



Code	Care Category	Code Description
90867	Repetitive Transcranial Magnetic Stimulation (rTMS)	Therapeutic Repetitive Transcranial Magnetic Stimulation (Tms) Treatment; Initial Including Cortical Mapping Motor Threshold Determination Delivery And Management
90868	Repetitive Transcranial Magnetic Stimulation (rTMS)	Therapeutic Repetitive Transcranial Magnetic Stimulation (Tms) Treatment; Subsequent Delivery And Management Per Session
90869	Repetitive Transcranial Magnetic Stimulation (rTMS)	Therapeutic Repetitive Transcranial Magnetic Stimulation (Tms) Treatment; Subsequent Motor Threshold Re-Determination With Delivery And Management
90378	Provider Administered Drug Therapy	Respiratory Syncytial Virus Monoclonal Antibody Recombinant For Intramuscular Use 50 Mg Each
J0172	Provider Administered Drug Therapy	Injection, Aducanumab-Avwa, 2 Mg
J0174	Provider Administered Drug Therapy	Injection, Lecanemab-Irmb, 1 Mg
J0175	Provider Administered Drug Therapy	donanemab-azbt
J0202	Provider Administered Drug Therapy	Injection Alemtuzumab 1 Mg
J0218	Provider Administered Drug Therapy	Injection, Olipudase Alfa-Rpcp, 1 Mg
J0225	Provider Administered Drug Therapy	Injection, vutrisiran, 1 mg
J0567	Provider Administered Drug Therapy	Injection Cerliponase Alfa 1 Mg
J0585	Provider Administered Drug Therapy	Injection OnabotulinumtoxinA 1 Unit
J0586	Provider Administered Drug Therapy	Injection AbobotulinumtoxinA 5 Units
J0587	Provider Administered Drug Therapy	Injection RimabotulinumtoxinB 100 Units
J0588	Provider Administered Drug Therapy	Injection Incobotulinumtoxin A 1 Unit
J0589	Provider Administered Drug Therapy	Injection, DaxibotulinumtoxinA-Lanm, 1 Unit
J0741	Provider Administered Drug Therapy	Injection Cabotegravir And Rilpivirine 2Mg/3Mg
J0775	Provider Administered Drug Therapy	Injection Collagenase Clostridium Histolyticum 0.01 Mg
J0888	Provider Administered Drug Therapy	Injectin Epoetin Beta 1 Microgram (For Non Esrd Use)
J1203	Provider Administered Drug Therapy	Injection, Cipaglusidase Alfa-Atga, 5 Mg
J1304	Provider Administered Drug Therapy	Injection, Tofersen, 1 Mg
J1307	Provider Administered Drug Therapy	Injection, crovalimab-akkz, 10 mg
J1411	Provider Administered Drug Therapy	Injection Etranacogene Dezaparvovec-Drlb Per Therapeutic Dose
J1412	Provider Administered Drug Therapy	Injection Valoctocogene Roxaparvovec-Rvox Per MI Containing Nominal 2 X 10 <sup>13</sup> Vector Genomes
J1413	Provider Administered Drug Therapy	Injection Delandistrogene Moxeparvovec-Rokl Per Therapeutic Dose
J1414	Provider Administered Drug Therapy	Injection, fidanacogene elaparvovec-dzkt, per therapeutic dose
J1426	Provider Administered Drug Therapy	Injection, Casimersen, 10 Mg
J1427	Provider Administered Drug Therapy	Injection, Viltolarsen, 10 Mg
J1428	Provider Administered Drug Therapy	Injection Eteplirsen 10 Mg
J1429	Provider Administered Drug Therapy	Injection, Golodirsen, 10 Mg
J1628	Provider Administered Drug Therapy	Injection, guselkumab, 1 mg
J1747	Provider Administered Drug Therapy	Injection, Spesolimab-Sbzo, 1 Mg
J1961	Provider Administered Drug Therapy	Injection Lenacapavir 1 Mg
J2267	Provider Administered Drug Therapy	mirikizumab-mrkz
J2326	Provider Administered Drug Therapy	Injection Nusinersen 0.1 Mg
J2327	Provider Administered Drug Therapy	Injection, Risankizumab-Rzaa, Intravenous, 1 Mg
J2329	Provider Administered Drug Therapy	Injection, Ublituximab-Xiiy, 1Mg
J2508	Provider Administered Drug Therapy	Injection, Pegunigalsidase Alfa-lwxj, 1 Mg
J2562	Provider Administered Drug Therapy	Injection Plerixafor 1 Mg
J2941	Provider Administered Drug Therapy	Injection Somatropin 1 Mg
J3247	Provider Administered Drug Therapy	secukinumab (intravenous)
J3391	Provider Administered Drug Therapy	Injection, atidarsagene autotemcel, per treatment
J3392	Provider Administered Drug Therapy	Injection, exagamglogene autotemcel, per treatment
J3393	Provider Administered Drug Therapy	Injection, betibeglogene autotemcel, per treatment
J3394	Provider Administered Drug Therapy	Injection, lovetibeglogene autotemcel, per treatment
J3398	Provider Administered Drug Therapy	Injection Voretigene Neparvovec-Rzyl 1 Billion Vector Genomes
J3399	Provider Administered Drug Therapy	Injection Onasemnogene Apeparvovec-Xioi Per Treatment Up To 5X10 <sup>15</sup> Vector Genomes
J3401	Provider Administered Drug Therapy	Beremagene Geperpavec-Svdt For Topical Administration Containing Nominal 5 X 10 <sup>9</sup> Pfu/MI Vector Genomes Per 0.1 MI
J9029	Provider Administered Drug Therapy	Intravesical Instillation Nadofaragene Firadenovect-Vncc Per Therapeutic Dose
J9333	Provider Administered Drug Therapy	Injection, Rozanolixizumab-Noli, 1 Mg
J9334	Provider Administered Drug Therapy	Injection, Efgartigimod Alfa, 2 Mg And Hyaluronidase-Qvfc
J9376	Provider Administered Drug Therapy	Injection, Pozelimab-Bbfg, 1 Mg
Q2041	Provider Administered Drug Therapy	Axicabtagene Ciloleucl Up To 200 Million Autologous Anti-Cd19 Car Positive Viable T Cells Including Leukapheresis And Dose Preparation Procedures Per Therapeutic Dose

Q2042	Provider Administered Drug Therapy	Tisagenlecleucel Up To 600 Million Car-Positive Viable T Cells Including Leukapheresis And Dose Preparation Procedures Per Therapeutic Dose
Q2053	Provider Administered Drug Therapy	Brexucabtagene Autoleucel Up To 200 Million Autologous Anti-Cd19 Car Positive Viable T Cells Including Leukapheresis And Dose Preparation Procedures Per Therapeutic Dose
Q2054	Provider Administered Drug Therapy	Lisocabtagene Maraleucel Up To 110 Million Autologous Anti-Cd19 Car-Positive Viable T Cells Including Leukapheresis And Dose Preparation Procedures Per Therapeutic Dose
Q2055	Provider Administered Drug Therapy	Idecabtagene Vicleucel Up To 460 Million Autologous B-Cell Maturation Antigen (Bcma) Directed Car-Positive T Cells Including Leukapheresis And Dose Preparation Procedures Per Therapeutic Dose
Q2056	Provider Administered Drug Therapy	Ciltacabtagene Autoleucel Up To 100 Million Autologous B-Cell Maturation Antigen (Bcma) Directed Car-Positive T Cells Including Leukapheresis And Dose Preparation Procedures Per Therapeutic Dose
Q2057	Provider Administered Drug Therapy	Afamitresgene autoleucel, including leukapheresis and dose preparation procedures, per therapeutic dose
Q2058	Provider Administered Drug Therapy	Obecabtagene autoleucel, 10 up to 400 million cd19 car-positive viable t cells, including leukapheresis and dose preparation procedures, per infusion
Q5139	Provider Administered Drug Therapy	Injection, eculizumab-aeeb (bkemv), biosimilar, 10 mg
70336	Advanced Imaging/Radiology	Magnetic Resonance (Eg Proton) Imaging Temporomandibular Joint(S)
70450	Advanced Imaging/Radiology	Computed Tomography Head Or Brain; Without Contrast Material
70460	Advanced Imaging/Radiology	Computed Tomography Head Or Brain; With Contrast Material(S)
70470	Advanced Imaging/Radiology	Computed Tomography Head Or Brain; Without Contrast Material Followed By Contrast Material(S) And Further Sections
70480	Advanced Imaging/Radiology	Computed Tomography Orbit Sella Or Posterior Fossa Or Outer Middle Or Inner Ear; Without Contrast Material
70481	Advanced Imaging/Radiology	Computed Tomography Orbit Sella Or Posterior Fossa Or Outer Middle Or Inner Ear; With Contrast Material(S)
70482	Advanced Imaging/Radiology	Computed Tomography Orbit Sella Or Posterior Fossa Or Outer Middle Or Inner Ear; Without Contrast Material Followed By Contrast Material(S) And Further Sections
70486	Advanced Imaging/Radiology	Computed Tomography Maxillofacial Area; Without Contrast Material
70487	Advanced Imaging/Radiology	Computed Tomography Maxillofacial Area; With Contrast Material(S)
70488	Advanced Imaging/Radiology	Computed Tomography Maxillofacial Area; Without Contrast Material Followed By Contrast Material(S) And Further Sections
70490	Advanced Imaging/Radiology	Computed Tomography Soft Tissue Neck; Without Contrast Material
70491	Advanced Imaging/Radiology	Computed Tomography Soft Tissue Neck; With Contrast Material(S)
70492	Advanced Imaging/Radiology	Computed Tomography Soft Tissue Neck; Without Contrast Material Followed By Contrast Material(S) And Further Sections
70496	Advanced Imaging/Radiology	Computed Tomographic Angiography Head With Contrast Material(S) Including Noncontrast Images If Performed And Image Postprocessing
70498	Advanced Imaging/Radiology	Computed Tomographic Angiography Neck With Contrast Material(S) Including Noncontrast Images If Performed And Image Postprocessing
70540	Advanced Imaging/Radiology	Magnetic Resonance (Eg Proton) Imaging Orbit Face And/Or Neck; Without Contrast Material(S)
70542	Advanced Imaging/Radiology	Magnetic Resonance (Eg Proton) Imaging Orbit Face And/Or Neck; With Contrast Material(S)
70543	Advanced Imaging/Radiology	Magnetic Resonance (Eg Proton) Imaging Orbit Face And/Or Neck; Without Contrast Material(S) Followed By Contrast Material(S) And Further Sequences
70544	Advanced Imaging/Radiology	Magnetic Resonance Angiography Head; Without Contrast Material(S)
70545	Advanced Imaging/Radiology	Magnetic Resonance Angiography Head; With Contrast Material(S)
70546	Advanced Imaging/Radiology	Magnetic Resonance Angiography Head; Without Contrast Material(S) Followed By Contrast Material(S) And Further Sequences
70547	Advanced Imaging/Radiology	Magnetic Resonance Angiography Neck; Without Contrast Material(S)
70548	Advanced Imaging/Radiology	Magnetic Resonance Angiography Neck; With Contrast Material(S)
70549	Advanced Imaging/Radiology	Magnetic Resonance Angiography Neck; Without Contrast Material(S) Followed By Contrast Material(S) And Further Sequences
70551	Advanced Imaging/Radiology	Magnetic Resonance (Eg Proton) Imaging Brain (Including Brain Stem); Without Contrast Material
70552	Advanced Imaging/Radiology	Magnetic Resonance (Eg Proton) Imaging Brain (Including Brain Stem); With Contrast Material(S)
70553	Advanced Imaging/Radiology	Magnetic Resonance (Eg Proton) Imaging Brain (Including Brain Stem); Without Contrast Material Followed By Contrast Material(S) And Further Sequences
70554	Advanced Imaging/Radiology	Magnetic Resonance Imaging Brain Functional Mri; Including Test Selection And Administration Of Repetitive Body Part Movement And/Or Visual Stimulation Not Requiring Physician Or Psychologist Administration
70555	Advanced Imaging/Radiology	Magnetic Resonance Imaging Brain Functional Mri; Requiring Physician Or Psychologist Administration Of Entire Neurofunctional Testing
71250	Advanced Imaging/Radiology	Computed Tomography Thorax Diagnostic; Without Contrast Material
71260	Advanced Imaging/Radiology	Computed Tomography Thorax Diagnostic; With Contrast Material(S)

71270	Advanced Imaging/Radiology	Computed Tomography Thorax Diagnostic; Without Contrast Material Followed By Contrast Material(S) And Further Sections
71271	Advanced Imaging/Radiology	Computed Tomography Thorax Low Dose For Lung Cancer Screening Without Contrast Material(S)
71275	Advanced Imaging/Radiology	Computed Tomographic Angiography Chest (Noncoronary) With Contrast Material(S) Including Noncontrast Images If Performed And Image Postprocessing
71550	Advanced Imaging/Radiology	Magnetic Resonance (Eg Proton) Imaging Chest (Eg For Evaluation Of Hilar And Mediastinal Lymphadenopathy); Without Contrast Material(S)
71551	Advanced Imaging/Radiology	Magnetic Resonance (Eg Proton) Imaging Chest (Eg For Evaluation Of Hilar And Mediastinal Lymphadenopathy); With Contrast Material(S)
71552	Advanced Imaging/Radiology	Magnetic Resonance (Eg Proton) Imaging Chest (Eg For Evaluation Of Hilar And Mediastinal Lymphadenopathy); Without Contrast Material(S) Followed By Contrast Material(S) And Further Sequences
71555	Advanced Imaging/Radiology	Magnetic Resonance Angiography Chest (Excluding Myocardium) With Or Without Contrast Material(S)
72125	Advanced Imaging/Radiology	Computed Tomography Cervical Spine; Without Contrast Material
72126	Advanced Imaging/Radiology	Computed Tomography Cervical Spine; With Contrast Material
72127	Advanced Imaging/Radiology	Computed Tomography Cervical Spine; Without Contrast Material Followed By Contrast Material(S) And Further Sections
72128	Advanced Imaging/Radiology	Computed Tomography Thoracic Spine; Without Contrast Material
72129	Advanced Imaging/Radiology	Computed Tomography Thoracic Spine; With Contrast Material
72130	Advanced Imaging/Radiology	Computed Tomography Thoracic Spine; Without Contrast Material Followed By Contrast Material(S) And Further Sections
72131	Advanced Imaging/Radiology	Computed Tomography Lumbar Spine; Without Contrast Material
72132	Advanced Imaging/Radiology	Computed Tomography Lumbar Spine; With Contrast Material
72133	Advanced Imaging/Radiology	Computed Tomography Lumbar Spine; Without Contrast Material Followed By Contrast Material(S) And Further Sections
72141	Advanced Imaging/Radiology	Magnetic Resonance (Eg Proton) Imaging Spinal Canal And Contents Cervical; Without Contrast Material
72142	Advanced Imaging/Radiology	Magnetic Resonance (Eg Proton) Imaging Spinal Canal And Contents Cervical; With Contrast Material(S)
72146	Advanced Imaging/Radiology	Magnetic Resonance (Eg Proton) Imaging Spinal Canal And Contents Thoracic; Without Contrast Material
72147	Advanced Imaging/Radiology	Magnetic Resonance (Eg Proton) Imaging Spinal Canal And Contents Thoracic; With Contrast Material(S)
72148	Advanced Imaging/Radiology	Magnetic Resonance (Eg Proton) Imaging Spinal Canal And Contents Lumbar; Without Contrast Material
72149	Advanced Imaging/Radiology	Magnetic Resonance (Eg Proton) Imaging Spinal Canal And Contents Lumbar; With Contrast Material(S)
72156	Advanced Imaging/Radiology	Magnetic Resonance (Eg Proton) Imaging Spinal Canal And Contents Without Contrast Material Followed By Contrast Material(S) And Further Sequences; Cervical
72157	Advanced Imaging/Radiology	Magnetic Resonance (Eg Proton) Imaging Spinal Canal And Contents Without Contrast Material Followed By Contrast Material(S) And Further Sequences; Thoracic
72158	Advanced Imaging/Radiology	Magnetic Resonance (Eg Proton) Imaging Spinal Canal And Contents Without Contrast Material Followed By Contrast Material(S) And Further Sequences; Lumbar
72159	Advanced Imaging/Radiology	Magnetic Resonance Angiography Spinal Canal And Contents With Or Without Contrast Material(S)
72191	Advanced Imaging/Radiology	Computed Tomographic Angiography Pelvis With Contrast Material(S) Including Noncontrast Images If Performed And Image Postprocessing
72192	Advanced Imaging/Radiology	Computed Tomography Pelvis; Without Contrast Material
72193	Advanced Imaging/Radiology	Computed Tomography Pelvis; With Contrast Material(S)
72194	Advanced Imaging/Radiology	Computed Tomography Pelvis; Without Contrast Material Followed By Contrast Material(S) And Further Sections
72195	Advanced Imaging/Radiology	Magnetic Resonance (Eg Proton) Imaging Pelvis; Without Contrast Material(S)
72196	Advanced Imaging/Radiology	Magnetic Resonance (Eg Proton) Imaging Pelvis; With Contrast Material(S)
72197	Advanced Imaging/Radiology	Magnetic Resonance (Eg Proton) Imaging Pelvis; Without Contrast Material(S) Followed By Contrast Material(S) And Further Sequences
72198	Advanced Imaging/Radiology	Magnetic Resonance Angiography Pelvis With Or Without Contrast Material(S)
73200	Advanced Imaging/Radiology	Computed Tomography Upper Extremity; Without Contrast Material
73201	Advanced Imaging/Radiology	Computed Tomography Upper Extremity; With Contrast Material(S)
73202	Advanced Imaging/Radiology	Computed Tomography Upper Extremity; Without Contrast Material Followed By Contrast Material(S) And Further Sections
73206	Advanced Imaging/Radiology	Computed Tomographic Angiography Upper Extremity With Contrast Material(S) Including Noncontrast Images If Performed And Image Postprocessing
73218	Advanced Imaging/Radiology	Magnetic Resonance (Eg Proton) Imaging Upper Extremity Other Than Joint; Without Contrast Material(S)
73219	Advanced Imaging/Radiology	Magnetic Resonance (Eg Proton) Imaging Upper Extremity Other Than Joint; With Contrast Material(S)

