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#### **Additional Medicaid Information**

Salt Lake City Area: (801) 538-6155

Utah, Idaho, Wyoming, Colorado, New  
Mexico, Arizona, Nevada: 1-800-662-9651

Other States: (801) 538-6155

#### **Request a Medicaid Publication**

Send a Publication Request form:

**By Fax:** (801) 536-0476

**By Mail:** Division of Medicaid and Health Financing  
PO Box 143106, Salt Lake City, UT 84114

## **15-01 New Electronic Funds Transfer (EFT) Enrollment via Web**

Utah Medicaid is now offering a new Electronic Funds Transfer (EFT) web enrollment as an alternative to the submission of the current paper forms. This may be used for new EFT enrollments, as well as changes to existing EFT enrollments. The new EFT enrollment forms meet the requirements set forth by CAQH CORE 380 EFT Data Rule.

The EFT enrollment forms, along with the instruction and guidance for completion of the web entry forms, are located on the Utah Medicaid website at <https://eftprov.health.utah.gov/EftProvider>.

Please contact Provider Enrollment at (801) 538-6155, or toll free 1-800-662-9651, menu option 3, and then option 4, with any questions regarding the new web entry forms.

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## **15-02 New Electronic Remittance Advice (ERA) Enrollment via Web**

A new Electronic Remittance Advice (ERA) web enrollment form is now available for new ERA enrollment, or to change current ERA enrollment. The new ERA enrollment form meets the requirements set forth by CAQH CORE 382 ERA Data Rule.

The ERA enrollment form, along with the instruction and guidance for completion of the web entry form, are located online at <https://mmcslive.health.utah.gov/hcferoll2/>. EDI companion guides are located at <http://health.utah.gov/hipaa/guides.htm>.

Please contact the EDI Department at (801) 538-6155, or toll free 1-800-662-9651, menu option 3, and then option 5, with any questions regarding the new ERA web entry form.

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## **15-03 1915(C) HCBS Waiver Renewals**

The following Home and Community-Based Services waiver programs have a current expiration date of June 30, 2015:

Aging Waiver  
Community Supports Waiver  
New Choices Waiver

Unless otherwise noted, all changes take effect on January 1, 2015

In order to renew the waivers, the State must submit the applications to CMS by March 31, 2015. Draft copies of the applications have been posted on the State's website at <http://health.utah.gov/ltc>. Public comments will be accepted through February 28, 2015. Comments may be made online or through one of the below methods:

Mail: Utah Department of Health  
Division of Medicaid and Health Financing  
Bureau of Authorization and Community-Based Services  
PO Box 143112  
Salt Lake City, Utah 84114-3112

Fax: (801) 536-0153

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## **15-04 HCBS Provider Manuals Updated**

The following Home and Community-Based Waiver Services provider manuals have been updated:

Acquired Brain Injury Waiver  
Aging Waiver  
Community Supports Waiver  
Medicaid Autism Waiver  
New Choices Waiver  
Physical Disabilities Waiver  
Technology Dependent Waiver

The updates include clarification on expectations for service utilization over the service plan period, data security expectations for providers, and adjustments to the disenrollment process.

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## **15-05 New HCPCS Modifiers to Define Subsets of Modifier 59**

The Centers for Medicare and Medicaid Services (CMS) is establishing four new HCPCS modifiers to define subsets of the 59 modifier, Distinct Procedural Service. These modifiers are:

**XE Separate encounter:** A service that is distinct because it occurred during a separate encounter  
**XP Separate practitioner:** A service that is distinct because it was performed by a different practitioner  
**XS Separate structure:** A service that is distinct because it was performed on a separate organ/structure  
**XU Unusual non-overlapping service:** The use of a service that is distinct because it does not overlap usual components of the main service

These modifiers are collectively referred to as -X {EPSU} modifiers. Modifier 59 should not be used when a more descriptive modifier is available. The -X {EPSU} modifiers are more descriptive versions of the 59 modifier, so it would be incorrect to include both modifiers on the same line.

The -X {EPSU} modifiers require manual review and modifier 59 continues to require manual review. To review the complete CMS transmittal, Specific Modifiers for Distinct Procedural Services, go to: <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R1422OTN.pdf>.

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## **15-06 Telemedicine**

Effective January 1, 2015, Medicaid providers may be reimbursed for physician and nurse practitioner services delivered via telemedicine to Medicaid members. Note the following policy:

Telemedicine is two-way, real-time interactive communication between the patient and the provider at the distant site. This electronic communication means the use of interactive telecommunications equipment that includes, at a minimum, audio and video equipment\*.

Telemedicine encounters must comply with HIPAA privacy and security measures to ensure that all patient communications and records, including recordings of telemedicine encounters, are secure and remain confidential. The provider is responsible for determining if the encounter is HIPAA compliant. Security measures for transmission may include password protection, encryption, and other reliable authentication techniques.

Compliance with the Utah Health Information Network (UHIN) Standards for Telehealth must be maintained. These standards provide a uniform standard of billing for claims and encounters delivered via telehealth.

Distant site is the site at which the provider delivering the service is located at the time the service is provided via a telecommunications system.

Originating site is the location of the Medicaid patient at the time the service being furnished via a telecommunications system occurs.

Providers must use the GT modifier to indicate that telemedicine was used as the delivery mechanism.

The GQ modifier is used for transmission of data. This is not a covered service.

No additional reimbursement will be given to the provider at the originating site for the use of telemedicine.

Providers participating in telemedicine must comply with Utah Medicaid provider requirements as specified in the Utah Medicaid Provider Manual, Section I: General Information, Provider Enrollment and Compliance.

The Utah Medicaid Provider Manuals, Section I: General Information, Physician Services, Home Health Agencies, and Licensed Nurse Practitioner, will be updated to reflect this change effective January 1, 2015. The following updates will be made:

Unless otherwise noted, all changes take effect on January 1, 2015

- This telemedicine policy will be added to Section I: General Information, Covered Services.
- A reference to this telemedicine policy in the Section I: General Information Manual will be added to the Home Health Agencies Manual.
- The Special Health Care Needs Children in Rural Areas policy will be removed from the Physician Services Manual. A reference to this telemedicine policy in the Section I: General Information Manual will be added.
- The Licensed Nurse Practitioner Manual will be updated to reference this telemedicine policy in the Section I: General Information Manual.

To review these changes, refer to the applicable provider manual at the Utah Medicaid website at: <https://medicaid.utah.gov>.

\*Centers for Medicare and Medicaid Services, "Telemedicine": <http://www.medicare.gov/medicaid-chip-program-information/by-topics/delivery-systems/telemedicine.html>.

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## **15-07 Clarification of October MIB Article 14-135 and Home Health Agencies Manual Update**

The January 1, 2015, Home Health Agencies Provider Manual has been updated to reflect the following change:

Home health agencies (HHA) may adjust or combine private duty nursing (PDN) hours within a 7-day period based on the needs of the family. Combining PDN hours should not be a common practice, and it is not permissible to combine PDN hours because the agency could not staff a shift. If PDN hours are combined, and this results in requiring additional PDN services, another prior authorization (PA) must be submitted requesting approval to exceed the previously approved units or hours.

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## **15-08 Diagnoses Lists Updated**

Effective January 1, 2015, the following diagnoses lists have been updated:

- Utah Medicaid Table of Authorized Emergency Inpatient Diagnoses
- Utah Medicaid Table of Authorized Emergency Diagnoses

These lists are available on the Utah Medicaid website at <https://medicaid.utah.gov/utah-medicaid-official-publications?p=Medicaid%20Provider%20Manuals/Hospital/Attachments/>.

Unless otherwise noted, all changes take effect on January 1, 2015

- Primary Care Network (PCN) Authorized Diagnoses for Emergency Department Reimbursement

This list is available on the Utah Medicaid website at <https://medicaid.utah.gov/utah-medicaid-official-publications?p=Medicaid%20Provider%20Manuals/Primary%20Care%20Network%20%28PCN%29/Attachments>.

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## **15-09 CMS Codes for Medical Supplies**

The following new HCPCS codes have been opened:

### Effective October 1, 2014

K0901 Knee orthosis (KO), single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated, off-the-shelf. Code requires a prior authorization.

K0902 Knee orthosis (KO), double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated, off-the-shelf. Code requires a prior authorization.

### Effective October 7, 2014

E0472 Respiratory assist device...with backup rate feature with invasive interface. Prior authorization removed for rental.

### Effective November 3, 2014

E2619 Replacement cover for wheelchair seat/back cushion. Prior authorization removed from code.

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## **15-10 Medical Supplies Provider Manual Updates**

The following changes have been made to the Medical Supplies Manual, as well as wording to facilitate understanding of policies.

### **Prosthetic Device Codes for Lower and Upper Extremities**

Prior authorization (PA) is no longer required for specific, fixed-price prosthetic codes. Utilization is now controlled by quantity limits as posted on the Coverage and Reimbursement Code Lookup Tool. If a replacement prosthetic with the same or different code is provided, that would exceed the quantity limits for the current prosthetic and a PA must be obtained.

