTRONIC ELBOW, MICROPROCESSOR SIMULTANEOUS CONTROL OF ELBOW AND TERMINAL DEVICE ELECTRONIC ELBOW, MICROPROCESSOR S  L6450 CPT/HCPCS ELBOW DISARTICULATION, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING  L5818 CPT/HCPCS ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, FRICTION SWING, AND STANCE PHASE CONTROL  L2840 CPT/HCPCS ADDITION TO LOWER EXTREMITY ORTHOSIS, TIBIAL LENGTH SOCK, FRACTURE OR EQUAL, EACH  L2036 CPT/HCPCS KNEE ANKLE FOOT ORTHOSIS, FILL PLASTIC, DOUBLE UPRIGHT, FREE KNEE, WITH OR WITHOUT FREE MOTION ANKLE, CUSTOM FABRICATED  HALO PROCEDURE, CERVICAL HALO INCOPPORATED INTO PLASTER BODY JACKET  A44375 CPT/HCPCS OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, PLASTIC, EACH Ves	L6810	CPT/HCPCS	ADDITION TO TERMINAL DEVICE, PRECISION PINCH DEVICE	Yes
THORACIC COMPONENT AND SUPPORT BAR, WITH OR WITHOUT NONTORSION JOINT/TURNBUCKLE, SHOULDER+  WRIST HAND ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT  A4404 CPT/HCPCS OSTOMY RINGS  LB514 CPT/HCPCS TRACHEOSOPHAGEAL PUNCTURE DILATOR, REPLACEMENT ONLY, EACH YES  L6676 CPT/HCPCS UPPER EXTREMITY ADDITION, HARNESS, (E.G. FIGURE OF EIGHT TYPE), DUAL CABLE  L6970 CPT/HCPCS INTERSCAPULAR-THORACIC, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE SHOULDER SHELL, SHOULDER BULKHEAD, HUMERAL  L7181 CPT/HCPCS ELECTRONIC ELBOW, MICROPROCESSOR SIMULTANEOUS CONTROL OF ELBOW AND TERMINAL DEVICE ELECTRONIC ELBOW, MICROPROCESSOR S  L6450 CPT/HCPCS ELBOW DISARTICULATION, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING  L5818 CPT/HCPCS ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, FRICTION SWING, AND STANCE PHASE CONTROL  L2840 CPT/HCPCS ADDITION TO LOWER EXTREMITY ORTHOSIS, TIBIAL LENGTH SOCK, FRACTURE OR EQUAL, EACH  L2036 CPT/HCPCS KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, DOUBLE UPRIGHT, FREE KNEE, WITH OR WITHOUT FREE MOTION ANKLE, CUSTOM FABRICATED  L0820 CPT/HCPCS OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, PLASTIC, EACH  A44375 CPT/HCPCS OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, PLASTIC, EACH  A44375 CPT/HCPCS OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, PLASTIC, EACH  YES  COTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, PLASTIC, EACH  YES  COTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, PLASTIC, EACH  YES  COTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, PLASTIC, EACH  A44375 CPT/HCPCS OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, PLASTIC, EACH  YES  COTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, PLASTIC, EACH  YES  COTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, PLASTIC, EACH  YES  COTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, PLASTIC, EACH  YES  COTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, PLASTIC, EACH  YES  COTOMY POUCH. DRAINABLE, WITH FACEPLATE ATTACHED, PLASTIC, EACH	L6130	CPT/HCPCS		Yes
L3906 CPT/HCPCS WRIST HAND ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT  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 L6970 CPT/HCPCS INTERSCAPULAR-THORACIC, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE SHOULDER SHELL, SHOULDER BULKHEAD, HUMERAL  L7181 CPT/HCPCS ELECTRONIC ELBOW, MICROPROCESSOR SIMULTANEOUS CONTROL OF ELBOW AND TERMINAL DEVICE ELECTRONIC ELBOW, MICROPROCESSORS  L6450 CPT/HCPCS ELBOW DISARTICULATION, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING  L5818 CPT/HCPCS ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, FRICTION SWING, AND STANCE PHASE CONTROL  L2840 CPT/HCPCS ADDITION TO LOWER EXTREMITY ORTHOSIS, TIBIAL LENGTH SOCK, FRACTURE OR EQUAL, EACH  L2036 CPT/HCPCS HALO PROCEDUAL, EACH  L2036 CPT/HCPCS HALO PROCEDURE, CERVICAL HALO INCORPORATED INTO PLASTER BODY JACKET  MA1975 CPT/HCPCS OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, PLASTIC, EACH YES  A44375 CPT/HCPCS OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, PLASTIC, EACH YES	L3674	CPT/HCPCS	THORACIC COMPONENT AND SUPPORT BAR, WITH OR WITHOUT	Yes
L8514 CPT/HCPCS TRACHEOESOPHAGEAL PUNCTURE DILATOR, REPLACEMENT ONLY, EACH L6676 CPT/HCPCS UPPER EXTREMITY ADDITION, HARNESS, (E.G. FIGURE OF EIGHT TYPE), DUAL YES CABLE L6970 CPT/HCPCS INTERSCAPULAR-THORACIC, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE SHOULDER SHELL, SHOULDER BULKHEAD, HUMERAL  L7181 CPT/HCPCS ELECTRONIC ELBOW, MICROPROCESSOR SIMULTANEOUS CONTROL OF ELBOW AND TERMINAL DEVICE ELECTRONIC ELBOW, MICROPROCESSOR S  L6450 CPT/HCPCS ELBOW DISARTICULATION, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING L5818 CPT/HCPCS ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, FRICTION SWING, AND STANCE PHASE CONTROL  L2840 CPT/HCPCS ADDITION TO LOWER EXTREMITY ORTHOSIS, TIBIAL LENGTH SOCK, FRACTURE OR EQUAL, EACH L2036 CPT/HCPCS KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, DOUBLE UPRIGHT, FREE KNEE, WITH OR WITHOUT FREE MOTION ANKLE, CUSTOM FABRICATED  L0820 CPT/HCPCS OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, PLASTIC, EACH YES  A44375 CPT/HCPCS OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, PLASTIC, EACH YES	L3906	CPT/HCPCS	WRIST HAND ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE,	Yes
L6676 CPT/HCPCS UPPER EXTREMITY ADDITION, HARNESS, (E.G. FIGURE OF EIGHT TYPE), DUAL YES  CABLE L6970 CPT/HCPCS INTERSCAPULAR-THORACIC, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE SHOULDER SHELL, SHOULDER BULKHEAD, HUMERAL  L7181 CPT/HCPCS ELECTRONIC ELBOW, MICROPROCESSOR SIMULTANEOUS CONTROL OF ELBOW AND TERMINAL DEVICE ELECTRONIC ELBOW, MICROPROCESSOR S  L6450 CPT/HCPCS ELBOW DISARTICULATION, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING L5818 CPT/HCPCS ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, FRICTION SWING, AND STANCE PHASE CONTROL  L2840 CPT/HCPCS ADDITION TO LOWER EXTREMITY ORTHOSIS, TIBIAL LENGTH SOCK, FRACTURE OR EQUAL, EACH  L2036 CPT/HCPCS KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, DOUBLE UPRIGHT, FREE KNEE, YES WITH OR WITHOUT FREE MOTION ANKLE, CUSTOM FABRICATED  L0820 CPT/HCPCS OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, PLASTIC, EACH YES  A44375 CPT/HCPCS OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, PLASTIC, EACH YES	A4404	CPT/HCPCS	OSTOMY RINGS	Yes
CABLE  L6970 CPT/HCPCS INTERSCAPULAR-THORACIC, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE SHOULDER SHELL, SHOULDER BULKHEAD, HUMERAL  L7181 CPT/HCPCS ELECTRONIC ELBOW, MICROPROCESSOR SIMULTANEOUS CONTROL OF ELBOW AND TERMINAL DEVICE ELECTRONIC ELBOW, MICROPROCESSOR S  L6450 CPT/HCPCS ELBOW DISARTICULATION, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING  L5818 CPT/HCPCS ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, FRICTION SWING, AND STANCE PHASE CONTROL  L2840 CPT/HCPCS ADDITION TO LOWER EXTREMITY ORTHOSIS, TIBIAL LENGTH SOCK, FRACTURE OR EQUAL, EACH  L2036 CPT/HCPCS KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, DOUBLE UPRIGHT, FREE KNEE, WITH OR WITHOUT FREE MOTION ANKLE, CUSTOM FABRICATED  L0820 CPT/HCPCS HALO PROCEDURE, CERVICAL HALO INCORPORATED INTO PLASTER BODY JACKET  A4375 CPT/HCPCS OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, PLASTIC, EACH Yes	L8514	CPT/HCPCS	TRACHEOESOPHAGEAL PUNCTURE DILATOR, REPLACEMENT ONLY, EACH	Yes
CPT/HCPCS INTERSCAPULAR-THORACIC, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE SHOULDER SHELL, SHOULDER BULKHEAD, HUMERAL  CPT/HCPCS ELECTRONIC ELBOW, MICROPROCESSOR SIMULTANEOUS CONTROL OF ELBOW AND TERMINAL DEVICE ELECTRONIC ELBOW, MICROPROCESSOR S  L6450 CPT/HCPCS ELBOW DISARTICULATION, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING  L5818 CPT/HCPCS ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, FRICTION SWING, AND STANCE PHASE CONTROL  L2840 CPT/HCPCS ADDITION TO LOWER EXTREMITY ORTHOSIS, TIBIAL LENGTH SOCK, FRACTURE OR EQUAL, EACH  L2036 CPT/HCPCS KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, DOUBLE UPRIGHT, FREE KNEE, WITH OR WITHOUT FREE MOTION ANKLE, CUSTOM FABRICATED  L0820 CPT/HCPCS HALO PROCEDURE, CERVICAL HALO INCORPORATED INTO PLASTER BODY JACKET  A4375 CPT/HCPCS OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, PLASTIC, EACH YES	L6676	CPT/HCPCS		Yes
ELBOW AND TERMINAL DEVICE ELECTRONIC ELBOW, MICROPROCESSOR S  L6450 CPT/HCPCS ELBOW DISARTICULATION, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING  L5818 CPT/HCPCS ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, FRICTION SWING, AND STANCE PHASE CONTROL  L2840 CPT/HCPCS ADDITION TO LOWER EXTREMITY ORTHOSIS, TIBIAL LENGTH SOCK, FRACTURE OR EQUAL, EACH  L2036 CPT/HCPCS KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, DOUBLE UPRIGHT, FREE KNEE, WITH OR WITHOUT FREE MOTION ANKLE, CUSTOM FABRICATED  L0820 CPT/HCPCS HALO PROCEDURE, CERVICAL HALO INCORPORATED INTO PLASTER BODY JACKET  A4375 CPT/HCPCS OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, PLASTIC, EACH YES	L6970	CPT/HCPCS		Yes
INCLUDING SOFT PROSTHETIC TISSUE SHAPING  L5818 CPT/HCPCS ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, FRICTION YES SWING, AND STANCE PHASE CONTROL  L2840 CPT/HCPCS ADDITION TO LOWER EXTREMITY ORTHOSIS, TIBIAL LENGTH SOCK, FRACTURE OR EQUAL, EACH  L2036 CPT/HCPCS KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, DOUBLE UPRIGHT, FREE KNEE, WITH OR WITHOUT FREE MOTION ANKLE, CUSTOM FABRICATED  L0820 CPT/HCPCS HALO PROCEDURE, CERVICAL HALO INCORPORATED INTO PLASTER BODY YES JACKET  A4375 CPT/HCPCS OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, PLASTIC, EACH YES	L7181	CPT/HCPCS		Yes
SWING, AND STANCE PHASE CONTROL  L2840 CPT/HCPCS ADDITION TO LOWER EXTREMITY ORTHOSIS, TIBIAL LENGTH SOCK, FRACTURE OR EQUAL, EACH  L2036 CPT/HCPCS KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, DOUBLE UPRIGHT, FREE KNEE, WITH OR WITHOUT FREE MOTION ANKLE, CUSTOM FABRICATED  L0820 CPT/HCPCS HALO PROCEDURE, CERVICAL HALO INCORPORATED INTO PLASTER BODY JACKET  A4375 CPT/HCPCS OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, PLASTIC, EACH Yes	L6450	CPT/HCPCS		Yes
L2840 CPT/HCPCS ADDITION TO LOWER EXTREMITY ORTHOSIS, TIBIAL LENGTH SOCK, FRACTURE OR EQUAL, EACH  L2036 CPT/HCPCS KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, DOUBLE UPRIGHT, FREE KNEE, WITH OR WITHOUT FREE MOTION ANKLE, CUSTOM FABRICATED  L0820 CPT/HCPCS HALO PROCEDURE, CERVICAL HALO INCORPORATED INTO PLASTER BODY JACKET  A4375 CPT/HCPCS OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, PLASTIC, EACH Yes	L5818	CPT/HCPCS	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, FRICTION	Yes
L2036 CPT/HCPCS KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, DOUBLE UPRIGHT, FREE KNEE, Yes WITH OR WITHOUT FREE MOTION ANKLE, CUSTOM FABRICATED  L0820 CPT/HCPCS HALO PROCEDURE, CERVICAL HALO INCORPORATED INTO PLASTER BODY JACKET  A4375 CPT/HCPCS OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, PLASTIC, EACH Yes	L2840	CPT/HCPCS	ADDITION TO LOWER EXTREMITY ORTHOSIS, TIBIAL LENGTH SOCK,	Yes
L0820 CPT/HCPCS HALO PROCEDURE, CERVICAL HALO INCORPORATED INTO PLASTER BODY Yes  JACKET  A4375 CPT/HCPCS OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, PLASTIC, EACH Yes	L2036	CPT/HCPCS	KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, DOUBLE UPRIGHT, FREE KNEE,	Yes
A4375 CPT/HCPCS OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, PLASTIC, EACH Yes	L0820	CPT/HCPCS	HALO PROCEDURE, CERVICAL HALO INCORPORATED INTO PLASTER BODY	Yes
18032 CPT/HCPCS NIPPLE PROSTHESIS PREFARRICATED RELISARIE ANIVTY DE FACH Vac	A4375	CPT/HCPCS		Yes
	L8032	CPT/HCPCS	NIPPLE PROSTHESIS, PREFABRICATED, REUSABLE, ANYTY PE, EACH	Yes

CPT/HCPCS	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID	Yes
	ANTERIOR AND POSTERIOR FRAME/PANEL(S), POSTERIOR EXTENDS FR	
CPT/HCPCS	FOOT, ARCH SUPPORT, NON-REMOVABLE ATTACHED TO SHOE, METATARSAL, EACH	Yes
CPT/HCPCS	UPPER EXTREMITY ADDITIONS, FLEXIBLE METAL HINGE, PAIR	Yes
CPT/HCPCS	ORTHOPEDIC FOOTWEAR, NON-STANDARD SIZE OR LENGTH	Yes
CPT/HCPCS	ORTHOPEDIC FOOTWEAR, CUSTOM MOLDED SHOE, REMOVABLE INNER	Yes
	MOLD, PROSTHETIC SHOE, EACH	
CPT/HCPCS	ELECTRIC HAND, SWITCH OR MYOELECTRIC CONTROLLED, ADULT	Yes
CPT/HCPCS	TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY OPENING, ANY	Yes
	MATERIAL, ANY SIZE, LINED OR UNLINED, PEDIATRIC	
CPT/HCPCS	IRRIGATION SUPPLIES, CONE/CATHETER	Yes
CPT/HCPCS		Yes
CPT/HCPCS	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, ADJUSTABLE MOTION KNEE JOINT, LERMAN TYPE	Yes
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
CPT/HCPCS	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSES, COVER FOR UPRIGHT, EACH	Yes
CPT/HCPCS	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE SUSPENSION LOCKING MECHANISM, EXCLUDES SOCKET INSERT	Yes
CPT/HCPCS	ADDITION TO LOWER EXTREMITY, REINFORCED SOLID STIRRUP (SCOTT-	Yes
CDT/ILIODOC	,	Vac
		Yes
	LONGITUDINAL, EACH	Yes
CPT/HCPCS	HAND RESTORATION (CASTS, SHADING AND MEASUREMENTS INCLUDED), PARTIAL HAND, WITH GLOVE, NO FINGERS REMAINING	Yes
CPT/HCPCS	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, CALIPER PLATE, EXISTING	Yes
CPT/HCPCS	ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, ACRYLIC SOCKET	Yes
CPT/HCPCS	UNLISTED PROCEDURE FOR SPINAL ORTHOSIS	Yes
CPT/HCPCS	ADDITION TO LOWER EXTREMITY, BELOW KNEE, TOTAL CONTACT	Yes
CPT/HCPCS	OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (ONE PIECE). EACH	Yes
CPT/HCPCS	OSTOMY POUCH, URINARY, WITHOUT FACEPLATE ATTACHED, RUBBER,	Yes
CPT/HCPCS		Yes
	WITH OR WITHOUT INTERFACE MATERIAL, PREFABRICATED ITEM THAT HAS	
ODT/ILIODOG		V
CP1/HCPCS	LOCK, ULTRA-LIGHT MATERIAL	Yes
CPT/HCPCS	OTHER SCOLIOSIS PROCEDURE, BODY JACKET MOLDED TO PATIENT MODEL	Yes
CPT/HCPCS	TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED	Yes
CPT/HCPCS	ADDITION TO LOWER EXTREMITY, KNEE DISARTICULATION, LEATHER	Yes
CPT/HCPCS	HIP ORTHOSIS, BILATERAL THIGH CUFFS WITH ADJUSTABLE	Yes
CPT/HCPCS	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, HIP JOINT, PELVIC	Yes
CPT/HCPCS	WRIST DISARTICULATION, MOLDED SOCKET WITH EXPANDABLE INTERFACE,	Yes
CPT/HCPCS	FLEXIBLE ELBOW HINGES, TRICEPS PAD  ADDITION TO LOWER EXTREMITY ORTHOSIS, PLATING CHROME OR NICKEL,	Yes
CPT/HCPCS	PER BAR  ABOVE KNEE, MOLDED SOCKET, SINGLE AXIS CONSTANT FRICTION KNEE,	Yes
	SHIN, SACH FOOT	
		Yes
CP1/HCPCS	ELECTRONIC ELBOW, MICROPROCESSOR SEQUENTIAL CONTROL OF ELBOW AND TERMINAL DEVICE	Yes
CPT/HCPCS	KNEE ORTHOSIS, SINGLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL AND ROTATION C+	Yes
	CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS	METATARSAL, EACH  CPT/HCPCS  OPPER EXTREMITY ADDITIONS, FLEXIBLE METAL HINGE, PAIR  CPT/HCPCS  ORTHOPEDIC FOOTWEAR, CUSTOM MOLDED SHOE, REMOVABLE INNER  MOLD, PROSTRETIC. SHOE, EACH  CPT/HCPCS  ELECTRIC HAND, SWITCH OR MYOELECTRIC CONTROLLED, ADULT  CPT/HCPCS  ELECTRIC HAND, SWITCH OR MYOELECTRIC CONTROLLED, ADULT  CPT/HCPCS  ELECTRIC HAND, SWITCH OR MYOELECTRIC CONTROLLED, ADULT  CPT/HCPCS  IRRIGATION SUPPLIES, CONE/CATHETER  CPT/HCPCS  IRRIGATION SUPPLIES, CONE/CATHETER  CPT/HCPCS  PREPARATORY, WRIST DISARTICULATION OR BELOW ELBOW, SINGLE WALL  SOCKET, FRICTION WRIST, FLEXIBLE ELBOW HINGES, FIG  CPT/HCPCS  ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, ADJUSTABLE  MOTION KNEE GIOIT, LERMAN TYPE  CPT/HCPCS  STATIC OR DYNAMIC ANKLE POOT ORTHOSIS, INCLUDING SOFT INTERFACE  MATERIAL, ADJUSTABLE FOR FIT, FOR POSITIONING, MAY BE USED FOR  MINIMAL AMBULATION, PPH  CPT/HCPCS  ADDITION TO CTLSO OR SCOLLOSIS ORTHOSES, COVER FOR UPRIGHT, EACH  CPT/HCPCS  ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE  SUSPENSION LOCKING MECHANISM, EXCLUDES SOCKET INSERT  CPT/HCPCS  ADDITION TO LOWER EXTREMITY, REINFORCED SOLID STIRRUP (SCOTT-  CRAIG TYPE)  CPT/HCPCS  FOOT, ARCH SUPPORT, NON-REMOVABLE ATTACHED TO SHOE,  LONGITUDINAL, EACH  CPT/HCPCS  FOOT, ARCH SUPPORT, NON-REMOVABLE ATTACHED TO SHOE,  LONGITUDINAL, EACH  CPT/HCPCS  HAND RESTORATION (CASTS, SHADING AND MEASUREMENTS INCLUDED),  PARTIAL HAND, WITH GLOVE, NO FINGERS REMAINING  CPT/HCPCS  ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION,  ACRYLIC SOCKET  CPT/HCPCS  ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION,  ACRYLIC SOCKET  CPT/HCPCS  ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION,  ACRYLIC SOCKET  CPT/HCPCS  ORTHOTOPICAL CUSSES, WITH BARRIER ATTACHED, WITH BUILT-IN  CONVEXITY (ONE PICE), EACH  CPT/HCPCS  ADDITION TO LOWER EXTREMITY ABOVE KNEE OR THE ATTACHED, RUBBER,  EACH  CPT/HCPCS  TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY CLOSING, ANY  MATERIAL, ANY SIZE, LUNED OR UNLINED  CPT/HCPCS  TERMINAL DEVICE, HOOK, MEC

A4390	CPT/HCPCS	OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED,	Yes
		WITH BUILT-IN CONVEXITY, EACH	
L1850	CPT/HCPCS	KNEE ORTHOSIS, SWEDISH TYPE, PREFABRICATED, OFF-THE-SHELF	Yes
L6900	CPT/HCPCS	HAND RESTORATION (CASTS, SHADING AND MEASUREMENTS INCLUDED),	Yes
		PARTIAL HAND, WITH GLOVE, THUMB OR ONE FINGER REMAINING	
L4386	CPT/HCPCS	WALKING BOOT, NON-PNEUMATIC, WITH OR WITHOUT JOINTS, WITH OR	Yes
		WITHOUT INTERFACE MATERIAL, PREFABRICATED ITEM THAT HAS BEEN	
		TRIMMED, BENT, MOLDED, ASSE+	
L9900	CPT/HCPCS	ORTHOTIC AND PROSTHETIC SUPPLY, ACCESSORY, AND/OR SERVICE	Yes
	227//2222	COMPONENT OF ANOTHER HCPCS "L" CODE	l
L5270	CPT/HCPCS	HIP DISARTICULATION, TILT TABLE TYPE; MOLDED SOCKET, LOCKINGHIP	Yes
15070	007/110000	JOINT, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN,	ly.
L5978	CPT/HCPCS	ALL LOWER EXTREMITY PROSTHESES, FOOT, MULTIAXIAL ANKLE/FOOT	Yes
1.000.4	ODT/ILIODOS	(GREISSINGER OR EQUAL)	Va.
L2034	CPT/HCPCS	KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, SINGLE UPRIGHT, WITH OR	Yes
		WITHOUT FREE MOTION KNEE, MEDIAL LATERAL ROTATION CONTR	
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	Yes
L0490	GF1/HGFG3	OVERLAPPING REINFORCED ANTERIOR WITH MULTIPLE STRAPS	165
		OVERLAFFING REINFORGED AINTERIOR WITH MOLTIFLE STRAFS	
L6660	CPT/HCPCS	UPPER EXTREMITY ADDITION, HEAVY DUTY CONTROL CABLE	Yes
L0458	CPT/HCPCS	TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM TWO	Yes
L0430	01 1/1101 03	RIGID PLASTIC SHELLS POSTERIOR EXTENDS FROM THE SACROCOC	
		MODE LASTIC STILLES FOSTERIOR EXTENDS FROM THE SACROCOC	
L5210	CPT/HCPCS	ABOVE KNEE, SHORT PROSTHESIS, NO KNEE JOINT ("STUBBIES"), WITH FOOT	Yes
L0210	01 1/1101 00	BLOCKS, NO ANKLE JOINTS, EACH	
L8607	CPT/HCPCS	INJECTABLE BULKING AGENT FOR VOCAL CORD MEDIALIZATION, 0.1 ML,	Yes
10007	01 1/1101 00	INCLUDES SHIPPING AND NECESSARY SUPPLIES	
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,	Yes
		HUMERAL SECTION, INTERNAL LOCKING ELBOW, FOREARM	
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	
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	Yes
		PHASE CONTROL	
L2050	CPT/HCPCS	HIP-KNEE-ANKLE-FOOT ORTHOSES, TORSION CONTROL, BILATERAL TORSION	Yes
		CABLES, HIP JOINT, PELVIC BAND/BELT, CUSTOM FABRICATION	
L1840	CPT/HCPCS	KO, DEROTATION, MEDIAL-LATERAL, ANTERIOR CRUCIATE LIGAMENT,	Yes
		CUSTOM FABRICATED	
L2360	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, EXTENDED STEEL SHANK	Yes
L6883	CPT/HCPCS	REPLACEMENT SOCKET, BELOW ELBOW/WRIST DISARTICULATION, MOLDED	Yes
		TO PATIENT MODEL, FOR USE WITH OR WITHOUT EXTERNAL POWER	
L1700	CPT/HCPCS	LEGG PERTHES ORTHOSIS, TORONTO TYPE, CUSTOM FABRICATED	Yes
L5590	CPT/HCPCS	PREPARATORY, ABOVE KNEE - KNEE DISARTICULATION, ISCHIAL LEVEL	Yes
		SOCKET, "USMC" OR EQUAL PYLON NO COVER, SACH FOOT, LAMINA	
L3995	CPT/HCPCS	ADDITION TO UPPER EXTREMITY ORTHOSIS, SOCK, FRACTURE OR EQUAL,	Yes
		EACH	
L5670	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, BELOW KNEE, MOLDED SUPRACONDYLAR	Yes
		SUSPENSION (`PTS' OR SIMILAR)	
L0700	CPT/HCPCS	CERVICAL-THORACIC-LUMBAR-SACRAL-ORTHOSES (CTLSO), ANTERIOR-	Yes
		POSTERIOR-LATERAL CONTROL, MOLDED TO PATIENT MODEL, (MINERVA	
L3720	CPT/HCPCS	ELBOW ORTHOSIS (EO), DOUBLE UPRIGHT WITH FOREARM/ ARM CUFFS,	Yes
		FREE MOTION	
L7191	CPT/HCPCS	ELECTRONIC ELBOW, CHILD, VARIETY VILLAGE OR EQUAL,	Yes
		MYOELECTRONICALLY CONTROLLED	

L2128	CPT/HCPCS	KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST	Yes
A 4040	ODT// LODGO	ORTHOSIS, CUSTOMFABRICATED	V
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	Yes
		PIECE), EACH	
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	Yes
		SUPPORT, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9	
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

1949   Primitics   1901/001   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1909/101   1	L6715	CPT/HCPCS	TERMINAL DEVICE, MULTIPLE ARTICULATING DIGIT, INCLUDES MOTOR(S),	Yes
15455   CPTINERS   STEEL NOW ITATIVES, STANDARD   Vis.			INITIAL ISSUE OR REPLACEMENT	
15000   CPTH-CPCS   MEDIATE POST (SIRGED, CARAPYTHIN, AND PACE ATTO SET AT 1997)   Ves	L5647	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, BELOW KNEE SUCTION SOCKET	Yes
Incident	L3455	CPT/HCPCS	HEEL, NEW LEATHER, STANDARD	Yes
MODE   DRESSING RICLORNO FITTING ALIGNMENT AND S	L5000	CPT/HCPCS	PARTIAL FOOT, SHOE INSERT WITH LONGITUDINAL ARCH, TOE FILLER	Yes
MASSES   CHTAPPOCES   SECTION FOR SUBSTANCE AND SOCIETY OF SUBSTANCES   CHTAPPOCES   SECTION FOR SUBSTANCES   CHTAPPOCES   SECTION FOR SUBSTANCES   CHTAPPOCES   SECTION FOR SUBSTANCES   CHTAPPOCES	L6382	CPT/HCPCS	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL	Yes
			RIGID DRESSING INCLUDING FITTING ALIGNMENT AND S	
ACCESSION   CPT/HCPCS	A4321	CPT/HCPCS	THERAPEUTIC AGENT FOR URINARY CATHETER IRRIGATION	Yes
12210	L3500	CPT/HCPCS	MISCELLANEOUS SHOE ADDITION, INSOLE, LEATHER	Yes
MASSID, FACH-JOINT  MISSID, FACH-JOINT  MISSID, FACH-JOINT  MITH BUILT-IN CONVEXITY WITH FALICIT-TYPE TAP WITH VALVE, FACH  MITH BUILT-IN CONVEXITY WITH FALICIT-TYPE TAP WITH VALVE, FACH  MITH BUILT-IN CONVEXITY WITH FALICIT-TYPE TAP WITH VALVE, FACH  CPTHCPCS  ADDITION TO LOWER EXTREMENT, BELOW MEE, MOLDED DISTAL CUSHION  Ves  MITH FALICIT-TYPE TAP WITH VALVE, FACH  MITH FALICIT-TYPE TAP WITH VALVE, FACH  MITH FALICIT-TYPE TAP WITH VALVE, PE  ADDITION, ENDOSSELETAL RIVE SHIN SYSTEM, SINCLE AXIS, PHEUMATIC  TOS  SYNKS.  CPTHCPCS  ARLLARY CRUTCH EXTERNING  SYNKS.  CPTHCPCS  ADDITION TO LOWER EXTREMENTY HOUSE LAXIS, PHEUMATIC  NOW ELLINO SHINCH SHINCH SHIN SYSTEM, SINCLE AXIS, PHEUMATIC  WITH FALICITY SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH	A4395	CPT/HCPCS	OSTOMY DEODORANT FOR USE IN OSTOMY POUCH, SOLID, PER TABLET	Yes
MASSID, FACH-JOINT  MISSID, FACH-JOINT  MISSID, FACH-JOINT  MITH BUILT-IN CONVEXITY WITH FALICIT-TYPE TAP WITH VALVE, FACH  MITH BUILT-IN CONVEXITY WITH FALICIT-TYPE TAP WITH VALVE, FACH  MITH BUILT-IN CONVEXITY WITH FALICIT-TYPE TAP WITH VALVE, FACH  CPTHCPCS  ADDITION TO LOWER EXTREMENT, BELOW MEE, MOLDED DISTAL CUSHION  Ves  MITH FALICIT-TYPE TAP WITH VALVE, FACH  MITH FALICIT-TYPE TAP WITH VALVE, FACH  MITH FALICIT-TYPE TAP WITH VALVE, PE  ADDITION, ENDOSSELETAL RIVE SHIN SYSTEM, SINCLE AXIS, PHEUMATIC  TOS  SYNKS.  CPTHCPCS  ARLLARY CRUTCH EXTERNING  SYNKS.  CPTHCPCS  ADDITION TO LOWER EXTREMENTY HOUSE LAXIS, PHEUMATIC  NOW ELLINO SHINCH SHINCH SHIN SYSTEM, SINCLE AXIS, PHEUMATIC  WITH FALICITY SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH SHINCH				
A4430 CPTHCPCS OSTOMY POLICH, LINNARY, WITH EXTENDED WEAR BARRIER ATTACHED. WITH BUILT IN COMMENT WITH FAUCET-TYPE TAP WITH WAILE, EACH  WITH BUILT IN COMMENT WITH AUGUST TOPE TAP WITH WAILE, EACH  CPTHCPCS ADDITION TO LOWER EXTREMITY, BULLOW KNEE, MOLDED DISTAL CUSHION  YES  A4434 CPTHCPCS OSTOMY POLICH, LINNARY, TOR LIST ON BARRIER WITH LOCKING FLANGE, WITH FAUCET-TYPE TAP WITH VAILE, 2 DE ALCH  WITH FAUCET-TYPE TAP WITH VAILE, 2 DE ALCH  SINNO, ENCOUNTED CHARLES ON THE WITH CORNING FLANGE, WITH FAUCET-TYPE TAP WITH VAILE, 2 DE ALCH  SINNO, ENCOUNTED CHARLES ON THE WITH CORNING FLANGE, SINNO, ENCOUNTED CHARLES ON THE WITH CORNING  CPTHCPCS ADLIBOR ENDOSELETAL KNEES SHIN SYSTEM, SINGLE ANS, PNEUMATIC SINNO, ENCOUNTED CHARLES ON THE WITH CORNING  (TEFLO), SULCONE, SULCONE ELASTOWERS ON HOT DORPHIL  LEAGUE  CPTHCPCS ADDITION TO UPPER EXTREMITY PROSTITISES, BELOW ELROWWRIST DEBARRICATION, UNITABLICHT MATERIAL, FITANIUM, CABBON FIBER OR  CPTHCPCS BELOW BROW, MOLDED SOCKET, FLEXIBLE FLEXOW HINGE, TRICFER PAD  VES  CPTHCPCS ADDITION TO LOWER EXTREMITY VAILUS CORRECTION, PLASTIC MODIFICATION, PROSEDUINDS  CONTINUENT (EMPORATE ENTREMITY PROSTITISES SELOW ELROWWRIST  CONTINUENT (EMPORATE ENTREMITY PROSTITISES)  CPTHCPCS ADDITION TO LOWER EXTREMITY PROSTITISES CHARLES  CONTINUENT (EMPORATE ENTREMITY PROSTITISES CHARLES)  CONTINUENT (EMPORATE ENTREMITY PROSTITISES CHARLES)  CONTINUENT (EMPORATION ADDITION TO LOWER EXTREMITY PROSTITISES CHARLES  CPTHCPCS ADDITION TO LOWER EXTREMITY PROSTITISES CHARLES  CONTINUENT (EMPORATION ADDITION OF THE PROSTITISES CHARLES  CONTINUENT (EMPORATION ADDITION OF THE PROSTITISES CHARLES  CONTINUENT (EMPORATION ADDITION OF THE PROSTITISES CHARLES  CONTINUENT (EMPORATION ADDITION OF THE PROSTITISES CHARLES  CONTINUENT (EMPORATION ADDITION OF THE PROSTITISES CHARLES CHARLES  CPTHCPCS CHARLES  CPTHCPCS CHARLES  CPTHCPCS CH	L2210	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, DORSIFLEXION ASSIST (PLANTAR FLEXION	Yes
USESS CPTINCPCS ADDITION TO LOWER EXTREMITY, BELOWKNEE, MOLDED DISTAL CUSHION Yes  A4434 CPTINCPCS ADDITION TO LOWER EXTREMITY, BELOWKNEE, MOLDED DISTAL CUSHION Yes  WITH BUILD THE PROPERTY OF THE WITH MAUNE, 2 PC LACH WITH FAULET TYPE TAP WITH MAUNE, 2 PC LACH WITH FAULET TYPE TAP WITH MAUNE, 2 PC LACH WITH FAULET TYPE TAP WITH MAUNE, 2 PC LACH WITH FAULET TYPE TAP WITH MAUNE, 2 PC LACH WITH FAULET TYPE TAP WITH MAUNE, 2 PC LACH WITH FAULET TYPE, TO BE ADDITION, 1 PC LACH WITH FAULET TYPE TAP WITH MAUNE, 2 PC LACH WITH FAULET TYPE, 1 PC LACH WITH FAULET TYPE, 1 PC LACH WITH FAULET TYPE, 1 PC LACH WITH MAUNT AND THE MAUNE THE MAUNE THE MAUNT AND THE MAUNT AND THE MAUNT AND THE MAUNT AND THE MAUNT AND THE MAUNT AND THE MAUNT AND THE MAUNT AND THE MAUNT AND THE MAUNT AND THE MAUNT AND THE MAUNT AND THE MAUNT AND THE MAUNT AND THE MAUNT AND THE MAUNT AND THE MAUNT AND THE MAUNT AND THE MAUNT AND THE MAUNT AND THE MAUNT AND THE MAUNT AND THE MAUNT AND THE MAUNT AND THE MAUNT AND THE MAUNT AND THE MAUNT AND THE MAUNT AND THE MAUNT AND THE MAUNT AND THE MAUNT AND THE MAUNT AND THE MAUNT AND THE MAUNT AND THE MAUNT AND THE MAUNT AND THE MAUNT AND THE MAUNT AND THE MAUNT AND THE MAUNT AND THE MAUNT AND THE MAUNT AND THE MAUNT AND THE MAUNT AND THE MAUNT AND THE MAUNT AND THE MAUNT AND THE MAUNT AND THE MAUNT AND THE MAUNT AND THE MAUNT AND THE MAUNT AND THE MAUNT AND THE MAUNT AND THE MAUNT AND THE MAUNT AND THE MAUNT AND THE MAUNT AND THE MAUNT AND THE MAUNT AND THE MAUNT AND THE MAUNT AND THE MAUNT AND THE MAUNT AND THE MAUNT AND THE MAUNT AND THE MAUNT AND THE MAUNT AND THE MAUNT AND THE MAUNT AND THE MAUNT AND THE MAUNT AND THE MAUNT AND THE MAUNT AND THE MAUNT AND THE MAUNT AND THE MAUNT AND THE MAUNT AND THE MAUNT AND THE MAUNT AND THE MAUNT AND THE MAUNT AND THE MAUNT AND THE MAUNT AND THE MAUNT AND THE MAUNT AND THE MAUNT AND THE MAUNT AND THE MAUNT AND THE MAUNT AND THE MAUNT AND THE MAUNT AND THE MAUNT AND THE MAUNT AND THE MAUNT AND THE MAUNT AND THE MAUNT AND THE MAUNT AND THE MAUNT AND THE MAUNT AND THE MA			RESIST), EACH JOINT	
DOTTION TO LOWER EXTREMITY, BELOWKINEE, MOLDED DISTAL CUSHION   Yes	A4430	CPT/HCPCS	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED,	Yes
ACTIVICIOS   STOMP POUCH, URINARY: FOR USE ON BARRIER WITH LOCKING PLANGE, Yes			WITH BUILT-IN CONVEXITY WITH FAUCET-TYPE TAP WITH VALVE, EACH	
ACTIVICIOS   STOMP POUCH, URINARY: FOR USE ON BARRIER WITH LOCKING PLANGE, Yes				
WITH PAUCET-TYPE TAP WITH VALVE, 2 PC EACH	L5668	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, BELOW KNEE, MOLDED DISTAL CUSHION	Yes
WITH PAUCET-TYPE TAP WITH VALVE, 2 PC EACH				
LB078   CPTHCPCS	A4434	CPT/HCPCS		Yes
LISSEZ CPT/HCPCS SONG, PRICEION STANCE PHASE CONTROL  A4338 CPT/HCPCS INDIVIDUAL PRICEION STANCE PHASE CONTROL  A4338 CPT/HCPCS INDIVIDUAL PRICEION STANCE PHASE CONTROL  A4338 CPT/HCPCS ADDITION TO UPPER EXTREMITY PROSTRESS, BELOW ELBOW/WRIST DISARTICULATION, ULTRALIGHT MARRIAL (ITTANIUM, CARBON FIBER OR EQUAL)  BISTORY CPT/HCPCS BELOW ELBOW, MOLDED SOCKET, FLEXIBLE ELBOW HINSE, TRICEPS PAD YES  LISSEZ CPT/HCPCS BELOW ELBOW, MOLDED SOCKET, FLEXIBLE ELBOW HINSE, TRICEPS PAD YES  LISSEZ CPT/HCPCS ADDITION TO LOWER EXTREMITY, ARABINALIGUAL CORBECTION, PLASTIC YES  MODIFICATION, PADDEDULINED  LISSEZ CPT/HCPCS ADDITION TO LOWER EXTREMITY ARABINALIGUAL CORBECTION, PLASTIC YES  MODIFICATION, PADDEDULINED  LISSEZ CPT/HCPCS ADDITION TO LOWER EXTREMITY ARABINALIGUAL CORBECTION, PLASTIC YES  LISSEZ CPT/HCPCS ADDITION TO LOWER EXTREMITY ARABINALIGUAL CORBECTION, PLASTIC YES  LISSEZ CPT/HCPCS ADDITION TO LOWER EXTREMITY ARABINALISM MULGUS CORBECTION, PLASTIC YES  LISSEZ CPT/HCPCS ADDITION TO LOWER EXTREMITY ARABINALISM MULGUS CORBECTION, PLASTIC YES  LISSEZ CPT/HCPCS ADDITION TO LOWER EXTREMITY ARABINAL SUPPORT, EACH YES  LISSEZ CPT/HCPCS ADDITION TO LOWER EXTREMITY ARABINAL SUPPORT, EACH YES  LISSEZ CPT/HCPCS ADDITION TO LOWER EXTREMITY ARABINAL SUPPORT, EACH YES  CUSHION  LISSEZ CPT/HCPCS ADDITION TO LOWER EXTREMITY ARABINAL SUPPORT ELBOW, STORY HER SUPPORT AND ARABINAL SUPPORT ARABINAL SUPPORT ARABINAL SUPPORT ARABINAL SUPPORT ARABINAL SUPPORT ARABINAL SUPPORT ARABINAL SUPPORT ARABINAL SUPPORT ARABINAL SUPPORT ARABINAL SUPPORT ARABINAL SUPPORT ARABINAL SUPPORT ARABINAL SUPPORT ARABINAL SUPPORT ARABINAL SUPPORT ARABINAL SUPPORT ARABINAL SUPPORT ARABINAL SUPPORT ARABINAL SUPPORT ARABINAL SUPPORT ARABINAL SUPPORT ARABINAL SUPPORT ARABINAL SUPPORT ARABINAL SUPPORT ARABINAL SUPPORT ARABINAL SUPPORT ARABINAL SUPPORT ARABINAL SUPPORT ARABINAL SUPPORT ARABINAL SUPPORT ARABINAL SUPPORT ARABINAL SUPPORT ARABINAL SUPPORT ARABINAL SUPPORT ARABINAL SUPPORT ARABINAL SUPPORT ARABINAL SUPPORT ARABINAL SUPPORT ARABINAL SUPPORT ARABINAL S				
SWING, FRICTION STANCE PHASE CONTROL  A4338 OPT/HCPCS INDEVILING CATHERER FOLEY TYPE, INVOJVAVI LATEX WITH COATING TECHN. SILICONE, SILICONE, SILICONE, SILICONE, SILICONE, OF HYDROPHIL  7,400 OPT/HCPCS INDEVILING CATHERITY PROSTRESS, BELDW ELBOW/WRIST YES  DISARTICULATION, LUTRAGIGHT MATERIAL (THANIUM, CARBON FIBERS OR EQUAL)  16100 OPT/HCPCS BELOW, MUDDED SOCKET, FLEXIBLE ELBOW HINGE, TRICEPS PAD YES  12276 OPT/HCPCS BELOW, MUDDED SOCKET, FLEXIBLE ELBOW HINGE, TRICEPS PAD YES  122776 OPT/HCPCS ADDITION TO LOWER EXTREMITY-WARLS/VULGUS CORRECTION, PLASTIC YES  MODIFICATION, PADDEDALINED  12302 OPT/HCPCS FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL  123032 OPT/HCPCS CONSTITUTION AND PROSTRESS OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF				
A4338 OPT/HOPCS INDWELLING CATHETER, FOLEY TYPE, TWO-WAY LATEXWITH COATING (TERLON, SILICONE, SI	L5822	CPT/HCPCS		Yes
TEFLON, SILCONE, SILCONE ELASTOMER, OR HYDROPHIL   C771HCPCS   ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/WRIST				
L7400 CPT/HCPCS ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/WINST DISARTICULATION, ULTRALIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)  (B100 CPT/HCPCS BELOW ELBOW, MOLDED SOCKET, FLEXIBLE ELBOW HINGE, TRICEPS PAD Ves CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL O	A4338	CPT/HCPCS		Yes
DISARTICULATION, ULTRALIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)  LEGIOO CPTH-CPCS BELOW ELBOW, MOLDED SOCKET, FLEXIBLE ELBOW HINGE, TRICEPS PAD YES  LEZ776 CPTH-CPCS ADDITION TO LOWER EXTREMITY, VARUS/VULGUS CORRECTION, PLASTIC YES  MODIFICATION, PADDED/JUNED  LS392 CPTH-CPCS FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, YES  LONGITUDINAL/METATARISAL SUPPORT, EACH  LS892 CPTH-CPCS UPPER EXTREMITY FRACTURE ORTHOSIS, RADIUS/JULNARS YES  LS892 CPTH-CPCS ADDITION TO LOWER EXTREMITY, ABOVE KNEE, AIR, FLUID, GELOR EQUAL, YES  USED WITHOUT OSSE OINTEGRATION, BODY WORN, INCLUDES  LS846 CPTH-CPCS MOSICIANEOUS SHOE ADDITION, CONVERT FIRM SHOE COUNTER TO SOFT YES  COUNTIER  LS256 CPTH-CPCS MOSICIANEOUS SHOE ADDITION, CONVERT FIRM SHOE COUNTER TO SOFT YES  CONTAINMENT/NARROW M-L BRIM, CUSTOM FITTED  CPTH-CPCS ADDITION TO LOWER EXTREMITY, THIGH/AWEIGHT BEARING, ISCHIAL  CPTH-CPCS ADDITION TO LOWER EXTREMITY PROSTHESIS YES  CONTAINMENT/NARROW M-L BRIM, CUSTOM FITTED  ADJUSTABLE TORSION STYLE MECHANISM FOR CUSTOM FABRICATED O  LS391 CPTH-CPCS ADDITION TO UPPER EXTREMITY PROSTHESIS YES  CPTH-CPCS ADDITION TO UPPER EXTREMITY PROSTHESIS YES  LS350 CPTH-CPCS ADDITION TO UPPER EXTREMITY FOR SHEED YES  LS351 CPTH-CPCS ADDITION TO UPPER EXTREMITY PROSTHESIS YES  LS353 CPTH-CPCS ADDITION TO UPPER EXTREMITY MICLUDE SOFT INTERFACE, STRAPS, PREFABRICATE, OF FITHE THE ADDITION, SOLE, HALF  LS353 CPTH-CPCS ADDITION TO UPPER EXTREMITY PROSTHESIS YES  LS350 CPTH-CPCS ADDITION TO UPPER EXTREMITY PROSTHESIS OFT INTERFACE, STRAPS, PREFABRICATE, OF FITHE SHEED YES  LS350 CPTH-CPCS ADDITION TO UPPER EXTREMITY PROSTHESIS OFT INTERFACE, STRAPS, PREFABRICATE, OF FITHE SHEED YES  LS350 CPTH-CPCS ADDITION TO UPPER EXTREMITY PROSTHESIS OFT INTERFACE, STRAPS, PREFABRICATE, OF FITHE SHEED YES  LS350 CPTH-CPCS ADDITION TO UPPER EXTREMITY PROSTHESIS OFT INTERFACE, STRAPS, PREFABRICATE, OFF THE SHEED YES PROSTHESIS OFT INTERFACE, STRAPS, PREFABRICATE, OFF THE SHEED YES PROSTHESIS OFT INTERFACE, STRAPS, PREFABRICATE, OFF THE SHEED YES PROSTHESIS				
EQUAL)   EQUAL)	L7400	CPT/HCPCS	· ·	Yes
L6100 CPT/HCPCS BELOW ELBOW, MOLDED SOCKET, FLEXIBLE ELBOW HINGE, TRICEPS PAD Ves  12275 CPT/HCPCS ADDITION TO LOWER EXTREMITY; VARUS/VULGUS CORRECTION, PLASTIC Ves  MODIFICATION, PADDED/LINED  13902 CPT/HCPCS COTO, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, LONGITUDINAL/METATARSAL SUPPORT, EACH  13982 CPT/HCPCS UPPER EXTREMITY PRACTURE ORTHOSIS, RADIUS/ ULNAR  18982 CPT/HCPCS UPPER EXTREMITY PRACTURE ORTHOSIS, RADIUS/ ULNAR  18982 CPT/HCPCS ADDITION TO LOWER EXTREMITY, ABOVE KNEE, AIR, FLUID, GEL OR EQUAL, Ves  15548 CPT/HCPCS ADDITION TO LOWER EXTREMITY, ABOVE KNEE, AIR, FLUID, GEL OR EQUAL, CUSHON  13590 CPT/HCPCS ADDITION TO LOWER EXTREMITY, ABOVE KNEE, AIR, FLUID, GEL OR EQUAL, CUSHON  13590 CPT/HCPCS ADDITION TO LOWER EXTREMITY, HIGH/MEIGHT BEARING, ISCHIAL CONTAINMENT/MARROW M.L. BRIM, CUSTOM FITTED  12526 CPT/HCPCS ADDITION TO LOWER EXTREMITY, HIGH/MEIGHT BEARING, ISCHIAL CONTAINMENT/MARROW M.L. BRIM, CUSTOM FITTED  12591 CPT/HCPCS ADDITION TO UPPER EXTREMITY PROSTHESIS  12592 CPT/HCPCS ADDITION TO UPPER EXTREMITY PROSTHESIS  12593 CPT/HCPCS ADDITION TO UPPER EXTREMITY FOR CUSTOM FABRICATED O  12594 CPT/HCPCS WIST HAND ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), ELASTIC BANDS, TURNEST OR ELBOW, CONCENTRIC ADJUSTABLE TORSION STYLE MECHANISM FOR CUSTOM FABRICATED O  12595 CPT/HCPCS WIST HAND ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), ELASTIC BANDS, TURNEST OR ELBOW, SINGLE DESOY, INTERFACE, STRAPS, PREFABBRICATED, OFF-THE-CONTROLLED  12596 CPT/HCPCS MISCELLANEOUS SHOE ADDITION, SOLE, HALF  12597 CPT/HCPCS ELECTRONIC ELBOW, ADOLESCENT, VARIETY VILLAGE OR EQUAL, SWITCH CONTROLLED  126987 CPT/HCPCS ELECTRONIC ELBOW, ADOLESCENT, VARIETY VILLAGE OR EQUAL, SWITCH CONTROLLED  126980 CPT/HCPCS ELECTRONIC ELBOW, BARRITCULATION OR ABOVE ELBOW, SINGLE WALL SOCKET. FIRCTION WISST, LOCKING ELBOW, FIGURE OF E  126990 CPT/HCPCS BUDDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW, SINGLE WALL SOCKET. FIRCTION WISST, LOCKING ELBOW, SINGLE FALK NEE-SHIN SYSTEM, POWERED/PROGRAMMABLE FLEXION/EXTENSION ASSI			·	
L2275 CPT/HCPCS ADDITION TO LOWER EXTREMITY: VARIUS/VULGUS CORRECTION, PLASTIC Yes MODIFICATION, PADDED/LINED CONTINUENDAL/METATARSAL SUPPORT, EACH Yes L3982 CPT/HCPCS UPPER EXTREMITY FRACTURE ORTHOSIS, RADIUS/ ULNAR Yes USES WITHOUT OSSECINITEGRATED DEVICE, EXTERNAL SOUND PROCESSOR, USES WITHOUT OSSECINITEGRATED DEVICE, EXTERNAL SOUND PROCESSOR, USES WITHOUT OSSECINITEGRATED DEVICE, EXTERNAL SOUND PROCESSOR, USES WITHOUT OSSECINITEGRATED DEVICE, EXTERNAL SOUND PROCESSOR, USES WITHOUT OSSECINITEGRATED DEVICE, EXTERNAL SOUND PROCESSOR, USES WITHOUT OSSECINITEGRATED DEVICE, EXTERNAL SOUND PROCESSOR, USES WITHOUT OSSECINITEGRATION, BODY WORN, INCLUDES  L5848 CPT/HCPCS ADDITION TO LOWER EXTREMITY, ABOVE KNEE, AIR, FLUID, GEL OR EQUAL, Ves COUNTER  CUSHION COUNTER  L2526 CPT/HCPCS MISCELLANEOUS SHOE ADDITION, CONVERT FIRM SHOE COUNTER TO SOFT YES COUNTER  L2526 CPT/HCPCS ADDITION TO LOWER EXTREMITY, THIGHWEIGHT BEARING, ISCHIAL YES CONTAINMENT/NARROW HAIR BIRM, CUSTOM FITTED  L7499 CPT/HCPCS ADDITION TO LOWER EXTREMITY PROSTHESIS YES CONTAINMENT/NARROW HAIR BIRM, CUSTOM FITTED  L3530 CPT/HCPCS ADDITION TO UPPER EXTREMITY FOR ELBOW, CONCENTRIC ADJUSTABLE TORSION STYLE MECHANISM FOR CUSTOM FABRICATED OF SHORE ADDITION TO UPPER EXTREMITY PROSTHESIS YES CONTAINMENT AND ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINTIS), YES ELASTIC BANDS, TURNBUCKLES, MAY INCLUDES ONE OR MORE NONTORSION JOINTIS), PEFABRICATED, OFF-THE-  L3530 CPT/HCPCS MISCELLANEOUS SHOE ADDITION, SOLE, HALF YES CONTROLLED ORTHOSIS ONE ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, CUSTOM FABRICATED SOCKET INSERT FOR OTHER THAN CONCEN YES CONTROLLED SOCKET INSERT FOR OTHER THAN CONCEN	10100	007//10000		 
MODIFICATION, PADDED/LINED  FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, LONGRIUDINAL/METATARSAL SUPPORT, EACH  JAMES CPTI-HCPCS UPPER EXTREMITY FRACTIUS ORTHOSIS, RADIUS/JULNAR Yes  L8692 CPTI-HCPCS ADDITION TO LOWER EXTREMITY, ABOVE KNEE, AIR, FLUID, GEL OR EQUAL, CUSHION  LOSSION MISCELLANEOUS SHOE ADDITION, CONVERT FIRM SHOE COUNTER TO SOFT  Ves  CPTI-HCPCS ADDITION TO LOWER EXTREMITY, ABOVE KNEE, AIR, FLUID, GEL OR EQUAL, CUSHION  L8590 CPTI-HCPCS ADDITION TO LOWER EXTREMITY, THIGH-WEIGHT BEARING, ISCHIAL CUSHION  CONTINE MISCELLANEOUS SHOE ADDITION, CONVERT FIRM SHOE COUNTER TO SOFT  Ves  CONTINEMENTARBOW H-L BRINA, CUSTOM FITTED  L7499 CPTI-HCPCS ADDITION TO UPPER EXTREMITY, THIGH-WEIGHT BEARING, ISCHIAL CONTINEMENTARBOW H-L BRINA, CUSTOM FITTED  CPTI-HCPCS ADDITION TO UPPER EXTREMITY JOINT, WRIST OR ELBOW, CONCENTRIC ADJUSTABLE TORSION STYLE MECHANISM FOR CUSTOM FARRICATED O  L3916 CPTI-HCPCS WIRST HAND ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), FLASTIC BANDS, TURNBUCKLES, MAY INCLUDES OFT INTERFACE, STRAPS, PREFABRICATED, OFF-THE+ L3530 CPTI-HCPCS ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, CUSTOM FABRICATED SOCKET INSERT FOR OTHER THAN CONGEN  L7185 CPTI-HCPCS ELECTRONIC ELBOW, ADOLESCENT, VARIETY VILLAGE OR EQUAL, SWITCH CONTROLLED  L6696 CPTI-HCPCS ELECTRONIC ELBOW, ADOLESCENT, VARIETY VILLAGE OR EQUAL, SWITCH CONTROLLED  L6796 CPTI-HCPCS UPPER EXTREMITY ADDITION, SHOULDER SUPPOSTHESIS, BELOW ELBOW, SINGLE WALL SOCKET, FRICTION WRIST, LOCKING ELBOW, FIGURE OF E  L6650 CPTI-HCPCS UPPER EXTREMITY ADDITION, SHOULDER UNIVERSAL JOINT, EACH YES  CPTI-HCPCS UPPER EXTREMITY ADDITION, SHOULDER UNIVERSAL JOINT, EACH YES  CPTI-HCPCS UPPER EXTREMITY ADDITION, SHOULDER SUND SERVER ELBOW DISARTICULATION OR ABOVE ELBOW, FIGURE OF E  L6650 CPTI-HCPCS UPPER EXTREMITY ADDITION, SHOULDER SUND SERVER ELBOW DISARTICULATION OR ABOVE ELBOW, FIGURE OF E  L6650 CPTI-HCPCS UPPER EXTREMITY ADDITION, SHOULDER SUND SERVER ELBOW DISARTICULATION OR  Ves	L6100	CP1/HCPCS	BELOW ELBOW, MOLDED SOCKET, FLEXIBLE ELBOW HINGE, TRICEPS PAD	Yes
MODIFICATION, PADDED/LINED  FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, LONGRIUDINAL/METATARSAL SUPPORT, EACH  JAMES CPTHCPCS UPPER EXTREMITY FRACTIUS ORTHOSIS, RADIUS/JULNAR Yes  L8692 CPTHCPCS UPPER EXTREMITY FRACTIUS ORTHOSIS, RADIUS/JULNAR Yes  L8692 CPTHCPCS ADDITION TO LOWER EXTREMITY, ABOVE KNEE, AIR, FLUID, GEL OR EQUAL, CUSHION  LOUNTER  L8590 CPTHCPCS ADDITION TO LOWER EXTREMITY, ABOVE KNEE, AIR, FLUID, GEL OR EQUAL, CUSHION  MISCELLANEOUS SHOE ADDITION, CONVERT FIRM SHOE COUNTER TO SOFT  Yes  CPTHCPCS ADDITION TO LOWER EXTREMITY, THIGH-WEIGHT BEARING, ISCHIAL COUNTER  L7499 CPTHCPCS ADDITION TO LOWER EXTREMITY, THIGH-WEIGHT BEARING, ISCHIAL CONTAINMENT/MARROW H-L BRINA, CUSTOM FITTED  L7499 CPTHCPCS ADDITION TO UPPER EXTREMITY JOINT, WRIST OR ELBOW, CONCENTRIC ADJUSTABLE TORSION STYLE MECHANISM FOR CUSTOM FARRICATED O  L8391 CPTHCPCS ADDITION TO UPPER EXTREMITY ONTO FARRICATED O  L8396 CPTHCPCS WRIST HAND ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), FLASTIC BANDS, TURNBUCKLES, MAY INCLUDES OFT INTERFACE, STRAPS, PREFABRICATED, OFF-THE+ L3530 CPTHCPCS ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW, ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, CUSTOM FABRICATED SOCKET INSERT FOR OTHER THAN CONGEN  L7185 CPTHCPCS ELECTRONICE LEDOW, ADOLESCENT, VARIETY VILLAGE OR EQUAL, SWITCH CONTROLLED  L8766 CPTHCPCS ELECTRONICE LEDOW, ADOLESCENT, VARIETY VILLAGE OR EQUAL, SWITCH CONTROLLED  L8766 CPTHCPCS UPPER EXTREMITY ADDITION, SHOULDER UNIVERSAL JOINT, EACH YES  L6850 CPTHCPCS UPPER EXTREMITY ADDITION, SHOULDER UNIVERSAL JOINT, EACH YES  CPTHCPCS UPPER EXTREMITY ADDITION, SHOULDER UNIVERSAL JOINT, EACH YES  CPTHCPCS UPPER EXTREMITY ADDITION, SHOULDER SUND SERVELETAL KNEE-SHIN SYSTEM, POWERED/PROGRAMMABLE FLEXION/EXTENSION ASSIST CONTR	10075	ODT/LIODOS	ADDITION TO LOWER SYTREMITY/MARILE AVAILABLE CORRECTION - DI ACTIO	V ₂ a
L3020 CPT/HCPCS FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, Ves LONGITUDINAL/METATARSAL. SUPPORT, EACH Yes LONGITUDINAL/METATARSAL. SUPPORT, EACH Yes UPPER EXTREMITY FRACTURE ORTHOSIS, RADIUS/ULNAR Yes USED WITHOUT OSSEOINTEGRATION, BODY WORN, INCLUDES Yes USED WITHOUT OSSEOINTEGRATION, BODY WORN, INCLUDES Yes USED WITHOUT OSSEOINTEGRATION, BODY WORN, INCLUDES Yes USED WITHOUT OSSEOINTEGRATION, BODY WORN, INCLUDES Yes USED WITHOUT OSSEOINTEGRATION, BODY WORN, INCLUDES Yes USED WITHOUT OSSEOINTEGRATION, BODY WORN, INCLUDES YES USED WITHOUT OSSEOINTEGRATION, BODY WORN, INCLUDES YES USED WITHOUT OSSEOINTEGRATION, BODY WORN, INCLUDES YES USED WITHOUT OSSEOINTEGRATION, BODY WORN, INCLUDES YES USED WITHOUT OSSEOINTEGRATION, CONVERT FIRM SHOE COUNTER TO SOFT YES COUNTER ON THE WITHOUT OSSEOINTEGRATION, CONVERT FIRM SHOE COUNTER TO SOFT YES COUNTER ON THE WITHOUT OSSEOINTEGRATION, CONVERT FIRM SHOE COUNTER TO SOFT YES COUNTER ON THE WITHOUT OSSEOINTEGRATION, CONVERT FIRM SHOE COUNTER TO SOFT YES COUNTER ON THE WITHOUT OSSEOINTEGRATION, CONTAINMENT/NARROW M-L BRIM, CUSTOM FIRM SHOE COUNTER TO SOFT YES COUNTER ON THE WITHOUT OSSEOINTEGRATION OF SORT WORS NOT SOME OR SORT WORS NOT SOME OR SORT SHORT WES ADDITION OF SORT WORS NOT SORT WES ADDITION OF SORT WORS NOT SORT WAS ADDITION OF SORT WORS NOT SORT WORS NOT SORT WORS NOT SORT WAS ADDITIONAL SORT WAS ADDITIONAL SORT WAS ADDITIONAL SORT WAS ADDITIONAL SORT WAS ADDITIONAL SORT WAS ADDITIONAL SORT WAS ADDITIONAL SORT WAS ADDITIONAL SORT WAS ADDITIONAL SORT WAS ADDITIONAL SORT WAS ADDITIONAL SORT WAS ADDITIONAL SORT WAS ADDITIONAL SORT WAS ADDITIONAL SORT WAS ADDITIONAL SORT WAS ADDITIONAL SORT WAS ADDITIONAL SORT WAS ADDITIONAL SORT WAS ADDITIONAL SORT WAS ADDITIONAL SORT WAS ADDITIONAL SORT WAS ADDITIONAL SORT WAS ADDITIONAL SORT WAS ADDITIONAL SORT WAS ADDITIONAL SORT WAS ADDITED WAS ADDITIONAL SORT WAS ADDITIONAL SORT WAS ADDITIONAL SORT WAS ADDITIONAL SORT WAS ADDITIONAL SORT WAS ADDITIONAL SORT WAS ADDITIONAL SORT WAS ADDITIONAL SORT WAS ADDITIONAL SORT WAS ADD	L22/5	CPI/HCPCS		res
LONGITUDINAL/METATARSAL SUPPORT, EACH  13982 CPT/HCPCS UPPEREXTREMITY PRACTURE ORTHOSIS, RADIUS/ ULNAR  CPT/HCPCS ADDITION TO LOWER EXTREMITY, ABOVE KNEE, AIR, FLUID, GEL OR EQUAL, CUSHION  13590 CPT/HCPCS ADDITION TO LOWER EXTREMITY, ABOVE KNEE, AIR, FLUID, GEL OR EQUAL, CUSHION  13590 CPT/HCPCS MISCELLANEOUS SHOE ADDITION, CONVERT FIRM SHOE COUNTER TO SOFT COUNTER  12526 CPT/HCPCS ADDITION TO LOWER EXTREMITY, THIGHWEIGHT BEARING, ISCHIAL COUNTER TO SOFT COUNTER TO SOFT COUNTER TO SOFT COUNTER TO SOFT COUNTER TO SOFT COUNTER TO SOFT COUNTER TO SOFT COUNTER TO SOFT COUNTER TO SOFT COUNTER TO SOFT COUNTER TO SOFT COUNTER TO SOFT COUNTER TO SOFT COUNTER TO SOFT COUNTER TO SOFT COUNTER TO SOFT COUNTER TO SOFT COUNTER TO SOFT COUNTER TO SOFT COUNTER TO SOFT COUNTER TO SOFT COUNTER TO SOFT COUNTER TO SOFT COUNTER TO SOFT COUNTER TO SOFT COUNTER TO SOFT COUNTER TO SOFT COUNTER TO SOFT COUNTER TO SOFT COUNTER TO SOFT COUNTER TO SOFT COUNTER TO SOFT COUNTER TO SOFT COUNTER TO SOFT COUNTER TO SOFT COUNTER TO SOFT COUNTER TO SOFT COUNTER TO SOFT COUNTER TO SOFT COUNTER TO SOFT COUNTER TO SOFT COUNTER TO SOFT COUNTER TO SOFT COUNTER TO SOFT COUNTER TO SOFT COUNTER TO SOFT COUNTER TO SOFT COUNTER TO SOFT COUNTER TO SOFT COUNTER TO SOFT COUNTER TO SOFT COUNTER TO SOFT COUNTER TO SOFT COUNTER TO SOFT COUNTER TO SOFT COUNTER TO SOFT COUNTER TO SOFT COUNTER TO SOFT COUNTER TO SOFT COUNTER TO SOFT COUNTER TO SOFT COUNTER TO SOFT COUNTER TO SOFT COUNTER TO SOFT COUNTER TO SOFT COUNTER TO SOFT COUNTER TO SOFT COUNTER TO SOFT COUNTER TO SOFT COUNTER TO SOFT COUNTER TO SOFT COUNTER TO SOFT COUNTER TO SOFT COUNTER TO SOFT COUNTER TO SOFT COUNTER TO SOFT COUNTER TO SOFT COUNTER TO SOFT COUNTER TO SOFT COUNTER TO SOFT COUNTER TO SOFT COUNTER TO SOFT COUNTER TO SOFT COUNTER TO SOFT COUNTER TO SOFT COUNTER TO SOFT COUNTER TO SOFT COUNTER TO SOFT COUNTER TO SOFT COUNTER TO SOFT COUNTER TO SOFT COUNTER TO SOFT COUNTER TO SOFT COUNTER TO SOFT COUNTER TO SOFT COUNTER TO SOFT COUNTER TO SOFT COUNTER TO SOFT COUNTER TO SOFT COUNTER TO SOFT CO	1 2000	ODT/LIODOS		Vo.
L3982 CPT/HCPCS UPPER EXTREMITY FRACTURE ORTHOSIS, RADIUS/ ULNAR Yes  L5648 CPT/HCPCS AUDITORY OSSEOINTEGRATIED DEVICE, EXTERNAL SOUND PROCESSOR, USED WITHOUT OSSEOINTEGRATION, BODY WORN, INCLUDES  L5648 CPT/HCPCS ADDITION TO LOWER EXTREMITY, ABOVE KNEE, AIR, FLUID, GEL OR EQUAL, CUSHION  L3590 CPT/HCPCS MISCELLANEOUS SHOE ADDITION, CONVERT FIRM SHOE COUNTER TO SOFT Yes  COUNTER  L2526 CPT/HCPCS ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, ISCHIAL  CONTAINMENT/MARROW M-L BRIM, CUSTOM FITTED  L7449 CPT/HCPCS UNLISTED PROCEDURES FOR UPPER EXTREMITY PROSTHESIS  L3891 CPT/HCPCS ADDITION TO UPPER EXTREMITY JOINT, WRIST OR ELBOW, CONCENTRIC  ADJUSTABLE TORSION STYLE MECHANISM FOR CUSTOM FABRICATED O  L3916 CPT/HCPCS WRIST HAND ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), PLASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, PREFABRICATED, OFF-THE-F  L3530 CPT/HCPCS MISCELLANEOUS SHOE ADDITION, SOLE, HALF  CPT/HCPCS ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, CUSTOM FABRICATED SOCKET, INSERT FOR OTHER THAN CONGEN  L7185 CPT/HCPCS ELECTRONIC ELBOW, DOLESCENT, VARIETY VILLAGE OR EQUAL, SWITCH CONTROLLED  L6586 CPT/HCPCS PREPARATORY, ELBOW DISARTICULATION OR ABOVE ELBOW, SINGLE WALL SOCKET, FRICTION WRIST, LOCKING ELBOW, FIGURE OF E  LUMBAR SACRAL-ORTHOSES, FULL CORSET YES  CPT/HCPCS BLOW KNEE, MOLDED SOCKET, SININ, SACH FOOT YES  LUMBAR SACRAL-ORTHOSES, FULL CORSET YES  CPT/HCPCS BLOW KNEE, MOLDED SOCKET, SININ, SACH FOOT YES  LUMBAR SACRAL-ORTHOSES, FULL CORSET YES  CPT/HCPCS UPPER EXTREMITY ADDITION, SHOULDER UNIVERSAL JOINT, EACH YES  CPT/HCPCS BLOW KNEE, MOLDED SOCKET, SININ, SACH FOOT YES  LUMBAR SACRAL-ORTHOSES, FULL CORSET YES  CPT/HCPCS UPPER EXTREMITY ADDITION, STHESSIS, SEDONS KELETAL KNEE-SHIN YES  CPT/HCPCS UPPER EXTREMITY ADDITION, STHESSIS, SEDONS KELETAL KNEE-SHIN YES  CPT/HCPCS UPPER EXTREMITY ADDITION, STHESSIS, SEDONS KELETAL KNEE-SHIN YES  CPT/HCPCS UPPER EXTREMITY ADDITION, STHESSIS, SEDONS KELETAL KNEE-SHIN YES  SYSTEM, POWERED PROCEDURE EXTREMITY PROSTHES	L3020	CP1/HCPCS		res
L8692 CPT/HCPCS ADDITION TO LOWER EXTREMITY, ABOVE KNEE, AIR, FLUID, GEL OR EQUAL, CUSHION L3590 CPT/HCPCS ADDITION TO LOWER EXTREMITY, ABOVE KNEE, AIR, FLUID, GEL OR EQUAL, CUSHION L3590 CPT/HCPCS COUNTER L2526 CPT/HCPCS ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, ISCHIAL CONTAINER, CONTAINMENT/MARROW ML. BRIM, CUSTOM FITTED CONTAINMENT/MARROW ML. BRIM, CUSTOM FITTED CONTAINMENT/MARROW ML. BRIM, CUSTOM FITTED CPT/HCPCS ADDITION TO UPPER EXTREMITY YOUNT, WRIST OR ELBOW, CONCENTRIC ADJUSTABLE TORSION STYLE MECHANISM FOR CUSTOM FABRICATED O CPT/HCPCS WRIST HAND ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, PREFABRICATED, OFF-THE+ L3530 CPT/HCPCS ADDITION, SOLE, HALF YES L6697 CPT/HCPCS ADDITION, SOLE, HALF YES L6697 CPT/HCPCS ADDITION, SOLE, HALF YES L6698 CPT/HCPCS ELECTRONIC ELBOW, ADOLESCENT, VARIETY VILLAGE OR EQUAL, SWITCH YES LCT/185 CPT/HCPCS ELECTRONIC ELBOW, ADOLESCENT, VARIETY VILLAGE OR EQUAL, SWITCH YES L0596 CPT/HCPCS LUMBAR-SACRAL-ORTHOSES, FULL CORSET YES L0976 CPT/HCPCS ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOWS FIGURE OF YES L0589 CPT/HCPCS UPPER EXTREMITY ADDITION, SHOULDER UNIVERSAL JOINT, EACH YES L0580 CPT/HCPCS UPPER EXTREMITY ADDITION, SHOULDER UNIVERSAL JOINT, EACH YES L0580 CPT/HCPCS UPPER EXTREMITY ADDITION, SHOULDER UNIVERSAL JOINT, EACH YES L0580 CPT/HCPCS UPPER EXTREMITY PROSTHESIS, ENDOSKELETAL KNEE-SHIN SYSTEM, POWERED/PROGRAMMABLE FLEXION/EXTENSION ASSIST CONTR	1 2002	CDT/HCDCS	•	Voc
LISEA WITHOUT OSSEOINTEGRATION, BODY WORN, INCLUDES  LISEA CPT/HCPCS ADDITION TO LOWER EXTREMITY, ABOVE KNEE, AIR, FLUID, GEL OR EQUAL, Ves CUSHION  LISEA CPT/HCPCS MISCELLANEOUS SHOE ADDITION, CONVERT FIRM SHOE COUNTER TO SOFT VES COUNTER  LISEA CPT/HCPCS ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, ISCHIAL CONTAINMENT/NARROW M-L BRIM, CUSTOM FITTED  LIVING CPT/HCPCS ADDITION TO UPPER EXTREMITY PROSTHESIS VES VES CONTAINMENT/NARROW M-L BRIM, CUSTOM FITTED  LIVING CPT/HCPCS ADDITION TO UPPER EXTREMITY YOINT, WRIST OR ELBOW, CONCENTRIC ADJUSTABLE TORSION STYLE MECHANISM FOR CUSTOM FABRICATED O  LISEA CPT/HCPCS WRIST HAND ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, PREFABRICATED, OFF-THE+  LISEA CPT/HCPCS ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, CUSTOM FABRICATED SOCKET INSERT FOR OTHER THAN CONGEN  LISEA CPT/HCPCS ELECTRONIC ELBOW, ADOLESCENT, VARIETY VILLAGE OR EQUAL, SWITCH CONTROLLED  LISEA CPT/HCPCS LUMBAR-SACRAL-ORTHOSES, FULL CORSET VES  LOGOTO CPT/HCPCS UPPER EXTREMITY ADDITION OR ABOVE ELBOW, SINGLE WALL VES  LOGOTO CPT/HCPCS UPPER EXTREMITY DROSTHESIS, BELOW ELBOW, FIGURE OF ELBOW, CONTROLLED UPPER EXTREMITY PROSTHESIS, BELOW ELBOW, SINGLE WALL VES  LOGOTO CPT/HCPCS UPPER EXTREMITY ADDITION, SOLLE CORSET VES  LOGOTO CPT/HCPCS UPPER EXTREMITY ADDITION, SOLL CORSET VES  LOGOTO CPT/HCPCS ADDITION OR ADDITION OR ABOVE ELBOW, SINGLE WALL VES  LOGOTO CPT/HCPCS ADDITION OR ADDITION, SOLL CORSET VES  LOGOTO CPT/HCPCS ADDITION OR ADDITION, SOLL CORSET VES  LOGOTO CPT/HCPCS UPPER EXTREMITY ADDITION, SOLD ELBOW, FIGURE OF VES  LOGOTO CPT/HCPCS UPPER EXTREMITY ADDITION, SOLD ELBOW, SINGLE VALE VES  LOGOTO CPT/HCPCS UPPER EXTREMITY ADDITION, SOLD ELBOW, SINGLE VALE VES  LOGOTO CPT/HCPCS UPPER EXTREMITY ADDITION, SOLD ELBOW, SINGLE VALE VES  LOGOTO CPT/HCPCS UPPER EXTREMITY ADDITION, SOLD ELBOW, SINGLE VALE VES  LOGOTO CPT/HCPCS UPPER EXTREMITY ADDITION, SOLD ELBOW, SINGLE VALE VES  LOGOTO CPT/HCPCS UPPER EXTREMITY A				
L5648   CPT/HCPCS	L0092	CPI/HCPC3		res
CUSHION  CFT/HCPCS  CPT/HCPCS  ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, ISCHIAL CONTAINMENT/NARROW M-L BRIM, CUSTOM FITTED  CPT/HCPCS  CPT/HCPCS  ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, ISCHIAL CONTAINMENT/NARROW M-L BRIM, CUSTOM FITTED  CPT/HCPCS  CPT/HCPCS  ADDITION TO UPPER EXTREMITY PROSTHESIS  CPT/HCPCS  ADDITION TO UPPER EXTREMITY JOINT, WRIST OR ELBOW, CONCENTRIC ADJUSTABLE TORSION STYLE MECHANISM FOR CUSTOM FABRICATED O  WRIST HAND ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, PREFABRICATED, OFF-THE+  L3530  CPT/HCPCS  MISCELLANEOUS SHOE ADDITION, SOLE, HALF CPT/HCPCS  ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, CUSTOM FABRICATED SOCKET INSERT FOR OTHER THAN CONGEN  L7185  CPT/HCPCS  ELECTRONICE ELBOW, ADOLESCENT, VARIETY VILLAGE OR EQUAL, SWITCH CONTROLLED  CONTROLLED  CPT/HCPCS  PREPARATORY, ELBOW DISARTICULATION OR ABOVE ELBOW, SINGLE WALL SOCKET, FRICTION WRIST, LOCKING ELBOW, FIGURE OF E  L0976  CPT/HCPCS  LUMBAR-SACRAL-ORTHOSES, FULL CORSET  Ves  CPT/HCPCS  BELOW KNEE, MOLDED SOCKET, SHIN, SACH FOOT  Yes  L5500  CPT/HCPCS  UPPER EXTREMITY ADDITION, SHOULDER UNIVERSAL JOINT, EACH YES  SYSTEM, POWERED/PROGRAMMABLE FLEXION/EXTENSION ASSIST CONTR  YES  CPT/HCPCS  UPPER EXTREMITY ADDITION, SHOULDER UNIVERSAL JOINT, EACH YES  SYSTEM, POWERED/PROGRAMMABLE FLEXION/EXTENSION ASSIST CONTR  YES  CPT/HCPCS  UPPER EXTREMITY ADDITION, TEST SOCKET, ELBOW DISARTICULATION OR  YES			USED WITHOUT USSECINTEGRATION, BODT WORN, INCLUDES	
CUSHION  CFT/HCPCS  CPT/HCPCS  ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, ISCHIAL CONTAINMENT/NARROW M-L BRIM, CUSTOM FITTED  CPT/HCPCS  CPT/HCPCS  ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, ISCHIAL CONTAINMENT/NARROW M-L BRIM, CUSTOM FITTED  CPT/HCPCS  CPT/HCPCS  ADDITION TO UPPER EXTREMITY PROSTHESIS  CPT/HCPCS  ADDITION TO UPPER EXTREMITY JOINT, WRIST OR ELBOW, CONCENTRIC ADJUSTABLE TORSION STYLE MECHANISM FOR CUSTOM FABRICATED O  WRIST HAND ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, PREFABRICATED, OFF-THE+  L3530  CPT/HCPCS  MISCELLANEOUS SHOE ADDITION, SOLE, HALF CPT/HCPCS  ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, CUSTOM FABRICATED SOCKET INSERT FOR OTHER THAN CONGEN  L7185  CPT/HCPCS  ELECTRONICE ELBOW, ADOLESCENT, VARIETY VILLAGE OR EQUAL, SWITCH CONTROLLED  CONTROLLED  CPT/HCPCS  PREPARATORY, ELBOW DISARTICULATION OR ABOVE ELBOW, SINGLE WALL SOCKET, FRICTION WRIST, LOCKING ELBOW, FIGURE OF E  L0976  CPT/HCPCS  LUMBAR-SACRAL-ORTHOSES, FULL CORSET  Ves  CPT/HCPCS  BELOW KNEE, MOLDED SOCKET, SHIN, SACH FOOT  Yes  L5500  CPT/HCPCS  UPPER EXTREMITY ADDITION, SHOULDER UNIVERSAL JOINT, EACH YES  SYSTEM, POWERED/PROGRAMMABLE FLEXION/EXTENSION ASSIST CONTR  YES  CPT/HCPCS  UPPER EXTREMITY ADDITION, SHOULDER UNIVERSAL JOINT, EACH YES  SYSTEM, POWERED/PROGRAMMABLE FLEXION/EXTENSION ASSIST CONTR  YES  CPT/HCPCS  UPPER EXTREMITY ADDITION, TEST SOCKET, ELBOW DISARTICULATION OR  YES	15648	CPT/HCPCS	ADDITION TO LOWER EXTREMITY ABOVE KNIEF AIR FILLID GELOR FOLIAL	Vas
L2526 CPT/HCPCS MISCELLANEOUS SHOE ADDITION, CONVERT FIRM SHOE COUNTERTO SOFT COUNTER L2526 CPT/HCPCS ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, ISCHIAL CONTAINMENT/NARROW M-L BRIM, CUSTOM FITTED 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 L3916 CPT/HCPCS WIST HAND ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, PREFABRICATED, OFF-THE+ 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 L7185 CPT/HCPCS ELECTRONIC ELBOW, ADOLESCENT, VARIETY VILLAGE OR EQUAL, SWITCH CONTROLLED CONTROLLED L6586 CPT/HCPCS PREPARATORY, ELBOW DISARTICULATION OR ABOVE ELBOW, SINGLE WALL SOCKET, FRICTION WRIST, LOCKING ELBOW, FIGURE OF E L0976 CPT/HCPCS LUMBAR-SACRAL-ORTHOSES, FULL CORSET L6690 CPT/HCPCS UPPER EXTREMITY ADDITION, SHOULDER UNIVERSAL JOINT, EACH YES L5100 CPT/HCPCS BELOW KNEE, MOLDED SOCKET, SHIN, SACH FOOT YES L5899 CPT/HCPCS UPPER EXTREMITY ADDITION, SHOULDER UNIVERSAL JOINT, EACH YES L5890 CPT/HCPCS UPPER EXTREMITY ADDITION, SHOULDER UNIVERSAL JOINT, EACH YES L5890 CPT/HCPCS UPPER EXTREMITY PROSTHESIS, ENDOSKELETAL KNEE-SHIN SYSTEM, POWERED/PROGRAMMABLE FLEXION/EXTENSION ASSIST CONTR	L3040	01 1/1101 03		103
COUNTER  L2526 CPT/HCPCS ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, ISCHIAL CONTAINMENT/NARROW M-L BRIM, CUSTOM FITTED  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  L3916 CPT/HCPCS WRIST HAND ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, PREFABRICATED, OFF-THE+  L3530 CPT/HCPCS ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, CUSTOM FABRICATED SOCKET INSERT FOR OTHER THAN CONGEN  L7185 CPT/HCPCS ELECTRONIC ELBOW, ADOLESCENT, VARIETY VILLAGE OR EQUAL, SWITCH CONTROLLED  L6586 CPT/HCPCS PREPARATORY, ELBOW DISARTICULATION OR ABOVE ELBOW, SINGLE WALL SOCKET, FRICTION WRIST, LOCKING ELBOW, FIGURE OF E  LUMBAR-SACRA-ORTHOSES, FULL CORSET Ves  LIUMBAR-SACRA-ORTHOSES, FULL CORSET  LOPPER EXTREMITY ADDITION, SHOULDER UNIVERSAL JOINT, EACH Yes  L5100 CPT/HCPCS BELOW KNEE, MOLDED SOCKET, SHIN, SACH FOOT Yes  L5859 CPT/HCPCS UPPER EXTREMITY PROSTHESIS, ENDOSKELETAL KNEE-SHIN SYSTEM, POWERED/PROGRAMMABLE FLEXION/EXTENSION ASSIST CONTR	13590	CPT/HCPCS		Yes
L2526   CPT/HCPCS			· ·	
CONTAINMENT/NARROW M-L BRIM, CUSTOM FITTED  L7499 CPT/HCPCS UNLISTED PROCEDURES FOR UPPER EXTREMITY PROSTHESIS L8891 CPT/HCPCS ADDITION TO UPPER EXTREMITY JOINT, WRIST OR ELBOW, CONCENTRIC ADJUSTABLE TORSION STYLE MECHANISM FOR CUSTOM FABRICATED O  L3916 CPT/HCPCS WRIST HAND ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, PREFABRICATED, OFF-THE+  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  L7185 CPT/HCPCS ELECTRONIC ELBOW, ADOLESCENT, VARIETY VILLAGE OR EQUAL, SWITCH CONTROLLED  L6586 CPT/HCPCS PREPARATORY, ELBOW DISARTICULATION OR ABOVE ELBOW, SINGLE WALL SOCKET, FRICTION WRIST, LOCKING ELBOW, FIGURE OF E  L0976 CPT/HCPCS UPPER EXTREMITY ADDITION, SHOULDER UNIVERSAL JOINT, EACH YES  L5100 CPT/HCPCS BELOW KNEE, MOLDED SOCKET, SHIN, SACH FOOT YES  L5859 CPT/HCPCS UPPER EXTREMITY ADDITION, SHOULDER UNIVERSAL JOINT, EACH YES  SYSTEM, POWERED/PROGRAMMABLE FLEXION/EXTENSION ASSIST CONTR  VES  L6682 CPT/HCPCS UPPER EXTREMITY ADDITION, TEST SOCKET, ELBOW DISARTICULATION OR YES	L2526	CPT/HCPCS		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  L3916 CPT/HCPCS WRIST HAND ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, PREFABRICATED, OFF-THE+ L3530 CPT/HCPCS MISCELLANEOUS SHOE ADDITION, SOLE, HALF CPT/HCPCS ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, CUSTOM FABRICATED SOCKET INSERT FOR OTHER THAN CONGEN  L7185 CPT/HCPCS ELECTRONIC ELBOW, ADOLESCENT, VARIETY VILLAGE OR EQUAL, SWITCH CONTROLLED SOCKET, FRICTION WRIST, LOCKING ELBOW, FIGURE OF E L0976 CPT/HCPCS LUMBAR-SACRAL-ORTHOSES, FULL CORSET L0976 CPT/HCPCS UPPER EXTREMITY ADDITION, SHOULDER UNIVERSAL JOINT, EACH L5100 CPT/HCPCS BELOW KNEE, MOLDED SOCKET, SHIN, SACH FOOT L5859 CPT/HCPCS UPPER EXTREMITY ADDITION, SHOULDER UNIVERSAL JOINT, EACH SYSTEM, POWERED/PROGRAMMABLE FLEXION/EXTENSION ASSIST CONTR				
L3891 CPT/HCPCS ADDITION TO UPPER EXTREMITY JOINT, WRIST OR ELBOW, CONCENTRIC ADJUSTABLE TORSION STYLE MECHANISM FOR CUSTOM FABRICATED O  L3916 CPT/HCPCS WRIST HAND ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, PREFABRICATED, OFF-THE+  L3530 CPT/HCPCS MISCELLANEOUS SHOE ADDITION, SOLE, HALF L6697 CPT/HCPCS ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, CUSTOM FABRICATED SOCKET INSERT FOR OTHER THAN CONGEN  L7185 CPT/HCPCS ELECTRONIC ELBOW, ADOLESCENT, VARIETY VILLAGE OR EQUAL, SWITCH CONTROLLED  L6586 CPT/HCPCS PREPARATORY, ELBOW DISARTICULATION OR ABOVE ELBOW, SINGLE WALL SOCKET, FRICTION WRIST, LOCKING ELBOW, FIGURE OF E  L0976 CPT/HCPCS LUMBAR-SACRAL-ORTHOSES, FULL CORSET  L6650 CPT/HCPCS UPPER EXTREMITY ADDITION, SHOULDER UNIVERSAL JOINT, EACH 15100 CPT/HCPCS BELOW KNEE, MOLDED SOCKET, SHIN, SACH FOOT  L5859 CPT/HCPCS UPPER EXTREMITY PROSTHESIS, ENDOSKELETAL KNEE-SHIN SYSTEM, POWERED/PROGRAMMABLE FLEXION/EXTENSION ASSIST CONTR  L6682 CPT/HCPCS UPPER EXTREMITY ADDITION, TEST SOCKET, ELBOW DISARTICULATION OR YES	L7499	CPT/HCPCS		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+  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  L7185 CPT/HCPCS ELECTRONIC ELBOW, ADOLESCENT, VARIETY VILLAGE OR EQUAL, SWITCH CONTROLLED  L6586 CPT/HCPCS PREPARATORY, ELBOW DISARTICULATION OR ABOVE ELBOW, SINGLE WALL SOCKET, FRICTION WRIST, LOCKING ELBOW, FIGURE OF E  L0976 CPT/HCPCS LUMBAR-SACRAL-ORTHOSES, 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  Ves  L6682 CPT/HCPCS UPPER EXTREMITY ADDITION, TEST SOCKET, ELBOW DISARTICULATION OR YES	L3891	CPT/HCPCS	ADDITION TO UPPER EXTREMITY JOINT, WRIST OR ELBOW, CONCENTRIC	Yes
ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, PREFABRICATED, OFF-THE+  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  L7185 CPT/HCPCS ELECTRONIC ELBOW, ADOLESCENT, VARIETY VILLAGE OR EQUAL, SWITCH CONTROLLED  L6586 CPT/HCPCS PREPARATORY, ELBOW DISARTICULATION OR ABOVE ELBOW, SINGLE WALL SOCKET, FRICTION WRIST, LOCKING ELBOW, FIGURE OF E  L0976 CPT/HCPCS LUMBAR-SACRAL-ORTHOSES, 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  L6682 CPT/HCPCS UPPER EXTREMITY ADDITION, TEST SOCKET, ELBOW DISARTICULATION OR Yes			ADJUSTABLE TORSION STYLE MECHANISM FOR CUSTOM FABRICATED O	
ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, PREFABRICATED, OFF-THE+  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  L7185 CPT/HCPCS ELECTRONIC ELBOW, ADOLESCENT, VARIETY VILLAGE OR EQUAL, SWITCH CONTROLLED  L6586 CPT/HCPCS PREPARATORY, ELBOW DISARTICULATION OR ABOVE ELBOW, SINGLE WALL SOCKET, FRICTION WRIST, LOCKING ELBOW, FIGURE OF E  L0976 CPT/HCPCS LUMBAR-SACRAL-ORTHOSES, 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  L6682 CPT/HCPCS UPPER EXTREMITY ADDITION, TEST SOCKET, ELBOW DISARTICULATION OR Yes				
PREFABRICATED, OFF-THE+  L3530 CPT/HCPCS MISCELLANEOUS SHOE ADDITION, SOLE, HALF  L6697 CPT/HCPCS ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, CUSTOM FABRICATED SOCKET INSERT FOR OTHER THAN CONGEN  L7185 CPT/HCPCS ELECTRONIC ELBOW, ADOLESCENT, VARIETY VILLAGE OR EQUAL, SWITCH CONTROLLED  CONTROLLED  L6586 CPT/HCPCS PREPARATORY, ELBOW DISARTICULATION OR ABOVE ELBOW, SINGLE WALL SOCKET, FRICTION WRIST, LOCKING ELBOW, FIGURE OF E  L0976 CPT/HCPCS LUMBAR-SACRAL-ORTHOSES, 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  L6682 CPT/HCPCS UPPER EXTREMITY ADDITION, TEST SOCKET, ELBOW DISARTICULATION OR Yes	L3916	CPT/HCPCS	WRIST HAND ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S),	Yes
L3530 CPT/HCPCS MISCELLANEOUS SHOE ADDITION, SOLE, HALF L6697 CPT/HCPCS ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, CUSTOM FABRICATED SOCKET INSERT FOR OTHER THAN CONGEN  L7185 CPT/HCPCS ELECTRONIC ELBOW, ADOLESCENT, VARIETY VILLAGE OR EQUAL, SWITCH CONTROLLED  L6586 CPT/HCPCS PREPARATORY, ELBOW DISARTICULATION OR ABOVE ELBOW, SINGLE WALL SOCKET, FRICTION WRIST, LOCKING ELBOW, FIGURE OF E  L0976 CPT/HCPCS LUMBAR-SACRAL-ORTHOSES, FULL CORSET L6650 CPT/HCPCS UPPER EXTREMITY ADDITION, SHOULDER UNIVERSAL JOINT, EACH L5100 CPT/HCPCS BELOW KNEE, MOLDED SOCKET, SHIN, SACH FOOT L5859 CPT/HCPCS ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL KNEE-SHIN SYSTEM, POWERED/PROGRAMMABLE FLEXION/EXTENSION ASSIST CONTR  L6682 CPT/HCPCS UPPER EXTREMITY ADDITION, TEST SOCKET, ELBOW DISARTICULATION OR YES			ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS,	
L6697 CPT/HCPCS ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, CUSTOM FABRICATED SOCKET INSERT FOR OTHER THAN CONGEN  L7185 CPT/HCPCS ELECTRONIC ELBOW, ADOLESCENT, VARIETY VILLAGE OR EQUAL, SWITCH CONTROLLED  L6586 CPT/HCPCS PREPARATORY, ELBOW DISARTICULATION OR ABOVE ELBOW, SINGLE WALL SOCKET, FRICTION WRIST, LOCKING ELBOW, FIGURE OF E  L0976 CPT/HCPCS LUMBAR-SACRAL-ORTHOSES, 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  L6682 CPT/HCPCS UPPER EXTREMITY ADDITION, TEST SOCKET, ELBOW DISARTICULATION OR Yes			PREFABRICATED, OFF-THE+	
ELBOW, CUSTOM FABRICATED SOCKET INSERT FOR OTHER THAN CONGEN  L7185 CPT/HCPCS ELECTRONIC ELBOW, ADOLESCENT, VARIETY VILLAGE OR EQUAL, SWITCH CONTROLLED  L6586 CPT/HCPCS PREPARATORY, ELBOW DISARTICULATION OR ABOVE ELBOW, SINGLE WALL SOCKET, FRICTION WRIST, LOCKING ELBOW, FIGURE OF E  L0976 CPT/HCPCS LUMBAR-SACRAL-ORTHOSES, 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  L6682 CPT/HCPCS UPPER EXTREMITY ADDITION, TEST SOCKET, ELBOW DISARTICULATION OR Yes	L3530	CPT/HCPCS	MISCELLANEOUS SHOE ADDITION, SOLE, HALF	Yes
L7185 CPT/HCPCS ELECTRONIC ELBOW, ADOLESCENT, VARIETY VILLAGE OR EQUAL, SWITCH CONTROLLED  L6586 CPT/HCPCS PREPARATORY, ELBOW DISARTICULATION OR ABOVE ELBOW, SINGLE WALL SOCKET, FRICTION WRIST, LOCKING ELBOW, FIGURE OF E  L0976 CPT/HCPCS LUMBAR-SACRAL-ORTHOSES, 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  L6682 CPT/HCPCS UPPER EXTREMITY ADDITION, TEST SOCKET, ELBOW DISARTICULATION OR Yes	L6697	CPT/HCPCS	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE	Yes
CONTROLLED  L6586 CPT/HCPCS PREPARATORY, ELBOW DISARTICULATION OR ABOVE ELBOW, SINGLE WALL SOCKET, FRICTION WRIST, LOCKING ELBOW, FIGURE OF E  L0976 CPT/HCPCS LUMBAR-SACRAL-ORTHOSES, FULL CORSET  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  L6682 CPT/HCPCS UPPER EXTREMITY ADDITION, TEST SOCKET, ELBOW DISARTICULATION OR YES			ELBOW, CUSTOM FABRICATED SOCKET INSERT FOR OTHER THAN CONGEN	
CONTROLLED  L6586 CPT/HCPCS PREPARATORY, ELBOW DISARTICULATION OR ABOVE ELBOW, SINGLE WALL SOCKET, FRICTION WRIST, LOCKING ELBOW, FIGURE OF E  L0976 CPT/HCPCS LUMBAR-SACRAL-ORTHOSES, FULL CORSET  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  L6682 CPT/HCPCS UPPER EXTREMITY ADDITION, TEST SOCKET, ELBOW DISARTICULATION OR YES				
L6586 CPT/HCPCS PREPARATORY, ELBOW DISARTICULATION OR ABOVE ELBOW, SINGLE WALL SOCKET, FRICTION WRIST, LOCKING ELBOW, FIGURE OF E  L0976 CPT/HCPCS LUMBAR-SACRAL-ORTHOSES, 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  L6682 CPT/HCPCS UPPER EXTREMITY ADDITION, TEST SOCKET, ELBOW DISARTICULATION OR Yes	L7185	CPT/HCPCS		Yes
SOCKET, FRICTION WRIST, LOCKING ELBOW, FIGURE OF E  L0976 CPT/HCPCS LUMBAR-SACRAL-ORTHOSES, 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  L6682 CPT/HCPCS UPPER EXTREMITY ADDITION, TEST SOCKET, ELBOW DISARTICULATION OR Yes			CONTROLLED	
L0976       CPT/HCPCS       LUMBAR-SACRAL-ORTHOSES, 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       Yes	L6586	CPT/HCPCS		Yes
L6650 CPT/HCPCS UPPER EXTREMITY ADDITION, SHOULDER UNIVERSAL JOINT, EACH 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  L6682 CPT/HCPCS UPPER EXTREMITY ADDITION, TEST SOCKET, ELBOW DISARTICULATION OR Yes				
L5100 CPT/HCPCS BELOW KNEE, MOLDED SOCKET, SHIN, SACH FOOT L5859 CPT/HCPCS ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL KNEE-SHIN SYSTEM, POWERED/PROGRAMMABLE FLEXION/EXTENSION ASSIST CONTR  L6682 CPT/HCPCS UPPER EXTREMITY ADDITION, TEST SOCKET, ELBOW DISARTICULATION OR Yes				
L5859 CPT/HCPCS ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL KNEE-SHIN SYSTEM, POWERED/PROGRAMMABLE FLEXION/EXTENSION ASSIST CONTR  L6682 CPT/HCPCS UPPER EXTREMITY ADDITION, TEST SOCKET, ELBOW DISARTICULATION OR Yes				
SYSTEM, POWERED/PROGRAMMABLE FLEXION/EXTENSION ASSIST CONTR  L6682 CPT/HCPCS UPPER EXTREMITY ADDITION, TEST SOCKET, ELBOW DISARTICULATION OR Yes				
L6682 CPT/HCPCS UPPER EXTREMITY ADDITION, TEST SOCKET, ELBOW DISARTICULATION OR Yes	L5859	CPT/HCPCS	· ·	Yes
			SYSTEM, POWERED/PROGRAMMABLE FLEXION/EXTENSION ASSIST CONTR	
	1.0055	007":57.5	LIDDED EVEDENIEV ADDITION TOTAL CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR C	
AROAF FIROM	L6682	CP1/HCPCS		res
	<u></u>		ARONE ETROM	1

