



*Via OHS Electronic portal*

March 7, 2023

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Hartford CT 06134-0308

Ms. Jessica Rival  
Health Care Analyst  
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**Re: Certificate of Need Application: Docket Number: 22-32606-CON  
Transfer of Ownership of a Large Group Practice  
Response to Completeness Letter**

Dear Ms. McLaughlin and Ms. Rival,

In response to your Completeness Letter dated January 13, 2022, the Applicants provide responses to each request for additional information below.<sup>1</sup>

Please do not hesitate to contact me at 203-215-7821 or [Jeryl.Topalian@ynhh.org](mailto:Jeryl.Topalian@ynhh.org) if you have questions or need additional information.

Sincerely,

A handwritten signature in black ink that reads "Jeryl Topalian".

Jeryl Topalian  
Director, Strategy & Regulatory Planning  
Yale New Haven Health  
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New Haven, CT 06511

cc: Margaret McGovern, MD, PhD, EVP, Physician Services, YNHHS  
William Aselyne, EVP, Sr. Advisor and Chief Legal Officer, YNHHS  
Kim Rinehart, Wigin and Dana LLP  
Daniel DelGallo, Executive Director, PCTMF, Prospect CT, Inc.  
Michele M. Volpe, Bershtein, Volpe & McKeon P.C.

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<sup>1</sup> All abbreviations used herein shall have the same meanings as in the CON Application.

## RESPONSE TO FIRST COMPLETENESS QUESTIONS

1. Page 23 of the application states that “Current PCTMF physicians will become employees of NEMG”. Please respond to the following questions related to their prospective employment:

a. Will YNHH require PCTMF physicians to sign employment contracts that include non-compete provisions? If yes, include a copy of those provisions in your responses.

**Response:** Initially, NEMG will assume PCTMF’s existing physician employment contracts. Over time, PCTMF physicians will be required to sign new employment contracts with NEMG. While these employment contracts have not yet been negotiated, no non-compete provision will be broader than that allowed by Conn. Gen. Stat. § 20-14p.

b. Will YNHH require PCTMF physicians to sign employment contracts that include exclusivity clauses? If the answer is yes, include a copy of those clauses in your responses.

**Response:** As noted above, NEMG initially will assume PCTMF’s existing physician employment contracts. Over time, PCTMF physicians will be required to sign new employment contracts with NEMG. While these employment contracts have not yet been negotiated, PCTMF physicians will be required to sign employment agreements that require that they (i) devote their full professional time to NEMG, unless an outside activity is approved by NEMG; and (ii) refer patients for care within the Health System to maximize coordination of care, unless such referral is not in the best medical interest of the patient, not covered by the patient’s insurance carrier, or if the patient requests a different provider.

c. If the answers to a. and/or b. above is yes, provide the rationale for the addition of those provisions or clauses.

**Response:** The provisions are aimed at ensuring coordination of high-quality patient care as well as compliance with regulatory requirements. For example, NEMG invests substantial resources in training and supporting its physicians as well as in upgrading systems (such as installing Epic). Without such clauses, such investments may not be viable as NEMG would have no assurance of any commitment by physicians to NEMG. In addition, a process for approving outside activities is critical to ensuring that professional liability coverage is in place for those activities and that there are no conflicts of interest or potential access to competitively sensitive information that cannot be managed. Finally, management of care for a patient across the continuum is more effectively achieved.

2. On page 24 of the application, it states that “...several communities served by PCTMF have been identified as high-need areas by the federal Health Resources & Services Administration (HRSA), an agency within the Department of Health & Human Services, or as having shortages of health care professionals by the National Health Service Corps.” Please explain specifically how the proposed transaction will continue to address the needs

of the areas post-closing and provide information on any plans for new programs, services and collaborations that will expand access to health care in the underserved area.

**Response:** The transaction will allow the PCTMF physicians to continue to serve these high-need areas, ensuring continued access to high-quality care. Moreover, as noted in the CON Application, see Bates #000046-47, NEMG’s financial assistance policy is more generous in certain respects than the financial assistance policies currently in place at the PCTMF physician groups, which will enhance the affordability of care in these communities. At this point, NEMG has not identified specific new programs, services, or collaborations it intends to undertake in these areas. However, because NEMG has a broad range of existing specialists and has a close affiliation with the experts at Yale Medicine, we anticipate that the transaction will bring enhanced access to these experts in these regions.

3. Page 24 of the application states that “YNHHS has had proven success increasing the recruitment of primary care providers and specialists to underservices communities through NEMG...” Provide additional detail (e.g., physician recruitment plan) of how primary care physicians (“PCPs”) will be recruited, including any anticipated number of physicians and where they will be located.

**Response:** As noted in the CON application at Bates #00067, YNHHS does not anticipate that new providers will be added as an immediate result of this proposal. However, YNHHS is dedicated to ensuring that the healthcare needs of the communities served by Prospect are met and if gaps in care are identified, to fill those gaps, in accordance with its existing proven success in growing access to physicians in the communities it serves.

NEMG engages in a systematic process which reviews utilization, time to next available appointment, and the practices’ capacity to accept new patients, among other metrics, to determine where gaps in services exist, and where additional providers may be needed. This method was successfully demonstrated in the L+M service area when the existing medical foundation was merged into NEMG. Subsequent to the merger, primary care physicians and advanced practice providers (“APPs”) were recruited to existing practices to expand access in those practices, and additional practice sites were added where a need was identified. Over the five years from 2017 to 2021, an incremental nine primary care APPs and nine primary care physicians were recruited across the L+M service area. Thus, while NEMG has not yet identified specific locations in which recruitment may be needed or identified a particular number of new providers to be recruited in the WH and ECHN services areas, YNHHS anticipates that new providers will be added following the process described above, if the proposal is approved.

4. Provide the total number of PCTMF’s clinicians per group practice specialties.

**Response:** See Exhibit 13, attached hereto (numbers include both physicians and APPs).

5. Will YNHHS’s providers be considered out of network if this proposal is approved? How will this be addressed; How many patients are anticipated to be affected by this?

**Response:** In response to a request for clarification, on February 1, 2023, OHS confirmed via email that the reference to YNHHS providers was intended to refer to the former PCTMF providers who would become part of NEMG. As noted in the Main Form at Bates #000048, YNHHS intends to continue the existing payer relationships. Moreover, NEMG is contracted with all major payers. Thus, the Applicants anticipate that the PCTMF physicians would remain in network for their existing patients post-acquisition.

6. Provide a breakdown by services lines on table 3, page 49 of the application, for the projected patient cost for commercially insured patients. Provide a detailed explanation of all assumptions used in the derivation/calculation and explain any increases or decreases that occur between FYs.

**Response:** PCTMF does not track cost per patient by service line and therefore cannot provide the requested information. Unlike DRGs in the inpatient setting, CPT codes cannot be easily used to group services into service lines. Likewise, NEMG's financial modeling relating to PCTMF does not address projections at this level of granularity. Therefore, it cannot provide going forward projections by service line. However, please see Main Form at Bates #000054 for general cost assumptions. Those tables reported average cost per *patient*, which was calculated by adding the allowable contract amount plus the out-of-pocket amounts and dividing by the unique patient count. Thus, it is not an average cost per service or per encounter. The average cost per patient can vary significantly, even within the same specialty, depending on the complexity of the patients, and the number of visits during the fiscal year, which could also be across multiple service lines. Note also that Table 3 in the Main Form is average cost for self-pay patients, whereas Table 4 is the average cost for commercially insured patients.

7. Provide a breakdown by services lines on table 4, page 49 of the application, for the projected patient cost for self-pay patients. Provide a detailed explanation of all assumptions used in the derivation/calculation and explain any increases or decreases that occur between FYs.

**Response:** As noted in response to Question 6 above, PCTMF does not track cost per patient by service line and therefore cannot provide the requested information. Likewise, NEMG's financial modeling relating to PCTMF does not address projections at this level of granularity. Thus, it cannot provide going forward projections by service line. Average cost for self-pay patients was included in Table 3 in the Main Form. When reviewing the data again in connection with this question, PCTMF identified an error in the initial data run for Main Form Table 3, as a filter incorrectly captured co-pays and deductibles (which are not true self-pay visits) in this category. Accordingly, a revised Table 3 with average historical and projected self-pay cost per patient by year is provided below:

Average Cost Per Self-Pay Patient						
CT Foundation (EMG, AMG, CAGW)	Historical			Projected		
	FY19	FY21	FY22	FY23	FY24	FY25
	\$368.95	\$341.14	\$277.08	\$282.62	\$288.27	\$294.04

8. Describe, in detail, how patients will be notified about the transfer of ownership.

**Response:** Patients will be notified about the transfer of ownership through numerous communication vehicles. Any individual who has received services from PCTMF within the last 36 months will receive mailed notice of the transfer of ownership. The news will also be shared using PCTMF's digital communication tools such as the ECHN community e-newsletter and the websites of both Waterbury HEALTH and ECHN networks. Patients will also be informed through signage visible at all PCTMF practice locations (as well as the Prospect Hospitals, MMH, RGH and WH). Additionally, the Applicants will issue a press release for wide dissemination to media outlets and share information with local municipalities and elected officials to ensure awareness of the transfer of ownership.

9. Please list all services, (include CPT codes), to be provided.

**Response:** Attached as **Exhibit 14** is a list of services/CPT codes currently provided by PCTMF clinicians. NEMG has not had the opportunity to assess the PCTMF practices in depth. NEMG's current assumption is that after joining NEMG, the former PCTMF clinicians would likely continue to provide the same types of services.

**CON FOR TRANSFER OF OWNERSHIP OF A LARGE GROUP PRACTICE**  
**RESPONSES TO FIRST COMPLETENESS LETTER**  
**INDEX OF EXHIBITS**

13. Number of PCTMF Clinicians per Group Practice Specialties
14. List of Services Provided with CPT Codes

# **EXHIBIT 13**

**PCTMF's Number of Clinicians\*\* by Group Practice Specialties**

EMG Speciality	Clinicians
Cardiology	2
Endocrinology	2
GI	5
Neonatal	8
Neurology*	16
Neuro-Muscular	2
Neurosurgery	1
OBGYN	2
Orthopedics	5
Primary Care	27
Psych Crisis	15
Surgical	14
Wound Care	5

\*Telemedicine

AMG	Clinicians
Cardiology Services	8
Endocrinology	3
Gynecology	2
Infectious Disease	5
Neonatology	5
Neurology	4
Neurosurgery	1
Orthopedics	9
Pediatrics	7
Podiatry	1
Primary Care	81
Psychiatry	8
Pulmonary	10
Rheumatology	4
Sleep	1
Surgery	7
Urology	7

CAGW	Clinicians
Cardiology	9

\*\*Includes physicians and APPs



# **EXHIBIT 14**

CPT	CPT Description
0232T	Injection(s), platelet rich plasma, any site, including image guidance, harvesting and preparation when performed
0296T	External electrocardiographic recording for more than 48 hours up to 21 days by continuous rhythm recording and storage; recording (includes connection and initial recording)
0298T	External electrocardiographic recording for more than 48 hours up to 21 days by continuous rhythm recording and storage; review and interpretation
1000S	Fine needle aspiration biopsy, including ultrasound guidance; first lesion
1000F	Tobacco use assessed (CAD, CAP, COPD, PV) (DM)
10021	Fine needle aspiration; without imaging guidance
10040	Acne surgery (eg, marsupialization, opening or removal of multiple milia, comedones, cysts, pustules)
10060	Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); simple or single
10061	Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); complicated or multiple
10080	Incision and drainage of pilonidal cyst; simple
10081	Incision and drainage of pilonidal cyst; complicated
10120	Incision and removal of foreign body, subcutaneous tissues; simple
10121	Incision and removal of foreign body, subcutaneous tissues; complicated
10140	Incision and drainage of hematoma, seroma or fluid collection
10160	Puncture aspiration of abscess, hematoma, bulla, or cyst
10180	Incision and drainage, complex, postoperative wound infection
1036F	Current tobacco non-user (CAD, CAP, COPD, PV) (DM) (IBD)
11000	Debridement of extensive eczematous or infected skin; up to 10% of body surface
11004	Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; external genitalia and perineum
11005	Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; abdominal wall, with or without fascial closure
11006	Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; external genitalia, perineum and abdominal wall, with or without fascial closure
11008	Removal of prosthetic material or mesh, abdominal wall for infection (eg, for chronic or recurrent mesh infection or necrotizing soft tissue infection) (List separately in addition to code for primary procedure)
1100F	Patient screened for future fall risk; documentation of 2 or more falls in the past year or any fall with injury in the past year (GER)
11010	Debridement including removal of foreign material at the site of an open fracture and/or an open dislocation (eg, excisional debridement); skin and subcutaneous tissues
11011	Debridement including removal of foreign material at the site of an open fracture and/or an open dislocation (eg, excisional debridement); skin, subcutaneous tissue, muscle fascia, and muscle
11012	Debridement including removal of foreign material at the site of an open fracture and/or an open dislocation (eg, excisional debridement); skin, subcutaneous tissue, muscle fascia, and bone
1101F	Patient screened for future fall risk; documentation of no falls in the past year or only 1 fall without injury in the past year (GER)
11042	Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less
11043	Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); first 20 sq cm or less
11044	Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq cm or less
11045	Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)
11046	Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)
11047	Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)
11055	Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); single lesion
11056	Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); 2 to 4 lesions
11102	Tangential biopsy of skin (eg, shave, scoop, saucerize, curette); single lesion
11103	Tangential biopsy of skin (eg, shave, scoop, saucerize, curette); each separate/additional lesion (List separately in addition to code for primary procedure)
11104	Punch biopsy of skin (including simple closure, when performed); single lesion
11105	Punch biopsy of skin (including simple closure, when performed); each separate/additional lesion (List separately in addition to code for primary procedure)
11106	Incisional biopsy of skin (eg, wedge) (including simple closure, when performed); single lesion
11107	Incisional biopsy of skin (eg, wedge) (including simple closure, when performed); each separate/additional lesion (List separately in addition to code for primary procedure)
1110F	Patient discharged from an inpatient facility (eg, hospital, skilled nursing facility, or rehabilitation facility) within the last 60 days (GER)
1111F	Discharge medications reconciled with the current medication list in outpatient medical record (COA) (GER)
11200	Removal of skin tags, multiple fibrocutaneous tags, any area; up to and including 15 lesions
11201	Removal of skin tags, multiple fibrocutaneous tags, any area; each additional 10 lesions, or part thereof (List separately in addition to code for primary procedure)
1125F	Pain severity quantified; pain present (COA) (ONC)
1126F	Pain severity quantified; no pain present (COA) (ONC)
11300	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.5 cm or less
11301	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.6 to 1.0 cm
11302	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 1.1 to 2.0 cm
11306	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.6 to 1.0 cm
11400	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.5 cm or less
11401	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.6 to 1.0 cm
11402	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 1.1 to 2.0 cm
11403	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 2.1 to 3.0 cm
11404	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 3.1 to 4.0 cm
11406	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter over 4.0 cm
11420	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less
11421	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm
11422	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm
11423	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm
11424	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm
11426	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm
11440	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.5 cm or less
11441	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.6 to 1.0 cm
11442	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 1.1 to 2.0 cm
11443	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 2.1 to 3.0 cm
11446	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter over 4.0 cm

CPT	CPT Description
1157F	Advance care plan or similar legal document present in the medical record (COA)
1158F	Advance care planning discussion documented in the medical record (COA)
1159F	Medication list documented in medical record (COA)
11601	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 0.6 to 1.0 cm
11602	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 1.1 to 2.0 cm
11603	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 2.1 to 3.0 cm
11604	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 3.1 to 4.0 cm
11606	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter over 4.0 cm
1160F	Review of all medications by a prescribing practitioner or clinical pharmacist (such as, prescriptions, OTCs, herbal therapies and supplements) documented in the medical record (COA)
11622	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm
11623	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm
11626	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm
11644	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 3.1 to 4.0 cm
11646	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter over 4.0 cm
1170F	Functional status assessed (COA) (RA)
11719	Trimming of nondystrophic nails, any number
11720	Debridement of nail(s) by any method(s); 1 to 5
11721	Debridement of nail(s) by any method(s); 6 or more
11730	Avulsion of nail plate, partial or complete, simple; single
11740	Evacuation of subungual hematoma
11750	Excision of nail and nail matrix, partial or complete (eg, ingrown or deformed nail), for permanent removal
11765	Wedge excision of skin of nail fold (eg, for ingrown toenail)
11770	Excision of pilonidal cyst or sinus; simple
11771	Excision of pilonidal cyst or sinus; extensive
11772	Excision of pilonidal cyst or sinus; complicated
11900	Injection, intralesional; up to and including 7 lesions
11981	Insertion, non-biodegradable drug delivery implant
11982	Removal, non-biodegradable drug delivery implant
12001	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.5 cm or less
12002	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.6 cm to 7.5 cm
12011	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less
12013	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm
12021	Treatment of superficial wound dehiscence; with packing
12031	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.5 cm or less
12032	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.6 cm to 7.5 cm
12034	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 7.6 cm to 12.5 cm
12035	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 12.6 cm to 20.0 cm
12053	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm
12055	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm
13101	Repair, complex, trunk; 2.6 cm to 7.5 cm
13102	Repair, complex, trunk; each additional 5 cm or less (List separately in addition to code for primary procedure)
13121	Repair, complex, scalp, arms, and/or legs; 2.6 cm to 7.5 cm
13122	Repair, complex, scalp, arms, and/or legs; each additional 5 cm or less (List separately in addition to code for primary procedure)
13160	Secondary closure of surgical wound or dehiscence, extensive or complicated
14021	Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10.1 sq cm to 30.0 sq cm
14301	Adjacent tissue transfer or rearrangement, any area; defect 30.1 sq cm to 60.0 sq cm
14302	Adjacent tissue transfer or rearrangement, any area; each additional 30.0 sq cm, or part thereof (List separately in addition to code for primary procedure)
15002	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; first 100 sq cm or 1% of body area of infants and children
15100	Split-thickness autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)
15271	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area
15272	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure)
15273	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children
15274	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof
15275	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area
15276	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (List separately)
15278	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof
15734	Muscle, myocutaneous, or fasciocutaneous flap; trunk
15777	Implantation of biologic implant (eg, acellular dermal matrix) for soft tissue reinforcement (ie, breast, trunk) (List separately in addition to code for primary procedure)
15839	Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area
15852	Dressing change (for other than burns) under anesthesia (other than local)
16020	Dressings and/or debridement of partial-thickness burns, initial or subsequent; small (less than 5% total body surface area)
16025	Dressings and/or debridement of partial-thickness burns, initial or subsequent; medium (eg, whole face or whole extremity, or 5% to 10% total body surface area)
17000	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); first lesion
17003	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); second through 14 lesions, each (List separately in addition to code for first lesion)
17110	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions
17111	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; 15 or more lesions
17250	Chemical cauterization of granulation tissue (proud flesh, sinus or fistula)
17260	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 0.5 cm or less