Miscellaneous codes and manually-priced codes will continue to require the PA unit to determine reimbursement rate. Documentation must be retained by the provider to support and justify the level of prosthetic provided.



Unless otherwise noted, all changes take effect on January 1, 2015

### **Donor Human Milk**

Code T2101; Human breast milk processing, storage and distribution only. Utah Medicaid will allow reimbursement for donor milk from a donated human milk bank enrolled as a Utah Medicaid provider, and is certified by the Human Milk Bank Association of North America, or meets such other standards as may be adopted by the Utah Medicaid program. Prior authorization (PA) is required. Refer to the Medical Supplies provider manual for specific PA criteria requirements.

As part of the PA, a “Donor Human Milk Request Form” is required. After January 1, 2015, the form will be available in the *Forms* section of the Utah Medicaid website at <https://medicaid.utah.gov>.

### **Disposable Incontinence Product Clarification**

The unit limit for disabled members on Traditional Medicaid is 156 per month. The unit limit for members on a Home and Community-Based Services Waiver is 312 per month, and must have the appropriate waiver “U modifier” included with the appropriate HCPCS code. In both cases, the limit applies to any combination of the open incontinent codes for a one-month supply. If need exceeds these limits, a PA must be obtained.

### **Quantity Limits and Special Instructions**

Refer to the Coverage and Reimbursement Code Lookup Tool for quantity limits and special instructions that may apply to a code. Medicaid continues to update and place important information on the Lookup Tool.

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## **15-11 Podiatry Provider Manual Revised**

The Utah Medicaid Podiatry Provider Manual has been revised and reformatted. To review the complete manual, refer to the Utah Medicaid website at <https://medicaid.utah.gov>. Previous versions have been archived.

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## **15-12 Correction to July MIB Article 14-95, Physical Therapy and Occupational Therapy Evaluation and Re-evaluation Codes**

The CPT codes for PT re-evaluation and OT evaluation were transposed. The correct codes are:

- 97002 Physical therapy re-evaluation
- 97003 Occupational therapy evaluation

Unless otherwise noted, all changes take effect on January 1, 2015

## 15-13 Laboratory Provider Manual Revised

The Utah Medicaid Laboratory Services Provider Manual and associated attachments, Manual Detection of Microorganisms Using Nucleic Acid Probes Guidelines and CLIA Certification for Laboratory Services, have been revised and reformatted. To review the complete revisions, refer to the Utah Medicaid website at <https://medicaid.utah.gov>. Previous versions have been archived.

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## 15-14 Laboratory Service Covered

Code G0434 is open to report drug class testing. Code G0434 includes qualitative drug screen tests waived under CLIA as well as dipsticks, cups, cards, cassettes, etc. that are not CLIA waived. Only one unit of service may be billed per patient encounter, regardless of the number of drug classes tested and irrespective of the use or presence of the QW modifier on the claim line.

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## 15-15 CPT Code Updates

### Code Requires Prior Authorization

43775 Laparoscopic longitudinal gastrectomy (e.g. sleeve gastrectomy) covered with prior authorization (PA). The bariatric surgery InterQual criteria include a requirement for a psychiatric evaluation by a clinical psychologist or psychiatrist. The physician manual includes recommendations for a psychiatric/psychological evaluation.

### Codes No Longer Requiring Prior Authorization (but PET/CT are subject to utilization review)

- 78811 PET limited area
- 78812 PET skull base to mid thigh
- 78813 PET whole body
- 78814 PET/CT limited area
- 78815 PET/CT skull base to mid thigh
- 78816 PET/CT whole body

### Codes Open to Ambulatory Surgical Centers

- 29904 Arthroscopy, subtalar joint, surgical; with removal of loose body or foreign body
- 29905 ...with synovectomy
- 29906 ...with debridement
- 29907 ...with subtalar arthrodesis

### Genetic Testing Codes Open with Prior Authorization by Physician Review

- 81228 Cytogenomic constitutional microarray analysis; interrogation of genomic regions for copy number variants or oligo-based comparative genomic hybridization



Unless otherwise noted, all changes take effect on January 1, 2015

81229 Cytogenomic constitutional microarray analysis; interrogation of genomic regions for copy number and single nucleotide polymorphism variants for chromosomal abnormalities

### **Mandatory Secondary Review Required by a Physician**

To help determine medical necessity, the documentation listed below should be submitted with all requests for array-based cytogenetic testing for detection of chromosomal abnormalities, in addition to any other supporting documentation:

- Any previous biochemical and metabolic disease testing
- Diagnosis of non-syndromic Development Delay/Intellectual Disability or Autism Spectrum Disorder
- Malformations
- Demonstrates how CMA testing will impact clinical management of the patient
- Attendance of genetic counseling by the patient's parent(s) or legal guardian(s) with a Utah Licensed Genetic Counselor

### **Code 94640 Requires 25 Modifier**

When the service is more than just providing inhalation therapy (code 94640), the provider shall add the 25 modifier to the evaluation and management (E&M) service. With the 25 modifier, the system will pay for the additional treatment. This is in response to recent CCI edits that denied the E&M with inhalation therapy. In many cases, the patient has asthma or a condition that requires more than just the inhalation therapy treatment.

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## **15-16 CHEC Services Provider Manual Updates**

Effective January 1, 2015, the Medicaid provider manual, CHEC Services, has been updated as follows:

- Chapter 1-4, Referrals, has been updated to remove the instruction to indicate verbally or by paper that it is a CHEC referral.
- Chapter 2-3 (3) has been updated to remove duplicate text.
- Chapter 2-5 (1) has been updated to correct the reference to the Utah Administrative Code.
- Chapter 3-3 has been updated to correct the reference to the Speech-Language Pathology and Audiology Services Provider Manual.
- Chapter 3-4 has been updated to correct the reference to the Utah Medicaid Provider Manual for Rehabilitative Mental Health and Substance Use Disorder and Utah Medicaid Provider Manual for Psychology Services.
- Chapter 3-5 has been updated to include the correct form to request prior authorization and the number to use when faxing the form for consideration.
- Chapters 2-3 and 3-4 have been updated to remove web links that no longer work.
- Chapter 5, Appendices, has been updated to remove the reference to the Scope of Services for Occupational Therapy which has been discontinued.

Unless otherwise noted, all changes take effect on January 1, 2015

Providers may access the current and revised provider manual at <https://medicaid.utah.gov>. If you do not have Internet access, or have questions about this article, contact Julie Olson at (801) 538-6764, or e-mail at [julieolson@utah.gov](mailto:julieolson@utah.gov).

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### **15-17      Rehabilitative Mental Health and Substance Use Disorder Services Provider Manual Updates**

- In Chapters 1-5, 2-4, and 2-5, Utah Code references have been clarified.
- In Chapter 2-5, qualifications of psychology students have been clarified.

Providers can access the revised provider manual at <https://medicaid.utah.gov>.

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### **15-18      Psychology Services Provider Manual Update**

- In Chapter 1-4, qualifications of psychology students have been clarified.

Providers can access the revised provider manual at <https://medicaid.utah.gov>.

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### **15-19      Targeted Case Management for Individuals with Serious Mental Illness Provider Manual Update**

- In Chapter 1-5, Utah Code references have been clarified.

Providers can access the revised provider manual at <https://medicaid.utah.gov>.

**15-20 Code Ranking for CPT/HCPCS Codes**

Surgical code ranking was reviewed and changed in the reference file for the following CPT/HCPCS codes:

**Codes Added to Ranking**

- 11056 PARING/CUTTING BENIGN LESIONS (CORN OR CALLUS);2-4
- 11057 PARING/CUTTING BENIGN LESIONS (CORN OR CALLUS);>4
- 11755 BIOPSY OF NAIL UNIT, ANY METHOD (SEPARATE PROCEDURE)
- 11981 INSERTION, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT
- 11982 REMOVAL, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT
- 11983 REMOVL W/REINSERT, NON-BIODEGRADABL DRUG DELV IMPLT
- 15788 CHEMICAL PEEL, FACIAL; EPIDERMAL
- 15789 CHEMICAL PEEL, FACIAL; DERMAL
- 15792 CHEMICAL PEEL, NONFACIAL; EPIDERMAL
- 15793 CHEMICAL PEEL, NONFACIAL; DERMAL
- 15829 RHYTIDECTOMY; SUPERFICIAL MUSCULOAPONEUR SYS FLAP
- 15944 EXC ISCHIAL PRESSURE ULCER, W/ SKIN FLAP CLOSURE
- 17111 DESTRUCTN ANY METHOD FLAT WARTS; 15 OR MORE LESIONS
- 19000 PUNTURE ASPIRATION OF CYST, BREAST
- 19296 PLACEMNT PO BREAST CATH FOR RAD FOLLOW PARTIAL MAS
- 19298 PLACEMENT OF BREAST RADIOTHERAPY TUBE/CATHETERS
- 20100 EXPLORATION OF PENETRATING WOUND (SEP PROC); NECK
- 20101 EXPLORATION OF PENETRATING WOUND (SEP PROC); CHEST
- 20102 EXPLORATN WOUND(SEPARATE PROC); ABDOMEN/FLANK/BACK
- 20103 EXPLORATION OF PENETRATING WOUND; EXTREMITY
- 20526 INJECTION, THERAPUTIC, CARPAL TUNNEL
- 20527 INJ DUPUYTREN CORD W/ENZYME
- 20551 INJECTION(S); SINGLE TENDON ORIGIN/INSERTION
- 20552 INJ(S); SNGL/MULTIPL TRIGGER POINT(S), 1 OR 2 MUSCLE
- 20553 INJ; SINGLE OR MULTIPL TRIGGER POINT(S), >=3 MUSCLE
- 20555 PLCMNT OF NDL/CATHS INTO MUSCLE/TISSUE FOR RT
- 20900 OBTAIN BONE 4 GRAFT, SMLL, ANY DONR AREA
- 20902 OBTAIN BONE FOR GRAFT, MAJOR OR LARGE
- 20910 OBTAIN CARTILAGE FOR GRAFT
- 20912 CARTILAGE GRAFT, NASAL SEPTUM
- 20920 OBTAIN FASCIA LATA FOR GRAFT, BY STRIPPE
- 20922 OBTAIN FASCIA LATA BY INCIS, EXPOSR-SHEE
- 20924 OBTAIN TENDON FOR GRAFT, FR DISTNT PART
- 20926 OBTAIN OTHER TISSUES FOR GRAFT
- 20975 ELECT.STIMULATION-AID BONE HEAL:INVASIV
- 21120 GENIOPLASTY; AUGMENTATION
- 21121 SLIDING OSTEOTOMY, SINGLE PIECE
- 21123 SLIDING AUGMENTATION & INTERPOSITIONAL BONE GRAFTS
- 21125 AUGMENTATION, MANDIBULAR BODY/ANGLE; PROSTHETIC MAT
- 21127 AUGMENTATION, MANDIBULAR BODY/ANGLE; W BONE GRAFT
- 21137 REDUCTION FOREHEAD; CONTOURING ONLY
- 21138 REDUCTION FOREHEAD; CONTOUR, APPLICATION PROSTH MAT
- 21139 REDUCTION FOREHEAD; CONTOUR, SETBACK-ANTER FRNTL SIN
- 21146 RECONSTRUCT MIDFACE, LEFORT I; 2 PC, ANY DIR, BONE GRF
- 21150 RECONSTRUCT MIDFACE, LEFORT II; ANTERIOR INTRUSION
- 21151 RECONSTRUCT MIDFACE, LEFORT II; ANY DIR, REQ BONE GRF
- 21154 RECONSTRUCT MIDFACE, LEFORT III, GRFTS, W/O LEFORT II
- 21155 RECONSTRUCT MIDFACE; LEFORT III, GRFTS, W/LEFORT I
- 21159 RECONSTRUCT MIDFACE, LEFORT III, GRFTS, W/O LEFORT I
- 21160 RECONSTR MIDFACE; LEFORT III, FRHD ADVNC, W/ LEFORT I
- 21172 RECONSTRUCT SUPERIOR-LATERAL ORBITAL RIM/LOW FRHD
- 21175 RECONSTRUCT, BIFRONTL, SUPER-LAT ORBITL RIMS/LOW FHD
- 21179 RECONSTRUCT, ALL MAJ FOREHEAD/SUPRAORB RIMS; W/GRFTS
- 21180 RECONSTRUCT, ALL MAJ FOREHEAD/SUPRAORB RIMS; AUTOGRF

Unless otherwise noted, all changes take effect on January 1, 2015

- 21181 REMOVAL BY CONTOUR, BENIGN TUMOR CRAN BONES; EXTRACR
- 21182 RECONSTRUCT FOL EXC BENIGN TUMOR CRAN BONE, -40 CM
- 21184 RECONSTRUCT FOL EXC BENIGN TUMOR CRAN BONE, 80+ CM
- 21193 RECONSTRUCT MANDIBULAR RAMUS, HORIZ/VERT/C/L, W/O GRF
- 21194 RECONSTRUCT MANDIBULAR RAMUS, HORIZ/VERT/C/L, W/GRFT
- 21195 RECONSTRUCT MANDIB RAMUS, SAGITTAL SPLIT, W/O INT FX
- 21196 RECONSTRUCT MANDIB RAMUS, SAGITTAL SPLIT; W/INT FIX
- 21198 OSTEOTOMY, MANDIBLE, SEGMENTAL
- 21199 OSTEOTOMY, MANDIBLE, SEGMENTAL; W GENIOGLOSSUS ADVAN
- 21247 RECONSTRUCT MANDIB CONDYLE W/BONE-CART AUTOGRAFTS
- 21255 RECONSTRUCT ZYGOMATIC ARCH-GLENOID FOSSA, W/BN-CART
- 21256 RECONSTRUCT ORBIT WITH OSTEOTOMIES & BONE GRAFTS
- 21299 UNLISTED CRANIOFACIAL AND MAXILLOFACIAL PROCEDURE
- 22101 PT RESECT VERT COMP THORACIC SPIN PROCES
- 22102 PT RESECT VERT COMP LUMBAR, SPINOUS PCESS
- 22520 PERCUT VERTEROPLASTY, 1 VERTEBRAL BODY, UNIL/BILAT
- 22521 PERCUT VERTEBROPLASTY, 1 VERTEBRAL BODY; LUMBAR
- 22526 PERCUTANEOUS ELECTROTHER, UNILAT/BILAT; SINGL LEVEL
- 25263 REPAIR TENDON SEC, SING, EACH TENDON
- 25265 REPAIR TENDON SEC, W FREE GRAFT EA TEND
- 25272 REPAIR TENDON SEC, SING, EACH TENDON
- 26341 MANIPULAT PALM CORD POST INJ
- 28112 OSTECTOMY, COMPLETE EXC; OTHER METATARSAL (2, 3, 4)
- 28113 OSTECTOMY, COMPLETE EXCISION; FIFTH METATARSAL HEAD
- 29819 ARTHROSCOPY, SHOULDER, SURG; W REMOVAL FOREIGN BODY
- 29820 ARTHROSCOPY, SHLDR, SURG; PART SYNOVECTOMY
- 29821 ARTHROSCOPY, SHLDR, SURG; COMP SYNOVECTOMY
- 29822 ARTHROSCOPY, SHLDR, SURG; LTD DEBRIDEMENT
- 29823 ARTHROSCOPY, SHLDR, SURG; EXT DEBRIDEMENT
- 29825 ARTHROSCOPY, SHLDR, SURG; W LYSIS&RESECTION
- 29830 ARTHROSCOPY, ELBOW, DIAGNOSTIC, W/WO BIOPS
- 29834 ARTHROSCOPY, ELBOW, SURG; W REM FOR BODY
- 29835 ARTHROSCOPY, ELBOW, SURG; PART SYNOVECTOMY
- 29836 ARTHROSCOPY, ELBOW, SURG; COMP SYNOVECTOMY
- 29837 ARTHROSCOPY, ELBOW, SURG; LTD DEBRIDEMENT
- 29838 ARTHROSCOPY, ELBOW, SURG; EXT DEBRIDEMENT
- 29840 ARTHROSCOPY, WRIST, DIAGNOSTIC, W W/O SYNOVIAL BIOPSY
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- 29845 ARTHROSCOPY, WRIST, SURGICAL; SYNOVECTOMY, COMPLETE
- 29846 ARTHROSCOPY, WRIST, SURG; EXC/REPAIR TRIANGUL FIBROC
- 29847 ARTHROSCOPY, WRIST, SURG; INTERNAL FIX FX/INSTABILITY
- 29850 ARTHROSCOP TRMNT SPINE/FX KNEE; W/O IN/EXTERNAL FIX
- 29851 ARTHROSCOP TRMNT SPINE/FX KNEE; W IN/EXTERNAL FIXAT
- 29855 ARTHROSCOP TREAT TIBIAL FX, PROXIM; UNICONDYL, FIXAT
- 29856 ARTHROSCOP TREAT TIBIAL FX PROXIM; BIOCONDYL, FIXAT
- 29860 ARTHROSCOPY, HIP, DIAGNOSTC W OR W/O SYNOVIAL BIOPSY
- 29868 ARTHROSCOPY, KNEE, SURG, MENISCAL TRNSPL W/SCOPE
- 29870 ARTHROSCOPY, KNEE, DIAGNOSTIC, W/WO BIOPSY
- 29871 ARTHROSCOPY, KNEE, 4 INFECTION, LAV & DRAIN
- 29874 ARTHROSCOPY, KNEE, SURG; 4 REM FOREIGN BD
- 29875 ARTHROSCOPY, KNEE, SURG; LTD SYNOVECTOMY
- 29876 ARTHROSCOPY, KNEE, SURG; MAJOR SYNOVECTOMY
- 29877 ARTHROSCOPY, KNEE, SURG; DEBRIDEMNT/CHONDR
- 29879 ARTHROSCOPY, KNEE, SURG; ABRASN ARTHROPLAS MULT DRILL
- 29883 ARTHROSCOPY, KNEE, SURG; W MENISUS REPAIR(MED & LAT)
- 29884 ARTHROSCOPY, KNEE, SURG; W LYSIS OF ADHESN
- 29885 ARTHROSCOPY, KNEE, SURG; DRILLING W BONE GRAFTING
- 29886 ARTHROSCOPY, KNEE, SURG; DRILLING 4 LESION
- 29887 ARTHROSCOPY, KNEE, SURG; W INTERNAL FIXATN
- 29889 ARTHROSCOPICALLY AID POST CRUCIATE LIGAMENT REPAIR
- 29894 ARTHROSCOPY, ANKLE, SURGICAL; W REMOVAL LOOSE BODY/FOREIGN