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	Yes
		ONLY	
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	ARTIFICAL 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	Yes
		TYPE, EACH	

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		Yes
		PADDED/LINED OR MALLEOLUS PAD	

CHAPTER   CAPTURED   CHAPTER   CAPTURED   CHAPTER   CAPTURED   CHAPTER   CAPTURED   CA		I		T.,
MOSTIFICATION   MATERIAL PROPERTY   MATERIAL	L3221	CPT/HCPCS	ORTHOPEDIC FOOTWEAR, MENS SHOE, DEPTH INLAY, EACH	Yes
DOUGHTRIC, POSTRIONAL ORTHOSIS, RIGHD SUPPORT, PREFABRICATED, OF OF ORTHOSIS CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CO	L6310	CPT/HCPCS	· ·	Yes
WALL SOCKET   WALL SOCKET   WALL SOCKET   PROPERTY	L1833	CPT/HCPCS	POLYCENTRIC), POSITIONAL ORTHOSIS, RIGID SUPPORT, PREFABRICATED,	Yes
FEATURE, DOBBITE DONAMDOR PLANTAR FLEXION CONTROL, INCL   POWER SQUIDED   POWER SQUIDED   POWER SQUIDED   POWER SQUIDED   ADDITION TO LOWER EXTREMITY SONT, IN SEC ON ANKE, COLOCENTRIC   ADDITION TO LOWER EXTREMITY SONT, IN SEC ON ANKE, COLOCENTRIC   ADDITION TO LOWER EXTREMITY SONT, IN SEC ON ANKE, COLOCENTRIC   ADDITION, ENDOSSIETTAL SYSTEM SELOW INKE, FLEXIBLE   Yes	L5653	CPT/HCPCS		Yes
BADISTABLE TORSION STYLE MECHANISM FOR CUSTOM FABRICATED OR	L5973	CPT/HCPCS	FEATURE, DORSIFLEXION AND/OR PLANTAR FLEXION CONTROL, INCL	Yes
SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPINCES   SPIN	L2861	CPT/HCPCS		Yes
PROTECTIVE QUIER SURFACE COVERNO SYSTEM	L8045	CPT/HCPCS	AURICULAR PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	Yes
CPTH-CPCS	L5962	CPT/HCPCS		Yes
LISBOS CPTINCPCS ADDITION TO LOWER EXTREMITY, ROUND CONCERN THE STORY OF STREET STRING PROPERTY OF STREET STREET STRING PROPERTY OF STREET STREET STREET STRING PROPERTY OF STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STR	L8310	CPT/HCPCS	TRUSS, DOUBLE WITH STANDARD PADS	Yes
INTERFACE, STARAPS, DREFABBIGATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, NO BOTHER.  15873 CPT/HCPCS ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED FROM EXISTING MOLD OR PREFABBICATED, SOCKET INSER FABRICATED FROM EXISTING MOLD OR PREFABBICATED, SOCKET INSER FABRICATED FROM EXISTING MOLD OR PREFABBICATED, SOCKET INSER FABRICATED FROM EXISTING MOLD OR PREFABBICATED, SOCKET INSER FABRICATED FROM EXISTING MOLD OR PREFABBICATED, SOCKET INSER FABRICATED FROM EXISTING PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPER	L5980	CPT/HCPCS	ALL LOWER EXTREMITY PROSTHESES, FLEX FOOT SYSTEM	Yes
CPT/HCPCS   ADDITION TO LOWER EXTREMITY, BELOW KNEEABOVE KNEE, CLUSTOM FABRICATED FROM EXISTING MOLD OR PREFABRICATED, SOCKET INSER	L3923	CPT/HCPCS	INTERFACE, STRAPS, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT,	
ORTHOSE, RICH STERNOTH, LIGHTWEIGHT MATERIAL, ALL HYBRID L A4320 CPTHCPCS IRRIGATION TRAY FOR BLADDER IRRIGATION WITH BULB OR PISTON SYRINGE  CPTHCPCS SYRINGE  ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, Yes PELVIC JOINT  B320 CPTHCPCS TRUSS, ADDITION TO STANDARD PAD, WATER PAD  Yes  CPTHCPCS TRUSS, ADDITION TO STANDARD PAD, WATER PAD  Yes  CPTHCPCS ADDITION TO LOWER EXTREMITY, ROUND CALIPER AND PLATE ATTACHMENT Yes  CPTHCPCS ADDITION TO LOWER EXTREMITY, SWIESTYPE, "FIET BIRN DESIGN SOCKET Yes  L5975 CPTHCPCS ALL LOWER EXTREMITY PROSTHESIS, COMBINATION SINGLE AXIS ANKLE AND FLEMBLE KEEL FOOT  A4385 CPTHCPCS  ADDITION TO LOWER EXTREMITY SWIESTYPE, "FIET BIRN DESIGN SOCKET Yes  AND FLEMBLE KEEL FOOT  A4386 CPTHCPCS  OSTONY SKIN BARRIER, SOLID 4*4 OR EQUIVALENT, EXTENDED  YES  WARAWITHOUT BUILT IN CONVEXITY, EACH  WEAR WITHOUT BUILT IN CONVEXITY, EACH  CPTHCPCS  BEDSIDE DRAINAGE BAG, DAY OR NIGHT, WITH OR WITHOUT ANTI REFLUX YES  DEVICE, WITH OR WITHOUT BUILT DEVICE SPEECH YES  ADDITION TO ISO (LOW PROFILE), ABDOMINAL PAD  YES  CPTHCPCS  ADDITION TO ISO (LOW PROFILE), ABDOMINAL PAD  YES  CPTHCPCS  ADDITION TO ISO (LOW PROFILE), ABDOMINAL PAD  YES  DAIL LOWER EXTREMITY OR WITHOUT BUILS WITH OR WITHOUT ANTI REFLUX  YES  DEVICE, WITH OR WITHOUT BUILS WITH COCHLEAR IMPLANT DEVICE SPEECH YES  PROCESSOR, OTHER THAN EAR LEVEL, REPLACEMENT, EACH  YES  ADDITION TO ISO (LOW PROFILE), ABDOMINAL PAD  YES  ADDITION TO ISO (LOW PROFILE), ABDOMINAL PAD  YES  BAND, CUSTOM FABRICATED  CPTHCPCS  ADDITION TO DISO (LOW PROFILE), ABDOMINAL PAD  WALKING BOOT, NON-PNEUMATIC, WITH OR WITHOUT JOINTS, WITH OR YES  BAND, CUSTOM FABRICATED, OFF-THE SHELEF  BAND, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT  YES  CPTHCPCS  ANCE OFFINEDES  ANCE OFFINEDES  ANCE OFFINEDES  AND FABRICATED OFFINEDES  AND FABRICATED OFFINEDES  AND FABRICATED OFFINEDES  AND FABRICATED OFFINEDES  AND FABRICATED OFFINEDE	L5673	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM	Yes
Addition   CPT/HCPCS   IRRIGATION TRAY FOR BLADDER IRRIGATION WITH BULB OR PISTON   Yes	L3031	CPT/HCPCS		Yes
LESSE CPT/HCPCS ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, Yes PELVIC JOINT  LESSO CPT/HCPCS TIUSS, ADDITION TO STANDARD PAD, WATER PAD Yes CAPTHOPOS ADDITION TO STANDARD PAD, WATER PAD Yes CAPTHOPOS ADDITION TO LOWER EXTREMITY, ROUND CALIPER AND PLATE ATTACHMENT Yes CAPTHOPOS ADDITION TO LOWER EXTREMITY, ROUND CALIPER AND PLATE ATTACHMENT Yes CAPTHOPOS ADDITION TO LOWER EXTREMITY, SYMES TYPE, 'PTB' BRIM DESIGN SOCKET Yes ADDITION TO LOWER EXTREMITY, SYMES TYPE, 'PTB' BRIM DESIGN SOCKET Yes ADDITION TO LOWER EXTREMITY PROSTHESIS, COMBINATION SINGLE AXIS ANKLE YES AND FLEXIBLE KEEL FOOT AND FLEXIBLE KEEL FOOT ADDITION, THOUGH AND FLEXIBLE KEEL FOOT AND FLEXIBLE KEEL FOOT AND FLEXIBLE KEEL FOOT AND FLEXIBLE KEEL FOOT AND FLEXIBLE KEEL FOOT AND FLEXIBLE KEEL FOOT AND FLEXIBLE KEEL FOOT AND FLEXIBLE KEEL FOOT AND FLEXIBLE KEEL FOOT AND FLEXIBLE KEEL FOOT AND FLEXIBLE KEEL FOOT AND FLEXIBLE KEEL FOOT AND FLEXIBLE KEEL FOOT AND FLEXIBLE KEEL FOOT AND FLEXIBLE KEEL FOOT AND FLEXIBLE KEEL FOOT AND FLEXIBLE KEEL FOOT AND FLEXIBLE KEEL FOOT AND FLEXIBLE KEEL FOOT AND FLEXIBLE KEEL FOOT AND FLEXIBLE KEEL FOOT AND FLEXIBLE KEEL FOOT AND FLEXIBLE KEEL FOOT AND FLEXIBLE KEEL FOOT AND FLEXIBLE KEEL FOOT AND FLEXIBLE KEEL FOOT AND FLEXIBLE KEEL FOOT AND FLEXIBLE KEEL FOOT AND FLEXIBLE KEEL FOOT AND FLEXIBLE KEEL FOOT AND FLEXIBLE KEEL FOOT AND FLEXIBLE KEEL FOOT AND FLEXIBLE KEEL FOOT AND FLEXIBLE KEEL FOOT AND FLEXIBLE KEEL FOOT AND FLEXIBLE KEEL FOOT AND FLEXIBLE KEEL FOOT AND FLEXIBLE KEEL FOOT AND FLEXIBLE KEEL FOOT AND FLEXIBLE KEEL FOOT AND FLEXIBLE KEEL FOOT AND FLEXIBLE KEEL FOOT AND FLEXIBLE KEEL FOOT AND FLEXIBLE KEEL FOOT AND FLEXIBLE KEEL FOOT AND FLEXIBLE KEEL FLOXIBLE KEEL FL	A4320	CPT/HCPCS	IRRIGATION TRAY FOR BLADDER IRRIGATION WITH BULB OR PISTON	Yes
18320   CPT/HCPCS	L5696	CPT/HCPCS	ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION,	Yes
L2240 CPT/HCPCS ADDITION TO LOWER EXTREMITY, ROUND CALIPER AND PLATE ATTACHMENT Yes  L15710 CPT/HCPCS LEGG PERTHES ORTHOSIS, NEWINGTON TYPE, CUSTOM FABRICATED Yes  L5632 CPT/HCPCS ADDITION TO LOWER EXTREMITY, SYMES TYPE, "PTB" BRIM DESIGN SOCKET  L5975 CPT/HCPCS ALL LOWER EXTREMITY PROSTHESIS, COMBINATION SINGLE AXIS ANKLE AND FLEXIBLE KEEL FOOT  A4385 CPT/HCPCS OSTOMY SKIN BARRIER, SOLID 4*4 OR EQUIVALENT, EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY, EACH  L5510 CPT/HCPCS MISCELLANEOUS SHOE ADDITION, INSOLE, RUBBER Yes  L3206 CPT/HCPCS ORTHOPEDIC SHOE, HIGHTOP WITH SOLE, RUBBER Yes  A4357 CPT/HCPCS DEBDISE DRAINAGE BAG, DAY OR NIGHT, WITH OR WITHOUT ANTI REFLUX DEVICE, WITH OR WITHOUT TUBE  L8623 CPT/HCPCS LITHIUM ION BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE SPEECH PROCESSOR, OTHER THAN EAR LEVEL, REPLACEMENT, EACH  L1270 CPT/HCPCS ANKLE-FOOT ORTHOSES(AFO), SPRING WIRE, DORSIFLEXION ASSIST CALF PROCESSOR, OTHER THAN EAR LEVEL, REPLACEMENT, EACH  L2800 CPT/HCPCS ANKLE-FOOT ORTHOSES(AFO), SPRING WIRE, DORSIFLEXION ASSIST CALF BAND, CUSTOM FABRICATED  L3835 CPT/HCPCS ANKLE-FOOT ORTHOSES(AFO), SPRING WIRE, DORSIFLEXION ASSIST CALF MEDIAL OR LATERAL PULL, FOUR USE WITH CUSTOM FABRICATED ORTHOSIS ONLY  L3836 CPT/HCPCS FINGER ORTHOSIS, NON-PNEUMATIC, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE MATERIAL, PREFABRICATED, OFF-THE-SHELF  L3836 CPT/HCPCS FINGER ORTHOSIS, NON-PNEUMATIC, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE MATERIAL, PREFABRICATED, OFF-THE-SHELF  L3836 CPT/HCPCS LUBRICANT, INDIVIDUAL STERILE PACKET, EACH  Ves  CA3321 CPT/HCPCS ANKLE CONTROL, EXPLIPE STYLE, RIGID, INCLUDES ANY TYPE INTERFACE  AA3322 CPT/HCPCS ADDITION TO LOSS, STIRRUP STYLE, RIGID, INCLUDES ANY TYPE INTERFACE  AA3320 CPT/HCPCS ANKLE CONTROL, CRUSSED, STIRRUP STYLE, RIGID, INCLUDES ANY TYPE INTERFACE  AA3321 CPT/HCPCS ANKLE CONTROL, CLOSED; FOR USE ON BARRIER WITH LOCKING FLANGE(2)  Ves  CPT/HCPCS ANKLE CONTROL ORTHOSIS, STIRRUP STYLE, RIGID, INCLUDES ANY TYPE INTERFACE  AA4322 CPT/HCPCS AND STAR AND STREAM STRING STIRRUP	1.8320	CPT/HCPCS		Yes
L5632 CPT/HCPCS ADDITION TO LOWER EXTREMITY, SYMES TYPE, "PTB" BRIM DESIGN SOCKET  L5975 CPT/HCPCS ALL LOWER EXTREMITY PROSTHESIS, COMBINATION SINGLE AXIS ANKLE AND FLEXIBLE KEEL FOOT  A4385 CPT/HCPCS OSTOMY SKIN BARRIER, SOULD 4*4 OR EQUIVALENT, EXTENDED WEAR, WITHOUT BUILT IN CONVEXITY, EACH L3510 CPT/HCPCS MISCELLANEOUS SHOE ADDITION, INSOLE, RUBBER Ves 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 L8623 CPT/HCPCS LITHIUM ION BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE SPEECH PROCESSOR, OTHER THAN EAR LEVEL, REPLACEMENT, EACH L1270 CPT/HCPCS ADDITION TO TLSO (LOW PROFILE), ABDOMINAL PAD YES  L1900 CPT/HCPCS ADDITION TO TLSO (LOW PROFILE), ABDOMINAL PAD YES BAND.CUSTOM FABRICATED BAND.CUSTOM FABRICATED SANDLE STREMTHY ORTHOSIS, KNEE CONTROL, KNEE CAP, MEDIAL OR LATERAL PULL, FOUR USE WITH CUSTOM FABRICATED ORTHOSIS ONLY  L4387 CPT/HCPCS WALKING BOOT, NON-PREUMATIC, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE MATERIAL, PREFABRICATED, OFF-THE-SHELE L3935 CPT/HCPCS WALKING BOOT, NON-PREUMATIC, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE MATERIAL, PREFABRICATED, OFF-THE-SHELE L3936 CPT/HCPCS LUBRICANT, INDIVIDUAL STERILE PACKET, EACH YES  L4350 CPT/HCPCS LUBRICANT, INDIVIDUAL STERILE PACKET, EACH YES  L4350 CPT/HCPCS ANKLE CONTROL ORTHOSIS, STIRRUP STYLE, RIGID, INCLUDES SOFT INTERFACE, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT  A4332 CPT/HCPCS ANKLE CONTROL ORTHOSIS, STIRRUP STYLE, RIGID, INCLUDES SOFT INTERFACE, CUSTOM FABRICATED, INCLUDES STIRTUP STYLE, RIGID, INCLUDES ANY TYPE INTERFACE  L3500 CPT/HCPCS OSTOMY POUCH, CLOSED, FOR USE ON BARRIER WITH LOCKING FLANGE(2) PICES, EACH MIDDIFOL, ENDOSKELETAL SYSTEM, ABOVE KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL) MIDDIFOL, ENDOSKELETAL SYSTEM, ABOVE KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL) MIDDIFOL, ENDOSKELETAL SYSTEM, ABOVE KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CAR		-		
L5632 CPT/HCPCS ADDITION TO LOWER EXTREMITY, SYMES TYPE, "PTB" BRIM DESIGN SOCKET  L5975 CPT/HCPCS ALL LOWER EXTREMITY PROSTHESIS, COMBINATION SINGLE AXIS ANKLE AND FLEXIBLE KEEL FOOT  A4385 CPT/HCPCS OSTOMY SKIN BARRIER, SOULD 4*4 OR EQUIVALENT, EXTENDED WEAR, WITHOUT BUILT IN CONVEXITY, EACH L3510 CPT/HCPCS MISCELLANEOUS SHOE ADDITION, INSOLE, RUBBER Ves 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 L8623 CPT/HCPCS LITHIUM ION BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE SPEECH PROCESSOR, OTHER THAN EAR LEVEL, REPLACEMENT, EACH L1270 CPT/HCPCS ADDITION TO TLSO (LOW PROFILE), ABDOMINAL PAD YES  L1900 CPT/HCPCS ADDITION TO TLSO (LOW PROFILE), ABDOMINAL PAD YES BAND.CUSTOM FABRICATED BAND.CUSTOM FABRICATED SANDLE STREMTHY ORTHOSIS, KNEE CONTROL, KNEE CAP, MEDIAL OR LATERAL PULL, FOUR USE WITH CUSTOM FABRICATED ORTHOSIS ONLY  L4387 CPT/HCPCS WALKING BOOT, NON-PREUMATIC, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE MATERIAL, PREFABRICATED, OFF-THE-SHELE L3935 CPT/HCPCS WALKING BOOT, NON-PREUMATIC, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE MATERIAL, PREFABRICATED, OFF-THE-SHELE L3936 CPT/HCPCS LUBRICANT, INDIVIDUAL STERILE PACKET, EACH YES  L4350 CPT/HCPCS LUBRICANT, INDIVIDUAL STERILE PACKET, EACH YES  L4350 CPT/HCPCS ANKLE CONTROL ORTHOSIS, STIRRUP STYLE, RIGID, INCLUDES SOFT INTERFACE, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT  A4332 CPT/HCPCS ANKLE CONTROL ORTHOSIS, STIRRUP STYLE, RIGID, INCLUDES SOFT INTERFACE, CUSTOM FABRICATED, INCLUDES STIRTUP STYLE, RIGID, INCLUDES ANY TYPE INTERFACE  L3500 CPT/HCPCS OSTOMY POUCH, CLOSED, FOR USE ON BARRIER WITH LOCKING FLANGE(2) PICES, EACH MIDDIFOL, ENDOSKELETAL SYSTEM, ABOVE KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL) MIDDIFOL, ENDOSKELETAL SYSTEM, ABOVE KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL) MIDDIFOL, ENDOSKELETAL SYSTEM, ABOVE KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CAR	I 1710	CPT/HCPCS	LEGG PERTHES ORTHOSIS NEWINGTON TYPE CLISTOM FARRICATED	VAS
AA385 CPT/HCPCS OSTOMY SKIN BARRIER, SOLID 4*4 OR EQUIVALENT, EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY, EACH 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 L8623 CPT/HCPCS LITHIUM ION BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE SPEECH YES PROCESSOR, OTHER THAN EAR LEVEL, REPLACEMENT, EACH 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 CPT/HCPCS ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, KNEE CAP, MEDIAL OR LATERAL PULL, FOUR USE WITH CUSTOM FABRICATED ORTHOSIS ONLY L4387 CPT/HCPCS WALKING BOOT, NON-PNEUMATIC, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE MATERIAL, PREFABRICATED, OFF-THE-SHELF L3935 CPT/HCPCS FINGER ORTHOSIS, NONTORSION JOINT, MAY INCLUDE SOFT INTERFACE, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT  A4332 CPT/HCPCS LUBRICANT, INDIVIDUAL STERILE PACKET, EACH YES CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT  A4332 CPT/HCPCS ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, ULTRA-LIGHT MATERIAL INTERFACE ANKLE CONTROL ORTHOSIS, STIRRUP STYLE, RIGID, INCLUDES ANY TYPE INTERFACE L5950 CPT/HCPCS ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, ULTRA-LIGHT MATERIAL YES (TITANIUM, CARBON FIBER OR EQUAL)  A4420 CPT/HCPCS MIDFACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN YES		-		
A4385 CPT/HCPCS OSTOMY SKIN BARRIER, SOLID 4*4 OR EQUIVALENT, EXTENDED YES WEAR, WITHOUT BUILT-IN CONVEXITY, EACH  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  L8623 CPT/HCPCS LITHIUM ION BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE SPEECH YES PROCESSOR, OTHER THAN EAR LEVEL, REPLACEMENT, EACH  L1270 CPT/HCPCS ADDITION TO LTSO (LUDW PROFILE), ABDOMINAL PAD YES  L1900 CPT/HCPCS ANKLE-FOOT ORTHOSES(AFO), SPRING WIRE, DORSIFLEXION ASSIST CALF SABND, CUSTOM FABRICATED  L2800 CPT/HCPCS ANKLE-FOOT ORTHOSES(AFO), SPRING WIRE, DORSIFLEXION ASSIST CALF YES BAND, CUSTOM FABRICATED  L4387 CPT/HCPCS WALKING BOOT, NON-PNEUMATIC, WITH OR WITHOUT JOINTS, WITH OR WITHOUT SONLY  L4387 CPT/HCPCS WALKING BOOT, NON-PNEUMATIC, WITH OR WITHOUT JOINTS, WITHOUT SONLY  L4387 CPT/HCPCS FINGER ORTHOSIS, NONTORSION JOINT, MAY INCLUDE SOFT INTERFACE, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT  A4332 CPT/HCPCS LUBRICANT, INDIVIDUAL STERILE PACKET, EACH YES  L4350 CPT/HCPCS ANKLE CONTROL ORTHOSIS, STIRRUP STYLE, RIGID, INCLUDES ANY TYPE INTERFACE  L5950 CPT/HCPCS ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, ULTRA-LIGHT MATERIAL YES  (ITTANIUM, CARBON FIBER OR EQUAL)  A4420 CPT/HCPCS MIDFACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN YES	L5975	CPT/HCPCS		Yes
L3510 CPT/HCPCS MISCELLANEOUS SHOE ADDITION, INSOLE, RUBBER Yes L3206 CPT/HCPCS ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, CHILD Yes  A3357 CPT/HCPCS BEDSIDE DRAINAGE BAG, DAY OR NIGHT, WITH OR WITHOUT ANTI REFLUX DEVICE, WITH OR WITHOUT TUBE L8623 CPT/HCPCS LITHIUM ION BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE SPEECH PROCESSOR, OTHER THAN EAR LEVEL, REPLACEMENT, EACH 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 L2800 CPT/HCPCS ANKLE-FOOT ORTHOSES(AFO), SPRING WIRE, DORSIFLEXION ASSIST CALF MEDIAL OR LATERAL PULL, FOUR USE WITH CUSTOM FABRICATED ORTHOSIS ONLY L4387 CPT/HCPCS WALKING BOOT, NON-PNEUMATIC, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE MATERIAL, PREFABRICATED, OFF-THE-SHELF L3935 CPT/HCPCS FINGER ORTHOSIS, NONTORSION JOINT, MAY INCLUDE SOFT INTERFACE, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT  A4332 CPT/HCPCS LUBRICANT, INDIVIDUAL STERILE PACKET, EACH YES INTERFACE L4350 CPT/HCPCS ANKLE CONTROL ORTHOSIS, STIRRUP STYLE, RIGID, INCLUDES ANY TYPE INTERFACE L4350 CPT/HCPCS ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, ULTRA-LIGHT MATERIAL (ITTANIUM, CARBON FIBER OR EQUAL)  A4420 CPT/HCPCS MIDFACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN YES  L8041 CPT/HCPCS MIDFACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN YES	A4385	CPT/HCPCS	OSTOMY SKIN BARRIER, SOLID 4*4 OR EQUIVALENT, EXTENDED	Yes
L3206 CPT/HCPCS ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, CHILD  A4357 CPT/HCPCS BEDSIDE DRAINAGE BAG, DAY OR NIGHT, WITH OR WITHOUT ANTI REFLUX DEVICE, WITH OR WITHOUT TUBE  L8623 CPT/HCPCS LITHIUM ION BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE SPEECH PROCESSOR, OTHER THAN EAR LEVEL, REPLACEMENT, EACH  L1270 CPT/HCPCS ADDITION TO TLSO (LOW PROFILE), ABDOMINAL PAD  L990 CPT/HCPCS ANKLE-FOOT ORTHOSES(AFO), SPRING WIRE, DORSIFLEXION ASSIST CALF BAND, CUSTOM FABRICATED  L2800 CPT/HCPCS ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, KNEE CAP, MEDIAL OR LATERAL PULL, FOUR USE WITH CUSTOM FABRICATED ORTHOSIS ONLY  L4387 CPT/HCPCS WALKING BOOT, NON-PNEUMATIC, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE MATERIAL, PREFABRICATED, OFF-THE-SHELF  L3935 CPT/HCPCS FINGER ORTHOSIS, NONTOROIN JOINT MAY INCLUDE SOFT INTERFACE, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT  A4332 CPT/HCPCS LUBRICANT, INDIVIDUAL STERILE PACKET, EACH Yes  L4350 CPT/HCPCS ANKLE CONTROL ORTHOSIS, STIRRUP STYLE, RIGID, INCLUDES ANY TYPE INTERFACE  L4350 CPT/HCPCS ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CABBON FIBER OR EQUAL)  A4420 CPT/HCPCS MIDFACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN YES  LB041 CPT/HCPCS MIDFACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN YES	L3510	CPT/HCPCS		Yes
DEVICE, WITH OR WITHOUT TUBE  LB623 CPT/HCPCS LITHIUM ION BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE SPEECH PROCESSOR, OTHER THAN EAR LEVEL, REPLACEMENT, EACH  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  L2800 CPT/HCPCS ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, KNEE CAP, MEDIAL OR LATERAL PULL, FOUR USE WITH CUSTOM FABRICATED ORTHOSIS ONLY  L387 CPT/HCPCS WALKING BOOT, NON-PNEUMATIC, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE MATERIAL, PREFABRICATED, OFF-THE-SHELF  L3935 CPT/HCPCS FINGER ORTHOSIS, NONTORSION JOINT, MAY INCLUDE SOFT INTERFACE, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT  A4332 CPT/HCPCS LUBRICANT, INDIVIDUAL STERILE PACKET, EACH YES INTERFACE  L3950 CPT/HCPCS ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, ULTRA-LIGHT MATERIAL (ITTANIUM, CARBON FIBER OR EQUAL)  A4420 CPT/HCPCS MIDDFACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN YES  LB041 CPT/HCPCS MIDFACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN YES				
PROCESSOR, OTHER THAN EAR LEVEL, REPLACEMENT, EACH  L1270 CPT/HCPCS ADDITION TO TLSO (LOW PROFILE), ABDOMINAL PAD  Ves  L1900 CPT/HCPCS ANKLE-FOOT ORTHOSES (AFO), SPRING WIRE, DORSIFLEXION ASSIST CALF BAND, CUSTOM FABRICATED  L2800 CPT/HCPCS ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, KNEE CAP, MEDIAL OR LATERAL PULL, FOUR USE WITH CUSTOM FABRICATED ORTHOSIS ONLY  L4387 CPT/HCPCS WALKING BOOT, NON-PNEUMATIC, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE MATERIAL, PREFABRICATED, OFF-THE-SHELF  L3935 CPT/HCPCS FINGER ORTHOSIS, NONTORSION JOINT, MAY INCLUDE SOFT INTERFACE, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT  A4332 CPT/HCPCS LUBRICANT, INDIVIDUAL STERILE PACKET, EACH YES  L4350 CPT/HCPCS ANKLE CONTROL ORTHOSIS, STIRRUP STYLE, RIGID, INCLUDES ANY TYPE INTERFACE  L5950 CPT/HCPCS ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)  A4420 CPT/HCPCS MIDFACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN YES  L8041 CPT/HCPCS MIDFACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN YES	A4357	CPT/HCPCS		Yes
L1900 CPT/HCPCS ANKLE-FOOT ORTHOSES(AFO), SPRING WIRE, DORSIFLEXION ASSIST CALF BAND, CUSTOM FABRICATED  L2800 CPT/HCPCS ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, KNEE CAP, MEDIAL OR LATERAL PULL, FOUR USE WITH CUSTOM FABRICATED ORTHOSIS ONLY  L4387 CPT/HCPCS WALKING BOOT, NON-PNEUMATIC, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE MATERIAL, PREFABRICATED, OFF-THE-SHELF  L3935 CPT/HCPCS FINGER ORTHOSIS, NONTORSION JOINT, MAY INCLUDE SOFT INTERFACE, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT  A4332 CPT/HCPCS LUBRICANT, INDIVIDUAL STERILE PACKET, EACH YES  L3950 CPT/HCPCS ANKLE CONTROL ORTHOSIS, STIRRUP STYLE, RIGID, INCLUDES ANY TYPE INTERFACE  L5950 CPT/HCPCS ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)  A4420 CPT/HCPCS OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH LOCKING FLANGE(2) PIECE), EACH  L8041 CPT/HCPCS MIDFACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN YES	L8623	CPT/HCPCS		Yes
BAND, CUSTOM FABRICATED  L2800 CPT/HCPCS ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, KNEE CAP, MEDIAL OR LATERAL PULL, FOUR USE WITH CUSTOM FABRICATED ORTHOSIS ONLY  L4387 CPT/HCPCS WALKING BOOT, NON-PNEUMATIC, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE MATERIAL, PREFABRICATED, OFF-THE-SHELF  L3935 CPT/HCPCS FINGER ORTHOSIS, NONTORSION JOINT, MAY INCLUDE SOFT INTERFACE, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT  A4332 CPT/HCPCS LUBRICANT, INDIVIDUAL STERILE PACKET, EACH  L4350 CPT/HCPCS ANKLE CONTROL ORTHOSIS, STIRRUP STYLE, RIGID, INCLUDES ANY TYPE INTERFACE  L5950 CPT/HCPCS ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)  A4420 CPT/HCPCS OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH LOCKING FLANGE(2 PIECE), EACH  L8041 CPT/HCPCS MIDFACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN YES	L1270	CPT/HCPCS	ADDITION TO TLSO (LOW PROFILE), ABDOMINAL PAD	Yes
L2800 CPT/HCPCS ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, KNEE CAP, MEDIAL OR LATERAL PULL, FOUR USE WITH CUSTOM FABRICATED ORTHOSIS ONLY  L4387 CPT/HCPCS WALKING BOOT, NON-PNEUMATIC, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE MATERIAL, PREFABRICATED, OFF-THE-SHELF  L3935 CPT/HCPCS FINGER ORTHOSIS, NONTORSION JOINT, MAY INCLUDE SOFT INTERFACE, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT  A4332 CPT/HCPCS LUBRICANT, INDIVIDUAL STERILE PACKET, EACH  L4350 CPT/HCPCS ANKLE CONTROL ORTHOSIS, STIRRUP STYLE, RIGID, INCLUDES ANY TYPE INTERFACE  L5950 CPT/HCPCS ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)  A4420 CPT/HCPCS OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH LOCKING FLANGE(2 PIECE), EACH  L8041 CPT/HCPCS MIDFACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN YES	L1900	CPT/HCPCS		Yes
L4387 CPT/HCPCS WALKING BOOT, NON-PNEUMATIC, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE MATERIAL, PREFABRICATED, OFF-THE-SHELF L3935 CPT/HCPCS FINGER ORTHOSIS, NONTORSION JOINT, MAY INCLUDE SOFT INTERFACE, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT  A4332 CPT/HCPCS LUBRICANT, INDIVIDUAL STERILE PACKET, EACH CPT/HCPCS ANKLE CONTROL ORTHOSIS, STIRRUP STYLE, RIGID, INCLUDES ANY TYPE INTERFACE L5950 CPT/HCPCS ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)  A4420 CPT/HCPCS OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH LOCKING FLANGE(2) PIECE), EACH L8041 CPT/HCPCS MIDFACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN YES	L2800	CPT/HCPCS	ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, KNEE CAP, MEDIAL OR LATERAL PULL, FOUR USE WITH CUSTOM FABRICATED ORTHOSIS	
L3935 CPT/HCPCS FINGER ORTHOSIS, NONTORSION JOINT, MAY INCLUDE SOFT INTERFACE, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT  A4332 CPT/HCPCS LUBRICANT, INDIVIDUAL STERILE PACKET, EACH L4350 CPT/HCPCS ANKLE CONTROL ORTHOSIS, STIRRUP STYLE, RIGID, INCLUDES ANY TYPE INTERFACE L5950 CPT/HCPCS ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)  A4420 CPT/HCPCS OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH LOCKING FLANGE(2 PIECE), EACH  L8041 CPT/HCPCS MIDFACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN YES	L4387	CPT/HCPCS		Yes
L4350 CPT/HCPCS ANKLE CONTROL ORTHOSIS, STIRRUP STYLE, RIGID, INCLUDES ANY TYPE INTERFACE  L5950 CPT/HCPCS ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)  A4420 CPT/HCPCS OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH LOCKING FLANGE(2 PIECE), EACH  L8041 CPT/HCPCS MIDFACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN Yes	L3935	CPT/HCPCS	FINGER ORTHOSIS, NONTORSION JOINT, MAY INCLUDE SOFT INTERFACE,	Yes
L5950 CPT/HCPCS ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)  A4420 CPT/HCPCS OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH LOCKING FLANGE(2 PIECE), EACH  L8041 CPT/HCPCS MIDFACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN Yes	A4332	CPT/HCPCS	LUBRICANT, INDIVIDUAL STERILE PACKET, EACH	Yes
(TITANIUM, CARBON FIBER OR EQUAL)  A4420 CPT/HCPCS OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH LOCKING FLANGE(2 Yes PIECE), EACH  L8041 CPT/HCPCS MIDFACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN Yes	L4350	CPT/HCPCS		Yes
PIECE), EACH L8041 CPT/HCPCS MIDFACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN Yes	L5950	CPT/HCPCS		Yes
	A4420	CPT/HCPCS		Yes
A/377 CPT/HCPCS OSTOMY POLICH DRAINARLE FOR LISE ON FACEDIATE DI SATIC FACIL VOS	L8041	CPT/HCPCS	MIDFACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	Yes
patoria politinoros postoria roson, diamadel, ron use diverdellare, resalio, eron 1165	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	Yes
		FEAFEATURE, ONLY FOR USE WITH MANUALLY POWERED ELBOW	
L1960	CPT/HCPCS	ANKLE-FOOT ORTHOSES,POSTERIOR SOLID ANKLE,PLASTIC,CUSTOM FABRICATED	Yes
L0455	CPT/HCPCS	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, EXTENDS FROM	Yes
		SACROCOCCYGEAL JUNCTION TO ABOVE T-9 VERTEBRA, RESTRICTS GROSS TRUN	
L3929	CPT/HCPCS	HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S),	Yes
		TURNBUCKLES, ELASTIC BANDS/SPRINGS, MAY INCLUDE SOFT INTERFACE	
		MATERIAL, STRAPS, PREF+	
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	Yes
		CONTROL, ADJUSTABLE HIP MOTION CONTROL, THIGH CUFFS, CUST. FAB.	
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 ACCORDIWITHOUT > 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	Yes
		INTERFACE/PADS, CUSTOM FABRICATED	
L7600	CPT/HCPCS	PROSTHETIC DONNING SLEEVE, ANY MATERIAL, EACH	Yes
L0484	CPT/HCPCS	TLSO, TRIPLANAR CONTROL, TWO PIECE RIGID PLASTIC SHELL WITHOINTERFACE LINER, WITH MULTIPLE STRAPS AND CLOSURES	Yes
	1-	POSTERIOR	
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	Yes
		PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	
<u> </u>	1	I HELADIIOATED, INOCODES EL HINO AND ADJOSTIFICAT	<u> </u>

