



Alabama Medicaid Fee Schedule Physician

Report: REF-0129-Q

Updated: 10/01/2023

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Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
10004	FNA BX W/O IMG GDN EA ADDL		39.51		1						
10005	FNA BX W/US GDN 1ST LES		122.74		1						
10006	FNA BX W/US GDN EA ADDL		57.96		1						
10007	FNA BX W/FLUOR GDN 1ST LES		119.37		1						
10008	FNA BX W/FLUOR GDN EA ADDL		119.37		1						
10009	FNA BX W/CT GDN 1ST LES		344.37		1						
10010	FNA BX W/CT GDN EA ADDL		208.16		1						
10011	FNA BX W/MR GDN 1ST LES		106		1						
10021	FNA BX W/O IMG GDN 1ST LES		97		1						
10030	GUIDE CATHET FLUID DRAINAGE		427.85		1						
10040	ACNE SURGERY		63		1						
10060	DRAINAGE OF SKIN ABSCESS		70		1						
10061	DRAINAGE OF SKIN ABSCESS		126		1						
10080	DRAINAGE OF PILONIDAL CYST		119		1						
10081	DRAINAGE OF PILONIDAL CYST		186		1						
10120	REMOVE FOREIGN BODY		96		1						
10121	REMOVE FOREIGN BODY		180		1						
10140	DRAINAGE OF HEMATOMA/FLUID		97		1						
10160	PUNCTURE DRAINAGE OF LESION		81		1						
10180	COMPLEX DRAINAGE WOUND		153		1						
11000	DEBRIDE INFECTED SKIN		35		1						
11001	DEBRIDE INFECTED SKIN ADD-ON		16		9						
11004	DEBRIDE GENITALIA & PERINEUM		429		1						
11005	DEBRIDE ABDOM WALL		583		1						
11006	DEBRIDE GENIT/PER/ABDOM WALL		470.45		1						
11008	REMOVE MESH FROM ABD WALL		218		1						
11010	DEBRIDE SKIN AT FX SITE		319		1						
11011	DEBRIDE SKIN MUSC AT FX SITE		378		1						
11012	DEB SKIN BONE AT FX SITE		549		1						
11042	DEB SUBQ TISSUE 20 SQ CM/<		62		1						
11043	DEB MUSC/FASCIA 20 SQ CM/<		167		1						
11044	DEB BONE 20 SQ CM/<		218		1						
11045	DEB SUBQ TISSUE ADD-ON		22.75		8						
11046	DEB MUSC/FASCIA ADD-ON		39.78		8						
11047	DEB BONE ADD-ON		65.28		8						
11055	TRIM SKIN LESION		29		1						
11056	TRIM SKIN LESIONS 2 TO 4		37		1						
11057	TRIM SKIN LESIONS OVER 4		45		1						
11102	TANGNTL BX SKIN SINGLE LES		72.9		1						
11103	TANGNTL BX SKIN EA SEP/ADDL		39.37		1						
11104	PUNCH BX SKIN SINGLE LESION		91.69		1						
11105	PUNCH BX SKIN EA SEP/ADDL		45.12		1						
11106	INCAL BX SKN SINGLE LES		110.9		1						
11107	INCAL BX SKN EA SEP/ADDL		53.25		1						
11200	REMOVAL OF SKIN TAGS <W/15		52		1						

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Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
11201	REMOVE SKIN TAGS ADD-ON		14		1						
11300	SHAVE SKIN LESION 0.5 CM/<		42		10						
11301	SHAVE SKIN LESION 0.6-1.0 CM		56		10						
11302	SHAVE SKIN LESION 1.1-2.0 CM		67		1						
11303	SHAVE SKIN LESION >2.0 CM		80		1						
11305	SHAVE SKIN LESION 0.5 CM/<		44		1						
11306	SHAVE SKIN LESION 0.6-1.0 CM		60		1						
11307	SHAVE SKIN LESION 1.1-2.0 CM		70		1						
11308	SHAVE SKIN LESION >2.0 CM		83		1						
11310	SHAVE SKIN LESION 0.5 CM/<		52		1						
11311	SHAVE SKIN LESION 0.6-1.0 CM		65		1						
11312	SHAVE SKIN LESION 1.1-2.0 CM		75		1						
11313	SHAVE SKIN LESION >2.0 CM		98		1						
11400	EXC TR-EXT B9+MARG 0.5 CM<		79		1						
11401	EXC TR-EXT B9+MARG 0.6-1 CM		93		1						
11402	EXC TR-EXT B9+MARG 1.1-2 CM		106		1						
11403	EXC TR-EXT B9+MARG 2.1-3CM		120		1						
11404	EXC TR-EXT B9+MARG 3.1-4 CM		137		1						
11406	EXC TR-EXT B9+MARG >4.0 CM		171		1						
11420	EXC H-F-NK-SP B9+MARG 0.5/<		78		1						
11421	EXC H-F-NK-SP B9+MARG 0.6-1		100		1						
11422	EXC H-F-NK-SP B9+MARG 1.1-2		111		1						
11423	EXC H-F-NK-SP B9+MARG 2.1-3		133		1						
11424	EXC H-F-NK-SP B9+MARG 3.1-4		152		1						
11426	EXC H-F-NK-SP B9+MARG >4 CM		214		1						
11440	EXC FACE-MM B9+MARG 0.5 CM/<		91		1						
11441	EXC FACE-MM B9+MARG 0.6-1 CM		108		1						
11442	EXC FACE-MM B9+MARG 1.1-2 CM		179.73		1						
11443	EXC FACE-MM B9+MARG 2.1-3 CM		150		1						
11444	EXC FACE-MM B9+MARG 3.1-4 CM		192		1						
11446	EXC FACE-MM B9+MARG >4 CM		372.17		3						
11450	REMOVAL SWEAT GLAND LESION		221		2						
11451	REMOVAL SWEAT GLAND LESION		303		2						
11462	REMOVAL SWEAT GLAND LESION		216		2						
11463	REMOVAL SWEAT GLAND LESION		308		2						
11470	REMOVAL SWEAT GLAND LESION		239		1						
11471	REMOVAL SWEAT GLAND LESION		320		2						
11600	EXC TR-EXT MAL+MARG 0.5 CM/<		110		3						
11601	EXC TR-EXT MAL+MARG 0.6-1 CM		128		3						
11602	EXC TR-EXT MAL+MARG 1.1-2 CM		135		3						
11603	EXC TR-EXT MAL+MARG 2.1-3 CM		150		3						
11604	EXC TR-EXT MAL+MARG 3.1-4 CM		165		3						
11606	EXC TR-EXT MAL+MARG >4 CM		218		3						
11620	EXC H-F-NK-SP MAL+MARG 0.5/<		106		3						
11621	EXC S/N/H/F/G MAL+MRG 0.6-1		126		3						
11622	EXC S/N/H/F/G MAL+MRG 1.1-2		144		3						
11623	EXC S/N/H/F/G MAL+MRG 2.1-3		170		3						
11624	EXC S/N/H/F/G MAL+MRG 3.1-4		196		3						
11626	EXC S/N/H/F/G MAL+MRG >4 CM		261		3						
11640	EXC F/E/E/N/L MAL+MRG 0.5CM<		112		3						
11641	EXC F/E/E/N/L MAL+MRG 0.6-1		148		3						
11642	EXC F/E/E/N/L MAL+MRG 1.1-2		171		3						
11643	EXC F/E/E/N/L MAL+MRG 2.1-3		199		3						
11644	EXC F/E/E/N/L MAL+MRG 3.1-4		252		3						
11646	EXC F/E/E/N/L MAL+MRG >4 CM		343		3						

Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
11720	DEBRIDE NAIL 1-5		19		1						
11721	DEBRIDE NAIL 6 OR MORE		29		1						
11730	REMOVAL OF NAIL PLATE		64		1						
11732	REMOVE NAIL PLATE ADD-ON		30		1						
11740	DRAIN BLOOD FROM UNDER NAIL		28		1						
11750	REMOVAL OF NAIL BED		118		1						
11755	BIOPSY NAIL UNIT		84		1						
11760	REPAIR OF NAIL BED		121		1						
11762	RECONSTRUCTION OF NAIL BED		130		1						
11765	EXCISION OF NAIL FOLD TOE		69		1						
11770	REMOVE PILONIDAL CYST SIMPLE		177		1						
11771	REMOVE PILONIDAL CYST EXTEN		344		1						
11772	REMOVE PILONIDAL CYST COMPL		426		1						
11900	INJECT SKIN LESIONS </W 7		33		1						
11901	INJECT SKIN LESIONS >7		42		1						
11920	CORRECT SKIN COLOR 6.0 CM/<		131 Y		1						
11921	CORRECT SKN COLOR 6.1-20.0CM		125 Y		1						
11922	CORRECT SKIN COLOR EA 20.0CM		37 Y		1						
11960	INSERT TISSUE EXPANDER(S)		574		3						
11970	RPLCMT TISS XPNDR PERM IMPLT		397 Y		2						
11971	RMVL TIS XPNDR WO INSJ IMPLT		308 Y		2						
11976	REMOVE CONTRACEPTIVE CAPSULE		80		1						
11980	IMPLANT HORMONE PELLET(S)		73		1						
11981	INSERTION DRUG DLVR IMPLANT		92		1						
11982	REMOVE DRUG IMPLANT DEVICE		108		999						
11983	REMOVE/INSERT DRUG IMPLANT		165		999						
12001	RPR S/N/AX/GEN/TRNK 2.5CM/<		107		1						
12002	RPR S/N/AX/GEN/TRNK2.6-7.5CM		114		1						
12004	RPR S/N/AX/GEN/TRK7.6-12.5CM		133		1						
12005	RPR S/N/A/GEN/TRK12.6-20.0CM		166		1						
12006	RPR S/N/A/GEN/TRK20.1-30.0CM		208		1						
12007	RPR S/N/AX/GEN/TRNK >30.0 CM		234		1						
12011	RPR F/E/E/N/L/M 2.5 CM/<		113		1						
12013	RPR F/E/E/N/L/M 2.6-5.0 CM		124		1						
12014	RPR F/E/E/N/L/M 5.1-7.5 CM		147		1						
12015	RPR F/E/E/N/L/M 7.6-12.5 CM		185		1						
12016	RPR FE/E/EN/L/M 12.6-20.0 CM		220		1						
12017	RPR FE/E/EN/L/M 20.1-30.0 CM		227		1						
12018	RPR F/E/E/N/L/M >30.0 CM		277		1						
12020	CLOSURE OF SPLIT WOUND		186		3						
12021	CLOSURE OF SPLIT WOUND		108		3						
12031	INTMD RPR S/A/T/EXT 2.5 CM/<		129		1						
12032	INTMD RPR S/A/T/EXT 2.6-7.5		179		1						
12034	INTMD RPR S/TR/EXT 7.6-12.5		177		1						
12035	INTMD RPR S/A/T/EXT 12.6-20		247		1						
12036	INTMD RPR S/A/T/EXT 20.1-30		279		1						
12037	INTMD RPR S/TR/EXT >30.0 CM		314		1						
12041	INTMD RPR N-HF/GENIT 2.5CM/<		142		1						
12042	INTMD RPR N-HF/GENIT2.6-7.5		172		1						
12044	INTMD RPR N-HF/GENIT7.6-12.5		185		1						
12045	INTMD RPR N-HF/GENIT12.6-20		256		1						
12046	INTMD RPR N-HF/GENIT20.1-30		204		1						
12047	INTMD RPR N-HF/GENIT >30.0CM		232		1						
12051	INTMD RPR FACE/MM 2.5 CM/<		165		1						
12052	INTMD RPR FACE/MM 2.6-5.0 CM		172		1						

Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
12053	INTMD RPR FACE/MM 5.1-7.5 CM		184		1						
12054	INTMD RPR FACE/MM 7.6-12.5CM		204		1						
12055	INTMD RPR FACE/MM 12.6-20 CM		261		1						
12056	INTMD RPR FACE/MM 20.1-30.0		261		1						
12057	INTMD RPR FACE/MM >30.0 CM		290		1						
13100	CMPLX RPR TRUNK 1.1-2.5 CM		206		1						
13101	CMPLX RPR TRUNK 2.6-7.5 CM		246		1						
13102	CMPLX RPR TRUNK ADDL 5CM/<		71		5						
13120	CMPLX RPR S/A/L 1.1-2.5 CM		214		1						
13121	CMPLX RPR S/A/L 2.6-7.5 CM		264		1						
13122	CMPLX RPR S/A/L ADDL 5 CM/>		86		5						
13131	CMPLX RPR F/C/C/M/N/AX/G/H/F		234		1						
13132	CMPLX RPR F/C/C/M/N/AX/G/H/F		342		1						
13133	CMPLX RPR F/C/C/M/N/AX/G/H/F		114		5						
13151	CMPLX RPR E/N/E/L 1.1-2.5 CM		267		1						
13152	CMPLX RPR E/N/E/L 2.6-7.5 CM		358		1						
13153	CMPLX RPR E/N/E/L ADDL 5CM/<		128		4						
13160	LATE CLOSURE OF WOUND		537		3						
14000	TIS TRNFR TRUNK 10 SQ CM/<		396		1						
14001	TIS TRNFR TRUNK 10.1-30SQCM		520		1						
14020	TIS TRNFR S/A/L 10 SQ CM/<		438		1						
14021	TIS TRNFR S/A/L 10.1-30 SQCM		583		1						
14040	TIS TRNFR F/C/C/M/N/A/G/H/F		482		1						
14041	TIS TRNFR F/C/C/M/N/A/G/H/F		641		1						
14060	TIS TRNFR E/N/E/L 10 SQ CM/<		501		1						
14061	TIS TRNFR E/N/E/L10.1-30SQCM		691		1						
14301	TIS TRNFR ANY 30.1-60 SQ CM		641.66		1						
14302	TIS TRNFR ADDL 30 SQ CM		142.97		1						
14350	FILLETED FINGER/TOE FLAP		399		1						
15002	WOUND PREP TRK/ARM/LEG		216		1						
15003	WOUND PREP ADDL 100 CM		48		40						
15004	WOUND PREP F/N/HF/G		261		1						
15005	WND PREP F/N/HF/G ADDL CM		81		40						
15050	SKIN PINCH GRAFT		323		1						
15100	SKIN SPLT GRFT TRNK/ARM/LEG		630		1						
15101	SKIN SPLT GRFT T/A/L ADD-ON		155		40						
15110	EPIDRM AUTOGRFT TRNK/ARM/LEG		494.76		1						
15111	EPIDRM AUTOGRFT T/A/L ADD-ON		79.44		1						
15115	EPIDRM A-GRFT FACE/NCK/HF/G		768.06		1						
15116	EPIDRM A-GRFT F/N/HF/G ADDL		103.45		3						
15120	SKN SPLT A-GRFT FAC/NCK/HF/G		811.64		1						
15121	SKN SPLT A-GRFT F/N/HF/G ADD		206		5						
15130	DERM AUTOGRAFT TRNK/ARM/LEG		407.62		1						
15131	DERM AUTOGRAFT T/A/L ADD-ON		64.91		3						
15135	DERM AUTOGRAFT FACE/NCK/HF/G		501.42		1						
15136	DERM AUTOGRAFT F/N/HF/G ADD		60.87		3						
15150	CULT SKIN GRFT T/ARM/LEG		412.31		1						
15151	CULT SKIN GRFT T/A/L ADDL		84.04		1						
15152	CULT SKIN GRAFT T/A/L +%		103.4		3						
15155	CULT SKIN GRAFT F/N/HF/G		415.88		1						
15156	CULT SKIN GRFT F/N/HFG ADD		109.92		1						
15157	CULT EPIDERM GRFT F/N/HFG +%		121.53		3						
15200	SKIN FULL GRAFT TRUNK		510		1						
15201	SKIN FULL GRAFT TRUNK ADD-ON		68		1						
15220	SKIN FULL GRAFT SCLP/ARM/LEG		496		1						

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15221	SKIN FULL GRAFT ADD-ON		100		1						
15240	SKIN FULL GRFT FACE/GENIT/HF		561		1						
15241	SKIN FULL GRAFT ADD-ON		117		1						
15260	SKIN FULL GRAFT EEN & LIPS		586		1						
15261	SKIN FULL GRAFT ADD-ON		111		1						
15271	SKIN SUB GRAFT TRNK/ARM/LEG		90.65		1						
15272	SKIN SUB GRAFT T/A/L ADD-ON		17.31		3						
15273	SKIN SUB GRFT T/ARM/LG CHILD		186.41		1						
15274	SKN SUB GRFT T/A/L CHILD ADD		44.24		204						
15275	SKIN SUB GRAFT FACE/NK/HF/G		97.51		1						
15276	SKIN SUB GRAFT F/N/HF/G ADDL		21.58		3						
15277	SKN SUB GRFT F/N/HF/G CHILD		189.2		1						
15278	SKN SUB GRFT F/N/HF/G CH ADD		52.07		57						
15570	SKIN PEDICLE FLAP TRUNK		420		3						
15572	SKIN PEDICLE FLAP ARMS/LEGS		555		2						
15574	PEDCLE FH/CH/CH/M/N/AX/G/H/F		604		2						
15576	PEDICLE E/N/E/L/NTRORAL		537		2						
15600	DELAY FLAP TRUNK		176		2						
15610	DELAY FLAP ARMS/LEGS		203		2						
15620	DELAY FLAP F/C/C/N/AX/G/H/F		185		2						
15630	DELAY FLAP EYE/NOS/EAR/LIP		290		2						
15650	TRANSFER SKIN PEDICLE FLAP		240		1						
15730	MDFC FLAP W/PRSRV VASC PEDCL		669.33		1						
15731	FOREHEAD FLAP W/VASC PEDICLE		725		1						
15733	MUSC MYOQ/FSCQ FLP H&N PEDCL		788.96		1						
15734	MUSCLE-SKIN GRAFT TRUNK		1067		1						
15736	MUSCLE-SKIN GRAFT ARM		900		1						
15738	MUSCLE-SKIN GRAFT LEG		1069		1						
15740	ISLAND PEDICLE FLAP GRAFT		589		3						
15750	NEUROVASCULAR PEDICLE FLAP		612		2						
15756	FREE MYO/SKIN FLAP MICROVASC		1705		2						
15757	FREE SKIN FLAP MICROVASC		1717		3						
15758	FREE FASCIAL FLAP MICROVASC		1649		3						
15760	COMPOSITE SKIN GRAFT		545		2						
15769	GRFG AUTOL SOFT TISS DIR EXC		463.95		1						
15770	DERMA-FAT-FASCIA GRAFT		425		2						
15780	DERMABRASION TOTAL FACE		300	Y	1						
15781	DERMABRASION SEGMENTAL FACE		334	Y	2						
15782	DERMABRASION OTHER THAN FACE		395	Y	2						
15783	DERMABRASION SUPRFL ANY SITE		184	Y	2						
15786	ABRASION LESION SINGLE		80	Y	1						
15787	ABRASION LESIONS ADD-ON		15	Y	3						
15822	REVISION OF UPPER EYELID		294	Y	1						
15823	REVISION OF UPPER EYELID		483	Y	2						
15830	EXC SKIN ABD		787	Y	1						
15840	NERVE PALSY FASCIAL GRAFT		822		1						
15841	NERVE PALSY MUSCLE GRAFT		1008		2						
15842	NERVE PALSY MICROSURG GRAFT		1678		2						
15845	SKIN AND MUSCLE REPAIR FACE		773		2						
15847	EXC SKIN ABD ADD-ON		627	Y	1						
15851	REMOVAL SUTR/STAPLE REQ ANES		71		1						
15852	DRESSING CHANGE NOT FOR BURN		76		2						
15860	TEST FOR BLOOD FLOW IN GRAFT		86		1						
15920	REMOVAL OF TAIL BONE ULCER		409		1						
15922	REMOVAL OF TAIL BONE ULCER		419		1						

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15931	REMOVE SACRUM PRESSURE SORE		456		1						
15933	REMOVE SACRUM PRESSURE SORE		467		1						
15934	REMOVE SACRUM PRESSURE SORE		527		1						
15935	REMOVE SACRUM PRESSURE SORE		756		1						
15936	REMOVE SACRUM PRESSURE SORE		628		1						
15937	REMOVE SACRUM PRESSURE SORE		823		1						
15940	REMOVE HIP PRESSURE SORE		473		1						
15941	REMOVE HIP PRESSURE SORE		498		1						
15944	REMOVE HIP PRESSURE SORE		663		1						
15945	REMOVE HIP PRESSURE SORE		749		1						
15946	REMOVE HIP PRESSURE SORE		1098		1						
15950	REMOVE THIGH PRESSURE SORE		299		1						
15951	REMOVE THIGH PRESSURE SORE		472		1						
15952	REMOVE THIGH PRESSURE SORE		476		1						
15953	REMOVE THIGH PRESSURE SORE		657		1						
15956	REMOVE THIGH PRESSURE SORE		831		1						
15958	REMOVE THIGH PRESSURE SORE		831		1						
16000	INITIAL TREATMENT OF BURN(S)		51		1						
16020	DRESS/DEBRID P-THICK BURN S		60		1						
16025	DRESS/DEBRID P-THICK BURN M		106		1						
16030	DRESS/DEBRID P-THICK BURN L		125		1						
16035	INCISION OF BURN SCAB INITI		185		1						
16036	ESCHAROTOMY ADDL INCISION		58		1						
17000	DESTRUCT PREMALG LESION		44		1						
17003	DESTRUCT PREMALG LES 2-14		8		13						
17004	DESTROY PREMAL LESIONS 15/>		147		1						
17106	DESTRUCTION OF SKIN LESIONS		266		1						
17107	DESTRUCTION OF SKIN LESIONS		480		1						
17108	DESTRUCTION OF SKIN LESIONS		659		1						
17110	DESTRUCT B9 LESION 1-14		63		1						
17111	DESTRUCT LESION 15 OR MORE		72		1						
17250	CHEM CAUT OF GRANLTI TISSUE		48		1						
17260	DESTRUCTION OF SKIN LESIONS		62		1						
17261	DESTRUCTION OF SKIN LESIONS		78		1						
17262	DESTRUCTION OF SKIN LESIONS		98		1						
17263	DESTRUCTION OF SKIN LESIONS		109		1						
17264	DESTRUCTION OF SKIN LESIONS		118		3						
17266	DESTRUCTION OF SKIN LESIONS		141		2						
17270	DESTRUCTION OF SKIN LESIONS		86		1						
17271	DESTRUCTION OF SKIN LESIONS		93		1						
17272	DESTRUCTION OF SKIN LESIONS		107		1						
17273	DESTRUCTION OF SKIN LESIONS		121		1						
17274	DESTRUCTION OF SKIN LESIONS		166		1						
17276	DESTRUCTION OF SKIN LESIONS		151		3						
17280	DESTRUCTION OF SKIN LESIONS		78		1						
17281	DESTRUCTION OF SKIN LESIONS		103		1						
17282	DESTRUCTION OF SKIN LESIONS		120		1						
17283	DESTRUCTION OF SKIN LESIONS		149		1						
17284	DESTRUCTION OF SKIN LESIONS		152		1						
17286	DESTRUCTION OF SKIN LESIONS		202		3						
17311	MOHS 1 STAGE H/N/HF/G		452		1						
17312	MOHS ADDL STAGE		271		1						
17313	MOHS 1 STAGE T/A/L		412		1						
17314	MOHS ADDL STAGE T/A/L		251		1						
17315	MOHS SURG ADDL BLOCK		54		1						

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Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
17340	CRYOTHERAPY OF SKIN		38		1						
19000	DRAINAGE OF BREAST LESION		79		1						
19001	DRAIN BREAST LESION ADD-ON		23		5						
19020	INCISION OF BREAST LESION		283		2						
19030	INJECTION FOR BREAST X-RAY		138		1						
19081	BX BREAST 1ST LESION STRTCTC		366.92		1						
19082	BX BREAST ADD LESION STRTCTC		296.86		1						
19083	BX BREAST 1ST LESION US IMAG		364.54		1						
19084	BX BREAST ADD LESION US IMAG		292.76		1						
19085	BX BREAST 1ST LESION MR IMAG		551.36		1						
19086	BX BREAST ADD LESION MR IMAG		441.14		1						
19100	BX BREAST PERCUT W/O IMAGE		96		1						
19101	BIOPSY OF BREAST OPEN		225		3						
19105	CRYOSURG ABLATE FA EACH		1287		3						
19110	NIPPLE EXPLORATION		293		1						
19112	EXCISE BREAST DUCT FISTULA		206		1						
19120	REMOVAL OF BREAST LESION		303		1						
19125	EXCISION BREAST LESION		326		1						
19126	EXCISION ADDL BREAST LESION		139		3						
19281	PERQ DEVICE BREAST 1ST IMAG		134.44		1						
19282	PERQ DEVICE BREAST EA IMAG		93.22		1						
19283	PERQ DEV BREAST 1ST STRTCTC		152.28		1						
19284	PERQ DEV BREAST ADD STRTCTC		111.45		1						
19285	PERQ DEV BREAST 1ST US IMAG		255.32		1						
19286	PERQ DEV BREAST ADD US IMAG		213.63		1						
19287	PERQ DEV BREAST 1ST MR GUIDE		469.96		1						
19288	PERQ DEV BREAST ADD MR GUIDE		375.48		1						
19294	PREPJ TUM CAV IORT PRTL MAST		122.96		1						
19296	PLACE PO BREAST CATH FOR RAD		3380		1						
19297	PLACE BREAST CATH FOR RAD		63.59		1						
19298	PLACE BREAST RAD TUBE/CATHS		1127.36		1						
19301	PARTIAL MASTECTOMY		271		1	PROCEDURE LIMITED TO TWICE PER LIFETIME	Same	2	Units	999	Months
19302	P-MASTECTOMY W/LN REMOVAL		580		1						
19303	MAST SIMPLE COMPLETE		595		1	PROCEDURE LIMITED TO TWICE PER LIFETIME	Same	2	Units	999	Months
19305	MAST RADICAL		719		1	PROCEDURE LIMITED TO TWICE PER LIFETIME	Same	2	Units	999	Months
19306	MAST RAD URBAN TYPE		747		1	PROCEDURE LIMITED TO TWICE PER LIFETIME	Same	2	Units	999	Months
19307	MAST MOD RAD		751		1	PROCEDURE LIMITED TO TWICE PER LIFETIME	Same	2	Units	999	Months
19316	SUSPENSION OF BREAST		555	Y	1						
19318	BREAST REDUCTION		863	Y	1						
19325	BREAST AUGMENTATION W/IMPLT		397	Y	1						
19328	RMVL INTACT BREAST IMPLANT		248	Y	1						
19330	RMVL RUPTURED BREAST IMPLANT		310	Y	1						
19340	INSJ BREAST IMPLT SM D MAST		294	Y	1						
19342	INSJ/RPLCMT BRST IMPLT SEP D		612	Y	1						
19350	BREAST RECONSTRUCTION		457	Y	1						
19355	CORRECT INVERTED NIPPLE(S)		405	Y	1						
19357	TISS XPNDR PLMT BRST RCNSTJ		1021	Y	1						
19361	BRST RCNSTJ LATSMS DRSI FLAP		899	Y	1						
19364	BRST RCNSTJ FREE FLAP		1591	Y	1						
19367	BRST RCNSTJ 1 PDCL TRAM FLAP		1303	Y	1						
19368	BRST RCNSTJ 1PDCL TRAM ANAST		1330	Y	1						
19369	BRST RCNSTJ 2 PDCL TRAM FLAP		1483	Y	1						
19370	REVJ PERI-IMPLT CAPSULE BRST		358	Y	1						
19371	PERI-IMPLT CAPSLC BRST COMPL		523	Y	1						
19380	REVJ RECONSTRUCTED BREAST		509	Y	1						

Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
20100	EXPLORE WOUND NECK		449		1						
20101	EXPLORE WOUND CHEST		261		1						
20102	EXPLORE WOUND ABDOMEN		324		1						
20103	EXPLORE WOUND EXTREMITY		400		1						
20150	EXCISE EPIPHYSEAL BAR		659		1						
20200	MUSCLE BIOPSY		128		3						
20205	DEEP MUSCLE BIOPSY		180		4						
20206	NEEDLE BIOPSY MUSCLE		201		3						
20220	BONE BIOPSY TROCAR/NEEDLE		159		1						
20225	BONE BIOPSY TROCAR/NEEDLE		698		1						
20240	BONE BIOPSY OPEN SUPERFICIAL		174		1						
20245	BONE BIOPSY OPEN DEEP		435		1						
20250	OPEN BONE BIOPSY		299		3						
20251	OPEN BONE BIOPSY		339		3						
2028F	FOOT EXAM PERFORMED		0		999						
20500	INJECTION OF SINUS TRACT		90		1						
20501	INJECT SINUS TRACT FOR X-RAY		112		1						
20520	REMOVAL OF FOREIGN BODY		137		1						
20525	REMOVAL OF FOREIGN BODY		355		1						
20526	THER INJECTION CARP TUNNEL		56		1						
20527	INJ DUPUYTREN CORD W/ENZYME		48.11		1						
20550	INJ TENDON SHEATH/LIGAMENT		47		1						
20551	INJ TENDON ORIGIN/INSERTION		42		1						
20552	INJ TRIGGER POINT 1/2 MUSCL		40		1						
20553	INJECT TRIGGER POINTS 3/>		45		1						
20555	PLACE NDL MUSC/TIS FOR RT		174.14		1						
20600	DRAIN/INJ JOINT/BURSA W/O US		39		1						
20604	DRAIN/INJ JOINT/BURSA W/US		53.61		1						
20605	DRAIN/INJ JOINT/BURSA W/O US		42 Y		1						
20606	DRAIN/INJ JOINT/BURSA W/US		59.04 Y		1						
20610	DRAIN/INJ JOINT/BURSA W/O US		51		1						
20611	DRAIN/INJ JOINT/BURSA W/US		67.43		1						
20612	ASPIRATE/INJ GANGLION CYST		42		1						
20615	TREATMENT OF BONE CYST		165		1						
20650	INSERT AND REMOVE BONE PIN		136		1						
20660	APPLY REM FIXATION DEVICE		168		1						
20661	APPLICATION OF HEAD BRACE		301		1						
20662	APPLICATION OF PELVIS BRACE		300		1						
20663	APPLICATION OF THIGH BRACE		311		1						
20664	APPLICATION OF HALO		366		1						
20665	REMOVAL OF FIXATION DEVICE		66		1						
20670	REMOVAL OF SUPPORT IMPLANT		359		2						
20680	REMOVAL OF SUPPORT IMPLANT		342		2						
20690	APPLY BONE FIXATION DEVICE		185		1						
20692	APPLY BONE FIXATION DEVICE		355		1						
20693	ADJUST BONE FIXATION DEVICE		341		1						
20694	REMOVE BONE FIXATION DEVICE		327		1						
20696	COMP MULTIPLANE EXT FIXATION		736.58		1						
20697	COMP EXT FIXATE STRUT CHANGE		814.3		1						
20700	MNL PREP&INSJ DP RX DLVR DEV		66.02		1						
20701	RMVL DEEP RX DELIVERY DEVICE		49.34		1						
20702	MNL PREP&INSJ IMED RX DEV		109.8		1						
20703	RMVL IMED RX DELIVERY DEVICE		78.83		1						
20704	MNL PREP&INSJ I-ARTIC RX DEV		114.38		1						
20705	RMVL I-ARTIC RX DELIVERY DEV		94.22		1						

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Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
20802	REPLANTATION ARM COMPLETE		1877		1						
20805	REPLANT FOREARM COMPLETE		2329		1						
20808	REPLANTATION HAND COMPLETE		2872		1						
20816	REPLANTATION DIGIT COMPLETE		1639		1						
20822	REPLANTATION DIGIT COMPLETE		1755		1						
20824	REPLANTATION THUMB COMPLETE		1622		1						
20827	REPLANTATION THUMB COMPLETE		1413		1						
20838	REPLANTATION FOOT COMPLETE		1883		1						
20900	REMOVAL OF BONE FOR GRAFT		409		1						
20902	REMOVAL OF BONE FOR GRAFT		437		1						
20910	REMOVE CARTILAGE FOR GRAFT		311		1						
20912	REMOVE CARTILAGE FOR GRAFT		359		1						
20920	REMOVAL OF FASCIA FOR GRAFT		285		1						
20922	REMOVAL OF FASCIA FOR GRAFT		412		1						
20924	REMOVAL OF TENDON FOR GRAFT		403		4						
20931	SP BONE ALGRFT STRUCT ADD-ON		95		1						
20936	SP BONE AGRFT LOCAL ADD-ON		122		1						
20937	SP BONE AGRFT MORSEL ADD-ON		146		1						
20938	SP BONE AGRFT STRUCT ADD-ON		158		1						
20939	BONE MARROW ASPIR BONE GRFG		50.52		1						
20950	FLUID PRESSURE MUSCLE		220		1						
20955	FIBULA BONE GRAFT MICROVASC		1928		1						
20956	ILIAC BONE GRAFT MICROVASC		1716		1						
20957	MT BONE GRAFT MICROVASC		1724		1						
20962	OTHER BONE GRAFT MICROVASC		1693		1						
20969	BONE/SKIN GRAFT MICROVASC		2500		1						
20970	BONE/SKIN GRAFT ILIAC CREST		2113		1						
20972	BONE/SKIN GRAFT METATARSAL		1854		1						
20973	BONE/SKIN GRAFT GREAT TOE		2066		1						
20974	ELECTRICAL BONE STIMULATION		44		1						
20975	ELECTRICAL BONE STIMULATION		135		1						
20979	US BONE STIMULATION		42		1						
20982	ABLATE BONE TUMOR(S) PERQ		3086		1						
20983	ABLATE BONE TUMOR(S) PERQ		5000.23		1						
20985	CPTR-ASST DIR MS PX		78.62		1						
21010	INCISION OF JAW JOINT		594 Y		1						
21011	EXC FACE LES SC <2 CM		189.78		1						
21012	EXC FACE LES SBQ 2 CM/>		205.66		1						
21013	EXC FACE TUM DEEP < 2 CM		296.4		1						
21014	EXC FACE TUM DEEP 2 CM/>		318.22		1						
21015	RESECT FACE/SCALP TUM < 2 CM		344		1						
21016	RESECT FACE/SCALP TUM 2 CM/>		638.92		1						
21025	EXCISION OF BONE LOWER JAW		653		1						
21026	EXCISION OF FACIAL BONE(S)		365		1						
21029	CONTOUR OF FACE BONE LESION		376		1						
21030	EXCISE MAX/ZYGOMA B9 TUMOR		347		2						
21031	REMOVE EXOSTOSIS MANDIBLE		243		1						
21032	REMOVE EXOSTOSIS MAXILLA		248		1						
21034	EXCISE MAX/ZYGOMA MAL TUMOR		623		1						
21040	EXCISE MANDIBLE LESION		314		1						
21044	REMOVAL OF JAW BONE LESION		518		1						
21045	EXTENSIVE JAW SURGERY		846		1						
21046	REMOVE MANDIBLE CYST COMPLEX		745		1						
21047	EXCISE LWR JAW CYST W/REPAIR		725.1		1						
21048	REMOVE MAXILLA CYST COMPLEX		764		1						

Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
21049	EXCIS UPPR JAW CYST W/REPAIR		688.23		1						
21050	REMOVAL OF JAW JOINT		704	Y	1						
21060	REMOVE JAW JOINT CARTILAGE		529	Y	1						
21070	REMOVE CORONOID PROCESS		367	Y	1						
21073	MNPJ OF TMJ W/ANESTH		186.4	Y	1						
21076	PREPARE FACE/ORAL PROSTHESIS		642	Y	1						
21077	PREPARE FACE/ORAL PROSTHESIS		1369	Y	1						
21079	PREPARE FACE/ORAL PROSTHESIS		1120	Y	1						
21080	PREPARE FACE/ORAL PROSTHESIS		1260	Y	1						
21081	PREPARE FACE/ORAL PROSTHESIS		1148	Y	1						
21082	PREPARE FACE/ORAL PROSTHESIS		834	Y	1						
21083	PREPARE FACE/ORAL PROSTHESIS		803	Y	1						
21084	PREPARE FACE/ORAL PROSTHESIS		922	Y	1						
21086	PREPARE FACE/ORAL PROSTHESIS		1023	Y	1						
21087	PREPARE FACE/ORAL PROSTHESIS		1194	Y	1						
21088	PREPARE FACE/ORAL PROSTHESIS		974	Y	1						
21100	MAXILLOFACIAL FIXATION		175		1						
21110	INTERDENTAL FIXATION		285		1						
21116	INJECTION JAW JOINT X-RAY		139	Y	1						
21120	RECONSTRUCTION OF CHIN		438	Y	1						
21121	RECONSTRUCTION OF CHIN		351	Y	1						
21122	RECONSTRUCTION OF CHIN		374	Y	1						
21123	RECONSTRUCTION OF CHIN		457	Y	1						
21125	AUGMENTATION LOWER JAW BONE		428	Y	1						
21127	AUGMENTATION LOWER JAW BONE		492	Y	1						
21137	REDUCTION OF FOREHEAD		432	Y	1						
21138	REDUCTION OF FOREHEAD		521	Y	1						
21139	REDUCTION OF FOREHEAD		633	Y	1						
21141	LEFORT I-1 PIECE W/O GRAFT		820	Y	1						
21142	LEFORT I-2 PIECE W/O GRAFT		851	Y	1						
21143	LEFORT I-3/> PIECE W/O GRAFT		821	Y	1						
21145	LEFORT I-1 PIECE W/ GRAFT		839	Y	1						
21146	LEFORT I-2 PIECE W/ GRAFT		1098	Y	1						
21147	LEFORT I-3/> PIECE W/ GRAFT		892	Y	1						
21150	LEFORT II ANTERIOR INTRUSION		1061	Y	1						
21151	LEFORT II W/BONE GRAFTS		1578	Y	1						
21154	LEFORT III W/O LEFORT I		1651	Y	1						
21155	LEFORT III W/ LEFORT I		1435	Y	1						
21159	LEFORT III W/FHDW/O LEFORT I		2230	Y	1						
21160	LEFORT III W/FHD W/ LEFORT I		2214	Y	1						
21172	RECONSTRUCT ORBIT/FOREHEAD		1476	Y	1						
21175	RECONSTRUCT ORBIT/FOREHEAD		1413	Y	1						
21179	RECONSTRUCT ENTIRE FOREHEAD		988	Y	1						
21180	RECONSTRUCT ENTIRE FOREHEAD		1396	Y	1						
21181	CONTOUR CRANIAL BONE LESION		440	Y	1						
21182	RECONSTRUCT CRANIAL BONE		1791	Y	2						
21183	RECONSTRUCT CRANIAL BONE		1503	Y	2						
21188	RECONSTRUCTION OF MIDFACE		969	Y	1						
21193	RECONST LWR JAW W/O GRAFT		723	Y	1						
21194	RECONST LWR JAW W/GRAFT		836	Y	1						
21195	RECONST LWR JAW W/O FIXATION		949	Y	1						
21196	RECONST LWR JAW W/FIXATION		1028	Y	1						
21198	RECONSTR LWR JAW SEGMENT		792	Y	1						
21206	RECONSTRUCT UPPER JAW BONE		603	Y	1						
21208	AUGMENTATION OF FACIAL BONES		915	Y	1						

Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
21209	REDUCTION OF FACIAL BONES		504	Y	1						
21210	FACE BONE GRAFT		985	Y	1						
21215	LOWER JAW BONE GRAFT		1450	Y	1						
21230	RIB CARTILAGE GRAFT		564	Y	1						
21235	EAR CARTILAGE GRAFT		473	Y	1						
21240	RECONSTRUCTION OF JAW JOINT		812	Y	1						
21242	RECONSTRUCTION OF JAW JOINT		823	Y	1						
21243	RECONSTRUCTION OF JAW JOINT		1133	Y	1						
21244	RECONSTRUCTION OF LOWER JAW		702	Y	1						
21245	RECONSTRUCTION OF JAW		719	Y	1						
21246	RECONSTRUCTION OF JAW		703	Y	1						
21247	RECONSTRUCT LOWER JAW BONE		1079	Y	1						
21248	RECONSTRUCTION OF JAW		674	Y	1						
21249	RECONSTRUCTION OF JAW		1058	Y	1						
21256	RECONSTRUCTION OF ORBIT		791	Y	1						
21260	REVISE EYE SOCKETS		748	Y	1						
21263	REVISE EYE SOCKETS		1641	Y	1						
21267	REVISE EYE SOCKETS		1071	Y	1						
21268	REVISE EYE SOCKETS		1357	Y	1						
21270	AUGMENTATION CHEEK BONE		617		1						
21275	REVISION ORBITOFACIAL BONES		520	Y	1						
21280	REVISION OF EYELID		306	Y	1						
21282	REVISION OF EYELID		248	Y	1						
21295	REVISION OF JAW MUSCLE/BONE		94	Y	1						
21315	CLSD TX NSL FX MNPJ WO STBLJ		159		1						
21320	CLSD TX NSL FX W/MNPJ&STABLJ		162		1						
21325	OPEN TX NOSE FX UNCOMPLICATD		345		1						
21330	OPEN TX NOSE FX W/SKELE FIXJ		428		1						
21335	OPEN TX NOSE & SEPTAL FX		540		1						
21336	OPEN TX SEPTAL FX W/WO STABJ		332		1						
21337	CLOSED TX SEPTAL&NOSE FX		247		1						
21338	OPEN NASOETHMOID FX W/O FIXJ		382		1						
21339	OPEN NASOETHMOID FX W/ FIXJ		479		1						
21340	PERQ TX NASOETHMOID FX		630		1						
21343	OPEN TX DPRSD FRONT SINUS FX		828		1						
21344	OPEN TX COMPL FRONT SINUS FX		1080		1						
21345	CLOSED TX NOSE/JAW FX		511		1						
21346	OPN TX NASOMAX FX W/FIXJ		636		1						
21347	OPN TX NASOMAX FX MULTPLE		838		1						
21348	OPN TX NASOMAX FX W/GRAFT		699		1						
21355	PERQ TX MALAR FRACTURE		185		1						
21356	OPN TX DPRSD ZYGOMATIC ARCH		321		1						
21360	OPN TX DPRSD MALAR FRACTURE		408		1						
21365	OPN TX COMPLX MALAR FX		861		1						
21366	OPN TX COMPLX MALAR W/GRFT		968		1						
21385	OPN TX ORBIT FX TRANSANTRAL		561		1						
21386	OPN TX ORBIT FX PERIORBITAL		544		1						
21387	OPN TX ORBIT FX COMBINED		561		1						
21390	OPN TX ORBIT PERIORBTL IMPLT		597		1						
21395	OPN TX ORBIT PERIORBT W/GRFT		722		1						
21400	CLOSED TX ORBIT W/O MANIPULJ		114		1						
21401	CLOSED TX ORBIT W/MANIPULJ		206		1						
21406	OPN TX ORBIT FX W/O IMPLANT		407		1						
21407	OPN TX ORBIT FX W/IMPLANT		511		1						
21408	OPN TX ORBIT FX W/BONE GRFT		701		1						

Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
21421	TREAT MOUTH ROOF FRACTURE		414		1						
21422	TREAT MOUTH ROOF FRACTURE		526		1						
21423	TREAT MOUTH ROOF FRACTURE		617		1						
21431	TREAT CRANIOFACIAL FRACTURE		323		1						
21432	TREAT CRANIOFACIAL FRACTURE		516		1						
21433	TREAT CRANIOFACIAL FRACTURE		1382		1						
21435	TREAT CRANIOFACIAL FRACTURE		977		1						
21436	TREAT CRANIOFACIAL FRACTURE		1433		1						
21440	TREAT DENTAL RIDGE FRACTURE		275		1						
21445	TREAT DENTAL RIDGE FRACTURE		434		1						
21450	TREAT LOWER JAW FRACTURE		289		1						
21451	TREAT LOWER JAW FRACTURE		404		1						
21452	TREAT LOWER JAW FRACTURE		151		1						
21453	TREAT LOWER JAW FRACTURE		464		1						
21454	TREAT LOWER JAW FRACTURE		404		1						
21461	TREAT LOWER JAW FRACTURE		903		1						
21462	TREAT LOWER JAW FRACTURE		1043		1						
21465	TREAT LOWER JAW FRACTURE		645		1						
21470	TREAT LOWER JAW FRACTURE		923		1						
21480	RESET DISLOCATED JAW		66		1						
21485	RESET DISLOCATED JAW		346		1						
21490	REPAIR DISLOCATED JAW		607		1						
21497	INTERDENTAL WIRING		257		1						
21499	UNLISTED MUSCSEL PX HEAD		3000 Y		1						
21501	DRAIN NECK/CHEST LESION		292		1						
21502	DRAIN CHEST LESION		330		1						
21510	DRAINAGE OF BONE LESION		288		1						
21550	BIOPSY OF NECK/CHEST		159		1						
21552	EXC NECK LES SC 3 CM/>		430.16		1						
21554	EXC NECK TUM DEEP 5 CM/>		452.11		1						
21555	EXC NECK LES SC < 3 CM		404.34		1						
21556	EXC NECK TUM DEEP < 5 CM		509.67		3						
21557	RESECT NECK THORAX TUMOR<5CM		487		1						
21558	RESECT NECK TUMOR 5 CM/>		849.98		1						
21600	PARTIAL REMOVAL OF RIB		405		1						
21601	EXC CHEST WALL TUMOR W/RIBS		805		1						
21602	EXC CH WAL TUM W/O LYMPHADEC		844		1						
21603	EXC CH WAL TUM W/LYMPHADEC		1169		1						
21610	PARTIAL REMOVAL OF RIB		589		1						
21615	REMOVAL OF RIB		527		1						
21616	REMOVAL OF RIB AND NERVES		693		1						
21620	PARTIAL REMOVAL OF STERNUM		383		1						
21627	STERNAL DEBRIDEMENT		442		1						
21630	EXTENSIVE STERNUM SURGERY		786		1						
21632	EXTENSIVE STERNUM SURGERY		840		1						
21685	HYOID MYOTOMY & SUSPENSION		599.63		1						
21700	REVISION OF NECK MUSCLE		313		1						
21705	REVISION OF NECK MUSCLE/RIB		405		1						
21720	REVISION OF NECK MUSCLE		281		1						
21725	REVISION OF NECK MUSCLE		380		1						
21740	RECONSTRUCTION OF STERNUM		775 Y		1						
21742	REPAIR STERN/NUSS W/O SCOPE		300 Y		1						
21743	REPAIR STERNUM/NUSS W/SCOPE		400 Y		1						
21750	REPAIR OF STERNUM SEPARATION		585		1						
21811	OPTX OF RIB FX W/FIX SCOPE		417.31		1						

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Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
21812	TREATMENT OF RIB FRACTURE		500.65		1						
21813	TREATMENT OF RIB FRACTURE		685.47		1						
21820	TREAT STERNUM FRACTURE		98		1						
21825	TREAT STERNUM FRACTURE		467		1						
21920	BIOPSY SOFT TISSUE OF BACK		151		3						
21925	BIOPSY SOFT TISSUE OF BACK		284		3						
21930	EXC BACK LES SC < 3 CM		314		1						
21931	EXC BACK LES SC 3 CM/>		287.16		1						
21932	EXC BACK TUM DEEP < 5 CM		411.86		1						
21933	EXC BACK TUM DEEP 5 CM/>		454.62		1						
21935	RESECT BACK TUM < 5 CM		899		1						
21936	RESECT BACK TUM 5 CM/>		883.3		1						
22010	I&D P-SPINE C/T/CERV-THOR		503.66		1						
22015	I&D ABSCESS P-SPINE L/S/LS		499.21		1						
22100	REMOVE PART OF NECK VERTEBRA		458		1						
22101	REMOVE PART THORAX VERTEBRA		465		1						
22102	REMOVE PART LUMBAR VERTEBRA		546		1						
22103	REMOVE EXTRA SPINE SEGMENT		137		3						
22110	REMOVE PART OF NECK VERTEBRA		766		1						
22112	REMOVE PART THORAX VERTEBRA		757		1						
22114	REMOVE PART LUMBAR VERTEBRA		737		1						
22116	REMOVE EXTRA SPINE SEGMENT		121		3						
22206	INCIS SPINE 3 COLUMN THORAC		1213.6		1						
22207	INCIS SPINE 3 COLUMN LUMBAR		1198.51		1						
22208	INCIS SPINE 3 COLUMN ADL SEG		305.21		4						
22210	INCIS 1 VERTEBRAL SEG CERV		1026		1						
22212	INCIS 1 VERTEBRAL SEG THORAC		918		1						
22214	INCIS 1 VERTEBRAL SEG LUMBAR		889		1						
22216	INCIS ADDL SPINE SEGMENT		343		6						
22220	OSTEOT DSC ANT 1 VRT SGM CRV		1116		1						
22222	OSTEOT DSC ANT 1VRT SGM THRC		1123		1						
22224	OSTEOT DSC ANT 1VRT SGM LMBR		1114		1						
22226	OSTEOT DSC ANT 1VRT SGM EA		300		1						
22310	CLOSED TX VERT FX W/O MANJ		183		1						
22315	CLOSED TX VERT FX W/MANJ		560		1						
22318	TREAT ODONTOID FX W/O GRAFT		950		1						
22319	TREAT ODONTOID FX W/GRAFT		1073		1						
22325	TREAT SPINE FRACTURE		954		1						
22326	TREAT NECK SPINE FRACTURE		1020		1						
22327	TREAT THORAX SPINE FRACTURE		991		1						
22328	TREAT EACH ADD SPINE FX		240		8						
22505	MANIPULATION OF SPINE		99		1						
22510	PERQ CERVICOTHORACIC INJECT		1264.21		1						
22511	PERQ LUMBOSACRAL INJECTION		1250.99		1						
22512	VERTEBROPLASTY ADDL INJECT		698.72		1						
22513	PERQ VERTEBRAL AUGMENTATION		5265.73		1						
22514	PERQ VERTEBRAL AUGMENTATION		5244.28		1						
22515	PERQ VERTEBRAL AUGMENTATION		3179.39		1						
22532	ARTHRD LAT XTRCVTRY TQ THRC		1056.05		1						
22533	ARTHRD LAT XTRCVTRY TQ LMBR		988.18		1						
22534	ARTHRD LAT XTRCVTRY TQ EA AD		249.7		3						
22548	ARTHRD ANT TORAL/XORAL C1-C2		1224		1						
22551	ARTHRD ANT NTRBDY CERVICAL		1247.53		1						
22552	ARTHRD ANT NTRBD CERVICAL EA		291.91		1						
22554	ARTHRD ANT NTRBD MIN DSC CRV		1106		1						

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22556	ARTHRD ANT NTRBD MIN DSC THC		1108		1						
22558	ARTHRD ANT NTRBD MIN DSC LUM		1087		1						
22585	ARTHRD ANT NTRBD MIN DSC EA		300		7						
22586	ARTHRD PRE-SAC NTRBDY L5-S1		1100.41		1						
22590	ARTHRD PST TQ CRANIOCERVICAL		1073		1						
22595	ARTHRD PST TQ ATLAS-AXIS		974		1						
22600	ARTHRD PST TQ 1NTRSPC CRV		863		1						
22610	ARTHRD PST TQ 1NTRSPC THRC		860		1						
22612	ARTHRD PST TQ 1NTRSPC LUMBAR		1105		1						
22614	ARTHRD PST TQ 1NTRSPC EA ADD		325		15						
22630	ARTHRD PST TQ 1NTRSPC LUM		1089		1						
22632	ARTHRD PST TQ 1NTRSPC LM EA		275		4						
22633	ARTHRD CMBN 1NTRSPC LUMBAR		1156.09		1						
22634	ARTHRD CMBN 1NTRSPC EA ADDL		311.25		1						
22800	ARTHRD PST DFRM<6 VRT SGM		968		1						
22802	ARTHRD PST DFRM 7-12 VRT SGM		1583		1						
22804	ARTHRD PST DFRM 13+ VRT SGM		1846		1						
22808	ARTHRD ANT DFRM 2-3 VRT SGM		1400		1						
22810	ARTHRD ANT DFRM 4-7 VRT SGM		1645		1						
22812	ARTHRD ANT DFRM 8+ VRT SGM		1631		1						
22818	KYPHECTOMY 1-2 SEGMENTS		1459		1						
22819	KYPHECTOMY 3 OR MORE		1607		1						
22830	EXPLORATION OF SPINAL FUSION		660		1						
22840	INSERT SPINE FIXATION DEVICE		660		1						
22841	INSERT SPINE FIXATION DEVICE		1300		1						
22842	INSERT SPINE FIXATION DEVICE		655		1						
22843	INSERT SPINE FIXATION DEVICE		643		1						
22844	INSERT SPINE FIXATION DEVICE		797		1						
22845	INSERT SPINE FIXATION DEVICE		643		1						
22846	INSERT SPINE FIXATION DEVICE		606		1						
22847	INSERT SPINE FIXATION DEVICE		585		1						
22848	INSERT PELV FIXATION DEVICE		314		1						
22849	REINSERT SPINAL FIXATION		952		1						
22850	REMOVE SPINE FIXATION DEVICE		580		1						
22852	REMOVE SPINE FIXATION DEVICE		553		1						
22853	INSJ BIOMECHANICAL DEVICE		185.56		9						
22854	INSJ BIOMECHANICAL DEVICE		240.21		9						
22855	REMOVAL ANTERIOR INSTRMJ		787		1						
22856	TOT DISC ARTHRP 1NTRSPC CRV		1105.48		1						
22857	TOT DISC ARTHRP 1NTRSPC LMBR		1040		1						
22858	TOT DISC ARTHRP 2ND LVL CRV		449.62		1						
22859	INSJ BIOMECHANICAL DEVICE		240.21		9						
22861	REV RPLCM ARTHRP 1NTRSPC CRV		1370.03		1						
22862	REV RPLCM RTHRP 1NTRSPC LMBR		1263		1						
22864	RMVL TOT ARTHRP 1NTRSPC CRV		1245.46		1						
22865	RMVL TOT ARTHRP 1NTRSPC LMBR		1230		1						
22867	INSJ STABLJ DEV W/DCMPRN		693.6		9						
22868	INSJ STABLJ DEV W/DCMPRN		173.96		9						
22869	INSJ STABLJ DEV W/O DCMPRN		383.77		1						
22900	EXC ABDL TUM DEEP < 5 CM		311		3						
22901	EXC ABDL TUM DEEP 5 CM/>		406.47		1						
22902	EXC ABD LES SC < 3 CM		254		1						
22903	EXC ABD LES SC 3 CM/>		269.03		1						
22904	RADICAL RESECT ABD TUMOR<5CM		637.53		1						
22905	RAD RESECT ABD TUMOR 5 CM/>		826.61		1						

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23000	REMOVAL OF CALCIUM DEPOSITS		369		2						
23020	RELEASE SHOULDER JOINT		434		1						
23030	DRAIN SHOULDER LESION		308		1						
23031	DRAIN SHOULDER BURSA		137		1						
23035	DRAIN SHOULDER BONE LESION		467		1						
23040	EXPLORATORY SHOULDER SURGERY		519		1						
23044	EXPLORATORY SHOULDER SURGERY		379		1						
23065	BIOPSY SHOULDER TISSUES		96		1						
23066	BIOPSY SHOULDER TISSUES		199		1						
23071	EXC SHOULDER LES SC 3 CM/>		254.75		1						
23073	EXC SHOULDER TUM DEEP 5 CM/>		422.75		1						
23075	EXC SHOULDER LES SC < 3 CM		175		4						
23076	EXC SHOULDER TUM DEEP < 5 CM		400		2						
23077	RESECT SHOULDER TUMOR < 5 CM		858		1						
23078	RESECT SHOULDER TUMOR 5 CM/>		860.31		1						
23100	BIOPSY OF SHOULDER JOINT		329		1						
23101	SHOULDER JOINT SURGERY		400		1						
23105	REMOVE SHOULDER JOINT LINING		560		1						
23106	INCISION OF COLLARBONE JOINT		311		1						
23107	EXPLORE TREAT SHOULDER JOINT		548		1						
23120	PARTIAL REMOVAL COLLAR BONE		411		1						
23125	REMOVAL OF COLLAR BONE		470		1						
23130	REMOVE SHOULDER BONE PART		443		1						
23140	REMOVAL OF BONE LESION		368		1						
23145	REMOVAL OF BONE LESION		503		1						
23146	REMOVAL OF BONE LESION		379		1						
23150	REMOVAL OF HUMERUS LESION		407		1						
23155	REMOVAL OF HUMERUS LESION		508		1						
23156	REMOVAL OF HUMERUS LESION		427		1						
23170	REMOVE COLLAR BONE LESION		346		1						
23172	REMOVE SHOULDER BLADE LESION		343		1						
23174	REMOVE HUMERUS LESION		474		1						
23180	REMOVE COLLAR BONE LESION		435		1						
23182	REMOVE SHOULDER BLADE LESION		471		1						
23184	REMOVE HUMERUS LESION		514		1						
23190	PARTIAL REMOVAL OF SCAPULA		353		1						
23195	REMOVAL OF HEAD OF HUMERUS		485		1						
23200	RESECT CLAVICLE TUMOR		712		1						
23210	RESECT SCAPULA TUMOR		759		1						
23220	RESECT PROX HUMERUS TUMOR		703		1						
23330	REMOVE SHOULDER FOREIGN BODY		157		1						
23333	REMOVE SHOULDER FB DEEP		253.96		1						
23334	SHOULDER PROSTHESIS REMOVAL		600.4		1						
23335	SHOULDER PROSTHESIS REMOVAL		716.34		1						
23350	INJECTION FOR SHOULDER X-RAY		129		1						
23395	MUSCLE TRANSFER SHOULDER/ARM		908		1						
23397	MUSCLE TRANSFERS		756		1						
23400	FIXATION OF SHOULDER BLADE		780		1						
23405	INCISION OF TENDON & MUSCLE		429		1						
23406	INCISE TENDON(S) & MUSCLE(S)		526		1						
23410	REPAIR ROTATOR CUFF ACUTE		669		1						
23412	REPAIR ROTATOR CUFF CHRONIC		712		1						
23415	RELEASE OF SHOULDER LIGAMENT		549		1						
23420	REPAIR OF SHOULDER		736		1						
23430	REPAIR BICEPS TENDON		552		1						

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23440	REMOVE/TRANSPLANT TENDON		489		1						
23450	REPAIR SHOULDER CAPSULE		714		1						
23455	REPAIR SHOULDER CAPSULE		762		1						
23460	REPAIR SHOULDER CAPSULE		821		1						
23462	REPAIR SHOULDER CAPSULE		744		1						
23465	REPAIR SHOULDER CAPSULE		753		1						
23466	REPAIR SHOULDER CAPSULE		802		1						
23470	RECONSTRUCT SHOULDER JOINT		904		1						
23472	RECONSTRUCT SHOULDER JOINT		1095		1						
23473	REVIS RECONST SHOULDER JOINT		1182.89		1						
23474	REVIS RECONST SHOULDER JOINT		1277.68		1						
23480	REVISION OF COLLAR BONE		610		1						
23485	REVISION OF COLLAR BONE		716		1						
23490	REINFORCE CLAVICLE		559		1						
23491	REINFORCE SHOULDER BONES		674		1						
23500	CLTX CLAVICULAR FX W/O MNPJ		144		1						
23505	CLTX CLAVICULAR FX W/MNPJ		240		1						
23515	OPTX CLAVICULAR FX W/INT FIX		424		1						
23520	CLTX STRNCLAV DISLC W/O MNPJ		144		1						
23525	CLTX STRNCLAV DISLC W/MNPJ		172		1						
23530	OPTX STRNCLAV DISLC AQT/CHRN		355		1						
23532	OPTX STRCLV DSLC AQ/CHRN GRF		392		1						
23540	CLTX ACROMCLAV DISLC WO MNPJ		148		1						
23545	CLTX ACROMCLAV DISLC W/MNPJ		215		1						
23550	OPTX ACROMCLV DISLC AQT/CHRN		413		1						
23552	OPTX ACRCCLV DSLC AQ/CHRN GRF		480		1						
23570	CLTX SCAPULAR FX W/O MNPJ		154		1						
23575	CLTX SCAP FX W/MNPJ +-TRACTJ		262		1						
23585	OPTX SCAPULAR FX W/INT FIXJ		505		1						
23600	CLTX PROX HUMRL FX W/O MNPJ		218		1						
23605	CLTX PRX HMRL FX MNPJ+-TRACT		326		1						
23615	OPTX PROX HUMRL FX W/INT FIX		549		1						
23616	OPTX PRX HMRL FX FIX RPR RPL		1095		1						
23620	CLTX GR HMRL TBRS FX WO MNPJ		175		1						
23625	CLTX GR HMRL TBRS FX W/MNPJ		277		1						
23630	OPTX GR HMRL TBRS FX INT FIX		423		1						
23650	CLTX SHO DSLC W/MNPJ WO ANES		207		1						
23655	CLTX SHO DSLC W/MNPJ W/ANES		262		1						
23660	OPTX ACUTE SHOULDER DISLC		422		1						
23665	CLTX SHO DSLC FX GR HMRL TBR		236		1						
23670	OPTX SHO DISLC FX		447		1						
23675	CLTX SHO DISLC NECK FX MNPJ		383		1						
23680	OPTX SHO DISLC NECK FX FIXJ		507		1						
23700	MNPJ ANES SHO JT FIXJ APRATS		143		1						
23800	ARTHRODESIS GLENOHUMERAL JT		722		1						
23802	ARTHROD GLENOHUMERAL JT W/GRF		740		1						
23900	INTERTHORACOSCLPLR AMPUTATION		846		1						
23920	DISARTICULATION SHOULDER		700		1						
23921	DISARTICULATION SHO SEC CLSR		268		1						
23930	I&D UPR A/E DP ABSC/HMTMA		263		1						
23931	I&D UPR A/E BURSA		214		1						
23935	INC DP OPN B1 CRTX HUM/ELBW		339		1						
24000	ARTHRT ELBW EXPL DRG/RMVL FB		339		1						
24006	ARTHRT ELBW CAPSL EXC RLS		517		1						
24065	BIOPSY ARM/ELBOW SOFT TISSUE		150		1						

