Harbor Health

Cigna Healthcare® Prior Authorization Code List

All codes listed here require a prior authorization.

The information contained within this document is the code listing currently reviewed by the Evernorth Payer Solutions intake department and/or medical management team for the purpose of outpatient precertification.

The codes provided may be used solely for Payer claim adjudication and cannot be used or distributed for any other purpose. For example, the code listing shall not be included in any plan documents, summary plan documents or used in any other external facing materials. The code listing should also not be used for purposes of verifying services/procedures requiring pre-certification in response to provider inquiries. Verification of services and procedures to be pre-certified and pre-certification itself is to be conducted exclusively by Cigna Healthcare.

Effective 9.1.26. This list is subject to change at any time without prior notice. It is not to be distributed.

PROCEDURE CODE	PROCEDURE DESCRIPTION	CODE EFFECTIVE DATE
11950	THERAPY FOR CONTOUR DEFE	11/21/2025
11951	Subcutaneous injection of filling material (e.g., collagen); 1.1 to 5.0 cc	11/04/2019
11952	Subcutaneous injection of filling material (e.g., collagen); 5.1 to 10.0 cc	11/04/2019
11954	Subcutaneous injection of filling material (e.g., collagen); over 10.0 cc	11/04/2019
11980	IMPLANT HORMONE PELLET(S	10/18/2025
15011	HRV SKN CLL SSP AGRFT 1ST 25	12/31/2024
15012	HRV SKN CLL SSP AGRFT EA ADD	12/31/2024
15013	PREPJ SKN CLL SSP AGRFT 1ST	12/31/2024
15014	PREPJ SKN CLL SSP AGRFT EA	12/31/2024
15015	APP SKN CL SSP AGRFT T/A/L 1	12/31/2024
15016	APP SKN CL SSP AGRF T/A/L EA	12/31/2024
15017	APP SKN CLL SSP F/N/G/HF 1ST	12/31/2024
15018	APP SKN CLL SSP F/N/G/HF EA	12/31/2024
15150	CULT SKIN GRFT T/ARM/LEG	12/04/2021
15151	CULT SKIN GRFT T/A/L ADD	12/04/2021
15152	CULT SKIN GRAFT T/A/L +%	12/04/2021
15155	CULT SKIN GRAFT F/N/HF/G	12/04/2021
15156	CULT SKIN GRFT F/N/HFG A	12/04/2021
15157	CULT EPIDERM GRFT F/N/HFG +%	12/04/2021
15271	SKIN SUB GRAFT TRNK/ARM/	09/13/2025
15272	SKIN SUB GRAFT T/A/L ADD	11/21/2025
15273	SKIN SUB GRFT T/ARM/LG	11/21/2025
15274	SKN SUB GRFT T/A/L CHILD	11/21/2025
15275	SKN SUB GRAFT FACE/NK/HF	09/13/2025
15276	SKN SUB GRAFT F/N/HF/G A	11/21/2025

PROCEDURE CODE	PROCEDURE DESCRIPTION	CODE EFFECTIVE DATE
15277	SKN SUB GRFT F/N/HF/G CH	11/21/2025
15278	SKN SUB GRFT F/N/HF/G CH	11/21/2025
15769	GRAFTING OF AUTOLOGOUS SOFT TISSUE, OTHER, HARVESTED BY DIRECT EXCISION (EG, FAT, DERMIS, FASCIA)	04/11/2020
15771	GRAFTING OF AUTOLOGOUS FAT HARVESTED BY LIPOSUCTION TECHNIQUE TO TRUNK, BREASTS, SCALP, ARMS, AND/OR LEGS; 50 CC OR LESS INJECTATE	04/11/2020
15772	GRAFTING OF AUTOLOGOUS FAT HARVESTED BY LIPOSUCTION TECHNIQUE TO TRUNK, BREASTS, SCALP, ARMS, AND/OR LEGS; EACH ADDITIONAL 50 CC INJECTATE, OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	04/11/2020
15773	GRAFTING OF AUTOLOGOUS FAT HARVESTED BY LIPOSUCTION TECHNIQUE TO FACE, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, AND/OR FEET; 25 CC OR LESS INJECTATE	04/11/2020
15774	GRAFTING OF AUTOLOGOUS FAT HARVESTED BY LIPOSUCTION TECHNIQUE TO FACE, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, AND/OR FEET; EACH ADDITIONAL 25 CC INJECTATE, OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	04/11/2020
15777	ACELLULAR DERM MATRIX IM	11/21/2025
15778	Implantation of absorbable mesh or other prosthesis for delayed closure of defect(s) (ie, external genitalia, perineum, abdominal wall) due to soft tissue infection or trauma	12/29/2022
15786	Abrasion; single lesion (e.g., keratosis, scar)	11/04/2019
15787	Abrasion; each additional four lesions or less(list separately in addition to code for primary procedure)	11/04/2019
15820	Blepharoplasty, lower eyelid	11/04/2019
15821	Blepharoplasty, lower eyelid with extensive herniated fat pad	11/04/2019
15822	Blepharoplasty, upper eyelid	11/04/2019
15823	Blepharoplasty, upper eyelid; with extensive skin weighting down lid	11/04/2019
15824	Rhytidectomy, forehead	11/04/2019
15825	Rhytidectomy; neck with platysmal tightening (platysmal flap, P-flap)	11/04/2019
15828	Rhytidectomy; cheek, chin, neck	11/04/2019
15829	Rhytidectomy; superficial musculoaponeurotic system (SMAS) flap	11/04/2019
15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy	11/04/2019
15832	Excision, excessive skin and subcutaneous tissue (including lipectomy); thigh	11/04/2019
15833	Excision, excessive skin and subcutaneous tissue (including lipectomy); leg	11/04/2019
15834	Excision, excessive skin and subcutaneous tissue (including lipectomy); hip	11/04/2019
15835	Excision, excessive skin and subcutaneous tissue (including lipectomy); buttock	11/04/2019
15836	Excision, excessive skin and subcutaneous tissue (including lipectomy); arm	11/04/2019
15837	Excision, excessive skin and subcutaneous tissue (including lipectomy); forearm or hand	11/04/2019

PROCEDURE CODE	PROCEDURE DESCRIPTION	CODE EFFECTIVE DATE
15838	Excision, excessive skin and subcutaneous tissue (including lipectomy); submental fat pad	11/04/2019
15839	Excision, excessive skin and subcutaneous tissue (including lipectomy); other area	11/04/2019
15847	Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (e.g., abdominoplasty) (includes umbilical transposition and fascial plication)(List separately in addition to code for primary procedure)	11/04/2019
15876	Suction assisted lipectomy, head and neck	11/04/2019
15877	Suction assisted lipectomy; trunk	11/04/2019
15878	Suction assisted lipectomy; upper extremity	11/04/2019
15879	Suction assisted lipectomy; lower extremity	11/04/2019
17106	Destruction of cutaneous vascular proliferative lesions (e.g. laser technique); less than 10 sq cm	11/04/2019
17107	Destruction of cutaneous vascular proliferative lesions (e.g., laser technique); 10.0 to 50.0 sq cm	11/04/2019
17108	Destruction of cutaneous vascular proliferative lesions (e.g., laser technique); over 50.0 sq cm	11/04/2019
17999	SKIN TISSUE PROCEDURE	11/21/2025
19294	PREP TUM CAV IORT PRTL MAST	05/31/2025
19296	PLACE PO BREAST CATH FOR	05/31/2025
19297	PLACE BREAST CATH FOR RA	05/31/2025
19298	PLACE BREAST RAD TUBE/CA	05/31/2025
19300	Mastectomy for gynecomastia	11/04/2019
19316	Mastopexy	11/04/2019
19318	Reduction mammaplasty	11/04/2019
19325	Mammaplasty, augmentation; with prosthetic implant	11/04/2019
19328	Removal of intact mammary implant	11/04/2019
19330	Removal of mammary implant material	11/04/2019
19340	IMMEDIATE INSERTION OF BREAST PROSTHESIS FOLLOWING MASTOPEXY, MASTECTOMY OR IN RECONSTRUCTION	11/04/2019
19342	DELAYED INSERTION OF BREAST PROSTHESIS FOLLOWING MASTOPEXY, MASTECTOMY OR IN RECONSTRUCTION	11/04/2019
19350	Nipple/areola reconstruction	11/04/2019
19355	Correction of inverted nipples	11/04/2019
19357	Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion	11/04/2019
19370	Open periprosthetic capsulotomy, breast	11/04/2019
19371	Periprosthetic capsulectomy, breast	11/04/2019
19380	Revision of reconstructed breast	11/04/2019
19499	BREAST SURGERY PROCEDURE	11/21/2025
20527	INJ DUPUYTREN CORD W/ENZ	10/18/2025

PROCEDURE CODE	PROCEDURE DESCRIPTION	CODE EFFECTIVE DATE
20910	REMOVE CARTILAGE FOR GRA	12/04/2021
20912	REMOVE CARTILAGE FOR GRA	12/04/2021
20930	SP BONE ALGRFT MORSEL ADD-ON	11/02/2024
20931	SP BONE ALGRFT STRUCT ADD-ON	11/02/2024
20936	SPINAL BONE AUTOGRAFT	11/02/2024
20937	SPINAL BONE AUTOGRAFT	11/02/2024
20938	SPINAL BONE AUTOGRAFT	11/02/2024
20939	BONE MARROW ASPIR BONE GRFG	11/02/2024
20975	ELECTRICAL BONE STIMULAT	11/02/2024
20999	MUSCULOSKELETAL SURGERY	11/21/2025
21025	Excision of bone (e.g., for osteomyelitis or bone abscess) mandible	11/04/2019
21050	Condylectomy, temporomandibular joint (TMJ)	11/04/2019
21060	Meniscectomy, partial or complete, temporomandibular joint (TMJ)	11/04/2019
21073	MNPJ OF TMJ W/ANESTH	09/13/2025
21079	IMPRES&PREP INTRM OBT PROSTH	05/31/2025
21080	IMPRES&PREP DEF OBT PROSTH	05/31/2025
21081	IMPRES&PREP MNDBL RES PROSTH	05/31/2025
21082	IMPRES&PREP PALTL AUG PROSTH	05/31/2025
21085	Impression and custom preparation; oral surgical splint	11/04/2019
21088	Impression and custom preparation; facial prosthesis	11/04/2019
21089	Unlisted maxillofacial procedure	11/04/2019
21110	Application Of Interdental Fixation Device For Conditions Other Than Fracture Or Dislocation, Includes Removal	11/04/2019
21120	Genioplasty; augmentation (autograft, allograft, prosthetic material)	11/04/2019
21121	Genioplasty, sliding osteotomy, single piece	11/04/2019
21122	Genioplasty, sliding osteotomies, two or more osteotomies (e.g., wedge excision or bone wedge reversal for asymmetrical chin)	11/04/2019
21123	Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts)	11/04/2019
21125	Augmentation, mandibular body or angle; prosthetic material	11/04/2019
21127	Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft)	11/04/2019
21137	Reduction forehead; contouring only	11/04/2019
21138	Reduction forehead; contouring and application of prosthetic material or bone graft (includes obtaining autograft)	11/04/2019
21139	Reduction forehead; contouring and setback of anterior frontal sinus wall	11/04/2019
21141	Reconstruction midface, LeFort I; single piece, segment movement in any direction (e.g., for Long Face Syndrome), without bone graft	11/04/2019
21142	Reconstruction midface, LeFort I; two pieces, segment movement in any direction, without bone graft	11/04/2019

PROCEDURE CODE	PROCEDURE DESCRIPTION	CODE EFFECTIVE DATE
21143	Reconstruction midface, LeFort I; three or more pieces, segment move in any direction, without bone graft	11/04/2019
21145	Reconstruction midface, LeFort I; single piece, segment movement in any direction, requiring bone grafts (includes obtaining autografts)	11/04/2019
21146	Reconstruction midface, LeFort I; two pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (e.g., ungrafted unilateral alveolar cleft)	11/04/2019
21147	Reconstruction midface, LeFort I; three or more pieces, segment move in any direction, requiring bone grafts (includes obtaining autografts) (e.g., ungrafted bilateral alveolar cleft or multiple osteotomies)	11/04/2019
21150	Reconstruction midface, LeFort II; anterior intrusion (e.g., Treacher-Collins Syndrome)	11/04/2019
21151	Reconstruction midface, LeFort II; any direction, requiring bone grafts (includes obtaining autografts)	11/04/2019
21154	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); without LeFort I	11/04/2019
21155	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts) with LeFort I	11/04/2019
21159	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (e.g., mono bloc) requiring bone grafts (includes obtaining autografts); without LeFort I	11/04/2019
21160	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (e.g., mono bloc) requiring bone grafts (includes obtaining autografts); with LeFort I	11/04/2019
21172	Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, with or without grafts (includes obtaining autografts)	11/04/2019
21179	Reconstruction, entire or majority of forehead and/or supraorbital rims; with grafts (allograft or prosthetic material)	11/04/2019
21180	Reconstruction, entire or majority of forehead and/or supraorbital rims; with autograft (includes obtaining grafts)	11/04/2019
21188	Reconstruction midface, osteotomies (other than LeFort type) and bone grafts (includes obtaining autografts)	11/04/2019
21193	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft	11/04/2019
21194	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; with bone graft (includes obtaining graft)	11/04/2019
21195	Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation	11/04/2019
21196	Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation	11/04/2019
21198	Osteotomy, mandible, segmental	11/04/2019
21199	Osteotomy, mandible, segmental; with genioglossus advancement	11/04/2019
21206	Osteotomy, maxilla, segmental (eg, Wassmund or Schuchard)	11/04/2019
21208	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)	11/04/2019
21209	Osteoplasty, facial bones; reduction	11/04/2019
21210	Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)	11/04/2019

PROCEDURE CODE	PROCEDURE DESCRIPTION	CODE EFFECTIVE DATE
21215	Graft, bone; mandible (includes obtaining graft)	11/04/2019
21230	RIB CARTILAGE GRAFT	12/04/2021
21235	Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft)	11/04/2019
21240	Arthroplasty, temporomandibular joint (TMJ), with or without autograft (includes obtaining graft)	11/04/2019
21243	Arthroplasty, temporomandibular joint (TMJ), with prosthetic joint replacement	11/04/2019
21244	Reconstruction of mandible, extraoral, with transosteal bone plate (e.g., mandibular staple bone plate)	11/04/2019
21245	Reconstruction of mandible or maxilla, subperiosteal implant; partial	11/04/2019
21246	Reconstruction of mandible or maxilla, subperiosteal implant; complete	11/04/2019
21248	Reconstruction of mandible or maxilla, endosteal implant (e.g., blade, cylinder); partial	11/04/2019
21249	Reconstruction of mandible or maxilla, endosteal implant (e.g., blade, cylinder); complete	11/04/2019
21270	Malar augmentation, prosthetic material	11/04/2019
21299	CRANIO/MAXILLOFACIAL SUR	11/21/2025
21497	Interdental Wiring	11/04/2019
21499	HEAD SURGERY PROCEDURE	11/21/2025
21685	Hyoid myotomy and suspension	11/04/2019
21740	Reconstructive repair of pectus excavatum or carinatum; open	11/04/2019
21742	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure) without thoracoscopy	11/04/2019
21743	REPAIR STERNUM/NUSS W/SC	09/13/2025
21899	Unlisted procedure, neck or thorax	11/04/2019
22207	CUT SPINE 3 COL LUMB	11/02/2024
22208	CUT SPINE 3 COL ADDL SEG	11/02/2024
22210	REVISION OF NECK SPINE	11/02/2024
22214	REVISION OF LUMBAR SPINE	11/02/2024
22216	REVISE EXTRA SPINE SEGME	11/02/2024
22220	REVISION OF NECK SPINE	11/02/2024
22224	REVISION OF LUMBAR SPINE	11/02/2024
22226	REVISE EXTRA SPINE SEGME	11/02/2024
22505	MANIPULATION OF SPINE	11/21/2025
22510	PERQ CERVICOTHORACIC INJECT	11/02/2024
22511	PERQ LUMBOSACRAL INJECTION	11/02/2024
22512	VERTEBROPLASTY ADDL INJECT	11/02/2024
22513	PERQ VERTEBRAL AUGMENTATION	11/02/2024
22514	PERQ VERTEBRAL AUGMENTATION	11/02/2024
22515	PERQ VERTEBRAL AUGMENTATION	11/02/2024

PROCEDURE CODE	PROCEDURE DESCRIPTION	CODE EFFECTIVE DATE
22526	IDET SINGLE LEVEL	11/02/2024
22527	IDET 1 OR MORE LEVELS	11/02/2024
22533	LAT LUMBAR SPINE FUSION	11/02/2024
22534	LAT THOR/LUMB ADDL SEG	11/02/2024
22551	NECK SPINE FUSE&REMOVE ADDL	11/02/2024
22552	ADDL NECK SPINE FUSION	11/02/2024
22554	NECK SPINE FUSION	11/02/2024
22556	THORAX SPINE FUSION	11/02/2024
22558	LUMBAR SPINE FUSION	11/02/2024
22585	ADDITIONAL SPINAL FUSION	11/02/2024
22586	Arthrodesis, pre-sacral interbody technique, including disc space preparation, discectomy, with posterior instrumentation, with image guidance, includes bone graft when performed, L5-S1 interspace	11/02/2024
22595	Arthrodesis, posterior technique, atlas-axis (C1-C2)	11/02/2024
22600	NECK SPINE FUSION	11/02/2024
22610	Arthrodesis, posterior or posterolateral technique, single level; thoracic (with lateral transverse technique, when performed)	11/02/2024
22612	LUMBAR SPINE FUSION	11/02/2024
22614	Arthrodesis, Posterior Or Posterolateral Technique, Single Interspace; Each Additional Vertebral Segment (List Separately In Addition To Code For Primary Procedure)	11/02/2024
22630	LUMBAR SPINE FUSION	11/02/2024
22632	Arthrodesis, Posterior Interbody Technique, Including Laminectomy And/Or Discectomy To Prepare Interspace (Other Than For Decompression), Single Interspace; Each Additional Interspace (List Separately In Addition To Code For Primary Procedure)	11/02/2024
22633	LUMBAR SPINE FUSION COMB	11/02/2024
22634	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace; each additional interspace (List sep	11/02/2024
22800	Arthrodesis, posterior, for spinal deformity, with or without cast; up to 6 vertebral segments	11/02/2024
22802	Arthrodesis, posterior, for spinal deformity, with or without cast; 7 to 12 vertebral segments	11/02/2024
22804	Arthrodesis, posterior, for spinal deformity, with or without cast; 13 or more vertebral segments	11/02/2024
22808	FUSION OF SPINE	11/02/2024
22810	Arthrodesis, anterior, for spinal deformity, with or without cast; 4 to 7 vertebral segments	11/02/2024
22812	Arthrodesis, anterior, for spinal deformity, with or without cast; 8 or more vertebral segments	11/02/2024
22836	Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; up to 7 vertebral segments	11/02/2024

PROCEDURE CODE	PROCEDURE DESCRIPTION	CODE EFFECTIVE DATE
22837	Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; 8 or more vertebral segments	11/02/2024
22838	Revision (eg, augmentation, division of tether), replacement, or removal of thoracic vertebral body tethering, including thoracoscopy, when performed	11/02/2024
22840	INSERT SPINE FIXATION DEVICE	11/02/2024
22841	INSERT SPINE FIXATION DE	11/02/2024
22842	Posterior Segmental Instrumentation (Eg, Pedicle Fixation, Dual Rods With Multiple Hooks And Sublaminar Wires); 3 To 6 Vertebral Segments (List Separately In Addition To Code For Primary Procedure)	11/02/2024
22843	Posterior Segmental Instrumentation (Eg, Pedicle Fixation, Dual Rods With Multiple Hooks And Sublaminar Wires); 7 To 12 Vertebral Segments (List Separately In Addition To Code For Primary Procedure)	11/02/2024
22844	Posterior Segmental Instrumentation (Eg, Pedicle Fixation, Dual Rods With Multiple Hooks And Sublaminar Wires); 13 Or More Vertebral Segments (List Separately In Addition To Code For Primary Procedure)	11/02/2024
22845	INSERT SPINE FIXATION DE	11/02/2024
22846	INSERT SPINE FIXATION DE	11/02/2024
22847	INSERT SPINE FIXATION DE	11/02/2024
22848	Pelvic Fixation (Attachment Of Caudal End Of Instrumentation To Pelvic Bony Structures) Other Than Sacrum (List Separately In Addition To Code For Primary Procedure)	11/02/2024
22849	REINSERT SPINAL FIXATION	11/02/2024
22850	REMOVE SPINE FIXATION DE	11/02/2024
22852	REMOVE SPINE FIXATION DE	11/02/2024
22853	INSJ BIOMECHANICAL DEVICE	11/02/2024
22854	INSJ BIOMECHANICAL DEVICE	11/02/2024
22855	REMOVE SPINE FIXATION DE	11/02/2024
22856	CERV ARTIFIC DISKECTOMY	11/02/2024
22857	LUMBAR ARTIF DISKECTOMY	11/02/2024
22858	SECOND LEVEL CER DISKECTOMY	11/02/2024
22859	INSJ BIOMECHANICAL DEVICE	11/02/2024
22860	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression); second interspace, lumbar (List separately in addition to code for primary procedure)	11/02/2024
22861	REVISE CERV ARTIFIC DISC	11/02/2024
22862	REVISE LUMBAR ARTIF DISC	11/02/2024
22867	INSJ STABLJ DEV W/DCMPRN	11/02/2024
22868	INSJ STABLJ DEV W/DCMPRN	11/02/2024
22869	INSJ STABLJ DEV W/O DCMPRN	11/02/2024
22870	INSJ STABLJ DEV W/O DCMPRN	11/02/2024
22899	SPINE SURGERY PROCEDURE	11/02/2024
22999	ABDOMEN SURGERY PROCEDUR	11/21/2025