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, PREFA	Yes
L1834	CPT/HCPCS	KO,WITHOUT KNEE JOINT,RIGID,CUSTOM FABRICATED	Yes
L5530	CPT/HCPCS	PREPARATORY, BELOW KNEE "PTB" TYPE SOCKET, "USMC" OR EQUAL	Yes
		PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQUAL, MOLDED	
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	Yes
		CONTROL,BILATERALROTATION STRAPS,PELVIC BAND/BELT,CUSTOM FABRICATED	
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 FEATURECTRONIC 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

SEASO				
	L5827	CPT/HCPCS		Yes
POSTERIOR-LATERIAL CONTROL, PREPARATOR TO MATA HAS BEEN T  MATERIAL CONTROL, PREPARATOR STATEMENT POSTERIAL CONTROL OF MATA BROD DESSING, INCLUDIOR STITING ALGONEMA NO SUSPENS  STOTAL  STOTAL  OPTINICPES  NY TURBING EXTERMICH STATEMEN STIT.  FOR A PRINCIPCES  NY TURBING EXTERMICH STATEMEN STATEMEN STATEMENT AND SUSPENS  OPTINICPES  OPTINICPES  NY MOLE  OPTINICPES  PRINCIPCES  PRINCIPCES  PRINCIPCES  OPTINICPES	L1933	CPT/HCPCS		Yes
MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MICHOPATES   MIC	L0720	CPT/HCPCS	·	Yes
E0726	L6037	CPT/HCPCS		Yes
COMPONENTS, E.P., PUMP, CARTHETER, CONNECTORS, ETC)	S1015	CPT/HCPCS	IV TUBING EXTENSION SET.	Yes
EPTIME	E0782	CPT/HCPCS	INFUSION PUMP, IMPLANTABLE, NON-PROGRAMMABLE (INCLUDES ALL	Yes
CPTINCESS				
CPTI-HCPCS				
SP PATIENT		_		
HOURS OR GREATER  FO766 OPTHOPCS   ESTERICAL STIMULATION DEVICE USED FOR CANCER TREATMENT,   Ves			BY PATIENT	
INCLIDES ALL ACCISSORIES, ANY TYPE   E0780	E0779	CPT/HCPCS		Yes
LESS THAN B HOURS  1016 CPTHCPCS NON-PVG (POLYVINYL CHLORIDE) INTRAVENOUS ADMINISTRATION SET, FOR YES  105783 CPTHCPCS USE WITH DRUGS THAT ARE NOT STABLE IN PVC E.G., PACLITAX  105783 CPTHCPCS INFUSION PUMP, IMPLANTABLE PROGRAMMABLE YES  105785 CPTHCPCS INFUSION PUMP, IMPLANTABLE PROGRAMMABLE YES  105786 CPTHCPCS INFUSION PUMP, IMPLANTABLE PROGRAMMABLE YES  105711 CPTHCPCS UPER EXTRACTISE LEUN RELIGIOUS PUMP, REPLACEMENT YES  105711 CPTHCPCS UPER EXTRACTISE LEUN RANGE OF MOTION DEVICE, RESTRICTS ELEUN RANGE OF MOTION DEVICE, RESTRICTS ELEUN RANGE OF MOTION OF TAXASANAL BRIGGATION SYSTEM, EACH  10579 CPTHCPCS YES RESTRICTS ELEUN RANGE OF MOTION OF TAXASANAL BRIGGATION SYSTEM, EACH  105714 CPTHCPCS YES PROME THE YES AND TYPE, REPLACEMENT YES SPECIFIED  105714 CPTHCPCS YES PROME THE YES AND TYPE, REPLACEMENT YES SPECIFIED  105714 CPTHCPCS YES PROME THE YES AND TYPE, REPLACEMENT YES SPECIFIED  105714 CPTHCPCS YES PROME THE YES AND TYPE, REPLACEMENT YES SPECIFIED  105714 CPTHCPCS YES AND FILLER, CELPPASTE, STERILE, PER FLUID OUNCE, NOT ELSWHERE YES SPECIFIED  105714 CPTHCPCS YES AND FILLER, CELPPASTE, STERILE, PER FLUID OUNCE, NOT ELSWHERE YES SPECIFIED  105714 CPTHCPCS YES AND FILLER, TORY FORM, STERILE, PER FLUID OUNCE, NOT ELSWHERE YES SPECIFIED  105714 CPTHCPCS YES AND FILLER, TORY FORM, STERILE, PER FLUID OUNCE, NOT ELSWHERE YES SPECIFIED  105714 CPTHCPCS YES AND FILLER, TORY FORM, STERILE, PER FLUID OUNCE, NOT ELSWHERE YES SPECIFIED  105714 CPTHCPCS YES AND FILLER, TORY FORM, STERILE, PER FLUID OUNCE, NOT ELSWHERE YES SPECIFIED  105714 CPTHCPCS YES AND FILLER, TORY FORM, STERILE, PER FLUID OUNCE, NOT ELSWHERE YES SPECIFIED  105714 CPTHCPCS YES AND FILLER, TORY FORM, STERILE, PER FLUID OUNCE, NOT ELSWHERE YES SPECIFIED  105714 CPTHCPCS YES AND FILLER THE PAD SIZE IS SQ IN OR LESS WITHOUT YES AND FILLER THE PAD SIZE IS SQ IN OR LESS WITHOUT YES AND FILLER THE PAD SIZE IS SQ IN OR LESS WITHOUT YES AND FILLER THE PAD SIZE IS SQ IN OR LESS WITHOUT YES AND FILLER THE PAD SIZE IS SQ IN OR LESS WITHOUT YES AND FILLER	E0766	CPT/HCPCS		Yes
CPT/HCPCS	E0780	CPT/HCPCS	AMBULATORY INFUSION PUMP, MECHANICAL, REUSABLE, FOR INFUSION	Yes
E0785   CPT/HCPCS	S1016	CPT/HCPCS	NON-PVC (POLYVINYL CHLORIDE) INTRAVENOUS ADMINISTRATION SET,FOR	Yes
E0785   CPT/HCPCS	E0783	CPT/HCPCS	INFUSION PUMP. IMPLANTABLE PROGRAMMABLE	Yes
E0711 CPT/HCPCS UPPER EXTREMITY MEDICAL TUBING/LINES ENCLOSURE OR COVERING DEVICE, RESTRICTS ELBOW RANGE OF MOTION  A4453 CPT/HCPCS COMPRESSION STOCKING, BELOW KNEE, 18-30 MMHG, LSCD AS ASURGICAL DERSING'S ELOCH KNOE, BELOW KNEE, 18-30 MMHG, LSCD AS ASURGICAL DERSING'S EACH  A6463 CPT/HCPCS CRADIENT COMPRESSION STOCKING, BELOW KNEE, 40-50 MMHG, USED AS A SURGICAL DERSING, EACH  CPT/HCPCS CRADIENT COMPRESSION STOCKING, THIGH LENGTH, 18-30 MMHG, EACH  Ves  CPT/HCPCS GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 18-30 MMHG, EACH  Ves  CPT/HCPCS GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 18-30 MMHG, EACH  Ves  CPT/HCPCS GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 18-30 MMHG, EACH  Ves  CPT/HCPCS GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 18-30 MMHG, EACH  Ves  CPT/HCPCS GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 18-30 MMHG, EACH  Ves  CPT/HCPCS GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 18-30 MMHG, EACH  Ves  CPT/HCPCS GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 18-30 MMHG, EACH  Ves  CPT/HCPCS GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 18-30 MMHG, EACH  Ves  CPT/HCPCS GRADIENT COMPRESSION STOCKING, BELOW KNEE, 30-40 MMHG, USED AS A SURGICAL DESSING, EACH  CPT/HCPCS GRADIENT COMPRESSION STOCKING, BELOW KNEE, 40-50 MMHG, USED AS A SURGICAL DESSING, EACH  CPT/HCPCS GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 18-30 MMHG, EACH  Ves  CPT/HCPCS GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 18-30 MMHG, EACH  Ves  CPT/HCPCS GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 18-30 MMHG, EACH  Ves  CPT/HCPCS GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 18-30 MMHG, EACH  Ves  CPT/HCPCS GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 18-30 MMHG, EACH  CPT/HCPCS GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 18-30 MMHG, EACH  Ves  CPT/HCPCS GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 18-30 MMHG, EACH  Ves  CPT/HCPCS GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 18-30 MMHG, EACH  Ves			IMPLANTABLE INTRASPINAL(EPIDURAL/INRATHECAL) CATHETER USED	
A4533 CPT/HCPCS RECTAL CATHETER WITH OR WITHOUT BALLOON, FOR USE WITH ANY TYPE TRANSANALI IRRIGATION SYSTEM, EACH ONLY, EA CPT/HCPCS ENEMATUBE, WITH OR WITHOUT ADAPTER, ANY TYPE, RE PLACEMENT ONLY, EA SPECIFIED WOUND FILLER, GEL/PASTE, STERILE, PER FLUID OUNCE, NOT ELSWHERE SPECIFIED SPECIFIED WOUND FILLER, DRY FORM, STERILE, PER GRAM, NOT ELSEWHERE SPECIFIED PASTE, STERILE, PER FLUID OUNCE, NOT ELSEWHERE SPECIFIED SPECIFIED PASTE, STERILE, PER FLUID OUNCE, NOT ELSEWHERE SPECIFIED PASTE, STERILE, ANY WIDTH, PER LINEARY DO AGUZE NON IMPREGNATE DISTRILE PAD SIZE IS SQ IN OR LESS WITHOUT ADHESIVE BORDER EACH DRESSING AGUZE NON IMPREGNATED STERILE PAD SIZE IS SQ IN OR LESS WITHOUT ADHESIVE BORDER EACH DRESSING AGUSE NON ADMINISTRATION OF SERVICE PAGE AGUSE AND ADMINISTRATION OF SERVICE PAGE AGUSE AND ADMINISTRATION OF SERVICE PAGE AGUSE AND ADMINISTRATION OF SERVICE PAGE AGUSE AND ADMINISTRATION OF SERVICE PAGE AGUSE AGU	E0711	CPT/HCPCS	UPPER EXTREMITY MEDICAL TUBING/LINES ENCLOSURE OR COVERING	Yes
K1013 CPT/HCPCS ENEMATUBE, WITH OR WITHOUT ADAPTER, ANY TYPE, RE PLACEMENT ONLY, EA  A6261 CPT/HCPCS WOUND FILLER, GEL/PASTE, STERILE, PER FLUID OUNCE, NOT ELSWHERE YES  A6262 CPT/HCPCS WOUND FILLER, DRY FORM, STERILE, PER FLUID OUNCE, NOT ELSWHERE YES  A6266 CPT/HCPCS GAUZE, IMPREGNATED, OTHER THAN WATER, NORMAL SALINE, OR ZINC PASTE, STERILE, ANY WIDTH, PER LINEAR YD  A6402 CPT/HCPCS GAUZE, IMPREGNATED, STERILE PAD SIZE 16 SQ IN OR LESS WITHOUT ADHESIVE BORDER EACH DRESSING  A6508 CPT/HCPCS COMPRESSION BURN GARMENT, FOOT TO THIGH LENGTH, CUSTOM FABRICATED  A6509 CPT/HCPCS COMPRESSION BURN GARMENT, UPPER TRUNK TO WAIST INCLUDING ARMS DOWN TO LEG OPENINGS (LEGTARD), AMMORPHINGS (VEST), CUMPRESSION BURN GARMENT, LOWER TRUNK INCLUDING LEG OPENINGS (LEGTARD), COMPRESSION BURN GARMENT, LOWER TRUNK INCLUDING LEG OPENINGS (PATT), CUSTOM A6530 CPT/HCPCS GRADIENT COMPRESSION STOCKING, BELOW KNEE, 18-30 MMHG, EACH YES  K0108 CPT/HCPCS GRADIENT COMPRESSION STOCKING, BELOW KNEE, 18-30 MMHG, USED AS A SURGICAL DRESSING, EACH  A6531 CPT/HCPCS GRADIENT COMPRESSION STOCKING, BELOW KNEE, 30-40 MMHG, USED AS A SURGICAL DRESSING, EACH  A6532 CPT/HCPCS GRADIENT COMPRESSION STOCKING, BELOW KNEE, 40-50 MMHG, USED AS A SURGICAL DRESSING, EACH  A6533 CPT/HCPCS GRADIENT COMPRESSION STOCKING, BELOW KNEE, 40-50 MMHG, USED AS A SURGICAL DRESSING, EACH  A6534 CPT/HCPCS GRADIENT COMPRESSION STOCKING, HELOW KNEE, 40-50 MMHG, USED AS A SURGICAL DRESSING, EACH  A6534 CPT/HCPCS GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 18-30 MMHG, EACH YES  A6535 CPT/HCPCS GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 18-30 MMHG, EACH YES  A6536 CPT/HCPCS GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 40 MMHG, OR GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 40 MMHG, OR GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 40 MMHG, OR GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 40 MMHG, OR GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 40 MMHG, OR GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 40 MMHG, OR GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 40 MMHG, OR GRADIENT CO	A4453	CPT/HCPCS	RECTAL CATHETER WITH OR WITHOUT BALLOON, FOR USE WITH ANY TYPE	Yes
A6261 CPT/HCPCS WOUND FILLER, GEL/PASTE, STERILE, PER FLUID OUNCE, NOT ELSWHERE SPECIFIED  A6262 CPT/HCPCS WOUND FILLER, DRY FORM, STERILE, PER GRAM, NOT ELSEWHERE SPECIFIED  A6266 CPT/HCPCS GAUZE, IMPREGNATED, OTHER THAN WATER, NORMAL SALINE, OR ZINC PASTE, STERILE, ANY WIDTH, PER LINEAR YD  A6402 CPT/HCPCS GAUZE, IMPREGNATED STERILE PAD SIZE 16 SQ IN OR LESS WITHOUT ADHESIVE BORDER EACH DRESSING  A6508 CPT/HCPCS COMPRESSION BURN GARMENT, FOOT TO THIGH LENGTH, CUSTOM FABRICATED  A6509 CPT/HCPCS COMPRESSION BURN GARMENT, UPPER TRUNK TO WAIST INCLUDING YES ARMOPENINGS (VEST), COMPRESSION BURN GARMENT, TRUNK, INCLUDING ARMS DOWN TO LEG OPENINGS (SEST), COMPRESSION BURN GARMENT, LOWER TRUNK INCLUDING LEG OPENINGS (COMPRESSION STOCKING, BELOW KNEE, 18-30 MMHG, EACH YES  K0108 CPT/HCPCS GRADIENT COMPRESSION STOCKING, BELOW KNEE, 30-40 MMHG, USED AS A SURGICAL DRESSING, EACH  A6532 CPT/HCPCS GRADIENT COMPRESSION STOCKING, BELOW KNEE, 40-50 MMHG, USED AS A SURGICAL DRESSING, EACH  A6633 CPT/HCPCS GRADIENT COMPRESSION STOCKING, BELOW KNEE, 40-50 MMHG, USED AS A SURGICAL DRESSING, EACH  A6634 CPT/HCPCS GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 18-30 MMHG, EACH YES  A6635 CPT/HCPCS GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 18-30 MMHG, EACH YES  A6636 CPT/HCPCS GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 30-40 MMHG, EACH YES  A6636 CPT/HCPCS GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 30-40 MMHG, EACH YES  A6636 CPT/HCPCS GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 30-40 MMHG, EACH YES  A6630 CPT/HCPCS GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 30-40 MMHG, EACH YES  A6630 CPT/HCPCS GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 30-40 MMHG, EACH YES  A6630 CPT/HCPCS GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 30-40 MMHG, EACH YES  A6630 CPT/HCPCS GRADIENT COMPRESSION ST	K1013	CPT/HCPCS	ENEMA TUBE, WITH OR WITHOUT ADAPTER, ANY TYPE, RE PLACEMENT	Yes
A6262 CPT/HCPCS WOUND FILLER, DRY FORM, STERILE, PER GRAM, NOT ELSEWHERE SPECIFIED  A6266 CPT/HCPCS GAUZE, IMPREGNATED, OTHER THAN WATER, NORMAL SALINE, OR ZINC PASTE, STERILE, ANY WIDTH, PER LINEAR YD  A6402 CPT/HCPCS GAUZE IN MINPREGNATED STERILE PAD SIZE 16 SQ IN OR LESS WITHOUT ADHESIVE BORDER EACH DRESSING  A6508 CPT/HCPCS COMPRESSION BURN GARMENT, FOOT TO THIGH LENGTH, CUSTOM FABRICATED  A6509 CPT/HCPCS COMPRESSION BURN GARMENT, UPPER TRUNK TO WAIST INCLUDING A6500 CPT/HCPCS COMPRESSION BURN GARMENT, UPPER TRUNK TO WAIST INCLUDING A6510 CPT/HCPCS COMPRESSION BURN GARMENT, LOWER TRUNK INCLUDING ARMS DOWN TO LEG OPENINGS (LEOTARD),  A6511 CPT/HCPCS COMPRESSION BURN GARMENT, LOWER TRUNK INCLUDING LEG OPENINGS (PATTY), CUSTOM  A6530 CPT/HCPCS GRADIENT COMPRESSION STOCKING, BELOW KNEE, 18-30 MMHG, EACH  K0108 CPT/HCPCS GRADIENT COMPRESSION STOCKING, BELOW KNEE, 30-40 MMHG, USED AS A SURGICAL DRESSING, EACH  A6532 CPT/HCPCS GRADIENT COMPRESSION STOCKING, BELOW KNEE, 40-50 MMHG, USED AS A SURGICAL DRESSING, EACH  A6534 CPT/HCPCS GRADIENT COMPRESSION STOCKING, BELOW KNEE, 40-50 MMHG, USED AS A SURGICAL DRESSING, EACH  A6535 CPT/HCPCS GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 18-30 MMHG, EACH  YES  A6536 CPT/HCPCS GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 30-40 MMHG, EACH  YES  A6537 CPT/HCPCS GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 30-40 MMHG, EACH  YES  A6538 CPT/HCPCS GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 30-40 MMHG, EACH  YES  A6539 CPT/HCPCS GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 30-40 MMHG, EACH  YES  A6530 CPT/HCPCS GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 30-40 MMHG, EACH  YES  A6530 CPT/HCPCS GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 30-40 MMHG, EACH  YES  A6530 CPT/HCPCS GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 30-40 MMHG, EACH  YES  A6530 CPT/HCPCS GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 30-40 MMHG, EACH  YES	A6261	CPT/HCPCS	WOUND FILLER, GEL/PASTE, STERILE, PER FLUID OUNCE, NOT ELSWHERE	Yes
A6266 CPT/HCPCS GAUZE, IMPREGNATED, OTHER THAN WATER, NORMAL SALINE, OR ZINC PASTE, STERILE, ANY WIDTH, PER LINEAR YD  GAUZE NON IMPREGNATED STERILE PAD SIZE 16 SQ IN OR LESS WITHOUT ADHESIVE BORDER EACH DRESSING  A6508 CPT/HCPCS COMPRESSION BURN GARMENT, FOOT TO THIGH LENGTH, CUSTOM FABRICATED  A6509 CPT/HCPCS COMPRESSION BURN GARMENT, UPPER TRUNK TO WAIST INCLUDING ARMOPENINGS (VEST),  A6510 CPT/HCPCS COMPRESSION BURN GARMENT, TRUNK, INCLUDING ARMS DOWN TO LEG OPENINGS (LEOTARD),  A6511 CPT/HCPCS COMPRESSION BURN GARMENT, LOWER TRUNK INCLUDING LEG OPENINGS (LEOTARD),  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  A6532 CPT/HCPCS GRADIENT COMPRESSION STOCKING, BELOW KNEE, 40-50 MMHG, USED AS A SURGICAL DRESSING, EACH  A6533 CPT/HCPCS GRADIENT COMPRESSION STOCKING, BELOW KNEE, 40-50 MMHG, USED AS A SURGICAL DRESSING, EACH  A6534 CPT/HCPCS GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 18-30 MMHG, EACH YES  A6535 CPT/HCPCS GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 30-40 MMHG, EACH YES  A6536 CPT/HCPCS GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 30-40 MMHG, EACH YES  A6537 CPT/HCPCS GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 30-40 MMHG, EACH YES  A6538 CPT/HCPCS GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 30-40 MMHG, EACH YES  A6539 CPT/HCPCS GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 30-40 MMHG, EACH YES  A6530 CPT/HCPCS GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 30-40 MMHG, EACH YES  A6530 CPT/HCPCS GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 30-40 MMHG, EACH YES  A6530 CPT/HCPCS GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 30-40 MMHG, EACH YES	A6262	CPT/HCPCS	WOUND FILLER, DRY FORM, STERILE, PER GRAM, NOT ELSEWHERE	Yes
A6402 CPT/HCPCS GAUZE NON IMPREGNATED STERILE PAD SIZE 16 SQ IN OR LESS WITHOUT ADHESIVE BORDER EACH DRESSING A6508 CPT/HCPCS COMPRESSION BURN GARMENT, FOOT TO THIGH LENGTH, CUSTOM FABRICATED A6509 CPT/HCPCS COMPRESSION BURN GARMENT, UPPER TRUNK TO WAIST INCLUDING ARMOPENINGS (VEST), A6510 CPT/HCPCS COMPRESSION BURN GARMENT, TRUNK, INCLUDING ARMS DOWN TO LEG OPENINGS (LEOTARD), A6511 CPT/HCPCS COMPRESSION BURN GARMENT, LOWER TRUNK INCLUDING LEG OPENINGS (LEOTARD), A6530 CPT/HCPCS GRADIENT COMPRESSION STOCKING, BELOW KNEE, 18-30 MMHG, EACH Ves  KI0108 CPT/HCPCS OTHER ACCESSORIES A6531 CPT/HCPCS GRADIENT COMPRESSION STOCKING, BELOW KNEE, 30-40 MMHG, USED AS A SURGICAL DRESSING, EACH A6532 CPT/HCPCS GRADIENT COMPRESSION STOCKING, BELOW KNEE, 40-50 MMHG, USED AS A SURGICAL DRESSING, EACH A6533 CPT/HCPCS GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 18-30 MMHG, EACH Ves  A6534 CPT/HCPCS GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 30-40 MMHG, EACH Ves  A6535 CPT/HCPCS GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 30-40 MMHG, EACH Ves  A6536 CPT/HCPCS GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 30-40 MMHG, EACH Ves  A6536 CPT/HCPCS GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 30-40 MMHG, EACH Ves  A6536 CPT/HCPCS GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 30-40 MMHG, OR GREATER, EACH A6603 CPT/HCPCS GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 30-40 MMHG, OR GREATER, EACH A6603 CPT/HCPCS GAUZE, NON IMPREGNATED STERILE PAD SIZE MORE THAN 16 SQ IN BUT Ves	A6266	CPT/HCPCS	GAUZE, IMPREGNATED, OTHER THAN WATER, NORMAL SALINE, OR ZINC	Yes
A6508 CPT/HCPCS COMPRESSION BURN GARMENT, FOOT TO THIGH LENGTH, CUSTOM FABRICATED COMPRESSION BURN GARMENT, UPPER TRUNK TO WAIST INCLUDING ARMOPENINGS (VEST),  A6510 CPT/HCPCS COMPRESSION BURN GARMENT, TRUNK, INCLUDING ARMS DOWN TO LEG OPENINGS (LEOTARD),  A6511 CPT/HCPCS COMPRESSION BURN GARMENT, LOWER TRUNK INCLUDING LEG OPENINGS (LEOTARD),  A6530 CPT/HCPCS GRADIENT COMPRESSION STOCKING, BELOW KNEE, 18-30 MMHG, EACH VES  K0108 CPT/HCPCS OTHER ACCESSORIES VES  A6531 CPT/HCPCS GRADIENT COMPRESSION STOCKING, BELOW KNEE, 30-40 MMHG, USED AS A SURGICAL DRESSING, EACH AS URGICAL DRESSING STOCKING, THIGH LENGTH, 18-30 MMHG, EACH VES  A6533 CPT/HCPCS GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 18-30 MMHG, EACH VES  A6534 CPT/HCPCS GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 30-40 MMHG, EACH VES  A6535 CPT/HCPCS GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 30-40 MMHG, EACH VES  A6636 CPT/HCPCS GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 40 MMHG, OR GREATER, EACH  A6603 CPT/HCPCS GAUZE, NON IMPREGNATED STERILE PAD SIZE MORE THAN 16 SQ IN BUT VES	A6402	CPT/HCPCS	GAUZE NON IMPREGNATED STERILE PAD SIZE 16 SQ IN OR LESS WITHOUT	Yes
A6509 CPT/HCPCS COMPRESSION BURN GARMENT, UPPER TRUNK TO WAIST INCLUDING ARMOPENINGS (VEST), A6510 CPT/HCPCS COMPRESSION BURN GARMENT, TRUNK, INCLUDING ARMS DOWN TO LEG OPENINGS (LEOTARD), A6511 CPT/HCPCS COMPRESSION BURN GARMENT, LOWER TRUNK INCLUDING LEG OPENINGS (PADIENT COMPRESSION BURN GARMENT, LOWER TRUNK INCLUDING LEG OPENINGS (PADIENT COMPRESSION STOCKING, BELOW KNEE, 18-30 MMHG, EACH YES A6530 CPT/HCPCS GRADIENT COMPRESSION STOCKING, BELOW KNEE, 30-40 MMHG, USED AS A SURGICAL DRESSING, EACH ASURGICAL DRESSI	A6508	CPT/HCPCS	COMPRESSION BURN GARMENT, FOOT TO THIGH LENGTH, CUSTOM	Yes
A6510 CPT/HCPCS COMPRESSION BURN GARMENT, TRUNK, INCLUDING ARMS DOWN TO LEG OPENINGS (LEOTARD), A6511 CPT/HCPCS COMPRESSION BURN GARMENT, LOWER TRUNK INCLUDING LEG OPENINGS (PANTY), CUSTOM 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 A6532 CPT/HCPCS GRADIENT COMPRESSION STOCKING, BELOW KNEE, 40-50 MMHG, USED AS A SURGICAL DRESSING, EACH 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, 30-40 MMHG, EACH YES  A6536 CPT/HCPCS GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 40 MMHG, OR GREATER, EACH  A6603 CPT/HCPCS GAUZE, NON IMPREGNATED STERILE PAD SIZE MORE THAN 16 SQ IN BUT YES	A6509	CPT/HCPCS	COMPRESSION BURN GARMENT, UPPER TRUNK TO WAIST INCLUDING	Yes
A6511 CPT/HCPCS COMPRESSION BURN GARMENT, LOWER TRUNK INCLUDING LEG OPENINGS(PANTY), CUSTOM  A6530 CPT/HCPCS GRADIENT COMPRESSION STOCKING, BELOW KNEE, 18-30 MMHG, EACH  K0108 CPT/HCPCS OTHER ACCESSORIES A6531 CPT/HCPCS GRADIENT COMPRESSION STOCKING, BELOW KNEE, 30-40 MMHG, USED AS A SURGICAL DRESSING, EACH  A6532 CPT/HCPCS GRADIENT COMPRESSION STOCKING, BELOW KNEE, 40-50 MMHG, USED AS A SURGICAL DRESSING, EACH  A6533 CPT/HCPCS GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 18-30 MMHG, EACH  CPT/HCPCS GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 30-40 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  A6403 CPT/HCPCS GAUZE, NON IMPREGNATED STERILE PAD SIZE MORE THAN 16 SQ IN BUT  Yes	A6510	CPT/HCPCS	COMPRESSION BURN GARMENT, TRUNK, INCLUDING ARMS DOWN TO LEG	Yes
A6530 CPT/HCPCS GRADIENT COMPRESSION STOCKING, BELOW KNEE, 18-30 MMHG, EACH  K0108 CPT/HCPCS OTHER ACCESSORIES  A6531 CPT/HCPCS GRADIENT COMPRESSION STOCKING, BELOW KNEE, 30-40 MMHG, USED AS A SURGICAL DRESSING, EACH  A6532 CPT/HCPCS GRADIENT COMPRESSION STOCKING, BELOW KNEE, 40-50 MMHG, USED AS A SURGICAL DRESSING, EACH  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  A6403 CPT/HCPCS GAUZE, NON IMPREGNATED STERILE PAD SIZE MORE THAN 16 SQ IN BUT  Yes	A6511	CPT/HCPCS	COMPRESSION BURN GARMENT, LOWER TRUNK INCLUDING LEG	Yes
A6531 CPT/HCPCS GRADIENT COMPRESSION STOCKING, BELOW KNEE, 30-40 MMHG, USED AS A SURGICAL DRESSING, EACH A6532 CPT/HCPCS GRADIENT COMPRESSION STOCKING, BELOW KNEE, 40-50 MMHG, USED AS A SURGICAL DRESSING, EACH 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 A6403 CPT/HCPCS GAUZE, NON IMPREGNATED STERILE PAD SIZE MORE THAN 16 SQ IN BUT Yes	A6530	CPT/HCPCS		Yes
A6531 CPT/HCPCS GRADIENT COMPRESSION STOCKING, BELOW KNEE, 30-40 MMHG, USED AS A SURGICAL DRESSING, EACH A6532 CPT/HCPCS GRADIENT COMPRESSION STOCKING, BELOW KNEE, 40-50 MMHG, USED AS A SURGICAL DRESSING, EACH 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 A6403 CPT/HCPCS GAUZE, NON IMPREGNATED STERILE PAD SIZE MORE THAN 16 SQ IN BUT Yes	K0108	CPT/HCPCS	OTHER ACCESSORIES	Yes
A SURGICAL DRESSING, EACH  A6532 CPT/HCPCS GRADIENT COMPRESSION STOCKING, BELOW KNEE, 40-50 MMHG, USED AS A SURGICAL DRESSING, EACH  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  A6403 CPT/HCPCS GAUZE, NON IMPREGNATED STERILE PAD SIZE MORE THAN 16 SQ IN BUT Yes		_		
A SURGICAL DRESSING, EACH  A6533 CPT/HCPCS GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 18-30 MMHG, EACH  CPT/HCPCS GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 30-40 MMHG, EACH  CPT/HCPCS GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 40 MMHG, OR GREATER, EACH  CPT/HCPCS GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 40 MMHG, OR GREATER, EACH  A6403 CPT/HCPCS GAUZE, NON IMPREGNATED STERILE PAD SIZE MORE THAN 16 SQ IN BUT Yes				
A6534 CPT/HCPCS GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 30-40 MMHG, EACH  A6535 CPT/HCPCS GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 40 MMHG, OR  GREATER, EACH  A6403 CPT/HCPCS GAUZE, NON IMPREGNATED STERILE PAD SIZE MORE THAN 16 SQ IN BUT Yes	A6532	CPT/HCPCS		Yes
A6535 CPT/HCPCS GRADIENT COMPRESSION STOCKING, THIGH LENGTH,40 MMHG,OR GREATER, EACH  A6403 CPT/HCPCS GAUZE, NON IMPREGNATED STERILE PAD SIZE MORE THAN 16 SQ IN BUT Yes	A6533	CPT/HCPCS	GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 18-30 MMHG, EACH	Yes
GREATER, EACH A6403 CPT/HCPCS GAUZE, NON IMPREGNATED STERILE PAD SIZE MORE THAN 16 SQ IN BUT Yes	A6534	CPT/HCPCS	GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 30-40 MMHG, EACH	Yes
A6403 CPT/HCPCS GAUZE, NON IMPREGNATED STERILE PAD SIZE MORE THAN 16 SQ IN BUT Yes	A6535	CPT/HCPCS		Yes
	A6403	CPT/HCPCS		Yes
LEGO HAMA ON EQUALINO 70 0Q HA WITH OUT ADHLOIVE DONDEN			LESS THAN OR EQUAL RO 48 SQ IN WITH OUT ADHESIVE BORDER	

A6404	CPT/HCPCS	GAUZE NON IMPREGNATED STERILE PAD SIZE MRE 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
A7015 A7016	CPT/HCPCS	DOME AND MOUTHPIECE, USED WITH SMALL VOLUME ULTRASONIC	Yes
		NEBULIZER	
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 ACCESSORIESFOR 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		Yes
A6407	CPT/HCPCS		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

A7509 (A7521 (A7522 (A7523 (A6444 (A6445 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A64446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A64446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (	CPT/HCPCS  CPT/HCPCS  CPT/HCPCS  CPT/HCPCS  CPT/HCPCS	HOUSING AND INTEGRATED ADHESIVE, FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM  FILTER HOLDER AND INTEGRATED FILTER HOUSING, AND ADHESIVE USED WITH MOISTURE EXCHANGE SYSTEM  TRACHEOSTOMY/LARYNGECTOMY TUBE, CUFFED, POLYVINYLCHLORIDE (PVC), SILICONE OR EQUAL, EACH	Yes Yes Yes
A7521 (A7522 (A7523 (A6444 (A6445 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6	CPT/HCPCS  CPT/HCPCS	FILTER HOLDER AND INTEGRATED FILTER HOUSING, AND ADHESIVE USED WITH MOISTURE EXCHANGE SYSTEM  TRACHEOSTOMY/LARYNGECTOMY TUBE, CUFFED, POLYVINYLCHLORIDE (PVC), SILICONE OR EQUAL, EACH	
A7521 (A7522 (A7523 (A6444 (A6445 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6	CPT/HCPCS  CPT/HCPCS	WITH MOISTURE EXCHANGE SYSTEM  TRACHEOSTOMY/LARYNGECTOMY TUBE, CUFFED, POLYVINYLCHLORIDE (PVC), SILICONE OR EQUAL, EACH	
A7522 (A7523 (A6444 (A6445 (A6446 (A6446 (A6446 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A752 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A752) (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A752) (A7522 (A7522 (A7522 (A7522 (A752) (A7522 (A7522 (A7522 (A752) (A7522 (A7522 (A752) (A7522 (A752) (A7522 (A752) (A7522 (A752) (A7522 (A752) (A7522 (A752) (A7522 (A752) (A7522 (A752) (A7522 (A752) (A7522 (A752) (A7522 (A752) (A7522 (A752) (A7522 (A752) (A7522 (A752) (A7522 (A752) (A752) (A7522 (A752) (A752) (A7522 (A752) (A752) (A752) (A752) (A752) (A752) (A752) (A752) (A752) (A752) (A752) (A752) (A752) (A752) (A752) (A752) (A752) (A752) (A75	CPT/HCPCS	TRACHEOSTOMY/LARYNGECTOMY TUBE, CUFFED, POLYVINYLCHLORIDE (PVC), SILICONE OR EQUAL, EACH	Yes
A7522 (A7523 (A6444 (A6445 (A6446 (A6446 (A6446 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A752 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A752) (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A7522 (A752) (A7522 (A7522 (A7522 (A7522 (A752) (A7522 (A7522 (A7522 (A752) (A7522 (A7522 (A752) (A7522 (A752) (A7522 (A752) (A7522 (A752) (A7522 (A752) (A7522 (A752) (A7522 (A752) (A7522 (A752) (A7522 (A752) (A7522 (A752) (A7522 (A752) (A7522 (A752) (A7522 (A752) (A7522 (A752) (A7522 (A752) (A752) (A7522 (A752) (A752) (A7522 (A752) (A752) (A752) (A752) (A752) (A752) (A752) (A752) (A752) (A752) (A752) (A752) (A752) (A752) (A752) (A752) (A752) (A752) (A75	CPT/HCPCS	(PVC), SILICONE OR EQUAL, EACH	
A7523 (A6444 (A6445 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6	CPT/HCPCS		
A6444 (A6445 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6		TRACHEOSTOMY/LARYNGECTOMY TUBE, STAINLESS STEEL OR EQUAL	Yes
A6444 (A6445 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6446 (A6		(STERILIZABLE AND REUSABLE), EACH	
A6445 (	CPT/HCPCS	TRACHEOSTOMY SHOWER PROTECTOR, EACH	Yes
A6446 (		CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-	Yes
A6446 (		STERILE, WIDTH GREATER THAN OR EQUAL TO 5 INCHES, PER YARD	
	CPT/HCPCS	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE,	Yes
		WIDTH LESS THAN THREE INCHES, PER YARD	
	CPT/HCPCS	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE,	Yes
		GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE IN	
A6448	CPT/HCPCS	LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH LESS	Yes
		THAN THREE INCHES, PER YARD	
	CPT/HCPCS	TRACHEOSTOMA STENT/STUD/BUTTON, EACH	Yes
	CPT/HCPCS	TRACHEOSTOMY MASK, EACH	Yes
	CPT/HCPCS	TRACHEOSTOMY TUBE COLLAR/HOLDER, EACH	Yes
	CPT/HCPCS	SOFT INTERFACE FOR HELMET, REPLACEMENT ONLY	Yes
	CPT/HCPCS	ARTIFICIAL SALIVA, 30 ML	Yes
A6449	CPT/HCPCS	LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH	Yes
AC451	CDT/LICDOS	GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INC	Voc
A6451	CPT/HCPCS	MODERATE COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, LOAD	Yes
		RESISTANCE OF 1.25 TO 1.34 FOOT POUNDS AT 50% MAXIMUM STRETC	
A6452 (	CPT/HCPCS	HIGH COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, LOAD	Yes
A6452	CP1/HCPC3		res
		RESISGREATER THAN OR EQUAL TO 1.35 FOOT POUNDS AT 50% MAXIMUM STR	
A6454 (	CPT/HCPCS	SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON-WOVEN,	Yes
10454	01 1/1101 03	WIDTHGREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE	
		INC	
A9272 (	CPT/HCPCS	WOUND SUCTION, DISPOSABLE, INCLUDES DRESSING, ALL ACCESSORIES	Yes
		AND COMPONENTS, ANY TYPE, EACH	
A9275 (	CPT/HCPCS	HOME GLUCOSE DISPOSABLE MONITOR, INCLUDES TEST STRIPS	Yes
A9277 (	CPT/HCPCS	TRANSMITTER; EXTERNAL, FOR USE WITH NONDURABLE MEDICAL	Yes
		EQUIPMENT INTERSTITIAL CONTINUOUS GLUCOSE MONITORING SYSTEM	
		(CGM)	
A9278	CPT/HCPCS	RECEIVER (MONITOR); EXTERNAL, FOR USE WITH INTERSTITIAL	Yes
		CONTINUOUS GLUCOSE MONITORING SYSTEM	
A9281 (	CPT/HCPCS	REACHING/GRABBING DEVICE, ANY TYPE, ANY LENGTH, EACH	Yes
A6455	CPT/HCPCS	SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON-WOVEN,	Yes
		WIDTHGREATER THAN OR EQUAL TO FIVE INCHES, PER YARD	
A6456	CPT/HCPCS	ZINC PASTE IMPREGNATED BANDAGE, NON-ELASTIC, KNITTED/WOVEN,	Yes
		WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN F	
A6457	CPT/HCPCS	TUBULAR DRESSING WITH OR WITHOUT ELASTIC, ANY WIDTH, PER LINEAR	Yes
1.0100	007//10000	YARD	lu .
A6460	CPT/HCPCS	SYNTHETIC RESORBABLE WOUND DRESSING, STERILE, PAD SIZE 16 SQ. IN.	Yes
40000	ODT/UODOO	OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING	Voc
	CPT/HCPCS	WIG, ANY TYPE, EACH	Yes
	CPT/HCPCS	FOOT PRESSURE OFF LOADING/SUPPORTIVE DEVICE, ANY TYPE, EACH	Yes
A9900	CPT/HCPCS	MISCELLANEOUS DME SUPPLY, ACCESSORY, AND/OR SERVICE	Yes
A9276 (	CPT/HCPCS	COMPONENTOF ANOTHER HCPCS CODE  SENSOR; INVASIVE (E.G. SUBCUTANEOUS), DISPOSABLE, FOR USE WITH	Yes
M32/0	OF 1/110403	INTERSTITIAL	1100
A4245 (	CPT/HCPCS	ALCOHOL WIPES, PER BOX	Yes
	CPT/HCPCS  CPT/HCPCS	SYNTHETIC RESORBABLE WOUND DRESSING, STERILE, PAD SIZE MORE THAN	
V0401	01 1/11/07/03	16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE	103
		BORDER, EACH DRESSING	
A6502 (	CPT/HCPCS	COMPRESSION BURN GARMENT, CHIN STRAP, CUSTOM FABRICATED	Yes
	CPT/HCPCS  CPT/HCPCS	COMPRESSION BURN GARMENT, CHIN STRAP, CUSTOM FABRICATED  COMPRESSION BURN GARMENT, GLOVE TO WRIST, CUSTOM FABRICATED	Yes
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	O1 1/11O1 OO	33. I. RESSISTE BOTH OATH IELVI, SEGVE TO WHIST, SUSTOINT ADMISATED	
A6505 (	CPT/HCPCS	COMPRESSION BURN GARMENT, GLOVE TO ELBOW, CUSTOM FABRICATED	Yes
	JO. 00	TELEVISION OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF	
A6507 (	CPT/HCPCS	COMPRESSION BURN GARMENT, FOOT TO KNEE LENGTH, CUSTOM FABRIC	Yes
	<del>-</del>	, , , , , , , , , , , , , , , , , , , ,	

	1	T	T
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,	Yes
		INCLUDES ALL SUPPLIES AND ACCESSORIES	
A6254	CPT/HCPCS	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE	Yes
		MORE THAN 48 SQ.IN., W/O ADHESIVE BORDER, EA DRESSING	
A6255	CPT/HCPCS	SPECIALTY ABSORPTIVE DRESSING WOUND COVER PAD SIZE MORE	Yes
		THAN 16SQ IN BUT LESS THAN OR EQUAL TO 48SQ IN WITH ANY	
A6256	CPT/HCPCS	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE	Yes
		MORE THAN 16 SQ. IN, BUT LESS THAN OR EQUAL TO 48 SQ IN, WITH ANY	
		SIZE ADHESIVE BORDER,+	
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,	Yes
		CUSTOM, EACH	
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	Yes
A0004	01 1/1101 00	OTHERWISE SPECIFIED	103
A6585	CPT/HCPCS	GRADIENT COMPRESSION WRAP WITH ADJUSTABLE STRAPS, ABOVE KNEE,	Yes
A0303	CF I/HCF CS	EACH	163
A6588	CPT/HCPCS	GRADIENT COMPRESSION WRAP WITH ADJUSTABLE STRAPS, ARM.EACH	Yes
A0300	CF1/HCFC3	GRADIENT COMPRESSION WRAP WITH ADJUSTABLE STRAPS, ANM.EACH	165
A4457	CPT/HCPCS	ENEMATURE WITH OR WITHOUT ADAPTED ANY TYPE REDUACEMENT ONLY	Voc
A4457	CP1/HCPC3	ENEMA TUBE, WITH OR WITHOUT ADAPTER, ANY TYPE, REPLACEMENT ONLY,	res
A 4774	CPT/HCPCS	EACH	Voc
A4774	CPT/HCPCS  CPT/HCPCS	AMMONIA TEST PAPER, PER BOX	Yes
A4802		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
1.4000	007/110000	CONTRACTO DEDAIR AND MAINTENANCE FOR HOME DIALYON FOLLIDATAIT	ly.
A4890	CPT/HCPCS	CONTRACTS, REPAIR AND MAINTENANCE, FOR HOME DIALYSIS EQUIPMENT	Yes
		IS NON-COVERED	
A6245	CPT/HCPCS	HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR	Yes
		LESS, WITH ANY SIZE ADHESIVE BORDER, EA DRESSING	
A6246	CPT/HCPCS	HYDROGEL DRESSING WOUND COVER PAD SIZE 16 SQ IN OR LESS WITHOUT	Yes
		ADHESIVE BORDER EACH DRESSING	
A4388	CPT/HCPCS	OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER	Yes
		ATTACHED(ONE PIECE), EACH	
A4389	CPT/HCPCS	OSTOMY POUCH, DRAINABLE, WITH BARRIER ATTACHED, WITH BUILT- IN	Yes
		CONVEXITY (ONE PIECE), EACH	
A4390	CPT/HCPCS	OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED,	Yes
		WITH BUILT-IN CONVEXITY, EACH	
A4391	CPT/HCPCS	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED	Yes
		(ONE PIECE), EACH	
A4392	CPT/HCPCS	OSTOMY POUCH, URINARY, WITH STANDARD WEAR BARRIER ATTACHED,	Yes
		WITH BUILT-IN CONVEXITY, EACH	
A4561	CPT/HCPCS	PESSARY, REUSABLE, RUBBER, ANY TYPE	Yes
A4563	CPT/HCPCS	RECTAL CONTROL SYSTEM FOR VAGINAL INSERTION, FOR LONG TERM USE,	Yes
		INCLUDES PUMP AND ALL SUPPLIES AND ACCESSORIES, ANY TYPE	
		, in the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second	
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
	1011/00103	PRODINIQUELLON DIMETORS, EMOT	ries !

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,	Yes
A5061	CPT/HCPCS	WITH BUILT IN CONVEXITY, WITH FILTER, (1 PIECE), EACH OSTOMY POUCH, DRAINABLE; WITH BARRIER ATTACHED (ONE PIECE), EACH	Yes
A5062	CPT/HCPCS	OSTOMY POUCH, DRAINABLE; WITHOUT BARRIER ATTACHED (ONE PIECE),	Yes
A4405	CPT/HCPCS	EACH 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	Yes
		ACCORDIEXTENDED WEAR, WITHOUT 4X4 INCH OR LARGER	

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 WWITH 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, WITHOR WITHOUT MASK, FOR USE METERED	Yes
		DOSE INHALER	
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 ACCORDIWITHOUT > 4X4	Yes
A4415	CPT/HCPCS	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDIWITHOUT > 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		Yes
A4630	CPT/HCPCS	REPLACEMENT BATTERIES, MEDICALLY NECESSARY, TRANSCUTANEOUS	Yes
A4633	CPT/HCPCS	REPLACEMENT BULB/LAMP FOR ULTRAVIOLET LIGHT THERAPY SYSTEM,	Yes
A 4005	007//10000	EACH	ly.
A4635	CPT/HCPCS	UNDERARM PAD, CRUTCH, REPLACE MENT, EACH	Yes
A4636 A4637	CPT/HCPCS CPT/HCPCS	REPLACEMENT, HANDGRIP, CANE, CRUTCH, OR WALKER, EACH REPLACEMENT, TIP, CANE, CRUTCHWALKER, EACH	Yes Yes
A5114	CPT/HCPCS	LEG STRAP; FOAM OR FABRIC, PER SET	Yes
A5114 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 ATTACHEMENT	Yes
A4419	CPT/HCPCS	OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH NON-LOCKING FLANGE, WITH FILTER (2 PIECE), EACH	Yes
A4420	CPT/HCPCS		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	
A4423	CPT/HCPCS	OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH LOCKING FLANGEWITH 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	Yes
A4642	CPT/HCPCS	PRESSURE PAD OWNED BY PATIENT  SUPPLY OF SATUMOMAB PENDETIDE, RADIOPHARMACEUTICAL	Yes
A 40 40	CDT// LODGS	DIAGNOSTIC IMAGING AGENT PER DOSE	Voc
A4649	CPT/HCPCS	SURGICAL SUPPLY; MISCELLANEOUS	Yes
A6000	CPT/HCPCS	NONCONTACT WOUND WARMING DEVICE AND WARMING CARD	Yes
A6011	CPT/HCPCS	NONCONTACTWOUND WARMING DEVICE AND WARMING CARD  COLLAGEN BASED WOUND FILLER, GEL/PASTE, STERILE, PER GRAM OF	Yes
AC000	CDT/LICECO	COLLACEN DESCINC STEPHE SIZE MODE THAN 49 SO IN FACH	Voc
A6023	CPT/HCPCS	COLLAGEN DRESSING, STERILE, SIZE MORE THAN 48 SQ. IN., EACH COLLAGEN DRESSING WOUND FILLER, STERILE, PER 6 INCHES	Yes
A6024	CPT/HCPCS	COLLAGEN DRESSING WOUND FILLER, STEKILE, PEK 6 INCHES	Yes

