

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 13578	Date: January 28, 2026
	Change Request 14359

SUBJECT: January 2026 Update of the Ambulatory Surgical Center [ASC] Payment System

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to provide changes to and billing instructions for various payment policies implemented in the January 2026 ASC payment system update.

EFFECTIVE DATE: January 1, 2026

**Unless otherwise specified, the effective date is the date of service.*

IMPLEMENTATION DATE: January 5, 2026

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-Only One Per Row.

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N/A	N/A

III. FUNDING:

For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

Recurring Update Notification

Attachment - Recurring Update Notification

Pub. 100-04	Transmittal: 13578	Date: January 28, 2026	Change Request: 14359
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**Unless otherwise specified, the effective date is the date of service.*

IMPLEMENTATION DATE: January 5, 2026

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to provide changes to and billing instructions for various payment policies implemented in the January 2026 ASC payment system update.

II. GENERAL INFORMATION

A. Background: **A. Background:** As appropriate, this notification also includes updates to the Healthcare Common Procedure Coding System (HCPCS). This Recurring Update Notification (RUN) applies to Chapter 14, Section 40 of Publication (Pub.) 100-04. The January 2026 Ambulatory Surgical Center Fee Schedule (ASCFS) File, a January 2026 Ambulatory Surgical Center Payment Indicator (ASC PI) File, a January 2026 ASC Code Pair file, and a January 2026 Ambulatory Surgical Center Drug File will be issued with this transmittal. Cloud service updates will be implemented for new and restated ASC Drug pricing.

B. Policy: B. Policy: 1. OPPS Pass-Through Devices

a. New Device Category Effective January 1, 2026

Section 1833(t)(6)(B) of the Social Security Act requires that, under the OPPS, categories of devices be eligible for transitional pass-through payments for at least two, but not more than three years. In addition, section 1833(t)(6)(B)(ii)(IV) of the Act requires that we create additional categories for transitional pass-through payment of new medical devices not described by existing or previously existing categories of devices. This policy is also implemented in the ASC payment system.

For the January 2026 update, we approved two new devices for pass-through status under the OPPS, and are establishing the new device categories in the ASC payment system. Specifically, HCPCS codes C1607 and C1608 are effective January 1, 2026. Table 1 includes the HCPCS code, code descriptors, and ASC PI (see Attachment A: Policy Section Tables).

b. Updates for Long Descriptor to an Existing Device Pass-through Category C1741

In addition, in “October 2025 Update of the Ambulatory Surgical Center (ASC) Payment System”, Change Request 14246, dated September 22, 2025, we note that HCPCS code C1741 was preliminarily approved as part of the device pass-through quarterly review process with an effective date of October 1, 2025. The device application associated with HCPCS code C1741 will be included and discussed in the CY 2027 OPPS/ASC proposed and final rules.

We note that the long descriptor for HCPCS code C1741 is being updated to “Anchor/screw for bone fixation, absorbable, metallic (implantable)”, effective October 1, 2025.

This code, as well as the descriptors and ASC payment indicator are included in Table 2 (see Attachment A: Policy Section Tables). The list of CPT codes that must be performed with this code are included in the January 2026 ASC code pair file, which is accessible on the CMS website at: <https://www.cms.gov/medicare/payment/prospective-payment-systems/ambulatory-surgical-center-asc-payment/asc-code-pairs>.

c. Updates for Device Offset Amounts to Existing Device Codes C1735 and C1736

Section 1833(t)(6)(D)(ii) of the Act requires that we deduct from OPPS pass-through payments for devices an amount that reflects the device portion of the Ambulatory Payment Classification APC payment amount. This deduction is known as the device offset, or the portion(s) of the APC amount that is associated with the cost of the pass-through device. This device offset policy is also implemented in ASCs. In ASCs, the device offset from payment represents a deduction from the ASC payment procedure for the applicable pass-through device.

We note that effective January 1, 2025, we paired CPT codes 0338T and 0339T to be billed with HCPCS Code C1735 (Catheter(s), intravascular for renal denervation, radiofrequency, including all single use system components) or HCPCS Code C1736 (Catheter(s), intravascular for renal denervation, ultrasound, including all single use system components), as listed in the “January 2025 Update of the Ambulatory Surgery Center (ASC) Payment System”, Change Request 13934, dated January 6, 2025.

We note that the device offset amount for the CPT codes that are paired with HCPCS code C1735 and C1736 is being updated to \$0.00, effective January 1, 2026. The list of CPT codes that must be performed with HCPCS Codes C1735 and C1736 are included in the January 2026 ASC code pair file, which is accessible on the CMS website at: <https://www.cms.gov/medicare/payment/prospective-payment-systems/ambulatory-surgical-center-asc-payment/asc-code-pairs>.

d. Updates for Payment Indicator for Existing Device Codes C1604 and C1740

We note that the payment indicators for HCPCS codes **C1604 and C1740** are being updated, effective January 1, 2026. These codes, as well as the descriptors and ASC payment indicators, are included in Table 3 (see Attachment A: Policy Section Tables).

e. Addition of CPT Codes to an Existing Device Code C9610

Section 1833(t)(6)(D)(ii) of the Act requires that we deduct from OPPS pass-through payments for devices an amount that reflects the device portion of the Ambulatory Payment Classification APC payment amount. This deduction is known as the device offset, or the portion(s) of the APC amount that is associated with the cost of the pass-through device. This device offset policy is also implemented in ASCs. In ASCs, the device offset from payment represents a deduction from the ASC payment procedure for the applicable pass-through device.

We note that effective January 1, 2026, we are adding CPT codes 92930 and 92945 to be billed with HCPCS code C9610 (Catheter, transluminal drug delivery with or without angioplasty, coronary, non-laser (insertable)), in addition to the CPT codes that we listed in the “January 2025 Update of the Ambulatory Surgery Center (ASC) Payment System”, Change Request 13934, dated January 6, 2025.

The list of CPT codes that must be performed with HCPCS Code C9610 are included in the January 2026 ASC code pair file, which is accessible on the CMS website at: <https://www.cms.gov/medicare/payment/prospective-payment-systems/ambulatory-surgical-center-asc-payment/asc-code-pairs>.

f. Addition of CPT Codes to an Existing Device Code C1737

Section 1833(t)(6)(D)(ii) of the Act requires that we deduct from OPPS pass-through payments for devices an amount that reflects the device portion of the Ambulatory Payment Classification APC payment amount. This deduction is known as the device offset, or the portion(s) of the APC amount that is associated with the cost of the pass-through device. This device offset policy is also implemented in ASCs. In ASCs, the device offset from payment represents a deduction from the ASC payment procedure for the applicable pass-through device.

We note that effective January 1, 2026, we are adding CPT code 27280 to be billed with HCPCS code C1737 (Joint fusion and fixation device(s), sacroiliac and pelvis, including all system components (implantable)) due to the addition of this procedure to the ASC Covered Procedures List (CPL) in addition to the CPT codes that we listed in the “January 2025 Update of the Ambulatory Surgery Center (ASC) Payment System”, Change Request 13934, dated January 6, 2025.

The list of CPT codes that must be performed with HCPCS Code C1737 are included in the January 2026 ASC code pair file, which is accessible on the CMS website at: <https://www.cms.gov/medicare/payment/prospective-payment-systems/ambulatory-surgical-center-asc-payment/asc-code-pairs>.

g. Updates of CPT Codes to an Existing Device Code C1602

Section 1833(t)(6)(D)(ii) of the Act requires that we deduct from OPPS pass-through payments for devices an amount that reflects the device portion of the Ambulatory Payment Classification APC payment amount. This deduction is known as the device offset, or the portion(s) of the APC amount that is associated with the cost of the pass-through device. This device offset policy is also implemented in ASCs. In ASCs, the device offset from payment represents a deduction from the ASC procedure payment for the applicable pass-through device.

We note that effective January 1, 2026, we are updating the list of CPT codes to be billed with HCPCS code C1602 (Orthopedic/device/drug matrix/absorbable bone void filler, antimicrobial-eluting (implantable)) due to the addition of procedures to the ASC Covered Procedures List (CPL).

The list of CPT codes that must be performed with HCPCS Code C1602 are included in the January 2026 ASC code pair file, which is accessible on the CMS website at: <https://www.cms.gov/medicare/payment/prospective-payment-systems/ambulatory-surgical-center-asc-payment/asc-code-pairs>.

h. Expiring Pass-through Status for Three Device Category HCPCS Codes Effective January 1, 2026

As specified in section 1833(t)(6)(B) of the Social Security Act, under the OPPS, categories of devices are eligible for transitional pass-through payments for at least two, but not more than three years. For the January 2026 update, the pass-through status period for three device categories, specifically, HCPCS codes C1826, C1827 and C1747, will expire on December 31, 2025. Therefore, under the ASC Payment System, the separate payment status for these three device category HCPCS codes will expire on December 31, 2025. We note these device category HCPCS codes will remain active; however, its payment will be included in the primary service.

Table 4 includes the HCPCS code, code descriptors, and ASC PI (see Attachment A: Policy Section Tables) associated with HCPCS codes C1826, C1827 and C1747.

2. Newly Payable ASC Surgical Procedures and Covered Ancillary Services Effective January 1, 2026

We added 80 new separately payable procedure codes to the ASC covered procedures and covered ancillary lists. Additionally, we are now separately paying for 946 covered surgical procedures and ancillary services that were previously non-payable or packaged (ASC PI=N1/S1). This includes the 303 skin substitute products we now provide separate payment for under the ASC Payment System effective January 1, 2026.

Attachment B: Additions to the Covered Procedures List and Covered Ancillary List Effective January 1, 2026 includes the HCPCS code, code descriptors, and ASC PIs associated with these newly payable covered surgical procedures and covered ancillary services. Attachment B does not include newly payable drugs, biologicals, and radiopharmaceuticals.

The ASC payment rates for the codes in Attachment B can be found in the January 2026 ASC Addenda AA and BB on the CMS website at: <https://www.cms.gov/medicare/payment/prospective-payment-systems/ambulatory-surgical-center-asc/asc-payment-rates-addenda>

3. New Technology APC Assignment for Implantation of Peritoneal Ascites Pump System

CMS is assigning CPT codes 0870T and 0871T that describe the implantation and replacement procedure of a peritoneal ascites pump system to New Technology APCs. The other codes associated with this procedure have been assigned to clinical APCs.

Table 5 includes the HCPCS codes, code descriptors, and ASC PIs (see Attachment A: Policy Section Tables) associated with implantation of the peritoneal ascites pump system.

4. Drugs, Biologicals, and Radiopharmaceuticals

a. New CY 2026 HCPCS Codes and Dosage Descriptors for Certain Drugs, Biologicals, and Radiopharmaceuticals Receiving Pass-Through Status Effective January 1, 2026

Six (6) new HCPCS codes have been created for reporting drugs and biologicals in the hospital outpatient setting, where there have not previously been specific codes available starting on January 1, 2026. These drugs and biologicals will receive drug pass-through status starting January 1, 2026. These HCPCS codes are listed in Table 6, attachment A.

b. Existing HCPCS Codes for Certain Drugs, Biologicals, and Radiopharmaceuticals Starting Pass-Through Status as of January 1, 2026

There is one (1) existing HCPCS code for a certain drug, biological, and radiopharmaceutical in the outpatient setting that will have their OPPS pass-through status start on January 1, 2026. This code is listed in Table 7, attachment A.

c. Newly Established HCPCS Codes for Drugs, Biologicals, and Radiopharmaceuticals, Effective January 1, 2026

Eleven (11) new drug, biological, and radiopharmaceutical HCPCS codes will be established on January 1, 2026. These HCPCS codes are listed in Table 8, attachment A.

d. HCPCS Codes for Drugs, Biologicals, and Radiopharmaceuticals Deleted as of December 31, 2025

Two (2) drug, biological, and radiopharmaceutical HCPCS codes will be deleted on December 31, 2025. These HCPCS codes are listed in Table 9, attachment A.

e. HCPCS Codes for Drug, Biological, and Radiopharmaceutical Changing Payment Status Indicators Effective January 1, 2026

Eighty-six (86) drug, biological and radiopharmaceutical HCPCS codes will be changing their payment indicator status on January 1, 2026. The HCPCS codes, long descriptors, and payment indicators are listed in Table 10, attachment A.

f. HCPCS Codes for Drugs, Biologicals, and Radiopharmaceuticals with Descriptor Changes as of January 1, 2026

One (1) drug, biological, and radiopharmaceutical HCPCS codes have had a substantial descriptor change as of January 1, 2026. This HCPCS code is listed in Table 11, attachment A.

g. Drugs and Biologicals with Payments Based on Average Sales Price (ASP)

For CY 2026, payment for the majority of non-pass-through drugs, biologicals, and therapeutic radiopharmaceuticals is made at a single rate of ASP + 6 percent (or ASP plus 6 or 8 percent of the reference product for biosimilars). In CY 2026, a single payment of ASP plus 6 percent for pass-through drugs, biologicals, and radiopharmaceuticals is made to provide payment for both the acquisition cost and pharmacy overhead costs of these pass-through items (or ASP plus 6 or 8 percent of the reference product for biosimilars). Payments for drugs and biologicals based on ASPs will be updated on a quarterly basis as later quarter ASP submissions become available.

Effective January 1, 2026, payment rates for many drugs and biologicals have changed from the values published in the CY 2026 OPPS/ASC final rule with comment period as a result of the new ASP calculations based on sales price submissions from third quarter of CY 2025. Updated payment rates effective January 1, 2026, can be found in the January 2026 update of the ASC Addendum BB on the CMS website at: <https://www.cms.gov/medicare/payment/prospective-payment-systems/ambulatory-surgical-center-asc/asc-payment-rates-addenda>

h. Drugs and Biologicals Based on ASP Methodology with Restated Payment Rates

Some drugs and biologicals paid based on ASP methodology will have payment rates that are corrected retroactively. These retroactive corrections typically occur on a quarterly basis. The list of drugs and biologicals with corrected payments rates will be accessible on the CMS website on the first date of the quarter at <https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/restated-drug-biological-payment-rates>

Suppliers who think they may have received an incorrect payment for drugs and biologicals impacted by these corrections may request contractor adjustment of the previously processed claims.

5. Skin Substitutes

a. New Skin Substitute APCs and Their Payment Rates

For CY 2026, CMS finalized our proposals to unpackage skin substitute products from the application services, establish three new APCs – APC 6000 (PMA Skin Substitute Products), APC 6001 (510(k) Skin Substitute Products), and APC 6002 (361 HCT/P Skin Substitute Products)). CMS assigns skin substitute products to the new APCs based on relevant product characteristics, rather than based on stated prices for provision of these products when they are used during a covered application procedure paid under the ASC Payment System (described by CPT codes 15271-15278). Secondly, CMS finalized the proposal to align skin substitute categorization for payment purposes consistent with their FDA regulatory status for 361 Human Cells, Tissues, and Cellular and Tissue-Based Products (HCT/P) and the device types: Pre-Market Approvals (PMAs) and 510(k)s. For CY 2026, CMS will use a single payment rate of \$127.14/cm² for APCs 6000 through 6002.