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24066	BIOPSY ARM/ELBOW SOFT TISSUE		407		1						
24071	EXC ARM/ELBOW LES SC 3 CM/>		247.19		1						
24073	EX ARM/ELBOW TUM DEEP 5 CM/>		425.08		1						
24075	EXC ARM/ELBOW LES SC < 3 CM		322		1						
24076	EX ARM/ELBOW TUM DEEP < 5 CM		338		1						
24077	RAD RESCJ TUM TISS A/E <5CM		732		2						
24079	RAD RESCJ TUM TISS A/E 5 CM+		792.91		1						
24100	ARTHRT ELBW SYNOVIAL BX ONLY		294		1						
24101	ARTHRT ELBW JT EXPL BX RMVL		363		1						
24102	ARTHRT ELBOW W/SYNOVECTOMY		451		1						
24105	EXCISION OLECRANON BURSA		237		1						
24110	EXC/CURTG B1 CST/B9 TUM HUM		425		1						
24115	EXC/CRTG B1 CST/TUM HUM AGRF		482		1						
24116	EXC/CRTG B1 CST/TUM HUM ALGR		640		1						
24120	EXC/CRTG B1 CST/B9 TUM RDS		320		1						
24125	EXC/CRTG B1 CST/TUM RDS AGRF		358		1						
24126	EXC/CRTG B1 CST/TUM RDS ALGR		394		1						
24130	EXCISION RADIAL HEAD		319		1						
24134	SEQUESTRECTOMY SHFT/DSTL HUM		517		1						
24136	SEQUESTRECTOMY RADIAL H/N		387		1						
24138	SEQUESTRECTOMY OLECRN PROCES		476		1						
24140	PARTIAL EXC BONE HUMERUS		549		1						
24145	PRTL EXC BONE RADIAL H/N		392		1						
24147	PRTL EXC BONE OLECRN PROCESS		481		1						
24149	RADICAL RESECTION OF ELBOW		785		1						
24150	RAD RESCJ TUM DSTL/SHFT HUM		800		1						
24152	RAD RESECTION TUM RADIAL H/N		520		1						
24155	RESECTION OF ELBOW JOINT		550		1						
24160	RMVL PROSTHHUMRL&ULNAR CMPNT		360		1						
24164	REMOVAL PROSTH RADIAL HEAD		303		1						
24200	RMVL FB UPPER ARM/ELBW SUBQ		146		1						
24201	RMVL FB UPPER ARM/ELBW DEEP		408		1						
24220	INJECTION PX FOR ELBOW ARTHG		153		1						
24300	MNPI ELBOW UNDER ANES		276		1						
24301	MUSC/TDN TRANSFER UPR A/E 1		469		1						
24305	TENDON LNGTH UPR A/E EA TDN		426		4						
24310	TNOT OPN ELBW TO SHO EA TDN		348		1						
24320	TENOPLASTY ELBOW TO SHO 1		555		1						
24330	FLEXOR-PLASTY ELBOW		532		1						
24331	FLEXOR-PLASTY ELBW W/ADVMNT		564		1						
24332	TENOLYSIS TRICEPS		316		1						
24340	TENODESIS BICEPS TDN AT ELBW		451		1						
24341	RPR TDN/MUSC UPR A/E EACH		378		1						
24342	REPAIR OF RUPTURED TENDON		584		1						
24343	REPR ELBOW LAT LIGMNT W/TISS		506		1						
24344	RECONSTRUCT ELBOW LAT LIGMNT		626		1						
24345	REPR ELBW MED LIGMNT W/TISSU		502		1						
24346	RECONSTRUCT ELBOW MED LIGMNT		626		1						
24357	REPAIR ELBOW PERC		226.73		1						
24358	REPAIR ELBOW W/DEB OPEN		266.71		1						
24359	REPAIR ELBOW DEB/ATTCH OPEN		328.99		1						
24360	RECONSTRUCT ELBOW JOINT		605		1						
24361	RECONSTRUCT ELBOW JOINT		656		1						
24362	RECONSTRUCT ELBOW JOINT		685		1						
24363	REPLACE ELBOW JOINT		1107		1						

Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
24365	RECONSTRUCT HEAD OF RADIUS		402		1						
24366	RECONSTRUCT HEAD OF RADIUS		587		1						
24370	REVISE RECONST ELBOW JOINT		1120.25		1						
24371	REVISE RECONST ELBOW JOINT		1291.19		1						
24400	REVISION OF HUMERUS		607		1						
24410	REVISION OF HUMERUS		710		1						
24420	REVISION OF HUMERUS		679		1						
24430	REPAIR OF HUMERUS		691		1						
24435	REPAIR HUMERUS WITH GRAFT		732		1						
24470	REVISION OF ELBOW JOINT		417		1						
24495	DECOMPRESSION OF FOREARM		399		1						
24498	REINFORCE HUMERUS		610		1						
24500	TREAT HUMERUS FRACTURE		234		1						
24505	TREAT HUMERUS FRACTURE		348		1						
24515	TREAT HUMERUS FRACTURE		680		1						
24516	TREAT HUMERUS FRACTURE		635		1						
24530	TREAT HUMERUS FRACTURE		254		1						
24535	TREAT HUMERUS FRACTURE		438		1						
24538	TREAT HUMERUS FRACTURE		548		1						
24545	TREAT HUMERUS FRACTURE		580		1						
24546	TREAT HUMERUS FRACTURE		830		1						
24560	TREAT HUMERUS FRACTURE		211		1						
24565	TREAT HUMERUS FRACTURE		361		1						
24566	TREAT HUMERUS FRACTURE		478		1						
24575	TREAT HUMERUS FRACTURE		583		1						
24576	TREAT HUMERUS FRACTURE		221		1						
24577	TREAT HUMERUS FRACTURE		377		1						
24579	TREAT HUMERUS FRACTURE		626		1						
24582	TREAT HUMERUS FRACTURE		529		1						
24586	TREAT ELBOW FRACTURE		811		1						
24587	TREAT ELBOW FRACTURE		691		1						
24600	TREAT ELBOW DISLOCATION		265		1						
24605	TREAT ELBOW DISLOCATION		323		1						
24615	TREAT ELBOW DISLOCATION		451		1						
24620	TREAT ELBOW FRACTURE		397		1						
24635	TREAT ELBOW FRACTURE		816		1						
24640	TREAT ELBOW DISLOCATION		98		1						
24650	TREAT RADIUS FRACTURE		171		1						
24655	TREAT RADIUS FRACTURE		303		1						
24665	TREAT RADIUS FRACTURE		473		1						
24666	TREAT RADIUS FRACTURE		534		1						
24670	TREAT ULNAR FRACTURE		193		1						
24675	TREAT ULNAR FRACTURE		270		1						
24685	TREAT ULNAR FRACTURE		496		1						
24800	FUSION OF ELBOW JOINT		530		1						
24802	FUSION/GRAFT OF ELBOW JOINT		637		1						
24900	AMPUTATION OF UPPER ARM		508		1						
24920	AMPUTATION OF UPPER ARM		458		1						
24925	AMPUTATION FOLLOW-UP SURGERY		355		1						
24930	AMPUTATION FOLLOW-UP SURGERY		499		1						
24931	AMPUTATE UPPER ARM & IMPLANT		574		1						
24935	REVISION OF AMPUTATION		717		1						
24940	REVISION OF UPPER ARM		801.54		1						
25000	INCISION OF TENDON SHEATH		293		1						
25001	INCISE FLEXOR CARPI RADIALIS		224		1						

Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
25020	DECOMPRESS FOREARM 1 SPACE		449		1						
25023	DECOMPRESS FOREARM 1 SPACE		608		1						
25024	DECOMPRESS FOREARM 2 SPACES		512		1						
25025	DECOMPRESS FOREARM 2 SPACES		715		1						
25028	DRAINAGE OF FOREARM LESION		389		1						
25031	DRAINAGE OF FOREARM BURSA		213		1						
25035	TREAT FOREARM BONE LESION		423		1						
25040	EXPLORE/TREAT WRIST JOINT		433		1						
25065	BIOPSY FOREARM SOFT TISSUES		148		5						
25066	BIOPSY FOREARM SOFT TISSUES		323		3						
25071	EXC FOREARM LES SC 3 CM/>		259		1						
25073	EXC FOREARM TUM DEEP 3 CM/>		322.46		1						
25075	EXC FOREARM LES SC < 3 CM		278		1						
25076	EXC FOREARM TUM DEEP < 3 CM		414		1						
25077	RESECT FOREARM/WRIST TUM<3CM		659		1						
25078	RESECT FORARM/WRIST TUM 3CM>		691.58		1						
25085	INCISION OF WRIST CAPSULE		371		1						
25100	BIOPSY OF WRIST JOINT		224		1						
25101	EXPLORE/TREAT WRIST JOINT		263		1						
25105	REMOVE WRIST JOINT LINING		388		1						
25107	REMOVE WRIST JOINT CARTILAGE		342		1						
25109	EXCISE TENDON FOREARM/WRIST		344		1						
25110	REMOVE WRIST TENDON LESION		316		1						
25111	REMOVE WRIST TENDON LESION		244		1						
25112	REREMOVE WRIST TENDON LESION		290		1						
25115	REMOVE WRIST/FOREARM LESION		662		1						
25116	REMOVE WRIST/FOREARM LESION		582		1						
25118	EXCISE WRIST TENDON SHEATH		297		1						
25119	PARTIAL REMOVAL OF ULNA		447		1						
25120	REMOVAL OF FOREARM LESION		378		1						
25125	REMOVE/GRAFT FOREARM LESION		428		1						
25126	REMOVE/GRAFT FOREARM LESION		418		1						
25130	REMOVAL OF WRIST LESION		269		1						
25135	REMOVE & GRAFT WRIST LESION		339		1						
25136	REMOVE & GRAFT WRIST LESION		293		1						
25145	REMOVE FOREARM BONE LESION		379		1						
25150	PARTIAL REMOVAL OF ULNA		454		1						
25151	PARTIAL REMOVAL OF RADIUS		412		1						
25170	RESECT RADIUS/ULNAR TUMOR		768		1						
25210	REMOVAL OF WRIST BONE		377		1						
25215	REMOVAL OF WRIST BONES		494		1						
25230	PARTIAL REMOVAL OF RADIUS		284		1						
25240	PARTIAL REMOVAL OF ULNA		355		1						
25246	INJECTION FOR WRIST X-RAY		142		1						
25248	REMOVE FOREARM FOREIGN BODY		393		1						
25250	REMOVAL OF WRIST PROSTHESIS		381		1						
25251	REMOVAL OF WRIST PROSTHESIS		500		1						
25259	MANIPULATE WRIST W/ANESTHES		276		1						
25260	REPAIR FOREARM TENDON/MUSCLE		609		3						
25263	REPAIR FOREARM TENDON/MUSCLE		445		1						
25265	REPAIR FOREARM TENDON/MUSCLE		534		1						
25270	REPAIR FOREARM TENDON/MUSCLE		516		3						
25272	REPAIR FOREARM TENDON/MUSCLE		378		1						
25274	REPAIR FOREARM TENDON/MUSCLE		650		1						
25275	REPAIR FOREARM TENDON SHEATH		399		1						

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Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
25280	REVISE WRIST/FOREARM TENDON		571		10						
25290	INCISE WRIST/FOREARM TENDON		568		1						
25295	RELEASE WRIST/FOREARM TENDON		353		9						
25300	FUSION OF TENDONS AT WRIST		515		1						
25301	FUSION OF TENDONS AT WRIST		407		1						
25310	TRANSPLANT FOREARM TENDON		613		1						
25312	TRANSPLANT FOREARM TENDON		685		1						
25315	REVISE PALSY HAND TENDON(S)		538		1						
25316	REVISE PALSY HAND TENDON(S)		645		1						
25320	REPAIR/REVISE WRIST JOINT		660		1						
25332	REVISE WRIST JOINT		680		1						
25335	REALIGNMENT OF HAND		800		1						
25337	RECONSTRUCT ULNA/RADIOULNAR		632		1						
25350	REVISION OF RADIUS		662		1						
25355	REVISION OF RADIUS		727		1						
25360	REVISION OF ULNA		648		1						
25365	REVISE RADIUS & ULNA		831		1						
25370	REVISE RADIUS OR ULNA		653		1						
25375	REVISE RADIUS & ULNA		686		1						
25390	SHORTEN RADIUS OR ULNA		558		1						
25391	LENGTHEN RADIUS OR ULNA		722		1						
25392	SHORTEN RADIUS & ULNA		894		1						
25393	LENGTHEN RADIUS & ULNA		1017		1						
25394	REPAIR CARPAL BONE SHORTEN		467		1						
25400	REPAIR RADIUS OR ULNA		766		1						
25405	REPAIR/GRAFT RADIUS OR ULNA		937		1						
25415	REPAIR RADIUS & ULNA		882		1						
25420	REPAIR/GRAFT RADIUS & ULNA		834		1						
25425	REPAIR/GRAFT RADIUS OR ULNA		997		1						
25426	REPAIR/GRAFT RADIUS & ULNA		760		1						
25430	VASC GRAFT INTO CARPAL BONE		413		1						
25431	REPAIR NONUNION CARPAL BONE		412		2						
25440	REPAIR/GRAFT WRIST BONE		597		1						
25441	RECONSTRUCT WRIST JOINT		618		1						
25442	RECONSTRUCT WRIST JOINT		505		1						
25443	RECONSTRUCT WRIST JOINT		521		1						
25444	RECONSTRUCT WRIST JOINT		554		1						
25445	RECONSTRUCT WRIST JOINT		513		1						
25446	WRIST REPLACEMENT		1065		1						
25447	REPAIR WRIST JOINTS		575		1						
25449	REMOVE WRIST JOINT IMPLANT		642		1						
25450	REVISION OF WRIST JOINT		430		1						
25455	REVISION OF WRIST JOINT		482		1						
25490	REINFORCE RADIUS		511		1						
25491	REINFORCE ULNA		538		1						
25492	REINFORCE RADIUS AND ULNA		628		1						
25500	TREAT FRACTURE OF RADIUS		175		1						
25505	TREAT FRACTURE OF RADIUS		346		1						
25515	TREAT FRACTURE OF RADIUS		507		1						
25520	TREAT FRACTURE OF RADIUS		391		1						
25525	TREAT FRACTURE OF RADIUS		676		1						
25526	TREAT FRACTURE OF RADIUS		692		1						
25530	TREAT FRACTURE OF ULNA		168		1						
25535	TREAT FRACTURE OF ULNA		331		1						
25545	TREAT FRACTURE OF ULNA		503		1						

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Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
25560	TREAT FRACTURE RADIUS & ULNA		177		1						
25565	TREAT FRACTURE RADIUS & ULNA		365		1						
25574	TREAT FRACTURE RADIUS & ULNA		466		1						
25575	TREAT FRACTURE RADIUS/ULNA		673		1						
25600	TREAT FRACTURE RADIUS/ULNA		195		1						
25605	TREAT FRACTURE RADIUS/ULNA		386		1						
25606	TREAT FX DISTAL RADIAL		465		1						
25607	TREAT FX RAD EXTRA-ARTICUL		472		1						
25608	TREAT FX RAD INTRA-ARTICUL		540		1						
25609	TREAT FX RADIAL 3+ FRAG		689		1						
25622	TREAT WRIST BONE FRACTURE		199		1						
25624	TREAT WRIST BONE FRACTURE		318		1						
25628	TREAT WRIST BONE FRACTURE		490		1						
25630	TREAT WRIST BONE FRACTURE		206		2						
25635	TREAT WRIST BONE FRACTURE		303		2						
25645	TREAT WRIST BONE FRACTURE		366		1						
25650	TREAT WRIST BONE FRACTURE		214		1						
25651	PIN ULNAR STYLOID FRACTURE		245		1						
25652	TREAT FRACTURE ULNAR STYLOID		440		1						
25660	TREAT WRIST DISLOCATION		280		1						
25670	TREAT WRIST DISLOCATION		450		1						
25671	PIN RADIOULNAR DISLOCATION		297		1						
25675	TREAT WRIST DISLOCATION		301		1						
25676	TREAT WRIST DISLOCATION		399		1						
25680	TREAT WRIST FRACTURE		321		1						
25685	TREAT WRIST FRACTURE		477		1						
25690	TREAT WRIST DISLOCATION		278		1						
25695	TREAT WRIST DISLOCATION		467		1						
25800	FUSION OF WRIST JOINT		567		1						
25805	FUSION/GRAFT OF WRIST JOINT		600		1						
25810	FUSION/GRAFT OF WRIST JOINT		615		1						
25820	FUSION OF HAND BONES		507		1						
25825	FUSE HAND BONES WITH GRAFT		617		1						
25830	FUSION RADIOULNAR JNT/ULNA		714		1						
25900	AMPUTATION OF FOREARM		629		1						
25905	AMPUTATION OF FOREARM		482		1						
25907	AMPUTATION FOLLOW-UP SURGERY		427		1						
25909	AMPUTATION FOLLOW-UP SURGERY		622		1						
25915	AMPUTATION OF FOREARM		820		1						
25920	AMPUTATE HAND AT WRIST		415		1						
25922	AMPUTATE HAND AT WRIST		360		1						
25924	AMPUTATION FOLLOW-UP SURGERY		413		1						
25927	AMPUTATION OF HAND		446		1						
25929	AMPUTATION FOLLOW-UP SURGERY		349		1						
25931	AMPUTATION FOLLOW-UP SURGERY		421		1						
26010	DRAINAGE OF FINGER ABSCESS		195		1						
26011	DRAINAGE OF FINGER ABSCESS		303		1						
26020	DRAIN HAND TENDON SHEATH		297		1						
26025	DRAINAGE OF PALM BURSA		297		1						
26030	DRAINAGE OF PALM BURSAS		349		1						
26034	TREAT HAND BONE LESION		376		1						
26035	DECOMPRESS FINGERS/HAND		525		1						
26037	DECOMPRESS FINGERS/HAND		391		1						
26040	RELEASE PALM CONTRACTURE		231		1						
26045	RELEASE PALM CONTRACTURE		336		1						

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Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
26055	INCISE FINGER TENDON SHEATH		465		1						
26060	INCISION OF FINGER TENDON		159		1						
26070	EXPLORE/TREAT HAND JOINT		234		1						
26075	EXPLORE/TREAT FINGER JOINT		253		1						
26080	EXPLORE/TREAT FINGER JOINT		269		1						
26100	BIOPSY HAND JOINT LINING		212		2						
26105	BIOPSY FINGER JOINT LINING		263		2						
26110	BIOPSY FINGER JOINT LINING		236		3						
26111	EXC HAND LES SC 1.5 CM/>		251.03		1						
26113	EXC HAND TUM DEEP 1.5 CM/>		330.42		1						
26115	EXC HAND LES SC < 1.5 CM		470		1						
26116	EXC HAND TUM DEEP < 1.5 CM		342		1						
26117	RAD RESECT HAND TUMOR < 3 CM		433		1						
26118	RAD RESECT HAND TUMOR 3 CM/>		648.05		1						
26121	RELEASE PALM CONTRACTURE		444		1						
26123	RELEASE PALM CONTRACTURE		544		1						
26125	RELEASE PALM CONTRACTURE		239		1						
26130	REMOVE WRIST JOINT LINING		365		1						
26135	REVISE FINGER JOINT EACH		398		1						
26140	REVISE FINGER JOINT EACH		365		1						
26145	TENDON EXCISION PALM/FINGER		372		1						
26160	REMOVE TENDON SHEATH LESION		428		1						
26170	REMOVAL OF PALM TENDON EACH		244		1						
26180	REMOVAL OF FINGER TENDON		315		1						
26185	REMOVE FINGER BONE		274		1						
26200	REMOVE HAND BONE LESION		325		1						
26205	REMOVE/GRAFT BONE LESION		421		1						
26210	REMOVAL OF FINGER LESION		314		1						
26215	REMOVE/GRAFT FINGER LESION		401		1						
26230	PARTIAL REMOVAL OF HAND BONE		368		1						
26235	PARTIAL REMOVAL FINGER BONE		360		1						
26236	PARTIAL REMOVAL FINGER BONE		300		1						
26250	EXTENSIVE HAND SURGERY		434		1						
26260	RESECT PROX FINGER TUMOR		404		1						
26262	RESECT DISTAL FINGER TUMOR		339		1						
26320	REMOVAL OF IMPLANT FROM HAND		263		1						
26340	MANIPULATE FINGER W/ANESTH		211		1						
26341	MANIPULAT PALM CORD POST INJ		61.96		1						
26350	REPAIR FINGER/HAND TENDON		582		12						
26352	REPAIR/GRAFT HAND TENDON		478		1						
26356	REPAIR FINGER/HAND TENDON		750		1						
26357	REPAIR FINGER/HAND TENDON		497		3						
26358	REPAIR/GRAFT HAND TENDON		522		3						
26370	REPAIR FINGER/HAND TENDON		633		1						
26372	REPAIR/GRAFT HAND TENDON		727		1						
26373	REPAIR FINGER/HAND TENDON		481		1						
26390	REVISE HAND/FINGER TENDON		496		3						
26392	REPAIR/GRAFT HAND TENDON		610		3						
26410	REPAIR HAND TENDON		467		1						
26412	REPAIR/GRAFT HAND TENDON		396		1						
26415	EXCISION HAND/FINGER TENDON		581		1						
26416	GRAFT HAND OR FINGER TENDON		610		2						
26418	REPAIR FINGER TENDON		464		1						
26420	REPAIR/GRAFT FINGER TENDON		584		1						
26426	REPAIR FINGER/HAND TENDON		550		1						

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Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
26428	REPAIR/GRAFT FINGER TENDON		430		2						
26432	REPAIR FINGER TENDON		403		1						
26433	REPAIR FINGER TENDON		435		1						
26434	REPAIR/GRAFT FINGER TENDON		350		1						
26437	REALIGNMENT OF TENDONS		331		1						
26440	RELEASE PALM/FINGER TENDON		518		1						
26442	RELEASE PALM & FINGER TENDON		689		1						
26445	RELEASE HAND/FINGER TENDON		487		1						
26449	RELEASE FOREARM/HAND TENDON		423		1						
26450	INCISION OF PALM TENDON		315		1						
26455	INCISION OF FINGER TENDON		312		1						
26460	INCISE HAND/FINGER TENDON		185		1						
26471	FUSION OF FINGER TENDONS		325		1						
26474	FUSION OF FINGER TENDONS		322		1						
26476	TENDON LENGTHENING		295		1						
26477	TENDON SHORTENING		308		1						
26478	LENGTHENING OF HAND TENDON		504		1						
26479	SHORTENING OF HAND TENDON		347		1						
26480	TRANSPLANT HAND TENDON		617		2						
26483	TRANSPLANT/GRAFT HAND TENDON		523		1						
26485	TRANSPLANT PALM TENDON		474		1						
26489	TRANSPLANT/GRAFT PALM TENDON		450		1						
26490	REVISE THUMB TENDON		464		1						
26492	TENDON TRANSFER WITH GRAFT		519		1						
26494	HAND TENDON/MUSCLE TRANSFER		623		1						
26496	REVISE THUMB TENDON		508		1						
26497	FINGER TENDON TRANSFER		506		1						
26498	FINGER TENDON TRANSFER		707		1						
26500	HAND TENDON RECONSTRUCTION		333		1						
26502	HAND TENDON RECONSTRUCTION		554		1						
26508	RELEASE THUMB CONTRACTURE		342		1						
26510	THUMB TENDON TRANSFER		477		1						
26516	FUSION OF KNUCKLE JOINT		376		1						
26517	FUSION OF KNUCKLE JOINTS		476		1						
26518	FUSION OF KNUCKLE JOINTS		470		1						
26520	RELEASE KNUCKLE CONTRACTURE		357		1						
26525	RELEASE FINGER CONTRACTURE		543		1						
26530	REVISE KNUCKLE JOINT		425		1						
26531	REVISE KNUCKLE WITH IMPLANT		476		1						
26535	REVISE FINGER JOINT		306		1						
26536	REVISE/IMPLANT FINGER JOINT		465		1						
26540	REPAIR HAND JOINT		526		1						
26541	REPAIR HAND JOINT WITH GRAFT		638		1						
26542	REPAIR HAND JOINT WITH GRAFT		401		1						
26545	RECONSTRUCT FINGER JOINT		549		1						
26546	REPAIR NONUNION HAND		694		1						
26548	RECONSTRUCT FINGER JOINT		604		1						
26550	CONSTRUCT THUMB REPLACEMENT		1003		1						
26551	GREAT TOE-HAND TRANSFER		2245		1						
26553	SINGLE TRANSFER TOE-HAND		2229		1						
26554	DOUBLE TRANSFER TOE-HAND		2660		1						
26555	POSITIONAL CHANGE OF FINGER		841		1						
26556	TOE JOINT TRANSFER		2356		1						
26560	REPAIR OF WEB FINGER		437		1						
26561	REPAIR OF WEB FINGER		685		1						

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Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
26562	REPAIR OF WEB FINGER		951		1						
26565	CORRECT METACARPAL FLAW		389		1						
26567	CORRECT FINGER DEFORMITY		541		1						
26568	LENGTHEN METACARPAL/FINGER		710		1						
26580	REPAIR HAND DEFORMITY		855		1						
26587	RECONSTRUCT EXTRA FINGER		700		1						
26590	REPAIR FINGER DEFORMITY		866		1						
26591	REPAIR MUSCLES OF HAND		293		1						
26593	RELEASE MUSCLES OF HAND		468		1						
26596	EXCISION CONSTRICTING TISSUE		455		1						
26600	TREAT METACARPAL FRACTURE		160		1						
26605	TREAT METACARPAL FRACTURE		215		1						
26607	TREAT METACARPAL FRACTURE		345		1						
26608	TREAT METACARPAL FRACTURE		345		1						
26615	TREAT METACARPAL FRACTURE		319		1						
26641	TREAT THUMB DISLOCATION		247		1						
26645	TREAT THUMB FRACTURE		282		1						
26650	TREAT THUMB FRACTURE		368		1						
26665	TREAT THUMB FRACTURE		422		1						
26670	TREAT HAND DISLOCATION		198		1						
26675	TREAT HAND DISLOCATION		300		1						
26676	PIN HAND DISLOCATION		361		1						
26685	TREAT HAND DISLOCATION		395		1						
26686	TREAT HAND DISLOCATION		448		1						
26700	TREAT KNUCKLE DISLOCATION		217		1						
26705	TREAT KNUCKLE DISLOCATION		279		1						
26706	PIN KNUCKLE DISLOCATION		304		1						
26715	TREAT KNUCKLE DISLOCATION		338		1						
26720	TREAT FINGER FRACTURE EACH		128		1						
26725	TREAT FINGER FRACTURE EACH		236		1						
26727	TREAT FINGER FRACTURE EACH		339		1						
26735	TREAT FINGER FRACTURE EACH		347		1						
26740	TREAT FINGER FRACTURE EACH		147		3						
26742	TREAT FINGER FRACTURE EACH		259		3						
26746	TREAT FINGER FRACTURE EACH		378		3						
26750	TREAT FINGER FRACTURE EACH		121		1						
26755	TREAT FINGER FRACTURE EACH		218		1						
26756	PIN FINGER FRACTURE EACH		298		1						
26765	TREAT FINGER FRACTURE EACH		255		1						
26770	TREAT FINGER DISLOCATION		187		1						
26775	TREAT FINGER DISLOCATION		259		1						
26776	PIN FINGER DISLOCATION		234		1						
26785	TREAT FINGER DISLOCATION		260		1						
26820	THUMB FUSION WITH GRAFT		457		1						
26841	FUSION OF THUMB		587		1						
26842	THUMB FUSION WITH GRAFT		627		1						
26843	FUSION OF HAND JOINT		427		1						
26844	FUSION/GRAFT OF HAND JOINT		468		1						
26850	FUSION OF KNUCKLE		552		1						
26852	FUSION OF KNUCKLE WITH GRAFT		444		1						
26860	FUSION OF FINGER JOINT		449		1						
26861	FUSION OF FINGER JNT ADD-ON		105		1						
26862	FUSION/GRAFT OF FINGER JOINT		569		1						
26863	FUSE/GRAFT ADDED JOINT		221		1						
26910	AMPUTATE METACARPAL BONE		548		1						

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Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
26951	AMPUTATION OF FINGER/THUMB		419		1						
26952	AMPUTATION OF FINGER/THUMB		516		1						
26990	DRAINAGE OF PELVIS LESION		441		1						
26991	DRAINAGE OF PELVIS BURSA		318		1						
26992	DRAINAGE OF BONE LESION		713		1						
27000	INCISION OF HIP TENDON		329		1						
27001	INCISION OF HIP TENDON		396		1						
27003	INCISION OF HIP TENDON		416		1						
27005	INCISION OF HIP TENDON		534		1						
27006	INCISION OF HIP TENDONS		539		1						
27025	INCISION OF HIP/THIGH FASCIA		601		1						
27027	BUTTOCK FASCIOTOMY		585.57		1						
27030	DRAINAGE OF HIP JOINT		695		1						
27033	EXPLORATION OF HIP JOINT		716		1						
27035	DENERVATION OF HIP JOINT		763		1						
27036	EXCISION OF HIP JOINT/MUSCLE		700		1						
27040	BIOPSY OF SOFT TISSUES		229		2						
27041	BIOPSY OF SOFT TISSUES		382		3						
27043	EXC HIP PELVIS LES SC 3 CM/>		286.73		1						
27045	EXC HIP/PELV TUM DEEP 5 CM/>		456.12		1						
27047	EXC HIP/PELVIS LES SC < 3 CM		433		1						
27048	EXC HIP/PELV TUM DEEP < 5 CM		335		1						
27049	RESECT HIP/PELV TUM < 5 CM		763		1						
27050	BIOPSY OF SACROILIAC JOINT		240		1						
27052	BIOPSY OF HIP JOINT		411		1						
27054	REMOVAL OF HIP JOINT LINING		581		1						
27057	BUTTOCK FASCIOTOMY W/DBRDMT		652.69		1						
27059	RESECT HIP/PELV TUM 5 CM/>		1123.29		1						
27060	REMOVAL OF ISCHIAL BURSA		264		1						
27062	REMOVE FEMUR LESION/BURSA		344		1						
27065	REMOVE HIP BONE LES SUPER		312		1						
27066	REMOVE HIP BONE LES DEEP		572		1						
27067	REMOVE/GRAFT HIP BONE LESION		665		1						
27070	PART REMOVE HIP BONE SUPER		558		1						
27071	PART REMOVAL HIP BONE DEEP		653		1						
27075	RESECT HIP TUMOR		801		1						
27076	RESECT HIP TUM INCL ACETABUL		1270		1						
27077	RESECT HIP TUM W/INNOM BONE		1269		1						
27078	RSECT HIP TUM INCL FEMUR		790		1						
27080	REMOVAL OF TAIL BONE		340		1						
27086	REMOVE HIP FOREIGN BODY		105		1						
27087	REMOVE HIP FOREIGN BODY		365		1						
27090	REMOVAL OF HIP PROSTHESIS		609		1						
27091	REMOVAL OF HIP PROSTHESIS		1120		1						
27093	INJECTION FOR HIP X-RAY		158		1						
27095	INJECTION FOR HIP X-RAY		197		1						
27096	INJECT SACROILIAC JOINT		178		1						
27097	REVISION OF HIP TENDON		428		1						
27098	TRANSFER TENDON TO PELVIS		531		1						
27100	TRANSFER OF ABDOMINAL MUSCLE		532		1						
27105	TRANSFER OF SPINAL MUSCLE		513		1						
27110	TRANSFER OF ILIOPSOAS MUSCLE		632		1						
27111	TRANSFER OF ILIOPSOAS MUSCLE		591		1						
27120	RECONSTRUCTION OF HIP SOCKET		921		1						
27122	RECONSTRUCTION OF HIP SOCKET		799		1						

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Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
27125	PARTIAL HIP REPLACEMENT		778		1						
27130	TOTAL HIP ARTHROPLASTY		1163		1						
27132	TOTAL HIP ARTHROPLASTY		1353		1						
27134	REVISE HIP JOINT REPLACEMENT		1617		1						
27137	REVISE HIP JOINT REPLACEMENT		1222		1						
27138	REVISE HIP JOINT REPLACEMENT		1273		1						
27140	TRANSPLANT FEMUR RIDGE		588		1						
27146	INCISION OF HIP BONE		910		1						
27147	REVISION OF HIP BONE		942		1						
27151	INCISION OF HIP BONES		941		1						
27156	REVISION OF HIP BONES		1257		1						
27158	REVISION OF PELVIS		1000		1						
27161	INCISION OF NECK OF FEMUR		778		1						
27165	INCISION/FIXATION OF FEMUR		948		1						
27170	REPAIR/GRAFT FEMUR HEAD/NECK		782		1						
27175	TREAT SLIPPED EPIPHYSIS		409		1						
27176	TREAT SLIPPED EPIPHYSIS		711		1						
27177	TREAT SLIPPED EPIPHYSIS		799		1						
27178	TREAT SLIPPED EPIPHYSIS		708		1						
27179	REVISE HEAD/NECK OF FEMUR		598		1						
27181	TREAT SLIPPED EPIPHYSIS		705		1						
27185	REVISION OF FEMUR EPIPHYSIS		368		1						
27187	REINFORCE HIP BONES		823		1						
27197	CLSD TX PELVIC RING FX		83.88		1						
27198	CLSD TX PELVIC RING FX		214.56		1						
27200	TREAT TAIL BONE FRACTURE		119		1						
27202	TREAT TAIL BONE FRACTURE		422		1						
27215	TREAT PELVIC FRACTURE(S)		532		1						
27216	TREAT PELVIC RING FRACTURE		770		1						
27217	TREAT PELVIC RING FRACTURE		745		1						
27218	TREAT PELVIC RING FRACTURE		985		1						
27220	TREAT HIP SOCKET FRACTURE		360		1						
27222	TREAT HIP SOCKET FRACTURE		692		1						
27226	TREAT HIP WALL FRACTURE		726		1						
27227	TREAT HIP FRACTURE(S)		1201		1						
27228	TREAT HIP FRACTURE(S)		1386		1						
27230	TREAT THIGH FRACTURE		330		1						
27232	TREAT THIGH FRACTURE		548		1						
27235	TREAT THIGH FRACTURE		744		1						
27236	TREAT THIGH FRACTURE		882		1						
27238	TREAT THIGH FRACTURE		321		1						
27240	TREAT THIGH FRACTURE		564		1						
27244	TREAT THIGH FRACTURE		943		1						
27245	TREAT THIGH FRACTURE		1175		1						
27246	TREAT THIGH FRACTURE		311		1						
27248	TREAT THIGH FRACTURE		526		1						
27250	TREAT HIP DISLOCATION		344		1						
27252	TREAT HIP DISLOCATION		544		1						
27253	TREAT HIP DISLOCATION		696		1						
27254	TREAT HIP DISLOCATION		936		1						
27256	TREAT HIP DISLOCATION		226		1						
27257	TREAT HIP DISLOCATION		247		1						
27258	TREAT HIP DISLOCATION		809		1						
27259	TREAT HIP DISLOCATION		1200		1						
27265	TREAT HIP DISLOCATION		291		1						

Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
27266	TREAT HIP DISLOCATION		421		1						
27267	CLTX THIGH FX		213.23		1						
27268	CLTX THIGH FX W/MNPJ		263		1						
27269	OPTX THIGH FX		630.02		1						
27275	MANIPULATION OF HIP JOINT		132		1						
27279	ARTHRD SI JT PERQ/MIN NVAS		427.6		1						
27280	ARTHR SI JT OPN B1GRF INSTRM		727		1						
27282	ARTHRODESIS SYMPHYSIS PUBIS		540		1						
27284	FUSION OF HIP JOINT		775		1						
27286	FUSION OF HIP JOINT		1040		1						
27290	AMPUTATION OF LEG AT HIP		1435		1						
27295	AMPUTATION OF LEG AT HIP		1000		1						
27301	DRAIN THIGH/KNEE LESION		481		1						
27303	DRAINAGE OF BONE LESION		464		1						
27305	INCISE THIGH TENDON & FASCIA		336		1						
27306	INCISION OF THIGH TENDON		281		1						
27307	INCISION OF THIGH TENDONS		339		1						
27310	EXPLORATION OF KNEE JOINT		578		1						
27323	BIOPSY THIGH SOFT TISSUES		166		1						
27324	BIOPSY THIGH SOFT TISSUES		274		1						
27325	NEURECTOMY HAMSTRING		348		1						
27326	NEURECTOMY POPLITEAL		329		1						
27327	EXC THIGH/KNEE LES SC < 3 CM		305		1						
27328	EXC THIGH/KNEE TUM DEEP <5CM		301		1						
27329	RESECT THIGH/KNEE TUM < 5 CM		799		1						
27330	BIOPSY KNEE JOINT LINING		324		1						
27331	EXPLORE/TREAT KNEE JOINT		387		1						
27332	REMOVAL OF KNEE CARTILAGE		527		1						
27333	REMOVAL OF KNEE CARTILAGE		476		1						
27334	REMOVE KNEE JOINT LINING		490		1						
27335	REMOVE KNEE JOINT LINING		618		1						
27337	EXC THIGH/KNEE LES SC 3 CM/>		255.27		1						
27339	EXC THIGH/KNEE TUM DEP 5CM/>		460.64		1						
27340	REMOVAL OF KNEECAP BURSA		261		1						
27345	REMOVAL OF KNEE CYST		390		1						
27347	REMOVE KNEE CYST		338		1						
27350	REMOVAL OF KNEECAP		526		1						
27355	REMOVE FEMUR LESION		438		1						
27356	REMOVE FEMUR LESION/GRAFT		474		1						
27357	REMOVE FEMUR LESION/GRAFT		511		1						
27358	REMOVE FEMUR LESION/FIXATION		274		1						
27360	PARTIAL REMOVAL LEG BONE(S)		606		1						
27364	RESECT THIGH/KNEE TUM 5 CM/>		964.84		1						
27365	RESECT FEMUR/KNEE TUMOR		859		1						
27369	NJX CNTRST KNE ARTHG/CT/MRI		144		1						
27372	REMOVAL OF FOREIGN BODY		433		1						
27380	REPAIR OF KNEECAP TENDON		434		1						
27381	REPAIR/GRAFT KNEECAP TENDON		589		1						
27385	REPAIR OF THIGH MUSCLE		464		1						
27386	REPAIR/GRAFT OF THIGH MUSCLE		608		1						
27390	INCISION OF THIGH TENDON		271		1						
27391	INCISION OF THIGH TENDONS		348		1						
27392	INCISION OF THIGH TENDONS		512		1						
27393	LENGTHENING OF THIGH TENDON		369		1						
27394	LENGTHENING OF THIGH TENDONS		478		1						

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Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
27395	LENGTHENING OF THIGH TENDONS		644		1						
27396	TRANSPLANT OF THIGH TENDON		512		1						
27397	TRANSPLANTS OF THIGH TENDONS		618		1						
27400	REVISE THIGH MUSCLES/TENDONS		553		1						
27403	REPAIR OF KNEE CARTILAGE		531		1						
27405	REPAIR OF KNEE LIGAMENT		552		1						
27407	REPAIR OF KNEE LIGAMENT		636		1						
27409	REPAIR OF KNEE LIGAMENTS		837		1						
27416	OSTEOCHONDRAL KNEE AUTOGRAFT		492.79		1						
27418	REPAIR DEGENERATED KNEECAP		678		1						
27420	REVISION OF UNSTABLE KNEECAP		615		1						
27422	REVISION OF UNSTABLE KNEECAP		614		1						
27424	REVISION/REMOVAL OF KNEECAP		499		1						
27425	LAT RETINACULAR RELEASE OPEN		362		1						
27427	RECONSTRUCTION KNEE		615		1						
27428	RECONSTRUCTION KNEE		867		1						
27429	RECONSTRUCTION KNEE		886		1						
27430	REVISION OF THIGH MUSCLES		539		1						
27435	INCISION OF KNEE JOINT		546		1						
27437	REVISE KNEECAP		439		1						
27438	REVISE KNEECAP WITH IMPLANT		682		1						
27440	REVISION OF KNEE JOINT		677		1						
27441	REVISION OF KNEE JOINT		653		1						
27442	REVISION OF KNEE JOINT		705		1						
27443	REVISION OF KNEE JOINT		715		1						
27445	REVISION OF KNEE JOINT		870		1						
27446	REVISION OF KNEE JOINT		940		1						
27447	TOTAL KNEE ARTHROPLASTY		1255		1						
27448	INCISION OF THIGH		602		1						
27450	INCISION OF THIGH		753		1						
27454	REALIGNMENT OF THIGH BONE		822		1						
27455	REALIGNMENT OF KNEE		783		1						
27457	REALIGNMENT OF KNEE		718		1						
27465	SHORTENING OF THIGH BONE		742		1						
27466	LENGTHENING OF THIGH BONE		865		1						
27468	SHORTEN/LENGTHEN THIGHS		1120		1						
27470	REPAIR OF THIGH		856		1						
27472	REPAIR/GRAFT OF THIGH		935		1						
27475	SURGERY TO STOP LEG GROWTH		480		1						
27477	SURGERY TO STOP LEG GROWTH		538		1						
27479	SURGERY TO STOP LEG GROWTH		701		1						
27485	SURGERY TO STOP LEG GROWTH		495		1						
27486	REVISE/REPLACE KNEE JOINT		1136		1						
27487	REVISE/REPLACE KNEE JOINT		1294		1						
27488	REMOVAL OF KNEE PROSTHESIS		843		1						
27495	REINFORCE THIGH		915		1						
27496	DECOMPRESSION OF THIGH/KNEE		353		1						
27497	DECOMPRESSION OF THIGH/KNEE		351		1						
27498	DECOMPRESSION OF THIGH/KNEE		378		1						
27500	TREATMENT OF THIGH FRACTURE		405		1						
27501	TREATMENT OF THIGH FRACTURE		387		1						
27502	TREATMENT OF THIGH FRACTURE		600		1						
27503	TREATMENT OF THIGH FRACTURE		624		1						
27506	TREATMENT OF THIGH FRACTURE		928		1						
27507	TREATMENT OF THIGH FRACTURE		825		1						

Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
27508	TREATMENT OF THIGH FRACTURE		366		1						
27509	TREATMENT OF THIGH FRACTURE		471		1						
27510	TREATMENT OF THIGH FRACTURE		525		1						
27511	TREATMENT OF THIGH FRACTURE		852		1						
27513	TREATMENT OF THIGH FRACTURE		1075		1						
27514	TREATMENT OF THIGH FRACTURE		938		1						
27516	TREAT THIGH FX GROWTH PLATE		345		1						
27517	TREAT THIGH FX GROWTH PLATE		450		1						
27519	TREAT THIGH FX GROWTH PLATE		814		1						
27520	TREAT KNEECAP FRACTURE		230		1						
27524	TREAT KNEECAP FRACTURE		625		1						
27530	TREAT KNEE FRACTURE		267		1						
27532	TREAT KNEE FRACTURE		441		1						
27535	TREAT KNEE FRACTURE		656		1						
27536	TREAT KNEE FRACTURE		837		1						
27538	TREAT KNEE FRACTURE(S)		325		1						
27540	TREAT KNEE FRACTURE		695		1						
27550	TREAT KNEE DISLOCATION		347		1						
27552	TREAT KNEE DISLOCATION		450		1						
27556	TREAT KNEE DISLOCATION		691		1						
27557	TREAT KNEE DISLOCATION		797		1						
27558	TREAT KNEE DISLOCATION		825		1						
27560	TREAT KNEECAP DISLOCATION		251		1						
27562	TREAT KNEECAP DISLOCATION		320		1						
27566	TREAT KNEECAP DISLOCATION		661		1						
27570	FIXATION OF KNEE JOINT		119		1						
27580	FUSION OF KNEE		1046		1						
27590	AMPUTATE LEG AT THIGH		644		1						
27591	AMPUTATE LEG AT THIGH		635		1						
27592	AMPUTATE LEG AT THIGH		490		1						
27594	AMPUTATION FOLLOW-UP SURGERY		367		1						
27596	AMPUTATION FOLLOW-UP SURGERY		533		1						
27598	AMPUTATE LOWER LEG AT KNEE		538		1						
27599	UNLISTED PX FEMUR/KNEE		362	Y	1						
27600	DECOMPRESSION OF LOWER LEG		308		1						
27601	DECOMPRESSION OF LOWER LEG		320		1						
27602	DECOMPRESSION OF LOWER LEG		381		1						
27603	DRAIN LOWER LEG LESION		360		1						
27604	DRAIN LOWER LEG BURSA		309		1						
27605	INCISION OF ACHILLES TENDON		296		1						
27606	INCISION OF ACHILLES TENDON		230		1						
27607	TREAT LOWER LEG BONE LESION		431		1						
27610	EXPLORE/TREAT ANKLE JOINT		466		1						
27612	EXPLORATION OF ANKLE JOINT		406		1						
27613	BIOPSY LOWER LEG SOFT TISSUE		155		1						
27614	BIOPSY LOWER LEG SOFT TISSUE		374		1						
27615	RESECT LEG/ANKLE TUM < 5 CM		596		1						
27616	RESECT LEG/ANKLE TUM 5 CM/>		787.06		1						
27618	EXC LEG/ANKLE TUM < 3 CM		326		1						
27619	EXC LEG/ANKLE TUM DEEP <5 CM		530		1						
27620	EXPLORE/TREAT ANKLE JOINT		345		1						
27625	REMOVE ANKLE JOINT LINING		449		1						
27626	REMOVE ANKLE JOINT LINING		530		1						
27630	REMOVAL OF TENDON LESION		359		1						
27632	EXC LEG/ANKLE LES SC 3 CM/>		252.67		1						

Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
27634	EXC LEG/ANKLE TUM DEP 5 CM/>		413.78		1						
27635	REMOVE LOWER LEG BONE LESION		495		1						
27637	REMOVE/GRAFT LEG BONE LESION		551		1						
27638	REMOVE/GRAFT LEG BONE LESION		576		1						
27640	PARTIAL REMOVAL OF TIBIA		654		1						
27641	PARTIAL REMOVAL OF FIBULA		493		1						
27645	RESECT TIBIA TUMOR		796		1						
27646	RESECT FIBULA TUMOR		650		1						
27647	RESECT TALUS/CALCANEUS TUM		608		1						
27648	INJECTION FOR ANKLE X-RAY		122		1						
27650	REPAIR ACHILLES TENDON		525		1						
27652	REPAIR/GRAFT ACHILLES TENDON		503		1						
27654	REPAIR OF ACHILLES TENDON		524		1						
27656	REPAIR LEG FASCIA DEFECT		292		1						
27658	REPAIR OF LEG TENDON EACH		310		2						
27659	REPAIR OF LEG TENDON EACH		387		2						
27664	REPAIR OF LEG TENDON EACH		274		2						
27665	REPAIR OF LEG TENDON EACH		346		2						
27675	REPAIR LOWER LEG TENDONS		392		1						
27676	REPAIR LOWER LEG TENDONS		410		1						
27680	RELEASE OF LOWER LEG TENDON		328		1						
27681	RELEASE OF LOWER LEG TENDONS		340		1						
27685	REVISION OF LOWER LEG TENDON		409		1						
27686	REVISE LOWER LEG TENDONS		423		1						
27687	REVISION OF CALF TENDON		350		1						
27690	REVISE LOWER LEG TENDON		459		1						
27691	REVISE LOWER LEG TENDON		541		1						
27692	REVISE ADDITIONAL LEG TENDON		91		1						
27695	REPAIR OF ANKLE LIGAMENT		420		1						
27696	REPAIR OF ANKLE LIGAMENTS		447		1						
27698	REPAIR OF ANKLE LIGAMENT		498		1						
27700	REVISION OF ANKLE JOINT		578		1						
27702	RECONSTRUCT ANKLE JOINT		832		1						
27703	RECONSTRUCTION ANKLE JOINT		929		1						
27704	REMOVAL OF ANKLE IMPLANT		368		1						
27705	INCISION OF TIBIA		566		1						
27707	INCISION OF FIBULA		278		1						
27709	INCISION OF TIBIA & FIBULA		620		1						
27712	REALIGNMENT OF LOWER LEG		767		1						
27715	REVISION OF LOWER LEG		705		1						
27720	REPAIR OF TIBIA		647		1						
27722	REPAIR/GRAFT OF TIBIA		618		1						
27724	REPAIR/GRAFT OF TIBIA		944		1						
27725	REPAIR OF LOWER LEG		750		1						
27726	REPAIR FIBULA NONUNION		469.35		1						
27727	REPAIR OF LOWER LEG		817		1						
27730	REPAIR OF TIBIA EPIPHYSIS		401		1						
27732	REPAIR OF FIBULA EPIPHYSIS		350		1						
27734	REPAIR LOWER LEG EPIPHYSES		412		1						
27740	REPAIR OF LEG EPIPHYSES		555		1						
27742	REPAIR OF LEG EPIPHYSES		646		1						
27745	REINFORCE TIBIA		556		1						
27750	TREATMENT OF TIBIA FRACTURE		261		1						
27752	TREATMENT OF TIBIA FRACTURE		372		1						
27756	TREATMENT OF TIBIA FRACTURE		400		1						

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Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
27758	TREATMENT OF TIBIA FRACTURE		638		1						
27759	TREATMENT OF TIBIA FRACTURE		738		1						
27760	CLTX MEDIAL ANKLE FX		223		1						
27762	CLTX MED ANKLE FX W/MNPJ		342		1						
27766	OPTX MEDIAL ANKLE FX		525		1						
27767	CLTX POST ANKLE FX		129.29		1						
27768	CLTX POST ANKLE FX W/MNPJ		201.78		1						
27769	OPTX POST ANKLE FX		350.79		1						
27780	TREATMENT OF FIBULA FRACTURE		198		1						
27781	TREATMENT OF FIBULA FRACTURE		292		1						
27784	TREATMENT OF FIBULA FRACTURE		411		1						
27786	TREATMENT OF ANKLE FRACTURE		212		1						
27788	TREATMENT OF ANKLE FRACTURE		298		1						
27792	TREATMENT OF ANKLE FRACTURE		443		1						
27808	TREATMENT OF ANKLE FRACTURE		221		1						
27810	TREATMENT OF ANKLE FRACTURE		378		1						
27814	TREATMENT OF ANKLE FRACTURE		587		1						
27816	TREATMENT OF ANKLE FRACTURE		211		1						
27818	TREATMENT OF ANKLE FRACTURE		350		1						
27822	TREATMENT OF ANKLE FRACTURE		734		1						
27823	TREATMENT OF ANKLE FRACTURE		835		1						
27824	TREAT LOWER LEG FRACTURE		208		1						
27825	TREAT LOWER LEG FRACTURE		382		1						
27826	TREAT LOWER LEG FRACTURE		587		1						
27827	TREAT LOWER LEG FRACTURE		914		1						
27828	TREAT LOWER LEG FRACTURE		1025		1						
27829	TREAT LOWER LEG JOINT		409		1						
27830	TREAT LOWER LEG DISLOCATION		226		1						
27831	TREAT LOWER LEG DISLOCATION		223		1						
27832	TREAT LOWER LEG DISLOCATION		331		1						
27840	TREAT ANKLE DISLOCATION		247		1						
27842	TREAT ANKLE DISLOCATION		343		1						
27846	TREAT ANKLE DISLOCATION		472		1						
27848	TREAT ANKLE DISLOCATION		709		1						
27860	FIXATION OF ANKLE JOINT		131		1						
27870	FUSION OF ANKLE JOINT OPEN		788		1						
27871	FUSION OF TIBIOFIBULAR JOINT		574		1						
27880	AMPUTATION OF LOWER LEG		644		1						
27881	AMPUTATION OF LOWER LEG		648		1						
27882	AMPUTATION OF LOWER LEG		468		1						
27884	AMPUTATION FOLLOW-UP SURGERY		426		1						
27886	AMPUTATION FOLLOW-UP SURGERY		543		1						
27888	AMPUTATION OF FOOT AT ANKLE		489		1						
27889	AMPUTATION OF FOOT AT ANKLE		474		1						
27892	DECOMPRESSION OF LEG		325		1						
27893	DECOMPRESSION OF LEG		314		1						
27894	DECOMPRESSION OF LEG		433		1						
27899	UNLISTED PX LEG/ANKLE		325	Y	1						
28001	DRAINAGE OF BURSA OF FOOT		168		1						
28002	TREATMENT OF FOOT INFECTION		284		1						
28003	TREATMENT OF FOOT INFECTION		442		1						
28005	TREAT FOOT BONE LESION		447		1						
28008	INCISION OF FOOT FASCIA		266		1						
28010	INCISION OF TOE TENDON		176		1						
28011	INCISION OF TOE TENDONS		209		1						

Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
28020	EXPLORATION OF FOOT JOINT		324		1						
28022	EXPLORATION OF FOOT JOINT		291		1						
28024	EXPLORATION OF TOE JOINT		281		1						
28035	DECOMPRESSION OF TIBIA NERVE		322		1						
28039	EXC FOOT/TOE TUM SC 1.5 CM/>		290.79		1						
28041	EXC FOOT/TOE TUM DEP 1.5CM/>		278.94		1						
28043	EXC FOOT/TOE TUM SC < 1.5 CM		217		1						
28045	EXC FOOT/TOE TUM DEEP <1.5CM		297		1						
28046	RESECT FOOT/TOE TUMOR < 3 CM		567		1						
28047	RESECT FOOT/TOE TUMOR 3 CM/>		596.85		1						
28050	BIOPSY OF FOOT JOINT LINING		222		1						
28052	BIOPSY OF FOOT JOINT LINING		215		1						
28054	BIOPSY OF TOE JOINT LINING		183		1						
28055	NEURECTOMY FOOT		279		1						
28060	PARTIAL REMOVAL FOOT FASCIA		317		1						
28062	REMOVAL OF FOOT FASCIA		386		1						
28070	REMOVAL OF FOOT JOINT LINING		255		1						
28072	REMOVAL OF FOOT JOINT LINING		297		1						
28080	REMOVAL OF FOOT LESION		252		1						
28086	EXCISE FOOT TENDON SHEATH		369		1						
28088	EXCISE FOOT TENDON SHEATH		280		1						
28090	REMOVAL OF FOOT LESION		281		1						
28092	REMOVAL OF TOE LESIONS		257		1						
28100	REMOVAL OF ANKLE/HEEL LESION		397		1						
28102	REMOVE/GRAFT FOOT LESION		376		1						
28103	REMOVE/GRAFT FOOT LESION		392		1						
28104	REMOVAL OF FOOT LESION		313		1						
28106	REMOVE/GRAFT FOOT LESION		341		1						
28107	REMOVE/GRAFT FOOT LESION		278		1						
28108	REMOVAL OF TOE LESIONS		257		1						
28110	PART REMOVAL OF METATARSAL		271		1						
28111	PART REMOVAL OF METATARSAL		360		1						
28112	PART REMOVAL OF METATARSAL		301		1						
28113	PART REMOVAL OF METATARSAL		317		1						
28114	REMOVAL OF METATARSAL HEADS		479		1						
28116	REVISION OF FOOT		435		1						
28118	REMOVAL OF HEEL BONE		362		1						
28119	REMOVAL OF HEEL SPUR		337		1						
28120	PART REMOVAL OF ANKLE/HEEL		370		1						
28122	PARTIAL REMOVAL OF FOOT BONE		421		1						
28124	PARTIAL REMOVAL OF TOE		289		1						
28126	PARTIAL REMOVAL OF TOE		226		1						
28130	REMOVAL OF ANKLE BONE		449		1						
28140	REMOVAL OF METATARSAL		418		1						
28150	REMOVAL OF TOE		261		1						
28153	PARTIAL REMOVAL OF TOE		233		1						
28160	PARTIAL REMOVAL OF TOE		243		1						
28171	RESECT TARSAL TUMOR		427		1						
28173	RESECT METATARSAL TUMOR		403		1						
28175	RESECT PHALANX OF TOE TUMOR		306		1						
28190	REMOVAL OF FOOT FOREIGN BODY		153		1						
28192	REMOVAL OF FOOT FOREIGN BODY		296		1						
28193	REMOVAL OF FOOT FOREIGN BODY		336		1						
28200	REPAIR OF FOOT TENDON		285		1						
28202	REPAIR/GRAFT OF FOOT TENDON		330		1						

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Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
28208	REPAIR OF FOOT TENDON		271		1						
28210	REPAIR/GRAFT OF FOOT TENDON		372		1						
28220	RELEASE OF FOOT TENDON		233		1						
28222	RELEASE OF FOOT TENDONS		322		1						
28225	RELEASE OF FOOT TENDON		190		1						
28226	RELEASE OF FOOT TENDONS		228		1						
28230	INCISION OF FOOT TENDON(S)		262		1						
28232	INCISION OF TOE TENDON		230		1						
28234	INCISION OF FOOT TENDON		233		1						
28238	REVISION OF FOOT TENDON		447		1						
28240	RELEASE OF BIG TOE		266		1						
28250	REVISION OF FOOT FASCIA		344		1						
28260	RELEASE OF MIDFOOT JOINT		347		1						
28261	REVISION OF FOOT TENDON		615		1						
28262	REVISION OF FOOT AND ANKLE		890		1						
28264	RELEASE OF MIDFOOT JOINT		491		1						
28270	RELEASE OF FOOT CONTRACTURE		285		1						
28272	RELEASE OF TOE JOINT EACH		234		1						
28280	FUSION OF TOES		336		1						
28285	REPAIR OF HAMMERTOE		279		1						
28286	REPAIR OF HAMMERTOE		276		1						
28288	PARTIAL REMOVAL OF FOOT BONE		312		1						
28289	CORRJ HALUX RIGDUS W/O IMPLT		444		1						
28292	CORRECTION HALLUX VALGUS		428		1						
28296	CORRECTION HALLUX VALGUS		517		1						
28297	CORRECTION HALLUX VALGUS		580		1						
28298	CORRECTION HALLUX VALGUS		452		1						
28299	CORRECTION HALLUX VALGUS		579		1						
28300	INCISION OF HEEL BONE		507		1						
28302	INCISION OF ANKLE BONE		498		1						
28304	INCISION OF MIDFOOT BONES		513		1						
28305	INCISE/GRAFT MIDFOOT BONES		552		1						
28306	INCISION OF METATARSAL		374		1						
28307	INCISION OF METATARSAL		499		1						
28308	INCISION OF METATARSAL		325		1						
28309	INCISION OF METATARSALS		530		1						
28310	REVISION OF BIG TOE		330		1						
28312	REVISION OF TOE		293		1						
28313	REPAIR DEFORMITY OF TOE		305		1						
28315	REMOVAL OF SESAMOID BONE		319		1						
28320	REPAIR OF FOOT BONES		486		1						
28322	REPAIR OF METATARSALS		520		1						
28340	RESECT ENLARGED TOE TISSUE		394		1						
28341	RESECT ENLARGED TOE		521		1						
28344	REPAIR EXTRA TOE(S)		290		1						
28345	REPAIR WEBBED TOE(S)		385		1						
28360	RECONSTRUCT CLEFT FOOT		644		1						
28400	TREATMENT OF HEEL FRACTURE		168		1						
28405	TREATMENT OF HEEL FRACTURE		302		1						
28406	TREATMENT OF HEEL FRACTURE		392		1						
28415	TREAT HEEL FRACTURE		945		1						
28420	TREAT/GRAFT HEEL FRACTURE		989		1						
28430	TREATMENT OF ANKLE FRACTURE		160		1						
28435	TREATMENT OF ANKLE FRACTURE		209		1						
28436	TREATMENT OF ANKLE FRACTURE		319		1						

