

## Local Coverage Article: Additional Information Required for Coverage and Pricing for Category III CPT® Codes (A55607)

Links in PDF documents are not guaranteed to work. To follow a web link, please use the MCD Website.

### Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
Noridian Healthcare Solutions, LLC	A and B MAC	01111 - MAC A	J - E	California - Entire State
Noridian Healthcare Solutions, LLC	A and B MAC	01112 - MAC B	J - E	California - Northern
Noridian Healthcare Solutions, LLC	A and B MAC	01182 - MAC B	J - E	California - Southern
Noridian Healthcare Solutions, LLC	A and B MAC	01211 - MAC A	J - E	American Samoa Guam Hawaii Northern Mariana Islands
Noridian Healthcare Solutions, LLC	A and B MAC	01212 - MAC B	J - E	American Samoa Guam Hawaii Northern Mariana Islands
Noridian Healthcare Solutions, LLC	A and B MAC	01311 - MAC A	J - E	Nevada
Noridian Healthcare Solutions, LLC	A and B MAC	01312 - MAC B	J - E	Nevada
Noridian Healthcare Solutions, LLC	A and B MAC	01911 - MAC A	J - E	American Samoa California - Entire State Guam Hawaii Nevada Northern Mariana Islands

### Article Information

#### General Information

**Article ID**

A55607

**Original Effective Date**

07/01/2017

**Article Title**

Additional Information Required for Coverage and Pricing for Category III CPT® Codes

**Revision Effective Date**

07/26/2019

**AMA CPT / ADA CDT / AHA NUBC Copyright Statement**

CPT codes, descriptions and other data only are copyright 2018 American Medical Association. All Rights Reserved. Applicable FARS/HHSARS apply.

**Revision Ending Date**

N/A

**Retirement Date**

N/A

Current Dental Terminology © 2018 American Dental Association. All rights reserved.

Copyright © 2019, the American Hospital Association, Chicago, Illinois. Reproduced with permission. No portion of the AHA copyrighted materials contained within this publication may be copied without the express written consent of the AHA. AHA copyrighted materials including the UB-04 codes and descriptions may not be removed, copied, or utilized within any software, product, service, solution or derivative work without the written consent of the AHA. If an entity wishes to utilize any AHA materials, please contact the AHA at 312-893-6816. Making copies or utilizing the content of the UB-04 Manual, including the codes and/or descriptions, for internal purposes, resale and/or to be used in any product or publication; creating any modified or derivative work of the UB-04 Manual and/or codes and descriptions; and/or making any commercial use of UB-04 Manual or any portion thereof, including the codes and/or descriptions, is only authorized with an express license from the American Hospital Association. To license the electronic data file of UB-04 Data Specifications, contact Tim Carlson at (312) 893-6816 or Laryssa Marshall at (312) 893-6814. You may also contact us at [ub04@healthforum.com](mailto:ub04@healthforum.com).

**Article Guidance****Article Text:**

The CPT(R) Editorial Panel issues Category III codes for services which do not meet the criteria for a Category I code, but do meet the minimal criteria for a Category III code (see criteria listed below). Category III codes are temporary codes created to track new, "emerging" unproven therapies and tests. All Category III Codes have a

"sunset" date, at which time the CPT(R) Editorial Panel may convert it to a Category I code if the service meets the Category I criteria, or they may delete the code if widespread use of the service has not materialized or they may extend the code as Category III for several more years.

The purpose of this article is to indicate for which Category III Codes Noridian Medical Directors have received sufficient information for making coverage and payment determinations. For the codes listed in Group 1, Noridian Medical Directors have received sufficient information to make these determinations. For Groups 2, 3 and 4, the Noridian Medical Directors have received sufficient information and coverage may be described in one of the Local Coverage Determinations (LCD) (Listed elsewhere).

If a provider or other interested party believes that a service described by a Category III code falls within one of Medicare's defined benefit categories and is reasonable and medically necessary for a defined group of patients, the provider or party should submit the peer-reviewed medical literature, supporting the safety and effectiveness of the service for Medical Director review. This request for consideration of coverage of the service may be made by submitting full text copies of the supporting literature to "Medical Directors; Noridian Healthcare Solutions, LLC; 900 42nd Street South; Fargo, ND, 58103 or by email to (MedicalPolicy@noridian.com).

Alternatively, a provider, after having delivered the service to a beneficiary may use the claims process by submitting a claim; Noridian will send an Additional Documentation Request (ADR) letter requesting specific documentation along with the full text copies of the peer-reviewed medical literature, supporting the safety and effectiveness of the service for Medical Director review. Please send this information to the postal or email address noted in the ADR letter within 30 days.

### **Coverage:**

Medicare does not cover items and services that are not reasonable and necessary for the diagnosis or treatment of an illness or injury or to improve the functioning of a malformed body member. Section 1862 (a)(1) of the Social Security Act is the basis for denying payment for types of care, or specific items, services, or procedures that are not excluded by any other statutory clause (such as screening test not specifically approved by the Secretary of DHHS) and meet all technical requirements for coverage but are determined to be any of the following:

- Not generally accepted in the medical community as safe and effective in the setting and for the condition for which it is used.
- Not proven to be safe and effective based on peer review or scientific literature.
- Experimental.
- Not medically necessary in the particular case.
- Furnished at a level, duration or frequency that is not medically appropriate.
- Not furnished in accordance with accepted standards of medical practice.
- Not furnished in a setting (such as inpatient care at a hospital or SNF, outpatient care through a hospital or physician's office or home care) appropriate to the patient's medical needs and condition.

To be considered medically necessary, items and services must have been established as safe and effective. That is, the items and services must be:

- Consistent with the symptoms or diagnosis of the illness or injury under treatment.
- Necessary and consistent with generally accepted professional medical standards (e.g., not experimental or investigational).

- Not furnished primarily for the convenience of the patient, the attending physician or other physician or supplier.
- Furnished at the most appropriate level that can be provided safely and effectively to the patient.

Medicare is a defined benefit program; contractors must initially determine whether a service fits one of the defined benefit categories. Services that this contractor considers non-covered because the service does not fit into a benefit category are also included on a list below.

“When processing a claim, carriers continue to determine if a service is reasonable and necessary to treat illness or injury. If a service is not reasonable and necessary to treat illness or injury for any reason (including lack of safety and efficacy because it is an experimental procedure, etc.), carriers consider the service non-covered notwithstanding the presence of a payment amount for the service in the Medicare fee schedule. The presence of a payment amount in the MPFS and the Medicare physician fee schedule database (MPFSDB) does not imply that CMS has determined that the service may be covered by Medicare. The nature of the status indicator in the database does not control coverage except where the status is N for non-covered.” [Medicare Claims Processing Manual (CMS Pub. 100-04, Chapter 23, Section 30 A)]

Pricing: All Category III Codes are “C” Status (carrier-priced) on the Physician Fee Schedule. The information submitted to support coverage must also include information that supports pricing determinations. Such information might include copies of invoices for supplies and equipment, estimates of physician and clinical staff time and intensity of physician work. For surgical procedures please provide documentation of skin-to-skin (intraservice) surgical times.

The list below is grouped into those for which this contractor does not have sufficient information to make coverage and pricing determinations (Group 1), those for which this contractor does have sufficient information to make coverage and pricing determination and has determined that the services are not reasonable and necessary (Group 2), those that do not meet a Medicare Coverage Benefit (Group 3) and those for which this contractor has determined coverage and pricing (Group 4).

CPT(R) Code Criteria (from AMA/CPT(R) Website: <https://www.ama-assn.org/practice-management/criteria-cpt-category-i-and-category-iii-codes>):

CPT(R) Category I Criteria: A proposal for a new or revised Category I code must satisfy all of the following criteria:

- All devices and drugs necessary for performance of the procedure or service have received FDA clearance or approval when such is required for performance of the procedure or service.
- The procedure or service is performed by many physicians or other qualified health care professionals across the United States.
- The procedure or service is performed with frequency consistent with the intended clinical use (i.e., a service for a common condition should have high volume, whereas a service commonly performed for a rare condition may have low volume).
- The procedure or service is consistent with current medical practice.
- The clinical efficacy of the procedure or service is documented in literature that meets the requirements set forth in the CPT(R) code change application.

CPT(R) Category III Criteria: The following criteria are used by the CPT(R)/HCPAC Advisory Committee and the CPT(R) Editorial Panel for evaluating Category III code applications:

- The procedure or service is currently or recently performed in humans AND
- At least 1 of the following additional criteria has been met:
  - The application is supported by at least 1 CPT(R) or HCPAC advisor representing practitioners who would use this procedure or service OR
  - The actual or potential clinical efficacy of the specific procedure or service is supported by peer reviewed literature which is available in English for examination by the Editorial Panel OR
  - There is (a) at least 1 Institutional Review Board approved protocol of a study of the procedure or service being performed, (b) a description of a current and ongoing United States trial outlining the efficacy of the procedure or service, or (c) other evidence of evolving clinical utilization.

---

## Coding Information

### Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

N/A

### Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the policy, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

N/A

### CPT/HCPCS Codes

#### Group 1 Paragraph:

For these services, Noridian has not received sufficient information to make coverage and pricing determinations. Most of these codes are included in the Non-Covered Services LCD (L36219); others may not be included due to changes in internal Noridian procedures that are a result of the 21st Century Cures Act.

**Note: 0470T - 0500T, 0502T, 0505T-0506T, 0508T, 0510T- 0536T and 0540T-0562T will have an ADR letter sent to providers billing for these services.**

#### Group 1 Codes:

CODE	DESCRIPTION
0042T	CEREBRAL PERFUSION ANALYSIS USING COMPUTED TOMOGRAPHY WITH CONTRAST ADMINISTRATION, INCLUDING POST-PROCESSING OF PARAMETRIC MAPS WITH DETERMINATION OF CEREBRAL BLOOD FLOW, CEREBRAL BLOOD VOLUME, AND MEAN TRANSIT TIME
0054T	COMPUTER-ASSISTED MUSCULOSKELETAL SURGICAL NAVIGATIONAL ORTHOPEDIC PROCEDURE, WITH IMAGE-GUIDANCE BASED ON FLUOROSCOPIC IMAGES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
0055T	COMPUTER-ASSISTED MUSCULOSKELETAL SURGICAL NAVIGATIONAL ORTHOPEDIC PROCEDURE, WITH IMAGE-GUIDANCE BASED ON CT/MRI IMAGES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
0071T	FOCUSED ULTRASOUND ABLATION OF UTERINE LEIOMYOMATA, INCLUDING MR GUIDANCE; TOTAL LEIOMYOMATA VOLUME LESS THAN 200 CC OF TISSUE
0072T	FOCUSED ULTRASOUND ABLATION OF UTERINE LEIOMYOMATA, INCLUDING MR GUIDANCE; TOTAL LEIOMYOMATA VOLUME GREATER OR EQUAL TO 200 CC OF TISSUE
0098T	REVISION INCLUDING REPLACEMENT OF TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, EACH ADDITIONAL INTERSPACE, CERVICAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
0101T	EXTRACORPOREAL SHOCK WAVE INVOLVING MUSCULOSKELETAL SYSTEM, NOT OTHERWISE SPECIFIED, HIGH ENERGY
0102T	EXTRACORPOREAL SHOCK WAVE, HIGH ENERGY, PERFORMED BY A PHYSICIAN, REQUIRING ANESTHESIA OTHER THAN LOCAL, INVOLVING LATERAL HUMERAL EPICONDYLE
0106T	QUANTITATIVE SENSORY TESTING (QST), TESTING AND INTERPRETATION PER EXTREMITY; USING TOUCH PRESSURE STIMULI TO ASSESS LARGE DIAMETER SENSATION
0107T	QUANTITATIVE SENSORY TESTING (QST), TESTING AND INTERPRETATION PER EXTREMITY; USING VIBRATION STIMULI TO ASSESS LARGE DIAMETER FIBER SENSATION
0108T	QUANTITATIVE SENSORY TESTING (QST), TESTING AND INTERPRETATION PER EXTREMITY; USING COOLING STIMULI TO ASSESS SMALL NERVE FIBER SENSATION AND HYPERALGESIA
0109T	QUANTITATIVE SENSORY TESTING (QST), TESTING AND INTERPRETATION PER EXTREMITY; USING HEAT-PAIN STIMULI TO ASSESS SMALL NERVE FIBER SENSATION AND HYPERALGESIA
0110T	QUANTITATIVE SENSORY TESTING (QST), TESTING AND INTERPRETATION PER EXTREMITY; USING OTHER STIMULI TO ASSESS SENSATION
0111T	LONG-CHAIN (C20-22) OMEGA-3 FATTY ACIDS IN RED BLOOD CELL (RBC) MEMBRANES

