



OUTPATIENT PROCEDURE PRIOR AUTHORIZATION EXCEPTION LIST

(Non-emergent surgeries and procedures that do not require Prior Authorization)

All services are subject to member eligibility, benefit plan coverage and medical necessity.

This list is subject to review and change. Last reviewed and approved by the Medical Director on 5/1/2019

Code	DESCRIPTION	PA EXCEPTION EFFECTIVE DATE (DOS)	PA EXCEPTION ADD DATE	PA EXCEPTION REMOVE DATE
10021	FINE NEEDLE ASPIRATION; WITHOUT IMAGING GUIDANCE	5/1/2019	5/1/2019	NA
10022	FINE NEEDLE ASPIRATION; WITH IMAGING GUIDANCE	5/1/2019	5/1/2019	NA
10035	PLACEMENT OF SOFT TISSUE LOCALIZATION DEVICE(S) (EG, CLIP, METALLIC PELLETT, WIRE/NEEDLE, RADIOACTIVE SEEDS), PERCUTANEOUS, INCLUDING IMAGING GUIDANCE; FIRST LESION	5/1/2019	5/1/2019	NA
10036	METALLIC PELLETT, WIRE/NEEDLE, RADIOACTIVE SEEDS), PERCUTANEOUS, INCLUDING IMAGING GUIDANCE; EACH ADDITIONAL LESION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
10060	INCISION AND DRAINAGE OF ABSCESS (EG, CARBUNCLE, SUPPURATIVE HIDRADENITIS, CUTANEOUS OR SUBCUTANEOUS ABSCESS, CYST, FURUNCLE, OR PARONYCHIA); SIMPLE OR SINGLE	5/1/2019	5/1/2019	NA
10061	INCISION AND DRAINAGE OF ABSCESS (EG, CARBUNCLE, SUPPURATIVE HIDRADENITIS, CUTANEOUS OR SUBCUTANEOUS ABSCESS, CYST, FURUNCLE, OR PARONYCHIA); COMPLICATED OR MULTIPLE	5/1/2019	5/1/2019	NA
10080	INCISION AND DRAINAGE OF PILONIDAL CYST; SIMPLE	5/1/2019	5/1/2019	NA
10081	INCISION AND DRAINAGE OF PILONIDAL CYST; COMPLICATED	5/1/2019	5/1/2019	NA
10120	INCISION AND REMOVAL OF FOREIGN BODY, SUBCUTANEOUS TISSUES; SIMPLE	5/1/2019	5/1/2019	NA
10121	INCISION AND REMOVAL OF FOREIGN BODY, SUBCUTANEOUS TISSUES; COMPLICATED	5/1/2019	5/1/2019	NA
10140	INCISION AND DRAINAGE OF HEMATOMA, SEROMA OR FLUID COLLECTION	5/1/2019	5/1/2019	NA
10160	PUNCTURE ASPIRATION OF ABSCESS, HEMATOMA, BULLA, OR CYST	5/1/2019	5/1/2019	NA
10180	INCISION AND DRAINAGE, COMPLEX, POSTOPERATIVE WOUND INFECTION	5/1/2019	5/1/2019	NA
11000	DEBRIDEMENT OF EXTENSIVE ECZEMATOUS OR INFECTED SKIN; UP TO 10% OF BODY SURFACE	5/1/2019	5/1/2019	NA
11001	DEBRIDEMENT OF EXTENSIVE ECZEMATOUS OR INFECTED SKIN; EACH ADDITIONAL 10% OF THE BODY SURFACE, OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
11008	REMOVAL OF PROSTHETIC MATERIAL OR MESH, ABDOMINAL WALL FOR INFECTION (EG, FOR CHRONIC OR RECURRENT MESH INFECTION OR NECROTIZING SOFT TISSUE INFECTION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
11010	DEBRIDEMENT INCLUDING REMOVAL OF FOREIGN MATERIAL AT THE SITE OF AN OPEN FRACTURE AND/OR AN OPEN DISLOCATION (EG, EXCISIONAL DEBRIDEMENT); SKIN AND SUBCUTANEOUS TISSUES	5/1/2019	5/1/2019	NA
11042	DEBRIDEMENT, SUBCUTANEOUS TISSUE (INCLUDES EPIDERMIS AND DERMIS, IF PERFORMED); FIRST 20 SQ CM OR LESS	5/1/2019	5/1/2019	NA
11043	DEBRIDEMENT, MUSCLE AND/OR FASCIA (INCLUDES EPIDERMIS, DERMIS, AND SUBCUTANEOUS TISSUE, IF PERFORMED); FIRST 20 SQ CM OR LESS	5/1/2019	5/1/2019	NA
11044	DEBRIDEMENT, BONE (INCLUDES EPIDERMIS, DERMIS, SUBCUTANEOUS TISSUE, MUSCLE AND/OR FASCIA, IF PERFORMED); FIRST 20 SQ CM OR LESS	5/1/2019	5/1/2019	NA
11045	DEBRIDEMENT, SUBCUTANEOUS TISSUE (INCLUDES EPIDERMIS AND DERMIS, IF PERFORMED); EACH ADDITIONAL 20 SQ CM, OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA

11046	DEBRIDEMENT, MUSCLE AND/OR FASCIA (INCLUDES EPIDERMIS, DERMIS, AND SUBCUTANEOUS TISSUE, IF PERFORMED); EACH ADDITIONAL 20 SQ CM, OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
11047	DEBRIDEMENT, BONE (INCLUDES EPIDERMIS, DERMIS, SUBCUTANEOUS TISSUE, MUSCLE AND/OR FASCIA, IF PERFORMED); EACH ADDITIONAL 20 SQ CM, OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
11100	BIOPSY OF SKIN, SUBCUTANEOUS TISSUE AND/OR MUCOUS MEMBRANE (INCLUDING SIMPLE CLOSURE), UNLESS OTHERWISE LISTED; SINGLE LESION	5/1/2019	5/1/2019	NA
11101	BIOPSY OF SKIN, SUBCUTANEOUS TISSUE AND/OR MUCOUS MEMBRANE (INCLUDING SIMPLE CLOSURE), UNLESS OTHERWISE LISTED; EACH SEPARATE/ADDITIONAL LESION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
11200	REMOVAL OF SKIN TAGS, MULTIPLE FIBROSCUTANEOUS TAGS, ANY AREA; UP TO AND INCLUDING 15 LESIONS	5/1/2019	5/1/2019	NA
11201	REMOVAL OF SKIN TAGS, MULTIPLE FIBROSCUTANEOUS TAGS, ANY AREA; EACH ADDITIONAL 10 LESIONS, OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
11300	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR LEGS; LESION DIAMETER 0.5 CM OR LESS	5/1/2019	5/1/2019	NA
11301	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR LEGS; LESION DIAMETER 0.6 TO 1.0 CM	5/1/2019	5/1/2019	NA
11302	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR LEGS; LESION DIAMETER 1.1 TO 2.0 CM	5/1/2019	5/1/2019	NA
11303	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR LEGS; LESION DIAMETER OVER 2.0 CM	5/1/2019	5/1/2019	NA
11305	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 0.5 CM OR LESS	5/1/2019	5/1/2019	NA
11306	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 0.6 TO 1.0 CM	5/1/2019	5/1/2019	NA
11307	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 1.1 TO 2.0 CM	5/1/2019	5/1/2019	NA
11308	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER OVER 2.0 CM	5/1/2019	5/1/2019	NA
11310	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER 0.5 CM OR LESS	5/1/2019	5/1/2019	NA
11311	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER 0.6 TO 1.0 CM	5/1/2019	5/1/2019	NA
11312	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER 1.1 TO 2.0 CM	5/1/2019	5/1/2019	NA
11313	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER OVER 2.0 CM	5/1/2019	5/1/2019	NA
11400	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), TRUNK, ARMS OR LEGS; EXCISED DIAMETER 0.5 CM OR LESS	5/1/2019	5/1/2019	NA
11401	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), TRUNK, ARMS OR LEGS; EXCISED DIAMETER 0.6 TO 1.0 CM	5/1/2019	5/1/2019	NA
11402	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), TRUNK, ARMS OR LEGS; EXCISED DIAMETER 1.1 TO 2.0 CM	5/1/2019	5/1/2019	NA
11403	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), TRUNK, ARMS OR LEGS; EXCISED DIAMETER 2.1 TO 3.0 CM	5/1/2019	5/1/2019	NA

11404	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), TRUNK, ARMS OR LEGS; EXCISED DIAMETER 3.1 TO 4.0 CM	5/1/2019	5/1/2019	NA
11406	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), TRUNK, ARMS OR LEGS; EXCISED DIAMETER OVER 4.0 CM	5/1/2019	5/1/2019	NA
11420	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), SCALP, NECK, HANDS, FEET, GENITALIA; EXCISED DIAMETER 0.5 CM OR LESS	5/1/2019	5/1/2019	NA
11421	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), SCALP, NECK, HANDS, FEET, GENITALIA; EXCISED DIAMETER 0.6 TO 1.0 CM	5/1/2019	5/1/2019	NA
11422	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), SCALP, NECK, HANDS, FEET, GENITALIA; EXCISED DIAMETER 1.1 TO 2.0 CM	5/1/2019	5/1/2019	NA
11423	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), SCALP, NECK, HANDS, FEET, GENITALIA; EXCISED DIAMETER 2.1 TO 3.0 CM	5/1/2019	5/1/2019	NA
11424	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), SCALP, NECK, HANDS, FEET, GENITALIA; EXCISED DIAMETER 3.1 TO 4.0 CM	5/1/2019	5/1/2019	NA
11426	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), SCALP, NECK, HANDS, FEET, GENITALIA; EXCISED DIAMETER OVER 4.0 CM	5/1/2019	5/1/2019	NA
11440	EXCISION, OTHER BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; EXCISED DIAMETER 0.5 CM OR LESS	5/1/2019	5/1/2019	NA
11441	EXCISION, OTHER BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; EXCISED DIAMETER 0.6 TO 1.0 CM	5/1/2019	5/1/2019	NA
11442	EXCISION, OTHER BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; EXCISED DIAMETER 1.1 TO 2.0 CM	5/1/2019	5/1/2019	NA
11443	EXCISION, OTHER BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; EXCISED DIAMETER 2.1 TO 3.0 CM	5/1/2019	5/1/2019	NA
11444	EXCISION, OTHER BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; EXCISED DIAMETER 3.1 TO 4.0 CM	5/1/2019	5/1/2019	NA
11450	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, AXILLARY; WITH SIMPLE OR INTERMEDIATE REPAIR	5/1/2019	5/1/2019	NA
11462	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, INGUINAL; WITH SIMPLE OR INTERMEDIATE REPAIR	5/1/2019	5/1/2019	NA
11470	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, PERIANAL, PERINEAL, OR UMBILICAL; WITH SIMPLE OR INTERMEDIATE REPAIR	5/1/2019	5/1/2019	NA
11600	EXCISION, MALIGNANT LESION INCLUDING MARGINS, TRUNK, ARMS, OR LEGS; EXCISED DIAMETER 0.5 CM OR LESS	5/1/2019	5/1/2019	NA
11601	EXCISION, MALIGNANT LESION INCLUDING MARGINS, TRUNK, ARMS, OR LEGS; EXCISED DIAMETER 0.6 TO 1.0 CM	5/1/2019	5/1/2019	NA
11602	EXCISION, MALIGNANT LESION INCLUDING MARGINS, TRUNK, ARMS, OR LEGS; EXCISED DIAMETER 1.1 TO 2.0 CM	5/1/2019	5/1/2019	NA
11603	EXCISION, MALIGNANT LESION INCLUDING MARGINS, TRUNK, ARMS, OR LEGS; EXCISED DIAMETER 2.1 TO 3.0 CM	5/1/2019	5/1/2019	NA
11604	EXCISION, MALIGNANT LESION INCLUDING MARGINS, TRUNK, ARMS, OR LEGS; EXCISED DIAMETER 3.1 TO 4.0 CM	5/1/2019	5/1/2019	NA
11606	EXCISION, MALIGNANT LESION INCLUDING MARGINS, TRUNK, ARMS, OR LEGS; EXCISED DIAMETER OVER 4.0 CM	5/1/2019	5/1/2019	NA
11620	EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET, GENITALIA; EXCISED DIAMETER 0.5 CM OR LESS	5/1/2019	5/1/2019	NA

11621	EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET, GENITALIA; EXCISED DIAMETER 0.6 TO 1.0 CM	5/1/2019	5/1/2019	NA
11622	EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET, GENITALIA; EXCISED DIAMETER 1.1 TO 2.0 CM	5/1/2019	5/1/2019	NA
11623	EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET, GENITALIA; EXCISED DIAMETER 2.1 TO 3.0 CM	5/1/2019	5/1/2019	NA
11624	EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET, GENITALIA; EXCISED DIAMETER 3.1 TO 4.0 CM	5/1/2019	5/1/2019	NA
11626	EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET, GENITALIA; EXCISED DIAMETER OVER 4.0 CM	5/1/2019	5/1/2019	NA
11640	EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOSE, LIPS; EXCISED DIAMETER 0.5 CM OR LESS	5/1/2019	5/1/2019	NA
11641	EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOSE, LIPS; EXCISED DIAMETER 0.6 TO 1.0 CM	5/1/2019	5/1/2019	NA
11642	EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOSE, LIPS; EXCISED DIAMETER 1.1 TO 2.0 CM	5/1/2019	5/1/2019	NA
11643	EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOSE, LIPS; EXCISED DIAMETER 2.1 TO 3.0 CM	5/1/2019	5/1/2019	NA
11644	EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOSE, LIPS; EXCISED DIAMETER 3.1 TO 4.0 CM	5/1/2019	5/1/2019	NA
11646	EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOSE, LIPS; EXCISED DIAMETER OVER 4.0 CM	5/1/2019	5/1/2019	NA
11720	DEBRIDEMENT OF NAIL(S) BY ANY METHOD(S); 1 TO 5	5/1/2019	5/1/2019	NA
11721	DEBRIDEMENT OF NAIL(S) BY ANY METHOD(S); 6 OR MORE	5/1/2019	5/1/2019	NA
11730	AVULSION OF NAIL PLATE, PARTIAL OR COMPLETE, SIMPLE; SINGLE	5/1/2019	5/1/2019	NA
11732	AVULSION OF NAIL PLATE, PARTIAL OR COMPLETE, SIMPLE; EACH ADDITIONAL NAIL PLATE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
11740	EVACUATION OF SUBUNGUAL HEMATOMA	5/1/2019	5/1/2019	NA
11750	EXCISION OF NAIL AND NAIL MATRIX, PARTIAL OR COMPLETE (EG, INGROWN OR DEFORMED NAIL), FOR PERMANENT REMOVAL	5/1/2019	5/1/2019	NA
11755	BIOPSY OF NAIL UNIT (EG, PLATE, BED, MATRIX, HYPONYCHIUM, PROXIMAL AND LATERAL NAIL FOLDS) (SEPARATE PROCEDURE)	5/1/2019	5/1/2019	NA
11760	REPAIR OF NAIL BED	5/1/2019	5/1/2019	NA
11762	RECONSTRUCTION OF NAIL BED WITH GRAFT	5/1/2019	5/1/2019	NA
11765	WEDGE EXCISION OF SKIN OF NAIL FOLD (EG, FOR INGROWN TOENAIL)	5/1/2019	5/1/2019	NA
11770	EXCISION OF PILONIDAL CYST OR SINUS; SIMPLE	5/1/2019	5/1/2019	NA
11900	INJECTION, INTRALESIONAL; UP TO AND INCLUDING 7 LESIONS	5/1/2019	5/1/2019	NA
11901	INJECTION, INTRALESIONAL; MORE THAN 7 LESIONS	5/1/2019	5/1/2019	NA
11971	REMOVAL OF TISSUE EXPANDER(S) WITHOUT INSERTION OF PROSTHESIS	5/1/2019	5/1/2019	NA
11980	SUBCUTANEOUS HORMONE PELLETT IMPLANTATION (IMPLANTATION OF ESTRADIOL AND/OR TESTOSTERONE PELLETS BENEATH THE SKIN)	5/1/2019	5/1/2019	NA
11981	INSERTION, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	5/1/2019	5/1/2019	NA
11982	REMOVAL, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	5/1/2019	5/1/2019	NA
11983	REMOVAL WITH REINSERTION, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	5/1/2019	5/1/2019	NA
12001	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES (INCLUDING HANDS AND FEET); 2.5 CM OR LESS	5/1/2019	5/1/2019	NA
12002	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES (INCLUDING HANDS AND FEET); 2.6 CM TO 7.5 CM	5/1/2019	5/1/2019	NA
12004	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES (INCLUDING HANDS AND FEET); 7.6 CM TO 12.5 CM	5/1/2019	5/1/2019	NA
12005	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES (INCLUDING HANDS AND FEET); 12.6 CM TO 20.0 CM	5/1/2019	5/1/2019	NA

12006	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES (INCLUDING HANDS AND FEET); 20.1 CM TO 30.0 CM	5/1/2019	5/1/2019	NA
12007	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES (INCLUDING HANDS AND FEET); OVER 30.0 CM	5/1/2019	5/1/2019	NA
12011	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 2.5 CM OR LESS	5/1/2019	5/1/2019	NA
12013	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 2.6 CM TO 5.0 CM	5/1/2019	5/1/2019	NA
12014	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 5.1 CM TO 7.5 CM	5/1/2019	5/1/2019	NA
12015	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 7.6 CM TO 12.5 CM	5/1/2019	5/1/2019	NA
12016	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 12.6 CM TO 20.0 CM	5/1/2019	5/1/2019	NA
12017	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 20.1 CM TO 30.0 CM	5/1/2019	5/1/2019	NA
12018	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; OVER 30.0 CM	5/1/2019	5/1/2019	NA
12020	TREATMENT OF SUPERFICIAL WOUND DEHISCENCE; SIMPLE CLOSURE	5/1/2019	5/1/2019	NA
12021	TREATMENT OF SUPERFICIAL WOUND DEHISCENCE; WITH PACKING	5/1/2019	5/1/2019	NA
12031	REPAIR, INTERMEDIATE, WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLUDING HANDS AND FEET); 2.5 CM OR LESS	5/1/2019	5/1/2019	NA
12032	REPAIR, INTERMEDIATE, WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLUDING HANDS AND FEET); 2.6 CM TO 7.5 CM	5/1/2019	5/1/2019	NA
12034	REPAIR, INTERMEDIATE, WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLUDING HANDS AND FEET); 7.6 CM TO 12.5 CM	5/1/2019	5/1/2019	NA
12035	REPAIR, INTERMEDIATE, WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLUDING HANDS AND FEET); 12.6 CM TO 20.0 CM	5/1/2019	5/1/2019	NA
12036	REPAIR, INTERMEDIATE, WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLUDING HANDS AND FEET); 20.1 CM TO 30.0 CM	5/1/2019	5/1/2019	NA
12041	REPAIR, INTERMEDIATE, WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 2.5 CM OR LESS	5/1/2019	5/1/2019	NA
12042	REPAIR, INTERMEDIATE, WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 2.6 CM TO 7.5 CM	5/1/2019	5/1/2019	NA
12044	REPAIR, INTERMEDIATE, WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 7.6 CM TO 12.5 CM	5/1/2019	5/1/2019	NA
12045	REPAIR, INTERMEDIATE, WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 12.6 CM TO 20.0 CM	5/1/2019	5/1/2019	NA
12051	REPAIR, INTERMEDIATE, WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 2.5 CM OR LESS	5/1/2019	5/1/2019	NA
12052	REPAIR, INTERMEDIATE, WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 2.6 CM TO 5.0 CM	5/1/2019	5/1/2019	NA
12053	REPAIR, INTERMEDIATE, WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 5.1 CM TO 7.5 CM	5/1/2019	5/1/2019	NA
12054	REPAIR, INTERMEDIATE, WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 7.6 CM TO 12.5 CM	5/1/2019	5/1/2019	NA
13100	REPAIR, COMPLEX, TRUNK; 1.1 CM TO 2.5 CM	5/1/2019	5/1/2019	NA
13101	REPAIR, COMPLEX, TRUNK; 2.6 CM TO 7.5 CM	5/1/2019	5/1/2019	NA
13102	REPAIR, COMPLEX, TRUNK; EACH ADDITIONAL 5 CM OR LESS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
13120	REPAIR, COMPLEX, SCALP, ARMS, AND/OR LEGS; 1.1 CM TO 2.5 CM	5/1/2019	5/1/2019	NA

13121	REPAIR, COMPLEX, SCALP, ARMS, AND/OR LEGS; 2.6 CM TO 7.5 CM	5/1/2019	5/1/2019	NA
13122	REPAIR, COMPLEX, SCALP, ARMS, AND/OR LEGS; EACH ADDITIONAL 5 CM OR LESS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
13131	REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS AND/OR FEET; 1.1 CM TO 2.5 CM	5/1/2019	5/1/2019	NA
13133	REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS AND/OR FEET; EACH ADDITIONAL 5 CM OR LESS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
13151	REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; 1.1 CM TO 2.5 CM	5/1/2019	5/1/2019	NA
13153	REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; EACH ADDITIONAL 5 CM OR LESS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
15002	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUNDS, BURN ESCHAR, OR SCAR (INCLUDING SUBCUTANEOUS TISSUES), OR INCISIONAL RELEASE OF SCAR CONTRACTURE, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR 1% OF BODY AREA OF INFANTS AND CHILDREN	5/1/2019	5/1/2019	NA
15003	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUNDS, BURN ESCHAR, OR SCAR (INCLUDING SUBCUTANEOUS TISSUES), OR INCISIONAL RELEASE OF SCAR CONTRACTURE, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 SQ CM, OR PART THEREOF, OR EACH ADDITIONAL 1% OF BODY AREA OF INFANTS AND CHILDREN (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
15004	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUNDS, BURN ESCHAR, OR SCAR (INCLUDING SUBCUTANEOUS TISSUES), OR INCISIONAL RELEASE OF SCAR CONTRACTURE, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET AND/OR MULTIPLE DIGITS; FIRST 100 SQ CM OR 1% OF BODY AREA OF INFANTS AND CHILDREN	5/1/2019	5/1/2019	NA
15005	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUNDS, BURN ESCHAR, OR SCAR (INCLUDING SUBCUTANEOUS TISSUES), OR INCISIONAL RELEASE OF SCAR CONTRACTURE, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET AND/OR MULTIPLE DIGITS; EACH ADDITIONAL 100 SQ CM, OR PART THEREOF, OR EACH ADDITIONAL 1% OF BODY AREA OF INFANTS AND CHILDREN (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
15040	HARVEST OF SKIN FOR TISSUE CULTURED SKIN AUTOGRAFT, 100 SQ CM OR LESS	5/1/2019	5/1/2019	NA
15101	SPLIT-THICKNESS AUTOGRAFT, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 SQ CM, OR EACH ADDITIONAL 1% OF BODY AREA OF INFANTS AND CHILDREN, OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
15111	EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 SQ CM, OR EACH ADDITIONAL 1% OF BODY AREA OF INFANTS AND CHILDREN, OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
15116	EPIDERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET, AND/OR MULTIPLE DIGITS; EACH ADDITIONAL 100 SQ CM, OR EACH ADDITIONAL 1% OF BODY AREA OF INFANTS AND CHILDREN, OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
15121	SPLIT-THICKNESS AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET, AND/OR MULTIPLE DIGITS; EACH ADDITIONAL 100 SQ CM, OR EACH ADDITIONAL 1% OF BODY AREA OF INFANTS AND CHILDREN, OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA

15131	DERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 SQ CM, OR EACH ADDITIONAL 1% OF BODY AREA OF INFANTS AND CHILDREN, OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
15136	DERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET, AND/OR MULTIPLE DIGITS; EACH ADDITIONAL 100 SQ CM, OR EACH ADDITIONAL 1% OF BODY AREA OF INFANTS AND CHILDREN, OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
15151	TISSUE CULTURED SKIN AUTOGRAFT, TRUNK, ARMS, LEGS; ADDITIONAL 1 SQ CM TO 75 SQ CM (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
15152	TISSUE CULTURED SKIN AUTOGRAFT, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 SQ CM, OR EACH ADDITIONAL 1% OF BODY AREA OF INFANTS AND CHILDREN, OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
15156	TISSUE CULTURED SKIN AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET, AND/OR MULTIPLE DIGITS; ADDITIONAL 1 SQ CM TO 75 SQ CM (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
15157	TISSUE CULTURED SKIN AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET, AND/OR MULTIPLE DIGITS; EACH ADDITIONAL 100 SQ CM, OR EACH ADDITIONAL 1% OF BODY AREA OF INFANTS AND CHILDREN, OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
15201	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, TRUNK; EACH ADDITIONAL 20 SQ CM, OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
15221	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, SCALP, ARMS, AND/OR LEGS; EACH ADDITIONAL 20 SQ CM, OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
15241	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS, AND/OR FEET; EACH ADDITIONAL 20 SQ CM, OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
15261	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, NOSE, EARS, EYELIDS, AND/OR LIPS; EACH ADDITIONAL 20 SQ CM, OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
15777	IMPLANTATION OF BIOLOGIC IMPLANT (EG, ACELLULAR DERMAL MATRIX) FOR SOFT TISSUE REINFORCEMENT (IE, BREAST, TRUNK) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
15786	ABRASION; SINGLE LESION (EG, KERATOSIS, SCAR)	5/1/2019	5/1/2019	NA
15787	ABRASION; EACH ADDITIONAL 4 LESIONS OR LESS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
15850	REMOVAL OF SUTURES UNDER ANESTHESIA (OTHER THAN LOCAL), SAME SURGEON	5/1/2019	5/1/2019	NA
15851	REMOVAL OF SUTURES UNDER ANESTHESIA (OTHER THAN LOCAL), OTHER SURGEON	5/1/2019	5/1/2019	NA
15852	DRESSING CHANGE (FOR OTHER THAN BURNS) UNDER ANESTHESIA (OTHER THAN LOCAL)	5/1/2019	5/1/2019	NA
15860	INTRAVENOUS INJECTION OF AGENT (EG, FLUORESCIN) TO TEST VASCULAR FLOW IN FLAP OR GRAFT	5/1/2019	5/1/2019	NA
16000	INITIAL TREATMENT, FIRST DEGREE BURN, WHEN NO MORE THAN LOCAL TREATMENT IS REQUIRED	5/1/2019	5/1/2019	NA
16020	DRESSINGS AND/OR DEBRIDEMENT OF PARTIAL-THICKNESS BURNS, INITIAL OR SUBSEQUENT; SMALL (LESS THAN 5% TOTAL BODY SURFACE AREA)	5/1/2019	5/1/2019	NA

16025	DRESSINGS AND/OR DEBRIDEMENT OF PARTIAL-THICKNESS BURNS, INITIAL OR SUBSEQUENT; MEDIUM (EG, WHOLE FACE OR WHOLE EXTREMITY, OR 5% TO 10% TOTAL BODY SURFACE AREA)	5/1/2019	5/1/2019	NA
16030	DRESSINGS AND/OR DEBRIDEMENT OF PARTIAL-THICKNESS BURNS, INITIAL OR SUBSEQUENT; LARGE (EG, MORE THAN 1 EXTREMITY, OR GREATER THAN 10% TOTAL BODY SURFACE AREA)	5/1/2019	5/1/2019	NA
16035	ESCHAROTOMY; INITIAL INCISION	5/1/2019	5/1/2019	NA
16036	ESCHAROTOMY; EACH ADDITIONAL INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
17000	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, SURGICAL CURETTEMENT), PREMALIGNANT LESIONS (EG, ACTINIC KERATOSES); FIRST LESION	5/1/2019	5/1/2019	NA
17003	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, SURGICAL CURETTEMENT), PREMALIGNANT LESIONS (EG, ACTINIC KERATOSES); SECOND THROUGH 14 LESIONS, EACH (LIST SEPARATELY IN ADDITION TO CODE FOR FIRST LESION)	5/1/2019	5/1/2019	NA
17004	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, SURGICAL CURETTEMENT), PREMALIGNANT LESIONS (EG, ACTINIC KERATOSES), 15 OR MORE LESIONS	5/1/2019	5/1/2019	NA
17106	DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG, LASER TECHNIQUE); LESS THAN 10 SQ CM	5/1/2019	5/1/2019	NA
17107	DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG, LASER TECHNIQUE); 10.0 TO 50.0 SQ CM	5/1/2019	5/1/2019	NA
17110	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, SURGICAL CURETTEMENT), OF BENIGN LESIONS OTHER THAN SKIN TAGS OR CUTANEOUS VASCULAR PROLIFERATIVE LESIONS; UP TO 14 LESIONS	5/1/2019	5/1/2019	NA
17111	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, SURGICAL CURETTEMENT), OF BENIGN LESIONS OTHER THAN SKIN TAGS OR CUTANEOUS VASCULAR PROLIFERATIVE LESIONS; 15 OR MORE LESIONS	5/1/2019	5/1/2019	NA
17250	CHEMICAL CAUTERIZATION OF GRANULATION TISSUE (IE, PROUD FLESH)	5/1/2019	5/1/2019	NA
17260	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, SURGICAL CURETTEMENT), TRUNK, ARMS OR LEGS; LESION DIAMETER 0.5 CM OR LESS	5/1/2019	5/1/2019	NA
17261	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, SURGICAL CURETTEMENT), TRUNK, ARMS OR LEGS; LESION DIAMETER 0.6 TO 1.0 CM	5/1/2019	5/1/2019	NA
17262	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, SURGICAL CURETTEMENT), TRUNK, ARMS OR LEGS; LESION DIAMETER 1.1 TO 2.0 CM	5/1/2019	5/1/2019	NA
17263	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, SURGICAL CURETTEMENT), TRUNK, ARMS OR LEGS; LESION DIAMETER 2.1 TO 3.0 CM	5/1/2019	5/1/2019	NA
17264	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, SURGICAL CURETTEMENT), TRUNK, ARMS OR LEGS; LESION DIAMETER 3.1 TO 4.0 CM	5/1/2019	5/1/2019	NA
17266	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, SURGICAL CURETTEMENT), TRUNK, ARMS OR LEGS; LESION DIAMETER OVER 4.0 CM	5/1/2019	5/1/2019	NA
17270	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, SURGICAL CURETTEMENT), SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 0.5 CM OR LESS	5/1/2019	5/1/2019	NA

17271	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, SURGICAL CURETTEMENT), SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 0.6 TO 1.0 CM	5/1/2019	5/1/2019	NA
17272	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, SURGICAL CURETTEMENT), SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 1.1 TO 2.0 CM	5/1/2019	5/1/2019	NA
17273	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, SURGICAL CURETTEMENT), SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 2.1 TO 3.0 CM	5/1/2019	5/1/2019	NA
17274	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, SURGICAL CURETTEMENT), SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 3.1 TO 4.0 CM	5/1/2019	5/1/2019	NA
17276	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, SURGICAL CURETTEMENT), SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER OVER 4.0 CM	5/1/2019	5/1/2019	NA
17280	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, SURGICAL CURETTEMENT), FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER 0.5 CM OR LESS	5/1/2019	5/1/2019	NA
17281	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, SURGICAL CURETTEMENT), FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER 0.6 TO 1.0 CM	5/1/2019	5/1/2019	NA
17282	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, SURGICAL CURETTEMENT), FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER 1.1 TO 2.0 CM	5/1/2019	5/1/2019	NA
17283	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, SURGICAL CURETTEMENT), FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER 2.1 TO 3.0 CM	5/1/2019	5/1/2019	NA
17284	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, SURGICAL CURETTEMENT), FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER 3.1 TO 4.0 CM	5/1/2019	5/1/2019	NA
17286	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, SURGICAL CURETTEMENT), FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER OVER 4.0 CM	5/1/2019	5/1/2019	NA
17312	MOHS MICROGRAPHIC TECHNIQUE, INCLUDING REMOVAL OF ALL GROSS TUMOR, SURGICAL EXCISION OF TISSUE SPECIMENS, MAPPING, COLOR CODING OF SPECIMENS, MICROSCOPIC EXAMINATION OF SPECIMENS BY THE SURGEON, AND HISTOPATHOLOGIC PREPARATION INCLUDING ROUTINE STAIN(S) (EG, HEMATOXYLIN AND EOSIN, TOLUIDINE BLUE), HEAD, NECK, HANDS, FEET, GENITALIA, OR ANY LOCATION WITH SURGERY DIRECTLY INVOLVING MUSCLE, CARTILAGE, BONE, TENDON, MAJOR NERVES, OR VESSELS; EACH ADDITIONAL STAGE AFTER THE FIRST STAGE, UP TO 5 TISSUE BLOCKS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
17314	MOHS MICROGRAPHIC TECHNIQUE, INCLUDING REMOVAL OF ALL GROSS TUMOR, SURGICAL EXCISION OF TISSUE SPECIMENS, MAPPING, COLOR CODING OF SPECIMENS, MICROSCOPIC EXAMINATION OF SPECIMENS BY THE SURGEON, AND HISTOPATHOLOGIC PREPARATION INCLUDING ROUTINE STAIN(S) (EG, HEMATOXYLIN AND EOSIN, TOLUIDINE BLUE), OF THE TRUNK, ARMS, OR LEGS; EACH ADDITIONAL STAGE AFTER THE FIRST STAGE, UP TO 5 TISSUE BLOCKS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA

17315	MOHS MICROGRAPHIC TECHNIQUE, INCLUDING REMOVAL OF ALL GROSS TUMOR, SURGICAL EXCISION OF TISSUE SPECIMENS, MAPPING, COLOR CODING OF SPECIMENS, MICROSCOPIC EXAMINATION OF SPECIMENS BY THE SURGEON, AND HISTOPATHOLOGIC PREPARATION INCLUDING ROUTINE STAIN(S) (EG, HEMATOXYLIN AND EOSIN, TOLUIDINE BLUE), EACH ADDITIONAL BLOCK AFTER THE FIRST 5 TISSUE BLOCKS, ANY STAGE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
19000	PUNCTURE ASPIRATION OF CYST OF BREAST;	5/1/2019	5/1/2019	NA
19001	PUNCTURE ASPIRATION OF CYST OF BREAST; EACH ADDITIONAL CYST (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
19030	INJECTION PROCEDURE ONLY FOR MAMMARY DUCTOGRAM OR GALACTOGRAM	5/1/2019	5/1/2019	NA
19081	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including stereotactic guidance	4/1/2015	4/1/2015	NA
19082	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including stereotactic guidance	4/1/2015	4/1/2015	NA
19083	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including ultrasound guidance	4/1/2015	4/1/2015	NA
19084	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including ultrasound guidance	4/1/2015	4/1/2015	NA
19085	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including magnetic resonance guidance	4/1/2015	4/1/2015	NA
19086	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including magnetic resonance guidance	4/1/2015	4/1/2015	NA
19100	Biopsy of breast; percutaneous, needle core, not using imaging guidance (separate procedure)	4/1/2015	4/1/2015	NA
19101	Biopsy of breast; open, incisional	4/1/2015	4/1/2015	NA
19105	ABLATION, CRYOSURGICAL, OF FIBROADENOMA, INCLUDING ULTRASOUND GUIDANCE, EACH FIBROADENOMA	5/1/2019	5/1/2019	NA
19126	EXCISION OF BREAST LESION IDENTIFIED BY PREOPERATIVE PLACEMENT OF RADIOLOGICAL MARKER, OPEN; EACH ADDITIONAL LESION SEPARATELY IDENTIFIED BY A PREOPERATIVE RADIOLOGICAL MARKER (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
19281	PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METALLIC PELLETT, WIRE/NEEDLE, RADIOACTIVE SEEDS), PERCUTANEOUS; FIRST LESION, INCLUDING MAMMOGRAPHIC GUIDANCE	5/1/2019	5/1/2019	NA
19282	PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METALLIC PELLETT, WIRE/NEEDLE, RADIOACTIVE SEEDS), PERCUTANEOUS; EACH ADDITIONAL LESION, INCLUDING MAMMOGRAPHIC GUIDANCE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
19283	PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METALLIC PELLETT, WIRE/NEEDLE, RADIOACTIVE SEEDS), PERCUTANEOUS; FIRST LESION, INCLUDING STEREOTACTIC GUIDANCE	5/1/2019	5/1/2019	NA

19284	PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METALLIC PELLET, WIRE/NEEDLE, RADIOACTIVE SEEDS), PERCUTANEOUS; EACH ADDITIONAL LESION, INCLUDING STEREOTACTIC GUIDANCE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
19285	PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METALLIC PELLET, WIRE/NEEDLE, RADIOACTIVE SEEDS), PERCUTANEOUS; FIRST LESION, INCLUDING ULTRASOUND GUIDANCE	5/1/2019	5/1/2019	NA
19286	PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METALLIC PELLET, WIRE/NEEDLE, RADIOACTIVE SEEDS), PERCUTANEOUS; EACH ADDITIONAL LESION, INCLUDING ULTRASOUND GUIDANCE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
19287	PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG CLIP, METALLIC PELLET, WIRE/NEEDLE, RADIOACTIVE SEEDS), PERCUTANEOUS; FIRST LESION, INCLUDING MAGNETIC RESONANCE GUIDANCE	5/1/2019	5/1/2019	NA
19288	PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG CLIP, METALLIC PELLET, WIRE/NEEDLE, RADIOACTIVE SEEDS), PERCUTANEOUS; EACH ADDITIONAL LESION, INCLUDING MAGNETIC RESONANCE GUIDANCE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
19294	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)	5/1/2019	5/1/2019	NA
19296	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	5/1/2019	5/1/2019	NA
19297	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)	5/1/2019	5/1/2019	NA
19396	PREPARATION OF MOULAGE FOR CUSTOM BREAST IMPLANT	5/1/2019	5/1/2019	NA
20005	INCISION AND DRAINAGE OF SOFT TISSUE ABSCESS, SUBFASCIAL (IE, INVOLVES THE SOFT TISSUE BELOW THE DEEP FASCIA)	5/1/2019	5/1/2019	NA
20101	EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); CHEST	5/1/2019	5/1/2019	NA
20102	EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); ABDOMEN/FLANK/BACK	5/1/2019	5/1/2019	NA
20200	BIOPSY, MUSCLE; SUPERFICIAL	5/1/2019	5/1/2019	NA
20205	BIOPSY, MUSCLE; DEEP	5/1/2019	5/1/2019	NA
20206	BIOPSY, MUSCLE, PERCUTANEOUS NEEDLE	5/1/2019	5/1/2019	NA
20220	BIOPSY, BONE, TROCAR, OR NEEDLE; SUPERFICIAL (EG, ILIUM, STERNUM, SPINOUS PROCESS, RIBS)	5/1/2019	5/1/2019	NA
20225	BIOPSY, BONE, TROCAR, OR NEEDLE; DEEP (EG, VERTEBRAL BODY, FEMUR)	5/1/2019	5/1/2019	NA
20240	BIOPSY, BONE, OPEN; SUPERFICIAL (EG, STERNUM, SPINOUS PROCESS, RIB, PATELLA, OLECRANON PROCESS, CALCANEUS, TARSAL, METATARSAL, CARPAL, METACARPAL, PHALANX)	5/1/2019	5/1/2019	NA
20245	BIOPSY, BONE, OPEN; DEEP (EG, HUMERAL SHAFT, ISCHIUM, FEMORAL SHAFT)	5/1/2019	5/1/2019	NA
20250	BIOPSY, VERTEBRAL BODY, OPEN; THORACIC	5/1/2019	5/1/2019	NA
20251	BIOPSY, VERTEBRAL BODY, OPEN; LUMBAR OR CERVICAL	5/1/2019	5/1/2019	NA
20500	INJECTION OF SINUS TRACT; THERAPEUTIC (SEPARATE PROCEDURE)	5/1/2019	5/1/2019	NA
20501	INJECTION OF SINUS TRACT; DIAGNOSTIC (SINOGRAM)	5/1/2019	5/1/2019	NA
20520	REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON SHEATH; SIMPLE	5/1/2019	5/1/2019	NA
20525	REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON SHEATH; DEEP OR COMPLICATED	5/1/2019	5/1/2019	NA
20526	INJECTION, THERAPEUTIC (EG, LOCAL ANESTHETIC, CORTICOSTEROID), CARPAL TUNNEL	5/1/2019	5/1/2019	NA

20527	INJECTION, ENZYME (EG, COLLAGENASE), PALMAR FASCIAL CORD (IE, DUPUYTREN'S CONTRACTURE)	5/1/2019	5/1/2019	NA
20550	INJECTION(S); SINGLE TENDON SHEATH, OR LIGAMENT, APONEUROSIS (EG, PLANTAR "FASCIA")	5/1/2019	5/1/2019	NA
20551	INJECTION(S); SINGLE TENDON ORIGIN/INSERTION	5/1/2019	5/1/2019	NA
20552	INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S), 1 OR 2 MUSCLE(S)	5/1/2019	5/1/2019	NA
20553	INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S), 3 OR MORE MUSCLES	5/1/2019	5/1/2019	NA
20600	Arthrocentesis, aspiration and/or injection; small joint or bursa (eg, fingers, toes)	4/1/2015	4/1/2015	NA
20604	Arthrocentesis, aspiration and/or injection, small joint or bursa (eg, fingers, toes); with ultrasound guidance, with permanent recording and reporting	4/1/2015	4/1/2015	NA
20605	Arthrocentesis, aspiration and/or injection; intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa)	4/1/2015	4/1/2015	NA
20606	Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); with ultrasound guidance, with permanent recording and reporting	4/1/2015	4/1/2015	NA
20610	Arthrocentesis, aspiration and/or injection; major joint or bursa (eg, shoulder, hip, knee joint, subacromial bursa)	4/1/2015	4/1/2015	NA
20611	Arthrocentesis, aspiration and/or injection; major joint or bursa (eg, shoulder, hip, knee joint, subacromial bursa) with ultrasound guidance	3/10/2017	3/1/2017	NA
20612	ASPIRATION AND/OR INJECTION OF GANGLION CYST(S) ANY LOCATION	5/1/2019	5/1/2019	NA
20615	ASPIRATION AND INJECTION FOR TREATMENT OF BONE CYST	5/1/2019	5/1/2019	NA
20650	INSERTION OF WIRE OR PIN WITH APPLICATION OF SKELETAL TRACTION, INCLUDING REMOVAL (SEPARATE PROCEDURE)	5/1/2019	5/1/2019	NA
20660	APPLICATION OF CRANIAL TONGS, CALIPER, OR STEREOTACTIC FRAME, INCLUDING REMOVAL (SEPARATE PROCEDURE)	5/1/2019	5/1/2019	NA
20665	REMOVAL OF TONGS OR HALO APPLIED BY ANOTHER INDIVIDUAL	5/1/2019	5/1/2019	NA
20670	REMOVAL OF IMPLANT; SUPERFICIAL (EG, BURIED WIRE, PIN OR ROD) (SEPARATE PROCEDURE)	5/1/2019	5/1/2019	NA
20680	REMOVAL OF IMPLANT; DEEP (EG, BURIED WIRE, PIN, SCREW, METAL BAND, NAIL, ROD OR PLATE)	5/1/2019	5/1/2019	NA
20694	REMOVAL, UNDER ANESTHESIA, OF EXTERNAL FIXATION SYSTEM	5/1/2019	5/1/2019	NA
20900	BONE GRAFT, ANY DONOR AREA; MINOR OR SMALL (EG, DOWEL OR BUTTON)	5/1/2019	5/1/2019	NA
20902	BONE GRAFT, ANY DONOR AREA; MAJOR OR LARGE	5/1/2019	5/1/2019	NA
20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
20936	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)	5/1/2019	5/1/2019	NA
20937	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)	5/1/2019	5/1/2019	NA
20938	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)	5/1/2019	5/1/2019	NA
20939	BONE MARROW ASPIRATION FOR BONE GRAFTING, SPINE SURGERY ONLY, THROUGH SEPARATE SKIN OR FASCIAL INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA

20950	MONITORING OF INTERSTITIAL FLUID PRESSURE (INCLUDES INSERTION OF DEVICE, EG, WICK CATHETER TECHNIQUE, NEEDLE MANOMETER TECHNIQUE) IN DETECTION OF MUSCLE COMPARTMENT SYNDROME	5/1/2019	5/1/2019	NA
20974	ELECTRICAL STIMULATION TO AID BONE HEALING; NONINVASIVE (NONOPERATIVE)	5/1/2019	5/1/2019	NA
20975	ELECTRICAL STIMULATION TO AID BONE HEALING; INVASIVE (OPERATIVE)	5/1/2019	5/1/2019	NA
20979	LOW INTENSITY ULTRASOUND STIMULATION TO AID BONE HEALING, NONINVASIVE (NONOPERATIVE)	5/1/2019	5/1/2019	NA
20985	COMPUTER-ASSISTED SURGICAL NAVIGATIONAL PROCEDURE FOR MUSCULOSKELETAL PROCEDURES, IMAGE-LESS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
21011	EXCISION, TUMOR, SOFT TISSUE OF FACE OR SCALP, SUBCUTANEOUS; LESS THAN 2 CM	5/1/2019	5/1/2019	NA
21073	MANIPULATION OF TEMPOROMANDIBULAR JOINT(S) (TMJ), THERAPEUTIC, REQUIRING AN ANESTHESIA SERVICE (IE, GENERAL OR MONITORED ANESTHESIA CARE)	5/1/2019	5/1/2019	NA
21116	INJECTION PROCEDURE FOR TEMPOROMANDIBULAR JOINT ARTHROGRAPHY	5/1/2019	5/1/2019	NA
21295	REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETERIC HYPERTROPHY); EXTRAORAL APPROACH	5/1/2019	5/1/2019	NA
21310	CLOSED TREATMENT OF NASAL BONE FRACTURE WITHOUT MANIPULATION	5/1/2019	5/1/2019	NA
21315	CLOSED TREATMENT OF NASAL BONE FRACTURE; WITHOUT STABILIZATION	5/1/2019	5/1/2019	NA
21320	CLOSED TREATMENT OF NASAL BONE FRACTURE; WITH STABILIZATION	5/1/2019	5/1/2019	NA
21400	CLOSED TREATMENT OF FRACTURE OF ORBIT, EXCEPT BLOWOUT; WITHOUT MANIPULATION	5/1/2019	5/1/2019	NA
21480	CLOSED TREATMENT OF TEMPOROMANDIBULAR DISLOCATION; INITIAL OR SUBSEQUENT	5/1/2019	5/1/2019	NA
21550	BIOPSY, SOFT TISSUE OF NECK OR THORAX	5/1/2019	5/1/2019	NA
21820	CLOSED TREATMENT OF STERNUM FRACTURE	5/1/2019	5/1/2019	NA
21920	BIOPSY, SOFT TISSUE OF BACK OR FLANK; SUPERFICIAL	5/1/2019	5/1/2019	NA
21925	BIOPSY, SOFT TISSUE OF BACK OR FLANK; DEEP	5/1/2019	5/1/2019	NA
22103	PARTIAL EXCISION OF POSTERIOR VERTEBRAL COMPONENT (EG, SPINOUS PROCESS, LAMINA OR FACET) FOR INTRINSIC BONY LESION, SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL SEGMENT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
22116	PARTIAL EXCISION OF VERTEBRAL BODY, FOR INTRINSIC BONY LESION, WITHOUT DECOMPRESSION OF SPINAL CORD OR NERVE ROOT(S), SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL VERTEBRAL SEGMENT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
22310	CLOSED TREATMENT OF VERTEBRAL BODY FRACTURE(S), WITHOUT MANIPULATION, REQUIRING AND INCLUDING CASTING OR BRACING	5/1/2019	5/1/2019	NA
22328	OPEN TREATMENT AND/OR REDUCTION OF VERTEBRAL FRACTURE(S) AND/OR DISLOCATION(S), POSTERIOR APPROACH, 1 FRACTURED VERTEBRA OR DISLOCATED SEGMENT; EACH ADDITIONAL FRACTURED VERTEBRA OR DISLOCATED SEGMENT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
22505	MANIPULATION OF SPINE REQUIRING ANESTHESIA, ANY REGION	5/1/2019	5/1/2019	NA
22841	INTERNAL SPINAL FIXATION BY WIRING OF SPINOUS PROCESSES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
22853	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO INTERVERTEBRAL DISC SPACE IN CONJUNCTION WITH INTERBODY ARTHRODESIS, EACH INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA

23030	INCISION AND DRAINAGE, SHOULDER AREA; DEEP ABSCESS OR HEMATOMA	5/1/2019	5/1/2019	NA
23031	INCISION AND DRAINAGE, SHOULDER AREA; INFECTED BURSA	5/1/2019	5/1/2019	NA
23065	BIOPSY, SOFT TISSUE OF SHOULDER AREA; SUPERFICIAL	5/1/2019	5/1/2019	NA
23066	BIOPSY, SOFT TISSUE OF SHOULDER AREA; DEEP	5/1/2019	5/1/2019	NA
23101	ARTHROTOMY, ACROMIOCLAVICULAR JOINT OR STERNOCLAVICULAR JOINT, INCLUDING BIOPSY AND/OR EXCISION OF TORN CARTILAGE			
23330	REMOVAL OF FOREIGN BODY, SHOULDER; SUBCUTANEOUS	5/1/2019	5/1/2019	NA
23350	INJECTION PROCEDURE FOR SHOULDER ARTHROGRAPHY OR ENHANCED CT/MRI SHOULDER ARTHROGRAPHY	5/1/2019	5/1/2019	NA
23500	CLOSED TREATMENT OF CLAVICULAR FRACTURE; WITHOUT MANIPULATION	5/1/2019	5/1/2019	NA
23520	CLOSED TREATMENT OF STERNOCLAVICULAR DISLOCATION; WITHOUT MANIPULATION	5/1/2019	5/1/2019	NA
23540	CLOSED TREATMENT OF ACROMIOCLAVICULAR DISLOCATION; WITHOUT MANIPULATION	5/1/2019	5/1/2019	NA
23570	CLOSED TREATMENT OF SCAPULAR FRACTURE; WITHOUT MANIPULATION	5/1/2019	5/1/2019	NA
23620	CLOSED TREATMENT OF GREATER HUMERAL TUBEROSITY FRACTURE; WITHOUT MANIPULATION	5/1/2019	5/1/2019	NA
23650	CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH MANIPULATION; WITHOUT ANESTHESIA	5/1/2019	5/1/2019	NA
23700	MANIPULATION UNDER ANESTHESIA, SHOULDER JOINT, INCLUDING APPLICATION OF FIXATION APPARATUS (DISLOCATION EXCLUDED)	5/1/2019	5/1/2019	NA
23930	INCISION AND DRAINAGE, UPPER ARM OR ELBOW AREA; DEEP ABSCESS OR HEMATOMA	5/1/2019	5/1/2019	NA
23931	INCISION AND DRAINAGE, UPPER ARM OR ELBOW AREA; BURSA	5/1/2019	5/1/2019	NA
24065	BIOPSY, SOFT TISSUE OF UPPER ARM OR ELBOW AREA; SUPERFICIAL	5/1/2019	5/1/2019	NA
24066	BIOPSY, SOFT TISSUE OF UPPER ARM OR ELBOW AREA; DEEP (SUBFASCIAL OR INTRAMUSCULAR)	5/1/2019	5/1/2019	NA
24100	ARTHROTOMY, ELBOW; WITH SYNOVIAL BIOPSY ONLY	5/1/2019	5/1/2019	NA
24200	REMOVAL OF FOREIGN BODY, UPPER ARM OR ELBOW AREA; SUBCUTANEOUS	5/1/2019	5/1/2019	NA
24220	INJECTION PROCEDURE FOR ELBOW ARTHROGRAPHY	5/1/2019	5/1/2019	NA
24560	CLOSED TREATMENT OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERAL; WITHOUT MANIPULATION	5/1/2019	5/1/2019	NA
24640	CLOSED TREATMENT OF RADIAL HEAD SUBLUXATION IN CHILD, NURSEMAID ELBOW, WITH MANIPULATION	5/1/2019	5/1/2019	NA
24650	CLOSED TREATMENT OF RADIAL HEAD OR NECK FRACTURE; WITHOUT MANIPULATION	5/1/2019	5/1/2019	NA
24670	CLOSED TREATMENT OF ULNAR FRACTURE, PROXIMAL END (EG, OLECRANON OR CORONOID PROCESS[ES]); WITHOUT MANIPULATION	5/1/2019	5/1/2019	NA
25065	BIOPSY, SOFT TISSUE OF FOREARM AND/OR WRIST; SUPERFICIAL	5/1/2019	5/1/2019	NA
25066	BIOPSY, SOFT TISSUE OF FOREARM AND/OR WRIST; DEEP (SUBFASCIAL OR INTRAMUSCULAR)	5/1/2019	5/1/2019	NA
25100	ARTHROTOMY, WRIST JOINT; WITH BIOPSY	5/1/2019	5/1/2019	NA
25101	ARTHROTOMY, WRIST JOINT; WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR WITHOUT REMOVAL OF LOOSE OR FOREIGN BODY	5/1/2019	5/1/2019	NA
25246	INJECTION PROCEDURE FOR WRIST ARTHROGRAPHY	5/1/2019	5/1/2019	NA
25500	CLOSED TREATMENT OF RADIAL SHAFT FRACTURE; WITHOUT MANIPULATION	5/1/2019	5/1/2019	NA
25530	CLOSED TREATMENT OF ULNAR SHAFT FRACTURE; WITHOUT MANIPULATION	5/1/2019	5/1/2019	NA
25560	CLOSED TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES; WITHOUT MANIPULATION	5/1/2019	5/1/2019	NA
25622	CLOSED TREATMENT OF CARPAL SCAPHOID (NAVICULAR) FRACTURE; WITHOUT MANIPULATION	5/1/2019	5/1/2019	NA
25630	CLOSED TREATMENT OF CARPAL BONE FRACTURE (EXCLUDING CARPAL SCAPHOID [NAVICULAR]); WITHOUT MANIPULATION, EACH BONE	5/1/2019	5/1/2019	NA
26010	DRAINAGE OF FINGER ABSCESS; SIMPLE	5/1/2019	5/1/2019	NA
26011	DRAINAGE OF FINGER ABSCESS; COMPLICATED (EG, FELON)	5/1/2019	5/1/2019	NA
26060	TENOTOMY, PERCUTANEOUS, SINGLE, EACH DIGIT	5/1/2019	5/1/2019	NA

26100	ARTHROTOMY WITH BIOPSY; CARPOMETACARPAL JOINT, EACH	5/1/2019	5/1/2019	NA
26105	ARTHROTOMY WITH BIOPSY; METACARPOPHALANGEAL JOINT, EACH	5/1/2019	5/1/2019	NA
26110	ARTHROTOMY WITH BIOPSY; INTERPHALANGEAL JOINT, EACH	5/1/2019	5/1/2019	NA
26125	FASCIECTOMY, PARTIAL PALMAR WITH RELEASE OF SINGLE DIGIT INCLUDING PROXIMAL INTERPHALANGEAL JOINT, WITH OR WITHOUT Z-PLASTY, OTHER LOCAL TISSUE REARRANGEMENT, OR SKIN GRAFTING (INCLUDES OBTAINING GRAFT); EACH ADDITIONAL DIGIT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
26341	MANIPULATION, PALMAR FASCIAL CORD (IE, DUPUYTREN'S CORD), POST ENZYME INJECTION (EG, COLLAGENASE), SINGLE CORD	5/1/2019	5/1/2019	NA
26600	CLOSED TREATMENT OF METACARPAL FRACTURE, SINGLE; WITHOUT MANIPULATION, EACH BONE	5/1/2019	5/1/2019	NA
26720	CLOSED TREATMENT OF PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHALANX, FINGER OR THUMB; WITHOUT MANIPULATION, EACH	5/1/2019	5/1/2019	NA
26740	CLOSED TREATMENT OF ARTICULAR FRACTURE, INVOLVING METACARPOPHALANGEAL OR INTERPHALANGEAL JOINT; WITHOUT MANIPULATION, EACH	5/1/2019	5/1/2019	NA
26750	CLOSED TREATMENT OF DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB; WITHOUT MANIPULATION, EACH	5/1/2019	5/1/2019	NA
26755	CLOSED TREATMENT OF DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB; WITH MANIPULATION, EACH	5/1/2019	5/1/2019	NA
26770	CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, SINGLE, WITH MANIPULATION; WITHOUT ANESTHESIA	5/1/2019	5/1/2019	NA
26861	ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; EACH ADDITIONAL INTERPHALANGEAL JOINT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
26863	ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT), EACH ADDITIONAL JOINT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
27040	BIOPSY, SOFT TISSUE OF PELVIS AND HIP AREA; SUPERFICIAL	5/1/2019	5/1/2019	NA
27050	ARTHROTOMY, WITH BIOPSY; SACROILIAC JOINT	5/1/2019	5/1/2019	NA
27086	REMOVAL OF FOREIGN BODY, PELVIS OR HIP; SUBCUTANEOUS TISSUE INJECTION PROCEDURE FOR HIP ARTHROGRAPHY; WITHOUT ANESTHESIA	5/1/2019	5/1/2019	NA
27093	INJECTION PROCEDURE FOR HIP ARTHROGRAPHY; WITH ANESTHESIA	5/1/2019	5/1/2019	NA
27095	INJECTION PROCEDURE FOR SACROILIAC JOINT, ANESTHETIC/STEROID, WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT) INCLUDING ARTHROGRAPHY WHEN PERFORMED	5/1/2019	5/1/2019	NA
27197	CLOSED TREATMENT OF POSTERIOR PELVIC RING FRACTURE(S), DISLOCATION(S), DIASTASIS OR SUBLUXATION OF THE ILIUM, SACROILIAC JOINT, AND/OR SACRUM, WITH OR WITHOUT ANTERIOR PELVIC RING FRACTURE(S) AND/OR DISLOCATION(S) OF THE PUBIC SYMPHYSIS AND/OR SUPERIOR/INFERIOR RAMI, UNILATERAL OR BILATERAL; WITHOUT MANIPULATION	5/1/2019	5/1/2019	NA
27200	CLOSED TREATMENT OF COCCYGEAL FRACTURE	5/1/2019	5/1/2019	NA
27250	CLOSED TREATMENT OF HIP DISLOCATION, TRAUMATIC; WITHOUT ANESTHESIA	5/1/2019	5/1/2019	NA
27256	TREATMENT OF SPONTANEOUS HIP DISLOCATION (DEVELOPMENTAL, INCLUDING CONGENITAL OR PATHOLOGICAL), BY ABDUCTION, SPLINT OR TRACTION; WITHOUT ANESTHESIA, WITHOUT MANIPULATION	5/1/2019	5/1/2019	NA
27275	MANIPULATION, HIP JOINT, REQUIRING GENERAL ANESTHESIA	5/1/2019	5/1/2019	NA
27323	BIOPSY, SOFT TISSUE OF THIGH OR KNEE AREA; SUPERFICIAL	5/1/2019	5/1/2019	NA
27324	BIOPSY, SOFT TISSUE OF THIGH OR KNEE AREA; DEEP (SUBFASCIAL OR INTRAMUSCULAR)	5/1/2019	5/1/2019	NA
27330	ARTHROTOMY, KNEE; WITH SYNOVIAL BIOPSY ONLY	5/1/2019	5/1/2019	NA

27331	ARTHROTOMY, KNEE; INCLUDING JOINT EXPLORATION, BIOPSY, OR REMOVAL OF LOOSE OR FOREIGN BODIES	5/1/2019	5/1/2019	NA
27358	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR; WITH INTERNAL FIXATION (LIST IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
27370	INJECTION OF CONTRAST FOR KNEE ARTHROGRAPHY	5/1/2019	5/1/2019	NA
27530	CLOSED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); WITHOUT MANIPULATION	5/1/2019	5/1/2019	NA
27570	MANIPULATION OF KNEE JOINT UNDER GENERAL ANESTHESIA (INCLUDES APPLICATION OF TRACTION OR OTHER FIXATION DEVICES)			
27605	TENOTOMY, PERCUTANEOUS, ACHILLES TENDON (SEPARATE PROCEDURE); LOCAL ANESTHESIA	5/1/2019	5/1/2019	NA
27606	TENOTOMY, PERCUTANEOUS, ACHILLES TENDON (SEPARATE PROCEDURE); GENERAL ANESTHESIA	5/1/2019	5/1/2019	NA
27613	BIOPSY, SOFT TISSUE OF LEG OR ANKLE AREA; SUPERFICIAL	5/1/2019	5/1/2019	NA
27614	BIOPSY, SOFT TISSUE OF LEG OR ANKLE AREA; DEEP (SUBFASCIAL OR INTRAMUSCULAR)	5/1/2019	5/1/2019	NA
27620	ARTHROTOMY, ANKLE, WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR WITHOUT REMOVAL OF LOOSE OR FOREIGN BODY			
27648	INJECTION PROCEDURE FOR ANKLE ARTHROGRAPHY	5/1/2019	5/1/2019	NA
27692	TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTING); EACH ADDITIONAL TENDON (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)			
27767	CLOSED TREATMENT OF POSTERIOR MALLEOLUS FRACTURE; WITHOUT MANIPULATION	5/1/2019	5/1/2019	NA
27780	CLOSED TREATMENT OF PROXIMAL FIBULA OR SHAFT FRACTURE; WITHOUT MANIPULATION	5/1/2019	5/1/2019	NA
27786	CLOSED TREATMENT OF DISTAL FIBULAR FRACTURE (LATERAL MALLEOLUS); WITHOUT MANIPULATION	5/1/2019	5/1/2019	NA
27816	CLOSED TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE; WITHOUT MANIPULATION	5/1/2019	5/1/2019	NA
27860	MANIPULATION OF ANKLE UNDER GENERAL ANESTHESIA (INCLUDES APPLICATION OF TRACTION OR OTHER FIXATION APPARATUS)			
28001	INCISION AND DRAINAGE, BURSA, FOOT	5/1/2019	5/1/2019	NA
28010	TENOTOMY, PERCUTANEOUS, TOE; SINGLE TENDON	5/1/2019	5/1/2019	NA
28011	TENOTOMY, PERCUTANEOUS, TOE; MULTIPLE TENDONS	5/1/2019	5/1/2019	NA
28043	EXCISION, TUMOR, SOFT TISSUE OF FOOT OR TOE, SUBCUTANEOUS; LESS THAN 1.5 CM	5/1/2019	5/1/2019	NA
28050	ARTHROTOMY WITH BIOPSY; INTERTARSAL OR TARSOMETATARSAL JOINT	5/1/2019	5/1/2019	NA
28052	ARTHROTOMY WITH BIOPSY; METATARSOPHALANGEAL JOINT	5/1/2019	5/1/2019	NA
28054	ARTHROTOMY WITH BIOPSY; INTERPHALANGEAL JOINT	5/1/2019	5/1/2019	NA
28088	SYNOVECTOMY, TENDON SHEATH, FOOT; EXTENSOR	5/1/2019	5/1/2019	NA
28092	EXCISION OF LESION, TENDON, TENDON SHEATH, OR CAPSULE (INCLUDING SYNOVECTOMY) (EG, CYST OR GANGLION); TOE(S), EACH			
28108	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, PHALANGES OF FOOT	5/1/2019	5/1/2019	NA
28126	RESECTION, PARTIAL OR COMPLETE, PHALANGEAL BASE, EACH TOE			
28150	PHALANGECTOMY, TOE, EACH TOE	5/1/2019	5/1/2019	NA
28153	RESECTION, CONDYLE(S), DISTAL END OF PHALANX, EACH TOE	5/1/2019	5/1/2019	NA
28160	HEMIPHALANGECTOMY OR INTERPHALANGEAL JOINT EXCISION, TOE, PROXIMAL END OF PHALANX, EACH	5/1/2019	5/1/2019	NA
28190	REMOVAL OF FOREIGN BODY, FOOT; SUBCUTANEOUS	5/1/2019	5/1/2019	NA
28225	TENOLYSIS, EXTENSOR, FOOT; SINGLE TENDON	5/1/2019	5/1/2019	NA
28230	TENOTOMY, OPEN, TENDON FLEXOR; FOOT, SINGLE OR MULTIPLE TENDON(S) (SEPARATE PROCEDURE)	5/1/2019	5/1/2019	NA
28232	TENOTOMY, OPEN, TENDON FLEXOR; TOE, SINGLE TENDON (SEPARATE PROCEDURE)	5/1/2019	5/1/2019	NA
28234	TENOTOMY, OPEN, EXTENSOR, FOOT OR TOE, EACH TENDON	5/1/2019	5/1/2019	NA
28272	CAPSULOTOMY; INTERPHALANGEAL JOINT, EACH JOINT (SEPARATE PROCEDURE)	5/1/2019	5/1/2019	NA
28344	RECONSTRUCTION, TOE(S); POLYDACTYL	5/1/2019	5/1/2019	NA
28400	CLOSED TREATMENT OF CALCANEAL FRACTURE; WITHOUT MANIPULATION	5/1/2019	5/1/2019	NA