CPT	CPT Description
17280	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less
19000	Puncture aspiration of cyst of breast
19020	Mastotomy with exploration or drainage of abscess, deep
19083	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including ultrasound guidance
19120	Excision of cyst, fibroadenoma, or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion (except 19300), open, male or female, 1 or more lesions
19125	Excision of breast lesion identified by preoperative placement of radiological marker, open; single lesion
19301	Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy)
19302	Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy); with axillary lymphadenectomy
19303	Mastectomy, simple, complete
19305	Mastectomy, radical, including pectoral muscles, axillary lymph nodes
19307	Mastectomy, modified radical, including axillary lymph nodes, with or without pectoralis minor muscle, but excluding pectoralis major muscle
19318	Reduction mammoplasty
19340	Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction
19357	Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion
2000F	Blood pressure measured (CKD)(DM)
20102	Exploration of penetrating wound (separate procedure); abdomen/flank/back
20103	Exploration of penetrating wound (separate procedure); extremity
2014F	Mental status assessed (CAP) (EM)
20205	Biopsy, muscle; deep
20220	Biopsy, bone, trocar, or needle; superficial (eg, ilium, sternum, spinous process, ribs)
20240	Biopsy, bone, open; superficial (eg, sternum, spinous process, rib, patella, olecranon process, calcaneus, tarsal, metatarsal, carpal, metacarpal, phalanx)
2028F	Foot examination performed (includes examination through visual inspection, sensory exam with monofilament, and pulse exam – report when any of the 3 components are completed) (DM)
20520	Removal of foreign body in muscle or tendon sheath; simple
20525	Removal of foreign body in muscle or tendon sheath; deep or complicated
20526	Injection, therapeutic (eg, local anesthetic, corticosteroid), carpal tunnel
20527	Injection, enzyme (eg, collagenase), palmar fascial cord (ie, Dupuytren's contracture)
20550	Injection(s); single tendon sheath, or ligament, aponeurosis (eg, plantar "fascia")
20552	Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s)
20553	Injection(s); single or multiple trigger point(s), 3 or more muscles
20600	Arthrocentesis, aspiration and/or injection, small joint or bursa (eg, fingers, toes); without ultrasound guidance
20605	Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); without ultrasound guidance
20610	Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); without ultrasound guidance
20612	Aspiration and/or injection of ganglion cyst(s) any location
20680	Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or plate)
20900	Bone graft, any donor area; minor or small (eg, dowel or button)
20931	Allograft, structural, for spine surgery only (List separately in addition to code for primary procedure)
20950	Monitoring of interstitial fluid pressure (includes insertion of device, eg, wick catheter technique, needle manometer technique) in detection of muscle compartment syndrome
20985	Computer-assisted surgical navigational procedures for musculoskeletal procedures, image-less (List separately in addition to code for primary procedure)
21011	Excision, tumor, soft tissue of face or scalp, subcutaneous; less than 2 cm
21012	Excision, tumor, soft tissue of face or scalp, subcutaneous; 2 cm or greater
21014	Excision, tumor, soft tissue of face and scalp, subfascial (eg, subgaleal, intramuscular); 2 cm or greater
21501	Incision and drainage, deep abscess or hematoma, soft tissues of neck or thorax
21550	Biopsy, soft tissue of neck or thorax
21552	Excision, tumor, soft tissue of neck or anterior thorax, subcutaneous; 3 cm or greater
21554	Excision, tumor, soft tissue of neck or anterior thorax, subfascial (eg, intramuscular); 5 cm or greater
21555	Excision, tumor, soft tissue of neck or anterior thorax, subcutaneous; less than 3 cm
21556	Excision, tumor, soft tissue of neck or anterior thorax, subfascial (eg, intramuscular); less than 5 cm
21557	Radical resection of tumor (eg, sarcoma), soft tissue of neck or anterior thorax; less than 5 cm
21602	Excision of chest wall tumor involving rib(s), with plastic reconstruction; without mediastinal lymphadenectomy
21615	Excision first and/or cervical rib
21620	Ostectomy of sternum, partial
21627	Sternal debridement
21700	Division of scalenus anticus; without resection of cervical rib
21930	Excision, tumor, soft tissue of back or flank, subcutaneous; less than 3 cm
21931	Excision, tumor, soft tissue of back or flank, subcutaneous; 3 cm or greater
21932	Excision, tumor, soft tissue of back or flank, subfascial (eg, intramuscular); less than 5 cm
21933	Excision, tumor, soft tissue of back or flank, subfascial (eg, intramuscular); 5 cm or greater
22513	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance
22551	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctectomy and decompression of spinal cord and/or nerve roots; cervical below C2
22552	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctectomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace (List separately in addition to code for separate procedure)
22845	Anterior instrumentation; 2 to 3 vertebral segments (List separately in addition to code for primary procedure)
22853	Insertion of interbody biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to intervertebral disc space in conjunction with interbody arthrodesis, each inter
22900	Excision, tumor, soft tissue of abdominal wall, subfascial (eg, intramuscular); less than 5 cm
22901	Excision, tumor, soft tissue of abdominal wall, subfascial (eg, intramuscular); 5 cm or greater
22902	Excision, tumor, soft tissue of abdominal wall, subcutaneous; less than 3 cm
22903	Excision, tumor, soft tissue of abdominal wall, subcutaneous; 3 cm or greater
23071	Excision, tumor, soft tissue of shoulder area, subcutaneous; 3 cm or greater
23073	Excision, tumor, soft tissue of shoulder area, subfascial (eg, intramuscular); 5 cm or greater

CPT	CPT Description
23120	Claviclectomy; partial
23412	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic
23430	Tenodesis of long tendon of biceps
23472	Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))
23500	Closed treatment of clavicular fracture; without manipulation
23515	Open treatment of clavicular fracture, includes internal fixation, when performed
23630	Open treatment of greater humeral tuberosity fracture, includes internal fixation, when performed
24071	Excision, tumor, soft tissue of upper arm or elbow area, subcutaneous; 3 cm or greater
24073	Excision, tumor, soft tissue of upper arm or elbow area, subfascial (eg, intramuscular); 5 cm or greater
24075	Excision, tumor, soft tissue of upper arm or elbow area, subcutaneous; less than 3 cm
24076	Excision, tumor, soft tissue of upper arm or elbow area, subfascial (eg, intramuscular); less than 5 cm
24079	Radical resection of tumor (eg, sarcoma), soft tissue of upper arm or elbow area; 5 cm or greater
24342	Reinsertion of ruptured biceps or triceps tendon, distal, with or without tendon graft
24358	Tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elbow, golfer's elbow); debridement, soft tissue and/or bone, open
24359	Tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elbow, golfer's elbow); debridement, soft tissue and/or bone, open with tendon repair or reattachment
24586	Open treatment of periarticular fracture and/or dislocation of the elbow (fracture distal humerus and proximal ulna and/or proximal radius)
24666	Open treatment of radial head or neck fracture, includes internal fixation or radial head excision, when performed; with radial head prosthetic replacement
25000	Incision, extensor tendon sheath, wrist (eg, deQuervains disease)
25065	Biopsy, soft tissue of forearm and/or wrist; superficial
25066	Biopsy, soft tissue of forearm and/or wrist; deep (subfascial or intramuscular)
25071	Excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; 3 cm or greater
25073	Excision, tumor, soft tissue of forearm and/or wrist area, subfascial (eg, intramuscular); 3 cm or greater
25075	Excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; less than 3 cm
25111	Excision of ganglion, wrist (dorsal or volar); primary
25210	Carpectomy; 1 bone
25270	Repair, tendon or muscle, extensor, forearm and/or wrist; primary, single, each tendon or muscle
25320	Capsulorrhaphy or reconstruction, wrist, open (eg, capsulodesis, ligament repair, tendon transfer or graft) (includes synovectomy, capsulotomy and open reduction) for carpal instability
25500	Closed treatment of radial shaft fracture; without manipulation
25545	Open treatment of ulnar shaft fracture, includes internal fixation, when performed
25600	Closed treatment of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, includes closed treatment of fracture of ulnar styloid, when performed; without manipulation
25605	Closed treatment of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, includes closed treatment of fracture of ulnar styloid, when performed; with manipulation
25606	Percutaneous skeletal fixation of distal radial fracture or epiphyseal separation
25607	Open treatment of distal radial extra-articular fracture or epiphyseal separation, with internal fixation
25608	Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 2 fragments
25609	Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 3 or more fragments
25622	Closed treatment of carpal scaphoid (navicular) fracture; without manipulation
25630	Closed treatment of carpal bone fracture (excluding carpal scaphoid [navicular]); without manipulation, each bone
25650	Closed treatment of ulnar styloid fracture
25695	Open treatment of lunate dislocation
26010	Drainage of finger abscess; simple
26011	Drainage of finger abscess; complicated (eg, felon)
26020	Drainage of tendon sheath, digit and/or palm, each
26045	Fasciotomy, palmar (eg, Dupuytren's contracture); open, partial
26055	Tendon sheath incision (eg, for trigger finger)
26075	Arthrotomy, with exploration, drainage, or removal of loose or foreign body; metacarpophalangeal joint, each
26080	Arthrotomy, with exploration, drainage, or removal of loose or foreign body; interphalangeal joint, each
26111	Excision, tumor or vascular malformation, soft tissue of hand or finger, subcutaneous; 1.5 cm or greater
26115	Excision, tumor or vascular malformation, soft tissue of hand or finger, subcutaneous; less than 1.5 cm
26116	Excision, tumor, soft tissue, or vascular malformation, of hand or finger, subfascial (eg, intramuscular); less than 1.5 cm
26160	Excision of lesion of tendon sheath or joint capsule (eg, cyst, mucous cyst, or ganglion), hand or finger
26210	Excision or curettage of bone cyst or benign tumor of proximal, middle, or distal phalanx of finger
26320	Removal of implant from finger or hand
26341	Manipulation, palmar fascial cord (ie, Dupuytren's cord), post enzyme injection (eg, collagenase), single cord
26350	Repair or advancement, flexor tendon, not in zone 2 digital flexor tendon sheath (eg, no man's land); primary or secondary without free graft, each tendon
26356	Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); primary, without free graft, each tendon
26370	Repair or advancement of profundus tendon, with intact superficialis tendon; primary, each tendon
26410	Repair, extensor tendon, hand, primary or secondary; without free graft, each tendon
26418	Repair, extensor tendon, finger, primary or secondary; without free graft, each tendon
26440	Tenolysis, flexor tendon; palm OR finger, each tendon
26442	Tenolysis, flexor tendon; palm AND finger, each tendon
26445	Tenolysis, extensor tendon, hand OR finger, each tendon
26520	Capsulectomy or capsulotomy; metacarpophalangeal joint, each joint
26525	Capsulectomy or capsulotomy; interphalangeal joint, each joint
26535	Arthroplasty, interphalangeal joint; each joint
26567	Osteotomy; phalanx of finger, each
26600	Closed treatment of metacarpal fracture, single; without manipulation, each bone
26605	Closed treatment of metacarpal fracture, single; with manipulation, each bone
26608	Percutaneous skeletal fixation of metacarpal fracture, each bone

CPT	CPT Description
26615	Open treatment of metacarpal fracture, single, includes internal fixation, when performed, each bone
26665	Open treatment of carpometacarpal fracture dislocation, thumb (Bennett fracture), includes internal fixation, when performed
26670	Closed treatment of carpometacarpal dislocation, other than thumb, with manipulation, each joint; without anesthesia
26676	Percutaneous skeletal fixation of carpometacarpal dislocation, other than thumb, with manipulation, each joint
26685	Open treatment of carpometacarpal dislocation, other than thumb; includes internal fixation, when performed, each joint
26720	Closed treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb; without manipulation, each
26725	Closed treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb; with manipulation, with or without skin or skeletal traction, each
26727	Percutaneous skeletal fixation of unstable phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, with manipulation, each
26735	Open treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, includes internal fixation, when performed, each
26746	Open treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint, includes internal fixation, when performed, each
26750	Closed treatment of distal phalangeal fracture, finger or thumb; without manipulation, each
26765	Open treatment of distal phalangeal fracture, finger or thumb, includes internal fixation, when performed, each
26770	Closed treatment of interphalangeal joint dislocation, single, with manipulation; without anesthesia
26860	Arthrodesis, interphalangeal joint, with or without internal fixation
26951	Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; with direct closure
27040	Biopsy, soft tissue of pelvis and hip area; superficial
27043	Excision, tumor, soft tissue of pelvis and hip area, subcutaneous; 3 cm or greater
27047	Excision, tumor, soft tissue of pelvis and hip area, subcutaneous; less than 3 cm
27130	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft
27132	Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft
27134	Revision of total hip arthroplasty; both components, with or without autograft or allograft
27138	Revision of total hip arthroplasty; femoral component only, with or without allograft
27235	Percutaneous skeletal fixation of femoral fracture, proximal end, neck
27236	Open treatment of femoral fracture, proximal end, neck, internal fixation or prosthetic replacement
27245	Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with intramedullary implant, with or without interlocking screws and/or cerclage
27301	Incision and drainage, deep abscess, bursa, or hematoma, thigh or knee region
27327	Excision, tumor, soft tissue of thigh or knee area, subcutaneous; less than 3 cm
27328	Excision, tumor, soft tissue of thigh or knee area, subfascial (eg, intramuscular); less than 5 cm
27337	Excision, tumor, soft tissue of thigh or knee area, subcutaneous; 3 cm or greater
27339	Excision, tumor, soft tissue of thigh or knee area, subfascial (eg, intramuscular); 5 cm or greater
27340	Excision, prepatellar bursa
27350	Patellectomy or hemipatellectomy
27380	Suture of infrapatellar tendon; primary
27446	Arthroplasty, knee, condyle and plateau; medial OR lateral compartment
27447	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)
27486	Revision of total knee arthroplasty, with or without allograft; 1 component
27487	Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component
27509	Percutaneous skeletal fixation of femoral fracture, distal end, medial or lateral condyle, or supracondylar or transcondylar, with or without intercondylar extension, or distal femoral epiphyseal separation
27524	Open treatment of patellar fracture, with internal fixation and/or partial or complete patellectomy and soft tissue repair
27590	Amputation, thigh, through femur, any level
27598	Disarticulation at knee
27599	Unlisted procedure, femur or knee
27618	Excision, tumor, soft tissue of leg or ankle area, subcutaneous; less than 3 cm
27632	Excision, tumor, soft tissue of leg or ankle area, subcutaneous; 3 cm or greater
27650	Repair, primary, open or percutaneous, ruptured Achilles tendon
27780	Closed treatment of proximal fibula or shaft fracture; without manipulation
27822	Open treatment of trimalleolar ankle fracture, includes internal fixation, when performed, medial and/or lateral malleolus; without fixation of posterior lip
27880	Amputation, leg, through tibia and fibula
27882	Amputation, leg, through tibia and fibula; open, circular (guillotine)
27886	Amputation, leg, through tibia and fibula; re-amputation
28039	Excision, tumor, soft tissue of foot or toe, subcutaneous; 1.5 cm or greater
28232	Tenotomy, open, tendon flexor; toe, single tendon (separate procedure)
28470	Closed treatment of metatarsal fracture; without manipulation, each
28510	Closed treatment of fracture, phalanx or phalanges, other than great toe; without manipulation, each
29075	Application, cast; elbow to finger (short arm)
29085	Application, cast; hand and lower forearm (gauntlet)
29105	Application of long arm splint (shoulder to hand)
29125	Application of short arm splint (forearm to hand); static
29130	Application of finger splint; static
29445	Application of rigid total contact leg cast
29515	Application of short leg splint (calf to foot)
29806	Arthroscopy, shoulder, surgical; capsulorrhaphy
29807	Arthroscopy, shoulder, surgical; repair of slap lesion
29820	Arthroscopy, shoulder, surgical; synovectomy, partial
29822	Arthroscopy, shoulder, surgical; debridement, limited
29823	Arthroscopy, shoulder, surgical; debridement, extensive
29824	Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)
29825	Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation

CPT	CPT Description
29826	Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with coracoacromial ligament (ie, arch) release, when performed (List separately in addition to code for primary procedure)
29827	Arthroscopy, shoulder, surgical; with rotator cuff repair
29828	Arthroscopy, shoulder, surgical; biceps tenodesis
29840	Arthroscopy, wrist, diagnostic, with or without synovial biopsy (separate procedure)
29844	Arthroscopy, wrist, surgical; synovectomy, partial
29846	Arthroscopy, wrist, surgical; excision and/or repair of triangular fibrocartilage and/or joint debridement
29870	Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)
29871	Arthroscopy, knee, surgical; for infection, lavage and drainage
29874	Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)
29876	Arthroscopy, knee, surgical; synovectomy, major, 2 or more compartments (eg, medial or lateral)
29877	Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)
29879	Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture
29880	Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed
29881	Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed
29882	Arthroscopy, knee, surgical; with meniscus repair (medial OR lateral)
29888	Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction
29999	Unlisted procedure, arthroscopy
3008F	Body Mass Index (BMI), documented (PV)
3014F	Screening mammography results documented and reviewed (PV)
3017F	Colorectal cancer screening results documented and reviewed (PV)
3044F	Most recent hemoglobin A1c (HbA1c) level less than 7.0% (DM)
3046F	Most recent hemoglobin A1c level greater than 9.0% (DM)
3051F	Most recent hemoglobin A1c (HbA1c) level greater than or equal to 7.0% and less than 8.0% (DM)
3052F	Most recent hemoglobin A1c (HbA1c) level greater than or equal to 8.0% and less than or equal to 9.0% (DM)
3060F	Positive microalbuminuria test result documented and reviewed (DM)
3061F	Negative microalbuminuria test result documented and reviewed (DM)
3066F	Documentation of treatment for nephropathy (eg, patient receiving dialysis, patient being treated for ESRD, CRF, ARF, or renal insufficiency, any visit to a nephrologist) (DM)
3072F	Low risk for retinopathy (no evidence of retinopathy in the prior year) (DM)
3074F	Most recent systolic blood pressure less than 130 mm Hg (DM), (HTN, CKD, CAD)
3075F	Most recent systolic blood pressure 130 - 139 mm Hg (DM), (HTN, CKD, CAD)
3077F	Most recent systolic blood pressure greater than or equal to 140 mm Hg (HTN, CKD, CAD) (DM)
3078F	Most recent diastolic blood pressure & less than & 80 mm Hg (HTN, CKD, CAD) (DM)
3079F	Most recent diastolic blood pressure 80-89 mm Hg (HTN, CKD, CAD) (DM)
3080F	Most recent diastolic blood pressure & greater than or equal to & 90 mm Hg (HTN, CKD, CAD) (DM)
3120F	12-Lead ECG Performed (EM)
31500	Intubation, endotracheal, emergency procedure
31600	Tracheostomy, planned (separate procedure)
32100	Thoracotomy; with exploration
32110	Thoracotomy; with control of traumatic hemorrhage and/or repair of lung tear
32124	Thoracotomy; with open intrapleural pneumonolysis
32141	Thoracotomy; with resection-plication of bullae, includes any pleural procedure when performed
32150	Thoracotomy; with removal of intrapleural foreign body or fibrin deposit
32200	Pneumonostomy, with open drainage of abscess or cyst
32220	Decortication, pulmonary (separate procedure); total
32310	Pleurectomy, parietal (separate procedure)
32320	Decortication and parietal pleurectomy
32505	Thoracotomy; with therapeutic wedge resection (eg, mass, nodule), initial
32506	Thoracotomy; with therapeutic wedge resection (eg, mass or nodule), each additional resection, ipsilateral (List separately in addition to code for primary procedure)
32550	Insertion of indwelling tunneled pleural catheter with cuff
32551	Tube thoracostomy, includes connection to drainage system (eg, water seal), when performed, open (separate procedure)
32554	Thoracentesis, needle or catheter, aspiration of the pleural space; without imaging guidance
32560	Instillation, via chest tube/catheter, agent for pleurodesis (eg, talc for recurrent or persistent pneumothorax)
32815	Open closure of major bronchial fistula
3288F	Falls risk assessment documented (GER)
33025	Creation of pericardial window or partial resection for drainage
33017	Pericardial drainage with insertion of indwelling catheter, percutaneous, including fluoroscopy and/or ultrasound guidance, when performed; 6 years and older without congenital cardiac anomaly
34201	Embolectomy or thrombectomy, with or without catheter; femoropopliteal, aortoiliac artery, by leg incision
35226	Repair blood vessel, direct; lower extremity
35301	Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision
35371	Thromboendarterectomy, including patch graft, if performed; common femoral
35556	Bypass graft, with vein; femoral-popliteal
35661	Bypass graft, with other than vein; femoral-femoral
35702	Exploration not followed by surgical repair, artery; upper extremity (eg, axillary, brachial, radial, ulnar)
35800	Exploration for postoperative hemorrhage, thrombosis or infection; neck
35860	Exploration for postoperative hemorrhage, thrombosis or infection; extremity
35875	Thrombectomy of arterial or venous graft (other than hemodialysis graft or fistula)
35876	Thrombectomy of arterial or venous graft (other than hemodialysis graft or fistula); with revision of arterial or venous graft
35903	Excision of infected graft; extremity

CPT	CPT Description
36000	Introduction of needle or intracatheter, vein
36400	Venipuncture, younger than age 3 years, necessitating the skill of a physician or other qualified health care professional, not to be used for routine venipuncture; femoral or jugular vein
36510	Catheterization of umbilical vein for diagnosis or therapy, newborn
36556	Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older
36558	Insertion of tunneled centrally inserted central venous catheter, without subcutaneous port or pump; age 5 years or older
36561	Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; age 5 years or older
36566	Insertion of tunneled centrally inserted central venous access device, requiring 2 catheters via 2 separate venous access sites; with subcutaneous port(s)
36569	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump; age 5 years or older
36571	Insertion of peripherally inserted central venous access device, with subcutaneous port; age 5 years or older
36590	Removal of tunneled central venous access device, with subcutaneous port or pump, central or peripheral insertion
36593	Dec clotting by thrombolytic agent of implanted vascular access device or catheter
36597	Repositioning of previously placed central venous catheter under fluoroscopic guidance
36598	Contrast injection(s) for radiologic evaluation of existing central venous access device, including fluoroscopy, image documentation and report
36600	Arterial puncture, withdrawal of blood for diagnosis
36620	Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); percutaneous
36660	Catheterization, umbilical artery, newborn, for diagnosis or therapy
36819	Arteriovenous anastomosis, open; by upper arm basilic vein transposition
36821	Arteriovenous anastomosis, open; direct, any site (eg, Cimino type) (separate procedure)
36830	Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); nonautogenous graft (eg, biological collagen, thermoplastic graft)
36832	Revision, open, arteriovenous fistula; without thrombectomy, autogenous or nonautogenous dialysis graft (separate procedure)
37609	Ligation or biopsy, temporal artery
37616	Ligation, major artery (eg, post-traumatic, rupture); chest
38500	Biopsy or excision of lymph node(s); open, superficial
38505	Biopsy or excision of lymph node(s); by needle, superficial (eg, cervical, inguinal, axillary)
38510	Biopsy or excision of lymph node(s); open, deep cervical node(s)
38520	Biopsy or excision of lymph node(s); open, deep cervical node(s) with excision scalene fat pad
38525	Biopsy or excision of lymph node(s); open, deep axillary node(s)
38570	Laparoscopy, surgical; with retroperitoneal lymph node sampling (biopsy), single or multiple
38571	Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy
38740	Axillary lymphadenectomy; superficial
38745	Axillary lymphadenectomy; complete
38792	Injection procedure; radioactive tracer for identification of sentinel node
38900	Intraoperative identification (eg, mapping) of sentinel lymph node(s) includes injection of non-radioactive dye, when performed (List separately in addition to code for primary procedure)
39010	Mediastinotomy with exploration, drainage, removal of foreign body, or biopsy; transthoracic approach, including either transthoracic or median sternotomy
39220	Resection of mediastinal tumor
39541	Repair, diaphragmatic hernia (other than neonatal), traumatic; chronic
39560	Resection, diaphragm; with simple repair (eg, primary suture)
4004F	Patient screened for tobacco use AND received tobacco cessation intervention (counseling, pharmacotherapy, or both), if identified as a tobacco user (PV, CAD)
4010F	Angiotensin converting enzyme (ACE) inhibitor or Angiotensin Receptor Blocker (ARB) therapy prescribed or currently being taken (CAD, CKD, HF) (DM)
4019F	Documentation of receipt of counseling on exercise AND either both calcium and vitamin D use or counseling regarding both calcium and vitamin D use (OP)
4040F	Pneumococcal vaccine administered or previously received (COPD) (PV), (IBD)
41010	Incision of lingual frenum (frenotomy)
43200	Esophagoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
43229	Esophagoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)
43235	Esophagogastroduodenoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
43239	Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or multiple
43247	Esophagogastroduodenoscopy, flexible, transoral; with removal of foreign body(s)
43249	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic balloon dilation of esophagus (less than 30 mm diameter)
43251	Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
43255	Esophagogastroduodenoscopy, flexible, transoral; with control of bleeding, any method
43270	Esophagogastroduodenoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)
43280	Laparoscopy, surgical, esophagogastric fundoplasty (eg, Nissen, Toupet procedures)
43281	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; without implantation of mesh
43282	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; with implantation of mesh
43450	Dilation of esophagus, by unguided sound or bougie, single or multiple passes
43659	Unlisted laparoscopy procedure, stomach
43762	Replacement of gastrostomy tube, percutaneous, includes removal, when performed, without imaging or endoscopic guidance; not requiring revision of gastrostomy tract
43830	Gastrostomy, open; without construction of gastric tube (eg, Stamm procedure) (separate procedure)
43840	Gastrorrhaphy, suture of perforated duodenal or gastric ulcer, wound, or injury
43881	Implantation or replacement of gastric neurostimulator electrodes, antrum, open
44005	Enterolysis (freeing of intestinal adhesion) (separate procedure)
44050	Reduction of volvulus, intussusception, internal hernia, by laparotomy
44120	Enterectomy, resection of small intestine; single resection and anastomosis
44121	Enterectomy, resection of small intestine; each additional resection and anastomosis (List separately in addition to code for primary procedure)
44140	Colectomy, partial; with anastomosis
44141	Colectomy, partial; with skin level colectomy or colostomy
44143	Colectomy, partial; with end colostomy and closure of distal segment (Hartmann type procedure)
44144	Colectomy, partial; with resection, with colostomy or ileostomy and creation of mucofistula



CPT	CPT Description
44146	Colectomy, partial; with colopectostomy (low pelvic anastomosis), with colostomy
44160	Colectomy, partial, with removal of terminal ileum with ileocolostomy
44180	Laparoscopy, surgical, enterolysis (freeing of intestinal adhesion) (separate procedure)
44187	Laparoscopy, surgical; ileostomy or jejunostomy, non-tube
44205	Laparoscopy, surgical; colectomy, partial, with removal of terminal ileum with ileocolostomy
44206	Laparoscopy, surgical; colectomy, partial, with end colostomy and closure of distal segment (Hartmann type procedure)
44207	Laparoscopy, surgical; colectomy, partial, with anastomosis, with colopectostomy (low pelvic anastomosis)
44208	Laparoscopy, surgical; colectomy, partial, with anastomosis, with colopectostomy (low pelvic anastomosis) with colostomy
44213	Laparoscopy, surgical, mobilization (take-down) of splenic flexure performed in conjunction with partial colectomy (List separately in addition to primary procedure)
44320	Colostomy or skin level cecostomy
44340	Revision of colostomy; simple (release of superficial scar) (separate procedure)
44602	Suture of small intestine (enterorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture; single perforation
44625	Closure of enterostomy, large or small intestine; with resection and anastomosis other than colorectal
44950	Appendectomy
44960	Appendectomy; for ruptured appendix with abscess or generalized peritonitis
44970	Laparoscopy, surgical, appendectomy
45000	Transrectal drainage of pelvic abscess
45130	Excision of rectal procidentia, with anastomosis; perineal approach
45171	Excision of rectal tumor, transanal approach; not including muscularis propria (ie, partial thickness)
45378	Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
45380	Colonoscopy, flexible; with biopsy, single or multiple
45381	Colonoscopy, flexible; with directed submucosal injection(s), any substance
45382	Colonoscopy, flexible; with control of bleeding, any method
45385	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
46040	Incision and drainage of ischioanal and/or perirectal abscess (separate procedure)
46050	Incision and drainage, perianal abscess, superficial
46083	Incision of thrombosed hemorrhoid, external
46220	Excision of single external papilla or tag, anus
46250	Hemorrhoidectomy, external, 2 or more columns/groups
46260	Hemorrhoidectomy, internal and external, 2 or more columns/groups
46270	Surgical treatment of anal fistula (fistulectomy/fistulotomy); subcutaneous
46275	Surgical treatment of anal fistula (fistulectomy/fistulotomy); intersphincteric
46280	Surgical treatment of anal fistula (fistulectomy/fistulotomy); transsphincteric, suprasphincteric, extrasphincteric or multiple, including placement of seton, when performed
46505	Chemodenervation of internal anal sphincter
46700	Anoplasty, plastic operation for stricture; adult
46922	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; surgical excision
46945	Hemorrhoidectomy, internal, by ligation other than rubber band; single hemorrhoid column/group
46946	Hemorrhoidectomy, internal, by ligation other than rubber band; 2 or more hemorrhoid columns/groups
46948	Hemorrhoidectomy, internal, by transanal hemorrhoidal dearterialization, 2 or more hemorrhoid columns/groups, including ultrasound guidance, with mucopexy, when performed
47379	Unlisted laparoscopic procedure, liver
47562	Laparoscopy, surgical; cholecystectomy
47563	Laparoscopy, surgical; cholecystectomy with cholangiography
47600	Cholecystectomy
47605	Cholecystectomy; with cholangiography
49000	Exploratory laparotomy, exploratory celiotomy with or without biopsy(s) (separate procedure)
49002	Reopening of recent laparotomy
49180	Biopsy, abdominal or retroperitoneal mass, percutaneous needle
49320	Laparoscopy, abdomen, peritoneum, and omentum, diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
49321	Laparoscopy, surgical; with biopsy (single or multiple)
49329	Unlisted laparoscopy procedure, abdomen, peritoneum and omentum
49402	Removal of peritoneal foreign body from peritoneal cavity
49505	Repair initial inguinal hernia, age 5 years or older; reducible
49507	Repair initial inguinal hernia, age 5 years or older; incarcerated or strangulated
49521	Repair recurrent inguinal hernia, any age; incarcerated or strangulated
49553	Repair initial femoral hernia, any age; incarcerated or strangulated
49555	Repair recurrent femoral hernia; reducible
49560	Repair initial incisional or ventral hernia; reducible
49561	Repair initial incisional or ventral hernia; incarcerated or strangulated
49565	Repair recurrent incisional or ventral hernia; reducible
49566	Repair recurrent incisional or ventral hernia; incarcerated or strangulated
49568	Implantation of mesh or other prosthesis for open incisional or ventral hernia repair or mesh for closure of debridement for necrotizing soft tissue infection (List separately in addition to code for the incisional or ventral hernia repair)
49582	Repair umbilical hernia, younger than age 5 years; incarcerated or strangulated
49585	Repair umbilical hernia, age 5 years or older; reducible
49587	Repair umbilical hernia, age 5 years or older; incarcerated or strangulated
49650	Laparoscopy, surgical; repair initial inguinal hernia
49651	Laparoscopy, surgical; repair recurrent inguinal hernia
49652	Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); reducible
49653	Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); incarcerated or strangulated

