



Kepro/Hillsborough (HCHCP) Prior Authorization

All CPT Procedure Codes in Numerical Order

Current Codes:

Code	Description
CPT 15820	Blepharoplasty, lower eyelid
CPT 15821	Blepharoplasty, lower eyelid; with extensive herniated fat pad
CPT 15822	Blepharoplasty, upper eyelid
CPT 15823	Blepharoplasty, upper eyelid; with excessive skin weighting down lid
CPT 19318	Reduction mammoplasty
CPT 19324	Mammoplasty, augmentation; without prosthetic implant
CPT 19325	Mammoplasty, augmentation; with prosthetic implant
CPT 20550	Injection(s); single tendon sheath, or ligament, aponeurosis (e.g., plantar "fascia")
CPT 20551	Injection(s); single tendon origin/insertion
CPT 20552	Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s)
CPT 20553	Injection(s); single or multiple trigger point(s), 3 or more muscle(s)
CPT 20610	Arthrocentesis, aspiration and/or injection; major joint or bursa (e.g., shoulder, hip, knee joint, subacromial bursa)
CPT 20931 Elective Inpatient	Allograft, structural, for spine surgery only (List separately in addition to code for primary procedure)

CPT 20937 Elective Inpatient	Autograft for spine surgery only (includes harvesting the graft); morselized (through separate skin or fascial incision) (List separately in addition to code for primary procedure)
CPT 20938 Elective Inpatient	Autograft for spine surgery only (includes harvesting the graft); structural, bicortical or tricortical (through separate skin or fascial incision) (List separately in addition to code for primary procedure)
CPT 22220 Elective Inpatient	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; cervical
CPT 22224 Elective Inpatient	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; lumbar
CPT 22318 Elective Inpatient	Open treatment and/or reduction of odontoid fracture(s) and or dislocation(s) (including os odontoideum), anterior approach, including placement of internal fixation; without grafting
CPT 22319 Elective Inpatient	Open treatment and/or reduction of odontoid fracture(s) and or dislocation(s) (including os odontoideum), anterior approach, including placement of internal fixation; with grafting
CPT 22548 Elective Inpatient	Arthrodesis, anterior transoral or extraoral technique, clivus-C1-C2 (atlas-axis), with or without excision of odontoid process
CPT 22554 Elective Inpatient	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2
CPT 22558 Elective Inpatient	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar
CPT 22590 Elective Inpatient	Arthrodesis, posterior technique, craniocervical (occiput-C2)
CPT 22595	Arthrodesis, posterior technique, atlas-axis (C1-C2)

Elective Inpatient	
CPT 22600 Elective Inpatient	Arthrodesis, posterior or posterolateral technique, single level; cervical below C2 segment
CPT 22612 Elective Inpatient	Arthrodesis, posterior or posterolateral technique, single level; lumbar (with lateral transverse technique, when performed)
CPT 22630 Elective Inpatient	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar
CPT 27130 Elective Inpatient	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft
CPT 27132 Elective Inpatient	Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft
CPT 27134 Elective Inpatient	Revision of total hip arthroplasty; both components, with or without autograft or allograft
CPT 27137 Elective Inpatient	Revision of total hip arthroplasty; acetabular component only, with or without autograft or allograft
CPT 27138 Elective Inpatient	Revision of total hip arthroplasty; femoral component only, with or without allograft
CPT 27447 Elective Inpatient	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)
CPT 27486 Elective Inpatient	Revision of total knee arthroplasty, with or without allograft; 1 component

CPT 27487 Elective Inpatient	Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component
CPT 27488 Elective Inpatient	Removal of prosthesis, including total knee prosthesis, methylmethacrylate with or without insertion of spacer, knee
CPT 36475	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated
CPT 36476	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; second and subsequent veins treated in a single extremity, each through separate access sites
CPT 36478	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated
CPT 36479	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; second and subsequent veins treated in a single extremity, each through separate access sites
CPT 37718	Ligation, division, and stripping, short saphenous vein
CPT 37722	Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below
CPT 37735	Ligation and division and complete stripping of long or short saphenous veins with radical excision of ulcer and skin graft and/or interruption of communicating veins of lower leg, with excision of deep fascia
CPT 37760	Ligation of perforator veins, subfascial, radical (Linton type), including skin graft, when performed, open, 1 leg
CPT 37765	Stab phlebectomy of varicose veins, 1 extremity; 10-20 stab incisions
CPT 37766	Stab phlebectomy of varicose veins, 1 extremity; more than 20 incisions

