|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Procedure Low** | **Description** | **PA Effective Date** | **PA Termination Date** | **AIM Prior Auth Required** |
| 00740 | Anes Upper Gastrointestinal Endoscopic P | 11/01/2012 | 12/31/2017 |   |
| 00810 | Anes Intestinal Endoscopic Procedures | 11/01/2012 | 12/31/2017 |   |
| 00813 | Anesthesia for combined upper and lower gastrointestinal endoscopic procedures, endoscope introduced both proximal to and distal to the duodenum | 01/01/2018 | 03/31/2020 |   |
| 15002 | Surgical Preparation or Creation of Recipient Site, T/A/L; 1st 100 Sq Cm or 1% of Body Area of Infants and Children | 10/01/2007 | 05/31/2018 |   |
| 15003 | Surgical Preparation or Creation of Recipient Site, T/A/L; Ea Addl 100 Sq Cm or Ea Addl 1% of Body Area Infant / Child | 10/01/2007 | 05/31/2018 |   |
| 15004 | Surgical Preparation or Creation of Recipient Site, F/S/E/M/N/E/O/G/H/F/D; 1st 100 Sq Cm or 1% of Body Area Infant/Child | 10/01/2007 | 05/31/2018 |   |
| 15005 | Surg Preparation or Creation of Recipient Site, F/S/E/M/N/E/O/G/H/F/D; Ea Addl 100 Sq Cm or 1% Of Body Area Infant/Child | 10/01/2007 | 05/31/2018 |   |
| 19324 | Mammaplasty Augment Wo/Prosthetic Implan | 09/01/2003 | 12/31/2020 |   |
| 19366 | Reconstruction Breast Other Method | 09/01/2003 | 12/31/2020 |   |
| 21010 | Arthrotomy Temporomandibular Unil | 01/01/2008 | 01/31/2016 |   |
| 21031 | Exc Torus Mandibularis | 09/01/2003 | 01/31/2016 |   |
| 21032 | Excision Maxillary Torus Palatinus | 09/01/2003 | 01/31/2016 |   |
| 21060 | Meniscectomy Temporomandibular | 01/01/2008 | 01/31/2016 |   |
| 21076 | Impression and Custom Preparation; Surgical Obturator Prosthesis | 09/01/2003 | 01/31/2016 |   |
| 21079 | Impress/Prep Interim Obturator | 09/01/2003 | 01/31/2016 |   |
| 21080 | Impress Custom Prep Definitive Obturator | 09/01/2003 | 01/31/2016 |   |
| 21084 | Impress Custom Prep Speech Aid Prosth | 09/01/2003 | 01/31/2016 |   |
| 21116 | Inj Proc Temporomandibular Joint Arthrog | 09/01/2003 | 01/31/2016 |   |
| 21235 | Graft Cartilage Ear to Nose/Ear | 01/01/2008 | 01/31/2016 |   |
| 21240 | Arthroplasty Temporomandib Unil | 01/01/2008 | 01/31/2016 |   |
| 21242 | Arthroplasty Tmj Alloplastic Agent | 01/01/2008 | 01/31/2016 |   |
| 21243 | Arthroplasty Tmj W/Pros Jnt Replace | 01/01/2008 | 01/31/2016 |   |
| 21255 | Recon Zygomatic Arch/Glenoid Fossa W/Aut | 09/01/2003 | 01/31/2016 |   |
| 21270 | Reposition Treacher Collins Deform | 09/01/2003 | 01/31/2016 |   |
| 22100 | Resect Vertebra Part Cervical | 07/01/2012 | 11/30/2019 |   |
| 22101 | Part Resec Vertebral Spinous Process Tho | 07/01/2012 | 11/30/2019 |   |
| 22102 | Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; lumbar | 07/01/2012 | 11/30/2019 |   |
| 22103 | Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; each additional segment (List separately in addition to code for primary procedure) | 07/01/2012 | 11/30/2019 |   |
| 22510 | Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic | 01/01/2015 | 10/31/2019 |   |
| 22511 | Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral | 01/01/2015 | 10/31/2019 |   |
| 22512 | Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; each additional cerv | 01/01/2015 | 10/31/2019 |   |
| 22513 | Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 verteb | 01/01/2015 | 10/31/2019 |   |
| 22514 | Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 verteb | 01/01/2015 | 10/31/2019 |   |
| 22515 | Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 verteb | 01/01/2015 | 10/31/2019 |   |
| 22526 | Percutaneous Intradiscal Electrothermal Annuloplasty, Unilateral or Bilateral including Fluoroscopic Guidance; Sgl Level | 01/01/2007 | 06/30/2016 |   |
| 22527 | Percutaneous Intradiscal Electrothermal Annuloplasty, Unilateral or Bilateral; One or More Additional Levels | 09/01/2003 | 06/30/2016 |   |
| 22590 | Arthrodesis Post-Craniocervical | 01/01/2007 | 12/31/2020 |   |
| 22595 | Arthrodesis,Poster.Tech,Atlas-Axis,C1-C2 | 01/01/2007 | 12/31/2020 |   |
| 22600 | Fusion Cervical Post < C1 | 01/01/2007 | 12/31/2020 |   |
| 22851 | Application of Intervertebral Biomechanic Device | 01/01/2007 | 12/31/2016 |   |
| 27332 | Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial OR lateral | 01/01/2016 | 03/31/2019 |   |
| 27333 | Exc Semilunar Cartilage Med + Lat | 01/01/2012 | 03/31/2019 |   |
| 27446 | Arthroplasty, knee, condyle and plateau; medial OR lateral compartment | 01/01/2018 | 03/31/2018 |   |
| 27700 | Arthroplasty Ankle | 04/01/2007 | 02/28/2017 |   |
| 27702 | Arthroplasty,Ankle; with Implant (Total | 04/01/2007 | 02/28/2017 |   |
| 27703 | Arthroplasty Ankle Second Reconstr | 04/01/2007 | 02/28/2017 |   |
| 27704 | Removal of Ankle Implant | 04/01/2007 | 02/28/2017 |   |
| 28291 | Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; with implant | 01/01/2017 | 02/28/2017 |   |
| 29850 | Arthroscopically aided treatment of intercondylar spine and/or tuberosity fracture(s) of the knee, with or without manipulation; without internal or external fixation (includes arthroscopy) | 10/01/2015 | 08/31/2016 |   |
| 29851 | Arthroscopically aided treatment of intercondylar spine and/or tuberosity fracture(s) of the knee, with or without manipulation; with internal or external fixation (includes arthroscopy) | 10/01/2015 | 08/31/2016 |   |
| 29855 | Arthroscopically aided treatment of tibial plateau fracture | 01/01/2012 | 08/31/2016 |   |
| 29856 | Arthscp Tx Tib Fx Bicondy W/Wo Fix | 01/01/2012 | 08/31/2016 |   |
| 29861 | Arthroscopy, Hip, Surgical; With Removal Of Loose Body Or Foreign Body | 12/01/2012 | 05/31/2016 |   |
| 29862 | Arthroscopy, Hip, Surg; W Chondroplsty, Arthroplsty, &/ Labrum Resectn | 12/01/2012 | 05/31/2016 |   |
| 29863 | Arthroscopy, Hip, Surgical; With Synovectomy | 12/01/2012 | 05/31/2016 |   |
| 29868 | Arthroscopy, Knee, Surgical; Meniscal Transplantation (Includes Arthrotomy For Meniscal Insertion), Medial Or Lateral | 07/01/2010 | 03/31/2019 |   |
| 29870 | Arthroscopy,Knee,Dx,W/Wo Syn.Bx | 01/01/2012 | 08/31/2016 |   |
| 29871 | Arthroscopy,Knee,Surg;for Infection,Lava | 01/01/2012 | 08/31/2016 |   |
| 29873 | Arthroscopy, Knee, Surgical; with Lateral Release | 01/01/2012 | 08/31/2016 |   |
| 29874 | Arthroscopy, knee surgical for removal of loose body or foreign body | 01/01/2012 | 08/31/2016 |   |
| 29875 | Arthroscopy, knee surgical with synovectomy, limited | 01/01/2012 | 08/31/2016 |   |
| 29876 | Arthroscopy, knee surgical with synovectomy, major | 01/01/2012 | 08/31/2016 |   |
| 29877 | Arthroscopy, knee surgical with debridement/shaving of articular cartilage (chondroplasty) | 01/01/2012 | 08/31/2016 |   |
| 29879 | Arthroscopy Knee | 01/01/2012 | 03/31/2019 |   |
| 29880 | Arthroscopy,Knee,Surg;w/Meniscectomy-Med | 01/01/2012 | 08/31/2016 |   |
| 29881 | Arthroscop Knee W Partial Meniscect | 01/01/2012 | 08/31/2016 |   |
| 29882 | Arthroscopy,Knee,Surg;w Meniscus Repair- | 01/01/2012 | 08/31/2016 |   |
| 29883 | Arthroscop Knee W Tot Meniscus Rep | 01/01/2012 | 08/31/2016 |   |
| 29884 | Arthroscopy, knee surgical with meniscectomy (medial AND lateral) with lysis of adhesions, with or without manipulation (separate procedure) | 10/01/2015 | 08/31/2016 |   |
| 29885 | Arthroscop Knee W Drilling + Graft | 01/01/2012 | 08/31/2016 |   |
| 29886 | Arthrosc,Knee,Surg;drill-Intact Ost.Diss | 01/01/2012 | 08/31/2016 |   |
| 29887 | Arthroscop Knee W Drilling+int Fix | 01/01/2012 | 08/31/2016 |   |
| 29888 | Arthroscopically Aided Anter,Cruciate Li | 01/01/2012 | 08/31/2016 |   |
| 29889 | Arthroscop Knee W Post Lig Rep | 01/01/2012 | 08/31/2016 |   |
| 30460 | Rhinoplsty For Deform Tip Only | 09/01/2003 | 10/31/2019 |   |
| 30462 | Rhinoplsty For Deform Tip/Sept/Oste | 09/01/2003 | 10/31/2019 |   |
| 32664 | Thoracoscopy, Surgical; with Thoracic Sympathectomy | 09/01/2003 | 02/28/2017 |   |
| 33270 | Insertion or replacement of permanent subcutaneous implantable defibrillator system, with subcutaneous electrode, including defibrillation threshold evaluation, induction of a | 01/01/2015 | 01/01/2015 |   |
| 33271 | Insertion of subcutaneous implantable defibrillator electrode | 01/01/2015 | 01/01/2015 |   |
| 33272 | Removal of subcutaneous implantable defibrillator electrode | 01/01/2015 | 01/01/2015 |   |
| 33273 | Repositioning of previously implanted subcutaneous implantable defibrillator electrode | 01/01/2015 | 01/01/2015 |   |