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Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
28445	TREAT ANKLE FRACTURE		818		1						
28446	OSTEOCHONDRAL TALUS AUTOGRFT		606.75		1						
28450	TREAT MIDFOOT FRACTURE EACH		154		1						
28455	TREAT MIDFOOT FRACTURE EACH		221		1						
28456	TREAT MIDFOOT FRACTURE		200		1						
28465	TREAT MIDFOOT FRACTURE EACH		451		1						
28470	TREAT METATARSAL FRACTURE		148		5						
28475	TREAT METATARSAL FRACTURE		186		1						
28476	TREAT METATARSAL FRACTURE		244		1						
28485	TREAT METATARSAL FRACTURE		375		1						
28490	TREAT BIG TOE FRACTURE		89		1						
28495	TREAT BIG TOE FRACTURE		109		1						
28496	TREAT BIG TOE FRACTURE		293		1						
28505	TREAT BIG TOE FRACTURE		339		1						
28510	TREATMENT OF TOE FRACTURE		76		1						
28515	TREATMENT OF TOE FRACTURE		98		1						
28525	TREAT TOE FRACTURE		298		1						
28530	TREAT SESAMOID BONE FRACTURE		84		1						
28531	TREAT SESAMOID BONE FRACTURE		234		1						
28540	TREAT FOOT DISLOCATION		109		1						
28545	TREAT FOOT DISLOCATION		122		1						
28546	TREAT FOOT DISLOCATION		174		1						
28555	REPAIR FOOT DISLOCATION		349		1						
28570	TREAT FOOT DISLOCATION		120		1						
28575	TREAT FOOT DISLOCATION		165		1						
28576	TREAT FOOT DISLOCATION		205		1						
28585	REPAIR FOOT DISLOCATION		431		1						
28600	TREAT FOOT DISLOCATION		121		1						
28605	TREAT FOOT DISLOCATION		168		1						
28606	TREAT FOOT DISLOCATION		325		1						
28615	REPAIR FOOT DISLOCATION		533		1						
28630	TREAT TOE DISLOCATION		78		1						
28635	TREAT TOE DISLOCATION		101		1						
28636	TREAT TOE DISLOCATION		194		1						
28645	REPAIR TOE DISLOCATION		270		1						
28660	TREAT TOE DISLOCATION		82		1						
28665	TREAT TOE DISLOCATION		101		1						
28666	TREAT TOE DISLOCATION		243		1						
28675	REPAIR OF TOE DISLOCATION		241		1						
28705	FUSION OF FOOT BONES		962		1						
28715	FUSION OF FOOT BONES		786		1						
28725	FUSION OF FOOT BONES		608		1						
28730	FUSION OF FOOT BONES		585		1						
28735	FUSION OF FOOT BONES		570		1						
28737	REVISION OF FOOT BONES		502		1						
28740	FUSION OF FOOT BONES		553		1						
28750	FUSION OF BIG TOE JOINT		556		1						
28755	FUSION OF BIG TOE JOINT		317		1						
28760	FUSION OF BIG TOE JOINT		466		1						
28800	AMPUTATION OF MIDFOOT		425		1						
28805	AMPUTATION THRU METATARSAL		450		1						
28810	AMPUTATION TOE & METATARSAL		324		1						
28820	AMPUTATION OF TOE		344		1						
28825	PARTIAL AMPUTATION OF TOE		302		1						
28890	HI ENRGY ESWT PLANTAR FASCIA		214.14		1						

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Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
29000	APPLICATION OF BODY CAST		197		1						
29010	APPLICATION OF BODY CAST		196		1						
29015	APPLICATION OF BODY CAST		192		1						
29035	APPLICATION OF BODY CAST		206		1						
29040	APPLICATION OF BODY CAST		180		1						
29044	APPLICATION OF BODY CAST		251		1						
29046	APPLICATION OF BODY CAST		260		1						
29049	APPLICATION OF FIGURE EIGHT		95		1						
29055	APPLICATION OF SHOULDER CAST		170		1						
29058	APPLICATION OF SHOULDER CAST		94		1						
29065	APPLICATION OF LONG ARM CAST		72		1						
29075	APPLICATION OF FOREARM CAST		66		1						
29085	APPLY HAND/WRIST CAST		70		1						
29086	APPLY FINGER CAST		35		1						
29105	APPLY LONG ARM SPLINT		62		1						
29125	APPLY FOREARM SPLINT		47		1						
29126	APPLY FOREARM SPLINT		58		1						
29130	APPLICATION OF FINGER SPLINT		29		1						
29131	APPLICATION OF FINGER SPLINT		37		1						
29200	STRAPPING OF CHEST		36		1						
29240	STRAPPING OF SHOULDER		45		1						
29260	STRAPPING OF ELBOW OR WRIST		37		1						
29280	STRAPPING OF HAND OR FINGER		37		1						
29305	APPLICATION OF HIP CAST		175		1						
29325	APPLICATION OF HIP CASTS		190		1						
29345	APPLICATION OF LONG LEG CAST		105		1						
29355	APPLICATION OF LONG LEG CAST		108		1						
29358	APPLY LONG LEG CAST BRACE		115		1						
29365	APPLICATION OF LONG LEG CAST		94		1						
29405	APPLY SHORT LEG CAST		69		1						
29425	APPLY SHORT LEG CAST		74		1						
29435	APPLY SHORT LEG CAST		91		1						
29440	ADDITION OF WALKER TO CAST		42		1						
29445	APPLY RIGID LEG CAST		120		1						
29450	APPLICATION OF LEG CAST		107		1						
29505	APPLICATION LONG LEG SPLINT		60		1						
29515	APPLICATION LOWER LEG SPLINT		53		1						
29520	STRAPPING OF HIP		32		1						
29530	STRAPPING OF KNEE		39		1						
29540	STRAPPING OF ANKLE AND/OR FT		28		1						
29550	STRAPPING OF TOES		27		1						
29580	APPLICATION OF PASTE BOOT		36		1						
29581	APPLY MULTLAY COMPRS LWR LEG		53.12		1						
29584	APPL MULTLAY COMPRS ARM/HAND		52.1		1						
29700	REMOVAL/REVISION OF CAST		42		1						
29705	REMOVAL/REVISION OF CAST		47		1						
29710	REMOVAL/REVISION OF CAST		85		1						
29720	REPAIR OF BODY CAST		70		1						
29730	WINDOWING OF CAST		47		1						
29740	WEDGING OF CAST		69		1						
29750	WEDGING OF CLUBFOOT CAST		65		1						
29800	JAW ARTHROSCOPY/SURGERY		304 Y		1						
29804	JAW ARTHROSCOPY/SURGERY		539 Y		1						
29805	SHO ARTHRS DX +- SYNOVIAL BX		349		1						
29806	SHO ARTHRS SRG CAPSULORRAPHY		781		1						

Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
29807	SHO ARTHRS SRG RPR SLAP LES		761		1						
29819	SHO ARTHRS SRG RMVL LOOSE/FB		491		1						
29820	SHO ARTHRS SRG PRTL SYNVT		454		1						
29821	SHO ARTHRS SRG COMPL SYNVT		495		1						
29822	SHO ARTHRS SRG LMTD DBRDMT		428		1						
29823	SHO ARTHRS SRG XTNSV DBRDMT		525		1						
29824	SHO ARTHRS SRG DSTL CLAVICLC		478		1						
29825	SHO ARTHRS SRG LSS&RESCJ ADS		490		1						
29826	SHO ARTHRS SRG DECOMPRESSION		566		1						
29827	SHO ARTHRS SRG RT8TR CUF RPR		825		1						
29828	SHO ARTHRS SRG BICP TENODSIS		465.73		1						
29830	ELBOW ARTHROSCOPY		362		1						
29834	ELBOW ARTHROSCOPY/SURGERY		366		1						
29835	ELBOW ARTHROSCOPY/SURGERY		414		1						
29836	ELBOW ARTHROSCOPY/SURGERY		470		1						
29837	ELBOW ARTHROSCOPY/SURGERY		434		1						
29838	ELBOW ARTHROSCOPY/SURGERY		478		1						
29840	WRIST ARTHROSCOPY		344		2						
29843	WRIST ARTHROSCOPY/SURGERY		400		1						
29844	WRIST ARTHROSCOPY/SURGERY		414		1						
29845	WRIST ARTHROSCOPY/SURGERY		471		1						
29846	WRIST ARTHROSCOPY/SURGERY		434		1						
29847	WRIST ARTHROSCOPY/SURGERY		400		1						
29848	WRIST ENDOSCOPY/SURGERY		330		1						
29850	KNEE ARTHROSCOPY/SURGERY		482		1						
29851	KNEE ARTHROSCOPY/SURGERY		704		1						
29855	TIBIAL ARTHROSCOPY/SURGERY		598		1						
29856	TIBIAL ARTHROSCOPY/SURGERY		664		1						
29860	HIP ARTHROSCOPY DX		455		1						
29861	HIP ARTHRO W/FB REMOVAL		454		1						
29862	HIP ARTHRO W/DEBRIDEMENT		488		1						
29863	HIP ARTHRO W/SYNOVECTOMY		474		1						
29868	MENISCAL TRNSPL KNEE W/SCPE		1094.35		1						
29870	KNEE ARTHROSCOPY DX		300		1						
29871	KNEE ARTHROSCOPY/DRAINAGE		424		1						
29873	KNEE ARTHROSCOPY/SURGERY		376		1						
29874	KNEE ARTHROSCOPY/SURGERY		396		1						
29875	KNEE ARTHROSCOPY/SURGERY		414		1						
29876	KNEE ARTHROSCOPY/SURGERY		510		1						
29877	KNEE ARTHROSCOPY/SURGERY		480		1						
29879	KNEE ARTHROSCOPY/SURGERY		460		1						
29880	KNEE ARTHROSCOPY/SURGERY		542		1						
29881	KNEE ARTHROSCOPY/SURGERY		502		1						
29882	KNEE ARTHROSCOPY/SURGERY		484		1						
29883	KNEE ARTHROSCOPY/SURGERY		614		1						
29884	KNEE ARTHROSCOPY/SURGERY		478		1						
29885	KNEE ARTHROSCOPY/SURGERY		518		1						
29886	KNEE ARTHROSCOPY/SURGERY		482		1						
29887	KNEE ARTHROSCOPY/SURGERY		580		1						
29888	KNEE ARTHROSCOPY/SURGERY		833		1						
29889	KNEE ARTHROSCOPY/SURGERY		873		1						
29891	ANKLE ARTHROSCOPY/SURGERY		481		1						
29892	ANKLE ARTHROSCOPY/SURGERY		449		1						
29893	SCOPE PLANTAR FASCIOTOMY		254		1						
29894	ANKLE ARTHROSCOPY/SURGERY		435		1						

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Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
29895	ANKLE ARTHROSCOPY/SURGERY		426		1						
29897	ANKLE ARTHROSCOPY/SURGERY		447		1						
29898	ANKLE ARTHROSCOPY/SURGERY		497		1						
29899	ANKLE ARTHROSCOPY/SURGERY		749		1						
29900	MCP JOINT ARTHROSCOPY DX		278		1						
29901	MCP JOINT ARTHROSCOPY SURG		307		1						
29902	MCP JOINT ARTHROSCOPY SURG		330		1						
29904	SUBTALAR ARTHRO W/FB RMVL		313.1		1						
29905	SUBTALAR ARTHRO W/EXC		337.2		1						
29906	SUBTALAR ARTHRO W/DEB		355.12		1						
29907	SUBTALAR ARTHRO W/FUSION		434.88		1						
29914	HIP ARTHRO W/FEMOROPLASTY		758.38		1						
29915	HIP ARTHRO ACETABULOPLASTY		772.93		1						
29916	HIP ARTHRO W/LABRAL REPAIR		772.93		1						
30000	DRAINAGE OF NOSE LESION		152		1						
30020	DRAINAGE OF NOSE LESION		131		1						
3008F	BODY MASS INDEX DOCD		0		999						
30100	INTRANASAL BIOPSY		81		1						
30110	REMOVAL OF NOSE POLYP(S)		137		1						
30115	REMOVAL OF NOSE POLYP(S)		291		1						
30117	REMOVAL OF INTRANASAL LESION		444		1						
30118	REMOVAL OF INTRANASAL LESION		551		1						
30124	REMOVAL OF NOSE LESION		194		1						
30125	REMOVAL OF NOSE LESION		448		1						
30130	EXCISE INFERIOR TURBINATE		372.72		1						
30140	RESECT INFERIOR TURBINATE		273		1						
30150	PARTIAL REMOVAL OF NOSE		584		1						
30160	REMOVAL OF NOSE		480		1						
30200	INJECTION TREATMENT OF NOSE		67		1						
30210	NASAL SINUS THERAPY		89		1						
30220	INSERT NASAL SEPTAL BUTTON		83		1						
30300	REMOVE NASAL FOREIGN BODY		176.76		1						
30310	REMOVE NASAL FOREIGN BODY		192.3		1						
30320	REMOVE NASAL FOREIGN BODY		225		1						
30400	RECONSTRUCTION OF NOSE		610 Y		1						
30410	RECONSTRUCTION OF NOSE		631 Y		1						
30420	RECONSTRUCTION OF NOSE		980 Y		1						
30430	REVISION OF NOSE		337 Y		1						
30435	REVISION OF NOSE		542 Y		1						
3044F	HG A1C LEVEL LT 7.0%		0		999						
30450	REVISION OF NOSE		785 Y		1						
30460	REVISION OF NOSE		584		1						
30462	REVISION OF NOSE		1176		1						
30465	REPAIR NASAL STENOSIS		954.01		1						
3046F	HEMOGLOBIN A1C LEVEL >9.0%		0		999						
3051F	HG A1C>EQUAL 7.0%<8.0%		0		999						
30520	REPAIR OF NASAL SEPTUM		613.4		1						
3052F	HG A1C>EQUAL 8.0%<EQUAL 9.0%		0		999						
30540	REPAIR NASAL DEFECT		491		1						
30545	REPAIR NASAL DEFECT		588		1						
30560	RELEASE OF NASAL ADHESIONS		165		1						
30580	REPAIR UPPER JAW FISTULA		425		1						
30600	REPAIR MOUTH/NOSE FISTULA		393		1						
30620	INTRANASAL RECONSTRUCTION		423		1						
30630	REPAIR NASAL SEPTUM DEFECT		650.2		1						

Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
3074F	SYST BP LT 130 MM HG		0		999						
3077F	SYST BP >= 140 MM HG		0		999						
3078F	DIAST BP <80 MM HG		0		999						
3079F	DIAST BP 80-89 MM HG		0		999						
30801	ABLATE INF TURBinate SUPERF		143		1						
30802	ABLATE INF TURBinate SUBMUC		258.67		1						
30901	CONTROL OF NOSEBLEED		134.45		1						
30903	CONTROL OF NOSEBLEED		120		1						
30905	CONTROL OF NOSEBLEED		314.94		1						
30906	REPEAT CONTROL OF NOSEBLEED		180		1						
30915	LIGATION NASAL SINUS ARTERY		322		1						
30920	LIGATION UPPER JAW ARTERY		549		1						
30930	THER FX NASAL INF TURBinate		83		1						
31000	IRRIGATION MAXILLARY SINUS		111		1						
31002	IRRIGATION SPHENOID SINUS		146		1						
31020	EXPLORATION MAXILLARY SINUS		318		1						
31030	EXPLORATION MAXILLARY SINUS		492		1						
31032	EXPLORE SINUS REMOVE POLYPS		418		1						
31040	EXPLORATION BEHIND UPPER JAW		560		1						
31050	EXPLORATION SPHENOID SINUS		337		1						
31051	SPHENOID SINUS SURGERY		452		1						
31070	EXPLORATION OF FRONTAL SINUS		293		1						
31075	EXPLORATION OF FRONTAL SINUS		549		1						
31080	REMOVAL OF FRONTAL SINUS		510		1						
31081	REMOVAL OF FRONTAL SINUS		739		1						
31084	REMOVAL OF FRONTAL SINUS		838		1						
31085	REMOVAL OF FRONTAL SINUS		886		1						
31086	REMOVAL OF FRONTAL SINUS		584		1						
31087	REMOVAL OF FRONTAL SINUS		582		1						
31090	EXPLORATION OF SINUSES		636		1						
31200	REMOVAL OF ETHMOID SINUS		270		1						
31201	REMOVAL OF ETHMOID SINUS		497		1						
31205	REMOVAL OF ETHMOID SINUS		460		1						
31225	REMOVAL OF UPPER JAW		907		1						
31230	REMOVAL OF UPPER JAW		1029		1						
31231	NASAL ENDOSCOPY DX		179.37		1						
31233	NSL/SINS NDSC DX MAX SINUSC		183		1						
31235	NSL/SINS NDSC DX SPHN SINUSC		165		1						
31237	NASAL/SINUS ENDOSCOPY SURG		239.44		1						
31238	NASAL/SINUS ENDOSCOPY SURG		241		1						
31239	NASAL/SINUS ENDOSCOPY SURG		518		1						
31240	NASAL/SINUS ENDOSCOPY SURG		153.17		1						
31241	NSL/SINS NDSC W/ARTERY LIG		322		1						
31253	NSL/SINS NDSC TOTAL		489.91		999						
31254	NSL/SINS NDSC W/PRTL ETHMDCT		397.98		1						
31255	NSL/SINS NDSC W/TOT ETHMDCT		376		1						
31256	EXPLORATION MAXILLARY SINUS		183		1						
31257	NSL/SINS NDSC TOT W/SPHENDT		436.2		999						
31259	NSL/SINS NDSC SPHN TISS RMVL		461.73		999						
31267	ENDOSCOPY MAXILLARY SINUS		274		1						
31276	NSL/SINS NDSC FRNT TISS RMVL		422		1						
31287	NASAL/SINUS ENDOSCOPY SURG		215		1						
31288	NASAL/SINUS ENDOSCOPY SURG		250		1						
31290	NASAL/SINUS ENDOSCOPY SURG		869		1						
31291	NASAL/SINUS ENDOSCOPY SURG		837		1						

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Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
31292	NSL/SINS NDSC MED/INF DCMPRN		667		1						
31293	NSL/SINS NDSC MED&INF DCMPRN		728		1						
31294	NSL/SINS NDSC SURG ON DCMPRN		858		1						
31295	NSL/SINS NDSC SURG MAX SINS		1726.14		1						
31296	NSL/SINS NDSC SURG FRNT SINS		2826.97		1						
31297	NSL/SINS NDSC SURG SPHN SINS		2800.18		1						
31298	NSL/SINS NDSC SURG FRNT&SPHN		3290.02		1						
31300	REMOVAL OF LARYNX LESION		697		1						
31360	REMOVAL OF LARYNX		984		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1	Units	999	Months
31365	REMOVAL OF LARYNX		1307		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1	Units	999	Months
31367	PARTIAL REMOVAL OF LARYNX		1273		1						
31368	PARTIAL REMOVAL OF LARYNX		1398		1						
31370	PARTIAL REMOVAL OF LARYNX		1019		1						
31375	PARTIAL REMOVAL OF LARYNX		929		1						
31380	PARTIAL REMOVAL OF LARYNX		960		1						
31382	PARTIAL REMOVAL OF LARYNX		982		1						
31390	REMOVAL OF LARYNX & PHARYNX		1351		1						
31395	RECONSTRUCT LARYNX & PHARYNX		1576		1						
31400	REVISION OF LARYNX		588		1						
31420	REMOVAL OF EPIGLOTTIS		520		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1	Units	999	Months
31500	INSERT EMERGENCY AIRWAY		100		1						
31502	CHANGE OF WINDPIPE AIRWAY		33		1						
31505	DIAGNOSTIC LARYNGOSCOPY		57		1						
31510	LARYNGOSCOPY WITH BIOPSY		99		1						
31511	REMOVE FOREIGN BODY LARYNX		151		1						
31512	REMOVAL OF LARYNX LESION		150		1						
31513	INJECTION INTO VOCAL CORD		98		1						
31515	LARYNGOSCOPY FOR ASPIRATION		150		1						
31520	DX LARYNGOSCOPY NEWBORN		123		1						
31525	DX LARYNGOSCOPY EXCL NB		237.5		1						
31526	DX LARYNGOSCOPY W/OPER SCOPE		151.09		1						
31527	LARYNGOSCOPY FOR TREATMENT		154		1						
31528	LARYNGOSCOPY AND DILATION		129		1						
31529	LARYNGOSCOPY AND DILATION		147		1						
31530	LARYNGOSCOPY W/FB REMOVAL		180		1						
31531	LARYNGOSCOPY W/FB & OP SCOPE		215		1						
31535	LARYNGOSCOPY W/BIOPSY		182.7		1						
31536	LARYNGOSCOPY W/BX & OP SCOPE		203.5		1						
31540	LARYNGOSCOPY W/EXC OF TUMOR		233.88		1						
31541	LARYNSCOP W/TUMR EXC + SCOPE		255.3		1						
31545	REMOVE VC LESION W/SCOPE		253.49		1						
31546	REMOVE VC LESION SCOPE/GRAFT		386.81		1						
31551	LARYNGOPLASTY LARYNGEAL STEN		1025.93		1						
31553	LARYNGOPLASTY LARYNGEAL STEN		1127.82		1						
31554	LARYNGOPLASTY LARYNGEAL STEN		1185.47		1						
31560	LARYNGOSCOPY W/ARYTENOIDECTOM		310		1						
31561	LARYNSCOP REMVE CART + SCOP		315		1						
31570	LARYNGOSCOPE W/VC INJ		272		1						
31571	LARYNGOSCOPY W/VC INJ + SCOPE		210		1						
31572	LARGSC W/LASER DSTRJ LES		351.97		1						
31575	DIAGNOSTIC LARYNGOSCOPY		114.95		1						
31576	LARYNGOSCOPY WITH BIOPSY		158		1						
31577	LARGSC W/RMVL FOREIGN BDY(S)		159		1						
31578	LARGSC W/REMOVAL LESION		203		1						
31579	LARYNGOSCOPY TELESCOPIC		181		1						

Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
31580	LARYNGOPLASTY LARYNGEAL WEB		650		1						
31584	LARYNGOPLASTY FX RDCTJ FIXJ		1105		1						
31587	LARYNGOPLASTY CRICOID SPLIT		547		1						
31590	REINNERVATE LARYNX		370		1						
31591	LARYNGOPLASTY MEDIALIZATION		745.13		1						
31592	CRICOTRACHEAL RESECTION		1215.43		1						
31600	INCISION OF WINDPIPE		319		1						
31601	INCISION OF WINDPIPE		206		1						
31603	INCISION OF WINDPIPE		185		1						
31605	INCISION OF WINDPIPE		166		1						
31610	INCISION OF WINDPIPE		427		1						
31611	SURGERY/SPEECH PROSTHESIS		365		1						
31612	PUNCTURE/CLEAR WINDPIPE		58		1						
31613	REPAIR WINDPIPE OPENING		305		1						
31614	REPAIR WINDPIPE OPENING		456		1						
31615	VISUALIZATION OF WINDPIPE		146		1						
31622	DX BRONCHOSCOPE/WASH		236		1						
31623	DX BRONCHOSCOPE/BRUSH		258		1						
31624	DX BRONCHOSCOPE/LAVAGE		241		1						
31625	BRONCHOSCOPY W/BIOPSY(S)		258		1						
31626	BRONCHOSCOPY W/MARKERS		263.87		1						
31627	NAVIGATIONAL BRONCHOSCOPY		701.24		1						
31628	BRONCHOSCOPY/LUNG BX EACH		302		1						
31629	BRONCHOSCOPY/NEEDLE BX EACH		499		1						
31630	BRONCHOSCOPY DILATE/FX REPR		176		1						
31631	BRONCHOSCOPY DILATE W/STENT		186		1						
31632	BRONCHOSCOPY/LUNG BX ADDL		57		4						
31633	BRONCHOSCOPY/NEEDLE BX ADDL		58.65		4						
31634	BRONCH W/BALLOON OCCLUSION		1342.99		1						
31635	BRONCHOSCOPY W/FB REMOVAL		276		1						
31636	BRONCHOSCOPY BRONCH STENTS		160.31		1						
31637	BRONCHOSCOPY STENT ADD-ON		57.25		2						
31638	BRONCHOSCOPY REVISE STENT		204		1						
31640	BRONCHOSCOPY W/TUMOR EXCISE		216		1						
31641	BRONCHOSCOPY TREAT BLOCKAGE		236		1						
31643	DIAG BRONCHOSCOPE/CATHETER		150		1						
31645	BRNCHSC W/THER ASPIR 1ST		234		1						
31646	BRNCHSC W/THER ASPIR SBSQ		213		1						
31647	BRONCHIAL VALVE INIT INSERT		167.02		1						
31648	BRONCHIAL VALVE REMOV INIT		173.64		1						
31649	BRONCHIAL VALVE REMOV ADDL		55.77		2						
31651	BRONCHIAL VALVE ADDL INSERT		59.24		2						
31652	BRONCH EBUS SAMPLNG 1/2 NODE		664.64		1						
31653	BRONCH EBUS SAMPLNG 3/> NODE		706.77		1						
31717	BRONCHIAL BRUSH BIOPSY		109		1						
31720	CLEARANCE OF AIRWAYS		48		1						
31725	CLEARANCE OF AIRWAYS		75		1						
31730	INTRO WINDPIPE WIRE/TUBE		132		1						
31750	REPAIR OF WINDPIPE		876		1						
31755	REPAIR OF WINDPIPE		779		1						
31760	REPAIR OF WINDPIPE		898		1						
31766	RECONSTRUCTION OF WINDPIPE		1259		1						
31770	REPAIR/GRAFT OF BRONCHUS		1210		1						
31775	RECONSTRUCT BRONCHUS		1067		1						
31780	RECONSTRUCT WINDPIPE		860		1						

Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
31781	RECONSTRUCT WINDPIPE		1048		1						
31785	REMOVE WINDPIPE LESION		718		1						
31786	REMOVE WINDPIPE LESION		1013		1						
31800	REPAIR OF WINDPIPE INJURY		339		1						
31805	REPAIR OF WINDPIPE INJURY		813		1						
31820	CLOSURE OF WINDPIPE LESION		292		1						
31825	REPAIR OF WINDPIPE DEFECT		418		1						
31830	REVISE WINDPIPE SCAR		296		1						
32035	THORACOSTOMY W/RIB RESECTION		443		1						
32036	THORACOSTOMY W/FLAP DRAINAGE		487		1						
32096	OPEN WEDGE/BX LUNG INFILTR		516.27		1						
32097	OPEN WEDGE/BX LUNG NODULE		516.27		1						
32098	OPEN BIOPSY OF LUNG PLEURA		485.31		1						
32100	EXPLORATION OF CHEST		714		1						
32110	EXPLORE/REPAIR CHEST		658		1						
32120	RE-EXPLORATION OF CHEST		579		1						
32124	EXPLORE CHEST FREE ADHESIONS		616		1						
32140	REMOVAL OF LUNG LESION(S)		690		1						
32141	REMOVE/TREAT LUNG LESIONS		682		1						
32150	REMOVAL OF LUNG LESION(S)		661		1						
32151	REMOVE LUNG FOREIGN BODY		664		1						
32160	OPEN CHEST HEART MASSAGE		453		1						
32200	DRAIN OPEN LUNG LESION		617		1						
32215	TREAT CHEST LINING		551		1						
32220	RELEASE OF LUNG		1141		1						
32225	PARTIAL RELEASE OF LUNG		682		1						
32310	REMOVAL OF CHEST LINING		657		1						
32320	FREE/REMOVE CHEST LINING		1120		1						
32400	NEEDLE BIOPSY CHEST LINING		111		1						
32408	CORE NDL BX LNG/MED PERQ		697.1		1						
32440	REMOVE LUNG PNEUMONECTOMY		1173		1						
32442	SLEEVE PNEUMONECTOMY		1135		1						
32445	REMOVAL OF LUNG EXTRAPLEURAL		1131		1						
32480	PARTIAL REMOVAL OF LUNG		1123		1						
32482	BILOBECTOMY		924		1						
32484	SEGMENTECTOMY		956		1						
32486	SLEEVE LOBECTOMY		1068		1						
32488	COMPLETION PNEUMONECTOMY		1134		1						
32491	LUNG VOLUME REDUCTION		1239		1						
32501	REPAIR BRONCHUS ADD-ON		241		1						
32503	RESECT APICAL LUNG TUMOR		1166.66		1						
32504	RESECT APICAL LUNG TUM/CHEST		1336.03		1						
32505	WEDGE RESECT OF LUNG INITIAL		596.15		1						
32506	WEDGE RESECT OF LUNG ADD-ON		100.62		1						
32507	WEDGE RESECT OF LUNG DIAG		100.62		1						
32540	REMOVAL OF LUNG LESION		740		1						
32550	INSERT PLEURAL CATH		446.22		1						
32551	INSERTION OF CHEST TUBE		97.73		1						
32553	INS MARK THOR FOR RT PERQ		353.71		1						
32554	ASPIRATE PLEURA W/O IMAGING		402.07		1						
32555	ASPIRATE PLEURA W/ IMAGING		463.85		1						
32556	INSERT CATH PLEURA W/O IMAGE		424.96		1						
32557	INSERT CATH PLEURA W/ IMAGE		683.62		1						
32560	TREAT PLEURODESIS W/AGENT		165.33		1						
32561	LYSE CHEST FIBRIN INIT DAY		59.14		1						

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Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
32562	LYSE CHEST FIBRIN SUBQ DAY		52.58		1						
32601	THORACOSCOPY DIAGNOSTIC		259		1						
32604	THORACOSCOPY WBX SAC		361		1						
32606	THORACOSCOPY W/BX MED SPACE		346		1						
32607	THORACOSCOPY W/BX INFILTRATE		198		1						
32608	THORACOSCOPY W/BX NODULE		243.17		1						
32609	THORACOSCOPY W/BX PLEURA		167.68		1						
32650	THORACOSCOPY W/PLEURODESIS		535		1						
32651	THORACOSCOPY REMOVE CORTEX		627		1						
32652	THORACOSCOPY REM TOTL CORTEX		888		1						
32653	THORACOSCOPY REMOV FB/FIBRIN		616		1						
32654	THORACOSCOPY CONTRL BLEEDING		590		1						
32655	THORACOSCOPY RESECT BULLAE		662		1						
32656	THORACOSCOPY W/PLEURECTOMY		656		1						
32658	THORACOSCOPY W/SAC FB REMOVE		612		1						
32659	THORACOSCOPY W/SAC DRAINAGE		654		1						
32661	THORACOSCOPY W/PERICARD EXC		628		1						
32662	THORACOSCOPY W/MEDIAST EXC		786		1						
32663	THORACOSCOPY W/LOBECTOMY		896		1						
32664	THORACOSCOPY W/ TH NRV EXC		682		1						
32665	THORACOSCOPY W/ESOPH MUSC EXC		733		1						
32666	THORACOSCOPY W/WEDGE RESECT		556.77		1						
32667	THORACOSCOPY W/W RESECT ADDL		100.62		3						
32668	THORACOSCOPY W/W RESECT DIAG		101.05		1						
32669	THORACOSCOPY REMOVE SEGMENT		858.7		1						
32670	THORACOSCOPY BILOBECTOMY		1025.58		1						
32671	THORACOSCOPY PNEUMONECTOMY		1137.1		1						
32672	THORACOSCOPY FOR LVRS		972.65		1						
32673	THORACOSCOPY W/THYMUS RESECT		770.9		1						
32674	THORACOSCOPY LYMPH NODE EXC		138.08		1						
32701	THORAX STEREO RAD TARGETW/TX		158.86		1						
32800	REPAIR LUNG HERNIA		629		1						
32810	CLOSE CHEST AFTER DRAINAGE		587		1						
32815	CLOSE BRONCHIAL FISTULA		1037		1						
32820	RECONSTRUCT INJURED CHEST		997		1						
32900	REMOVAL OF RIB(S)		937		1						
32905	REVISE & REPAIR CHEST WALL		961		1						
32906	REVISE & REPAIR CHEST WALL		1140		1						
32940	REVISION OF LUNG		897		1						
32960	THERAPEUTIC PNEUMOTHORAX		82		1						
32994	ABLATE PULM TUMOR PERQ CRYBL		4499.07		1						
32997	TOTAL LUNG LAVAGE		214		1						
32998	ABLATE PULM TUMOR PERQ RF		208		1						
3300F	AJCC STAGE DOCD B/4 THXPY		0		999	ACTIVE CANCER TREATMENT TRACKING BENEFIT LIMIT	Both	0	Units	1	Calendar Years
33016	PERICARDIOCENTESIS W/IMAGING		185.09		1						
33017	PRCRD DRG 6YR+ W/O CGEN CAR		192.31		1						
33018	PRCRD DRG 0-5YR OR W/ANOMLY		220.12		1						
33019	PERQ PRCRD DRG INSJ CATH CT		178.12		1						
3301F	CANCER STAGE DOCD METAST		0		999	ACTIVE CANCER TREATMENT TRACKING BENEFIT LIMIT	Both	0	Units	1	Calendar Years
33020	INCISION OF HEART SAC		633		1						
33025	INCISION OF HEART SAC		625		1						
33030	PARTIAL REMOVAL OF HEART SAC		958		1						
33031	PARTIAL REMOVAL OF HEART SAC		1263		1						
33050	RESECT HEART SAC LESION		661		1						
33120	REMOVAL OF HEART LESION		1267		1						

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Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
33130	REMOVAL OF HEART LESION		939		1						
33140	HEART REVASCULARIZE (TMR)		853		1						
33141	HEART TMR W/OTHER PROCEDURE		203		1						
33202	INSERT EPICARD ELTRD OPEN		557		1						
33203	INSERT EPICARD ELTRD ENDO		572		1						
33206	INSERT HEART PM ATRIAL		371		1						
33207	INSERT HEART PM VENTRICULAR		426		1						
33208	INSRT HEART PM ATRIAL & VENT		432		1						
33210	INSERT ELECTRD/PM CATH SNGL		154		1						
33211	INSERT CARD ELECTRODES DUAL		151		1						
33212	INSERT PULSE GEN SNGL LEAD		289		1						
33213	INSERT PULSE GEN DUAL LEADS		302		1						
33214	UPGRADE OF PACEMAKER SYSTEM		375		1						
33215	REPOSITION PACING-DEFIB LEAD		235		1						
33216	INSERT 1 ELECTRODE PM-DEFIB		322		1						
33217	INSERT 2 ELECTRODE PM-DEFIB		293		1						
33218	REPAIR LEAD PACE-DEFIB ONE		263		1						
33220	REPAIR LEAD PACE-DEFIB DUAL		266		1						
33221	INSERT PULSE GEN MULT LEADS		224.51		1						
33222	RELOCATION POCKET PACEMAKER		271		1						
33223	RELOCATE POCKET FOR DEFIB		325		1						
33224	INSERT PACING LEAD & CONNECT		391		1						
33225	L VENTRIC PACING LEAD ADD-ON		348		1						
33226	REPOSITION L VENTRIC LEAD		311.23		1						
33227	REMOVE&REPLACE PM GEN SINGL		214.17		1						
33228	REMOV&REPLC PM GEN DUAL LEAD		223.38		1						
33229	REMOV&REPLC PM GEN MULT LEADS		232.58		1						
33230	INSRT PULSE GEN W/DUAL LEADS		241.6		1						
33231	INSRT PULSE GEN W/MULT LEADS		250.81		1						
33233	REMOVAL OF PM GENERATOR		190		1						
33234	REMOVAL OF PACEMAKER SYSTEM		378		1						
33235	REMOVAL PACEMAKER ELECTRODE		479		1						
33236	REMOVE ELECTRODE/THORACOTOMY		529		1						
33237	REMOVE ELECTRODE/THORACOTOMY		639		1						
33238	REMOVE ELECTRODE/THORACOTOMY		669		1						
33240	INSRT PULSE GEN W/SINGL LEAD		360		1						
33241	REMOVE PULSE GENERATOR		180		1						
33243	REMOVE ELTRD/THORACOTOMY		900		1						
33244	REMOVE ELCTRD TRANSVENOUSLY		671		1						
33249	INSI/RPLCMT DEFIB W/LEAD(S)		751		1						
33250	ABLATE HEART DYSRHYTHM FOCUS		917		1						
33251	ABLATE HEART DYSRHYTHM FOCUS		1136		1						
33254	ABLATE ATRIA LMTD		973		1						
33255	ABLATE ATRIA W/O BYPASS EXT		1174		1						
33256	ABLATE ATRIA W/BYPASS EXTEN		402		1						
33257	ABLATE ATRIA LMTD ADD-ON		322.5		1						
33258	ABLATE ATRIA X10SV ADD-ON		364.31		1						
33259	ABLATE ATRIA W/BYPASS ADD-ON		475.73		1						
33261	ABLATE HEART DYSRHYTHM FOCUS		1080		1						
33262	RMVL & REPLC PULSE GEN 1 LEAD		232.85		1						
33263	RMVL & RPLCMT DFB GEN 2 LEAD		242.05		1						
33264	RMVL & RPLCMT DFB GEN MLT LD		251.25		1						
33265	ABLATE ATRIA LMTD ENDO		973		1						
33266	ABLATE ATRIA X10SV ENDO		1334		1						
33267	EXCL LAA OPEN ANY METHOD		793.89		1						

Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
33268	EXCL LAA OPN OTH PX ANY METH		793.89		1						
33269	EXCL LAA THRSCP ANY METHOD		626.96		1						
33270	INS/REP SUBQ DEFIBRILLATOR		469.05		1						
33271	INSJ SUBQ IMPLTBL DFB ELCTRD		368.32		1						
33272	RMVL OF SUBQ DEFIBRILLATOR		308.7		1						
33273	REPOS PREV IMPLTBL SUBQ DFB		297.68		1						
33274	TCAT INSJ/RPL PERM LDLS PM		368.59		1						
33275	TCAT RMVL PERM LDLS PM W/IMG		391.41		1						
33285	INSJ SUBQ CAR RHYTHM MNTR		250		1						
33286	RMVL SUBQ CAR RHYTHM MNTR		192		1						
33300	REPAIR OF HEART WOUND		849		1						
33305	REPAIR OF HEART WOUND		1018		1						
33310	EXPLORATORY HEART SURGERY		852		1						
33315	EXPLORATORY HEART SURGERY		1163		1						
33320	REPAIR MAJOR BLOOD VESSEL(S)		800		1						
33321	REPAIR MAJOR VESSEL		1015		1						
33322	REPAIR MAJOR BLOOD VESSEL(S)		1039		1						
33330	INSERT MAJOR VESSEL GRAFT		941		1						
33335	INSERT MAJOR VESSEL GRAFT		1344		1						
33340	PERQ CLSR TCAT L ATR APNDGE		576.94		1						
33361	REPLACE AORTIC VALVE PERQ		993.29		1						
33362	REPLACE AORTIC VALVE OPEN		1063.18		1						
33363	REPLACE AORTIC VALVE OPEN		1100.81		1						
33364	REPLACE AORTIC VALVE OPEN		1170.88		1						
33365	REPLACE AORTIC VALVE OPEN		1278.36		1						
33366	TRCATH REPLACE AORTIC VALVE		1083.23		1						
33367	REPLACE AORTIC VALVE W/BYP		449.13		1						
33368	REPLACE AORTIC VALVE W/BYP		544.2		1						
33369	REPLACE AORTIC VALVE W/BYP		718.52		1						
33370	TCAT PLMT&RMVL CEPD PERQ		101.05		1						
33390	VALVULOPLASTY AORTIC VALVE		1381.01		1						
33391	VALVULOPLASTY AORTIC VALVE		1636.52		1						
33404	PREPARE HEART-AORTA CONDUIT		1629		1						
33405	REPLACEMENT AORTIC VALVE OPN		1710		1						
33406	REPLACEMENT AORTIC VALVE OPN		1593		1						
33410	REPLACEMENT AORTIC VALVE OPN		1428		1						
33411	REPLACEMENT OF AORTIC VALVE		1706		1						
33412	REPLACEMENT OF AORTIC VALVE		1727		1						
33413	REPLACEMENT OF AORTIC VALVE		1763		1						
33414	REPAIR OF AORTIC VALVE		1558		1						
33415	REVISION SUBVALVULAR TISSUE		1374		1						
33416	REVISE VENTRICLE MUSCLE		1446		1						
33417	REPAIR OF AORTIC VALVE		1474		1						
33418	REPAIR TCAT MITRAL VALVE		1325.99		1						
33419	REPAIR TCAT MITRAL VALVE		391.16		1						
33420	REVISION OF MITRAL VALVE		974		1						
33422	REVISION OF MITRAL VALVE		1306		1						
33425	REPAIR OF MITRAL VALVE		1348		1						
33426	REPAIR OF MITRAL VALVE		1553		1						
33427	REPAIR OF MITRAL VALVE		2078		1						
33430	REPLACEMENT OF MITRAL VALVE		1710		1						
33440	RPLCMT A-VALVE TLCJ AUTOL PV		2558.64		1						
33460	REVISION OF TRICUSPID VALVE		1190		1						
33463	VALVULOPLASTY TRICUSPID		1287		1						
33464	VALVULOPLASTY TRICUSPID		1368		1						

Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
33465	REPLACE TRICUSPID VALVE		1432		1						
33468	REVISION OF TRICUSPID VALVE		1582		1						
33471	VLVT PV CLSD HRT VIA P-ART		1040		1						
33474	REVISION OF PULMONARY VALVE		1167		1						
33475	REPLACEMENT PULMONARY VALVE		1432		1						
33476	REVISION OF HEART CHAMBER		1223		1						
33477	IMPLANT TCAT PULM VLV PERQ		1006.16		1						
33478	REVISION OF HEART CHAMBER		1365		1						
33496	REPAIR PROSTH VALVE CLOT		1392		1						
33500	REPAIR HEART VESSEL FISTULA		1638		1						
33501	REPAIR HEART VESSEL FISTULA		834		1						
33502	CORONARY ARTERY CORRECTION		1042		1						
33503	CORONARY ARTERY GRAFT		1066		1						
33504	CORONARY ARTERY GRAFT		1344		1						
33505	REPAIR ARTERY W/TUNNEL		1304		1						
33506	REPAIR ARTERY TRANSLOCATION		1316		1						
33507	REPAIR ART INTRAMURAL		1129.93		1						
33508	ENDOSCOPIC VEIN HARVEST		13		1						
33509	NDSC HRV UXTR ART 1 SGM CAB		131.76		1						
33510	CABG VEIN SINGLE		1530		1						
33511	CABG VEIN TWO		1633		1						
33512	CABG VEIN THREE		1716		1						
33513	CABG VEIN FOUR		1729		1						
33514	CABG VEIN FIVE		1764		1						
33516	CABG VEIN SIX OR MORE		2070		1						
33517	CABG ARTERY-VEIN SINGLE		122		1						
33518	CABG ARTERY-VEIN TWO		229		1						
33519	CABG ARTERY-VEIN THREE		328		1						
33521	CABG ARTERY-VEIN FOUR		432		1						
33522	CABG ARTERY-VEIN FIVE		537		1						
33523	CABG ART-VEIN SIX OR MORE		642		1						
33530	CORONARY ARTERY BYPASS/REOP		277		1						
33533	CABG ARTERIAL SINGLE		1435		1						
33534	CABG ARTERIAL TWO		1539		1						
33535	CABG ARTERIAL THREE		1792		1						
33536	CABG ARTERIAL FOUR OR MORE		1822		1						
33542	REMOVAL OF HEART LESION		1470		1						
33545	REPAIR OF HEART DAMAGE		1751		1						
33548	RESTORE/REMODEL VENTRICLE		1481.03		1						
33572	OPEN CORONARY ENDARTERECTOMY		201		3						
33600	CLOSURE OF VALVE		1423		1						
33602	CLOSURE OF VALVE		1376		1						
33606	ANASTOMOSIS/ARTERY-AORTA		1522		1						
33608	REPAIR ANOMALY W/CONDUIT		1578		1						
33610	REPAIR BY ENLARGEMENT		1542		1						
33611	REPAIR DOUBLE VENTRICLE		1605		1						
33612	REPAIR DOUBLE VENTRICLE		1692		1						
33615	REPAIR MODIFIED FONTAN		1637		1						
33617	REPAIR SINGLE VENTRICLE		1755		1						
33619	REPAIR SINGLE VENTRICLE		2049		1						
33620	APPLY R&L PULM ART BANDS		1252.1		1						
33621	TRANSTHOR CATH FOR STENT		675.66		1						
33622	REDO COMPL CARDIAC ANOMALY		2647.98		1						
33641	REPAIR HEART SEPTUM DEFECT		1088		1						
33645	REVISION OF HEART VEINS		1262		1						

Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
33647	REPAIR HEART SEPTUM DEFECTS		1464		1						
33660	REPAIR OF HEART DEFECTS		1311		1						
33665	REPAIR OF HEART DEFECTS		1450		1						
33670	REPAIR OF HEART CHAMBERS		1613		1						
33675	CLOSE MULT VSD		1547		1						
33676	CLOSE MULT VSD W/RESECTION		1594		1						
33677	CL MULT VSD W/REM PUL BAND		1657		1						
33681	REPAIR HEART SEPTUM DEFECT		1425		1						
33684	REPAIR HEART SEPTUM DEFECT		1473		1						
33688	REPAIR HEART SEPTUM DEFECT		1405		1						
33690	REINFORCE PULMONARY ARTERY		1010		1						
33692	REPAIR OF HEART DEFECTS		1515		1						
33694	REPAIR OF HEART DEFECTS		1613		1						
33697	REPAIR OF HEART DEFECTS		1648		1						
33702	REPAIR OF HEART DEFECTS		1367		1						
33710	REPAIR OF HEART DEFECTS		1468		1						
33720	REPAIR OF HEART DEFECT		1346		1						
33724	REPAIR VENOUS ANOMALY		1112		1						
33726	REPAIR PUL VENOUS STENOSIS		1468		1						
33730	REPAIR HEART-VEIN DEFECT(S)		1517		1						
33732	REPAIR HEART-VEIN DEFECT		1409		1						
33735	REVISION OF HEART CHAMBER		1093		1						
33736	REVISION OF HEART CHAMBER		1227		1						
33737	REVISION OF HEART CHAMBER		1063		1						
33741	TAS CONGENITAL CAR ANOMAL		597.46		1						
33745	TIS CGEN CAR ANOMAL 1ST SHNT		839.56		1						
33750	MAJOR VESSEL SHUNT		1012		1						
33755	MAJOR VESSEL SHUNT		989		1						
33762	MAJOR VESSEL SHUNT		1025		1						
33764	MAJOR VESSEL SHUNT & GRAFT		1022		1						
33766	MAJOR VESSEL SHUNT		1138		1						
33767	MAJOR VESSEL SHUNT		1171		1						
33768	CAVOPULMONARY SHUNTING		282.46		1						
33770	REPAIR GREAT VESSELS DEFECT		1591		1						
33771	REPAIR GREAT VESSELS DEFECT		1580		1						
33774	REPAIR GREAT VESSELS DEFECT		1505		1						
33775	REPAIR GREAT VESSELS DEFECT		1505		1						
33776	REPAIR GREAT VESSELS DEFECT		1537		1						
33777	REPAIR GREAT VESSELS DEFECT		1505		1						
33778	REPAIR GREAT VESSELS DEFECT		1723		1						
33779	REPAIR GREAT VESSELS DEFECT		1684		1						
33780	REPAIR GREAT VESSELS DEFECT		1843		1						
33781	REPAIR GREAT VESSELS DEFECT		1652		1						
33782	NIKAIDOH PROC		1935.93		1						
33783	NIKAIDOH PROC W/OSTIA IMPLT		2103.01		1						
33786	REPAIR ARTERIAL TRUNK		1613		1						
33788	REVISION OF PULMONARY ARTERY		1234		1						
33800	AORTIC SUSPENSION		830		1						
33802	REPAIR VESSEL DEFECT		938		1						
33803	REPAIR VESSEL DEFECT		941		1						
33813	REPAIR SEPTAL DEFECT		1336		1						
33814	REPAIR SEPTAL DEFECT		1322		1						
33820	REVISE MAJOR VESSEL		861		1						
33822	REVISE MAJOR VESSEL		839		1						
33824	REVISE MAJOR VESSEL		1010		1						

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Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
33840	REMOVE AORTA CONSTRICTION		1059		1						
33845	REMOVE AORTA CONSTRICTION		1142		1						
33851	REMOVE AORTA CONSTRICTION		1118		1						
33852	REPAIR SEPTAL DEFECT		1239		1						
33853	REPAIR SEPTAL DEFECT		1639		1						
33858	AS-AORT GRF F/AORTIC DSJ		2656.31		1						
33859	AS-AORT GRF F/DS OTH/THN DSJ		1906.4		1						
33863	ASCENDING AORTIC GRAFT		1996		1						
33864	ASCENDING AORTIC GRAFT		1743.62		1						
33866	AORTIC HEMIARCH GRAFT		781.96		1						
33871	TRANSVRS A-ARCH GRF HYPHTRM		2552.96		1						
33875	THORACIC AORTIC GRAFT		1551		1						
33877	THORACOABDOMINAL GRAFT		2076		1						
33880	ENDOVASC TAA REPR INCL SUBCL		1177.31		1						
33881	ENDOVASC TAA REPR W/O SUBCL		1010.12		1						
33883	INSERT ENDOVASC PROSTH TAA		743.79		1						
33884	ENDOVASC PROSTH TAA ADD-ON		279.31		3						
33886	ENDOVASC PROSTH DELAYED		641.34		1						
33889	ARTERY TRANSPOSE/ENDOVAS TAA		555.67		1						
33891	CAR-CAR BP GRFT/ENDOVAS TAA		707.82		1						
33894	EVASC ST RPR THRC/AA ACRS BR		737.98		1						
33895	EVASC ST RPR THRC/AA X CRSG		587.19		1						
33897	PERQ TRLUML ANGP NT/RECR COA		437.12		1						
33900	PERQ P-ART REVSC 1 NM NT UNI		425.62		1						
33901	PERQ P-ART REVSC 1 NM NT BI		559.41		1						
33902	PERQ P-ART REVSC 1 ABNOR UNI		540.42		1						
33903	PERQ P-ART REVSC 1 ABNOR BI		636.9		1						
33904	PERQ P-ART REVSC EACH ADDL		213.74		1						
33910	REMOVE LUNG ARTERY EMBOLI		1183		1						
33915	REMOVE LUNG ARTERY EMBOLI		864		1						
33916	SURGERY OF GREAT VESSEL		1135		1						
33917	REPAIR PULMONARY ARTERY		1258		1						
33920	REPAIR PULMONARY ATRESIA		1602		1						
33922	TRANSECT PULMONARY ARTERY		1195		1						
33924	REMOVE PULMONARY SHUNT		257		1						
33925	RPR PUL ART UNIFOCAL W/O CPB		1149.59		1						
33926	REPR PUL ART UNIFOCAL W/CPB		1561.53		1						
33946	ECMO/ECLS INITIATION VENOUS		241.62		1						
33947	ECMO/ECLS INITIATION ARTERY		264.48		1						
33948	ECMO/ECLS DAILY MGMT-VENOUS		187.07		1						
33949	ECMO/ECLS DAILY MGMT ARTERY		182.33		1						
33951	ECMO/ECLS INSJ PRPH CANNULA		310.27		1						
33952	ECMO/ECLS INSJ PRPH CANNULA		302.91		1						
33953	ECMO/ECLS INSJ PRPH CANNULA		345.88		1						
33954	ECMO/ECLS INSJ PRPH CANNULA		337.76		1						
33955	ECMO/ECLS INSJ CTR CANNULA		680.24		1						
33956	ECMO/ECLS INSJ CTR CANNULA		644.46		1						
33957	ECMO/ECLS REPOS PERPH CNULA		201.21		1						
33958	ECMO/ECLS REPOS PERPH CNULA		196.39		1						
33959	ECMO/ECLS REPOS PERPH CNULA		238.1		1						
33962	ECMO/ECLS REPOS PERPH CNULA		226.68		1						
33963	ECMO/ECLS REPOS PERPH CNULA		411.74		1						
33964	ECMO/ECLS REPOS PERPH CNULA		418.45		1						
33965	ECMO/ECLS RMVL PERPH CANNULA		198.93		1						
33966	ECMO/ECLS RMVL PRPH CANNULA		225.25		1						

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Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
33967	INSERT I-AORT PERCUT DEVICE		203		1						
33968	REMOVE AORTIC ASSIST DEVICE		28		1						
33969	ECMO/ECLS RMVL PERPH CANNULA		248.31		1						
33970	AORTIC CIRCULATION ASSIST		318		1						
33971	AORTIC CIRCULATION ASSIST		537		1						
33973	INSERT BALLOON DEVICE		411		1						
33974	REMOVE INTRA-AORTIC BALLOON		680		1						
33975	IMPLANT VENTRICULAR DEVICE		1460		1						
33976	IMPLANT VENTRICULAR DEVICE		1668		1						
33977	REMOVE VENTRICULAR DEVICE		845		1						
33978	REMOVE VENTRICULAR DEVICE		950		1						
33979	INSERT INTRACORPOREAL DEVICE		1642		1						
33980	REMOVE INTRACORPOREAL DEVICE		2105		1						
33981	REPLACE VAD PUMP EXT		1642		1						
33982	REPLACE VAD INTRA W/O BP		1484.2		1						
33983	REPLACE VAD INTRA W/BP		1782.3		1						
33984	ECMO/ECLS RMVL PRPH CANNULA		243.76		1						
33985	ECMO/ECLS RMVL CTR CANNULA		462.13		1						
33986	ECMO/ECLS RMVL CTR CANNULA		440.67		1						
33987	ARTERY EXPOS/GRAFT ARTERY		182.88		1						
33988	INSERTION OF LEFT HEART VENT		577.23		1						
33989	REMOVAL OF LEFT HEART VENT		378.88		1						
33990	INSJ PERQ VAD L HRT ARTERIAL		316.04		1						
33991	INSJ PERQ VAD L HRT ARTL&VEN		460.54		1						
33992	RMVL PERQ LEFT HEART VAD		150.46		1						
33993	REPOSG PERQ R/L HRT VAD		132.12		1						
34001	REMOVAL OF ARTERY CLOT		549		1						
34051	REMOVAL OF ARTERY CLOT		618		1						
34101	REMOVAL OF ARTERY CLOT		498		1						
34111	REMOVAL OF ARM ARTERY CLOT		473		1						
34151	REMOVAL OF ARTERY CLOT		900		1						
34201	REMOVAL OF ARTERY CLOT		536		1						
34203	REMOVAL OF LEG ARTERY CLOT		762		1						
34401	REMOVAL OF VEIN CLOT		519		1						
34421	REMOVAL OF VEIN CLOT		562		1						
34451	REMOVAL OF VEIN CLOT		780		1						
34471	REMOVAL OF VEIN CLOT		472		1						
34490	REMOVAL OF VEIN CLOT		360		1						
34501	REPAIR VALVE FEMORAL VEIN		755		1						
34502	RECONSTRUCT VENA CAVA		1112		1						
34510	TRANSPOSITION OF VEIN VALVE		870		1						
34520	CROSS-OVER VEIN GRAFT		752		1						
34530	LEG VEIN FUSION		743		1						
34701	EVASC RPR A-AO NDGFT		920.06		1						
34702	EVASC RPR A-AO NDGFT RPT		1376.88		1						
34703	EVASC RPR A-UNILAC NDGFT		1031.43		1						
34704	EVASC RPR A-UNILAC NDGFT RPT		1719.98		1						
34705	EVAC RPR A-BILLIAC NDGFT		1141.26		1						
34706	EVASC RPR A-BILLIAC RPT		1718.26		1						
34707	EVASC RPR ILIO-ILIAC NDGFT		858.06		1						
34708	EVASC RPR ILIO-ILIAC RPT		1382.62		1						
34709	PLMT XTN PROSTH EVASC RPR		241.16		1						
34710	DLYD PLMT XTN PROSTH 1ST VSL		598.05		1						
34711	DLYD PLMT XTN PROSTH EA ADDL		222.56		1						
34712	TCAT DLVR ENHNCN FIXJ DEV		512.78		1						

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Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
34713	PERQ ACCESS & CLSR FEM ART		96.42		1						
34714	OPN FEM ART EXPOS CNDT CRTJ		202.86		1						
34715	OPN AX/SUBCLA ART EXPOS		227.33		1						
34716	OPN AX/SUBCLA ART EXPOS CNDT		281.51		1						
34808	ENOVAS ILIAC A DEVICE ADDON		153.19		1						
34812	OPN FEM ART EXPOS		289		1						
34813	FEMORAL ENOVAS GRAFT ADD-ON		178		1						
34820	OPN ILIAC ART EXPOS		362		1						
34830	OPEN AORTIC TUBE PROSTH REPR		1252		1						
34831	OPEN AORTOILIAC PROSTH REPR		1353		1						
34832	OPEN AORTOFEMOR PROSTH REPR		1353		1						
34833	OPN ILAC ART EXPOS CNDT CRTJ		428.31		1						
34834	OPN BRACH ART EXPOS		236		1						
34842	ENOVASC VISC AORTA 2 GRAFT		548		1						
35001	REPAIR DEFECT OF ARTERY		848		1						
35002	REPAIR ARTERY RUPTURE NECK		1084		1						
35005	REPAIR DEFECT OF ARTERY		891		1						
35011	REPAIR DEFECT OF ARTERY		809		1						
35013	REPAIR ARTERY RUPTURE ARM		987		1						
35021	REPAIR DEFECT OF ARTERY		1075		1						
35022	REPAIR ARTERY RUPTURE CHEST		1182		1						
35045	REPAIR DEFECT OF ARM ARTERY		782		1						
35081	REPAIR DEFECT OF ARTERY		1235		1						
35082	REPAIR ARTERY RUPTURE AORTA		1451		1						
35091	REPAIR DEFECT OF ARTERY		1435		1						
35092	REPAIR ARTERY RUPTURE AORTA		1691		1						
35102	REPAIR DEFECT OF ARTERY		1352		1						
35103	REPAIR ARTERY RUPTURE AORTA		1709		1						
35111	REPAIR DEFECT OF ARTERY		971		1						
35112	REPAIR ARTERY RUPTURE SPLEEN		948		1						
35121	REPAIR DEFECT OF ARTERY		1087		1						
35122	REPAIR ARTERY RUPTURE BELLY		1301		1						
35131	REPAIR DEFECT OF ARTERY		887		1						
35132	REPAIR ARTERY RUPTURE GROIN		1327		1						
35141	REPAIR DEFECT OF ARTERY		902		1						
35142	REPAIR ARTERY RUPTURE THIGH		930		1						
35151	REPAIR DEFECT OF ARTERY		753		1						
35152	REPAIR RUPTD POPLITEAL ART		861		1						
35180	REPAIR BLOOD VESSEL LESION		664		1						
35182	REPAIR BLOOD VESSEL LESION		941		1						
35184	REPAIR BLOOD VESSEL LESION		640		1						
35188	REPAIR BLOOD VESSEL LESION		664		1						
35189	REPAIR BLOOD VESSEL LESION		966		1						
35190	REPAIR BLOOD VESSEL LESION		669		1						
35201	REPAIR BLOOD VESSEL LESION		748		1						
35206	REPAIR BLOOD VESSEL LESION		613		1						
35207	REPAIR BLOOD VESSEL LESION		598		1						
35211	REPAIR BLOOD VESSEL LESION		1145		1						
35216	REPAIR BLOOD VESSEL LESION		875		1						
35221	REPAIR BLOOD VESSEL LESION		1071		1						
35226	REPAIR BLOOD VESSEL LESION		677		1						
35231	REPAIR BLOOD VESSEL LESION		730		1						
35236	REPAIR BLOOD VESSEL LESION		778		1						
35241	REPAIR BLOOD VESSEL LESION		1042		1						
35246	REPAIR BLOOD VESSEL LESION		918		1						

