

Payment Policy: Routine & Complex Office Procedures

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[Coding Implications](#)

[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

Policy/Criteria

- a) For all services referred to in this policy please see benefit summary for applicable cost share.
 - b) For all services referred to in this policy that were performed before the revision date, contact customer service for the rules that would apply.
- 1) Procedures and lab tests performed by your doctor in the office may be routine or relatively complex. Similarly, medications given in the doctor's office may be routine and common, or more complex and less often used. You may have different benefits depending on what sort of procedure is performed; your schedule of benefits tells you what cost share is required for different types of procedures.
 - 2) Providers need guidance to make, and to help members make, this distinction. This policy provides a list of all procedures, tests, and medications that are considered "routine" and all procedures, tests, and medications that are considered "complex." Any procedures, tests, or medications *not listed* in this policy are considered "advanced." If you have questions about a particular procedure, you may call our Customer Service Department for additional information.

Medical Statement

- 1) QualChoice administered plans may require different cost shares for different types of procedures, *in addition to* the cost share for the office visit. It is important for physicians to be able to distinguish (and help members to distinguish) which procedures will be covered under the copayment as opposed to those that will not be --- requiring additional payment from the member. To facilitate that, the list of services classified as "routine" or "complex" is attached to this policy.
- 2) These rules do not override any coverage exclusions, limitations, restrictions, preauthorization requirements or other rules that specify when a code will or will not be determined to be a covered service.

Coding Implications

This clinical policy references Current Procedural Terminology (CPT®). CPT is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2018, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

PAYMENT POLICY
Routine & Complex Office Procedures

CPT® Codes	Description
ROUTINE OFFICE PROCEDURES AND MEDICATIONS CPT CODE CODE DESCRIPTION	
11719	Trimming of nondystrophic nails, any number
11720	Debridement of nail(s) by any method(s); one to five
11721	Debridement of nail(s) by any method(s); six or more
11740	Evacuation of subungual hematoma
11900	Injection, intralesional; up to and including seven lesions
11901	Injection, intralesional; more than seven lesions
16000	Initial treatment, first degree burn, when no more than local treatment is required
16020	Dressings and/or debridement of partial-thickness burns, initial or subsequent; small (less than 5% total body surface area)
17000	Destruction (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesion (e.g., actinic keratoses); first lesion
17003	Destruction (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesion (e.g., actinic keratoses); second through 14 lesions, each (List separately in addition to code for first lesion)
17004	Destruction (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesion (e.g., actinic keratoses); 15 or more lesions
17110	Destruction (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular lesions; up to 14 lesions
17111	Destruction (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular lesions; 15 or more lesions
17250	Chemical cauterization of granulation tissue (proud flesh, sinus or fistula)
20526	Injection, therapeutic (e.g., local anesthetic, corticosteroid), carpal tunnel
20550	Injection(s); single tendon sheath, or ligament, aponeurosis (e.g., plantar "fascia")
20551	Injection(s); single tendon origin / insertion
20552	Injection(s); single or multiple trigger point(s), one or two muscle(s)
20553	Injection(s); single or multiple trigger point(s), three or more muscle(s)
20612	Aspiration and/or injection of ganglion cyst(s) any location
29130	Application of finger splint; static dynamic
29200	Strapping; thorax
29131	Application of finger splint
29240	Strapping; shoulder
29280	Strapping; hand or finger
29520	Strapping; hip
29260	Strapping; elbow or wrist
29530	Strapping; knee
29540	Strapping; ankle and/or ft
29550	Strapping; toes
29580	Strapping; Unna boot

PAYMENT POLICY
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CPT® Codes	Description
30300	Removal foreign body, intranasal; office type procedure
36000	Introduction of needle or intracatheter, vein
36415	Collection of venous blood by venipuncture
36416	Collection of capillary blood specimen (e.g., finger, heel, ear stick)
46500	Injection of sclerosing solution, hemorrhoids
46900	Destruction of lesion(s), anus (e.g., condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; chemical
46910	Destruction of lesion(s), anus (e.g., condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; electrodesiccation
46916	Destruction of lesion(s), anus (e.g., condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; cryosurgery
46917	Destruction of lesion(s), anus (e.g., condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; laser surgery
51701	Insertion of non-indwelling bladder catheter (e.g. straight catheterization for residual urine)
65205	Removal of foreign body, external eye; conjunctival superficial
69200	Removal foreign body from external auditory canal; without general anesthesia
69209	Removal impacted cerumen using irrigation/lavage, unilateral
69210	Removal impacted cerumen (separate procedure), one or both ears
70030	X-ray eye for foreign body
70100	X-ray exam of jaw
70110	X-ray exam of jaw
70120	X-ray exam of mastoids
70130	X-ray exam of mastoids
70134	X-ray exam of middle ear
70140	X-ray exam of facial bones
70150	X-ray exam of facial bones
70160	X-ray exam of nasal bones
70170	X-ray exam of tear duct
70190	X-ray exam of eye sockets
70200	X-ray exam of eye sockets
70210	X-ray exam of sinuses
70220	X-ray exam of sinuses
70240	X-ray exam, pituitary saddle
70250	X-ray exam of skull
70260	X-ray exam of skull
70300	X-ray exam of teeth
70310	X-ray exam of teeth
70320	Full mouth x-ray of teeth
70328	X-ray exam of jaw joint

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CPT[®] Codes	Description
70330	X-ray exam of jaw joints
70332	X-ray exam of jaw joint
70355	Panoramic x-ray of jaws
70360	X-ray exam of neck
71100	X-ray exam of ribs
71101	X-ray exam of ribs/chest
71110	X-ray exam of ribs
71111	X-ray exam of ribs/chest
71120	X-ray exam of breastbone
71130	X-ray exam of breastbone
72020	X-ray exam of spine
72040	X-ray exam of neck spine
72050	X-ray exam of neck spine
72052	X-ray exam of neck spine
72070	X-ray exam of thoracic spine
72072	X-ray exam of thoracic spine
72074	X-ray exam of thoracic spine
72080	X-ray exam of trunk spine
72081	X-ray exam of spine, entire thoracic and lumbar, including skull, cervical & sacral spine if performed; 1 view
72082	X-ray exam of spine, entire thoracic and lumbar, including skull, cervical & sacral spine if performed; 2 or 3 views
72083	X-ray exam of spine, entire thoracic and lumbar, including skull, cervical & sacral spine if performed; 4 or 5 views
72084	X-ray exam of spine, entire thoracic and lumbar, including skull, cervical & sacral spine if performed; minimum of 6 views
72100	X-ray exam of lower spine
72110	X-ray exam of lower spine
72114	X-ray exam of lower spine
72120	X-ray exam of lower spine
72170	X-ray exam of pelvis
72190	X-ray exam of pelvis
72200	X-ray exam sacroiliac joints
72202	X-ray exam sacroiliac joints
72220	X-ray exam of tailbone
73000	X-ray exam of collar bone
73010	X-ray exam of shoulder blade
73020	X-ray exam of shoulder
73030	X-ray exam of shoulder

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CPT® Codes	Description
73050	X-ray exam of shoulders
73060	X-ray exam of humerus
73070	X-ray exam of elbow
73080	X-ray exam of elbow
73090	X-ray exam of forearm
73092	X-ray exam of arm, infant
73100	X-ray exam of wrist
73110	X-ray exam of wrist
73120	X-ray exam of hand
73130	X-ray exam of hand
73140	X-ray exam of finger(s)
73501	Radiologic examination, hip, unilateral, with pelvis when performed; 1 view
73502	Radiologic examination, hip, unilateral, with pelvis when performed; 2 - 3 views
73503	Radiologic examination, hip, unilateral, with pelvis when performed; minimum of 4 views
73521	Radiologic examination, hips, bilateral, with pelvis when performed; 2 views
73522	Radiologic examination, hips, bilateral, with pelvis when performed; 3-4 views
73523	Radiologic examination, hips, bilateral, with pelvis when performed; minimum of 5 views
73551	Radiologic examination, femur; 1 view
73552	Radiologic examination, femur; minimum 2 views
73560	X-ray exam of knee, 1 or 2
73562	X-ray exam of knee, 3
73564	X-ray exam, knee, 4 or more
73565	X-ray exam of knees
73590	X-ray exam of lower leg
73592	X-ray exam of leg, infant
73600	X-ray exam of ankle
73610	X-ray exam of ankle
73620	X-ray exam of foot
73630	X-ray exam of foot
73650	X-ray exam of heel
73660	X-ray exam of toe(s)
74022	X-ray exam series, abdomen
76010	X-ray, nose to rectum
80047	Metabolic panel ionized ca
80048	Metabolic panel total ca
80050	General health panel

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CPT[®] Codes	Description
80051	Electrolyte panel
80053	Comprehensive metabolic panel
80055	Obstetric panel
80061	Lipid panel
80069	Renal function panel
80074	Acute hepatitis panel
80076	Hepatic function panel
80081	Obstetric panel (includes HIV testing)
81000	Urinalysis, nonauto w/scope
81001	Urinalysis, auto w/scope
81002	Urinalysis nonauto w/o scope
81003	Urinalysis, auto, w/o scope
81005	Urinalysis
81007	Urine screen for bacteria
81015	Microscopic exam of urine
81020	Urinalysis, glass test
81025	Urine pregnancy test
82043	Microalbumin, quantitative
82044	Microalbumin, semiquant
82075	Assay of breath ethanol
82247	Bilirubin, total
82248	Bilirubin, direct
82270	Occult blood, feces
82271	Occult blood, other sources
82272	Occult blood feces, 1-3 tests
82274	Assay test for blood, fecal
82306	Assay of vitamin D
82310	Assay of calcium
82330	Assay of calcium
82465	Assay, blood/serum cholesterol
82550	Assay of Creatine Kinase (CK), (CPK); total
82565	Assay of creatinine
82570	Assay of urine creatinine
82575	Creatinine clearance test
82607	Vitamin B-12
82652	Assay of dihydroxyvitamin d
82670	Assay of estradiol
82671	Assay of estrogens