| 33282 | Implantation of patient-activated cardiac event recorder | 10/01/2014 | 12/31/2018 |   |
| 33362 | Transcatheter Aortic Valve Replacement (TAVR/TAVI) With Prosthetic Valve; Open Femoral Artery Approach | 01/01/2013 | 11/30/2015 |   |
| 33363 | Transcatheter Aortic Valve Replacement (TAVR/TAVI) With Prosthetic Valve; Open Axillary Artery Approach | 01/01/2013 | 11/30/2015 |   |
| 33364 | Transcatheter Aortic Valve Replacement (TAVR/TAVI) With Prosthetic Valve; Open Iliac Artery Approach | 01/01/2013 | 11/30/2015 |   |
| 33365 | Transcatheter Aortic Valve Replacement (TAVR/TAVI) With Prosthetic Valve; Transaortic Approach | 01/01/2013 | 11/30/2015 |   |
| 33366 | Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transapical exposure (eg, left thoracotomy) | 01/01/2014 | 11/30/2015 |   |
| 33977 | Removal of Ventricular Assist Device; Single Ventricle Support | 09/01/2003 | 12/31/2016 |   |
| 33978 | Removal of Ventricular Assist Device; Biventricular Support | 09/01/2003 | 12/31/2016 |   |
| 33980 | Removal Of Ventricular Assist Device, Implantable Intrcorporeal, Single Ventricle | 09/01/2003 | 12/31/2016 |   |
| 33981 | Replacement of Extracorporeal Ventricular Assist Device, Single or Biventricular, Pump(s), Single or Each Pump | 01/01/2010 | 12/31/2016 |   |
| 33982 | Replacement of Ventricular Assist Device Pump(s); Implantable Intracorporeal, Single Ventricl,w/o Cardiopulmonary Bypass | 01/01/2010 | 12/31/2016 |   |
| 33983 | Replacement of Ventricular Assist Device Pump(s); Implantable Intracorporeal, Single Ventricle, W Cardiopulmonary Bypass | 01/01/2010 | 12/31/2016 |   |
| 33992 | Removal Of Percutaneous Ventricular Assist Device At Separate And Distinct Session From Insertion | 01/01/2013 | 12/31/2016 |   |
| 33993 | Repositioning Of Percutaneous Ventricular Assist Device With Imaging Guidance At Separate Session From Insertion | 01/01/2013 | 12/31/2016 |   |
| 34841 | Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrate | 10/01/2014 | 05/31/2017 |   |
| 34842 | Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrate | 10/01/2014 | 05/31/2017 |   |
| 34843 | Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrate | 10/01/2014 | 05/31/2017 |   |
| 34844 | Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrate | 10/01/2014 | 05/31/2017 |   |
| 34845 | Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption | 10/01/2014 | 05/31/2017 |   |
| 34846 | Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption | 10/01/2014 | 05/31/2017 |   |
| 34847 | Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption | 10/01/2014 | 05/31/2017 |   |
| 34848 | Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption | 10/01/2014 | 05/31/2017 |   |
| 36468 | Single or multiple injections of sclerosing solutions, spider veins (telangiectasia), limb or trunk | 10/01/2014 | 12/31/2017 |   |
| 36469 | 1+injec-Scler.Sol,Spider Veins;face | 10/01/2014 | 12/31/2015 |   |
| 36473 | Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated | 01/01/2017 | 12/31/2017 |   |
| 36474 | Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure) | 01/01/2017 | 12/31/2017 |   |
| 36516 | Therapeutic Apheresis; with Extracorporeal Selective Adsorption or Selective Filtration and Plasma Reinfusion | 07/01/2006 | 03/31/2017 |   |
| 37188 | Percutaneous transluminal mechanical thrombectomy, vein(s), repeat treatment on subsequent day of thrombolytic therapy | 12/01/2012 | 10/31/2017 |   |
| 37202 | Transcath Infusion Any Not Thromb | 01/01/2013 | 12/31/2015 |   |
| 41120 | Glossectomy; less than one-half tongue | 02/01/2017 | 11/30/2019 |   |
| 41500 | Fixation of tongue, mechanical, other than suture (eg, K-wire) | 02/01/2017 | 12/31/2018 |   |
| 41530 | Submucosal Ablation of the Tongue Base, Radiofrequency, One or More Sites, Per Session | 05/01/2010 | 11/30/2019 |   |
| 42160 | Destruct Lesion Palate/Uvula | 09/01/2003 | 11/30/2019 |   |
| 42226 | Lengthening of Palate, and Pharyngeal Fl | 09/01/2003 | 11/30/2020 |   |
| 42953 | Repair Pharyngoesophageal | 04/01/2007 | 11/30/2019 |   |
| 43201 | Esophagoscopy, flexible, transoral; with directed submucosal injection(s), any substance | 05/01/2018 | 12/31/2018 |   |
| 43236 | Esophagogastroduodenoscopy, flexible, transoral; with directed submucosal injection(s), any substance | 05/01/2018 | 12/31/2018 |   |
| 43327 | Esophagogastric Fundoplasty Partial Or Complete; Laparotomy | 01/01/2011 | 05/31/2018 |   |
| 43842 | Gastroplsty Vertical-Banded Obesity | 09/01/2003 | 12/31/2018 |   |
| 47136 | Liver Allotrnsplnt;Heterotopic,Part/Whole,Frm Cadavr/Lvg Donr, Any Age | 09/01/2003 | 12/31/2015 |   |
| 52287 | Cystourethroscopy, With Injection(s) For Chemodenervation Of The Bladder | 01/01/2013 | 12/31/2018 |   |
| 53860 | Transurethral Radiofrequency Micro-Remodeling Of The Female Bladder Neck And Proximal Urethra | 01/01/2013 | 12/31/2016 |   |
| 55706 | Biopsies, Prostate, Needle, Transperineal, Stereotactic Template Guided Saturation Sampling, Including Imaging Guidance | 11/01/2012 | 03/31/2016 |   |
| 55873 | Cryosurgical Ablation of the Prostate (Incl Ultrasonic Probe Placemnt) | 09/01/2003 | 05/31/2017 |   |
| 56620 | Vulvectomy simple; partial | 01/01/2018 | 11/30/2018 |   |
| 56625 | Vulvectomy simple; complete | 01/01/2018 | 11/30/2018 |   |
| 57295 | Revision (including removal) of prosthetic vaginal graft; vaginal approach | 01/01/2018 | 12/31/2019 |   |
| 57296 | Revision (including removal) of prosthetic vaginal graft; open abdominal approach | 01/01/2018 | 12/31/2019 |   |
| 57426 | Revision (including removal) of prosthetic vaginal graft, laparoscopic approach | 01/01/2018 | 12/31/2019 |   |
| 59015 | Chorionic Villus Sampling, Any Method | 01/01/2012 | 01/31/2018 |   |
| 61517 | Implantation of Brain Intracavitary ChemoTherapy Agent | 09/01/2003 | 04/30/2020 |   |
| 61650 | Endovascular intracranial prolonged administration of pharmacologic agent(s) other than for thrombolysis, arterial, including catheter placement, diagnostic angiography, and imaging guidance; initial vascular territory | 01/01/2016 | 06/30/2017 |   |
| 61651 | Endovascular intracranial prolonged administration of pharmacologic agent(s) other than for thrombolysis, arterial, including catheter placement, diagnostic angiography, and imaging guidance; each additional vascular territory (List separately in addition to code for primary procedure) | 01/01/2016 | 06/30/2017 |   |
| 62287 | Asp Percutaneous Diskectomy One/Mult Lev | 09/01/2003 | 11/30/2019 |   |
| 62290 | Inj Proc Diskography Ea Level; Lumb | 09/01/2003 | 02/28/2017 |   |
| 62291 | Inject For Diskography Cervical | 09/01/2003 | 02/28/2017 |   |
| 62310 | Injection, single, with or w/o contrast of diag or therapeutic substance, epidural or subarachnoid; cervical or thoracic | 06/01/2015 | 12/31/2016 |   |
| 62311 | Injection, single, with or w/o contrast of diag or therapeutic substance, epidural or subarachnoid; lumbar, sacral | 06/01/2015 | 12/31/2016 |   |
| 62320 | Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance | 01/01/2017 | 12/31/2020 |   |
| 62322 | Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance | 01/01/2017 | 12/31/2020 |   |
| 62324 | Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance | 01/01/2017 | 07/31/2017 |   |
| 63180 | Laminectomy and section of dentate ligaments, with or without dural graft, cervical; 1 or 2 segments | 04/01/2007 | 11/30/2019 |   |
| 63182 | Laminectomy and section of dentate ligaments, with or without dural graft, cervical; more than 2 segments | 04/01/2007 | 11/30/2019 |   |
| 63185 | Laminectomy with rhizotomy; 1 or 2 segments | 04/01/2007 | 11/30/2019 |   |
| 63190 | Laminectomy with rhizotomy; more than 2 segments | 04/01/2007 | 11/30/2019 |   |
| 63191 | Laminectomy with section of spinal accessory nerve | 04/01/2007 | 11/30/2019 |   |
| 63194 | Laminectomy with cordotomy, with section of 1 spinothalamic tract, 1 stage; cervical | 04/01/2007 | 11/30/2019 |   |
| 63195 | Laminectomy with cordotomy, with section of 1 spinothalamic tract, 1 stage; thoracic | 04/01/2007 | 11/30/2019 |   |
| 63196 | Laminectomy with cordotomy, with section of both spinothalamic tracts, 1 stage; cervical | 04/01/2007 | 11/30/2019 |   |
| 63197 | Laminectomy with cordotomy, with section of both spinothalamic tracts, 1 stage; thoracic | 04/01/2007 | 11/30/2019 |   |
| 63198 | Laminectomy with cordotomy with section of both spinothalamic tracts, 2 stages within 14 days; cervical | 04/01/2007 | 11/30/2019 |   |