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35251	REPAIR BLOOD VESSEL LESION		884		1						
35256	REPAIR BLOOD VESSEL LESION		832		1						
35261	REPAIR BLOOD VESSEL LESION		805		1						
35266	REPAIR BLOOD VESSEL LESION		680		1						
35271	REPAIR BLOOD VESSEL LESION		1141		1						
35276	REPAIR BLOOD VESSEL LESION		1072		1						
35281	REPAIR BLOOD VESSEL LESION		780		1						
35286	REPAIR BLOOD VESSEL LESION		751		1						
35301	RECHANNELING OF ARTERY		952		1						
35302	RECHANNELING OF ARTERY		830		1						
35303	RECHANNELING OF ARTERY		913		1						
35304	RECHANNELING OF ARTERY		950		1						
35305	RECHANNELING OF ARTERY		913		1						
35306	RECHANNELING OF ARTERY		343		1						
35311	RECHANNELING OF ARTERY		1080		1						
35321	RECHANNELING OF ARTERY		556		1						
35331	RECHANNELING OF ARTERY		940		1						
35341	RECHANNELING OF ARTERY		1075		1						
35351	RECHANNELING OF ARTERY		1021		1						
35355	RECHANNELING OF ARTERY		929		1						
35361	RECHANNELING OF ARTERY		1176		1						
35363	RECHANNELING OF ARTERY		1397		1						
35371	RECHANNELING OF ARTERY		674		1						
35372	RECHANNELING OF ARTERY		813		1						
35390	REOPERATION CAROTID ADD-ON		135		1						
35400	ANGIOSCOPY		122		1						
35500	HARVEST VEIN FOR BYPASS		298		2						
35501	ART BYP GRFT IPSILAT CAROTID		849		2						
35506	ART BYP GRFT SUBCLAV-CAROTID		905		1						
35508	ART BYP GRFT CAROTID-VERTBRL		925		1						
35509	ART BYP GRFT CONTRAL CAROTID		860		1						
35510	ART BYP GRFT CAROTID-BRCHIAL		874.36		1						
35511	ART BYP GRFT SUBCLAV-SUBCLAV		726		1						
35512	ART BYP GRFT SUBCLAV-BRCHIAL		857.42		1						
35515	ART BYP GRFT SUBCLAV-VERTBRL		925		1						
35516	ART BYP GRFT SUBCLAV-AXILARY		751		1						
35518	ART BYP GRFT AXILLARY-AXILRY		912		1						
35521	ART BYP GRFT AXILL-FEMORAL		751		2						
35522	ART BYP GRFT AXILL-BRACHIAL		960		1						
35523	ART BYP GRFT BRCHL-ULNR-RDL		713.06		2						
35525	ART BYP GRFT BRACHIAL-BRCHL		916		1						
35526	ART BYP GRFT AOR/CAROT/INNOM		848		3						
35531	ART BYP GRFT AORCEL/AORMESEN		1587		2						
35533	ART BYP GRFT AXILL/FEM/FEM		928		1						
35535	ART BYP GRFT HEPATORENAL		1505.5		1						
35536	ART BYP GRFT SPLENORENAL		1022		1						
35537	ART BYP GRFT AORTOILIAC		1606		1						
35538	ART BYP GRFT AORTOBI-ILIAC		1795		1						
35539	ART BYP GRFT AORTOFEMORAL		1687		1						
35540	ART BYP GRFT AORTBIFEMORAL		1881		1						
35556	ART BYP GRFT FEM-POPLITEAL		1104		2						
35558	ART BYP GRFT FEM-FEMORAL		726		2						
35560	ART BYP GRFT AORTORENAL		1323		2						
35563	ART BYP GRFT ILIOILIAC		781		2						
35565	ART BYP GRFT ILIOFEMORAL		910		2						

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35566	ART BYP FEM-ANT-POST TIB/PRL		1197		2						
35570	ART BYP TIBIAL-TIB/PERONEAL		1162.2		1						
35571	ART BYP POP-TIBL-PRL-OTHER		1088		2						
35572	HARVEST FEMOROPOPLITEAL VEIN		287		2						
35583	VEIN BYP GRFT FEM-POPLITEAL		1139		2						
35585	VEIN BYP FEM-TIBIAL PERONEAL		1426		2						
35587	VEIN BYP POP-TIBL PERONEAL		1176		2						
35600	OPEN HRV UXTR ART 1 SGM CAB		208		2						
35601	ART BYP COMMON IPSI CAROTID		807		2						
35606	ART BYP CAROTID-SUBCLAVIAN		861		1						
35612	ART BYP SUBCLAV-SUBCLAVIAN		728		1						
35616	ART BYP SUBCLAV-AXILLARY		726		1						
35621	ART BYP AXILLARY-FEMORAL		896		2						
35623	ART BYP AXILLARY-POP-TIBIAL		651		2						
35626	ART BYP AORSUBCL/CAROT/INNOM		1040		3						
35631	ART BYP AOR-CELIAC-MSN-RENAL		1028		1						
35632	ART BYP ILIO-CELIAC		1429.06		1						
35633	ART BYP ILIO-MEENTERIC		1543.45		1						
35634	ART BYP ILIORENAL		1398.5		1						
35636	ART BYP SPENORENAL		902		1						
35637	ART BYP AORTOILIAC		825.77		1						
35638	ART BYP AORTOBI-ILIAC		825.77		1						
35642	ART BYP CAROTID-VERTEBRAL		826		1						
35645	ART BYP SUBCLAV-VERTEBRAL		826		1						
35646	ART BYP AORTOBIFEMORAL		1465		1						
35647	ART BYP AORTOFEMORAL		1243		1						
35650	ART BYP AXILLARY-AXILLARY		858		1						
35654	ART BYP AXILL-FEM-FEMORAL		1113		1						
35656	ART BYP FEMORAL-POPLITEAL		987		2						
35661	ART BYP FEMORAL-FEMORAL		868		1						
35663	ART BYP ILIOILIAC		858		2						
35665	ART BYP ILIOFEMORAL		949		2						
35666	ART BYP FEM-ANT-POST TIB/PRL		1020		2						
35671	ART BYP POP-TIBL-PRL-OTHER		911		2						
35681	COMPOSITE BYP GRFT PROS&VEIN		76		2						
35682	COMPOSITE BYP GRFT 2 VEINS		338		1						
35683	COMPOSITE BYP GRFT 3/> SEGMENT		380		1						
35685	BYPASS GRAFT PATENCY/PATCH		142		2						
35686	BYPASS GRAFT/AV FIST PATENCY		141		1						
35691	ART TRNSPOSI VERTBRL CAROTID		855		2						
35693	ART TRNSPOSI SUBCLAVIAN		621		2						
35694	ART TRNSPOSI SUBCLAV CAROTID		740		2						
35695	ART TRNSPOSI CAROTID SUBCLAV		739		2						
35697	REIMPLANT ARTERY EACH		127		2						
35700	REOPERATION BYPASS GRAFT		143		2						
35701	EXPL N/FLWD SURG NECK ART		417		2						
35702	EXPL N/FLWD SURG UXTR ART		319		1						
35703	EXPL N/FLWD SURG LXTR ART		325.16		1						
35800	EXPLORE NECK VESSELS		355		2						
35820	EXPLORE CHEST VESSELS		620		2						
35840	EXPLORE ABDOMINAL VESSELS		480		2						
35860	EXPLORE LIMB VESSELS		327		2						
35870	REPAIR VESSEL GRAFT DEFECT		865		1						
35875	REMOVAL OF CLOT IN GRAFT		473		2						
35876	REMOVAL OF CLOT IN GRAFT		764		2						

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35879	REVISE GRAFT W/VEIN		736		2						
35881	REVISE GRAFT W/VEIN		697		2						
35883	REVJ FEM ANAST NONAUTOG GRF		931		1						
35884	REVJ FEM ANAST AUTOG VN GRF		989		1						
35901	EXCISION GRAFT NECK		412		1						
35903	EXCISION GRAFT EXTREMITY		474		2						
35905	EXCISION GRAFT THORAX		732		1						
35907	EXCISION GRAFT ABDOMEN		1538		1						
36000	PLACE NEEDLE IN VEIN		21		1						
36002	PSEUDOANEURYSM INJECTION TRT		138		2						
36005	INJECTION EXT VENOGRAPHY		229		2						
36010	PLACE CATHETER IN VEIN		580		2						
36011	PLACE CATHETER IN VEIN		825		1						
36012	PLACE CATHETER IN VEIN		605		1						
36013	PLACE CATHETER IN ARTERY		637		2						
36014	PLACE CATHETER IN ARTERY		619		2						
36015	PLACE CATHETER IN ARTERY		727		1						
36100	ESTABLISH ACCESS TO ARTERY		412		2						
36140	INTRO NDL ICATH UPR/LXTR ART		397		1						
36160	ESTABLISH ACCESS TO AORTA		433		2						
36200	PLACE CATHETER IN AORTA		527		2						
36215	PLACE CATHETER IN ARTERY		852		1						
36216	PLACE CATHETER IN ARTERY		925		1						
36217	PLACE CATHETER IN ARTERY		1643		1						
36218	PLACE CATHETER IN ARTERY		165		1						
36221	PLACE CATH THORACIC AORTA		823.69		1						
36222	PLACE CATH CAROTID/INOM ART		1021.8		1						
36223	PLACE CATH CAROTID/INOM ART		1117.84		1						
36224	PLACE CATH CAROTD ART		1214.65		1						
36225	PLACE CATH SUBCLAVIAN ART		1109.82		1						
36226	PLACE CATH VERTEBRAL ART		1238.07		1						
36227	PLACE CATH XTRNL CAROTID		180.15		1						
36228	PLACE CATH INTRACRANIAL ART		850.09		1						
36245	INS CATH ABD/L-EXT ART 1ST		984		1						
36246	INS CATH ABD/L-EXT ART 2ND		948		1						
36247	INS CATH ABD/L-EXT ART 3RD		1490		1						
36248	INS CATH ABD/L-EXT ART ADDL		138		1						
36251	INS CATH REN ART 1ST UNILAT		909.65		1						
36252	INS CATH REN ART 1ST BILAT		999.81		1						
36253	INS CATH REN ART 2ND+ UNILAT		1390.94		1						
36254	INS CATH REN ART 2ND+ BILAT		1447.48		1						
36260	INSERTION OF INFUSION PUMP		523		1						
36400	BL DRAW < 3 YRS FEM/JUGULAR		19		1						
36405	BL DRAW <3 YRS SCALP VEIN		19		1						
36406	BL DRAW <3 YRS OTHER VEIN		13		1						
36410	NON-ROUTINE BL DRAW 3/> YRS		14		3						
36415	ROUTINE VENIPUNCTURE		2		1	SPECIMEN COLLECTION FEE LIMIT ONE PER DAY	Both	1 Units		1 Days	
36416	CAPILLARY BLOOD DRAW		2.5		1						
36420	VEIN ACCESS CUTDOWN < 1 YR		46		2						
36425	VEIN ACCESS CUTDOWN > 1 YR		34		1						
36430	BLOOD TRANSFUSION SERVICE		28		1						
36440	BL PUSH TRANSFUSE 2 YR/<		43		1						
36450	BL EXCHANGE/TRANSFUSE NB		102		1						
36455	BL EXCHANGE/TRANSFUSE NON-NB		102		1						
36456	PRTL EXCHANGE TRANSFUSE NB		78.56		1						

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36460	TRANSFUSION SERVICE FETAL		262		1						
36470	NJX SCLRSNT 1 INCMPTNT VEIN		63	Y	2						
36471	NJX SCLRSNT MLT INCMPTNT VN		132	Y	2						
36475	ENDOVENOUS RF 1ST VEIN		1549	Y	2						
36476	ENDOVENOUS RF VEIN ADD-ON		272.62	Y	1						
36478	ENDOVENOUS LASER 1ST VEIN		1429	Y	2						
36479	ENDOVENOUS LASER VEIN ADDON		275.12	Y	2						
36481	INSERTION OF CATHETER VEIN		373		1						
36500	INSERTION OF CATHETER VEIN		147		1						
36510	INSERTION OF CATHETER VEIN		137		1						
36511	APHERESIS WBC		57		1						
36512	APHERESIS RBC		57		1						
36513	APHERESIS PLATELETS		57		1						
36514	APHERESIS PLASMA		496		1						
36516	APHERESIS IMMUNOADS SLCTV		2225		1						
36522	PHOTOPHERESIS		165		1						
36555	INSERT NON-TUNNEL CV CATH		234		2						
36556	INSERT NON-TUNNEL CV CATH		226		2						
36557	INSERT TUNNELED CV CATH		717		2						
36558	INSERT TUNNELED CV CATH		706		2						
36560	INSERT TUNNELED CV CATH		974		2						
36561	INSERT TUNNELED CV CATH		964		2						
36563	INSERT TUNNELED CV CATH		1015		2						
36565	INSERT TUNNELED CV CATH		837		2						
36566	INSERT TUNNELED CV CATH		873		2						
36568	INSJ PICC <5 YR W/O IMAGING		257		2						
36569	INSJ PICC 5 YR+ W/O IMAGING		250		2						
36570	INSERT PICVAD CATH		1066.47		2						
36571	INSERT PICVAD CATH		1038		2						
36572	INSJ PICC RS&i <5 YR		309.28		1						
36573	INSJ PICC RS&i 5 YR+		290.72		1						
36575	REPAIR TUNNELED CV CATH		130		2						
36576	REPAIR TUNNELED CV CATH		282		2						
36578	REPLACE TUNNELED CV CATH		400		2						
36580	REPLACE CVAD CATH		225		2						
36581	REPLACE TUNNELED CV CATH		616		2						
36582	REPLACE TUNNELED CV CATH		839		2						
36583	REPLACE TUNNELED CV CATH		841		2						
36584	COMPL RPLCMT PICC RS&i		222		2						
36585	REPLACE PICVAD CATH		944		2						
36589	REMOVAL TUNNELED CV CATH		133		2						
36590	REMOVAL TUNNELED CV CATH		222		2						
36591	DRAW BLOOD OFF VENOUS DEVICE		11.1		1						
36592	COLLECT BLOOD FROM PICC		13.73		1						
36593	DECLOT VASCULAR DEVICE		17.58		2						
36595	MECH REMOV TUNNELED CV CATH		563		2						
36596	MECH REMOV TUNNELED CV CATH		120		2						
36597	REPOSITION VENOUS CATHETER		105		2						
36598	INJ W/FLUOR EVAL CV DEVICE		76.47		2						
36600	WITHDRAWAL OF ARTERIAL BLOOD		23		1						
36620	INSERTION CATHETER ARTERY		48		3						
36625	INSERTION CATHETER ARTERY		83		2						
36640	INSERTION CATHETER ARTERY		96		1						
36660	INSERTION CATHETER ARTERY		58		1						
36680	INSERT NEEDLE BONE CAVITY		58		1						

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36800	INSERTION OF CANNULA		126		1						
36810	INSERTION OF CANNULA		239		1						
36815	INSERTION OF CANNULA		163		1						
36818	AV FUSE UPPR ARM CEPHALIC		549		1						
36819	AV FUSE UPPR ARM BASILIC		633		1						
36820	AV FUSION/FOREARM VEIN		634		2						
36821	AV FUSION DIRECT ANY SITE		471		2						
36825	ARTERY-VEIN AUTOGRAFT		517		1						
36830	ARTERY-VEIN NONAUTOGRAFT		604		2						
36831	OPEN THROMBECT AV FISTULA		369		1						
36832	AV FISTULA REVISION OPEN		532		2						
36833	AV FISTULA REVISION		534		1						
36835	ARTERY TO VEIN SHUNT		379		1						
36838	DIST REVAS LIGATION HEMO		812.11		2						
36860	EXTERNAL CANNULA DECLOTTING		110		2						
36861	CANNULA DECLOTTING		121		2						
36901	INTRO CATH DIALYSIS CIRCUIT		396.19		1						
36902	INTRO CATH DIALYSIS CIRCUIT		839.96		1						
36903	INTRO CATH DIALYSIS CIRCUIT		4405.74		1						
36904	THRMBC/NFS DIALYSIS CIRCUIT		1225.52		2						
36905	THRMBC/NFS DIALYSIS CIRCUIT		1567.96		2						
36906	THRMBC/NFS DIALYSIS CIRCUIT		4649.76		2						
36907	BALO ANGIOP CTR DIALYSIS SEG		502.52		1						
36908	STENT PLMT CTR DIALYSIS SEG		1842.6		1						
36909	DIALYSIS CIRCUIT EMBOLJ		1345.2		1						
37140	REVISION OF CIRCULATION		1032		1						
37145	REVISION OF CIRCULATION		951		1						
37160	REVISION OF CIRCULATION		940		1						
37180	REVISION OF CIRCULATION		966		1						
37181	SPLICE SPLEEN/KIDNEY VEINS		1349		1						
37182	INSERT HEPATIC SHUNT (TIPS)		695		1						
37183	REVISION TIPS		331		1						
37184	PRIM ART M-THRMBC 1ST VSL		1770.17		2						
37185	PRIM ART M-THRMBC SBSQ VSL		578.75		2						
37186	SEC ART THROMBECTOMY ADD-ON		1191.82		2						
37187	VENOUS MECH THROMBECTOMY		1720.89		2						
37188	VEN MECHNL THRMBC REPEAT TX		1483.15		2						
37191	INS ENDOVAS VENA CAVA FILTR		1649.85		1						
37192	REDO ENDOVAS VENA CAVA FILTR		1112.79		1						
37193	REM ENDOVAS VENA CAVA FILTER		1062.59		1						
37195	THROMBOLYTIC THERAPY STROKE		192		1						
37197	REMOVE INTRVAS FOREIGN BODY		1127.53		1						
37200	TRANSCATHETER BIOPSY		154		2						
37211	THROMBOLYTIC ART THERAPY		296.85		1						
37212	THROMBOLYTIC VENOUS THERAPY		262.04		1						
37213	THROMBLYTIC ART/VEN THERAPY		183.16		1						
37214	CESSJ THERAPY CATH REMOVAL		107.29		1						
37215	TRANSCATH STENT CCA W/EPS		829		2						
37216	TRANSCATH STENT CCA W/O EPS		698.25		1						
37217	STENT PLACEMT RETRO CAROTID		635.72		1						
37218	STENT PLACEMT ANTE CAROTID		608.94		1						
37220	ILIAC REVASC		2350.46		1						
37221	ILIAC REVASC W/STENT		3475.92		1						
37222	ILIAC REVASC ADD-ON		677.16		1						
37223	ILIAC REVASC W/STENT ADD-ON		1914.2		1						

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Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
37224	FEM/POPL REVAS W/TLA		2824.65		1						
37225	FEM/POPL REVAS W/ATHER		7979.26		1						
37226	FEM/POPL REVASC W/STENT		6689.59		1						
37227	FEM/POPL REVASC STNT & ATHER		10788.23		1						
37228	TIB/PER REVASC W/TLA		4021.02		1						
37229	TIB/PER REVASC W/ATHER		7909.62		1						
37230	TIB/PER REVASC W/STENT		6216.52		1						
37231	TIB/PER REVASC STENT & ATHER		9976.75		1						
37232	TIB/PER REVASC ADD-ON		902.46		1						
37233	TIBPER REVASC W/ATHER ADD-ON		1011.76		1						
37234	REVSC OPN/PRQ TIB/PERO STENT		2877.44		1						
37235	TIB/PER REVASC STNT & ATHER		3073.39		1						
37236	OPEN/PERQ PLACE STENT 1ST		1540.54		1						
37237	OPEN/PERQ PLACE STENT EA ADD		669.16		1						
37238	OPEN/PERQ PLACE STENT SAME		2247.48		1						
37239	OPEN/PERQ PLACE STENT EA ADD		1116.78		1						
37241	VASC EMBOLIZE/OCCLUDE VENOUS		2493.83		1						
37242	VASC EMBOLIZE/OCCLUDE ARTERY		4194.2		1						
37243	VASC EMBOLIZE/OCCLUDE ORGAN		5293.8		1						
37244	VASC EMBOLIZE/OCCLUDE BLEED		3713.48		1						
37246	TRLUML BALO ANGIOP 1ST ART		1478.15		1						
37247	TRLUML BALO ANGIOP ADDL ART		599.08		1						
37248	TRLUML BALO ANGIOP 1ST VEIN		1025.66		1						
37249	TRLUML BALO ANGIOP ADDL VEIN		440.12		1						
37500	ENDOSCOPY LIGATE PERF VEINS		480.23		2						
37565	LIGATION OF NECK VEIN		253		2						
37600	LIGATION OF NECK ARTERY		286		1						
37605	LIGATION OF NECK ARTERY		294		2						
37606	LIGATION OF NECK ARTERY		390		2						
37607	LIGATION OF A-V FISTULA		298		1						
37609	TEMPORAL ARTERY PROCEDURE		216		2						
37615	LIGATION OF NECK ARTERY		324		2						
37616	LIGATION OF CHEST ARTERY		652		1						
37617	LIGATION OF ABDOMEN ARTERY		973		3						
37618	LIGATION OF EXTREMITY ARTERY		287		2						
37619	LIGATION OF INF VENA CAVA		1041.54		2						
37650	REVISION OF MAJOR VEIN		380		1						
37660	REVISION OF MAJOR VEIN		430		2						
37700	REVISE LEG VEIN		200		1						
37718	LIGATE/STRIP SHORT LEG VEIN		261.05		1						
37722	LIGATE/STRIP LONG LEG VEIN		308.34		1						
37735	REMOVAL OF LEG VEINS/LESION		459		1						
37760	LIGATE LEG VEINS RADICAL		442		1						
37761	LIGATE LEG VEINS OPEN		359.7		1						
37765	STAB PHLEB VEINS XTR 10-20		354 Y		2						
37766	PHLEB VEINS - EXTREM 20+		372.18 Y		2						
37780	REVISION OF LEG VEIN		163		1						
37785	LIGATE/DIVIDE/EXCISE VEIN		263		1						
37788	REVASCLARIZATION PENIS		900		1						
37790	PENILE VENOUS OCCLUSION		373		1						
37799	UNLISTED PX VASCULAR SURGERY		165 Y		1						
38100	REMOVAL OF SPLEEN TOTAL		675		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1 Units		999 Months	
38101	REMOVAL OF SPLEEN PARTIAL		689		1						
38102	REMOVAL OF SPLEEN TOTAL		202		1						
38115	REPAIR OF RUPTURED SPLEEN		557		1						

Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
38120	LAPAROSCOPY SPLENECTOMY		757		1						
38200	INJECTION FOR SPLEEN X-RAY		99		1						
38220	DX BONE MARROW ASPIRATIONS		131		2						
38221	DX BONE MARROW BIOPSIES		145		2						
38222	DX BONE MARROW BX & ASPIR		126.6		1						
38230	BONE MARROW HARVEST ALLOGEN		232		1						
38232	BONE MARROW HARVEST AUTOLOG		116.25		1						
38300	DRAINAGE LYMPH NODE LESION		178		2						
38305	DRAINAGE LYMPH NODE LESION		316		2						
38308	INCISION OF LYMPH CHANNELS		312		1						
38380	THORACIC DUCT PROCEDURE		370		1						
38381	THORACIC DUCT PROCEDURE		587		1						
38382	THORACIC DUCT PROCEDURE		433		1						
38500	BIOPSY/REMOVAL LYMPH NODES		320.1		2						
38505	NEEDLE BIOPSY LYMPH NODES		98		3						
38510	BIOPSY/REMOVAL LYMPH NODES		503.25		2						
38520	BIOPSY/REMOVAL LYMPH NODES		326		2						
38525	BIOPSY/REMOVAL LYMPH NODES		288		2						
38530	BIOPSY/REMOVAL LYMPH NODES		279		2						
38531	OPEN BX/EXC INGUINOFEEM NODES		330.23		1						
38542	EXPLORE DEEP NODE(S) NECK		348		2						
38550	REMOVAL NECK/ARMPIT LESION		331		1						
38555	REMOVAL NECK/ARMPIT LESION		756		1						
38562	REMOVAL PELVIC LYMPH NODES		557		1						
38570	LAPAROSCOPY LYMPH NODE BIOP		378		1						
38571	LAPAROSCOPY LYMPHADENECTOMY		492		1						
38572	LAPAROSCOPY LYMPHADENECTOMY		572		1						
38573	LAPS PELVIC LYMPHAEDEC		872.46		1						
38700	REMOVAL OF LYMPH NODES NECK		593		1						
38720	REMOVAL OF LYMPH NODES NECK		739		1						
38724	REMOVAL OF LYMPH NODES NECK		1406.36		2						
38740	REMOVE ARMPIT LYMPH NODES		462		2						
38745	REMOVE ARMPIT LYMPH NODES		593		2						
38746	REMOVE THORACIC LYMPH NODES		206		1						
38747	REMOVE ABDOMINAL LYMPH NODES		206		1						
38760	REMOVE GROIN LYMPH NODES		590		1						
38765	REMOVE GROIN LYMPH NODES		890		1						
38770	REMOVE PELVIS LYMPH NODES		601		1						
38780	REMOVE ABDOMEN LYMPH NODES		823		1						
38790	INJECT FOR LYMPHATIC X-RAY		262		1						
38792	RA TRACER ID OF SENTINL NODE		32		2						
38794	ACCESS THORACIC LYMPH DUCT		198		1						
38900	IO MAP OF SENT LYMPH NODE		100.4		1						
39000	EXPLORATION OF CHEST		354		1						
39010	EXPLORATION OF CHEST		615		1						
39200	RESECT MEDIASTINAL CYST		672		1						
39220	RESECT MEDIASTINAL TUMOR		1068		1						
39401	MEDIASTINOSCPY W/MEDSTNL BX		238.54		1						
39402	MEDIASTINOSCPY W/LMPH NOD BX		311.4		1						
39501	REPAIR DIAPHRAGM LACERATION		682		1						
39503	REPAIR OF DIAPHRAGM HERNIA		1482		1						
39540	REPAIR OF DIAPHRAGM HERNIA		612		1						
39541	REPAIR OF DIAPHRAGM HERNIA		660		1						
39545	REVISION OF DIAPHRAGM		722		1						
39560	RESECT DIAPHRAGM SIMPLE		562		1						

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39561	RESECT DIAPHRAGM COMPLEX		722		1						
40490	BIOPSY OF LIP		81		1						
40500	PARTIAL EXCISION OF LIP		318		1						
40510	PARTIAL EXCISION OF LIP		325		1						
40520	PARTIAL EXCISION OF LIP		349		1						
40525	RECONSTRUCT LIP WITH FLAP		463		1						
40527	RECONSTRUCT LIP WITH FLAP		588		1						
40530	PARTIAL REMOVAL OF LIP		379		1						
40650	REPAIR LIP		295		1						
40652	REPAIR LIP		342		1						
40654	REPAIR LIP		398		1						
40700	REPAIR CLEFT LIP/NASAL		645		1						
40701	REPAIR CLEFT LIP/NASAL		859		1						
40702	REPAIR CLEFT LIP/NASAL		638		1						
40720	REPAIR CLEFT LIP/NASAL		708		1						
40761	REPAIR CLEFT LIP/NASAL		650		1						
40800	DRAINAGE OF MOUTH LESION		115		1						
40801	DRAINAGE OF MOUTH LESION		188		1						
40804	REMOVAL FOREIGN BODY MOUTH		128		1						
40805	REMOVAL FOREIGN BODY MOUTH		205		1						
40806	INCISION OF LIP FOLD		92.03		1						
40808	BIOPSY OF MOUTH LESION		100		1						
40810	EXCISION OF MOUTH LESION		118		1						
40812	EXCISE/REPAIR MOUTH LESION		173		1						
40814	EXCISE/REPAIR MOUTH LESION		241		1						
40816	EXCISION OF MOUTH LESION		255		1						
40818	EXCISE ORAL MUCOSA FOR GRAFT		144		1						
40819	EXCISE LIP OR CHEEK FOLD		267.2		1						
40820	TREATMENT OF MOUTH LESION		144		1						
40830	REPAIR MOUTH LACERATION		154		1						
40831	REPAIR MOUTH LACERATION		202		1						
40840	RECONSTRUCTION OF MOUTH		373		1						
40842	RECONSTRUCTION OF MOUTH		371		1						
40843	RECONSTRUCTION OF MOUTH		514		1						
40844	RECONSTRUCTION OF MOUTH		669		1						
40845	RECONSTRUCTION OF MOUTH		860		1						
41000	DRAINAGE OF MOUTH LESION		66		1						
41005	DRAINAGE OF MOUTH LESION		62		1						
41006	DRAINAGE OF MOUTH LESION		231		1						
41007	DRAINAGE OF MOUTH LESION		152		1						
41008	DRAINAGE OF MOUTH LESION		137		1						
41009	DRAINAGE OF MOUTH LESION		248		1						
41010	INCISION OF TONGUE FOLD		123		1						
41015	DRAINAGE OF MOUTH LESION		271		1						
41016	DRAINAGE OF MOUTH LESION		193		1						
41017	DRAINAGE OF MOUTH LESION		282		1						
41018	DRAINAGE OF MOUTH LESION		229		1						
41019	PLACE NEEDLES H&N FOR RT		257.32		1						
41100	BIOPSY OF TONGUE		164.92		1						
41105	BIOPSY OF TONGUE		166.73		1						
41108	BIOPSY OF FLOOR OF MOUTH		88		1						
41110	EXCISION OF TONGUE LESION		126		1						
41112	EXCISION OF TONGUE LESION		206		1						
41113	EXCISION OF TONGUE LESION		228		1						
41114	EXCISION OF TONGUE LESION		369		1						

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Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
41115	EXCISION OF TONGUE FOLD		142		1						
41116	EXCISION OF MOUTH LESION		192		1						
41120	PARTIAL REMOVAL OF TONGUE		713		1						
41130	PARTIAL REMOVAL OF TONGUE		781		1						
41135	TONGUE AND NECK SURGERY		1012		1						
41140	REMOVAL OF TONGUE		1088		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1	Units	999	Months
41145	TONGUE REMOVAL NECK SURGERY		1304		1						
41150	TONGUE MOUTH JAW SURGERY		1026		1						
41153	TONGUE MOUTH NECK SURGERY		1280		1						
41155	TONGUE JAW & NECK SURGERY		1696		1						
41250	REPAIR TONGUE LACERATION		134		1						
41251	REPAIR TONGUE LACERATION		159		1						
41252	REPAIR TONGUE LACERATION		198		1						
41510	TONGUE TO LIP SURGERY		217		1						
41512	TONGUE SUSPENSION		1398.5		1						
41520	RECONSTRUCTION TONGUE FOLD		334.75		1						
41530	TONGUE BASE VOL REDUCTION		1930.43		1						
41800	DRAINAGE OF GUM LESION		106		1						
41805	REMOVAL FOREIGN BODY GUM		110		1						
41806	REMOVAL FOREIGN BODY JAWBONE		118		1						
41820	EXCISION GUM EACH QUADRANT		320		4						
41821	EXCISION OF GUM FLAP		29.99		1						
41822	EXCISION OF GUM LESION		160		1						
41823	EXCISION OF GUM LESION		167		1						
41825	EXCISION OF GUM LESION		123		1						
41826	EXCISION OF GUM LESION		146		1						
41827	EXCISION OF GUM LESION		222		1						
41828	EXCISION OF GUM LESION		163		4						
41830	REMOVAL OF GUM TISSUE		240		1						
41850	TREATMENT OF GUM LESION		192		1						
41870	GUM GRAFT		325		1						
41874	REPAIR TOOTH SOCKET		197		4						
42000	DRAINAGE MOUTH ROOF LESION		63		1						
42100	BIOPSY ROOF OF MOUTH		97		1						
42104	EXCISION LESION MOUTH ROOF		119		1						
42106	EXCISION LESION MOUTH ROOF		153		1						
42107	EXCISION LESION MOUTH ROOF		293		1						
42120	REMOVE PALATE/LESION		505		1						
42140	EXCISION OF UVULA		263.19		1						
42145	REPAIR PALATE PHARYNX/UVULA		665.76		1						
42160	TREATMENT MOUTH ROOF LESION		119		1						
42180	REPAIR PALATE		160		1						
42182	REPAIR PALATE		175		1						
42200	RECONSTRUCT CLEFT PALATE		658		1						
42205	RECONSTRUCT CLEFT PALATE		464		1						
42210	RECONSTRUCT CLEFT PALATE		786		1						
42215	RECONSTRUCT CLEFT PALATE		533		1						
42220	RECONSTRUCT CLEFT PALATE		407		1						
42225	RECONSTRUCT CLEFT PALATE		753		1						
42226	LENGTHENING OF PALATE		708		1						
42227	LENGTHENING OF PALATE		531		1						
42235	REPAIR PALATE		563		1						
42260	REPAIR NOSE TO LIP FISTULA		384		1						
42280	PREPARATION PALATE MOLD		102		1						
42281	INSERTION PALATE PROSTHESIS		131		1						

Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
42300	DRAINAGE OF SALIVARY GLAND		136		1						
42305	DRAINAGE OF SALIVARY GLAND		412.72		1						
42310	DRAINAGE OF SALIVARY GLAND		109		1						
42320	DRAINAGE OF SALIVARY GLAND		112		1						
42330	REMOVAL OF SALIVARY STONE		219.8		1						
42335	REMOVAL OF SALIVARY STONE		381.21		1						
42340	REMOVAL OF SALIVARY STONE		470.04		1						
42400	BIOPSY OF SALIVARY GLAND		68		1						
42405	BIOPSY OF SALIVARY GLAND		210		1						
42408	EXCISION OF SALIVARY CYST		301		1						
42409	DRAINAGE OF SALIVARY CYST		209		1						
42410	EXCISE PAROTID GLAND/LESION		603.56		1						
42415	EXCISE PAROTID GLAND/LESION		1023.51		1						
42420	EXCISE PAROTID GLAND/LESION		1150.76		1						
42425	EXCISE PAROTID GLAND/LESION		593		1						
42426	EXCISE PAROTID GLAND/LESION		1014		1						
42440	EXCISE SUBMAXILLARY GLAND		397.6		1						
42450	EXCISE SUBLINGUAL GLAND		303		1						
42500	REPAIR SALIVARY DUCT		219		1						
42505	REPAIR SALIVARY DUCT		367		1						
42507	PAROTID DUCT DIVERSION		362		1						
42509	PAROTID DUCT DIVERSION		496		1						
42510	PAROTID DUCT DIVERSION		464		1						
42550	INJECTION FOR SALIVARY X-RAY		138		1						
42600	CLOSURE OF SALIVARY FISTULA		308		1						
42650	DILATION OF SALIVARY DUCT		54		1						
42660	DILATION OF SALIVARY DUCT		48		1						
42665	LIGATION OF SALIVARY DUCT		190		1						
42700	DRAINAGE OF TONSIL ABSCESS		180.22		1						
42720	DRAINAGE OF THROAT ABSCESS		300		1						
42725	DRAINAGE OF THROAT ABSCESS		432		1						
42800	BIOPSY OF THROAT		148.58		1						
42804	BIOPSY OF UPPER NOSE/THROAT		185.26		1						
42806	BIOPSY OF UPPER NOSE/THROAT		89		1						
42808	EXCISE PHARYNX LESION		154		1						
42809	REMOVE PHARYNX FOREIGN BODY		119		1						
42810	EXCISION OF NECK CYST		254		1						
42815	EXCISION OF NECK CYST		400		1						
42820	REMOVE TONSILS AND ADENOIDS		278.17		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1 Units		999	Months
42821	REMOVE TONSILS AND ADENOIDS		290.09		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1 Units		999	Months
42825	REMOVAL OF TONSILS		252.18		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1 Units		999	Months
42826	REMOVAL OF TONSILS		241.67		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1 Units		999	Months
42830	REMOVAL OF ADENOIDS		199.08		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1 Units		999	Months
42831	REMOVAL OF ADENOIDS		215.31		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1 Units		999	Months
42835	REMOVAL OF ADENOIDS		184.21		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1 Units		999	Months
42836	REMOVAL OF ADENOIDS		231.23		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1 Units		999	Months
42842	EXTENSIVE SURGERY OF THROAT		568		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1 Units		999	Months
42844	EXTENSIVE SURGERY OF THROAT		635		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1 Units		999	Months
42845	EXTENSIVE SURGERY OF THROAT		1364		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1 Units		999	Months
42860	EXCISION OF TONSIL TAGS		143		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1 Units		999	Months
42870	EXCISION OF LINGUAL TONSIL		396		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1 Units		999	Months
42890	PARTIAL REMOVAL OF PHARYNX		785		1						
42892	REVISION OF PHARYNGEAL WALLS		736		1						
42894	REVISION OF PHARYNGEAL WALLS		1272		1						
42900	REPAIR THROAT WOUND		232		1						

Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
42950	RECONSTRUCTION OF THROAT		570		1						
42953	REPAIR THROAT ESOPHAGUS		523		1						
42955	SURGICAL OPENING OF THROAT		360		1						
42960	CONTROL THROAT BLEEDING		126		1						
42961	CONTROL THROAT BLEEDING		309		1						
42962	CONTROL THROAT BLEEDING		383		1						
42970	CONTROL NOSE/THROAT BLEEDING		195		1						
42971	CONTROL NOSE/THROAT BLEEDING		333		1						
42972	CONTROL NOSE/THROAT BLEEDING		380		1						
42975	DISE EVAL SLP DO BRTH FLX DX		85.18		1						
43020	INCISION OF ESOPHAGUS		411		1						
43030	THROAT MUSCLE SURGERY		441		1						
43045	INCISION OF ESOPHAGUS		855		1						
43100	EXCISION OF ESOPHAGUS LESION		518		1						
43101	EXCISION OF ESOPHAGUS LESION		699		1						
43107	REMOVAL OF ESOPHAGUS		1800		1						
43108	REMOVAL OF ESOPHAGUS		1557		1						
43112	ESPHG TOT W/THRCM		1341		1						
43113	REMOVAL OF ESOPHAGUS		1496		1						
43116	PARTIAL REMOVAL OF ESOPHAGUS		1486		1						
43117	PARTIAL REMOVAL OF ESOPHAGUS		1776		1						
43118	PARTIAL REMOVAL OF ESOPHAGUS		1483		1						
43121	PARTIAL REMOVAL OF ESOPHAGUS		1273		1						
43122	PARTIAL REMOVAL OF ESOPHAGUS		1783		1						
43123	PARTIAL REMOVAL OF ESOPHAGUS		1487		1						
43124	REMOVAL OF ESOPHAGUS		1239		1						
43130	REMOVAL OF ESOPHAGUS POUCH		579		1						
43135	REMOVAL OF ESOPHAGUS POUCH		750		1						
43180	ESOPHAGOSCOPY RIGID TRNSO		398.56		1						
43191	ESOPHAGOSCOPY RIGID TRNSO DX		72.48		1						
43192	ESOPHAGOSCP RIG TRNSO INJECT		86.49		1						
43193	ESOPHAGOSCP RIG TRNSO BIOPSY		103.13		1						
43194	ESOPHAGOSCP RIG TRNSO REM FB		93.92		1						
43195	ESOPHAGOSCOPY RIGID BALLOON		103.32		1						
43196	ESOPHAGOSCP GUIDE WIRE DILAT		112.8		1						
43197	ESOPHAGOSCOPY FLEX DX BRUSH		102.55		1						
43198	ESOPHAGOSC FLEX TRNSN BIOPSY		114.67		1						
43200	ESOPHAGOSCOPY FLEXIBLE BRUSH		159		1						
43201	ESOPH SCOPE W/SUBMUCOUS INJ		187		1						
43202	ESOPHAGOSCOPY FLEX BIOPSY		205		1						
43204	ESOPH SCOPE W/SCLEROSIS INJ		180		1						
43205	ESOPHAGUS ENDOSCOPY/LIGATION		161		1						
43210	EGD ESOPHAGOGASTRIC FNDOPSTY		333.01		1						
43211	ESOPHAGOSCP MUCOSAL RESECT		140.08		1						
43212	ESOPHAGOSCP STENT PLACEMENT		109.9		1						
43213	ESOPHAGOSCOPY RETRO BALLOON		676.11		1						
43214	ESOPHAGOSC DILATE BALLOON 30		112.53		1						
43215	ESOPHAGOSCOPY FLEX REMOVE FB		130		1						
43216	ESOPHAGOSCOPY LESION REMOVAL		136		1						
43217	ESOPHAGOSCOPY SNARE LES REMV		275		1						
43220	ESOPHAGOSCOPY BALLOON <30MM		104		1						
43226	ESOPH ENDOSCOPY DILATION		115		1						
43227	ESOPHAGOSCOPY CONTROL BLEED		172		1						
43229	ESOPHAGOSCOPY LESION ABLATE		399.16		1						
43231	ESOPHAGOSCP ULTRASOUND EXAM		153		1						

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Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
43232	ESOPHAGOSCOPY W/US NEEDLE BX		181		1						
43233	EGD BALLOON DIL ESOPH30 MM/>		133.61		1						
43235	EGD DIAGNOSTIC BRUSH WASH		211		1						
43236	UPPR GI SCOPE W/SUBMUC INJ		260		1						
43237	ENDOSCOPIC US EXAM ESOPH		172		1						
43238	EGD US FINE NEEDLE BX/ASPIR		213		1						
43239	EGD BIOPSY SINGLE/MULTIPLE		241		1						
43240	EGD W/TRANSMURAL DRAIN CYST		275		1						
43241	EGD TUBE/CATH INSERTION		126		1						
43242	EGD US FINE NEEDLE BX/ASPIR		304		1						
43243	EGD INJECTION VARICES		217		1						
43244	EGD VARICES LIGATION		212		1						
43245	EGD DILATE STRICTURE		153		1						
43246	EGD PLACE GASTROSTOMY TUBE		206		1						
43247	EGD REMOVE FOREIGN BODY		162		1						
43248	EGD GUIDE WIRE INSERTION		152		1						
43249	ESOPH EGD DILATION <30 MM		140		1						
43250	EGD CAUTERY TUMOR POLYP		154		1						
43251	EGD REMOVE LESION SNARE		177		1						
43252	EGD OPTICAL ENDOMICROSCOPY		237.71		1						
43253	EGD US TRANSMURAL INJXN/MARK		154.99		1						
43254	EGD ENDO MUCOSAL RESECTION		160.8		1						
43255	EGD CONTROL BLEEDING ANY		203		1						
43257	EGD W/THRML TXMNT GERD		203.16		1						
43259	EGD US EXAM DUODENUM/JEJUNUM		217		1						
43260	ERCP W/SPECIMEN COLLECTION		281		1						
43261	ENDO CHOLANGIOPANCREATOGRAPH		262		1						
43262	ENDO CHOLANGIOPANCREATOGRAPH		347		1						
43263	ERCP SPHINCTER PRESSURE MEAS		305		1						
43264	ERCP REMOVE DUCT CALCULI		379		1						
43265	ERCP LITHOTRIPSY CALCULI		361		1						
43266	EGD ENDOSCOPIC STENT PLACE		133		1						
43270	EGD LESION ABLATION		398.96		1						
43273	ENDOSCOPIC PANCREATOSCOPY		93.5		1						
43274	ERCP DUCT STENT PLACEMENT		275.83		1						
43275	ERCP REMOVE FORGN BODY DUCT		227.37		1						
43276	ERCP STENT EXCHANGE W/DILATE		287.04		1						
43277	ERCP EA DUCT/AMPULLA DILATE		228.8		1						
43278	ERCP LESION ABLATE W/DILATE		260.16		1						
43279	LAP MYOTOMY HELLER		870.89		1						
43280	LAPAROSCOPY FUNDOPLASTY		762		1						
43281	LAP PARAESOPHAG HERN REPAIR		969.61		1						
43282	LAP PARAESOPH HER RPR W/MESH		1090.86		1						
43283	LAP ESOPH LENGTHENING		120.37		1						
43284	LAPS ESOPHGL SPHNCTR AGMNTJ		464.05 Y		1						
43285	RMVL ESOPHGL SPHNCTR DEV		469.68 Y		1						
43286	ESPHG TOT W/LAPS MOBLJ		2351.9		1						
43287	ESPHG DSTL 2/3 W/LAPS MOBLJ		2687.89		1						
43288	ESPHG THRSC MOBLJ		2805.63		1						
43300	REPAIR OF ESOPHAGUS		579		1						
43305	REPAIR ESOPHAGUS AND FISTULA		840		1						
43310	REPAIR OF ESOPHAGUS		1109		1						
43312	REPAIR ESOPHAGUS AND FISTULA		1260		1						
43313	ESOPHAGOPLASTY CONGENITAL		1718		1						
43314	TRACHEO-ESOPHAGOPLASTY CONG		1890		1						

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Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
43320	FUSE ESOPHAGUS & STOMACH		704		1						
43325	REVISE ESOPHAGUS & STOMACH		895		1						
43327	ESOPH FUNDOPLASTY LAP		605.05		1						
43328	ESOPH FUNDOPLASTY THOR		879.62		1						
43330	ESOPHAGOMYOTOMY ABDOMINAL		671		1						
43331	ESOPHAGOMYOTOMY THORACIC		928		1						
43332	TRANSAB ESOPH HIAT HERN RPR		866.26		1						
43333	TRANSAB ESOPH HIAT HERN RPR		940.81		1						
43334	TRANSTHOR DIAPHRAG HERN RPR		950.51		1						
43335	TRANSTHOR DIAPHRAG HERN RPR		1024.33		1						
43336	THORABD DIAPHR HERN REPAIR		1182.02		1						
43337	THORABD DIAPHR HERN REPAIR		1220.73		1						
43338	ESOPH LENGTHENING		99.44		1						
43340	FUSE ESOPHAGUS & INTESTINE		705		1						
43341	FUSE ESOPHAGUS & INTESTINE		732		1						
43351	SURGICAL OPENING ESOPHAGUS		640		1						
43352	SURGICAL OPENING ESOPHAGUS		576		1						
43360	GASTROINTESTINAL REPAIR		1300		1						
43361	GASTROINTESTINAL REPAIR		1407		1						
43400	LIGATE ESOPHAGUS VEINS		687		1						
43405	LIGATE/STAPLE ESOPHAGUS		720		1						
43410	REPAIR ESOPHAGUS WOUND		560		1						
43415	REPAIR ESOPHAGUS WOUND		749		1						
43420	REPAIR ESOPHAGUS OPENING		660		1						
43425	REPAIR ESOPHAGUS OPENING		764		1						
43450	DILATE ESOPHAGUS 1/MULT PASS		113		1						
43453	DILATE ESOPHAGUS		206		1						
43460	PRESSURE TREATMENT ESOPHAGUS		138		1						
43496	FREE JEJUNUM FLAP MICROVASC		3051		1						
43497	TRANSORL LWR ESOPHGL MYOTOMY		600.24		1						
43500	SURGICAL OPENING OF STOMACH		496		1						
43501	SURGICAL REPAIR OF STOMACH		882		1						
43502	SURGICAL REPAIR OF STOMACH		682		1						
43510	SURGICAL OPENING OF STOMACH		468		1						
43520	INCISION OF PYLORIC MUSCLE		469		1						
43605	BIOPSY OF STOMACH		468		1						
43610	EXCISION OF STOMACH LESION		645		1						
43611	EXCISION OF STOMACH LESION		790		1						
43620	REMOVAL OF STOMACH		1305		1						
43621	REMOVAL OF STOMACH		935		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1 Units		999	Months
43622	REMOVAL OF STOMACH		980		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1 Units		999	Months
43631	REMOVAL OF STOMACH PARTIAL		989		1						
43632	REMOVAL OF STOMACH PARTIAL		989		1						
43633	REMOVAL OF STOMACH PARTIAL		1011		1						
43634	REMOVAL OF STOMACH PARTIAL		1042		1						
43635	REMOVAL OF STOMACH PARTIAL		98		1						
43640	VAGOTOMY & PYLORUS REPAIR		754		1						
43641	VAGOTOMY & PYLORUS REPAIR		764		1						
43644	LAP GASTRIC BYPASS/ROUX-EN-Y		1207	Y	1						
43645	LAP GASTR BYPASS INCL SMLL I		1138.17	Y	1						
43648	LAP REVISE/REMV ELTRD ANTRUM		539		1						
43651	LAPAROSCOPY VAGUS NERVE		391		1						
43652	LAPAROSCOPY VAGUS NERVE		468		1						
43653	LAPAROSCOPY GASTROSTOMY		366		1						
43659	UNLISTED LAPS PX STOMACH		592.63	Y	1						

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Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
43752	NASAL/OROGASTRIC W/TUBE PLMT		36		1						
43753	TX GASTRO INTUB W/ASP		15.9		1						
43754	DX GASTR INTUB W/ASP SPEC		58.92		1						
43755	DX GASTR INTUB W/ASP SPECS		90.17		1						
43756	DX DUOD INTUB W/ASP SPEC		162.84		1						
43757	DX DUOD INTUB W/ASP SPECS		209.85		1						
43761	REPOSITION GASTROSTOMY TUBE		95		1						
43762	RPLC GTUBE NO REVJ TRC		90		1						
43763	RPLC GTUBE REVJ GSTRST TRC		242.6		1						
43770	LAP PLACE GASTR ADJ DEVICE		630 Y		1						
43771	LAP REVISE GASTR ADJ DEVICE		727 Y		1						
43772	LAP RMVL GASTR ADJ DEVICE		554 Y		1						
43773	LAP REPLACE GASTR ADJ DEVICE		727 Y		1						
43774	LAP RMVL GASTR ADJ ALL PARTS		556 Y		1						
43775	LAP SLEEVE GASTRECTOMY		812.54 Y		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1 Units		999 Months	
43800	RECONSTRUCTION OF PYLORUS		608		1						
43810	FUSION OF STOMACH AND BOWEL		460		1						
43820	FUSION OF STOMACH AND BOWEL		677		1						
43825	FUSION OF STOMACH AND BOWEL		848		1						
43830	PLACE GASTROSTOMY TUBE		442		1						
43831	PLACE GASTROSTOMY TUBE		377		1						
43832	PLACE GASTROSTOMY TUBE		694		1						
43840	REPAIR OF STOMACH LESION		693		1						
43842	V-BAND GASTROPLASTY		728 Y		1						
43843	GASTROPLASTY W/O V-BAND		728 Y		1						
43845	GASTROPLASTY DUODENAL SWITCH		1093.55 Y		1						
43846	GASTRIC BYPASS FOR OBESITY		1060 Y		1						
43847	GASTRIC BYPASS INCL SMALL I		1017 Y		1						
43848	REVISION GASTROPLASTY		1017 Y		1						
43860	REVISE STOMACH-BOWEL FUSION		1090		1						
43865	REVISE STOMACH-BOWEL FUSION		845		1						
43870	REPAIR STOMACH OPENING		439		1						
43880	REPAIR STOMACH-BOWEL FISTULA		1076		1						
43886	REVISE GASTRIC PORT OPEN		173 Y		1						
43887	REMOVE GASTRIC PORT OPEN		169 Y		1						
43888	CHANGE GASTRIC PORT OPEN		241 Y		1						
44005	FREEING OF BOWEL ADHESION		713		1						
44010	INCISION OF SMALL BOWEL		557		1						
44015	INSERT NEEDLE CATH BOWEL		124		1						
44020	EXPLORE SMALL INTESTINE		619		1						
44021	DECOMPRESS SMALL BOWEL		622		1						
44025	INCISION OF LARGE BOWEL		630		1						
44050	REDUCE BOWEL OBSTRUCTION		621		1						
44055	CORRECT MALROTATION OF BOWEL		957		1						
44100	BIOPSY OF BOWEL		83		1						
44110	EXCISE INTESTINE LESION(S)		528		1						
44111	EXCISION OF BOWEL LESION(S)		558		1						
44120	REMOVAL OF SMALL INTESTINE		755		1						
44121	REMOVAL OF SMALL INTESTINE		187		1						
44125	REMOVAL OF SMALL INTESTINE		794		1						
44126	ENTERECTOMY W/O TAPER CONG		1285		1						
44127	ENTERECTOMY W/TAPER CONG		1478		1						
44128	ENTERECTOMY CONG ADD-ON		159		1						
44130	BOWEL TO BOWEL FUSION		656		1						
44139	MOBILIZATION OF COLON		94		1						

Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
44140	PARTIAL REMOVAL OF COLON		946		1						
44141	PARTIAL REMOVAL OF COLON		909		1						
44143	PARTIAL REMOVAL OF COLON		1041		1						
44144	PARTIAL REMOVAL OF COLON		1008		1						
44145	PARTIAL REMOVAL OF COLON		1155		1						
44146	PARTIAL REMOVAL OF COLON		1245		1						
44147	PARTIAL REMOVAL OF COLON		1012		1						
44150	REMOVAL OF COLON		1106		1						
44151	REMOVAL OF COLON/ILEOSTOMY		1042		1						
44155	REMOVAL OF COLON/ILEOSTOMY		1263		1						
44156	REMOVAL OF COLON/ILEOSTOMY		948		1						
44157	COLECTOMY W/LEOANAL ANAST		1458		1						
44158	COLECTOMY W/NEO-RECTUM POUCH		1496		1						
44160	REMOVAL OF COLON		863		1						
44180	LAP ENTEROLYSIS		534.3		1						
44186	LAP JEJUNOSTOMY		374.44		1						
44187	LAP ILEO/JEJUNO-STOMY		618.15		1						
44188	LAP COLOSTOMY		678.45		1						
44202	LAP ENTERECTOMY		963		1						
44203	LAP RESECT S/INTESTINE ADDL		187		1						
44204	LAPARO PARTIAL COLECTOMY		1088		1						
44205	LAP COLECTOMY PART W/ILEUM		788		1						
44206	LAP PART COLECTOMY W/STOMA		1188		1						
44207	L COLECTOMY/COLOPROCTOSTOMY		1066.43		1						
44208	L COLECTOMY/COLOPROCTOSTOMY		1152.23		1						
44210	LAPARO TOTAL PROCTOCOLECTOMY		1234		1						
44211	LAP COLECTOMY W/PROCTECTOMY		1266.32		1						
44212	LAPARO TOTAL PROCTOCOLECTOMY		1182.64		1						
44213	LAP MOBIL SPLENIC FL ADD-ON		123.15		1						
44227	LAP CLOSE ENTEROSTOMY		963.42		1						
44238	UNLISTED LAPS PX INTESTINE		645 Y		1						
44300	OPEN BOWEL TO SKIN		545		1						
44310	ILEOSTOMY/JEJUNOSTOMY		701		1						
44312	REVISION OF ILEOSTOMY		368		1						
44314	REVISION OF ILEOSTOMY		666		1						
44316	DEVISE BOWEL POUCH		667		1						
44320	COLOSTOMY		784		1						
44322	COLOSTOMY WITH BIOPSIES		698		1						
44340	REVISION OF COLOSTOMY		367		1						
44345	REVISION OF COLOSTOMY		690		1						
44346	REVISION OF COLOSTOMY		754		1						
44360	SMALL BOWEL ENDOSCOPY		125		1						
44361	SMALL BOWEL ENDOSCOPY/BIOPSY		138		1						
44363	SMALL BOWEL ENDOSCOPY		199		1						
44364	SMALL BOWEL ENDOSCOPY		237		1						
44365	SMALL BOWEL ENDOSCOPY		159		1						
44366	SMALL BOWEL ENDOSCOPY		217		1						
44369	SMALL BOWEL ENDOSCOPY		213		1						
44370	SMALL BOWEL ENDOSCOPY/STENT		156		1						
44372	SMALL BOWEL ENDOSCOPY		210		1						
44373	SMALL BOWEL ENDOSCOPY		168		1						
44376	SMALL BOWEL ENDOSCOPY		222		1						
44377	SMALL BOWEL ENDOSCOPY/BIOPSY		233		1						
44378	SMALL BOWEL ENDOSCOPY		298		1						
44379	S BOWEL ENDOSCOPE W/STENT		254		1						

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44380	SMALL BOWEL ENDOSCOPY BR/WA		54		1						
44381	SMALL BOWEL ENDOSCOPY BR/WA		125.38		1						
44382	SMALL BOWEL ENDOSCOPY		65		1						
44385	ENDOSCOPY OF BOWEL POUCH		149		1						
44386	ENDOSCOPY BOWEL POUCH/BIOP		129		1						
44388	COLONOSCOPY THRU STOMA SPX		224		1						
44389	COLONOSCOPY WITH BIOPSY		273		1						
44390	COLONOSCOPY FOR FOREIGN BODY		206		1						
44391	COLONOSCOPY FOR BLEEDING		239		1						
44392	COLONOSCOPY & POLYPECTOMY		281		1						
44394	COLONOSCOPY W/SNARE		346		1						
44401	COLONOSCOPY WITH ABLATION		369.68		1						
44402	COLONOSCOPY W/STENT PLCMT		207.49		1						
44403	COLONOSCOPY W/RESECTION		260.86		1						
44404	COLONOSCOPY W/INJECTION		344.24		1						
44405	COLONOSCOPY W/DILATION		490.69		1						
44406	COLONOSCOPY W/ULTRASOUND		260.86		1						
44407	COLONOSCOPY W/NDL ASPIR/BX		285.86		1						
44408	COLONOSCOPY W/DECOMPRESSION		260.86		1						
44500	INTRO GASTROINTESTINAL TUBE		20		1						
44602	SUTURE SMALL INTESTINE		698		1						
44603	SUTURE SMALL INTESTINE		808		1						
44604	SUTURE LARGE INTESTINE		700		1						
44605	REPAIR OF BOWEL LESION		617		1						
44615	INTESTINAL STRICTUROPLASTY		702		1						
44620	REPAIR BOWEL OPENING		542		1						
44625	REPAIR BOWEL OPENING		661		1						
44626	REPAIR BOWEL OPENING		1096		1						
44640	REPAIR BOWEL-SKIN FISTULA		940		1						
44650	REPAIR BOWEL FISTULA		588		1						
44660	REPAIR BOWEL-BLADDER FISTULA		912		1						
44661	REPAIR BOWEL-BLADDER FISTULA		720		1						
44680	SURGICAL REVISION INTESTINE		588		1						
44700	SUSPEND BOWEL W/PROSTHESIS		605		1						
44701	INTRAOP COLON LAVAGE ADD-ON		130		1						
44800	EXCISION OF BOWEL POUCH		512		1						
44820	EXCISION OF MESENTERY LESION		412		1						
44850	REPAIR OF MESENTERY		385		1						
44900	DRAIN APPENDIX ABSCESS OPEN		458		1						
44950	APPENDECTOMY		445		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1 Units		999	Months
44955	APPENDECTOMY ADD-ON		73		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1 Units		999	Months
44960	APPENDECTOMY		549		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1 Units		999	Months
44970	LAPAROSCOPY APPENDECTOMY		395		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1 Units		999	Months
45000	DRAINAGE OF PELVIC ABSCESS		179		1						
45005	DRAINAGE OF RECTAL ABSCESS		171		1						
45020	DRAINAGE OF RECTAL ABSCESS		240		1						
45100	BIOPSY OF RECTUM		182		1						
45108	REMOVAL OF ANORECTAL LESION		226		1						
45110	REMOVAL OF RECTUM		980		1						
45111	PARTIAL REMOVAL OF RECTUM		690		1						
45112	REMOVAL OF RECTUM		1038		1						
45113	PARTIAL PROCTECTOMY		1076		1						
45114	PARTIAL REMOVAL OF RECTUM		1212		1						
45116	PARTIAL REMOVAL OF RECTUM		1043		1						
45119	REMOVE RECTUM W/RESERVOIR		1333		1						

Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
45120	REMOVAL OF RECTUM		995		1						
45121	REMOVAL OF RECTUM AND COLON		1211		1						
45123	PARTIAL PROCTECTOMY		683		1						
45126	PELVIC EXENTERATION		1346		1						
45130	EXCISION OF RECTAL PROLAPSE		714		1						
45135	EXCISION OF RECTAL PROLAPSE		764		1						
45136	EXCISE ILEOANAL RESERVIOR		1000		1						
45150	EXCISION OF RECTAL STRICTURE		295		1						
45160	EXCISION OF RECTAL LESION		558		1						
45171	EXC RECT TUM TRANSANAL PART		363.6		1						
45172	EXC RECT TUM TRANSANAL FULL		501.14		1						
45190	DESTRUCTION RECTAL TUMOR		339		1						
45300	PROCTOSIGMOIDOSCOPY DX		52		1						
45303	PROCTOSIGMOIDOSCOPY DILATE		500		1						
45305	PROCTOSIGMOIDOSCOPY W/BX		102		1						
45307	PROCTOSIGMOIDOSCOPY FB		92		1						
45308	PROCTOSIGMOIDOSCOPY REMOVAL		74		1						
45309	PROCTOSIGMOIDOSCOPY REMOVAL		139		1						
45315	PROCTOSIGMOIDOSCOPY REMOVAL		114		1						
45317	PROCTOSIGMOIDOSCOPY BLEED		126		1						
45320	PROCTOSIGMOIDOSCOPY ABLATE		133		1						
45321	PROCTOSIGMOIDOSCOPY VOLVUL		108		1						
45327	PROCTOSIGMOIDOSCOPY W/STENT		60		1						
45330	DIAGNOSTIC SIGMOIDOSCOPY		90		1						
45331	SIGMOIDOSCOPY AND BIOPSY		117		1						
45332	SIGMOIDOSCOPY W/FB REMOVAL		111		1						
45333	SIGMOIDOSCOPY & POLYPECTOMY		184		1						
45334	SIGMOIDOSCOPY FOR BLEEDING		132		1						
45335	SIGMOIDOSCOPY W/SUBMUC INJ		130		1						
45337	SIGMOIDOSCOPY & DECOMPRESS		115		1						
45338	SIGMOIDOSCOPY W/TUMR REMOVE		211		1						
45340	SIG W/TNDSC BALLOON DILATION		221		1						
45341	SIGMOIDOSCOPY W/ULTRASOUND		125		1						
45342	SIGMOIDOSCOPY W/US GUIDE BX		156		1						
45346	SIGMOIDOSCOPY W/ABLATION		251.08		1						
45347	SIGMOIDOSCOPY W/PLCMT STENT		131.67		1						
45349	SIGMOIDOSCOPY W/RESECTION		224.26		1						
45350	SGMDSC W/BAND LIGATION		224.26		1						
45378	DIAGNOSTIC COLONOSCOPY		278		1						
45379	COLONOSCOPY W/FB REMOVAL		350		1						
45380	COLONOSCOPY AND BIOPSY		329		1						
45381	COLONOSCOPY SUBMUCOUS NIX		319		1						
45382	COLONOSCOPY W/CONTROL BLEED		441		1						
45384	COLONOSCOPY W/LESION REMOVAL		328		1						
45385	COLONOSCOPY W/LESION REMOVAL		378		1						
45386	COLONOSCOPY W/BALLOON DILAT		470		1						
45388	COLONOSCOPY W/ABLATION		414.77		1						
45389	COLONOSCOPY W/STENT PLCMT		261.27		1						
45390	COLONOSCOPY W/RESECTION		224.26		1						
45391	COLONOSCOPY W/ENDOSCOPE US		188.24		1						
45392	COLONOSCOPY W/ENDOSCOPIC FNB		238.32		1						
45393	COLONOSCOPY W/DECOMPRESSION		224.26		1						
45395	LAP REMOVAL OF RECTUM		1135.04		1						
45397	LAP REMOVE RECTUM W/POUCH		1237.08		1						
45398	COLONOSCOPY W/BAND LIGATION		224.26		1						