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CPT[®] Codes	Description
82672	Assay of estrogen
82677	Assay of estriol
82679	Assay of estrone
82728	Ferritin
82746	Blood folic acid serum
82947	Assay, glucose, blood quant
82948	Reagent strip/blood glucose
82950	Glucose test
82962	Glucose blood test
82977	Assay of GGT
83001	Gonadotropin (FSH)
83002	Gonadotropin (LH)
83013	H pylori (c-13), breath
83036	Glycosylated hemoglobin test
83498	Assay of progesterone
83540	Assay of iron
83550	Iron binding test
83615	Lactate (LD) (LDH) enzyme
83655	Assay of lead
83718	Assay of lipoprotein
83719	Assay of blood lipoprotein
83721	Assay of blood lipoprotein
83735	Assay of magnesium
84030	Assay of blood pku
84075	Assay alkaline phosphatase
84100	Assay of phosphorus
84132	Assay of serum potassium
84144	Assay of progesterone
84146	Assay of prolactin
84152	Assay of psa, complexed
84153	Assay of psa, total
84154	Assay of psa, free
84155	Assay of protein, serum
84156	Assay of protein, urine
84233	Assay of estrogen
84234	Assay of progesterone
84295	Assay of serum sodium
84300	Assay of urine sodium

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CPT[®] Codes	Description
84402	Assay of testosterone
84403	Assay of total testosterone
84432	Assay of thyroglobulin
84436	Assay of total thyroxine
84437	Assay of neonatal thyroxine
84439	Assay of free thyroxine
84442	Assay of thyroid activity
84443	Assay thyroid stim hormone
84450	Transferase (AST) (SGOT)
84460	Alanine amino (ALT) (SGPT)
84466	Assay of transferrin
84478	Assay of triglycerides
84479	Assay of thyroid (t3 or t4)
84480	Assay, triiodothyronine (t3)
84481	Free assay (FT-3)
84482	T3 reverse
84520	Assay of urea nitrogen
84525	Urea nitrogen semi-quant
84540	Assay of urine/urea-n
84550	Assay of blood/uric acid
85004	Automated diff wbc count
85007	Bl smear w/diff wbc count
85008	Bl smear w/o diff wbc count
85009	Manual diff wbc count b-coat
85013	Spun microhematocrit
85014	Hematocrit
85018	Hemoglobin
85025	Complete cbc w/auto diff wbc
85027	Complete cbc, automated
85032	Manual cell count, each
85041	Automated rbc count
85044	Manual reticulocyte count
85045	Automated reticulocyte count
85046	Reticyte/hgb concentrate
85048	Automated leukocyte count
85049	Automated platelet count
85055	Reticulated platelet assay
85610	Prothrombin time

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CPT® Codes	Description
85611	Prothrombin test
85651	Rbc sed rate, nonautomated
85652	Rbc sed rate, automated
85660	RBC sickle cell test
86140	C-reactive protein
86580	TB intradermal test
87210	Smear, wet mount, saline/ink
87430	Strep a ag, eia
87804	Influenza assay w/optic
87810	Chylmd trach assay w/optic
87850	Neisseria gonorrhoeae assay w/optic
87880	Strep a assay w/optic
90460	Immunization administration thru 18 yrs. of age via any route of administration, w/ counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered
90461	Immunization administration thru 18 yrs. of age via any route of administration, w/ counseling by physician or other qualified health care professional; each additional vaccine or toxoid component administered (add-on code)
90471	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); one vaccine (single or combination vaccine / toxoid)
90472	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine (single or combination vaccine / toxoid) (List separately in addition to code for primary procedure)
90473	Immunization administration by intranasal or oral route; one vaccine (single or combination vaccine / toxoid)
90474	Immunization administration by intranasal or oral route; each additional vaccine (single or combination vaccine / toxoid) (List separately in addition to code for primary procedure)
90620	Meningococcal recombinant protein and outer membrane vesicle vaccine, serogroup B, 2 dose schedule, IM Use
90621	Meningococcal recombinant lipoprotein vaccine, serogroup B, 3 dose schedule, IM Use
90625	DTaP-HepB-IPV, IM use
90632	Hep a vaccine, adult im
90633	Hep a vacc, ped/adol, 2 dose
90634	Hep a vacc, ped/adol, 3 dose
90636	Hep a/hep b vacc, adult im
90647	Hib vaccine, prp-omp, im
90648	Hib vaccine, prp-t, im
90649	H papilloma vacc 3 dose im
90651	Human Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (HPV), 3 dose schedule, IM Use
90655	Flu vaccine no preserv 6-35m

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CPT® Codes	Description
90656	Flu vaccine no preserv 3 & >
90657	Flu vaccine, 3 yrs., im
90658	Flu vaccine, 3 yrs. & >, im
90660	Flu vaccine, nasal
90680	Rotavirus vacc 3 dose, oral
90690	Typhoid vaccine, oral
90691	Typhoid vaccine, im
90697	Diphtheria, tetanus toxoids, acellular pertussis vaccine, inactivated poliovirus vaccine, Haemophilus influenza type B PRP-OMP conjugate vaccine, and hepatitis B vaccine (DTaP-IPV-Hib-HepB), IM Use
90700	Dtap vaccine, < 7 yrs., im
90702	Dt vaccine < 7, im
90707	Mmr vaccine, sc
90710	Mmr vaccine, sc
90713	Poliovirus, ipv, sc/im
90714	Td vaccine no prsrv >= 7 im
90715	Tdap vaccine >7 im
90716	Chicken pox vaccine, sc
90723	Dtap-hep b-ipv vaccine, im
90732	Pneumococcal vaccine
90733	Meningococcal vaccine
90734	Meningococcal vaccine, im
90736	Zoster vacc, sc
90740	Hepb vacc, ill pat 3 dose im
90743	Hep b vacc, adol, 2 dose, im
90744	Hepb vacc ped/adol 3 dose im
90746	Hep b vaccine, adult, im
90747	Hepb vacc, ill pat 4 dose im
90748	Hep b/hib vaccine, im
92015	Determination of refractive state)
92020	Gonioscopy (separate procedure)
92025	Computerized corneal topography, unilateral or bilateral, with interpretation and report
92060	Sensorimotor examination with multiple measurements of ocular deviation (e.g., restrictive or paretic muscle with diplopia) with interpretation and report (separate procedure)
92071	Fitting of contact lens for treatment of ocular surface disease
92072	Fitting of contact lens for management of keratoconus, initial fitting

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CPT[®] Codes	Description
92081	Visual field examination, unilateral or bilateral, with interpretation and report; limited examination (e.g., tangent screen, Autoplot, arc perimeter, or single stimulus level automated test, such as Octopus 3 or 7 equivalent)
92082	Visual field examination, unilateral or bilateral, with interpretation and report; intermediate examination (e.g., at least 2 isopters on Goldmann perimeter, or semiquantitative, automated suprathreshold screening program, Humphrey suprathreshold automatic diagnostic test, Octopus program 33)
92083	Visual field examination, unilateral or bilateral, with interpretation and report; extended examination (e.g., Goldmann visual fields with at least 3 isopters plotted and static determination within the central 30°, or quantitative, automated threshold perimetry, Octopus program G-1, 32 or 42, Humphrey visual field analyzer full threshold programs 30-2, 24-2, or 30/60-2)
92145	Corneal hysteresis determination, by air impulse stimulation, unilateral or bilateral, with interpretation and report
92133	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral
92134	Scanning computerized ophthalmic diagnostic imaging, retina, with interpretation and report, unilateral or bilateral
92136	Ophthalmic biometry by partial coherence interferometry with intraocular lens power calculation
92260	Ophthalmodynamometry
92283	Color vision examination, extended, e.g., anomaloscope or equivalent
92284	Dark adaptation examination with interpretation and report
92285	External ocular photography with interpretation and report for documentation of medical progress (e.g., close-up photography, slit lamp photography, goniophotography, stereo-photography)
92504	Binocular microscopy (separate diagnostic procedure)
92531	Spontaneous nystagmus, including gaze
92551	Screening test, pure tone, air only
92552	Pure tone audiometry (threshold); air only
92553	Pure tone audiometry (threshold); air and bone
92555	Speech audiometry threshold;
92556	Speech audiometry threshold; with speech recognition
92557	Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined)
92562	Loudness balance test, alternate binaural or monaural
92563	Tone decay test
92565	Stenger test, pure tone
92567	Tympanometry (impedance testing)
92568	Acoustic reflex testing; threshold
92570	Acoustic immittance testing, includes tympanometry (impedance testing), acoustic reflex threshold testing, and acoustic reflex decay testing
92571	Filtered speech test

