

# Evaluation and Management

Code	Description of Services
59430	Postpartum Care Only (Separate Procedure)
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
93015	Cardiovascular Stress Test Using Maximal Or Submaximal Treadmill Or Bicycle Exercise, Continuous Electrocardiographic Monitoring, And/Or Pharmacological Stress; With Supervision, Interpretation And Report
93016	Cardiovascular Stress Test Using Maximal Or Submaximal Treadmill Or Bicycle Exercise, Continuous Electrocardiographic Monitoring, And/Or Pharmacological Stress; Supervision Only, Without Interpretation And Report
93018	Cardiovascular Stress Test Using Maximal Or Submaximal Treadmill Or Bicycle Exercise, Continuous Electrocardiographic Monitoring, And/Or Pharmacological Stress; Interpretation And Report Only
93042	Rhythm Ecg, One To Three Leads; Interpretation And Report Only
93306	Echocardiography, Transthoracic, Real-Time With Image Documentation (2d), Includes M-Mode Recording, When Performed, Complete, With Spectral Doppler Echocardiography, And With Color Flow Doppler Echocardiography
93308	Echocardiography, Transthoracic, Real-Time With Image Documentation (2d), Includes M-Mode Recording, When Performed, Follow-Up Or Limited Study
93312	Echocardiography, Transesophageal, Real Time With Image Documentation (2d) (With Or Without M-Mode Recording); Including Probe Placement, Image Acquisition, Interpretation And Report
93320	Doppler Echocardiography, Pulsed Wave And/Or Continuous Wave With Spectral Display (List Separately In Addition To Codes For Echocardiographic Imaging); Complete
93321	Doppler Echocardiography, Pulsed Wave And/Or Continuous Wave With Spectral Display (List Separately In Addition To Codes For Echocardiographic Imaging); Follow-Up Or Limited Study (List Separately In Addition To Codes For Echocardiographic Imaging)
93325	Doppler Echocardiography Color Flow Velocity Mapping (List Separately In Addition To Codes For Echocardiography)

Code	Description of Services
93350	Echocardiography, Transthoracic, Real-Time With Image Documentation (2d), Includes M-Mode Recording, When Performed, During Rest And Cardiovascular Stress Test Using Treadmill, Bicycle Exercise And/Or Pharmacologically Induced Stress, With Interpretation And Report
99202	Office Or Other Outpatient Visit For The Evaluation And Management Of A New Patient, Which Requires A Medically Appropriate History And/Or Examination And Straightforward Medical Decision Making. When Using Time For Code Selection, 15-29 Minutes Of Total Time Is Spent On The Date Of The Encounter.
99203	Office Or Other Outpatient Visit For The Evaluation And Management Of A New Patient, Which Requires A Medically Appropriate History And/Or Examination And Low Level Of Medical Decision Making. When Using Time For Code Selection, 30-44 Minutes Of Total Time Is Spent On The Date Of The Encounter.
99204	Office Or Other Outpatient Visit For The Evaluation And Management Of A New Patient, Which Requires A Medically Appropriate History And/Or Examination And Moderate Level Of Medical Decision Making. When Using Time For Code Selection, 45-59 Minutes Of Total Time Is Spent On The Date Of The Encounter.
99205	Office Or Other Outpatient Visit For The Evaluation And Management Of A New Patient, Which Requires A Medically Appropriate History And/Or Examination And Moderate Level Of Medical Decision Making. When Using Time For Code Selection, 60-70 Minutes Of Total Time Is Spent On The Date Of The Encounter.
99211	Office Or Other Outpatient Visit For The Evaluation And Management Of An Established Patient, That May Not Require The Presence Of A Physician Or Other Qualified Health Care Professional.
99212	Office Or Other Outpatient Visit For The Evaluation And Management Of An Established Patient, Which Requires A Medically Appropriate History And/Or Examination And Straightforward Medical Decision Making. When Using Time For Code Selection, 10-19 Minutes Of Total Time Is Spent On The Date Of The Encounter.
99213	Office Or Other Outpatient Visit For The Evaluation And Management Of An Established Patient, Which Requires A Medically Appropriate History And/Or Examination And Low Level Of Medical Decision Making. When Using Time For Code Selection, 20-29 Minutes Of Total Time Is Spent On The Date Of The Encounter.
99214	Office Or Other Outpatient Visit For The Evaluation And Management Of An Established Patient, Which Requires A Medically Appropriate History And/Or Examination And Moderate Level Of Medical Decision Making. When Using Time For Code Selection, 30-39 Minutes Of Total Time Is Spent On The Date Of The Encounter.
99215	Office Or Other Outpatient Visit For The Evaluation And Management Of An Established Patient, Which Requires A Medically Appropriate History And/Or Examination And High Level Of Medical Decision Making. When Using Time For Code Selection, 40-54 Minutes Of Total Time Is Spent On The Date Of The Encounter.
99242	Outpatient Consultation With Straightforward Medical Decision Making, If Using Time, At Least 20 Minutes
99243	Outpatient Consultation With Low Level Of Medical Decision Making, If Using Time, At Least 30 Minutes
99244	Outpatient Consultation With Moderate Level Of Medical Decision Making, If Using Time, At Least 40 Minutes
99384	Initial Comprehensive Preventive Medicine Evaluation And Management Of An Individual Including An Age And Gender Appropriate History, Examination, Counseling/Anticipatory Guidance/Risk Factor Reductio Interventions, And The Ordering Of Laboratory/Diagnostic Procedures, New Patient; Adolescent (Age 12 Through 17 Years)