Individual HCPCS code APC assignments are listed in the January 2026 Update of the ASC Payment System Addendum BB on the CMS website at: <https://www.cms.gov/medicare/payment/prospective-payment-systems/ambulatory-surgical-center-asc/asc-payment-rates-addenda>

b. New Unlisted Skin Substitute Product HCPCS Codes

Effective January 1, 2026, we are creating three new unlisted codes to describe skin substitute products that are FDA authorized or cleared but have not yet received a specific individual HCPCS or CPT code: HCPCS codes Q4431 (Unlisted PMA skin substitute product), Q4432 (Unlisted 510(k) skin substitute product), and Q4433 (Unlisted 361 HCT/P skin substitute product). The unlisted HCPCS codes are assigned to the appropriate APCs based on the product's FDA approval or clearance. Specifically, HCPCS code Q4431 is assigned to APC 6000 (PMA Skin Substitute Products); Q4432 is assigned to APC 6001 (Unlisted 510(k) Skin Substitute Products); and HCPCS Code Q4433 is assigned to APC 6002 (Unlisted 361 HCT/P Skin Substitute Products).

Table 12 includes the HCPCS codes, code descriptors, APCs, and ASC PIs (see Attachment A: Policy Section Tables) of new unlisted skin substitute product HCPCS codes. These codes, along with their short descriptors, status indicators, and payment rates, are also listed in the January 2026 Update of the ASC Payment System Addendum BB on the CMS website at: <https://www.cms.gov/medicare/payment/prospective-payment-systems/ambulatory-surgical-center-asc/asc-payment-rates-addenda>

6. HCPCS Codes, Payment Indicators, APC Assignments and Payment Limitations for Qualifying Non-Opioid Treatments for Pain Relief Starting January 1, 2026.

Section 4135 of the Consolidated Appropriations Act (CAA), 2023 established the eligibility criteria for temporary additional payments for certain non-opioid treatments for pain relief, and was finalized in the CY 2025 OPPS/ASC final rule with comment period. CMS has fully evaluated applicable non-opioid treatments against the statutory eligibility criteria and determined that the products in Table 13 of Attachment A meet the statutory definition of a Non-opioid Treatment for Pain Relief and should be paid according to the finalized policy for CY 2026. Section 1833(t)(16)(G)(iii) of the Act states that the separate payment amount specified in clause (ii), shall not exceed the estimated average of 18 percent of the OPD fee schedule amount for the OPD service (or group of services) with which the non-opioid treatment for pain relief is furnished, as determined by the Secretary.

Table 13 includes the HCPCS codes, code descriptors, ASC PIs, and finalized payment limitation amounts (see Attachment A: Policy Section Tables) of the applicable non-opioid treatments. The finalized payment limitation amount for each product are updated annually.

7. Coverage Determinations

As a reminder, the fact that a drug, device, procedure, or service is assigned a HCPCS code and a payment rate under the ASC payment system does not imply coverage by the Medicare program but indicates only how the product, procedure, or service may be paid if covered by the program. Medicare Administrative Contractors (MACs) determine whether a drug, device, procedure, or other service meets all program requirements for coverage. For example, MACs determine that it is reasonable and necessary to treat the beneficiary's condition and whether it is excluded from payment.

III. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility							
		A/B MAC		D M E	Shared- System Maintainers			Other	
A	B	H H H	M A C S S	F I S S	M C S	V M	C W F		
14359.1	<p>Medicare contractors shall use the cloud service or MCS to process ASC Fee Schedule (FS) claims, based on CMS direction.</p> <p>NOTE: As a reminder, contractors get the January 2026 ASC FS pricing, as well as restated quarterly ASC FS payment rates, as applicable, from the cloud. Mainframe ASC FS files are no longer issued. Date of retrieval will be provided in a separate email communication from CMS.</p>	X							
14359.2	<p>Medicare contractors shall use the cloud service to process ASC drug claims.</p> <p>NOTE: As a reminder, contractors get the January 2026 ASC Drug pricing, as well as restated quarterly ASC drug payment rates, as applicable, from the cloud. Mainframe ASC Drug files are no longer issued.</p> <p>NOTE: Date of retrieval will be provided in a separate email communication from CMS.</p>	X							
14359.2.1	<p>Medicare contractors shall use the cloud fee schedule, as appropriate, to adjust claims brought to their attention that:</p> <ol style="list-style-type: none"> 1) Have dates of service January 1, 2025 – December 31, 2025 and; 2) Were originally processed prior to the installation of the revised cloud fee schedule. 	X							

Number	Requirement	Responsibility							
		A/B MAC		D M E	Shared- System Maintainers			Other	
A	B	H H H	M A C S S	F I S C S	M C S M S	V M S	C W F		
14359.3	Medicare contractors shall ensure that the updated cloud service payment rate is applied to affected claims.		X						
14359.4	Medicare contractors shall download and install the January 2026 ASC Payment Indicator (PI) file. FILENAME: MU00.@BF12390.ASC.CY26.PI.JANA.V1206 NOTE: Date of retrieval will be provided in a separate email communication from CMS.		X						
14359.5	Medicare contractors shall download and install the January 2026 ASC Code Pair file. FILENAME: MU00.@BF12390.ASC.CY26.CP.JANA.V1206 NOTE: Date of retrieval will be provided in a separate email communication from CMS.		X						PCS
14359.6	Contractors and the Common Working File (CWF) shall add Type of Service (TOS) F, for HCPCS included in tables 1, 5, 6, 7, 8, 10, and 12 of Attachment A and for the HCPCS included in Attachment B as appropriate effective for dates of service January 1, 2026 and later.		X					X	CVM
14359.7	Medicare contractors shall make January 2026 ASCFS fee data for their ASC payment localities available on their web sites.		X						

Number	Requirement	Responsibility								
		A/B MAC		D M E	Shared- System Maintainers			Other		
		A	B	H H H	M A C	I S S	C S	V M	C W F	
14359.8	Medicare contractors and CWF shall end date CY 2025 HCPCS/CPT codes listed in Attachment A, table 9 as appropriate, in their systems, effective December 31, 2025.		X						X	CVM

IV. PROVIDER EDUCATION

Medicare Learning Network® (MLN): CMS will develop and release national provider education content and market it through the MLN Connects® newsletter shortly after we issue the CR. MACs shall link to relevant information on your website and follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1 for distributing the newsletter to providers. When you follow this manual section, you don't need to separately track and report MLN content releases. You may supplement with your local educational content after we release the newsletter.

Impacted Contractors: A/B MAC Part B, A/B MAC Part B, A/B MAC Part B, A/B MAC Part B

V. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: All other recommendations and supporting information: N/A

VI. CONTACTS

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VII. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

ATTACHMENTS: 2

Attachment A: Policy Section Tables

Table 1. – New OPPS Device Category Payable in ASCs Effective January 1, 2026

HCPCS Code	Short Descriptor	Long Descriptor	ASC PI
C1607	Neurostim integ rechg	Neurostimulator, integrated (implantable), rechargeable with all implantable and external components including charging system	J7
C1608	Prosthesis, dual mob CMC1	Prosthesis, total, dual mobility, first carpometacarpal joint (implantable)	J7

Table 2. – Change to the Long Descriptor for Device Category HCPCS Code C1741 Effective January 1, 2026

CPT Code	October 2025 Long Descriptor	January 2026 Long Descriptor	ASC PI
C1741	Anchor/screw for bone fixation, absorbable (implantable)	Anchor/screw for bone fixation, absorbable, metallic (implantable)	J7

Table 3. – Updates for Payment Indicator for Existing Device Codes C1604 and C1740 Effective January 1, 2026

CPT Code	January 2026 Long Descriptor	October 2025 ASC PI	January 2026 ASC PI
C1604	Graft, transmural transvenous arterial bypass (implantable), with all delivery system components	N1	J7
C1740	Leadless electrode, transmitter, battery (all implantable), for sequential left ventricular pacing	N1	J7

Table 4. – Expiring Separate Payment Status for Device Category HCPCS Codes, Effective January 1, 2026

HCPCS Code	Short Descriptor	Long Descriptor	ASC PI
C1747	Endo, single, urinary tract	Endoscope, single-use (i.e. disposable), urinary tract, imaging/illumination device (insertable)	N1
C1826	Gen, neuro, clo loop, rechg	Generator, neurostimulator (implantable), includes closed feedback loop leads and all implantable components, with rechargeable battery and charging system	N1
C1827	Gen, neuro, imp led, ex cntr	Generator, neurostimulator (implantable), non-rechargeable, with implantable stimulation lead and external paired stimulation controller	N1

Table 5. – ASC Payment Indicator Assignments for the Implantable Peritoneal Ascites Pump System, Effective January 1, 2026

CPT Code	Short Descriptor	Long Descriptor	ASC PI
0870T	Imp subq prtl ascts pmp sys	Implantation of subcutaneous peritoneal ascites pump system, percutaneous, including pump-pocket creation, insertion of tunneled indwelling bladder and peritoneal catheters with pump connections, including all imaging and initial programming, when performed	J8
0871T	Rplcmt subq prtl ascites pmp	Replacement of a subcutaneous peritoneal ascites pump, including reconnection between pump and indwelling bladder and peritoneal catheters, including initial programming and imaging, when performed	J8
0872T	Rplcmt ndwllg bldr&prtl cath	Replacement of indwelling bladder and peritoneal catheters, including tunneling of catheter(s) and connection with previously implanted peritoneal ascites pump, including imaging and programming, when performed	J8
0873T	Revj subq prtl asct pmp sys	Revision of a subcutaneously implanted peritoneal ascites pump system, any component (ascites pump, associated peritoneal catheter, associated bladder catheter), including imaging and programming, when performed	G2
0874T	Rmvl pertl ascites pmp sys	Removal of a peritoneal ascites pump system, including implanted peritoneal ascites pump and indwelling bladder and peritoneal catheters	G2
0875T	Prgrm subq prtl asct pmp sys	Programming of subcutaneously implanted peritoneal ascites pump system by physician or other qualified health care professional	N1

Table 6. – Newly Established HCPCS Codes for Certain Drugs, Biologicals, and Radiopharmaceuticals Receiving Pass-Through Status, Effective January 1, 2026

HCPCS Code	Long Descriptor	ASC PI
C9307	Injection, linvoseltamab-gcpt, 1 mg	K2
C9308	Injection, carboplatin (avyxa), 1 mg	K2
J1737	Injection, meloxicam (azurity), 1 mg	K2
J9184	Injection, gemcitabine hydrochloride (avyxa), 200 mg	K2
J9282	Mitomycin, intravesical instillation, 1 mg	K2
Q5160	Injection, bevacizumab-nwgd (jobevne), biosimilar, 10 mg	K2

Table 7. – Existing HCPCS Codes for Certain Drugs, Biologicals, and Radiopharmaceuticals Separately Payable as of January 1, 2026

HCPCS Code	Long Descriptor	October 2025 ASC PI	January 2026 ASC PI
J9275	Injection, cosibelimab-ipdl, 2 mg	K5	K2

Table 8. – Newly Established HCPCS Codes for Certain Drugs, Biologicals, and Radiopharmaceuticals, Effective January 1, 2026

New HCPCS Code	Old HCPCS Code	Long Descriptor	ASC PI
C9307		Injection, linvoseltamab-gcpt, 1 mg	K2
C9308		Injection, carboplatin (avyxa), 1 mg	K2
J0654		Injection, liothyronine, 1 mcg	K2
J1073		Testosterone pellet, implant, 75 mg	K2
J1737		Injection, meloxicam (azurity), 1 mg	K2
J1837		Injection, posaconazole, 1 mg	K2
J9184		Injection, gemcitabine hydrochloride (avyxa), 200 mg	K2
J9256	C9305	Injection, nipocalimab-aahu, 3 mg	K2
J9282		Mitomycin, intravesical instillation, 1 mg	K2
J9326	C9306	Injection, telisotuzumab vedotin-tllv, 1 mg	K2
Q5160		Injection, bevacizumab-nwgd (jobevne), biosimilar, 10 mg	K2

Table 9. – HCPCS Codes for Drugs, Biologicals, and Radiopharmaceuticals Changing Payment Indicators Deleted as of December 31, 2025

HCPCS Code	Long Descriptor	ASC PI
C9089	Bupivacaine, collagen-matrix implant, 1 mg	D5
J0172	Injection, aducanumab-avwa, 2 mg	D5

Table 10. – HCPCS Codes for Drugs, Biologicals, and Radiopharmaceuticals Changing Payment Indicator Status, Effective January 1, 2026

HCPCS Code	Long Descriptor	October 2025 ASC PI	January 2026 ASC PI
90385	rho(d) immune globulin (rhig), human, mini-dose, for intramuscular use	Y5	K2
A9507	indium in-111 capromab pentetide, diagnostic, per study dose, up to 10 millicuries	N1	K2
A9508	iodine i-131 iodenguane sulfate, diagnostic, per 0.5 millicurie	N1	K2
A9532	iodine i-125 serum albumin, diagnostic, per 5 microcuries	N1	K2
A9542	indium in-111 ibritumomab tiuxetan, diagnostic, per study dose, up to 5 millicuries	K2	N1
A9551	technetium tc-99m succimer, diagnostic, per study dose, up to 10 millicuries	N1	K2
A9553	chromium cr-51 sodium chromate, diagnostic, per study dose, up to 250 microcuries	N1	K2
A9554	iodine i-125 sodium iothalamate, diagnostic, per study dose, up to 10 microcuries	N1	K2
A9568	technetium tc-99m arcitumomab, diagnostic, per study dose, up to 25 millicuries	K2	Y5
C9047	Injection, caplacizumab-yhdp, 1 mg	N1	K2
C9144	Injection, bupivacaine (posimir), 1 mg	K2	Y5
C9293	Injection, glucarpidase, 10 units	K5	K2
J0122	Injection, eravacycline, 1 mg	N1	K2
J0139	Injection, adalimumab, 1 mg	K2	Y5
J0209	Injection, sodium thiosulfate (hope), 100 mg	N1	K2
J0287	injection, amphotericin b lipid complex, 10 mg	K2	Y5
J0599	Injection, c-1 esterase inhibitor (human), (haegarda), 10 units	K2	Y5
J0606	Injection, etelcalcetide, 0.1 mg	N1	K2
J0630	injection, calcitonin salmon, up to 400 units	K2	Y5
J0652	Injection, levothyroxine sodium (hikma), not therapeutically equivalent to J0650, 10 mcg	K2	N1
J0687	Injection, cefazolin sodium (wg critical care), not therapeutically equivalent to j0690, 500 mg	K2	N1
J0688	Injection, cefazolin sodium (hikma), not therapeutically equivalent to j0690, 500 mg	K2	N1
J0720	injection, chloramphenicol sodium succinate, up to 1 gm	N1	K2
J0742	Injection, imipenem 4 mg, cilastatin 4 mg and rebabactam 2 mg	K2	N1
J0801	Injection, corticotropin (acthar gel), up to 40 units	N1	K2
J0802	Injection, corticotropin (ani), up to 40 units	N1	K2
J0872	Injection, daptomycin (xellia), unrefrigerated, not therapeutically equivalent to j0878 or j0873, 1 mg	K2	N1
J0873	Injection, daptomycin (xellia), not therapeutically equivalent to j0878 or j0872, 1 mg	K2	N1
J0888	Injection, Epoetin Beta, 1 microgram, (Non-ESRD use)	K2	N1
J0898	Injection, argatroban (auromedics), not therapeutically equivalent to j0883, 1 mg (for non-esrd use)	K2	N1
J1010	Injection, methylprednisolone acetate, 1 mg	K2	N1
J1105	Dexmedetomidine, oral, 1 mcg	K2	Y5