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CPT[®] Codes	Description
92572	Staggered spondaic word test
92575	Sensorineural acuity level test
92576	Synthetic sentence identification test
92577	Stenger test, speech
92579	Visual reinforcement audiometry (VRA)
92582	Conditioning play audiometry
92583	Select picture audiometry
92625	Assessment of tinnitus (including pitch, loudness matching, and masking)
93000	Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report
93005	Electrocardiogram, routine ECG with at least 12 leads; tracing only, without interpretation and report
93010	Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only
93040	Rhythm ECG, one to three leads; with interpretation and report
93041	Rhythm ECG, one to three leads; tracing only without interpretation and report
93042	Rhythm ECG, one to three leads; interpretation and report only
94010	Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation
94150	Vital capacity, total (separate procedure)
94200	Maximum breathing capacity, maximal voluntary ventilation
94726	Plethysmography for determination of lung volumes and, when performed, airway resistance
94760	Noninvasive ear or pulse oximetry for oxygen saturation; single determination
96372	Diagnostic, prophylactic, or therapeutic injection, subcutaneous or intramuscular
99070	Supplies/materials, provided by the physician or other qualified health care professional over and above those usually included with the office visit or other services rendered
99172	Visual function screening, automated or semi-automated bilateral quantitative determination of visual acuity, ocular alignment, color vision by pseudoisochromatic plates, and field of vision (may include all or some screening of the determination(s) for contrast sensitivity, vision under glare)
99173	Screening test of visual acuity, quantitative, bilateral
99177	Instrument-based ocular screening, bilateral; with on-site analysis
G0008	Admin Influenza Virus Vac
G0009	Admin Pneumococcal Vaccine
G0101	Ca Screen; Pelvic/Breast Exam
G0102	Prostate Ca Screening; Dre
G0103	Psa, Total Screening
G0108	Diab Manage Trn Per Indiv
G0145	Scr C/V Cyto, Thin layer, Rescr
G0475	HIV antigen/antibody, combination assay, screening

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CPT[®] Codes	Description
G0476	Infectious agent detection by nucleic acid; HPV, high risk types for cervical cancer screening, must be performed in addition to pap test
J0120	Tetracyclin Injection
J0280	Aminophyllin 250 Mg Inj
J0290	Ampicillin 500 Mg Inj
J0295	Ampicillin Sodium Per 1.5 Gm
J0330	Succinylcholine Chloride Inj
J0461	Injection, atropine sulfate, 0.01 mg
J0558	Injection, penicillin G benzathine & penicillin G procaine, 100,000 units
J0561	Injection, penicillin G benzathine, 100,000 units
J0571	Buprenorphine, oral, 1 mg
J0572	Buprenorphine/naloxone, oral , less than or equal to 3 mg
J0573	Buprenorphine/naloxone, oral , greater than 3 mg but less than or equal to 6 mg
J0574	Buprenorphine/naloxone, oral, greater than 6 mg, but less than or equal to 10 mg
J0575	Buprenorphine/naloxone, oral, greater than 10 mg
J0595	Injection, butorphanol tartrate, 1 mg
J0640	Leucovorin Calcium Injection
J0670	Inj Mepivacaine Hcl/10 Ml
J0690	Cefazolin Sodium Injection
J0695	Ceftolozane 50mg and tazobactam 25 mg Injection
J0696	Ceftriaxone Sodium Injection
J0697	Sterile Cefuroxime Injection
J0698	Cefotaxime Sodium Injection
J0702	Betamethasone Acet & Sod Phosp
J0714	Ceftazidime and avibactam, 0.5g/0.125g Injection
J0715	Ceftizoxime Sodium / 500 Mg
J0720	Chloramphenicol Sodium Injec
J0770	Colistimethate Sodium Inj
J0780	Prochlorperazine Injection
J0875	Dalbavancin 5mg Injection
J0945	Brompheniramine Maleate Inj
J1000	Depo-Estradiol Cypionate Inj
J1050	Injection, Medroxyprogesterone acetate, 1 mg
J1071	Injection, Testosterone Cypionate, 1 mg
J1100	Dexamethasone Sodium Phos
J1110	Inj Dihydroergotamine Mesylt
J1120	Acetazolamid Sodium Injection
J1160	Digoxin Injection
J1200	Diphenhydramine Hcl Injection

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CPT[®] Codes	Description
J1245	Dipyridamole Injection
J1250	Inj Dobutamine Hcl/250 Mg
J1380	Estradiol Valerate 10 Mg Inj
J1410	Inj Estrogen Conjugate 25 Mg
J1435	Injection Estrone Per 1 Mg
J1450	Fluconazole
J1453	Fosaprepitant injection, 1 mg
J1580	Garamycin Gentamicin Inj
J1642	Inj Heparin Sodium Per 10 U
J1644	Inj Heparin Sodium Per 1000u
J1645	Dalteparin Sodium
J1670	Tetanus Immune Globulin Inj
J1720	Hydrocortisone Sodium Succ I
J1815	Injection, Insulin, Per 5 Units
J1885	Ketorolac Tromethamine Inj
J2010	Lincomycin Injection
J2060	Lorazepam Injection
J2150	Mannitol Injection
J2175	Meperidine Hydrochl /100 Mg
J2180	Meperidine/Promethazine Inj
J2250	Inj Midazolam Hydrochloride
J2270	Morphine Sulfate Injection
J2274	Injection, Morphine Sulfate, Preservative-Free for Epidural/Intrathecal Use, 10 mg
J2300	Inj Nalbuphine Hydrochloride
J2360	Orphenadrine Injection
J2370	Phenylephrine Hcl Injection
J2407	Oritavancin, 10mg Injection
J2550	Promethazine Hcl Injection
J2675	Inj Progesterone Per 50 Mg
J2710	Neostigmine Methylsulfate Inj
J2720	Inj Protamine Sulfate/10 Mg
J2765	Metoclopramide Hcl Injection
J2810	Inj Theophylline Per 40 Mg
J2950	Promazine Hcl Injection
J3010	Fentanyl Citrate Injection
J3090	Tedizolid phosphate, 1mg Injection
J3105	Terbutaline Sulfate Inj
J3121	Injection, Testosterone Enanthate, 1 mg

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CPT[®] Codes	Description
J3145	Injection, Testosterone Undecanoate, 1 mg
J3230	Chlorpromazine Hcl Injection
J3260	Tobramycin Sulfate Injection
J3301	Triamcinolone Acetonide Inj
J3302	Triamcinolone Diacetate Inj
J3303	Triamcinolone Hexacetonl Inj
J3360	Diazepam Injection
J3410	Hydroxyzine Hcl Injection
J3420	Cyanocobalamin Injection
J3430	Vitamin K Phytonadione Inj
J3475	Inj Magnesium Sulfate
J3480	Inj Potassium Chloride
J7030	Normal Saline Solution Infus
J7042	% Dextrose/Normal Saline
J7050	Normal Saline Solution Infus
J7060	5% Dextrose/Water
J7340	Carbidopa 5mg/levodopa 20mg enteral suspension
J7503	Tacrolimus, extended release, oral 0.25mg
J7512	Prednisone, immediate release or delayed release, oral, 1mg
J7609	Albuterol comp unit
J7611	Albuterol concentrated form
J7613	Albuterol unit dose
J7614	Levalbuterol unit dose
COMPLEX OFFICE PROCEDURES AND MEDICATIONS CPT CODE DESCRIPTION	
10021	Fine needle aspiration; without imaging guidance
10040	Acne surgery (e.g., marsupialization, opening or removal of multiple milia, comedones, cysts, pustules)
10060	Incision and drainage of abscess (e.g., carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia; simple or single
10080	Incision and drainage of pilonidal cyst; simple
10120	Incision and removal of foreign body, subcutaneous tissues; simple
10140	Incision and drainage of hematoma, seroma or fluid collection
10160	Puncture aspiration of abscess, hematoma, bulla, or cyst
11055	Paring or cutting of benign hyperkeratotic lesion (e.g., corn or callus); single lesion
11056	Paring or cutting of benign hyperkeratotic lesion (e.g., corn or callus); two to four lesions
11057	Paring or cutting of benign hyperkeratotic lesion (e.g., corn or callus); more than four lesions

PAYMENT POLICY
Routine & Complex Office Procedures

CPT[®] Codes	Description
11100	Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed; single lesion
11101	Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed; each separate / additional lesion (List separately in addition to code for primary procedure)
11200	Removal of skin tags, multiple fibrocutaneous tags, any area; up to and including 15 lesions
11201	Removal of skin tags, multiple fibrocutaneous tags, any area; each additional ten lesions (List separately in addition to code for primary procedure)
11300	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.5 cm or less
11301	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.6 to 1.0 cm
11302	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 1.1 to 2.0 cm
11305	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less
11306	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.6 cm TO 1.0 CM
11310	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less
11311	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm
11400	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.5 cm or less
11401	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.6 to 1.0 cm
11402	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 1.1 to 2.0 cm
11420	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less
11421	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm
11440	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.5 cm or less
11441	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.6 to 1.0 cm
11976	Removable, Implantable Contraceptive Capsules
12001	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.5 cm or less
12002	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.6 cm to 7.5 cm
12011	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less