PROCEDURE CODE	PROCEDURE DESCRIPTION	CODE EFFECTIVE DATE
23929	SHOULDER SURGERY PROCEDU	11/21/2025
24300	MANIPULATE ELBOW W/ANEST	11/21/2025
24999	UPPER ARM/ELBOW SURGERY	11/21/2025
25259	MANIPULATE WRIST W/ANEST	11/21/2025
25999	FOREARM OR WRIST SURGERY	11/21/2025
26989	HAND/FINGER SURGERY	11/21/2025
27198	CLSD TX PELVIC RING FX	11/21/2025
27275	MANIPULATION OF HIP JOIN	11/21/2025
27278	Arthrodesis, sacroiliac joint, percutaneous, with image guidance, including placement of intra-articular implant(s) (eg, bone allograft[s], synthetic device[s]), without placement of transfixation device	11/02/2024
27279	ARTHRODESIS SACROILIAC JOINT	11/02/2024
27280	Arthrodesis, sacroiliac joint, open, includes obtaining bone graft, including instrumentation, when performed	11/02/2024
27299	PELVIS/HIP JOINT SURGERY	11/21/2025
27599	LEG SURGERY PROCEDURE	11/21/2025
27702	RECONSTRUCT ANKLE JOINT	09/13/2025
27703	RECONSTRUCTION ANKLE JOI	11/21/2025
27860	FIXATION OF ANKLE JOINT	11/21/2025
27899	LEG/ANKLE SURGERY PROCED	11/21/2025
28291	CORRJ HALUX RIGDUS W/IMPLT	11/21/2025
28890	Extracorporeal shock wave, high energy, performed by a physician, requiring anesthesia other than local, including ultrasound guidance, involving the plantar fascia	11/04/2019
28899	FOOT/TOES SURGERY PROCED	11/21/2025
29804	Arthroscopy , temporomandibular joint (TMJ), surgical	11/04/2019
29999	ARTHROSCOPY OF JOINT	11/21/2025
30150	Rhinectomy; partial	11/04/2019
30400	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip	11/04/2019
30410	Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip	11/04/2019
30420	Rhinoplasty, primary; including major septal repair	11/04/2019
30430	Rhinoplasty, secondary; minor revision (small amount of nasal tip work)	11/04/2019
30435	Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)	11/04/2019
30450	Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)	11/04/2019
30460	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only	11/04/2019
30462	Rhinoplasty for nasal deformity secondary to congenital cleft lip an palate, including columellar lengthening; tip, septum, osteotomies	11/04/2019
30465	Repari Of Nasal Vestibular Stenosis (E.G. Spreader Grafting, Lateral Nasal Wall Reconstruction)	11/04/2019

PROCEDURE CODE	PROCEDURE DESCRIPTION	CODE EFFECTIVE DATE
30468	REPAIR OF NASAL VALVE COLLAPSE WITH SUBCUTANEOUS/SUBMUCOSAL LATERAL WALL IMPLANT(S)	12/18/2020
30469	Repair of nasal valve collapse with low energy, temperature-controlled (ie, radiofrequency) subcutaneous/submucosal remodeling	11/21/2025
30520	REPAIR OF NASAL SEPTUM	10/18/2025
30620	Intranasal Reconstruction	11/04/2019
30999	NASAL SURGERY PROCEDURE	11/21/2025
31295	SINUS ENDO W/BALLOON DIL	12/04/2021
31296	SINUS ENDO W/BALLOON DIL	12/04/2021
31297	SINUS ENDO W/BALLOON DIL	12/04/2021
31298	NSL/SINS NDSC W/SINS DILAT	11/04/2019
31299	SINUS SURGERY PROCEDURE	11/21/2025
31599	Unlisted procedure, larynx	11/04/2019
31899	Unlisted procedure, trachea, bronchi	11/04/2019
32553	INS MARK THOR FOR RT PER	05/31/2025
32664	THORACOSCOPY W/ TH NRV E	12/04/2021
32850	DONOR PNEUMONECTOMY	11/04/2019
32851	Lung transplant, single; without cardiopulmonary bypass	11/04/2019
32852	Lung transplant, single; with cardiopulmonary bypass	11/04/2019
32853	Lung transplant, double (bilateral sequential or en bloc); without cardiopulmonary bypass	11/04/2019
32854	Lung transplant, double (bilateral sequential or en bloc); with cardiopulmonary bypass	11/04/2019
32855	PREPARE DONOR LUNG SINGL	08/31/2024
32856	PREPARE DONOR LUNG DOUBL	08/31/2024
32999	Unlisted procedure, lungs and pleura	11/04/2019
33224	INSERT PACING LEAD & CON	11/14/2020
33225	L VENTRIC PACING LEAD AD	11/14/2020
33249	NSERT PACE-DEFIB W/LEAD	11/14/2020
33254	ABLATE ATRIA LMTD	08/27/2022
33255	ABLATE ATRIA W/O BYPASS	08/27/2022
33258	ABLATE ATRIA X10SV ADD-O	09/13/2025
33265	ABLATE ATRIA LMTD ENDO	08/27/2022
33266	ABLATE ATRIA X10SV ENDO	08/27/2022
33267	Exclusion of left atrial appendage, open, any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip)	12/30/2021
33269	Exclusion of left atrial appendage, thoracoscopic, any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip)	12/30/2021
33270	INS/REP SUBQ DEFIBRILLATOR	12/04/2021
33285	INSJ SUBQ CAR RHYTHM MNTR	11/04/2019

PROCEDURE CODE	PROCEDURE DESCRIPTION	CODE EFFECTIVE DATE
33289	TCAT IMPL WRLS P-ART PRS SNR	09/13/2025
33340	PERQ CLSR TCAT L ATR APNDGE	09/13/2025
33361	REPLACE AORTIC VALVE PER	12/04/2021
33362	REPLACE AORTIC VALVE OPE	12/04/2021
33363	REPLACE AORTIC VALVE OPE	12/04/2021
33364	REPLACE AORTIC VALVE OPE	12/04/2021
33365	REPLACE AORTIC VALVE OPE	12/04/2021
33366	TRCATH REPLACE AORTIC VALVE	03/26/2021
33418	REPAIR TCAT MITRAL VALVE	11/04/2019
33477	Transcatheter pulmonary valve implantation, percutaneous approach, including pre-stenting of the valve delivery site, when performed	11/04/2019
33930	REMOVAL OF DONOR HEART/L	08/31/2024
33933	PREPARE DONOR HEART/LUNG	08/31/2024
33935	Heart-lung transplant with recipient cardiectomy-pneumonectomy	11/04/2019
33940	REMOVAL OF DONOR HEART	08/31/2024
33944	PREPARE DONOR HEART	08/31/2024
33945	Heart transplant, with or without recipient cardiectomy	11/04/2019
33975	IMPLANT VENTRICULAR DEVI	11/04/2019
33976	IMPLANT VENTRICULAR DEVI	11/04/2019
33979	INSERT INTRACORPOREAL DE	11/04/2019
33981	REPLACE VAD PUMP EXT	11/04/2019
33982	REPLACE VAD INTRA W/O BP	11/04/2019
33983	REPLACE VAD INTRA W/BP	11/04/2019
33990	INSERT VAD ARTERY ACCESS	11/04/2019
33991	INSERT VAD ART&VEIN ACCE	11/04/2019
33993	REPOSITION VAD DIFF SESS	11/04/2019
33999	CARDIAC SURGERY PROCEDUR	11/21/2025
34718	EVASC RPR N/A A-ILIAC NDGFT	11/02/2024
36465	NJX NONCMPND SCLRSNT 1 VEIN	11/02/2024
36466	NJX NONCMPND SCLRSNT MLT VN	11/02/2024
36468	INJECTION(S) SPIDER VEIN	11/02/2024
36471	INJECTION THERAPY OF VEI	11/02/2024
36473	ENDOVENOUS MCHNCHEM 1ST VEIN	11/02/2024
36474	ENDOVENOUS MCHNCHEM ADD-ON	11/02/2024
36475	ENDOVENOUS RF 1ST VEIN	11/02/2024
36476	ENDOVENOUS RF VEIN ADD-O	11/02/2024
36478	ENDOVENOUS LASER 1ST VEI	11/02/2024
36479	ENDOVENOUS LASER VEIN AD	11/02/2024

PROCEDURE CODE	PROCEDURE DESCRIPTION	CODE EFFECTIVE DATE
36482	ENDOVEN THER CHEM ADHES 1ST	11/02/2024
36483	ENDOVEN THER CHEM ADHES SBSQ	11/02/2024
36514	APHERESIS PLASMA	12/04/2021
37215	TRANSCATH STENT CCA W/EP	11/02/2024
37216	TRANSCATH STENT CCA W/O	11/02/2024
37218	STENT PLACEMT ANTE CAROTID	11/02/2024
37238	OPEN/PERQ PLACE STENT SAME	11/02/2024
37239	OPEN/PERQ PLACE STENT EA ADD	11/02/2024
37241	VASC EMBOLIZE/OCCLUDE VENOUS	11/02/2024
37242	VASC EMBOLIZE/OCCLUDE ARTERY	11/02/2024
37243	VASC EMBOLIZE/OCCLUDE ORGAN	11/02/2024
37244	VASC EMBOLIZE/OCCLUDE BLEED	11/02/2024
37248	TRLUML BALO ANGIOP 1ST VEIN	11/02/2024
37249	TRLUML BALO ANGIOP ADDL VEIN	11/02/2024
37254	REVSC EVASC IVT ANGIO SF 1ST	12/31/2025
37255	REVSC EVASC IVT ANGIO SF EA	12/31/2025
37256	REVSC EVASC IVT ANGIO CPLX 1	12/31/2025
37257	REVSC EVSC IVT ANGIO CPLX EA	12/31/2025
37258	REVSC EVASC IVT STENT SF 1ST	12/31/2025
37259	REVSC EVASC IVT STENT SF EA	12/31/2025
37260	REVSC EVASC IVT ST CPLX 1ST	12/31/2025
37261	REVSC EVASC IVT ST CPLX EA	12/31/2025
37262	IV LITHOTRP IVT W/IN SM ART	12/31/2025
37263	REVSC EVASC FPVT ANGIO SF 1	12/31/2025
37264	REVSC EVASC FPVT ANGIO SF EA	12/31/2025
37265	REVSC EVSC FPVT ANGIO CPLX 1	12/31/2025
37266	RVSC EVSC FPVT ANGIO CPLX EA	12/31/2025
37267	REVSC EVSC FPVT STENT SF 1ST	12/31/2025
37268	REVSC EVASC FPVT STENT SF EA	12/31/2025
37269	REVSC EVASC FPVT ST CPLX 1ST	12/31/2025
37270	REVSC EVASC FPVT ST CPLX EA	12/31/2025
37271	REVSC EVSC FPVT ATHRC SF 1ST	12/31/2025
37272	REVSC EVSC FPVT ATHRC SF EA	12/31/2025
37273	REVSC EVSC FPVT ATHRC CPLX 1	12/31/2025
37274	RVSC EVSC FPVT ATHRC CPLX EA	12/31/2025
37275	RVSC EVSC FPVT ST ATHRC SF 1	12/31/2025
37276	RVSC EVSC FPVT ST ATHR SF EA	12/31/2025

PROCEDURE CODE	PROCEDURE DESCRIPTION	CODE EFFECTIVE DATE
37277	RVSC EVSC FPVT ST ATHR CPX 1	12/31/2025
37278	RVSC EVSC FPVT ST ATH CPX EA	12/31/2025
37279	IV LITHOTRP FPVT W/IN SM ART	12/31/2025
37280	REVSC EVSC TPVT ANGIO SF 1ST	12/31/2025
37281	REVSC EVSC TPVT ANGIO SF EA	12/31/2025
37282	RVSC EVSC TPVT ANGIO CPLX 1	12/31/2025
37283	RVSC EVSC TPVT ANGIO CPLX EA	12/31/2025
37284	REVSC EVASC TPVT ST SF 1ST	12/31/2025
37285	REVSC EVASC TPVT ST SF EA	12/31/2025
37286	REVSC EVASC TPVT ST CPLX 1ST	12/31/2025
37287	REVSC EVASC TPVT ST CPLX EA	12/31/2025
37288	REVSC EVSC TPVT ATHRC SF 1ST	12/31/2025
37289	REVSC EVSC TPVT ATHRC SF EA	12/31/2025
37290	REVSC EVSC TPVT ATHRC CPLX 1	12/31/2025
37291	REVSC EVSC TPVT ATHR CPLX EA	12/31/2025
37292	RVSC EVSC TPVT ST ATHRC SF 1	12/31/2025
37293	RVSC EVSC TPVT ST ATHR SF EA	12/31/2025
37294	RVSC EVSC TPVT ST ATHR CPX 1	12/31/2025
37295	RVSC EVSC TPVT ST ATH CPX EA	12/31/2025
37296	REVSC EVASC IMVT ANGIO SF 1	12/31/2025
37297	REVSC EVASC IMVT ANGIO SF EA	12/31/2025
37298	REVSC EVSC IMVT ANGIO CPLX 1	12/31/2025
37299	REVSC EVSC IMVT ANGIO CPX EA	12/31/2025
37700	REVISE LEG VEIN	11/02/2024
37718	LIGATE/STRIP SHORT LEG V	11/02/2024
37722	LIGATE/STRIP LONG LEG VE	11/02/2024
37735	REMOVAL OF LEG VEINS/LES	11/02/2024
37765	STAB PHLEB VEINS XTR 10-	11/02/2024
37766	PHLEB VEINS EXTREM 20+	11/02/2024
37780	REVISION OF LEG VEIN	11/02/2024
37785	LIGATE/DIVIDE/EXCISE VEI	11/02/2024
37799	VASCULAR SURGERY PROCEDU	11/02/2024
38129	Unlisted laparoscopy procedure, spleen	11/04/2019
38204	Management of recipient hematopoietic progenitor cell donor search and cell acquisition	11/04/2019
38205	Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; allogenic	11/04/2019
38206	Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; autologous	11/04/2019

PROCEDURE CODE	PROCEDURE DESCRIPTION	CODE EFFECTIVE DATE
38207	Transplant preparation of hematopoietic progenitor cells; cryopreservation and storage	11/04/2019
38208	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, without washing	11/04/2019
38209	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, with washing	11/04/2019
38210	Transplant preparation of hematopoietic progenitor cells; specific cell depletion within harvest, T-cell depletion	11/04/2019
38211	Transplant preparation of hematopoietic progenitor cells; tumor cell depletion	11/04/2019
38212	Transplant preparation of hematopoietic progenitor cells; red blood cell removal	11/04/2019
38213	Transplant preparation of hematopoietic progenitor cells; platelet depletion	11/04/2019
38214	Transplant preparation of hematopoietic progenitor cells; plasma (volume) depletion	11/04/2019
38215	Transplant preparation of hematopoietic progenitor cells; cell concentration in plasma, mononuclear, or buffy coat layer	11/04/2019
38225	CAR-T HRV BLD-DRV T LYMPHCYT	12/31/2024
38226	CAR-T PREP T LYMPHCYT F/TRNS	12/31/2024
38227	CAR-T RECEIPT&PREPJ ADMN	12/31/2024
38228	CAR-T ADMN AUTOLOGOUS	12/31/2024
38230	Bone marrow harvesting for transplantation	11/04/2019
38232	Bone marrow harvesting for transplantation; autologous	11/04/2019
38240	Bone marrow or blood derived peripheral stem cell transplantation, allogenic	11/04/2019
38241	Bone marrow or blood derived peripheral stem cell, transplantation autologous	11/04/2019
38242	Bone marrow or blood-derived peripheral stem cell transplantation; allogeneic donor lymphocyte infusions	11/04/2019
38243	Hematopoietic progenitor cell (HPC); HPC boost	11/04/2019
38589	LAPAROSCOPE PROC LYMPHAT	11/21/2025
38999	BLOOD/LYMPH SYSTEM PROCE	11/21/2025
39599	Unlisted procedure, diaphragm	11/04/2019
40799	Unlisted procedure, lips	11/04/2019
41019	PLACE NEEDLES H&N FOR RT	05/31/2025
41512	TONGUE SUSPENSION]	11/21/2025
41530	TONGUE BASE VOL REDUCTIO	11/21/2025
41599	TONGUE AND MOUTH SURGERY	11/21/2025
41874	Alveoloplasty, each quadrant (specify)	11/04/2019
41899	Unlisted procedure, dentoalveolar structures	11/04/2019
42140	EXCISION OF UVULA	09/13/2025
42145	Palatopharyngoplasty (e.g., uvulopalatopharyngoplasty, uvulopharyngoplasty)	11/04/2019
42160	TREATMENT MOUTH ROOF LES	11/21/2025
42299	PALATE/UVULA SURGERY	11/21/2025

PROCEDURE CODE	PROCEDURE DESCRIPTION	CODE EFFECTIVE DATE
42699	Unlisted procedure, salivary glands or ducts	11/04/2019
42975	Drug-induced sleep endoscopy, with dynamic evaluation of velum, pharynx, tongue base, and larynx for evaluation of sleep-disordered breathing, flexible, diagnostic	12/30/2021
42999	Unlisted procedure, pharynx, adenoids, or tonsils	11/04/2019
43210	EGD ESOPHAGOGASTRC FNDOPLSTY	12/04/2021
43233	EGD BALLOON DIL ESOPH30 MM/>	05/31/2025
43235	UPPR GI ENDOSCOPY DIAGNO	05/31/2025
43236	UPPR GI SCOPE W/SUBMUC I	05/31/2025
43239	UPPER GI ENDOSCOPY BIOPS	05/31/2025
43241	UPPER GI ENDOSCOPY WITH	05/31/2025
43243	UPPER GI ENDOSCOPY & INJ	05/31/2025
43244	UPPER GI ENDOSCOPY/LIGAT	05/31/2025
43245	UPPR GI SCOPE DILATE STR	05/31/2025
43247	OPERATIVE UPPER GI ENDOS	05/31/2025
43248	UPPR GI ENDOSCOPY/GUIDE	05/31/2025
43249	ESOPH ENDOSCOPY DILATION	05/31/2025
43250	UPPER GI ENDOSCOPY/TUMOR	05/31/2025
43251	OPERATIVE UPPER GI ENDOS	05/31/2025
43252	UPPR GI OPTICL ENDOMICRS	05/31/2025
43254	EGD ENDO MUCOSAL RESECTION	05/31/2025
43255	OPERATIVE UPPER GI ENDOS	05/31/2025
43257	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with delivery of thermal energy to the muscle of lower esophageal sphincter and/or gastric cardia, for treament of gastroesophageal reflu	11/04/2019
43266	EGD ENDOSCOPIC STENT PLACE	05/31/2025
43270	EGD LESION ABLATION	05/31/2025
43284	LAPS ESOPHGL SPHNCTR AGMNTJ	11/04/2019
43289	LAPAROSCOPE PROC ESOPH	11/21/2025
43290	Esophagogastroduodenoscopy, flexible, transoral; with deployment of intragastric bariatric balloon	11/21/2025
43497	Lower esophageal myotomy, transoral (ie, peroral endoscopic myotomy [POEM])	12/30/2021
43499	ESOPHAGUS SURGERY PROCED	11/21/2025
43631	Gastrectomy, partial, distal; with gastroduodenostomy	11/04/2019
43632	Gastrectomy, partial, distal; with gastrojejunostomy	11/04/2019
43633	Gastrectomy, partial, distal; with Roux-en-Y reconstruction	11/04/2019
43634	Gastrectomy, partial, distal; with formation of intestinal pouch	11/04/2019
43644	LAP GASTRIC BYPASS/ROUX-	08/20/2025

PROCEDURE CODE	PROCEDURE DESCRIPTION	CODE EFFECTIVE DATE
43645	LAP GASTR BYPASS INCL SM	08/20/2025
43659	LAPAROSCOPE PROC STOM	11/21/2025
43770	Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (gastric band and subcutaneous port components)	11/04/2019
43771	Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric restrictive device component only	11/04/2019
43772	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device component only	11/04/2019
43773	Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric restrictive device component only	11/04/2019
43774	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device and subcutaneous port components	11/04/2019
43775	LAP SLEEVE GASTRECTOMY	06/18/2022
43842	Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical-banded gastroplasty	11/04/2019
43843	Gastric restrictive procedure, without gastric bypass, for morbid obesity; other than vertical-banded gastroplasty	11/04/2019
43845	GASTROPLASTY DUODENAL SW	03/29/2025
43846	Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (less than 100 cm) Roux-en-Y gastroenterostomy	11/04/2019
43847	Gastric restrictive procedure, with gastric bypass for morbid obesity; with small intestine reconstruction to limit absorption	11/04/2019
43848	Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric restrictive device (separate procedure)	11/04/2019
43860	REVISE STOMACH-BOWEL FUSION	11/04/2019
43865	REVISE STOMACH-BOWEL FUSION	11/04/2019
43881	IMPL/REDO ELECTRD ANTRUM	12/04/2021
43886	Gastric restrictive procedure, open; revision of subcutaneous port component only	11/04/2019
43888	Gastric restrictive procedure, open; removal and replacement of subcutaneous port component only	11/04/2019
43889	GSTR RSTCV PX TRNSORL ESG	12/31/2025
43999	STOMACH SURGERY PROCEDUR	11/21/2025
44132	ENTERECTOMY CADAVER DONO	11/04/2019
44133	ENTERECTOMY LIVE DONOR	11/04/2019
44135	INTESTINE TRANSPLNT CADA	11/04/2019
44136	Intestinal allotransplantation; from living donor	11/04/2019
44137	REMOVE INTESTINAL ALLOGR	08/31/2024
44238	LAPAROSCOPE PROC INTESTI	11/21/2025
44715	Backbench standard preparation of cadaver or living donor intestine allograft prior to transplantation, including mobilization and fashioning of the superior mesenteric artery and vein	11/04/2019