73220	Advanced Imaging/Radiology	Magnetic Resonance (Eg Proton) Imaging Upper Extremity Other Than Joint; Without Contrast Material(S) Followed By Contrast Material(S) And Further Sequences
73221	Advanced Imaging/Radiology	Magnetic Resonance (Eg Proton) Imaging Any Joint Of Upper Extremity; Without Contrast Material(S)
73222	Advanced Imaging/Radiology	Magnetic Resonance (Eg Proton) Imaging Any Joint Of Upper Extremity; With Contrast Material(S)
73223	Advanced Imaging/Radiology	Magnetic Resonance (Eg Proton) Imaging Any Joint Of Upper Extremity; Without Contrast Material(S) Followed By Contrast Material(S) And Further Sequences
73225	Advanced Imaging/Radiology	Magnetic Resonance Angiography Upper Extremity With Or Without Contrast Material(S)
73700	Advanced Imaging/Radiology	Computed Tomography Lower Extremity; Without Contrast Material
73701	Advanced Imaging/Radiology	Computed Tomography Lower Extremity; With Contrast Material(S)
73702	Advanced Imaging/Radiology	Computed Tomography Lower Extremity; Without Contrast Material Followed By Contrast Material(S) And Further Sections
73706	Advanced Imaging/Radiology	Computed Tomographic Angiography Lower Extremity With Contrast Material(S) Including Noncontrast Images If Performed And Image Postprocessing
73718	Advanced Imaging/Radiology	Magnetic Resonance (Eg Proton) Imaging Lower Extremity Other Than Joint; Without Contrast Material(S)
73719	Advanced Imaging/Radiology	Magnetic Resonance (Eg Proton) Imaging Lower Extremity Other Than Joint; With Contrast Material(S)
73720	Advanced Imaging/Radiology	Magnetic Resonance (Eg Proton) Imaging Lower Extremity Other Than Joint; Without Contrast Material(S) Followed By Contrast Material(S) And Further Sequences
73721	Advanced Imaging/Radiology	Magnetic Resonance (Eg Proton) Imaging Any Joint Of Lower Extremity; Without Contrast Material
73722	Advanced Imaging/Radiology	Magnetic Resonance (Eg Proton) Imaging Any Joint Of Lower Extremity; With Contrast Material(S)
73723	Advanced Imaging/Radiology	Magnetic Resonance (Eg Proton) Imaging Any Joint Of Lower Extremity; Without Contrast Material(S) Followed By Contrast Material(S) And Further Sequences
73725	Advanced Imaging/Radiology	Magnetic Resonance Angiography Lower Extremity With Or Without Contrast Material(S)
74150	Advanced Imaging/Radiology	Computed Tomography Abdomen; Without Contrast Material
74160	Advanced Imaging/Radiology	Computed Tomography Abdomen; With Contrast Material(S)
74170	Advanced Imaging/Radiology	Computed Tomography Abdomen; Without Contrast Material Followed By Contrast Material(S) And Further Sections
74174	Advanced Imaging/Radiology	Computed Tomographic Angiography Abdomen And Pelvis With Contrast Material(S) Including Noncontrast Images If Performed And Image Postprocessing
74175	Advanced Imaging/Radiology	Computed Tomographic Angiography Abdomen With Contrast Material(S) Including Noncontrast Images If Performed And Image Postprocessing
74176	Advanced Imaging/Radiology	Computed Tomography Abdomen And Pelvis; Without Contrast Material
74177	Advanced Imaging/Radiology	Computed Tomography Abdomen And Pelvis; With Contrast Material(S)
74178	Advanced Imaging/Radiology	Computed Tomography Abdomen And Pelvis; Without Contrast Material In One Or Both Body Regions Followed By Contrast Material(S) And Further Sections In One Or Both Body Regions
74181	Advanced Imaging/Radiology	Magnetic Resonance (Eg Proton) Imaging Abdomen; Without Contrast Material(S)
74182	Advanced Imaging/Radiology	Magnetic Resonance (Eg Proton) Imaging Abdomen; With Contrast Material(S)
74183	Advanced Imaging/Radiology	Magnetic Resonance (Eg Proton) Imaging Abdomen; Without Contrast Material(S) Followed By With Contrast Material(S) And Further Sequences
74185	Advanced Imaging/Radiology	Magnetic Resonance Angiography Abdomen With Or Without Contrast Material(S)
74261	Advanced Imaging/Radiology	Computed Tomographic (Ct) Colonography Diagnostic Including Image Postprocessing; Without Contrast Material
74262	Advanced Imaging/Radiology	Computed Tomographic (Ct) Colonography Diagnostic Including Image Postprocessing; With Contrast Material(S) Including Non-Contrast Images If Performed
74263	Advanced Imaging/Radiology	Computed Tomographic (Ct) Colonography Screening Including Image Postprocessing
74712	Advanced Imaging/Radiology	Magnetic Resonance (Eg Proton) Imaging Fetal Including Placental And Maternal Pelvic Imaging When Performed; Single Or First Gestation
74713	Advanced Imaging/Radiology	Magnetic Resonance (Eg Proton) Imaging Fetal Including Placental And Maternal Pelvic Imaging When Performed; Each Additional Gestation (List Separately In Addition To Code For Primary Procedure)
75635	Advanced Imaging/Radiology	Computed Tomographic Angiography Abdominal Aorta And Bilateral Iliofemoral Lower Extremity Runoff With Contrast Material(S) Including Noncontrast Images If Performed And Image Postprocessing
76376	Advanced Imaging/Radiology	3D Rendering With Interpretation And Reporting Of Computed Tomography Magnetic Resonance Imaging Ultrasound Or Other Tomographic Modality With Image Postprocessing Under Concurrent Supervision; Not Requiring Image Postprocessing On An Independent Workstation
76377	Advanced Imaging/Radiology	3D Rendering With Interpretation And Reporting Of Computed Tomography Magnetic Resonance Imaging Ultrasound Or Other Tomographic Modality With Image Postprocessing Under Concurrent Supervision; Requiring Image Postprocessing On An Independent Workstation
76380	Advanced Imaging/Radiology	Computed Tomography Limited Or Localized Follow-Up Study

76390	Advanced Imaging/Radiology	Magnetic Resonance Spectroscopy
76391	Advanced Imaging/Radiology	Magnetic Resonance (Eg Vibration) Elastography
77046	Advanced Imaging/Radiology	Magnetic Resonance Imaging Breast Without Contrast Material; Unilateral
77047	Advanced Imaging/Radiology	Magnetic Resonance Imaging Breast Without Contrast Material; Bilateral
77048	Advanced Imaging/Radiology	Magnetic Resonance Imaging Breast Without And With Contrast Material(S) Including Computer-Aided Detection (Cad Real-Time Lesion Detection Characterization And Pharmacokinetic Analysis) When Performed; Unilateral
77049	Advanced Imaging/Radiology	Magnetic Resonance Imaging Breast Without And With Contrast Material(S) Including Computer-Aided Detection (Cad Real-Time Lesion Detection Characterization And Pharmacokinetic Analysis) When Performed; Bilateral
77078	Advanced Imaging/Radiology	Computed Tomography Bone Mineral Density Study 1 Or More Sites Axial Skeleton (Eg Hips Pelvis Spine)
77084	Advanced Imaging/Radiology	Magnetic Resonance (Eg Proton) Imaging Bone Marrow Blood Supply
78012	Advanced Imaging/Radiology	Thyroid Uptake Single Or Multiple Quantitative Measurement(S) (Including Stimulation Suppression Or Discharge When Performed)
78013	Advanced Imaging/Radiology	Thyroid Imaging (Including Vascular Flow When Performed);
78014	Advanced Imaging/Radiology	Thyroid Imaging (Including Vascular Flow When Performed); With Single Or Multiple Uptake(S) Quantitative Measurement(S) (Including Stimulation Suppression Or Discharge When Performed)
78015	Advanced Imaging/Radiology	Thyroid Carcinoma Metastases Imaging; Limited Area (Eg Neck And Chest Only)
78016	Advanced Imaging/Radiology	Thyroid Carcinoma Metastases Imaging; With Additional Studies (Eg Urinary Recovery)
78018	Advanced Imaging/Radiology	Thyroid Carcinoma Metastases Imaging; Whole Body
78020	Advanced Imaging/Radiology	Thyroid Carcinoma Metastases Uptake (List Separately In Addition To Code For Primary Procedure)
78070	Advanced Imaging/Radiology	Parathyroid Planar Imaging (Including Subtraction When Performed);
78071	Advanced Imaging/Radiology	Parathyroid Planar Imaging (Including Subtraction When Performed); With Tomographic (Spect)
78072	Advanced Imaging/Radiology	Parathyroid Planar Imaging (Including Subtraction When Performed); With Tomographic (Spect) And Concurrently Acquired Computed Tomography (Ct) For Anatomical Localization
78075	Advanced Imaging/Radiology	Adrenal Imaging Cortex And/OR Medulla
78102	Advanced Imaging/Radiology	Bone Marrow Imaging; Limited Area
78103	Advanced Imaging/Radiology	Bone Marrow Imaging; Multiple Areas
78104	Advanced Imaging/Radiology	Bone Marrow Imaging; Whole Body
78185	Advanced Imaging/Radiology	Spleen Imaging Only With Or Without Vascular Flow
78195	Advanced Imaging/Radiology	Lymphatics And Lymph Nodes Imaging
78201	Advanced Imaging/Radiology	Liver Imaging; Static Only
78202	Advanced Imaging/Radiology	Liver Imaging; With Vascular Flow
78215	Advanced Imaging/Radiology	Liver And Spleen Imaging; Static Only
78216	Advanced Imaging/Radiology	Liver And Spleen Imaging; With Vascular Flow
78226	Advanced Imaging/Radiology	Hepatobiliary System Imaging Including Gallbladder When Present;
78227	Advanced Imaging/Radiology	Hepatobiliary System Imaging Including Gallbladder When Present; With Pharmacologic Intervention Including Quantitative Measurement(S) When Performed
78230	Advanced Imaging/Radiology	Salivary Gland Imaging;
78231	Advanced Imaging/Radiology	Salivary Gland Imaging; With Serial Images
78232	Advanced Imaging/Radiology	Salivary Gland Function Study
78258	Advanced Imaging/Radiology	Esophageal Motility
78261	Advanced Imaging/Radiology	Gastric Mucosa Imaging
78262	Advanced Imaging/Radiology	Gastroesophageal Reflux Study
78264	Advanced Imaging/Radiology	Gastric Emptying Imaging Study (Eg Solid Liquid Or Both);
78265	Advanced Imaging/Radiology	Gastric Emptying Imaging Study (Eg Solid Liquid Or Both); With Small Bowel Transit
78266	Advanced Imaging/Radiology	Gastric Emptying Imaging Study (Eg Solid Liquid Or Both); With Small Bowel And Colon Transit Multiple Days
78278	Advanced Imaging/Radiology	Acute Gastrointestinal Blood Loss Imaging
78290	Advanced Imaging/Radiology	Intestine Imaging (Eg Ectopic Gastric Mucosa Meckel'S Localization Volvulus)
78291	Advanced Imaging/Radiology	Peritoneal-Venous Shunt Patency Test (Eg For Leveen Denver Shunt)
78300	Advanced Imaging/Radiology	Bone And/OR Joint Imaging; Limited Area
78305	Advanced Imaging/Radiology	Bone And/OR Joint Imaging; Multiple Areas
78306	Advanced Imaging/Radiology	Bone And/OR Joint Imaging; Whole Body
78315	Advanced Imaging/Radiology	Bone And/OR Joint Imaging; 3 Phase Study
78445	Advanced Imaging/Radiology	Non-Cardiac Vascular Flow Imaging (Ie Angiography Venography)
78456	Advanced Imaging/Radiology	Acute Venous Thrombosis Imaging Peptide
78457	Advanced Imaging/Radiology	Venous Thrombosis Imaging Venogram; Unilateral
78458	Advanced Imaging/Radiology	Venous Thrombosis Imaging Venogram; Bilateral

78579	Advanced Imaging/Radiology	Pulmonary Ventilation Imaging (Eg Aerosol Or Gas)
78580	Advanced Imaging/Radiology	Pulmonary Perfusion Imaging (Eg Particulate)
78582	Advanced Imaging/Radiology	Pulmonary Ventilation (Eg Aerosol Or Gas) And Perfusion Imaging
78597	Advanced Imaging/Radiology	Quantitative Differential Pulmonary Perfusion Including Imaging When Performed
78598	Advanced Imaging/Radiology	Quantitative Differential Pulmonary Perfusion And Ventilation (Eg Aerosol Or Gas) Including Imaging When Performed
78600	Advanced Imaging/Radiology	Brain Imaging Less Than 4 Static Views;
78601	Advanced Imaging/Radiology	Brain Imaging Less Than 4 Static Views; With Vascular Flow
78605	Advanced Imaging/Radiology	Brain Imaging Minimum 4 Static Views;
78606	Advanced Imaging/Radiology	Brain Imaging Minimum 4 Static Views; With Vascular Flow
78608	Advanced Imaging/Radiology	Brain Imaging Positron Emission Tomography (Pet); Metabolic Evaluation
78609	Advanced Imaging/Radiology	Brain Imaging Positron Emission Tomography (Pet); Perfusion Evaluation
78610	Advanced Imaging/Radiology	Brain Imaging Vascular Flow Only
78630	Advanced Imaging/Radiology	Cerebrospinal Fluid Flow Imaging (Not Including Introduction Of Material); Cisternography
78635	Advanced Imaging/Radiology	Cerebrospinal Fluid Flow Imaging (Not Including Introduction Of Material); Ventriculography
78645	Advanced Imaging/Radiology	Cerebrospinal Fluid Flow Imaging (Not Including Introduction Of Material); Shunt Evaluation
78650	Advanced Imaging/Radiology	Cerebrospinal Fluid Leakage Detection And Localization
78660	Advanced Imaging/Radiology	Radiopharmaceutical Dacryocystography
78700	Advanced Imaging/Radiology	Kidney Imaging Morphology;
78701	Advanced Imaging/Radiology	Kidney Imaging Morphology; With Vascular Flow
78707	Advanced Imaging/Radiology	Kidney Imaging Morphology; With Vascular Flow And Function Single Study Without Pharmacological Intervention
78708	Advanced Imaging/Radiology	Kidney Imaging Morphology; With Vascular Flow And Function Single Study With Pharmacological Intervention (Eg Angiotensin Converting Enzyme Inhibitor And/Or Diuretic)
78709	Advanced Imaging/Radiology	Kidney Imaging Morphology; With Vascular Flow And Function Multiple Studies With And Without Pharmacological Intervention (Eg Angiotensin Converting Enzyme Inhibitor And/Or Diuretic)
78725	Advanced Imaging/Radiology	Kidney Function Study Non-Imaging Radioisotopic Study
78730	Advanced Imaging/Radiology	Urinary Bladder Residual Study (List Separately In Addition To Code For Primary Procedure)
78740	Advanced Imaging/Radiology	Ureteral Reflux Study (Radiopharmaceutical Voiding Cystogram)
78761	Advanced Imaging/Radiology	Testicular Imaging With Vascular Flow
78800	Advanced Imaging/Radiology	Radiopharmaceutical Localization Of Tumor Inflammatory Process Or Distribution Of Radiopharmaceutical Agent(S) (Includes Vascular Flow And Blood Pool Imaging When Performed); Planar Single Area (Eg Head Neck Chest Pelvis) Single Day Imaging
78801	Advanced Imaging/Radiology	Radiopharmaceutical Localization Of Tumor Inflammatory Process Or Distribution Of Radiopharmaceutical Agent(S) (Includes Vascular Flow And Blood Pool Imaging When Performed); Planar 2 Or More Areas (Eg Abdomen And Pelvis Head And Chest) 1 Or More Days Imaging Or Single Area Imaging Over 2 Or More Days
78802	Advanced Imaging/Radiology	Radiopharmaceutical Localization Of Tumor Inflammatory Process Or Distribution Of Radiopharmaceutical Agent(S) (Includes Vascular Flow And Blood Pool Imaging When Performed); Planar Whole Body Single Day Imaging
78803	Advanced Imaging/Radiology	Radiopharmaceutical Localization Of Tumor Inflammatory Process Or Distribution Of Radiopharmaceutical Agent(S) (Includes Vascular Flow And Blood Pool Imaging When Performed); Tomographic (Spect) Single Area (Eg Head Neck Chest Pelvis) Or Acquisition Single Day Imaging
78804	Advanced Imaging/Radiology	Radiopharmaceutical Localization Of Tumor Inflammatory Process Or Distribution Of Radiopharmaceutical Agent(S) (Includes Vascular Flow And Blood Pool Imaging When Performed); Planar Whole Body Requiring 2 Or More Days Imaging
78811	Advanced Imaging/Radiology	Positron Emission Tomography (Pet) Imaging; Limited Area (Eg Chest Head/Neck)
78812	Advanced Imaging/Radiology	Positron Emission Tomography (Pet) Imaging; Skull Base To Mid-Thigh
78813	Advanced Imaging/Radiology	Positron Emission Tomography (Pet) Imaging; Whole Body
78814	Advanced Imaging/Radiology	Positron Emission Tomography (Pet) With Concurrently Acquired Computed Tomography (Ct) For Attenuation Correction And Anatomical Localization Imaging; Limited Area (Eg Chest Head/Neck)
78815	Advanced Imaging/Radiology	Positron Emission Tomography (Pet) With Concurrently Acquired Computed Tomography (Ct) For Attenuation Correction And Anatomical Localization Imaging; Skull Base To Mid-Thigh
78816	Advanced Imaging/Radiology	Positron Emission Tomography (Pet) With Concurrently Acquired Computed Tomography (Ct) For Attenuation Correction And Anatomical Localization Imaging; Whole Body