Code	Description of Services
99385	Initial Comprehensive Preventive Medicine Evaluation And Management Of An Individual Including An Age And Gender Appropriate History, Examination, Counseling/Anticipatory Guidance/Risk Factor Reductio Interventions, And The Ordering Of Laboratory/Diagnostic Procedures, New Patient; 18-39 Years
99386	Initial Comprehensive Preventive Medicine Evaluation And Management Of An Individual Including An Age And Gender Appropriate History, Examination, Counseling/Anticipatory Guidance/Risk Factor Reduction Interventions, And The Ordering Of Laboratory/Diagnostic Procedures, New Patient; 40-64 Years
99394	Established Patient Periodic Preventive Medicine Examination, Age 12 Through 17 Years
99395	Established Patient Periodic Preventive Medicine Examination Age 18-39 Years
99396	Established Patient Periodic Preventive Medicine Examination Age 40-64 Years
99417	Prolonged Outpatient Service, Each 15 Minutes Of Total Time Beyond Required Time Of Primary Service
Q3014	Telehealth Originating Site Facility Fee

# Radiology

Code	Description of Services
59025	Fetal Non-Stress Test
70498	Computed Tomographic Angiography, Neck, Without Contrast Material(S), Followed By Contrast Material(S) And Further Sections, Including Image Post-Processing
71045	Radiologic Examination, Chest; Single View
71046	Radiologic Examination, Chest; 2 Views
71250	Computed Tomography, Thorax, Diagnostic; Without Contrast Material
71260	Computed Tomography, Thorax, Diagnostic; With Contrast Material(S)
71275	Computed Tomographic Angiography, Chest (Noncoronary), With Contrast Material(S), Including Noncontrast Images, If Performed, And Image Postprocessing
73060	Radiologic Examination; Humerus, Minimum Of Two Views
74018	Radiologic Examination, Abdomen; 1 View
74019	Radiologic Examination, Abdomen; 2 Views
74174	Computed Tomographic Angiography, Abdomen And Pelvis, With Contrast Material(S), Including Noncontrast Images, If Performed, And Image Postprocessing
74175	Computed Tomographic Angiography, Abdomen, Without Contrast Material(S), Followed By Contrast Material(S) And Further Sections, Including Image Post-Processing
74740	Hysterosalpingography, Radiological Supervision And Interpretation
75574	Computed Tomographic Angiography, Heart, Coronary Arteries And Bypass Grafts (When Present), With Contrast Material, Including 3d Image Postprocessing (Including Evaluation Of Cardiac Structure Andmorphology, Assessment Of Cardiac Function, And Evaluation Of Venous Structures, If Performed)