Unless otherwise noted, all changes take effect on January 1, 2015

- 29895 ARTHROSCOPY, ANKLE, SURGICAL; SYNOVECTOMY, PARTIAL
- 29897 ARTHROSCOPY, ANKLE, SURGICAL; DEBRIDEMENT, LIMITED
- 29898 ARTHROSCOPY, ANKLE, SURGICAL; DEBRIDEMENT, EXTENSIVE
- 30465 REPAIR OF NASAL VESTIBULAR STENOSIS
- 30802 CAUTERIZ, ABLATION, MUCOSA, UNILAT/BILAT; INTRAMURAL
- 31545 REMOVE VOCAL CORD LESION WITH SCOPE
- 31546 REMOVE VOCAL CORD LESION SCOPE/GRAFT
- 31636 BRONCHOSCOPY, RIGID/FLEX W/OR W/O FLUOR W/STENTS
- 31638 BRONCHOSCOPY, W/REVISION OF TRACH OR BRONCH STENT
- 32491 REMOV LUNG; EXCIS-PLICATN, LUNG REDUCTN, STERN SPLIT
- 32552 REMOVAL INDWELLING TUNNELD PLEURAL CATHETR W/CUFF
- 32553 PLCMNT INSTRSTITL DEV RAD THRPY GUIDE, PRQ, INTR, THOR
- 32561 INSTILLATN, VIA CHEST TUBE/CATH, AGNT FIBRIN; INT DAY
- 32562 INSTILLATN, VIA CHEST TUBE/CATH, AGNT FIBRN; SUBQ DAY
- 32850 DONOR PNEUMONECTOMY, PREPARATION, MAINTEN ALLOGRAFT
- 32855 PREP DONOR LUNG PRIOR TO TRANS, INC DISSECT, SINGLE
- 32856 PREP DONOR LUNG PRIOR TO TRANS, INC DISSECT, DOUBLE
- 33284 REMOVAL IMPLANT, PATIENT ACT CARDIAC EVENT RECORD
- 33533 CORONARY ARTERY BYPASS, ARTERIAL GRAFT(S); SINGLE GRAFT
- 33534 CORONARY ARTERY BYPASS, ARTERIAL GRAFT(S); TWO GRAFTS
- 33535 CORONARY ARTERY BYPASS, ARTERIAL GRAFT, THREE GRAFTS
- 33536 CORONARY ARTERY BYPASS, ARTERIAL GRAFT, FOUR OR MORE
- 33572 CORON ENDART, OPEN, ANY METH, CONJUNCT CABG, EA VESSEL
- 33930 DONOR CARDIECTOMY-PNEUMONECTOMY, PREP, MAIN ALLOGRAF
- 33933 PREP DONOR HRT/LUNG PRIOR TO TRANSPLANT, INC DISSEC
- 33944 PREP DONOR HEART ALLOGRFT PRIOR TO TRANS INC DISSE
- 34803 ENDOVASCULAR AAA REPAIR W/3-P PART
- 35472 TRANSLUMINAL ANGIOPLASTY, PERCUTANEOUS; AORTIC
- 35681 BYPASS GRAFT; COMPOSITE, PROSTHETIC AND VEIN
- 35682 BYPASS GRAFT; AUTOGENOUS COMPOSITE, 2 SEGMNTS VEIN
- 35683 BYPASS GRFT; AUTOGENOUS COMPOSIT, 3 OR> SEGMNT VEIN
- 35685 PLACMNT VEIN PARCH AT BYPASS GRAFT, SYNTH CONDUIT
- 35686 CREATE DISTAL AVFISTULA LOWR EXTEMITY BYPASS SURG
- 35879 REVISION, LOW EXT ARTER BYPASS; W VEIN PATCH ANGIOP
- 35881 REVISION, LOW EXT ARTER BYPASS; W SEG VEIN INTERPOS
- 36011 SELECTIVE CATH PLACEMT, VENOUS SYS; 1ST ORDER BRANCH
- 36247 SELECT CATH PLCMT, ARTERIAL, INIT 3RD ORD, LOW EXTREM
- 36478 ENDOVENOUS ABLATION THERAPY LASER 1ST VEIN TREATED
- 36556 INSERT NON-TUNNELED CENTRAL INSERT CV CATH; >5 YRS
- 36660 CATH, UMBIL ART, NEWBORN, FOR DIAGNOSIS OR THERAPY
- 36818 ARTERIOVENOUS ANASTO, OPEN, UPPER ARM, CEPHALIC VEIN
- 37191 INS ENDOVAS VENA CAVA FILTR
- 37192 REDO ENDOVAS VENA CAVA FILTR
- 37193 REM ENDOVAS VENA CAVA FILTER
- 37215 TRANSCATH STENT, CCA W/DISTAL EMBOLIC PROTECTION
- 37216 TRANSCATH STENT, CCA W/O DISTAL EMBOLIC PROTECTION
- 38242 STEM CELL TRANSPLNT; ALLOGENEIC DONOR LYMPH INFUSN
- 41019 PLCMNT NEEDLES, CATH, HEAD/NECK REGION FOR RADIO APP
- 43193 ESOPHAGOSCP RIG TRNSO BIOPSY
- 43194 ESOPHAGOSCP RIG TRNSO REM FB
- 43195 ESOPHAGOSCOPY RIGID BALLOON
- 43196 ESOPHAGOSCP GUIDE WIRE DILAT
- 43197 ESOPHAGOSCOPY FLEX DX BRUSH
- 43198 ESOPHAGOSC FLEX TRNSN BIOPY
- 43205 ESOPHAGOSCOPY, RIGID/FLEX; BAND LIGAT ESOPHAG VARICE
- 43211 ESOPHAGOSCOPY, W/BIOPSY (FIBEROPTICS)
- 43212 ESOPHAGOSCP STENT PLACEMENT
- 43213 ESOPHAGOSCOPY RETRO BALLOON
- 43214 ESOPHAGOSC DILATE BALLOON 30
- 43229 ESOPHAGOSCOPY LESION ABLATE
- 43233 EGD BALLOON DIL ESOPH30 MM/>
- 43253 EGD US TRANSMURAL INJXN/MARK