28430	CLOSED TREATMENT OF TALUS FRACTURE; WITHOUT MANIPULATION	5/1/2019	5/1/2019	NA
28450	TREATMENT OF TARSAL BONE FRACTURE (EXCEPT TALUS AND CALCANEUS); WITHOUT MANIPULATION, EACH	5/1/2019	5/1/2019	NA
28455	TREATMENT OF TARSAL BONE FRACTURE (EXCEPT TALUS AND CALCANEUS); WITH MANIPULATION, EACH	5/1/2019	5/1/2019	NA
28470	CLOSED TREATMENT OF METATARSAL FRACTURE; WITHOUT MANIPULATION, EACH	5/1/2019	5/1/2019	NA
28475	CLOSED TREATMENT OF METATARSAL FRACTURE; WITH MANIPULATION, EACH	5/1/2019	5/1/2019	NA
28490	CLOSED TREATMENT OF FRACTURE GREAT TOE, PHALANX OR PHALANGES; WITHOUT MANIPULATION	5/1/2019	5/1/2019	NA
28495	CLOSED TREATMENT OF FRACTURE GREAT TOE, PHALANX OR PHALANGES; WITH MANIPULATION	5/1/2019	5/1/2019	NA
28496	PERCUTANEOUS SKELETAL FIXATION OF FRACTURE GREAT TOE, PHALANX OR PHALANGES, WITH MANIPULATION	5/1/2019	5/1/2019	NA
28510	CLOSED TREATMENT OF FRACTURE, PHALANX OR PHALANGES, OTHER THAN GREAT TOE; WITHOUT MANIPULATION, EACH	5/1/2019	5/1/2019	NA
28515	CLOSED TREATMENT OF FRACTURE, PHALANX OR PHALANGES, OTHER THAN GREAT TOE; WITH MANIPULATION, EACH	5/1/2019	5/1/2019	NA
28530	CLOSED TREATMENT OF SESAMOID FRACTURE	5/1/2019	5/1/2019	NA
28531	OPEN TREATMENT OF SESAMOID FRACTURE, WITH OR WITHOUT INTERNAL FIXATION	5/1/2019	5/1/2019	NA
28540	CLOSED TREATMENT OF TARSAL BONE DISLOCATION, OTHER THAN TALOTARSAL; WITHOUT ANESTHESIA	5/1/2019	5/1/2019	NA
28545	CLOSED TREATMENT OF TARSAL BONE DISLOCATION, OTHER THAN TALOTARSAL; REQUIRING ANESTHESIA	5/1/2019	5/1/2019	NA
28570	CLOSED TREATMENT OF TALOTARSAL JOINT DISLOCATION; WITHOUT ANESTHESIA	5/1/2019	5/1/2019	NA
28600	CLOSED TREATMENT OF TARSOMETATARSAL JOINT DISLOCATION; WITHOUT ANESTHESIA	5/1/2019	5/1/2019	NA
28630	CLOSED TREATMENT OF METATARSOPHALANGEAL JOINT DISLOCATION; WITHOUT ANESTHESIA	5/1/2019	5/1/2019	NA
28635	CLOSED TREATMENT OF METATARSOPHALANGEAL JOINT DISLOCATION; REQUIRING ANESTHESIA	5/1/2019	5/1/2019	NA
28636	PERCUTANEOUS SKELETAL FIXATION OF METATARSOPHALANGEAL JOINT DISLOCATION, WITH MANIPULATION	5/1/2019	5/1/2019	NA
28660	CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION; WITHOUT ANESTHESIA	5/1/2019	5/1/2019	NA
28665	CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION; REQUIRING ANESTHESIA	5/1/2019	5/1/2019	NA
28666	PERCUTANEOUS SKELETAL FIXATION OF INTERPHALANGEAL JOINT DISLOCATION, WITH MANIPULATION	5/1/2019	5/1/2019	NA
28890	EXTRACORPOREAL SHOCK WAVE, HIGH ENERGY, PERFORMED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, REQUIRING ANESTHESIA OTHER THAN LOCAL, INCLUDING ULTRASOUND GUIDANCE, INVOLVING THE PLANTAR FASCIA			
29000	APPLICATION OF HALO TYPE BODY CAST (SEE 20661-20663 FOR INSERTION)	5/1/2019	5/1/2019	NA
29010	APPLICATION OF RISSER JACKET, LOCALIZER, BODY; ONLY	5/1/2019	5/1/2019	NA
29015	APPLICATION OF RISSER JACKET, LOCALIZER, BODY; INCLUDING HEAD	5/1/2019	5/1/2019	NA
29035	APPLICATION OF BODY CAST, SHOULDER TO HIPS;	5/1/2019	5/1/2019	NA
29040	APPLICATION OF BODY CAST, SHOULDER TO HIPS; INCLUDING HEAD, MINERVA TYPE	5/1/2019	5/1/2019	NA
29044	APPLICATION OF BODY CAST, SHOULDER TO HIPS; INCLUDING 1 THIGH	5/1/2019	5/1/2019	NA
29046	APPLICATION OF BODY CAST, SHOULDER TO HIPS; INCLUDING BOTH THIGHS	5/1/2019	5/1/2019	NA
29049	APPLICATION, CAST; FIGURE-OF-EIGHT	5/1/2019	5/1/2019	NA
29055	APPLICATION, CAST; SHOULDER SPICA	5/1/2019	5/1/2019	NA
29058	APPLICATION, CAST; PLASTER VELPEAU	5/1/2019	5/1/2019	NA
29065	APPLICATION, CAST; SHOULDER TO HAND (LONG ARM)	5/1/2019	5/1/2019	NA
29075	APPLICATION, CAST; ELBOW TO FINGER (SHORT ARM)	5/1/2019	5/1/2019	NA
29085	APPLICATION, CAST; HAND AND LOWER FOREARM (GAUNTLET)	5/1/2019	5/1/2019	NA
29086	APPLICATION, CAST; FINGER (EG, CONTRACTURE)	5/1/2019	5/1/2019	NA
29105	APPLICATION OF LONG ARM SPLINT (SHOULDER TO HAND)	5/1/2019	5/1/2019	NA

29125	APPLICATION OF SHORT ARM SPLINT (FOREARM TO HAND); STATIC	5/1/2019	5/1/2019	NA
29126	APPLICATION OF SHORT ARM SPLINT (FOREARM TO HAND); DYNAMIC	5/1/2019	5/1/2019	NA
29130	APPLICATION OF FINGER SPLINT; STATIC	5/1/2019	5/1/2019	NA
29131	APPLICATION OF FINGER SPLINT; DYNAMIC	5/1/2019	5/1/2019	NA
29200	STRAPPING; THORAX	5/1/2019	5/1/2019	NA
29240	STRAPPING; SHOULDER (EG, VELPEAU)	5/1/2019	5/1/2019	NA
29260	STRAPPING; ELBOW OR WRIST	5/1/2019	5/1/2019	NA
29280	STRAPPING; HAND OR FINGER	5/1/2019	5/1/2019	NA
29305	APPLICATION OF HIP SPICA CAST; 1 LEG	5/1/2019	5/1/2019	NA
29325	APPLICATION OF HIP SPICA CAST; 1 AND ONE-HALF SPICA OR BOTH LEGS	5/1/2019	5/1/2019	NA
29345	APPLICATION OF LONG LEG CAST (THIGH TO TOES);	5/1/2019	5/1/2019	NA
29355	APPLICATION OF LONG LEG CAST (THIGH TO TOES); WALKER OR AMBULATORY TYPE	5/1/2019	5/1/2019	NA
29358	APPLICATION OF LONG LEG CAST BRACE	5/1/2019	5/1/2019	NA
29365	APPLICATION OF CYLINDER CAST (THIGH TO ANKLE)	5/1/2019	5/1/2019	NA
29405	APPLICATION OF SHORT LEG CAST (BELOW KNEE TO TOES);	5/1/2019	5/1/2019	NA
29425	APPLICATION OF SHORT LEG CAST (BELOW KNEE TO TOES); WALKING OR AMBULATORY TYPE	5/1/2019	5/1/2019	NA
29435	APPLICATION OF PATELLAR TENDON BEARING (PTB) CAST	5/1/2019	5/1/2019	NA
29440	ADDING WALKER TO PREVIOUSLY APPLIED CAST	5/1/2019	5/1/2019	NA
29445	APPLICATION OF RIGID TOTAL CONTACT LEG CAST	5/1/2019	5/1/2019	NA
29450	APPLICATION OF CLUBFOOT CAST WITH MOLDING OR MANIPULATION, LONG OR SHORT LEG	5/1/2019	5/1/2019	NA
29505	APPLICATION OF LONG LEG SPLINT (THIGH TO ANKLE OR TOES)	5/1/2019	5/1/2019	NA
29515	APPLICATION OF SHORT LEG SPLINT (CALF TO FOOT)	5/1/2019	5/1/2019	NA
29520	STRAPPING; HIP	5/1/2019	5/1/2019	NA
29530	STRAPPING; KNEE	5/1/2019	5/1/2019	NA
29540	STRAPPING; ANKLE AND/OR FOOT	5/1/2019	5/1/2019	NA
29550	STRAPPING; TOES	5/1/2019	5/1/2019	NA
29580	STRAPPING; UNNA BOOT	5/1/2019	5/1/2019	NA
29581	APPLICATION OF MULTI-LAYER COMPRESSION SYSTEM; LEG (BELOW KNEE), INCLUDING ANKLE AND FOOT	5/1/2019	5/1/2019	NA
29584	APPLICATION OF MULTI-LAYER COMPRESSION SYSTEM; UPPER ARM, FOREARM, HAND, AND FINGERS	5/1/2019	5/1/2019	NA
29700	REMOVAL OR BIVALVING; GAUNTLET, BOOT OR BODY CAST	5/1/2019	5/1/2019	NA
29705	REMOVAL OR BIVALVING; FULL ARM OR FULL LEG CAST	5/1/2019	5/1/2019	NA
29710	REMOVAL OR BIVALVING; SHOULDER OR HIP SPICA, MINERVA, OR RISSER JACKET, ETC.	5/1/2019	5/1/2019	NA
29720	REPAIR OF SPICA, BODY CAST OR JACKET	5/1/2019	5/1/2019	NA
29730	WINDOWING OF CAST	5/1/2019	5/1/2019	NA
29740	WEDGING OF CAST (EXCEPT CLUBFOOT CASTS)	5/1/2019	5/1/2019	NA
29750	WEDGING OF CLUBFOOT CAST	5/1/2019	5/1/2019	NA
29870	Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	4/1/2015	4/1/2015	NA
29871	Arthroscopy, knee, surgical; for infection, lavage and drainage	4/1/2015	4/1/2015	NA
29873	Arthroscopy, knee, surgical; with lateral release	4/1/2015	4/1/2015	NA
29874	Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)	4/1/2015	4/1/2015	NA
29875	Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)	4/1/2015	4/1/2015	NA
29876	Arthroscopy, knee, surgical; synovectomy, major, two or more compartments (eg, medial or lateral)	4/1/2015	4/1/2015	NA
29877	Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	4/1/2015	4/1/2015	NA
29879	Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture	4/1/2015	4/1/2015	NA
29880	Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral, including any meniscal shaving)	4/1/2015	4/1/2015	NA
29881	Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving)	4/1/2015	4/1/2015	NA
29882	Arthroscopy, knee, surgical; with meniscus repair (medial OR lateral)	4/1/2015	4/1/2015	NA

29883	Arthroscopy, knee, surgical; with meniscus repair (medial AND lateral)	4/1/2015	4/1/2015	NA
29884	Arthroscopy, knee, surgical; with lysis of adhesions, with or without manipulation (separate procedure)	4/1/2015	4/1/2015	NA
29885	Arthroscopy, knee, surgical; drilling for osteochondritis dissecans with bone grafting, with or without internal fixation (including debridement of base of lesion)	4/1/2015	4/1/2015	NA
29886	Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion	4/1/2015	4/1/2015	NA
29887	Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion with internal fixation	4/1/2015	4/1/2015	NA
29888	Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	4/1/2015	4/1/2015	NA
29889	Arthroscopically aided posterior cruciate ligament repair/augmentation or reconstruction	4/1/2015	4/1/2015	NA
30000		5/1/2019	5/1/2019	NA
30020	DRAINAGE ABSCESS OR HEMATOMA, NASAL, INTERNAL APPROACH	5/1/2019	5/1/2019	NA
30100	DRAINAGE ABSCESS OR HEMATOMA, NASAL SEPTUM	5/1/2019	5/1/2019	NA
30110	BIOPSY, INTRANASAL	5/1/2019	5/1/2019	NA
30124	EXCISION, NASAL POLYP(S), SIMPLE	5/1/2019	5/1/2019	NA
30140	EXCISION DERMOID CYST, NOSE; SIMPLE, SKIN, SUBCUTANEOUS SUBMUCOUS RESECTION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD	5/1/2019	5/1/2019	NA
30200	INJECTION INTO TURBINATE(S), THERAPEUTIC	5/1/2019	5/1/2019	NA
30210	DISPLACEMENT THERAPY (PROETZ TYPE)	5/1/2019	5/1/2019	NA
30220	INSERTION, NASAL SEPTAL PROSTHESIS (BUTTON)	5/1/2019	5/1/2019	NA
30300		5/1/2019	5/1/2019	NA
30310	REMOVAL FOREIGN BODY, INTRANASAL; OFFICE TYPE PROCEDURE	5/1/2019	5/1/2019	NA
30560	REMOVAL FOREIGN BODY, INTRANASAL; REQUIRING GENERAL ANESTHESIA	5/1/2019	5/1/2019	NA
30801	LYSIS INTRANASAL SYNECHIA	5/1/2019	5/1/2019	NA
30802	ABLATION, SOFT TISSUE OF INFERIOR TURBINATES, UNILATERAL OR BILATERAL, ANY METHOD (EG, ELECTROCAUTERY, RADIOFREQUENCY ABLATION, OR TISSUE VOLUME REDUCTION); SUPERFICIAL ABLATION, SOFT TISSUE OF INFERIOR TURBINATES, UNILATERAL OR BILATERAL, ANY METHOD (EG, ELECTROCAUTERY, RADIOFREQUENCY ABLATION, OR TISSUE VOLUME REDUCTION); INTRAMURAL (IE, SUBMUCOSAL)	5/1/2019	5/1/2019	NA
30901	CONTROL NASAL HEMORRHAGE, ANTERIOR, SIMPLE (LIMITED CAUTERY AND/OR PACKING) ANY METHOD	5/1/2019	5/1/2019	NA
30903	CONTROL NASAL HEMORRHAGE, ANTERIOR, COMPLEX (EXTENSIVE CAUTERY AND/OR PACKING) ANY METHOD	5/1/2019	5/1/2019	NA
30905	CONTROL NASAL HEMORRHAGE, POSTERIOR, WITH POSTERIOR NASAL PACKS AND/OR CAUTERY, ANY METHOD; INITIAL	5/1/2019	5/1/2019	NA
30906	CONTROL NASAL HEMORRHAGE, POSTERIOR, WITH POSTERIOR NASAL PACKS AND/OR CAUTERY, ANY METHOD; SUBSEQUENT	5/1/2019	5/1/2019	NA
30930	FRACTURE NASAL INFERIOR TURBINATE(S), THERAPEUTIC	5/1/2019	5/1/2019	NA
31000	LAVAGE BY CANNULATION; MAXILLARY SINUS (ANTRUM PUNCTURE OR NATURAL OSTIUM)	5/1/2019	5/1/2019	NA
31002	LAVAGE BY CANNULATION; SPHENOID SINUS	5/1/2019	5/1/2019	NA
31050	SINUSOTOMY, SPHENOID, WITH OR WITHOUT BIOPSY;	5/1/2019	5/1/2019	NA
31231	NASAL ENDOSCOPY, DIAGNOSTIC, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)	5/1/2019	5/1/2019	NA
31233	NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WITH MAXILLARY SINUSOSCOPY (VIA INFERIOR MEATUS OR CANINE FOSSA PUNCTURE)	5/1/2019	5/1/2019	NA
31235	NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WITH SPHENOID SINUSOSCOPY (VIA PUNCTURE OF SPHENOIDAL FACE OR CANNULATION OF OSTIUM)	5/1/2019	5/1/2019	NA
31237	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH BIOPSY, POLYPECTOMY OR DEBRIDEMENT (SEPARATE PROCEDURE)	5/1/2019	5/1/2019	NA
31238	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH CONTROL OF NASAL HEMORRHAGE	5/1/2019	5/1/2019	NA
31240	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH CONCHA BULLOSA RESECTION	5/1/2019	5/1/2019	NA

31254	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; PARTIAL (ANTERIOR)	5/1/2019	5/1/2019	NA
31256	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY;	5/1/2019	5/1/2019	NA
31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	5/1/2019	5/1/2019	NA
31287	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY;	5/1/2019	5/1/2019	NA
31288	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY; WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	5/1/2019	5/1/2019	NA
31295	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DILATION OF MAXILLARY SINUS OSTIUM (EG, BALLOON DILATION), TRANSNASAL OR VIA CANINE FOSSA	5/1/2019	5/1/2019	NA
31296	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DILATION OF FRONTAL SINUS OSTIUM (EG, BALLOON DILATION)	5/1/2019	5/1/2019	NA
31297	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DILATION OF SPHENOID SINUS OSTIUM (EG, BALLOON DILATION)	5/1/2019	5/1/2019	NA
31298	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DILATION OF FRONTAL AND SPHENOID SINUS OSTIA (EG, BALLOON DILATION)	5/1/2019	5/1/2019	NA
31500	INTUBATION, ENDOTRACHEAL, EMERGENCY PROCEDURE	5/1/2019	5/1/2019	NA
31502	TRACHEOTOMY TUBE CHANGE PRIOR TO ESTABLISHMENT OF FISTULA TRACT	5/1/2019	5/1/2019	NA
31505	LARYNGOSCOPY, INDIRECT; DIAGNOSTIC (SEPARATE PROCEDURE)	5/1/2019	5/1/2019	NA
31510	LARYNGOSCOPY, INDIRECT; WITH BIOPSY	5/1/2019	5/1/2019	NA
31511	LARYNGOSCOPY, INDIRECT; WITH REMOVAL OF FOREIGN BODY	5/1/2019	5/1/2019	NA
31512	LARYNGOSCOPY, INDIRECT; WITH REMOVAL OF LESION	5/1/2019	5/1/2019	NA
31513	LARYNGOSCOPY, INDIRECT; WITH VOCAL CORD INJECTION	5/1/2019	5/1/2019	NA
31515	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; FOR ASPIRATION	5/1/2019	5/1/2019	NA
31525	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; DIAGNOSTIC, EXCEPT NEWBORN	5/1/2019	5/1/2019	NA
31526	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; DIAGNOSTIC, WITH OPERATING MICROSCOPE OR TELESCOPE	5/1/2019	5/1/2019	NA
31527	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; WITH INSERTION OF OBTURATOR	5/1/2019	5/1/2019	NA
31528	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; WITH DILATION, INITIAL	5/1/2019	5/1/2019	NA
31529	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; WITH DILATION, SUBSEQUENT	5/1/2019	5/1/2019	NA
31530	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH FOREIGN BODY REMOVAL;	5/1/2019	5/1/2019	NA
31531	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH FOREIGN BODY REMOVAL; WITH OPERATING MICROSCOPE OR TELESCOPE	5/1/2019	5/1/2019	NA
31535	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH BIOPSY;	5/1/2019	5/1/2019	NA
31536	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH BIOPSY; WITH OPERATING MICROSCOPE OR TELESCOPE	5/1/2019	5/1/2019	NA
31540	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH EXCISION OF TUMOR AND/OR STRIPPING OF VOCAL CORDS OR EPIGLOTTIS;	5/1/2019	5/1/2019	NA
31541	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH EXCISION OF TUMOR AND/OR STRIPPING OF VOCAL CORDS OR EPIGLOTTIS; WITH OPERATING MICROSCOPE OR TELESCOPE	5/1/2019	5/1/2019	NA
31570	LARYNGOSCOPY, DIRECT, WITH INJECTION INTO VOCAL CORD(S), THERAPEUTIC;	5/1/2019	5/1/2019	NA
31571	LARYNGOSCOPY, DIRECT, WITH INJECTION INTO VOCAL CORD(S), THERAPEUTIC; WITH OPERATING MICROSCOPE OR TELESCOPE	5/1/2019	5/1/2019	NA
31572	LARYNGOSCOPY, FLEXIBLE; WITH ABLATION OR DESTRUCTION OF LESION(S) WITH LASER, UNILATERAL	5/1/2019	5/1/2019	NA
31573	LARYNGOSCOPY, FLEXIBLE; WITH THERAPEUTIC INJECTION(S) (EG, CHEMODENERVATION AGENT OR CORTICOSTEROID, INJECTED PERCUTANEOUS, TRANSORAL, OR VIA ENDOSCOPE CHANNEL), UNILATERAL	5/1/2019	5/1/2019	NA
31574	LARYNGOSCOPY, FLEXIBLE; WITH INJECTION(S) FOR AUGMENTATION (EG, PERCUTANEOUS, TRANSORAL), UNILATERAL	5/1/2019	5/1/2019	NA

31575	LARYNGOSCOPY, FLEXIBLE; DIAGNOSTIC	5/1/2019	5/1/2019	NA
31576	LARYNGOSCOPY, FLEXIBLE; WITH BIOPSY(IES)	5/1/2019	5/1/2019	NA
31577	LARYNGOSCOPY, FLEXIBLE; WITH REMOVAL OF FOREIGN BODY(S)	5/1/2019	5/1/2019	NA
31578	LARYNGOSCOPY, FLEXIBLE; WITH REMOVAL OF LESION(S), NON-LASER	5/1/2019	5/1/2019	NA
31579	LARYNGOSCOPY, FLEXIBLE OR RIGID TELESCOPIC, WITH STROBOSCOPY	5/1/2019	5/1/2019	NA
31612	TRACHEAL PUNCTURE, PERCUTANEOUS WITH TRANSTRACHEAL ASPIRATION AND/OR INJECTION	5/1/2019	5/1/2019	NA
31615	TRACHEOBRONCHOSCOPY THROUGH ESTABLISHED TRACHEOSTOMY INCISION	5/1/2019	5/1/2019	NA
31622	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; DIAGNOSTIC, WITH CELL WASHING, WHEN PERFORMED (SEPARATE PROCEDURE)	5/1/2019	5/1/2019	NA
31623	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH BRUSHING OR PROTECTED BRUSHINGS	5/1/2019	5/1/2019	NA
31624	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH BRONCHIAL ALVEOLAR LAVAGE	5/1/2019	5/1/2019	NA
31625	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH BRONCHIAL OR ENDOBRONCHIAL BIOPSY(S), SINGLE OR MULTIPLE SITES	5/1/2019	5/1/2019	NA
31626	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH PLACEMENT OF FIDUCIAL MARKERS, SINGLE OR MULTIPLE	5/1/2019	5/1/2019	NA
31627	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH COMPUTER-ASSISTED, IMAGE-GUIDED NAVIGATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE[S])	5/1/2019	5/1/2019	NA
31628	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH TRANSBRONCHIAL LUNG BIOPSY(S), SINGLE LOBE	5/1/2019	5/1/2019	NA
31629	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH TRANSBRONCHIAL NEEDLE ASPIRATION BIOPSY(S), TRACHEA, MAIN STEM AND/OR LOBAR BRONCHUS(I)	5/1/2019	5/1/2019	NA
31630	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH TRACHEAL/BRONCHIAL DILATION OR CLOSED REDUCTION OF FRACTURE	5/1/2019	5/1/2019	NA
31631	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH PLACEMENT OF TRACHEAL STENT(S) (INCLUDES TRACHEAL/BRONCHIAL DILATION AS REQUIRED)	5/1/2019	5/1/2019	NA
31632	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH TRANSBRONCHIAL LUNG BIOPSY(S), EACH ADDITIONAL LOBE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
31633	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH TRANSBRONCHIAL NEEDLE ASPIRATION BIOPSY(S), EACH ADDITIONAL LOBE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
31634	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH BALLOON OCCLUSION, WITH ASSESSMENT OF AIR LEAK, WITH ADMINISTRATION OF OCCLUSIVE SUBSTANCE (EG, FIBRIN GLUE), IF PERFORMED	5/1/2019	5/1/2019	NA
31635	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH REMOVAL OF FOREIGN BODY	5/1/2019	5/1/2019	NA

31636	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH PLACEMENT OF BRONCHIAL STENT(S) (INCLUDES TRACHEAL/BRONCHIAL DILATION AS REQUIRED), INITIAL BRONCHUS	5/1/2019	5/1/2019	NA
31637	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; EACH ADDITIONAL MAJOR BRONCHUS STENTED (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
31638	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH REVISION OF TRACHEAL OR BRONCHIAL STENT INSERTED AT PREVIOUS SESSION (INCLUDES TRACHEAL/BRONCHIAL DILATION AS REQUIRED)	5/1/2019	5/1/2019	NA
31640	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH EXCISION OF TUMOR	5/1/2019	5/1/2019	NA
31641	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH DESTRUCTION OF TUMOR OR RELIEF OF STENOSIS BY ANY METHOD OTHER THAN EXCISION (EG, LASER THERAPY, CRYOTHERAPY)	5/1/2019	5/1/2019	NA
31643	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH PLACEMENT OF CATHETER(S) FOR INTRACAVITARY RADIOELEMENT APPLICATION	5/1/2019	5/1/2019	NA
31645	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH THERAPEUTIC ASPIRATION OF TRACHEOBRONCHIAL TREE, INITIAL	5/1/2019	5/1/2019	NA
31646	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH THERAPEUTIC ASPIRATION OF TRACHEOBRONCHIAL TREE, SUBSEQUENT, SAME HOSPITAL STAY	5/1/2019	5/1/2019	NA
31647	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH BALLOON OCCLUSION, WHEN PERFORMED, ASSESSMENT OF AIR LEAK, AIRWAY SIZING, AND INSERTION OF BRONCHIAL VALVE(S), INITIAL LOBE	5/1/2019	5/1/2019	NA
31648	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH REMOVAL OF BRONCHIAL VALVE(S), INITIAL LOBE	5/1/2019	5/1/2019	NA
31649	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH REMOVAL OF BRONCHIAL VALVE(S), EACH ADDITIONAL LOBE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
31651	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH BALLOON OCCLUSION, WHEN PERFORMED, ASSESSMENT OF AIR LEAK, AIRWAY SIZING, AND INSERTION OF BRONCHIAL VALVE(S), EACH ADDITIONAL LOBE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE[S])	5/1/2019	5/1/2019	NA
31652	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH ENDOBRONCHIAL ULTRASOUND (EBUS) GUIDED TRANSTRACHEAL AND/OR TRANSBRONCHIAL SAMPLING (EG, ASPIRATION[S]/BIOPSY[IIES]), ONE OR TWO MEDIASTINAL AND/OR HILAR LYMPH NODE STATIONS OR STRUCTURES	5/1/2019	5/1/2019	NA
31653	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH ENDOBRONCHIAL ULTRASOUND (EBUS) GUIDED TRANSTRACHEAL AND/OR TRANSBRONCHIAL SAMPLING (EG, ASPIRATION[S]/BIOPSY[IIES]), 3 OR MORE MEDIASTINAL AND/OR HILAR LYMPH NODE STATIONS OR STRUCTURES	5/1/2019	5/1/2019	NA

		5/1/2019	5/1/2019	NA
31654	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH TRANSENDOSCOPIC ENDOBRONCHIAL ULTRASOUND (EBUS) DURING BRONCHOSCOPIC DIAGNOSTIC OR THERAPEUTIC INTERVENTION(S) FOR PERIPHERAL LESION(S) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE[S])			
31660	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH BRONCHIAL THERMOPLASTY, 1 LOBE	5/1/2019	5/1/2019	NA
31661	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH BRONCHIAL THERMOPLASTY, 2 OR MORE LOBES	5/1/2019	5/1/2019	NA
31717	CATHETERIZATION WITH BRONCHIAL BRUSH BIOPSY	5/1/2019	5/1/2019	NA
31720		5/1/2019	5/1/2019	NA
31725	CATHETER ASPIRATION (SEPARATE PROCEDURE); NASOTRACHEAL CATHETER ASPIRATION (SEPARATE PROCEDURE); TRACHEOBRONCHIAL WITH FIBERSCOPE, BEDSIDE	5/1/2019	5/1/2019	NA
31730		5/1/2019	5/1/2019	NA
32400	TRANSTRACHEAL (PERCUTANEOUS) INTRODUCTION OF NEEDLE WIRE DILATOR/STENT OR INDWELLING TUBE FOR OXYGEN THERAPY			
32405	BIOPSY, PLEURA, PERCUTANEOUS NEEDLE	5/1/2019	5/1/2019	NA
	BIOPSY, LUNG OR MEDIASTINUM, PERCUTANEOUS NEEDLE	5/1/2019	5/1/2019	NA
32501	RESECTION AND REPAIR OF PORTION OF BRONCHUS (BRONCHOPLASTY) WHEN PERFORMED AT TIME OF LOBECTOMY OR SEGMENTECTOMY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
32506	THORACOTOMY; WITH THERAPEUTIC WEDGE RESECTION (EG, MASS OR NODULE), EACH ADDITIONAL RESECTION, IPSILATERAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
32507	THORACOTOMY; WITH DIAGNOSTIC WEDGE RESECTION FOLLOWED BY ANATOMIC LUNG RESECTION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
32550	INSERTION OF INDWELLING TUNNELED PLEURAL CATHETER WITH CUFF	5/1/2019	5/1/2019	NA
32551	TUBE THORACOSTOMY, INCLUDES CONNECTION TO DRAINAGE SYSTEM (EG, WATER SEAL), WHEN PERFORMED, OPEN (SEPARATE PROCEDURE)	5/1/2019	5/1/2019	NA
32552		5/1/2019	5/1/2019	NA
32553	REMOVAL OF INDWELLING TUNNELED PLEURAL CATHETER WITH CUFF	5/1/2019	5/1/2019	NA
32554	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE (EG, FIDUCIAL MARKERS, DOSIMETER), PERCUTANEOUS, INTRA-THORACIC, SINGLE OR MULTIPLE	5/1/2019	5/1/2019	NA
32555	THORACENTESIS, NEEDLE OR CATHETER, ASPIRATION OF THE PLEURAL SPACE; WITHOUT IMAGING GUIDANCE	5/1/2019	5/1/2019	NA
32556	THORACENTESIS, NEEDLE OR CATHETER, ASPIRATION OF THE PLEURAL SPACE; WITH IMAGING GUIDANCE	5/1/2019	5/1/2019	NA
32557	PLEURAL DRAINAGE, PERCUTANEOUS, WITH INSERTION OF INDWELLING CATHETER; WITHOUT IMAGING GUIDANCE	5/1/2019	5/1/2019	NA
32560	PLEURAL DRAINAGE, PERCUTANEOUS, WITH INSERTION OF INDWELLING CATHETER; WITH IMAGING GUIDANCE	5/1/2019	5/1/2019	NA
32561	INSTILLATION, VIA CHEST TUBE/CATHETER, AGENT FOR PLEURODESIS (EG, TALC FOR RECURRENT OR PERSISTENT PNEUMOTHORAX)	5/1/2019	5/1/2019	NA
32562	INSTILLATION(S), VIA CHEST TUBE/CATHETER, AGENT FOR FIBRINOLYSIS (EG, FIBRINOLYTIC AGENT FOR BREAK UP OF MULTILOCULATED EFFUSION); INITIAL DAY	5/1/2019	5/1/2019	NA
	INSTILLATION(S), VIA CHEST TUBE/CATHETER, AGENT FOR FIBRINOLYSIS (EG, FIBRINOLYTIC AGENT FOR BREAK UP OF MULTILOCULATED EFFUSION); SUBSEQUENT DAY	5/1/2019	5/1/2019	NA
32601	THORACOSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE); LUNGS, PERICARDIAL SAC, MEDIASTINAL OR PLEURAL SPACE, WITHOUT BIOPSY	5/1/2019	5/1/2019	NA
32606	THORACOSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE); MEDIASTINAL SPACE, WITH BIOPSY	5/1/2019	5/1/2019	NA
32607	THORACOSCOPY; WITH DIAGNOSTIC BIOPSY(IES) OF LUNG INFILTRATE(S) (EG, WEDGE, INCISIONAL), UNILATERAL	5/1/2019	5/1/2019	NA