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Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
45399	UNLISTED PROCEDURE COLON		224.26		1						
45400	LAPAROSCOPIC PROC		664		1						
45402	LAP PROCTOPEXY W/SIG RESECT		902.08		1						
45500	REPAIR OF RECTUM		316		1						
45505	REPAIR OF RECTUM		323		1						
45520	TREATMENT OF RECTAL PROLAPSE		30		1						
45540	CORRECT RECTAL PROLAPSE		711		1						
45541	CORRECT RECTAL PROLAPSE		617		1						
45550	REPAIR RECTUM/REMOVE SIGMOID		995		1						
45560	REPAIR OF RECTOCELE		477		1						
45562	EXPLORATION/REPAIR OF RECTUM		689		1						
45563	EXPLORATION/REPAIR OF RECTUM		792		1						
45800	REPAIR RECT/BLADDER FISTULA		588		1						
45805	REPAIR FISTULA W/COLOSTOMY		780		1						
45820	REPAIR RECTOURETHRAL FISTULA		588		1						
45825	REPAIR FISTULA W/COLOSTOMY		780		1						
45900	REDUCTION OF RECTAL PROLAPSE		66		1						
45905	DILATION OF ANAL SPHINCTER		113		1						
45910	DILATION OF RECTAL NARROWING		135		1						
45915	REMOVE RECTAL OBSTRUCTION		214		1						
45990	SURG DX EXAM ANORECTAL		65.74		1						
46020	PLACEMENT OF SETON		144		1						
46030	REMOVAL OF RECTAL MARKER		75		1						
46040	INCISION OF RECTAL ABSCESS		307		1						
46045	INCISION OF RECTAL ABSCESS		218		1						
46050	INCISION OF ANAL ABSCESS		105		1						
46060	INCISION OF RECTAL ABSCESS		305		1						
46070	INCISION OF ANAL SEPTUM		120		1						
46080	INCISION OF ANAL SPHINCTER		162		1						
46083	INCISE EXTERNAL HEMORRHOID		111		1						
46200	REMOVAL OF ANAL FISSURE		223		1						
46220	EXCISE ANAL EXT TAG/PAPILLA		111		1						
46221	LIGATION OF HEMORRHOID(S)		136		1						
46230	REMOVAL OF ANAL TAGS		164		1						
46250	REMOVE EXT HEM GROUPS 2+		266		1						
46255	REMOVE INT/EXT HEM 1 GROUP		342		1						
46257	REMOVE IN/EX HEM GRP & FISS		284		1						
46258	REMOVE IN/EX HEM GRP W/FISTU		292		1						
46260	REMOVE IN/EX HEM GROUPS 2+		329		1						
46261	REMOVE IN/EX HEM GRPS & FISS		367		1						
46262	REMOVE IN/EX HEM GRPS W/FIST		386		1						
46270	REMOVE ANAL FIST SUBQ		253		1						
46275	REMOVE ANAL FIST INTER		270		1						
46280	REMOVE ANAL FIST COMPLEX		315		1						
46285	REMOVE ANAL FIST 2 STAGE		231		1						
46288	REPAIR ANAL FISTULA		329		1						
46320	REMOVAL OF HEMORRHOID CLOT		108		1						
46500	INJECTION INTO HEMORRHOID(S)		107		1						
46505	CHEMODENERVATION ANAL MUSC		140.43		1						
46600	DIAGNOSTIC ANOSCOPY SPX		57		1						
46601	DIAGNOSTIC ANOSCOPY		65.19		1						
46604	ANOSCOPY AND DILATION		280		1						
46606	ANOSCOPY AND BIOPSY		125		1						
46607	DIAGNOSTIC ANOSCOPY & BIOPSY		165.84		1						
46608	ANOSCOPY REMOVE FOR BODY		164		1						

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Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
46610	ANOSCOPY REMOVE LESION		148		1						
46611	ANOSCOPY		146		1						
46612	ANOSCOPY REMOVE LESIONS		212		1						
46614	ANOSCOPY CONTROL BLEEDING		118		1						
46615	ANOSCOPY		110		1						
46700	REPAIR OF ANAL STRICTURE		407		1						
46705	REPAIR OF ANAL STRICTURE		340		1						
46706	REPR OF ANAL FISTULA W/GLUE		91.5		1						
46707	REPAIR ANORECTAL FIST W/PLUG		280.07		1						
46710	REPR PER/VAG POUCH SNGL PROC		597.93		1						
46712	REPR PER/VAG POUCH DBL PROC		1253.78		1						
46715	REP PERF ANOPER FISTU		382		1						
46716	REP PERF ANOPER/VESTIB FISTU		614		1						
46730	CONSTRUCTION OF ABSENT ANUS		845		1						
46735	CONSTRUCTION OF ABSENT ANUS		1002		1						
46740	CONSTRUCTION OF ABSENT ANUS		887		1						
46742	REPAIR OF IMPERFORATED ANUS		1217		1						
46744	REPAIR OF CLOACAL ANOMALY		1315		1						
46746	REPAIR OF CLOACAL ANOMALY		1484		1						
46748	REPAIR OF CLOACAL ANOMALY		1600		1						
46750	REPAIR OF ANAL SPHINCTER		466		1						
46751	REPAIR OF ANAL SPHINCTER		352		1						
46753	RECONSTRUCTION OF ANUS		357		1						
46754	REMOVAL OF SUTURE FROM ANUS		113		1						
46760	REPAIR OF ANAL SPHINCTER		461		1						
46761	REPAIR OF ANAL SPHINCTER		539		1						
46900	DESTRUCTION ANAL LESION(S)		129		1						
46910	DESTRUCTION ANAL LESION(S)		136		1						
46916	CRYOSURGERY ANAL LESION(S)		93		1						
46917	LASER SURGERY ANAL LESIONS		298		1						
46922	EXCISION OF ANAL LESION(S)		146		1						
46924	DESTRUCTION ANAL LESION(S)		315		1						
46930	DESTROY INTERNAL HEMORRHOIDS		134.42		1						
46940	TREATMENT OF ANAL FISSURE		127		1						
46942	TREATMENT OF ANAL FISSURE		90		1						
46945	INT HRHC LIG 1 HROID W/O IMG		107		1						
46946	INT HRHC LIG 2+HROID W/O IMG		181		1						
46947	HEMORRHOIDOPEXY BY STAPLING		245		1						
47000	NEEDLE BIOPSY OF LIVER		152		1						
47001	NEEDLE BIOPSY LIVER ADD-ON		80		3						
47010	OPEN DRAINAGE LIVER LESION		428		1						
47015	INJECT/ASPIRATE LIVER CYST		410		1						
47100	WEDGE BIOPSY OF LIVER		544		1						
47120	PARTIAL REMOVAL OF LIVER		1572		1						
47122	EXTENSIVE REMOVAL OF LIVER		1372		1						
47125	PARTIAL REMOVAL OF LIVER		1251		1						
47130	PARTIAL REMOVAL OF LIVER		2314		1						
47300	SURGERY FOR LIVER LESION		450		1						
47350	REPAIR LIVER WOUND		880		1						
47360	REPAIR LIVER WOUND		1191		1						
47361	REPAIR LIVER WOUND		1164		1						
47362	REPAIR LIVER WOUND		464		1						
47370	LAPARO ABLATE LIVER TUMOR RF		622		1						
47371	LAPARO ABLATE LIVER CRYOSURG		586		1						
47380	OPEN ABLATE LIVER TUMOR RF		731		1						

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47381	OPEN ABLATE LIVER TUMOR CRYO		723		1						
47382	PERCUT ABLATE LIVER RF		433		1						
47383	PERQ ABLTJ LVR CRYOABLATION		5504.67		1						
47400	INCISION OF LIVER DUCT		786		1						
47420	INCISION OF BILE DUCT		888		1						
47425	INCISION OF BILE DUCT		693		1						
47460	INCISE BILE DUCT SPHINCTER		685		1						
47480	INCISION OF GALLBLADDER		525		1						
47490	INCISION OF GALLBLADDER		374		1						
47531	INJECTION FOR CHOLANGIOGRAM		272.71		1						
47532	INJECTION FOR CHOLANGIOGRAM		600.34		1						
47533	PLMT BILIARY DRAINAGE CATH		976.9		1						
47534	PLMT BILIARY DRAINAGE CATH		1205.36		1						
47535	CONVERSION EXT BIL DRG CATH		806		1						
47536	EXCHANGE BILIARY DRG CATH		594.48		1						
47537	REMOVAL BILIARY DRG CATH		294.6		1						
47538	PERQ PLMT BILE DUCT STENT		3256.36		1						
47539	PERQ PLMT BILE DUCT STENT		3563.9		1						
47540	PERQ PLMT BILE DUCT STENT		3709.55		1						
47541	PLMT ACCESS BIL TREE SM BWL		863.97		1						
47542	DILATE BILIARY DUCT/AMPULLA		375.55		1						
47543	ENDOLUMINAL BX BILIARY TREE		961.32		1						
47544	REMOVAL DUCT GBLDR CALCULI		595.21		1						
47550	BILE DUCT ENDOSCOPY ADD-ON		114		1						
47552	BILIARY ENDO PERQ DX W/SPECI		201		1						
47553	BILIARY ENDOSCOPY THRU SKIN		231		1						
47554	BILIARY ENDOSCOPY THRU SKIN		355		1						
47555	BILIARY ENDOSCOPY THRU SKIN		252		1						
47556	BILIARY ENDOSCOPY THRU SKIN		343		1						
47562	LAPAROSCOPIC CHOLECYSTECTOMY		498		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1 Units		999 Months	
47563	LAPARO CHOLECYSTECTOMY/GRAPH		535		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1 Units		999 Months	
47564	LAPARO CHOLECYSTECTOMY/EXPLR		628		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1 Units		999 Months	
47570	LAPARO CHOLECYSTOENTEROSTOMY		523		1						
47600	REMOVAL OF GALLBLADDER		611		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1 Units		999 Months	
47605	REMOVAL OF GALLBLADDER		657		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1 Units		999 Months	
47610	REMOVAL OF GALLBLADDER		832		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1 Units		999 Months	
47612	REMOVAL OF GALLBLADDER		889		1						
47620	REMOVAL OF GALLBLADDER		908		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1 Units		999 Months	
47700	EXPLORATION OF BILE DUCTS		687		1						
47701	BILE DUCT REVISION		1223		1						
47711	EXCISION OF BILE DUCT TUMOR		791		1						
47712	EXCISION OF BILE DUCT TUMOR		980		1						
47715	EXCISION OF BILE DUCT CYST		631		1						
47720	FUSE GALLBLADDER & BOWEL		723		1						
47721	FUSE UPPER GI STRUCTURES		678		1						
47740	FUSE GALLBLADDER & BOWEL		646		1						
47741	FUSE GALLBLADDER & BOWEL		889		1						
47760	FUSE BILE DUCTS AND BOWEL		1141		1						
47765	FUSE LIVER DUCTS & BOWEL		882		1						
47780	FUSE BILE DUCTS AND BOWEL		891		1						
47785	FUSE BILE DUCTS AND BOWEL		1022		1						
47800	RECONSTRUCTION OF BILE DUCTS		808		1						
47801	PLACEMENT BILE DUCT SUPPORT		600		1						
47802	FUSE LIVER DUCT & INTESTINE		736		1						
47900	SUTURE BILE DUCT INJURY		752		1						

Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
48000	DRAINAGE OF ABDOMEN		1226		1						
48001	PLACEMENT OF DRAIN PANCREAS		714		1						
48020	REMOVAL OF PANCREATIC STONE		588		1						
48100	BIOPSY OF PANCREAS OPEN		551		1						
48102	NEEDLE BIOPSY PANCREAS		355		1						
48105	RESECT/DEBRIDE PANCREAS		1884		1						
48120	REMOVAL OF PANCREAS LESION		589		1						
48140	PARTIAL REMOVAL OF PANCREAS		1010		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1	Units	999	Months
48145	PARTIAL REMOVAL OF PANCREAS		903		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1	Units	999	Months
48146	PANCREATECTOMY		1279		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1	Units	999	Months
48148	REMOVAL OF PANCREATIC DUCT		699		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1	Units	999	Months
48150	PARTIAL REMOVAL OF PANCREAS		1694		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1	Units	999	Months
48152	PANCREATECTOMY		1575		1						
48153	PANCREATECTOMY		2100		1						
48154	PANCREATECTOMY		1579		1						
48155	REMOVAL OF PANCREAS		1003		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1	Units	999	Months
48400	INJECTION INTRAOP ADD-ON		79		1						
48500	SURGERY OF PANCREATIC CYST		552		1						
48510	DRAIN PANCREATIC PSEUDOCYST		642		1						
48520	FUSE PANCREAS CYST AND BOWEL		692		1						
48540	FUSE PANCREAS CYST AND BOWEL		865		1						
48545	PANCREATORRHAPHY		810		1						
48547	DUODENAL EXCLUSION		892		1						
48548	FUSE PANCREAS AND BOWEL		1095		1						
49000	EXPLORATION OF ABDOMEN		537		1						
49002	REOPENING OF ABDOMEN		478		1						
49010	EXPLORATION BEHIND ABDOMEN		565		1						
49013	PRPERTL PEL PACK HEMRRG TRMA		345.47		1						
49014	REEXPLORATION PELVIC WOUND		285.23		1						
49020	DRAINAGE ABDOM ABSCESS OPEN		1019		1						
49040	DRAIN OPEN ABDOM ABSCESS		614		1						
49060	DRAIN OPEN RETROPERI ABSCESS		713		1						
49062	DRAIN TO PERITONEAL CAVITY		517		1						
49082	ABD PARACENTESIS		103.37		1						
49083	ABD PARACENTESIS W/IMAGING		194.23		1						
49084	PERITONEAL LAVAGE		64.54		1						
49180	BIOPSY ABDOMINAL MASS		136		1						
49203	EXC ABD TUM 5 CM OR LESS		600.91		1						
49204	EXC ABD TUM OVER 5 CM		767.24		1						
49205	EXC ABD TUM OVER 10 CM		878.3		1						
49215	EXCISE SACRAL SPINE TUMOR		1067		1						
49250	EXCISION OF UMBILICUS		388		1						
49255	REMOVAL OF OMENTUM		515		1						
49320	DIAG LAPARO SEPARATE PROC		237		1						
49321	LAPAROSCOPY BIOPSY		248		1						
49322	LAPAROSCOPY ASPIRATION		266		1						
49323	LAPARO DRAIN LYMPHOCELE		431		1						
49324	LAP INSERT TUNNEL IP CATH		259		1						
49325	LAP REVISION PERM IP CATH		279		1						
49326	LAP W/OMENTOPEXY ADD-ON		129		1						
49327	LAP INS DEVICE FOR RT		96.98		1						
49400	AIR INJECTION INTO ABDOMEN		70		1						
49402	REMOVE FOREIGN BODY ADBOMEN		560		1						
49405	IMAGE CATH FLUID COLXN VISC		480.97		1						
49406	IMAGE CATH FLUID PERI/RETRO		480.78		1						

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49407	IMAGE CATH FLUID TRNS/VGNL		407.57		1						
49411	INS MARK ABD/PEL FOR RT PERQ		311.4		1						
49412	INS DEVICE FOR RT GUIDE OPEN		60.61		1						
49418	INSERT TUN IP CATH PERC		1128.41		1						
49419	INSERT TUN IP CATH W/PORT		264.25		1						
49421	INS TUN IP CATH FOR DIAL OPN		266		1						
49422	REMOVE TUNNELED IP CATH		300		1						
49423	EXCHANGE DRAINAGE CATHETER		58		1						
49424	ASSESS CYST CONTRAST INJECT		121		1						
49425	INSERT ABDOMEN-VENOUS DRAIN		495		1						
49426	REVISE ABDOMEN-VENOUS SHUNT		395		1						
49427	INJECTION ABDOMINAL SHUNT		41		1						
49428	LIGATION OF SHUNT		114		1						
49429	REMOVAL OF SHUNT		285		1						
49435	INSERT SUBQ EXTEN TO IP CATH		83		1						
49436	EMBEDDED IP CATH EXIT-SITE		122		1						
49440	PLACE GASTROSTOMY TUBE PERC		601.34		1						
49441	PLACE DUOD/JEJ TUBE PERC		713.36		1						
49442	PLACE CECOSTOMY TUBE PERC		581.76		1						
49446	CHANGE G-TUBE TO G-J PERC		593.36		1						
49450	REPLACE G/C TUBE PERC		413.81		1						
49451	REPLACE DUOD/JEJ TUBE PERC		439.08		1						
49452	REPLACE G-J TUBE PERC		538.21		1						
49460	FIX G/COLON TUBE W/DEVICE		438.01		1						
49465	FLUORO EXAM OF G/COLON TUBE		92.17		1						
49491	RPR HERN PREMIE REDUC		500		1						
49492	RPR ING HERN PREMIE BLOCKED		624		1						
49495	RPR ING HERNIA BABY REDUC		272		1						
49496	RPR ING HERNIA BABY BLOCKED		402		1						
49500	RPR ING HERNIA INIT REDUCE		285		1						
49501	RPR ING HERNIA INIT BLOCKED		403		1						
49505	PRP I/HERN INIT REDUC >5 YR		356		1						
49507	PRP I/HERN INIT BLOCK >5 YR		434		1						
49520	REREPAIR ING HERNIA REDUCE		441		1						
49521	REREPAIR ING HERNIA BLOCKED		534		1						
49525	REPAIR ING HERNIA SLIDING		391		1						
49540	REPAIR LUMBAR HERNIA		364		1						
49550	RPR REM HERNIA INIT REDUCE		394		1						
49553	RPR FEM HERNIA INIT BLOCKED		429		1						
49555	REREPAIR FEM HERNIA REDUCE		336		1						
49557	REREPAIR FEM HERNIA BLOCKED		389		1						
49591	RPR AA HRN 1ST < 3 CM RDC		251.11		1						
49592	RPR AA HRN 1ST < 3 NCR/STRN		349.66		1						
49593	RPR AA HRN 1ST 3-10 RDC		421.24		1						
49594	RPR AA HRN 1ST 3-10 NCR/STRN		548.81		1						
49595	RPR AA HRN 1ST > 10 RDC		566.94		1						
49596	RPR AA HRN 1ST > 10 NCR/STRN		753.34		1						
49600	REPAIR UMBILICAL LESION		500		1						
49605	REPAIR UMBILICAL LESION		848		1						
49606	REPAIR UMBILICAL LESION		818		1						
49610	REPAIR UMBILICAL LESION		427		1						
49611	REPAIR UMBILICAL LESION		416		1						
49613	RPR AA HRN RCR < 3 RDC		309.75		1						
49614	RPR AA HRN RCR < 3 NCR/STRN		420.28		1						
49615	RPR AA HRN RCR 3-10 RDC		470.3		1						

Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
49616	RPR AA HRN RCR 3-10 NCR/STRN		631.89		1						
49617	RPR AA HRN RCR > 10 RDC		651.32		1						
49618	RPR AA HRN RCR > 10 NCR/STRN		912.9		1						
49621	RPR PARASTOMAL HERNIA RDC		547.57		1						
49622	RPR PARASTOMAL HRNA NCR/STRN		676.13		1						
49623	RMVL NINFCT MESH HERNIA RPR		145.93		1						
49650	LAP ING HERNIA REPAIR INIT		294		1						
49651	LAP ING HERNIA REPAIR RECUR		338		1						
49900	REPAIR OF ABDOMINAL WALL		569		1						
49904	OMENTAL FLAP EXTRA-ABDOM		901.35		1						
49905	OMENTAL FLAP INTRA-ABDOM		275		1						
50010	EXPLORATION OF KIDNEY		538		1						
50020	RENAL ABSCESS OPEN DRAIN		674		1						
50040	NFROS NFROT W/DRG		590		1						
50045	NEPHROTOMY W/EXPLORATION		620		1						
50060	NL REMOVAL CALCULUS		819		1						
50065	NL SEC SURG OPERJ CALCULUS		826		1						
50070	NL COMP CGEN KDN ABNORMALITY		805		1						
50075	NL RMVL LG STAGHORN CALCULUS		1003		1						
50080	PERQ NL/PL LITHOTRP SMPL<2CM		711		1						
50081	PERQ NL/PL LITHOTRP CPLX>2CM		1038		1						
50100	TRNSXJ/REPOS ABRRTN RNL VLSL		736		1						
50120	PYELOTOMY W/EXPLORATION		642		1						
50125	PYELOTOMY W/DRG PYELOSTOMY		669		1						
50130	PYELOTOMY W/REMOVAL CALCULUS		769		1						
50135	PYELOTOMY COMPLICATED		817		1						
50200	RENAL BIOPSY PERQ		132		1						
50205	RENAL BX SURG EXPOSURE KDN		502		1						
50220	REMOVE KIDNEY OPEN		739		1						
50225	REMOVAL KIDNEY OPEN COMPLEX		858		1						
50230	REMOVAL KIDNEY OPEN RADICAL		1037		1						
50234	REMOVAL OF KIDNEY & URETER		944		1						
50236	REMOVAL OF KIDNEY & URETER		1019		1						
50240	PARTIAL REMOVAL OF KIDNEY		936		1						
50250	CRYOABLATE RENAL MASS OPEN		728.86		1						
50280	REMOVAL OF KIDNEY LESION		637		1						
50290	REMOVAL OF KIDNEY LESION		589		1						
50300	REMOVE CADAVER DONOR KIDNEY		301.99		1						
50320	REMOVE KIDNEY LIVING DONOR		914		1						
50340	REMOVAL OF KIDNEY		588		1						
50360	TRANSPLANTATION OF KIDNEY		1343		1						
50365	TRANSPLANTATION OF KIDNEY		1594		1						
50370	REMOVE TRANSPLANTED KIDNEY		610		1						
50380	REIMPLANTATION OF KIDNEY		941		1						
50382	CHANGE URETER STENT PERCUT		921.73		1						
50384	REMOVE URETER STENT PERCUT		889.22		1						
50385	CHANGE STENT VIA TRANSURETH		716.61		1						
50386	REMOVE STENT VIA TRANSURETH		463.92		1						
50387	CHANGE NEPHROURETERAL CATH		444.14		1						
50389	REMOVE RENAL TUBE W/FLUORO		302.99		1						
50390	DRAINAGE OF KIDNEY LESION		79		1						
50391	INSTLL RX AGNT INTO RNAL TUB		90.75		1						
50396	MEASURE KIDNEY PRESSURE		67		1						
50400	REVISION OF KIDNEY/URETER		930		1						
50405	REVISION OF KIDNEY/URETER		999		1						

Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
50430	NJX PX NFROSGRM &/URTRGRM		383.42		1						
50431	NJX PX NFROSGRM &/URTRGRM		119.36		1						
50432	PLMT NEPHROSTOMY CATHETER		619.17		1						
50433	PLMT NEPHROURETERAL CATHETER		832.34		1						
50434	CONVERT NEPHROSTOMY CATHETER		658.31		1						
50435	EXCHANGE NEPHROSTOMY CATH		344.72		1						
50436	DILAT XST TRC NDURLGC PX		117.84		2						
50437	DILAT XST TRC NEW ACCESS RCS		197.28		1						
50500	REPAIR OF KIDNEY WOUND		801		1						
50520	CLOSE KIDNEY-SKIN FISTULA		698		1						
50525	CLOSE NEPHROVISCERAL FISTULA		896		1						
50526	CLOSE NEPHROVISCERAL FISTULA		898		1						
50540	REVISION OF HORSESHOE KIDNEY		823		1						
50541	LAPARO ABLATE RENAL CYST		570		1						
50542	LAPARO ABLATE RENAL MASS		718.77		1						
50543	LAPARO PARTIAL NEPHRECTOMY		905.22		1						
50544	LAPAROSCOPY PYELOPLASTY		786		1						
50545	LAPARO RADICAL NEPHRECTOMY		1005		1						
50546	LAPAROSCOPIC NEPHRECTOMY		873		1						
50547	LAPARO REMOVAL DONOR KIDNEY		934		1						
50548	LAPARO REMOVE W/URETER		856		1						
50551	KIDNEY ENDOSCOPY		287		1						
50553	KIDNEY ENDOSCOPY		362		1						
50555	KIDNEY ENDOSCOPY & BIOPSY		369		1						
50557	KIDNEY ENDOSCOPY & TREATMENT		434		1						
50561	KIDNEY ENDOSCOPY & TREATMENT		445		1						
50562	RENAL SCOPE W/TUMOR RESECT		382.52		1						
50570	KIDNEY ENDOSCOPY		305		1						
50572	KIDNEY ENDOSCOPY		398		1						
50574	KIDNEY ENDOSCOPY & BIOPSY		417		1						
50575	KIDNEY ENDOSCOPY		566		1						
50576	KIDNEY ENDOSCOPY & TREATMENT		437		1						
50580	KIDNEY ENDOSCOPY & TREATMENT		401		1						
50590	FRAGMENTING OF KIDNEY STONE		612		1						
50592	PERC RF ABLATE RENAL TUMOR		3380.94		1						
50593	PERC CRYO ABLATE RENAL TUM		2519.25		1						
50600	EXPLORATION OF URETER		627		1						
50605	INSERT URETERAL SUPPORT		585		1						
50606	ENDOLUMINAL BX URTR RNL PLVS		388.23		1						
50610	REMOVAL OF URETER STONE		765		1						
50620	REMOVAL OF URETER STONE		730		1						
50630	REMOVAL OF URETER STONE		743		1						
50650	REMOVAL OF URETER		706		1						
50660	REMOVAL OF URETER		778		1						
50684	INJECTION FOR URETER X-RAY		175		1						
50686	MEASURE URETER PRESSURE		138		1						
50688	CHANGE OF URETER TUBE/STENT		51		1						
50690	INJECTION FOR URETER X-RAY		95		1						
50693	PLMT URETERAL STENT PRQ		772.93		1						
50694	PLMT URETERAL STENT PRQ		853.4		1						
50695	PLMT URETERAL STENT PRQ		1041.56		1						
50700	REVISION OF URETER		647		1						
50705	URETERAL EMBOLIZATION/OCCL		1237.56		1						
50706	BALLOON DILATE URTRL STRIX		560.39		1						
50715	RELEASE OF URETER		847		1						

Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
50722	RELEASE OF URETER		660		1						
50725	RELEASE/REVISE URETER		764		1						
50727	REVISE URETER		373		1						
50728	REVISE URETER		502		1						
50740	FUSION OF URETER & KIDNEY		754		1						
50750	FUSION OF URETER & KIDNEY		793		1						
50760	FUSION OF URETERS		755		1						
50770	SP LICING OF URETERS		807		1						
50780	REIMPLANT URETER IN BLADDER		886		1						
50782	REIMPLANT URETER IN BLADDER		855		1						
50783	REIMPLANT URETER IN BLADDER		881		1						
50785	REIMPLANT URETER IN BLADDER		872		1						
50800	IMPLANT URETER IN BOWEL		662		1						
50810	FUSION OF URETER & BOWEL		882		1						
50815	URINE SHUNT TO INTESTINE		967		1						
50820	CONSTRUCT BOWEL BLADDER		938		1						
50825	CONSTRUCT BOWEL BLADDER		1294		1						
50830	REVISE URINE FLOW		1249		1						
50840	REPLACE URETER BY BOWEL		882		1						
50845	APPENDICO-VESICOSTOMY		825		1						
50860	TRANSPLANT URETER TO SKIN		667		1						
50900	REPAIR OF URETER		588		1						
50920	CLOSURE URETER/SKIN FISTULA		588		1						
50930	CLOSURE URETER/BOWEL FISTULA		803		1						
50940	RELEASE OF URETER		618		1						
50945	LAPAROSCOPY URETEROLITHOTOMY		728		1						
50947	LAPARO NEW URETER/BLADDER		954		1						
50948	LAPARO NEW URETER/BLADDER		873		1						
50951	ENDOSCOPY OF URETER		226		1						
50953	ENDOSCOPY OF URETER		370		1						
50955	URETER ENDOSCOPY & BIOPSY		348		1						
50957	URETER ENDOSCOPY & TREATMENT		349		1						
50961	URETER ENDOSCOPY & TREATMENT		438		1						
50970	URETER ENDOSCOPY		278		1						
50972	URETER ENDOSCOPY & CATHETER		226		1						
50974	URETER ENDOSCOPY & BIOPSY		361		1						
50976	URETER ENDOSCOPY & TREATMENT		350		1						
50980	URETER ENDOSCOPY & TREATMENT		243		1						
51020	INCISE & TREAT BLADDER		316		1						
51030	INCISE & TREAT BLADDER		362		1						
51040	INCISE & DRAIN BLADDER		239		1						
51045	INCISE BLADDER/DRAIN URETER		339		1						
51050	REMOVAL OF BLADDER STONE		350		1						
51060	REMOVAL OF URETER STONE		533		1						
51065	REMOVE URETER CALCULUS		382		1						
51080	DRAINAGE OF BLADDER ABSCESS		283		1						
51100	DRAIN BLADDER BY NEEDLE		35.54		1						
51101	DRAIN BLADDER BY TROCAR/CATH		71.39		1						
51102	DRAIN BL W/CATH INSERTION		188.44		1						
51500	REMOVAL OF BLADDER CYST		421		1						
51520	REMOVAL OF BLADDER LESION		413		1						
51525	REMOVAL OF BLADDER LESION		605		1						
51530	REMOVAL OF BLADDER LESION		520		1						
51535	REPAIR OF URETER LESION		567		1						
51550	PARTIAL REMOVAL OF BLADDER		680		1						

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Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
51555	PARTIAL REMOVAL OF BLADDER		827		1						
51565	REVISE BLADDER & URETER(S)		925		1						
51570	REMOVAL OF BLADDER		961		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1	Units	999	Months
51575	REMOVAL OF BLADDER & NODES		1243		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1	Units	999	Months
51580	REMOVE BLADDER/REVISE TRACT		1229		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1	Units	999	Months
51585	REMOVAL OF BLADDER & NODES		1417		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1	Units	999	Months
51590	REMOVE BLADDER/REVISE TRACT		1369		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1	Units	999	Months
51595	REMOVE BLADDER/REVISE TRACT		1574		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1	Units	999	Months
51596	REMOVE BLADDER/CREATE POUCH		1839		1						
51597	REMOVAL OF PELVIC STRUCTURES		1611		1						
51600	INJECTION FOR BLADDER X-RAY		178		1						
51605	PREPARATION FOR BLADDER XRAY		177		1						
51610	INJECTION FOR BLADDER X-RAY		104		1						
51700	IRRIGATION OF BLADDER		70		1						
51701	INSERT BLADDER CATHETER		57		1						
51702	INSERT TEMP BLADDER CATH		70		1						
51703	INSERT BLADDER CATH COMPLEX		118		1						
51705	CHANGE OF BLADDER TUBE		92		1						
51710	CHANGE OF BLADDER TUBE		134		1						
51715	ENDOSCOPIC INJECTION/IMPLANT		221		1						
51720	TREATMENT OF BLADDER LESION		108		1						
51725	SIMPLE CYSTOMETROGRAM		195		1						
51725	SIMPLE CYSTOMETROGRAM	26	53		1						
51726	COMPLEX CYSTOMETROGRAM	26	69		1						
51726	COMPLEX CYSTOMETROGRAM		251		1						
51727	CYSTOMETROGRAM W/UP		179.52		1						
51728	CYSTOMETROGRAM W/VP		179.48		1						
51729	CYSTOMETROGRAM W/VP&UP		193.93		1						
51736	URINE FLOW MEASUREMENT	26	22		1						
51736	URINE FLOW MEASUREMENT		35		1						
51741	ELECTRO-UROFLOWMETRY FIRST	26	46		1						
51741	ELECTRO-UROFLOWMETRY FIRST		58		1						
51784	ANAL/URINARY MUSCLE STUDY	26	62		1						
51784	ANAL/URINARY MUSCLE STUDY		154		1						
51785	ANAL/URINARY MUSCLE STUDY	26	62		1						
51785	ANAL/URINARY MUSCLE STUDY		165		1						
51792	URINARY REFLEX STUDY		194		1						
51792	URINARY REFLEX STUDY	26	41		1						
51797	INTRAABDOMINAL PRESSURE TEST	26	65		1						
51797	INTRAABDOMINAL PRESSURE TEST		203		1						
51798	US URINE CAPACITY MEASURE		12		1						
51800	REVISION OF BLADDER/URETHRA		705		1						
51820	REVISION OF URINARY TRACT		870		1						
51840	ATTACH BLADDER/URETHRA		555		1						
51841	ATTACH BLADDER/URETHRA		589		1						
51845	REPAIR BLADDER NECK		491		1						
51860	REPAIR OF BLADDER WOUND		540		1						
51865	REPAIR OF BLADDER WOUND		658		1						
51880	REPAIR OF BLADDER OPENING		321		1						
51900	REPAIR BLADDER/VAGINA LESION		646		1						
51920	CLOSE BLADDER-UTERUS FISTULA		617		1						
51925	HYSTERECTOMY/BLADDER REPAIR		635		1						
51940	CORRECTION OF BLADDER DEFECT		1376		1						
51960	REVISION OF BLADDER & BOWEL		1001		1						
51980	CONSTRUCT BLADDER OPENING		529		1						

Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
51990	LAPARO URETHRAL SUSPENSION		466		1						
51992	LAPARO SLING OPERATION		617		1						
52000	CYSTOSCOPY		150		1						
52001	CYSTOSCOPY REMOVAL OF CLOTS		306		1						
52005	CYSTOSCOPY & URETER CATHETER		220		1						
52007	CYSTOSCOPY AND BIOPSY		524		1						
52010	CYSTOSCOPY & DUCT CATHETER		157		1						
52204	CYSTOSCOPY W/BIOPSY(S)		453		1						
52214	CYSTOSCOPY AND TREATMENT		1109		1						
52224	CYSTOSCOPY AND TREATMENT		1048		1						
52234	CYSTOSCOPY AND TREATMENT		215		1						
52235	CYSTOSCOPY AND TREATMENT		252		1						
52240	CYSTOSCOPY AND TREATMENT		445		1						
52250	CYSTOSCOPY AND RADIOTRACER		188		1						
52260	CYSTOSCOPY AND TREATMENT		162		1						
52265	CYSTOSCOPY AND TREATMENT		441		1						
52270	CYSTOSCOPY & REVISE URETHRA		394		1						
52275	CYSTOSCOPY & REVISE URETHRA		554		1						
52276	CYSTOSCOPY AND TREATMENT		231		1						
52277	CYSTOSCOPY AND TREATMENT		245		1						
52281	CYSTOSCOPY AND TREATMENT		274		1						
52282	CYSTOSCOPY IMPLANT STENT		295		1						
52283	CYSTOSCOPY AND TREATMENT		184		1						
52285	CYSTOSCOPY AND TREATMENT		219		1						
52287	CYSTOSCOPY CHEMODENERVATION		224.22		1						
52290	CYSTOSCOPY AND TREATMENT		212		1						
52300	CYSTOSCOPY AND TREATMENT		219		1						
52301	CYSTOSCOPY AND TREATMENT		229		1						
52305	CYSTOSCOPY AND TREATMENT		203		1						
52310	CYSTOSCOPY AND TREATMENT		238		1						
52315	CYSTOSCOPY AND TREATMENT		391		1						
52317	REMOVE BLADDER STONE		967		1						
52318	REMOVE BLADDER STONE		420		1						
52320	CYSTOSCOPY AND TREATMENT		216		1						
52325	CYSTOSCOPY STONE REMOVAL		268		1						
52327	CYSTOSCOPY INJECT MATERIAL		202.76		1						
52330	CYSTOSCOPY AND TREATMENT		1171		1						
52332	CYSTOSCOPY AND TREATMENT		270		1						
52334	CREATE PASSAGE TO KIDNEY		186		1						
52341	CYSTO W/URETER STRICTURE TX		249		1						
52342	CYSTO W/UP STRICTURE TX		239		1						
52343	CYSTO W/RENAL STRICTURE TX		265		1						
52344	CYSTO/URETERO STRICTURE TX		318		1						
52345	CYSTO/URETERO W/UP STRICTURE		302		1						
52346	CYSTOURETERO W/RENAL STRICT		380		1						
52351	CYSTOURETERO & OR PYELOSCOPE		243		1						
52352	CYSTOURETERO W/STONE REMOVE		284		1						
52353	CYSTOURETERO W/LITHOTRIPSY		328		1						
52354	CYSTOURETERO W/BIOPSY		282		1						
52355	CYSTOURETERO W/EXCISE TUMOR		363		1						
52356	CYSTO/URETERO W/LITHOTRIPSY		238.3		1						
52400	CYSTOURETERO W/CONGEN REPR		406		1						
52402	CYSTOURETHRO CUT EJACUL DUCT		186.48		1						
52441	CYSTOURETHRO W/IMPLANT		900.73		1						
52442	CYSTOURETHRO W/ADDL IMPLANT		691		1						

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Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
52450	INCISION OF PROSTATE		339		1						
52500	REVISION OF BLADDER NECK		381		1						
52601	PROSTATECTOMY (TURP)		593		1						
52630	REMOVE PROSTATE REGROWTH		354		1						
52640	RELIEVE BLADDER CONTRACTURE		312		1						
52647	LASER SURGERY OF PROSTATE		2254		1						
52648	LASER SURGERY OF PROSTATE		542		1						
52649	PROSTATE LASER ENUCLEATION		559.03		1						
52700	DRAINAGE OF PROSTATE ABSCESS		281		1						
53000	INCISION OF URETHRA		154		1						
53010	INCISION OF URETHRA		180		1						
53020	INCISION OF URETHRA		135		1						
53025	INCISION OF URETHRA		86		1						
53040	DRAINAGE OF URETHRA ABSCESS		294		1						
53060	DRAINAGE OF URETHRA ABSCESS		141		1						
53080	DRAINAGE OF URINARY LEAKAGE		305		1						
53085	DRAINAGE OF URINARY LEAKAGE		582		1						
53200	BIOPSY OF URETHRA		132		1						
53210	REMOVAL OF URETHRA		493		1						
53215	REMOVAL OF URETHRA		622		1						
53220	TREATMENT OF URETHRA LESION		321		1						
53230	REMOVAL OF URETHRA LESION		429		1						
53235	REMOVAL OF URETHRA LESION		394		1						
53240	SURGERY FOR URETHRA POUCH		275		1						
53250	REMOVAL OF URETHRA GLAND		323		1						
53260	TREATMENT OF URETHRA LESION		155		1						
53265	TREATMENT OF URETHRA LESION		171		1						
53270	REMOVAL OF URETHRA GLAND		153		1						
53275	REPAIR OF URETHRA DEFECT		203		1						
53400	REVISE URETHRA STAGE 1		566		1						
53405	REVISE URETHRA STAGE 2		592		1						
53410	RECONSTRUCTION OF URETHRA		708		1						
53415	RECONSTRUCTION OF URETHRA		897		1						
53420	RECONSTRUCT URETHRA STAGE 1		613		1						
53425	RECONSTRUCT URETHRA STAGE 2		628		1						
53430	RECONSTRUCTION OF URETHRA		611		1						
53431	RECONSTRUCT URETHRA/BLADDER		694		1						
53440	MALE SLING PROCEDURE		590		1						
53442	REMOVE/REVISE MALE SLING		347		1						
53444	INSERT TANDEM CUFF		495		1						
53445	INSERT URO/VES NCK SPHINCTER		712		1						
53446	REMOVE URO SPHINCTER		453		1						
53447	REMOVE/REPLACE UR SPHINCTER		680		1						
53448	REMOV/REPLC UR SPHINCTR COMP		525		1						
53450	REVISION OF URETHRA		281		1						
53460	REVISION OF URETHRA		330		1						
53500	URETHRLYS TRANSVAG W/ SCOPE		552		1						
53502	REPAIR OF URETHRA INJURY		412		1						
53505	REPAIR OF URETHRA INJURY		318		1						
53510	REPAIR OF URETHRA INJURY		430		1						
53515	REPAIR OF URETHRA INJURY		618		1						
53520	REPAIR OF URETHRA DEFECT		360		1						
53600	DILATE URETHRA STRICTURE		77		1						
53601	DILATE URETHRA STRICTURE		70		1						
53605	DILATE URETHRA STRICTURE		57		1						

Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
53620	DILATE URETHRA STRICTURE		111		1						
53621	DILATE URETHRA STRICTURE		102		1						
53660	DILATION OF URETHRA		61		1						
53661	DILATION OF URETHRA		62		1						
53665	DILATION OF URETHRA		31		1						
53850	PROSTATIC MICROWAVE THERMOTX		402		1						
53852	PROSTATIC RF THERMOTX		397		1						
53855	INSERT PROST URETHRAL STENT		393.47		1						
53860	TRANSURETHRAL RF TREATMENT		1083.44		1						
54000	SLITTING OF PREPUCE		125		1						
54001	SLITTING OF PREPUCE		153		1						
54015	DRAIN PENIS LESION		232		1						
54050	DESTRUCTION PENIS LESION(S)		83		1						
54055	DESTRUCTION PENIS LESION(S)		90		1						
54056	CRYOSURGERY PENIS LESION(S)		83		1						
54057	LASER SURG PENIS LESION(S)		97		1						
54060	EXCISION OF PENIS LESION(S)		142		1						
54065	DESTRUCTION PENIS LESION(S)		149		1						
54100	BIOPSY OF PENIS		133		3						
54105	BIOPSY OF PENIS		223		2						
54110	TREATMENT OF PENIS LESION		421		1						
54111	TREAT PENIS LESION GRAFT		563		1						
54112	TREAT PENIS LESION GRAFT		721		1						
54115	TREATMENT OF PENIS LESION		324		1						
54120	PARTIAL REMOVAL OF PENIS		422		1						
54125	REMOVAL OF PENIS		591		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1 Units		999 Months	
54130	REMOVE PENIS & NODES		887		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1 Units		999 Months	
54135	REMOVE PENIS & NODES		1075		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1 Units		999 Months	
54150	CIRCUMCISION W/REGIONL BLOCK		172		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1 Units		999 Months	
54160	CIRCUMCISION NEONATE		187		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1 Units		999 Months	
54161	CIRCUM 28 DAYS OR OLDER		161		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1 Units		999 Months	
54162	LYSIS PENIL CIRCUMCIC LESION		217		1						
54163	REPAIR OF CIRCUMCISION		148		1						
54164	FRENULOTOMY OF PENIS		128		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1 Units		999 Months	
54200	TREATMENT OF PENIS LESION		81		1						
54205	TREATMENT OF PENIS LESION		343		1						
54220	TREATMENT OF PENIS LESION		177		1						
54231	DYNAMIC CAVERNOSOMETRY		97		1						
54235	PENILE INJECTION		63		1						
54240	PENIS STUDY		59		1						
54250	PENIS STUDY		98		1						
54300	REVISION OF PENIS		477		1						
54304	REVISION OF PENIS		562		1						
54308	RECONSTRUCTION OF URETHRA		560		1						
54312	RECONSTRUCTION OF URETHRA		744		1						
54316	RECONSTRUCTION OF URETHRA		918		1						
54318	RECONSTRUCTION OF URETHRA		488		1						
54322	RECONSTRUCTION OF URETHRA		655		1						
54324	RECONSTRUCTION OF URETHRA		817		1						
54326	RECONSTRUCTION OF URETHRA		703		1						
54328	REVISE PENIS/URETHRA		770		1						
54332	REVISE PENIS/URETHRA		926		1						
54336	REVISE PENIS/URETHRA		1162		1						
54340	RPR HYPSPAD COMP SIMPLE		506		1						
54344	RRP HYPSPAD COMP MOBLJ&URTP		734		1						

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Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
54348	RPR HYPSPAD COMP DSJ & URTP		716		1						
54352	REVJ PRIOR HYPSPAD REPAIR		992		1						
54360	PENIS PLASTIC SURGERY		604		1						
54380	REPAIR PENIS		571		1						
54385	REPAIR PENIS		660		1						
54390	REPAIR PENIS AND BLADDER		889		1						
54420	REVISION OF PENIS		488		1						
54430	REVISION OF PENIS		513		1						
54435	REVISION OF PENIS		325		1						
54437	REPAIR CORPOREAL TEAR		523.63		1						
54438	REPLANTATION OF PENIS		1056.93		1						
54440	REPAIR OF PENIS		680		1						
54450	PREPUTIAL STRETCHING		60		1						
54500	BIOPSY OF TESTIS		100		1						
54505	BIOPSY OF TESTIS		160		1						
54512	EXCISE LESION TESTIS		383		1						
54520	REMOVAL OF TESTIS		272		1	PROCEDURE LIMITED TO TWICE PER LIFETIME	Same	2	Units	999	Months
54522	ORCHIECTOMY PARTIAL		397		1	PROCEDURE LIMITED TO TWICE PER LIFETIME	Same	2	Units	999	Months
54530	REMOVAL OF TESTIS		385		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1	Units	999	Months
54535	EXTENSIVE TESTIS SURGERY		534		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1	Units	999	Months
54550	EXPLORATION FOR TESTIS		348		1						
54560	EXPLORATION FOR TESTIS		491		1						
54600	REDUCE TESTIS TORSION		356		1						
54620	SUSPENSION OF TESTIS		220		1						
54640	ORCHIOPEXY INGUN/SCROT APPR		360		1						
54650	ORCHIOPEXY (FOWLER-STEPHENS)		513		1						
54660	REVISION OF TESTIS		218		1						
54670	REPAIR TESTIS INJURY		264		1						
54680	RELOCATION OF TESTIS(ES)		663		1						
54690	LAPAROSCOPY ORCHIECTOMY		483		1	PROCEDURE LIMITED TO TWICE PER LIFETIME	Same	2	Units	999	Months
54692	LAPAROSCOPY ORCHIOPEXY		561		1	PROCEDURE LIMITED TO TWICE PER LIFETIME	Same	2	Units	999	Months
54700	DRAINAGE OF SCROTUM		180		1						
54800	BIOPSY OF EPIDIDYMIS		146		1						
54830	REMOVE EPIDIDYMIS LESION		250		1						
54840	REMOVE EPIDIDYMIS LESION		238		1						
54860	REMOVAL OF EPIDIDYMIS		287		1						
54861	REMOVAL OF EPIDIDYMIS		378		1						
54865	EXPLORE EPIDIDYMIS		248		1						
55000	DRAINAGE OF HYDROCELE		99		1						
55040	REMOVAL OF HYDROCELE		255		1						
55041	REMOVAL OF HYDROCELES		382		1						
55060	REPAIR OF HYDROCELE		257		1						
55100	DRAINAGE OF SCROTUM ABSCESS		164		1						
55110	EXPLORE SCROTUM		263		1						
55120	REMOVAL OF SCROTUM LESION		239		1						
55150	REMOVAL OF SCROTUM		331		1						
55175	REVISION OF SCROTUM		296		1						
55180	REVISION OF SCROTUM		484		1						
55250	REMOVAL OF SPERM DUCT(S)		225		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1	Units	999	Months
55300	PREPARE SPERM DUCT X-RAY		139		1						
55500	REMOVAL OF HYDROCELE		262		1						
55520	REMOVAL OF SPERM CORD LESION		284		1						
55530	REVISE SPERMATIC CORD VEINS		260		1						
55535	REVISE SPERMATIC CORD VEINS		298		1						
55540	REVISE HERNIA & SPERM VEINS		352		1						

Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
55550	LAPARO LIGATE SPERMATIC VEIN		265		1						
55600	INCISE SPERM DUCT POUCH		264		1						
55605	INCISE SPERM DUCT POUCH		347		1						
55650	REMOVE SPERM DUCT POUCH		598		1						
55680	REMOVE SPERM POUCH LESION		296		1						
55700	BIOPSY OF PROSTATE		159		1						
55705	BIOPSY OF PROSTATE		199		1						
55706	PROSTATE SATURATION SAMPLING		291.07		1						
55720	DRAINAGE OF PROSTATE ABSCESS		303		1						
55725	DRAINAGE OF PROSTATE ABSCESS		411		1						
55801	REMOVAL OF PROSTATE		724		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1 Units		999	Months
55810	EXTENSIVE PROSTATE SURGERY		952		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1 Units		999	Months
55812	EXTENSIVE PROSTATE SURGERY		1135		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1 Units		999	Months
55815	EXTENSIVE PROSTATE SURGERY		1266		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1 Units		999	Months
55821	REMOVAL OF PROSTATE		625		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1 Units		999	Months
55831	REMOVAL OF PROSTATE		679		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1 Units		999	Months
55840	EXTENSIVE PROSTATE SURGERY		965		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1 Units		999	Months
55842	EXTENSIVE PROSTATE SURGERY		1135		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1 Units		999	Months
55845	EXTENSIVE PROSTATE SURGERY		1207		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1 Units		999	Months
55860	SURGICAL EXPOSURE PROSTATE		554		1						
55862	EXTENSIVE PROSTATE SURGERY		736		1						
55865	EXTENSIVE PROSTATE SURGERY		1022		1						
55866	LAPS SURG PRST8ECT RPBIC RAD		1066.73		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1 Units		999	Months
55867	LAPS SURG PRST8ECT SMPL STOT		772.33		1						
55873	CRYOABLATE PROSTATE		853		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1 Units		999	Months
55874	TPRNL PLMT BIODEGRDABL MATRL		2706.93		5						
55875	TRANSPERI NEEDLE PLACE PROS		547		1						
55876	PLACE RT DEVICE/MARKER PROS		106		1						
56405	I & D OF VULVA/PERINEUM		82		1						
56420	DRAINAGE OF GLAND ABSCESS		105		1						
56440	SURGERY FOR VULVA LESION		156		1						
56441	LYSIS OF LABIAL LESION(S)		111		1						
56442	HYMENOTOMY		33		1						
56501	DESTROY VULVA LESIONS SIM		97		1						
56515	DESTROY VULVA LESION/S COMPL		157		1						
56605	BIOPSY OF VULVA/PERINEUM		64		1						
56606	BIOPSY OF VULVA/PERINEUM		35		1						
56620	PARTIAL REMOVAL OF VULVA		417	Y	1						
56625	COMPLETE REMOVAL OF VULVA		441	Y	1						
56630	EXTENSIVE VULVA SURGERY		607		1						
56631	EXTENSIVE VULVA SURGERY		755		1						
56632	EXTENSIVE VULVA SURGERY		1029		1						
56633	EXTENSIVE VULVA SURGERY		746		1	PROCEDURE LIMITED TO TWICE PER LIFETIME	Same	2 Units		999	Months
56634	EXTENSIVE VULVA SURGERY		915		1	PROCEDURE LIMITED TO TWICE PER LIFETIME	Same	2 Units		999	Months
56637	EXTENSIVE VULVA SURGERY		977		1	PROCEDURE LIMITED TO TWICE PER LIFETIME	Same	2 Units		999	Months
56640	EXTENSIVE VULVA SURGERY		963		1						
56700	PARTIAL REMOVAL OF HYMEN		131		1						
56740	REMOVE VAGINA GLAND LESION		223		1						
56800	REPAIR OF VAGINA		168		1						
56805	REPAIR CLITORIS		737		1						
56810	REPAIR OF PERINEUM		195		1						
56820	EXAM OF VULVA W/SCOPE		84		1						
56821	EXAM/BIOPSY OF VULVA W/SCOPE		113		1						
57000	EXPLORATION OF VAGINA		129		1						
57010	DRAINAGE OF PELVIC ABSCESS		297		1						

Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
57020	DRAINAGE OF PELVIC FLUID		64		1						
57022	I & D VAGINAL HEMATOMA PP		107		1						
57023	I & D VAG HEMATOMA NON-OB		107		1						
57061	DESTROY VAG LESIONS SIMPLE		85		1						
57065	DESTROY VAG LESIONS COMPLEX		164		1						
57100	BIOPSY OF VAGINA		68		3						
57105	BIOPSY OF VAGINA		102		2						
57106	REMOVE VAGINA WALL PARTIAL		225		1						
57107	REMOVE VAGINA TISSUE PART		808		1						
57109	VAGINECTOMY PARTIAL W/NODES		981		1						
57110	REMOVE VAGINA WALL COMPLETE		554		1						
57111	REMOVE VAGINA TISSUE COMPL		984		1						
57120	CLOSURE OF VAGINA		390		1						
57130	REMOVE VAGINA LESION		152		1						
57135	REMOVE VAGINA LESION		160		1						
57150	TREAT VAGINA INFECTION		47		1						
57155	INSERT UTERI TANDEM/OVOIDS		318		1						
57156	INS VAG BRACHYTX DEVICE		112.97		1						
57160	INSERT PESSARY/OTHER DEVICE		56		1						
57170	FITTING OF DIAPHRAGM/CAP		42		1						
57180	TREAT VAGINAL BLEEDING		108		1						
57200	REPAIR OF VAGINA		208		1						
57210	REPAIR VAGINA/PERINEUM		266		1						
57220	REVISION OF URETHRA		206		1						
57230	REPAIR OF URETHRAL LESION		240		1						
57240	ANTERIOR COLPORRHAPHY		334		1						
57250	REPAIR RECTUM & VAGINA		309		1						
57260	CMBN ANT PST COLPRHY		448		1						
57265	CMBN AP COLPRHY W/NTRCL RPR		530		1						
57267	INSERT MESH/PELVIC FLR ADDON		214		3						
57268	REPAIR OF BOWEL BULGE		373		1						
57270	REPAIR OF BOWEL POUCH		561		1						
57280	SUSPENSION OF VAGINA		685		1						
57282	COLPOPEXY EXTRAPERITONEAL		392		1						
57283	COLPOPEXY INTRAPERITONEAL		506		1						
57284	REPAIR PARAVAG DEFECT OPEN		602		1						
57285	REPAIR PARAVAG DEFECT VAG		351.28		1						
57287	REVISE/REMOVE SLING REPAIR		487		1						
57288	REPAIR BLADDER DEFECT		573		1						
57289	REPAIR BLADDER & VAGINA		478		1						
57291	CONSTRUCTION OF VAGINA		434		1						
57292	CONSTRUCT VAGINA WITH GRAFT		508		1						
57295	REVISE VAG GRAFT VIA VAGINA		301.11		1						
57296	REVISE VAG GRAFT OPEN ABD		660		1						
57300	REPAIR RECTUM-VAGINA FISTULA		407		1						
57305	REPAIR RECTUM-VAGINA FISTULA		543		1						
57307	FISTULA REPAIR & COLOSTOMY		708		1						
57308	FISTULA REPAIR TRANSPERINE		459		1						
57310	REPAIR URETHROVAGINAL LESION		362		1						
57311	REPAIR URETHROVAGINAL LESION		415		1						
57320	REPAIR BLADDER-VAGINA LESION		445		1						
57330	REPAIR BLADDER-VAGINA LESION		641		1						
57400	DILATION OF VAGINA		103		1						
57410	PELVIC EXAMINATION		109		1						
57415	REMOVE VAGINAL FOREIGN BODY		108		1						

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57420	EXAM OF VAGINA W/SCOPE		88		1						
57421	EXAM/BIOPSY OF VAG W/SCOPE		120		1						
57423	REPAIR PARAVAG DEFECT LAP		486.29		1						
57425	LAPAROSCOPY SURG COLPOPEXY		689		1						
57426	REVISE PROSTH VAG GRAFT LAP		540.09		1						
57452	EXAM OF CERVIX W/SCOPE		83		1						
57454	BX/CURETT OF CERVIX W/SCOPE		120		1						
57455	BIOPSY OF CERVIX W/SCOPE		111		1						
57456	ENDOCERV CURETTAGE W/SCOPE		104		1						
57460	BX OF CERVIX W/SCOPE LEEP		245		1						
57461	CONZ OF CERVIX W/SCOPE LEEP		272		1						
57500	BIOPSY OF CERVIX		98		1						
57505	ENDOCERVICAL CURETTAGE		76		1						
57510	CAUTERIZATION OF CERVIX		103		1						
57511	CRYOCAUTERY OF CERVIX		110		1						
57513	LASER SURGERY OF CERVIX		121		1						
57520	CONIZATION OF CERVIX		235		1						
57522	CONIZATION OF CERVIX		196		1						
57530	REMOVAL OF CERVIX		246		1						
57531	REMOVAL OF CERVIX RADICAL		1110		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1 Units		999 Months	
57540	REMOVAL OF RESIDUAL CERVIX		545		1						
57545	REMOVE CERVIX/REPAIR PELVIS		545		1						
57550	REMOVAL OF RESIDUAL CERVIX		317		1						
57555	REMOVE CERVIX/REPAIR VAGINA		491		1						
57556	REMOVE CERVIX REPAIR BOWEL		457		1						
57558	D&C OF CERVICAL STUMP		79		1						
57700	REVISION OF CERVIX		197		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1 Units		999 Months	
57720	REVISION OF CERVIX		216		1						
57800	DILATION OF CERVICAL CANAL		45		1						
58100	BIOPSY OF UTERUS LINING		85		1						
58110	BX DONE W/COLPOSCOPY ADD-ON		33		1						
58120	DILATION AND CURETTAGE		189		1						
58140	MYOMECTOMY ABDOM METHOD		667		1						
58145	MYOMECTOMY VAG METHOD		390		1						
58146	MYOMECTOMY ABDOM COMPLEX		861		1						
58150	TOTAL HYSTERECTOMY		745		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1 Units		999 Months	
58152	TOTAL HYSTERECTOMY		935		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1 Units		999 Months	
58180	PARTIAL HYSTERECTOMY		743		1						
58200	EXTENSIVE HYSTERECTOMY		852		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1 Units		999 Months	
58210	EXTENSIVE HYSTERECTOMY		1292		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1 Units		999 Months	
58240	REMOVAL OF PELVIS CONTENTS		1577		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1 Units		999 Months	
58260	VAGINAL HYSTERECTOMY		648		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1 Units		999 Months	
58262	VAG HYST INCLUDING T/O		719		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1 Units		999 Months	
58263	VAG HYST W/T/O & VAG REPAIR		735		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1 Units		999 Months	
58267	VAG HYST W/URINARY REPAIR		672		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1 Units		999 Months	
58270	VAG HYST W/ENTEROCELE REPAIR		654		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1 Units		999 Months	
58275	HYSTERECTOMY/REVISE VAGINA		610		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1 Units		999 Months	
58280	HYSTERECTOMY/REVISE VAGINA		617		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1 Units		999 Months	
58285	EXTENSIVE HYSTERECTOMY		741		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1 Units		999 Months	
58290	VAG HYST COMPLEX		864		1						
58291	VAG HYST INCL T/O COMPLEX		943		1						
58292	VAG HYST T/O & REPAIR COMPL		831.33		1						
58294	VAG HYST W/ENTEROCELE COMPL		765.45		1						
58300	INSERT INTRAUTERINE DEVICE		97		1						
58301	REMOVE INTRAUTERINE DEVICE		55		1						