CPT 37780	Ligation and division of short saphenous vein at saphenopopliteal junction (separate procedure)
CPT 37785	Ligation, division, and/or excision of varicose vein cluster(s), 1 leg
CPT 43200	Esophagoscopy, rigid or flexible; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
CPT 43201	Esophagoscopy, rigid or flexible; with directed submucosal injection(s), any substance
CPT 43202	Esophagoscopy, rigid or flexible; with biopsy, single or multiple
CPT 43204	Esophagoscopy, rigid or flexible; with injection sclerosis of esophageal varices
CPT 43205	Esophagoscopy, rigid or flexible; with band ligation of esophageal varices
CPT 43215	Esophagoscopy, rigid or flexible; with removal of foreign body
CPT 43216	Esophagoscopy, rigid or flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery
CPT 43217	Esophagoscopy, rigid or flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
CPT 43219	Esophagoscopy, rigid or flexible; with insertion of plastic tube or stent
CPT 43220	Esophagoscopy, rigid or flexible; with balloon dilation (less than 30 mm diameter)
CPT 43226	Esophagoscopy, rigid or flexible; with insertion of guide wire followed by dilation over guide wire
CPT 43227	Esophagoscopy, rigid or flexible; with control of bleeding (e.g., injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)

CPT 43228	Esophagoscopy, rigid or flexible; with ablation of tumor(s), polyp(s), or other lesion(s), not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique
CPT 43231	Esophagoscopy, rigid or flexible; with endoscopic ultrasound examination
CPT 43232	Esophagoscopy, rigid or flexible; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s)
CPT 43234	Upper gastrointestinal endoscopy, simple primary examination (e.g., with small diameter flexible endoscope) (separate procedure)
CPT 43235	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
CPT 43236	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with directed submucosal injection(s), any substance
CPT 43237	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with endoscopic ultrasound examination limited to the esophagus
CPT 43238	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s), esophagus (includes endoscopic ultrasound examination limited to the esophagus)
CPT 43239	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with biopsy, single or multiple
CPT 43241	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with transendoscopic intraluminal tube or catheter placement

CPT 43243	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with injection sclerosis of esophageal and/or gastric varices
CPT 43244	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with band ligation of esophageal and/or gastric varices
CPT 43245	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with dilation of gastric outlet for obstruction (e.g., balloon, guide wire, bougie)
CPT 43247	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with removal of foreign body
CPT 43248	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with insertion of guide wire followed by dilation of esophagus over guide wire
CPT 43249	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with balloon dilation of esophagus (less than 30 mm diameter)
CPT 43250	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery
CPT 43251	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
CPT 43255	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with control of bleeding, any method
CPT 43258	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique

CPT 43458	Dilation of esophagus with balloon (30 mm diameter or larger) for achalasia
CPT 45378	Colonoscopy, flexible, proximal to splenic flexure; diagnostic, with or without collection of specimen(s) by brushing or washing, with or without colon decompression (separate procedure)
CPT 45379	Colonoscopy, flexible, proximal to splenic flexure; with removal of foreign body
CPT 45380	Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple
CPT 45381	Colonoscopy, flexible, proximal to splenic flexure; with directed submucosal injection(s), any substance
CPT 45382	Colonoscopy, flexible, proximal to splenic flexure; with control of bleeding (e.g., injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)
CPT 45383	Colonoscopy, flexible, proximal to splenic flexure; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique
CPT 45384	Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery
CPT 45385	Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
CPT 50590	Lithotripsy, extracorporeal shock wave
CPT 51726	Complex cystometrogram (i.e., calibrated electronic equipment);
CPT 51727	Complex cystometrogram (i.e., calibrated electronic equipment); with urethral pressure profile studies (i.e., urethral closure pressure profile), any technique