PAYMENT POLICY
Routine & Complex Office Procedures

CPT[®] Codes	Description
17106	Destruction of cutaneous vascular proliferative lesions (e.g., laser technique); less than 10 sq. cm
17260	Destruction, malignant lesion (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 0.5 cm or less
17261	Destruction, malignant lesion (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 0.6 to 1.0 cm
17270	Destruction, malignant lesion (e.g., laser surgery, electrosurgery, cryosurgery,
17280	Destruction, malignant lesion (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less
17340	Cryotherapy (CO2 slush, liquid N2) for acne
19000	Puncture aspiration of cyst of breast;
19001	Puncture aspiration of cyst of breast; each additional cyst (List separately in addition to code for primary procedure)
20600	Arthrocentesis, aspiration and/or injection; small joint or bursa (e.g., fingers, toes)
20605	Arthrocentesis, aspiration and/or injection; intermediate joint or bursa (e.g., temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa)
20610	Arthrocentesis, aspiration and/or injection; major joint or bursa (e.g., shoulder, hip, knee joint, subacromial bursa)
30901	Control nasal hemorrhage, anterior, simple (limited cautery and/or packing) any method
30903	Control nasal hemorrhage, anterior, complex (extensive cautery and/or packing) any method
36400	Venipuncture, younger than age 3 years, necessitating physician's skill, not to be used for routine venipuncture; femoral or jugular vein
36405	Venipuncture, younger than age 3 years, necessitating physician's skill, not to be used for routine venipuncture; scalp vein
36406	Venipuncture, younger than age 3 years, necessitating physician's skill, not to be used for routine venipuncture; other vein
36410	Venipuncture, younger than age 3 years, necessitating physician's skill (separate procedure), for diagnostic or therapeutic purposes (not to be used for routine venipuncture)
36591	Collection of blood specimen from a completely implantable venous access device
36593	Declotting by thrombolytic agent of implanted vascular access device or catheter
42650	Dilation of salivary duct
42660	Dilation and catheterization of salivary duct, with or without injection
43450	Dilation of esophagus, by unguided sound or bougie, single or multiple passes
43453	Dilate esophagus, over guide wire
43756	Duodenal intubation and aspiration, diagnostic, includes image guidance; single specimen
43757	Duodenal intubation and aspiration, diagnostic, includes image guidance; collection of multiple fractional specimens w/ pancreatic or gallbladder stimulation, single or double lumen tube, includes drug administration

PAYMENT POLICY
Routine & Complex Office Procedures

CPT[®] Codes	Description
43761	Repositioning of the gastric feeding tube, any method, through the duodenum for enteric nutrition
45190	Destruction of rectal tumor, transanal approach
45520	Perirectal injection of sclerosing solution for prolapsed
46083	Incision of thrombosed hemorrhoid, external
46220	Papillectomy or excision of single tag, anus (separate procedure)
46230	External hemorrhoid tags and/or multiple papillae
46320	Enucleation or excision of external thrombotic hemorrhoid
46600	Anoscopy; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
46922	Destruction of lesion(s), anus (e.g., condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; surgical excision
46930	Destruction of internal hemorrhoid(s) by thermal energy
51100	Aspiration of bladder; by needle
51702	Insertion of temporary indwelling bladder catheter; simple (e.g., Foley)
51736	Simple uroflowmetry (UFR) (e.g., stop-watch flow rate, mechanical uroflowmeter)
51798	Measurement of post-voiding residual urine and/or bladder capacity by ultrasound, non-imaging
53660	Dilation of female urethra including suppository and/or instillation; initial
53661	Dilation of female urethra including suppository and/or instillation; subsequent
56442	Hymenotomy, simple incision
56605	Biopsy of vulva/perineum (separate procedure); one lesion
56606	Biopsy of vulva/perineum (separate procedure); each separate additional lesion (List separately in addition to code for primary procedure)
57150	Irrigation of vagina and/or application of medicament for treatment of bacterial, parasitic, or fungoid disease
57160	Fitting and insertion of pessary or other intravaginal support device
57170	Diaphragm or cervical cap fitting with instructions
58100	Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)
58300	Insertion of intrauterine device
58301	Removal of intrauterine device
65210	Removal of foreign body, external eye; conjunctival embedded (includes concretions), subconjunctival, or scleral nonperforating
65220	Removal of foreign body, external eye; corneal, without slit lamp
65222	Removal of foreign body, external eye; corneal, with slit lamp
69100	Biopsy of external ear
68801	Dilation of lacrimal duct
68810	Probing of lacrimal duct
70350	X- ray head for orthodontia
70371	Speech evaluation, complex

PAYMENT POLICY
Routine & Complex Office Procedures

CPT[®] Codes	Description
74190	X-ray exam of peritoneum
74775	X-ray exam of perineum
77071	X-ray stress view
77072	X-rays for bone age
77073	X-rays, bone length studies
77074	X-rays, bone survey, limited
77075	X-rays, bone survey complete
77076	X-rays, bone survey, infant
77077	Joint survey, single view
80150	Assay of amikacin
80156	Assay, carbamazepine, total
80157	Assay, carbamazepine, free
80158	Assay of cyclosporine
80162	Assay of digoxin
80164	Assay, dipropylacetic acid
80168	Assay of ethosuximide
80170	Assay of gentamicin
80173	Assay of haloperidol
80176	Assay of lidocaine
80178	Assay of lithium
80184	Assay of phenobarbital
80185	Assay of phenytoin, total
80186	Assay of phenytoin, free
80188	Assay of primidone
80190	Assay of procainamide
80192	Assay of procainamide
80194	Assay of quinidine
80195	Assay of sirolimus
80197	Assay of tacrolimus
80198	Assay of theophylline
80200	Assay of tobramycin
80201	Assay of topiramate
80202	Assay of vancomycin
80299	Quantitative assay, drug
80320	Alcohol confirmatory drug testing
80321	Alcohol biomarkers confirmatory drug testing; 1 or 2
80322	Alcohol biomarkers confirmatory drug testing; 3 or more
80323	Alkaloids confirmatory drug testing, not otherwise specified

PAYMENT POLICY
Routine & Complex Office Procedures

CPT[®] Codes	Description
80324	Amphetamines confirmatory drug testing; 1 or 2
80325	Amphetamines confirmatory drug testing; 3 or 4
80326	Amphetamines confirmatory drug testing; 5 or more
80327	Anabolic steroids confirmatory drug testing; 1 or 2
80328	Anabolic steroids confirmatory drug testing; 3 or more
80329	Analgesics, non-opioid confirmatory drug testing; 1 or 2
80330	Analgesics, non-opioid confirmatory drug testing; 3 to 5
80331	Analgesics, non-opioid confirmatory drug testing; 6 or more
80335	Antidepressants, tricyclic and other cyclical confirmatory drug testing; 1 or 2
80336	Antidepressants, tricyclic and other cyclical confirmatory drug testing; 3 - 5
80337	Antidepressants, tricyclic and other cyclical confirmatory drug testing; 6 or more
80339	Antiepileptics, not otherwise specified confirmatory drug testing; 1 - 3
80340	Antiepileptics, not otherwise specified confirmatory drug testing; 4 - 6
80341	Antiepileptics, not otherwise specified confirmatory drug testing; 7 or more
80342	Antipsychotics, not otherwise specified confirmatory drug testing; 1 - 3
80343	Antipsychotics, not otherwise specified confirmatory drug testing; 4 - 6
80344	Antipsychotics, not otherwise specified confirmatory drug testing; 7 or more
80345	Barbiturates confirmatory drug testing
80346	Benzodiazepines confirmatory drug testing; 1 - 12
80347	Benzodiazepines confirmatory drug testing; 13 or more
80353	Cocaine confirmatory drug testing
80358	Methadone confirmatory drug testing
80361	Opiates confirmatory drug testing; 1 or more
80362	Opioids and Opiate analogs confirmatory drug testing; 1 or 2
80363	Opioids and Opiate analogs confirmatory drug testing; 3 or 4
80364	Opioids and Opiate analogs confirmatory drug testing; 5 or more
80369	Skeletal muscle relaxants confirmatory drug testing; 1 or 2
80370	Skeletal muscle relaxants confirmatory drug testing; 3 or more
80375	Drug(s) or substance(s), definitive, qualitative or quantitative drug testing, NOS; 1 - 3
80400	Acth stimulation panel
80402	Acth stimulation panel
80406	Acth stimulation panel
80408	Aldosterone suppression eval
80410	Calcitonin stim panel
80412	CRH stimulation panel
80414	Testosterone response
80415	Estradiol response panel
80416	Renin stimulation panel

PAYMENT POLICY
Routine & Complex Office Procedures

CPT[®] Codes	Description
80417	Renin stimulation panel
80418	Pituitary evaluation panel
80420	Dexamethasone panel
80422	Glucagon tolerance panel
80424	Glucagon tolerance panel
80426	Gonadotropin hormone panel
80428	Growth hormone panel
80430	Growth hormone panel
80432	Insulin suppression panel
80434	Insulin tolerance panel
80435	Insulin tolerance panel
80436	Metyrapone panel
80438	TRH stimulation panel
80439	TRH stimulation panel
81050	Urinalysis, volume measure
81099	Urinalysis test procedure
82009	Test for acetone/ketones
82010	Acetone assay
82013	Acetylcholinesterase assay
82016	Acylcarnitines, qual
82017	Acylcarnitines, quant
82024	Assay of acth
82030	Assay of adp & amp
82040	Assay of serum albumin
82042	Assay of urine albumin
82045	Albumin, ischemia modified
82085	Assay of aldolase
82088	Assay of aldosterone
82103	Alpha-1-antitrypsin, total
82104	Alpha-1-antitrypsin, pheno
82105	Alpha-fetoprotein, serum
82106	Alpha-fetoprotein, amniotic
82107	Alpha-fetoprotein l3
82108	Assay of aluminum
82120	Amines, vaginal fluid qual
82127	Amino acid, single qual
82128	Amino acids, mult qual
82131	Amino acids, single quant