J1327	injection, eptifibatide, 5 mg	N1	K2
J1438	Injection, etanercept, 25 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)	K2	Y5
J1455	injection, foscarnet sodium, per 1000 mg	K2	N1
J1458	injection, galsulfase, per 5 mg	N1	K2
J1551	Injection, immune globulin (cutaquig), 100 mg	N1	K2
J1556	Injection, immune globulin (Bivigam), 500 mg	N1	K2
J1595	injection, glatiramer acetate, 20 mg	K2	Y5
J1596	Injection, glycopyrrolate, 0.1 mg	K2	N1
J1598	Injection, glycopyrrolate (fresenius kabi), not therapeutically equivalent to J1596, 0.1 mg	K2	N1
J1744	Injection, icatibant, 1 mg	K2	Y5
J1748	Injection, infliximab-dyyb (zymfentra), 10 mg	N1	K2
J1811	Insulin (fiasp) for administration through dme (i.e., insulin pump) per 50 units	K2	N1
J1826	Injection, interferon beta-1a, 30 mcg	K2	Y5
J1939	Injection, bumetanide, 0.5 mg	K2	N1
J2002	Injection, lidocaine hcl in 5% dextrose, 1 mg	K2	N1
J2183	Injection, meropenem (wg critical care), not therapeutically equivalent to j2185, 100 mg	K2	N1
J2358	Injection, olanzapine, long-acting, 1mg	K2	N1
J2373	Injection, phenylephrine hydrochloride (immphentiv), 20 micrograms	K2	N1
J2510	injection, penicillin g procaine, aqueous, up to 600,000 units	K2	K5
J2515	injection, pentobarbital sodium, per 50 mg	N1	K2
J2597	injection, desmopressin acetate, per 1 mcg	K2	N1
J2679	Injection, fluphenazine hcl, 1.25 mg	K2	N1
J2770	injection, quinupristin/dalfopristin, 500 mg (150/350)	K2	N1
J2919	Injection, methylprednisolone sodium succinate, 5 mg	K2	N1
J2941	injection, somatropin, 1 mg	K2	Y5
J3357	Injection, ustekinumab, 1 mg	K2	Y5
J3425	Injection, hydroxocobalamin, intramuscular, 10 mcg	K2	N1
J3485	injection, zidovudine, 10 mg	N1	K2
J7191	factor viii (antihemophilic factor (porcine)), per i.u.	K5	K2
J7200	Factor ix (antihemophilic factor, recombinant), Rixubus, per i.u.	N1	K2
J7212	Factor viiia (antihemophilic factor, recombinant)-jncw (sevenfact), 1 microgram	N1	K2
J7328	Hyaluronan or derivative, gelsyn-3, for intra-articular injection, 0.1 mg	N1	K2
J8560	etoposide; oral, 50 mg	N1	K2
J8705	Topotecan, oral, 0.25 mg	N1	K2
J9017	Injection, arsenic trioxide, 1 mg	K2	N1
J9030	BCG live intravesical instillation, 1 mg	N1	K2
J9052	Injection, carmustine (accord), not therapeutically equivalent to j9050, 100 mg	K2	Y5
J9150	Injection, daunorubicin, 10 mg	K2	N1
J9185	Injection, fludarabine phosphate, 50 mg	K2	N1
J9275	Injection, cosibelimab-ipdl, 2 mg	K5	K2
J9395	injection, fulvestrant, 25 mg	K2	N1
P9041	infusion, albumin (human), 5%, 50 ml	N1	K2
P9047	infusion, albumin (human), 25%, 50 ml	N1	K2

Q2009	Injection, Fosphenytoin, 50 mg phenytoin equivalent	N1	K2
Q3027	Injection, Interferon Beta-1a, 1 mcg For Intramuscular Use	K2	Y5
Q5099	Injection, ustekinumab-stba (steqeyma), biosimilar, 1 mg	K2	Y5
Q5105	Injection, epoetin alfa-epbx, biosimilar, (Retacrit) (for esrd on dialysis), 100 units	K2	N1
Q5134	Injection, natalizumab-sztn (tyruko), biosimilar, 1 mg	K5	K2
Q5140	Injection, adalimumab-fkjp, biosimilar, 1 mg	K2	Y5
Q5141	Injection, adalimumab-aaty, biosimilar, 1 mg	K2	Y5
Q5142	Injection, adalimumab-ryvk biosimilar, 1 mg	K2	Y5
Q5143	Injection, adalimumab-adbm, biosimilar, 1 mg	K2	Y5
Q5144	Injection, adalimumab-aacf (idacio), biosimilar, 1 mg	K2	Y5
Q5145	Injection, adalimumab-afzb (abrilada), biosimilar, 1 mg	K2	Y5

Table 11. – HCPCS Code for Drugs, Biologicals, and Radiopharmaceuticals with Substantial Descriptor Changes as of January 1, 2026

HCPCS Code	October 2025 Long Descriptor	January 2026 Long Descriptor	ASC PI
J7322	Hyaluronan or derivative, hymovis, for intra-articular injection, 1 mg	Hyaluronan or derivative, hymovis or hymovis one, for intra-articular injection, 1 mg	K2

Table 12. – New Unlisted Skin Substitute Product HCPCS Codes Effective January 1, 2026

HCPCS Code	Long Descriptor	APC	ASC PI	Payment Rate
Q4431	Unlisted PMA skin substitute product, not otherwise specified (list in addition to primary procedure)	APC 6000 (PMA Skin Substitute Products)	S2	\$127.14/cm ²
Q4432	Unlisted 510(k) skin substitute product, not otherwise specified (list in addition to primary procedure)	APC 6001 (Unlisted 510(k) Skin Substitute Products)	S2	\$127.14/cm ²
Q4433	Unlisted 361 HCT/P skin substitute product, not otherwise specified (list in addition to primary procedure)	APC 6002 (Unlisted 361 HCT/P Skin Substitute Products)	S2	\$127.14/cm ²

Table 13. – HCPCS Codes and Payment Limitations for Qualifying Non-Opioid Treatments for Pain Relief Effective January 1, 2026

HCPCS Code	CY 2026 Payment Limit
C9804	\$2,008.72
C9806	\$2,008.72
C9807	\$2,525.62
C9808	\$1,050.68
C9809	\$261.38
C9810	\$2,146.80
C9811	\$1,997.16
C9812	\$1,997.16
C9813	\$1,997.16
C9814	\$1,997.16
C9815	\$1,997.16
C9816	\$2,008.72
C9817	\$1,997.16
J0666	\$2,443.20
J0668	\$2,411.70
J1096	\$419.57
J1097	\$414.05
J1885	\$1,259.42

Attachment B: Additions to the Covered Procedures List and Covered Ancillary List, Effective January 1, 2026

HCPCS	Long Descriptor	ASC PI
20100	Exploration of penetrating wound (separate procedure); neck	G2
20101	Exploration of penetrating wound (separate procedure); chest	G2
20102	Exploration of penetrating wound (separate procedure); abdomen/flank/back	G2
20660	Application of cranial tongs, caliper, or stereotactic frame, including removal (separate procedure)	G2
20661	Application of halo, including removal; cranial	J8
20664	Application of halo, including removal, cranial, 6 or more pins placed, for thin skull osteology (eg, pediatric patients, hydrocephalus, osteogenesis imperfecta)	J8
20802	Replantation, arm (includes surgical neck of humerus through elbow joint), complete amputation	J8
20805	Replantation, forearm (includes radius and ulna to radial carpal joint), complete amputation	J8
20808	Replantation, hand (includes hand through metacarpophalangeal joints), complete amputation	J8
20816	Replantation, digit, excluding thumb (includes metacarpophalangeal joint to insertion of flexor sublimis tendon), complete amputation	J8
20824	Replantation, thumb (includes carpometacarpal joint to mp joint), complete amputation	J8
20827	Replantation, thumb (includes distal tip to mp joint), complete amputation	G2
20838	Replantation, foot, complete amputation	J8
20955	Bone graft with microvascular anastomosis; fibula	J8
20956	Bone graft with microvascular anastomosis; iliac crest	J8
20957	Bone graft with microvascular anastomosis; metatarsal	J8
20962	Bone graft with microvascular anastomosis; other than fibula, iliac crest, or metatarsal	J8
20969	Free osteocutaneous flap with microvascular anastomosis; other than iliac crest, metatarsal, or great toe	J8
20970	Free osteocutaneous flap with microvascular anastomosis; iliac crest	J8
21045	Excision of malignant tumor of mandible; radical resection	G2
21049	Excision of benign tumor or cyst of maxilla; requiring extra-oral osteotomy and partial maxillectomy (eg, locally aggressive or destructive lesion[s])	G2
21141	Reconstruction midface, lefort i; single piece, segment movement in any direction (eg, for long face syndrome), without bone graft	G2
21142	Reconstruction midface, lefort i; 2 pieces, segment movement in any direction, without bone graft	J8
21143	Reconstruction midface, lefort i; 3 or more pieces, segment movement in any direction, without bone graft	G2
21145	Reconstruction midface, lefort i; single piece, segment movement in any direction, requiring bone grafts (includes obtaining autografts)	J8
21146	Reconstruction midface, lefort i; 2 pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted unilateral alveolar cleft)	J8

21147	Reconstruction midface, lefort i; 3 or more pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted bilateral alveolar cleft or multiple osteotomies)	J8
21151	Reconstruction midface, lefort ii; any direction, requiring bone grafts (includes obtaining autografts)	J8
21154	Reconstruction midface, lefort iii (extracranial), any type, requiring bone grafts (includes obtaining autografts); without lefort i	J8
21155	Reconstruction midface, lefort iii (extracranial), any type, requiring bone grafts (includes obtaining autografts); with lefort i	J8
21159	Reconstruction midface, lefort iii (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); without lefort i	J8
21160	Reconstruction midface, lefort iii (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); with lefort i	J8
21172	Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, with or without grafts (includes obtaining autografts)	G2
21175	Reconstruction, bifrontal, superior-lateral orbital rims and lower forehead, advancement or alteration (eg, plagiocephaly, trigonocephaly, brachycephaly), with or without grafts (includes obtaining autografts)	G2
21179	Reconstruction, entire or majority of forehead and/or supraorbital rims; with grafts (allograft or prosthetic material)	J8
21180	Reconstruction, entire or majority of forehead and/or supraorbital rims; with autograft (includes obtaining grafts)	J8
21182	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting less than 40 sq cm	J8
21183	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting greater than 40 sq cm but less than 80 sq cm	J8
21184	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting greater than 80 sq cm	J8
21188	Reconstruction midface, osteotomies (other than lefort type) and bone grafts (includes obtaining autografts)	J8
21193	Reconstruction of mandibular rami, horizontal, vertical, c, or 1 osteotomy; without bone graft	G2
21196	Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation	G2
21247	Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts) (eg, for hemifacial microsomia)	G2
21255	Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage (includes obtaining autografts)	J8
21256	Reconstruction of orbit with osteotomies (extracranial) and with bone grafts (includes obtaining autografts) (eg, micro-ophthalmia)	J8
21261	Periorbital osteotomies for orbital hypertelorism, with bone grafts; combined intra- and extracranial approach	G2

21263	Periorbital osteotomies for orbital hypertelorism, with bone grafts; with forehead advancement	G2
21268	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; combined intra- and extracranial approach	J8
21343	Open treatment of depressed frontal sinus fracture	J8
21344	Open treatment of complicated (eg, comminuted or involving posterior wall) frontal sinus fracture, via coronal or multiple approaches	G2
21346	Open treatment of nasomaxillary complex fracture (lefort ii type); with wiring and/or local fixation	G2
21347	Open treatment of nasomaxillary complex fracture (lefort ii type); requiring multiple open approaches	J8
21348	Open treatment of nasomaxillary complex fracture (lefort ii type); with bone grafting (includes obtaining graft)	J8
21366	Open treatment of complicated (eg, comminuted or involving cranial nerve foramina) fracture(s) of malar area, including zygomatic arch and malar tripod; with bone grafting (includes obtaining graft)	J8
21385	Open treatment of orbital floor blowout fracture; transantral approach (caldwell-luc type operation)	G2
21386	Open treatment of orbital floor blowout fracture; periorbital approach	G2
21387	Open treatment of orbital floor blowout fracture; combined approach	G2
21395	Open treatment of orbital floor blowout fracture; periorbital approach with bone graft (includes obtaining graft)	G2
21408	Open treatment of fracture of orbit, except blowout; with bone grafting (includes obtaining graft)	G2
21422	Open treatment of palatal or maxillary fracture (lefort i type);	J8
21423	Open treatment of palatal or maxillary fracture (lefort i type); complicated (comminuted or involving cranial nerve foramina), multiple approaches	J8
21431	Closed treatment of craniofacial separation (lefort iii type) using interdental wire fixation of denture or splint	J8
21432	Open treatment of craniofacial separation (lefort iii type); with wiring and/or internal fixation	J8
21433	Open treatment of craniofacial separation (lefort iii type); complicated (eg, comminuted or involving cranial nerve foramina), multiple surgical approaches	J8
21435	Open treatment of craniofacial separation (lefort iii type); complicated, utilizing internal and/or external fixation techniques (eg, head cap, halo device, and/or intermaxillary fixation)	J8
21436	Open treatment of craniofacial separation (lefort iii type); complicated, multiple surgical approaches, internal fixation, with bone grafting (includes obtaining graft)	J8
21470	Open treatment of complicated mandibular fracture by multiple surgical approaches including internal fixation, interdental fixation, and/or wiring of dentures or splints	J8
21510	Incision, deep, with opening of bone cortex (eg, for osteomyelitis or bone abscess), thorax	G2
21601	Excision of chest wall tumor including rib(s)	G2
21602	Excision of chest wall tumor involving rib(s), with plastic reconstruction; without mediastinal lymphadenectomy	J8
21603	Excision of chest wall tumor involving rib(s), with plastic reconstruction; with mediastinal lymphadenectomy	J8
21615	Excision first and/or cervical rib;	G2

21616	Excision first and/or cervical rib; with sympathectomy	G2
21620	Ostectomy of sternum, partial	G2
21627	Sternal debridement	G2
21630	Radical resection of sternum	G2
21705	Division of scalenus anticus; with resection of cervical rib	G2
21740	Reconstructive repair of pectus excavatum or carinatum; open	J8
21742	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (nuss procedure), without thoracoscopy	J8
21743	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (nuss procedure), with thoracoscopy	J8
21750	Closure of median sternotomy separation with or without debridement (separate procedure)	J8
21825	Open treatment of sternum fracture with or without skeletal fixation	J8
22010	Incision and drainage, open, of deep abscess (subfascial), posterior spine; cervical, thoracic, or cervicothoracic	G2
22015	Incision and drainage, open, of deep abscess (subfascial), posterior spine; lumbar, sacral, or lumbosacral	G2
22100	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; cervical	G2
22101	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; thoracic	G2
22110	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; cervical	G2
22112	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; thoracic	G2
22114	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; lumbar	G2
22206	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); thoracic	G2
22207	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); lumbar	G2
22210	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; cervical	J8
22212	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; thoracic	J8
22214	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; lumbar	J8
22220	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; cervical	J8
22222	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; thoracic	G2
22224	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; lumbar	G2
22318	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	G2