32608	THORACOSCOPY; WITH DIAGNOSTIC BIOPSY(IES) OF LUNG NODULE(S) OR MASS(ES) (EG, WEDGE, INCISIONAL), UNILATERAL	5/1/2019	5/1/2019	NA
32609	THORACOSCOPY; WITH BIOPSY(IES) OF PLEURA	5/1/2019	5/1/2019	NA
32667	THORACOSCOPY, SURGICAL; WITH THERAPEUTIC WEDGE RESECTION (EG, MASS OR NODULE), EACH ADDITIONAL RESECTION, IPSILATERAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
32668	THORACOSCOPY, SURGICAL; WITH DIAGNOSTIC WEDGE RESECTION FOLLOWED BY ANATOMIC LUNG RESECTION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
32674	THORACOSCOPY, SURGICAL; WITH MEDIASTINAL AND REGIONAL LYMPHADENECTOMY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
32701	THORACIC TARGET(S) DELINEATION FOR STEREOTACTIC BODY RADIATION THERAPY (SRS/SBRT), (PHOTON OR PARTICLE BEAM), ENTIRE COURSE OF TREATMENT	5/1/2019	5/1/2019	NA
32800	Repair lung hernia through chest wall	4/1/2015	4/1/2015	NA
32850	DONOR PNEUMONECTOMY(S) (INCLUDING COLD PRESERVATION), FROM CADAVER DONOR	5/1/2019	5/1/2019	NA
32960	PNEUMOTHORAX, THERAPEUTIC, INTRAPLEURAL INJECTION OF AIR	5/1/2019	5/1/2019	NA
33010	PERICARDIOCENTESIS; INITIAL	5/1/2019	5/1/2019	NA
33011	PERICARDIOCENTESIS; SUBSEQUENT	5/1/2019	5/1/2019	NA
33141	TRANSMYOCARDIAL LASER REVASCLARIZATION, BY THORACOTOMY; PERFORMED AT THE TIME OF OTHER OPEN CARDIAC PROCEDURE(S) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
33210	INSERTION OR REPLACEMENT OF TEMPORARY TRANSVENOUS SINGLE CHAMBER CARDIAC ELECTRODE OR PACEMAKER CATHETER (SEPARATE PROCEDURE)	5/1/2019	5/1/2019	NA
33211	INSERTION OR REPLACEMENT OF TEMPORARY TRANSVENOUS DUAL CHAMBER PACING ELECTRODES (SEPARATE PROCEDURE)	5/1/2019	5/1/2019	NA
33233	REMOVAL OF PERMANENT PACEMAKER PULSE GENERATOR ONLY	5/1/2019	5/1/2019	NA
33241	REMOVAL OF IMPLANTABLE DEFIBRILLATOR PULSE GENERATOR ONLY	5/1/2019	5/1/2019	NA
33282	IMPLANTATION OF PATIENT-ACTIVATED CARDIAC EVENT RECORDER	5/1/2019	5/1/2019	NA
33284	REMOVAL OF AN IMPLANTABLE, PATIENT-ACTIVATED CARDIAC EVENT RECORDER	5/1/2019	5/1/2019	NA
33508	ENDOSCOPY, SURGICAL, INCLUDING VIDEO-ASSISTED HARVEST OF VEIN(S) FOR CORONARY ARTERY BYPASS PROCEDURE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
33517	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); SINGLE VEIN GRAFT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
33572	CORONARY ENDARTERECTOMY, OPEN, ANY METHOD, OF LEFT ANTERIOR DESCENDING, CIRCUMFLEX, OR RIGHT CORONARY ARTERY PERFORMED IN CONJUNCTION WITH CORONARY ARTERY BYPASS GRAFT PROCEDURE, EACH VESSEL (LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
33924	LIGATION AND TAKEDOWN OF A SYSTEMIC-TO-PULMONARY ARTERY SHUNT, PERFORMED IN CONJUNCTION WITH A CONGENITAL HEART PROCEDURE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
33930	DONOR CARDIECTOMY-PNEUMONECTOMY (INCLUDING COLD PRESERVATION)	5/1/2019	5/1/2019	NA
33940	DONOR CARDIECTOMY (INCLUDING COLD PRESERVATION)	5/1/2019	5/1/2019	NA
33948	EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO)/EXTRACORPOREAL LIFE SUPPORT (ECLS) PROVIDED BY PHYSICIAN; DAILY MANAGEMENT, EACH DAY, VENO-VENOUS	5/1/2019	5/1/2019	NA
33949	EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO)/EXTRACORPOREAL LIFE SUPPORT (ECLS) PROVIDED BY PHYSICIAN; DAILY MANAGEMENT, EACH DAY, VENO-ARTERIAL	5/1/2019	5/1/2019	NA

33957	EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO)/EXTRACORPOREAL LIFE SUPPORT (ECLS) PROVIDED BY PHYSICIAN; REPOSITION PERIPHERAL (ARTERIAL AND/OR VENOUS) CANNULA(E), PERCUTANEOUS, BIRTH THROUGH 5 YEARS OF AGE (INCLUDES FLUOROSCOPIC GUIDANCE, WHEN PERFORMED)	5/1/2019	5/1/2019	NA
33958	EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO)/EXTRACORPOREAL LIFE SUPPORT (ECLS) PROVIDED BY PHYSICIAN; REPOSITION PERIPHERAL (ARTERIAL AND/OR VENOUS) CANNULA(E), PERCUTANEOUS, 6 YEARS AND OLDER (INCLUDES FLUOROSCOPIC GUIDANCE, WHEN PERFORMED)	5/1/2019	5/1/2019	NA
33959	EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO)/EXTRACORPOREAL LIFE SUPPORT (ECLS) PROVIDED BY PHYSICIAN; REPOSITION PERIPHERAL (ARTERIAL AND/OR VENOUS) CANNULA(E), OPEN, BIRTH THROUGH 5 YEARS OF AGE (INCLUDES FLUOROSCOPIC GUIDANCE, WHEN PERFORMED)	5/1/2019	5/1/2019	NA
33962	EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO)/EXTRACORPOREAL LIFE SUPPORT (ECLS) PROVIDED BY PHYSICIAN; REPOSITION PERIPHERAL (ARTERIAL AND/OR VENOUS) CANNULA(E), OPEN, 6 YEARS AND OLDER (INCLUDES FLUOROSCOPIC GUIDANCE, WHEN PERFORMED)	5/1/2019	5/1/2019	NA
33965	EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO)/EXTRACORPOREAL LIFE SUPPORT (ECLS) PROVIDED BY PHYSICIAN; REMOVAL OF PERIPHERAL (ARTERIAL AND/OR VENOUS) CANNULA(E), PERCUTANEOUS, BIRTH THROUGH 5 YEARS OF AGE	5/1/2019	5/1/2019	NA
33966	EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO)/EXTRACORPOREAL LIFE SUPPORT (ECLS) PROVIDED BY PHYSICIAN; REMOVAL OF PERIPHERAL (ARTERIAL AND/OR VENOUS) CANNULA(E), PERCUTANEOUS, 6 YEARS AND OLDER	5/1/2019	5/1/2019	NA
33967	INSERTION OF INTRA-AORTIC BALLOON ASSIST DEVICE, PERCUTANEOUS	5/1/2019	5/1/2019	NA
33968	REMOVAL OF INTRA-AORTIC BALLOON ASSIST DEVICE, PERCUTANEOUS	5/1/2019	5/1/2019	NA
33969	EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO)/EXTRACORPOREAL LIFE SUPPORT (ECLS) PROVIDED BY PHYSICIAN; REMOVAL OF PERIPHERAL (ARTERIAL AND/OR VENOUS) CANNULA(E), OPEN, BIRTH THROUGH 5 YEARS OF AGE	5/1/2019	5/1/2019	NA
33984	EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO)/EXTRACORPOREAL LIFE SUPPORT (ECLS) PROVIDED BY PHYSICIAN; REMOVAL OF PERIPHERAL (ARTERIAL AND/OR VENOUS) CANNULA(E), OPEN, 6 YEARS AND OLDER	5/1/2019	5/1/2019	NA
33987	ARTERIAL EXPOSURE WITH CREATION OF GRAFT CONDUIT (EG, CHIMNEY GRAFT) TO FACILITATE ARTERIAL PERFUSION FOR ECMO/ECLS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
33992	REMOVAL OF PERCUTANEOUS VENTRICULAR ASSIST DEVICE AT SEPARATE AND DISTINCT SESSION FROM INSERTION	5/1/2019	5/1/2019	NA
33993	REPOSITIONING OF PERCUTANEOUS VENTRICULAR ASSIST DEVICE WITH IMAGING GUIDANCE AT SEPARATE AND DISTINCT SESSION FROM INSERTION	5/1/2019	5/1/2019	NA
34713	PERCUTANEOUS ACCESS AND CLOSURE OF FEMORAL ARTERY FOR DELIVERY OF ENDOGRAFT THROUGH A LARGE SHEATH (12 FRENCH OR LARGER), INCLUDING ULTRASOUND GUIDANCE, WHEN PERFORMED, UNILATERAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
34714	OPEN FEMORAL ARTERY EXPOSURE WITH CREATION OF CONDUIT FOR DELIVERY OF ENDOVASCULAR PROSTHESIS OR FOR ESTABLISHMENT OF CARDIOPULMONARY BYPASS, BY GROIN INCISION, UNILATERAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
34808	ENDOVASCULAR PLACEMENT OF ILIAC ARTERY OCCLUSION DEVICE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
34812	OPEN FEMORAL ARTERY EXPOSURE FOR DELIVERY OF ENDOVASCULAR PROSTHESIS, BY GROIN INCISION, UNILATERAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA

34813	PLACEMENT OF FEMORAL-FEMORAL PROSTHETIC GRAFT DURING ENDOVASCULAR AORTIC ANEURYSM REPAIR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
34834	OPEN BRACHIAL ARTERY EXPOSURE FOR DELIVERY OF ENDOVASCULAR PROSTHESIS, UNILATERAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
34839	PHYSICIAN PLANNING OF A PATIENT-SPECIFIC FENESTRATED VISCERAL AORTIC ENDOGRAFT REQUIRING A MINIMUM OF 90 MINUTES OF PHYSICIAN TIME	5/1/2019	5/1/2019	NA
35390	REOPERATION, CAROTID, THROMBOENDARTERECTOMY, MORE THAN 1 MONTH AFTER ORIGINAL OPERATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
35400	ANGIOSCOPY (NONCORONARY VESSELS OR GRAFTS) DURING THERAPEUTIC INTERVENTION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
35600	HARVEST OF UPPER EXTREMITY ARTERY, 1 SEGMENT, FOR CORONARY ARTERY BYPASS PROCEDURE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
35681	BYPASS GRAFT; COMPOSITE, PROSTHETIC AND VEIN (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
35685	PLACEMENT OF VEIN PATCH OR CUFF AT DISTAL ANASTOMOSIS OF BYPASS GRAFT, SYNTHETIC CONDUIT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
35686	CREATION OF DISTAL ARTERIOVENOUS FISTULA DURING LOWER EXTREMITY BYPASS SURGERY (NON-HEMODIALYSIS) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
35697	REIMPLANTATION, VISCERAL ARTERY TO INFRARENAL AORTIC PROSTHESIS, EACH ARTERY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
35700	REOPERATION, FEMORAL-POPLITEAL OR FEMORAL (POPLITEAL)-ANTERIOR TIBIAL, POSTERIOR TIBIAL, PERONEAL ARTERY, OR OTHER DISTAL VESSELS, MORE THAN 1 MONTH AFTER ORIGINAL OPERATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
35901	EXCISION OF INFECTED GRAFT; NECK	5/1/2019	5/1/2019	NA
35903	EXCISION OF INFECTED GRAFT; EXTREMITY	5/1/2019	5/1/2019	NA
35905	EXCISION OF INFECTED GRAFT; THORAX	5/1/2019	5/1/2019	NA
35907	EXCISION OF INFECTED GRAFT; ABDOMEN	5/1/2019	5/1/2019	NA
36000	INTRODUCTION OF NEEDLE OR INTRACATHETER, VEIN	5/1/2019	5/1/2019	NA
36002	INJECTION PROCEDURES (EG, THROMBIN) FOR PERCUTANEOUS TREATMENT OF EXTREMITY PSEUDOANEURYSM	5/1/2019	5/1/2019	NA
36005	INJECTION PROCEDURE FOR EXTREMITY VENOGRAPHY (INCLUDING INTRODUCTION OF NEEDLE OR INTRACATHETER)	5/1/2019	5/1/2019	NA
36010	INTRODUCTION OF CATHETER, SUPERIOR OR INFERIOR VENA CAVA	5/1/2019	5/1/2019	NA
36011	SELECTIVE CATHETER PLACEMENT, VENOUS SYSTEM; FIRST ORDER BRANCH (EG, RENAL VEIN, JUGULAR VEIN)	5/1/2019	5/1/2019	NA
36012	SELECTIVE CATHETER PLACEMENT, VENOUS SYSTEM; SECOND ORDER, OR MORE SELECTIVE, BRANCH (EG, LEFT ADRENAL VEIN, PETROSAL SINUS)	5/1/2019	5/1/2019	NA
36013	INTRODUCTION OF CATHETER, RIGHT HEART OR MAIN PULMONARY ARTERY	5/1/2019	5/1/2019	NA
36014	SELECTIVE CATHETER PLACEMENT, LEFT OR RIGHT PULMONARY ARTERY	5/1/2019	5/1/2019	NA
36015	SELECTIVE CATHETER PLACEMENT, SEGMENTAL OR SUBSEGMENTAL PULMONARY ARTERY	5/1/2019	5/1/2019	NA
36100	INTRODUCTION OF NEEDLE OR INTRACATHETER, CAROTID OR VERTEBRAL ARTERY	5/1/2019	5/1/2019	NA
36140	INTRODUCTION OF NEEDLE OR INTRACATHETER, UPPER OR LOWER EXTREMITY ARTERY	5/1/2019	5/1/2019	NA
36160	INTRODUCTION OF NEEDLE OR INTRACATHETER, AORTIC, TRANSLUMBAR	5/1/2019	5/1/2019	NA
36200	INTRODUCTION OF CATHETER, AORTA	5/1/2019	5/1/2019	NA

36215	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; EACH FIRST ORDER THORACIC OR BRACHIOCEPHALIC BRANCH, WITHIN A VASCULAR FAMILY	5/1/2019	5/1/2019	NA
36216	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL SECOND ORDER THORACIC OR BRACHIOCEPHALIC BRANCH, WITHIN A VASCULAR FAMILY	5/1/2019	5/1/2019	NA
36218	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; ADDITIONAL SECOND ORDER, THIRD ORDER, AND BEYOND, THORACIC OR BRACHIOCEPHALIC BRANCH, WITHIN A VASCULAR FAMILY (LIST IN ADDITION TO CODE FOR INITIAL SECOND OR THIRD ORDER VESSEL AS APPROPRIATE)	5/1/2019	5/1/2019	NA
36221	NON-SELECTIVE CATHETER PLACEMENT, THORACIC AORTA, WITH ANGIOGRAPHY OF THE EXTRACRANIAL CAROTID, VERTEBRAL, AND/OR INTRACRANIAL VESSELS, UNILATERAL OR BILATERAL, AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION, INCLUDES ANGIOGRAPHY OF THE CERVICOCEREBRAL ARCH, WHEN PERFORMED	5/1/2019	5/1/2019	NA
36222	SELECTIVE CATHETER PLACEMENT, COMMON CAROTID OR INNOMINATE ARTERY, UNILATERAL, ANY APPROACH, WITH ANGIOGRAPHY OF THE IPSILATERAL EXTRACRANIAL CAROTID CIRCULATION AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION, INCLUDES ANGIOGRAPHY OF THE CERVICOCEREBRAL ARCH, WHEN PERFORMED	5/1/2019	5/1/2019	NA
36227	SELECTIVE CATHETER PLACEMENT, EXTERNAL CAROTID ARTERY, UNILATERAL, WITH ANGIOGRAPHY OF THE IPSILATERAL EXTERNAL CAROTID CIRCULATION AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
36228	SELECTIVE CATHETER PLACEMENT, EACH INTRACRANIAL BRANCH OF THE INTERNAL CAROTID OR VERTEBRAL ARTERIES, UNILATERAL, WITH ANGIOGRAPHY OF THE SELECTED VESSEL CIRCULATION AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION (EG, MIDDLE CEREBRAL ARTERY, POSTERIOR INFERIOR CEREBELLAR ARTERY) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
36245	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; EACH FIRST ORDER ABDOMINAL, PELVIC, OR LOWER EXTREMITY ARTERY BRANCH, WITHIN A VASCULAR FAMILY	5/1/2019	5/1/2019	NA
36246	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL SECOND ORDER ABDOMINAL, PELVIC, OR LOWER EXTREMITY ARTERY BRANCH, WITHIN A VASCULAR FAMILY	5/1/2019	5/1/2019	NA
36248	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; ADDITIONAL SECOND ORDER, THIRD ORDER, AND BEYOND, ABDOMINAL, PELVIC, OR LOWER EXTREMITY ARTERY BRANCH, WITHIN A VASCULAR FAMILY (LIST IN ADDITION TO CODE FOR INITIAL SECOND OR THIRD ORDER VESSEL AS APPROPRIATE)	5/1/2019	5/1/2019	NA
36251	SELECTIVE CATHETER PLACEMENT (FIRST-ORDER), MAIN RENAL ARTERY AND ANY ACCESSORY RENAL ARTERY(S) FOR RENAL ANGIOGRAPHY, INCLUDING ARTERIAL PUNCTURE AND CATHETER PLACEMENT(S), FLUOROSCOPY, CONTRAST INJECTION(S), IMAGE POSTPROCESSING, PERMANENT RECORDING OF IMAGES, AND RADIOLOGICAL SUPERVISION AND INTERPRETATION, INCLUDING PRESSURE GRADIENT MEASUREMENTS WHEN PERFORMED, AND FLUSH AORTOGRAM WHEN PERFORMED; UNILATERAL	5/1/2019	5/1/2019	NA
36262	REMOVAL OF IMPLANTED INTRA-ARTERIAL INFUSION PUMP	5/1/2019	5/1/2019	NA
36410	VENIPUNCTURE, AGE 3 YEARS OR OLDER, NECESSITATING THE SKILL OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL (SEPARATE PROCEDURE), FOR DIAGNOSTIC OR THERAPEUTIC PURPOSES (NOT TO BE USED FOR ROUTINE VENIPUNCTURE)			
36416	COLLECTION OF CAPILLARY BLOOD SPECIMEN (EG, FINGER, HEEL, EAR STICK)	5/1/2019	5/1/2019	NA
36425	VENIPUNCTURE, CUTDOWN; AGE 1 OR OVER	5/1/2019	5/1/2019	NA
36430	Transfusion, Blood or blood components	12/1/2016	12/1/2016	NA
36450	Exchange Transfusion, Blood	12/1/2016	12/1/2016	NA

36455	EXCHANGE TRANSFUSION, BLOOD; OTHER THAN NEWBORN	5/1/2019	5/1/2019	NA
36500		5/1/2019	5/1/2019	NA
36511	VENOUS CATHETERIZATION FOR SELECTIVE ORGAN BLOOD SAMPLING THERAPEUTIC APHERESIS; FOR WHITE BLOOD CELLS	5/1/2019	5/1/2019	NA
36512	THERAPEUTIC APHERESIS; FOR RED BLOOD CELLS	5/1/2019	5/1/2019	NA
36513	THERAPEUTIC APHERESIS; FOR PLATELETS	5/1/2019	5/1/2019	NA
36514	THERAPEUTIC APHERESIS; FOR PLASMA PHERESIS	5/1/2019	5/1/2019	NA
36516	THERAPEUTIC APHERESIS; WITH EXTRACORPOREAL IMMUNOADSORPTION, SELECTIVE ADSORPTION OR SELECTIVE FILTRATION AND PLASMA REINFUSION	5/1/2019	5/1/2019	NA
36522	PHOTOPHERESIS, EXTRACORPOREAL	5/1/2019	5/1/2019	NA
36556	Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older	4/1/2015	4/1/2015	NA
36558	Insertion of tunneled centrally inserted central venous catheter, without subcutaneous port or pump; age 5 years or older	4/1/2015	4/1/2015	NA
36561	Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; age 5 years or older	4/1/2015	4/1/2015	NA
36563	Insertion of tunneled centrally inserted central venous access device with subcutaneous pump	4/1/2015	4/1/2015	NA
36565	Insertion of tunneled centrally inserted central venous access device, requiring 2 catheters via 2 separate venous access sites; without subcutaneous port or pump (eg, Tesio type catheter)	4/1/2015	4/1/2015	NA
36566	Insertion of tunneled centrally inserted central venous access device, requiring 2 catheters via 2 separate venous access sites; with subcutaneous port(s)	4/1/2015	4/1/2015	NA
36569	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump; age 5 years or older	4/1/2015	4/1/2015	NA
36571	Insertion of peripherally inserted central venous access device, with subcutaneous port; age 5 years or older	4/1/2015	4/1/2015	NA
36575	Repair of tunneled or non-tunneled central venous access catheter, without subcutaneous port or pump, central or peripheral insertion site	4/1/2015	4/1/2015	NA
36576	Repair of central venous access device, with subcutaneous port or pump, central or peripheral insertion site	4/1/2015	4/1/2015	NA
36578	Replacement, catheter only, of central venous access device, with subcutaneous port or pump, central or peripheral insertion site	4/1/2015	4/1/2015	NA
36580	Replacement, complete, of a non-tunneled centrally inserted central venous catheter, without subcutaneous port or pump, through same venous access	4/1/2015	4/1/2015	NA
36581	Replacement, complete, of a tunneled centrally inserted central venous catheter, without subcutaneous port or pump, through same venous access	4/1/2015	4/1/2015	NA
36582	Replacement, complete, of a tunneled centrally inserted central venous access device, with subcutaneous port, through same venous access	4/1/2015	4/1/2015	NA
36583	Replacement, complete, of a tunneled centrally inserted central venous access device, with subcutaneous pump, through same venous access	4/1/2015	4/1/2015	NA
36584	Replacement, complete, of a peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, through same venous access	4/1/2015	4/1/2015	NA
36585	Replacement, complete, of a peripherally inserted central venous access device, with subcutaneous port, through same venous access	4/1/2015	4/1/2015	NA
36589	Removal of tunneled central venous catheter, without subcutaneous port or pump	4/1/2015	4/1/2015	NA
36590	Removal of tunneled central venous access device, with subcutaneous port or pump, central or peripheral insertion	4/1/2015	4/1/2015	NA
36591	COLLECTION OF BLOOD SPECIMEN FROM A COMPLETELY IMPLANTABLE VENOUS ACCESS DEVICE	5/1/2019	5/1/2019	NA
36592		5/1/2019	5/1/2019	NA
36595	COLLECTION OF BLOOD SPECIMEN USING ESTABLISHED CENTRAL OR PERIPHERAL CATHETER, VENOUS, NOT OTHERWISE SPECIFIED MECHANICAL REMOVAL OF PERICATHETER OBSTRUCTIVE MATERIAL (EG, FIBRIN SHEATH) FROM CENTRAL VENOUS DEVICE VIA SEPARATE VENOUS ACCESS	5/1/2019	5/1/2019	NA

36596	MECHANICAL REMOVAL OF INTRALUMINAL (INTRACATHETER) OBSTRUCTIVE MATERIAL FROM CENTRAL VENOUS DEVICE THROUGH DEVICE LUMEN	5/1/2019	5/1/2019	NA
36597	REPOSITIONING OF PREVIOUSLY PLACED CENTRAL VENOUS CATHETER UNDER FLUOROSCOPIC GUIDANCE	5/1/2019	5/1/2019	NA
36598	CONTRAST INJECTION(S) FOR RADIOLOGIC EVALUATION OF EXISTING CENTRAL VENOUS ACCESS DEVICE, INCLUDING FLUOROSCOPY, IMAGE DOCUMENTATION AND REPORT	5/1/2019	5/1/2019	NA
36600	ARTERIAL PUNCTURE, WITHDRAWAL OF BLOOD FOR DIAGNOSIS	5/1/2019	5/1/2019	NA
36620	ARTERIAL CATHETERIZATION OR CANNULATION FOR SAMPLING, MONITORING OR TRANSFUSION (SEPARATE PROCEDURE); PERCUTANEOUS	5/1/2019	5/1/2019	NA
36625	ARTERIAL CATHETERIZATION OR CANNULATION FOR SAMPLING, MONITORING OR TRANSFUSION (SEPARATE PROCEDURE); CUTDOWN	5/1/2019	5/1/2019	NA
36640	ARTERIAL CATHETERIZATION FOR PROLONGED INFUSION THERAPY (CHEMOTHERAPY), CUTDOWN	5/1/2019	5/1/2019	NA
36680	PLACEMENT OF NEEDLE FOR INTRAOSSEOUS INFUSION	5/1/2019	5/1/2019	NA
36800	INSERTION OF CANNULA FOR HEMODIALYSIS, OTHER PURPOSE (SEPARATE PROCEDURE); VEIN TO VEIN	5/1/2019	5/1/2019	NA
36810	INSERTION OF CANNULA FOR HEMODIALYSIS, OTHER PURPOSE (SEPARATE PROCEDURE); ARTERIOVENOUS, EXTERNAL (SCRIBNER TYPE)	5/1/2019	5/1/2019	NA
36815	INSERTION OF CANNULA FOR HEMODIALYSIS, OTHER PURPOSE (SEPARATE PROCEDURE); ARTERIOVENOUS, EXTERNAL REVISION, OR CLOSURE	5/1/2019	5/1/2019	NA
36860	EXTERNAL CANNULA DECLOTTING (SEPARATE PROCEDURE); WITHOUT BALLOON CATHETER	5/1/2019	5/1/2019	NA
36861	EXTERNAL CANNULA DECLOTTING (SEPARATE PROCEDURE); WITH BALLOON CATHETER	5/1/2019	5/1/2019	NA
36901	INTRODUCTION OF NEEDLE(S) AND/OR CATHETER(S), DIALYSIS CIRCUIT, WITH DIAGNOSTIC ANGIOGRAPHY OF THE DIALYSIS CIRCUIT, INCLUDING ALL DIRECT PUNCTURE(S) AND CATHETER PLACEMENT(S), INJECTION(S) OF CONTRAST, ALL NECESSARY IMAGING FROM THE ARTERIAL ANASTOMOSIS AND ADJACENT ARTERY THROUGH ENTIRE VENOUS OUTFLOW INCLUDING THE INFERIOR OR SUPERIOR VENA CAVA, FLUOROSCOPIC GUIDANCE, RADIOLOGICAL SUPERVISION AND INTERPRETATION AND IMAGE DOCUMENTATION AND REPORT;	5/1/2019	5/1/2019	NA
36902	INTRODUCTION OF NEEDLE(S) AND/OR CATHETER(S), DIALYSIS CIRCUIT, WITH DIAGNOSTIC ANGIOGRAPHY OF THE DIALYSIS CIRCUIT, INCLUDING ALL DIRECT PUNCTURE(S) AND CATHETER PLACEMENT(S), INJECTION(S) OF CONTRAST, ALL NECESSARY IMAGING FROM THE ARTERIAL ANASTOMOSIS AND ADJACENT ARTERY THROUGH ENTIRE VENOUS OUTFLOW INCLUDING THE INFERIOR OR SUPERIOR VENA CAVA, FLUOROSCOPIC GUIDANCE, RADIOLOGICAL SUPERVISION AND INTERPRETATION AND IMAGE DOCUMENTATION AND REPORT; WITH TRANSLUMINAL BALLOON ANGIOPLASTY, PERIPHERAL DIALYSIS SEGMENT, INCLUDING ALL IMAGING AND RADIOLOGICAL SUPERVISION AND INTERPRETATION NECESSARY TO PERFORM THE ANGIOPLASTY	5/1/2019	5/1/2019	NA
36907	TRANSLUMINAL BALLOON ANGIOPLASTY, CENTRAL DIALYSIS SEGMENT, PERFORMED THROUGH DIALYSIS CIRCUIT, INCLUDING ALL IMAGING AND RADIOLOGICAL SUPERVISION AND INTERPRETATION REQUIRED TO PERFORM THE ANGIOPLASTY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
36908	TRANSCATHETER PLACEMENT OF INTRAVASCULAR STENT(S), CENTRAL DIALYSIS SEGMENT, PERFORMED THROUGH DIALYSIS CIRCUIT, INCLUDING ALL IMAGING AND RADIOLOGICAL SUPERVISION AND INTERPRETATION REQUIRED TO PERFORM THE STENTING, AND ALL ANGIOPLASTY IN THE CENTRAL DIALYSIS SEGMENT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA

36909	DIALYSIS CIRCUIT PERMANENT VASCULAR EMBOLIZATION OR OCCLUSION (INCLUDING MAIN CIRCUIT OR ANY ACCESSORY VEINS), ENDOVASCULAR, INCLUDING ALL IMAGING AND RADIOLOGICAL SUPERVISION AND INTERPRETATION NECESSARY TO COMPLETE THE INTERVENTION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
37185	PRIMARY PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY, NONCORONARY, NON-INTRACRANIAL, ARTERIAL OR ARTERIAL BYPASS GRAFT, INCLUDING FLUOROSCOPIC GUIDANCE AND INTRAPROCEDURAL PHARMACOLOGICAL THROMBOLYTIC INJECTION(S); SECOND AND ALL SUBSEQUENT VESSEL(S) WITHIN THE SAME VASCULAR FAMILY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY MECHANICAL THROMBECTOMY PROCEDURE)	5/1/2019	5/1/2019	NA
37186	SECONDARY PERCUTANEOUS TRANSLUMINAL THROMBECTOMY (EG, NONPRIMARY MECHANICAL, SNARE BASKET, SUCTION TECHNIQUE), NONCORONARY, NON-INTRACRANIAL, ARTERIAL OR ARTERIAL BYPASS GRAFT, INCLUDING FLUOROSCOPIC GUIDANCE AND INTRAPROCEDURAL PHARMACOLOGICAL THROMBOLYTIC INJECTIONS, PROVIDED IN CONJUNCTION WITH ANOTHER PERCUTANEOUS INTERVENTION OTHER THAN PRIMARY MECHANICAL THROMBECTOMY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
37188	PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY, VEIN(S), INCLUDING INTRAPROCEDURAL PHARMACOLOGICAL THROMBOLYTIC INJECTIONS AND FLUOROSCOPIC GUIDANCE, REPEAT TREATMENT ON SUBSEQUENT DAY DURING COURSE OF THROMBOLYTIC THERAPY	5/1/2019	5/1/2019	NA
37191	INSERTION OF INTRAVASCULAR VENA CAVA FILTER, ENDOVASCULAR APPROACH INCLUDING VASCULAR ACCESS, VESSEL SELECTION, AND RADIOLOGICAL SUPERVISION AND INTERPRETATION, INTRAPROCEDURAL ROADMAPPING, AND IMAGING GUIDANCE (ULTRASOUND AND FLUOROSCOPY), WHEN PERFORMED	5/1/2019	5/1/2019	NA
37200	TRANSCATHETER BIOPSY	5/1/2019	5/1/2019	NA
37213	TRANSCATHETER THERAPY, ARTERIAL OR VENOUS INFUSION FOR THROMBOLYSIS OTHER THAN CORONARY, ANY METHOD, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION, CONTINUED TREATMENT ON SUBSEQUENT DAY DURING COURSE OF THROMBOLYTIC THERAPY, INCLUDING FOLLOW-UP CATHETER CONTRAST INJECTION, POSITION CHANGE, OR EXCHANGE, WHEN PERFORMED;	5/1/2019	5/1/2019	NA
37214	TRANSCATHETER THERAPY, ARTERIAL OR VENOUS INFUSION FOR THROMBOLYSIS OTHER THAN CORONARY, ANY METHOD, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION, CONTINUED TREATMENT ON SUBSEQUENT DAY DURING COURSE OF THROMBOLYTIC THERAPY, INCLUDING FOLLOW-UP CATHETER CONTRAST INJECTION, POSITION CHANGE, OR EXCHANGE, WHEN PERFORMED; CESSATION OF THROMBOLYSIS INCLUDING REMOVAL OF CATHETER AND VESSEL CLOSURE BY ANY METHOD	5/1/2019	5/1/2019	NA
37222	REVASCLARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, ILIAC ARTERY, EACH ADDITIONAL IPSILATERAL ILIAC VESSEL; WITH TRANSLUMINAL ANGIOPLASTY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
37223	REVASCLARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, ILIAC ARTERY, EACH ADDITIONAL IPSILATERAL ILIAC VESSEL; WITH TRANSLUMINAL STENT PLACEMENT(S), INCLUDES ANGIOPLASTY WITHIN THE SAME VESSEL, WHEN PERFORMED (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
37232	REVASCLARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/PERONEAL ARTERY, UNILATERAL, EACH ADDITIONAL VESSEL; WITH TRANSLUMINAL ANGIOPLASTY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA

37234	REVASCLARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/PERONEAL ARTERY, UNILATERAL, EACH ADDITIONAL VESSEL; WITH TRANSLUMINAL STENT PLACEMENT(S), INCLUDES ANGIOPLASTY WITHIN THE SAME VESSEL, WHEN PERFORMED (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
37237	TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S) (EXCEPT LOWER EXTREMITY ARTERY(S) FOR OCCLUSIVE DISEASE, CERVICAL CAROTID, EXTRACRANIAL VERTEBRAL OR INTRATHORACIC CAROTID, INTRACRANIAL, OR CORONARY), OPEN OR PERCUTANEOUS, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION AND INCLUDING ALL ANGIOPLASTY WITHIN THE SAME VESSEL, WHEN PERFORMED; EACH ADDITIONAL ARTERY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
37239	TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S), OPEN OR PERCUTANEOUS, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION AND INCLUDING ANGIOPLASTY WITHIN THE SAME VESSEL, WHEN PERFORMED; EACH ADDITIONAL VEIN (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
37247	TRANSLUMINAL BALLOON ANGIOPLASTY (EXCEPT LOWER EXTREMITY ARTERY(IES) FOR OCCLUSIVE DISEASE, INTRACRANIAL, CORONARY, PULMONARY, OR DIALYSIS CIRCUIT), OPEN OR PERCUTANEOUS, INCLUDING ALL IMAGING AND RADIOLOGICAL SUPERVISION AND INTERPRETATION NECESSARY TO PERFORM THE ANGIOPLASTY WITHIN THE SAME ARTERY; EACH ADDITIONAL ARTERY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
37249	TRANSLUMINAL BALLOON ANGIOPLASTY (EXCEPT DIALYSIS CIRCUIT), OPEN OR PERCUTANEOUS, INCLUDING ALL IMAGING AND RADIOLOGICAL SUPERVISION AND INTERPRETATION NECESSARY TO PERFORM THE ANGIOPLASTY WITHIN THE SAME VEIN; EACH ADDITIONAL VEIN (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
37252	INTRAVASCULAR ULTRASOUND (NONCORONARY VESSEL) DURING DIAGNOSTIC EVALUATION AND/OR THERAPEUTIC INTERVENTION, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION; INITIAL NONCORONARY VESSEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
37253	INTRAVASCULAR ULTRASOUND (NONCORONARY VESSEL) DURING DIAGNOSTIC EVALUATION AND/OR THERAPEUTIC INTERVENTION, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION; EACH ADDITIONAL NONCORONARY VESSEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
37609	LIGATION OR BIOPSY, TEMPORAL ARTERY	5/1/2019	5/1/2019	NA
37700	LIGATION AND DIVISION OF LONG SAPHENOUS VEIN AT SAPHENOFEMORAL JUNCTION, OR DISTAL INTERRUPTIONS	5/1/2019	5/1/2019	NA
37780	LIGATION AND DIVISION OF SHORT SAPHENOUS VEIN AT SAPHENOPLOLITEAL JUNCTION (SEPARATE PROCEDURE)	5/1/2019	5/1/2019	NA
37785	LIGATION, DIVISION, AND/OR EXCISION OF VARICOSE VEIN CLUSTER(S), 1 LEG	5/1/2019	5/1/2019	NA
38102	SPLENECTOMY; TOTAL, EN BLOC FOR EXTENSIVE DISEASE, IN CONJUNCTION WITH OTHER PROCEDURE (LIST IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
38200	INJECTION PROCEDURE FOR SPLENOPORTOGRAPHY	5/1/2019	5/1/2019	NA
38204	MANAGEMENT OF RECIPIENT HEMATOPOIETIC PROGENITOR CELL DONOR SEARCH AND CELL ACQUISITION	5/1/2019	5/1/2019	NA
38220	DIAGNOSTIC BONE MARROW; ASPIRATION(S)	5/1/2019	5/1/2019	NA
38221	DIAGNOSTIC BONE MARROW; BIOPSY(IES)	5/1/2019	5/1/2019	NA
38222	DIAGNOSTIC BONE MARROW; BIOPSY(IES) AND ASPIRATION(S)	5/1/2019	5/1/2019	NA
38230	BONE MARROW HARVESTING FOR TRANSPLANTATION; ALLOGENEIC	5/1/2019	5/1/2019	NA
38232	BONE MARROW HARVESTING FOR TRANSPLANTATION; AUTOLOGOUS	5/1/2019	5/1/2019	NA
38242	ALLOGENEIC LYMPHOCYTE INFUSIONS	5/1/2019	5/1/2019	NA

