

# PRIOR AUTHORIZATION LIST 2022.

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## **PRIOR AUTHORIZATION LIST 2022.**

All services and procedures, regardless of place of service, must be medically necessary, subject to CMS regulations. If a service performed is not covered by Medicare or an additional benefit offered by the health plan, the claim will be denied as a non-covered service per Medicare criteria. An approved authorization is not a guarantee of payment. Payment is based on benefits in effect at the time of service, member eligibility and medical necessity.

### **P3 PRIOR AUTHORIZATION DEPARTMENT**

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### **GENERAL STATEMENTS**

#### **Organizational Determinations Request Definitions:**

- > Expedited: When the enrollee or his/her physician believes that waiting for a decision under the standard time frame could place the enrollee's life, health or ability to regain maximum function in serious jeopardy.
- > Standard: Determination must be made as expeditiously as the enrollee's health condition requires, but no later than 14 calendar days after the date the organization receives the request.

#### **Inpatient Admissions & Observations:**

- > Prior authorization is not required for emergent inpatient admission. Authorization of an inpatient or observation stay is required within 48h and prior to claim payment. Please submit a facesheet as a form of notification to allow for authorization entry and concurrent review.

#### **Out of Network Services:**

- > Participating primary care providers must obtain prior authorization P3 Health Partners for any referral of non-emergency care to a non-participating health care facility or provider. Participating specialists requesting service at a non-participating health care entity must also request prior authorization.

#### **Durable Medical Equipment:**

- > Any durable medical equipment, unless otherwise specified, for which the allowed amount exceeds \$500.00.

#### **Experimental or Investigational Items:**

- > Any drugs, services, treatment, supplies or devices that the plan medical staff determines, with appropriate consultation, to be experimental, investigational, or unproven are not covered services.

## GENERAL STATEMENTS

### Medicare Program Integrity Manual.

Chapter 13 – Local Coverage Determinations

13.5.4 – Reasonable and Necessary Provisions in LCDs (Rev. 863; Issued: 02-12-19;

Effective: 10-03-18; Implementation: 01-08-19)

#### **An item or service may be covered by a contractor LCD if:**

- > It is reasonable and necessary under 1862(a)(1)(A) of The Act. Only reasonable and necessary provisions are considered part of the LCD. Reasonable and Necessary.
- > Contractors shall determine and describe in the LCD the circumstances under which the item or service is reasonable and necessary under 1862(a)(1)(A). Contractors shall determine if evidence exist to consider an item or service to be reasonable and necessary if the contractor determines that the service is:
  - > Safe and effective.
  - > Not experimental or investigational; and
  - > Appropriate, including the duration and frequency that is considered appropriate for the item or service, in terms of whether it is:
    - >> Furnished in accordance with accepted standards of medical practice for the diagnosis or treatment of the patient’s condition or to improve the function of a malformed body member.
    - >> Furnished in a setting appropriate to the patient’s medical needs and condition.
    - >> Ordered and furnished by qualified personnel; One that meets, but does not exceed, the patient’s medical need; and
    - >> At least as beneficial as an existing and available medically appropriate alternative

#### **Our definition (P3 Definition) for “experimental” or “investigational” or “unproven” services:**

The use of a technology drug, device, treatment, or procedure that has not been recognized as having proven benefit in clinical medicine for any condition, illness, disease, or injury being treated. A drug, device, procedure, or service will be deemed, experimental, investigational, or unproven if any of the following criteria exist:

- > Has not successfully completed a Phase III trial; and
- > Has not been approved by the FDA; and
- > Are not generally recognized as the accepted standard treatment for the disease or condition from which the patient suffers; and
- > Experimental or investigational or unproven treatments may also include off-label therapies (medicaltherapies that use a FDA approved drug or procedure for a non-indicated use); and
- > Fulfillment of the following five criteria is necessary to establish a treatment as not experimental/investigational:
  - >> The device/service must have received final approval from the appropriate regulatory agency (e.g., FDA), and (*continued...*)

**Our definition (P3 Definition) for “experimental” or “investigational” or “unproven” services (continued):**

The use of a technology drug, device, treatment, or procedure that has not been recognized as having proven benefit in clinical medicine for any condition, illness, disease, or injury being treated. A drug, device, procedure, or service will be deemed, experimental, investigational, or unproven if any of the following criteria exist (continued):

- > Fulfillment of the following five criteria is necessary to establish a treatment as not experimental/investigational (continued):
  - >> Published peer-reviewed literature must demonstrate the proven beneficial impact of the service/procedure on health outcomes for the given indication, and
  - >> Published peer-reviewed literature must demonstrate that the technology must be at least as effective as established technology for the given indication, and

**Office Procedures:**

- > Office procedures, unless otherwise specified, require authorization if allowed amount exceeds \$2,500.

**Homebound Services:**

- > PICC line, portable x-ray and podiatry services.

**General Statements, Occupational, Physical, and Speech Therapy Services:**

- > Outpatient occupational therapy, physical therapy, and speech therapy requires prior authorization after the first 9 visits per plan year.

- > **All associated codes:** All Inpatient Elective Admissions (Includes Acute Inpatient Rehab and Long Term Acute Care)
- > **All associated codes:** Medicare Covered Dental Benefits
- > **All associated codes:** Skilled Nursing Facility Stays and Acute Long Term Care Facility Stays
- > **All associated codes:** Prosthetics/Orthotics for which the allowed amount exceeds \$500.00
- > **All associated codes:** Genetic Testing
- > **All associated codes:** Transplants
- > **All associated codes:** Medicare Covered Home Health Services
- > **All associated codes:** Home Infusions
- > **All associated codes:** Chiropractic Services Cosmetic Procedures
- > **All associated codes:** Codes ending in “999” and “99” modifiers

**DERMATOLOGY**

<b>CODE</b>	<b>DESCRIPTION</b>
17311	Mohs micrographic technique, head, neck, hands, feet, genitalia, or directly involving muscle, cartilage, bone, tendon, major nerves, or vessels; first stage, up to 5 tissue blocks
17313	Mohs micrographic technique, of the trunk, arms, or legs; first stage, up to 5 tissue blocks
17999	Unlisted procedure, skin, mucous membrane and subcutaneous tissue
96921	Laser treatment for inflammatory skin disease (psoriasis); 250 sq cm to 500 sq cm

**ORAL SURGERY**

<b>CODE</b>	<b>DESCRIPTION</b>
21085	Impression and custom preparation; oral surgical splint
21110	Application of interdental fixation device for conditions other than fracture or dislocation, includes removal
21208	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)
21209	Osteoplasty, facial bones; reduction
21240	Arthroplasty, temporomandibular joint, with or without autograft (includes obtaining graft)
21242	Arthroplasty, temporomandibular joint, with allograft
21243	Arthroplasty, temporomandibular joint, with prosthetic joint replacement
21299	Unlisted craniofacial and maxillofacial procedure

**NEURO-SURGERY**

<b>CODE</b>	<b>DESCRIPTION</b>
22100	Partial excision of posterior vertebral component, single vertebral segment; cervical
22101	Partial excision of posterior vertebral component, single vertebral segment; thoracic
22102	Partial excision of posterior vertebral component, single vertebral segment; lumbar
22103	Partial excision of posterior vertebral component, single vertebral segment; each additional segment
22110	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; cervical
22112	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; thoracic
22114	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; lumbar
22116	Partial excision of posterior vertebral component, single vertebral segment; thoracic

