CPT codes no longer requiring prior authorization

UnitedHealthcare Individual Exchange Plans

Effective Oct. 1, 2026, prior authorization will no longer be required for the global CPT® codes listed in the table below for UnitedHealthcare Individual Exchange Plans.

For plan-specific exceptions, continue to verify requirements through the **Prior Authorization and Advance Notification tool** on the UnitedHealthcare Provider Portal.

Questions? We're here to help.

For chat options and contact information, visit **UHCprovider.com/contactus**.

UnitedHealthcare Individual Exchange Plan

Procedure code	Description
0006M	ONCOLOGY HEP MRNA 161 GENES RISK CLASSIFIER
0007M	ONCOLOGY GASTRO 51 GENES NOMOGRAM DISEASE INDEX
0055U	CARD HRT TRNSPL 96 TARGET DNA SEQUENCES PLASMA
0111U	ONCOLOGY COLON CANCER TRGT KRAS&NRAS GENE ALYS
0154U	ONC UROTHELIAL CANCER RNA RT-PCR FGFR3 GENE ALYS
0170U	NEURO ASD RNA NEXT-GNRJ SEQ SALIVA ALG ALYS
1999	UNLISTED ANESTHESIA PROCEDURE
0218U	NEURO MUSCULAR DYSTROPHY DMD SEQ ALYS BLD/SALIVA
0294U	LNGVTY&MRTLTY RSK MRNA GEN XPRSN PRFL RNA 18 GEN
0321U	IADNA GU PTHGN 20BCT&FNGL ORG&ID 16 ABX RSIST GN
0323U	IADNA CNS PATHOGEN NEXT-GENERATION SEQUENCING
0341U	FETAL ANEUPLOIDY DNA SEQUENCING COMPARATIVE ALYS
0417U	RARE DS WHL MITOCHDRL GEN SEQ ALYS 335 NUC GENES
0465U	ONC UROTHELIAL CARC DNA QMSP 2 GENES ALG ALYS
0471U	ONC CLRCT CA QUAL RT-PCR 35 VRNT KRAS&NRAS GENES

United Healthcare®

Procedure code	Description
0480U	NFCT DS CSF METAGENOMIC NGS BIOINFORMATIC ALYS
0483U	NFCT DS NG GYRA S91F POINT MUT ORL/RCT/VAG SWAB
0484U	NFCT DS MGEN 23S RRNA POINT MUT ORL/RCT/VAG SWAB
0493U	TRNSPLJ MED QUANTIFICATION DD-CFDNA NGS PLASMA
0500U	AUTOINFLAM DS VEXAS SYND DNA UBA1 GENE MUT ALYS
0502U	HPV E6/E7 MRK HI-RSK TYPE CRV CLL BCC HYBRDZTN
0504U	NFCT DS UTI ID 17 PATH ORGANISMS URINE RTPCR
0505U	NFCT DS VAG INFCTJ ID 32 PTHGNC ORGS SWAB RTPCR
0506U	GI BARRETTS ESOPHGL CELL DNA MTHYLTN ALYS NGS 89
0529U	HEM VTE GW SNP F2&F5 GENE ALYS & LEIDEN VRNT SLV
0540U	TRNSPLJ MEDICINE QUAN DD-CFDNA NGS ALYS PLASMA
0554U	REPRDTVE MED PGA 24CHRMSM DNA TE BX QUALITY CTRL
0575U	TRNSPLJ MED LIVER ALGRFT REJ MIRNA RTPCR 4 GENES
0576U	TRNSPLJ MED LVR ALGRFT REJ QUAN DDCFDNA WHLGENOM
10121	INCISION & REMOVAL FOREIGN BODY SUBQ TISS COMP
10180	INCISION & DRAINAGE COMPLEX PO WOUND INFECTION
11010	DBRDMT W/RMVL FM FX&/DISLC SKIN&SUBQ TISSUS
11012	DBRDMT FX&/DISLC SUBQ T/M/F BONE
11402	EXC B9 LESION MRGN XCP SK TG T/A/L 1.1-2.0 CM
11403	EXC B9 LESION MRGN XCP SK TG T/A/L 2.1-3.0 CM
11404	EXC B9 LESION MRGN XCP SK TG T/A/L 3.1-4.0 CM
11406	EXC B9 LESION MRGN XCP SK TG T/A/L >4.0 CM
11420	EXC B9 LESION MRGN XCP SK TG S/N/H/F/G 0.5 CM/<
11421	EXC B9 LESION MRGN XCP SK TG S/N/H/F/G 0.6-1.0CM
11422	EXC B9 LESION MRGN XCP SK TG S/N/H/F/G 1.1-2.0CM
11423	EXC B9 LESION MRGN XCP SK TG S/N/H/F/G 2.1-3.0CM
11424	EXC B9 LESION MRGN XCP SK TG S/N/H/F/G 3.1-4.0CM
11426	EXC B9 LESION MRGN XCP SK TG S/N/H/F/G > 4.0CM
11442	EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 1.1-2.0CM
11450	EXCISION HIDRADENITIS AXILLARY SMPL/INTRM RPR
11451	EXCISION HIDRADENITIS AXILLARY COMPLEX REPAIR
11463	EXCISION HIDRADENITIS INGUINAL COMPLEX REPAIR
11471	EXCISION H/P/P/U COMPLEX REPAIR
11601	EXCISION MAL LESION TRUNK/ARM/LEG 0.6-1.0 CM
11602	EXCISION MAL LESION TRUNK/ARM/LEG 1.1-2.0 CM

Procedure code	Description
11603	EXCISION MAL LESION TRUNK/ARM/LEG 2.1-3.0 CM
11604	EXCISION MAL LESION TRUNK/ARM/LEG 3.1-4.0 CM
11622	EXCISION MALIGNANT LESION S/N/H/F/G 1.1-2.0 CM
11624	EXCISION MALIGNANT LESION S/N/H/F/G 3.1-4.0 CM
11641	EXCISION MALIGNANT LESION F/E/E/N/L 0.6-1.0 CM
11644	EXCISION MALIGNANT LESION F/E/E/N/L 3.1-4.0 CM
11750	EXCISION NAIL&NAIL MATRIX PRTL/COMPL PERM RMVL
11770	EXCISION PILONIDAL CYST/SINUS SIMPLE
11772	EXCISION PILONIDAL CYST/SINUS COMPLICATED
11980	SUBCUTANEOUS HORMONE PELLET IMPLANTATION
12031	REPAIR INTERMEDIATE S/A/T/E 2.5 CM/<
12032	REPAIR INTERMEDIATE S/A/T/E 2.6-7.5 CM
12034	REPAIR INTERMEDIATE S/A/T/E 7.6-12.5 CM
12035	REPAIR INTERMEDIATE S/A/T/E 12.6-20.0CM
12051	REPAIR INTERMEDIATE F/E/E/N/L&/MUC 2.5 CM/<
12052	REPAIR INTERMEDIATE F/E/E/N/L&/MUC 2.6-5.0 CM
13120	REPAIR COMPLEX SCALP/ARM/LEG 1.1-2.5 CM
13121	REPAIR COMPLEX SCALP/ARM/LEG 2.6-7.5 CM
13151	REPAIR COMPLEX EYELID/NOSE/EAR/LIP 1.1-2.5 CM
15100	SPLT AGRFT T/A/L 1ST 100 SQCM/</1% BDY INFT/CHLD
15120	SPLT AGRFT F/S/N/H/F/G/M/DGT 1ST 100 SQCM/</1%
15240	FTH/GFT FR DIR CLSR F/C/C/M/N/AX/G/H/F 20SQCM/<
15576	FRMJ DIRECT/TUBED PEDICLE W/WOTR E/N/E/L/NTRORAL
15999	UNLISTED PROCEDURE EXCISION PRESSURE ULCER
17000	DESTRUCTION PREMALIGNANT LESION 1ST
17004	DESTRUCTION PREMALIGNANT LESION 15/>
17106	DESTRUCTION CUTAN VASC PROLIFERATIVE LES<10SQCM
17107	DSTRJ CUTANEOUS VASCULAR PRLF LES 10.0-50.0SQCM
17108	DSTRJ CUTANEOUS VASCULAR PRLF LESIONS>50.0 SQ CM
17110	DESTRUCTION BENIGN LESIONS UP TO 14
17111	DESTRUCTION BENIGN LESIONS 15/>
17311	MOHS MICROGRAPHIC H/N/H/F/G 1ST STAGE 5 BLOCKS
17313	MOHS TRUNK/ARM/LEG 1ST STAGE 5 BLOCKS
19000	PUNCTURE ASPIRATION CYST OF BREAST
19101	BIOPSY BREAST OPEN INCISIONAL