CODE	DESCRIPTION
0126T	COMMON CAROTID INTIMA-MEDIA THICKNESS (IMT) STUDY FOR EVALUATION OF ATHEROSCLEROTIC BURDEN OR CORONARY HEART DISEASE RISK FACTOR ASSESSMENT
0163T	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), EACH ADDITIONAL INTERSPACE, LUMBAR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
0165T	REVISION INCLUDING REPLACEMENT OF TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, EACH ADDITIONAL INTERSPACE, LUMBAR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
0174T	COMPUTER-AIDED DETECTION (CAD) (COMPUTER ALGORITHM ANALYSIS OF DIGITAL IMAGE DATA FOR LESION DETECTION) WITH FURTHER PHYSICIAN REVIEW FOR INTERPRETATION AND REPORT, WITH OR WITHOUT DIGITIZATION OF FILM RADIOGRAPHIC IMAGES, CHEST RADIOGRAPH(S), PERFORMED CONCURRENT WITH PRIMARY INTERPRETATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
0175T	COMPUTER-AIDED DETECTION (CAD) (COMPUTER ALGORITHM ANALYSIS OF DIGITAL IMAGE DATA FOR LESION DETECTION) WITH FURTHER PHYSICIAN REVIEW FOR INTERPRETATION AND REPORT, WITH OR WITHOUT DIGITIZATION OF FILM RADIOGRAPHIC IMAGES, CHEST RADIOGRAPH(S), PERFORMED REMOTE FROM PRIMARY INTERPRETATION
0198T	MEASUREMENT OF OCULAR BLOOD FLOW BY REPETITIVE INTRAOCULAR PRESSURE SAMPLING, WITH INTERPRETATION AND REPORT
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
0205T	INTRAVASCULAR CATHETER-BASED CORONARY VESSEL OR GRAFT SPECTROSCOPY (EG, INFRARED) DURING DIAGNOSTIC EVALUATION AND/OR THERAPEUTIC INTERVENTION INCLUDING IMAGING SUPERVISION, INTERPRETATION, AND REPORT, EACH VESSEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
0206T	COMPUTERIZED DATABASE ANALYSIS OF MULTIPLE CYCLES OF DIGITIZED CARDIAC ELECTRICAL DATA FROM TWO OR MORE ECG LEADS, INCLUDING TRANSMISSION TO A REMOTE CENTER, APPLICATION OF MULTIPLE NONLINEAR MATHEMATICAL TRANSFORMATIONS, WITH CORONARY ARTERY OBSTRUCTION SEVERITY ASSESSMENT
0207T	EVACUATION OF MEIBOMIAN GLANDS, AUTOMATED, USING HEAT AND INTERMITTENT PRESSURE, UNILATERAL
0208T	PURE TONE AUDIOMETRY (THRESHOLD), AUTOMATED; AIR ONLY

CODE	DESCRIPTION
0209T	PURE TONE AUDIOMETRY (THRESHOLD), AUTOMATED; AIR AND BONE
0210T	SPEECH AUDIOMETRY THRESHOLD, AUTOMATED;
0211T	SPEECH AUDIOMETRY THRESHOLD, AUTOMATED; WITH SPEECH RECOGNITION
0212T	COMPREHENSIVE AUDIOMETRY THRESHOLD EVALUATION AND SPEECH RECOGNITION (0209T, 0211T COMBINED), AUTOMATED
0219T	PLACEMENT OF A POSTERIOR INTRAFACET IMPLANT(S), UNILATERAL OR BILATERAL, INCLUDING IMAGING AND PLACEMENT OF BONE GRAFT(S) OR SYNTHETIC DEVICE(S), SINGLE LEVEL; CERVICAL
0220T	PLACEMENT OF A POSTERIOR INTRAFACET IMPLANT(S), UNILATERAL OR BILATERAL, INCLUDING IMAGING AND PLACEMENT OF BONE GRAFT(S) OR SYNTHETIC DEVICE(S), SINGLE LEVEL; THORACIC
0221T	PLACEMENT OF A POSTERIOR INTRAFACET IMPLANT(S), UNILATERAL OR BILATERAL, INCLUDING IMAGING AND PLACEMENT OF BONE GRAFT(S) OR SYNTHETIC DEVICE(S), SINGLE LEVEL; LUMBAR
0222T	PLACEMENT OF A POSTERIOR INTRAFACET IMPLANT(S), UNILATERAL OR BILATERAL, INCLUDING IMAGING AND PLACEMENT OF BONE GRAFT(S) OR SYNTHETIC DEVICE(S), SINGLE LEVEL; EACH ADDITIONAL VERTEBRAL SEGMENT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
0232T	INJECTION(S), PLATELET RICH PLASMA, ANY SITE, INCLUDING IMAGE GUIDANCE, HARVESTING AND PREPARATION WHEN PERFORMED
0234T	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN OR PERCUTANEOUS, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION; RENAL ARTERY
0235T	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN OR PERCUTANEOUS, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION; VISCERAL ARTERY (EXCEPT RENAL), EACH VESSEL
0236T	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN OR PERCUTANEOUS, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION; ABDOMINAL AORTA
0237T	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN OR PERCUTANEOUS, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION; BRACHIOCEPHALIC TRUNK AND BRANCHES, EACH VESSEL
0238T	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN OR PERCUTANEOUS, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION; ILIAC ARTERY, EACH VESSEL
0253T	INSERTION OF ANTERIOR SEGMENT AQUEOUS DRAINAGE DEVICE, WITHOUT EXTRAOCULAR RESERVOIR, INTERNAL APPROACH, INTO THE SUPRACHOROIDAL SPACE
0263T	INTRAMUSCULAR AUTOLOGOUS BONE MARROW CELL THERAPY, WITH



CODE	DESCRIPTION
	PREPARATION OF HARVESTED CELLS, MULTIPLE INJECTIONS, ONE LEG, INCLUDING ULTRASOUND GUIDANCE, IF PERFORMED; COMPLETE PROCEDURE INCLUDING UNILATERAL OR BILATERAL BONE MARROW HARVEST
0264T	INTRAMUSCULAR AUTOLOGOUS BONE MARROW CELL THERAPY, WITH PREPARATION OF HARVESTED CELLS, MULTIPLE INJECTIONS, ONE LEG, INCLUDING ULTRASOUND GUIDANCE, IF PERFORMED; COMPLETE PROCEDURE EXCLUDING BONE MARROW HARVEST
0265T	INTRAMUSCULAR AUTOLOGOUS BONE MARROW CELL THERAPY, WITH PREPARATION OF HARVESTED CELLS, MULTIPLE INJECTIONS, ONE LEG, INCLUDING ULTRASOUND GUIDANCE, IF PERFORMED; UNILATERAL OR BILATERAL BONE MARROW HARVEST ONLY FOR INTRAMUSCULAR AUTOLOGOUS BONE MARROW CELL THERAPY
0266T	IMPLANTATION OR REPLACEMENT OF CAROTID SINUS BAROREFLEX ACTIVATION DEVICE; TOTAL SYSTEM (INCLUDES GENERATOR PLACEMENT, UNILATERAL OR BILATERAL LEAD PLACEMENT, INTRA-OPERATIVE INTERROGATION, PROGRAMMING, AND REPOSITIONING, WHEN PERFORMED)
0267T	IMPLANTATION OR REPLACEMENT OF CAROTID SINUS BAROREFLEX ACTIVATION DEVICE; LEAD ONLY, UNILATERAL (INCLUDES INTRA-OPERATIVE INTERROGATION, PROGRAMMING, AND REPOSITIONING, WHEN PERFORMED)
0268T	IMPLANTATION OR REPLACEMENT OF CAROTID SINUS BAROREFLEX ACTIVATION DEVICE; PULSE GENERATOR ONLY (INCLUDES INTRA-OPERATIVE INTERROGATION, PROGRAMMING, AND REPOSITIONING, WHEN PERFORMED)
0272T	INTERROGATION DEVICE EVALUATION (IN PERSON), CAROTID SINUS BAROREFLEX ACTIVATION SYSTEM, INCLUDING TELEMETRIC ITERATIVE COMMUNICATION WITH THE IMPLANTABLE DEVICE TO MONITOR DEVICE DIAGNOSTICS AND PROGRAMMED THERAPY VALUES, WITH INTERPRETATION AND REPORT (EG, BATTERY STATUS, LEAD IMPEDANCE, PULSE AMPLITUDE, PULSE WIDTH, THERAPY FREQUENCY, PATHWAY MODE, BURST MODE, THERAPY START/STOP TIMES EACH DAY);
0273T	INTERROGATION DEVICE EVALUATION (IN PERSON), CAROTID SINUS BAROREFLEX ACTIVATION SYSTEM, INCLUDING TELEMETRIC ITERATIVE COMMUNICATION WITH THE IMPLANTABLE DEVICE TO MONITOR DEVICE DIAGNOSTICS AND PROGRAMMED THERAPY VALUES, WITH INTERPRETATION AND REPORT (EG, BATTERY STATUS, LEAD IMPEDANCE, PULSE AMPLITUDE, PULSE WIDTH, THERAPY FREQUENCY, PATHWAY MODE, BURST MODE, THERAPY START/STOP TIMES EACH DAY); WITH PROGRAMMING
0274T	PERCUTANEOUS LAMINOTOMY/LAMINECTOMY (INTERLAMINAR APPROACH) FOR DECOMPRESSION OF NEURAL ELEMENTS, (WITH OR WITHOUT LIGAMENTOUS RESECTION, DISCECTOMY, FACETECTOMY AND/OR FORAMINOTOMY), ANY METHOD, UNDER INDIRECT IMAGE GUIDANCE (EG, FLUOROSCOPIC, CT), SINGLE OR MULTIPLE LEVELS, UNILATERAL OR BILATERAL; CERVICAL OR THORACIC
0278T	TRANSCUTANEOUS ELECTRICAL MODULATION PAIN REPROCESSING (EG,