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- 43254 EGD ENDO MUCOSAL RESECTION
- 43270 EGD LESION ABLATION
- 43274 ERCP DUCT STENT PLACEMENT
- 43275 ERCP REMOVE FORGN BODY DUCT
- 43276 ERCP STENT EXCHANGE W/DILATE
- 43277 ERCP EA DUCT/AMPULLA DILATE
- 43278 ERCP LESION ABLATE W/DILATE
- 43645 LAP GAS RESTR PROC, W/GASTR BYPASS IN SMALL INTEST
- 43845 GASTROPLASTY DUODENAL SWITCH TO LIMIT ABSORBTION
- 43847 GASTRIC RESTRICTIVE PROCEDURE, W GASTRC BYPASS
- 43848 REVIS GASTRIC RESTRICT PROCED FOR MORBID OBESITY
- 44137 REMOVAL OF TRANSPLNT INTESTINAL ALLOGRAFT, COMPLETE
- 44715 PREP DONOR INTEST GRFT PRIOR TO TRANS, ARTERY & VEIN
- 44720 PREP DONOR INTEST ALLOGRAFT PRIOR TO TRANS, VENOUS
- 44721 PREP DONOR INTEST ALLOGRAFT PRIOR TO TRANS, ARTERY
- 45341 SIGMOIDOSCOPY, FLEXIBLE; W ENDOSCOPIC US EXAMINATION
- 45342 SIGMOIDOSCOPY, FLEX; W TRANSENDOSCOP US ASPIR/BIOPSY
- 45391 COLONOSCOPY W/ENDOSCOPE ULTRASOUND EXAMINATION
- 45392 COLONOSCOPY, W/ENDOSCOPIC U/S INTRA OR TRANS FNB
- 45402 LAPAROSCOPY, SURGICAL; PROCTOPEXY W/SIGMOID RESECT
- 46706 REPAIR OF ANAL FISTULA WITH FIBRIN GLUE
- 47379 UNLISTED LAPAROSCOPIC PROCEDURE, LIVER
- 47900 SUTURE EXTRAHEPATIC BILIARY DUCT, PRE-EXIST INJURY
- 49405 IMAGE CATH FLUID COLXN VISC
- 49406 IMAGE CATH FLUID PERI/RETRO
- 49407 IMAGE CATH FLUID TRNS/VGNL
- 49411 PLCMNT INS DEV RAD THRPY, PERQ, ABD/ PELVIC, SING/MULT
- 49419 INSERT INTRAPERITONEAL CANNULA/ CATHETER, PERMANENT
- 49423 EXCHANGE DRAINAGE CATHETER (SEPARATE PROCEDURE)
- 49424 CNTRST INJ.FOR ASSMT/ABCSS, CYST VIA PREV PLCD CATH
- 50250 ABLATION, OPEN, 1+ RENAL MASS LEGIONS, CYROSURGICAL
- 51727 WITH LIQUID
- 51728 WITH SIMUL. INTRA-ABDOM. PRESSURE
- 51729 WITH VOIDING PRESSURE
- 51784 EMG STUDY, ANAL/URETH SPHIN, OTH THAN NEED, ANY TECH
- 52341 CYSTOURETHROSCOPY; W TREATMENT URETERAL STRICTURE
- 52342 CYSTOURETHROSCOPY; W TREAT URETEROPELVIC JUNCTION
- 52343 CYSTOURETHROSCOPY; W TREAT INTRA-RENAL STRICTURE
- 52344 CYSTOURETHROSCOPY W URETEROSCOPY; W TREAT URETERAL
- 52345 CYSTOURETHROSCOPY; W TREAT URETEROPELVIC JUNCTION
- 52346 CYSTOURETHROSCOPY W URETEROSCOPY; W INTRA-RENAL
- 52353 CYSTOURETHROSCOPY, W URETEROSCOPY; WITH LITHOTRIPSY
- 52356 CYSTO/URETERO W/LITHOTRIPSY
- 52402 CYSTORUETHRO W/TRANS RESECTION OR INC EJACUL DUCTS
- 54406 REMOVE MULTI-COMPONENT PENILE PROS W/O REPLC PROS
- 54408 REPAIR MULTI-COMPONENT INFLATABLE, PENILE PROSTHSIS
- 54410 REMOVE/REPLACE ALL COMPONENTS PENILE PROS SAME OP
- 54411 REMOVE/REPLACE ALL COMPONENTS PENILE PROSTH, COMPLT
- 54415 REMOVE SELF-CONTAIN PENILE PROSTH W/O REPLCMNT PRO
- 54416 REMOVE/REPLACE SEMI-RIGID SELF-CONTAIN PENILE PROS
- 54417 REMOVE/REPLACE PENILE PROSTHESIS, IRRIG & DEBRIDEMT
- 55706 BIOP, PROSTATE, SATURATN SAMPLNG, INCL IMAGNG GUIDNCE
- 55873 CRYOSURGICAL ABLATION OF THE PROSTATE
- 55875 TRANSPERINEAL NEEDLE PLACE/CATH INTO PROSTATE
- 55876 PLACE OF INTERSTITIAL DEVICE FOR RT PROSTATE SNGL
- 55920 PLACE NDLES/CATH INTO PELVIC /GENITALIA, RADIO APP
- 57156 INSRTN VAGINAL RAD AFTRLOADNG APPARTUS CLIN BRACHY
- 57283 COLPOPEXY, VAGINAL; INTRA-PERITONEAL APPROACH
- 57558 DILATION AND CURETTAGE OF CERVICAL STUMP
- 58600 LIGATION OR TRANSECTION OF FALLOPIAN TUBE(S)
- 58605 LIGATION, TRANSECTION FALLOPIAN TUBE(S), POSTPARTUM
- 58615 OCCLUSION OF FALLOPIAN TUBE(S) DEVICE, VAG/SUPRAPUB



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- 59001 AMNIOCENTESIS; THERAPUTIC AMNIOTIC FLUID REDUCTION
- 59074 FETAL FLUID DRAINAGE, INCLUDE ULTRASOUND GUIDANCE
- 59076 FETAL SHUNT PLACEMENT, INCLUDING ULTRASOUND GUIDANC
- 59410 VAGINAL DELIVERY ONLY; INCLUDING POSTPARTUM CARE
- 59414 DELIVERY OF PLACENTA (SEPARATE PROCEDURE)
- 59515 CESAREAN DELIVERY ONLY; INCLUDING POSTPARTUM CARE
- 59610 ROUTINE OB CARE, ANTEPARTUM, VAG DELIVER, POSTPARTUM
- 59614 VAG DELIV ONLY, PREV CESAREAN DELIV; INC POSTPARTUM
- 59618 ROUTINE OB CARE, ANTERPARTUM, CESAREAN, POSTPARTUM
- 59620 CESAREAN DELIV ONLY, FOLLOWING ATTEMPTED VAG DELIV;
- 59622 CESAREAN DELIV ONLY, ATTEMPT VAG DEL; POSTPART CARE
- 59856 INDUCED ABORTION, 1+ VAG SUPPOS; W D&C/EVACUATION
- 59857 INDUCED ABORTION, 1+ VAGINAL SUPPOS; W HYSTEROTOMY
- 59866 MULTIFETAL PREGNANCY REDUCTION(S) (MPR)
- 60521 THYMECT, PART/TOT; STERN SPLIT/TRANSTHOR, W/O DISSECT
- 60522 THYMECT, PART/TOT; STERN SPLIT/TRANSTHOR APP, DISSECT
- 61613 OBLITERAT CAROT ANEURYS, ARTER MALFORM/FIST DISSEC
- 62264 PERCUTANEOUS LYSIS EPIDURAL ADHESIONS; 1 DAY
- 62267 PERQ ASPIR, W/IN NUCL PULP, INTERV DISC/PARA TISSUE
- 62350 IMPLANT, REVISION TUNNELED INTRATHECAL; W/O LAMINEC
- 62351 IMPLANT, REVIS/REPOSIT CATH, RESERV/PUMP; W LAMINECT
- 62355 REMOV PREVIOUS IMPLANT INTRATHECAL/EPIDURAL CATH
- 62360 IMPLANT/REPLAC DEVICE, INFUS; SUBCUTANEOUS RESERVOIR
- 62361 IMPLANT/REPLAC DEVICE INFUS; NON-PROGRAMMABLE PUMP
- 62362 IMPLANT/REPLAC DEVICE; PROGRAMMABLE PUMP, PREPARATN
- 62365 REMOV SUBCUTAN RESERVR/PUMP, PREV IMPLANT, INFUSION
- 63273 LAMINECTOMY/SACRAL/EXCISION INTRASPINAL LESION
- 64416 INJ, ANESTH AGNT; BRACHIAL PLEXUS, CATHETER DAILY MNG
- 64446 INJ, ANESTH AGNT; SCIATIC NERVE, CATHETER, DAILY MNGMT
- 64447 INJECTION, ANESTHETIC AGENT; FEMORAL NERVE, SINGLE
- 64448 INJ, ANESTH AGENT; FEMORAL NERVE, CATHETER DAILY MNGT
- 64449 INJECT, ANESTHETIC AGENT; LUMBAR PLEXUS, POSTERIOR
- 64517 INJECT, ANESTH AGENT; SUPERIOR HYPOGASTRIC PLEXUS
- 64581 INCISION IMPLANT NEUROSTIM ELECTRODES; SACRAL NERVE
- 64616 INJ NEUROLYT AGT, GASSERN GANG UNDR X-R
- 64617 CHEMODENER MUSCLE LARYNX EMG
- 64633 DESTROY CERV/THOR FACET JNT
- 64635 DESTROY LUMB/SAC FACET JNT
- 64642 CHEMODENERV 1 EXTREMITY 1-4
- 64644 CHEMODENERV 1 EXTREM 5/> MUS
- 64646 CHEMODENERV TRUNK MUSC 1-5
- 64647 CHEMODENERV TRUNK MUSC 6/>
- 64650 INJEC NEUROLYTIC AGENT, MYONEURAL JUNCT
- 64820 SYMPATHECTOMY; DIGITAL ARTERIES, EACH DIGIT
- 66183 INSERT ANT DRAINAGE DEVICE
- 67912 CORRECT LAGOPHTHALMOS, W/ IMPLANT UPPER EYELID LID
- 68810 PROBING OF NASOLACRIMAL DUCT, W OR W/O IRRIGATION
- 68811 PROBE NASOLACRIM DUCT, W/W/O IRRIGAT; GENERAL ANEST
- 68815 PROBE NASOLACRIMAL DUCT; INSERTION OF TUBE / STENT
- 69714 IMPLANT, OSSEOINTEGRATED IMPLANT; W/O MASTOIDECTOMY
- 69715 IMPLANT, OSSEOINTEGRATED IMPLANT; W MASTOIDECTOMY
- 69717 REPLACE, OSSEOINTEGRATED IMPLANT; W/O MASTOIDECTOMY
- 69718 REPLACE, OSSEOINTEGRATED IMPLANT; W MASTOIDECTOMY
- 92920 PRQ CARDIAC ANGIOPLAST 1 ART
- 92924 PRQ CARD ANGIO/ATHRECT 1 ART
- 92928 PRQ CARD STENT W/ANGIO 1 VSL
- 92933 PRQ CARD STENT/ATH/ANGIO
- 92937 PRQ REVASC BYP GRAFT 1 VSL
- 92941 PRQ CARD REVASC MI 1 VSL
- 92943 PRQ CARD REVASC CHRONIC 1VSL
- 92975 THROMBOLYSIS, CORONARY; INTRACORONARY INFU
- 92986 PERCUTANEOUS BALLOON VALVULOPLASTY; AORTIC VALVE