Procedure code	Description
19110	NIPPLE EXPLORATION
19112	EXCISION LACTIFEROUS DUCT FISTULA
19120	EXC CYST/ABERRANT BREAST TISSUE OPEN 1/> LESION
19125	EXC BREAST LES PREOP PLMT RAD MARKER OPEN 1 LES
01999	UNLISTED ANESTHESIA PROCEDURE
20200	BIOPSY MUSCLE SUPERFICIAL
20205	BIOPSY MUSCLE DEEP
20220	BIOPSY BONE TROCAR/NEEDLE SUPERFICIAL
20225	BIOPSY BONE TROCAR/NEEDLE DEEP
20240	BIOPSY BONE OPEN SUPERFICIAL
20245	BIOPSY BONE OPEN DEEP
20520	REMOVAL FOREIGN BODY MUSCLE/TENDON SHEATH SIMPLE
20525	RMVL FOREIGN BODY MUSCLE/TENDON SHEATH DEEP/COMP
20526	INJECTION THERAPEUTIC CARPAL TUNNEL
20551	INJECTION SINGLE TENDON ORIGIN/INSERTION
20552	INJECTION SINGLE/MLT TRIGGER POINT 1/2 MUSCLES
20553	INJECTION SINGLE/MLT TRIGGER POINT 3/> MUSCLES
20600	ARTHROCENTESIS ASPIR&/INJ SMALL JT/BURSA W/O US
20604	ARTHROCNT ASPIR&/INJ SMALL JT/BURSAW/US REC RPRT
20606	ARTHROCENTESIS ASPIR&/INJ INTERM JT/BURS W/US
20611	ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/US
20612	ASPIRATION&/INJECTION GANGLION CYST ANY LOCATJ
20693	ADJUSTMENT/REVJ XTRNL FIXATION SYSTEM REQ ANES
20694	REMOVAL EXTERNAL FIXATION SYSTEM UNDER ANES
20999	UNLISTED PROCEDURE MUSCSKELETAL SYSTEM GENERAL
21010	ARTHROTOMY TEMPOROMANDIBULAR JOINT
21030	EXC BENIGN TUMOR/CYST MAXL/ZYGOMA ENCL & CURTG
21031	EXCISION TORUS MANDIBULARIS
21040	EXCISION BENIGN TUMOR/CYST MANDIBLE ENCL & CURT
21046	EXC BENIGN TUMOR/CYST MNDBL INTRA-ORAL OSTEOT
21048	EXC BENIGN TUMOR/CYST MAXL INTRA-ORAL OSTEOT
21089	UNLISTED MAXILLOFACIAL PROSTHETIC PROCEDURE
21315	CLOSED TX NASAL BONE FX W/MNPJ W/O STABILIZATION
21320	CLOSED TX NASAL BONE FX W/MNPJ W/STABILIZATION
21325	OPEN TREATMENT NASAL FRACTURE UNCOMPLICATED

Procedure code	Description
21330	OPEN TX NASAL FX COMP W/INT&/XTRNL SKELETAL FI
21335	OPEN TX NASAL FX W/CONCOMITANT OPTX FXD SEPTUM
21336	OPEN TX NASAL SEPTAL FRACTURE W/WO STABILIZATION
21337	CLOSED TX NASAL SEPTAL FRACT W/WO STABILIZATION
21356	OPEN TX DEPRESSED ZYGOMATIC ARCH FRACTURE
21499	UNLISTED MUSCULOSKELETAL PROCEDURE HEAD
21550	BIOPSY SOFT TISSUE NECK/THORAX
21552	EXC TUMOR SOFT TIS NECK/ANT THORAX SUBQ 3 CM/>
21555	EXC TUMOR SOFT TISSUE NECK/ANT THORAX SUBQ <3CM
21556	EXC TUMOR SOFT TISS NECK/THORAX SUBFASCIAL <5CM
21557	RAD RESECT TUMOR SOFT TISS NECK/ANT THORAX <5CM
21920	BIOPSY SOFT TISSUE BACK/FLANK SUPERFICIAL
21930	EXCISION TUMOR SOFT TISSUE BACK/FLANK SUBQ <3CM
21931	EXCISION TUMOR SOFT TIS BACK/FLANK SUBQ 3 CM/>
21932	EXC TUMOR SOFT TISS BACK/FLANK SUBFASCIAL <5CM
21933	EXC TUMOR SOFT TISS BACK/FLANK SUBFASCIAL 5 CM/>
22100	PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM CRV
22101	PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM THRC
22102	PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM LMBR
22103	PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM EA
22110	PRTL EXC VRT BDY B1Y LES W/O SPI CORD 1 SGM CRV
22112	PRTL EXC VRT BDY B1Y LES W/O SPI CORD 1 SGM THRC
22114	PRTL EXC VRT BDY B1Y LES W/O SPI CORD 1 SGM LMBR
22116	PRTL EXC VRT BDY B1Y LES W/O SPI CORD 1 SGM EA
22513	PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULATION
22514	PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULJ LMBR
22850	REMOVAL POSTERIOR NONSEGMENTAL INSTRUMENTATION
22855	REMOVAL ANTERIOR INSTRUMENTATION
22900	EXC TUMOR SOFT TISSUE ABDL WALL SUBFASCIAL <5CM
22901	EXC TUMOR SOFT TISSUE ABDL WALL SUBFASCIAL 5CM/>
22902	EXC TUMOR SOFT TISSUE ABDOMINAL WALL SUBQ <3CM
22903	EXC TUMOR SOFT TISSUE ABDOMINAL WALL SUBQ 3 CM/>
22999	UNLISTED PX ABDOMEN MUSCULOSKELETAL SYSTEM
23071	EXCISION TUMOR SOFT TISSUE SHOULDER SUBQ 3 CM/>
23075	EXCISION TUMOR SOFT TISSUE SHOULDER SUBQ <3CM

Procedure code	Description
23076	EXC TUMOR SOFT TISS SHOULDER SUBFASC <5CM
23150	EXC/CURTG BONE CYST/BENIGN TUMOR PROX HUMERUS
23415	CORACOACROMIAL LIGAMENT RELEAS W/WOACROMIOPLASTY
23480	OSTEOTOMY CLAVICLE W/WO INTERNAL FIXATION
23615	OPTX PROX HUMERAL FX W/INT FIXJ RPR TUBEROSITY
23630	OPTX GREATER HUMERAL TUBEROSITY FX W/INT FIXJ
23700	MNPJ W/ANES SHOULDER JT APPL FIXATION APPARATUS
24000	ARTHRT ELBOW W/EXPLORATION DRAINAGE/REMOVAL FB
24065	BIOPSY SOFT TISSUE UPPER ARM/ELBOW SUPERFICIAL
24066	BIOPSY SOFT TISSUE UPPER ARM/ELBOW AREA DEEP
24110	EXCISION/CURTG BONE CYST/BENIGN TUMOR HUMERUS
24130	EXCISION RADIAL HEAD
24147	PARTIAL EXCISION BONE OLECRANON PROCESS
24200	RMVL FOREIGN BODY UPPER ARM/ELBOW SUBCUTANEOUS
24201	REMOVAL FOREIGN BODY UPPER ARM/ELBOW DEEP
24310	TENOTOMY OPEN ELBOW TO SHOULDER EACH TENDON
24340	TENODESIS BICEPS TENDON ELBOW SEPARATE PROCEDURE
24360	ARTHROPLASTY ELBOW W/MEMBRANE
24361	ARTHROPLASTY ELBOW W/DISTAL HUMRL PROSTC RPLCMT
24362	ARTHRP ELBOW W/IMPLT&FSCA LATA LIGAMENT RCNSTJ
24363	ARTHRP ELBOW W/DISTAL HUM&PROX UR PROSTC RPLCM
24365	ARTHROPLASTY RADIAL HEAD
24366	ARTHROPLASTY RADIAL HEAD W/IMPLANT
24515	OPTX HUMERAL SHFT FX PLATE/SCREWS W/WO CERCLAGE
24516	TX HUMRL SHFT FX W/INSJ IMED IMPLT W/WO CERCLAGE
24586	OPTX PERIARTICULAR FRACTURE&/DISLOCATION ELBOW
24615	OPEN TX ACUTE/CHRONIC ELBOW DISLOCATION
24665	OPEN TX RADIAL HEAD/NECK FRACTURE
24666	OPTX RADIAL HEAD/NECK FRACTURE PROSTHETIC RPLCMT
24999	UNLISTED PROCEDURE HUMERUS/ELBOW
25000	INCISION EXTENSOR TENDON SHEATH WRIST
25105	ARTHROTOMY WRIST JOINT WITH SYNOVECTOMY
25107	ARTHROTOMY DSTL RADIOULNAR JOINT RPR CARTILAGE
25110	EXCISION LESION TENDON SHEATH FOREARM&/WRIST
25115	RAD EXC BURSA SYNVA WRST/F/ARM TDN SHTHS FLXRS
25118	SYNOVECTOMY EXTENSOR TENDON SHTH WRIST 1 CMPRT

Procedure code	Description
25120	EXCISION/CURETTAGE CYST/TUMOR RADIUS/ULNA
25151	PARTIAL EXCISION BONE RADIUS
25215	CARPECTOMY ALL BONES PROXIMAL ROW
25260	RPR TDN/MUSC FLXR F/ARM&/WRST PRIM 1 EA TDN/MU
25270	RPR TDN/MUSC XTNSR F/ARM&/WRIST PRIM 1 EA TDN
25280	LNGTH/SHRT FLXR/XTNSR TDN F/ARM&/WRIST 1 EA TDN
25290	TNOT FLXR/XTNSR TENDON FOREARM&/WRIST 1 EA
25350	OSTEOTOMY RADIUS DISTAL THIRD
25441	ARTHROPLASTY W/PROSTHETIC RPLCMT DISTAL RADIUS
25442	ARTHROPLASTY W/PROSTHETIC RPLCMT DISTAL ULNA
25443	ARTHROPLASTY W/PROSTHETIC RPLCMT SCAPHOID CARPAL
25444	ARTHROPLASTY W/PROSTHETIC REPLACEMENT LUNATE
25445	ARTHROPLASTY W/PROSTHETIC REPLACEMENT TRAPEZIUM
25446	ARTHRP W/PROSTC RPLCMT DSTL RDS&PRTL/ENTIR CARPS
25545	OPEN TREATMENT ULNAR SHAFT FRACTURE W/INT FIXJ
25605	CLTX DSTL RDL FX/EPIPHYSL SEP W/MNPJ
25606	PERQ SKEL FIXJ DISTAL RADIAL FX/EPIPHYSL SEP
25607	OPTX DSTL RDL X-ARTIC FX/EPIPHYSL SEPARATION
25609	OPTX DSTL RADL I-ARTIC FX/EPIPHYSL SEP 3+ FRAG
25624	CLOSED TX CARPAL SCAPHOID FRACTURE W/MNPJ
25628	OPEN TX CARPAL SCAPHOID NAVICULAR FX W/INT FIXJ
25645	OPEN TX CARPAL BONE FRACTURE OTH/THN SCAPHOID EA
25652	OPEN TREATMENT ULNAR STYLOID FRACTURE
25810	ARTHRODESIS WRIST W/ILIAC/OTHER AUTOGRAFT
25825	ARTHRODESIS WRIST WITH AUTOGRAFT
25999	UNLISTED PROCEDURE FOREARM/WRIST
26011	DRAINAGE FINGER ABSCESS COMPLICATED
26020	DRAINAGE TENDON SHEATH DIGIT&/PALM EACH
26070	ARTHRT EXPL DRG/RMVL LOOSE/FB CARP/MTCRPL JT
26105	ARTHROTOMY BIOPSY MTCARPHLNGL JOINT EACH
26115	EXC TUM/VASC MAL SFT TISS HAND/FNGR SUBQ <1.5CM
26116	EXC TUM/VAS MAL SFT TIS HAND/FNGR SUBFASC<1.5CM
26200	EXCISION/CURETTAGE CYST/TUMOR METACARPAL
26210	EXCISION/CURETTAGE CYST/TUMOR PHALANX FINGER
26392	RMVL SYNTH ROD & INSJ FLXR TDN GRF H/F EA ROD