CODE	DESCRIPTION
	SCRAMBLER THERAPY), EACH TREATMENT SESSION (INCLUDES PLACEMENT OF ELECTRODES)
0290T	CORNEAL INCISIONS IN THE RECIPIENT CORNEA CREATED USING A LASER, IN PREPARATION FOR PENETRATING OR LAMELLAR KERATOPLASTY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
0330T	TEAR FILM IMAGING, UNILATERAL OR BILATERAL, WITH INTERPRETATION AND REPORT
0331T	MYOCARDIAL SYMPATHETIC INNERVATION IMAGING, PLANAR QUALITATIVE AND QUANTITATIVE ASSESSMENT;
0332T	MYOCARDIAL SYMPATHETIC INNERVATION IMAGING, PLANAR QUALITATIVE AND QUANTITATIVE ASSESSMENT; WITH TOMOGRAPHIC SPECT
0335T	INSERTION OF SINUS TARSI IMPLANT
0338T	TRANSCATHETER RENAL SYMPATHETIC DENERVATION, PERCUTANEOUS APPROACH INCLUDING ARTERIAL PUNCTURE, SELECTIVE CATHETER PLACEMENT(S) RENAL ARTERY(IES), FLUOROSCOPY, CONTRAST INJECTION(S), INTRAPROCEDURAL ROADMAPPING AND RADIOLOGICAL SUPERVISION AND INTERPRETATION, INCLUDING PRESSURE GRADIENT MEASUREMENTS, FLUSH AORTOGRAM AND DIAGNOSTIC RENAL ANGIOGRAPHY WHEN PERFORMED; UNILATERAL
0339T	TRANSCATHETER RENAL SYMPATHETIC DENERVATION, PERCUTANEOUS APPROACH INCLUDING ARTERIAL PUNCTURE, SELECTIVE CATHETER PLACEMENT(S) RENAL ARTERY(IES), FLUOROSCOPY, CONTRAST INJECTION(S), INTRAPROCEDURAL ROADMAPPING AND RADIOLOGICAL SUPERVISION AND INTERPRETATION, INCLUDING PRESSURE GRADIENT MEASUREMENTS, FLUSH AORTOGRAM AND DIAGNOSTIC RENAL ANGIOGRAPHY WHEN PERFORMED; BILATERAL
0341T	QUANTITATIVE PUPILLOMETRY WITH INTERPRETATION AND REPORT, UNILATERAL OR BILATERAL
0342T	THERAPEUTIC APHERESIS WITH SELECTIVE HDL DELIPIDATION AND PLASMA REINFUSION
0347T	PLACEMENT OF INTERSTITIAL DEVICE(S) IN BONE FOR RADIOSTEREOMETRIC ANALYSIS (RSA)
0348T	RADIOLOGIC EXAMINATION, RADIOSTEREOMETRIC ANALYSIS (RSA); SPINE, (INCLUDES CERVICAL, THORACIC AND LUMBOSACRAL, WHEN PERFORMED)
0349T	RADIOLOGIC EXAMINATION, RADIOSTEREOMETRIC ANALYSIS (RSA); UPPER EXTREMITY(IES), (INCLUDES SHOULDER, ELBOW, AND WRIST, WHEN PERFORMED)
0350T	RADIOLOGIC EXAMINATION, RADIOSTEREOMETRIC ANALYSIS (RSA); LOWER EXTREMITY(IES), (INCLUDES HIP, PROXIMAL FEMUR, KNEE, AND ANKLE, WHEN PERFORMED)
0351T	OPTICAL COHERENCE TOMOGRAPHY OF BREAST OR AXILLARY LYMPH NODE, EXCISED TISSUE, EACH SPECIMEN; REAL-TIME INTRAOPERATIVE

CODE	DESCRIPTION
0352T	OPTICAL COHERENCE TOMOGRAPHY OF BREAST OR AXILLARY LYMPH NODE, EXCISED TISSUE, EACH SPECIMEN; INTERPRETATION AND REPORT, REAL-TIME OR REFERRED
0353T	OPTICAL COHERENCE TOMOGRAPHY OF BREAST, SURGICAL CAVITY; REAL-TIME INTRAOPERATIVE
0354T	OPTICAL COHERENCE TOMOGRAPHY OF BREAST, SURGICAL CAVITY; INTERPRETATION AND REPORT, REAL-TIME OR REFERRED
0355T	GASTROINTESTINAL TRACT IMAGING, INTRALUMINAL (EG, CAPSULE ENDOSCOPY), COLON, WITH INTERPRETATION AND REPORT
0356T	INSERTION OF DRUG-ELUTING IMPLANT (INCLUDING PUNCTAL DILATION AND IMPLANT REMOVAL WHEN PERFORMED) INTO LACRIMAL CANALICULUS, EACH
0357T	CRYOPRESERVATION; IMMATURE OOCYTE(S)
0358T	BIOELECTRICAL IMPEDANCE ANALYSIS WHOLE BODY COMPOSITION ASSESSMENT, WITH INTERPRETATION AND REPORT
0362T	BEHAVIOR IDENTIFICATION SUPPORTING ASSESSMENT, EACH 15 MINUTES OF TECHNICIANS' TIME FACE-TO-FACE WITH A PATIENT, REQUIRING THE FOLLOWING COMPONENTS: ADMINISTRATION BY THE PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL WHO IS ON SITE; WITH THE ASSISTANCE OF TWO OR MORE TECHNICIANS; FOR A PATIENT WHO EXHIBITS DESTRUCTIVE BEHAVIOR; COMPLETION IN AN ENVIRONMENT THAT IS CUSTOMIZED TO THE PATIENT'S BEHAVIOR.
0373T	ADAPTIVE BEHAVIOR TREATMENT WITH PROTOCOL MODIFICATION, EACH 15 MINUTES OF TECHNICIANS' TIME FACE-TO-FACE WITH A PATIENT, REQUIRING THE FOLLOWING COMPONENTS: ADMINISTRATION BY THE PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL WHO IS ON SITE; WITH THE ASSISTANCE OF TWO OR MORE TECHNICIANS; FOR A PATIENT WHO EXHIBITS DESTRUCTIVE BEHAVIOR; COMPLETION IN AN ENVIRONMENT THAT IS CUSTOMIZED TO THE PATIENT'S BEHAVIOR.
0375T	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION), CERVICAL, THREE OR MORE LEVELS
0381T	EXTERNAL HEART RATE AND 3-AXIS ACCELEROMETER DATA RECORDING UP TO 14 DAYS TO ASSESS CHANGES IN HEART RATE AND TO MONITOR MOTION ANALYSIS FOR THE PURPOSES OF DIAGNOSING NOCTURNAL EPILEPSY SEIZURE EVENTS; INCLUDES REPORT, SCANNING ANALYSIS WITH REPORT, REVIEW AND INTERPRETATION BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL
0382T	EXTERNAL HEART RATE AND 3-AXIS ACCELEROMETER DATA RECORDING UP TO 14 DAYS TO ASSESS CHANGES IN HEART RATE AND TO MONITOR MOTION ANALYSIS

CODE	DESCRIPTION
	FOR THE PURPOSES OF DIAGNOSING NOCTURNAL EPILEPSY SEIZURE EVENTS; INCLUDES REPORT, SCANNING ANALYSIS WITH REPORT, REVIEW AND INTERPRETATION BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, REVIEW AND INTERPRETATION ONLY
0383T	EXTERNAL HEART RATE AND 3-AXIS ACCELEROMETER DATA RECORDING FROM 15 TO 30 DAYS TO ASSESS CHANGES IN HEART RATE TO MONITOR MOTION ANALYSIS FOR THE PURPOSES OF DIAGNOSING NOCTURNAL EPILEPSY SEIZURE EVENTS; INCLUDES REPORT, SCANNING ANALYSIS WITH REPORT, REVIEW AND INTERPRETATION BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL
0384T	EXTERNAL HEART RATE AND 3-AXIS ACCELEROMETER DATA RECORDING FROM 15 TO 30 DAYS TO ASSESS CHANGES IN HEART RATE TO MONITOR MOTION ANALYSIS FOR THE PURPOSES OF DIAGNOSING NOCTURNAL EPILEPSY SEIZURE EVENTS; INCLUDES REPORT, SCANNING ANALYSIS WITH REPORT, REVIEW AND INTERPRETATION BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, REVIEW AND INTERPRETATION ONLY
0385T	EXTERNAL HEART RATE AND 3-AXIS ACCELEROMETER DATA RECORDING MORE THAN 30 DAYS TO ASSESS CHANGES IN HEART RATE TO MONITOR MOTION ANALYSIS FOR THE PURPOSES OF DIAGNOSING NOCTURNAL EPILEPSY SEIZURE EVENTS; INCLUDES REPORT, SCANNING ANALYSIS WITH REPORT, REVIEW AND INTERPRETATION BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL
0386T	EXTERNAL HEART RATE AND 3-AXIS ACCELEROMETER DATA RECORDING MORE THAN 30 DAYS TO ASSESS CHANGES IN HEART RATE TO MONITOR MOTION ANALYSIS FOR THE PURPOSES OF DIAGNOSING NOCTURNAL EPILEPSY SEIZURE EVENTS; INCLUDES REPORT, SCANNING ANALYSIS WITH REPORT, REVIEW AND INTERPRETATION BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, REVIEW AND INTERPRETATION ONLY
0396T	INTRA-OPERATIVE USE OF KINETIC BALANCE SENSOR FOR IMPLANT STABILITY DURING KNEE REPLACEMENT ARTHROPLASTY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
0397T	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP), WITH OPTICAL ENDOMICROSCOPY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
0400T	MULTI-SPECTRAL DIGITAL SKIN LESION ANALYSIS OF CLINICALLY ATYPICAL CUTANEOUS PIGMENTED LESIONS FOR DETECTION OF MELANOMAS AND HIGH RISK MELANOCYTIC ATYPIA; ONE TO FIVE LESIONS
0401T	MULTI-SPECTRAL DIGITAL SKIN LESION ANALYSIS OF CLINICALLY ATYPICAL CUTANEOUS PIGMENTED LESIONS FOR DETECTION OF MELANOMAS AND HIGH RISK MELANOCYTIC ATYPIA; SIX OR MORE LESIONS
0408T	INSERTION OR REPLACEMENT OF PERMANENT CARDIAC CONTRACTILITY

CODE	DESCRIPTION
	MODULATION SYSTEM, INCLUDING CONTRACTILITY EVALUATION WHEN PERFORMED, AND PROGRAMMING OF SENSING AND THERAPEUTIC PARAMETERS; PULSE GENERATOR WITH TRANSVENOUS ELECTRODES
0409T	INSERTION OR REPLACEMENT OF PERMANENT CARDIAC CONTRACTILITY MODULATION SYSTEM, INCLUDING CONTRACTILITY EVALUATION WHEN PERFORMED, AND PROGRAMMING OF SENSING AND THERAPEUTIC PARAMETERS; PULSE GENERATOR ONLY
0410T	INSERTION OR REPLACEMENT OF PERMANENT CARDIAC CONTRACTILITY MODULATION SYSTEM, INCLUDING CONTRACTILITY EVALUATION WHEN PERFORMED, AND PROGRAMMING OF SENSING AND THERAPEUTIC PARAMETERS; ATRIAL ELECTRODE ONLY
0411T	INSERTION OR REPLACEMENT OF PERMANENT CARDIAC CONTRACTILITY MODULATION SYSTEM, INCLUDING CONTRACTILITY EVALUATION WHEN PERFORMED, AND PROGRAMMING OF SENSING AND THERAPEUTIC PARAMETERS; VENTRICULAR ELECTRODE ONLY
0412T	REMOVAL OF PERMANENT CARDIAC CONTRACTILITY MODULATION SYSTEM; PULSE GENERATOR ONLY
0413T	REMOVAL OF PERMANENT CARDIAC CONTRACTILITY MODULATION SYSTEM; TRANSVENOUS ELECTRODE (ATRIAL OR VENTRICULAR)
0414T	REMOVAL AND REPLACEMENT OF PERMANENT CARDIAC CONTRACTILITY MODULATION SYSTEM PULSE GENERATOR ONLY
0415T	REPOSITIONING OF PREVIOUSLY IMPLANTED CARDIAC CONTRACTILITY MODULATION TRANSVENOUS ELECTRODE (ATRIAL OR VENTRICULAR LEAD)
0416T	RELOCATION OF SKIN POCKET FOR IMPLANTED CARDIAC CONTRACTILITY MODULATION PULSE GENERATOR
0417T	PROGRAMMING DEVICE EVALUATION (IN PERSON) WITH ITERATIVE ADJUSTMENT OF THE IMPLANTABLE DEVICE TO TEST THE FUNCTION OF THE DEVICE AND SELECT OPTIMAL PERMANENT PROGRAMMED VALUES WITH ANALYSIS, INCLUDING REVIEW AND REPORT, IMPLANTABLE CARDIAC CONTRACTILITY MODULATION SYSTEM
0418T	INTERROGATION DEVICE EVALUATION (IN PERSON) WITH ANALYSIS, REVIEW AND REPORT, INCLUDES CONNECTION, RECORDING AND DISCONNECTION PER PATIENT ENCOUNTER, IMPLANTABLE CARDIAC CONTRACTILITY MODULATION SYSTEM
0419T	DESTRUCTION OF NEUROFIBROMA, EXTENSIVE (CUTANEOUS, DERMAL EXTENDING INTO SUBCUTANEOUS); FACE, HEAD AND NECK, GREATER THAN 50 NEUROFIBROMAS
0420T	DESTRUCTION OF NEUROFIBROMA, EXTENSIVE (CUTANEOUS, DERMAL EXTENDING INTO SUBCUTANEOUS); TRUNK AND EXTREMITIES, EXTENSIVE, GREATER THAN 100 NEUROFIBROMAS

