

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		5/1/2019	5/1/2019	NA	
	FINE NEEDLE ASPIRATION; WITH IMAGING GUIDANCE	5/1/2019	5/1/2019	NA	
10035	PLACEMENT OF SOFT TISSUE LOCALIZATION DEVICE(S) (EG, CLIP, METALLIC PELLET, WIRE/NEEDLE, RADIOACTIVE SEEDS), PERCUTANEOUS, INCLUDING IMAGING GUIDANCE; FIRST LESION	5/1/2015	5, 1, 2019		
10036	METALLIC PELLET, 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	NA	
10121	INCISION AND REMOVAL OF FOREIGN BODY, SUBCUTANEOUS TISSUES; COMPLICATED		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	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	5/1/2019	5/1/2019	NA
11047	ADDITION TO CODE FOR PRIMARY PROCEDURE) 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 FIBROCUTANEOUS TAGS, ANY AREA; UP TO AND INCLUDING 15 LESIONS	5/1/2019	5/1/2019	NA
11201	REMOVAL OF SKIN TAGS, MULTIPLE FIBROCUTANEOUS TAGS, ANY AREA; EACH ADDITIONAL 10 LESIONS, OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	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	EXCISED DIAMETER 0.5 CM OK ELSS 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	EXCISED DIAMETER 2.1 TO 5.0 CM 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;	5/1/2019	5/1/2019	NA
11440	EXCISED DIAMETER OVER 4.0 CM 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	ΝΑ

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
11/21		5/1/2019	5/1/2019	NA
11730	AVULSION OF NAIL PLATE, PARTIAL OR COMPLETE, SIMPLE; SINGLE AVULSION OF NAIL PLATE, PARTIAL OR COMPLETE, SIMPLE; EACH	5/1/2019	5/1/2019	NA
11732	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 PELLET 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
11981	REMOVAL, NON-BIODEGRADABLE DRUG DELIVERT IMPLANT	5/1/2019	5/1/2019	NA
11983	REMOVAL WITH REINSERTION, NON-BIODEGRADABLE DRUG DELIVERY		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

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1207 DCTEMMS ADD HT FOUR ADD/OR DTEMMITES INCLUDING M 12011 SIMPLE RESARD OF SUPERFICUL WOUNDS OF FACE LMS, FPLIDS, NOSE, UP AND/OR MUCCOM SUMMARES 25 CM OF LSCS M/2010 M/27019 MA 12013 SIMPLE RESARD OF SUPERFICUL WOUNDS OF FACE LMS, FPLIDS, NOSE, UP AND/OR MUCCOM SUMMARES 25 CM OF LSCS M/27019 M/27019 MA 12014 NOSE, UP AND/OR MUCCOM SUMMARES 25 CM OF LSC LMS, NOSE, UP AND/OR MUCCOM SUMMARES 25 CM OF LSC LMS M/27019 M/27019 MA 12014 NOSE, UP AND/OR MUCCOM SUMMARES 25 CM OF LSC LMS M/27019 M/27019 MA 12015 SIMPLE REPARD OF SUPERFICIAL WOUNDS OF FACE, LMS, FPLIDS, NOSE, UP AND/OR MUCCOM SUMMARES 21 CM OF 20 CM M/27019 MA 12016 NAME ERM OF SUPERFICIAL WOUNDS OF FACE, LMS, FPLIDS, NOSE, UP AND/OR MUCCOM SUMMARES 20 LCM TO 20 CM M/27019 MA 12017 MARE ERM OF SUPERFICIAL WOUNDS OF FACE, LMS, FPLIDS, NOSE, UP AND/OR MUCCOM SUMMARES, 20 LCM TO 20 CM M/27019 MA 12018 SIMPLE REVARD OF SUPERFICIAL WOUND DENECHCE, SIMPLE COMMER M/27019 MA 12014 TEATIMENT OF SUPERFICIAL WOUND DENECHCE, SIMPLE COMMER M/27019 MA 12014 TEATIMENT OF SUPERFICIAL WOUND DENECHCE, SIMPLE COMMER	12006	EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES (INCLUDING	5/1/2019	5/1/2019	NA
SIMPLE REPAIR OF SUPERIOLAL WOUNDS OF FACE, EAS, DYELDS, NOSE, US AMOUR MUCCUM MURBANES, 2.2 CM 20 8 LSS S/1/2019 NA 2011 SIMPLE REPAIR OF SUPERIOLAL WOUNDS OF FACE, EAS, DYELDS, NOSE, US AMOUR MUCCUM MURBANES, 2.2 CM 105 S CM S/1/2019 NA 2012 SIMPLE REPAIR OF SUPERIOLAL WOUNDS OF FACE, EAS, DYELDS, NOSE, US AMOUR MUCCUM MURBANES, 2.2 CM 105 S CM S/1/2019 NA 2014 SIMPLE REPAIR OF SUPERIOLAL WOUNDS OF FACE, EAS, DYELDS, NOSE, US AMOUR MUCCUM MURBANES, 2.1 CM 10 2 CM S/1/2019 NA 2015 SIMPLE REPAIR OF SUPERIOLAL WOUNDS OF FACE, EAS, DYELDS, NOSE, US AMOUR MUCCUM MURBANES, 2.2 CM 10 20 CM S/1/2019 NA 2016 SIMPLE REPAIR OF SUPERIOLAL WOUNDS OF FACE, EAS, DYELDS, NOSE, US AMOUR MUCCUM MURBANES, 2.0 LCM 10 20 CM S/1/2019 NA 12017 SIMPLE REPAIR OF SUPERIOLAL WOUNDS OF FACE, EAS, PYELDS, NOSE, US AMOUR MUCCUM MURBANES, 2.0 LCM 10 20 CM S/1/2019 NA 12018 SIMPLE REPAIR OF SUPERIOLAL WOUNDS OF FACE, EAS, PYELDS, NOSE, US AMOUR MUCCUM MURBANES, 2.0 LCM 10 20 CM S/1/2019 NA 12020 HEFAIRMON OF SUPERIOLAL WOUNDS OF FACE, EAS, PYELDS, NOSE, US AMOUR MUCCUM MURBANES, 2.0 LCM 10 CM S/1/2019 NA 12021 HEFAIRMON OF SUPERIOLAL WOUNDS OF FACE, FARS, PYELDS, NOSE, US AMOUR MUCCUM MURBANES, 2.0 LCM 10 CM S/1/2019 <td< td=""><td>12007</td><td>SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES (INCLUDING</td><td>5/1/2019</td><td>5/1/2019</td><td>NA</td></td<>	12007	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES (INCLUDING	5/1/2019	5/1/2019	NA
12013 SMPUE REPAIR OF SUPERICIAL WOUNDS OF FACE, EAS, FYELDS, NOSE, LIPS AND/OR MUCCUS MEMBRARES, 2 G.K. OT S 2 CM \$71/2019 NA 12014 SMPLE REPAIR OF SUPERICIAL WOUNDS OF FACE, EAS, FYELDS, NOSE, LIPS AND/OR MUCCUS MEMBRARES, 5 G.K. OT S 2 CM \$71/2019 NA 12015 SMPLE REPAIR OF SUPERICIAL WOUNDS OF FACE, EAS, FYELDS, NOSE, LIPS AND/OR MUCCUS MEMBRARES, 5 G.K. TO 2 S CM \$71/2019 NA 12015 SMPLE REPAIR OF SUPERICIAL WOUNDS OF FACE, EAS, FYELDS, NOSE, LIPS AND/OR MUCCUS MEMBRARES, 21 G.M. TO 200 CM \$71/2019 NA 12017 SMPLE REPAIR OF SUPERICIAL WOUNDS OF FACE, EAS, FYELDS, NOSE, LIPS AND/OR MUCCUS MEMBRARES, 20 CM TO 20 CM \$71/2019 NA 12017 SMPLE REPAIR OF SUPERICIAL WOUNDS OF FACE, EAS, FYELDS, NOSE, LIPS AND/OR MUCCUS MEMBRARES, 20 CM TO 20 CM \$71/2019 NA 12018 SMPLE REPAIR OF SUPERICIAL WOUNDS OF FACE, EAS, FYELDS, NOSE, LIPS AND/OR MUCCUS MEMBRARES, 20 CF 80 CCM \$71/2019 NA 12020 TREATMENT OF SUPERICIAL WOUNDS OF FACE, EAS, FYELDS, NOSE, LIPS AND/OR MUCCUS MEMBRARES, 20 CF 80 CCM \$71/2019 NA 12021 TREATMENT OF SUPERICIAL WOUND OEHISCHKE, WITH PACKING \$71/2019 NA 12024 TREATMENT OF SUPERICIAL WOUND OEHISCHKE, WITH PACKING \$71/2019 NA 12024 </td <td>12011</td> <td>SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS,</td> <td>5/1/2019</td> <td>5/1/2019</td> <td>NA</td>	12011	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS,	5/1/2019	5/1/2019	NA
12014 SIMPLE REPARTOR SUPERPICAL WOUNDS OF FACE, FASS, SYLLDS, NOSE, LIPS AND/OR MUCCOUS MEMBRANES, 31.2 CM 70.2 S CM 5/1/2019 5/1/2019 NA 12015 SIMPLE REPARTOR SUPERPICAL WOUNDS OF FACE, FASS, SYLLDS, NOSE, LIPS AND/OR MUCCOUS MEMBRANES, 21.2 CM 70.2 S CM 5/1/2019 5/1/2019 NA 12016 SIMPLE REPARTOR SUPERPICAL WOUNDS OF FACE, FASS, SYLLDS, NOSE, LIPS AND/OR MUCCOUS MEMBRANES, 20.2 CM 70.20 CM 5/1/2019 5/1/2019 NA 12017 SIMPLE REPARTOR SUPERPICAL WOUNDS OF FACE, FASS, FYLLDS, NOSE, LIPS AND/OR MUCCOUS MEMBRANES, 20.1 CM 70.300 CM 5/1/2019 5/1/2019 NA 12018 SIMPLE REPARTOR SUPERPICAL WOUNDS OF FACE, FASS, FYLLDS, NOSE, LIPS AND/OR MUCCOUS MEMBRANES, 20.1 CM 70.300 CM 5/1/2019 S/1/2019 NA 12020 TEATMENT OF SUPERPICAL WOUNDS OF SALE, ASS, FYLLDS, NOSE, LIPS AND/OR MUCCOUS MEMBRANES, 20.1 CM 70.300 CM 5/1/2019 S/1/2019 NA 12021 TEATMENT OF SUPERPICAL WOUNDS OF SALE, ASS, FYLLDS, NOSE, LIPS AND/OR MUCCOUS MEMBRANES, 20.1 CM 70.5 CM 5/1/2019 NA 12031 REPARI, INTERMEDIATE, WOUNDS OF SALP, ANLAE, TRUM, AND/OR PETREMITIES (EXCLUDING HANDS AND FET), 25 CM 70.5 CM 5/1/2019 NA 12034 REPARI, INTERMEDIATE, WOUNDS OF SALP, ANLAE, TRUM, AND/OR PETREMITIES (EXCLUDING HANDS AND FET), 25 CM 70.5 CM	12013		5/1/2019	5/1/2019	NA
12015 SIMPLE REPAIR OF SUPERICIAL WOUNDS OF FACE, EAS, EYLUDS, NOSE, LIPS ANDOR MUCCOS MEMBRANES, 72 AC 10 12.5 CM 5/1/2019 5/1/2019 NA 12016 SIMPLE REPAIR OF SUPERICIAL WOUNDS OF FACE, EAS, SYLUDS, NOSE, LIPS ANDOR MUCCOS MEMBRANES, 20 CM 10 20.0 CM 5/1/2019 NA 12017 SIMPLE REPAIR OF SUPERICIAL WOUNDS OF FACE, EAS, SYLUDS, NOSE, LIPS ANDOR MUCCOS MEMBRANES, 20 CM 10 20.0 CM 5/1/2019 NA 12017 SIMPLE REPAIR OF SUPERICIAL WOUNDS OF FACE, EAS, SYLUDS, NOSE, LIPS ANDOR MUCCOS MEMBRANES, 20 CM 10 20.0 CM 5/1/2019 NA 12018 SIMPLE REPAIR OF SUPERICIAL WOUNDS OF FACE, EAS, SYLUDS, NOSE, LIPS ANDOR MUCCOS MEMBRANES, 20 CM 10 20.0 CM 5/1/2019 NA 12020 TREATMENT OF SUPERICIAL WOUND DEHISCINCT, SIMPLE CLOSURE 5/1/2019 NA 12021 TREATMENT OF SUPERICIAL WOUND DEHISCINCT, SIMPLE CLOSURE 5/1/2019 NA 12033 REPAIR, INTERMEDIATE, WOUNDS OF SCLP, AKILLE, TRUNK AND/OR 5/1/2019 NA 12034 REPAIR, INTERMEDIATE, WOUNDS OF SCLP, AKILLE, TRUNK AND/OR 5/1/2019 NA 12035 REPAIR, INTERMEDIATE, WOUNDS OF SCLP, AKILLE, TRUNK AND/OR 5/1/2019 NA 12034 REPAIR, INTERMEDIATE, WOUNDS OF SCLP, AKILLE, TRUNK AND/OR 5/1/2019 <td>12014</td> <td></td> <td>5/1/2019</td> <td>5/1/2019</td> <td>NA</td>	12014		5/1/2019	5/1/2019	NA
12016 SIMPLE REPARLOP SUPERICUL WOUNDS OF FACE, EAS, SYEUDS, NOSE, UPS AND/OR MUCCUS MEMBRANES 12.6 CM TO 30.0 CM 51/2019 51/2019 51/2019 51/2019 51/2019 NA 12017 SIMPLE REPARLOP SUPERICUL WOUNDS OF FACE, EAS, FYEUDS, NOSE, UPS AND/OR MUCCUS MEMBRANES 20.1 CM TO 30.0 CM 51/2019 51/2019 51/2019 NA 12018 SIMPLE REPARLOP SUPERICUL WOUNDS OF FACE, EAS, FYEUDS, NOSE, UPS AND/OR MUCCUS MEMBRANES, OVER 30.0 CM 51/2019 51/2019 NA 12020 TREATMENT OF SUPERICUL WOUND DEHISCENCE; SIMPLE CLOSURE 51/2019 51/2019 NA 12031 TREATMENT OF SUPERICUL WOUND DEHISCENCE; SIMPLE CLOSURE 51/2019 51/2019 NA 12032 REPAR, INTERMEDIAT; WOUNDS OF SCALP, ANLLAF, TRUNK AND/OR EXTREMITES EXCLUDING HANDS AND FEET]; 2.5 CM OR LESS 51/2019 S1/2019 NA 12034 REPAR, INTERMEDIAT; WOUNDS OF SCALP, ANLLAF, TRUNK AND/OR EXTREMITES EXCLUDING HANDS AND FEET]; 2.5 CM OR LESS 51/2019 S1/2019 NA 12035 REPAR, INTERMEDIAT; WOUNDS OF SCALP, ANLLAF, TRUNK AND/OR EXTREMITES EXCLUDING HANDS AND FEET]; 2.5 CM OR LESS 51/2019 NA 12034 REPAR, INTERMEDIAT; WOUNDS OF SCALP, ANLLAF, TRUNK AND/OR EXTREMITES EXCLUDING HANDS AND FEET]; 2.5 CM OR LESS 5	12015		5/1/2019	5/1/2019	NA
12017 SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, FEELIDS, NOSE, LIPS ANKJOR MUCOUS MEMBRANES, 20 LCM TO 20 OCM 5/1/2019 NA 12018 SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, FEELIDS, NOSE, LIPS ANKJOR MUCOUS MEMBRANES, 20 LCM TO 20 OCM 5/1/2019 NA 12020 THEATMENT OF SUPERFICIAL WOUNDS OF FACE, EARS, FEELIDS, NOSE, LIPS ANKJOR MUCOUS MEMBRANES, OVER 30 C M 5/1/2019 S/1/2019 NA 12021 THEATMENT OF SUPERFICIAL WOUND DEHISENCE; SIMPLE CLOSUBE 5/1/2019 S/1/2019 NA 12021 THEATMENT OF SUPERFICIAL WOUND DEHISENCE; WITH PACING 5/1/2019 NA 12031 REPAIR, INTERMEDIATE, WOUNDS OF SCALP, AKILLAE, TRUMK AND/OR EXTREMITIES (EXCLUDING HANDS AND FEET); 2.5 CM TO 7.5 CM 5/1/2019 NA 12032 REPAIR, INTERMEDIATE, WOUNDS OF SCALP, AKILLAE, TRUMK AND/OR EXTREMITIES (EXCLUDING HANDS AND FEET); 7.6 CM TO 2.0 CM 5/1/2019 NA 12034 REPAIR, INTERMEDIATE, WOUNDS OF SCALP, AKILLAE, TRUMK AND/OR EXTREMITIES (EXCLUDING HANDS AND FEET); 7.6 CM TO 2.0 CM 5/1/2019 NA 12035 REPAIR, INTERMEDIATE, WOUNDS OF SCALP, AKILLAE, TRUMK AND/OR EXTREMITIES (EXCLUDING HANDS AND FEET); 7.6 CM TO 2.0 CM 5/1/2019 NA 12034 REPAIR, INTERMEDIATE, WOUNDS OF SCALP, AKILLAE, TRUMK AND/OR EXTREMITIES (EXCLUDING HANDS	12016				
12018 SIMPLE REPAR OF SUPERFICIAL WOUNDS OF FACE, EARS, FYELDS, NOSE, IJPS AND/OR MUCOUS MEMBRANES; OVER 30.0 CM 1//2019 1//2019 N//2019 N//2019 12020 TREATMENT OF SUPERFICIAL WOUND DEHISCENCE; SIMPLE CLOSURE 5/1/2019 5/1/2019 NA 12021 TREATMENT OF SUPERFICIAL WOUND DEHISCENCE; WITH PACKING DETREMITIES (EXCLUDING HANDS AND FEET); 2.5 CM OR LESS 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 2.5 CM 5/1/2019 NA 12034 REPAIR, INTERMEDIATE, WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLUDING HANDS AND FEET); 2.6 CM TO 2.0 CM 5/1/2019 NA 12035 REPAIR, INTERMEDIATE, WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLUDING HANDS AND FEET); 2.6 CM TO 2.0 CM 5/1/2019 NA 12036 REPAIR, INTERMEDIATE, WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLUDING HANDS AND FEET); 2.6 CM TO 2.0 CM 5/1/2019 NA 12041 REPAIR, INTERMEDIATE, WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLUDING HANDS AND FEET); 2.6 CM TO 2.0 CM 5/1/2019 NA<	12017				
12020 TREATMENT OF SUPERFICIAL WOUND DEHISCENCE; SIMPLE CLOSURE 12021 12021 12021 12021 12021 12021 12021 12021 12021 12021 12021 12021 12021 12021 12021 12021 12021 12021 12021 12021 12021 12021 12021 12021 12021 12021 12021 12021 12021 12021 12021 12021 12021 12021 12021 12021 12021 12021 12021 12021 12021 12021 12021 12021 12021 12021 12021 12021 12021 12021 12021 12021 12021 12021 12021 12021 12021 12021 12021 12021 12021 12021 12021 12021 12021 12021 12021 12021 12021 12021 12021 12021 12021 12021 12021 12021 12021 12021 12021 12021 12021 12021 12021 12021 12021 12021 12021 12021 12021 12021 12021 12021 12021 12021 12021 12021 12021 12021 12021 12021 12021 12021 1	12018				
12021 TREATMENT OF SUPERFICIAL WOUND DEHISCENCE; WITH PACKING	12020	TREATMENT OF SUPERFICIAL WOUND DEHISCENCE; SIMPLE CLOSURE	5/1/2019	5/1/2019	NA
12031 REPAR, INTERMEDIATE, WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR 5/1/2019 NA 12032 REPAR, INTERMEDIATE, WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR 5/1/2019 NA 12032 REPAR, INTERMEDIATE, WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR 5/1/2019 NA 12034 REPAR, INTERMEDIATE, WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR 5/1/2019 NA 12034 REPAR, INTERMEDIATE, WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR 5/1/2019 NA 12035 REPAR, INTERMEDIATE, WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR 5/1/2019 NA 12036 REPAR, INTERMEDIATE, WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR 5/1/2019 NA 12036 REPAR, INTERMEDIATE, WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR 5/1/2019 NA 12036 REPAR, INTERMEDIATE, WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR 5/1/2019 NA 12041 REPAR, INTERMEDIATE, WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR 5/1/2019 NA 12042 REPAR, INTERMEDIATE, WOUNDS OF NECK, HANDS, FEET AND/OR 5/1/2019 NA 12043 REPAR, INTERMEDIATE, WOUNDS OF NECK, HANDS, FEET AND/OR 5/1/2019 NA 12044 REPAR, INTERMEDIATE, WOUNDS OF NECK, HANDS, FEET AND/OR 5/1/2019 NA 12045 REPAR, INTERMEDIATE, WOUNDS OF NECK, HANDS, FEET AND/OR 5/1/2019 NA 12044	12021	TREATMENT OF SUPERFICIAL WOUND DEHISCENCE; WITH PACKING	5/1/2019	5/1/2019	NA
12032 REPAR, INTERMEDIATE, WOUNDS OF SCAP, AXILLAE, TRUNK AND/OR 5/1/2019 NA 12034 REPAIR, INTERMEDIATE, WOUNDS OF SCAP, AXILLAE, TRUNK AND/OR 5/1/2019 NA 12034 REPAIR, INTERMEDIATE, WOUNDS OF SCAP, AXILLAE, TRUNK AND/OR 5/1/2019 NA 12035 REPAIR, INTERMEDIATE, WOUNDS OF SCAP, AXILLAE, TRUNK AND/OR 5/1/2019 NA 12036 REPAIR, INTERMEDIATE, WOUNDS OF SCAP, AXILLAE, TRUNK AND/OR 5/1/2019 NA 12036 REPAIR, INTERMEDIATE, WOUNDS OF SCAP, AXILLAE, TRUNK AND/OR 5/1/2019 NA 12036 REPAIR, INTERMEDIATE, WOUNDS OF SCAP, AXILLAE, TRUNK AND/OR 5/1/2019 NA 12041 REPAIR, INTERMEDIATE, WOUNDS OF NECK, HANDS, FEET AND/OR 5/1/2019 NA 12042 REPAIR, INTERMEDIATE, WOUNDS OF NECK, HANDS, FEET AND/OR 5/1/2019 NA 12044 REPAIR, INTERMEDIATE, WOUNDS OF NECK, HANDS, FEET AND/OR 5/1/2019 NA 12044 REPAIR, INTERMEDIATE, WOUNDS OF NECK, HANDS, FEET AND/OR 5/1/2019 NA 12045 REPAIR, INTERMEDIATE, WOUNDS OF NECK, HANDS, FEET AND/OR 5/1/2019 NA 12046 REPAIR, INTERMEDIATE, WOUNDS OF NECK, HANDS, FEET AND/OR 5/1/2019 NA	12031		5/1/2019	5/1/2019	NA
12034 REPAIR, INTERMEDIATE, WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR 5/1/2019 5/1/2019 NA 12035 REPAIR, INTERMEDIATE, WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR 5/1/2019 S/1/2019 NA 12036 REPAIR, INTERMEDIATE, WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR 5/1/2019 S/1/2019 NA 12036 REPAIR, INTERMEDIATE, WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR 5/1/2019 S/1/2019 NA 12041 REPAIR, INTERMEDIATE, WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR 5/1/2019 S/1/2019 NA 12042 REPAIR, INTERMEDIATE, WOUNDS OF NECK, HANDS, FEET AND/OR 5/1/2019 S/1/2019 NA 12044 EXTERNAL GENITALIA; 2.5 CM OR LESS S/1/2019 S/1/2019 NA 12044 EXTERNAL GENITALIA; 2.5 CM OT 0.2.5 CM S/1/2019 S/1/2019 NA 12045 REPAIR, INTERMEDIATE, WOUNDS OF FACE, HANDS, FEET AND/OR S/1/2019 NA 12045 REPAIR, INTERMEDIATE, WOUNDS OF FACE, EARS, EYELDS, NOSE, LIPS S/1/2019 NA 12051 REPAIR, INTERMEDIATE, WOUNDS OF FACE, EARS, EYELDS, NOSE, LIPS S/1/2019 NA 12052 REPAIR, INTERMEDIATE, WOUNDS OF FACE, EARS, EYELDS, NOSE, LIPS S/1/2019 NA </td <td>12032</td> <td></td> <td>5/1/2019</td> <td>5/1/2019</td> <td>NA</td>	12032		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 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 S/1/2019 NA 12041 REPAIR, INTERMEDIATE, WOUNDS OF NECK, HANDS, FEET AND/OR EXTREMAL GENTALIA; 2.5 CM OR LESS 5/1/2019 S/1/2019 NA 12042 REPAIR, INTERMEDIATE, WOUNDS OF NECK, HANDS, FEET AND/OR EXTRENAL GENTALIA; 2.5 CM OR LESS 5/1/2019 S/1/2019 NA 12044 REPAIR, INTERMEDIATE, WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENTALIA; 7.6 CM TO 7.5 CM 5/1/2019 S/1/2019 NA 12045 REPAIR, INTERMEDIATE, WOUNDS OF PACE, HANDS, FEET AND/OR EXTERNAL GENTALIA; 7.6 CM TO 20.0 CM 5/1/2019 S/1/2019 NA 12045 REPAIR, INTERMEDIATE, WOUNDS OF FACE, FARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 2.5 CM OR LESS S/1/2019 S/1/2019 NA 12051 AND/OR MUCOUS MEMBRANES; 2.5 CM OR LESS S/1/2019 S/1/2019 NA 12052 REPAIR, INTERMEDIATE, WOUNDS OF FACE, FARS, EYELIDS, NOSE, LIPS S/1/2019 NA 12053 REPAIR, INTERMEDIATE, WOUNDS OF FACE, FARS, EYELIDS, NOSE, LIPS S/1/2019 NA <td>12034</td> <td></td> <td>5/1/2019</td> <td>5/1/2019</td> <td>NA</td>	12034		5/1/2019	5/1/2019	NA
12036REPAIR, INTERMEDIATE, WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMTITES (EXCLUDING HANDS AND FEET).20.1 CM TO 30.0 CM12041REPAIR, INTERMEDIATE, WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 2.5 CM OR LESS5/1/2019S/1/2019NA12042REPAIR, INTERMEDIATE, WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 2.5 CM TO 7.5 CM5/1/2019S/1/2019NA12044REPAIR, INTERMEDIATE, WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 2.6 CM TO 2.5 CM5/1/2019S/1/2019NA12045REPAIR, INTERMEDIATE, WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 7.6 CM TO 12.5 CM5/1/2019S/1/2019NA12045REPAIR, INTERMEDIATE, WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 12.6 CM TO 20.0 CM5/1/2019S/1/2019NA12051REPAIR, INTERMEDIATE, WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 12.6 CM TO 20.0 CM5/1/2019S/1/2019NA12052REPAIR, INTERMEDIATE, WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 2.5 CM OR LESSS/1/2019S/1/2019NA12053REPAIR, INTERMEDIATE, WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 3.1 CM TO 3.0 CMS/1/2019S/1/2019NA12054REPAIR, INTERMEDIATE, WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 3.1 CM TO 3.2 CMS/1/2019NA13100REPAIR, INTERMEDIATE, WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 3.1 CM TO 3.2 CMS/1/2019NA13100REPAIR, COMPLEX, TRUNK; 1.1 CM TO 2.5 CMS/1/2019NA13100REPAIR,	12035		5/1/2019	5/1/2019	NA
12041EXTERNAL GENITALIA; 2.5 CM OR LESS1.41.41.412042REPAR, INTERMEDIATE, WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 2.6 CM TO 7.5 CM5/1/20195/1/2019NA12044REPAR, INTERMEDIATE, WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 7.6 CM TO 12.5 CM5/1/20195/1/2019NA12045REPAR, INTERMEDIATE, WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 7.6 CM TO 12.5 CM5/1/20195/1/2019NA12051REPAIR, INTERMEDIATE, WOUNDS OF FACE, FARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 2.5 CM OR LESS5/1/2019S/1/2019NA12052REPAIR, INTERMEDIATE, WOUNDS OF FACE, FARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 2.5 CM OR LESS5/1/2019S/1/2019NA12053REPAIR, INTERMEDIATE, WOUNDS OF FACE, FARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 5.1 CM TO 7.5 CMS/1/2019NA12054REPAIR, INTERMEDIATE, WOUNDS OF FACE, FARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 7.6 CM TO 12.5 CMS/1/2019NA13100REPAIR, INTERMEDIATE, WOUNDS OF FACE, FARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 7.6 CM TO 12.5 CMS/1/2019NA13101REPAIR, COMPLEX, TRUNK; 1.1 CM TO 2.5 CMS/1/2019NA13102REPAIR, COMPLEX, TRUNK; 2.6 CM TO 7.5 CMS/1/2019NA13102REPAIR, COMPLEX, TRUNK; 2.6 CM TO 7.5 CMS/1/2019NA13120REPAIR, COMPLEX, TRUNK; 2.6 CM TO 7.5 CMS/1/2019NA13120SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)S/1/2019NA	12036		5/1/2019	5/1/2019	NA
12042EXTERNAL GENITALIA; 2.6 CM TO 7.5 CM1112044REPAIR, INTERMEDIATE, WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 7.6 CM TO 12.5 CM5/1/20195/1/2019NA12045REPAIR, INTERMEDIATE, WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 12.6 CM TO 20.0 CM5/1/20195/1/2019NA12051REPAIR, INTERMEDIATE, WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 2.5 CM OR LESS5/1/20195/1/2019NA12052REPAIR, INTERMEDIATE, WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 2.6 CM TO 5.0 CM5/1/20195/1/2019NA12053REPAIR, INTERMEDIATE, WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 2.6 CM TO 7.5 CM5/1/20195/1/2019NA12054REPAIR, INTERMEDIATE, WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 7.6 CM TO 12.5 CM5/1/20195/1/2019NA13100REPAIR, COMPLEX, TRUNK; 1.1 CM TO 2.5 CM5/1/20195/1/2019NA13101REPAIR, COMPLEX, TRUNK; 2.6 CM TO 7.5 CM5/1/20195/1/2019NA13102REPAIR, COMPLEX, TRUNK; 2.6 CM TO 7.5 CM5/1/20195/1/2019NA13102REPAIR, COMPLEX, TRUNK; 2.6 CM TO 7.5 CM5/1/20195/1/2019NA13102REPAIR, COMPLEX, TRUNK; EACH ADDITIONAL 5 CM OR LESS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)5/1/2019NA13120REPAIR, COMPLEX, TRUNK; EACH ADDITIONAL 5 CM OR LESS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)5/1/2019NA	12041		5/1/2019	5/1/2019	NA
12044REPAIR, INTERMEDIATE, WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 7.6 CM TO 12.5 CM5/1/20195/1/2019NA12045REPAIR, INTERMEDIATE, WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 12.6 CM TO 20.0 CM5/1/20195/1/2019NA12051REPAIR, INTERMEDIATE, WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 2.5 CM OR LESS5/1/20195/1/2019NA12052REPAIR, INTERMEDIATE, WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 2.6 CM TO 5.0 CM5/1/2019S/1/2019NA12053REPAIR, INTERMEDIATE, WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 5.1 CM TO 7.5 CM5/1/2019S/1/2019NA12054REPAIR, INTERMEDIATE, WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 7.6 CM TO 12.5 CM5/1/2019S/1/2019NA13100REPAIR, INTERMEDIATE, WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 7.6 CM TO 12.5 CM5/1/2019S/1/2019NA13101REPAIR, COMPLEX, TRUNK; 1.1 CM TO 2.5 CM5/1/2019S/1/2019NA13102REPAIR, COMPLEX, TRUNK; 2.6 CM TO 7.5 CM5/1/2019S/1/2019NA13102REPAIR, COMPLEX, TRUNK; EACH ADDITIONAL 5 CM OR LESS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)5/1/2019S/1/2019NA13120SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)S/1/2019S/1/2019NA	12042		5/1/2019	5/1/2019	NA
12045REPAIR, INTERMEDIATE, WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 12.6 CM TO 20.0 CM5/1/20195/1/2019NA12051REPAIR, INTERMEDIATE, WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 2.5 CM OR LESS5/1/20195/1/2019NA12052REPAIR, INTERMEDIATE, WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 2.5 CM TO 5.0 CM5/1/20195/1/2019NA12053REPAIR, INTERMEDIATE, WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 2.6 CM TO 5.0 CM5/1/20195/1/2019NA12053REPAIR, INTERMEDIATE, WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 5.1 CM TO 7.5 CM5/1/20195/1/2019NA12054REPAIR, INTERMEDIATE, WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 7.6 CM TO 12.5 CM5/1/20195/1/2019NA13100REPAIR, INTERMEDIATE, WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 7.6 CM TO 7.5 CM5/1/20195/1/2019NA13100REPAIR, COMPLEX, TRUNK; 1.1 CM TO 2.5 CM5/1/20195/1/2019NA13101REPAIR, COMPLEX, TRUNK; 2.6 CM TO 7.5 CM5/1/20195/1/2019NA13102REPAIR, COMPLEX, TRUNK; EACH ADDITIONAL 5 CM OR LESS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)5/1/20195/1/2019NA13120SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)5/1/20195/1/2019NA	12044		5/1/2019	5/1/2019	NA
12051REPAIR, INTERMEDIATE, WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 2.5 CM OR LESS5/1/20195/1/2019NA12052REPAIR, INTERMEDIATE, WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 2.6 CM TO 5.0 CM5/1/20195/1/2019NA12053REPAIR, INTERMEDIATE, WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 2.6 CM TO 7.5 CM5/1/20195/1/2019NA12054REPAIR, INTERMEDIATE, WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 5.1 CM TO 7.5 CM5/1/20195/1/2019NA12054REPAIR, INTERMEDIATE, WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 7.6 CM TO 12.5 CM5/1/20195/1/2019NA13100REPAIR, COMPLEX, TRUNK; 1.1 CM TO 2.5 CM5/1/20195/1/2019NA13101REPAIR, COMPLEX, TRUNK; 2.6 CM TO 7.5 CM5/1/20195/1/2019NA13102REPAIR, COMPLEX, TRUNK; EACH ADDITIONAL 5 CM OR LESS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)5/1/20195/1/2019NA13120SUPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)5/1/20195/1/2019NA	12045	REPAIR, INTERMEDIATE, WOUNDS OF NECK, HANDS, FEET AND/OR	5/1/2019	5/1/2019	NA
12052REPAIR, INTERMEDIATE, WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 2.6 CM TO 5.0 CM5/1/20195/1/2019NA12053REPAIR, INTERMEDIATE, WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 5.1 CM TO 7.5 CM5/1/20195/1/2019NA12054REPAIR, INTERMEDIATE, WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 7.6 CM TO 12.5 CM5/1/20195/1/2019NA13100REPAIR, COMPLEX, TRUNK; 1.1 CM TO 2.5 CM5/1/20195/1/2019NA13101REPAIR, COMPLEX, TRUNK; 2.6 CM TO 7.5 CM5/1/20195/1/2019NA13102REPAIR, COMPLEX, TRUNK; EACH ADDITIONAL 5 CM OR LESS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)5/1/20195/1/2019NA13120SARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)5/1/2019NA131/201915/1/2019NA	12051	REPAIR, INTERMEDIATE, WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS	5/1/2019	5/1/2019	NA
12053REPAIR, INTERMEDIATE, WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 5.1 CM TO 7.5 CM5/1/20195/1/201912054REPAIR, INTERMEDIATE, WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 7.6 CM TO 12.5 CM5/1/20195/1/2019NA13100REPAIR, COMPLEX, TRUNK; 1.1 CM TO 2.5 CM5/1/20195/1/2019NA13101REPAIR, COMPLEX, TRUNK; 2.6 CM TO 7.5 CM5/1/20195/1/2019NA13102REPAIR, COMPLEX, TRUNK; EACH ADDITIONAL 5 CM OR LESS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)5/1/20195/1/2019NA13120SATATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)5/1/20195/1/2019NA	12052	REPAIR, INTERMEDIATE, WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS	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 S1120 S11201 5/1/2019 NA	12053	REPAIR, INTERMEDIATE, WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS	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 S11/2019 5/1/2019 S/1/2019 NA	12054	REPAIR, INTERMEDIATE, WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS	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 5/1/2019 5/1/2019 NA	13100		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 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 13120 5/1/2019 5/1/2019 NA					
13120	13102				
KEPAIK, CUMPLEX, SCALP, AKMS, AND/UK LEGS; 1.1 CM 10 2.5 CM	13120	REPAIR, COMPLEX, SCALP, ARMS, AND/OR LEGS; 1.1 CM TO 2.5 CM	5/1/2019	5/1/2019	NA

		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		
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	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

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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	5/1/2019	5/1/2019	NA
15151	ADDITION TO CODE FOR PRIMARY PROCEDURE) 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, FLUORESCEIN) 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

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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

		5/1/2015	F 14 15 5 1 5	
17271	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, SURGICAL CURETTEMENT), SCALP, NECK, HANDS, FEET, GENITALIA; LESION	5/1/2019	5/1/2019	NA
17272	DIAMETER 0.6 TO 1.0 CM 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 CEG, 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 IG 10 10 10 10 10 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	5/1/2019	5/1/2019	NA
17312	MEMBRANE; LESION DIAMETER OVER 4.0 CM 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	5/1/2019	5/1/2019	NA
	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)			

ſ		E /1 /2010	F /1 /2010	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	5/1/2019	5/1/2019	NA
	PRIMARY PROCEDURE)	- 4 - 4	- 4 - 4	
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 PELLET, 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 PELLET, 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 PELLET, WIRE/NEEDLE, RADIOACTIVE SEEDS), PERCUTANEOUS; FIRST LESION, INCLUDING STEREOTACTIC GUIDANCE	5/1/2019	5/1/2019	NA