Procedure code	Description
26410	REPAIR EXTENSOR TENDON HAND W/O GRAFT EACH
26418	REPAIR EXTENSOR TENDON FINGER W/O GRAFT EACH
26420	REPAIR EXTENSOR TENDON FINGER W/GRAFT EACH
26440	TENOLYSIS FLEXOR TENDON PALM/FINGER EACH TENDON
26442	TENOLYSIS FLEXOR TENDON PALM&FINGER EACH TENDO
26445	TENOLYSIS EXTENSOR TENDON HAND/FINGER EACH
26455	TENOTOMY FLEXOR FINGER OPEN EACH TENDON
26500	RCNSTJ TENDON PULLEY EACH W/LOCAL TISSUES SPX
26502	RCNSTJ TDN PULLEY EA TDN W/TDN/FSCAL GRF SPX
26516	CAPSULODESIS MTCARPHLNGL JOINT SINGLE DIGIT
26520	CAPSULECTOMY/CAPSULOTOMY MTCARPHLNGL JOINT EACH
26567	OSTEOTOMY PHALANX FINGER EACH
26608	PRQ SKELETAL FIXJ METACARPAL FX EACH BONE
26615	OPEN TX METACARPAL FRACTURE SINGLE EA BONE
26650	PRQ SKELETAL FIX CARPO/METACARPAL FX DISLC THUMB
26665	OPEN TX CARPOMETACARPAL FRACTURE DISLOCATE THUMB
26676	PRQ SKEL FIXJ CARPO/MTCRPL DISLC THMB MANJ EA JT
26715	OPEN TREATMENT METACARPOPHALANGEAL DISLOCATION
26727	PRQ SKEL FIXJ PHLNGL SHFT FX PROX/MIDDLE PX/F/T
26735	OPEN TX PHALANGEAL SHAFT FRACTURE PROX/MIDDLE EA
26742	CLTX ARTCLR FX INVG MTCARPHLNGL/IPHAL JT W/MANJ
26746	OPEN TX ARTICULAR FRACTURE MCP/IP JOINT EA
26756	PRQ SKEL FIXJ DSTL PHLNGL FX FNGR/THMB EA
26765	OPEN TX DISTAL PHALANGEAL FRACTURE EACH
26841	ARTHRD CARPO/METACARPAL JT THUMB W/WO INT FIXJ
26862	ARTHRODESIS IPHAL JT W/WO INT FIXJ W/AUTOGRAFT
26910	AMP MTCRPL W/FINGER/THUMB W/WO INTEROSS TRANSFER
26989	UNLISTED PROCEDURE HANDS/FINGERS
27043	EXCISION TUMOR SOFT TISSUE PELVIS&HIP SUBQ 3CM/>
27045	EXC TUMOR SOFT TISSUE PELVIS & HIP SUBFASC 5CM/>
27047	EXC TUMOR SOFT TISSUE PELVIS & HIP SUBQ <3CM
27093	INJECTION HIP ARTHROGRAPHY W/O ANESTHESIA
27095	INJECTION HIP ARTHROGRAPHY W/ANESTHESIA
27096	INJECT SI JOINT ARTHRGRPHY&/ANES/STEROID W/IMA
27310	ARTHRT KNE W/EXPL DRG/RMVL FB

Procedure code	Description
27323	BIOPSY SOFT TISSUE THIGH/KNEE AREA SUPERFICIAL
27329	RAD RESECT TUMOR SOFT TISSUE THIGH/KNEE <5CM
27331	ARTHRT KNE W/JT EXPL BX/RMVL LOOSE/FB
27334	ARTHROTOMY W/SYNOVECTOMY KNEE ANTERIOR/POSTERIOR
27335	ARTHRT W/SYNVCT KNE ANT&POST W/POP AREA
27337	EXCISON TUMOR SOFT TISSUE THIGH/KNEE SUBQ 3 CM/>
27345	EXCISION SYNOVIAL CYST POPLITEAL SPACE
27403	ARTHROTOMY W/MENISCUS REPAIR KNEE
27407	REPAIR PRIMARY TORN LIGM&/CAPSULE KNEE CRUCIAT
27418	ANTERIOR TIBIAL TUBERCLEPLASTY
27570	MANIPULATION KNEE JOINT UNDER GENERAL ANESTHESIA
27606	TENOTOMY PRQ ACHILLES TENDON SPX GENERAL ANES
27613	BIOPSY SOFT TISSUE LEG/ANKLE AREA SUPERFICIAL
27614	BIOPSY SOFT TISSUE LEG/ANKLE AREA DEEP
27618	EXC TUMOR SOFT TISSUE LEG/ANKLE SUBQ <3CM
27619	EXC TUMOR SOFT TISSUE LEG/ANKLE SUBFASCIAL <5CM
27626	ARTHROTOMY W/SYNOVECTOMY ANKLE TENOSYNOVECTOMY
27634	EXC TUMOR SOFT TISSUE LEG/ANKLE SUBFASC 5 CM/>
27640	PARTIAL EXCISION BONE TIBIA
27658	REPAIR FLEXOR TENDON LEG PRIMARY W/O GRAFT EACH
27659	RPR FLEXOR TENDON LEG SECONDARY W/O GRAFT EACH
27665	RPR EXTENSOR TENDON LEG SECONDRY W/WO GRAFT EACH
27680	TENOLYSIS FLXR/XTNSR TENDON LEG&/ANKLE 1 EACH
27700	ARTHROPLASTY ANKLE
27703	ARTHROPLASTY ANKLE REVISION TOTAL ANKLE
27705	OSTEOTOMY TIBIA
27720	REPAIR NONUNION/MALUNION TIBIA W/O GRAFT
27756	PRQ SKELETAL FIXATION TIBIAL SHAFT FRACTURE
27788	CLTX DSTL FIBULAR FX LAT MALLS W/MANJ
27899	UNLISTED PROCEDURE LEG/ANKLE
28005	INCISION BONE CORTEX FOOT
28010	TENOTOMY PERCUTANEOUS TOE SINGLE TENDON
28011	TENOTOMY PERCUTANEOUS TOE MULTIPLE TENDON
28020	ARTHRT W/EXPL DRG/RMVL LOOSE/FB NTRTRSL/TARS JT
28039	EXCISION TUMOR SOFT TIS FOOT/TOE SUBQ 1.5 CM/>

Procedure code	Description
28055	NEURECTOMY INTRINSIC MUSCULATURE OF FOOT
28080	EXCISION INTERDIGITAL MORTON NEUROMA SINGLE EACH
28100	EXCISION/CURETTAGE CYST/TUMOR TALUS/CALCANEUS
28190	REMOVAL FOREIGN BODY FOOT SUBCUTANEOUS
28192	REMOVAL FOREIGN BODY FOOT DEEP
28193	REMOVAL FOREIGN BODY FOOT COMPLICATED
28200	RPR TDN FLXR FOOT 1/2 W/O FREE GRAFG EACH TENDON
28225	TENOLYSIS EXTENSOR FOOT SINGLE TENDON
28232	TX OPEN TENDON FLEXOR TOE 1 TENDON SPX
28234	TENOTOMY OPEN EXTENSOR FOOT/TOE EACH TENDON
28238	RCNSTJ PST TIBL TDN W/EXC ACCESSORY TARSL NAVCLR
28272	CAPSULOTOMY IPHAL JOINT EACH JOINT SPX
28280	SYNDACTYLIZATION TOES
28286	CORRECTION COCK-UP 5TH TOE W/PLASTIC CLOSURE
28310	OSTEOT SHRT CORRJ PROX PHALANX 1ST TOE
28313	RCNSTJ ANGULAR DFRM TOE SOFT TISS PX ONLY
28475	CLOSED TX METARSAL FRACTURE W/MANIPULATION EACH
28476	PERQ SKELETAL FIXATION METATARSAL FX W/MNPJ EACH
28496	PRQ SKEL FIXJ FX GRT TOE PHLX/PHLG W/MANJ
28515	CLTX FX PHLX/PHLG OTH/THN GRT TOE W/MANJ
28525	OPEN TX FRACTURE PHALANX/PHALANGES NOT GREAT TOE
28645	OPEN TX METATARSOPHALANGEAL JOINT DISLOCATION
28666	PRQ SKEL FIXJ INTERPHALANGEAL JOINT DISLC W/MANJ
28675	OPEN TREATMENT INTERPHALANGEAL JOINT DISLOCATION
28760	ARTHRD W/XTNSR HALLUCIS LONGUS TR 1ST METAR NCK
28810	AMPUTATION METATARSAL W/TOE SINGLE
28825	AMPUTATION TOE INTERPHALANGEAL JOINT
29799	UNLISTED PROCEDURE CASTING/STRAPPING
29834	ARTHROSCOPY ELBOW SURGICAL W/REMOVAL LOOSE/FB
29835	ARTHROSCOPY ELBOW SURGICAL SYNOVECTOMY PARTIAL
29836	ARTHROSCOPY ELBOW SURGICAL SYNOVECTOMY COMPLETE
29837	ARTHROSCOPY ELBOW SURGICAL DEBRIDEMENT LIMITED
29838	ARTHROSCOPY ELBOW SURGICAL DEBRIDEMENT EXTENSIVE
29843	ARTHROSCOPY WRIST INFECTION LAVAGE&DRAINAGE
29863	ARTHROSCOPY HIP SURGICAL W/SYNOVECTOMY