<b>CODE</b>	<b>DESCRIPTION</b>
0422T	TACTILE BREAST IMAGING BY COMPUTER-AIDED TACTILE SENSORS, UNILATERAL OR BILATERAL
0423T	SECRETORY TYPE II PHOSPHOLIPASE A2 (SPLA2-IIA)
0424T	INSERTION OR REPLACEMENT OF NEUROSTIMULATOR SYSTEM FOR TREATMENT OF CENTRAL SLEEP APNEA; COMPLETE SYSTEM (TRANSVENOUS PLACEMENT OF RIGHT OR LEFT STIMULATION LEAD, SENSING LEAD, IMPLANTABLE PULSE GENERATOR)
0425T	INSERTION OR REPLACEMENT OF NEUROSTIMULATOR SYSTEM FOR TREATMENT OF CENTRAL SLEEP APNEA; SENSING LEAD ONLY
<b>CODE</b>	<b>DESCRIPTION</b>
0426T	INSERTION OR REPLACEMENT OF NEUROSTIMULATOR SYSTEM FOR TREATMENT OF CENTRAL SLEEP APNEA; STIMULATION LEAD ONLY
0427T	INSERTION OR REPLACEMENT OF NEUROSTIMULATOR SYSTEM FOR TREATMENT OF CENTRAL SLEEP APNEA; PULSE GENERATOR ONLY
0428T	REMOVAL OF NEUROSTIMULATOR SYSTEM FOR TREATMENT OF CENTRAL SLEEP APNEA; PULSE GENERATOR ONLY
0429T	REMOVAL OF NEUROSTIMULATOR SYSTEM FOR TREATMENT OF CENTRAL SLEEP APNEA; SENSING LEAD ONLY
0430T	REMOVAL OF NEUROSTIMULATOR SYSTEM FOR TREATMENT OF CENTRAL SLEEP APNEA; STIMULATION LEAD ONLY
0431T	REMOVAL AND REPLACEMENT OF NEUROSTIMULATOR SYSTEM FOR TREATMENT OF CENTRAL SLEEP APNEA, PULSE GENERATOR ONLY
0432T	REPOSITIONING OF NEUROSTIMULATOR SYSTEM FOR TREATMENT OF CENTRAL SLEEP APNEA; STIMULATION LEAD ONLY
0433T	REPOSITIONING OF NEUROSTIMULATOR SYSTEM FOR TREATMENT OF CENTRAL SLEEP APNEA; SENSING LEAD ONLY
0434T	INTERROGATION DEVICE EVALUATION IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM FOR CENTRAL SLEEP APNEA
0435T	PROGRAMMING DEVICE EVALUATION OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM FOR CENTRAL SLEEP APNEA; SINGLE SESSION
0436T	PROGRAMMING DEVICE EVALUATION OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM FOR CENTRAL SLEEP APNEA; DURING SLEEP STUDY
0437T	IMPLANTATION OF NON-BIOLOGIC OR SYNTHETIC IMPLANT (EG, POLYPROPYLENE) FOR FASCIAL REINFORCEMENT OF THE ABDOMINAL WALL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
0439T	MYOCARDIAL CONTRAST PERFUSION ECHOCARDIOGRAPHY, AT REST OR WITH STRESS, FOR ASSESSMENT OF MYOCARDIAL ISCHEMIA OR VIABILITY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)

CODE	DESCRIPTION
0440T	ABLATION, PERCUTANEOUS, CRYOABLATION, INCLUDES IMAGING GUIDANCE; UPPER EXTREMITY DISTAL/PERIPHERAL NERVE
0441T	ABLATION, PERCUTANEOUS, CRYOABLATION, INCLUDES IMAGING GUIDANCE; LOWER EXTREMITY DISTAL/PERIPHERAL NERVE
0442T	ABLATION, PERCUTANEOUS, CRYOABLATION, INCLUDES IMAGING GUIDANCE; NERVE PLEXUS OR OTHER TRUNCAL NERVE (EG, BRACHIAL PLEXUS, PUDENDAL NERVE)
0443T	REAL-TIME SPECTRAL ANALYSIS OF PROSTATE TISSUE BY FLUORESCENCE SPECTROSCOPY, INCLUDING IMAGING GUIDANCE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
0444T	INITIAL PLACEMENT OF A DRUG-ELUTING OCULAR INSERT UNDER ONE OR MORE EYELIDS, INCLUDING FITTING, TRAINING, AND INSERTION, UNILATERAL OR BILATERAL
0445T	SUBSEQUENT PLACEMENT OF A DRUG-ELUTING OCULAR INSERT UNDER ONE OR MORE EYELIDS, INCLUDING RE-TRAINING, AND REMOVAL OF EXISTING INSERT, UNILATERAL OR BILATERAL
0446T	CREATION OF SUBCUTANEOUS POCKET WITH INSERTION OF IMPLANTABLE INTERSTITIAL GLUCOSE SENSOR, INCLUDING SYSTEM ACTIVATION AND PATIENT TRAINING
0447T	REMOVAL OF IMPLANTABLE INTERSTITIAL GLUCOSE SENSOR FROM SUBCUTANEOUS POCKET VIA INCISION
0448T	REMOVAL OF IMPLANTABLE INTERSTITIAL GLUCOSE SENSOR WITH CREATION OF SUBCUTANEOUS POCKET AT DIFFERENT ANATOMIC SITE AND INSERTION OF NEW IMPLANTABLE SENSOR, INCLUDING SYSTEM ACTIVATION
0451T	INSERTION OR REPLACEMENT OF A PERMANENTLY IMPLANTABLE AORTIC COUNTERPULSATION VENTRICULAR ASSIST SYSTEM, ENDOVASCULAR APPROACH, AND PROGRAMMING OF SENSING AND THERAPEUTIC PARAMETERS; COMPLETE SYSTEM (COUNTERPULSATION DEVICE, VASCULAR GRAFT, IMPLANTABLE VASCULAR HEMOSTATIC SEAL, MECHANO-ELECTRICAL SKIN INTERFACE AND SUBCUTANEOUS ELECTRODES)
0452T	INSERTION OR REPLACEMENT OF A PERMANENTLY IMPLANTABLE AORTIC COUNTERPULSATION VENTRICULAR ASSIST SYSTEM, ENDOVASCULAR APPROACH, AND PROGRAMMING OF SENSING AND THERAPEUTIC PARAMETERS; AORTIC COUNTERPULSATION DEVICE AND VASCULAR HEMOSTATIC SEAL
0453T	INSERTION OR REPLACEMENT OF A PERMANENTLY IMPLANTABLE AORTIC COUNTERPULSATION VENTRICULAR ASSIST SYSTEM, ENDOVASCULAR APPROACH, AND PROGRAMMING OF SENSING AND THERAPEUTIC PARAMETERS; MECHANO-ELECTRICAL SKIN INTERFACE
0454T	INSERTION OR REPLACEMENT OF A PERMANENTLY IMPLANTABLE AORTIC COUNTERPULSATION VENTRICULAR ASSIST SYSTEM, ENDOVASCULAR APPROACH,

CODE	DESCRIPTION
	AND PROGRAMMING OF SENSING AND THERAPEUTIC PARAMETERS; SUBCUTANEOUS ELECTRODE
0455T	REMOVAL OF PERMANENTLY IMPLANTABLE AORTIC COUNTERPULSATION VENTRICULAR ASSIST SYSTEM; COMPLETE SYSTEM (AORTIC COUNTERPULSATION DEVICE, VASCULAR HEMOSTATIC SEAL, MECHANO-ELECTRICAL SKIN INTERFACE AND ELECTRODES)
0456T	REMOVAL OF PERMANENTLY IMPLANTABLE AORTIC COUNTERPULSATION VENTRICULAR ASSIST SYSTEM; AORTIC COUNTERPULSATION DEVICE AND VASCULAR HEMOSTATIC SEAL
0457T	REMOVAL OF PERMANENTLY IMPLANTABLE AORTIC COUNTERPULSATION VENTRICULAR ASSIST SYSTEM; MECHANO-ELECTRICAL SKIN INTERFACE
0458T	REMOVAL OF PERMANENTLY IMPLANTABLE AORTIC COUNTERPULSATION VENTRICULAR ASSIST SYSTEM; SUBCUTANEOUS ELECTRODE
0459T	RELOCATION OF SKIN POCKET WITH REPLACEMENT OF IMPLANTED AORTIC COUNTERPULSATION VENTRICULAR ASSIST DEVICE, MECHANO-ELECTRICAL SKIN INTERFACE AND ELECTRODES
0460T	REPOSITIONING OF PREVIOUSLY IMPLANTED AORTIC COUNTERPULSATION VENTRICULAR ASSIST DEVICE; SUBCUTANEOUS ELECTRODE
0461T	REPOSITIONING OF PREVIOUSLY IMPLANTED AORTIC COUNTERPULSATION VENTRICULAR ASSIST DEVICE; AORTIC COUNTERPULSATION DEVICE
0462T	PROGRAMMING DEVICE EVALUATION (IN PERSON) WITH ITERATIVE ADJUSTMENT OF THE IMPLANTABLE MECHANO-ELECTRICAL SKIN INTERFACE AND/OR EXTERNAL DRIVER TO TEST THE FUNCTION OF THE DEVICE AND SELECT OPTIMAL PERMANENT PROGRAMMED VALUES WITH ANALYSIS, INCLUDING REVIEW AND REPORT, IMPLANTABLE AORTIC COUNTERPULSATION VENTRICULAR ASSIST SYSTEM, PER DAY
0463T	INTERROGATION DEVICE EVALUATION (IN PERSON) WITH ANALYSIS, REVIEW AND REPORT, INCLUDES CONNECTION, RECORDING AND DISCONNECTION PER PATIENT ENCOUNTER, IMPLANTABLE AORTIC COUNTERPULSATION VENTRICULAR ASSIST SYSTEM, PER DAY
0464T	VISUAL EVOKED POTENTIAL, TESTING FOR GLAUCOMA, WITH INTERPRETATION AND REPORT
0465T	SUPRACHOROIDAL INJECTION OF A PHARMACOLOGIC AGENT (DOES NOT INCLUDE SUPPLY OF MEDICATION)
0469T	RETINAL POLARIZATION SCAN, OCULAR SCREENING WITH ON-SITE AUTOMATED RESULTS, BILATERAL
0470T	OPTICAL COHERENCE TOMOGRAPHY (OCT) FOR MICROSTRUCTURAL AND MORPHOLOGICAL IMAGING OF SKIN, IMAGE ACQUISITION, INTERPRETATION, AND REPORT; FIRST LESION