78830	Advanced Imaging/Radiology	Radiopharmaceutical Localization Of Tumor Inflammatory Process Or Distribution Of Radiopharmaceutical Agent(S) (Includes Vascular Flow And Blood Pool Imaging When Performed); Tomographic (Spect) With Concurrently Acquired Computed Tomography (Ct) Transmission Scan For Anatomical Review Localization And Determination/Detection Of Pathology Single Area (Eg Head Neck Chest Pelvis) Or Acquisition Single Day Imaging
78831	Advanced Imaging/Radiology	Radiopharmaceutical Localization Of Tumor Inflammatory Process Or Distribution Of Radiopharmaceutical Agent(S) (Includes Vascular Flow And Blood Pool Imaging When Performed); Tomographic (Spect) Minimum 2 Areas (Eg Pelvis And Knees Chest And Abdomen) Or Separate Acquisitions (Eg Lung Ventilation And Perfusion) Single Day Imaging Or Single Area Or Acquisition Over 2 Or More Days
78832	Advanced Imaging/Radiology	Radiopharmaceutical Localization Of Tumor Inflammatory Process Or Distribution Of Radiopharmaceutical Agent(S) (Includes Vascular Flow And Blood Pool Imaging When Performed); Tomographic (Spect) With Concurrently Acquired Computed Tomography (Ct) Transmission Scan For Anatomical Review Localization And Determination/Detection Of Pathology Minimum 2 Areas (Eg Pelvis And Knees Chest And Abdomen) Or Separate Acquisitions (Eg Lung Ventilation And Perfusion) Single Day Imaging Or Single Area Or Acquisition Over 2 Or More Days
0042T	Advanced Imaging/Radiology	Cerebral Perfusion Analysis Using Computed Tomography With Contrast Administration Including Post-Processing Of Parametric Maps With Determination Of Cerebral Blood Flow Cerebral Blood Volume And Mean Transit Time
0633T	Advanced Imaging/Radiology	Computed Tomography Breast Including 3D Rendering When Performed Unilateral; Without Contrast Material
0634T	Advanced Imaging/Radiology	Computed Tomography Breast Including 3D Rendering When Performed Unilateral; With Contrast Material(S)
0635T	Advanced Imaging/Radiology	Computed Tomography Breast Including 3D Rendering When Performed Unilateral; Without Contrast Followed By Contrast Material(S)
0636T	Advanced Imaging/Radiology	Computed Tomography Breast Including 3D Rendering When Performed Bilateral; Without Contrast Material(S)
0637T	Advanced Imaging/Radiology	Computed Tomography Breast Including 3D Rendering When Performed Bilateral; With Contrast Material(S)
0638T	Advanced Imaging/Radiology	Computed Tomography Breast Including 3D Rendering When Performed Bilateral; Without Contrast Followed By Contrast Material(S)
0648T	Advanced Imaging/Radiology	Quantitative Magnetic Resonance For Analysis Of Tissue Composition (Eg Fat Iron Water Content) Including Multiparametric Data Acquisition Data Preparation And Transmission Interpretation And Report Obtained Without Diagnostic Mri Examination Of The Same Anatomy (Eg Organ Gland Tissue Target Structure) During The Same Session; Single Organ
0649T	Advanced Imaging/Radiology	Quantitative Magnetic Resonance For Analysis Of Tissue Composition (Eg Fat Iron Water Content) Including Multiparametric Data Acquisition Data Preparation And Transmission Interpretation And Report Obtained With Diagnostic Mri Examination Of The Same Anatomy (Eg Organ Gland Tissue Target Structure); Single Organ (List Separately In Addition To Code For Primary Procedure)
A9602	Advanced Imaging/Radiology	Fluorodopa F-18 Diagnostic Per Millicurie
A9800	Advanced Imaging/Radiology	Gallium Ga-68 Gozetotide Diagnostic (Locametz) 1 Millicurie
C8900	Advanced Imaging/Radiology	Magnetic Resonance Angiography With Contrast Abdomen
C8901	Advanced Imaging/Radiology	Magnetic Resonance Angiography Without Contrast Abdomen
C8902	Advanced Imaging/Radiology	Magnetic Resonance Angiography Without Contrast Followed By With Contrast Abdomen
C8903	Advanced Imaging/Radiology	Magnetic Resonance Imaging With Contrast Breast; Unilateral
C8905	Advanced Imaging/Radiology	Magnetic Resonance Imaging Without Contrast Followed By With Contrast Breast; Unilateral
C8906	Advanced Imaging/Radiology	Magnetic Resonance Imaging With Contrast Breast; Bilateral
C8908	Advanced Imaging/Radiology	Magnetic Resonance Imaging Without Contrast Followed By With Contrast Breast; Bilateral
C8909	Advanced Imaging/Radiology	Magnetic Resonance Angiography With Contrast Chest (Excluding Myocardium)
C8910	Advanced Imaging/Radiology	Magnetic Resonance Angiography Without Contrast Chest (Excluding Myocardium)
C8911	Advanced Imaging/Radiology	Magnetic Resonance Angiography Without Contrast Followed By With Contrast Chest (Excluding Myocardium)
C8912	Advanced Imaging/Radiology	Magnetic Resonance Angiography With Contrast Lower Extremity
C8913	Advanced Imaging/Radiology	Magnetic Resonance Angiography Without Contrast Lower Extremity
C8914	Advanced Imaging/Radiology	Magnetic Resonance Angiography Without Contrast Followed By With Contrast Lower Extremity
C8918	Advanced Imaging/Radiology	Magnetic Resonance Angiography With Contrast Pelvis
C8919	Advanced Imaging/Radiology	Magnetic Resonance Angiography Without Contrast Pelvis
C8920	Advanced Imaging/Radiology	Magnetic Resonance Angiography Without Contrast Followed By With Contrast Pelvis
C8931	Advanced Imaging/Radiology	Magnetic Resonance Angiography With Contrast Spinal Canal And Contents
C8932	Advanced Imaging/Radiology	Magnetic Resonance Angiography Without Contrast Spinal Canal And Contents
C8933	Advanced Imaging/Radiology	Magnetic Resonance Angiography Without Contrast Followed By With Contrast Spinal Canal And Contents
C8934	Advanced Imaging/Radiology	Magnetic Resonance Angiography With Contrast Upper Extremity

C8935	Advanced Imaging/Radiology	Magnetic Resonance Angiography Without Contrast Upper Extremity
C8936	Advanced Imaging/Radiology	Magnetic Resonance Angiography Without Contrast Followed By With Contrast Upper Extremity
G0219	Advanced Imaging/Radiology	Pet Imaging Whole Body; Melanoma For Non-Covered Indications
G0235	Advanced Imaging/Radiology	Pet Imaging Any Site Not Otherwise Specified
G0252	Advanced Imaging/Radiology	Pet Imaging Full And Partial-Ring Pet Scanners Only For Initial Diagnosis Of Breast Cancer And/Or Surgical Planning For Breast Cancer (E. G. Initial Staging Of Axillary Lymph Nodes)
S8037	Advanced Imaging/Radiology	Magnetic Resonance Cholangiopancreatography (Mrcp)
20930	Musculoskeletal Joint, Spine Surgery	Allograft Morselized Or Placement Of Osteopromotive Material For Spine Surgery Only (List Separately In Addition To Code For Primary Procedure)
20931	Musculoskeletal Joint, Spine Surgery	Allograft Structural For Spine Surgery Only (List Separately In Addition To Code For Primary Procedure)
20932	Musculoskeletal Joint, Spine Surgery	Allograft Includes Templating Cutting Placement And Internal Fixation When Performed; Osteoarticular Including Articular Surface And Contiguous Bone (List Separately In Addition To Code For Primary Procedure)
20933	Musculoskeletal Joint, Spine Surgery	Allograft Includes Templating Cutting Placement And Internal Fixation When Performed; Hemicortical Intercalary Partial (Ie Hemicylindrical) (List Separately In Addition To Code For Primary Procedure)
20934	Musculoskeletal Joint, Spine Surgery	Allograft Includes Templating Cutting Placement And Internal Fixation When Performed; Intercalary Complete (Ie Cylindrical) (List Separately In Addition To Code For Primary Procedure)
20936	Musculoskeletal Joint, Spine Surgery	Autograft For Spine Surgery Only (Includes Harvesting The Graft); Local (Eg Ribs Spinous Process Or Laminar Fragments) Obtained From Same Incision (List Separately In Addition To Code For Primary Procedure)
20937	Musculoskeletal Joint, Spine Surgery	Autograft For Spine Surgery Only (Includes Harvesting The Graft); Morselized (Through Separate Skin Or Fascial Incision) (List Separately In Addition To Code For Primary Procedure)
20938	Musculoskeletal Joint, Spine Surgery	Autograft For Spine Surgery Only (Includes Harvesting The Graft); Structural Bicortical Or Tricortical (Through Separate Skin Or Fascial Incision) (List Separately In Addition To Code For Primary Procedure)
20939	Musculoskeletal Joint, Spine Surgery	Bone Marrow Aspiration For Bone Grafting Spine Surgery Only Through Separate Skin Or Fascial Incision (List Separately In Addition To Code For Primary Procedure)
20974	Musculoskeletal Joint, Spine Surgery	Electrical Stimulation To Aid Bone Healing; Noninvasive (Nonoperative)
20975	Musculoskeletal Joint, Spine Surgery	Electrical Stimulation To Aid Bone Healing; Invasive (Operative)
22206	Musculoskeletal Joint, Spine Surgery	Osteotomy Of Spine Posterior Or Posterolateral Approach 3 Columns 1 Vertebral Segment (Eg Pedicle/Vertebral Body Subtraction); Thoracic
22207	Musculoskeletal Joint, Spine Surgery	Osteotomy Of Spine Posterior Or Posterolateral Approach 3 Columns 1 Vertebral Segment (Eg Pedicle/Vertebral Body Subtraction); Lumbar
22208	Musculoskeletal Joint, Spine Surgery	Osteotomy Of Spine Posterior Or Posterolateral Approach 3 Columns 1 Vertebral Segment (Eg Pedicle/Vertebral Body Subtraction); Each Additional Vertebral Segment (List Separately In Addition To Code For Primary Procedure)
22210	Musculoskeletal Joint, Spine Surgery	Osteotomy Of Spine Posterior Or Posterolateral Approach 1 Vertebral Segment; Cervical
22212	Musculoskeletal Joint, Spine Surgery	Osteotomy Of Spine Posterior Or Posterolateral Approach 1 Vertebral Segment; Thoracic
22214	Musculoskeletal Joint, Spine Surgery	Osteotomy Of Spine Posterior Or Posterolateral Approach 1 Vertebral Segment; Lumbar
22216	Musculoskeletal Joint, Spine Surgery	Osteotomy Of Spine Posterior Or Posterolateral Approach 1 Vertebral Segment; Each Additional Vertebral Segment (List Separately In Addition To Primary Procedure)
22220	Musculoskeletal Joint, Spine Surgery	Osteotomy Of Spine Including Discectomy Anterior Approach Single Vertebral Segment; Cervical
22222	Musculoskeletal Joint, Spine Surgery	Osteotomy Of Spine Including Discectomy Anterior Approach Single Vertebral Segment; Thoracic
22224	Musculoskeletal Joint, Spine Surgery	Osteotomy Of Spine Including Discectomy Anterior Approach Single Vertebral Segment; Lumbar
22226	Musculoskeletal Joint, Spine Surgery	Osteotomy Of Spine Including Discectomy Anterior Approach Single Vertebral Segment; Each Additional Vertebral Segment (List Separately In Addition To Code For Primary Procedure)
22510	Musculoskeletal Joint, Spine Surgery	Percutaneous Vertebroplasty (Bone Biopsy Included When Performed) 1 Vertebral Body Unilateral Or Bilateral Injection Inclusive Of All Imaging Guidance; Cervicothoracic
22511	Musculoskeletal Joint, Spine Surgery	Percutaneous Vertebroplasty (Bone Biopsy Included When Performed) 1 Vertebral Body Unilateral Or Bilateral Injection Inclusive Of All Imaging Guidance; Lumbosacral
22512	Musculoskeletal Joint, Spine Surgery	Percutaneous Vertebroplasty (Bone Biopsy Included When Performed) 1 Vertebral Body Unilateral Or Bilateral Injection Inclusive Of All Imaging Guidance; Each Additional Cervicothoracic Or Lumbosacral Vertebral Body (List Separately In Addition To Code For Primary Procedure)
22513	Musculoskeletal Joint, Spine Surgery	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; Thoracic



22514	Musculoskeletal Joint, Spine Surgery	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; Lumbar
22515	Musculoskeletal Joint, Spine Surgery	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; Each Additional Thoracic Or Lumbar Vertebral Body (List Separately In Addition To Code For Primary Procedure)
22532	Musculoskeletal Joint, Spine Surgery	Arthrodesis Lateral Extracavitary Technique Including Minimal Discectomy To Prepare Interspace (Other Than For Decompression); Thoracic
22533	Musculoskeletal Joint, Spine Surgery	Arthrodesis Lateral Extracavitary Technique Including Minimal Discectomy To Prepare Interspace (Other Than For Decompression); Lumbar
22534	Musculoskeletal Joint, Spine Surgery	Arthrodesis Lateral Extracavitary Technique Including Minimal Discectomy To Prepare Interspace (Other Than For Decompression); Thoracic Or Lumbar Each Additional Vertebral Segment (List Separately In Addition To Code For Primary Procedure)
22548	Musculoskeletal Joint, Spine Surgery	Arthrodesis Anterior Transoral Or Extraoral Technique Clivus-C1-C2 (Atlas-Axis) With Or Without Excision Of Odontoid Process
22551	Musculoskeletal Joint, Spine Surgery	Arthrodesis Anterior Interbody Including Disc Space Preparation Discectomy Osteophyctectomy And Decompression Of Spinal Cord And/Or Nerve Roots; Cervical Below C2
22552	Musculoskeletal Joint, Spine Surgery	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 Primary Procedure)
22554	Musculoskeletal Joint, Spine Surgery	Arthrodesis Anterior Interbody Technique Including Minimal Discectomy To Prepare Interspace (Other Than For Decompression); Cervical Below C2
22556	Musculoskeletal Joint, Spine Surgery	Arthrodesis Anterior Interbody Technique Including Minimal Discectomy To Prepare Interspace (Other Than For Decompression); Thoracic
22558	Musculoskeletal Joint, Spine Surgery	Arthrodesis Anterior Interbody Technique Including Minimal Discectomy To Prepare Interspace (Other Than For Decompression); Lumbar
22585	Musculoskeletal Joint, Spine Surgery	Arthrodesis Anterior Interbody Technique Including Minimal Discectomy To Prepare Interspace (Other Than For Decompression); Each Additional Interspace (List Separately In Addition To Code For Primary Procedure)
22590	Musculoskeletal Joint, Spine Surgery	Arthrodesis Posterior Technique Craniocervical (Occiput-C2)
22595	Musculoskeletal Joint, Spine Surgery	Arthrodesis Posterior Technique Atlas-Axis (C1-C2)
22600	Musculoskeletal Joint, Spine Surgery	Arthrodesis Posterior Or Posterolateral Technique Single Interspace; Cervical Below C2 Segment
22610	Musculoskeletal Joint, Spine Surgery	Arthrodesis Posterior Or Posterolateral Technique Single Interspace; Thoracic (With Lateral Transverse Technique When Performed)
22612	Musculoskeletal Joint, Spine Surgery	Arthrodesis Posterior Or Posterolateral Technique Single Interspace; Lumbar (With Lateral Transverse Technique When Performed)
22614	Musculoskeletal Joint, Spine Surgery	Arthrodesis Posterior Or Posterolateral Technique Single Interspace; Each Additional Interspace (List Separately In Addition To Code For Primary Procedure)
22630	Musculoskeletal Joint, Spine Surgery	Arthrodesis Posterior Interbody Technique Including Laminectomy And/Or Discectomy To Prepare Interspace (Other Than For Decompression) Single Interspace Lumbar;
22632	Musculoskeletal Joint, Spine Surgery	Arthrodesis Posterior Interbody Technique Including Laminectomy And/Or Discectomy To Prepare Interspace (Other Than For Decompression) Single Interspace Lumbar; Each Additional Interspace (List Separately In Addition To Code For Primary Procedure)
22633	Musculoskeletal Joint, Spine Surgery	Arthrodesis Combined Posterior Or Posterolateral Technique With Posterior Interbody Technique Including Laminectomy And/Or Discectomy Sufficient To Prepare Interspace (Other Than For Decompression) Single Interspace Lumbar;
22634	Musculoskeletal Joint, Spine Surgery	Arthrodesis Combined Posterior Or Posterolateral Technique With Posterior Interbody Technique Including Laminectomy And/Or Discectomy Sufficient To Prepare Interspace (Other Than For Decompression) Single Interspace Lumbar; Each Additional Interspace (List Separately In Addition To Code For Primary Procedure)
22800	Musculoskeletal Joint, Spine Surgery	Arthrodesis Posterior For Spinal Deformity With Or Without Cast; Up To 6 Vertebral Segments
22802	Musculoskeletal Joint, Spine Surgery	Arthrodesis Posterior For Spinal Deformity With Or Without Cast; 7 To 12 Vertebral Segments
22804	Musculoskeletal Joint, Spine Surgery	Arthrodesis Posterior For Spinal Deformity With Or Without Cast; 13 Or More Vertebral Segments
22808	Musculoskeletal Joint, Spine Surgery	Arthrodesis Anterior For Spinal Deformity With Or Without Cast; 2 To 3 Vertebral Segments
22810	Musculoskeletal Joint, Spine Surgery	Arthrodesis Anterior For Spinal Deformity With Or Without Cast; 4 To 7 Vertebral Segments
22812	Musculoskeletal Joint, Spine Surgery	Arthrodesis Anterior For Spinal Deformity With Or Without Cast; 8 Or More Vertebral Segments
22818	Musculoskeletal Joint, Spine Surgery	Kyphectomy Circumferential Exposure Of Spine And Resection Of Vertebral Segment(S) (Including Body And Posterior Elements); Single Or 2 Segments