Procedure code	Description
29900	ARTHROSCOPY METACARPOPHALANGEAL SYNOVIAL BIOPSY
29901	ARTHRS METACARPOPHALANGEAL JOINT DEBRIDEMENT
29902	ARTHRS MTCARPHLNGL JT W/RDCTJ UR COLTRL LIGM
29906	ARTHROSCOPY SUBTALAR JOINT WITH DEBRIDEMENT
30000	DRAINAGE ABSCESS/HEMATOMA NASAL INT APPROACH
30020	DRAINAGE ABSCESS/HEMATOMA NASAL SEPTUM
30100	BIOPSY INTRANASAL
30110	EXCISION NASAL POLYP SIMPLE
30118	EXCISION/DESTRUCTION INTRANASAL LESION XTRNL
30310	REMOVAL FOREIGN BODY INTRANASAL GENERAL ANES
30630	REPAIR NASAL SEPTAL PERFORATIONS
30801	ABLTJ SOFT TIS INFERIOR TURBINATES UNI/BI SUPFC
30999	UNLISTED PROCEDURE NOSE
31020	SINUSOTOMY MAXILLARY ANTROTOMY INTRANASAL
31032	SINUSOT MAX ANTRT RAD W/RMVL ANTROCH POLYPS
31205	ETHMOIDECTOMY EXTRANASAL TOTAL
31525	LARYNGOSCOPY W/WO TRACHEOSCOPY DX EXCEPT NEWBORN
31526	LARYNGOSCOPY W/WO TRACHEOSCOPY W/MICRO/TELESCOPE
31529	LARYNGOSCOPY W/WO TRACHEOSCOPY DILATION SUBSQ
31530	LARYNGOSCOPY W/FOREIGN BODY REMOVAL
31545	LARGSC MICRO/TELESCOPE RMVL LES VOCAL CORD FLAP
31570	LARYNGOSCOPE INJECTION VOCAL CORD THERAPEUTIC
31571	LARGSC W/NJX VOCAL CORD THER W/MICRO/TELESCOPE
31574	LARYNGOSCOPY FLEXIBLE W/INJECTION AGMNTJ UNI
31575	LARYNGOSCOPY FLEXIBLE DIAGNOSTIC
31576	LARYNGOSCOPY FLEXIBLE W/BIOPSY(IES)
31578	LARYNGOSCOPY FLEXIBLE RMVL LESION(S) NON-LASER
31579	LARYNGOSCOPY FLX/RGD TELESCOPIC W/STROBOSCOPY
31591	LARYNGOPLASTY MEDIALIZATION UNLIATERAL
31611	CONSTJ TRACHEOESOPHAGEAL FSTL&INSJ SP PROSTH
31622	BRNCHSC INCL FLUOR GDNCE DX W/CELL WASHG SPX
31623	BRNCHSC BRUSHING/PROTECTED BRUSHINGS
31624	BRNCHSC W/BRNCL ALVEOLAR LAVAGE
31625	BRONCHOSCOPY BRONCHIAL/ENDOBRNCL BX 1+ SITES
31628	BRONCHOSCOPY W/TRANSBRONCHIAL LUNG BX 1 LOBE

Procedure code	Description
31652	BRNCHSC EBUS GUIDED SAMPL 1/2 NODE STATION/STRUX
32408	CORE NEEDLE BX LUNG/MEDIASTINUM PERQ W/IMG
32555	THORACENTESIS NEEDLE/CATH PLEURA W/IMAGING
32557	PERQ DRAINAGE PLEURA INSERT CATH W/IMAGING
32999	UNLISTED PROCEDURE LUNGS & PLEURA
33202	INSERTION EPICARDIAL ELECTRODE OPEN
33215	RPSG PREV IMPLTED PM/DFB R ATR/R VENTR ELECTRODE
33216	INSJ 1 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB
33221	INS PACEMAKER PULSE GEN ONLY W/EXIST MULT LEADS
33241	REMOVAL IMPLANTABLE DEFIB PULSE GENERATOR ONLY
33262	RMVL IMPLTBL DFB PLSE GEN W/REPL PLSE GEN 1 LEAD
33999	UNLISTED PROCEDURE CARDIAC SURGERY
36000	INTRODUCTION NEEDLE/INTRACATHETER VEIN
36010	INTRO CATHETER SUPERIOR/INFERIOR VENA CAVA
36012	SLCTV CATH PLMT VEN SYS 2ND ORDER/> SLCTV BRANC
36215	SLCTV CATHJ EA 1ST ORD THRC/BRCH/CPHLC BRNCH
36246	SLCTV CATHJ 2ND ORDER ABDL PEL/LXTR ART BRNCH
36299	UNLISTED PROCEDURE VASCULAR INJECTION
36474	ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM SBSQ VEINS
36556	INSJ NON-TUNNELED CENTRAL VENOUS CATH AGE 5 YR/>
36569	INSERTION PICC W/O IMG GDN 5 YR/>
36571	INSJ PRPH CTR VAD W/SUBQ PORT AGE 5 YR/>
36589	RMVL TUN CVC W/O SUBQ PORT/PMP
36590	RMVL TUN CTR VAD W/SUBQ PORT/PMP CTR/PRPH INSJ
36821	ARTERIOVENOUS ANASTOMOSIS OPEN DIRECT
37248	TRLML BALO ANGIOP OPEN/PERQ W/IMG S&I 1ST VEIN
37501	UNLISTED VASCULAR ENDOSCOPY PROCEDURE
37607	LIG/BANDING ANGIOACCESS ARTERIOVENOUS FISTULA
37761	LIG PRFRATR VEIN SUBFSCAL OPEN INCL US GID 1 LEG
37765	STAB PHLEBT VARICOSE VEINS 1 XTR 10-20 STAB INCS
37766	STAB PHLEBT VARICOSE VEINS 1 XTR >20 INCS
37785	LIGJ DIVJ &/EXCJ VARICOSE VEIN CLUSTER 1 LEG
37799	UNLISTED PROCEDURE VASCULAR SURGERY
38129	UNLISTED LAPAROSCOPY PROCEDURE SPLEEN

Procedure code	Description
38221	DIAGNOSTIC BONE MARROW BIOPSIES
38222	DIAGNOSTIC BONE MARROW BIOPSIES & ASPIRATIONS
38500	BX/EXC LYMPH NODE OPEN SUPERFICIAL
38505	BX/EXC LYMPH NODE NEEDLE SUPERFICIAL
38510	BX/EXC LYMPH NODE OPEN DEEP CERVICAL NODE
38520	BX/EXC LYMPH NODE OPN DP CRV NODE W/EXC FAT PAD
38525	BX/EXC LYMPH NODE OPEN DEEP AXILLARY NODE
38589	UNLISTED LAPAROSCOPY PX LYMPHATIC SYSTEM
38740	AXILLARY LYMPHADENECTOMY SUPERFICIAL
38760	INGUINOFEM LMPHADEC SUPFC W/CLOQUETS NODE SPX
39499	UNLISTED PROCEDURE MEDIASTINUM
39599	UNLISTED PROCEDURE DIAPHRAGM
40799	UNLISTED PROCEDURE LIPS
40810	EXC LES MUCOSA & SBMCSL VESTIBULE MOUTH W/O RPR
40899	UNLISTED PROCEDURE VESTIBULE MOUTH
41520	FRENOPLASTY SURG REVJ FRENUM EG W/Z-PLASTY
41899	UNLISTED PROCEDURE DENTOALVEOLAR STRUCTURES
42104	EXC LESION PALATE UVULA W/O CLOSURE
42106	EXC LESION PALATE UVULA W/SMPL PRIM CLOSURE
42140	UVULECTOMY EXCISION UVULA
42299	UNLISTED PROCEDURE PALATE UVULA
42408	EXC SUBLINGUAL SALIVARY CYST RANULA
42420	EXC PRTD TUM/PRTD GLND TOT DSJ&PRSRV FACIAL NR
42425	EXCISION PAROTID TUMOR/GLAND TOTAL EN BLOC RMVL
42699	UNLISTED PX SALIVARY GLANDS/DUCTS
42831	ADENOIDECTOMY PRIMARY AGE 12/>
42999	UNLISTED PROCEDURE PHARYNX ADENOIDS/TONSILS
43200	ESOPHAGOSCOPY FLEXIBLE TRANSORAL DIAGNOSTIC
43202	ESOPHAGOSCOPY FLEXIBLE TRANSORAL WITH BIOPSY
43220	ESOPHAGOSCOPY FLEX BALLOON DILAT <30 MM DIAM
43226	ESOPHAGOSCOPY FLEXIBLE GUIDE WIRE DILATION
43229	ESOPHAGOSCOPY FLEX TRANSORAL LESION ABLATION
43235	ESOPHAGOGASTRODUODENOSCOPY TRANSORAL DIAGNOSTIC
43236	ESOPHAGOGASTRODUODENOSCOPY SUBMUCOSAL INJECTION
43239	EGD TRANSORAL BIOPSY SINGLE/MULTIPLE