CODE	DESCRIPTION
0471T	OPTICAL COHERENCE TOMOGRAPHY (OCT) FOR MICROSTRUCTURAL AND MORPHOLOGICAL IMAGING OF SKIN, IMAGE ACQUISITION, INTERPRETATION, AND REPORT; EACH ADDITIONAL LESION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
0472T	DEVICE EVALUATION, INTERROGATION, AND INITIAL PROGRAMMING OF INTRAOCULAR RETINAL ELECTRODE ARRAY (EG, RETINAL PROSTHESIS), IN PERSON, WITH ITERATIVE ADJUSTMENT OF THE IMPLANTABLE DEVICE TO TEST FUNCTIONALITY, SELECT OPTIMAL PERMANENT PROGRAMMED VALUES WITH ANALYSIS, INCLUDING VISUAL TRAINING, WITH REVIEW AND REPORT BY A QUALIFIED HEALTH CARE PROFESSIONAL
0473T	DEVICE EVALUATION AND INTERROGATION OF INTRAOCULAR RETINAL ELECTRODE ARRAY (EG, RETINAL PROSTHESIS), IN PERSON, INCLUDING REPROGRAMMING AND VISUAL TRAINING, WHEN PERFORMED, WITH REVIEW AND REPORT BY A QUALIFIED HEALTH CARE PROFESSIONAL
0475T	RECORDING OF FETAL MAGNETIC CARDIAC SIGNAL USING AT LEAST 3 CHANNELS; PATIENT RECORDING AND STORAGE, DATA SCANNING WITH SIGNAL EXTRACTION, TECHNICAL ANALYSIS AND RESULT, AS WELL AS SUPERVISION, REVIEW, AND INTERPRETATION OF REPORT BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL
0476T	RECORDING OF FETAL MAGNETIC CARDIAC SIGNAL USING AT LEAST 3 CHANNELS; PATIENT RECORDING, DATA SCANNING, WITH RAW ELECTRONIC SIGNAL TRANSFER OF DATA AND STORAGE
0477T	RECORDING OF FETAL MAGNETIC CARDIAC SIGNAL USING AT LEAST 3 CHANNELS; SIGNAL EXTRACTION, TECHNICAL ANALYSIS, AND RESULT
0478T	RECORDING OF FETAL MAGNETIC CARDIAC SIGNAL USING AT LEAST 3 CHANNELS; REVIEW, INTERPRETATION, REPORT BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL
0479T	FRACTIONAL ABLATIVE LASER FENESTRATION OF BURN AND TRAUMATIC SCARS FOR FUNCTIONAL IMPROVEMENT; FIRST 100 CM2 OR PART THEREOF, OR 1% OF BODY SURFACE AREA OF INFANTS AND CHILDREN
0480T	FRACTIONAL ABLATIVE LASER FENESTRATION OF BURN AND TRAUMATIC SCARS FOR FUNCTIONAL IMPROVEMENT; EACH ADDITIONAL 100 CM2, OR EACH ADDITIONAL 1% OF BODY SURFACE AREA OF INFANTS AND CHILDREN, OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
0481T	INJECTION(S), AUTOLOGOUS WHITE BLOOD CELL CONCENTRATE (AUTOLOGOUS PROTEIN SOLUTION), ANY SITE, INCLUDING IMAGE GUIDANCE, HARVESTING AND PREPARATION, WHEN PERFORMED
0482T	ABSOLUTE QUANTITATION OF MYOCARDIAL BLOOD FLOW, POSITRON EMISSION TOMOGRAPHY (PET), REST AND STRESS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)

CODE	DESCRIPTION
0483T	TRANSCATHETER MITRAL VALVE IMPLANTATION/REPLACEMENT (TMVI) WITH PROSTHETIC VALVE; PERCUTANEOUS APPROACH, INCLUDING TRANSSEPTAL PUNCTURE, WHEN PERFORMED
0484T	TRANSCATHETER MITRAL VALVE IMPLANTATION/REPLACEMENT (TMVI) WITH PROSTHETIC VALVE; TRANSTHORACIC EXPOSURE (EG, THORACOTOMY, TRANSAPICAL)
0485T	OPTICAL COHERENCE TOMOGRAPHY (OCT) OF MIDDLE EAR, WITH INTERPRETATION AND REPORT; UNILATERAL
0486T	OPTICAL COHERENCE TOMOGRAPHY (OCT) OF MIDDLE EAR, WITH INTERPRETATION AND REPORT; BILATERAL
0487T	BIOMECHANICAL MAPPING, TRANSVAGINAL, WITH REPORT
0488T	PREVENTIVE BEHAVIOR CHANGE, ONLINE/ELECTRONIC STRUCTURED INTENSIVE PROGRAM FOR PREVENTION OF DIABETES USING A STANDARDIZED DIABETES PREVENTION PROGRAM CURRICULUM, PROVIDED TO AN INDIVIDUAL, PER 30 DAYS
0489T	AUTOLOGOUS ADIPOSE-DERIVED REGENERATIVE CELL THERAPY FOR SCLERODERMA IN THE HANDS; ADIPOSE TISSUE HARVESTING, ISOLATION AND PREPARATION OF HARVESTED CELLS INCLUDING INCUBATION WITH CELL DISSOCIATION ENZYMES, REMOVAL OF NON-VIABLE CELLS AND DEBRIS, DETERMINATION OF CONCENTRATION AND DILUTION OF REGENERATIVE CELLS
0490T	AUTOLOGOUS ADIPOSE-DERIVED REGENERATIVE CELL THERAPY FOR SCLERODERMA IN THE HANDS; MULTIPLE INJECTIONS IN ONE OR BOTH HANDS
0491T	ABLATIVE LASER TREATMENT, NON-CONTACT, FULL FIELD AND FRACTIONAL ABLATION, OPEN WOUND, PER DAY, TOTAL TREATMENT SURFACE AREA; FIRST 20 SQ CM OR LESS
0492T	ABLATIVE LASER TREATMENT, NON-CONTACT, FULL FIELD AND FRACTIONAL ABLATION, OPEN WOUND, PER DAY, TOTAL TREATMENT SURFACE AREA; EACH ADDITIONAL 20 SQ CM, OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
0493T	NEAR-INFRARED SPECTROSCOPY STUDIES OF LOWER EXTREMITY WOUNDS (EG, FOR OXYHEMOGLOBIN MEASUREMENT)
0494T	SURGICAL PREPARATION AND CANNULATION OF MARGINAL (EXTENDED) CADAVER DONOR LUNG(S) TO EX VIVO ORGAN PERFUSION SYSTEM, INCLUDING DECANNULATION, SEPARATION FROM THE PERFUSION SYSTEM, AND COLD PRESERVATION OF THE ALLOGRAFT PRIOR TO IMPLANTATION, WHEN PERFORMED
0495T	INITIATION AND MONITORING MARGINAL (EXTENDED) CADAVER DONOR LUNG(S) ORGAN PERFUSION SYSTEM BY PHYSICIAN OR QUALIFIED HEALTH CARE PROFESSIONAL, INCLUDING PHYSIOLOGICAL AND LABORATORY ASSESSMENT (EG, PULMONARY ARTERY FLOW, PULMONARY ARTERY PRESSURE, LEFT ATRIAL PRESSURE, PULMONARY VASCULAR RESISTANCE, MEAN/PEAK AND PLATEAU AIRWAY PRESSURE, DYNAMIC COMPLIANCE AND PERFUSATE GAS ANALYSIS),

CODE	DESCRIPTION
	INCLUDING BRONCHOSCOPY AND X RAY WHEN PERFORMED; FIRST TWO HOURS IN STERILE FIELD
0496T	INITIATION AND MONITORING MARGINAL (EXTENDED) CADAVER DONOR LUNG(S) ORGAN PERFUSION SYSTEM BY PHYSICIAN OR QUALIFIED HEALTH CARE PROFESSIONAL, INCLUDING PHYSIOLOGICAL AND LABORATORY ASSESSMENT (EG, PULMONARY ARTERY FLOW, PULMONARY ARTERY PRESSURE, LEFT ATRIAL PRESSURE, PULMONARY VASCULAR RESISTANCE, MEAN/PEAK AND PLATEAU AIRWAY PRESSURE, DYNAMIC COMPLIANCE AND PERFUSATE GAS ANALYSIS), INCLUDING BRONCHOSCOPY AND X RAY WHEN PERFORMED; EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
0497T	EXTERNAL PATIENT-ACTIVATED, PHYSICIAN- OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL-PRESCRIBED, ELECTROCARDIOGRAPHIC RHYTHM DERIVED EVENT RECORDER WITHOUT 24-HOUR ATTENDED MONITORING; IN-OFFICE CONNECTION
0498T	EXTERNAL PATIENT-ACTIVATED, PHYSICIAN- OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL-PRESCRIBED, ELECTROCARDIOGRAPHIC RHYTHM DERIVED EVENT RECORDER WITHOUT 24-HOUR ATTENDED MONITORING; REVIEW AND INTERPRETATION BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL PER 30 DAYS WITH AT LEAST ONE PATIENT-GENERATED TRIGGERED EVENT
0499T	CYSTOURETHROSCOPY, WITH MECHANICAL DILATION AND URETHRAL THERAPEUTIC DRUG DELIVERY FOR URETHRAL STRICTURE OR STENOSIS, INCLUDING FLUOROSCOPY, WHEN PERFORMED
0500T	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA), HUMAN PAPILOMAVIRUS (HPV) FOR FIVE OR MORE SEPARATELY REPORTED HIGH-RISK HPV TYPES (EG, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68) (IE, GENOTYPING)
0502T	NONINVASIVE ESTIMATED CORONARY FRACTIONAL FLOW RESERVE (FFR) DERIVED FROM CORONARY COMPUTED TOMOGRAPHY ANGIOGRAPHY DATA USING COMPUTATION FLUID DYNAMICS PHYSIOLOGIC SIMULATION SOFTWARE ANALYSIS OF FUNCTIONAL DATA TO ASSESS THE SEVERITY OF CORONARY ARTERY DISEASE; DATA PREPARATION AND TRANSMISSION
0505T	ENDOVENOUS FEMORAL-POPLITEAL ARTERIAL REVASCULARIZATION, WITH TRANSCATHETER PLACEMENT OF INTRAVASCULAR STENT GRAFT(S) AND CLOSURE BY ANY METHOD, INCLUDING PERCUTANEOUS OR OPEN VASCULAR ACCESS, ULTRASOUND GUIDANCE FOR VASCULAR ACCESS WHEN PERFORMED, ALL CATHETERIZATION(S) AND INTRAPROCEDURAL ROADMAPPING AND IMAGING GUIDANCE NECESSARY TO COMPLETE THE INTERVENTION, ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION, WHEN PERFORMED, WITH CROSSING OF THE OCCLUSIVE LESION IN AN EXTRALUMINAL FASHION
0506T	MACULAR PIGMENT OPTICAL DENSITY MEASUREMENT BY HETEROCHROMATIC FLICKER PHOTOMETRY, UNILATERAL OR BILATERAL, WITH INTERPRETATION AND

CODE	DESCRIPTION
	REPORT
0508T	PULSE-ECHO ULTRASOUND BONE DENSITY MEASUREMENT RESULTING IN INDICATOR OF AXIAL BONE MINERAL DENSITY, TIBIA
0510T	REMOVAL OF SINUS TARSI IMPLANT
0511T	REMOVAL AND REINSERTION OF SINUS TARSI IMPLANT
0512T	EXTRACORPOREAL SHOCK WAVE FOR INTEGUMENTARY WOUND HEALING, HIGH ENERGY, INCLUDING TOPICAL APPLICATION AND DRESSING CARE; INITIAL WOUND
0513T	EXTRACORPOREAL SHOCK WAVE FOR INTEGUMENTARY WOUND HEALING, HIGH ENERGY, INCLUDING TOPICAL APPLICATION AND DRESSING CARE; EACH ADDITIONAL WOUND (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
0514T	INTRAOPERATIVE VISUAL AXIS IDENTIFICATION USING PATIENT FIXATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
0515T	INSERTION OF WIRELESS CARDIAC STIMULATOR FOR LEFT VENTRICULAR PACING, INCLUDING DEVICE INTERROGATION AND PROGRAMMING, AND IMAGING SUPERVISION AND INTERPRETATION, WHEN PERFORMED; COMPLETE SYSTEM (INCLUDES ELECTRODE AND GENERATOR [TRANSMITTER AND BATTERY])
0516T	INSERTION OF WIRELESS CARDIAC STIMULATOR FOR LEFT VENTRICULAR PACING, INCLUDING DEVICE INTERROGATION AND PROGRAMMING, AND IMAGING SUPERVISION AND INTERPRETATION, WHEN PERFORMED; ELECTRODE ONLY
0517T	INSERTION OF WIRELESS CARDIAC STIMULATOR FOR LEFT VENTRICULAR PACING, INCLUDING DEVICE INTERROGATION AND PROGRAMMING, AND IMAGING SUPERVISION AND INTERPRETATION, WHEN PERFORMED; PULSE GENERATOR COMPONENT(S) (BATTERY AND/OR TRANSMITTER) ONLY
0518T	REMOVAL OF ONLY PULSE GENERATOR COMPONENT(S) (BATTERY AND/OR TRANSMITTER) OF WIRELESS CARDIAC STIMULATOR FOR LEFT VENTRICULAR PACING
0519T	REMOVAL AND REPLACEMENT OF WIRELESS CARDIAC STIMULATOR FOR LEFT VENTRICULAR PACING; PULSE GENERATOR COMPONENT(S) (BATTERY AND/OR TRANSMITTER)
0520T	REMOVAL AND REPLACEMENT OF WIRELESS CARDIAC STIMULATOR FOR LEFT VENTRICULAR PACING; PULSE GENERATOR COMPONENT(S) (BATTERY AND/OR TRANSMITTER), INCLUDING PLACEMENT OF A NEW ELECTRODE
0521T	INTERROGATION DEVICE EVALUATION (IN PERSON) WITH ANALYSIS, REVIEW AND REPORT, INCLUDES CONNECTION, RECORDING, AND DISCONNECTION PER PATIENT ENCOUNTER, WIRELESS CARDIAC STIMULATOR FOR LEFT VENTRICULAR PACING
0522T	PROGRAMMING DEVICE EVALUATION (IN PERSON) WITH ITERATIVE ADJUSTMENT