22319	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	J8
22325	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1 fractured vertebra or dislocated segment; lumbar	J8
22326	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1 fractured vertebra or dislocated segment; cervical	G2
22327	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1 fractured vertebra or dislocated segment; thoracic	J8
22532	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic	G2
22533	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	G2
22548	Arthrodesis, anterior transoral or extraoral technique, clivus-c1-c2 (atlas-axis), with or without excision of odontoid process	J8
22556	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic	J8
22558	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	J8
22586	Arthrodesis, pre-sacral interbody technique, including disc space preparation, discectomy, with posterior instrumentation, with image guidance, includes bone graft when performed, l5-s1 interspace	J8
22590	Arthrodesis, posterior technique, craniocervical (occiput-c2)	J8
22595	Arthrodesis, posterior technique, atlas-axis (c1-c2)	G2
22600	Arthrodesis, posterior or posterolateral technique, single interspace; cervical below c2 segment	J8
22610	Arthrodesis, posterior or posterolateral technique, single interspace; thoracic (with lateral transverse technique, when performed)	J8
22630	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar;	J8
22633	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace, lumbar;	J8
22800	Arthrodesis, posterior, for spinal deformity, with or without cast; up to 6 vertebral segments	J8
22802	Arthrodesis, posterior, for spinal deformity, with or without cast; 7 to 12 vertebral segments	J8
22804	Arthrodesis, posterior, for spinal deformity, with or without cast; 13 or more vertebral segments	J8
22808	Arthrodesis, anterior, for spinal deformity, with or without cast; 2 to 3 vertebral segments	J8
22810	Arthrodesis, anterior, for spinal deformity, with or without cast; 4 to 7 vertebral segments	J8
22812	Arthrodesis, anterior, for spinal deformity, with or without cast; 8 or more vertebral segments	J8
22818	Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); single or 2 segments	G2

22819	Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); 3 or more segments	G2
22830	Exploration of spinal fusion	J8
22836	Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; up to 7 vertebral segments	J8
22837	Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; 8 or more vertebral segments	J8
22838	Revision (eg, augmentation, division of tether), replacement, or removal of thoracic vertebral body tethering, including thoracoscopy, when performed	J8
22849	Reinsertion of spinal fixation device	J8
22850	Removal of posterior nonsegmental instrumentation (eg, harrington rod)	G2
22852	Removal of posterior segmental instrumentation	G2
22855	Removal of anterior instrumentation	G2
22857	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression); single interspace, lumbar	J8
22861	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	J8
22862	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	J8
22864	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	G2
22865	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	G2
23200	Radical resection of tumor; clavicle	G2
23210	Radical resection of tumor; scapula	G2
23220	Radical resection of tumor, proximal humerus	G2
23335	Removal of prosthesis, includes debridement and synovectomy when performed; humeral and glenoid components (eg, total shoulder)	J8
23473	Revision of total shoulder arthroplasty, including allograft when performed; humeral or glenoid component	J8
23474	Revision of total shoulder arthroplasty, including allograft when performed; humeral and glenoid component	J8
23900	Interthoracoscapular amputation (forequarter)	G2
23920	Disarticulation of shoulder;	G2
24150	Radical resection of tumor, shaft or distal humerus	G2
24900	Amputation, arm through humerus; with primary closure	G2
24920	Amputation, arm through humerus; open, circular (guillotine)	G2
24930	Amputation, arm through humerus; re-amputation	G2
24931	Amputation, arm through humerus; with implant	J8
24935	Stump elongation, upper extremity	G2
24940	Cineplasty, upper extremity, complete procedure	J8
25170	Radical resection of tumor, radius or ulna	G2
25900	Amputation, forearm, through radius and ulna;	G2
25905	Amputation, forearm, through radius and ulna; open, circular (guillotine)	G2
25909	Amputation, forearm, through radius and ulna; re-amputation	G2
25915	Krukenberg procedure	G2
25920	Disarticulation through wrist;	G2
25924	Disarticulation through wrist; re-amputation	G2
25927	Transmetacarpal amputation;	G2

26551	Transfer, toe-to-hand with microvascular anastomosis; great toe wrap-around with bone graft	J8
26553	Transfer, toe-to-hand with microvascular anastomosis; other than great toe, single	J8
26554	Transfer, toe-to-hand with microvascular anastomosis; other than great toe, double	J8
26556	Transfer, free toe joint, with microvascular anastomosis	J8
26992	Incision, bone cortex, pelvis and/or hip joint (eg, osteomyelitis or bone abscess)	G2
27005	Tenotomy, hip flexor(s), open (separate procedure)	G2
27025	Fasciotomy, hip or thigh, any type	J8
27027	Decompression fasciotomy(ies), pelvic (buttock) compartment(s) (eg, gluteus medius-minimus, gluteus maximus, iliopsoas, and/or tensor fascia lata muscle), unilateral	G2
27030	Arthrotomy, hip, with drainage (eg, infection)	G2
27036	Capsulectomy or capsulotomy, hip, with or without excision of heterotopic bone, with release of hip flexor muscles (ie, gluteus medius, gluteus minimus, tensor fascia latae, rectus femoris, sartorius, iliopsoas)	G2
27054	Arthrotomy with synovectomy, hip joint	G2
27057	Decompression fasciotomy(ies), pelvic (buttock) compartment(s) (eg, gluteus medius-minimus, gluteus maximus, iliopsoas, and/or tensor fascia lata muscle) with debridement of nonviable muscle, unilateral	J8
27070	Partial excision, wing of ilium, symphysis pubis, or greater trochanter of femur, (craterization, saucerization) (eg, osteomyelitis or bone abscess); superficial	J8
27071	Partial excision, wing of ilium, symphysis pubis, or greater trochanter of femur, (craterization, saucerization) (eg, osteomyelitis or bone abscess); deep (subfascial or intramuscular)	G2
27075	Radical resection of tumor; wing of ilium, 1 pubic or ischial ramus or symphysis pubis	J8
27076	Radical resection of tumor; ilium, including acetabulum, both pubic rami, or ischium and acetabulum	G2
27077	Radical resection of tumor; innominate bone, total	G2
27078	Radical resection of tumor; ischial tuberosity and greater trochanter of femur	G2
27090	Removal of hip prosthesis; (separate procedure)	G2
27091	Removal of hip prosthesis; complicated, including total hip prosthesis, methylmethacrylate with or without insertion of spacer	G2
27120	Acetabuloplasty; (eg, whitman, colonna, haygroves, or cup type)	J8
27122	Acetabuloplasty; resection, femoral head (eg, girdlestone procedure)	G2
27125	Hemiarthroplasty, hip, partial (eg, femoral stem prosthesis, bipolar arthroplasty)	J8
27132	Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft	J8
27134	Revision of total hip arthroplasty; both components, with or without autograft or allograft	J8
27137	Revision of total hip arthroplasty; acetabular component only, with or without autograft or allograft	J8
27138	Revision of total hip arthroplasty; femoral component only, with or without allograft	J8
27140	Osteotomy and transfer of greater trochanter of femur (separate procedure)	G2
27146	Osteotomy, iliac, acetabular or innominate bone;	J8

27147	Osteotomy, iliac, acetabular or innominate bone; with open reduction of hip	J8
27151	Osteotomy, iliac, acetabular or innominate bone; with femoral osteotomy	J8
27156	Osteotomy, iliac, acetabular or innominate bone; with femoral osteotomy and with open reduction of hip	J8
27158	Osteotomy, pelvis, bilateral (eg, congenital malformation)	J8
27161	Osteotomy, femoral neck (separate procedure)	J8
27165	Osteotomy, intertrochanteric or subtrochanteric including internal or external fixation and/or cast	J8
27170	Bone graft, femoral head, neck, intertrochanteric or subtrochanteric area (includes obtaining bone graft)	J8
27175	Treatment of slipped femoral epiphysis; by traction, without reduction	G2
27176	Treatment of slipped femoral epiphysis; by single or multiple pinning, in situ	J8
27177	Open treatment of slipped femoral epiphysis; single or multiple pinning or bone graft (includes obtaining graft)	J8
27178	Open treatment of slipped femoral epiphysis; closed manipulation with single or multiple pinning	J8
27179	Open treatment of slipped femoral epiphysis; osteoplasty of femoral neck (heyman type procedure)	G2
27181	Open treatment of slipped femoral epiphysis; osteotomy and internal fixation	J8
27185	Epiphyseal arrest by epiphysiodesis or stapling, greater trochanter of femur	J8
27187	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate, femoral neck and proximal femur	J8
27222	Closed treatment of acetabulum (hip socket) fracture(s); with manipulation, with or without skeletal traction	G2
27226	Open treatment of posterior or anterior acetabular wall fracture, with internal fixation	J8
27227	Open treatment of acetabular fracture(s) involving anterior or posterior (one) column, or a fracture running transversely across the acetabulum, with internal fixation	J8
27228	Open treatment of acetabular fracture(s) involving anterior and posterior (two) columns, includes t-fracture and both column fracture with complete articular detachment, or single column or transverse fracture with associated acetabular wall fracture, with internal fixation	J8
27232	Closed treatment of femoral fracture, proximal end, neck; with manipulation, with or without skeletal traction	G2
27235	Percutaneous skeletal fixation of femoral fracture, proximal end, neck	G2
27236	Open treatment of femoral fracture, proximal end, neck, internal fixation or prosthetic replacement	J8
27240	Closed treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with manipulation, with or without skin or skeletal traction	G2
27244	Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with plate/screw type implant, with or without cerclage	J8
27245	Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with intramedullary implant, with or without interlocking screws and/or cerclage	J8
27248	Open treatment of greater trochanteric fracture, includes internal fixation, when performed	G2
27253	Open treatment of hip dislocation, traumatic, without internal fixation	G2
27254	Open treatment of hip dislocation, traumatic, with acetabular wall and femoral head fracture, with or without internal or external fixation	G2

27258	Open treatment of spontaneous hip dislocation (developmental, including congenital or pathological), replacement of femoral head in acetabulum (including tenotomy, etc);	G2
27259	Open treatment of spontaneous hip dislocation (developmental, including congenital or pathological), replacement of femoral head in acetabulum (including tenotomy, etc); with femoral shaft shortening	J8
27268	Closed treatment of femoral fracture, proximal end, head; with manipulation	G2
27269	Open treatment of femoral fracture, proximal end, head, includes internal fixation, when performed	J8
27280	Arthrodesis, sacroiliac joint, open, includes obtaining bone graft, including instrumentation, when performed	J8
27282	Arthrodesis, symphysis pubis (including obtaining graft)	J8
27284	Arthrodesis, hip joint (including obtaining graft);	J8
27286	Arthrodesis, hip joint (including obtaining graft); with subtrochanteric osteotomy	J8
27290	Interpelviabdominal amputation (hindquarter amputation)	G2
27295	Disarticulation of hip	G2
27303	Incision, deep, with opening of bone cortex, femur or knee (eg, osteomyelitis or bone abscess)	J8
27365	Radical resection of tumor, femur or knee	G2
27448	Osteotomy, femur, shaft or supracondylar; without fixation	G2
27450	Osteotomy, femur, shaft or supracondylar; with fixation	J8
27454	Osteotomy, multiple, with realignment on intramedullary rod, femoral shaft (eg, sofield type procedure)	J8
27455	Osteotomy, proximal tibia, including fibular excision or osteotomy (includes correction of genu varus [bowleg] or genu valgus [knock-knee]); before epiphyseal closure	G2
27457	Osteotomy, proximal tibia, including fibular excision or osteotomy (includes correction of genu varus [bowleg] or genu valgus [knock-knee]); after epiphyseal closure	G2
27465	Osteoplasty, femur; shortening (excluding 64876)	J8
27466	Osteoplasty, femur; lengthening	J8
27470	Repair, nonunion or malunion, femur, distal to head and neck; without graft (eg, compression technique)	G2
27472	Repair, nonunion or malunion, femur, distal to head and neck; with iliac or other autogenous bone graft (includes obtaining graft)	J8
27477	Arrest, epiphyseal, any method (eg, epiphysiodesis); tibia and fibula, proximal	J8
27485	Arrest, hemiepiphyseal, distal femur or proximal tibia or fibula (eg, genu varus or valgus)	G2
27486	Revision of total knee arthroplasty, with or without allograft; 1 component	G2
27487	Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component	J8
27488	Removal of prosthesis, including total knee prosthesis, methylmethacrylate with or without insertion of spacer, knee	J8
27495	Prophylactic treatment (nailing, pinning, plating, or wiring) with or without methylmethacrylate, femur	J8
27506	Open treatment of femoral shaft fracture, with or without external fixation, with insertion of intramedullary implant, with or without cerclage and/or locking screws	J8

27507	Open treatment of femoral shaft fracture with plate/screws, with or without cerclage	J8
27511	Open treatment of femoral supracondylar or transcondylar fracture without intercondylar extension, includes internal fixation, when performed	J8
27513	Open treatment of femoral supracondylar or transcondylar fracture with intercondylar extension, includes internal fixation, when performed	J8
27514	Open treatment of femoral fracture, distal end, medial or lateral condyle, includes internal fixation, when performed	J8
27519	Open treatment of distal femoral epiphyseal separation, includes internal fixation, when performed	J8
27535	Open treatment of tibial fracture, proximal (plateau); unicondylar, includes internal fixation, when performed	J8
27536	Open treatment of tibial fracture, proximal (plateau); bicondylar, with or without internal fixation	J8
27540	Open treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, includes internal fixation, when performed	G2
27556	Open treatment of knee dislocation, includes internal fixation, when performed; without primary ligamentous repair or augmentation/reconstruction	G2
27557	Open treatment of knee dislocation, includes internal fixation, when performed; with primary ligamentous repair	J8
27558	Open treatment of knee dislocation, includes internal fixation, when performed; with primary ligamentous repair, with augmentation/reconstruction	J8
27580	Arthrodesis, knee, any technique	J8
27590	Amputation, thigh, through femur, any level;	G2
27591	Amputation, thigh, through femur, any level; immediate fitting technique including first cast	G2
27592	Amputation, thigh, through femur, any level; open, circular (guillotine)	G2
27596	Amputation, thigh, through femur, any level; re-amputation	G2
27598	Disarticulation at knee	G2
27645	Radical resection of tumor; tibia	G2
27646	Radical resection of tumor; fibula	G2
27703	Arthroplasty, ankle; revision, total ankle	J8
27712	Osteotomy; multiple, with realignment on intramedullary rod (eg, sofield type procedure)	J8
27715	Osteoplasty, tibia and fibula, lengthening or shortening	J8
27722	Repair of nonunion or malunion, tibia; with sliding graft	J8
27724	Repair of nonunion or malunion, tibia; with iliac or other autograft (includes obtaining graft)	J8
27725	Repair of nonunion or malunion, tibia; by synostosis, with fibula, any method	J8
27727	Repair of congenital pseudarthrosis, tibia	G2
27880	Amputation, leg, through tibia and fibula;	G2
27881	Amputation, leg, through tibia and fibula; with immediate fitting technique including application of first cast	G2
27882	Amputation, leg, through tibia and fibula; open, circular (guillotine)	G2
27886	Amputation, leg, through tibia and fibula; re-amputation	G2
27888	Amputation, ankle, through malleoli of tibia and fibula (eg, syme, pirogoff type procedures), with plastic closure and resection of nerves	G2