CPT	CPT Description
49654	Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); reducible
49655	Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated
49656	Laparoscopy, surgical, repair, recurrent incisional hernia (includes mesh insertion, when performed); reducible
49657	Laparoscopy, surgical, repair, recurrent incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated
49659	Unlisted laparoscopy procedure, hernioplasty, herniorrhaphy, herniotomy
50949	Unlisted laparoscopy procedure, ureter
52000	Cystourethroscopy (separate procedure)
52260	Cystourethroscopy, with dilation of bladder for interstitial cystitis; general or conduction (spinal) anesthesia
55980	Intersex surgery; female to male
56740	Excision of Bartholin's gland or cyst
57160	Fitting and insertion of pessary or other intravaginal support device
57240	Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele
57260	Combined anteroposterior colporrhaphy
57283	Colpopexy, vaginal; intra-peritoneal approach (uterosacral, levator myorrhaphy)
57288	Sling operation for stress incontinence (eg, fascia or synthetic)
57410	Pelvic examination under anesthesia (other than local)
57425	Laparoscopy, surgical, colpopexy (suspension of vaginal apex)
57454	Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix and endocervical curettage
57500	Biopsy of cervix, single or multiple, or local excision of lesion, with or without fulguration (separate procedure)
58120	Dilation and curettage, diagnostic and/or therapeutic (nonobstetrical)
58140	Myomectomy, excision of fibroid tumor(s) of uterus, 1 to 4 intramural myoma(s) with total weight of 250 g or less and/or removal of surface myomas; abdominal approach
58146	Myomectomy, excision of fibroid tumor(s) of uterus, 5 or more intramural myomas and/or intramural myomas with total weight greater than 250 g, abdominal approach
58150	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s)
58260	Vaginal hysterectomy, for uterus 250 g or less
58262	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s)
58300	Insertion of intrauterine device (IUD)
58301	Removal of intrauterine device (IUD)
58350	Chromotubation of oviduct, including materials
58353	Endometrial ablation, thermal, without hysteroscopic guidance
58545	Laparoscopy, surgical, myomectomy, excision; 1 to 4 intramural myomas with total weight of 250 g or less and/or removal of surface myomas
58546	Laparoscopy, surgical, myomectomy, excision; 5 or more intramural myomas and/or intramural myomas with total weight greater than 250 g
58555	Hysteroscopy, diagnostic (separate procedure)
58558	Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C
58563	Hysteroscopy, surgical; with endometrial ablation (eg, endometrial resection, electrosurgical ablation, thermoablation)
58570	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less
58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
58572	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g
58573	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
58611	Ligation or transection of fallopian tube(s) when done at the time of cesarean delivery or intra-abdominal surgery (not a separate procedure) (List separately in addition to code for primary procedure)
58660	Laparoscopy, surgical; with lysis of adhesions (salpingolysis, ovariolysis) (separate procedure)
58661	Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)
58662	Laparoscopy, surgical; with fulguration or excision of lesions of the ovary, pelvic viscera, or peritoneal surface by any method
58670	Laparoscopy, surgical; with fulguration of oviducts (with or without transection)
58800	Drainage of ovarian cyst(s), unilateral or bilateral (separate procedure); vaginal approach
58805	Drainage of ovarian cyst(s), unilateral or bilateral (separate procedure); abdominal approach
58925	Ovarian cystectomy, unilateral or bilateral
58960	Laparotomy, for staging or restaging of ovarian, tubal, or primary peritoneal malignancy (second look), with or without omentectomy, peritoneal washing, biopsy of abdominal and pelvic peritoneum, diaphragmatic assessment with pelvic and limited para-aorti
59025	Fetal non-stress test
59151	Laparoscopic treatment of ectopic pregnancy; with salpingectomy and/or oophorectomy
59514	Cesarean delivery only
59618	Routine obstetric care including antepartum care, cesarean delivery, and postpartum care, following attempted vaginal delivery after previous cesarean delivery
59620	Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery
59622	Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery; including postpartum care
60100	Biopsy thyroid, percutaneous core needle
60225	Total thyroid lobectomy, unilateral; with contralateral subtotal lobectomy, including isthmusectomy
60500	Parathyroidectomy or exploration of parathyroid(s)
60512	Parathyroid autotransplantation (List separately in addition to code for primary procedure)
62270	Spinal puncture, lumbar, diagnostic
64493	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level
64702	Neuroplasty; digital, 1 or both, same digit
64713	Neuroplasty, major peripheral nerve, arm or leg, open; brachial plexus
64718	Neuroplasty and/or transposition; ulnar nerve at elbow
64721	Neuroplasty and/or transposition; median nerve at carpal tunnel
64722	Decompression; unspecified nerve(s) (specify)
64831	Suture of digital nerve, hand or foot; 1 nerve
65220	Removal of foreign body, external eye; corneal, without slit lamp
69000	Drainage external ear, abscess or hematoma; simple
69200	Removal foreign body from external auditory canal; without general anesthesia

CPT	CPT Description
69209	Removal impacted cerumen using irrigation/lavage, unilateral
69210	Removal impacted cerumen requiring instrumentation, unilateral
72100	Radiologic examination, spine, lumbosacral; 2 or 3 views
76536	Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation
76641	Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; complete
76642	Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; limited
76705	Ultrasound, abdominal, real time with image documentation; limited (eg, single organ, quadrant, follow-up)
76813	Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal approach; single or first gestation
76815	Ultrasound, pregnant uterus, real time with image documentation, limited (eg, fetal heart beat, placental location, fetal position and/or qualitative amniotic fluid volume), 1 or more fetuses
76817	Ultrasound, pregnant uterus, real time with image documentation, transvaginal
76942	Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation
77002	Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure)
78195	Lymphatics and lymph nodes imaging
80305	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures (eg, immunoassay); capable of being read by direct optical observation only (eg, dipsticks, cups, cards, cartridges) includes sample validation when performed, per
81000	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, with microscopy
81001	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, with microscopy
81002	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, without microscopy
81003	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, without microscopy
81015	Urinalysis; microscopic only
81025	Urine pregnancy test, by visual color comparison methods
82270	Blood, occult, by peroxidase activity (eg, guaiac), qualitative; feces, consecutive collected specimens with single determination, for colorectal neoplasm screening (ie, patient was provided 3 cards or single triple card for consecutive collection)
82272	Blood, occult, by peroxidase activity (eg, guaiac), qualitative, feces, 1-3 simultaneous determinations, performed for other than colorectal neoplasm screening
82962	Glucose, blood by glucose monitoring device(s) cleared by the FDA specifically for home use
83036	Hemoglobin; glycosylated (A1C)
85013	Blood count; spun microhematocrit
85018	Blood count; hemoglobin (Hgb)
86308	Heterophile antibodies; screening
86580	Skin test; tuberculosis, intradermal
87070	Culture, bacterial; any other source except urine, blood or stool, aerobic, with isolation and presumptive identification of isolates
87086	Culture, bacterial; quantitative colony count, urine
87430	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; Streptococcus, group A
87635	(infectious agent detection by nucleic acid [DNA or RNA]; severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [COVID-19], amplified probe technique
87804	Infectious agent antigen detection by immunoassay with direct optical observation; Influenza
87807	Infectious agent antigen detection by immunoassay with direct optical observation; respiratory syncytial virus
87880	Infectious agent antigen detection by immunoassay with direct optical observation; Streptococcus, group A
88142	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision
90460	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered
90461	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; each additional vaccine or toxoid component administered (List separately in addition to code for
90471	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)
90472	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)
90620	Meningococcal recombinant protein and outer membrane vesicle vaccine, serogroup B (MenB), 2 dose schedule, for intramuscular use
90621	Meningococcal recombinant lipoprotein vaccine, serogroup B (MenB), 3 dose schedule, for intramuscular use
90621S	No Description
90632	Hepatitis A vaccine (HepA), adult dosage, for intramuscular use
90633	Hepatitis A vaccine (HepA), pediatric/adolescent dosage-2 dose schedule, for intramuscular use
90633S	No Description
90636	Hepatitis A and hepatitis B vaccine (HepA-HepB), adult dosage, for intramuscular use
90647S	No Description
90648S	No Description
90649	Human Papillomavirus vaccine, types 6, 11, 16, 18, quadrivalent (4vHPV), 3 dose schedule, for intramuscular use
90651	Human Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (9vHPV), 3 dose schedule, for intramuscular use
90651S	No Description
90658	Influenza virus vaccine, trivalent (IIV3), split virus, when administered to individuals 3 years of age and older, for intramuscular use
90662	Influenza virus vaccine (IIV), split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use
90670	Pneumococcal conjugate vaccine, 13 valent (PCV13), for intramuscular use
90670S	No Description
90675	Rabies vaccine, for intramuscular use
90677	Pneumococcal conjugate vaccine, 20 valent (PCV20), for intramuscular use
90680S	No Description
90682	Influenza virus vaccine, quadrivalent (RIV4), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use
90686	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, when administered to individuals 3 years of age and older, for intramuscular use
90686S	No Description
90691	Typhoid vaccine, Vi capsular polysaccharide (ViCPS), for intramuscular use
90696	Diphtheria, tetanus toxoids, acellular pertussis vaccine and inactivated poliovirus vaccine (DTaP-IPV), when administered to children 4 through 6 years of age, for intramuscular use
90696S	No Description
90698S	No Description
90700S	No Description
90707	Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use

CPT	CPT Description
90707S	No Description
90710	Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use
90710S	No Description
90713	Poliovirus vaccine, inactivated (IPV), for subcutaneous or intramuscular use
90713S	No Description
90714	Tetanus and diphtheria toxoids adsorbed (Td), preservative free, when administered to individuals 7 years or older, for intramuscular use
90714S	No Description
90715	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or older, for intramuscular use
90715S	No Description
90716	Varicella virus vaccine (VAR), live, for subcutaneous use
90716S	No Description
90732	Pneumococcal polysaccharide vaccine, 23-valent (PPSV23), adult or immunosuppressed patient dosage, when administered to individuals 2 years or older, for subcutaneous or intramuscular use
90734	Meningococcal conjugate vaccine, serogroups A, C, Y and W-135, quadrivalent (MCV4 or MenACWV), for intramuscular use
90734S	No Description
90736	Zoster (shingles) vaccine (HZV), live, for subcutaneous injection
90744	Hepatitis B vaccine (HepB), pediatric/adolescent dosage, 3 dose schedule, for intramuscular use
90744S	No Description
90746	Hepatitis B vaccine (HepB), adult dosage, 3 dose schedule, for intramuscular use
90750	Zoster (shingles) vaccine (HZV), recombinant, sub-unit, adjuvanted, for intramuscular injection
90791	Psychiatric diagnostic evaluation
90832	Psychotherapy, 30 minutes with patient and/or family member
90834	Psychotherapy, 45 minutes with patient and/or family member
91034	Esophagus, gastroesophageal reflux test; with nasal catheter pH electrode(s) placement, recording, analysis and interpretation
91110	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus through ileum, with interpretation and report
91111	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus with interpretation and report
92551	Screening test, pure tone, air only
92552	Pure tone audiometry (threshold); air only
33285	Insertion, subcutaneous cardiac rhythm monitor, including programming
36416	Collection of capillary blood specimen (eg, finger, heel, ear stick)
92961	Cardioversion, elective, electrical conversion of arrhythmia; internal (separate procedure)
85610	Prothrombin time
93015	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report
92920	Percutaneous transluminal coronary angioplasty; single major coronary artery or branch
92928	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch
92960	Cardioversion, elective, electrical conversion of arrhythmia; external
93272	External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; review and interpretation by a physician
93000	Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report
93005	Electrocardiogram, routine ECG with at least 12 leads; tracing only, without interpretation and report
93297	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors, analysis, review(s) and report
93010	Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only
93016	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; supervision only, without interpretation and report
93356	Myocardial strain imaging using speckle tracking-derived assessment of myocardial mechanics (List separately in addition to codes for echocardiography imaging)
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
93018	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; interpretation and report only
93224	External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation by a physician or other qualified health care professional
93228	External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events
94200	Maximum breathing capacity, maximal voluntary ventilation
94610	Intrapulmonary surfactant administration by a physician or other qualified health care professional through endotracheal tube
94618	Pulmonary stress testing (eg, 6-minute walk test), including measurement of heart rate, oximetry, and oxygen titration, when performed
94621	Pulmonary stress testing; complex (including measurements of CO2 production, O2 uptake, and electrocardiographic recordings)
94640	Pressurized or nonpressurized inhalation treatment for acute airway obstruction for therapeutic purposes and/or for diagnostic purposes such as sputum induction with an aerosol generator, nebulizer, metered dose inhaler or intermittent positive pressure b
94660	Continuous positive airway pressure ventilation (CPAP), initiation and management
94664	Demonstration and/or evaluation of patient utilization of an aerosol generator, nebulizer, metered dose inhaler or IPPB device
94760	Noninvasive ear or pulse oximetry for oxygen saturation; single determination
94761	Noninvasive ear or pulse oximetry for oxygen saturation; multiple determinations (eg, during exercise)
94762	Noninvasive ear or pulse oximetry for oxygen saturation; by continuous overnight monitoring (separate procedure)
94780	Car seat/bed testing for airway integrity, neonate, with continual nursing observation and continuous recording of pulse oximetry, heart rate and respiratory rate, with interpretation and report; 60 minutes
94781	Car seat/bed testing for airway integrity, neonate, with continual nursing observation and continuous recording of pulse oximetry, heart rate and respiratory rate, with interpretation and report; each additional full 30 minutes (List separately in additio
95250	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; sensor placement, hook-up, calibration of monitor, patient training, removal of sensor, and printout of recording
95251	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; interpretation and report
95812	Electroencephalogram (EEG) extended monitoring; 41-60 minutes
95816	Electroencephalogram (EEG); including recording awake and drowsy
95819	Electroencephalogram (EEG); including recording awake and asleep
95822	Electroencephalogram (EEG); recording in coma or sleep only
95824	Electroencephalogram (EEG); cerebral death evaluation only
95907	Nerve conduction studies; 1-2 studies
95992	Canalith repositioning procedure(s) (eg, Epley maneuver, Semont maneuver), per day
96110	Developmental screening (eg, developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument

CPT	CPT Description
96127	Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument
96160	Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized instrument
96372	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular
97597	Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound
97598	Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound
97602	Removal of devitalized tissue from wound(s), non-selective debridement, without anesthesia (eg, wet-to-moist dressings, enzymatic, abrasion, larval therapy), including topical application(s), wound assessment, and instruction(s) for ongoing care, per sess
97605	Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area less th
97802	Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes
97803	Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes
97804	Medical nutrition therapy; group (2 or more individual(s)), each 30 minutes
98925	Osteopathic manipulative treatment (OMT); 1-2 body regions involved
98926	Osteopathic manipulative treatment (OMT); 3-4 body regions involved
98927	Osteopathic manipulative treatment (OMT); 5-6 body regions involved
98928	Osteopathic manipulative treatment (OMT); 7-8 body regions involved
98929	Osteopathic manipulative treatment (OMT); 9-10 body regions involved
98960	Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; individual patient
98966	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days n
98967	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days n
99000	Handling and/or conveyance of specimen for transfer from the office to a laboratory
99050	Services provided in the office at times other than regularly scheduled office hours, or days when the office is normally closed (eg, holidays, Saturday or Sunday), in addition to basic service
99051	Service(s) provided in the office during regularly scheduled evening, weekend, or holiday office hours, in addition to basic service
99070	Supplies and materials (except spectacles), provided by the physician or other qualified health care professional over and above those usually included with the office visit or other services rendered (list drugs, trays, supplies, or materials provided)
99080	Special reports such as insurance forms, more than the information conveyed in the usual medical communications or standard reporting form
99173	Screening test of visual acuity, quantitative, bilateral
99183	Physician or other qualified health care professional attendance and supervision of hyperbaric oxygen therapy, per session
99201	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination o
93242	External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; recording (includes connection and initial recording)
93244	External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; review and interpretation
93246	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; recording (includes connection and initial recording)
93248	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; review and interpretation
93279	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care
99217	Observation care discharge day management (This code is to be utilized to report all services provided to a patient on discharge from "observation status" if the discharge is on other than the initial date of "observation status." To report services to a
93280	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care
99220	Initial observation care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination
93281	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care
99224	Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: Problem focused interval history; Problem focused examination; Medical decision making that is straightforward or of
93282	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care
99226	Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of high complexity. Counseling and/or c
93283	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care
99234	Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination;
99236	Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision ma
93284	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care
99239	Hospital discharge day management; more than 30 minutes
99241	Office consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physician
93288	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead pacemaker syste
93290	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable cardiovascular monitor system, inc
99251	Inpatient consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physic
93294	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional
99282	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity. Counseling and/o
93295	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead implantable defibrillator system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional
93296	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system or implantable defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution
93298	Interrogation device evaluation(s), (remote) up to 30 days; implantable loop recorder system, including analysis of recorded heart rhythm data, analysis, review(s) and report(s) by a physician or other qualified health care professional
99304	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforwar
93306	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral Doppler echocardiography, and with color flow Doppler echocardiography
99307	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Straightforward medical decision making. Cou
93308	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study
99315	Nursing facility discharge day management; 30 minutes or less
99316	Nursing facility discharge day management; more than 30 minutes
99318	Evaluation and management of a patient involving an annual nursing facility assessment, which requires these 3 key components: A detailed interval history; A comprehensive examination; and Medical decision making that is of low to moderate complexity. Cou
99326	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of car
99327	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordinat
99336	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of moderate complexity. Counselin
99342	Home visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity. Counseling and/or coordinati
99343	Home visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physici
99347	Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Straightforward medical decision making. Counseling and/or coor
99348	Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of low complexity.
99349	Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordinatio
99350	Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive interval history; A comprehensive examination; Medical decision making of moderate to high complexity. Counseling