PROCEDURE CODE	PROCEDURE DESCRIPTION	CODE EFFECTIVE DATE
44720	Backbench standard preparation of cadaver or living donor intestine allograft prior to transplantation, venous anastomosis, each	11/04/2019
44721	Backbench standard preparation of cadaver or living donor intestine allograft prior to transplantation, arterial anastomosis each	11/04/2019
44799	Unlisted procedure, intestine	11/04/2019
44979	Unlisted laparoscopy procedure, appendix	11/04/2019
45399	UNLISTED PROCEDURE COLON	11/04/2019
45999	Unlisted procedure, rectum	11/04/2019
46707	Repair anorectal fist w/plug	11/04/2019
46999	ANUS SURGERY PROCEDURE	11/21/2025
47133	REMOVAL OF DONOR LIVER	08/31/2024
47135	Liver allotransplantation; orthotopic, partial or whole, from cadaver or living donor, any age	11/04/2019
47140	Donor hepatectomy, with preparation and maintenance of allograft, from living donor; left lateral segment only (segments II and III)	11/04/2019
47141	Donor hepatectomy, with preparation and maintenance of allograft, from living donor; total left lobectomy (segments II, III and IV)	11/04/2019
47142	Donor hepatectomy, with preparation and maintenance of allograft, from living donor; total right lobectomy (segments V, VI, VII and VIII)	11/04/2019
47143	PREP DONOR LIVER WHOLE	11/04/2019
47144	PREP DONOR LIVER 3-SEGME	11/04/2019
47145	PREP DONOR LIVER LOBE SP	11/04/2019
47146	Backbench reconstruciton of cadaver or living donor liver graft prior to allotransplantation; venous anastomosis, each	11/04/2019
47147	Backbench reconstruciton of cadaver or living donor liver graft prior to allotransplantation; arterial anastomosis, each	11/04/2019
47379	Unlisted laparoscopic procedure, live	11/04/2019
47399	Unlisted procedure, liver	11/04/2019
47579	Unlisted laparoscopy procedure, biliary tract	11/04/2019
47999	Unlisted procedure, biliary tract	11/04/2019
48160	Pancreatectomy, total or subtotal, with autologous transplantation of pancreas or pancreatic islet cells	11/04/2019
48550	DONOR PANCREATECTOMY	11/04/2019
48551	PREP DONOR PANCREAS	11/04/2019
48552	PREP DONOR PANCREAS/VENO	11/04/2019
48554	Transplantation of pancreatic allograft	11/04/2019
48556	Removal of transplanted pancreatic allograft	11/04/2019
48999	PANCREAS SURGERY PROCEDU	11/21/2025
49329	Unlisted laparoscopy procedure, abdomen, peritoneum and omentum	11/04/2019
49411	INS MARK ABD/PEL FOR RT	05/31/2025
49412	INS DEVICE FOR RT GUIDE OPEN	05/31/2025

PROCEDURE CODE	PROCEDURE DESCRIPTION	CODE EFFECTIVE DATE
49659	LAPARO PROC HERNIA REPAI	11/21/2025
49999	ABDOMEN SURGERY PROCEDUR	11/21/2025
50300	REMOVE CADAVER DONOR KID	08/31/2024
50320	Donor nephrectomy, open from living donor (excluding preparation and maintenance of allograft)	11/04/2019
50323	PREP CADAVER RENAL ALLOG	08/31/2024
50325	Backbench standard preparation of living donor renal allograft (open or laparoscopic) prior to transplantation, including dissection and removal of perinephric fat and preparation of ureter(s), renal vein(s), and renal artery(s), ligating branches, as nec	11/04/2019
50327	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; venous anastomosis, each	11/04/2019
50328	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; arterial anastomosis, each	11/04/2019
50329	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; ureteral anastomosis, each	11/04/2019
50340	Recipient nephrectomy (separate procedure)	11/04/2019
50360	Renal allotransplantation, implantation of graft; excluding donor and recipient nephrectomy	11/04/2019
50365	Renal allotransplantation, implantation of graft; with recipient nephrectomy	11/04/2019
50370	Removal of transplanted renal allograft	11/04/2019
50547	Laparoscopy, surgical; donor nephrectomy from living donor (excluding preparation and maintenance of allograft)	11/04/2019
50949	Unlisted laparoscopy procedure, ureter	11/04/2019
51721	INS TRURL ABLT TRNSDC THR US	08/20/2025
53451	Periurethral transperineal adjustable balloon continence device; bilateral insertion, including cystourethroscopy and imaging guidance	11/21/2025
53452	Periurethral transperineal adjustable balloon continence device; unilateral insertion, including cystourethroscopy and imaging guidance	11/21/2025
53865	CYSTO INSJ DEV ISCHMC RMDLG	12/31/2024
53899	Unlisted procedure, urinary system	11/04/2019
54125	REMOVAL OF PENIS	12/04/2021
54161	Circumcision, surgical excision other than clamp, device or dorsal slit; older than 28 days	11/04/2019
55875	TRANSPERI NEEDLE PLACE P	05/31/2025
55876	PLACE RT DEVICE/MARKER P	05/31/2025
55880	ABLATION OF MALIGNANT PROSTATE TISSUE, TRANSRECTAL, WITH HIGH INTENSITY-FOCUSED ULTRASOUND (HIFU), INCLUDING ULTRASOUND GUIDANCE	12/18/2020
55881	ABLT TRURL PRST8 TIS THRM US	08/20/2025
55882	ABLT TRURL PRST8 TIS TRNSDCR	08/20/2025
55899	GENITAL SURGERY PROCEDUR	11/21/2025
55920	PLACE NEEDLES PELVIC FOR	05/31/2025

PROCEDURE CODE	PROCEDURE DESCRIPTION	CODE EFFECTIVE DATE
55970	Intersex Surgery; Male To Female	11/04/2019
55980	Intersex Surgery; Female To Male	11/04/2019
56620	Vulvectomy simple; partial	11/04/2019
56805	REPAIR CLITORIS	12/04/2021
57110	REMOVE VAGINA WALL COMPL	12/04/2021
57155	INSERT UTERI TANDEM/OVOI	05/31/2025
57156	INS VAG BRACHYTX DEVICE	05/31/2025
57291	CONSTRUCTION OF VAGINA	12/04/2021
57292	CONSTRUCT VAGINA WITH GR	12/04/2021
57335	REPAIR VAGINA	12/04/2021
58346	INSERT HEYMAN UTERI CAPS	05/31/2025
58578	LAPARO PROC UTERUS	11/21/2025
58579	HYSTEROSCOPE PROCEDURE	11/21/2025
58679	Unlisted laparoscopy procedure, oviduct, ovary	11/04/2019
58999	GENITAL SURGERY PROCEDUR	11/21/2025
59897	Unlisted fetal invasive procedure, including ultrasound guidance	11/04/2019
60660	ABLTJ 1/+THYR NDUL 1LOBE PRQ	12/31/2024
60661	ABLTJ 1/+THYR NDUL ADDL PRQ	12/31/2024
60699	Unlisted procedure, endocrine system	11/04/2019
61624	TRANSCATH OCCLUSION CNS	11/02/2024
61630	INTRACRANIAL ANGIOPLASTY	11/02/2024
61635	INTRACRAN ANGIOPLSTY W/S	11/02/2024
61736	Laser interstitial thermal therapy (LITT) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; single trajectory for 1 simple lesion	12/30/2021
61737	Laser interstitial thermal therapy (LITT) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; multiple trajectories for multiple or complex lesion(s)	12/30/2021
61796	SRS CRANIAL LESION SIMPL	05/31/2025
61797	SRS CRAN LES SIMPLE ADDL	05/31/2025
61798	SRS CRANIAL LESION COMPL	05/31/2025
61799	SRS CRAN LES COMPLEX ADD	05/31/2025
61800	APPLY SRS HEADFRAME ADD-	05/31/2025
61863	IMPLANT NEUROELECTRODE	12/04/2021
61867	IMPLANT NEUROELECTRODE	12/04/2021
61886	IMPLANT NEUROSTIM ARRAYS	11/21/2025
61889	Insertion of skull-mounted cranial neurostimulator pulse generator or receiver, including craniectomy or craniotomy, when performed, with direct or inductive coupling, with connection to depth and/or cortical strip electrode array(s)	12/28/2023

PROCEDURE CODE	PROCEDURE DESCRIPTION	CODE EFFECTIVE DATE
62263	Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 2 or more days	11/04/2019
62264	Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 1 day	11/04/2019
62287	PERCUTANEOUS DISKECTOMY	11/02/2024
62290	INJECT FOR SPINE DISK X-	11/02/2024
62361	Implantation Or Replacement Of Device For Intrathecal Or Epidural Drug Infusion; Non-Programmable Pump	11/04/2019
62362	Implantation or replacement of device for intrathecal or epidural drug infusion; programmable pump, including preparation of pump, with or without programming	11/04/2019
62380	NDSC DCMPRN 1 NTRSPC LUMBAR	11/02/2024
63001	REMOVAL OF SPINAL LAMINA	11/02/2024
63005	REMOVAL OF SPINAL LAMINA	11/02/2024
63012	REMOVAL OF SPINAL LAMINA	11/02/2024
63015	REMOVAL OF SPINAL LAMINA	11/02/2024
63016	REMOVAL OF SPINAL LAMINA	11/02/2024
63017	REMOVAL OF SPINAL LAMINA	11/02/2024
63020	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, cervical	11/02/2024
63030	LOW BACK DISK SURGERY	11/02/2024
63042	LAMINOTOMY SINGLE LUMBAR	11/02/2024
63044	LAMINOTOMY ADDL LUMBAR	11/02/2024
63045	Laminectomy, Facetectomy And Forminotomy (Unilateral Or Bilateral With Decompression Of Spinal Cord, Cauda Equina And/Or Nerve Root[S], [Eg, Spinal Or Lateral Recess Stenosis], Single Vertebral Segment; Cervical	11/02/2024
63047	REMOVAL OF SPINAL LAMINA	11/02/2024
63048	REMOVE SPINAL LAMINA ADD	11/02/2024
63056	DECOMPRESS SPINAL CORD	11/02/2024
63057	DECOMPRESS SPINE CORD AD	11/02/2024
63077	SPINE DISK SURGERY THORA	11/02/2024
63078	SPINE DISK SURGERY THORA	11/02/2024
63081	REMOVAL OF VERTEBRAL BOD	11/02/2024
63082	REMOVE VERTEBRAL BODY AD	11/02/2024
63087	REMOVAL OF VERTEBRAL BOD	11/02/2024
63088	REMOVE VERTEBRAL BODY AD	11/02/2024
63090	REMOVAL OF VERTEBRAL BOD	11/02/2024
63091	REMOVE VERTEBRAL BODY AD	11/02/2024

PROCEDURE CODE	PROCEDURE DESCRIPTION	CODE EFFECTIVE DATE
63267	EXCISE INTRASPINAL LESIO	11/02/2024
63620	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion	11/04/2019
63621	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional spinal lesion (List separately in addition to code for primary procedure)	11/04/2019
63650	IMPLANT NEUROELECTRODES	12/04/2021
63655	IMPLANT NEUROELECTRODES	12/04/2021
63685	INSRT/REDO SPINE N GENER	12/04/2021
64553	IMPLANT NEUROELECTRODES	12/04/2021
64555	IMPLANT NEUROELECTRODES	11/21/2025
64567	PERQ ELEC NRV FIELD STIMJ CN	12/31/2025
64568	INC FOR VAGUS N ELECT IMPL	12/04/2021
64575	IMPLANT NEUROELECTRODES	11/21/2025
64582	Open implantation of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array	12/30/2021
64590	INSRT/REDO PERPH N GENER	11/21/2025
64596	Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; initial electrode array	11/21/2025
64597	Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; each additional electrode array (List separately in addition to code for primary procedure)	11/21/2025
64611	CHEMODENERV SALIV GLANDS	10/18/2025
64612	DESTROY NERVE FACE MUSCL	10/18/2025
64615	CHEMODENERV MUSC MIGRAIN	10/18/2025
64628	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; first 2 vertebral bodies, lumbar or sacral	11/02/2024
64629	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; each additional vertebral body, lumbar or sacral (List separately in addition to code for primary procedure)	11/02/2024
64633	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	11/04/2019
64634	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint (List separately in addition to code for primary procedure)	11/04/2019
64635	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	11/04/2019
64636	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint (List separately in addition to code for primary procedure)	11/04/2019
64654	1ST OPN IMPLT BAT MODULJ SYS	12/31/2025
64714	REVISE LOW BACK NERVE(S)	01/23/2020
64910	NERVE REPAIR W/ALLOGRAFT	01/29/2026

PROCEDURE CODE	PROCEDURE DESCRIPTION	CODE EFFECTIVE DATE
64912	NRV RPR W/NRV ALGRFT 1ST	11/21/2025
64913	NRV RPR W/NRV ALGRFT EA ADDL	11/04/2019
64999	NERVOUS SYSTEM SURGERY	11/02/2024
65710	CORNEAL TRANSPLANT	09/13/2025
65760	Keratomileusis	11/04/2019
65772	Corneal relaxing incision for correction of surgically induced astigmatism	11/04/2019
65785	IMPLTJ NTRSTRML CRNL RNG SEG	11/21/2025
66174	TRANSLUM DIL EYE CANAL	12/04/2021
66175	TRNSLUM DIL EYE CANAL W/	12/04/2021
66179	AQUEOUS SHUNT EYE W/O GRAFT	11/04/2019
66183	INSERT ANT DRAINAGE DEVICE	11/04/2019
66683	IMPLANTATION IRIS PROSTHESIS	11/21/2025
66999	EYE SURGERY PROCEDURE	11/21/2025
67299	Unlisted procedure, posterior segment	11/04/2019
67900	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)	11/04/2019
67901	Repair of blepharoptosis; frontalis muscle technique with suture or other material	11/04/2019
67902	Repair of blepharoptosis; frontalis muscle technique with fascial sling (includes obtaining fascia)	11/04/2019
67903	Repair of blepharoptosis; (tarso) levator resection or advancement, internal approach	11/04/2019
67904	Repair of blepharoptosis; (tarso) Levator resection or advancement, external approach	11/04/2019
67906	Repair of blepharoptosis; superior rectus technique with fascial sling (includes obtaining fascia)	11/04/2019
67908	Repair of blepharoptosis; conjunctivo-tarso-Mullerâ€™s muscle-levator resection (e.g., Fasanella-Servat type)	11/04/2019
67911	Correction of lid retraction	11/04/2019
67999	Unlisted procedure, eyelids	11/04/2019
68899	Unlisted procedure, lacrimal system	11/04/2019
69300	Otoplasty, protruding ear, with or without size reduction	11/04/2019
69399	Unlisted procedure, external ear	11/04/2019
69705	Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); unilateral	09/13/2025
69706	Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); bilateral	11/21/2025
69714	Implantation, Osseointergated Implant, Temporal Bone, With Precutaneous Attachment To External Speech Processor/Cochler Stimulator; Without Mastoidectomy	11/04/2019
69716	Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor	12/30/2021
69799	MIDDLE EAR SURGERY PROCE	11/21/2025

PROCEDURE CODE	PROCEDURE DESCRIPTION	CODE EFFECTIVE DATE
69930	Cochlear device implantation, with or without mastoidectomy	11/04/2019
69949	Unlisted procedure, inner ear	11/04/2019
70336	MRI (e.g., proton) imaging, temporomandibular joint(s)	11/04/2019
70471	CTA H&N C+ W/NONCONTRAST IMG	12/31/2025
70490	Computed tomography (CT), soft tissue neck; without contrast material	11/04/2019
70491	Computed tomography (CT), soft tissue neck; with contrast material(s)	11/04/2019
70492	Computed tomography (CT), soft tissue neck; without contrast material followed by contrast material(s) and further sections	11/04/2019
70498	CTA NECK, with contrast material(s), including noncontrast images, if performed, and image post-processing.	11/04/2019
70540	MRI orbit, face, neck, without contrast materials	11/04/2019
70542	MRI, orbit, face and neck, with contrast materials	11/04/2019
70543	MRI, orbit, face and neck, without contrast material(s), followed by contrast material(s) and further sequences	11/04/2019
70547	MRA, neck; without contrast material(s)	11/04/2019
70548	MRA, neck; with contrast material(s)	11/04/2019
70549	MRA, neck; without contrast material(s), followed by contrast material(s) and further sequences	11/04/2019
71250	Computed tomography (CT), thorax; without contrast material	11/04/2019
71260	Computed tomography (CT), thorax; with contrast material(s)	11/04/2019
71270	Computed tomography (CT), thorax; without contrast material, followed by contrast material(s) and further sections	11/04/2019
71275	CTA CHEST (non-coronary) with contrast material(s), including noncontrast images, if performed and image post-processing.	11/04/2019
71550	MRI, chest (e.g., for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	11/04/2019
71551	MRI, chest (e.g., for evaluation of hilar and mediastinal lymphadenopathy); with contrast material(s)	11/04/2019
71552	MRI, chest (e.g., for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences	11/04/2019
71555	MRA, chest (excluding myocardium), with or without contrast materials	11/04/2019
72125	Computed tomography (CT), cervical spine; without contrast material	11/04/2019
72126	Computed tomography (CT), cervical spine; with contrast material	11/04/2019
72127	Computed tomography (CT), cervical spine; without contrast material, followed by contrast material(s) and further sections	11/04/2019
72128	Computed tomography (CT), thoracic spine; without contrast material	11/04/2019
72129	Computed tomography (CT), thoracic spine; with contrast material	11/04/2019
72130	Computed tomography (CT), thoracic spine; without contrast material, followed by contrast material(s) and further sections	11/04/2019
72131	Computed tomography (CT), lumbar spine; without contrast material	11/04/2019
72132	Computed tomography (CT), lumbar spine; with contrast material	11/04/2019

PROCEDURE CODE	PROCEDURE DESCRIPTION	CODE EFFECTIVE DATE
72133	Computed tomography (CT), lumbar spine; without contrast material, followed by contrast material(s) and further sections	11/04/2019
72141	MRI, spinal canal and contents, cervical; without contrast material	11/04/2019
72142	MRI, spinal canal and contents, cervical; with contrast material(s)	11/04/2019
72146	MRI, spinal canal and contents, thoracic; without contrast material	11/04/2019
72147	MRI spinal canal and contents, thoracic; with contrast material(s)	11/04/2019
72148	MRI spinal canal and contents, lumbar; without contrast material	11/04/2019
72149	MRI, spinal canal and contents, lumbar; with contrast material(s)	11/04/2019
72156	MRI, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical	11/04/2019
72157	MRI, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; thoracic	11/04/2019
72158	MRI, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar	11/04/2019
72159	MRA, spinal canal and contents, with or without contrast material(s)	11/04/2019
72191	CTA PELVIS, with contrast material(s), including noncontrast images, if performed, and image post-processing.	11/04/2019
72192	Computed tomography (CT), pelvis; without contrast material	11/04/2019
72193	Computed tomography (CT), pelvis; with contrast material(s)	11/04/2019
72194	Computed tomography (CT), pelvis; without contrast material, followed by contrast material(s) and further sections	11/04/2019
72195	MRI, pelvis; without contrast material(s)	11/04/2019
72196	MRI, pelvis; with contrast material(s)	11/04/2019
72197	MRI, pelvis; without contrast material(s), followed by contrast material(s) and further sequences	11/04/2019
72198	MRA, pelvis, with or without contrast material(s)	11/04/2019
73200	Computed tomography (CT), upper extremity; without contrast material	11/04/2019
73201	Computed tomography (CT), upper extremity; with contrast material(s)	11/04/2019
73202	Computed tomography (CT), upper extremity; without contrast material, followed by contrast material(s) and further sections	11/04/2019
73206	CTA Upper Exremity, with contrast material(s), including noncontrast images, if performed, and image post-processing.	11/04/2019
73218	MRI, upper extremity, other than joint; without contrast material(s)	11/04/2019
73219	MRI, upper extremity, other than joint; with contrast material(s)	11/04/2019
73220	MRI, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	11/04/2019
73221	MRI, any joint of upper extremity; without contrast material(s)	11/04/2019
73222	MRI, any joint of upper extremity; with contrast material(s)	11/04/2019
73223	MRI, any joint of upper extremity; without contrast material(s), followed by contrast material(s) and further sequences	11/04/2019
73225	MRA, upper extremity, with or without contrast material(s)	11/04/2019
73700	Computed tomography (CT), lower extremity; without contrast material	11/04/2019

PROCEDURE CODE	PROCEDURE DESCRIPTION	CODE EFFECTIVE DATE
73701	Computed tomography (CT), lower extremity; with contrast material(s)	11/04/2019
73702	Computed tomography (CT), lower extremity; without contrast material, followed by contrast material(s) and further sections	11/04/2019
73706	CTA Lower Extremity, with contrast material(s), including noncontrast images, if performed, and image post-processing.	11/04/2019
73718	MRI, lower extremity other than joint; without contrast material(s)	11/04/2019
73719	MRI, lower extremity other than joint; with contrast material(s)	11/04/2019
73720	MRI, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	11/04/2019
73721	MRI, any joint of lower extremity; without contrast material	11/04/2019
73722	MRI, any joint of lower extremity; with contrast material(s)	11/04/2019
73723	MRI, any joint of lower extremity; without contrast material(s), followed by contrast material(s) and further sequences	11/04/2019
73725	MRA, lower extremity, with or without contrast material(s)	11/04/2019
74150	Computed tomography (CT), abdomen; without contrast material	11/04/2019
74160	Computed tomography (CT), abdomen; with contrast material(s)	11/04/2019
74170	Computed tomography (CT), abdomen; without contrast material, followed by contrast material(s) and further sections	11/04/2019
74174	CT ANGIO ABD&PELV W/O&W/	11/04/2019
74175	CT ANGIO ABDOM W/O & W/D	11/04/2019
74176	CT ABD & PELVIS	11/04/2019
74177	CT ABD & PELV W/CONTRAST	11/04/2019
74178	CT ABD & PELV 1+ REGNS	11/04/2019
74181	MRI, abdomen; without contrast material(s)	11/04/2019
74182	MRI, abdomen; with contrast material(s)	11/04/2019
74183	MRI, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences	11/04/2019
74185	MRA, abdomen, with or without contrast material(s)	11/04/2019
75577	QUAN&CHAR C ATHROSCLRTC PLAQ	12/31/2025
75635	CTA ABDOMINAL AORTA and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image post-processing.	11/04/2019
76390	Magnetic resonance spectroscopy (MRS)	11/04/2019
76391	MR ELASTOGRAPHY	11/04/2019
76497	CT PROCEDURE	11/04/2019
76498	Unlisted magnetic resonance procedure (e.g., diagnostic, interventional)	11/04/2019
76873	ECHOGRAP TRANS R PROS ST	05/31/2025
76965	ECHO GUIDANCE RADIOTHERA	05/31/2025
77046	MRI BREAST C- UNILATERAL	11/04/2019
77047	MRI BREAST C- BILATERAL	11/04/2019
77048	MRI BREAST C-+ W/CAD UNI	11/04/2019