| 63199 | Laminectomy with cordotomy with section of both spinothalamic tracts, 2 stages within 14 days; thoracic | 04/01/2007 | 11/30/2019 |   |
| 63200 | Laminectomy, with release of tethered spinal cord, lumbar | 04/01/2009 | 11/30/2019 |   |
| 63270 | Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; cervical | 04/01/2007 | 11/30/2019 |   |
| 63271 | Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; thoracic | 04/01/2007 | 11/30/2019 |   |
| 63272 | Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; lumbar | 09/01/2003 | 11/30/2019 |   |
| 63275 | Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, cervical | 04/01/2007 | 11/30/2019 |   |
| 63276 | Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, thoracic | 04/01/2007 | 11/30/2019 |   |
| 63280 | Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, cervical | 04/01/2007 | 11/30/2019 |   |
| 63281 | Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, thoracic | 04/01/2007 | 11/30/2019 |   |
| 63285 | Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, cervical | 04/01/2007 | 11/30/2019 |   |
| 63286 | Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, thoracic | 04/01/2007 | 11/30/2019 |   |
| 63287 | Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, thoracolumbar | 04/01/2007 | 11/30/2019 |   |
| 63295 | Osteoplastic Reconstruction Of Dorsal Spinal Elements, Following Primary Intraspinal Procedure (List Sep) | 09/01/2003 | 08/31/2020 |   |
| 63300 | Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, cervical | 04/01/2007 | 11/30/2019 |   |
| 63301 | Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, thoracic by transthoracic approach | 04/01/2007 | 11/30/2019 |   |
| 63302 | Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, thoracic by thoracolumbar approach | 04/01/2007 | 11/30/2019 |   |
| 63304 | Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, cervical | 04/01/2007 | 11/30/2019 |   |
| 63305 | Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, thoracic by transthoracic approach | 04/01/2007 | 11/30/2019 |   |
| 63306 | Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, thoracic by thoracolumbar approach | 04/01/2007 | 11/30/2019 |   |
| 63307 | Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, lumbar or sacral by transperitoneal or retroperitoneal approach | 09/01/2003 | 11/30/2019 |   |
| 63308 | Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; each additional segment (List separately in addition to codes for single segment) | 04/01/2007 | 11/30/2019 |   |
| 64553 | Percutaneous implantation of neurostimulator electrode array; cranial nerve | 10/01/2016 | 01/31/2020 |   |
| 64612 | Dest Neurolytic Agent; Muscle Enervated | 02/01/2014 | 12/31/2018 |   |
| 64616 | Chemodenervation of muscle(s); neck muscle(s), excluding muscles of the larynx, unilateral (eg, for cervical dystonia, spasmodic torticollis) | 02/01/2014 | 12/31/2018 |   |
| 64617 | Chemodenervation of muscle(s); larynx, unilateral, percutaneous (eg, for spasmodic dysphonia), includes guidance by needle electromyography, when performed | 02/01/2014 | 12/31/2018 |   |
| 64642 | Chemodenervation of one extremity; 1-4 muscle(s) | 02/01/2014 | 12/31/2018 |   |
| 64643 | Chemodenervation of one extremity; each additional extremity, 1-4 muscle(s) (List separately in addition to code for primary procedure) | 02/01/2014 | 12/31/2018 |   |
| 64644 | Chemodenervation of one extremity; 5 or more muscle(s) | 02/01/2014 | 12/31/2018 |   |
| 64645 | Chemodenervation of one extremity; each additional extremity, 5 or more muscle(s) (List separately in addition to code for primary procedure) | 02/01/2014 | 12/31/2018 |   |
| 64646 | Chemodenervation of trunk muscle(s); 1-5 muscle(s) | 02/01/2014 | 12/31/2018 |   |
| 64647 | Chemodenervation of trunk muscle(s); 6 or more muscle(s) | 02/01/2014 | 12/31/2018 |   |
| 64650 | Chemodenervation of eccrine glands; both axillae | 01/01/2014 | 12/31/2018 |   |
| 64653 | Chemodenervation of eccrine glands; other area(s) (eg, scalp, face, neck), per day | 01/01/2006 | 12/31/2018 |   |
| 67911 | Correction of Lid Retraction | 01/01/2012 | 07/31/2016 |   |
| 67917 | Repair Ectropion; Blephplsty | 10/01/2015 | 08/31/2016 |   |
| 67935 | Suture Recent Wound,Lid;full Thickn | 01/01/2013 | 08/31/2016 |   |
| 69714 | Implantation, osseointetrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; without mastoidectomy | 06/01/2016 | 09/30/2017 |   |
| 69715 | Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; with mastoidectomy | 10/01/2017 | 10/01/2017 |   |
| 69717 | Replacement (including removal of existing device), osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; without mastoidectomy | 10/01/2017 | 10/01/2017 |   |
| 69718 | Replacement (including removal of existing device), osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; with mastoidectomy | 10/01/2017 | 10/01/2017 |   |
| 72285 | Diskography Cervical Rad S&I | 09/01/2003 | 02/28/2017 |   |
| 72295 | Diskography Lumbar Rad S&I | 09/01/2003 | 02/28/2017 |   |
| 75665 | Angiography, carotid, cerebral, unilateral, radiological supervision and interpretation | 02/01/2016 | 12/31/2012 |   |
| 75685 | Angiography Vertebral Cervical Intracran | 01/01/2013 | 12/31/2012 |   |
| 76377 | 3D rendering w/ interpretationand reporting of CT MRI, US or other Tomographyic modality requiring postprocessing on an independent workstation | 01/01/2016 | 01/01/2016 | Yes |
| 77058 | Magnetic Resonance Imaging, Breast, without and/or with Contrast Material(s); Unilateral | 07/01/2007 | 12/31/2018 | Yes |
| 77059 | Magnetic Resonance Imaging, Breast, without and/or with Contrast Material(s); Bilateral | 07/01/2007 | 12/31/2018 | Yes |
| 77767 | Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter up to 2.0 cm or 1 channel | 01/01/2016 | 11/30/2019 |   |
| 77768 | Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter over 2.0 cm and 2 or more channels, or multiple lesions | 01/01/2016 | 11/30/2019 |   |
| 77770 | Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 1 channel | 01/01/2016 | 11/30/2019 |   |
| 77771 | Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 2-12 channels | 01/01/2016 | 11/30/2019 |   |
| 77772 | Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; over 12 channels | 01/01/2016 | 11/30/2019 |   |
| 81211 | Brca1, Brca2 Gene Analysis; Full Sequence Analysis And Common Duplication/Deletion Variants In Brca1 | 01/01/2012 | 12/31/2018 |   |
| 81213 | Brca1, Brca2 Gene Analysis; Uncommon Duplication/Deletion Variants | 01/01/2012 | 03/31/2017 |   |
| 81214 | Brca1 Gene Analysis; Full Sequence Analysis And Common Duplication/Deletion Variants | 01/01/2012 | 12/31/2018 |   |
| 81220 | Cftr (Cystic Fibrosis Transmembrane Conductance Regulator) Gene Analysis; Common Variants (Eg, Acmg/Acog Guidelines) | 01/01/2012 | 01/01/2016 |   |
| 81221 | Cftr (Cystic Fibrosis Transmembrane Conductance Regulator) (Eg, Cystic Fibrosis) Gene Analysis; Known Familial Variants | 01/01/2012 | 01/01/2016 |   |
| 81222 | Cftr (Cystic Fibrosis Transmembrane Conductance Regulator) Gene Analysis; Duplication/Deletion Variants | 01/01/2012 | 06/01/2016 |   |
| 81223 | Cftr (Cystic Fibrosis Transmembrane Conductance Regulator) (Eg, Cystic Fibrosis) Gene Analysis; Full Gene Sequence | 01/01/2012 | 01/01/2016 |   |
| 81224 | Cftr (Cystic Fibrosis Transmembrane Conductance Regulator) Gene Analysis; Intron 8 Poly-T Analysis | 01/01/2012 | 01/01/2016 |   |
| 81228 | Cytogenomic constitutional (genome-wide) microarray analysis; interrogation of genomic regions for copy number variants (eg, bacterial artificial chromosome [BAC] or oligo-based comparative genomic hybridization [CGH] microarray analysis) | 02/01/2018 | 04/30/2020 |   |
| 81229 | Cytogenomic constitutional (genome-wide) microarray analysis; interrogation of genomic regions for copy number and single nucleotide polymorphism (SNP) variants for chromosomal abnormalities | 02/01/2018 | 04/30/2020 |   |
| 81252 | GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; full gene sequence | 02/01/2018 | 03/31/2018 |   |
| 81253 | GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; known familial variants | 02/01/2018 | 03/31/2018 |   |
| 81254 | GJB6 (gap junction protein, beta 6, 30kDa, connexin 30) (eg, nonsyndromic hearing loss) gene analysis, common variants (eg, 309kb [del(GJB6-D13S1830)] and 232kb [del(GJB6-D13S1854)]) | 02/01/2018 | 03/31/2018 |   |