CPT	CPT Description
99356	Prolonged service in the inpatient or observation setting, requiring unit/floor time beyond the usual service; first hour (List separately in addition to code for inpatient Evaluation and Management service)
99358	Prolonged evaluation and management service before and/or after direct patient care; first hour
99374	Supervision of a patient under care of home health agency (patient not present) in home, domiciliary or equivalent environment (eg, Alzheimer's facility) requiring complex and multidisciplinary care modalities involving regular development and/or revision
99381	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnos
99382	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnos
99383	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnos
99384	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnos
99385	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnos
99386	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnos
99387	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnos
99391	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diag
99392	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diag
99393	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diag
99394	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diag
99395	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diag
99396	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diag
99397	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diag
99406	Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes
99407	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes
99408	Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; 15 to 30 minutes
99441	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service pro
93312	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report
99460	Initial hospital or birthing center care, per day, for evaluation and management of normal newborn infant
99462	Subsequent hospital care, per day, for evaluation and management of normal newborn
99463	Initial hospital or birthing center care, per day, for evaluation and management of normal newborn infant admitted and discharged on the same date
99464	Attendance at delivery (when requested by the delivering physician or other qualified health care professional) and initial stabilization of newborn
99465	Delivery/birthing room resuscitation, provision of positive pressure ventilation and/or chest compressions in the presence of acute inadequate ventilation and/or cardiac output
99468	Initial inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or younger
99469	Subsequent inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or younger
99477	Initial hospital care, per day, for the evaluation and management of the neonate, 28 days of age or younger, who requires intensive observation, frequent interventions, and other intensive care services
99478	Subsequent intensive care, per day, for the evaluation and management of the recovering very low birth weight infant (present body weight less than 1500 grams)
99479	Subsequent intensive care, per day, for the evaluation and management of the recovering low birth weight infant (present body weight of 1500-2500 grams)
99480	Subsequent intensive care, per day, for the evaluation and management of the recovering infant (present body weight of 2501-5000 grams)
99483	Assessment of and care planning for a patient with cognitive impairment, requiring an independent historian, in the office or other outpatient, home or domiciliary or rest home, with all of the following required elements:Cognition-focused evaluation incl
99495	Transitional Care Management Services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge Medical decision making of at least moderate complexity
99496	Transitional Care Management Services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge Medical decision making of high complexity during the s
99497	Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; first 30 minutes, face-to-face with
99498	Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; each additional 30 minutes (List sep
A7003	Administration set, with small volume nonfiltered pneumatic nebulizer, disposable
BPCHECK	No Description
EC93017	No Description
EC93660	No Description
EEC93306	No Description
EEC93308	No Description
EEC93312	No Description
EEC93320	No Description
EEC93321	No Description
EEC93325	No Description
EK93005	No Description
EK93225	No Description
G0008	Administration of influenza virus vaccine
G0009	Administration of pneumococcal vaccine
G0010	Administration of hepatitis B vaccine
G0101	Cervical or vaginal cancer screening; pelvic and clinical breast examination
G0179	Physician re-certification for Medicare-covered home health services under a home health plan of care (patient not present), including contacts with home health agency and review of reports of patient status required by physicians to affirm the initial im
G0180	Physician certification for medicare-covered home health services under a home health plan of care (patient not present), including contacts with home health agency and review of reports of patient status required by physicians to affirm the initial imple
G0182	Physician supervision of a patient under a Medicare-approved hospice (patient not present) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patie
G0268	Removal of impacted cerumen (one or both ears) by physician on same date of service as audiologic function testing
G0289	Arthroscopy, knee, surgical, for removal of loose body, foreign body, debridement/shaving of articular cartilage (chondroplasty) at the time of other surgical knee arthroscopy in a different compartment of the same knee
G0296	Counseling visit to discuss need for lung cancer screening (ldct) using low dose ct scan (service is for eligibility determination and shared decision making)
G0402	Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 months of Medicare enrollment
G0403	Electrocardiogram, routine ECG with 12 leads; performed as a screening for the initial preventive physical examination with interpretation and report
G0404	Electrocardiogram, routine ECG with 12 leads; tracing only, without interpretation and report, performed as a screening for the initial preventive physical examination
G0405	Electrocardiogram, routine ECG with 12 leads; interpretation and report only, performed as a screening for the initial preventive physical examination
G0406	Follow-up inpatient consultation, limited, physicians typically spend 15 minutes communicating with the patient via telehealth
G0407	Follow-up inpatient consultation, intermediate, physicians typically spend 25 minutes communicating with the patient via telehealth
G0425	Telehealth consultation, emergency department or initial inpatient, typically 30 minutes communicating with the patient via telehealth
G0426	Telehealth consultation, emergency department or initial inpatient, typically 50 minutes communicating with the patient via telehealth

CPT	CPT Description
G0427	Telehealth consultation, emergency department or initial inpatient, typically 70 minutes or more communicating with the patient via telehealth
G0438	Annual wellness visit; includes a personalized prevention plan of service (PPS), initial visit
G0439	Annual wellness visit; includes a personalized prevention plan of service (PPS), subsequent visit
G0442	Annual alcohol misuse screening, 15 minutes
G0443	Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes
G0444	Annual depression screening, 15 minutes
G8417	BMI is documented above normal parameters and a follow-up plan is documented
G8418	BMI is documented below normal parameters and a follow-up plan is documented
G8420	BMI is documented within normal parameters and no follow-up plan is required
G8431	Screening for clinical depression is documented as being positive and a follow-up plan is documented
G8433	Screening for clinical depression not documented, documentation stating the patient is not eligible
G8482	Influenza immunization administered or previously received
G8483	Influenza immunization was not administered for reasons documented by clinician (e.g., patient allergy or other medical reasons, patient declined or other patient reasons, vaccine not available or other system reasons)
G8510	Screening for clinical depression is documented as negative, a follow-up plan is not required
G8598	Aspirin or another antithrombotic therapy used
G8752	Most recent systolic blood pressure < 140 mmhg
G8754	Most recent diastolic blood pressure < 90 mmhg
G8815	Statin therapy not prescribed for documented reasons (e.g., medical intolerance to statin, death of patient prior to discharge, transfer of care to another acute care or federal hospital, hospice admission, left against medical advice)
G9226	Foot examination performed (includes examination through visual inspection, sensory exam with 10-g monofilament plus testing any one of the following: vibration using 128-hz tuning fork, pinprick sensation, ankle reflexes, or vibration perception threshold)
G9908	Patient identified as tobacco user did not receive tobacco cessation intervention (counseling and/or pharmacotherapy), reason not given
J0517	Injection, benralizumab, 1 mg
J0696	Injection, ceftriaxone sodium, per 250 mg
J0775	Injection, collagenase, clostridium histolyticum, 0.01 mg
J0897	Injection, denosumab, 1 mg
J1030	Injection, methylprednisolone acetate, 40 mg
J1040	Injection, methylprednisolone acetate, 80 mg
J1050	Injection, medroxyprogesterone acetate, 1 mg
J1071	Injection, testosterone cypionate, 1 mg
J1094	Injection, dexamethasone acetate, 1 mg
J1720	Injection, hydrocortisone sodium succinate, up to 100 mg
J1826	Injection, interferon beta-1a, 30 mcg
J1885	Injection, ketorolac tromethamine, per 15 mg
J2001	Injection, lidocaine HCL for intravenous infusion, 10 mg
J2315	Injection, naltrexone, depot form, 1 mg
J2920	Injection, methylprednisolone sodium succinate, up to 40 mg
J3145	Injection, testosterone undecanoate, 1 mg
J3301	Injection, triamcinolone acetonide, not otherwise specified, 10 mg
J3420	Injection, vitamin B-12 cyanocobalamin, up to 1000 mcg
J7613	Albuterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose, 1 mg
J7620	Albuterol, up to 2.5 mg and ipratropium bromide, up to 0.5 mg, FDA-approved final product, non-compounded, administered through DME
J7644	Ipratropium bromide, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per milligram
NC	No Description
NC1	No Description
NC2	No Description
NO SHOW	No Description
NURSE	No Description
P0897	No Description
P1050	No Description
P1071	No Description
P2315	No Description
P3145	No Description
P3420	No Description
PHYS SUPE	No Description
Q0091	Screening Papanicolaou smear; obtaining, preparing and conveyance of cervical or vaginal smear to laboratory
Q4006	Cast supplies, long arm cast, adult (11 years +), fiberglass
Q4009	Cast supplies, short arm cast, adult (11 years +), plaster
Q4010	Cast supplies, short arm cast, adult (11 years +), fiberglass
Q4021	Cast supplies, short arm splint, adult (11 years +), plaster
S0285	Colonoscopy consultation performed prior to a screening colonoscopy procedure
S0630	Removal of sutures; by a physician other than the physician who originally closed the wound
S2900	Surgical techniques requiring use of robotic surgical system (list separately in addition to code for primary procedure)
0528F	Recommended follow-up interval for repeat colonoscopy of at least 10 years documented in colonoscopy report (End/Polyp)
1034F	Current tobacco smoker (CAD, CAP, COPD, PV) (DM)
1123F	Advance Care Planning discussed and documented advance care plan or surrogate decision maker documented in the medical record (DEM) (GER, Pall Cr)
11305	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less
11310	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less
11462	Excision of skin and subcutaneous tissue for hidradenitis, inguinal; with simple or intermediate repair
11470	Excision of skin and subcutaneous tissue for hidradenitis, perianal, perineal, or umbilical; with simple or intermediate repair

CPT	CPT Description
11600	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 0.5 cm or less
11980	Subcutaneous hormone pellet implantation (implantation of estradiol and/or testosterone pellets beneath the skin)
11983	Removal with reinsertion, non-biodegradable drug delivery implant
12004	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 7.6 cm to 12.5 cm
12005	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 12.6 cm to 20.0 cm
12014	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm
12020	Treatment of superficial wound dehiscence; simple closure
12041	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.5 cm or less
12042	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.6 cm to 7.5 cm
12051	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less
13131	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 1.1 cm to 2.5 cm
13133	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; each additional 5 cm or less (List separately in addition to code for primary procedure)
14040	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10 sq cm or less
15851	Removal of sutures under anesthesia (other than local), other surgeon
17262	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettment), trunk, arms or legs; lesion diameter 1.1 to 2.0 cm
17340	Cryotherapy (CO2 slush, liquid N2) for acne
19001	Puncture aspiration of cyst of breast; each additional cyst (List separately in addition to code for primary procedure)
19100	Biopsy of breast; percutaneous, needle core, not using imaging guidance (separate procedure)
19126	Excision of breast lesion identified by preoperative placement of radiological marker, open; each additional lesion separately identified by a preoperative radiological marker (List separately in addition to code for primary procedure)
19285	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including ultrasound guidance
20551	Injection(s); single tendon origin/insertion
20670	Removal of implant; superficial (eg, buried wire, pin or rod) (separate procedure)
20692	Application of a multiplane (pins or wires in more than 1 plane), unilateral, external fixation system (eg, Ilizarov, Monticelli type)
21935	Radical resection of tumor (eg, sarcoma), soft tissue of back or flank; less than 5 cm
22612	Arthrodesis, posterior or posterolateral technique, single level; lumbar (with lateral transverse technique, when performed)
22614	Arthrodesis, posterior or posterolateral technique, single level; each additional vertebral segment (List separately in addition to code for primary procedure)
22630	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar
22840	Posterior non-segmental instrumentation (eg, Harrington rod technique, pedicle fixation across 1 interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at C1, facet screw fixation) (List separately in addition to code for primary procedure)
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)
22849	Reinsertion of spinal fixation device
22855	Removal of anterior instrumentation
23075	Excision, tumor, soft tissue of shoulder area, subcutaneous; less than 3 cm
23076	Excision, tumor, soft tissue of shoulder area, subfascial (eg, intramuscular); less than 5 cm
23330	Removal of foreign body, shoulder; subcutaneous
23405	Tenotomy, shoulder area; single tendon
23410	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute
23455	Capsulorrhaphy, anterior; with labral repair (eg, Bankart procedure)
23615	Open treatment of proximal humeral (surgical or anatomical neck) fracture, includes internal fixation, when performed, includes repair of tuberosity(s), when performed
23650	Closed treatment of shoulder dislocation, with manipulation; without anesthesia
23655	Closed treatment of shoulder dislocation, with manipulation; requiring anesthesia
23665	Closed treatment of shoulder dislocation, with fracture of greater humeral tuberosity, with manipulation
23700	Manipulation under anesthesia, shoulder joint, including application of fixation apparatus (dislocation excluded)
23931	Incision and drainage, upper arm or elbow area; bursa
24149	Radical resection of capsule, soft tissue, and heterotopic bone, elbow, with contracture release (separate procedure)
24301	Muscle or tendon transfer, any type, upper arm or elbow, single (excluding 24320-24331)
24341	Repair, tendon or muscle, upper arm or elbow, each tendon or muscle, primary or secondary (excludes rotator cuff)
24343	Repair lateral collateral ligament, elbow, with local tissue
24345	Repair medial collateral ligament, elbow, with local tissue
24366	Arthroplasty, radial head; with implant
24435	Repair of nonunion or malunion, humerus; with iliac or other autograft (includes obtaining graft)
24500	Closed treatment of humeral shaft fracture; without manipulation
24515	Open treatment of humeral shaft fracture with plate/screws, with or without cerclage
24516	Treatment of humeral shaft fracture, with insertion of intramedullary implant, with or without cerclage and/or locking screws
24530	Closed treatment of supracondylar or transcondylar humeral fracture, with or without intercondylar extension; without manipulation
24545	Open treatment of humeral supracondylar or transcondylar fracture, includes internal fixation, when performed; without intercondylar extension
24546	Open treatment of humeral supracondylar or transcondylar fracture, includes internal fixation, when performed; with intercondylar extension
24587	Open treatment of periarticular fracture and/or dislocation of the elbow (fracture distal humerus and proximal ulna and/or proximal radius); with implant arthroplasty
24600	Treatment of closed elbow dislocation; without anesthesia
24605	Treatment of closed elbow dislocation; requiring anesthesia
24635	Open treatment of Monteggia type of fracture dislocation at elbow (fracture proximal end of ulna with dislocation of radial head), includes internal fixation, when performed
24640	Closed treatment of radial head subluxation in child, nursemaid elbow, with manipulation
24665	Open treatment of radial head or neck fracture, includes internal fixation or radial head excision, when performed
24685	Open treatment of ulnar fracture, proximal end (eg, olecranon or coronoid process(es)), includes internal fixation, when performed
25112	Excision of ganglion, wrist (dorsal or volar); recurrent
25260	Repair, tendon or muscle, flexor, forearm and/or wrist; primary, single, each tendon or muscle
25263	Repair, tendon or muscle, flexor, forearm and/or wrist; secondary, single, each tendon or muscle
25310	Tendon transplantation or transfer, flexor or extensor, forearm and/or wrist, single; each tendon
25332	Arthroplasty, wrist, with or without interposition, with or without external or internal fixation



CPT	CPT Description
25447	Arthroplasty, interposition, intercarpal or carpometacarpal joints
25505	Closed treatment of radial shaft fracture; with manipulation
25520	Closed treatment of radial shaft fracture and closed treatment of dislocation of distal radioulnar joint (Galeazzi fracture/dislocation)
25526	Open treatment of radial shaft fracture, includes internal fixation, when performed, and open treatment of distal radioulnar joint dislocation (Galeazzi fracture/ dislocation), includes internal fixation, when performed, includes repair of triangular fibr
25535	Closed treatment of ulnar shaft fracture; with manipulation
25560	Closed treatment of radial and ulnar shaft fractures; without manipulation
25565	Closed treatment of radial and ulnar shaft fractures; with manipulation
25574	Open treatment of radial AND ulnar shaft fractures, with internal fixation, when performed; of radius OR ulna
25575	Open treatment of radial AND ulnar shaft fractures, with internal fixation, when performed; of radius AND ulna
25825	Arthrodesis, wrist; with autograft (includes obtaining graft)
26121	Fasciectomy, palm only, with or without Z-plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft)
26123	Fasciectomy, partial palmar with release of single digit including proximal interphalangeal joint, with or without Z-plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft)
26125	Fasciectomy, partial palmar with release of single digit including proximal interphalangeal joint, with or without Z-plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft); each additional digit (List separately in addition
26145	Synovectomy, tendon sheath, radical (tenosynovectomy), flexor tendon, palm and/or finger, each tendon
26230	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis); metacarpal
26357	Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); secondary, without free graft, each tendon
26480	Transfer or transplant of tendon, carpometacarpal area or dorsum of hand; without free graft, each tendon
26540	Repair of collateral ligament, metacarpophalangeal or interphalangeal joint
26541	Reconstruction, collateral ligament, metacarpophalangeal joint, single; with tendon or fascial graft (includes obtaining graft)
26568	Osteoplasty, lengthening, metacarpal or phalanx
26700	Closed treatment of metacarpophalangeal dislocation, single, with manipulation; without anesthesia
26715	Open treatment of metacarpophalangeal dislocation, single, includes internal fixation, when performed
26756	Percutaneous skeletal fixation of distal phalangeal fracture, finger or thumb, each
26952	Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; with local advancement flaps (V-Y, hood)
26990	Incision and drainage, pelvis or hip joint area; deep abscess or hematoma
27030	Arthrotomy, hip, with drainage (eg, infection)
27125	Hemiarthroplasty, hip, partial (eg, femoral stem prosthesis, bipolar arthroplasty)
27137	Revision of total hip arthroplasty; acetabular component only, with or without autograft or allograft
27244	Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with plate/screw type implant, with or without cerclage
27252	Closed treatment of hip dislocation, traumatic; requiring anesthesia
27266	Closed treatment of post hip arthroplasty dislocation; requiring regional or general anesthesia
27310	Arthrotomy, knee, with exploration, drainage, or removal of foreign body (eg, infection)
27323	Biopsy, soft tissue of thigh or knee area; superficial
27355	Excision or curettage of bone cyst or benign tumor of femur
27372	Removal of foreign body, deep, thigh region or knee area
27385	Suture of quadriceps or hamstring muscle rupture; primary
27405	Repair, primary, torn ligament and/or capsule, knee; collateral
27415	Osteochondral allograft, knee, open
27418	Anterior tibial tubercleplasty (eg, Maquet type procedure)
27427	Ligamentous reconstruction (augmentation), knee; extra-articular
27442	Arthroplasty, femoral condyles or tibial plateau(s), knee
27457	Osteotomy, proximal tibia, including fibular excision or osteotomy (includes correction of genu varus [bowleg] or genu valgus [knock-knee]); after epiphyseal closure
27488	Removal of prosthesis, including total knee prosthesis, methylmethacrylate with or without insertion of spacer, knee
27506	Open treatment of femoral shaft fracture, with or without external fixation, with insertion of intramedullary implant, with or without cerclage and/or locking screws
27507	Open treatment of femoral shaft fracture with plate/screws, with or without cerclage
27511	Open treatment of femoral supracondylar or transcondylar fracture without intercondylar extension, includes internal fixation, when performed
27513	Open treatment of femoral supracondylar or transcondylar fracture with intercondylar extension, includes internal fixation, when performed
27514	Open treatment of femoral fracture, distal end, medial or lateral condyle, includes internal fixation, when performed
27530	Closed treatment of tibial fracture, proximal (plateau); without manipulation
27535	Open treatment of tibial fracture, proximal (plateau); unicondylar, includes internal fixation, when performed
27536	Open treatment of tibial fracture, proximal (plateau); bicondylar, with or without internal fixation
27606	Tenotomy, percutaneous, Achilles tendon (separate procedure); general anesthesia
27685	Lengthening or shortening of tendon, leg or ankle; single tendon (separate procedure)
27759	Treatment of tibial shaft fracture (with or without fibular fracture) by intramedullary implant, with or without interlocking screws and/or cerclage
27786	Closed treatment of distal fibular fracture (lateral malleolus); without manipulation
27788	Closed treatment of distal fibular fracture (lateral malleolus); with manipulation
27808	Closed treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli or medial and posterior malleoli); without manipulation
27810	Closed treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli or medial and posterior malleoli); with manipulation
27814	Open treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli, or medial and posterior malleoli), includes internal fixation, when performed
27818	Closed treatment of trimalleolar ankle fracture; with manipulation
27823	Open treatment of trimalleolar ankle fracture, includes internal fixation, when performed, medial and/or lateral malleolus; with fixation of posterior lip
27827	Open treatment of fracture of weight bearing articular surface/portion of distal tibia (eg, pilon or tibial plafond), with internal fixation, when performed; of tibia only
27829	Open treatment of distal tibiofibular joint (syndesmosis) disruption, includes internal fixation, when performed
27831	Closed treatment of proximal tibiofibular joint dislocation; requiring anesthesia
27840	Closed treatment of ankle dislocation; without anesthesia
27842	Closed treatment of ankle dislocation; requiring anesthesia, with or without percutaneous skeletal fixation
27848	Open treatment of ankle dislocation, with or without percutaneous skeletal fixation; with repair or internal or external fixation
28140	Metatarsectomy