Additional Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Contrologies   Controlo	6025	CPT/HCPCS	GEL SHEET FOR DERMAL OR EPIDERMAL APPLICATION, (E.G., SILICONE, HYDROGEL,	Yes
AMACO CPTIACPCS SOTONY POUCH, DRAINABLE, FOR USE ON BARBIER WITH HOW-LOOK LOCKNORD AND COUNTY PLACE STREET, BLACH  AMAZO CPTIACPCS COSTONY POUCH, DRAINABLE, FOR USE ON BARBIER WITH LOCKNOR YES LEAVEN BY THE CONTROL OF THE COUNTY PROJECT STREET, BLACH COUNTY PROJECT STREET, BLACH COUNTY PROJECT STREET, BLACH COUNTY PROJECT STREET, BLACH COUNTY PROJECT STREET, BLACH COUNTY PROJECT STREET, BLACH COUNTY PROJECT STREET, BLACH COUNTY PROJECT STREET, BLACH COUNTY PROJECT STREET, BLACH COUNTY PROJECT STREET, BLACH COUNTY PROJECT STREET, BLACH COUNTY PROJECT STREET, BLACH COUNTY PROJECT STREET, BLACH COUNTY PROJECT STREET, BLACH COUNTY PROJECT STREET, BLACH COUNTY PROJECT STREET, BLACH COUNTY PROJECT STREET, BLACH COUNTY PROJECT STREET, BLACH COUNTY PROJECT STREET, BLACH COUNTY PROJECT STREET, BLACH COUNTY PROJECT STREET, BLACH COUNTY PROJECT STREET, BLACH COUNTY PROJECT STREET, BLACH COUNTY PROJECT STREET, BLACH COUNTY PROJECT STREET, BLACH COUNTY PROJECT STREET, BLACH COUNTY PROJECT STREET, BLACH COUNTY PROJECT STREET, BLACH COUNTY PROJECT STREET, BLACH COUNTY PROJECT STREET, BLACH COUNTY PROJECT STREET, BLACH COUNTY PROJECT STREET, BLACH COUNTY PROJECT STREET, BLACK COUNTY PROJECT STREET, BLACK COUNTY PROJECT STREET, BLACK COUNTY PROJECT STREET, BLACK COUNTY PROJECT STREET, BLACK COUNTY PROJECT STREET, BLACK COUNTY PROJECT STREET, BLACK COUNTY PROJECT STREET, BLACK COUNTY PROJECT STREET, BLACK COUNTY PROJECT STREET, BLACK COUNTY PROJECT, BLACK COUNTY PROJE	4424	CPT/HCPCS	OSTOMY POUCH, DRAINABLE, WITH BARRIER ATTACHED, WITH FILTER (1	Yes
AMAZO	4425	CPT/HCPCS	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH NON-	Yes
A4427 CPTI-CPCS OSTOMY POLICH, DRAINABLE:FOR USS ON BARRIER WITH LOCKING Yes PANGE UMTH RITERS (2005 SYSTEM, LACH Yes)  4650. CPTI-CPCS AURICANS (1905 MPLANTABLE RADATION) DOSINETER, EACH Yes 4651. CPTI-CPCS AURICANS (1905 MPLANTABLE RADATION) DOSINETER, EACH Yes 4652. CPTI-CPCS WICKOCAPILLARY TURE SEALANT 4653. CPTI-CPCS WICKOCAPILLARY TURE SEALANT 4653. CPTI-CPCS SYSTRINGS, WITH OWN WITH DUTN REDUE, EACH Yes 4654. CPTI-CPCS SYSTRINGS, WITH OWN WITH DUTN REDUE, EACH Yes 4657. CPTI-CPCS SYSTRINGS, WITH OWN WITH DUTN REDUE, EACH Yes 4659. CPTI-CPCS WITH DUTN BEACH PURSONS 4659. CPTI-CPCS WITH BEACH PURSONS 4659. CPTI-CPCS WITH BEACH PURSONS 4659. CPTI-CPCS WITH BEACH PURSONS 4659. CPTI-CPCS WITH BEACH PURSONS 4659. CPTI-CPCS WITH BEACH PURSONS 4659. CPTI-CPCS WITH BEACH PURSONS 4659. CPTI-CPCS WITH BEACH PURSONS 4659. CPTI-CPCS WITH BEACH PURSONS 4659. CPTI-CPCS WITH BEACH PURSONS 4659. CPTI-CPCS WITH BEACH PURSONS 4659. CPTI-CPCS WITH BEACH PURSONS 4659. CPTI-CPCS WITH BEACH PURSONS 4659. CPTI-CPCS WITH BEACH PURSONS 4659. CPTI-CPCS WITH BEACH PURSONS 4659. CPTI-CPCS WITH BEACH PURSONS 4659. CPTI-CPCS WITH BEACH PURSONS 4659. CPTI-CPCS WITH BEACH PURSONS 4659. CPTI-CPCS WITH BEACH PURSONS 4659. CPTI-CPCS WITH BEACH PURSONS 4659. CPTI-CPCS WITH BEACH PURSONS 4659. CPTI-CPCS WITH BEACH PURSONS 4659. CPTI-CPCS WITH BEACH PURSONS 4659. CPTI-CPCS WITH BEACH PURSONS 4659. CPTI-CPCS WITH BEACH PURSONS 4659. CPTI-CPCS WITH WITH BEACH PURSONS WITH BEACH PURSONS WITH BEACH PURSONS 4659. CPTI-CPCS WITH WITH WITH BEACH PURSONS WITH BEACH PURSONS 4659. CPTI-CPCS WITH WITH WITH WITH BEACH PURSONS WITH BEACH PURSONS 4659. CPTI-CPCS WITH WITH WITH WITH WITH WITH WITH WITH	4426	CPT/HCPCS	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH LOCKING	Yes
AMBSIG CPTIACRCS MIRLANTABLE MODISTATION DOSINETER, EACH 196  AMBSIS CPTIACRCS MICROCAPILLARY TURE SEALANT 196  AMBSIS CPTIACRCS MICROCAPILLARY TURE SEALANT 196  AMBSIS CPTIACRCS STRUGGE MUTHOUT DESCRIPTION OF 196  AMBSIS CPTIACRCS STRUGGE WITH OWN THOUT NEEDLE, EACH 196  AMBSIS CPTIACRCS STRUGGE WITH OWN THOUT NEEDLE, EACH 196  AMBSIS CPTIACRCS STRUGGE WITH OWN THOUT NEEDLE, EACH 196  AMBSIS CPTIACRCS ALGERIA DRAWS CATHER ANCHORING DEVICE, BELT, EACH 196  AMBSIS CPTIACRCS ALGERIA DRAWS CATHER ANCHORING DEVICE, BELT, EACH 196  AMBSIS CPTIACRCS ALGERIA DRAWS CATHER ANCHORING DEVICE, BELT, EACH 196  AMBSIS CPTIACRCS ALGERIA DRAWS CATHER ANCHORING DEVICE, BELT, EACH 196  AMBSIS CPTIACRCS ALGERIA DRAWS CATHER ANCHORING DEVICE AND ANCHORING COVER AND SERVICE AND ANCHORING COVER AND ANCHORING COVER AND SERVICE AND ANCHORING COVER AND ANCHORING COVER AND ANCHORING COVER AND ANCHORING COVER AND ANCHORING COVER AND ANCHORING COVER AND ANCHORING COVER AND ANCHORING COVER AND ANCHORING COVER AND ANCHORING COVER AND ANCHORING COVER AND ANCHORING COVER AND ANCHORING COVER AND ANCHORING COVER AND ANCHORING COVER ANCHORING COVER AND ANCHORING COVER AND ANCHORING COVER AND ANCHORING COVER AND ANCHORING COVER AND ANCHORING COVER AND ANCHORING COVER AND ANCHORING COVER AND ANCHORING COVER AND ANCHORING COVER AND ANCHORING COVER AND ANCHORING COVER AND ANCHORING COVER AND ANCHORING COVER AND ANCHORING COVER AND ANCHORING COVER AND AN	4427	CPT/HCPCS	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH LOCKING	Yes
A6551         CPTINCHOS         CALIBRATED MIGROCAPILLARY TUBE, EACH         Yes           A6522         CPTINCHOS         CARCAPILLARY TUBE, EARANT         Yes           A6533         CPTINCHOS         SINGER CAPILLARY TUBE, EARANT         Yes           A6570         CPTINCHOS         SINGER WITH 6 WITHOUT DEEDLE, EACH         Yes           A6154         CPTINCHOS         SUBJECT WITHOUT STATE AND PROSENUS WITHOUT STATE AND PROSENUS WITHOUT STATE AND PROSENUS WITHOUT STATE AND PROSENUS WITHOUT STATE AND PROSENUS WITHOUT STATE AND PROSENUS WITHOUT STATE AND PROSENUS WITHOUT STATE AND PROSENUS WITHOUT STATE AND PROSENUS WITHOUT STATE AND PROSENUS WITHOUT STATE AND PROSENUS WITHOUT STATE AND PROSENUS WITHOUT STATE AND PROSENUS WITHOUT STATE AND PROSENUS WITHOUT STATE AND PROSENUS WITHOUT STATE AND PROSENUS WITHOUT STATE AND PROSENUS WITHOUT STATE AND PROSENUS WITHOUT STATE AND PROSENUS WITHOUT STATE AND PROSENUS WITHOUT STATE AND PROSENUS WITHOUT STATE AND PROSENUS WITHOUT STATE AND PROSENUS WITHOUT STATE AND PROSENUS WITHOUT STATE AND PROSENUS WITHOUT STATE AND PROSENUS WITHOUT STATE AND PROSENUS WITHOUT STATE AND PROSENUS WITHOUT STATE AND PROSENUS WITHOUT STATE AND PROSENUS WITHOUT STATE AND PROSENUS WITHOUT STATE AND PROSENUS WITHOUT STATE AND PROSENUS WITHOUT STATE AND PROSENUS WITHOUT STATE AND PROSENUS WITHOUT STATE AND PROSENUS WITHOUT STATE AND PROSENUS WITHOUT STATE AND PROSENUS WITHOUT STATE AND PROSENUS WITHOUT STATE AND PROSENUS WITHOUT STATE AND PROSENUS WITHOUT STATE AND PROSENUS WITHOUT STATE AND PROSENUS WITHOUT STATE AND PROSENUS WITHOUT STATE AND PROSENUS WITHOUT STATE AND PROSENUS WITHOUT STATE AND PROSENUS WITHOUT STATE AND PROSENUS WITHOUT STATE AND PROSENUS WITHOUT STATE AND PROSENUS WITHOUT STATE AND PROSENUS WITHOUT STATE AND PROSENUS WITHO	4650	CPT/HCPCS		Yes
AMBSS				Yes
AGEST	4652	CPT/HCPCS	MICROCAPILLARY TUBE SEALANT	Yes
A6154         CPTHCPCS         WOLND FOUND FACH         Yes           A6196         CPTHCPCS         ALDING BOOTHER FIRER GELLING DRESSING, WOUND COVER, STERILE, PAS SEE 19 SQ. IN OR LESS EACH DRESSING         Yes           A6197         CPTHCPCS         ALGINATE DRESSING WOUND COVER PAD SIZE MORE THAN 16 SQ. IN         Yes           A6198         CPTHCPCS         ALGINATE DRESSING WOUND COVER PAD SIZE MORE THAN 16 SQ. IN         Yes           A429         CPTHCPCS         OSTOMY POLCH, URINARY, WITH EARLIEST SING         Yes           A4428         CPTHCPCS         OSTOMY POLCH, URINARY, WITH EARLIEST THACHED, WITH BUILT-IN         Yes           A4429         CPTHCPCS         OSTOMY POLCH, URINARY, WITH EARLIEST THE ARCHIT WAY (1) PRECED, EACH         Yes           A4431         CPTHCPCS         OSTOMY POLCH, URINARY, WITH BURLET-TYPE TAR WITH VALVE, (1) PRECED, EACH         Yes           A4431         CPTHCPCS         OSTOMY POLCH, URINARY, WITH BURLET-TYPE TAR WITH VALVE, (1) PRECED, EACH         Yes           A4671         CPTHCPCS         OSTOMY POLCH, URINARY, WITH BURLET-TYPE TAR WITH VALVE, (1) PRECED, EACH         Yes           A4672         CPTHCPCS         OSTOMY POLCH, URINARY, WITH BURLET-TYPE TAR WITH VALVE, (1) PRECED, EACH         Yes           A4672         CPTHCPCS         OSTOMY POLCH, URINARY, WITH EACH PRECED TO THE ARCHIT FALLOW, (1) PRECED TO THE ARCHIT FALLOW, (2) PRECED THE	4653	CPT/HCPCS	PERITONEAL DIAYSIS CATHETER ANCHORING DEVICE, BELT, EACH	Yes
A6196 PT/HCPCS ALGINATE OR OTHER FISE GELLING DIRESSING, WOUND COVER, STERILE, Yes PA DIZE 18 SD, IN OR USES ACID NESSING OF THAN 16 SQ IN RIJLESS THAN OR RQUAL TO 48SQ IN RIJLESS THAN OR RQUAL TO 48SQ IN PACH DIRESSING OF THAN 16 SQ IN RIJLESS THAN OR RQUAL TO 48SQ IN PACH DIRESSING OF THAN 16 SQ IN RIJLESS THAN OR RQUAL TO 48SQ IN PACH DIRESSING OF THAN 18 SQ IN PACH DIRESSING OF THAN 48 SQ, INL, EACH DIRESSING OF THAN 48 SQ, INL,				
A6197 OPT/HCPCS ACRIST RESSING WUND FOWER NOS ZEW ORE THAN 16 SQ IN YES BULESS THAN OR EQUAL TO 489Q IN EACH DRESSING WOUND COVER STERLE. YES BULESS THAN OR EQUAL TO 489Q IN EACH DRESSING WOUND COVER STERLE. YES BULESS THAN OR EQUAL TO 489Q IN EACH DRESSING WOUND COVER STERLE. YES BULESS THAN OR EQUAL TO 489Q IN EACH DRESSING WOUND COVER STERLE. YES BULESS THAN OR EQUAL TO 489Q IN EACH DRESSING WOUND COVER STERLE. YES BULESS THAN OR EQUAL TO 489Q IN EACH DRESSING WOUND COVER STERLE. YES BULESS THAN OR EQUAL WITH FURTHER STENDED WEAR BARRIER ATTACHED, YES BULL TO STORMY POUCH, URINARY, WITH BARRIER ATTACHED, WITH BULL TIN YES CONCEPTLY. WITH FALCET-TYPE TAP WITH VALVE (# PIECE), EACH CONCEPTLY. WITH FALCET-TYPE TAP WITH VALVE (# PIECE), EACH CONCEPTLY. WITH FALCET-TYPE TAP WITH VALVE, EACH WITH BULL TIN CONCERT WITH FALCET-TYPE TAP WITH VALVE, EACH WITH BULL TIN CONCERT WITH FALCET-TYPE TAP WITH VALVE, EACH WITH EACH STORM WITH CYCLER DILAYSIS MACHINE, EACH YES TAR WITH VALVE WITH PECE, EACH WITH EACH STORM WITH CYCLER DILAYSIS, EACH YES EXTENSION UNE WITH EASY LOCK CONNECTORS, USED WITH DILAYSIS YES EXTENSION UNE WITH EASY LOCK CONNECTORS, USED WITH DILAYSIS YES EXTENSION UNE WITH EASY LOCK CONNECTORS, USED WITH DILAYSIS YES EXTENSION UNE WITH EASY LOCK CONNECTORS, USED WITH DILAYSIS YES EXTENSION UNE WITH EASY LOCK CONNECTORS, USED WITH DILAYSIS YES EXTENSION UNE WITH EASY LOCK CONNECTORS, USED WITH DILAYSIS YES EXTENSION UNE WITH EASY LOCK CONNECTORS, USED WITH DILAYSIS YES EXTENSION UNE WITH EASY LOCK CONNECTORS, USED WITH DILAYSIS YES EXTENSION UNE WITH EASY LOCK CONNECTORS, USED WITH DILAYSIS YES EXTENSION UNE WITH EASY LOCK CONNECTORS, USED WITH DILAYSIS YES EXTENSION UNE WITH EASY LOCK CONNECTORS, USED WITH DILAYSIS YES EXTENSION UNE WITH EASY LOCK CONNECTORS, USED WITH DILAYSIS YES EXTENSION UNE WITH EASY LOCK CONNECTORS, USED WITH DILAYSIS YES EXTENSION UNE WITH EASY LOCK CONNECTORS, USED WITH DILAYSIS YES EXCELLED WITH EASY LOCK CONNECTORS, USED WITH EASY LOCK CONNECTORS, USED WITH EASY LOCK CONNECTOR				
A6197 CPT/HCPCS STHON DECOUNT OUTS PAD SIZE MORE THAN 16 SQ IN Yes BULES THAN DECOUNT OF MESSING WOUND COVER, STERILE, Yes PAD SIZE MORE THAN 48 SQ. IN., EACH DRESSING, WOUND COVER, STERILE, Yes PAD SIZE MORE THAN 48 SQ. IN., EACH DRESSING, WOUND COVER, STERILE, Yes PAD SIZE MORE THAN 48 SQ. IN., EACH DRESSING, WOUND COVER, STERILE, Yes PAD SIZE MORE THAN 48 SQ. IN., EACH DRESSING, WOUND COVER, STERILE, Yes PAD SIZE MORE THAN 48 SQ. IN., EACH DRESSING, WOUND COVER, STERILE, Yes PAD SIZE MORE THAN 48 SQ. IN., EACH DRESSING, WOUND COVER, STERILE, Yes PAD SIZE MORE THAN 48 SQ. IN., EACH DRESSING, WOUND COVER, STERILE, Yes PAD SIZE MORE THAN 48 SQ. IN., EACH PROSECULAR STERILE, Yes PAD SIZE MORE THAN 48 SQ. IN., EACH PROSECULAR STERILE, Yes PAD SIZE MORE THAN 40 STERILE, Yes PAD SIZE MORE THAN 40 STERILE, Yes PAD SIZE MORE THAN 40 STERILE, YES PAD SIZE MORE THAN 40 STERILE, YES PAD SIZE MORE THAN 40 STERILE, YES PAD SIZE MORE THAN 40 STERILE, YES PAD SIZE MORE THAN 40 STERILE, YES PAD SIZE MORE WITH DIALYSIS YES PAD SIZE MORE STERILE, YES PAD SIZE MORE STERILE, YES PAD SIZE MORE STERILE, YES PAD SIZE MORE STERILE, YES PAD SIZE MORE STERILE, YES PAD SIZE MORE STERILE, YES PAD SIZE MORE STERILE, YES PAD SIZE MORE STERILE, YES PAD SIZE MORE STERILE, YES PAD SIZE MORE STERILE, YES PAD SIZE MORE STERILE, YES PAD SIZE MORE STERILE, YES PAD SIZE MORE STERILE, YES PAD SIZE MORE STERILE, YES PAD SIZE MORE STERILE, YES PAD SIZE MORE STERILE, YES PAD SIZE MORE STERILE, YES PAD SIZE MORE STERILE, YES PAD SIZE MORE STERILE, YES PAD SIZE MORE STERILE, YES PAD SIZE MORE STERILE, YES PAD SIZE MORE STERILE, YES PAD SIZE MORE STERILE, YES PAD SIZE MORE STERILE, YES PAD SIZE MORE STERILE, YES PAD SIZE MORE STERILE, YES PAD SIZE MORE STERILE, YES PAD SIZE MORE STERILE, YES PAD SIZE MORE STERILE, YES PAD SIZE MORE STERILE, YES PAD SIZE MORE STERILE, YES PAD SIZE MORE STERILE, YES PAD SIZE MORE STERILE, YES PAD SIZE MORE STERILE, YES PAD SIZE MORE STERILE, YES PAD SIZE MORE STERILE, YES PAD SIZE MORE STERILE, YES PAD SIZE MORE STERILE,	6196	CPT/HCPCS		Yes
BULESS THAN DR EQUAL TO 4850 IN EACH DRESSING A6198 CPT/HCPCS ALGINATE OR OTHER RIBER GELLING DERSING, WOUND COVER, STERILE, Yes PAG SIZE MORE THAN 48 SO, IN., EACH DRESSING A4428 CPT/HCPCS OSTOMY POLICH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH FAULET. THE TAY WITH HAVE (E) FLECE, EACH A4420 CPT/HCPCS OSTOMY POLICH, URINARY, WITH BARRIER ATTACHED, WITH BUILT-IN CONDETT, WITH FAUCET-TYPE TAY WITH VALVE (E) FLECE, EACH A4430 CPT/HCPCS OSTOMY POLICH, URINARY, WITH BARRIER ATTACHED, WITH BUILT-IN WITH BUILT-IN CONOWERITY-WITH FAUCET-TYPE TAY WITH VALVE (E) FLECE, EACH A4431 CPT/HCPCS OSTOMY POLICH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN CONOWERITY-WITH FAUCET-TYPE TAY WITH VALVE, EACH A4432 CPT/HCPCS OSTOMY POLICH, URINARY, WITH BARRIER ATTACHED, WITH FAUCET-TYPE TO EXAMPLE AND WITH WALVE, EACH A4433 CPT/HCPCS DERSONABLE CYCLER SET USED WITH CYCLER DIALYSIS, EACH A4673 CPT/HCPCS DRAINAGE EXTENSION LINE WITH EAST LOCK CONNECTORS, USED WITH DIALYSIS A4674 CPT/HCPCS CONSTRUCTED AND WITH EAST LOCK CONNECTORS, USED WITH DIALYSIS A4674 CPT/HCPCS CONSTRUCTED AND SIGN FIRE ASSOCIATION USED TO CLEAN/STERILIZE DIALYSIS YES CULIPMENT, PER B 02 A4680 CPT/HCPCS CONSTRUCTED CARBON FILLERS FOR DIALYSIS A4690 CPT/HCPCS CONSTRUCTED	0407	007//10000		lv.
Ad428 CPTHCPCS OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WES WITH FAUCET-TYPE TAP WITH VALVE (I PIECE), EACH CONVEXITY, WITH AUDICET-TYPE TAP WITH VALVE (I PIECE), EACH CONVEXITY, WITH FAUCET-TYPE TAP WITH VALVE (I PIECE), EACH CONVEXITY, WITH FAUCET-TYPE TAP WITH VALVE (I PIECE), EACH CONVEXITY, WITH FAUCET-TYPE TAP WITH VALVE (I PIECE), EACH CONVEXITY, WITH FAUCET-TYPE TAP WITH VALVE (I PIECE), EACH CONVEXITY, WITH FAUCET-TYPE TAP WITH VALVE, EACH CONVEXITY WITH FAUCET-TYPE TAP WITH VALVE, EACH CONVEXITY WITH FAUCET-TYPE TAP WITH VALVE, EACH CONVEXITY WITH FAUCET-TYPE TAP WITH VALVE, EACH CONVEXITY WITH FAUCET-TYPE TAP WITH VALVE, EACH CONVEXITY WITH FAUCET-TYPE TAP WITH VALVE, EACH CONVEXITY WITH FAUCET-TYPE TAP WITH VALVE, EACH CONVEXITY WITH FAUCET-TYPE TAP WITH VALVE, EACH CONVEXITY WITH FAUCET-TYPE TAP WITH VALVE, EACH CONVEXITY WITH FAUCET-TYPE TAP WITH VALVE, EACH CONVEXITY WITH FAUCET-TYPE TAP WITH VALVE, EACH CONVEXITY WITH FAUCET-TYPE TAP WITH VALVE, EACH CONVEXITY WITH FAUCET-TYPE TAP WITH VALVE, EACH CONVEXITY WITH FAUCET-TYPE TAP WITH VALVE, EACH CONVEXITY WITH FAUCET-TYPE TAP WITH VALVE, EACH CONVEXITY WITH FAUCET-TYPE TAP WITH VALVE, EACH CONVEXITY WITH FAUCET-TYPE TAP WITH VALVE, EACH CONVEXITY WITH FAUCET-TYPE TAP WITH VALVE, EACH CONVEXITY WITH FAUCET-TYPE TAP WITH VALVE, EACH CONVEXITY WITH FAUCET-TYPE TAP WITH VALVE, EACH CONVEXITY WITH FAUCET-TYPE TAP WITH VALVE, EACH CONVEXITY WITH FAUCET-TYPE TAP WITH VALVE, EACH CONVEXITY WITH FAUCET-TYPE TAP WITH VALVE, EACH DRESSING CONVEXITY WITH FAUCET-TYPE TAP WITH VALVE, EACH DRESSING CONVEXITY WITH FAUCET-TYPE TAP WITH VALVE, EACH DRESSING CONVEXITY WITH FAUCET-TYPE TAP WITH VALVE, EACH DRESSING WITH FAUCET-TYPE TAP WITH VALVE, EACH DRESSING CONVEXITY WITH FAUCET-TYPE TAP WITH VALVE, EACH CONVEXITY WITH FAUCET-TYPE TAP WITH VALVE, EACH CONVEXITY WITH FAUCET-TYPE TAP WITH VALVE, EACH CONVEXITY WITH FAUCET-TYPE TAP WITH VALVE, EACH CONVEXITY WITH FAUCET-TYPE TAP WITH VALVE, EACH CONVEXITY WITH FAUCET-TYPE TAP WITH VALVE, EACH CON	6197	CP1/HCPCS	1	Yes
MITH FAUCET-TYPE TAP WITH VALVE (I PIECE), EACH A4429 CPT/HCPCS OSTOMY POUCH, URINARY, WITH BARRIER ATTACHED, WITH BUILT-IN YES CONNEATY, WITH FAUCET-TYPE TAP WITH VALVE (I PIECE), EACH A4430 CPT/HCPCS OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WES WITH BUILT-IN CONVEXITY WITH FAUCET-TYPE TAP WITH VALVE, EACH  A4431 CPT/HCPCS OSTOMY POUCH, URINARY, WITH BARRIER ATTACHED, WITH SULT-IT-YPE TAP WITH VALVE, EACH  A4431 CPT/HCPCS OSTOMY POUCH, URINARY, WITH BARRIER ATTACHED, WITH FAUCET- TYPE TAP WITH VALVE (I PIECE), EACH A4671 CPT/HCPCS DISPOSABLE CYCLER SET USED WITH CYCLER DIALYSIS MACHINE, EACH A4673 CPT/HCPCS DRAINAGE EXTENSION LINE, STERILE, FOR DIALYSIS, EACH A4674 CPT/HCPCS DRAINAGE EXTENSION LINE, STERILE, FOR DIALYSIS, EACH A4675 CPT/HCPCS DRAINAGE EXTENSION LINE STERILE, FOR DIALYSIS, EACH A4676 CPT/HCPCS CHEMICALS/ANTISEPTICS SOLUTION USED TO CLEAN/STERILIZE DIALYSIS CRUMPMENT, PER 8 0Z A4680 CPT/HCPCS ACTIVATED CARBON FILTERS FOR DIALYSIS A4680 CPT/HCPCS ACTIVATED CARBON FILTERS FOR DIALYSIS A4680 CPT/HCPCS COMPOSITE DRESSING PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZW ADHESIVE BORDER EACH A4670 CPT/HCPCS CONTACT LAYER, STERILE, MORE THAN 16 SQ. IN., BUT LESS THAN OR EQUAL TO 48 SQ. IN., EA DRESSING A4680 CPT/HCPCS CONTACT LAYER, STERILE, MORE THAN 18 SQ. IN., EACH DRESSING A4681 CPT/HCPCS CONTACT LAYER, STERILE, MORE THAN 48 SQ. IN., EACH DRESSING A4681 CPT/HCPCS FOAM DRESSING WOUND COVER PAD SIZE MORE THAN 48 SQ. WITHOUT ADHESIVE BORDER EACH DRESSING A4681 CPT/HCPCS CONTACT LAYER, STERILE, MORE THAN 48 SQ. IN., EACH DRESSING A4682 CPT/HCPCS CONTACT LAYER, STERILE, MORE THAN 48 SQ. IN., EACH DRESSING A4683 CPT/HCPCS CONTACT LAYER, STERILE, MORE THAN 48 SQ. IN., EACH DRESSING A4684 CPT/HCPCS CONTACT LAYER, STERILE, MORE THAN 48 SQ. IN., EACH DRESSING A4686 CPT/HCPCS CONTACT LAYER, STERILE, MORE THAN 48 SQ. IN., EACH DRESSING WOUND COVER, STERILE, FLD SIZE FOR DISCRASSING WITH A MALVE LEVELE, EACH A4687 CPT/HCPCS OSTOMY POUCH, URINARY, FOR USE ON BA	6198	CPT/HCPCS		Yes
A4429 CPT/HCPCS OSTOMY POUCH, URINARY, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY, WITH FALICET-TYPE TAP WITH VALVE (1 PIECE), EACH  A4430 CPT/HCPCS OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY WITH FALICET-TYPE TAP WITH VALVE, EACH  A4431 CPT/HCPCS OSTOMY POUCH, URINARY, WITH BARRIER ATTACHED, WITH FALICET-TYPE TAP WITH VALVE, EACH  A4671 CPT/HCPCS OSTOMY POUCH, URINARY, WITH BARRIER ATTACHED, WITH FALICET-TYPE TAP WITH VALVE, EACH  A4672 CPT/HCPCS OSTOMY POUCH, URINARY, WITH BARRIER ATTACHED, WITH FALICET-TYPE TAP WITH VALVE (1 PIECE), EACH  A4673 CPT/HCPCS DRAINAGE EXTENSION LINE, STERILE, FOR DIALYSIS MACHINE, EACH  A4674 CPT/HCPCS EXTENSION LINE WITH EASY LOCK CONNECTORS, USED WITH DIALYSIS  A4674 CPT/HCPCS CHEMICALS/ANTISEPTICS SOLUTION USED TO CLEAN/STERILIZE DIALYSIS  A4680 CPT/HCPCS COMPOSITE DRESSING PAD SIZE MORE THAN 16 SQ IN BUT LESS THANOR EQUIL TO 44SQ IN., WITH ANY SIZW ADHESIVE BORDER EACH  A5204 CPT/HCPCS COMPOSITE DRESSING PAD SIZE MORE THAN 16 SQ IN BUT LESS THAN OR EQUAL  TO 48 SQ IN, EA DRESSING  A6208 CPT/HCPCS CONTACT LAYER, STERILE, MORE THAN 18 SQ. IN., EACH DRESSING  A6209 CPT/HCPCS CONTACT LAYER, STERILE, MORE THAN 18 SQ. IN., EACH DRESSING  A6200 CPT/HCPCS CONTACT LAYER, STERILE, MORE THAN 48 SQ. IN., EACH DRESSING  A6200 CPT/HCPCS CONTACT LAYER, STERILE, MORE THAN 48 SQ. IN., EACH DRESSING  A6201 CPT/HCPCS CONTACT LAYER, STERILE, MORE THAN 48 SQ. IN., EACH DRESSING  A6202 CPT/HCPCS CONTACT LAYER, STERILE, MORE THAN 48 SQ. IN., EACH DRESSING  A6203 CPT/HCPCS CONTACT LAYER, STERILE, MORE THAN 48 SQ. IN., EACH DRESSING  A6204 CPT/HCPCS CONTACT LAYER, STERILE, MORE THAN 48 SQ. IN., EACH DRESSING  A6205 CPT/HCPCS CONTACT LAYER, STERILE, MORE THAN 48 SQ. IN., EACH DRESSING  A6206 CPT/HCPCS CONTACT LAYER, STERILE, MORE THAN 48 SQ. IN., EACH DRESSING  A6207 CPT/HCPCS CONTACT LAYER, STERILE, MORE THAN 48 SQ. IN., EACH DRESSING  A6208 CPT/HCPCS OSTOMY POUCH, URINARY, FOR USE ON BARRIER WITH NON-LOCKING  FLANGE, WITH FALICET-TYPE TAP WITH VALVE, 2 PC	4428	CPT/HCPCS		Yes
CONVEXTIV, WITH FALUET.TYPE TAP WITH VALVE (1 PIECE), EACH  A4430 CPT/HCPCS OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED. WITH BUILT-IN CONVEXTIV WITH FALUET-TYPE TAP WITH HALVE, EACH  A4431 CPT/HCPCS OSTOMY POUCH, URINARY; WITH BARRIER ATTACHED, WITH FALUET-TYPE TAP WITH HALVE (1 PIECE), EACH  A4671 CPT/HCPCS DISPOSABLE CYCLER SET USED WITH CYCLER DIALVSIS MACHINE, EACH  A4672 CPT/HCPCS DRAINAGE EXTENSION LINE, STERILE, FOR DIALVSIS, EACH  A4673 CPT/HCPCS DRAINAGE EXTENSION LINE, STERILE, FOR DIALVSIS, EACH  A4674 CPT/HCPCS DRAINAGE EXTENSION LINE, STERILE, FOR DIALVSIS, EACH  A4675 CPT/HCPCS CHEMICALS/ANTISEPTICS SOLUTION USED TO CLEAN/STERILLZ DIALVSIS  CPT/HCPCS ACTIVATED CARBON FILTERS FOR DIALVSIS  A6204 CPT/HCPCS ACTIVATED CARBON FILTERS FOR DIALVSIS PYES  CPT/HCPCS CONTACT LAYER, STERILE, MORE THAN 16 SQ, IN BUT LESS THAN OR EQUAL  A6207 CPT/HCPCS CONTACT LAYER, STERILE, MORE THAN 16 SQ, IN, BUT LESS THAN OR EQUAL  A6208 CPT/HCPCS CONTACT LAYER, STERILE, MORE THAN 18 SQ, IN, BUT LESS THAN OR EQUAL  A6209 CPT/HCPCS CONTACT LAYER, STERILE, MORE THAN 48 SQ, IN, EACH DRESSING  A6200 CPT/HCPCS CONTACT LAYER, STERILE, MORE THAN 48 SQ, IN, EACH DRESSING  A6201 CPT/HCPCS CONTACT LAYER, STERILE, MORE THAN 48 SQ, IN, EACH DRESSING  A6202 CPT/HCPCS CONTACT LAYER, STERILE, MORE THAN 48 SQ, IN, EACH DRESSING  A6203 CPT/HCPCS CONTACT LAYER, STERILE, MORE THAN 48 SQ, IN, EACH DRESSING  A6204 CPT/HCPCS CONTACT LAYER, STERILE, MORE THAN 48 SQ, IN, EACH DRESSING  A6206 CPT/HCPCS CONTACT LAYER, STERILE, MORE THAN 48 SQ, IN, EACH DRESSING  A6207 CPT/HCPCS CONTACT LAYER, STERILE, MORE THAN 48 SQ, IN, EACH DRESSING  A6208 CPT/HCPCS CONTACT LAYER, STERILE, MORE THAN 48 SQ, IN, EACH DRESSING  A6209 CPT/HCPCS CONTACT LAYER, STERILE, MORE THAN 48 SQ, IN, EACH DRESSING  A6209 CPT/HCPCS CONTACT LAYER, STERILE, BORDER, EACH DRESSING  A6209 CPT/HCPCS OSTOMY POUCH, URINARY, FOR USE ON BARRIER WITH NON-LOCKING FLANGE, WITH FAUCET-TYPE TAP WITH VALVE (2 PIECE), EACH  A4432 CPT/HCPCS OSTOMY POUCH, URINARY, FOR USE ON BARRI	4400	007//10000		lv.
MYTH BUILT-IN CONVEXITY WITH FAUCET-TYPE TAP WITH VALVE, EACH  A4431 CPT/HCPCS OSTOMY POUCH, URINARY; WITH BARRIER ATTACHED, WITH FAUCET- TYPE YES TAP WITH VALVE (2 PIECE), EACH  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 DRAINAGE EXTENSION LINE WITH EASY LOCK CONNECTORS, USED WITH DIALYSIS YES COPTINED CONTINUE WITH EASY LOCK CONNECTORS, USED WITH DIALYSIS YES EQUIPMENT, PER 8 OZ  A4680 CPT/HCPCS CHEMICALS/ANTISEPTICS SOLUTION USED TO CLEAN/STERILIZE DIALYSIS YES COUNTACT LAVER, STERILE, FOR DIALYSIS YES COMPOSITE DRESSING PAD SIZE MORE THAN 16 SQ IN BUT LESS THANOR EQUAL YES CONTACT LAVER, STERILE, MORE THAN 16 SQ IN, BUT LESS THAN OR EQUAL YES CONTACT LAVER, STERILE, MORE THAN 16 SQ, IN, BUT LESS THAN OR EQUAL YES CONTACT LAVER, STERILE, MORE THAN 48 SQ, IN, BUT LESS THAN OR EQUAL YES CONTACT LAVER, STERILE, MORE THAN 48 SQ, IN, BUT LESS THAN OR EQUAL YES CONTACT LAVER, STERILE, MORE THAN 48 SQ, IN, EACH DRESSING CPT/HCPCS CONTACT LAVER, STERILE, MORE THAN 48 SQ, IN, EACH DRESSING CPT/HCPCS COMPOSITE OR DIALYSIS BORDER EACH DRESSING A8247 CPT/HCPCS HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ, IN, WITH ANY SIZE ADHESINE BORDER, EA DRESSING A6248 CPT/HCPCS OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH NON-LOCKING FLANGE, WITH FAUCET-TYPE TAP WITH VALVE (2 PIECE), EACH A4432 CPT/HCPCS OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FAUCET-TYPE TAP WITH VALVE, 2 PC EACH A4434 CPT/HCPCS OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FAUCET-TYPE TAP WITH VALVE, 2 PC EACH A4435 CPT/HCPCS OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FAUCET-TYPE TAP WITH VALVE, 2 PC EACH A4436 CPT/HCPCS OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FAUCET-TYPE TAP WITH VALVE, 2 PC EACH A4436 CPT/HCPCS OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANGE WITH FAUCET-TYPE TAP WITH VALVE, 2 PC E	4429	CP1/HCPCS	CONVEXITY, WITH FAUCET-TYPE TAP WITH VALVE (1 PIECE), EACH	
TAP WITH VALVE (1 PIECE), EACH  A4671 CPT/HCPCS DISPOSABLE CYCLER SET USED WITH CYCLER DIALYSIS MACHINE, EACH  Yes  A4673 CPT/HCPCS DRAINAGE EXTENSION LINE, STERILE, FOR DIALYSIS, EACH  A4673 CPT/HCPCS EXTENSION LINE WITH EASY LOCK CONNECTORS, USED WITH DIALYSIS  Yes  A4674 CPT/HCPCS CHEMICALS/ANTISEPTICS SOLUTION USED TO CLEAN/STERILIZE DIALYSIS  A4680 CPT/HCPCS CHEMICALS/ANTISEPTICS SOLUTION USED TO CLEAN/STERILIZE DIALYSIS  A6204 CPT/HCPCS ACTIVATED CARBON FILTERS FOR DIALYSIS  A6204 CPT/HCPCS COMPOSITE DRESSING PAD SIZE MORE THAN 16 SQ IN BUT LESS THAN OR  EQUAL TO 48SQ IN., WITH ANY SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL  Yes  CONTACT LAYER, STERILE, MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL  Yes  CONTACT LAYER, STERILE, MORE THAN 48 SQ. IN., EACH DRESSING  A6208 CPT/HCPCS CONTACT LAYER, STERILE, MORE THAN 48 SQ. IN., EACH DRESSING  A6209 CPT/HCPCS FOAM DRESSING WOUND COVER PAD SIZE MORED THAN 48 SQ.  Yes  WITHOUT ADHESIS OR BOOKER ACHD BRESSING  A6247 CPT/HCPCS HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48  SQ. IN., WITH ANY SIZE ADHESIVE BORDER EACH DRESSING  A6248 CPT/HCPCS HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48  SQ. IN., WITH ANY SIZE ADHESIVE BORDER EACH DRESSING  A6249 CPT/HCPCS  OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH NON-LOCKING FLANGE, WITH FAUCET-TYPE TAP WITH VALVE (2 PIECE), EACH  A4433 CPT/HCPCS  OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FAUCET-TYPE TAP WITH VALVE (2 PIECE), EACH  A4434 CPT/HCPCS  OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FAUCET-TYPE TAP WITH VALVE (2 PIECE), EACH  A4435 CPT/HCPCS  OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FAUCET-TYPE TAP WITH VALVE, 2 PC EACH  BARRIER (ONE-PIECE SYSTEM), WITH OR WITHOUT FILTER, EACH  A4436 CPT/HCPCS  OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANGE, YES  BICARBONATE CONCENTRATE, SOLUTION, FOR HEMODIALYSIS, PER  PACKET  PACKET  BICARBONATE CONCENTRATE, SOUUTION, FOR HEMODIALYSIS, PER  PACKET  BI	4430	CPT/HCPCS	· · · · · · · · · · · · · · · · · · ·	Yes
A4671 CPT/HCPCS DISPOSABLE CYCLER SET USED WITH CYCLER DIALYSIS MACHINE, EACH  A4672 CPT/HCPCS DRAINAGE EXTENSION LINE, STERILE, FOR DIALYSIS, EACH  A4673 CPT/HCPCS EXTENSION LINE WITH EASY LOCK CONNECTORS, USED WITH DIALYSIS  A4674 CPT/HCPCS CHEMICALS/ANTISEPTICS SOLUTION USED TO CLEAN/STERILIZE DIALYSIS  EQUIPMENT, PER 8 02  A4680 CPT/HCPCS ACTIVATED CARBON FILTERS FOR DIALYSIS  EQUIPMENT, PER 8 02  A4680 CPT/HCPCS ACTIVATED CARBON FILTERS FOR DIALYSIS  COMPOSITE DERSING PAD SIZE MORE THAN 16 SQ. IN BUT LESS THANOR  EQUAL TO 48SQ IN., WITH ANY SIZW ADHESIVE BORDER EACH  A6207 CPT/HCPCS CONTACT LAYER, STERILE, MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL  TO 48 SQ. IN, EA DRESSING  A6208 CPT/HCPCS CONTACT LAYER, STERILE, MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL  TO 48 SQ. IN, EA DRESSING  A6210 CPT/HCPCS CONTACT LAYER, STERILE, MORE THAN 48 SQ. IN., EACH DRESSING  A6211 CPT/HCPCS CONTACT LAYER, STERILE, MORE THAN 48 SQ. IN., EACH DRESSING  A6212 CPT/HCPCS CONTACT LAYER, STERILE, MORE THAN 48 SQ. IN., EACH DRESSING  A6247 CPT/HCPCS HYDROGEL DRESSING, WOUND COVER PAD SIZE MORE THAN 48 SQ  WITHOUT ADHESIVE BORDER EACH DRESSING  A6248 CPT/HCPCS HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48  A6249 CPT/HCPCS HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48  A6240 CPT/HCPCS OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH NON-LOCKING  FLANGE, WITH FAUCET-TYPE TAP WITH VALVE (2 PIECE), EACH  A4432 CPT/HCPCS OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANGE  (2 PIECE), EACH  A4434 CPT/HCPCS OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANGE  (2 PIECE), EACH  A4435 CPT/HCPCS OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANGE  WITH FAUCET-TYPE TAP WITH VALVE (2 PIECE), EACH  A4436 CPT/HCPCS OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANGE  BARRIER (ONE-PIECE SYSTEM), WITH OR WITHOUT FILTER, EACH  A4436 CPT/HCPCS BARRIER (ONE-PIECE SYSTEM), WITH OR WITHOUT FILTER, EACH  A4406 CPT/HCPCS BICARBONATE CONCENTRATE, SOLUTION, FOR HEMODIALYSIS, PER  A4	4431	CPT/HCPCS		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 Yes EQUIPMENT, PER B OZ  A4680 CPT/HCPCS ACTIVATED CARBON FILTERS FOR DIALYSIS 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  A6207 CPT/HCPCS CONTACT LAYER, STERILE, MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL Yes TO 48 SQ. IN. EA DRESSING 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 Yes WITHOUT ADHESIVE BORDER EACH DRESSING A6247 CPT/HCPCS HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING 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  A4434 CPT/HCPCS OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANGE, Yes WITH FAUCET-TYPE TAP WITH VALVE (2 PIECE), EACH  A4434 CPT/HCPCS OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANGE, Yes WITH FAUCET-TYPE TAP WITH VALVE (2 PIECE), EACH  A4435 CPT/HCPCS OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANGE, Yes WITH FAUCET-TYPE TAP WITH VALVE, 2 PC EACH  A4436 CPT/HCPCS OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANGE, Yes WITH FAUCET-TYPE TAP WITH VALVE, 2 PC EACH  A4437 CPT/HCPCS OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANGE, Yes WITH FAUCET-TYPE TAP WITH VALVE, 2 PC EACH  A4438 CPT/HCPCS OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANGE, Yes WITH FAUCET-TYPE TAP WITH VALVE, 2 PC EACH  A4439 CPT/HCPCS OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANGE, Yes WITH FAUCET-TYPE TAP WITH VALVE, 2 PC EACH  A4430 CPT/HCPCS DIALYZERS (ARTIFICIAL KIONEYS), ALL BRANDS, ALL SIZES PER UNIT YES BARRIER (ONE-PIECE SYSTEM), WITH OR W	4671	CPT/HCPCS		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 Yes EQUIPMENT, PER B OZ  A4680 CPT/HCPCS ACTIVATED CARBON FILTERS FOR DIALYSIS  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  A6207 CPT/HCPCS CONTACT LAYER, STERILE, MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL Yes TO 48 SQ. IN. EA DRESSING  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. Yes WITHOUT ADHESIVE BORDER EACH DRESSING  A6247 CPT/HCPCS HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 Yes SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING  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  A4434 CPT/HCPCS OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANGE YES (2 PIECE), EACH  A4434 CPT/HCPCS OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANGE, YES WITH FAUCET-TYPE TAP WITH VALVE (2 PIECE), EACH  A4434 CPT/HCPCS OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANGE, YES WITH FAUCET-TYPE TAP WITH VALVE, 2 PC EACH  A4435 CPT/HCPCS OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANGE, YES WITH FAUCET-TYPE TAP WITH VALVE, 2 PC EACH  A4436 CPT/HCPCS OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANGE, YES WITH FAUCET-TYPE TAP WITH VALVE, 2 PC EACH  A4437 CPT/HCPCS OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANGE, YES WITH FAUCET-TYPE TAP WITH VALVE, 2 PC EACH  A4438 CPT/HCPCS OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANGE, YES WITH FAUCET-TYPE TAP WITH VALVE, 2 PC EACH  A4439 CPT/HCPCS OSTOMY POUCH, DRAINABLE, HIGH OUTPUT, WITH EXTENDED WEAR BARRIER (ONE-PIECE SYSTEM), WITH ON WITHOUT FILTER, EACH  A4690 CPT/HC	4672	CPT/HCPCS	DRAINAGE EXTENSION LINE, STERILE, FOR DIALYSIS, EACH	Yes
EQUIPMENT, PER 8 0Z  A4680 CPT/HCPCS ACTIVATED CARBON FILTERS FOR DIALYSIS  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  A6207 CPT/HCPCS CONTACT LAYER, STERILE, MORE THAN 16 SQ. IN., BUT LESS THAN OR EQUAL TO 48 SQ. IN., EAD DRESSING  A6208 CPT/HCPCS CONTACT LAYER, STERILE, MORE THAN 48 SQ. IN., EACH DRESSING  A6209 CPT/HCPCS CONTACT LAYER, STERILE, MORE THAN 48 SQ. IN., EACH DRESSING  A6210 CPT/HCPCS FOAM DRESSING WOUND COVER PAD SIZE MORED THAN 48 SQ. YES  WITHOUT ADHESIVE BORDER EACH DRESSING  A6247 CPT/HCPCS HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48  SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EAD BESSING  A6248 CPT/HCPCS HYDROGEL DRESSING, WOUND FILLER, GEL, STERILE, PER FLUID OUNCE  A4432 CPT/HCPCS OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH NON-LOCKING FLANGE, WITH FAUCET-TYPE TAP WITH VALVE (2 PIECE), EACH  A4433 CPT/HCPCS OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANGE (2 PIECE), EACH  A4434 CPT/HCPCS OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FAUCET-TYPE TAP WITH VALVE, 2 PC EACH  A4435 CPT/HCPCS OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FAUCET-TYPE TAP WITH VALVE, 2 PC EACH  A4436 CPT/HCPCS OSTOMY POUCH, DRAINABLE, HIGH OUTPUT FILTER, EACH  A4437 CPT/HCPCS DIALYZERS (ARTIFICIAL KIDNEY'S), ALL BRANDS, ALL SIZES PER UNIT YES  BARRIER (ONE-PIECE SYSTEM), WITH OR WITHOUT FILTER, EACH  A4430 CPT/HCPCS BICARBONATE CONCENTRATE, SOLUTION, FOR HEMODIALYSIS, PER YES  GALLON  A4707 CPT/HCPCS BICARBONATE CONCENTRATE, SOLUTION, FOR HEMODIALYSIS, PER YES  GALLON				
A4680 CPT/HCPCS ACTIVATED CARBON FILTERS FOR DIALYSIS A6204 CPT/HCPCS COMPOSITE ORESSING PAD SIZE MORE THAN 16 SQ IN BUT LESS THANOR EQUAL TO 48SQ IN., WITH ANY SIZW ADHESIVE BORDER EACH  A6207 CPT/HCPCS CONTACT LAYER, STERILE, MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL Yes TO 48 SQ. IN., EA DRESSING A6208 CPT/HCPCS CONTACT LAYER, STERILE, MORE THAN 48 SQ. IN., EACH DRESSING A6200 CPT/HCPCS CONTACT LAYER, STERILE, MORE THAN 48 SQ. IN., EACH DRESSING A6210 CPT/HCPCS FOAM DRESSING WOUND COVER PAD SIZE MORED THAN 48 SQ. Yes WITHOUT ADHESIVE BORDER EACH DRESSING A6247 CPT/HCPCS HYDROGEL DRESSING, WOUND FILLER, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EA DRESSING A6248 CPT/HCPCS HYDROGEL DRESSING, WOUND FILLER, GEL, STERILE, PER FLUID OUNCE A4432 CPT/HCPCS OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH NON-LOCKING FLANGE, WITH FAUCET-TYPE TAP WITH VALVE (2 PIECE), EACH A4433 CPT/HCPCS OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FAUCET-TYPE TAP WITH VALVE, 2 PC EACH A4434 CPT/HCPCS OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FAUCET-TYPE TAP WITH VALVE, 2 PC EACH A4435 CPT/HCPCS OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FAUCET-TYPE TAP WITH VALVE, 2 PC EACH A4436 CPT/HCPCS DIALYZERS (ARTIFICIAL KIDNEYS), ALL BRANDS, ALL SIZES PER UNIT YES BARRIER (ONE-PIECE SYSTEM), WITH OR WITHOUT FILTER, EACH A4690 CPT/HCPCS DIALYZERS (ARTIFICIAL KIDNEY'S), ALL BRANDS, ALL SIZES PER UNIT YES GALLON A4707 CPT/HCPCS BICARBONATE CONCENTRATE, SOLUTION, FOR HEMODIALYSIS, PER PACKET	4674	CPT/HCPCS		Yes
EQUAL TO 48SQ IN., WITH ANY SIZW ADHESIVE BORDER EACH  A6207 CPT/HCPCS CONTACT LAYER, STERILE, MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL YES TO 48 SQ. IN., EA DRESSING 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 YES WITHOUT ADHESIVE BORDER EACH DRESSING A6247 CPT/HCPCS HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 YES SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EA DRESSING 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  A4433 CPT/HCPCS OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANGE (2 PIECE), EACH  A4434 CPT/HCPCS OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FAUCET-TYPE TAP WITH VALVE, 2 PC EACH  A4435 CPT/HCPCS OSTOMY POUCH, DRAINABLE, HIGH OUTPUT, WITH EXTENDED WEAR BARRIER (ONE-PIECE SYSTEM), WITH ON WITHOUT FILTER, EACH  A4436 CPT/HCPCS DIALYZERS (ARTIFICIAL KIDNEY'S), ALL BRANDS, ALL SIZES PER UNIT YES A4706 CPT/HCPCS BICARBONATE CONCENTRATE, SOLUTION, FOR HEMODIALYSIS, PER YES AA4707 CPT/HCPCS BICARBONATE CONCENTRATE, POWDER, FOR HEMODIALYSIS, PER YES AA4707 CPT/HCPCS BICARBONATE CONCENTRATE, POWDER, FOR HEMODIALYSIS, PER YES AA6207 PACKET	4680	CPT/HCPCS		Yes
A6208 CPT/HCPCS CONTACT LAYER, STERILE, MORE THAN 48 SQ. IN., EACH DRESSING A6210 CPT/HCPCS FOAM DRESSING WOUND COVER PAD SIZE MORED THAN 48 SQ WITHOUT ADHESIVE BORDER EACH DRESSING A6247 CPT/HCPCS HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EA DRESSING 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  A4433 CPT/HCPCS OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANGE (2 PIECE), EACH  A4434 CPT/HCPCS OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FAUCET-TYPE TAP WITH VALVE, 2 PC EACH  A4435 CPT/HCPCS OSTOMY POUCH, DRAINABLE, HIGH OUTPUT, WITH EXTENDED WEAR BARRIER (ONE-PIECE SYSTEM), WITH OR WITHOUT FILTER, EACH  A4690 CPT/HCPCS BICARBONATE CONCENTRATE, SOLUTION, FOR HEMODIALYSIS, PER GALLON  A4707 CPT/HCPCS BICARBONATE CONCENTRATE, POWDER, FOR HEMODIALYSIS, PER PACKET	6204	CPT/HCPCS	· · · · · · · · · · · · · · · · · · ·	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 YES WITHOUT ADHESIVE BORDER EACH DRESSING A6247 CPT/HCPCS HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EA DRESSING 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  A4433 CPT/HCPCS OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANGE (2 PIECE), EACH  A4434 CPT/HCPCS OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FAUCET-TYPE TAP WITH VALVE, 2 PC EACH  A4435 CPT/HCPCS OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FAUCET-TYPE TAP WITH VALVE, 2 PC EACH  A4435 CPT/HCPCS OSTOMY POUCH, DRAINABLE, HIGH OUTPUT, WITH EXTENDED WEAR BARRIER (JONE-PIECE SYSTEM), WITH OR WITHOUT FILTER, EACH  A4690 CPT/HCPCS DIALYZERS (ARTIFICIAL KIDNEY'S), ALL BRANDS, ALL SIZES PER UNIT YES A4706 CPT/HCPCS BICARBONATE CONCENTRATE, SOLUTION, FOR HEMODIALYSIS, PER YES BICARBONATE CONCENTRATE, POWDER, FOR HEMODIALYSIS, PER YES PACKET	6207	CPT/HCPCS		Yes
MITHOUT ADHESIVE BORDER EACH DRESSING  A6247 CPT/HCPCS HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EA DRESSING  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  A4433 CPT/HCPCS OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANGE (2 PIECE), EACH  A4434 CPT/HCPCS OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FAUCET-TYPE TAP WITH VALVE, 2 PC EACH  A4435 CPT/HCPCS OSTOMY POUCH, DRAINABLE, HIGH OUTPUT, WITH EXTENDED WEAR BARRIER (ONE-PIECE SYSTEM), WITH OR WITHOUT FILTER, EACH  A4690 CPT/HCPCS DIALYZERS (ARTIFICIAL KIDNEY'S), ALL BRANDS, ALL SIZES PER UNIT YES  A4706 CPT/HCPCS BICARBONATE CONCENTRATE, SOLUTION, FOR HEMODIALYSIS, PER YES  GALLON  A4707 CPT/HCPCS BICARBONATE CONCENTRATE, POWDER, FOR HEMODIALYSIS, PER YES  PACKET	6208	CPT/HCPCS		Yes
A6247 CPT/HCPCS HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EA DRESSING 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  A4433 CPT/HCPCS OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANGE (2 PIECE), EACH  A4434 CPT/HCPCS OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FAUCET-TYPE TAP WITH VALVE, 2 PC EACH  A4435 CPT/HCPCS OSTOMY POUCH, DRAINABLE, HIGH OUTPUT, WITH EXTENDED WEAR BARRIER (ONE-PIECE SYSTEM), WITH OR WITHOUT FILTER, EACH  A4690 CPT/HCPCS DIALYZERS (ARTIFICIAL KIDNEY'S), ALL BRANDS, ALL SIZES PER UNIT YES  A4706 CPT/HCPCS BICARBONATE CONCENTRATE, SOLUTION, FOR HEMODIALYSIS, PER YES  GALLON  A4707 CPT/HCPCS BICARBONATE CONCENTRATE, POWDER, FOR HEMODIALYSIS, PER YES  PACKET				
SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EA DRESSING  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  A4433 CPT/HCPCS OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANGE YES  (2 PIECE), EACH  A4434 CPT/HCPCS OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FAUCET-TYPE TAP WITH VALVE, 2 PC EACH  A4435 CPT/HCPCS OSTOMY POUCH, DRAINABLE, HIGH OUTPUT, WITH EXTENDED WEAR YES  BARRIER (ONE-PIECE SYSTEM), WITH OR WITHOUT FILTER, EACH  A4690 CPT/HCPCS DIALYZERS (ARTIFICIAL KIDNEY'S), ALL BRANDS, ALL SIZES PER UNIT YES  A4706 CPT/HCPCS BICARBONATE CONCENTRATE, SOLUTION, FOR HEMODIALYSIS, PER YES  GALLON  A4707 CPT/HCPCS BICARBONATE CONCENTRATE, POWDER, FOR HEMODIALYSIS, PER YES  PACKET			WITHOUT ADHESIVE BORDER EACH DRESSING	
A4432 CPT/HCPCS OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH NON-LOCKING FLANGE, WITH FAUCET-TYPE TAP WITH VALVE (2 PIECE), EACH  A4433 CPT/HCPCS OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANGE (2 PIECE), EACH  A4434 CPT/HCPCS OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FAUCET-TYPE TAP WITH VALVE, 2 PC EACH  A4435 CPT/HCPCS OSTOMY POUCH, DRAINABLE, HIGH OUTPUT, WITH EXTENDED WEAR BARRIER (ONE-PIECE SYSTEM), WITH OR WITHOUT FILTER, EACH  A4690 CPT/HCPCS DIALYZERS (ARTIFICIAL KIDNEY'S), ALL BRANDS, ALL SIZES PER UNIT YES  A4706 CPT/HCPCS BICARBONATE CONCENTRATE, SOLUTION, FOR HEMODIALYSIS, PER YES  GALLON  A4707 CPT/HCPCS BICARBONATE CONCENTRATE, POWDER, FOR HEMODIALYSIS, PER YES PACKET	6247	CPT/HCPCS		Yes
FLANGE, WITH FAUCET-TYPE TAP WITH VALVE (2 PIECE), EACH  A4433 CPT/HCPCS OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANGE YES (2 PIECE), EACH  A4434 CPT/HCPCS OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FAUCET-TYPE TAP WITH VALVE, 2 PC EACH  A4435 CPT/HCPCS OSTOMY POUCH, DRAINABLE, HIGH OUTPUT, WITH EXTENDED WEAR BARRIER (ONE-PIECE SYSTEM), WITH OR WITHOUT FILTER, EACH  A4690 CPT/HCPCS DIALYZERS (ARTIFICIAL KIDNEY'S), ALL BRANDS, ALL SIZES PER UNIT  A4706 CPT/HCPCS BICARBONATE CONCENTRATE, SOLUTION, FOR HEMODIALYSIS, PER GALLON  A4707 CPT/HCPCS BICARBONATE CONCENTRATE, POWDER, FOR HEMODIALYSIS, PER PACKET	6248	CPT/HCPCS	HYDROGEL DRESSING, WOUND FILLER, GEL, STERILE, PER FLUID OUNCE	Yes
A4434 CPT/HCPCS OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FAUCET-TYPE TAP WITH VALVE, 2 PC EACH  A4435 CPT/HCPCS OSTOMY POUCH, DRAINABLE, HIGH OUTPUT, WITH EXTENDED WEAR BARRIER (ONE-PIECE SYSTEM), WITH OR WITHOUT FILTER, EACH  A4690 CPT/HCPCS DIALYZERS (ARTIFICIAL KIDNEY'S), ALL BRANDS, ALL SIZES PER UNIT  A4706 CPT/HCPCS BICARBONATE CONCENTRATE, SOLUTION, FOR HEMODIALYSIS, PER GALLON  A4707 CPT/HCPCS BICARBONATE CONCENTRATE, POWDER, FOR HEMODIALYSIS, PER PACKET	4432	CPT/HCPCS		Yes
A4434 CPT/HCPCS OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FAUCET-TYPE TAP WITH VALVE, 2 PC EACH  A4435 CPT/HCPCS OSTOMY POUCH, DRAINABLE, HIGH OUTPUT, WITH EXTENDED WEAR BARRIER (ONE-PIECE SYSTEM), WITH OR WITHOUT FILTER, EACH  A4690 CPT/HCPCS DIALYZERS (ARTIFICIAL KIDNEY'S), ALL BRANDS, ALL SIZES PER UNIT Yes  A4706 CPT/HCPCS BICARBONATE CONCENTRATE, SOLUTION, FOR HEMODIALYSIS, PER GALLON  A4707 CPT/HCPCS BICARBONATE CONCENTRATE, POWDER, FOR HEMODIALYSIS, PER Yes PACKET	4433	CPT/HCPCS		Yes
A4435 CPT/HCPCS OSTOMY POUCH, DRAINABLE, HIGH OUTPUT, WITH EXTENDED WEAR BARRIER (ONE-PIECE SYSTEM), WITH OR WITHOUT FILTER, EACH  A4690 CPT/HCPCS DIALYZERS (ARTIFICIAL KIDNEY'S), ALL BRANDS, ALL SIZES PER UNIT  A4706 CPT/HCPCS BICARBONATE CONCENTRATE, SOLUTION, FOR HEMODIALYSIS, PER GALLON  A4707 CPT/HCPCS BICARBONATE CONCENTRATE, POWDER, FOR HEMODIALYSIS, PER PACKET  Yes	4434	CPT/HCPCS	OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANGE,	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  A4707 CPT/HCPCS BICARBONATE CONCENTRATE, POWDER, FOR HEMODIALYSIS, PER PACKET  PACKET  Yes	4435	CPT/HCPCS	OSTOMY POUCH, DRAINABLE, HIGH OUTPUT, WITH EXTENDED WEAR	Yes
A4706 CPT/HCPCS BICARBONATE CONCENTRATE, SOLUTION, FOR HEMODIALYSIS, PER GALLON  A4707 CPT/HCPCS BICARBONATE CONCENTRATE, POWDER, FOR HEMODIALYSIS, PER PACKET  Yes  PACKET	4690	CPT/HCPCS		Yes
A4707 CPT/HCPCS BICARBONATE CONCENTRATE, POWDER, FOR HEMODIALYSIS, PER Yes PACKET			BICARBONATE CONCENTRATE, SOLUTION, FOR HEMODIALYSIS, PER	
	4707	CPT/HCPCS	BICARBONATE CONCENTRATE, POWDER, FOR HEMODIALYSIS, PER	Yes
	4708	CPT/HCPCS		Yes
A4709 CPT/HCPCS ACID CONCENTRATE, SOLUTION, FOR HEMODIALYSIS, PER GALLON Yes	4700	CDT/LICDOS	ACID CONCENTRATE SOLUTION FOR HEMODIALYSIS BED CALLON	Vos

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,	Yes
AC040	CDT//LICDOS	WITH ANY SIZE ADHESIVE BORDER, EA DRESSING	V
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	res
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	Yes
		WITHOUT ADHESIVE BORDER EACH DRESSING	
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 I
A4463	CPT/HCPCS	SURGICAL DRESSING HOLDER, REUSABLE, EACH	Yes
A4465 A4467	CPT/HCPCS CPT/HCPCS	NON-ELASTIC BINDER FOR EXTREMITY  BELT, STRAP, SLEEVE, GARMENT, OR COVERING, ANY TYPE	Yes Yes
A4467 A4470	CPT/HCPCS  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	Yes
		GELSIZE 16SQ OR LESS WITHOUT ADHESIVE BORDER, EACH DRESSING	