PROCEDURE CODE	PROCEDURE DESCRIPTION	CODE EFFECTIVE DATE
77049	MRI BREAST C-+ W/CAD BI	11/04/2019
77084	Magnetic resonance (eg, proton) imaging, bone marrow blood supply	11/04/2019
77261	THER RADIOLOGY TX PLNG SMPL	05/31/2025
77262	THER RADIOLOGY TX PLNG INTRM	05/31/2025
77263	THER RADIOLOGY TX PLNG CPLX	05/31/2025
77280	THER RAD SIMULAJ FIELD SMPL	05/31/2025
77285	THER RAD SIMULAJ FIELD INTRM	05/31/2025
77290	THER RAD SIMULAJ FIELD CPLX	05/31/2025
77293	RESPIRATOR MOTION MGMT SIMUL	12/04/2021
77295	SET RADIATION THERAPY FI	05/31/2025
77300	RADIATION THERAPY DOSE P	05/31/2025
77301	RADIOTHERAPY DOSE PLAN I	05/31/2025
77306	TELETHX ISODOSE PLAN SIMPLE	05/31/2025
77307	TELETHX ISODOSE PLAN CPLX	05/31/2025
77316	BRACHYTX ISODOSE PLAN SIMPLE	05/31/2025
77317	BRACHYTX ISODOSE INTERMED	05/31/2025
77318	BRACHYTX ISODOSE COMPLEX	05/31/2025
77321	SPECIAL TELETX PORT PLAN	05/31/2025
77331	SPECIAL RADIATION DOSIME	05/31/2025
77332	RADIATION TREATMENT AID(	05/31/2025
77333	RADIATION TREATMENT AID(	05/31/2025
77334	RADIATION TREATMENT AID(	05/31/2025
77336	RADIATION PHYSICS CONSUL	05/31/2025
77338	DESIGN MLC DEVICE FOR IM	05/31/2025
77370	RADIATION PHYSICS CONSUL	05/31/2025
77371	SRS MULTISOURCE	05/31/2025
77372	SRS LINEAR BASED	05/31/2025
77373	SBRT DELIVERY	12/04/2021
77387	GUIDANCE FOR RADIAJ TX DLVR	05/31/2025
77399	EXTERNAL RADIATION DOSIM	05/31/2025
77402	RADIATION TX DELIVERY SIMPLE	05/31/2025
77407	RADIATION TX DELIVERY INTRM	05/31/2025
77412	RADIATION TX DELIVERY COMPLX	05/31/2025
77417	THER RADIOLOGY PORT IMAGE(S)	05/31/2025
77423	NEUTRON BEAM TX COMPLEX	05/31/2025
77424	IO RAD TX DELIVERY BY X-	05/31/2025
77425	IO RAD TX DELIVER BY ELC	05/31/2025

PROCEDURE CODE	PROCEDURE DESCRIPTION	CODE EFFECTIVE DATE
77427	RADIATION TX MANAGEMENT	05/31/2025
77431	RADIATION THERAPY MANAGE	05/31/2025
77432	STEREOTACTIC RADIATION T	05/31/2025
77435	SBRT MANAGEMENT	05/31/2025
77436	SURF RADJ THER TX PLANNING	12/31/2025
77437	SURF RADJ THER SUPFC<=150KV	12/31/2025
77438	SURF RAD THR ORTHVLT>150-500	12/31/2025
77439	SURF RAD THR IMG GDN US PLMT	12/31/2025
77469	IO RADIATION TX MANAGEME	05/31/2025
77470	SPECIAL RADIATION TREATMENT	05/31/2025
77499	RADIATION THERAPY MANAGE	05/31/2025
77520	Proton treatment delivery; simple, without compensation	11/04/2019
77522	Proton treatment delivery; simple, with compensation	11/04/2019
77523	Proton treatment delivery; intermediate	11/04/2019
77525	Proton treatment delivery; complex	11/04/2019
77761	APPLY INTRCAV RADIAT SIM	05/31/2025
77762	APPLY INTRCAV RADIAT INT	05/31/2025
77763	APPLY INTRCAV RADIAT COM	05/31/2025
77767	Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter up to 2.0 cm or 1 channel	11/04/2019
77768	Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter over 2.0 cm and 2 or more channels, or multiple lesions	11/04/2019
77770	HDR RDNCL NTRSTL/ICAV BRCHTX	05/31/2025
77771	HDR RDNCL NTRSTL/ICAV BRCHTX	05/31/2025
77772	HDR RDNCL NTRSTL/ICAV BRCHTX	05/31/2025
77778	APPLY INTERSTIT RADIAT C	05/31/2025
77789	APPLY SURFACE RADIATION	05/31/2025
77790	RADIATION HANDLING	05/31/2025
77799	RADIUM/RADIOISOTOPE THER	06/28/2025
78429	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	01/23/2020
78430	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic), with concurrently acquired computed to	01/23/2020
78431	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic), with concurrently acquired compute	01/23/2020

PROCEDURE CODE	PROCEDURE DESCRIPTION	CODE EFFECTIVE DATE
78432	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability);	01/23/2020
78433	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability); with concurrently a	01/23/2020
78434	Absolute quantitation of myocardial blood flow (AQMBF), positron emission tomography (PET), rest and pharmacologic stress (List separately in addition to code for primary procedure)	01/23/2020
78459	Myocardial imaging, positron emission tomography (PET), metabolic evaluation	11/04/2019
78491	Myocardial imaging, positron emission tomography (PET), perfusion; single study at rest or stress	11/04/2019
78492	Myocardial imaging, positron emission tomography (PET), perfusion; multiple studies at rest and/or stress	11/04/2019
78608	Brain imaging, positron emission tomography (PET); metabolic evaluation	11/04/2019
78609	Brain imaging, positron emission tomography (PET); perfusion evaluation	11/04/2019
78811	Positrom emission tomography (PET) imaging; limited area.(e.g chest, head/neck)	11/04/2019
78812	Positrom emission tomography (PET) imaging; skull base to mid-thigh	11/04/2019
78813	Positrom emission tomography (PET) imaging; whole body	11/04/2019
78814	Positrom emission tomography (PET) imaging with cocurrently acquired computed tomography (CT) for attenuation correction and anatomical localization; limited area. (e.gchest, head/neck)	11/04/2019
78815	Positrom emission tomography (PET) imaging with cocurrently acquired computed tomography (CT) for attenuation correction and anatomical localization; skull base to mid-thigh.	11/04/2019
78816	Positrom emission tomography (PET) imaging with cocurrently acquired computed tomography (CT) for attenuation correction and anatomical localization; whole body.	11/04/2019
79005	NUCLEAR RX ORAL ADMIN	11/04/2019
79101	NUCLEAR RX IV ADMIN	10/18/2025
81162	BRCA1&2 SEQ & FULL DUP/DEL	11/02/2024
81163	BRCA1&2 GENE FULL SEQ ALYS	11/02/2024
81164	BRCA1&2 GEN FUL DUP/DEL ALYS	11/02/2024
81165	BRCA1 GENE FULL SEQ ALYS	11/02/2024
81166	BRCA1 GENE FULL DUP/DEL ALYS	11/02/2024
81167	BRCA2 GENE FULL DUP/DEL ALYS	11/02/2024
81195	CYTOG GENOM-WID ALYS HEM MAL	12/31/2024
81212	BRCA1&2 185&5385&6174 VA	11/02/2024
81215	BRCA1 GENE KNOWN FAM VAR	11/02/2024
81216	BRCA2 GENE FULL SEQUENCE	11/02/2024
81217	BRCA2 GENE KNOWN FAM VAR	11/02/2024

PROCEDURE CODE	PROCEDURE DESCRIPTION	CODE EFFECTIVE DATE
81223	CFTR GENE FULL SEQUENCE	11/02/2024
81226	CYP2D6 GENE COM VARIANTS	11/02/2024
81228	CYTOGEN MICRARRAY COPY N	11/02/2024
81277	CYTOGENOMIC NEO MICRORA ALYS	11/02/2024
81292	MLH1 GENE FULL SEQ	11/02/2024
81293	MLH1 GENE KNOWN VARIANTS	11/02/2024
81294	MLH1 GENE DUP/DELETE VAR	11/02/2024
81295	MSH2 GENE FULL SEQ	11/02/2024
81296	MSH2 GENE KNOWN VARIANTS	11/02/2024
81297	MSH2 GENE DUP/DELETE VAR	11/02/2024
81298	MSH6 GENE FULL SEQ	11/02/2024
81299	MSH6 GENE KNOWN VARIANTS	11/02/2024
81300	MSH6 GENE DUP/DELETE VAR	11/02/2024
81307	PALB2 GENE FULL GENE SEQ	11/02/2024
81308	PALB2 GENE KNOWN FAMIL VRNT	11/02/2024
81313	PCA3/KLK3 ANTIGEN	11/02/2024
81317	PMS2 GENE FULL SEQ ANALY	11/02/2024
81318	PMS2 KNOWN FAMILIAL VARI	11/02/2024
81319	PMS2 GENE DUP/DELET VARI	11/02/2024
81321	PTEN GENE FULL SEQUENCE	11/02/2024
81322	PTEN GENE KNOWN FAM VARI	11/02/2024
81323	PTEN GENE DUP/DELET VARI	11/02/2024
81349	Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number and loss-of-heterozygosity variants, low-pass sequencing analysis	11/02/2024
81354	CYTOG ALYS CHRML ABNOR OGM	12/31/2025
81400	MOPATH PROCEDURE LEVEL 1	04/11/2026
81401	MOPATH PROCEDURE LEVEL 2	04/11/2026
81402	MOPATH PROCEDURE LEVEL 3	04/11/2026
81403	MOPATH PROCEDURE LEVEL 4	04/11/2026
81404	MOPATH PROCEDURE LEVEL 5	04/11/2026
81405	MOPATH PROCEDURE LEVEL 6	04/11/2026
81406	MOPATH PROCEDURE LEVEL 7	04/11/2026
81407	MOPATH PROCEDURE LEVEL 8	04/11/2026
81408	MOPATH PROCEDURE LEVEL 9	04/11/2026
81410	AORTIC DYSFUNCTION/DILATION	11/02/2024
81411	AORTIC DYSFUNCTION/DILATION	11/02/2024
81413	CAR ION CHNNLPATH INC 10 GNS	11/02/2024

PROCEDURE CODE	PROCEDURE DESCRIPTION	CODE EFFECTIVE DATE
81414	CAR ION CHNNLPATH INC 2 GNS	11/02/2024
81415	EXOME SEQUENCE ANALYSIS	11/02/2024
81416	EXOME SEQUENCE ANALYSIS	11/02/2024
81417	EXOME RE-EVALUATION	11/02/2024
81425	GENOME SEQUENCE ANALYSIS	11/02/2024
81426	GENOME SEQUENCE ANALYSIS	11/02/2024
81430	HEARING LOSS SEQUENCE ANALYS	11/02/2024
81431	HEARING LOSS DUP/DEL ANALYS	11/02/2024
81434	HEREDITARY RETINAL DISORDERS	11/02/2024
81437	HEREDTRY NURONDCRN TUM DSRDR	11/02/2024
81439	INHERITED CARDMYPTHY 5 GNS	11/02/2024
81440	MITOCHONDRIAL GENE	11/02/2024
81442	NOONAN SPECTRUM DISORDERS	11/02/2024
81445	TARGETED GENOMIC SEQ ANALYS	05/15/2026
81448	HRDTRY PERPH NEURPHY PANEL	11/02/2024
81449	TGSAP SO NEO 5-50 RNA ALYS	11/02/2024
81450	TARGETED GENOMIC SEQ ANALYS	05/15/2026
81451	TGSAP HL NEO 5-50 RNA ALYS	11/02/2024
81455	TARGETED GENOMIC SEQ ANALYS	11/02/2024
81456	Targeted genomic sequence analysis panel, solid organ or hematolymphoid neoplasm or disorder, 51 or greater genes (eg, ALK, BRAF, CDKN2A, CEBPA, DNMT3A, EGFR, ERBB2, EZH2, FLT3, IDH1, IDH2, JAK2, KIT, KRAS, MET, MLL, NOTCH1, NPM1, NRAS, PDGFRA, PDGFRB, PG	11/02/2024
81457	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis, microsatellite instability	11/02/2024
81458	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis, copy number variants and microsatellite instability	11/02/2024
81459	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants, microsatellite instability, tumor mutation burden, and rearrangements	11/02/2024
81460	WHOLE MITOCHONDRIAL GENOME	11/02/2024
81462	Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants and rearrangements	11/02/2024
81463	Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogation for sequence variants; DNA analysis, copy number variants, and microsatellite instability	11/02/2024
81464	Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants, microsatellite instability, tumor mutation burden, and re	11/02/2024
81465	WHOLE MITOCHONDRIAL GENOME	11/02/2024

PROCEDURE CODE	PROCEDURE DESCRIPTION	CODE EFFECTIVE DATE
81470	X-LINKED INTELLECTUAL DBLT	11/02/2024
81471	X-LINKED INTELLECTUAL DBLT	11/02/2024
81479	UNLISTED MOLECULAR PATHO	11/02/2024
81518	ONC BRST MRNA 11 GENES	11/02/2024
81524	ONC CNS TUM DNA MTHYL 10,000	12/31/2025
81529	Oncology (cutaneous melanoma), mRNA, gene expression profiling by real-time RT-PCR of 31 genes (28 content and 3 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence risk, including likelihood of sentinel lymp	11/02/2024
81538	ONCOLOGY LUNG	11/02/2024
81541	ONC PROSTATE MRNA 46 GENES	11/21/2025
81542	ONC PROSTATE MRNA 22 CNT GEN	11/02/2024
81552	ONC UVEAL MLNMA MRNA 15 GENE	11/02/2024
81554	Pulmonary disease (idiopathic pulmonary fibrosis [IPF]), mRNA, gene expression analysis of 190 genes, utilizing transbronchial biopsies, diagnostic algorithm reported as categorical result (eg, positive or negative for high probability of usual interstiti	11/02/2024
81558	TRNSPL REJ KDN MRNA QPCR 139	06/28/2025
81595	CARDIOLOGY HRT TRNSPL MRNA	06/28/2025
81599	UNLISTED MAAA	11/02/2024
89251	CULTR OOCYTE/EMBRYO <4 D	12/04/2021
89335	CRYOPRESERVE TESTICULAR	12/04/2021
89344	STORAGE/YEAR REPROD TISS	12/04/2021
89346	STORAGE/YEAR OOCYTE(S)	12/04/2021
89354	THAW CRYOPRSVRD REPROD T	12/04/2021
89356	THAWING CRYOPRESRVED OOC	12/04/2021
90283	Immune Globulin (IGIV), Human, For Intravenous Use	11/04/2019
90284	Immune globulin, subcut infusions; 100 mg each	11/04/2019
90378	Respiratory syncytial virus immune globulin (RSV-IgIM), for intramuscular use, 50 mg. each	11/04/2019
90399	IMMUNE GLOBULIN	12/04/2021
91299	Unlisted diagnostic gastroenterology procedure	11/04/2019
93451	RIGHT HEART CATHETERIZATION INCLUDING MEASUREMENT(S) OF OXYGEN SATURATION AND CARDIAC OUTPUT, WHEN PERFORMED	11/04/2019
93452	LEFT HRT CATH W/VENTRCLG	11/04/2019
93453	COMBINED RIGHT AND LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT VENTRICULOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION, WHEN PERFORMED	11/04/2019
93454	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION;	11/04/2019

PROCEDURE CODE	PROCEDURE DESCRIPTION	CODE EFFECTIVE DATE
93455	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH CATHETER PLACEMENT(S) IN BYPASS GRAFT(S) (I	11/04/2019
93456	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH RIGHT HEART CATHETERIZATION	11/04/2019
93457	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH CATHETER PLACEMENT(S) IN BYPASS GRAFT(S) (I	11/04/2019
93458	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH LEFT HEART CATHETERIZATION INCLUDING INTRAP	11/04/2019
93459	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH LEFT HEART CATHETERIZATION INCLUDING INTRAP	11/04/2019
93460	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH RIGHT AND LEFT HEART CATHETERIZATION INCLUD	11/04/2019
93461	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH RIGHT AND LEFT HEART CATHETERIZATION INCLUD	11/04/2019
93580	TRANSCATH CLOSURE OF ASD	12/04/2021
93581	TRANSCATH CLOSURE OF VSD	03/29/2025
93582	PERQ TRANSCATH CLOSURE PDA	11/04/2019
93619	ELECTROPHYSIOLOGY EVALUA	11/04/2019
93620	ELECTROPHYSIOLOGY EVALUA	11/04/2019
93621	ELECTROPHYSIOLOGY EVALUA	11/04/2019
93622	ELECTROPHYSIOLOGY EVALUA	11/04/2019
93653	EP & ABLATE SUPRAVENT AR	11/04/2019
93654	EP & ABLATE VENTRIC TACH	11/04/2019
93655	ABLATE ARRHYTHMIA ADD ON	11/04/2019
93656	TX ATRIAL FIB PULM VEIN	11/04/2019
93657	TX L/R ATRIAL FIB ADDL	11/04/2019
93799	CARDIOVASCULAR PROCEDURE	11/21/2025
94799	Unlisted pulmonary service or procedure	11/04/2019
96920	Laser treatment for inflammatory skin disease (psoriasis); total area less than 250 sq cm	11/04/2019
96921	Laser treatment for inflammatory skin disease (psoriasis); 250 sq cm to 500 sq cm	11/04/2019
96922	Laser treatment for inflammatory skin disease (psoriasis); over 500 sq cm	11/04/2019

PROCEDURE CODE	PROCEDURE DESCRIPTION	CODE EFFECTIVE DATE
97610	LOW FREQUENCY NON-THERMAL US	11/21/2025
99183	HYPERBARIC OXYGEN THERAP	11/21/2025
99199	Unlisted special service, procedure or report	11/04/2019
99512	HOME VISIT FOR HEMODIALY	05/09/2020
0020M	Oncology (central nervous system), analysis of 30000 DNA methylation loci by methylation array, utilizing DNA extracted from tumor tissue, diagnostic algorithm reported as probability of matching a reference tumor subclass	11/02/2024
0036U	XOME TUM & NML SPEC SEQ ALYS	05/15/2026
0037U	TRGT GEN SEQ DNA 324 GENES	05/15/2026
0047U	ONC PRST8 MRNA 17 GENE ALG	11/21/2025
0048U	ONC SLD ORG NEO DNA 468 GENE	11/02/2024
0075T	PERQ STENT/CHEST VERT AR	11/02/2024
0087U	CRD HRT TRNSPL MRNA 1283 GEN	06/28/2025
0088U	TRNSPLJ KDN ALGRFT REJ 1494	06/28/2025
0089U	ONC MLNMA PRAME & LINC00518	11/02/2024
0098T	REV ARTIFIC DISC ADDL	11/02/2024
0102U	HERED BRST CA RLTD DO 17 GEN	11/02/2024
0129U	RX MNTR 1+ORAL ONC RX&SBSTS	11/02/2024
0172U	ONC SLD TUM ALYS BRCA1 BRCA2	11/02/2024
0200T	PERQ SACRAL AUGMT UNILAT	11/02/2024
0201T	PERQ SACRAL AUGMT BILAT	11/02/2024
0211U	ONC PAN-TUM DNA&RNA GNRJ SEQ	05/31/2025
0232T	INJ PLSM IMG GUID HRVST&PREP	11/04/2019
0239U	TRGT GEN SEQ ALYS PNL 311+	11/02/2024
0242U	TRGT GEN SEQ ALYS PNL 55-74	11/02/2024
0244U	ONC SOLID ORGN DNA 257 GENES	05/15/2026
0250U	ONC SLD ORG NEO DNA 505 GENE	05/15/2026
0318U	PED WHL GEN MTHYLTN ALYS 50+	11/02/2024
0326U	TRGT GEN SEQ ALYS PNL 83+	11/02/2024
0329U	ONC NEO XOME&TRNS SEQ ALYS	11/02/2024
0331T	HEART SYMP IMAGE PLNR	11/04/2019
0332T	HEART SYMP IMAGE PLNR SP	11/04/2019
0334U	ONC SLD ORGN TGSA DNA 84/+	05/15/2026
0335T	EXTRAOSSEOUS JOINT STABLJ	11/04/2019
0340U	ONC PAN CA ALYS MRD PLASMA	11/02/2024
0364U	ONC HL NEO GEN SEQ ALYS ALG	11/02/2024
0379U	TGSAP SL OR NEO DNA523&RNA55	05/15/2026
0388U	ONC NONSM CLL LNG CA 37 GEN	05/31/2025