CPT	CPT Description
28193	Removal of foreign body, foot; complicated
28400	Closed treatment of calcaneal fracture; without manipulation
28630	Closed treatment of metatarsophalangeal joint dislocation; without anesthesia
28805	Amputation, foot; transmetatarsal
28810	Amputation, metatarsal, with toe, single
28820	Amputation, toe; metatarsophalangeal joint
28825	Amputation, toe; interphalangeal joint
29065	Application, cast; shoulder to hand (long arm)
29405	Application of short leg cast (below knee to toes)
29425	Application of short leg cast (below knee to toes); walking or ambulatory type
29580	Strapping; Unna boot
29581	Application of multi-layer compression system; leg (below knee), including ankle and foot
29700	Removal or bivalving; gauntlet, boot or body cast
29821	Arthroscopy, shoulder, surgical; synovectomy, complete
29848	Endoscopy, wrist, surgical, with release of transverse carpal ligament
29855	Arthroscopically aided treatment of tibial fracture, proximal (plateau); unicondylar, includes internal fixation, when performed (includes arthroscopy)
29862	Arthroscopy, hip, surgical; with debridement/shaving of articular cartilage (chondroplasty), abrasion arthroplasty, and/or resection of labrum
29915	Arthroscopy, hip, surgical; with acetabuloplasty (ie, treatment of pincer lesion)
30300	Removal foreign body, intranasal; office type procedure
31502	Tracheotomy tube change prior to establishment of fistula tract
31622	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)
31623	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with brushing or protected brushings
31624	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial alveolar lavage
31625	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites
31627	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with computer-assisted, image-guided navigation (List separately in addition to code for primary procedure(s))
31628	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), single lobe
31629	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), trachea, main stem and/or lobar bronchus(i)
31635	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of foreign body
31645	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with therapeutic aspiration of tracheobronchial tree, initial (eg, drainage of lung abscess)
31652	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), one or two mediastinal and/or hilar lymph node stat
31730	Transtracheal (percutaneous) introduction of needle wire dilator/stent or indwelling tube for oxygen therapy
32120	Thoracotomy; for postoperative complications
32160	Thoracotomy; with cardiac massage
32556	Pleural drainage, percutaneous, with insertion of indwelling catheter; without imaging guidance
93454	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation
33120	Excision of intracardiac tumor, resection with cardiopulmonary bypass
33257	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), limited (eg, modified maze procedure) (List separately in addition to code for primary procedure)
33259	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), extensive (eg, maze procedure), with cardiopulmonary bypass (List separately in addition to code for primary procedure)
33405	Replacement, aortic valve, open, with cardiopulmonary bypass; with prosthetic valve other than homograft or stentless valve
33425	Valvuloplasty, mitral valve, with cardiopulmonary bypass
33430	Replacement, mitral valve, with cardiopulmonary bypass
33465	Replacement, tricuspid valve, with cardiopulmonary bypass
33508	Endoscopy, surgical, including video-assisted harvest of vein(s) for coronary artery bypass procedure (List separately in addition to code for primary procedure)
33509	Harvest of upper extremity artery, 1 segment, for coronary artery bypass procedure, endoscopic
33510	Coronary artery bypass, vein only; single coronary venous graft
33512	Coronary artery bypass, vein only; 3 coronary venous grafts
33517	Coronary artery bypass, using venous graft(s) and arterial graft(s); single vein graft (List separately in addition to code for primary procedure)
33518	Coronary artery bypass, using venous graft(s) and arterial graft(s); 2 venous grafts (List separately in addition to code for primary procedure)
33519	Coronary artery bypass, using venous graft(s) and arterial graft(s); 3 venous grafts (List separately in addition to code for primary procedure)
33530	Reoperation, coronary artery bypass procedure or valve procedure, more than 1 month after original operation (List separately in addition to code for primary procedure)
33533	Coronary artery bypass, using arterial graft(s); single arterial graft
33534	Coronary artery bypass, using arterial graft(s); 2 coronary arterial grafts
33535	Coronary artery bypass, using arterial graft(s); 3 coronary arterial grafts
33858	Ascending aorta graft, with cardiopulmonary bypass, includes valve suspension, when performed; for aortic dissection
33910	Pulmonary artery embolectomy; with cardiopulmonary bypass
35221	Repair blood vessel, direct; intra-abdominal
35600	Harvest of upper extremity artery, 1 segment, for coronary artery bypass procedure (List separately in addition to code for primary procedure)
35820	Exploration for postoperative hemorrhage, thrombosis or infection; chest
35840	Exploration for postoperative hemorrhage, thrombosis or infection; abdomen
36013	Introduction of catheter, right heart or main pulmonary artery
36410	Venipuncture, age 3 years or older, necessitating the skill of a physician or other qualified health care professional (separate procedure), for diagnostic or therapeutic purposes (not to be used for routine venipuncture)
36415	Collection of venous blood by venipuncture
3725F	Screening for depression performed (DEM)
37617	Ligation, major artery (eg, post-traumatic, rupture); abdomen
38100	Splenectomy; total (separate procedure)
38531	Biopsy or excision of lymph node(s); open, inguifemoral node(s)
38747	Abdominal lymphadenectomy, regional, including celiac, gastric, portal, peripancreatic, with or without para-aortic and vena caval nodes (List separately in addition to code for primary procedure)
38790	Injection procedure; lymphangiography

CPT	CPT Description
4000F	Tobacco use cessation intervention, counseling (COPD, CAP, CAD, Asthma) (DM) (PV)
4001F	Tobacco use cessation intervention, pharmacologic therapy (COPD, CAD, CAP, PV, Asthma) (DM) (PV)
4037F	Influenza immunization ordered or administered (COPD, PV, CKD, ESRD)(IBD)
4041F	Documentation of order for cefazolin OR cefuroxime for antimicrobial prophylaxis (PERI 2)
4044F	Documentation that an order was given for venous thromboembolism (VTE) prophylaxis to be given within 24 hours prior to incision time or 24 hours after surgery end time (PERI 2)
43245	Esophagogastroduodenoscopy, flexible, transoral; with dilation of gastric/duodenal stricture(s) (eg, balloon, bougie)
43246	Esophagogastroduodenoscopy, flexible, transoral; with directed placement of percutaneous gastrostomy tube
43279	Laparoscopy, surgical, esophagomyotomy (Heller type), with fundoplasty, when performed
43336	Repair, paraesophageal hiatal hernia, (including fundoplication), via thoracoabdominal incision, except neonatal; without implantation of mesh or other prosthesis
43500	Gastrotomy; with exploration or foreign body removal
43501	Gastrotomy; with suture repair of bleeding ulcer
43610	Excision, local; ulcer or benign tumor of stomach
43611	Excision, local; malignant tumor of stomach
43774	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device and subcutaneous port components
43775	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)
43800	Pyloroplasty
43846	Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (150 cm or less) Roux-en-Y gastroenterostomy
43848	Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric restrictive device (separate procedure)
43860	Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; without vagotomy
44015	Tube or needle catheter jejunostomy for enteral alimentation, intraoperative, any method (List separately in addition to primary procedure)
44020	Enterotomy, small intestine, other than duodenum; for exploration, biopsy(s), or foreign body removal
44125	Enterectomy, resection of small intestine; with enterostomy
44130	Enterointerostomy, anastomosis of intestine, with or without cutaneous enterostomy (separate procedure)
44139	Mobilization (take-down) of splenic flexure performed in conjunction with partial colectomy (List separately in addition to primary procedure)
44145	Colectomy, partial; with coloproctostomy (low pelvic anastomosis)
44150	Colectomy, total, abdominal, without proctectomy; with ileostomy or ileoproctostomy
44158	Colectomy, total, abdominal, with proctectomy; with ileoanal anastomosis, creation of ileal reservoir (S or J), includes loop ileostomy, and rectal mucosectomy, when performed
44186	Laparoscopy, surgical; jejunostomy (eg, for decompression or feeding)
44188	Laparoscopy, surgical, colostomy or skin level cecostomy
44202	Laparoscopy, surgical; enterectomy, resection of small intestine, single resection and anastomosis
44204	Laparoscopy, surgical; colectomy, partial, with anastomosis
44210	Laparoscopy, surgical; colectomy, total, abdominal, without proctectomy, with ileostomy or ileoproctostomy
44211	Laparoscopy, surgical; colectomy, total, abdominal, with proctectomy, with ileoanal anastomosis, creation of ileal reservoir (S or J), with loop ileostomy, includes rectal mucosectomy, when performed
44212	Laparoscopy, surgical; colectomy, total, abdominal, with proctectomy, with ileostomy
44227	Laparoscopy, surgical, closure of enterostomy, large or small intestine, with resection and anastomosis
44238	Unlisted laparoscopy procedure, intestine (except rectum)
44300	Placement, enterostomy or cecostomy, tube open (eg, for feeding or decompression) (separate procedure)
44310	Ileostomy or jejunostomy, non-tube
44312	Revision of ileostomy; simple (release of superficial scar) (separate procedure)
44314	Revision of ileostomy; complicated (reconstruction in-depth) (separate procedure)
44345	Revision of colostomy; complicated (reconstruction in-depth) (separate procedure)
44346	Revision of colostomy; with repair of paracolostomy hernia (separate procedure)
44385	Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or J]); diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
44386	Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or J]); with biopsy, single or multiple
44388	Colonoscopy through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
44394	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
44603	Suture of small intestine (enterorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture; multiple perforations
44604	Suture of large intestine (colorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture (single or multiple perforations); without colostomy
44620	Closure of enterostomy, large or small intestine
44626	Closure of enterostomy, large or small intestine; with resection and colorectal anastomosis (eg, closure of Hartmann type procedure)
44661	Closure of enterovesical fistula; with intestine and/or bladder resection
44800	Excision of Meckel's diverticulum (diverticulectomy) or omphalomesenteric duct
44955	Appendectomy; when done for indicated purpose at time of other major procedure (not as separate procedure) (List separately in addition to code for primary procedure)
45100	Biopsy of anorectal wall, anal approach (eg, congenital megacolon)
45110	Proctectomy; complete, combined abdominoperineal, with colostomy
45111	Proctectomy; partial resection of rectum, transabdominal approach
45113	Proctectomy, partial, with rectal mucosectomy, ileoanal anastomosis, creation of ileal reservoir (S or J), with or without loop ileostomy
45119	Proctectomy, combined abdominoperineal pull-through procedure (eg, colo-anal anastomosis), with creation of colonic reservoir (eg, J-pouch), with diverting enterostomy when performed
45300	Proctosigmoidoscopy, rigid; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
45330	Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
45331	Sigmoidoscopy, flexible; with biopsy, single or multiple
45334	Sigmoidoscopy, flexible; with control of bleeding, any method
45335	Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance
45337	Sigmoidoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed
45338	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
45340	Sigmoidoscopy, flexible; with transendoscopic balloon dilation
45341	Sigmoidoscopy, flexible; with endoscopic ultrasound examination
45379	Colonoscopy, flexible; with removal of foreign body(s)

CPT	CPT Description
45386	Colonoscopy, flexible; with transendoscopic balloon dilation
45388	Colonoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)
45389	Colonoscopy, flexible; with endoscopic stent placement (includes pre- and post-dilation and guide wire passage, when performed)
45393	Colonoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed
45395	Laparoscopy, surgical; proctectomy, complete, combined abdominoperineal, with colostomy
45397	Laparoscopy, surgical; proctectomy, combined abdominoperineal pull-through procedure (eg, colo-ano anastomosis), with creation of colonic reservoir (eg, J-pouch), with diverting enterostomy, when performed
45402	Laparoscopy, surgical; proctopexy (for prolapse), with sigmoid resection
45560	Repair of rectocele (separate procedure)
45562	Exploration, repair, and presacral drainage for rectal injury
45915	Removal of fecal impaction or foreign body (separate procedure) under anesthesia
45990	Anorectal exam, surgical, requiring anesthesia (general, spinal, or epidural), diagnostic
46020	Placement of seton
46080	Sphincterotomy, anal, division of sphincter (separate procedure)
46200	Fissurectomy, including sphincterotomy, when performed
46221	Hemorrhoidectomy, internal, by rubber band ligation(s)
46255	Hemorrhoidectomy, internal and external, single column/group
46288	Closure of anal fistula with rectal advancement flap
46320	Excision of thrombosed hemorrhoid, external
46600	Anoscopy; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
46615	Anoscopy; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique
46750	Sphincteroplasty, anal, for incontinence or prolapse; adult
46910	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; electrodesiccation
46924	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)
46930	Destruction of internal hemorrhoid(s) by thermal energy (eg, infrared coagulation, cautery, radiofrequency)
46947	Hemorrhoidopexy (eg, for prolapsing internal hemorrhoids) by stapling
47001	Biopsy of liver, needle; when done for indicated purpose at time of other major procedure (List separately in addition to code for primary procedure)
47100	Biopsy of liver, wedge
47350	Management of liver hemorrhage; simple suture of liver wound or injury
47360	Management of liver hemorrhage; complex suture of liver wound or injury, with or without hepatic artery ligation
48999	Unlisted procedure, pancreas
49013	Preperitoneal pelvic packing for hemorrhage associated with pelvic trauma, including local exploration
49014	Re-exploration of pelvic wound with removal of preperitoneal pelvic packing, including repacking, when performed
49020	Drainage of peritoneal abscess or localized peritonitis, exclusive of appendiceal abscess, open
49060	Drainage of retroperitoneal abscess, open
49082	Abdominal paracentesis (diagnostic or therapeutic); without imaging guidance
49083	Abdominal paracentesis (diagnostic or therapeutic); with imaging guidance
49203	Excision or destruction, open, intra-abdominal tumors, cysts or endometriomas, 1 or more peritoneal, mesenteric, or retroperitoneal primary or secondary tumors; largest tumor 5 cm diameter or less
49204	Excision or destruction, open, intra-abdominal tumors, cysts or endometriomas, 1 or more peritoneal, mesenteric, or retroperitoneal primary or secondary tumors; largest tumor 5.1-10.0 cm diameter
49255	Omentectomy, epiploectomy, resection of omentum (separate procedure)
49322	Laparoscopy, surgical; with aspiration of cavity or cyst (eg, ovarian cyst) (single or multiple)
49324	Laparoscopy, surgical; with insertion of tunneled intraperitoneal catheter
49422	Removal of tunneled intraperitoneal catheter
49520	Repair recurrent inguinal hernia, any age; reducible
49550	Repair initial femoral hernia, any age; reducible
49572	Repair epigastric hernia (eg, preperitoneal fat); incarcerated or strangulated
49905	Omental flap, intra-abdominal (List separately in addition to code for primary procedure)
49999	Unlisted procedure, abdomen, peritoneum and omentum
50080	Percutaneous nephrostolithotomy or pyelostolithotomy, with or without dilation, endoscopy, lithotripsy, stenting, or basket extraction; up to 2 cm
50081	Percutaneous nephrostolithotomy or pyelostolithotomy, with or without dilation, endoscopy, lithotripsy, stenting, or basket extraction; over 2 cm
50220	Nephrectomy, including partial ureterectomy, any open approach including rib resection
50230	Nephrectomy, including partial ureterectomy, any open approach including rib resection; radical, with regional lymphadenectomy and/or vena caval thrombectomy
50382	Removal (via snare/capture) and replacement of internally dwelling ureteral stent via percutaneous approach, including radiological supervision and interpretation
50387	Removal and replacement of externally accessible nephroureteral catheter (eg, external/internal stent) requiring fluoroscopic guidance, including radiological supervision and interpretation
50389	Removal of nephrostomy tube, requiring fluoroscopic guidance (eg, with concurrent indwelling ureteral stent)
50545	Laparoscopy, surgical; radical nephrectomy (includes removal of Gerota's fascia and surrounding fatty tissue, removal of regional lymph nodes, and adrenalectomy)
50546	Laparoscopy, surgical; nephrectomy, including partial ureterectomy
50590	Lithotripsy, extracorporeal shock wave
50600	Ureterotomy with exploration or drainage (separate procedure)
50780	Ureteroneocystostomy; anastomosis of single ureter to bladder
51040	Cystostomy, cystotomy with drainage
51050	Cystolithotomy, cystotomy with removal of calculus, without vesical neck resection
51550	Cystectomy, partial; simple
51565	Cystectomy, partial, with reimplantation of ureter(s) into bladder (ureteroneocystostomy)
51590	Cystectomy, complete, with ureteroileal conduit or sigmoid bladder, including intestine anastomosis
51600	Injection procedure for cystography or voiding urethrocytography
51700	Bladder irrigation, simple, lavage and/or instillation
51701	Insertion of non-indwelling bladder catheter (eg, straight catheterization for residual urine)
51702	Insertion of temporary indwelling bladder catheter; simple (eg, Foley)