Code	Description of Services
75635	Computed Tomographic Angiography, Abdominal Aorta And Bilateral Iliofemoral Lower Extremity Runoff, With Contrast Material(S), Including Noncontrast Images, If Performed, And Image Postprocessing
75716	Angiography, Extremity, Bilateral, Radiological Supervision And Interpretation
76098	Radiological Examination, Surgical Specimen
76641	Ultrasound, Breast, Unilateral, Real Time With Image Documentation, Including Axilla When Performed; Complete
76642	Ultrasound, Breast, Unilateral, Real Time With Image Documentation, Including Axilla When Performed; Limited
76700	Ultrasound, Abdominal, Real Time With Image Documentation; Complete
76705	Ultrasound, Abdominal, B-Scan And/Or Real Time With Image Documentation; Limited (Eg, Single Organ, Quadrant, Follow-Up)
76770	Ultrasound, Retroperitoneal (Eg, Renal, Aorta, Nodes), Real Time With Image Documentation; Complete
76801	Ultrasound, Pregnant Uterus, Real Time With Image Documentation, Fetal And MateRNAI Evaluation, First Trimester (14 Weeks 0 Days), Transabdominal Approach; Single Or First Gestation
76802	Ultrasound, Pregnant Uterus, Real Time With Image Documentation, Fetal And MateRNAI Evaluation, First Trimester ( 14 Weeks 0 Days), Transabdominal Approach; Each Additional Gestation (Listseparately In Addition To Code For Primary Procedure)
76805	Ultrasound, Pregnant Uterus, Real Time With Image Documentation, Fetal And MateRNAI Evaluation, After First Trimester (> Or = 14 Weeks 0 Days), Transabdominal Approach; Single Or First Gestation
76810	Ultrasound, Pregnant Uterus, Real Time With Image Documentation, Fetal And MateRNAI Evaluation, After First Trimester (> Or = 14 Weeks 0 Days), Transabdominal Approach; Each Additional Gestation (List Separately In Addition To Code For Primary Procedure)
76811	Ultrasound, Pregnant Uterus, Real Time With Image Documentation, Fetal And MateRNAI Evaluation Plus Detailed Fetal Anatomic Examination, Transabdominal Approach; Single Or First Gestation
76813	Ultrasound, Pregnant Uterus, Real Time With Image Documentation, First Trimester Fetal Nuchal Translucency Measurement, Transabdominal Or Transvaginal Approach; Single Or First Gestation
76815	Ultrasound, Pregnant Uterus, Real Time With Image Documentation, Limited (Eg, Fetal Heart Beat, Placental Location, Fetal Position And/Or Qualitative Amniotic Fluid Volume), One Or More Fetuses