CPT 51728	Complex cystometrogram (i.e., calibrated electronic equipment); with voiding pressure studies (i.e., bladder voiding pressure), any technique
CPT 51729	Complex cystometrogram (i.e., calibrated electronic equipment); with voiding pressure studies (i.e., bladder voiding pressure) and urethral pressure profile studies (i.e., urethral closure pressure profile), any technique
CPT 51741	Complex uroflowmetry (e.g., calibrated electronic equipment)
CPT 51784	Electromyography studies (EMG) of anal or urethral sphincter, other than needle, any technique
CPT 51797	Voiding pressure studies, intra-abdominal (i.e., rectal, gastric, intraperitoneal) (List separately in addition to code for primary procedure)
CPT 52000	Cystourethroscopy (separate procedure)
CPT 52005	Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;
CPT 52204	Cystourethroscopy, with biopsy(s)
CPT 52214	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands
CPT 52224	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy
CPT 52234	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; SMALL bladder tumor(s) (0.5 up to 2.0 cm)
CPT 52240	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; LARGE bladder tumor(s)
CPT 52260	Cystourethroscopy, with dilation of bladder for interstitial cystitis; general or conduction (spinal) anesthesia

CPT 52265	Cystourethroscopy, with dilation of bladder for interstitial cystitis; local anesthesia
CPT 52276	Cystourethroscopy with direct vision internal urethrotomy
CPT 52281	Cystourethroscopy, with calibration and/or dilation of urethral stricture or stenosis, with or without meatotomy, with or without injection procedure for cystography, male or female
CPT 52285	Cystourethroscopy for treatment of the female urethral syndrome with any or all of the following: urethral meatotomy, urethral dilation, internal urethrotomy, lysis of urethrovaginal septal fibrosis, lateral incisions of the bladder neck, and fulguration
CPT 52310	Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); simple
CPT 52315	Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); complicated
CPT 52318	Litholapaxy: crushing or fragmentation of calculus by any means in bladder and removal of fragments; complicated or large (over 2.5 cm)
CPT 52320	Cystourethroscopy (including ureteral catheterization); with removal of ureteral calculus
CPT 52332	Cystourethroscopy, with insertion of indwelling ureteral stent (e.g., Gibbons or double-J type)
CPT 53852	Transurethral destruction of prostate tissue; by radiofrequency thermotherapy
CPT 58150 Elective Inpatient	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s);
CPT 58152 Elective Inpatient	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s); with colpo-urethrocystopexy (e.g., Marshall-Marchetti-Krantz, Burch)

CPT 58180 Elective Inpatient	Supracervical abdominal hysterectomy (subtotal hysterectomy), with or without removal of tube(s), with or without removal of ovary(s)
CPT 58200 Elective Inpatient	Total abdominal hysterectomy, including partial vaginectomy, with para-aortic and pelvic lymph node sampling, with or without removal of tube(s), with or without removal of ovary(s)
CPT 58260 Elective Inpatient	Vaginal hysterectomy, for uterus 250 g or less;
CPT 58262 Elective Inpatient	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s)
CPT 58263 Elective Inpatient	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s), with repair of enterocele
CPT 58267 Elective Inpatient	Vaginal hysterectomy, for uterus 250 g or less; with colpo-urethrocytopexy (Marshall-Marchetti-Krantz type, Pereyra type) with or without endoscopic control
CPT 58270 Elective Inpatient	Vaginal hysterectomy, for uterus 250 g or less; with repair of enterocele
CPT 58275 Elective Inpatient	Vaginal hysterectomy, with total or partial vaginectomy;
CPT 58280 Elective Inpatient	Vaginal hysterectomy, with total or partial vaginectomy; with repair of enterocele
CPT 58285 Elective Inpatient	Vaginal hysterectomy, radical (Schauta type operation)
CPT 58290 Elective Inpatient	Vaginal hysterectomy, for uterus greater than 250 g;

CPT 58291 Elective Inpatient	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
CPT 58292 Elective Inpatient	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s), with repair of enterocele
CPT 58293 Elective Inpatient	Vaginal hysterectomy, for uterus greater than 250 g; with colpo-urethrocytopexy (Marshall-Marchetti-Krantz type, Pereyra type) with or without endoscopic control
CPT 58294 Elective Inpatient	Vaginal hysterectomy, for uterus greater than 250 g; with repair of enterocele
CPT 58550 Elective Inpatient	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less;
CPT 58552 Elective Inpatient	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
CPT 58553 Elective Inpatient	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g;
CPT 58554 Elective Inpatient	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
CPT 62287 Elective Inpatient	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization, with the use of an endoscope, with discography and/or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar
CPT 62310	Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes

	contrast for localization when performed, epidural or subarachnoid; cervical or thoracic
CPT 62311	Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal)
CPT 62350	Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; without laminectomy
CPT 62355	Removal of previously implanted intrathecal or epidural catheter
CPT 63001 Elective Inpatient	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (e.g., spinal stenosis), 1 or 2 vertebral segments; cervical
CPT 63005 Elective Inpatient	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (e.g., spinal stenosis), 1 or 2 vertebral segments; lumbar, except for spondylolisthesis
CPT 63012 Elective Inpatient	Laminectomy with removal of abnormal facets and/or pars inter-articularis with decompression of cauda equina and nerve roots for spondylolisthesis, lumbar (Gill type procedure)
CPT 63015 Elective Inpatient	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (e.g., spinal stenosis), more than 2 vertebral segments; cervical
CPT 63017 Elective Inpatient	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (e.g., spinal stenosis), more than 2 vertebral segments; lumbar
CPT 63020 Elective Inpatient	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, cervical

CPT 63040 Elective Inpatient	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; cervical
CPT 63045 Elective Inpatient	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [e.g., spinal or lateral recess stenosis]), single vertebral segment; cervical
CPT 63047 Elective Inpatient	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [e.g., spinal or lateral recess stenosis]), single vertebral segment; lumbar
CPT 63056 Elective Inpatient	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (e.g., herniated intervertebral disc), single segment; lumbar (including transfacet, or lateral extraforaminal approach) (e.g., far lateral herniated intervertebral disc)
CPT 63075 Elective Inpatient	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctomy; cervical, single interspace
CPT 63076 Elective Inpatient	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctomy; cervical, each additional interspace (List separately in addition to code for primary procedure)
CPT 63081 Elective Inpatient	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, single segment
CPT 63082 Elective Inpatient	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, each additional segment (List separately in addition to code for primary procedure)
CPT 64418	Injection, anesthetic agent; suprascapular nerve
CPT 64420	Injection, anesthetic agent; intercostal nerve, single
CPT 64421	Injection, anesthetic agent; intercostal nerves, multiple, regional block

CPT 64510	Injection, anesthetic agent; stellate ganglion (cervical sympathetic)
CPT 64530	Injection, anesthetic agent; celiac plexus, with or without radiologic monitoring
CPT 66840	Removal of lens material; aspiration technique, 1 or more stages
CPT 66850	Removal of lens material; phacofragmentation technique (mechanical or ultrasonic) (e.g., phacoemulsification), with aspiration
CPT 66852	Removal of lens material; pars plana approach, with or without vitrectomy
CPT 66920	Removal of lens material; intracapsular
CPT 66930	Removal of lens material; intracapsular, for dislocated lens
CPT 66940	Removal of lens material; extracapsular (other than 66840, 66850, 66852)
CPT 66982	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine
CPT 66983	Intracapsular cataract extraction with insertion of intraocular lens prosthesis (1 stage procedure)
CPT 66984	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification)
CPT 66985	Insertion of intraocular lens prosthesis (secondary implant), not associated with concurrent cataract removal
CPT 66986	Exchange of intraocular lens
CPT 70450	Computed tomography, head or brain; without contrast material
CPT 70460	Computed tomography, head or brain; with contrast material(s)

CPT 70470	Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections
CPT 70480	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material
CPT 70481	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; with contrast material(s)
CPT 70482	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material, followed by contrast material(s) and further sections
CPT 70486	Computed tomography, maxillofacial area; without contrast material
CPT 70487	Computed tomography, maxillofacial area; with contrast material(s)
CPT 70488	Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections
CPT 70490	Computed tomography, soft tissue neck; without contrast material
CPT 70491	Computed tomography, soft tissue neck; with contrast material(s)
CPT 70492	Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections
CPT 70496	Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing
CPT 70498	Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing
CPT 70540	Magnetic resonance (e.g., proton) imaging, orbit, face, and/or neck; without contrast material(s)
CPT 70542	Magnetic resonance (e.g., proton) imaging, orbit, face, and/or neck; with contrast material(s)