CPT	CPT Description
51703	Insertion of temporary indwelling bladder catheter; complicated (eg, altered anatomy, fractured catheter/balloon)
51705	Change of cystostomy tube; simple
51710	Change of cystostomy tube; complicated
51715	Endoscopic injection of implant material into the submucosal tissues of the urethra and/or bladder neck
51720	Bladder instillation of anticarcinogenic agent (including retention time)
51726	Complex cystometrogram (ie, calibrated electronic equipment)
51728	Complex cystometrogram (ie, calibrated electronic equipment); with voiding pressure studies (ie, bladder voiding pressure), any technique
51741	Complex uroflowmetry (eg, calibrated electronic equipment)
51784	Electromyography studies (EMG) of anal or urethral sphincter, other than needle, any technique
51797	Voiding pressure studies, intra-abdominal (ie, rectal, gastric, intraperitoneal) (List separately in addition to code for primary procedure)
51798	Measurement of post-voiding residual urine and/or bladder capacity by ultrasound, non-imaging
51860	Cystorrhaphy, suture of bladder wound, injury or rupture; simple
51880	Closure of cystostomy (separate procedure)
52001	Cystourethroscopy with irrigation and evacuation of multiple obstructing clots
52005	Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service
52204	Cystourethroscopy, with biopsy(s)
52214	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands
52224	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy
52234	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; SMALL bladder tumor(s) (0.5 up to 2.0 cm)
52235	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)
52240	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; LARGE bladder tumor(s)
52276	Cystourethroscopy with direct vision internal urethrotomy
52281	Cystourethroscopy, with calibration and/or dilation of urethral stricture or stenosis, with or without meatotomy, with or without injection procedure for cystography, male or female
52287	Cystourethroscopy, with injection(s) for chemodenervation of the bladder
52310	Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); simple
52315	Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); complicated
52317	Litholapaxy: crushing or fragmentation of calculus by any means in bladder and removal of fragments; simple or small (less than 2.5 cm)
52318	Litholapaxy: crushing or fragmentation of calculus by any means in bladder and removal of fragments; complicated or large (over 2.5 cm)
52332	Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)
52334	Cystourethroscopy with insertion of ureteral guide wire through kidney to establish a percutaneous nephrostomy, retrograde
52341	Cystourethroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)
52344	Cystourethroscopy with ureteroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)
52345	Cystourethroscopy with ureteroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)
52351	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; diagnostic
52352	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)
52353	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)
52354	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with biopsy and/or fulguration of ureteral or renal pelvic lesion
52355	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with resection of ureteral or renal pelvic tumor
52356	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)
52441	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant
52442	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; each additional permanent adjustable transprostatic implant (List separately in addition to code for primary procedure)
52500	Transurethral resection of bladder neck (separate procedure)
52601	Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)
52630	Transurethral resection; residual or regrowth of obstructive prostate tissue including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)
52648	Laser vaporization of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)
53020	Meatotomy, cutting of meatus (separate procedure); except infant
53220	Excision or fulguration of carcinoma of urethra
53230	Excision of urethral diverticulum (separate procedure); female
53440	Sling operation for correction of male urinary incontinence (eg, fascia or synthetic)
53601	Dilation of urethral stricture by passage of sound or urethral dilator, male; subsequent
53660	Dilation of female urethra including suppository and/or instillation; initial
53661	Dilation of female urethra including suppository and/or instillation; subsequent
54001	Slitting of prepuce, dorsal or lateral (separate procedure); except newborn
54015	Incision and drainage of penis, deep
54050	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; chemical
54057	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; laser surgery
54060	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; surgical excision
54110	Excision of penile plaque (Peyronie disease)
54150	Circumcision, using clamp or other device with regional dorsal penile or ring block
54161	Circumcision, surgical excision other than clamp, device, or dorsal slit; older than 28 days of age
54200	Injection procedure for Peyronie disease
54220	Irrigation of corpora cavernosa for priapism
54235	Injection of corpora cavernosa with pharmacologic agent(s) (eg, papaverine, phentolamine)
54405	Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir
54410	Removal and replacement of all component(s) of a multi-component, inflatable penile prosthesis at the same operative session
54530	Orchiectomy, radical, for tumor; inguinal approach
54600	Reduction of torsion of testis, surgical, with or without fixation of contralateral testis
54640	Orchiopexy, inguinal approach, with or without hernia repair

CPT	CPT Description
54660	Insertion of testicular prosthesis (separate procedure)
54700	Incision and drainage of epididymis, testis and/or scrotal space (eg, abscess or hematoma)
54840	Excision of spermatocele, with or without epididymectomy
54860	Epididymectomy; unilateral
55000	Puncture aspiration of hydrocele, tunica vaginalis, with or without injection of medication
55040	Excision of hydrocele; unilateral
55100	Drainage of scrotal wall abscess
55110	Scrotal exploration
55120	Removal of foreign body in scrotum
55250	Vasectomy, unilateral or bilateral (separate procedure), including postoperative semen examination(s)
55530	Excision of varicocele or ligation of spermatic veins for varicocele; (separate procedure)
55700	Biopsy, prostate; needle or punch, single or multiple, any approach
55845	Prostatectomy, retropubic radical, with or without nerve sparing; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes
55866	Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed
55874	Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, when performed
56405	Incision and drainage of vulva or perineal abscess
56420	Incision and drainage of Bartholin's gland abscess
56440	Marsupialization of Bartholin's gland cyst
56501	Destruction of lesion(s), vulva; simple (eg, laser surgery, electrocautery, cryosurgery, chemosurgery)
56605	Biopsy of vulva or perineum (separate procedure); 1 lesion
56606	Biopsy of vulva or perineum (separate procedure); each separate additional lesion (List separately in addition to code for primary procedure)
56620	Vulvectomy simple; partial
56700	Partial hymenectomy or revision of hymenal ring
57000	Colpotomy; with exploration
57065	Destruction of vaginal lesion(s); extensive (eg, laser surgery, electrocautery, cryosurgery, chemosurgery)
57100	Biopsy of vaginal mucosa; simple (separate procedure)
57106	Vaginectomy, partial removal of vaginal wall
57120	Colpocleisis (Le Fort type)
57130	Excision of vaginal septum
57135	Excision of vaginal cyst or tumor
57170	Diaphragm or cervical cap fitting with instructions
57200	Colporrhaphy, suture of injury of vagina (nonobstetrical)
57250	Posterior colporrhaphy, repair of rectocele with or without perineorrhaphy
57265	Combined anteroposterior colporrhaphy; with enterocele repair
57282	Colpopexy, vaginal; extra-peritoneal approach (sacrospinous, iliococcygeus)
57287	Removal or revision of sling for stress incontinence (eg, fascia or synthetic)
57300	Closure of rectovaginal fistula; vaginal or transanal approach
57305	Closure of rectovaginal fistula; abdominal approach
57420	Colposcopy of the entire vagina, with cervix if present
57421	Colposcopy of the entire vagina, with cervix if present; with biopsy(s) of vagina/cervix
57452	Colposcopy of the cervix including upper/adjacent vagina
57456	Colposcopy of the cervix including upper/adjacent vagina; with endocervical curettage
57505	Endocervical curettage (not done as part of a dilation and curettage)
57511	Cautery of cervix; cryocautery, initial or repeat
57520	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; cold knife or laser
57522	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; loop electrode excision
58100	Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)
58110	Endometrial sampling (biopsy) performed in conjunction with colposcopy (List separately in addition to code for primary procedure)
58180	Supracervical abdominal hysterectomy (subtotal hysterectomy), with or without removal of tube(s), with or without removal of ovary(s)
58340	Catheterization and introduction of saline or contrast material for saline infusion sonohysterography (SIS) or hysterosalpingography
58541	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less
58554	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
58561	Hysteroscopy, surgical; with removal of leiomyomata
58562	Hysteroscopy, surgical; with removal of impacted foreign body
58679	Unlisted laparoscopy procedure, oviduct, ovary
58957	Resection (tumor debulking) of recurrent ovarian, tubal, primary peritoneal, uterine malignancy (intra-abdominal, retroperitoneal tumors), with omentectomy, if performed
59160	Curettage, postpartum
59320	Cerclage of cervix, during pregnancy; vaginal
59400	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care
59409	Vaginal delivery only (with or without episiotomy and/or forceps)
59412	External cephalic version, with or without tocolysis
59414	Delivery of placenta (separate procedure)
59425	Antepartum care only; 4-6 visits
59426	Antepartum care only; 7 or more visits
59510	Routine obstetric care including antepartum care, cesarean delivery, and postpartum care
59610	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care, after previous cesarean delivery
59612	Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps)
59812	Treatment of incomplete abortion, any trimester, completed surgically

CPT	CPT Description
59820	Treatment of missed abortion, completed surgically; first trimester
59855	Induced abortion, by 1 or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines
59871	Removal of cerclage suture under anesthesia (other than local)
59899	Unlisted procedure, maternity care and delivery
60650	Laparoscopy, surgical, with adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal
63005	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; lumbar, except for spondylolisthesis
63030	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar
63035	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; each additional interspace, cervical or lumbar (List separately in addition to code for primary procedure)
63047	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar
63048	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional segment, cervical, thoracic, or lumbar
63075	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, single interspace
64435	Injection, anesthetic agent; paracervical (uterine) nerve
64561	Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed
64566	Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming
64581	Incision for implantation of neurostimulator electrode array; sacral nerve (transforaminal placement)
64585	Revision or removal of peripheral neurostimulator electrode array
64590	Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling
64595	Revision or removal of peripheral or gastric neurostimulator pulse generator or receiver
64612	Chemodenervation of muscle(s); muscle(s) innervated by facial nerve, unilateral (eg, for blepharospasm, hemifacial spasm)
64615	Chemodenervation of muscle(s); muscle(s) innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral (eg, for chronic migraine)
64616	Chemodenervation of muscle(s); neck muscle(s), excluding muscles of the larynx, unilateral (eg, for cervical dystonia, spasmodic torticollis)
64642	Chemodenervation of one extremity; 1-4 muscle(s)
64643	Chemodenervation of one extremity; each additional extremity, 1-4 muscle(s) (List separately in addition to code for primary procedure)
64644	Chemodenervation of one extremity; 5 or more muscles
64646	Chemodenervation of trunk muscle(s); 1-5 muscle(s)
64650	Chemodenervation of eccrine glands; both axillae
64653	Chemodenervation of eccrine glands; other area(s) (eg, scalp, face, neck), per day
64708	Neuroplasty, major peripheral nerve, arm or leg, open; other than specified
64719	Neuroplasty and/or transposition; ulnar nerve at wrist
64836	Suture of 1 nerve; ulnar motor
65205	Removal of foreign body, external eye; conjunctival superficial
69090	Ear piercing
69990	Microsurgical techniques, requiring use of operating microscope (List separately in addition to code for primary procedure)
71100	Radiologic examination, ribs, unilateral; 2 views
72040	Radiologic examination, spine, cervical; 2 or 3 views
72050	Radiologic examination, spine, cervical; 4 or 5 views
72070	Radiologic examination, spine; thoracic, 2 views
72110	Radiologic examination, spine, lumbosacral; minimum of 4 views
72170	Radiologic examination, pelvis; 1 or 2 views
72220	Radiologic examination, sacrum and coccyx, minimum of 2 views
73030	Radiologic examination, shoulder; complete, minimum of 2 views
73050	Radiologic examination; acromioclavicular joints, bilateral, with or without weighted distraction
73060	Radiologic examination; humerus, minimum of 2 views
73070	Radiologic examination, elbow; 2 views
73080	Radiologic examination, elbow; complete, minimum of 3 views
73090	Radiologic examination; forearm, 2 views
73100	Radiologic examination, wrist; 2 views
73110	Radiologic examination, wrist; complete, minimum of 3 views
73130	Radiologic examination, hand; minimum of 3 views
73140	Radiologic examination, finger(s), minimum of 2 views
73502	Radiologic examination, hip, unilateral, with pelvis when performed; 2-3 views
73560	Radiologic examination, knee; 1 or 2 views
73562	Radiologic examination, knee; 3 views
73564	Radiologic examination, knee; complete, 4 or more views
73590	Radiologic examination; tibia and fibula, 2 views
73610	Radiologic examination, ankle; complete, minimum of 3 views
73630	Radiologic examination, foot; complete, minimum of 3 views
76000	Fluoroscopy (separate procedure), up to 1 hour physician or other qualified health care professional time, other than 71023 or 71034 (eg, cardiac fluoroscopy)
76770	Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; complete
76775	Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; limited
76801	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (< 14 weeks 0 days), transabdominal approach; single or first gestation
76802	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (>= 14 weeks 0 days), transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)
76805	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (>= 14 weeks 0 days), transabdominal approach; single or first gestation
76810	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (>= 14 weeks 0 days), transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)
76811	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; single or first gestation
76816	Ultrasound, pregnant uterus, real time with image documentation, follow-up (eg, re-evaluation of fetal size by measuring standard growth parameters and amniotic fluid volume, re-evaluation of organ system(s) suspected or confirmed to be abnormal on a previous study)
76818	Fetal biophysical profile; with non-stress testing
76819	Fetal biophysical profile; without non-stress testing