		5/1/2019	5/1/2019	NA
	PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METALLIC	:		
19284	PELLET, WIRE/NEEDLE, RADIOACTIVE SEEDS), PERCUTANEOUS; EACH			
	ADDITIONAL LESION, INCLUDING STEREOTACTIC GUIDANCE (LIST			
	SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)			
	SEPARATELT IN ADDITION TO CODE FOR PRIMART PROCEDURE)	5 /1 /2010	F /4 /2040	
		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
	PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METALLIC			
19286	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
	PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG CLIP, METALLIC		5/1/2015	112
19287				
	PELLET, WIRE/NEEDLE, RADIOACTIVE SEEDS), PERCUTANEOUS; FIRST			
	LESION, INCLUDING MAGNETIC RESONANCE GUIDANCE			
		5/1/2019	5/1/2019	NA
	PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG CLIP, METALLIC			
19288	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
			5/ 1/ 2019	
	PREPARATION OF TUMOR CAVITY, WITH PLACEMENT OF A RADIATION	1		
19294	THERAPY APPLICATOR FOR INTRAOPERATIVE RADIATION THERAPY			
	(IORT) CONCURRENT WITH PARTIAL MASTECTOMY (LIST SEPARATELY			
	IN ADDITION TO CODE FOR PRIMARY PROCEDURE)			
	PLACEMENT OF RADIOTHERAPY AFTERLOADING EXPANDABLE	5/1/2019	5/1/2019	NA
	CATHETER (SINGLE OR MULTICHANNEL) INTO THE BREAST FOR	-, ,	-, ,	
19296	INTERSTITIAL RADIOELEMENT APPLICATION FOLLOWING PARTIAL			
19290				
	MASTECTOMY, INCLUDES IMAGING GUIDANCE; ON DATE SEPARATE			
	FROM PARTIAL MASTECTOMY			
	PLACEMENT OF RADIOTHERAPY AFTERLOADING EXPANDABLE	5/1/2019	5/1/2019	NA
	CATHETER (SINGLE OR MULTICHANNEL) INTO THE BREAST FOR			
	INTERSTITIAL RADIOELEMENT APPLICATION FOLLOWING PARTIAL			
19297	MASTECTOMY, INCLUDES IMAGING GUIDANCE; CONCURRENT WITH			
	PARTIAL MASTECTOMY (LIST SEPARATELY IN ADDITION TO CODE FOR			
	PRIMARY PROCEDURE)	- /- /	- / - /	
19396	PREPARATION OF MOULAGE FOR CUSTOM BREAST IMPLANT	5/1/2019	5/1/2019	NA
		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)			
20101	EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE);	5/1/2019	5/1/2019	NA
20101		5/1/2019	5/1/2019	NA
	EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); CHEST			
	EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); CHEST EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE);	5/1/2019 5/1/2019	5/1/2019	NA
20102	EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); CHEST EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); ABDOMEN/FLANK/BACK	5/1/2019	5/1/2019	NA
20102 20200	EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); CHEST EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); ABDOMEN/FLANK/BACK BIOPSY, MUSCLE; SUPERFICIAL	5/1/2019 5/1/2019	5/1/2019 5/1/2019	NA
20102 20200 20205	EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); CHEST EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); ABDOMEN/FLANK/BACK BIOPSY, MUSCLE; SUPERFICIAL BIOPSY, MUSCLE; DEEP	5/1/2019 5/1/2019 5/1/2019 5/1/2019	5/1/2019 5/1/2019 5/1/2019 5/1/2019	NA NA NA
20102 20200 20205	EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); CHEST EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); ABDOMEN/FLANK/BACK BIOPSY, MUSCLE; SUPERFICIAL BIOPSY, MUSCLE; DEEP BIOPSY, MUSCLE, PERCUTANEOUS NEEDLE	5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019	5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019	NA NA NA NA
20102 20200 20205 20206	EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); CHEST EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); ABDOMEN/FLANK/BACK BIOPSY, MUSCLE; SUPERFICIAL BIOPSY, MUSCLE; DEEP BIOPSY, MUSCLE, PERCUTANEOUS NEEDLE BIOPSY, BONE, TROCAR, OR NEEDLE; SUPERFICIAL (EG, ILIUM,	5/1/2019 5/1/2019 5/1/2019 5/1/2019	5/1/2019 5/1/2019 5/1/2019 5/1/2019	NA NA NA
20102 20200 20205 20206	EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); CHEST EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); ABDOMEN/FLANK/BACK BIOPSY, MUSCLE; SUPERFICIAL BIOPSY, MUSCLE; DEEP BIOPSY, MUSCLE, PERCUTANEOUS NEEDLE BIOPSY, BONE, TROCAR, OR NEEDLE; SUPERFICIAL (EG, ILIUM, STERNUM, SPINOUS PROCESS, RIBS)	5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019	5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019	NA NA NA NA NA
20102 20200 20205 20206 20220	EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); CHEST EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); ABDOMEN/FLANK/BACK BIOPSY, MUSCLE; SUPERFICIAL BIOPSY, MUSCLE; DEEP BIOPSY, MUSCLE, PERCUTANEOUS NEEDLE BIOPSY, BONE, TROCAR, OR NEEDLE; SUPERFICIAL (EG, ILIUM,	5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019	5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019	NA NA NA NA
20102 20200 20205 20206 20220	EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); CHEST EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); ABDOMEN/FLANK/BACK BIOPSY, MUSCLE; SUPERFICIAL BIOPSY, MUSCLE; DEEP BIOPSY, MUSCLE, PERCUTANEOUS NEEDLE BIOPSY, BONE, TROCAR, OR NEEDLE; SUPERFICIAL (EG, ILIUM, STERNUM, SPINOUS PROCESS, RIBS)	5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019	5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019	NA NA NA NA NA
20102 20200 20205 20206 20220	EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); CHEST EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); ABDOMEN/FLANK/BACK BIOPSY, MUSCLE; SUPERFICIAL BIOPSY, MUSCLE; DEEP BIOPSY, MUSCLE, PERCUTANEOUS NEEDLE BIOPSY, BONE, TROCAR, OR NEEDLE; SUPERFICIAL (EG, ILIUM, STERNUM, SPINOUS PROCESS, RIBS) BIOPSY, BONE, TROCAR, OR NEEDLE; DEEP (EG, VERTEBRAL BODY, FEMUR)	5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019	5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019	NA NA NA NA NA NA
20102 20200 20205 20206 20220 20225	EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); CHEST EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); ABDOMEN/FLANK/BACK BIOPSY, MUSCLE; SUPERFICIAL BIOPSY, MUSCLE; DEEP BIOPSY, MUSCLE, PERCUTANEOUS NEEDLE BIOPSY, BONE, TROCAR, OR NEEDLE; SUPERFICIAL (EG, ILIUM, STERNUM, SPINOUS PROCESS, RIBS) BIOPSY, BONE, TROCAR, OR NEEDLE; DEEP (EG, VERTEBRAL BODY, FEMUR) BIOPSY, BONE, OPEN; SUPERFICIAL (EG, STERNUM, SPINOUS PROCESS,	5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019	5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019	NA NA NA NA NA
20102 20200 20205 20206 20220 20225	EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); CHEST EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); ABDOMEN/FLANK/BACK BIOPSY, MUSCLE; SUPERFICIAL BIOPSY, MUSCLE; DEEP BIOPSY, MUSCLE, PERCUTANEOUS NEEDLE BIOPSY, BONE, TROCAR, OR NEEDLE; SUPERFICIAL (EG, ILIUM, STERNUM, SPINOUS PROCESS, RIBS) BIOPSY, BONE, TROCAR, OR NEEDLE; DEEP (EG, VERTEBRAL BODY, FEMUR) BIOPSY, BONE, OPEN; SUPERFICIAL (EG, STERNUM, SPINOUS PROCESS, RIB, PATELLA, OLECRANON PROCESS, CALCANEUS, TARSAL,	5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019	5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019	NA NA NA NA NA NA
20102 20200 20205 20206 20220 20225	EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); CHEST EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); ABDOMEN/FLANK/BACK BIOPSY, MUSCLE; SUPERFICIAL BIOPSY, MUSCLE; DEEP BIOPSY, MUSCLE, PERCUTANEOUS NEEDLE BIOPSY, BONE, TROCAR, OR NEEDLE; SUPERFICIAL (EG, ILIUM, STERNUM, SPINOUS PROCESS, RIBS) BIOPSY, BONE, TROCAR, OR NEEDLE; DEEP (EG, VERTEBRAL BODY, FEMUR) BIOPSY, BONE, OPEN; SUPERFICIAL (EG, STERNUM, SPINOUS PROCESS, RIB, PATELLA, OLECRANON PROCESS, CALCANEUS, TARSAL, METATARSAL, CARPAL, METACARPAL, PHALANX)	5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019	5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019	NA NA NA NA NA NA NA
20102 20200 20205 20206 20220 20225 20240	EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); CHEST EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); ABDOMEN/FLANK/BACK BIOPSY, MUSCLE; SUPERFICIAL BIOPSY, MUSCLE; DEEP BIOPSY, MUSCLE, PERCUTANEOUS NEEDLE BIOPSY, BONE, TROCAR, OR NEEDLE; SUPERFICIAL (EG, ILIUM, STERNUM, SPINOUS PROCESS, RIBS) BIOPSY, BONE, TROCAR, OR NEEDLE; DEEP (EG, VERTEBRAL BODY, FEMUR) BIOPSY, BONE, OPEN; SUPERFICIAL (EG, STERNUM, SPINOUS PROCESS, RIB, PATELLA, OLECRANON PROCESS, CALCANEUS, TARSAL, METATARSAL, CARPAL, METACARPAL, PHALANX) BIOPSY, BONE, OPEN; DEEP (EG, HUMERAL SHAFT, ISCHIUM, FEMORAL	5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019	5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019	NA NA NA NA NA NA
20102 20200 20205 20206 20220 20225 20240 20245	EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); CHEST EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); ABDOMEN/FLANK/BACK BIOPSY, MUSCLE; SUPERFICIAL BIOPSY, MUSCLE; DEEP BIOPSY, MUSCLE, PERCUTANEOUS NEEDLE BIOPSY, BONE, TROCAR, OR NEEDLE; SUPERFICIAL (EG, ILIUM, STERNUM, SPINOUS PROCESS, RIBS) BIOPSY, BONE, TROCAR, OR NEEDLE; DEEP (EG, VERTEBRAL BODY, FEMUR) BIOPSY, BONE, TROCAR, OR NEEDLE; DEEP (EG, VERTEBRAL BODY, FEMUR) BIOPSY, BONE, OPEN; SUPERFICIAL (EG, STERNUM, SPINOUS PROCESS, RIB, PATELLA, OLECRANON PROCESS, CALCANEUS, TARSAL, METATARSAL, CARPAL, METACARPAL, PHALANX) BIOPSY, BONE, OPEN; DEEP (EG, HUMERAL SHAFT, ISCHIUM, FEMORAL SHAFT)	5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 1 5/1/2019	5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019	NA NA NA NA NA NA NA NA
20102 20200 20205 20206 20220 20225 20240 20245 20245	EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); CHEST EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); ABDOMEN/FLANK/BACK BIOPSY, MUSCLE; SUPERFICIAL BIOPSY, MUSCLE; DEEP BIOPSY, MUSCLE, PERCUTANEOUS NEEDLE BIOPSY, BONE, TROCAR, OR NEEDLE; SUPERFICIAL (EG, ILIUM, STERNUM, SPINOUS PROCESS, RIBS) BIOPSY, BONE, TROCAR, OR NEEDLE; DEEP (EG, VERTEBRAL BODY, FEMUR) BIOPSY, BONE, TROCAR, OR NEEDLE; DEEP (EG, VERTEBRAL BODY, FEMUR) BIOPSY, BONE, OPEN; SUPERFICIAL (EG, STERNUM, SPINOUS PROCESS, RIB, PATELLA, OLECRANON PROCESS, CALCANEUS, TARSAL, METATARSAL, CARPAL, METACARPAL, PHALANX) BIOPSY, BONE, OPEN; DEEP (EG, HUMERAL SHAFT, ISCHIUM, FEMORAL SHAFT) BIOPSY, VERTEBRAL BODY, OPEN; THORACIC	5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 1 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019	5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019	NA NA NA NA NA NA NA NA NA NA
20102 20200 20205 20206 20220 20225 20240 20245 20245	EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); CHEST EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); ABDOMEN/FLANK/BACK BIOPSY, MUSCLE; SUPERFICIAL BIOPSY, MUSCLE; DEEP BIOPSY, MUSCLE, PERCUTANEOUS NEEDLE BIOPSY, BONE, TROCAR, OR NEEDLE; SUPERFICIAL (EG, ILIUM, STERNUM, SPINOUS PROCESS, RIBS) BIOPSY, BONE, TROCAR, OR NEEDLE; DEEP (EG, VERTEBRAL BODY, FEMUR) BIOPSY, BONE, TROCAR, OR NEEDLE; DEEP (EG, VERTEBRAL BODY, FEMUR) BIOPSY, BONE, OPEN; SUPERFICIAL (EG, STERNUM, SPINOUS PROCESS, RIB, PATELLA, OLECRANON PROCESS, CALCANEUS, TARSAL, METATARSAL, CARPAL, METACARPAL, PHALANX) BIOPSY, BONE, OPEN; DEEP (EG, HUMERAL SHAFT, ISCHIUM, FEMORAL SHAFT)	5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019	5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019	NA NA NA NA NA NA NA NA
20102 20200 20205 20206 20220 20225 20240 20245 20245 20250 20251	EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); CHEST EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); ABDOMEN/FLANK/BACK BIOPSY, MUSCLE; SUPERFICIAL BIOPSY, MUSCLE; DEEP BIOPSY, MUSCLE, PERCUTANEOUS NEEDLE BIOPSY, BONE, TROCAR, OR NEEDLE; SUPERFICIAL (EG, ILIUM, STERNUM, SPINOUS PROCESS, RIBS) BIOPSY, BONE, TROCAR, OR NEEDLE; DEEP (EG, VERTEBRAL BODY, FEMUR) BIOPSY, BONE, TROCAR, OR NEEDLE; DEEP (EG, VERTEBRAL BODY, FEMUR) BIOPSY, BONE, OPEN; SUPERFICIAL (EG, STERNUM, SPINOUS PROCESS, RIB, PATELLA, OLECRANON PROCESS, CALCANEUS, TARSAL, METATARSAL, CARPAL, METACARPAL, PHALANX) BIOPSY, BONE, OPEN; DEEP (EG, HUMERAL SHAFT, ISCHIUM, FEMORAL SHAFT) BIOPSY, VERTEBRAL BODY, OPEN; THORACIC	5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 1 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019	5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019	NA NA NA NA NA NA NA NA NA NA
20102 20200 20205 20206 20220 20225 20240 20245 20245 20250 20251	EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); CHEST EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); ABDOMEN/FLANK/BACK BIOPSY, MUSCLE; SUPERFICIAL BIOPSY, MUSCLE; DEEP BIOPSY, MUSCLE, PERCUTANEOUS NEEDLE BIOPSY, BONE, TROCAR, OR NEEDLE; SUPERFICIAL (EG, ILIUM, STERNUM, SPINOUS PROCESS, RIBS) BIOPSY, BONE, TROCAR, OR NEEDLE; DEEP (EG, VERTEBRAL BODY, FEMUR) BIOPSY, BONE, TROCAR, OR NEEDLE; DEEP (EG, VERTEBRAL BODY, FEMUR) BIOPSY, BONE, OPEN; SUPERFICIAL (EG, STERNUM, SPINOUS PROCESS, RIB, PATELLA, OLECRANON PROCESS, CALCANEUS, TARSAL, METATARSAL, CARPAL, METACARPAL, PHALANX) BIOPSY, BONE, OPEN; DEEP (EG, HUMERAL SHAFT, ISCHIUM, FEMORAL SHAFT) BIOPSY, VERTEBRAL BODY, OPEN; THORACIC	5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019	5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019	NA NA NA NA NA NA NA NA NA NA NA
20102 20200 20205 20206 20220 20225 20240 20245 20245 20250 20251 20500	EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); CHEST EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); ABDOMEN/FLANK/BACK BIOPSY, MUSCLE; SUPERFICIAL BIOPSY, MUSCLE; DEEP BIOPSY, MUSCLE, PERCUTANEOUS NEEDLE BIOPSY, BONE, TROCAR, OR NEEDLE; SUPERFICIAL (EG, ILIUM, STERNUM, SPINOUS PROCESS, RIBS) BIOPSY, BONE, TROCAR, OR NEEDLE; DEEP (EG, VERTEBRAL BODY, FEMUR) BIOPSY, BONE, OPEN; SUPERFICIAL (EG, STERNUM, SPINOUS PROCESS, RIB, PATELLA, OLECRANON PROCESS, CALCANEUS, TARSAL, METATARSAL, CARPAL, METACARPAL, PHALANX) BIOPSY, BONE, OPEN; DEEP (EG, HUMERAL SHAFT, ISCHIUM, FEMORAI SHAFT) BIOPSY, VERTEBRAL BODY, OPEN; LUMBAR OR CERVICAL	5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019	5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019	NA NA NA NA NA NA NA NA NA NA NA
20102 20200 20205 20206 20220 20225 20240 20245 20250 20251 20500 20501	EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); CHEST EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); ABDOMEN/FLANK/BACK BIOPSY, MUSCLE; SUPERFICIAL BIOPSY, MUSCLE; DEEP BIOPSY, MUSCLE, PERCUTANEOUS NEEDLE BIOPSY, BONE, TROCAR, OR NEEDLE; SUPERFICIAL (EG, ILIUM, STERNUM, SPINOUS PROCESS, RIBS) BIOPSY, BONE, TROCAR, OR NEEDLE; DEEP (EG, VERTEBRAL BODY, FEMUR) BIOPSY, BONE, OPEN; SUPERFICIAL (EG, STERNUM, SPINOUS PROCESS, RIB, PATELLA, OLECRANON PROCESS, CALCANEUS, TARSAL, METATARSAL, CARPAL, METACARPAL, PHALANX) BIOPSY, BONE, OPEN; DEEP (EG, HUMERAL SHAFT, ISCHIUM, FEMORAL SHAFT) BIOPSY, VERTEBRAL BODY, OPEN; THORACIC BIOPSY, VERTEBRAL BODY, OPEN; LUMBAR OR CERVICAL INJECTION OF SINUS TRACT; THERAPEUTIC (SEPARATE PROCEDURE)	5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019	5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019	NA NA NA NA NA NA NA NA NA NA NA NA NA
20102 20200 20205 20206 20220 20225 20240 20245 20250 20251 20500 20501	EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); CHEST EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); ABDOMEN/FLANK/BACK BIOPSY, MUSCLE; SUPERFICIAL BIOPSY, MUSCLE; DEEP BIOPSY, MUSCLE, PERCUTANEOUS NEEDLE BIOPSY, BONE, TROCAR, OR NEEDLE; SUPERFICIAL (EG, ILIUM, STERNUM, SPINOUS PROCESS, RIBS) BIOPSY, BONE, TROCAR, OR NEEDLE; DEEP (EG, VERTEBRAL BODY, FEMUR) BIOPSY, BONE, OPEN; SUPERFICIAL (EG, STERNUM, SPINOUS PROCESS, RIB, PATELLA, OLECRANON PROCESS, CALCANEUS, TARSAL, METATARSAL, CARPAL, METACARPAL, PHALANX) BIOPSY, BONE, OPEN; DEEP (EG, HUMERAL SHAFT, ISCHIUM, FEMORAI SHAFT) BIOPSY, VERTEBRAL BODY, OPEN; THORACIC BIOPSY, VERTEBRAL BODY, OPEN; LUMBAR OR CERVICAL INJECTION OF SINUS TRACT; THERAPEUTIC (SEPARATE PROCEDURE) INJECTION OF SINUS TRACT; DIAGNOSTIC (SINOGRAM)	5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019	5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019	NA NA NA NA NA NA NA NA NA NA NA
20102 20200 20205 20220 20225 20240 20250 20251 20500 20501	EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); CHEST EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); ABDOMEN/FLANK/BACK BIOPSY, MUSCLE; SUPERFICIAL BIOPSY, MUSCLE; DEEP BIOPSY, MUSCLE, PERCUTANEOUS NEEDLE BIOPSY, BONE, TROCAR, OR NEEDLE; SUPERFICIAL (EG, ILIUM, STERNUM, SPINOUS PROCESS, RIBS) BIOPSY, BONE, TROCAR, OR NEEDLE; DEEP (EG, VERTEBRAL BODY, FEMUR) BIOPSY, BONE, OPEN; SUPERFICIAL (EG, STERNUM, SPINOUS PROCESS, RIB, PATELLA, OLECRANON PROCESS, CALCANEUS, TARSAL, METATARSAL, CARPAL, METACARPAL, PHALANX) BIOPSY, BONE, OPEN; DEEP (EG, HUMERAL SHAFT, ISCHIUM, FEMORAL SHAFT) BIOPSY, VERTEBRAL BODY, OPEN; THORACIC BIOPSY, VERTEBRAL BODY, OPEN; LUMBAR OR CERVICAL INJECTION OF SINUS TRACT; THERAPEUTIC (SEPARATE PROCEDURE) INJECTION OF SINUS TRACT; DIAGNOSTIC (SINOGRAM) REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON SHEATH; SIMPLE	5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019	5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019	NA NA NA NA NA NA NA NA NA NA NA NA NA
20102 20200 20205 20220 20225 20240 20250 20251 20500 20501 20520	EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); CHEST EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); ABDOMEN/FLANK/BACK BIOPSY, MUSCLE; SUPERFICIAL BIOPSY, MUSCLE; DEEP BIOPSY, MUSCLE, PERCUTANEOUS NEEDLE BIOPSY, BONE, TROCAR, OR NEEDLE; SUPERFICIAL (EG, ILIUM, STERNUM, SPINOUS PROCESS, RIBS) BIOPSY, BONE, TROCAR, OR NEEDLE; DEEP (EG, VERTEBRAL BODY, FEMUR) BIOPSY, BONE, OPEN; SUPERFICIAL (EG, STERNUM, SPINOUS PROCESS, RIB, PATELLA, OLECRANON PROCESS, CALCANEUS, TARSAL, METATARSAL, CARPAL, METACARPAL, PHALANX) BIOPSY, BONE, OPEN; DEEP (EG, HUMERAL SHAFT, ISCHIUM, FEMORAL SHAFT) BIOPSY, VERTEBRAL BODY, OPEN; THORACIC BIOPSY, VERTEBRAL BODY, OPEN; LUMBAR OR CERVICAL INJECTION OF SINUS TRACT; THERAPEUTIC (SEPARATE PROCEDURE) INJECTION OF SINUS TRACT; DIAGNOSTIC (SINOGRAM) REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON SHEATH; SIMPLE REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON SHEATH; DEEP	5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019	5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019	NA NA NA NA NA NA NA NA NA NA NA NA NA
20101 20102 20200 20205 20206 20220 20225 20240 20245 20250 20251 20500 20501 20525 20525	EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); CHEST EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); ABDOMEN/FLANK/BACK BIOPSY, MUSCLE; SUPERFICIAL BIOPSY, MUSCLE; DEEP BIOPSY, MUSCLE, PERCUTANEOUS NEEDLE BIOPSY, BONE, TROCAR, OR NEEDLE; SUPERFICIAL (EG, ILIUM, STERNUM, SPINOUS PROCESS, RIBS) BIOPSY, BONE, TROCAR, OR NEEDLE; DEEP (EG, VERTEBRAL BODY, FEMUR) BIOPSY, BONE, OPEN; SUPERFICIAL (EG, STERNUM, SPINOUS PROCESS, RIB, PATELLA, OLECRANON PROCESS, CALCANEUS, TARSAL, METATARSAL, CARPAL, METACARPAL, PHALANX) BIOPSY, BONE, OPEN; DEEP (EG, HUMERAL SHAFT, ISCHIUM, FEMORAL SHAFT) BIOPSY, VERTEBRAL BODY, OPEN; THORACIC BIOPSY, VERTEBRAL BODY, OPEN; LUMBAR OR CERVICAL INJECTION OF SINUS TRACT; THERAPEUTIC (SEPARATE PROCEDURE) INJECTION OF SINUS TRACT; DIAGNOSTIC (SINOGRAM) REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON SHEATH; SIMPLE REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON SHEATH; DEEP OR COMPLICATED	5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019	5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019	NA N
20102 20200 20205 20220 20225 20240 20250 20251 20500 20501 20520	EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); CHEST EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); ABDOMEN/FLANK/BACK BIOPSY, MUSCLE; SUPERFICIAL BIOPSY, MUSCLE; DEEP BIOPSY, MUSCLE, PERCUTANEOUS NEEDLE BIOPSY, BONE, TROCAR, OR NEEDLE; SUPERFICIAL (EG, ILIUM, STERNUM, SPINOUS PROCESS, RIBS) BIOPSY, BONE, TROCAR, OR NEEDLE; DEEP (EG, VERTEBRAL BODY, FEMUR) BIOPSY, BONE, OPEN; SUPERFICIAL (EG, STERNUM, SPINOUS PROCESS, RIB, PATELLA, OLECRANON PROCESS, CALCANEUS, TARSAL, METATARSAL, CARPAL, METACARPAL, PHALANX) BIOPSY, BONE, OPEN; DEEP (EG, HUMERAL SHAFT, ISCHIUM, FEMORAL SHAFT) BIOPSY, VERTEBRAL BODY, OPEN; THORACIC BIOPSY, VERTEBRAL BODY, OPEN; LUMBAR OR CERVICAL INJECTION OF SINUS TRACT; THERAPEUTIC (SEPARATE PROCEDURE) INJECTION OF SINUS TRACT; DIAGNOSTIC (SINOGRAM) REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON SHEATH; SIMPLE REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON SHEATH; DEEP	5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019	5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019	NA NA NA NA NA NA NA NA NA NA NA NA 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	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
		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)			
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

		5/1/2019	5/1/2019	NA
	MONITORING OF INTERSTITIAL FLUID PRESSURE (INCLUDES INSERTION	5/1/2015	5/1/2015	NA
20950	OF DEVICE, EG, WICK CATHETER TECHNIQUE, NEEDLE MANOMETER			
	TECHNIQUE) IN DETECTION OF MUSCLE COMPARTMENT SYNDROME			
20974	ELECTRICAL STIMULATION TO AID BONE HEALING; NONINVASIVE	5/1/2019	5/1/2019	NA
	(NONOPERATIVE) ELECTRICAL STIMULATION TO AID BONE HEALING; INVASIVE	5/1/2019	5/1/2019	NA
20975	(OPERATIVE)	5/1/2019	5/1/2019	INA
20070	LOW INTENSITY ULTRASOUND STIMULATION TO AID BONE HEALING,	5/1/2019	5/1/2019	NA
20979	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)			
21011	EXCISION, TUMOR, SOFT TISSUE OF FACE OR SCALP, SUBCUTANEOUS;	5/1/2019	5/1/2019	NA
21011	LESS THAN 2 CM			
21072	MANIPULATION OF TEMPOROMANDIBULAR JOINT(S) (TMJ),	5/1/2019	5/1/2019	NA
21073	THERAPEUTIC, REQUIRING AN ANESTHESIA SERVICE (IE, GENERAL OR MONITORED ANESTHESIA CARE)			
	INJECTION PROCEDURE FOR TEMPOROMANDIBULAR JOINT	5/1/2019	5/1/2019	NA
21116	ARTHROGRAPHY			
		5/1/2019	5/1/2019	NA
21295	REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT			
	OF BENIGN MASSETERIC HYPERTROPHY); EXTRAORAL APPROACH CLOSED TREATMENT OF NASAL BONE FRACTURE WITHOUT	5/1/2019	5/1/2019	NA
21310	MANIPULATION	3/1/2019	5/1/2019	INA
21215	CLOSED TREATMENT OF NASAL BONE FRACTURE; WITHOUT	5/1/2019	5/1/2019	NA
21315	STABILIZATION			
21320		5/1/2019	5/1/2019	NA
	CLOSED TREATMENT OF NASAL BONE FRACTURE; WITH STABILIZATION	F /1 /2010	F/1/2010	NA
21400	CLOSED TREATMENT OF FRACTURE OF ORBIT, EXCEPT BLOWOUT; WITHOUT MANIPULATION	5/1/2019	5/1/2019	INA
21420	CLOSED TREATMENT OF TEMPOROMANDIBULAR DISLOCATION;	5/1/2019	5/1/2019	NA
21480	INITIAL OR SUBSEQUENT			
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
		5/1/2019	5/1/2019	NA
	PARTIAL EXCISION OF POSTERIOR VERTEBRAL COMPONENT (EG,			
22103	SPINOUS PROCESS, LAMINA OR FACET) FOR INTRINSIC BONY LESION,			
	SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL SEGMENT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)			
	PARTIAL EXCISION OF VERTEBRAL BODY, FOR INTRINSIC BONY LESION,	5/1/2010	5/1/2019	NA
	WITHOUT DECOMPRESSION OF SPINAL CORD OR NERVE ROOT(S),	5/1/2019	5/1/2019	INA
22116	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			
	MANIPOLATION, REQUIRING AND INCLUDING CASTING OR BRACING	5/1/2019	5/1/2019	NA
	OPEN TREATMENT AND/OR REDUCTION OF VERTEBRAL FRACTURE(S)	5/1/2015	5/1/2015	INA.
22220	AND/OR DISLOCATION(S), POSTERIOR APPROACH, 1 FRACTURED			
22328	VERTEBRA OR DISLOCATED SEGMENT; EACH ADDITIONAL FRACTURED			
	VERTEBRA OR DISLOCATED SEGMENT (LIST SEPARATELY IN ADDITION			
	TO CODE FOR PRIMARY PROCEDURE)	- 4 - 4	_ / . /	
22505	MANIPULATION OF SPINE REQUIRING ANESTHESIA, ANY REGION	5/1/2019	5/1/2019	NA
	MANIFULATION OF SPINE REQUIRING ANESTHESIA, ANT REGION	5/1/2019	5/1/2019	NA
22841	INTERNAL SPINAL FIXATION BY WIRING OF SPINOUS PROCESSES (LIST	5/1/2015	5/1/2015	117.1
	SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)			
		5/1/2019	5/1/2019	NA
	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC			
22252	CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR			
22853	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)			

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		5/1/2019		NA
23000	BIOPSY, SOFT TISSUE OF SHOULDER AREA; DEEP		5/1/2019	
23101	ARTHROTOMY, ACROMIOCLAVICULAR JOINT OR STERNOCLAVICULAR	5/1/2019	5/1/2019	NA
22222	JOINT, INCLUDING BIOPSY AND/OR EXCISION OF TORN CARTILAGE	- 1. /	- /. /	
23330	REMOVAL OF FOREIGN BODY, SHOULDER; SUBCUTANEOUS	5/1/2019	5/1/2019	NA
23350	INJECTION PROCEDURE FOR SHOULDER ARTHROGRAPHY OR	5/1/2019	5/1/2019	NA
	ENHANCED CT/MRI SHOULDER ARTHROGRAPHY			
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
	CLOSED TREATMENT OF ACROMIOCLAVICULAR DISLOCATION;	5/1/2019	5/1/2019	NA
23540	WITHOUT MANIPULATION	-, ,	-1 1	
23570	CLOSED TREATMENT OF SCAPULAR FRACTURE; WITHOUT	5/1/2019	5/1/2019	NA
		- 1. /	- /. /	
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
	,	5/1/2019	5/1/2019	NA
23700	MANIPULATION UNDER ANESTHESIA, SHOULDER JOINT, INCLUDING	5, 1, 2015	5/1/2015	147.
25700	APPLICATION OF FIXATION APPARATUS (DISLOCATION EXCLUDED)			
	· · · · · · · · · · · · · · · · · · ·	F /4 /2010	F /4 /2010	
23930	INCISION AND DRAINAGE, UPPER ARM OR ELBOW AREA; DEEP	5/1/2019	5/1/2019	NA
	ABSCESS OR HEMATOMA			
23931		5/1/2019	5/1/2019	NA
20002	INCISION AND DRAINAGE, UPPER ARM OR ELBOW AREA; BURSA			
24065		5/1/2019	5/1/2019	NA
24005	BIOPSY, SOFT TISSUE OF UPPER ARM OR ELBOW AREA; SUPERFICIAL			
24066	BIOPSY, SOFT TISSUE OF UPPER ARM OR ELBOW AREA; DEEP	5/1/2019	5/1/2019	NA
24066	(SUBFASCIAL OR INTRAMUSCULAR)			
24100	ARTHROTOMY, ELBOW; WITH SYNOVIAL BIOPSY ONLY	5/1/2019	5/1/2019	NA
	REMOVAL OF FOREIGN BODY, UPPER ARM OR ELBOW AREA;	5/1/2019	5/1/2019	NA
24200	SUBCUTANEOUS	-, _,	-, _,	
24220	INJECTION PROCEDURE FOR ELBOW ARTHROGRAPHY	5/1/2019	5/1/2019	NA
24220				NA
24560	CLOSED TREATMENT OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL	5/1/2019	5/1/2019	INA
	OR LATERAL; WITHOUT MANIPULATION	- 14 12 24 2	5 / A / 2004 0	
24640	CLOSED TREATMENT OF RADIAL HEAD SUBLUXATION IN CHILD,	5/1/2019	5/1/2019	NA
	NURSEMAID ELBOW, WITH MANIPULATION			
24650		5/1/2019	5/1/2019	NA
24030	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			
	BIOPSY, SOFT TISSUE OF FOREARM AND/OR WRIST; DEEP (SUBFASCIAL	5/1/2019	5/1/2019	NA
25066	OR INTRAMUSCULAR)	-, -,	-, -,	
25100	ARTHROTOMY, WRIST JOINT; WITH BIOPSY	5/1/2019	5/1/2019	NA
23100				
25101	ARTHROTOMY, WRIST JOINT; WITH JOINT EXPLORATION, WITH OR	5/1/2019	5/1/2019	NA
25101	WITHOUT BIOPSY, WITH OR WITHOUT REMOVAL OF LOOSE OR			
	FOREIGN BODY			
25246	INJECTION PROCEDURE FOR WRIST ARTHROGRAPHY	5/1/2019	5/1/2019	NA
25500	CLOSED TREATMENT OF RADIAL SHAFT FRACTURE; WITHOUT	5/1/2019	5/1/2019	NA
25500	MANIPULATION			
25520	CLOSED TREATMENT OF ULNAR SHAFT FRACTURE; WITHOUT	5/1/2019	5/1/2019	NA
25530	MANIPULATION			
	CLOSED TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES;	5/1/2019	5/1/2019	NA
25560	WITHOUT MANIPULATION		· · · · · ·	
	CLOSED TREATMENT OF CARPAL SCAPHOID (NAVICULAR) FRACTURE;	5/1/2019	5/1/2019	NIA
25622		51 11 2013	5/ 1/2013	NA
	WITHOUT MANIPULATION	F /1 /2010	F /1 /2010	
	CLOSED TREATMENT OF CARPAL BONE FRACTURE (EXCLUDING	5/1/2019	5/1/2019	NA
25630	CARPAL SCAPHOID [NAVICULAR]); WITHOUT MANIPULATION, EACH			
	BONE			
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, METACARPOFIALANGEAL JOINT, EACH 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	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	5/1/2015	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	5/1/2019	5/1/2019	NA
27040	CODE FOR PRIMARY PROCEDURE) 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	5/1/2019	5/1/2019	NA
27093	INJECTION PROCEDURE FOR HIP ARTHROGRAPHY; WITHOUT ANESTHESIA	5/1/2019	5/1/2019	NA
27095	INJECTION PROCEDURE FOR HIP ARTHROGRAPHY; WITH ANESTHESIA	5/1/2019	5/1/2019	NA
27096	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		5/1/2019	5/1/2019	NA
27323	MANIPULATION, HIP JOINT, REQUIRING GENERAL ANESTHESIA 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; BEEP (SUBFASCIAL OR	5/1/2019	5/1/2019	NA
		E /1 /2010	E/1/2010	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	5/1/2019	5/1/2019	NA
	PRIMARY PROCEDURE)			
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
		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
	BIOPSY, SOFT TISSUE OF LEG OR ANKLE AREA; DEEP (SUBFASCIAL OR	5/1/2019	5/1/2019	NA
27614	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
		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)			
	CLOSED TREATMENT OF POSTERIOR MALLEOLUS FRACTURE;	5/1/2019	5/1/2019	NA
27767	WITHOUT MANIPULATION CLOSED TREATMENT OF PROXIMAL FIBULA OR SHAFT FRACTURE;	5/1/2019	5/1/2019	NA
27780	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
		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;	5/1/2019	5/1/2019	NA
	LESS THAN 1.5 CM ARTHROTOMY WITH BIOPSY; INTERTARSAL OR TARSOMETATARSAL	5/1/2019	5/1/2019	NA
28050	JOINT	5/1/2019	5/ 1/2015	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
		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 EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR,	5/1/2019	5/1/2019	NA
28108	PHALANGES OF FOOT			NA
28126	DESERTION DADING OD COMPLETE DUM ANGEN DAGE FACILITOE	5/1/2019	5/1/2019	NA
28150	RESECTION, PARTIAL OR COMPLETE, PHALANGEAL BASE, EACH TOE PHALANGECTOMY, TOE, EACH TOE	F /1 /2010	E /1 /2010	NIA
28150 28153	RESECTION, CONDYLE(S), DISTAL END OF PHALANX, EACH TOE	5/1/2019 5/1/2019	5/1/2019 5/1/2019	NA NA
20135	HEMIPHALANGECTOMY OR INTERPHALANGEAL JOINT EXCISION, TOE,	5/1/2019	5/1/2019	NA
28160	PROXIMAL END OF PHALANX, EACH			
28190	REMOVAL OF FOREIGN BODY, FOOT; SUBCUTANEOUS	5/1/2019	5/1/2019	NA
28225	TENOLYSIS, EXTENSOR, FOOT; SINGLE TENDON TENOTOMY, OPEN, TENDON FLEXOR; FOOT, SINGLE OR MULTIPLE	5/1/2019 5/1/2019	5/1/2019 5/1/2019	NA NA
28230	TENDON(S) (SEPARATE PROCEDURE)			
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); POLYDACTYLY	5/1/2019	5/1/2019	NA
28400	CLOSED TREATMENT OF CALCANEAL FRACTURE; WITHOUT MANIPULATION	5/1/2019	5/1/2019	NA

28430		5/1/2019	5/1/2019	NA
	CLOSED TREATMENT OF TALUS FRACTURE; WITHOUT MANIPULATION TREATMENT OF TARSAL BONE FRACTURE (EXCEPT TALUS AND	5/1/2019	5/1/2019	NA
28450	CALCANEUS); WITHOUT MANIPULATION, EACH	5/1/2019	5/1/2019	NA
28455	TREATMENT OF TARSAL BONE FRACTURE (EXCEPT TALUS AND	5/1/2019	5/1/2019	NA
20433	CALCANEUS); WITH MANIPULATION, EACH	- 4. 4	_ / . /	
28470	CLOSED TREATMENT OF METATARSAL FRACTURE; WITHOUT MANIPULATION, EACH	5/1/2019	5/1/2019	NA
20475	CLOSED TREATMENT OF METATARSAL FRACTURE; WITH	5/1/2019	5/1/2019	NA
28475	MANIPULATION, EACH			
28490	CLOSED TREATMENT OF FRACTURE GREAT TOE, PHALANX OR PHALANGES; WITHOUT MANIPULATION	5/1/2019	5/1/2019	NA
	CLOSED TREATMENT OF FRACTURE GREAT TOE, PHALANX OR	5/1/2019	5/1/2019	NA
28495	PHALANGES; WITH MANIPULATION	-, ,	-,,	
28496	PERCUTANEOUS SKELETAL FIXATION OF FRACTURE GREAT TOE,	5/1/2019	5/1/2019	NA
	PHALANX OR PHALANGES, WITH MANIPULATION CLOSED TREATMENT OF FRACTURE, PHALANX OR PHALANGES, OTHER	5/1/2019	5/1/2019	NA
28510	THAN GREAT TOE; WITHOUT MANIPULATION, EACH	5/1/2015	5/1/2015	NA
28515	CLOSED TREATMENT OF FRACTURE, PHALANX OR PHALANGES, OTHER	5/1/2019	5/1/2019	NA
	THAN GREAT TOE; WITH MANIPULATION, EACH	- 4 - 4		
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
	CLOSED TREATMENT OF TARSAL BONE DISLOCATION, OTHER THAN	5/1/2019	5/1/2019	NA
28540	TALOTARSAL; WITHOUT ANESTHESIA	5/1/2015	5/1/2015	114
28545	CLOSED TREATMENT OF TARSAL BONE DISLOCATION, OTHER THAN	5/1/2019	5/1/2019	NA
20345	TALOTARSAL; REQUIRING ANESTHESIA	- 4. 4	_ / . /	
28570	CLOSED TREATMENT OF TALOTARSAL JOINT DISLOCATION; WITHOUT	5/1/2019	5/1/2019	NA
	ANESTHESIA CLOSED TREATMENT OF TARSOMETATARSAL JOINT DISLOCATION;	5/1/2019	5/1/2019	NA
28600	WITHOUT ANESTHESIA	-, -,	-, -,	
28630	CLOSED TREATMENT OF METATARSOPHALANGEAL JOINT	5/1/2019	5/1/2019	NA
20030	DISLOCATION; WITHOUT ANESTHESIA	- 11 /2010	5/4/2010	
28635	CLOSED TREATMENT OF METATARSOPHALANGEAL JOINT DISLOCATION; REQUIRING ANESTHESIA	5/1/2019	5/1/2019	NA
		5/1/2019	5/1/2019	NA
28636	PERCUTANEOUS SKELETAL FIXATION OF METATARSOPHALANGEAL			
	JOINT DISLOCATION, WITH MANIPULATION			
28660	CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION;	5/1/2019	5/1/2019	NA
	WITHOUT ANESTHESIA CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION;	5/1/2019	5/1/2019	NA
28665	REQUIRING ANESTHESIA	5/1/2015	5/1/2015	NA
20000	PERCUTANEOUS SKELETAL FIXATION OF INTERPHALANGEAL JOINT	5/1/2019	5/1/2019	NA
28666	DISLOCATION, WITH MANIPULATION			
		5/1/2019	5/1/2019	NA
20000	EXTRACORPOREAL SHOCK WAVE, HIGH ENERGY, PERFORMED BY A			
28890	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, REQUIRING ANESTHESIA OTHER THAN LOCAL, INCLUDING			
	ULTRASOUND GUIDANCE, INVOLVING THE PLANTAR FASCIA			
	APPLICATION OF HALO TYPE BODY CAST (SEE 20661-20663 FOR	5/1/2019	5/1/2019	NA
29000	INSERTION)	-, ,	-, ,	
29010	APPLICATION OF RISSER JACKET, LOCALIZER, BODY; ONLY	5/1/2019	5/1/2019	NA
29015		5/1/2019	5/1/2019	NA
	APPLICATION OF RISSER JACKET, LOCALIZER, BODY; INCLUDING HEAD	5 /4 /2010	- 14 /2242	
29035	APPLICATION OF BODY CAST, SHOULDER TO HIPS;	5/1/2019 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
20044		5/1/2019	5/1/2019	NA
29044	APPLICATION OF BODY CAST, SHOULDER TO HIPS; INCLUDING 1 THIGH			
29046	APPLICATION OF BODY CAST, SHOULDER TO HIPS; INCLUDING BOTH	5/1/2019	5/1/2019	NA
29049	THIGHS APPLICATION, CAST; FIGURE-OF-EIGHT	F /1 /2010	F /1 /2010	
29055	APPLICATION, CAST; FIGURE-OF-EIGHT	5/1/2019 5/1/2019	5/1/2019 5/1/2019	NA NA
29058	APPLICATION, CAST, SHOOLDERSHOA	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		5/1/2019	5/1/2019	NA
	APPLICATION, CAST; HAND AND LOWER FOREARM (GAUNTLET)	- 4. 4	_ / . /	
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