CODE	DESCRIPTION
	OF THE IMPLANTABLE DEVICE TO TEST THE FUNCTION OF THE DEVICE AND SELECT OPTIMAL PERMANENT PROGRAMMED VALUES WITH ANALYSIS, INCLUDING REVIEW AND REPORT, WIRELESS CARDIAC STIMULATOR FOR LEFT VENTRICULAR PACING
0523T	INTRAPROCEDURAL CORONARY FRACTIONAL FLOW RESERVE (FFR) WITH 3D FUNCTIONAL MAPPING OF COLOR-CODED FFR VALUES FOR THE CORONARY TREE, DERIVED FROM CORONARY ANGIOGRAM DATA, FOR REAL-TIME REVIEW AND INTERPRETATION OF POSSIBLE ATHEROSCLEROTIC STENOSIS(ES) INTERVENTION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
0524T	ENDOVENOUS CATHETER DIRECTED CHEMICAL ABLATION WITH BALLOON ISOLATION OF INCOMPETENT EXTREMITY VEIN, OPEN OR PERCUTANEOUS, INCLUDING ALL VASCULAR ACCESS, CATHETER MANIPULATION, DIAGNOSTIC IMAGING, IMAGING GUIDANCE AND MONITORING
0525T	INSERTION OR REPLACEMENT OF INTRACARDIAC ISCHEMIA MONITORING SYSTEM, INCLUDING TESTING OF THE LEAD AND MONITOR, INITIAL SYSTEM PROGRAMMING, AND IMAGING SUPERVISION AND INTERPRETATION; COMPLETE SYSTEM (ELECTRODE AND IMPLANTABLE MONITOR)
0526T	INSERTION OR REPLACEMENT OF INTRACARDIAC ISCHEMIA MONITORING SYSTEM, INCLUDING TESTING OF THE LEAD AND MONITOR, INITIAL SYSTEM PROGRAMMING, AND IMAGING SUPERVISION AND INTERPRETATION; ELECTRODE ONLY
0527T	INSERTION OR REPLACEMENT OF INTRACARDIAC ISCHEMIA MONITORING SYSTEM, INCLUDING TESTING OF THE LEAD AND MONITOR, INITIAL SYSTEM PROGRAMMING, AND IMAGING SUPERVISION AND INTERPRETATION; IMPLANTABLE MONITOR ONLY
0528T	PROGRAMMING DEVICE EVALUATION (IN PERSON) OF INTRACARDIAC ISCHEMIA MONITORING SYSTEM WITH ITERATIVE ADJUSTMENT OF PROGRAMMED VALUES, WITH ANALYSIS, REVIEW, AND REPORT
0529T	INTERROGATION DEVICE EVALUATION (IN PERSON) OF INTRACARDIAC ISCHEMIA MONITORING SYSTEM WITH ANALYSIS, REVIEW, AND REPORT
0530T	REMOVAL OF INTRACARDIAC ISCHEMIA MONITORING SYSTEM, INCLUDING ALL IMAGING SUPERVISION AND INTERPRETATION; COMPLETE SYSTEM (ELECTRODE AND IMPLANTABLE MONITOR)
0531T	REMOVAL OF INTRACARDIAC ISCHEMIA MONITORING SYSTEM, INCLUDING ALL IMAGING SUPERVISION AND INTERPRETATION; ELECTRODE ONLY
0532T	REMOVAL OF INTRACARDIAC ISCHEMIA MONITORING SYSTEM, INCLUDING ALL IMAGING SUPERVISION AND INTERPRETATION; IMPLANTABLE MONITOR ONLY
0533T	CONTINUOUS RECORDING OF MOVEMENT DISORDER SYMPTOMS, INCLUDING BRADYKINESIA, DYSKINESIA, AND TREMOR FOR 6 DAYS UP TO 10 DAYS; INCLUDES SET-UP, PATIENT TRAINING, CONFIGURATION OF MONITOR, DATA

<b>CODE</b>	<b>DESCRIPTION</b>
	UPLOAD, ANALYSIS AND INITIAL REPORT CONFIGURATION, DOWNLOAD REVIEW, INTERPRETATION AND REPORT
0534T	CONTINUOUS RECORDING OF MOVEMENT DISORDER SYMPTOMS, INCLUDING BRADYKINESIA, DYSKINESIA, AND TREMOR FOR 6 DAYS UP TO 10 DAYS; SET-UP, PATIENT TRAINING, CONFIGURATION OF MONITOR
0535T	CONTINUOUS RECORDING OF MOVEMENT DISORDER SYMPTOMS, INCLUDING BRADYKINESIA, DYSKINESIA, AND TREMOR FOR 6 DAYS UP TO 10 DAYS; DATA UPLOAD, ANALYSIS AND INITIAL REPORT CONFIGURATION
0536T	CONTINUOUS RECORDING OF MOVEMENT DISORDER SYMPTOMS, INCLUDING BRADYKINESIA, DYSKINESIA, AND TREMOR FOR 6 DAYS UP TO 10 DAYS; DOWNLOAD REVIEW, INTERPRETATION AND REPORT
0540T	CHIMERIC ANTIGEN RECEPTOR T-CELL (CAR-T) THERAPY; CAR-T CELL ADMINISTRATION, AUTOLOGOUS
<b>CODE</b>	<b>DESCRIPTION</b>
0541T	MYOCARDIAL IMAGING BY MAGNETOCARDIOGRAPHY (MCG) FOR DETECTION OF CARDIAC ISCHEMIA, BY SIGNAL ACQUISITION USING MINIMUM 36 CHANNEL GRID, GENERATION OF MAGNETIC-FIELD TIME-SERIES IMAGES, QUANTITATIVE ANALYSIS OF MAGNETIC DIPOLES, MACHINE LEARNING-DERIVED CLINICAL SCORING, AND AUTOMATED REPORT GENERATION, SINGLE STUDY;
0542T	MYOCARDIAL IMAGING BY MAGNETOCARDIOGRAPHY (MCG) FOR DETECTION OF CARDIAC ISCHEMIA, BY SIGNAL ACQUISITION USING MINIMUM 36 CHANNEL GRID, GENERATION OF MAGNETIC-FIELD TIME-SERIES IMAGES, QUANTITATIVE ANALYSIS OF MAGNETIC DIPOLES, MACHINE LEARNING-DERIVED CLINICAL SCORING, AND AUTOMATED REPORT GENERATION, SINGLE STUDY; INTERPRETATION AND REPORT
0543T	TRANSAPICAL MITRAL VALVE REPAIR, INCLUDING TRANSTHORACIC ECHOCARDIOGRAPHY, WHEN PERFORMED, WITH PLACEMENT OF ARTIFICIAL CHORDAE TENDINEAE
0544T	TRANSCATHETER MITRAL VALVE ANNULUS RECONSTRUCTION, WITH IMPLANTATION OF ADJUSTABLE ANNULUS RECONSTRUCTION DEVICE, PERCUTANEOUS APPROACH INCLUDING TRANSSEPTAL PUNCTURE
0545T	TRANSCATHETER TRICUSPID VALVE ANNULUS RECONSTRUCTION WITH IMPLANTATION OF ADJUSTABLE ANNULUS RECONSTRUCTION DEVICE, PERCUTANEOUS APPROACH
0546T	RADIOFREQUENCY SPECTROSCOPY, REAL TIME, INTRAOPERATIVE MARGIN ASSESSMENT, AT THE TIME OF PARTIAL MASTECTOMY, WITH REPORT
0547T	BONE-MATERIAL QUALITY TESTING BY MICROINDENTATION(S) OF THE TIBIA(S), WITH RESULTS REPORTED AS A SCORE
0548T	TRANSPERINEAL PERIURETHRAL BALLOON CONTINENCE DEVICE; BILATERAL

CODE	DESCRIPTION
	PLACEMENT, INCLUDING CYSTOSCOPY AND FLUOROSCOPY
0549T	UNILATERAL PLACEMENT, INCLUDING CYSTOSCOPY AND FLUOROSCOPY
0550T	REMOVAL, EACH BALLOON
0551T	ADJUSTMENT OF BALLOON(S) FLUID VOLUME
0552T	LOW-LEVEL LASER THERAPY, DYNAMIC PHOTONIC AND DYNAMIC THERMOKINETIC ENERGIES, PROVIDED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL
0553T	PERCUTANEOUS TRANSCATHETER PLACEMENT OF ILIAC ARTERIOVENOUS ANASTOMOSIS IMPLANT, INCLUSIVE OF ALL RADIOLOGICAL SUPERVISION AND INTERPRETATION, INTRAPROCEDURAL ROADMAPPING, AND IMAGING GUIDANCE NECESSARY TO COMPLETE THE INTERVENTION
0554T	BONE STRENGTH AND FRACTURE RISK USING FINITE ELEMENT ANALYSIS OF FUNCTIONAL DATA, AND BONE-MINERAL DENSITY, UTILIZING DATA FROM A COMPUTED TOMOGRAPHY SCAN; RETRIEVAL AND TRANSMISSION OF THE SCAN DATA, ASSESSMENT OF BONE STRENGTH AND FRACTURE RISK AND BONE MINERAL DENSITY, INTERPRETATION AND REPORT
0555T	RETRIEVAL AND TRANSMISSION OF THE SCAN DATA
0556T	ASSESSMENT OF BONE STRENGTH AND FRACTURE RISK AND BONE MINERAL DENSITY
0557T	INTERPRETATION AND REPORT
0558T	COMPUTED TOMOGRAPHY SCAN TAKEN FOR THE PURPOSE OF BIOMECHANICAL COMPUTED TOMOGRAPHY ANALYSIS
0559T	ANATOMIC MODEL 3D-PRINTED FROM IMAGE DATA SET(S); FIRST INDIVIDUALLY PREPARED AND PROCESSED COMPONENT OF AN ANATOMIC STRUCTURE
0560T	EACH ADDITIONAL INDIVIDUALLY PREPARED AND PROCESSED COMPONENT OF AN ANATOMIC STRUCTURE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
0561T	ANATOMIC GUIDE 3D-PRINTED AND DESIGNED FROM IMAGE DATA SET(S); FIRST ANATOMIC GUIDE
0562T	EACH ADDITIONAL ANATOMIC GUIDE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)

**Group 2 Paragraph:**

For these services, Noridian has received substantial information and has determined that the services do not meet the coverage criteria described above. These codes are listed in the Non-Covered Services LCD (L36219).