## NEURO-SURGERY (CONTINUED)

CODE	DESCRIPTION
22505	Manipulation of spine requiring anesthesia, any region
22510	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic
22511	Percutaneous vertebroplasty, 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral
22512	Percutaneous vertebroplasty , 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; each additional cervicothoracic or lumbosacral vertebral body
22867	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level
22868	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; second level (List separately in addition to code for primary procedure)
22869	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level
22870	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; second level (List separately in addition to code for primary procedure)
22899	Unlisted procedure, spine
63012	Laminectomy with removal of abnormal facets and/or pars inter-articularis with decompression of cauda equina and nerve roots for spondylolisthesis, lumbar (Gill type procedure)
63015	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina; cervical
63016	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina; thoracic
63017	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina; lumbar
63020	Laminotomy (hemilaminectomy), with decompression of nerve root(s); 1 interspace, cervical
63030	Laminotomy (hemilaminectomy), with decompression of nerve root(s); 1 interspace, lumbar
63035	Laminotomy (hemilaminectomy), with decompression of nerve root(s); each additional interspace, cervical or lumbar
63040	Laminotomy (hemilaminectomy), with decompression of nerve root(s); cervical
63042	Laminotomy (hemilaminectomy), with decompression of nerve root(s); lumbar



## NEURO-SURGERY (CONTINUED)

<b>CODE</b>	<b>DESCRIPTION</b>
63043	Laminotomy (hemilaminectomy), with decompression of nerve root(s); each additional cervical interspace
63044	Laminotomy (hemilaminectomy), with decompression of nerve root(s); each additional lumbar interspace
63045	Laminectomy, facetectomy and foraminotomy , single vertebral segment; cervical
63046	Laminectomy, facetectomy and foraminotomy , single vertebral segment; thoracic
63047	Laminectomy, facetectomy and foraminotomy, single vertebral segment; lumbar
63048	Laminectomy, facetectomy and foraminotomy, single vertebral segment; each additional
63081	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, single segment
63085	Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach with decompression of spinal cord and/or nerve root(s); thoracic, single segment
63086	Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach with decompression of spinal cord and/or nerve root(s); thoracic, each additional segment
63087	Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; single segment
63088	Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; each additional segment
63090	Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; single segment
63091	Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; each additional segment
63101	Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s); thoracic, single segment
63102	Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s); lumbar, single segment

## NEURO-SURGERY (CONTINUED)

CODE	DESCRIPTION
63103	Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s); thoracic or lumbar, each additional segment
63250	Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; cervical
63251	Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; thoracic
63252	Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; thoracolumbar
63265	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; cervical
63266	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; sacral
63267	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; lumbar
63268	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; sacral
63270	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; cervical
63271	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; thoracic
63272	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; lumbar
63273	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; sacral
63275	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, cervical
63276	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, thoracic
63277	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, lumbar
63278	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, sacral
63650	Percutaneous implantation of neurostimulator electrode array, epidural
63655	Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural
63661	Removal of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed
63663	Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed
63664	Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed



## NEURO-SURGERY (CONTINUED)

CODE	DESCRIPTION
63685	Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling
63688	Revision or removal of implanted spinal neurostimulator pulse generator or receiver

## ORTHOPEDIC

CODE	DESCRIPTION
23455	Capsulorrhaphy, anterior; with labral repair (eg, Bankart procedure)
23470	Arthroplasty, glenohumeral joint; hemiarthroplasty
23472	Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder)
23473	Revision of total shoulder arthroplasty, including allograft when performed; humeral or glenoid component
23474	Revision of total shoulder arthroplasty, including allograft when performed; humeral and glenoid component
23800	Arthrodesis, glenohumeral joint;
23802	Arthrodesis, glenohumeral joint; with autogenous graft (includes obtaining graft)
23921	Disarticulation of shoulder; secondary closure or scar revision
24925	Amputation, arm through humerus; secondary closure or scar revision
25441	Arthroplasty with prosthetic replacement; distal radius
25442	Arthroplasty with prosthetic replacement; distal ulna
25443	Arthroplasty with prosthetic replacement; scaphoid carpal (navicular)
25444	Arthroplasty with prosthetic replacement; lunate
25445	Arthroplasty with prosthetic replacement; trapezium
25446	Arthroplasty with prosthetic replacement; distal radius and partial or entire carpus (total wrist)
25447	Arthroplasty, interposition, intercarpal or carpometacarpal joints
25922	Disarticulation through wrist; secondary closure or scar revision
26508	Release of thenar muscle(s) (eg, thumb contracture)
26530	Arthroplasty, metacarpophalangeal joint; each joint
26531	Arthroplasty, metacarpophalangeal joint; with prosthetic implant, each joint
26535	Arthroplasty, interphalangeal joint; each joint
26536	Arthroplasty, interphalangeal joint; with prosthetic implant, each joint
27125	Hemiarthroplasty, hip, partial (eg, femoral stem prosthesis, bipolar arthroplasty)
27130	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft
27132	Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft
27134	Revision of total hip arthroplasty; both components, with or without autograft or allograft

## ORTHOPEDIC (CONTINUED)

<b>CODE</b>	<b>DESCRIPTION</b>
27137	Revision of total hip arthroplasty; acetabular component only, with or without autograft or allograft
27138	Revision of total hip arthroplasty; femoral component only, with or without allograft
27412	Autologous chondrocyte implantation, knee
27415	Osteochondral allograft, knee, open
27437	Arthroplasty, patella; without prosthesis
27438	Arthroplasty, patella; with prosthesis
27440	Arthroplasty, knee, tibial plateau;
27441	Arthroplasty, knee, tibial plateau; with debridement and partial synovectomy
27442	Arthroplasty, femoral condyles or tibial plateau(s), knee;
27443	Arthroplasty, femoral condyles or tibial plateau(s), knee; with debridement and partial synovectomy
27445	Arthroplasty, knee, hinge prosthesis (eg, Walldius type)
27446	Arthroplasty, knee, condyle and plateau; medial OR lateral compartment
27447	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)
27486	Revision of total knee arthroplasty, with or without allograft; 1 component
27487	Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component
27700	Arthroplasty, ankle;
27702	Arthroplasty, ankle; with implant (total ankle)
27703	Arthroplasty, ankle; revision, total ankle
28899	Unlisted procedure, foot or toes
29806	Arthroscopy, shoulder, surgical; capsulorrhaphy

## ENT

<b>CODE</b>	<b>DESCRIPTION</b>
30130	Excision inferior turbinate, partial or complete, any method
30140	Submucous resection inferior turbinate, partial or complete, any method
30400	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip
30410	Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip
30420	Rhinoplasty, primary; including major septal repair
30460	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only
30462	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip, septum, osteotomies