38243	HEMATOPOIETIC PROGENITOR CELL (HPC); HPC BOOST	5/1/2019	5/1/2019	NA
38300	DRAINAGE OF LYMPH NODE ABSCESS OR LYMPHADENITIS; SIMPLE	5/1/2019	5/1/2019	NA
38746	THORACIC LYMPHADENECTOMY BY THORACOTOMY, MEDIASTINAL AND REGIONAL LYMPHADENECTOMY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
38747	ABDOMINAL LYMPHADENECTOMY, REGIONAL, INCLUDING CELIAC, GASTRIC, PORTAL, PERIPANCREATIC, WITH OR WITHOUT PARA-AORTIC AND VENA CAVAL NODES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
38790	INJECTION PROCEDURE; LYMPHANGIOGRAPHY	5/1/2019	5/1/2019	NA
38792	INJECTION PROCEDURE; RADIOACTIVE TRACER FOR IDENTIFICATION OF SENTINEL NODE	5/1/2019	5/1/2019	NA
38900	INTRAOPERATIVE IDENTIFICATION (EG, MAPPING) OF SENTINEL LYMPH NODE(S) INCLUDES INJECTION OF NON-RADIOACTIVE DYE, WHEN PERFORMED (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
39401	MEDIASTINOSCOPY; INCLUDES BIOPSY(IES) OF MEDIASTINAL MASS (EG, LYMPHOMA), WHEN PERFORMED	5/1/2019	5/1/2019	NA
39402	MEDIASTINOSCOPY; WITH LYMPH NODE BIOPSY(IES) (EG, LUNG CANCER STAGING)	5/1/2019	5/1/2019	NA
40490	BIOPSY OF LIP	5/1/2019	5/1/2019	NA
40800	DRAINAGE OF ABSCESS, CYST, HEMATOMA, VESTIBULE OF MOUTH; SIMPLE	5/1/2019	5/1/2019	NA
40801	DRAINAGE OF ABSCESS, CYST, HEMATOMA, VESTIBULE OF MOUTH; COMPLICATED	5/1/2019	5/1/2019	NA
40804	REMOVAL OF EMBEDDED FOREIGN BODY, VESTIBULE OF MOUTH; SIMPLE	5/1/2019	5/1/2019	NA
40805	REMOVAL OF EMBEDDED FOREIGN BODY, VESTIBULE OF MOUTH; COMPLICATED	5/1/2019	5/1/2019	NA
40806	INCISION OF LABIAL FRENUM (FRENOTOMY)	5/1/2019	5/1/2019	NA
40808	BIOPSY, VESTIBULE OF MOUTH	5/1/2019	5/1/2019	NA
40810	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITHOUT REPAIR	5/1/2019	5/1/2019	NA
40812	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITH SIMPLE REPAIR	5/1/2019	5/1/2019	NA
40818	EXCISION OF MUCOSA OF VESTIBULE OF MOUTH AS DONOR GRAFT	5/1/2019	5/1/2019	NA
40819	EXCISION OF FRENUM, LABIAL OR BUCCAL (FRENUMECTOMY, FRENULECTOMY, FRENECTOMY)	5/1/2019	5/1/2019	NA
40820	DESTRUCTION OF LESION OR SCAR OF VESTIBULE OF MOUTH BY PHYSICAL METHODS (EG, LASER, THERMAL, CRYO, CHEMICAL)	5/1/2019	5/1/2019	NA
40830	CLOSURE OF LACERATION, VESTIBULE OF MOUTH; 2.5 CM OR LESS	5/1/2019	5/1/2019	NA
40831	CLOSURE OF LACERATION, VESTIBULE OF MOUTH; OVER 2.5 CM OR COMPLEX	5/1/2019	5/1/2019	NA
41000	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR OF MOUTH; LINGUAL	5/1/2019	5/1/2019	NA
41005	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR OF MOUTH; SUBLINGUAL, SUPERFICIAL	5/1/2019	5/1/2019	NA
41006	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR OF MOUTH; SUBLINGUAL, DEEP, SUPRAPHARYNGEAL	5/1/2019	5/1/2019	NA
41007	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR OF MOUTH; SUBMENTAL SPACE	5/1/2019	5/1/2019	NA
41008	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR OF MOUTH; SUBMANDIBULAR SPACE	5/1/2019	5/1/2019	NA
41010	INCISION OF LINGUAL FRENUM (FRENOTOMY)	5/1/2019	5/1/2019	NA
41100	BIOPSY OF TONGUE; ANTERIOR TWO-THIRDS	5/1/2019	5/1/2019	NA
41105	BIOPSY OF TONGUE; POSTERIOR ONE-THIRD	5/1/2019	5/1/2019	NA
41108	BIOPSY OF FLOOR OF MOUTH	5/1/2019	5/1/2019	NA
41110	EXCISION OF LESION OF TONGUE WITHOUT CLOSURE	5/1/2019	5/1/2019	NA
41112	EXCISION OF LESION OF TONGUE WITH CLOSURE; ANTERIOR TWO-THIRDS	5/1/2019	5/1/2019	NA

41113	EXCISION OF LESION OF TONGUE WITH CLOSURE; POSTERIOR ONE-THIRD	5/1/2019	5/1/2019	NA
41115	EXCISION OF LINGUAL FRENUM (FRENECTOMY)	5/1/2019	5/1/2019	NA
41116	EXCISION, LESION OF FLOOR OF MOUTH	5/1/2019	5/1/2019	NA
41250	REPAIR OF LACERATION 2.5 CM OR LESS; FLOOR OF MOUTH AND/OR ANTERIOR TWO-THIRDS OF TONGUE	5/1/2019	5/1/2019	NA
41251	REPAIR OF LACERATION 2.5 CM OR LESS; POSTERIOR ONE-THIRD OF TONGUE	5/1/2019	5/1/2019	NA
41252	REPAIR OF LACERATION OF TONGUE, FLOOR OF MOUTH, OVER 2.6 CM OR COMPLEX	5/1/2019	5/1/2019	NA
41520	FRENOPLASTY (SURGICAL REVISION OF FRENUM, EG, WITH Z-PLASTY)	5/1/2019	5/1/2019	NA
41800	DRAINAGE OF ABSCESS, CYST, HEMATOMA FROM DENTOALVEOLAR STRUCTURES	5/1/2019	5/1/2019	NA
41805	REMOVAL OF EMBEDDED FOREIGN BODY FROM DENTOALVEOLAR STRUCTURES; SOFT TISSUES	5/1/2019	5/1/2019	NA
41806	REMOVAL OF EMBEDDED FOREIGN BODY FROM DENTOALVEOLAR STRUCTURES; BONE	5/1/2019	5/1/2019	NA
41825	EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR STRUCTURES; WITHOUT REPAIR	5/1/2019	5/1/2019	NA
41826	EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR STRUCTURES; WITH SIMPLE REPAIR	5/1/2019	5/1/2019	NA
42000	DRAINAGE OF ABSCESS OF PALATE, UVULA	5/1/2019	5/1/2019	NA
42100	BIOPSY OF PALATE, UVULA	5/1/2019	5/1/2019	NA
42104	EXCISION, LESION OF PALATE, UVULA; WITHOUT CLOSURE	5/1/2019	5/1/2019	NA
42106	EXCISION, LESION OF PALATE, UVULA; WITH SIMPLE PRIMARY CLOSURE	5/1/2019	5/1/2019	NA
42140	UVULECTOMY, EXCISION OF UVULA	5/1/2019	5/1/2019	NA
42160	DESTRUCTION OF LESION, PALATE OR UVULA (THERMAL, CRYO OR CHEMICAL)	5/1/2019	5/1/2019	NA
42180	REPAIR, LACERATION OF PALATE; UP TO 2 CM	5/1/2019	5/1/2019	NA
42182	REPAIR, LACERATION OF PALATE; OVER 2 CM OR COMPLEX	5/1/2019	5/1/2019	NA
42280	MAXILLARY IMPRESSION FOR PALATAL PROSTHESIS	5/1/2019	5/1/2019	NA
42281	INSERTION OF PIN-RETAINED PALATAL PROSTHESIS	5/1/2019	5/1/2019	NA
42300	DRAINAGE OF ABSCESS; PAROTID, SIMPLE	5/1/2019	5/1/2019	NA
42310	DRAINAGE OF ABSCESS; SUBMAXILLARY OR SUBLINGUAL, INTRAORAL	5/1/2019	5/1/2019	NA
42320	DRAINAGE OF ABSCESS; SUBMAXILLARY, EXTERNAL	5/1/2019	5/1/2019	NA
42330	SIALOLITHOTOMY; SUBMANDIBULAR (SUBMAXILLARY), SUBLINGUAL OR PAROTID, UNCOMPLICATED, INTRAORAL	5/1/2019	5/1/2019	NA
42335	SIALOLITHOTOMY; SUBMANDIBULAR (SUBMAXILLARY), COMPLICATED, INTRAORAL	5/1/2019	5/1/2019	NA
42400	BIOPSY OF SALIVARY GLAND; NEEDLE	5/1/2019	5/1/2019	NA
42405	BIOPSY OF SALIVARY GLAND; INCISIONAL	5/1/2019	5/1/2019	NA
42409	MARSUPIALIZATION OF SUBLINGUAL SALIVARY CYST (RANULA)	5/1/2019	5/1/2019	NA
42550	INJECTION PROCEDURE FOR SIALOGRAPHY	5/1/2019	5/1/2019	NA
42650	DILATION SALIVARY DUCT	5/1/2019	5/1/2019	NA
42660	DILATION AND CATHETERIZATION OF SALIVARY DUCT, WITH OR WITHOUT INJECTION	5/1/2019	5/1/2019	NA
42665	LIGATION SALIVARY DUCT, INTRAORAL	5/1/2019	5/1/2019	NA
42700	INCISION AND DRAINAGE ABSCESS; PERITONSILLAR	5/1/2019	5/1/2019	NA
42800	BIOPSY; OROPHARYNX	5/1/2019	5/1/2019	NA
42806	BIOPSY; NASOPHARYNX, SURVEY FOR UNKNOWN PRIMARY LESION	5/1/2019	5/1/2019	NA
42808	EXCISION OR DESTRUCTION OF LESION OF PHARYNX, ANY METHOD	5/1/2019	5/1/2019	NA
42809	REMOVAL OF FOREIGN BODY FROM PHARYNX	5/1/2019	5/1/2019	NA
42810	EXCISION BRANCHIAL CLEFT CYST OR VESTIGE, CONFINED TO SKIN AND SUBCUTANEOUS TISSUES	5/1/2019	5/1/2019	NA
42821	Tonsillectomy and adenoidectomy; age 12 or over	4/1/2015	4/1/2015	NA
42826	Tonsillectomy, primary or secondary; age 12 or over	4/1/2015	4/1/2015	NA
42831	Adenoidectomy, primary; age 12 or over	4/1/2015	4/1/2015	NA
42836	Adenoidectomy, secondary; age 12 or over	4/1/2015	4/1/2015	NA
42860	EXCISION OF TONSIL TAGS	5/1/2019	5/1/2019	NA
42960	CONTROL OROPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, POST-TONSILLECTOMY); SIMPLE	5/1/2019	5/1/2019	NA
43233	Esophagogastroduodenoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger)	4/1/2015	4/1/2015	NA

43235	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	4/1/2015	4/1/2015	NA
43236	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with directed submucosal injection(s), any substance	4/1/2015	4/1/2015	NA
43237	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with endoscopic ultrasound examination limited to the esophagus	4/1/2015	4/1/2015	NA
43238	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s), esophagus (includes endoscopic ultrasou	4/1/2015	4/1/2015	NA
43239	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with biopsy, single or multiple	4/1/2015	4/1/2015	NA
43240	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with transmural drainage of pseudocyst	4/1/2015	4/1/2015	NA
43241	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with transendoscopic intraluminal tube or catheter placement	4/1/2015	4/1/2015	NA
43242	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s)	4/1/2015	4/1/2015	NA
43243	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with injection sclerosis of esophageal and/or gastric varices	4/1/2015	4/1/2015	NA
43244	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with band ligation of esophageal and/or gastric varices	4/1/2015	4/1/2015	NA
43245	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with dilation of gastric outlet for obstruction (eg, balloon, guide wire, bougie)	4/1/2015	4/1/2015	NA
43246	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with directed placement of percutaneous gastrostomy tube	4/1/2015	4/1/2015	NA
43247	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with removal of foreign body	4/1/2015	4/1/2015	NA
43248	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with insertion of guide wire followed by dilation of esophagus over guide wire	4/1/2015	4/1/2015	NA
43249	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with balloon dilation of esophagus (less than 30 mm diameter)	4/1/2015	4/1/2015	NA
43250	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	4/1/2015	4/1/2015	NA
43251	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	4/1/2015	4/1/2015	NA
43252	Esophagogastroduodenoscopy, flexible, transoral; with optical endomicroscopy	4/1/2015	4/1/2015	NA

43253	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided transmural injection of diagnostic or therapeutic substance(s) (eg, anesthetic, neurolytic agent) or fiducial marker(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)	4/1/2015	4/1/2015	NA
43254	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic mucosal resection	4/1/2015	4/1/2015	NA
43255	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with control of bleeding, any method	4/1/2015	4/1/2015	NA
43257	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with delivery of thermal energy to the muscle of lower esophageal sphincter and/or gastric cardia, for treatment of gastroesophageal refl	4/1/2015	4/1/2015	NA
43259	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with endoscopic ultrasound examination	4/1/2015	4/1/2015	NA
43261	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH BIOPSY, SINGLE OR MULTIPLE	5/1/2019	5/1/2019	NA
43266	#N/A	4/1/2015	4/1/2015	NA
43270	Esophagogastroduodenoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s)	4/1/2015	4/1/2015	NA
43273	ENDOSCOPIC CANNULATION OF PAPANILLA WITH DIRECT VISUALIZATION OF PANCREATIC/COMMON BILE DUCT(S) (LIST SEPARATELY IN ADDITION TO CODE(S) FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
43283	LAPAROSCOPY, SURGICAL, ESOPHAGEAL LENGTHENING PROCEDURE (EG, COLLIS GASTROPLASTY OR WEDGE GASTROPLASTY) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
43338	ESOPHAGEAL LENGTHENING PROCEDURE (EG, COLLIS GASTROPLASTY OR WEDGE GASTROPLASTY) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
43450	DILATION OF ESOPHAGUS, BY UNGUIDED SOUND OR BOUGIE, SINGLE OR MULTIPLE PASSES	5/1/2019	5/1/2019	NA
43453	DILATION OF ESOPHAGUS, OVER GUIDE WIRE	5/1/2019	5/1/2019	NA
43460	ESOPHAGOGASTRIC TAMPONADE, WITH BALLOON (SENGSTAKEN TYPE)	5/1/2019	5/1/2019	NA
43635	VAGOTOMY WHEN PERFORMED WITH PARTIAL DISTAL GASTRECTOMY (LIST SEPARATELY IN ADDITION TO CODE[S] FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
43752	NASO- OR ORO-GASTRIC TUBE PLACEMENT, REQUIRING PHYSICIAN'S SKILL AND FLUOROSCOPIC GUIDANCE (INCLUDES FLUOROSCOPY, IMAGE DOCUMENTATION AND REPORT)	5/1/2019	5/1/2019	NA
43753	GASTRIC INTUBATION AND ASPIRATION(S) THERAPEUTIC, NECESSITATING PHYSICIAN'S SKILL (EG, FOR GASTROINTESTINAL HEMORRHAGE), INCLUDING LAVAGE IF PERFORMED	5/1/2019	5/1/2019	NA
43754	GASTRIC INTUBATION AND ASPIRATION, DIAGNOSTIC; SINGLE SPECIMEN (EG, ACID ANALYSIS)	5/1/2019	5/1/2019	NA
43755	GASTRIC INTUBATION AND ASPIRATION, DIAGNOSTIC; COLLECTION OF MULTIPLE FRACTIONAL SPECIMENS WITH GASTRIC STIMULATION, SINGLE OR DOUBLE LUMEN TUBE (GASTRIC SECRETORY STUDY) (EG, HISTAMINE, INSULIN, PENTAGASTRIN, CALCIUM, SECRETIN), INCLUDES DRUG ADMINISTRATION	5/1/2019	5/1/2019	NA
43756	DUODENAL INTUBATION AND ASPIRATION, DIAGNOSTIC, INCLUDES IMAGE GUIDANCE; SINGLE SPECIMEN (EG, BILE STUDY FOR CRYSTALS OR AFFERENT LOOP CULTURE)	5/1/2019	5/1/2019	NA
43757	DUODENAL INTUBATION AND ASPIRATION, DIAGNOSTIC, INCLUDES IMAGE GUIDANCE; COLLECTION OF MULTIPLE FRACTIONAL SPECIMENS WITH PANCREATIC OR GALLBLADDER STIMULATION, SINGLE OR DOUBLE LUMEN TUBE, INCLUDES DRUG ADMINISTRATION	5/1/2019	5/1/2019	NA
43760	CHANGE OF GASTROSTOMY TUBE, PERCUTANEOUS, WITHOUT IMAGING OR ENDOSCOPIC GUIDANCE	5/1/2019	5/1/2019	NA

43761	REPOSITIONING OF A NASO- OR ORO-GASTRIC FEEDING TUBE, THROUGH THE DUODENUM FOR ENTERIC NUTRITION	5/1/2019	5/1/2019	NA
43870	CLOSURE OF GASTROSTOMY, SURGICAL	5/1/2019	5/1/2019	NA
44015	TUBE OR NEEDLE CATHETER JEJUNOSTOMY FOR ENTERAL ALIMENTATION, INTRAOPERATIVE, ANY METHOD (LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
44025	Colotomy, for exploration, biopsy(s), or foreign body removal	4/1/2015	4/1/2015	NA
44050	Reduction of volvulus, intussusception, internal hernia, by laparotomy	4/1/2015	4/1/2015	NA
44055	Correction of malrotation by lysis of duodenal bands and/or reduction of midgut volvulus (eg, Ladd procedure)	4/1/2015	4/1/2015	NA
44100	BIOPSY OF INTESTINE BY CAPSULE, TUBE, PERORAL (1 OR MORE SPECIMENS)	5/1/2019	5/1/2019	NA
44121	ENTERECTOMY, RESECTION OF SMALL INTESTINE; EACH ADDITIONAL RESECTION AND ANASTOMOSIS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
44128	ENTERECTOMY, RESECTION OF SMALL INTESTINE FOR CONGENITAL ATRESIA, SINGLE RESECTION AND ANASTOMOSIS OF PROXIMAL SEGMENT OF INTESTINE; EACH ADDITIONAL RESECTION AND ANASTOMOSIS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
44139	MOBILIZATION (TAKE-DOWN) OF SPLENIC FLEXURE PERFORMED IN CONJUNCTION WITH PARTIAL COLECTOMY (LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
44203	LAPAROSCOPY, SURGICAL; EACH ADDITIONAL SMALL INTESTINE RESECTION AND ANASTOMOSIS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
44213	LAPAROSCOPY, SURGICAL, MOBILIZATION (TAKE-DOWN) OF SPLENIC FLEXURE PERFORMED IN CONJUNCTION WITH PARTIAL COLECTOMY (LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
44360	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT INCLUDING ILEUM; DIAGNOSTIC, INCLUDING COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING, WHEN PERFORMED (SEPARATE PROCEDURE)	5/1/2019	5/1/2019	NA
44361	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT INCLUDING ILEUM; WITH BIOPSY, SINGLE OR MULTIPLE	5/1/2019	5/1/2019	NA
44363	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT INCLUDING ILEUM; WITH REMOVAL OF FOREIGN BODY(S)	5/1/2019	5/1/2019	NA
44364	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT INCLUDING ILEUM; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY SNARE TECHNIQUE	5/1/2019	5/1/2019	NA
44365	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT INCLUDING ILEUM; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY HOT BIOPSY FORCEPS OR BIPOLAR CAUTERY	5/1/2019	5/1/2019	NA
44366	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT INCLUDING ILEUM; WITH CONTROL OF BLEEDING (EG, INJECTION, BIPOLAR CAUTERY, UNIPOLAR CAUTERY, LASER, HEATER PROBE, STAPLER, PLASMA COAGULATOR)	5/1/2019	5/1/2019	NA
44369	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT INCLUDING ILEUM; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION(S) NOT AMENABLE TO REMOVAL BY HOT BIOPSY FORCEPS, BIPOLAR CAUTERY OR SNARE TECHNIQUE	5/1/2019	5/1/2019	NA
44370	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT INCLUDING ILEUM; WITH TRANSENDOSCOPIC STENT PLACEMENT (INCLUDES PREDILATION)	5/1/2019	5/1/2019	NA
44372	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT INCLUDING ILEUM; WITH PLACEMENT OF PERCUTANEOUS JEJUNOSTOMY TUBE	5/1/2019	5/1/2019	NA

44373	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT INCLUDING ILEUM; WITH CONVERSION OF PERCUTANEOUS GASTROSTOMY TUBE TO PERCUTANEOUS JEJUNOSTOMY TUBE	5/1/2019	5/1/2019	NA
44377	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, INCLUDING ILEUM; WITH BIOPSY, SINGLE OR MULTIPLE	5/1/2019	5/1/2019	NA
44380	ILEOSCOPY, THROUGH STOMA; DIAGNOSTIC, INCLUDING COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING, WHEN PERFORMED (SEPARATE PROCEDURE)	5/1/2019	5/1/2019	NA
44381	ILEOSCOPY, THROUGH STOMA; WITH TRANSENDOSCOPIC BALLOON DILATION	5/1/2019	5/1/2019	NA
44382	ILEOSCOPY, THROUGH STOMA; WITH BIOPSY, SINGLE OR MULTIPLE	5/1/2019	5/1/2019	NA
44384	ILEOSCOPY, THROUGH STOMA; WITH PLACEMENT OF ENDOSCOPIC STENT (INCLUDES PRE- AND POST-DILATION AND GUIDE WIRE PASSAGE, WHEN PERFORMED)	5/1/2019	5/1/2019	NA
44385	ENDOSCOPIC EVALUATION OF SMALL INTESTINAL POUCH (EG, KOCK POUCH, ILEAL RESERVOIR [S OR J]); DIAGNOSTIC, INCLUDING COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING, WHEN PERFORMED (SEPARATE PROCEDURE)	5/1/2019	5/1/2019	NA
44386	ENDOSCOPIC EVALUATION OF SMALL INTESTINAL POUCH (EG, KOCK POUCH, ILEAL RESERVOIR [S OR J]); WITH BIOPSY, SINGLE OR MULTIPLE	5/1/2019	5/1/2019	NA
44388	Colonoscopy through stoma; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	4/1/2015	4/1/2015	NA
44389	Colonoscopy through stoma; with biopsy, single or multiple	4/1/2015	4/1/2015	NA
44390	Colonoscopy through stoma; with removal of foreign body	4/1/2015	4/1/2015	NA
44391	Colonoscopy through stoma; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)	4/1/2015	4/1/2015	NA
44392	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	4/1/2015	4/1/2015	NA
44394	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	4/1/2015	4/1/2015	NA
44401	COLONOSCOPY THROUGH STOMA; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION(S) (INCLUDES PRE-AND POST-DILATION AND GUIDE WIRE PASSAGE, WHEN PERFORMED)	5/1/2019	5/1/2019	NA
44402	COLONOSCOPY THROUGH STOMA; WITH ENDOSCOPIC STENT PLACEMENT (INCLUDING PRE- AND POST-DILATION AND GUIDE WIRE PASSAGE, WHEN PERFORMED)	5/1/2019	5/1/2019	NA
44404	COLONOSCOPY THROUGH STOMA; WITH DIRECTED SUBMUCOSAL INJECTION(S), ANY SUBSTANCE	5/1/2019	5/1/2019	NA
44405	COLONOSCOPY THROUGH STOMA; WITH TRANSENDOSCOPIC BALLOON DILATION	5/1/2019	5/1/2019	NA
44406	COLONOSCOPY THROUGH STOMA; WITH ENDOSCOPIC ULTRASOUND EXAMINATION, LIMITED TO THE SIGMOID, DESCENDING, TRANSVERSE, OR ASCENDING COLON AND CECUM AND ADJACENT STRUCTURES	5/1/2019	5/1/2019	NA
44407	COLONOSCOPY THROUGH STOMA; WITH TRANSENDOSCOPIC ULTRASOUND GUIDED INTRAMURAL OR TRANSMURAL FINE NEEDLE ASPIRATION/BIOPSY(S), INCLUDES ENDOSCOPIC ULTRASOUND EXAMINATION LIMITED TO THE SIGMOID, DESCENDING, TRANSVERSE, OR ASCENDING COLON AND CECUM AND ADJACENT STRUCTURES	5/1/2019	5/1/2019	NA
44408	COLONOSCOPY THROUGH STOMA; WITH DECOMPRESSION (FOR PATHOLOGIC DISTENTION) (EG, VOLVULUS, MEGACOLON), INCLUDING PLACEMENT OF DECOMPRESSION TUBE, WHEN PERFORMED	5/1/2019	5/1/2019	NA
44500	INTRODUCTION OF LONG GASTROINTESTINAL TUBE (EG, MILLER-ABBOTT) (SEPARATE PROCEDURE)	5/1/2019	5/1/2019	NA
44701	INTRAOPERATIVE COLONIC LAVAGE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
44705	PREPARATION OF FECAL MICROBIOTA FOR INSTILLATION, INCLUDING ASSESSMENT OF DONOR SPECIMEN	5/1/2019	5/1/2019	NA

44720	BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR INTESTINE ALLOGRAFT PRIOR TO TRANSPLANTATION; VENOUS ANASTOMOSIS, EACH	5/1/2019	5/1/2019	NA
44950	Appendectomy;	4/1/2015	4/1/2015	NA
44955	Appendectomy; when done for indicated purpose at time of other major procedure (not as separate procedure) (List separately in addition to code for primary procedure)	4/1/2015	4/1/2015	NA
44960	Appendectomy; for ruptured appendix with abscess or generalized peritonitis	4/1/2015	4/1/2015	NA
44970	Laparoscopy, surgical, appendectomy	4/1/2015	4/1/2015	NA
45005	INCISION AND DRAINAGE OF SUBMUCOSAL ABSCESS, RECTUM	5/1/2019	5/1/2019	NA
45100	BIOPSY OF ANORECTAL WALL, ANAL APPROACH (EG, CONGENITAL MEGACOLON)	5/1/2019	5/1/2019	NA
45300	PROCTOSIGMOIDOSCOPY, RIGID; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING (SEPARATE PROCEDURE)	5/1/2019	5/1/2019	NA
45303	PROCTOSIGMOIDOSCOPY, RIGID; WITH DILATION (EG, BALLOON, GUIDE WIRE, BOUGIE)	5/1/2019	5/1/2019	NA
45305	PROCTOSIGMOIDOSCOPY, RIGID; WITH BIOPSY, SINGLE OR MULTIPLE	5/1/2019	5/1/2019	NA
45307	PROCTOSIGMOIDOSCOPY, RIGID; WITH REMOVAL OF FOREIGN BODY	5/1/2019	5/1/2019	NA
45308	PROCTOSIGMOIDOSCOPY, RIGID; WITH REMOVAL OF SINGLE TUMOR, POLYP, OR OTHER LESION BY HOT BIOPSY FORCEPS OR BIPOLAR CAUTERY	5/1/2019	5/1/2019	NA
45309	PROCTOSIGMOIDOSCOPY, RIGID; WITH REMOVAL OF SINGLE TUMOR, POLYP, OR OTHER LESION BY SNARE TECHNIQUE	5/1/2019	5/1/2019	NA
45315	PROCTOSIGMOIDOSCOPY, RIGID; WITH REMOVAL OF MULTIPLE TUMORS, POLYPS, OR OTHER LESIONS BY HOT BIOPSY FORCEPS, BIPOLAR CAUTERY OR SNARE TECHNIQUE	5/1/2019	5/1/2019	NA
45317	PROCTOSIGMOIDOSCOPY, RIGID; WITH CONTROL OF BLEEDING (EG, INJECTION, BIPOLAR CAUTERY, UNIPOLAR CAUTERY, LASER, HEATER PROBE, STAPLER, PLASMA COAGULATOR)	5/1/2019	5/1/2019	NA
45320	PROCTOSIGMOIDOSCOPY, RIGID; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION(S) NOT AMENABLE TO REMOVAL BY HOT BIOPSY FORCEPS, BIPOLAR CAUTERY OR SNARE TECHNIQUE (EG, LASER)	5/1/2019	5/1/2019	NA
45321	PROCTOSIGMOIDOSCOPY, RIGID; WITH DECOMPRESSION OF VOLVULUS	5/1/2019	5/1/2019	NA
45327	PROCTOSIGMOIDOSCOPY, RIGID; WITH TRANSENDOSCOPIC STENT PLACEMENT (INCLUDES PREDILATION)	5/1/2019	5/1/2019	NA
45330	SIGMOIDOSCOPY, FLEXIBLE; DIAGNOSTIC, INCLUDING COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING, WHEN PERFORMED (SEPARATE PROCEDURE)	5/1/2019	5/1/2019	NA
45331	SIGMOIDOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE	5/1/2019	5/1/2019	NA
45332	SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF FOREIGN BODY(S)	5/1/2019	5/1/2019	NA
45333	SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY HOT BIOPSY FORCEPS	5/1/2019	5/1/2019	NA
45334	SIGMOIDOSCOPY, FLEXIBLE; WITH CONTROL OF BLEEDING, ANY METHOD	5/1/2019	5/1/2019	NA
45335	SIGMOIDOSCOPY, FLEXIBLE; WITH DIRECTED SUBMUCOSAL INJECTION(S), ANY SUBSTANCE	5/1/2019	5/1/2019	NA
45337	SIGMOIDOSCOPY, FLEXIBLE; WITH DECOMPRESSION (FOR PATHOLOGIC DISTENTION) (EG, VOLVULUS, MEGACOLON), INCLUDING PLACEMENT OF DECOMPRESSION TUBE, WHEN PERFORMED	5/1/2019	5/1/2019	NA
45338	SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY SNARE TECHNIQUE	5/1/2019	5/1/2019	NA
45340	SIGMOIDOSCOPY, FLEXIBLE; WITH TRANSENDOSCOPIC BALLOON DILATION	5/1/2019	5/1/2019	NA
45341	SIGMOIDOSCOPY, FLEXIBLE; WITH ENDOSCOPIC ULTRASOUND EXAMINATION	5/1/2019	5/1/2019	NA
45342	SIGMOIDOSCOPY, FLEXIBLE; WITH TRANSENDOSCOPIC ULTRASOUND GUIDED INTRAMURAL OR TRANSMURAL FINE NEEDLE ASPIRATION/BIOPSY(S)	5/1/2019	5/1/2019	NA