22819	Musculoskeletal Joint, Spine Surgery	Kyphectomy Circumferential Exposure Of Spine And Resection Of Vertebral Segment(S) (Including Body And Posterior Elements); 3 Or More Segments
22830	Musculoskeletal Joint, Spine Surgery	Exploration Of Spinal Fusion
22840	Musculoskeletal Joint, Spine Surgery	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)
22841	Musculoskeletal Joint, Spine Surgery	Internal Spinal Fixation By Wiring Of Spinous Processes (List Separately In Addition To Code For Primary Procedure)
22842	Musculoskeletal Joint, Spine Surgery	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)
22843	Musculoskeletal Joint, Spine Surgery	Posterior Segmental Instrumentation (Eg Pedicle Fixation Dual Rods With Multiple Hooks And Sublaminar Wires); 7 To 12 Vertebral Segments (List Separately In Addition To Code For Primary Procedure)
22844	Musculoskeletal Joint, Spine Surgery	Posterior Segmental Instrumentation (Eg Pedicle Fixation Dual Rods With Multiple Hooks And Sublaminar Wires); 13 Or More Vertebral Segments (List Separately In Addition To Code For Primary Procedure)
22845	Musculoskeletal Joint, Spine Surgery	Anterior Instrumentation; 2 To 3 Vertebral Segments (List Separately In Addition To Code For Primary Procedure)
22846	Musculoskeletal Joint, Spine Surgery	Anterior Instrumentation; 4 To 7 Vertebral Segments (List Separately In Addition To Code For Primary Procedure)
22847	Musculoskeletal Joint, Spine Surgery	Anterior Instrumentation; 8 Or More Vertebral Segments (List Separately In Addition To Code For Primary Procedure)
22848	Musculoskeletal Joint, Spine Surgery	Pelvic Fixation (Attachment Of Caudal End Of Instrumentation To Pelvic Bony Structures) Other Than Sacrum (List Separately In Addition To Code For Primary Procedure)
22849	Musculoskeletal Joint, Spine Surgery	Reinsertion Of Spinal Fixation Device
22853	Musculoskeletal Joint, Spine Surgery	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 Interspace (List Separately In Addition To Code For Primary Procedure)
22854	Musculoskeletal Joint, Spine Surgery	Insertion Of Intervertebral Biomechanical Device(S) (Eg Synthetic Cage Mesh) With Integral Anterior Instrumentation For Device Anchoring (Eg Screws Flanges) When Performed To Vertebral Corpectomy(ies) (Vertebral Body Resection Partial Or Complete) Defect In Conjunction With Interbody Arthrodesis Each Contiguous Defect (List Separately In Addition To Code For Primary Procedure)
22856	Musculoskeletal Joint, Spine Surgery	Total Disc Arthroplasty (Artificial Disc) Anterior Approach Including Discectomy With End Plate Preparation (Includes Osteophyctomy For Nerve Root Or Spinal Cord Decompression And Microdissection); Single Interspace Cervical
22857	Musculoskeletal Joint, Spine Surgery	Total Disc Arthroplasty (Artificial Disc) Anterior Approach Including Discectomy To Prepare Interspace (Other Than For Decompression); Single Interspace Lumbar
22858	Musculoskeletal Joint, Spine Surgery	Total Disc Arthroplasty (Artificial Disc) Anterior Approach Including Discectomy With End Plate Preparation (Includes Osteophyctomy For Nerve Root Or Spinal Cord Decompression And Microdissection); Second Level Cervical (List Separately In Addition To Code For Primary Procedure)
22859	Musculoskeletal Joint, Spine Surgery	Insertion Of Intervertebral Biomechanical Device(S) (Eg Synthetic Cage Mesh Methylmethacrylate) To Intervertebral Disc Space Or Vertebral Body Defect Without Interbody Arthrodesis Each Contiguous Defect (List Separately In Addition To Code For Primary Procedure)
22860	Musculoskeletal Joint, Spine Surgery	Total Disc Arthroplasty (Artificial Disc) Anterior Approach Including Discectomy To Prepare Interspace (Other Than For Decompression); Second Interspace Lumbar (List Separately In Addition To Code For Primary Procedure)
22861	Musculoskeletal Joint, Spine Surgery	Revision Including Replacement Of Total Disc Arthroplasty (Artificial Disc) Anterior Approach Single Interspace; Cervical
22862	Musculoskeletal Joint, Spine Surgery	Revision Including Replacement Of Total Disc Arthroplasty (Artificial Disc) Anterior Approach Single Interspace; Lumbar
22864	Musculoskeletal Joint, Spine Surgery	Removal Of Total Disc Arthroplasty (Artificial Disc) Anterior Approach Single Interspace; Cervical
22865	Musculoskeletal Joint, Spine Surgery	Removal Of Total Disc Arthroplasty (Artificial Disc) Anterior Approach Single Interspace; Lumbar
23105	Musculoskeletal Joint, Spine Surgery	Arthrotomy; Glenohumeral Joint With Synovectomy With Or Without Biopsy
23107	Musculoskeletal Joint, Spine Surgery	Arthrotomy Glenohumeral Joint With Joint Exploration With Or Without Removal Of Loose Or Foreign Body
23120	Musculoskeletal Joint, Spine Surgery	Claviculectomy; Partial
23410	Musculoskeletal Joint, Spine Surgery	Repair Of Ruptured Musculotendinous Cuff (Eg Rotator Cuff) Open; Acute
23412	Musculoskeletal Joint, Spine Surgery	Repair Of Ruptured Musculotendinous Cuff (Eg Rotator Cuff) Open; Chronic
23415	Musculoskeletal Joint, Spine Surgery	Coracoacromial Ligament Release With Or Without Acromioplasty
23420	Musculoskeletal Joint, Spine Surgery	Reconstruction Of Complete Shoulder (Rotator) Cuff Avulsion Chronic (Includes Acromioplasty)
23430	Musculoskeletal Joint, Spine Surgery	Tenodesis Of Long Tendon Of Biceps

23440	Musculoskeletal Joint, Spine Surgery	Resection Or Transplantation Of Long Tendon Of Biceps
23450	Musculoskeletal Joint, Spine Surgery	Capsulorrhaphy Anterior; Putti-Platt Procedure Or Magnuson Type Operation
23455	Musculoskeletal Joint, Spine Surgery	Capsulorrhaphy Anterior; With Labral Repair (Eg Bankart Procedure)
23460	Musculoskeletal Joint, Spine Surgery	Capsulorrhaphy Anterior Any Type; With Bone Block
23462	Musculoskeletal Joint, Spine Surgery	Capsulorrhaphy Anterior Any Type; With Coracoid Process Transfer
23465	Musculoskeletal Joint, Spine Surgery	Capsulorrhaphy Glenohumeral Joint Posterior With Or Without Bone Block
23466	Musculoskeletal Joint, Spine Surgery	Capsulorrhaphy Glenohumeral Joint Any Type Multidirectional Instability
23470	Musculoskeletal Joint, Spine Surgery	Arthroplasty Glenohumeral Joint; Hemiarthroplasty
23472	Musculoskeletal Joint, Spine Surgery	Arthroplasty Glenohumeral Joint; Total Shoulder (Glenoid And Proximal Humeral Replacement (Eg Total Shoulder))
23473	Musculoskeletal Joint, Spine Surgery	Revision Of Total Shoulder Arthroplasty Including Allograft When Performed; Humeral Or Glenoid Component
23474	Musculoskeletal Joint, Spine Surgery	Revision Of Total Shoulder Arthroplasty Including Allograft When Performed; Humeral And Glenoid Component
23700	Musculoskeletal Joint, Spine Surgery	Manipulation Under Anesthesia Shoulder Joint Including Application Of Fixation Apparatus (Dislocation Excluded)
27120	Musculoskeletal Joint, Spine Surgery	Acetabuloplasty; (Eg Whitman Colonna Haygroves Or Cup Type)
27122	Musculoskeletal Joint, Spine Surgery	Acetabuloplasty; Resection Femoral Head (Eg Girdlestone Procedure)
27125	Musculoskeletal Joint, Spine Surgery	Hemiarthroplasty Hip Partial (Eg Femoral Stem Prosthesis Bipolar Arthroplasty)
27130	Musculoskeletal Joint, Spine Surgery	Arthroplasty Acetabular And Proximal Femoral Prosthetic Replacement (Total Hip Arthroplasty) With Or Without Autograft Or Allograft
27132	Musculoskeletal Joint, Spine Surgery	Conversion Of Previous Hip Surgery To Total Hip Arthroplasty With Or Without Autograft Or Allograft
27134	Musculoskeletal Joint, Spine Surgery	Revision Of Total Hip Arthroplasty; Both Components With Or Without Autograft Or Allograft
27137	Musculoskeletal Joint, Spine Surgery	Revision Of Total Hip Arthroplasty; Acetabular Component Only With Or Without Autograft Or Allograft
27138	Musculoskeletal Joint, Spine Surgery	Revision Of Total Hip Arthroplasty; Femoral Component Only With Or Without Allograft
27279	Musculoskeletal Joint, Spine Surgery	Arthrodesis Sacroiliac Joint Percutaneous Or Minimally Invasive (Indirect Visualization) With Image Guidance Includes Obtaining Bone Graft When Performed And Placement Of Transfixing Device
27280	Musculoskeletal Joint, Spine Surgery	Arthrodesis Sacroiliac Joint Open Includes Obtaining Bone Graft Including Instrumentation When Performed
27331	Musculoskeletal Joint, Spine Surgery	Arthrotomy Knee; Including Joint Exploration Biopsy Or Removal Of Loose Or Foreign Bodies
27332	Musculoskeletal Joint, Spine Surgery	Arthrotomy With Excision Of Semilunar Cartilage (Meniscectomy) Knee; Medial Or Lateral
27333	Musculoskeletal Joint, Spine Surgery	Arthrotomy With Excision Of Semilunar Cartilage (Meniscectomy) Knee; Medial And Lateral
27334	Musculoskeletal Joint, Spine Surgery	Arthrotomy With Synovectomy Knee; Anterior Or Posterior
27335	Musculoskeletal Joint, Spine Surgery	Arthrotomy With Synovectomy Knee; Anterior And Posterior Including Popliteal Area
27345	Musculoskeletal Joint, Spine Surgery	Excision Of Synovial Cyst Of Popliteal Space (Eg Baker'S Cyst)
27403	Musculoskeletal Joint, Spine Surgery	Arthrotomy With Meniscus Repair Knee
27405	Musculoskeletal Joint, Spine Surgery	Repair Primary Torn Ligament And/Or Capsule Knee; Collateral
27407	Musculoskeletal Joint, Spine Surgery	Repair Primary Torn Ligament And/Or Capsule Knee; Cruciate
27409	Musculoskeletal Joint, Spine Surgery	Repair Primary Torn Ligament And/Or Capsule Knee; Collateral And Cruciate Ligaments
27412	Musculoskeletal Joint, Spine Surgery	Autologous Chondrocyte Implantation Knee
27415	Musculoskeletal Joint, Spine Surgery	Osteochondral Allograft Knee Open
27416	Musculoskeletal Joint, Spine Surgery	Osteochondral Autograft(S) Knee Open (Eg Mosaicplasty) (Includes Harvesting Of Autograft[S])
27425	Musculoskeletal Joint, Spine Surgery	Lateral Retinacular Release Open
27427	Musculoskeletal Joint, Spine Surgery	Ligamentous Reconstruction (Augmentation) Knee; Extra-Articular
27428	Musculoskeletal Joint, Spine Surgery	Ligamentous Reconstruction (Augmentation) Knee; Intra-Articular (Open)
27429	Musculoskeletal Joint, Spine Surgery	Ligamentous Reconstruction (Augmentation) Knee; Intra-Articular (Open) And Extra-Articular
27437	Musculoskeletal Joint, Spine Surgery	Arthroplasty Patella; Without Prosthesis
27438	Musculoskeletal Joint, Spine Surgery	Arthroplasty Patella; With Prosthesis
27440	Musculoskeletal Joint, Spine Surgery	Arthroplasty Knee Tibial Plateau;
27441	Musculoskeletal Joint, Spine Surgery	Arthroplasty Knee Tibial Plateau; With Debridement And Partial Synovectomy
27442	Musculoskeletal Joint, Spine Surgery	Arthroplasty Femoral Condyles Or Tibial Plateau(S) Knee;
27443	Musculoskeletal Joint, Spine Surgery	Arthroplasty Femoral Condyles Or Tibial Plateau(S) Knee; With Debridement And Partial Synovectomy
27445	Musculoskeletal Joint, Spine Surgery	Arthroplasty Knee Hinge Prosthesis (Eg Walldius Type)
27446	Musculoskeletal Joint, Spine Surgery	Arthroplasty Knee Condyle And Plateau; Medial Or Lateral Compartment
27447	Musculoskeletal Joint, Spine Surgery	Arthroplasty Knee Condyle And Plateau; Medial And Lateral Compartments With Or Without Patella Resurfacing (Total Knee Arthroplasty)