**Group 2 Codes:**

CODE	DESCRIPTION
0100T	PLACEMENT OF A SUBCONJUNCTIVAL RETINAL PROSTHESIS RECEIVER AND PULSE GENERATOR, AND IMPLANTATION OF INTRAOCULAR RETINAL ELECTRODE ARRAY, WITH VITRECTOMY
0312T	VAGUS NERVE BLOCKING THERAPY (MORBID OBESITY); LAPAROSCOPIC IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY, ANTERIOR AND POSTERIOR VAGAL TRUNKS ADJACENT TO ESOPHAGOGASTRIC JUNCTION (EGJ), WITH IMPLANTATION OF PULSE GENERATOR, INCLUDES PROGRAMMING
0313T	VAGUS NERVE BLOCKING THERAPY (MORBID OBESITY); LAPAROSCOPIC REVISION OR REPLACEMENT OF VAGAL TRUNK NEUROSTIMULATOR ELECTRODE ARRAY, INCLUDING CONNECTION TO EXISTING PULSE GENERATOR
0316T	VAGUS NERVE BLOCKING THERAPY (MORBID OBESITY); REPLACEMENT OF PULSE GENERATOR
0317T	VAGUS NERVE BLOCKING THERAPY (MORBID OBESITY); NEUROSTIMULATOR PULSE GENERATOR ELECTRONIC ANALYSIS, INCLUDES REPROGRAMMING WHEN PERFORMED
0399T	MYOCARDIAL STRAIN IMAGING (QUANTITATIVE ASSESSMENT OF MYOCARDIAL MECHANICS USING IMAGE-BASED ANALYSIS OF LOCAL MYOCARDIAL DYNAMICS) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
0450T	INSERTION OF AQUEOUS DRAINAGE DEVICE, WITHOUT EXTRAOCULAR RESERVOIR, INTERNAL APPROACH, INTO THE SUBCONJUNCTIVAL SPACE; EACH ADDITIONAL DEVICE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
0466T	INSERTION OF CHEST WALL RESPIRATORY SENSOR ELECTRODE OR ELECTRODE ARRAY, INCLUDING CONNECTION TO PULSE GENERATOR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
0468T	REMOVAL OF CHEST WALL RESPIRATORY SENSOR ELECTRODE OR ELECTRODE ARRAY

**Group 3 Paragraph:**

These services either do not meet a Medicare benefit category or are not covered by national policy and are listed in the Non-Covered Services LCD (L36219) or have a Fee Schedule Status Indicator indicating national non-coverage.

**Group 3 Codes:**

CODE	DESCRIPTION
0085T	BREATH TEST FOR HEART TRANSPLANT REJECTION
0329T	MONITORING OF INTRAOCULAR PRESSURE FOR 24 HOURS OR LONGER, UNILATERAL OR BILATERAL, WITH INTERPRETATION AND REPORT
0333T	VISUAL EVOKED POTENTIAL, SCREENING OF VISUAL ACUITY, AUTOMATED, WITH REPORT



CODE	DESCRIPTION
0378T	VISUAL FIELD ASSESSMENT, WITH CONCURRENT REAL TIME DATA ANALYSIS AND ACCESSIBLE DATA STORAGE WITH PATIENT INITIATED DATA TRANSMITTED TO A REMOTE SURVEILLANCE CENTER FOR UP TO 30 DAYS; REVIEW AND INTERPRETATION WITH REPORT BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL
0379T	VISUAL FIELD ASSESSMENT, WITH CONCURRENT REAL TIME DATA ANALYSIS AND ACCESSIBLE DATA STORAGE WITH PATIENT INITIATED DATA TRANSMITTED TO A REMOTE SURVEILLANCE CENTER FOR UP TO 30 DAYS; TECHNICAL SUPPORT AND PATIENT INSTRUCTIONS, SURVEILLANCE, ANALYSIS, AND TRANSMISSION OF DAILY AND EMERGENT DATA REPORTS AS PRESCRIBED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL
0380T	COMPUTER-AIDED ANIMATION AND ANALYSIS OF TIME SERIES RETINAL IMAGES FOR THE MONITORING OF DISEASE PROGRESSION, UNILATERAL OR BILATERAL, WITH INTERPRETATION AND REPORT
0403T	PREVENTIVE BEHAVIOR CHANGE, INTENSIVE PROGRAM OF PREVENTION OF DIABETES USING A STANDARDIZED DIABETES PREVENTION PROGRAM CURRICULUM, PROVIDED TO INDIVIDUALS IN A GROUP SETTING, MINIMUM 60 MINUTES, PER DAY
0405T	OVERSIGHT OF THE CARE OF AN EXTRACORPOREAL LIVER ASSIST SYSTEM PATIENT REQUIRING REVIEW OF STATUS, REVIEW OF LABORATORIES AND OTHER STUDIES, AND REVISION OF ORDERS AND LIVER ASSIST CARE PLAN (AS APPROPRIATE), WITHIN A CALENDAR MONTH, 30 MINUTES OR MORE OF NON-FACE-TO-FACE TIME
0421T	TRANSURETHRAL WATERJET ABLATION OF PROSTATE, INCLUDING CONTROL OF POST-OPERATIVE BLEEDING, INCLUDING ULTRASOUND GUIDANCE, COMPLETE (VASECTOMY, MEATOTOMY, CYSTOURETHROSCOPY, URETHRAL CALIBRATION AND/OR DILATION, AND INTERNAL URETHROTOMY ARE INCLUDED WHEN PERFORMED)
0467T	REVISION OR REPLACEMENT OF CHEST WALL RESPIRATORY SENSOR ELECTRODE OR ELECTRODE ARRAY, INCLUDING CONNECTION TO EXISTING PULSE GENERATOR

**Group 4 Paragraph:**

For these services Noridian has received sufficient information to make coverage and pricing determinations.

**Group 4 Codes:**

CODE	DESCRIPTION
0058T	CRYOPRESERVATION; REPRODUCTIVE TISSUE, OVARIAN
0075T	TRANSCATHETER PLACEMENT OF EXTRACRANIAL VERTEBRAL ARTERY STENT(S), INCLUDING RADIOLOGIC SUPERVISION AND INTERPRETATION, OPEN OR PERCUTANEOUS; INITIAL VESSEL

CODE	DESCRIPTION
0076T	TRANSCATHETER PLACEMENT OF EXTRACRANIAL VERTEBRAL ARTERY STENT(S), INCLUDING RADIOLOGIC SUPERVISION AND INTERPRETATION, OPEN OR PERCUTANEOUS; EACH ADDITIONAL VESSEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
0095T	REMOVAL OF TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, EACH ADDITIONAL INTERSPACE, CERVICAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
0164T	REMOVAL OF TOTAL DISC ARTHROPLASTY, (ARTIFICIAL DISC), ANTERIOR APPROACH, EACH ADDITIONAL INTERSPACE, LUMBAR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
0184T	EXCISION OF RECTAL TUMOR, TRANSANAL ENDOSCOPIC MICROSURGICAL APPROACH (IE, TEMS), INCLUDING MUSCULARIS PROPRIA (IE, FULL THICKNESS)
0191T	INSERTION OF ANTERIOR SEGMENT AQUEOUS DRAINAGE DEVICE, WITHOUT EXTRAOCULAR RESERVOIR, INTERNAL APPROACH, INTO THE TRABECULAR MESHWORK; INITIAL INSERTION
0200T	PERCUTANEOUS SACRAL AUGMENTATION (SACROPLASTY), UNILATERAL INJECTION(S), INCLUDING THE USE OF A BALLOON OR MECHANICAL DEVICE, WHEN USED, 1 OR MORE NEEDLES, INCLUDES IMAGING GUIDANCE AND BONE BIOPSY, WHEN PERFORMED
0201T	PERCUTANEOUS SACRAL AUGMENTATION (SACROPLASTY), BILATERAL INJECTIONS, INCLUDING THE USE OF A BALLOON OR MECHANICAL DEVICE, WHEN USED, 2 OR MORE NEEDLES, INCLUDES IMAGING GUIDANCE AND BONE BIOPSY, WHEN PERFORMED
0213T	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH ULTRASOUND GUIDANCE, CERVICAL OR THORACIC; SINGLE LEVEL
0214T	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH ULTRASOUND GUIDANCE, CERVICAL OR THORACIC; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
0215T	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH ULTRASOUND GUIDANCE, CERVICAL OR THORACIC; THIRD AND ANY ADDITIONAL LEVEL(S) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
0216T	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH ULTRASOUND GUIDANCE, LUMBAR OR SACRAL; SINGLE LEVEL
0217T	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH ULTRASOUND GUIDANCE, LUMBAR OR SACRAL; SECOND LEVEL (LIST SEPARATELY

CODE	DESCRIPTION
	IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
0218T	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH ULTRASOUND GUIDANCE, LUMBAR OR SACRAL; THIRD AND ANY ADDITIONAL LEVEL(S) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
0228T	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH ULTRASOUND GUIDANCE, CERVICAL OR THORACIC; SINGLE LEVEL
0229T	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH ULTRASOUND GUIDANCE, CERVICAL OR THORACIC; EACH ADDITIONAL LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
0230T	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH ULTRASOUND GUIDANCE, LUMBAR OR SACRAL; SINGLE LEVEL
0231T	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH ULTRASOUND GUIDANCE, LUMBAR OR SACRAL; EACH ADDITIONAL LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
0249T	LIGATION, HEMORRHOIDAL VASCULAR BUNDLE(S), INCLUDING ULTRASOUND GUIDANCE
0254T	ENDOVASCULAR REPAIR OF ILIAC ARTERY BIFURCATION (EG, ANEURYSM, PSEUDOANEURYSM, ARTERIOVENOUS MALFORMATION, TRAUMA, DISSECTION) USING BIFURCATED ENDOGRAFT FROM THE COMMON ILIAC ARTERY INTO BOTH THE EXTERNAL AND INTERNAL ILIAC ARTERY, INCLUDING ALL SELECTIVE AND/OR NONSELECTIVE CATHETERIZATION(S) REQUIRED FOR DEVICE PLACEMENT AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION, UNILATERAL
0269T	REVISION OR REMOVAL OF CAROTID SINUS BAROREFLEX ACTIVATION DEVICE; TOTAL SYSTEM (INCLUDES GENERATOR PLACEMENT, UNILATERAL OR BILATERAL LEAD PLACEMENT, INTRA-OPERATIVE INTERROGATION, PROGRAMMING, AND REPOSITIONING, WHEN PERFORMED)
0270T	REVISION OR REMOVAL OF CAROTID SINUS BAROREFLEX ACTIVATION DEVICE; LEAD ONLY, UNILATERAL (INCLUDES INTRA-OPERATIVE INTERROGATION, PROGRAMMING, AND REPOSITIONING, WHEN PERFORMED)
0271T	REVISION OR REMOVAL OF CAROTID SINUS BAROREFLEX ACTIVATION DEVICE; PULSE GENERATOR ONLY (INCLUDES INTRA-OPERATIVE INTERROGATION, PROGRAMMING, AND REPOSITIONING, WHEN PERFORMED)
0275T	PERCUTANEOUS LAMINOTOMY/LAMINECTOMY (INTERLAMINAR APPROACH) FOR DECOMPRESSION OF NEURAL ELEMENTS, (WITH OR WITHOUT LIGAMENOUS RESECTION, DISCECTOMY, FACETECTOMY AND/OR FORAMINOTOMY), ANY