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58340	CATHETER FOR HYSTEROGRAPHY		125		1						
58346	INSERT HEYMAN UTERI CAPSULE		266		1						
58350	REOPEN FALLOPIAN TUBE		72		1						
58353	ENDOMETR ABLATE THERMAL		1045		1						
58356	ENDOMETRIAL CRYOABLATION		1583.3		1						
58400	SUSPENSION OF UTERUS		351		1						
58410	SUSPENSION OF UTERUS		479		1						
58520	REPAIR OF RUPTURED UTERUS		440		1						
58540	REVISION OF UTERUS		534		1						
58541	LSH UTERUS 250 G OR LESS		593		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1	Units	999	Months
58542	LSH W/T/O UT 250 G OR LESS		657		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1	Units	999	Months
58543	LSH UTERUS ABOVE 250 G		668		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1	Units	999	Months
58544	LSH W/T/O UTERUS ABOVE 250 G		724		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1	Units	999	Months
58545	LAPAROSCOPIC MYOMECTOMY		571.66		1						
58546	LAPARO-MYOMECTOMY COMPLEX		722.56		1						
58548	LAP RADICAL HYST		1264		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1	Units	999	Months
58550	LAPARO-ASST VAG HYSTERECTOMY		658		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1	Units	999	Months
58552	LAPARO-VAG HYST INCL T/O		732		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1	Units	999	Months
58553	LAPARO-VAG HYST COMPLEX		859		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1	Units	999	Months
58554	LAPARO-VAG HYST W/T/O COMPL		987		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1	Units	999	Months
58555	HYSTEROSCOPY DX SEP PROC		182		1						
58558	HYSTEROSCOPY BIOPSY		213		1						
58559	HYSTEROSCOPY LYSIS		277		1						
58560	HYSTEROSCOPY RESECT SEPTUM		311		1						
58561	HYSTEROSCOPY REMOVE MYOMA		441		1						
58562	HYSTEROSCOPY REMOVE FB		233		1						
58563	HYSTEROSCOPY ABLATION		340		1						
58565	HYSTEROSCOPY STERILIZATION		868.7	Y	1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1	Units	999	Months
58570	TLH UTERUS 250 G OR LESS		482.41		1						
58571	TLH W/T/O 250 G OR LESS		529.43		1						
58572	TLH UTERUS OVER 250 G		599.58		1						
58573	TLH W/T/O UTERUS OVER 250 G		678.06		1						
58575	LAPS TOT HYST RESJ MAL		1400.39		1						
58600	DIVISION OF FALLOPIAN TUBE		514		1						
58605	DIVISION OF FALLOPIAN TUBE		480		1						
58611	LIGATE OVIDUCT(S) ADD-ON		240		1						
58615	OCCLUDE FALLOPIAN TUBE(S)		461		1						
58660	LAPAROSCOPY LYSIS		510		1						
58661	LAPAROSCOPY REMOVE ADNEXA		498		1						
58662	LAPAROSCOPY EXCISE LESIONS		540		1						
58670	LAPAROSCOPY TUBAL CAUTERY		616		1						
58671	LAPAROSCOPY TUBAL BLOCK		678		1						
58673	LAPAROSCOPY SALPINGOSTOMY		509		1						
58700	REMOVAL OF FALLOPIAN TUBE		554		1						
58720	REMOVAL OF OVARY/TUBE(S)		563		1	PROCEDURE LIMITED TO TWICE PER LIFETIME	Same	2	Units	999	Months
58740	ADHESIOLYSIS TUBE OVARY		647		1						
58800	DRAINAGE OF OVARIAN CYST(S)		229		1						
58805	DRAINAGE OF OVARIAN CYST(S)		320		1						
58820	DRAIN OVARY ABSCESS OPEN		177		1						
58822	DRAIN OVARY ABSCESS PERCUT		468		1						
58825	TRANSPOSITION OVARY(S)		328		1						
58900	BIOPSY OF OVARY(S)		326		1						
58920	PARTIAL REMOVAL OF OVARY(S)		521		1						
58925	REMOVAL OF OVARIAN CYST(S)		523		1						
58940	REMOVAL OF OVARY(S)		391		1	PROCEDURE LIMITED TO TWICE PER LIFETIME	Same	2	Units	999	Months

Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
58943	REMOVAL OF OVARY(S)		745		1						
58950	RESECT OVARIAN MALIGNANCY		818		1	PROCEDURE LIMITED TO TWICE PER LIFETIME	Same	2	Units	999	Months
58951	RESECT OVARIAN MALIGNANCY		1189		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1	Units	999	Months
58952	RESECT OVARIAN MALIGNANCY		1065		1						
58953	TAH RAD DISSECT FOR DEBULK		1432		1						
58954	TAH RAD DEBULK/LYMPH REMOVE		1307		1						
58956	BSO OMENTECTOMY W/TAH		865.33		1						
58957	RESECT RECURRENT GYN MAL		1024		1						
58958	RESECT RECUR GYN MAL W/LYM		1134		1						
58960	EXPLORATION OF ABDOMEN		692		1						
59000	AMNIOCENTESIS DIAGNOSTIC		64		1						
59001	AMNIOCENTESIS THERAPEUTIC		127.38		1						
59012	FETAL CORD PUNCTURE PRENATAL		139		1						
59020	FETAL CONTRACT STRESS TEST		50		1						
59025	FETAL NON-STRESS TEST	26	24		1						
59025	FETAL NON-STRESS TEST		31		1						
59030	FETAL SCALP BLOOD SAMPLE		81		1						
59070	TRANSABDOM AMNIOINFUS W/US		259.08		1						
59072	UMBILICAL CORD OCCLUD W/US		319.98		1						
59074	FETAL FLUID DRAINAGE W/US		247.48		1						
59076	FETAL SHUNT PLACEMENT W/US		319.98		1						
59100	REMOVE UTERUS LESION		608		1	PROCEDURE LIMITED TO TWICE PER LIFETIME	Same	2	Units	999	Months
59120	TREAT ECTOPIC PREGNANCY		571		1	PROCEDURE LIMITED TO TWICE PER LIFETIME	Same	2	Units	999	Months
59121	TREAT ECTOPIC PREGNANCY		580		1						
59130	TREAT ECTOPIC PREGNANCY		539		1						
59136	TREAT ECTOPIC PREGNANCY		642		1						
59140	TREAT ECTOPIC PREGNANCY		244		1						
59150	TREAT ECTOPIC PREGNANCY		572		1						
59151	TREAT ECTOPIC PREGNANCY		567		1						
59160	D & C AFTER DELIVERY		186		1						
59200	INSERT CERVICAL DILATOR		59		1						
59300	EPISIOTOMY OR VAGINAL REPAIR		143		1						
59320	REVISION OF CERVIX		132		1						
59325	REVISION OF CERVIX		166		1						
59350	REPAIR OF UTERUS		252		1						
59400	OBSTETRICAL CARE		1690		1	OBSTETRICAL CARE LIMIT FOR SPECIALTY 921	Both	1	Units	6	Months
59400	OBSTETRICAL CARE		1690		1	OBSTETRICAL CARE LIMIT	Both	1	Units	6	Months
59409	OBSTETRICAL CARE		1340		1	OBSTETRICAL CARE LIMIT FOR SPECIALTY 921	Both	1	Units	6	Months
59409	OBSTETRICAL CARE		1340		1	OBSTETRICAL CARE LIMIT	Both	1	Units	6	Months
59410	OBSTETRICAL CARE		1390		1	OBSTETRICAL CARE LIMIT FOR SPECIALTY 921	Both	1	Units	6	Months
59410	OBSTETRICAL CARE		1390		1	OBSTETRICAL CARE LIMIT	Both	1	Units	6	Months
59412	ANTEPARTUM MANIPULATION		122		1						
59414	DELIVER PLACENTA		83		1						
59425	ANTEPARTUM CARE ONLY		281		1	OBSTETRICAL CARE LIMIT	Both	1	Units	6	Months
59425	ANTEPARTUM CARE ONLY		281		1	OBSTETRICAL CARE LIMIT FOR SPECIALTY 921	Both	1	Units	6	Months
59426	ANTEPARTUM CARE ONLY		491		1	OBSTETRICAL CARE LIMIT	Both	1	Units	6	Months
59426	ANTEPARTUM CARE ONLY		491		1	OBSTETRICAL CARE LIMIT FOR SPECIALTY 921	Both	1	Units	6	Months
59430	CARE AFTER DELIVERY		108		1	OBSTETRICAL CARE LIMIT	Both	1	Units	6	Months
59430	CARE AFTER DELIVERY		108		1	OBSTETRICAL CARE LIMIT FOR SPECIALTY 921	Both	1	Units	6	Months
59510	CESAREAN DELIVERY		1690		1	OBSTETRICAL CARE LIMIT FOR SPECIALTY 921	Both	1	Units	6	Months
59510	CESAREAN DELIVERY		1690		1	OBSTETRICAL CARE LIMIT	Both	1	Units	6	Months
59514	CESAREAN DELIVERY ONLY		1340		1	OBSTETRICAL CARE LIMIT FOR SPECIALTY 921	Both	1	Units	6	Months
59514	CESAREAN DELIVERY ONLY		1340		1	OBSTETRICAL CARE LIMIT	Both	1	Units	6	Months
59515	CESAREAN DELIVERY		1390		1	OBSTETRICAL CARE LIMIT FOR SPECIALTY 921	Both	1	Units	6	Months
59515	CESAREAN DELIVERY		1390		1	OBSTETRICAL CARE LIMIT	Both	1	Units	6	Months

Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
59525	REMOVE UTERUS AFTER CESAREAN		437		1						
59610	VBAC DELIVERY		1690		1	OBSTETRICAL CARE LIMIT FOR SPECIALTY 921	Both	1	Units	6	Months
59610	VBAC DELIVERY		1690		1	OBSTETRICAL CARE LIMIT	Both	1	Units	6	Months
59612	VBAC DELIVERY ONLY		1250		1	OBSTETRICAL CARE LIMIT FOR SPECIALTY 921	Both	1	Units	6	Months
59612	VBAC DELIVERY ONLY		1250		1	OBSTETRICAL CARE LIMIT	Both	1	Units	6	Months
59614	VBAC CARE AFTER DELIVERY		1300		1	OBSTETRICAL CARE LIMIT	Both	1	Units	6	Months
59614	VBAC CARE AFTER DELIVERY		1300		1	OBSTETRICAL CARE LIMIT FOR SPECIALTY 921	Both	1	Units	6	Months
59618	ATTEMPTED VBAC DELIVERY		1690		1	OBSTETRICAL CARE LIMIT FOR SPECIALTY 921	Both	1	Units	6	Months
59618	ATTEMPTED VBAC DELIVERY		1690		1	OBSTETRICAL CARE LIMIT	Both	1	Units	6	Months
59620	ATTEMPTED VBAC DELIVERY ONLY		1300		1	OBSTETRICAL CARE LIMIT	Both	1	Units	6	Months
59620	ATTEMPTED VBAC DELIVERY ONLY		1300		1	OBSTETRICAL CARE LIMIT FOR SPECIALTY 921	Both	1	Units	6	Months
59622	ATTEMPTED VBAC AFTER CARE		1300		1	OBSTETRICAL CARE LIMIT FOR SPECIALTY 921	Both	1	Units	6	Months
59622	ATTEMPTED VBAC AFTER CARE		1300		1	OBSTETRICAL CARE LIMIT	Both	1	Units	6	Months
59812	TREATMENT OF MISCARRIAGE		209		1						
59820	CARE OF MISCARRIAGE		258		1						
59821	TREATMENT OF MISCARRIAGE		270		1						
59830	TREAT UTERUS INFECTION		240		1						
59840	ABORTION		167		1						
59841	ABORTION		277		1						
59850	ABORTION		268.77		1						
59851	ABORTION		306		1						
59852	ABORTION		446.2		1						
59855	ABORTION		310		1						
59856	ABORTION		372		1						
59857	ABORTION		398		1						
59866	ABORTION (MPR)		181		1						
59870	EVACUATE MOLE OF UTERUS		331		1						
60000	DRAIN THYROID/TONGUE CYST		77		1						
60100	BIOPSY OF THYROID		86		1						
60200	REMOVE THYROID LESION		468		1						
60210	PARTIAL THYROID EXCISION		685.24		1						
60212	PARTIAL THYROID EXCISION		729		1						
60220	PARTIAL REMOVAL OF THYROID		684.14		1						
60225	PARTIAL REMOVAL OF THYROID		659		1						
60240	REMOVAL OF THYROID		892.31		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1	Units	999	Months
60252	REMOVAL OF THYROID		1284.2		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1	Units	999	Months
60254	EXTENSIVE THYROID SURGERY		1036		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1	Units	999	Months
60260	REPEAT THYROID SURGERY		1060.57		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1	Units	999	Months
60270	REMOVAL OF THYROID		795		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1	Units	999	Months
60271	REMOVAL OF THYROID		773		1						
60280	REMOVE THYROID DUCT LESION		350		1						
60281	REMOVE THYROID DUCT LESION		433		1						
60500	EXPLORE PARATHYROID GLANDS		938.92		1						
60502	RE-EXPLORE PARATHYROIDS		1258.44		1						
60505	EXPLORE PARATHYROID GLANDS		887		1						
60512	AUTOTRANSPLANT PARATHYROID		237.49		1						
60520	REMOVAL OF THYMUS GLAND		759		1						
60521	REMOVAL OF THYMUS GLAND		882		1						
60522	REMOVAL OF THYMUS GLAND		1065		1						
60540	EXPLORE ADRENAL GLAND		753		1						
60545	EXPLORE ADRENAL GLAND		819		1						
60600	REMOVE CAROTID BODY LESION		799		1						
60605	REMOVE CAROTID BODY LESION		880		1						
60650	LAPAROSCOPY ADRENALECTOMY		865		1						
61000	REMOVE CRANIAL CAVITY FLUID		76		1						

Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
61001	REMOVE CRANIAL CAVITY FLUID		68		1						
61020	REMOVE BRAIN CAVITY FLUID		87		2						
61026	INJECTION INTO BRAIN CANAL		105		2						
61050	REMOVE BRAIN CANAL FLUID		88		1						
61055	INJECTION INTO BRAIN CANAL		105		1						
61070	BRAIN CANAL SHUNT PROCEDURE		64		2						
61105	TWIST DRILL HOLE		335		2						
61107	DRILL SKULL FOR IMPLANTATION		276		2						
61108	DRILL SKULL FOR DRAINAGE		662		2						
61120	BURR HOLE FOR PUNCTURE		396		1						
61140	PIERCE SKULL FOR BIOPSY		830		2						
61150	PIERCE SKULL FOR DRAINAGE		899		2						
61151	PIERCE SKULL FOR DRAINAGE		486		2						
61154	PIERCE SKULL & REMOVE CLOT		892		2						
61156	PIERCE SKULL FOR DRAINAGE		793		2						
61210	PIERCE SKULL IMPLANT DEVICE		321		1						
61215	INSERT BRAIN-FLUID DEVICE		328		1						
61250	PIERCE SKULL & EXPLORE		480		1						
61253	PIERCE SKULL & EXPLORE		587		1						
61304	OPEN SKULL FOR EXPLORATION		1117		1						
61305	OPEN SKULL FOR EXPLORATION		1336		1						
61312	OPEN SKULL FOR DRAINAGE		1350		2						
61313	OPEN SKULL FOR DRAINAGE		1350		2						
61314	OPEN SKULL FOR DRAINAGE		1212		2						
61315	OPEN SKULL FOR DRAINAGE		1412		1						
61316	IMPLT CRAN BONE FLAP TO ABDO		56.71		1						
61320	OPEN SKULL FOR DRAINAGE		1301		2						
61321	OPEN SKULL FOR DRAINAGE		1252		2						
61322	DECOMPRESSIVE CRANIOTOMY		1157.55		1						
61323	DECOMPRESSIVE LOBECTOMY		1199.81		1						
61330	DECOMPRESS EYE SOCKET		993		1						
61333	EXPLORE ORBIT/REMOVE LESION		1209		2						
61340	SUBTEMPORAL DECOMPRESSION		855		1						
61343	INCISE SKULL (PRESS RELIEF)		1695		1						
61345	RELIEVE CRANIAL PRESSURE		1222		1						
61450	INCISE SKULL FOR SURGERY		1175		1						
61458	INCISE SKULL FOR BRAIN WOUND		1380		1						
61460	INCISE SKULL FOR SURGERY		1310		1						
61500	REMOVAL OF SKULL LESION		913		3						
61501	REMOVE INFECTED SKULL BONE		936		1						
61510	REMOVAL OF BRAIN LESION		1639		1						
61512	REMOVE BRAIN LINING LESION		1774		3						
61514	REMOVAL OF BRAIN ABSCESS		1443		2						
61516	REMOVAL OF BRAIN LESION		1212		2						
61517	IMPLT BRAIN CHEMOTX ADD-ON		48.96		1						
61518	REMOVAL OF BRAIN LESION		1890		2						
61519	REMOVE BRAIN LINING LESION		1866		2						
61520	REMOVAL OF BRAIN LESION		2693		1						
61521	REMOVAL OF BRAIN LESION		1984		1						
61522	REMOVAL OF BRAIN ABSCESS		1674		2						
61524	REMOVAL OF BRAIN LESION		1720		2						
61526	REMOVAL OF BRAIN LESION		2211		1						
61530	REMOVAL OF BRAIN LESION		1954		1						
61531	IMPLANT BRAIN ELECTRODES		748		1						
61533	IMPLANT BRAIN ELECTRODES		1187		2						

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Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
61534	REMOVAL OF BRAIN LESION		960		1						
61535	REMOVE BRAIN ELECTRODES		665		2						
61536	REMOVAL OF BRAIN LESION		1551		1						
61537	REMOVAL OF BRAIN TISSUE		1113.07		1						
61538	REMOVAL OF BRAIN TISSUE		1326		1						
61539	REMOVAL OF BRAIN TISSUE		1439		1						
61540	REMOVAL OF BRAIN TISSUE		1342.99		1						
61541	INCISION OF BRAIN TISSUE		1645		1						
61543	REMOVAL OF BRAIN TISSUE		1398		1						
61544	REMOVE & TREAT BRAIN LESION		1223		2						
61545	EXCISION OF BRAIN TUMOR		2257		1						
61546	REMOVAL OF PITUITARY GLAND		1455		1						
61548	REMOVAL OF PITUITARY GLAND		1060		1						
61550	RELEASE OF SKULL SEAMS		619		1						
61552	RELEASE OF SKULL SEAMS		901		1						
61556	INCISE SKULL/SUTURES		955		1						
61557	INCISE SKULL/SUTURES		979		1						
61558	EXCISION OF SKULL/SUTURES		1129		1						
61559	EXCISION OF SKULL/SUTURES		1750		1						
61563	EXCISION OF SKULL TUMOR		1178		2						
61564	EXCISION OF SKULL TUMOR		1412		2						
61566	REMOVAL OF BRAIN TISSUE		1554		1						
61567	INCISION OF BRAIN TISSUE		1530.03		1						
61570	REMOVE FOREIGN BODY BRAIN		1070		2						
61571	INCISE SKULL FOR BRAIN WOUND		1346		2						
61575	SKULL BASE/BRAINSTEM SURGERY		1613		1						
61576	SKULL BASE/BRAINSTEM SURGERY		2167		1						
61580	CRANIOFACIAL APPROACH SKULL		1293		1						
61581	CRANIOFACIAL APPROACH SKULL		1452		1						
61582	CRANIOFACIAL APPROACH SKULL		1385		1						
61583	CRANIOFACIAL APPROACH SKULL		1609		1						
61584	ORBITOCRANIAL APPROACH/SKULL		1532		1						
61585	ORBITOCRANIAL APPROACH/SKULL		1701		1						
61586	RESECT NASOPHARYNX SKULL		1446		1						
61590	INFRATEMPORAL APPROACH/SKULL		1789		1						
61591	INFRATEMPORAL APPROACH/SKULL		1892		1						
61592	ORBITOCRANIAL APPROACH/SKULL		1757		1						
61595	TRANSTEMPORAL APPROACH/SKULL		1275		1						
61596	TRANSCOCHLEAR APPROACH/SKULL		1533		1						
61597	TRANSCONDYLAR APPROACH/SKULL		1651		1						
61598	TRANSPETROSAL APPROACH/SKULL		1459		1						
61600	RESECT/EXCISE CRANIAL LESION		1106		1						
61601	RESECT/EXCISE CRANIAL LESION		1234		1						
61605	RESECT/EXCISE CRANIAL LESION		1248		1						
61606	RESECT/EXCISE CRANIAL LESION		1720		1						
61607	RESECT/EXCISE CRANIAL LESION		1603		1						
61608	RESECT/EXCISE CRANIAL LESION		1871		1						
61611	TRANSECT ARTERY SINUS		317		1						
61613	REMOVE ANEURYSM SINUS		1826		1						
61615	RESECT/EXCISE LESION SKULL		1396		1						
61616	RESECT/EXCISE LESION SKULL		1914		1						
61618	REPAIR DURA		868		2						
61619	REPAIR DURA		911		2						
61623	ENDOVASC TEMPORY VESSEL OCCL		355.98		2						
61624	TRANSCATH OCCLUSION CNS		833		2						

Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
61626	TRANSCATH OCCLUSION NON-CNS		675		2						
61635	INTRACRAN ANGIOPLSTY W/STENT		866		1						
61645	PERQ ART M-THROMBECT &/NFS		598.33		1						
61680	INTRACRANIAL VESSEL SURGERY		1556		1						
61682	INTRACRANIAL VESSEL SURGERY		3055		1						
61684	INTRACRANIAL VESSEL SURGERY		2010		1						
61686	INTRACRANIAL VESSEL SURGERY		2746		1						
61690	INTRACRANIAL VESSEL SURGERY		1380		1						
61692	INTRACRANIAL VESSEL SURGERY		2177		1						
61697	BRAIN ANEURYSM REPR COMPLX		2541		3						
61698	BRAIN ANEURYSM REPR COMPLX		2104		2						
61700	BRAIN ANEURYSM REPR SIMPLE		2700		3						
61702	INNER SKULL VESSEL SURGERY		2174		2						
61703	CLAMP NECK ARTERY		781		1						
61705	REVISE CIRCULATION TO HEAD		1645		1						
61708	REVISE CIRCULATION TO HEAD		1390		2						
61710	REVISE CIRCULATION TO HEAD		1162		2						
61711	FUSION OF SKULL ARTERIES		1699		1						
61720	INCISE SKULL/BRAIN SURGERY		932		2						
61735	INCISE SKULL/BRAIN SURGERY		1097		2						
61736	LITT ICR 1 TRAJ 1 SMPL LES		697.06		1						
61737	LITT ICR MLT TRJ MLT/CPLX LS		830.37		1						
61750	INCISE SKULL/BRAIN BIOPSY		1057		2						
61751	BRAIN BIOPSY W/CT/MR GUIDE		1029		3						
61760	IMPLANT BRAIN ELECTRODES		1055		1						
61770	INCISE SKULL FOR TREATMENT		1179		1						
61781	SCAN PROC CRANIAL INTRA		172.1		1						
61782	SCAN PROC CRANIAL EXTRA		170.46		1						
61783	SCAN PROC SPINAL		172.1		1						
61790	TREAT TRIGEMINAL NERVE		513		2						
61791	TREAT TRIGEMINAL TRACT		816		2						
61796	SRS CRANIAL LESION SIMPLE		517.7		1						
61797	SRS CRAN LES SIMPLE ADDL		143.7		1						
61798	SRS CRANIAL LESION COMPLEX		517.7		1						
61799	SRS CRAN LES COMPLEX ADDL		198.62		1						
61800	APPLY SRS HEADFRAME ADD-ON		100.4		1						
61850	IMPLANT NEUROELECTRODES		587		1						
61860	IMPLANT NEUROELECTRODES		863		1						
61863	IMPLANT NEUROELECTRODE		803		2						
61864	IMPLANT NEUROELECTRDE ADDL		192.43		1						
61867	IMPLANT NEUROELECTRODE		1229.35		2						
61868	IMPLANT NEUROELECTRDE ADDL		323.01		2						
61880	REVISE/REMOVE NEUROELECTRODE		301		1						
61885	INSRT/REDO NEUROSTIM 1 ARRAY		347		2						
61886	IMPLANT NEUROSTIM ARRAYS		366		1						
61888	REVISE/REMOVE NEURORECEIVER		277		2						
62000	TREAT SKULL FRACTURE		529		1						
62005	TREAT SKULL FRACTURE		705		1						
62010	TREATMENT OF HEAD INJURY		1014		1						
62100	REPAIR BRAIN FLUID LEAKAGE		1057		1						
62115	REDUCTION OF SKULL DEFECT		916		1						
62117	REDUCTION OF SKULL DEFECT		1196		1						
62120	REPAIR SKULL CAVITY LESION		1255		1						
62121	INCISE SKULL REPAIR		1266		1						
62140	REPAIR OF SKULL DEFECT		699		1						

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Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
62141	REPAIR OF SKULL DEFECT		766		1						
62142	REMOVE SKULL PLATE/FLAP		698		2						
62143	REPLACE SKULL PLATE/FLAP		677		2						
62145	REPAIR OF SKULL & BRAIN		960		2						
62146	REPAIR OF SKULL WITH GRAFT		923		2						
62147	REPAIR OF SKULL WITH GRAFT		1091		2						
62148	RETR BONE FLAP TO FIX SKULL		77.67		2						
62160	NEUROENDOSCOPY ADD-ON		112.34		1						
62161	DISSECT BRAIN W/SCOPE		798.08		1						
62162	REMOVE COLLOID CYST W/SCOPE		1022.15		1						
62164	REMOVE BRAIN TUMOR W/SCOPE		1106.36		1						
62165	REMOVE PITUIT TUMOR W/SCOPE		868.73		1						
62180	ESTABLISH BRAIN CAVITY SHUNT		940		1						
62190	ESTABLISH BRAIN CAVITY SHUNT		715		1						
62192	ESTABLISH BRAIN CAVITY SHUNT		672		1						
62194	REPLACE/IRRIGATE CATHETER		182		2						
62200	ESTABLISH BRAIN CAVITY SHUNT		940		1						
62201	BRAIN CAVITY SHUNT W/SCOPE		650		1						
62220	ESTABLISH BRAIN CAVITY SHUNT		839		1						
62223	ESTABLISH BRAIN CAVITY SHUNT		757		1						
62225	REPLACE/IRRIGATE CATHETER		300		2						
62230	REPLACE/REVISE BRAIN SHUNT		545		2						
62252	CSF SHUNT REPROGRAM		65		2						
62256	REMOVE BRAIN CAVITY SHUNT		359		1						
62258	REPLACE BRAIN CAVITY SHUNT		841		1						
62263	EPIDURAL LYSIS MULT SESSIONS		526		1						
62264	EPIDURAL LYSIS ON SINGLE DAY		373		1						
62267	INTERDISCAL PERQ ASPIR DX		173.04		2						
62268	DRAIN SPINAL CORD CYST		453		1						
62269	NEEDLE BIOPSY SPINAL CORD		543		2						
62270	DX LMBR SPI PNXR		114		2						
62272	THER SPI PNXR DRG CSF		139		1						
62273	INJECT EPIDURAL PATCH		139		2						
62280	TREAT SPINAL CORD LESION		267		1						
62281	TREAT SPINAL CORD LESION		232		1						
62282	TREAT SPINAL CANAL LESION		292		1						
62284	INJECTION FOR MYELOGRAM		179		1						
62287	DCMPRN PX PERQ 1/MLT LUMBAR		332.67		1						
62290	NJX PX DISCOGRAPHY LUMBAR		282		4						
62291	NJX PX DISCOGRAPHY CRV/THRC		248		4						
62294	INJECTION INTO SPINAL ARTERY		449		2						
62302	MYELOGRAPHY LUMBAR INJECTION		180.39		1						
62303	MYELOGRAPHY LUMBAR INJECTION		187.24		1						
62304	MYELOGRAPHY LUMBAR INJECTION		177.72		1						
62305	MYELOGRAPHY LUMBAR INJECTION		193.78		1						
62320	NJX INTERLAMINAR CRV/THRC		118.52		1						
62321	NJX INTERLAMINAR CRV/THRC		174.75		1						
62322	NJX INTERLAMINAR LMBR/SAC		110.38		1						
62323	NJX INTERLAMINAR LMBR/SAC		171.52		1						
62324	NJX INTERLAMINAR CRV/THRC		109.56		1						
62325	NJX INTERLAMINAR CRV/THRC		155.77		1						
62326	NJX INTERLAMINAR LMBR/SAC		109.11		1						
62327	NJX INTERLAMINAR LMBR/SAC		158.22		1						
62328	DX LMBR SPI PNXR W/FLUOR/CT		194.22		1						
62329	THER SPI PNXR CSF FLUOR/CT		240.13		1						

Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
62350	IMPLANT SPINAL CANAL CATH		333		1						
62351	IMPLANT SPINAL CANAL CATH		538		1						
62355	REMOVE SPINAL CANAL CATHETER		264		1						
62360	INSERT SPINE INFUSION DEVICE		157		1						
62361	IMPLANT SPINE INFUSION PUMP		284		1						
62362	IMPLANT SPINE INFUSION PUMP		353		1						
62365	REMOVE SPINE INFUSION DEVICE		276		1						
62367	ANALYZE SPINE INFUS PUMP		21		1						
62368	ANALYZE SP INF PUMP W/REPROG	26	29		1						
62368	ANALYZE SP INF PUMP W/REPROG		33		1						
62369	ANAL SP INF PMP W/REPRG&FILL		78.12		1						
62370	ANL SP INF PMP W/MDREPRG&FIL		82.15		1						
63001	REMOVE SPINE LAMINA 1/2 CRVL		911		1						
63003	REMOVE SPINE LAMINA 1/2 THRC		925		1						
63005	REMOVE SPINE LAMINA 1/2 LMBR		787		1						
63011	REMOVE SPINE LAMINA 1/2 SCRL		803		1						
63012	REMOVE LAMINA/FACETS LUMBAR		908		1						
63015	REMOVE SPINE LAMINA >2 CRVCL		1000		1						
63016	REMOVE SPINE LAMINA >2 THRC		1053		1						
63017	REMOVE SPINE LAMINA >2 LMBR		938		1						
63020	NECK SPINE DISK SURGERY		787		1						
63030	LOW BACK DISK SURGERY		730		1						
63035	SPINAL DISK SURGERY ADD-ON		173		6						
63040	LAMINOTOMY SINGLE CERVICAL		1031		1						
63042	LAMINOTOMY SINGLE LUMBAR		1031		1						
63043	LAMINOTOMY ADDL CERVICAL		173		6						
63044	LAMINOTOMY ADDL LUMBAR		173		4						
63045	LAM FACETEC & FORAMOT CRV		858		1						
63046	LAM FACETEC & FORAMOT THRC		823		1						
63047	LAM FACETEC & FORAMOT LUMBAR		823		1						
63048	LAM FACETEC &FORAMOT EA ADDL		178		9						
63050	CERVICAL LAMINOPLSTY 2/> SEG		912.52		1						
63051	C-LAMINOPLASTY W/GRAFT/PLATE		1042.47		1						
63052	LAM FACETC/FRMT ARTHRD LUM 1		195.81		1						
63053	LAM FACTC/FRMT ARTHRD LUM EA		146.96		1						
63055	DECOMPRESS SPINAL CORD THRC		1124		1						
63056	DECOMPRESS SPINAL CORD LMBR		1047		1						
63057	DECOMPRESS SPINE CORD ADD-ON		272		8						
63064	DECOMPRESS SPINAL CORD THRC		1244		1						
63066	DECOMPRESS SPINE CORD ADD-ON		183		3						
63075	NECK SPINE DISK SURGERY		1022		1						
63076	NECK SPINE DISK SURGERY		222		6						
63077	SPINE DISK SURGERY THORAX		1066		1						
63078	SPINE DISK SURGERY THORAX		153		5						
63081	REMOVE VERT BODY DCMPRN CRVL		1365		1						
63082	REMOVE VERTEBRAL BODY ADD-ON		239		6						
63085	REMOVE VERT BODY DCMPRN THRC		1301		1						
63086	REMOVE VERTEBRAL BODY ADD-ON		196		6						
63087	REMOV VERTBR DCMPRN THRCLMBR		2038		1						
63088	REMOVE VERTEBRAL BODY ADD-ON		208		5						
63090	REMOVE VERT BODY DCMPRN LMBR		1362		1						
63091	REMOVE VERTEBRAL BODY ADD-ON		158		1						
63101	REMOVE VERT BODY DCMPRN THRC		1390.66		1						
63102	REMOVE VERT BODY DCMPRN LMBR		1390.66		1						
63103	REMOVE VERTEBRAL BODY ADD-ON		162.85		1						

Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
63170	INCISE SPINAL CORD TRACT(S)		1236		1						
63172	DRAINAGE OF SPINAL CYST		1025		1						
63173	DRAINAGE OF SPINAL CYST		1286		1						
63185	INCISE SPINE NRV HALF SEGMNT		725		1						
63190	INCISE SPINE NRV >2 SEGMNTS		973		1						
63191	INCISE SPINE ACCESSORY NERVE		1004		1						
63197	LAM W/COROTOMY 1STG THRC		968		1						
63200	RELEASE SPINAL CORD LUMBAR		1092		1						
63250	REVISE SPINAL CORD VSLS CRVL		1728		1						
63251	REVISE SPINAL CORD VSLS THRC		1742		1						
63252	REVISE SPINE CORD VSL THRLMB		1799		1						
63265	EXCISE INTRASPINAL LESION CRV		1045		1						
63266	EXCISE INTRASPINAL LESION THRC		1104		1						
63267	EXCISE INTRASPINAL LESION LMBR		928		1						
63268	EXCISE INTRASPINAL LESION SCRL		1025		1						
63270	EXCISE INTRASPINAL LESION CRVL		1189		1						
63271	EXCISE INTRASPINAL LESION THRC		1293		1						
63272	EXCISE INTRASPINAL LESION LMBR		1190		1						
63273	EXCISE INTRASPINAL LESION SCRL		1088		1						
63275	BX/EXC XDRL SPINE LESN CRVL		1165		1						
63276	BX/EXC XDRL SPINE LESN THRC		1193		1						
63277	BX/EXC XDRL SPINE LESN LMBR		1200		1						
63278	BX/EXC XDRL SPINE LESN SCRL		1010		1						
63280	BX/EXC IDRL SPINE LESN CRVL		1442		1						
63281	BX/EXC IDRL SPINE LESN THRC		1345		1						
63282	BX/EXC IDRL SPINE LESN LMBR		1243		1						
63283	BX/EXC IDRL SPINE LESN SCRL		1105		1						
63285	BX/EXC IDRL IMED LESN CERVL		1589		1						
63286	BX/EXC IDRL IMED LESN THRC		1623		1						
63287	BX/EXC IDRL IMED LESN THRLMB		1630		1						
63290	BX/EXC XDRL/IDRL LSN ANY LVL		1870		1						
63295	REPAIR LAMINECTOMY DEFECT		208.53		1						
63300	REMOVE VERT XDRL BODY CRVCL		1393		1						
63301	REMOVE VERT XDRL BODY THRC		1539		1						
63302	REMOVE VERT XDRL BODY THRLMB		1239		1						
63303	REMOV VERT XDRL BDY LMBR/SAC		1646		1						
63304	REMOVE VERT IDRL BODY CRVCL		1359		1						
63305	REMOVE VERT IDRL BODY THRC		1395		1						
63306	REMOV VERT IDRL BDY THRC/LMBR		1407		1						
63307	REMOV VERT IDRL BDY LMBR/SAC		1367		1						
63308	REMOVE VERTEBRAL BODY ADD-ON		230		4						
63600	REMOVE SPINAL CORD LESION		578		2						
63610	STIMULATION OF SPINAL CORD		345		1						
63620	SRS SPINAL LESION		517.7		1						
63621	SRS SPINAL LESION ADDL		165.19		2						
63650	IMPLANT NEUROELECTRODES		336		2						
63655	IMPLANT NEUROELECTRODES		513		1						
63661	REMOVE SPINE ELTRD PERQ ARAY		335.77		1						
63662	REMOVE SPINE ELTRD PLATE		436.03		1						
63663	REVISE SPINE ELTRD PERQ ARAY		491.24		1						
63664	REVISE SPINE ELTRD PLATE		454.2		1						
63685	INSRT/REDO SPINE N GENERATOR		344		2						
63688	REVISE/REMOVE NEURORECEIVER		275		2						
63700	REPAIR OF SPINAL HERNIATION		846		1						
63702	REPAIR OF SPINAL HERNIATION		819		1						

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63704	REPAIR OF SPINAL HERNIATION		1081		1						
63706	REPAIR OF SPINAL HERNIATION		1017		1						
63707	REPAIR SPINAL FLUID LEAKAGE		671		1						
63709	REPAIR SPINAL FLUID LEAKAGE		747		1						
63710	GRAFT REPAIR OF SPINE DEFECT		810		1						
63740	INSTALL SPINAL SHUNT		733		1						
63741	INSTALL SPINAL SHUNT		461		1						
63744	REVISION OF SPINAL SHUNT		397		1						
63746	REMOVAL OF SPINAL SHUNT		327		1						
64400	NJX AA&/STRD TRIGEMINAL NRV		85		1						
64405	NJX AA&/STRD GR OCPL NRV		80		1						
64408	NJX AA&/STRD VAGUS NRV		77		2						
64415	NJX AA&/STRD BRCH PLXS IMG		120		2						
64416	NJX AA&/STRD BRCH PL NFS IMG		133		2						
64417	NJX AA&/STRD AX NERVE IMG		125		2						
64418	NJX AA&/STRD SPRSCAP NRV		110		2						
64420	NJX AA&/STRD NTRCOST NRV 1		139		3						
64421	NJX AA&/STRD NTRCOST NRV EA		212		3						
64425	NJX AA&/STRD II IH NERVES		99		2						
64430	NJX AA&/STRD PUDENDAL NERVE		112		2						
64435	NJX AA&/STRD PARACRV NRV		113		2						
64445	NJX AA&/STRD SCIATIC NRV IMG		117		1						
64446	NJX AA&/STRD SC NRV NFS IMG		109.27		2						
64447	NJX AA&/STRD FEMORAL NRV IMG		59		2						
64448	NJX AA&/STRD FEM NRV NFS IMG		100.51		2						
64449	NJX AA&/STRD LMBR PLEX NFS		102.5		2						
64450	NJX AA&/STRD OTHER PN/BRANCH		74		1						
64451	NJX AA&/STRD NRV NRV TG SI JT		157.82		1						
64454	NJX AA&/STRD GNCLR NRV BRNCH		159.37		1						
64455	NJX AA&/STRD PLTR COM DG NRV		35.73		2						
64461	PVB THORACIC SINGLE INJ SITE		112.38		1						
64463	PVB THORACIC CONT INFUSION		123.91		1						
64479	NJX AA&/STRD TFRM EPI C/T 1		265		1						
64480	NJX AA&/STRD TFRM EPI C/T EA		126		2						
64483	NJX AA&/STRD TFRM EPI L/S 1		266		1						
64484	NJX AA&/STRD TFRM EPI L/S EA		128		2						
64486	TAP BLOCK UNIL BY INJECTION		91.84		1						
64487	TAP BLOCK UNI BY INFUSION		112.24		1						
64488	TAP BLOCK BI INJECTION		113.22		1						
64489	TAP BLOCK BI BY INFUSION		156.42		1						
64490	INJ PARAVERT F JNT C/T 1 LEV		113.26		1						
64491	INJ PARAVERT F JNT C/T 2 LEV		57.69		1						
64492	INJ PARAVERT F JNT C/T 3 LEV		58.34		1						
64493	INJ PARAVERT F JNT L/S 1 LEV		101.13		1						
64494	INJ PARAVERT F JNT L/S 2 LEV		41		1						
64495	INJ PARAVERT F JNT L/S 3 LEV		53.04		1						
64505	N BLOCK SPENOPALATINE GANGL		76		2						
64510	N BLOCK STELLATE GANGLION		128		2						
64517	N BLOCK INJ HYPOGAS PLXS		140		1						
64520	N BLOCK LUMBAR/THORACIC		176		2						
64530	N BLOCK INJ CELIAC PELUS		166		2						
64553	IMPLANT NEUROELECTRODES		98		1						
64555	IMPLANT NEUROELECTRODES		154		2						
64561	IMPLANT NEUROELECTRODES		997		2						
64566	NEUROELTRD STIM POST TIBIAL		96.42		1						

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64568	OPN IMPLTJ CRNL NRV NEA&PG		479.01		1						
64569	REVISE/REPL VAGUS N ELTRD		453.82		1						
64570	REMOVE VAGUS N ELTRD		392.53		1						
64575	OPN IMPLTJ NEA PERPH NERVE		174		2						
64580	OPN IMPLTJ NEA NEUROMUSCULAR		186.15		2						
64581	OPN IMPLTJ NEA SACRAL NERVE		572		2						
64582	OPN MPLTJ HPGLSL NSTM ARY PG		656.89		1						
64583	REV/RPLCT HPGLSL NSTM ARY PG		601.56		1						
64584	RMVL HPGLSL NSTM ARY PG		507.05		1						
64585	REVISE/REMOVE NEUROELECTRODE		113		2						
64590	INSRT/REDO PN/GASTR STIMUL		263		1						
64595	REVISE/RMV PN/GASTR STIMUL		106		1						
64600	INJECTION TREATMENT OF NERVE		148		2						
64605	INJECTION TREATMENT OF NERVE		208		2						
64610	INJECTION TREATMENT OF NERVE		481		2						
64611	CHEMODENERV SALIV GLANDS		72.93		1						
64612	DESTROY NERVE FACE MUSCLE		127		2						
64615	CHEMODENERV MUSC MIGRAINE		100.63		1						
64616	CHEMODENERV MUSC NECK DYSTON		66.81		1						
64617	CHEMODENERV MUSCLE LARYNX EMG		105.91		1						
64620	INJECTION TREATMENT OF NERVE		120		1						
64624	DSTRJ NULYT AGT GNCLR NRV		303.72		1						
64628	TRML DSTRJ IOS BVN 1ST 2 L/S		347.11		1						
64629	TRML DSTRJ IOS BVN EA ADDL		163.94		1						
64630	INJECTION TREATMENT OF NERVE		131		1						
64632	N BLOCK INJ COMMON DIGIT		58.72		2						
64633	DESTROY CERV/THOR FACET JNT		286		1						
64634	DESTROY C/TH FACET JNT ADDL		130.17		1						
64635	DESTROY LUMB/SAC FACET JNT		281.11		1						
64636	DESTROY L/S FACET JNT ADDL		117.14		1						
64640	INJECTION TREATMENT OF NERVE		199		1						
64642	CHEMODENERV 1 EXTREMITY 1-4		76.96		1						
64643	CHEMODENERV 1 EXTREM 1-4 EA		50.82		1						
64644	CHEMODENERV 1 EXTREM 5/> MUS		87.92		1						
64645	CHEMODENERV 1 EXTREM 5/> EA		62.01		1						
64646	CHEMODENERV TRUNK MUSC 1-5		82.89		1						
64647	CHEMODENERV TRUNK MUSC 6/>		96.03		1						
64680	INJECTION TREATMENT OF NERVE		258		1						
64681	INJECTION TREATMENT OF NERVE		294.24		1						
64702	REVISE FINGER/TOE NERVE		242		2						
64704	REVISE HAND/FOOT NERVE		238		1						
64708	REVISE ARM/LEG NERVE		366		1						
64712	REVISION OF SCIATIC NERVE		420		2						
64713	REVISION OF ARM NERVE(S)		591		2						
64714	REVISE LOW BACK NERVE(S)		392		2						
64716	REVISION OF CRANIAL NERVE		363		1						
64718	REVISE ULNAR NERVE AT ELBOW		361		2						
64719	REVISE ULNAR NERVE AT WRIST		282		2						
64721	CARPAL TUNNEL SURGERY		302		2						
64722	RELIEVE PRESSURE ON NERVE(S)		243		1						
64726	RELEASE FOOT/TOE NERVE		212		2						
64727	INTERNAL NERVE REVISION		162		3						
64732	INCISION OF BROW NERVE		218		2						
64734	INCISION OF CHEEK NERVE		233		2						
64736	INCISION OF CHIN NERVE		215		2						

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64738	INCISION OF JAW NERVE		306		2						
64740	INCISION OF TONGUE NERVE		249		2						
64742	INCISION OF FACIAL NERVE		359		2						
64744	INCISE NERVE BACK OF HEAD		303		2						
64746	INCISE DIAPHRAGM NERVE		267		2						
64755	INCISION OF STOMACH NERVES		728		1						
64760	INCISION OF VAGUS NERVE		402		1						
64763	INCISE HIP/THIGH NERVE		304		1						
64766	INCISE HIP/THIGH NERVE		386		1						
64771	SEVER CRANIAL NERVE		341		2						
64772	INCISION OF SPINAL NERVE		441		2						
64774	REMOVE SKIN NERVE LESION		213		3						
64776	REMOVE DIGIT NERVE LESION		267		1						
64778	DIGIT NERVE SURGERY ADD-ON		135		3						
64782	REMOVE LIMB NERVE LESION		306		2						
64783	LIMB NERVE SURGERY ADD-ON		193		2						
64784	REMOVE NERVE LESION		501		1						
64786	REMOVE SCIATIC NERVE LESION		781		2						
64787	IMPLANT NERVE END		202		1						
64788	REMOVE SKIN NERVE LESION		245		1						
64790	REMOVAL OF NERVE LESION		480		1						
64792	REMOVAL OF NERVE LESION		624		2						
64795	BIOPSY OF NERVE		161		2						
64802	SYMPATHECTOMY CERVICAL		441		1						
64804	REMOVE SYMPATHETIC NERVES		650		1						
64809	REMOVE SYMPATHETIC NERVES		618		1						
64818	REMOVE SYMPATHETIC NERVES		539		1						
64820	SYMPATHECTOMY DIGITAL ARTERY		454		1						
64821	REMOVE SYMPATHETIC NERVES		393 Y		2						
64822	REMOVE SYMPATHETIC NERVES		393 Y		2						
64823	SYMPATHECTOMY SUPFC PALMAR		455 Y		2						
64831	REPAIR OF DIGIT NERVE		502		2						
64832	REPAIR NERVE ADD-ON		267		1						
64834	REPAIR OF HAND OR FOOT NERVE		527		2						
64835	REPAIR OF HAND OR FOOT NERVE		569		2						
64836	REPAIR OF HAND OR FOOT NERVE		598		2						
64837	REPAIR NERVE ADD-ON		295		3						
64840	REPAIR OF LEG NERVE		573		2						
64856	REPAIR/TRANSPOSE NERVE		704		2						
64857	REPAIR ARM/LEG NERVE		740		3						
64858	REPAIR SCIATIC NERVE		721		2						
64859	NERVE SURGERY		185		2						
64861	REPAIR OF ARM NERVES		981		2						
64862	REPAIR OF LOW BACK NERVES		967		2						
64864	REPAIR OF FACIAL NERVE		600		2						
64865	REPAIR OF FACIAL NERVE		677		1						
64866	FUSION OF FACIAL/OTHER NERVE		672		1						
64868	FUSION OF FACIAL/OTHER NERVE		780		1						
64872	SUBSEQUENT REPAIR OF NERVE		86		3						
64874	REPAIR & REVISE NERVE ADD-ON		161		1						
64876	REPAIR NERVE/SHORTEN BONE		138		1						
64885	NERVE GRAFT HEAD/NECK </4 CM		750		1						
64886	NERVE GRAFT HEAD/NECK >4 CM		890		1						
64890	NERVE GRAFT HAND/FOOT </4 CM		673		3						
64891	NERVE GRAFT HAND/FOOT >4 CM		676		2						

Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
64892	NERVE GRAFT ARM/LEG <4 CM		641		2						
64893	NERVE GRAFT ARM/LEG >4 CM		714		2						
64895	NERVE GRAFT HAND/FOOT </4 CM		1047		2						
64896	NERVE GRAFT HAND/FOOT >4 CM		914		2						
64897	NERVE GRAFT ARM/LEG </4 CM		771		2						
64898	NERVE GRAFT ARM/LEG >4 CM		840		2						
64901	NERVE GRAFT ADD-ON		467		2						
64902	NERVE GRAFT ADD-ON		531		1						
64905	NERVE PEDICLE TRANSFER		690		1						
64907	NERVE PEDICLE TRANSFER		799		1						
64910	NERVE REPAIR W/ALLOGRAFT		478		3						
64911	NEURORRAPHY W/VEIN AUTOGRAFT		584		2						
64912	NRV RPR W/NRV ALGRFT 1ST		584.48		3						
64913	NRV RPR W/NRV ALGRFT EA ADDL		119.59		3						
65091	REVISE EYE		420		1						
65093	REVISE EYE WITH IMPLANT		443		1						
65101	REMOVAL OF EYE		388		1						
65103	REMOVE EYE/INSERT IMPLANT		491		1						
65105	REMOVE EYE/ATTACH IMPLANT		539		1						
65110	REMOVAL OF EYE		701		1						
65112	REMOVE EYE/REVISE SOCKET		815		1						
65114	REMOVE EYE/REVISE SOCKET		787		1						
65125	REVISE OCULAR IMPLANT		175		1						
65130	INSERT OCULAR IMPLANT		390		1						
65135	INSERT OCULAR IMPLANT		364		1						
65140	ATTACH OCULAR IMPLANT		413		1						
65150	REVISE OCULAR IMPLANT		402		1						
65155	REINSERT OCULAR IMPLANT		468		1						
65175	REMOVAL OF OCULAR IMPLANT		349		1						
65205	REMOVE FOREIGN BODY FROM EYE		44		1						
65210	REMOVE FOREIGN BODY FROM EYE		53		1						
65220	REMOVE FOREIGN BODY FROM EYE		44		1						
65222	REMOVE FOREIGN BODY FROM EYE		59		1						
65235	REMOVE FOREIGN BODY FROM EYE		413		1						
65260	REMOVE FOREIGN BODY FROM EYE		515		1						
65265	REMOVE FOREIGN BODY FROM EYE		595		1						
65270	REPAIR OF EYE WOUND		196		1						
65272	REPAIR OF EYE WOUND		176		1						
65273	REPAIR OF EYE WOUND		203		1						
65275	REPAIR OF EYE WOUND		332		1						
65280	REPAIR OF EYE WOUND		453		1						
65285	REPAIR OF EYE WOUND		645		1						
65286	REPAIR OF EYE WOUND		291		1						
65290	REPAIR OF EYE SOCKET WOUND		278		1						
65400	REMOVAL OF EYE LESION		407		1						
65410	BIOPSY OF CORNEA		76		1						
65420	REMOVAL OF EYE LESION		361		1						
65426	REMOVAL OF EYE LESION		429		1						
65430	CORNEAL SMEAR		90		1						
65435	CURETTE/TREAT CORNEA		55		1						
65436	CURETTE/TREAT CORNEA		238		2						
65450	TREATMENT OF CORNEAL LESION		209		1						
65600	REVISION OF CORNEA		174		1						
65710	CORNEAL TRANSPLANT		777		1						
65730	CORNEAL TRANSPLANT		855		1						

Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
65750	CORNEAL TRANSPLANT		880		1						
65755	CORNEAL TRANSPLANT		874		1						
65756	CORNEAL TRNSPL ENDOTHELIAL		647		1						
65757	PREP CORNEAL ENDO ALLOGRAFT		739.12		1						
65760	REVISION OF CORNEA		913.91		1						
65765	REVISION OF CORNEA		913.91		1						
65767	CORNEAL TISSUE TRANSPLANT		822.52		1						
65770	REVISE CORNEA WITH IMPLANT		968		1						
65772	CORRECTION OF ASTIGMATISM		308		1						
65775	CORRECTION OF ASTIGMATISM		409		1						
65778	COVER EYE W/MEMBRANE		931.68		1						
65779	COVER EYE W/MEMBRANE SUTURE		843.65		1						
65780	OCULAR RECONST TRANSPLANT		588		1						
65781	OCULAR RECONST TRANSPLANT		770.82		1						
65782	OCULAR RECONST TRANSPLANT		663.78		1						
65800	DRAINAGE OF EYE		107		1						
65810	DRAINAGE OF EYE		275		1						
65815	DRAINAGE OF EYE		419		1						
65820	RELIEVE INNER EYE PRESSURE		435		1						
65850	INCISION OF EYE		645		1						
65855	TRABECULOPLASTY LASER SURG		262		1						
65860	INCISE INNER EYE ADHESIONS		234		1						
65865	INCISE INNER EYE ADHESIONS		360		1						
65870	INCISE INNER EYE ADHESIONS		364		1						
65875	INCISE INNER EYE ADHESIONS		382		1						
65880	INCISE INNER EYE ADHESIONS		345		1						
65900	REMOVE EYE LESION		510		1						
65920	REMOVE IMPLANT OF EYE		476		1						
65930	REMOVE BLOOD CLOT FROM EYE		376		1						
66020	INJECTION TREATMENT OF EYE		131		1						
66030	INJECTION TREATMENT OF EYE		62		1						
66130	REMOVE EYE LESION		492		1						
66150	GLAUCOMA SURGERY		428		1						
66155	GLAUCOMA SURGERY		426		1						
66160	GLAUCOMA SURGERY		584		1						
66170	GLAUCOMA SURGERY		699		1						
66172	INCISION OF EYE		868		1						
66174	TRLUML DIL AQ O/F CAN W/O ST		726.98		1						
66175	TRLUML DIL AQ O/F CAN W/ST		794.69		1						
66179	AQUEOUS SHUNT EYE W/O GRAFT		683.76		1						
66180	AQUEOUS SHUNT EYE W/GRAFT		737		1						
66183	INSERT ANT DRAINAGE DEVICE		792.08		1						
66184	REVISION OF AQUEOUS SHUNT		476.04		1						
66185	REVISE AQUEOUS SHUNT EYE		504		1						
66225	REPAIR/GRAFT EYE LESION		696		1						
66250	FOLLOW-UP SURGERY OF EYE		492		1						
66500	INCISION OF IRIS		237		1						
66505	INCISION OF IRIS		193		1						
66600	REMOVE IRIS AND LESION		443		1						
66605	REMOVAL OF IRIS		612		1						
66625	REMOVAL OF IRIS		300		1						
66630	REMOVAL OF IRIS		333		1						
66635	REMOVAL OF IRIS		319		1						
66680	REPAIR IRIS & CILIARY BODY		346		1						
66682	REPAIR IRIS & CILIARY BODY		400		1						

Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
66700	DESTRUCTION CILIARY BODY		337		1						
66710	CILIARY TRANSSLERAL THERAPY		320		1						
66711	ECP CILIARY BODY DESTRUCTION		328.34		1						
66720	DESTRUCTION CILIARY BODY		301		1						
66740	DESTRUCTION CILIARY BODY		253		1						
66761	REVISION OF IRIS		273		1						
66762	REVISION OF IRIS		291		1						
66770	REMOVAL OF INNER EYE LESION		259		1						
66820	INCISION SECONDARY CATARACT		273		1						
66821	AFTER CATARACT LASER SURGERY		180		1						
66825	REPOSITION INTRAOCULAR LENS		494		1						
66830	REMOVAL OF LENS LESION		438		1						
66840	REMOVAL OF LENS MATERIAL		480		1						
66850	REMOVAL OF LENS MATERIAL		545		1						
66852	REMOVAL OF LENS MATERIAL		589		1						
66920	EXTRACTION OF LENS		544		1						
66930	EXTRACTION OF LENS		628		1						
66940	EXTRACTION OF LENS		538		1						
66982	XCAPSL CTRC RMVL CPLX WO ECP		679		1						
66983	CATARACT SURG W/IOL 1 STAGE		491		1						
66984	XCAPSL CTRC RMVL W/O ECP		576		1						
66985	INSERT LENS PROSTHESIS		457		1						
66986	EXCHANGE LENS PROSTHESIS		624		1						
66987	XCAPSL CTRC RMVL CPLX W/ECP		679		1						
66988	XCAPSL CTRC RMVL W/ECP		576		1						
66989	XCPSL CTRC RMVL CPLX INSJ 1+		628		1						
66990	OPHTHALMIC ENDOSCOPE ADD-ON		54.96		1						
66991	XCAPSL CTRC RMVL INSJ 1+		499.78		1						
67005	PARTIAL REMOVAL OF EYE FLUID		329		1						
67010	PARTIAL REMOVAL OF EYE FLUID		397		1						
67015	RELEASE OF EYE FLUID		385		1						
67025	REPLACE EYE FLUID		455		1						
67028	INJECTION EYE DRUG		168		1						
67030	INCISE INNER EYE STRANDS		334		1						
67031	LASER SURGERY EYE STRANDS		241		1						
67036	REMOVAL OF INNER EYE FLUID		687		1						
67039	LASER TREATMENT OF RETINA		773		1						
67040	LASER TREATMENT OF RETINA		1009		1						
67041	VIT FOR MACULAR PUCKER		614.59		1						
67042	VIT FOR MACULAR HOLE		703.98		1						
67043	VIT FOR MEMBRANE DISSECT		738.63		1						
67101	REPAIR DETACHED RETINA CRTX		527		1						
67105	REPAIR DETACHED RETINA PC		497		1						
67107	REPAIR DETACHED RETINA		855		1						
67108	REPAIR DETACHED RETINA		1029		1						
67110	REPAIR DETACHED RETINA		552		1						
67113	REPAIR RETINAL DETACH CPLX		739.09		1						
67115	RELEASE ENCIRCLING MATERIAL		289		1						
67120	REMOVE EYE IMPLANT MATERIAL		411		1						
67121	REMOVE EYE IMPLANT MATERIAL		518		1						
67141	PROPH RTA DTCHMNT CRTX DTHRM		355		1						
67145	PROPH RTA DTCHMNT PC		354		1						
67208	TREATMENT OF RETINAL LESION		416		1						
67210	TREATMENT OF RETINAL LESION		504		1						
67218	TREATMENT OF RETINAL LESION		655		1						

Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
67220	TREATMENT OF CHOROID LESION		683		1						
67221	OCULAR PHOTODYNAMIC THER		238		1						
67225	EYE PHOTODYNAMIC THER ADD-ON		24		1						
67227	DSTRJ EXTENSIVE RETINOPATHY		430		1						
67228	TREATMENT X10SV RETINOPATHY		699		1						
67229	TR RETINAL LES PRETERM INF		533.34		1						
67250	REINFORCE EYE WALL		548		1						
67255	REINFORCE/GRAFT EYE WALL		600		1						
67311	REVISE EYE MUSCLE		412		1						
67312	REVISE TWO EYE MUSCLES		500		1						
67314	REVISE EYE MUSCLE		458		1						
67316	REVISE TWO EYE MUSCLES		508		1						
67318	REVISE EYE MUSCLE(S)		460		1						
67320	REVISE EYE MUSCLE(S) ADD-ON		210		1						
67331	EYE SURGERY FOLLOW-UP ADD-ON		197		1						
67332	REREVISE EYE MUSCLES ADD-ON		218		1						
67334	REVISE EYE MUSCLE W/SUTURE		193		1						
67335	EYE SUTURE DURING SURGERY		121		1						
67340	REVISE EYE MUSCLE ADD-ON		239		1						
67343	RELEASE EYE TISSUE		339		1						
67345	DESTROY NERVE OF EYE MUSCLE		148		1						
67346	BIOPSY EYE MUSCLE		129		1						
67400	EXPLORE/BIOPSY EYE SOCKET		602		1						
67405	EXPLORE/DRAIN EYE SOCKET		427		1						
67412	EXPLORE/TREAT EYE SOCKET		584		1						
67413	EXPLORE/TREAT EYE SOCKET		595		1						
67414	EXPLR/DECOMPRESS EYE SOCKET		580		1						
67415	ASPIRATION ORBITAL CONTENTS		85		1						
67420	EXPLORE/TREAT EYE SOCKET		1087		1						
67430	EXPLORE/TREAT EYE SOCKET		648		1						
67440	EXPLORE/DRAIN EYE SOCKET		674		1						
67445	EXPLR/DECOMPRESS EYE SOCKET		684		1						
67450	EXPLORE/BIOPSY EYE SOCKET		697		1						
67500	INJECT/TREAT EYE SOCKET		48		1						
67505	INJECT/TREAT EYE SOCKET		49		1						
67515	INJECT/TREAT EYE SOCKET		39		1						
67550	INSERT EYE SOCKET IMPLANT		619		1						
67560	REVISE EYE SOCKET IMPLANT		630		1						
67570	DECOMPRESS OPTIC NERVE		620		1						
67700	DRAINAGE OF EYELID ABSCESS		199		1						
67710	INCISION OF EYELID		172		1						
67715	INCISION OF EYELID FOLD		178		1						
67800	REMOVE EYELID LESION		96		1						
67801	REMOVE EYELID LESIONS		124		1						
67805	REMOVE EYELID LESIONS		146		1						
67808	REMOVE EYELID LESION(S)		218		1						
67810	BIOPSY EYELID & LID MARGIN		133		1						
67820	REVISE EYELASHES		45		1						
67825	REVISE EYELASHES		99		1						
67830	REVISE EYELASHES		197		1						
67835	REVISE EYELASHES		346		1						
67840	REMOVE EYELID LESION		206		1						
67850	TREAT EYELID LESION		141		1						
67875	CLOSURE OF EYELID BY SUTURE		145		1						
67880	REVISION OF EYELID		291		1						