**ENT (CONTINUED)**

<b>CODE</b>	<b>DESCRIPTION</b>
30465	Repair of nasal vestibular stenosis (eg, spreader grafting, lateral nasal wall reconstruction)
30520	Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft
30801	Ablation, soft tissue of inferior turbinates, unilateral or bilateral, any method (eg, electrocautery, radiofrequency ablation, or tissue volume reduction); superficial
30802	Ablation, soft tissue of inferior turbinates, unilateral or bilateral, any method (eg, electrocautery, radiofrequency ablation, or tissue volume reduction); intramural (ie, submucosal)
42145	Palatopharyngoplasty (eg, uvulopalatopharyngoplasty, uvulopharyngoplasty)
69805	Endolymphatic sac operation; without shunt
69806	Endolymphatic sac operation; with shunt
69930	Cochlear device implantation, with or without mastoidectomy
69949	Unlisted procedure, inner ear

**OB-GYN**

<b>CODE</b>	<b>DESCRIPTION</b>
57155	Insertion of uterine tandem and/or vaginal ovoids for clinical brachytherapy
57156	Insertion of a vaginal radiation after loading apparatus for clinical brachytherapy
57425	Laparoscopy, surgical, colpopexy (suspension of vaginal apex)
58578	Unlisted laparoscopy procedure, uterus
58674	Laparoscopy, surgical, ablation of uterine fibroid(s) including intraoperative ultrasound guidance and monitoring, radiofrequency

**PAIN MANAGEMENT**

<b>CODE</b>	<b>DESCRIPTION</b>
62320	Injection(s), of diagnostic or therapeutic substance(s), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance
62321	Injection(s), of diagnostic or therapeutic substance(s), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)
62322	Injection(s), of diagnostic or therapeutic substance(s), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance

## PAIN MANAGEMENT (CONTINUED)

<b>CODE</b>	<b>DESCRIPTION</b>
62323	Injection(s), of diagnostic or therapeutic substance(s), including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)
62324	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; w/o imaging guidance
62325	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance
62326	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); w/o imaging guidance
62327	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance
62350	Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/ infusion pump; without laminectomy
62351	Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/ infusion pump; with laminectomy
62361	Implantation or replacement of device for intrathecal or epidural drug infusion; nonprogrammable pump
62362	Implantation or replacement of device for intrathecal or epidural drug infusion; programmable pump, including preparation of pump, with or without programming
64408	Injection(s), anesthetic agent(s) and/or steroid; vagus nerve
64410	Injection, anesthetic agent; phrenic nerve
64413	Injection, anesthetic agent; cervical plexus
64416	Injection(s), anesthetic agent(s) and/or steroid; brachial plexus, continuous infusion by catheter (including catheter placement)
64461	Paravertebral block (PVB) (paraspinous block), thoracic; single injection site (includes imaging guidance, when performed)
64462	Paravertebral block (PVB) (paraspinous block), thoracic; second and any additional injection site(s) (includes imaging guidance, when performed)

## PAIN MANAGEMENT (CONTINUED)

<b>CODE</b>	<b>DESCRIPTION</b>
64463	Paravertebral block (PVB) (paraspinous block), thoracic; continuous infusion by catheter (includes imaging guidance, when performed)
64479	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level
64480	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional level
64483	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level
64484	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional level
64490	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level
64491	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; second level
64493	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level
64494	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level
64495	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)
64505	Injection, anesthetic agent; sphenopalatine ganglion
64510	Injection, anesthetic agent; stellate ganglion (cervical sympathetic)
64517	Injection, anesthetic agent; superior hypogastric plexus
64520	Injection, anesthetic agent; lumbar or thoracic (paravertebral sympathetic)
64530	Injection, anesthetic agent; celiac plexus, with or without radiologic monitoring
64553	Percutaneous implantation of neurostimulator electrode array; cranial nerve
64555	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)

## PAIN MANAGEMENT (CONTINUED)

<b>CODE</b>	<b>DESCRIPTION</b>
64561	Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed
64566	Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming
64585	Revision or removal of peripheral neurostimulator electrode array
64590	Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling
64600	Destruction by neurolytic agent, trigeminal nerve; supraorbital, infraorbital, mental, or inferior alveolar branch
64605	Destruction by neurolytic agent, trigeminal nerve; second and third division branches at foramen ovale
64610	Destruction by neurolytic agent, trigeminal nerve; second and third division branches at foramen ovale under radiologic monitoring
64615	Chemodenervation of muscle(s); muscle(s) innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral (eg, for chronic migraine)
64616	Chemodenervation of muscle(s); neck muscle(s), excluding muscles of the larynx, unilateral (eg, for cervical dystonia, spasmodic torticollis)
64617	Chemodenervation of muscle(s); larynx, unilateral, percutaneous (eg, for spasmodic dysphonia), includes guidance by needle electromyography, when performed
64620	Destruction by neurolytic agent, intercostal nerve
64630	Destruction by neurolytic agent; pudendal nerve
64633	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint
64634	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint
64635	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint
64636	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint
64640	Destruction by neurolytic agent; other peripheral nerve or branch
64642	Chemodenervation of one extremity; 1-4 muscle(s)
64644	Chemodenervation of one extremity; 5 or more muscles
64646	Chemodenervation of trunk muscle(s); 1-5 muscle(s)
64647	Chemodenervation of trunk muscle(s); 6 or more muscles
64680	Destruction by neurolytic agent, with or without radiologic monitoring; celiac plexus



## PAIN MANAGEMENT (CONTINUED)

<b>CODE</b>	<b>DESCRIPTION</b>
64681	Destruction by neurolytic agent, with or without radiologic monitoring; superior hypogastric plexus
64999	Unlisted procedure, nervous system

## RADIOLOGY

<b>CODE</b>	<b>DESCRIPTION</b>
70496	Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing
70498	Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing
70544	Magnetic resonance angiography, head; without contrast material(s)
70545	Magnetic resonance angiography, head; with contrast material(s)
70546	Magnetic resonance angiography, head; without contrast material(s), followed by contrast material(s) and further sequences
70547	Magnetic resonance angiography, neck; without contrast material(s)
70548	Magnetic resonance angiography, neck; with contrast material(s)
70549	Magnetic resonance angiography, neck; without contrast material(s), followed by contrast material(s) and further sequences
71275	Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing
71555	Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)
72159	Magnetic resonance angiography, spinal canal and contents, with or without contrast material(s)
72191	Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing
72198	Magnetic resonance angiography, pelvis, with or without contrast material(s)
72240	Myelography, cervical, radiological supervision and interpretation
72255	Myelography, thoracic, radiological supervision and interpretation
72265	Myelography, lumbosacral, radiological supervision and interpretation
72270	Myelography, 2 or more regions (eg, lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical), radiological supervision and interpretation
73206	Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing
73225	Magnetic resonance angiography, upper extremity, with or without contrast material(s)