PROCEDURE CODE	PROCEDURE DESCRIPTION	CODE EFFECTIVE DATE
0395T	High dose rate electronic brachytherapy, interstitial or intracavitary treatment, per fraction, includes basic dosimetry, when performed	11/04/2019
0425U	GENOM RPD SEQ ALYS EA CMPRTR	11/02/2024
0426U	GENOME ULTRA-RAPID SEQ ALYS	11/02/2024
0444U	Oncology (solid organ neoplasia), targeted genomic sequence analysis panel of 361 genes, interrogation for gene fusions, translocations, or other rearrangements, using DNA from formalin-fixed paraffin-embedded (FFPE) tumor tissue, report of clinically sig	05/15/2026
0449T	INSJ AQUEOUS DRAIN DEV 1ST	09/13/2025
0452U	Oncology (bladder), methylated PENK DNA detection by linear target enrichment-quantitative methylation-specific real-time PCR (LTE-qMSP), urine, reported as likelihood of bladder cancer	11/02/2024
0453U	Oncology (colorectal cancer), cell-free DNA (cfDNA), methylation-based quantitative PCR assay (SEPTIN9, IKZF1, BCAT1, Septin9-2, VAV3, BCAN), plasma, reported as presence or absence of circulating tumor DNA (ctDNA)	11/02/2024
0454U	Rare diseases (constitutional/heritable disorders), identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical genome mapping(For additional PLA codes with identical clinical descriptor, see	11/02/2024
0465U	Oncology (urothelial carcinoma), DNA, quantitative methylation-specific PCR of 2 genes (ONECUT2, VIM), algorithmic analysis reported as positive or negative	11/02/2024
0466U	Cardiology (coronary artery disease [CAD]), DNA, genome-wide association studies (564856 single-nucleotide polymorphisms [SNPs], targeted variant genotyping), patient lifestyle and clinical data, buccal swab, algorithm reported as polygenic risk to acquir	11/02/2024
0467U	Oncology (bladder), DNA, next-generation sequencing (NGS) of 60 genes and whole genome aneuploidy, urine, algorithms reported as minimal residual disease (MRD) status positive or negative and quantitative disease burden	11/02/2024
0469U	Rare diseases (constitutional/heritable disorders), whole genome sequence analysis for chromosomal abnormalities, copy number variants, duplications/deletions, inversions, unbalanced translocations, regions of homozygosity (ROH), inheritance pattern that	11/02/2024
0471U	Oncology (colorectal cancer), qualitative real-time PCR of 35 variants of KRAS and NRAS genes (exons 2, 3, 4), formalin-fixed paraffin-embedded (FFPE), predictive, identification of detected mutations	11/02/2024
0473U	Oncology (solid tumor), next-generation sequencing (NGS) of DNA from formalin-fixed paraffin-embedded (FFPE) tissue with comparative sequence analysis from a matched normal specimen (blood or saliva), 648 genes, interrogation for sequence variants, insert	11/02/2024
0479T	FXJL ABL LSR 1ST 100 SQ CM	09/13/2025
0480T	FXJL ABL LSR EA ADDL 100SQCM	11/21/2025
0481U	IDH1 IDH2&TERT PROMOTER NGS	11/02/2024
0483T	TMVI PERCUTANEOUS APPROACH	09/13/2025
0485U	ONC SOL TUM CFDNA&RNA NGS GM	11/02/2024
0487U	ONC SOL TUM CFCDNA TGSAP 84	11/02/2024
0488U	OB FETAL AG NIPT CFDNA ALYS	11/02/2024
0493U	TRNSPL MED QUAN DD-CFDNA NGS	08/20/2025

PROCEDURE CODE	PROCEDURE DESCRIPTION	CODE EFFECTIVE DATE
0496U	ONC CLRCT CFDNA 8/7 GENES	11/02/2024
0499U	ONC CLRCT&LNG DNA NGS 8GENES	11/02/2024
0500U	AUTOINFLAM DS VEXAS SYND DNA	11/02/2024
0501U	ONC CLRC BLD QUAN MEAS CFDNA	11/02/2024
0506U	GI BARRETTS ESOPHGL CELL 89	11/02/2024
0507U	ONC OVR DNA WHOLE GEN W/5HMC	11/02/2024
0523U	ONC SOLTUM DNA NGS SNV 22GEN	12/31/2024
0529U	HEM VTE SNP F2&F5 GEN LEIDEN	12/31/2024
0530U	ONC PAN-SOL TUM CTDNA 77 GEN	12/31/2024
0532U	RARE DS WHLGEN&MITOCHDRL DNA	03/29/2025
0533U	RX METAB ADVRS GNOTYP 16GENS	03/29/2025
0534U	ONC PRST8 MIRNA SNP 32 VRNT	03/29/2025
0537U	ONC CLRCT CA CFDNA >2500 DMR	03/29/2025
0538U	ONC SOL TUM NGTS FFPE 600GEN	03/29/2025
0539U	ONC SOL TUMOR CFCTDNA 152GEN	03/29/2025
0540U	TRNSPLJ MED QUAN DD-CFDNA	03/29/2025
0543U	ONC SOL TUM NGS DNA 517 GENS	03/29/2025
0549U	ONC URTHL DNA MTHYLTD RT PCR	03/29/2025
0552U	REPR MED PGA GDO TE BX LOCUS	06/28/2025
0553U	REPR MED PGA EMBRY TE STRUX	06/28/2025
0554U	REPR MED PGA 24CHRM TE BX QC	06/28/2025
0555U	REPR MED PGA EMBRYONIC TE QC	06/28/2025
0560U	ONC MRD GSA CFDNA BASELINE	06/28/2025
0561U	ONC MRD GSA CFDNA SUBSEQUENT	06/28/2025
0562U	ONC SOL TUM TGSA 33GENS SNVS	06/28/2025
0565U	ONC HCC NGS DETC 6626EPIGALT	06/28/2025
0566U	ONC LNG QPCR-BSD ALYS 13DMRS	06/28/2025
0567U	RARE DS WHL GEN SEQ SRS&LRS	06/28/2025
0569U	ONC SOL TUM NGS TMM>20000DMR	06/28/2025
0571T	INSJ/RPLCMT ICDS SS ELTRD	10/18/2025
0571U	ONC SOL TUM DNA80&RNA10G NGS	06/28/2025
0572U	ONC PRST8 HTTL QFISH WHL BLD	06/28/2025
0575U	TRNSPLJ MED LAR RTPCR 4GENES	10/18/2025
0576U	TRNSPLJ MED LAR QUAN DDCFDNA	10/18/2025
0578U	ONC CUTAN MLN RNA QPCR 10GEN	10/18/2025
0581U	BBRGDRFERI ANTB DETC 24RPRTN	10/18/2025
0582U	RARE DS RPD WHLGEN DNA VRNTS	10/18/2025

PROCEDURE CODE	PROCEDURE DESCRIPTION	CODE EFFECTIVE DATE
0583U	RARE DS RPD WHLGEN CMPTR DNA	10/18/2025
0584T	PERQ ISLET CELL TRANSPLANT	11/04/2019
0585T	LAPS ISLET CELL TRANSPLANT	11/04/2019
0585U	TGSAP SO NEO CFDNA 521 GENES	10/18/2025
0586T	OPEN ISLET CELL TRANSPLANT	11/04/2019
0586U	ONC MRNA GEN XPRSN 216 GENES	10/18/2025
0592U	ONC HL NEO DNA TGS 417 GENES	10/18/2025
0597U	ONC BREAST RNA XPRSN 329GENS	10/18/2025
0600T	Ablation, irreversible electroporation; 1 or more tumors per organ, including imaging guidance, when performed, percutaneous	11/21/2025
0601T	Ablation, irreversible electroporation; 1 or more tumors, including fluoroscopic and ultrasound guidance, when performed, open	11/21/2025
0602U	ENDOCRIN DM INS GEN MTHYLTN	12/31/2025
0609T	Oncology (solid tumor as indicated by the label), somatic mutation analysis of BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) and analysis of homologous recombination deficiency pathways, DNA, formalin-fixed paraffin-embedded t	07/11/2020
0610T	Oncology (breast cancer), DNA, PIK3CA (phosphatidylinositol-4,5-bisphosphate 3- kinase catalytic subunit alpha) gene analysis of 11 gene variants utilizing plasma, reported as PIK3CA gene mutation status	07/11/2020
0611T	Oncology (non-small cell lung cancer), cell-free DNA, targeted sequence analysis of 23 genes (single nucleotide variations, insertions and deletions, fusions without prior knowledge of partner/breakpoint, copy number variations), with report of significan	07/11/2020
0611U	ONC LVR ALYS >1000 MR CFDNA	12/31/2025
0612T	Osteotomy, humerus, with insertion of an externally controlled intramedullary lengthening device, including intraoperative imaging, initial and subsequent alignment assessments, computations of adjustment schedules, and management of the intramedullary le	07/11/2020
0612U	ONC LVR ALYS >1000 MR CFDNA	12/31/2025
0613U	ONC UC DNA MTHYLTN&MUT 6BMRK	12/31/2025
0627T	PERQ NJX ALGC FLUOR LMBR 1ST	11/02/2024
0628T	PERQ NJX ALGC FLUOR LMBR EA	11/02/2024
0629T	PERQ NJX ALGC CT LMBR 1ST	11/02/2024
0631U	ONC SOL TUM DNA SEQ ALYS 15	06/27/2026
0632U	RBC AG FTL RHD GEN ALYS MPCR	06/27/2026
0633T	CT BREAST W/3D UNI C-	12/18/2020
0634T	CT BREAST W/3D UNI C+	12/18/2020
0634U	ONC BRST CA CFDNA EVL 11ESR1	06/27/2026
0635T	CT BREAST W/3D UNI C-/C+	12/18/2020
0636T	CT BREAST W/3D BI C-	12/18/2020
0637T	CT BREAST W/3D BI C+	12/18/2020
0638T	CT BREAST W/3D BI C-/C+	12/18/2020

PROCEDURE CODE	PROCEDURE DESCRIPTION	CODE EFFECTIVE DATE
0641U	ONC MRD TUM DNA NGS FFPE 1ST	06/27/2026
0642U	ONC MRD TUM DNA NGS WHL BLD	06/27/2026
0644U	ONC LEUKEMIA MRD BASELINE	06/27/2026
0645U	ONC LEUKEMIA MRD BASED DPCR	06/27/2026
0646U	ONC MRDS WGSA CFDNA BASELINE	06/27/2026
0647U	ONC MR DS WGSA CFDNA CTDNA	06/27/2026
0648T	QUAN MR ALYS TISS W/O MRI	06/26/2021
0649T	QUAN MR ALYS TISS W/MRI	06/26/2021
0651U	ONC HERED CA 55GEN NGS DMLPA	06/27/2026
0653U	NFRO INH KDN DO DNA 700GENS	06/27/2026
0656T	VRT BDY TETHERING ANT <7 SEG	11/02/2024
0657T	VRT BDY TETHERING ANT 8+ SEG	11/02/2024
0657U	RARE DS SEQ ALYS CMPRTR NUC	06/27/2026
0658U	RARE DS NUC&MITOCHDRL DNA	06/27/2026
0659U	RARE DS ULTRAPID WGSALYS DNA	06/27/2026
0664T	DON HYSTERECTOMY OPEN CDVR	06/26/2021
0665T	DON HYSTERECTOMY OPEN LIV	06/26/2021
0666T	DON HYSTERECTOMY LAPS LIV	06/26/2021
0667T	DON HYSTERECTOMY RCP UTER	06/26/2021
0668T	DON HYSTERECTOMY RCP UTER	06/26/2021
0669T	BKBENCH RCNSTJ DON UTER VEN	06/26/2021
0670T	BKBENCH RCNSTJ DON UTER ARTL	06/26/2021
0671T	Insertion of anterior segment aqueous drainage device into the trabecular meshwork, without external reservoir, and without concomitant cataract removal, one or more	02/26/2022
0697T	QUAN MR TIS WO MRI MLT ORGN	12/30/2021
0698T	QUAN MR TISS W/MRI MLT ORGN	12/30/2021
0707T	NJX B1 SUB MTRL SBCHDRL DFCT	11/21/2025
0710T	N-INVAS ARTL PLAQ ALYS	12/30/2021
0711T	N-NVS ARTL PLAQ ALYS DAT PRP	12/30/2021
0712T	N-NVS ARTL PLAQ ALYS QUAN	12/30/2021
0713T	N-NVS ARTL PLAQ ALYS RVW I&R	12/30/2021
0717T	ADRC THER PRTL RC TEAR	11/21/2025
0718T	ADRC THER PRTL RC TEAR NJX	11/21/2025
0745T	CAR ABLT RAD ARR N-INVAS LOC	12/29/2022
0746T	CAR ABLT RAD ARR CNV LOC MAP	12/29/2022
0747T	CAR ABLT RAD ARRHYT DLVR RAD	12/29/2022
0805T	TCAT S&IVC PRSTC VL IMPL PRQ	07/01/2023

PROCEDURE CODE	PROCEDURE DESCRIPTION	CODE EFFECTIVE DATE
0806T	TCAT S&IVC PRSTC VL IMPL OPN	07/01/2023
0807T	PULM TISS VNTJ ALYS PREV CT	07/01/2023
0808T	PULM TISS VNTJ ALYS W/CT	07/01/2023
0813T	Esophagogastroduodenoscopy, flexible, transoral, with volume adjustment of intragastric bariatric balloon	09/13/2025
0865T	Quantitative magnetic resonance image (MRI) analysis of the brain with comparison to prior magnetic resonance (MR) study(ies), including lesion identification, characterization, and quantification, with brain volume(s) quantification and/or severity score	12/28/2023
0866T	Quantitative magnetic resonance image (MRI) analysis of the brain with comparison to prior magnetic resonance (MR) study(ies), including lesion detection, characterization, and quantification, with brain volume(s) quantification and/or severity score, whe	12/28/2023
0869T	Injection(s), bone-substitute material for bone and/or soft tissue hardware fixation augmentation, including intraoperative imaging guidance, when performed(Do not report 0869T in conjunction with 0707T)	11/21/2025
0899T	Noninvasive determination of absolute quantitation of myocardial blood flow (AQMBF), derived from augmentative algorithmic analysis of the dataset acquired via contrast cardiac magnetic resonance (CMR), pharmacologic stress, with interpretation and report	06/29/2024
0900T	Noninvasive estimate of absolute quantitation of myocardial blood flow (AQMBF), derived from assistive algorithmic analysis of the dataset acquired via contrast cardiac magnetic resonance (CMR), pharmacologic stress, with interpretation and report by a ph	06/29/2024
0908T	OPN IMP INT NSTM SYS VGS NRV	12/31/2024
0933T	TCAT IMPL WRLS L ATR PRS SNR	12/31/2024
0947T	MRGFUS STRTCTC BL-BR DISRPJ	11/21/2025
0950T	ABLTJ B9 PRST8 TISSUE HIFU	06/28/2025
0951T	TOT IMPL AMEI 1ST PLMT	06/28/2025
0956T	PRT CRN CH CR&TUN ELT S-SCLP	06/28/2025
0957T	REV S-SCLP ELTR RA RCVR&TLMT	06/28/2025
0959T	RMV/RPLC MAGNET COIL ASSEM	06/28/2025
0960T	RPL S-SCLP ELTR RA RCVR&TLMT	06/28/2025
0967T	TRANAL INS TMP CLRC ANST DEV	06/28/2025
0968T	INSJ/RPLCMT EPCRNL NSTIM SYS	06/28/2025
0978T	SUBMUCOSAL CRYOLYSIS THERAPY	06/28/2025
0979T	SBMCSL CRYLYS THER SFT PALT	06/28/2025
0980T	SBMCSL CRYLYS THER TNG&TNSL	06/28/2025
0981T	TCAT IMPL WRLS IVC SNR	11/21/2025
0990T	TRNCRV INST BIOD HYDRGL MTRL	12/31/2025
0991T	CYSTO LO-NRG LITHTRP&MCRSPHR	12/31/2025
0994T	EVASC DLVR A-WAL STBL RX PRQ	12/31/2025
0995T	EVASC DLVR A-WAL STBL RX OPN	12/31/2025

PROCEDURE CODE	PROCEDURE DESCRIPTION	CODE EFFECTIVE DATE
0999T	AUTOL MUSC CELL THERAPY HRVG	12/31/2025
1000T	AUTOL MUSC CELL THERAPY ADMN	12/31/2025
1001T	AUTOL MUSC CELL THERAPY NJX	12/31/2025
1003T	ARTHRP 1ST CRP/MTCRPL PROSTC	12/31/2025
1008T	REM MNTR S-SCL EEG SYS SETUP	12/31/2025
1009T	REM MNTR S-SCLP CONT EEG SYS	12/31/2025
1019T	LYMPHOVENOUS BYPASS PER XTR	12/31/2025
1025T	ALT ELEC FLD DOS&DLV SIM MDL	12/31/2025
1037T	HISTOTRIPSY MAL PNCRTC TISS	06/27/2026
1038T	AUTOL MUSC CLL THER NJX TONG	06/27/2026
1039T	CONNECTOMIC ALYS PRV BRN MRI	06/27/2026
1050T	INS SUBQ HRT FAIL DCOMP MNTR	06/27/2026
A0430	FIXED WING AIR TRANSPORT	12/04/2021
A0435	FIXED WING AIR MILEAGE	12/04/2021
A2004	Xcellistem, per sq cm	12/30/2021
A2005	Microlyte matrix, per sq cm	12/30/2021
A2019	Kerecis marigen shld sq cm	11/21/2025
A2020	Ac5 wound system	04/29/2023
A2021	Neomatrix per sq cm	04/29/2023
A2043	Biobrane, per sq cm	05/15/2026
A2044	Biobrane glove, each	05/15/2026
A4238	Adju cgm supply allowance	03/07/2026
A4239	Non-adju cgm supply allow	03/07/2026
A9276	DISPOSABLE SENSOR, CGM S	03/07/2026
A9277	EXTERNAL TRANSMITTER, CG	03/07/2026
A9278	MONITORING FEATURE/DEVIC	03/07/2026
A9513	LUTETIUM LU 177 DOTATAT THER	05/31/2025
A9606	RADIUM RA223 DICHLORIDE THER	05/31/2025
A9607	Lutetium lu 177 vipivotide	10/01/2022
A9699	RADIOPHARM RX AGENT NOC	06/28/2025
B4187	Omegaven, 10 grams lipids	01/23/2020
C1062	Intravertebral fx aug impl	11/02/2024
C1607	Neurostim integ rechg	01/29/2026
C1764	EVENT RECORDER, CARDIAC	11/04/2019
C1821	INTERSPINOUS IMPLANT	11/02/2024
C1839	Iris prosthesis	01/23/2020
C1889	IMPLANT/INSERT DEVICE, NOC	11/21/2025

PROCEDURE CODE	PROCEDURE DESCRIPTION	CODE EFFECTIVE DATE
C2614	PROBE, PERC LUMB DISC	11/02/2024
C2616	BRACHYTX SOURCE, YTTRIUM	10/18/2025
C2624	Wireless pressure sensor	11/04/2019
C7557	Cor angio/vent w/ffr	12/31/2024
C8002	Prep skin cell susp, automtd	11/21/2025
C8003	Imp extar knee shck absrb	12/31/2024
C8010	Pc plm pm c ctd emb prtc	05/15/2026
C8900	Magnetic resonance angiography with contrast, abdomen	11/04/2019
C8901	Magnetic resonance angiography without contrast abdomen	11/04/2019
C8902	Magnetic resonance angiography without contrast followed by with contrast, abdomen	11/04/2019
C8903	Magnetic resonance imaging with contrast breast; unilateral	11/04/2019
C8905	Magnetic resonance imaging without contrast followed by with contrast breast; unilateral	11/04/2019
C8906	Magnetic resonance imaging with contrast breast; bilateral	11/04/2019
C8908	Magnetic resonance imaging without contrast followed by with contrast, breast; bilateral	11/04/2019
C8909	Magnetic resonance angiography with contrast chest (excluding myocardium)	11/04/2019
C8910	Magnetic resonance angiography without contrast chest (excluding myocardium)	11/04/2019
C8911	Magnetic resonance angiography without contrast followed by with contrast,	11/04/2019
C8912	Magnetic resonance angiography with contrast lower extremity	11/04/2019
C8913	Magnetic resonance angiography without contrast lower extremity	11/04/2019
C8914	Magnetic resonance angiography without contrast followed by with contrast, lower extremity	11/04/2019
C8918	Magnetic resonance angiography with contrast, pelvis	11/04/2019
C8919	Magnetic resonance angiography without contrast, pelvis	11/04/2019
C8920	Magnetic resonance angiography without contrast followed by with contrast, pelvis	11/04/2019
C8931	MRA W/DYE, SPINAL CANAL	11/04/2019
C8932	MRA W/O DYE, SPINAL CANA	11/04/2019
C8933	MRA W/O&W/DYE SPINAL CAN	11/04/2019
C8934	MRA W/DYE, UPPER EXTREMI	11/04/2019
C8935	MRA W/O DYE, UPPER EXTRE	11/04/2019
C8936	MRA W/O&W/DYE, UPPER EXT	11/04/2019
C8937	CAD BREAST MRI	12/07/2024
C9047	Injection, caplacizumab-yhdp	11/04/2019
C9352	NEURAGEN NERVE GUIDE, PE	11/04/2019
C9353	NEURAWRAP NERVE PROTECTO	11/04/2019