PAYMENT POLICY
Routine & Complex Office Procedures

CPT® Codes	Description
82135	Assay, aminolevulinic acid
82136	Amino acids, quant, 2-5
82139	Amino acids, quan, 6 or more
82140	Assay of ammonia
82143	Amniotic fluid scan
82150	Assay of amylase
82154	Androstanediol glucuronide
82157	Assay of androstenedione
82160	Assay of androsterone
82163	Assay of angiotensin II
82164	Angiotensin I enzyme test
82172	Assay of apolipoprotein
82175	Assay of arsenic
82180	Assay of ascorbic acid
82190	Atomic absorption
82232	Assay of beta-2 protein
82239	Bile acids, total
82240	Bile acids, cholyglycine
82252	Fecal bilirubin test
82261	Assay of biotinidase
82286	Assay of bradykinin
82300	Assay of cadmium
82306	Vitamin D; 25 hydroxy, includes fraction(s), if performed
82308	Assay of calcitonin
82331	Calcium infusion test
82340	Assay of calcium in urine
82355	Calculus analysis, qual
82360	Calculus assay, quant
82365	Calculus spectroscopy
82370	X-ray assay, calculus
82373	Assay, c-d transfer measure
82374	Assay, blood carbon dioxide
82375	Assay, blood carbon monoxide
82376	Test for carbon monoxide
82378	Carcinoembryonic antigen
82379	Assay of carnitine
82380	Assay of carotene
82382	Assay, urine catecholamines

PAYMENT POLICY
Routine & Complex Office Procedures

CPT® Codes	Description
82383	Assay, blood catecholamines
82384	Assay, three catecholamines
82387	Assay of cathepsin-d
82390	Assay of ceruloplasmin
82397	Chemiluminescent assay
82415	Assay of chloramphenicol
82435	Assay of blood chloride
82436	Assay of urine chloride
82438	Assay, other fluid chlorides
82441	Test for chlorohydrocarbons
82480	Assay, serum cholinesterase
82482	Assay, rbc cholinesterase
82485	Assay, chondroitin sulfate
82495	Assay of chromium
82507	Assay of citrate
82523	Collagen crosslinks
82525	Assay of copper
82528	Assay of corticosterone
82530	Cortisol, free
82533	Total cortisol
82540	Assay of creatine
82542	Column chromatography, quant
82552	Assay of cpk in blood
82553	Creatine, MB fraction
82554	Creatine, isoforms
82585	Assay of cryofibrinogen
82595	Assay of cryoglobulin
82600	Assay of cyanide
82608	B-12 binding capacity
82610	Cystatin c
82615	Test for urine cystines
82626	Dehydroepiandrosterone
82627	Dehydroepiandrosterone
82633	Desoxycorticosterone
82634	Deoxycortisol
82638	Assay of dibucaine number
82652	Vitamin D; 1, 25 dihydroxy, includes fraction(s), if performed
82656	Pancreatic elastase, fecal

PAYMENT POLICY
Routine & Complex Office Procedures

CPT® Codes	Description
82657	Enzyme cell activity
82658	Enzyme cell activity, ra
82664	Electrophoretic test
82668	Assay of erythropoietin
82693	Assay of ethylene glycol
82696	Assay of etiocholanolone
82705	Fats/lipids, feces, qual
82710	Fats/lipids, feces, quant
82715	Assay of fecal fat
82725	Assay of blood fatty acids
82726	Long chain fatty acids
82731	Assay of fetal fibronectin
82735	Assay of fluoride
82747	Assay of folic acid, rbc
82757	Assay of semen fructose
82759	Assay of rbc galactokinase
82760	Assay of galactose
82775	Assay galactose transferase
82776	Galactose transferase test
82784	Assay of gammaglobulin igm
82785	Assay of gammaglobulin ige
82787	Igg 1, 2, 3 or 4, each
82800	Blood pH
82803	Blood gases: pH, pO2 & pCO2
82805	Blood gases w/o2 saturation
82810	Blood gases, O2 sat only
82820	Hemoglobin-oxygen affinity
82930	Gastric acid analysis, includes pH if performed, each specimen
82938	Gastrin test
82941	Assay of gastrin
82943	Assay of glucagon
82945	Glucose other fluid
82946	Glucagon tolerance test
82951	Glucose tolerance test (GTT)
82952	GTT-added samples
82955	Assay of g6pd enzyme
82960	Test for G6PD enzyme
82963	Assay of glucosidase

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Routine & Complex Office Procedures

CPT[®] Codes	Description
82965	Assay of gdh enzyme
82978	Assay of glutathione
82979	Assay, rbc glutathione
82985	Glycated protein
83003	Assay, growth hormone (hgh)
83009	H pylori (c-13), blood
83010	Assay of haptoglobin, quant
83012	Assay of haptoglobins
83014	H pylori drug admin
83015	Heavy metal screen
83018	Quantitative screen, metals
83020	Hemoglobin electrophoresis
83021	Hemoglobin chromatography
83026	Hemoglobin, copper sulfate
83030	Fetal hemoglobin, chemical
83033	Fetal hemoglobin assay, qual
83037	Glycosylated hb, home device
83045	Blood methemoglobin test
83050	Blood methemoglobin assay
83051	Assay of plasma hemoglobin
83060	Blood sulfhemoglobin assay
83065	Assay of hemoglobin heat
83068	Hemoglobin stability screen
83069	Assay of urine hemoglobin
83070	Assay of hemosiderin, qual
83080	Assay of b hexosaminidase
83088	Assay of histamine
83090	Assay of homocystine
83150	Assay of for hva
83491	Assay of corticosteroids
83497	Assay of 5-hiaa
83500	Assay, free hydroxyproline
83505	Assay, total hydroxyproline
83516	Immunoassay, nonantibody
83518	Immunoassay, dipstick
83519	Immunoassay, nonantibody
83520	Immunoassay, RIA
83525	Assay of insulin

PAYMENT POLICY
Routine & Complex Office Procedures

CPT® Codes	Description
83527	Assay of insulin
83528	Assay of intrinsic factor
83570	Assay of idh enzyme
83582	Assay of ketogenic steroids
83586	Assay 17- ketosteroids
83593	Fractionation, ketosteroids
83605	Assay of lactic acid
83625	Assay of ldh enzymes
83630	Lactoferrin, fecal (qual)
83631	Lactoferrin, fecal (quant)
83632	Placental lactogen
83633	Test urine for lactose
83661	L/s ratio, fetal lung
83662	Foam stability, fetal lung
83663	Fluoro polarize, fetal lung
83664	Lamellar bdy, fetal lung
83670	Assay of lap enzyme
83690	Assay of lipase
83695	Assay of lipoprotein(a)
83698	Assay lipoprotein pla2
83700	Lipopro bld, electrophoretic
83701	Lipoprotein bld, hr fraction
83704	Lipoprotein, bld, by nmr
83727	Assay of lrh hormone
83775	Assay of md enzyme
83785	Assay of manganese
83789	Mass spectrometry quant
83825	Assay of mercury
83835	Assay of metanephrines
83857	Assay of methemalbumin
83864	Mucopolysaccharides
83872	Assay synovial fluid mucin
83873	Assay of csf protein
83874	Assay of myoglobin
83880	Natriuretic peptide
83883	Assay, nephelometry not spec
83885	Assay of nickel
83916	Oligoclonal bands

PAYMENT POLICY
Routine & Complex Office Procedures

CPT[®] Codes	Description
83918	Organic acids, total, quant
83919	Organic acids, qual, each
83921	Organic acid, single, quant
83930	Assay of blood osmolality
83935	Assay of urine osmolality
83937	Assay of osteocalcin
83945	Assay of oxalate
83950	Oncoprotein, her-2/neu
83970	Assay of parathormone
83986	Assay of body fluid acidity
83992	Assay for phencyclidine
83993	Assay for calprotectin fecal
84035	Assay of phenylketones
84060	Assay acid phosphatase
84061	Phosphatase, forensic exam
84066	Assay prostate phosphatase
84078	Assay alkaline phosphatase
84080	Assay alkaline phosphatases
84081	Amniotic fluid enzyme test
84085	Assay of rbc pg6d enzyme
84087	Assay phosphohexose enzymes
84105	Assay of urine phosphorus
84106	Test for porphobilinogen
84110	Assay of porphobilinogen
84119	Test urine for porphyrins
84120	Assay of urine porphyrins
84126	Assay of feces porphyrins
84132	Assay of serum potassium
84133	Assay of urine potassium
84134	Assay of prealbumin
84135	Assay of pregnanediol
84138	Assay of pregnanetriol
84140	Assay of pregnenolone
84143	Assay of 17-hydroxypregнено
84146	Assay of Prolactin
84150	Assay of prostaglandin
84157	Assay of protein, other
84160	Assay of protein, any source