CODE	DESCRIPTION
	METHOD, UNDER INDIRECT IMAGE GUIDANCE (EG, FLUOROSCOPIC, CT), SINGLE OR MULTIPLE LEVELS, UNILATERAL OR BILATERAL; LUMBAR
0295T	EXTERNAL ELECTROCARDIOGRAPHIC RECORDING FOR MORE THAN 48 HOURS UP TO 21 DAYS BY CONTINUOUS RHYTHM RECORDING AND STORAGE; INCLUDES RECORDING, SCANNING ANALYSIS WITH REPORT, REVIEW AND INTERPRETATION
0296T	EXTERNAL ELECTROCARDIOGRAPHIC RECORDING FOR MORE THAN 48 HOURS UP TO 21 DAYS BY CONTINUOUS RHYTHM RECORDING AND STORAGE; RECORDING (INCLUDES CONNECTION AND INITIAL RECORDING)
0297T	EXTERNAL ELECTROCARDIOGRAPHIC RECORDING FOR MORE THAN 48 HOURS UP TO 21 DAYS BY CONTINUOUS RHYTHM RECORDING AND STORAGE; SCANNING ANALYSIS WITH REPORT
0298T	EXTERNAL ELECTROCARDIOGRAPHIC RECORDING FOR MORE THAN 48 HOURS UP TO 21 DAYS BY CONTINUOUS RHYTHM RECORDING AND STORAGE; REVIEW AND INTERPRETATION
0308T	INSERTION OF OCULAR TELESCOPE PROSTHESIS INCLUDING REMOVAL OF CRYSTALLINE LENS OR INTRAOCULAR LENS PROSTHESIS
0314T	VAGUS NERVE BLOCKING THERAPY (MORBID OBESITY); LAPAROSCOPIC REMOVAL OF VAGAL TRUNK NEUROSTIMULATOR ELECTRODE ARRAY AND PULSE GENERATOR
0315T	VAGUS NERVE BLOCKING THERAPY (MORBID OBESITY); REMOVAL OF PULSE GENERATOR
0345T	TRANSCATHETER MITRAL VALVE REPAIR PERCUTANEOUS APPROACH VIA THE CORONARY SINUS
0376T	INSERTION OF ANTERIOR SEGMENT AQUEOUS DRAINAGE DEVICE, WITHOUT EXTRAOCULAR RESERVOIR, INTERNAL APPROACH, INTO THE TRABECULAR MESHWORK; EACH ADDITIONAL DEVICE INSERTION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
0377T	ANOSCOPY WITH DIRECTED SUBMUCOSAL INJECTION OF BULKING AGENT FOR FECAL INCONTINENCE
0394T	HIGH DOSE RATE ELECTRONIC BRACHYTHERAPY, SKIN SURFACE APPLICATION, PER FRACTION, INCLUDES BASIC DOSIMETRY, WHEN PERFORMED
0395T	HIGH DOSE RATE ELECTRONIC BRACHYTHERAPY, INTERSTITIAL OR INTRACAVITARY TREATMENT, PER FRACTION, INCLUDES BASIC DOSIMETRY, WHEN PERFORMED
0398T	MAGNETIC RESONANCE IMAGE GUIDED HIGH INTENSITY FOCUSED ULTRASOUND (MRGFUS), STEREOTACTIC ABLATION LESION, INTRACRANIAL FOR MOVEMENT DISORDER INCLUDING STEREOTACTIC NAVIGATION AND FRAME PLACEMENT WHEN PERFORMED
0402T	COLLAGEN CROSS-LINKING OF CORNEA, (INCLUDING REMOVAL OF THE CORNEAL EPITHELIUM AND INTRAOPERATIVE PACHYMETRY, WHEN PERFORMED) (REPORT

CODE	DESCRIPTION
	MEDICATION SEPARATELY)
0404T	TRANSCERVICAL UTERINE FIBROID(S) ABLATION WITH ULTRASOUND GUIDANCE, RADIOFREQUENCY
0449T	INSERTION OF AQUEOUS DRAINAGE DEVICE, WITHOUT EXTRAOCULAR RESERVOIR, INTERNAL APPROACH, INTO THE SUBCONJUNCTIVAL SPACE; INITIAL DEVICE
0474T	INSERTION OF ANTERIOR SEGMENT AQUEOUS DRAINAGE DEVICE, WITH CREATION OF INTRAOCULAR RESERVOIR, INTERNAL APPROACH, INTO THE SUPRACILIARY SPACE
0501T	NONINVASIVE ESTIMATED CORONARY FRACTIONAL FLOW RESERVE (FFR) DERIVED FROM CORONARY COMPUTED TOMOGRAPHY ANGIOGRAPHY DATA USING COMPUTATION FLUID DYNAMICS PHYSIOLOGIC SIMULATION SOFTWARE ANALYSIS OF FUNCTIONAL DATA TO ASSESS THE SEVERITY OF CORONARY ARTERY DISEASE; DATA PREPARATION AND TRANSMISSION, ANALYSIS OF FLUID DYNAMICS AND SIMULATED MAXIMAL CORONARY HYPEREMIA, GENERATION OF ESTIMATED FFR MODEL, WITH ANATOMICAL DATA REVIEW IN COMPARISON WITH ESTIMATED FFR MODEL TO RECONCILE DISCORDANT DATA, INTERPRETATION AND REPORT
0503T	NONINVASIVE ESTIMATED CORONARY FRACTIONAL FLOW RESERVE (FFR) DERIVED FROM CORONARY COMPUTED TOMOGRAPHY ANGIOGRAPHY DATA USING COMPUTATION FLUID DYNAMICS PHYSIOLOGIC SIMULATION SOFTWARE ANALYSIS OF FUNCTIONAL DATA TO ASSESS THE SEVERITY OF CORONARY ARTERY DISEASE; ANALYSIS OF FLUID DYNAMICS AND SIMULATED MAXIMAL CORONARY HYPEREMIA, AND GENERATION OF ESTIMATED FFR MODEL
0504T	NONINVASIVE ESTIMATED CORONARY FRACTIONAL FLOW RESERVE (FFR) DERIVED FROM CORONARY COMPUTED TOMOGRAPHY ANGIOGRAPHY DATA USING COMPUTATION FLUID DYNAMICS PHYSIOLOGIC SIMULATION SOFTWARE ANALYSIS OF FUNCTIONAL DATA TO ASSESS THE SEVERITY OF CORONARY ARTERY DISEASE; ANATOMICAL DATA REVIEW IN COMPARISON WITH ESTIMATED FFR MODEL TO RECONCILE DISCORDANT DATA, INTERPRETATION AND REPORT
0507T	NEAR INFRARED DUAL IMAGING (IE, SIMULTANEOUS REFLECTIVE AND TRANSILLUMINATED LIGHT) OF MEIBOMIAN GLANDS, UNILATERAL OR BILATERAL, WITH INTERPRETATION AND REPORT
0509T	ELECTRORETINOGRAPHY (ERG) WITH INTERPRETATION AND REPORT, PATTERN (PERG)
0537T	CHIMERIC ANTIGEN RECEPTOR T-CELL (CAR-T) THERAPY; HARVESTING OF BLOOD-DERIVED T LYMPHOCYTES FOR DEVELOPMENT OF GENETICALLY MODIFIED AUTOLOGOUS CAR-T CELLS, PER DAY
0538T	CHIMERIC ANTIGEN RECEPTOR T-CELL (CAR-T) THERAPY; PREPARATION OF BLOOD-DERIVED T LYMPHOCYTES FOR TRANSPORTATION (EG, CRYOPRESERVATION, STORAGE)

CODE	DESCRIPTION
0539T	CHIMERIC ANTIGEN RECEPTOR T-CELL (CAR-T) THERAPY; RECEIPT AND PREPARATION OF CAR-T CELLS FOR ADMINISTRATION

#### ICD-10 Codes that are Covered

N/A

#### ICD-10 Codes that are Not Covered

N/A

## Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
07/26/2019	R10	Effective 8/9/19 Category III CPT Code 0502T was moved from Group 3 to Group 1.
07/01/2019	R9	<p>Effective 7/1/19 Category III CPT codes were added to Group 1: 0543T, 0544T, 0545T, 0546T, 0547T, 0548T, 0549T, 0550T, 0551T, 0552T, 0553T, 0554T, 0555T, 0556T, 0557T, 0558T, 0559T, 0560T, 0561T, and 0562T.</p> <p>Effective 6/27/19 Category III CPT codes were moved from Group 1 to Group 4: 0501T, 0503T, 0504T.</p> <p>Effective 6/27/19 Category III CPT code 0502T was moved from Group 1 to Group 3.</p> <p>Effective 1/1/2019 Category III CPT code 0376T is being removed from Group 1 and added to Group 4.</p>
01/01/2019	R8	Effective 1/1/2019 Category III CPT code 0507T is being removed from Group 1 and added to Group 4.
01/01/2019	R7	Effective 1/1/2019 Category III CPT code 0402T is being removed from Group 1 and added to Group 4.
01/01/2019	R6	The article revised for the new, deleted and description changes of CPT codes effective 01/01/2019.

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
		<ul style="list-style-type: none"> <li>• New CPT codes added to Group 1: 0510T, 0511T, 0512T, 0513T, 0514T, 0515T, 0516T, 0517T, 0518T, 0519T, 0520T, 0521T, 0522T, 0523T, 0524T, 0525T, 0526T, 0527T, 0528T, 0529T, 0530T, 0531T, 0532T, 0533T, 0534T, 0535T, 0536T, 0540T, 0541T, 0542T</li> <li>• New CPT codes added to Group 4: 0509T, 0537T, 0538T, 0539T</li>   <li>• Deleted CPT codes from Group 1: 0159T, 0190T, 0195T, 0196T, 0337T, 0359T, 0360T, 0361T, 0363T, 0364T, 0365T, 0366T, 0367T, 0368T, 0369T, 0370T, 0371T, 0372T, 0374T</li> <li>• Deleted CPT codes from Group 2: 0346T, 0406T, 0407T</li> <li>• Deleted CPT codes from Group 3: 0188T, 0189T</li> <li>• Deleted CPT codes from Group 4: 0387T, 0388T, 0389T, 0390T, 0391T</li>   <li>• Description changed for the following codes: <ul style="list-style-type: none"> <li>◦ 0335T – Insertion of sinus tarsi implant</li> <li>◦ 0362T – Behavior identification supporting assessment, each 15 minutes of technicians’ time face-to-face with a patient, requiring the following components: administration by the physician or other qualified health care professional who is on site; with the assistance of two or more technicians; for a patient who exhibits destructive behavior; completion in an environment that is customized to the patient’s behavior</li> <li>◦ 0373T: Adaptive behavior treatment with protocol modification, each 15 minutes of technicians’ time face-to-face with a patient, requiring the following components: administration by the physician or other qualified health care professional who is on site; with the assistance of two or more technicians; for a patient who exhibits destructive behavior; completion in an environment that is customized to the patient’s behavior</li> </ul> </li> </ul>
07/01/2018	R5	<p>Revision to correct typographical error under coverage section of the article.</p> <p>Effective 7/1/2018, Category III CPT codes 0505T, 0506T, 0507T, 0508T are being added to Group 1.</p>
06/21/2018	R4	<p>Effective 6/21/2018, Category III CPT code 0254T is being moved from Group 1 to Group 4.</p>
05/24/2018	R3	<p>Effective 5/24/2018, Category III CPT code 0398T is being moved from Group 2 to Group 4.</p>

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
01/01/2018	R2	Effective 1/1/2018, Category III CPT code 0449T is moved from Group 2 to Group 4.
01/01/2018	R1	The article is revised based on the 2018 CPT/HCPCS CPT codes effective 1/1/2018 and added the new Category III codes to Group I: 0479T, 0480T, 0481T, 0482T, 0483T, 0484T, 0485T, 0486T, 0487T, 0488T, 0489T, 0490T, 0491T, 0492T, 0493T, 0494T, 0495T, 0496T, 0497T, 0498T, 0499T, 0500T, 0501T, 0502T, 0503T, 0504T.  Moved CPT code 0474T from Group I to Group 4.

## Associated Documents

### Related Local Coverage Document(s)

LCD(s)

L36219 - Non-Covered Services

### Related National Coverage Document(s)

N/A

### Statutory Requirements URL(s)

N/A

### Rules and Regulations URL(s)

N/A

### CMS Manual Explanations URL(s)

N/A

### Other URL(s)

N/A

### Public Version(s)

Updated on 08/02/2019 with effective dates 07/26/2019 - N/A

Updated on 07/19/2019 with effective dates 07/01/2019 - N/A

Updated on 03/26/2019 with effective dates 01/01/2019 - N/A

Updated on 01/24/2019 with effective dates 01/01/2019 - N/A

Updated on 12/05/2018 with effective dates 01/01/2019 - N/A

Updated on 07/10/2018 with effective dates 07/01/2018 - N/A

Some older versions have been archived. Please visit the MCD Archive Site to retrieve them.

## Keywords

- Category III codes



- Non Covered Services