		5/1/2019	5/1/2019	NA
29125	APPLICATION OF SHORT ARM SPLINT (FOREARM TO HAND); STATIC	5/1/2019	5/1/2019	INA
		5/1/2019	5/1/2019	NA
29126	APPLICATION OF SHORT ARM SPLINT (FOREARM TO HAND); DYNAMIC			
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
	STRAPPING; ELBOW OR WRIST	5/1/2019	5/1/2019	NA
	STRAPPING; HAND OR FINGER	5/1/2019	5/1/2019	NA
	APPLICATION OF HIP SPICA CAST; 1 LEG	5/1/2019	5/1/2019	NA
			5/1/2019	NA
29325	APPLICATION OF HIP SPICA CAST; 1 AND ONE-HALF SPICA OR BOTH LEGS	5/1/2019	5/1/2019	INA
	APPLICATION OF LONG LEG CAST (THIGH TO TOES);	5/1/2019	5/1/2019	NA
	APPLICATION OF LONG LEG CAST (THIGH TO TOES); WALKER OR	5/1/2019	5/1/2019	NA
29355	AMBULATORY TYPE	-, _,	-, -,	
	APPLICATION OF LONG LEG CAST BRACE	5/1/2019	5/1/2019	NA
	APPLICATION OF CYLINDER CAST (THIGH TO ANKLE)	5/1/2019	5/1/2019	NA
	APPLICATION OF SHORT LEG CAST (BELOW KNEE TO TOES);	5/1/2019	5/1/2019	NA
	APPLICATION OF SHORT LEG CAST (BELOW KNEE TO TOES); WALKING	5/1/2019		NA
29425	OR AMBULATORY TYPE	5/1/2019	5/1/2019	INA
		F /1 /2010	F /1 /2010	
	APPLICATION OF PATELLAR TENDON BEARING (PTB) CAST	5/1/2019	5/1/2019	NA
	ADDING WALKER TO PREVIOUSLY APPLIED CAST	5/1/2019	5/1/2019	NA
	APPLICATION OF RIGID TOTAL CONTACT LEG CAST	5/1/2019	5/1/2019	NA
29450	APPLICATION OF CLUBFOOT CAST WITH MOLDING OR	5/1/2019	5/1/2019	NA
	MANIPULATION, LONG OR SHORT LEG	- 4 - 4	- 4 - 4	
29505		5/1/2019	5/1/2019	NA
	APPLICATION OF LONG LEG SPLINT (THIGH TO ANKLE OR TOES)			
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
	APPLICATION OF MULTI-LAYER COMPRESSION SYSTEM; LEG (BELOW	5/1/2019	5/1/2019	NA
29581	KNEE), INCLUDING ANKLE AND FOOT	-, -,	-, -,	
	APPLICATION OF MULTI-LAYER COMPRESSION SYSTEM; UPPER ARM,	5/1/2019	5/1/2019	NA
29584	FOREARM, HAND, AND FINGERS	-, -,	-, -,	
	REMOVAL OR BIVALVING; GAUNTLET, BOOT OR BODY CAST	5/1/2019	5/1/2019	NA
	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	5/1/2019	5/1/2019	NA
	RISSER JACKET, ETC.	- 4 - 4	- 4 - 4	
	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
20970	Arthroscopy, knee, diagnostic, with or without synovial biopsy	4/1/2015	4/1/2015	NA
29870	(separate procedure)			
29871	Arthroscopy, knee, surgical; for infection, lavage and drainage	4/1/2015	4/1/2015	NA
298/1				
29873	Arthroscopy, knee, surgical; with lateral release	4/1/2015	4/1/2015	NA
	Arthroscopy, knee, surgical; for removal of loose body or foreign body	4/1/2015	4/1/2015	NA
29874	(eg, osteochondritis dissecans fragmentation, chondral fragmentation)			
20075	Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf	4/1/2015	4/1/2015	NA
29875	resection) (separate procedure)			
	Arthroscopy, knee, surgical; synovectomy, major, two or more	4/1/2015	4/1/2015	NA
29876	compartments (eg, medial or lateral)			
	Arthroscopy, knee, surgical; debridement/shaving of articular cartilage	4/1/2015	4/1/2015	NA
29877	(chondroplasty)	., _, _ = = = =	., _,	
	Arthroscopy, knee, surgical; abrasion arthroplasty (includes	4/1/2015	4/1/2015	NA
	chondroplasty where necessary) or multiple drilling or microfracture	., 1,2013	., 1, 2013	
25075	chonaropidaty where necessary or multiple drining or micronacture			
	Arthroscopy knee surgical with meniscentery (modial AND lateral	4/1/2015	4/1/2015	NA
29880	Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral, including any meniscal chaving)	+/ 1/ 2013	+/ 1/ 2013	INA
	including any meniscal shaving)	4/1/2015	4/1/2015	NIA
29881	Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal chaving)	4/1/2013	4/1/2015	NA
	including any meniscal shaving)	1/1/2015	4/1/2015	NIA
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
	Arthroscopy, knee, surgical; drilling for osteochondritis dissecans with	4/1/2015	4/1/2015	NA
29885	bone grafting, with or without internal fixation (including debridement of base of lesion)			
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	4/1/2015	4/1/2015	NA
	repair/augmentation or reconstruction	5/1/2019	5/1/2019	NA
30000	DRAINAGE ABSCESS OR HEMATOMA, NASAL, INTERNAL APPROACH	-, -,	-, -,	
30020	DRAINAGE ABSCESS OR HEMATOMA, NASAL SEPTUM	5/1/2019	5/1/2019	NA
30100	BIOPSY, INTRANASAL	5/1/2019	5/1/2019	NA
30110	EXCISION, NASAL POLYP(S), SIMPLE	5/1/2019	5/1/2019	NA
20124		5/1/2019	5/1/2019	NA
30124	EXCISION DERMOID CYST, NOSE; SIMPLE, SKIN, SUBCUTANEOUS			
	SUBMUCOUS RESECTION INFERIOR TURBINATE, PARTIAL OR	5/1/2019	5/1/2019	NA
30140	COMPLETE, ANY METHOD			
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
30220	INSERTION, INSAE SELTAET ROSTILESIS (BOTTON)	5/1/2019	5/1/2019	NA
30300	REMOVAL FOREIGN BODY, INTRANASAL; OFFICE TYPE PROCEDURE	5/1/2019	5/1/2019	INA.
	, ,	F /1 /2010	F /1 /2010	N1.0
30310	REMOVAL FOREIGN BODY, INTRANASAL; REQUIRING GENERAL	5/1/2019	5/1/2019	NA
205.00	ANESTHESIA	- / . /	- / . /	
30560	LYSIS INTRANASAL SYNECHIA	5/1/2019	5/1/2019	NA
		5/1/2019	5/1/2019	NA
30801	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	5/1/2019	5/1/2019	NA
20002	BILATERAL, ANY METHOD (EG, ELECTROCAUTERY, RADIOFREQUENCY			
30802	ABLATION, OR TISSUE VOLUME REDUCTION); INTRAMURAL (IE,			
	SUBMUCOSAL)			
	CONTROL NASAL HEMORRHAGE, ANTERIOR, SIMPLE (LIMITED	5/1/2019	5/1/2019	NA
30901	CAUTERY AND/OR PACKING) ANY METHOD	5/ 1/ 2015	5, 1, 2025	
	CONTROL NASAL HEMORRHAGE, ANTERIOR, COMPLEX (EXTENSIVE	5/1/2019	5/1/2019	NA
30903		5/1/2019	3/1/2019	NA
	CAUTERY AND/OR PACKING) ANY METHOD	F/1/2010	F /1 /2010	N1.0
20005	CONTROL NACAL LIENAODDUACE, DOCTEDIOD MUTU DOCTEDIOD NACAL	5/1/2019	5/1/2019	NA
30905	CONTROL NASAL HEMORRHAGE, POSTERIOR, WITH POSTERIOR NASAL			
	PACKS AND/OR CAUTERY, ANY METHOD; INITIAL		- 4 - 4	
		5/1/2019	5/1/2019	NA
30906	CONTROL NASAL HEMORRHAGE, POSTERIOR, WITH POSTERIOR NASAL			
	PACKS AND/OR CAUTERY, ANY METHOD; SUBSEQUENT			
30930	FRACTURE NASAL INFERIOR TURBINATE(S), THERAPEUTIC	5/1/2019	5/1/2019	NA
31000	LAVAGE BY CANNULATION; MAXILLARY SINUS (ANTRUM PUNCTURE	5/1/2019	5/1/2019	NA
51000	OR NATURAL OSTIUM)			
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
21221	NASAL ENDOSCOPY, DIAGNOSTIC, UNILATERAL OR BILATERAL	5/1/2019	5/1/2019	NA
31231	(SEPARATE PROCEDURE)			
		5/1/2019	5/1/2019	NA
31233	NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WITH MAXILLARY			
	SINUSOSCOPY (VIA INFERIOR MEATUS OR CANINE FOSSA PUNCTURE)			
	NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WITH SPHENOID	5/1/2019	5/1/2019	NA
31235	SINUSOSCOPY (VIA PUNCTURE OF SPHENOIDAL FACE OR	-, _,	-, -,	
	CANNULATION OF OSTIUM)			
	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH BIOPSY, POLYPECTOMY	5/1/2019	5/1/2019	NA
31237	OR DEBRIDEMENT (SEPARATE PROCEDURE)	5, 1, 2015	5, 1, 2013	
	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH CONTROL OF NASAL	5/1/2019	5/1/2019	NA
31238		5/ 1/ 2013	5/ 1/2013	INA
		E/1/2010	E/1/2010	NIA
31240	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH CONCHA BULLOSA	5/1/2019	5/1/2019	NA
	RESECTION			

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
	ANTROSTONIT,	5/1/2019	5/1/2019	NA
31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	5, 1, 2025	5, 1, 2025	
31287		5/1/2019	5/1/2019	NA
51207	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY;	E /1 /2010	E /1 /2010	NIA
31288	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY; WITH	5/1/2019	5/1/2019	NA
01200	REMOVAL OF TISSUE FROM THE SPHENOID SINUS			
	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DILATION OF MAXILLARY	5/1/2019	5/1/2019	NA
31295	SINUS OSTIUM (EG, BALLOON DILATION), TRANSNASAL OR VIA CANINE			
	FOSSA	E /1 /2010	E /1 /2010	NIA
31296	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DILATION OF FRONTAL SINUS OSTIUM (EG, BALLOON DILATION)	5/1/2019	5/1/2019	NA
	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DILATION OF SPHENOID	5/1/2019	5/1/2019	NA
31297	SINUS OSTIUM (EG, BALLOON DILATION)			
		5/1/2019	5/1/2019	NA
31298	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DILATION OF FRONTAL			
31500	AND SPHENOID SINUS OSTIA (EG, BALLOON DILATION) INTUBATION, ENDOTRACHEAL, EMERGENCY PROCEDURE	5/1/2019	5/1/2019	NA
51500	TRACHEOTOMY TUBE CHANGE PRIOR TO ESTABLISHMENT OF FISTULA		5/1/2019 5/1/2019	NA
31502	TRACT	5/1/2015	5, 1, 2015	
24505		5/1/2019	5/1/2019	NA
31505	LARYNGOSCOPY, INDIRECT; DIAGNOSTIC (SEPARATE PROCEDURE)			
31510	LARYNGOSCOPY, INDIRECT; WITH BIOPSY	5/1/2019	5/1/2019	NA
31511		5/1/2019	5/1/2019	NA
51511	LARYNGOSCOPY, INDIRECT; WITH REMOVAL OF FOREIGN BODY			
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;	5/1/2019	5/1/2019	NA
	DIAGNOSTIC, EXCEPT NEWBORN	- /. /	- / . /	
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	5/1/2019	5/1/2019	NA
51520	DILATION, INITIAL			
31529	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; WITH	5/1/2019	5/1/2019	NA
	DILATION, SUBSEQUENT	E /1 /2010	5/1/2019	NA
31530	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH FOREIGN BODY REMOVAL;	5/1/2019	5/1/2019	NA
	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH FOREIGN BODY REMOVAL,	5/1/2010	5/1/2019	NA
31531	WITH OPERATING MICROSCOPE OR TELESCOPE	5/1/2019	5/1/2019	IN/A
31535	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH BIOPSY;	5/1/2019	5/1/2019	NA
	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH BIOPSY; WITH OPERATING		5/1/2019	NA
31536	MICROSCOPE OR TELESCOPE	-, ,	-, ,	
24540	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH EXCISION OF TUMOR	5/1/2019	5/1/2019	NA
31540	AND/OR STRIPPING OF VOCAL CORDS OR EPIGLOTTIS;			
	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH EXCISION OF TUMOR	5/1/2019	5/1/2019	NA
31541	AND/OR STRIPPING OF VOCAL CORDS OR EPIGLOTTIS; WITH			
	OPERATING MICROSCOPE OR TELESCOPE			
31570	LARYNGOSCOPY, DIRECT, WITH INJECTION INTO VOCAL CORD(S),	5/1/2019	5/1/2019	NA
	THERAPEUTIC;	F /4 /2040	F /4 /2040	
31571	LARYNGOSCOPY, DIRECT, WITH INJECTION INTO VOCAL CORD(S),	5/1/2019	5/1/2019	NA
515/1	THERAPEUTIC; WITH OPERATING MICROSCOPE OR TELESCOPE			
	LARYNGOSCOPY, FLEXIBLE; WITH ABLATION OR DESTRUCTION OF	5/1/2019	5/1/2019	NA
31572	LESION(S) WITH LASER, UNILATERAL	-, -, =0=0	-, -, -,	
	LARYNGOSCOPY, FLEXIBLE; WITH THERAPEUTIC INJECTION(S) (EG,	5/1/2019	5/1/2019	NA
21572	CHEMODENERVATION AGENT OR CORTICOSTEROID, INJECTED			
31573	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			

31575	LARYNGOSCOPY, FLEXIBLE; DIAGNOSTIC	5/1/2019	5/1/2019	NA
31576	LARYNGOSCOPY, FLEXIBLE; WITH BIOPSY(IES)	5/1/2019	5/1/2019	NA
0.1577		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			
04570		5/1/2019	5/1/2019	NA
31579	LARYNGOSCOPY, FLEXIBLE OR RIGID TELESCOPIC, WITH STROBOSCOPY			
	TRACHEAL PUNCTURE, PERCUTANEOUS WITH TRANSTRACHEAL	5/1/2019	5/1/2019	NA
31612	ASPIRATION AND/OR INJECTION			
	TRACHEOBRONCHOSCOPY THROUGH ESTABLISHED TRACHEOSTOMY	5/1/2019	5/1/2019	NA
31615	INCISION	- / /	-, ,	
		5/1/2019	5/1/2019	NA
	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC	-		
31622	GUIDANCE, WHEN PERFORMED; DIAGNOSTIC, WITH CELL WASHING,			
	WHEN PERFORMED (SEPARATE PROCEDURE)			
	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC	5/1/2019	5/1/2019	NA
31623	GUIDANCE, WHEN PERFORMED; WITH BRUSHING OR PROTECTED	5/ 1/2015	5/1/2015	
51025	BRUSHINGS			
	BROSHINGS	5/1/2019	5/1/2019	NA
31624	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC	5/1/2015	5/1/2019	NA I
51024	GUIDANCE, WHEN PERFORMED; WITH BRONCHIAL ALVEOLAR LAVAGE			
	GOIDANCE, WHEN PERFORINED, WITH BRONCHIAL ALVEOLAR LAVAGE	E/1/2010	E/1/2010	NA
		5/1/2019	5/1/2019	INA
31625	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC			
	GUIDANCE, WHEN PERFORMED; WITH BRONCHIAL OR			
	ENDOBRONCHIAL BIOPSY(S), SINGLE OR MULTIPLE SITES	F /4 /2040	F 14 12040	
24626	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC	5/1/2019	5/1/2019	NA
31626	GUIDANCE, WHEN PERFORMED; WITH PLACEMENT OF FIDUCIAL			
	MARKERS, SINGLE OR MULTIPLE	- 1. 1	- / . /	
		5/1/2019	5/1/2019	NA
04607	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC			
31627	GUIDANCE, WHEN PERFORMED; WITH COMPUTER-ASSISTED, IMAGE-			
	GUIDED NAVIGATION (LIST SEPARATELY IN ADDITION TO CODE FOR			
	PRIMARY PROCEDURE[S])			
	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC	5/1/2019	5/1/2019	NA
31628	GUIDANCE, WHEN PERFORMED; WITH TRANSBRONCHIAL LUNG			
	BIOPSY(S), SINGLE LOBE			
	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC	5/1/2019	5/1/2019	NA
31629	GUIDANCE, WHEN PERFORMED; WITH TRANSBRONCHIAL NEEDLE			
01025	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			
51050	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			
51051	GUIDANCE, WHEN PERFORMED; WITH PLACEMENT OF TRACHEAL			
	STENT(S) (INCLUDES TRACHEAL/BRONCHIAL DILATION AS REQUIRED)			
		5/1/2019	5/1/2019	NA
	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC			
31632	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
	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC			
31633	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
	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC			
31634	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),			
31637	INITIAL BRONCHUS 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
	PRIMARI 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)			
31640	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH EXCISION OF TUMOR	5/1/2019	5/1/2019	NA
		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			
	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC	5/1/2019	5/1/2019	NA
31647	GUIDANCE, WHEN PERFORMED; WITH BALLOON OCCLUSION, WHEN PERFORMED, ASSESSMENT OF AIR LEAK, AIRWAY SIZING, AND INSERTION OF BRONCHIAL VALVE(S), INITIAL LOBE			
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
		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])			
	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH ENDOBRONCHIAL ULTRASOUND (EBUS) GUIDED TRANSTRACHEAL AND/OR	5/1/2019	5/1/2019	NA
31652	TRANSBRONCHIAL SAMPLING (EG, ASPIRATION[S]/BIOPSY[IES]), ONE OR TWO MEDIASTINAL AND/OR HILAR LYMPH NODE STATIONS OR STRUCTURES			
31653	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH ENDOBRONCHIAL ULTRASOUND (EBUS) GUIDED TRANSTRACHEAL AND/OR	5/1/2019	5/1/2019	NA
	TRANSBRONCHIAL SAMPLING (EG, ASPIRATION[S]/BIOPSY[IES]), 3 OR MORE MEDIASTINAL AND/OR HILAR LYMPH NODE STATIONS OR STRUCTURES			

		5/1/2019	5/1/2019	NA
	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC			
31654	GUIDANCE, WHEN PERFORMED; WITH TRANSENDOSCOPIC ENDOBRONCHIAL ULTRASOUND (EBUS) DURING BRONCHOSCOPIC			
51051	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	5/1/2019	5/1/2019	NA
51000	LOBE			
	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC	5/1/2019	5/1/2019	NA
31661	GUIDANCE, WHEN PERFORMED; WITH BRONCHIAL THERMOPLASTY, 2			
24747	OR MORE LOBES	F /4 /2010	5/4/2040	
31717	CATHETERIZATION WITH BRONCHIAL BRUSH BIOPSY	5/1/2019 5/1/2019	5/1/2019 5/1/2019	NA NA
31720	CATHETER ASPIRATION (SEPARATE PROCEDURE); NASOTRACHEAL	3, 1, 2013	5/ 1/ 2015	
31725	CATHETER ASPIRATION (SEPARATE PROCEDURE);	5/1/2019	5/1/2019	NA
51725	TRACHEOBRONCHIAL WITH FIBERSCOPE, BEDSIDE	- /1 /2212	5 /4 /2010	
31730	TRANSTRACHEAL (PERCUTANEOUS) INTRODUCTION OF NEEDLE WIRE	5/1/2019	5/1/2019	NA
51,50	DILATOR/STENT OR INDWELLING TUBE FOR OXYGEN THERAPY			
32400	BIOPSY, PLEURA, PERCUTANEOUS NEEDLE	5/1/2019	5/1/2019	NA
32405	BIOPSY, LUNG OR MEDIASTINUM, PERCUTANEOUS NEEDLE	5/1/2019	5/1/2019	NA
	RESECTION AND REPAIR OF PORTION OF BRONCHUS (BRONCHOPLASTY) WHEN PERFORMED AT TIME OF LOBECTOMY OR	5/1/2019	5/1/2019	NA
32501	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)			
	THORACOTOMY; WITH DIAGNOSTIC WEDGE RESECTION FOLLOWED	5/1/2019	5/1/2019	NA
32507	BY ANATOMIC LUNG RESECTION (LIST SEPARATELY IN ADDITION TO			
	CODE FOR PRIMARY PROCEDURE)	F /4 /2010	5/4/2040	
32550	INSERTION OF INDWELLING TUNNELED PLEURAL CATHETER WITH CUFF	5/1/2019	5/1/2019	NA
	TUBE THORACOSTOMY, INCLUDES CONNECTION TO DRAINAGE	5/1/2019	5/1/2019	NA
32551	SYSTEM (EG, WATER SEAL), WHEN PERFORMED, OPEN (SEPARATE			
	PROCEDURE)	- /1 /2212	5 /4 /2010	
32552	REMOVAL OF INDWELLING TUNNELED PLEURAL CATHETER WITH CUFF	5/1/2019	5/1/2019	NA
	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY	5/1/2019	5/1/2019	NA
32553	GUIDANCE (EG, FIDUCIAL MARKERS, DOSIMETER), PERCUTANEOUS,			
	INTRA-THORACIC, SINGLE OR MULTIPLE	- 4 - 4	_ / . /	
32554	THORACENTESIS, NEEDLE OR CATHETER, ASPIRATION OF THE PLEURAL SPACE; WITHOUT IMAGING GUIDANCE	5/1/2019	5/1/2019	NA
	THORACENTESIS, NEEDLE OR CATHETER, ASPIRATION OF THE PLEURAL	5/1/2019	5/1/2019	NA
32555	SPACE; WITH IMAGING GUIDANCE			
32556	PLEURAL DRAINAGE, PERCUTANEOUS, WITH INSERTION OF	5/1/2019	5/1/2019	NA
	INDWELLING CATHETER; WITHOUT IMAGING GUIDANCE PLEURAL DRAINAGE, PERCUTANEOUS, WITH INSERTION OF	5/1/2019	5/1/2019	NA
32557	INDWELLING CATHETER; WITH IMAGING GUIDANCE	5/1/2015	5/1/2015	INA.
		5/1/2019	5/1/2019	NA
32560	INSTILLATION, VIA CHEST TUBE/CATHETER, AGENT FOR PLEURODESIS			
	(EG, TALC FOR RECURRENT OR PERSISTENT PNEUMOTHORAX) INSTILLATION(S), VIA CHEST TUBE/CATHETER, AGENT FOR	5/1/2019	5/1/2019	NA
32561	FIBRINOLYSIS (EG, FIBRINOLYTIC AGENT FOR BREAK UP OF	5/1/2015	5/1/2015	NA
	MULTILOCULATED EFFUSION); INITIAL DAY			
	INSTILLATION(S), VIA CHEST TUBE/CATHETER, AGENT FOR	5/1/2019	5/1/2019	NA
32562	FIBRINOLYSIS (EG, FIBRINOLYTIC AGENT FOR BREAK UP OF MULTILOCULATED EFFUSION); SUBSEQUENT DAY			
	THORACOSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE); LUNGS,	5/1/2019	5/1/2019	NA
32601	PERICARDIAL SAC, MEDIASTINAL OR PLEURAL SPACE, WITHOUT			
	BIOPSY	- 4 - 4		
32606	THORACOSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE); MEDIASTINAL	5/1/2019	5/1/2019	NA
	SPACE, WITH BIOPSY THORACOSCOPY; WITH DIAGNOSTIC BIOPSY(IES) OF LUNG	5/1/2019	5/1/2019	NA
32607	INFILTRATE(S) (EG, WEDGE, INCISIONAL), UNILATERAL			