PAYMENT POLICY
Routine & Complex Office Procedures

CPT® Codes	Description
84163	Pappa, serum
84165	Protein e-phoresis, serum
84166	Protein e-phoresis/urine/csf
84181	Western blot test
84182	Protein, western blot test
84202	Assay RBC protoporphyrin
84203	Test RBC protoporphyrin
84206	Assay of proinsulin
84207	Assay of vitamin b-6
84210	Assay of pyruvate
84220	Assay of pyruvate kinase
84228	Assay of quinine
84235	Assay of endocrine hormone
84238	Assay, nonendocrine receptor
84244	Assay of renin
84252	Assay of vitamin b-2
84255	Assay of selenium
84260	Assay of serotonin
84270	Assay of sex hormone globul
84275	Assay of sialic acid
84285	Assay of silica
84302	Assay of sweat sodium
84305	Assay of somatomedin
84307	Assay of somatostatin
84311	Spectrophotometry
84315	Body fluid specific gravity
84375	Chromatogram assay, sugars
84376	Sugars, single, qual
84377	Sugars, multiple, qual
84378	Sugars, single, quant
84379	Sugars multiple quant
84392	Assay of urine sulfate
84425	Assay of vitamin b-1
84430	Assay of thiocyanate
84445	Assay of tsi
84446	Assay of vitamin e
84449	Assay of transcortin
84484	Assay of troponin, quant

PAYMENT POLICY
Routine & Complex Office Procedures

CPT[®] Codes	Description
84485	Assay duodenal fluid trypsin
84488	Test feces for trypsin
84490	Assay of feces for trypsin
84510	Assay of tyrosine
84512	Assay of troponin, qual
84545	Urea-N clearance test
84560	Assay of urine/uric acid
84577	Assay of feces/urobilinogen
84578	Test urine urobilinogen
84580	Assay of urine urobilinogen
84583	Assay of urine urobilinogen
84585	Assay of urine vma
84586	Assay of vip
84588	Assay of vasopressin
84590	Assay of vitamin a
84591	Assay of nos vitamin
84597	Assay of vitamin k
84600	Assay of volatiles
84620	Xylose tolerance test
84630	Assay of zinc
84681	Assay of c-peptide
84702	Chorionic gonadotropin test
84703	Chorionic gonadotropin assay
84704	Hcg, free betachain test
84830	Ovulation tests
84999	Clinical chemistry test
85002	Bleeding time test
85060	Blood smear interpretation
85097	Bone marrow interpretation
85130	Chromogenic substrate assay
85170	Blood clot retraction
85175	Blood clot lysis time
85210	Blood clot factor II test
85220	Blood clot factor V test
85230	Blood clot factor VII test
85240	Blood clot factor VIII test
85244	Blood clot factor VIII test
85245	Blood clot factor VIII test

PAYMENT POLICY
Routine & Complex Office Procedures

CPT[®] Codes	Description
85246	Blood clot factor VIII test
85247	Blood clot factor VIII test
85280	Blood clot factor XII test
85290	Blood clot factor XIII test
85291	Blood clot factor XIII test
85292	Blood clot factor assay
85293	Blood clot factor assay
85300	Antithrombin III test
85301	Antithrombin III test
85302	Blood clot inhibitor antigen
85303	Blood clot inhibitor test
85305	Blood clot inhibitor assay
85306	Blood clot inhibitor test
85307	Assay activated protein c
85335	Factor inhibitor test
85337	Thrombomodulin
85345	Coagulation time
85347	Coagulation time
85348	Coagulation time
85360	Euglobulin lysis
85362	Fibrin degradation products
85366	Fibrinogen test
85370	Fibrinogen test
85378	Fibrin degrade, semiquant
85379	Fibrin degradation, quant
85380	Fibrin degradation, vte
85384	Fibrinogen
85385	Fibrinogen
85390	Fibrinolysins screen
85396	Clotting assay, whole blood
85400	Fibrinolytic plasmin
85410	Fibrinolytic antiplasmin
85415	Fibrinolytic plasminogen
85420	Fibrinolytic plasminogen
85421	Fibrinolytic plasminogen
85441	Heinz bodies, direct
85445	Heinz bodies, induced
85460	Hemoglobin, fetal

PAYMENT POLICY
Routine & Complex Office Procedures

CPT® Codes	Description
85461	Hemoglobin, fetal
85475	Hemolysin
85520	Heparin assay
85525	Heparin neutralization
85530	Heparin-protamine tolerance
85536	Iron stain peripheral blood
85540	85540 Wbc alkaline phosphatase
85547	RBC mechanical fragility
85549	Muramidase
85555	RBC osmotic fragility
85557	RBC osmotic fragility
85576	Blood platelet aggregation
85597	Platelet neutralization
85612	Viper venom prothrombin time
85613	Russell viper venom, diluted
85635	Reptilase test
85670	Thrombin time, plasma
85675	Thrombin time, titer
85705	Thromboplastin inhibition
85730	Thromboplastin time, partial
85732	Thromboplastin time, partial
85810	Blood viscosity examination
85999	Hematology procedure
86000	Agglutinins, febrile
86021	WBC antibody identification
86022	Platelet antibodies
86023	Immunoglobulin assay
86038	Antinuclear antibodies
86039	Antinuclear antibodies (ANA)
86060	Antistreptolysin o, titer
86063	Antistreptolysin o, screen
86141	C-reactive protein, hs
86146	Glycoprotein antibody
86147	Cardiolipin antibody
86148	Phospholipid antibody
86155	Chemotaxis assay
86156	Cold agglutinin, screen
86157	Cold agglutinin, titer

PAYMENT POLICY
Routine & Complex Office Procedures

CPT[®] Codes	Description
86160	Complement, antigen
86161	Complement/function activity
86162	Complement, total (CH50)
86171	Complement fixation, each
86200	Ccp antibody
86215	Deoxyribonuclease, antibody
86225	DNA antibody
86226	DNA antibody, single strand
86235	Nuclear antigen antibody
86255	Fluorescent antibody, screen
86256	Fluorescent antibody, titer
86277	Growth hormone antibody
86280	Hemagglutination inhibition
86294	Immunoassay, tumor, qual
86300	Immunoassay, tumor, ca 15-3
86301	Immunoassay, tumor, ca 19-9
86304	Immunoassay, tumor, ca 125
86308	Heterophile antibodies
86309	Heterophile antibodies
86310	Heterophile antibodies
86316	Immunoassay, tumor other
86317	Immunoassay, infectious agent
86318	Immunoassay, infectious agent
86320	Serum immunoelectrophoresis
86325	Other immunoelectrophoresis
86327	Immunoelectrophoresis assay
86331	Immunodiffusion ouchterlony
86332	Immune complex assay
86334	Immunofix e-phoresis, serum
86335	Immunfix e-phorsis/urine/csf
86336	Inhibin A
86337	Insulin antibodies
86340	Intrinsic factor antibody
86341	Islet cell antibody
86343	Leukocyte histamine release
86344	Leukocyte phagocytosis
86353	Lymphocyte transformation
86355	B cells, total count

PAYMENT POLICY
Routine & Complex Office Procedures

CPT® Codes	Description
86356	Mononuclear cell antigen
86357	Nk cells, total count
86359	T cells, total count
86360	T cell, absolute count/ratio
86361	T cell, absolute count
86367	Stem cells, total count
86376	Microsomal antibody
86382	Neutralization test, viral
86384	Nitroblue tetrazolium dye
86403	Particle agglutination test
86406	Particle agglutination test
86430	Rheumatoid factor test
86431	Rheumatoid factor, quant
86480	Tb test, cell immun measure
86485	Skin test, candida
86486	Skin test, nos antigen
86510	Histoplasmosis skin test
86590	Streptokinase, antibody
86592	Blood serology, qualitative
86593	Blood serology, quantitative
86602	Antinomyces antibody
86603	Adenovirus antibody
86606	Aspergillus antibody
86609	Bacterium antibody
86611	Bartonella antibody
86612	Blastomyces antibody
86615	Bordetella antibody
86617	Lyme disease antibody
86618	Lyme disease antibody
86619	Borrelia antibody
86622	Brucella antibody
86625	Campylobacter antibody
86628	Candida antibody
86631	Chlamydia antibody
86632	Chlamydia igm antibody
86635	Coccidioides antibody
86638	Q fever antibody
86641	Cryptococcus antibody

PAYMENT POLICY
Routine & Complex Office Procedures

CPT[®] Codes	Description
86644	CMV antibody
86645	CMV antibody, IgM
86648	Diphtheria antibody
86651	Encephalitis antibody
86652	Encephalitis antibody
86653	Encephalitis antibody
86654	Encephalitis antibody
86658	Enterovirus antibody
86663	Epstein-barr antibody
86664	Epstein-barr antibody
86665	Epstein-barr antibody
86666	Ehrlichia antibody
86668	Francisella tularensis
86671	Fungus antibody
86674	Giardia lamblia antibody
86677	Helicobacter pylori
86682	Helminth antibody
86684	Hemophilus influenza
86687	Htlv-i antibody
86688	Htlv-ii antibody
86689	HTLV/HIV confirmatory test
86692	Hepatitis, delta agent
86694	Herpes simplex test
86695	Herpes simplex test
86696	Herpes simplex type 2
86698	Histoplasma
86701	HIV-1
86702	HIV-2
86703	HIV-1/HIV-2, single assay
86704	Hep b core antibody, total
86705	H ep b core antibody, igm
86706	Hep b surface antibody
86707	Hep be antibody
86708	Hep A antibody, total
86709	Hep A antibody, igm
86710	Influenza virus antibody
86713	Legionella antibody
86717	Leishmania antibody