28360	Reconstruction, cleft foot	J8
28800	Amputation, foot; midtarsal (eg, chopart type procedure)	G2
28805	Amputation, foot; transmetatarsal	G2
31241	Nasal/sinus endoscopy, surgical; with ligation of sphenopalatine artery	G2
31292	Nasal/sinus endoscopy, surgical, with orbital decompression; medial or inferior wall	G2
31293	Nasal/sinus endoscopy, surgical, with orbital decompression; medial and inferior wall	G2
31294	Nasal/sinus endoscopy, surgical, with optic nerve decompression	G2
31584	Laryngoplasty; with open reduction and fixation of (eg, plating) fracture, includes tracheostomy, if performed	G2
31587	Laryngoplasty, cricoid split, without graft placement	G2
31600	Tracheostomy, planned (separate procedure);	G2
31601	Tracheostomy, planned (separate procedure); younger than 2 years	G2
31610	Tracheostomy, fenestration procedure with skin flaps	G2
31660	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 1 lobe	J8
31661	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 2 or more lobes	J8
31785	Excision of tracheal tumor or carcinoma; cervical	G2
32551	Tube thoracostomy, includes connection to drainage system (eg, water seal), when performed, open (separate procedure)	G2
32560	Instillation, via chest tube/catheter, agent for pleurodesis (eg, talc for recurrent or persistent pneumothorax)	G2
32561	Instillation(s), via chest tube/catheter, agent for fibrinolysis (eg, fibrinolytic agent for break up of multiloculated effusion); initial day	G2
32562	Instillation(s), via chest tube/catheter, agent for fibrinolysis (eg, fibrinolytic agent for break up of multiloculated effusion); subsequent day	G2
32601	Thoracoscopy, diagnostic (separate procedure); lungs, pericardial sac, mediastinal or pleural space, without biopsy	G2
32604	Thoracoscopy, diagnostic (separate procedure); pericardial sac, with biopsy	G2
32606	Thoracoscopy, diagnostic (separate procedure); mediastinal space, with biopsy	G2
32607	Thoracoscopy; with diagnostic biopsy(ies) of lung infiltrate(s) (eg, wedge, incisional), unilateral	G2
32608	Thoracoscopy; with diagnostic biopsy(ies) of lung nodule(s) or mass(es) (eg, wedge, incisional), unilateral	G2
32609	Thoracoscopy; with biopsy(ies) of pleura	G2
33244	Removal of single or dual chamber implantable defibrillator electrode(s); by transvenous extraction	G2
33272	Removal of subcutaneous implantable defibrillator electrode	G2
34101	Embolectomy or thrombectomy, with or without catheter; axillary, brachial, innominate, subclavian artery, by arm incision	G2
34111	Embolectomy or thrombectomy, with or without catheter; radial or ulnar artery, by arm incision	G2
34201	Embolectomy or thrombectomy, with or without catheter; femoropopliteal, aortoiliac artery, by leg incision	J8
34203	Embolectomy or thrombectomy, with or without catheter; popliteal-tibio-peroneal artery, by leg incision	J8

34421	Thrombectomy, direct or with catheter; vena cava, iliac, femoropopliteal vein, by leg incision	J8
34471	Thrombectomy, direct or with catheter; subclavian vein, by neck incision	G2
34501	Valvuloplasty, femoral vein	G2
34510	Venous valve transposition, any vein donor	G2
34520	Cross-over vein graft to venous system	G2
34530	Saphenopopliteal vein anastomosis	G2
35011	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm and associated occlusive disease, axillary-brachial artery, by arm incision	G2
35045	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, radial or ulnar artery	G2
35180	Repair, congenital arteriovenous fistula; head and neck	G2
35184	Repair, congenital arteriovenous fistula; extremities	G2
35190	Repair, acquired or traumatic arteriovenous fistula; extremities	G2
35201	Repair blood vessel, direct; neck	G2
35206	Repair blood vessel, direct; upper extremity	G2
35226	Repair blood vessel, direct; lower extremity	G2
35231	Repair blood vessel with vein graft; neck	G2
35236	Repair blood vessel with vein graft; upper extremity	G2
35256	Repair blood vessel with vein graft; lower extremity	G2
35261	Repair blood vessel with graft other than vein; neck	G2
35266	Repair blood vessel with graft other than vein; upper extremity	G2
35286	Repair blood vessel with graft other than vein; lower extremity	G2
35321	Thromboendarterectomy, including patch graft, if performed; axillary-brachial	G2
35372	Thromboendarterectomy, including patch graft, if performed; deep (profunda) femoral	J8
35800	Exploration for postoperative hemorrhage, thrombosis or infection; neck	G2
35860	Exploration for postoperative hemorrhage, thrombosis or infection; extremity	G2
35879	Revision, lower extremity arterial bypass, without thrombectomy, open; with vein patch angioplasty	G2
35881	Revision, lower extremity arterial bypass, without thrombectomy, open; with segmental vein interposition	J8
35883	Revision, femoral anastomosis of synthetic arterial bypass graft in groin, open; with nonautogenous patch graft (eg, polyester, eptfe, bovine pericardium)	G2
35884	Revision, femoral anastomosis of synthetic arterial bypass graft in groin, open; with autogenous vein patch graft	G2
35903	Excision of infected graft; extremity	G2
36460	Transfusion, intrauterine, fetal	G2
36838	Distal revascularization and interval ligation (dril), upper extremity hemodialysis access (steal syndrome)	G2
37182	Insertion of transvenous intrahepatic portosystemic shunt(s) (tips) (includes venous access, hepatic and portal vein catheterization, portography with hemodynamic evaluation, intrahepatic tract formation/dilatation, stent placement and all associated imaging guidance and documentation)	J8

37183	Revision of transvenous intrahepatic portosystemic shunt(s) (tips) (includes venous access, hepatic and portal vein catheterization, portography with hemodynamic evaluation, intrahepatic tract recannulization/dilatation, stent placement and all associated imaging guidance and documentation)	J8
37191	Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	J8
37195	Thrombolysis, cerebral, by intravenous infusion	G2
37213	Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed;	G2
37214	Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed; cessation of thrombolysis including removal of catheter and vessel closure by any method	G2
37244	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation	J8
37565	Ligation, internal jugular vein	G2
37600	Ligation; external carotid artery	G2
37605	Ligation; internal or common carotid artery	G2
37606	Ligation; internal or common carotid artery, with gradual occlusion, as with silverstone or crutchfield clamp	G2
37615	Ligation, major artery (eg, post-traumatic, rupture); neck	G2
37617	Ligation, major artery (eg, post-traumatic, rupture); abdomen	G2
37619	Ligation of inferior vena cava	G2
38120	Laparoscopy, surgical, splenectomy	G2
38207	Transplant preparation of hematopoietic progenitor cells; cryopreservation and storage	G2
38208	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, without washing, per donor	G2
38209	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, with washing, per donor	G2
38210	Transplant preparation of hematopoietic progenitor cells; specific cell depletion within harvest, t-cell depletion	G2
38211	Transplant preparation of hematopoietic progenitor cells; tumor cell depletion	G2
38212	Transplant preparation of hematopoietic progenitor cells; red blood cell removal	G2
38213	Transplant preparation of hematopoietic progenitor cells; platelet depletion	G2
38214	Transplant preparation of hematopoietic progenitor cells; plasma (volume) depletion	G2
38215	Transplant preparation of hematopoietic progenitor cells; cell concentration in plasma, mononuclear, or buffy coat layer	G2
38240	Hematopoietic progenitor cell (hpc); allogeneic transplantation per donor	G2

38562	Limited lymphadenectomy for staging (separate procedure); pelvic and para-aortic	G2
38720	Cervical lymphadenectomy (complete)	G2
39401	Mediastinoscopy; includes biopsy(ies) of mediastinal mass (eg, lymphoma), when performed	G2
39402	Mediastinoscopy; with lymph node biopsy(ies) (eg, lung cancer staging)	G2
42842	Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; without closure	G2
42844	Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; closure with local flap (eg, tongue, buccal)	G2
43020	Esophagotomy, cervical approach, with removal of foreign body	G2
43280	Laparoscopy, surgical, esophagogastric fundoplasty (eg, nissen, toupet procedures)	G2
43281	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; without implantation of mesh	G2
43282	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; with implantation of mesh	G2
43420	Closure of esophagostomy or fistula; cervical approach	G2
43497	Lower esophageal myotomy, transoral (ie, peroral endoscopic myotomy [poem])	G2
43510	Gastrotomy; with esophageal dilation and insertion of permanent intraluminal tube (eg, celestin or mousseaux-barbin)	G2
43647	Laparoscopy, surgical; implantation or replacement of gastric neurostimulator electrodes, antrum	J8
43648	Laparoscopy, surgical; revision or removal of gastric neurostimulator electrodes, antrum	G2
43651	Laparoscopy, surgical; transection of vagus nerves, truncal	G2
43652	Laparoscopy, surgical; transection of vagus nerves, selective or highly selective	G2
43770	Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (eg, gastric band and subcutaneous port components)	J8
43772	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device component only	G2
43773	Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric restrictive device component only	G2
43830	Gastrostomy, open; without construction of gastric tube (eg, stamm procedure) (separate procedure)	G2
43831	Gastrostomy, open; neonatal, for feeding	G2
43840	Gastrorrhaphy, suture of perforated duodenal or gastric ulcer, wound, or injury	G2
44180	Laparoscopy, surgical, enterolysis (freeing of intestinal adhesion) (separate procedure)	G2
44186	Laparoscopy, surgical; jejunostomy (eg, for decompression or feeding)	G2
44300	Placement, enterostomy or cecostomy, tube open (eg, for feeding or decompression) (separate procedure)	G2
44314	Revision of ileostomy; complicated (reconstruction in-depth) (separate procedure)	G2
44345	Revision of colostomy; complicated (reconstruction in-depth) (separate procedure)	G2

44346	Revision of colostomy; with repair of paracolostomy hernia (separate procedure)	G2
44602	Suture of small intestine (enterorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture; single perforation	G2
44950	Appendectomy;	G2
44970	Laparoscopy, surgical, appendectomy	G2
47370	Laparoscopy, surgical, ablation of 1 or more liver tumor(s); radiofrequency	G2
47371	Laparoscopy, surgical, ablation of 1 or more liver tumor(s); cryosurgical	G2
47490	Cholecystostomy, percutaneous, complete procedure, including imaging guidance, catheter placement, cholecystogram when performed, and radiological supervision and interpretation	G2
49010	Exploration, retroperitoneal area with or without biopsy(s) (separate procedure)	G2
49185	Sclerotherapy of a fluid collection (eg, lymphocele, cyst, or seroma), percutaneous, including contrast injection(s), sclerosant injection(s), diagnostic study, imaging guidance (eg, ultrasound, fluoroscopy) and radiological supervision and interpretation when performed	G2
49255	Omentectomy, epiploectomy, resection of omentum (separate procedure)	G2
49323	Laparoscopy, surgical; with drainage of lymphocele to peritoneal cavity	G2
49405	Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); visceral (eg, kidney, liver, spleen, lung/mesothorax), percutaneous	G2
49491	Repair, initial inguinal hernia, preterm infant (younger than 37 weeks gestation at birth), performed from birth up to 50 weeks postconception age, with or without hydrocelectomy; reducible	G2
49492	Repair, initial inguinal hernia, preterm infant (younger than 37 weeks gestation at birth), performed from birth up to 50 weeks postconception age, with or without hydrocelectomy; incarcerated or strangulated	G2
50020	Drainage of perirenal or renal abscess, open	G2
50541	Laparoscopy, surgical; ablation of renal cysts	G2
50542	Laparoscopy, surgical; ablation of renal mass lesion(s), including intraoperative ultrasound guidance and monitoring, when performed	G2
50543	Laparoscopy, surgical; partial nephrectomy	G2
50544	Laparoscopy, surgical; pyeloplasty	G2
50945	Laparoscopy, surgical; ureterolithotomy	G2
51060	Transvesical ureterolithotomy	G2
51840	Anterior vesicourethropexy, or urethropexy (eg, marshall-marchetti-krantz, burch); simple	G2
51845	Abdomino-vaginal vesical neck suspension, with or without endoscopic control (eg, stamey, raz, modified pereyra)	G2
51860	Cystorrhaphy, suture of bladder wound, injury or rupture; simple	G2
51990	Laparoscopy, surgical; urethral suspension for stress incontinence	G2
53500	Urethrolysis, transvaginal, secondary, open, including cystourethroscopy (eg, postsurgical obstruction, scarring)	G2
54332	1-stage proximal penile or penoscrotal hypospadias repair requiring extensive dissection to correct chordee and urethroplasty by use of skin graft tube and/or island flap	G2
54336	1-stage perineal hypospadias repair requiring extensive dissection to correct chordee and urethroplasty by use of skin graft tube and/or island flap	G2

54411	Removal and replacement of all components of a multi-component inflatable penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue	J8
54417	Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue	J8
54535	Orchiectomy, radical, for tumor; with abdominal exploration	G2
55866	Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed	G2
55867	Laparoscopy, surgical prostatectomy, simple subtotal (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy), includes robotic assistance, when performed	G2
55970	Intersex surgery; male to female	G2
55980	Intersex surgery; female to male	G2
56630	Vulvectomy, radical, partial;	G2
57106	Vaginectomy, partial removal of vaginal wall;	G2
57107	Vaginectomy, partial removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy)	G2
57109	Vaginectomy, partial removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy) with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy)	G2
57284	Paravaginal defect repair (including repair of cystocele, if performed); open abdominal approach	J8
57285	Paravaginal defect repair (including repair of cystocele, if performed); vaginal approach	G2
57292	Construction of artificial vagina; with graft	G2
57330	Closure of vesicovaginal fistula; transvesical and vaginal approach	G2
57335	Vaginoplasty for intersex state	G2
57423	Paravaginal defect repair (including repair of cystocele, if performed), laparoscopic approach	G2
57555	Excision of cervical stump, vaginal approach; with anterior and/or posterior repair	G2
58263	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s), with repair of enterocele	G2
58270	Vaginal hysterectomy, for uterus 250 g or less; with repair of enterocele	G2
58290	Vaginal hysterectomy, for uterus greater than 250 g;	G2
58291	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	G2
58292	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s), with repair of enterocele	G2
58294	Vaginal hysterectomy, for uterus greater than 250 g; with repair of enterocele	G2
58770	Salpingostomy (salpingoneostomy)	G2
58920	Wedge resection or bisection of ovary, unilateral or bilateral	G2
58925	Ovarian cystectomy, unilateral or bilateral	G2
59030	Fetal scalp blood sampling	G2
59409	Vaginal delivery only (with or without episiotomy and/or forceps);	G2
59612	Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps);	G2

60252	Thyroidectomy, total or subtotal for malignancy; with limited neck dissection	G2
60271	Thyroidectomy, including substernal thyroid; cervical approach	G2
60502	Parathyroidectomy or exploration of parathyroid(s); re-exploration	G2
60520	Thymectomy, partial or total; transcervical approach (separate procedure)	G2
61623	Endovascular temporary balloon arterial occlusion, head or neck (extracranial/intracranial) including selective catheterization of vessel to be occluded, positioning and inflation of occlusion balloon, concomitant neurological monitoring, and radiologic supervision and interpretation of all angiography required for balloon occlusion and to exclude vascular injury post occlusion	J8
61624	Transcatheter permanent occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method; central nervous system (intracranial, spinal cord)	J8
61626	Transcatheter permanent occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method; non-central nervous system, head or neck (extracranial, brachiocephalic branch)	J8
61720	Creation of lesion by stereotactic method, including burr hole(s) and localizing and recording techniques, single or multiple stages; globus pallidus or thalamus	G2
61891	Revision or replacement of skull-mounted cranial neurostimulator pulse generator or receiver with connection to depth and/or cortical strip electrode array(s)	J8
61892	Removal of skull-mounted cranial neurostimulator pulse generator or receiver with cranioplasty, when performed	G2
62000	Elevation of depressed skull fracture; simple, extradural	G2
62351	Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; with laminectomy	J8
63011	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; sacral	G2
63012	Laminectomy with removal of abnormal facets and/or pars inter-articularis with decompression of cauda equina and nerve roots for spondylolisthesis, lumbar (gill type procedure)	G2
63015	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; cervical	G2
63016	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; thoracic	G2
63017	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; lumbar	G2
63040	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; cervical	G2
63064	Costovertebral approach with decompression of spinal cord or nerve root(s) (eg, herniated intervertebral disc), thoracic; single segment	G2