27486	Musculoskeletal Joint, Spine Surgery	Revision Of Total Knee Arthroplasty With Or Without Allograft; 1 Component
27487	Musculoskeletal Joint, Spine Surgery	Revision Of Total Knee Arthroplasty With Or Without Allograft; Femoral And Entire Tibial Component
27488	Musculoskeletal Joint, Spine Surgery	Removal Of Prosthesis Including Total Knee Prosthesis Methylmethacrylate With Or Without Insertion Of Spacer Knee
28446	Musculoskeletal Joint, Spine Surgery	Open Osteochondral Autograft Talus (Includes Obtaining Graft[S])
29805	Musculoskeletal Joint, Spine Surgery	Arthroscopy Shoulder Diagnostic With Or Without Synovial Biopsy (Separate Procedure)
29806	Musculoskeletal Joint, Spine Surgery	Arthroscopy Shoulder Surgical; Capsulorrhaphy
29807	Musculoskeletal Joint, Spine Surgery	Arthroscopy Shoulder Surgical; Repair Of Slap Lesion
29819	Musculoskeletal Joint, Spine Surgery	Arthroscopy Shoulder Surgical; With Removal Of Loose Body Or Foreign Body
29820	Musculoskeletal Joint, Spine Surgery	Arthroscopy Shoulder Surgical; Synovectomy Partial
29821	Musculoskeletal Joint, Spine Surgery	Arthroscopy Shoulder Surgical; Synovectomy Complete
29822	Musculoskeletal Joint, Spine Surgery	Arthroscopy Shoulder Surgical; Debridement Limited 1 Or 2 Discrete Structures (Eg Humeral Bone Humeral Articular Cartilage Glenoid Bone Glenoid Articular Cartilage Biceps Tendon Biceps Anchor Complex Labrum Articular Capsule Articular Side Of The Rotator Cuff Bursal Side Of The Rotator Cuff Subacromial Bursa Foreign Body[ies])
29823	Musculoskeletal Joint, Spine Surgery	Arthroscopy Shoulder Surgical; Debridement Extensive 3 Or More Discrete Structures (Eg Humeral Bone Humeral Articular Cartilage Glenoid Bone Glenoid Articular Cartilage Biceps Tendon Biceps Anchor Complex Labrum Articular Capsule Articular Side Of The Rotator Cuff Bursal Side Of The Rotator Cuff Subacromial Bursa Foreign Body[ies])
29824	Musculoskeletal Joint, Spine Surgery	Arthroscopy Shoulder Surgical; Distal Claviclectomy Including Distal Articular Surface (Mumford Procedure)
29825	Musculoskeletal Joint, Spine Surgery	Arthroscopy Shoulder Surgical; With Lysis And Resection Of Adhesions With Or Without Manipulation
29826	Musculoskeletal Joint, Spine Surgery	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	Musculoskeletal Joint, Spine Surgery	Arthroscopy Shoulder Surgical; With Rotator Cuff Repair
29828	Musculoskeletal Joint, Spine Surgery	Arthroscopy Shoulder Surgical; Biceps Tenodesis
29860	Musculoskeletal Joint, Spine Surgery	Arthroscopy Hip Diagnostic With Or Without Synovial Biopsy (Separate Procedure)
29861	Musculoskeletal Joint, Spine Surgery	Arthroscopy Hip Surgical; With Removal Of Loose Body Or Foreign Body
29862	Musculoskeletal Joint, Spine Surgery	Arthroscopy Hip Surgical; With Debridement/Shaving Of Articular Cartilage (Chondroplasty) Abrasion Arthroplasty And/Or Resection Of Labrum
29863	Musculoskeletal Joint, Spine Surgery	Arthroscopy Hip Surgical; With Synovectomy
29866	Musculoskeletal Joint, Spine Surgery	Arthroscopy Knee Surgical; Osteochondral Autograft(S) (Eg Mosaicplasty) (Includes Harvesting Of The Autograft[S])
29867	Musculoskeletal Joint, Spine Surgery	Arthroscopy Knee Surgical; Osteochondral Allograft (Eg Mosaicplasty)
29868	Musculoskeletal Joint, Spine Surgery	Arthroscopy Knee Surgical; Meniscal Transplantation (Includes Arthrotomy For Meniscal Insertion) Medial Or Lateral
29870	Musculoskeletal Joint, Spine Surgery	Arthroscopy Knee Diagnostic With Or Without Synovial Biopsy (Separate Procedure)
29871	Musculoskeletal Joint, Spine Surgery	Arthroscopy Knee Surgical; For Infection Lavage And Drainage
29873	Musculoskeletal Joint, Spine Surgery	Arthroscopy Knee Surgical; With Lateral Release
29874	Musculoskeletal Joint, Spine Surgery	Arthroscopy Knee Surgical; For Removal Of Loose Body Or Foreign Body (Eg Osteochondritis Dissecans Fragmentation Chondral Fragmentation)
29875	Musculoskeletal Joint, Spine Surgery	Arthroscopy Knee Surgical; Synovectomy Limited (Eg Plica Or Shelf Resection) (Separate Procedure)
29876	Musculoskeletal Joint, Spine Surgery	Arthroscopy Knee Surgical; Synovectomy Major 2 Or More Compartments (Eg Medial Or Lateral)
29877	Musculoskeletal Joint, Spine Surgery	Arthroscopy Knee Surgical; Debridement/Shaving Of Articular Cartilage (Chondroplasty)
29879	Musculoskeletal Joint, Spine Surgery	Arthroscopy Knee Surgical; Abrasion Arthroplasty (Includes Chondroplasty Where Necessary) Or Multiple Drilling Or Microfracture
29880	Musculoskeletal Joint, Spine Surgery	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	Musculoskeletal Joint, Spine Surgery	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	Musculoskeletal Joint, Spine Surgery	Arthroscopy Knee Surgical; With Meniscus Repair (Medial Or Lateral)
29883	Musculoskeletal Joint, Spine Surgery	Arthroscopy Knee Surgical; With Meniscus Repair (Medial And Lateral)
29884	Musculoskeletal Joint, Spine Surgery	Arthroscopy Knee Surgical; With Lysis Of Adhesions With Or Without Manipulation (Separate Procedure)
29885	Musculoskeletal Joint, Spine Surgery	Arthroscopy Knee Surgical; Drilling For Osteochondritis Dissecans With Bone Grafting With Or Without Internal Fixation (Including Debridement Of Base Of Lesion)
29886	Musculoskeletal Joint, Spine Surgery	Arthroscopy Knee Surgical; Drilling For Intact Osteochondritis Dissecans Lesion
29887	Musculoskeletal Joint, Spine Surgery	Arthroscopy Knee Surgical; Drilling For Intact Osteochondritis Dissecans Lesion With Internal Fixation

29888	Musculoskeletal Joint, Spine Surgery	Arthroscopically Aided Anterior Cruciate Ligament Repair/Augmentation Or Reconstruction
29889	Musculoskeletal Joint, Spine Surgery	Arthroscopically Aided Posterior Cruciate Ligament Repair/Augmentation Or Reconstruction
29892	Musculoskeletal Joint, Spine Surgery	Arthroscopically Aided Repair Of Large Osteochondritis Dissecans Lesion Talar Dome Fracture Or Tibial Plafond Fracture With Or Without Internal Fixation (Includes Arthroscopy)
29914	Musculoskeletal Joint, Spine Surgery	Arthroscopy Hip Surgical; With Femoroplasty (Ie Treatment Of Cam Lesion)
29915	Musculoskeletal Joint, Spine Surgery	Arthroscopy Hip Surgical; With Acetabuloplasty (Ie Treatment Of Pincer Lesion)
29916	Musculoskeletal Joint, Spine Surgery	Arthroscopy Hip Surgical; With Labral Repair
62380	Musculoskeletal Joint, Spine Surgery	Endoscopic Decompression Of Spinal Cord Nerve Root(S) Including Laminotomy Partial Facetectomy Foraminotomy Discectomy And/Or Excision Of Herniated Intervertebral Disc 1 Interspace Lumbar
63001	Musculoskeletal Joint, Spine Surgery	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; Cervical
63003	Musculoskeletal Joint, Spine Surgery	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; Thoracic
63005	Musculoskeletal Joint, Spine Surgery	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
63012	Musculoskeletal Joint, Spine Surgery	Laminectomy With Removal Of Abnormal Facets And/Or Pars Inter-Articularis With Decompression Of Cauda Equina And Nerve Roots For Spondylolisthesis Lumbar (Gill Type Procedure)
63015	Musculoskeletal Joint, Spine Surgery	Laminectomy With Exploration And/Or Decompression Of Spinal Cord And/Or Cauda Equina Without Facetectomy Foraminotomy Or Discectomy (Eg Spinal Stenosis) More Than 2 Vertebral Segments; Cervical
63016	Musculoskeletal Joint, Spine Surgery	Laminectomy With Exploration And/Or Decompression Of Spinal Cord And/Or Cauda Equina Without Facetectomy Foraminotomy Or Discectomy (Eg Spinal Stenosis) More Than 2 Vertebral Segments; Thoracic
63017	Musculoskeletal Joint, Spine Surgery	Laminectomy With Exploration And/Or Decompression Of Spinal Cord And/Or Cauda Equina Without Facetectomy Foraminotomy Or Discectomy (Eg Spinal Stenosis) More Than 2 Vertebral Segments; Lumbar
63020	Musculoskeletal Joint, Spine Surgery	Laminotomy (Hemilaminectomy) With Decompression Of Nerve Root(S) Including Partial Facetectomy Foraminotomy And/Or Excision Of Herniated Intervertebral Disc; 1 Interspace Cervical
63030	Musculoskeletal Joint, Spine Surgery	Laminotomy (Hemilaminectomy) With Decompression Of Nerve Root(S) Including Partial Facetectomy Foraminotomy And/Or Excision Of Herniated Intervertebral Disc; 1 Interspace Lumbar
63035	Musculoskeletal Joint, Spine Surgery	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)
63040	Musculoskeletal Joint, Spine Surgery	Laminotomy (Hemilaminectomy) With Decompression Of Nerve Root(S) Including Partial Facetectomy Foraminotomy And/Or Excision Of Herniated Intervertebral Disc Reexploration Single Interspace; Cervical
63042	Musculoskeletal Joint, Spine Surgery	Laminotomy (Hemilaminectomy) With Decompression Of Nerve Root(S) Including Partial Facetectomy Foraminotomy And/Or Excision Of Herniated Intervertebral Disc Reexploration Single Interspace; Lumbar
63043	Musculoskeletal Joint, Spine Surgery	Laminotomy (Hemilaminectomy) With Decompression Of Nerve Root(S) Including Partial Facetectomy Foraminotomy And/Or Excision Of Herniated Intervertebral Disc Reexploration Single Interspace; Each Additional Cervical Interspace (List Separately In Addition To Code For Primary Procedure)
63044	Musculoskeletal Joint, Spine Surgery	Laminotomy (Hemilaminectomy) With Decompression Of Nerve Root(S) Including Partial Facetectomy Foraminotomy And/Or Excision Of Herniated Intervertebral Disc Reexploration Single Interspace; Each Additional Lumbar Interspace (List Separately In Addition To Code For Primary Procedure)
63045	Musculoskeletal Joint, Spine Surgery	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; Cervical
63046	Musculoskeletal Joint, Spine Surgery	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; Thoracic
63047	Musculoskeletal Joint, Spine Surgery	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	Musculoskeletal Joint, Spine Surgery	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 Vertebral Segment Cervical Thoracic Or Lumbar (List Separately In Addition To Code For Primary Procedure)
63050	Musculoskeletal Joint, Spine Surgery	Laminoplasty Cervical With Decompression Of The Spinal Cord 2 Or More Vertebral Segments;
63051	Musculoskeletal Joint, Spine Surgery	Laminoplasty Cervical With Decompression Of The Spinal Cord 2 Or More Vertebral Segments; With Reconstruction Of The Posterior Bony Elements (Including The Application Of Bridging Bone Graft And Non-Segmental Fixation Devices [Eg Wire Suture Mini-Plates] When Performed)
63052	Musculoskeletal Joint, Spine Surgery	Laminectomy Facetectomy Or Foraminotomy (Unilateral Or Bilateral With Decompression Of Spinal Cord Cauda Equina And/Or Nerve Root[S] [Eg Spinal Or Lateral Recess Stenosis]) During Posterior Interbody Arthrodesis Lumbar; Single Vertebral Segment (List Separately In Addition To Code For Primary Procedure)
63053	Musculoskeletal Joint, Spine Surgery	Laminectomy Facetectomy Or Foraminotomy (Unilateral Or Bilateral With Decompression Of Spinal Cord Cauda Equina And/Or Nerve Root[S] [Eg Spinal Or Lateral Recess Stenosis]) During Posterior Interbody Arthrodesis Lumbar; Each Additional Vertebral Segment (List Separately In Addition To Code For Primary Procedure)
63055	Musculoskeletal Joint, Spine Surgery	Transpedicular Approach With Decompression Of Spinal Cord Equina And/Or Nerve Root(S) (Eg Herniated Intervertebral Disc) Single Segment; Thoracic
63056	Musculoskeletal Joint, Spine Surgery	Transpedicular Approach With Decompression Of Spinal Cord Equina And/Or Nerve Root(S) (Eg Herniated Intervertebral Disc) Single Segment; Lumbar (Including Transfacet Or Lateral Extraforaminal Approach) (Eg Far Lateral Herniated Intervertebral Disc)
63057	Musculoskeletal Joint, Spine Surgery	Transpedicular Approach With Decompression Of Spinal Cord Equina And/Or Nerve Root(S) (Eg Herniated Intervertebral Disc) Single Segment; Each Additional Segment Thoracic Or Lumbar (List Separately In Addition To Code For Primary Procedure)
63075	Musculoskeletal Joint, Spine Surgery	Discectomy Anterior With Decompression Of Spinal Cord And/Or Nerve Root(S) Including Osteophyctectomy; Cervical Single Interspace
63076	Musculoskeletal Joint, Spine Surgery	Discectomy Anterior With Decompression Of Spinal Cord And/Or Nerve Root(S) Including Osteophyctectomy; Cervical Each Additional Interspace (List Separately In Addition To Code For Primary Procedure)
63081	Musculoskeletal Joint, Spine Surgery	Vertebral Corpectomy (Vertebral Body Resection) Partial Or Complete Anterior Approach With Decompression Of Spinal Cord And/Or Nerve Root(S); Cervical Single Segment
63082	Musculoskeletal Joint, Spine Surgery	Vertebral Corpectomy (Vertebral Body Resection) Partial Or Complete Anterior Approach With Decompression Of Spinal Cord And/Or Nerve Root(S); Cervical Each Additional Segment (List Separately In Addition To Code For Primary Procedure)
63085	Musculoskeletal Joint, Spine Surgery	Vertebral Corpectomy (Vertebral Body Resection) Partial Or Complete Transthoracic Approach With Decompression Of Spinal Cord And/Or Nerve Root(S); Thoracic Single Segment
63086	Musculoskeletal Joint, Spine Surgery	Vertebral Corpectomy (Vertebral Body Resection) Partial Or Complete Transthoracic Approach With Decompression Of Spinal Cord And/Or Nerve Root(S); Thoracic Each Additional Segment (List Separately In Addition To Code For Primary Procedure)
63087	Musculoskeletal Joint, Spine Surgery	Vertebral Corpectomy (Vertebral Body Resection) Partial Or Complete Combined Thoracolumbar Approach With Decompression Of Spinal Cord Cauda Equina Or Nerve Root(S) Lower Thoracic Or Lumbar; Single Segment
63088	Musculoskeletal Joint, Spine Surgery	Vertebral Corpectomy (Vertebral Body Resection) Partial Or Complete Combined Thoracolumbar Approach With Decompression Of Spinal Cord Cauda Equina Or Nerve Root(S) Lower Thoracic Or Lumbar; Each Additional Segment (List Separately In Addition To Code For Primary Procedure)
63090	Musculoskeletal Joint, Spine Surgery	Vertebral Corpectomy (Vertebral Body Resection) Partial Or Complete Transperitoneal Or Retroperitoneal Approach With Decompression Of Spinal Cord Cauda Equina Or Nerve Root(S) Lower Thoracic Lumbar Or Sacral; Single Segment
63091	Musculoskeletal Joint, Spine Surgery	Vertebral Corpectomy (Vertebral Body Resection) Partial Or Complete Transperitoneal Or Retroperitoneal Approach With Decompression Of Spinal Cord Cauda Equina Or Nerve Root(S) Lower Thoracic Lumbar Or Sacral; Each Additional Segment (List Separately In Addition To Code For Primary Procedure)
63101	Musculoskeletal Joint, Spine Surgery	Vertebral Corpectomy (Vertebral Body Resection) Partial Or Complete Lateral Extracavitary Approach With Decompression Of Spinal Cord And/Or Nerve Root(S) (Eg For Tumor Or Retropulsed Bone Fragments); Thoracic Single Segment
63102	Musculoskeletal Joint, Spine Surgery	Vertebral Corpectomy (Vertebral Body Resection) Partial Or Complete Lateral Extracavitary Approach With Decompression Of Spinal Cord And/Or Nerve Root(S) (Eg For Tumor Or Retropulsed Bone Fragments); Lumbar Single Segment
63103	Musculoskeletal Joint, Spine Surgery	Vertebral Corpectomy (Vertebral Body Resection) Partial Or Complete Lateral Extracavitary Approach With Decompression Of Spinal Cord And/Or Nerve Root(S) (Eg For Tumor Or Retropulsed Bone Fragments); Thoracic Or Lumbar Each Additional Segment (List Separately In Addition To Code For Primary Procedure)
63185	Musculoskeletal Joint, Spine Surgery	Laminectomy With Rhizotomy; 1 Or 2 Segments
63190	Musculoskeletal Joint, Spine Surgery	Laminectomy With Rhizotomy; More Than 2 Segments
63191	Musculoskeletal Joint, Spine Surgery	Laminectomy With Section Of Spinal Accessory Nerve