## RADIOLOGY (CONTINUED)

CODE	DESCRIPTION
73706	Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing
73725	Magnetic resonance angiography, lower extremity, with or without contrast material(s)
74174	Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing
74175	Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing
74185	Magnetic resonance angiography, abdomen, with or without contrast material(s)
75574	Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing
75635	Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s)
78099	Unlisted endocrine procedure, diagnostic nuclear medicine
78199	Unlisted hematopoietic, reticuloendothelial and lymphatic procedure, diagnostic nuclear medicine
78226	Hepatobiliary system imaging, including gallbladder when present;
78227	Hepatobiliary system imaging, including gallbladder when present; with pharmacologic intervention, including quantitative measurement(s) when performed
78264	Gastric emptying imaging study (eg, solid, liquid, or both);
78265	Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel transit
78266	Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel and colon transit, multiple days
78299	Unlisted gastrointestinal procedure, diagnostic nuclear medicine
78300	Bone and/or joint imaging; limited area
78305	Bone and/or joint imaging; multiple areas
78306	Bone and/or joint imaging; whole body
78315	Bone and/or joint imaging; 3 phase study
78320	Bone and/or joint imaging; tomographic (SPECT)
78399	Unlisted musculoskeletal procedure, diagnostic nuclear medicine
78459	Unlisted cardiovascular procedure, diagnostic nuclear medicine
78466	Myocardial imaging, infarct avid, planar; qualitative or quantitative
78468	Myocardial imaging, infarct avid, planar; with ejection fraction by first pass technique
78469	Myocardial imaging, infarct avid, planar; tomographic SPECT with or without quantification

## RADIOLOGY (CONTINUED)

CODE	DESCRIPTION
78472	Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing
78473	Cardiac blood pool imaging, gated equilibrium; multiple studies, wall motion study plus ejection fraction, at rest and stress (exercise and/or pharmacologic), with or without additional quantification
78481	Cardiac blood pool imaging (planar), first pass technique; single study, at rest or with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification
78483	Cardiac blood pool imaging (planar), first pass technique; multiple studies, at rest and with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification
78491	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic)
78492	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic)
78494	Cardiac blood pool imaging, gated equilibrium, SPECT, at rest, wall motion study plus ejection fraction, with or without quantitative processing
78496	Cardiac blood pool imaging, gated equilibrium, single study, at rest, with right ventricular ejection fraction by first pass technique
78499	Unlisted cardiovascular procedure, diagnostic nuclear medicine
78599	Unlisted respiratory procedure, diagnostic nuclear medicine
78600	Brain imaging, less than 4 static views;
78601	Brain imaging, less than 4 static views; with vascular flow
78605	Brain imaging, minimum 4 static views;
78606	Brain imaging, minimum 4 static views; with vascular flow
78607	Brain imaging, tomographic (SPECT)
78608	Brain imaging, positron emission tomography (PET); metabolic evaluation
78610	Brain imaging, vascular flow only
78630	Cerebrospinal fluid flow, imaging (not including introduction of material); cisternography
78635	Cerebrospinal fluid flow, imaging (not including introduction of material); ventriculography
78645	Cerebrospinal fluid flow, imaging (not including introduction of material); shunt evaluation
78647	Cerebrospinal fluid flow, imaging (not including introduction of material); tomographic (SPECT)

## RADIOLOGY (CONTINUED)

CODE	DESCRIPTION
78650	Cerebrospinal fluid leakage detection and localization
78660	Radiopharmaceutical dacryocystography
78699	Unlisted nervous system procedure, diagnostic nuclear medicine
78700	Kidney imaging morphology;
78710	Kidney imaging morphology; tomographic (SPECT)
78725	Kidney function study, non-imaging radioisotopic study
78730	Urinary bladder residual study (List separately in addition to code for primary procedure)
78740	Ureteral reflux study (radiopharmaceutical voiding cystogram)
78761	Testicular imaging with vascular flow
78799	Unlisted genitourinary procedure, diagnostic nuclear medicine
78800	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) ; planar, single area (eg, head, neck, chest, pelvis), single day imaging
78805	Radiopharmaceutical localization of inflammatory process; limited area
78806	Radiopharmaceutical localization of inflammatory process; whole body
78807	Radiopharmaceutical localization of inflammatory process; tomographic (SPECT)
78812	Positron emission tomography (PET) imaging; skull base to mid-thigh
78813	Positron emission tomography (PET) imaging; whole body
78814	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)
78815	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh
78816	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body
78999	Unlisted miscellaneous procedure, diagnostic nuclear medicine
79005	Radiopharmaceutical therapy, by oral administration
79101	Radiopharmaceutical therapy, by intravenous administration
79200	Radiopharmaceutical therapy, by intracavitary administration
79300	Radiopharmaceutical therapy, by interstitial radioactive colloid administration
79403	Radiopharmaceutical therapy, radiolabeled monoclonal antibody by intravenous infusion
79440	Radiopharmaceutical therapy, by intra-articular administration
79445	Radiopharmaceutical therapy, by intra-arterial particulate administration
79999	Radiopharmaceutical therapy, unlisted procedure

## CARDIO-VASCULAR

<b>CODE</b>	<b>DESCRIPTION</b>
36465	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; single incompetent extremity truncal vein
36466	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; multiple incompetent truncal veins, same leg
36470	Injection of sclerosant; single incompetent vein
36471	Injection of sclerosant; multiple incompetent veins, same leg
36473	Endovenous ablation therapy of incompetent vein, extremity; first vein treated
36475	Endovenous ablation therapy of incompetent vein, extremity; first vein treated
36476	Endovenous ablation therapy of incompetent vein, extremity; subsequent vein(s) treated in a single extremity, each through separate access sites
36478	Endovenous ablation therapy of incompetent vein, extremity; first vein treated
36479	Endovenous ablation therapy of incompetent vein, extremity; subsequent vein(s) treated in a single extremity, each through separate access sites
36482	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive remote from the access site; first vein treated
36483	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive remote from the access site; subsequent vein(s) treated in a single extremity, each through separate access sites
37224	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty
37225	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed
37226	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed
37227	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed
37246	Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous

## CARDIO-VASCULAR (CONTINUED)

<b>CODE</b>	<b>DESCRIPTION</b>
37247	Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous
37650	Ligation of femoral vein
37660	Ligation of common iliac vein
37700	Ligation and division of long saphenous vein at saphenofemoral junction, or distal interruptions
37718	Ligation, division, and stripping, short saphenous vein
37722	Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below
37735	Ligation and division and complete stripping of long or short saphenous veins with radical excision of ulcer and skin graft and/or interruption of communicating veins of lower leg, with excision of deep fascia
37760	Ligation Of Perforator Veins, Subfascial, Radical (Linton Type), Including Skin
37761	Ligation of perforator vein(s), subfascial, open, including ultrasound guidance, when performed, 1 leg
37765	Stab phlebectomy of varicose veins, 1 extremity; 10-20 stab incisions
37766	Stab phlebectomy of varicose veins, 1 extremity; more than 20 incisions
37780	Ligation and division of short saphenous vein at saphenopopliteal junction
37785	Ligation, division, and/or excision of varicose vein cluster(s), 1 leg
E0615	Pacemaker monitor, self-contained, checks battery depletion and other pacemaker components, includes digital/visible check systems
E0616	Implantable cardiac event recorder with memory, activator, and programmer
K0606	Automatic external defibrillator, with integrated electrocardiogram analysis, garment type