		5/1/2019	5/1/2019	NA
32608	THORACOSCOPY; WITH DIAGNOSTIC BIOPSY(IES) OF LUNG NODULE(S)	0, 1, 2020	5, 2, 2025	
22522	OR MASS(ES) (EG, WEDGE, INCISIONAL), UNILATERAL	5 /1 /0010	- 11 /2010	
32609	THORACOSCOPY; WITH BIOPSY(IES) OF PLEURA	5/1/2019 5/1/2019	5/1/2019 5/1/2019	NA NA
22667	THORACOSCOPY, SURGICAL; WITH THERAPEUTIC WEDGE RESECTION	5/1/2015	5/1/2015	NA
32667	(EG, MASS OR NODULE), EACH ADDITIONAL RESECTION, IPSILATERAL			
	(LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5 /1 /0010	- 14 /2010	
	THORACOSCOPY, SURGICAL; WITH DIAGNOSTIC WEDGE RESECTION	5/1/2019	5/1/2019	NA
32668	FOLLOWED BY ANATOMIC LUNG RESECTION (LIST SEPARATELY IN			
	ADDITION TO CODE FOR PRIMARY PROCEDURE)			
22674	THORACOSCOPY, SURGICAL; WITH MEDIASTINAL AND REGIONAL	5/1/2019	5/1/2019	NA
32674	LYMPHADENECTOMY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)			
	THORACIC TARGET(S) DELINEATION FOR STEREOTACTIC BODY	5/1/2019	5/1/2019	NA
32701	RADIATION THERAPY (SRS/SBRT), (PHOTON OR PARTICLE BEAM),			
22000	ENTIRE COURSE OF TREATMENT	4/4/2045	4/4/2045	
32800	Repair lung hernia through chest wall DONOR PNEUMONECTOMY(S) (INCLUDING COLD PRESERVATION),	4/1/2015 5/1/2019	4/1/2015 5/1/2019	NA NA
32850	FROM CADAVER DONOR	5/1/2015	5/ 1/ 2015	
32960		5/1/2019	5/1/2019	NA
	PNEUMOTHORAX, THERAPEUTIC, INTRAPLEURAL INJECTION OF AIR	F /4 /2040	5/4/2040	
33010	PERICARDIOCENTESIS; INITIAL	5/1/2019	5/1/2019	NA
33011	PERICARDIOCENTESIS; SUBSEQUENT	5/1/2019	5/1/2019	NA
		5/1/2019	5/1/2019	NA
33141	TRANSMYOCARDIAL LASER REVASCULARIZATION, BY THORACOTOMY; PERFORMED AT THE TIME OF OTHER OPEN CARDIAC PROCEDURE(S)			
	(LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)			
	INSERTION OR REPLACEMENT OF TEMPORARY TRANSVENOUS SINGLE	5/1/2019	5/1/2019	NA
33210	CHAMBER CARDIAC ELECTRODE OR PACEMAKER CATHETER	5/1/2015	5/1/2015	INA.
00110	(SEPARATE PROCEDURE)			
		5/1/2019	5/1/2019	NA
33211	INSERTION OR REPLACEMENT OF TEMPORARY TRANSVENOUS DUAL			
	CHAMBER PACING ELECTRODES (SEPARATE PROCEDURE)			
33233		5/1/2019	5/1/2019	NA
	REMOVAL OF PERMANENT PACEMAKER PULSE GENERATOR ONLY	5/1/2019	5/1/2019	NA
33241	REMOVAL OF IMPLANTABLE DEFIBRILLATOR PULSE GENERATOR ONLY	5/1/2015	5/ 1/ 2015	
33282		5/1/2019	5/1/2019	NA
55262	IMPLANTATION OF PATIENT-ACTIVATED CARDIAC EVENT RECORDER	_ / /	- 4 - 4	
33284	REMOVAL OF AN IMPLANTABLE, PATIENT-ACTIVATED CARDIAC EVENT	5/1/2019	5/1/2019	NA
	RECORDER	5/1/2019	5/1/2019	NA
	ENDOSCOPY, SURGICAL, INCLUDING VIDEO-ASSISTED HARVEST OF	5/1/2015	5/ 1/2015	INA.
33508	VEIN(S) FOR CORONARY ARTERY BYPASS PROCEDURE (LIST			
	SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)			
	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL	5/1/2019	5/1/2019	NA
33517	GRAFT(S); SINGLE VEIN GRAFT (LIST SEPARATELY IN ADDITION TO			
	CODE FOR PRIMARY PROCEDURE)	- /- /	- /. /	
	CORONARY ENDARTERECTOMY, OPEN, ANY METHOD, OF LEFT	5/1/2019	5/1/2019	NA
33572	ANTERIOR DESCENDING, CIRCUMFLEX, OR RIGHT CORONARY ARTERY PERFORMED IN CONJUNCTION WITH CORONARY ARTERY BYPASS			
33372	GRAFT PROCEDURE, EACH VESSEL (LIST SEPARATELY IN ADDITION TO			
	PRIMARY PROCEDURE)			
	LIGATION AND TAKEDOWN OF A SYSTEMIC-TO-PULMONARY ARTERY	5/1/2019	5/1/2019	NA
22024	SHUNT, PERFORMED IN CONJUNCTION WITH A CONGENITAL HEART			
33924	PROCEDURE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY			
	PROCEDURE)			
33930	DONOR CARDIECTOMY-PNEUMONECTOMY (INCLUDING COLD	5/1/2019	5/1/2019	NA
33940	PRESERVATION) DONOR CARDIECTOMY (INCLUDING COLD PRESERVATION)	E/1/2010	E/1/2010	NIA
		5/1/2019 5/1/2019	5/1/2019 5/1/2019	NA NA
22040	EXTRACORPOREAL MEMBRANE OXYGENATION		, , - -	
33948	(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
	EXTRACORPOREAL MEMBRANE OXYGENATION	5/1/2015	5/1/2015	NA
	(ECMO)/EXTRACORPOREAL LIFE SUPPORT (ECLS) PROVIDED BY			
33957	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	(ECMO)/EXTRACORPOREAL LIFE SUPPORT (ECLS) PROVIDED BY PHYSICIAN; REPOSITION PERIPHERAL (ARTERIAL AND/OR VENOUS)			
33330	CANNULA(E), PERCUTANEOUS, 6 YEARS AND OLDER (INCLUDES			
	FLUOROSCOPIC GUIDANCE, WHEN PERFORMED)			
		5/1/2019	5/1/2019	NA
	EXTRACORPOREAL MEMBRANE OXYGENATION			
33959	(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)			
	EXTRACORPOREAL MEMBRANE OXYGENATION	5/1/2019	5/1/2019	NA
	(ECMO)/EXTRACORPOREAL LIFE SUPPORT (ECLS) PROVIDED BY			
33962	PHYSICIAN; REPOSITION PERIPHERAL (ARTERIAL AND/OR VENOUS)			
	CANNULA(E), OPEN, 6 YEARS AND OLDER (INCLUDES FLUOROSCOPIC			
	GUIDANCE, WHEN PERFORMED)	5/1/2019	F /1 /2010	NIA
	EXTRACORPOREAL MEMBRANE OXYGENATION	5/1/2019	5/1/2019	NA
33965	(ECMO)/EXTRACORPOREAL LIFE SUPPORT (ECLS) PROVIDED BY			
	PHYSICIAN; REMOVAL OF PERIPHERAL (ARTERIAL AND/OR VENOUS)			
	CANNULA(E), PERCUTANEOUS, BIRTH THROUGH 5 YEARS OF AGE			
	EXTRACORPOREAL MEMBRANE OXYGENATION	5/1/2019	5/1/2019	NA
33966	(ECMO)/EXTRACORPOREAL LIFE SUPPORT (ECLS) PROVIDED BY			
	PHYSICIAN; REMOVAL OF PERIPHERAL (ARTERIAL AND/OR VENOUS) CANNULA(E), PERCUTANEOUS, 6 YEARS AND OLDER			
	INSERTION OF INTRA-AORTIC BALLOON ASSIST DEVICE,	5/1/2019	5/1/2019	NA
33967	PERCUTANEOUS	0, 1, 2020	5, 1, 2015	
33968	REMOVAL OF INTRA-AORTIC BALLOON ASSIST DEVICE,	5/1/2019	5/1/2019	NA
33508	PERCUTANEOUS			
		5/1/2019	5/1/2019	NA
33969	EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO)/EXTRACORPOREAL LIFE SUPPORT (ECLS) PROVIDED BY			
33909	PHYSICIAN; REMOVAL OF PERIPHERAL (ARTERIAL AND/OR VENOUS)			
	CANNULA(E), OPEN, BIRTH THROUGH 5 YEARS OF AGE			
	EXTRACORPOREAL MEMBRANE OXYGENATION	5/1/2019	5/1/2019	NA
33984	(ECMO)/EXTRACORPOREAL LIFE SUPPORT (ECLS) PROVIDED BY			
	PHYSICIAN; REMOVAL OF PERIPHERAL (ARTERIAL AND/OR VENOUS)			
	CANNULA(E), OPEN, 6 YEARS AND OLDER ARTERIAL EXPOSURE WITH CREATION OF GRAFT CONDUIT (EG,	E /1 /2010	F /1 /2010	NIA
	CHIMNEY GRAFT) TO FACILITATE ARTERIAL PERFUSION FOR	5/1/2019	5/1/2019	NA
33987	ECMO/ECLS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY			
	PROCEDURE)			
33992	REMOVAL OF PERCUTANEOUS VENTRICULAR ASSIST DEVICE AT	5/1/2019	5/1/2019	NA
	SEPARATE AND DISTINCT SESSION FROM INSERTION	- 14 10040	5/4/2040	
33993	REPOSITIONING OF PERCUTANEOUS VENTRICULAR ASSIST DEVICE WITH IMAGING GUIDANCE AT SEPARATE AND DISTINCT SESSION	5/1/2019	5/1/2019	NA
33333	FROM INSERTION			
	PERCUTANEOUS ACCESS AND CLOSURE OF FEMORAL ARTERY FOR	5/1/2019	5/1/2019	NA
	DELIVERY OF ENDOGRAFT THROUGH A LARGE SHEATH (12 FRENCH OR			
34713	LARGER), INCLUDING ULTRASOUND GUIDANCE, WHEN PERFORMED,			
	UNILATERAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY			
	PROCEDURE)	E /1 /2010	F /1 /2010	NIA
	OPEN FEMORAL ARTERY EXPOSURE WITH CREATION OF CONDUIT FOR	5/1/2019	5/1/2019	NA
34714	DELIVERY OF ENDOVASCULAR PROSTHESIS OR FOR ESTABLISHMENT			
	OF CARDIOPULMONARY BYPASS, BY GROIN INCISION, UNILATERAL			
	(LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)			
24000		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
24042	OPEN FEMORAL ARTERY EXPOSURE FOR DELIVERY OF ENDOVASCULAR	-, ,	-, ,	
34812	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 DURIN			
ENDOVASCULAR AORTIC ANEURYSM REPAIR (LIST SEPARATELY I	N		
ADDITION TO CODE FOR PRIMARY PROCEDURE)			
OPEN BRACHIAL ARTERY EXPOSURE FOR DELIVERY OF ENDOVAS		5/1/2019	NA
34834 PROSTHESIS, UNILATERAL (LIST SEPARATELY IN ADDITION TO CO	DDE		
FOR PRIMARY PROCEDURE)			
PHYSICIAN PLANNING OF A PATIENT-SPECIFIC FENESTRATED VIS	CERAL 5/1/2019	5/1/2019	NA
34839 AORTIC ENDOGRAFT REQUIRING A MINIMUM OF 90 MINUTES C)F		
PHYSICIAN TIME			
	5/1/2019	5/1/2019	NA
REOPERATION, CAROTID, THROMBOENDARTERECTOMY, MORE	THAN		
35390 1 MONTH AFTER ORIGINAL OPERATION (LIST SEPARATELY IN			
ADDITION TO CODE FOR PRIMARY PROCEDURE)			
ANGIOSCOPY (NONCORONARY VESSELS OR GRAFTS) DURING	5/1/2019	5/1/2019	NA
35400 THERAPEUTIC INTERVENTION (LIST SEPARATELY IN ADDITION TO) CODE		
FOR PRIMARY PROCEDURE)			
HARVEST OF UPPER EXTREMITY ARTERY, 1 SEGMENT, FOR CORO	DNARY 5/1/2019	5/1/2019	NA
35600 ARTERY BYPASS PROCEDURE (LIST SEPARATELY IN ADDITION TO			
FOR PRIMARY PROCEDURE)			
	5/1/2019	5/1/2019	NA
35681 BYPASS GRAFT; COMPOSITE, PROSTHETIC AND VEIN (LIST SEPAR		5/1/2015	
IN ADDITION TO CODE FOR PRIMARY PROCEDURE)			
IN ADDITION TO CODE FOR TRIVIART PROCEDORES	5/1/2019	5/1/2019	NA
		5/1/2019	NA
35685 PLACEMENT OF VEIN PATCH OR CUFF AT DISTAL ANASTOMOSIS BYPASS GRAFT, SYNTHETIC CONDUIT (LIST SEPARATELY IN ADDI			
	TION		
TO CODE FOR PRIMARY PROCEDURE)	F /4 /2010	F /4 /2010	
	5/1/2019	5/1/2019	NA
35686 CREATION OF DISTAL ARTERIOVENOUS FISTULA DURING LOWER			
EXTREMITY BYPASS SURGERY (NON-HEMODIALYSIS) (LIST SEPAR	RATELY		
IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	- 4 - 4	- 4 - 4	
REIMPLANTATION, VISCERAL ARTERY TO INFRARENAL AORTIC	5/1/2019	5/1/2019	NA
35697 PROSTHESIS, EACH ARTERY (LIST SEPARATELY IN ADDITION TO C	ODE		
FOR PRIMARY PROCEDURE)			
	5/1/2019	5/1/2019	NA
REOPERATION, FEMORAL-POPLITEAL OR FEMORAL (POPLITEAL)			
35700 ANTERIOR TIBIAL, POSTERIOR TIBIAL, PERONEAL ARTERY, OR OT			
35700 ANTERIOR TIBIAL, POSTERIOR TIBIAL, PERONEAL ARTERY, OR OT DISTAL VESSELS, MORE THAN 1 MONTH AFTER ORIGINAL OPERA	HER		
	HER ATION		
DISTAL VESSELS, MORE THAN 1 MONTH AFTER ORIGINAL OPERA	HER ATION	5/1/2019	NA
DISTAL VESSELS, MORE THAN 1 MONTH AFTER ORIGINAL OPERA (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCED	HER ATION PURE)	5/1/2019 5/1/2019	NA NA
DISTAL VESSELS, MORE THAN 1 MONTH AFTER ORIGINAL OPERA (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCED 35901 EXCISION OF INFECTED GRAFT; NECK	HER ATION DURE) 5/1/2019		
DISTAL VESSELS, MORE THAN 1 MONTH AFTER ORIGINAL OPERA(LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCED35901EXCISION OF INFECTED GRAFT; NECK35903EXCISION OF INFECTED GRAFT; EXTREMITY	HER ATION DURE) 5/1/2019 5/1/2019	5/1/2019	NA
DISTAL VESSELS, MORE THAN 1 MONTH AFTER ORIGINAL OPERA (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCED 35901 EXCISION OF INFECTED GRAFT; NECK 35903 EXCISION OF INFECTED GRAFT; EXTREMITY 35905 EXCISION OF INFECTED GRAFT; THORAX	HER ATION DURE) 5/1/2019 5/1/2019 5/1/2019	5/1/2019 5/1/2019	NA NA
DISTAL VESSELS, MORE THAN 1 MONTH AFTER ORIGINAL OPERA (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCED 35901 EXCISION OF INFECTED GRAFT; NECK 35903 EXCISION OF INFECTED GRAFT; EXTREMITY 35905 EXCISION OF INFECTED GRAFT; THORAX 35907 EXCISION OF INFECTED GRAFT; ABDOMEN	HER ATION DURE) 5/1/2019 5/1/2019 5/1/2019 5/1/2019	5/1/2019 5/1/2019 5/1/2019	NA NA NA
DISTAL VESSELS, MORE THAN 1 MONTH AFTER ORIGINAL OPERA (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCED 35901 EXCISION OF INFECTED GRAFT; NECK 35903 EXCISION OF INFECTED GRAFT; EXTREMITY 35905 EXCISION OF INFECTED GRAFT; THORAX 35907 EXCISION OF INFECTED GRAFT; ABDOMEN	HER ATION 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019	5/1/2019 5/1/2019 5/1/2019 5/1/2019	NA NA NA
DISTAL VESSELS, MORE THAN 1 MONTH AFTER ORIGINAL OPERA (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCED 35901 EXCISION OF INFECTED GRAFT; NECK 35903 EXCISION OF INFECTED GRAFT; EXTREMITY 35905 EXCISION OF INFECTED GRAFT; THORAX 35907 EXCISION OF INFECTED GRAFT; ABDOMEN 36000 INTRODUCTION OF NEEDLE OR INTRACATHETER, VEIN	HER ATION 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019	5/1/2019 5/1/2019 5/1/2019 5/1/2019	NA NA NA
DISTAL VESSELS, MORE THAN 1 MONTH AFTER ORIGINAL OPERA (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCED 35901 EXCISION OF INFECTED GRAFT; NECK 35903 EXCISION OF INFECTED GRAFT; EXTREMITY 35905 EXCISION OF INFECTED GRAFT; THORAX 35907 EXCISION OF INFECTED GRAFT; ABDOMEN 36000 INTRODUCTION OF NEEDLE OR INTRACATHETER, VEIN 36002 INJECTION PROCEDURES (EG, THROMBIN) FOR PERCUTANEOUS TREATMENT OF EXTREMITY PSEUDOANEURYSM INJECTION PROCEDURE FOR EXTREMITY VENOGRAPHY (INCLUD	HER ATION 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019	5/1/2019 5/1/2019 5/1/2019 5/1/2019	NA NA NA
DISTAL VESSELS, MORE THAN 1 MONTH AFTER ORIGINAL OPERA (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCED35901EXCISION OF INFECTED GRAFT; NECK35903EXCISION OF INFECTED GRAFT; EXTREMITY35905EXCISION OF INFECTED GRAFT; THORAX35907EXCISION OF INFECTED GRAFT; ABDOMEN36000INTRODUCTION OF NEEDLE OR INTRACATHETER, VEIN36002INJECTION PROCEDURES (EG, THROMBIN) FOR PERCUTANEOUS TREATMENT OF EXTREMITY PSEUDOANEURYSM	HER ATION 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019	5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019	NA NA NA NA
DISTAL VESSELS, MORE THAN 1 MONTH AFTER ORIGINAL OPERA (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCED35901EXCISION OF INFECTED GRAFT; NECK35903EXCISION OF INFECTED GRAFT; EXTREMITY35905EXCISION OF INFECTED GRAFT; EXTREMITY35907EXCISION OF INFECTED GRAFT; ABDOMEN36000INTRODUCTION OF NEEDLE OR INTRACATHETER, VEIN36002INJECTION PROCEDURES (EG, THROMBIN) FOR PERCUTANEOUS TREATMENT OF EXTREMITY PSEUDOANEURYSM36005INJECTION OF NEEDLE OR INTRACATHETER)	HER ATION 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019	5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019	NA NA NA NA
DISTAL VESSELS, MORE THAN 1 MONTH AFTER ORIGINAL OPERA (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCED 35901 EXCISION OF INFECTED GRAFT; NECK 35903 EXCISION OF INFECTED GRAFT; EXTREMITY 35905 EXCISION OF INFECTED GRAFT; THORAX 35907 EXCISION OF INFECTED GRAFT; ABDOMEN 36000 INTRODUCTION OF NEEDLE OR INTRACATHETER, VEIN 36002 INJECTION PROCEDURES (EG, THROMBIN) FOR PERCUTANEOUS TREATMENT OF EXTREMITY PSEUDOANEURYSM 36005 INJECTION PROCEDURE FOR EXTREMITY VENOGRAPHY (INCLUD	HER ATION DURE) 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019	5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019	NA NA NA NA
DISTAL VESSELS, MORE THAN 1 MONTH AFTER ORIGINAL OPERA (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCED 35901 EXCISION OF INFECTED GRAFT; NECK 35903 EXCISION OF INFECTED GRAFT; EXTREMITY 35905 EXCISION OF INFECTED GRAFT; EXTREMITY 35907 EXCISION OF INFECTED GRAFT; ABDOMEN 36000 INTRODUCTION OF NEEDLE OR INTRACATHETER, VEIN 36002 INJECTION PROCEDURES (EG, THROMBIN) FOR PERCUTANEOUS TREATMENT OF EXTREMITY PSEUDOANEURYSM 36005 INJECTION PROCEDURE FOR EXTREMITY VENOGRAPHY (INCLUD INTRODUCTION OF NEEDLE OR INTRACATHETER) 36010 INTRODUCTION OF CATHETER, SUPERIOR OR INFERIOR VENA CA SELECTIVE CATHETER PLACEMENT, VENOUS SYSTEM: FIRST ORD	HER ATION 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019	5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019	NA NA NA NA
DISTAL VESSELS, MORE THAN 1 MONTH AFTER ORIGINAL OPERA (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCED 35901 EXCISION OF INFECTED GRAFT; NECK 35903 EXCISION OF INFECTED GRAFT; NECK 35905 EXCISION OF INFECTED GRAFT; EXTREMITY 35907 EXCISION OF INFECTED GRAFT; THORAX 36000 INTRODUCTION OF NEEDLE OR INTRACATHETER, VEIN 36002 INJECTION PROCEDURES (EG, THROMBIN) FOR PERCUTANEOUS TREATMENT OF EXTREMITY PSEUDOANEURYSM 36005 INTRODUCTION OF NEEDLE OR INTRACATHETER) 36010 INTRODUCTION OF CATHETER, SUPERIOR OR INFERIOR VENA CA SELECTIVE CATHETER PLACEMENT, VENOUS SYSTEM; FIRST ORD	HER ATION 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019	5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019	NA NA NA NA NA
DISTAL VESSELS, MORE THAN 1 MONTH AFTER ORIGINAL OPERA (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCED35901EXCISION OF INFECTED GRAFT; NECK35903EXCISION OF INFECTED GRAFT; EXTREMITY35905EXCISION OF INFECTED GRAFT; THORAX35907EXCISION OF INFECTED GRAFT; ABDOMEN36000INTRODUCTION OF NEEDLE OR INTRACATHETER, VEIN36002INJECTION PROCEDURES (EG, THROMBIN) FOR PERCUTANEOUS TREATMENT OF EXTREMITY PSEUDOANEURYSM36005INTRODUCTION OF NEEDLE OR INTRACATHETER)36010INTRODUCTION OF CATHETER, SUPERIOR OR INFERIOR VENA CA SELECTIVE CATHETER PLACEMENT, VENOUS SYSTEM; FIRST ORD BRANCH (EG, RENAL VEIN, JUGULAR VEIN)	HER ATION DURE) 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019	5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019	NA NA NA NA NA
DISTAL VESSELS, MORE THAN 1 MONTH AFTER ORIGINAL OPERA (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCED35901EXCISION OF INFECTED GRAFT; NECK35903EXCISION OF INFECTED GRAFT; EXTREMITY35905EXCISION OF INFECTED GRAFT; THORAX35907EXCISION OF INFECTED GRAFT; ABDOMEN36000INTRODUCTION OF NEEDLE OR INTRACATHETER, VEIN36002INJECTION PROCEDURES (EG, THROMBIN) FOR PERCUTANEOUS TREATMENT OF EXTREMITY PSEUDOANEURYSM36005INTRODUCTION OF NEEDLE OR INTRACATHETER)36010INTRODUCTION OF CATHETER, SUPERIOR OR INFERIOR VENA CA SELECTIVE CATHETER PLACEMENT, VENOUS SYSTEM; FIRST ORD BRANCH (EG, RENAL VEIN, JUGULAR VEIN) SELECTIVE CATHETER PLACEMENT, VENOUS SYSTEM; SECOND CO	HER ATION DURE) 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019	5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019	NA NA NA NA NA
DISTAL VESSELS, MORE THAN 1 MONTH AFTER ORIGINAL OPERA (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCED 35901 EXCISION OF INFECTED GRAFT; NECK 35903 EXCISION OF INFECTED GRAFT; NECK 35905 EXCISION OF INFECTED GRAFT; EXTREMITY 35907 EXCISION OF INFECTED GRAFT; THORAX 36000 INTRODUCTION OF NEEDLE OR INTRACATHETER, VEIN 36002 INJECTION PROCEDURES (EG, THROMBIN) FOR PERCUTANEOUS TREATMENT OF EXTREMITY PSEUDOANEURYSM 36005 INJECTION PROCEDURE FOR EXTREMITY VENOGRAPHY (INCLUD INTRODUCTION OF NEEDLE OR INTRACATHETER) 36010 INTRODUCTION OF CATHETER, SUPERIOR OR INFERIOR VENA CA SELECTIVE CATHETER PLACEMENT, VENOUS SYSTEM; FIRST ORD BRANCH (EG, RENAL VEIN, JUGULAR VEIN) SELECTIVE CATHETER PLACEMENT, VENOUS SYSTEM; SECOND C 36012	HER ATION DURE) 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019	5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019	NA NA NA NA NA
DISTAL VESSELS, MORE THAN 1 MONTH AFTER ORIGINAL OPERA (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCED35901EXCISION OF INFECTED GRAFT; NECK35903EXCISION OF INFECTED GRAFT; EXTREMITY35905EXCISION OF INFECTED GRAFT; EXTREMITY36000INTRODUCTION OF NEEDLE OR INTRACATHETER, VEIN36002INJECTION PROCEDURES (EG, THROMBIN) FOR PERCUTANEOUS TREATMENT OF EXTREMITY PSEUDOANEURYSM36005INJECTION PROCEDURE (EG, THROMBIN) FOR PERCUTANEOUS TREATMENT OF EXTREMITY VENOGRAPHY (INCLUD INTRODUCTION OF NEEDLE OR INTRACATHETER)36010INTRODUCTION OF CATHETER, SUPERIOR OR INFERIOR VENA CA SELECTIVE CATHETER PLACEMENT, VENOUS SYSTEM; FIRST ORD BRANCH (EG, RENAL VEIN, JUGULAR VEIN) SELECTIVE CATHETER PLACEMENT, VENOUS SYSTEM; SECOND C36012OR MORE SELECTIVE, BRANCH (EG, LEFT ADRENAL VEIN, PETROS SINUS)	HER ATION DURE) 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019	5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019	NA NA NA NA NA NA
DISTAL VESSELS, MORE THAN 1 MONTH AFTER ORIGINAL OPERA (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCED 35901 S5901 EXCISION OF INFECTED GRAFT; NECK 35903 EXCISION OF INFECTED GRAFT; EXTREMITY 35905 EXCISION OF INFECTED GRAFT; EXTREMITY 35907 EXCISION OF INFECTED GRAFT; ABDOMEN 36000 INTRODUCTION OF NEEDLE OR INTRACATHETER, VEIN 36002 INJECTION PROCEDURES (EG, THROMBIN) FOR PERCUTANEOUS TREATMENT OF EXTREMITY PSEUDOANEURYSM 36005 INJECTION PROCEDURE FOR EXTREMITY VENOGRAPHY (INCLUD INTRODUCTION OF NEEDLE OR INTRACATHETER) 36010 INTRODUCTION OF CATHETER, SUPERIOR OR INFERIOR VENA CA SELECTIVE CATHETER PLACEMENT, VENOUS SYSTEM; FIRST ORD BRANCH (EG, RENAL VEIN, JUGULAR VEIN) 36012 OR MORE SELECTIVE, BRANCH (EG, LEFT ADRENAL VEIN, PETROS SINUS) 36013 INTRODUCTION OF CATHETER, RIGHT HEART OR MAIN PULMON	HER ATION DURE) 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019	5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019	NA NA NA NA NA
DISTAL VESSELS, MORE THAN 1 MONTH AFTER ORIGINAL OPERA (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCED35901EXCISION OF INFECTED GRAFT; NECK35903EXCISION OF INFECTED GRAFT; EXTREMITY35905EXCISION OF INFECTED GRAFT; EXTREMITY35907EXCISION OF INFECTED GRAFT; ABDOMEN36000INTRODUCTION OF NEEDLE OR INTRACATHETER, VEIN36002INJECTION PROCEDURES (EG, THROMBIN) FOR PERCUTANEOUS TREATMENT OF EXTREMITY PSEUDOANEURYSM36005INJECTION PROCEDURE (EG, THROMBIN) FOR PERCUTANEOUS TREATMENT OF EXTREMITY VENOGRAPHY (INCLUD INTRODUCTION OF NEEDLE OR INTRACATHETER)36010INTRODUCTION OF CATHETER, SUPERIOR OR INFERIOR VENA CA SELECTIVE CATHETER PLACEMENT, VENOUS SYSTEM; FIRST ORD BRANCH (EG, RENAL VEIN, JUGULAR VEIN) SELECTIVE CATHETER PLACEMENT, VENOUS SYSTEM; FIRST ORD BRANCH (EG, RENAL VEIN, JUGULAR VEIN) SELECTIVE CATHETER PLACEMENT, VENOUS SYSTEM; SECOND C SINUS)36013INTRODUCTION OF CATHETER, RIGHT HEART OR MAIN PULMON ARTERY	HER ATION DURE) 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019	5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019	NA NA NA NA NA NA
DISTAL VESSELS, MORE THAN 1 MONTH AFTER ORIGINAL OPERA (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCED35901EXCISION OF INFECTED GRAFT; NECK35903EXCISION OF INFECTED GRAFT; EXTREMITY35905EXCISION OF INFECTED GRAFT; EXTREMITY35907EXCISION OF INFECTED GRAFT; ABDOMEN36000INTRODUCTION OF NEEDLE OR INTRACATHETER, VEIN36002INJECTION PROCEDURES (EG, THROMBIN) FOR PERCUTANEOUS TREATMENT OF EXTREMITY PSEUDOANEURYSM36005INJECTION PROCEDURES (EG, THROMBIN) FOR PERCUTANEOUS TREATMENT OF EXTREMITY VENOGRAPHY (INCLUD INTRODUCTION OF NEEDLE OR INTRACATHETER)36010INTRODUCTION OF CATHETER, SUPERIOR OR INFERIOR VENA CA SELECTIVE CATHETER PLACEMENT, VENOUS SYSTEM; FIRST ORD BRANCH (EG, RENAL VEIN, JUGULAR VEIN) SELECTIVE CATHETER PLACEMENT, VENOUS SYSTEM; SECOND C SINUS)36013INTRODUCTION OF CATHETER, RIGHT HEART OR MAIN PULMONARY SELECTIVE CATHETER PLACEMENT, LEFT OR RIGHT PULMONARY	HER ATION DURE) 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019 0/1/2019	5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019	NA NA NA NA NA NA
DISTAL VESSELS, MORE THAN 1 MONTH AFTER ORIGINAL OPERA (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCED35901EXCISION OF INFECTED GRAFT; NECK35903EXCISION OF INFECTED GRAFT; EXTREMITY35905EXCISION OF INFECTED GRAFT; THORAX35907EXCISION OF INFECTED GRAFT; ABDOMEN36000INTRODUCTION OF NEEDLE OR INTRACATHETER, VEIN36002INJECTION PROCEDURES (EG, THROMBIN) FOR PERCUTANEOUS TREATMENT OF EXTREMITY PSEUDOANEURYSM36005INJECTION PROCEDURES (EG, THROMBIN) FOR PERCUTANEOUS TREATMENT OF EXTREMITY VENOGRAPHY (INCLUD INTRODUCTION OF NEEDLE OR INTRACATHETER)36010INTRODUCTION OF CATHETER, SUPERIOR OR INFERIOR VENA CA SELECTIVE CATHETER PLACEMENT, VENOUS SYSTEM; FIRST ORD BRANCH (EG, RENAL VEIN, JUGULAR VEIN) SELECTIVE CATHETER PLACEMENT, VENOUS SYSTEM; FIRST ORD SINUS)36013INTRODUCTION OF CATHETER, RIGHT HEART OR MAIN PULMONA ARTERY36014SELECTIVE CATHETER PLACEMENT, LEFT OR RIGHT PULMONARY ARTERY	HER ATION S/1/2019 S/1/2019 S/1/2019 S/1/2019 S/1/2019 ING S/1/2019 VAR S/1/2019 S/1/2019 S/1/2019 S/1/2019 S/1/2019 ING S/1/2019 S/1/2019 S/1/2019 VAR S/1/2019 VAR S/1/2019 VAR S/1/2019 SAL S/1/2019	5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019	NA NA NA NA NA NA NA
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Selfer Selfer to CATHERE PLACEMENT, ATTRIAL STEMA, NITHA SECOND (1/2019) S/1/2019 NA Selfer ORDER to TORGER (000 REARCHOCEMENT), ATTRIAL STEMA, DOTTONAL VASCULAR AMULT SECOND ORDER, THEN ORDER, AND BENON, INIGAL CAN SECOND ORDER, THEN ORDER, AND BENON, UNIGAL CAN AND DOTON TO COURT REIN SECOND OR THEO ORDER VESEL AS APPROPRIATE S/1/2019 S/1/2019 S/1/2019 NA Selfer NON-SELECTIVE CATHERE PLACEMENT, THORAGE CAOTA, WITH AMGOGRAPH OF THE ETRACEMENT, COMMON CAOTA, WITH AMGOGRAPH OF THE ETRACEMENT, ACTIN MERROR, CAOTA WITH AM AVECUTE CATHERE PLACEMENT, ATTRACEMENT, ACTIN MERROR, WITH AMGOGRAPH OF THE ENDER CENT, ATTRACEMENT,	36215	ORDER THORACIC OR BRACHIOCEPHALIC BRANCH, WITHIN A	5/1/2019	5/1/2019	NA
38378 SRECTIVE CATHERE PLACEMENT, ARTERIAL SYSTEM, ADDITIONAL 2012 5/1/2019 5/1/2019 5/1/2019 38378 BRACHUCCEPHALIC BRANCH, WITHIN A VASCUAR FAMILY (LIST IN ADDITION TO COEP OR INITIAL SECOND OF HERE ORDER VESSEA IS APROPRIATE) 5/1/2019 5/1/2019 5/1/2019 MA 38221 NON-SELECTIVE CATHERE PLACEMENT, THORACLE ADDIT, VARTEAN, ANDITON ANDOGOMENT OF THE EXTRACTMENT (LIGK) (LIST IN ADDITION TO COEP OR INITIAL SECOND OF HERE PRACEMENT, NUCUERS ANDOGOMENT OF THE EXTRACTMENT (LIGK) (LIST IN ADDITION TO COEP OR INITIAL SECOND OF HERE PRACEMENT, NUCUERS ANDOGOMENT OF THE EXTRACTMENT (LIGK) (LIST IN ADDITION TO COEP OR INITIAL SECOND OF HERE PRACEMENT, NUCUERS ANDOGOMENT OF THE EXTRACTMENT (LIGK) (LIST IN ADDITION TO COEP OR INTIAL SECOND OF HERE PRACEMENT, NUCUERS ANDOGOMENT OF THE EXTRACTMENT (LIGK) (LIST IN ADDITION TO COEP OR INTIAL SECOND OF HERE PRACEMENT, DEVENDENT TO COEP OR INTIAL SECOND OF HERE PRACEMENT (LIGK) (LIST IN ADDITION TO COEP OR INTIAL SECOND OF HERE PRACEMENT (LIGK) (LIST IN ADDITION TO COEP OR INTIAL SECOND OF HERE PRACEMENT (LIGK) (LIST IN ADDITION TO COEP OR INTIAL SECOND OF HERE PRACEMENT (LIST IN ADDITION TO COEP OR INTIAL SECOND OF HERE PRACEMENT (LIST IN ADDITION TO COEP OR INTIAL SECOND OF HERE PRACEMENT (LIST IN ADDITION TO COEP OR INTIAL SECOND OF HERE PRACEMENT (LIST IN ADDITION TO COEP OR INTIAL SECOND OF HERE PRACEMENT (LIST IN ADDITION TO TO COEP OR INFINIAL SECOND OF HERE PRACEMENT (LIST IN ADDITION TO TO COEP OR INFINIAL SECOND OF HERE PRACEMENT (LIST IN ADDITION TO TO COEP OR INFINIAL SECOND OF HERE PRACEMENT (LIST IN ADDITION TO TO COEP OR INFINIAL SECOND OF HERE PRACEMENT (LIST IN ADDITION TO TO COEP OR INFINIAL SECOND OF HERE PRACEMENT (LIST IN ADDITION TO TO COEP OR INFINIAL SECOND OF HERE PRACEMENT (LIST IN ADDITION TO COE	36216	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL SECOND ORDER THORACIC OR BRACHIOCEPHALIC BRANCH, WITHIN A	5/1/2019	5/1/2019	NA
36221 \$/1/2019 \$/1/2019 \$/1/2019 \$/1/2019 36221 INTRACEMANUE OF THE ENTRACEMENT, TINDRACIC ADDR JUTTA \$/1/2019 \$/1/2019 36221 INTRACEMANUE OF THE ENTRACEMENT, COMMON CAROTI DA BLATTRAL, AND ALLI \$/1/2019 \$/1/2019 \$/1/2019 36222 SELECTIVE CATHETER PLACEMENT, COMMON CAROTI DA SUTTANUEL ADDR JUNCTER PLACEMENT, A	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	5/1/2019	5/1/2019	NA
36221 NON-SELCTIVE CATHETER PLACEMENT, TODACIC AORTA, WITH ANGIGGRAPHY OF THE CERNARUL CARODI, VERPRETATION, INCLUDES ANGIORATIVE OF THE CERNAL AND ALL ASSOCIATE DAGOLOGICAL SUPERVISION AND INTERPRETATION, INCLUDES ANGIORATIVE OF THE SELECTIVE CATHETER PLACEMENT, COMMON CAROTID OF REFORMANT OF THE SELECTIVE CATHETER PLACEMENT, COMMON CAROTID OF REFORMANT OF THE SELECTIVE CATHETER PLACEMENT, COMMON CAROTID AND NANOGRAPHY OF THE SELECTIVE CATHETER PLACEMENT, COMMON CAROTID OF CIRCULATION AND ALL ASSOCIATE DAMOLOGICAL SUPERVISION AND INTERPRETATION, INCLUDES ANGIORAPHY OF THE CERNIFOLING CIRCULATION AND ALL ASSOCIATE DAMOLOGICAL SUPERVISION AND INTERPRETATION, INCLUDES ANGIORAPHY OF THE CERNIFOLING CIRCULATION AND ALL ASSOCIATE DAMOLOGICAL SUPERVISION AND INTERPRETATION, UNDER SELECTIVE CALULATION INTERPRETATION, INCLUDES ANGIORAPHY OF THE SELECTIVE CALULATION AND ALL ASSOCIATE DAMOLOGICAL SUPERVISION AND INTERPRETATION (LIST SEPANATELY IN ADDITION INTERPRETATION (LIST SEPANATELY IN ADDITION INTERPRETATION (LIST SEPANATELY IN ADDITION INTERPRETATION (LIST SEPANATELY IN ADDITION INTO CODE FOR PRIMAPY PROCEDURE) 5/1/2019 NA 36226 SELECTIVE CATHETER REALEMENT, ACTHINT MATERIAL SYSTEM, LEACH PRIST INTERPRETATION (LIST SEPANATELY IN ADDITION INTO CODE FOR PRIMAPY PROCEDURE) 5/1/2019 NA 36226 SELECTIVE CATHETER REALEMENT, ATTERNAL SYSTEM, LEACH PRIST INTERPRETATION (LIST SEPANATELY IN ADDITION TO CODE FOR PRIMAPY PROCEDURE) 5/1/2019 NA 36226 SELECTIVE CATHETER REALEMENT, ATTERNAL SYSTEM, LEACH PRIST INTERPRETATION, CODE FOR PRIMAPY PROCEDURE) 5/1/2019 S/1/2019 NA 36226 SELECTIVE CATHETER REALEMENT, ATTERNAL SYSTEM, LEACH P		APPROPRIATE)	E/1/2010	E/1/2010	NIA
5/1/2019 5/1/2019 5/1/2019 5/1/2019 36222 CECUTY CATHETER PLACEMENT, COMMON CAROTID OR INTERPRETATION, INCLUDE STREAL CETARCATION CAROTID OR CECULATION AND ALL ASSOCIATED RADIOLOGICAL, SUPERVISION AND INTERPRETATION, INCLUDE SANDOGRAPHY OF THE SUPERVISION AND ILLASSOCIATED RADIOLOGICAL. 5/1/2019 5/1/2019 NA 36227 EUCLIVIC CATHETER PLACEMENT, EXTERNAL CAROTID ATTERNAL CAROTID CICULATION, MUCH AND ALL ASSOCIATED RADIOLOGICAL. 5/1/2019 NA 36227 EUCLIVIC CATHETER PLACEMENT, EXTERNAL CAROTID ATTERN, CAROTID CICULATION AND ALL ASSOCIATED RADIOLOGICAL. \$/1/2019 \$/1/2019 NA 36228 EUCLIVIC CATHETER PLACEMENT, EXTERNAL CREATION, UNIT SEPARATELY IN ADDICLOGICAL. \$/1/2019 \$/1/2019 NA 36226 MADIOLE CEREBRAL ARCHY, INFORMEDIAL CREATION MADIALL SUPERVISION AND INTERPRETATION (LIST SEPARATELY IN ADDICLOGICAL. \$/1/2019 \$/1/2019 NA 36226 MADIOLE CEREBRAL ARTERY, POSTEDION INTERPRETATION HAD LIST SEPARATELY IN ADDICLOGICAL SUPERVISION AND ALL ASSOCIATED PLANOLOGICAL SUPERVISION AND ALL SUPERVISION AND ALL SEPARATELY IN ADDICTION TO CODE FOR PRIMARY \$/1/2019 \$/1/2019 NA 36226 OUDER ADDIMILLA PLANOLOGICAL SUPERVISION AND ALL SUPERVISION AND ALL SEPARATELY IN ADDICTION AND ALL SUPERVISION AND ALL SEPARATELY IN ADDICTION AND ALL SUPERVISION AND ALL SEPARATELY IN ADDICTION AND ALL SUPARATERY (LIST SEPARATELY IN ADD	36221	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	5/1/2019	5/1/2019	NA
36222 NINOMINATE ARTERVI, UNILATERAL, NAY APPROACH, WITH 36224 ANGIOGRAPHY OF THE ISLANDICAGICAL SUPERVISION AND INTERPRETATION, INCLUDES ANGIOGRAPHY OF THE CENVICICATERER ALCENTINE, INTERNAL CAROTID ATTERNA, AT			5/1/2019	5/1/2019	NA
SIL2C100 SIL2C1000 SIL2C100 SIL2C100	36222	INNOMINATE ARTERY, UNILATERAL, ANY APPROACH, WITH ANGIOGRAPHY OF THE IPSILATERAL EXTRACRANIAL CAROTID CIRCULATION AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION, INCLUDES ANGIOGRAPHY OF THE			
36227 SELECTIVE CATHETER PLACEMENT, KYTERNAL CAROTID ARTERY, UIUIAUTAEN, WTT AN SOLOGRAPHY OF THE IPICIATERAL LYTERNAL CAROTID CIRCULATION AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRINARY PROCEDURE) 5/1/2019 5/1/2019 5/1/2019 36228 SELECTIVE CATHETER PLACEMENT, EACH INTRACRANIAL BRANCH OF THE INTERNAL CAROTID OR VERTBERAL ARTERNS, UNILATERAL, WITH ANSIOGRAPHY OF THE SELECTED VSES LERCULATION AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION (EG, MIDDLE CREBRAL ARTERNS, POSTERIOR INTREGUCE CREBELLAR ARTERY) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) 5/1/2019 5/1/2019 NA 36245 ORDER ABDOMINAL, PELVIC, OR LOWER EXTREMITY ARTERY BRANCH. WITHIN A VASCULAR FAMILY 5/1/2019 5/1/2019 NA 36246 ORDER ABDOMINAL, PELVIC, OR LOWER EXTREMITY ARTERY BRANCH. WITHIN A VASCULAR FAMILY 5/1/2019 5/1/2019 NA 36247 ORDER ABDOMINAL, PELVIC, OR LOWER EXTREMITY ARTERY BRANCH. WITHIN A VASCULAR FAMILY 5/1/2019 5/1/2019 NA 36248 ORDER KABDOMINAL, PELVIC, OR LOWER EXTREMITY ARTERY BRANCH. WITHIN A VASCULAR FAMILY 5/1/2019 5/1/2019 NA 36248 ORDER KABDORINAL, PELVIC, OR LOWER EXTREMITY ARTERY BRANCH. WITHIN A VASCULAR FAMILY 5/1/2019 5/1/2019 NA 36248 ORDER KABDORINAL, PELVIC, OR LOWER EXTREMENT MATERY BRANCH. WITHIN A VASCULAR FAMILY 5/1/2019 </td <td></td> <td>CERVICOCEREBRAL ARCH, WHEN PERFORMED</td> <td>5/1/2019</td> <td>5/1/2019</td> <td>NA</td>		CERVICOCEREBRAL ARCH, WHEN PERFORMED	5/1/2019	5/1/2019	NA
36228 SJ/2019 5/1/2019 5/1/2019 36228 ANGIGGRAPHY OF THE SELECTIVE CATHETER PLACEMENT, EACH INTRACRANIAL BRANCH OF THE EINTERNAL CAROTIO OR VERTEBRAL ARTERIES, UNILATERAL, WITH ANGIGGRAPHY OF THE SELECTIP VESSEL CIRCULATION AND ALL ANGIGGRAPHY OF THE SELECTIP VESSEL CIRCULATION AND ALL ARTERIY (UST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) 5/1/2019 5/1/2019 36245 ORDER ABDOMINAL, PELVIC, OR LOWER EXTERNITY ARTERY BRANCH, WITHIN A VASCULAR FAMILY 5/1/2019 5/1/2019 NA 36246 ORDER ABDOMINAL, PELVIC, OR LOWER EXTERNITY ARTERY BRANCH, WITHIN A VASCULAR FAMILY 5/1/2019 5/1/2019 NA 36246 ORDER ABDOMINAL, PELVIC, OR LOWER EXTERNITY ARTERY BRANCH, WITHIN A VASCULAR FAMILY 5/1/2019 5/1/2019 NA 36248 OR LOWER EXTERNITY ARTERIAL SYSTEM, ADDITIONAL SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM, ADDITIONAL SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM, ADDITIONAL SELECTIVE CATHETER PLACEMENT (FIRST- ORDER), MAIN RENAL ARTERY AND ANY ACCESSORY BENAL ARTERIAL SYSTEM, ADDITONAL SELECTIVE CATHETER PLACEMENT (FIRST- ORDER), MAIN RENAL ARTERY AND ANY ACCESSORY BENAL ARTERIAL SYSTEM, ADDITONAL SELECTIVE CATHETER PLACEMENT (FIRST- ORDER), MAIN RENAL ARTERY AND ANY ACCESSORY BENAL ARTERY (S) FOR RENAL ARATERY AND ANY ACCESSORY CONTRAST INJECTIONS), INAGE FOSTPROCESSING	36227	UNILATERAL, WITH ANGIOGRAPHY OF THE IPSILATERAL EXTERNAL CAROTID CIRCULATION AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION (LIST SEPARATELY IN ADDITION	5, 1, 2015	5, 1, 2015	
36228 THE INTERNAL CAROTIO OR VERTEBRAL ARTERIES, UNILATERAL, WITH 36228 ANGIOGRAPHY OF THE SELECTED VESSEL CIRCULATION AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION (IEG, MIDDLE CEREBRAL ARTERY, IUST SPRAATEV IN ADDITION TO CODE FOR PRIMARY PROCEDURE) 51/2019 \$1/2019 36245 ORDER ABDOMINAL, PELVIC, OR LOWER EXTREMITY ARTERY BRANCH, WITHIN AVASCIUAR FAMILY \$1/2019 \$1/2019 \$1/2019 36246 ORDER ABDOMINAL, PELVIC, OR LOWER EXTREMITY ARTERY BRANCH, WITHIN AVASCIUAR FAMILY \$1/2019 \$1/2019 \$1/2019 \$1/2019 \$1/2019 \$1/2019 \$1/2019 \$1/2019 \$1/2019 \$1/2019 \$1/2019 \$1/2019 \$1/2019 \$1/2019 \$1/2019 \$1/2019 \$1/2019 \$1/2019 \$1/2019 \$1/2019 \$1/2019 \$1/2019 \$1/2019 \$1/2019 \$1/2019 \$1/2019 \$1/2019 \$1/2019 \$1/2019 \$1/2019 \$1/2019 \$1/2019 \$1/2019 \$1/2019 \$1/2019 \$1/2019 \$1/2019 \$1/2019 \$1/2019 \$1/2019 \$1/2019 \$1/2019 \$1/2019 \$1/2019 \$1/2019 \$1/2019 \$1/2019 \$1/2019 \$1/2019 \$1/2019 \$1/2019 \$1/2019 \$1/2019 \$1/2019 <td< td=""><td></td><td>TO CODE FOR TRIMART ROCEDORE</td><td>5/1/2019</td><td>5/1/2019</td><td>NA</td></td<>		TO CODE FOR TRIMART ROCEDORE	5/1/2019	5/1/2019	NA
36245SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; EACH FIRST\$/1/2019\$/1/2019NA36245ORDER ABDOMINAL, PELVIC, OR LOWER EXTREMITY ARTERY BRANCH, SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL SECOND\$/1/2019\$/1/2019NA36246ORDER ABDOMINAL, PELVIC, OR LOWER EXTREMITY ARTERY BRANCH, WITHIN A VASCILLAR FAMILY\$/1/2019\$/1/2019NA36246ORDER, ADDOMINAL, PELVIC, OR LOWER EXTREMITY ARTERY BRANCH, SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; ADDITIONAL\$/1/2019\$/1/2019NA36248ORDER, THIRO ORDER, AND BEYOND, ABDOMINAL PELVIC, UIST IN ADDITION TO CODE FOR INITIAL SECOND OR THIRO ORDER VERTEMITY ARTERY BRANCH, WITHIN A VASCILLAR FAMILY (LIST IN ADDITION TO CODE FOR INITIAL SECOND OR THIRO ORDER VERTEMITY ARTERY BRANCH, MITHIN A VASCILLAR FAMILY (LIST IN ADDITION TO CODE FOR INITIAL SECOND OR THIRO ORDER ARTERY AND ANY ACCESSORY RENAL ARTERY(S) FOR RENAL ARTERY AND ANY ACCESSORY. CONTRAST INECTION(S), IMAGE POSTPROCESSING, PERMANENT RECORDING OF IMAGES, AND RADIOLOGICAL SUPERVISION AND INTERRETATION, INCLUDING RESOURG GRADIENT MEASUREMENTS WHEN PERFORMED, AND S/1/2019\$/1/2019NA36262REMOVAL OF IMPLANTED INTRA-ARTERIAL INVESION PUMP S/1/2019\$/1/2019NA36263COLLECTION OF CAPILLARY BLOOD SPECIMENTS (SPARATE PROCEDURE), FOR DIAGON INTO TO REPREFORMED, AND S/1/2019\$/1/2019NA36416OP A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL (SPARATE PROCEDURE), FOR DUARNOSTICO	36228	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			
36246SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL SECOND 5/1/20195/1/2019NA36246ORDER ABDOMINAL, PELVIC, OR LOWER EXTREMITY ARTERY BRANCH, WITHIN A VASCULAR FAMILY SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; ADDITIONAL SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; ADDITIONAL SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; ADDITIONAL SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; ADDITIONAL USSEL AS APPROPRIATE)5/1/2019NA36248OR LOWER EXTREMITY ARTERY BRANCH, WITHIN A VASCULAR FAMILY (LIST IN ADDITION TO CODE FOR INITIAL SECOND OR THIR ORDER VESSEL AS APPROPRIATE)5/1/2019NA36248SELECTIVE CATHETER PLACEMENT (FIRST-ORDER), MAIN RENAL ARTERY AND ANY ACCESSORY RENAL ARTERY(S) FOR RENAL ARTERY AND ANY ACCESSORY RENAL ARTERY(S) FOR RENAL ARTERY AND ANY ACCESSORY RENAL ARTERY(S) FOR RENAL ARDIOLOGICAL SUPERVISION AND INTERPRETATION, INCLUDING POSTPROCESSING, PERMANENT RECORDING OF IMAGES, AND RADIOLOGICAL SUPERVISION AND INTERPRETATION, INCLUDING PRESSURE GRADIENT MESUREMENTS WHEN PERFORMED, AND PRESSURE GRADIENT MESUREMENTS WHEN PERFORMED, AND S1/2019\$/1/2019\$/1/2019NA36262VENIPUNCTURE, AGE 3 YEARS OR OLDER, NECESSITATING THE SKILL\$/1/2019\$/1/2019NA36410OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL (SEPARATE PROCEDURE), FOR DUAGNOSTIC OR THERAPEUTICE) PURPOSSES (NOT TO BE USED FOR ROUTINE VENIPUNCTURE) PURPOSSES (NOT TO BE USED FOR ROUTINE VENIPUNCTURE) PURPOSSES (NOT TO BE USED FOR ROUTINE VENIPUNCTURE) PURPOSSES (NOT TO BE USED F	36245	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; EACH FIRST ORDER ABDOMINAL, PELVIC, OR LOWER EXTREMITY ARTERY BRANCH,	5/1/2019	5/1/2019	NA
36248SECOND ORDER, THIRD ORDER, AND BEYOND, ABDOMINAL, PELVIC, OR LOWER EXTREMITY ARTERY BRANCH, WITHIN A VASCULAR FAMILY UIST IN ADDITION TO CODE FOR INITIAL SECOND OR THIRD ORDER VESSEL AS APPROPRIATE)5/1/2019NA36251SELECTIVE CATHETER PLACEMENT (FIRST-ORDER), MAIN RENAL ARTERY AND ANY ACCESSORY RENAL ARTERY(S) FOR RENAL ARTERY AND ANY ACCESSORY RENAL ARTERY(S) FOR RENAL ARTERY AND ANY ACCESSORY RENAL ARTERY(S) FOR RENAL ARGIOGRAPHY, 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 PRESSURE GRADIENT MEASUREMENTS WHEN PERFORMED, AND PRESSURE GRADIENT MEASUREMENTS WHEN PERFORMED, UNILATERAL5/1/20195/1/2019NA36262VENIPUNCTURE, AGE 3 YEARS OR OLDER, NECESSITATING THE SKILL (SEPARATE PROCEDURE), FOR DIAGNOSTIC OR THERAPUTIC URINDSTIC OR THERAPUTIC URINDSSICOPS (NOT TO BE USED FOR ROUTINE VENIPUNCTURE, SEPARATE PROCEDURE), FOR DIAGNOSTIC OR THERAPUETIC URINDSSICONT TO BE USED FOR ROUTINE VENIPUNCTURE, SEPARATE PROCEDURE), FOR DIAGNOSTIC OR THERAPUETIC URINDSSES (NOT TO BE USED FOR ROUTINE VENIPUNCTURE, URINDSSES (NOT TO BE USED FOR ROUTINE VENIPUNCTURE, STICK)5/1/2019S/1/2019NA36416COLLECTION OF CAPILLARY BLOOD SPECIMEN (EG, FINGER, HEEL, EAR STICK)5/1/2019NAS36425VENIPUNCTURE, CUTDOWN; AGE 1 OR OVERS/1/2019S/1/2019NA36425SA425VENIPUNCTURE, CUTDOWN; AGE 1 OR OVERS/1/2019S/1/2019NA36425SA425SA1200SILGON DIAD ORDOGOR ONDORDENTSS/1/2019NA </td <td>36246</td> <td>SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL SECOND ORDER ABDOMINAL, PELVIC, OR LOWER EXTREMITY ARTERY BRANCH,</td> <td>5/1/2019</td> <td>5/1/2019</td> <td>NA</td>	36246	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL SECOND ORDER ABDOMINAL, PELVIC, OR LOWER EXTREMITY ARTERY BRANCH,	5/1/2019	5/1/2019	NA
5/1/20195/1/2019NASELECTIVE CATHETER PLACEMENT (FIRST-ORDER), MAIN RENAL ARTERY AND ANY ACCESSORY RENAL ARTERY(S) FOR RENAL ARTERY AND ANY ACCESSORY RENAL ARTERY(S) FOR RENAL ARTERY SIDE ARTERY (S) FOR RENAL ARTERY SIDE ARTERY (S) FOR RENAL ANGIOGRAPHY, INCLUDING ARTERIAL PUNCTURE AND CATHETER PLACEMENT(S), FILUOROSCOPY, 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 PRESSURE GRADIENT MEASUREMENTS WHEN PERFORMED, AND FLUSH AORTOGRAM WHEN PERFORMED; UNILATERAL SOLORAR WHEN PERFORMED; UNILATERAL GEADER (SEPARATE PROCEDURE), FOR DIAGNOSTIC OR THERAPEUTIC PURPOSES (NOT TO BE USED FOR ROUTINE VENIPUNCTURE) PURPOSES (NOT TO BE USED FOR ROUTIN	36248	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	5/1/2019	5/1/2019	NA
ARTERY AND ANY ACCESSORY RENAL ARTERY(S) FOR RENAL ANGIOGRAPHY, INCLUDING ARTERIAL PUNCTURE AND CATHETER 36251 PLACEMENT(S), FLUOROSCOPY, CONTRAST INJECTION(S), IMAGE POSTPROCESSING, PERMANENT RECORDING OF IMAGES, AND RADIOLOGICAL SUPERVISION AND INTERPRETATION, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION, INCLUDING PRESSURE GRADIENT MEASUREMENTS WHEN PERFORMED, AND FLUSH AORTOGRAM WHEN PERFORMED; UNILATERAL 36262 REMOVAL OF IMPLANTED INTRA-ARTERIAL INFUSION PUMP S1/2019 S1/2019 NA CURIPUNCTURE, 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) CULLECTION OF CAPILLARY BLOOD SPECIMEN (EG, FINGER, HEEL, EAR S6416 CULLECTION OF CAPILLARY BLOOD SPECIMEN (EG, FINGER, HEEL, EAR S1/2019 S1/2019 NA STICK S104 CUNPUNCTURE, CUTDOWN; AGE 1 OR OVER S112/12016 S112019 NA S16430 TRANSIGION, BIOOD OR DIOD COMPONENTS S121/2016 S121/			5/1/2019	5/1/2019	NA
36262REMOVAL OF IMPLANTED INTRA-ARTERIAL INFUSION PUMP5/1/20195/1/2019NA36410VENIPUNCTURE, AGE 3 YEARS OR OLDER, NECESSITATING THE SKILLVENIPUNCTURE, AGE 3 YEARS OR OLDER, NECESSITATING THE SKILLVENIPUNCTURE, AGE 3 YEARS OR OLDER, NECESSITATING THE SKILL36410OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL (SEPARATE PROCEDURE), FOR DIAGNOSTIC OR THERAPEUTIC PURPOSES (NOT TO BE USED FOR ROUTINE VENIPUNCTURE) COLLECTION OF CAPILLARY BLOOD SPECIMEN (EG, FINGER, HEEL, EAR STICK)5/1/2019NA36416STICKS1/2019S/1/2019NA36425VENIPUNCTURE, CUTDOWN; AGE 1 OR OVER5/1/2019S/1/2019NA36430Transfusion, Blood or blood components12/1/2016NA	36251	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			
36410 OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL (SEPARATE PROCEDURE), FOR DIAGNOSTIC OR THERAPEUTIC PURPOSES (NOT TO BE USED FOR ROUTINE VENIPUNCTURE) 5/1/2019 NA 36416 COLLECTION OF CAPILLARY BLOOD SPECIMEN (EG, FINGER, HEEL, EAR STICK) 5/1/2019 NA 36425 VENIPUNCTURE, CUTDOWN; AGE 1 OR OVER 5/1/2019 NA 36430 Transfusion, Blood or blood components 12/1/2016 12/1/2016 NA	36262		5/1/2019	5/1/2019	NA
36410OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL (SEPARATE PROCEDURE), FOR DIAGNOSTIC OR THERAPEUTIC PURPOSES (NOT TO BE USED FOR ROUTINE VENIPUNCTURE)5/1/2019NA36416COLLECTION OF CAPILLARY BLOOD SPECIMEN (EG, FINGER, HEEL, EAR STICK)5/1/20195/1/2019NA36425VENIPUNCTURE, CUTDOWN; AGE 1 OR OVER5/1/20195/1/2019NA36430Transfusion, Blood or blood components12/1/2016NA					
36416 STICK) 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	36410	OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL (SEPARATE PROCEDURE), FOR DIAGNOSTIC OR THERAPEUTIC PURPOSES (NOT TO BE USED FOR ROUTINE VENIPUNCTURE)			
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	36416		5/1/2019	5/1/2019	NA
	36425	•	5/1/2019	5/1/2019	NA
36450 Exchange Transfusion, Blood 12/1/2016 12/1/2016 NA					
	36450	Exchange Transfusion, Blood	12/1/2016	12/1/2016	NA