| 81280 | Long Qt Syndrome Gene Analyses; Full Sequence Analysis | 01/01/2013 | 12/31/2016 |   |
| 81281 | Long Qt Syndrome Gene Analyses; Known Familial Sequence Variant | 01/01/2013 | 12/31/2016 |   |
| 81282 | Long Qt Syndrome Gene Analyses; Duplication/Deletion Variants | 01/01/2013 | 12/31/2016 |   |
| 81301 | Microsatellite Instability Analysis Of Markers For Mismatch Repair Deficiency | 01/01/2012 | 07/31/2016 |   |
| 81425 | Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis | 02/01/2018 | 05/31/2019 |   |
| 81426 | Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator genome (eg, parents, siblings) (List separately in addition to code for primary procedure) | 02/01/2018 | 05/31/2019 |   |
| 81427 | Genome (eg, unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained genome sequence (eg, updated knowledge or unrelated condition/syndrome) | 02/01/2018 | 05/31/2019 |   |
| 81508 | Fetal congenital abnormalities, biochemical assays of 2 proteins | 04/01/2016 | 06/30/2017 |   |
| 81509 | Fetal congenital abnormalities, biochemical assays of 3 proteins | 04/01/2016 | 06/30/2017 |   |
| 81510 | Fetal congenital abnormalities, biochemical assays of three analytes | 04/01/2016 | 06/30/2017 |   |
| 81511 | Fetal congenital abnormalities, biochemical assays of 4 analytes | 04/01/2016 | 06/30/2017 |   |
| 81512 | Fetal congenital abnormalities, biochemical assays of 4 analytes | 04/01/2016 | 01/31/2018 |   |
| 81525 | Oncology (colon), mRNA, gene expression profiling by real-time RT-PCR of 12 genes (7 content and 5 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a recurrence score | 02/01/2018 | 06/30/2018 |   |
| 81535 | Oncology (gynecologic), live tumor cell culture and chemotherapeutic response by DAPI stain and morphology, predictive algorithm reported as a drug response score; first single drug or drug combination | 01/01/2016 | 01/31/2017 |   |
| 81536 | Oncology (gynecologic), live tumor cell culture and chemotherapeutic response by DAPI stain and morphology, predictive algorithm reported as a drug response score; each additional single drug or drug combination (List separately in addition to code for primary procedure) | 01/01/2016 | 01/31/2017 |   |
| 81538 | Oncology (lung), mass spectrometric 8-protein signature, including amyloid A, utilizing serum, prognostic and predictive algorithm reported as good versus poor overall survival | 01/01/2016 | 06/30/2018 |   |
| 81540 | Oncology (tumor of unknown origin), mRNA, gene expression profiling by real-time RT-PCR of 92 genes (87 content and 5 housekeeping) to classify tumor into main cancer type and subtype, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a probability of a predicted main cancer type and subtype | 01/01/2016 | 06/30/2018 |   |
| 81545 | Oncology (thyroid), gene expression analysis of 142 genes, utilizing fine needle aspirate, algorithm reported as a categorical result (eg, benign or suspicious) | 01/01/2016 | 12/31/2020 |   |
| 82106 | Alpha-fetoprotein; amniotic fluid | 08/01/2016 | 05/30/2017 |   |
| 83020 | Hemoglobulin frantionation and quantitation, electrophoresis | 04/01/2016 | 06/30/2017 |   |
| 83021 | Hemoglobin fractionation and quantitation, chromatography | 04/01/2016 | 06/30/2017 |   |
| 86001 | Allergen Specific Igg Quantitative or Semiquantitative, Each Allergen | 09/01/2003 | 10/31/2017 |   |
| 86003 | Allergen Specific IGE each Panel | 09/01/2003 | 06/30/2019 |   |
| 86005 | Allergen Specific IGE Multiallergen Screen | 09/01/2003 | 10/31/2017 |   |
| 86008 | Allergen specific IgE; quantitative or semiquantitative, recombinant or purified component, each | 05/01/2018 | 06/30/2019 |   |
| 86152 | Cell Enumeration Using Immunologic Selection And Identification In Fluid Specimen | 01/01/2013 | 02/28/2017 |   |
| 86153 | Cell Enumeration Using Immunologic Selection And Identification In Fluid Specimen; Physician Interp And Report | 01/01/2013 | 02/28/2017 |   |
| 87900 | Infectious agent drug susceptibility phenotype prediction using regularly updated genotypic bioinformatics | 01/01/2006 | 07/31/2017 |   |
| 88235 | tissue culture for non-neoplastic disorders; amniotic fluid or chorionic villus cells | 04/01/2016 | 12/31/2018 |   |
| 88240 | cryopreservation, freezing and storage of cells, each cell line | 12/01/2015 | 10/31/2017 |   |
| 88241 | Thawing and expansion of frozen cells each aliquot | 09/01/2003 | 06/30/2018 |   |
| 88245 | Chrom.An-Break.Syn;25cls,Ct 5,1kary | 09/01/2003 | 06/30/2018 |   |
| 88248 | Chrom.An-Brk.Syn;100cls,Ct.20,2kary | 09/01/2003 | 06/30/2018 |   |
| 88249 | Chromosome analysis for breakage syndromes score 100 cells clastogen stress | 09/01/2003 | 06/30/2018 |   |
| 88261 | Chrom.Analy;ct.5 Cells,1 Kary,Band | 09/01/2003 | 06/30/2018 |   |
| 88263 | Chrom.Anal;ct.45 Clls-Mosaic,2 Kary | 09/01/2003 | 06/30/2018 |   |
| 88267 | Chromosome analysis, amniotic fluid or chorionic villus, count 15 cells, 1 karyotype, with banding | 04/01/2016 | 12/31/2018 |   |
| 88269 | Chromosome analysis, in situ for amniotic fluid cells, count cells from 6/12 colonies, 1 kayotype, with banding | 08/01/2016 | 12/31/2018 |   |
| 88271 | Molecular cytogenetics DNA probe each | 09/01/2003 | 06/30/2018 |   |
| 88272 | Molecular cytogenetics chromosomal in situ hybridization analyze 3-5 cells | 09/01/2003 | 06/30/2018 |   |
| 88273 | Molecular cypogenetics; chromosomal in situ hybridization, analyze 10-30 cells ( eg for microdeletions) | 08/01/2016 | 06/30/2018 |   |
| 88274 | Molecular cytogenetics interphase in situ hybridization analyze 25-99 cells | 09/01/2003 | 06/30/2018 |   |
| 88275 | Molecular cytogenetics interphase in situ hybridization analyze 100-300 cells | 09/01/2003 | 06/30/2018 |   |
| 88280 | Chromosome analysis; additional karyotypes, each study | 04/01/2016 | 04/30/2020 |   |
| 88283 | Chromosome Analy; Add. Specialized Bandi | 09/01/2003 | 06/30/2018 |   |
| 88285 | Chrom.Anal;add.Cell Counted,Ea Stdy | 09/01/2003 | 06/30/2018 |   |
| 88289 | Chrom.Anal;addtl High Resolutn Stdy | 09/01/2003 | 06/30/2018 |   |
| 88291 | Cytogenetics and molecular cytogenetics interpretation and report | 09/01/2003 | 06/30/2018 |   |
| 91111 | Gastrointestinal Tract Imaging, Intraluminal (Eg, Capsule Endoscopy), Esophagus with Physician Interpretation and Report | 01/01/2007 | 06/30/2020 |   |
| 91112 | Gastrointestinal Transit And Pressure Measurement, Stomach Through Colon, Wireless Capsule, W Interpretation And Report | 01/01/2013 | 10/31/2018 |   |
| 92597 | Evaluation for use of Voice Prosthetic | 01/01/2013 | 06/30/2017 |   |
| 92618 | Eval For Rx Non-Speech-Generating Augmentative And Alternative Communication Device, Face-To-Face W Pt; Ea Addl 30 Min | 01/01/2012 | 12/31/2014 |   |
| 93568 | Injection Procedure During Cardiac Cath; For Pulmonary Angiography | 10/01/2014 | 12/31/2015 |   |
| 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 | 09/01/2003 | 09/30/2016 |   |
| 93786 | Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; recording only | 09/01/2003 | 09/30/2016 |   |
| 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 | 09/01/2003 | 09/30/2016 |   |
| 93790 | Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; review with interpretation and report | 09/01/2003 | 09/30/2016 |   |
| 94669 | Mechanical chest wall oscillation to facilitate lung function, per session | 01/01/2014 | 12/31/2016 |   |
| 95782 | Polysomnography; Pt < 6 Yrs, Sleep Staging With 4 Or More Additional Parameters Of Sleep | 01/01/2013 | 07/31/2016 |   |
| 95783 | Polysomnography; Pt < 6 Yrs, Sleep Staging With 4 Or More Additional Parameters Of Sleep, W Cpap Or Bi-Level Ventilation | 01/01/2013 | 07/31/2016 |   |
| 95951 | Monit/Lateraliz Seiz EEG & Video 24 | 07/01/2006 | 11/30/2017 |   |
| 95970 | Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); simple or complex brain, spinal cord, or peripheral (ie, cranial nerve, peripheral nerve, sacral nerve, neuromuscular) neurostimulator pulse generator/transmitter, without reprogramming | 10/01/2016 | 03/31/2018 |   |
| 95974 | Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex cranial nerve neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, with or without nerve interface testing, first hour | 10/01/2016 | 06/30/2018 |   |
| 95975 | Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex cranial nerve neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, each additional 30 minutes after first hour (List separately in addition to code for primary procedure) | 10/01/2016 | 06/30/2018 |   |