45346	SIGMOIDOSCOPY, FLEXIBLE; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION(S) (INCLUDES PRE- AND POST-DILATION AND GUIDE WIRE PASSAGE, WHEN PERFORMED)	5/1/2019	5/1/2019	NA
45347	SIGMOIDOSCOPY, FLEXIBLE; WITH PLACEMENT OF ENDOSCOPIC STENT (INCLUDES PRE- AND POST-DILATION AND GUIDE WIRE PASSAGE, WHEN PERFORMED)	5/1/2019	5/1/2019	NA
45349		5/1/2019	5/1/2019	NA
45350	SIGMOIDOSCOPY, FLEXIBLE; WITH ENDOSCOPIC MUCOSAL RESECTION	5/1/2019	5/1/2019	NA
45355	SIGMOIDOSCOPY, FLEXIBLE; WITH BAND LIGATION(S) (EG, HEMORRHOIDS)	5/1/2019	5/1/2019	NA
45378	Colonoscopy, rigid or flexible, transabdominal via colotomy, single or multiple	4/1/2015	4/1/2015	NA
45379	Colonoscopy, flexible, proximal to splenic flexure; diagnostic, with or without collection of specimen(s) by brushing or washing, with or without colon decompression (separate procedure)	4/1/2015	4/1/2015	NA
45380	Colonoscopy, flexible, proximal to splenic flexure; with removal of foreign body	4/1/2015	4/1/2015	NA
45381	Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple	4/1/2015	4/1/2015	NA
45382	Colonoscopy, flexible, proximal to splenic flexure; with directed submucosal injection(s), any substance	4/1/2015	4/1/2015	NA
45383	Colonoscopy, flexible, proximal to splenic flexure; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)	4/1/2015	4/1/2015	NA
45384	Colonoscopy, flexible, proximal to splenic flexure; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique	4/1/2015	4/1/2015	NA
45385	Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	4/1/2015	4/1/2015	NA
45386	Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	4/1/2015	4/1/2015	NA
45387	Colonoscopy, flexible, proximal to splenic flexure; with dilation by balloon, 1 or more strictures	4/1/2015	4/1/2015	NA
45388	Colonoscopy, flexible, proximal to splenic flexure; with transendoscopic stent placement (includes predilation)	4/1/2015	4/1/2015	NA
45391	COLONOSCOPY, FLEXIBLE; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION(S) (INCLUDES PRE- AND POST-DILATION AND GUIDE WIRE PASSAGE, WHEN PERFORMED)	5/1/2019	5/1/2019	NA
45392	Colonoscopy, flexible, proximal to splenic flexure; with endoscopic ultrasound examination	4/1/2015	4/1/2015	NA
45393	Colonoscopy, flexible, proximal to splenic flexure; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s)	4/1/2015	4/1/2015	NA
45398	COLONOSCOPY, FLEXIBLE; WITH DECOMPRESSION (FOR PATHOLOGIC DISTENTION) (EG, VOLVULUS, MEGACOLON), INCLUDING PLACEMENT OF DECOMPRESSION TUBE, WHEN PERFORMED	5/1/2019	5/1/2019	NA
45520	COLONOSCOPY, FLEXIBLE; WITH BAND LIGATION(S) (EG, HEMORRHOIDS)	5/1/2019	5/1/2019	NA
45900	PERIRECTAL INJECTION OF SCLEROSING SOLUTION FOR PROLAPSE REDUCTION OF PROCIDENTIA (SEPARATE PROCEDURE) UNDER ANESTHESIA	5/1/2019	5/1/2019	NA
45905	DILATION OF ANAL SPHINCTER (SEPARATE PROCEDURE) UNDER ANESTHESIA OTHER THAN LOCAL	5/1/2019	5/1/2019	NA
45910	DILATION OF RECTAL STRICTURE (SEPARATE PROCEDURE) UNDER ANESTHESIA OTHER THAN LOCAL	5/1/2019	5/1/2019	NA
45915	REMOVAL OF FECAL IMPACTION OR FOREIGN BODY (SEPARATE PROCEDURE) UNDER ANESTHESIA	5/1/2019	5/1/2019	NA
46020	ANORECTAL EXAM, SURGICAL, REQUIRING ANESTHESIA (GENERAL, SPINAL, OR EPIDURAL), DIAGNOSTIC	5/1/2019	5/1/2019	NA
46030	PLACEMENT OF SETON	5/1/2019	5/1/2019	NA
46050	REMOVAL OF ANAL SETON, OTHER MARKER	5/1/2019	5/1/2019	NA
46070	INCISION AND DRAINAGE, PERIANAL ABSCESS, SUPERFICIAL	5/1/2019	5/1/2019	NA
	INCISION, ANAL SEPTUM (INFANT)	5/1/2019	5/1/2019	NA

46080	SPHINCTEROTOMY, ANAL, DIVISION OF SPHINCTER (SEPARATE PROCEDURE)	5/1/2019	5/1/2019	NA
46083	INCISION OF THROMBOSED HEMORRHOID, EXTERNAL	5/1/2019	5/1/2019	NA
46220	EXCISION OF SINGLE EXTERNAL PAPILLA OR TAG, ANUS	5/1/2019	5/1/2019	NA
		5/1/2019	5/1/2019	NA
46600	ANOSCOPY; DIAGNOSTIC, INCLUDING COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING, WHEN PERFORMED (SEPARATE PROCEDURE)	5/1/2019	5/1/2019	NA
46601	ANOSCOPY; DIAGNOSTIC, WITH HIGH-RESOLUTION MAGNIFICATION (HRA) (EG, COLPOSCOPE, OPERATING MICROSCOPE) AND CHEMICAL AGENT ENHANCEMENT, INCLUDING COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING, WHEN PERFORMED	5/1/2019	5/1/2019	NA
46604	ANOSCOPY; WITH DILATION (EG, BALLOON, GUIDE WIRE, BOUGIE)	5/1/2019	5/1/2019	NA
46606	ANOSCOPY; WITH BIOPSY, SINGLE OR MULTIPLE	5/1/2019	5/1/2019	NA
46607	ANOSCOPY; WITH HIGH-RESOLUTION MAGNIFICATION (HRA) (EG, COLPOSCOPE, OPERATING MICROSCOPE) AND CHEMICAL AGENT ENHANCEMENT, WITH BIOPSY, SINGLE OR MULTIPLE	5/1/2019	5/1/2019	NA
46608	ANOSCOPY; WITH REMOVAL OF FOREIGN BODY	5/1/2019	5/1/2019	NA
46610	ANOSCOPY; WITH REMOVAL OF SINGLE TUMOR, POLYP, OR OTHER LESION BY HOT BIOPSY FORCEPS OR BIPOLAR CAUTERY	5/1/2019	5/1/2019	NA
46611	ANOSCOPY; WITH REMOVAL OF SINGLE TUMOR, POLYP, OR OTHER LESION BY SNARE TECHNIQUE	5/1/2019	5/1/2019	NA
46612	ANOSCOPY; WITH REMOVAL OF MULTIPLE TUMORS, POLYPS, OR OTHER LESIONS BY HOT BIOPSY FORCEPS, BIPOLAR CAUTERY OR SNARE TECHNIQUE	5/1/2019	5/1/2019	NA
46614	ANOSCOPY; WITH CONTROL OF BLEEDING (EG, INJECTION, BIPOLAR CAUTERY, UNIPOLAR CAUTERY, LASER, HEATER PROBE, STAPLER, PLASMA COAGULATOR)	5/1/2019	5/1/2019	NA
46615	ANOSCOPY; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION(S) NOT AMENABLE TO REMOVAL BY HOT BIOPSY FORCEPS, BIPOLAR CAUTERY OR SNARE TECHNIQUE	5/1/2019	5/1/2019	NA
46706	REPAIR OF ANAL FISTULA WITH FIBRIN GLUE	5/1/2019	5/1/2019	NA
46754	REMOVAL OF THIERSCH WIRE OR SUTURE, ANAL CANAL	5/1/2019	5/1/2019	NA
		5/1/2019	5/1/2019	NA
46900	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; CHEMICAL	5/1/2019	5/1/2019	NA
46910	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; ELECTRODESICCATION	5/1/2019	5/1/2019	NA
46916	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; CRYOSURGERY	5/1/2019	5/1/2019	NA
46917	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; LASER SURGERY	5/1/2019	5/1/2019	NA
46922	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; SURGICAL EXCISION	5/1/2019	5/1/2019	NA
		5/1/2019	5/1/2019	NA
46924	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), EXTENSIVE (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY)	5/1/2019	5/1/2019	NA
46930	DESTRUCTION OF INTERNAL HEMORRHOID(S) BY THERMAL ENERGY (EG, INFRARED COAGULATION, CAUTERY, RADIOFREQUENCY)	5/1/2019	5/1/2019	NA
46940	CURETTAGE OR CAUTERY OF ANAL FISSURE, INCLUDING DILATION OF ANAL SPHINCTER (SEPARATE PROCEDURE); INITIAL	5/1/2019	5/1/2019	NA
46942	CURETTAGE OR CAUTERY OF ANAL FISSURE, INCLUDING DILATION OF ANAL SPHINCTER (SEPARATE PROCEDURE); SUBSEQUENT	5/1/2019	5/1/2019	NA
47000	BIOPSY OF LIVER, NEEDLE; PERCUTANEOUS	5/1/2019	5/1/2019	NA
		5/1/2019	5/1/2019	NA
47001	BIOPSY OF LIVER, NEEDLE; WHEN DONE FOR INDICATED PURPOSE AT TIME OF OTHER MAJOR PROCEDURE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
47133	DONOR HEPATECTOMY (INCLUDING COLD PRESERVATION), FROM CADAVER DONOR	5/1/2019	5/1/2019	NA

47480	Cholecystotomy or cholecystostomy with exploration, drainage, or removal of calculus (separate procedure)	4/1/2015	4/1/2015	NA
		5/1/2019	5/1/2019	NA
47531	INJECTION PROCEDURE FOR CHOLANGIOGRAPHY, PERCUTANEOUS, COMPLETE DIAGNOSTIC PROCEDURE INCLUDING IMAGING GUIDANCE (EG, ULTRASOUND AND/OR FLUOROSCOPY) AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION; EXISTING ACCESS	5/1/2019	5/1/2019	NA
47532	INJECTION PROCEDURE FOR CHOLANGIOGRAPHY, PERCUTANEOUS, COMPLETE DIAGNOSTIC PROCEDURE INCLUDING IMAGING GUIDANCE (EG, ULTRASOUND AND/OR FLUOROSCOPY) AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION; NEW ACCESS (EG, PERCUTANEOUS TRANSHEPATIC CHOLANGIOGRAM)	5/1/2019	5/1/2019	NA
47533	PLACEMENT OF BILIARY DRAINAGE CATHETER, PERCUTANEOUS, INCLUDING DIAGNOSTIC CHOLANGIOGRAPHY WHEN PERFORMED, IMAGING GUIDANCE (EG, ULTRASOUND AND/OR FLUOROSCOPY), AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION; EXTERNAL	5/1/2019	5/1/2019	NA
47535	CONVERSION OF EXTERNAL BILIARY DRAINAGE CATHETER TO INTERNAL-EXTERNAL BILIARY DRAINAGE CATHETER, PERCUTANEOUS, INCLUDING DIAGNOSTIC CHOLANGIOGRAPHY WHEN PERFORMED, IMAGING GUIDANCE (EG, FLUOROSCOPY), AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION	5/1/2019	5/1/2019	NA
47536	EXCHANGE OF BILIARY DRAINAGE CATHETER (EG, EXTERNAL, INTERNAL-EXTERNAL, OR CONVERSION OF INTERNAL-EXTERNAL TO EXTERNAL ONLY), PERCUTANEOUS, INCLUDING DIAGNOSTIC CHOLANGIOGRAPHY WHEN PERFORMED, IMAGING GUIDANCE (EG, FLUOROSCOPY), AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION	5/1/2019	5/1/2019	NA
47537	REMOVAL OF BILIARY DRAINAGE CATHETER, PERCUTANEOUS, REQUIRING FLUOROSCOPIC GUIDANCE (EG, WITH CONCURRENT INDWELLING BILIARY STENTS), INCLUDING DIAGNOSTIC CHOLANGIOGRAPHY WHEN PERFORMED, IMAGING GUIDANCE (EG, FLUOROSCOPY), AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION	5/1/2019	5/1/2019	NA
47538	PLACEMENT OF STENT(S) INTO A BILE DUCT, PERCUTANEOUS, INCLUDING DIAGNOSTIC CHOLANGIOGRAPHY, IMAGING GUIDANCE (EG, FLUOROSCOPY AND/OR ULTRASOUND), BALLOON DILATION, CATHETER EXCHANGE(S) AND CATHETER REMOVAL(S) WHEN PERFORMED, AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION; EXISTING ACCESS	5/1/2019	5/1/2019	NA
47542	BALLOON DILATION OF BILIARY DUCT(S) OR OF AMPULLA (SPHINCTEROPLASTY), PERCUTANEOUS, INCLUDING IMAGING GUIDANCE (EG, FLUOROSCOPY), AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION, EACH DUCT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
47543	ENDOLUMINAL BIOPSY(IES) OF BILIARY TREE, PERCUTANEOUS, ANY METHOD(S) (EG, BRUSH, FORCEPS, AND/OR NEEDLE), INCLUDING IMAGING GUIDANCE (EG, FLUOROSCOPY), AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION, SINGLE OR MULTIPLE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
47544	REMOVAL OF CALCULI/DEBRIS FROM BILIARY DUCT(S) AND/OR GALLBLADDER, PERCUTANEOUS, INCLUDING DESTRUCTION OF CALCULI BY ANY METHOD (EG, MECHANICAL, ELECTROHYDRAULIC, LITHOTRIPSY) WHEN PERFORMED, IMAGING GUIDANCE (EG, FLUOROSCOPY), AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
47550	BILIARY ENDOSCOPY, INTRAOPERATIVE (CHOLEDOCHOSCOPY) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA

47553	BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT; WITH BIOPSY, SINGLE OR MULTIPLE	5/1/2019	5/1/2019	NA
47562	Laparoscopy, surgical; cholecystectomy	4/1/2015	4/1/2015	NA
47563	Laparoscopy, surgical; cholecystectomy with cholangiography	4/1/2015	4/1/2015	NA
47564	Laparoscopy, surgical; cholecystectomy with exploration of common duct	4/1/2015	4/1/2015	NA
48102	BIOPSY OF PANCREAS, PERCUTANEOUS NEEDLE	5/1/2019	5/1/2019	NA
48400	INJECTION PROCEDURE FOR INTRAOPERATIVE PANCREATOGRAPHY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
48550	DONOR PANCREATECTOMY (INCLUDING COLD PRESERVATION), WITH OR WITHOUT DUODENAL SEGMENT FOR TRANSPLANTATION	5/1/2019	5/1/2019	NA
48552	BACKBENCH RECONSTRUCTION OF CADAVER DONOR PANCREAS ALLOGRAFT PRIOR TO TRANSPLANTATION, VENOUS ANASTOMOSIS, EACH	5/1/2019	5/1/2019	NA
49082	ABDOMINAL PARACENTESIS (DIAGNOSTIC OR THERAPEUTIC); WITHOUT IMAGING GUIDANCE	5/1/2019	5/1/2019	NA
49083	ABDOMINAL PARACENTESIS (DIAGNOSTIC OR THERAPEUTIC); WITH IMAGING GUIDANCE	5/1/2019	5/1/2019	NA
49084	PERITONEAL LAVAGE, INCLUDING IMAGING GUIDANCE, WHEN PERFORMED	5/1/2019	5/1/2019	NA
49180	BIOPSY, ABDOMINAL OR RETROPERITONEAL MASS, PERCUTANEOUS NEEDLE	5/1/2019	5/1/2019	NA
49185	SCLEROTHERAPY OF A FLUID COLLECTION (EG, LYMPHOCELE, CYST, OR SEROMA), PERCUTANEOUS, INCLUDING CONTRAST INJECTION(S), SCLEROSANT INJECTION(S), DIAGNOSTIC STUDY, IMAGING GUIDANCE (EG, ULTRASOUND, FLUOROSCOPY) AND RADIOLOGICAL SUPERVISION AND INTERPRETATION WHEN PERFORMED	5/1/2019	5/1/2019	NA
49321	LAPAROSCOPY, SURGICAL; WITH BIOPSY (SINGLE OR MULTIPLE)	5/1/2019	5/1/2019	NA
49326	LAPAROSCOPY, SURGICAL; WITH OMENTOPEXY (OMENTAL TACKING PROCEDURE) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
49327	LAPAROSCOPY, SURGICAL; WITH PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE (EG, FIDUCIAL MARKERS, DOSIMETER), INTRA-ABDOMINAL, INTRAPELVIC, AND/OR RETROPERITONEUM, INCLUDING IMAGING GUIDANCE, IF PERFORMED, SINGLE OR MULTIPLE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
49400	INJECTION OF AIR OR CONTRAST INTO PERITONEAL CAVITY (SEPARATE PROCEDURE)	5/1/2019	5/1/2019	NA
49405	IMAGE-GUIDED FLUID COLLECTION DRAINAGE BY CATHETER (EG, ABSCESS, HEMATOMA, SEROMA, LYMPHOCELE, CYST); VISCERAL (EG, KIDNEY, LIVER, SPLEEN, LUNG/MEDIASTINUM), PERCUTANEOUS	5/1/2019	5/1/2019	NA
49406	IMAGE-GUIDED FLUID COLLECTION DRAINAGE BY CATHETER (EG, ABSCESS, HEMATOMA, SEROMA, LYMPHOCELE, CYST); PERITONEAL OR RETROPERITONEAL, PERCUTANEOUS	5/1/2019	5/1/2019	NA
49407	IMAGE-GUIDED FLUID COLLECTION DRAINAGE BY CATHETER (EG, ABSCESS, HEMATOMA, SEROMA, LYMPHOCELE, CYST); PERITONEAL OR RETROPERITONEAL, TRANSVAGINAL OR TRANSRECTAL	5/1/2019	5/1/2019	NA
49411	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE (EG, FIDUCIAL MARKERS, DOSIMETER), PERCUTANEOUS, INTRA-ABDOMINAL, INTRA-PELVIC (EXCEPT PROSTATE), AND/OR RETROPERITONEUM, SINGLE OR MULTIPLE	5/1/2019	5/1/2019	NA
49412	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE (EG, FIDUCIAL MARKERS, DOSIMETER), OPEN, INTRA- ABDOMINAL, INTRAPELVIC, AND/OR RETROPERITONEUM, INCLUDING IMAGE GUIDANCE, IF PERFORMED, SINGLE OR MULTIPLE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA

49418	INSERTION OF TUNNELED INTRAPERITONEAL CATHETER (EG, DIALYSIS, INTRAPERITONEAL CHEMOTHERAPY INSTILLATION, MANAGEMENT OF ASCITES), COMPLETE PROCEDURE, INCLUDING IMAGING GUIDANCE, CATHETER PLACEMENT, CONTRAST INJECTION WHEN PERFORMED, AND RADIOLOGICAL SUPERVISION AND INTERPRETATION, PERCUTANEOUS	5/1/2019	5/1/2019	NA
49421	INSERTION OF TUNNELED INTRAPERITONEAL CATHETER FOR DIALYSIS, OPEN	5/1/2019	5/1/2019	NA
49423	EXCHANGE OF PREVIOUSLY PLACED ABSCESS OR CYST DRAINAGE CATHETER UNDER RADIOLOGICAL GUIDANCE (SEPARATE PROCEDURE)	5/1/2019	5/1/2019	NA
49424	CONTRAST INJECTION FOR ASSESSMENT OF ABSCESS OR CYST VIA PREVIOUSLY PLACED DRAINAGE CATHETER OR TUBE (SEPARATE PROCEDURE)	5/1/2019	5/1/2019	NA
49427	INJECTION PROCEDURE (EG, CONTRAST MEDIA) FOR EVALUATION OF PREVIOUSLY PLACED PERITONEAL-VEIN SHUNT	5/1/2019	5/1/2019	NA
49435	INSERTION OF SUBCUTANEOUS EXTENSION TO INTRAPERITONEAL CANNULA OR CATHETER WITH REMOTE CHEST EXIT SITE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
49436	DELAYED CREATION OF EXIT SITE FROM EMBEDDED SUBCUTANEOUS SEGMENT OF INTRAPERITONEAL CANNULA OR CATHETER	5/1/2019	5/1/2019	NA
49440	INSERTION OF GASTROSTOMY TUBE, PERCUTANEOUS, UNDER FLUOROSCOPIC GUIDANCE INCLUDING CONTRAST INJECTION(S), IMAGE DOCUMENTATION AND REPORT	5/1/2019	5/1/2019	NA
49441	INSERTION OF DUODENOSTOMY OR JEJUNOSTOMY TUBE, PERCUTANEOUS, UNDER FLUOROSCOPIC GUIDANCE INCLUDING CONTRAST INJECTION(S), IMAGE DOCUMENTATION AND REPORT	5/1/2019	5/1/2019	NA
49442	INSERTION OF CECOSTOMY OR OTHER COLONIC TUBE, PERCUTANEOUS, UNDER FLUOROSCOPIC GUIDANCE INCLUDING CONTRAST INJECTION(S), IMAGE DOCUMENTATION AND REPORT	5/1/2019	5/1/2019	NA
49446	CONVERSION OF GASTROSTOMY TUBE TO GASTRO-JEJUNOSTOMY TUBE, PERCUTANEOUS, UNDER FLUOROSCOPIC GUIDANCE INCLUDING CONTRAST INJECTION(S), IMAGE DOCUMENTATION AND REPORT	5/1/2019	5/1/2019	NA
49450	Replacement of gastrostomy or cecostomy (or other colonic) tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	4/1/2015	4/1/2015	NA
49451	REPLACEMENT OF DUODENOSTOMY OR JEJUNOSTOMY TUBE, PERCUTANEOUS, UNDER FLUOROSCOPIC GUIDANCE INCLUDING CONTRAST INJECTION(S), IMAGE DOCUMENTATION AND REPORT	5/1/2019	5/1/2019	NA
49452	REPLACEMENT OF GASTRO-JEJUNOSTOMY TUBE, PERCUTANEOUS, UNDER FLUOROSCOPIC GUIDANCE INCLUDING CONTRAST INJECTION(S), IMAGE DOCUMENTATION AND REPORT	5/1/2019	5/1/2019	NA
49460	MECHANICAL REMOVAL OF OBSTRUCTIVE MATERIAL FROM GASTROSTOMY, DUODENOSTOMY, JEJUNOSTOMY, GASTRO-JEJUNOSTOMY, OR CECOSTOMY (OR OTHER COLONIC) TUBE, ANY METHOD, UNDER FLUOROSCOPIC GUIDANCE INCLUDING CONTRAST INJECTION(S), IF PERFORMED, IMAGE DOCUMENTATION AND REPORT	5/1/2019	5/1/2019	NA
49465	CONTRAST INJECTION(S) FOR RADIOLOGICAL EVALUATION OF EXISTING GASTROSTOMY, DUODENOSTOMY, JEJUNOSTOMY, GASTRO-JEJUNOSTOMY, OR CECOSTOMY (OR OTHER COLONIC) TUBE, FROM A PERCUTANEOUS APPROACH INCLUDING IMAGE DOCUMENTATION AND REPORT	5/1/2019	5/1/2019	NA
49491	Repair, initial inguinal hernia, preterm infant (less than 37 weeks gestation at birth), performed from birth up to 50 weeks postconception age, with or without hydrocelectomy; reducible	4/1/2015	4/1/2015	NA
49492	Repair, initial inguinal hernia, preterm infant (less than 37 weeks gestation at birth), performed from birth up to 50 weeks postconception age, with or without hydrocelectomy; incarcerated or strangulated	4/1/2015	4/1/2015	NA

49495	Repair, initial inguinal hernia, full term infant under age 6 months, or preterm infant over 50 weeks postconception age and under age 6 months at the time of surgery, with or without hydrocelectomy; reducible	4/1/2015	4/1/2015	NA
49496	Repair, initial inguinal hernia, full term infant under age 6 months, or preterm infant over 50 weeks postconception age and under age 6 months at the time of surgery, with or without hydrocelectomy; incarcerated or strangulated	4/1/2015	4/1/2015	NA
49505	Repair initial inguinal hernia, age 5 years or over; reducible	4/1/2015	4/1/2015	NA
49507	Repair initial inguinal hernia, age 5 years or over; incarcerated or strangulated	4/1/2015	4/1/2015	NA
49520	Repair recurrent inguinal hernia, any age; reducible	4/1/2015	4/1/2015	NA
49521	Repair recurrent inguinal hernia, any age; incarcerated or strangulated	4/1/2015	4/1/2015	NA
49525	Repair inguinal hernia, sliding, any age	4/1/2015	4/1/2015	NA
49550	Repair initial femoral hernia, any age; reducible	4/1/2015	4/1/2015	NA
49553	Repair initial femoral hernia, any age; incarcerated or strangulated	4/1/2015	4/1/2015	NA
49555	Repair recurrent femoral hernia; reducible	4/1/2015	4/1/2015	NA
49557	Repair recurrent femoral hernia; incarcerated or strangulated	4/1/2015	4/1/2015	NA
49560	Repair initial incisional or ventral hernia; reducible	4/1/2015	4/1/2015	NA
49561	Repair initial incisional or ventral hernia; incarcerated or strangulated	4/1/2015	4/1/2015	NA
49565	Repair recurrent incisional or ventral hernia; reducible	4/1/2015	4/1/2015	NA
49566	Repair recurrent incisional or ventral hernia; incarcerated or strangulated	4/1/2015	4/1/2015	NA
49568	IMPLANTATION OF MESH OR OTHER PROSTHESIS FOR OPEN INCISIONAL OR VENTRAL HERNIA REPAIR OR MESH FOR CLOSURE OF DEBRIDEMENT FOR NECROTIZING SOFT TISSUE INFECTION (LIST SEPARATELY IN ADDITION TO CODE FOR THE INCISIONAL OR VENTRAL HERNIA REPAIR)	5/1/2019	5/1/2019	NA
49570	Repair epigastric hernia (eg, preperitoneal fat); reducible (separate procedure)	4/1/2015	4/1/2015	NA
49572	Repair epigastric hernia (eg, preperitoneal fat); incarcerated or strangulated	4/1/2015	4/1/2015	NA
49580	Repair umbilical hernia, under age 5 years; reducible	4/1/2015	4/1/2015	NA
49585	Repair umbilical hernia, age 5 years or over; reducible	4/1/2015	4/1/2015	NA
49587	Repair umbilical hernia, age 5 years or over; incarcerated or strangulated	4/1/2015	4/1/2015	NA
49590	Repair spigelian hernia	4/1/2015	4/1/2015	NA
49652	Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); reducible	4/1/2015	4/1/2015	NA
49653	Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); incarcerated or strangulated	4/1/2015	4/1/2015	NA
50060	Nephrolithotomy; removal of calculus	4/1/2015	4/1/2015	NA
50065	Nephrolithotomy; secondary surgical operation for calculus	4/1/2015	4/1/2015	NA
50070	Nephrolithotomy; complicated by congenital kidney abnormality	4/1/2015	4/1/2015	NA
50075	Nephrolithotomy; removal of large staghorn calculus filling renal pelvis and calyces (including anatomic pyelolithotomy)	4/1/2015	4/1/2015	NA
50200	RENAL BIOPSY; PERCUTANEOUS, BY TROCAR OR NEEDLE	5/1/2019	5/1/2019	NA
50300	DONOR NEPHRECTOMY (INCLUDING COLD PRESERVATION); FROM CADAVER DONOR, UNILATERAL OR BILATERAL	5/1/2019	5/1/2019	NA
50327	BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR RENAL ALLOGRAFT PRIOR TO TRANSPLANTATION; VENOUS ANASTOMOSIS, EACH	5/1/2019	5/1/2019	NA
50328	BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR RENAL ALLOGRAFT PRIOR TO TRANSPLANTATION; ARTERIAL ANASTOMOSIS, EACH	5/1/2019	5/1/2019	NA
50329	BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR RENAL ALLOGRAFT PRIOR TO TRANSPLANTATION; URETERAL ANASTOMOSIS, EACH	5/1/2019	5/1/2019	NA
50382	Removal (via snare/capture) and replacement of internally dwelling ureteral stent via percutaneous approach, including radiological supervision and interpretation	4/1/2015	4/1/2015	NA

50384	Removal (via snare/capture) of internally dwelling ureteral stent via percutaneous approach, including radiological supervision and interpretation	4/1/2015	4/1/2015	NA
50385	Removal (via snare/capture) and replacement of internally dwelling ureteral stent via transurethral approach, without use of cystoscopy, including radiological supervision and interpretation	4/1/2015	4/1/2015	NA
50386	Removal (via snare/capture) of internally dwelling ureteral stent via transurethral approach, without use of cystoscopy, including radiological supervision and interpretation	4/1/2015	4/1/2015	NA
50387	Removal and replacement of externally accessible transnephric ureteral stent (eg, external/internal stent) requiring fluoroscopic guidance, including radiological supervision and interpretation	4/1/2015	4/1/2015	NA
50389	REMOVAL OF NEPHROSTOMY TUBE, REQUIRING FLUOROSCOPIC GUIDANCE (EG, WITH CONCURRENT INDWELLING URETERAL STENT)	5/1/2019	5/1/2019	NA
50390	ASPIRATION AND/OR INJECTION OF RENAL CYST OR PELVIS BY NEEDLE, PERCUTANEOUS	5/1/2019	5/1/2019	NA
50391	INSTILLATION(S) OF THERAPEUTIC AGENT INTO RENAL PELVIS AND/OR URETER THROUGH ESTABLISHED NEPHROSTOMY, PYELOSTOMY OR URETEROSTOMY TUBE (EG, ANTICARCINOGENIC OR ANTIFUNGAL AGENT)	5/1/2019	5/1/2019	NA
50395	INTRODUCTION OF GUIDE INTO RENAL PELVIS AND/OR URETER WITH DILATION TO ESTABLISH NEPHROSTOMY TRACT, PERCUTANEOUS	5/1/2019	5/1/2019	NA
50396	MANOMETRIC STUDIES THROUGH NEPHROSTOMY OR PYELOSTOMY TUBE, OR INDWELLING URETERAL CATHETER	5/1/2019	5/1/2019	NA
50430	INJECTION PROCEDURE FOR ANTEGRADE NEPHROSTOGRAM AND/OR URETEROGRAM, COMPLETE DIAGNOSTIC PROCEDURE INCLUDING IMAGING GUIDANCE (EG, ULTRASOUND AND FLUOROSCOPY) AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION; NEW ACCESS	5/1/2019	5/1/2019	NA
50431	INJECTION PROCEDURE FOR ANTEGRADE NEPHROSTOGRAM AND/OR URETEROGRAM, COMPLETE DIAGNOSTIC PROCEDURE INCLUDING IMAGING GUIDANCE (EG, ULTRASOUND AND FLUOROSCOPY) AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION; EXISTING ACCESS	5/1/2019	5/1/2019	NA
50432	PLACEMENT OF NEPHROSTOMY CATHETER, PERCUTANEOUS, INCLUDING DIAGNOSTIC NEPHROSTOGRAM AND/OR URETEROGRAM WHEN PERFORMED, IMAGING GUIDANCE (EG, ULTRASOUND AND/OR FLUOROSCOPY) AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION	5/1/2019	5/1/2019	NA
50433	PLACEMENT OF NEPHROURETERAL CATHETER, PERCUTANEOUS, INCLUDING DIAGNOSTIC NEPHROSTOGRAM AND/OR URETEROGRAM WHEN PERFORMED, IMAGING GUIDANCE (EG, ULTRASOUND AND/OR FLUOROSCOPY) AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION, NEW ACCESS	5/1/2019	5/1/2019	NA
50434	CONVERT NEPHROSTOMY CATHETER TO NEPHROURETERAL CATHETER, PERCUTANEOUS, INCLUDING DIAGNOSTIC NEPHROSTOGRAM AND/OR URETEROGRAM WHEN PERFORMED, IMAGING GUIDANCE (EG, ULTRASOUND AND/OR FLUOROSCOPY) AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION, VIA PRE-EXISTING NEPHROSTOMY TRACT	5/1/2019	5/1/2019	NA
50435	EXCHANGE NEPHROSTOMY CATHETER, PERCUTANEOUS, INCLUDING DIAGNOSTIC NEPHROSTOGRAM AND/OR URETEROGRAM WHEN PERFORMED, IMAGING GUIDANCE (EG, ULTRASOUND AND/OR FLUOROSCOPY) AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION	5/1/2019	5/1/2019	NA
50555	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE; WITH BIOPSY	5/1/2019	5/1/2019	NA
50557	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE; WITH FULGURATION AND/OR INCISION, WITH OR WITHOUT BIOPSY	5/1/2019	5/1/2019	NA