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Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
67882	REVISION OF EYELID		358		1						
67900	REPAIR BROW DEFECT		430	Y	1						
67901	REPAIR EYELID DEFECT		409	Y	1						
67902	REPAIR EYELID DEFECT		411	Y	1						
67903	REPAIR EYELID DEFECT		452	Y	1						
67904	REPAIR EYELID DEFECT		492	Y	1						
67906	REPAIR EYELID DEFECT		340	Y	1						
67908	REPAIR EYELID DEFECT		360	Y	1						
67909	REVISE EYELID DEFECT		308	Y	1						
67911	REVISE EYELID DEFECT		327		1						
67912	CORRECTION EYELID W/IMPLANT		617.3		1						
67914	REPAIR EYELID DEFECT		289		1						
67915	REPAIR EYELID DEFECT		197		1						
67916	REPAIR EYELID DEFECT		377		1						
67917	REPAIR EYELID DEFECT		410		1						
67921	REPAIR EYELID DEFECT		268		1						
67922	REPAIR EYELID DEFECT		193		1						
67923	REPAIR EYELID DEFECT		396		1						
67924	REPAIR EYELID DEFECT		415		1						
67930	REPAIR EYELID WOUND		262		1						
67935	REPAIR EYELID WOUND		419		1						
67938	REMOVE EYELID FOREIGN BODY		182		1						
67950	REVISION OF EYELID		409		1						
67961	REVISION OF EYELID		406		1						
67966	REVISION OF EYELID		445		1						
67971	RECONSTRUCTION OF EYELID		471		1						
67973	RECONSTRUCTION OF EYELID		649		1						
67974	RECONSTRUCTION OF EYELID		614		1						
67975	RECONSTRUCTION OF EYELID		469		1						
67999	UNLISTED PROCEDURE EYELIDS		600	Y	1						
68020	INCISE/DRAIN EYELID LINING		90		1						
68040	TREATMENT OF EYELID LESIONS		91		1						
68100	BIOPSY OF EYELID LINING		127		1						
68110	REMOVE EYELID LINING LESION		162		1						
68115	REMOVE EYELID LINING LESION		229		1						
68130	REMOVE EYELID LINING LESION		381		1						
68135	REMOVE EYELID LINING LESION		126		1						
68200	TREAT EYELID BY INJECTION		33		1						
68320	REVISE/GRAFT EYELID LINING		462		1						
68325	REVISE/GRAFT EYELID LINING		411		1						
68326	REVISE/GRAFT EYELID LINING		441		1						
68328	REVISE/GRAFT EYELID LINING		513	Y	1						
68330	REVISE EYELID LINING		397		1						
68335	REVISE/GRAFT EYELID LINING		343		1						
68340	SEPARATE EYELID ADHESIONS		362		1						
68360	REVISE EYELID LINING		240		1						
68362	REVISE EYELID LINING		371		1						
68371	HARVEST EYE TISSUE ALOGRAFT		237.13		1						
68400	INCISE/DRAIN TEAR GLAND		152		1						
68420	INCISE/DRAIN TEAR SAC		173		1						
68440	INCISE TEAR DUCT OPENING		94		1						
68500	REMOVAL OF TEAR GLAND		478		1						
68505	PARTIAL REMOVAL TEAR GLAND		498		1						
68510	BIOPSY OF TEAR GLAND		282		1						
68520	REMOVAL OF TEAR SAC		400		1						

Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
68525	BIOPSY OF TEAR SAC		185		1						
68530	CLEARANCE OF TEAR DUCT		328		1						
68540	REMOVE TEAR GLAND LESION		473		1						
68550	REMOVE TEAR GLAND LESION		746		1						
68700	REPAIR TEAR DUCTS		363		1						
68705	REVISE TEAR DUCT OPENING		138		1						
68720	CREATE TEAR SAC DRAIN		500		1						
68745	CREATE TEAR DUCT DRAIN		452		1						
68750	CREATE TEAR DUCT DRAIN		488		1						
68760	CLOSE TEAR DUCT OPENING		147		1						
68761	CLOSE TEAR DUCT OPENING		111		4						
68770	CLOSE TEAR SYSTEM FISTULA		341		1						
68801	DILATE TEAR DUCT OPENING		90		1						
68810	PROBE NASOLACRIMAL DUCT		155		1						
68811	PROBE NASOLACRIMAL DUCT		137		1						
68815	PROBE NASOLACRIMAL DUCT		315		1						
68816	PROBE NL DUCT W/BALLOON		322.62		1						
68840	EXPLORE/IRRIGATE TEAR DUCTS		91		1						
68841	INSJ RX ELUT IMPLT LAC CANAL		28		1						
68850	INJECTION FOR TEAR SAC X-RAY		170		1						
69000	DRAIN EXTERNAL EAR LESION		122		1						
69005	DRAIN EXTERNAL EAR LESION		144		1						
69020	DRAIN OUTER EAR CANAL LESION		151		1						
69100	BIOPSY OF EXTERNAL EAR		70		1						
69105	BIOPSY OF EXTERNAL EAR CANAL		88		1						
69110	REMOVE EXTERNAL EAR PARTIAL		286		1						
69120	REMOVAL OF EXTERNAL EAR		292		1						
69140	REMOVE EAR CANAL LESION(S)		602		1						
69145	REMOVE EAR CANAL LESION(S)		235		1						
69150	EXTENSIVE EAR CANAL SURGERY		601		1						
69155	EXTENSIVE EAR/NECK SURGERY		910		1						
69200	CLEAR OUTER EAR CANAL		87		1						
69205	CLEAR OUTER EAR CANAL		92.67		1						
69210	REMOVE IMPACTED EAR WAX UNI		36		1						
69220	CLEAN OUT MASTOID CAVITY		88		1						
69222	CLEAN OUT MASTOID CAVITY		197.57		1						
69300	REVISE EXTERNAL EAR		294 Y		1						
69310	REBUILD OUTER EAR CANAL		770		1						
69320	REBUILD OUTER EAR CANAL		1113		1						
69420	INCISION OF EARDRUM		125		1						
69421	INCISION OF EARDRUM		140.56		1						
69424	REMOVE VENTILATING TUBE		84		1						
69433	CREATE EARDRUM OPENING		185.15		1						
69436	CREATE EARDRUM OPENING		149.95		1						
69440	EXPLORATION OF MIDDLE EAR		471		1						
69450	EARDRUM REVISION		363		1						
69501	MASTOIDECTOMY		526		1						
69502	MASTOIDECTOMY		699		1						
69505	REMOVE MASTOID STRUCTURES		865		1						
69511	EXTENSIVE MASTOID SURGERY		889		1						
69530	EXTENSIVE MASTOID SURGERY		882		1						
69535	REMOVE PART OF TEMPORAL BONE		1750		1						
69540	REMOVE EAR LESION		136		1						
69550	REMOVE EAR LESION		740		1						
69552	REMOVE EAR LESION		876		1						

Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
69554	REMOVE EAR LESION		1411		1						
69601	MASTOID SURGERY REVISION		754		1						
69602	MASTOID SURGERY REVISION		726		1						
69603	MASTOID SURGERY REVISION		928		1						
69604	MASTOID SURGERY REVISION		680		1						
69610	REPAIR OF EARDRUM		358.73		1						
69620	REPAIR OF EARDRUM		478		1						
69631	REPAIR EARDRUM STRUCTURES		836.24		1						
69632	REBUILD EARDRUM STRUCTURES		806		1						
69633	REBUILD EARDRUM STRUCTURES		767		1						
69635	REPAIR EARDRUM STRUCTURES		864		1						
69636	REBUILD EARDRUM STRUCTURES		991		1						
69637	REBUILD EARDRUM STRUCTURES		986		1						
69641	REVISE MIDDLE EAR & MASTOID		798		1						
69642	REVISE MIDDLE EAR & MASTOID		964		1						
69643	REVISE MIDDLE EAR & MASTOID		941		1						
69644	REVISE MIDDLE EAR & MASTOID		1075		1						
69645	REVISE MIDDLE EAR & MASTOID		1047		1						
69646	REVISE MIDDLE EAR & MASTOID		1118		1						
69650	RELEASE MIDDLE EAR BONE		568		1						
69660	REVISE MIDDLE EAR BONE		723		1						
69661	REVISE MIDDLE EAR BONE		819		1						
69662	REVISE MIDDLE EAR BONE		835		1						
69666	REPAIR MIDDLE EAR STRUCTURES		613		1						
69667	REPAIR MIDDLE EAR STRUCTURES		614		1						
69670	REMOVE MASTOID AIR CELLS		674		1						
69676	REMOVE MIDDLE EAR NERVE		586		1						
69700	CLOSE MASTOID FISTULA		505		1						
69705	NPS SURG DILAT EUST TUBE UNI		194.12		1						
69710	IMPLANT/REPLACE HEARING AID		700		1						
69711	REMOVE/REPAIR HEARING AID		562.94	Y	1						
69714	IMPL OI IMPLT SKULL PERQ ESP		779	Y	1						
69716	IMPL OI IMPLT SK TC ESP<100		459.26	Y	1						
69717	RPLCMT OI IMPLT SKL PRQ ESP		611	Y	1						
69720	RELEASE FACIAL NERVE		703		1						
69725	RELEASE FACIAL NERVE		1050		1						
69726	RMV NTR OI IMPLT SKL PRQ ESP		310.44	Y	1						
69727	RMV NTR OI IMP SK TC ESP<100		356.15	Y	1						
69728	RMV NTR OI IMP SKTC ESP>=100		436.54	Y	1						
69729	IMPL OI IMPLT SK TC ESP>=100		495.6	Y	1						
69730	RPLC OI IMPLT SK TC ESP>=100		507.22	Y	1						
69740	REPAIR FACIAL NERVE		882		1						
69745	REPAIR FACIAL NERVE		1003		1						
69801	INCISE INNER EAR		543		1						
69805	EXPLORE INNER EAR		824		1						
69806	EXPLORE INNER EAR		604		1						
69905	REMOVE INNER EAR		700		1						
69910	REMOVE INNER EAR & MASTOID		850		1						
69915	INCISE INNER EAR NERVE		1220		1						
69930	IMPLANT COCHLEAR DEVICE		1170.04	Y	1						
69950	INCISE INNER EAR NERVE		1255		1						
69955	RELEASE FACIAL NERVE		1183		1						
69960	RELEASE INNER EAR CANAL		1148		1						
69970	REMOVE INNER EAR LESION		1253		1						
69979	UNLISTED PX TEMPORAL BONE		1800	Y	1						

Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
69990	MICROSURGERY ADD-ON		170		1						
90376	RABIES IG HEAT TREATED		296.74		20						
90460	IM ADMIN 1ST/ONLY COMPONENT		17		999						
90461	IM ADMIN EACH ADDL COMPONENT		8		999						
90480	ADMN SARSCOV2 VACC 1 DOSE		40		1						
90682	RIV4 VACC RECOMBINANT DNA IM		73.4		1						
90785	PSYTX COMPLEX INTERACTIVE		3.37		999	FQHC RHC MATERNITY VISIT LIMIT	Both	15	Units	1	Calendar Years
90785	PSYTX COMPLEX INTERACTIVE		3.37		999	PHYSICIAN LIMIT FOR CANCER PATIENTS	Both	32	Units	1	Calendar Years
90785	PSYTX COMPLEX INTERACTIVE		3.37		999	PHYSICIAN BENEFIT LIMIT	Both	14	Units	1	Calendar Years
90791	PSYCH DIAGNOSTIC EVALUATION		106.83		999	FQHC RHC MATERNITY VISIT LIMIT	Both	15	Units	1	Calendar Years
90791	PSYCH DIAGNOSTIC EVALUATION		106.83		999	PHYSICIAN LIMIT FOR CANCER PATIENTS	Both	32	Units	1	Calendar Years
90791	PSYCH DIAGNOSTIC EVALUATION		106.83		999	PHYSICIAN BENEFIT LIMIT	Both	14	Units	1	Calendar Years
90791	PSYCH DIAGNOSTIC EVALUATION		106.83		999	DIAGNOSTICS ASSESSMENTS LIMIT	Both	1	Units	1	Calendar Years
90792	PSYCH DIAG EVAL W/MED SRVCS		89.85		1	PHYSICIAN BENEFIT LIMIT	Both	14	Units	1	Calendar Years
90792	PSYCH DIAG EVAL W/MED SRVCS		89.85		1	DIAGNOSTICS ASSESSMENTS LIMIT	Both	1	Units	1	Calendar Years
90792	PSYCH DIAG EVAL W/MED SRVCS		89.85		1	PHYSICIAN LIMIT FOR CANCER PATIENTS	Both	32	Units	1	Calendar Years
90792	PSYCH DIAG EVAL W/MED SRVCS		89.85		1	FQHC RHC MATERNITY VISIT LIMIT	Both	15	Units	1	Calendar Years
90832	PSYTX W PT 30 MINUTES		44.6		3	PHYSICIAN VISIT ONE PER DAY	Both	1	Units Per Day	1	Days
90832	PSYTX W PT 30 MINUTES		44.6		3	PHYSICIAN BENEFIT LIMIT	Both	14	Units	1	Calendar Years
90832	PSYTX W PT 30 MINUTES		44.6		3	FQHC RHC MATERNITY VISIT LIMIT	Both	15	Units	1	Calendar Years
90832	PSYTX W PT 30 MINUTES		44.6		3	PHYSICIAN LIMIT FOR CANCER PATIENTS	Both	32	Units	1	Calendar Years
90833	PSYTX W PT W E/M 30 MIN		29.97		3						
90834	PSYTX W PT 45 MINUTES		58.26		3	FQHC RHC MATERNITY VISIT LIMIT	Both	15	Units	1	Calendar Years
90834	PSYTX W PT 45 MINUTES		58.26		3	PHYSICIAN LIMIT FOR CANCER PATIENTS	Both	32	Units	1	Calendar Years
90834	PSYTX W PT 45 MINUTES		58.26		3	PHYSICIAN BENEFIT LIMIT	Both	14	Units	1	Calendar Years
90834	PSYTX W PT 45 MINUTES		58.26		3	PHYSICIAN VISIT ONE PER DAY	Both	1	Units Per Day	1	Days
90836	PSYTX W PT W E/M 45 MIN		48.72		3						
90837	PSYTX W PT 60 MINUTES		85.41		3	FQHC RHC MATERNITY VISIT LIMIT	Both	15	Units	1	Calendar Years
90837	PSYTX W PT 60 MINUTES		85.41		3	PHYSICIAN LIMIT FOR CANCER PATIENTS	Both	32	Units	1	Calendar Years
90837	PSYTX W PT 60 MINUTES		85.41		3	PHYSICIAN BENEFIT LIMIT	Both	14	Units	1	Calendar Years
90837	PSYTX W PT 60 MINUTES		85.41		3	PHYSICIAN VISIT ONE PER DAY	Both	1	Units Per Day	1	Days
90838	PSYTX W PT W E/M 60 MIN		78.63		3						
90839	PSYTX CRISIS INITIAL 60 MIN		92.81		3						
90847	FAMILY PSYTX W/PT 50 MIN		84		3	FQHC RHC MATERNITY VISIT LIMIT	Both	15	Units	1	Calendar Years
90847	FAMILY PSYTX W/PT 50 MIN		84		3	PHYSICIAN LIMIT FOR CANCER PATIENTS	Both	32	Units	1	Calendar Years
90847	FAMILY PSYTX W/PT 50 MIN		84		3	PHYSICIAN BENEFIT LIMIT	Both	14	Units	1	Calendar Years
90849	MULTIPLE FAMILY GROUP PSYTX		27		3	FQHC RHC MATERNITY VISIT LIMIT	Both	15	Units	1	Calendar Years
90849	MULTIPLE FAMILY GROUP PSYTX		27		3	PHYSICIAN LIMIT FOR CANCER PATIENTS	Both	32	Units	1	Calendar Years
90849	MULTIPLE FAMILY GROUP PSYTX		27		3	PHYSICIAN BENEFIT LIMIT	Both	14	Units	1	Calendar Years
90853	GROUP PSYCHOTHERAPY		23		1	PHYSICIAN LIMIT FOR CANCER PATIENTS	Both	32	Units	1	Calendar Years
90853	GROUP PSYCHOTHERAPY		23		1	PHYSICIAN BENEFIT LIMIT	Both	14	Units	1	Calendar Years
90853	GROUP PSYCHOTHERAPY		23		1	FQHC RHC MATERNITY VISIT LIMIT	Both	15	Units	1	Calendar Years
90853	GROUP PSYCHOTHERAPY		23		1	MHSP-LIMIT 12 PER YEAR	Both	12	Units	1	Calendar Years
90863	PHARMACOLOGIC MGMT W/PSYTX		37		1						
90865	NARCOSYNTHESIS		116		1	FQHC RHC MATERNITY VISIT LIMIT	Both	15	Units	1	Calendar Years
90865	NARCOSYNTHESIS		116		1	PHYSICIAN LIMIT FOR CANCER PATIENTS	Both	32	Units	1	Calendar Years
90865	NARCOSYNTHESIS		116		1	PHYSICIAN BENEFIT LIMIT	Both	14	Units	1	Calendar Years
90870	ELECTROCONVULSIVE THERAPY		102		1						
90887	CONSULTATION WITH FAMILY		36		1						
90935	HEMODIALYSIS ONE EVALUATION		58		1	RENAL DIALYSIS LIMIT 156	Both	156	Units	1	Calendar Years
90937	HEMODIALYSIS REPEATED EVAL		117		1	RENAL DIALYSIS LIMIT 156	Both	156	Units	1	Calendar Years
90945	DIALYSIS ONE EVALUATION		54		1						
90947	DIALYSIS REPEATED EVAL		116		1						
90951	ESRD SERV 4 VISITS P MO <2YR		375		1	MONTHLY CAPITATION LIMIT	Both	1	Units	1	Calendar Months
90952	ESRD SERV 2-3 VSTS P MO <2YR		375		1	MONTHLY CAPITATION LIMIT	Both	1	Units	1	Calendar Months

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Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
90953	ESRD SERV 1 VISIT P MO <2YRS		375		1	MONTHLY CAPITATION LIMIT	Both	1	Units	1	Calendar Months
90954	ESRD SERV 4 VSTS P MO 2-11		316		1	MONTHLY CAPITATION LIMIT	Both	1	Units	1	Calendar Months
90955	ESRD SRV 2-3 VSTS P MO 2-11		316		1	MONTHLY CAPITATION LIMIT	Both	1	Units	1	Calendar Months
90956	ESRD SRV 1 VISIT P MO 2-11		316		1	MONTHLY CAPITATION LIMIT	Both	1	Units	1	Calendar Months
90957	ESRD SRV 4 VSTS P MO 12-19		258		1	MONTHLY CAPITATION LIMIT	Both	1	Units	1	Calendar Months
90958	ESRD SRV 2-3 VSTS P MO 12-19		258		1	MONTHLY CAPITATION LIMIT	Both	1	Units	1	Calendar Months
90959	ESRD SERV 1 VST P MO 12-19		258		1	MONTHLY CAPITATION LIMIT	Both	1	Units	1	Calendar Months
90960	ESRD SRV 4 VISITS P MO 20+		216		1	MONTHLY CAPITATION LIMIT	Both	1	Units	1	Calendar Months
90961	ESRD SRV 2-3 VSTS P MO 20+		216		1	MONTHLY CAPITATION LIMIT	Both	1	Units	1	Calendar Months
90962	ESRD SERV 1 VISIT P MO 20+		216		1	MONTHLY CAPITATION LIMIT	Both	1	Units	1	Calendar Months
90963	ESRD HOME PT SERV P MO <2YRS		375		1	MONTHLY CAPITATION LIMIT	Both	1	Units	1	Calendar Months
90964	ESRD HOME PT SERV P MO 2-11		316		1	MONTHLY CAPITATION LIMIT	Both	1	Units	1	Calendar Months
90965	ESRD HOME PT SERV P MO 12-19		258		1	MONTHLY CAPITATION LIMIT	Both	1	Units	1	Calendar Months
90966	ESRD HOME PT SERV P MO 20+		216		1	MONTHLY CAPITATION LIMIT	Both	1	Units	1	Calendar Months
90967	ESRD SVC PR DAY PT <2		12		1						
90968	ESRD SVC PR DAY PT 2-11		10		1						
90969	ESRD SVC PR DAY PT 12-19		8		1						
90970	ESRD SVC PR DAY PT 20+		6		1						
90997	HEMOPERFUSION		71		1						
91010	ESOPHAGUS MOTILITY STUDY	26	54		1						
91010	ESOPHAGUS MOTILITY STUDY		146		1						
91020	GASTRIC MOTILITY STUDIES	26	62		1						
91020	GASTRIC MOTILITY STUDIES		154		1						
91022	DUODENAL MOTILITY STUDY		133.42		1						
91030	ACID PERFUSION OF ESOPHAGUS		86		1						
91030	ACID PERFUSION OF ESOPHAGUS	26	31		1						
91034	GASTROESOPHAGEAL REFLUX TEST		147		1						
91034	GASTROESOPHAGEAL REFLUX TEST	26	37		1						
91035	G-ESOPH REFLX TST W/ELECTROD		311		1						
91035	G-ESOPH REFLX TST W/ELECTROD	26	60		1						
91037	ESOPH IMPED FUNCTION TEST		95		1						
91037	ESOPH IMPED FUNCTION TEST	26	34.67		1						
91038	ESOPH IMPED FUNCT TEST > 1HR	26	39.26		1						
91038	ESOPH IMPED FUNCT TEST > 1HR		82		1						
91040	ESOPH BALLOON DISTENSION TST	26	34.67		1						
91040	ESOPH BALLOON DISTENSION TST		302		1						
91065	BREATH HYDROGEN/METHANE TEST		42		1						
91065	BREATH HYDROGEN/METHANE TEST	26	9		1						
91110	GI TRC IMG INTRAL ESOPH-ILE		648		1						
91110	GI TRC IMG INTRAL ESOPH-ILE	26	137		1						
91111	GI TRC IMG INTRAL ESOPHAGUS	26	37		1						
91111	GI TRC IMG INTRAL ESOPHAGUS		438		1						
91112	GI WIRELESS CAPSULE MEASURE	26	84.6		1						
91112	GI WIRELESS CAPSULE MEASURE		787.18		1						
91113	GI TRC IMG INTRAL COLON I&R		92.05		1						
91117	COLON MOTILITY 6 HR STUDY		99.23		1						
91120	RECTAL SENSATION TEST		278		1						
91120	RECTAL SENSATION TEST	26	34.87		1						
91122	ANAL PRESSURE RECORD		84		1						
91122	ANAL PRESSURE RECORD	26	68		1						
91132	ELECTROGASTROGRAPHY		19		1						
91200	LIVER ELASTOGRAPHY		24.96		1						
91321	SARSCOV2 VAC 25 MCG/.25ML IM		145.92		1						
91322	SARSCOV2 VAC 50 MCG/0.5ML IM		145.92		1						
92002	EYE EXAM NEW PATIENT		69.02		1	PHYSICIAN VISIT ONE PER DAY	Both	1	Units Per Day	1	Days

Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
92002	EYE EXAM NEW PATIENT		69.02		1	PHYSICIAN BENEFIT LIMIT	Both	14	Units	1	Calendar Years
92002	EYE EXAM NEW PATIENT		69.02		1	FQHC RHC MATERNITY VISIT LIMIT	Both	15	Units	1	Calendar Years
92002	EYE EXAM NEW PATIENT		69.02		1	NEW PATIENT LIMIT	Both	1	Units	3	Calendar Years
92002	EYE EXAM NEW PATIENT		69.02		1	PHYSICIAN LIMIT FOR CANCER PATIENTS	Both	32	Units	1	Calendar Years
92004	EYE EXAM NEW PATIENT		120.72		1	EYE EXAM LIMIT LESS THAN 21	Both	2	Units	1	Calendar Years
92004	EYE EXAM NEW PATIENT		120.72		1	NEW PATIENT LIMIT	Both	1	Units	3	Calendar Years
92004	EYE EXAM NEW PATIENT		120.72		1	EYE EXAM LIMIT (21 AND OLDER)	Both	1	Units	2	Calendar Years
92012	EYE EXAM ESTABLISH PATIENT		71.51		1	PHYSICIAN LIMIT FOR CANCER PATIENTS	Both	32	Units	1	Calendar Years
92012	EYE EXAM ESTABLISH PATIENT		71.51		1	FQHC RHC MATERNITY VISIT LIMIT	Both	15	Units	1	Calendar Years
92012	EYE EXAM ESTABLISH PATIENT		71.51		1	PHYSICIAN BENEFIT LIMIT	Both	14	Units	1	Calendar Years
92012	EYE EXAM ESTABLISH PATIENT		71.51		1	PHYSICIAN VISIT ONE PER DAY	Both	1	Units Per Day	1	Days
92014	EYE EXAM&TX ESTAB PT 1/>VST		101.63		1	EYE EXAM LIMIT (21 AND OLDER)	Both	1	Units	2	Calendar Years
92014	EYE EXAM&TX ESTAB PT 1/>VST		101.63		1	EYE EXAM LIMIT LESS THAN 21	Both	2	Units	1	Calendar Years
92015	DETERMINE REFRACTIVE STATE		9		1	EYE REFRACTION LIMIT LESS THAN 21	Both	2	Units	1	Calendar Years
92018	NEW EYE EXAM & TREATMENT		92		1						
92019	EYE EXAM & TREATMENT		48		1						
92020	SPECIAL EYE EVALUATION		21		1						
92025	CORNEAL TOPOGRAPHY		28.86		1						
92025	CORNEAL TOPOGRAPHY	26	17.32		1						
92060	SPECIAL EYE EVALUATION	26	26		1						
92060	SPECIAL EYE EVALUATION		37		1						
92065	ORTHOP TRAING PFRMD PHYS/QHP		29	Y	1						
92066	ORTHOP TRAING SUPVJ PHYS/QHP		15.62	Y	1						
92071	CONTACT LENS FITTING FOR TX		24.49		2						
92072	FIT CONTAC LENS FOR MANAGMNT		78.09		2						
92081	VISUAL FIELD EXAMINATION(S)	26	13		1						
92081	VISUAL FIELD EXAMINATION(S)		31		1						
92082	VISUAL FIELD EXAMINATION(S)		40		1						
92082	VISUAL FIELD EXAMINATION(S)	26	17		1						
92083	VISUAL FIELD EXAMINATION(S)	26	29.84		1						
92083	VISUAL FIELD EXAMINATION(S)		49.73		1						
92100	SERIAL TONOMETRY EXAM(S)		56		1						
92132	CMPTR OPPTH DX IMG ANT SEGMT		29.34		1						
92132	CMPTR OPPTH DX IMG ANT SEGMT	26	19.52		1						
92133	CMPTR OPPTH IMG OPTIC NERVE	26	17.73		1						
92133	CMPTR OPPTH IMG OPTIC NERVE		29.55		1						
92134	CPTR OPPTH DX IMG POST SEGMT		32.59		1						
92134	CPTR OPPTH DX IMG POST SEGMT	26	19.55		1						
92136	OPHTHALMIC BIOMETRY	26	20		1						
92136	OPHTHALMIC BIOMETRY		53		1						
92201	OPSCPY EXTND RTA DRAW UNI/BI		20		1						
92202	OPSCPY EXTND ON/MAC DRAW		18		1						
92227	IMG RTA DETCJ/MNTR DS STAFF		7.4		1						
92228	IMG RTA DETC/MNTR DS PHY/QHP	26	11.66		1						
92228	IMG RTA DETC/MNTR DS PHY/QHP		19.73		1						
92230	EYE EXAM WITH PHOTOS		51		1						
92235	FLUORESCIN ANGRPH UNI/BI		82		1						
92235	FLUORESCIN ANGRPH UNI/BI	26	36		1						
92240	ICG ANGIOGRAPHY UNI/BI	26	42		1						
92240	ICG ANGIOGRAPHY UNI/BI		83		1						
92250	EYE EXAM WITH PHOTOS		47		1						
92250	EYE EXAM WITH PHOTOS	26	17		1						
92260	OPHTHALMOSCOPY/DYNAMOMETRY		15		1						
92270	ELECTRO-OCULOGRAPHY		57		1						
92273	FULL FIELD ERG W/I&R		86.58		1						

Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
92274	MULTIFOCAL ERG W/I&R		58.96		1						
92283	COLOR VISION EXAMINATION		24		1						
92284	DX DARK ADAPTATION EXAM I&R		22		1						
92285	EYE PHOTOGRAPHY		31		1						
92285	EYE PHOTOGRAPHY	26	9		1						
92286	INTERNAL EYE PHOTOGRAPHY		88		1						
92287	INTERNAL EYE PHOTOGRAPHY		66		1						
92310	CONTACT LENS FITTING		49.2 Y		1						
92311	CONTACT LENS FITTING		54 Y		1						
92312	CONTACT LENS FITTING		59 Y		1						
92313	CONTACT LENS FITTING		58 Y		1						
92314	PRESCRIPTION OF CONTACT LENS		300 Y		1						
92315	RX CNTACT LENS APHAKIA 1 EYE		28 Y		1						
92316	RX CNTACT LENS APHAKIA 2 EYE		38 Y		1						
92317	RX CORNEOSCLERAL CNTACT LENS		34 Y		1						
92326	REPLACEMENT OF CONTACT LENS		31 Y		2						
92340	FIT SPECTACLES MONOFOCAL		18		1	EYE FITTING EXAM LIMIT (21 AND >) 11-2012	Both	1 Units		2	Calendar Years
92340	FIT SPECTACLES MONOFOCAL		18		1	EYE FITTING LIMIT LESS THAN 21	Both	2 Units		1	Calendar Years
92341	FIT SPECTACLES BIFOCAL		18		1	EYE FITTING EXAM LIMIT (21 AND >) 11-2012	Both	1 Units		2	Calendar Years
92341	FIT SPECTACLES BIFOCAL		18		1	EYE FITTING LIMIT LESS THAN 21	Both	2 Units		1	Calendar Years
92342	FIT SPECTACLES MULTIFOCAL		14.4		1	EYE FITTING EXAM LIMIT (21 AND >) 11-2012	Both	1 Units		2	Calendar Years
92342	FIT SPECTACLES MULTIFOCAL		14.4		1	EYE FITTING LIMIT LESS THAN 21	Both	2 Units		1	Calendar Years
92352	FIT APHAKIA SPECTCL MONOFOCL		18		1	EYE FITTING EXAM LIMIT (21 AND >) 11-2012	Both	1 Units		2	Calendar Years
92352	FIT APHAKIA SPECTCL MONOFOCL		18		1	EYE FITTING EXAM LIMIT (21 AND >) 11-2012	Both	1 Units		2	Calendar Years
92353	FIT APHAKIA SPECTCL MULTIFOC		18		1	EYE FITTING EXAM LIMIT (21 AND >) 11-2012	Both	1 Units		2	Calendar Years
92353	FIT APHAKIA SPECTCL MULTIFOC		18		1	EYE FITTING LIMIT LESS THAN 21	Both	2 Units		1	Calendar Years
92354	FIT SPECTACLES SINGLE SYSTEM		18		1	EYE FITTING EXAM LIMIT (21 AND >) 11-2012	Both	1 Units		2	Calendar Years
92354	FIT SPECTACLES SINGLE SYSTEM		18		1	EYE FITTING LIMIT LESS THAN 21	Both	2 Units		1	Calendar Years
92355	FIT SPECTACLES COMPOUND LENS		13.68		1	EYE FITTING LIMIT LESS THAN 21	Both	2 Units		1	Calendar Years
92355	FIT SPECTACLES COMPOUND LENS		13.68		1	EYE FITTING EXAM LIMIT (21 AND >) 11-2012	Both	1 Units		2	Calendar Years
92358	APHAKIA PROSTH SERVICE TEMP		31.5		1	EYE FITTING EXAM LIMIT (21 AND >) 11-2012	Both	1 Units		2	Calendar Years
92358	APHAKIA PROSTH SERVICE TEMP		31.5		1	EYE FITTING LIMIT LESS THAN 21	Both	2 Units		1	Calendar Years
92370	REPAIR & ADJUST SPECTACLES		5.26		1						
92371	REPAIR & ADJUST SPECTACLES		64.79		1						
92499	UNLISTED OPH SVC/PROCEDURE		50 Y		1						
92502	EAR AND THROAT EXAMINATION		85		1						
92504	EAR MICROSCOPY EXAMINATION		26.96		1						
92511	NASOPHARYNGOSCOPY		105		1						
92512	NASAL FUNCTION STUDIES		33		1						
92516	FACIAL NERVE FUNCTION TEST		42		1						
92517	VEMP TEST I&R CERVICAL		60.48		1						
92518	VEMP TEST I&R OCULAR		56.53		1						
92519	VEMP TST I&R CERVICAL&OCULAR		93.72		1						
92520	LARYNGEAL FUNCTION STUDIES		31		1						
92521	EVALUATION OF SPEECH FLUENCY		60.54		1						
92522	EVALUATE SPEECH PRODUCTION		49.33		1						
92523	SPEECH SOUND LANG COMPREHEN		140.62		6						
92524	BEHAVRAL QUALIT ANALYS VOICE		50.96		1						
92526	ORAL FUNCTION THERAPY		33		1						
92531	SPONTANEOUS NYSTAGMUS STUDY		11.99		1						
92532	POSITIONAL NYSTAGMUS TEST		11.99		1						
92533	CALORIC VESTIBULAR TEST		13.79		1						
92534	OPTOKINETIC NYSTAGMUS TEST		27.49		1						
92537	CALORIC VSTBLR TEST W/REC		26.82		999						
92537	CALORIC VSTBLR TEST W/REC	26	21.56		999						

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Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
92538	CALORIC VSTBLR TEST W/REC	26	10.78		999						
92538	CALORIC VSTBLR TEST W/REC		13.6		999						
92540	BASIC VESTIBULAR EVALUATION	26	51.51		2						
92540	BASIC VESTIBULAR EVALUATION		103.15		2						
92541	SPONTANEOUS NYSTAGMUS TEST		37		1						
92542	POSITIONAL NYSTAGMUS TEST		38		1						
92544	OPTOKINETIC NYSTAGMUS TEST		30		1						
92545	OSCILLATING TRACKING TEST		27		1						
92546	SINUSOIDAL ROTATIONAL TEST		57		1						
92547	SUPPLEMENTAL ELECTRICAL TEST		4		6						
92548	CDP-SOT 6 COND W/I&R	26	21		1						
92548	CDP-SOT 6 COND W/I&R		72		1						
92550	TYMPANOMETRY & REFLEX THRESH		13.33		1						
92551	PURE TONE HEARING TEST AIR		15.75		1						
92552	PURE TONE AUDIOMETRY AIR		28.49		1						
92553	AUDIOMETRY AIR & BONE		34.58		1						
92555	SPEECH THRESHOLD AUDIOMETRY		21.43		1						
92556	SPEECH AUDIOMETRY COMPLETE		34.26		1						
92557	COMPREHENSIVE HEARING TEST		36.86		1						
92558	EVOKED AUDITORY TEST QUAL	26	9.5		1						
92558	EVOKED AUDITORY TEST QUAL		29		1						
92562	LOUDNESS BALANCE TEST		13		1						
92563	TONE DECAY HEARING TEST		10		1						
92565	STENGER TEST PURE TONE		11		1						
92567	TYMPANOMETRY		15.17		1						
92568	ACOUSTIC REFL THRESHOLD TST		10		1						
92570	ACOUSTIC IMMITANCE TESTING		13		1						
92571	FILTERED SPEECH HEARING TEST		12		1						
92572	STAGGERED SPONDAIC WORD TEST		3		1						
92575	SENSORINEURAL ACUITY TEST		9		1						
92576	SYNTHETIC SENTENCE TEST		14		1						
92577	STENGER TEST SPEECH		19		1						
92579	VISUAL AUDIOMETRY (VRA)		19		1						
92582	CONDITIONING PLAY AUDIOMETRY		23		1						
92583	SELECT PICTURE AUDIOMETRY		23		1						
92584	ELECTROCOCHLEOGRAPHY		65		1						
92587	EVOKED AUDITORY TEST LIMITED		40		1						
92588	EVOKED AUDITORY TST COMPLETE		53		1						
92590	HEARING AID EXAM ONE EAR		20.24		1						
92591	HEARING AID EXAM BOTH EARS		31.5		1						
92592	HEARING AID CHECK ONE EAR		13.49		1						
92593	HEARING AID CHECK BOTH EARS		31.5		1						
92594	ELECTRO HEARNG AID TEST ONE		12.5		1						
92595	ELECTRO HEARNG AID TST BOTH		14.5		10						
92596	EAR PROTECTOR EVALUATION		16		1						
92597	ORAL SPEECH DEVICE EVAL		80 Y		1						
92610	EVALUATE SWALLOWING FUNCTION		26		1						
92611	MOTION FLUOROSCOPY/SWALLOW		28		1						
92612	ENDOSCOPY SWALLOW (FEES) VID		186.48		1						
92613	ENDOSCOPY SWALLOW (FEES) I&R		31		1						
92614	LARYNGOSCOPIC SENSORY VID		98		1						
92615	LARYNGOSCOPIC SENSORY I&R		26		1						
92616	FEES W/LARYNGEAL SENSE TEST		116		1						
92617	FEES W/LARYNGEAL SENSE I&R		32		1						
92625	TINNITUS ASSESSMENT		26.69		1						

Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
92626	EVAL AUD FUNCJ 1ST HOUR		12.93		1						
92627	EVAL AUD FUNCJ EA ADDL 15		12.93		1						
92630	AUD REHAB PRE-LING HEAR LOSS		42		1						
92633	AUD REHAB POSTLING HEAR LOSS		42		1						
92650	AEP SCR AUDITORY POTENTIAL		48		1						
92651	AEP HEARING STATUS DETER I&R		48		1						
92652	AEP THRESHLD EST MLT FREQ I&R	26	24		1						
92652	AEP THRESHLD EST MLT FREQ I&R		82		1						
92653	AEP NEURODIAGNOSTIC I&R	26	24		1						
92653	AEP NEURODIAGNOSTIC I&R		82		1						
92920	PRQ CARDIAC ANGIOPLAST 1 ART		367.11		1						
92924	PRQ CARD ANGIO/ATHRECT 1 ART		436.32		1						
92928	PRQ CARD STENT W/ANGIO 1 VSL		407.53		1						
92933	PRQ CARD STENT/ATH/ANGIO		455.73		1						
92937	PRQ REVASC BYP GRAFT 1 VSL		407.06		1						
92941	PRQ CARD REVASC MI 1 VSL		456.59		1						
92943	PRQ CARD REVASC CHRONIC 1VSL		456.59		1						
92950	HEART/LUNG RESUSCITATION CPR		216		4						
92953	TEMPORARY EXTERNAL PACING		10		2						
92960	CARDIOVERSION ELECTRIC EXT		220		2						
92961	CARDIOVERSION ELECTRIC INT		157		1						
92970	CARDIOASSIST INTERNAL		150		1						
92971	CARDIOASSIST EXTERNAL		87		1						
92973	PRQ CORONARY MECH THROMBECT		130		2						
92974	CATH PLACE CARDIO BRACHYTX		126		1						
92975	DISSOLVE CLOT HEART VESSEL		290		1						
92977	DISSOLVE CLOT HEART VESSEL		192		1						
92978	ENDOLUMINL IVUS OCT C 1ST	26	70		1						
92979	ENDOLUMINL IVUS OCT C EA	26	56		2						
92986	REVISION OF AORTIC VALVE		658.27		1						
92987	REVISION OF MITRAL VALVE		722		1						
92990	REVISION OF PULMONARY VALVE		816		1						
92997	PUL ART BALLOON REPR PERCUT		561		1						
92998	PUL ART BALLOON REPR PERCUT		240		2						
93000	ELECTROCARDIOGRAM COMPLETE		21		3						
93005	ELECTROCARDIOGRAM TRACING		13		3						
93010	ELECTROCARDIOGRAM REPORT		8		10						
93015	CARDIOVASCULAR STRESS TEST		87		2						
93016	CARDIOVASCULAR STRESS TEST		18		2						
93017	CARDIOVASCULAR STRESS TEST		43		2						
93018	CARDIOVASCULAR STRESS TEST		14		2						
93024	CARDIAC DRUG STRESS TEST		89		1						
93025	MICROVOLT T-WAVE ASSESS		209		1						
93040	RHYTHM ECG WITH REPORT		12		3						
93041	RHYTHM ECG TRACING		4		3						
93042	RHYTHM ECG REPORT		6		3						
93224	ECG MONIT/REPRT UP TO 48 HRS		63.14		1						
93225	ECG MONIT/REPRT UP TO 48 HRS		38		1						
93226	ECG MONIT/REPRT UP TO 48 HRS		66		1						
93227	ECG MONIT/REPRT UP TO 48 HRS		24		1						
93228	REMOTE 30 DAY ECG REV/REPORT		18.26		1						
93229	REMOTE 30 DAY ECG TECH SUPP		18		1						
93242	EXT ECG>48HR<7D RECORDING		10.23		1						
93244	EXT ECG>48HR<7D REV&INTERPJ		17.99		1						
93246	EXT ECG>7D<15D RECORDING		10.23		1						

Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
93248	EXT ECG>7D<15D REV&INTERPJ		19.76		1						
93268	ECG RECORD/REVIEW		139.24		1	CARDIOGRAPHY PROCEDURES LIMIT	Both	1	Units	30	Days
93270	REMOTE 30 DAY ECG REV/REPORT		32		1	CARDIOGRAPHY PROCEDURES LIMIT	Both	1	Units	30	Days
93271	ECG/MONITORING AND ANALYSIS		150		1	CARDIOGRAPHY PROCEDURES LIMIT	Both	1	Units	30	Days
93272	ECG/REVIEW INTERPRET ONLY		20		1	CARDIOGRAPHY PROCEDURES LIMIT	Both	1	Units	30	Days
93278	ECG/SIGNAL-AVERAGED	26	12		1						
93278	ECG/SIGNAL-AVERAGED		43		1						
93279	PRGRMG DEV EVAL PM/LDLS PM		37.77		1						
93279	PRGRMG DEV EVAL PM/LDLS PM	26	24.08		1						
93280	PM DEVICE PROGR EVAL DUAL		44.81		1						
93281	PM DEVICE PROGR EVAL MULTI		52.38		1						
93282	PRGRMG EVAL IMPLANTABLE DFB		48.39		1						
93282	PRGRMG EVAL IMPLANTABLE DFB	26	33.32		1						
93283	PRGRMG EVAL IMPLANTABLE DFB	26	41.86		1						
93283	PRGRMG EVAL IMPLANTABLE DFB		59.01		1						
93284	PRGRMG EVAL IMPLANTABLE DFB	26	49.81		1						
93284	PRGRMG EVAL IMPLANTABLE DFB		69.26		1						
93285	PRGRMG DEV EVAL SCRMS IP		32.41		1						
93285	PRGRMG DEV EVAL SCRMS IP	26	20.8		1						
93286	PERI-PX EVAL PM/LDLS PM IP		18.35		2						
93286	PERI-PX EVAL PM/LDLS PM IP	26	10.69		2						
93287	PERI-PX DEVICE EVAL & PRGR	26	15.77		2						
93287	PERI-PX DEVICE EVAL & PRGR		24.38		2						
93288	INTERROG EVL PM/LDLS PM IP		28.91		1						
93288	INTERROG EVL PM/LDLS PM IP	26	17.07		1						
93289	INTERROG DEVICE EVAL HEART	26	30.83		1						
93289	INTERROG DEVICE EVAL HEART		45.08		1						
93290	INTERROG DEV EVAL ICPMS IP		21.67		1						
93291	INTERROG DEV EVAL SCRMS IP		24.15		1						
93291	INTERROG DEV EVAL SCRMS IP	26	14.87		1						
93292	WCD DEVICE INTERROGATE		25.22		1						
93293	PM PHONE R-STRIP DEVICE EVAL	26	11.93		1						
93293	PM PHONE R-STRIP DEVICE EVAL		38.32		1						
93294	REM INTERROG EVL PM/LDLS PM		25.83		1						
93295	DEV INTERROG REMOTE 1/2/MLT		46.73		1						
93296	REM INTERROG EVL PM/IDS		23.21		1						
93297	REM INTERROG DEV EVAL ICPMS		18.26		1						
93298	REM INTERROG DEV EVAL SCRMS		20.8		1						
93303	ECHO TRANSTHORACIC	26	51		1	RADIOLOGY & RADIOLOGY LIMIT - PA REQ	Same	0	Units	0	Days
93303	ECHO TRANSTHORACIC		149		1	RADIOLOGY & RADIOLOGY LIMIT - PA REQ	Same	0	Units	0	Days
93304	ECHO TRANSTHORACIC	26	31		1	RADIOLOGY & RADIOLOGY LIMIT - PA REQ	Same	0	Units	0	Days
93304	ECHO TRANSTHORACIC		79		1	RADIOLOGY & RADIOLOGY LIMIT - PA REQ	Same	0	Units	0	Days
93306	TTE W/DOPPLER COMPLETE	26	50.7		1	RADIOLOGY & RADIOLOGY LIMIT - PA REQ	Same	0	Units	0	Days
93306	TTE W/DOPPLER COMPLETE		172.8		1	RADIOLOGY & RADIOLOGY LIMIT - PA REQ	Same	0	Units	0	Days
93307	TTE W/O DOPPLER COMPLETE	26	42		1	RADIOLOGY & RADIOLOGY LIMIT - PA REQ	Same	0	Units	0	Days
93307	TTE W/O DOPPLER COMPLETE		134		1	RADIOLOGY & RADIOLOGY LIMIT - PA REQ	Same	0	Units	0	Days
93308	TTE F-UP OR LMTD		70		2	RADIOLOGY & RADIOLOGY LIMIT - PA REQ	Same	0	Units	0	Days
93308	TTE F-UP OR LMTD	26	23		2	RADIOLOGY & RADIOLOGY LIMIT - PA REQ	Same	0	Units	0	Days
93312	ECHO TRANSESOPHAGEAL		182		2	RADIOLOGY & RADIOLOGY LIMIT - PA REQ	Same	0	Units	0	Days
93312	ECHO TRANSESOPHAGEAL	26	84		2	RADIOLOGY & RADIOLOGY LIMIT - PA REQ	Same	0	Units	0	Days
93313	ECHO TRANSESOPHAGEAL		40		2	RADIOLOGY & RADIOLOGY LIMIT - PA REQ	Same	0	Units	0	Days
93314	ECHO TRANSESOPHAGEAL	26	48		2	RADIOLOGY & RADIOLOGY LIMIT - PA REQ	Same	0	Units	0	Days
93314	ECHO TRANSESOPHAGEAL		146		2	RADIOLOGY & RADIOLOGY LIMIT - PA REQ	Same	0	Units	0	Days
93315	ECHO TRANSESOPHAGEAL	26	106		2						
93315	ECHO TRANSESOPHAGEAL		192		2						

Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
93316	ECHO TRANSESOPHAGEAL		41		2						
93317	ECHO TRANSESOPHAGEAL		164		2						
93317	ECHO TRANSESOPHAGEAL	26	70		2						
93318	ECHO TRANSESOPHAGEAL INTRAOP	26	69		2						
93319	3D ECHO IMG CGEN CAR ANOMAL		44.27		2						
93320	DOPPLER ECHO EXAM HEART	26	18		1						
93320	DOPPLER ECHO EXAM HEART		71		1						
93321	DOPPLER ECHO EXAM HEART		38		1						
93321	DOPPLER ECHO EXAM HEART	26	7		1						
93325	DOPPLER COLOR FLOW ADD-ON		88		1						
93325	DOPPLER COLOR FLOW ADD-ON	26	4		1						
93350	STRESS TTE ONLY		103		1	RADIOLOGY & CARDIOLOGY LIMIT - PA REQ	Same	0	Units	0	Days
93350	STRESS TTE ONLY	26	57		1	RADIOLOGY & CARDIOLOGY LIMIT - PA REQ	Same	0	Units	0	Days
93351	STRESS TTE COMPLETE	26	58.25		1	RADIOLOGY & CARDIOLOGY LIMIT - PA REQ	Same	0	Units	0	Days
93351	STRESS TTE COMPLETE		180.98		1	RADIOLOGY & CARDIOLOGY LIMIT - PA REQ	Same	0	Units	0	Days
93352	ADMIN ECG CONTRAST AGENT		25.06		1						
93355	ECHO TRANSESOPHAGEAL (TEE)		165.18		1						
93451	RIGHT HEART CATH		529.34		1	RADIOLOGY & CARDIOLOGY LIMIT - PA REQ	Same	0	Units	0	Days
93452	LEFT HRT CATH W/VENTRCLGRPHY		586.39		1	RADIOLOGY & CARDIOLOGY LIMIT - PA REQ	Same	0	Units	0	Days
93453	R&L HRT CATH W/VENTRCLGRPHY		767.59		1	RADIOLOGY & CARDIOLOGY LIMIT - PA REQ	Same	0	Units	0	Days
93454	CORONARY ARTERY ANGIO S&I		604.91		1	RADIOLOGY & CARDIOLOGY LIMIT - PA REQ	Same	0	Units	0	Days
93455	CORONARY ART/GRFT ANGIO S&I		705.92		1	RADIOLOGY & CARDIOLOGY LIMIT - PA REQ	Same	0	Units	0	Days
93456	R HRT CORONARY ARTERY ANGIO		757.24		1	RADIOLOGY & CARDIOLOGY LIMIT - PA REQ	Same	0	Units	0	Days
93457	R HRT ART/GRFT ANGIO		858.12		1	RADIOLOGY & CARDIOLOGY LIMIT - PA REQ	Same	0	Units	0	Days
93458	L HRT ARTERY/VENTRICLE ANGIO		729.95		1	RADIOLOGY & CARDIOLOGY LIMIT - PA REQ	Same	0	Units	0	Days
93459	L HRT ART/GRFT ANGIO		806.36		1	RADIOLOGY & CARDIOLOGY LIMIT - PA REQ	Same	0	Units	0	Days
93460	R&L HRT ART/VENTRICLE ANGIO		862.91		1	RADIOLOGY & CARDIOLOGY LIMIT - PA REQ	Same	0	Units	0	Days
93461	R&L HRT ART/VENTRICLE ANGIO		988.65		1	RADIOLOGY & CARDIOLOGY LIMIT - PA REQ	Same	0	Units	0	Days
93462	L HRT CATH TRNSPTL PUNCTURE		139.68		1						
93463	DRUG ADMIN & HEMODYNIC MEAS		74.45		1						
93464	EXERCISE W/HEMODYNAMIC MEAS		174.7		1						
93503	INSERT/PLACE HEART CATHETER		120		2						
93505	BIOPSY OF HEART LINING	26	180		1						
93505	BIOPSY OF HEART LINING		227		1						
93563	NJX CGEN CAR CTH SLCTV C ANG		39.92		1						
93564	NJX CGEN CAR CATH SLCTV OPAC		40.56		1						
93565	NJX CAR CTH SLCTV LV/LA ANG		30.71		1						
93566	NJX CAR CTH SLCTV RV/RA ANG		118.44		1						
93567	NJX CAR CTH SPRVLV AORTGRPHY		98.06		1						
93568	NJX CAR CTH NSLC P-ART ANGRP		107.12		1						
93569	NJX CTH SLCT P-ART ANGRP UNI		26.33		1						
93571	HEART FLOW RESERVE MEASURE	26	64.04		1						
93571	HEART FLOW RESERVE MEASURE		111.16		1						
93573	NJX CATH SLCT P-ART ANGRP BI		43.88		1						
93574	NJX CATH SLCT PULM VN ANGRPH		48.44		1						
93575	NJX CATH SLCT P ANGRPH MAPCA		64.79		1						
93580	TRANSCATH CLOSURE OF ASD		641.42		1						
93581	TRANSCATH CLOSURE OF VSD		859.36		1						
93582	PERQ TRANSCATH CLOSURE PDA		356.8		1						
93583	PERQ TRANSCATH SEPTAL REDUXN		397.14		1						
93590	PERQ TRANSCATH CLS MITRAL		806.68		1						
93591	PERQ TRANSCATH CLS AORTIC		669.42		1						
93592	PERQ TRANSCATH CLOSURE EACH		144.99		1						
93593	R HRT CATH CHD NML NT CNJ		144.11		1						
93594	R HRT CATH CHD ABNL NT CNJ		226.73		1						

Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
93595	L HRT CATH CHD NM/ABN NT CNJ		204.62		1						
93596	R&L HRT CATH CHD NML NT CNJ		247.77		1						
93597	R&L HRT CATH CHD ABNL NT CNJ		330.21		1						
93598	CAR OUTP MEAS DRG CATH CHD		50.04		1						
93600	BUNDLE OF HIS RECORDING		161		1						
93600	BUNDLE OF HIS RECORDING	26	120		1						
93602	INTRA-ATRIAL RECORDING		113		1						
93602	INTRA-ATRIAL RECORDING	26	87		1						
93603	RIGHT VENTRICULAR RECORDING	26	92		1						
93603	RIGHT VENTRICULAR RECORDING		132		1						
93609	MAP TACHYCARDIA ADD-ON	26	236		1						
93609	MAP TACHYCARDIA ADD-ON		419		1						
93610	INTRA-ATRIAL PACING		155		1						
93610	INTRA-ATRIAL PACING	26	121		1						
93612	INTRAVENTRICULAR PACING	26	121		1						
93612	INTRAVENTRICULAR PACING		160		1						
93613	ELECTROPHYS MAP 3D ADD-ON		276		1						
93615	ESOPHAGEAL RECORDING		44		1						
93615	ESOPHAGEAL RECORDING	26	34		1						
93616	ESOPHAGEAL RECORDING	26	77		1						
93616	ESOPHAGEAL RECORDING		87		1						
93618	HEART RHYTHM PACING	26	195		1						
93618	HEART RHYTHM PACING		282		1						
93619	ELECTROPHYSIOLOGY EVALUATION	26	349		1						
93619	ELECTROPHYSIOLOGY EVALUATION		591		1						
93620	ELECTROPHYSIOLOGY EVALUATION	26	537		1						
93620	ELECTROPHYSIOLOGY EVALUATION		721		1						
93621	ELECTROPHYSIOLOGY EVALUATION		76.46		1						
93621	ELECTROPHYSIOLOGY EVALUATION	26	97		1						
93622	ELECTROPHYSIOLOGY EVALUATION	26	125		1						
93623	STIMULATION PACING HEART	26	121		1						
93623	STIMULATION PACING HEART		120		1						
93624	ELECTROPHYSIOLOGIC STUDY		231		1						
93624	ELECTROPHYSIOLOGIC STUDY	26	193		1						
93631	HEART PACING MAPPING		588		1						
93631	HEART PACING MAPPING	26	392		1						
93640	EVALUATION HEART DEVICE	26	198		1						
93640	EVALUATION HEART DEVICE		347		1						
93641	ELECTROPHYSIOLOGY EVALUATION	26	260		1						
93641	ELECTROPHYSIOLOGY EVALUATION		431		1						
93642	ELECTROPHYSIOLOGY EVALUATION	26	232		1						
93642	ELECTROPHYSIOLOGY EVALUATION		385		1						
93644	ELECTROPHYSIOLOGY EVALUATION		210.21		1						
93650	ABLATE HEART DYSRHYTHM FOCUS		506		1						
93653	COMPRES EP EVAL TX SVT		554.71		1						
93654	COMPRES EP EVAL TX VT		740.29		1						
93655	ABLATE ARRHYTHMIA ADD ON		277.41		1						
93656	COMPRES EP EVAL ABLTJ ATR FIB		740.58		1						
93657	TX L/R ATRIAL FIB ADDL		277.53		1						
93660	TILT TABLE EVALUATION		137		1						
93660	TILT TABLE EVALUATION	26	75		1						
93662	INTRACARDIAC ECG (ICE)		199		1						
93662	INTRACARDIAC ECG (ICE)	26	104		1						
93701	BIOIMPEDANCE CV ANALYSIS	26	7		1						
93701	BIOIMPEDANCE CV ANALYSIS		29		1						

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Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
93724	ANALYZE PACEMAKER SYSTEM	26	184		2						
93724	ANALYZE PACEMAKER SYSTEM		279		2						
93750	INTERROGATION VAD IN PERSON		33.66		1						
93784	AMBL BP MNTR W/SOFTWARE		49		1						
93786	AMBL BP MNTR W/SW REC ONLY		21		1						
93788	AMBL BP MNTR W/SW A/R		12		1						
93790	AMBL BP MNTR W/SW I&R		6		1						
93792	PT/CAREGIVER TRAINING HOME INR		36.55		1						
93797	CARDIAC REHAB		14		1	CARDIAC REHAB SERVICE LIMIT (PHYSICIAN)	Both	36	Units	1	Calendar Years
93797	CARDIAC REHAB		14		1	CARDIAC REHAB SERVICE LIMIT(OUTPATIENT)	Both	36	Units	1	Calendar Years
93798	CARDIAC REHAB/MONITOR		18		1	CARDIAC REHAB SERVICE LIMIT(OUTPATIENT)	Both	36	Units	1	Calendar Years
93798	CARDIAC REHAB/MONITOR		18		1	CARDIAC REHAB SERVICE LIMIT (PHYSICIAN)	Both	36	Units	1	Calendar Years
93799	UNLISTED CV SVC/PROCEDURE		179	Y	1						
93880	EXTRACRANIAL BILAT STUDY		161		1						
93880	EXTRACRANIAL BILAT STUDY	26	27		1						
93882	EXTRACRANIAL UNI/LTD STUDY	26	16		1						
93882	EXTRACRANIAL UNI/LTD STUDY		102		1						
93886	INTRACRANIAL COMPLETE STUDY	26	37		1						
93886	INTRACRANIAL COMPLETE STUDY		201		1						
93888	INTRACRANIAL LIMITED STUDY	26	24		1						
93888	INTRACRANIAL LIMITED STUDY		128		1						
93890	TCD VASOREACTIVITY STUDY		147.04		1						
93890	TCD VASOREACTIVITY STUDY	26	36.83		1						
93892	TCD EMBOLI DETECT W/O INJ	26	42.18		1						
93892	TCD EMBOLI DETECT W/O INJ		156.93		1						
93893	TCD EMBOLI DETECT W/INJ	26	42		1						
93893	TCD EMBOLI DETECT W/INJ		153.97		1						
93922	UPR/L XTREMITY ART 2 LEVELS		76		1						
93922	UPR/L XTREMITY ART 2 LEVELS	26	11		1						
93923	UPR/LXTR ART STDY 3+ LVLS		117		1						
93923	UPR/LXTR ART STDY 3+ LVLS	26	21		1						
93924	LWR XTR VASC STDY BILAT	26	23		1						
93924	LWR XTR VASC STDY BILAT		137		1						
93925	LOWER EXTREMITY STUDY	26	23		1						
93925	LOWER EXTREMITY STUDY		190		1						
93926	LOWER EXTREMITY STUDY		116		1						
93926	LOWER EXTREMITY STUDY	26	18		1						
93930	UPPER EXTREMITY STUDY		152		1						
93930	UPPER EXTREMITY STUDY	26	21		1						
93931	UPPER EXTREMITY STUDY	26	14		1						
93931	UPPER EXTREMITY STUDY		99		1						
93970	EXTREMITY STUDY		157		1						
93970	EXTREMITY STUDY	26	26		1						
93971	EXTREMITY STUDY	26	17		1						
93971	EXTREMITY STUDY		107		1						
93975	VASCULAR STUDY	26	69		1						
93975	VASCULAR STUDY		249		1						
93976	VASCULAR STUDY	26	45		1						
93976	VASCULAR STUDY		148		1						
93978	VASCULAR STUDY		138		1						
93978	VASCULAR STUDY	26	25		1						
93979	VASCULAR STUDY	26	17		1						
93979	VASCULAR STUDY		97		1						
93980	PENILE VASCULAR STUDY		134		1						
93980	PENILE VASCULAR STUDY	26	48		1						

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93981	PENILE VASCULAR STUDY		98		1						
93981	PENILE VASCULAR STUDY	26	18		1						
93985	DUP-SCAN HEMO COMPL BI STD	26	37.91		999						
93985	DUP-SCAN HEMO COMPL BI STD		183		999						
93986	DUP-SCAN HEMO COMPL UNI STD	26	24.26		999						
93986	DUP-SCAN HEMO COMPL UNI STD		101.16		999						
93990	DOPPLER FLOW TESTING	26	10		2						
93990	DOPPLER FLOW TESTING		110		2						
94010	BREATHING CAPACITY TEST	26	8		1						
94010	BREATHING CAPACITY TEST		24		1						
94011	SPIROMETRY UP TO 2 YRS OLD		63.72		1						
94012	SPIRMTRY W/BRNCHDIL INF-2 YR		98.06		1						
94013	MEAS LUNG VOL THRU 2 YRS		20.62		1						
94060	EVALUATION OF WHEEZING	26	13		1						
94060	EVALUATION OF WHEEZING		36		1						
94070	EVALUATION OF WHEEZING		48		1						
94070	EVALUATION OF WHEEZING	26	22		1						
94150	VITAL CAPACITY TEST		12.1		2						
94200	LUNG FUNCTION TEST (MBC/MVV)	26	5		1						
94200	LUNG FUNCTION TEST (MBC/MVV)		14		1						
94375	RESPIRATORY FLOW VOLUME LOOP		24		1						
94375	RESPIRATORY FLOW VOLUME LOOP	26	12		1						
94450	HYPOXIA RESPONSE CURVE		24		1						
94452	HAST W/REPORT	26	10.67		1						
94452	HAST W/REPORT		32.24		1						
94453	HAST W/OXYGEN TITRATE	26	13.74		1						
94453	HAST W/OXYGEN TITRATE		45.78		1						
94610	SURFACTANT ADMIN THRU TUBE		43		2						
94617	EXERCISE TST BRNCSPSM W/ECG		70.42		1						
94618	PULMONARY STRESS TESTING		25.75		1						
94621	CARDIOPULM EXERCISE TESTING		84		1						
94621	CARDIOPULM EXERCISE TESTING	26	52		1						
94625	PHY/QHP OP PULM RHB W/O MNTR		36		1						
94625	PHY/QHP OP PULM RHB W/O MNTR	26	20.22		1						
94626	PHY/QHP OP PULM RHB W/MNTR	26	20.57		1						
94626	PHY/QHP OP PULM RHB W/MNTR		53.51		1						
94640	AIRWAY INHALATION TREATMENT		9		4						
94642	AEROSOL INHALATION TREATMENT		139		1						
94644	CBT 1ST HOUR		23		1						
94645	CBT EACH ADDL HOUR		9		2						
94660	POS AIRWAY PRESSURE CPAP		45		1						
94662	NEG PRESS VENTILATION CNP		32		1						
94664	EVALUATE PT USE OF INHALER		10		1						
94667	CHEST WALL MANIPULATION		16		1						
94668	CHEST WALL MANIPULATION		12		1						
94680	EXHALED AIR ANALYSIS O2	26	11		1						
94680	EXHALED AIR ANALYSIS O2		54		1						
94681	EXHALED AIR ANALYSIS O2/CO2		70		1						
94681	EXHALED AIR ANALYSIS O2/CO2	26	9		1						
94690	EXHALED AIR ANALYSIS		52		1						
94690	EXHALED AIR ANALYSIS	26	3		1						
94726	PULM FUNCT TST PLETHYSMOGRAP	26	8.19		1						
94726	PULM FUNCT TST PLETHYSMOGRAP		33.52		1						
94727	PULM FUNCTION TEST BY GAS	26	8.19		1						
94727	PULM FUNCTION TEST BY GAS		26.5		1						