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92987 PERCUTANEOUS BALLOON VALVULOPLASTY; MITRAL VALVE  
 92990 PERCUTANEOUS BALLOON VALVULOPLASTY; PULMONARY VALV  
 92992 ATRIAL SEPTECT/SEPTOSTOM; TRANSVEN, BALLOON, RASHKIND  
 92993 ATRIAL SEPTECTOMY OR SEPTOSTOMY; BLADE METHOD  
 92997 PERCUT PULMONARY ARTERY BALLOON ANGIOPLASTY; SINGLE  
 93451 RIGHT HEART CATHETERIZATION INCL OXYGEN & CARDIAC OUTPUT  
 93452 LEFT HEART CATH INCL INTRA INJ VENTRICULOGRAPHY  
 93453 COMBINED R&L HRT CATH W/ VENTRICULOGRAPHY  
 93454 CATH PLCMNT CORONARY ART, ANGIO, IMG SUP/INTRPRETION  
 93455 CATH PLCMNT CORONARY ART, ANGIO, GRAFT W/S&I  
 93456 CATH PLCMNT CORONARY ART, ANGIO, W/S&I; RGHT HRT CATH  
 93457 CATH PLCMNT CORONARY ART, ANGIO, GRAFI; RGHT HRT CATH  
 93458 CATH PLCMNT CORONARY ART, VENTRL, S&I; LEFT HRT CATH  
 93459 CATH PLCMNT CORONARY ART, ANGI, GRAFT; LEFT HRT CATH  
 93460 CATH PLCMNT CORONARY ART, VENTRL, S&I; RGHT HRT CATH  
 93461 CATH PLCMNT CORONARY ART, VENTRL, S&I; RGHT HRT CATH  
 93505 ENDOMYOCARDIAL BIOPSY  
 93530 RT HEART CATHETERIZATION, CONGENITL CARDIAC ANOMALIES  
 93531 RT & LT HEART CATHETERIZATION, CONGENITL CARDIAC ANOM  
 93532 RT & LT HEART CATH W/W/O RETROGRADE, CONGENITAL  
 93533 RT & LT HEART CATH THRU SEPTAL OPENING, CONGENITAL  
 93650 INTRACARDIAC CATHETER ABLATION/ARRHYTHMOGENIC FCUS  
 96405 CHEMOTHERAPY ADMINIST INTRALESIONAL; UP TO 7 LESION  
 96406 CHEMOTHERAPY ADMINIST, INTRALESION; MORE THAN 7 LES  
 96920 LASER TRTMT INFLAMMATORY SKIN DISEASE; <250 SQ CM  
 96921 LASER TRTMT INFLAMMATORY SKIN DISEASE; 250-500SQ CM  
 96922 LASER TRTMT INFLAMMATORY SKIN DISEASE; >500 SQ CM  
 G0104 COLORECTAL CANCER SCREENING, FLEXIBLE SIGMOIDOSCOPY  
 G0105 COLORECTAL CANCER SCREENING, COLONOSCOPY INDIV HI RISK  
 G0121 COLORECTAL CANCER SCREENING; COLONOSCOPY INDIV NOT HI RISK  
 G0127 TRIMMING OF DYSTROPHIC NAILS, ANY NUMBER  
 G0186 DESTRUCTION LOCAL LESION CHOROID; PHOTOCOAG, FEEDER VESS  
 G0268 REMOVAL IMPACTED CERUMEN (1 OR BOTH EARS)PHYSICIAN  
 G0281 ELECTRIC STIMUL, 1 OR + AREAS, CHRONIC STAGE ULCERS  
 G0283 ELECTRIC STIMULI, 1 OR+ AREAS, OTHER THAN WOUND CARE  
 G0329 ELECTROMAGNETIC THER, 1+ AREAS FOR ULCERS  
 G0341 PERCUT ISLET CELL TRANS, INC PORT VEIN CATH & INFUS

**Codes Removed from Ranking**

10021 FINE NEEDLE ASPIRATION; W/O IMAGING GUIDANCE  
 10022 FINE NEEDLE ASPIRATION; WITH IMAGING GUIDANCE  
 11008 REM MESH FROM ABDOM WALL FOR NECROTIZING SOFT TISSU  
 11045 DEBRIDEMENT, SUBCUTANEOUS TISSUE EA ADDTN 20 SQ CM  
 11046 DEBRIDEMENT, MUSCLE/FASCIATISSUE, EA ADDTN 20 SQ CM  
 11047 DEBRIDEMENT, BONE; EA ADDTN 20 SQ CM  
 13102 REPAIR, COMPLEX, TRUNK; EACH ADDITIONAL 5 CM OR LESS  
 13122 REPAIR, COMPLEX, SCALP, ARMS, LEGS; EA ADD 5 CM OR <  
 13133 REPAIR, COMPLEX, FACE, NECK, AXIL, GEN; EA ADD 5 CM OR<  
 13153 REPAIR, CMPLX, EYELIDS, NOSE, EARS, LIPS; EA ADD 5 CM <  
 14302 ADJACENT TISSUE TRANS/REARRANGMNT, ANY AREA: EA ADD  
 15003 SURG PREPAR SITE EXCIS OPEN WOUND; EA ADD 100 SQ CM  
 15005 SURG PREPAR SITE EXCIS OPEN WOUND; EA ADD 100 SQ CM  
 15101 SPLIT GRFT, TRNK, SCLP, LIMBS, EA ADDL 100C  
 15116 EPIDERMAL AUTOGRAFT, FACE/NCK/HF/G; EA ADD 100SQ CM  
 15121 STSG, EA ADD 100CM SQ, FACE, NECK, EXTREM  
 15131 DERMAL AUTOGRAFT, TRNK/ARMS/LEGS; EA ADD 100SQ CM  
 15136 DERMAL AUTOGRAFT, FACE/NCK/HF/GEN; EA ADD 100SQ CM  
 15151 CULTURED EPIDERM GRFT TRUNK/ARM/LEGS; ADD 1-75SQ CM  
 15152 CULTURED EPIDERM GRFT TRUNK/ARM/LEGS; EA ADD 100 SQ  
 15156 CULTURED EPIDERM GRFT, F/N/HF/GENIT; ADD 1-75 SQ CM