63200	Musculoskeletal Joint, Spine Surgery	Laminectomy With Release Of Tethered Spinal Cord Lumbar
63250	Musculoskeletal Joint, Spine Surgery	Laminectomy For Excision Or Occlusion Of Arteriovenous Malformation Of Spinal Cord; Cervical
63252	Musculoskeletal Joint, Spine Surgery	Laminectomy For Excision Or Occlusion Of Arteriovenous Malformation Of Spinal Cord; Thoracolumbar
63265	Musculoskeletal Joint, Spine Surgery	Laminectomy For Excision Or Evacuation Of Intraspinous Lesion Other Than Neoplasm Extradural; Cervical
63267	Musculoskeletal Joint, Spine Surgery	Laminectomy For Excision Or Evacuation Of Intraspinous Lesion Other Than Neoplasm Extradural; Lumbar
63270	Musculoskeletal Joint, Spine Surgery	Laminectomy For Excision Of Intraspinous Lesion Other Than Neoplasm Intradural; Cervical
63272	Musculoskeletal Joint, Spine Surgery	Laminectomy For Excision Of Intraspinous Lesion Other Than Neoplasm Intradural; Lumbar
63275	Musculoskeletal Joint, Spine Surgery	Laminectomy For Biopsy/Excision Of Intraspinous Neoplasm; Extradural Cervical
63277	Musculoskeletal Joint, Spine Surgery	Laminectomy For Biopsy/Excision Of Intraspinous Neoplasm; Extradural Lumbar
63280	Musculoskeletal Joint, Spine Surgery	Laminectomy For Biopsy/Excision Of Intraspinous Neoplasm; Intradural Extramedullary Cervical
63282	Musculoskeletal Joint, Spine Surgery	Laminectomy For Biopsy/Excision Of Intraspinous Neoplasm; Intradural Extramedullary Lumbar
63285	Musculoskeletal Joint, Spine Surgery	Laminectomy For Biopsy/Excision Of Intraspinous Neoplasm; Intradural Intramedullary Cervical
63287	Musculoskeletal Joint, Spine Surgery	Laminectomy For Biopsy/Excision Of Intraspinous Neoplasm; Intradural Intramedullary Thoracolumbar
63290	Musculoskeletal Joint, Spine Surgery	Laminectomy For Biopsy/Excision Of Intraspinous Neoplasm; Combined Extradural-Intradural Lesion Any Level
63300	Musculoskeletal Joint, Spine Surgery	Vertebral Corpectomy (Vertebral Body Resection) Partial Or Complete For Excision Of Intraspinous Lesion Single Segment; Extradural Cervical
63301	Musculoskeletal Joint, Spine Surgery	Vertebral Corpectomy (Vertebral Body Resection) Partial Or Complete For Excision Of Intraspinous Lesion Single Segment; Extradural Thoracic By Transthoracic Approach
63302	Musculoskeletal Joint, Spine Surgery	Vertebral Corpectomy (Vertebral Body Resection) Partial Or Complete For Excision Of Intraspinous Lesion Single Segment; Extradural Thoracic By Thoracolumbar Approach
63303	Musculoskeletal Joint, Spine Surgery	Vertebral Corpectomy (Vertebral Body Resection) Partial Or Complete For Excision Of Intraspinous Lesion Single Segment; Extradural Lumbar Or Sacral By Transperitoneal Or Retroperitoneal Approach
63304	Musculoskeletal Joint, Spine Surgery	Vertebral Corpectomy (Vertebral Body Resection) Partial Or Complete For Excision Of Intraspinous Lesion Single Segment; Intradural Cervical
63305	Musculoskeletal Joint, Spine Surgery	Vertebral Corpectomy (Vertebral Body Resection) Partial Or Complete For Excision Of Intraspinous Lesion Single Segment; Intradural Thoracic By Transthoracic Approach
63306	Musculoskeletal Joint, Spine Surgery	Vertebral Corpectomy (Vertebral Body Resection) Partial Or Complete For Excision Of Intraspinous Lesion Single Segment; Intradural Thoracic By Thoracolumbar Approach
63307	Musculoskeletal Joint, Spine Surgery	Vertebral Corpectomy (Vertebral Body Resection) Partial Or Complete For Excision Of Intraspinous Lesion Single Segment; Intradural Lumbar Or Sacral By Transperitoneal Or Retroperitoneal Approach
63308	Musculoskeletal Joint, Spine Surgery	Vertebral Corpectomy (Vertebral Body Resection) Partial Or Complete For Excision Of Intraspinous Lesion Single Segment; Each Additional Segment (List Separately In Addition To Codes For Single Segment)
0095T	Musculoskeletal Joint, Spine Surgery	Removal Of Total Disc Arthroplasty (Artificial Disc) Anterior Approach Each Additional Interspace Cervical (List Separately In Addition To Code For Primary Procedure)
0098T	Musculoskeletal Joint, Spine Surgery	Revision Including Replacement Of Total Disc Arthroplasty (Artificial Disc) Anterior Approach Each Additional Interspace Cervical (List Separately In Addition To Code For Primary Procedure)
0164T	Musculoskeletal Joint, Spine Surgery	Removal Of Total Disc Arthroplasty (Artificial Disc) Anterior Approach Each Additional Interspace Lumbar (List Separately In Addition To Code For Primary Procedure)
0165T	Musculoskeletal Joint, Spine Surgery	Revision Including Replacement Of Total Disc Arthroplasty (Artificial Disc) Anterior Approach Each Additional Interspace Lumbar (List Separately In Addition To Code For Primary Procedure)
0707T	Musculoskeletal Joint, Spine Surgery	Injection(s), bone substitute material (eg, calcium phosphate) into subchondral bone defect (ie, bone marrow lesion, bone bruise, stress injury, microtraumatic fracture),
C9359	Musculoskeletal Joint, Spine Surgery	Porous Purified Collagen Matrix Bone Void Filler (Integra Mozaik Osteoconductive Scaffold Putty Integra Os Osteoconductive Scaffold Putty) Per 0.5 Cc
C9362	Musculoskeletal Joint, Spine Surgery	Porous Purified Collagen Matrix Bone Void Filler (Integra Mozaik Osteoconductive Scaffold Strip) Per 0.5 Cc
E0748	Musculoskeletal Joint, Spine Surgery	Osteogenesis Stimulator Electrical Non-Invasive Spinal Applications
E0749	Musculoskeletal Joint, Spine Surgery	Osteogenesis Stimulator Electrical Surgically Implanted
G0289	Musculoskeletal Joint, Spine Surgery	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
J7330	Musculoskeletal Joint, Spine Surgery	Autologous Cultured Chondrocytes Implant
S2112	Musculoskeletal Joint, Spine Surgery	Arthroscopy Knee Surgical For Harvesting Of Cartilage (Chondrocyte Cells)

27096	Musculoskeletal Pain	Injection Procedure For Sacroiliac Joint Anesthetic/Steroid With Image Guidance (Fluoroscopy Or Ct) Including Arthrography When Performed
62280	Musculoskeletal Pain	Injection/Infusion Of Neurolytic Substance (Eg Alcohol Phenol Iced Saline Solutions) With Or Without Other Therapeutic Substance; Subarachnoid
62281	Musculoskeletal Pain	Injection/Infusion Of Neurolytic Substance (Eg Alcohol Phenol Iced Saline Solutions) With Or Without Other Therapeutic Substance; Epidural Cervical Or Thoracic
62282	Musculoskeletal Pain	Injection/Infusion Of Neurolytic Substance (Eg Alcohol Phenol Iced Saline Solutions) With Or Without Other Therapeutic Substance; Epidural Lumbar Sacral (Caudal)
62292	Musculoskeletal Pain	Injection Procedure For Chemonucleolysis Including Discography Intervertebral Disc Single Or Multiple Levels Lumbar
62320	Musculoskeletal Pain	Injection(S) Of Diagnostic Or Therapeutic Substance(S) (Eg Anesthetic Antispasmodic Opioid Steroid Other Solution) Not Including Neurolytic Substances Including Needle Or Catheter Placement Interlaminar Epidural Or Subarachnoid Cervical Or Thoracic; Without Imaging Guidance
62321	Musculoskeletal Pain	Injection(S) Of Diagnostic Or Therapeutic Substance(S) (Eg Anesthetic Antispasmodic Opioid Steroid Other Solution) Not Including Neurolytic Substances Including Needle Or Catheter Placement Interlaminar Epidural Or Subarachnoid Cervical Or Thoracic; With Imaging Guidance (Ie Fluoroscopy Or Ct)
62322	Musculoskeletal Pain	Injection(S) Of Diagnostic Or Therapeutic Substance(S) (Eg Anesthetic Antispasmodic Opioid Steroid Other Solution) Not Including Neurolytic Substances Including Needle Or Catheter Placement Interlaminar Epidural Or Subarachnoid Lumbar Or Sacral (Caudal); Without Imaging Guidance
62323	Musculoskeletal Pain	Injection(S) Of Diagnostic Or Therapeutic Substance(S) (Eg Anesthetic Antispasmodic Opioid Steroid Other Solution) Not Including Neurolytic Substances Including Needle Or Catheter Placement Interlaminar Epidural Or Subarachnoid Lumbar Or Sacral (Caudal); With Imaging Guidance (Ie Fluoroscopy Or Ct)
62325	Musculoskeletal Pain	Injection(S) Including Indwelling Catheter Placement Continuous Infusion Or Intermittent Bolus Of Diagnostic Or Therapeutic Substance(S) (Eg Anesthetic Antispasmodic Opioid Steroid Other Solution) Not Including Neurolytic Substances Interlaminar Epidural Or Subarachnoid Cervical Or Thoracic; With Imaging Guidance (Ie Fluoroscopy Or Ct)
62327	Musculoskeletal Pain	Injection(S) Including Indwelling Catheter Placement Continuous Infusion Or Intermittent Bolus Of Diagnostic Or Therapeutic Substance(S) (Eg Anesthetic Antispasmodic Opioid Steroid Other Solution) Not Including Neurolytic Substances Interlaminar Epidural Or Subarachnoid Lumbar Or Sacral (Caudal); With Imaging Guidance (Ie Fluoroscopy Or Ct)
62350	Musculoskeletal Pain	Implantation Revision Or Repositioning Of Tunneled Intrathecal Or Epidural Catheter For Long-Term Medication Administration Via An External Pump Or Implantable Reservoir/Infusion Pump; Without Laminectomy
62351	Musculoskeletal Pain	Implantation Revision Or Repositioning Of Tunneled Intrathecal Or Epidural Catheter For Long-Term Medication Administration Via An External Pump Or Implantable Reservoir/Infusion Pump; With Laminectomy
62360	Musculoskeletal Pain	Implantation Or Replacement Of Device For Intrathecal Or Epidural Drug Infusion; Subcutaneous Reservoir
62361	Musculoskeletal Pain	Implantation Or Replacement Of Device For Intrathecal Or Epidural Drug Infusion; Nonprogrammable Pump
62362	Musculoskeletal Pain	Implantation Or Replacement Of Device For Intrathecal Or Epidural Drug Infusion; Programmable Pump Including Preparation Of Pump With Or Without Programming
63650	Musculoskeletal Pain	Percutaneous Implantation Of Neurostimulator Electrode Array Epidural
63655	Musculoskeletal Pain	Laminectomy For Implantation Of Neurostimulator Electrodes Plate/Paddle Epidural
63663	Musculoskeletal Pain	Revision Including Replacement When Performed Of Spinal Neurostimulator Electrode Percutaneous Array(S) Including Fluoroscopy When Performed
63664	Musculoskeletal Pain	Revision Including Replacement When Performed Of Spinal Neurostimulator Electrode Plate/Paddle(S) Placed Via Laminotomy Or Laminectomy Including Fluoroscopy When Performed
63685	Musculoskeletal Pain	Insertion Or Replacement Of Spinal Neurostimulator Pulse Generator Or Receiver Requiring Pocket Creation And Connection Between Electrode Array And Pulse Generator Or Receiver
63688	Musculoskeletal Pain	Revision Or Removal Of Implanted Spinal Neurostimulator Pulse Generator Or Receiver With Detachable Connection To Electrode Array
64451	Musculoskeletal Pain	Injection(S) Anesthetic Agent(S) And/Or Steroid; Nerves Innervating The Sacroiliac Joint With Image Guidance (Ie Fluoroscopy Or Computed Tomography)
64479	Musculoskeletal Pain	Injection(S) Anesthetic Agent(S) And/Or Steroid; Transforaminal Epidural With Imaging Guidance (Fluoroscopy Or Ct) Cervical Or Thoracic Single Level
64480	Musculoskeletal Pain	Injection(S) Anesthetic Agent(S) And/Or Steroid; Transforaminal Epidural With Imaging Guidance (Fluoroscopy Or Ct) Cervical Or Thoracic Each Additional Level (List Separately In Addition To Code For Primary Procedure)
64483	Musculoskeletal Pain	Injection(S) Anesthetic Agent(S) And/Or Steroid; Transforaminal Epidural With Imaging Guidance (Fluoroscopy Or Ct) Lumbar Or Sacral Single Level
64484	Musculoskeletal Pain	Injection(S) Anesthetic Agent(S) And/Or Steroid; Transforaminal Epidural With Imaging Guidance (Fluoroscopy Or Ct) Lumbar Or Sacral Each Additional Level (List Separately In Addition To Code For Primary Procedure)



64490	Musculoskeletal Pain	Injection(S) Diagnostic Or Therapeutic Agent Paravertebral Facet (Zygapophyseal) Joint (Or Nerves Innervating That Joint) With Image Guidance (Fluoroscopy Or Ct) Cervical Or Thoracic; Single Level
64491	Musculoskeletal Pain	Injection(S) Diagnostic Or Therapeutic Agent Paravertebral Facet (Zygapophyseal) Joint (Or Nerves Innervating That Joint) With Image Guidance (Fluoroscopy Or Ct) Cervical Or Thoracic; Second Level (List Separately In Addition To Code For Primary Procedure)
64492	Musculoskeletal Pain	Injection(S) Diagnostic Or Therapeutic Agent Paravertebral Facet (Zygapophyseal) Joint (Or Nerves Innervating That Joint) With Image Guidance (Fluoroscopy Or Ct) Cervical Or Thoracic; Third And Any Additional Level(S) (List Separately In Addition To Code For Primary Procedure)
64493	Musculoskeletal Pain	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
64494	Musculoskeletal Pain	Injection(S) Diagnostic Or Therapeutic Agent Paravertebral Facet (Zygapophyseal) Joint (Or Nerves Innervating That Joint) With Image Guidance (Fluoroscopy Or Ct) Lumbar Or Sacral; Second Level (List Separately In Addition To Code For Primary Procedure)
64495	Musculoskeletal Pain	Injection(S) Diagnostic Or Therapeutic Agent Paravertebral Facet (Zygapophyseal) Joint (Or Nerves Innervating That Joint) With Image Guidance (Fluoroscopy Or Ct) Lumbar Or Sacral; Third And Any Additional Level(S) (List Separately In Addition To Code For Primary Procedure)
64510	Musculoskeletal Pain	Injection Anesthetic Agent; Stellate Ganglion (Cervical Sympathetic)
64520	Musculoskeletal Pain	Injection Anesthetic Agent; Lumbar Or Thoracic (Paravertebral Sympathetic)
64625	Musculoskeletal Pain	Radiofrequency Ablation Nerves Innervating The Sacroiliac Joint With Image Guidance (Ie Fluoroscopy Or Computed Tomography)
64633	Musculoskeletal Pain	Destruction By Neurolytic Agent Paravertebral Facet Joint Nerve(S) With Imaging Guidance (Fluoroscopy Or Ct); Cervical Or Thoracic Single Facet Joint
64634	Musculoskeletal Pain	Destruction By Neurolytic Agent Paravertebral Facet Joint Nerve(S) With Imaging Guidance (Fluoroscopy Or Ct); Cervical Or Thoracic Each Additional Facet Joint (List Separately In Addition To Code For Primary Procedure)
64635	Musculoskeletal Pain	Destruction By Neurolytic Agent Paravertebral Facet Joint Nerve(S) With Imaging Guidance (Fluoroscopy Or Ct); Lumbar Or Sacral Single Facet Joint
64636	Musculoskeletal Pain	Destruction By Neurolytic Agent Paravertebral Facet Joint Nerve(S) With Imaging Guidance (Fluoroscopy Or Ct); Lumbar Or Sacral Each Additional Facet Joint (List Separately In Addition To Code For Primary Procedure)
0213T	Musculoskeletal Pain	Injection(S) Diagnostic Or Therapeutic Agent Paravertebral Facet (Zygapophyseal) Joint (Or Nerves Innervating That Joint) With Ultrasound Guidance Cervical Or Thoracic; Single Level
0214T	Musculoskeletal Pain	Injection(S) Diagnostic Or Therapeutic Agent Paravertebral Facet (Zygapophyseal) Joint (Or Nerves Innervating That Joint) With Ultrasound Guidance Cervical Or Thoracic; Second Level (List Separately In Addition To Code For Primary Procedure)
0215T	Musculoskeletal Pain	Injection(S) Diagnostic Or Therapeutic Agent Paravertebral Facet (Zygapophyseal) Joint (Or Nerves Innervating That Joint) With Ultrasound Guidance Cervical Or Thoracic; Third And Any Additional Level(S) (List Separately In Addition To Code For Primary Procedure)
0216T	Musculoskeletal Pain	Injection(S) Diagnostic Or Therapeutic Agent Paravertebral Facet (Zygapophyseal) Joint (Or Nerves Innervating That Joint) With Ultrasound Guidance Lumbar Or Sacral; Single Level
0217T	Musculoskeletal Pain	Injection(S) Diagnostic Or Therapeutic Agent Paravertebral Facet (Zygapophyseal) Joint (Or Nerves Innervating That Joint) With Ultrasound Guidance Lumbar Or Sacral; Second Level (List Separately In Addition To Code For Primary Procedure)
0218T	Musculoskeletal Pain	Injection(S) Diagnostic Or Therapeutic Agent Paravertebral Facet (Zygapophyseal) Joint (Or Nerves Innervating That Joint) With Ultrasound Guidance Lumbar Or Sacral; Third And Any Additional Level(S) (List Separately In Addition To Code For Primary Procedure)
0627T	Musculoskeletal Pain	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with fluoroscopic guidance, lumbar; first level
0628T	Musculoskeletal Pain	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with fluoroscopic guidance, lumbar; each additional level (List separately in addition to code for primary procedure)
0629T	Musculoskeletal Pain	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with CT guidance, lumbar; first level
0630T	Musculoskeletal Pain	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with CT guidance, lumbar; each additional level (List separately in addition to code for primary procedure)
15824	Outpatient Surgery (Deactivation of Headache Triggers)	Rhytidectomy; Forehead
15826	Outpatient Surgery (Deactivation of Headache Triggers)	Rhytidectomy; Glabellar Frown Lines
30130	Outpatient Surgery (Deactivation of Headache Triggers)	Excision Inferior Turbinate Partial Or Complete Any Method
30140	Outpatient Surgery (Deactivation of Headache Triggers)	Submucous Resection Inferior Turbinate Partial Or Complete Any Method