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94728	AIRWY RESIST BY OSCILLOMETRY		26.5		1						
94728	AIRWY RESIST BY OSCILLOMETRY	26	8.19		1						
94729	CO/MEMBANE DIFFUSE CAPACITY		33.14		1						
94729	CO/MEMBANE DIFFUSE CAPACITY	26	5.41		1						
94772	BREATH RECORDING INFANT		67.5		1						
95004	PERCUT ALLERGY SKIN TESTS		3.82		100						
95012	EXHALED NITRIC OXIDE MEAS		11		2						
95017	PERQ & ICUT ALLG TEST VENOMS		5.54		100						
95018	PERQ&IC ALLG TEST DRUGS/BIOL		13.69		50						
95024	ICUT ALLERGY TEST DRUG/BUG		7.35		50						
95027	ICUT ALLERGY TITRATE-AIRBORN		4.47		50						
95028	ICUT ALLERGY TEST-DELAYED		6		50						
95044	ALLERGY PATCH TESTS		5		50						
95052	PHOTO PATCH TEST		6		50						
95056	PHOTOSENSITIVITY TESTS		5		1						
95060	EYE ALLERGY TESTS		8		1						
95065	NOSE ALLERGY TEST		6		1						
95070	BRONCHIAL ALLERGY TESTS		53		1						
95076	INGEST CHALLENGE INI 120 MIN		75.81		1						
95079	INGEST CHALLENGE ADDL 60 MIN		54.13		1						
95115	IMMUNOTHERAPY ONE INJECTION		9.28		1						
95117	IMMUNOTHERAPY INJECTIONS		11.78		1						
95120	IMMUNOTHERAPY ONE INJECTION		15		1						
95125	IMMUNOTHERAPY 2/> INJECTIONS		15		1						
95130	IMMNTX 1 STING INSECT		18		1						
95131	IMMNTX 2 STING INSECTS		34		1						
95132	IMMNTX 3 STING INSECTS		42		1						
95133	IMMNTX 4 STING INSECTS		43		1						
95134	IMMNTX 5 STING INSECTS		44		1						
95144	ANTIGEN THERAPY SERVICES		7.32		6						
95145	ANTIGEN THERAPY SERVICES		11.66		5						
95146	ANTIGEN THERAPY SERVICES		15.18		1						
95147	ANTIGEN THERAPY SERVICES		20.31		1						
95148	ANTIGEN THERAPY SERVICES		19.28		1						
95149	ANTIGEN THERAPY SERVICES		24.57		1						
95165	ANTIGEN THERAPY SERVICES		13.33		20						
95170	ANTIGEN THERAPY SERVICES		7.55		20						
95180	RAPID DESENSITIZATION		100.53		24						
95700	EEG CONT REC W/VID EEG TECH		78.65		1						
95705	EEG W/O VID 2-12 HR UNMNTR		78.65		1						
95706	EEG WO VID 2-12HR INTMT MNTR		78.65		1						
95707	EEG W/O VID 2-12HR CONT MNTR		78.65		1						
95708	EEG WO VID EA 12-26HR UNMNTR		78.65		1						
95709	EEG W/O VID EA 12-26HR INTMT		78.65		1						
95710	EEG W/O VID EA 12-26HR CONT		78.65		1						
95711	VEEG 2-12 HR UNMONITORED		186.65		1						
95712	VEEG 2-12 HR INTMT MNTR		186.65		1						
95713	VEEG 2-12 HR CONT MNTR		186.65		1						
95714	VEEG EA 12-26 HR UNMNTR		186.65		1						
95715	VEEG EA 12-26HR INTMT MNTR		186.65		1						
95716	VEEG EA 12-26HR CONT MNTR		186.65		1						
95717	EEG PHYS/QHP 2-12 HR W/O VID		76.16		1						
95718	EEG PHYS/QHP 2-12 HR W/VEEG		99.75		1						
95719	EEG PHYS/QHP EA INCR W/O VID		117.47		1						
95720	EEG PHY/QHP EA INCR W/VEEG		154.35		1						

Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
95721	EEG PHY/QHP>36<60 HR W/O VID		155.56		1						
95722	EEG PHY/QHP>36<60 HR W/VEEG		188.78		1						
95723	EEG PHY/QHP>60<84 HR W/O VID		192.68		1						
95724	EEG PHY/QHP>60<84 HR W/VEEG		241.09		1						
95725	EEG PHY/QHP>84 HR W/O VID		219.89		1						
95726	EEG PHY/QHP>84 HR W/VEEG		304.68		1						
95782	POLYSOM <6 YRS 4/> PARAMTRS	26	91.08		1						
95782	POLYSOM <6 YRS 4/> PARAMTRS		693.36		1						
95783	POLYSOM <6 YRS CPAP/BILVL		740.04		1						
95783	POLYSOM <6 YRS CPAP/BILVL	26	99.42		1						
95803	ACTIGRAPHY TESTING		97.39		1						
95803	ACTIGRAPHY TESTING	26	31.99		1						
95805	MULTIPLE SLEEP LATENCY TEST	26	71		1						
95805	MULTIPLE SLEEP LATENCY TEST		484		1						
95807	SLEEP STUDY ATTENDED	26	62		1						
95807	SLEEP STUDY ATTENDED		226		1						
95808	POLYSOM ANY AGE 1-3> PARAM		283		1						
95808	POLYSOM ANY AGE 1-3> PARAM	26	113		1						
95810	POLYSOM 6/> YRS 4/> PARAM		539		1						
95810	POLYSOM 6/> YRS 4/> PARAM	26	134		1						
95811	POLYSOM 6/>YRS CPAP 4/> PARM		589		1						
95811	POLYSOM 6/>YRS CPAP 4/> PARM	26	143		1						
95812	EEG 41-60 MINUTES	26	43		1						
95812	EEG 41-60 MINUTES		133		1						
95813	EEG EXTND MNTR 61-119 MIN	26	68		1						
95813	EEG EXTND MNTR 61-119 MIN		176		1						
95816	EEG AWAKE AND DROWSY		125		1						
95816	EEG AWAKE AND DROWSY	26	43		1						
95819	EEG AWAKE AND ASLEEP		107		1						
95819	EEG AWAKE AND ASLEEP	26	43		1						
95822	EEG COMA OR SLEEP ONLY		147		1						
95822	EEG COMA OR SLEEP ONLY	26	43		1						
95824	EEG CEREBRAL DEATH ONLY	26	30		1						
95824	EEG CEREBRAL DEATH ONLY		46		1						
95829	SURGERY ELECTROCORTICOGRAM	26	193		1						
95829	SURGERY ELECTROCORTICOGRAM		243		1						
95830	INSERT ELECTRODES FOR EEG		86		1						
95836	ECOG IMPLTD BRN NPGT <30 D		77.98		1						
95851	RANGE OF MOTION MEASUREMENTS		14		10	PHYSICAL THERAPY-10 PER YEAR	Both	10	Units	1	Calendar Years
95852	RANGE OF MOTION MEASUREMENTS		11		1						
95860	MUSCLE TEST ONE LIMB	26	41		1						
95860	MUSCLE TEST ONE LIMB		63		1						
95861	MUSCLE TEST 2 LIMBS		81		1						
95861	MUSCLE TEST 2 LIMBS	26	63		1						
95863	MUSCLE TEST 3 LIMBS	26	75		1						
95863	MUSCLE TEST 3 LIMBS		107		1						
95864	MUSCLE TEST 4 LIMBS	26	92		1						
95864	MUSCLE TEST 4 LIMBS		126		1						
95865	MUSCLE TEST LARYNX	26	57.78		1						
95865	MUSCLE TEST LARYNX		72.92		1						
95866	MUSCLE TEST HEMIDIAPHRAGM		49.84		2						
95866	MUSCLE TEST HEMIDIAPHRAGM	26	44.98		2						
95867	MUSCLE TEST CRAN NERV UNILAT	26	32		1						
95867	MUSCLE TEST CRAN NERV UNILAT		47		1						
95868	MUSCLE TEST CRAN NERVE BILAT	26	57		1						

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95868	MUSCLE TEST CRAN NERVE BILAT		71		1						
95869	MUSCLE TEST THOR PARASPINAL	26	18		1						
95869	MUSCLE TEST THOR PARASPINAL		24		1						
95870	MUSCLE TEST NONPARASPINAL		21		1						
95870	MUSCLE TEST NONPARASPINAL	26	16		1						
95872	MUSCLE TEST ONE FIBER	26	54		1						
95872	MUSCLE TEST ONE FIBER		69		1						
95873	GUIDE NERV DESTR ELEC STIM		17.84		1						
95874	GUIDE NERV DESTR NEEDLE EMG	26	13.39		1						
95874	GUIDE NERV DESTR NEEDLE EMG		18.06		1						
95875	LIMB EXERCISE TEST		54		2						
95885	MUSC TST DONE W/NERV TST LIM		35.13		4						
95885	MUSC TST DONE W/NERV TST LIM	26	11.8		4						
95886	MUSC TEST DONE W/N TEST COMP		56.04		4						
95886	MUSC TEST DONE W/N TEST COMP	26	31.46		4						
95887	MUSC TST DONE W/N TST NONEXT		49.74		1						
95887	MUSC TST DONE W/N TST NONEXT	26	24.73		1						
95905	MOTOR &/ SENS NRVE CNDJ TEST	26	1.79		1	EMG PROCEDURE LIMIT TO 4 PER CAL YR	Same	4	Units	1	Calendar Years
95905	MOTOR &/ SENS NRVE CNDJ TEST		45.44		1	EMG PROCEDURE LIMIT TO 4 PER CAL YR	Same	4	Units	1	Calendar Years
95907	NVR CNDJ TST 1-2 STUDIES	26	36.85		1						
95907	NVR CNDJ TST 1-2 STUDIES		64.77		1						
95908	NRV CNDJ TST 3-4 STUDIES	26	46.26		1						
95908	NRV CNDJ TST 3-4 STUDIES		80.01		1						
95909	NRV CNDJ TST 5-6 STUDIES		95.82		1						
95909	NRV CNDJ TST 5-6 STUDIES	26	55.33		1						
95910	NRV CNDJ TEST 7-8 STUDIES	26	73.94		1						
95910	NRV CNDJ TEST 7-8 STUDIES		126.19		1						
95911	NRV CNDJ TEST 9-10 STUDIES		152.98		1						
95911	NRV CNDJ TEST 9-10 STUDIES	26	92.42		1						
95912	NRV CNDJ TEST 11-12 STUDIES	26	110.79		1						
95912	NRV CNDJ TEST 11-12 STUDIES		179.32		1						
95913	NRV CNDJ TEST 13/> STUDIES	26	131.48		1						
95913	NRV CNDJ TEST 13/> STUDIES		208.08		1						
95921	AUTONOMIC NRV PARASYM INERVJ	26	34		1						
95921	AUTONOMIC NRV PARASYM INERVJ		44		1						
95922	AUTONOMIC NRV ADRENRG INERVJ		48		1						
95922	AUTONOMIC NRV ADRENRG INERVJ	26	33		1						
95923	AUTONOMIC NRV SYST FUNJ TEST	26	36		1						
95923	AUTONOMIC NRV SYST FUNJ TEST		74		1						
95924	ANS PARASYMP & SYMP W/TILT		101.69		3						
95924	ANS PARASYMP & SYMP W/TILT	26	61.69		3						
95925	SOMATOSENSORY TESTING	26	24		1						
95925	SOMATOSENSORY TESTING		54		1						
95926	SOMATOSENSORY TESTING	26	26		1						
95926	SOMATOSENSORY TESTING		46		1						
95927	SOMATOSENSORY TESTING	26	25		1						
95927	SOMATOSENSORY TESTING		47		1						
95928	C MOTOR EVOKED UPPR LIMBS		110.33		1						
95928	C MOTOR EVOKED UPPR LIMBS	26	55.78		1						
95929	C MOTOR EVOKED LWR LIMBS	26	56		1						
95929	C MOTOR EVOKED LWR LIMBS		115		1						
95930	VISUAL EP TEST CNS W/I&R		65		1						
95930	VISUAL EP TEST CNS W/I&R	26	17		1						
95933	BLINK REFLEX TEST		44		1						
95937	NEUROMUSCULAR JUNCTION TEST	26	27		3						

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95937	NEUROMUSCULAR JUNCTION TEST		35		3						
95938	SOMATOSENSORY TESTING	26	28.88		1						
95938	SOMATOSENSORY TESTING		183.61		1						
95939	C MOTOR EVOKED UPR&LWR LIMBS	26	75.97		1						
95939	C MOTOR EVOKED UPR&LWR LIMBS		289.6		1						
95940	IONM IN OPERATNG ROOM 15 MIN		22.62		3						
95954	EEG MONITORING/GIVING DRUGS		177		1						
95955	EEG DURING SURGERY		100		1						
95955	EEG DURING SURGERY	26	43		1						
95957	EEG DIGITAL ANALYSIS	26	79		1						
95957	EEG DIGITAL ANALYSIS		123		1						
95958	EEG MONITORING/FUNCTION TEST	26	168		1						
95958	EEG MONITORING/FUNCTION TEST		210		1						
95961	ELECTRODE STIMULATION BRAIN	26	109.5		1						
95961	ELECTRODE STIMULATION BRAIN		140		1						
95962	ELECTRODE STIM BRAIN ADD-ON		147		1						
95962	ELECTRODE STIM BRAIN ADD-ON	26	119.43		1						
95970	ALYS NPGT W/O PRGRMG		34		1						
95971	ALYS SMPL SP/PN NPGT W/PRGRM		40		1						
95972	ALYS CPLX SP/PN NPGT W/PRGRM		75		1						
95976	ALYS SMPL CN NPGT PRGRMG		29.32		1						
95977	ALYS CPLX CN NPGT PRGRMG		38.96		1						
95980	IO ANAL GAST N-STIM INIT		22.48		1						
95981	IO ANAL GAST N-STIM SUBSQ		15.3		1						
95982	IO GA N-STIM SUBSQ W/REPROG		23.61		1						
95983	ALYS BRN NPGT PRGRMG 15 MIN		36.75		1						
95984	ALYS BRN NPGT PRGRMG ADDL 15		32.07		1						
95990	SPIN/BRAIN PUMP REFIL & MAIN		38		2						
95991	SPIN/BRAIN PUMP REFIL & MAIN		59		2						
95999	UNLISTED NEUROLOGICAL DX PX		200	Y	1						
96105	ASSESSMENT OF APHASIA		47		1						
96110	DEVELOPMENTAL SCREEN W/SCORE		10		5						
96112	DEVEL TST PHYS/QHP 1ST HR		103		999						
96113	DEVEL TST PHYS/QHP EA ADDL		46.75		999						
96116	NUBHVL XM PHYS/QHP 1ST HR		69.51		1						
96121	NUBHVL XM PHY/QHP EA ADDL HR		60.03		2						
96125	COGNITIVE TEST BY HC PRO		52.88		1						
96127	BRIEF EMOTIONAL/BEHAV ASSMT		3.27		3						
96130	PSYCL TST EVAL PHYS/QHP 1ST		85.92		999						
96131	PSYCL TST EVAL PHYS/QHP EA		65.45		999						
96132	NRPSYC TST EVAL PHYS/QHP 1ST		95.89		999						
96133	NRPSYC TST EVAL PHYS/QHP EA		73.15		999						
96136	PSYCL/NRPSYC TST PHY/QHP 1ST		33.3		999						
96137	PSYCL/NRPSYC TST PHY/QHP EA		30.74		999						
96138	PSYCL/NRPSYC TECH 1ST		25.88		999						
96139	PSYCL/NRPSYC TST TECH EA		25.88		999						
96146	PSYCL/NRPSYC TST AUTO RESULT		1.33		999						
96156	HLTH BHV ASSMT/REASSESSMENT		72.52		999						
96158	HLTH BHV IVNTJ INDIV 1ST 30		49.59		999						
96159	HLTH BHV IVNTJ INDIV EA ADDL		17.29		999						
96160	PT-FOCUSED HLTH RISK ASSMT		2.94		1						
96401	CHEMO ANTI-NEOPL SQ/IM		33		1						
96402	CHEMO HORMON ANTINEOPL SQ/IM		23		2						
96405	CHEMO INTRALESIONAL UP TO 7		67		1						
96406	CHEMO INTRALESIONAL OVER 7		90		1						

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Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
96409	CHEMO IV PUSH SNGL DRUG		76		2						
96411	CHEMO IV PUSH ADDL DRUG		44		5						
96413	CHEMO IV INFUSION 1 HR		108		2						
96415	CHEMO IV INFUSION ADDL HR		25		8						
96416	CHEMO PROLONG INFUSE W/PUMP		115		1						
96417	CHEMO IV INFUS EACH ADDL SEQ		53		5						
96420	CHEMO IA PUSH TECNQUE		68		2						
96422	CHEMO IA INFUSION UP TO 1 HR		120		2						
96423	CHEMO IA INFUSE EACH ADDL HR		49		8						
96425	CHEMOTHERAPY INFUSION METHOD		111		1						
96440	CHEMOTHERAPY INTRACAVITARY		247		1						
96446	CHEMOTX ADMN PRTL CAVITY		123		1						
96450	CHEMOTHERAPY INTO CNS		210		1						
96521	REFILL/MAINT PORTABLE PUMP		95		2						
96522	REFILL/MAINT PUMP/RESVR SYST		69		1						
96523	IRRIG DRUG DELIVERY DEVICE		17		1						
96542	CHEMOTHERAPY INJECTION		135		1						
96567	PDT DSTR PRMLG LES SKN		29		1						
96570	PHOTODYNMC TX 30 MIN ADD-ON		50		1						
96571	PHOTODYNAMIC TX ADDL 15 MIN		27		3						
96573	PDT DSTR PRMLG LES PHYS/QHP		121.46		1						
96574	DBRDMT PRMLG LES W/PDT		157.5		3						
96900	ULTRAVIOLET LIGHT THERAPY		10		1						
96910	PHOTOCHEMOTHERAPY WITH UV-B		25		1						
96920	LASER TX SKIN < 250 SQ CM		95		1						
96921	LASER TX SKIN 250-500 SQ CM		98		1						
96922	LASER TX SKIN >500 SQ CM		135.96		1						
97151	BHV ID ASSMT BY PHYS/QHP		25		16						
97152	BHV ID SUPRT ASSMT BY 1 TECH		12.5 Y		999						
97153	ADAPTIVE BEHAVIOR TX BY TECH		10 Y		999						
97154	GRP ADAPT BHV TX BY TECH		4 Y		999						
97155	ADAPT BEHAVIOR TX PHYS/QHP		15 Y		999						
97156	FAM ADAPT BHV TX GDN PHY/QHP		30 Y		999						
97157	MULT FAM ADAPT BHV TX GDN		2.5 Y		999						
97158	GRP ADAPT BHV TX BY PHY/QHP		5 Y		999						
97161	PT EVAL LOW COMPLEX 20 MIN		54.35		1						
97162	PT EVAL MOD COMPLEX 30 MIN		54.35		1						
97163	PT EVAL HIGH COMPLEX 45 MIN		54.35		1						
97164	PT RE-EVAL EST PLAN CARE		36.74		1						
97165	OT EVAL LOW COMPLEX 30 MIN		52.76		1						
97166	OT EVAL MOD COMPLEX 45 MIN		52.76		1						
97167	OT EVAL HIGH COMPLEX 60 MIN		52.76		1						
97168	OT RE-EVAL EST PLAN CARE		34.78		1						
97597	RMVL DEVITAL TIS 20 CM/<		34		1						
97598	RMVL DEVITAL TIS ADDL 20CM/<		43		8						
97602	WOUND(S) CARE NON-SELECTIVE		25		1						
97607	NEG PRESS WND TX <=50 SQ CM		15.4		1						
97610	LOW FREQUENCY NON-THERMAL US		91.7		1						
99000	SPECIMEN HANDLING OFFICE-LAB		3.5		1						
99001	SPECIMEN HANDLING PT-LAB		3.5		1						
99070	SPECIAL SUPPLIES PHYS/QHP		8.1		999						
99082	UNUSUAL PHYSICIAN TRAVEL		25.56		1						
99151	MOD SED SAME PHYS/QHP <5 YRS		53.16		1						
99152	MOD SED SAME PHYS/QHP 5/>YRS		16.21		1						
99153	MOD SED SAME PHYS/QHP EA		6.95		3						

Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
99155	MOD SED OTH PHYS/QHP <5 YRS		63.69		3						
99156	MOD SED OTH PHYS/QHP 5/>YRS		52.25		1						
99157	MOD SED OTHER PHYS/QHP EA		39.64		3						
99170	ANOGENITAL EXAM CHILD W IMAG		94		1						
99175	INDUCTION OF VOMITING		36		1						
99183	HYPERBARIC OXYGEN THERAPY		149		1	HBO-AIR OR GAS LIMIT	Both	5	Units	1	Calendar Years
99183	HYPERBARIC OXYGEN THERAPY		149		1	HBO-OSTEOMYELITIS LIMIT	Both	40	Units	1	Calendar Years
99183	HYPERBARIC OXYGEN THERAPY		149		1	HBO-HEAL WOUND LIMIT	Both	30	Units	1	Calendar Years
99183	HYPERBARIC OXYGEN THERAPY		149		1	HBO-SKIN GRAFTS AND FLAPS LIMIT	Both	40	Units	1	Calendar Years
99183	HYPERBARIC OXYGEN THERAPY		149		1	HBO-GAS GANGRENE LIMIT	Both	10	Units	1	Calendar Years
99183	HYPERBARIC OXYGEN THERAPY		149		1	HBO-CARBON MONOXIDE POISON & SMOKE INHALATION LIM	Both	5	Units	1	Calendar Years
99183	HYPERBARIC OXYGEN THERAPY		149		1	HBO-DECOMPRESSION SICKNESS LIMIT	Both	10	Units	1	Calendar Years
99183	HYPERBARIC OXYGEN THERAPY		149		1	HBO-CRUSH INJURY LIMIT	Both	15	Units	1	Calendar Years
99183	HYPERBARIC OXYGEN THERAPY		149		1	HBO-RADIATION TISSUE DAMAGE LIMIT	Both	60	Units	1	Calendar Years
99190	SPECIAL PUMP SERVICES		56.67		1						
99191	SPECIAL PUMP SERVICES		42.5		1						
99192	SPECIAL PUMP SERVICES		28.33		1						
99195	PHLEBOTOMY		11		2						
99202	OFFICE O/P NEW SF 15-29 MIN		64.61		1	PHYSICIAN VISIT ONE PER DAY	Both	1	Units Per Day	1	Days
99202	OFFICE O/P NEW SF 15-29 MIN		64.61		1	PRENATAL OFFICE VISIT LIMIT PERINATOLOGIST	Both	3	Units	9	Months
99202	OFFICE O/P NEW SF 15-29 MIN		64.61		1	NEW PATIENT LIMIT	Both	1	Units	3	Calendar Years
99202	OFFICE O/P NEW SF 15-29 MIN		64.61		1	FQHC RHC MATERNITY VISIT LIMIT	Both	15	Units	1	Calendar Years
99202	OFFICE O/P NEW SF 15-29 MIN		64.61		1	PHYSICIAN BENEFIT LIMIT	Both	14	Units	1	Calendar Years
99202	OFFICE O/P NEW SF 15-29 MIN		64.61		1	PHYSICIAN LIMIT FOR CANCER PATIENTS	Both	32	Units	1	Calendar Years
99202	OFFICE O/P NEW SF 15-29 MIN		64.61		1	ANNUAL BMI BENEFIT LIMIT	Both	999	Units	1	Calendar Years
99202	OFFICE O/P NEW SF 15-29 MIN		64.61		1	PRENATAL OFFICE VISIT LIMIT	Both	3	Units	9	Months
99203	OFFICE O/P NEW LOW 30-44 MIN		91.85		1	FQHC RHC MATERNITY VISIT LIMIT	Both	15	Units	1	Calendar Years
99203	OFFICE O/P NEW LOW 30-44 MIN		91.85		1	ANNUAL BMI BENEFIT LIMIT	Both	999	Units	1	Calendar Years
99203	OFFICE O/P NEW LOW 30-44 MIN		91.85		1	PRENATAL OFFICE VISIT LIMIT PERINATOLOGIST	Both	3	Units	9	Months
99203	OFFICE O/P NEW LOW 30-44 MIN		91.85		1	PHYSICIAN VISIT ONE PER DAY	Both	1	Units Per Day	1	Days
99203	OFFICE O/P NEW LOW 30-44 MIN		91.85		1	PHYSICIAN LIMIT FOR CANCER PATIENTS	Both	32	Units	1	Calendar Years
99203	OFFICE O/P NEW LOW 30-44 MIN		91.85		1	PHYSICIAN BENEFIT LIMIT	Both	14	Units	1	Calendar Years
99203	OFFICE O/P NEW LOW 30-44 MIN		91.85		1	PRENATAL OFFICE VISIT LIMIT	Both	3	Units	9	Months
99203	OFFICE O/P NEW LOW 30-44 MIN		91.85		1	NEW PATIENT LIMIT	Both	1	Units	3	Calendar Years
99204	OFFICE O/P NEW MOD 45-59 MIN		141.16		1	FQHC RHC MATERNITY VISIT LIMIT	Both	15	Units	1	Calendar Years
99204	OFFICE O/P NEW MOD 45-59 MIN		141.16		1	NEW PATIENT LIMIT	Both	1	Units	3	Calendar Years
99204	OFFICE O/P NEW MOD 45-59 MIN		141.16		1	PHYSICIAN LIMIT FOR CANCER PATIENTS	Both	32	Units	1	Calendar Years
99204	OFFICE O/P NEW MOD 45-59 MIN		141.16		1	PRENATAL OFFICE VISIT LIMIT PERINATOLOGIST	Both	3	Units	9	Months
99204	OFFICE O/P NEW MOD 45-59 MIN		141.16		1	PHYSICIAN BENEFIT LIMIT	Both	14	Units	1	Calendar Years
99204	OFFICE O/P NEW MOD 45-59 MIN		141.16		1	PHYSICIAN VISIT ONE PER DAY	Both	1	Units Per Day	1	Days
99204	OFFICE O/P NEW MOD 45-59 MIN		141.16		1	ANNUAL BMI BENEFIT LIMIT	Both	999	Units	1	Calendar Years
99204	OFFICE O/P NEW MOD 45-59 MIN		141.16		1	PRENATAL OFFICE VISIT LIMIT	Both	3	Units	9	Months
99205	OFFICE O/P NEW HI 60-74 MIN		178.7		1	PHYSICIAN BENEFIT LIMIT	Both	14	Units	1	Calendar Years
99205	OFFICE O/P NEW HI 60-74 MIN		178.7		1	PHYSICIAN LIMIT FOR CANCER PATIENTS	Both	32	Units	1	Calendar Years
99205	OFFICE O/P NEW HI 60-74 MIN		178.7		1	PRENATAL OFFICE VISIT LIMIT	Both	3	Units	9	Months
99205	OFFICE O/P NEW HI 60-74 MIN		178.7		1	PRENATAL OFFICE VISIT LIMIT PERINATOLOGIST	Both	3	Units	9	Months
99205	OFFICE O/P NEW HI 60-74 MIN		178.7		1	FQHC RHC MATERNITY VISIT LIMIT	Both	15	Units	1	Calendar Years
99205	OFFICE O/P NEW HI 60-74 MIN		178.7		1	PHYSICIAN VISIT ONE PER DAY	Both	1	Units Per Day	1	Days
99205	OFFICE O/P NEW HI 60-74 MIN		178.7		1	ANNUAL BMI BENEFIT LIMIT	Both	999	Units	1	Calendar Years
99205	OFFICE O/P NEW HI 60-74 MIN		178.7		1	NEW PATIENT LIMIT	Both	1	Units	3	Calendar Years
99211	OFF/OP EST MAY X REQ PHY/QHP		17		1	PHYSICIAN VISIT ONE PER DAY	Both	1	Units Per Day	1	Days
99211	OFF/OP EST MAY X REQ PHY/QHP		17		1	PHYSICIAN LIMIT FOR CANCER PATIENTS	Both	32	Units	1	Calendar Years
99211	OFF/OP EST MAY X REQ PHY/QHP		17		1	ANNUAL BMI BENEFIT LIMIT	Both	999	Units	1	Calendar Years
99211	OFF/OP EST MAY X REQ PHY/QHP		17		1	PRENATAL OFFICE VISIT LIMIT PERINATOLOGIST	Both	3	Units	9	Months
99211	OFF/OP EST MAY X REQ PHY/QHP		17		1	PHYSICIAN BENEFIT LIMIT	Both	14	Units	1	Calendar Years

Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
99211	OFF/OP EST MAY X REQ PHY/QHP		17		1	PRENATAL OFFICE VISIT LIMIT	Both	3	Units	9	Months
99211	OFF/OP EST MAY X REQ PHY/QHP		17		1	FQHC RHC MATERNITY VISIT LIMIT	Both	15	Units	1	Calendar Years
99212	OFFICE O/P EST SF 10-19 MIN		31		1	ANNUAL BMI BENEFIT LIMIT	Both	999	Units	1	Calendar Years
99212	OFFICE O/P EST SF 10-19 MIN		31		1	PHYSICIAN LIMIT FOR CANCER PATIENTS	Both	32	Units	1	Calendar Years
99212	OFFICE O/P EST SF 10-19 MIN		31		1	PHYSICIAN BENEFIT LIMIT	Both	14	Units	1	Calendar Years
99212	OFFICE O/P EST SF 10-19 MIN		31		1	FQHC RHC MATERNITY VISIT LIMIT	Both	15	Units	1	Calendar Years
99212	OFFICE O/P EST SF 10-19 MIN		31		1	PRENATAL OFFICE VISIT LIMIT PERINATOLOGIST	Both	3	Units	9	Months
99212	OFFICE O/P EST SF 10-19 MIN		31		1	PRENATAL OFFICE VISIT LIMIT	Both	3	Units	9	Months
99212	OFFICE O/P EST SF 10-19 MIN		31		1	PHYSICIAN VISIT ONE PER DAY	Both	1	Units Per Day	1	Days
99213	OFFICE O/P EST LOW 20-29 MIN		63.95		1	PRENATAL OFFICE VISIT LIMIT PERINATOLOGIST	Both	3	Units	9	Months
99213	OFFICE O/P EST LOW 20-29 MIN		63.95		1	PHYSICIAN BENEFIT LIMIT	Both	14	Units	1	Calendar Years
99213	OFFICE O/P EST LOW 20-29 MIN		63.95		1	PHYSICIAN VISIT ONE PER DAY	Both	1	Units Per Day	1	Days
99213	OFFICE O/P EST LOW 20-29 MIN		63.95		1	FQHC RHC MATERNITY VISIT LIMIT	Both	15	Units	1	Calendar Years
99213	OFFICE O/P EST LOW 20-29 MIN		63.95		1	PHYSICIAN LIMIT FOR CANCER PATIENTS	Both	32	Units	1	Calendar Years
99213	OFFICE O/P EST LOW 20-29 MIN		63.95		1	ANNUAL BMI BENEFIT LIMIT	Both	999	Units	1	Calendar Years
99213	OFFICE O/P EST LOW 20-29 MIN		63.95		1	PRENATAL OFFICE VISIT LIMIT	Both	3	Units	9	Months
99214	OFFICE O/P EST MOD 30-39 MIN		93.11		1	FQHC RHC MATERNITY VISIT LIMIT	Both	15	Units	1	Calendar Years
99214	OFFICE O/P EST MOD 30-39 MIN		93.11		1	PHYSICIAN VISIT ONE PER DAY	Both	1	Units Per Day	1	Days
99214	OFFICE O/P EST MOD 30-39 MIN		93.11		1	PRENATAL OFFICE VISIT LIMIT	Both	3	Units	9	Months
99214	OFFICE O/P EST MOD 30-39 MIN		93.11		1	PHYSICIAN BENEFIT LIMIT	Both	14	Units	1	Calendar Years
99214	OFFICE O/P EST MOD 30-39 MIN		93.11		1	ANNUAL BMI BENEFIT LIMIT	Both	999	Units	1	Calendar Years
99214	OFFICE O/P EST MOD 30-39 MIN		93.11		1	PHYSICIAN LIMIT FOR CANCER PATIENTS	Both	32	Units	1	Calendar Years
99214	OFFICE O/P EST MOD 30-39 MIN		93.11		1	PRENATAL OFFICE VISIT LIMIT PERINATOLOGIST	Both	3	Units	9	Months
99215	OFFICE O/P EST HI 40-54 MIN		125.4		1	ANNUAL BMI BENEFIT LIMIT	Both	999	Units	1	Calendar Years
99215	OFFICE O/P EST HI 40-54 MIN		125.4		1	FQHC RHC MATERNITY VISIT LIMIT	Both	15	Units	1	Calendar Years
99215	OFFICE O/P EST HI 40-54 MIN		125.4		1	PHYSICIAN BENEFIT LIMIT	Both	14	Units	1	Calendar Years
99215	OFFICE O/P EST HI 40-54 MIN		125.4		1	PRENATAL OFFICE VISIT LIMIT PERINATOLOGIST	Both	3	Units	9	Months
99215	OFFICE O/P EST HI 40-54 MIN		125.4		1	PHYSICIAN VISIT ONE PER DAY	Both	1	Units Per Day	1	Days
99215	OFFICE O/P EST HI 40-54 MIN		125.4		1	PRENATAL OFFICE VISIT LIMIT	Both	3	Units	9	Months
99215	OFFICE O/P EST HI 40-54 MIN		125.4		1	PHYSICIAN LIMIT FOR CANCER PATIENTS	Both	32	Units	1	Calendar Years
99221	1ST HOSP IP/OBS SF/LOW 40		88.96		1	PHYSICIAN VISIT ONE PER DAY	Both	1	Units Per Day	1	Days
99222	1ST HOSP IP/OBS MODERATE 55		120.44		1	PHYSICIAN VISIT ONE PER DAY	Both	1	Units Per Day	1	Days
99223	1ST HOSP IP/OBS HIGH 75		177.14		1	PHYSICIAN VISIT ONE PER DAY	Both	1	Units Per Day	1	Days
99231	SBSQ HOSP IP/OBS SF/LOW 25		34.43		31	PHYSICIAN VISIT ONE PER DAY	Both	1	Units Per Day	1	Days
99232	SBSQ HOSP IP/OBS MODERATE 35		63.39		31	PHYSICIAN VISIT ONE PER DAY	Both	1	Units Per Day	1	Days
99233	SBSQ HOSP IP/OBS HIGH 50		91.33		31	PHYSICIAN VISIT ONE PER DAY	Both	1	Units Per Day	1	Days
99234	HOSP IP/OBS SM DT SF/LOW 45		116.85		1	PHYSICIAN VISIT ONE PER DAY	Both	1	Units Per Day	1	Days
99235	HOSP IP/OBS SAME DATE MOD 70		148.06		1	PHYSICIAN VISIT ONE PER DAY	Both	1	Units Per Day	1	Days
99236	HOSP IP/OBS SAME DATE HI 85		190.76		1	PHYSICIAN VISIT ONE PER DAY	Both	1	Units Per Day	1	Days
99238	HOSP IP/OBS DSCHRG MGMT 30/<		63.57		1	PHYSICIAN VISIT ONE PER DAY	Both	1	Units Per Day	1	Days
99239	HOSP IP/OBS DSCHRG MGMT >30		93.35		1	PHYSICIAN VISIT ONE PER DAY	Both	1	Units Per Day	1	Days
99242	OFF/OP CONSLTJ NEW/EST SF 20		64		1	FQHC RHC MATERNITY VISIT LIMIT	Both	15	Units	1	Calendar Years
99242	OFF/OP CONSLTJ NEW/EST SF 20		64		1	ANNUAL BMI BENEFIT LIMIT	Both	999	Units	1	Calendar Years
99242	OFF/OP CONSLTJ NEW/EST SF 20		64		1	PHYSICIAN VISIT ONE PER DAY	Both	1	Units Per Day	1	Days
99242	OFF/OP CONSLTJ NEW/EST SF 20		64		1	PHYSICIAN LIMIT FOR CANCER PATIENTS	Both	32	Units	1	Calendar Years
99242	OFF/OP CONSLTJ NEW/EST SF 20		64		1	PHYSICIAN BENEFIT LIMIT	Both	14	Units	1	Calendar Years
99243	OFF/OP CNSLTJ NEW/EST LOW 30		86		1	FQHC RHC MATERNITY VISIT LIMIT	Both	15	Units	1	Calendar Years
99243	OFF/OP CNSLTJ NEW/EST LOW 30		86		1	ANNUAL BMI BENEFIT LIMIT	Both	999	Units	1	Calendar Years
99243	OFF/OP CNSLTJ NEW/EST LOW 30		86		1	PHYSICIAN VISIT ONE PER DAY	Both	1	Units Per Day	1	Days
99243	OFF/OP CNSLTJ NEW/EST LOW 30		86		1	PHYSICIAN LIMIT FOR CANCER PATIENTS	Both	32	Units	1	Calendar Years
99243	OFF/OP CNSLTJ NEW/EST LOW 30		86		1	PHYSICIAN BENEFIT LIMIT	Both	14	Units	1	Calendar Years
99244	OFF/OP CNSLTJ NEW/EST MOD 40		121		1	ANNUAL BMI BENEFIT LIMIT	Both	999	Units	1	Calendar Years
99244	OFF/OP CNSLTJ NEW/EST MOD 40		121		1	PHYSICIAN LIMIT FOR CANCER PATIENTS	Both	32	Units	1	Calendar Years
99244	OFF/OP CNSLTJ NEW/EST MOD 40		121		1	PHYSICIAN VISIT ONE PER DAY	Both	1	Units Per Day	1	Days
99244	OFF/OP CNSLTJ NEW/EST MOD 40		121		1	FQHC RHC MATERNITY VISIT LIMIT	Both	15	Units	1	Calendar Years

Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
99244	OFF/OP CONSLTJ NEW/EST MOD 40		121		1	PHYSICIAN BENEFIT LIMIT	Both	14	Units	1	Calendar Years
99245	OFF/OP CONSLTJ NEW/EST HI 55		157		1	PHYSICIAN LIMIT FOR CANCER PATIENTS	Both	32	Units	1	Calendar Years
99245	OFF/OP CONSLTJ NEW/EST HI 55		157		1	FQHC RHC MATERNITY VISIT LIMIT	Both	15	Units	1	Calendar Years
99245	OFF/OP CONSLTJ NEW/EST HI 55		157		1	PHYSICIAN VISIT ONE PER DAY	Both	1	Units Per Day	1	Days
99245	OFF/OP CONSLTJ NEW/EST HI 55		157		1	ANNUAL BMI BENEFIT LIMIT	Both	999	Units	1	Calendar Years
99245	OFF/OP CONSLTJ NEW/EST HI 55		157		1	PHYSICIAN BENEFIT LIMIT	Both	14	Units	1	Calendar Years
99252	IP/OBS CONSLTJ NEW/EST SF 35		60		1	PHYSICIAN VISIT ONE PER DAY	Both	1	Units Per Day	1	Days
99253	IP/OBS CONSLTJ NEW/EST LOW 45		74		1	PHYSICIAN VISIT ONE PER DAY	Both	1	Units Per Day	1	Days
99254	IP/OBS CONSLTJ NEW/EST MOD 60		102		1	PHYSICIAN VISIT ONE PER DAY	Both	1	Units Per Day	1	Days
99255	IP/OBS CONSLTJ NEW/EST HI 80		140		1	PHYSICIAN VISIT ONE PER DAY	Both	1	Units Per Day	1	Days
99281	EMR DPT VST MAYX REQ PHY/QHP		13		1	FQHC RHC MATERNITY VISIT LIMIT	Both	15	Units	1	Calendar Years
99281	EMR DPT VST MAYX REQ PHY/QHP		13		1	ER AND CRITICAL CARE CODES ONE LINE RESTRICTION	Both	1	Units	1	Days
99281	EMR DPT VST MAYX REQ PHY/QHP		13		1	PHYSICIAN VISIT ONE PER DAY	Both	1	Units Per Day	1	Days
99281	EMR DPT VST MAYX REQ PHY/QHP		13		1	PHYSICIAN LIMIT FOR CANCER PATIENTS	Both	32	Units	1	Calendar Years
99281	EMR DPT VST MAYX REQ PHY/QHP		13		1	PHYSICIAN BENEFIT LIMIT	Both	14	Units	1	Calendar Years
99282	EMERGENCY DEPT VISIT SF MDM		21		1	ER AND CRITICAL CARE CODES ONE LINE RESTRICTION	Both	1	Units	1	Days
99282	EMERGENCY DEPT VISIT SF MDM		21		1	FQHC RHC MATERNITY VISIT LIMIT	Both	15	Units	1	Calendar Years
99282	EMERGENCY DEPT VISIT SF MDM		21		1	PHYSICIAN LIMIT FOR CANCER PATIENTS	Both	32	Units	1	Calendar Years
99282	EMERGENCY DEPT VISIT SF MDM		21		1	PHYSICIAN BENEFIT LIMIT	Both	14	Units	1	Calendar Years
99282	EMERGENCY DEPT VISIT SF MDM		21		1	PHYSICIAN VISIT ONE PER DAY	Both	1	Units Per Day	1	Days
99283	EMERGENCY DEPT VISIT LOW MDM		42		1	PHYSICIAN VISIT ONE PER DAY	Both	1	Units Per Day	1	Days
99283	EMERGENCY DEPT VISIT LOW MDM		42		1	ER AND CRITICAL CARE CODES ONE LINE RESTRICTION	Both	1	Units	1	Days
99283	EMERGENCY DEPT VISIT LOW MDM		42		1	PHYSICIAN BENEFIT LIMIT	Both	14	Units	1	Calendar Years
99283	EMERGENCY DEPT VISIT LOW MDM		42		1	PHYSICIAN LIMIT FOR CANCER PATIENTS	Both	32	Units	1	Calendar Years
99283	EMERGENCY DEPT VISIT LOW MDM		42		1	FQHC RHC MATERNITY VISIT LIMIT	Both	15	Units	1	Calendar Years
99284	EMERGENCY DEPT VISIT MOD MDM		66		1	PHYSICIAN BENEFIT LIMIT	Both	14	Units	1	Calendar Years
99284	EMERGENCY DEPT VISIT MOD MDM		66		1	PHYSICIAN VISIT ONE PER DAY	Both	1	Units Per Day	1	Days
99284	EMERGENCY DEPT VISIT MOD MDM		66		1	FQHC RHC MATERNITY VISIT LIMIT	Both	15	Units	1	Calendar Years
99284	EMERGENCY DEPT VISIT MOD MDM		66		1	ER AND CRITICAL CARE CODES ONE LINE RESTRICTION	Both	1	Units	1	Days
99284	EMERGENCY DEPT VISIT MOD MDM		66		1	PHYSICIAN LIMIT FOR CANCER PATIENTS	Both	32	Units	1	Calendar Years
99285	EMERGENCY DEPT VISIT HI MDM		104		1	ER AND CRITICAL CARE CODES ONE LINE RESTRICTION	Both	1	Units	1	Days
99285	EMERGENCY DEPT VISIT HI MDM		104		1	PHYSICIAN BENEFIT LIMIT	Both	14	Units	1	Calendar Years
99285	EMERGENCY DEPT VISIT HI MDM		104		1	PHYSICIAN VISIT ONE PER DAY	Both	1	Units Per Day	1	Days
99285	EMERGENCY DEPT VISIT HI MDM		104		1	PHYSICIAN LIMIT FOR CANCER PATIENTS	Both	32	Units	1	Calendar Years
99285	EMERGENCY DEPT VISIT HI MDM		104		1	FQHC RHC MATERNITY VISIT LIMIT	Both	15	Units	1	Calendar Years
99291	CRITICAL CARE FIRST HOUR		126		1	PHYSICIAN LIMIT FOR CANCER PATIENTS	Both	32	Units	1	Calendar Years
99291	CRITICAL CARE FIRST HOUR		126		1	PHYSICIAN VISIT ONE PER DAY	Both	1	Units Per Day	1	Days
99291	CRITICAL CARE FIRST HOUR		126		1	INITIAL CRITICAL CARE(99291) LIMITED TO ONE PER DA	Both	1	Units	1	Days
99291	CRITICAL CARE FIRST HOUR		126		1	FQHC RHC MATERNITY VISIT LIMIT	Both	15	Units	1	Calendar Years
99291	CRITICAL CARE FIRST HOUR		126		1	PHYSICIAN BENEFIT LIMIT	Both	14	Units	1	Calendar Years
99291	CRITICAL CARE FIRST HOUR		126		1	ER AND CRITICAL CARE CODES ONE LINE RESTRICTION	Both	1	Units	1	Days
99292	CRITICAL CARE ADDL 30 MIN		63		6						
99305	1ST NF CARE MODERATE MDM 35		55.6		1	PHYSICIAN VISIT ONE PER DAY	Both	1	Units Per Day	1	Days
99305	1ST NF CARE MODERATE MDM 35		55.6		1	PHYSICIAN LIMIT FOR CANCER PATIENTS	Both	32	Units	1	Calendar Years
99305	1ST NF CARE MODERATE MDM 35		55.6		1	PHYSICIAN BENEFIT LIMIT	Both	14	Units	1	Calendar Years
99305	1ST NF CARE MODERATE MDM 35		55.6		1	FQHC RHC MATERNITY VISIT LIMIT	Both	15	Units	1	Calendar Years
99306	1ST NF CARE HIGH MDM 45		68.68		1	FQHC RHC MATERNITY VISIT LIMIT	Both	15	Units	1	Calendar Years
99306	1ST NF CARE HIGH MDM 45		68.68		1	PHYSICIAN VISIT ONE PER DAY	Both	1	Units Per Day	1	Days
99306	1ST NF CARE HIGH MDM 45		68.68		1	PHYSICIAN LIMIT FOR CANCER PATIENTS	Both	32	Units	1	Calendar Years
99306	1ST NF CARE HIGH MDM 45		68.68		1	PHYSICIAN BENEFIT LIMIT	Both	14	Units	1	Calendar Years
99307	SBSQ NF CARE SF MDM 10		21.55		1	PHYSICIAN LIMIT FOR CANCER PATIENTS	Both	32	Units	1	Calendar Years
99307	SBSQ NF CARE SF MDM 10		21.55		1	FQHC RHC MATERNITY VISIT LIMIT	Both	15	Units	1	Calendar Years
99307	SBSQ NF CARE SF MDM 10		21.55		1	PHYSICIAN BENEFIT LIMIT	Both	14	Units	1	Calendar Years
99307	SBSQ NF CARE SF MDM 10		21.55		1	PHYSICIAN VISIT ONE PER DAY	Both	1	Units Per Day	1	Days
99308	SBSQ NF CARE LOW MDM 15		35.73		1	PHYSICIAN VISIT ONE PER DAY	Both	1	Units Per Day	1	Days

Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
99308	SBSQ NF CARE LOW MDM 15		35.73		1	PHYSICIAN LIMIT FOR CANCER PATIENTS	Both	32	Units	1	Calendar Years
99308	SBSQ NF CARE LOW MDM 15		35.73		1	FQHC RHC MATERNITY VISIT LIMIT	Both	15	Units	1	Calendar Years
99308	SBSQ NF CARE LOW MDM 15		35.73		1	PHYSICIAN BENEFIT LIMIT	Both	14	Units	1	Calendar Years
99309	SBSQ NF CARE MODERATE MDM 30		50.39		1	PHYSICIAN LIMIT FOR CANCER PATIENTS	Both	32	Units	1	Calendar Years
99309	SBSQ NF CARE MODERATE MDM 30		50.39		1	PHYSICIAN VISIT ONE PER DAY	Both	1	Units Per Day	1	Days
99309	SBSQ NF CARE MODERATE MDM 30		50.39		1	PHYSICIAN BENEFIT LIMIT	Both	14	Units	1	Calendar Years
99309	SBSQ NF CARE MODERATE MDM 30		50.39		1	FQHC RHC MATERNITY VISIT LIMIT	Both	15	Units	1	Calendar Years
99310	SBSQ NF CARE HIGH MDM 45		63.06		1	PHYSICIAN VISIT ONE PER DAY	Both	1	Units Per Day	1	Days
99310	SBSQ NF CARE HIGH MDM 45		63.06		1	FQHC RHC MATERNITY VISIT LIMIT	Both	15	Units	1	Calendar Years
99310	SBSQ NF CARE HIGH MDM 45		63.06		1	PHYSICIAN LIMIT FOR CANCER PATIENTS	Both	32	Units	1	Calendar Years
99310	SBSQ NF CARE HIGH MDM 45		63.06		1	PHYSICIAN BENEFIT LIMIT	Both	14	Units	1	Calendar Years
99315	NF DSCHRG MGMT 30 MIN/LESS		44		1	FQHC RHC MATERNITY VISIT LIMIT	Both	15	Units	1	Calendar Years
99315	NF DSCHRG MGMT 30 MIN/LESS		44		1	PHYSICIAN VISIT ONE PER DAY	Both	1	Units Per Day	1	Days
99315	NF DSCHRG MGMT 30 MIN/LESS		44		1	PHYSICIAN BENEFIT LIMIT	Both	14	Units	1	Calendar Years
99315	NF DSCHRG MGMT 30 MIN/LESS		44		1	PHYSICIAN LIMIT FOR CANCER PATIENTS	Both	32	Units	1	Calendar Years
99316	NF DSCHRG MGMT 30 MIN+		59		1	FQHC RHC MATERNITY VISIT LIMIT	Both	15	Units	1	Calendar Years
99316	NF DSCHRG MGMT 30 MIN+		59		1	PHYSICIAN LIMIT FOR CANCER PATIENTS	Both	32	Units	1	Calendar Years
99316	NF DSCHRG MGMT 30 MIN+		59		1	PHYSICIAN VISIT ONE PER DAY	Both	1	Units Per Day	1	Days
99316	NF DSCHRG MGMT 30 MIN+		59		1	PHYSICIAN BENEFIT LIMIT	Both	14	Units	1	Calendar Years
99341	HOME/RES VST NEW SF MDM 15		47		1	PHYSICIAN BENEFIT LIMIT	Both	14	Units	1	Calendar Years
99341	HOME/RES VST NEW SF MDM 15		47		1	FQHC RHC MATERNITY VISIT LIMIT	Both	15	Units	1	Calendar Years
99341	HOME/RES VST NEW SF MDM 15		47		1	PHYSICIAN LIMIT FOR CANCER PATIENTS	Both	32	Units	1	Calendar Years
99342	HOME/RES VST NEW LOW MDM 30		61		1	FQHC RHC MATERNITY VISIT LIMIT	Both	15	Units	1	Calendar Years
99342	HOME/RES VST NEW LOW MDM 30		61		1	PHYSICIAN BENEFIT LIMIT	Both	14	Units	1	Calendar Years
99342	HOME/RES VST NEW LOW MDM 30		61		1	PHYSICIAN LIMIT FOR CANCER PATIENTS	Both	32	Units	1	Calendar Years
99344	HOME/RES VST NEW MOD MDM 60		118		1	PHYSICIAN BENEFIT LIMIT	Both	14	Units	1	Calendar Years
99344	HOME/RES VST NEW MOD MDM 60		118		1	FQHC RHC MATERNITY VISIT LIMIT	Both	15	Units	1	Calendar Years
99344	HOME/RES VST NEW MOD MDM 60		118		1	PHYSICIAN LIMIT FOR CANCER PATIENTS	Both	32	Units	1	Calendar Years
99345	HOME/RES VST NEW HIGH MDM 75		146		1	PHYSICIAN BENEFIT LIMIT	Both	14	Units	1	Calendar Years
99345	HOME/RES VST NEW HIGH MDM 75		146		1	PHYSICIAN LIMIT FOR CANCER PATIENTS	Both	32	Units	1	Calendar Years
99345	HOME/RES VST NEW HIGH MDM 75		146		1	FQHC RHC MATERNITY VISIT LIMIT	Both	15	Units	1	Calendar Years
99347	HOME/RES VST EST SF MDM 20		32		1	PHYSICIAN LIMIT FOR CANCER PATIENTS	Both	32	Units	1	Calendar Years
99347	HOME/RES VST EST SF MDM 20		32		1	FQHC RHC MATERNITY VISIT LIMIT	Both	15	Units	1	Calendar Years
99347	HOME/RES VST EST SF MDM 20		32		1	PHYSICIAN BENEFIT LIMIT	Both	14	Units	1	Calendar Years
99348	HOME/RES VST EST LOW MDM 30		51		1	PHYSICIAN BENEFIT LIMIT	Both	14	Units	1	Calendar Years
99348	HOME/RES VST EST LOW MDM 30		51		1	PHYSICIAN LIMIT FOR CANCER PATIENTS	Both	32	Units	1	Calendar Years
99348	HOME/RES VST EST LOW MDM 30		51		1	FQHC RHC MATERNITY VISIT LIMIT	Both	15	Units	1	Calendar Years
99349	HOME/RES VST EST MOD MDM 40		80		1	FQHC RHC MATERNITY VISIT LIMIT	Both	15	Units	1	Calendar Years
99349	HOME/RES VST EST MOD MDM 40		80		1	PHYSICIAN LIMIT FOR CANCER PATIENTS	Both	32	Units	1	Calendar Years
99349	HOME/RES VST EST MOD MDM 40		80		1	PHYSICIAN BENEFIT LIMIT	Both	14	Units	1	Calendar Years
99350	HOME/RES VST EST HIGH MDM 60		118		1	PHYSICIAN BENEFIT LIMIT	Both	14	Units	1	Calendar Years
99350	HOME/RES VST EST HIGH MDM 60		118		1	PHYSICIAN LIMIT FOR CANCER PATIENTS	Both	32	Units	1	Calendar Years
99350	HOME/RES VST EST HIGH MDM 60		118		1	FQHC RHC MATERNITY VISIT LIMIT	Both	15	Units	1	Calendar Years
99360	PHYSICIAN STANDBY SERVICES		81		1	STANDBY CARE FREQUENCY LIMIT	Both	1	Units	6	Months
99374	HOME HEALTH CARE SUPERVISION		26		1						
99377	HOSPICE CARE SUPERVISION		50		1						
99401	PREVENTIVE COUNSELING INDIV		13		1	HIV COUNSELING YEARLY LIMIT	Both	2	Units	1	Calendar Years
99402	PREVENTIVE COUNSELING INDIV		13		1	HIV COUNSELING YEARLY LIMIT	Both	2	Units	1	Calendar Years
99406	BEHAV CHNG SMOKING 3-10 MIN		8.6		1	TOBACCO CESSATION COUNSELING LIMIT 4 PER 12 MONTHS	Both	4	Units	12	Months
99406	BEHAV CHNG SMOKING 3-10 MIN		8.6		1	TOBACCO CESSATION COUNSELING LIMIT 1 PER DAY	Both	1	Units	1	Days
99407	BEHAV CHNG SMOKING > 10 MIN		17.12		1	TOBACCO CESSATION COUNSELING LIMIT 1 PER DAY	Both	1	Units	1	Days
99407	BEHAV CHNG SMOKING > 10 MIN		17.12		1	TOBACCO CESSATION COUNSELING LIMIT 4 PER 12 MONTHS	Both	4	Units	12	Months
99460	INIT NB EM PER DAY HOSP		50		1	NEWBORN LIMIT	Both	1	Units	999	Months
99460	INIT NB EM PER DAY HOSP		50		1	PHYSICIAN VISIT ONE PER DAY	Both	1	Units Per Day	1	Days
99460	INIT NB EM PER DAY HOSP		50		1	ER AND CRITICAL CARE CODES ONE LINE RESTRICTION	Both	1	Units	1	Days

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Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
99461	INIT NB EM PER DAY NON-FAC		60		1	NEWBORN LIMIT	Both	1	Units	999	Months
99461	INIT NB EM PER DAY NON-FAC		60		1	PHYSICIAN VISIT ONE PER DAY	Both	1	Units Per Day	1	Days
99461	INIT NB EM PER DAY NON-FAC		60		1	ER AND CRITICAL CARE CODES ONE LINE RESTRICTION	Both	1	Units	1	Days
99462	SBSQ NB EM PER DAY HOSP		28		1	PHYSICIAN VISIT ONE PER DAY	Both	1	Units Per Day	1	Days
99463	SAME DAY NB DISCHARGE		68		1	NEWBORN LIMIT	Both	1	Units	999	Months
99463	SAME DAY NB DISCHARGE		68		1	PHYSICIAN VISIT ONE PER DAY	Both	1	Units Per Day	1	Days
99463	SAME DAY NB DISCHARGE		68		1	ER AND CRITICAL CARE CODES ONE LINE RESTRICTION	Both	1	Units	1	Days
99464	ATTENDANCE AT DELIVERY		66		1	STANDBY CARE FREQUENCY LIMIT	Both	1	Units	6	Months
99465	NB RESUSCITATION		123		1						
99466	PED CRIT CARE TRANSPORT		154		1	PHYSICIAN VISIT ONE PER DAY	Both	1	Units Per Day	1	Days
99467	PED CRIT CARE TRANSPORT ADDL		77		1						
99468	NEONATE CRIT CARE INITIAL		225		1	PHYSICIAN VISIT ONE PER DAY	Both	1	Units Per Day	1	Days
99468	NEONATE CRIT CARE INITIAL		225		1	ER AND CRITICAL CARE CODES ONE LINE RESTRICTION	Both	1	Units	1	Days
99469	NEONATE CRIT CARE SUBSQ		132		1	PHYSICIAN VISIT ONE PER DAY	Both	1	Units Per Day	1	Days
99471	PED CRITICAL CARE INITIAL		196		1	PHYSICIAN VISIT ONE PER DAY	Both	1	Units Per Day	1	Days
99471	PED CRITICAL CARE INITIAL		196		1	ER AND CRITICAL CARE CODES ONE LINE RESTRICTION	Both	1	Units	1	Days
99472	PED CRITICAL CARE SUBSQ		131		1	PHYSICIAN VISIT ONE PER DAY	Both	1	Units Per Day	1	Days
99475	PED CRIT CARE AGE 2-5 INIT		196		1	ER AND CRITICAL CARE CODES ONE LINE RESTRICTION	Both	1	Units	1	Days
99475	PED CRIT CARE AGE 2-5 INIT		196		1	PHYSICIAN VISIT ONE PER DAY	Both	1	Units Per Day	1	Days
99476	PED CRIT CARE AGE 2-5 SUBSQ		131		1	PHYSICIAN VISIT ONE PER DAY	Both	1	Units Per Day	1	Days
99477	INIT DAY HOSP NEONATE CARE		113		1	PHYSICIAN VISIT ONE PER DAY	Both	1	Units Per Day	1	Days
99478	IC LBW INF < 1500 GM SUBSQ		57		1	PHYSICIAN VISIT ONE PER DAY	Both	1	Units Per Day	1	Days
99479	IC LBW INF 1500-2500 G SUBSQ		40		1	PHYSICIAN VISIT ONE PER DAY	Both	1	Units Per Day	1	Days
99480	IC INF PBW 2501-5000 G SUBSQ		24		1	PHYSICIAN VISIT ONE PER DAY	Both	1	Units Per Day	1	Days
99485	SUPRV INTERFACILTY TRANSPORT		52.81		1	PHYSICIAN VISIT ONE PER DAY	Both	1	Units Per Day	1	Days
99486	SUPRV INTERFAC TRNSPORT ADDL		45.93		1						