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- 15157 CULTURED EPIDERM GRFT F/N/HF/GENIT EA ADD 100SQ CM
- 15272 SKIN SUB GRAFT T/A/L ADD-ON
- 15274 SKN SUB GRFT T/A/L CHILD ADD
- 15276 SKIN SUB GRAFT F/N/HF/G ADDL
- 15278 SKN SUB GRFT F/N/HF/G CH ADD
- 15777 ACELLULAR DERM MATRIX IMPLT
- 15847 EXCISION, EXCESSIVE SKIN & SUBCUTANE TISSUE, ABDOMEN
- 16036 ESCHAROTOMY; EACH ADDITIONAL INCISION
- 17003 DESTRUCTN ANY METHOD, PREMALIGNNT LESIONS; 2-14, EACH
- 17312 MOHS, INCLU REMOV GROSS TUMOR; 1 STAGE, EA ADD AFT 1
- 17314 MOHS, INCLU REMOV GROSS TUMOR; EA ADD AFTER 1 STAGE
- 17315 MOHS, INCLU REMOV GROSS TUMOR, EA ADD AFTER 1ST 5
- 19082 BX BREAST ADD LESION STRTCTC
- 19084 BX BREAST ADD LESION US IMAG
- 19086 BX BREAST ADD LESION MR IMAG
- 19126 EXCIS BREAST LESION, PRE-OP MARKER, EA ADDITNL LES.
- 19282 PERQ DEVICE BREAST EA IMAG
- 19284 PERQ DEV BREAST ADD STRTCTC
- 19286 PERQ DEV BREAST ADD US IMAG
- 19288 PERQ DEV BREAST ADD MR GUIDE
- 19297 PLACEMENT OF BREAST CATHETER FOR RADIOTHERAPY
- 20930 ALLOGRAFT FOR SPINE SURGERY ONLY; MORSELIZED
- 20931 ALLOGRAFT FOR SPINE SURGERY ONLY; STRUCTURAL
- 20936 AUTOGRAFT SPINE SURG; LOCAL OBTAIN FROM SAME INCISN
- 20937 AUTOGRAFT FOR SPINE SURGERY ONLY; MORSELIZED
- 20938 AUTOGRAFT SPINE SURG; STRUCTUR, BICORTICAL/TRICORTIC
- 20974 ELECTRICAL STIMULATION TO AID BONE HEAL.
- 20985 CPTR-ASST SURG NAV PROC FOR MUSCULSKLTL; IMG-LESS
- 21087 IMPRESSION CUSTOM PREPARATION; NASAL PROSTHESIS
- 22103 PART EXCIS VERTEBRAL, BONY LES, SING; EA ADDITNL SEG
- 22116 EXC VERT, BONY LES, WO DECOMPRES, SING; EA ADDTNL SEG
- 22208 OSTEOTOMY OF SPINE, THREE COLUMNS, EA ADDITNL
- 22216 OSTEOP SPINE, POSTERIOR/PSTROLAT APPRCH, 1; EA ADDTNL
- 22226 OSTEOP SPINE, DISK, ANT APPRCH, SING SEG; EA ADDTNL SEG
- 22328 OPEN TREAT, REDUCT VERT FX.DISLOC, 1; EA ADDTNL SEG
- 22522 PERCUT VERTEBROPLASTY, 1 VRT BDY; EA ADD THOR/LUMBAR
- 22525 PERCUTANEOUS VERTEBRAL AUGMENTATION, ADD ON
- 22527 PERCUT INTRADISC ELECTROTHERMAL 1 OR MORE LEVELS
- 22534 ARTHRODESIS, LAT EXTRACAV TECHNQ, THOR/LUMBAR, EA ADD
- 22552 CERV DISC + FUSS, POST APPR, OTHER GRAFT
- 22585 ARTHROD, ANTERIOR IN-BODY TECH; EA ADDTNL INTERSPACE
- 22614 ARTHRODESIS, POSTERIOR/PSTROLAT SING; EA ADDTNL SEG
- 22632 ARTHRODESIS, POSTER TECH, SNGL INTERSPACE; EA ADDTNL
- 22634 SPINE FUSION EXTRA SEGMENT
- 22840 POSTERIOR NON-SEGMENTAL INSTRUMENTATION
- 22842 POSTERIOR SEGMENTAL INSTRUMENTATION; 3-6 VERTB SEG
- 22843 POST SEGMENTAL INSTRUMENTATN; 7-12 VRTBRL SEGMENT
- 22844 POSTER SEGMENT INSTRUMENTATN; 13/MORE VRTBRL SEG
- 22845 ARTHRDESIS/SCOLIOSIS, (DWYER INSTRU TECH
- 22846 ANTERIOR INSTRUMENTATION; 4 TO 7 VERTEBRAL SEGMENT
- 22847 ANTERIOR INSTRUMENTATION; 8/MORE VERTEBRAL SEGMENTS
- 22848 PELVIC FIXATION OTHER THAN SACRUM
- 22851 APPLICATION INTERVERTEBRAL BIOMECHANICAL DEVICE(S)
- 26125 FASCIECTOMY, PALMAR, W/WO Z-PLSTY, EXC EA ADD DIGIT
- 26862 ARTHRODESIS, INTRPHLNGL JT, W W/O INTRN FIX; W GRAFT
- 27358 EXC/CURETT BONE CYST OR BENIGN TUMOR; W INTRNL FIX
- 31620 EBUS DURING BRONCH DIAG OR THERAP INTERVEN ADD ON
- 31627 W/BRUSHING, FIBEROPTIC BRONCHOSCOPE
- 31632 BRONCHOSCOPY; TRANSBRONCH LUNG BIOPSY(S), EA ADDITNL
- 31633 BRONCHOSCOPY; NEEDLE ASPIR BIOPSY(S), EA ADD LOBE
- 31637 BRONCHOSCOPY RIGID/FLEX W/OR W/OFLUO, STENT, ADD ON
- 32501 RESEC, REPAIR PORT BRONHUS, PERFORM W/LOBECT, SEGMNT

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- 32506 WEDGE RESECT OF LUNG ADD-ON
- 32507 WEDGE RESECT OF LUNG DIAG
- 32667 THORACOSCOPY W/W RESECT ADDL
- 32668 THORACOSCOPY W/W RESECT DIAG
- 32674 THORACOSCOPY LYMPH NODE EXC
- 33141 TRANSMYOCARDIAL LASER REVASCULARIZATION
- 33225 INSERT/REPLACE TRANSVENOUS ELECTROD ONL
- 33257 OPER TISS ABLATION RECON ATRIA, PRFRMD W/CARDI PROC
- 33258 OPR TISS ABLTN RECON ATRIA, W/O CARDIOPLMNR BYPSS
- 33259 OPER TISS ABLTN RECN ATRIA, W/CARDIOPLMNR BYPASS
- 33367 REPLACE AORTIC VALVE W/BYP
- 33368 REPLACE AORTIC VALVE W/BYP
- 33369 REPLACE AORTIC VALVE W/BYP
- 33508 LIGATION GRAFT W/BYPASS
- 33768 ANASTOMOSIS, CAVOPULMONARY, SECOND SUPER VENA CAVA
- 33884 ENDOVASC PROSTH, THORACIC AORTA, ADD ON
- 33924 LIGATION, TAKEDOWN ART SHUNT, PERFORM W/HEART PROCED
- 33961 PROLONG EXTRACORP CIRC CARD INSUFF; EA ADD 24 HOUR
- 33968 REMOVAL INTRA-AORTIC BALLOON ASSIST DEVICE, PERCUT
- 34806 TRANSCATH PLCMNT SENSR ANEURYSMAL SAC
- 34808 ENDOVASCULAR PLACEMENT ILIAC ARTERY OCCLU DEVICE
- 34813 PLACE FEMORAL-FEMORAL PROSTH GRAFT AORTIC REPAIR
- 34826 PLACE PROXIMAL/DISTAL EXT PROSTHESIS; EA ADD VESSEL
- 35306 THROMBOENDARTERECTOMY, INC PATCH GRFT, PERF EA ADDIT
- 35390 REOPERAT, CAROTID, THROMBOEN, > 1 MO AFTER OPERATION
- 35400 ANGIOSCOPY (NON CORONARY VESSELS OR GRAFTS)
- 35500 HARVEST UPPER EXTREMITY VEIN, ONE SEGMENT
- 35572 HARVEST FEMOROPOPLITEAL VEIN, 1SEGMENT, FOR VASCULAR
- 35600 HARVEST UPPER EXTREM ARTERY, 1 SEG, CORONARY BYPASS
- 35697 REIMPLANT, VISCERAL ARTERY TO INFRA AORTIC PROS, EA
- 35700 REOPER, FEMOR-POPLIT/ANTER/POST TIB, AFT OPERA 1 MO.
- 36148 ACCESS, ARTERIOVENS SHNT DIALYSIS: ADD THERP INTRV
- 36218 SELECT CATH PLACMENT, ART SYS; 2ND, 3RD ORDER/BRANC
- 36227 PLACE CATH XTRNL CAROTID
- 36228 PLACE CATH INTRACRANIAL ART
- 36248 SELECT CATH PLACEMT, ART SYS; 2ND, 3RD ORD/LOW EXTRM
- 36430 TRANSFUSION, BLOOD OR COMPONENTS, INDIREC
- 36476 ENDOVENOUS RADIOFREQ, VEIN SINGLE EXTREM ADD ON
- 36479 ENDOVENOUS LASER VEIN SINGLE EXTREM, EACH ADD ON
- 36522 PHOTOPHERESIS, EXTRACORPOREAL
- 36568 INSERT PERIPHERAL CV CATH, W/O SUBCUT PORT/PMP; <5YR
- 36569 INSERT PERIPHERAL CV CATH, W/O SUBCUT PORT/PMP; >5YR
- 37185 PRIMARY PERCUT TRANSLUMINAL MECH THROMBCTMY ADD ON
- 37186 SECNDRY PERCUT TRANSLUMINAL MECH THROMBCTMY ADD ON
- 37222 REVASC, ENDOVSC, OPN/PERC, ILIAC ART, ADD W/TRAN ANGI
- 37223 REVASC, ENDOVSC, OPN/PERC, ILIAC ART, ADD W/TRAN STENT
- 37233 REVSC, ENDO, OPN/PERC, ADD, TIBIAL/PRNL ART W/ANG/ATHR
- 37234 REVSC, ENDO, OPN/PERC, TIBIAL/PERNL ART W/STENT
- 37235 REVSC, ENDO, OPN/PERC, TIBIAL/PERNL ART W/STNT&ATHER
- 37237 OPEN/PERQ PLACE STENT EA ADD
- 37239 OPEN/PERQ PLACE STENT EA ADD
- 38102 SPLENECTOMY; TOTAL, EN BLOC EXTEN DISEASE, OTHER PROC
- 38746 THORACIC LYMPHADENECTOMY, REGION, MEDIST, PERIT NODES
- 38747 ABDOM LYMPHADENECT, REGION, CEL, PARA-AORT, VENA NODES
- 43283 LAPAROSCOPY, SURGICAL, ESOPHAGEAL LENGTHENING PROC
- 43338 ESOPHAGEAL LENGTHENING PROCEDURE OR WEDGE
- 43635 VAGOTOMY WHEN PERFORMED W PARTL DISTAL GASTRECTOMY
- 43753 GASTRIC INTUBATION & ASPIRATION TX, INCL LAVAGE
- 43754 GASTRIC INTUBATION & ASPIRATION DX; SINGLE SPECIMEN
- 43755 GASTRODUODENOSCOPY W/BIOPSY
- 43756 DUODENAL INTUBATION & ASPIRATION, DX, SINGLE SPECI
- 43757 DUODENAL INTUBATION & ASPIRATION, DX, MULTI SPECI