50605	Ureterotomy for insertion of indwelling stent, all types	4/1/2015 5/1/2019	4/1/2015 5/1/2019	NA NA
50606	ENDOLUMINAL BIOPSY OF URETER AND/OR RENAL PELVIS, NON-ENDOSCOPIC, INCLUDING IMAGING GUIDANCE (EG, ULTRASOUND AND/OR FLUOROSCOPY) AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)			
50684	INJECTION PROCEDURE FOR URETEROGRAPHY OR URETEROPYELOGRAPHY THROUGH URETEROSTOMY OR INDWELLING URETERAL CATHETER	5/1/2019	5/1/2019	NA
50686	MANOMETRIC STUDIES THROUGH URETEROSTOMY OR INDWELLING URETERAL CATHETER	5/1/2019	5/1/2019	NA
50688	CHANGE OF URETEROSTOMY TUBE OR EXTERNALLY ACCESSIBLE URETERAL STENT VIA ILEAL CONDUIT	5/1/2019	5/1/2019	NA
50690	INJECTION PROCEDURE FOR VISUALIZATION OF ILEAL CONDUIT AND/OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE	5/1/2019	5/1/2019	NA
50693	PLACEMENT OF URETERAL STENT, PERCUTANEOUS, INCLUDING DIAGNOSTIC NEPHROSTOGRAM AND/OR URETEROGRAM WHEN PERFORMED, IMAGING GUIDANCE (EG, ULTRASOUND AND/OR FLUOROSCOPY), AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION; PRE-EXISTING NEPHROSTOMY TRACT			
50694	PLACEMENT OF URETERAL STENT, PERCUTANEOUS, INCLUDING DIAGNOSTIC NEPHROSTOGRAM AND/OR URETEROGRAM WHEN PERFORMED, IMAGING GUIDANCE (EG, ULTRASOUND AND/OR FLUOROSCOPY), AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION; NEW ACCESS, WITHOUT SEPARATE NEPHROSTOMY CATHETER	5/1/2019	5/1/2019	NA
50705	URETERAL EMBOLIZATION OR OCCLUSION, INCLUDING IMAGING GUIDANCE (EG, ULTRASOUND AND/OR FLUOROSCOPY) AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
50706	BALLOON DILATION, URETERAL STRICTURE, INCLUDING IMAGING GUIDANCE (EG, ULTRASOUND AND/OR FLUOROSCOPY) AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)			
50947	Laparoscopy, surgical; ureteroneocystostomy with cystoscopy and ureteral stent placement	4/1/2015	4/1/2015	NA
50955	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE; WITH BIOPSY	5/1/2019	5/1/2019	NA
50957	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE; WITH FULGURATION AND/OR INCISION, WITH OR WITHOUT BIOPSY	5/1/2019	5/1/2019	NA
50974	URETERAL ENDOSCOPY THROUGH URETEROTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE; WITH BIOPSY	5/1/2019	5/1/2019	NA
50976	URETERAL ENDOSCOPY THROUGH URETEROTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE; WITH FULGURATION AND/OR INCISION, WITH OR WITHOUT BIOPSY			
51100	ASPIRATION OF BLADDER; BY NEEDLE	5/1/2019	5/1/2019	NA
51101	ASPIRATION OF BLADDER; BY TROCAR OR INTRACATHETER	5/1/2019	5/1/2019	NA
51102	ASPIRATION OF BLADDER; WITH INSERTION OF SUPRAPUBIC CATHETER	5/1/2019	5/1/2019	NA
51600	INJECTION PROCEDURE FOR CYSTOGRAPHY OR VOIDING URETHROCYSTOGRAPHY	5/1/2019	5/1/2019	NA
51605	INJECTION PROCEDURE AND PLACEMENT OF CHAIN FOR CONTRAST AND/OR CHAIN URETHROCYSTOGRAPHY	5/1/2019	5/1/2019	NA
51610	INJECTION PROCEDURE FOR RETROGRADE URETHROCYSTOGRAPHY	5/1/2019	5/1/2019	NA

51700	BLADDER IRRIGATION, SIMPLE, LAVAGE AND/OR INSTILLATION	5/1/2019	5/1/2019	NA
51701	INSERTION OF NON-INDWELLING BLADDER CATHETER (EG, STRAIGHT CATHETERIZATION FOR RESIDUAL URINE)	5/1/2019	5/1/2019	NA
51702	INSERTION OF TEMPORARY INDWELLING BLADDER CATHETER; SIMPLE (EG, FOLEY)	5/1/2019	5/1/2019	NA
51703	INSERTION OF TEMPORARY INDWELLING BLADDER CATHETER; COMPLICATED (EG, ALTERED ANATOMY, FRACTURED CATHETER/BALLOON)	5/1/2019	5/1/2019	NA
51705	CHANGE OF CYSTOSTOMY TUBE; SIMPLE	5/1/2019	5/1/2019	NA
51710	CHANGE OF CYSTOSTOMY TUBE; COMPLICATED	5/1/2019	5/1/2019	NA
51715	ENDOSCOPIC INJECTION OF IMPLANT MATERIAL INTO THE SUBMUCOSAL TISSUES OF THE URETHRA AND/OR BLADDER NECK			
51720	BLADDER INSTILLATION OF ANTICARCINOGENIC AGENT (INCLUDING RETENTION TIME)	5/1/2019	5/1/2019	NA
51725	SIMPLE CYSTOMETROGRAM (CMG) (EG, SPINAL MANOMETER)	5/1/2019	5/1/2019	NA
51726	COMPLEX CYSTOMETROGRAM (IE, CALIBRATED ELECTRONIC EQUIPMENT);	5/1/2019	5/1/2019	NA
51727	COMPLEX CYSTOMETROGRAM (IE, CALIBRATED ELECTRONIC EQUIPMENT); WITH URETHRAL PRESSURE PROFILE STUDIES (IE, URETHRAL CLOSURE PRESSURE PROFILE), ANY TECHNIQUE	5/1/2019	5/1/2019	NA
51728	COMPLEX CYSTOMETROGRAM (IE, CALIBRATED ELECTRONIC EQUIPMENT); WITH VOIDING PRESSURE STUDIES (IE, BLADDER VOIDING PRESSURE), ANY TECHNIQUE	5/1/2019	5/1/2019	NA
51729	COMPLEX CYSTOMETROGRAM (IE, CALIBRATED ELECTRONIC EQUIPMENT); WITH VOIDING PRESSURE STUDIES (IE, BLADDER VOIDING PRESSURE) AND URETHRAL PRESSURE PROFILE STUDIES (IE, URETHRAL CLOSURE PRESSURE PROFILE), ANY TECHNIQUE	5/1/2019	5/1/2019	NA
51736	SIMPLE UROFLOWMETRY (UFR) (EG, STOP-WATCH FLOW RATE, MECHANICAL UROFLOWMETER)	5/1/2019	5/1/2019	NA
51741	COMPLEX UROFLOWMETRY (EG, CALIBRATED ELECTRONIC EQUIPMENT)	5/1/2019	5/1/2019	NA
51784	ELECTROMYOGRAPHY STUDIES (EMG) OF ANAL OR URETHRAL SPHINCTER, OTHER THAN NEEDLE, ANY TECHNIQUE	5/1/2019	5/1/2019	NA
51785	NEEDLE ELECTROMYOGRAPHY STUDIES (EMG) OF ANAL OR URETHRAL SPHINCTER, ANY TECHNIQUE	5/1/2019	5/1/2019	NA
51792	STIMULUS EVOKED RESPONSE (EG, MEASUREMENT OF BULBOCAVERNOSUS REFLEX LATENCY TIME)	5/1/2019	5/1/2019	NA
51797	VOIDING PRESSURE STUDIES, INTRA-ABDOMINAL (IE, RECTAL, GASTRIC, INTRAPERITONEAL) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
52000	Cystourethroscopy (separate procedure)	4/1/2015	4/1/2015	NA
52282	Cystourethroscopy, with insertion of urethral stent	4/1/2015	4/1/2015	NA
52310	Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); simple	4/1/2015	4/1/2015	NA
52315	Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); complicated	4/1/2015	4/1/2015	NA
52402	Cystourethroscopy with transurethral resection or incision of ejaculatory ducts	4/1/2015	4/1/2015	NA
52601	Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)	4/1/2015	4/1/2015	NA
52630	Transurethral resection; of regrowth of obstructive tissue longer than one year postoperative	4/1/2015	4/1/2015	NA
52647	Non-contact laser coagulation of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)	4/1/2015	4/1/2015	NA
52648	Contact laser vaporization with or without transurethral resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)	4/1/2015	4/1/2015	NA
53000	URETHROTOMY OR URETHROSTOMY, EXTERNAL (SEPARATE PROCEDURE); PENDULOUS URETHRA	5/1/2019	5/1/2019	NA

53020	MEATOTOMY, CUTTING OF MEATUS (SEPARATE PROCEDURE); EXCEPT INFANT	5/1/2019	5/1/2019	NA
53060	DRAINAGE OF SKENE'S GLAND ABSCESS OR CYST	5/1/2019	5/1/2019	NA
53200	BIOPSY OF URETHRA	5/1/2019	5/1/2019	NA
53260	EXCISION OR FULGURATION; URETHRAL POLYP(S), DISTAL URETHRA	5/1/2019	5/1/2019	NA
53265	EXCISION OR FULGURATION; URETHRAL CARUNCLE	5/1/2019	5/1/2019	NA
53270	EXCISION OR FULGURATION; SKENE'S GLANDS	5/1/2019	5/1/2019	NA
53275	EXCISION OR FULGURATION; URETHRAL PROLAPSE	5/1/2019	5/1/2019	NA
53600	DILATION OF URETHRAL STRICTURE BY PASSAGE OF SOUND OR URETHRAL DILATOR, MALE; INITIAL	5/1/2019	5/1/2019	NA
53601	DILATION OF URETHRAL STRICTURE BY PASSAGE OF SOUND OR URETHRAL DILATOR, MALE; SUBSEQUENT	5/1/2019	5/1/2019	NA
53605	DILATION OF URETHRAL STRICTURE OR VESICAL NECK BY PASSAGE OF SOUND OR URETHRAL DILATOR, MALE, GENERAL OR CONDUCTION (SPINAL) ANESTHESIA	5/1/2019	5/1/2019	NA
53620	DILATION OF URETHRAL STRICTURE BY PASSAGE OF FILIFORM AND FOLLOWER, MALE; INITIAL	5/1/2019	5/1/2019	NA
53621	DILATION OF URETHRAL STRICTURE BY PASSAGE OF FILIFORM AND FOLLOWER, MALE; SUBSEQUENT	5/1/2019	5/1/2019	NA
53660	DILATION OF FEMALE URETHRA INCLUDING SUPPOSITORY AND/OR INSTILLATION; INITIAL	5/1/2019	5/1/2019	NA
53661	DILATION OF FEMALE URETHRA INCLUDING SUPPOSITORY AND/OR INSTILLATION; SUBSEQUENT	5/1/2019	5/1/2019	NA
53665	DILATION OF FEMALE URETHRA, GENERAL OR CONDUCTION (SPINAL) ANESTHESIA	5/1/2019	5/1/2019	NA
53855	INSERTION OF A TEMPORARY PROSTATIC URETHRAL STENT, INCLUDING URETHRAL MEASUREMENT	5/1/2019	5/1/2019	NA
53860	TRANSURETHRAL RADIOFREQUENCY MICRO-REMODELING OF THE FEMALE BLADDER NECK AND PROXIMAL URETHRA FOR STRESS URINARY INCONTINENCE	5/1/2019	5/1/2019	NA
54001	SLITTING OF PREPUCE, DORSAL OR LATERAL (SEPARATE PROCEDURE); EXCEPT NEWBORN	5/1/2019	5/1/2019	NA
54050	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; CHEMICAL	5/1/2019	5/1/2019	NA
54055	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; ELECTRODESICCATION	5/1/2019	5/1/2019	NA
54056	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; CRYOSURGERY	5/1/2019	5/1/2019	NA
54057	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; LASER SURGERY	5/1/2019	5/1/2019	NA
54060	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; SURGICAL EXCISION	5/1/2019	5/1/2019	NA
54065	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), EXTENSIVE (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY)	5/1/2019	5/1/2019	NA
54100	BIOPSY OF PENIS; (SEPARATE PROCEDURE)	5/1/2019	5/1/2019	NA
54105	BIOPSY OF PENIS; DEEP STRUCTURES	5/1/2019	5/1/2019	NA
54162	LYSIS OR EXCISION OF PENILE POST-CIRCUMCISION ADHESIONS	5/1/2019	5/1/2019	NA
54163	REPAIR INCOMPLETE CIRCUMCISION	5/1/2019	5/1/2019	NA
54164	FRENULOTOMY OF PENIS	5/1/2019	5/1/2019	NA
54200	INJECTION PROCEDURE FOR PEYRONIE DISEASE;	5/1/2019	5/1/2019	NA
54220	IRRIGATION OF CORPORA CAVERNOSA FOR PRIAPISM	5/1/2019	5/1/2019	NA
54230	INJECTION PROCEDURE FOR CORPORA CAVERNOSOGRAPHY	5/1/2019	5/1/2019	NA
54435	CORPORA CAVERNOSA-GLANS PENIS FISTULIZATION (EG, BIOPSY NEEDLE, WINTER PROCEDURE, RONGEUR, OR PUNCH) FOR PRIAPISM	5/1/2019	5/1/2019	NA
54450	FORESKIN MANIPULATION INCLUDING LYSIS OF PREPUTIAL ADHESIONS AND STRETCHING	5/1/2019	5/1/2019	NA
54500	BIOPSY OF TESTIS, NEEDLE (SEPARATE PROCEDURE)	5/1/2019	5/1/2019	NA
54505	BIOPSY OF TESTIS, INCISIONAL (SEPARATE PROCEDURE)	5/1/2019	5/1/2019	NA
54640	Orchiopexy, inguinal approach, with or without hernia repair	4/1/2015	4/1/2015	NA

54700	INCISION AND DRAINAGE OF EPIDIDYMISS, TESTIS AND/OR SCROTAL SPACE (EG, ABSCESS OR HEMATOMA)	5/1/2019	5/1/2019	NA
54800	BIOPSY OF EPIDIDYMISS, NEEDLE	5/1/2019	5/1/2019	NA
54865	EXPLORATION OF EPIDIDYMISS, WITH OR WITHOUT BIOPSY	5/1/2019	5/1/2019	NA
55000	PUNCTURE ASPIRATION OF HYDROCELE, TUNICA VAGINALIS, WITH OR WITHOUT INJECTION OF MEDICATION	5/1/2019	5/1/2019	NA
55100	DRAINAGE OF SCROTAL WALL ABSCESS	5/1/2019	5/1/2019	NA
55200	VASOTOMY, CANNULIZATION WITH OR WITHOUT INCISION OF VAS, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)	5/1/2019	5/1/2019	NA
55250	Vasectomy, unilateral or bilateral (separate procedure), including postoperative semen examination(s)	4/1/2015	4/1/2015	NA
55300	VASOTOMY FOR VASOGRAMS, SEMINAL VESICULOGrams, OR EPIDIDYMOGRAMS, UNILATERAL OR BILATERAL	5/1/2019	5/1/2019	NA
55700	BIOPSY, PROSTATE; NEEDLE OR PUNCH, SINGLE OR MULTIPLE, ANY APPROACH	5/1/2019	5/1/2019	NA
55705	BIOPSY, PROSTATE; INCISIONAL, ANY APPROACH	5/1/2019	5/1/2019	NA
55801	Prostatectomy, perineal, subtotal (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy)	4/1/2015	4/1/2015	NA
55810	Prostatectomy, perineal radical;	4/1/2015	4/1/2015	NA
55812	Prostatectomy, perineal radical; with lymph node biopsy(s) (limited pelvic lymphadenectomy)	4/1/2015	4/1/2015	NA
55815	Prostatectomy, perineal radical; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes	4/1/2015	4/1/2015	NA
55821	Prostatectomy (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy); suprapubic, subtotal, one or two stages	4/1/2015	4/1/2015	NA
55831	Prostatectomy (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy); retropubic, subtotal	4/1/2015	4/1/2015	NA
55840	Prostatectomy, retropubic radical, with or without nerve sparing;	4/1/2015	4/1/2015	NA
55842	Prostatectomy, retropubic radical, with or without nerve sparing; with lymph node biopsy(s) (limited pelvic lymphadenectomy)	4/1/2015	4/1/2015	NA
55845	Prostatectomy, retropubic radical, with or without nerve sparing; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes	4/1/2015	4/1/2015	NA
55866	Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing	4/1/2015	4/1/2015	NA
55876	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE (EG, FIDUCIAL MARKERS, DOSIMETER), PROSTATE (VIA NEEDLE, ANY APPROACH), SINGLE OR MULTIPLE	5/1/2019	5/1/2019	NA
56405	INCISION AND DRAINAGE OF VULVA OR PERINEAL ABSCESS	5/1/2019	5/1/2019	NA
56420	INCISION AND DRAINAGE OF BARTHOLIN'S GLAND ABSCESS	5/1/2019	5/1/2019	NA
56440	MARSUPIALIZATION OF BARTHOLIN'S GLAND CYST	5/1/2019	5/1/2019	NA
56441	LYSIS OF LABIAL ADHESIONS	5/1/2019	5/1/2019	NA
56442	HYMENOTOMY, SIMPLE INCISION	5/1/2019	5/1/2019	NA
56501	DESTRUCTION OF LESION(S), VULVA; SIMPLE (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY)	5/1/2019	5/1/2019	NA
56515	DESTRUCTION OF LESION(S), VULVA; EXTENSIVE (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY)	5/1/2019	5/1/2019	NA
56605	BIOPSY OF VULVA OR PERINEUM (SEPARATE PROCEDURE); 1 LESION	5/1/2019	5/1/2019	NA
56606	BIOPSY OF VULVA OR PERINEUM (SEPARATE PROCEDURE); EACH SEPARATE ADDITIONAL LESION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
56700	PARTIAL HYMENECTOMY OR REVISION OF HYMENAL RING	5/1/2019	5/1/2019	NA
56800	PLASTIC REPAIR OF INTROITUS	5/1/2019	5/1/2019	NA
56810	PERINEOPLASTY, REPAIR OF PERINEUM, NONOBSTETRICAL (SEPARATE PROCEDURE)	5/1/2019	5/1/2019	NA
56820	COLPOSCOPY OF THE VULVA;	5/1/2019	5/1/2019	NA
56821	COLPOSCOPY OF THE VULVA; WITH BIOPSY(S)	5/1/2019	5/1/2019	NA
57000	COLPOTOMY; WITH EXPLORATION	5/1/2019	5/1/2019	NA
57020	COLPOCENTESIS (SEPARATE PROCEDURE)	5/1/2019	5/1/2019	NA
57022	INCISION AND DRAINAGE OF VAGINAL HEMATOMA; OBSTETRICAL/POSTPARTUM	5/1/2019	5/1/2019	NA

57061	DESTRUCTION OF VAGINAL LESION(S); SIMPLE (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY)	5/1/2019	5/1/2019	NA
57065	DESTRUCTION OF VAGINAL LESION(S); EXTENSIVE (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY)	5/1/2019	5/1/2019	NA
57100	BIOPSY OF VAGINAL MUCOSA; SIMPLE (SEPARATE PROCEDURE)	5/1/2019	5/1/2019	NA
57105	BIOPSY OF VAGINAL MUCOSA; EXTENSIVE, REQUIRING SUTURE (INCLUDING CYSTS)	5/1/2019	5/1/2019	NA
57130	EXCISION OF VAGINAL SEPTUM	5/1/2019	5/1/2019	NA
57135	EXCISION OF VAGINAL CYST OR TUMOR	5/1/2019	5/1/2019	NA
57150	IRRIGATION OF VAGINA AND/OR APPLICATION OF MEDICAMENT FOR TREATMENT OF BACTERIAL, PARASITIC, OR FUNGOID DISEASE	5/1/2019	5/1/2019	NA
57155	INSERTION OF UTERINE TANDEM AND/OR VAGINAL OVOIDS FOR CLINICAL BRACHYTHERAPY	5/1/2019	5/1/2019	NA
57156	INSERTION OF A VAGINAL RADIATION AFTERLOADING APPARATUS FOR CLINICAL BRACHYTHERAPY	5/1/2019	5/1/2019	NA
57160	FITTING AND INSERTION OF PESSARY OR OTHER INTRAVAGINAL SUPPORT DEVICE	5/1/2019	5/1/2019	NA
57170	DIAPHRAGM OR CERVICAL CAP FITTING WITH INSTRUCTIONS	5/1/2019	5/1/2019	NA
57180	INTRODUCTION OF ANY HEMOSTATIC AGENT OR PACK FOR SPONTANEOUS OR TRAUMATIC NONOBSTETRICAL VAGINAL HEMORRHAGE (SEPARATE PROCEDURE)	5/1/2019	5/1/2019	NA
57267	INSERTION OF MESH OR OTHER PROSTHESIS FOR REPAIR OF PELVIC FLOOR DEFECT, EACH SITE (ANTERIOR, POSTERIOR COMPARTMENT), VAGINAL APPROACH (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
57400	DILATION OF VAGINA UNDER ANESTHESIA (OTHER THAN LOCAL)	5/1/2019	5/1/2019	NA
57410	PELVIC EXAMINATION UNDER ANESTHESIA (OTHER THAN LOCAL)	5/1/2019	5/1/2019	NA
57415	REMOVAL OF IMPACTED VAGINAL FOREIGN BODY (SEPARATE PROCEDURE) UNDER ANESTHESIA (OTHER THAN LOCAL)	5/1/2019	5/1/2019	NA
57420	COLPOSCOPY OF THE ENTIRE VAGINA, WITH CERVIX IF PRESENT;	5/1/2019	5/1/2019	NA
57421	COLPOSCOPY OF THE ENTIRE VAGINA, WITH CERVIX IF PRESENT; WITH BIOPSY(S) OF VAGINA/CERVIX	5/1/2019	5/1/2019	NA
57452	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA;	5/1/2019	5/1/2019	NA
57454	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH BIOPSY(S) OF THE CERVIX AND ENDOCERVICAL CURETTAGE	5/1/2019	5/1/2019	NA
57455	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH BIOPSY(S) OF THE CERVIX	5/1/2019	5/1/2019	NA
57456	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH ENDOCERVICAL CURETTAGE	5/1/2019	5/1/2019	NA
57460	Colposcopy of the cervix including upper/adjacent vagina; with loop electrode biopsy(s) of the cervix	4/1/2015	4/1/2015	NA
57461	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH LOOP ELECTRODE CONIZATION OF THE CERVIX	5/1/2019	5/1/2019	NA
57500	BIOPSY OF CERVIX, SINGLE OR MULTIPLE, OR LOCAL EXCISION OF LESION, WITH OR WITHOUT FULGURATION (SEPARATE PROCEDURE)	5/1/2019	5/1/2019	NA
57505	ENDOCERVICAL CURETTAGE (NOT DONE AS PART OF A DILATION AND CURETTAGE)	5/1/2019	5/1/2019	NA
57510	CAUTERY OF CERVIX; ELECTRO OR THERMAL	5/1/2019	5/1/2019	NA
57511	CAUTERY OF CERVIX; CRYOCAUTERY, INITIAL OR REPEAT	5/1/2019	5/1/2019	NA
57513	CAUTERY OF CERVIX; LASER ABLATION	5/1/2019	5/1/2019	NA
57520	CONIZATION OF CERVIX, WITH OR WITHOUT FULGURATION, WITH OR WITHOUT DILATION AND CURETTAGE, WITH OR WITHOUT REPAIR; COLD KNIFE OR LASER	5/1/2019	5/1/2019	NA
57522	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; loop electrode excision	4/1/2015	4/1/2015	NA
57558	DILATION AND CURETTAGE OF CERVICAL STUMP	5/1/2019	5/1/2019	NA
57800	DILATION OF CERVICAL CANAL, INSTRUMENTAL (SEPARATE PROCEDURE)	5/1/2019	5/1/2019	NA
58100	ENDOMETRIAL SAMPLING (BIOPSY) WITH OR WITHOUT ENDOCERVICAL SAMPLING (BIOPSY), WITHOUT CERVICAL DILATION, ANY METHOD (SEPARATE PROCEDURE)	5/1/2019	5/1/2019	NA

58110	ENDOMETRIAL SAMPLING (BIOPSY) PERFORMED IN CONJUNCTION WITH COLPOSCOPY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
58300	INSERTION OF INTRAUTERINE DEVICE (IUD)	5/1/2019	5/1/2019	NA
58301	REMOVAL OF INTRAUTERINE DEVICE (IUD)	5/1/2019	5/1/2019	NA
58340	CATHETERIZATION AND INTRODUCTION OF SALINE OR CONTRAST MATERIAL FOR SALINE INFUSION SONOHYSTEROGRAPHY (SIS) OR HYSTEROSALPINGOGRAPHY	5/1/2019	5/1/2019	NA
58353	ENDOMETRIAL ABLATION, THERMAL, WITHOUT HYSTEROSCOPIC GUIDANCE	5/1/2019	5/1/2019	NA
58600	Ligation or transection of fallopian tube(s), abdominal or vaginal approach, unilateral or bilateral	4/1/2015	4/1/2015	NA
58611	Ligation or transection of fallopian tube(s) when done at the time of cesarean delivery or intra-abdominal surgery (not a separate procedure) (List separately in addition to code for primary procedure)	4/1/2015	4/1/2015	NA
58615	OCCLUSION OF FALLOPIAN TUBE(S) BY DEVICE (EG, BAND, CLIP, FALOPE RING) VAGINAL OR SUPRAPUBIC APPROACH	5/1/2019	5/1/2019	NA
58670	Laparoscopy, surgical; with fulguration of oviducts (with or without transection)	4/1/2015	4/1/2015	NA
58900	BIOPSY OF OVARY, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)	5/1/2019	5/1/2019	NA
59000	AMNIOCENTESIS; DIAGNOSTIC	5/1/2019	5/1/2019	NA
59001	AMNIOCENTESIS; THERAPEUTIC AMNIOTIC FLUID REDUCTION (INCLUDES ULTRASOUND GUIDANCE)	5/1/2019	5/1/2019	NA
59012	CORDOCENTESIS (INTRAUTERINE), ANY METHOD	5/1/2019	5/1/2019	NA
59015	CHORIONIC VILLUS SAMPLING, ANY METHOD	5/1/2019	5/1/2019	NA
59020	FETAL CONTRACTION STRESS TEST	5/1/2019	5/1/2019	NA
59025	FETAL NON-STRESS TEST	5/1/2019	5/1/2019	NA
59030	FETAL SCALP BLOOD SAMPLING	5/1/2019	5/1/2019	NA
59050	FETAL MONITORING DURING LABOR BY CONSULTING PHYSICIAN (IE, NON-ATTENDING PHYSICIAN) WITH WRITTEN REPORT; SUPERVISION AND INTERPRETATION	5/1/2019	5/1/2019	NA
59051	FETAL MONITORING DURING LABOR BY CONSULTING PHYSICIAN (IE, NON-ATTENDING PHYSICIAN) WITH WRITTEN REPORT; INTERPRETATION ONLY	5/1/2019	5/1/2019	NA
59140	SURGICAL TREATMENT OF ECTOPIC PREGNANCY; CERVICAL, WITH EVACUATION	5/1/2019	5/1/2019	NA
59160	CURETTAGE, POSTPARTUM	5/1/2019	5/1/2019	NA
59200	INSERTION OF CERVICAL DILATOR (EG, LAMINARIA, PROSTAGLANDIN) (SEPARATE PROCEDURE)	5/1/2019	5/1/2019	NA
59300	EPISIOTOMY OR VAGINAL REPAIR, BY OTHER THAN ATTENDING	5/1/2019	5/1/2019	NA
59320	CERCLAGE OF CERVIX, DURING PREGNANCY; VAGINAL	5/1/2019	5/1/2019	NA
59325	CERCLAGE OF CERVIX, DURING PREGNANCY; ABDOMINAL	5/1/2019	5/1/2019	NA
59350	HYSTERORRHAPHY OF RUPTURED UTERUS	5/1/2019	5/1/2019	NA
59412	EXTERNAL CEPHALIC VERSION, WITH OR WITHOUT TOCOLYSIS	5/1/2019	5/1/2019	NA
59414	DELIVERY OF PLACENTA (SEPARATE PROCEDURE)	5/1/2019	5/1/2019	NA
59430	POSTPARTUM CARE ONLY (SEPARATE PROCEDURE)	5/1/2019	5/1/2019	NA
59871	REMOVAL OF CERCLAGE SUTURE UNDER ANESTHESIA (OTHER THAN LOCAL)	5/1/2019	5/1/2019	NA
60000	INCISION AND DRAINAGE OF THYROGLOSSAL DUCT CYST, INFECTED	5/1/2019	5/1/2019	NA
60100	BIOPSY THYROID, PERCUTANEOUS CORE NEEDLE	5/1/2019	5/1/2019	NA
60210	Partial thyroid lobectomy, unilateral; with or without isthmusectomy	4/1/2015	4/1/2015	NA
60212	Partial thyroid lobectomy, unilateral; with contralateral subtotal lobectomy, including isthmusectomy	4/1/2015	4/1/2015	NA
60220	Total thyroid lobectomy, unilateral; with or without isthmusectomy	4/1/2015	4/1/2015	NA
60225	Total thyroid lobectomy, unilateral; with contralateral subtotal lobectomy, including isthmusectomy	4/1/2015	4/1/2015	NA
60240	Thyroidectomy, total or complete	4/1/2015	4/1/2015	NA
60252	Thyroidectomy, total or subtotal for malignancy; with limited neck dissection	4/1/2015	4/1/2015	NA
60254	Thyroidectomy, total or subtotal for malignancy; with radical neck dissection	4/1/2015	4/1/2015	NA
60260	Thyroidectomy, removal of all remaining thyroid tissue following previous removal of a portion of thyroid	4/1/2015	4/1/2015	NA

60270	Thyroidectomy, including substernal thyroid; sternal split or transthoracic approach	4/1/2015	4/1/2015	NA
60271	Thyroidectomy, including substernal thyroid; cervical approach	4/1/2015	4/1/2015	NA
60300	ASPIRATION AND/OR INJECTION, THYROID CYST	5/1/2019	5/1/2019	NA
60512	PARATHYROID AUTOTRANSPLANTATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
61020	VENTRICULAR PUNCTURE THROUGH PREVIOUS BURR HOLE, FONTANELLE, SUTURE, OR IMPLANTED VENTRICULAR CATHETER/RESERVOIR; WITHOUT INJECTION	5/1/2019	5/1/2019	NA
61026	VENTRICULAR PUNCTURE THROUGH PREVIOUS BURR HOLE, FONTANELLE, SUTURE, OR IMPLANTED VENTRICULAR CATHETER/RESERVOIR; WITH INJECTION OF MEDICATION OR OTHER SUBSTANCE FOR DIAGNOSIS OR TREATMENT	5/1/2019	5/1/2019	NA
61050	CISTERNAL OR LATERAL CERVICAL (C1-C2) PUNCTURE; WITHOUT INJECTION (SEPARATE PROCEDURE)	5/1/2019	5/1/2019	NA
61055	CISTERNAL OR LATERAL CERVICAL (C1-C2) PUNCTURE; WITH INJECTION OF MEDICATION OR OTHER SUBSTANCE FOR DIAGNOSIS OR TREATMENT	5/1/2019	5/1/2019	NA
61070	PUNCTURE OF SHUNT TUBING OR RESERVOIR FOR ASPIRATION OR INJECTION PROCEDURE	5/1/2019	5/1/2019	NA
61316	INCISION AND SUBCUTANEOUS PLACEMENT OF CRANIAL BONE GRAFT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
61517	IMPLANTATION OF BRAIN INTRACAVITARY CHEMOTHERAPY AGENT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
61641	BALLOON DILATATION OF INTRACRANIAL VASOSPASM, PERCUTANEOUS; EACH ADDITIONAL VESSEL IN SAME VASCULAR FAMILY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
61642	BALLOON DILATATION OF INTRACRANIAL VASOSPASM, PERCUTANEOUS; EACH ADDITIONAL VESSEL IN DIFFERENT VASCULAR FAMILY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
61651	ENDOVASCULAR INTRACRANIAL PROLONGED ADMINISTRATION OF PHARMACOLOGIC AGENT(S) OTHER THAN FOR THROMBOLYSIS, ARTERIAL, INCLUDING CATHETER PLACEMENT, DIAGNOSTIC ANGIOGRAPHY, AND IMAGING GUIDANCE; EACH ADDITIONAL VASCULAR TERRITORY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
61781	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL, INTRADURAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
61782	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL, EXTRADURAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
61783	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; SPINAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
61797	STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR); EACH ADDITIONAL CRANIAL LESION, SIMPLE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
61800	APPLICATION OF STEREOTACTIC HEADFRAME FOR STEREOTACTIC RADIOSURGERY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
62148	INCISION AND RETRIEVAL OF SUBCUTANEOUS CRANIAL BONE GRAFT FOR CRANIOPLASTY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
62160	NEUROENDOSCOPY, INTRACRANIAL, FOR PLACEMENT OR REPLACEMENT OF VENTRICULAR CATHETER AND ATTACHMENT TO SHUNT SYSTEM OR EXTERNAL DRAINAGE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
62252	REPROGRAMMING OF PROGRAMMABLE CEREBROSPINAL SHUNT	5/1/2019	5/1/2019	NA