PROCEDURE CODE	PROCEDURE DESCRIPTION	CODE EFFECTIVE DATE
C9358	Dermal substitute, native, nondenatured collagen, fetal bovine origin (SurgiMend Collagen Matrix), per 0.5 square cm	11/04/2019
C9360	Dermal substitute, native, nondenatured collagen, neonatal bovine origin (SurgiMend Collagen Matrix), per 0.5 square cm	11/04/2019
C9364	Porcine implant, Permacol, per square centimeter	11/04/2019
C9399	UNCLASSIFD DRUG/BIOLOGIC	11/04/2019
C9726	RXT BREAST APPL PLACE/RE	11/04/2019
C9727	Insertion of implants into the soft palate; minimum of three implants	11/04/2019
C9734	U/S TRTMT, NOT LEIOMYOMA	11/21/2025
C9762	Cardiac mri seg dys strain	07/11/2020
C9763	Cardiac mri seg dys stress	07/11/2020
C9764	Revasc intravasc lithotripsy	11/02/2024
C9767	Revasc lithotrip-stent-ather	11/02/2024
C9772	Revasc lithotrip tibi/perone	11/02/2024
C9785	Endo outlet restrict w/tube	11/21/2025
C9791	Mri hyperpolarized xenon129	07/27/2024
C9793	Pre-plan 3d model w/ccta	12/31/2024
C9807	Nerve stim non-opioid dev	11/21/2025
C9808	Cryo probe non-opioid dev	12/31/2024
C9809	Cryo needle non-opioid dev	12/31/2024
E0466	Home ventilator, any type, used with non-invasive interface, (e.g., mask, chest shell)	01/23/2020
E0467	Home vent multi-function	11/04/2019
E0468	Home ventilator, dual-function respiratory device, also performs additional function of cough stimulation, includes all accessories, components and supplies for all functions	04/13/2024
E0481	INTRPULMNRY PERCUSS VENT	12/04/2021
E0483	HIGH FREQUENCY CHEST WALL OSCILLATION AIR-PULSE GENERATOR SYSTEM, (INCLUDES HOSES AND VEST), EACH	11/04/2019
E0627	Seat lift mechanism incorporated into a combination lift-chair mechanism	11/04/2019
E0637	Combination sit to stand system, any size, with seat lift feature, with or without wheels	11/04/2019
E0638	Standing Frame System, Any Size, With Or Without Wheels	11/04/2019
E0640	Patient lift, fixed system, includes all components/accessories	11/04/2019
E0641	Standing Frame System Multi-Postn (E.G. 3-Way Standing), Any Size Including Pediatric, W/WO Wheels	11/04/2019
E0642	Standing Frame System, Mobile (Dynamic Stander), Any Size Including Pediatric	11/04/2019
E0677	Non pneum seq comp trunk	09/13/2025
E0678	Non pneum seq comp full leg	11/21/2025
E0679	Non pneum seq comp half leg	11/21/2025

PROCEDURE CODE	PROCEDURE DESCRIPTION	CODE EFFECTIVE DATE
E0680	Non pneum comp control cal	11/21/2025
E0682	Non pneum compress full arm	11/21/2025
E0683	Non pneu peristalic comp pmp	11/21/2025
E0721	Trans elec stim auricular	11/21/2025
E0738	Upper extremity rehabilitation system providing active assistance to facilitate muscle re-education, include microprocessor, all components and accessories	11/21/2025
E0739	Rehab sys active assist rt	11/21/2025
E0748	Osteogenesis stimulator, electrical, noninvasive, spinal applications	11/04/2019
E0760	Osteogenesis stimulator, low intensity ultrasound, non-invasive	11/04/2019
E0767	Intrabuc am rf emf cancer tx	11/21/2025
E1399	DURABLE MEDI EQUIP MISC	09/13/2025
E1905	Vr cbt therapy	11/21/2025
E2102	Adju cgm receiver/monitor	03/07/2026
E2103	Non-adju cgm receiver/mon	03/07/2026
E2508	Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device	11/04/2019
E2510	Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access	11/04/2019
G0138	Intravenous infusion of cipaglucosidase alfa-atga, including provider/supplier acquisition and clinical supervision of oral administration of miglustat in preparation of receipt of cipaglucosidase alfa-atga	04/13/2024
G0166	EXTERNAL COUNTERPULSATIO	12/04/2021
G0219	PET imaging whole body; full and partial ring PET scanners only, for non covered indications	11/04/2019
G0235	PET imaging, any site, not otherwise specified	11/04/2019
G0252	PET imaging, full and partial-ring pet scanners only, for initial diagnosis of breast cancer and/or surgical planning for breast cancer (e.g., initial staging of axillary lymph nodes)	11/04/2019
G0277	HBOT, FULL BODY CHAMBER, 30M	11/21/2025
G0339	ROBOT RADIOSUR COMPL/1ST	12/04/2021
G0340	ROBOT LINEAR STERORADIO	12/04/2021
G0341	Percutaneous islet cell transplant, includes portal vein catheterization and infusion	11/04/2019
G0342	Laparoscopy for islet cell transplant, includes portal vein catheterization and infusion	11/04/2019
G0343	Laparoscopy for islet cell transplant, includes porgal vein catheterization and infusion	11/04/2019
G0422	INTENS CARDIAC REHAB W/E	12/04/2021
G0423	INTENS CARDIAC REHAB NO	12/04/2021
G0458	LDR PROSTATE BRACHY COMP	05/31/2025
G0555	Replacment pt electronic sys	12/31/2024

PROCEDURE CODE	PROCEDURE DESCRIPTION	CODE EFFECTIVE DATE
H0045	RESPITE NOT HOME / DIEM	08/31/2024
J0013	Esketamine, nasal spray, 1 mg	12/31/2025
J0129	Injection, Abatacept, 10 MG	11/04/2019
J0139	Inj, adalimumab, 1 mg	12/31/2024
J0174	Inj, lecanemab-irmb, 1 mg	08/26/2023
J0175	Inj, donanemab-azbt, 2 mg	11/02/2024
J0177	Injection, aflibercept hd, 1 mg	04/13/2024
J0178	Injection, aflibercept, 1 mg	11/04/2019
J0179	Inj, brolucizumab-dbll, 1 mg	01/23/2020
J0180	Injection, Agalsidase beta, 1 mg	11/04/2019
J0202	Injection, alemtuzumab, 1 mg	11/04/2019
J0208	Injection, sodium thiosulfate, 100 mg	10/18/2025
J0217	Injection, velmanase alfa-tycv, 1 mg	12/28/2023
J0218	Injection, olipudase alfa-rpcp, 1 mg	04/29/2023
J0219	Inj aval alfa-nqpt 4mg	04/30/2022
J0220	Alglucosidase	11/04/2019
J0221	INJECTION, ALGLUCOSIDASE ALFA, (LUMIZYME), 10 MG	11/04/2019
J0222	Inj., patisiran, 0.1 mg	11/04/2019
J0223	Injection, givosiran, 0.5 mg.	07/11/2020
J0224	Injection, lumasiran, 0.5 mg	06/26/2021
J0225	Inj, vutrisiran, 1 mg	12/29/2022
J0256	Alpha 1- proteinase inhibitor â€“ human, 10 mg	11/04/2019
J0257	INJECTION, ALPHA 1 PROTEINASE INHIBITOR (HUMAN), (GLASSIA), 10 MG	11/04/2019
J0364	Injection, apomorphine HCl, 1 mg	11/04/2019
J0470	Dimercaprol, per 100 mg	11/04/2019
J0485	BELATACEPT INJECTION	12/04/2021
J0490	INJECTION, BELIMUMAB, 10 MG	11/04/2019
J0491	Inj anifrolumab-fnia 1mg	04/30/2022
J0517	Inj., benralizumab, 1 mg	11/04/2019
J0567	Inj., cerliponase alfa 1 mg	11/04/2019
J0570	Buprenorphine implant, 74.2 mg	09/13/2025
J0584	Injection, burosumab-twza 1m	11/04/2019
J0585	Botulinum toxin type A, per unit	11/04/2019
J0586	Abobotulinumtoxina	11/04/2019
J0587	Botulinum toxin type B, per 100 units	11/04/2019
J0588	INJECTION, INCOBOTULINUMTOXIN A, 1 UNIT	11/04/2019
J0589	Injection, daxibotulinumtoxina-lanm, 1 unit	04/13/2024

PROCEDURE CODE	PROCEDURE DESCRIPTION	CODE EFFECTIVE DATE
J0591	Injection, deoxycholic acid, 1 mg.	07/11/2020
J0593	Inj., lanadelumab-flyo, 1 mg	11/04/2019
J0596	Injection, c1 esterase inhibitor (recombinant), ruconest, 10 units	11/04/2019
J0597	Injection, C-1 esterase inhibitor (human), berinert, 10 Units	11/04/2019
J0598	C1 Esterase Inhibitor INJ	11/04/2019
J0599	Inj., haegarda 10 units	11/04/2019
J0600	Edetate calcium disodium, up to 1,000 mg	11/04/2019
J0606	inj., etelcalcetide 0.1 mg	11/04/2019
J0614	Injection, treosulfan, 50 mg	10/18/2025
J0638	Injection, Canakinumb, 1 MG	11/04/2019
J0641	LEVOLEUCOVORIN INJECTION	10/18/2025
J0642	INJECTION, LEVOLEUCOVORIN (KHAPZORY), 0.5 MG	10/18/2025
J0717	CERTOLIZUMAB PEGOL INJ 1MG	11/04/2019
J0725	Chorionic gonadotropin, per 1,000 USP units	11/04/2019
J0741	Injection, cabotegravir and rilpivirine, 2mg/3mg	10/09/2021
J0775	Injection, collagenase, clostridium histolyticum, 0.01 MG	11/04/2019
J0791	Injection, crizanlizumab-tmca, 5 mg.	07/11/2020
J0799	Hiv prep, fda approved, noc	01/29/2026
J0801	Inj. acthar gel to 40 units	10/28/2023
J0802	Inj. (ani), up to 40 units	10/28/2023
J0870	Injection, imetelstat, 1 mg	10/18/2025
J0879	Difelikefalin, esrd on dialy	04/30/2022
J0881	DARBEPOETIN ALFA, NON-ES	10/18/2025
J0882	DARBEPOETIN ALFA, ESRD U	11/04/2019
J0885	EPOETIN ALFA, NON-ESRD	10/18/2025
J0887	Injection, epoetin beta, 1 microgram, (for ESRD on dialysis)	11/04/2019
J0888	Epoetin beta non esrd	11/04/2019
J0890	Injection, peginesatide, 0. 1 mg (for esrd on dialysis)	11/04/2019
J0893	Inj, decitabine (sun pharma)	10/18/2025
J0894	DECITABINE INJECTION	10/18/2025
J0896	Injection, Luspatercept-aamt, 0.25 mg.	07/11/2020
J0897	DENOSUMAB INJECTION	10/18/2025
J1072	Injection, testosterone cypionate (azmiro), 1 mg	03/29/2025
J1073	Testosterone pellet, implant, 75 mg	12/31/2025
J1202	Miglustat, oral, 65 mg	04/13/2024
J1203	Injection, cipaglucosidase alfa-atga, 5 mg	04/13/2024
J1289	Injection, narsoplimab-wuug, 1 mg	06/27/2026

PROCEDURE CODE	PROCEDURE DESCRIPTION	CODE EFFECTIVE DATE
J1290	Injection, Ecallantide , 1 MG	11/04/2019
J1299	Injection, eculizumab, 2 mg	03/29/2025
J1301	Injection, edaravone, 1 mg	11/04/2019
J1302	Inj, sutimlimab-jome, 10 mg	10/01/2022
J1303	Inj., ravulizumab-cwvz 10 mg	11/04/2019
J1304	Injection, tofersen, 1 mg	12/28/2023
J1305	Injection, evinacumab-dgnb, 5mg	10/09/2021
J1306	Injection, inclisiran, 1 mg	07/30/2022
J1307	Inj, crovalimab-akkz, 10 mg	12/31/2024
J1322	Elosulfase alfa, injection	11/04/2019
J1323	Injection, elranatamab-bcmm, 1 mg	10/18/2025
J1325	Epoprostenol, 0.5 mg	11/04/2019
J1326	Inj, zolbetuximab-clzb, 2 mg	10/18/2025
J1411	Inj, hemgenix, per tx dose	04/29/2023
J1412	Inj roctavian ml 2x10^13vc g	12/28/2023
J1413	Inj delandistrogene mox rokl	12/28/2023
J1414	Inj, beqvez, per tx dose	12/31/2024
J1426	Injection, casimersen, 10 mg.	10/09/2021
J1427	Inj. viltolarsen	05/01/2021
J1428	Inj, eteplirsen, 10 mg	11/04/2019
J1429	Injection, golodirsen, 10 mg.	07/11/2020
J1437	Injection, ferric derisomaltose, 10 mg	12/04/2021
J1438	Etanercept, 25 mg	11/04/2019
J1439	INJ FERRIC CARBOXYMALTOS 1MG	12/04/2021
J1440	Fecal microbiota jslm 1 ml	07/29/2023
J1442	INJ, FILGRASTIM G-CSF 1MCG	10/18/2025
J1447	INJ TBO FILGRASTIM 1 MICROG	10/18/2025
J1448	Injection, trilaciclib, 1mg	10/18/2025
J1449	Injection, eflapegrastim-xnst, 0.1 mg	10/18/2025
J1458	Galsulfase	11/04/2019
J1459	Injection, Immune Globulin (Privigen), Intravenous, Non-Lyophilized (E. G. Liquid), 500 MG	11/04/2019
J1551	Injection, immune globulin (cutaquig), 100 mg	07/30/2022
J1552	Inj, alyglo, 500 mg	12/31/2024
J1553	Injection, immune globulin (yimmugo), 100 mg	04/11/2026
J1554	Inj. asceniv	05/01/2021
J1555	Inj cuvitru, 100 mg	11/04/2019
J1556	INJ, IMM GLOB BIVIGAM, 500MG	11/04/2019

PROCEDURE CODE	PROCEDURE DESCRIPTION	CODE EFFECTIVE DATE
J1557	INJECTION, IMMUNE GLOBULIN, (GAMMAPLEX), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	11/04/2019
J1558	Injection, immune globulin (Xembify), 100 mg.	07/11/2020
J1559	Injection, Immune globulin (Hizentra), 100 MG.	11/04/2019
J1561	Injection, Immune Globulin, (Gamunex), Intravenous, Non-Lyophilized (E.G. Liquid), 500 MG	11/04/2019
J1566	Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg	11/04/2019
J1568	Injection, Immune Globulin, (Octagam), Intravenous, Non-Lyophilized (E. G. Liquid), 500MG	11/04/2019
J1569	Injection, Immune Globulin, (Gammagard Liquid), Intravenous, Non-Lyophilized, (E. G. Liquid), 500 MG	11/04/2019
J1572	Injection, Immune Globulin, (Flebogamma), Intravenous, Non-Lyophilized (E.G. Liquid), 500 MG	11/04/2019
J1575	Injection, immune globulin/hyaluronidase, (hyqvia), 100 mg immuneglobulin	11/04/2019
J1576	Inj, panzyga, 500 mg	07/29/2023
J1577	Injection, immune globulin (qivigy), 100 mg	06/27/2026
J1595	Glatiramer acetate, 20 mg	11/04/2019
J1599	Injection, Immune Globulin, Intravenous, Non-Lyophilized (E. G. Liquid) not otherwise specified, 500 MG	11/04/2019
J1602	GOLIMUMAB FOR IV USE 1MG	11/04/2019
J1628	Inj., guselkumab, 1 mg	11/04/2019
J1632	Injection, brexanolone, 1 mg	09/14/2020
J1675	Injection, histrelin acetate, 10 mcg	11/04/2019
J1726	Makena, 10 mg	11/04/2019
J1743	Idursulfase	11/04/2019
J1744	Injection, icatibant, 1 mg	11/04/2019
J1745	Infliximab, 10 mg	11/04/2019
J1746	Inj., ibalizumab-uiyk, 10 mg	11/04/2019
J1747	Injection, spesolimab-sbzo, 1 mg	04/29/2023
J1748	Injection, infliximab-dyyb (zymfentra), 10 mg	07/27/2024
J1786	Injection, Imiglucerase, 10 Units	11/04/2019
J1809	Injection, fosdenopterin, 0.1 mg	09/13/2025
J1823	Inj. inebilizumab-cdon, 1 mg	01/22/2021
J1826	Injection, Interferon Beta-1A, 30 MCG	11/04/2019
J1830	Interferon beta-1b, 0.25 mg	11/04/2019
J1930	LANREOTIDE INJECTION	10/18/2025
J1931	Injection, Laronidase, 0.1 mg	11/04/2019
J1932	Inj, lanreotide, (cipla) 1mg	10/18/2025
J1950	LEUPROLIDE ACET /3.75 MG	10/18/2025

PROCEDURE CODE	PROCEDURE DESCRIPTION	CODE EFFECTIVE DATE
J1951	Injection, leuprolide acetate for depot suspension (fensolvi), 0.25 mg	06/26/2021
J1952	Leuprolide inj, camcevi, 1mg	10/18/2025
J1954	Leuprolide depot cipla 7.5mg	10/18/2025
J1961	Inj, lenacapavir, 1 mg	07/29/2023
J2170	Injection, Mecasermin, 1 MG	11/04/2019
J2182	Injection, mepolizumab, 1mg	11/04/2019
J2267	Injection, mirikizumab-mrkz, 1 mg	07/27/2024
J2277	Injection, motixafortide, 0.25 mg	04/13/2024
J2323	Natalizumab	11/04/2019
J2326	Inj, nusinersen, 0.1mg	11/04/2019
J2327	Inj risankizumab-rzaa 1 mg	12/29/2022
J2329	Inj ublituximab-xiiy, 1 mg	07/29/2023
J2350	Injection, ocrelizumab, 1 mg	11/04/2019
J2351	Injection, ocrelizumab, 1 mg and hyaluronidase-ocsq	03/29/2025
J2353	OCTREOTIDE DEPOT 1MG INJ	10/18/2025
J2354	OCTREOTIDE NONDEPOT INJ	10/18/2025
J2356	Injection, tezepelumab-ekko, 1 mg	07/30/2022
J2357	Injection, Omalizumab, 5 mg	11/04/2019
J2361	Injection, depemokimab-ulaa, 1 mg	06/27/2026
J2502	Injection, pasireotide long acting, 1 mg	11/04/2019
J2506	Inj pegfilgrast ex bio 0.5mg	10/18/2025
J2507	Injection , Pegloticase, 1mg	11/04/2019
J2508	Injection, pegunigalsidase alfa-iwxj, 1 mg	02/03/2024
J2562	Plerixafor Injection	11/04/2019
J2724	PROTEIN C CONCENTRATE	11/04/2019
J2777	Inj, faricimab-svoa, 0.1mg	10/01/2022
J2778	RANIBIZUMAB INJECTION	11/04/2019
J2779	Injection, ranibizumab, via intravitreal implant (susvimo), 0.1 mg	07/30/2022
J2781	Inj, pegcetacoplan, 1mg	10/28/2023
J2782	Injection, avacincaptad pegol, 0.1 mg	04/13/2024
J2786	Injection, reslizumab, 1mg	11/04/2019
J2793	Rilonacept Injection	11/04/2019
J2797	INJ., ROLAPITANT, 0.5 MG	10/18/2025
J2802	Inj, romiplostim 1 microgram	10/18/2025
J2840	Inj sebelipase alfa 1 mg	11/04/2019
J2860	INJECTION, SILTUXIMAB, 10 MG	10/18/2025
J2941	Somatropin, 1 mg	11/04/2019

PROCEDURE CODE	PROCEDURE DESCRIPTION	CODE EFFECTIVE DATE
J2998	Injection, plasminogen, human-tvmh, 1 mg	07/30/2022
J3031	Inj., fremanezumab-vfrm 1 mg	11/04/2019
J3032	Injection, eptinezumab-jjmr, 1 mg	09/14/2020
J3055	Injection, talquetamab-tgvs, 0.25 mg	10/18/2025
J3060	INJ, TALIGLUCERACE ALFA 10 U	11/04/2019
J3111	Inj. romosozumab-aqqg 1 mg	11/04/2019
J3145	TESTOSTERONE UNDECANOATE 1MG	08/14/2021
J3241	Injection, teprotumumab-trbw, 10 mg	09/14/2020
J3245	Inj., tildrakizumab, 1 mg	11/04/2019
J3247	Injection, secukinumab, intravenous, 1 mg	07/27/2024
J3262	TOCILIZUMAB INJECTION	10/18/2025
J3263	Injection, toripalimab-tpzi, 1 mg	10/18/2025
J3285	Injection, treprostinil, 1 mg	11/04/2019
J3299	Injection, triamcinolone acetonide (xipere), 1 mg	07/30/2022
J3304	Inj triamcinolone ace xr 1mg	11/04/2019
J3315	TRIPTORELIN PAMOATE	10/18/2025
J3316	Inj., triptorelin xr 3.75 mg	11/04/2019
J3357	Injection, Ustekinumab, 1 MG	11/04/2019
J3358	Ustekinumab, iv inject, 1 mg	11/04/2019
J3380	Injection, vedolizumab, 1 mg	11/04/2019
J3385	Injection, Velaglucerase Alfa 100 Units	11/04/2019
J3386	Injection, etuvetidigene autotemcel, per treatment	06/27/2026
J3387	Injection, elivaldogene autotemcel, per treatment	12/31/2025
J3389	Topical administration, prademagene zamikeracel, per treatment	12/31/2025
J3391	Inj, atidarsagene autotemcel	06/28/2025
J3392	Inj, exagamglogene autotem	12/31/2024
J3393	Injection, betibeglogene autotemcel, per treatment	07/27/2024
J3394	Injection, lovotibeglogene autotemcel, per treatment	07/27/2024
J3397	Inj., vestronidase alfa-vjbk	11/04/2019
J3398	Inj luxturna 1 billion vec g	11/04/2019
J3399	Injection, Onasemnogene abeparvovec-xioi, per treatment, up to 5x1015 vector genomes	07/11/2020
J3401	Vyjuvek 5x10^9pfu/ml, 0.1 ml	12/28/2023
J3402	Injection, remestemcel-l-rknd, per therapeutic dose	09/13/2025
J3403	Revakinagene taroretcel-lwey, per implant	09/13/2025
J3404	Injection, zopapogene imadenovec-drba suspension, per therapeutic dose	04/11/2026
J3405	Injection, onasemnogene abeparvovecbrve, per treatment	06/27/2026
J3490	UNCLASSIFIED DRUG INJ	11/14/2020