## UROLOGY

<b>CODE</b>	<b>DESCRIPTION</b>
50080	Percutaneous nephrostolithotomy or pyelostolithotomy, with or without dilation, endoscopy, lithotripsy, stenting, or basket extraction; up to 2 cm
50081	Percutaneous nephrostolithotomy or pyelostolithotomy, with or without dilation, endoscopy, lithotripsy, stenting, or basket extraction; over 2 cm
50590	Lithotripsy, extracorporeal shock wave
50592	Ablation, 1 or more renal tumor(s), percutaneous, unilateral, radiofrequency
51715	Endoscopic injection of implant material into the submucosal tissues of the urethra and/or bladder neck



## UROLOGY (CONTINUED)

<b>CODE</b>	<b>DESCRIPTION</b>
52601	Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete
52648	Laser vaporization of prostate, including control of postoperative bleeding, complete
53440	Sling operation for correction of male urinary incontinence
53445	Insertion of inflatable urethral/bladder neck sphincter, including placement of pump, reservoir, and cuff
53850	Transurethral destruction of prostate tissue; by microwave thermotherapy
53852	Transurethral destruction of prostate tissue; by radiofrequency thermotherapy
53899	Unlisted procedure, urinary system
55860	Exposure of prostate, any approach, for insertion of radioactive substance;
55862	Exposure of prostate, any approach, for insertion of radioactive substance; with lymph node biopsy(s)
55865	Exposure of prostate, any approach, for insertion of radioactive substance; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes
55875	Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or without cystoscopy
55899	Unlisted procedure, male genital system

## MUSCLO-SKELETAL

<b>CODE</b>	<b>DESCRIPTION</b>
98925	Osteopathic manipulative treatment (OMT); 1-2 body regions involved
98926	Osteopathic manipulative treatment (OMT); 3-4 body regions involved
98927	Osteopathic manipulative treatment (OMT); 5-6 body regions involved
98928	Osteopathic manipulative treatment (OMT); 7-8 body regions involved
98929	Osteopathic manipulative treatment (OMT); 9-10 body regions involved
98940	Chiropractic manipulative treatment (CMT); spinal, 1-2 regions
98941	Chiropractic manipulative treatment (CMT); spinal, 3-4 regions
98942	Chiropractic manipulative treatment (CMT); spinal, 5 regions

## AMBULANCE

<b>CODE</b>	<b>DESCRIPTION</b>
A0426	Ambulance service, advanced life support, nonemergency transport, level 1 (ALS 1)
A0428	Ambulance service, basic life support, nonemergency transport, (BLS)
A0434	Specialty care transport (SCT)

## DME

CODE	DESCRIPTION
A5500	For diabetics only, fitting (including follow-up), custom preparation and supply of off-the-shelf depth-inlay shoe manufactured to accommodate multidensity insert(s), per shoe
A5501	For diabetics only, fitting (including follow-up), custom preparation and supply of shoe molded from cast(s) of patient's foot (custom molded shoe), per shoe
A5503	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with roller or rigid rocker bottom, per shoe
A5504	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with wedge(s), per shoe
A5505	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with metatarsal bar, per shoe
A5506	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with off-set heel(s), per shoe
A5507	For diabetics only, not otherwise specified modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe, per shoe
A5512	For diabetics only, multiple density insert, direct formed, molded to foot after external heat source, prefabricated, each
A5513	For diabetics only, multiple density insert, custom molded from model of patient's foot, total contact with patient's foot, custom fabricated, each
A5514	For diabetics only, multiple density insert, made by direct carving with CAM technology from a rectified CAD model created from a digitized scan of the patient, including arch, custom fabricated, each
A9600	Strontium Sr-89 chloride, therapeutic, per mCi
A9604	Samarium Sm-153 lexidronam, therapeutic, per treatment dose, up to 150 mCi
A9606	Radium RA-223 dichloride, therapeutic, per mCi
A9699	Radiopharmaceutical, therapeutic, not otherwise classified
E0193	Powered air flotation bed (low air loss therapy)
E0194	Air fluidized bed
E0250	Hospital bed, fixed height, with any type side rails, with mattress
E0251	Hospital bed, fixed height, with any type side rails, without mattress
E0255	Hospital bed, variable height, hi-lo, with any type side rails, with mattress
E0256	Hospital bed, variable height, hi-lo, with any type side rails, without mattress
E0260	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress
E0261	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, without mattress

## DME (CONTINUED)

CODE	DESCRIPTION
E0277	Powered pressure-reducing air mattress
E0290	Hospital bed, fixed height, without side rails, with mattress
E0291	Hospital bed, fixed height, without side rails, without mattress
E0292	Hospital bed, variable height, hi-lo, without side rails, with mattress
E0293	Hospital bed, variable height, hi-lo, without side rails, without mattress
E0294	Hospital bed, semi-electric (head and foot adjustment), without side rails, with mattress
E0295	Hospital bed, semi-electric (head and foot adjustment), without side rails, without mattress
E0301	Hospital bed, heavy-duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, without mattress
E0304	Hospital bed, extra heavy-duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress
E0371	Nonpowered advanced pressure reducing overlay for mattress, standard mattress length and width
E0372	Powered air overlay for mattress, standard mattress length and width
E0373	Nonpowered advanced pressure reducing mattress
E0465	Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)
E0466	Home ventilator, any type, used with noninvasive interface, (e.g., mask, chest shell)
E0467	Home ventilator, multi-function respiratory device, also performs any or all of the additional functions of oxygen concentration, drug nebulization, aspiration, and cough stimulation
E0470	Respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask
E0471	Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with noninvasive interface, e.g., nasal or facial mask
E0472	Respiratory assist device, bi-level pressure capability, with backup rate feature, used with invasive interface, e.g., tracheostomy tube
E0483	High frequency chest wall oscillation system, includes all accessories and supplies, each
E0486	Oral device/appliance used to reduce upper airway collapsibility, adjustable or nonadjustable, custom fabricated, includes fitting and adjustment
E0561	Humidifier, nonheated, used with positive airway pressure device
E0562	Humidifier, heated, used with positive airway pressure device
E0601	Continuous positive airway pressure (CPAP) device
E0636	Multipositional patient support system, with integrated lift, patient accessible controls

## DME (CONTINUED)

CODE	DESCRIPTION
E0668	Segmental pneumatic appliance for use with pneumatic compressor, full arm
E0747	Osteogenesis stimulator, electrical, noninvasive, other than spinal applications
E0748	Osteogenesis stimulator, electrical, noninvasive, spinal applications
E0749	Osteogenesis stimulator, electrical, surgically implanted
E0769	Electrical stimulation or electromagnetic wound treatment device, not otherwise classified
E0785	Implantable intraspinal (epidural/intrathecal) catheter used with implantable infusion pump, replacement
E0948	Fracture frame, attachments for complex cervical traction
E0986	Manual wheelchair accessory, push-rim activated power assist system
E1035	Multi-positional patient transfer system, with integrated seat, operated by care giver, patient weight capacity up to and including 300 lbs
E1036	Multi-positional patient transfer system, extra-wide, with integrated seat, operated by caregiver, patient weight capacity greater than 300 lbs
E1841	Static progressive stretch shoulder device, with or without range of motion adjustment, includes all components and accessories
E2402	Negative pressure wound therapy electrical pump, stationary or portable
K0738	Portable gaseous oxygen system, rental; home compressor used to fill portable oxygen cylinders, includes portable containers, regulator, flowmeter, humidifier, cannula or mask, and tubing