| 95976 | Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with simple cranial nerve neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional | 01/01/2019 | 12/31/2019 |   |
| 95977 | Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with complex cranial nerve neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional | 01/01/2019 | 12/31/2019 |   |
| 95978 | Electronic Analysis Implanted Neurostimulator Pulse Generator System, Complex Deep Brain System, W Programming; First Hr | 07/01/2010 | 12/31/2018 |   |
| 95979 | Electronic Analysis Implanted Neurostim Pulse Generator System, Complex Deep Brain System, W Programming; Ea Addl 30 Min | 07/01/2010 | 12/31/2018 |   |
| 95983 | Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain neurostimulator pulse generator/transmitter programming, first 15 minutes face-to-face time with physician or other qualified health care professional | 01/01/2019 | 12/31/2019 |   |
| 95984 | Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain neurostimulator pulse generator/transmitter programming, each additional 15 minutes face-to-face time with physician or other qualified health care professional (List separately in addition to code for primary procedure) | 01/01/2019 | 12/31/2019 |   |
| 96040 | Medical Genetics and Genetic Counseling Services, Each 30 Minutes Face-To-Face with Patient/Family | 01/01/2007 | 12/31/2015 |   |
| 96118 | Neuropsychological testing, per hr psychologist/physician time, patient time and interpretation/report time | 01/01/2006 | 12/31/2018 |   |
| 96119 | Neuropsych testing, qualified health care professional interp&report,admin by technician, per hr tech time, face-to-face | 01/01/2006 | 12/31/2018 |   |
| 96120 | Neuropsychological testing, administered by a computer, w qualified health care professional interpretation and report | 01/01/2006 | 08/31/2015 |   |
| 97607 | Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management colle | 01/01/2015 | 12/31/2018 |   |
| 97608 | Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management colle | 01/01/2015 | 12/31/2018 |   |
| 0002U | Oncology (colorectal), quantitative assessment of three urine metabolites (ascorbic acid, succinic acid and carnitine) by liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring acquisition, algorithm reported as likelihood of adenomatous polyps | 07/01/2017 | 09/30/2017 |   |
| 0008M | Oncology (breast), mRNA analysis of 58 genes using hybrid capture, on formalin-fixed paraffin-embedded (FFPE) tissue, prognostic algorithm reported as a risk score | 09/01/2017 | 12/31/2017 |   |
| 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 | 10/01/2017 | 10/31/2020 |   |
| 0051T | Implantation of a total replacement heart system (artificial heart) with recipient cardiectomy | 07/01/2012 | 12/31/2017 |   |
| 0052T | Replacement/repair of thoracic unit of a total replacement heart system (artificial heart) | 07/01/2012 | 12/31/2016 |   |
| 0053T | Replacement/repair of implantable component(s)of total replacement heart system (artificial heart) excl thoracic unit | 07/01/2012 | 12/31/2016 |   |
| 0058T | Cryopreservation; Reproductive Tissue, Ovarian | 01/01/2009 | 12/31/2019 |   |
| 0081U | Oncology (uveal melanoma), mRNA, gene-expression profiling by real-time RT-PCR of 15 genes (12 content and 3 housekeeping genes), utilizing fine needle aspirate or formalin-fixed paraffin-embedded tissue, algorithm reported as risk of metastasis | 06/01/2019 | 12/31/2019 |   |
| 0124U | Fetal congenital abnormalities, biochemical assays of 3 analytes (free beta-hCG, PAPP-A, AFP), time-resolved fluorescence immunoassay, maternal dried-blood spot, algorithm reported as risk scores for fetal trisomies 13/18 and 21 | 10/01/2019 | 06/30/2020 |   |
| 0169T | Stereotactic placement of infusion catheter(s) in the brain for delivery of therapeutic agent(s), including computerized stereotactic planning and burr hole(s). | 02/01/2016 | 12/31/2016 |   |
| 0171T | Insertion of posterior spinous process distraction device, lumbar, single level | 04/01/2007 | 11/30/2015 |   |
| 0172T | Insertion of posterior spinous process distraction device, lumbar, each additional level | 04/01/2007 | 11/30/2015 |   |
| 0180T | 64 Lead ECG w Interpretatation and Report Only | 01/01/2012 | 12/31/2017 |   |
| 0188T | Remote real-time interactive videoconferenced critical care, evaluation and management of the critically ill or critical | 07/01/2008 | 12/31/2018 |   |
| 0189T | Remote real-time interactive videoconferenced critical care, evaluation and management of the critically ill or critical | 07/01/2008 | 12/31/2018 |   |
| 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) | 10/01/2017 | 12/31/2017 |   |
| 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 | 10/01/2017 | 12/31/2019 |   |
| 0208T | Pure tone audiometry (threshold), automated (includes use of computer-assisted device); air only | 01/01/2010 | 12/31/2015 |   |
| 0209T | Pure tone audiometry (threshold), automated (includes use of computer-assisted device); air and bone | 01/01/2010 | 12/31/2015 |   |
| 0210T | Speech audiometry threshold, automated (includes use of computer-assisted device); | 01/01/2010 | 12/31/2015 |   |
| 0211T | Speech audiometry threshold, automated (includes use of computer-assisted device); with speech recognition | 01/01/2010 | 12/31/2015 |   |
| 0212T | Comprehensive audiometry threshold evaluation and speech recognition (0209T, 0211T combined), automated (includes use of | 01/01/2010 | 12/31/2015 |   |
| 0223T | Acoustic cardiography, including automated analysis of combined acoustic and electrical intervals; single, with interp | 07/01/2010 | 06/30/2015 |   |
| 0224T | Acoustic cardiography, including automated analysis of combined acoustic and electrical intervals; multiple, AV or W del | 07/01/2010 | 06/30/2015 |   |
| 0225T | Acoustic cardiography, including automated analysis of combined acoustic and electrical intervals; multiple, serial tren | 07/01/2010 | 06/30/2010 |   |
| 0228T | Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, cervical or thoracic; | 06/01/2015 | 09/30/2015 |   |
| 0230T | Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, lumbar or sacral; sing | 06/01/2015 | 09/30/2015 |   |
| 0282T | Percutaneous Or Open Implantation Of Neurostimulator Electrode Array(s), Subcutaneous; For Trial | 01/01/2012 | 12/31/2016 |   |
| 0284T | Revision Or Removal Of Pulse Generator Or Electrodes Including Addition Of New Electrodes, When Performed | 01/01/2012 | 12/31/2016 |   |
| 0293T | Insertion of left atrial hemodynamic monitor; complete system, includes implanted communication module and pressure sensor lead in left atrium including transseptal access, radiological supervision and interpretation, and associated injection procedures, when performed | 10/01/2017 | 12/31/2017 |   |
| 0294T | Insertion of left atrial hemodynamic monitor; pressure sensor lead at time of insertion of pacing cardioverter-defibrillator pulse generator including radiological supervision and interpretation and associated injection procedures, when performed (List separately in addition to code for primary procedure) | 10/01/2017 | 12/31/2017 |   |
| 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, rev | 01/01/2012 | 04/30/2019 |   |
| 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) | 01/01/2012 | 04/30/2019 |   |
| 0297T | External electrocardiographic recording for more than 48 hours up to 21 days by continuous rhythm recording and storage; scanning analysis with report | 01/01/2012 | 04/30/2019 |   |
| 0298T | External electrocardiographic recording for more than 48 hours up to 21 days by continuous rhythm recording and storage; review and interpretation | 01/01/2012 | 04/30/2019 |   |
| 0309T | Arthrodesis, Pre-Sacral Interbody Technique, W Posterior Instrumentation, Lumbar, L4-L5 Interspace | 01/01/2013 | 12/31/2017 |   |
| 0310T | Motor Function Mapping Using Non-Invasive Navigated Transcranial Magnetic Stimulation (Ntms), Upper And Lower Extremity | 01/01/2013 | 02/28/2017 |   |
| 0311T | Non-Invasive Calculation And Analysis Of Central Arterial Pressure Waveforms With Interpretation And Report | 01/01/2013 | 12/31/2015 |   |
| 0318T | Implantation Of Catheter-Delivered Prosthetic Aortic Heart Valve, Open Thoracic Approach | 01/01/2013 | 12/31/2013 |   |