PAYMENT POLICY
Routine & Complex Office Procedures

CPT® Codes	Description
86720	Leptospira antibody
86723	Listeria monocytogenes ab
86727	Lymph choriomeningitis ab
86732	Mucormycosis antibody
86735	Mumps antibody
86738	Mycoplasma antibody
86741	Neisseria meningitidis
86744	Nocardia antibody
86747	Parvovirus antibody
86750	Malaria antibody
86753	Protozoa antibody nos
86756	Respiratory virus antibody
86757	Rickettsia antibody
86759	Rotavirus antibody
86762	Rubella antibody
86765	Rubeola antibody
86768	Salmonella antibody
86771	Shigella antibody
86774	Tetanus antibody
86777	Toxoplasma antibody
86778	Toxoplasma antibody, igm
86780	Treponema Pallidum
86784	Trichinella antibody
86787	Varicella-zoster antibody
86788	West Nile virus ab, igm
86789	West Nile virus antibody
86790	Virus antibody nos
86793	Yersinia antibody
86800	Thyroglobulin antibody
86803	Hepatitis c ab test
86804	Hep c ab test, confirm
86805	Lymphocytotoxicity assay
86806	Lymphocytotoxicity assay
86807	Cytotoxic antibody screening
86808	Cytotoxic antibody screening
86812	HLA typing, A, B, or C
86813	HLA typing, A, B, or C
86816	HLA typing, DR/DQ

PAYMENT POLICY
Routine & Complex Office Procedures

CPT[®] Codes	Description
86817	HLA typing, DR/DQ
86821	Lymphocyte culture, mixed
86849	Immunology procedure
86850	RBC antibody screen
86860	RBC antibody elution
86870	RBC antibody identification
86880	Coombs test, direct
86885	Coombs test, indirect, qual
86886	Coombs test, indirect, titer
86890	Autologous blood process
86891	Autologous blood, op salvage
86900	Blood typing, ABO
86901	Blood typing, Rh (D)
86902	Blood Typing, Serologic; antigen testing of donor blood using reagent serum, each antigen test
86904	Blood typing, patient serum
86905	Blood typing, RBC antigens
86906	Blood typing, Rh phenotype
86911	Blood typing, antigen system
86920	Compatibility test, spin
86921	Compatibility test, incubate
86922	Compatibility test, antiglob
86923	Compatibility test, electric
86940	Hemolysins/agglutinins, auto
86941	Hemolysins/agglutinins
87003	Small animal inoculation
87015	Specimen concentration
87040	Blood culture for bacteria
87045	Feces culture, bacteria
87046	Stool cultur, bacteria, each
87070	Culture, bacteria, other
87071	Culture bacteria aerobic other
87073	Culture bacteria anaerobic
87075	Culture bacteria, except blood
87076	Culture anaerobe ident, each
87077	Culture aerobic identify
87081	Culture screen only
87084	Culture of specimen by kit

PAYMENT POLICY
Routine & Complex Office Procedures

CPT[®] Codes	Description
87086	Urine culture/colony count
87088	Urine bacteria culture
87101	Skin fungi culture
87102	Fungus isolation culture
87103	Blood fungus culture
87106	Fungi identification, yeast
87107	Fungi identification, mold
87109	Mycoplasma
87110	Chlamydia culture
87116	Mycobacteria culture
87118	Mycobacteria identification
87140	Culture type immunofluoresc
87143	Culture typing, glc/hplc
87147	Culture type, immunologic
87149	Culture type, nucleic acid
87152	Culture type pulse field gel
87158	Culture typing, added method
87164	Dark field examination
87166	Dark field examination
87168	Macroscopic exam arthropod
87169	Macroscopic exam parasite
87172	Pinworm exam
87176	Tissue homogenization, cultr
87177	Ova and parasites smears
87181	Microbe susceptible, diffuse
87184	Microbe susceptible, disk
87185	Microbe susceptible, enzyme
87186	Microbe susceptible, mic
87187	Microbe susceptible, mlc
87188	Microbe suscept, macrobroth
87190	Microbe suscept, mycobacteri
87197	Bactericidal level, serum
87205	Smear, gram stain
87206	Smear, fluorescent/acid stain
87207	Smear, special stain
87209	Smear, complex stain
87220	Tissue exam for fungi
87230	Assay, toxin or antitoxin

PAYMENT POLICY
Routine & Complex Office Procedures

CPT[®] Codes	Description
87250	Virus inoculate, eggs/animal
87252	Virus inoculation, tissue
87253	Virus inoculate tissue, addl
87254	Virus inoculation, shell via
87255	Genet virus isolate, hsv
87260	Adenovirus ag, if
87265	Pertussis ag, if
87267	Enterovirus antibody, dfa
87269	Giardia ag, if
87270	Chlamydia trachomatis ag, if
87271	Cytomegalovirus dfa
87272	Cryptosporidium ag, if
87273	Herpes simplex 2, ag, if
87274	Herpes simplex 1, ag, if
87275	Influenza b, ag, if
87276	Influenza a, ag, if
87278	Legion pneumophilia ag, if
87279	Parainfluenza, ag, if
87280	Respiratory syncytial ag, if
87281	Pneumocystis carinii, ag, if
87283	Rubeola, ag, if
87285	Treponema pallidum, ag, if
87290	Varicella zoster, ag, if
87299	Antibody detection, nos, if
87300	Ag detection, polyval, if
87301	Adenovirus ag, eia
87305	Aspergillus ag, eia
87320	Chylmd trach ag, eia
87324	Clostridium ag, eia
87327	Cryptococcus neoform ag, eia
87328	Cryptosporidium ag, eia
87329	Giardia ag, eia
87332	Cytomegalovirus ag, eia
87335	E coli 0157 ag, eia
87336	Entamoeb hist dispr, ag, eia
87337	Entamoeb hist group, ag, eia
87338	H pylori, stool, eia
87339	H pylori ag, eia

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CPT® Codes	Description
87340	Hepatitis b surface ag, eia
87341	Hepatitis b surface, ag, eia
87350	Hepatitis be ag, eia
87380	Hepatitis delta ag, eia
87385	Histoplasma capsule ag, eia
87390	Hiv-1 ag, eia
87391	Hiv-2 ag, eia
87400	Influenza a/b, ag, eia
87420	Resp syncytial ag, eia
87425	Rotavirus ag, eia
87427	Shiga-like toxin ag, eia
87449	Ag detect nos, eia, mult
87451	Ag detect polyval, eia, mult
87471	Bartonella, dna, amp probe
87472	Bartonella, dna, quant
87475	Lyme dis, dna, dir probe
87476	Lyme dis, dna, amp probe
87480	Candida, dna, dir probe
87481	Candida, dna, amp probe
87482	Candida, dna, quant
87485	Chylmd pneum, dna, dir probe
87486	Chylmd pneum, dna, amp probe
87487	Chylmd pneum, dna, quant
87490	Chylmd trach, dna, dir probe
87491	Chylmd trach, dna, amp probe
87492	Chylmd trach, dna, quant
87495	Cytomeg, dna, dir probe
87496	Cytomeg, dna, amp probe
87497	Cytomeg, dna, quant
87498	Enterovirus, dna, amp probe
87500	Vancomycin, dna, amp probe
87505	Gastrointestinal pathogen, includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 3 - 5 targets
87506	Gastrointestinal pathogen, includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 6 - 11 targets
87507	Gastrointestinal pathogen, includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 12 - 25 targets
87510	Gardner vag, dna, dir probe
87511	Gardner vag, dna, amp probe

PAYMENT POLICY
Routine & Complex Office Procedures

CPT[®] Codes	Description
87512	Gardner vag, dna, quant
87516	Hepatitis b, dna, amp probe
87517	Hepatitis b, dna, quant
87520	Hepatitis c, rna, dir probe
87521	Hepatitis c, rna, amp probe
87522	Hepatitis c, rna, quant
87525	Hepatitis g, dna, dir probe
87526	Hepatitis g, dna, amp probe
87527	Hepatitis g, dna, quant
87528	Hsv, dna, dir probe
87529	Hsv, dna, amp probe
87530	Hsv, dna, quant
87531	Hhv-6, dna, dir probe
87532	Hhv-6, dna, amp probe
87533	Hhv-6, dna, quant
87534	Hiv-1, dna, dir probe
87535	Hiv-1, dna, amp probe
87536	Hiv-1, dna, quant
87537	Hiv-2, dna, dir probe
87538	Hiv-2, dna, amp probe
87539	Hiv-2, dna, quant
87540	Legion pneumo, dna, dir prob
87541	Legion pneumo, dna, amp prob
87542	Legion pneumo, dna, quant
87550	Mycobacteria, dna, dir probe
87551	Mycobacteria, dna, amp probe
87552	Mycobacteria, dna, quant
87555	M.tuberculo, dna, dir probe
87556	M.tuberculo, dna, amp probe
87557	M.tuberculo, dna, quant
87560	M.avium-intra, dna, dir prob
87561	M.avium-intra, dna, amp prob
87562	M.avium-intra, dna, quant
87580	M.pneumon, dna, dir probe
87581	M.pneumon, dna, amp probe
87582	M.pneumon, dna, quant
87590	N.gonorrhoeae, dna, dir prob
87591	N.gonorrhoeae, dna, amp prob

