

MEDICAID FEE FOR SERVICES: UPDATE JANUARY 1, 2018 CODES FOR OUTPATIENT HOSPITAL SERVICES ONLY

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

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| A4641 | | | RADIOPHARMACEUTICAL, DIAGNOSTI | n/a | n/a | |
| A9505 | | | THALLIUM TL-201 THALLOUS CHLOR | n/a | n/a | |
| A9512 | | | TECHNETIUM TC-99M PERTECHNETAT | n/a | n/a | |
| A9516 | | | IODINE I-123 SODIUM IODIDE, DI | n/a | n/a | |
| A9521 | | | TECHNETIUM TC-99M EXAMETAZIME, | n/a | n/a | |
| A9528 | | | IODINE I-131 SODIUM IODIDE CAP | n/a | n/a | |
| A9537 | | | TECHNETIUM TC-99M MEBROFENIN, | n/a | n/a | |
| A9540 | | | TECHNETIUM TC-99M MACROAGGREGA | n/a | n/a | |
| A9541 | | | TECHNETIUM TC-99M SULFUR COLLO | n/a | n/a | |
| A9555 | | | RUBIDIUM RB-82, DIAGNOSTIC, PE | n/a | n/a | |
| A9556 | | | GALLIUM GA-67 CITRATE, DIAGNOS | n/a | n/a | |
| A9558 | | | XENON XE-133 GAS, DIAGNOSTIC, | n/a | n/a | |
| A9560 | | | TECHNETIUM TC-99M LABELED RED | n/a | n/a | |
| A9561 | | | TECHNETIUM TC-99M OXIDRONATE, | n/a | n/a | |
| A9562 | | | TECHNETIUM TC-99M MERTIATIDE, | n/a | n/a | |
| A9567 | | | TECHNETIUM TC-99M PENTETATE, D | n/a | n/a | |
| A9587 | | | GALLIUM GA-68, DOTATATE, DIAGN | n/a | n/a | |
| A9588 | | | FLUCICLOVINE F-18, DIAGNOSTIC, | n/a | n/a | |
| C1300 | | | HYPERBARIC OXYGEN UNDER PRESSU | n/a | n/a | |
| C1713 | | | ANCHOR/SCREW FOR OPPOSING BONE | n/a | n/a | |
| C1714 | | | CATHETER, TRANSLUMINAL ATHEREC | n/a | n/a | |
| C1715 | | | BRACHYTHERAPY NEEDLE | n/a | n/a | |
| C1716 | | | BRACHYTHERAPY SOURCE, NON-STRA | n/a | n/a | |
| C1717 | | | BRACHYTHERAPY SOURCE, NON-STRA | n/a | n/a | |
| C1719 | | | BRACHYTHERAPY SOURCE, NON-STRA | n/a | n/a | |
| C1721 | | | CARDIOVERTER-DEFIBRILLATOR, DU | n/a | n/a | |
| C1722 | | | CARDIOVERTER-DEFIBRILLATOR, SI | n/a | n/a | |
| C1724 | | | CATHETER, TRANSLUMINAL ATHEREC | n/a | n/a | |
| C1725 | | | CATHETER, TRANSLUMINAL ANGIOPL | n/a | n/a | |
| C1726 | | | CATHETER, BALLOON DILATATION, | n/a | n/a | |
| C1727 | | | CATHETER, BALLOON TISSUE DISSE | n/a | n/a | |
| C1728 | | | CATHETER, BRACHYTHERAPY SEED A | n/a | n/a | |
| C1729 | | | CATHETER, DRAINAGE | n/a | n/a | |
| C1730 | | | CATHETER, ELECTROPHYSIOLOGY, D | n/a | n/a | |
| C1731 | | | CATHETER, ELECTROPHYSIOLOGY, D | n/a | n/a | |

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| C1732 | | | CATHETER, ELECTROPHYSIOLOGY, D | n/a | n/a | |
| C1733 | | | CATHETER, ELECTROPHYSIOLOGY, D | n/a | n/a | |
| C1749 | | | ENDOSCOPE, RETROGRADE IMAGING/ | n/a | n/a | |
| C1750 | | | CATHETER, HEMODIALYSIS, LONG-T | n/a | n/a | |
| C1751 | | | CATHETER, INFUSION, INSERTED P | n/a | n/a | |
| C1752 | | | CATHETER, HEMODIALYSIS, SHORT- | n/a | n/a | |
| C1753 | | | CATHETER, INTRAVASCULAR ULTRAS | n/a | n/a | |
| C1754 | | | CATHETER, INTRADISCAL | n/a | n/a | |
| C1755 | | | CATHETER, INTRASPINAL | n/a | n/a | |
| C1756 | | | CATHETER, PACING, TRANSESOPHAG | n/a | n/a | |
| C1757 | | | CATHETER, THROMBECTOMY/EMBOLEC | n/a | n/a | |
| C1758 | | | CATHETER, URETERAL | n/a | n/a | |
| C1759 | | | CATHETER, INTRACARDIAC ECHOCAR | n/a | n/a | |
| C1760 | | | CLOSURE DEVICE, VASCULAR (IMPL | n/a | n/a | |
| C1762 | | | CONNECTIVE TISSUE, HUMAN (INCL | n/a | n/a | |
| C1763 | | | CONNECTIVE TISSUE, NON-HUMAN (| n/a | n/a | |
| C1764 | | | EVENT RECORDER, CARDIAC (IMPLA | n/a | n/a | |
| C1765 | | | ADHESION BARRIER | n/a | n/a | |
| C1766 | | | INTRODUCER/SHEATH, GUIDING, IN | n/a | n/a | |
| C1767 | | | GENERATOR, NEUROSTIMULATOR (IM | n/a | n/a | |
| C1768 | | | GRAFT, VASCULAR | n/a | n/a | |
| C1769 | | | GUIDE WIRE | n/a | n/a | |
| C1770 | | | IMAGING COIL, MAGNETIC RESONAN | n/a | n/a | |
| C1771 | | | REPAIR DEVICE, URINARY, INCONT | n/a | n/a | |
| C1772 | | | INFUSION PUMP, PROGRAMMABLE (I | n/a | n/a | |
| C1773 | | | RETRIEVAL DEVICE, INSERTABLE (| n/a | n/a | |
| C1776 | | | JOINT DEVICE (IMPLANTABLE) | n/a | n/a | |
| C1777 | | | LEAD, CARDIOVERTER-DEFIBRILLAT | n/a | n/a | |
| C1778 | | | LEAD, NEUROSTIMULATOR (IMPLANT | n/a | n/a | |
| C1779 | | | LEAD, PACEMAKER, TRANSVENOUS V | n/a | n/a | |
| C1780 | | | LENS, INTRAOCULAR (NEW TECHNOL | n/a | n/a | |
| C1781 | | | MESH (IMPLANTABLE) | n/a | n/a | |
| C1782 | | | MORCELLATOR | n/a | n/a | |
| C1783 | | | OCULAR IMPLANT, AQUEOUS DRAINA | n/a | n/a | |
| C1784 | | | OCULAR DEVICE, INTRAOPERATIVE, | n/a | n/a | |

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| C1785 | | | PACEMAKER, DUAL CHAMBER, RATE- | n/a | n/a | |
| C1786 | | | PACEMAKER, SINGLE CHAMBER, RAT | n/a | n/a | |
| C1787 | | | PATIENT PROGRAMMER, NEUROSTIMU | n/a | n/a | |
| C1788 | | | PORT, INDWELLING (IMPLANTABLE) | n/a | n/a | |
| C1789 | | | PROSTHESIS, BREAST (IMPLANTABL | n/a | n/a | |
| C1813 | | | PROSTHESIS, PENILE, INFLATABLE | n/a | n/a | |
| C1814 | | | RETINAL TAMPONADE DEVICE, SILI | n/a | n/a | |
| C1815 | | | PROSTHESIS, URINARY SPHINCTER | n/a | n/a | |
| C1816 | | | RECEIVER AND/OR TRANSMITTER, N | n/a | n/a | |
| C1817 | | | SEPTAL DEFECT IMPLANT SYSTEM, | n/a | n/a | |
| C1818 | | | INTEGRATED KERATOPROSTHESIS | n/a | n/a | |
| C1819 | | | SURGICAL TISSUE LOCALIZATION A | n/a | n/a | |
| C1820 | | | GENERATOR, NEUROSTIMULATOR (IM | n/a | n/a | |
| C1821 | | | INTERSPINOUS PROCESS DISTRAC TI | n/a | n/a | |
| C1822 | | | GENERATOR, NEUROSTIMULATOR (IM | n/a | n/a | |
| C1830 | | | POWERED BONE MARROW BIOPSY NEE | n/a | n/a | |
| C1840 | | | LENS, INTRAOCULAR (TELESCOPIC) | n/a | n/a | |
| C1841 | | | RETINAL PROSTHESIS, INCLUDES A | n/a | n/a | |
| C1874 | | | STENT, COATED/COVERED, WITH DE | n/a | n/a | |
| C1875 | | | STENT, COATED/COVERED, WITHOUT | n/a | n/a | |
| C1876 | | | STENT, NON-COATED/NON-COVERED, | n/a | n/a | |
| C1877 | | | STENT, NON-COATED/NON-COVERED, | n/a | n/a | |
| C1878 | | | MATERIAL FOR VOCAL CORD MEDIAL | n/a | n/a | |
| C1880 | | | VENA CAVA FILTER | n/a | n/a | |
| C1881 | | | DIALYSIS ACCESS SYSTEM (IMPLAN | n/a | n/a | |
| C1882 | | | CARDIOVERTER-DEFIBRILLATOR, OT | n/a | n/a | |
| C1883 | | | ADAPTOR/EXTENSION, PACING LEAD | n/a | n/a | |
| C1884 | | | EMBOLIZATION PROTECTIVE SYSTEM | n/a | n/a | |
| C1885 | | | CATHETER, TRANSLUMINAL ANGIOPL | n/a | n/a | |
| C1886 | | | CATHETER, EXTRAVASCULAR TISSUE | n/a | n/a | |
| C1887 | | | CATHETER, GUIDING (MAY INCLUDE | n/a | n/a | |
| C1888 | | | CATHETER, ABLATION, NON-CARDIA | n/a | n/a | |
| C1891 | | | INFUSION PUMP, NON-PROGRAMMABL | n/a | n/a | |
| C1892 | | | INTRODUCER/SHEATH, GUIDING, IN | n/a | n/a | |
| C1893 | | | INTRODUCER/SHEATH, GUIDING, IN | n/a | n/a | |

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| C1894 | | | INTRODUCER/SHEATH, OTHER THAN | n/a | n/a | |
| C1895 | | | LEAD, CARDIOVERTER-DEFIBRILLAT | n/a | n/a | |
| C1896 | | | LEAD, CARDIOVERTER-DEFIBRILLAT | n/a | n/a | |
| C1897 | | | LEAD, NEUROSTIMULATOR TEST KIT | n/a | n/a | |
| C1898 | | | LEAD, PACEMAKER, OTHER THAN TR | n/a | n/a | |
| C1899 | | | LEAD, PACEMAKER/CARDIOVERTER-D | n/a | n/a | |
| C1900 | | | LEAD, LEFT VENTRICULAR CORONAR | n/a | n/a | |
| C2613 | | | LUNG BIOPSY PLUG WITH DELIVERY | n/a | n/a | |
| C2614 | | | PROBE, PERCUTANEOUS LUMBAR DIS | n/a | n/a | |
| C2615 | | | SEALANT, PULMONARY, LIQUID | n/a | n/a | |
| C2616 | | | BRACHYTHERAPY SOURCE, NON-STRA | n/a | n/a | |
| C2617 | | | STENT, NON-CORONARY, TEMPORARY | n/a | n/a | |
| C2618 | | | PROBE/NEEDLE, CRYOABLATION | n/a | n/a | |
| C2619 | | | PACEMAKER, DUAL CHAMBER, NON R | n/a | n/a | |
| C2620 | | | PACEMAKER, SINGLE CHAMBER, NON | n/a | n/a | |
| C2621 | | | PACEMAKER, OTHER THAN SINGLE O | n/a | n/a | |
| C2622 | | | PROSTHESIS, PENILE, NON-INFLAT | n/a | n/a | |
| C2623 | | | CATHETER, TRANSLUMINAL ANGIOPL | n/a | n/a | |
| C2624 | | | IMPLANTABLE WIRELESS PULMONARY | n/a | n/a | |
| C2625 | | | STENT, NON-CORONARY, TEMPORARY | n/a | n/a | |
| C2626 | | | INFUSION PUMP, NON-PROGRAMMABL | n/a | n/a | |
| C2627 | | | CATHETER, SUPRAPUBIC/CYSTOSCOPI | n/a | n/a | |
| C2628 | | | CATHETER, OCCLUSION | n/a | n/a | |
| C2629 | | | INTRODUCER/SHEATH, OTHER THAN | n/a | n/a | |
| C2630 | | | CATHETER, ELECTROPHYSIOLOGY, D | n/a | n/a | |
| C2631 | | | REPAIR DEVICE, URINARY, INCONT | n/a | n/a | |
| C2634 | | | BRACHYTHERAPY SOURCE, NON-STRA | n/a | n/a | |
| C2635 | | | BRACHYTHERAPY SOURCE, NON-STRA | n/a | n/a | |
| C2636 | | | BRACHYTHERAPY LINEAR SOURCE, N | n/a | n/a | |
| C2637 | | | BRACHYTHERAPY SOURCE, NON-STRA | n/a | n/a | |
| C2638 | | | BRACHYTHERAPY SOURCE, STRANDED | n/a | n/a | |
| C2639 | | | BRACHYTHERAPY SOURCE, NON-STRA | n/a | n/a | |
| C2640 | | | BRACHYTHERAPY SOURCE, STRANDED | n/a | n/a | |
| C2641 | | | BRACHYTHERAPY SOURCE, NON-STRA | n/a | n/a | |
| C2642 | | | BRACHYTHERAPY SOURCE, STRANDED | n/a | n/a | |

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| C2643 | | | BRACHYTHERAPY SOURCE, NON-STRA | n/a | n/a | |
| C2644 | | | BRACHYTHERAPY SOURCE, CESIUM-1 | n/a | n/a | |
| C2645 | | | BRACHYTHERAPY PLANAR SOURCE, P | n/a | n/a | |
| C2698 | | | BRACHYTHERAPY SOURCE, STRANDED | n/a | n/a | |
| C2699 | | | BRACHYTHERAPY SOURCE, NON-STRA | n/a | n/a | |
| C5271 | | | APPLICATION OF LOW COST SKIN S | n/a | n/a | |
| C5272 | | | APPLICATION OF LOW COST SKIN S | n/a | n/a | |
| C5273 | | | APPLICATION OF LOW COST SKIN S | n/a | n/a | |
| C5274 | | | APPLICATION OF LOW COST SKIN S | n/a | n/a | |
| C5275 | | | APPLICATION OF LOW COST SKIN S | n/a | n/a | |
| C5276 | | | APPLICATION OF LOW COST SKIN S | n/a | n/a | |
| C5277 | | | APPLICATION OF LOW COST SKIN S | n/a | n/a | |
| C5278 | | | APPLICATION OF LOW COST SKIN S | n/a | n/a | |
| C8900 | | | MAGNETIC RESONANCE ANGIOGRAPHY | n/a | n/a | |
| C8901 | | | MAGNETIC RESONANCE ANGIOGRAPHY | n/a | n/a | |
| C8902 | | | MAGNETIC RESONANCE ANGIOGRAPHY | n/a | n/a | |
| C8903 | | | MAGNETIC RESONANCE IMAGING WIT | n/a | n/a | |
| C8904 | | | MAGNETIC RESONANCE IMAGING WIT | n/a | n/a | |
| C8905 | | | MAGNETIC RESONANCE IMAGING WIT | n/a | n/a | |
| C8906 | | | MAGNETIC RESONANCE IMAGING WIT | n/a | n/a | |
| C8907 | | | MAGNETIC RESONANCE IMAGING WIT | n/a | n/a | |
| C8908 | | | MAGNETIC RESONANCE IMAGING WIT | n/a | n/a | |
| C8909 | | | MAGNETIC RESONANCE ANGIOGRAPHY | n/a | n/a | |
| C8910 | | | MAGNETIC RESONANCE ANGIOGRAPHY | n/a | n/a | |
| C8911 | | | MAGNETIC RESONANCE ANGIOGRAPHY | n/a | n/a | |
| C8912 | | | MAGNETIC RESONANCE ANGIOGRAPHY | n/a | n/a | |
| C8913 | | | MAGNETIC RESONANCE ANGIOGRAPHY | n/a | n/a | |
| C8914 | | | MAGNETIC RESONANCE ANGIOGRAPHY | n/a | n/a | |
| C8918 | | | MAGNETIC RESONANCE ANGIOGRAPHY | n/a | n/a | |
| C8919 | | | MAGNETIC RESONANCE ANGIOGRAPHY | n/a | n/a | |
| C8920 | | | MAGNETIC RESONANCE ANGIOGRAPHY | n/a | n/a | |
| C8921 | | | TRANSTHORACIC ECHOCARDIOGRAPHY | n/a | n/a | |
| C8922 | | | TRANSTHORACIC ECHOCARDIOGRAPHY | n/a | n/a | |
| C8923 | | | TRANSTHORACIC ECHOCARDIOGRAPHY | n/a | n/a | |
| C8924 | | | TRANSTHORACIC ECHOCARDIOGRAPHY | n/a | n/a | |

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| C8925 | | | TRANSESOPHAGEAL ECHOCARDIOGRAP | n/a | n/a | |
| C8926 | | | TRANSESOPHAGEAL ECHOCARDIOGRAP | n/a | n/a | |
| C8927 | | | TRANSESOPHAGEAL ECHOCARDIOGRAP | n/a | n/a | |
| C8928 | | | TRANSTHORACIC ECHOCARDIOGRAPHY | n/a | n/a | |
| C8929 | | | TRANSTHORACIC ECHOCARDIOGRAPHY | n/a | n/a | |
| C8930 | | | TRANSTHORACIC ECHOCARDIOGRAPHY | n/a | n/a | |
| C8931 | | | MAGNETIC RESONANCE ANGIOGRAPHY | n/a | n/a | |
| C8932 | | | MAGNETIC RESONANCE ANGIOGRAPHY | n/a | n/a | |
| C8933 | | | MAGNETIC RESONANCE ANGIOGRAPHY | n/a | n/a | |
| C8934 | | | MAGNETIC RESONANCE ANGIOGRAPHY | n/a | n/a | |
| C8935 | | | MAGNETIC RESONANCE ANGIOGRAPHY | n/a | n/a | |
| C8936 | | | MAGNETIC RESONANCE ANGIOGRAPHY | n/a | n/a | |
| C8957 | | | IV INFUS FOR THER/DIAG PROLONG | n/a | n/a | |
| C9021 | | | INJECTION, OBINUTUZUMAB, 10 MG | n/a | n/a | |
| C9113 | | | INJECTION, PANTOPRAZOLE SODIUM | n/a | n/a | |
| C9132 | | | PROTHROMBIN COMPLEX CONCENTRAT | n/a | n/a | |
| C9248 | | | INJECTION, CLEVIDIPINE BUTYRAT | n/a | n/a | |
| C9250 | | | HUMAN PLASMA FIBRIN SEALANT 2 | n/a | n/a | |
| C9275 | | | INJECTION, HEXAMINOLEVULINATE | n/a | n/a | |
| C9285 | | | LIDOCAINE 70 MG/TETRACAINE 70 | n/a | n/a | |
| C9290 | | | INJECTION, BUPIVACAINE LIPOSOM | n/a | n/a | |
| C9293 | | | INJECTION, GLUCARPIDASE, 10 UN | n/a | n/a | |
| C9352 | | | MICROPOROUS COLLAGEN IMPLANTAB | n/a | n/a | |
| C9353 | | | MICROPOROUS COLLAGEN IMPLANTAB | n/a | n/a | |
| C9354 | | | ACELLULAR PERICARD TISSUE MATR | n/a | n/a | |
| C9355 | | | COLLAGEN NERVE CUFF PER 0.5 CE | n/a | n/a | |
| C9356 | | | TENDON, POROUS MATRIX OF CROSS | n/a | n/a | |
| C9358 | | | DERMAL SUBSTITUTE, NATIVE, NON | n/a | n/a | |
| C9359 | | | POROUS PURIFIED COLLAGEN MATRI | n/a | n/a | |
| C9360 | | | DERMAL SUBSTITUTE, NATIVE, NON | n/a | n/a | |
| C9361 | | | COLLAGEN MATRIX NERVE WRAP PER | n/a | n/a | |
| C9362 | | | POROUS PURIFIED COLLAGEN MATRI | n/a | n/a | |
| C9363 | | | SKIN SUBSTITUTE, INTEGRA MESHE | n/a | n/a | |
| C9364 | | | PORCINE IMPLANT, PERMACOL,PER | n/a | n/a | |
| C9367 | | | SKIN SUBSTITUTE, ENDOFORM DERM | n/a | n/a | |

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| C9399 | | | UNCLASSIFIED DRUGS OR BIOLOGIC | n/a | n/a | |
| C9441 | | | INJECTION, FERRIC CARBOXYMALTO | n/a | n/a | |
| C9447 | | | INJECTION, PHENYLEPHRINE AND K | n/a | n/a | |
| C9460 | | | INJECTION, CANGRELOR, 1 MG | n/a | n/a | |
| C9497 | | | LOXAPINE, INHALATION POWDER, 1 | n/a | n/a | |
| C9600 | | | PERCUTANEOUS TRANSCATHETER PLA | n/a | n/a | |
| C9601 | | | PERCUTANEOUS TRANSCATHETER PLA | n/a | n/a | |
| C9602 | | | PERCUTANEOUS TRANSLUMINAL CORO | n/a | n/a | |
| C9603 | | | PERCUTANEOUS TRANSLUMINAL CORO | n/a | n/a | |
| C9604 | | | PERCUTANEOUS TRANSLUMINAL REVA | n/a | n/a | |
| C9605 | | | PERCUTANEOUS TRANSLUMINAL REVA | n/a | n/a | |
| C9606 | | | PERCUTANEOUS TRANSLUMINAL REVA | n/a | n/a | |
| C9607 | | | PERCUTANEOUS TRANSLUMINAL REVA | n/a | n/a | |
| C9608 | | | PERCUTANEOUS TRANSLUMINAL REVA | n/a | n/a | |
| C9716 | | | CREATIONS OF THERMAL ANAL LESI | n/a | n/a | |
| C9725 | | | PLACEMENT OF ENDORECTAL INTRAC | n/a | n/a | |
| C9726 | | | PLACEMENT & REMOV APPLIC IN BR | n/a | n/a | |
| C9727 | | | INSERTION OF IMPLANTS INTO SOF | n/a | n/a | |
| C9728 | | | PLACEMENT OF INTERSTITIAL DEVI | n/a | n/a | |
| C9733 | | | NON-OPHTHALMIC FLUORESCENT VAS | n/a | n/a | |
| C9735 | | | ANOSCOPY: WITH DIRECTED SUBMUC | n/a | n/a | |
| C9739 | | | CYSTOURETHROSCOPY, W/TRANSPROS | n/a | n/a | |
| C9740 | | | CYSTOURETHROSCOPY W/TRANSPROST | n/a | n/a | |
| G0008 | | | INJECT INFLUENZA VACCINE | n/a | n/a | |
| G0009 | | | INJECT PNEUMOCOCCAL VACCINE | n/a | n/a | |
| G0108 | | | DIABETES OP SELF MNGMT TX SERV | n/a | n/a | |
| G0109 | | | DIABETES SELF MNGMT SERV GRP S | n/a | n/a | |
| G0123 | | | SCR CYTO C/V THIN PREP AUTO | n/a | n/a | |
| G0129 | | | OCCUPATIONAL THERAPY SERVICES | n/a | n/a | |
| G0175 | | | SCHEDULED INTERDISCIPLINARY TE | n/a | n/a | |
| G0176 | | | ACTIVITY THERAPY, SUCH AS MUSI | n/a | n/a | |
| G0177 | | | TRAINING AND EDUCATIONAL SERVI | n/a | n/a | |
| G0239 | | | THERAPEUTIC PROCEDURES TO IMPR | n/a | n/a | |
| G0269 | | | PLACEMENT OF OCCLUSIVE DEVICE | n/a | n/a | |
| G0283 | | | ELECTRICAL STIMULATION (UNATTE | n/a | n/a | |

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| G0339 | | | IMAGE-GUIDED ROBOTIC LINEAR AC | n/a | n/a | |
| G0340 | | | IMAGE-GUIDED ROBOTIC LINEAR AC | n/a | n/a | |
| G0378 | | | HOSPITAL OBSERVATION SERVICE, | n/a | n/a | |
| G0410 | | | GROUP PSYCHOTHERAPY OTHER THAN | n/a | n/a | |
| G0411 | | | INTERACTIVE GROUP PSYCHOTHERAP | n/a | n/a | |
| G0463 | | | HOSPITAL OUTPATIENT CLINIC VIS | n/a | n/a | |
| G9017 | | | AMANTADINE HYDROCHLORIDE, ORAL | n/a | n/a | |
| G9147 | | | OUTPATIENT INTRAVENOUS INSULIN | n/a | n/a | |
| J7336 | | | CAPSAICIN 8% PATCH, PER SQUARE | n/a | n/a | |
| J7512 | | | PREDNISONE, IMMEDIATE RELEASE | n/a | n/a | |
| J7599 | | | IMMUNOSUPPRESSIVE DRUG, NOT OT | n/a | n/a | |
| J7699 | | | NOC DRUGS, INHALATION SOLUTION | n/a | n/a | |
| J8540 | | | DEXAMETHASONE, ORAL, 0.25 MG | n/a | n/a | |
| J8540 | | | DEXAMETHASONE, ORAL, 0.25 MG | n/a | n/a | |
| P9604 | | | TRAVEL ALLOWANCE ONE WAY IN CO | n/a | n/a | |
| Q0091 | | | SCREENING PAPANICOLAOU SMEAR: | n/a | n/a | |
| Q0092 | | | SET UP PORTABLE XRAY | n/a | n/a | |
| Q0162 | | | ONDANSETRON 1 MG. ORAL | n/a | n/a | |
| Q4100 | | | SKIN SUBSTITUTE, NOT OTHERWISE | n/a | n/a | |
| Q4101 | | | APLIGRAF, PER SQUARE CENTIMETE | n/a | n/a | * |
| Q4103 | | | OASIS BURN MATRIX, PER SQUARE | n/a | n/a | |
| Q4103 | | | OASIS BURN MATRIX, PER SQUARE | n/a | n/a | |
| Q4104 | | | INTEGRA BILAYER MATRIX WOUND D | n/a | n/a | |
| Q4104 | | | INTEGRA BILAYER MATRIX WOUND D | n/a | n/a | |
| Q4106 | | | DERMAGRAFT, PER SQUARE CENTIME | n/a | n/a | |
| Q4106 | | | DERMAGRAFT, PER SQUARE CENTIME | n/a | n/a | |
| Q4107 | | | GRAFTJACKET, PER SQUARE CENTIM | n/a | n/a | |
| Q4107 | | | GRAFTJACKET, PER SQUARE CENTIM | n/a | n/a | |
| Q4108 | | | INTEGRA MATRIX, PER SQUARE CEN | n/a | n/a | |
| Q4108 | | | INTEGRA MATRIX, PER SQUARE CEN | n/a | n/a | |
| Q4110 | | | PRIMATRIX, PER SQUARE CENTIMET | n/a | n/a | |
| Q4110 | | | PRIMATRIX, PER SQUARE CENTIMET | n/a | n/a | |
| Q4111 | | | GAMMAGRAFT, PER SQUARE CENTIME | n/a | n/a | |
| Q4111 | | | GAMMAGRAFT, PER SQUARE CENTIME | n/a | n/a | |
| Q4112 | | | CYMETRA, INJECTABLE, 1CC | n/a | n/a | |

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| Q4112 | | | CYMETRA, INJECTABLE, 1CC | n/a | n/a | |
| Q4113 | | | GRAFTJACKET XPRESS, INJECTABLE | n/a | n/a | |
| Q4113 | | | GRAFTJACKET XPRESS, INJECTABLE | n/a | n/a | |
| Q4114 | | | INTEGRA FLOWABLE WOUND MATRIX, | n/a | n/a | |
| Q4114 | | | INTEGRA FLOWABLE WOUND MATRIX, | n/a | n/a | |
| Q4122 | | | DERMACELL, PER SQUARE CENTIMET | n/a | n/a | |
| Q4123 | | | ALLOSKIN RT, PER SQUARE CENTIM | n/a | n/a | |
| Q4124 | | | OASIS ULTRA TRI-LAYER WOUND MA | n/a | n/a | |
| Q4125 | | | ARTHROFLEX, PER SQUARE CENTIME | n/a | n/a | |
| Q4126 | | | MEMODERM, DERMASPAN, TRANZGRAF | n/a | n/a | |
| Q4127 | | | TALYMED, PER SQUARE CENTIMETER | n/a | n/a | |
| Q4128 | | | FLEX HD, ALLOPATCH HD, OR MATR | n/a | n/a | |
| Q4130 | | | STRATTICE TM, PER SQUARE CENTI | n/a | n/a | |
| Q4131 | | | EPIFIX OR EPICORD, PER SQUARE | n/a | n/a | |
| Q4132 | | | GRAFIX CORE, PER SQUARE CENTIM | n/a | n/a | |
| Q4133 | | | GRAFIX PRIME, PER SQUARE CENTI | n/a | n/a | |
| Q4134 | | | HMATRIX, PER SQUARE CENTIMETER | n/a | n/a | |
| Q4135 | | | MEDISKIN, PER SQUARE CENTIMETE | n/a | n/a | |
| Q4136 | | | EZ-DERM, PER SQUARE CENTIMETER | n/a | n/a | |
| Q4150 | | | ALLOWRAP DS OR DRY, PER SQUARE | n/a | n/a | |
| Q4151 | | | AMNIOBAND OR GUARDIAN, PER SQU | n/a | n/a | |
| Q4152 | | | DERMAPURE, PER SQUARE CENTIMET | n/a | n/a | |
| Q4153 | | | DERMAVEST AND PLURIVEST, PER S | n/a | n/a | |
| Q4154 | | | BIOVANCE, PER SQUARE CENTIMETE | n/a | n/a | |
| Q4155 | | | NEOXFLO OR CLARIXFLO, 1 MG | n/a | n/a | |
| Q4156 | | | NEOX 100, PER SQUARE CENTIMETE | n/a | n/a | |
| Q4157 | | | REVITALON, PER SQUARE CENTIMET | n/a | n/a | |
| Q4158 | | | MARIGEN, PER SQUARE CENTIMETER | n/a | n/a | |
| Q4159 | | | AFFINITY, PER SQUARE CENTIMETE | n/a | n/a | |
| Q4160 | | | NUSHIELD, PER SQUARE CENTIMETE | n/a | n/a | |
| Q9962 | | | HIGH OSMOLAR CONTRAST MAT 300- | n/a | n/a | |
| Q9962 | | | HIGH OSMOLAR CONTRAST MAT 300- | n/a | n/a | |
| S0596 | | | PHAKIC INTRAOCULAR LENS FOR CO | n/a | n/a | |
| S1090 | | | MOMETASONE FUROATE SINUS IMPLA | n/a | n/a | |
| 77385 | | | RADIATION THERAPY DELIVERY | n/a | n/a | |

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| 77386 | | | RADIATION THERAPY DELIVERY | n/a | n/a | |
| 77387 | | | GUIDANCE FOR LOCALIZATION OF T | n/a | n/a | |
| 90785 | | | INTERACTIVE COMPLEXITY (LIST S | n/a | n/a | |
| 90802 | | | INTERACT PSYCH DIAG INTERV EXA | n/a | n/a | |
| 90840 | | | PSYCHOTHERAPY FOR CRISIS: EACH | n/a | n/a | |
| 90846 | | | FAMILY PSYCHOTHERAPY, 50 MINUT | n/a | n/a | |
| 90849 | | | MULTI-FAMILY PSYCHOTHERAPY,... | n/a | n/a | |
| 90863 | | | PHARMACOLOGIC MANAGEMENT, INCL | n/a | n/a | |
| 90885 | | | PSYCHIATRIC EVAL OF HOSPITAL R | n/a | n/a | |
| 90889 | | | PREPARATION OF REPORT OF PATIE | n/a | n/a | |
| 90901 | | | BIOFEEDBACK TRAINING BY ANY MO | n/a | n/a | |
| 92508 | | | SPEECH,LANGUAGE/HEARING THERAP | n/a | n/a | |
| 92546 | | | TORSION SWING TEST, WITH RECOR | n/a | n/a | |
| 92556 | | | SPEECH AUDIOMETRY,THRESHOLD/DI | n/a | n/a | |
| 92558 | | | EVOKED OTOACOUSTIC EMISSIONS, | n/a | n/a | |
| 92579 | | | VISUAL REINFORCEMENT AUDIOMETR | n/a | n/a | |
| 92605 | | | EVAL RX NON-SPEECH GEN AUG COM | n/a | n/a | |
| 92606 | | | THERAP SERV NON-SPEECH-GENERAT | n/a | n/a | |
| 92618 | | | EVALUATION FOR PRESCRIPTION OF | n/a | n/a | |
| 93786 | | | AMBULATORY B/P MONITORING...RE | n/a | n/a | |
| 93788 | | | AMBULATORY B/P MONITORING..... | n/a | n/a | |
| 93797 | | | PHYSICIAN OR OTHER QUALIFIED H | n/a | n/a | |
| 94640 | | | NONPRESSURED INHALATION TX... | n/a | n/a | |
| 94660 | | | CPAP,INITIATION/MANAGEMENT | n/a | n/a | |
| 94667 | | | MANIPULATION CHEST WALL...INIT | n/a | n/a | |
| 97010 | | | P.T. TX TO 1 AREA:HOT/COLD PAC | n/a | n/a | |
| 97012 | | | P.T. TX-1 AREA:TRACTION,MECHAN | n/a | n/a | |
| 97014 | | | P.T. TX-1 AREA:ELECTRICAL STIM | n/a | n/a | |
| 97016 | | | P.T. TX-1 AREA:PNEUMATIC DEVIC | n/a | n/a | |
| 97018 | | | P.T. TX-1 AREA:PARAFFIN BATH | n/a | n/a | |
| 97022 | | | P.T. TX-1 AREA: WHIRLPOOL | n/a | n/a | |
| 97024 | | | P.T. TX-1 AREA: DIATHERMY | n/a | n/a | |
| 97026 | | | P.T. TX-1 AREA: INFRARED | n/a | n/a | |
| 97028 | | | PHY.MED.TX TO 1 AREA:ULTRAVIOL | n/a | n/a | |
| 97032 | | | APPICATION OF MODALITY ELECTRI | n/a | n/a | |

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|-------------------------------------|-------|-------|--------------------------------|--|--|-----|
| 97033 | | | MODALITY APPLICATION/IONTOPHOR | n/a | n/a | |
| 97034 | | | MODALITY APPLICATION/CONTRAST | n/a | n/a | |
| 97035 | | | MODALITY APPLICATION/ULTRASOUN | n/a | n/a | |
| 97036 | | | MODALITY APPLICATION/HUBBARD T | n/a | n/a | |
| 97039 | | | UNLISTED MODALITY (SPECIFY) | n/a | n/a | |
| 97110 | | | P.T. THER PROC,1 OR MORE AREAS | n/a | n/a | |
| 97112 | | | P.T. TX-1 AREA:NEUROMUSCULAR R | n/a | n/a | |
| 97113 | | | AQUATIC THERAPY | n/a | n/a | |
| 97116 | | | P.T. TX-1 AREA:GAIT TRAINING | n/a | n/a | |
| 97124 | | | P.T. TX-1 AREA: MASSAGE | n/a | n/a | |
| 97139 | | | UNLISTED P.T. PROCEDURE (SPECI | n/a | n/a | |
| 97140 | | | MANUAL THERAPY TECHNIQUES | n/a | n/a | |
| 97150 | | | GROUP THERAPEUTIC PROCEDURE | n/a | n/a | |
| 97530 | | | THERAPEUTIC ACTIVITIES, DIRECT | n/a | n/a | |
| 97532 | | | DEVELOPMENT OF COGNITIVE SKILL | n/a | n/a | |
| 97533 | | | SENSORY INTEGRATIVE TECHNIQUES | n/a | n/a | |
| 97537 | | | COMMUNITY/WORK REINTEGRATION T | n/a | n/a | |
| 97542 | | | WHEELCHAIR MNGMNT/PROPUL TX EA | n/a | n/a | |
| 97545 | | | WORK HARDENING/CONDITION INIT | n/a | n/a | |
| 97546 | | | WORK HARDENING/CONDITION EA AD | n/a | n/a | |
| 97602 | | | REM REVIT TISSUE NON SELECT DE | n/a | n/a | |
| 97750 | | | PHYSICAL PERFORMANCE TEST | n/a | n/a | |
| 97755 | | | ASSISTIVE TECHNOLOGY ASSESSMEN | n/a | n/a | |
| 97760 | | | ORTHOTIC(S) MANAGEMENT AND TRA | n/a | n/a | |
| 97761 | | | PROSTHETIC TRAINING, UPPER AND | n/a | n/a | |
| 97762 | | | CHECKOUT FOR ORTHOTIC/PROSTHET | n/a | n/a | |
| 99078 | | | PHYSICIAN OR OTHER QUALIFIED H | n/a | n/a | |
| 99152 | | | MODERATE SEDATION SERVICES BY | n/a | n/a | |