PROCEDURE CODE	PROCEDURE DESCRIPTION	CODE EFFECTIVE DATE
J3520	Edetate disodium, per 150mg	11/04/2019
J3590	UNCLASSIFIED BIOLOGICS	11/14/2020
J3591	Esrd on dialysi drug/bio noc	11/04/2019
J7170	Inj., emicizumab-kxwh 0.5 mg	11/04/2019
J7171	Injection, adamts13, recombinant-krhn, 10 iu	07/27/2024
J7172	Inj marstacim-hncq, 0.5 mg	06/28/2025
J7173	Injection, concizumab-mtci, 0.5 mg	09/13/2025
J7174	Injection, fitusiran, 0.04 mg	09/13/2025
J7175	Inj, factor x, (human), 1iu	11/04/2019
J7176	Injection, human fibrinogen - chmt (fesilty), 1mg	06/27/2026
J7177	Inj., fibryga, 1 mg	11/04/2019
J7178	Injection, human fibrinogen concentrate, 1 mg	11/04/2019
J7179	Vonvendi inj 1 iu vwf:rco	11/04/2019
J7180	INJECTION, FACTOR XIII (ANTIHEMOPHILIC FACTOR, HUMAN), 1 I.U.	11/04/2019
J7181	Factor xiii recomb a-subunit	11/04/2019
J7182	Factor viii recomb novoeight	11/04/2019
J7183	INJECTION, VON WILLEBRAND FACTOR COMPLEX (HUMAN), WILATE, 1 I.U. VWF:RCO	11/04/2019
J7185	Xyntha INJ	11/04/2019
J7186	Injection, Antihemophilic Factor VIII/VON Willebrand Factor Complex (Human), Per Factor VIII I. U.	11/04/2019
J7187	Injection, Von Willebrand Factor Complex, (humate-P), , per IU VWF:RCO	11/04/2019
J7188	Injection, factor viii (antihemophilic factor, recombinant), (obizur), per i.u.	11/04/2019
J7189	Factor VIIa (antihemophilic Factor, recombinant), per 1 mcg	11/04/2019
J7190	Factor VIII (antihemophilic factor, human) per IU	11/04/2019
J7191	Factor VIII (antihemophilic factor (porcine), per IU	11/04/2019
J7192	Factor VIII (antihemophilic factor, recombinant) per IU	11/04/2019
J7193	Factor IX (antihemophilic factor, purified, non-recombinant) per IU	11/04/2019
J7194	Factor IX, complex, per IU	11/04/2019
J7195	Factor IX (antihemophilic factor, recombinant) per IU	11/04/2019
J7196	Injection, Antithrombin Recombinant, 50 I. U.	11/04/2019
J7197	Antithrombin III (human), per IU	11/04/2019
J7198	Anti-inhibitor, per IU	11/04/2019
J7199	Hemophilia clotting factor, not otherwise classified	11/04/2019
J7200	Factor ix recombinan rixubis	11/04/2019
J7201	Factor ix fc fusion recomb	11/04/2019
J7202	Factor ix idelvion inj	11/04/2019
J7203	Factor ix recomb gly rebinyn	11/04/2019

PROCEDURE CODE	PROCEDURE DESCRIPTION	CODE EFFECTIVE DATE
J7204	Injection, factor VIII, antihemophilic factor (recombinant), (esperoct), glycopegylated-exei, per iu.	07/11/2020
J7205	Injection, factor viii fc fusion (recombinant), per iu	11/04/2019
J7207	Factor viii pegylated recomb	11/04/2019
J7208	Inj. jivi 1 iu	11/04/2019
J7209	Factor viii nuwiq recomb 1iu	11/04/2019
J7210	Inj, afstyla, 1 i.u.	11/04/2019
J7211	Inj, kovaltry, 1 i.u.	11/04/2019
J7212	Factor viia recomb sevenfact	01/22/2021
J7213	Inj, ixinity, 1 i.u.	06/28/2025
J7214	Altuviiio per factor viii iu	10/28/2023
J7316	INJ, OCRIPLASMIN, 0.125 MG	11/04/2019
J7318	Inj, durolane 1 mg	11/04/2019
J7320	Genvisc 850, inj, 1mg	11/04/2019
J7321	HYALGAN/SUPARTZ INJ PER	11/04/2019
J7322	Hymovis injection 1 mg	11/04/2019
J7323	EUFLEXXA INJ PER DOSE	11/04/2019
J7324	ORTHOVISC INJ PER DOSE	11/04/2019
J7325	SYNVISC OR SYNVISC-ONE	11/04/2019
J7326	GEL-ONE	11/04/2019
J7327	Monovisc inj per dose	11/04/2019
J7328	Hyaluronan or derivative, gel-syn, for intra-articular injection, 0.1 mg	11/04/2019
J7329	Inj, trivisc 1 mg	11/04/2019
J7331	Synojoynt, inj., 1 mg	11/04/2019
J7332	Inj., triluron, 1 mg	11/04/2019
J7340	CARBIDOPA 5 MG/LEVODOPA 20 MG ENTERAL SUSPENSION	11/14/2020
J7351	Injection, bimatoprost, intracameral implant, 1 microgram	09/14/2020
J7352	Afamelanotide implant, 1 mg	01/22/2021
J7355	Injection, travoprost, intracameral implant, 1 microgram	07/27/2024
J7356	Inj foscarb/foslevodopa 5 mg	06/28/2025
J7402	Mometasone sinus sinuva	03/07/2026
J7677	REVEFENACIN INH NON-COM 1MCG	05/09/2020
J7686	Treprostinil, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, 1.74 mg	11/04/2019
J7999	COMPOUNDED DRUG, NOT OTHERWISE CLASSIFIED	11/14/2020
J9000	DOXORUBICIN HCL INJECTIO	10/18/2025
J9003	Leuprolide injectable (camcevi etm), 1 mg	04/11/2026
J9011	Injection, datopotamab deruxtecandlnk, 1 mg	10/18/2025

PROCEDURE CODE	PROCEDURE DESCRIPTION	CODE EFFECTIVE DATE
J9015	ALDESLEUKIN INJECTION	10/18/2025
J9017	ARSENIC TRIOXIDE	10/18/2025
J9021	Inj, aspara, rylaze, 0.1 mg	10/18/2025
J9022	INJ, ATEZOLIZUMAB,10 MG	10/18/2025
J9023	INJECTION, AVELUMAB, 10 MG	10/18/2025
J9024	Injection, atezolizumab, 5 mg and hyaluronidase-tqjs	10/18/2025
J9025	AZACITIDINE INJECTION	11/04/2019
J9026	Inj, tarlatamab-dlle, 1 mg	10/18/2025
J9027	CLOFARABINE INJECTION	10/18/2025
J9028	Inj, nogapendekin pmln, 1mcg	10/18/2025
J9029	Inj, adstiladrin, per tx dos	07/29/2023
J9032	INJECTION, BELINOSTAT, 10 MG	10/18/2025
J9033	Inj, bendamustine hcl, 1mg	10/18/2025
J9034	INJ., BENDEKA 1 MG	10/18/2025
J9035	BEVACIZUMAB INJECTION	10/18/2025
J9036	INJ., BELRAPZO, 1 MG	10/18/2025
J9038	Injection, axatilimab-csfr, 0.1 mg	03/29/2025
J9039	INJ, POLATUZUMAB VEDOTIN 1MG	10/18/2025
J9040	BLEOMYCIN SULF INJ 15 U	10/18/2025
J9041	BORTEZOMIB INJECTION	10/18/2025
J9042	BRENTUXIMAB VEDOTIN INJ	10/18/2025
J9043	CABAZITAXEL INJECTION	10/18/2025
J9045	CARBOPLATIN INJECT 50MG	10/18/2025
J9046	Inj, bortezomib, dr. reddy's	10/18/2025
J9047	CARMUSTINE INJECTION	10/18/2025
J9048	Inj, bortezomib freseniuskab	10/18/2025
J9049	Inj, bortezomib, hospira	10/18/2025
J9051	Inj, bortezomib (maia)	10/28/2023
J9053	Inj belantamab mafodot blmf	06/27/2026
J9054	Injection, bortezomib (boruzu), 0.1 mg	10/18/2025
J9055	CETUXIMAB INJECTION	10/18/2025
J9056	Inj, vivimusta, 1 mg	10/18/2025
J9057	INJ., COPANLISIB, 1 MG	10/18/2025
J9060	CISPLATIN 10 MG INJECTI	10/18/2025
J9061	Inj, amivantamab-vmjw	10/18/2025
J9062	Injection, amivantamab 5 mg and hyaluronidase-lpuj	06/27/2026
J9063	Inj, elahere, 1 mg	10/18/2025

PROCEDURE CODE	PROCEDURE DESCRIPTION	CODE EFFECTIVE DATE
J9064	Inj, cabazitaxel (sandoz)	10/28/2023
J9065	INJ CLADRIBINE PER 1 MG	11/04/2019
J9100	CYTARABINE INJ 100 MG	10/18/2025
J9118	INJ. CALASPARGASE PEGOL-MKNL	10/18/2025
J9119	INJ., CEMIPLIMAB-RWLC, 1 MG	10/18/2025
J9120	DACTINOMYCIN INJECTION	10/18/2025
J9130	DACARBAZINE INJ 100 MG	10/18/2025
J9144	Daratumumab, hyaluronidase	10/18/2025
J9145	INJECTION, DARATUMUMAB 10 MG	10/18/2025
J9150	DAUNORUBICIN INJECTION	10/18/2025
J9153	INJ DAUNORUBICIN, CYTARABINE	10/18/2025
J9155	Injection, degarelix, 1 mg	10/18/2025
J9161	Injection, denileukin diftitox-cxdl, 1 mcg	10/18/2025
J9171	DOCETAXEL INJECTION	10/18/2025
J9172	Docetaxel (docivyx), 1 mg	10/18/2025
J9173	INJ., DURVALUMAB, 10 MG	10/18/2025
J9174	Inj, docetaxel (beizray) 1mg	10/18/2025
J9176	INJECTION, ELOTUZUMAB, 1MG	10/18/2025
J9177	Injection, enfortumab vedotin-ejfv, 0.25 mg.	10/18/2025
J9178	INJ, EPIRUBICIN HCL 2 MG	10/18/2025
J9179	ERIBULIN MESYLATE INJECT	10/18/2025
J9181	ETOPOSIDE INJEC 10 MG	10/18/2025
J9183	Gemcitabine intravesical system, 225 mg	04/11/2026
J9184	Injection, gemcitabine hydrochloride (avyxa), 200 mg	12/31/2025
J9185	FLUDARABINE PHOSPH 50 MG	10/18/2025
J9190	FLUOROURACIL INJ 500 MG	10/18/2025
J9196	Injection, gemcitabine hydrochloride (accord), not therapeutically equivalent to J9201, 200 mg	10/18/2025
J9198	Gemcitabine hydrochloride, (Infugem), 100 mg.	10/18/2025
J9200	FLOXURIDINE INJ 500 MG	10/18/2025
J9201	GEMCITABINE HCL 200 MG	10/18/2025
J9202	GOSERELIN ACETATE IMPLNT	10/18/2025
J9203	GEMTUZUMAB OZOGAMICIN 0.1 MG	10/18/2025
J9204	INJ MOGAMULIZUMAB-KPKC, 1 MG	10/18/2025
J9205	INJ IRINOTECAN LIPOSOME 1 MG	10/18/2025
J9206	IRINOTECAN 20 MG	10/18/2025
J9207	IXABEPILONE INJECTION]	10/18/2025
J9208	IFOSFOMIDE INJECTION 1GM	10/18/2025

PROCEDURE CODE	PROCEDURE DESCRIPTION	CODE EFFECTIVE DATE
J9210	Inj., emapalumab-lzsg, 1 mg	11/04/2019
J9211	IDARUBICIN HCL INJECTION	10/18/2025
J9213	Interferon alfa-2A, recombinant, 3 million units	11/04/2019
J9214	INTERFERON ALFA-2B INJ	10/18/2025
J9215	Interferon alfa-N3, (human leukocyte derived), 250,000 IU	11/04/2019
J9216	INTERFERON GAMMA 1-B INJ	10/18/2025
J9217	LEUPROLIDE ACET SUSPNSN	10/18/2025
J9223	Inj. lurbinectedin, 0.1 mg	10/18/2025
J9225	HISTRELIN IMPLANT	10/18/2025
J9226	Histrelin Implant (Supprelin LA), 50 MG	11/04/2019
J9227	Injection, isatuximab-irfc, 10 mg	10/18/2025
J9228	IPILIMUMAB INJECTION	10/18/2025
J9229	INJ INOTUZUMAB OZOGAM 0.1 MG	10/18/2025
J9230	MECHLORETHAMINE HCL INJ	10/18/2025
J9232	Injection, docetaxel (hospira), not therapeutically equivalentto j9171, 1 mg	06/27/2026
J9245	INJ MELPHALAN HYDROCHL	11/04/2019
J9246	Injection, melphalan (evomela), 1 mg.	10/18/2025
J9248	Injection, melphalan (hepzato), 1 mg	10/18/2025
J9249	Injection, melphalan (apotex), 1 mg	10/18/2025
J9256	Injection, nipocalimab-aahu, 3 mg	12/31/2025
J9261	NELARABINE INJECTION	11/04/2019
J9262	INJ, OMACETAXINE MEP, 0.01MG	10/18/2025
J9263	OXALIPLATIN 0.5 MG INJEC	10/18/2025
J9264	PACLITAXEL INJECTION	10/18/2025
J9266	PEGASPARGASE INJECTION	10/18/2025
J9267	Paclitaxel injection	11/04/2019
J9268	PENTOSTATIN INJ / 10 MG	10/18/2025
J9269	INJ. TAGRAXOFUSP-ERZS 10 MCG	10/18/2025
J9271	INJECTION, PEMBROLIZUMAB, 1 MG	10/18/2025
J9272	Inj, dostarlimab-gxly, 10 mg	10/18/2025
J9273	Inj tisotu vedotin-tftv, 1mg	10/18/2025
J9274	Inj, tebentafusp-tebn, 1 mcg	10/18/2025
J9275	Inj cosibelimab-ipdl, 2 mg	10/18/2025
J9276	Inj zanidatamab-hrii, 2 mg	10/18/2025
J9277	Injection, pembrolizumab, 1 mg and berahyaluronidase alfa-pmph	04/11/2026
J9278	Injection, carboplatin (avyxa), 1 mg	04/11/2026
J9280	MITOMYCIN INJECTION	11/04/2019

PROCEDURE CODE	PROCEDURE DESCRIPTION	CODE EFFECTIVE DATE
J9281	Mitomycin instillation	10/18/2025
J9282	Mitomycin, intravesical instillation, 1 mg	12/31/2025
J9285	INJ, OLARATUMAB, 10 MG	10/18/2025
J9286	Injection, glofitamab-gxbm, 2.5 mg	10/18/2025
J9289	Inj nivolumab 2 mg hyaluron	10/18/2025
J9292	Injection, pemetrexed dipotassium, 10 mg	10/18/2025
J9293	MITOXANTRNE HCL INJ /5MG	10/18/2025
J9294	Injection, pemetrexed (hospira) not therapeutically equivalent to j9305, 10 mg	10/18/2025
J9295	INJECTION, NECITUMUMAB, 1 MG	10/18/2025
J9296	Injection, pemetrexed (accord) not therapeutically equivalent to j9305, 10 mg J9297 Add Injection, pemetrexed (sandoz), not therapeutically equivalent to j9305, 10 mg	10/18/2025
J9297	Injection, pemetrexed (accord) not therapeutically equivalent to j9305, 10 mg J9297 Add Injection, pemetrexed (sandoz), not therapeutically equivalent to j9305, 10 mg	10/18/2025
J9298	Inj nivol relatlimab 3mg/1mg	10/18/2025
J9299	INJECTION, NIVOLUMAB, 1 MG	10/18/2025
J9301	OBINUTUZUMAB INJ	10/18/2025
J9302	OFATUMUMAB INJECTION	11/04/2019
J9303	PANITUMUMAB INJECTION	10/18/2025
J9304	Injection, pemetrexed (PEMFEXY), 10 mg	10/18/2025
J9305	Injection, pemetrexed, not otherwise specified, 10 mg	10/18/2025
J9306	INJECTION, PERTUZUMAB, 1 MG	10/18/2025
J9307	PRALATREXATE INJECTION	11/04/2019
J9308	INJECTION, RAMUCIRUMAB, 5 MG	10/18/2025
J9309	INJ, POLATUZUMAB VEDOTIN 1MG	10/18/2025
J9311	INJ RITUXIMAB, HYALURONIDASE	10/18/2025
J9312	INJ., RITUXIMAB, 10 MG	10/18/2025
J9313	INJ., LUMOXITI, 0.01 MG	10/18/2025
J9314	Injection, pemetrexed (teva) not therapeutically equivalent to J9305, 10 mg	10/18/2025
J9316	Pertuzu, trastuzu, 10 mg	10/18/2025
J9317	Sacituzumab govitecan-hziy	10/18/2025
J9318	Injection, romidepsin, non-lyophilized, 0.1 mg	10/18/2025
J9319	Injection, romidepsin, lyophilized, 0.1 mg	10/18/2025
J9320	STREPTOZOCIN INJECT 1 GM	10/18/2025
J9321	Injection, epcoritamab-bysp, 0.16 mg	10/18/2025
J9322	Inj pemetrexed (bluepoint)	10/18/2025
J9323	Inj pemetrexed ditromethamin	10/18/2025
J9324	Inj, pemrydi rtu, 10 mg	10/18/2025

PROCEDURE CODE	PROCEDURE DESCRIPTION	CODE EFFECTIVE DATE
J9325	INJ TALIMOGENE LAHERPAREPVEC	10/18/2025
J9326	Injection, telisotuzumab vedotin-tllv, 1 mg	12/31/2025
J9328	TEMOZOLOMIDE INJECTION	10/18/2025
J9329	Inj, tislelizumab-jsgr	10/18/2025
J9330	TEMSIROLIMUS INJECTION]	10/18/2025
J9331	Injection, sirolimus protein-bound particles, 1 mg	10/18/2025
J9332	Injection, efgartigimod alfa-fcab, 2 mg	07/30/2022
J9333	Injection, rozanolixizumab-noli, 1 mg	12/28/2023
J9334	Injection, efgartigimod alfa, 2 mg and hyaluronidase-qvfc	12/28/2023
J9341	Inj thiotepa (tepylute) 1 mg	10/18/2025
J9342	Inj thiotepa nos 1 mg	10/18/2025
J9345	Inj, retifanlimab-dlwr, 1 mg	10/28/2023
J9347	Inj, tremelimumab-actl, 1 mg	10/18/2025
J9348	Injection, naxitamab-gqgk, 1 mg	10/18/2025
J9349	Inj., tafasitamab-cxix	10/18/2025
J9350	Inj mosunetuzumab-axgb, 1 mg	10/18/2025
J9351	TOPOTECAN INJECTION	11/04/2019
J9352	INJECTION TRABECTEDIN 0.1MG	10/18/2025
J9353	Injection, margetuximab-cmkb, 5 mg	10/18/2025
J9354	INJ, ADO-TRASTUZUMAB EMT 1MG	10/18/2025
J9355	TRASTUZUMAB INJECTION	10/18/2025
J9356	INJ. HERCEPTIN HYLECTA, 10MG	10/18/2025
J9358	Injection, fam-trastuzumab deruxtecan-nxki, 1 mg.	10/18/2025
J9359	Inj lon tesirin-lpyl 0.075mg	10/18/2025
J9360	VINBLASTINE SULF INJ 1MG	10/18/2025
J9361	Injection, efbemalenograstim alfa-vuxw, 0.5 mg	06/28/2025
J9370	VINCRISTINE SULF 1MG INJ	11/04/2019
J9376	Injection, pozelimab-bbfg, 1 mg	04/13/2024
J9380	Inj teclistamab cqyv 0.5 mg	10/18/2025
J9381	Inj teplizumab mzwv 5 mcg	07/29/2023
J9382	Inj zenocutuzumab-zbco 1 mg	10/18/2025
J9390	VINORELBINE TARTRAT/10MG	11/04/2019
J9393	Inj, fulvestrant (teva)	10/18/2025
J9394	Inj, fulvestrant (fresenius)	10/18/2025
J9395	FULVESTRANT 25 MG INJ	11/04/2019
J9400	INJ, ZIV-AFLIBERCEPT, 1MG	10/18/2025
J9601	Injection, linvoseltamab-gcpt, 1 mg	04/11/2026