30520	Outpatient Surgery (Deactivation of Headache Triggers)	Septoplasty Or Submucous Resection With Or Without Cartilage Scoring Contouring Or Replacement With Graft
64716	Outpatient Surgery (Deactivation of Headache Triggers)	Neuroplasty And/Or Transposition; Cranial Nerve (Specify)
64732	Outpatient Surgery (Deactivation of Headache Triggers)	Transection Or Avulsion Of; Supraorbital Nerve
64734	Outpatient Surgery (Deactivation of Headache Triggers)	Transection Or Avulsion Of; Infraorbital Nerve
64771	Outpatient Surgery (Deactivation of Headache Triggers)	Transection Or Avulsion Of Other Cranial Nerve Extradural
67900	Outpatient Surgery (Deactivation of Headache Triggers)	Repair Of Brow Ptosis (Supraciliary Mid-Forehead Or Coronal Approach)
19294	Radiation Therapy/Radiation Oncology	Preparation Of Tumor Cavity With Placement Of A Radiation Therapy Applicator For Intraoperative Radiation Therapy (Iort) Concurrent With Partial Mastectomy (List Separately In Addition To Code For Primary Procedure)
19296	Radiation Therapy/Radiation Oncology	Placement Of Radiotherapy Afterloading Expandable Catheter (Single Or Multichannel) Into The Breast For Interstitial Radioelement Application Following Partial Mastectomy Includes Imaging Guidance; On Date Separate From Partial Mastectomy
19297	Radiation Therapy/Radiation Oncology	Placement Of Radiotherapy Afterloading Expandable Catheter (Single Or Multichannel) Into The Breast For Interstitial Radioelement Application Following Partial Mastectomy Includes Imaging Guidance; Concurrent With Partial Mastectomy (List Separately In Addition To Code For Primary Procedure)
19298	Radiation Therapy/Radiation Oncology	Placement Of Radiotherapy After Loading Brachytherapy Catheters (Multiple Tube And Button Type) Into The Breast For Interstitial Radioelement Application Following (At The Time Of Or Subsequent To) Partial Mastectomy Includes Imaging Guidance
20555	Radiation Therapy/Radiation Oncology	Placement Of Needles Or Catheters Into Muscle And/Or Soft Tissue For Subsequent Interstitial Radioelement Application (At The Time Of Or Subsequent To The Procedure)
31643	Radiation Therapy/Radiation Oncology	Bronchoscopy Rigid Or Flexible Including Fluoroscopic Guidance When Performed; With Placement Of Catheter(S) For Intracavitary Radioelement Application
32701	Radiation Therapy/Radiation Oncology	Thoracic Target(S) Delineation For Stereotactic Body Radiation Therapy (Srs/Sbrt) (Photon Or Particle Beam) Entire Course Of Treatment
41019	Radiation Therapy/Radiation Oncology	Placement Of Needles Catheters Or Other Device(S) Into The Head And/Or Neck Region (Percutaneous Transoral Or Transnasal) For Subsequent Interstitial Radioelement Application
55860	Radiation Therapy/Radiation Oncology	Exposure Of Prostate Any Approach For Insertion Of Radioactive Substance;
55862	Radiation Therapy/Radiation Oncology	Exposure Of Prostate Any Approach For Insertion Of Radioactive Substance; With Lymph Node Biopsy(S) (Limited Pelvic Lymphadenectomy)
55865	Radiation Therapy/Radiation Oncology	Exposure Of Prostate Any Approach For Insertion Of Radioactive Substance; With Bilateral Pelvic Lymphadenectomy Including External Iliac Hypogastric And Obturator Nodes
55874	Radiation Therapy/Radiation Oncology	Transperineal Placement Of Biodegradable Material Peri-Prostatic Single Or Multiple Injection(S) Including Image Guidance When Performed
55875	Radiation Therapy/Radiation Oncology	Transperineal Placement Of Needles Or Catheters Into Prostate For Interstitial Radioelement Application With Or Without Cystoscopy
55920	Radiation Therapy/Radiation Oncology	Placement Of Needles Or Catheters Into Pelvic Organs And/Or Genitalia (Except Prostate) For Subsequent Interstitial Radioelement Application
57155	Radiation Therapy/Radiation Oncology	Insertion Of Uterine Tandem And/Or Vaginal Ovoids For Clinical Brachytherapy
57156	Radiation Therapy/Radiation Oncology	Insertion Of A Vaginal Radiation Afterloading Apparatus For Clinical Brachytherapy
58346	Radiation Therapy/Radiation Oncology	Insertion Of Heyman Capsules For Clinical Brachytherapy
61796	Radiation Therapy/Radiation Oncology	Stereotactic Radiosurgery (Particle Beam Gamma Ray Or Linear Accelerator); 1 Simple Cranial Lesion
61797	Radiation Therapy/Radiation Oncology	Stereotactic Radiosurgery (Particle Beam Gamma Ray Or Linear Accelerator); Each Additional Cranial Lesion Simple (List Separately In Addition To Code For Primary Procedure)
61798	Radiation Therapy/Radiation Oncology	Stereotactic Radiosurgery (Particle Beam Gamma Ray Or Linear Accelerator); 1 Complex Cranial Lesion
61799	Radiation Therapy/Radiation Oncology	Stereotactic Radiosurgery (Particle Beam Gamma Ray Or Linear Accelerator); Each Additional Cranial Lesion Complex (List Separately In Addition To Code For Primary Procedure)
61800	Radiation Therapy/Radiation Oncology	Application Of Stereotactic Headframe For Stereotactic Radiosurgery (List Separately In Addition To Code For Primary Procedure)
63620	Radiation Therapy/Radiation Oncology	Stereotactic Radiosurgery (Particle Beam Gamma Ray Or Linear Accelerator); 1 Spinal Lesion
63621	Radiation Therapy/Radiation Oncology	Stereotactic Radiosurgery (Particle Beam Gamma Ray Or Linear Accelerator); Each Additional Spinal Lesion (List Separately In Addition To Code For Primary Procedure)
67218	Radiation Therapy/Radiation Oncology	Destruction Of Localized Lesion Of Retina (Eg Macular Edema Tumors) 1 Or More Sessions; Radiation By Implantation Of Source (Includes Removal Of Source)
76873	Radiation Therapy/Radiation Oncology	Ultrasound Transrectal; Prostate Volume Study For Brachytherapy Treatment Planning (Separate Procedure)
76965	Radiation Therapy/Radiation Oncology	Ultrasonic Guidance For Interstitial Radioelement Application

77014	Radiation Therapy/Radiation Oncology	Computed Tomography Guidance For Placement Of Radiation Therapy Fields
77295	Radiation Therapy/Radiation Oncology	3-Dimensional Radiotherapy Plan Including Dose-Volume Histograms
77301	Radiation Therapy/Radiation Oncology	Intensity Modulated Radiotherapy Plan Including Dose-Volume Histograms For Target And Critical Structure Partial Tolerance Specifications
77316	Radiation Therapy/Radiation Oncology	Brachytherapy Isodose Plan; Simple (Calculation[S] Made From 1 To 4 Sources Or Remote Afterloading Brachytherapy 1 Channel) Includes Basic Dosimetry Calculation(S)
77317	Radiation Therapy/Radiation Oncology	Brachytherapy Isodose Plan; Intermediate (Calculation[S] Made From 5 To 10 Sources Or Remote Afterloading Brachytherapy 2-12 Channels) Includes Basic Dosimetry Calculation(S)
77318	Radiation Therapy/Radiation Oncology	Brachytherapy Isodose Plan; Complex (Calculation[S] Made From Over 10 Sources Or Remote Afterloading Brachytherapy Over 12 Channels) Includes Basic Dosimetry Calculation(S)
77338	Radiation Therapy/Radiation Oncology	Multi-Leaf Collimator (MLC) Device(S) For Intensity Modulated Radiation Therapy (Imrt) Design And Construction Per Imrt Plan
77370	Radiation Therapy/Radiation Oncology	Special Medical Radiation Physics Consultation
77371	Radiation Therapy/Radiation Oncology	Radiation Treatment Delivery Stereotactic Radiosurgery (Srs) Complete Course Of Treatment Of Cranial Lesion(S) Consisting Of 1 Session; Multi-Source Cobalt 60 Based
77372	Radiation Therapy/Radiation Oncology	Radiation Treatment Delivery Stereotactic Radiosurgery (Srs) Complete Course Of Treatment Of Cranial Lesion(S) Consisting Of 1 Session; Linear Accelerator Based
77373	Radiation Therapy/Radiation Oncology	Stereotactic Body Radiation Therapy Treatment Delivery Per Fraction To 1 Or More Lesions Including Image Guidance Entire Course Not To Exceed 5 Fractions
77385	Radiation Therapy/Radiation Oncology	Intensity Modulated Radiation Treatment Delivery (Imrt) Includes Guidance And Tracking When Performed; Simple
77386	Radiation Therapy/Radiation Oncology	Intensity Modulated Radiation Treatment Delivery (Imrt) Includes Guidance And Tracking When Performed; Complex
77387	Radiation Therapy/Radiation Oncology	Guidance For Localization Of Target Volume For Delivery Of Radiation Treatment Includes Intrafraction Tracking When Performed
77402	Radiation Therapy/Radiation Oncology	Radiation Treatment Delivery >=1 Mev; Simple
77407	Radiation Therapy/Radiation Oncology	Radiation Treatment Delivery >=1 Mev; Intermediate
77412	Radiation Therapy/Radiation Oncology	Radiation Treatment Delivery >=1 Mev; Complex
77424	Radiation Therapy/Radiation Oncology	Intraoperative Radiation Treatment Delivery X-Ray Single Treatment Session
77425	Radiation Therapy/Radiation Oncology	Intraoperative Radiation Treatment Delivery Electrons Single Treatment Session
77432	Radiation Therapy/Radiation Oncology	Stereotactic Radiation Treatment Management Of Cranial Lesion(S) (Complete Course Of Treatment Consisting Of 1 Session)
77435	Radiation Therapy/Radiation Oncology	Stereotactic Body Radiation Therapy Treatment Management Per Treatment Course To 1 Or More Lesions Including Image Guidance Entire Course Not To Exceed 5 Fractions
77469	Radiation Therapy/Radiation Oncology	Intraoperative Radiation Treatment Management
77470	Radiation Therapy/Radiation Oncology	Special Treatment Procedure (Eg Total Body Irradiation Hemibody Radiation Per Oral Or Endocavitary Irradiation)
77520	Radiation Therapy/Radiation Oncology	Proton Treatment Delivery; Simple Without Compensation
77522	Radiation Therapy/Radiation Oncology	Proton Treatment Delivery; Simple With Compensation
77523	Radiation Therapy/Radiation Oncology	Proton Treatment Delivery; Intermediate
77525	Radiation Therapy/Radiation Oncology	Proton Treatment Delivery; Complex
77750	Radiation Therapy/Radiation Oncology	Infusion Or Instillation Of Radioelement Solution (Includes 3-Month Follow-Up Care)
77761	Radiation Therapy/Radiation Oncology	Intracavitary Radiation Source Application; Simple
77762	Radiation Therapy/Radiation Oncology	Intracavitary Radiation Source Application; Intermediate
77763	Radiation Therapy/Radiation Oncology	Intracavitary Radiation Source Application; Complex
77767	Radiation Therapy/Radiation Oncology	Remote Afterloading High Dose Rate Radionuclide Skin Surface Brachytherapy Includes Basic Dosimetry When Performed; Lesion Diameter Up To 2.0 Cm Or 1 Channel
77768	Radiation Therapy/Radiation Oncology	Remote Afterloading High Dose Rate Radionuclide Skin Surface Brachytherapy Includes Basic Dosimetry When Performed; Lesion Diameter Over 2.0 Cm And 2 Or More Channels Or Multiple Lesions
77770	Radiation Therapy/Radiation Oncology	Remote Afterloading High Dose Rate Radionuclide Interstitial Or Intracavitary Brachytherapy Includes Basic Dosimetry When Performed; 1 Channel
77771	Radiation Therapy/Radiation Oncology	Remote Afterloading High Dose Rate Radionuclide Interstitial Or Intracavitary Brachytherapy Includes Basic Dosimetry When Performed; 2-12 Channels
77772	Radiation Therapy/Radiation Oncology	Remote Afterloading High Dose Rate Radionuclide Interstitial Or Intracavitary Brachytherapy Includes Basic Dosimetry When Performed; Over 12 Channels
77778	Radiation Therapy/Radiation Oncology	Interstitial Radiation Source Application Complex Includes Supervision Handling Loading Of Radiation Source When Performed
77790	Radiation Therapy/Radiation Oncology	Supervision Handling Loading Of Radiation Source
79101	Radiation Therapy/Radiation Oncology	Radiopharmaceutical Therapy By Intravenous Administration
79403	Radiation Therapy/Radiation Oncology	Radiopharmaceutical Therapy Radiolabeled Monoclonal Antibody By Intravenous Infusion
0394T	Radiation Therapy/Radiation Oncology	High Dose Rate Electronic Brachytherapy Skin Surface Application Per Fraction Includes Basic Dosimetry When Performed
0395T	Radiation Therapy/Radiation Oncology	High Dose Rate Electronic Brachytherapy Interstitial Or Intracavitary Treatment Per Fraction Includes Basic Dosimetry When Performed

A9508	Radiation Therapy/Radiation Oncology	Iodine I-131 Iobenguane Sulfate Diagnostic Per 0.5 Millicurie
A9513	Radiation Therapy/Radiation Oncology	Lutetium Lu 177 Dotatate Therapeutic 1 Millicurie
A9528	Radiation Therapy/Radiation Oncology	Iodine I-131 Sodium Iodide Capsule(S) Diagnostic Per Millicurie
A9531	Radiation Therapy/Radiation Oncology	Iodine I-131 Sodium Iodide Diagnostic Per Microcurie (Up To 100 Microcuries)
A9543	Radiation Therapy/Radiation Oncology	Yttrium Y-90 Ibritumomab Tiuxetan Therapeutic Per Treatment Dose Up To 40 Millicuries
A9590	Radiation Therapy/Radiation Oncology	Iodine I-131 Iobenguane 1 Millicurie
A9600	Radiation Therapy/Radiation Oncology	Strontium Sr-89 Chloride Therapeutic Per Millicurie
A9604	Radiation Therapy/Radiation Oncology	Samarium Sm-153 Lexidronam Therapeutic Per Treatment Dose Up To 150 Millicuries
A9606	Radiation Therapy/Radiation Oncology	Radium Ra-223 Dichloride Therapeutic Per Microcurie
A9607	Radiation Therapy/Radiation Oncology	Lutetium Lu 177 Vipivotide Tetraxetan Therapeutic 1 Millicurie
G0339	Radiation Therapy/Radiation Oncology	Image-Guided Robotic Linear Accelerator-Based Stereotactic Radiosurgery Complete Course Of Therapy In One Session Or First Session Of Fractionated Treatment
G0340	Radiation Therapy/Radiation Oncology	Image-Guided Robotic Linear Accelerator-Based Stereotactic Radiosurgery Delivery Including Collimator Changes And Custom Plugging Fractionated Treatment All Lesions Per Session Second Through Fifth Sessions Maximum Five Sessions Per Course Of Treatment
G0458	Radiation Therapy/Radiation Oncology	Low Dose Rate (Ldr) Prostate Brachytherapy Services Composite Rate
G6001	Radiation Therapy/Radiation Oncology	Ultrasonic Guidance For Placement Of Radiation Therapy Fields
G6002	Radiation Therapy/Radiation Oncology	Stereoscopic X-Ray Guidance For Localization Of Target Volume For The Delivery Of Radiation Therapy
G6003	Radiation Therapy/Radiation Oncology	Radiation Treatment Delivery Single Treatment Area Single Port Or Parallel Opposed Ports Simple Blocks Or No Blocks: Up To 5Mev
G6004	Radiation Therapy/Radiation Oncology	Radiation Treatment Delivery Single Treatment Area Single Port Or Parallel Opposed Ports Simple Blocks Or No Blocks: 6-10Mev
G6005	Radiation Therapy/Radiation Oncology	Radiation Treatment Delivery Single Treatment Area Single Port Or Parallel Opposed Ports Simple Blocks Or No Blocks: 11-19Mev
G6006	Radiation Therapy/Radiation Oncology	Radiation Treatment Delivery Single Treatment Area Single Port Or Parallel Opposed Ports Simple Blocks Or No Blocks: 20Mev Or Greater
G6007	Radiation Therapy/Radiation Oncology	Radiation Treatment Delivery 2 Separate Treatment Areas 3 Or More Ports On A Single Treatment Area Use Of Multiple Blocks: Up To 5Mev
G6008	Radiation Therapy/Radiation Oncology	Radiation Treatment Delivery 2 Separate Treatment Areas 3 Or More Ports On A Single Treatment Area Use Of Multiple Blocks: 6-10Mev
G6009	Radiation Therapy/Radiation Oncology	Radiation Treatment Delivery 2 Separate Treatment Areas 3 Or More Ports On A Single Treatment Area Use Of Multiple Blocks: 11-19Mev
G6010	Radiation Therapy/Radiation Oncology	Radiation Treatment Delivery 2 Separate Treatment Areas 3 Or More Ports On A Single Treatment Area Use Of Multiple Blocks: 20 Mev Or Greater
G6011	Radiation Therapy/Radiation Oncology	Radiation Treatment Delivery 3 Or More Separate Treatment Areas Custom Blocking Tangential Ports Wedges Rotational Beam Compensators Electron Beam; Up To 5Mev
G6012	Radiation Therapy/Radiation Oncology	Radiation Treatment Delivery 3 Or More Separate Treatment Areas Custom Blocking Tangential Ports Wedges Rotational Beam Compensators Electron Beam; 6-10Mev
G6013	Radiation Therapy/Radiation Oncology	Radiation Treatment Delivery 3 Or More Separate Treatment Areas Custom Blocking Tangential Ports Wedges Rotational Beam Compensators Electron Beam; 11-19Mev
G6014	Radiation Therapy/Radiation Oncology	Radiation Treatment Delivery 3 Or More Separate Treatment Areas Custom Blocking Tangential Ports Wedges Rotational Beam Compensators Electron Beam; 20Mev Or Greater
G6015	Radiation Therapy/Radiation Oncology	Intensity Modulated Treatment Delivery Single Or Multiple Fields/Arcs Via Narrow Spatially And Temporally Modulated Beams Binary Dynamic Mlc Per Treatment Session
G6016	Radiation Therapy/Radiation Oncology	Compensator-Based Beam Modulation Treatment Delivery Of Inverse Planned Treatment Using 3 Or More High Resolution (Milled Or Cast) Compensator Convergent Beam Modulated Fields Per Treatment Session
G6017	Radiation Therapy/Radiation Oncology	Intra-Fraction Localization And Tracking Of Target Or Patient Motion During Delivery Of Radiation Therapy (Eg 3D Positional Tracking Gating 3D Surface Tracking) Each Fraction Of Treatment
Q3001	Radiation Therapy/Radiation Oncology	Radioelements For Brachytherapy Any Type Each
S8030	Radiation Therapy/Radiation Oncology	Scleral Application Of Tantalum Ring(S) For Localization Of Lesions For Proton Beam Therapy
97010	Therapy	Application of a modality to 1 or more areas; hot or cold packs
97012	Therapy	Application of a modality to 1 or more areas; traction, mechanical
97014	Therapy	Application of a modality to 1 or more areas; electrical stimulation (unattended)
97016	Therapy	Application of a modality to 1 or more areas; vasopneumatic devices
97018	Therapy	Application of a modality to 1 or more areas; paraffin bath
97022	Therapy	Application of a modality to 1 or more areas; whirlpool
97024	Therapy	Application of a modality to 1 or more areas; diathermy (eg, microwave)
97026	Therapy	Application of a modality to 1 or more areas; infrared
97028	Therapy	Application of a modality to 1 or more areas; ultraviolet
97032	Therapy	Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes

97033	Therapy	Application of a modality to 1 or more areas; iontophoresis, each 15 minutes
97034	Therapy	Application of a modality to 1 or more areas; contrast baths, each 15 minutes
97035	Therapy	Application of a modality to 1 or more areas; ultrasound, each 15 minutes
97036	Therapy	Application of a modality to 1 or more areas; Hubbard tank, each 15 minutes
97039	Therapy	Unlisted modality (specify type and time if constant attendance)
97110	Therapy	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility
97112	Therapy	Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities
97113	Therapy	Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises
97116	Therapy	Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)
97124	Therapy	Therapeutic procedure, 1 or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)
97139	Therapy	Unlisted therapeutic procedure (specify)
97140	Therapy	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes
97150	Therapy	Therapeutic procedure(s), group (2 or more individuals)
97161	Therapy	Physical therapy evaluation: low complexity, requiring these components: A history with no personal factors and/or comorbidities that impact the plan of care; An examination of body system(s) using standardized tests and measures addressing 1-2 elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with stable and/or uncomplicated characteristics; and Clinical decision making of low complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 20 minutes are spent face-to-face with the patient and/or family.
97162	Therapy	Physical therapy evaluation: moderate complexity, requiring these components: A history of present problem with 1-2 personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures in addressing a total of 3 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; An evolving clinical presentation with changing characteristics; and Clinical decision making of moderate complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 30 minutes are spent face-to-face with the patient and/or family.
97163	Therapy	Physical therapy evaluation: high complexity, requiring these components: A history of present problem with 3 or more personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures addressing a total of 4 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with unstable and unpredictable characteristics; and Clinical decision making of high complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 45 minutes are spent face-to-face with the patient and/or family.
97164	Therapy	Re-evaluation of physical therapy established plan of care, requiring these components: An examination including a review of history and use of standardized tests and measures is required; and Revised plan of care using a standardized patient assessment instrument and/or measurable assessment of functional outcome Typically, 20 minutes are spent face-to-face with the patient and/or family.
97165	Therapy	Occupational therapy evaluation, low complexity, requiring these components: An occupational profile and medical and therapy history, which includes a brief history including review of medical and/or therapy records relating to the presenting problem; An assessment(s) that identifies 1-3 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of low complexity, which includes an analysis of the occupational profile, analysis of data from problem-focused assessment(s), and consideration of a limited number of treatment options. Patient presents with no comorbidities that affect occupational performance. Modification of tasks or assistance (eg, physical or verbal) with assessment(s) is not necessary to enable completion of evaluation component. Typically, 30 minutes are spent face-to-face with the patient and/or family.

97166	Therapy	Occupational therapy evaluation, moderate complexity, requiring these components: An occupational profile and medical and therapy history, which includes an expanded review of medical and/or therapy records and additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 3-5 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of moderate analytic complexity, which includes an analysis of the occupational profile, analysis of data from detailed assessment(s), and consideration of several treatment options. Patient may present with comorbidities that affect occupational performance. Minimal to moderate modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 45 minutes are spent face-to-face with the patient and/or family.
97167	Therapy	Occupational therapy evaluation, high complexity, requiring these components: An occupational profile and medical and therapy history, which includes review of medical and/or therapy records and extensive additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 5 or more performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of high analytic complexity, which includes an analysis of the patient profile, analysis of data from comprehensive assessment(s), and consideration of multiple treatment options. Patient presents with comorbidities that affect occupational performance. Significant modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 60 minutes are spent face-to-face with the patient and/or family.
97168	Therapy	Re-evaluation of occupational therapy established plan of care, requiring these components: An assessment of changes in patient functional or medical status with revised plan of care; An update to the initial occupational profile to reflect changes in condition or environment that affect future interventions and/or goals; and A revised plan of care. A formal reevaluation is performed when there is a documented change in functional status or a significant change to the plan of care is required. Typically, 30 minutes are spent face-to-face with the patient and/or family.
97169	Therapy	Athletic training evaluation, low complexity, requiring these components: A history and physical activity profile with no comorbidities that affect physical activity; An examination of affected body area and other symptomatic or related systems addressing 1-2 elements from any of the following: body structures, physical activity, and/or participation deficiencies; and Clinical decision making of low complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 15 minutes are spent face-to-face with the patient and/or family.
97170	Therapy	Athletic training evaluation, moderate complexity, requiring these components: A medical history and physical activity profile with 1-2 comorbidities that affect physical activity; An examination of affected body area and other symptomatic or related systems addressing a total of 3 or more elements from any of the following: body structures, physical activity, and/or participation deficiencies; and Clinical decision making of moderate complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 30 minutes are spent face-to-face with the patient and/or family.
97171	Therapy	Athletic training evaluation, high complexity, requiring these components: A medical history and physical activity profile, with 3 or more comorbidities that affect physical activity; A comprehensive examination of body systems using standardized tests and measures addressing a total of 4 or more elements from any of the following: body structures, physical activity, and/or participation deficiencies; Clinical presentation with unstable and unpredictable characteristics; and Clinical decision making of high complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 45 minutes are spent face-to-face with the patient and/or family.
97172	Therapy	Re-evaluation of athletic training established plan of care requiring these components: An assessment of patient's current functional status when there is a documented change; and A revised plan of care using a standardized patient assessment instrument and/or measurable assessment of functional outcome with an update in management options, goals, and interventions. Typically, 20 minutes are spent face-to-face with the patient and/or family.
97530	Therapy	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes
97535	Therapy	Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes
97537	Therapy	Community/work reintegration training (eg, shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact, each 15 minutes

97750	Therapy	Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes
97755	Therapy	Assistive technology assessment (eg, to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility), direct one-on-one contact, with written report, each 15 minutes
97799	Therapy	Unlisted physical medicine/rehabilitation service or procedure
98925	Therapy	Osteopathic manipulative treatment (OMT); 1-2 body regions involved
98926	Therapy	Osteopathic manipulative treatment (OMT); 3-4 body regions involved
98927	Therapy	Osteopathic manipulative treatment (OMT); 5-6 body regions involved
98928	Therapy	Osteopathic manipulative treatment (OMT); 7-8 body regions involved
98929	Therapy	Osteopathic manipulative treatment (OMT); 9-10 body regions involved
97129	Therapy	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; initial 15 minutes
97130	Therapy	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; each additional 15 minutes (List separately in addition to code for primary procedure)
92507	Therapy	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual
92508	Therapy	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals
92521	Therapy	Evaluation of speech fluency (eg, stuttering, cluttering)
92522	Therapy	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria)
92523	Therapy	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (eg, receptive and expressive language)
92524	Therapy	Behavioral and qualitative analysis of voice and resonance
92556	Therapy	Speech audiometry threshold; with speech recognition
92610	Therapy	Evaluation of oral and pharyngeal swallowing function
92630	Therapy	Auditory rehabilitation; prelingual hearing loss
92633	Therapy	Auditory rehabilitation; postlingual hearing loss
96000	Therapy	Comprehensive computer-based motion analysis by video-taping and 3D kinematics; with dynamic plantar pressure measurements during walking
96001	Therapy	Comprehensive computer-based motion analysis by video-taping and 3D kinematics; with dynamic plantar pressure measurements during walking
96002	Therapy	Dynamic surface electromyography, during walking or other functional activities, 1-12 muscles
96004	Therapy	Review and interpretation by physician or other qualified health care professional of comprehensive computer-based motion analysis, dynamic plantar pressure measurements, dynamic surface electromyography during walking or other functional activities, and dynamic fine wire electromyography, with written report
93797	Therapy	Physician or other qualified health care professional services for outpatient cardiac rehabilitation; without continuous ECG monitoring (per session)
93798	Therapy	Physician or other qualified health care professional services for outpatient cardiac rehabilitation; with continuous ECG monitoring (per session)
0662T	Therapy	Scalp cooling, mechanical; initial measurement and calibration of cap
0663T	Therapy	Scalp cooling, mechanical; placement of device, monitoring, and removal of device (List separately in addition to code for primary procedure)
0776T	Therapy	Therapeutic induction of intra-brain hypothermia, including placement of a mechanical temperature-controlled cooling device to the neck over carotids and head, including monitoring (eg, vital signs and sport concussion assessment tool 5 [SCAT5]), 30 minutes of treatment
0266T	Therapy	Implantation or replacement of carotid sinus baroreflex activation device; total system (includes generator placement, unilateral or bilateral lead placement, intra-operative interrogation, programming, and repositioning, when performed)
0267T	Therapy	Implantation or replacement of carotid sinus baroreflex activation device; lead only, unilateral (includes intra-operative interrogation, programming, and repositioning, when performed)
0268T	Therapy	Implantation or replacement of carotid sinus baroreflex activation device; pulse generator only (includes intra-operative interrogation, programming, and repositioning, when performed)

0269T	Therapy	Revision or removal of carotid sinus baroreflex activation device; total system (includes generator placement, unilateral or bilateral lead placement, intra-operative interrogation, programming, and repositioning, when performed)
0270T	Therapy	Revision or removal of carotid sinus baroreflex activation device; lead only, unilateral (includes intra-operative interrogation, programming, and repositioning, when performed)
0271T	Therapy	Revision or removal of carotid sinus baroreflex activation device; pulse generator only (includes intra-operative interrogation, programming, and repositioning, when performed)
0272T	Therapy	Interrogation device evaluation (in person), carotid sinus baroreflex activation system, including telemetric iterative communication with the implantable device to monitor device diagnostics and programmed therapy values, with interpretation and report (eg, battery status, lead impedance, pulse amplitude, pulse width, therapy frequency, pathway mode, burst mode, therapy start/stop times each day);
0273T	Therapy	Interrogation device evaluation (in person), carotid sinus baroreflex activation system, including telemetric iterative communication with the implantable device to monitor device diagnostics and programmed therapy values, with interpretation and report (eg, battery status, lead impedance, pulse amplitude, pulse width, therapy frequency, pathway mode, burst mode, therapy start/stop times each day); with programming
00640	Therapy	Anesthesia for manipulation of the spine or for closed procedures on the cervical thoracic or lumbar spine
15789	Therapy	Chemical peel facial dermal
15793	Therapy	Chemical peel nonfacial dermal
17106	Therapy	Destruction of cutaneous vascular proliferative lesions eg laser technique less than 10 sq cm
17107	Therapy	Destruction of cutaneous vascular proliferative lesions eg laser technique 10 0 to 50 0 sq cm
17108	Therapy	Destruction of cutaneous vascular proliferative lesions eg laser technique over 50 0 sq cm
17360	Therapy	Chemical exfoliation for acne eg acne paste acid
24300	Therapy	Manipulation elbow under anesthesia
26340	Therapy	Manipulation finger joint under anesthesia each joint
27275	Therapy	Manipulation hip joint requiring general anesthesia
27860	Therapy	Manipulation of ankle under general anesthesia includes application of traction or other fixation apparatus
36522	Therapy	Photopheresis extracorporeal
93797	Therapy	Physician or other qualified health care professional services for outpatient cardiac rehabilitation without continuous ECG monitoring per session
93798	Therapy	Physician or other qualified health care professional services for outpatient cardiac rehabilitation with continuous ECG monitoring per session
96000	Therapy	Comprehensive computer based motion analysis by video taping and 3D kinematics
96001	Therapy	Comprehensive computer based motion analysis by video taping and 3D kinematics with dynamic plantar pressure measurements during walking
96004	Therapy	Review and interpretation by physician or other qualified health care professional of comprehensive computer based motion analysis dynamic plantar pressure measurements dynamic surface electromyography during walking or other functional activities and dynamic fine wire electromyography with written report
96922	Therapy	Laser treatment for inflammatory skin disease psoriasis over 500 sq cm
97533	Therapy	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands direct one on one patient contact each 15 minutes
97537	Therapy	Community work reintegration training eg shopping transportation money management avocational activities and or work environment modification analysis work task analysis use of assistive technology device adaptive equipment direct one on one contact each 15 minutes
99183	Therapy	Physician or other qualified health care professional attendance and supervision of hyperbaric oxygen therapy per session
E0691	Therapy	ULTRAVIOLET LIGHT THERAPY SYSTEM INCLUDES BULBS LAMPS TIMER AND EYE PROTECTION TREATMENT AREA 2 SQUARE FEET OR LESS
E1629	Therapy	Tablo hemodialysis system for the billable dialysis service
G0277	Therapy	Hyperbaric oxygen under pressure full body chamber per 30 minute interval
G0422	Therapy	INTENSIVE CARDIAC REHABILITATION WITH OR WITHOUT CONTINUOUS ECG MONITORING WITH EXERCISE PER SESSION
G0423	Therapy	INTENSIVE CARDIAC REHABILITATION WITH OR WITHOUT CONTINUOUS ECG MONITORING WITHOUT EXERCISE PER SESSION
0524T	Varicose Vein Management	Endovenous catheter directed chemical ablation with balloon isolation of incompetent extremity vein, open or percutaneous, including all vascular access, catheter manipulation, diagnostic imaging, imaging guidance and monitoring
36465	Varicose Vein Management	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; single incompetent extremity truncal vein (eg, great saphenous vein, accessory saphenous vein)



36466	Varicose Vein Management	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; multiple incompetent truncal veins (eg, great saphenous vein, accessory saphenous vein), same leg
36468	Varicose Vein Management	Injection(s) of sclerosant for spider veins (telangiectasia), limb or trunk
36470	Varicose Vein Management	Injection of sclerosant; single incompetent vein (other than telangiectasia)
36471	Varicose Vein Management	Injection of sclerosant; multiple incompetent veins (other than telangiectasia), same leg
36473	Varicose Vein Management	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated
36474	Varicose Vein Management	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)
36475	Varicose Vein Management	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated
36476	Varicose Vein Management	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)
36478	Varicose Vein Management	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated
36479	Varicose Vein Management	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)
36482	Varicose Vein Management	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; first vein treated
36483	Varicose Vein Management	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)
37500	Varicose Vein Management	Vascular endoscopy, surgical, with ligation of perforator veins, subfascial (SEPS)
37700	Varicose Vein Management	Ligation and division of long saphenous vein at saphenofemoral junction, or distal interruptions
37718	Varicose Vein Management	Ligation, division, and stripping, short saphenous vein
37722	Varicose Vein Management	Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below
37735	Varicose Vein Management	Ligation and division and complete stripping of long or short saphenous veins with radical excision of ulcer and skin graft and/or interruption of communicating veins of lower leg, with excision of deep fascia
37760	Varicose Vein Management	Ligation of perforator veins, subfascial, radical (Linton type), including skin graft, when performed, open, 1 leg
37761	Varicose Vein Management	Ligation of perforator vein(s), subfascial, open, including ultrasound guidance, when performed, 1 leg
37765	Varicose Vein Management	Stab phlebectomy of varicose veins, 1 extremity; 10-20 stab incisions
37766	Varicose Vein Management	Stab phlebectomy of varicose veins, 1 extremity; more than 20 incisions
37780	Varicose Vein Management	Ligation and division of short saphenous vein at saphenopopliteal junction (separate procedure)
37785	Varicose Vein Management	Ligation, division, and/or excision of varicose vein cluster(s), 1 leg
37799	Varicose Vein Management	Unlisted procedure, vascular surgery
76942	Varicose Vein Management	Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation