

Medical Policy



Unlisted/Non-specific HCPCS/CPT and Category III Codes

Policy Number: PG0097
Last Review: 12/01/2024

HMO AND PPO
ELITE (MEDICARE ADVANTAGE)
MARKETPLACE

GUIDELINES:

- This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder terms, conditions, exclusions, and limitations contract. It does not constitute a contract or guarantee regarding coverage or reimbursement/payment. Self-Insured group specific policy will supersede this general policy when group supplementary plan document or individual plan decision directs otherwise.
- Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards.
- This medical policy is solely for guiding medical necessity and explaining correct procedure reporting used to assist in making coverage decisions and administering benefits.

SCOPE:

☒ Professional
☒ Facility

DESCRIPTION:

Healthcare Common Procedure Coding System (HCPCS) are billing codes developed by the Centers of Medicare and Medicaid Services (CMS). They are assigned to every task and service a medical practitioner may provide to a patient including medical, surgical, and diagnostic services.

Current Procedural Terminology (CPT) are billing codes developed by the American Medical Association (AMA) that describes the range of services that can be billed for by a physician, hospital, or outpatient facility that provides medical services. According to the *Current Procedural Terminology Instructions for use of the CPT Codebook*, select the name of the procedure or service that accurately identifies the service performed. Do not select a code that merely approximates the service provided. If no such specific code exists, then report the service using the appropriate unlisted procedure or service code. Unlisted procedure codes are not to be utilized if an appropriate Category III code exists.

Unlisted Procedure Codes:

Unlisted procedure codes are to be used when no other HCPCS/CPT code exists to reflect the procedure or service the provider wants to submit for reimbursement. It may be a variation of a current service provided, but performed in a different surgical technique, or it may be a whole different type of treatment method that could be deemed experimental. It can also be defined as a component of other services performed (i.e., provider fails to document it as a separate and distinct service), and it may be denied if it is not supported within the documentation. Any service or procedure should be adequately documented in the medical record.

Unlisted codes provide the means of reporting and tracking services and procedures until a more specific code is established. As new and advanced approaches and techniques are under development, the unlisted codes are used for auditing purposes until these procedures become accepted in medical practice and are routinely performed by providers. Specific fee allowances and/or relative value units (RVUs) cannot be established for unlisted services or items. Fees for unlisted codes are assigned once the documentation has been reviewed.

Unlisted codes are identified in part by one of the following terms in the HCPCS description:

- Not Otherwise Classified

- Unlisted
- Not Listed
- Unspecified
- Unclassified
- Not Otherwise Specified
- Non-specified
- Not Elsewhere Specified
- NEC
- NOS

Category III Procedure Codes:

The American Medical Association (AMA) develops temporary Current Procedural Terminology (CPT) Category III codes to track the utilization of emerging technologies, services, and procedures. Category III codes allow data collection for these services and procedures. The use of unlisted codes does not offer the opportunity for the collection of specific data. If a Category III code is available, this code must be reported instead of a Category I unlisted code. This activity is critically important in the evaluation of health care delivery and the formation of public and private policy. The use of Category III codes allows physicians and other qualified health care professionals, insurers, health services researchers, and health policy experts to identify emerging technology, services, and procedures for clinical efficacy, utilization and outcomes. The Category III CPT code description does not establish a service or procedure as safe, effective, or applicable to the clinical practice of medicine.

Because of the specific purpose these Category III codes serve, Paramount considers the item, service, or procedure represented by these codes to be not proven, investigational, unless a Centers for Medicare & Medicaid Services (CMS) National Coverage Determination (NCD), Local Coverage Determination (LCD), or coverage article specifically extending coverage to a particular Category III codes has been published. The AMA indicates that a Category III code will typically be archived in 5 years and the technology or service description is either converted to a specific Category I code or should be reported with a Category I unlisted code.

Section 1862(a)(1)(A) of the Social Security Act is the basis for denying payment for types of care, items, services, and procedures, not excluded by any other statutory clause while meeting all technical requirements for coverage, that are determined to be any of the following:

- Not generally accepted in the medical community as safe and effective in the setting and for the condition for which it is used;
- Not proven to be safe and effective based on peer review or scientific literature;
- Experimental;
- Not reasonable and necessary for a particular patient;
- Furnished at a level, duration, or frequency that is not appropriate;
- Not furnished in accordance with accepted standards of medical practice; or
- Not furnished in a setting appropriate to the patient's medical needs and condition.

Items and services must be established as safe and effective to be considered reasonable and necessary. That is, the items and services must be:

- Consistent with the symptoms or diagnosis of the illness or injury under treatment; and
- Necessary for, and consistent with, generally accepted professional medical standards of care (e.g., not experimental); and
- Not furnished primarily for the convenience of the patient, the provider or supplier; and
- Furnished at the most appropriate level that can be provided safely and effectively to the patient.

Medical devices that are not approved for marketing by the Food and Drug Administration (FDA) are considered investigational and are not considered reasonable and necessary under SSA 1862(a)(1)(A). Medicare payment, therefore, may not be made for procedures performed using devices that have not been approved for marketing by the FDA unless performed in an approved FDA Investigational Device Exemption (IDE) trial.

This Medical Policy is intended to be used when there are no Medicare coverage criteria or other Paramount Medical Policies that include category III codes.

POLICY:

Paramount Commercial Insurance Plans and Elite (Medicare Advantage) Plans

Unlisted or not otherwise classified (NOC) and miscellaneous codes do not provide clear information about the service or item being billed. Paramount requires that additional information accompany claims for any unlisted and miscellaneous service or item being billed. Services must meet benefit coverage along with medical necessity guidelines appropriate to the procedure/service. Some procedures/services that are billed with an unlisted code may require prior authorization for coverage determination and benefit eligibility.

Reimbursement is based on review of the unlisted code(s) on an individual claim basis. If an unlisted procedure code does not require prior authorization, documentation submitted with the claim is required to justify the use and validity of the unlisted code and to describe the procedure/service rendered to determine the nature and scope of the procedure and to determine whether the procedure is covered, was medically necessary, and if separate service is warranted or is a bundled service.

ALL Category III CPT Codes are non-covered unless the code is explicitly addressed as a covered service in an active Paramount Medical Policy or indicated as such on the Prior Authorization-Experimental/Investigational-NonCovered spreadsheet. If not otherwise indicated, the code is non-covered. Unless otherwise specified Category III codes are considered experimental/investigational due to insufficient evidence of efficacy.

If a Category III code is available, providers must use that code instead of an unlisted or deleted Category I code.

Examples of procedures/services requiring prior authorization include (this list may not be all-inclusive):

- Experimental/investigational
- New technology
- Cosmetic
- Plastic and reconstructive

A provider must refer to the Paramount PRIOR AUTHORIZATION-EXPERIMENTAL/INVESTIGATIONAL-NONCOVERED SERVICES excel spreadsheet listing

<https://www.paramounthealthcare.com/providers/claims-and-authorizations/outpatient-prior-authorization> AND specific medical policy <https://www.paramounthealthcare.com/providers/medical-policies/policy-library> , in reference to specific procedures/services billed with an unlisted code and/or Category III code

Note: DME HCPCS code E1399 always requires a prior authorization.

COVERAGE CRITERIA:

Paramount Commercial Insurance Plans and Elite (Medicare Advantage) Plans

Unlisted Procedure Codes:

Paramount reimburses medically necessary unlisted procedures and services. Paramount expects that the use of unlisted codes is limited to situations where there is truly no listed code or combination of codes that adequately describes the service provided. Claims submitted with an unlisted code will be denied if determined an appropriate procedure or service code is available.

Claims with unlisted codes must be submitted with supporting documentation. The type of information required will vary depending on the type of service or item being billed. Supporting documentation should include the following:

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- A clear description of the service, device or procedure provided, i.e.
 - Diagnostic testing should include:
 - a diagnosis,
 - the diagnostic report,
 - the test performed and
 - results of the test
 - Surgery procedures should include:
 - a description of the nature, extent and need for the procedure,
 - Operative/procedure/office notes
 - Supporting documentation that identifies the unlisted/NOC codes pertinent to the item, service or procedure performed; designation must be underlined (not highlighted)
 - an indication why an established standard coded CPT procedure is not appropriate
 - provide a reasonably comparable CPT/HCPCS service code(s), value in comparable RVU and/or percentage of a reasonably comparable CPT/HCPCS that reflects the work performed.
 - Laboratory and Pathology procedures should include:
 - the laboratory or pathology test performed and
 - the laboratory or pathology report
 - DME items should include:
 - the name of the item,
 - a description,
 - the manufacturer,
 - product number and
 - a copy of the invoice
 - Miscellaneous Drugs should include:
 - drug name
 - the NDC number of the drug and
 - dosage information
- Required information must be legible and clearly marked
- Reference to whether the service, device or procedure was provided separately from any other service, device or procedure rendered
- Information to establish medical necessity for the service, device, or procedure
- How the charges were derived for the service, device, or procedure. Invoices are required.

Claims submitted with an unlisted procedure code will be denied if determined that a more appropriate procedure or service code that most closely approximates the service performed is available.

No additional reimbursement is provided for special techniques/equipment submitted with an unlisted code.

Claims submitted with unlisted procedure codes and without supporting documentation may be denied for chart notes or may be denied.

Reporting an unlisted procedure code for the use of robotic or computer assisted surgical navigation does not increase the reimbursement for performing the service.

Do not append modifiers to unlisted product or service codes. (Exception: Unlisted codes for DME, orthotics and prosthetics require appropriate NU, RR or MS modifier.)

When performing two or more procedures that require the use of the same unlisted CPT code, the unlisted code should only be reported once to identify the services provided (excludes unlisted HCPCS codes; for example, DME/unlisted drugs).

Unlisted or not otherwise classified (NOC) and miscellaneous codes Unit Value should always be one (1) (excludes unlisted DME Drug codes).

Claims submitted with unlisted procedure codes for experimental/investigational services will be denied (Exception: a prior authorization was obtained for the specific service).

Category III Procedure Codes:

CPT Category III codes are not required to conform to the CPT Category I code requirements. Devices to perform the procedure or service may not have FDA clearance or approval, the procedure or service may not be performed by many health care professionals across the country, the procedure or service may not be performed with a frequency that is consistent with the intended clinical use, the procedure or service may not be consistent with current medical practice, and the clinical efficacy of the procedure or service may not be proven.

Category III codes not otherwise specified in another applicable medical policy utilized by Paramount are considered experimental/investigational based upon ONE or more of the following:

- Lack of final approval from the appropriate governmental regulatory bodies (e.g., Food and Drug Administration); or
- Insufficient scientific evidence to permit conclusions concerning the effect on health outcomes; or
- Insufficient evidence to support improvement of the net health outcome; or
- Insufficient evidence to support improvement of the net health outcome as much as, or more than, established alternatives, or
- Insufficient evidence to support improvement outside the investigational setting.

Governmental approval of a service is considered in determining whether a service is experimental/investigational. However, governmental approval does not necessarily mean that the service has proven benefit or is an appropriate or effective treatment for a particular diagnosis or for a particular condition.

CODING/BILLING INFORMATION:

The appearance of a code in this section does not necessarily indicate coverage. Codes that are covered may have selection criteria that must be met. Payment for supplies may be included in payment for other services rendered.

CPT/HCPCS CODE - The following CPT/HCPCS procedure codes may require supporting documentation (this list may not be all-inclusive):

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| 01999 | Unlisted anesthesia procedure(s) |
| 15999 | Unlisted procedure, excision pressure ulcer |
| 17999 | Unlisted procedure, skin, mucous membrane, and subcutaneous tissue |
| 19499 | Unlisted procedure, breast |
| 20999 | Unlisted procedure, musculoskeletal system, general |
| 21089 | Unlisted maxillofacial prosthetic procedure |
| 21299 | Unlisted craniofacial and maxillofacial procedure |
| 21499 | Unlisted musculoskeletal procedure, head |
| 21899 | Unlisted procedure, neck, or thorax |
| 22899 | Unlisted procedure, spine |
| 22999 | Unlisted procedure, abdomen, musculoskeletal system |
| 23929 | Unlisted procedure, shoulder |
| 24999 | Unlisted procedure, humerus, or elbow |
| 25999 | Unlisted procedure, forearm, or wrist |
| 26989 | Unlisted procedure, hands, or fingers |
| 27299 | Unlisted procedure, pelvis, or hip joint |
| 27599 | Unlisted procedure, femur, or knee |
| 27899 | Unlisted procedure, leg or ankle |
| 28899 | Unlisted procedure, foot, or toes |
| 29799 | Unlisted procedure, casting, or strapping |

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| 29999 | Unlisted procedure, arthroscopy |
| 30999 | Unlisted procedure, nose |
| 31299 | Unlisted procedure, accessory sinuses |
| 31599 | Unlisted procedure, larynx |
| 31899 | Unlisted procedure, trachea, bronchi |
| 32999 | Unlisted procedure, lungs, and pleura |
| 33999 | Unlisted procedure, cardiac surgery |
| 36299 | Unlisted procedure, vascular injection |
| 37501 | Unlisted vascular endoscopy procedure |
| 37799 | Unlisted procedure, vascular surgery |
| 38129 | Unlisted laparoscopy procedure, spleen |
| 38589 | Unlisted laparoscopy procedure, lymphatic system |
| 38999 | Unlisted procedure, hemic or lymphatic system |
| 39499 | Unlisted procedure, mediastinum |
| 39599 | Unlisted procedure, diaphragm |
| 40799 | Unlisted procedure, lips |
| 40899 | Unlisted procedure, vestibule of mouth |
| 41599 | Unlisted procedure, tongue, floor of mouth |
| 41899 | Unlisted procedure, dentoalveolar structures |
| 42299 | Unlisted procedure, palate, uvula |
| 42699 | Unlisted procedure, salivary glands, or ducts |
| 42999 | Unlisted procedure, pharynx, adenoids, or tonsils |
| 43289 | Unlisted laparoscopy procedure, esophagus |
| 43499 | Unlisted procedure, esophagus |
| 43659 | Unlisted laparoscopy procedure, stomach |
| 43999 | Unlisted procedure, stomach |
| 44238 | Unlisted laparoscopy procedure, intestine (except rectum) |
| 44799 | Unlisted px small intestine |
| 44899 | Unlisted procedure, Meckel's diverticulum, and the mesentery |
| 44979 | Unlisted laparoscopy procedure, appendix |
| 45399 | Unlisted procedure, colon |
| 45499 | Unlisted laparoscopy procedure, rectum |
| 45999 | Unlisted procedure, rectum |
| 46999 | Unlisted procedure, anus |
| 47379 | Unlisted laparoscopic procedure, liver |
| 47399 | Unlisted procedure, liver |
| 47579 | Unlisted laparoscopy procedure, biliary tract |
| 47999 | Unlisted procedure, biliary tract |
| 48999 | Unlisted procedure, pancreas |
| 49329 | Unlisted laparoscopy procedure, abdomen, peritoneum, and omentum |
| 49659 | Unlisted laparoscopy procedure, hernioplasty, herniorrhaphy, herniotomy |
| 49999 | Unlisted procedure, abdomen, peritoneum, and omentum |
| 50549 | Unlisted laparoscopy procedure, renal |
| 50949 | Unlisted laparoscopy procedure, ureter |
| 51999 | Unlisted laparoscopy procedure, bladder |
| 53899 | Unlisted procedure, urinary system |
| 54699 | Unlisted laparoscopy procedure, testis |
| 55559 | Unlisted laparoscopy procedure, spermatic cord |
| 55899 | Unlisted procedure, male genital system |
| 58578 | Unlisted laparoscopy procedure, uterus |
| 58579 | Unlisted hysteroscopy procedure, uterus |
| 58679 | Unlisted laparoscopy procedure, oviduct, ovary |

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| 58999 | Unlisted procedure, female genital system (non-obstetrical) |
| 59897 | Unlisted fetal invasive procedure, including ultrasound guidance, when performed |
| 59898 | Unlisted laparoscopy procedure, maternity care and delivery |
| 59899 | Unlisted procedure, maternity care, and delivery |
| 60659 | Unlisted laparoscopy procedure, endocrine system |
| 60699 | Unlisted procedure, endocrine system |
| 64999 | Unlisted procedure, nervous system |
| 66999 | Unlisted procedure, anterior segment of eye |
| 67299 | Unlisted procedure, posterior segment |
| 67399 | Unlisted px extraocular muscle |
| 67599 | Unlisted procedure, orbit |
| 67999 | Unlisted procedure, eyelids |
| 68399 | Unlisted procedure, conjunctiva |
| 68899 | Unlisted procedure, lacrimal system |
| 69399 | Unlisted procedure, external ear |
| 69799 | Unlisted procedure, middle ear |
| 69949 | Unlisted procedure, inner ear |
| 69979 | Unlisted procedure, temporal bone, middle fossa approach |
| 76496 | Unlisted fluoroscopic procedure (e.g., diagnostic, interventional) |
| 76497 | Unlisted computed tomography procedure (e.g., diagnostic, interventional) |
| 76498 | Unlisted magnetic resonance procedure (e.g., diagnostic, interventional) |
| 76499 | Unlisted diagnostic radiographic procedure |
| 76999 | Unlisted ultrasound procedure (e.g., diagnostic, interventional) |
| 77299 | Unlisted procedure, therapeutic radiology clinical treatment planning |
| 77399 | Unlisted procedure, medical radiation physics, dosimetry and treatment devices, and special services |
| 77499 | Unlisted procedure, therapeutic radiology treatment management |
| 77799 | Unlisted procedure, clinical brachytherapy |
| 78099 | Unlisted endocrine procedure, diagnostic nuclear medicine |
| 78199 | Unlisted hematopoietic, reticuloendothelial, and lymphatic procedure, diagnostic nuclear medicine |
| 78299 | Unlisted gastrointestinal procedure, diagnostic nuclear medicine |
| 78399 | Unlisted musculoskeletal procedure, diagnostic nuclear medicine |
| 78499 | Unlisted cardiovascular procedure, diagnostic nuclear medicine |
| 78599 | Unlisted respiratory procedure, diagnostic nuclear medicine |
| 78699 | Unlisted nervous system procedure, diagnostic nuclear medicine |
| 78799 | Unlisted genitourinary procedure, diagnostic nuclear medicine |
| 78999 | Unlisted miscellaneous procedure, diagnostic nuclear medicine |
| 79999 | Radiopharmaceutical therapy, unlisted procedure |
| 81099 | Unlisted urinalysis procedure |
| 81479 | Unlisted molecular pathology procedure |
| 81599 | Unlisted multianalyte assay with algorithmic analysis |
| 84999 | Unlisted chemistry procedure |
| 85999 | Unlisted hematology and coagulation procedure |
| 86486 | Skin test; unlisted antigen, each |
| 86849 | Unlisted immunology procedure |
| 86999 | Unlisted transfusion medicine procedure |
| 87999 | Unlisted microbiology procedure |
| 88099 | Unlisted necropsy (autopsy) procedure |
| 88199 | Unlisted cytopathology procedure |
| 88299 | Unlisted cytogenetic study |
| 88399 | Unlisted surgical pathology procedure |
| 89240 | Unlisted miscellaneous pathology test |

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| 89398 | Unlisted laboratory procedures, reproductive |
| 90399 | Unlisted immune globulin |
| 90749 | Unlisted vaccine/toxoid |
| 90899 | Unlisted psychiatric service or procedure |
| 90999 | Unlisted dialysis procedures |
| 91299 | Unlisted diagnostic gastroenterology procedure |
| 92499 | Unlisted ophthalmological service or procedure |
| 92700 | Unlisted otorhinolaryngological service or procedure |
| 93799 | Unlisted cardiovascular service or procedure |
| 93998 | Unlisted noninvasive vascular diagnostic study |
| 94799 | Unlisted pulmonary service or procedure |
| 95199 | Unlisted allergy/clinical immunologic service or procedure |
| 95999 | Unlisted neurological or neuromuscular diagnostic procedure |
| 96379 | Unlisted therapeutic, prophylactic, or diagnostic intravenous or intra-arterial injection or infusion |
| 96549 | Unlisted chemotherapy procedure |
| 96999 | Unlisted special dermatological service or procedure |
| 97039 | Unlisted modality (specify type and time if constant attendance) |
| 97139 | Unlisted therapeutic procedure (specify) |
| 97799 | Unlisted physical medicine/rehabilitation service or procedure |
| 99199 | Unlisted special service, procedure, or report |
| 99429 | Unlisted preventive medicine service |
| 99499 | Unlisted evaluation and management service |
| 99600 | Unlisted home visit service or procedure |
| A4335 | Incontinence supply; miscellaneous |
| A4421 | Ostomy supply; miscellaneous |
| A4649 | Surgical supply; miscellaneous |
| A4913 | Miscellaneous dialysis supplies, NOS |
| A9698 | Nonradioactive contrast imaging material, not otherwise classified, per study |
| A9699 | Radiopharmaceutical, therapeutic, not otherwise classified |
| A9900 | Miscellaneous DME supply, accessory, and/or service component of another HCPCS code |
| A9901 | DME delivery, set up, and/or dispensing service component of another HCPCS code |
| A9999 | Miscellaneous DME supply or accessory, not otherwise specified |
| B4199 | Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, over 100 grams of protein - premix |
| B9998 | NOC for enteral supplies |
| B9999 | NOC for parenteral supplies |
| C9399 | Unclassified drugs or biologicals |
| E1399 | Durable medical equipment, miscellaneous |
| G0235 | PET imaging, any site, not otherwise specified |
| H0046 | Mental health services, not otherwise specified |
| H0047 | Alcohol and/or other drug abuse services, not otherwise specified |
| J3490 | Unclassified drugs |
| J3590 | Unclassified biologics |
| J7699 | NOC drugs, inhalation solution administered through DME |
| J7799 | NOC drugs, other than inhalation drugs, administered through DME |
| J8499 | Prescription drug, oral, nonchemotherapeutic, NOS |
| J8597 | Antiemetic drug, oral, not otherwise specified |
| J8999 | Prescription drug, oral, chemotherapeutic, NOS |
| J9999 | Not otherwise classified, antineoplastic drugs |
| L0999 | Addition to spinal orthotic, not otherwise specified |
| L1499 | Spinal orthotic, not otherwise specified |
| L2999 | Lower extremity orthotic, not otherwise specified |

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| L3999 | Upper limb orthotic, not otherwise specified |
| L5999 | Lower extremity prosthesis, not otherwise specified |
| L7499 | Upper extremity prosthesis, not otherwise specified |
| L8499 | Unlisted procedure for miscellaneous prosthetic services |
| L8699 | Prosthetic implant, not otherwise specified |
| L9900 | Orthotic and prosthetic supply, accessory, and/or service component of another HCPCS L code |
| P9099 | Blood component or product, not otherwise classified |
| Q0181 | Unspecified oral dosage form, FDA approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen |
| Q0507 | Miscellaneous supply or accessory for use with an external ventricular assist device |
| Q0508 | Miscellaneous supply or accessory for use with an implanted ventricular assist device |
| Q0509 | Miscellaneous supply or accessory for use with any implanted ventricular assist device for which payment was not made under Medicare Part A |
| Q2039 | Influenza virus vaccine, not otherwise specified |
| Q4050 | Cast supplies, for unlisted types and materials of casts |
| Q4051 | Splint supplies, miscellaneous (includes thermoplastics, strapping, fasteners, padding and other supplies) |
| Q4082 | Drug or biological, not otherwise classified, Part B drug competitive acquisition program (CAP) |
| T5999 | Supply, not otherwise specified |
| V2199 | Not otherwise classified, single vision lens |
| V2797 | Vision supply, accessory or component of another HCPCS vision code |
| V2799 | Vision service, miscellaneous |
| V5299 | Hearing service, miscellaneous |
| CATEGORY III CODES (T-Codes), not an all-inclusive listing | |
| This list of codes may not be all-inclusive since the American Medical Association (AMA) and Centers for Medicare and Medicaid Services (CMS) code updates may occur more frequently than policy updates | |
| 0042T | Cerebral perfusion analysis using computed tomography with contrast administration, including post-processing of parametric maps with determination of cerebral blood flow, cerebral blood volume, and mean transit time |
| 0054T | Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image-guidance based on fluoroscopic images (List separately in addition to code for primary procedure) |
| 0055T | Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image-guidance based on CT/MRI images (List separately in addition to code for primary procedure) |
| 0071T | Focused ultrasound ablation of uterine leiomyomata, including MR guidance; total leiomyomata volume less than 200 cc of tissue |
| 0072T | Focused ultrasound ablation of uterine leiomyomata, including MR guidance; total leiomyomata volume greater or equal to 200 cc of tissue |
| 0075T | Transcatheter placement of extracranial vertebral artery stent(s), including radiologic supervision and interpretation, open or percutaneous; initial vessel |
| 0076T | Transcatheter placement of extracranial vertebral artery stent(s), including radiologic supervision and interpretation, open or percutaneous; each additional vessel (List separately in addition to code for primary procedure) |
| 0095T | Removal of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, cervical (List separately in addition to code for primary procedure) |
| 0098T | Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, cervical (List separately in addition to code for primary procedure) |
| 0100T | Placement of a subconjunctival retinal prosthesis receiver and pulse generator, and implantation of intra-ocular retinal electrode array, with vitrectomy |
| 0101T | Extracorporeal shock wave involving musculoskeletal system, not otherwise specified |

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| 0102T | Extracorporeal shock wave performed by a physician, requiring anesthesia other than local, and involving the lateral humeral epicondyle |
| 0106T | Quantitative sensory testing (QST), testing and interpretation per extremity; using touch pressure stimuli to assess large diameter sensation |
| 0107T | Quantitative sensory testing (QST), testing and interpretation per extremity; using vibration stimuli to assess large diameter fiber sensation |
| 0108T | Quantitative sensory testing (QST), testing and interpretation per extremity; using cooling stimuli to assess small nerve fiber sensation and hyperalgesia |
| 0109T | Quantitative sensory testing (QST), testing and interpretation per extremity; using heat-pain stimuli to assess small nerve fiber sensation and hyperalgesia |
| 0110T | Quantitative sensory testing (QST), testing and interpretation per extremity; using other stimuli to assess sensation |
| 0164T | Removal of total disc arthroplasty, (artificial disc), anterior approach, each additional interspace, lumbar (List separately in addition to code for primary procedure) |
| 0165T | Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, lumbar (List separately in addition to code for primary procedure) |
| 0174T | Computer-aided detection (CAD) (computer algorithm analysis of digital image data for lesion detection) with further physician review for interpretation and report, with or without digitization of film radiographic images, chest radiograph(s), performed concurrent with primary interpretation (List separately in addition to code for primary procedure) |
| 0175T | Computer-aided detection (CAD) (computer algorithm analysis of digital image data for lesion detection) with further physician review for interpretation and report, with or without digitization of film radiographic images, chest radiograph(s), performed remote from primary interpretation |
| 0184T | Excision of rectal tumor, transanal endoscopic microsurgical approach (is, TMS), including muscularis propria (is, full thickness) |
| 0198T | Measurement of ocular blood flow by repetitive intraocular pressure sampling, with interpretation and report |
| 0200T | Percutaneous sacral augmentation (sacroplasty), unilateral injection(s), including the use of a balloon or mechanical device, when used, 1 or more needles, includes imaging guidance and bone biopsy, when performed |
| 0201T | Percutaneous sacral augmentation (sacroplasty), bilateral injections, including the use of a balloon or mechanical device, when used, 2 or more needles, includes imaging guidance and bone biopsy, when performed |
| 0202T | Posterior vertebral joint(s) arthroplasty (e.g., facet joint[s] replacement), including facetectomy, laminectomy, foraminotomy, and vertebral column fixation, injection of bone cement, when performed, including fluoroscopy, single level, lumbar spine |
| 0207T | Evacuation of meibomian glands, automated, using heat and intermittent pressure, unilateral |
| 0208T | Pure tone audiometry (threshold), automated; air only |
| 0209T | Pure tone audiometry (threshold), automated; air and bone |
| 0210T | Speech audiometry threshold, automated |
| 0211T | Speech audiometry threshold, automated; with speech recognition |
| 0212T | Comprehensive audiometry threshold evaluation and speech recognition (0209T, 0211T combined), automated |
| 0213T | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; single level |
| 0214T | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; second level (List separately in addition to code for primary procedure) |
| 0215T | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary procedure) |

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| 0216T | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; single level |
| 0217T | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; second level (List separately in addition to code for primary procedure) |
| 0218T | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; third and any additional level(s) (List separately in addition to code for primary procedure) |
| 0219T | Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; cervical |
| 0220T | Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; thoracic |
| 0221T | Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; lumbar |
| 0222T | Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; each additional vertebral segment (List separately in addition to code for primary procedure) |
| 0232T | Injection(s), platelet rich plasma, any site, including image guidance, harvesting and preparation when performed. Covered for Medicare Plans, per CMS coverage criteria |
| 0234T | Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; renal artery |
| 0235T | Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; visceral artery (except renal), each vessel |
| 0236T | Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; abdominal aorta |
| 0237T | Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; brachiocephalic trunk and branches, each vessel |
| 0238T | Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; iliac artery, each vessel |
| 0253T | Insertion of anterior segment aqueous drainage device, without extraocular reservoir, internal approach, into the suprachoroidal space |
| 0263T | Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance, if performed; complete procedure including unilateral or bilateral bone marrow harvest |
| 0264T | Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance, if performed; complete procedure excluding bone marrow harvest |
| 0265T | Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance, if performed; unilateral or bilateral bone marrow harvest only for intramuscular autologous bone marrow cell therapy |
| 0266T | Implantation or replacement of carotid sinus baroreflex activation device; total system (includes generator placement, unilateral or bilateral lead placement, intra-operative interrogation, programming, and repositioning, when performed) |
| 0267T | Implantation or replacement of carotid sinus baroreflex activation device; lead only, unilateral (includes intra-operative interrogation, programming, and repositioning, when performed) |
| 0268T | Implantation or replacement of carotid sinus baroreflex activation device; pulse generator only (includes intra-operative interrogation, programming, and repositioning, when performed) |
| 0269T | Revision or removal of carotid sinus baroreflex activation device; total system (includes generator placement, unilateral or bilateral lead placement, intra-operative interrogation, programming, and repositioning, when performed) |
| 0270T | Revision or removal of carotid sinus baroreflex activation device; lead only, unilateral (includes intra-operative interrogation, programming, and repositioning, when performed) |

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| 0271T | Revision or removal of carotid sinus baroreflex activation device; pulse generator only (includes intra-operative interrogation, programming, and repositioning, when performed) |
| 0272T | Interrogation device evaluation (in person), carotid sinus baroreflex activation system, including telemetric iterative communication with the implantable device to monitor device diagnostics and programmed therapy values, with interpretation and report (eg, battery status, lead impedance, pulse amplitude, pulse width, therapy frequency, pathway mode, burst mode, therapy start/stop times each day) |
| 0273T | Interrogation device evaluation (in person), carotid sinus baroreflex activation system, including telemetric iterative communication with the implantable device to monitor device diagnostics and programmed therapy values, with interpretation and report (eg, battery status, lead impedance, pulse amplitude, pulse width, therapy frequency, pathway mode, burst mode, therapy start/stop times each day); with programming |
| 0274T | Percutaneous laminotomy/laminectomy (interlaminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy), any method, under indirect image guidance (eg, fluoroscopic, CT), single or multiple levels, unilateral or bilateral; cervical or thoracic |
| 0275T | Percutaneous laminotomy/laminectomy (interlaminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy), any method, under indirect image guidance (eg, fluoroscopic, CT), single or multiple levels, unilateral or bilateral; lumbar |
| 0278T | Transcutaneous electrical modulation pain reprocessing (e.g., scrambler therapy), each treatment session (includes placement of electrodes) |
| 0308T | Insertion of ocular telescope prosthesis including removal of crystalline lens or intraocular lens prosthesis |
| 0329T | Monitoring of intraocular pressure for 24 hours or longer, unilateral or bilateral, with interpretation and report |
| 0330T | Tear film imaging, unilateral or bilateral, with interpretation and report |
| 0331T | Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment; |
| 0332T | Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment; with tomographic SPECT |
| 0333T | Visual evoked potential, screening of visual acuity, automated, with report |
| 0335T | Insertion of sinus tarsi implant |
| 0338T | Transcatheter renal sympathetic denervation, percutaneous approach including arterial puncture, selective catheter placement(s) renal artery(ies), fluoroscopy, contrast injection(s), intraprocedural roadmapping and radiological supervision and interpretation, including pressure gradient measurements, flush aortogram and diagnostic renal angiography when performed; unilateral |
| 0339T | Transcatheter renal sympathetic denervation, percutaneous approach including arterial puncture, selective catheter placement(s) renal artery(ies), fluoroscopy, contrast injection(s), intraprocedural roadmapping and radiological supervision and interpretation, including pressure gradient measurements, flush aortogram and diagnostic renal angiography when performed; bilateral |
| 0342T | Therapeutic apheresis with selective HDL delipidation and plasma reinfusion |
| 0345T | Transcatheter mitral valve repair percutaneous approach via the coronary sinus |
| 0347T | Placement of interstitial device(s) in bone for radiostereometric analysis (RSA) |
| 0348T | Radiologic examination, radiostereometric analysis (RSA); spine, (includes cervical, thoracic and lumbosacral, when performed) |
| 0349T | Radiologic examination, radiostereometric analysis (RSA); upper extremity(ies), (includes shoulder, elbow, and wrist, when performed) |
| 0350T | Radiologic examination, radiostereometric analysis (RSA); lower extremity(ies), (includes hip, proximal femur, knee, and ankle, when performed) |

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| 0351T | Optical coherence tomography of breast or axillary lymph node, excised tissue, each specimen; real-time intraoperative |
| 0352T | Optical coherence tomography of breast or axillary lymph node, excised tissue, each specimen; interpretation and report, real-time or referred |
| 0353T | Optical coherence tomography of breast, surgical cavity; real-time intraoperative |
| 0354T | Optical coherence tomography of breast, surgical cavity; interpretation and report, real-time or referred |
| 0358T | Dual Energy X-Ray Absorptiometry (DXA) and Bioelectrical Impedance Analysis (BIA) to Determine Body Composition |
| 0362T | Behavior identification supporting assessment, each 15 minutes of technicians time face-t-face with a patient, requiring the following components: |
| 0373T | Adaptive behavior treatment with protocol modification, each 15 minutes of technicians time face-to-face with the patient, requiring the following components: Covered for the Commercial Plans-per InterQual coverage criteria |
| 0378T | Visual field assessment, with concurrent real time data analysis and accessible data storage with patient initiated data transmitted to a remote surveillance center for up to 30 days; review and interpretation with report by a physician or other qualified health care professional |
| 0379T | Visual field assessment, with concurrent real time data analysis and accessible data storage with patient initiated data transmitted to a remote surveillance center for up to 30 days; technical support and patient instructions, surveillance, analysis, and transmission of daily and emergent data reports as prescribed by a physician or other qualified health care professional |
| 0394T | High dose rate electronic brachytherapy, skin surface application, per fraction, includes basic dosimetry, when performed |
| 0395T | High dose rate electronic brachytherapy, interstitial or intracavitary treatment, per fraction, includes basic dosimetry, when performed Covered for the Commercial Plans per InterQual coverage criteria |
| 0397T | Endoscopic retrograde cholangiopancreatography (ERCP), with optical endomicroscopy (List separately in addition to code for primary procedure) |
| 0398T | Magnetic resonance image guided high intensity focused ultrasound (MRgFUS), stereotactic ablation lesion, intracranial for movement disorder including stereotactic navigation and frame placement when performed Covered for the Commercial Plans and Medicare Plans, per InterQual coverage criteria |
| 0402T | Collagen cross-linking of cornea, including removal of the corneal epithelium, when performed , and intraoperative pachymetry, when performed |
| 0403T | Preventive behavior change, intensive program of prevention of diabetes using a standardized diabetes prevention program curriculum, provided to individuals in a group setting, minimum 60 minutes, per day |
| 0408T | Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; pulse generator with transvenous electrodes |
| 0409T | Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; pulse generator only |
| 0410T | Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; atrial electrode only |
| 0411T | Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; ventricular electrode only |
| 0412T | Removal of permanent cardiac contractility modulation system; pulse generator only |

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| 0413T | Removal of permanent cardiac contractility modulation system; transvenous electrode (atrial or ventricular) |
| 0414T | Removal and replacement of permanent cardiac contractility modulation system pulse generator only |
| 0415T | Repositioning of previously implanted cardiac contractility modulation transvenous electrode, (atrial or ventricular lead) |
| 0416T | Relocation of skin pocket for implanted cardiac contractility modulation pulse generator |
| 0417T | Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, including review and report, implantable cardiac contractility modulation system |
| 0418T | Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording and disconnection per patient encounter, implantable cardiac contractility modulation system |
| 0419T | Destruction of neurofibroma, extensive (cutaneous, dermal extending into subcutaneous); face, head and neck, greater than 50 neurofibromas |
| 0420T | Destruction of neurofibroma, extensive (cutaneous, dermal extending into subcutaneous); trunk and extremities, extensive, greater than 100 neurofibromas |
| 0421T | Transurethral waterjet ablation of prostate, including control of post-operative bleeding, including ultrasound guidance, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included when performed) Covered for Commercial Plans and Medicare Plans, per InterQual coverage criteria |
| 0422T | Tactile breast imaging by computer-aided tactile sensors, unilateral or bilateral |
| 0437T | Implantation of non-biologic or synthetic implant (eg, polypropylene) for fascial reinforcement of the abdominal wall (List separately in addition to code for primary procedure) |
| 0439T | Myocardial contrast perfusion echocardiography, at rest or with stress, for assessment of myocardial ischemia or viability (List separately in addition to code for primary procedure) |
| 0440T | Ablation, percutaneous, cryoablation, includes imaging guidance; upper extremity distal/peripheral nerve |
| 0441T | Ablation, percutaneous, cryoablation, includes imaging guidance; lower extremity distal/peripheral nerve |
| 0442T | Ablation, percutaneous, cryoablation, includes imaging guidance; nerve plexus or other truncal nerve (e.g., brachial plexus, pudendal nerve) |
| 0443T | Real-time spectral analysis of prostate tissue by fluorescence spectroscopy, including imaging guidance (List separately in addition to code for primary procedure) |
| 0444T | Initial placement of a drug-eluting ocular insert under one or more eyelids, including fitting, training, and insertion, unilateral or bilateral |
| 0445T | Subsequent placement of a drug-eluting ocular insert under one or more eyelids, including re-training, and removal of existing insert, unilateral or bilateral |
| 0446T | Creation of subcutaneous pocket with insertion of implantable interstitial glucose sensor, including system activation and patient training Covered for Medicare Plans per CMS Coverage Criteria |
| 0447T | Removal of implantable interstitial glucose sensor from subcutaneous pocket via incision Covered for Medicare Plans per CMS Coverage Criteria |
| 0448T | Removal of implantable interstitial glucose sensor with creation of subcutaneous pocket at different anatomic site and insertion of new implantable sensor, including system activation Covered for Medicare Plans per CMS Coverage Criteria |
| 0449T | Insertion of aqueous drainage device, without extraocular reservoir, internal approach, into the subconjunctival space, initial device |
| 0450T | Insertion of aqueous drainage device, without extraocular reservoir, internal approach, into the subconjunctival space; each additional device (List separately in addition to code for primary procedure) |
| 0464T | Visual evoked potential, testing for glaucoma, with interpretation and report |
| 0465T | Suprachoroidal injection of a pharmacologic agent (does not include supply of medication) |

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| 0469T | Retinal polarization scan, ocular screening with on-site automated results, bilateral |
| 0470T | Optical coherence tomography (OCT) for microstructural and morphological imaging of skin, image acquisition, interpretation, and report; first lesion |
| 0471T | Optical coherence tomography (OCT) for microstructural and morphological imaging of skin, image acquisition, interpretation, and report; each additional lesion (List separately in addition to code for primary procedure) |
| 0472T | Device evaluation, interrogation, and initial programming of intraocular retinal electrode array (eg, retinal prosthesis), in person, with iterative adjustment of the implantable device to test functionality, select optimal permanent programmed values with analysis, including visual training, with review and report by a qualified health care professional Covered for Medicare Plans per InterQual coverage criteria |
| 0473T | Device evaluation and interrogation of intraocular retinal electrode array (eg, retinal prosthesis), in person, including reprogramming and visual training, when performed, with review and report by a qualified health care professional Covered for Medicare Plans per InterQual coverage criteria |
| 0474T | Insertion of anterior segment aqueous drainage device, with creation of intraocular reservoir, internal approach, into the supraciliary space Covered for Medicare Plans per InterQual coverage criteria |
| 0475T | Recording of fetal magnetic cardiac signal using at least 3 channels; patient recording and storage, data scanning with signal extraction, technical analysis and result, as well as supervision, review, and interpretation of report by a physician or other qualified health care professional |
| 0479T | Fractional ablative laser fenestration of burn and traumatic scars for functional improvement, first 100 cm2 or part thereof, or 1% of body surface area of infants and children |
| 0480T | Fractional ablative laser fenestration of burn and traumatic scars for functional improvement, each additional 100 cm2, or each additional 1% of body surface area of infants and children, or part thereof (List separately in addition to code for primary procedure) |
| 0481T | Injection(s), autologous white blood cell concentrate (autologous protein solution), any site, including image guidance, harvesting and preparation, when performed |
| 0483T | Transcatheter mitral valve implantation/replacement (TMVI) with prosthetic valve; percutaneous approach, including transseptal puncture, when performed |
| 0484T | Transcatheter mitral valve implantation/replacement (TMVI) with prosthetic valve; transthoracic exposure (e.g., thoracotomy, transapical) |
| 0485T | Optical coherence tomography (OCT) of middle ear, with interpretation and report; unilateral |
| 0486T | Optical coherence tomography (OCT) of middle ear, with interpretation and report; bilateral |
| 0488T | Preventive behavior change, online/electronic structured intensive program for prevention of diabetes using a standardized diabetes prevention program curriculum, provided to an individual, per 30 days |
| 0489T | Autologous adipose-derived regenerative cell therapy for scleroderma in the hands; adipose tissue harvesting, isolation and preparation of harvested cells including incubation with cell dissociation enzymes, removal of non-viable cells and debris, determination of concentration and dilution of regenerative cells |
| 0490T | Autologous adipose-derived regenerative cell therapy for scleroderma in the hands; multiple injections in one or both hands |
| 0494T | Surgical preparation and cannulation of marginal (extended) cadaver donor lung(s) to ex vivo organ perfusion system, including decannulation, separation from the perfusion system, and cold preservation of the allograft prior to implantation, when performed |
| 0495T | Initiation and monitoring marginal (extended) cadaver donor lung(s) organ perfusion system by physician or qualified health care professional, including physiological and laboratory assessment (eg, pulmonary artery flow, pulmonary artery pressure, left atrial pressure, pulmonary vascular resistance, mean/peak and plateau airway pressure, dynamic compliance and perfusate gas analysis), including bronchoscopy and X ray when performed; first two hours in sterile field |
| 0496T | Initiation and monitoring marginal (extended) cadaver donor lung(s) organ perfusion system by physician or qualified health care professional, including physiological and laboratory assessment |

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| | (eg, pulmonary artery flow, pulmonary artery pressure, left atrial pressure, pulmonary vascular resistance, mean/peak and plateau airway pressure, dynamic compliance and perfusate gas analysis), including bronchoscopy and X ray when performed; each additional hour (List separately in addition to code for primary procedure) |
| 0500T | Infectious agent detection by nucleic acid (DNA or RNA), Human Papillomavirus (HPV) for five or more separately reported high risk HPV types (eg, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68) (ie, genotyping) |
| 0505T | Endovenous femoral-popliteal arterial revascularization, with transcatheter placement of intravascular stent graft(s) and closure by any method, including percutaneous or open vascular access, ultrasound guidance for vascular access when performed, all catheterization(s) and intraprocedural roadmapping and imaging guidance necessary to complete the intervention, all associated radiological supervision and interpretation, when performed, with crossing of the occlusive lesion in an extraluminal fashion |
| 0506T | Macular pigment optical density measurement by heterochromatic flicker photometry, unilateral or bilateral, with interpretation and report |
| 0507T | Near infrared dual imaging (ie, simultaneous reflective and transilluminated light) of meibomian glands, unilateral or bilateral, with interpretation and report |
| 0509T | Electroretinography (ERG) with interpretation and report, pattern (PERG) |
| 0510T | Removal of sinus tarsi implant |
| 0511T | Removal and reinsertion of sinus tarsi implant Covered for Commercial Plans and Medicare Plans per Medical Policy PG0321 |
| 0512T | Extracorporeal shock wave for integumentary wound healing, including topical application and dressing care; initial wound |
| 0513T | Extracorporeal shock wave for integumentary wound healing, including topical application and dressing care; each additional wound (List separately in addition to code for primary procedure) |
| 0515T | Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; complete system (includes electrode and generator [transmitter and battery]) |
| 0516T | Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; electrode only |
| 0517T | Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; both components of pulse generator (battery and transmitter) only |
| 0518T | Removal of pulse generator for wireless cardiac stimulator for left ventricular pacing; battery component only |
| 0519T | Removal and replacement of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; both components (battery and transmitter) |
| 0520T | Removal and replacement of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; battery component only |
| 0521T | Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording, and disconnection per patient encounter, wireless cardiac stimulator for left ventricular pacing |
| 0522T | Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, including review and report, wireless cardiac stimulator for left ventricular pacing |
| 0523T | Intraprocedural coronary fractional flow reserve (FFR) with 3D functional mapping of color coded FFR values for the coronary tree, derived from coronary angiogram data, for real time review and interpretation of possible atherosclerotic stenosis(es) intervention (List separately in addition to code for primary procedure) |
| 0524T | Endovenous catheter directed chemical ablation with balloon isolation of incompetent extremity vein, open or percutaneous, including all vascular access, catheter manipulation, diagnostic imaging, imaging guidance and monitoring |

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| 0525T | Insertion or replacement of intracardiac ischemia monitoring system, including testing of the lead and monitor, initial system programming, and imaging supervision and interpretation; complete system (electrode and implantable monitor) |
| 0526T | Insertion or replacement of intracardiac ischemia monitoring system, including testing of the lead and monitor, initial system programming, and imaging supervision and interpretation; electrode only |
| 0527T | Insertion or replacement of intracardiac ischemia monitoring system, including testing of the lead and monitor, initial system programming, and imaging supervision and interpretation; implantable monitor only |
| 0528T | Programming device evaluation (in person) of intracardiac ischemia monitoring system with iterative adjustment of programmed values, with analysis, review, and report |
| 0529T | Interrogation device evaluation (in person) of intracardiac ischemia monitoring system with analysis, review, and report |
| 0530T | Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; complete system (electrode and implantable monitor) |
| 0531T | Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; electrode only |
| 0532T | Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; implantable monitor only |
| 0537T | Chimeric antigen receptor T-cell (CAR-T) therapy; harvesting of blood-derived T lymphocytes for development of genetically modified autologous CAR-T cells, per day |
| 0538T | Chimeric antigen receptor T-cell (CAR-T) therapy; preparation of blood-derived T lymphocytes for transportation (eg, cryopreservation, storage) |
| 0539T | Chimeric antigen receptor T-cell (CAR-T) therapy; receipt and preparation of CAR-T cells for administration |
| 0540T | Chimeric antigen receptor T-cell (CAR-T) therapy; CAR-T cell administration, autologous |
| 0541T | Myocardial imaging by magnetocardiography (MCG) for detection of cardiac ischemia, by signal acquisition using minimum 36 channel grid, generation of magnetic-field time-series images, quantitative analysis of magnetic dipoles, machine learning-derived clinical scoring, and automated report generation, single study |
| 0542T | Myocardial imaging by magnetocardiography (MCG) for detection of cardiac ischemia, by signal acquisition using minimum 36 channel grid, generation of magnetic-field time-series images, quantitative analysis of magnetic dipoles, machine learning-derived clinical scoring, and automated report generation, single study; interpretation and report |
| 0543T | Transapical mitral valve repair, including transthoracic echocardiography, when performed, with placement of artificial chordae tendineae |
| 0544T | Transcatheter mitral valve annulus reconstruction, with implantation of adjustable annulus reconstruction device, percutaneous approach including transseptal puncture |
| 0545T | Transcatheter tricuspid valve annulus reconstruction with implantation of adjustable annulus reconstruction device, percutaneous approach |
| 0546T | Radiofrequency spectroscopy, real time, intraoperative margin assessment, at the time of partial mastectomy, with report |
| 0547T | Bone-material quality testing by microindentation(s) of the tibia(s), with results reported as a score |
| 0552T | Low-level laser therapy, dynamic photonic and dynamic thermokinetic energies, provided by a physician or other qualified health care professional |
| 0553T | Percutaneous transcatheter placement of iliac arteriovenous anastomosis implant, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention |
| 0554T | Bone strength and fracture risk using finite element analysis of functional data, and bone-mineral density, utilizing data from a computed tomography scan; retrieval and transmission of the scan data, assessment of bone strength and fracture risk and bone mineral density, interpretation and report Covered for Medicare Plans per InterQual coverage criteria |

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| 0555T | Bone strength and fracture risk using finite element analysis of functional data, and bone-mineral density, utilizing data from a computed tomography scan; retrieval and transmission of the scan data Covered for Medicare Plans per InterQual coverage criteria |
| 0556T | Bone strength and fracture risk using finite element analysis of functional data, and bone-mineral density, utilizing data from a computed tomography scan; assessment of bone strength and fracture risk and bone mineral density Covered for Medicare Plans per InterQual coverage criteria |
| 0557T | Bone strength and fracture risk using finite element analysis of functional data, and bone-mineral density, utilizing data from a computed tomography scan; interpretation and report Covered for Medicare Plans per InterQual coverage criteria |
| 0558T | Computed tomography scan taken for the purpose of biomechanical computed tomography analysis |
| 0559T | Anatomic model 3D-printed from image data set(s); first individually prepared and processed component of an anatomic structure |
| 0560T | Anatomic model 3D-printed from image data set(s); each additional individually prepared and processed component of an anatomic structure (List separately in addition to code for primary procedure) |
| 0561T | Anatomic guide 3D-printed and designed from image data set(s); first anatomic guide |
| 0562T | Anatomic guide 3D-printed and designed from image data set(s); each additional anatomic guide (List separately in addition to code for primary procedure) |
| 0563T | Evacuation of meibomian glands, using heat delivered through wearable, open eye eyelid treatment devices and manual gland expression, bilateral |
| 0564T | Oncology, chemotherapeutic drug cytotoxicity assay of cancer stem cells (CSCs), from cultured CSCs and primary tumor cells, categorical drug response reported based on percent of cytotoxicity observed, a minimum of 14 drugs or drug combinations |
| 0565T | Autologous cellular implant derived from adipose tissue for the treatment of osteoarthritis of the knees; tissue harvesting and cellular implant creation |
| 0566T | Autologous cellular implant derived from adipose tissue for the treatment of osteoarthritis of the knees; injection of cellular implant into knee joint including ultrasound guidance, unilateral |
| 0567T | Permanent fallopian tube occlusion with degradable biopolymer implant, transcervical approach, including transvaginal ultrasound |
| 0568T | Introduction of mixture of saline and air for sonosalpingography to confirm occlusion of fallopian tubes, transcervical approach, including transvaginal ultrasound and pelvic ultrasound |
| 0569T | Transcatheter tricuspid valve repair, percutaneous approach; initial prosthesis |
| 0570T | Transcatheter tricuspid valve repair, percutaneous approach; each additional prosthesis during same session (List separately in addition to code for primary procedure) |
| 0571T | Insertion or replacement of implantable cardioverter defibrillator system with substernal electrode(s), including all imaging guidance and electrophysiological evaluation (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters), when performed |
| 0572T | Insertion of substernal implantable defibrillator electrode |
| 0573T | Removal of substernal implantable defibrillator electrode |
| 0574T | Repositioning of previously implanted substernal implantable defibrillator pacing electrode |
| 0575T | Programming device evaluation (in person) of implantable cardioverter defibrillator system with substernal electrode, with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional |
| 0576T | Interrogation device evaluation (in person) of implantable cardioverter defibrillator system with substernal electrode, with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter |
| 0577T | Electrophysiologic evaluation of implantable cardioverter-defibrillator system with substernal electrode (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of |

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| | sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters) |
| 0578T | Interrogation device evaluation(s) (remote), up to 90 days, substernal lead implantable cardioverter defibrillator system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional |
| 0579T | Interrogation device evaluation(s) (remote), up to 90 days, substernal lead implantable cardioverter defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results |
| 0580T | Removal of substernal implantable defibrillator pulse generator only |
| 0581T | Ablation, malignant breast tumor(s), percutaneous, cryotherapy, including imaging guidance when performed, unilateral |
| 0582T | Transurethral ablation of malignant prostate tissue by high-energy water vapor thermotherapy, including intraoperative imaging and needle guidance |
| 0583T | Tympanostomy (requiring insertion of ventilating tube), using an automated tube delivery system, iontophoresis local anesthesia |
| 0584T | Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when performed; percutaneous |
| 0585T | Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when performed; laparoscopic |
| 0587T | Percutaneous implantation or replacement of integrated single device neurostimulation system for bladder dysfunction including electrode array and receiver or pulse generator, including analysis, programming, and imaging guidance when performed, posterior tibial nerve |
| 0588T | Revision or removal of percutaneously placed integrated single device neurostimulation system for bladder dysfunction including electrode array and receiver or pulse generator, including analysis, programming, and imaging guidance when performed, posterior tibial nerve |
| 0589T | Electronic analysis with simple programming of implanted integrated neurostimulation system for bladder dysfunction (eg, electrode array and receiver), including contact group(s), amplitude, pulse width, frequency (Hz), on/off cycling, burst, dose lockout, patient-selectable parameters, responsive neurostimulation, detection algorithms, closed-loop parameters, and passive parameters, when performed by physician or other qualified health care professional, posterior tibial nerve, 1-3 parameters |
| 0590T | Electronic analysis with complex programming of implanted integrated neurostimulation system for bladder dysfunction (eg, electrode array and receiver), including contact group(s), amplitude, pulse width, frequency (Hz), on/off cycling, burst, dose lockout, patient-selectable parameters, responsive neurostimulation, detection algorithms, closed-loop parameters, and passive parameters, when performed by physician or other qualified health care professional, posterior tibial nerve, 4 or more parameters |
| 0591T | Health and well-being coaching face-to-face; individual, initial assessment |
| 0592T | Health and well-being coaching face-to-face; individual, follow-up session, at least 30 minutes |
| 0593T | Health and well-being coaching face-to-face; group (2 or more individuals), at least 30 minutes |
| 0594T | Osteotomy, humerus, with insertion of an externally controlled intramedullary lengthening device, including intraoperative imaging, initial and subsequent alignment assessments, computations of adjustment schedules, and management of the intramedullary lengthening device |
| 0596T | Temporary female intraurethral valve-pump (ie, voiding prosthesis); initial insertion, including urethral measurement |
| 0597T | Temporary female intraurethral valve-pump (ie, voiding prosthesis); replacement |
| 0598T | Noncontact real-time fluorescence wound imaging, for bacterial presence, location, and load, per session; first anatomic site (e.g., lower extremity) |
| 0599T | Noncontact real-time fluorescence wound imaging, for bacterial presence, location, and load, per session; each additional anatomic site (e.g., upper extremity) (List separately in addition to code for primary procedure) |
| 0600T | Ablation, irreversible electroporation; 1 or more tumors per organ, including imaging guidance, when performed, percutaneous |

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| 0601T | Ablation, irreversible electroporation; 1 or more tumors per organ, including fluoroscopic and ultrasound guidance, when performed, open |
| 0602T | Glomerular filtration rate (GFR) measurement(s), transdermal, including sensor placement and administration of a single dose of fluorescent pyrazine agent |
| 0603T | Glomerular filtration rate (GFR) monitoring, transdermal, including sensor placement and administration of more than one dose of fluorescent pyrazine agent, each 24 hours |
| 0604T | Optical coherence tomography (OCT) of retina, remote, patient-initiated image capture and transmission to a remote surveillance center unilateral or bilateral; initial device provision, set-up and patient education on use of equipment |
| 0605T | Optical coherence tomography (OCT) of retina, remote, patient-initiated image capture and transmission to a remote surveillance center unilateral or bilateral; remote surveillance center technical support, data analyses and reports, with a minimum of 8 daily recordings, each 30 days |
| 0606T | Optical coherence tomography (OCT) of retina, remote, patient-initiated image capture and transmission to a remote surveillance center unilateral or bilateral; review, interpretation and report by the prescribing physician or other qualified health care professional of remote surveillance center data analyses, each 30 days |
| 0607T | Remote monitoring of an external continuous pulmonary fluid monitoring system, including measurement of radiofrequency-derived pulmonary fluid levels, heart rate, respiration rate, activity, posture, and cardiovascular rhythm (eg, ECG data), transmitted to a remote 24-hour attended surveillance center; set-up and patient education on use of equipment |
| 0608T | Remote monitoring of an external continuous pulmonary fluid monitoring system, including measurement of radiofrequency-derived pulmonary fluid levels, heart rate, respiration rate, activity, posture, and cardiovascular rhythm (eg, ECG data), transmitted to a remote 24-hour attended surveillance center; analysis of data received and transmission of reports to the physician or other qualified health care professional |
| 0609T | Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); acquisition of single voxel data, per disc, on biomarkers (ie, lactic acid, carbohydrate, alanine, laal, propionic acid, proteoglycan, and collagen) in at least 3 discs |
| 0610T | Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); transmission of biomarker data for software analysis |
| 0611T | Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); postprocessing for algorithmic analysis of biomarker data for determination of relative chemical differences between discs |
| 0612T | Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); interpretation and report |
| 0613T | Percutaneous transcatheter implantation of interatrial septal shunt device, including right and left heart catheterization, intracardiac echocardiography, and imaging guidance by the proceduralist, when performed |
| 0614T | Removal and replacement of substernal implantable defibrillator pulse generator |
| 0615T | Eye-movement analysis without spatial calibration, with interpretation and report |
| 0616T | Insertion of iris prosthesis, including suture fixation and repair or removal of iris, when performed; without removal of crystalline lens or intraocular lens, without insertion of intraocular lens |
| 0617T | Insertion of iris prosthesis, including suture fixation and repair or removal of iris, when performed; with removal of crystalline lens and insertion of intraocular lens |
| 0618T | Insertion of iris prosthesis, including suture fixation and repair or removal of iris, when performed; with secondary intraocular lens placement or intraocular lens exchange |
| 0619T | Cystourethroscopy with transurethral anterior prostate commissurotomy and drug delivery, including transrectal ultrasound and fluoroscopy, when performed |
| 0620T | Endovascular venous arterialization, tibial or peroneal vein, with transcatheter placement of intravascular stent graft(s) and closure by any method, including percutaneous or open vascular access, ultrasound guidance for vascular access when performed, all catheterization(s) and |

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| | intraprocedural roadmapping and imaging guidance necessary to complete the intervention, all associated radiological supervision and interpretation, when performed |
| 0621T | Trabeculostomy ab interno by laser; (Do not report 0621T, 0622T in conjunction with 92020, 0730T) |
| 0622T | Trabeculostomy ab interno by laser; with use of ophthalmic endoscope (Do not report 0621T, 0622T in conjunction with 92020, 0730T) |
| 0623T | Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; data preparation and transmission, computerized analysis of data, with review of computerized analysis output to reconcile discordant data, interpretation and report |
| 0624T | Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; data preparation and transmission |
| 0625T | Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; computerized analysis of data from coronary computed tomographic angiography |
| 0626T | Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; review of computerized analysis output to reconcile discordant data, interpretation and report |
| 0627T | Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with fluoroscopic guidance, lumbar; first level |
| 0628T | Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with fluoroscopic guidance, lumbar; each additional level (List separately in addition to code for primary procedure) |
| 0629T | Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with CT guidance, lumbar; first level |
| 0630T | Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with CT guidance, lumbar; each additional level (List separately in addition to code) |
| 0631T | Transcutaneous visible light hyperspectral imaging measurement of oxyhemoglobin, deoxyhemoglobin, and tissue oxygenation, with interpretation and report, per extremity |
| 0632T | Percutaneous transcatheter ultrasound ablation of nerves innervating the pulmonary arteries, including right heart catheterization, pulmonary artery angiography, and all imaging guidance |
| 0633T | Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast material |
| 0634T | Computed tomography, breast, including 3D rendering, when performed, unilateral; with contrast material(s) |
| 0635T | Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast, followed by contrast material(s) |
| 0636T | Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast material(s) |
| 0637T | Computed tomography, breast, including 3D rendering, when performed, bilateral; with contrast material(s) |
| 0638T | Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast, followed by contrast material(s) |
| 0639T | Wireless skin sensor thermal anisotropy measurement(s) and assessment of flow in cerebrospinal fluid shunt, including ultrasound guidance, when performed |
| 0640T | Noncontact near-infrared spectroscopy studies of flap or wound (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation [StO2]); image acquisition, interpretation and report, each flap or wound |
| 0643T | Transcatheter left ventricular restoration device implantation including right and left heart catheterization and left ventriculography when performed, arterial approach |

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| 0644T | Transcatheter removal or debulking of intracardiac mass (eg, vegetations, thrombus) via suction (eg, vacuum, aspiration) device, percutaneous approach, with intraoperative reinfusion of aspirated blood, including imaging guidance, when performed |
| 0645T | Transcatheter implantation of coronary sinus reduction device including vascular access and closure, right heart catheterization, venous angiography, coronary sinus angiography, imaging guidance, and supervision and interpretation, when performed |
| 0646T | Transcatheter tricuspid valve implantation/replacement (TTVI) with prosthetic valve, percutaneous approach, including right heart catheterization, temporary pacemaker insertion, and selective right ventricular or right atrial angiography, when performed |
| 0647T | Insertion of gastrostomy tube, percutaneous, with magnetic gastropexy, under ultrasound guidance, image documentation and report |
| 0648T | Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure) during the same session; single organ |
| 0649T | Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure); single organ (List separately in addition to code for primary procedure) |
| 0650T | Programming device evaluation (remote) of subcutaneous cardiac rhythm monitor system, with iterative adjustment of the implantable device to test the function of the device and select optimal permanently programmed values with analysis, review and report by a physician or other qualified health care professional |
| 0651T | Magnetically controlled capsule endoscopy, esophagus through stomach, including intraprocedural positioning of capsule, with interpretation and report |
| 0652T | Esophagogastroduodenoscopy, flexible, transnasal; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure) |
| 0653T | Esophagogastroduodenoscopy, flexible, transnasal; with biopsy, single or multiple |
| 0654T | Esophagogastroduodenoscopy, flexible, transnasal; with insertion of intraluminal tube or catheter |
| 0655T | Transperineal focal laser ablation of malignant prostate tissue, including transrectal imaging guidance, with MR-fused images or other enhanced ultrasound imaging |
| 0656T | Anterior lumbar or thoracolumbar vertebral body tethering; up to 7 vertebral segments |
| 0657T | Anterior lumbar or thoracolumbar vertebral body tethering; 8 or more vertebral segments |
| 0658T | Electrical impedance spectroscopy of 1 or more skin lesions for automated melanoma risk score |
| 0659T | Transcatheter intracoronary infusion of supersaturated oxygen in conjunction with percutaneous coronary revascularization during acute myocardial infarction, including catheter placement, imaging guidance (eg, fluoroscopy), angiography, and radiologic supervision and interpretation |
| 0660T | Implantation of anterior segment intraocular nonbiodegradable drug-eluting system, internal approach |
| 0661T | Removal and reimplantation of anterior segment intraocular nonbiodegradable drug-eluting implant |
| 0662T | Scalp cooling, mechanical; initial measurement and calibration of cap |
| 0663T | Scalp cooling, mechanical; placement of device, monitoring, and removal of device (List separately in addition to code for primary procedure) |
| 0664T | Donor hysterectomy (including cold preservation); open, from cadaver donor |
| 0665T | Donor hysterectomy (including cold preservation); open, from living donor |
| 0666T | Donor hysterectomy (including cold preservation); laparoscopic or robotic, from living donor |
| 0667T | Donor hysterectomy (including cold preservation); recipient uterus allograft transplantation from cadaver or living donor |
| 0668T | Backbench standard preparation of cadaver or living donor uterine allograft prior to transplantation, including dissection and removal of surrounding soft tissues and preparation of uterine vein(s) and uterine artery(ies), as necessary |

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| 0669T | Backbench reconstruction of cadaver or living donor uterus allograft prior to transplantation; venous anastomosis, each |
| 0670T | Backbench reconstruction of cadaver or living donor uterus allograft prior to transplantation; arterial anastomosis, each |
| 0671T | Insertion of anterior segment aqueous drainage device into the trabecular meshwork, without external reservoir and without concomitant cataract removal, one or more |
| 0672T | Endovaginal cryogen-cooled, monopolar radiofrequency remodeling of the tissues surrounding the female bladder neck and proximal urethra for urinary incontinence |
| 0673T | Ablation, benign thyroid nodule(s), percutaneous, laser, including imaging guidance |
| 0674T | Laparoscopic insertion of new or replacement of permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, including an implantable pulse generator and diaphragmatic lead(s) |
| 0675T | Laparoscopic insertion of new or replacement of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, including connection to an existing pulse generator; first lead |
| 0676T | Laparoscopic insertion of new or replacement of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, including connection to an existing pulse generator; each additional lead (List separately in addition to code for primary procedure) |
| 0677T | Laparoscopic repositioning of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, including connection to an existing pulse generator; first repositioned lead |
| 0678T | Laparoscopic repositioning of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, including connection to an existing pulse generator; each additional repositioned lead (List separately in addition to code for primary procedure) |
| 0679T | Laparoscopic removal of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function |
| 0680T | Insertion or replacement of pulse generator only, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, with connection to existing lead(s) |
| 0681T | Relocation of pulse generator only, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, with connection to existing dual leads |
| 0682T | Removal of pulse generator only, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function |
| 0683T | Programming device evaluation (in-person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function |
| 0684T | Peri-procedural device evaluation (in-person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review, and report by a physician or other qualified health care professional, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function |
| 0685T | Interrogation device evaluation (in-person) with analysis, review and report by a physician or other qualified health care professional, including connection, recording and disconnection per patient encounter, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function |
| 0686T | Histotripsy (ie, non-thermal ablation via acoustic energy delivery) of malignant hepatocellular tissue, including image guidance |
| 0687T | Treatment of amblyopia using an online digital program; device supply, educational set-up, and initial session |

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| 0688T | Treatment of amblyopia using an online digital program; assessment of patient performance and program data by physician or other qualified health care professional, with report, per calendar month |
| 0689T | Quantitative ultrasound tissue characterization (non-elastographic), including interpretation and report, obtained without diagnostic ultrasound examination of the same anatomy (eg, organ, gland, tissue, target structure) |
| 0690T | Quantitative ultrasound tissue characterization (non-elastographic), including interpretation and report, obtained with diagnostic ultrasound examination of the same anatomy (eg, organ, gland, tissue, target structure) (List separately in addition to code for primary procedure) |
| 0691T | Automated analysis of an existing computed tomography study for vertebral fracture(s), including assessment of bone density when performed, data preparation, interpretation, and report |
| 0692T | Therapeutic ultrafiltration |
| 0693T | Comprehensive full body computer- based markerless 3D kinematic and kinetic motion analysis and report |
| 0694T | 3-dimensional volumetric imaging and reconstruction of breast or axillary lymph node tissue, each excised specimen, 3-dimensional automatic specimen reorientation, interpretation and report, real-time intraoperative |
| 0695T | Body surface-activation mapping of pacemaker or pacing cardioverter-defibrillator lead(s) to optimize electrical synchrony, cardiac resynchronization therapy device, including connection, recording, disconnection, review, and report; at time of implant or replacement |
| 0696T | Body surface-activation mapping of pacemaker or pacing cardioverter-defibrillator lead(s) to optimize electrical synchrony, cardiac resynchronization therapy device, including connection, recording, disconnection, review, and report; at time of follow-up interrogation or programming device evaluation |
| 0697T | Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure) during the same session; multiple organs |
| 0698T | Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure); multiple organs (List separately in addition to code for primary procedure) |
| 0699T | Injection, posterior chamber of eye, medication |
| 0700T | Molecular fluorescent imaging of suspicious nevus; first lesion |
| 0701T | Molecular fluorescent imaging of suspicious nevus; each additional lesion (List separately in addition to code for primary procedure) |
| 0704T | Remote treatment of amblyopia using an eye tracking device; device supply with initial set-up and patient education on use of equipment |
| 0705T | Remote treatment of amblyopia using an eye tracking device; surveillance center technical support including data transmission with analysis, with a minimum of 18 training hours, each 30 days |
| 0706T | Remote treatment of amblyopia using an eye tracking device; interpretation and report by physician or other qualified health care professional, per calendar month |
| 0707T | Injection(s), bone-substitute material (eg, calcium phosphate) into subchondral bone defect (ie, bone marrow lesion, bone bruise, stress injury, microtrabecular fracture), including imaging guidance and arthroscopic assistance for joint visualization |
| 0708T | Intradermal cancer immunotherapy; preparation and initial injection |
| 0709T | Intradermal cancer immunotherapy; each additional injection (List separately in addition to code for primary procedure) |
| 0710T | Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; including data preparation and transmission, quantification of the structure and composition of the vessel wall and assessment for lipid-rich necrotic core plaque to assess atherosclerotic plaque stability, data review, interpretation and report |

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| 0711T | Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; data preparation and transmission |
| 0712T | Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; quantification of the structure and composition of the vessel wall and assessment for lipid-rich necrotic core plaque to assess atherosclerotic plaque stability |
| 0713T | Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; data review, interpretation and report |
| 0714T | Transperineal laser ablation of benign prostatic hyperplasia, including imaging guidance; prostate volume less than 50mL |
| 0716T | Cardiac acoustic waveform recording with automated analysis and generation of coronary artery disease risk score |
| 0717T | Autologous adipose-derived regenerative cell (ADRC) therapy for partial thickness rotator cuff tear; adipose tissue harvesting, isolation and preparation of harvested cells, including incubation with cell dissociation enzymes, filtration, washing and concentration of ADRCs |
| 0718T | Autologous adipose-derived regenerative cell (ADRC) therapy for partial thickness rotator cuff tear; injection into supraspinatus tendon including ultrasound guidance, unilateral |
| 0719T | Posterior vertebral joint replacement, including bilateral facetectomy, laminectomy, and radical discectomy, including imaging guidance, lumbar spine, single segment |
| 0720T | Percutaneous electrical nerve field stimulation, cranial nerves, without implantation |
| 0721T | Quantitative computed tomography (CT) tissue characterization, including interpretation and report, obtained without concurrent CT examination of any structure contained in previously acquired diagnostic imaging |
| 0722T | Quantitative computed tomography (CT) tissue characterization, including interpretation and report, obtained with concurrent CT examination of any structure contained in the concurrently acquired diagnostic imaging dataset (List separately in addition to code for primary procedure) |
| 0723T | Quantitative magnetic resonance cholangiopancreatography (QMRCP) including data preparation and transmission, interpretation and report, obtained without diagnostic magnetic resonance imaging (MRI) examination of the same anatomy (eg, organ, gland, tissue, target structure) during the same session |
| 0724T | Quantitative magnetic resonance cholangiopancreatography (QMRCP) including data preparation and transmission, interpretation and report, obtained with diagnostic magnetic resonance imaging (MRI) examination of the same anatomy (eg, organ, gland, tissue, target structure) (List separately in addition to code for primary procedure) |
| 0725T | Vestibular device implantation, unilateral |
| 0726T | Removal of implanted vestibular device, unilateral |
| 0727T | Removal and replacement of implanted vestibular device, unilateral |
| 0728T | Diagnostic analysis of vestibular implant, unilateral; with initial programming |
| 0729T | Diagnostic analysis of vestibular implant, unilateral; with subsequent programming |
| 0730T | Trabeculotomy by laser, including optical coherence tomography (OCT) guidance |
| 0731T | Augmentative AI-based facial phenotype analysis with report |
| 0732T | Immunotherapy administration with electroporation, intramuscular |
| 0733T | Remote real-time, motion capture-based neurorehabilitative therapy ordered by a physician or other qualified health care professional; supply and technical support, per 30 days |
| 0734T | Remote real-time, motion capture-based neurorehabilitative therapy ordered by a physician or other qualified health care professional; treatment management services by a physician or other qualified health care professional, per calendar month |
| 0735T | Preparation of tumor cavity, with placement of a radiation therapy applicator for intraoperative radiation therapy (IORT) concurrent with primary craniotomy (List separately in addition to code for primary procedure) |
| 0736T | Colonic lavage, 35 or more liters of water, gravity-fed, with induced defecation, including insertion of rectal catheter |
| 0737T | Xenograft implantation into the articular surface |

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| 0738T | Treatment planning for magnetic field induction ablation of malignant prostate tissue, using data from previously performed magnetic resonance imaging (MRI) examination |
| 0739T | Ablation of malignant prostate tissue by magnetic field induction, including all intraprocedural, transperineal needle/catheter placement for nanoparticle installation and intraprocedural temperature monitoring, thermal dosimetry, bladder irrigation, and magnetic field nanoparticle activation |
| 0740T | Remote autonomous algorithm-based recommendation system for insulin dose calculation and titration; initial set-up and patient education |
| 0741T | Remote autonomous algorithm-based recommendation system for insulin dose calculation and titration; provision of software, data collection, transmission, and storage, each 30 days |
| 0724T | Absolute quantitation of myocardial blood flow (AQMBF), single-photon emission computed tomography (SPECT), with exercise or pharmacologic stress, and at rest, when performed (List separately in addition to code for primary procedure) |
| 0743T | Bone strength and fracture risk using finite element analysis of functional data and bone mineral density (BMD), with concurrent vertebral fracture assessment, utilizing data from a computed tomography scan, retrieval and transmission of the scan data, measurement of bone strength and BMD and classification of any vertebral fractures, with overall fracture-risk assessment, interpretation and report |
| 0744T | Insertion of bioprosthetic valve, open, femoral vein, including duplex ultrasound imaging guidance, when performed, including autogenous or nonautogenous patch graft (e.g., polyester, ePTFE, bovine pericardium), when performed |
| 0745T | Cardiac focal ablation utilizing radiation therapy for arrhythmia; noninvasive arrhythmia localization and mapping of arrhythmia site (nidus), derived from anatomical image data (eg, CT, MRI, or myocardial perfusion scan) and electrical data (eg, 12-lead ECG data), and identification of areas of avoidance |
| 0746T | Cardiac focal ablation utilizing radiation therapy for arrhythmia; conversion of arrhythmia localization and mapping of arrhythmia site (nidus) into a multidimensional radiation treatment plan |
| 0747T | Cardiac focal ablation utilizing radiation therapy for arrhythmia; delivery of radiation therapy, arrhythmia |
| 0748T | Injections of stem cell product into perianal perifistular soft tissue, including fistula preparation (eg, removal of setons, fistula curettage, closure of internal openings) |
| 0749T | Bone strength and fracture-risk assessment using digital X-ray radiogrammetry-bone mineral density (DXR-BMD) analysis of bone mineral density (BMD) utilizing data from a digital X ray, retrieval and transmission of digital X-ray data, assessment of bone strength and fracture risk and BMD, interpretation and report; with single-view digital X-ray examination of the hand taken for the purpose of DXR-BMD |
| 0750T | Bone strength and fracture-risk assessment using digital X-ray radiogrammetry-bone mineral density (DXR-BMD) analysis of bone mineral density (BMD) utilizing data from a digital X ray, retrieval and transmission of digital X-ray data, assessment of bone strength and fracture risk and BMD, interpretation and report; |
| 0751T | Digitization of glass microscope slides for level II, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure) |
| 0752T | Digitization of glass microscope slides for level III, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure) |
| 0753T | Digitization of glass microscope slides for level IV, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure) |
| 0754T | Digitization of glass microscope slides for level V, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure) |
| 0755T | Digitization of glass microscope slides for level VI, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure) |
| 0756T | Digitization of glass microscope slides for special stain, including interpretation and report, group I, for microorganisms (eg, acid fast, methenamine silver) (List separately in addition to code for primary procedure) |

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| 0757T | Digitization of glass microscope slides for special stain, including interpretation and report, group II, all other (eg, iron, trichrome), except stain for microorganisms, stains for enzyme constituents, or immunocytochemistry and immunohistochemistry (List separately in addition to code for primary procedure) |
| 0758T | Digitization of glass microscope slides for special stain, including interpretation and report, histochemical stain on frozen tissue block (List separately in addition to code for primary procedure) |
| 0759T | Digitization of glass microscope slides for special stain, including interpretation and report, group III, for enzyme constituents (List separately in addition to code for primary procedure) |
| 0760T | Digitization of glass microscope slides for immunohistochemistry or immunocytochemistry, per specimen, initial single antibody stain procedure (List separately in addition to code for primary procedure) |
| 0761T | Digitization of glass microscope slides for immunohistochemistry or immunocytochemistry, per specimen, each additional single antibody stain procedure (List separately in addition to code for primary procedure) |
| 0762T | Digitization of glass microscope slides for immunohistochemistry or immunocytochemistry, per specimen, each multiplex antibody stain procedure (List separately in addition to code for primary procedure) |
| 0763T | Digitization of glass microscope slides for morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, per specimen, each single antibody stain procedure, manual (List separately in addition to code for primary procedure) |
| 0764T | Assistive algorithmic electrocardiogram risk-based assessment for cardiac dysfunction (eg, low-ejection fraction, pulmonary hypertension, hypertrophic cardiomyopathy); related to concurrently performed electrocardiogram (List separately in addition to code for primary procedure) |
| 0765T | Assistive algorithmic electrocardiogram risk-based assessment for cardiac dysfunction (eg, low-ejection fraction, pulmonary hypertension, hypertrophic cardiomyopathy); related to previously performed electrocardiogram |
| 0766T | Transcutaneous magnetic stimulation by focused low-frequency electromagnetic pulse, peripheral nerve, initial treatment, with identification and marking of the treatment location, including noninvasive electroneurographic localization (nerve conduction localization), when performed; first nerve |
| 0767T | Transcutaneous magnetic stimulation by focused low-frequency electromagnetic pulse, peripheral nerve, initial treatment, with identification and marking of the treatment location, including noninvasive electroneurographic localization (nerve conduction localization), when performed; each additional nerve (List separately in addition to code for primary procedure) |
| 0770T | Virtual reality technology to assist therapy (List separately in addition to code for primary procedure) |
| 0771T | Virtual reality (VR) procedural dissociation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the VR procedural dissociation supports, requiring the presence of an independent, trained observer to assist in the monitoring of the patient's level of dissociation or consciousness and physiological status; initial 15 minutes of intraservice time, patient age 5 years or older |
| 0772T | Virtual reality (VR) procedural dissociation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the VR procedural dissociation supports, requiring the presence of an independent, trained observer to assist in the monitoring of the patient's level of dissociation or consciousness and physiological status; each additional 15 minutes intraservice time (List separately in addition to code for primary service) |
| 0773T | Virtual reality (VR) procedural dissociation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the VR procedural dissociation supports; initial 15 minutes of intraservice time, patient age 5 years or older |

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| 0774T | Virtual reality (VR) procedural dissociation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the VR procedural dissociation supports; each additional 15 minutes intraservice time (List separately in addition to code for primary service) |
| 0775T | Arthrodesis, sacroiliac joint, percutaneous, with image guidance, includes placement of intra-articular implant(s) (eg, bone allograft[s], synthetic device[s]) |
| 0776T | Therapeutic induction of intra-brain hypothermia, including placement of a mechanical temperature-controlled cooling device to the neck over carotids and head, including monitoring (eg, vital signs and sport concussion assessment tool 5 [SCAT5]), 30 minutes of treatment |
| 0777T | Real-time pressure-sensing epidural guidance system (List separately in addition to code for primary procedure) |
| 0778T | Surface mechanomyography (sMMG) with concurrent application of inertial measurement unit (IMU) sensors for measurement of multi-joint range of motion, posture, gait, and muscle function |
| 0779T | Gastrointestinal myoelectrical activity study, stomach through colon, with interpretation and report |
| 0780T | Instillation of fecal microbiota suspension via rectal enema into lower gastrointestinal tract |
| 0781T | Bronchoscopy, rigid or flexible, with insertion of esophageal protection device and circumferential radiofrequency destruction of the pulmonary nerves, including fluoroscopic guidance when performed; bilateral mainstem bronchi |
| 0782T | Bronchoscopy, rigid or flexible, with insertion of esophageal protection device and circumferential radiofrequency destruction of the pulmonary nerves, including fluoroscopic guidance when performed; unilateral mainstem bronchus |
| 0783T | Transcutaneous auricular neurostimulation, set-up, calibration, and patient education on use of equipment |
| 0784T | Insertion or replacement of percutaneous electrode array, spinal, with integrated neurostimulator, including imaging guidance, when performed |
| 0785T | Revision or removal of neurostimulator electrode array, spinal, with integrated neurostimulator |
| 0786T | Insertion or replacement of percutaneous electrode array, sacral, with integrated neurostimulator, including imaging guidance, when performed |
| 0787T | Revision or removal of neurostimulator electrode array, sacral, with integrated neurostimulator |
| 0788T | Electronic analysis with simple programming of implanted integrated neurostimulation system (eg, electrode array and receiver), including contact group(s), amplitude, pulse width, frequency (Hz), on/off cycling, burst, dose lockout, patient-selectable parameters, responsive neurostimulation, detection algorithms, closed-loop parameters, and passive parameters, when performed by physician or other qualified health care professional, spinal cord or sacral nerve, 1-3 parameters |
| 0789T | Electronic analysis with complex programming of implanted integrated neurostimulation system (eg, electrode array and receiver), including contact group(s), amplitude, pulse width, frequency (Hz), on/off cycling, burst, dose lockout, patient-selectable parameters, responsive neurostimulation, detection algorithms, closed-loop parameters, and passive parameters, when performed by physician or other qualified health care professional, spinal cord or sacral nerve, 4 or more parameters |
| 0790T | Revision (eg, augmentation, division of tether), replacement, or removal of thoracolumbar or lumbar vertebral body tethering, including thoracoscopy, when performed |
| 0791T | Motor-cognitive, semi-immersive virtual reality-facilitated gait training, each 15 minutes (List separately in addition to code for primary procedure) |
| 0792T | Application of silver diamine fluoride 38%, by a physician or other qualified health care professional |
| 0793T | Percutaneous transcatheter thermal ablation of nerves innervating the pulmonary arteries, including right heart catheterization, pulmonary artery angiography, and all imaging guidance |
| 0794T | Patient-specific, assistive, rules-based algorithm for ranking pharmaco-oncologic treatment options based on the patient's tumor-specific cancer marker information obtained from prior molecular pathology, immunohistochemical, or other pathology results which have been previously interpreted and reported separately |
| 0795T | Transcatheter insertion of permanent dual-chamber leadless pacemaker, including imaging guidance (e.g., fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, |

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| | femoral venography) and device evaluation (e.g., interrogation or programming), when performed; complete system (i.e., right atrial and right ventricular pacemaker components) |
| 0796T | Transcatheter insertion of permanent dual-chamber leadless pacemaker, including imaging guidance (e.g., fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (e.g., interrogation or programming), when performed; right atrial pacemaker component (when an existing right ventricular single leadless pacemaker exists to create a dual-chamber leadless pacemaker system) |
| 0797T | Transcatheter insertion of permanent dual-chamber leadless pacemaker, including imaging guidance (e.g., fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (e.g., interrogation or programming), when performed; right ventricular pacemaker component (when part of a dual-chamber leadless pacemaker system) |
| 0798T | Transcatheter removal of permanent dual-chamber leadless pacemaker, including imaging guidance (e.g., fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography), when performed; complete system (i.e., right atrial and right ventricular pacemaker components) |
| 0799T | Transcatheter removal of permanent dual-chamber leadless pacemaker, including imaging guidance (e.g., fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography), when performed; right atrial pacemaker component |
| 0800T | Transcatheter removal of permanent dual-chamber leadless pacemaker, including imaging guidance (e.g., fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography), when performed; right ventricular pacemaker component (when part of a dual-chamber leadless pacemaker system) |
| 0801T | Transcatheter removal and replacement of permanent dual-chamber leadless pacemaker, including imaging guidance (e.g., fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (e.g., interrogation or programming), when performed; dual-chamber system (i.e., right atrial and right ventricular pacemaker components) |
| 0802T | Transcatheter removal and replacement of permanent dual-chamber leadless pacemaker, including imaging guidance (e.g., fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (e.g., interrogation or programming), when performed; right atrial pacemaker component |
| 0803T | Transcatheter removal and replacement of permanent dual-chamber leadless pacemaker, including imaging guidance (e.g., fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (e.g., interrogation or programming), when performed; right ventricular pacemaker component (when part of a dual-chamber leadless pacemaker system) |
| 0804T | Programming device evaluation (in person) with iterative adjustment of implantable device to test the function of device and to select optimal permanent programmed values, with analysis, review, and report, by a physician or other qualified health care professional, leadless pacemaker system in dual cardiac chambers |
| 0805T | Transcatheter superior and inferior vena cava prosthetic valve implantation (i.e., caval valve implantation [CAVI]); percutaneous femoral vein approach |
| 0806T | Transcatheter superior and inferior vena cava prosthetic valve implantation (i.e., caval valve implantation [CAVI]); open femoral vein approach |
| 0807T | Pulmonary tissue ventilation analysis using software-based processing of data from separately captured cinefluorograph images; in combination with previously acquired computed tomography (CT) images, including data preparation and transmission, quantification of pulmonary tissue ventilation, data review, interpretation and report |
| 0808T | Pulmonary tissue ventilation analysis using software-based processing of data from separately captured cinefluorograph images; in combination with computed tomography (CT) images taken for the purpose of pulmonary tissue ventilation analysis, including data preparation and transmission, quantification of pulmonary tissue ventilation, data review, interpretation and report |

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| 0809T | Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, placement of transfixing device(s) and intra-articular implant(s), including allograft or synthetic device(s) |
| 0810T | Subretinal injection of a pharmacologic agent, including vitrectomy and 1 or more retinotomies |
| 0811T | Remote multi-day complex uroflowmetry (eg, calibrated electronic equipment); set-up and patient education on use of equipment |
| 0812T | Remote multi-day complex uroflowmetry (eg, calibrated electronic equipment); set-up and patient education on use of equipment |
| 0813T | Esophagogastroduodenoscopy, flexible, transoral, with volume adjustment of intragastric bariatric balloon |
| 0814T | Percutaneous injection of calcium- based biodegradable osteoconductive material, proximal femur, including imaging guidance, unilateral |
| 0815T | Ultrasound-based radiofrequency echographic multi-spectrometry (REMS), bone-density study and fracture-risk assessment, 1 or more sites, hips, pelvis, or spine |
| 0816T | Open insertion or replacement of integrated neurostimulation system for bladder dysfunction including electrode(s) (eg, array or leadless), and pulse generator or receiver, including analysis, programming, and imaging guidance, when performed, posterior tibial nerve; subcutaneous |
| 0817T | Open insertion or replacement of integrated neurostimulation system for bladder dysfunction including electrode(s) (eg, array or leadless), and pulse generator or receiver, including analysis, programming, and imaging guidance, when performed, posterior tibial nerve; subfascial |
| 0818T | Revision or removal of integrated neurostimulation system for bladder dysfunction, including analysis, programming, and imaging, when performed, posterior tibial nerve; subcutaneous |
| 0819T | Revision or removal of integrated neurostimulation system for bladder dysfunction, including analysis, programming, and imaging, when performed, posterior tibial nerve; subfascial |
| 0820T | Continuous in-person monitoring and intervention (eg, psychotherapy, crisis intervention), as needed, during psychedelic medication therapy; first physician or other qualified health care professional, each hour |
| 0821T | Continuous in-person monitoring and intervention (eg, psychotherapy, crisis intervention), as needed, during psychedelic medication therapy; second physician or other qualified health care professional, concurrent with first physician or other qualified health care professional, each hour (List separately in addition to code for primary procedure) |
| 0822T | Continuous in-person monitoring and intervention (eg, psychotherapy, crisis intervention), as needed, during psychedelic medication therapy; clinical staff under the direction of a physician or other qualified health care professional, concurrent with first physician or other qualified health care professional, each hour (List separately in addition to code for primary procedure) |
| 0823T | Transcatheter insertion of permanent single-chamber leadless pacemaker, right atrial, including imaging guidance (e.g., fluoroscopy, venous ultrasound, right atrial angiography and/or right ventriculography, femoral venography, cavography) and device evaluation (e.g., interrogation or programming), when performed |
| 0824T | Transcatheter removal of permanent single-chamber leadless pacemaker, right atrial, including imaging guidance (e.g., fluoroscopy, venous ultrasound, right atrial angiography and/or right ventriculography, femoral venography, cavography), when performed |
| 0825T | Transcatheter removal and replacement of permanent single- chamber leadless pacemaker, right atrial, including imaging guidance (e.g., fluoroscopy, venous ultrasound, right atrial angiography and/or right ventriculography, femoral venography, cavography) and device evaluation (e.g., interrogation or programming), when performed |
| 0826T | Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional, leadless pacemaker system in single-cardiac chamber |
| 0827T | Digitization of glass microscope slides for cytopathology, fluids, washings, or brushings, except cervical or vaginal; smears with interpretation (List separately in addition to code for primary procedure) |

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| 0828T | Digitization of glass microscope slides for cytopathology, fluids, washings, or brushings, except cervical or vaginal; simple filter method with interpretation (List separately in addition to code for primary procedure) |
| 0829T | Digitization of glass microscope slides for cytopathology, concentration technique, smears, and interpretation (eg, Saccomanno technique) (List separately in addition to code for primary procedure) |
| 0830T | Digitization of glass microscope slides for cytopathology, selective-cellular enhancement technique with interpretation (eg, liquid-based slide preparation method), except cervical or vaginal (List separately in addition to code for primary procedure) |
| 0831T | Digitization of glass microscope slides for cytopathology, cervical or vaginal (any reporting system), requiring interpretation by physician (List separately in addition to code for primary procedure) |
| 0832T | Digitization of glass microscope slides for cytopathology, smears, any other source; screening and interpretation (List separately in addition to code for primary procedure) |
| 0833T | Digitization of glass microscope slides for cytopathology, smears, any other source; preparation, screening and interpretation (List separately in addition to code for primary procedure) |
| 0834T | Digitization of glass microscope slides for cytopathology, smears, any other source; extended study involving over 5 slides and/or multiple stains (List separately in addition to code for primary procedure) |
| 0835T | Digitization of glass microscope slides for cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy for diagnosis, first evaluation episode, each site (List separately in addition to code for primary procedure) |
| 0836T | Digitization of glass microscope slides for cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy for diagnosis, each separate additional evaluation episode, same site (List separately in addition to code for primary procedure) |
| 0837T | Digitization of glass microscope slides for cytopathology, evaluation of fine needle aspirate; interpretation and report (List separately in addition to code for primary procedure) |
| 0838T | Digitization of glass microscope slides for consultation and report on referred slides prepared elsewhere (List separately in addition to code for primary procedure) |
| 0839T | Digitization of glass microscope slides for consultation and report on referred material requiring preparation of slides (List separately in addition to code for primary procedure) |
| 0840T | Digitization of glass microscope slides for consultation, comprehensive, with review of records and specimens, with report on referred material (List separately in addition to code for primary procedure) |
| 0841T | Digitization of glass microscope slides for pathology consultation during surgery; first tissue block, with frozen section(s), single specimen (List separately in addition to code for primary procedure) |
| 0842T | Digitization of glass microscope slides for pathology consultation during surgery; each additional tissue block with frozen section(s) (List separately in addition to code for primary procedure) |
| 0843T | Digitization of glass microscope slides for pathology consultation during surgery; cytologic examination (eg, touch preparation, squash preparation), initial site (List separately in addition to code for primary procedure) |
| 0844T | Digitization of glass microscope slides for pathology consultation during surgery; cytologic examination (eg, touch preparation, squash preparation), each additional site (List separately in addition to code for primary procedure) |
| 0845T | Digitization of glass microscope slides for immunofluorescence, per specimen; initial single antibody stain procedure (List separately in addition to code for primary procedure) |
| 0846T | Digitization of glass microscope slides for immunofluorescence, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure) |
| 0847T | Digitization of glass microscope slides for examination and selection of retrieved archival (ie, previously diagnosed) tissue(s) for molecular analysis (eg, KRAS mutational analysis) (List separately in addition to code for primary procedure) |
| 0848T | Digitization of glass microscope slides for in situ hybridization (eg, FISH), per specimen; initial single probe stain procedure (List separately in addition to code for primary procedure) |

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| 0849T | Digitization of glass microscope slides for in situ hybridization (eg, FISH), per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure) |
| 0850T | Digitization of glass microscope slides for in situ hybridization (eg, FISH), per specimen; each multiplex probe stain procedure (List separately in addition to code for primary procedure) |
| 0851T | Digitization of glass microscope slides for morphometric analysis, in situ hybridization (quantitative or semiquantitative), manual, per specimen; initial single probe stain procedure (List separately in addition to code for primary procedure) |
| 0852T | Digitization of glass microscope slides for morphometric analysis, in situ hybridization (quantitative or semiquantitative), manual, per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure) |
| 0853T | Digitization of glass microscope slides for morphometric analysis, in situ hybridization (quantitative or semiquantitative), manual, per specimen; each multiplex probe stain procedure (List separately in addition to code for primary procedure) |
| 0854T | Digitization of glass microscope slides for blood smear, peripheral, interpretation by physician with written report (List separately in addition to code for primary procedure) |
| 0855T | Digitization of glass microscope slides for bone marrow, smear interpretation (List separately in addition to code for primary procedure) |
| 0856T | Digitization of glass microscope slides for electron microscopy, diagnostic (List separately in addition to code for primary procedure) |
| 0857T | Opto-acoustic imaging, breast, unilateral, including axilla when performed, real-time with image documentation, augmentative analysis and report (List separately in addition to code for primary procedure) |
| 0858T | Externally applied transcranial magnetic stimulation with concomitant measurement of evoked cortical potentials with automated report |
| 0859T | Noncontact near-infrared spectroscopy (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation), other than for screening for peripheral arterial disease, image acquisition, interpretation, and report; each additional anatomic site (List separately in addition to code for primary procedure) |
| 0860T | Noncontact near-infrared spectroscopy (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation), for screening for peripheral arterial disease, including provocative maneuvers, image acquisition, interpretation, and report, one or both lower extremities |
| 0861T | Removal of pulse generator for wireless cardiac stimulator for left ventricular pacing; both components (battery and transmitter) |
| 0862T | Relocation of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; battery component only |
| 0863T | Relocation of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; transmitter component only |
| 0864T | Low-intensity extracorporeal shock wave therapy involving corpus cavernosum, low energy |
| 0865T | Quantitative magnetic resonance image (MRI) analysis of the brain with comparison to prior magnetic resonance (MR) study(ies), including lesion identification, characterization, and quantification, with brain volume(s) quantification and/or severity score, when performed, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the brain during the same session |
| 0866T | Quantitative magnetic resonance image (MRI) analysis of the brain with comparison to prior magnetic resonance (MR) study(ies), including lesion detection, characterization, and quantification, with brain volume(s) quantification and/or severity score, when performed, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the brain (List separately in addition to code for primary procedure) |
| 0867T | Transperineal laser ablation of benign prostatic hyperplasia, including imaging guidance; prostate volume greater or equal to 50mL |
| 0868T | High-resolution gastric electrophysiology mapping with simultaneous patient-symptom profiling, with interpretation and report |