63075	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, single interspace	G2
63265	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; cervical	G2
63266	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; thoracic	G2
63267	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; lumbar	G2
63268	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; sacral	G2
63741	Creation of shunt, lumbar, subarachnoid-peritoneal, -pleural, or other; percutaneous, not requiring laminectomy	J8
64804	Sympathectomy, cervicothoracic	G2
64911	Nerve repair; with autogenous vein graft (includes harvest of vein graft), each nerve	J8
69725	Decompression facial nerve, intratemporal; including medial to geniculate ganglion	G2
69955	Total facial nerve decompression and/or repair (may include graft)	G2
69960	Decompression internal auditory canal	G2
69970	Removal of tumor, temporal bone	G2
91010	Esophageal motility (manometric study of the esophagus and/or gastroesophageal junction) study with interpretation and report;	Z3
91020	Gastric motility (manometric) studies	Z2
91022	Duodenal motility (manometric) study	Z3
91030	Esophagus, acid perfusion (bernstein) test for esophagitis	Z3
91034	Esophagus, gastroesophageal reflux test; with nasal catheter ph electrode(s) placement, recording, analysis and interpretation	Z3
91037	Esophageal function test, gastroesophageal reflux test with nasal catheter intraluminal impedance electrode(s) placement, recording, analysis and interpretation;	Z2
91038	Esophageal function test, gastroesophageal reflux test with nasal catheter intraluminal impedance electrode(s) placement, recording, analysis and interpretation; prolonged (greater than 1 hour, up to 24 hours)	Z2
91040	Esophageal balloon distension study, diagnostic, with provocation when performed	Z2
91065	Breath hydrogen or methane test (eg, for detection of lactase deficiency, fructose intolerance, bacterial overgrowth, or oro-cecal gastrointestinal transit)	Z3
91110	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus through ileum, with interpretation and report	Z2
91111	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus with interpretation and report	Z2
91112	Gastrointestinal transit and pressure measurement, stomach through colon, wireless capsule, with interpretation and report	Z2
91113	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), colon, with interpretation and report	Z2
91117	Colon motility (manometric) study, minimum 6 hours continuous recording (including provocation tests, eg, meal, intracolonic balloon distension, pharmacologic agents, if performed), with interpretation and report	Z2
92924	Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; single major coronary artery or branch	J8

92933	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch	J8
92937	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel	J8
92943	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; single vessel	J8
92960	Cardioversion, elective, electrical conversion of arrhythmia; external	G2
92961	Cardioversion, elective, electrical conversion of arrhythmia; internal (separate procedure)	G2
93312	Echocardiography, transesophageal, real-time with image documentation (2d) (with or without m-mode recording); including probe placement, image acquisition, interpretation and report	Z3
93318	Echocardiography, transesophageal (tee) for monitoring purposes, including probe placement, real time 2-dimensional image acquisition and interpretation leading to ongoing (continuous) assessment of (dynamically changing) cardiac pumping function and to therapeutic measures on an immediate time basis	Z2
93619	Comprehensive electrophysiologic evaluation with right atrial pacing and recording, right ventricular pacing and recording, his bundle recording, including insertion and repositioning of multiple electrode catheters, without induction or attempted induction of arrhythmia	Z2
93620	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with right atrial pacing and recording, right ventricular pacing and recording, his bundle recording	Z2
93642	Electrophysiologic evaluation of single or dual chamber transvenous pacing cardioverter-defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)	Z3
93650	Intracardiac catheter ablation of atrioventricular node function, atrioventricular conduction for creation of complete heart block, with or without temporary pacemaker placement	J8
93653	Comprehensive electrophysiologic evaluation with insertion and repositioning of multiple electrode catheters, induction or attempted induction of an arrhythmia with right atrial pacing and recording and catheter ablation of arrhythmogenic focus, including intracardiac electrophysiologic 3-dimensional mapping, right ventricular pacing and recording, left atrial pacing and recording from coronary sinus or left atrium, and his bundle recording, when performed; with treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathway, accessory atrioventricular connection, cavo-tricuspid isthmus or other single atrial focus or source of atrial re-entry	J8
93654	Comprehensive electrophysiologic evaluation with insertion and repositioning of multiple electrode catheters, induction or attempted induction of an arrhythmia with right atrial pacing and recording and catheter	J8

	ablation of arrhythmogenic focus, including intracardiac electrophysiologic 3-dimensional mapping, right ventricular pacing and recording, left atrial pacing and recording from coronary sinus or left atrium, and his bundle recording, when performed; with treatment of ventricular tachycardia or focus of ventricular ectopy including left ventricular pacing and recording, when performed	
93656	Comprehensive electrophysiologic evaluation with transseptal catheterizations, insertion and repositioning of multiple electrode catheters, induction or attempted induction of an arrhythmia including left or right atrial pacing/recording, and intracardiac catheter ablation of atrial fibrillation by pulmonary vein isolation, including intracardiac electrophysiologic 3-dimensional mapping, intracardiac echocardiography with imaging supervision and interpretation, right ventricular pacing/recording, and his bundle recording, when performed	J8
93724	Electronic analysis of antitachycardia pacemaker system (includes electrocardiographic recording, programming of device, induction and termination of tachycardia via implanted pacemaker, and interpretation of recordings)	Z3
0184T	Excision of rectal tumor, transanal endoscopic microsurgical approach (ie, tems), including muscularis propria (ie, full thickness)	G2
0202T	Posterior vertebral joint(s) arthroplasty (eg, facet joint[s] replacement), including facetectomy, laminectomy, foraminotomy, and vertebral column fixation, injection of bone cement, when performed, including fluoroscopy, single level, lumbar spine	J8
0219T	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; cervical	J8
0220T	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; thoracic	J8
0221T	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; lumbar	J8
0505T	Endovenous femoral-popliteal arterial revascularization, with transcatheter placement of intravascular stent graft(s) and closure by any method, including percutaneous or open vascular access, ultrasound guidance for vascular access when performed, all catheterization(s) and intraprocedural roadmapping and imaging guidance necessary to complete the intervention, all associated radiological supervision and interpretation, when performed, with crossing of the occlusive lesion in an extraluminal fashion	J8
0515T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; complete system (includes electrode and generator [transmitter and battery])	J8
0516T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; electrode only	J8
0517T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; both components of pulse generator (battery and transmitter) only	J8

0518T	Removal of pulse generator for wireless cardiac stimulator for left ventricular pacing; battery component only	G2
0519T	Removal and replacement of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; both components (battery and transmitter)	G2
0520T	Removal and replacement of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; battery component only	J8
0582T	Transurethral ablation of malignant prostate tissue by high-energy water vapor thermotherapy, including intraoperative imaging and needle guidance	J8
0645T	Transcatheter implantation of coronary sinus reduction device including vascular access and closure, right heart catheterization, venous angiography, coronary sinus angiography, imaging guidance, and supervision and interpretation, when performed	G2
0656T	Anterior lumbar or thoracolumbar vertebral body tethering; up to 7 vertebral segments	J8
0657T	Anterior lumbar or thoracolumbar vertebral body tethering; 8 or more vertebral segments	J8
0692T	Therapeutic ultrafiltration	G2
0744T	Insertion of bioprosthetic valve, open, femoral vein, including duplex ultrasound imaging guidance, when performed, including autogenous or nonautogenous patch graft (eg, polyester, eptfe, bovine pericardium), when performed	G2
0786T	Insertion or replacement of percutaneous electrode array, sacral, with integrated neurostimulator, including imaging guidance, when performed	J8
0790T	Revision (eg, augmentation, division of tether), replacement, or removal of thoracolumbar or lumbar vertebral body tethering, including thoracoscopy, when performed	J8
0861T	Removal of pulse generator for wireless cardiac stimulator for left ventricular pacing; both components (battery and transmitter)	G2
0862T	Relocation of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; battery component only	G2
0863T	Relocation of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; transmitter component only	G2
0865T	Quantitative magnetic resonance image (mri) analysis of the brain with comparison to prior magnetic resonance (mr) study(ies), including lesion identification, characterization, and quantification, with brain volume(s) quantification and/or severity score, when performed, data preparation and transmission, interpretation and report, obtained without diagnostic mri examination of the brain during the same session	Z2
0866T	Quantitative magnetic resonance image (mri) analysis of the brain with comparison to prior magnetic resonance (mr) study(ies), including lesion detection, characterization, and quantification, with brain volume(s) quantification and/or severity score, when performed, data preparation and transmission, interpretation and report, obtained with diagnostic mri examination of the brain (list separately in addition to code for primary procedure)	Z2
76014	Mr safety implant and/or foreign body assessment by trained clinical staff, including identification and verification of implant components from	Z3

	appropriate sources (eg, surgical reports, imaging reports, medical device databases, device vendors, review of prior imaging), analyzing current mr conditional status of individual components and systems, and consulting published professional guidance with written report; initial 15 minutes	
76016	Mr safety determination by a physician or other qualified health care professional responsible for the safety of the mr procedure, including review of implant mr conditions for indicated mr examination, analysis of risk vs clinical benefit of performing mr examination, and determination of mr equipment, accessory equipment, and expertise required to perform examination, with written report	Z3
76018	Mr safety implant electronics preparation under supervision of physician or other qualified health care professional, including mr-specific programming of pulse generator and/or transmitter to verify device integrity, protection of device internal circuitry from mr electromagnetic fields, and protection of patient from risks of unintended stimulation or heating while in the mr room, with written report	Z2
76019	Mr safety implant positioning and/or immobilization under supervision of physician or other qualified health care professional, including application of physical protections to secure implanted medical device from mr-induced translational or vibrational forces, magnetically induced functional changes, and/or prevention of radiofrequency burns from inadvertent tissue contact while in the mr room, with written report	Z2
A2001	Innovamatrix ac, per square centimeter	S2
A2002	Mirragen advanced wound matrix, per square centimeter	S2
A2005	Microlyte matrix, per square centimeter	S2
A2006	Novosorb synpath dermal matrix, per square centimeter	S2
A2007	Restrata, per square centimeter	S2
A2008	Theragenesis, per square centimeter	S2
A2009	Symphony, per square centimeter	S2
A2010	Apis, per square centimeter	S2
A2011	Supra sdrm, per square centimeter	S2
A2012	Suprathel, per square centimeter	S2
A2013	Innovamatrix fs, per square centimeter	S2
A2015	Phoenix wound matrix, per square centimeter	S2
A2016	Permeaderm b, per square centimeter	S2
A2018	Permeaderm c, per square centimeter	S2
A2019	Kerecis omega3 marigen shield, per square centimeter	S2
A2021	Neomatrix, per square centimeter	S2
A2022	Innovaburn or innovamatrix xl, per square centimeter	S2
A2024	Resolve matrix or xenopatch, per square centimeter	S2
A2025	Miro3d, per cubic centimeter	S2
C7508	Percutaneous vertebral augmentations, first lumbar and any additional thoracic or lumbar vertebral bodies, including cavity creations (fracture reductions and bone biopsies included when performed) using mechanical device (e.g., kyphoplasty), unilateral or bilateral cannulations, inclusive of all imaging guidance	G2
C7511	Bronchoscopy, rigid or flexible, with single or multiple bronchial or endobronchial biopsy(ies), single or multiple sites, with computer-assisted image-guided navigation, including fluoroscopic guidance when performed	G2
C7547	Convert nephrostomy catheter to nephroureteral catheter, percutaneous via pre-existing nephrostomy tract, with ureteral stricture balloon dilation,	G2

	including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation	
C8925	Transesophageal echocardiography (tee) with contrast, or without contrast followed by with contrast, real time with image documentation (2d) (with or without m-mode recording); including probe placement, image acquisition, interpretation and report	Z2
C8926	Transesophageal echocardiography (tee) with contrast, or without contrast followed by with contrast, for congenital cardiac anomalies; including probe placement, image acquisition, interpretation and report	Z2
C8927	Transesophageal echocardiography (tee) with contrast, or without contrast followed by with contrast, for monitoring purposes, including probe placement, real time 2-dimensional image acquisition and interpretation leading to ongoing (continuous) assessment of (dynamically changing) cardiac pumping function and to therapeutic measures on an immediate time basis	Z2
C9363	Skin substitute, integra meshed bilayer wound matrix, per square centimeter	S2
C9602	Percutaneous transluminal coronary atherectomy, with drug eluting intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch	J8
C9604	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel	J8
C9607	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty; single vessel	J8
C9758	Blinded procedure for nyha class iii/iv heart failure; transcatheter implantation of interatrial shunt or placebo control, including right heart catheterization, trans-esophageal echocardiography (tee)/intracardiac echocardiography (ice), and all imaging with or without guidance (e.g., ultrasound, fluoroscopy), performed in an approved investigational device exemption (ide) study	J8
C9760	Non-randomized, non-blinded procedure for nyha class ii, iii, iv heart failure; transcatheter implantation of interatrial shunt, including right and left heart catheterization, transeptal puncture, trans-esophageal echocardiography (tee)/intracardiac echocardiography (ice), and all imaging with or without guidance (e.g., ultrasound, fluoroscopy), performed in an approved investigational device exemption (ide) study	G2
C9779	Endoscopic submucosal dissection (esd), including endoscopy or colonoscopy, mucosal closure, when performed	G2
C9780	Insertion of central venous catheter through central venous occlusion via inferior and superior approaches (e.g., inside-out technique), including imaging guidance	J8
C9782	Blinded procedure for new york heart association (nyha) class ii or iii heart failure, or canadian cardiovascular society (ccs) class iii or iv chronic refractory angina; transcatheter intramyocardial transplantation of autologous bone marrow cells (e.g., mononuclear) or placebo control, autologous bone marrow harvesting and preparation for transplantation, left heart catheterization including ventriculography, all laboratory services, and	J8

	all imaging with or without guidance (e.g., transthoracic echocardiography, ultrasound, fluoroscopy), performed in an approved investigational device exemption (ide) study	
C9783	Blinded procedure for transcatheter implantation of coronary sinus reduction device or placebo control, including vascular access and closure, right heart catheterization, venous and coronary sinus angiography, imaging guidance and supervision and interpretation when performed in an approved investigational device exemption (ide) study	G2
C9785	Endoscopic outlet reduction, gastric pouch application, with endoscopy and intraluminal tube insertion, if performed, including all system and tissue anchoring components	G2
C9792	Blinded or nonblinded procedure for symptomatic new york heart association (nyha) class ii, iii, iva heart failure; transcatheter implantation of left atrial to coronary sinus shunt using jugular vein access, including all imaging necessary to intra procedurally map the coronary sinus for optimal shunt placement (e.g., tee or ice ultrasound, fluoroscopy), performed under general anesthesia in an approved investigational device exemption (ide) study)	G2
C9901	Endoscopic defect closure within the entire gastrointestinal tract, including upper endoscopy (including diagnostic, if performed) or colonoscopy (including diagnostic, if performed), with all system and tissue anchoring components	J8
D7440	Excision of malignant tumor-lesion diameter up to 1.25 cm	D2
D7441	Excision of malignant tumor-lesion diameter greater than 1.25 cm	D2
G0412	Open treatment of iliac spine(s), tuberosity avulsion, or iliac wing fracture(s), unilateral or bilateral for pelvic bone fracture patterns which do not disrupt the pelvic ring includes internal fixation, when performed	J8
G0413	Percutaneous skeletal fixation of posterior pelvic bone fracture and/or dislocation, for fracture patterns which disrupt the pelvic ring, unilateral or bilateral, (includes ilium, sacroiliac joint and/or sacrum)	J8
G0414	Open treatment of anterior pelvic bone fracture and/or dislocation for fracture patterns which disrupt the pelvic ring, unilateral or bilateral, includes internal fixation when performed (includes pubic symphysis and/or superior/inferior rami)	J8
G0415	Open treatment of posterior pelvic bone fracture and/or dislocation, for fracture patterns which disrupt the pelvic ring, unilateral or bilateral, includes internal fixation, when performed (includes ilium, sacroiliac joint and/or sacrum)	G2
Q4101	Apligraf, per square centimeter	S2
Q4102	Oasis wound matrix, per square centimeter	S2
Q4103	Oasis burn matrix, per square centimeter	S2
Q4104	Integra bilayer matrix wound dressing (bmwd), per square centimeter	S2
Q4105	Integra dermal regeneration template (drt) or integra omnigraft dermal regeneration matrix, per square centimeter	S2
Q4107	Graftjacket, per square centimeter	S2
Q4108	Integra matrix, per square centimeter	S2
Q4110	Primatrix, per square centimeter	S2
Q4111	Gammagraft, per square centimeter	S2
Q4115	AlloSkin, per square centimeter	S2
Q4116	Alloderm, per square centimeter	S2
Q4117	Hyalomatrix, per square centimeter	S2