62264	PERCUTANEOUS LYSIS OF EPIDURAL ADHESIONS USING SOLUTION INJECTION (EG, HYPERTONIC SALINE, ENZYME) OR MECHANICAL MEANS (EG, CATHETER) INCLUDING RADIOLOGIC LOCALIZATION (INCLUDES CONTRAST WHEN ADMINISTERED), MULTIPLE ADHESIOLYSIS SESSIONS; 1 DAY	5/1/2019	5/1/2019	NA
62267	PERCUTANEOUS ASPIRATION WITHIN THE NUCLEUS PULPOSUS, INTERVERTEBRAL DISC, OR PARAVERTEBRAL TISSUE FOR DIAGNOSTIC PURPOSES	5/1/2019	5/1/2019	NA
62268	PERCUTANEOUS ASPIRATION, SPINAL CORD CYST OR SYRINX	5/1/2019	5/1/2019	NA
62269	BIOPSY OF SPINAL CORD, PERCUTANEOUS NEEDLE	5/1/2019	5/1/2019	NA
62270	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC	5/1/2019	5/1/2019	NA
62272	SPINAL PUNCTURE, THERAPEUTIC, FOR DRAINAGE OF CEREBROSPINAL FLUID (BY NEEDLE OR CATHETER)	5/1/2019	5/1/2019	NA
62273	INJECTION, EPIDURAL, OF BLOOD OR CLOT PATCH	5/1/2019	5/1/2019	NA
62284	INJECTION PROCEDURE FOR MYELOGRAPHY AND/OR COMPUTED TOMOGRAPHY, LUMBAR	5/1/2019	5/1/2019	NA
62290	INJECTION PROCEDURE FOR DISCOGRAPHY, EACH LEVEL; LUMBAR	5/1/2019	5/1/2019	NA
62291	INJECTION PROCEDURE FOR DISCOGRAPHY, EACH LEVEL; CERVICAL OR THORACIC	5/1/2019	5/1/2019	NA
62320	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	5/1/2019	5/1/2019	NA
62321	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)	5/1/2019	5/1/2019	NA
62322	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	5/1/2019	5/1/2019	NA
62323	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)	5/1/2019	5/1/2019	NA
62324	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; WITHOUT IMAGING GUIDANCE	5/1/2019	5/1/2019	NA
62325	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)	5/1/2019	5/1/2019	NA
62326	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); WITHOUT IMAGING GUIDANCE	5/1/2019	5/1/2019	NA

62327	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)	5/1/2019	5/1/2019	NA
62355	REMOVAL OF PREVIOUSLY IMPLANTED INTRATHECAL OR EPIDURAL CATHETER	5/1/2019	5/1/2019	NA
62367	ELECTRONIC ANALYSIS OF PROGRAMMABLE, IMPLANTED PUMP FOR INTRATHECAL OR EPIDURAL DRUG INFUSION (INCLUDES EVALUATION OF RESERVOIR STATUS, ALARM STATUS, DRUG PRESCRIPTION STATUS); WITHOUT REPROGRAMMING OR REFILL	5/1/2019	5/1/2019	NA
62368	ELECTRONIC ANALYSIS OF PROGRAMMABLE, IMPLANTED PUMP FOR INTRATHECAL OR EPIDURAL DRUG INFUSION (INCLUDES EVALUATION OF RESERVOIR STATUS, ALARM STATUS, DRUG PRESCRIPTION STATUS); WITH REPROGRAMMING	5/1/2019	5/1/2019	NA
62369	ELECTRONIC ANALYSIS OF PROGRAMMABLE, IMPLANTED PUMP FOR INTRATHECAL OR EPIDURAL DRUG INFUSION (INCLUDES EVALUATION OF RESERVOIR STATUS, ALARM STATUS, DRUG PRESCRIPTION STATUS); WITH REPROGRAMMING AND REFILL	5/1/2019	5/1/2019	NA
62370	ELECTRONIC ANALYSIS OF PROGRAMMABLE, IMPLANTED PUMP FOR INTRATHECAL OR EPIDURAL DRUG INFUSION (INCLUDES EVALUATION OF RESERVOIR STATUS, ALARM STATUS, DRUG PRESCRIPTION STATUS); WITH REPROGRAMMING AND REFILL (REQUIRING SKILL OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL)	5/1/2019	5/1/2019	NA
63295	OSTEOPLASTIC RECONSTRUCTION OF DORSAL SPINAL ELEMENTS, FOLLOWING PRIMARY INTRASPINAL PROCEDURE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
63621	STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR); EACH ADDITIONAL SPINAL LESION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
64400	INJECTION, ANESTHETIC AGENT; TRIGEMINAL NERVE, ANY DIVISION OR BRANCH	5/1/2019	5/1/2019	NA
64402	INJECTION, ANESTHETIC AGENT; FACIAL NERVE	5/1/2019	5/1/2019	NA
64405	INJECTION, ANESTHETIC AGENT; GREATER OCCIPITAL NERVE	5/1/2019	5/1/2019	NA
64408	INJECTION, ANESTHETIC AGENT; VAGUS NERVE	5/1/2019	5/1/2019	NA
64410	INJECTION, ANESTHETIC AGENT; PHRENIC NERVE	5/1/2019	5/1/2019	NA
64413	INJECTION, ANESTHETIC AGENT; CERVICAL PLEXUS	5/1/2019	5/1/2019	NA
64415	INJECTION, ANESTHETIC AGENT; BRACHIAL PLEXUS, SINGLE	5/1/2019	5/1/2019	NA
64416	INJECTION, ANESTHETIC AGENT; BRACHIAL PLEXUS, CONTINUOUS INFUSION BY CATHETER (INCLUDING CATHETER PLACEMENT)	5/1/2019	5/1/2019	NA
64417	INJECTION, ANESTHETIC AGENT; AXILLARY NERVE	5/1/2019	5/1/2019	NA
64418	INJECTION, ANESTHETIC AGENT; SUPRASCAPULAR NERVE	5/1/2019	5/1/2019	NA
64420	INJECTION, ANESTHETIC AGENT; INTERCOSTAL NERVE, SINGLE	5/1/2019	5/1/2019	NA
64421	INJECTION, ANESTHETIC AGENT; INTERCOSTAL NERVES, MULTIPLE, REGIONAL BLOCK	5/1/2019	5/1/2019	NA
64425	INJECTION, ANESTHETIC AGENT; ILIOINGUINAL, ILIOHYPOGASTRIC NERVES	5/1/2019	5/1/2019	NA
64430	INJECTION, ANESTHETIC AGENT; PUDENDAL NERVE	5/1/2019	5/1/2019	NA
64435	INJECTION, ANESTHETIC AGENT; PARACERVICAL (UTERINE) NERVE	5/1/2019	5/1/2019	NA
64445	INJECTION, ANESTHETIC AGENT; SCIATIC NERVE, SINGLE	5/1/2019	5/1/2019	NA
64446	INJECTION, ANESTHETIC AGENT; SCIATIC NERVE, CONTINUOUS INFUSION BY CATHETER (INCLUDING CATHETER PLACEMENT)	5/1/2019	5/1/2019	NA
64447	INJECTION, ANESTHETIC AGENT; FEMORAL NERVE, SINGLE	5/1/2019	5/1/2019	NA
64448	INJECTION, ANESTHETIC AGENT; FEMORAL NERVE, CONTINUOUS INFUSION BY CATHETER (INCLUDING CATHETER PLACEMENT)	5/1/2019	5/1/2019	NA

64449	INJECTION, ANESTHETIC AGENT; LUMBAR PLEXUS, POSTERIOR APPROACH, CONTINUOUS INFUSION BY CATHETER (INCLUDING CATHETER PLACEMENT)	5/1/2019	5/1/2019	NA
64455	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, PLANTAR COMMON DIGITAL NERVE(S) (EG, MORTON'S NEUROMA)	5/1/2019	5/1/2019	NA
64461	PARAVERTEBRAL BLOCK (PVB) (PARASPINOUS BLOCK), THORACIC; SINGLE INJECTION SITE (INCLUDES IMAGING GUIDANCE, WHEN PERFORMED)	5/1/2019	5/1/2019	NA
64462	PARAVERTEBRAL BLOCK (PVB) (PARASPINOUS BLOCK), THORACIC; SECOND AND ANY ADDITIONAL INJECTION SITE(S) (INCLUDES IMAGING GUIDANCE, WHEN PERFORMED) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
64463	PARAVERTEBRAL BLOCK (PVB) (PARASPINOUS BLOCK), THORACIC; CONTINUOUS INFUSION BY CATHETER (INCLUDES IMAGING GUIDANCE, WHEN PERFORMED)	5/1/2019	5/1/2019	NA
64486	TRANSVERSUS ABDOMINIS PLANE (TAP) BLOCK (ABDOMINAL PLANE BLOCK, RECTUS SHEATH BLOCK) UNILATERAL; BY INJECTION(S) (INCLUDES IMAGING GUIDANCE, WHEN PERFORMED)	5/1/2019	5/1/2019	NA
64487	TRANSVERSUS ABDOMINIS PLANE (TAP) BLOCK (ABDOMINAL PLANE BLOCK, RECTUS SHEATH BLOCK) UNILATERAL; BY CONTINUOUS INFUSION(S) (INCLUDES IMAGING GUIDANCE, WHEN PERFORMED)	5/1/2019	5/1/2019	NA
64488	TRANSVERSUS ABDOMINIS PLANE (TAP) BLOCK (ABDOMINAL PLANE BLOCK, RECTUS SHEATH BLOCK) BILATERAL; BY INJECTIONS (INCLUDES IMAGING GUIDANCE, WHEN PERFORMED)	5/1/2019	5/1/2019	NA
64489	TRANSVERSUS ABDOMINIS PLANE (TAP) BLOCK (ABDOMINAL PLANE BLOCK, RECTUS SHEATH BLOCK) BILATERAL; BY CONTINUOUS INFUSIONS (INCLUDES IMAGING GUIDANCE, WHEN PERFORMED)	5/1/2019	5/1/2019	NA
64550	APPLICATION OF SURFACE (TRANSCUTANEOUS) NEUROSTIMULATOR (EG, TENS UNIT)	5/1/2019	5/1/2019	NA
64566	POSTERIOR TIBIAL NEUROSTIMULATION, PERCUTANEOUS NEEDLE ELECTRODE, SINGLE TREATMENT, INCLUDES PROGRAMMING	5/1/2019	5/1/2019	NA
64585	REVISION OR REMOVAL OF PERIPHERAL NEUROSTIMULATOR ELECTRODE ARRAY	5/1/2019	5/1/2019	NA
64595	REVISION OR REMOVAL OF PERIPHERAL OR GASTRIC NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER	5/1/2019	5/1/2019	NA
64611	CHEMODENERVATION OF PAROTID AND SUBMANDIBULAR SALIVARY GLANDS, BILATERAL	5/1/2019	5/1/2019	NA
64612	CHEMODENERVATION OF MUSCLE(S); MUSCLE(S) INNERVATED BY FACIAL NERVE, UNILATERAL (EG, FOR BLEPHAROSPASM, HEMIFACIAL SPASM)	5/1/2019	5/1/2019	NA
64615	CHEMODENERVATION OF MUSCLE(S); MUSCLE(S) INNERVATED BY FACIAL, TRIGEMINAL, CERVICAL SPINAL AND ACCESSORY NERVES, BILATERAL (EG, FOR CHRONIC MIGRAINE)	5/1/2019	5/1/2019	NA
64616	CHEMODENERVATION OF MUSCLE(S); NECK MUSCLE(S), EXCLUDING MUSCLES OF THE LARYNX, UNILATERAL (EG, FOR CERVICAL DYSTONIA, SPASMODIC TORTICOLLIS)	5/1/2019	5/1/2019	NA
64617	CHEMODENERVATION OF MUSCLE(S); LARYNX, UNILATERAL, PERCUTANEOUS (EG, FOR SPASMODIC DYSPHONIA), INCLUDES GUIDANCE BY NEEDLE ELECTROMYOGRAPHY, WHEN PERFORMED	5/1/2019	5/1/2019	NA
64640	DESTRUCTION BY NEUROLYTIC AGENT; OTHER PERIPHERAL NERVE OR BRANCH	5/1/2019	5/1/2019	NA
64642	CHEMODENERVATION OF ONE EXTREMITY; 1-4 MUSCLE(S)	5/1/2019	5/1/2019	NA
64643	CHEMODENERVATION OF ONE EXTREMITY; EACH ADDITIONAL EXTREMITY, 1-4 MUSCLE(S) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
64644	CHEMODENERVATION OF ONE EXTREMITY; 5 OR MORE MUSCLES	5/1/2019	5/1/2019	NA
64645	CHEMODENERVATION OF ONE EXTREMITY; EACH ADDITIONAL EXTREMITY, 5 OR MORE MUSCLES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
64646	CHEMODENERVATION OF TRUNK MUSCLE(S); 1-5 MUSCLE(S)	5/1/2019	5/1/2019	NA

64647	CHEMODENERVATION OF TRUNK MUSCLE(S); 6 OR MORE MUSCLES	5/1/2019	5/1/2019	NA
64650	CHEMODENERVATION OF ECCRINE GLANDS; BOTH AXILLAE	5/1/2019	5/1/2019	NA
64653	CHEMODENERVATION OF ECCRINE GLANDS; OTHER AREA(S) (EG, SCALP, FACE, NECK), PER DAY	5/1/2019	5/1/2019	NA
64726	DECOMPRESSION; PLANTAR DIGITAL NERVE	5/1/2019	5/1/2019	NA
64727	INTERNAL NEUROLYSIS, REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR NEUROPLASTY) (NEUROPLASTY INCLUDES EXTERNAL NEUROLYSIS)	5/1/2019	5/1/2019	NA
64778	EXCISION OF NEUROMA; DIGITAL NERVE, EACH ADDITIONAL DIGIT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
64783	EXCISION OF NEUROMA; HAND OR FOOT, EACH ADDITIONAL NERVE, EXCEPT SAME DIGIT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
64787	IMPLANTATION OF NERVE END INTO BONE OR MUSCLE (LIST SEPARATELY IN ADDITION TO NEUROMA EXCISION)	5/1/2019	5/1/2019	NA
64795	BIOPSY OF NERVE	5/1/2019	5/1/2019	NA
64859	SUTURE OF EACH ADDITIONAL MAJOR PERIPHERAL NERVE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
64872	SUTURE OF NERVE; REQUIRING SECONDARY OR DELAYED SUTURE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY NEURORRHAPHY)	5/1/2019	5/1/2019	NA
64874	SUTURE OF NERVE; REQUIRING EXTENSIVE MOBILIZATION, OR TRANSPOSITION OF NERVE (LIST SEPARATELY IN ADDITION TO CODE FOR NERVE SUTURE)	5/1/2019	5/1/2019	NA
64876	SUTURE OF NERVE; REQUIRING SHORTENING OF BONE OF EXTREMITY (LIST SEPARATELY IN ADDITION TO CODE FOR NERVE SUTURE)	5/1/2019	5/1/2019	NA
65205	REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CONJUNCTIVAL SUPERFICIAL	5/1/2019	5/1/2019	NA
65210	REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CONJUNCTIVAL EMBEDDED (INCLUDES CONCRETIONS), SUBCONJUNCTIVAL, OR SCLERAL NONPERFORATING	5/1/2019	5/1/2019	NA
65220	REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CORNEAL, WITHOUT SLIT LAMP	5/1/2019	5/1/2019	NA
65222	REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CORNEAL, WITH SLIT LAMP	5/1/2019	5/1/2019	NA
65270	REPAIR OF LACERATION; CONJUNCTIVA, WITH OR WITHOUT NONPERFORATING LACERATION SCLERA, DIRECT CLOSURE	5/1/2019	5/1/2019	NA
65410	BIOPSY OF CORNEA	5/1/2019	5/1/2019	NA
65430	SCRAPING OF CORNEA, DIAGNOSTIC, FOR SMEAR AND/OR CULTURE	5/1/2019	5/1/2019	NA
65435	REMOVAL OF CORNEAL EPITHELIUM; WITH OR WITHOUT CHEMOCAUTERIZATION (ABRASION, CURETTAGE)	5/1/2019	5/1/2019	NA
65778	PLACEMENT OF AMNIOTIC MEMBRANE ON THE OCULAR SURFACE; WITHOUT SUTURES	5/1/2019	5/1/2019	NA
65779	PLACEMENT OF AMNIOTIC MEMBRANE ON THE OCULAR SURFACE; SINGLE LAYER, SUTURED	5/1/2019	5/1/2019	NA
65800	PARACENTESIS OF ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); WITH REMOVAL OF AQUEOUS	5/1/2019	5/1/2019	NA
65860	SEVERING ADHESIONS OF ANTERIOR SEGMENT, LASER TECHNIQUE (SEPARATE PROCEDURE)	5/1/2019	5/1/2019	NA
66020	INJECTION, ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); AIR OR LIQUID	5/1/2019	5/1/2019	NA
66030	INJECTION, ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); MEDICATION	5/1/2019	5/1/2019	NA
66761	IRIDOTOMY/IRIDECTOMY BY LASER SURGERY (EG, FOR GLAUCOMA) (PER SESSION)	5/1/2019	5/1/2019	NA
66982	Extracapsular cataract removal with insertion of intraocular lens prosthesis (one stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage	4/1/2015	4/1/2015	NA

66983	Intracapsular cataract extraction with insertion of intraocular lens prosthesis (one stage procedure)	4/1/2015	4/1/2015	NA
66984	Extracapsular cataract removal with insertion of intraocular lens prosthesis (one stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification)	4/1/2015	4/1/2015	NA
66990	USE OF OPHTHALMIC ENDOSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
67028	Intravitreal injection of a pharmacologic agent (separate procedure)	4/1/2015	4/1/2015	NA
67101	REPAIR OF RETINAL DETACHMENT, INCLUDING DRAINAGE OF SUBRETINAL FLUID WHEN PERFORMED; CRYOTHERAPY	5/1/2019	5/1/2019	NA
67105	REPAIR OF RETINAL DETACHMENT, INCLUDING DRAINAGE OF SUBRETINAL FLUID WHEN PERFORMED; PHOTOCOAGULATION	5/1/2019	5/1/2019	NA
67225	DESTRUCTION OF LOCALIZED LESION OF CHOROID (EG, CHOROIDAL NEOVASCULARIZATION); PHOTODYNAMIC THERAPY, SECOND EYE, AT SINGLE SESSION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY EYE TREATMENT)	5/1/2019	5/1/2019	NA
67227	DESTRUCTION OF EXTENSIVE OR PROGRESSIVE RETINOPATHY (EG, DIABETIC RETINOPATHY), CRYOTHERAPY, DIATHERMY	5/1/2019	5/1/2019	NA
67335	PLACEMENT OF ADJUSTABLE SUTURE(S) DURING STRABISMUS SURGERY, INCLUDING POSTOPERATIVE ADJUSTMENT(S) OF SUTURE(S) (LIST SEPARATELY IN ADDITION TO CODE FOR SPECIFIC STRABISMUS SURGERY)	5/1/2019	5/1/2019	NA
67345	CHEMODENERVATION OF EXTRAOCULAR MUSCLE	5/1/2019	5/1/2019	NA
67346	BIOPSY OF EXTRAOCULAR MUSCLE	5/1/2019	5/1/2019	NA
67415	FINE NEEDLE ASPIRATION OF ORBITAL CONTENTS	5/1/2019	5/1/2019	NA
67500	RETROBULBAR INJECTION; MEDICATION (SEPARATE PROCEDURE, DOES NOT INCLUDE SUPPLY OF MEDICATION)	5/1/2019	5/1/2019	NA
67505	RETROBULBAR INJECTION; ALCOHOL	5/1/2019	5/1/2019	NA
67515	INJECTION OF MEDICATION OR OTHER SUBSTANCE INTO TENON'S CAPSULE	5/1/2019	5/1/2019	NA
67700	BLEPHAROTOMY, DRAINAGE OF ABSCESS, EYELID	5/1/2019	5/1/2019	NA
67710	SEVERING OF TARSORRHAPHY	5/1/2019	5/1/2019	NA
67715	CANTHOTOMY (SEPARATE PROCEDURE)	5/1/2019	5/1/2019	NA
67850	DESTRUCTION OF LESION OF LID MARGIN (UP TO 1 CM)	5/1/2019	5/1/2019	NA
67875	TEMPORARY CLOSURE OF EYELIDS BY SUTURE (EG, FROST SUTURE)	5/1/2019	5/1/2019	NA
67930	SUTURE OF RECENT WOUND, EYELID, INVOLVING LID MARGIN, TARSUS, AND/OR PALPEBRAL CONJUNCTIVA DIRECT CLOSURE; PARTIAL THICKNESS	5/1/2019	5/1/2019	NA
67938	REMOVAL OF EMBEDDED FOREIGN BODY, EYELID	5/1/2019	5/1/2019	NA
68020	INCISION OF CONJUNCTIVA, DRAINAGE OF CYST	5/1/2019	5/1/2019	NA
68040	EXPRESSION OF CONJUNCTIVAL FOLLICLES (EG, FOR TRACHOMA)	5/1/2019	5/1/2019	NA
68100	BIOPSY OF CONJUNCTIVA	5/1/2019	5/1/2019	NA
68110	EXCISION OF LESION, CONJUNCTIVA; UP TO 1 CM	5/1/2019	5/1/2019	NA
68115	EXCISION OF LESION, CONJUNCTIVA; OVER 1 CM	5/1/2019	5/1/2019	NA
68135	DESTRUCTION OF LESION, CONJUNCTIVA	5/1/2019	5/1/2019	NA
68200	SUBCONJUNCTIVAL INJECTION	5/1/2019	5/1/2019	NA
68400	INCISION, DRAINAGE OF LACRIMAL GLAND	5/1/2019	5/1/2019	NA
68420	INCISION, DRAINAGE OF LACRIMAL SAC (DACRYOCYSTOTOMY OR DACRYOCYSTOSTOMY)	5/1/2019	5/1/2019	NA
68440	SNIP INCISION OF LACRIMAL PUNCTUM	5/1/2019	5/1/2019	NA
68510	BIOPSY OF LACRIMAL GLAND	5/1/2019	5/1/2019	NA
68525	BIOPSY OF LACRIMAL SAC	5/1/2019	5/1/2019	NA
68530	REMOVAL OF FOREIGN BODY OR DACRYOLITH, LACRIMAL PASSAGES	5/1/2019	5/1/2019	NA
68705	CORRECTION OF EVERTED PUNCTUM, CAUTERY	5/1/2019	5/1/2019	NA
68760	CLOSURE OF THE LACRIMAL PUNCTUM; BY THERMOCAUTERIZATION, LIGATION, OR LASER SURGERY	5/1/2019	5/1/2019	NA
68761	CLOSURE OF THE LACRIMAL PUNCTUM; BY PLUG, EACH	5/1/2019	5/1/2019	NA
68801	DILATION OF LACRIMAL PUNCTUM, WITH OR WITHOUT IRRIGATION	5/1/2019	5/1/2019	NA
68810	PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION;	5/1/2019	5/1/2019	NA
68811	PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION; REQUIRING GENERAL ANESTHESIA	5/1/2019	5/1/2019	NA
68815	PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION; WITH INSERTION OF TUBE OR STENT	5/1/2019	5/1/2019	NA

68816	PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION; WITH TRANSLUMINAL BALLOON CATHETER DILATION	5/1/2019	5/1/2019	NA
68840	PROBING OF LACRIMAL CANALICULI, WITH OR WITHOUT IRRIGATION	5/1/2019	5/1/2019	NA
68850	INJECTION OF CONTRAST MEDIUM FOR DACRYOCYSTOGRAPHY	5/1/2019	5/1/2019	NA
69000	DRAINAGE EXTERNAL EAR, ABSCESS OR HEMATOMA; SIMPLE	5/1/2019	5/1/2019	NA
69005	DRAINAGE EXTERNAL EAR, ABSCESS OR HEMATOMA; COMPLICATED	5/1/2019	5/1/2019	NA
69020	DRAINAGE EXTERNAL AUDITORY CANAL, ABSCESS	5/1/2019	5/1/2019	NA
69100	BIOPSY EXTERNAL EAR	5/1/2019	5/1/2019	NA
69105	BIOPSY EXTERNAL AUDITORY CANAL	5/1/2019	5/1/2019	NA
69145	EXCISION SOFT TISSUE LESION, EXTERNAL AUDITORY CANAL	5/1/2019	5/1/2019	NA
69200	REMOVAL FOREIGN BODY FROM EXTERNAL AUDITORY CANAL; WITHOUT GENERAL ANESTHESIA	5/1/2019	5/1/2019	NA
69205	REMOVAL FOREIGN BODY FROM EXTERNAL AUDITORY CANAL; WITH GENERAL ANESTHESIA	5/1/2019	5/1/2019	NA
69210	REMOVAL IMPACTED CERUMEN REQUIRING INSTRUMENTATION, UNILATERAL	5/1/2019	5/1/2019	NA
69220	DEBRIDEMENT, MASTOIDECTOMY CAVITY, SIMPLE (EG, ROUTINE CLEANING)	5/1/2019	5/1/2019	NA
69222	DEBRIDEMENT, MASTOIDECTOMY CAVITY, COMPLEX (EG, WITH ANESTHESIA OR MORE THAN ROUTINE CLEANING)	5/1/2019	5/1/2019	NA
69424	Ventilating tube removal requiring general anesthesia	4/1/2015	4/1/2015	NA
69433	Tympanostomy (requiring insertion of ventilating tube), local or topical anesthesia	4/1/2015	4/1/2015	NA
69436	Tympanostomy (requiring insertion of ventilating tube), general anesthesia	4/1/2015	4/1/2015	NA
69540	EXCISION AURAL POLYP	5/1/2019	5/1/2019	NA
69610	TYMPANIC MEMBRANE REPAIR, WITH OR WITHOUT SITE PREPARATION OF PERFORATION FOR CLOSURE, WITH OR WITHOUT PATCH	5/1/2019	5/1/2019	NA
69801	LABYRINTHOMY, WITH PERFUSION OF VESTIBULOACTIVE DRUG(S), TRANSCANAL	5/1/2019	5/1/2019	NA
81211	BRCA1, BRCA2 (breast cancer 1 and 2) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and common duplication/deletion variants in BRCA1	4/1/2015	4/1/2015	NA
81213	BRCA1, BRCA2 (breast cancer 1 and 2) (eg, hereditary breast and ovarian cancer) gene analysis; uncommon duplication/deletion variants	4/1/2015	4/1/2015	NA
86001	Allergen specific IgG quantitative or semiquantitative, each allergen	4/1/2015	4/1/2015	NA
86003	Allergen specific IgE; quantitative or semiquantitative, each allergen	4/1/2015	4/1/2015	NA
86005	Allergen specific IgE; qualitative, multiallergen screen (dipstick, paddle or disk)	4/1/2015	4/1/2015	NA
93303	Transthoracic echocardiography for congenital cardiac anomalies; complete	4/1/2015	4/1/2015	NA
93304	Transthoracic echocardiography for congenital cardiac anomalies; follow-up or limited study	4/1/2015	4/1/2015	NA
93306	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral Doppler echocardiography, and with color flow Doppler echocardiography	4/1/2015	4/1/2015	NA
93307	Echocardiography, transthoracic, real-time with image documentation (2D) with or without M-mode recording; complete	4/1/2015	4/1/2015	NA
93308	Echocardiography, transthoracic, real-time with image documentation (2D) with or without M-mode recording; follow-up or limited study	4/1/2015	4/1/2015	NA
93312	Echocardiography, transesophageal, real time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	4/1/2015	4/1/2015	NA
93313	Echocardiography, transesophageal, real time with image documentation (2D) (with or without M-mode recording); placement of transesophageal probe only	4/1/2015	4/1/2015	NA

93314	Echocardiography, transesophageal, real time with image documentation (2D) (with or without M-mode recording); image acquisition, interpretation and report only	4/1/2015	4/1/2015	NA
93315	Transesophageal echocardiography for congenital cardiac anomalies; including probe placement, image acquisition, interpretation and report	4/1/2015	4/1/2015	NA
93316	Transesophageal echocardiography for congenital cardiac anomalies; placement of transesophageal probe only	4/1/2015	4/1/2015	NA
93317	Transesophageal echocardiography for congenital cardiac anomalies; image acquisition, interpretation and report only	4/1/2015	4/1/2015	NA
93318	Echocardiography, transesophageal (TEE) for monitoring purposes, including probe placement, real time 2-dimensional image acquisition and interpretation leading to ongoing (continuous) assessment of (dynamically changing) cardiac pumping function and to therapeutic measures on an immediate time basis	4/1/2015	4/1/2015	NA
93320	Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); complete	4/1/2015	4/1/2015	NA
93321	Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); follow-up or limited study (List separately in addition to codes for echocardiographic imaging)	4/1/2015	4/1/2015	NA
93325	Doppler echocardiography color flow velocity mapping (List separately in addition to codes for echocardiography)	4/1/2015	4/1/2015	NA
93350	Echocardiography, transthoracic, real-time with image documentation (2D), with or without M-mode recording, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report	4/1/2015	4/1/2015	NA
93351	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation	4/1/2015	4/1/2015	NA
93352	Use of echocardiographic contrast agent during stress echocardiography (List separately in addition to code for primary procedure)	4/1/2015	4/1/2015	NA
95115	Professional services for allergen immunotherapy not including provision of allergenic extracts; single injection	4/1/2015	4/1/2015	NA
95117	Professional services for allergen immunotherapy not including provision of allergenic extracts; two or more injections	4/1/2015	4/1/2015	NA
95120	Professional services for allergen immunotherapy in prescribing physicians office or institution, including provision of allergenic extract; single injection	4/1/2015	4/1/2015	NA
95125	Professional services for allergen immunotherapy in prescribing physicians office or institution, including provision of allergenic extract; two or more injections	4/1/2015	4/1/2015	NA
95130	Professional services for allergen immunotherapy in prescribing physicians office or institution, including provision of allergenic extract; single stinging insect venom	4/1/2015	4/1/2015	NA
95131	Professional services for allergen immunotherapy in prescribing physicians office or institution, including provision of allergenic extract; two stinging insect venoms	4/1/2015	4/1/2015	NA
95132	Professional services for allergen immunotherapy in prescribing physicians office or institution, including provision of allergenic extract; three stinging insect venoms	4/1/2015	4/1/2015	NA
95133	Professional services for allergen immunotherapy in prescribing physicians office or institution, including provision of allergenic extract; four stinging insect venoms	4/1/2015	4/1/2015	NA
95134	Professional services for allergen immunotherapy in prescribing physicians office or institution, including provision of allergenic extract; five stinging insect venoms	4/1/2015	4/1/2015	NA
95144	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; single dose vial(s) (specify number of vials)	4/1/2015	4/1/2015	NA

95145	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); single stinging insect venom	4/1/2015	4/1/2015	NA
95146	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); two single stinging insect venoms	4/1/2015	4/1/2015	NA
95147	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); three single stinging insect venoms	4/1/2015	4/1/2015	NA
95148	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); four single stinging insect venoms	4/1/2015	4/1/2015	NA
95149	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); five single stinging insect venoms	4/1/2015	4/1/2015	NA
95165	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; single or multiple antigens (specify number of doses)	4/1/2015	4/1/2015	NA
95170	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; whole body extract of biting insect or other arthropod (specify number of doses)	4/1/2015	4/1/2015	NA
95180	Rapid desensitization procedure, each hour (eg, insulin, penicillin, equine serum)	4/1/2015	4/1/2015	NA
96900	Actinotherapy (ultraviolet light)	4/1/2015	4/1/2015	NA
97760	Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(s), lower extremity(s) and/or trunk, each 15 minutes	4/1/2015	4/1/2015	NA
97762	Checkout for orthotic/prosthetic use, established patient, each 15 minutes	4/1/2015	4/1/2015	NA
0528F	Recommended follow-up interval for repeat colonoscopy of at least 10 years documented in colonoscopy report (End/Polyp)5	4/1/2015	4/1/2015	NA
0529F	Interval of 3 or more years since patient's last colonoscopy, documented (End/Polyp)5	4/1/2015	4/1/2015	NA
20610 w/J1040	Arthrocentesis, aspiration and/or injection; major joint or bursa (eg, shoulder, hip, knee joint, subacromial bursa) with methypenisolone injection	4/1/2015	4/1/2015	NA
3073F	Pre-surgical (cataract) axial length, corneal power measurement and method of intraocular lens power calculation documented (must be performed within 12 months prior to surgery) (EC)	4/1/2015	4/1/2015	NA
93015, 93016, 93017, 93018	Cardiovascular stress test using maimal or submaximal treadmill or bicycle exercise, continious electrocardiogrphic monitoring, and/or phamacological stress	3/10/2017	3/10/2017	NA
93451-93460	Diagnositc, noncongenital coronary procedures	12/1/2016	12/1/2016	NA
93530-93533	Diagnositc, congenital coronary procedures	12/1/2016	12/1/2016	NA
	95805 - Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness	3/10/2017	3/10/2017	NA
	95806 - Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (eg, thoracoabdominal movement)			
	95807 - Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, attended by a technologist			
95805, 95806, 95807, 95808, 95810, 95811	95808 - Polysomnography; sleep staging with 1-3 additional parameters of sleep, attended by a technologist			
	95810 - Polysomnography; sleep staging with 4 or more additional parameters of sleep, attended by a technologist			
	95811 - Polysomnography; sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel ventilation, attended by a technologist			

G0398- Home sleep study test (hst) with type ii portable monitor, unattended; minimum of 7 channels: eeg, eog, emg, ecg/heart rate, airflow, respiratory effort and oxygen saturation	3/10/2017	3/10/2017	NA
G0399- Home sleep test (hst) with type iii portable monitor, unattended; minimum of 4 channels: 2 respiratory movement/airflow, 1 ecg/heart rate and 1 oxygen saturation			

G0398, G0399