ASS20 CPTHOPOES SUBJECT ASSOCIATION AND THE RESEARCH DEPOSING ASSISTED ASSOCIATION OF DETAIL OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY O	
MASSA	
MA396	
MA386	
MA388	
A4389 CPTHICPCS OSTOMY SEN BARRIER, LIQUID, PER 0Z  A4480 CPTHICPCS VABRA ASPIRATOR  A4480 CPTHICPCS VABRA ASPIRATOR  A4480 CPTHICPCS VABRA ASPIRATOR  MOISTURE EXCHANGER, DISPOSABLE FOR USE WITH INVASIVE  Yes  A4480 CPTHICPCS SURGICLAL STOCKINGS ABOVE KINEELENGTH, EACH  A4490 CPTHICPCS SURGICLAL STOCKINGS ABOVE KINEELENGTH, EACH  Yes  A4590 CPTHICPCS SURGICLAL STOCKINGS THOE LILE STOCKINGS. PILL LENGTH, EACH  Yes  A4590 CPTHICPCS SURGICLAL STOCKINGS THOE LILE STOCKINGS. PILL LENGTH, EACH  Yes  A4728 CPTHICPCS SURGICLAL STOCKINGS SHOUNT KINEELENGTH, EACH  Yes  A4728 CPTHICPCS SURGICLAL STOCKINGS. PILL DIV KINEELENGTH, EACH  Yes  A4728 CPTHICPCS SURGICLAL STOCKINGS. PILL DIV KINEELENGTH, EACH  Yes  A4728 CPTHICPCS SURGICLAL STOCKINGS. PILL DIV KINEELENGTH, EACH  Yes  A4728 CPTHICPCS SURGICLAL STOCKINGS. PILL DIV KINEELENGTH, EACH  Yes  A4730 CPTHICPCS SURGICLAL STOCKINGS. PILL DIV KINEELENGTH, EACH  Yes  A4730 CPTHICPCS SURGICLAL STOCKINGS. PILL DIV KINEELENGTH, EACH  Yes  A4730 CPTHICPCS SURGICLAL STOCKINGS. PILL DIV KINEELENGTH, EACH  Yes  A4730 CPTHICPCS SURGICLAL STOCKINGS. PILL DIV KINEELENGTH, EACH  Yes  A4730 CPTHICPCS TORK STOCKINGS. PILL DIV KINEELENGTH, EACH  Yes  A4730 CPTHICPCS SURGICLAL STOCKINGS. PILL DIV KINEELENGTH, EACH  Yes  A4730 CPTHICPCS SURGICLAL STOCKINGS. PILL DIV KINEELENGTH, EACH  Yes  A4737 CPTHICPCS  GAUZE, IMPREONATED. OTHER THAN WATER, NORMAL SALINE, OR  Yes  A6224 CPTHICPCS AUGUST AND AND AND AND AND AND AND AND AND AND	-
A4480	
A4880 CPT/HCPCS MOISTURE EXCHANGER, DISPOSABLE FOR USE WITH INVASIVE YES MECHANICAL VENTILATION YES MECHANICAL VENTILATION YES A4490 CPT/HCPCS SURGICAL STOCKINGS THOR LENGTH, EACH YES A4500 CPT/HCPCS SURGICAL STOCKINGS THOR LENGTH, EACH YES A4500 CPT/HCPCS SURGICAL STOCKINGS THOR LENGTH, EACH YES A4726 CPT/HCPCS SURGICAL STOCKINGS THOR LENGTH, EACH YES A4726 CPT/HCPCS SURGICAL STOCKINGS THOR LENGTH, EACH YES A4726 CPT/HCPCS SURGICAL STOCKINGS, BELOW KNEE LENGTH, EACH YES A4726 CPT/HCPCS SURGICAL STOCKINGS, BELOW KNEE LENGTH, EACH YES A4726 CPT/HCPCS SURGICAL STOCKINGS, BELOW KNEE LENGTH, EACH YES A4726 CPT/HCPCS SURGICAL STOCKINGS, BELOW KNEE LENGTH, EACH YES A4726 CPT/HCPCS SURGICAL STOCKINGS, BELOW KNEE LENGTH, EACH YES A4726 CPT/HCPCS SURGICAL STOCKINGS, BELOW KNEE LENGTH, EACH YES A4726 CPT/HCPCS SURGICAL STOCKINGS, BELOW KNEE LENGTH, EACH YES A4726 CPT/HCPCS SURGICAL STOCKINGS, BELOW KNEE LENGTH, EACH YES A4726 CPT/HCPCS SURGICAL STOCKINGS, BELOW KNEE LENGTH, EACH YES A4726 CPT/HCPCS SURGICAL STOCKINGS, BELOW KNEE LENGTH, EACH YES A4726 CPT/HCPCS SURGICAL STOCKINGS, BELOW KNEE LENGTH, EACH YES A4726 CPT/HCPCS SURGICAL STOCKINGS, BELOW KNEE LENGTH, EACH YES A4726 CPT/HCPCS TORK A4726 CPT/HCPCS TORK A4727 CPT/HCPCS TORK A4727 CPT/HCPCS TORK A4727 CPT/HCPCS TORK A4727 CPT/HCPCS GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, STERILE, PAD SIZE 16 YES SURGICAL STOCKINGS, WIND ADDRESSING BOORDER, EAD RESSING A6230 CPT/HCPCS GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, STERILE, PAD SIZE YES MORE HAAN 48 SUN ADDRESSING SORDER, EAD RESSING A6231 CPT/HCPCS GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, STERILE, PAD SIZE WORD AA640 CPT/HCPCS GAUZE, IMPREGNATED, WORD AA640 CPT/HCPCS GAUZE, IMPREGNATED, WORD AA640 CPT/HCPCS GAUZE, IMPREGNATED, WORD AA640 CPT/HCPCS GAUZE, IMPREGNATED, WORD AA640 CPT/HCPCS GAUZE, IMPREGNATED, WORD AA640 CPT/HCPCS GAUZE, IMPREGNATED, WORD AA640 CPT/HCPCS GAUZE, IMPREGNATED, WORD AA640 CPT/HCPCS GAUZE, IMPREGNATED, WORD AA640 CPT/HCPCS GAUZE, IMPREGNATED, WORD AA640 CPT/HCPCS GAUZE, IMPREGNATED, W	
Additional	
MECHANICAL VENTILATION	
A4498 CPT/HCPCS SURGICAL STOCKINGS ABOVE KNEEL ENOTH, EACH Ves A4498 CPT/HCPCS SURGICAL STOCKINGS THIGH LENGTH, EACH Ves A4750 CPT/HCPCS SURGICAL STOCKINGS BELOW KNEE LENGTH, EACH Ves A4766 CPT/HCPCS DUALYSAIT SOLUTION, ANY CONCENTRATION OF DEXTROSE, FUID Ves A4726 CPT/HCPCS DUALYSAIT SOLUTION, ANY CONCENTRATION OF DEXTROSE, FUID A4728 CPT/HCPCS DUALYSAIT SOLUTION, ANY CONCENTRATION OF DEXTROSE, FUID A4729 CPT/HCPCS DUALYSAIT SOLUTION, NON-DEXTROSE CONTAINING, 500 ML A4730 CPT/HCPCS FISTULA CANNULATION, SET FOR DIALYSIS, DAY A4731 CPT/HCPCS TOPICAL AVESTHERIC, FOR DIALYSIS, PER DIAM A4732 CPT/HCPCS INJECTIBLE AWESTHERIC, FOR DIALYSIS, PER DIAM A4734 CPT/HCPCS INJECTIBLE AWESTHERIC, FOR DIALYSIS, PER DIAM A4735 CPT/HCPCS INJECTIBLE AWESTHERIC, FOR DIALYSIS, PER DIAM A4736 CPT/HCPCS GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, OR HCPA THAN 48 SQ WITHOUT ADHESIVE BORDER EACH DESSINO A6228 CPT/HCPCS GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, STERILE, PAD SIZE 16 SQ, IN. OR LESS, W/O ADHESIVE BORDER, EA DRESSING CPT/HCPCS GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, STERILE, PAD SIZE 16 SQ, IN. OR LESS, W/O ADHESIVE BORDER, EA DRESSING A6230 CPT/HCPCS GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, STERILE, PAD SIZE 16 SQ, IN. OR LESS, W/O ADHESIVE BORDER, EA DRESSING A6231 CPT/HCPCS GOTOWY SIN BARRIER, POWDER, PER OZ A4371 CPT/HCPCS OSTOWY SIN BARRIER, POWDER, PER OZ A4372 CPT/HCPCS OSTOWY SIN BARRIER, SOLID AX OR CQUIVALENT, STANDARD WEAR, WITH BUILT-IN CONVEXITY, ANY SIZE, EACH A4373 CPT/HCPCS OSTOWY SIN BARRIER, SOLID AX OR CQUIVALENT, STANDARD WEAR, WITH BUILT-IN CONVEXITY, ANY SIZE, EACH A4376 CPT/HCPCS OSTOWY SIN BARRIER, WITH HANCE (SOLID, FLEXIBLE, OR ACCORDIAN), YES A4520 CPT/HCPCS SURGICAL STOCKINGS FULL LENGTH, EACH A4520 CPT/HCPCS SURGICAL STOCKINGS FULL LENGTH, EACH A4520 CPT/HCPCS SURGICAL STOCKINGS FULL LENGTH, EACH A4520 CPT/HCPCS SURGICAL STOCKINGS FULL LENGTH, EACH A4520 CPT/HCPCS SURGICAL STOCKINGS FULL LENGTH, EACH A4520 CPT/HCPCS SURGICAL TRAYS - SPECIAL INCIDENTAL PROCESSING (SEE SBA BULLETIN YES S	
A4500 CPT/HCPCS SURGICAL STOCKINGS THIGH LENGTH, EACH Yes A4760 CPT/HCPCS SURGICAL STOCKINGS, BELOW KNEE LENGTH, EACH Yes A4766 CPT/HCPCS DIALYSATE SOLUTION, ANY CONCENTRATION OF EXTROSE, FLUID Yes VOLUME GREATER THAN 5999CC, FOR PERTONEAL DIALYSIS CANDEL AND YOUNG GREATER THAN 5999CC, FOR PERTONEAL DIALYSIS CANDEL A4730 CPT/HCPCS FISTULA CANNULATION SET FOR DIALYSIS, PER GRAM Yes CANDEL A4730 CPT/HCPCS TOPICAL ANESTHEETIC, FOR DIALYSIS, PER GRAM Yes CANDEL A4737 CPT/HCPCS TOPICAL ANESTHEETIC, FOR DIALYSIS, PER GRAM Yes CANDEL A4737 CPT/HCPCS TOPICAL ANESTHEETIC, FOR DIALYSIS, PER GRAM Yes CANDEL A4737 CPT/HCPCS TOPICAL AND STATE OF THAN 48 SQ WITHOUT ADHESIVE BORDER EACH DRESSING ABOUT A CANDEL AND STATE OF THE ATTEMPT OF THE ATTEMPT OF THE ATTEMPT OF THE ATTEMPT OF THE ATTEMPT OF THE ATTEMPT OF THE ATTEMPT OF THE ATTEMPT OF THE ATTEMPT OF THE ATTEMPT OF THE ATTEMPT OF THE ATTEMPT OF THE ATTEMPT OF THE ATTEMPT OF THE ATTEMPT OF THE ATTEMPT OF THE ATTEMPT OF THE ATTEMPT OF THE ATTEMPT OF THE ATTEMPT OF THE ATTEMPT OF THE ATTEMPT OF THE ATTEMPT OF THE ATTEMPT OF THE ATTEMPT OF THE ATTEMPT OF THE ATTEMPT OF THE ATTEMPT OF THE ATTEMPT OF THE ATTEMPT OF THE ATTEMPT OF THE ATTEMPT OF THE ATTEMPT OF THE ATTEMPT OF THE ATTEMPT OF THE ATTEMPT OF THE ATTEMPT OF THE ATTEMPT OF THE ATTEMPT OF THE ATTEMPT OF THE ATTEMPT OF THE ATTEMPT OF THE ATTEMPT OF THE ATTEMPT OF THE ATTEMPT OF THE ATTEMPT OF THE ATTEMPT OF THE ATTEMPT OF THE ATTEMPT OF THE ATTEMPT OF THE ATTEMPT OF THE ATTEMPT OF THE ATTEMPT OF THE ATTEMPT OF THE ATTEMPT OF THE ATTEMPT OF THE ATTEMPT OF THE ATTEMPT OF THE ATTEMPT OF THE ATTEMPT OF THE ATTEMPT OF THE ATTEMPT OF THE ATTEMPT OF THE ATTEMPT OF THE ATTEMPT OF THE ATTEMPT OF THE ATTEMPT OF THE ATTEMPT OF THE ATTEMPT OF THE ATTEMPT OF THE ATTEMPT OF THE ATTEMPT OF THE ATTEMPT OF THE ATTEMPT OF THE ATTEMPT OF THE ATTEMPT OF THE ATTEMPT OF THE ATTEMPT OF THE ATTEMPT OF THE ATTEMPT OF THE ATTEMPT OF THE ATTEMPT OF THE ATTEMPT OF THE ATTEMPT OF THE ATTEMPT OF THE ATTEMPT OF THE ATTEMPT OF THE ATTEMPT OF THE ATTE	
A4726 CPT/HCPCS SURGICAL STOCKINGS, BELDW KNEE LENGTH, EACH  A4726 CPT/HCPCS DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID  Yes  A4728 CPT/HCPCS DIALYSATE SOLUTION, ANY CONCENTRATION, 500 ML  Yes  A4730 CPT/HCPCS DIALYSATE SOLUTION, NON-DEXTROSE CONTAINING, 500 ML  Yes  A4730 CPT/HCPCS TOPICHACAN SOLUTION, SON-DEXTROSE CONTAINING, 500 ML  Yes  A4731 CPT/HCPCS TOPICHACAN SOLUTION, SON-DEXTROSE CONTAINING, 500 ML  Yes  A4736 CPT/HCPCS TOPICHA AND SET FOR DIALYSIS ONLY  Yes  A4737 CPT/HCPCS TOPICHA LANGESTHETIC, FOR DIALYSIS, PER 10ML  A4737 CPT/HCPCS INJECTIBLE ANESTHETIC, FOR DIALYSIS, PER 10ML  A6224 CPT/HCPCS GAUZE, IMPREGNATED, OTHER THAN WATER, NORMAL SALINE, OR  HYDROGELSIZE MORE THAN A 95 QWITHOUT ADHESIVE BORDER EACH  DRESSING  A6228 CPT/HCPCS GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, STERILE, PAD SIZE 16  SQ. IN. OR LESS, W/O ADHESIVE BORDER, EA DRESSING  A6230 CPT/HCPCS GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, STERILE, PAD SIZE  MORE THAN AS SQ. IN, W/O ADHESIVE BORDER, EA DRESSING  A6231 CPT/HCPCS GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, STERILE, PAD SIZE  MORE THAN AS SQ. IN, W/O ADHESIVE BORDER, EA DRESSING  A6232 CPT/HCPCS GOSTOMY SKIN BARRIER, POWDER, PER 0Z  CPT/HCPCS OSTOMY SKIN BARRIER, POWDER, PER 0Z  A4371 CPT/HCPCS OSTOMY SKIN BARRIER, POWDER, PER 0Z  A4373 CPT/HCPCS OSTOMY SKIN BARRIER, POWDER, PER 0Z  A4376 CPT/HCPCS OSTOMY SKIN BARRIER, WITH FANGE (SOLID, FLEXIBLE, OR ACCORDIAN), Yes  WITH BUILT-IN CONVEXITY, ANY SIZE, EACH  A4376 CPT/HCPCS OSTOMY SKIN BARRIER, WITH FANGE (SOLID, FLEXIBLE, OR ACCORDIAN), Yes  WITH BUILT-IN CONVEXITY, ANY SIZE, EACH  A4376 CPT/HCPCS OSTOMY SKIN BARRIER, WITH FANGE (SOLID, FLEXIBLE, OR ACCORDIAN), Yes  WITH BUILT-IN CONVEXITY, EACH  A4376 CPT/HCPCS SURGICAL STOCKINGS FULL LENGTH, EACH  A4377 CPT/HCPCS SURGICAL STOCKINGS FULL LENGTH, EACH  A4378 CPT/HCPCS SURGICAL STOCKINGS FULL LENGTH, EACH  A4379 CPT/HCPCS SURGICAL STOCKINGS FULL LENGTH, EACH  A4370 CPT/HCPCS SURGICAL STOCKINGS FULL LENGTH, EACH  A4370 CPT/HCPCS SURGICAL STOCKINGS FULL LE	
A4726 CPT/HCPCS DIAL/SATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID Yes CPT/HCPCS DIAL/SATE SOLUTION, NON-DEXTROSE CONTAINING, 500 ML Yes A4728 CPT/HCPCS DIAL/SATE SOLUTION, NON-DEXTROSE CONTAINING, 500 ML Yes A4736 CPT/HCPCS FISTULA CANNULATION SET FOR DIALYSIS ONLY Yes CAMPATON OF THE CONTAINING, 500 ML Yes CAMPATON OF THE CONTAINING, 500 ML Yes CAMPATON OF THE CONTAINING, 500 ML Yes CAMPATON OF THE CONTAINING, 500 ML Yes CAMPATON OF THE CONTAINING, 500 ML Yes CAMPATON OF THE CONTAINING, 500 ML Yes CAMPATON OF THE CONTAINING, 500 ML Yes CAMPATON OF THE CONTAINING, 500 ML Yes CAMPATON OF THE CONTAINING, 500 ML Yes CAMPATON OF THE CONTAINING, 500 ML Yes CAMPATON OF THE CONTAINING, 500 ML Yes CAMPATON OF THE CONTAINING, 500 ML Yes CAMPATON OF THE CONTAINING, 500 ML Yes CAMPATON OF THE CONTAINING, 500 ML YES CAMPATON OF THE CONTAINING, 500 ML YES CAMPATON OF THE CONTAINING, 500 ML YES CAMPATON OF THE CONTAINING, 500 ML YES CAMPATON OF THE CONTAINING, 500 ML YES CAMPATON OF THE CONTAINING, 500 ML YES CAMPATON OF THE CONTAINING, 500 ML YES CAMPATON OF THE CONTAINING, 500 ML YES CAMPATON OF THE CONTAINING, 500 ML YES CAMPATON OF THE CONTAINING, 500 ML YES CAMPATON OF THE CONTAINING, 500 ML YES CAMPATON OF THE CONTAINING, 500 ML YES CAMPATON OF THE CONTAINING, 500 ML YES CAMPATON OF THE CONTAINING, 500 ML YES CAMPATON OF THE CONTAINING, 500 ML YES CAMPATON OF THE CONTAINING, 500 ML YES CAMPATON OF THE CONTAINING, 500 ML YES CAMPATON OF THE CONTAINING, 500 ML YES CAMPATON OF THE CONTAINING, 500 ML YES CAMPATON OF THE CONTAINING, 500 ML YES CAMPATON OF THE CONTAINING, 500 ML YES CAMPATON OF THE CONTAINING, 500 ML YES CAMPATON OF THE CONTAINING, 500 ML YES CAMPATON OF THE CONTAINING, 500 ML YES CAMPATON OF THE CONTAINING, 500 ML YES CAMPATON OF THE CONTAINING, 500 ML YES CAMPATON OF THE CONTAINING, 500 ML YES CAMPATON OF THE CONTAINING, 500 ML YES CAMPATON OF THE CONTAINING, 500 ML YES CAMPATON OF THE CONTAINING, 500 ML YES CAMPATON OF THE CONTAINING, 500 ML YES CAMPATON OF THE CONTAINING, 500 ML YES CAMPATON OF TH	
VOLUME GREATER THAN 9599CC, FOR PERITOMEAL DIALYSIS	
VOLUME GREATER THAN 9599CC, FOR PERITOMEAL DIALYSIS	
Additional Continence	
A4736   CPTHCPCS   FISTULA CANNULLATION SET FOR DIALYSIS ONLY   Yes	
A4736 CPT/HCPCS TOPICAL ANESTHETIC, FOR DIALYSIS, PER GRAM  A737 CPTH/CPCS INJECTIBLE ANESTHETIC, FOR DIALYSIS, PER GRAM  A6224 CPT/HCPCS GAUZE, IMPREGNATED OTHER THAN WATER, NORMAL SALINE, OR  HYDROGGE, SIZE MORE THAN 48 SQ WITHOUT ADHESIVE BORDER EACH  DRESSING  A6228 CPT/HCPCS GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, STERILE, PAD SIZE 16  SQ. IN. OR LESS, W/O ADHESIVE BORDER, EA DRESSING  A6230 CPT/HCPCS GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, STERILE, PAD SIZE 16  SQ. IN. OR LESS, W/O ADHESIVE BORDER, EA DRESSING  A6231 CPT/HCPCS GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, STERILE, PAD SIZE  MORE THAN 48 SQ. IN, W/O ADHESIVE BORDER, EA DRESSING  A6232 CPT/HCPCS GAUZE, IMPREGNATED, HVDROGEL, FOR DIRECT WOUND CONTACT,  STERILE, PAD SIZE MORE THAN 48 SQ. IN, EA DRESSING  A6233 CPT/HCPCS GAUZE, IMPREGNATED, HVDROGEL, FOR DIRECT WOUND CONTACT,  STERILE, PAD SIZE MORE THAN 48 SQ. IN, EA DRESSING  A4371 CPT/HCPCS GSTOMY SKIN BARRIER, POWDER, PER OZ  CPT/HCPCS OSTOMY SKIN BARRIER, SOLID AXA OR EQUIVALENT, STANDARD WEAR,  WITH BUILT-IN CONVEXTY, EACH  A4373 CPT/HCPCS OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE, OR ACCORDIAN),  WITH BUILT-IN CONVEXTY, ANY SIZE, EACH  A4376 CPT/HCPCS OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, PLASTIC, EACH YES  A44376 CPT/HCPCS SURGICAL STOCKINGS FULL LENGTH, EACH  A4520 CPT/HCPCS SURGICAL STOCKINGS FULL LENGTH, EACH  A4520 CPT/HCPCS SURGICAL STOCKINGS FULL LENGTH, EACH  A4520 CPT/HCPCS SURGICAL STOCKINGS FULL LENGTH, EACH  A4520 CPT/HCPCS SURGICAL STOCKINGS FULL LENGTH, EACH  YES  A4520 CPT/HCPCS SURGICAL STOCKING SOME SOME SOME SOME SOME SOME SOME SOME	
A4737 CPT/HCPCS INJECTIBLE ANESTHETIC, FOR DIALYSIS, PER 10ML A6224 CPT/HCPCS GAUZE, IMPREGNATED DTHER THAN WAITER, NORMAL SALINE, OR HVRDOGELISZE MORE THAN 48 SQ WITHOUT ADHESIVE BORDER FACH DRESSING A6228 CPT/HCPCS GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, STERILE, PAD SIZE 16 SQ, IN. OR LESS, W/O ADHESIVE BORDER, EA DRESSING A6230 CPT/HCPCS GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, STERILE, PAD SIZE 16 A6231 CPT/HCPCS GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, STERILE, PAD SIZE Yes MORE THAN 48 SQ, IN. W/O ADHESIVE BORDER, EA DRESSING A6233 CPT/HCPCS STERILE, PAD SIZE MORE THAN 48 SQ IN. EA DRESSING A4371 CPT/HCPCS OSTOMY SKIN BARRIER, POWDER, PER 0Z A4372 CPT/HCPCS OSTOMY SKIN BARRIER, POWDER, PER 0Z A4373 CPT/HCPCS OSTOMY SKIN BARRIER, POWDER, PER 0Z A4373 CPT/HCPCS OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE, OR ACCORDIAN), WITH BUILT-IN CONVEXITY, EACH A4373 CPT/HCPCS OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE, OR ACCORDIAN), WITH BUILT-IN CONVEXITY, ANY SIZE, EACH A4376 CPT/HCPCS OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, PLASTIC, EACH Yes A4376 CPT/HCPCS SURGICAL STOCKINGS FULL LENGTH, EACH A4500 CPT/HCPCS SURGICAL STOCKINGS FULL LENGTH, EACH A4500 CPT/HCPCS SURGICAL STOCKINGS FULL LENGTH, EACH A4501 CPT/HCPCS SURGICAL TRAYS - SPECIAL INCIDENTAL PROCESSING (SEE SBA BULLETIN YES M551 CPT/HCPCS BURGICAL TRAYS - SPECIAL INCIDENTAL PROCESSING (SEE SBA BULLETIN YES M551 CPT/HCPCS BURGICAL TRAYS - SPECIAL INCIDENTAL PROCESSING (SEE SBA BULLETIN YES M551 CPT/HCPCS BURDOTUBING, ARTERIAL OR VENOUS, EACH A4760 CPT/HCPCS BLOOD TUBING, ARTERIAL AND VENOUS COMBINED  A4760 CPT/HCPCS DIALYSATE STANDARD TESTING SOLUTION, SUPPLIES A4760 CPT/HCPCS DIALYSATE STANDARD TESTING SOLUTION, SUPPLIES A4760 CPT/HCPCS DIALYSATE STANDARD TESTING SOLUTION, SUPPLIES A4760 CPT/HCPCS DIALYSATE STANDARD TESTING SOLUTION, SUPPLIES A4760 CPT/HCPCS DIA	
A6224 CPT/HCPCS GAUZE,IMPREGNATED OTHER THAN WATER,NORMAL SALINE,OR HYDROGELS/JZE MORE THAN 48 SQ WITHOUT ADHESIVE BORDER EACH DRESSING CPT/HCPCS GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, STERILE, PAD SIZE 16 Yes SQ. IN. OR LESS, W/O ADHESIVE BORDER, EA DRESSING AG230 CPT/HCPCS GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, STERILE, PAD SIZE Yes MORE THAN 48 SQ. IN, W/O ADHESIVE BORDER, EA DRESSING AG233 CPT/HCPCS GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, STERILE, PAD SIZE Yes MORE THAN 48 SQ. IN, W/O ADHESIVE BORDER, EA DRESSING AG233 CPT/HCPCS GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT WOUND CONTACT, STERILE, PAD SIZE MORE THAN 48 SQ. IN, EA DRESSING AG371 CPT/HCPCS OSTOMY SKIN BARRIER, POWDER, PER OZ YES COSTOMY SKIN BARRIER, POWDER, PER OZ YES COSTOMY SKIN BARRIER, SOLID AXA OR EQUIVALENT, STANDARD WEAR, WITH BUILT-IN CONVEXITY, EACH CONTACT STERILE, PAD SIZE MORE THAN 48 SQ. IN, EA DRESSING AG373 CPT/HCPCS OSTOMY SKIN BARRIER, WITH FLANCE (SOLID, FLEXIBLE, OR ACCORDIAN), WES WITH BUILT-IN CONVEXITY, ANN SIZE, EACH SEA CONTACT SKIN BARRIER, WITH FLANCE (SOLID, FLEXIBLE, OR ACCORDIAN), WES WITH BUILT-IN CONVEXITY, ANN SIZE, EACH SEA CONTACT SEA CONTACT SKIN BARRIER, WITH FLANCE (SOLID, FLEXIBLE, OR ACCORDIAN), WES AG375 CPT/HCPCS OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, RUBBER, EACH YES AG376 CPT/HCPCS SURGICAL STOCKINGS FULL LENGTH, EACH YES SURGICAL STOCKINGS FULL LENGTH, EACH YES SURGICAL TRAYS - SPECIAL INCIDENTAL PROCESSING (SEE SBA BULLETIN YES \$11 AM550 CPT/HCPCS SURGICAL TRAYS - SPECIAL INCIDENTAL PROCESSING (SEE SBA BULLETIN YES \$511 AM551 CONTINUENCE GARMENT, ANY TYPE, (E.G. BRIEF, DIAPER), EACH YES A4550 CPT/HCPCS BURDER ADAS ALL SIZES, (E.G., CHUX'S) YES A4554 CPT/HCPCS BURDER ADAS ALL SIZES, (E.G., CHUX'S) YES A4555 CPT/HCPCS BURDER ADAS ALL SIZES, (E.G., CHUX'S) YES A4556 CPT/HCPCS BURDER ADAS ALL SIZES, (E.G., CHUX'S) YES A4556 CPT/HCPCS BURDER ADAS ALL SIZES, (E.G., CHUX'S) YES A4556 CPT/HCPCS BURDER ADAS ALL SIZES ADAS AND YENDUS COMBINED YES A4550 CPT/HCPCS BURDER ADAS AND YER OWN O	
HYDROGELSIZE MORE THAN 48 SQ WITHOUT ADHESIVE BORDER EACH DRESSING A6228 CPT/HCPCS GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, STERILE, PAD SIZE 16 SQ. IN. OR LESS, W/O ADHESIVE BORDER, EA DRESSING A6230 CPT/HCPCS GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, STERILE, PAD SIZE YES MORE THAN 48 SQ. IN, W/O ADHESIVE BORDER, EA DRESSING A6233 CPT/HCPCS GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT WOUND CONTACT, STERILE, PAD SIZE MORE THAN 48 SQ. IN, EA DRESSING A6236 CPT/HCPCS GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT WOUND CONTACT, YES STERILE, PAD SIZE MORE THAN 48 SQ. IN, EA DRESSING A4371 CPT/HCPCS OSTOMY SKIN BARRIER, SOLID 4X4 OR EQUIVALENT, STANDARD WEAR, WITH BUILT-IN CONVEXITY, EACH A4372 CPT/HCPCS OSTOMY SKIN BARRIER, SOLID 4X4 OR EQUIVALENT, STANDARD WEAR, WITH BUILT-IN CONVEXITY, EACH A4373 CPT/HCPCS OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE, OR ACCORDIAN), WITH BUILT-IN CONVEXITY, ANY SIZE, EACH A4375 CPT/HCPCS OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, PLASTIC, EACH YES A4576 CPT/HCPCS SURGICAL STOCKINGS FULL LENGTH, EACH YES A4520 CPT/HCPCS INCONTINENCE GARMENT, ANY TYPE, (E.G. BRIEF, DIAPER), EACH YES A4520 CPT/HCPCS SURGICAL TRAYS - SPECIAL INCIDENTAL PROCESSING (SEE SBA BULLETIN YES \$\frac{1}{2}\$\$1, \$\frac{1}{2}\$\$1, \$\frac{1}{2}\$\$1, \$\frac{1}{2}\$\$1, \$\frac{1}{2}\$\$1, \$\frac{1}{2}\$\$1, \$\frac{1}{2}\$\$1, \$\frac{1}{2}\$\$1, \$\frac{1}{2}\$\$1, \$\frac{1}{2}\$\$1, \$\frac{1}{2}\$\$1, \$\frac{1}{2}\$\$1, \$\frac{1}{2}\$\$1, \$\frac{1}{2}\$\$1, \$\frac{1}{2}\$\$1, \$\frac{1}{2}\$\$1, \$\frac{1}{2}\$\$1, \$\frac{1}{2}\$\$1, \$\frac{1}{2}\$\$1, \$\frac{1}{2}\$\$1, \$\frac{1}{2}\$\$1, \$\frac{1}{2}\$\$1, \$\frac{1}{2}\$\$1, \$\frac{1}{2}\$\$1, \$\frac{1}{2}\$\$1, \$\frac{1}{2}\$\$1, \$\frac{1}{2}\$\$1, \$\frac{1}{2}\$\$1, \$\frac{1}{2}\$\$1, \$\frac{1}{2}\$\$1, \$\frac{1}{2}\$\$1, \$\frac{1}{2}\$\$1, \$\frac{1}{2}\$\$1, \$\frac{1}{2}\$\$1, \$\frac{1}{2}\$\$1, \$\frac{1}{2}\$\$1, \$\frac{1}{2}\$\$1, \$\frac{1}{2}\$\$1, \$\frac{1}{2}\$\$1, \$\frac{1}{2}\$\$1, \$\frac{1}{2}\$\$1, \$\frac{1}{2}\$\$1, \$\frac{1}{2}\$\$1, \$\frac{1}{2}\$\$1, \$\frac{1}{2}\$\$1, \$\frac{1}{2}\$\$1, \$\frac{1}{2}\$\$1, \$\frac{1}{2}\$\$1, \$\fra	
DRESSING A6228 CPT/HCPCS GAUZE, MPREGNATED, WATER OR NORMAL SALINE, STERILE, PAD SIZE 16 SO, IN. OR LESS, W/O ADHESIVE BORDER, EA DRESSING A6230 CPT/HCPCS GAUZE, MPREGNATED, WATER OR NORMAL SALINE, STERILE, PAD SIZE MORE THAN 48 SQ, IN., W/O ADHESIVE BORDER, EA DRESSING A6233 CPT/HCPCS GAUZE, MPREGNATED, HYDROGEL, FOR DIRECT WOUND CONTACT, STERILE, PAD SIZE MORE THAN 48 SQ, IN., EA DRESSING A6231 CPT/HCPCS OSTOMY SKIN BARRIER, POWDER, PER OZ A4372 CPT/HCPCS OSTOMY SKIN BARRIER, POWDER, PER OZ A4372 CPT/HCPCS OSTOMY SKIN BARRIER, SOLID 4X4 OR EQUIVALENT, STANDARD WEAR, WITH BUILT-IN CONVEXITY, EACH A4373 CPT/HCPCS OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE, OR ACCORDIAN), WITH BUILT-IN CONVEXITY, EACH A4376 CPT/HCPCS OSTOMY POUCH, DRAINABLE, WITH FLANGE (SOLID, FLEXIBLE, OR ACCORDIAN), WITH BUILT-IN CONVEXITY, ANY SIZE, EACH A4376 CPT/HCPCS OSTOMY POUCH, DRAINABLE, WITH FLANGE (SOLID, FLEXIBLE, OR ACCORDIAN), WITH BUILT-IN CONVEXITY, ANY SIZE, EACH A4376 CPT/HCPCS OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, PLASTIC, EACH YES A4520 CPT/HCPCS SURGICAL STOCKINGS FULL LENGTH, EACH A4520 CPT/HCPCS SURGICAL STOCKINGS FULL LENGTH, EACH A4520 CPT/HCPCS SURGICAL STOCKINGS FULL LENGTH, EACH A4520 CPT/HCPCS SURGICAL STOCKINGS FULL LENGTH, EACH A4520 CPT/HCPCS SURGICAL STOCKINGS FULL LENGTH, EACH A4520 CPT/HCPCS SURGICAL TRAYS - SPECIAL INCIDENTAL PROCESSING (SEE SBA BULLETIN YES  A4520 CPT/HCPCS SURGICAL TRAYS - SPECIAL INCIDENTAL PROCESSING (SEE SBA BULLETIN YES  B51) A4523 CPT/HCPCS SHONT ACCESSORIES FOR DIAL YSIS ONLY YES A4740 CPT/HCPCS SHONT ACCESSORIES FOR DIAL YSIS ONLY YES A4755 CPT/HCPCS SHONT ACCESSORIES FOR DIAL YSIS ONLY YES A4755 CPT/HCPCS BLOOD TUBING, ARTERIAL OR VENOUS, EACH YES A4755 CPT/HCPCS DIALYSATE CONCENTRATE ADDITIVES, EACH YES A4760 CPT/HCPCS DIALYSATE STANDARD TESTING SOLUTION, SUPPLIES YES A4760 CPT/HCPCS DIALYSATE STANDARD TESTING SOLUTION, SUPPLIES YES A4760 CPT/HCPCS DIALYSATE STANDARD TESTING SOLUTION, SUPPLIES YES A4760 CPT/HCPCS DIALYSATE STANDARD TESTING SOLUTION, SUPPLIES YES	
A6228 CPT/HCPCS GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, STERILE, PAD SIZE 16 SQ. IN. OR LESS, W/O ADHESIVE BORDER, EA DRESSING A6230 CPT/HCPCS GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, STERILE, PAD SIZE MORE THAN 48 SQ. IN. W/O ADHESIVE BORDER, EA DRESSING A6233 CPT/HCPCS GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT WOUND CONTACT, STERILE, PAD SIZE MORE THAN 48 SQ. IN. BEAD RESSING A6231 CPT/HCPCS GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT WOUND CONTACT, STERILE, PAD SIZE MORE THAN 48 SQ. IN. BEAD RESSING A4371 CPT/HCPCS OSTOMY SKIN BARRIER, POWDER, PER OZ Ves MATTO CPT/HCPCS OSTOMY SKIN BARRIER, SOLID AXA OR EQUIVALENT, STANDARD WEAR, WITH BUILT-IN CONVEXITY, EACH A4373 CPT/HCPCS OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE, OR ACCORDIAN), WITH BUILT-IN CONVEXITY, ANY SIZE, EACH A4376 CPT/HCPCS OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, PLASTIC, EACH YES A4376 CPT/HCPCS OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, RUBBER, EACH YES A4520 CPT/HCPCS SURGICAL STOCKINGS FULL LENGTH, EACH A4520 CPT/HCPCS SURGICAL STOCKINGS FULL LENGTH, EACH A4520 CPT/HCPCS SURGICAL STOCKINGS FULL LENGTH, EACH A4520 CPT/HCPCS SURGICAL STOCKINGS FULL LENGTH, EACH A4520 CPT/HCPCS SURGICAL STOCKINGS FULL LENGTH, EACH A4520 CPT/HCPCS SURGICAL STOCKINGS FULL LENGTH, EACH A4520 CPT/HCPCS SURGICAL STOCKINGS FULL LENGTH, EACH A4520 CPT/HCPCS SURGICAL STOCKINGS FULL LENGTH, EACH A4520 CPT/HCPCS SURGICAL STOCKINGS FULL LENGTH, EACH A4520 CPT/HCPCS SURGICAL STOCKINGS FULL LENGTH, EACH A4520 CPT/HCPCS SURGICAL STOCKINGS FULL LENGTH, EACH A4520 CPT/HCPCS SURGICAL STOCKINGS FULL LENGTH, EACH A4520 CPT/HCPCS SURGICAL STOCKINGS FULL LENGTH, EACH A4520 CPT/HCPCS SURGICAL STOCKINGS FOR DIALYSIS ONLY YES A4520 CPT/HCPCS SUBJECT AND STOCKINGS FULL LENGTH, EACH A4520 CPT/HCPCS SUBJECT AND STOCKINGS FOR DIALYSIS ONLY YES A4520 CPT/HCPCS BLOOD TUBING, ARTERIAL OR VENOUS, EACH YES A4520 CPT/HCPCS BLOOD TUBING, ARTERIAL OR VENOUS, EACH YES A4520 CPT/HCPCS BLOOD TUBING, ARTERIAL OR VENOUS COMBINED YES A4520 CPT/HCPCS BLOOD TUBING, ARTERIAL AN	
SQ. IN. OR LESS, W/O ADHESIVE BORDER, EA DRESSING A6230 CPT/HCPCS GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, STERILE, PAD SIZE MORE THAN 48 SQ. IN, WO ADHESIVE BORDER, EA DRESSING A6233 CPT/HCPCS GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT WOUND CONTACT, STERILE, PAD SIZE MORE THAN 48 SQ. IN, LED STERILE, PAD SIZE MORE THAN 48 SQ. IN, LED GSTOMY SKIN BARRIER, POWDER, PER OZ A4371 CPT/HCPCS OSTOMY SKIN BARRIER, POWDER, PER OZ A4372 CPT/HCPCS OSTOMY SKIN BARRIER, POWDER, PER OZ WITH BUILT-IN CONVEXITY, EACH A4373 CPT/HCPCS OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE, OR ACCORDIAN), WITH BUILT-IN CONVEXITY, EACH WITH BUILT-IN CONVEXITY, SANY SIZE, EACH CPT/HCPCS OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, PLASTIC, EACH YES CPT/HCPCS OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, RUBBER, EACH YES CPT/HCPCS UNCONTINENCE GARMENT, ANY TYPE, (E.G. BRIEF, DIAPER), EACH CPT/HCPCS SURGICAL STOCKINGS FULL LENGTH, EACH VES CPT/HCPCS SURGICAL TRAYS - SPECIAL INCIDENTAL PROCESSING (SEE SBA BULLETIN YES ST51) A4553 CPT/HCPCS SURGICAL TRAYS - SPECIAL INCIDENTAL PROCESSING (SEE SBA BULLETIN YES ST51) A4554 CPT/HCPCS DISPOSABLE UNDERPADS, ALL SIZES, (E.G., CHUX'S) YES CPT/HCPCS SHUNT ACCESSORIES FOR DIALYSIS ONLY YES CA756 CPT/HCPCS BLOOD TUBING, ARTERIAL OR VENOUS, EACH YES CA756 CPT/HCPCS DIALYSATE STANDARD TESTING SOLUTION, SUPPLIES YES CA766 CPT/HCPCS DIALYSATE STANDARD TESTING SOLUTION, SUPPLIES YES CA766 CPT/HCPCS DIALYSATE STANDARD TESTING SOLUTION, SUPPLIES YES CA766 CPT/HCPCS HOD TUBING, ARTERIAL OR VENOUS, EACH YES CA767 CPT/HCPCS HOD TUBING, ARTERIAL OR VENOUS, EACH YES CA768 CPT/HCPCS HOD TUBING, ARTERIAL OR WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. YES CA769 CPT/HCPCS HYDROCOLLOID DRESSING WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. YES CA769 CPT/HCPCS HYDROCOLLOID DRESSING WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. YES CHAPSE CPT/HCPCS OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, PLSATIC, EACH YES CHAPS OF THE CASH AND THE CASH AND THE SIZE BORDER. THAN 48 SQ. IN., WO ADHESIVE BORDER, EA DRESSING CPT/HCP	
SQ. IN. OR LESS, W/O ADHESIVE BORDER, EA DRESSING A6230 CPT/HCPCS GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, STERILE, PAD SIZE MORE THAN 48 SQ. IN, WO ADHESIVE BORDER, EA DRESSING A6233 CPT/HCPCS GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT WOUND CONTACT, STERILE, PAD SIZE MORE THAN 48 SQ. IN, LED STERILE, PAD SIZE MORE THAN 48 SQ. IN, LED GSTOMY SKIN BARRIER, POWDER, PER OZ A4371 CPT/HCPCS OSTOMY SKIN BARRIER, POWDER, PER OZ A4372 CPT/HCPCS OSTOMY SKIN BARRIER, POWDER, PER OZ WITH BUILT-IN CONVEXITY, EACH A4373 CPT/HCPCS OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE, OR ACCORDIAN), WITH BUILT-IN CONVEXITY, EACH WITH BUILT-IN CONVEXITY, SANY SIZE, EACH CPT/HCPCS OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, PLASTIC, EACH YES CPT/HCPCS OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, RUBBER, EACH YES CPT/HCPCS UNCONTINENCE GARMENT, ANY TYPE, (E.G. BRIEF, DIAPER), EACH CPT/HCPCS SURGICAL STOCKINGS FULL LENGTH, EACH VES CPT/HCPCS SURGICAL TRAYS - SPECIAL INCIDENTAL PROCESSING (SEE SBA BULLETIN YES ST51) A4553 CPT/HCPCS SURGICAL TRAYS - SPECIAL INCIDENTAL PROCESSING (SEE SBA BULLETIN YES ST51) A4554 CPT/HCPCS DISPOSABLE UNDERPADS, ALL SIZES, (E.G., CHUX'S) YES CPT/HCPCS SHUNT ACCESSORIES FOR DIALYSIS ONLY YES CA756 CPT/HCPCS BLOOD TUBING, ARTERIAL OR VENOUS, EACH YES CA756 CPT/HCPCS DIALYSATE STANDARD TESTING SOLUTION, SUPPLIES YES CA766 CPT/HCPCS DIALYSATE STANDARD TESTING SOLUTION, SUPPLIES YES CA766 CPT/HCPCS DIALYSATE STANDARD TESTING SOLUTION, SUPPLIES YES CA766 CPT/HCPCS HOD TUBING, ARTERIAL OR VENOUS, EACH YES CA767 CPT/HCPCS HOD TUBING, ARTERIAL OR VENOUS, EACH YES CA768 CPT/HCPCS HOD TUBING, ARTERIAL OR WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. YES CA769 CPT/HCPCS HYDROCOLLOID DRESSING WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. YES CA769 CPT/HCPCS HYDROCOLLOID DRESSING WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. YES CHAPSE CPT/HCPCS OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, PLSATIC, EACH YES CHAPS OF THE CASH AND THE CASH AND THE SIZE BORDER. THAN 48 SQ. IN., WO ADHESIVE BORDER, EA DRESSING CPT/HCP	
A6230 CPT/HCPCS GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, STERILE, PAD SIZE MORE THAN 48 SQ. IN, W/O ADHESIVE BORDER, EA DRESSING A6233 CPT/HCPCS GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT WOUND CONTACT, YES STERILE, PAD SIZE MORE THAN 48 SQ. IN, EA DRESSING A4371 CPT/HCPCS OSTOMY SKIN BARRIER, POWDER, PER OZ A4372 CPT/HCPCS OSTOMY SKIN BARRIER, POWDER, PER OZ WITH BUILT-IN CONVEXITY, EACH A4373 CPT/HCPCS OSTOMY SKIN BARRIER, SOLID 4XA OR EQUIVALENT, STANDARD WEAR, WITH BUILT-IN CONVEXITY, EACH A4374 CPT/HCPCS OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE, OR ACCORDIAN), WITH BUILT-IN CONVEXITY, ANY SIZE, EACH A4375 CPT/HCPCS OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, PLASTIC, EACH YES A4376 CPT/HCPCS OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, PLASTIC, EACH YES A4510 CPT/HCPCS SURGICAL STOCKINGS FULL LENGTH, EACH YES A4520 CPT/HCPCS SURGICAL TRAYS - SPECIAL INCIDENTAL PROCESSING (SEE SBA BULLETIN YES A4550 CPT/HCPCS SURGICAL TRAYS - SPECIAL INCIDENTAL PROCESSING (SEE SBA BULLETIN YES A4551 CPT/HCPCS DISPOSABLE UNDERPADS, ALL SIZES YES A4554 CPT/HCPCS DISPOSABLE UNDERPADS, ALL SIZES YES A4554 CPT/HCPCS BLOOD TUBING, ARTERIAL AND VENOUS, EACH YES A4750 CPT/HCPCS BLOOD TUBING, ARTERIAL AND VENOUS, EACH YES A4765 CPT/HCPCS BLOOD TUBING, ARTERIAL OR VENOUS, EACH YES A4765 CPT/HCPCS BLOOD TUBING, ARTERIAL AND VENOUS, EACH YES A4766 CPT/HCPCS DIALYSATE STANDARD TESTING SOLUTION, SUPPLIES YES A4766 CPT/HCPCS DIALYSATE STANDARD TESTING SOLUTION, SUPPLIES YES A4766 CPT/HCPCS HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. YES CREASED CPT/HCPCS HYDROCOLLOID DRESSING WOUND COVER, STERILE, PAD SIZE MORE YES A4766 CPT/HCPCS HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE YES A4767 CPT/HCPCS HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE YES THAN 48 SQ. IN., W/O ADHESIVE BORDER, EA DRESSING A6236 CPT/HCPCS HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., W/O ADHESIVE BORDER, EA DRESSING A6237 CPT/HCPCS OSTOMY POUCH, DRAINABLE, FOR USE ON FACE	
MORE THAN 48 SQ. IN, W/O ADHESIVE BORDER, EA DRESSING A6233 CPT/HCPCS GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT WOUND CONTACT, STERILE, PAD SIZE MORE THAN 48 SQ IN, EA DRESSING A4371 CPT/HCPCS OSTOMY SKIN BARRIER, POWDER, PER OZ Ves A4372 CPT/HCPCS OSTOMY SKIN BARRIER, SOLID 1X4 OR EQUIVALENT, STANDARD WEAR, WITH BUILT-IN CONVEXITY, EACH A4373 CPT/HCPCS OSTOMY SKIN BARRIER, SOLID 1X4 OR EQUIVALENT, STANDARD WEAR, WITH BUILT-IN CONVEXITY, EACH A4375 CPT/HCPCS OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE, OR ACCORDIAN), WITH BUILT-IN CONVEXITY, ANY SIZE, EACH A4376 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 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) A4553 CPT/HCPCS NON-DISPOSABLE UNDERPADS, ALL SIZES  A554 CPT/HCPCS DISPOSABLE UNDERPADS, ALL SIZES  A555 CPT/HCPCS SHUNT ACCESSORIES FOR DIALYSIS ONLY A4750 CPT/HCPCS BLOOD TUBING, ARTERIAL OR VENOUS, EACH Yes A4750 CPT/HCPCS BLOOD TUBING, ARTERIAL OR VENOUS, EACH YES A4760 CPT/HCPCS DIALYSATE STANDARD TESTING SOLUTION, SUPPLIES YES A4760 CPT/HCPCS DIALYSATE STANDARD TESTING SOLUTION, SUPPLIES YES A4760 CPT/HCPCS DIALYSATE STANDARD TESTING SOLUTION, SUPPLIES YES A4760 CPT/HCPCS HOOT UBING, ARTERIAL AND VENOUS COMBINED YES A4760 CPT/HCPCS DIALYSATE STANDARD TESTING SOLUTION, SUPPLIES YES A4760 CPT/HCPCS HOOT UBING, ARTERIAL AND VENOUS COMBINED YES A4760 CPT/HCPCS HOOT UBING, ARTERIAL AND VENOUS COMBINED YES A4760 CPT/HCPCS HOOT UBING, ARTERIAL BOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, W/O ADHESIVE BORDER, EA DRESSING A6234 CPT/HCPCS HOOR COVER STERILE, PAD SIZE MORE THAN A8 SQ. IN. WOOD COVER, STERILE, PAD SIZE MORE THAN A8 SQ. IN. WOOD ADHESIVE BORDER, EA DRESSING A6237 CPT/HCPCS OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, PLSATIC, EACH	
A6233 CPT/HCPCS GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT WOUND CONTACT, STERILE, PAD SIZE MORE THAN 48 SQ IN, EA DRESSING  A4371 CPT/HCPCS OSTOMY SKIN BARRIER, POWDER, PER OZ  CPT/HCPCS OSTOMY SKIN BARRIER, SOLID 4X4 OR EQUIVALENT, STANDARD WEAR, WITH BUILT-IN CONVEXITY, EACH  A4373 CPT/HCPCS OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE, OR ACCORDIAN), WITH BUILT-IN CONVEXITY, EACH  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  A4520 CPT/HCPCS INCONTINENCE GARMENT, ANY TYPE, (E.G. BRIEF, DIAPER), EACH Yes  A4553 CPT/HCPCS NON-DISPOSABLE UNDERPADS, ALL SIZES  CPT/HCPCS NON-DISPOSABLE UNDERPADS, ALL SIZES  44554 CPT/HCPCS DISPOSABLE UNDERPADS, ALL SIZES (E.G., CHUX'S)  A4740 CPT/HCPCS DISPOSABLE UNDERPADS, ALL SIZES, (E.G., CHUX'S)  A4755 CPT/HCPCS BLOOD TUBING, ARTERIAL OR VENOUS, EACH Yes  A4755 CPT/HCPCS BLOOD TUBING, ARTERIAL OR VENOUS, EACH Yes  A4755 CPT/HCPCS BLOOD TUBING, ARTERIAL AND VENOUS COMBINED YES  A4755 CPT/HCPCS DIALYSATE STANDARD TESTING SOLUTION, SUPPLIES YES  A4765 CPT/HCPCS DIALYSATE STANDARD TESTING SOLUTION, SUPPLIES YES  A4765 CPT/HCPCS HOPCS DIALYSATE STANDARD TESTING SOLUTION, SUPPLIES YES  A4765 CPT/HCPCS HOPCS DIALYSATE STANDARD TESTING SOLUTION, SUPPLIES YES  A4765 CPT/HCPCS HYDROCOLLOID DRESSING WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. YES  CPT/HCPCS HYDROCOLLOID DRESSING WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. YES  CPT/HCPCS HYDROCOLLOID DRESSING WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. YES  CPT/HCPCS HYDROCOLLOID DRESSING WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN. WOO AD HESIVE BORDER, EA DRESSING  A6237 CPT/HCPCS OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, PLSATIC, EACH YES	
A4371 CPT/HCPCS OSTOMY SKIN BARRIER, POWDER, PER OZ A4372 CPT/HCPCS OSTOMY SKIN BARRIER, POWDER, PER OZ A4373 CPT/HCPCS OSTOMY SKIN BARRIER, SOLID 4X4 OR EQUIVALENT, STANDARD WEAR, WITH BUILT-IN CONVEXITY, EACH A4373 CPT/HCPCS OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE, OR ACCORDIAN), WITH BUILT-IN CONVEXITY, ANY SIZE, EACH 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 A4520 CPT/HCPCS SURGICAL STOCKINGS FULL LENGTH, EACH A4520 CPT/HCPCS SURGICAL STOCKINGS FULL LENGTH, EACH A4520 CPT/HCPCS SURGICAL TRAYS - SPECIAL INCIDENTAL PROCESSING (SEE SBA BULLETIN YES #51) A4553 CPT/HCPCS NON-DISPOSABLE UNDERPADS, ALL SIZES YES A4554 CPT/HCPCS DISPOSABLE UNDERPADS, ALL SIZES, (E.G., CHUX'S) A4554 CPT/HCPCS SHUNT ACCESSORIES FOR DIALYSIS ONLY YES A4750 CPT/HCPCS BLOOD TUBING, ARTERIAL OR VENOUS, EACH YES A4750 CPT/HCPCS BLOOD TUBING, ARTERIAL AND VENOUS COMBINED YES A4750 CPT/HCPCS BLOOD TUBING, ARTERIAL OR VENOUS, EACH YES A4765 CPT/HCPCS DIALYSATE STANDARD TESTING SOLUTION, SUPPLIES YES A6234 CPT/HCPCS HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WIO ADHESIVE BORDER, EA DRESSING A6236 CPT/HCPCS HYDROCOLLOID DRESSING WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WIO ADHESIVE BORDER, EA DRESSING A6237 CPT/HCPCS HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN AS SQ. IN., W/O ADHESIVE BORDER, EA DRESSING A6237 CPT/HCPCS OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, PLSATIC, EACH YES A4377 CPT/HCPCS OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, PLSATIC, EACH YES	
A4371 CPT/HCPCS OSTOMY SKIN BARRIER, POWDER, PER OZ  A4372 CPT/HCPCS OSTOMY SKIN BARRIER, SOLID 4X4 OR EQUIVALENT, STANDARD WEAR, WITH BUILT-IN CONVEXITY, EACH  A4373 CPT/HCPCS OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE, OR ACCORDIAN), WITH BUILT-IN CONVEXITY, EACH  A4376 CPT/HCPCS OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, PLASTIC, EACH  A4376 CPT/HCPCS OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, PLASTIC, EACH  A4376 CPT/HCPCS OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, RUBBER, EACH YES  A4570 CPT/HCPCS SURGICAL STOCKINGS FULL LENGTH, EACH YES  A4520 CPT/HCPCS SURGICAL STOCKINGS FULL LENGTH, EACH YES  A4520 CPT/HCPCS SURGICAL STOCKINGS FULL LENGTH, EACH YES  A4520 CPT/HCPCS SURGICAL TRAYS - SPECIAL INCIDENTAL PROCESSING (SEE SBA BULLETIN YES  A4520 CPT/HCPCS SURGICAL TRAYS - SPECIAL INCIDENTAL PROCESSING (SEE SBA BULLETIN YES  #51)  A4523 CPT/HCPCS NON-DISPOSABLE UNDERPADS, ALL SIZES YES  A4524 CPT/HCPCS SHOWN TACCESSORIES FOR DIALYSIS ONLY YES  A4740 CPT/HCPCS SHOWN TACCESSORIES FOR DIALYSIS ONLY YES  A4750 CPT/HCPCS BLOOD TUBING, ARTERIAL OR VENOUS, EACH YES  A4750 CPT/HCPCS BLOOD TUBING, ARTERIAL AND VENOUS COMBINED YES  A4760 CPT/HCPCS BLOOD TUBING, ARTERIAL AND VENOUS COMBINED YES  A4760 CPT/HCPCS DIALYSATE CONCENTRATE ADDITIVES, EACH YES  A4760 CPT/HCPCS HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WIO ADHESIVE BORDER, EAD RESSING  A6234 CPT/HCPCS HYDROCOLLOID DRESSING WOUND COVER, STERILE, PAD SIZE MORE YES  HYDROCOLLOID DRESSING WOUND COVER, STERILE, PAD SIZE MORE  THAN A8 SQ. IN., W/O ADHESIVE BORDER, EA DRESSING  A6236 CPT/HCPCS HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE  THAN A8 SQ. IN., W/O ADHESIVE BORDER, EA DRESSING  A6237 CPT/HCPCS OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, PLSATIC, EACH YES  A6237 CPT/HCPCS OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, PLSATIC, EACH YES	
A4372 CPT/HCPCS OSTOMY SKIN BARRIER, SOLID 4X4 OR EQUIVALENT, STANDARD WEAR, WITH BUILT-IN CONVEXITY, EACH  A4373 CPT/HCPCS OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE, OR ACCORDIAN), WITH BUILT-IN CONVEXITY, ANY SIZE, EACH  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 YES  #51)  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  A4750 CPT/HCPCS BLOOD TUBING, ARTERIAL OR VENOUS, EACH YES  A4750 CPT/HCPCS BLOOD TUBING, ARTERIAL AND VENOUS COMBINED YES  A4750 CPT/HCPCS DIALYSATE STANDARD TESTING SOLUTION, SUPPLIES YES  A4760 CPT/HCPCS DIALYSATE STANDARD TESTING SOLUTION, SUPPLIES YES  A4760 CPT/HCPCS DIALYSATE CONCENTRATE ADDITIVES, EACH YES  A4760 CPT/HCPCS DIALYSATE CONCENTRATE ADDITIVES, EACH YES  A4760 CPT/HCPCS HOOD TUBING, ARTERIAL OR VENOUS COMBINED YES  A4760 CPT/HCPCS HOOD TUBING DIALYSATE STANDARD TESTING SOLUTION, SUPPLIES YES  A4765 CPT/HCPCS HOOD TUBING DIALYSATE STANDARD TESTING SOLUTION, SUPPLIES YES  A46234 CPT/HCPCS HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, W/O ADHESIVE BORDER, EA DRESSING  A6236 CPT/HCPCS HYDROCOLLOID DRESSING WOUND COVER, STERILE, PAD SIZE MORE  THAN 48 SQ. IN., W/O ADHESIVE BORDER, EA DRESSING  A6237 CPT/HCPCS HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE  THAN 48 SQ. IN., W/O ADHESIVE BORDER, EA DRESSING  A6237 CPT/HCPCS OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, PLSATIC, EACH  YES	
A4373 CPT/HCPCS OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE, OR ACCORDIAN), WITH BUILT-IN CONVEXITY, ANY SIZE, EACH  A4375 CPT/HCPCS OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, PLASTIC, EACH YES  A4376 CPT/HCPCS OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, RUBBER, EACH YES  A4570 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 YES  #51)  A4553 CPT/HCPCS NON-DISPOSABLE UNDERPADS, ALL SIZES  CPT/HCPCS NON-DISPOSABLE UNDERPADS, ALL SIZES  A4750 CPT/HCPCS DISPOSABLE UNDERPADS, ALL SIZES, (E.G., CHUX'S)  A4750 CPT/HCPCS SHUNT ACCESSORIES FOR DIALYSIS ONLY  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. YES  A6235 CPT/HCPCS HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE 16 SQ. BUT LESS THAN OR EQUAL TO 48 SQ IN. WITHOUT ADHESIVE BORDER  A6236 CPT/HCPCS HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE  THAN 48 SQ. IN., W/O ADHESIVE BORDER, EA DRESSING  A6237 CPT/HCPCS HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE  THAN 48 SQ. IN., W/O ADHESIVE BORDER, EA DRESSING  A6237 CPT/HCPCS HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE  THAN 48 SQ. IN., W/O ADHESIVE BORDER, EA DRESSING  A6237 CPT/HCPCS CSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, PLSATIC, EACH  A4377 CPT/HCPCS OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, PLSATIC, EACH	
A4373 CPT/HCPCS OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE, OR ACCORDIAN), WITH BUILT-IN CONVEXITY, ANY SIZE, EACH  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 YES  #551)  A4553 CPT/HCPCS NON-DISPOSABLE UNDERPADS, ALL SIZES YES  A4554 CPT/HCPCS DISPOSABLE UNDERPADS, ALL SIZES, (E.G., CHUX'S) YES  A47540 CPT/HCPCS SHUNT ACCESSORIES FOR DIALYSIS (DNLY YES  A4750 CPT/HCPCS BLOOD TUBING, ARTERIAL OR VENOUS, EACH YES  A4750 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  A46234 CPT/HCPCS HYDROCOLLOID DRESSING, WOUND COVER, STERILLE, PAD SIZE 16 SQ. IN. YES  A6235 CPT/HCPCS HYDROCOLLOID DRESSING, WOUND COVER PAD SIZE MORE 16 SQ BUT YES  A6236 CPT/HCPCS HYDROCOLLOID DRESSING, WOUND COVER PAD SIZE MORE 16 SQ BUT YES  THAN 48 SQ. IN., W/O ADHESIVE BORDER, EA DRESSING  A6237 CPT/HCPCS HYDROCOLLOID DRESSING, WOUND COVER, STERILLE, PAD SIZE MORE YES  THAN 48 SQ. IN., W/O ADHESIVE BORDER, EA DRESSING  A6237 CPT/HCPCS OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, PLSATIC, EACH YES  A4377 CPT/HCPCS OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, PLSATIC, EACH YES	
WITH BUILT-IN CONVEXITY, ANY SIZE, EACH  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 YES  #51)  A4553 CPT/HCPCS DISPOSABLE UNDERPADS, ALL SIZES  A4554 CPT/HCPCS DISPOSABLE UNDERPADS, ALL SIZES  A4750 CPT/HCPCS BLOOD TUBING, ARTERIAL OR VENOUS, EACH YES  A4750 CPT/HCPCS BLOOD TUBING, ARTERIAL OR VENOUS, EACH YES  A4760 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  A46234 CPT/HCPCS HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN.  OR LESS, W/O ADHESIVE BORDER, EA DRESSING  A6235 CPT/HCPCS HYDROCOLLOID DRESSING WOUND COVER, STERILE, PAD SIZE MORE 16 SQ BUT LESS THAN OR EQUAL TO 48 SQ IN. WITHOUT ADHESIVE BORDER  A6236 CPT/HCPCS HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., W/O ADHESIVE BORDER, EA DRESSING  A6237 CPT/HCPCS HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., W/O ADHESIVE BORDER, EA DRESSING  A6237 CPT/HCPCS OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, PLSATIC, EACH YES	
WITH BUILT-IN CONVEXITY, ANY SIZE, EACH  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 YES  #51)  A4553 CPT/HCPCS DISPOSABLE UNDERPADS, ALL SIZES YES  A4554 CPT/HCPCS DISPOSABLE UNDERPADS, ALL SIZES YES  A4740 CPT/HCPCS DISPOSABLE UNDERPADS, ALL SIZES, (E.G., CHUX'S) 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  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  A6235 CPT/HCPCS HYDROCOLLOID DRESSING WOUND COVER, STERILE, PAD SIZE MORE 16 SQ BUT LESS THAN OR EQUAL TO 48 SQ IN. WITHOUT ADHESIVE BORDER  A6236 CPT/HCPCS HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., W/O ADHESIVE BORDER, EA DRESSING  A6237 CPT/HCPCS HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., W/O ADHESIVE BORDER, EA DRESSING  A6237 CPT/HCPCS HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., W/O ADHESIVE BORDER, EA DRESSING  A6237 CPT/HCPCS OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, PLSATIC, 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 YES  #51) YES  A4553 CPT/HCPCS DISPOSABLE UNDERPADS, ALL SIZES  A4554 CPT/HCPCS DISPOSABLE UNDERPADS, ALL SIZES  A4750 CPT/HCPCS SHUNT ACCESSORIES FOR DIALYSIS ONLY YES  A4750 CPT/HCPCS BLOOD TUBING, ARTERIAL OR VENOUS, EACH YES  A4760 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  A4765 CPT/HCPCS HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, W/O ADHESIVE BORDER, EA DRESSING  A6234 CPT/HCPCS HYDROCOLLOID DRESSING WOUND COVER PAD SIZE MORE 16 SQ BUT LESS THAN OR EQUAL TO 48 SQ IN. WITHOUT ADHESIVE BORDER  A6236 CPT/HCPCS HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., W/O ADHESIVE BORDER, EA DRESSING  A6237 CPT/HCPCS HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., W/O ADHESIVE BORDER, EA DRESSING  A6237 CPT/HCPCS OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, PLSATIC, 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  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 Yes  #51)  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  A4760 CPT/HCPCS DIALYSATE CONCENTRATE ADDITIVES, EACH Yes  A46234 CPT/HCPCS HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. Yes  OR LESS, W/O ADHESIVE BORDER, EA DRESSING  A6235 CPT/HCPCS HYDROCOLLOID DRESSING WOUND COVER, STERILE, PAD SIZE MORE 16 SQ BUT YES  LESS THAN OR EQUAL TO 48 SQ IN. WITHOUT ADHESIVE BORDER  THAN 48 SQ. IN., W/O ADHESIVE BORDER, EA DRESSING  A6237 CPT/HCPCS HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EA DRESSING  A6237 CPT/HCPCS HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EA DRESSING  A6237 CPT/HCPCS HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EA DRESSING  A6237 CPT/HCPCS OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, PLSATIC, 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 Yes #51)  A4553 CPT/HCPCS NON-DISPOSABLE UNDERPADS, ALL SIZES Yes A4554 CPT/HCPCS DISPOSABLE UNDERPADS, ALL SIZES, (E.G., CHUX'S)  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. Yes OR LESS, W/O ADHESIVE BORDER, EA DRESSING A6235 CPT/HCPCS HYDROCOLLOID DRESSING WOUND COVER PAD SIZE MORE 16 SQ BUT LESS THAN OR EQUAL TO 48 SQ IN. WITHOUT ADHESIVE BORDER THAN 48 SQ. IN., W/O ADHESIVE BORDER, EA DRESSING A6237 CPT/HCPCS HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. Yes OR LESS, WITH ANY SIZE ADHESIVE BORDER, EA DRESSING A6237 CPT/HCPCS HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. Yes OR LESS, WITH ANY SIZE ADHESIVE BORDER, EA DRESSING A6237 CPT/HCPCS OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, PLSATIC, 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 Yes #51)  A4553 CPT/HCPCS NON-DISPOSABLE UNDERPADS, ALL SIZES Yes A4554 CPT/HCPCS DISPOSABLE UNDERPADS, ALL SIZES, (E.G., CHUX'S)  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. Yes OR LESS, W/O ADHESIVE BORDER, EA DRESSING A6235 CPT/HCPCS HYDROCOLLOID DRESSING WOUND COVER PAD SIZE MORE 16 SQ BUT LESS THAN OR EQUAL TO 48 SQ IN. WITHOUT ADHESIVE BORDER THAN 48 SQ. IN., W/O ADHESIVE BORDER, EA DRESSING A6237 CPT/HCPCS HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. Yes OR LESS, WITH ANY SIZE ADHESIVE BORDER, EA DRESSING A6237 CPT/HCPCS HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. Yes OR LESS, WITH ANY SIZE ADHESIVE BORDER, EA DRESSING A6237 CPT/HCPCS OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, PLSATIC, 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 YES  #51)  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  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  A6235 CPT/HCPCS HYDROCOLLOID DRESSING WOUND COVER PAD SIZE MORE 16 SQ BUT LESS THAN OR EQUAL TO 48 SQ IN. WITHOUT ADHESIVE BORDER  A6236 CPT/HCPCS HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., W/O ADHESIVE BORDER, EA DRESSING  A6237 CPT/HCPCS HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., W/O ADHESIVE BORDER, EA DRESSING  A4377 CPT/HCPCS OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, PLSATIC, 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 YES  #51)  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  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  A6235 CPT/HCPCS HYDROCOLLOID DRESSING WOUND COVER PAD SIZE MORE 16 SQ BUT LESS THAN OR EQUAL TO 48 SQ IN. WITHOUT ADHESIVE BORDER  A6236 CPT/HCPCS HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., W/O ADHESIVE BORDER, EA DRESSING  A6237 CPT/HCPCS HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., W/O ADHESIVE BORDER, EA DRESSING  A4377 CPT/HCPCS OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, PLSATIC, EACH YES	
A4550 CPT/HCPCS SURGICAL TRAYS - SPECIAL INCIDENTAL PROCESSING (SEE SBA BULLETIN Yes #51)  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 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  A6235 CPT/HCPCS HYDROCOLLOID DRESSING WOUND COVER PAD SIZE MORE 16 SQ BUT LESS THAN OR EQUAL TO 48 SQ IN. WITHOUT ADHESIVE BORDER  A6236 CPT/HCPCS HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE YES THAN 48 SQ. IN., W/O ADHESIVE BORDER, EA DRESSING  A6237 CPT/HCPCS HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., W/O ADHESIVE BORDER, EA DRESSING  A4377 CPT/HCPCS OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, PLSATIC, EACH YES	
#51)  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  A6235 CPT/HCPCS HYDROCOLLOID DRESSING WOUND COVER PAD SIZE MORE 16 SQ BUT Yes  LESS THAN OR EQUAL TO 48 SQ IN. WITHOUT ADHESIVE BORDER  A6236 CPT/HCPCS HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE  THAN 48 SQ. IN., W/O ADHESIVE BORDER, EA DRESSING  A6237 CPT/HCPCS HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EA DRESSING  A4377 CPT/HCPCS OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, PLSATIC, EACH 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. Yes  OR LESS, W/O ADHESIVE BORDER, EA DRESSING  A6235 CPT/HCPCS HYDROCOLLOID DRESSING WOUND COVER PAD SIZE MORE 16 SQ BUT LESS THAN OR EQUAL TO 48 SQ IN. WITHOUT ADHESIVE BORDER  A6236 CPT/HCPCS HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE YES  THAN 48 SQ. IN., W/O ADHESIVE BORDER, EA DRESSING  A6237 CPT/HCPCS HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE  OR LESS, WITH ANY SIZE ADHESIVE BORDER, EA DRESSING  A4377 CPT/HCPCS OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, PLSATIC, EACH YES	
A4554 CPT/HCPCS DISPOSABLE UNDERPADS, ALL SIZES, (E.G., CHUX'S)  A4740 CPT/HCPCS SHUNT ACCESSORIES FOR DIALYSIS ONLY  A4750 CPT/HCPCS BLOOD TUBING, ARTERIAL OR VENOUS, EACH  A4755 CPT/HCPCS BLOOD TUBING, ARTERIAL AND VENOUS COMBINED  A4760 CPT/HCPCS DIALYSATE STANDARD TESTING SOLUTION, SUPPLIES  A4765 CPT/HCPCS DIALYSATE CONCENTRATE ADDITIVES, EACH  A4765 CPT/HCPCS DIALYSATE CONCENTRATE ADDITIVES, EACH  A6234 CPT/HCPCS HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN.  OR LESS, W/O ADHESIVE BORDER, EA DRESSING  A6235 CPT/HCPCS HYDROCOLLOID DRESSING WOUND COVER PAD SIZE MORE 16 SQ BUT LESS THAN OR EQUAL TO 48 SQ IN. WITHOUT ADHESIVE BORDER`  A6236 CPT/HCPCS HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE  THAN 48 SQ. IN., W/O ADHESIVE BORDER, EA DRESSING  A6237 CPT/HCPCS HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN.  OR LESS, WITH ANY SIZE ADHESIVE BORDER, EA DRESSING  A4377 CPT/HCPCS OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, PLSATIC, EACH YES	
A4554 CPT/HCPCS DISPOSABLE UNDERPADS, ALL SIZES, (E.G., CHUX'S)  A4740 CPT/HCPCS SHUNT ACCESSORIES FOR DIALYSIS ONLY  A4750 CPT/HCPCS BLOOD TUBING, ARTERIAL OR VENOUS, EACH  A4755 CPT/HCPCS BLOOD TUBING, ARTERIAL AND VENOUS COMBINED  A4760 CPT/HCPCS DIALYSATE STANDARD TESTING SOLUTION, SUPPLIES  A4765 CPT/HCPCS DIALYSATE CONCENTRATE ADDITIVES, EACH  A4765 CPT/HCPCS DIALYSATE CONCENTRATE ADDITIVES, EACH  A6234 CPT/HCPCS HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN.  OR LESS, W/O ADHESIVE BORDER, EA DRESSING  A6235 CPT/HCPCS HYDROCOLLOID DRESSING WOUND COVER PAD SIZE MORE 16 SQ BUT LESS THAN OR EQUAL TO 48 SQ IN. WITHOUT ADHESIVE BORDER`  A6236 CPT/HCPCS HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE  THAN 48 SQ. IN., W/O ADHESIVE BORDER, EA DRESSING  A6237 CPT/HCPCS HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN.  OR LESS, WITH ANY SIZE ADHESIVE BORDER, EA DRESSING  A4377 CPT/HCPCS OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, PLSATIC, EACH YES	
A4740 CPT/HCPCS SHUNT ACCESSORIES FOR DIALYSIS ONLY  A4750 CPT/HCPCS BLOOD TUBING, ARTERIAL OR VENOUS, EACH  A4755 CPT/HCPCS BLOOD TUBING, ARTERIAL AND VENOUS COMBINED  A4760 CPT/HCPCS DIALYSATE STANDARD TESTING SOLUTION, SUPPLIES  A4765 CPT/HCPCS DIALYSATE CONCENTRATE ADDITIVES, EACH  A6234 CPT/HCPCS HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN.  OR LESS, W/O ADHESIVE BORDER, EA DRESSING  A6235 CPT/HCPCS HYDROCOLLOID DRESSING WOUND COVER PAD SIZE MORE 16 SQ BUT LESS THAN OR EQUAL TO 48 SQ IN. WITHOUT ADHESIVE BORDER  A6236 CPT/HCPCS HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE  THAN 48 SQ. IN., W/O ADHESIVE BORDER, EA DRESSING  A6237 CPT/HCPCS HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN.  OR LESS, WITH ANY SIZE ADHESIVE BORDER, EA DRESSING  A4377 CPT/HCPCS OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, PLSATIC, EACH Yes	
A4750 CPT/HCPCS BLOOD TUBING, ARTERIAL OR VENOUS, EACH  A4755 CPT/HCPCS BLOOD TUBING, ARTERIAL AND VENOUS COMBINED  A4760 CPT/HCPCS DIALYSATE STANDARD TESTING SOLUTION, SUPPLIES  A4765 CPT/HCPCS DIALYSATE CONCENTRATE ADDITIVES, EACH  A6234 CPT/HCPCS HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, W/O ADHESIVE BORDER, EA DRESSING  A6235 CPT/HCPCS HYDROCOLLOID DRESSING WOUND COVER PAD SIZE MORE 16 SQ BUT LESS THAN OR EQUAL TO 48 SQ IN. WITHOUT ADHESIVE BORDER  A6236 CPT/HCPCS HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE YES THAN 48 SQ. IN., W/O ADHESIVE BORDER, EA DRESSING  A6237 CPT/HCPCS HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EA DRESSING  A4377 CPT/HCPCS OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, PLSATIC, 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. Yes  OR LESS, W/O ADHESIVE BORDER, EA DRESSING  A6235 CPT/HCPCS HYDORCOLLOID DRESSING WOUND COVER PAD SIZE MORE 16 SQ BUT LESS THAN OR EQUAL TO 48 SQ IN. WITHOUT ADHESIVE BORDER`  A6236 CPT/HCPCS HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., W/O ADHESIVE BORDER, EA DRESSING  A6237 CPT/HCPCS HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. Yes  OR LESS, WITH ANY SIZE ADHESIVE BORDER, EA DRESSING  A4377 CPT/HCPCS OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, PLSATIC, EACH Yes	
A4760 CPT/HCPCS DIALYSATE STANDARD TESTING SOLUTION, SUPPLIES  A4765 CPT/HCPCS DIALYSATE CONCENTRATE ADDITIVES, EACH  A6234 CPT/HCPCS HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN.  OR LESS, W/O ADHESIVE BORDER, EA DRESSING  A6235 CPT/HCPCS HYDORCOLLOID DRESSING WOUND COVER PAD SIZE MORE 16 SQ BUT  LESS THAN OR EQUAL TO 48 SQ IN. WITHOUT ADHESIVE BORDER`  A6236 CPT/HCPCS HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE  THAN 48 SQ. IN., W/O ADHESIVE BORDER, EA DRESSING  A6237 CPT/HCPCS HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN.  OR LESS, WITH ANY SIZE ADHESIVE BORDER, EA DRESSING  A4377 CPT/HCPCS OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, PLSATIC, EACH YES	
A4765 CPT/HCPCS DIALYSATE CONCENTRATE ADDITIVES, EACH A6234 CPT/HCPCS HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. Yes OR LESS, W/O ADHESIVE BORDER, EA DRESSING A6235 CPT/HCPCS HYDORCOLLOID DRESSING WOUND COVER PAD SIZE MORE 16 SQ BUT LESS THAN OR EQUAL TO 48 SQ IN. WITHOUT ADHESIVE BORDER` A6236 CPT/HCPCS HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., W/O ADHESIVE BORDER, EA DRESSING A6237 CPT/HCPCS HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. Yes OR LESS, WITH ANY SIZE ADHESIVE BORDER, EA DRESSING A4377 CPT/HCPCS OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, PLSATIC, EACH YES	
A6234 CPT/HCPCS HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, W/O ADHESIVE BORDER, EA DRESSING  A6235 CPT/HCPCS HYDORCOLLOID DRESSING WOUND COVER PAD SIZE MORE 16 SQ BUT LESS THAN OR EQUAL TO 48 SQ IN. WITHOUT ADHESIVE BORDER  A6236 CPT/HCPCS HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., W/O ADHESIVE BORDER, EA DRESSING  A6237 CPT/HCPCS HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EA DRESSING  A4377 CPT/HCPCS OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, PLSATIC, EACH YES	
OR LESS, W/O ADHESIVE BORDER, EA DRESSING  A6235 CPT/HCPCS HYDORCOLLOID DRESSING WOUND COVER PAD SIZE MORE 16 SQ BUT LESS THAN OR EQUAL TO 48 SQ IN. WITHOUT ADHESIVE BORDER  A6236 CPT/HCPCS HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., W/O ADHESIVE BORDER, EA DRESSING  A6237 CPT/HCPCS HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. Yes  OR LESS, WITH ANY SIZE ADHESIVE BORDER, EA DRESSING  A4377 CPT/HCPCS OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, PLSATIC, EACH Yes	
A6235 CPT/HCPCS HYDORCOLLOID DRESSING WOUND COVER PAD SIZE MORE 16 SQ BUT LESS THAN OR EQUAL TO 48 SQ IN. WITHOUT ADHESIVE BORDER`  A6236 CPT/HCPCS HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., W/O ADHESIVE BORDER, EA DRESSING  A6237 CPT/HCPCS HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EA DRESSING  A4377 CPT/HCPCS OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, PLSATIC, EACH Yes	_
LESS THAN OR EQUAL TO 48 SQ IN. WITHOUT ADHESIVE BORDER`  A6236 CPT/HCPCS HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., W/O ADHESIVE BORDER, EA DRESSING  CPT/HCPCS HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EA DRESSING  CPT/HCPCS OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, PLSATIC, EACH Yes	 
LESS THAN OR EQUAL TO 48 SQ IN. WITHOUT ADHESIVE BORDER`  A6236 CPT/HCPCS HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., W/O ADHESIVE BORDER, EA DRESSING  CPT/HCPCS HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EA DRESSING  CPT/HCPCS OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, PLSATIC, EACH Yes	
A6236 CPT/HCPCS HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., W/O ADHESIVE BORDER, EA DRESSING  A6237 CPT/HCPCS HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EA DRESSING  A4377 CPT/HCPCS OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, PLSATIC, EACH Yes	
THAN 48 SQ. IN., W/O ADHESIVE BORDER, EA DRESSING  CPT/HCPCS HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EA DRESSING  CPT/HCPCS OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, PLSATIC, EACH Yes	
A6237 CPT/HCPCS HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EA DRESSING  CPT/HCPCS OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, PLSATIC, EACH Yes	
OR LESS, WITH ANY SIZE ADHESIVE BORDER, EA DRESSING  A4377 CPT/HCPCS OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, PLSATIC, EACH Yes	
A4377 CPT/HCPCS OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, PLSATIC, 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, Yes	
EACH	
A4555 CPT/HCPCS ELECTRODE/TRANSDUCER FOR USE WITH ELECTRICAL STIMULATION Yes	
DEVICE USED FOR CANCER TREATMENT, REPLACEMENT ONLY	
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., Yes TENS, NMES), PER  A4569 CPT/HCPCS COUPLING GEL OR PASTE, FOR USE WITH ULTRASOUND DEVICE, PER OZ Yes COUPLING GEL OR PASTE, FOR USE WITH ULTRASOUND DEVICE, PER OZ Yes DIALYSIS, PER 10ML  A4766 CPT/HCPCS DIALYSIS, PER 10ML  A4770 CPT/HCPCS BLOOD TESTING SUPPLIES (E.G. VACUTAINERS AND TUBES) Yes A4771 CPT/HCPCS SERUM CLOTTING TIME TUBE, PER BOX Yes CATTAIL CPT/HCPCS DEXTROSTICK OR GILUCOSE TEST STRIPS, PER BOX Yes CATTAIL CPT/HCPCS HEMOSTIX, PER BOTTLE Yes CATTAIL CPT/HCPCS HEMOSTIX, PER BOTTLE Yes CATTAIL CPT/HCPCS HEMOSTIX, PER BOTTLE Yes CATTAIL CPT/HCPCS HORD THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EA ORESSING THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EA ORESSING THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EA ORESSING THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EA ORESSING WITHOUT ADHESIVE BORDER, EA ORESSING THAN 48 SQ. IN. WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR YES LESS, WITHOUT ADHESIVE BORDER, EA DRESSING HYDROGEL DRESSING WOULD COVER PAD SIZE MORE THAN 16 SQ. IN. BUT YES LESS THAN OR EQUAL TO 48 SQ. IN., WIO ADHESIVE BORDER ADHESIVE BORDER ADHESIVE BORDER CATTAIL SEST THAN CREQUAL TO 48 SQ. IN., WIO ADHESIVE BORDER ADHESIVE BORDER CATTAIL SESTING WOULD COVER PAD SIZE MORE THAN 16 SQ. IN. BUT YES LESS THAN OR EQUAL TO 48 SQ. IN., WIO ADHESIVE BORDER CATTAIL SESTING WOULD COVER PAD SIZE MORE THAN 16 SQ. IN. WITH A SQ. IN. WIO ADHESIVE BORDER CATTAIL SESTING WOULD COVER PAD SIZE MORE THAN 16 SQ. IN. WOO ADHESIVE BORDER CATTAIL SESTING WOULD COVER PAD SIZE MORE THAN 16 SQ. IN. WOO ADHESIVE BORDER CATTAIL SESTING WOULD COVER PAD SIZE MORE THAN 16 SQ. IN. WOO ADHESIVE BORDER CATTAIL SESTING WOULD COVER PAD SIZE MORE THAN 16 SQ. IN. WOO ADHESIVE BORDER CATTAIL SESTING WOULD COVER PAD SIZE MORE THAN 16 SQ. IN. WOO ADHESIVE BORDER CATTAIL SESTING WOULD COVER PAD SIZE MORE THAN 16 SQ. IN. WOO ADHESIVE MORE	
A4766 CPT/HCPCS DIALYSATE CONCENTRATE, SOLUTION, ADDITIVE FOR PERITONEAL DIALYSIS, PER 10ML  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 HEMOSTIK, PER BOTTLE Yes  A6239 CPT/HCPCS HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE YES  THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EA DRESSING  A6240 CPT/HCPCS HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PER OUNCE YES  A6242 CPT/HCPCS HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR YES  LESS, WITHOUT ADHESIVE BORDER, EA DRESSING  A6243 CPT/HCPCS HYDROGEL DRESSING WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR YES  LESS THAN OR EQUAL TO 48 SQ. IN., W/O ADHESIVE BORDER  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 YES  WEAR, WITHOUT BUILT-IN CONVEXITY, EACH  A4387 CPT/HCPCS OSTOMY SKIN BARRIER, SOLID 4*4 OR EQUIVALENT, EXTENDED YES  WEAR, WITHOUT BUILT-IN CONVEXITY, EACH  A4387 CPT/HCPCS OSTOMY FOUCH, CLOSED, WITH BARRIER ATTACHED, WITH BUILT-IN YES  CONVEXITY (ONE PIECE), EACH  A4387 CPT/HCPCS ARTIFICIAL SALIVA, 1 ML  CONVEXITY (ONE PIECE), EACH  A4514 CPT/HCPCS GRADIENT COMPRESSION WRAP WITH ADJUSTABLE STRAPS, ARM, EACH, YES  CONTINED ACCESSORIES  E1022 CPT/HCPCS WHEELCHAIR TRANSIT SECUREMENT SYSTEM, INCLUDES ALL COMPONENTS AND ACCESSORIES  E1022 CPT/HCPCS WHEELCHAIR TRANSPORTATION SECUREMENT SYSTEM, ANY TYPE  INCLUDES ALL COMPONENTS AND ACCESSORIES	
DIALYSIS, PER 10ML  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 HEMOSTIX, PER BOTTLE Yes  A6240 CPT/HCPCS HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EA DRESSING  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  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  A4382 CPT/HCPCS OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, HEAVY PLASTIC, EACH Yes  A4383 CPT/HCPCS OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, HEAVY PLASTIC, EACH Yes  A4384 CPT/HCPCS OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, RUBBER, EACH Yes  A4385 CPT/HCPCS OSTOMY FACEPLATE EQUIVALENT, SILICONE RING, EACH Yes  A4386 CPT/HCPCS OSTOMY SKIN BARRIER, SOLID 4*4 OR EQUIVALENT, EXTENDED YES  WEAR, WITHOUT BUILT-IN CONVEXITY, EACH  A4387 CPT/HCPCS OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH BUILT-IN YES  CONVEXITY (ONE PIECE), EACH  A4387 CPT/HCPCS ARTIFICIAL SALIVA, 1 ML  CONVEXITY (ONE PIECE), EACH  A4516 CPT/HCPCS GRADIENT COMPRESSION WRAP WITH ADJUSTABLE STRAPS, ARM, EACH, YES  CUSTOM  E1022 CPT/HCPCS WHEELCHAIR TRANSIT SECUREMENT SYSTEM, INCLUDES ALL COMPONENTS YES  AND ACCESSORIES  E1022 CPT/HCPCS WHEELCHAIR TRANSPORTATION SECUREMENT SYSTEM, ANY TYPE  INCLUDES ALL COMPONENTS AND ACCESSORIES	
A4770 CPT/HCPCS BLOOD TESTING SUPPLIES (E.G. VACUTAINERS AND TUBES)  A4771 CPT/HCPCS SERUM CLOTTING TIME TUBE, PER BOX  A4772 CPT/HCPCS DEXTROSTICK OR GLUCOSE TEST STRIPS, PER BOX  Yes  A4773 CPT/HCPCS HEMOSTIX, PER BOTILE  A6239 CPT/HCPCS HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EA DRESSING  A6240 CPT/HCPCS HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EA DRESSING  A6242 CPT/HCPCS HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EA DRESSING  A6243 CPT/HCPCS HYDROGEL DRESSING WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EA DRESSING  A6243 CPT/HCPCS HYDROGEL DRESSING WOUND COVER PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ IN., W/O ADHESIVE BORDER  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 YES  WEAR, WITHOUT BUILT-IN CONVEXITY, EACH  A4387 CPT/HCPCS OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH BUILT-IN YES  CONVEXITY (ONE PIECE), EACH  A9154 CPT/HCPCS ARTIFICIAL SALIVA, 1 ML  A6518 CPT/HCPCS GRADIENT COMPRESSION WRAP WITH ADJUSTABLE STRAPS, ARM, EACH, CUSTOM  CUSTOM  E1023 CPT/HCPCS WHEELCHAIR TRANSIT SECUREMENT SYSTEM, INCLUDES ALL COMPONENTS YES  AND ACCESSORIES  E1022 CPT/HCPCS WHEELCHAIR TRANSPORTATION SECUREMENT SYSTEM, ANY TYPE YES  INCLUDES ALL COMPONENTS AND ACCESSORIES	
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 A6239 CPT/HCPCS HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EA DRESSING A6240 CPT/HCPCS HYDROCOLLOID DRESSING, WOUND FILLER, PASTE, STERILE, PER OUNCE A6242 CPT/HCPCS HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE MORE LESS, WITHOUT ADHESIVE BORDER, EA DRESSING A6243 CPT/HCPCS HYDROGEL DRESSING WOULD COVER PAD SIZE MORE THAN 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EA DRESSING 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 A4382 CPT/HCPCS OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, HEAVY PLASTIC, EACH YES A4384 CPT/HCPCS OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, RUBBER, EACH YES A4385 CPT/HCPCS OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, RUBBER, EACH YES A4386 CPT/HCPCS OSTOMY SKIN BARRIER, SOLID 4*4 OR EQUIVALENT, EXTENDED YES WEAR, WITHOUT BUILT-IN CONVEXITY, EACH A4387 CPT/HCPCS OSTOMY SKIN BARRIER, SOLID 4*4 OR EQUIVALENT, EXTENDED YES WEAR, WITHOUT BUILT-IN CONVEXITY, EACH A4387 CPT/HCPCS ARTIFICIAL SALIVA, 1 ML A6518 CPT/HCPCS ARTIFICIAL SALIVA, 1 ML A6518 CPT/HCPCS GRADIENT COMPRESSION WRAP WITH ADJUSTABLE STRAPS, ARM, EACH, CUSTOM WHEELCHAIR TRANSIT SECUREMENT SYSTEM, INCLUDES ALL COMPONENTS YES AND ACCESSORIES E1022 CPT/HCPCS WHEELCHAIR TRANSPORTATION SECUREMENT SYSTEM, ANY TYPE INCLUDES ALL COMPONENTS AND ACCESSORIES	
A4772 CPT/HCPCS DEXTROSTICK OR GLUCOSE TEST STRIPS, PER BOX Yes A4773 CPT/HCPCS HEMOSTIX, PER BOTTLE A6239 CPT/HCPCS HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EA DRESSING 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 YES LESS, WITHOUT ADHESIVE BORDER, EA DRESSING A6243 CPT/HCPCS HYDROGEL DRESSING WOULD COVER PAD SIZE MORE THAN 16 SQ. IN BUT YES LESS THAN OR EQUAL TO 48 SQ. IN., WO ADHESIVE BORDER A4382 CPT/HCPCS OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, RUBBER, 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 WEAR, WITHOUT BUILT-IN CONVEXITY, EACH A4387 CPT/HCPCS OSTOMY SKIN BARRIER, SOLID 4*4 OR EQUIVALENT, EXTENDED YES WEAR, WITHOUT BUILT-IN CONVEXITY, EACH A4387 CPT/HCPCS OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH BUILT-IN YES CONVEXITY (ONE PIECE), EACH A4386 CPT/HCPCS GRADIENT COMPRESSION WRAP WITH ADJUSTABLE STRAPS, ARM, EACH, CUSTOM CUSTOM E1023 CPT/HCPCS WHEELCHAIR TRANSIT SECUREMENT SYSTEM, INCLUDES ALL COMPONENTS YES AND ACCESSORIES E1022 CPT/HCPCS WHEELCHAIR TRANSPORTATION SECUREMENT SYSTEM, ANY TYPE YES INCLUDES ALL COMPONENTS AND ACCESSORIES	
A4773 CPT/HCPCS HEMOSTIX, PER BOTTLE  A6239 CPT/HCPCS HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EA DRESSING  A6240 CPT/HCPCS HYDROCOLLOID DRESSING, WOUND FILLER, PASTE, STERILE, PER OUNCE  A6242 CPT/HCPCS HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EA DRESSING  A6243 CPT/HCPCS HYDROGEL DRESSING WOUND COVER PAD SIZE MORE THAN 16 SQ. IN BUT LESS THAN OR EQUAL TO 48 SQ IN., W/O ADHESIVE BORDER  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 YES WEAR, WITHOUT BUILT-IN CONVEXITY, EACH  A4387 CPT/HCPCS ARTIFICIAL SALIVA, 1 ML  A4387 CPT/HCPCS ARTIFICIAL SALIVA, 1 ML  A6518 CPT/HCPCS GRADIENT COMPRESSION WRAP WITH ADJUSTABLE STRAPS, ARM, EACH, YES CONVEXITY (ONE PIECE), EACH  A6518 CPT/HCPCS WHEELCHAIR TRANSIT SECUREMENT SYSTEM, INCLUDES ALL COMPONENTS YES AND ACCESSORIES  E1022 CPT/HCPCS WHEELCHAIR TRANSPORTATION SECUREMENT SYSTEM, ANY TYPE INCLUDES ALL COMPONENTS AND ACCESSORIES	
A6239 CPT/HCPCS HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EA DRESSING 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 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 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 SKIN BARRIER, SOLID 4*4 OR EQUIVALENT, EXTENDED YES A4385 CPT/HCPCS OSTOMY SKIN BARRIER, SOLID 4*4 OR EQUIVALENT, EXTENDED YES WEAR, WITHOUT BUILT-IN CONVEXITY, EACH A4387 CPT/HCPCS OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (ONE PIECE), EACH A9154 CPT/HCPCS ARTIFICIAL SALIVA, 1 ML A6518 CPT/HCPCS GRADIENT COMPRESSION WRAP WITH ADJUSTABLE STRAPS, ARM, EACH, CUSTOM E1023 CPT/HCPCS WHEELCHAIR TRANSIT SECUREMENT SYSTEM, INCLUDES ALL COMPONENTS YES AND ACCESSORIES E1022 CPT/HCPCS WHEELCHAIR TRANSIT SECUREMENT SYSTEM, ANY TYPE INCLUDES ALL COMPONENTS AND ACCESSORIES	
THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EA DRESSING  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  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  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 SKIN BARRIER, SOLID 4*4 OR EQUIVALENT, EXTENDED YES  A4385 CPT/HCPCS OSTOMY SKIN BARRIER, SOLID 4*4 OR EQUIVALENT, EXTENDED YES  WEAR, WITHOUT BUILT-IN CONVEXITY, EACH  A4387 CPT/HCPCS OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (ONE PIECE), EACH  A9154 CPT/HCPCS ARTIFICIAL SALIVA, 1 ML  A6518 CPT/HCPCS GRADIENT COMPRESSION WRAP WITH ADJUSTABLE STRAPS, ARM, EACH, CUSTOM  E1023 CPT/HCPCS WHEELCHAIR TRANSIT SECUREMENT SYSTEM, INCLUDES ALL COMPONENTS YES  AND ACCESSORIES  E1022 CPT/HCPCS WHEELCHAIR TRANSIT SECUREMENT SYSTEM, ANY TYPE INCLUDES ALL COMPONENTS AND ACCESSORIES	
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 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 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 YES WEAR, WITHOUT BUILT-IN CONVEXITY, EACH A4387 CPT/HCPCS OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH BUILT-IN YES CONVEXITY (ONE PIECE), EACH A9154 CPT/HCPCS ARTIFICIAL SALIVA, 1 ML A6518 CPT/HCPCS GRADIENT COMPRESSION WRAP WITH ADJUSTABLE STRAPS, ARM, EACH, CUSTOM E1023 CPT/HCPCS WHEELCHAIR TRANSIT SECUREMENT SYSTEM, INCLUDES ALL COMPONENTS YES AND ACCESSORIES E1022 CPT/HCPCS WHEELCHAIR TRANSPORTATION SECUREMENT SYSTEM, ANY TYPE YES INCLUDES ALL COMPONENTS AND ACCESSORIES	
A6242 CPT/HCPCS HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EA DRESSING 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 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 YES WEAR, WITHOUT BUILT-IN CONVEXITY, EACH A4387 CPT/HCPCS OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH BUILT-IN YES CONVEXITY (ONE PIECE), EACH A9154 CPT/HCPCS ARTIFICIAL SALIVA, 1 ML A6518 CPT/HCPCS GRADIENT COMPRESSION WRAP WITH ADJUSTABLE STRAPS, ARM, EACH, CUSTOM E1023 CPT/HCPCS WHEELCHAIR TRANSIT SECUREMENT SYSTEM, INCLUDES ALL COMPONENTS AND ACCESSORIES E1022 CPT/HCPCS WHEELCHAIR TRANSPORTATION SECUREMENT SYSTEM, ANY TYPE YES INCLUDES ALL COMPONENTS AND ACCESSORIES	
LESS, WITHOUT ADHESIVE BORDER, EA DRESSING  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  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  CPT/HCPCS OSTOMY SKIN BARRIER, SOLID 4*4 OR EQUIVALENT, EXTENDED YES  WEAR, WITHOUT BUILT-IN CONVEXITY, EACH  A4387 CPT/HCPCS OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH BUILT-IN YES  CONVEXITY (ONE PIECE), EACH  A9154 CPT/HCPCS GRADIENT COMPRESSION WRAP WITH ADJUSTABLE STRAPS, ARM, EACH, CUSTOM  E1023 CPT/HCPCS WHEELCHAIR TRANSIT SECUREMENT SYSTEM, INCLUDES ALL COMPONENTS YES  AND ACCESSORIES  E1022 CPT/HCPCS WHEELCHAIR TRANSPORTATION SECUREMENT SYSTEM, ANY TYPE YES  INCLUDES ALL COMPONENTS AND ACCESSORIES	
LESS THAN OR EQUAL TO 48 SQ IN., W/O ADHESIVE BORDER  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 YES  WEAR, WITHOUT BUILT-IN CONVEXITY, EACH  A4387 CPT/HCPCS OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH BUILT-IN YES  CONVEXITY (ONE PIECE), EACH  A9154 CPT/HCPCS ARTIFICIAL SALIVA, 1 ML YES  A6518 CPT/HCPCS GRADIENT COMPRESSION WRAP WITH ADJUSTABLE STRAPS, ARM, EACH, YES  CUSTOM  E1023 CPT/HCPCS WHEELCHAIR TRANSIT SECUREMENT SYSTEM, INCLUDES ALL COMPONENTS YES  AND ACCESSORIES  E1022 CPT/HCPCS WHEELCHAIR TRANSPORTATION SECUREMENT SYSTEM, ANY TYPE YES  INCLUDES ALL COMPONENTS AND ACCESSORIES	
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 YES  WEAR, WITHOUT BUILT-IN CONVEXITY, EACH  A4387 CPT/HCPCS OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH BUILT-IN YES  CONVEXITY (ONE PIECE), EACH  A9154 CPT/HCPCS ARTIFICIAL SALIVA, 1 ML  A6518 CPT/HCPCS GRADIENT COMPRESSION WRAP WITH ADJUSTABLE STRAPS, ARM, EACH, YES  CUSTOM  E1023 CPT/HCPCS WHEELCHAIR TRANSIT SECUREMENT SYSTEM, INCLUDES ALL COMPONENTS YES  AND ACCESSORIES  E1022 CPT/HCPCS WHEELCHAIR TRANSPORTATION SECUREMENT SYSTEM, ANY TYPE YES  INCLUDES ALL COMPONENTS AND ACCESSORIES	
A4384 CPT/HCPCS OSTOMY FACEPLATE EQUIVALENT, SILICONE RING, EACH YES  A4385 CPT/HCPCS OSTOMY SKIN BARRIER, SOLID 4*4 OR EQUIVALENT, EXTENDED YES  WEAR, WITHOUT BUILT-IN CONVEXITY, EACH  A4387 CPT/HCPCS OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH BUILT-IN YES  CONVEXITY (ONE PIECE), EACH  A9154 CPT/HCPCS ARTIFICIAL SALIVA, 1 ML YES  A6518 CPT/HCPCS GRADIENT COMPRESSION WRAP WITH ADJUSTABLE STRAPS, ARM, EACH,  CUSTOM  E1023 CPT/HCPCS WHEELCHAIR TRANSIT SECUREMENT SYSTEM, INCLUDES ALL COMPONENTS YES  AND ACCESSORIES  E1022 CPT/HCPCS WHEELCHAIR TRANSPORTATION SECUREMENT SYSTEM, ANY TYPE YES  INCLUDES ALL COMPONENTS AND ACCESSORIES	
A4384 CPT/HCPCS OSTOMY FACEPLATE EQUIVALENT, SILICONE RING, EACH YES  A4385 CPT/HCPCS OSTOMY SKIN BARRIER, SOLID 4*4 OR EQUIVALENT, EXTENDED YES  WEAR, WITHOUT BUILT-IN CONVEXITY, EACH  A4387 CPT/HCPCS OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH BUILT-IN YES  CONVEXITY (ONE PIECE), EACH  A9154 CPT/HCPCS ARTIFICIAL SALIVA, 1 ML YES  A6518 CPT/HCPCS GRADIENT COMPRESSION WRAP WITH ADJUSTABLE STRAPS, ARM, EACH,  CUSTOM  E1023 CPT/HCPCS WHEELCHAIR TRANSIT SECUREMENT SYSTEM, INCLUDES ALL COMPONENTS YES  AND ACCESSORIES  E1022 CPT/HCPCS WHEELCHAIR TRANSPORTATION SECUREMENT SYSTEM, ANY TYPE YES  INCLUDES ALL COMPONENTS AND ACCESSORIES	
A4385 CPT/HCPCS OSTOMY SKIN BARRIER, SOLID 4*4 OR EQUIVALENT, EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY, EACH  A4387 CPT/HCPCS OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (ONE PIECE), EACH  A9154 CPT/HCPCS ARTIFICIAL SALIVA, 1 ML Ves COSTOMY  GRADIENT COMPRESSION WRAP WITH ADJUSTABLE STRAPS, ARM, EACH, CUSTOM  E1023 CPT/HCPCS WHEELCHAIR TRANSIT SECUREMENT SYSTEM, INCLUDES ALL COMPONENTS AND ACCESSORIES  E1022 CPT/HCPCS WHEELCHAIR TRANSPORTATION SECUREMENT SYSTEM, ANY TYPE INCLUDES ALL COMPONENTS AND ACCESSORIES	
WEAR, WITHOUT BUILT-IN CONVEXITY, EACH  A4387 CPT/HCPCS OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH BUILT-IN  CONVEXITY (ONE PIECE), EACH  A9154 CPT/HCPCS ARTIFICIAL SALIVA, 1 ML  CPT/HCPCS GRADIENT COMPRESSION WRAP WITH ADJUSTABLE STRAPS, ARM, EACH,  CUSTOM  E1023 CPT/HCPCS WHEELCHAIR TRANSIT SECUREMENT SYSTEM, INCLUDES ALL COMPONENTS  AND ACCESSORIES  E1022 CPT/HCPCS WHEELCHAIR TRANSPORTATION SECUREMENT SYSTEM, ANY TYPE  INCLUDES ALL COMPONENTS AND ACCESSORIES	
A4387 CPT/HCPCS OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (ONE PIECE), EACH  A9154 CPT/HCPCS ARTIFICIAL SALIVA, 1 ML Yes  CPT/HCPCS GRADIENT COMPRESSION WRAP WITH ADJUSTABLE STRAPS, ARM, EACH, CUSTOM  E1023 CPT/HCPCS WHEELCHAIR TRANSIT SECUREMENT SYSTEM, INCLUDES ALL COMPONENTS AND ACCESSORIES  E1022 CPT/HCPCS WHEELCHAIR TRANSPORTATION SECUREMENT SYSTEM, ANY TYPE INCLUDES ALL COMPONENTS AND ACCESSORIES	
CONVEXITY (ONE PIECE), EACH  A9154 CPT/HCPCS ARTIFICIAL SALIVA, 1 ML Yes  A6518 CPT/HCPCS GRADIENT COMPRESSION WRAP WITH ADJUSTABLE STRAPS, ARM, EACH, CUSTOM  E1023 CPT/HCPCS WHEELCHAIR TRANSIT SECUREMENT SYSTEM, INCLUDES ALL COMPONENTS Yes AND ACCESSORIES  E1022 CPT/HCPCS WHEELCHAIR TRANSPORTATION SECUREMENT SYSTEM, ANY TYPE Yes INCLUDES ALL COMPONENTS AND ACCESSORIES	
A6518 CPT/HCPCS GRADIENT COMPRESSION WRAP WITH ADJUSTABLE STRAPS, ARM, EACH, CUSTOM E1023 CPT/HCPCS WHEELCHAIR TRANSIT SECUREMENT SYSTEM, INCLUDES ALL COMPONENTS Yes AND ACCESSORIES E1022 CPT/HCPCS WHEELCHAIR TRANSPORTATION SECUREMENT SYSTEM, ANY TYPE INCLUDES ALL COMPONENTS AND ACCESSORIES	
CUSTOM  E1023 CPT/HCPCS WHEELCHAIR TRANSIT SECUREMENT SYSTEM, INCLUDES ALL COMPONENTS Yes AND ACCESSORIES  E1022 CPT/HCPCS WHEELCHAIR TRANSPORTATION SECUREMENT SYSTEM, ANY TYPE Yes INCLUDES ALL COMPONENTS AND ACCESSORIES	
CUSTOM  E1023 CPT/HCPCS WHEELCHAIR TRANSIT SECUREMENT SYSTEM, INCLUDES ALL COMPONENTS Yes AND ACCESSORIES  E1022 CPT/HCPCS WHEELCHAIR TRANSPORTATION SECUREMENT SYSTEM, ANY TYPE Yes INCLUDES ALL COMPONENTS AND ACCESSORIES	
E1023 CPT/HCPCS WHEELCHAIR TRANSIT SECUREMENT SYSTEM, INCLUDES ALL COMPONENTS Yes AND ACCESSORIES  E1022 CPT/HCPCS WHEELCHAIR TRANSPORTATION SECUREMENT SYSTEM, ANY TYPE Yes INCLUDES ALL COMPONENTS AND ACCESSORIES	
E1022 CPT/HCPCS WHEELCHAIR TRANSPORTATION SECUREMENT SYSTEM, ANY TYPE Yes INCLUDES ALL COMPONENTS AND ACCESSORIES	
A6611 CPT/HCPCS GRADIENT COMPRESSION WRAP WITH ADJUSTABLE STRAPS. ABOVE KNEE. Yes	
EACH, CUSTOM	
A6519 CPT/HCPCS GRADIENT COMPRESSION GARMENT, NOT OTHERWISE SPECIFIED, FOR Yes  NIGHTTIME USE, EACH	
A6524 CPT/HCPCS GRADIENT COMPRESSION GARMENT, LOWER LEG AND FOOT, PADDED, FOR Yes NIGHTTIME USE, EACH	
A6525 CPT/HCPCS GRADIENT COMPRESSION GARMENT, LOWER LEG AND FOOT, PADDED, FOR Yes	
NIGHTTIME USE, CUSTOM, EACH	
A6522 CPT/HCPCS GRADIENT COMPRESSION GARMENT, ARM, PADDED, FOR NIGHTTIME USE, Yes EACH	
A6523 CPT/HCPCS GRADIENT COMPRESSION GARMENT, ARM, PADDED, FOR NIGHTTIME USE, Yes CUSTOM, EACH	
A6552 CPT/HCPCS GRADIENT COMPRESSION STOCKING, BELOW KNEE, 30-40 MMHG, EACH Yes	
A6554 CPT/HCPCS GRADIENT COMPRESSION STOCKING, BELOW KNEE, 40 MMHG OR Yes GREATER, EACH	
A6553 CPT/HCPCS GRADIENT COMPRESSION STOCKING, BELOW KNEE, 30-40 MMHG, Yes CUSTOM, EACH	
A6555 CPT/HCPCS GRADIENT COMPRESSION STOCKING, BELOW KNEE, 40 MMHG OR Yes GREATER, CUSTOM, EACH	
A6558 CPT/HCPCS GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 40 MMHG OR GREATER, CUSTOM, EACH	
A6562 CPT/HCPCS GRADIENT COMPRESSION STOCKING, WAIST LENGTH, 18-30 MMHG, Yes	
CUSTOM, EACH  A6563 CPT/HCPCS GRADIENT COMPRESSION STOCKING, WAIST LENGTH, 30-40 MMHG, Yes	
CUSTOM, EACH 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 Yes SIZE	
A6252 CPT/HCPCS SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE 16 Yes	
SQ. IN. OR LESS, W/O ADHESIVE BORDER, EA DRESSING	

99075 CPT/HCPCS MEDICAL TESTIMONY 99072 CPT/HCPCS ADDITIONAL SUPPLIES, MATERIALS, AND CLINICAL STAFF TIME OVERAND ABOVE THOSE USUALLY INCLUDED IN AN OFFICE VISIT OR OTHER  A4271 CPT/HCPCS INTEGRATED LANCING AND BLOOD SAMPLE TESTING CARTRIDGES FOR HOME BLOOD GLUCOSE MONITOR, PER 50 TESTS  A4338 CPT/HCPCS INDWELLING CATHETER; FOLEY TYPE, TWO-WAY LATEX WITH COATING (TEFLON, SILICONE, SILICONE ELASTOMER, OR HYDROPHIL  A4340 CPT/HCPCS INDWELLING CATHETER; SPECIALTY TYPE, EG; COUDE, MUSHROOM, WING, ETC.)  A4344 CPT/HCPCS INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE YES  A4346 CPT/HCPCS INDWELLING CATHETER; FOLEY TYPE, THREE WAY FOR CONTINUOUS YES  INDWELLING CATHETER; FOLEY TYPE, THREE WAY FOR CONTINUOUS YES  INTERMITTENT URINARY CATHETER; STRAIGHT TIP, WITH OR WITHOUT YES  COATING EACH  A4351 CPT/HCPCS INTERMITTENT URINARY CATHETER; STRAIGHT TIP, WITH OR WITHOUT YES  COATING EACH  A4352 CPT/HCPCS SYRINGE WITH NEEDLE, STERILE, 1 CC OR LESS, EACH YES  A4206 CPT/HCPCS SYRINGE WITH NEEDLE, STERILE 3 CC  A4207 CPT/HCPCS SYRINGE WITH NEEDLE, STERILE 3 CC  A4208 CPT/HCPCS SYRINGE WITH NEEDLE, STERILE 3 CC  A4209 CPT/HCPCS SYRINGE WITH NEEDLE, STERILE 3 CC  A4210 CPT/HCPCS SYRINGE WITH NEEDLE, STERILE 3 CC  A4211 CPT/HCPCS SUPPLIES FOR SELF-ADMINISTERED INJECTIONS  A4212 CPT/HCPCS SUPPLIES FOR SELF-ADMINISTERED INJECTIONS  A4213 CPT/HCPCS SYRINGE, STERILE, 2 OC COR GREATER  A4214 CPT/HCPCS SYRINGE, STERILE, 2 OC COR GREATER  A4215 CPT/HCPCS SYRINGE, STERILE, 2 OC COR GREATER  A4216 CPT/HCPCS SYRINGE, STERILE, 2 OC COR GREATER  A4211 CPT/HCPCS SYRINGE, STERILE, 2 OC COR GREATER  A4212 CPT/HCPCS SYRINGE, STERILE, 2 OC COR GREATER  A4213 CPT/HCPCS SYRINGE, STERILE, 2 OC COR GREATER  A4214 CPT/HCPCS SYRINGE, STERILE, 2 OC COR GREATER  A4215 CPT/HCPCS SYRINGE, STERILE, 2 OC COR GREATER  A4216 CPT/HCPCS SYRINGE, STERILE, 2 OC COR GREATER  A4217 CPT/HCPCS SYRINGE, STERILE, 2 OC COR GREATER  A4218 CPT/HCPCS SYRINGE, STERILE, 2 OC COR GREATER  A4211 CPT/HCPCS SYRINGE, STERILE, 2 OC COR GREATER  A4211 CPT/HCPCS SYRINGE, STE	
ABOVE THOSE USUALLY INCLUDED IN AN OFFICE VISIT OR OTHER  A4271 CPT/HCPCS INTEGRATED LANCING AND BLOOD SAMPLE TESTING CARTRIDGES FOR HOME BLOOD GLUCOSE MONITOR, PER 50 TESTS  A4338 CPT/HCPCS INDWELLING CATHETER; FOLEY TYPE, TWO-WAY LATEX WITH COATING (TEFLON, SILICONE, SILICONE ELASTOMER, OR HYDROPHIL (TEFLON, SILICONE, SILICONE, SILICONE, MUSHROOM, WING, PER 50 TEST)  A4340 CPT/HCPCS INDWELLING CATHETER; SPECIALTY TYPE, EG; COUDE, MUSHROOM, WING, PETC.)  A4344 CPT/HCPCS INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE YES INDWELLING CATHETER; FOLEY TYPE, THREE WAY FOR CONTINUOUS YES IRRIGATION  A4349 CPT/HCPCS INDWELLING CATHETER; WITH OR WITHOUT ADHESIVE, DISPOSABLE, PEACH  A4351 CPT/HCPCS INTERMITTENT URINARY CATHETER; STRAIGHT TIP, WITH OR WITHOUT YES COATING EACH  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 3 CC YES A4209 CPT/HCPCS SYRINGE WITH NEEDLE, STERILE 5 CC OR GREATER YES A4211 CPT/HCPCS SUPPLIES FOR SELF-ADMINISTERED INJECTIONS YES A4211 CPT/HCPCS SUPPLIES FOR SELF-ADMINISTERED INJECTIONS YES A4211 CPT/HCPCS SUPRINGE, STERILE, 20 CC OR GREATER YES A4211 CPT/HCPCS SYRINGE, STERILE, 20 CC OR GREATER YES A4213 CPT/HCPCS SYRINGE, STERILE, 20 CC OR GREATER YES	
A4271 CPT/HCPCS INTEGRATED LANCING AND BLOOD SAMPLE TESTING CARTRIDGES FOR HOME BLOOD GLUCOSE MONITOR, PER 50 TESTS  A4338 CPT/HCPCS INDWELLING CATHETER; FOLEY TYPE, TWO-WAY LATEX WITH COATING (TEFLON, SILICONE, SILICONE ELASTOMER, OR HYDROPHIL (TEFLON, SILICONE, SILICONE ELASTOMER, OR HYDROPHIL (TEFLON, SILICONE, SILICONE, SILICONE, SILICONE, MUSHROOM, WING, ETC.)  A4340 CPT/HCPCS INDWELLING CATHETER; SPECIALTY TYPE, EG; COUDE, MUSHROOM, WING, ETC.)  A4344 CPT/HCPCS INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE YES IRRIGATION  A4349 CPT/HCPCS INDWELLING CATHETER; FOLEY TYPE, THREE WAY FOR CONTINUOUS YES IRRIGATION  A4349 CPT/HCPCS MALE EXTERNAL CATHETER, WITH OR WITHOUT ADHESIVE, DISPOSABLE, EACH  A4351 CPT/HCPCS INTERMITTENT URINARY CATHETER; STRAIGHT TIP, WITH OR WITHOUT YES COATING EACH  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 A4211 CPT/HCPCS SYRINGE, STERILE, 20 CC OR GREATER YES A4213 CPT/HCPCS SYRINGE, STERILE, 20 CC OR GREATER YES A4213 CPT/HCPCS SYRINGE, STERILE, 20 CC OR GREATER YES A4213 CPT/HCPCS SYRINGE, STERILE, 20 CC OR GREATER YES A4213 CPT/HCPCS SYRINGE, STERILE, 20 CC OR GREATER YES A4213 CPT/HCPCS SYRINGE, STERILE, 20 CC OR GREATER	
A4271 CPT/HCPCS INTEGRATED LANCING AND BLOOD SAMPLE TESTING CARTRIDGES FOR HOME BLOOD GLUCOSE MONITOR, PER 50 TESTS  A4338 CPT/HCPCS INDWELLING CATHETER; FOLEY TYPE, TWO-WAY LATEX WITH COATING (TEFLON, SILICONE, SILICONE ELASTOMER, OR HYDROPHIL (TEFLON, SILICONE, SILICONE ELASTOMER, OR HYDROPHIL (TEFLON, SILICONE, SILICONE, SILICONE, SILICONE, MUSHROOM, WING, ETC.)  A4340 CPT/HCPCS INDWELLING CATHETER; SPECIALTY TYPE, EG; COUDE, MUSHROOM, WING, ETC.)  A4344 CPT/HCPCS INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE YES IRRIGATION  A4349 CPT/HCPCS INDWELLING CATHETER; FOLEY TYPE, THREE WAY FOR CONTINUOUS YES IRRIGATION  A4349 CPT/HCPCS MALE EXTERNAL CATHETER, WITH OR WITHOUT ADHESIVE, DISPOSABLE, EACH  A4351 CPT/HCPCS INTERMITTENT URINARY CATHETER; STRAIGHT TIP, WITH OR WITHOUT YES COATING EACH  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 A4211 CPT/HCPCS SYRINGE, STERILE, 20 CC OR GREATER YES A4211 CPT/HCPCS SYRINGE, STERILE, 20 CC OR GREATER YES A4211 CPT/HCPCS SYRINGE, STERILE, 20 CC OR GREATER YES A4211 CPT/HCPCS SYRINGE, STERILE, 20 CC OR GREATER YES A4211 CPT/HCPCS SYRINGE, STERILE, 20 CC OR GREATER YES A4211 CPT/HCPCS SYRINGE, STERILE, 20 CC OR GREATER YES A4211 CPT/HCPCS SYRINGE, STERILE, 20 CC OR GREATER YES A4211 CPT/HCPCS SYRINGE, STERILE, 20 CC OR GREATER YES A4213 CPT/HCPCS SYRINGE, STERILE, 20 CC OR GREATER YES A4213 CPT/HCPCS SYRINGE, STERILE, 20 CC OR GREATER	
HOME BLOOD GLUCOSE MONITOR, PER 50 TESTS  A4338 CPT/HCPCS INDWELLING CATHETER; FOLEY TYPE, TWO-WAY LATEX WITH COATING (TEFLON, SILICONE, SILICONE ELASTOMER, OR HYDROPHIL  A4340 CPT/HCPCS INDWELLING CATHETER; SPECIALTY TYPE, EG; COUDE, MUSHROOM, WING, ETC.)  A4344 CPT/HCPCS INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE YES  A4346 CPT/HCPCS INDWELLING CATHETER, FOLEY TYPE, THREE WAY FOR CONTINUOUS IRRIGATION  A4349 CPT/HCPCS MALE EXTERNAL CATHETER, WITH OR WITHOUT ADHESIVE, DISPOSABLE, EACH  A4351 CPT/HCPCS INTERMITTENT URINARY CATHETER; STRAIGHT TIP, WITH OR WITHOUT COATING EACH  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 SYRINGE, STERILE, EACH YES  A4212 CPT/HCPCS SYRINGE, STERILE, 20 CC OR GREATER YES  A4213 CPT/HCPCS SYRINGE, STERILE, 20 CC OR GREATER YES  A4213 CPT/HCPCS SYRINGE, STERILE, 20 CC OR GREATER	
HOME BLOOD GLUCOSE MONITOR, PER 50 TESTS  A4338 CPT/HCPCS INDWELLING CATHETER; FOLEY TYPE, TWO-WAY LATEX WITH COATING (TEFLON, SILICONE, SILICONE ELASTOMER, OR HYDROPHIL  A4340 CPT/HCPCS INDWELLING CATHETER; SPECIALTY TYPE, EG; COUDE, MUSHROOM, WING, ETC.)  A4344 CPT/HCPCS INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE YES  A4346 CPT/HCPCS INDWELLING CATHETER, FOLEY TYPE, THREE WAY FOR CONTINUOUS IRRIGATION  A4349 CPT/HCPCS MALE EXTERNAL CATHETER, WITH OR WITHOUT ADHESIVE, DISPOSABLE, EACH  A4351 CPT/HCPCS INTERMITTENT URINARY CATHETER; STRAIGHT TIP, WITH OR WITHOUT COATING EACH  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 SYRINGE, STERILE, EACH YES  A4212 CPT/HCPCS SYRINGE, STERILE, 20 CC OR GREATER YES  A4213 CPT/HCPCS SYRINGE, STERILE, 20 CC OR GREATER YES  A4213 CPT/HCPCS SYRINGE, STERILE, 20 CC OR GREATER	
A4338 CPT/HCPCS INDWELLING CATHETER; FOLEY TYPE, TWO-WAY LATEX WITH COATING (TEFLON, SILICONE, SILICONE ELASTOMER, OR HYDROPHIL  A4340 CPT/HCPCS INDWELLING CATHETER; SPECIALTY TYPE, EG; COUDE, MUSHROOM, WING, ETC.)  A4344 CPT/HCPCS INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE  A4346 CPT/HCPCS INDWELLING CATHETER, FOLEY TYPE, THREE WAY FOR CONTINUOUS YES IRRIGATION  A4349 CPT/HCPCS MALE EXTERNAL CATHETER, WITH OR WITHOUT ADHESIVE, DISPOSABLE, EACH  A4351 CPT/HCPCS INTERMITTENT URINARY CATHETER; STRAIGHT TIP, WITH OR WITHOUT YES COATING EACH  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 SYRINGE, STERILE, 20 CC OR GREATER YES  A4213 CPT/HCPCS SYRINGE, STERILE, 20 CC OR GREATER	
(TEFLON, SILICONE, SILICONE ELASTOMER, OR HYDROPHIL  A4340 CPT/HCPCS INDWELLING CATHETER; SPECIALTY TYPE, EG; COUDE, MUSHROOM, WING, ETC.)  A4344 CPT/HCPCS INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE YES  A4346 CPT/HCPCS INDWELLING CATHETER; FOLEY TYPE, THREE WAY FOR CONTINUOUS YES IRRIGATION  A4349 CPT/HCPCS MALE EXTERNAL CATHETER, WITH OR WITHOUT ADHESIVE, DISPOSABLE, EACH  A4351 CPT/HCPCS INTERMITTENT URINARY CATHETER; STRAIGHT TIP, WITH OR WITHOUT YES  COATING EACH  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 3 CC YES  A4210 CPT/HCPCS NEEDLE-FREE INJECTION DEVICE YES  A4211 CPT/HCPCS SUPPLIES FOR SELF-ADMINISTERED INJECTIONS YES  A4212 CPT/HCPCS SYRINGE, STERILE, 20 CC OR GREATER YES  A4213 CPT/HCPCS SYRINGE, STERILE, 20 CC OR GREATER	
A4340 CPT/HCPCS INDWELLING CATHETER; SPECIALTY TYPE, EG; COUDE, MUSHROOM, WING, Yes ETC.)  A4344 CPT/HCPCS INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE Yes INDWELLING CATHETER; FOLEY TYPE, THREE WAY FOR CONTINUOUS Yes IRRIGATION  A4349 CPT/HCPCS MALE EXTERNAL CATHETER, WITH OR WITHOUT ADHESIVE, DISPOSABLE, EACH  A4351 CPT/HCPCS INTERMITTENT URINARY CATHETER; STRAIGHT TIP, WITH OR WITHOUT Yes COATING EACH  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-REE INJECTION DEVICE Yes A4211 CPT/HCPCS SUPPLIES FOR SELF-ADMINISTERED INJECTIONS Yes A4212 CPT/HCPCS SYRINGE, STERILE, 20 CC OR GREATER Yes A4212 CPT/HCPCS SYRINGE, STERILE, EACH	
ETC.)  A4344 CPT/HCPCS INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE Yes  A4346 CPT/HCPCS INDWELLING CATHETER; FOLEY TYPE, THREE WAY FOR CONTINUOUS Yes  IRRIGATION  A4349 CPT/HCPCS MALE EXTERNAL CATHETER, WITH OR WITHOUT ADHESIVE, DISPOSABLE, EACH  A4351 CPT/HCPCS INTERMITTENT URINARY CATHETER; STRAIGHT TIP, WITH OR WITHOUT Yes COATING EACH  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 SYRINGE, STERILE, 20 CC OR GREATER Yes  A4213 CPT/HCPCS SYRINGE, STERILE, 20 CC OR GREATER Yes	
A4344 CPT/HCPCS INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE  A4346 CPT/HCPCS INDWELLING CATHETER; FOLEY TYPE, THREE WAY FOR CONTINUOUS  IRRIGATION  A4349 CPT/HCPCS MALE EXTERNAL CATHETER, WITH OR WITHOUT ADHESIVE, DISPOSABLE, EACH  A4351 CPT/HCPCS INTERMITTENT URINARY CATHETER; STRAIGHT TIP, WITH OR WITHOUT COATING EACH  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  A4209 CPT/HCPCS SYRINGE WITH NEEDLE, STERILE 5 CC OR GREATER  A4210 CPT/HCPCS NEEDLE-FREE INJECTION DEVICE  A4211 CPT/HCPCS SUPPLIES FOR SELF-ADMINISTERED INJECTIONS Yes  A4212 CPT/HCPCS SYRINGE, STERILE, 20 CC OR GREATER  A4213 CPT/HCPCS SYRINGE, STERILE, 20 CC OR GREATER  Yes  A4213 CPT/HCPCS SYRINGE, STERILE, 20 CC OR GREATER  Yes	
A4346 CPT/HCPCS INDWELLING CATHETER; FOLEY TYPE, THREE WAY FOR CONTINUOUS IRRIGATION  A4349 CPT/HCPCS MALE EXTERNAL CATHETER, WITH OR WITHOUT ADHESIVE, DISPOSABLE, EACH  A4351 CPT/HCPCS INTERMITTENT URINARY CATHETER; STRAIGHT TIP, WITH OR WITHOUT YES COATING EACH  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 SYRINGE, STERILE, 20 CC OR GREATER YES A4213 CPT/HCPCS SYRINGE, STERILE, 20 CC OR GREATER YES A4213 CPT/HCPCS SYRINGE, STERILE, 20 CC OR GREATER YES A4213 CPT/HCPCS SYRINGE, STERILE, 20 CC OR GREATER YES A4213 CPT/HCPCS SYRINGE, STERILE, 20 CC OR GREATER YES A4213 CPT/HCPCS SYRINGE, STERILE, 20 CC OR GREATER YES	
IRRIGATION  A4349 CPT/HCPCS MALE EXTERNAL CATHETER, WITH OR WITHOUT ADHESIVE, DISPOSABLE, EACH  A4351 CPT/HCPCS INTERMITTENT URINARY CATHETER; STRAIGHT TIP, WITH OR WITHOUT Yes COATING EACH  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 SYRINGE, STERILE, 20 CC OR GREATER Yes A4213 CPT/HCPCS SYRINGE, STERILE, 20 CC OR GREATER	
A4349 CPT/HCPCS MALE EXTERNAL CATHETER, WITH OR WITHOUT ADHESIVE, DISPOSABLE, EACH  A4351 CPT/HCPCS INTERMITTENT URINARY CATHETER; STRAIGHT TIP, WITH OR WITHOUT YES COATING EACH  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 SYRINGE, STERILE, 20 CC OR GREATER YES A4213 CPT/HCPCS SYRINGE, STERILE, 20 CC OR GREATER YES A4213 CPT/HCPCS SYRINGE, STERILE, 20 CC OR GREATER	
EACH  A4351 CPT/HCPCS INTERMITTENT URINARY CATHETER; STRAIGHT TIP, WITH OR WITHOUT Yes  COATING EACH  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 SYRINGE, STERILE, 20 CC OR GREATER Yes  A4213 CPT/HCPCS SYRINGE, STERILE, 20 CC OR GREATER	
A4351 CPT/HCPCS INTERMITTENT URINARY CATHETER; STRAIGHT TIP, WITH OR WITHOUT COATING EACH  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	
COATING EACH  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  A4209 CPT/HCPCS SYRINGE WITH NEEDLE, STERILE 5 CC OR GREATER  Yes  A4210 CPT/HCPCS NEEDLE-FREE INJECTION DEVICE  A4211 CPT/HCPCS SUPPLIES FOR SELF-ADMINISTERED INJECTIONS  A4212 CPT/HCPCS HUBER-TYPE NEEDLE, EACH  A4213 CPT/HCPCS SYRINGE, STERILE, 20 CC OR GREATER  Yes	
A4352 CPT/HCPCS INTERMITTENT URINARY CATHETER; COUDE (CURVED) TIP  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  A4209 CPT/HCPCS SYRINGE WITH NEEDLE, STERILE 5 CC OR GREATER  Yes  A4210 CPT/HCPCS NEEDLE-FREE INJECTION DEVICE  A4211 CPT/HCPCS SUPPLIES FOR SELF-ADMINISTERED INJECTIONS  A4212 CPT/HCPCS HUBER-TYPE NEEDLE, EACH  Yes  A4213 CPT/HCPCS SYRINGE, STERILE, 20 CC OR GREATER  Yes	
A4206 CPT/HCPCS SYRINGE WITH NEEDLE, STERILE, 1 CC OR LESS, EACH  A4207 CPT/HCPCS SYRINGE WITH NEEDLE, STERILE 2 CC, EACH  A4208 CPT/HCPCS SYRINGE WITH NEEDLE, STERILE 3 CC  A4209 CPT/HCPCS SYRINGE WITH NEEDLE, STERILE 5 CC OR GREATER  A4210 CPT/HCPCS NEEDLE-FREE INJECTION DEVICE  A4211 CPT/HCPCS SUPPLIES FOR SELF-ADMINISTERED INJECTIONS  A4212 CPT/HCPCS HUBER-TYPE NEEDLE, EACH  A4213 CPT/HCPCS SYRINGE, STERILE, 20 CC OR GREATER  Yes  Yes	
A4206 CPT/HCPCS SYRINGE WITH NEEDLE, STERILE, 1 CC OR LESS, EACH  A4207 CPT/HCPCS SYRINGE WITH NEEDLE, STERILE 2 CC, EACH  A4208 CPT/HCPCS SYRINGE WITH NEEDLE, STERILE 3 CC  A4209 CPT/HCPCS SYRINGE WITH NEEDLE, STERILE 5 CC OR GREATER  A4210 CPT/HCPCS NEEDLE-FREE INJECTION DEVICE  A4211 CPT/HCPCS SUPPLIES FOR SELF-ADMINISTERED INJECTIONS  A4212 CPT/HCPCS HUBER-TYPE NEEDLE, EACH  A4213 CPT/HCPCS SYRINGE, STERILE, 20 CC OR GREATER  Yes  Yes	
A4207CPT/HCPCSSYRINGE WITH NEEDLE, STERILE 2 CC,EACHYesA4208CPT/HCPCSSYRINGE WITH NEEDLE, STERILE 3 CCYesA4209CPT/HCPCSSYRINGE WITH NEEDLE, STERILE 5 CC OR GREATERYesA4210CPT/HCPCSNEEDLE-FREE INJECTION DEVICEYesA4211CPT/HCPCSSUPPLIES FOR SELF-ADMINISTERED INJECTIONSYesA4212CPT/HCPCSHUBER-TYPE NEEDLE, EACHYesA4213CPT/HCPCSSYRINGE, STERILE, 20 CC OR GREATERYes	
A4208 CPT/HCPCS SYRINGE WITH NEEDLE, STERILE 3 CC  A4209 CPT/HCPCS SYRINGE WITH NEEDLE, STERILE 5 CC OR GREATER  A4210 CPT/HCPCS NEEDLE-FREE INJECTION DEVICE  A4211 CPT/HCPCS SUPPLIES FOR SELF-ADMINISTERED INJECTIONS  A4212 CPT/HCPCS HUBER-TYPE NEEDLE, EACH  A4213 CPT/HCPCS SYRINGE, STERILE, 20 CC OR GREATER  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	
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	
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	
A4212 CPT/HCPCS HUBER-TYPE NEEDLE, EACH Yes A4213 CPT/HCPCS SYRINGE, STERILE, 20 CC OR GREATER Yes	
A4213 CPT/HCPCS SYRINGE, STERILE, 20 CC OR GREATER Yes	
TAROLE TODAY TODAY THE STEPLE STEPLE ANY OLD EASY.	
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, Yes	
PER WEEK (LIST DRUGS SEPARATELY)	
A4223 CPT/HCPCS INFUSION SUPPLIES NOT USED WITH EXTERNAL INFUSION PUMP, PER Yes	
CASSETTE OR BAG	
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 Yes	
MEDICALLY NECESSARY HOME BLOOD GLUCOSE MONITOR OWNED BY	
A 400 4 OPT (LODGO DEDI A CEMENT DATTEDY ALVALINE LOELL FOR LICE WITH MEDICALLY	
A4234 CPT/HCPCS REPLACEMENT BATTERY, ALKALINE, J CELL, FOR USE WITH MEDICALLY Yes	
NECESSARY HOME BLOOD GLUCOSE MONITOR OWNED BY PATIENT, EA	
A4235 CPT/HCPCS REPLACEMENT BATTERY, LITHIUM, FOR USE WITH MEDICALLY NECESSARY Yes	
HOME BLOOD GLUCOSE MONITOR OWNED BY PATIENT, EACH	
A4236 CPT/HCPCS REPLACEMENT BATTERY, SILVER OXIDE, FOR USE WITH MEDICALLY Yes	
NECESSARY HOME BLOOD GLUCOSE MONITOR OWNED BY PATIENT, EACH	
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	
1	
A4253 CPT/HCPCS BLOOD GLUCOSE TEST OR REAGENT STRIPS FOR HOME BLOOD GLUCOSE Yes	
MONITOR, PER 50 STRIPS	
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 Yes	
EACH	
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 Yes	
PROSTHESIS, EACH	

A 4004	ODT//JODOS	TUDINO FOR REFACT RUMP, REDUACEMENT	lv
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	Yes
		OR PERITONEAL)	
A4301	CPT/HCPCS	IMPLANTABLE ACCESS TOTAL CATHETER, PORT/RESERVOIR(EG	Yes
711001		VENOUS, ARTERIAL, EPIDURAL, SUBARACHNOID, PERITONEAL, ETC)	
A4305	CPT/HCPCS	DISPOSABLE DRUG DELIVERY SYSTEM, FLOW RATE OF 50 ML OR GREATER	Vas
A4000	01 1/1101 05	PER HOUR	103
A4306	CPT/HCPCS	DISPOSABLE DRUG DELIVERY SYSTEM, FLOW RATE OF LESS THAN 50 ML PER	Voc
A4306	CP1/HCPC3	HOUR	res
A 4010	CDT/LICDOS	INSERTION TRAY WITHOUT DRAINAGE BAG AND WITHOUT CATHETER	Voc
A4310	CPT/HCPCS		Yes
1.4044	007/110000	(ACCESSORIES ONLY)	v.
A4311	CPT/HCPCS	INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER,	Yes
		FOLEY TYPE, TWO-WAY LATEX WITH COATING (TEFLON, SILICO	
A4312	CPT/HCPCS	INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER,	Yes
		FOLEY TYPE, TWO-WAY, ALL SILICONE	
A4313	CPT/HCPCS	INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER,	Yes
		FOLEY TYPE, THREE-WAY, FOR CONTINUOUS IRRIGATION	
A4314	CPT/HCPCS	INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY	Yes
		TYPE, TWO-WAY LATEX WITH COATING (TEFLON, SILICO	
A4315	CPT/HCPCS	INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY	Yes
		TYPE, TWO-WAY, ALL SILICONE	
A4316	CPT/HCPCS	INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY	Yes
		TYPE, THREE-WAY, FOR CONTINUOUS IRRIGATION	
A4320	CPT/HCPCS	IRRIGATION TRAY FOR BLADDER IRRIGATION WITH BULB OR PISTON	Yes
A4020	01 1/1101 00	SYRINGE	163
A4321	CPT/HCPCS	THERAPEUTIC AGENT FOR URINARY CATHETER IRRIGATION	Yes
A4321 A4322	CPT/HCPCS	IRRIGTAION SYRINGE, BULB OR PISTON	Yes
	CPT/HCPCS  CPT/HCPCS	MALE EXTERNAL CATHETER WITH INTEGRAL COLLECTION CHAMBER, ANY	
A4326	CP1/HCPCS	,	Yes
A 4007	007/110000	TYPE, EACH	v.
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	Yes
		ADAPTOR,	
A4332	CPT/HCPCS	LUBRICANT, INDIVIDUAL STERILE PACKET, EACH	Yes
A4333	CPT/HCPCS	URINARY CATHETER ANCHORING DEVICE, ADHESIVE SKIN ATTACHMENT	Yes
		EACH	
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,	Yes
		CUSTOM, EACH	
A6557	CPT/HCPCS	GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 30-40 MMHG,	Yes
		CUSTOM, EACH	
A6560	CPT/HCPCS	GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE, 30-40	Yes
		MMHG, CUSTOM, EACH	
A6564	CPT/HCPCS	GRADIENT COMPRESSION STOCKING, WAIST LENGTH, 40 MMHG OR	Yes
710001		GREATER, CUSTOM, EACH	
AGE 71	CPT/HCPCS	GRADIENT COMPRESSION GARMENT, GENITAL REGION, CUSTOM, EACH	Yes
400 / 1	コンドコノコンドレる	ONADIENT COMENESSION GANMENT, GENTIAL NEGION, COSTOM, EACH	103
A6571			1
		CDADIENT COMPRESSION CARMENT TOF CARS FACIL	Von
A6572	CPT/HCPCS	GRADIENT COMPRESSION GARMENT, TOE CAPS, EACH	Yes
		GRADIENT COMPRESSION GARMENT, TOE CAPS, EACH GRADIENT COMPRESSION ARM SLEEVE, CUSTOM, HEAVY WEIGHT, EACH	Yes Yes
A6572 A6577	CPT/HCPCS CPT/HCPCS	GRADIENT COMPRESSION ARM SLEEVE, CUSTOM, HEAVY WEIGHT, EACH	Yes
A6572 A6577 A6578	CPT/HCPCS CPT/HCPCS CPT/HCPCS	GRADIENT COMPRESSION ARM SLEEVE, CUSTOM, HEAVY WEIGHT, EACH GRADIENT COMPRESSION ARM SLEEVE, EACH	Yes Yes
A6572 A6577 A6578 A6580	CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS	GRADIENT COMPRESSION ARM SLEEVE, CUSTOM, HEAVY WEIGHT, EACH GRADIENT COMPRESSION ARM SLEEVE, EACH GRADIENT COMPRESSION GLOVE, CUSTOM, HEAVY WEIGHT, EACH	Yes Yes Yes
A6572 A6577 A6578	CPT/HCPCS CPT/HCPCS CPT/HCPCS	GRADIENT COMPRESSION ARM SLEEVE, CUSTOM, HEAVY WEIGHT, EACH GRADIENT COMPRESSION ARM SLEEVE, EACH	Yes Yes
A6572 A6577 A6578 A6580	CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS	GRADIENT COMPRESSION ARM SLEEVE, CUSTOM, HEAVY WEIGHT, EACH GRADIENT COMPRESSION ARM SLEEVE, EACH GRADIENT COMPRESSION GLOVE, CUSTOM, HEAVY WEIGHT, EACH	Yes Yes Yes
A6572 A6577 A6578 A6580	CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS	GRADIENT COMPRESSION ARM SLEEVE, CUSTOM, HEAVY WEIGHT, EACH GRADIENT COMPRESSION ARM SLEEVE, EACH GRADIENT COMPRESSION GLOVE, CUSTOM, HEAVY WEIGHT, EACH GRADIENT COMPRESSION STOCKING, BELOW KNEE, 18-30 MMHG,	Yes Yes Yes
A6572 A6577 A6578 A6580 A6610	CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS	GRADIENT COMPRESSION ARM SLEEVE, CUSTOM, HEAVY WEIGHT, EACH GRADIENT COMPRESSION ARM SLEEVE, EACH GRADIENT COMPRESSION GLOVE, CUSTOM, HEAVY WEIGHT, EACH GRADIENT COMPRESSION STOCKING, BELOW KNEE, 18-30 MMHG, CUSTOM, EACH	Yes Yes Yes Yes

A9273	CPT/HCPCS	COLD OR HOT FLUID BOTTLE, ICE CAP OR COLLAR, HEAT AND/OR COLD	Yes
		WRAP, ANY TYPE	
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		Yes
A6526	CPT/HCPCS		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		Yes
A6604	CPT/HCPCS	GRADIENT COMPRESSION BANDAGING SUPPLY, LOW DENSITY FLAT FOAM SHEET, PER 250 SQUARE CENTIMETERS, EACH	Yes
A6606	CPT/HCPCS		Yes
A6608	CPT/HCPCS		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 ACIDSENTERNAL 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
	1 131 30	1	<u> </u>

	_		
B4224	CPT/HCPCS	PARENTERAL NUTRITION ADMINISTRATION KIT, PER DAY	Yes
B4155	CPT/HCPCS	ENTERAL FORMULAE; CATEGORY V: MODULAR COMPONENTS, ENTERNAL	Yes
		FEEDING TUBE, 100 CALORIES= 1 UNIT	
B4189	CPT/HCPCS	PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND	Yes
		CARBOHYDRATES WITH ELECTROLYTES, TRACE ELEMENTS, AND VITAMINS	
B9999	CPT/HCPCS	NOT OTHERWISE CLASSIFIED FOR PARENTERAL SUPPLIES	Yes
B4150	CPT/HCPCS	ENTERAL FORM, NUTRIT COMP/W INTACT NUTRIENTS, INC PRO, FATS	Yes
D 44 00	ODT// IODOC	CARBO, VIT/MIN, MAY INC FIB; 100 CAL=1 UNIT	Va.
B4102	CPT/HCPCS	ENTERAL FORMULA, FOR ADULTS, USED TO REPLACE FLUIDS AND	Yes
B4168	CPT/HCPCS	ELECTROLYTES, 500 ML = 1 UNIT  PARENTERAL NUTRITION SOLUTION, (AMINO ACID, 3.5%), (500 ML = 1 UNIT),	Vas
D4100	CF1/HCFC3	HOMEMIX	165
B4180	CPT/HCPCS	PARENTERAL NUTRITION SOLUTION; CARBOHYDRATES (DEXTROSE),	Yes
D-100	01 171101 00	GREATER THAN 50%, (500 ML = 1 UNIT) - HOMEMIX	
B4176	CPT/HCPCS	PARENTERAL NUTRITION SOLUTION; AMINO ACID, 7% THROUGH 8.5%, (500	Yes
D-17-0	0.171101.00	ML = 1 UNIT) - HOMEMIX	
B4100	CPT/HCPCS	FOOD THICKENER, ADMINISTERED ORALLY, PER OUNCE	Yes
B4160	CPT/HCPCS	ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE	Yes
		CALORICALLY DENSE, WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FAT	
B4088	CPT/HCPCS	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY	Yes
		TYPE, EACH	
B4159	CPT/HCPCS	ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE SOY	Yes
		BASED WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBO	
B4197	CPT/HCPCS	PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND	Yes
		CARBOHYDRATES WITH ELECTROLYTES, TRACE ELEMENTS AND VITAMINS,	
B5200	CPT/HCPCS	PARENTERAL NUTRITION SOLUTION COMPOUNDED AMINO ACID AND	Yes
		CARBOHYDRATES WITH ELECTROLYTES, TRACE ELEMENTS, AND VITAMINS, I	
B4034	CPT/HCPCS	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY	Yes
B4172	CPT/HCPCS	PARENTERAL NUTRITION SOLUTION, (AMINO ACID, 5.5% THROUGH 7%),	Yes
		(500 ML = 1 UNIT), HOMEMIX	
B4193	CPT/HCPCS	PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND	Yes
		CARBOHYDRATES WITH ELECTROLYTES, TRACE ELEMENTS, AND VITAMINS	
D 44.57	007//10000	ENTERNAL FORMULA AULT COMP. FOR OROMETAR INVESTIGATION OF METAR	ly.
B4157	CPT/HCPCS	ENTERNAL FORMULA, NUT COMP. FOR SPC METAB, INHERIT DIS, OF METAB,	Yes
B4152	CPT/HCPCS	INC PROTEINS, FATS CARBO, VIT AND MIN, MAY INCLUDE FIB ENTERAL FORMULAE CATEGORY II:INTACT PROTEIN/PROTEIN	Yes
D413Z	CP1/HCPC3	ISOLATES(CALORICALLY DENSE)ENTERNAL FEEDING TUBE 100 CALORIES=1	res
		UNIT	
B9998	CPT/HCPCS	NOT OTHERWISE CLASSIFIED FOR ENTERAL SUPPLIES	Yes
B4164	CPT/HCPCS	PARENTAL NUTRITION SOLUTION: CARBOHYDRATES (DEXTROSE), 50% OR	Yes
5 120 1	0	LESS (500 ML = 1 UNIT) - HOMEMIX	
B4154	CPT/HCPCS	ENTERAL FORMULAE CATEGORY IV:DEFINED FORMULA FOR SPECIAL	Yes
		METABOLIC NEED, ENTERNAL FEEDING TUBE 100 CALORIES = 1 UNIT	
B4035	CPT/HCPCS	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY	Yes
B4199	CPT/HCPCS	PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND	Yes
		CARBOHYDRATES WITH ELECTROLYTES, TRACE ELEMENTS AND VITAMINS,	
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	Yes
		SQ IN BUT LESS THAN OR EQUAL TO 48 SQ IN., WITH ANY SIZE	
S8131	CPT/HCPCS	INTERFERENTIAL CURRENT STIMULATOR, 4 CHANNEL	Yes
B5000	CPT/HCPCS	PARENTERAL NUTRITION SOLUTION: COMPOUNDED AMINO ACID AND	Yes
		CARBOHYDRATES, WITH ELECTROLYTES, TRACE ELEMENTS, AND VITAMINS	
D 4000	007#10000	NACCO ACTRIC TURNING VALITURE IT CTV	l.
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	res
V0000	CDT/LICECO	OR ULTRALIGHTWEIGHT WHEELCHAIR	Voc
K0806	CPT/HCPCS	POWER OPERATED VEHICLE, GROUP 2 STANDARD, PATIENT WEIGHT	Yes
ı		CAPACITY UP TO AND INCLUDING 300 POUNDS	

1/0040	ODT/ILIODOG	OLIOTOM MOTORIZED DOWER WHEEL OLIVID DAGE	Tv
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	Yes
		OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	
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
<u> </u>		1	!

A6251	CPT/HCPCS	SPECIALTY ABSORPTIVE DRESSING WOUND COVER PAD SIZE 16 SQ IN.OR	Yes
0.4000	ODT// 10000	LESS WITHOUT ADHESIVE BORDER EACH DRESSING	v.
Q4038	CPT/HCPCS	CAST SUPPLIES, SHORT LEG CAST, ADULT, FIBERGLASS	Yes
S8421 Q0483	CPT/HCPCS CPT/HCPCS	GRADIENT PRESSURE AID (SLEEVE AND GLOVE COMBO), READY MADE  MONITOR/DISPLAY MODULE FOR USE WITH ELECTRIC VENTRICULAR ASSIST	Yes Yes
Q0463	CP1/HCPC3	DEVICE, REPLACEMENT ONLY	res
A6550	CPT/HCPCS	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY	Yes
710000	01 171101 00	ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES	
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 A7002	CPT/HCPCS	OXYGEN CONTENT, LIQUID, 1 UNIT EQUALS 1 POUND	Yes
A7002 A7014	CPT/HCPCS CPT/HCPCS	TUBING, USED WITH SUCTION PUMP, EACH FILTER, NONDISPOSABLE, USED WITH AEROSOL COMPRESSOR OR	Yes Yes
/1/ U1 <del>4</del>	0. 1/110103	ULTRASONIC GENERATOR	
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
	ļ		

A6260         CPT/HCPCS         WOUND CLEANSERS, STERILE, ANY TYPE, ANY SIZE         Yes           K0886         CPT/HCPCS         ROWER WHEELCHAIR, GROUP A 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, ORLESS, WITH ANY SIZE ADHESIVE BORDER, EA DRESSING         Yes           Q4024         CPT/HCPCS         COST SUPPLIES, SHORT ARM SPLINT, PEDIATRIC (0-10 YEARS), FIBERGLASS         Yes           Q4008         CPT/HCPCS         CAST SUPPLIES, SHORT ARM SPLINT, PEDIATRIC, FIBERGLASS         Yes           Q4008         CPT/HCPCS         CAST SUPPLIES, LONG ARM CAST, PEDIATRIC, FIBERGLASS         Yes           Q4008         CPT/HCPCS         OSTOMY POUGH, DRAINABLE; WITH BARRIER ATTACHED (ONE PIECE), EACH Yes           Q6050         CPT/HCPCS         OSTOMY POUGH, DRAINABLE; WITH BARRIER ATTACHED (ONE PIECE), EACH Yes           Q6050         CPT/HCPCS         GRADIENT PRESSURE AID (SLEEVE) CUSTOM MADE, HEAVY WEIGHT         Yes           Q6050         CPT/HCPCS         GRADIENT PRESSURE AID (SLEEVE) CUSTOM MADE, HEAVY WEIGHT         Yes           Q6050         CPT/HCPCS         GRADIENT PRESSURE AID (SLEEVE) CUSTOM MADE, HEAVY WEIGHT         Yes           Q6050         CPT/HCPCS         COLLAGEN DRESSING, STERILE, SIZE 16 SQ, IN, OR LESS, EACH         Yes				
DUMPS	K0842	CPT/HCPCS	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION,	Yes
1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311   1311				
WITH				
CPTHORYS	J1817	CPT/HCPCS		Yes
MODEL PORTRIBLE, PAD SIZE IS SQUARE MONES ON LESS	1/07/4	007//10000		ly.
QUIGNO	K0/44	CPT/HCPCS	·	Yes
OGDITION   CONTINUES   CONTI	0.4000	ODT/I LODGE		Va.
APPLICATION				
MINAWY PRESSURE AND CAPT   SARAHIVER, INHALATION POWDER ADMINISTERD THROUGH HALER, PER YES   SOUTH AND CONTROL OF THROUGH HALER, PER YES   SOUTH AND CONTROL OF THROUGH HALER, PER YES   SOUTH AND CONTROL OF THROUGH HALER, PER YES   SOUTH AND CONTROL OF THROUGH HALER, PER YES   SOUTH AND CONTROL OF THROUGH HALER, PER YES   SOUTH AND CONTROL OF THROUGH HALER, PER YES   SOUTH AND CONTROL OF THROUGH HALER, PER YES   SOUTH AND CONTROL OF THROUGH HALER, PER YES   SOUTH AND CONTROL OF THROUGH HALER, PER YES   SOUTH AND CONTROL OF THROUGH HALER, PER YES   SOUTH AND CONTROL OF THROUGH HALER, PER YES   SOUTH AND CONTROL OF THROUGH HALER, PER YES   SOUTH AND CONTROL OF THROUGH HALER, PER YES   SOUTH AND CONTROL OF THROUGH HALER, PER YES   SOUTH AND CONTROL OF THROUGH HALER, PER YES   SOUTH AND CONTROL OF THROUGH HALER, PER YES   SOUTH AND CONTROL OF THROUGH HALER, PER YES   SOUTH AND CONTROL OF THROUGH HALER, PER YES   SOUTH AND CONTROL OF THROUGH HALER, PER YES   SOUTH AND CONTROL OF THROUGH HALER, PER YES   SOUTH AND CONTROL OF THROUGH HALER, PER YES   SOUTH AND CONTROL OF THROUGH HALER, PER YES   SOUTH AND CONTROL OF THROUGH HALER, PER YES   SOUTH AND CONTROL OF THROUGH HALER, PER YES   SOUTH AND CONTROL OF THROUGH HALER, PER YES   SOUTH AND CONTROL OF THROUGH HALER, PER YES   SOUTH AND CONTROL OF THROUGH HALER, PER YES   SOUTH AND CONTROL OF THROUGH HALER, PER YES   SOUTH AND CONTROL OF THROUGH HALER, PER YES   SOUTH AND CONTROL OF THROUGH HALER, PER YES   SOUTH AND CONTROL OF THROUGH HALER, PER YES   SOUTH AND CONTROL OF THROUGH HALER, PER YES   SOUTH AND CONTROL OF THROUGH HALER, PER YES   SOUTH AND CONTROL OF THROUGH HALER, PER YES   SOUTH AND CONTROL OF THROUGH HALER, PER YES   SOUTH AND CONTROL OF THROUGH HALER, PER YES   SOUTH AND CONTROL OF THROUGH HALER, PER YES   SOUTH AND CONTROL OF THROUGH HALER, PER YES   SOUTH AND CONTROL OF THROUGH HALER, PER YES   SOUTH AND CONTROL OF THROUGH HALER, PER YES   SOUTH AND CONTROL OF THROUGH HALER, PER YES   SOUTH AND CONTROL OF THROUGH HALER, PER YES   SOUTH AND CONTROL O		_		
SAME	A/02/	CPI/HCPC3	·	res
Section	\$8428	CPT/HCPCS		Vas
In Mis   APTRICES   OPTRICES				
APPLICATION	03010	01 1/1101 03		103
ONLY, EACH  OTHICKOS  POWER WEELCHARL, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT  WEIGHT CAPACITY UP TO AND INCLUDIOS 300 POUNDS  AROUZ  OTHICKOS  COLLAGERO RESSING, STERILE, SIZE MORE THAN 18 SQ, IN, BUT LESS THAN  OF FUNDAMENTAL ALCAINES, LEVEL OF THE SHAPP OF THE SHEEP DEPTH INJAY SHOE MANUFACTURED TO ACCOMMODA  OFFICIAL STANDARD AND ALCAINES AND ALCAINES AND SUPPLY OF OFFICE SHEEP DEPTH INJAY SHOE MANUFACTURED TO ACCOMMODA  OFFICIAL STANDARD AND ALCAINES, LEVEL OF SHAPP OF THE SHEEP DEPTH INJAY SHOE MANUFACTURED TO ACCOMMODA  OFFICIAL STANDARD AND ALCAINES, LEVEL LEVEL SHAPP OF THE SHEEP DEPTH INJAY SHOE MANUFACTURED TO ACCOMMODA  OFFICIAL STANDARD AND ALCAINES, LEVEL LEVEL SHAPP OF THE SHEEP DEPTH INJAY SHOE MANUFACTURED TO ACCOMMODA  OFFICIAL SHAPP OF THE SHEEP OF THE INJAY SHOE MANUFACTURED TO ACCOMMODA  OFFICIAL SHAPP OF THE SHEEP OF THE SHAPP OF THE SHAPP OF THE SHEEP OF THE SHEEP OF THE SHAPP OF THE SHAPP OF THE SHEEP OF THE SHAPP OF THE SHEEP OF THE SHAPP	A7028	CPT/HCPCS		Yes
Mail	7.7 020		· ·	
WEIGHT CAPACTY UP TO AND INCLUDING 500 POUNDS	K0816	CPT/HCPCS		Yes
OR EQUAL TO				
ASSOO CPTHOPCS FOR DIABETICS ONLY, FITTING CLISTOM PREPARATION AND SUPPLY OF OFF THE SHELF DEPTH INLAY SHOE MANUFACTURED TO ACCOMMODA  COPTHOPCS REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY YES PARTIES, THE SHELF DEPTH INLAY SHOE MANUFACTURED TO ACCOMMODA  COPTHOPCS REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY YES PARTIES, THE SHELF DEPTH INLAY SHOE MANUFACTURED TO ACCOMMODA  COPTHOPCS PRONT CASTER ASSEMBLY, COMMELTE, WITH SOULD TIBE, REPLACEMENT YES PROVIDED BY YES PROVIDED BY YES PROVIDED BY YES PROVIDED BY YES PROVIDED BY WOUND CLEANSERS, STERILE, ANY TYPE, ANY SIZE YES PROVIDED BY SUNG/SOULD SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 P  A6203 CPTHOPCS COMPOSITE DESSING, STERILE, PAR SIZE 16 SQ. IN. OR LESS, WITH ANY YES SIZE ADMESSIVE BORDER, EAD DESSING  CPTHOPCS CAST SUPPLIES, SHORT ARM SPLINT, PEDIATRIC, 10-10 YEARS), FIBERGLASS YES  COMMEN COPTHOPCS CAST SUPPLIES, LONG ARM CAST, PEDIATRIC, FIBERGLASS YES PROVIDED BY YES PROVIDED BY YES PROVIDED BY YES PROVIDED BY YES PROVIDED BY YES PROVIDED BY YES PROVIDED BY YES PROVIDED BY YES PROVIDED BY YES PROVIDED BY YES PROVIDED BY YES PROVIDED BY YES PROVIDED BY YES PROVIDED BY YES PROVIDED BY YES PROVIDED BY YES PROVIDED BY YES PROVIDED BY YES PROVIDED BY YES PROVIDED BY YES PROVIDED BY YES PROVIDED BY YES PROVIDED BY YES PROVIDED BY YES PROVIDED BY YES PROVIDED BY YES PROVIDED BY YES PROVIDED BY YES PROVIDED BY YES PROVIDED BY YES PROVIDED BY YES PROVIDED BY YES PROVIDED BY YES PROVIDED BY YES PROVIDED BY YES PROVIDED BY YES PROVIDED BY YES PROVIDED BY YES PROVIDED BY YES PROVIDED BY YES PROVIDED BY YES PROVIDED BY YES PROVIDED BY YES PROVIDED BY YES PROVIDED BY YES PROVIDED BY YES PROVIDED BY YES PROVIDED BY YES PROVIDED BY YES PROVIDED BY YES PROVIDED BY YES PROVIDED BY YES PROVIDED BY YES PROVIDED BY YES PROVIDED BY YES PROVIDED BY YES PROVIDED BY YES PROVIDED BY YES PROVIDED BY YES PROVIDED BY YES PROVIDED BY YES PROVIDED BY YES PROVIDED BY YES PROVIDED BY YES PROVIDED BY YES PROVIDED BY YES PROVIDED BY YES PROVIDED BY YES PROVIDE	A6022	CPT/HCPCS	COLLAGEN DRESSING, STERILE, SIZE MORE THAN 16 SQ. IN. BUT LESS THAN	Yes
K0803 CPTH-CPCS REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT. ALKALINE. 1.5 VOL. 1, EACH ONLY. FACH ON				
No.   CPTH-CPCS   PEPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY   Yes	A5500	CPT/HCPCS	FOR DIABETICS ONLY, FITTING CUSTOM PREPARATION AND SUPPLY OF	Yes
PATIENT, ALKALINE, 1.5 WOLT, EACH			OFF THE SHELF DEPTH INLAY SHOE MANUFACTURED TO ACCOMMODA	
PATIENT, ALKALINE, 1.5 WOLT, EACH				
CPT/HCPCS	K0603	CPT/HCPCS	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY	Yes
MARCON   CPT/HCPCS			PATIENT, ALKALINE, 1.5 VOLT, EACH	
AG2500         CPT/HCPCS         WOUND CLEANSERS, STERILE, ANY TYPE, ANY SIZE         Yes           K0886         CPT/HCPCS         POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, MULTIPLE POWER OPTION, SUNG/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450P         Yes           A6203         CPT/HCPCS         COMPOSITE DRESSING, STERILE, PAD SIZE 16 SQ, IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EA DRESSING         Yes           C4024         CPT/HCPCS         CAST SUPPLIES, SHORT ARM SPLINT, PEDIATRIC (0-10 YEARS), FIBERGLASS         Yes           A4930         CPT/HCPCS         GLOVES, STERILE, PER PAIR         Yes           Q4008         CPT/HCPCS         GLOVES, STERILE, PER PAIR         Yes           Q4009         CPT/HCPCS         CAST SUPPLIES, LONG ARM CAST, PEDIATRIC, FIBERGLASS         Yes           A50265         CPT/HCPCS         FOOTREST, COMPLETE ASSEMBLY, REPLACEMENT ONLY, EACH         Yes           A5061         CPT/HCPCS         OSTOMY POUCH, DRAINABLE, WITH BARRIER ATTACHEO (ONLY PICE), LACH Yes         Yes           S6423         CPT/HCPCS         GRADIENT PRESSURE AID (SLEEVE) CUSTOM MADE, HEAVY WEIGHT         Yes           Q4053         CPT/HCPCS         COLLAGEN DRESSING, STERILE, SIZE 16 SQ, IN. OR LESS, EACH         Yes           Q4029         CPT/HCPCS         COLLAGEN DRESSING, STERILE, SIZE 16 SQ, IN. OR LESS, EACH         Yes           Q4021<	K0077	CPT/HCPCS	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, REPLACEMENT	Yes
K0886         CPT/HCPCS         POWER WHEELCHAIR, GROUP A HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 30 TO 450 P         Yes           A6203         CPT/HCPCS         COMPOSITE DRESSING, STERILE, PAD SIZE 16 SQ, IN, OR LESS, WITH ANY SIZE ADMESIVE 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 GAST, PEDIATRIC, FIBERGLASS         Yes           A9255         CPT/HCPCS         CAST SUPPLIES, LONG ARM GAST, PEDIATRIC, FIBERGLASS         Yes           A9265         CPT/HCPCS         FOOTREST, COMPLETE ASSEMBLY, REPLACEMENT ONLY, EACH         Yes           A5061         CPT/HCPCS         FOOTREST, COMPLETE ASSEMBLY, REPLACEMENT ONLY, EACH         Yes           A5062         CPT/HCPCS         GOTOMY POUGH, DRAINABLE; WITH BARRIER ATTACHED (ONE PIECE), EACH Yes         Yes           A5063         CPT/HCPCS         GRADIENT PRESSURE ADI SIZEEVE; CUSTOM MADE, HEAVY WEIGHT         Yes           Q6060         CPT/HCPCS         GRADIENT PRESSURE, ADILY OR ACCESSORY FOR USE WITH AN IMPLANTED         Yes           A6021         CPT/HCPCS         GRADIENT PRESSURE, ADULT, PLASTER         Yes			ONLY, EACH	
A6203 CPTHCPCS CAST SUPPLIES, LONG ARM CAST, PEDIATRIC PILE SUSTING AND FESSING STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY YES SIZE ADHESING BORDER, FA DRESSING STERILE, PER DRESSING CPTHCPCS CAST SUPPLIES, SHORT ARM SPLINT, PEDIATRIC (0-10 YEARS), FIBERGLASS YES CAPTICLED CONTROL OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF TH	A6260	CPT/HCPCS	WOUND CLEANSERS, STERILE, ANY TYPE, ANY SIZE	Yes
A6203 CPT/HCPCS COMPOSITE DRESSING, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESING BORDER, EA DRESSING Q4024 CPT/HCPCS CAST SUPPLIES, SHORT ARM SPLINT, PEDIATRIC (0-10 YEARS), FIBERGLASS Ves  A4930 CPT/HCPCS GLOVES, STERILE, PER PAIR Q4008 CPT/HCPCS CAST SUPPLIES, LONG ARM CAST, PEDIATRIC, FIBERGLASS Ves  A4930 CPT/HCPCS CAST SUPPLIES, LONG ARM CAST, PEDIATRIC, FIBERGLASS Ves  A4930 CPT/HCPCS CAST SUPPLIES, LONG ARM CAST, PEDIATRIC, FIBERGLASS Ves  A4930 CPT/HCPCS CAST SUPPLIES, LONG ARM CAST, PEDIATRIC, FIBERGLASS Ves  A5081 CPT/HCPCS CONTRESSIONE, COMPLETE ASSEMBLY, REPLACEMENT ONLY, EACH Ves  A5081 CPT/HCPCS GRADIENT PRESSURE ALIO (SLEEVE), CUSTOM MADE, HEAVY WEIGHT Ves  A5082 CPT/HCPCS GRADIENT PRESSURE ALIO (SLEEVE), CUSTOM MADE, HEAVY WEIGHT Ves  A6021 CPT/HCPCS COLLAGEN DRESSING, STERILE, SIZE 16 SQ. IN. OR LESS, EACH Ves  A6022 CPT/HCPCS COLLAGEN DRESSING, STERILE, SIZE 16 SQ. IN. OR LESS, EACH Ves  A6023 CPT/HCPCS COLLAGEN DRESSING, STERILE, SIZE 16 SQ. IN. OR LESS, EACH Ves  A6024 CPT/HCPCS COLLAGEN DRESSING, STERILE, SIZE 16 SQ. IN. OR LESS, EACH Ves  A6025 CPT/HCPCS POOTREST, UPPER HANGER BRACKET, REPLACEMENT ONLY, EACH Ves  A6026 CPT/HCPCS POOTREST, UPPER HANGER BRACKET, REPLACEMENT ONLY, EACH Ves  A6027 CPT/HCPCS COLLAGEN DRESSING, STERILE, SIZE 16 SQ. IN. OR LESS, EACH Ves  A6028 CPT/HCPCS POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, MULTIPLE POWER VES  A6029 CPT/HCPCS CAST SUPPLIES, LONG LEG CAST, ADULT, PLASTER VES  A6030 CPT/HCPCS CAST SUPPLIES, LONG LEG CAST, ADULT, PLASTER VES  A6040 CPT/HCPCS CAST SUPPLIES, LONG LEG CAST, ADULT, PLASTER VES  A7527 CPT/HCPCS POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, SUNG'SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS  A7527 CPT/HCPCS POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, VES  A7527 CPT/HCPCS POWER WHEELCHAIR, TOT OTHERWISE CLASSIFIED  A7528 CPT/HCPCS POWER BACK BASE FOR USE WITH ELECTRIC VENTRICULAR ASSIST DEVICE, VES  A7529 CPT/HCPCS COLLAGENCE CONTROL UNIT FOR USE WITH ELECTRIC/PNEUMATI	K0886	CPT/HCPCS	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, MULTIPLE POWER OPTION,	Yes
SIZE ADHESIVE BORDER, EA DRESSING			SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 P	
SIZE ADHESIVE BORDER, EA DRESSING				
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           A5061         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           Q6068         CPT/HCPCS         MISCELLANEOUS SUPPLY OR ACCESSORY FOR USE WITH AN IMPLANTED         Yes           VERSIONAL ORDINARY OF THE CONTROL OF THE CAST AND ASSISTATION OF THE CAST AND ASSISTATION OF THE CAST AND ASSISTATION OF THE CAST AND ASSISTATION OF THE CAST AND ASSISTATION OF THE CAST AND ASSISTATION OF THE CAST AND ASSISTATION OF THE CAST AND ASSISTATION OF THE CAST AND ASSISTATION OF THE CAST AND ASSISTATION OF THE CAST AND ASSISTATION OF THE CAST AND ASSISTATION OF THE CAST AND ASSISTATION OF THE CAST AND ASSISTATION OF THE CAST AND ASSISTATION OF THE CAST AND ASSISTATION OF THE CAST AND ASSISTATION OF THE CAST AND ASSISTATION OF THE CAST AND ASSISTATION OF THE CAST AND ASSISTATION OF THE CAST AND ASSISTATION OF THE CAST AND ASSISTATION OF THE CAST AND ASSISTATION OF THE CAST AND ASSISTATION OF THE CAST AND ASSISTATION OF THE CAST AND	A6203	CPT/HCPCS		Yes
Add   CPT/HCPCS				
Q4008         CPT/HCPCS         CAST SUPPLIES, LONG ARM CAST, PEDIATRIC, FIBERGLASS         Yes           A9285         CPT/HCPCS         INVERSION/EVERSION CORRECTION DEVICE         Yes           A5061         CPT/HCPCS         FOOTREST, COMPLETE ASSEMBLY, REPLACEMENT ONLY, EACH         Yes           A5061         CPT/HCPCS         GRADIENT PRESSURE AID (SLEEVE) CUSTOM MADE, HEAVY WEIGHT         Yes           S8423         CPT/HCPCS         GRADIENT PRESSURE AID (SLEEVE) CUSTOM MADE, HEAVY WEIGHT         Yes           Q50508         CPT/HCPCS         GRADIENT PRESSURE AID (SLEEVE) CUSTOM MADE, HEAVY WEIGHT         Yes           Q60508         CPT/HCPCS         MISCELLANEOUS SUPPLY OR ACCESSORY FOR USE WITH AN IMPLANTED         Yes           Q4029         CPT/HCPCS         MISCELLANEOUS SUPPLY OR ACCESSORY FOR USE WITH AN IMPLANTED         Yes           Q4029         CPT/HCPCS         CAST SUPPLIES, LONG LEG CAST, ADULT, PLASTER         Yes           K0640         CPT/HCPCS         CAST SUPPLIES, LONG LEG CAST, ADULT, PLASTER         Yes           K0863         CPT/HCPCS         POWER WHEELCHAIR, GROUP 2 STANDARD, SINOLE 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	Q4024	CPT/HCPCS	CAST SUPPLIES, SHORT ARM SPLINT, PEDIATRIC (0-10 YEARS), FIBERGLASS	Yes
Q4008         CPT/HCPCS         CAST SUPPLIES, LONG ARM CAST, PEDIATRIC, FIBERGLASS         Yes           A9285         CPT/HCPCS         INVERSION/EVERSION CORRECTION DEVICE         Yes           A5061         CPT/HCPCS         FOOTREST, COMPLETE ASSEMBLY, REPLACEMENT ONLY, EACH         Yes           A5061         CPT/HCPCS         GRADIENT PRESSURE AID (SLEEVE) CUSTOM MADE, HEAVY WEIGHT         Yes           S8423         CPT/HCPCS         GRADIENT PRESSURE AID (SLEEVE) CUSTOM MADE, HEAVY WEIGHT         Yes           Q50508         CPT/HCPCS         GRADIENT PRESSURE AID (SLEEVE) CUSTOM MADE, HEAVY WEIGHT         Yes           Q60508         CPT/HCPCS         MISCELLANEOUS SUPPLY OR ACCESSORY FOR USE WITH AN IMPLANTED         Yes           Q4029         CPT/HCPCS         MISCELLANEOUS SUPPLY OR ACCESSORY FOR USE WITH AN IMPLANTED         Yes           Q4029         CPT/HCPCS         CAST SUPPLIES, LONG LEG CAST, ADULT, PLASTER         Yes           K0640         CPT/HCPCS         CAST SUPPLIES, LONG LEG CAST, ADULT, PLASTER         Yes           K0863         CPT/HCPCS         POWER WHEELCHAIR, GROUP 2 STANDARD, SINOLE 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			1	
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 COSTOMY POUCH, DRAINABLE; WITH BARRIER ATTACHED (ONE PIECE), EACH Yes  S8423 CPT/HCPCS GRADIENT PRESSURE AID (SLEEVE) CUSTOM MADE, HEAVY WEIGHT YES COSTOMY POUCH, DRAINABLE; WITH BARRIER ATTACHED (ONE PIECE), EACH YES COSTOMY POUCH, DRAINABLE; WITH BARRIER ATTACHED (ONE PIECE), EACH YES COSTOMY POUCH, DRAINABLE; WITH BARRIER ATTACHED (ONE PIECE), EACH YES COSTOMY POUCH, DRAINABLE; WITH BARRIER ATTACHED (ONE PIECE), EACH YES COSTOMY POUCH, DRAINABLE; WITH BARRIER ATTACHED (ONE PIECE), EACH YES COSTOMY POUCH, DRAINABLE; WITH BARRIER ATTACHED (ONE PIECE), EACH YES COSTOMY POUCH, DRAINABLE; WITH BARRIER ATTACHED (ONE PIECE), EACH YES COSTOMY POUCH ONE PIECE) COSTOMY POUCH ONE PIECE, CAST SUPPLIES, LONG LEG CAST, ADULT, PLASTER YES COSTOMY POUCH WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, MULTIPLE POWER OPTION, COSTOMY POUNDS COSTOMY POUCH WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, COSTOMY POUNDS COSTOMY POUCH ONE POUCH ONE POUCH OF THE PIECE POWER OPTION, COSTOMY POUCH ONE POWER WHEELCHAIR, OROUP 2 STANDARD, SINGLE POWER OPTION, COSTOMY POUCH ONE POUCH ONE POUCH ONE POUCH ON TO AND INCLUDING 300 POUNDS COSTOMY POUCH ONE POUCH ONE POUCH ON TO AND INCLUDING 300 POUNDS COSTOMY POUCH ONE POUCH ONE POUCH ON TO AND INCLUDING 300 POUNDS COSTOMY POUCH ONE POUCH ON TO SEE WITH ELECTRIC VENTRICULAR ASSIST DEVICE, COSTOMY TUBE PLUG/STOP, EACH VES COSTOMY POUCH WHEELCHAIR, NOT OTHERWISE CLASSIFIED VES COSTOMY POUCH WHEELCHAIR, NOT OTHERWISE CLASSIFIED VES COSTOMY POUCH WHEELCHAIR, NOT OTHERWISE CLASSIFIED VES COSTOMY POUCH WHEELCHAIR, NOT OTHERWISE CLASSIFIED VES COSTOMY POUCH WHEELCHAIR, NOT OTHERWISE CLASSIFIED VES COSTOMY POUCH ON THE POUCH ON THE PUBLICATION POUCH ON THE PUBLICATION POUCH ON THE PUBLICATION POUCH ON THE PUBLICATION POU		_		
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         Yes           WENTRICULAR ASSIST DEVICE         COLLAGEN DRESSING, STERILE, SIZE 16 SQ. IN. OR LESS, EACH         Yes           Q4029         CPT/HCPCS         COLLAGEN DRESSING, STERILE, SIZE 16 SQ. IN. OR LESS, EACH         Yes           Q4029         CPT/HCPCS         COLTREST, UPPER HANGER BRACKET, REPLACEMENT ONLY, EACH         Yes           Q4029         CPT/HCPCS         FOOTREST, UPPER HANGER BRACKET, REPLACEMENT ONLY, EACH         Yes           Q8210         CPT/HCPCS         MUCUS TRAP         Yes           R0863         CPT/HCPCS         MUCUS TRAP         Yes           Q4033         CPT/HCPCS         CAST SUPPLIES, LONG LEG CYLINDER CAST, ADULT, PLASTER         Yes           R0835         CPT/HCPCS         CAST SUPPLIES, LONG LEG CYLINDER CAST, ADULT, PLASTER         Yes           Q4018         CPT/HCPCS         CAST SUPPLIES, LONG RAM SPLINT, ADULT, FIBERGLASS         Yes <td< td=""><td></td><td></td><td></td><td></td></td<>				
AS061 CPT/HCPCS OSTOMY POUCH, DRAINABLE; WITH BARRIER ATTACHED (ONE PIECE), EACH YES  S8423 CPT/HCPCS GRADIENT PRESSURE AID (SLEEVE) CUSTOM MADE, HEAVY WEIGHT YES  WENTRICULAR ASSIST DEVICE  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  S8220 CPT/HCPCS POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, MULTIPLE POWER  QFOUNDS  QFOUNDS  QFOUNDS  QFOUNDS  CPT/HCPCS POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION,  SLING/SOULD SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND  INCLUDING 30 POUNDS  QFOUNDS  CPT/HCPCS POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION,  SLING/SOULD SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND  INCLUDING 300 POUNDS  QFOUNDS  QFOU				
S8423 CPT/HCPCS GRADIENT PRESSURE AID (SLEEVE) CUSTOM MADE, HEAVY WEIGHT YES  Q0508 CPT/HCPCS MISCELLANEOUS SUPPLY OR ACCESSORY FOR USE WITH AN IMPLANTED YES  VENTRICULAR ASSIST DEVICE  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  Q4033 CPT/HCPCS CAST SUPPLIES, LONG LEG CYLINDER CAST, ADULT, PLASTER YES  K0835 CPT/HCPCS CAST SUPPLIES, LONG LEG CYLINDER CAST, ADULT, PLASTER YES  K0835 CPT/HCPCS CAST SUPPLIES, LONG LEG CYLINDER CAST, ADULT, PLASTER YES  Q0488 CPT/HCPCS CAST SUPPLIES, LONG LEG CYLINDER CAST, ADULT, PLASTER YES  Q0488 CPT/HCPCS CAST SUPPLIES, LONG ARM SPLINT, ADULT, FIBERGLASS YES  K0839 CPT/HCPCS TACHER CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONST				
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           A6022         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         MUCUS TRAP         Yes           C04033         CPT/HCPCS         CAST SUPPLIES, LONG LEG CYLINDER CAST, ADULT, PLASTER         Yes           K0835         CPT/HCPCS         CAST SUPPLIES, LONG LEG CYLINDER CAST, ADULT, PLASTER         Yes           K0835         CPT/HCPCS         CAST SUPPLIES, LONG LEG CYLINDER CAST, ADULT, PLASTER         Yes           K0835         CPT/HCPCS         CAST SUPPLIES, LONG ARM SPLINT, ADULT, FIBERGLASS         Yes           Q0418         CPT/HCPCS         CAST SUPPLIES, LONG ARM SPLINT, ADULT, FIBERGLASS         Yes           Q0488         CPT/HCPCS         CPWER PACK BASE FOR USE WITH ELECTRIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY         Yes           R0527         CPT/HCPCS         TRACHEOSTOMY/LARYNGECTOMY TUBE PLUG/STOP, EACH         Yes     <	A3001	CF1/HCFC3	OSTOPH FOOCH, DRAINABLE, WITH BARRIER ATTACHED (ONE FIECE), EACH	165
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           A6022         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         MUCUS TRAP         Yes           C04033         CPT/HCPCS         CAST SUPPLIES, LONG LEG CYLINDER CAST, ADULT, PLASTER         Yes           K0835         CPT/HCPCS         CAST SUPPLIES, LONG LEG CYLINDER CAST, ADULT, PLASTER         Yes           K0835         CPT/HCPCS         CAST SUPPLIES, LONG LEG CYLINDER CAST, ADULT, PLASTER         Yes           K0835         CPT/HCPCS         CAST SUPPLIES, LONG ARM SPLINT, ADULT, FIBERGLASS         Yes           Q0418         CPT/HCPCS         CAST SUPPLIES, LONG ARM SPLINT, ADULT, FIBERGLASS         Yes           Q0488         CPT/HCPCS         CPWER PACK BASE FOR USE WITH ELECTRIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY         Yes           R0527         CPT/HCPCS         TRACHEOSTOMY/LARYNGECTOMY TUBE PLUG/STOP, EACH         Yes     <	\$8423	CPT/HCPCS	GRADIENT PRESSURE AID (SLEEVE) CLISTOM MADE, HEAVY WEIGHT	Vas
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 X0044 CPT/HCPCS FOOTREST, UPPER HANGER BRACKET, REPLACEMENT ONLY, EACH YES X0210 CPT/HCPCS MUCUS TRAP YES X0863 CPT/HCPCS POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS X0863 CPT/HCPCS CAST SUPPLIES, LONG LEG CYLINDER CAST, ADULT, PLASTER YES X0835 CPT/HCPCS CAST SUPPLIES, LONG LEG CYLINDER CAST, ADULT, PLASTER YES X0835 CPT/HCPCS POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS X010G/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS X04018 CPT/HCPCS CAST SUPPLIES, LONG ARM SPLINT, ADULT, FIBERGLASS YES X0608 CPT/HCPCS POWER PACK BASE FOR USE WITH ELECTRIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY X7527 CPT/HCPCS TRACHEOSTOMY/LARYNGECTOMY TUBE PLUG/STOP, EACH YES X06080 CPT/HCPCS POWER WHEELCHAIR, NOT OTHERWISE CLASSIFIED YES X06080 CPT/HCPCS MICROPROCESSOR CONTROL UNIT FOR USE WITH ELECTRIC/PNEUMATIC COMBINATION VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY X650 CPT/HCPCS TRACHEOSTOMY/LARYNGECTOMY TUBE PLUG/STOP, EACH YES X0604 CPT/HCPCS TRACHEOSTOMY/LARYNGECTOMY TUBE PLUG/STOP, EACH YES X0604 CPT/HCPCS TRACHEOSTOMY/LARYNGECTOMY TUBE PLUG/STOP, EACH YES X0604 CPT/HCPCS TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE X1040 CPT/HCPCS CRANIAL REMOLDING ORTHOSIS, PEDIATRIC, RIGID, WITH SOFT INTERFACE X1040 CPT/HCPCS CRANIAL REMOLDING ORTHOSIS, PEDIATRIC, RIGID, WITH SOFT INTERFACE X1040 CPT/HCPCS CRANIAL REMOLDING ORTHOSIS, PEDIATRIC, RIGID, WITH SOFT INTERFACE X1040 CPT/HCPCS CRANIAL REMOLDING ORTHOSIS, PEDIATRIC, RIGID, WITH SOFT INTERFACE X1040 CPT/HCPCS CRANIAL REMOLDING ORTHOSIS, PEDIATRIC, RIGID, WITH SOFT INTERFACE X1040 CPT/HCPCS CRANIAL REMOLDING ORTHOSIS, PEDIATRIC, RIGID, WITH SOFT INTERFACE				
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 82210 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 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 Q4018 CPT/HCPCS CAST SUPPLIES, LONG ARM SPLINT, ADULT, FIBERGLASS YES REPLACEMENT ONLY A7527 CPT/HCPCS POWER PACK BASE FOR USE WITH ELECTRIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY A7527 CPT/HCPCS TRACHEOSTOMY/LARYNGECTOMY TUBE PLUG/STOP, EACH YES COMBINATION VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY A4604 CPT/HCPCS TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE AIRWAY PRESSURE DEVICE, REPLACEMENT ONLY A4604 CPT/HCPCS CANAILA REMOLDING ORTHOSIS, PEDIATRIC, RIGID, WITH SOFT INTERFACE MATERIAL	Quous			
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         VES       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       CAST SUPPLIES, LONG LEG CYLINDER CAST, ADULT, PLASTER       Yes         SING/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       POWER WHEELCHAIR, NOT OTHERWISE CLASSIFIED       Yes         Q0482       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	A6021	CPT/HCPCS		Yes
K0044       CPT/HCPCS       FOOTREST, UPPER HANGER BRACKET, REPLACEMENT ONLY, EACH       Yes         88210       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 MATERI				
S8210 CPT/HCPCS MUCUS TRAP  K0863 CPT/HCPCS POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS  Q4033 CPT/HCPCS CAST SUPPLIES, LONG LEG CYLINDER CAST, ADULT, PLASTER  K0835 CPT/HCPCS POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS  Q4018 CPT/HCPCS CAST SUPPLIES, LONG ARM SPLINT, ADULT, FIBERGLASS  Q4088 CPT/HCPCS POWER PACK BASE FOR USE WITH ELECTRIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY  A7527 CPT/HCPCS POWER WHEELCHAIR, NOT OTHERWISE CLASSIFIED  Q0482 CPT/HCPCS MICROPROCESSOR CONTROL UNIT FOR USE WITH ELECTRIC/PNEUMATIC COMBINATION VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY  A4604 CPT/HCPCS TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE  S1040 CPT/HCPCS CRANIAL REMOLDING ORTHOSIS, PEDIATRIC, RIGID, WITH SOFT INTERFACE MATERIAL  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Ye				
K0863 CPT/HCPCS POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS  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  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  A7527 CPT/HCPCS TRACHEOSTOMY/LARYNGECTOMY TUBE PLUG/STOP, EACH YES  K0898 CPT/HCPCS MICROPROCESSOR CONTROL UNIT FOR USE WITH ELECTRIC/PNEUMATIC COMBINATION VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY  A4604 CPT/HCPCS TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE  S1040 CPT/HCPCS CRANIAL REMOLDING ORTHOSIS, PEDIATRIC, RIGID, WITH SOFT INTERFACE YES  MATERIAL				
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  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  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  A4604 CPT/HCPCS TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE  S1040 CPT/HCPCS CRANIAL REMOLDING ORTHOSIS, PEDIATRIC, RIGID, WITH SOFT INTERFACE MATERIAL				
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  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  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  A4604 CPT/HCPCS TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE  S1040 CPT/HCPCS CRANIAL REMOLDING ORTHOSIS, PEDIATRIC, RIGID, WITH SOFT INTERFACE YES MATERIAL			OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600	
K0835 CPT/HCPCS POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS  Q4018 CPT/HCPCS CAST SUPPLIES, LONG ARM SPLINT, ADULT, FIBERGLASS Q0488 CPT/HCPCS POWER PACK BASE FOR USE WITH ELECTRIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY  A7527 CPT/HCPCS TRACHEOSTOMY/LARYNGECTOMY TUBE PLUG/STOP, EACH 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  A4604 CPT/HCPCS TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE S1040 CPT/HCPCS CRANIAL REMOLDING ORTHOSIS, PEDIATRIC, RIGID, WITH SOFT INTERFACE MATERIAL			POUNDS	
SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS  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  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  A4604 CPT/HCPCS TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE  S1040 CPT/HCPCS CRANIAL REMOLDING ORTHOSIS, PEDIATRIC, RIGID, WITH SOFT INTERFACE MATERIAL	Q4033	CPT/HCPCS	CAST SUPPLIES, LONG LEG CYLINDER CAST, ADULT, PLASTER	Yes
INCLUDING 300 POUNDS	K0835	CPT/HCPCS	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION,	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 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  A4604 CPT/HCPCS TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE S1040 CPT/HCPCS CRANIAL REMOLDING ORTHOSIS, PEDIATRIC, RIGID, WITH SOFT INTERFACE YES MATERIAL			SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND	
Q0488 CPT/HCPCS POWER PACK BASE FOR USE WITH ELECTRIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY  A7527 CPT/HCPCS TRACHEOSTOMY/LARYNGECTOMY TUBE PLUG/STOP, EACH  K0898 CPT/HCPCS POWER WHEELCHAIR, NOT OTHERWISE CLASSIFIED  Q0482 CPT/HCPCS MICROPROCESSOR CONTROL UNIT FOR USE WITH ELECTRIC/PNEUMATIC COMBINATION VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY  A4604 CPT/HCPCS TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE  S1040 CPT/HCPCS CRANIAL REMOLDING ORTHOSIS, PEDIATRIC, RIGID, WITH SOFT INTERFACE MATERIAL			INCLUDING 300 POUNDS	
REPLACEMENT ONLY  A7527 CPT/HCPCS TRACHEOSTOMY/LARYNGECTOMY TUBE PLUG/STOP, EACH  K0898 CPT/HCPCS POWER WHEELCHAIR, NOT OTHERWISE CLASSIFIED  Q0482 CPT/HCPCS MICROPROCESSOR CONTROL UNIT FOR USE WITH ELECTRIC/PNEUMATIC COMBINATION VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY  A4604 CPT/HCPCS TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE  S1040 CPT/HCPCS CRANIAL REMOLDING ORTHOSIS, PEDIATRIC, RIGID, WITH SOFT INTERFACE MATERIAL  Yes  Yes	Q4018	CPT/HCPCS	CAST SUPPLIES, LONG ARM SPLINT, ADULT, FIBERGLASS	Yes
A7527 CPT/HCPCS TRACHEOSTOMY/LARYNGECTOMY TUBE PLUG/STOP, EACH  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  A4604 CPT/HCPCS TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE  S1040 CPT/HCPCS CRANIAL REMOLDING ORTHOSIS, PEDIATRIC, RIGID, WITH SOFT INTERFACE MATERIAL  Yes  Yes	Q0488	CPT/HCPCS	POWER PACK BASE FOR USE WITH ELECTRIC VENTRICULAR ASSIST DEVICE,	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			REPLACEMENT ONLY	
Q0482 CPT/HCPCS MICROPROCESSOR CONTROL UNIT FOR USE WITH ELECTRIC/PNEUMATIC COMBINATION VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY  A4604 CPT/HCPCS TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE  S1040 CPT/HCPCS CRANIAL REMOLDING ORTHOSIS, PEDIATRIC, RIGID, WITH SOFT INTERFACE MATERIAL  Yes  Yes	A7527	CPT/HCPCS	TRACHEOSTOMY/LARYNGECTOMY TUBE PLUG/STOP, EACH	Yes
COMBINATION VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY  A4604 CPT/HCPCS TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE  S1040 CPT/HCPCS CRANIAL REMOLDING ORTHOSIS, PEDIATRIC, RIGID, WITH SOFT INTERFACE Yes MATERIAL	K0898	CPT/HCPCS	,	Yes
A4604 CPT/HCPCS TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE  S1040 CPT/HCPCS CRANIAL REMOLDING ORTHOSIS, PEDIATRIC, RIGID, WITH SOFT INTERFACE MATERIAL  Yes  MATERIAL	Q0482	CPT/HCPCS		Yes
AIRWAY PRESSURE DEVICE  S1040 CPT/HCPCS CRANIAL REMOLDING ORTHOSIS, PEDIATRIC, RIGID, WITH SOFT INTERFACE Yes  MATERIAL			COMBINATION VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	
AIRWAY PRESSURE DEVICE  S1040 CPT/HCPCS CRANIAL REMOLDING ORTHOSIS, PEDIATRIC, RIGID, WITH SOFT INTERFACE Yes  MATERIAL				
S1040 CPT/HCPCS CRANIAL REMOLDING ORTHOSIS, PEDIATRIC, RIGID, WITH SOFT INTERFACE Yes  MATERIAL	A4604	CPT/HCPCS		Yes
MATERIAL	_	1		
	S1040	CPT/HCPCS		Yes
A5053   CPT/HCPCS   OSTOMY POUCH, CLOSED; FOR USE ON FACEPLATE, EACH   Yes	1.5	<b></b>		
	A5053	CP1/HCPCS	JOSTOMY POUCH, CLOSED; FOR USE ON FACEPLATE, EACH	Yes

A6545			
	CPT/HCPCS	GRADIENT COMPRESSION WRAP, NON-ELASTIC, BELOW KNEE 30-50	Yes
		MMHG, USED AS A SURGICAL DRESSING, EACH	
A4615	CPT/HCPCS	CANNULA, NASAL	Yes
A6209	CPT/HCPCS	FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS,	Yes
A0200	01 1/1101 03	WITHOUT ADHESIVE BORDER, EA DRESSING	103
00500	ODT/ILIODOG		V
Q0502	CPT/HCPCS	MOBILITY CART FOR PNEUMATIC VENTRICULAR ASSIST DEVICE,	Yes
		REPLACEMENT ONLY	
A7018	CPT/HCPCS	WATER, DISTILLED, USED WITH LARGE VOLUME NEBULIZER 1000ML	Yes
K0855	CPT/HCPCS	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, CAPTAINS CHAIR,	Yes
		PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	
K0745	CPT/HCPCS	ABSORPTIVE WOUND DRESSING FOR USE WITH SUCTION PUMP, HOME	Yes
		MODEL, PORTABLE, PAD SIZE MORE THAN 16 SQUARE INCHES BUT LESS	
		THAN OR EQUAL TO 48 SQUARE IN+	
K0746	CPT/HCPCS	ABSORPTIVE WOUND DRESSING FOR USE WITH SUCTION PUMP, HOME	Yes
110740	01 171101 00	MODEL, PORTABLE, PAD SIZE GREATER THAN 48 SQUARE INCHES	
		PIODEL, PONTABLE, PAD SIZE GNEATEN THAN 40 SQUARE INCHES	
\/F000	ODT// 10000	DATTERY FOR LISE IN LIFARING DELVICE	lv.
V5266	CPT/HCPCS	BATTERY FOR USE IN HEARING DEVICE	Yes
K0851	CPT/HCPCS	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, CAPTAINS CHAIR, PATIENT	Yes
		WEIGHT CAPACITY 301 TO 450 POUNDS	
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	Yes
· · · · · ·		EQUAL TO 48 SQ.IN., EA DRESSING	
B4220	CPT/HCPCS	PARENTERAL NUTRITION SUPPLY KIT; PREMIX, PER DAY	Yes
B5100	CPT/HCPCS	PARENTERAL NUTRITION SOLUTION: COMPOUNDED AMINO ACID AND	Yes
D3100	CF1/HCFC3		ites
		CARBOHYDRATES WITH ELECTROLYTES, TRACE ELEMENTS, AND VITAMINS	
B4087	CPT/HCPCS	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MAT, ANY TYPE, EACH	Yes
A7020	CPT/HCPCS	INTERFACE FOR COUGH STIMULATING DEVICE, INCLUDES ALL	Yes
		COMPONENTS, REPLACEMENT ONLY	
A6441	CPT/HCPCS	PADDING BANDAGE, NON-ELASTIC, NON-WOVEN/NON-KNITTED, WIDTH	Yes
		GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE IN	
		ONE THE REPORT OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY	
S8999	CPT/HCPCS	RESUSCITATION BAG (FOR USE BY PATIENT ON ARTIFICIAL RESPIRATION	Yes
36999	CP1/HCPC3	· ·	res
		DURING POWER FAILURE OR OTHER CATASTROPHIC EVENT)	
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	Yes
		ML = 1 UNIT) - HOMEMIX	
B4104	CPT/HCPCS	ADDITIVE FOR ENTERAL FORMULA	Yes
B4158	CPT/HCPCS	ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE	Yes
		WITHINTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VI	
A9281	CPT/HCPCS	REACHING/GRABBING DEVICE, ANY TYPE, ANY LENGTH, EACH	Yes
A5510	CPT/HCPCS	DIABETICS ONLY, DIRECT FORMED, COMPRESSION MOLDED TO	Yes
70010	OF 1/110F03		103
٨٥٢٥٥	ODT//LODGS	PATIENTFOOT WITHOUT HEAT SOURCE, PREFABRICATED, PER SHOE	Voc
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,	Yes
		WIDTHLESS THAN THREE INCHES, PER YARD	
A 4050	CPT/HCPCS	BLOOD KETONE TEST OR REAGENT STRIP, EACH	Yes
A4252	CPT/HCPCS	STANDARD SIZE FOOTPLATE, REPLACEMENT ONLY, EACH	Yes
	101 1/11/11/11	1	
K0042		GALIZE IMPREGNATED WATER OR NORMAL SALINE PAD SIZE MORE THANIA	Yes
	CPT/HCPCS	GAUZE, IMPREGNATED WATER OR NORMAL SALINE PAD SIZE MORE THAN 16	Yes
K0042 A6229	CPT/HCPCS	SQ IN. BUT LESS THAN OR EQUAL TO 48 SQ IN., W/O ADHESIVE	
K0042 A6229 A9280	CPT/HCPCS  CPT/HCPCS	SQ IN. BUT LESS THAN OR EQUAL TO 48 SQ IN., W/O ADHESIVE ALERT OR ALARM DEVICE, NOT OTHERWISE CLASSIFIED	Yes
K0042 A6229 A9280 A9284	CPT/HCPCS CPT/HCPCS CPT/HCPCS	SQ IN. BUT LESS THAN OR EQUAL TO 48 SQ IN., W/O ADHESIVE ALERT OR ALARM DEVICE, NOT OTHERWISE CLASSIFIED SPIROMETER, NON-ELECTRONIC, INCLUDES ALL ACCESSORIES	Yes Yes
K0042 A6229 A9280	CPT/HCPCS  CPT/HCPCS	SQ IN. BUT LESS THAN OR EQUAL TO 48 SQ IN., W/O ADHESIVE  ALERT OR ALARM DEVICE, NOT OTHERWISE CLASSIFIED  SPIROMETER, NON-ELECTRONIC, INCLUDES ALL ACCESSORIES  GAUZE, IMPREGNATED, HYDROGEL FOR DIRECT WOUND CONTACT PAD	Yes
K0042 A6229 A9280 A9284	CPT/HCPCS CPT/HCPCS CPT/HCPCS	SQ IN. BUT LESS THAN OR EQUAL TO 48 SQ IN., W/O ADHESIVE ALERT OR ALARM DEVICE, NOT OTHERWISE CLASSIFIED SPIROMETER, NON-ELECTRONIC, INCLUDES ALL ACCESSORIES	Yes Yes
K0042 A6229 A9280 A9284	CPT/HCPCS CPT/HCPCS CPT/HCPCS	SQ IN. BUT LESS THAN OR EQUAL TO 48 SQ IN., W/O ADHESIVE  ALERT OR ALARM DEVICE, NOT OTHERWISE CLASSIFIED  SPIROMETER, NON-ELECTRONIC, INCLUDES ALL ACCESSORIES  GAUZE, IMPREGNATED, HYDROGEL FOR DIRECT WOUND CONTACT PAD	Yes Yes
K0042 A6229 A9280 A9284	CPT/HCPCS CPT/HCPCS CPT/HCPCS	SQ IN. BUT LESS THAN OR EQUAL TO 48 SQ IN., W/O ADHESIVE  ALERT OR ALARM DEVICE, NOT OTHERWISE CLASSIFIED  SPIROMETER, NON-ELECTRONIC, INCLUDES ALL ACCESSORIES  GAUZE, IMPREGNATED, HYDROGEL FOR DIRECT WOUND CONTACT PAD	Yes Yes
A9280 A9284 A6232	CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS	SQ IN. BUT LESS THAN OR EQUAL TO 48 SQ IN., W/O ADHESIVE ALERT OR ALARM DEVICE, NOT OTHERWISE CLASSIFIED SPIROMETER, NON-ELECTRONIC, INCLUDES ALL ACCESSORIES GAUZE, IMPREGNATED, HYDROGEL FOR DIRECT WOUND CONTACT PAD SIZE, GREATER THAN 16SQ INCHES, LESS THAN 48SQ INCHES, EACH	Yes Yes Yes
A9280 A9284 A6232	CPT/HCPCS CPT/HCPCS CPT/HCPCS CPT/HCPCS	SQ IN. BUT LESS THAN OR EQUAL TO 48 SQ IN., W/O ADHESIVE ALERT OR ALARM DEVICE, NOT OTHERWISE CLASSIFIED SPIROMETER, NON-ELECTRONIC, INCLUDES ALL ACCESSORIES GAUZE, IMPREGNATED, HYDROGEL FOR DIRECT WOUND CONTACT PAD SIZE, GREATER THAN 16SQ INCHES, LESS THAN 48SQ INCHES, EACH REPLACEMENT BATTERIES, MEDICALLY NECESSARY, TRANSCUTANEOUS	Yes Yes Yes
A9280 A9284 A6232 A4630	CPT/HCPCS  CPT/HCPCS  CPT/HCPCS  CPT/HCPCS  CPT/HCPCS	SQ IN. BUT LESS THAN OR EQUAL TO 48 SQ IN., W/O ADHESIVE ALERT OR ALARM DEVICE, NOT OTHERWISE CLASSIFIED SPIROMETER, NON-ELECTRONIC, INCLUDES ALL ACCESSORIES GAUZE, IMPREGNATED, HYDROGEL FOR DIRECT WOUND CONTACT PAD SIZE, GREATER THAN 16SQ INCHES, LESS THAN 48SQ INCHES, EACH REPLACEMENT BATTERIES, MEDICALLY NECESSARY, TRANSCUTANEOUS ELECTRICAL STIMULATOR, OWNED BY PATIENT	Yes Yes Yes Yes Yes
A9280 A9284 A6232 A4630	CPT/HCPCS  CPT/HCPCS  CPT/HCPCS  CPT/HCPCS	SQ IN. BUT LESS THAN OR EQUAL TO 48 SQ IN., W/O ADHESIVE ALERT OR ALARM DEVICE, NOT OTHERWISE CLASSIFIED SPIROMETER, NON-ELECTRONIC, INCLUDES ALL ACCESSORIES GAUZE, IMPREGNATED, HYDROGEL FOR DIRECT WOUND CONTACT PAD SIZE, GREATER THAN 16SQ INCHES, LESS THAN 48SQ INCHES, EACH REPLACEMENT BATTERIES, MEDICALLY NECESSARY, TRANSCUTANEOUS ELECTRICAL STIMULATOR, OWNED BY PATIENT PEAK EXPIRATORY FLOW RATE METER HAND HELD	Yes Yes Yes Yes

A6502	CPT/HCPCS	COMPRESSION BURN GARMENT, CHIN STRAP, CUSTOM FABRICATED	Yes
A9279	CPT/HCPCS	MONITORING FEATURE/DEVICE, STAND-ALONE/INTEGRATED, ANY TYPE,	Yes
		INCL ALL ACCESSORIES, COMPONENTS AND ELECTRONICS, NOT OTHER	
Q4034	CPT/HCPCS	CAST SUPPLIES, LONG LEG CYLINDER CAST, ADULT, FIBERGLASS	Yes
A6501	CPT/HCPCS	COMPRESSION BURN GARMENT, BODYSUIT (HEAD TO FOOT), CUSTOM	Yes
		FABRICATED	
L0112	CPT/HCPCS	CRANIAL CERVICAL ORTHOSIS, CONGENITAL TORTICOLLIS TYPE, WITHOR	Yes
	GF 1/11GF G3		163
		WITHOUT SOFT INTERFACE MATERIAL, ADJUSTABLE RANGE OF MOTI	
			1
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,	Yes
		GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE IN	
A6247	CPT/HCPCS	HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48	Yes
		SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EA DRESSING	
K0602	CPT/HCPCS	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY	Yes
		PATIENT, SILVER OXIDE, 3 VOLT EACH	
A7520	CPT/HCPCS	TRACHEOSTOMY/LARYNGECTOMY TUBE, NON-CUFFED,	Yes
5_5		POLYVINYLCHLORIDE (PVC), SILICONE OR EQUAL, EACH	
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	Yes
	0.57.11.00.00	ULTRASONIC NEBULIZER	
A4565	CPT/HCPCS	SLINGS	Yes
K0814	CPT/HCPCS	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR,	Yes
		PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	
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	Yes
		SQ. IN., WITHOUT ADHESIVE BORDER, EA DRESSING	
A7503	CPT/HCPCS	FILTER HOLDER OR FILTER CAP, REUSABLE, FOR USE IN A	Yes
		TRACHEOSTOMA HEAT MOISTURE EXCHANGE SYSTEM	
Q0509	CPT/HCPCS	MISCELLANEOUS SUPPLY OR ACCESSORY FOR USE WITH ANY IMPLANTED	Yes
20000	0. 171101 00	VENTRICULAR ASSIST DEVICE FOR WHICH PAYMENT WAS NOT MADE UN	
		VENTILICOLAR ASSIST DEVICE FOR WHICH FATHERY WAS NOT PIADE ON	
A6410	CPT/HCPCS	EYE PAD, STERILE, EACH	Yes
A6512	CPT/HCPCS		Yes
	_	COMPRESSION BURN GARMENT, NOT OTHERWISE CLASSIFIED	
A6010	CPT/HCPCS	COLLAGEN BASED WOUND FILLER, DRY FORM, STERILE, PER GRAM OF	Yes
		COLLAGEN	
K0861	CPT/HCPCS	POWER WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTION,	Yes
		SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND	
		INCLUDING 300 POUNDS	
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	Yes
		SPECIFIED	
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,	Yes
		EACH	
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	
<u> </u>	ļ	1	ļ

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.,	Yes
7.0221	01 171101 00	WITH ANY SIZE ADHESIVE BORDER EACH DRESSING	
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
		•	<del>.</del>

_			
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	Yes
		FEEDBACK LOOP LEADS AND ALL IMPLANTABLE COMPONENTS, WITH RECHA	
C1834	CPT/HCPCS	PRESSURE SENSOR SYSTEM, INCLUDES ALL	Yes
		COMPONENTS(E.G.,INTRODUCER,SENSOR),INTRAMUSCULAR	
		(IMPLANTABLE) EXCLUDES MOBILE (WIR	
A4596	CPT/HCPCS	CRANIAL ELECTROTHERAPY STIMULATION (CES) SYSTEM	Yes
		SUPPLIES/ACCESSORIES, PER MONTH	
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,	Yes
		RADIOFREQUENCY, INCLUDING ALL SINGLE-USE SYSTEM COMPONENTS	
C1605	CPT/HCPCS	PACEMAKER, LEADLESS, DUAL CHAMBER (RIGHT ATRIAL AND RIGHT	Yes
		VENTRICULAR IMPLANTABLE COMPONENTS), RATE-RESPONSIVE, INCLUDIN	
\$4000	CDT/LICEOC	DENII E CONTRACTURE DEVICE MANUAL OPERATER THAN OLD CAPACITON	Voc
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	Yes
F0700	ODT#10555	EXTERNAL PROGRAMMER, PER MONTH	 
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	Yes
		DEVICES)	
C1787	CPT/HCPCS	PATIENT PROGRAMMER, NEUROSTIMULATOR	Yes

	1		
C9361	CPT/HCPCS	COLLAGEN MATRIX NERVE WRAP (NEUROMED COLLAGE NERVE WRAP), PER	Yes
		O.5 CM LENGTH	
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	
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	
C1753	CPT/HCPCS	CATHETER, INTRAVASCULAR ULTRASOUND	Yes
C1762	CPT/HCPCS	CONNECTIVE TISSUE, HUMAN (INCLUDES FASCIA LATA)	Yes
C1702 C1876	CPT/HCPCS	STENT, NON-COATED/NON-COVERED, WITH DELIVERY SYSTEM	Yes
			Yes
C2621	CPT/HCPCS	PACEMAKER, OTHER THAN SINGLE OR DUAL CHAMBER (IMPLANTABLE)	
C1751	CPT/HCPCS	CATHETER, INFUSION, INSERTED PERIPHERALLY, CENTRALLY OR MIDLINE	
C9358	CPT/HCPCS	DERMAL SUBSTITUTE, NATIVE, NON-DENATURED COLLAGEN, FETAL BOVINE ORIGIN (SURGIMEND COLLAGEN MATRIX), PER 0.5 SQ CM	
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	Yes
		BOVINE ORIGIN (SURGIMEND COLLAGEN MATRIX), PER 0.5 SQ CM	
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
C1817 C1781	CPT/HCPCS  CPT/HCPCS	MESH (IMPLANTABLE	Yes
C1781 C1885	CPT/HCPCS  CPT/HCPCS		Yes
		CATHETER, TRANSLUMINAL ANGIOPLASTY, LASER	
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	Yes
		COMPONENTS; ADD-ON TO C1841	
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	Yes
4000=	007//107-5-7	GREATER THAN OR EQUAL TO FIVE INCHES, PER YARD	
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
AZUU9	CP1/HCPCS	JOINTHOINT, PER OQUARE CENTIMETER	162

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 (IMPLANTABE)	Yes
C1763	CPT/HCPCS	CONNECTIVE TISSUE, NON-HUMAN (INCLUDES SYNTHETIC)	Yes
C1763 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	Yes
03/2/	GE I/HGFG3	IMPLANTS  IMPLANTS	163

C1896	CPT/HCPCS	LEAD, CARDIOVERTER-DEFIBRILLATOR, OTHER THAN ENDOCARDIAL SINGLE	Yes
		OR DUAL COIL (IMPLANTABLE)	
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	
01094	Gr I/HGr G3	ELECTROPHYSIOLOGICAL, NON-LASER	163
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	Yes
C1625	GF1/HOFGS	WITH CAROTID SINUS BARORECEPTOR STIMULATION LEAD(S)	165
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	Yes
1/0000	007//10000	PUMP,REPLACEMENT	v.
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	Yes
K0743	CPT/HCPCS	POUNDS SUCTION PUMP, HOME MODEL, PORTABLE, FOR USE ON WOUNDS	Yes
Q4017	CPT/HCPCS  CPT/HCPCS	CAST SUPPLIES, LONG ARM SPLINT, ADULT, PLASTER	Yes
C1982	CPT/HCPCS	CATHETER, PRESSURE-GENERATING, ONE-WAY VALVE,	Yes
01000	ODT// LODGS	INTERMITTENTLYOCCLUSIVE	Voc
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
	01 1/1101 00	ormanic eco ono, enten	1.00

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,	Yes
01023	01 1/1101 00	WITH TRANSVENOUS SENSING AND STIMULATION LEADS	
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	Yes
A6527	CPT/HCPCS	MMHG, CUSTOM, EACH GRADIENT COMPRESSION GARMENT, FULL LEG AND FOOT, PADDED, FOR	Yes
A6526	CPT/HCPCS	ORADIENT COMPRESSION GARMENT, FULL LEG AND FOOT, PADDED, FOR	Yes
		NIGHTTIME USE, EACH	
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
, 10000	OI 1/11/OF 03	OTOT IN ON	1100

K0607	CPT/HCPCS	REPLACEMENT BATTERY FOR AUTOMATED EXTERNAL DEFIBRILLATOR, EACH	l 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,	Yes
A6413	CPT/HCPCS	PER 6 INCHES  ADHESIVE BANDAGE, FIRST-AID TYPE, ANY SIZE, EACH	Yes
A6221	CPT/HCPCS	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE MORE THAN 48 SQ. IN.,	Yes
		WITH ANY SIZE ADHESIVE BORDER EACH DRESSING	
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,	Yes
K0014	GI IIIIGI GG	PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	
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	Yes
		TRACHEOSTOMA HEAT MOISTURE EXCHANGE SYSTEM	
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	Yes
K0861	CPT/HCPCS	COLLAGEN POWER WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTION,	Yes
K0001	CF1/11CFC3	SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND	165
		INCLUDING 300 POUNDS	1
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	Yes
A6241	CPT/HCPCS	VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY HYDROCOLLOID DRESSING, WOUND FILLER, DRY FORM, STERILE, PER	Yes
		GRAM	
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	Yes
		LESS WITHOUT ADHESIVE BORDER EACH DRESSING	

V2628 Q4038 S8421 K0042	CPT/HCPCS CPT/HCPCS	FABRICATION AND FITTING OF OCULAR CONFORMER  CAST SUPPLIES, SHORT LEG CAST, ADULT, FIBERGLASS	Yes
S8421 K0042		CAST SLIDDLIES SHORTLEG CAST ADLILT FIREDGLASS	1. <i>t</i>
K0042	007/110000	CAST SOFT EIES, SHORT EEG CAST, ADOLL, FIBERGLASS	Yes
	CPT/HCPCS	GRADIENT PRESSURE AID (SLEEVE AND GLOVE COMBO), READY MADE	Yes
	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 DREEDSSING WOUND COVER PAD SIZE MORE THAN 16	Yes
1		SQ IN BUT LESS THAN OR EQUAL TO 48 SQ IN., WITH ANY SIZE	
A6510	CPT/HCPCS	COMPRESSION BURN GARMENT, TRUNK, INCLUDING ARMS DOWN TO LEG	Yes
		OPENINGS (LEOTARD),	
A6229	CPT/HCPCS		Yes
10220		SQ IN. BUT LESS THAN OR EQUAL TO 48 SQ IN., W/O ADHESIVE	165
A9280	CPT/HCPCS	ALERT OR ALARM DEVICE, NOT OTHERWISE CLASSIFIED	Yes
A9284	CPT/HCPCS		Yes
		SPIROMETER, NON-ELECTRONIC, INCLUDES ALL ACCESSORIES	
A6232	CPT/HCPCS	GAUZE, IMPREGNATED, HYDROGEL FOR DIRECT WOUND CONTACT PAD	Yes
1		SIZE, GREATER THAN 16SQ INCHES, LESS THAN 48SQ INCHES, EACH	
<u> </u>			
K0858	CPT/HCPCS	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION,	Yes
1		SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	
<u> </u>			
K0014	CPT/HCPCS	OTHER MOTORIZED/POWER WHEELCHAIR BASE	Yes
A5073	CPT/HCPCS	OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH FLANGE (TWO	Yes
		PIECE), EACH	
Q4015	CPT/HCPCS	CAST SUPPLIES, GAUNTLET CAST, PEDIATRIC, PLASTER	Yes
A5120	CPT/HCPCS	SKIN BARRIER, WIPES OR SWABS, EACH	Yes
	CPT/HCPCS	OXYGEN CONTENT, LIQUID, 1 UNIT EQUALS 1 POUND	
S8121	1		Yes
A7002	CPT/HCPCS	TUBING, USED WITH SUCTION PUMP, EACH	Yes L.
A7014	CPT/HCPCS		Yes
		ULTRASONIC GENERATOR	
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,	Yes
1		PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	
1			
A6447	CPT/HCPCS	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE,	Yes
		WIDTH GREATER THAN OR EQUAL TO FIVE INCHES, PER YARD	
A4601	CPT/HCPCS	LITHIUM ION BATTERY, RECHARGEABLE, FOR NON-PROSTHETIC USE,	Yes
A4001	CF1/HCFC3	REPLACEMENT	165
10001	ODT//LODGO		V
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	Yes
1		OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600	
1		POUNDS	
K0851	CPT/HCPCS	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, CAPTAINS CHAIR, PATIENT	Yes
1		WEIGHT CAPACITY 301 TO 450 POUNDS	
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	Yes
0.46.17	ODT #15 = 5 =	EQUAL TO 48 SQ.IN., EA DRESSING	<u></u>
Q4047	CPT/HCPCS	CAST SUPPLIES, SHORT LEG SPLINT, PEDIATRIC, PLASTER	Yes
A7027	CPT/HCPCS	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE	Yes
	ļ	AIRWAY PRESSURE DEVICE, EACH	
S8428	CPT/HCPCS	GRADIENT PRESSURE AID (GAUNTLET), READY MADE	Yes
G9018	CPT/HCPCS	ZANAMIVIR, INHALATION POWDER ADMINISTERED THROUGH INHALER, PER	Yes
		10 MG	
A7028	CPT/HCPCS	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT	Yes
1		ONLY, EACH	
Q4033	CPT/HCPCS	CAST SUPPLIES, LONG LEG CYLINDER CAST, ADULT, PLASTER	Yes
K0835	CPT/HCPCS	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION,	Yes
KUUJJ	01 1/110 03	SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND	
		i i	
0.4046	ODT #107.55	INCLUDING 300 POUNDS	<u></u>
Q4018	CPT/HCPCS	CAST SUPPLIES, LONG ARM SPLINT, ADULT, FIBERGLASS	Yes 
Q0488	CPT/HCPCS		Yes
i -	Ī	REPLACEMENT ONLY	

OPTIMICIOS   NITHIFFACE POR COUNCY STRUMLAND CENTRE, INCLUDES ALL	A7507	OPT#10000	TDAQUEQOTOMY// ADVALGEOTOMY/TURE BULLG/GTGR TICC	lv
Section	A7527	CPT/HCPCS	TRACHEOSTOMY/LARYNGECTOMY TUBE PLUG/STOP, EACH	Yes
GEFANDECS   GERISCOLATION PAGE (POILS OF PARTIES AND I SESTIMATIVE N	A7020		COMPONENTS, REPLACEMENT ONLY	
DUMINO POWER FACILIZE ON OTHER CATASTROPHIC EVENT)   Venils	A6441	CPT/HCPCS		Yes
CPPHCPCS	S8999	CPT/HCPCS		Yes
MESULZER MOLDED TO FOOT BASETICS ONLY, MULTIPLE DEBISTY INSERT, DIRECT FORMED, MOLDED TO FOOT AFTER EXTERNAL HEAT SOURCE OF 230 DEGREES FA.  MANUAL TRANSAMAL RIPROTON SYSTEM, MICLUS WATER RESERVOR, PUMP, TURING, AND ACCESSORIES, WITHOUT CATHETTE, ANY TYPE  MOSS OFFICIAL CONTROL OF THE PROTOCOLOGY OF THE PROTOCOLOGY OF THE PROTOCOLOGY OF THE PROTOCOLOGY OF THE PROTOCOLOGY OF THE PROTOCOLOGY OF THE PROTOCOLOGY OF THE PROTOCOLOGY OF THE PROTOCOLOGY OF THE PROTOCOLOGY OF THE PROTOCOLOGY OF THE PROTOCOLOGY OF THE PROTOCOLOGY OF THE PROTOCOLOGY OF THE PROTOCOLOGY OF THE PROTOCOLOGY OF THE PROTOCOLOGY OF THE PROTOCOLOGY OF THE PROTOCOLOGY OF THE PROTOCOLOGY OF THE PROTOCOLOGY OF THE PROTOCOLOGY OF THE PROTOCOLOGY OF THE PROTOCOLOGY OF THE PROTOCOLOGY OF THE PROTOCOLOGY OF THE PROTOCOLOGY OF THE PROTOCOLOGY OF THE PROTOCOLOGY OF THE PROTOCOLOGY OF THE PROTOCOLOGY OF THE PROTOCOLOGY OF THE PROTOCOLOGY OF THE PROTOCOLOGY OF THE PROTOCOLOGY OF THE PROTOCOLOGY OF THE PROTOCOLOGY OF THE PROTOCOLOGY OF THE PROTOCOLOGY OF THE PROTOCOLOGY OF THE PROTOCOLOGY OF THE PROTOCOLOGY OF THE PROTOCOLOGY OF THE PROTOCOLOGY OF THE PROTOCOLOGY OF THE PROTOCOLOGY OF THE PROTOCOLOGY OF THE PROTOCOLOGY OF THE PROTOCOLOGY OF THE PROTOCOLOGY OF THE PROTOCOLOGY OF THE PROTOCOLOGY OF THE PROTOCOLOGY OF THE PROTOCOLOGY OF THE PROTOCOLOGY OF THE PROTOCOLOGY OF THE PROTOCOLOGY OF THE PROTOCOLOGY OF THE PROTOCOLOGY OF THE PROTOCOLOGY OF THE PROTOCOLOGY OF THE PROTOCOLOGY OF THE PROTOCOLOGY OF THE PROTOCOLOGY OF THE PROTOCOLOGY OF THE PROTOCOLOGY OF THE PROTOCOLOGY OF THE PROTOCOLOGY OF THE PROTOCOLOGY OF THE PROTOCOLOGY OF THE PROTOCOLOGY OF THE PROTOCOLOGY OF THE PROTOCOLOGY OF THE PROTOCOLOGY OF THE PROTOCOLOGY OF THE PROTOCOLOGY OF THE PROTOCOLOGY OF THE PROTOCOLOGY OF THE PROTOCOLOGY OF THE PROTOCOLOGY OF THE PROTOCOLOGY OF THE PROTOCOLOGY OF THE PROTOCOLOGY OF THE PROTOCOLOGY OF THE PROTOCOLOGY OF THE PROTOCOLOGY OF THE PROTOCOLOGY OF THE PROTOCOLOGY OF THE PROTOCOLOGY OF THE PROTOCOLOGY OF THE PROTOCOLOGY OF THE PROTOCOLOGY OF THE PROTOCOLOGY	A6259			
MALDED 10 DO OF ATTER EXTERNAL HEAR SOURCE OF 280 DEGRESS TA  MANUAL TRASANAL RIPRISON ON SYSTEM, AND LOSS WATER RESTRIVOR, PURP, TURING, AND ACCESSORIES, WITHOUT CATHETER, ANY TYPE  BASSIE  CPTH-CPCS  GEMONT COMPRISSION STOCKING, FULL LENGTH-CHAP STYLE, 40 MMHG  ORIGINATER, FACH	A7006	CPT/HCPCS		Yes
MAMAGES CPTHOPOS  MANUAL TRANSPANIA IRRIGATION SYSTEM, NICLUDES WATER RESERVOR, PURP, TUBING, AND ACCESSORIES, WITHOUT CATHERE, ANY TYPE  PUMP, TUBING, AND ACCESSORIES, WITHOUT CATHERE, ANY TYPE  GRADENT COMPRESSION STOCKING, FULL ENGTH-HOLP STYLE, 40 MMH G Yes  ORBER  CPTHOPOS  CPTHOPOS  CPTHOPOS  COMPOSITE DRESSING, STOCKING, FULL ENGTH-HOLP STYLE, 40 MMH G Yes  SIZE ADMISSION OF STOCKING, FULL ENGTH-HOLP STYLE, 40 MMH G Yes  ORBER  CPTHOPOS  COMPOSITE DRESSING, STERLE, PAO SIZE 50 SQ, IN, OR LESS, WITH ANY  SIZE ADMISSING DROBERS, ADDRESSING  SIZE ADMISSING DROBERS, DROBERS AND SIZE 50 SQ, IN, OR LESS, WITH ANY  SIZE ADMISSING DROBERS, DROBERS AND SIZE 50 SQ, IN, OR LESS, WITH ANY  SIZE ADMISSING DROBERS AND SIZE 50 SQ, IN, OR LESS, WITH ANY  SIZE ADMISSING DROSE AND SIZE 50 SQ, IN, OR LESS, LEAD HORSESSING  SIZE ADMISSING DROSE SIZE 50 SQ, IN, OR LESS, LEAD HORSESSING  SIZE ADMISSING DROSE SIZE 50 SQ, IN, OR LESS, LEAD HORSESSING  SIZE ADMISSING DROSE SIZE 50 SQ, IN, OR LESS, LEAD HORSESSING  SIZE ADMISSING DROSE SIZE 50 SQ, IN, OR LESS, LEAD HORSESSING  SIZE ADMISSING DROSE SIZE 50 SQ, IN, OR LESS, LEAD HORSESSING  SIZE 50 SQ, IN, OR LESS, LEAD HORSESSING  SIZE 50 SQ, IN, OR LESS, LEAD HORSESSING  SIZE 50 SQ, IN, OR LESS, LEAD HORSESSING  SIZE 50 SQ, IN, OR LESS, LEAD HORSESSING  SIZE 50 SQ, IN, OR LESS, LEAD HORSESSING  SIZE 50 SQ, IN, OR LESS, LEAD HORSESSING  SIZE 50 SQ, IN, OR LESS, LEAD HORSESSING  SIZE 50 SQ, IN, OR LESS, LEAD HORSESSING  SIZE 50 SQ, IN, OR LESS, LEAD HORSESSING  SIZE 50 SQ, IN, OR LESS, LEAD HORSESSING  SIZE 50 SQ, IN, OR LESS, LEAD HORSESSING  SIZE 50 SQ, IN, OR LESS, LEAD HORSESSING  SIZE 50 SQ, IN, OR LESS, LEAD HORSESSING  SIZE 50 SQ, IN, OR LESS, LEAD HORSESSING  SIZE 50 SQ, IN, OR LESS, LEAD HORSESSING  SIZE 50 SQ, IN, OR LESS, LEAD HORSESSING  SIZE 50 SQ, IN, OR LESS, LEAD HORSESSING SAN LESS, LEAD HORSESSING SAN LESS, LEAD HORSESSING SAN LESS, LEAD HORSESSING SAN LESS, LEAD HORSESSING SAN LESS, LEAD HORSESSING SAN LESS, LEAD HORSESSING SAN LESS, LEAD HORSESSING SAN LESS, LEA	A5512	CPT/HCPCS	FOR DIABETICS ONLY, MULTIPLE DENSITY INSERT, DIRECT FORMED,	Yes
OB OR GREATER, RACH         OB ORDEATER, RACH         OB ORDEATER, RACH         VIS           00886         CPTHCPCS         POWER WELECHAIR, GROUP A HEAVY DUTY, MULTIPLE POWER OPTION, SUNG/SOLID SEAT/BROCK, PAILENT WEIGHT CAPACITY 301 TO 430 P         Yes           18203         CPTHCPCS         COMPOSITE DRESSING, STERILE PAD SIZE IS SQ, IN, OR LESS, WITH ANY         Yes           17506         CPTHCPCS         COMPOSITE DRESSING, STERILE, FAD SIZE IS SQ, IN, OR LESS, WITH ANY         Yes           18999         CPTHCPCS         AND HESP BOKE POR LESS IN A HEAT AND MOISTURE EXCHANGE SYSTEM         Yes           18999         CPTHCPCS         MISCELLANEOUS DME SUPPLY OR ACCESSORY, NOT OTHERWISE         Yes           18020         COTHACPCS         CONTACT LAYER, STERILE, IS SQ, IN, OR LESS, EACH DRESSING         Yes           18020         CPTHCPCS         CONTACT LAYER, STERILE, IS SQ, IN, OR LESS, EACH DRESSING         Yes           18011         CPTHCPCS         CAST SUPPLIES, SHORT LEBLE, ANY TYPE, LEACH         Yes           18040         CPTHCPCS         SUPPLY OF RADIOPHER HOLE, CHAPTER, LINES SEED AND LESS FROM THE ARROWS AND AND AND AND AND AND AND AND AND AND	A4459	CPT/HCPCS	MANUAL TRANSANAL IRRIGATION SYSTEM, INCLUDES WATER RESERVOIR,	Yes
SUNG/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 490 P  SEAD STANDARD SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 490 P  SEAD STANDARD SEAT STANDARD SEAT SEAT SEAT SEAT SEAT SEAT SEAT SEAT	A6538	CPT/HCPCS		Yes
SIZE ADHESIVE BORDER, EA DRESSING	K0886	CPT/HCPCS		Yes
ADHESIVE DISC FOR USE IN A HEAT AND MOISTURE EXCHANGE SYSTEM  SERVICIPED  CPT/HCPCS  MISCELLANEOUS DME SUPPLY OR ACCESSORY, NOT OTHERWISE  Yes  SPECIFED  CPT/HCPCS  CONTACT LAYER, STERILE, 16 SQ, IN. OR LESS, EACH DRESSING  Yes  CAST SUPPLIES, SHORT ARM CAST JEDIATRIC, PLASTER  Yes  MAG68  CPT/HCPCS  CRAST SUPPLIES, SHORT ARM CAST JEDIATRIC, PLASTER  Yes  MAG69  CPT/HCPCS  TRACHEAN SUPPLIES, SHORT LEGS SYSTEM, RACH  Yes  MAG69  CPT/HCPCS  TRACHEAN SUPPLIES, SHORT LEGS SYSTEM, RACH  Yes  MAG69  CPT/HCPCS  SUPPLY OF FRADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT  Yes  MAG69  CPT/HCPCS  SPLINT, PREFABRICATED, IDIGIT ISPECIETY DIST IBY USE OF MODIFI  Yes  MAG69  CPT/HCPCS  SPLINT, PREFABRICATED, IDIGIT ISPECIETY DIST IBY USE OF MODIFI  Yes  MAG69  CPT/HCPCS  SPLINT, PREFABRICATED, IDIGIT ISPECIETY DIST IBY USE OF MODIFI  Yes  MAG69  CPT/HCPCS  ASSORPTIVE WOUND DRESSING FOR USE WITH SUCTION PUMP, HOME  MODEL, PORTABLE, PAD SIZE 18 SQUARE INCHES OR LESS  MAG69  CPT/HCPCS  COTHCPCS  COTHCP	A6203	CPT/HCPCS		Yes
SPECIFIED  SPECIFIED  OPT/HCPCS  OPT/HCPCS  CAST SUPPLIES, SHORT ARM CAST, PEDIATRIC, PLASTER  Yes  AG648  OPT/HCPCS  TISSUE MARKER, IMPLANTABLE, ANY TYPE, EACH  Yes  OPT/HCPCS  OPT/HCPCS  OPT/HCPCS  OPT/HCPCS  SUPPLY OF RADIOPHARMACOUTHAL DIAGNOSTIC IMAGING AGENT  Yes  OPT/HCPCS  O	A7506	CPT/HCPCS		Yes
MAGES    CPTINCPCS	A9999	CPT/HCPCS	·	Yes
MAGES	A6206	CPT/HCPCS	CONTACT LAYER, STERILE, 16 SQ. IN. OR LESS, EACH DRESSING	Yes
MAGOS CPT/HCPCS TRACHEAL SUCTION CATHETER, CLOSED SYSTEM, EACH YES  24045 PT/HCPCS CAST SUPPLIES, SHORT LEG SPLINT, ADULT, PLASTER  WAS PERFARENCED SHOPPLY OF RADIOPOPHARMACEURILD, PLASTER  WAS PERFARENCED SHOPPLY OF RADIOPOPHARMACEURILD, PLASTER  WAS PERFARENCED SHOPPLY OF RADIOPOPHARMACEURILD, PLASTER  WAS PERFARENCED SHOPPLY OF RADIOPOPHARMACEURICAL DIAGNOSTIC IMAGING AGENT  YES  WAS PERFARENCED SHOPPLY OF RADIOPOPHARMACEURICAL DIAGNOSTIC IMAGING AGENT  YES  WAS PERFARENCED SHOPPLY OF RADIOPOPHARMACEURICAL DIAGNOSTIC IMAGING AGENT  WAS PERFARENCED SHOPPLY OF RADIOPOPHARMACEURICAL DIAGNOSTIC IMAGING AGENT  WAS PERFARENCED SHOPPLY OF RADIOPOPHARMACEURICAL PROPERTY OF SHOPPLY OF SHOPP	Q4011	CPT/HCPCS	CAST SUPPLIES, SHORT ARM CAST, PEDIATRIC, PLASTER	Yes
AGAST   CPT/HCPCS	A4648	CPT/HCPCS	TISSUE MARKER, IMPLANTABLE, ANY TYPE, EACH	Yes
LINEAL CPT/HCPCS SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT Yes  19286 OPT/HCPCS HYGIENIC ITEM OR DEVICE, DISPOSABLE OR NON-DISPOSABLE, ANY TYPE, Yes  193450 CPT/HCPCS SPLINT, PREFABRICATED, DISIT (SPECIFY DIGIT BY USE OF MODIF)  194042 CPT/HCPCS SPLINT, PREFABRICATED, DISIT (SPECIFY DIGIT BY USE OF MODIF)  1957 OPT/HCPCS CAST SUPPLIES, LONG LEG SPLINT, ADULT, FIBERGLASS Yes  1957 OPT/HCPCS INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) PER 50  1958 UNITS  1958 OPT/HCPCS ABSORPTIVE WOUND DRESSING FOR USE WITH SUCTION PUMP, HOME YES  1969 WODEL, PORTABLE, PAD SIZE 16 SQUARE INCHES OR LESS  1960 OPT/HCPCS CAST SUPPLIES, LONG LEG CYLINDER CAST, PEDIATRIC, FIBERGLASS Yes  1960 OPT/HCPCS OPT/HCPCS CAST SUPPLIES, LONG LEG CYLINDER CAST, PEDIATRIC, FIBERGLASS YES  1960 OPT/HCPCS OPT/HCPCS OPT/HCPCS OPT/HCPCS OPT/HCPCS OPT/HCPCS OPT/HCPCS OPT/HCPCS OPT/HCPCS OPT/HCPCS OPT/HCPCS OPT/HCPCS OPT/HCPCS OPT/HCPCS OPT/HCPCS OPT/HCPCS OPT/HCPCS OPT/HCPCS OPT/HCPCS OPT/HCPCS OPT/HCPCS OPT/HCPCS OPT/HCPCS OPT/HCPCS OPT/HCPCS OPT/HCPCS OPT/HCPCS OPT/HCPCS OPT/HCPCS OPT/HCPCS OPT/HCPCS OPT/HCPCS OPT/HCPCS OPT/HCPCS OPT/HCPCS OPT/HCPCS INSULIN, FLASH INTO ADMINISTRATION THROUGH DME(I.E., INSULIN PUMP) Yes  1960 OPT/HCPCS INSULIN, FLASH INTO ADMINISTRATION THROUGH DME(I.E., INSULIN PUMP) YES  1960 OPT/HCPCS OPT/HCPCS OPT/HCPCS OPT/HCPCS OPT/HCPCS OPT/HCPCS OPT/HCPCS OPT/HCPCS OPT/HCPCS OPT/HCPCS OPT/HCPCS OPT/HCPCS OPT/HCPCS OPT/HCPCS OPT/HCPCS OPT/HCPCS OPT/HCPCS OPT/HCPCS OPT/HCPCS OPT/HCPCS OPT/HCPCS OPT/HCPCS OPT/HCPCS OPT/HCPCS OPT/HCPCS OPT/HCPCS OPT/HCPCS OPT/HCPCS OPT/HCPCS OPT/HCPCS OPT/HCPCS OPT/HCPCS OPT/HCPCS OPT/HCPCS OPT/HCPCS OPT/HCPCS OPT/HCPCS OPT/HCPCS OPT/HCPCS OPT/HCPCS OPT/HCPCS OPT/HCPCS OPT/HCPCS OPT/HCPCS OPT/HCPCS OPT/HCPCS OPT/HCPCS OPT/HCPCS OPT/HCPCS OPT/HCPCS OPT/HCPCS OPT/HCPCS OPT/HCPCS OPT/HCPCS OPT/HCPCS OPT/HCPCS OPT/HCPCS OPT/HCPCS OPT/HCPCS OPT/HCPCS OPT/HCPCS OPT/HCPCS OPT/HCPCS OPT/HCPCS OPT/HCPCS OPT/HCPCS OPT/HCPCS OPT/HCPCS OPT/HCPCS OPT/HCPCS OPT/HCPCS OPT/HCPCS OPT/	A4605	CPT/HCPCS	TRACHEAL SUCTION CATHETER, CLOSED SYSTEM, EACH	Yes
ASSES CPT/HCPCS HYGIENIC ITEM OR DEVICE, DISPOSABLE OR NON-DISPOSABLE, ANY TYPE, EACH  EACH  EACH  EACH  EACH  EACH  EACH  EACH  EACH  EACH  EACH  EACH  EACH  EACH  EACH  EACH  EACH  EACH  EACH  EACH  EACH  EACH  EACH  EACH  EACH  EACH  EACH  EACH  EACH  EACH  EACH  EACH  CPT/HCPCS  EACH  EACH  CPT/HCPCS  EAST SUPPLIES, LONG LEG SPLINT, ADULT, FIBERGLASS  Yes  EACH  EACH  EACH  CPT/HCPCS  ABSORPTIVE WOUND DRESSING FOR USE WITH SUCTION PUMP, HOME  MODEL, PORTABLE, PAD SIZE 16 SQUARE INCHES OR LESS  EACH  EACH  EACH  MODEL, PORTABLE, PAD SIZE 16 SQUARE INCHES OR LESS  EACH  EAC	Q4045	CPT/HCPCS	CAST SUPPLIES, SHORT LEG SPLINT, ADULT, PLASTER	Yes
EACH CPTHCPCS SPLINT, PREFABRICATED, DIGIT (SPECIFY DIGIT BY USE OF MODIFI Yes 24042 CPTHCPCS CAST SUPPLIES, LONG LEG SPLINT, ADULT, FIBERGIASS Yes UNITS CPTHCPCS INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) PER 50 (VES UNITS COT/44 CPTHCPCS INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) PER 50 (VES UNITS COT/44 CPTHCPCS INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) PER 50 (VES MODEL, PORTABLE, PAD SIZE 16 SQUARE INCHES OR LESS CPTHCPCS CAST SUPPLIES, LONG LEG CYLINDER CAST, PEDIATRIC, FIBERGLASS (VES COLLAGEN DRESSING, STERILE, SIZE MORE THAN 16 SQ. IN. BUT LESS THAN YES OR EQUAL TO  FOR DIABETICS ONLY, FITTING CUSTOM PREPARATION AND SUPPLY OF OFF THE SHELF DEPTH INLAY SHOE MANUFACTURED TO ACCOMMODA  CPTHCPCS REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, ALKALINE, 1.5 VOLT, EACH  SINSULIN (FASP) FOR ADMINISTRATION THROUGH DME(I.E., INSULIN PUMP) PER 50 UNITS  BEGORAL  CPTHCPCS ELECTRICAL STIMULATOR SUPPLIES (EXTERNAL) FOR USE WITH INFLANTABLE NEUROSTIMULATOR, PER MONTH AND SERVICE OF THE SALE LECTRICAL STIMULATOR  CPTHCPCS NEUROMUSCULAR ELECTRICAL STIMULATOR  CPTHCPCS CATHETE, TRANSLUMINAL INTRAVASCULAR LESION PREPARATION DEVICE, YES BLADED, SHEATHED (INSERTABLE)  CPTHCPCS GRADIENT COMPRESSION ON WRAP WITH ADJUSTABLE STRAPS, FOOT, EACH  CHAPTER OR ADJUSTABLE STRAPS, FOOT, EACH  MASS  CPTHCPCS ORTHOPEDIC/DEVICE/DRUG MATRIX/ABSORBABLE BONE VOID FILLER, ANTIMICROBIAL-ELUTING (IMPLANTABLE)  CPTHCPCS ORTHOPEDIC/DEVICE/DRUG MATRIX/ABSORBABLE BONE VOID FILLER, ANTIMICROBIAL-ELUTING (IMPLANTABLE)  ADABSES CPTHCPCS ORTHOPEDIC/DEVICE/DRUG MATRIX/ABSORBABLE BONE VOID FILLER, ANTIMICROBIAL-ELUTING (IMPLANTABLE)  ADABSES CPTHCPCS ORTHOPEDIC/DEVICE/DRUG MATRIX/ABSORBABLE BONE VOID FILLER, ANTIMICROBIAL-ELUTING (IMPLANTABLE)  ADABSES CPTHCPCS ORTHOPEDIC/DEVICE/DRUG MATRIX/ABSORBABLE BONE VOID FILLER, ANTIMICROBIAL-ELUTING (IMPLANTABLE)  ADABSES CONTROLERS STANDARD CONTROLLER, EACH	A4641	CPT/HCPCS	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT	Yes
24042 CPT/HCPCS CAST SUPPLIES, LONG LEG SPLINT, ADULT, FIBERGLASS  CPT/HCPCS INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) PER 50  VES  (27744 CPT/HCPCS ABSORPTIVE WOUND DRESSING FOR USE WITH SUCTION PUMP, HOME MODEL, PORTABLE, PAD SIZE 16 SQUARE INCHES OR LESS  ABOORDED FOR ADMINISTRATION DRESSING FOR USE WITH SUCTION PUMP, HOME MODEL, PORTABLE, PAD SIZE 16 SQUARE INCHES OR LESS  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 YES OR EQUAL TO FOR DIABETICS ONLY, FITTING CUSTOM PREPARATION AND SUPPLY OF OFF THE SHELF DEPTH INLAY SHOE MANUFACTURED TO ACCOMMODA  (A5500 CPT/HCPCS REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, ALKALINE, 1.5 VOLT, EACH  1811 CPT/HCPCS INSULIN (FIASP) FOR ADMINISTRATION THROUGH DME(I.E., INSULIN PUMP) YES PER SO UNITS  LECTIFICAL STIMULATOR SUPPLIES (EXTERNAL) FOR USE WITH YES IMPLANTABLE NEUROSTIMULATOR, PER MONTH  (A6582 CPT/HCPCS GRADIENT COMPRESSION GAUNTLET, EACH YES INFUNDABLE NEUROSTIMULATOR PER MONTH  (A6690 CPT/HCPCS GRADIENT COMPRESSION WALD WITH ADJUSTABLE STRAPS, FOOT, EACH YES BLADED, SHEATHED (INSERTABLE)  (A6587 CPT/HCPCS GRADIENT COMPRESSION WRAP WITH ADJUSTABLE STRAPS, FOOT, EACH YES BLADED, SHEATHED (INSERTABLE)  (A6690 CPT/HCPCS GRADIENT COMPRESSION WRAP WITH ADJUSTABLE STRAPS, FOOT, EACH YES BLADED, SHEATHED (INSERTABLE)  (A6690 CPT/HCPCS ORTHOPEDIC/DEVICE/DRUG MATRIX/ABSORBABLE BONE VOID FILLER, YES ANTIMICROBIAL-ELUTING (IMPLANTABLE)  (A6690 CPT/HCPCS ORTHOPEDIC/DEVICE/DRUG MATRIX/ABSORBABLE BONE VOID FILLER, ANTIMICROBIAL-ELUTING (IMPLANTABLE)  (A6690 CPT/HCPCS ORTHOPEDIC/DEVICE/DRUG MATRIX/ABSORBABLE BONE VOID FILLER, ANTIMICROBIAL-ELUTING (IMPLANTABLE)  (A6690 CPT/HCPCS ORTHOPEDIC/DEVICE/DRUG MATRIX/ABSORBABLE BONE VOID FILLER, ANTIMICROBIAL-ELUTING (IMPLANTABLE)  (A6690 CPT/HCPCS ORTHOPEDIC/DEVICE/DRUG MATRIX/ABSORBABLE BONE VOID FILLER, ANTIMICROBIAL-ELUTING (IMPLANTABLE)	A9286	CPT/HCPCS		Yes
CPT/HCPCS INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) PER 50 UNITS  CO744 CPT/HCPCS ABSORPTIVE WOUND DRESSING FOR USE WITH SUCTION PUMP, HOME MODEL, PORTABLE, PAD SIZE 16 SQUARE INCHES OR LESS  Q4036 CPT/HCPCS CAST SUPPLIES, LONG LEG CYLINDER CAST, PEDIATRIC, FIBERGLASS Yes  Q6022 CPT/HCPCS COLLAGEN DRESSING, STERILE, SIZE MORE THAN 16 SQ, IN. BUT LESS THAN OR EQUAL TO  Q5500 CPT/HCPCS FOR DIABETICS ONLY, FITTING CUSTOM PREPARATION AND SUPPLY OF OFF THE SHELF DEPTH INLAY SHOE MANUFACTURED TO ACCOMMODA  Q603 CPT/HCPCS REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PER 50 UNITS  Q604 CPT/HCPCS INSULIN (FIASP) FOR ADMINISTRATION THROUGH DME(I.E., INSULIN PUMP) Yes  Q605 PER 50 UNITS  Q605 CPT/HCPCS ELECTRICAL STIMULATOR SUPPLIES (EXTERNAL) FOR USE WITH Yes  Q606 CPT/HCPCS GRADIENT COMPRESSION GAUNTLET, EACH Yes  Q606 CPT/HCPCS GRADIENT COMPRESSION GAUNTLET, EACH Yes  Q607 CPT/HCPCS CATHETER, TRANSLUMINAL INTRAVASCULAR LESION PREPARATION DEVICE, PS  Q608 CPT/HCPCS GRADIENT COMPRESSION WARP WITH ADJUSTABLE STRAPS, FOOT, EACH  Q609 CPT/HCPCS GRADIENT COMPRESSION WARP WITH ADJUSTABLE STRAPS, FOOT, EACH  Q609 CPT/HCPCS GRADIENT COMPRESSION WARP WITH ADJUSTABLE STRAPS, FOOT, EACH  Q600 CPT/HCPCS GRADIENT COMPRESSION WARP WITH ADJUSTABLE STRAPS, FOOT, EACH  Q600 CPT/HCPCS GRADIENT COMPRESSION WARP WITH ADJUSTABLE STRAPS, FOOT, EACH  Q600 CPT/HCPCS ORTHOPEDIC/DEVICE/DRUG MATRIX/ABSORBABLE BONE VOID FILLER,  Q600 AND STRAIN AND STRAIL ELECTRICAL  Q600 CPT/HCPCS ORTHOPEDIC/DEVICE/DRUG MATRIX/ABSORBABLE BONE VOID FILLER,  Q600 AND STIMULATOR CONTROLLER, EACH  Q600 CPT/HCPCS ORTHOPEDIC/DEVICE/DRUG MATRIX/ABSORBABLE BONE VOID FILLER,  Q600 AND STIMULATOR CONTROLLER, EACH  Q600 CPT/HCPCS ORTHOPEDIC/DEVICE/DRUG MATRIX/ABSORBABLE BONE VOID FILLER,  Q600 AND STIMULATOR CONTROLLER, EACH  Q600 CPT/HCPCS ORTHOPEDIC/DEVICE/DRUG MATRIX/ABSORBABLE BONE VOID FILLER,  Q600 AND STIMULATOR CONTROLLER, EACH  Q600 CPT/HCPCS ORTHOPEDIC/DEVICE/DRUG MATRIX/ABSORBABLE BONE VOID FILLER,  Q600 AND STIMULATOR CONTROLLER, EAC	S8450	CPT/HCPCS	SPLINT, PREFABRICATED, DIGIT (SPECIFY DIGIT BY USE OF MODIFI	Yes
UNITS  (0744 CPT/HCPCS ABSORPTIVE WOUND DRESSING FOR USE WITH SUCTION PUMP, HOME MODEL, PORTABLE, PAD SIZE 16 SQUARE INCHES OR LESS  Q4036 CPT/HCPCS CAST SUPPLIES, LONG LEG CYLINDER CAST, PEDIATRIC, FIBERGLASS YES  Q6022 CPT/HCPCS COLLAGEN DRESSING, STERILE, SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO OR EQUAL TO OF THE SHELF DEPTH INLAY SHOE MANUFACTURED TO ACCOMMODA  Q603 CPT/HCPCS REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, ALKALINE, 1.5 VOLT, EACH  1811 CPT/HCPCS INSULIN (FIASP) FOR ADMINISTRATION THROUGH DME(I.E., INSULIN PUMP) PER 50 UNITS  Q6682 CPT/HCPCS ELECTRICAL STIMULATOR SUPPLIES (EXTERNAL) FOR USE WITH YES IMPLANTABLE NEUROSTIMULATOR, PER MONTH  Q6582 CPT/HCPCS GRADIENT COMPRESSION GAUNTEL, EACH YES (MMES)DISPOABLE, REPLACEMENT ONLY  Q76860 CPT/HCPCS GRADIENT COMPRESSION MANUFACTURE STRAPS, FOOT, EACH YES BLADED, SHEATHED (INSERTABLE)  Q6686 CPT/HCPCS GRADIENT COMPRESSION WRAP WITH ADJUSTABLE STRAPS, FOOT, EACH YES EACH  Q6686 CPT/HCPCS GRADIENT COMPRESSION WRAP WITH ADJUSTABLE STRAPS, FULL LEG, EACH  Q6686 CPT/HCPCS GRADIENT COMPRESSION WRAP WITH ADJUSTABLE STRAPS, FULL LEG, YES EACH  Q6690 CPT/HCPCS ORTHOPEDIC/DEVICE/DRUG MATRIX/ABSORBABLE BONE VOID FILLER, YES ANTIMICROBIAL-ELUTING (IMPLANTABLE)  Q6690 CPT/HCPCS ORTHOPEDIC/DEVICE/DRUG MATRIX/ABSORBABLE BONE VOID FILLER, ANTIMICROBIAL-ELUTING (IMPLANTABLE)  Q6691 CPT/HCPCS ORTHOPEDIC/DEVICE/DRUG MATRIX/ABSORBABLE BONE VOID FILLER, ANTIMICROBIAL-ELUTING (IMPLANTABLE)  Q6692 CPT/HCPCS ORTHOPEDIC/DEVICE/DRUG MATRIX/ABSORBABLE BONE VOID FILLER, ANTIMICROBIAL-ELUTING (IMPLANTABLE)  Q6693 CPT/HCPCS ORTHOPEDIC/DEVICE/DRUG MATRIX/ABSORBABLE BONE VOID FILLER, ANTIMICROBIAL-ELUTING (IMPLANTABLE)  Q6694 CPT/HCPCS ORTHOPEDIC/DEVICE/DRUG MATRIX/ABSORBABLE BONE VOID FILLER, ANTIMICROBIAL-ELUTING (IMPLANTABLE)  Q6695 CPT/HCPCS ORTHOPEDIC/DEVICE/DRUG MATRIX/ABSORBABLE BONE VOID FILLER, ANTIMICROBIAL-ELUTING (IMPLANTABLE)	Q4042	CPT/HCPCS	CAST SUPPLIES, LONG LEG SPLINT, ADULT, FIBERGLASS	Yes
MODEL, PORTABLE, PAD SIZE 16 SQUARE INCHES OR LESS  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  A5500 CPT/HCPCS FOR DIABETICS ONLY, FITTING CUSTOM PREPARATION AND SUPPLY OF OFF THE SHELF DEPTH INLAY SHOE MANUFACTURED TO ACCOMMODA  CO603 CPT/HCPCS REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, ALKALINE, 1.5 VOLT, EACH  INSULIN (FIASP) FOR ADMINISTRATION THROUGH DME(I.E.,INSULIN PUMP) PER 50 UNITS  B6678 CPT/HCPCS ELECTRICAL STIMULATOR SUPPLIES (EXTERNAL) FOR USE WITH YES IMPLANTABLE NEUROSTIMULATOR, PER MONTH  MELANTABLE NEUROSTIMULATOR, PER MONTH  COCKION OF PHOPOS OF NEUROMUSCULAR ELECTRICAL STIMULATOR YES (INSULIN PUMP) PER SOUND SULVE ACCHIONANCE OF THE COMPRESSION GAUNTLET, EACH YES (INSULIN PUMP) PER SOUND SULVE ACCHIONANCE OF THE COMPRESSION SULVE ACCHIONANCE OF THE COMPRESSION SULVE ACCHIONANCE OF THE COMPRESSION SULVE ACCHIONANCE OF THE COMPRESSION OF THE COMPRESSION PREPARATION DEVICE, YES BLADED, SHEATHED (INSERTABLE)  CATHETER, TRANSLUMINAL INTRAVASCULAR LESION PREPARATION DEVICE, YES BLADED, SHEATHED (INSERTABLE)  CACHIONAL COMPRESSION WRAP WITH ADJUSTABLE STRAPS, FOUT, EACH  CACHIONAL COMPRESSION WRAP WITH ADJUSTABLE STRAPS, FULL LEG, YES ANTIMICROBIAL-ELUTING (IMPLANTABLE)  CACHIONAL COMPRESSION WRAP WITH ADJUSTABLE STRAPS, FULL LEG, ANTIMICROBIAL-ELUTING (IMPLANTABLE)  CACHIONAL COMPRESSION OF THE SKIN TO SECURE EXTERNAL ELECTRICAL YES ANTIMICROBIAL-ELUTING (IMPLANTABLE)  CACHIONAL CONTROLLER, EACH	J1817	CPT/HCPCS	· · · · · · · · · · · · · · · · · · ·	Yes
CPT/HCPCS COLLAGEN DRESSING, STERILE, SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO OR EQUAL TO OF CONTINUENCE OF DIABETICS ONLY, FITTING CUSTOM PREPARATION AND SUPPLY OF OFF THE SHELF DEPTH INLAY SHOE MANUFACTURED TO ACCOMMODA  COMMODA  COMMODA  CPT/HCPCS REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, ALKALINE, 1.5 YOLT, EACH INSULIN (FIASP) FOR ADMINISTRATION THROUGH DME(I.E.,INSULIN PUMP) PER 50 UNITS  CPT/HCPCS ELECTRICAL STIMULATOR SUPPLIES (EXTERNAL) FOR USE WITH IMPLANTABLE NEUROSTIMULATOR, PER MONTH  AG582 CPT/HCPCS GRADIENT COMPRESSION GAUNTLET, EACH Yes  CPT/HCPCS NEUROMUSCULAR ELECTRICAL STIMULATOR (NMES)DISPOABLE, REPLACEMENT ONLY  CAG667 CPT/HCPCS CATHETER, TRANSLUMINAL INTRAVASCULAR LESION PREPARATION DEVICE, BLADED, SHEATHED (INSERTABLE)  GRADIENT COMPRESSION WRAP WITH ADJUSTABLE STRAPS, FOOT, EACH  YES  AG586 CPT/HCPCS GRADIENT COMPRESSION WRAP WITH ADJUSTABLE STRAPS, FULL LEG, EACH  CPT/HCPCS ORADIENT COMPRESSION WRAP WITH ADJUSTABLE STRAPS, FULL LEG, EACH  CPT/HCPCS ORADIENT COMPRESSION WRAP WITH ADJUSTABLE STRAPS, FULL LEG, EACH  CPT/HCPCS ORADIENT COMPRESSION WRAP WITH ADJUSTABLE STRAPS, FULL LEG, EACH  CPT/HCPCS ORADIENT COMPRESSION WRAP WITH ADJUSTABLE STRAPS, FULL LEG, EACH  CPT/HCPCS ORADIENT COMPRESSION WRAP WITH ADJUSTABLE STRAPS, FULL LEG, EACH  CPT/HCPCS ORADIENT COMPRESSION WRAP WITH ADJUSTABLE STRAPS, FULL LEG, EACH  CPT/HCPCS ORTHOPEDIC/DEVICE/DRUG MATRIX/ABSORBABLE BONE VOID FILLER, ANTIMICROBIAL-ELUTING (IMPLANTABLE)  ANAHABB CPT/HCPCS ADHERED TO THE SKIN TO SECURE EXTERNAL ELECTRICAL YES	K0744	CPT/HCPCS		Yes
OR EQUAL TO  OR EQUAL TO  OF THE SHELF DEPTH INLAY SHOE MANUFACTURED TO ACCOMMODA  OF THE SHELF DEPTH INLAY SHOE MANUFACTURED TO ACCOMMODA  OF THE SHELF DEPTH INLAY SHOE MANUFACTURED TO ACCOMMODA  OF THE SHELF DEPTH INLAY SHOE MANUFACTURED TO ACCOMMODA  OF THE SHELF DEPTH INLAY SHOE MANUFACTURED TO ACCOMMODA  OF THE SHELF DEPTH INLAY SHOE MANUFACTURED TO ACCOMMODA  OF THE SHELF DEPTH INLAY SHOE MANUFACTURED TO ACCOMMODA  OF THE SHELF DEPTH INLAY SHOE MANUFACTURED TO ACCOMMODA  OF THE SHELF DEPTH INLAY SHOE MANUFACTURED TO ACCOMMODA  OF THE SHELF DEPTH INLAY SHOE MANUFACTURED TO ACCOMMODA  OF THE SHELF DEPTH INLAY SHOE MANUFACTURED TO ACCOMMODA  OF THE SHELF DEPTH INLAY SHOE MANUFACTURED TO ACCOMMODA  OF THE SHELF DEPTH INLAY SHOE MANUFACTURED TO ACCOMMODA  OF THE SHELF DEPTH INLAY SHOE MANUFACTURED TO ACCOMMODA  OF THE SHELF DEPTH INLAY SHOE MANUFACTURED TO ACCOMMODA  OF THE SHELF DEPTH INLAY SHOE MANUFACTURED TO ACCOMMODA  OF THE SHELF DEPTH INLAY SHOE MANUFACTURED TO ACCOMMODA  OF THE SHELF DEPTH INLAY SHOE MANUFACTURED TO ACCOMMODA  OF THE SHELF DEPTH INLAY SHOE MANUFACTURED TO ACCOMMODA  OF THE SHELF DEPTH INLAY SHOE MANUFACTURED TO ACCOMMODA  OF THE SHELF DEPTH INLAY SHOE MANUFACTURED TO ACCOMMODA  OF THE SHELF DEPTH INLAY SHOE MANUFACTURED TO ACCOMMODA  OF THE SHELF DEPTH INLAY SHOE MANUFACTURED TO ACCOMMODA  OF THE SHELF DEPTH INLAY SHOE MANUFACTURED TO ACCOMMODA  OF THE SHELF DEPTH INLAY SHOE MANUFACTURED TO ACCOMMODA  OF THE SHELF DEPTH INLAY SHOE MANUFACTURED TO ACCOMMODA  OF THE SHELF DEPTH INLAY SHOE MANUFACTURED TO ACCOMMODA  OF THE SHELF DEPTH INLAY SHOE MANUFACTURED TO ACCOMMODA  OF THE SHELF DEPTH INLAY SHOE MANUFACTURED TO ACCOMMODA  OF THE SHELF DEPTH INLAY SHOE MANUFACTURED TO ACCOMMODA  OF THE SHELF DEPTH INLAY SHOE MANUFACTURED TO ACCOMMODA  OF THE SHELF DEPTH INLAY SHOE MANUFACTURED TO ACCOMMODA  OF THE SHELF DEPTH INLAY SHOE MANUFACTURED TO ACCOMMODA  OF THE SHELF DEPTH INLAY SHOE MANUFACTURED TO ACCOMMODA  OF THE SHELF DEPTH INLAY SHOE MANUFACTURED TO ACCOMMODA  OF THE SHELF DEPTH INLAY	Q4036		CAST SUPPLIES, LONG LEG CYLINDER CAST, PEDIATRIC, FIBERGLASS	Yes
OFF THE SHELF DEPTH INLAY SHOE MANUFACTURED TO ACCOMMODA  CO603 CPT/HCPCS REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, ALKALINE, 1.5 VOLT, EACH  ISSULIN (FIASP) FOR ADMINISTRATION THROUGH DME(I.E.,INSULIN PUMP) PER 50 UNITS  BEGORD  CPT/HCPCS ELECTRICAL STIMULATOR SUPPLIES (EXTERNAL) FOR USE WITH IMPLANTABLE NEUROSTIMULATOR, PER MONTH  A6582 CPT/HCPCS GRADIENT COMPRESSION GAUNTLET, EACH  VES  A4560 CPT/HCPCS NEUROMUSCULAR ELECTRICAL STIMULATOR (NMES)DISPOABLE, REPLACEMENT ONLY  C1600 CPT/HCPCS CATHETER, TRANSLUMINAL INTRAVASCULAR LESION PREPARATION DEVICE, PES  BLADED, SHEATHED (INSERTABLE)  A6587 CPT/HCPCS GRADIENT COMPRESSION WRAP WITH ADJUSTABLE STRAPS, FOOT, EACH  VES  C1602 CPT/HCPCS ORTHOPEDIC/DEVICE/DRUG MATRIX/ABSORBABLE BONE VOID FILLER, ANTIMICROBIAL-ELUTING (IMPLANTABLE)  A4438 CPT/HCPCS ADHESIVE CLIP APPLIED TO THE SKIN TO SECURE EXTERNAL ELECTRICAL  NERVE STIMULATOR CONTROLLER, EACH	A6022	CPT/HCPCS		Yes
PATIENT, ALKALINE, 1.5 VOLT, EACH  CPT/HCPCS INSULIN (FIASP) FOR ADMINISTRATION THROUGH DME(I.E.,INSULIN PUMP) PER 50 UNITS  BECTRICAL STIMULATOR SUPPLIES (EXTERNAL) FOR USE WITH IMPLANTABLE NEUROSTIMULATOR, PER MONTH  A6582 CPT/HCPCS GRADIENT COMPRESSION GAUNTLET, EACH  A4560 CPT/HCPCS GRADIENT COMPRESSION GAUNTLET, EACH  A4560 CPT/HCPCS GRADIENT COMPRESSION GAUNTLET, EACH  COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COM	A5500	CPT/HCPCS	· ·	Yes
1811 CPT/HCPCS INSULIN (FIASP) FOR ADMINISTRATION THROUGH DME(I.E.,INSULIN PUMP) PER 50 UNITS  .8678 CPT/HCPCS ELECTRICAL STIMULATOR SUPPLIES (EXTERNAL) FOR USE WITH IMPLANTABLE NEUROSTIMULATOR, PER MONTH  A6582 CPT/HCPCS GRADIENT COMPRESSION GAUNTLET, EACH Ves  A4560 CPT/HCPCS NEUROMUSCULAR ELECTRICAL STIMULATOR (NMES)DISPOABLE, REPLACEMENT ONLY  C1600 CPT/HCPCS CATHETER, TRANSLUMINAL INTRAVASCULAR LESION PREPARATION DEVICE, BLADED, SHEATHED (INSERTABLE)  A6587 CPT/HCPCS GRADIENT COMPRESSION WRAP WITH ADJUSTABLE STRAPS, FOOT, EACH C1602 CPT/HCPCS ORTHOPEDIC/DEVICE/DRUG MATRIX/ABSORBABLE BONE VOID FILLER, ANTIMICROBIAL-ELUTING (IMPLANTABLE)  A4438 CPT/HCPCS ADHESIVE CLIP APPLIED TO THE SKIN TO SECURE EXTERNAL ELECTRICAL NERVE STIMULATOR CONTROLLER, EACH	K0603	CPT/HCPCS		Yes
IMPLANTABLE NEUROSTIMULATOR, PER MONTH  A6582 CPT/HCPCS GRADIENT COMPRESSION GAUNTLET, EACH Yes  A4560 CPT/HCPCS NEUROMUSCULAR ELECTRICAL STIMULATOR (NMES)DISPOABLE, REPLACEMENT ONLY  C1600 CPT/HCPCS CATHETER, TRANSLUMINAL INTRAVASCULAR LESION PREPARATION DEVICE, Yes BLADED, SHEATHED (INSERTABLE)  A6587 CPT/HCPCS GRADIENT COMPRESSION WRAP WITH ADJUSTABLE STRAPS, FOOT, EACH Yes  C1602 CPT/HCPCS GRADIENT COMPRESSION WRAP WITH ADJUSTABLE STRAPS, FULL LEG, EACH  C1602 CPT/HCPCS ORTHOPEDIC/DEVICE/DRUG MATRIX/ABSORBABLE BONE VOID FILLER, ANTIMICROBIAL-ELUTING (IMPLANTABLE)  A4438 CPT/HCPCS ADHESIVE CLIP APPLIED TO THE SKIN TO SECURE EXTERNAL ELECTRICAL NERVE STIMULATOR CONTROLLER, EACH	J1811	CPT/HCPCS	INSULIN (FIASP) FOR ADMINISTRATION THROUGH DME(I.E.,INSULIN PUMP)	Yes
A4560 CPT/HCPCS NEUROMUSCULAR ELECTRICAL STIMULATOR (NMES)DISPOABLE, REPLACEMENT ONLY  C1600 CPT/HCPCS CATHETER, TRANSLUMINAL INTRAVASCULAR LESION PREPARATION DEVICE, BLADED, SHEATHED (INSERTABLE)  A6587 CPT/HCPCS GRADIENT COMPRESSION WRAP WITH ADJUSTABLE STRAPS, FOOT, EACH  A6586 CPT/HCPCS GRADIENT COMPRESSION WRAP WITH ADJUSTABLE STRAPS, FULL LEG, EACH  C1602 CPT/HCPCS ORTHOPEDIC/DEVICE/DRUG MATRIX/ABSORBABLE BONE VOID FILLER, ANTIMICROBIAL-ELUTING (IMPLANTABLE)  A4438 CPT/HCPCS ADHESIVE CLIP APPLIED TO THE SKIN TO SECURE EXTERNAL ELECTRICAL NERVE STIMULATOR CONTROLLER, EACH	L8678	CPT/HCPCS	,	Yes
(NMES)DISPOABLE,REPLACEMENT ONLY  C1600 CPT/HCPCS CATHETER, TRANSLUMINAL INTRAVASCULAR LESION PREPARATION DEVICE, Pes BLADED, SHEATHED (INSERTABLE)  A6587 CPT/HCPCS GRADIENT COMPRESSION WRAP WITH ADJUSTABLE STRAPS, FOOT,EACH  C1602 CPT/HCPCS GRADIENT COMPRESSION WRAP WITH ADJUSTABLE STRAPS, FULL LEG, EACH  C1602 CPT/HCPCS ORTHOPEDIC/DEVICE/DRUG MATRIX/ABSORBABLE BONE VOID FILLER, ANTIMICROBIAL-ELUTING (IMPLANTABLE)  A4438 CPT/HCPCS ADHESIVE CLIP APPLIED TO THE SKIN TO SECURE EXTERNAL ELECTRICAL NERVE STIMULATOR CONTROLLER, EACH	A6582	CPT/HCPCS		Yes
C1600 CPT/HCPCS CATHETER, TRANSLUMINAL INTRAVASCULAR LESION PREPARATION DEVICE, BLADED, SHEATHED (INSERTABLE)  A6587 CPT/HCPCS GRADIENT COMPRESSION WRAP WITH ADJUSTABLE STRAPS, FOOT, EACH  A6586 CPT/HCPCS GRADIENT COMPRESSION WRAP WITH ADJUSTABLE STRAPS, FULL LEG, EACH  C1602 CPT/HCPCS ORTHOPEDIC/DEVICE/DRUG MATRIX/ABSORBABLE BONE VOID FILLER, ANTIMICROBIAL-ELUTING (IMPLANTABLE)  A4438 CPT/HCPCS ADHESIVE CLIP APPLIED TO THE SKIN TO SECURE EXTERNAL ELECTRICAL NERVE STIMULATOR CONTROLLER, EACH	A4560	CPT/HCPCS		Yes
A6587 CPT/HCPCS GRADIENT COMPRESSION WRAP WITH ADJUSTABLE STRAPS, FOOT, EACH  A6586 CPT/HCPCS GRADIENT COMPRESSION WRAP WITH ADJUSTABLE STRAPS, FULL LEG, EACH  C1602 CPT/HCPCS ORTHOPEDIC/DEVICE/DRUG MATRIX/ABSORBABLE BONE VOID FILLER, ANTIMICROBIAL-ELUTING (IMPLANTABLE)  A4438 CPT/HCPCS ADHESIVE CLIP APPLIED TO THE SKIN TO SECURE EXTERNAL ELECTRICAL NERVE STIMULATOR CONTROLLER, EACH	C1600	CPT/HCPCS	CATHETER, TRANSLUMINAL INTRAVASCULAR LESION PREPARATION DEVICE,	Yes
EACH C1602 CPT/HCPCS ORTHOPEDIC/DEVICE/DRUG MATRIX/ABSORBABLE BONE VOID FILLER, ANTIMICROBIAL-ELUTING (IMPLANTABLE) A4438 CPT/HCPCS ADHESIVE CLIP APPLIED TO THE SKIN TO SECURE EXTERNAL ELECTRICAL NERVE STIMULATOR CONTROLLER, EACH  Ves	A6587	CPT/HCPCS		Yes
C1602 CPT/HCPCS ORTHOPEDIC/DEVICE/DRUG MATRIX/ABSORBABLE BONE VOID FILLER, ANTIMICROBIAL-ELUTING (IMPLANTABLE)  A4438 CPT/HCPCS ADHESIVE CLIP APPLIED TO THE SKIN TO SECURE EXTERNAL ELECTRICAL NERVE STIMULATOR CONTROLLER, EACH	A6586	CPT/HCPCS		Yes
NERVE STIMULATOR CONTROLLER, EACH	C1602	CPT/HCPCS	ORTHOPEDIC/DEVICE/DRUG MATRIX/ABSORBABLE BONE VOID FILLER,	Yes
A2026 CPT/HCPCS RESTRATA MINIMATRIX, 5 MG Yes	A4438	CPT/HCPCS		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	Yes
		MULTIAXIAL, FLUID SWING AND STANCE PHASE CONTROL	
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	Yes
		ELBOW, FOREARM	
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	Yes
A4378	CPT/HCPCS	MULTIAXIAL, FLUID SWING AND STANCE PHASE CONTROL OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, RUBBER, EACH	Yes
A4375	CPT/HCPCS	OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, PLASTIC, EACH	
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