CPT 70543	Magnetic resonance (e.g., proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast material(s) and further sequences
CPT 70544	Magnetic resonance angiography, head; without contrast material(s)
CPT 70545	Magnetic resonance angiography, head; with contrast material(s)
CPT 70546	Magnetic resonance angiography, head; without contrast material(s), followed by contrast material(s) and further sequences
CPT 70547	Magnetic resonance angiography, neck; without contrast material(s)
CPT 70548	Magnetic resonance angiography, neck; with contrast material(s)
CPT 70549	Magnetic resonance angiography, neck; without contrast material(s), followed by contrast material(s) and further sequences
CPT 70551	Magnetic resonance (e.g., proton) imaging, brain (including brain stem); without contrast material
CPT 70552	Magnetic resonance (e.g., proton) imaging, brain (including brain stem); with contrast material(s)
CPT 70553	Magnetic resonance (e.g., proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences
CPT 70554	Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration
CPT 70555	Magnetic resonance imaging, brain, functional MRI; requiring physician or psychologist administration of entire neurofunctional testing
CPT 71250	Computed tomography, thorax; without contrast material
CPT 71260	Computed tomography, thorax; with contrast material(s)

CPT 71270	Computed tomography, thorax; without contrast material, followed by contrast material(s) and further sections
CPT 71275	Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing
CPT 71550	Magnetic resonance (e.g., proton) imaging, chest (e.g., for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)
CPT 71551	Magnetic resonance (e.g., proton) imaging, chest (e.g., for evaluation of hilar and mediastinal lymphadenopathy); with contrast material(s)
CPT 71552	Magnetic resonance (e.g., proton) imaging, chest (e.g., for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences
CPT 72125	Computed tomography, cervical spine; without contrast material
CPT 72126	Computed tomography, cervical spine; with contrast material
CPT 72127	Computed tomography, cervical spine; without contrast material, followed by contrast material(s) and further sections
CPT 72128	Computed tomography, thoracic spine; without contrast material
CPT 72129	Computed tomography, thoracic spine; with contrast material
CPT 72130	Computed tomography, thoracic spine; without contrast material, followed by contrast material(s) and further sections
CPT 72131	Computed tomography, lumbar spine; without contrast material
CPT 72132	Computed tomography, lumbar spine; with contrast material
CPT 72133	Computed tomography, lumbar spine; without contrast material, followed by contrast material(s) and further sections
CPT 72141	Magnetic resonance (e.g., proton) imaging, spinal canal and contents, cervical; without contrast material

CPT 72142	Magnetic resonance (e.g., proton) imaging, spinal canal and contents, cervical; with contrast material(s)
CPT 72146	Magnetic resonance (e.g., proton) imaging, spinal canal and contents, thoracic; without contrast material
CPT 72147	Magnetic resonance (e.g., proton) imaging, spinal canal and contents, thoracic; with contrast material(s)
CPT 72148	Magnetic resonance (e.g., proton) imaging, spinal canal and contents, lumbar; without contrast material
CPT 72149	Magnetic resonance (e.g., proton) imaging, spinal canal and contents, lumbar; with contrast material(s)
CPT 72156	Magnetic resonance (e.g., proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical
CPT 72157	Magnetic resonance (e.g., proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; thoracic
CPT 72158	Magnetic resonance (e.g., proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar
CPT 72191	Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing
CPT 72192	Computed tomography, pelvis; without contrast material
CPT 72193	Computed tomography, pelvis; with contrast material(s)
CPT 72194	Computed tomography, pelvis; without contrast material, followed by contrast material(s) and further sections
CPT 72195	Magnetic resonance (e.g., proton) imaging, pelvis; without contrast material(s)

CPT 72196	Magnetic resonance (e.g., proton) imaging, pelvis; with contrast material(s)
CPT 72197	Magnetic resonance (e.g., proton) imaging, pelvis; without contrast material(s), followed by contrast material(s) and further sequences
CPT 72198	Magnetic resonance angiography, pelvis, with or without contrast material(s)
CPT 73200	Computed tomography, upper extremity; without contrast material
CPT 73201	Computed tomography, upper extremity; with contrast material(s)
CPT 73202	Computed tomography, upper extremity; without contrast material, followed by contrast material(s) and further sections
CPT 73218	Magnetic resonance (e.g., proton) imaging, upper extremity, other than joint; without contrast material(s)
CPT 73219	Magnetic resonance (e.g., proton) imaging, upper extremity, other than joint; with contrast material(s)
CPT 73220	Magnetic resonance (e.g., proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences
CPT 73221	Magnetic resonance (e.g., proton) imaging, any joint of upper extremity; without contrast material(s)
CPT 73222	Magnetic resonance (e.g., proton) imaging, any joint of upper extremity; with contrast material(s)
CPT 73223	Magnetic resonance (e.g., proton) imaging, any joint of upper extremity; without contrast material(s), followed by contrast material(s) and further sequences
CPT 73700	Computed tomography, lower extremity; without contrast material
CPT 73701	Computed tomography, lower extremity; with contrast material(s)

CPT 73702	Computed tomography, lower extremity; without contrast material, followed by contrast material(s) and further sections
CPT 73706	Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing
CPT 73718	Magnetic resonance (e.g., proton) imaging, lower extremity other than joint; without contrast material(s)
CPT 73719	Magnetic resonance (e.g., proton) imaging, lower extremity other than joint; with contrast material(s)
CPT 73720	Magnetic resonance (e.g., proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences
CPT 73721	Magnetic resonance (e.g., proton) imaging, any joint of lower extremity; without contrast material
CPT 73722	Magnetic resonance (e.g., proton) imaging, any joint of lower extremity; with contrast material(s)
CPT 73723	Magnetic resonance (e.g., proton) imaging, any joint of lower extremity; without contrast material(s), followed by contrast material(s) and further sequences
CPT 73725	Magnetic resonance angiography, lower extremity, with or without contrast material(s)
CPT 74150	Computed tomography, abdomen; without contrast material
CPT 74160	Computed tomography, abdomen; with contrast material(s)
CPT 74170	Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections
CPT 74175	Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing

CPT 74181	Magnetic resonance (e.g., proton) imaging, abdomen; without contrast material(s)
CPT 74182	Magnetic resonance (e.g., proton) imaging, abdomen; with contrast material(s)
CPT 74183	Magnetic resonance (e.g., proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences
CPT 74185	Magnetic resonance angiography, abdomen, with or without contrast material(s)
CPT 75571	Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium
CPT 75572	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)
CPT 75573	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of LV cardiac function, RV structure and function and evaluation
CPT 75574	Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation
CPT 75635	Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing
CPT 76380	Computed tomography, limited or localized follow-up study *exception- no prior authorization needed for this CPT procedure when used for CT Sinus only

CPT 76770	Ultrasound, retroperitoneal (e.g., renal, aorta, nodes), real time with image documentation; complete
CPT 76857	Ultrasound, pelvic (nonobstetric), real time with image documentation; limited or follow-up (e.g., for follicles)
CPT 76870	Ultrasound, scrotum and contents
CPT 76872	Ultrasound, transrectal;
CPT 77003	Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinal diagnostic or therapeutic injection procedures (epidural or subarachnoid)
CPT 77058	Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral
CPT 77059	Magnetic resonance imaging, breast, without and/or with contrast material(s); bilateral
CPT 78451	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress
CPT 78452	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress
CPT 78453	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)
CPT 78454	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic)

CPT 78469	Myocardial imaging, infarct avid, planar; tomographic SPECT with or without quantification
CPT 78608	Brain imaging, positron emission tomography (PET); metabolic evaluation
CPT 78811	Positron emission tomography (PET) imaging; limited area (e.g., chest, head/neck)
CPT 78812	Positron emission tomography (PET) imaging; skull base to mid-thigh
CPT 78813	Positron emission tomography (PET) imaging; whole body
CPT 78814	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (e.g., chest, head/neck)
CPT 78815	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh
CPT 78816	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body
CPT 90791	Psychiatric diagnostic interview examination
CPT 90792	Interactive psychiatric diagnostic interview examination using play equipment, physical devices, language interpreter, or other mechanisms of communication
CPT 90863	Pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy
CPT 92502	Otolaryngologic examination under general anesthesia
CPT 92504	Binocular microscopy (separate diagnostic procedure)
CPT 92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual

CPT 92508	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals
CPT 92511	Nasopharyngoscopy with endoscope (separate procedure)
CPT 92512	Nasal function studies (e.g., rhinomanometry)
CPT 92516	Facial nerve function studies (e.g., electroneuronography)
CPT 92520	Laryngeal function studies (i.e., aerodynamic testing and acoustic testing)
CPT 92526	Treatment of swallowing dysfunction and/or oral function for feeding
CPT 92537	Caloric vestibular test with recording, bilateral; bithermal
CPT 92538	Caloric vestibular test with recording, bilateral; monothermal
CPT 92540	Basic vestibular evaluation, includes spontaneous nystagmus test with eccentric gaze fixation nystagmus, with recording, positional nystagmus test, minimum of 4 positions, with recording, optokinetic nystagmus test, bidirectional foveal and peripheral stimulation, with recording, and oscillating tracking test, with recording
CPT 92541	Spontaneous nystagmus test, including gaze and fixation nystagmus, with recording
CPT 92542	Positional nystagmus test, minimum of 4 positions, with recording
CPT 92544	Optokinetic nystagmus test, bidirectional, foveal or peripheral stimulation, with recording
CPT 92545	Oscillating tracking test, with recording
CPT 92546	Sinusoidal vertical axis rotational testing
CPT 92547	Use of vertical electrodes (List separately in addition to code for primary procedure)
CPT 92548	Computerized dynamic posturography