PROCEDURE CODE	PROCEDURE DESCRIPTION	CODE EFFECTIVE DATE
J9999	NOC ANTINEOPLASTIC DRUG	11/14/2020
K0899	Power mobility device, not coded by SADMERC or does not meet criteria	11/04/2019
K1007	Bilateral hip, knee, ankle, foot device, powered, includes pelvic component, single or double upright(s), knee joints any type, with or without ankle joints any type, includes all components and accessories, motors, microprocessors, sensors	11/21/2025
L1844	Knee orthotic (KO), single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, custom fabricated	11/04/2019
L1846	Knee orthotic, double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, custom fabricated	11/04/2019
L2006	Kaf sng/dbl swg/stn mcpr cus	01/23/2020
L2221	Ank mcrop plant & dorsi flex	05/15/2026
L5781	LWR LMB PROS VACUUM PUMP	12/04/2021
L5827	Endo knee shin single axis	04/26/2025
L5828	KNE-SHN FLD SWG & STANCE	12/04/2021
L5856	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing and stance phase, includes electronic sensor(s), any type	11/04/2019
L5859	Addition to lower extremity prosthesis, endoskeletal knee-shin system, poweredand programmable flexion/extension assist control, includes any type motor(s)	11/04/2019
L5973	Ank-Foot SYS Dors-Plant Flex	11/04/2019
L5999	Lower Extremity Prosthesis, Not Otherwise Specified	11/04/2019
L6700	Ue add ext power myoel	04/26/2025
L6880	ELECTRIC HAND, SWITCH OR MYOLELECTRIC CONTROLLED, INDEPENDENTLY ARTICULATING	11/04/2019
L6881	AUTOMATIC GRASP FEATURE	01/23/2020
L6882	Microprocessor control feature, addition to upper limb prosthetic terminal device	11/04/2019
L6935	Below Elbow, External Power, Self-Suspended Inner Socket Removable Forearm Shell, Otto Bock or Equal Electrodes, Cables Two Batteries and One Charger, Myoelectronic Control of Terminal Device	11/04/2019
L6955	Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, Otto Bock or equal electrodes, cables, 2 batteries and one charger, myoelectronic control of terminal device	11/04/2019
L7007	Electric hand, switch or myoelectric controlled, adult	11/04/2019
L7259	Electronic wrist rotator any	11/04/2019
L8499	Unlisted Procedure Misc Prosth	11/04/2019
L8614	Cochlear device/system	11/04/2019
L8641	METATARSAL JOINT IMPLANT	11/21/2025
L8642	HALLUX IMPLANT	11/21/2025
L8702	Ewh s/d uprt micro sensor	11/21/2025

PROCEDURE CODE	PROCEDURE DESCRIPTION	CODE EFFECTIVE DATE
M0224	Intravenous infusion, pemivibart, for the pre-exposure prophylaxis only, for certain adults and adolescents (12 years of age and older weighing at least 40 kg) with no known sars-cov-2 exposure, who either have moderate-to-severe immune compromise due to	09/28/2024
M0231	Intravenous infusion, tocilizumabbavi, for hospitalized adult patients with covid-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation only,	06/27/2026
M0232	Intravenous infusion, tocilizumabbavi, for hospitalized adult patients with covid-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation only,	06/27/2026
M0233	Intravenous infusion, tocilizumab aazg, for hospitalized adult patients with covid-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ecmo	04/11/2026
M0234	Intravenous infusion, tocilizumab aazg, for hospitalized adult patients with covid-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ecmo	04/11/2026
M0235	Intravenous infusion, monoclonal antibody products with an indication for post-exposure prophylaxis or treatment of COVID-19, for hospitalized adults and/or pediatric patients who are receiving systemic corticosteroids and require supplemental oxygen, non	09/13/2025
M0236	Intravenous infusion, monoclonal antibody products with an indication for post-exposure prophylaxis or treatment of COVID-19, for hospitalized adults and/or pediatric patients who are receiving systemic corticosteroids and require supplemental oxygen, non	09/13/2025
M0237	Intravenous infusion, tocilizumab-anoh, for hospitalized adult patients with covid-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ecmo	09/13/2025
M0238	Intravenous infusion, tocilizumab-anoh, for hospitalized adult patients with covid-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ecmo	09/13/2025
Q0138	FERUMOXYTOL, NON-ESRD	12/04/2021
Q0224	Injection, pemivibart, for the pre-exposure prophylaxis only, for certain adults and adolescents (12 years of age and older weighing at least 40 kg) with no known sars-cov-2 exposure, and who either have moderate-to-severe immune compromise due to a medic	09/28/2024
Q0234	Injection, tocilizumab-bavi, for hospitalized adult patients with covid-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation only, 1 mg	06/27/2026
Q0235	Injection, monoclonal antibody products with an indication for post-exposure prophylaxis or treatment of COVID-19, for hospitalized adults and/or pediatric patients who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive o	09/13/2025
Q0237	Injection, tocilizumab-anoh, for hospitalized adult patients with covid-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ecmo) only, 1 m	09/13/2025

PROCEDURE CODE	PROCEDURE DESCRIPTION	CODE EFFECTIVE DATE
Q0238	Injection, tocilizumab-aazg, for hospitalized adult patients with covid-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ecmo) only, 1 m	04/11/2026
Q2026	Injection, Radiesse, 0.1 ML	11/04/2019
Q2028	INJ, SCULPTRA, 0.5MG	11/04/2019
Q2041	Axicabtagene ciloleucel car+	11/04/2019
Q2042	Tisagenlecleucel car-pos t	11/04/2019
Q2043	SIPLEUCEL-T AUTO CD54+	10/18/2025
Q2050	DOXORUBICIN INJ 10MG	10/18/2025
Q2053	Brexucabtagene car pos t	05/01/2021
Q2054	Lisocabtagene maraleucel, up to 110 million autologous anti-cd19 car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose.	10/09/2021
Q2055	Idecabtagene vicleucel car	12/30/2021
Q2056	Ciltacabtagene car-pos t	10/01/2022
Q2057	Afamitresgene autoleucel, including leukapheresis and dose preparation procedures, per therapeutic dose	03/29/2025
Q2058	Obecbtge autol up to 400 mil	06/28/2025
Q3027	INJ BETA INTERFERON IM 1 MCG	11/04/2019
Q3028	INJ BETA INTERFERON SQ 1 MCG	11/04/2019
Q4074	Iloprost, inhalation solution, FDA-approved final product, non- compounded, administered through DME, unit dose form, up to 20 mcg	11/04/2019
Q4081	EPOETIN ALFA, 100 UNITS	11/04/2019
Q4102	OASIS WOUND MATRIX SKIN	12/04/2021
Q4103	Skin Substitute, Oasis Burn Matriz, Per Square Centimeter	11/04/2019
Q4113	Allograft, Graft Jacket Express, Injectable, 1CC	11/04/2019
Q4114	Allograft, Integra Flowable Wound Matrix, Injectable, 1CC	11/04/2019
Q4118	MatriStem micromatrix, 1 mg	11/04/2019
Q4122	DERMACELL	12/04/2021
Q4124	OASIS TRI-LAYER WOUND MA	12/04/2021
Q4125	ARTHROFLEX, PER SQUARE CENTIMETER	11/04/2019
Q4126	MEMODERM, PER SQUARE CENTIMETER	11/04/2019
Q4128	FLEXHD OR ALLOPATCH HD, PER SQUARE CENTIMETER	11/04/2019
Q4130	STRATTICE TM, PER SQUARE CENTIMETER	11/04/2019
Q4132	GRAFIX CORE	12/04/2021
Q4133	GRAFIX PRIME	09/13/2025
Q4137	AMNIOEXCEL OR BIODEXCEL, 1CM	11/04/2019
Q4138	BIODFENCE DRYFLEX, 1CM	11/04/2019
Q4139	AMNIO OR BIODMATRIX, INJ 1CC	11/04/2019

PROCEDURE CODE	PROCEDURE DESCRIPTION	CODE EFFECTIVE DATE
Q4140	BIODFENCE 1CM	11/04/2019
Q4148	NEOX 1K, 1CM	11/04/2019
Q4150	Allowrap ds or dry 1 sq cm	11/04/2019
Q4151	AMNIOBAND, GUARDIAN 1 SQ CM	12/04/2021
Q4152	Dermapure 1 square cm	11/04/2019
Q4155	Neoxflo or clarixflo 1 mg	11/04/2019
Q4156	Neox 100 1 square cm	11/04/2019
Q4158	MARIGEN 1 SQUARE CM	11/21/2025
Q4159	Affinity1 square cm	11/04/2019
Q4160	Nushield 1 square cm	11/04/2019
Q4162	Amniopro flow, bioskin flow, biorenew flow, woundex flow, amniogen-a, amniogen-c, 0.5 cc	11/04/2019
Q4163	Amniopro, bioskin, biorenew, woundex, amniogen-45, amniogen-200, per square centimeter	11/04/2019
Q4164	Helicoll, per square centimeter	11/04/2019
Q4166	CYTAL, PER SQUARE CENTIMETER	11/21/2025
Q4168	AMNIOBAND, 1 MG	11/21/2025
Q4170	CYGNUS, PER SQ CM	11/21/2025
Q4173	PALINGEN OR PALINGEN XPLUS	09/13/2025
Q4174	PALINGEN OR PROMATRX	09/13/2025
Q4180	Revita, per sq cm	11/04/2019
Q4186	EPIFIX 1 SQ CM	12/04/2021
Q4187	Epicord 1 sq cm	11/04/2019
Q4189	Artacent ac, 1 mg	11/04/2019
Q4192	Restorigin, 1 cc	11/04/2019
Q4193	Coll-e-derm 1 sq cm	11/04/2019
Q4195	Puraply 1 sq cm	11/04/2019
Q4196	Puraply am 1 sq cm	11/04/2019
Q4215	Axolotl ambient, cryo 0.1 mg	11/04/2019
Q4222	Progenamatrix, per sq cm	11/04/2019
Q4227	Amniocore, per square centimeter.	07/11/2020
Q4229	Cogenex amniotic membrane, per square centimeter.	07/11/2020
Q4234	Xcellerate, per square centimeter.	07/11/2020
Q4235	Amniorepair or altiply, per square centimeter.	07/11/2020
Q4236	Carepatch, per square centimeter	11/21/2025
Q4239	Amnio-maxx or Amnio-maxx lite, per square centimeter	07/11/2020
Q4246	Coretext or Protext, per cc.	07/11/2020
Q4250	AmnioAMP- MP, per square centimeter	11/21/2025

PROCEDURE CODE	PROCEDURE DESCRIPTION	CODE EFFECTIVE DATE
Q4253	Zenith amniotic membrane, per square centimeter	10/09/2021
Q4254	Novafix DL, per square centimeter	11/21/2025
Q4262	Dual layer impax, per sq cm	11/21/2025
Q4263	Surgraft tl, per sq cm	11/21/2025
Q4264	Cocoon membrane, per sq cm	11/21/2025
Q4265	Neostim tl, per square centimeter	04/29/2023
Q4266	Neostim membrane, per square centimeter	04/29/2023
Q4267	Neostim dl, per square centimeter	04/29/2023
Q4268	Surgraft ft, per square centimeter	04/29/2023
Q4269	Surgraft xt, per square centimeter	04/29/2023
Q4270	Complete sl, per square centimeter	04/29/2023
Q4271	Complete ft, per square centimeter	04/29/2023
Q4272	Esano a, per sq cm	07/29/2023
Q4273	Esano aaa, per sq cm	07/29/2023
Q4274	Esano ac, per sq cm	07/29/2023
Q4275	Esano aca, per sq cm	07/29/2023
Q4276	Orion, per sq cm	07/29/2023
Q4331	Axolotl graft, per square centimeter	11/21/2025
Q4332	Axolotl dualgraft, per square centimeter	11/21/2025
Q4345	Matrix hd allogrft per sq cm	11/02/2024
Q4361	Epiexpress, per square centimeter	03/29/2025
Q4383	Seg pneum comp head neck che	10/18/2025
Q4385	Scoliosis orth s-c custom	10/18/2025
Q4386	Add low ext man aut vol any	10/18/2025
Q4388	Prosthetic digit mechanical	10/18/2025
Q4389	Prosthetic thumb mechanical	10/18/2025
Q4392	Grafix duo, per square centimeter	10/18/2025
Q4393	Surgraft ac, per square centimeter	10/18/2025
Q4394	Surgraft aca, per square centimeter	10/18/2025
Q4395	Acelagraft, per square centimeter	10/18/2025
Q4396	Natalin, per square centimeter	10/18/2025
Q4397	Summit aaa, per square centimeter	10/18/2025
Q4398	Summit ac, per square centimeter	12/31/2025
Q4399	Summit fx, per square centimeter	12/31/2025
Q4400	Polygon3 membrane, per square centimeter	12/31/2025
Q4401	Absolv3 membrane, per square centimeter	12/31/2025
Q4410	Amchomatrixdl, per square centimeter	12/31/2025

PROCEDURE CODE	PROCEDURE DESCRIPTION	CODE EFFECTIVE DATE
Q4411	Amniomatrixf4x, per square centimeter	12/31/2025
Q4413	Cygnus solo, per square centimeter	12/31/2025
Q4420	Nuform, per square centimeter	12/31/2025
Q4422	A/c wrap, per square centimeter (add-on, list separately in addition to primary procedure)	04/11/2026
Q4423	Biolab tri-membrane wrap flow, per square centimeter (add-on, list separately in addition to primary procedure)	04/11/2026
Q4424	Revive ft, per square centimeter (add-on, list separately in addition to primary procedure)	04/11/2026
Q4436	Renati ac membrane, per square centimeter	04/11/2026
Q4437	Revival ac, per square centimeter (add-on, list separately in addition to primary procedure)	04/11/2026
Q4438	Pretect, per square centimeter (add-on, list separately in addition to primary procedure)	04/11/2026
Q4440	Curamatrix, per square centimeter (add-on, list separately in addition to primary procedure)	04/11/2026
Q5098	Inj ustekinumab-srlf, 1 mg	06/28/2025
Q5099	Inj ustekinumab-stba, 1 mg	06/28/2025
Q5100	Inj ustekinumab-kfce, 1 mg	06/28/2025
Q5103	Injection, inflectra	11/04/2019
Q5104	Injection, renflexis	11/04/2019
Q5105	Inj Retacrit esrd on dialysi	11/04/2019
Q5106	INJ RETACRIT NON-ESRD USE	10/18/2025
Q5107	INJ MVASI 10 MG	10/18/2025
Q5108	INJECTION, FULPHILA	10/18/2025
Q5111	INJECTION, UDENYCA, 0.5 MG.	10/18/2025
Q5112	INJ ONTRUZANT 10 MG	10/18/2025
Q5113	INJ HERZUMA 10 MG	10/18/2025
Q5114	INJ OGIVRI 10 MG	10/18/2025
Q5115	INJ RITUXIMAB-ABBS BIO 10 MG	10/18/2025
Q5116	INJ., TRAZIMERA, 10 MG	10/18/2025
Q5117	INJ., KANJINTI, 10 MG	10/18/2025
Q5118	INJ., ZIRABEV, 10 MG	10/18/2025
Q5119	Injection, Rituximab-pvvr, biosimilar, (Ruxience), 10 mg.	10/18/2025
Q5120	Injection, pegfilgrastim-bmez, biosimilar, (ziextenzo), 0.5 mg.	10/18/2025
Q5121	Injection, infliximab-axxq, biosimilar, (AVSOLA), 10 mg.	07/11/2020
Q5122	Inj, nyvepria	10/18/2025
Q5123	Injection, rituximab-arrx, biosimilar, (riabni), 10 mg	10/18/2025
Q5124	Inj. byooviz, 0.1 mg	04/30/2022
Q5125	Inj, releuko 1 mcg	10/18/2025

PROCEDURE CODE	PROCEDURE DESCRIPTION	CODE EFFECTIVE DATE
Q5126	Inj alymsys 10 mg	10/18/2025
Q5127	Injection, pegfilgrastim-fpgk (stimufend), biosimilar, 0.5 mg	10/18/2025
Q5128	Injection, ranibizumab-eqrn (cimerli), biosimilar, 0.1 mg	04/29/2023
Q5129	Injection, bevacizumab-adcd (vegzelma), biosimilar, 10 mg	10/18/2025
Q5130	Injection, pegfilgrastim-pbbk (fylnetra), biosimilar, 0.5 mg	10/18/2025
Q5133	Injection, tocilizumab-bavi (tofidence), biosimilar, 1 mg	04/13/2024
Q5134	Injection, natalizumab-sztn (tyruko), biosimilar, 1 mg	04/13/2024
Q5135	Inj, tyenne, 1 mg	09/28/2024
Q5136	Inj. denosumab-bbdz, 1 mg	09/28/2024
Q5137	Injection, ustekinumab-auub (wezlana), biosimilar, subcutaneous, 1 mg	07/27/2024
Q5138	Injection, ustekinumab-auub (wezlana), biosimilar, intravenous, 1 mg	07/27/2024
Q5140	Inj adalimumab-fkjp, 1 mg	12/31/2024
Q5141	Inj adalimumab-aaty, 1 mg	12/31/2024
Q5142	Inj adalimumab-ryvk, 1 mg	12/31/2024
Q5143	Inj adalimumab-adbm, 1 mg	12/31/2024
Q5144	Inj, idacio, 1 mg	12/31/2024
Q5145	Inj, abrilada, 1 mg	12/31/2024
Q5146	Inj, hercessi, 10 mg	10/18/2025
Q5147	Injection, aflibercept-ayyh (pavblu), biosimilar, 1 mg	03/29/2025
Q5148	Injection, filgrastim-txid (nypozi), biosimilar, 1 microgram	10/18/2025
Q5149	Injection, aflibercept-abzv (enzeevu), biosimilar, 1 mg	03/29/2025
Q5150	Injection, aflibercept-mrbb (ahzantive), biosimilar, 1 mg	03/29/2025
Q5151	Injection, eculizumab-aagh (epysqli), biosimilar, 2 mg	03/29/2025
Q5152	Injection, eculizumab-aeeb (bkemv), biosimilar, 2 mg	03/29/2025
Q5153	Inj, aflibercept-yszy, 1 mg	06/28/2025
Q5154	Injection, omalizumab-igec (omlyclo), biosimilar, 5 mg	09/13/2025
Q5155	Injection, aflibercept-jbvf (yesafili), biosimilar, 1 mg	09/13/2025
Q5156	Injection, tocilizumab-anoh (avtozma), biosimilar, 1 mg	10/18/2025
Q5157	Injection, denosumab-bmwo (stoboclo/osenvelt), biosimilar, 1 mg	10/18/2025
Q5158	Injection, denosumab-bnht (bomyntra/conexxence), biosimilar, 1 mg	10/18/2025
Q5159	Injection, denosumab-dssb (ospomyv/xbryk), biosimilar, 1 mg	10/18/2025
Q5160	Injection, bevacizumab-nwgd (jobevne), biosimilar, 10 mg	12/31/2025
Q5161	Injection, denosumab-kyqq (aukelso/bosaya), biosimilar, 1 mg	04/11/2026
Q5162	Injection, denosumab-nxxp (bildyos/bilprevda), biosimilar, 1 mg	04/11/2026
Q5164	Injection, ustekinumab-hmny (starjemza), biosimilar, 1 mg	06/27/2026
Q5165	Injection, denosumab-mobz (oziltus), biosimilar, 1 mg	06/27/2026
Q5166	Injection, denosumab-desu (osvyrti/jubereq), biosimilar, 1 mg	06/27/2026

PROCEDURE CODE	PROCEDURE DESCRIPTION	CODE EFFECTIVE DATE
Q5167	Injection, denosumab-qbde (enoby/xtrenbo), biosimilar, 1 mg	06/27/2026
Q5168	Injection, ranibizumab-leyk (nufymco), biosimilar, 0.1 mg	06/27/2026
Q5169	Injection, pegfilgrastim-unne (armlupeg), biosimilar, 0.5 mg	06/27/2026
Q5170	Injection, aflibercept-boav (eydenzelt), biosimilar, 1 mg	06/27/2026
Q5171	Injection, denosumab-mobz (boncresa), biosimilar, 1 mg	06/27/2026
Q9996	Ustekinumab- ttwe sub cu inj	12/31/2024
Q9997	Ustekinumab-ttwe iv inj 1 mg	12/31/2024
Q9998	Ustekinumab-aekn inj	12/31/2024
Q9999	Injection, ustekinumab-aauz (otulfi), biosimilar, 1 mg	03/29/2025
S0122	Menotropins, 75 IU	11/04/2019
S0126	Follitropin alfa, 75 IU	11/04/2019
S0128	Follitropin beta, 75 IU	11/04/2019
S0132	Ganirelix acetate, 250 mcg	11/04/2019
S0145	PEG INTERFERON ALFA-2A/1	10/18/2025
S1040	Cranial remolding orthosis, rigid, with soft interface material, custom fabricated, includes fitting and adjustment(s)	11/04/2019
S2053	Transplantation of small intestine and liver allografts	11/04/2019
S2054	Transplantation of multivisceral organs	11/04/2019
S2060	Lobar lung transplantation	11/04/2019
S2061	Donor lobectomy (lung) for transplantation, living donor	11/04/2019
S2065	Simultaneous pancreas kidney transplantation	11/04/2019
S2095	TRANSCATH EMBOLIZ-YTTRIU	05/31/2025
S2102	Islet cell tissue transplant from pancreas; allogenic	11/04/2019
S2117	Arthroereisis, Subtalar	11/04/2019
S2140	Cord blood harvesting for transplantation, allogeneic	11/04/2019
S2142	Cord blood-derived stem-cell transplantation, allogeneic	11/04/2019
S2150	Bone marrow or blood-derived peripheral stem cell harvesting and transplantation, allogenic or autologous, including pheresis, high-dose chemotherapy, and the number of days of post-transplant care in the global definition (including drugs; hospitalizatio	11/04/2019
S2152	Solid organ(s), complete or segmental, single organ or combination of organs; deceased or living donor(s), procurement, transplantation, and related complications including: drugs; supplies; hospitalization with outpatient follow-up; medical/surgical, dia	11/04/2019
S5150	UNSKILLED RESPITE-PER 15	08/31/2024
S5151	UNSKILL RESPITE-PER DIEM	08/31/2024
S8030	TANTALUM RING APPLICATN	05/31/2025
S8037	Magnetic resonance cholangiopancreatography (MRCP)	11/04/2019
S8092	Electron beam computed tomography (also known as Ultrafast CT, Cine CT)	11/04/2019
S9122	Home health aide or certified nurse assistant, providing care in the home; per hour	11/04/2019

PROCEDURE CODE	PROCEDURE DESCRIPTION	CODE EFFECTIVE DATE
S9123	Nursing care, in the home, by registered nurse, per hour (use for general nursing care only; not to be used when CPT codes 99500-99602 can be used)	11/04/2019
S9124	Nursing care, in the home; by licensed practical nurse, per hour	11/04/2019
T1000	PRIVATE DUTY/INDEPEN NSG	12/04/2021
T1005	RESPITE CARE SERVICE 15M	08/31/2024