CPT	CPT Description
76830	Ultrasound, transvaginal
76831	Saline infusion sonohysterography (SIS), including color flow Doppler, when performed
76856	Ultrasound, pelvic (nonobstetric), real time with image documentation; complete
76857	Ultrasound, pelvic (nonobstetric), real time with image documentation; limited or follow-up (eg, for follicles)
76872	Ultrasound, transrectal
76998	Ultrasonic guidance, intraoperative
77065	Diagnostic mammography, including computer-aided detection (CAD) when performed; unilateral
77066	Diagnostic mammography, including computer-aided detection (CAD) when performed; bilateral
77067	Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (CAD) when performed
82274	Blood, occult, by fecal hemoglobin determination by immunoassay, qualitative, feces, 1-3 simultaneous determinations
82947	Glucose; quantitative, blood (except reagent strip)
83655	Lead
84030	Phenylalanine (PKU), blood
86403	Particle agglutination; screen, each antibody
87210	Smear, primary source with interpretation; wet mount for infectious agents (eg, saline, India ink, KOH preps)
87811	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])
90688	Influenza virus vaccine, quadrivalent (IIV4), split virus, when administered to individuals 3 years of age and older, for intramuscular use
90694	Influenza virus vaccine, quadrivalent (aIV4), inactivated, adjuvanted, preservative free, 0.5 mL dosage, for intramuscular use
90792	Psychiatric diagnostic evaluation with medical services
90837	Psychotherapy, 60 minutes with patient and/or family member
90846	Family psychotherapy (without the patient present), 50 minutes
90847	Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes
90853	Group psychotherapy (other than of a multiple-family group)
92230	Fluorescein angiography with interpretation and report
92950	Cardiopulmonary resuscitation (eg, in cardiac arrest)
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 intraprocedural injection(s) for left ven
93040	Rhythm ECG, 1-3 leads; with interpretation and report
93225	External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; recording (includes connection, recording, and disconnection)
93227	External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; review and interpretation by a physician or other qualified health care professional
93270	External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; recording (includes connection, recording
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 intraprocedural injection(s) for left ven
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 including intraprocedural injection(s) fo
93571	Intravascular doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress; initial vessel (List separately in addition to code for primary pro
93572	Intravascular doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress; each additional vessel (List separately in addition to code for pri
93320	Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); complete
93325	Doppler echocardiography color flow velocity mapping (List separately in addition to codes for echocardiography)
93784	Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; including recording, scanning analysis, interpretation and report
93793	Anticoagulant management for a patient taking warfarin, must include review and interpretation of a new home, office, or lab international normalized ratio (INR) test result, patient instructions, dosage adjustment (as needed), and scheduling of additiona
93922	Limited bilateral noninvasive physiologic studies of upper or lower extremity arteries, (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus bidirectional, Doppler waveform recording
93923	Complete bilateral noninvasive physiologic studies of upper or lower extremity arteries, 3 or more levels (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental blood pressure
94010	Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation
94060	Bronchodilation responsiveness, spirometry as in 94010, pre- and post-bronchodilator administration
94070	Bronchospasm provocation evaluation, multiple spirometric determinations as in 94010, with administered agents (eg, antigen[s], cold air, methacholine)
94150	Vital capacity, total (separate procedure)
94726	Plethysmography for determination of lung volumes and, when performed, airway resistance
94727	Gas dilution or washout for determination of lung volumes and, when performed, distribution of ventilation and closing volumes
94729	Diffusing capacity (eg, carbon monoxide, membrane) (List separately in addition to code for primary procedure)
95004	Percutaneous tests (scratch, puncture, prick) with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests
95024	Intracutaneous (intradermal) tests with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests
95249	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; patient-provided equipment, sensor placement, hook-up, calibration of monitor, patient training, and printout of recording
95722	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 36 hours, up to 60
95723	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 60 hours, up to 84
95724	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 60 hours, up to 84
95805	Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiologic measurements of sleep during multiple trials to assess sleepiness
95806	Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (eg, thoracoabdominal movement)
95810	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist
95811	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel ventilation, attended by a technologist
95885	Needle electromyography, each extremity, with related paraspinous areas, when performed, done with nerve conduction, amplitude and latency/velocity study; limited (List separately in addition to code for primary procedure)
95886	Needle electromyography, each extremity, with related paraspinous areas, when performed, done with nerve conduction, amplitude and latency/velocity study; complete, five or more muscles studied, innervated by three or more nerves or four or more spinal lev
95887	Needle electromyography, non-extremity (cranial nerve supplied or axial) muscle(s) done with nerve conduction, amplitude and latency/velocity study (List separately in addition to code for primary procedure)
95909	Nerve conduction studies; 5-6 studies
95910	Nerve conduction studies; 7-8 studies
95911	Nerve conduction studies; 9-10 studies
95912	Nerve conduction studies; 11-12 studies
95913	Nerve conduction studies; 13 or more studies
95921	Testing of autonomic nervous system function; cardiovagal innervation (parasympathetic function), including 2 or more of the following: heart rate response to deep breathing with recorded R-R interval, Valsalva ratio, and 30:15 ratio
95923	Testing of autonomic nervous system function; sudomotor, including 1 or more of the following: quantitative sudomotor axon reflex test (QSART), silastic sweat imprint, thermoregulatory sweat test, and changes in sympathetic skin potential
95970	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measureme



CPT	CPT Description
95976	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostim
95983	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostim
96132	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and
96161	Administration of caregiver-focused health risk assessment instrument (eg, depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument
96170	Health behavior intervention, family (without the patient present), face-to-face; initial 30 minutes
96365	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour
96366	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure)
96401	Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic
96402	Chemotherapy administration, subcutaneous or intramuscular; hormonal anti-neoplastic
99058	Service(s) provided on an emergency basis in the office, which disrupts other scheduled office services, in addition to basic service
99152	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the m
99188	Application of topical fluoride varnish by a physician or other qualified health care professional
99235	Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision ma
99024	Postoperative follow-up visit, normally included in the surgical package, to indicate that an evaluation and management service was performed during a postoperative period for a reason(s) related to the original procedure
99325	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity. Counseli
99334	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Straightforward medical decision making. Co
99335	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making
99357	Prolonged service in the inpatient or observation setting, requiring unit/floor time beyond the usual service; each additional 30 minutes (List separately in addition to code for prolonged service)
99367	Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more; participation by physician
99401	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes
99402	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes
99403	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes
99404	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 60 minutes
99417	Prolonged office or other outpatient evaluation and management service(s) beyond the minimum required time of the primary procedure which has been selected using total time, requiring total time with or without direct patient contact beyond the usual serv
99456	Work related or medical disability examination by other than the treating physician that includes: Completion of a medical history commensurate with the patient's condition; Performance of an examination commensurate with the patient's condition; Formulati
A4340	Indwelling catheter; specialty type, (e.g., coude, mushroom, wing, etc.), each
A4352	Intermittent urinary catheter; coude (curved) tip, with or without coating (Teflon, silicone, silicone elastomeric, or hydrophilic, etc.), each
A4357	Bedside drainage bag, day or night, with or without anti-reflux device, with or without tube, each
A4358	Urinary drainage bag, leg or abdomen, vinyl, with or without tube, with straps, each
A4467	Belt, strap, sleeve, garment, or covering, any type
A4550	Surgical trays
A4561	Pessary, rubber, any type
A4565	Slings
A4566	Shoulder sling or vest design, abduction restrainer, with or without swathe control, prefabricated, includes fitting and adjustment
A6448	Light compression bandage, elastic, knitted/woven, width less than three inches, per yard
A7015	Aerosol mask, used with DME nebulizer
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver
D1206	Topical fluoride varnish; therapeutic application for moderate to high caries risk patients
DIRECTOR	No Description
DIRFEE	No Description
DOTEXAM	No Description
DUROLAN	No Description
E0114	Crutches underarm, other than wood, adjustable or fixed, pair, with pads, tips and handgrips
E9217	No Description
G0102	Prostate cancer screening; digital rectal examination
G0105	Colorectal cancer screening; colonoscopy on individual at high risk
G0108	Diabetes outpatient self-management training services, individual, per 30 minutes
G0121	Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk
G0181	Physician supervision of a patient receiving Medicare-covered services provided by a participating Home Health Agency (patient not present) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of
G0250	Physician review, interpretation, and patient management of home INR testing for patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets Medicare coverage criteria; testing not occurring more frequen
G0328	Colorectal cancer screening; fecal occult blood test, immunoassay, 1-3 simultaneous
G0399	Home sleep test (HST) with type III portable monitor, unattended; minimum of 4 channels: 2 respiratory movement/airflow, 1 ECG/heart rate and 1 oxygen saturation
G0447	Face-to-face behavioral counseling for obesity, 15 minutes
G2010	Remot image submit by pt
G2012	Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related e/m servi
G2066	Inter devc remote 30d
G2212	Prolonged office or other outpatient evaluation and management service(s) beyond the maximum required time of the primary procedure which has been selected using total time on the date of the primary service; each additional 15 minutes by the physician or
G8419	BMI documented outside normal parameters, no follow-up plan documented, no reason given
G8421	BMI not documented and no reason is given
G8427	Eligible professional attests to documenting in the medical record they obtained, updated, or reviewed the patient's current medications
G8430	Eligible professional attests to documenting in the medical record the patient is not eligible for a current list of medications being obtained, updated, or reviewed by the eligible professional
G8511	Screening for clinical depression documented as positive, follow-up plan not documented, reason not given
G9906	Patient identified as a tobacco user received tobacco cessation intervention (counseling and/or pharmacotherapy)
J0561	Injection, penicillin G benzathine, 100,000 units
J0585	Injection, onabotulinumtoxinA, 1 unit
J1020	Injection, methylprednisolone acetate, 20 mg
J1080	Injection, testosterone cypionate, 1 cc, 200 mg
J1100	Injection, dexamethasone sodium phosphate, 1 mg

CPT	CPT Description
J1580	Injection, Garamycin, gentamicin, up to 80 mg
J1644	Injection, heparin sodium, per 1000 units
J1815	Injection, insulin, per 5 units
J2182	Injection, mepolizumab, 1 mg
J2357	Injection, omalizumab, 5 mg
J2550	Injection, promethazine HCl, up to 50 mg
J2790	Injection, Rho D immune globulin, human, full dose, 300 micrograms (1500 i.u.)
J3240	Injection, thyrotropin alpha, 0.9 mg, provided in 1.1 mg vial
J3490	Unclassified drugs
J3590	Unclassified biologics
J7296	Levonorgestrel-releasing intrauterine contraceptive system, (kyleena), 19.5 mg
J7297	Levonorgestrel-releasing intrauterine contraceptive system, 52mg, 3 year duration
J7298	Levonorgestrel-releasing intrauterine contraceptive system, 52 mg, 5 year duration
J7300	Intrauterine copper contraceptive
J7301	Levonorgestrel-releasing intrauterine contraceptive system (skyla), 13.5 mg
J7307	Etonogestrel (contraceptive) implant system, including implant and supplies
J7321	Hyaluronan or derivative, Hyalgan or Supartz, for intra-articular injection, per dose
J7323	Hyaluronan or derivative, Euflexxa, for intra-articular injection, per dose
J7325	Hyaluronan or derivative, Synvisc or Synvisc-One, for intra-articular injection, 1 mg
J7611	Albuterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, concentrated form, 1 mg
J9030	Bcg live intravesical 1mg
J9155	Injection, degarelix, 1 mg
J9217	Leuprolide acetate (for depot suspension), 7.5 mg
J9250	Methotrexate sodium, 5 mg
J9357	Injection, valrubicin, intravesical, 200 mg
L0120	Cervical, flexible, non-adjustable, prefabricated, off-the-shelf (foam collar)
L1820	Knee orthosis, elastic with condylar pads and joints, with or without patellar control, prefabricated, includes fitting and adjustment
L1830	Knee orthosis, immobilizer, canvas longitudinal, prefabricated, off-the-shelf
L1832	Knee orthosis, adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
L1833	Knee orthosis, adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated, off-the-shelf
L1902	Ankle orthosis, ankle gauntlet or similar, with or without joints, prefabricated, off-the-shelf
L3650	Shoulder orthosis, figure of eight design abduction restrainer, prefabricated, off-the-shelf
L3807	Wrist hand finger orthosis, without joint(s), prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
I3906	Wrist hand orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment
L3908	Wrist hand orthosis, wrist extension control cock-up, non molded, prefabricated, off-the-shelf
L3923	Hand finger orthosis, without joints, may include soft interface, straps, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
L4350	Ankle control orthosis, stirrup style, rigid, includes any type interface (e.g., pneumatic, gel), prefabricated, off-the-shelf
L4360	Walking boot, pneumatic and/or vacuum, with or without joints, with or without interface material, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
L9217	No Description
P0135	No Description
P0378	No Description
P0561	No Description
P0585	No Description
P0694	No Description
P0696	No Description
P0741	No Description
P0746	No Description
P1438	No Description
P1726	No Description
P3240	No Description
P3490	No Description
P7323	No Description
P7325	No Description
P7613	No Description
P9612	Catheterization for collection of specimen, single patient, all places of service
PNC	No Description
Q2038	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (fluzone)
Q4014	Cast supplies, gauntlet cast (includes lower forearm and hand), adult (11 years +), fiberglass
Q4018	Cast supplies, long arm splint, adult (11 years +), fiberglass
Q4022	Cast supplies, short arm splint, adult (11 years +), fiberglass
Q4038	Cast supplies, short leg cast, adult (11 years +), fiberglass
Q4046	Cast supplies, short leg splint, adult (11 years +), fiberglass
Q4049	Finger splint, static
S0189	Testosterone pellet, 75 mg
S8451	Splint, prefabricated, wrist or ankle
Z0620	No Description
Z0633	No Description
Z0648	No Description

CPT	CPT Description
Z0649	No Description
Z0651	No Description
Z0670	No Description
Z0672	No Description
Z0680	No Description
Z0681	No Description
Z0686	No Description
Z0696	No Description
Z0697	No Description
Z0698	No Description
Z0700	No Description
Z0707	No Description
Z0710	No Description
Z0713	No Description
Z0715	No Description
Z0716	No Description
Z0723	No Description
Z0734	No Description
Z0744	No Description
33016	Pericardiocentesis, including imaging guidance, when performed
33207	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular
33208	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular
33210	Insertion or replacement of temporary transvenous single chamber cardiac electrode or pacemaker catheter (separate procedure)
33212	Insertion of pacemaker pulse generator only; with existing single lead
33213	Insertion of pacemaker pulse generator only; with existing dual leads
33215	Repositioning of previously implanted transvenous pacemaker or implantable defibrillator (right atrial or right ventricular) electrode
33216	Insertion of a single transvenous electrode, permanent pacemaker or implantable defibrillator
33227	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; single lead system
33228	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; dual lead system
33233	Removal of permanent pacemaker pulse generator only
33243	Removal of single or dual chamber implantable defibrillator electrode(s); by thoracotomy
33274	Transcatheter insertion or replacement of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when
99202	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; Straightforward medical decision making. Counseling as
33286	Removal, subcutaneous cardiac rhythm monitor
33289	Transcatheter implantation of wireless pulmonary artery pressure sensor for long-term hemodynamic monitoring, including deployment and calibration of the sensor, right heart catheterization, selective pulmonary catheterization, radiological supervision an
33361	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; percutaneous femoral artery approach
33967	Insertion of intra-aortic balloon assist device, percutaneous
33968	Removal of intra-aortic balloon assist device, percutaneous
33990	Insertion of ventricular assist device, percutaneous including radiological supervision and interpretation; arterial access only
37221	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed
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
78451	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (
78452	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or
78472	Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing
99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; Medical decision making of low complexity. Counseling and/or coordination of care with
92921	Percutaneous transluminal coronary angioplasty; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)
99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of moderate complexity. Counseling and/or coordinatio
92929	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)
92933	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch
92937	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vesse
92941	Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty, including aspiration th
92943	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; single vessel
92973	Percutaneous transluminal coronary thrombectomy mechanical (List separately in addition to code for primary procedure)
92978	Endoluminal imaging of coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report; initial vess
92979	Endoluminal imaging of coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report; each additio
99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of
99211	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal. Typically, 5 minute
93017	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; tracing only, without interpretation and report
99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counselin
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low
93229	External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/o
99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling
93268	External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; includes transmission, review and interp
99218	Initial observation care, per day, for the evaluation and management of a patient which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or o
99219	Initial observation care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordinat
99221	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of
93285	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care

CPT	CPT Description
93289	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead transvenous imp
99222	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination
93291	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable loop recorder system, including he
93293	Transtelephonic rhythm strip pacemaker evaluation(s) single, dual, or multiple lead pacemaker system, includes recording with and without magnet application with analysis, review and report(s) by a physician or other qualified health care professional, up
99223	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of
99225	Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of mo
99231	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Medical decision making that is straightforward or o
93451	Right heart catheterization including measurement(s) of oxygen saturation and cardiac output, when performed
99232	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of moder
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) (internal mammary, free arterial, ven
99233	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of high complexity. Counseling and/or coor
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 including intraprocedural injection(s) fo
93463	Pharmacologic agent administration (eg, inhaled nitric oxide, intravenous infusion of nitroprusside, dobutamine, milrinone, or other agent) including assessing hemodynamic measurements before, during, after and repeat pharmacologic agent administration, w
93503	Insertion and placement of flow directed catheter (eg, Swan-Ganz) for monitoring purposes
93567	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for supravalvular aortography (List separately in addition to code for primary procedure)
99238	Hospital discharge day management; 30 minutes or less
93660	Evaluation of cardiovascular function with tilt table evaluation, with continuous ECG monitoring and intermittent blood pressure monitoring, with or without pharmacological intervention
93880	Duplex scan of extracranial arteries; complete bilateral study
99242	Office consultation for a new or established patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care
99243	Office consultation for a new or established patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qua
99244	Office consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physic
99245	Office consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians
99252	Inpatient consultation for a new or established patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of ca
99253	Inpatient consultation for a new or established patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other
99254	Inpatient consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other phy
99255	Inpatient consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physiци
99283	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of moderate complexity. Counseling
99284	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with o
99285	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components within the constraints imposed by the urgency of the patient's clinical condition and/or mental status: A comprehensive history; A comprehensi
99291	Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes
99292	Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)
99305	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coor
99306	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordina
99308	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making
99309	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of moderate complexity. Counseling
99310	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A comprehensive interval history; A comprehensive examination; Medical decision making of high complexity. Coun
99442	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service pro
99443	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service pro
99449	Interprofessional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 31 minutes or mor
90647	Haemophilus influenzae type b vaccine (Hib), PRP-OMP conjugate, 3 dose schedule, for intramuscular use
90648	Haemophilus influenzae type b vaccine (Hib), PRP-T conjugate, 4 dose schedule, for intramuscular use
90680	Rotavirus vaccine, pentavalent (RV5), 3 dose schedule, live, for oral use
90698	Diphtheria, tetanus toxoids, acellular pertussis vaccine, Haemophilus influenzae type b, and inactivated poliovirus vaccine, (DTaP-IPV/Hib), for intramuscular use
90700	Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), when administered to individuals younger than 7 years, for intramuscular use
93321	Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); follow-up or limited study (List separately in addition to codes for echocardiographic imaging)