## RADIATION

CODE	DESCRIPTION
G6015	Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic MLC, per treatment session
G6017	Intra-fraction localization and tracking of target or patient motion during delivery of radiation therapy (e.g., 3D positional tracking, gating, 3D surface tracking), each fraction of treatment
61796	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 simple cranial lesion
61797	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, simple (List separately in addition to code for primary procedure)
61798	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 complex cranial lesion
61799	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, complex (List separately in addition to code for primary procedure)

## RADIATION (CONTINUED)

CODE	DESCRIPTION
63620	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion
63621	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional spinal lesion (List separately in addition to code for primary procedure)
77301	Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications
77316	Brachytherapy isodose plan; simple (calculation[s] made from 1 to 4 sources, or remote afterloading brachytherapy, 1 channel), includes basic dosimetry calculation(s)
77317	Brachytherapy isodose plan; intermediate (calculation[s] made from 5 to 10 sources, or remote afterloading brachytherapy, 2-12 channels), includes basic dosimetry calculation(s)
77318	Brachytherapy isodose plan; complex (calculation[s] made from over 10 sources, or remote afterloading brachytherapy, over 12 channels), includes basic dosimetry calculation(s)
77338	Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan
77338	Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan
77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source Cobalt 60 based
77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions
77385	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; simple
77386	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; complex
77520	Proton treatment delivery; simple, without compensation
77522	Proton treatment delivery; simple, with compensation
77523	Proton treatment delivery; intermediate
77525	Proton treatment delivery; complex
77761	Intracavitary radiation source application; simple
77762	Intracavitary radiation source application; intermediate
77763	Intracavitary radiation source application; complex
77767	Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter up to 2.0 cm or 1 channel

## RADIATION (CONTINUED)

CODE	DESCRIPTION
77768	Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter over 2.0 cm and 2 or more channels, or multiple lesions
77770	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 1 channel
77771	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 2-12 channels
77772	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; over 12 channels
77778	Interstitial radiation source application, complex, includes supervision, handling, loading of radiation source, when performed
77799	Unlisted procedure, clinical brachytherapy

## OPHTHALMOLOGY

CODE	DESCRIPTION
15820	Blepharoplasty, lower eyelid;
15821	Blepharoplasty, lower eyelid; with extensive herniated fat pad
15822	Blepharoplasty, upper eyelid;
15823	Blepharoplasty, upper eyelid; with excessive skin weighting down lid
66761	Iridotomy/iridectomy by laser surgery (eg, for glaucoma) (per session)
66821	Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); laser surgery (eg, YAG laser) (1 or more stages)
66982	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique, complex; without endoscopic cyclophotocoagulation
66983	Intracapsular cataract extraction with insertion of intraocular lens prosthesis (1 stage procedure)
66984	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique; without endoscopic cyclophotocoagulation
66985	Insertion of intraocular lens prosthesis (secondary implant), not associated with concurrent cataract removal
66986	Exchange of intraocular lens
67221	Destruction of localized lesion of choroid (eg, choroidal neovascularization); photodynamic therapy (includes intravenous infusion)
67900	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)
67901	Repair of blepharoptosis; frontalis muscle technique with suture or other material (eg, banked fascia)



## OPHTHALMOLOGY (CONTINUED)

<b>CODE</b>	<b>DESCRIPTION</b>
67902	Repair of blepharoptosis; frontalis muscle technique with autologous fascial sling (includes obtaining fascia)
67903	Repair of blepharoptosis; (tarso) levator resection or advancement, internal approach
67904	Repair of blepharoptosis; (tarso) levator resection or advancement, external approach
67906	Repair of blepharoptosis; superior rectus technique with fascial sling (includes obtaining fascia)
67908	Repair of blepharoptosis; conjunctivo-tarso-Muller's muscle-levator resection (eg, Fasanella-Servat type)
67909	Reduction of overcorrection of ptosis
67911	Correction of lid retraction
67912	Correction of lagophthalmos, with implantation of upper eyelid lid load (eg, gold weight)
67961	Excision and repair of eyelid, involving lid margin, tarsus, conjunctiva, canthus, or full thickness; up to one-fourth of lid margin
67971	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; up to two-thirds of eyelid, 1 stage or first stage
67973	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; total eyelid, lower, 1 stage or first stage
67974	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; total eyelid, upper, 1 stage or first stage
67975	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; second stage
68700	Plastic repair of canaliculi

## SURGERY

<b>CODE</b>	<b>DESCRIPTION</b>
21146	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, requiring bone grafts
21147	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, requiring bone grafts
21150	Reconstruction midface, LeFort II; anterior intrusion
21151	Reconstruction midface, LeFort II; any direction, requiring bone grafts
21154	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts; without LeFort I
21155	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts; with LeFort I
21159	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement, requiring bone grafts; without LeFort I
21160	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement, requiring bone grafts; with LeFort I

## SURGERY (CONTINUED)

<b>CODE</b>	<b>DESCRIPTION</b>
21172	Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, with or without grafts
21175	Reconstruction, bifrontal, superior-lateral orbital rims and lower forehead, advancement or alteration
21179	Reconstruction, entire or majority of forehead and/or supraorbital rims; with grafts (allograft or prosthetic material)
21180	Reconstruction, entire or majority of forehead and/or supraorbital rims; with autograft (includes obtaining grafts)
21181	Reconstruction by contouring of benign tumor of cranial bones (eg, fibrous dysplasia), extracranial
21182	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone, with multiple autografts; total area of bone grafting less than 40 sq cm
21183	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone, with multiple autografts; total area of bone grafting greater than 40 sq cm but less than 80 sq cm
21184	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone, with multiple autografts; total area of bone grafting greater than 80 sq cm
21188	Reconstruction midface, osteotomies (other than LeFort type) and bone grafts
21193	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft
21194	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; with bone graft
21195	Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation
21196	Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation
21198	Osteotomy, mandible, segmental;
21199	Osteotomy, mandible, segmental; with genioglossus advancement
21210	Graft, bone; nasal, maxillary or malar areas
21215	Graft, bone; mandible
21230	Graft; rib cartilage, autogenous, to face, chin, nose or ear
21235	Graft; ear cartilage, autogenous, to nose or ear
21240	Arthroplasty, temporomandibular joint, with or without autograft
21242	Arthroplasty, temporomandibular joint, with allograft
21243	Arthroplasty, temporomandibular joint, with prosthetic joint replacement
21244	Reconstruction of mandible, extraoral, with transosteal bone plate