Unless otherwise noted, all changes take effect on January 1, 2015

- 44015 TUBE/NEEDLE CATH, JEJUNOSTOMY, ALIMENTAT, INTRAOPERA
- 44121 ENTERECTOMY, RESECT SM INTEST; EA ADD RESECT, ANASTM
- 44128 ENTERECTOMY, RESECT CONGENITAL ATRESIA, EA ADDITIONL
- 44135 INTESTINAL BYPASS FOR OBESITY
- 44136 INTESTINAL ALLOTRANSPLANTATION; FROM LIVING DONOR
- 44139 MOBILIZ SPLENIC FLEX PERFORM CONJUN PART COLECTOMY
- 44203 LAPAROSCOPY, SURGICAL, EA ADDL SM INTESTINE RESECT
- 44213 LAP, SURG, MOBILIZATION OR SPLENIC FLEXURE, ADD ON
- 44500 INTRODUCTION OF LONG GI TUBE (SEPARATE PROCEDURE)
- 44701 JEJUNO-FIBER ENDOSCOPY, W/BIOPSY
- 44955 APPENDECTOMY; WHEN DONE AT TIME OF OTHER MAJOR PROC
- 47001 BX LIVER, NEEDLE; DONE W/OTH MAJOR PROCEDURE
- 47133 LIVER ALLOTRANSPLANT; ORTHOTOP, CADAVER/LIVING DONOR
- 47550 CHOLECYSTECTOMY
- 48400 INJECTION PROCEDURE INTRAOPERTIVE PANCREATOGRAPHY
- 49326 LAP, SURG; W/OMENTOPEXY ADD ON FOR PRIMARY PROCEDURE
- 49327 LAP, SURG; W/PLCMNT INTERSTITIAL DEV, INTRA-ABDMNL
- 49412 PLCMNT INTERSTITIAL DEV 4 RAD TX GUIDE OPN, INTR-AB
- 49435 INSERT SUBQ EXTEN TO IP CATH W/REMOTE CHEST EX SIT
- 49568 IMPLANTATION MEST VENTRAL/INCISIONAL HERNIA REPAIR
- 49905 OMENTAL FLAP, RECONSTRUCT STERNAL, CHEST WALL DEFECT
- 51797 VOIDING STUDIES/INTRA-ABDOMINAL PRESSURE (AP)
- 56606 BIOPSY VULVA/PERINEUM(SEP PROCED)EA ADDITL LESION
- 57267 INSERT MESH/PELVIC FLOOR DEFECT, EACH SITE, VAG APP
- 58110 ENDOMETRIAL SAMPL PERFORMED IN CONJ W/COLPOSCOPY
- 58611 LIGATION, TRANSECTION FALLOP TUBE(S) W C-SECTION
- 59020 OXYTOCIN STRESS TEST, FETAL
- 59025 FETAL NON-STRESS TEST
- 59030 SCALP BLOOD SAMPLING, FETAL
- 59050 FETAL MONITORNG DURNG LABOR BY CONSULTNG PHYS;
- 59525 SUBTOTL/TOTL HYSTERECTOMY AFTER CESAREAN DELIVERY
- 60512 PARATHYROID AUTOTRANSPLANTATION
- 61316 INCISION & SUBCUTANEOUS PLCMNT CRANIAL BONE GRAFT
- 61517 IMPLANTATION BRAIN INTRACAVITARY CHEMOTHERAPY AGNT
- 61609 TRANSECT/LIGAT, CAROTID ART CAVERN SINUS; W/O REPAI
- 61610 TRANSECT/LIG, CAROTID ART SINUS; REPAIR ANAST/GRAFT
- 61611 TRANSECT/LIGAT, CAROTID ART PETROUS CANAL; W/O REP
- 61612 TRANSECT/LIG, CAROT ART PETR CANAL; REP ANAST/GRAFT
- 61641 BALLOON DILATATION ON INTRACRANIAL VASOSPASM, ADDON
- 61642 BALLOON DILATATION ON INTRACRANIAL VASOSPASM, EA AD
- 61781 STEREOTACTIC COMP-ASSIST; CRANIAL, INTRADURAL
- 61782 STEROTACTIC COMP-ASSIST PROC; CRANIAL, EXTRADURAL
- 61783 STEREOTACTIC COMP-ASSIST PROC; SPINAL
- 61797 STEROTACTIC RADIOSRG; EA ADD CRANIAL LESION, SIMPL
- 61799 STEROTACTIC RADIOSRG; EA ADD CRANIAL LESION, COMPL
- 61800 APPLCTN STEROTACTIC HEADFRAME FOR SRS
- 61864 TWIST DRILL, BURR HOLE, CRANIO/CRANIECTOMY, EA ADD
- 61868 TWIST DRILL, BURR HOLE, INTRAOPER MICROELECT; EA ADD
- 62148 RETR SUBCUTANEOUS CRANIAL BONE GRAFT CRANIOPLASTY
- 62160 NEUROENDOSCOPY, INTRACRANIAL, PLCMT VENTRIC CATHETER
- 63043 LAMINOTOMY; EACH ADDITIONAL CERVICAL INTERSPACE
- 63044 LAMINOTOMY; EACH ADDITIONAL LUMBAR INTERSPACE
- 63057 TRANSPEDICULAR DECOM SPINAL CORD, SNGL SEG; EA ADD
- 63066 COSTOVERTEBRAL DECOMP SPINAL CORD, THORACIC; EA ADD
- 63076 DISKECTOMY, CERVICAL ADDITIONAL INTERSPA
- 63078 DISKECTOMY, ANTERIOR, THORACIC, EA ADD INTERSPACE
- 63082 VERTEBRAL CORPECTOMY, ANTERIOR; CERVICAL, EA ADD SEG
- 63086 VERTEBRAL CORPECTMY, TRANSTHORACIC; THORACIC, EA ADD
- 63088 VERTEBRAL CORP. COMB.THORACO.ADD.SEGMENTN
- 63091 VERTEBRAL CORP.TRANS.OR RENT; ADD. SEGMENTN
- 63103 VERTEBRAL CORPECTOMY, PART/COMPLETE; THOR/LUMBAR, EA
- 63308 VERTEBRAL CORP, EXC INTRASPINL LESION, SNGL SEG; EA

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- 63621 STEREOTACTIC RADIOSURGERY; EA ADD SPINAL LESION
- 64480 INJECT, ANES AGNT &/OR STEROID; CERV/ THORACI, EA ADD
- 64484 INJECT, ANES AGNT &/OR STEROID; LUMBAR/ SACRL, EA ADD
- 64491 INJ, DIAG/THRPTC AGNT, PARVRTBRL W/IMG, CERV/THOR 2LV
- 64492 INJ, DIAG/THRPTC AGNT, PARVRTBRL W/IMG, CERV/THOR 3LV
- 64494 INJ, DIAG/THRPTC AGNT, PARVRTBRL W/IMG, CERV/THOR 2LV
- 64495 INJ, DIAG/THRPTC AGNT, PARVRTBRL W/IMG, CERV/THOR 3LV
- 64550 APPLICATION OF SURFACE (TRANSCUTANEOUS) NEUROSTIMUL
- 64727 INTRNL NEUROLYSIS, USE OPERATNG MICROSCP
- 64787 IMPLANT NERVE END INTO BONE OR MUSCLE
- 65757 BACKBNCH PREP CORNEAL ENDO ALLOGRFT PRIR 2 TRNSPLN
- 66990 USE OF OPHTHALMIC ENDOSCOPE (ADDITIONAL)
- 67225 DESTRUCTION OF LOCALIZED LESION OF CHOROID
- 67320 TRANSPOSITION PROCDUR, ANY EXTRAOC MUSCLE (SPECIFY)
- 67331 STRABISMUS SURG PT W/PREV SURG/INJURY=NOT EXTRAOC
- 67332 STRABISMUS SURG, PT W/SCAR EXTRAOCULAR MUSCLES
- 67334 STRABISMUS SURGERY, POSTERIOR FIX SUTURE TECHNIQUE
- 67335 PLACEMNT ADJUST SUTURE DUR STRABIS SURG+POSTOP ADJ
- 67340 STRABISMUS SURGERY, EXPLOR/REPAIR DETACHED EXTRAOC
- 95873 ELEC STIMULAT FOR GUIDE IN CONT W/CHEMODENERVATION
- 95874 NEEDLE ELECTROMOGRAPHY FOR GUID IN CONJ W/CHEMODEN
- 95980 ELCTRNIC ANALYSIS IMPLNT NEROSTIMULTR PLSE GENRTR

**15-21 Publication of 2015 Codes**

The 2015 HCPCS and CPT codes will be published in the coming January 2015 Interim MIB. This is due to the delayed release of the codes by the Centers for Medicare and Medicaid Services (CMS).