Procedure code	Description
43247	EGD FLEXIBLE FOREIGN BODY REMOVAL
43248	EGD INSERT GUIDE WIRE DILATOR PASSAGE ESOPHAGUS
43249	EGD BALLOON DILATION ESOPHAGUS <30 MM DIAM
43250	EGD FLEX REMOVAL LESION(S) BY HOT BIOPSY FORCEPS
43251	EGD REMOVAL TUMOR POLYP/OTHER LESION SNARE TECH
43254	EGD TRANSORAL ENDOSCOPIC MUCOSAL RESECTION
43255	EGD TRANSORAL CONTROL BLEEDING ANY METHOD
43270	EGD ABLATE TUMOR POLYP/LESION W/DILATION& WIRE
43882	REVISION/RMVL GASTRIC NSTIM ELTRD ANTRUM OPEN
44238	UNLISTED LAPAROSCOPY PX INTESTINE XCP RECTUM
44388	COLONOSCOPY STOMA DX INCLUDING COLLJ SPEC SPX
44389	COLONOSCOPY STOMA W/BIOPSY SINGLE/MULTIPLE
44392	COLONOSCOPY STOMA RMVL LES BY HOT BIOPSY FORCEPS
44394	COLONOSCOPY STOMA W/RMVL TUM POLYP/OTH LES SNARE
44799	UNLISTED PROCEDURE SMALL INTESTINE
44899	UNLISTED PX MECKEL'S DIVERTICULUM & MESENTERY
44979	UNLISTED LAPAROSCOPY PROCEDURE APPENDIX
45172	EXC RCT TUM INCL MUSCULARIS PROPRIA
45378	COLONOSCOPY FLX DX W/COLLJ SPEC WHEN PFRMD
45379	COLONOSCOPY FLX W/REMOVAL OF FOREIGN BODY(S)
45380	COLONOSCOPY W/BIOPSY SINGLE/MULTIPLE
45381	COLSC FLX WITH DIRECTED SUBMUCOSAL NJX ANY SBST
45384	COLSC FLX W/REMOVAL LESION BY HOT BX FORCEPS
45385	COLSC FLX W/RMVL OF TUMOR POLYP LESION SNARE TQ
45386	COLSC FLEXIBLE W/TRANSENDOSCOPIC BALLOON DILAT
45390	COLONOSCOPY FLX W/ENDOSCOPIC MUCOSAL RESECTION
45398	COLONOSCOPY FLEXIBLE WITH BAND LIGATION(S)
45399	UNLISTED PROCEDURE COLON
45990	ANRCT XM SURG REQ ANES GENERAL SPI/EDRL DX
45999	UNLISTED PROCEDURE RECTUM
46080	SPHINCTEROTOMY ANAL DIVISION SPHINCTER SPX
46200	FISSURECTOMY INCL SPHINCTEROTOMY WHEN PERFORMED
46910	DSTRJ LESION ANUS SMPL ELTRDSICCATION
46999	UNLISTED PROCEDURE ANUS
47000	BIOPSY LIVER NEEDLE PERCUTANEOUS

Procedure code	Description
47379	UNLISTED LAPAROSCOPIC PROCEDURE LIVER
47399	UNLISTED PROCEDURE LIVER
47579	UNLISTED LAPAROSCOPY PROCEDURE BILIARY TRACT
47999	UNLISTED PROCEDURE BILIARY TRACT
48999	UNLISTED PROCEDURE PANCREAS
49329	UNLISTED LAPAROSCOPY PX ABD PERTONEUM & OMENTUM
49505	RPR 1ST INGUN HRNA AGE 5 YRS/> REDUCIBLE
49550	RPR 1ST FEM HRNA ANY AGE REDUCIBLE
49650	LAPAROSCOPY SURG RPR INITIAL INGUINAL HERNIA
49651	LAPS SURG RPR RECURRENT INGUINAL HERNIA
49659	UNLISTED LAPS PX HRNAP HERNIORRHAPHY HERNIOTOMY
49999	UNLISTED PROCEDURE ABDOMEN PERITONEUM & OMENTUM
50430	NJX PX ANTEGRDE NFROSGRM &/URTRGRM NEW ACCESS
50435	EXCHANGE NEPHROSTOMY CATHETER PRQ W/IMG GID RS&I
50549	UNLISTED LAPAROSCOPY PROCEDURE RENAL
50575	RNL NDSC NFROT/PLOT W/ENDOPYELOTOMY
50590	LITHOTRIPSY XTRCORP SHOCK WAVE
50688	CHNG URTROST TUBE/XTRNLLY ACCESSIBLE STENT ILEAL
50949	UNLISTED LAPAROSCOPY PROCEDURE URETER
51102	ASPIRATION BLADDER INSERT SUPRAPUBIC CATHETER
51702	INSJ TEMP NDWELLG BLADDER CATHETER SIMPLE
51710	CHANGE CYSTOSTOMY TUBE COMPLICATED
51715	NDSC NJX IMPLT MATRL URT&/BLDR NCK
51720	BLADDER INSTILLATION ANTICARCINOGENIC AGENT
51726	BLADDER PRESSURE MEASUREMENT DURING FILLING
51728	COMPLEX CYSTOMETROGRAM VOIDING PRESSURE STUDIES
51729	COMPLX CYSTOMETRO W/VOID PRESS & URETHRAL PROFIL
51999	UNLISTED LAPAROSCOPY PROCEDURE BLADDER
52001	CYSTO W/IRRIG & EVAC MULTPLE OBSTRUCTING CLOTS
52007	CYSTO W/URTRL CATHJ BRUSH BX URTR&/RENAL PELVIS
52214	CYSTO W/DESTRUCTION OF LESIONS
52224	CYSTO W/REMOVAL OF LESIONS SMALL
52282	CYSTOURETHROSCOPY INSERTION PERM URETHRAL STENT
52317	LITHOLAPAXY SMPL/SM <2.5 CM
52320	CYSTOURETHROSCOPY W/RMVL URETERAL CALCULUS

Procedure code	Description
52325	CYSTO FRAGMENTATION URETERAL STONE
52327	CYSTO W/SUBURTRIC NJX IMPLT MATRL
52330	CYSTO MANJ W/O RMVL URETERAL STONE
52341	CYSTO W/TX URETERAL STRICTURE
52344	CYSTO W/URTROSCOPY W/TX URETERAL STRICTURE
52351	CYSTO W/URTROSCOPY&/PYELOSCOPY DX
52353	CYSTO W/URETEROSCOPY W/LITHOTRIPSY
52354	CYSTO/PYELOSCOPY BX&/FULGURATION PELIVC LESION
52450	TRANSURETHRAL INCISION PROSTATE
52630	TRURL RESCJ RESIDUAL/REGROWTH OBSTR PRSTATE TISS
52640	TRURL RESCJ POSTOP BLADDER NECK CONTRACTURE
53020	MEATOTOMY CUTTING MEATUS SPX EXCEPT INFANT
53230	EXC URETHRAL DIVERTICULUM SPX FEMALE
53265	EXC/FULGURATION URETHRAL CARUNCLE
53440	SLING OPRATION CORRJ MALE URINARY INCONTINENCE
53445	INSJ INFLATABLE URETHRAL/BLADDER NECK SPHINCTER
53450	URETHROMEATOPLASTY W/MUCOSAL ADVANCEMENT
53605	DILAT URETHRAL STRIX/VESICAL NCK DILAT MALE ANES
53665	DILAT FEMALE URETHRA GENERAL/CNDJ SPINAL ANES
53852	TRURL DSTRJ PRSTATE TISS RF THERMOTH
54057	DSTRJ LESION PENIS SIMPLE LASER
54065	DSTRJ LESION PENIS EXTENSIVE
54100	BIOPSY PENIS SEPARATE PROCEDURE
54150	CIRCUMCISION W/CLAMP/OTH DEV W/BLOCK
54162	LYSIS/EXCISION PENILE POSTCIRCUMCISION ADHESIONS
54163	REPAIR INCOMPLETE CIRCUMCISION
54450	FORESKN MANJ W/LSS PREPUTIAL ADS&STRETCHING
54512	EXC XTRPARENCHYMAL LESION TESTIS
54600	RDCTJ TORSION TSTIS W/WO FIXJ CLAT TESTIS
54620	FIXATION CONTRALATERAL TESTIS SEPARATE PROCEDURE
54640	ORCHIOPEXY INGUINAL OR SCROTAL APPROACH
54699	UNLISTED LAPAROSCOPY PROCEDURE TESTIS
54830	EXCISION LOCAL LESION EPIDIDYMIS
55060	RPR TUNICA VAGINALIS HYDROCELE BOTTLE TYPE
55100	DRAINAGE SCROTAL WALL ABSCESS

Procedure code	Description
55520	EXC LESION SPERMATIC CORD SEPARATE PROCEDURE
55540	EXC VARICOCELE/LIGATION VEINS W/HERNIA RPR
55559	UNLISTED LAPROSCOPY PROCEDURE SPERMATIC CORD
56405	I&D VULVA/PERINEAL ABSCESS
56420	I&D OF BARTHOLINS GLAND ABSCESS
56440	MARSUPIALIZATION BARTHOLINS GLAND CYST
56441	LYSIS LABIAL ADHESIONS
56501	DESTRUCTION LESIONS VULVA SIMPLE
56515	DESTRUCTION LESIONS VULVA EXTENSIVE
56605	BIOPSY VULVA/PERINEUM 1 LESION SPX
56700	PARTIAL HYMENECTOMY OR REVISION HYMENAL RING
56810	PERINEOPLASTY RPR PERINEUM NONOBSTETRICAL SPX
56821	COLPOSCOPY VULVA W/BIOPSY
57061	DESTRUCTION VAGINAL LESIONS SIMPLE
57065	DESTRUCTION VAGINAL LESIONS EXTENSIVE
57100	BIOPSY VAGINAL MUCOSA SIMPLE
57105	BIOPSY VAGINAL MUCOSA EXTENSIVE
57130	EXCISION VAGINAL SEPTUM
57135	EXCISION VAGINAL CYST/TUMOR
57240	ANTERIOR COLPORRAPHY RPR CYSTOCELE W/CYSTO
57250	POST COLPORRHAPHY RECTOCELE W/WO PERINEORRHAPHY
57260	CMBND ANTERPOST COLPORRAPHY W/CYSTO
57268	REPAIR ENTEROCELE VAGINAL APPROACH SPX
57282	COLPOPEXY VAGINAL EXTRAPERITONEAL APPROACH
57283	COLPOPEXY VAGINAL INTRAPERITONEAL APPROACH
57287	RMVL/REVJ SLING STRESS INCONTINENCE
57300	CLSR RECTOVAGINAL FISTULA VAGINAL/TRANSANAL APPR
57410	PELVIC EXAMINATION W/ANESTHESIA OTHER THAN LOCAL
57415	REMOVAL IMPACTED VAG FB SPX W/ANES OTH/THN LOCAL
57420	COLPOSCOPY ENTIRE VAGINA W/CERVIX IF PRESENT
57421	COLPOSCOPY ENTIRE VAGINA W/VAGINA/CERVIX BX
57425	LAPAROSCOPY COLPOPEXY SUSPENSION VAGINAL APEX
57452	COLPOSCOPY CERVIX UPPER/ADJACENT VAGINA
57454	COLPOSCOPY CERVIX BX CERVIX & ENDOCRV CURRETAGE
57456	COLPOSCOPY CERVIX ENDOCERVICAL CURETTAGE