3645	5 EXC	HANGE TRANSFUSION, BLOOD; OTHER THAN NEWBORN	5/1/2019	5/1/2019	NA
2650	0		5/1/2019	5/1/2019	NA
3650	VEN	NOUS CATHETERIZATION FOR SELECTIVE ORGAN BLOOD SAMPLING			
3651	1 THE	RAPEUTIC APHERESIS; FOR WHITE BLOOD CELLS	5/1/2019	5/1/2019	NA
3651	2 THE	RAPEUTIC APHERESIS; FOR RED BLOOD CELLS	5/1/2019	5/1/2019	NA
3651	3 THE	RAPEUTIC APHERESIS; FOR PLATELETS	5/1/2019	5/1/2019	NA
3651	4 THE	RAPEUTIC APHERESIS; FOR PLASMA PHERESIS	5/1/2019	5/1/2019	NA
	THE	RAPEUTIC APHERESIS; WITH EXTRACORPOREAL	5/1/2019	5/1/2019	NA
3651		MUNOADSORPTION, SELECTIVE ADSORPTION OR SELECTIVE TRATION AND PLASMA REINFUSION			
3652		DTOPHERESIS, EXTRACORPOREAL	5/1/2019	5/1/2019	NA
	Inse	ertion of non-tunneled centrally inserted central venous catheter;	4/1/2015	4/1/2015	NA
3655	b age	5 years or older			
2000		ertion of tunneled centrally inserted central venous catheter,	4/1/2015	4/1/2015	NA
3655	o witi	hout subcutaneous port or pump; age 5 years or older			
	Inse	ertion of tunneled centrally inserted central venous access device,	4/1/2015	4/1/2015	NA
3656	1	h subcutaneous port; age 5 years or older	., 1, 2020	., 1, 2010	
		ertion of tunneled centrally inserted central venous access device	4/1/2015	4/1/2015	NA
3656	4	h subcutaneous pump	-, 1, 2015	4/1/2010	
		ertion of tunneled centrally inserted central venous access device,	4/1/2015	4/1/2015	NA
		uiring 2 catheters via 2 separate venous access sites; without	4/1/2015	4/1/2015	INA.
3656	5	cutaneous port or pump (eg, Tesio type catheter)			
	Sub	cutalieous port of pump (eg, resio type catheter)			
	Inco	ortion of tunnolog controlly incorted control yonous accoss doviso	4/1/2015	4/1/2015	NA
3656		ertion of tunneled centrally inserted central venous access device, uiring 2 catheters via 2 separate venous access sites; with	4/1/2015	4/1/2015	NA
5050		•			
		cutaneous port(s)	4/1/2015	4/1/2015	NA
2656		ertion of peripherally inserted central venous catheter (PICC),	4/1/2015	4/1/2015	NA
3656	9 With	hout subcutaneous port or pump; age 5 years or older			
	Inco	ortion of norinhorally incorted control yonous access device, with	4/1/2015	4/1/2015	NLA
3657	1	ertion of peripherally inserted central venous access device, with	4/1/2015	4/1/2015	NA
		cutaneous port; age 5 years or older	4/1/2015	4/1/2015	
2057		bair of tunneled or non-tunneled central venous access catheter,	4/1/2015	4/1/2015	NA
3657		hout subcutaneous port or pump, central or peripheral insertion			
	site		4/1/2015	4/1/2015	NIA
3657	6	pair of central venous access device, with subcutaneous port or	4/1/2015	4/1/2015	NA
	-	np, central or peripheral insertion site	4/1/2015	4/1/2015	
2057		lacement, catheter only, of central venous access device, with	4/1/2015	4/1/2015	NA
3657	8 SUD	cutaneous port or pump, central or peripheral insertion site			
	Bon	lacement complete of a nen tunneled controlly incerted control	4/1/2015	4/1/2015	NLA
2650		placement, complete, of a non-tunneled centrally inserted central	4/1/2015	4/1/2015	NA
3658		ous catheter, without subcutaneous port or pump, through same			
		ous access	4/1/2015	4/1/2015	N1.A
2050		placement, complete, of a tunneled centrally inserted central	4/1/2015	4/1/2015	NA
3658		ous catheter, without subcutaneous port or pump, through same			
		OUS access	4/1/2015	4/1/2015	NLA
2050		placement, complete, of a tunneled centrally inserted central	4/1/2015	4/1/2015	NA
3658		ous access device, with subcutaneous port, through same venous			
	acce		4/1/2015	4/1/2015	NA
2050		placement, complete, of a tunneled centrally inserted central	4/1/2015	4/1/2015	NA
3658		ous access device, with subcutaneous pump, through same venous			
	acce		4/1/2015	4/1/2015	NA
2650		placement, complete, of a peripherally inserted central venous	4/1/2013	4/1/2013	NA
3658		neter (PICC), without subcutaneous port or pump, through same ous access			
		placement, complete, of a peripherally inserted central venous	4/1/2015	4/1/2015	NIA
2650		ess device, with subcutaneous port, through same venous access	4/1/2015	4/1/2015	NA
3658		ess device, with subcutaneous port, through same venous access			
	Bon	noval of tunneled contral veneus catheter, without subsutaneous	1/1/2015	4/1/2015	NIA
3658	9	noval of tunneled central venous catheter, without subcutaneous	4/1/2015	4/1/2015	NA
		t or pump	4/1/2015	4/1/2015	NA
3659	0	noval of tunneled central venous access device, with subcutaneous	4/1/2015	4/1/2015	NA
		t or pump, central or peripheral insertion	E/1/2010	E/1/2010	NIA
3659	1	LECTION OF BLOOD SPECIMEN FROM A COMPLETELY PLANTABLE VENOUS ACCESS DEVICE	5/1/2019	5/1/2019	NA
	IVIP	LANTABLE VENUUS ALLESS DEVILE	5/1/2010	5/1/2010	NA
3659		LECTION OF BLOOD SPECIMEN USING ESTABLISHED CENTRAL OR	5/1/2019	5/1/2019	NA
2029		RIPHERAL CATHETER, VENOUS, NOT OTHERWISE SPECIFIED			
		CHANICAL REMOVAL OF PERICATHETER OBSTRUCTIVE MATERIAL	5/1/2019	5/1/2019	NA
3659		, FIBRIN SHEATH) FROM CENTRAL VENOUS DEVICE VIA SEPARATE	51 11 2013	51 1/2013	
2029		NOUS ACCESS			
	VEN				

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		5/1/2019	5/1/2019	NA
36620	ARTERIAL PUNCTURE, WITHDRAWAL OF BLOOD FOR DIAGNOSIS ARTERIAL CATHETERIZATION OR CANNULATION FOR SAMPLING, MONITORING OR TRANSFUSION (SEPARATE PROCEDURE); PERCUTANEOUS	5/1/2019	5/1/2019	NA
		5/1/2019	5/1/2019	NA
36625	ARTERIAL CATHETERIZATION OR CANNULATION FOR SAMPLING, MONITORING OR TRANSFUSION (SEPARATE PROCEDURE); CUTDOWN ARTERIAL CATHETERIZATION FOR PROLONGED INFUSION THERAPY	5/1/2019	5/1/2019	NA
36640	(CHEMOTHERAPY), CUTDOWN			
36680 36800	PLACEMENT OF NEEDLE FOR INTRAOSSEOUS INFUSION INSERTION OF CANNULA FOR HEMODIALYSIS, OTHER PURPOSE (SEPARATE PROCEDURE); VEIN TO VEIN	5/1/2019 5/1/2019	5/1/2019 5/1/2019	NA NA
36810	(SEPARATE PROCEDURE), VEIN TO VEIN INSERTION OF CANNULA FOR HEMODIALYSIS, OTHER PURPOSE (SEPARATE PROCEDURE); ARTERIOVENOUS, EXTERNAL (SCRIBNER	5/1/2019	5/1/2019	NA
36815	TYPE) INSERTION OF CANNULA FOR HEMODIALYSIS, OTHER PURPOSE (SEPARATE PROCEDURE); ARTERIOVENOUS, EXTERNAL REVISION, OR	5/1/2019	5/1/2019	NA
36860	CLOSURE EXTERNAL CANNULA DECLOTTING (SEPARATE PROCEDURE); WITHOUT	5/1/2019	5/1/2019	NA
36861	BALLOON CATHETER EXTERNAL CANNULA DECLOTTING (SEPARATE PROCEDURE); WITH	5/1/2019	5/1/2019	NA
50801	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;			
36902	INTERVETATION AND IMAGE DOCOMENTATION AND REPORT, 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 37213	TRANSCATHETER BIOPSY 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	5/1/2019 5/1/2019	5/1/2019 5/1/2019	NA NA
37214	PERFORMED; 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	REVASCULARIZATION, 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	REVASCULARIZATION, 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	REVASCULARIZATION, 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	REVASCULARIZATION, 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	5/1/2019	5/1/2019	NA
	ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
		5/1/2019	3/1/2019	INA
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 DRIMARY DROCEDURE)			
37249	ADDITION TO CODE FOR PRIMARY PROCEDURE) 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
	PRIVIART 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)	5,1,2015	5,12015	
		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)			
37609	LIGATION OR BIOPSY, TEMPORAL ARTERY	5/1/2019	5/1/2019	NA
37700	LIGATION AND DIVISION OF LONG SAPHENOUS VEIN AT			
		5/1/2019	5/1/2019	NA
37780	SAPHENOFEMORAL JUNCTION, OR DISTAL INTERRUPTIONS LIGATION AND DIVISION OF SHORT SAPHENOUS VEIN AT SAPHENOPOPLITEAL JUNCTION (SEPARATE PROCEDURE)	5/1/2019 5/1/2019	5/1/2019 5/1/2019	NA NA
37780 37785	SAPHENOFEMORAL JUNCTION, OR DISTAL INTERRUPTIONS LIGATION AND DIVISION OF SHORT SAPHENOUS VEIN AT			
	SAPHENOFEMORAL JUNCTION, OR DISTAL INTERRUPTIONS LIGATION AND DIVISION OF SHORT SAPHENOUS VEIN AT SAPHENOPOPLITEAL JUNCTION (SEPARATE PROCEDURE) LIGATION, DIVISION, AND/OR EXCISION OF VARICOSE VEIN CLUSTER(S), 1 LEG SPLENECTOMY; TOTAL, EN BLOC FOR EXTENSIVE DISEASE, IN CONJUNCTION WITH OTHER PROCEDURE (LIST IN ADDITION TO CODE	5/1/2019	5/1/2019	NA
37785	SAPHENOFEMORAL JUNCTION, OR DISTAL INTERRUPTIONS LIGATION AND DIVISION OF SHORT SAPHENOUS VEIN AT SAPHENOPOPLITEAL JUNCTION (SEPARATE PROCEDURE) LIGATION, DIVISION, AND/OR EXCISION OF VARICOSE VEIN CLUSTER(S), 1 LEG SPLENECTOMY; TOTAL, EN BLOC FOR EXTENSIVE DISEASE, IN	5/1/2019 5/1/2019	5/1/2019 5/1/2019	NA NA
37785 38102	SAPHENOFEMORAL JUNCTION, OR DISTAL INTERRUPTIONS LIGATION AND DIVISION OF SHORT SAPHENOUS VEIN AT SAPHENOPOPLITEAL JUNCTION (SEPARATE PROCEDURE) LIGATION, DIVISION, AND/OR EXCISION OF VARICOSE VEIN CLUSTER(S), 1 LEG 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 5/1/2019	5/1/2019 5/1/2019 5/1/2019	NA NA NA
37785 38102 38200 38204 38220	SAPHENOFEMORAL JUNCTION, OR DISTAL INTERRUPTIONS LIGATION AND DIVISION OF SHORT SAPHENOUS VEIN AT SAPHENOPOPLITEAL JUNCTION (SEPARATE PROCEDURE) LIGATION, DIVISION, AND/OR EXCISION OF VARICOSE VEIN CLUSTER(S), 1 LEG SPLENECTOMY; TOTAL, EN BLOC FOR EXTENSIVE DISEASE, IN CONJUNCTION WITH OTHER PROCEDURE (LIST IN ADDITION TO CODE FOR PRIMARY PROCEDURE) INJECTION PROCEDURE FOR SPLENOPORTOGRAPHY MANAGEMENT OF RECIPIENT HEMATOPOIETIC PROGENITOR CELL DONOR SEARCH AND CELL ACQUISITION DIAGNOSTIC BONE MARROW; ASPIRATION(S)	5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019	5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019	NA NA NA NA
37785 38102 38200 38204	SAPHENOFEMORAL JUNCTION, OR DISTAL INTERRUPTIONS LIGATION AND DIVISION OF SHORT SAPHENOUS VEIN AT SAPHENOPOPLITEAL JUNCTION (SEPARATE PROCEDURE) LIGATION, DIVISION, AND/OR EXCISION OF VARICOSE VEIN CLUSTER(S), 1 LEG SPLENECTOMY; TOTAL, EN BLOC FOR EXTENSIVE DISEASE, IN CONJUNCTION WITH OTHER PROCEDURE (LIST IN ADDITION TO CODE FOR PRIMARY PROCEDURE) INJECTION PROCEDURE FOR SPLENOPORTOGRAPHY MANAGEMENT OF RECIPIENT HEMATOPOIETIC PROGENITOR CELL DONOR SEARCH AND CELL ACQUISITION	5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019	5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019	NA NA NA NA NA
37785 38102 38200 38204 38220	SAPHENOFEMORAL JUNCTION, OR DISTAL INTERRUPTIONS LIGATION AND DIVISION OF SHORT SAPHENOUS VEIN AT SAPHENOPOPLITEAL JUNCTION (SEPARATE PROCEDURE) LIGATION, DIVISION, AND/OR EXCISION OF VARICOSE VEIN CLUSTER(S), 1 LEG SPLENECTOMY; TOTAL, EN BLOC FOR EXTENSIVE DISEASE, IN CONJUNCTION WITH OTHER PROCEDURE (LIST IN ADDITION TO CODE FOR PRIMARY PROCEDURE) INJECTION PROCEDURE FOR SPLENOPORTOGRAPHY MANAGEMENT OF RECIPIENT HEMATOPOIETIC PROGENITOR CELL DONOR SEARCH AND CELL ACQUISITION DIAGNOSTIC BONE MARROW; ASPIRATION(S)	5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019	5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019	NA NA NA NA
37785 38102 38200 38204 38220 38221	SAPHENOFEMORAL JUNCTION, OR DISTAL INTERRUPTIONS LIGATION AND DIVISION OF SHORT SAPHENOUS VEIN AT SAPHENOPOPLITEAL JUNCTION (SEPARATE PROCEDURE) LIGATION, DIVISION, AND/OR EXCISION OF VARICOSE VEIN CLUSTER(S), 1 LEG SPLENECTOMY; TOTAL, EN BLOC FOR EXTENSIVE DISEASE, IN CONJUNCTION WITH OTHER PROCEDURE (LIST IN ADDITION TO CODE FOR PRIMARY PROCEDURE) INJECTION PROCEDURE FOR SPLENOPORTOGRAPHY MANAGEMENT OF RECIPIENT HEMATOPOIETIC PROGENITOR CELL DONOR SEARCH AND CELL ACQUISITION DIAGNOSTIC BONE MARROW; ASPIRATION(S) DIAGNOSTIC BONE MARROW; BIOPSY(IES)	5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019	5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019	NA NA NA NA NA
37785 38102 38200 38204 38220 38221 38222	SAPHENOFEMORAL JUNCTION, OR DISTAL INTERRUPTIONS LIGATION AND DIVISION OF SHORT SAPHENOUS VEIN AT SAPHENOPOPLITEAL JUNCTION (SEPARATE PROCEDURE) LIGATION, DIVISION, AND/OR EXCISION OF VARICOSE VEIN CLUSTER(S), 1 LEG SPLENECTOMY; TOTAL, EN BLOC FOR EXTENSIVE DISEASE, IN CONJUNCTION WITH OTHER PROCEDURE (LIST IN ADDITION TO CODE FOR PRIMARY PROCEDURE) INJECTION PROCEDURE FOR SPLENOPORTOGRAPHY MANAGEMENT OF RECIPIENT HEMATOPOIETIC PROGENITOR CELL DONOR SEARCH AND CELL ACQUISITION DIAGNOSTIC BONE MARROW; ASPIRATION(S) DIAGNOSTIC BONE MARROW; BIOPSY(IES) AND ASPIRATION(S) BONE MARROW HARVESTING FOR TRANSPLANTATION; ALLOGENEIC	5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019	5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019	NA NA NA NA NA NA
37785 38102 38200 38204 38220 38221 38222 38222	SAPHENOFEMORAL JUNCTION, OR DISTAL INTERRUPTIONS LIGATION AND DIVISION OF SHORT SAPHENOUS VEIN AT SAPHENOPOPLITEAL JUNCTION (SEPARATE PROCEDURE) LIGATION, DIVISION, AND/OR EXCISION OF VARICOSE VEIN CLUSTER(S), 1 LEG SPLENECTOMY; TOTAL, EN BLOC FOR EXTENSIVE DISEASE, IN CONJUNCTION WITH OTHER PROCEDURE (LIST IN ADDITION TO CODE FOR PRIMARY PROCEDURE) INJECTION PROCEDURE FOR SPLENOPORTOGRAPHY MANAGEMENT OF RECIPIENT HEMATOPOIETIC PROGENITOR CELL DONOR SEARCH AND CELL ACQUISITION DIAGNOSTIC BONE MARROW; BIOPSY(IES) DIAGNOSTIC BONE MARROW; BIOPSY(IES) AND ASPIRATION(S)	5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019	5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019	NA NA NA NA NA NA NA

38243	HEMATOPOIETIC PROGENITOR CELL (HPC); HPC BOOST	5/1/2019	5/1/2019	NA
		5/1/2019	5/1/2019	NA
38300	DRAINAGE OF LYMPH NODE ABSCESS OR LYMPHADENITIS; SIMPLE			
	· · · · · · · · · · · · · · · · · · ·	5/1/2019	5/1/2019	NA
	THORACIC LYMPHADENECTOMY BY THORACOTOMY, MEDIASTINAL	- , ,	-, ,	
38746	AND REGIONAL LYMPHADENECTOMY (LIST SEPARATELY IN ADDITION			
	TO CODE FOR PRIMARY PROCEDURE)			
		5/1/2019	5/1/2019	NA
	ABDOMINAL LYMPHADENECTOMY, REGIONAL, INCLUDING CELIAC,	5/1/2015	5/1/2015	
38747	GASTRIC, PORTAL, PERIPANCREATIC, WITH OR WITHOUT PARA-AORTIC			
30747	AND VENA CAVAL NODES (LIST SEPARATELY IN ADDITION TO CODE			
20700		F /1 /2010	F /1 /2010	
38790	INJECTION PROCEDURE; LYMPHANGIOGRAPHY	5/1/2019	5/1/2019	NA
38792	INJECTION PROCEDURE; RADIOACTIVE TRACER FOR IDENTIFICATION	5/1/2019	5/1/2019	NA
	OF SENTINEL NODE			
	INTRAOPERATIVE IDENTIFICATION (EG, MAPPING) OF SENTINEL	5/1/2019	5/1/2019	NA
38900	LYMPH NODE(S) INCLUDES INJECTION OF NON-RADIOACTIVE DYE,			
36900	WHEN PERFORMED (LIST SEPARATELY IN ADDITION TO CODE FOR			
	PRIMARY PROCEDURE)			
20404	MEDIASTINOSCOPY; INCLUDES BIOPSY(IES) OF MEDIASTINAL MASS	5/1/2019	5/1/2019	NA
39401	(EG, LYMPHOMA), WHEN PERFORMED			
	MEDIASTINOSCOPY; WITH LYMPH NODE BIOPSY(IES) (EG, LUNG	5/1/2019	5/1/2019	NA
39402	CANCER STAGING)		-, ,	
40490	BIOPSY OF LIP	5/1/2019	5/1/2019	NA
-0-00	DRAINAGE OF ABSCESS, CYST, HEMATOMA, VESTIBULE OF MOUTH;	5/1/2019	5/1/2019	NA
40800	SIMPLE	5/1/2015	5/1/2015	NA
		F /1 /2010	F /1 /2010	
40801	DRAINAGE OF ABSCESS, CYST, HEMATOMA, VESTIBULE OF MOUTH;	5/1/2019	5/1/2019	NA
	COMPLICATED	- /. /	- / . /	
40804	REMOVAL OF EMBEDDED FOREIGN BODY, VESTIBULE OF MOUTH;	5/1/2019	5/1/2019	NA
	SIMPLE			
40805	REMOVAL OF EMBEDDED FOREIGN BODY, VESTIBULE OF MOUTH;	5/1/2019	5/1/2019	NA
40005	COMPLICATED			
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
10010	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF	5/1/2019	5/1/2019	NA
40810	MOUTH; WITHOUT REPAIR			
	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF	5/1/2019	5/1/2019	NA
40812	MOUTH; WITH SIMPLE REPAIR		-, ,	
		5/1/2019	5/1/2019	NA
40818	EXCISION OF MUCOSA OF VESTIBULE OF MOUTH AS DONOR GRAFT	5/1/2015	5/1/2015	NA
		E/1/2010	F /1 /2010	NIA
40819	EXCISION OF FRENUM, LABIAL OR BUCCAL (FRENUMECTOMY,	5/1/2019	5/1/2019	NA
	FRENULECTOMY, FRENECTOMY)	- 14 10040	5 / 1 / 2 0 1 0	
		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)			
40830		5/1/2019	5/1/2019	NA
10000	CLOSURE OF LACERATION, VESTIBULE OF MOUTH; 2.5 CM OR LESS			
40831	CLOSURE OF LACERATION, VESTIBULE OF MOUTH; OVER 2.5 CM OR	5/1/2019	5/1/2019	NA
40851	COMPLEX			
44000	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR	5/1/2019	5/1/2019	NA
41000	HEMATOMA OF TONGUE OR FLOOR OF MOUTH; LINGUAL			
	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR	5/1/2019	5/1/2019	NA
41005	HEMATOMA OF TONGUE OR FLOOR OF MOUTH; SUBLINGUAL,			
	SUPERFICIAL			
	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR	5/1/2019	5/1/2019	NA
41006		5/1/2015	5/1/2015	NA I
41006	HEMATOMA OF TONGUE OR FLOOR OF MOUTH; SUBLINGUAL, DEEP,			
	SUPRAMYLOHYOID	- 14 10040	5 / 1 / 2 0 1 0	
		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			
	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR	5/1/2019	5/1/2019	NA
41008	HEMATOMA OF TONGUE OR FLOOR OF MOUTH; SUBMANDIBULAR			
	SPACE			
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
	EXCISION OF LESION OF TONGUE WITH CLOSURE; ANTERIOR TWO-	5/1/2019	5/1/2019	NA
41112	THIRDS	-, -,	-1 -1 -0 -0	

41113	EXCISION OF LESION OF TONGUE WITH CLOSURE; POSTERIOR ONE-	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
41110				
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
		5/1/2019	5/1/2019	NA
41520	FRENOPLASTY (SURGICAL REVISION OF FRENUM, EG, WITH Z-PLASTY)			
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
	EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE),	5/1/2019	5/1/2019	NA
41826	DENTOALVEOLAR STRUCTURES; WITH SIMPLE REPAIR			
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	5/1/2019	5/1/2019	NA
42106	CLOSURE			
42140	UVULECTOMY, EXCISION OF UVULA	5/1/2019	5/1/2019	NA
42160	DESTRUCTION OF LESION, PALATE OR UVULA (THERMAL, CRYO OR	5/1/2019	5/1/2019	NA
	CHEMICAL)	5 /4 /2010	- / / / 2010	
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
40040		5/1/2019	5/1/2019	NA
42310	DRAINAGE OF ABSCESS; SUBMAXILLARY OR SUBLINGUAL, INTRAORAL			
42320	DRAINAGE OF ABSCESS; SUBMAXILLARY, EXTERNAL	5/1/2019	5/1/2019	NA
	SIALOLITHOTOMY; SUBMANDIBULAR (SUBMAXILLARY), SUBLINGUAL	5/1/2019	5/1/2019	NA
42330	OR PAROTID, UNCOMPLICATED, INTRAORAL			
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		5/1/2019	5/1/2019	NA
10550	MARSUPIALIZATION OF SUBLINGUAL SALIVARY CYST (RANULA)	- /. /	- / . /	
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
		5/1/2019	5/1/2019	NA
42806	BIOPSY; NASOPHARYNX, SURVEY FOR UNKNOWN PRIMARY LESION		- / /	
42808		5/1/2019	5/1/2019	NA
	EXCISION OR DESTRUCTION OF LESION OF PHARYNX, ANY METHOD	- 11 12212	5 / / / O O A O	
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
	Esophagogastroduodenoscopy, flexible, transoral; with dilation of	4/1/2015	4/1/2015	NA
43233	esophagus with balloon (30 mm diameter or larger)		-	

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 PAPILLA 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
	GASTRIC INTUBATION AND ASPIRATION(S) THERAPEUTIC,	5/1/2019	5/1/2019	NA
43753	NECESSITATING PHYSICIAN'S SKILL (EG, FOR GASTROINTESTINAL HEMORRHAGE), INCLUDING LAVAGE IF PERFORMED			
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	5/1/2019	5/1/2019	NA
43760	SPECIMENS WITH PANCREATIC OR GALLBLADDER STIMULATION, SINGLE OR DOUBLE LUMEN TUBE, INCLUDES DRUG ADMINISTRATION 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
	TUBE OR NEEDLE CATHETER JEJUNOSTOMY FOR ENTERAL	5/1/2019	5/1/2019	NA
44015	ALIMENTATION, INTRAOPERATIVE, ANY METHOD (LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)			
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
		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)	F /1 /2010	E /1 /2010	NIA
	ENTERECTOMY, RESECTION OF SMALL INTESTINE FOR CONGENITAL	5/1/2019	5/1/2019	NA
44128	ATRESIA, SINGLE RESECTION AND ANASTOMOSIS OF PROXIMAL SEGMENT OF INTESTINE; EACH ADDITIONAL RESECTION AND ANASTOMOSIS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY			
		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
	LAPAROSCOPY, SURGICAL; EACH ADDITIONAL SMALL INTESTINE	5/1/2019	5/1/2019	NA
44203	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			
44213	FLEXURE PERFORMED IN CONJUNCTION WITH PARTIAL COLECTOMY			
	(LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)	- /- /	- 1. /	
		5/1/2019	5/1/2019	NA
44360	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT INCLUDING ILEUM; DIAGNOSTIC,			
44300	INCLUDING COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING,			
	WHEN PERFORMED (SEPARATE PROCEDURE)			
	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND	5/1/2019	5/1/2019	NA
44361	PORTION OF DUODENUM, NOT INCLUDING ILEUM; WITH BIOPSY,			
	SINGLE OR MULTIPLE			
	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND	5/1/2019	5/1/2019	NA
44363	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			
	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND	5/1/2019	5/1/2019	NA
44265	PORTION OF DUODENUM, NOT INCLUDING ILEUM; WITH REMOVAL	-,,	-, ,	
44365	OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY HOT BIOPSY			
	FORCEPS OR BIPOLAR CAUTERY			
		5/1/2019	5/1/2019	NA
	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND			
44366	PORTION OF DUODENUM, NOT INCLUDING ILEUM; WITH CONTROL OF			
	BLEEDING (EG, INJECTION, BIPOLAR CAUTERY, UNIPOLAR CAUTERY, LASER, HEATER PROBE, STAPLER, PLASMA COAGULATOR)			
	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND	5/1/2019	5/1/2019	NA
	PORTION OF DUODENUM, NOT INCLUDING ILEUM; WITH ABLATION	5/1/2015	5, 1, 2015	1.1.1
44369	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) SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND	5/1/2019	5/1/2019	NA
44372	PORTION OF DUODENUM, NOT INCLUDING ILEUM; WITH PLACEMENT	5, 1, 2013	5, <u>1</u> 2013	
	OF PERCUTANEOUS JEJUNOSTOMY TUBE			

4	1373	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT INCLUDING ILEUM; WITH CONVERSION OF PERCUTANEOUS GASTROSTOMY TUBE TO	5/1/2019	5/1/2019	NA
4	1377	PERCUTANEOUS JEJUNOSTOMY TUBE SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, INCLUDING ILEUM; WITH BIOPSY, SINGLE	5/1/2019	5/1/2019	NA
4	1380	OR MULTIPLE ILEOSCOPY, THROUGH STOMA; DIAGNOSTIC, INCLUDING COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING, WHEN PERFORMED	5/1/2019	5/1/2019	NA
	1381	(SEPARATE PROCEDURE) ILEOSCOPY, THROUGH STOMA; WITH TRANSENDOSCOPIC BALLOON	5/1/2019	5/1/2019	NA
		DILATION	5/1/2019	5/1/2019	NA
	1382	ILEOSCOPY, THROUGH STOMA; WITH BIOPSY, SINGLE OR MULTIPLE ILEOSCOPY, THROUGH STOMA; WITH PLACEMENT OF ENDOSCOPIC	5/1/2019	5/1/2019	NA
4	1384	STENT (INCLUDES PRE- AND POST-DILATION AND GUIDE WIRE PASSAGE, WHEN PERFORMED) ENDOSCOPIC EVALUATION OF SMALL INTESTINAL POUCH (EG, KOCK	5/1/2019	5/1/2019	NA
4	1385	POUCH, ILEAL RESERVOIR [S OR J]); DIAGNOSTIC, INCLUDING COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING, WHEN PERFORMED (SEPARATE PROCEDURE)	5/1/2015	5, 1, 2015	NA.
4	1386	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
4	1388	Colonoscopy through stoma; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	4/1/2015	4/1/2015	NA
4	1389	Colonoscopy through stoma; with biopsy, single or multiple	4/1/2015	4/1/2015	NA
4	1390	Colonoscopy through stoma; with removal of foreign body	4/1/2015	4/1/2015	NA
4	1391	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
4	1392	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
4	1394	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	4/1/2015	4/1/2015	NA
			5/1/2019	5/1/2019	NA
4	1401	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)			
4	1402	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
4	4404	COLONOSCOPY THROUGH STOMA; WITH DIRECTED SUBMUCOSAL INJECTION(S), ANY SUBSTANCE	5/1/2019	5/1/2019	NA
4	1405	COLONOSCOPY THROUGH STOMA; WITH TRANSENDOSCOPIC BALLOON DILATION	5/1/2019	5/1/2019	NA
4	1406	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
4	1407	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,	5/1/2019	5/1/2019	NA
		OR ASCENDING COLON AND CECUM AND ADJACENT STRUCTURES	E/1/2010	E/1/2010	NA
4	1408	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
4	1500	INTRODUCTION OF LONG GASTROINTESTINAL TUBE (EG, MILLER- ABBOTT) (SEPARATE PROCEDURE)	5/1/2019	5/1/2019	NA
4	4701	INTRAOPERATIVE COLONIC LAVAGE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2019	5/1/2019	NA
4	4705	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
44050		4/4/2015	4/4/2045	
44950	Appendectomy;	4/1/2015	4/1/2015	NA
	Appendectomy; when done for indicated purpose at time of other	4/1/2015	4/1/2015	NA
44955	major procedure (not as separate procedure) (List separately in addition to code for primary procedure)			
	Appendectomy; for ruptured appendix with abscess or generalized	4/1/2015	4/1/2015	NA
44960	peritonitis			
44970		4/1/2015	4/1/2015	NIA
	Laparoscopy, surgical, appendectomy	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	5/1/2019	5/1/2019	NA
43100	MEGACOLON)			
	PROCTOSIGMOIDOSCOPY, RIGID; DIAGNOSTIC, WITH OR WITHOUT	5/1/2019	5/1/2019	NA
45300	COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING (SEPARATE	-, ,	-, ,	
	PROCEDURE)			
45202	PROCTOSIGMOIDOSCOPY, RIGID; WITH DILATION (EG, BALLOON,	5/1/2019	5/1/2019	NA
45303	GUIDE WIRE, BOUGIE)			
		5/1/2019	5/1/2019	NA
45305	PROCTOSIGMOIDOSCOPY, RIGID; WITH BIOPSY, SINGLE OR MULTIPLE	5/1/2015	5/1/2015	
	PROCIOSIGINIOIDOSCOPI, RIGID, WITH BIOPSI, SINGLE OR MULTIPLE		- 4 - 4	
45307		5/1/2019	5/1/2019	NA
	PROCTOSIGMOIDOSCOPY, RIGID; WITH REMOVAL OF FOREIGN BODY			
	PROCTOSIGMOIDOSCOPY, RIGID; WITH REMOVAL OF SINGLE TUMOR,	5/1/2019	5/1/2019	NA
45308	POLYP, OR OTHER LESION BY HOT BIOPSY FORCEPS OR BIPOLAR	-, ,	-, ,	
45508				
	CAUTERY			
45309	PROCTOSIGMOIDOSCOPY, RIGID; WITH REMOVAL OF SINGLE TUMOR,	5/1/2019	5/1/2019	NA
45505	POLYP, OR OTHER LESION BY SNARE TECHNIQUE			
	PROCTOSIGMOIDOSCOPY, RIGID; WITH REMOVAL OF MULTIPLE	5/1/2019	5/1/2019	NA
45315	TUMORS, POLYPS, OR OTHER LESIONS BY HOT BIOPSY FORCEPS,	0, 1, 2010	3, 1, 2023	
45315				
	BIPOLAR CAUTERY OR SNARE TECHNIQUE			
		5/1/2019	5/1/2019	NA
45047	PROCTOSIGMOIDOSCOPY, RIGID; WITH CONTROL OF BLEEDING (EG,			
45317	INJECTION, BIPOLAR CAUTERY, UNIPOLAR CAUTERY, LASER, HEATER			
	PROBE, STAPLER, PLASMA COAGULATOR)			
		F /4 /2010	5/11/2010	
	PROCTOSIGMOIDOSCOPY, RIGID; WITH ABLATION OF TUMOR(S),	5/1/2019	5/1/2019	NA
45320	POLYP(S), OR OTHER LESION(S) NOT AMENABLE TO REMOVAL BY HOT			
45520	BIOPSY FORCEPS, BIPOLAR CAUTERY OR SNARE TECHNIQUE (EG,			
	LASER)			
		5/1/2010	5/1/2010	NA
45321	PROCTOSIGMOIDOSCOPY, RIGID; WITH DECOMPRESSION OF	5/1/2019	5/1/2019	NA
45321	PROCTOSIGMOIDOSCOPY, RIGID; WITH DECOMPRESSION OF VOLVULUS			NA
	PROCTOSIGMOIDOSCOPY, RIGID; WITH DECOMPRESSION OF	5/1/2019 5/1/2019	5/1/2019 5/1/2019	NA
45321 45327	PROCTOSIGMOIDOSCOPY, RIGID; WITH DECOMPRESSION OF VOLVULUS			
	PROCTOSIGMOIDOSCOPY, RIGID; WITH DECOMPRESSION OF VOLVULUS PROCTOSIGMOIDOSCOPY, RIGID; WITH TRANSENDOSCOPIC STENT PLACEMENT (INCLUDES PREDILATION)	5/1/2019	5/1/2019	NA
45327	PROCTOSIGMOIDOSCOPY, RIGID; WITH DECOMPRESSION OF VOLVULUS PROCTOSIGMOIDOSCOPY, RIGID; WITH TRANSENDOSCOPIC STENT PLACEMENT (INCLUDES PREDILATION) SIGMOIDOSCOPY, FLEXIBLE; DIAGNOSTIC, INCLUDING COLLECTION OF	5/1/2019		
	PROCTOSIGMOIDOSCOPY, RIGID; WITH DECOMPRESSION OF VOLVULUS PROCTOSIGMOIDOSCOPY, RIGID; WITH TRANSENDOSCOPIC STENT PLACEMENT (INCLUDES PREDILATION) SIGMOIDOSCOPY, FLEXIBLE; DIAGNOSTIC, INCLUDING COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING, WHEN PERFORMED	5/1/2019	5/1/2019	NA
45327	PROCTOSIGMOIDOSCOPY, RIGID; WITH DECOMPRESSION OF VOLVULUS PROCTOSIGMOIDOSCOPY, RIGID; WITH TRANSENDOSCOPIC STENT PLACEMENT (INCLUDES PREDILATION) SIGMOIDOSCOPY, FLEXIBLE; DIAGNOSTIC, INCLUDING COLLECTION OF	5/1/2019 5/1/2019	5/1/2019 5/1/2019	NA
45327 45330	PROCTOSIGMOIDOSCOPY, RIGID; WITH DECOMPRESSION OF VOLVULUS PROCTOSIGMOIDOSCOPY, RIGID; WITH TRANSENDOSCOPIC STENT PLACEMENT (INCLUDES PREDILATION) SIGMOIDOSCOPY, FLEXIBLE; DIAGNOSTIC, INCLUDING COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING, WHEN PERFORMED	5/1/2019	5/1/2019	NA
45327	PROCTOSIGMOIDOSCOPY, RIGID; WITH DECOMPRESSION OF VOLVULUS PROCTOSIGMOIDOSCOPY, RIGID; WITH TRANSENDOSCOPIC STENT PLACEMENT (INCLUDES PREDILATION) SIGMOIDOSCOPY, FLEXIBLE; DIAGNOSTIC, INCLUDING COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING, WHEN PERFORMED	5/1/2019 5/1/2019	5/1/2019 5/1/2019	NA
45327 45330 45331	PROCTOSIGMOIDOSCOPY, RIGID; WITH DECOMPRESSION OF VOLVULUS PROCTOSIGMOIDOSCOPY, RIGID; WITH TRANSENDOSCOPIC STENT PLACEMENT (INCLUDES PREDILATION) SIGMOIDOSCOPY, FLEXIBLE; DIAGNOSTIC, INCLUDING COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING, WHEN PERFORMED (SEPARATE PROCEDURE)	5/1/2019 5/1/2019 5/1/2019	5/1/2019 5/1/2019 5/1/2019	NA NA NA
45327 45330	PROCTOSIGMOIDOSCOPY, RIGID; WITH DECOMPRESSION OF VOLVULUS PROCTOSIGMOIDOSCOPY, RIGID; WITH TRANSENDOSCOPIC STENT PLACEMENT (INCLUDES PREDILATION) SIGMOIDOSCOPY, FLEXIBLE; DIAGNOSTIC, INCLUDING COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING, WHEN PERFORMED (SEPARATE PROCEDURE) SIGMOIDOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE	5/1/2019 5/1/2019	5/1/2019 5/1/2019	NA
45327 45330 45331	PROCTOSIGMOIDOSCOPY, RIGID; WITH DECOMPRESSION OF VOLVULUS PROCTOSIGMOIDOSCOPY, RIGID; WITH TRANSENDOSCOPIC STENT PLACEMENT (INCLUDES PREDILATION) SIGMOIDOSCOPY, FLEXIBLE; DIAGNOSTIC, INCLUDING COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING, WHEN PERFORMED (SEPARATE PROCEDURE) SIGMOIDOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF FOREIGN BODY(S)	5/1/2019 5/1/2019 5/1/2019 5/1/2019	5/1/2019 5/1/2019 5/1/2019 5/1/2019	NA NA NA
45327 45330 45331 45332	PROCTOSIGMOIDOSCOPY, RIGID; WITH DECOMPRESSION OF VOLVULUS PROCTOSIGMOIDOSCOPY, RIGID; WITH TRANSENDOSCOPIC STENT PLACEMENT (INCLUDES PREDILATION) SIGMOIDOSCOPY, FLEXIBLE; DIAGNOSTIC, INCLUDING COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING, WHEN PERFORMED (SEPARATE PROCEDURE) SIGMOIDOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF FOREIGN BODY(S) SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(S),	5/1/2019 5/1/2019 5/1/2019	5/1/2019 5/1/2019 5/1/2019	NA NA NA
45327 45330 45331	PROCTOSIGMOIDOSCOPY, RIGID; WITH DECOMPRESSION OF VOLVULUS PROCTOSIGMOIDOSCOPY, RIGID; WITH TRANSENDOSCOPIC STENT PLACEMENT (INCLUDES PREDILATION) SIGMOIDOSCOPY, FLEXIBLE; DIAGNOSTIC, INCLUDING COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING, WHEN PERFORMED (SEPARATE PROCEDURE) SIGMOIDOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF FOREIGN BODY(S)	5/1/2019 5/1/2019 5/1/2019 5/1/2019	5/1/2019 5/1/2019 5/1/2019 5/1/2019	NA NA NA
45327 45330 45331 45332 45333	PROCTOSIGMOIDOSCOPY, RIGID; WITH DECOMPRESSION OF VOLVULUS PROCTOSIGMOIDOSCOPY, RIGID; WITH TRANSENDOSCOPIC STENT PLACEMENT (INCLUDES PREDILATION) SIGMOIDOSCOPY, FLEXIBLE; DIAGNOSTIC, INCLUDING COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING, WHEN PERFORMED (SEPARATE PROCEDURE) SIGMOIDOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF FOREIGN BODY(S) SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(S),	5/1/2019 5/1/2019 5/1/2019 5/1/2019	5/1/2019 5/1/2019 5/1/2019 5/1/2019	NA NA NA
45327 45330 45331 45332	PROCTOSIGMOIDOSCOPY, RIGID; WITH DECOMPRESSION OF VOLVULUS PROCTOSIGMOIDOSCOPY, RIGID; WITH TRANSENDOSCOPIC STENT PLACEMENT (INCLUDES PREDILATION) SIGMOIDOSCOPY, FLEXIBLE; DIAGNOSTIC, INCLUDING COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING, WHEN PERFORMED (SEPARATE PROCEDURE) SIGMOIDOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF FOREIGN BODY(S) SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF FOREIGN BODY(S), OR OTHER LESION(S) BY HOT BIOPSY FORCEPS SIGMOIDOSCOPY, FLEXIBLE; WITH CONTROL OF BLEEDING, ANY	5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019	5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019	NA NA NA NA
45327 45330 45331 45332 45333	PROCTOSIGMOIDOSCOPY, RIGID; WITH DECOMPRESSION OF VOLVULUS PROCTOSIGMOIDOSCOPY, RIGID; WITH TRANSENDOSCOPIC STENT PLACEMENT (INCLUDES PREDILATION) SIGMOIDOSCOPY, FLEXIBLE; DIAGNOSTIC, INCLUDING COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING, WHEN PERFORMED (SEPARATE PROCEDURE) SIGMOIDOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF FOREIGN BODY(S) SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF FOREIGN BODY(S), OR OTHER LESION(S) BY HOT BIOPSY FORCEPS SIGMOIDOSCOPY, FLEXIBLE; WITH CONTROL OF BLEEDING, ANY METHOD	5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019	5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019	NA NA NA NA
45327 45330 45331 45332 45333	PROCTOSIGMOIDOSCOPY, RIGID; WITH DECOMPRESSION OF VOLVULUS PROCTOSIGMOIDOSCOPY, RIGID; WITH TRANSENDOSCOPIC STENT PLACEMENT (INCLUDES PREDILATION) SIGMOIDOSCOPY, FLEXIBLE; DIAGNOSTIC, INCLUDING COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING, WHEN PERFORMED (SEPARATE PROCEDURE) SIGMOIDOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF FOREIGN BODY(S) SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF FOREIGN BODY(S) SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY HOT BIOPSY FORCEPS SIGMOIDOSCOPY, FLEXIBLE; WITH CONTROL OF BLEEDING, ANY METHOD SIGMOIDOSCOPY, FLEXIBLE; WITH DIRECTED SUBMUCOSAL	5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019	5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019	NA NA NA NA
45327 45330 45331 45332 45333 45334	PROCTOSIGMOIDOSCOPY, RIGID; WITH DECOMPRESSION OF VOLVULUS PROCTOSIGMOIDOSCOPY, RIGID; WITH TRANSENDOSCOPIC STENT PLACEMENT (INCLUDES PREDILATION) SIGMOIDOSCOPY, FLEXIBLE; DIAGNOSTIC, INCLUDING COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING, WHEN PERFORMED (SEPARATE PROCEDURE) SIGMOIDOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF FOREIGN BODY(S) SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF FOREIGN BODY(S), OR OTHER LESION(S) BY HOT BIOPSY FORCEPS SIGMOIDOSCOPY, FLEXIBLE; WITH CONTROL OF BLEEDING, ANY METHOD	5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019	5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019	NA NA NA NA NA
45327 45330 45331 45332 45333 45334	PROCTOSIGMOIDOSCOPY, RIGID; WITH DECOMPRESSION OF VOLVULUS PROCTOSIGMOIDOSCOPY, RIGID; WITH TRANSENDOSCOPIC STENT PLACEMENT (INCLUDES PREDILATION) SIGMOIDOSCOPY, FLEXIBLE; DIAGNOSTIC, INCLUDING COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING, WHEN PERFORMED (SEPARATE PROCEDURE) SIGMOIDOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF FOREIGN BODY(S) SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF FOREIGN BODY(S) SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY HOT BIOPSY FORCEPS SIGMOIDOSCOPY, FLEXIBLE; WITH CONTROL OF BLEEDING, ANY METHOD SIGMOIDOSCOPY, FLEXIBLE; WITH DIRECTED SUBMUCOSAL	5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019	5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019	NA NA NA NA
45327 45330 45331 45332 45333 45333	PROCTOSIGMOIDOSCOPY, RIGID; WITH DECOMPRESSION OF VOLVULUS PROCTOSIGMOIDOSCOPY, RIGID; WITH TRANSENDOSCOPIC STENT PLACEMENT (INCLUDES PREDILATION) SIGMOIDOSCOPY, FLEXIBLE; DIAGNOSTIC, INCLUDING COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING, WHEN PERFORMED (SEPARATE PROCEDURE) SIGMOIDOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF FOREIGN BODY(S) SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF FOREIGN BODY(S) SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY HOT BIOPSY FORCEPS SIGMOIDOSCOPY, FLEXIBLE; WITH CONTROL OF BLEEDING, ANY METHOD SIGMOIDOSCOPY, FLEXIBLE; WITH DIRECTED SUBMUCOSAL	5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019	5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019	NA NA NA NA NA
45327 45330 45331 45332 45333 45334	PROCTOSIGMOIDOSCOPY, RIGID; WITH DECOMPRESSION OF VOLVULUS PROCTOSIGMOIDOSCOPY, RIGID; WITH TRANSENDOSCOPIC STENT PLACEMENT (INCLUDES PREDILATION) SIGMOIDOSCOPY, FLEXIBLE; DIAGNOSTIC, INCLUDING COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING, WHEN PERFORMED (SEPARATE PROCEDURE) SIGMOIDOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE SIGMOIDOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF FOREIGN BODY(S) SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY HOT BIOPSY FORCEPS SIGMOIDOSCOPY, FLEXIBLE; WITH CONTROL OF BLEEDING, ANY METHOD SIGMOIDOSCOPY, FLEXIBLE; WITH DIRECTED SUBMUCOSAL INJECTION(S), ANY SUBSTANCE SIGMOIDOSCOPY, FLEXIBLE; WITH DECOMPRESSION (FOR	5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019	5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019	NA NA NA NA NA
45327 45330 45331 45332 45333 45333	PROCTOSIGMOIDOSCOPY, RIGID; WITH DECOMPRESSION OF VOLVULUS PROCTOSIGMOIDOSCOPY, RIGID; WITH TRANSENDOSCOPIC STENT PLACEMENT (INCLUDES PREDILATION) SIGMOIDOSCOPY, FLEXIBLE; DIAGNOSTIC, INCLUDING COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING, WHEN PERFORMED (SEPARATE PROCEDURE) SIGMOIDOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF FOREIGN BODY(S) SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF FOREIGN BODY(S) SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY HOT BIOPSY FORCEPS SIGMOIDOSCOPY, FLEXIBLE; WITH CONTROL OF BLEEDING, ANY METHOD SIGMOIDOSCOPY, FLEXIBLE; WITH DIRECTED SUBMUCOSAL INJECTION(S), ANY SUBSTANCE SIGMOIDOSCOPY, FLEXIBLE; WITH DECOMPRESSION (FOR PATHOLOGIC DISTENTION) (EG, VOLVULUS, MEGACOLON), INCLUDING	5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019	5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019	NA NA NA NA NA
45327 45330 45331 45332 45333 45333	PROCTOSIGMOIDOSCOPY, RIGID; WITH DECOMPRESSION OF VOLVULUS PROCTOSIGMOIDOSCOPY, RIGID; WITH TRANSENDOSCOPIC STENT PLACEMENT (INCLUDES PREDILATION) SIGMOIDOSCOPY, FLEXIBLE; DIAGNOSTIC, INCLUDING COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING, WHEN PERFORMED (SEPARATE PROCEDURE) SIGMOIDOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF FOREIGN BODY(S) SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF FOREIGN BODY(S) SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY HOT BIOPSY FORCEPS SIGMOIDOSCOPY, FLEXIBLE; WITH CONTROL OF BLEEDING, ANY METHOD SIGMOIDOSCOPY, FLEXIBLE; WITH DIRECTED SUBMUCOSAL INJECTION(S), ANY SUBSTANCE SIGMOIDOSCOPY, FLEXIBLE; WITH DECOMPRESSION (FOR PATHOLOGIC DISTENTION) (EG, VOLVULUS, MEGACOLON), INCLUDING PLACEMENT OF DECOMPRESSION TUBE, WHEN PERFORMED	5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019	5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019	NA NA NA NA NA
45327 45330 45331 45332 45333 45333	PROCTOSIGMOIDOSCOPY, RIGID; WITH DECOMPRESSION OF VOLVULUS PROCTOSIGMOIDOSCOPY, RIGID; WITH TRANSENDOSCOPIC STENT PLACEMENT (INCLUDES PREDILATION) SIGMOIDOSCOPY, FLEXIBLE; DIAGNOSTIC, INCLUDING COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING, WHEN PERFORMED (SEPARATE PROCEDURE) SIGMOIDOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF FOREIGN BODY(S) SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF FOREIGN BODY(S) SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY HOT BIOPSY FORCEPS SIGMOIDOSCOPY, FLEXIBLE; WITH CONTROL OF BLEEDING, ANY METHOD SIGMOIDOSCOPY, FLEXIBLE; WITH DIRECTED SUBMUCOSAL INJECTION(S), ANY SUBSTANCE SIGMOIDOSCOPY, FLEXIBLE; WITH DECOMPRESSION (FOR PATHOLOGIC DISTENTION) (EG, VOLVULUS, MEGACOLON), INCLUDING PLACEMENT OF DECOMPRESSION TUBE, WHEN PERFORMED SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(S),	5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019	5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019	NA NA NA NA NA
45327 45330 45331 45332 45333 45334 45335	PROCTOSIGMOIDOSCOPY, RIGID; WITH DECOMPRESSION OF VOLVULUS PROCTOSIGMOIDOSCOPY, RIGID; WITH TRANSENDOSCOPIC STENT PLACEMENT (INCLUDES PREDILATION) SIGMOIDOSCOPY, FLEXIBLE; DIAGNOSTIC, INCLUDING COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING, WHEN PERFORMED (SEPARATE PROCEDURE) SIGMOIDOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF FOREIGN BODY(S) SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF FOREIGN BODY(S) SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY HOT BIOPSY FORCEPS SIGMOIDOSCOPY, FLEXIBLE; WITH CONTROL OF BLEEDING, ANY METHOD SIGMOIDOSCOPY, FLEXIBLE; WITH DIRECTED SUBMUCOSAL INJECTION(S), ANY SUBSTANCE SIGMOIDOSCOPY, FLEXIBLE; WITH DECOMPRESSION (FOR PATHOLOGIC DISTENTION) (EG, VOLVULUS, MEGACOLON), INCLUDING PLACEMENT OF DECOMPRESSION TUBE, WHEN PERFORMED	5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019	5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019	NA NA NA NA NA
45327 45330 45331 45332 45333 45334 45335 45337	PROCTOSIGMOIDOSCOPY, RIGID; WITH DECOMPRESSION OF VOLVULUS PROCTOSIGMOIDOSCOPY, RIGID; WITH TRANSENDOSCOPIC STENT PLACEMENT (INCLUDES PREDILATION) SIGMOIDOSCOPY, FLEXIBLE; DIAGNOSTIC, INCLUDING COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING, WHEN PERFORMED (SEPARATE PROCEDURE) SIGMOIDOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF FOREIGN BODY(S) SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF FOREIGN BODY(S) SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY HOT BIOPSY FORCEPS SIGMOIDOSCOPY, FLEXIBLE; WITH CONTROL OF BLEEDING, ANY METHOD SIGMOIDOSCOPY, FLEXIBLE; WITH DIRECTED SUBMUCOSAL INJECTION(S), ANY SUBSTANCE SIGMOIDOSCOPY, FLEXIBLE; WITH DECOMPRESSION (FOR PATHOLOGIC DISTENTION) (EG, VOLVULUS, MEGACOLON), INCLUDING PLACEMENT OF DECOMPRESSION TUBE, WHEN PERFORMED SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(S),	5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019	5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019	NA NA NA NA NA
45327 45330 45331 45332 45333 45334 45335	PROCTOSIGMOIDOSCOPY, RIGID; WITH DECOMPRESSION OF VOLVULUS PROCTOSIGMOIDOSCOPY, RIGID; WITH TRANSENDOSCOPIC STENT PLACEMENT (INCLUDES PREDILATION) SIGMOIDOSCOPY, FLEXIBLE; DIAGNOSTIC, INCLUDING COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING, WHEN PERFORMED (SEPARATE PROCEDURE) SIGMOIDOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF FOREIGN BODY(S) SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF FOREIGN BODY(S) SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY HOT BIOPSY FORCEPS SIGMOIDOSCOPY, FLEXIBLE; WITH CONTROL OF BLEEDING, ANY METHOD SIGMOIDOSCOPY, FLEXIBLE; WITH DIRECTED SUBMUCOSAL INJECTION(S), ANY SUBSTANCE SIGMOIDOSCOPY, FLEXIBLE; WITH DECOMPRESSION (FOR PATHOLOGIC DISTENTION) (EG, VOLVULUS, MEGACOLON), INCLUDING PLACEMENT OF DECOMPRESSION TUBE, WHEN PERFORMED SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY SNARE TECHNIQUE SIGMOIDOSCOPY, FLEXIBLE; WITH TRANSENDOSCOPIC BALLOON	5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019	5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019	NA NA NA NA NA
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45327 45330 45331 45332 45333 45334 45335 45337 45338 45340 45341	PROCTOSIGMOIDOSCOPY, RIGID; WITH DECOMPRESSION OF VOLVULUS PROCTOSIGMOIDOSCOPY, RIGID; WITH TRANSENDOSCOPIC STENT PLACEMENT (INCLUDES PREDILATION) SIGMOIDOSCOPY, FLEXIBLE; DIAGNOSTIC, INCLUDING COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING, WHEN PERFORMED (SEPARATE PROCEDURE) SIGMOIDOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF FOREIGN BODY(S) SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF FOREIGN BODY(S) SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY HOT BIOPSY FORCEPS SIGMOIDOSCOPY, FLEXIBLE; WITH CONTROL OF BLEEDING, ANY METHOD SIGMOIDOSCOPY, FLEXIBLE; WITH DIRECTED SUBMUCOSAL INJECTION(S), ANY SUBSTANCE SIGMOIDOSCOPY, FLEXIBLE; WITH DECOMPRESSION (FOR PATHOLOGIC DISTENTION) (EG, VOLVULUS, MEGACOLON), INCLUDING PLACEMENT OF DECOMPRESSION TUBE, WHEN PERFORMED SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY SNARE TECHNIQUE SIGMOIDOSCOPY, FLEXIBLE; WITH TRANSENDOSCOPIC BALLOON DILATION SIGMOIDOSCOPY, FLEXIBLE; WITH TRANSENDOSCOPIC ULTRASOUND EXAMINATION SIGMOIDOSCOPY, FLEXIBLE; WITH TRANSENDOSCOPIC ULTRASOUND	5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019	5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019	NA NA NA NA NA NA NA