| 0319T | Insertion Or Replacement Of Subcutaneous Implantable Defibrillator System With Subcutaneous Electrode | 01/01/2013 | 12/31/2014 |   |
| 0320T | Insertion Of Subcutaneous Defibrillator Electrode | 01/01/2013 | 12/31/2014 |   |
| 0321T | Insertion Of Subcutaneous Implantable Defibrillator Pulse Generator Only With Existing Subcutaneous Electrode | 01/01/2013 | 12/31/2014 |   |
| 0322T | Removal Of Subcutaneous Implantable Defibrillator Pulse Generator Only | 01/01/2013 | 12/31/2014 |   |
| 0323T | Removal Of Subcutaneous Implantable Defibrillator Pulse Generator With Replacement Of Generator Only | 01/01/2013 | 12/31/2014 |   |
| 0324T | Removal Of Subcutaneous Defibrillator Electrode | 01/01/2013 | 12/31/2014 |   |
| 0325T | Repositioning Of Subcutaneous Implantable Defibrillator Electrode And/Or Pulse Generator | 01/01/2013 | 12/31/2014 |   |
| 0326T | Electrophysiologic Evaluation Of Subcutaneous Implantable Defibrillator | 01/01/2013 | 12/31/2014 |   |
| 0327T | Interrogation Device Eval (In Person) W Analysis, Review And Report; Implantable Subcutaneous Lead Defibrillator System | 01/01/2013 | 12/31/2014 |   |
| 0328T | Programming Device Evaluation (In Person) With Iterative Adjustment; Implantable Subcutaneous Lead Defibrillator System | 01/01/2013 | 12/31/2014 |   |
| 0329T | Monitoring of intraocular pressure for 24 hours or longer, unilateral or bilateral, with interpretation and report | 07/01/2003 | 09/30/2017 |   |
| 0337T | Endothelial function assessment, using peripheral vascular response to reactive hyperemia, non-invasive (eg, brachial artery ultrasound, peripheral artery tonometry), unilater | 01/01/2014 | 12/31/2015 |   |
| 0357T | Cryopreservation; immature oocyte(s) | 01/01/2015 | 12/31/2016 |   |
| 0359T | Behavior identification assessment, by the physician or other qualified health care professional, face-to-face with patient and caregiver(s), includes administration of standardized and non-standardized tests, detailed behavioral history, patient observation and caregiver interview, interpretation of test results, discussion of findings and recommendations with the primary guardian(s)/caregiver(s), and preparation of report | 06/01/2016 | 03/31/2017 |   |
| 0360T | Observational behavioral follow-up assessment, includes physician or other qualified health care professional direction with interpretation and report, administered by one technician; first 30 minutes of technician time, face-to-face with the patient | 06/01/2016 | 03/31/2017 |   |
| 0361T | Observational behavioral follow-up assessment, includes physician or other qualified health care professional direction with interpretation and report, administered by one technician; each additional 30 minutes of technician time, face-to-face with the patient | 06/01/2016 | 03/31/2017 |   |
| 0363T | Exposure behavioral follow-up assessment, includes physician or other qualified health care professional direction with interpretation and report, administered by physician or other qualified health care professional with the assistance of one or more technicians; each additional 30 minutes of technician(s) time,  face-to-face with the patient | 06/01/2016 | 03/31/2017 |   |
| 0364T | Adaptive behavior treatment by protocol, administered by technician, face-to-face with one patient; first 30 minutes of technician time | 06/01/2016 | 03/31/2017 |   |
| 0365T | Adaptive behavior treatment by protocol, administered by technician, face-to-face with one patient; each additional 30 minutes of technician time | 06/01/2016 | 03/31/2017 |   |
| 0366T | Group adaptive behavior treatment by protocol, administered by technician, face-to-face with two or more patients; first 30 minutes of technician time | 10/01/2017 | 12/31/2018 |   |
| 0367T | Group adaptive behavior treatment by protocol, administered by technician, face-to-face with two or more patients; each additional 30 minutes of technician time | 06/01/2016 | 03/31/2017 |   |
| 0368T | Adaptive behavior treatment with protocol modification administered by physician or other qualified health care professional with one patient; first 30 minutes of patient face-to-face time | 06/01/2016 | 03/31/2017 |   |
| 0369T | Adaptive behavior treatment with protocol modification administered by physician or other qualified health care professional with one patient; each additional 30 minutes of patient face-to-face time | 06/01/2016 | 03/31/2017 |   |
| 0370T | Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present) | 06/01/2016 | 03/31/2017 |   |
| 0371T | Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present) | 06/01/2016 | 03/31/2017 |   |
| 0372T | Adaptive behavior treatment social skills group, administered by physician or other qualified health care professional face-to-face with multiple patients | 06/01/2016 | 03/31/2017 |   |
| 0373T | Exposure adaptive behavior treatment with protocol modification requiring two or more technicians for severe maladaptive behavior(s); first 60 minutes of technicians' time, face-to-face with patient | 06/01/2016 | 03/31/2017 |   |
| 0374T | Exposure adaptive behavior treatment with protocol modification requiring two or more technicians for severe maladaptive behavior(s); each additional 30 minutes of technicians' time face-to-face with patient (List separately in addition to code for primary procedure) | 06/01/2016 | 03/31/2017 |   |
| 0375T | Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophytectomy for nerve root or spinal cord decompres | 01/01/2015 | 11/30/2015 |   |
| 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) | 10/01/2017 | 06/30/2020 |   |
| 0377T | Anoscopy with directed submucosal injection of bulking agent for fecal incontinence | 01/01/2015 | 02/28/2017 |   |
| 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 | 01/01/2015 | 09/30/2017 |   |
| 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 | 01/01/2015 | 09/30/2017 |   |
| 0380T | Computer-aided animation and analysis of time series retinal images for the monitoring of disease progression, unilateral or bilateral, with interpretation and report | 10/01/2017 | 12/31/2019 |   |
| 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 nocturn | 01/01/2015 | 09/30/2017 |   |
| 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 for the purposes of diagnosing nocturn | 01/01/2015 | 09/30/2017 |   |
| 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 noctur | 01/01/2015 | 09/30/2017 |   |
| 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 noctur | 01/01/2015 | 09/30/2017 |   |
| 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 nocturn | 01/01/2015 | 09/30/2017 |   |
| 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 nocturn | 01/01/2015 | 09/30/2017 |   |
| 0387T | Transcatheter insertion or replacement of permanent leadless pacemaker, ventricular | 01/01/2015 | 11/30/2015 |   |
| 0388T | Transcatheter removal of permanent leadless pacemaker, ventricular | 01/01/2015 | 11/30/2015 |   |
| 0389T | 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 | 01/01/2015 | 11/30/2015 |   |
| 0390T | Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure or test with analysis, review and report, leadle | 01/01/2015 | 11/30/2015 |   |
| 0391T | Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording and disconnection per patient encounter, leadless pacemaker system | 01/01/2015 | 11/30/2015 |   |
| 0392T | Laparoscopy, surgical, esophageal sphincter augmentation procedure, placement of sphincter augmentation device (ie, magnetic band) | 07/01/2015 | 05/31/2016 |   |
| 0393T | Removal of esophageal sphincter augmentation device | 07/01/2015 | 05/31/2016 |   |
| 0394T | High dose rate electronic brachytherapy, skin surface application, per fraction, includes basic dosimetry, when performed | 01/01/2016 | 12/31/2017 |   |
| 0395T | High dose rate electronic brachytherapy, interstitial or intracavitary treatment, per fraction, includes basic dosimetry, when performed | 01/01/2016 | 12/31/2017 |   |
| 0431T | Removal and replacement of neurostimulator system for treatment of central sleep apnea, pulse generator only | 01/01/2016 | 09/30/2017 |   |
| 0438T | Transperineal placement of biodegradable material, peri-prostatic (via needle), single or multiple, includes image guidance | 10/01/2017 | 12/31/2017 |   |
| 0441T | Ablation, percutaneous, cryoablation, includes imaging guidance; lower extremity distal/peripheral nerve | 10/01/2017 | 05/31/2018 |   |