Procedure code	Description
57460	COLPOSCOPY CERVIX VAG LOOP ELTRD BX CERVIX
57500	BIOPSY CERVIX SINGLE/MULT/EXCISION OF LESION SPX
57505	ENDOCERVICAL CURETTAGE NOT DONE AS PART OF D&C
57510	CAUTERY CERVIX ELECTRO/THERMAL
57511	CAUTERY CERVIX CRYOCAUTERY INITIAL/REPEAT
57520	CONIZATION CERVIX W/WO D&C RPR KNIFE/LASER
57522	CONIZATION CERVIX W/WO D&C RPR ELTRD EXC
57530	TRACHELECTOMY CERVICECTOMY AMP CERVIX SPX
57720	TRACHELORRHAPHY PLSTC RPR UTERINE CERVIX VAG
57800	DILATION CERVICAL CANAL INSTRUMENTAL SPX
58100	ENDOMETRIAL BX W/WO ENDOCERVIX BX W/O DILAT SPX
58120	DILATION & CURETTAGE DX&/THER NONOBSTETRIC
58263	VAG HYST 250 GM/< W/RMVL TUBE OVARY W/RPR NTRCL
58353	ENDOMETRIAL ABLTJ THERMAL W/O HYSTEROSCOPIC GUID
58558	HYSTEROSCOPY BX ENDOMETRIUM&/POLYPC W/WO D&C
58562	HYSTEROSCOPY REMOVAL IMPACTED FOREIGN BODY
58563	HYSTEROSCOPY ENDOMETRIAL ABLATION
58578	UNLISTED LAPAROSCOPY PROCEDURE UTERUS
58679	UNLISTED LAPAROSCOPY PROCEDURE OVIDUCT OVARY
58999	UNLISTED PX FEMALE GENITAL SYSTEM NONOBSTETRICAL
59897	UNLISTED FETAL INVASIVE PX W/ULTRASOUND
59898	UNLISTED LAPAROSCOPY PX MATERNITY CARE&DELIVERY
59899	UNLISTED PROCEDURE MATERNITY CARE & DELIVERY
60659	UNLISTED LAPAROSCOPY PROCEDURE ENDOCRINE SYSTEM
60699	UNLISTED PROCEDURE ENDOCRINE SYSTEM
61864	STRTCTC IMPLTJ NSTIM ELTRD W/O RECORD EA ARRAY
61868	STRTCTC IMPLTJ NSTIM ELTRD W/RECORD EA ARRAY
62270	DIAGNOSTIC LUMBAR SPINAL PUNCTURE
62281	INJX/INFUS NEUROLYT SUBST EPIDURAL CERV/THORACIC
62321	NJX DX/THER SBST INTRLMNR CRV/THRC W/IMG GDN
62362	IMPLTJ/RPLCMT ITHCL/EDRL DRUG NFS PRGRBL PUMP
62367	ELECT ANLYS IMPLT ITHCL/EDRL PMP W/O REPRG/REFIL
62368	ELECT ANALYS IMPLT ITHCL/EDRL PUMP W/REPRGRMG
62369	ELECT ANLYS IMPLT ITHCL/EDRL PMP W/REPRG&REFIL
62370	ELEC ANLYS IMPLT ITHCL/EDRL PMP W/REPR PHYS/QHP

Procedure code	Description
63273	LAM EXC ISPI LES OTH/THN NEO IDRL SACRAL
63278	LAMINECTOMY BX/EXC ISPI NEO XDRL SACRAL
63281	LAM BX/EXC ISPI NEO IDRL XMED THORACIC
63283	LAM BX/EXC ISPI NEO IDRL SACRAL
63286	LAM BX/EXC ISPI NEO IDRL IMED THORACIC
63295	OSTPL RCNSTJ DORSAL SPI ELMNTS FLWG ISPI PX
63661	RMVL SPINAL NSTIM ELTRD PRQ ARRAY INCL FLUOR
63662	RMVL SPINAL NSTIM ELTRD PLATE/PADDLE INCL FLUOR
64408	INJECTION AA&/STRD VAGUS NERVE
64415	INJECTION AA&/STRD BRACHIAL PLEXUS W/IMG GDN
64416	INJECTION AA&/STRD BRACH PLEX CONT NFS CATH IMG
64417	INJECTION AA&/STRD AXILLARY NERVE W/IMG GDN
64418	INJECTION AA&/STRD SUPRASCAPULAR NERVE
64420	INJECTION AA&/STRD INTERCOSTAL NRV SINGLE LVL
64425	INJECTION AA&/STRD ILIOINGUINAL IH NERVES
64430	INJECTION AA&/STRD PUDENDAL NERVE
64445	INJECTION AA&/STRD SCIATIC NERVE W/IMG GDN
64446	INJECTION AA&/STRD SCIATIC NRV CONT NFS CATH IMG
64447	INJECTION AA&/STRD FEMORAL NERVE W/IMG GDN
64448	INJECTION AA&/STRD FEMORAL NERVE CONT NFS CATH
64449	INJECTION AA&/STRD LUMBAR PLEXUS CONT NFS CATH
64450	INJECTION AA&/STRD OTHER PERIPHERAL NERVE/BRANCH
64479	NJX AA&/STRD TFRML EPI CERVICAL/THORACIC 1 LEVEL
64490	NJX DX/THER AGT PVRT FACET JT CRV/THRC 1 LEVEL
64493	NJX DX/THER AGT PVRT FACET JT LMBR/SAC 1 LEVEL
64505	INJECTION ANES AGENT SPHENOPALATINE GANGLION
64510	NJX ANES STELLATE GANGLION CRV SYMPATHETIC
64517	INJECTION ANES SUPERIOR HYPOGASTRIC PLEXUS
64530	INJX ANES CELIAC PLEXUS W/WO RADIOLOGIC MONITRNG
64570	REMOVAL CRNL NRV NSTIM ELTRDS & PULSE GENERATO
64581	OPEN IMPLANTATION NEA SACRAL NERVE
64633	DSTR NROLYTC AGNT PARVERTEB FCT SNGL CRVCL/THORA
64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL
64642	CHEMODENERVATION ONE EXTREMITY 1-4 MUSCLE
64644	CHEMODENERVATION 1 EXTREMITY 5 OR MORE MUSCLES

Procedure code	Description
64646	CHEMODENERVATION OF TRUNK MUSCLE 1-5 MUSCLES
64647	CHEMODENERVATION OF TRUNK 6 OR MORE MUSCLES
64721	NEUROPLASTY &/TRANSPOS MEDIAN NRV CARPAL TUNNE
64774	EXC NEUROMA CUTAN NRV SURGLY IDENTIFIABLE
64784	EXC NEUROMA MAJOR PERIPHERAL NRV XCP SCIATIC
64795	BIOPSY NERVE
65710	KERATOPLASTY ANTERIOR LAMELLAR
65772	CRNL RELAXING INC CORRJ INDUCED ASTIGMATISM
65800	PARACENTSIS ANT CHAMB EYE ASPIR AQUEOUS SPX
65820	GONIOTOMY
65850	TRABECULOTOMY AB EXTERNO
65865	SEVERING ADS ANT SEG INCAL TQ SPX GONIOSYNECHIAE
66250	REVJ/RPR OPRATIVE WOUND ANTERIOR SEGMENT
66825	REPOSITIONING IO LENS PROSTHESIS REQ INC SPX
66850	RMVL LENS MATERIAL PHACOFRAGMENTATION ASPIR
66852	RMVL LENS MATERIAL PARS PLANA W/WO VITRECTOMY
66983	ICAPSULAR CATARACT XTRJ INSJ IO LENS PRSTH 1 STG
66985	INSJ IO LENS PROSTHESIS NOT W/CONCURRENT RMVL
66986	EXCHANGE INTRAOCULAR LENS
66987	XCAPSL CTRC RMVL INSJ IO LENS PROSTH CPLX W/ECP
66999	UNLISTED PROCEDURE ANTERIOR SEGMENT EYE
67005	RMVL VITREOUS ANT APPR PARTIAL REMOVAL
67025	INJ SUBSTITUTE PARS PLANA/LIMBL W/WO ASPIR SPX
67028	INTRAVITREAL NJX PHARMACOLOGIC AGT SPX
67101	RPR RETINAL DTCHMNT DRG SUBRETINAL FLUID CRTX
67105	RPR RETINAL DTCHMNT DRG SUBRETINAL FLUID PC
67107	REPAIR RETINAL DETACHMENT SCLERAL BUCKLING
67108	RPR RETINAL DTCHMNT W/VITRECTOMY ANY METH
67110	RPR RETINAL DTCHMNT INJECTION AIR/OTHER GAS
67113	RPR COMPLEX RETINA DETACH VITRECT &MEMBRANE PEEL
67120	RMVL IMPLNT MATL POSTERIOR SEGMENT EXTRAOCULAR
67121	RMVL IMPLT MATRL POSTERIOR SEGMENT INTRAOCULAR
67145	PROPH RETINAL DTCHMNT W/O DRG PHOTOCOAGULATION
67210	DSTRJ LOCLZD LESION RETINA 1/> SESS PC
67218	DSTRJ LESION RETINA 1/> SESS RADJ IMPLTJ