Q4121	Theraskin, per square centimeter	S2
Q4122	Dermacell, dermacell awm or dermacell awm porous, per square centimeter	S2
Q4123	Alloskin rt, per square centimeter	S2
Q4124	Oasis ultra tri-layer wound matrix, per square centimeter	S2
Q4125	Arthroflex, per square centimeter	S2
Q4126	Memoderm, dermaspan, tranzgraft or integuply, per square centimeter	S2
Q4127	Talymed, per square centimeter	S2
Q4128	Flex hd, or allopatch hd, per square centimeter	S2
Q4130	Strattice tm, per square centimeter	S2
Q4132	Grafix core and grafixpl core, per square centimeter	S2
Q4133	Grafix prime, grafixpl prime, stravix and stravixpl, per square centimeter	S2
Q4134	Hmatrix, per square centimeter	S2
Q4135	Mediskin, per square centimeter	S2
Q4136	Ez-derm, per square centimeter	S2
Q4137	Amnioexcel, amnioexcel plus or biodexcel, per square centimeter	S2
Q4138	Biodfence dryflex, per square centimeter	S2
Q4140	Biodfence, per square centimeter	S2
Q4141	Alloskin ac, per square centimeter	S2
Q4142	Xcm biologic tissue matrix, per square centimeter	S2
Q4143	Repriza, per square centimeter	S2
Q4146	Tensix, per square centimeter	S2
Q4147	Architect, architect px, or architect fx, extracellular matrix, per square centimeter	S2
Q4148	Neox cord 1k, neox cord rt, or clarix cord 1k, per square centimeter	S2
Q4150	Allowrap ds or dry, per square centimeter	S2
Q4151	Amnioband or guardian, per square centimeter	S2
Q4152	Dermapure, per square centimeter	S2
Q4153	Dermavest and plurivest, per square centimeter	S2
Q4154	Biovance, per square centimeter	S2
Q4156	Neox 100 or clarix 100, per square centimeter	S2
Q4157	Revitalon, per square centimeter	S2
Q4158	Kerecis omega3, per square centimeter	S2
Q4159	Affinity, per square centimeter	S2
Q4160	Nushield, per square centimeter	S2
Q4161	Bio-connekt wound matrix, per square centimeter	S2
Q4163	Woundex, bioskin, per square centimeter	S2
Q4164	Helicoll, per square centimeter	S2
Q4165	Keramatrix or kerasorb, per square centimeter	S2
Q4166	Cytal, per square centimeter	S2
Q4167	Truskin, per square centimeter	S2
Q4169	Artacent wound, per square centimeter	S2
Q4170	Cygnus, per square centimeter	S2
Q4173	Palingen or palingen xplus, per square centimeter	S2
Q4175	Miroderm, per square centimeter	S2
Q4176	Neopatch or therion, per square centimeter	S2
Q4178	Floweramniopatch, per square centimeter	S2
Q4179	Flowerderm, per square centimeter	S2
Q4180	Revita, per square centimeter	S2
Q4181	Amnio wound, per square centimeter	S2
Q4182	Transcyte, per square centimeter	S2

Q4183	Surgigraft, per square centimeter	S2
Q4184	Cellesta or cellesta duo, per square centimeter	S2
Q4186	Epifix, per square centimeter	S2
Q4187	Epicord, per square centimeter	S2
Q4188	Amnioarmor, per square centimeter	S2
Q4190	Artacent ac, per square centimeter	S2
Q4191	Restorigin, per square centimeter	S2
Q4193	Coll-e-derm, per square centimeter	S2
Q4194	Novachor, per square centimeter	S2
Q4195	Puraply, per square centimeter	S2
Q4196	Puraply am, per square centimeter	S2
Q4197	Puraply xt, per square centimeter	S2
Q4198	Genesis amniotic membrane, per square centimeter	S2
Q4199	Cygnus matrix, per square centimeter	S2
Q4200	Skin te, per square centimeter	S2
Q4201	Matrion, per square centimeter	S2
Q4203	Derma-gide, per square centimeter	S2
Q4204	Xwrap, per square centimeter	S2
Q4205	Membrane graft or membrane wrap, per square centimeter	S2
Q4208	Novafix, per square centimeter	S2
Q4209	Surgraft, per square centimeter	S2
Q4211	Amnion bio or axobiomembrane, per square centimeter	S2
Q4214	Cellesta cord, per square centimeter	S2
Q4216	Artacent cord, per square centimeter	S2
Q4217	Woundfix, biowound, woundfix plus, biowound plus, woundfix xplus or biowound xplus, per square centimeter	S2
Q4218	Surgicord, per square centimeter	S2
Q4219	Surgigraft-dual, per square centimeter	S2
Q4220	Bellacell hd or surederm, per square centimeter	S2
Q4221	Amniowrap2, per square centimeter	S2
Q4222	Progenamatrix, per square centimeter	S2
Q4225	Amniobind or dermabind tl, per square centimeter	S2
Q4226	Myown skin, includes harvesting and preparation procedures, per square centimeter	S2
Q4227	Amniocore, per square centimeter	S2
Q4229	Cogenex amniotic membrane, per square centimeter	S2
Q4232	Corplex, per square centimeter	S2
Q4234	Xcelerate, per square centimeter	S2
Q4235	Amniorepair or altiply, per square centimeter	S2
Q4236	Carepatch, per square centimeter	S2
Q4237	Cryo-cord, per square centimeter	S2
Q4238	Derm-maxx, per square centimeter	S2
Q4239	Amnio-maxx or amnio-maxx lite, per square centimeter	S2
Q4247	Amniotext patch, per square centimeter	S2
Q4248	Dermacyte amniotic membrane allograft, per square centimeter	S2
Q4249	Amnily, for topical use only, per square centimeter	S2
Q4250	Amnioamp-mp, per square centimeter	S2
Q4251	Vim, per square centimeter	S2
Q4252	Vendaje, per square centimeter	S2
Q4253	Zenith amniotic membrane, per square centimeter	S2

Q4254	Novafix dl, per square centimeter	S2
Q4255	Reguard, for topical use only, per square centimeter	S2
Q4256	Mlg-complete, per square centimeter	S2
Q4257	Relese, per square centimeter	S2
Q4258	Enverse, per square centimeter	S2
Q4259	Celera dual layer or celera dual membrane, per square centimeter	S2
Q4260	Signature apatch, per square centimeter	S2
Q4261	Tag, per square centimeter	S2
Q4262	Dual layer impax membrane, per square centimeter	S2
Q4263	Surgraft tl, per square centimeter	S2
Q4264	Cocoon membrane, per square centimeter	S2
Q4265	Neostim tl, per square centimeter	S2
Q4266	Neostim membrane, per square centimeter	S2
Q4267	Neostim dl, per square centimeter	S2
Q4268	Surgraft ft, per square centimeter	S2
Q4269	Surgraft xt, per square centimeter	S2
Q4270	Complete sl, per square centimeter	S2
Q4271	Complete ft, per square centimeter	S2
Q4272	Esano a, per square centimeter	S2
Q4273	Esano aaa, per square centimeter	S2
Q4274	Esano ac, per square centimeter	S2
Q4275	Esano aca, per square centimeter	S2
Q4276	Orion, per square centimeter	S2
Q4278	Epieffect, per square centimeter	S2
Q4279	Vendaje ac, per square centimeter	S2
Q4280	Xcell amnio matrix, per square centimeter	S2
Q4281	Barrera sl or barrera dl, per square centimeter	S2
Q4282	Cygnus dual, per square centimeter	S2
Q4283	Biovance tri-layer or biovance 3l, per square centimeter	S2
Q4284	Dermabind sl, per square centimeter	S2
Q4285	Nudyn dl or nudyn dl mesh, per square centimeter	S2
Q4286	Nudyn sl or nudyn slw, per square centimeter	S2
Q4287	Dermabind dl, per square centimeter	S2
Q4288	Dermabind ch, per square centimeter	S2
Q4289	Revoshield + amniotic barrier, per square centimeter	S2
Q4290	Membrane wrap-hydro, per square centimeter	S2
Q4291	Lamellas xt, per square centimeter	S2
Q4292	Lamellas, per square centimeter	S2
Q4293	Acesso dl, per square centimeter	S2
Q4294	Amnio quad-core, per square centimeter	S2
Q4295	Amnio tri-core amniotic, per square centimeter	S2
Q4296	Rebound matrix, per square centimeter	S2
Q4297	Emerge matrix, per square centimeter	S2
Q4298	Amnicore pro, per square centimeter	S2
Q4299	Amnicore pro+, per square centimeter	S2
Q4300	Acesso tl, per square centimeter	S2
Q4301	Activate matrix, per square centimeter	S2
Q4302	Complete aca, per square centimeter	S2
Q4303	Complete aa, per square centimeter	S2
Q4304	Grafix plus, per square centimeter	S2

Q4305	American amnion ac tri-layer, per square centimeter	S2
Q4306	American amnion ac, per square centimeter	S2
Q4307	American amnion, per square centimeter	S2
Q4308	Sanopellis, per square centimeter	S2
Q4309	Via matrix, per square centimeter	S2
Q4311	Acesso, per square centimeter	S2
Q4312	Acesso ac, per square centimeter	S2
Q4313	Dermabind fm, per square centimeter	S2
Q4314	Reeva ft, per square centimeter	S2
Q4315	Regenelink amniotic membrane allograft, per square centimeter	S2
Q4316	Amchoplast, per square centimeter	S2
Q4317	Vitograft, per square centimeter	S2
Q4318	E-graft, per square centimeter	S2
Q4319	Sanograft, per square centimeter	S2
Q4320	Pellograft, per square centimeter	S2
Q4321	Renograft, per square centimeter	S2
Q4322	Caregraft, per square centimeter	S2
Q4323	Alloply, per square centimeter	S2
Q4324	Amniotx, per square centimeter	S2
Q4325	Acapatch, per square centimeter	S2
Q4326	Woundplus, per square centimeter	S2
Q4327	Duoamnion, per square centimeter	S2
Q4328	Most, per square centimeter	S2
Q4329	Singlay, per square centimeter	S2
Q4330	Total, per square centimeter	S2
Q4331	Axolotl graft, per square centimeter	S2
Q4332	Axolotl dualgraft, per square centimeter	S2
Q4333	Ardeograft, per square centimeter	S2
0908T	Open implantation of integrated neurostimulation system, vagus nerve, including analysis and programming, when performed	J8
0909T	Replacement of integrated neurostimulation system, vagus nerve, including analysis and programming, when performed	J8
0910T	Removal of integrated neurostimulation system, vagus nerve	G2
Q4334	Amnioplast 1, per square centimeter	S2
Q4335	Amnioplast 2, per square centimeter	S2
Q4336	Artacent c, per square centimeter	S2
Q4337	Artacent trident, per square centimeter	S2
Q4338	Artacent velos, per square centimeter	S2
Q4339	Artacent vericlen, per square centimeter	S2
Q4340	Simpligraft, per square centimeter	S2
Q4341	Simplimax, per square centimeter	S2
Q4342	Theramend, per square centimeter	S2
Q4343	Dermacyte ac matrix amniotic membrane allograft, per square centimeter	S2
Q4344	Tri-membrane wrap, per square centimeter	S2
Q4345	Matrix hd allograft dermis, per square centimeter	S2
A2027	Matriderm, per square centimeter	S2
A2029	Mirotract wound matrix sheet, per cubic centimeter	S2
Q4346	Shelter dm matrix, per square centimeter	S2
Q4347	Rampart dl matrix, per square centimeter	S2
Q4348	Sentry sl matrix, per square centimeter	S2

Q4349	Mantle dl matrix, per square centimeter	S2
Q4350	Palisade dm matrix, per square centimeter	S2
Q4351	Enclose tl matrix, per square centimeter	S2
Q4352	Overlay sl matrix, per square centimeter	S2
Q4353	Xceed tl matrix, per square centimeter	S2
0962T	Assistive algorithmic analysis of acoustic and electrocardiogram recording for detection of cardiac dysfunction (eg, reduced ejection fraction, cardiac murmurs, atrial fibrillation), with review and interpretation by a physician or other qualified health care professional	G2
0977T	Upper gastrointestinal blood detection, sensor capsule, with interpretation and report	G2
A2031	Mirodry wound matrix, per square centimeter (add-on, list separately in addition to primary procedure)	S2
A2032	Myriad matrix, per square centimeter (add-on, list separately in addition to primary procedure)	S2
A2033	Myriad morcells, 4 milligrams	S2
A2034	Foundation drs solo, per square centimeter (add-on, list separately in addition to primary procedure)	S2
A2035	Corplex p or theracor p or allacor p, per milligram	S2
Q4354	Palingen dual-layer membrane and dual-layer palingen x-membrane, per square centimeter (add-on, list separately in addition to primary procedure)	S2
Q4355	Abiomend xplus membrane and abiomend xplus hydromembrane, per square centimeter (add-on, list separately in addition to primary procedure)	S2
Q4356	Abiomend membrane and abiomend hydromembrane, per square centimeter (add-on, list separately in addition to primary procedure)	S2
Q4357	Xwrap plus, per square centimeter (add-on, list separately in addition to primary procedure)	S2
Q4358	Xwrap dual, per square centimeter (add-on, list separately in addition to primary procedure)	S2
Q4359	Choriply, per square centimeter (add-on, list separately in addition to primary procedure)	S2
Q4360	Amchoplast fd, per square centimeter (add-on, list separately in addition to primary procedure)	S2
Q4361	Epixpress, per square centimeter (add-on, list separately in addition to primary procedure)	S2
Q4362	Cygnus disk, per square centimeter (add-on, list separately in addition to primary procedure)	S2
Q4363	Amnio burgeon membrane and hydromembrane, per square centimeter (add-on, list separately in addition to primary procedure)	S2
Q4364	Amnio burgeon xplus membrane and xplus hydromembrane, per square centimeter (add-on, list separately in addition to primary procedure)	S2
Q4365	Amnio burgeon dual-layer membrane, per square centimeter (add-on, list separately in addition to primary procedure)	S2
Q4366	Dual layer amnio burgeon x-membrane, per square centimeter (add-on, list separately in addition to primary procedure)	S2
Q4367	Amniocore sl, per square centimeter (add-on, list separately in addition to primary procedure)	S2
Q4368	Amchothick, per square centimeter (add-on, list separately in addition to primary procedure)	S2
Q4369	Amnioplast 3, per square centimeter (add-on, list separately in addition to primary procedure)	S2