| 0443T | Real time spectral analysis of prostate tissue by fluorescence spectroscopy | 10/01/2016 | 09/30/2017 |   |
| 0444T | Initial placement of a drug-eluting ocular insert under one or more eyelids, including fitting, training, and insertion, unilateral or bilateral | 10/01/2016 | 09/30/2017 |   |
| 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 | 10/01/2016 | 09/30/2017 |   |
| 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) | 01/01/2017 | 04/30/2020 |   |
| 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 | 01/01/2017 | 04/30/2020 |   |
| 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 | 01/01/2017 | 04/30/2020 |   |
| 0454T | Insertion or replacement of a permanently implantable aortic counterpulsation ventricular assist system, endovascular approach, and programming of sensing and therapeutic parameters; subcutaneous electrode | 01/01/2017 | 04/30/2020 |   |
| 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 | 01/01/2017 | 04/30/2020 |   |
| 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 | 01/01/2017 | 04/30/2020 |   |
| A4467 | Belt, strap, sleeve, garment, or covering, any type | 01/01/2017 | 03/31/2019 |   |
| A4660 | Sphygmomanometer/blood pressure apparatus with cuff and stethoscope | 12/01/2015 | 09/30/2016 |   |
| A4663 | Blood pressure cuff only | 12/01/2015 | 09/30/2016 |   |
| A4670 | Automatic blood pressure monitor | 12/01/2015 | 09/30/2016 |   |
| A7025 | High Frequency Chest Wall Oscillation System Vest, Replacement For Use | 09/01/2003 | 10/31/2017 |   |
| A7026 | High Frequency Chest Wall Oscillation System Hose, Replacement For Use | 09/01/2003 | 10/31/2017 |   |
| A9274 | External ambulatory insulin delivery system, disposable, each, includes all supplies and accessories | 7/1/2008 | 01/31/2021 |   |
| C1821 | Interspinous implant | 10/01/2009 | 11/30/2015 |   |
| C1888 | Catheter, Ablation, Non-Cardiac, Endovascular (Implantable) | 03/01/2010 | 10/31/2015 |   |
| C2614 | Probe, Percutaneous Lumbar Discectomy | 03/01/2010 | 11/30/2019 |   |
| C9036 | Injection, patisiran, 0.1 mg | 01/01/2019 | 09/30/2019 |   |
| C9038 | Injection, mogamulizumab-kpkc, 1 mg | 01/01/2019 | 09/30/2019 |   |
| C9040 | Injection, fremanezumab-vfrm, 1mg | 04/01/2019 | 09/30/2019 |   |
| C9042 | Injection, bendamustine hcl (belrapzo), 1 mg | 04/01/2019 | 06/30/2019 |   |
| C9044 | Injection, cemiplimab-rwlc, 1 mg | 04/01/2019 | 09/30/2019 |   |
| C9045 | Injection, moxetumomab pasudotox-tdfk, 0.01 mg | 04/01/2019 | 09/30/2019 |   |
| C9049 | Injection, tagraxofusp-erzs, 10 mcg | 07/01/2019 | 09/30/2019 |   |
| C9050 | Injection, emapalumab-lzsg, 1 mg | 07/01/2019 | 09/30/2019 |   |
| C9052 | Injection, ravulizumab-cwvz, 10 mg | 07/01/2019 | 09/30/2019 |   |
| C9055 | Injection, brexanolone, 1mg | 01/01/2020 | 09/30/2020 |   |
| C9061 | Injection, teprotumumab-trbw, 10 mg | 07/01/2020 | 09/30/2020 |   |
| C9062 | Injection, daratumumab 10 mg and hyaluronidase-fihj | 10/01/2020 | 12/31/2020 |   |
| C9063 | Injection, eptinezumab-jjmr, 1 mg | 07/01/2020 | 09/30/2020 |   |
| C9066 | Injection, sacituzumab govitecan-hziy, 10 mg | 10/01/2020 | 12/31/2020 |   |
| C9407 | Iodine i-131 iobenguane, diagnostic, 1 millicurie | 01/01/2019 | 12/31/2019 |   |
| C9408 | Iodine i-131 iobenguane, therapeutic, 1 millicurie | 01/01/2019 | 12/31/2019 |   |
| C9727 | Insertion of implants into the soft palate:min of three implants | 03/01/2010 | 11/30/2019 |   |
| E0483 | High frequency chest wall oscillation air-pulse generator system, (includes hoses and vest), each | 09/01/2003 | 10/31/2017 |   |
| E0617 | External defibrillator with integrated electrocardiogram analysis | 01/01/2009 | 08/31/2020 |   |
| E0628 | Separate seat lift mechanism for use with patient owned furniture - electric | 10/01/2007 | 12/31/2016 |   |
| E0675 | Pneumatic compression device, high pressure, rapid inflation/deflation cycle | 10/01/2015 | 12/31/2018 |   |
| E0676 | Intermittent limb compression device (includes all accessories), not otherwise specified | 04/01/2014 | 12/31/2018 |   |
| E0784 | External ambulatory infusion pump, insulin | 09/01/2003 | 01/31/2021 |   |
| E0787 | External ambulatory infusion pump, insulin, dosage rate adjustment using therapeutic continuous glucose sensing | 01/01/2020 | 01/31/2021 |   |
| E0988 | Manual Wheelchair Accessory, Lever-Activated, Wheel Drive, Pair | 07/01/2013 | 06/30/2020 |   |
| E1012 | Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each | 01/01/2016 | 06/30/2020 |   |
| E1800 | Dynamic adjustable elbow extension/flexion device, includes soft interface material | 03/01/2010 | 06/30/2018 |   |
| E1801 | SPS elbow device w/ or w/o range of motion adjustment, includes all components & accessories | 03/01/2010 | 06/30/2018 |   |
| E1802 | Dynamic Adjustable Forearm Pronation/Supination Device, Inc Soft Inter | 03/01/2010 | 06/30/2018 |   |
| E1805 | Dynamic adjustable wrist extension/flexion device, includes soft interface material | 03/01/2010 | 06/30/2018 |   |
| E1806 | SPS wrist device w/ or w/o range of motion adjustment, includes all components & accessories | 03/01/2010 | 06/30/2018 |   |
| E1810 | Dynamic adjustable knee extension/flexion device, includes soft interface material | 03/01/2010 | 06/30/2018 |   |
| E1811 | SPS knee device w/ or w/o range of motion adjustment, includes all components and accessories | 03/01/2010 | 06/30/2018 |   |
| E1812 | Dynamic knee, extension/flexion device with active resistance control | 03/01/2010 | 06/30/2018 |   |
| E1818 | SPS forearm pronation/supination device w/ or w/o range of motion adjustment, includes all components & accessories | 03/01/2010 | 06/30/2018 |   |
| E1820 | Replacement soft interface material, dynamic adjustable extension/flexion device | 03/01/2010 | 06/30/2018 |   |
| E1821 | Replacement soft interface material/cuffs for bi-directional static progressive stretch device | 03/01/2010 | 06/30/2018 |   |
| E1825 | Dynamic adjustable finger extension/flexion device, includes soft interface material | 03/01/2010 | 06/30/2018 |   |
| E2359 | Power Wheelchair Accessory, Group 34 Sealed Lead Acid Battery, Each (E.G. Gel Cell, Absorbed Glassmat) | 01/01/2012 | 08/31/2019 |   |
| E2500 | Speech generating device, digitized speech, using pre-recorded messages, 8 min. or less | 01/01/2006 | 03/31/2019 |   |
| E2502 | Speech generating device, digitized speech, using pre-recorded messages, 8-20 min. | 01/01/2006 | 03/31/2019 |   |
| E2504 | Speech generating device, digitized speech, using pre-recorded messages, 20-40 min. | 01/01/2006 | 03/31/2019 |   |
| E2506 | Speech generating device, digitized speech, using pre-recorded messages, over 40 min. | 01/01/2006 | 03/31/2019 |   |
| E2508 | Speech generating device, synthesized speech, requiring message formulation by spelling | 01/01/2006 | 03/31/2019 |   |
| E2510 | Speech generating device, synthesized speech, permitting multiple methods | 01/01/2006 | 03/31/2019 |   |
| E2511 | Speech generating software program, for personal computer or personal digital assistant | 01/01/2006 | 03/31/2019 |   |
| E2512 | Accessory for speech generating device, mounting system | 01/01/2006 | 03/31/2019 |   |
| E2622 | Adj skin pro w/c cus wd<22in | 07/01/2013 | 06/30/2020 |   |
| E2623 | Adj skin pro wc cus wd>=22in | 07/01/2013 | 06/30/2020 |   |
| E2624 | Adj skin pro/pos cus<22in | 07/01/2013 | 06/30/2020 |   |
| E2625 | Adj skin pro/pos wc cus>=22 | 07/01/2013 | 06/30/2020 |   |
| G0068 | Professional services for the administration of anti-infective, pain management, chelation, pulmonary hypertension, and/or inotropic infusion drug(s) for each infusion drug administration calendar day in the individual's home, each 15 minutes | 01/01/2019 | 12/31/2020 |   |
| G0237 | Therapeutic procedures to increase strength or endurance of respiratory muscles, face to face, one on one, each 15 minut | 10/01/2008 | 03/31/2017 |   |
| G0238 | Therapeutic procedures to improve respiratory function , other than described by G0237, one on one, face to face, per | 10/01/2008 | 03/31/2017 |   |
| G0239 | Therapeutic procedures to improve respiratory function , other than services described by G0237, two or more (includes m | 10/01/2008 | 03/31/2017 |   |
| G0276 | Blinded procedure for lumbar stenosis, percutaneous image-guided lumbar decompression (PILD) or placebo-control, performed in an approved coverage with evidence development (C | 01/01/2015 | 02/29/2020 |   |