Procedure code	Description
67220	DSTRJ LESION CHOROID PC 1/> SESS
67221	DSTRJ LESION CHOROID PHOTODYNAMIC THERAPY
67228	TREATMENT EXTENSIVE RETINOPATHY PHOTOCOAGULATION
67299	UNLISTED PROCEDURE POSTERIOR SEGMENT
67311	STRABISMUS RECESSION/RESCJ 1 HRZNTL MUSC
67312	STRABISMUS RECESSION/RESCJ 2 HRZNTL MUSC
67314	STRABISMUS RECESSION/RESCJ 1 VER MUSC
67316	STRABISMUS RECESSION/RESCJ 2/MORE VER MUSC
67318	STRABISMUS ANY SUPERIOR OBLIQUE MUSCLE
67345	CHEMODENERVATION EXTRAOCULAR MUSCLE
67399	UNLISTED PROCEDURE EXTRAOCULAR MUSCLE
67414	ORBITOTOMY W/O BONE FLAP W/RMVL BONE DCMPRN
67420	ORBITOTOMY BONE FLAP/WINDOW LAT RMVL LESION
67550	ORBITAL IMPLANT INSERTION
67560	ORBITAL IMPLANT REMOVAL/REVISION
67599	UNLISTED PROCEDURE ORBIT
67700	BLEPHAROTOMY DRAINAGE ABSCESS EYELID
67800	EXCISION CHALAZION SINGLE
67801	EXCISION CHALAZION MULTIPLE SAME LID
67805	EXCISION CHALAZION MULTIPLE DIFFERENT LIDS
67808	EXC CHALAZION ANES REQ HOSPIZATION SINGLE/MULT
67880	CONSTJ INTERMARGIN ADHES/TARSORRH/CANTHORRHAPY
67938	REMOVAL EMBEDDED FOREIGN BODY EYELID
67975	RCNSTJ EYELID FULL THICKNESS SECOND STAGE
67999	UNLISTED PROCEDURE EYELIDS
68320	CONJUNCTIVOPLASTY W/GRF/XTNSV REARRANGEMENT
68399	UNLISTED PROCEDURE CONJUNCTIVA
68811	PROBE NASOLACRIMAL DUCT W/WO IRRIG REQ GEN ANES
68899	UNLISTED PROCEDURE LACRIMAL SYSTEM
69100	BIOPSY EXTERNAL EAR
69110	EXCISION EXTERNAL EAR PARTIAL SIMPLE REPAIR
69222	DEBRIDEMENT MASTOIDECTOMY CAVITY CMPLX
69399	UNLISTED PROCEDURE EXTERNAL EAR
69421	MYRINGOTOMY ASPIR&/EUSTACHIAN TUBE NFLTJ ANES
69433	TYMPANOSTOMY LOCAL/TOPICAL ANESTHESIA

Procedure code	Description
69436	TYMPANOSTOMY GENERAL ANESTHESIA
69450	TYMPANOLYSIS TRANSCANAL
69505	MASTOIDECTOMY MODIFIED RADICAL
69550	EXCISION AURAL GLOMUS TUMOR TRANSCANAL
69602	REVJ MASTOIDECTOMY RSLTG MODF RAD MSTDC
69610	TYMPANIC MEMB RPR W/WO PREPJ PERFOR PATCH
69620	MYRINGOPLASTY
69631	TYMPANOPLASTY W/O MASTOIDECT W/O OSSICLE RECNSTJ
69632	TYMPNOPLSTY W/O MSTDC 1ST/REVJ W/OSICLE RECNSTJ
69633	TYMPANOPLASTY W/O MASTOIDEC 1ST/REVJ PROSTH TORP
69635	TYMPP ANTRT/MASTOID W/O OSSICULAR CHAIN RECNSTJ
69636	TYMPP ANTRT/MASTOID W/OSSICULAR CHAIN RECNSTJ
69642	TMPP MASTOIDECTOMY W/OSSICULAR CHAIN RECNSTJ
69650	STAPES MOBILIZATION
69717	RPLCMT OI IMPLT SKULL PERQ ATTACHMENT ESP
69801	LABYRINTHOTOMY TRANSCANAL
69805	ENDOLYMPHATIC SAC W/O SHUNT
69806	ENDOLYMPHATIC SAC SHUNT
69949	UNLISTED PROCEDURE INNER EAR
69979	UNLISTED PROCEDURE TEMPORAL BONE MIDDLE FOSSA
70336	MRI TEMPOROMANDIBULAR JOINT
70450	CT HEAD/BRAIN W/O CONTRAST MATERIAL
70470	CT HEAD/BRAIN W/O & W/CONTRAST MATERIAL
70480	CT ORBIT SELLA/POST FOSSA/EAR W/O CONTRAST MATRL
70481	CT ORBIT SELLA/POST FOSSA/EAR W/CONTRAST MATRL
70482	CT ORBIT SELLA/POST FOSSA/EAR W/O & W/CONTR MATR
70486	CT MAXILLOFACIAL W/O CONTRAST MATERIAL
70487	CT MAXILLOFACIAL W/CONTRAST MATERIAL
70488	CT MAXILLOFACIAL W/O & W/CONTRAST MATERIAL
70490	CT SOFT TISSUE NECK W/O CONTRAST MATERIAL
70491	CT SOFT TISSUE NECK W/CONTRAST MATERIAL
70492	CT SOFT TISSUE NECK W/O & W/CONTRAST MATERIAL
70496	CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST
70498	CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST
70540	MRI ORBIT FACE &/NECK W/O CONTRAST

Procedure code	Description
70542	MRI ORBIT FACE & NECK W/CONTRAST MATERIAL
70543	MRI ORBIT FACE & NECK W/O & W/CONTRAST MATRL
70544	MRA HEAD W/O CONTRST MATERIAL
70545	MRA HEAD W/CONTRAST MATERIAL
70546	MRA HEAD W/O & W/CONTRAST MATERIAL
70547	MRA NECK W/O CONTRST MATERIAL
70548	MRA NECK W/CONTRAST MATERIAL
70549	MRA NECK W/O &W/CONTRAST MATERIAL
70551	MRI BRAIN BRAIN STEM W/O CONTRAST MATERIAL
70552	MRI BRAIN BRAIN STEM W/CONTRAST MATERIAL
70553	MRI BRAIN BRAIN STEM W/O W/CONTRAST MATERIAL
70554	MRI BRAIN FUNCTIONAL W/O PHYSICIAN ADMNISTRATION
70555	MRI BRAIN FUNCTIONAL W/PHYSICIAN ADMNISTRATION
71250	DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX W/O CNTRST
71260	DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX W/CONTRAST
71270	DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX C-/C+
71271	COMPUTED TOMOGRAPHY THORAX LW DOSE LNG CA SCR C-
71275	CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST
71550	MRI CHEST W/O CONTRAST MATERIAL
71551	MRI CHEST W/CONTRAST MATERIAL
71552	MRI CHEST W/O & W/CONTRAST MATERIAL
71555	MRA CHEST W/O & W/CONTRAST MATERIAL
72125	CT CERVICAL SPINE W/O CONTRAST MATERIAL
72126	CT CERVICAL SPINE W/CONTRAST MATERIAL
72127	CT CERVICAL SPINE W/O &W/CONTRAST MATERIAL
72128	CT THORACIC SPINE W/O CONTRAST MATERIAL
72129	CT THORACIC SPINE W/CONTRAST MATERIAL
72130	CT THORACIC SPINE W/O & W/CONTRAST MATERIAL
72131	CT LUMBAR SPINE W/O CONTRAST MATERIAL
72132	CT LUMBAR SPINE W/CONTRAST MATERIAL
72133	CT LUMBAR SPINE W/O & W/CONTRAST MATERIAL
72141	MRI SPINAL CANAL CERVICAL W/O CONTRAST MATRL
72142	MRI SPINAL CANAL CERVICAL W/CONTRAST MATRL
72146	MRI SPINAL CANAL THORACIC W/O CONTRAST MATRL
72147	MRI SPINAL CANAL THORACIC W/CONTRAST MATRL

Procedure code	Description
72148	MRI SPINAL CANAL LUMBAR W/O CONTRAST MATERIAL
72149	MRI SPINAL CANAL LUMBAR W/CONTRAST MATERIAL
72156	MRI SPINAL CANAL CERVICAL W/O & W/CONTR MATRL
72157	MRI SPINAL CANAL THORACIC W/O & W/CONTR MATRL
72158	MRI SPINAL CANAL LUMBAR W/O & W/CONTR MATRL
72159	MRA SPINAL CANAL W/WO CONTRAST MATERIAL
72191	CT ANGIOGRAPHY PELVIS W/CONTRAST/NONCONTRAST
72192	CT PELVIS W/O CONTRAST MATERIAL
72193	CT PELVIS W/CONTRAST MATERIAL
72194	CT PELVIS W/O & W/CONTRAST MATERIAL
72195	MRI PELVIS W/O CONTRAST MATERIAL
72196	MRI PELVIS W/CONTRAST MATERIAL
72197	MRI PELVIS W/O & W/CONTRAST MATERIAL
72198	MRA PELVIS W/WO CONTRAST MATERIAL
73200	CT UPPER EXTREMITY W/O CONTRAST MATERIAL
73201	CT UPPER EXTREMITY W/CONTRAST MATERIAL
73202	CT UPPER EXTREMITY W/O & W/CONTRAST MATERIAL
73206	CT ANGIOGRAPHY UPPER EXTREMITY
73218	MRI UPPER EXTREMITY OTH THAN JT W/O CONTR MATRL
73219	MRI UPPER EXTREMITY OTH THAN JT W/CONTR MATRL
73220	MRI UPPER EXTREM OTHER THAN JT W/O & W/CONTRAS
73221	MRI ANY JT UPPER EXTREMITY W/O CONTRAST MATRL
73222	MRI ANY JT UPPER EXTREMITY W/CONTRAST MATRL
73223	MRI ANY JT UPPER EXTREMITY W/O & W/CONTR MATRL
73225	MRA UPPER EXTREMITY W/WO CONTRAST MATERIAL
73700	CT LOWER EXTREMITY W/O CONTRAST MATERIAL
73701	CT LOWER EXTREMITY W/CONTRAST MATERIAL
73702	CT LOWER EXTREMITY W/O & W/CONTRAST MATRL
73706	CT ANGIOGRAPHY LOWER EXTREMITY
73718	MRI LOWER EXTREM OTH/THN JT W/O CONTR MATRL
73719	MRI LOWER EXTREM OTH/THN JT W/CONTRAST MATRL
73720	MRI LOWER EXTREM OTH/THN JT W/O & W/CONTR MATR
73721	MRI ANY JT LOWER EXTREM W/O CONTRAST MATRL
73722	MRI ANY JT LOWER EXTREM W/CONTRAST MATERIAL
73723	MRI ANY JT LOWER EXTREM W/O & W/CONTRAST MATRL