45346	SIGMOIDOSCOPY, FLEXIBLE; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION(S) (INCLUDES PRE- AND POST-DILATION AND GUIDE		5/1/2019	NA
45347	WIRE PASSAGE, WHEN PERFORMED) SIGMOIDOSCOPY, FLEXIBLE; WITH PLACEMENT OF ENDOSCOPIC STENT (INCLUDES PRE- AND POST-DILATION AND GUIDE WIRE	5/1/2019	5/1/2019	NA
	PASSAGE, WHEN PERFORMED)	5/1/2019	5/1/2019	NA
45349	SIGMOIDOSCOPY, FLEXIBLE; WITH ENDOSCOPIC MUCOSAL RESECTION		5/1/2019	NA I
45350	SIGMOIDOSCOPY, FLEXIBLE; WITH BAND LIGATION(S) (EG, HEMORRHOIDS)	5/1/2019	5/1/2019	NA
45355	Colonoscopy, rigid or flexible, transabdominal via colotomy, single or multiple	4/1/2015	4/1/2015	NA
45378	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
45270	Colonoscopy, flexible, proximal to splenic flexure; with removal of	4/1/2015	4/1/2015	NA
45379	foreign body Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single	4/1/2015	4/1/2015	NA
45380	or multiple			
45381	Colonoscopy, flexible, proximal to splenic flexure; with directed submucosal injection(s), any substance	4/1/2015	4/1/2015	NA
45382	Colonoscopy, flexible, proximal to splenic flexure; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater	4/1/2015	4/1/2015	NA
	probe, stapler, plasma coagulator) Colonoscopy, flexible, proximal to splenic flexure; with ablation of	4/1/2015	4/1/2015	NA
45383	tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique			
1500.0	Colonoscopy, flexible, proximal to splenic flexure; with removal of	4/1/2015	4/1/2015	NA
45384	tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery			
45385	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
45386	Colonoscopy, flexible, proximal to splenic flexure; with dilation by	4/1/2015	4/1/2015	NA
45387	balloon, 1 or more strictures Colonoscopy, flexible, proximal to splenic flexure; with	4/1/2015	4/1/2015	NA
45587	transendoscopic stent placement (includes predilation) COLONOSCOPY, FLEXIBLE; WITH ABLATION OF TUMOR(S), POLYP(S),	5/1/2019	5/1/2019	NA
45388	OR OTHER LESION(S) (INCLUDES PRE- AND POST-DILATION AND GUIDE WIRE PASSAGE, WHEN PERFORMED)		-, -,	
45391	Colonoscopy, flexible, proximal to splenic flexure; with endoscopic ultrasound examination	4/1/2015	4/1/2015	NA
45392	Colonoscopy, flexible, proximal to splenic flexure; with transendoscopic ultrasound guided intramural or transmural fine	4/1/2015	4/1/2015	NA
	needle aspiration/biopsy(s)	5/1/2019	5/1/2019	NA
45393	COLONOSCOPY, FLEXIBLE; WITH DECOMPRESSION (FOR PATHOLOGIC DISTENTION) (EG, VOLVULUS, MEGACOLON), INCLUDING PLACEMENT OF DECOMPRESSION TUBE, WHEN PERFORMED	-,-,	-, -,	
45398	COLONOSCOPY, FLEXIBLE; WITH BAND LIGATION(S) (EG,	5/1/2019	5/1/2019	NA
45520		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
45990	ANORECTAL EXAM, SURGICAL, REQUIRING ANESTHESIA (GENERAL, SPINAL, OR EPIDURAL), DIAGNOSTIC	5/1/2019	5/1/2019	NA
46020	PLACEMENT OF SETON	5/1/2019	5/1/2019	NA
46020				
	REMOVAL OF ANAL SETON, OTHER MARKER	5/1/2019	5/1/2019 5/1/2019	NA
46050	INCISION AND DRAINAGE, PERIANAL ABSCESS, SUPERFICIAL	5/1/2019	5/1/2019	NA
46070	INCISION, ANAL SEPTUM (INFANT)	5/1/2019	5/1/2019	NA

46080	SPHINCTEROTOMY, ANAL, DIVISION OF SPHINCTER (SEPARATE	5/1/2019	5/1/2019	NA
40080	PROCEDURE)			
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
	ANOSCOPY; DIAGNOSTIC, WITH HIGH-RESOLUTION MAGNIFICATION	5/ 1/ 2015	0, 1, 2010	
46601	(HRA) (EG, COLPOSCOPE, OPERATING MICROSCOPE) AND CHEMICAL			
40001	AGENT ENHANCEMENT, INCLUDING COLLECTION OF SPECIMEN(S) BY			
	BRUSHING OR WASHING, WHEN PERFORMED			
	BROSHING OR WASHING, WHEN PERFORIVIED	F /4 /2010	F /4 /2040	
46604		5/1/2019	5/1/2019	NA
	ANOSCOPY; WITH DILATION (EG, BALLOON, GUIDE WIRE, BOUGIE)	- /. /	- / . /	
46606	ANOSCOPY; WITH BIOPSY, SINGLE OR MULTIPLE	5/1/2019	5/1/2019	NA
	ANOSCOPY; WITH HIGH-RESOLUTION MAGNIFICATION (HRA) (EG,	5/1/2019	5/1/2019	NA
46607	COLPOSCOPE, OPERATING MICROSCOPE) AND CHEMICAL AGENT			
	ENHANCEMENT, WITH BIOPSY, SINGLE OR MULTIPLE			
46608	ANOSCOPY; WITH REMOVAL OF FOREIGN BODY	5/1/2019	5/1/2019	NA
46610	ANOSCOPY; WITH REMOVAL OF SINGLE TUMOR, POLYP, OR OTHER	5/1/2019	5/1/2019	NA
40010	LESION BY HOT BIOPSY FORCEPS OR BIPOLAR CAUTERY			
40011	ANOSCOPY; WITH REMOVAL OF SINGLE TUMOR, POLYP, OR OTHER	5/1/2019	5/1/2019	NA
46611	LESION BY SNARE TECHNIQUE			
	ANOSCOPY; WITH REMOVAL OF MULTIPLE TUMORS, POLYPS, OR	5/1/2019	5/1/2019	NA
46612	OTHER LESIONS BY HOT BIOPSY FORCEPS, BIPOLAR CAUTERY OR			
	SNARE TECHNIQUE			
	ANOSCOPY; WITH CONTROL OF BLEEDING (EG, INJECTION, BIPOLAR	5/1/2019	5/1/2019	NA
46614	CAUTERY, UNIPOLAR CAUTERY, LASER, HEATER PROBE, STAPLER,	-, -,	-, -,	
	PLASMA COAGULATOR)			
	ANOSCOPY; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER	5/1/2019	5/1/2019	NA
46615		5/1/2019	5/1/2015	NA
46615	LESION(S) NOT AMENABLE TO REMOVAL BY HOT BIOPSY FORCEPS,			
46706	BIPOLAR CAUTERY OR SNARE TECHNIQUE	- 14 12 24 2	5 / A / D D A D	
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, PAPILLOMA,			
	MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; CHEMICAL			
	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA,	5/1/2019	5/1/2019	NA
46910	MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE;			
	ELECTRODESICCATION			
	DESTRUCTION OF LESION (S) ANUS (EC. CONDVIONA DARILLONA			
	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA,	5/1/2019	5/1/2019	NA
46916	MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE;	5/1/2019	5/1/2019	NA
46916		5/1/2019	5/1/2019	NA
46916	MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE;	5/1/2019 5/1/2019	5/1/2019 5/1/2019	NA
46916 46917	MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; CRYOSURGERY			
	MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; CRYOSURGERY DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA,			
	MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; CRYOSURGERY DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; LASER		5/1/2019	NA
46917	MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; CRYOSURGERY DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; LASER SURGERY DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA,	5/1/2019		
	MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; CRYOSURGERY DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; LASER SURGERY DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; SURGICAL	5/1/2019	5/1/2019	NA
46917	MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; CRYOSURGERY DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; LASER SURGERY DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA,	5/1/2019 5/1/2019	5/1/2019 5/1/2019	NA
46917	MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; CRYOSURGERY DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; LASER SURGERY DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; SURGICAL EXCISION	5/1/2019	5/1/2019	NA
46917	MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; CRYOSURGERY DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; LASER SURGERY DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; SURGICAL EXCISION DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA,	5/1/2019 5/1/2019	5/1/2019 5/1/2019	NA
46917 46922	MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; CRYOSURGERY DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; LASER SURGERY DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; SURGICAL EXCISION DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), EXTENSIVE (EG,	5/1/2019 5/1/2019	5/1/2019 5/1/2019	NA
46917 46922	MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; CRYOSURGERY DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; LASER SURGERY DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; SURGICAL EXCISION DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA,	5/1/2019 5/1/2019 5/1/2019	5/1/2019 5/1/2019 5/1/2019	NA NA NA
46917 46922 46924	MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; CRYOSURGERY DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; LASER SURGERY DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; SURGICAL EXCISION DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), EXTENSIVE (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY)	5/1/2019 5/1/2019	5/1/2019 5/1/2019	NA
46917 46922	MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; CRYOSURGERY DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; LASER SURGERY DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; SURGICAL EXCISION DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), EXTENSIVE (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY) DESTRUCTION OF INTERNAL HEMORRHOID(S) BY THERMAL ENERGY	5/1/2019 5/1/2019 5/1/2019	5/1/2019 5/1/2019 5/1/2019	NA NA NA
46917 46922 46924	MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; CRYOSURGERY DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; LASER SURGERY DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; SURGICAL EXCISION DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), EXTENSIVE (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY)	5/1/2019 5/1/2019 5/1/2019 5/1/2019	5/1/2019 5/1/2019 5/1/2019 5/1/2019	NA NA NA
46917 46922 46924	MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; CRYOSURGERY DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; LASER SURGERY DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; SURGICAL EXCISION DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), EXTENSIVE (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY) DESTRUCTION OF INTERNAL HEMORRHOID(S) BY THERMAL ENERGY (EG, INFRARED COAGULATION, CAUTERY, RADIOFREQUENCY)	5/1/2019 5/1/2019 5/1/2019	5/1/2019 5/1/2019 5/1/2019	NA NA NA
46917 46922 46924	MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; CRYOSURGERY DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; LASER SURGERY DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; SURGICAL EXCISION DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), EXTENSIVE (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY) DESTRUCTION OF INTERNAL HEMORRHOID(S) BY THERMAL ENERGY (EG, INFRARED COAGULATION, CAUTERY, RADIOFREQUENCY) CURETTAGE OR CAUTERY OF ANAL FISSURE, INCLUDING DILATION OF	5/1/2019 5/1/2019 5/1/2019 5/1/2019	5/1/2019 5/1/2019 5/1/2019 5/1/2019	NA NA NA
46917 46922 46924	MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; CRYOSURGERY DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; LASER SURGERY DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; SURGICAL EXCISION DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), EXTENSIVE (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY) DESTRUCTION OF INTERNAL HEMORRHOID(S) BY THERMAL ENERGY (EG, INFRARED COAGULATION, CAUTERY, RADIOFREQUENCY)	5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019	5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019	NA NA NA
46917 46922 46924 46930	MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; CRYOSURGERY DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; LASER SURGERY DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; SURGICAL EXCISION DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), EXTENSIVE (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY) DESTRUCTION OF INTERNAL HEMORRHOID(S) BY THERMAL ENERGY (EG, INFRARED COAGULATION, CAUTERY, RADIOFREQUENCY) CURETTAGE OR CAUTERY OF ANAL FISSURE, INCLUDING DILATION OF ANAL SPHINCTER (SEPARATE PROCEDURE); INITIAL	5/1/2019 5/1/2019 5/1/2019 5/1/2019	5/1/2019 5/1/2019 5/1/2019 5/1/2019	NA NA NA
46917 46922 46924	 MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; CRYOSURGERY DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; LASER SURGERY DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; SURGICAL EXCISION DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; SURGICAL EXCISION DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), EXTENSIVE (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY) DESTRUCTION OF INTERNAL HEMORRHOID(S) BY THERMAL ENERGY (EG, INFRARED COAGULATION, CAUTERY, RADIOFREQUENCY) CURETTAGE OR CAUTERY OF ANAL FISSURE, INCLUDING DILATION OF ANAL SPHINCTER (SEPARATE PROCEDURE); INITIAL CURETTAGE OR CAUTERY OF ANAL FISSURE, INCLUDING DILATION OF 	5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019	5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019	NA NA NA NA
46917 46922 46924 46930 46940	 MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; CRYOSURGERY DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; LASER SURGERY DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; SURGICAL EXCISION DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; SURGICAL EXCISION DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), EXTENSIVE (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY) DESTRUCTION OF INTERNAL HEMORRHOID(S) BY THERMAL ENERGY (EG, INFRARED COAGULATION, CAUTERY, RADIOFREQUENCY) CURETTAGE OR CAUTERY OF ANAL FISSURE, INCLUDING DILATION OF ANAL SPHINCTER (SEPARATE PROCEDURE); INITIAL CURETTAGE OR CAUTERY OF ANAL FISSURE, INCLUDING DILATION OF ANAL SPHINCTER (SEPARATE PROCEDURE); SUBSEQUENT 	5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019	5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019	NA NA NA NA
46917 46922 46924 46930	 MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; CRYOSURGERY DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; LASER SURGERY DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; SURGICAL EXCISION DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; SURGICAL EXCISION DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), EXTENSIVE (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY) DESTRUCTION OF INTERNAL HEMORRHOID(S) BY THERMAL ENERGY (EG, INFRARED COAGULATION, CAUTERY, RADIOFREQUENCY) CURETTAGE OR CAUTERY OF ANAL FISSURE, INCLUDING DILATION OF ANAL SPHINCTER (SEPARATE PROCEDURE); INITIAL CURETTAGE OR CAUTERY OF ANAL FISSURE, INCLUDING DILATION OF 	5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019	5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019	NA NA NA NA
46917 46922 46924 46930 46940	 MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; CRYOSURGERY DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; LASER SURGERY DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; SURGICAL EXCISION DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; SURGICAL EXCISION DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), EXTENSIVE (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY) DESTRUCTION OF INTERNAL HEMORRHOID(S) BY THERMAL ENERGY (EG, INFRARED COAGULATION, CAUTERY, RADIOFREQUENCY) CURETTAGE OR CAUTERY OF ANAL FISSURE, INCLUDING DILATION OF ANAL SPHINCTER (SEPARATE PROCEDURE); INITIAL CURETTAGE OR CAUTERY OF ANAL FISSURE, INCLUDING DILATION OF ANAL SPHINCTER (SEPARATE PROCEDURE); SUBSEQUENT 	5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019	5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019	NA NA NA NA
46917 46922 46924 46930 46940 46942 47000	 MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; CRYOSURGERY DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; LASER SURGERY DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; SURGICAL EXCISION DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; SURGICAL EXCISION DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), EXTENSIVE (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY) DESTRUCTION OF INTERNAL HEMORRHOID(S) BY THERMAL ENERGY (EG, INFRARED COAGULATION, CAUTERY, RADIOFREQUENCY) CURETTAGE OR CAUTERY OF ANAL FISSURE, INCLUDING DILATION OF ANAL SPHINCTER (SEPARATE PROCEDURE); INITIAL CURETTAGE OR CAUTERY OF ANAL FISSURE, INCLUDING DILATION OF ANAL SPHINCTER (SEPARATE PROCEDURE); SUBSEQUENT 	5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019	5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019	NA NA NA NA
46917 46922 46924 46930 46940	MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; CRYOSURGERY DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; LASER SURGERY DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; SURGICAL EXCISION DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), EXTENSIVE (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY) DESTRUCTION OF INTERNAL HEMORRHOID(S) BY THERMAL ENERGY (EG, INFRARED COAGULATION, CAUTERY, RADIOFREQUENCY) CURETTAGE OR CAUTERY OF ANAL FISSURE, INCLUDING DILATION OF ANAL SPHINCTER (SEPARATE PROCEDURE); INITIAL CURETTAGE OR CAUTERY OF ANAL FISSURE, INCLUDING DILATION OF ANAL SPHINCTER (SEPARATE PROCEDURE); SUBSEQUENT BIOPSY OF LIVER, NEEDLE; PERCUTANEOUS	5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019	5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019	NA NA NA NA
46917 46922 46924 46930 46940 46942 47000	 MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; CRYOSURGERY DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; LASER SURGERY DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; SURGICAL EXCISION DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; SURGICAL EXCISION DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), EXTENSIVE (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY) DESTRUCTION OF INTERNAL HEMORRHOID(S) BY THERMAL ENERGY (EG, INFRARED COAGULATION, CAUTERY, RADIOFREQUENCY) CURETTAGE OR CAUTERY OF ANAL FISSURE, INCLUDING DILATION OF ANAL SPHINCTER (SEPARATE PROCEDURE); INITIAL CURETTAGE OR CAUTERY OF ANAL FISSURE, INCLUDING DILATION OF ANAL SPHINCTER (SEPARATE PROCEDURE); SUBSEQUENT BIOPSY OF LIVER, NEEDLE; PERCUTANEOUS BIOPSY OF LIVER, NEEDLE; WHEN DONE FOR INDICATED PURPOSE AT 	5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019	5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019	NA NA NA NA
46917 46922 46924 46930 46940 46942 47000	 MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; CRYOSURGERY DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; LASER SURGERY DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; SURGICAL EXCISION DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; SURGICAL EXCISION DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), EXTENSIVE (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY) DESTRUCTION OF INTERNAL HEMORRHOID(S) BY THERMAL ENERGY (EG, INFRARED COAGULATION, CAUTERY, RADIOFREQUENCY) CURETTAGE OR CAUTERY OF ANAL FISSURE, INCLUDING DILATION OF ANAL SPHINCTER (SEPARATE PROCEDURE); INITIAL CURETTAGE OR CAUTERY OF ANAL FISSURE, INCLUDING DILATION OF ANAL SPHINCTER (SEPARATE PROCEDURE); SUBSEQUENT BIOPSY OF LIVER, NEEDLE; PERCUTANEOUS BIOPSY OF LIVER, NEEDLE; WHEN DONE FOR INDICATED PURPOSE AT TIME OF OTHER MAJOR PROCEDURE (LIST SEPARATELY IN ADDITION 	5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019	5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019	NA NA NA NA
46917 46922 46924 46930 46940 46942 47000	 MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; CRYOSURGERY DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; LASER SURGERY DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; SURGICAL EXCISION DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; SURGICAL EXCISION DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), EXTENSIVE (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY) DESTRUCTION OF INTERNAL HEMORRHOID(S) BY THERMAL ENERGY (EG, INFRARED COAGULATION, CAUTERY, RADIOFREQUENCY) CURETTAGE OR CAUTERY OF ANAL FISSURE, INCLUDING DILATION OF ANAL SPHINCTER (SEPARATE PROCEDURE); INITIAL CURETTAGE OR CAUTERY OF ANAL FISSURE, INCLUDING DILATION OF ANAL SPHINCTER (SEPARATE PROCEDURE); SUBSEQUENT BIOPSY OF LIVER, NEEDLE; PERCUTANEOUS 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 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019	5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019 5/1/2019	NA NA NA NA 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	- 11 10010	- 14 10040	
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
		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	5,1,2015	5,1,2525	
		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)			
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
		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)			

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	E/1/2010	NA
48102	BIOPST OF PANCREAS, PERCUTANEOUS NEEDLE		5/1/2019	
10.100		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			
	BACKBENCH RECONSTRUCTION OF CADAVER DONOR PANCREAS	5/1/2019	5/1/2019	NA
48552	ALLOGRAFT PRIOR TO TRANSPLANTATION, VENOUS ANASTOMOSIS, EACH			
		E/1/2010	E/1/2010	NIA
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
	NEEDLE	F /4 /2010	F /4 /2010	
		5/1/2019	5/1/2019	NA
	SCLEROTHERAPY OF A FLUID COLLECTION (EG, LYMPHOCELE, CYST, OR			
49185	SEROMA), PERCUTANEOUS, INCLUDING CONTRAST INJECTION(S),			
	SCLEROSANT INJECTION(S), DIAGNOSTIC STUDY, IMAGING GUIDANCE			
	(EG, ULTRASOUND, FLUOROSCOPY) AND RADIOLOGICAL SUPERVISION			
	AND INTERPRETATION WHEN PERFORMED			
40221		5/1/2019	5/1/2019	NA
49321	LAPAROSCOPY, SURGICAL; WITH BIOPSY (SINGLE OR MULTIPLE)			
	LAPAROSCOPY, SURGICAL; WITH OMENTOPEXY (OMENTAL TACKING	5/1/2019	5/1/2019	NA
49326	PROCEDURE) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY			
	PROCEDURE)			
	,	5/1/2019	5/1/2019	NA
	LAPAROSCOPY, SURGICAL; WITH PLACEMENT OF INTERSTITIAL	5/ 1/ 2015	5, 1, 2015	
	DEVICE(S) FOR RADIATION THERAPY GUIDANCE (EG, FIDUCIAL			
49327				
45327	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)			
49400	INJECTION OF AIR OR CONTRAST INTO PERITONEAL CAVITY (SEPARATE	5/1/2019	5/1/2019	NA
	PROCEDURE)			
		5/1/2019	5/1/2019	NA
49405	IMAGE-GUIDED FLUID COLLECTION DRAINAGE BY CATHETER (EG,			
20705	ABSCESS, HEMATOMA, SEROMA, LYMPHOCELE, CYST); VISCERAL (EG,			
	KIDNEY, LIVER, SPLEEN, LUNG/MEDIASTINUM), PERCUTANEOUS			
	IMAGE-GUIDED FLUID COLLECTION DRAINAGE BY CATHETER (EG,	5/1/2019	5/1/2019	NA
49406	ABSCESS, HEMATOMA, SEROMA, LYMPHOCELE, CYST); PERITONEAL			
	OR RETROPERITONEAL, PERCUTANEOUS			
		5/1/2019	5/1/2019	NA
	IMAGE-GUIDED FLUID COLLECTION DRAINAGE BY CATHETER (EG,			
49407	ABSCESS, HEMATOMA, SEROMA, LYMPHOCELE, CYST); PERITONEAL			
	OR RETROPERITONEAL, TRANSVAGINAL OR TRANSRECTAL			
		5/1/2019	5/1/2019	NA
	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY	5/1/2015	5/1/2015	INA.
40411	GUIDANCE (EG, FIDUCIAL MARKERS, DOSIMETER), PERCUTANEOUS,			
49411				
	INTRA-ABDOMINAL, INTRA-PELVIC (EXCEPT PROSTATE), AND/OR			
	RETROPERITONEUM, SINGLE OR MULTIPLE	5 /4 /0045	- 1. 100.00	• / -
		5/1/2019	5/1/2019	NA
	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY			
49412	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)			

49421 INSERTION OF TUNNELED INTRAPERITONEAL CATHETER FOR DIALYSIS, 5/1/2019 5/1/2019 49423 EXCHANGE OF PREVIOUSLY PLACED ABSCESS OR CYST DRAINAGE 5/1/2019 49423 EXCHANGE OF PREVIOUSLY PLACED ABSCESS OR CYST DRAINAGE 5/1/2019 49424 CONTRAST INJECTION FOR ASSESSMENT OF ABSCESS OR CYST VIA 5/1/2019 49424 PREVIOUSLY PLACED DRAINAGE CATHETER OR TUBE (SEPARATE PROCEDURE) 5/1/2019 49427 INJECTION PROCEDURE (EG, CONTRAST MEDIA) FOR EVALUATION OF PREVIOUSLY PLACED PERITONEAL-VENOUS SHUNT 5/1/2019 49435 INSERTION OF SUBCUTANEOUS EXTENSION TO INTRAPERITONEAL 5/1/2019 49436 DELAYED CREATION OF EXIT SITE FROM EMBEDDED SUBCUTANEOUS SHOUTS 5/1/2019 49436 DELAYED CREATION OF EXIT SITE FROM EMBEDDED SUBCUTANEOUS 5/1/2019 49436 DELAYED CREATION OF EXIT SITE FROM EMBEDDED SUBCUTANEOUS 5/1/2019 49436 DELAYED CREATION OF EXIT SITE FROM EMBEDDED SUBCUTANEOUS 5/1/2019 49436 DELAYED CREATION OF EXIT SITE FROM EMBEDDED SUBCUTANEOUS 5/1/2019 49436 DELAYED CREATION OF EXIT SITE FROM EMBEDDED SUBCUTANEOUS 5/1/2019 49430 FLUOROSCOPIC GUIDANCE INCLUDING CONTRAST INJECTION(S), INDER 5/1/2019	NA
49423EXCHANGE OF PREVIOUSLY PLACED ABSCESS OR CYST DRAINAGE CATHETER UNDER RADIOLOGICAL GUIDANCE (SEPARATE PROCEDURE) CONTRAST INJECTION FOR ASSESSMENT OF ABSCESS OR CYST VIA PREVIOUSLY PLACED DRAINAGE CATHETER OR TUBE (SEPARATE PROCEDURE)5/1/20195/1/201949424PREVIOUSLY PLACED DRAINAGE CATHETER OR TUBE (SEPARATE PROCEDURE)5/1/20195/1/20195/1/201949427INJECTION PROCEDURE (EG, CONTRAST MEDIA) FOR EVALUATION OF PREVIOUSLY PLACED PERITONEAL-VENOUS SHUNT5/1/20195/1/201949435INSERTION OF SUBCUTANEOUS EXTENSION TO INTRAPERITONEAL CANNULA OR CATHETER WITH REMOTE CHEST EXIT SITE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)5/1/20195/1/201949436DELAYED CREATION OF EXIT SITE FROM EMBEDDED SUBCUTANEOUS SEGMENT OF INTRAPERITONEAL CANNULA OR CATHETER INSERTION OF GASTROSTOMY TUBE, PERCUTANEOUS, UNDER5/1/20195/1/2019	NA
CATHETER UNDER RADIOLOGICAL GUIDANCE (SEPARATE PROCEDURE) CONTRAST INJECTION FOR ASSESSMENT OF ABSCESS OR CYST VIA PREVIOUSLY PLACED DRAINAGE CATHETER OR TUBE (SEPARATE PROCEDURE)5/1/20195/1/201949424PREVIOUSLY PLACED DRAINAGE CATHETER OR TUBE (SEPARATE PROCEDURE)5/1/20195/1/201949427INJECTION PROCEDURE (EG, CONTRAST MEDIA) FOR EVALUATION OF PREVIOUSLY PLACED PERITONEAL-VENOUS SHUNT5/1/20195/1/201949435INSERTION OF SUBCUTANEOUS EXTENSION TO INTRAPERITONEAL CANNULA OR CATHETER WITH REMOTE CHEST EXIT SITE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)5/1/20195/1/201949436DELAYED CREATION OF EXIT SITE FROM EMBEDDED SUBCUTANEOUS SEGMENT OF INTRAPERITONEAL CANNULA OR CATHETER INSERTION OF GASTROSTOMY TUBE, PERCUTANEOUS, UNDER5/1/20195/1/2019	NA
494275/1/20195/1/201949427INJECTION PROCEDURE (EG, CONTRAST MEDIA) FOR EVALUATION OF PREVIOUSLY PLACED PERITONEAL-VENOUS SHUNT5/1/20195/1/201949435INSERTION OF SUBCUTANEOUS EXTENSION TO INTRAPERITONEAL CANNULA OR CATHETER WITH REMOTE CHEST EXIT SITE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)5/1/20195/1/201949436DELAYED CREATION OF EXIT SITE FROM EMBEDDED SUBCUTANEOUS SEGMENT OF INTRAPERITONEAL CANNULA OR CATHETER INSERTION OF GASTROSTOMY TUBE, PERCUTANEOUS, UNDER5/1/20195/1/2019	NA
49435 S1/2019 5/1/2019 49435 INSERTION OF SUBCUTANEOUS EXTENSION TO INTRAPERITONEAL 5/1/2019 49436 CANNULA OR CATHETER WITH REMOTE CHEST EXIT SITE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) 5/1/2019 49436 DELAYED CREATION OF EXIT SITE FROM EMBEDDED SUBCUTANEOUS 5/1/2019 5000000000000000000000000000000000000	NA
49435 INSERTION OF SUBCUTANEOUS EXTENSION TO INTRAPERITONEAL 49435 CANNULA OR CATHETER WITH REMOTE CHEST EXIT SITE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) 49436 DELAYED CREATION OF EXIT SITE FROM EMBEDDED SUBCUTANEOUS SEGMENT OF INTRAPERITONEAL CANNULA OR CATHETER INSERTION OF GASTROSTOMY TUBE, PERCUTANEOUS, UNDER 5/1/2019	
49436 DELAYED CREATION OF EXIT SITE FROM EMBEDDED SUBCUTANEOUS SEGMENT OF INTRAPERITONEAL CANNULA OR CATHETER INSERTION OF GASTROSTOMY TUBE, PERCUTANEOUS, UNDER 5/1/2019	NA
INSERTION OF GASTROSTOMY TUBE, PERCUTANEOUS, UNDER 5/1/2019 5/1/2019	NA
IMAGE DOCUMENTATION AND REPORT	NA
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	
49442 INSERTION OF CECOSTOMY OR OTHER COLONIC TUBE,	NA
PERCUTANEOUS, UNDER FLUOROSCOPIC GUIDANCE INCLUDING CONTRAST INJECTION(S), IMAGE DOCUMENTATION AND REPORT	
49446 5/1/2019 5/1/2019 49446 CONVERSION OF GASTROSTOMY TUBE TO GASTRO-JEJUNOSTOMY TUBE, PERCUTANEOUS, UNDER FLUOROSCOPIC GUIDANCE INCLUDING CONTRAST INJECTION(S), IMAGE DOCUMENTATION AND REPORT	NA
Replacement of gastrostomy or cecostomy (or other colonic) tube, 4/1/2015 4/1/2015 49450 percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	NA
5/1/2019 5/1/2019 49451 REPLACEMENT OF DUODENOSTOMY OR JEJUNOSTOMY TUBE, PERCUTANEOUS, UNDER FLUOROSCOPIC GUIDANCE INCLUDING CONTRAST INJECTION(S), IMAGE DOCUMENTATION AND REPORT	NA
5/1/2019 5/1/2019 49452 REPLACEMENT OF GASTRO-JEJUNOSTOMY TUBE, PERCUTANEOUS, UNDER FLUOROSCOPIC GUIDANCE INCLUDING CONTRAST INJECTION(S), IMAGE DOCUMENTATION AND REPORT	NA
MECHANICAL REMOVAL OF OBSTRUCTIVE MATERIAL FROM	NA
49460 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	
CONTRAST INJECTION(S) FOR RADIOLOGICAL EVALUATION OF 5/1/2019 5/1/2019 EXISTING GASTROSTOMY, DUODENOSTOMY, JEJUNOSTOMY, GASTRO- 49465 JEJUNOSTOMY, OR CECOSTOMY (OR OTHER COLONIC) TUBE, FROM A PERCUTANEOUS APPROACH INCLUDING IMAGE DOCUMENTATION AND REPORT	NA
Repair, initial inguinal hernia, preterm infant (less than 37 weeks4/1/20154/1/201549491gestation at birth), performed from birth up to 50 weeks postconception age, with or without hydrocelectomy; reducible4/1/2015	NA
Repair, initial inguinal hernia, preterm infant (less than 37 weeks4/1/20154/1/201549492gestation at birth), performed from birth up to 50 weeks postconception age, with or without hydrocelectomy; incarcerated or strangulatedstrangulated	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;	4/1/2015	4/1/2015	NA
	reducible Repair, initial inguinal hernia, full term infant under age 6 months, or	4/1/2015	4/1/2015	NA
49496	preterm infant over 50 weeks postconception age and under age 6 months at the time of surgery, with or without hydrocelectomy; incarcerated or strangulated			
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
	Repair recurrent incisional or ventral hernia; incarcerated or	4/1/2015	4/1/2015	NA
49566	strangulated			
	IMPLANTATION OF MESH OR OTHER PROSTHESIS FOR OPEN	5/1/2019	5/1/2019	NA
	INCISIONAL OR VENTRAL HERNIA REPAIR OR MESH FOR CLOSURE OF			
49568	DEBRIDEMENT FOR NECROTIZING SOFT TISSUE INFECTION (LIST SEPARATELY IN ADDITION TO CODE FOR THE INCISIONAL OR VENTRAL			
49570	HERNIA REPAIR) 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	4/1/2015	4/1/2015	NA
40500	strangulated	4/1/2015	4/1/2015	NA
49590	Repair spigelian hernia Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric	4/1/2015	4/1/2015	NA
49652	hernia (includes mesh insertion, when performed); reducible	4/1/2013	4/1/2013	NA.
	Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric	4/1/2015	4/1/2015	NA
49653	hernia (includes mesh insertion, when performed); incarcerated or strangulated	4/1/2013	4, 1, 2013	114
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
	Nephrolithotomy; complicated by congenital kidney abnormality	4/1/2015	4/1/2015	NA
50070				
50075	Nephrolithotomy; removal of large staghorn calculus filling renal pelvis and calyces (including anatrophic pyelolithotomy)	4/1/2015	4/1/2015	NA
50200	RENAL BIOPSY; PERCUTANEOUS, BY TROCAR OR NEEDLE	5/1/2019	5/1/2019	NA
	DONOR NEPHRECTOMY (INCLUDING COLD PRESERVATION); FROM	5/1/2019	5/1/2019	NA
50300	CADAVER DONOR, UNILATERAL OR BILATERAL			
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	5/1/2019	5/1/2019	NA
	ANASTOMOSIS, EACH BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR	5/1/2019	5/1/2019	NA
50329	RENAL ALLOGRAFT PRIOR TO TRANSPLANTATION; URETERAL ANASTOMOSIS, EACH			
50382	Removal (via snare/capture) and replacement of internally dwelling ureteral stent via percutaneous approach, including radiological	4/1/2015	4/1/2015	NA
5550E	supervision and interpretation			