## SURGERY (CONTINUED)

<b>CODE</b>	<b>DESCRIPTION</b>
21245	Reconstruction of mandible or maxilla, subperiosteal implant; partial
21246	Reconstruction of mandible or maxilla, subperiosteal implant; complete
21247	Reconstruction of mandibular condyle with bone and cartilage autografts
21248	Reconstruction of mandible or maxilla, endosteal implant; partial
21249	Reconstruction of mandible or maxilla, endosteal implant; complete
21255	Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage
21256	Reconstruction of orbit with osteotomies (extracranial) and with bone grafts
21260	Periorbital osteotomies for orbital hypertelorism, with bone grafts; extracranial approach
21261	Periorbital osteotomies for orbital hypertelorism, with bone grafts; combined intra- and extracranial approach
21263	Periorbital osteotomies for orbital hypertelorism, with bone grafts; with forehead advancement
21267	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; extracranial approach
21268	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; combined intra- and extracranial approach
21270	Malar augmentation, prosthetic material
21275	Secondary revision of orbit craniofacial reconstruction
21280	Medial canthopexy
21282	Lateral canthopexy
21295	Reduction of masseter muscle and bone; extraoral approach
21296	Reduction of masseter muscle and bone; intraoral approach
21421	Closed treatment of palatal or maxillary fracture (LeFort I type), with interdental wire fixation or fixation of denture or splint
21422	Open treatment of palatal or maxillary fracture (LeFort I type);
21423	Open treatment of palatal or maxillary fracture (LeFort I type); complicated, multiple approaches
21431	Closed treatment of craniofacial separation (LeFort III type) using interdental wire fixation of denture or splint
21432	Open treatment of craniofacial separation (LeFort III type); with wiring and/or internal fixation
21433	Open treatment of craniofacial separation (LeFort III type); complicated, multiple surgical approaches
21435	Open treatment of craniofacial separation (LeFort III type); complicated, utilizing internal and/or external fixation techniques
21436	Open treatment of craniofacial separation (LeFort III type); complicated, multiple surgical approaches, internal fixation, with bone grafting

## J-CODES

CODE	DESCRIPTION
J0129	Injection, abatacept, 10 mg
J0135	Injection, adalimumab, 20 mg
J0178	Injection, aflibercept, 1 mg
J0180	Injection, agalsidase beta, 1 mg
J0202	Injection, alemtuzumab, 1 mg
J0480	Injection, basiliximab, 20 mg
J0485	Injection, belatacept, 1 mg
J0490	Injection, belimumab, 10 mg
J0565	Injection, bezlotoxumab, 10 mg
J0585	Injection, onabotulinumtoxina, 1 unit
J0586	Injection, abobotulinumtoxina, 5 units
J0587	Injection, rimabotulinumtoxinb, 100 units
J0588	Injection, incobotulinumtoxin a, 1 unit
J0596	Injection, c1 esterase inhibitor (recombinant), ruconest, 10 units
J0597	Injection, c-1 esterase inhibitor (human), berinert, 10 units
J0598	Injection, c-1 esterase inhibitor (human), cinryze, 10 units
J0638	Injection, canakinumab, 1 mg
J0717	Injection, certolizumab pegol, 1 mg
J0775	Injection, collagenase, clostridium histolyticum, 0.01 mg
J0881	Injection, darbepoetin alfa, 1 microgram (non-esrd use)
J0882	Injection, darbepoetin alfa, 1 microgram (for esrd on dialysis)
J0885	Injection, epoetin alfa, (for non-esrd use), 1000 units
J0887	Injection, epoetin beta, 1 microgram, (for esrd on dialysis)
J0888	Injection, epoetin beta, 1 microgram, (for non esrd use)
J0897	Injection, denosumab, 1 mg
J1290	Injection, ecallantide, 1 mg
J1300	Injection, eculizumab, 10 mg
J1322	Injection, elosulfase alfa, 1 mg
J1439	Injection, ferric carboxymaltose, 1 mg
J1442	Injection, filgrastim (g-csf), excludes biosimilars, 1 microgram
J1443	Injection, ferric pyrophosphate citrate solution, 0.1 mg of iron
J1447	Injection, tbo-filgrastim, 1 microgram
J1459	Injection, immune globulin (privigen), intravenous, non-lyophilized, 500 mg
J1460	Injection, gamma globulin, intramuscular, 1 cc
J1555	Injection, immune globulin (cuvitru), 100 mg
J1556	Injection, immune globulin (bivigam), 500 mg
J1557	Injection, immune globulin, (gammaplex), intravenous, non-lyophilized, 500 mg
J1559	Injection, immune globulin (hizentra), 100 mg

## J-CODES (CONTINUED)

CODE	DESCRIPTION
J1560	Injection, gamma globulin, intramuscular, over 10 cc
J1561	Injection, immune globulin, (gamunex-c/gammaked), non-lyophilized, 500 mg
J1562	Injection, immune globulin (vivaglobin), 100 mg
J1563	Injection, immune globulin, intravenous, 1 g
J1564	Injection, immune globulin, Intravenous, 10 mg
J1565	Injection, respiratory syncytial virus immune globulin, intravenous, 50 mg
J1566	Injection, immune globulin, intravenous, lyophilized, 500 mg
J1567	Injection, immune globulin, intravenous, nonlyophilized
J1568	Injection, immune globulin, (octagam), intravenous, non-lyophilized, 500 mg
J1569	Injection, immune globulin, (gammagard liquid), non-lyophilized, 500 mg
J1571	Injection, hepatitis b immune globulin (hepagam b), intramuscular, 0.5 ml
J1572	Injection, immune globulin, (flebogamma/flebogamma dif), intravenous, non-lyophilized, 500 mg
J1573	Injection, hepatitis b immune globulin (hepagam b), intravenous, 0.5 ml
J1575	Injection, immune globulin/hyaluronidase, (hyqvia), 100 mg immunoglobulin
J1595	Injection glatiramer acetate
J1599	Injection, immune globulin, intravenous, non-lyophilized (e.g., liquid), not otherwise specified, 500 mg
J1602	Injection, golimumab, 1 mg, for intravenous use
J1675	Injection, histrelin acetate, 10 micrograms
J1744	Injection, icatibant, 1 mg
J1745	Injection, infliximab, excludes biosimilar, 10 mg
J1750	Injection, iron dextran, 50 mg
J1756	Injection, iron sucrose, 1 mg
J1786	Injection, imiglucerase, 10 units
J1930	Injection, lanreotide, 1 mg
J1931	Injection, laronidase, 0.1 mg
J2170	Injection, mecasermin, 1 mg
J2182	Injection, mepolizumab, 1 mg
J2323	Injection, natalizumab, 1 mg
J2326	Injection, nusinersen, 0.1 mg
J2350	Injection, ocrelizumab, 1 mg
J2353	Injection, octreotide, depot form for intramuscular injection, 1 mg
J2354	Injection, octreotide, non-depot form for subcutaneous or intravenous injection, 25 mcg