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Procedure code	Description
73725	MRA LOWER EXTREMITY W/WO CONTRAST MATERIAL
74150	CT ABDOMEN W/O CONTRAST MATERIAL
74160	CT ABDOMEN W/CONTRAST MATERIAL
74170	CT ABDOMEN W/O CONTRAST FLWD BY CONTRAST MATRL
74174	CTA ABD&PLVS W/CNTRST & IMG POSTPROCESSING
74175	CTA ABDOMEN W/CONTRAST&IMG POSTPROCESSING
74176	CT ABDOMEN & PELVIS W/O CONTRAST MATERIAL
74177	CT ABDOMEN & PELVIS W/CONTRAST MATERIAL
74178	CT ABD&PLV W/O CNTRST 1/BTH FLWD CNTRST 1/BTH
74181	MRI ABDOMEN W/O CONTRAST MATERIAL
74182	MRI ABDOMEN W/CONTRAST MATERIAL
74183	MRI ABDOMEN W/O CONTRAST FLWD BY W/CONTRAST
74185	MRA ABDOMEN W/WO CONTRAST MATERIAL
74261	CT COLONOGRPHY DX IMAGE POSTPROCESS W/O CONTRAST
74262	CT COLONOGRPHY DX IMAGE POSTPROCESS W/CONTRAST
74263	CT COLONOGRAPHY SCREENING IMAGE POSTPROCESSING
75557	CARDIAC MRI MORPHOLOGY & FUNCTION W/O CONTRAST
75559	CARDIAC MRI W/O CONTRAST W/STRESS IMAGING
75561	CARDIAC MRI W/WO CONTRAST & FURTHER SEQ
75563	CARDIAC MRI W/W/O CONTRAST W/STRESS
75571	CT HEART NO CONTRAST QUANT EVAL CORONRY CALCIUM
75572	CT HEART CONTRAST EVAL CARDIAC STRUCTURE&MORPH
75573	CT HEART C+ CARDIAC STRUX&MORPH CGEN HRT DS
75574	CTA HRT CORNRY ART/BYPASS GRFTS CONTRST 3D POST
75635	CTA ABDL AORTA&BI ILIOFEM W/CONTRAST&POSTP
76390	MRI SPECTROSCOPY
76496	UNLISTED FLUOROSCOPIC PROCEDURE
76497	UNLISTED COMPUTED TOMOGRAPHY PROCEDURE
76498	UNLISTED MAGNETIC RESONANCE PROCEDURE
76499	UNLISTED DIAGNOSTIC RADIOGRAPHIC PROCEDURE
76999	UNLISTED US PROCEDURE
77046	MRI BREAST WITHOUT CONTRAST MATERIAL UNILATERAL
77047	MRI BREAST WITHOUT CONTRAST MATERIAL BILATERAL
77048	MRI BREAST W/OUT&WITH CONTRAST W/CAD UNILATERAL
77049	MRI BREAST WITHOUT&WITH CONTRAST W/CAD BILATERAL

Procedure code	Description
77084	MRI BONE MARROW BLOOD SUPPLY
77299	UNLISTED PX THER RADIOLOGY CLINICAL TX PLANNING
77499	UNLISTED PROCEDURE THERAPEUTIC RADIOLOGY TX MGMT
77799	UNLISTED PROCEDURE CLINICAL BRACHYTHERAPY
78496	CARD BL POOL GATED 1 STDY REST RT VENT EJCT FRCT
78499	UNLISTED CARDIOVASCULAR PX DX NUCLEAR MEDICINE
79999	RP THERAPY UNLISTED PROCEDURE
81099	UNLISTED URINALYSIS PROCEDURE
84591	ASSAY OF VITAMIN NOT OTHERWISE SPECIFIED
84999	UNLISTED CHEMISTRY PROCEDURE
85999	UNLISTED HEMATOLOGY & COAGULATION PROCEDURE
86849	UNLISTED IMMUNOLOGY
86999	UNLISTED TRANSFUSION MEDICINE PROCEDURE
87999	UNLISTED MICROBIOLOGY PROCEDURE
88199	UNLISTED CYTOPATHOLOGY PROCEDURE
88299	UNLISTED CYTOGENETIC STUDY
88399	UNLISTED SURGICAL PATHOLOGY PROCEDURE
88749	UNLISTED IN VIVO LABORTORY SERVICE
89240	UNLISTED MISCELLANEOUS PATHOLOGY TEST
90399	UNLISTED IMMUNE GLOBULIN
90749	UNLISTED VACCINE/TOXOID
90899	UNLISTED PSYCHIATRIC SERVICE/PROCEDURE
91299	UNLISTED DIAGNOSTIC GASTROENTEROLOGY PROCEDURE
93583	PERCUTANEOUS TRANSCATHETER SEPTAL REDUCTION THER
95199	UNLISTED ALLERGY/CLINICAL IMMUNOLOGIC SVC/PX
95700	EEG CONT REC W/VIDEO BY TECH MIN 8 CHANNELS
95711	VEEG BY TECH 2-12 HOURS UNMONITORED
95712	VEEG BY TECH 2-12 HR INTERMITTENT MONITORING
95713	VEEG BY TECH 2-12 HR CONTINUOUS R-T MONITORING
95714	VEEG BY TECH EA INCR 12-26 HR UNMONITORED
95715	VEEG BY TECH EA INCR 12-26 HR INTERMITTENT MNTR
95716	VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR
95718	EEG PHYS/QHP 2-12 HR WITH VEEG
95720	EEG PHYS/QHP EA INCR>12HR<26HR AFTER 24HR W/VEEG
95722	EEG COMPLETE STD PHYS/QHP>36 HR<60 HR W/VEEG
95724	EEG COMPLETE STD PHYS/QHP>60 HR<84 HR W/VEEG

Procedure code	Description
95726	EEG COMPLETE STD PHYS/QHP>84 HR W/VEEG
95965	MAGNETOENCEPHALOGRAPHY SPON BRAIN ACTIVITY
95966	MAGNETOENCEPHALOGRAPY EVOKED FIELDS 1 MODALITY
95967	MAGNETOENCEPHALOGRAPY EVOKED FIELDS EACH ADDL
95999	UNLISTED NEUROLOGICAL/NEUROMUSCULAR DX PX
96379	UNLISTED THERAPEUTIC PROPH/DX IV/IA NJX/NFS
96999	UNLISTED SPECIAL DERMATOLOGICAL SERVICE/PX
99199	UNLISTED SPECIAL SERVICE PROCEDURE/REPORT
99429	UNLISTED PREVENTIVE MEDICINE SERVICE
99499	UNLISTED EVALUATION AND MANAGEMENT SERVICE
99600	UNLISTED HOME VISIT SERVICE/PROCEDURE
A0999	UNLISTED AMBULANCE SERVICE
A4335	INCONTINENCE SUPPLY; MISCELLANEOUS
A4557	LEAD WIRES PER PAIR
A9597	POSITRON EMISSION TOMOGRAPHY RP DX TUMOR ID NOC
A9598	POSITRON EMISSION TOMO RP DX NON-TUMOR ID NOC
B9998	NOC FOR ENTERAL SUPPLIES
B9999	NOC FOR PARENTERAL SUPPLIES
E0301	HOS BED HEVY DUTY XTRA WIDE W/WT CAPACTY>350 PDS
G0105	COLOREC CANCR SCR; COLONSCPY INDIVIDUL@HIGH RISK
G0121	COLOREC CANCR SCR; COLNSCPY NOT MEET HI RISK
G0259	INJECTION PROCEDURE FOR SI JNT; ARTHROGRAPY
J1440	FECAL MICROBIOTA LIVE - JSLM 1 ML
L8615	HEADSET/HEADPIECE COCHLEAR IMPLANT DEVICE REPL
L8616	MICROPHONE COCHLEAR IMPLANT DEVICE REPLACEMENT
L8617	TRANSMITTING COIL COCHLEAR IMPLANT DEVICE REPL
L8618	TRNSMT CBL USE CI DEVC/AUD OSSEOINTG DEVC REPL
L8622	ALKALIN BATTRY COCHLEAR IMPL DEVC ANY SZ REPL EA
L8627	COCHLEAR IMPL EXT SPEECH PROCESSR COMPONENT REPL
L8628	COCHLEAR IMPLANT EXT CONTROLLER COMPONENT REPL
L8629	TRANSMITTING COIL CABLE COCHLEAR IMPL DEV REPL
L8681	PT PROG W/IMPL PROG NEUROSTM PULSE GEN REPL ONLY
P9099	BLOOD COMPONENT OR PRODUCT NOC
S8037	MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY
S8092	ELECTRON BEAM COMPUTED TOMOGRAPHY
V5095	SEMI-IMPLANTABLE MIDDLE EAR HEARING PROSTHESIS

Procedure code	Description
V5130	BINAURAL IN THE EAR
V5140	BINAURAL BEHIND THE EAR
V5252	HEARING AID DIGITALLY PROGRAMMABLE BINAURAL ITE
V5253	HEARING AID DIGITALLY PROGRAMMABLE BINAURAL BTE
V5254	HEARING AID DIGITAL MONAURAL CIC
V5255	HEARING AID DIGITAL MONAURAL ITC
V5256	HEARING AID DIGITAL MONAURAL ITE
V5257	HEARING AID DIGITAL MONAURAL BTE
V5258	HEARING AID DIGITAL BINAURAL CIC
V5259	HEARING AID DIGITAL BINAURAL ITC
V5260	HEARING AID DIGITAL BINAURAL ITE
V5267	HEARING AID/ALD/SUPP/ACCESS NOT OTHERWISE SPEC
V5273	ASSTIVE LISTENING DEVICE USE W/COCHLEAR IMPLANT
V5298	HEARING AID NOT OTHERWISE CLASSIFIED

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