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| 0869T | Injection(s), bone-substitute material for bone and/or soft tissue hardware fixation augmentation, including intraoperative imaging guidance, when performed |
| 0870T | Implantation of subcutaneous peritoneal ascites pump system, percutaneous, including pump-pocket creation, insertion of tunneled indwelling bladder and peritoneal catheters with pump connections, including all imaging and initial programming, when performed |
| 0871T | Replacement of a subcutaneous peritoneal ascites pump, including reconnection between pump and indwelling bladder and peritoneal catheters, including initial programming and imaging, when performed |
| 0872T | Replacement of indwelling bladder and peritoneal catheters, including tunneling of catheter(s) and connection with previously implanted peritoneal ascites pump, including imaging and programming, when performed |
| 0873T | Revision of a subcutaneously implanted peritoneal ascites pump system, any component (ascites pump, associated peritoneal catheter, associated bladder catheter), including imaging and programming, when performed |
| 0874T | Removal of a peritoneal ascites pump system, including implanted peritoneal ascites pump and indwelling bladder and peritoneal catheters |
| 0875T | Programming of subcutaneously implanted peritoneal ascites pump system by physician or other qualified health care professional |
| 0876T | Duplex scan of hemodialysis fistula, computer-aided, limited (volume flow, diameter, and depth, including only body of fistula) |
| 0877T | Augmentative analysis of chest computed tomography (CT) imaging data to provide categorical diagnostic subtype classification of interstitial lung disease; obtained without concurrent CT examination of any structure contained in previously acquired diagnostic imaging |
| 0878T | Augmentative analysis of chest computed tomography (CT) imaging data to provide categorical diagnostic subtype classification of interstitial lung disease; obtained with concurrent CT examination of the same structure |
| 0879T | Augmentative analysis of chest computed tomography (CT) imaging data to provide categorical diagnostic subtype classification of interstitial lung disease; radiological data preparation and transmission |
| 0880T | Augmentative analysis of chest computed tomography (CT) imaging data to provide categorical diagnostic subtype classification of interstitial lung disease; physician or other qualified health care professional interpretation and report |
| 0881T | Cryotherapy of the oral cavity using temperature regulated fluid cooling system, including placement of an oral device, monitoring of patient tolerance to treatment, and removal of the oral device |
| 0882T | Intraoperative therapeutic electrical stimulation of peripheral nerve to promote nerve regeneration, including lead placement and removal, upper extremity, minimum of 10 minutes; initial nerve (List separately in addition to code for primary procedure) |
| 0883T | Intraoperative therapeutic electrical stimulation of peripheral nerve to promote nerve regeneration, including lead placement and removal, upper extremity, minimum of 10 minutes; each additional nerve (List separately in addition to code for primary procedure) |
| 0884T | Esophagoscopy, flexible, transoral, with initial transendoscopic mechanical dilation (eg, nondrug-coated balloon) followed by therapeutic drug delivery by drug-coated balloon catheter for esophageal stricture, including fluoroscopic guidance, when performed |
| 0885T | Colonoscopy, flexible, with initial transendoscopic mechanical dilation (eg, nondrug-coated balloon) followed by therapeutic drug delivery by drug-coated balloon catheter for colonic stricture, including fluoroscopic guidance, when performed |
| 0886T | Sigmoidoscopy, flexible, with initial transendoscopic mechanical dilation (eg, nondrug-coated balloon) followed by therapeutic drug delivery by drug-coated balloon catheter for colonic stricture, including fluoroscopic guidance, when performed |
| 0887T | End-tidal control of inhaled anesthetic agents and oxygen to assist anesthesia care delivery (List separately in addition to code for primary procedure) |

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| 0888T | Histotripsy (ie, non-thermal ablation via acoustic energy delivery) of malignant renal tissue, including imaging guidance |
| 0889T | Personalized target development for accelerated, repetitive high-dose functional connectivity MRI-guided theta-burst stimulation derived from a structural and resting-state functional MRI, including data preparation and transmission, generation of the target, motor threshold-starting location, neuronavigation files and target report, review and interpretation |
| 0890T | Accelerated, repetitive high-dose functional connectivity MRI-guided theta-burst stimulation, including target assessment, initial motor threshold determination, neuronavigation, delivery and management, initial treatment day |
| 0891T | Accelerated, repetitive high-dose functional connectivity MRI-guided theta-burst stimulation, including neuronavigation, delivery and management, subsequent treatment day |
| 0892T | Accelerated, repetitive high-dose functional connectivity MRI-guided theta-burst stimulation, including neuronavigation, delivery and management, subsequent motor threshold redetermination with delivery and management, per treatment day |
| 0893T | Noninvasive assessment of blood oxygenation, gas exchange efficiency, and cardiorespiratory status, with physician or other qualified health care professional interpretation and report |
| 0894T | Cannulation of the liver allograft in preparation for connection to the normothermic perfusion device and decannulation of the liver allograft following normothermic perfusion |
| 0895T | Connection of liver allograft to normothermic machine perfusion device, hemostasis control; initial 4 hours of monitoring time, including hourly physiological and laboratory assessments (eg, perfusate temperature, perfusate pH, hemodynamic parameters, bile production, bile pH, bile glucose, biliary bicarbonate, lactate levels, macroscopic assessment) |
| 0896T | Connection of liver allograft to normothermic machine perfusion device, hemostasis control; each additional hour, including physiological and laboratory assessments (eg, perfusate temperature, perfusate pH, hemodynamic parameters, bile production, bile pH, bile glucose, biliary bicarbonate, lactate levels, macroscopic assessment) (List separately in addition to code for primary procedure) |
| 0897T | Noninvasive augmentative arrhythmia analysis derived from quantitative computational cardiac arrhythmia simulations, based on selected intervals of interest from 12-lead electrocardiogram and uploaded clinical parameters, including uploading clinical parameters with interpretation and report |
| 0898T | Noninvasive prostate cancer estimation map, derived from augmentative analysis of image-guided fusion biopsy and pathology, including visualization of margin volume and location, with margin determination and physician interpretation and report |
| 0899T | Noninvasive determination of absolute quantitation of myocardial blood flow (AQMBF), derived from augmentative algorithmic analysis of the dataset acquired via contrast cardiac magnetic resonance (CMR), pharmacologic stress, with interpretation and report by a physician or other qualified health care professional (List separately in addition to code for primary procedure) |
| 0900T | Noninvasive estimate of absolute quantitation of myocardial blood flow (AQMBF), derived from assistive algorithmic analysis of the dataset acquired via contrast cardiac magnetic resonance (CMR), pharmacologic stress, with interpretation and report by a physician or other qualified health care professional (List separately in addition to code for primary procedure) |
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REVISION HISTORY EXPLANATION: ORIGINAL EFFECTIVE DATE: 02/15/2006

| Date | Explanation & Changes |
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| 12/01/06 | <ul style="list-style-type: none"> Additional HCPCS services added to the unlisted code review |
| 01/30/07 | <ul style="list-style-type: none"> Updated codes |
| 12/01/07 | <ul style="list-style-type: none"> Added E0676, K0898 and K0899 as additional unlisted valid codes |
| 01/30/08 | <ul style="list-style-type: none"> Updated codes |
| 11/01/08 | <ul style="list-style-type: none"> Updated codes |

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| 12/01/08 | <ul style="list-style-type: none"> Added C9899, Q4050, Q4051, and Q4100 to unlisted review |
| 01/01/09 | <ul style="list-style-type: none"> Effective 01/01/09, procedure code 90779 was renumbered to procedure code 96379 |
| 11/15/09 | <ul style="list-style-type: none"> Added code |
| 01/01/10 | <ul style="list-style-type: none"> Added code. Effective 01/01/10, procedure code 89398 added |
| 01/15/10 | <ul style="list-style-type: none"> Added A4335, A4421, E2599 |
| 07/12/10 | <ul style="list-style-type: none"> Added exceptions as procedures require invoices, which are custom; follow same unlisted procedure |
| 01/01/11 | <ul style="list-style-type: none"> Added code, Effective 01/01/11, procedure code 88749 added |
| 02/03/11 | <ul style="list-style-type: none"> Added codes E0446, T1505, and updated Exception |
| 01/01/12 | <ul style="list-style-type: none"> Effective 01/01/12, procedure codes 93998, 99429 added |
| 02/09/16 | <ul style="list-style-type: none"> Combined with PG0062 Unlisted Procedure. Title changed from PG0097 Unlisted Products to PG0097 Unlisted/Non-specific HCPCS/CPT Codes. Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee. |
| 12/14/2020 | <ul style="list-style-type: none"> Medical policy placed on the new Paramount Medical policy format |
| 02/01/2021 | <ul style="list-style-type: none"> The following documentation was removed from the medical policy as the procedure codes are not related to unlisted procedures/services, <i>"The following HCPCS codes are not designated as unlisted procedure codes, but are considered custom-made or non-descriptive codes. Invoices are required and the medical documentation must support the medical necessity for reimbursement processing, not all-inclusive: A6501, A6502, A6503, A6504, A6505, A6506, A6507, A6508, A6509, A6510, A6511, A6512, A6513, E0638, E0981, E0982, E1220, E1229, E2511, E2512, E2609, E2617, E8000, E8001, E8002, K0009, K0014, K0462, K4002, K4210, K7510, Q0505, V2623, V2624, V2625, V2626, V2627, V2628, V2629, V2785."</i> Where appropriate the procedure codes are identified in other medical policies. Updated medical policy documentation to the latest Industry Standards. Clarified Unlisted or not otherwise classified (NOC) and miscellaneous codes Unit Value should always be one (1) (excludes unlisted DME Drug codes). |
| 05/03/2021 | <ul style="list-style-type: none"> Procedure S5199 defined in the list of procedure codes, as procedure S5199 is documented in the green box as non-covered. |
| 02/07/2022 | <ul style="list-style-type: none"> Clarified that HCPCS procedure E1399 always requires a prior authorization |
| 02/06/2023 | <ul style="list-style-type: none"> Medical Policy updated to reflect Medicaid coverage to Anthem as of 02/01/2023 |
| 07/01/2024 | <ul style="list-style-type: none"> Medical Policy reviewed and updated to reflect the most current clinical evidence Removed reference to PG0035 and PG0194 as these policies have been archived Removed S-codes |
| 12/01/2024 | <ul style="list-style-type: none"> Renamed the medical policy from Unlisted HCPCS/CPT Codes to Unlisted/Non-specific HCPCS/CPT and Category III Codes Added Non-Coverage Category III Codes documentation Added T-codes to the CODING/BILLING INFORMATION Table |

Paramount reserves the right to review and revise our policies periodically when necessary. When there is an update, we will publish the most current policy to

<https://www.paramounthealthcare.com/providers/medical-policies/policy-library>

REFERENCES/RESOURCES

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals> <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs>

NCDs <https://www.cms.gov/medicare-coverage-database/searchresults.aspx?keyword=&keywordType=starts&areald=s29&docType=NCD&contractOption=all>

LCDs <https://www.cms.gov/medicare-coverage-database/searchresults.aspx?keyword=&keywordType=starts&areald=s29&docType=LCD&contractOption=all>

database/searchresults.aspx?keyword=&keywordType=starts&areald=s29&docType=F,P&contractOption=all

Centers for Medicare and Medicaid Services: <https://www.cms.gov/medicare-coverage-database/search-results.aspx?keyword=Cardiac+Contractility&keywordType=starts&areald=all&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all>

Department of Medical Assistance Services - MES Public Portal:
<https://vamedicaid.dmas.virginia.gov/manuals/provider-manuals-library#gsc.tab=0&gsc.q=Contractility%20Modulation&gsc.sort=>

American Medical Association, *Current Procedural Terminology (CPT®)* and associated publications and services <https://www.ama-assn.org/amaone/cpt-current-procedural-terminology>
[American Medical Association. CPT® Category III Codes. Updated July 1, 2024. https://www.ama-assn.org/system/files/cpt-category3-codes-long-descriptors.pdf](https://www.ama-assn.org/system/files/cpt-category3-codes-long-descriptors.pdf) Accessed 7/8/2

Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets <https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/HCPCS-Quarterly-Update>

U.S. Preventive Services Task Force, <https://www.uspreventiveservicestaskforce.org/uspstf/>
Industry Standard Review

Hayes, Inc., Lansdale, PA: Author. Health Technology Assessments. <https://www.hayesinc.com/>

Industry Standard Review