CPT 92597	Evaluation for use and/or fitting of voice prosthetic device to supplement oral speech
CPT 93452	Left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed
CPT 93454	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation;
CPT 93455	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography
CPT 93458	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed
CPT 93459	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography
CPT 93462	Left heart catheterization by transeptal puncture through intact septum or by transapical puncture (List separately in addition to code for primary procedure)
CPT 93567	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for supravalvular aortography (List separately in addition to code for primary procedure)
CPT 93797	Physician services for outpatient cardiac rehabilitation; without continuous ECG monitoring (per session)

CPT 93798	Physician services for outpatient cardiac rehabilitation; with continuous ECG monitoring (per session)
CPT 97032	Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes
CPT 97033	Application of a modality to 1 or more areas; iontophoresis, each 15 minutes
CPT 97034	Application of a modality to 1 or more areas; contrast baths, each 15 minutes
CPT 97035	Application of a modality to 1 or more areas; ultrasound, each 15 minutes
CPT 97036	Application of a modality to 1 or more areas; Hubbard tank, each 15 minutes
CPT 97110	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility
CPT 97112	Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities
CPT 97113	Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises
CPT 97116	Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)
CPT 97124	Therapeutic procedure, 1 or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)
CPT 97140	Manual therapy techniques (e.g., mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes
CPT 97150	Therapeutic procedure(s), group (2 or more individuals)

CPT 97161	Physical therapy eval, low complexity, 20 minutes
CPT 97162	Physical therapy eval, moderate complexity, 30 minutes
CPT 97163	Physical therapy eval, high complexity, 45 minutes
CPT 97164	Physical therapy re-eval, establish plan care
CPT 97165	Occupational therapy eval, low complexity, 30 minutes
CPT 97166	Occupational therapy eval, moderate complexity, 45 minutes
CPT 97167	Occupational therapy eval, high complexity, 60 minutes
CPT 97168	Occupational therapy re-eval, establish plan care
CPT 97530	Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 minutes
CPT 97532	Development of cognitive skills to improve attention, memory, problem solving (includes compensatory training), direct (one-on-one) patient contact by the provider, each 15 minutes
CPT 97533	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact by the provider, each 15 minutes
CPT 97535	Self-care/home management training (e.g., activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact by provider, each
CPT 97537	Community/work reintegration training (e.g., shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one cont.
CPT 97542	Wheelchair management (e.g., assessment, fitting, training), each 15 minutes

CPT 99183	Physician attendance and supervision of hyperbaric oxygen therapy, per session
CPT 99201	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination o
CPT 99202	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; Straightforward medical decision making.
CPT 99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; Medical decision making of low complexity. Counseling and/or coordination of care with
CPT 99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of moderate complexity.
CPT 99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. C
CPT 99211	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these
CPT 99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making.
CPT 99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components:

	An expanded problem focused history; An expanded problem focused examination; Medical decision making of low
CPT 99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity.
CPT 99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling
CPT 99601	Home infusion/specialty drug administration, per visit (up to 2 hours);
DENTAL D0140	limited oral evaluation - problem focused
DENTAL D0220	intraoral - periapical first film
DENTAL D0230	intraoral - periapical each additional film
DENTAL D0330	panoramic film
DENTAL D7210	surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated
DENTAL D7220	removal of impacted tooth - soft tissue
DENTAL D7230	removal of impacted tooth - partially bony
DENTAL D7240	removal of impacted tooth - completely bony
DENTAL D7241	removal of impacted tooth - completely bony, with unusual surgical complications
DENTAL D7250	surgical removal of residual tooth roots (cutting procedure)
DENTAL D7310	alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant

DENTAL D9223	General Anesthesia – delivery in 15 minute increments
HCPCS C1300	HYPERBARIC OXYGEN UNDER PRESSURE, FULL BODY CHAMBER, PER 30 MINUTE INTERVAL
HCPCS C8908	MAGNETIC RESONANCE IMAGING WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, BREAST; BILATERAL
HCPCS E0470	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITHOUT BACKUP RATE FEATURE, USED WITH NONINVASIVE INTERFACE, E.G., NASAL OR FACIAL MASK (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE A
HCPCS E0471	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITH BACK-UP RATE FEATURE, USED WITH NONINVASIVE INTERFACE, E.G., NASAL OR FACIAL MASK (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIR
HCPCS E0472	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITH BACKUP RATE FEATURE, USED WITH INVASIVE INTERFACE, E.G., TRACHEOSTOMY TUBE (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRE
HCPCS E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE
HCPCS G0156	SERVICES OF HOME HEALTH AIDE IN HOME HEALTH SETTING, EACH 15 MINUTES
HCPCS G0237	THERAPEUTIC PROCEDURES TO INCREASE STRENGTH OR ENDURANCE OF RESPIRATORY MUSCLES, FACE TO FACE, ONE ON ONE, EACH 15 MINUTES (INCLUDES MONITORING)
HCPCS G0238	THERAPEUTIC PROCEDURES TO IMPROVE RESPIRATORY FUNCTION, OTHER THAN DESCRIBED BY G0237, ONE ON ONE, FACE TO FACE, PER 15 MINUTES (INCLUDES MONITORING)
HCPCS G0239	THERAPEUTIC PROCEDURES TO IMPROVE RESPIRATORY FUNCTION OR INCREASE STRENGTH OR ENDURANCE OF RESPIRATORY MUSCLES, TWO OR MORE INDIVIDUALS (INCLUDES MONITORING)

HCPCS J3301	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG
HCPCS K0010	STANDARD - WEIGHT FRAME MOTORIZED/POWER WHEELCHAIR
HCPCS K0011	STANDARD - WEIGHT FRAME MOTORIZED/POWER WHEELCHAIR WITH PROGRAMMABLE CONTROL PARAMETERS FOR SPEED ADJUSTMENT, TREMOR DAMPENING, ACCELERATION CONTROL AND BRAKING
HCPCS K0012	LIGHTWEIGHT PORTABLE MOTORIZED/POWER WHEELCHAIR
HCPCS K0014	OTHER MOTORIZED/POWER WHEELCHAIR BASE
HCPCS K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
HCPCS K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
HCPCS K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
HCPCS K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
HCPCS K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
HCPCS K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
HCPCS K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
HCPCS K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS

HCPCS K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
HCPCS K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
HCPCS K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
HCPCS K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
HCPCS K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE
HCPCS K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE
HCPCS K0835	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
HCPCS K0836	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
HCPCS K0837	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
HCPCS K0838	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
HCPCS K0839	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SINGLE POWER OPTION SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
HCPCS K0840	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE

HCPCS K0841	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
HCPCS K0842	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
HCPCS K0843	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
HCPCS K0848	POWER WHEELCHAIR, GROUP 3 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
HCPCS K0849	POWER WHEELCHAIR, GROUP 3 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
HCPCS K0850	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
HCPCS K0851	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
HCPCS K0852	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
HCPCS K0853	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
HCPCS K0854	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE
HCPCS K0855	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE
HCPCS K0856	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS

HCPCS K0857	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
HCPCS K0858	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT 301 TO 450 POUNDS
HCPCS K0859	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
HCPCS K0860	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
HCPCS K0861	POWER WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
HCPCS K0862	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
HCPCS K0863	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
HCPCS K0864	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE
HCPCS S9123	NURSING CARE, IN THE HOME; BY REGISTERED NURSE, PER HOUR (USE FOR GENERAL NURSING CARE ONLY, NOT TO BE USED WHEN CPT CODES 99500-99602 CAN BE USED)
HCPCS S9124	NURSING CARE, IN THE HOME; BY LICENSED PRACTICAL NURSE, PER HOUR
HCPCS S9128	SPEECH THERAPY, IN THE HOME, PER DIEM
HCPCS S9129	OCCUPATIONAL THERAPY, IN THE HOME, PER DIEM

HCPCS S9131

PHYSICAL THERAPY; IN THE HOME, PER DIEM

Orthotics

L0000-L4999

Prosthetics

L5000-L9900