## J-CODES (CONTINUED)

CODE	DESCRIPTION
J2357	Injection, omalizumab, 5 mg
J2502	Inj. Pasireotide long acting
J2503	Injection, pegaptanib sodium, 0.3 mg
J2504	Injection, pegademase bovine, 25 iu
J2505	Injection, pegfilgrastim, 6 mg
J2507	Injection, pegloticase, 1 mg
J2562	Injection, plerixafor, 1 mg
J2778	Injection, ranibizumab, 0.1 mg
J2783	Injection, rasburicase, 0.5 mg
J2786	Injection, reslizumab, 1 mg
J2793	Injection, rilonacept, 1 mg
J2796	Injection, romiplostim, 10 micrograms
J2820	Injection, sargramostim (gm-csf), 50 mcg
J2840	Injection, sebelipase alfa, 1 mg
J2860	Injection, siltuximab, 10 mg
J3060	Injection, taliglucerase alfa, 10 units
J3111	Injection, romosozumab-aqqg, 1 mg
J3245	Inj. Tildrakizumab 1mg
J3262	Injection, tocilizumab, 1 mg
J3285	Injection, Treprostinil, 1mg
J3357	Ustekinumab, for subcutaneous injection, 1 mg
J3358	Ustekinumab, for intravenous injection, 1 mg
J3385	Injection, velaglucerase alfa, 100 units- No claims
J3472	Injection, hyaluronidase, ovine, preservative free, per 1000 usp units
J3473	Injection, hyaluronidase, recombinant, 1 usp unit
J3490	Unclassified drugs
J3590	Unclassified biologics
J7175	Injection, factor x, (human), 1 i.u.
J7178	Injection, human fibrinogen concentrate, 1 mg
J7179	Injection, von willebrand factor (recombinant), (vonvendi), 1 i.u. vwf:rc0
J7180	Injection, factor xiii (antihemophilic factor, human), 1 i.u.
J7181	Injection, factor xiii a-subunit, (recombinant), per iu
J7182	Injection, factor viii, (antihemophilic factor, recombinant), (novoeight), per iu
J7183	Injection, von willebrand factor complex (human), wilate, 1 i.u. vwf:rc0
J7185	Injection, factor viii (antihemophilic factor, recombinant) (xyntha), per i.u.
J7186	Injection, antihemophilic factor viii/von willebrand factor complex (human), per factor viii i.u.
J7187	Injection, von willebrand factor complex (humate-p), per iu vwf:rc0



## J-CODES (CONTINUED)

CODE	DESCRIPTION
J7188	Injection, factor viii (antihemophilic factor, recombinant), (obizur), per i.u.
J7189	Factor viia (antihemophilic factor, recombinant), per 1 microgram
J7190	Factor viii (antihemophilic factor, human) per i.u.
J7191	Factor viii (antihemophilic factor (porcine)), per i.u.
J7192	Factor viii (antihemophilic factor, recombinant) per i.u., not otherwise specified
J7193	Factor ix (antihemophilic factor, purified, non-recombinant) per i.u.
J7194	Factor ix, complex, per i.u.
J7195	Injection, factor ix (antihemophilic factor, recombinant) per iu, not otherwise specified
J7196	Injection, antithrombin recombinant, 50 i.u.
J7197	Antithrombin iii (human), per i.u.
J7198	Anti-inhibitor, per i.u.
J7199	Hemophilia clotting factor, not otherwise classified
J7200	Injection, factor ix, (antihemophilic factor, recombinant), rixubis, per iu
J7201	Injection, factor ix, fc fusion protein, (recombinant), alprolix, 1 i.u.
J7202	Injection, factor ix, albumin fusion protein, (recombinant), idelvion, 1 i.u.
J7205	Injection, factor viii fc fusion protein (recombinant), per iu
J7207	Injection, factor viii, (antihemophilic factor, recombinant), pegylated, 1 i.u.
J7209	Injection, factor viii, (antihemophilic factor, recombinant), (nuwiq), 1 i.u.
J7210	Injection, factor viii, (antihemophilic factor, recombinant), (afstyla), 1 i.u.
J7211	Injection, factor viii, (antihemophilic factor, recombinant), (kovaltry), 1 i.u.
J7316	Injection, ocriplasmin, 0.125 mg
J7330	Autologous cultured chondrocytes, implant
J7504	Lymphocyte immune globulin, antithymocyte globulin, equine, parenteral, 250 mg
J7511	Lymphocyte immune globulin, antithymocyte globulin, rabbit, parenteral, 25 mg
J7513	Daclizumab, parenteral, 25 mg
J7516	Cyclosporin, parenteral, 250 mg
J7599	Immunosuppressive drug, not otherwise classified
J7686	Treprostnil, non-comp unit
J7799	Noc drugs, other than inhalation drugs, administered through dme
J7999	Compounded drug, not otherwise classified
J9015	Injection, aldesleukin, per single use vial
J9019	Injection, asparaginase (erwinaze), 1,000 iu
J9020	Injection, asparaginase, not otherwise specified, 10,000 units

**J-CODES (CONTINUED)**

<b>CODE</b>	<b>DESCRIPTION</b>
J9022	Injection, atezolizumab, 10 mg
J9023	Injection, avelumab, 10 mg
J9033	Injection, bendamustine hcl (treanda), 1 mg
J9034	Injection, bendamustine hcl (bendeka), 1 mg
J9039	Injection, blinatumomab, 1 microgram
J9041	Injection, bortezomib, 0.1 mg
J9042	Injection, brentuximab vedotin, 1 mg
J9043	Injection, cabazitaxel, 1 mg
J9047	Injection, carfilzomib, 1 mg
J9055	Injection, cetuximab, 10 mg
J9145	Injection, daratumumab, 10 mg
J9155	Injection, degarelix, 1 mg
J9160	Injection, denileukin diftiox, 300 micrograms
J9173	Injection, durvalumab, 10 mg
J9176	Injection, elotuzumab, 1 mg
J9179	Injection, eribulin mesylate, 0.1 mg
J9203	Injection, gemtuzumab ozogamicin, 0.1 mg
J9207	Injection, ixabepilone, 1 mg
J9225	Histrelin implant (vantas), 50 mg
J9226	Histrelin implant (supprelin Ia), 50 mg
J9228	Injection, ipilimumab, 1 mg
J9229	Injection, inotuzumab ozogamicin, 0.1 mg
J9250	Methotrexate sodium, 5 mg
J9260	Methotrexate sodium, 50 mg
J9264	Injection, paclitaxel protein-bound particles, 1 mg
J9266	Injection, pegaspargase, per single dose vial
J9268	Injection, pentostatin, 10 mg
J9271	Injection, pembrolizumab, 1 mg
J9285	Injection, olaratumab, 10 mg
J9295	Injection, necitumumab, 1 mg
J9299	Injection, nivolumab, 1 mg
J9301	Injection, obinutuzumab, 10 mg
J9302	Injection, ofatumumab, 10 mg
J9303	Injection, panitumumab, 10 mg
J9305	Injection, pemetrexed, 10 mg
J9306	Injection, pertuzumab, 1 mg
J9307	Injection, pralatrexate, 1 mg
J9308	Injection, ramucirumab, 5 mg
J9309	Injection, polatuzumab vedotin-piiq, 1 mg
J9311	Injection, rituximab 10 mg and hyaluronidase

## J-CODES (CONTINUED)

<b>CODE</b>	<b>DESCRIPTION</b>
J9312	Injection, rituximab, 10 mg
J9315	Injection, romidepsin, 1 mg
J9330	Injection, temsirolimus, 1 mg
J9352	Injection, trabectedin, 0.1 mg
J9354	Injection, ado-trastuzumab emtansine, 1 mg
J9355	Injection, trastuzumab, 10 mg
J9357	Injection, valrubicin, intravesical, 200 mg
J9395	Injection, fulvestrant, 25 mg
J9400	Injection, ziv-aflibercept, 1 mg
J9999	Not otherwise classified, antineoplastic drugs
A9513	Injection, lutetium Lu 177 dotate, 200 Mci
Q2043	Injection, sipuleucel-T auto cd54