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
		5/1/2019	5/1/2019	NA
50389	REMOVAL OF NEPHROSTOMY TUBE, REQUIRING FLUOROSCOPIC	5, 1, 2015	5/1/2015	107
	GUIDANCE (EG, WITH CONCURRENT INDWELLING URETERAL STENT)			
50390	ASPIRATION AND/OR INJECTION OF RENAL CYST OR PELVIS BY NEEDL PERCUTANEOUS	E, 5/1/2019	5/1/2019	NA
	INSTILLATION(S) OF THERAPEUTIC AGENT INTO RENAL PELVIS AND/O	R 5/1/2019	5/1/2019	NA
50391	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	F /1 /2010	NIA
50396	MANOMETRIC STUDIES THROUGH NEPHROSTOMY OR PYELOSTOMY TUBE, OR INDWELLING URETERAL CATHETER	5/1/2019	5/1/2019	NA
	INJECTION PROCEDURE FOR ANTEGRADE NEPHROSTOGRAM AND/OR	5/1/2019	5/1/2019	NA
50420	URETEROGRAM, COMPLETE DIAGNOSTIC PROCEDURE INCLUDING			
50430	IMAGING GUIDANCE (EG, ULTRASOUND AND FLUOROSCOPY) AND AL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION;	L		
	NEW ACCESS			
	INJECTION PROCEDURE FOR ANTEGRADE NEPHROSTOGRAM AND/OR	5/1/2019	5/1/2019	NA
50431	URETEROGRAM, COMPLETE DIAGNOSTIC PROCEDURE INCLUDING IMAGING GUIDANCE (EG, ULTRASOUND AND FLUOROSCOPY) AND AL	I		
50431	ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION; EXISTING ACCESS			
	PLACEMENT OF NEPHROSTOMY CATHETER, PERCUTANEOUS, INCLUDING DIAGNOSTIC NEPHROSTOGRAM AND/OR URETEROGRAM	5/1/2019	5/1/2019	NA
50432	WHEN PERFORMED, IMAGING GUIDANCE (EG, ULTRASOUND AND/OF	R		
	FLUOROSCOPY) AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION			
	AND INTERPRETATION	5/1/2019	5/1/2019	NA
	PLACEMENT OF NEPHROURETERAL CATHETER, PERCUTANEOUS,	5/1/2015	5/1/2015	NA
50433	INCLUDING DIAGNOSTIC NEPHROSTOGRAM AND/OR URETEROGRAM			
	WHEN PERFORMED, IMAGING GUIDANCE (EG, ULTRASOUND AND/OF FLUOROSCOPY) AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION	{		
	AND INTERPRETATION, NEW ACCESS			
		5/1/2019	5/1/2019	NA
	CONVERT NEPHROSTOMY CATHETER TO NEPHROURETERAL CATHETER, PERCUTANEOUS, INCLUDING DIAGNOSTIC			
50434	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	,		
	EXCHANGE NEPHROSTOMY CATHETER, PERCUTANEOUS, INCLUDING	5/1/2019	5/1/2019	NA
	DIAGNOSTIC NEPHROSTOGRAM AND/OR URETEROGRAM WHEN			
50435	PERFORMED, IMAGING GUIDANCE (EG, ULTRASOUND AND/OR FLUOROSCOPY) AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION			
	AND INTERPRETATION			
	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR	5/1/2019	5/1/2019	NA
50555	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			
10007	URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE; WITH			
	FULGURATION AND/OR INCISION, WITH OR WITHOUT BIOPSY			

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) INJECTION PROCEDURE FOR URETEROGRAPHY OR	5/1/2019	5/1/2019	NA
50684	URETEROPYELOGRAPHY THROUGH URETEROSTOMY OR INDWELLING	3/1/2019	5/1/2019	NA
	URETERAL CATHETER MANOMETRIC STUDIES THROUGH URETEROSTOMY OR INDWELLING	5/1/2019	5/1/2019	NA
50686	URETERAL CATHETER	5/1/2019	5/1/2015	NA I
50688	CHANGE OF URETEROSTOMY TUBE OR EXTERNALLY ACCESSIBLE	5/1/2019	5/1/2019	NA
	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
	PLACEMENT OF URETERAL STENT, PERCUTANEOUS, INCLUDING	5/1/2015	5/ 1/ 2015	114
50693				
	PERFORMED, IMAGING GUIDANCE (EG, ULTRASOUND AND/OR FLUOROSCOPY), AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION			
	AND INTERPRETATION; PRE-EXISTING NEPHROSTOMY TRACT			
	PLACEMENT OF URETERAL STENT, PERCUTANEOUS, INCLUDING DIAGNOSTIC NEPHROSTOGRAM AND/OR URETEROGRAM WHEN	5/1/2019	5/1/2019	NA
50694	PERFORMED, IMAGING GUIDANCE (EG, ULTRASOUND AND/OR			
50094	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
	BALLOON DILATION, URETERAL STRICTURE, INCLUDING IMAGING	5/1/2019	5/1/2019	NA
50706	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	4/1/2015	4/1/2015	NA
	ureteral stent placement URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY,	5/1/2019	5/1/2019	NA
50955	WITH OR WITHOUT IRRIGATION, INSTILLATION, OR	-, _,	-, _,	
55555	URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE; WITH BIOPSY			
		5/1/2019	5/1/2019	NA
50057	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY,			
50957	WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE; WITH			
	FULGURATION AND/OR INCISION, WITH OR WITHOUT BIOPSY	_ / . /	- 4 - 4	
	URETERAL ENDOSCOPY THROUGH URETEROTOMY, WITH OR	5/1/2019	5/1/2019	NA
50974	WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY,			
	EXCLUSIVE OF RADIOLOGIC SERVICE; WITH BIOPSY	5/1/2019	5/1/2019	NA
	URETERAL ENDOSCOPY THROUGH URETEROTOMY, WITH OR	5/1/2019	5/1/2015	NA I
50976	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 ASPIRATION OF BLADDER; WITH INSERTION OF SUPRAPUBIC	5/1/2019 5/1/2019	5/1/2019 5/1/2019	NA NA
51102	CATHETER	-, -, -,	-, -, -, -, -, -, -, -, -, -, -, -, -, -	
51600	INJECTION PROCEDURE FOR CYSTOGRAPHY OR VOIDING URETHROCYSTOGRAPHY	5/1/2019	5/1/2019	NA
F160F	INJECTION PROCEDURE AND PLACEMENT OF CHAIN FOR CONTRAST	5/1/2019	5/1/2019	NA
51605	AND/OR CHAIN URETHROCYSTOGRAPHY	5/4/2042	F /4 /2000	
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	5/1/2019	5/1/2019	NA
	CATHETER/BALLOON)			
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
		5/1/2019	5/1/2019	NA
51715	ENDOSCOPIC INJECTION OF IMPLANT MATERIAL INTO THE SUBMUCOSAL TISSUES OF THE URETHRA AND/OR BLADDER NECK		- 4 - 4	
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	5/1/2019	5/1/2019	NA
	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	5,1,2015	5,1,2015	
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	5/1/2019	5/1/2019	NA
	FOR PRIMARY PROCEDURE)			
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
	Transurethral electrosurgical resection of prostate, including control of	4/1/2015	4/1/2015	NA
52601	postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal			
52630	urethrotomy are included) Transurethral resection; of regrowth of obstructive tissue longer than	4/1/2015	4/1/2015	NA
52030	one year postoperative Non-contact laser coagulation of prostate, including control of	4/1/2015	4/1/2015	NA
52647	postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)			
	Contact laser vaporization with or without transurethral resection of prostate, including control of postoperative bleeding, complete	4/1/2015	4/1/2015	NA
52648	(vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)			
53000	URETHROTOMY OR URETHROSTOMY, EXTERNAL (SEPARATE PROCEDURE); PENDULOUS URETHRA	5/1/2019	5/1/2019	NA

		- 4 - 4	_ / . /	
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		5/1/2019	5/1/2019	NA
50065	EXCISION OR FULGURATION; URETHRAL POLYP(S), DISTAL URETHRA	- /. /	- 1. /	
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	5/1/2019	5/1/2019	NA
53620	(SPINAL) ANESTHESIA 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	5/1/2019	5/1/2019	NA
53661	INSTILLATION; INITIAL DILATION OF FEMALE URETHRA INCLUDING SUPPOSITORY AND/OR	5/1/2019	5/1/2019	NA
53665	INSTILLATION; SUBSEQUENT DILATION OF FEMALE URETHRA, GENERAL OR CONDUCTION (SPINAL)	5/1/2019	5/1/2019	NA
	ANESTHESIA INSERTION OF A TEMPORARY PROSTATIC URETHRAL STENT,	5/1/2019	5/1/2019	NA
53855	INCLUDING URETHRAL MEASUREMENT TRANSURETHRAL RADIOFREQUENCY MICRO-REMODELING OF THE	5/1/2019	5/1/2019	NA
53860	FEMALE BLADDER NECK AND PROXIMAL URETHRA FOR STRESS URINARY INCONTINENCE			
54001	SLITTING OF PREPUCE, DORSAL OR LATERAL (SEPARATE PROCEDURE); EXCEPT NEWBORN	5/1/2019	5/1/2019	NA
		5/1/2019	5/1/2019	NA
54050	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA,	-, ,	-, ,	
5.000	MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; CHEMICAL			
54055	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; ELECTRODESICCATION	5/1/2019	5/1/2019	NA
54056	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE;	5/1/2019	5/1/2019	NA
	CRYOSURGERY DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA,	5/1/2019	5/1/2019	NA
54057	MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; LASER SURGERY			
54060	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; SURGICAL	5/1/2019	5/1/2019	NA
	EXCISION	F/1/2010	E/1/2010	NA
54065	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), EXTENSIVE (EG,	5/1/2019	5/1/2019	NA
F 4100	LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY)	F /1 /2010	F /1 /2010	N1 A
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
54220	INJECTION PROCEDURE FOR CORPORA CAVERNOSA FOR FRIAFISM			
57250		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

9-700 INDUST AND UNDARGA CF 3100 MINUTAS (CF 3100 MINUTAS AND A 31/200 91/200 91/200 91/200 91/200 91/200 91/200 91/200 91/200 91/200 91/200 91/200 91/200 91/200 91/200 91/200 91/200 91/200 91/200 91/200 91/200 91/200 91/200 91/200 91/200 91/200 91/200 91/200 91/200 91/200 91/200 91/200 91/200 91/200 91/200 91/200 91/200 91/200 91/200 91/200 91/200 91/200 91/200 91/200 91/200 91/200 91/200 91/200 91/200 91/200 91/200 91/200 91/200 91/200 91/200 91/200 91/200 91/200 91/200 91/200 91/200 91/200 91/200 91/200 91/200 91/200 91/200 91/200 91/200 91/200 91/200 91/200 91/200 91/200 91/200 91/200 91/200 91/200 91/200 91/200 91/200 <t< th=""><th></th><th></th><th>5 /1 /0010</th><th>- 14 /2010</th><th></th></t<>			5 /1 /0010	- 14 /2010	
54800 BORSY OF EPIDPIMIS, NEEDLE 51/2012 51/2012 51/2012 51/2012 51/2012 51/2012 51/2012 51/2012 51/2012 51/2012 51/2012 51/2012 51/2012 51/2012 51/2012 51/2012 51/2012 51/2012 51/2012 51/2012 51/2012 51/2012 51/2012 51/2012 51/2012 51/2012 51/2012 51/2012 51/2012 51/2012 51/2012 51/2012 51/2012 51/2012 51/2012 51/2012 51/2012 51/2012 51/2012 51/2012 51/2012 51/2012 51/2012 51/2012 51/2012 51/2012 51/2012 51/2012 51/2012 51/2012 51/2012 51/2012 51/2012 51/2012 51/2012 51/2012 51/2012 51/2012 51/2012 51/2012 51/2012 51/2012 51/2012 51/2012 51/2012 51/2012 51/2012 51/2012 51/2012 51/2012 51/2012 51/2012 51/2012 51/2012 51/2012 51/2012 51/2012 51/2012 51/201	54700	INCISION AND DRAINAGE OF EPIDIDYMIS, TESTIS AND/OR SCROTAL	5/1/2019	5/1/2019	NA
Session DEVIDENTION OF PERDICIPANE, WITH OR WITHOUT BIOPSY SJ/2020 SJ/20	F 4900		F /1 /2010	F /1 /2010	N1.A
SN00 PUNCTUBE ASPERTION OF MODECLES, TUNCA ASPARLS, WITH OF S/7/2019 S/1/2019 S/1/2019 S/1/2019 S100 DRAMAGE OF SECTION WAIL ARSESS S/1/2019 S/1/2019 S/1/2019 S/1/2019 S200 UNIVERSEND OF ALLERALL ARSESS S/1/2019 S/1/2019 S/1/2019 S/1/2019 S/1/2019 S200 UNIVERSEND OF ALLERALL ARSESS S/1/2019					
50.000 WITHOUT NUETION OF MEDICATION 51.000 DEAMAGE OF SCHOT MULL ASTON WITH OR WITHOUT NECTOR DEVAS. 51/2019 51/2019 51/2019 51/2019 51/2019 51/2019 MA 55200 WINETORM, CONNULLATION WITH OR WITHOUT NECTOR DEVAS. 51/2019 MA 55200 WINETORM, CONNULLATION WITHOUT NECTOR DEVAS. 51/2019 MA 55200 WINETORM, CONNULLATION WITHOUT NECTOR DEVAS. 51/2019 51/2019 MA 55200 WINETORM, CONNULLATION WITHOUT NECTOR DEVAS. 51/2019 51/2019 MA 55705 WINDON, PROSINGERAN, CONNULLATION WITHOUT NECTOR DEVAS. 51/2019 51/2019 MA 55705 WINDON, PROSINGERAN, CONNULLATION WITHOUT NECTOR DEVAS. 51/2019 S1/2019 MA 55815 WINDON, PROSINGERAN, CONNULLATION WITHOUT NECTOR DEVAS. 51/2019 MA 55821 Prostatecomp, proceediate allowing with orde biology (1) filmited 41/2015 41/2015 MA 55821 Prostatecomp, encladering with all allowing with orde biology (1) filmited 41/2015 41/2015 MA 55821 Prostatecomy, recompube role with allowind row stages 41	54865				
53100 PRAMAGE 0 S (SOTAL WALL ASSCSS 51/2019 51/2019 NA 53200 WARDOM, CAMULZATON WITH OR WITHOUT RUSSION VALS. 51/2019 51/2019 NA 53200 BORDARD RELATERAL (SERIATERAL CESTARTE PROCEDURE) 41/2015 41/2015 NA 53300 BORDARD RELATERAL (SERIATERAL CESTARTE PROCEDURE) 41/2015 41/2019 NA 53300 BORDARD RELATERAL (SERIATERAL DE BLATTERAL DE	55000		5/1/2019	5/1/2019	NA
S3200 VMODUNC_CONSULTATION WITH ON WITHOUT INCIDION OF VAS. S1/2019 S1/2019 S1/2019 S1/2019 S3200 WINATTERA (SFRAME REPORCIDING WINDOW YOR VASOBRAMS, SEMIRAL VESICULDRAMS, OI S1/2010 S1/2010 S1/2010 S1/2010 S3200 EPIDIPARGENEE RESCRIPTION WINDOW YOR VASOBRAMS, SEMIRAL VESICULDRAMS, OI S1/2010 S1/2010 <td>55100</td> <td></td> <td>5/1/2010</td> <td>5/1/2010</td> <td>NΛ</td>	55100		5/1/2010	5/1/2010	NΛ
3540 UNILITEAL OR BILITEAL OR BILITEAL (SPEART PROCENIE) Anticity 53230 Vascetory, including and biland (spearte procedure), including 41/2015 41/2019 NA 53300 BEODRY, POSSTARIS UNILIERIA OR BILATERIA, SINCE O MULTIPEL, ANY 51/2019 51/2019 NA 53700 BEODRY, POSSTARIS, UNILIERIA OR BILATERIA, SINCE O MULTIPEL, ANY 51/2019 51/2019 NA 53701 BEODRY, POSSTARI, SINCE ON MULTIPEL, ANY 51/2019 51/2019 NA 53703 BEODRY, POSSTARI, SINCE ON MULTIPEL, ANY 51/2019 51/2019 NA 5380 Prostatectory, method and including control of postspearties 41/2015 41/2015 NA 5381 Prostatectory, method and inclus with bilateral peloic 41/2015 41/2015 NA 53821 Prostatectory, method and inclus on and/or dilaton, and/or di	55100				
53230 Vasctory, unilateral or lagerate procedured, including V/J/2015 V/J/2025 V/J/2025 V/J/2025 V/J/2025 NA 53300 WINSTORY TOR VASOB MARA, VESICU GRAMS, OR S/J/2029 S/J/2029 S/J/2029 NA 55700 BIOPSY, PROSTATE, INCEIONAL, ANY APPROACH S/J/2019 S/J/2019 NA 55701 BIOPSY, PROSTATE, INCEIONAL, ANY APPROACH S/J/2019 S/J/2019 NA 55801 BIOPSY, PROSTATE, INCEIONAL, ANY APPROACH S/J/2019 S/J/2019 NA 55801 BIOPSY, PROSTATE, INCEIONAL, ANY APPROACH S/J/2019 S/J/2019 NA 55801 BIOPSY, PROSTATE, INCEIONAL, ANY APPROACH S/J/2019 S/J/2019 NA 55801 Prostatectomy, merinal addeal, With links and perinal and distorts and of allot and addurator more space and space and addurator more space and addurator and addurator more space and addurator and addurator and addurator and addurator more space a	55200		5/1/2019	5/1/2019	INA
33530 potsperature server cosmination(c) 53800 VASOTOXY TOXY VASORMS, SUBLATERAL OR BLATERAL 53700 BPOSY, PASTATE, NEDLO GP NUMACK, SINCE CO MULTIPLE, ANY 5/1/2019 5/1/2019 53700 BPOSY, PASTATE, NEDLO GP NUMACK, SINCE CO MULTIPLE, ANY 5/1/2019 5/1/2019 53701 BPOSY, PASTATE, NEDLO GP NUMACK, SINCE CO MULTIPLE, ANY 5/1/2019 5/1/2019 53801 Protatectomy, perined radial, who Ary APPROACH 5/1/2019 4/1/2015 4/1/2015 53810 Protatectomy, perined radial, who ary hop node biosys() [limited 4/1/2015 4/1/2015 NA 53811 Protatectomy, perined radial, who ary hop node biosys() [limited 4/1/2015 4/1/2015 NA 53821 Protatectomy, uprimed radial, who ary hop node biosys() [limited 4/1/2015 4/1/2015 NA 53821 Protatectomy, uprimed radial, who ary hop node biosys() [limited 4/1/2015 4/1/2015 NA 53821 Protatectomy, uprimed radial, who ary hop node biosys() [limited 4/1/2015 4/1/2015 NA 53820 Protatectomy, uprimed radial, who ary hop node biosys() [limited 4/1/2015 NA			1/1/2015	1/1/2015	NA
53300 VASCIPANT FOR VASCIPANA, SEMINAL VESCULCIDAMAN, OR 9/2/2019 5/2/2019 5/2/2019 5/2/2019 5/2/2019 NA 55700 BIOPSY, PROSTATE, NEEDLOR PLACE, SINGLO AN MULTPLE, ANY 5/2/2019 5/2/2019 NA 55700 BIOPSY, PROSTATE, NEEDLOR PLACE, SINGLO AN MULTPLE, ANY 5/2/2019 5/2/2019 NA 55801 BIOPSY, PROSTATE, NEEDLOR PLACE, SINGLO AN MULTPLE, ANY 5/2/2019 5/2/2019 NA 55801 BIOPSY, PROSTATE, NEEDLOR PLACE, SINGLO AN APPROACH 5/2/2019 4/2/2015 NA 55801 Prostatectomy, permetal reliable, with high node biopsy(1) (limited 4/1/2015 4/1/2015 NA 55801 Prostatectomy, permetal reliable, with biateral perixer 4/1/2015 4/1/2015 NA 55801 Prostatectomy, including control of potoperative bieleding, and internal undrindenty, and internal undrindenty,	55250		4/1/2013	4/1/2015	NA
S3.00 EPDID/MOGRAMS, UNILITERAL OR BILTERAL 55700 APPROACH S/1/2019 S/1/2019 NA 55705 BID'S, MORSTATE; NEDLE OR MULTIPLE, AW S/1/2019 S/1/2019 NA 55705 BID'S, MORSTATE; NOLSTOR, MONCH NOLSTOR, AVA APPROACH S/1/2019 S/1/2019 NA 55801 BID'S, MORSTATE; NOLSTOR, unternal calibration and/or dilation, and internal urthrotomy) 4/1/2015 4/1/2015 MA 55815 Prostatectom, metoding radial, with ymph node blogs/s/l (imited //1/2015 4/1/2015 MA 55815 Prostatectom, metoding radial, with bilateral pelvic 4/1/2015 4/1/2015 NA 55821 Prostatectomy (including control of postoparative bleeding, with bilateral pelvic 4/1/2015 4/1/2015 NA 55821 Prostatectomy (including control of postoparative bleeding, with a vithout nerve sparing: with 4/1/2015 4/1/2015 NA 55820 Prostatectomy, including control of postoparative bleeding, with a vithout nerve sparing: with 4/1/2015 4/1/2015 NA 55840 Prostatectomy, retropublic radical, with or without nerve sparing: with 4/1/2015 4/1/2015 NA 55841 Prostatec			5/1/2010	5/1/2010	NA
55700 BIOSY, PROTATE, INCLIO R PUNCH, SINGLI OR MULTIPLE, ANY 5/1/2019 5/1/2019 NA 5775 BIOSY, PROTATE, INCLIO R PUNCH, SINGLI OR MULTIPLE, ANY 5/1/2019 5/1/2019 NA 5786 BIOSY, PROTATE, INCLIO R PUNCH, SINGLI OR MULTIPLE, ANY 5/1/2019 5/1/2019 NA 5781 BIOSING, perineal subtaction, urethral calibration and/or dilation, and increal urethrotomy, merineal radia: with lymph nole biosyt() limited 4/1/2015 4/1/2015 NA 57810 Prostatectomy, perineal radia: with lymph nole biosyt() limited 4/1/2015 4/1/2015 NA 57811 Prostatectomy, perineal radia: with lymph nole biosyt() limited 4/1/2015 4/1/2015 NA 57812 Prostatectomy, merineal radia: with lymph nole biosyt() limited 4/1/2015 A/1/2015 NA 57821 Prostatectomy, merineal radia: with lymph nole biosyt() limited 4/1/2015 A/1/2015 NA 57821 Prostatectomy, merineal radia: with lymph nole biosyt() limited 4/1/2015 NA 57821 Prostatectomy, merineal radia: with lymph nole biosyt() limited 4/1/2015 NA 57831 Prostatectomy, merineal radia: with lymph nole biosyt() limited 4/1/2015 NA 57840 Prostatectomy, merineal radia: with lymph nole biosyt() limited 4/1/2015 NA 57841	55300		5/1/2015	5/1/2015	NA I
53.00 APPROACH Signed States (Signed States (Signed States)) Signed States (Signed States) Signed States) Signed States (Signed States) Signed States) Signed States) Signed States (Signed States) Signed States) Signed States) Signe States		•	F /1 /2010	E /1 /2010	NIA
53705 BIOSY, PROSTATE; INCLIQUAL, ANY APPROACH Productionary, perined, subtration function protostrative, 4/1/2015 5/1/2019 S/A 55801 Medering, vasectorm, method microling including control of postoperitive, 4/1/2015 4/1/2015 4/1/2015 NA 55810 Producterorm, perineal radial, with wpmh onde biopsyl5 (limited protive (mphadenectorm), including control of postoperative bieding, producterorm), perineal radial, with synph onde biopsyl5 (limited prototatectorm, perineal radial, with synph onde biopsyl5 (limited producterorm), method microling, perineal radial, with synph onde biopsyl5 (limited prototatectorm, including control of postoperative bieding, method microling, method microling, solubidation, and internal urethrotom); supproble, solubidation on or two stages 4/1/2015 4/1/2015 NA 55810 Prostatectorm, including control of postoperative bieding, method microling, method microling, solubidation, and internal urethrotom); supproble, solubidation on or two stages 4/1/2015 4/1/2015 NA 55820 Prostatectorm, including control of postoperative bieding, method pering user, method microling, solubidation, and internal urethrotom; retropublic radial, with or without nerve sparing; with when one biopsyl5 (limited pering, inducterons) 4/1/2015 4/1/2015 NA 55860 Prostatectorm, including external lile, hypogastric, method particle, perind and with or without nerve sparing; with enerve sparing; 4/1/2015 4/1/2015 NA NA	55700		5/1/2019	5/1/2019	NA
Prostatectom, periodic subtop (including control of postoperative 4/1/2015) 4/1/2015 4/1/2015 4/1/2015 NA S3801 Meeding, sustop (including control of postoperative 4/1/2015) 4/1/2015 NA S5812 Prostatectom, perioding radial; with kmph node biopy(s) (initied 4/1/2015) 4/1/2015 4/1/2015 NA S5812 Prostatectom, perioding radial; with kmph node biopy(s) (initied 4/1/2015) 4/1/2015 A/1/2015 NA S5815 Prostatectom, including control of postoperative bleeding, node biopy(s) (initied 1/2015) 4/1/2015 A/1/2015 NA S5821 Prostatectom, including control of postoperative bleeding, node biopy(s) (inited 1/2015) 4/1/2015 NA S5831 Interal urefutorom, retropublic radial, with or without nerve sparing; with A/1/2015 4/1/2015 NA S5842 Prostatectom, retropublic radial, with or without nerve sparing; with A/1/2015 4/1/2015 NA S5843 Prostatectom, retropublic radial, with or without nerve sparing; with A/1/2015 4/1/2015 NA S5846 Prostatectom, retropublic radial, with or without nerve sparing; with A/1/2015 4/1/2015 NA S5847 Prostatectom, retropublic radial, with or without nerv	55305		F /4 /2010	F /4 /2040	
5380 Beeding: vasectory, weretal calibration and/or dilation, and ittern larethrotory) 4/1/2015 4/1/2015 NA 55810 Prostatectory, perinel radical, with hyph ode biogsy(s) [limited perick imphademectory, lucularig estemal illar, hypogastric and obturator nodes 4/1/2015 4/1/2015 NA 55815 Prostatectory, entrelar lacids, with hyph ode biogsy(s) [limited perick imphademectory, including control of postoperative bieeding, vasectory, meattory, urethrai calibration and/or dilation, and vasectory, meattory, urethrai calibration and/or dilation, and vasectory, meattory, including control of postoperative bieeding, vasectory, meattory, retropubic, subtotal, one or two stages 4/1/2015 4/1/2015 NA 55821 Prostatectory, (retropubic radical, with or without nerve sparing; with wasectory, retropubic radical, with or without nerve sparing; with with and biopsy(s) [limited pelvic lymphademectory) 4/1/2015 4/1/2015 NA 55826 Laparoscoy, surgical prostatectory, retropubic radical, with or without nerve sparing; with with and biopsy(s) [limited pelvic lymphademectory) 4/1/2015 4/1/2015 NA 55826 Laparoscoy, surgical prostatectory, retropubic radical, including und biopsy (retropubic radical, with or without nerve sparing; with with and biopsy (retropubic radical, with or without nerve sparing; with und obturator nodes 4/1/2015 NA 55826 Laparoscoy, surgical prostatectory, retropubic radical, including	55705				
35810 Productionary, perioreal radials, with Nymph node bioasy(s) (limited Productionary, perioreal radials, with Nymph node bioasy(s) (limited Productionary, perioreal radials, with Nymph node bioasy(s) (limited V1/2015 4/1/2015 4/1/2015 NA 55810 Productionary, perioreal radials, with Nymph node bioasy(s) (limited Productionary, metalocomy, unchinal radials, with political and obtrarior nodes 4/1/2015 4/1/2015 NA 55821 Productionary, metalocomy, unchinal calibration and/or dilation, and internal withortomy); supropubic, subtolat, one or two stages 4/1/2015 4/1/2015 NA 55821 Productionary, metalocomy, unchinal calibration and/or dilation, and internal withortomy); supropubic, subtolat, one or two stages 4/1/2015 4/1/2015 NA 55840 Productionary, netropubic radial, with or without nerve sparing; with 4/1/2015 4/1/2015 A/1/2015 NA 55841 Producticomy, retropubic radial, with or without nerve sparing; with 4/1/2015 4/1/2015 A/1/2015 NA 55842 Bioterial pelvic (wipphadenectory), retropubic radial, with or without nerve sparing; with 4/1/2015 4/1/2015 A/1/2015 NA 55843 Laparocopy, surgical processity, retropubic radial, with or without nerve sparing; with 4/1/2015 4/1/2015 NA 55845 <t< td=""><td></td><td></td><td>4/1/2015</td><td>4/1/2015</td><td>NA</td></t<>			4/1/2015	4/1/2015	NA
53810 Prostatectomy, perioral racka; with lymph adopt biosty (i) limited processed biosty (i) limited processed bioty (i) limited processed biosty (i) limited processed bioty (i)	55801				
S3812 Product comp, period and/add, with hymph node biopsy(s) (limited period (imphedenectom), including external like, hypogastic and obturator nodes 4/1/2015 4/1/2015 A/1/2015 NA S5813 Prostancectomy, including control of potopartive bieding, usectomy, metalotomy, urefral calination and/or dilation, and internal urefralow, urefragubic subtofal internal urefralow, urefragubic subtofal internal urefralow, urefragubic subtofal internal urefralow, urefragubic subtofal internal urefralow, urefragubic radical, with or without nerve sparing, with 4/1/2015 4/1/2015 4/1/2015 NA S5842 Prostatectomy, retrogubic radical, with or without nerve sparing, with bibateral peivic hymphadenectomy, including external like, hypogastric, and obtariaro nodes 4/1/2015 4/1/2015 A/1/2015 NA S5843 Lapprotocy, surgical prostatectomy, retrogubic radical, with or without nerve sparing, with bibateral peivic hymphadenectomy, including external like, hypogastric, and obtariaro node 4/1/2015 4/1/2015 A/1/2015 NA S5845 Lapprotocy, surgical prostatectomy, retrogubic radical, with or without nerve sparing, urecosion And DealAndEC or NAT					
5382 pekic kympladenectomy, perioral radical with bilaterial pekic 4/1/2015 VAA 55815 kympladenectomy, perioral radical with bilaterial pekic 4/1/2015 4/1/2015 NA 55821 kympladenectomy, metatoromy, curvel and rod radion, and internal urethrotomy); suprapubic, subtotal, one or two stages 4/1/2015 4/1/2015 NA 55821 Prostatectomy (including control of postoperative bleeding, wateromy, metatoromy, urethral calibration and/or dilation, and internal urethrotomy, iretropubic, subtotal, one or two stages 4/1/2015 4/1/2015 NA 55831 Prostatectomy, including control of postoperative bleeding, wateromy, metatoromy, tertopubic, radical, with or without nerve sparing. 4/1/2015 4/1/2015 NA 55842 Prostatectomy, retropubic radical, with or without nerve sparing. 4/1/2015 4/1/2015 NA 55845 bilateral pekic kymphadenectory, including external like, hypogastric, and obturnator nodes 5/1/2019 S/1/2019 NA 55866 paparoscopy, surgical prostatectomy, retropubic radical, including 4/1/2015 4/1/2015 NA 55876 PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADUATION THERES 5/1/2019 S/1/2019 NA 56420 INCISIO	55810	Prostatectomy, perineal radical;		4/1/2015	NA
Product (ymphadenectomy, periodal radical, with bilateral pelvic nodes 4/1/2015 4/1/2015 NA 55815 Ymphadenectomy, including esternal like, typogastric and obturator nodes 4/1/2015 4/1/2015 NA 55821 Ymphadenectomy, including control of postoperative bleeding, internal urethrotomy); suprapublic, subtral, one or two stages 4/1/2015 A/1/2015 NA 55821 Prostatectomy (including control of postoperative bleeding, internal urethrotomy); retropublic, subtral, one or two stages 4/1/2015 4/1/2015 NA 55840 Prostatectomy, retropublic, radical, with or without nerve sparing; with internal urethrotomy; retropublic radical, with or without nerve sparing; with internal urethrotomy; retropublic radical, with or without nerve sparing; with 4/1/2015 4/1/2015 NA 55845 Prostatectomy, retropublic radical, with or without nerve sparing; with internal pelvic lymphadenectomy, induding external like, hypogastric, and obturator nodes 4/1/2015 4/1/2015 NA 55846 Prostatectomy, retropublic radical, not or without nerve sparing; with internal pelvic lymphadenectomy, interopublic radical, including external like, hypogastric, and obturator notes 5/1/2015 NA 55846 Prostatectomy, retropublic radical, with or without nerve sparing; with internal pelvic lymphadenectomy, internal pelvic lymphadenectomy, internal pelvic lymphadenectomy, internal p	55812	Prostatectomy, perineal radical; with lymph node biopsy(s) (limited	4/1/2015	4/1/2015	NA
SS815 Impladenectomy, including external likac, hypogastric and obturator A/1/2015 A/1/2015 SS821 Prostatectomy, including control of postoperative bieding, internal urethrotomy); suprapubic, subtotal, one or two stages 4/1/2015 A/1/2015 NA SS821 Prostatectomy (including control of postoperative bieding, internal urethrotomy, irethropubic, subtotal, one or two stages 4/1/2015 A/1/2015 NA SS840 Prostatectomy, retropubic, subtotal, internal urethrotomy, retropubic, subtotal, internal urethrotomy, retropubic, subtotal, internal urethrotomy, retropubic, subtotal, internal urethrotomy, retropubic, subtotal 4/1/2015 4/1/2015 NA SS842 Prostatectomy, retropubic radical, with or without nerve sparing; with internal pelvic lymphadenectomy, including external like, hypogastric, and obturator nodes 4/1/2015 4/1/2015 NA SS866 Prostatectomy, retropubic radical, with or without nerve sparing; with envery sparing 4/1/2015 4/1/2015 NA SS876 QUIDANCE (EG, FIDUCIAL MARKERS, DOSING TER, INSTATE (VIA ENVERSENCE, MAY PEROACH, INSTATE (VIA	55512	pelvic lymphadenectomy)			
nodesnodes4/1/2015A/1/2015NA55821Prostatectomy (including control of postoperative bleeding, internal urethrotomy); suprapubic, subtatal, one or two stages4/1/20154/1/2015NA55831Prostatectomy (including control of postoperative bleeding, vasectomy, method calibration and/or dilaton, and internal urethrotomy); subtatal, one or two stages4/1/20154/1/2015NA55830Prostatectomy, retropubic, subtatal, internal urethrotomy); retropubic, subtatal internal urethrotomy); retropubic, subtatal internal urethrotomy); retropubic, subtatal internal urethrotomy; retropubic radical, with or without nerve sparing; with internal urethrotomy; retropubic radical, with or without nerve sparing; with internal urethrotomy; retropubic radical, with or without nerve sparing; with internal urethrotomy; retropubic radical, with or without nerve sparing; with internal urethrotomy; retropubic radical, with or without nerve sparing; with internal perick imphadenectomy, including eternal liliac, hypogastric, and obturator nodes4/1/2015A/1/2015NA55866Laparoscopy, surgical prostatectomy, retropubic radical, including to uncision And DRAINAGE OF VULYA OR PERINEAL ABSETSS5/1/2019NA55876GUEDANCE (EG, FLOUCLAN, MARGES, DOSING CYST5/1/2019S/1/2019NA56403INCISION AND DRAINAGE OF VULYA OR PERINEAL ABSETSS5/1/2019S/1/2019NA56441UTSISO AND DRAINAGE OF VULYA OR PERINEAL ABSETSS5/1/2019S/1/2019NA56442HYMENOTOMY, SIMPLE (EG, LASER SURGERY, S/1/2019S/1/2019NA56551DESTAUCINO OF ELSONSIN, VULYA, STINPLE (EG, LASER SUR		Prostatectomy, perineal radical; with bilateral pelvic	4/1/2015	4/1/2015	NA
Prostatectomy (including control of postoperative bleeding, internal urethrotomy); suprapuble, subtotal, one or two stages4/1/20154/1/2015NA55831Prostatectomy, urethrol allabration and/or dilation, and internal urethrotomy); suprapuble, subtotal, one or two stages4/1/20154/1/2015NA55831Prostatectomy, urethrol allabration and/or dilation, and internal urethrotomy; suprapuble, subtotal internal urethrotomy; retropuble, radical, with or without nerve sparing; with allabration and/or dilation, and internal urethrotomy; retropuble radical, with or without nerve sparing; with allabration and/or dilation, and internal urethrotomy; retropuble radical, with or without nerve sparing; with 4/1/20154/1/2015NA55842Prostatectomy, retropuble radical, with or without nerve sparing; with allabration allow biops(s) (limited pelvic lymphadenectomy) and obtrator nodes uprostatectomy, surgical prostatectomy, retropuble, radical, including surgical pelvic lymphadenectomy, including external like, hypogastric, cuprostatectomy, surgical prostatectomy, retropuble, radical, including s/1/20154/1/2015NA55866Laproscopy, surgical prostatectomy, retropuble, radical, including cuproscopy, surgical prostatectomy, retropuble, radical, including s/1/20195/1/2019NA56405Incision And DaninaGe OF NULXO RETRINEAL ASCESS5/1/20195/1/2019NA56406Incision And DaninaGe OF RAMTHOLIN'S GLAND ASCESS5/1/20195/1/2019NA56401Incision And DaninaGe OF RAMTHOLIN'S GLAND ASCESS5/1/20195/1/2019NA56402Incision And DaninaGe OF RAMTHOLIN'S GLAND ASCESS5/1/20195/1/2019	55815	lymphadenectomy, including external iliac, hypogastric and obturator			
55821 vasctomy, metatomy, surprapubic, subtotal, one or two stages 55831 vasctomy (including control of postoperative bleeding, vasctomy, metatomy, urethral calibration and/or dilation, and internal urethrotomy); subtotal, subtotal 4/1/2015 4/1/2015 NA 55840 Prostatectomy, metatomy (including control of postoperative bleeding, vasctomy, retropubic radical, with or without nerve sparing; vith 4/1/2015 4/1/2015 NA 55840 Prostatectomy, retropubic radical, with or without nerve sparing; with 4/1/2015 4/1/2015 NA 55842 Immental pelvic hymphadenectomy, including external illac, hypogastric, and obturator nodes 4/1/2015 4/1/2015 NA 55866 Laparoscop, surgical prostatectomy, retropubic radical, with or without nerve sparing; with 4/1/2015 4/1/2015 NA 55876 GuiDavitor nodes 5/1/2019 5/1/2019 NA 56401 Incision And D RAINAGE OF VIULYA OR PERINEAL ABSCESS 5/1/2019 NA 56420 Incision And D RAINAGE OF VIULYA OR PERINEAL ABSCESS 5/1/2019 NA 56441 LYSIS OF LABIL ADHESIONS 5/1/2019 NA 56442 Incision And D RAINAGE OF VIULYA OR PERINEAL ABSCESS 5/1/2019 NA 56442 Incision And D RAINAGE OF VIULYA OR PERINEAL ABSCESS		nodes			
53821 internal urethrotomy); suprapubic, subtotal, one or two stages 55831 Prostatectomy (including control of postoperative bleeding, including, and internal urethrotomy); retropubic radical, with or without nerve sparing; with 4/1/2015 4/1/2015 NA 55840 Prostatectomy, retropubic radical, with or without nerve sparing; with 4/1/2015 4/1/2015 NA 55842 Ivmon doe bloosy(s) (limited pelvic lymphadenectomy) 4/1/2015 4/1/2015 NA 55843 Prostatectomy, retropubic radical, with or without nerve sparing; with 4/1/2015 4/1/2015 NA 55845 Dilateral pelvic lymphadenectomy, including external lilac, hypogastric, and obturtor nodes 4/1/2015 4/1/2015 NA 55866 Laparoscopy, surgical prostatectomy, retropubic radical, including 4/1/2015 4/1/2015 NA 55867 GUIDANCE (EG, FIDUCAL MARKER, DOSIMETER), PROSTATE (VIA 5/1/2019 NA 55403 INCISION AND DRAINAGE OF WULL AND ABSCESS 5/1/2019 S/1/2019 NA 56404 INCISION AND DRAINAGE OF DRAITHOUN'S GLAND ABSCESS 5/1/2019 S/1/2019 NA 56414 UYSIS OF LABIAL ADHESIONS 5/1/2019 S/1/2019 NA 56424 INCISION AND DRAINAGE OF DRAITHOUN'S GLAND ABSCESS </td <td></td> <td>Prostatectomy (including control of postoperative bleeding,</td> <td>4/1/2015</td> <td>4/1/2015</td> <td>NA</td>		Prostatectomy (including control of postoperative bleeding,	4/1/2015	4/1/2015	NA
55831 Prostatectomy (including control of postoperative bleeding, 4/1/2015 4/1/2015 1/1/2015 NA 55831 vasectomy, meatodowny, urethrol calibition and/or allistion, and internal urethrotomy); retropubic, subtotal Prostatectomy, retropubic radical, with or without nerve sparing: 4/1/2015 4/1/2015 NA 55842 Prostatectomy, retropubic radical, with or without nerve sparing: 4/1/2015 4/1/2015 NA 55843 Prostatectomy, retropubic radical, with or without nerve sparing: 4/1/2015 4/1/2015 NA 55845 Dilateral pelvic (withpub denectomy) 4/1/2015 4/1/2015 NA 55866 nerve sparing 4/1/2015 4/1/2015 NA 55876 QUACMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY 5/1/2019 NA 55876 QUACMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY 5/1/2019 NA 56405 INCISION AND DAINAGE OF VULVA OR PRINKEAL ABSCESS 5/1/2019 S/1/2019 NA 56411 UYSIO F LABILL ADHESIONS 5/1/2019 S/1/2019 NA 56424 HYMENOTOMY, INSELE ON ON ELECTROSUBGERY, CHANGENGERY, S/1/2019 S/1/2019 NA 56411 UYSIO F LABILL ADHESIONS 5	FF001	vasectomy, meatotomy, urethral calibration and/or dilation, and			
SS831 vasectomy, meatotomy, urethal calibration and/or dilation, and internal urethrotomy); retropubic, subtotal 4/1/2015 4/1/2015 NA SS840 Prostatectomy, retropubic radical, with or without nerve sparing; with lymph node biopsy(s) (limited pelvic lymphadenectomy) 4/1/2015 4/1/2015 NA SS842 Prostatectomy, retropubic radical, with or without nerve sparing; with bilateral pelvic lymphadenectomy, including external illac, hypogastric, and obturator nodes 4/1/2015 4/1/2015 NA SS866 Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing 4/1/2015 4/1/2015 NA SS876 Laparoscopy, surgical prostatectomy, retropubic radical, and can be proved to an enve sparing 4/1/2015 4/1/2015 NA S6405 NOSION AND DRAINAGE OF NULNA OR PERINEAL ASSCSS 5/1/2019 S/1/2019 NA S6404 MRSUPALIZETION OF BARTHOLIN'S GLAND ASSCSS 5/1/2019 S/1/2019 NA S6441 LYSIS OF LABIAL ADHESIONS 5/1/2019 S/1/2019 NA S6451 DESINON, VULNA SIGNER OR MULTINE GLASER SURGERY, 5/1/2019 5/1/2019 NA S6451 DESINON, VULNA, SIMPLE INCISION 5/1/2019 S/1/2019 NA S64641 LYSIS OF LABIAL ADHESINS	55821	internal urethrotomy); suprapubic, subtotal, one or two stages			
SS831 vasectomy, meatotomy, urethal calibration and/or dilation, and internal urethrotomy); retropubic, subtotal 4/1/2015 4/1/2015 NA SS840 Prostatectomy, retropubic radical, with or without nerve sparing; with lymph node biopsy(s) (limited pelvic lymphadenectomy) 4/1/2015 4/1/2015 NA SS842 Prostatectomy, retropubic radical, with or without nerve sparing; with bilateral pelvic lymphadenectomy, including external illac, hypogastric, and obturator nodes 4/1/2015 4/1/2015 NA SS866 Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing 4/1/2015 4/1/2015 NA SS876 Laparoscopy, surgical prostatectomy, retropubic radical, and can be proved to an enve sparing 4/1/2015 4/1/2015 NA S6405 NOSION AND DRAINAGE OF NULNA OR PERINEAL ASSCSS 5/1/2019 S/1/2019 NA S6404 MRSUPALIZETION OF BARTHOLIN'S GLAND ASSCSS 5/1/2019 S/1/2019 NA S6441 LYSIS OF LABIAL ADHESIONS 5/1/2019 S/1/2019 NA S6451 DESINON, VULNA SIGNER OR MULTINE GLASER SURGERY, 5/1/2019 5/1/2019 NA S6451 DESINON, VULNA, SIMPLE INCISION 5/1/2019 S/1/2019 NA S64641 LYSIS OF LABIAL ADHESINS					
internal urefnotomy); retropubic subtotal55840Prostatectomy, retropubic radical, with or without nerve sparing; with 4/1/20154/1/2015A/1/2015NA55842With or without nerve sparing; with 4/1/20154/1/2015NA55843Prostatectomy, retropubic radical, with or without nerve sparing; with 4/1/20154/1/2015NA55845biliterial pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes4/1/20154/1/2015NA55866Exparoscopy, surgical prostatectomy, retropubic radical, including4/1/20154/1/2015NA55876GUIDANCE (EG, FIOR RADIATION THERAPY WILLANCE (EG, FOOR RADIATION THERAPY WILLANCE (EG, FOOR RADIATION THERAPY WILLANCE (EG, FOOR RADIATION THERAPY WILLANCE (EG, FOOR RADIATION THERAPY WILLANCE (EG, SPOR RADIATION THERAPY WILLANCE (EG, FOOR RADIATION THERAPY Science (EG, FOOR RADIATION THE (EG, FOOR RADIATION THE (EG, FOOR RADIATION THERAPY WILLANCE (EG, FOOR RADIATION THE (EG, FOOR RADIATIO		Prostatectomy (including control of postoperative bleeding,	4/1/2015	4/1/2015	NA
internal urefination without nerve sparing; 4/1/2015 4/1/2015 A/1/2015 55840 Prostatectomy, retropubic radical, with or without nerve sparing; with 4/1/2015 4/1/2015 NA 55842 Prostatectomy, retropubic radical, with or without nerve sparing; with 4/1/2015 4/1/2015 NA 55845 Prostatectomy, retropubic radical, with or without nerve sparing; with 4/1/2015 4/1/2015 NA 55846 Prostatectomy, retropubic radical, with or without nerve sparing; with 4/1/2015 4/1/2015 NA 55847 Bilateral petic lymphadenectomy, including external illac, hypogastric, and obturator nodes 5/1/2019 5/1/2019 NA 55876 PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERMY 5/1/2019 NA 56400 INCISION AND DRAINAGE OF OULVA OR PERINEAL ABSCESS 5/1/2019 S/1/2019 NA 56401 INCISION AND DRAINAGE OF DARTHOLIN'S GLAND CYST 5/1/2019 S/1/2019 NA 56442 HYMENOTOMY, SIMPLE INCISION 5/1/2019 5/1/2019 NA 56451 ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY 5/1/2019 5/1/2019 NA 56605 ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY 5/1/2019 5/1/2019 NA 56606 EDOSY OF VULVA OR PERINEUM (SEPARATE PROCEDURE); ELECTROSURGERY, CRYOSURG	55831	vasectomy, meatotomy, urethral calibration and/or dilation, and			
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 4/1/2015 4/1/2015 NA 55842 Prostatectomy, retropubic radical, with or without nerve sparing; with 4/1/2015 4/1/2015 NA 55845 Prostatectomy, retropubic radical, with or without nerve sparing; with 4/1/2015 4/1/2015 NA 55866 Prostatectomy, retropubic radical, with or without nerve sparing; with 4/1/2015 4/1/2015 NA 55866 Laparoscopy, surgical prostatectomy, retropubic radical, including 4/1/2015 4/1/2015 NA 55876 QUIDANCE (EG, FIDUCAL MARKERS, DOSIMETER), PROSTATE (VIA NEDLE, ANT APPROACH), SINGLE OR MULTIPLE 5/1/2019 5/1/2019 NA 56405 INCISION AND DRAINAGE OF VULVA OR PERINEAL ASCESS 5/1/2019 5/1/2019 NA 56404 MASUPALIZATION OF BARTHOLIN'S GLAND ASCESS 5/1/2019 5/1/2019 NA 56405 INCISION AND DRAINAGE OF VULVA OR PERINEAL ASCESS 5/1/2019 5/1/2019 NA 56404 MASUPALIZATION OF BARTHOLIN'S GLAND ASCESS 5/1/2019 5/1/2019 NA 56405 DESTRUCTION OF LESIONS), VULVA, SIMPLE (EG, LASER SURGERY, 5/1/2019 5/1/2019 NA <t< td=""><td></td><td></td><td></td><td></td><td></td></t<>					
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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 5/1/2019 S/1/2019 NA 56820 COLPOSCOPY OF THE VULVA; S/1/2019 S/1/2019 NA 56820 COLPOSCOPY OF THE VULVA; WITH BIOPSY(S) S/1/2019 S/1/2019 NA 56821 COLPOSCOPY OF THE VULVA; WITH BIOPSY(S) S/1/2019 S/1/2019 NA 57000 COLPOTOMY; WITH EXPLORATION S/1/2019 S/1/2019 NA 57020 COLPOCENTESIS (SEPARATE PROCEDURE) S/1/2019 S/1/2019 NA 57022 INCISION AND DRAINAGE OF VAGINAL HEMATOMA; S/1/2019 S/1/2019 NA	56606	SEPARATE ADDITIONAL LESION (LIST SEPARATELY IN ADDITION TO			
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56810 PROCEDURE) 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; 5/1/2019 5/1/2019 NA	56800			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; 5/1/2019 5/1/2019 NA	56810	PERINEOPLASTY, REPAIR OF PERINEUM, NONOBSTETRICAL (SEPARATE	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; 5/1/2019 5/1/2019 NA	20010	PROCEDURE)			
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57020 COLPOCENTESIS (SEPARATE PROCEDURE) 5/1/2019 5/1/2019 NA 57022 INCISION AND DRAINAGE OF VAGINAL HEMATOMA; 5/1/2019 5/1/2019 NA	56821	COLPOSCOPY OF THE VULVA; WITH BIOPSY(S)	5/1/2019	5/1/2019	NA
57022 INCISION AND DRAINAGE OF VAGINAL HEMATOMA; 5/1/2019 NA	57000	COLPOTOMY; WITH EXPLORATION	5/1/2019	5/1/2019	NA
5/0//	57020	COLPOCENTESIS (SEPARATE PROCEDURE)	5/1/2019	5/1/2019	NA
OBSTETRICAL/POSTPARTUM	57022	INCISION AND DRAINAGE OF VAGINAL HEMATOMA;	5/1/2019	5/1/2019	NA
	31022	OBSTETRICAL/POSTPARTUM			