Q4370	Aeroguard, per square centimeter (add-on, list separately in addition to primary procedure)	S2
Q4371	Neoguard, per square centimeter (add-on, list separately in addition to primary procedure)	S2
Q4372	Amchoplast excel, per square centimeter (add-on, list separately in addition to primary procedure)	S2
Q4373	Membrane wrap lite, per square centimeter (add-on, list separately in addition to primary procedure)	S2
Q4375	Duograft ac, per square centimeter (add-on, list separately in addition to primary procedure)	S2
Q4376	Duograft aa, per square centimeter (add-on, list separately in addition to primary procedure)	S2
Q4377	Trigraft ft, per square centimeter (add-on, list separately in addition to primary procedure)	S2
Q4378	Renew ft matrix, per square centimeter (add-on, list separately in addition to primary procedure)	S2
Q4379	Amniodefend ft matrix, per square centimeter (add-on, list separately in addition to primary procedure)	S2
Q4380	Advograft one, per square centimeter (add-on, list separately in addition to primary procedure)	S2
Q4382	Advograft dual, per square centimeter (add-on, list separately in addition to primary procedure)	S2
27458	Osteotomy(ies), femur, unilateral, with insertion of an externally controlled intramedullary lengthening device, including iliotibial band release when performed, imaging, alignment assessments, computations of adjustment schedules, and management of the intramedullary lengthening device	J8
27713	Osteotomy(ies), tibia, including fibula when performed, unilateral, with insertion of an externally controlled intramedullary lengthening device, including imaging, alignment assessments, computations of adjustment schedules, and management of the intramedullary lengthening device	J8
37256	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, initial vessel	J8
37258	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel	J8
37260	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel	J8

37263	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, initial vessel	J8
37265	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, initial vessel	J8
37267	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel	J8
37269	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel	J8
37271	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel	J8
37273	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel	J8
37275	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel	J8

37277	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel	J8
37280	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, initial vessel	J8
37282	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, initial vessel	J8
37284	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel	J8
37286	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel	J8
37288	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel	J8
37290	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel	J8

37292	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel	J8
37294	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel	J8
37296	Revascularization, endovascular, open or percutaneous, inframalleolar vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, initial vessel	J8
37298	Revascularization, endovascular, open or percutaneous, inframalleolar vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, initial vessel	J8
37254	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, initial vessel	J8
47384	Ablation, irreversible electroporation, liver, 1 or more tumors, including imaging guidance, percutaneous	J8
43889	Gastric restrictive procedure, transoral, endoscopic sleeve gastroplasty (ESG), including argon plasma coagulation, when performed	G2
52597	Transurethral robotic-assisted waterjet resection of prostate, including intraoperative planning, ultrasound guidance, control of postoperative bleeding, complete, including vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy, when performed	J8
52443	Cystourethroscopy with initial transurethral anterior prostate commissurotomy with a nondrug-coated balloon catheter followed by therapeutic drug delivery into the prostate by a drug-coated balloon catheter, including transrectal ultrasound and fluoroscopy, when performed	J8
55868	Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed; with lymph node biopsy(ies) (limited pelvic lymphadenectomy)	G2

55869	Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes	G2
55707	Biopsy, prostate, transrectal, ultrasound-guided (ie, sextant, ultrasound-localized discrete lesion[s])	G2
55708	Biopsy, prostate, transrectal, ultrasound-guided (ie, sextant) with MRI-fusion-guidance, first targeted lesion	G2
55709	Biopsy, prostate, transperineal, ultrasound-guided (ie, sextant, ultrasound-localized discrete lesion[s])	G2
55710	Biopsy, prostate, transperineal, ultrasound-guided (ie, sextant) with MRI-fusion-guidance biopsy, first targeted lesion	G2
55711	Biopsy, prostate, transrectal, MRI-ultrasound-fusion guided, targeted lesion(s) only, first targeted lesion	G2
55712	Biopsy, prostate, transperineal, MRI-ultrasound-fusion guided, targeted lesion(s) only, first targeted lesion	G2
55713	Biopsy, prostate, in-bore CT- or MRI-guided (ie, sextant), with biopsy of additional targeted lesion(s), first targeted lesion	G2
55714	Biopsy, prostate, in-bore CT- or MRI-guided targeted lesion(s) only, first targeted lesion	G2
55877	Ablation, irreversible electroporation, prostate, 1 or more tumors, including imaging guidance, percutaneous	J8
62330	Decompression, percutaneous, with partial removal of the ligamentum flavum, including laminotomy for access, epidurography, and imaging guidance (ie, CT or fluoroscopy), bilateral; one interspace, lumbar	J8
64728	Decompression; median nerve at the carpal tunnel, percutaneous, with intracarpal tunnel balloon dilation, including ultrasound guidance	J8
64659	Removal of baroreflex activation therapy (BAT) modulation system; pulse generator only	G2
64567	Percutaneous electrical nerve field stimulation, cranial nerves, without implantation	G2
64654	Initial open implantation of baroreflex activation therapy (BAT) modulation system, including lead placement onto the carotid sinus, lead tunnelling, connection to a pulse generator placed in a distant subcutaneous pocket (ie, total system), and intraoperative interrogation and programming	J8
64655	Revision or replacement of baroreflex activation therapy (BAT) modulation system, with intraoperative interrogation and programming; lead only	J8
64656	Revision or replacement of baroreflex activation therapy (BAT) modulation system, with intraoperative interrogation and programming; pulse generator only	J8
64657	Removal of baroreflex activation therapy (BAT) modulation system; total system, including lead and pulse generator	G2
64658	Removal of baroreflex activation therapy (BAT) modulation system; lead only	G2
70471	Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing	Z2
70473	Computed tomographic (CT) cerebral perfusion analysis with contrast material(s), including image postprocessing performed without concurrent CT or CT angiography of the same anatomy	Z2
77437	Surface radiation therapy; superficial, delivery, ≤ 150 kV, per fraction (eg, electronic brachytherapy)	Z2

77438	Surface radiation therapy; orthovoltage, delivery, >150-500 kV, per fraction	Z2
91124	Rectal sensation, tone, and compliance study (eg, barostat)	Z2
91125	Anorectal manometry, with rectal sensation and rectal balloon expulsion test, when performed	Z2
92930	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed, single major coronary artery and/or its branch(es); 2 or more distinct coronary lesions with 2 or more coronary stents deployed in 2 or more coronary segments, or a bifurcation lesion requiring angioplasty and/or stenting in both the main artery and the side branch	J8
92945	Percutaneous transluminal revascularization of chronic total occlusion, single coronary artery, coronary artery branch, or coronary artery bypass graft, and/or subtended major coronary artery branches of the bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; combined antegrade and retrograde approaches	J8
0989T	Revision or removal of integrated neurostimulation system for bladder dysfunction, including analysis, programming, and imaging, when performed, posterior tibial nerve; subcutaneous and subfascial	G2
0991T	Cystourethroscopy, with low-energy lithotripsy and acoustically actuated microspheres, including imaging	J8
0996T	Insertion and scleral fixation of a capsular bag prosthesis containing an intraocular lens prosthesis, with vitrectomy, including removal of crystalline lens or dislocated intraocular lens prosthesis, when performed	G2
C7566	Arthrodesis, interphalangeal joints, with or without internal fixation, with autografts (includes obtaining grafts)	G2
C7567	Bronchoscopy, rigid or flexible, including fluoroscopic guidance when performed, with transbronchial needle aspiration biopsy(s), trachea, main stem and/or lobar bronchus(i), with computer-assisted image-guided naviagation	G2
C7568	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with intravascular doppler velocity and/or pressure derived coronary flow reserve measurement (initial coronary vessel or graft) during coronary angiography including pharmacologically induced stress	G2
C7569	Percutaneous transluminal coronary angioplasty, single major coronary artery or branch with endoluminal imaging of initial coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report	J8
C9810	Water circulating motorized cold therapy device (e.g., IceMan), including all system components (e.g. pads, console, disposable parts), non-opioid medical device (must be a qualifying medicare non-opioid medical device for post-surgical pain relief in accordance with section 4135 of the caa, 2023)	L6
1003T	Arthroplasty, first carpometacarpal joint, with distal trapezial and proximal first metacarpal prosthetic replacement (eg, first carpometacarpal total joint)	J8
1012T	Motorized ab interno trephination of sclera (sclerostomy), or trabecular meshwork (trabeculostomy), 1 or more, including injection of antifibrotic agents, when performed	J8

1013T	Laparoscopy, surgical, implantation or replacement of lower esophageal sphincter neurostimulator electrode array and neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or receiver, including cruroplasty and/or electronic analysis, when performed	J8
1014T	Laparoscopic revision or removal, lower esophageal sphincter neurostimulator electrodes	G2
1015T	Revision or removal, lower esophageal sphincter neurostimulator pulse generator or receiver	G2
1019T	Lymphovenous bypass, including robotic assistance, when performed, per extremity	G2
1025T	Alternating electric fields dosimetry and delivery-simulation modeling, creation and selection of patient-specific array layouts, and placement verification	Z2
A2036	Cohealyx collagen dermal matrix, per square centimeter (add-on, list separately in addition to primary procedure)	S2
A2038	Marigen pacto, per square centimeter (add-on, list separately in addition to primary procedure)	S2
A2039	Innovamatrix fd, per square centimeter (add-on, list separately in addition to primary procedure)	S2
C7570	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation with intraprocedural coronary fractional flow reserve (ffr) with 3d functional mapping of color-coded ffr values for the coronary tree, derived from coronary angiogram data, for real-time review and interpretation of possible atherosclerotic stenosis(es) intervention (list separately in addition to code for primary procedure)	G2
C7571	Percutaneous transluminal coronary angioplasty, single major coronary artery or branch with percutaneous transluminal coronary lithotripsy	J8
C9811	Electronic ambulatory infusion pump (e.g. Sapphire pump), including all pump components, including disposable components, non-opioid medical device (must be a qualifying Medicare non-opioid medical device for post-surgical pain relief in accordance with Section 4135 of the CAA, 2023)	L6
C9812	Echogenic nerve block needles (e.g. SonoPlex, SonoBlock, SonoTap), non-opioid medical device (must be a qualifying Medicare non-opioid medical device for post-surgical pain relief in accordance with Section 4135 of the CAA, 2023)	L6
C9813	Perforated continuous infusion catheter set (e.g. InfiltraLong), including all components, non-opioid medical device (must be a qualifying Medicare non-opioid medical device for post-surgical pain relief in accordance with Section 4135 of the CAA, 2023)	L6
C9814	Continuous anesthesia echogenic conduction catheter set (e.g. SonoLong), non-opioid medical device (must be a qualifying Medicare non-opioid medical device for post-surgical pain relief in accordance with Section 4135 of the CAA, 2023)	L6
C9815	Linear peristaltic pain management infusion pump (e.g. CADD-Solis ambulatory infusion pump), and all disposable system components, non-opioid medical device (must be a qualifying Medicare non-opioid medical device for post-surgical pain relief in accordance with Section 4135 of the CAA, 2023)	L6

C9816	Rotary peristaltic infusion pump (e.g., reusable ambIT Pump) including all disposable system components, reusable non-opioid medical device (must be a qualifying Medicare non-opioid medical device for post-surgical pain relief in accordance with Section 4135 of the CAA, 2023)	L6
C9817	Electronic cryo-pneumatic compression, pain management system (e.g. Game Ready® GRPro 2.1 System), including control unit, anatomically correct wrap(s), and other system component(s), non-opioid medical device (must be a qualifying Medicare non-opioid medical device for post-surgical pain relief in accordance with Section 4135 of the CAA, 2023)	L6
Q4383	Axolotl graft ultra, per square centimeter (add-on, list separately in addition to primary procedure)	S2
Q4384	Axolotl dualgraft ultra, per square centimeter (add-on, list separately in addition to primary procedure)	S2
Q4385	Apollo ft, per square centimeter (add-on, list separately in addition to primary procedure)	S2
Q4386	Acesso trifaca, per square centimeter (add-on, list separately in addition to primary procedure)	S2
Q4387	Neothelium ft, per square centimeter (add-on, list separately in addition to primary procedure)	S2
Q4388	Neothelium 4l, per square centimeter (add-on, list separately in addition to primary procedure)	S2
Q4389	Neothelium 4l+, per square centimeter (add-on, list separately in addition to primary procedure)	S2
Q4390	Ascension, per square centimeter (add-on, list separately in addition to primary procedure)	S2
Q4391	Amnioplast double, per square centimeter (add-on, list separately in addition to primary procedure)	S2
Q4392	Grafix duo, per square centimeter (add-on, list separately in addition to primary procedure)	S2
Q4393	Surgraft ac, per square centimeter (add-on, list separately in addition to primary procedure)	S2
Q4394	Surgraft aca, per square centimeter (add-on, list separately in addition to primary procedure)	S2
Q4395	Acelagraft, per square centimeter (add-on, list separately in addition to primary procedure)	S2
Q4396	Natalin, per square centimeter (add-on, list separately in addition to primary procedure)	S2
Q4397	Summit aaa, per square centimeter (add-on, list separately in addition to primary procedure)	S2
Q4398	Summit ac, per square centimeter (add-on, list separately in addition to primary procedure)	S2
Q4399	Summit fx, per square centimeter (add-on, list separately in addition to primary procedure)	S2
Q4400	Polygon3 membrane, per square centimeter (add-on, list separately in addition to primary procedure)	S2
Q4401	Absolv3 membrane, per square centimeter (add-on, list separately in addition to primary procedure)	S2
Q4402	Xwrap 2.0, per square centimeter (add-on, list separately in addition to primary procedure)	S2
Q4403	Xwrap dual plus, per square centimeter (add-on, list separately in addition to primary procedure)	S2

Q4404	Xwrap hydro plus, per square centimeter (add-on, list separately in addition to primary procedure)	S2
Q4405	Xwrap fenestra plus, per square centimeter (add-on, list separately in addition to primary procedure)	S2
Q4406	Xwrap fenestra, per square centimeter (add-on, list separately in addition to primary procedure)	S2
Q4407	Xwrap tribus, per square centimeter (add-on, list separately in addition to primary procedure)	S2
Q4408	Xwrap hydro, per square centimeter (add-on, list separately in addition to primary procedure)	S2
Q4409	Amniomatrixf3x, per square centimeter (add-on, list separately in addition to primary procedure)	S2
Q4410	Amchomatrixdl, per square centimeter (add-on, list separately in addition to primary procedure)	S2
Q4411	Amniomatrixf4x, per square centimeter (add-on, list separately in addition to primary procedure)	S2
Q4412	Choriofix, per square centimeter (add-on, list separately in addition to primary procedure)	S2
Q4413	Cygnus solo, per square centimeter (add-on, list separately in addition to primary procedure)	S2
Q4414	Simplichor, per square centimeter (add-on, list separately in addition to primary procedure)	S2
Q4415	Alexiguard sl-t, per square centimeter (add-on, list separately in addition to primary procedure)	S2
Q4416	Alexiguard tl-t, per square centimeter (add-on, list separately in addition to primary procedure)	S2
Q4417	Alexiguard dl-t, per square centimeter (add-on, list separately in addition to primary procedure)	S2
Q4420	Nuform, per square centimeter (add-on, list separately in addition to primary procedure)	S2
Q4431	Pma skin substitute product, not otherwise specified (list in addition to primary procedure)	S2
Q4432	510(k) skin substitute product, not otherwise specified (list in addition to primary procedure)	S2
Q4433	361 hct/p skin substitute product, not otherwise specified (list in addition to primary procedure)	S2