PAYMENT POLICY
Routine & Complex Office Procedures

CPT® Codes	Description
87592	N.gonorrhoeae, dna, quant
87623	Human Papillomavirus (HPV), low risk types (e.g., 6, 11, 42, 43, 44)
87624	Human Papillomavirus (HPV), high risk types (e.g., 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68)
87625	Human Papillomavirus (HPV), types 16 and 18 only, includes type 45, if performed
87640	Staph a, dna, amp probe
87641	Mr-staph, dna, amp probe
87650	Strep a, dna, dir probe
87651	Strep a, dna, amp probe
87652	Strep a, dna, quant
87653	Strep b, dna, amp probe
87660	Trichomonas vagin, dir probe
87797	Detect agent nos, dna, dir
87798	Detect agent nos, dna, amp
87799	Detect agent nos, dna, quant
87800	Detect agnt mult, dna, direc
87801	Detect agnt mult, dna, ampli
87802	Strep b assay w/optic
87803	Clostridium toxin a w/optic
87806	Infectious agent antigen detection by immunoassay with direct optical observation; HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies
87807	Rsv assay w/optic
87808	Trichomonas assay w/optic
87809	Adenovirus assay w/optic
87899	Agent nos assay w/optic
87900	Phenotype, infect agent drug
87901	Genotype, dna, hiv reverse t
87902	Genotype, dna, hepatitis C
87903	Phenotype, dna hiv w/culture
87904	Phenotype, dna hiv w/clt add
87999	Microbiology procedure
88104	Cytopath fl nongyn, smears
88106	Cytopath fl nongyn, filter
88108	Cytopath, concentrate tech
88112	Cytopath, cell enhance tech
88130	Sex chromatin identification
88140	Sex chromatin identification
88141	Cytopath, c/v, interpret

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CPT® Codes	Description
88142	Cytopath, c/v, thin layer
88143	Cytopath c/v thin layer redo
88147	Cytopath, c/v, automated
88148	Cytopath, c/v, auto rescreen
88150	Cytopath, c/v, manual
88187	Flowcytometry/read, 2-8
88188	Flowcytometry/read, 9-15
88189	Flowcytometry/read, 16 & >
88199	Cytopathology procedure
88300	Surgical path, gross
88302	Tissue exam by pathologist
88304	Tissue exam by pathologist
88305	Tissue exam by pathologist
88307	Tissue exam by pathologist
88309	Tissue exam by pathologist
88311	Decalcify tissue
88312	Special stains
88313	Special stains
88314	Histochemical stain
88319	Enzyme histochemistry
88321	Microslide consultation
88323	Microslide consultation
88325	Comprehensive review of data
88329	Path consult intraop
88331	Path consult intraop, 1 bloc
88332	Path consult intraop, add/El
88333	Intraop cyto path consult, 1
88334	Intraop cyto path consult, 2
88342	Immunohistochemistry
88346	Immunofluorescent study
88355	Analysis, skeletal muscle
88356	Analysis, nerve
88358	Analysis, tumor
88360	Tumor immunohistochem/manual
88361	Tumor immunohistochem/comput
88362	Nerve teasing preparations
88371	Protein, western blot tissue
88372	Protein analysis w/probe
88380	Microdissection, laser
88381	Microdissection, manual

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Routine & Complex Office Procedures

CPT[®] Codes	Description
88399	Surgical pathology procedure
88720	Bilirubin, total, transcutaneous
89049	Chct for mal hyperthermia
89050	Body fluid cell count
89051	Body fluid cell count
89055	Leukocyte assessment, fecal
89060	Exam, synovial fluid crystals
89125	Specimen fat stain
89160	Exam feces for meat fibers
89190	Nasal smear for eosinophils
89220	Sputum specimen collection
89230	Collect sweat for test
89240	Pathology lab procedure
89310	Semen analysis w/count
89320	Semen anal vol/count/mot
90281	Human ig, im
90283	Human ig, iv
90371	Hep b ig, im
90375	Rabies ig, im/sc
90378	Respiratory syncytial virus, monoclonal antibody, recombinant, IM, 50 mg, ea
90384	Rh ig, full-dose, im
90385	Rh ig, minidose, im
90386	Rh ig, iv
90389	Tetanus ig, im
90396	Varicella-zoster ig, im
90399	Immune globulin
90585	Bcg vaccine, percut
90586	Bcg vaccine, intravesical
90675	Rabies vaccine, im
90717	Yellow fever vaccine, sc
92358	Prosthesis service for aphakia, temporary (disposable or loan, including materials)
92532	Positional nystagmus test
92533	Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes four tests)
92534	Optokinetic nystagmus test
92541	Spontaneous nystagmus test, including gaze and fixation nystagmus, with recording
92542	Positional nystagmus test, minimum of 4 positions, with recording
92544	Optokinetic nystagmus test, bidirectional, foveal or peripheral stimulation, w/recording

CPT® Codes	Description
92545	Oscillating tracking test, with recording
92546	Sinusoidal vertical axis rotational testing
92547	Use of vertical electrodes (List separately in addition to code for primary procedure)
93050	Arterial pressure waveform analysis for assessment of central arterial pressures
93279	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead pacemaker system
93280	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead pacemaker system
93282	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead transvenous implantable defibrillator system
93283	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead transvenous implantable defibrillator system
93288	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection, per patient encounter; single, dual, or multiple lead pacemaker system
93289	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection, per patient encounter; single, dual, or multiple lead transvenous implantable defibrillator system, including analysis of heart rhythm derived data elements
93292	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection, per patient encounter; wearable defibrillator system
93293	Transtelephonic rhythm strip pacemaker evaluation(s) single, dual, or multiple lead pacemaker system, includes recording with and without magnet application with analysis, review and report(s) by a physician or other qualified health care professional, up to 90 days
93294	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional
93295	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead implantable defibrillator system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional
93740	Temperature gradient studies
93784	Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; including recording, scanning analysis, interpretation and report

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Routine & Complex Office Procedures

CPT[®] Codes	Description
93786	Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; recording only
93788	Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; scanning analysis with report
93790	Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; physician review with interpretation and report
94060	Bronchodilation responsiveness, spirometry as in 94010, pre- and post-bronchodilator administration
94070	Bronchospasm provocation evaluation, multiple spirometric determinations as in
94010	With administered agents (e.g., antigen(s), cold air, methacholine)
94375	Respiratory flow volume loop
94640	Pressurized or nonpressurized inhalation treatment for acute airway obstruction or for sputum induction for diagnostic purposes (e.g., with an aerosol generator, nebulizer, metered dose inhaler or intermittent positive pressure breathing [IPPB] device)
94644	Continuous inhalation treatment with aerosol medication for acute airway obstruction; first hour
94645	Continuous inhalation treatment with aerosol medication for acute airway obstruction; each additional hour (List separately in addition to code for primary procedure)
94664	Demonstration and/or evaluation of patient utilization of an aerosol generator, nebulizer, metered dose inhaler or IPPB device
94726	Plethysmography for determination of lung volumes and, when performed, airway resistance
94727	Gas dilution or washout for determination of lung volumes and, when performed, distribution of ventilation and closing volumes
94728	Airway resistance by impulse oscillometry
94761	Noninvasive ear or pulse oximetry for oxygen saturation; multiple determinations (e.g., during exercise)
95851	Range of motion measurements and report (separate procedure); each extremity (excluding hand) or each trunk section (spine)
95852	Range of motion measurements and report (separate procedure); hand, with or without comparison with normal side
96360	Intravenous infusion, hydration; initial, 31 minutes to 1 hour
96361	Intravenous infusion, hydration; each additional hour (add-on code)
96373	Therapeutic, prophylactic, or diagnostic injection; Intra-arterial
96374	Therapeutic, prophylactic, or diagnostic injection; IV push, single or initial substance/drug
96375	Therapeutic, prophylactic, or diagnostic injection; each additional sequential IV push of a new substance/drug (add-on code)
96523	Irrigation of implanted venous access device for drug delivery systems
96567	Photodynamic therapy by external application of light to destroy premalignant and/or malignant lesions of the skin and adjacent mucosa (e.g., lip) by activation of photosensitive drug(s), each phototherapy exposure session
96900	Actinotherapy (ultraviolet light)

CPT® Codes	Description
96902	Microscopic examination of hairs plucked or clipped by the examiner (excluding hair collected by the patient) to determine telogen and anagen counts, or structural hair shaft abnormality
96904	Whole body integumentary photography, for monitoring of high risk patients with dysplastic nevus syndrome or a history of dysplastic nevi, or patients with a personal or familial history of melanoma
96910	Photochemotherapy; tar and ultraviolet B (Goeckerman treatment) or petrolatum and ultraviolet B
96912	Photochemotherapy; psoralens and ultraviolet A (PUVA)
97597	Debridement, open wound, including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; first 20 sq. cm or less
97598	Debridement, open wound, including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; each additional 20 sq. cm, or part thereof (add-on code)
99170	Anogenital examination with colposcopic magnification in childhood for suspected trauma
99175	Ipecac or similar administration for individual emesis and continued observation until stomach adequately emptied of poison
99195	Phlebotomy, therapeutic (separate procedure)

HCPCS Codes	Description

ICD-10-CM Diagnosis Codes that Support Coverage Criteria

+ Indicates a code requiring an additional character

ICD-10-CM Code	Description

Reviews, Revisions, and Approvals	Date	Approval Date
Original approval date		

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical

practice current at the time that this clinical policy was approved. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan’s affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members. This clinical policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

This clinical policy is the property of the Health Plan. Unauthorized copying, use, and distribution of this clinical policy or any information contained herein are strictly prohibited. Providers, members and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members and their representatives agree to be bound by such terms and conditions by providing services to members and/or submitting claims for payment for such services.

Note: For Medicaid members, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

Note: For Medicare members, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs,

and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at <http://www.cms.gov> for additional information.

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