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; SIMPLE (SEPARATE PROCEDURE) BIOPSY OF VAGINAL MUCOSA; EXTENSIVE, REQUIRING SUTURE	5/1/2019	5/1/2019	NA
57105	(INCLUDING CYSTS)	- 1. /	- /- /	
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
57450		5/1/2019	5/1/2019	NA
57150	IRRIGATION OF VAGINA AND/OR APPLICATION OF MEDICAMENT FOR TREATMENT OF BACTERIAL, PARASITIC, OR FUNGOID DISEASE			
57155	INSERTION OF UTERINE TANDEM AND/OR VAGINAL OVOIDS FOR	5/1/2019	5/1/2019	NA
	CLINICAL BRACHYTHERAPY INSERTION OF A VAGINAL RADIATION AFTERLOADING APPARATUS FOR	5/1/2019	5/1/2019	NA
57156	CLINICAL BRACHYTHERAPY	5/1/2015	5, 1, 2015	147.1
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
51270	INTRODUCTION OF ANY HEMOSTATIC AGENT OR PACK FOR	5/1/2019	5/1/2019	NA
57180	SPONTANEOUS OR TRAUMATIC NONOBSTETRICAL VAGINAL	-, -,	-, _,	
	HEMORRHAGE (SEPARATE PROCEDURE)			
	INSERTION OF MESH OR OTHER PROSTHESIS FOR REPAIR OF PELVIC	5/1/2019	5/1/2019	NA
57267	FLOOR DEFECT, EACH SITE (ANTERIOR, POSTERIOR COMPARTMENT),			
57207	VAGINAL APPROACH (LIST SEPARATELY IN ADDITION TO CODE FOR			
	PRIMARY PROCEDURE)	- 4 - 4	- 4 - 4	
57400		5/1/2019	5/1/2019	NA
	DILATION OF VAGINA UNDER ANESTHESIA (OTHER THAN LOCAL)	E /1 /2010	E /1 /2010	NIA
57410	PELVIC EXAMINATION UNDER ANESTHESIA (OTHER THAN LOCAL)	5/1/2019	5/1/2019	NA
	REMOVAL OF IMPACTED VAGINAL FOREIGN BODY (SEPARATE	5/1/2019	5/1/2019	NA
57415	PROCEDURE) UNDER ANESTHESIA (OTHER THAN LOCAL)	-, -,	-, -,	
57420		5/1/2019	5/1/2019	NA
57420	COLPOSCOPY OF THE ENTIRE VAGINA, WITH CERVIX IF PRESENT;			
57421	COLPOSCOPY OF THE ENTIRE VAGINA, WITH CERVIX IF PRESENT; WITH	5/1/2019	5/1/2019	NA
	BIOPSY(S) OF VAGINA/CERVIX	- / . /	- 1. /	
57452		5/1/2019	5/1/2019	NA
	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA;	5/1/2019	5/1/2019	NA
57454	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA;	0, 1, 2010	5/ 1/ 2025	
	WITH BIOPSY(S) OF THE CERVIX AND ENDOCERVICAL CURETTAGE			
57455	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA;	5/1/2019	5/1/2019	NA
57455	WITH BIOPSY(S) OF THE CERVIX			
57456	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA;	5/1/2019	5/1/2019	NA
	WITH ENDOCERVICAL CURETTAGE			
57460	Colposcopy of the cervix including upper/adjacent vagina; with loop	4/1/2015	4/1/2015	NA
	electrode biopsy(s) of the cervix COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA;	5/1/2019	5/1/2019	NA
57461	WITH LOOP ELECTRODE CONIZATION OF THE CERVIX	5/1/2015	5/ 1/2015	NA
		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)			
57505	ENDOCERVICAL CURETTAGE (NOT DONE AS PART OF A DILATION AND	5/1/2019	5/1/2019	NA
	CURETTAGE)			
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 CONIZATION OF CERVIX, WITH OR WITHOUT FULGURATION, WITH OR	5/1/2019	5/1/2019	NA
57520	WITHOUT DILATION AND CURETTAGE, WITH OR WITHOUT REPAIR;	5/1/2019	5/1/2019	NA
5,520	COLD KNIFE OR LASER			
	Conization of cervix, with or without fulguration, with or without	4/1/2015	4/1/2015	NA
57522	dilation and curettage, with or without repair; loop electrode excision			
57558	DILATION AND CURETTAGE OF CERVICAL STUMP	5/1/2019	5/1/2019	NA
57800	DILATION OF CERVICAL CANAL, INSTRUMENTAL (SEPARATE	5/1/2019	5/1/2019	NA
	PROCEDURE)	5/1/2010	5/1/2010	NA
58100	ENDOMETRIAL SAMPLING (BIOPSY) WITH OR WITHOUT ENDOCERVICAL SAMPLING (BIOPSY), WITHOUT CERVICAL DILATION,	5/1/2019	5/1/2019	NA
50100	ANY METHOD (SEPARATE PROCEDURE)			

58110	ENDOMETRIAL SAMPLING (BIOPSY) PERFORMED IN CONJUNCTION WITH COLPOSCOPY (LIST SEPARATELY IN ADDITION TO CODE FOR	5/1/2019	5/1/2019	NA
	PRIMARY PROCEDURE)			
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
	CATHETERIZATION AND INTRODUCTION OF SALINE OR CONTRAST	5/1/2019	5/1/2019	NA
58340	MATERIAL FOR SALINE INFUSION SONOHYSTEROGRAPHY (SIS) OR HYSTEROSALPINGOGRAPHY			
58353	ENDOMETRIAL ABLATION, THERMAL, WITHOUT HYSTEROSCOPIC	5/1/2019	5/1/2019	NA
58600	GUIDANCE Ligation or transection of fallopian tube(s), abdominal or vaginal	4/1/2015	4/1/2015	NA
50000	approach, unilateral or bilateral Ligation or transection of fallopian tube(s) when done at the time of	4/1/2015	4/1/2015	NA
58611	cesarean delivery or intra-abdominal surgery (not a separate procedure) (List separately in addition to code for primary procedure)			
58615	OCCLUSION OF FALLOPIAN TUBE(S) BY DEVICE (EG, BAND, CLIP, FALOPE RING) VAGINAL OR SUPRAPUBIC APPROACH	5/1/2019	5/1/2019	NA
	Laparoscopy, surgical; with fulguration of oviducts (with or without	4/1/2015	4/1/2015	NA
58670	transection)			
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
	AMNIOCENTESIS; THERAPEUTIC AMNIOTIC FLUID REDUCTION	5/1/2019	5/1/2019	NA
59001	(INCLUDES ULTRASOUND GUIDANCE)	5/1/2015	5, 1, 2015	
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
59030	FETAL MONITORING DURING LABOR BY CONSULTING PHYSICIAN (IE,	5/1/2019	5/1/2019	NA
59050	NON-ATTENDING PHYSICIAN) WITH WRITTEN REPORT; SUPERVISION AND INTERPRETATION	5/1/2015	3/ 1/2013	NA
	FETAL MONITORING DURING LABOR BY CONSULTING PHYSICIAN (IE,	5/1/2019	5/1/2019	NA
59051	NON-ATTENDING PHYSICIAN) WITH WRITTEN REPORT; INTERPRETATION ONLY	0, 1, 2020	0, 1, 2020	
	SURGICAL TREATMENT OF ECTOPIC PREGNANCY; CERVICAL, WITH	5/1/2019	5/1/2019	NA
59140	EVACUATION	5/1/2019	5/1/2015	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
		5/1/2019	5/1/2019	NA
59300	EPISIOTOMY OR VAGINAL REPAIR, BY OTHER THAN ATTENDING	-, -,	-, -,	
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		
59414	DELIVERY OF PLACENTA (SEPARATE PROCEDURE)	5/1/2019	5/1/2019	NA
59430		5/1/2019 5/1/2019	5/1/2019	NA NA
35430	POSTPARTUM CARE ONLY (SEPARATE PROCEDURE)		5/1/2019	
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
00100	Partial thyroid lobectomy, unilateral; with or without isthmusectomy	4/1/2015	4/1/2015	NA
60210			., _, _0 _0 _0	
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
	Thyroidectomy, total or subtotal for malignancy; with limited neck	4/1/2015	4/1/2015	NA
60252	dissection	4/1/2015	4/1/2015	
60254	Thyroidectomy, total or subtotal for malignancy; with radical neck dissection			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
00300	PARATHYROID AUTOTRANSPLANTATION (LIST SEPARATELY IN	5/1/2019	5/1/2019	NA
60512	ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/2015	5/1/2015	NA
	VENTRICULAR PUNCTURE THROUGH PREVIOUS BURR HOLE,	5/1/2019	5/1/2019	NA
61020	FONTANELLE, SUTURE, OR IMPLANTED VENTRICULAR	5/ 1/ 2015	5, 1, 2025	
	CATHETER/RESERVOIR; WITHOUT INJECTION			
	VENTRICULAR PUNCTURE THROUGH PREVIOUS BURR HOLE,	5/1/2019	5/1/2019	NA
<i></i>	FONTANELLE, SUTURE, OR IMPLANTED VENTRICULAR			
61026	CATHETER/RESERVOIR; WITH INJECTION OF MEDICATION OR OTHER			
	SUBSTANCE FOR DIAGNOSIS OR TREATMENT			
64050	CISTERNAL OR LATERAL CERVICAL (C1-C2) PUNCTURE; WITHOUT	5/1/2019	5/1/2019	NA
61050	INJECTION (SEPARATE PROCEDURE)			
	CISTERNAL OR LATERAL CERVICAL (C1-C2) PUNCTURE; WITH	5/1/2019	5/1/2019	NA
61055	INJECTION OF MEDICATION OR OTHER SUBSTANCE FOR DIAGNOSIS OR			
	TREATMENT			
61070	PUNCTURE OF SHUNT TUBING OR RESERVOIR FOR ASPIRATION OR	5/1/2019	5/1/2019	NA
01070	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	PERCUTANEOUS; EACH ADDITIONAL VESSEL IN SAME VASCULAR			
	FAMILY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY			
	PROCEDURE)			
	BALLOON DILATATION OF INTRACRANIAL VASOSPASM,	5/1/2019	5/1/2019	NA
61642	PERCUTANEOUS; EACH ADDITIONAL VESSEL IN DIFFERENT VASCULAR			
	FAMILY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY			
	PROCEDURE)	- 14 12242	- 14 12242	
		5/1/2019	5/1/2019	NA
C1CF1	PHARMACOLOGIC AGENT(S) OTHER THAN FOR THROMBOLYSIS,			
61651	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	CRANIAL, INTRADURAL (LIST SEPARATELY IN ADDITION TO CODE FOR	5/1/2015	5/1/2015	NA
01/01	PRIMARY PROCEDURE)			
	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE;	5/1/2019	5/1/2019	NA
61782	CRANIAL, EXTRADURAL (LIST SEPARATELY IN ADDITION TO CODE FOR	5/1/2015	5/1/2015	
	PRIMARY PROCEDURE)			
	·	5/1/2019	5/1/2019	NA
61783	SPINAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY			
	PROCEDURE)			
		5/1/2019	5/1/2019	NA
64707	STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR			
61797	LINEAR ACCELERATOR); EACH ADDITIONAL CRANIAL LESION, SIMPLE			
	(LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)			
	APPLICATION OF STEREOTACTIC HEADFRAME FOR STEREOTACTIC	5/1/2019	5/1/2019	NA
61800	RADIOSURGERY (LIST SEPARATELY IN ADDITION TO CODE FOR			
	PRIMARY PROCEDURE)			
	INCISION AND RETRIEVAL OF SUBCUTANEOUS CRANIAL BONE GRAFT	5/1/2019	5/1/2019	NA
62148	FOR CRANIOPLASTY (LIST SEPARATELY IN ADDITION TO CODE FOR			
	PRIMARY PROCEDURE)			
		5/1/2019	5/1/2019	NA
	NEUROENDOSCOPY, INTRACRANIAL, FOR PLACEMENT OR			
62160	REPLACEMENT OF VENTRICULAR CATHETER AND ATTACHMENT TO			
	SHUNT SYSTEM OR EXTERNAL DRAINAGE (LIST SEPARATELY IN			
	ADDITION TO CODE FOR PRIMARY PROCEDURE)	5 /4 /2016	- 11 10010	
62252		5/1/2019	5/1/2019	NA
	REPROGRAMMING OF PROGRAMMABLE CEREBROSPINAL SHUNT			

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	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
	GOIDAINCE	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)	., _,	<i>.,.,</i>	
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	5/1/2019	5/1/2019	NA
	GUIDANCE (IE, FLUOROSCOPY OR CT)	5/1/2019	F /1 /2010	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	5/1/2015	5/1/2019	NA
		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			

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	5/1/2019	5/1/2019	NA
62355	OR CT) REMOVAL OF PREVIOUSLY IMPLANTED INTRATHECAL OR EPIDURAL CATHETER	5/1/2019	5/1/2019	NA
		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	- // /2010	- (/ /0040	
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
		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)			
	PHISICIAN ON 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)			
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
C111C	INTEGTION ANTESTUETIC ACENT, DRACHUAL DESVUE, CONTINUIQUE	5/1/2019	5/1/2019	NA
64416	INJECTION, ANESTHETIC AGENT; BRACHIAL PLEXUS, CONTINUOUS INFUSION BY CATHETER (INCLUDING CATHETER PLACEMENT)			
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		5/1/2019	5/1/2019	NA
	INJECTION, ANESTHETIC AGENT; PARACERVICAL (UTERINE) NERVE			
64445	INJECTION, ANESTHETIC AGENT; SCIATIC NERVE, SINGLE	5/1/2019 5/1/2019	5/1/2019 5/1/2019	NA NA
64446	INJECTION, ANESTHETIC AGENT; SCIATIC NERVE, CONTINUOUS INFUSION BY CATHETER (INCLUDING CATHETER PLACEMENT)	-, -, -0 -0	-, -, -,	
64447	INJECTION, ANESTHETIC AGENT; FEMORAL NERVE, SINGLE	5/1/2019	5/1/2019	NA
		5/1/2019	5/1/2019	NA
64448	INJECTION, ANESTHETIC AGENT; FEMORAL NERVE, CONTINUOUS INFUSION BY CATHETER (INCLUDING CATHETER PLACEMENT)			

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	5/1/2019	5/1/2019	NA
64461	COMMON DIGITAL NERVE(S) (EG, MORTON'S NEUROMA) PARAVERTEBRAL BLOCK (PVB) (PARASPINOUS BLOCK), THORACIC; SINGLE INJECTION SITE (INCLUDES IMAGING GUIDANCE, WHEN PERFORMED)	5/1/2019	5/1/2019	NA
		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)			
64463	PARAVERTEBRAL BLOCK (PVB) (PARASPINOUS BLOCK), THORACIC; CONTINUOUS INFUSION BY CATHETER (INCLUDES IMAGING GUIDANCE, WHEN PERFORMED)	5/1/2019	5/1/2019	NA
		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 (INCLUDE: IMAGING GUIDANCE, WHEN PERFORMED)	S		
		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)			
64550	APPLICATION OF SURFACE (TRANSCUTANEOUS) NEUROSTIMULATOR (EG, TENS UNIT)	5/1/2019	5/1/2019	NA
		5/1/2019	5/1/2019	NA
64566	POSTERIOR TIBIAL NEUROSTIMULATION, PERCUTANEOUS NEEDLE			
64585	ELECTRODE, SINGLE TREATMENT, INCLUDES PROGRAMMING 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
	, ,	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)			
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
		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			
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
	CHEMODENERVATION OF ONE EXTREMITY; EACH ADDITIONAL	5/1/2019	5/1/2019	NA
64643	EXTREMITY, 1-4 MUSCLE(S) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)			
64644		5/1/2019	5/1/2019	NA
•	CHEMODENERVATION OF ONE EXTREMITY; 5 OR MORE MUSCLES CHEMODENERVATION OF ONE EXTREMITY; EACH ADDITIONAL	5/1/2019	5/1/2019	NA
64645	EXTREMITY, 5 OR MORE MUSCLES (LIST SEPARATELY IN ADDITION TO	5, 1, 2015	5, 1, 2015	110
64646	CODE FOR PRIMARY PROCEDURE) CHEMODENERVATION OF TRUNK MUSCLE(S); 1-5 MUSCLE(S)	5/1/2019	5/1/2019	NA

64647		5/1/2019	5/1/2019	NA
C4CE0	CHEMODENERVATION OF TRUNK MUSCLE(S); 6 OR MORE MUSCLES	F /1 /2010	F /1 /2010	
64650	CHEMODENERVATION OF ECCRINE GLANDS; BOTH AXILLAE CHEMODENERVATION OF ECCRINE GLANDS; OTHER AREA(S) (EG,	5/1/2019 5/1/2019	5/1/2019 5/1/2019	NA NA
64653	SCALP, FACE, NECK), PER DAY	5/1/2019	5/1/2019	INA
64726	DECOMPRESSION; PLANTAR DIGITAL NERVE	5/1/2019	5/1/2019	NA
0.1.20		5/1/2019	5/1/2019	NA
	INTERNAL NEUROLYSIS, REQUIRING USE OF OPERATING MICROSCOPE	-, -,	-, -,	
64727	(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)			
	EXCISION OF NEUROMA; HAND OR FOOT, EACH ADDITIONAL NERVE,	5/1/2019	5/1/2019	NA
64783	EXCEPT SAME DIGIT (LIST SEPARATELY IN ADDITION TO CODE FOR			
	PRIMARY PROCEDURE)	- 4 - 4		
64787	IMPLANTATION OF NERVE END INTO BONE OR MUSCLE (LIST	5/1/2019	5/1/2019	NA
C 4705	SEPARATELY IN ADDITION TO NEUROMA EXCISION)	- 4 10040	5 /4 /2010	
64795	BIOPSY OF NERVE	5/1/2019	5/1/2019	NA
64859	SUTURE OF EACH ADDITIONAL MAJOR PERIPHERAL NERVE (LIST	5/1/2019	5/1/2019	NA
04033	SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)			
	SUTURE OF NERVE; REQUIRING SECONDARY OR DELAYED SUTURE	5/1/2019	5/1/2019	NA
64872	(LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY	5/ 1/ 2015	5, 1, 2025	
	NEURORRHAPHY)			
	SUTURE OF NERVE; REQUIRING EXTENSIVE MOBILIZATION, OR	5/1/2019	5/1/2019	NA
64874	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)			
65205	REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CONJUNCTIVAL	5/1/2019	5/1/2019	NA
	SUPERFICIAL	- 4 - 4		
65240	REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CONJUNCTIVAL	5/1/2019	5/1/2019	NA
65210	EMBEDDED (INCLUDES CONCRETIONS), SUBCONJUNCTIVAL, OR			
	SCLERAL NONPERFORATING REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CORNEAL, WITHOUT	5/1/2019	5/1/2019	NA
65220	SLIT LAMP	5/1/2015	5/1/2015	INA.
	REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CORNEAL, WITH SLIT	5/1/2019	5/1/2019	NA
65222	LAMP	-, -,	-, -,	
c	REPAIR OF LACERATION; CONJUNCTIVA, WITH OR WITHOUT	5/1/2019	5/1/2019	NA
65270	NONPERFORATING LACERATION SCLERA, DIRECT CLOSURE			
65410	BIOPSY OF CORNEA	5/1/2019	5/1/2019	NA
65430		5/1/2019	5/1/2019	NA
03450	SCRAPING OF CORNEA, DIAGNOSTIC, FOR SMEAR AND/OR CULTURE			
65435	REMOVAL OF CORNEAL EPITHELIUM; WITH OR WITHOUT	5/1/2019	5/1/2019	NA
	CHEMOCAUTERIZATION (ABRASION, CURETTAGE)	- /- /	- / . /	
65778	PLACEMENT OF AMNIOTIC MEMBRANE ON THE OCULAR SURFACE;	5/1/2019	5/1/2019	NA
	WITHOUT SUTURES PLACEMENT OF AMNIOTIC MEMBRANE ON THE OCULAR SURFACE;	5/1/2019	5/1/2019	NIA
65779	SINGLE LAYER, SUTURED	5/1/2019	5/1/2019	NA
	PARACENTESIS OF ANTERIOR CHAMBER OF EYE (SEPARATE	5/1/2019	5/1/2019	NA
65800	PROCEDURE); WITH REMOVAL OF AQUEOUS	5/ 1/ 2015	5, 1, 2025	
	SEVERING ADHESIONS OF ANTERIOR SEGMENT, LASER TECHNIQUE	5/1/2019	5/1/2019	NA
65860	(SEPARATE PROCEDURE)			
66020	INJECTION, ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); AIR	5/1/2019	5/1/2019	NA
66020	OR LIQUID			
66030	INJECTION, ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE);	5/1/2019	5/1/2019	NA
00050	MEDICATION			
66761	IRIDOTOMY/IRIDECTOMY BY LASER SURGERY (EG, FOR GLAUCOMA)	5/1/2019	5/1/2019	NA
	(PER SESSION)	. /. /		•••
	Extracapsular cataract removal with insertion of intraocular lens	4/1/2015	4/1/2015	NA
	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			
66982	(eg, iris expansion device, suture support for intraocular lens, or			
	primary posterior capsulorrhexis) or performed on patients in the			
	amblyogenic developmental stage			
	· - · · ·			

66983	Intracapsular cataract extraction with insertion of intraocular lens	4/1/2015	4/1/2015	NA
00000	prosthesis (one stage procedure)			
	Extracapsular cataract removal with insertion of intraocular lens	4/1/2015	4/1/2015	NA
66984	prosthesis (one stage procedure), manual or mechanical technique (eg,			
	irrigation and aspiration or phacoemulsification)			
	USE OF OPHTHALMIC ENDOSCOPE (LIST SEPARATELY IN ADDITION TO	5/1/2019	5/1/2019	NA
66990	CODE FOR PRIMARY PROCEDURE)	5/1/2015	3, 1, 2013	1.17.1
	Intravitreal injection of a pharmacologic agent (separate procedure)	4/1/2015	4/1/2015	NA
67028				
67101	REPAIR OF RETINAL DETACHMENT, INCLUDING DRAINAGE OF	5/1/2019	5/1/2019	NA
0/101	SUBRETINAL FLUID WHEN PERFORMED; CRYOTHERAPY			
67105	REPAIR OF RETINAL DETACHMENT, INCLUDING DRAINAGE OF	5/1/2019	5/1/2019	NA
0/105	SUBRETINAL FLUID WHEN PERFORMED; PHOTOCOAGULATION			
	DESTRUCTION OF LOCALIZED LESION OF CHOROID (EG, CHOROIDAL	5/1/2019	5/1/2019	NA
67225	NEOVASCULARIZATION); PHOTODYNAMIC THERAPY, SECOND EYE, AT			
	SINGLE SESSION (LIST SEPARATELY IN ADDITION TO CODE FOR			
	PRIMARY EYE TREATMENT) DESTRUCTION OF EXTENSIVE OR PROGRESSIVE RETINOPATHY (EG,	5/1/2019	5/1/2019	NA
67227	DIABETIC RETINOPATHY), CRYOTHERAPY, DIATHERMY	5/1/2019	5/1/2019	INA
	PLACEMENT OF ADJUSTABLE SUTURE(S) DURING STRABISMUS	5/1/2019	5/1/2019	NA
	SURGERY, INCLUDING POSTOPERATIVE ADJUSTMENT(S) OF SUTURE(S)	5/ 1/ 20 25	5, 1, 2025	
67335	(LIST SEPARATELY IN ADDITION TO CODE FOR SPECIFIC STRABISMUS			
	SURGERY)			
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,	5/1/2019	5/1/2019	NA
	DOES NOT INCLUDE SUPPLY OF MEDICATION)			
67505	RETROBULBAR INJECTION; ALCOHOL	5/1/2019	5/1/2019	NA
67515	INJECTION OF MEDICATION OR OTHER SUBSTANCE INTO TENON'S	5/1/2019	5/1/2019	NA
67700		F /1 /2010	F /1 /2010	N1.A
67700 67710	BLEPHAROTOMY, DRAINAGE OF ABSCESS, EYELID SEVERING OF TARSORRHAPHY	5/1/2019 5/1/2019	5/1/2019	NA NA
67715	CANTHOTOMY (SEPARATE PROCEDURE)	5/1/2019	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
		5/1/2019	5/1/2019	NA
67875	TEMPORARY CLOSURE OF EYELIDS BY SUTURE (EG, FROST SUTURE)	-,,	-, ,	
	SUTURE OF RECENT WOUND, EYELID, INVOLVING LID MARGIN,	5/1/2019	5/1/2019	NA
67930	TARSUS, AND/OR PALPEBRAL CONJUNCTIVA DIRECT CLOSURE;			
	PARTIAL THICKNESS			
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		5/1/2019	5/1/2019	NA
	EXPRESSION OF CONJUNCTIVAL FOLLICLES (EG, FOR TRACHOMA)	- /- /	- /- /	
68100		5/1/2019	5/1/2019	NA
68110 68115	EXCISION OF LESION, CONJUNCTIVA; UP TO 1 CM EXCISION OF LESION, CONJUNCTIVA; OVER 1 CM	5/1/2019	5/1/2019	NA
68135	DESTRUCTION OF LESION, CONJUNCTIVA, OVER 1 CM	5/1/2019 5/1/2019	5/1/2019 5/1/2019	NA NA
68200	SUBCONJUNCTIVAL INJECTION	5/1/2019	5/1/2019	NA
68400	INCISION, DRAINAGE OF LACRIMAL GLAND	5/1/2019	5/1/2019	NA
	INCISION, DRAINAGE OF LACRIMAL SAC (DACRYOCYSTOTOMY OR	5/1/2019	5/1/2019	NA
68420	DACRYOCYSTOSTOMY)			
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		5/1/2019	5/1/2019	NA
	REMOVAL OF FOREIGN BODY OR DACRYOLITH, LACRIMAL PASSAGES	- 4 - 4	- 4 - 4	
68705	CORRECTION OF EVERTED PUNCTUM, CAUTERY	5/1/2019	5/1/2019	NA
68760	CLOSURE OF THE LACRIMAL PUNCTUM; BY THERMOCAUTERIZATION,	5/1/2019	5/1/2019	NA
	LIGATION, OR LASER SURGERY	F /1 /2010	F /1 /2010	NLA
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
		5/1/2019	5/1/2019	NA
68810	PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION;	5, 1, 2015	5, 1, 2015	
	PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION;	5/1/2019	5/1/2019	NA
68811	REQUIRING GENERAL ANESTHESIA	-		
60015	PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION;	5/1/2019	5/1/2019	NA
68815	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			
68840	PROBING OF LACRIMAL CANALICULI, WITH OR WITHOUT IRRIGATION	5/1/2019	5/1/2019	NA
68850		5/1/2019	5/1/2019	NA
69000	INJECTION OF CONTRAST MEDIUM FOR DACRYOCYSTOGRAPHY DRAINAGE EXTERNAL EAR, ABSCESS OR HEMATOMA; SIMPLE	5/1/2019	5/1/2019	NA
69005		5/1/2019	5/1/2019	NA
69020	DRAINAGE EXTERNAL EAR, ABSCESS OR HEMATOMA; COMPLICATED 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
05424	Tympanostomy (requiring insertion of ventilating tube), local or topical		4/1/2015	NA
69433	anesthesia			
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		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	4/1/2015	4/1/2015	NA
	variants Allergen specific IgG quantitative or semiquantitative, each allergen	4/1/2015	4/1/2015	NA
86001				
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	4/1/2015	4/1/2015	NA
93316	report 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;	4/1/2015	4/1/2015	NA
93318	image acquisition, interpretation and report only 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	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);	4/1/2015	4/1/2015	NA
95147	two single stinging insect venoms Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses);	4/1/2015	4/1/2015	NA
55147	three single stinging insect venoms Professional services for the supervision of preparation and provision	4/1/2015	4/1/2015	NA
95148	of antigens for allergen immunotherapy (specify number of doses); four single stinging insect venoms Professional services for the supervision of preparation and provision	4/1/2015	4/1/2015	NA
95149	of antigens for allergen immunotherapy (specify number of doses); five single stinging insect venoms			
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	4/1/2015	4/1/2015	NA
	insect or other arthropod (specify number of doses)			
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
	Recommended follow-up interval for repeat colonoscopy of at least 10	4/1/2015	4/1/2015	NA
0528F	years documented in colonoscopy report (End/Polyp)5		, ,	
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 electrocardiogrpahic 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			
95805, 95806, 95807, 95808, 95810, 95811	technologist 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			

3/10/2017

3/10/2017

NA

G0398, G0399

G0398- Home sleep study test (hst) with type ii portable monitor,3unattended; minimum of 7 channels: eeg, eog, emg, ecg/heart rate,airflow, respiratory effort and oxygen saturationG0399- 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