| G0297 | Low Dose CT scan (LDCT) for lung cancer screening | 07/01/2007 | 12/31/2020 | Yes |
| G0302 | Pre-operative pulmonary surgery services for preparation for lvrs, complete | 10/01/2008 | 12/31/2015 |   |
| G0303 | Pre-operative pulmonary surgery services for preparation for lvrs, 10 to 15 | 10/01/2008 | 12/31/2015 |   |
| G0304 | Pre-operative pulmonary surgery services for preparation for lvrs, 1 to 9 days | 10/01/2008 | 12/31/2015 |   |
| G0305 | Post-discharge pulmonary surgery services after lvrs, minimum of 6 days | 10/01/2008 | 12/31/2015 |   |
| G0341 | Percutaneous islet celltrans | 09/01/2003 | 12/31/2019 |   |
| G0342 | Laparoscopy islet cell trans | 09/01/2003 | 12/31/2019 |   |
| G0343 | Laparotomy islet cell transp | 09/01/2003 | 12/31/2019 |   |
| G0416 | Surgical pathology, gross and microscopic examinations, for prostate needle biopsy, any method, 10-20 specimens | 10/01/2015 | 03/31/2016 |   |
| G0424 | Pulmonary rehabilitation, including exercise (includes monitoring), one hour, per session, up to two sessions per day | 01/01/2010 | 03/31/2017 |   |
| G0500 | Moderate sedation services provided by the same physician or other qualified health care professional performing a gastrointestinal endoscopic service that sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intra-service time; patient age 5 years or older (additional time may be reported with 99153, as appropriate) | 01/01/2017 | 02/27/2017 |   |
| G9708 | Women who had a bilateral mastectomy or who have a history of a bilateral mastectomy or for whom there is evidence of a right and a left unilateral mastectomy | 01/01/2017 | 05/31/2018 |   |
| J0220 | Aglucosidase alfa injection | 01/01/2008 | 06/30/2019 |   |
| J0585 | J0585- Injection, onabotulinumtoxina, 1 unit | 01/01/2012 | 12/31/2018 |   |
| J0586 | J0586- Injection, abobotulinumtoxina, 5 units | 01/01/2012 | 12/31/2018 |   |
| J0587 | J0587- Injection, rimabotulinumtoxinb, 100 units | 01/01/2012 | 12/31/2018 |   |
| J0588 | J0588- Injection, incobotulinumtoxin a, 1 unit | 01/01/2012 | 12/31/2018 |   |
| J0882 | Darbepoetin alfa, esrd use | 09/01/2003 | 07/31/2019 |   |
| J0886 | Epoetin alfa, esrd | 09/01/2003 | 07/31/2019 |   |
| J0887 | Injection, epoetin beta, 1 microgram (for ESRD on dialysis) | 01/01/2015 | 07/31/2019 |   |
| J0897 | Injection, denosumab, 1 mg | 01/01/2012 | 03/01/2020 |   |
| J1833 | Injection, isavuconazonium, 1 mg | 01/01/2016 | 02/28/2019 |   |
| J2350 | Injection, ocrelizumab, 1 mg | 01/01/2018 | 06/30/2019 |   |
| J7313 | Injection, fluocinolone acetonide, intravitreal implant, 0.01 mg | 01/01/2016 | 02/28/2017 |   |
| J7316 | Injection, ocriplasmin 0.125 mg | 01/01/2014 | 03/31/2017 |   |
| J7325 | Synvisc or Synvisc-One | 08/01/2014 | 12/31/2017 |   |
| K0606 | Automatic external defibrillator, with integrated electrocardiogram analysis, garment type | 01/01/2009 | 08/31/2020 |   |
| K0899 | Power mobility device, not coded by DME PDAC or does not meet criteria | 01/01/2007 | 06/30/2020 |   |
| L5930 | Addition, endoskeletal system, high activity knee control frame | 02/01/2014 | 02/01/2014 |   |
| L6026 | Transcarpal/metacarpal or partial hand disarticulation prosthesis, external power, self-suspended, inner socket with removable forearm section, electrodes and cables, two batteries, charger, myoelectric control of terminal device, excludes terminal device(s | 01/01/2015 | 12/31/2019 |   |
| L7368 | Lithium ion battery charger, replacement only | 01/01/2015 | 01/31/2021 |   |
| L8605 | Injectable bulking agent, dextranomer/hyaluronic acid copolymer implant, anal canal, 1 ml, includes shipping and necessary supplies | 08/01/2015 | 03/31/2016 |   |
| L8621 | Zinc air battery for use w/ cochlear implant device, replacement, each | 05/01/2010 | 06/30/2017 |   |
| L8622 | Alkaline battery for use w/ cochlear implant device, any size, replacement | 05/01/2010 | 06/30/2017 |   |
| M0300 | IV chelation therapy (chemical endarterectomy) | 12/01/2014 | 11/30/2017 |   |
| Q0479 | Power module combo vad, rep | 03/01/2011 | 12/31/2016 |   |
| Q0480 | Driver pneumatic vad, rep | 05/01/2010 | 12/31/2016 |   |
| Q0481 | Microprcsr cu elec vad, rep | 05/01/2010 | 12/31/2016 |   |
| Q0482 | Microprcsr cu combo vad, rep | 05/01/2010 | 12/31/2016 |   |
| Q0483 | Monitor elec vad, rep | 05/01/2010 | 12/31/2016 |   |
| Q0484 | Monitor elec or comb vad rep | 05/01/2010 | 12/31/2016 |   |
| Q0485 | Monitor cable elec vad, rep | 05/01/2010 | 12/31/2016 |   |
| Q0486 | Mon cable elec/pneum vad rep | 05/01/2010 | 12/31/2016 |   |
| Q0487 | Leads any type vad, rep only | 05/01/2010 | 12/31/2016 |   |
| Q0488 | Pwr pack base elec vad, rep | 05/01/2010 | 12/31/2016 |   |
| Q0489 | Pwr pck base combo vad, rep | 05/01/2010 | 12/31/2016 |   |
| Q0490 | EMR pwr source elec vad, rep | 05/01/2010 | 12/31/2016 |   |
| Q0491 | EMR pwr source combo vad rep | 05/01/2010 | 12/31/2016 |   |
| Q0506 | Battery, lithium-ion, for use with electric or electric/pneumatic ventricular assist device, replacement only | 01/01/2017 | 03/31/2018 |   |
| Q2040 | Tisagenlecleucel, up to 250 million car-positive viable t cells, including leukapheresis and dose preparation procedures, per infusion | 01/01/2018 | 12/31/2018 |   |
| Q4081 | Epoetin alfa, 100 units ESRD | 01/01/2007 | 07/31/2019 |   |
| Q4110 | Skin substitute, Primatrix, per square centimeter | 09/01/2011 | 05/31/2018 |   |
| Q4114 | Integra flowable wound matrix, injectable, 1 cc | 07/01/2009 | 05/31/2018 |   |
| Q4117 | Hyalomatrix | 03/01/2011 | 05/31/2018 |   |
| Q4118 | Matristem micromatrix | 03/01/2011 | 05/31/2018 |   |
| Q4119 | Matristem wound matrix | 03/01/2011 | 12/31/2016 |   |
| Q4120 | Matristem burn matrix | 03/01/2011 | 12/31/2016 |   |
| Q4123 | Alloskin rt, per square centimeter | 01/01/2012 | 05/31/2018 |   |
| Q4125 | Arthroflex, per square centimeter | 01/01/2012 | 05/31/2018 |   |
| Q4127 | Talymed, per square centimeter | 01/01/2012 | 05/31/2018 |   |
| Q4129 | Unite biomatrix, per square centimeter | 01/01/2012 | 12/31/2016 |   |
| Q4130 | Strattice tm, per square centimeter | 01/01/2012 | 05/31/2018 |   |
| Q4134 | hMatrix | 01/01/2013 | 05/31/2018 |   |
| Q4135 | Mediskin | 01/01/2013 | 05/31/2018 |   |
| Q4136 | EZderm | 01/01/2013 | 05/31/2018 |   |
| Q4166 | Cytal, per square centimeter | 01/01/2017 | 05/31/2018 |   |
| Q4167 | Truskin, per square centimeter | 01/01/2017 | 05/31/2018 |   |
| Q4168 | Amnioband, 1 mg | 01/01/2017 | 05/31/2018 |   |
| Q4169 | Artacent wound, per square centimeter | 01/01/2017 | 05/31/2018 |   |
| Q4170 | Cygnus, per square centimeter | 01/01/2017 | 05/31/2018 |   |
| Q4171 | Interfyl, 1 mg | 01/01/2017 | 05/31/2018 |   |
| Q4172 | Puraply or puraply am, per square centimeter | 01/01/2017 | 05/31/2018 |   |
| Q4173 | Palingen or palingen xplus, per square centimeter | 01/01/2017 | 05/31/2018 |   |
| Q4174 | Palingen or promatrx, 0.36 mg per 0.25 cc | 01/01/2017 | 05/31/2018 |   |
| Q4175 | Miroderm, per square centimeter | 01/01/2017 | 05/31/2018 |   |
| Q5105 | Injection, epoetin alfa, biosimilar, (Retacrit) (for esrd on dialysis), 100 units | 07/01/2018 | 07/31/2019 |   |
| Q5108 | Injection, pegfilgrastim-jmdb, biosimilar, (fulphila), 0.5 mg | 10/01/2018 | 05/01/2019 |   |
| Q5110 | Injection, filgrastim-aafi, biosimilar, (nivestym), 1 microgram | 10/01/2018 | 05/01/2019 |   |
| Q5111 | Injection, Pegfilgrastim-cbqv, biosimilar, (udenyca), 0.5 mg | 01/01/2019 | 05/01/2019 |   |
| S1034 | Artificial pancreas device system (e.g., low glucose suspend (lgs) feature) including continuous glucose monitor, blood glucose device, insulin pump and computer algorithm that communicates with all of the devices | 11/01/2017 | 01/31/2021 |   |
| S1035 | Sensor; invasive (e.g., subcutaneous), disposable, for use with artificial pancreas device system | 11/01/2017 | 01/31/2021 |   |
| S1036 | Transmitter; external, for use with artificial pancreas device system | 11/01/2017 | 01/31/2021 |   |
| S1037 | Receiver (monitor); external, for use with artificial pancreas device system | 11/01/2017 | 01/31/2021 |   |
| S1040 | Cranial Remodeling Orthosis, Rigid W/Soft Interface Material | 08/01/2014 | 03/31/2017 |   |
| S8032 | Low-dose Computed Tomography For Lung Cancer Screening | 01/01/2015 | 09/30/2016 | Yes |
| S9472 | Cardiac rehabilitation program, non-physician provider, per diem | 10/01/2008 | 05/31/2015 |   |
| S9473 | Pulmonary Rehabilitation Pro | 05/01/2010 | 10/31/2017 |   |