Code	Description of Services
76816	Ultrasound, Pregnant Uterus, Real Time With Image Documentation, Follow-Up (Eg, Re-Evaluation Of Fetal Size By Measuring Standard Growth Parameters And Amniotic Fluid Volume, Re-Evaluation Of Organ System(S) Suspected Or Confirmed To Be Abnormal On A Previous Scan), Transabdominal Approach, Per Fetus
76817	Ultrasound, Pregnant Uterus, Real Time With Image Documentation, Transvaginal
76818	Fetal Biophysical Profile; With Non-Stress Testing
76819	Fetal Biophysical Profile; Without Non-Stress Testing
76820	Doppler Velocimetry, Fetal; Umbilical Artery
76830	Ultrasound, Transvaginal
76856	Ultrasound, Pelvic (Nonobstetric), Real Time With Image Documentation; Complete
76857	Ultrasound, Pelvic (Nonobstetric), B-Scan And/Or Real Time With Image Documentation; Limited Or Follow-Up (Eg, For Follicles)
76881	Ultrasound, Complete Joint (Ie, Joint Space And Peri-Articular Soft Tissue Structures) Real-Time With Image Documentation
76882	Limited Ultrasound Scan Of Joint Or Other Extremity Structure Except Blood Vessels
76942	Ultrasonic Guidance For Needle Placement (Eg, Biopsy, Aspiration, Injection, Localization Device), Imaging Supervision And Interpretation
76998	Ultrasonic Guidance, Intraoperative
77046	Magnetic Resonance Imaging, Breast, Without Contrast Material; Unilateral
77047	Magnetic Resonance Imaging, Breast, Without Contrast Material; Bilateral
77048	Magnetic Resonance Imaging, Breast, Without And With Contrast Material(S), Including Computer-Aided Detection (Cad Real-Time Lesion Detection, Characterization And Pharmacokinetic Analysis),When Performed; Unilateral
77049	Magnetic Resonance Imaging, Breast, Without And With Contrast Material(S), Including Computer-Aided Detection (Cad Real-Time Lesion Detection, Characterization And Pharmacokinetic Analysis),When Performed; Bilateral

Code	Description of Services
77053	Mammary Ductogram Or Galactogram, Single Duct, Radiological Supervision And Interpretation
77065	Diagnostic Mammography, Including Computer-Aided Detection (Cad) When Performed; Unilateral
77066	Diagnostic Mammography, Including Computer-Aided Detection (Cad) When Performed; Bilateral
77067	Screening Mammography, Bilateral (2-View Study Of Each Breast), Including Computer-Aided Detection (Cad) When Performed

## Medications, Immunizations and Vaccines

Code	Description of Services
90460	Immunization Administration Through 18 Years Of Age Via Any Route Of
90471	Immunization Administration (Includes Percutaneous, Intradermal, Subcutaneous, Or Intramuscular Injections); One Vaccine (Single Or Combination Vaccine/Toxoid)
90472	Immunization Administration (Includes Percutaneous, Intradermal, Subcutaneous, Intramuscular And Jet Injections); Each Additional Vaccine (Single Or Combination Vaccine/Toxoid) (List Separately In Addition To Code For Primary Procedure)
90476	Adenovirus Vaccine, Type 4, Live, For Oral Use
90477	Adenovirus Vaccine, Type 7, Live, For Oral Use
90581	Anthrax Vaccine, For Subcutaneous Or Intramuscular Use
90620	Meningococcal Recombinant Protein And Outer Membrane Vesicle Vaccine, Serogroup B (Menb-4C), 2 Dose Schedule, For Intramuscular Use
90621	Meningococcal Recombinant Lipoprotein Vaccine, Serogroup B (Menb-Fhbp), 2 Or 3 Dose Schedule, For Intramuscular Use
90623	Meningococcal Pentavalent Vaccine, Conjugated Men A, C, W, Y- Tetanus Toxoid Carrier, And Men B-Fhbp, For Intramuscular Use
90625	Cholera Vaccine, Live, Adult Dosage, 1 Dose Schedule, For Oral Use
90626	Tick-Borne Encephalitis Virus Vaccine, Inactivated; 0.25 MI Dosage, For Intramuscular Use
90627	Tick-Borne Encephalitis Virus Vaccine, Inactivated; 0.5 MI Dosage, For Intramuscular Use
90632	Hepatitis A Vaccine (Hepa), Adult Dosage, For Intramuscular Use
90636	Hepatitis A And Hepatitis B Vaccine (Hepa-Hepb), Adult Dosage, For Intramuscular Use



Code	Description of Services
90651	Human Papillomavirus Vaccine Types 6, 11, 16, 18, 31, 33, 45, 52, 58, Nonavalent (9Vhpv), 2 Or 3 Dose Schedule, For Intramuscular Use
90654	Influenza Virus Vaccine, Trivalent (Iiv3), Split Virus, Preservative-Free, For Intradermal Use
90656	Influenza Virus Vaccine, Trivalent (Iiv3), Split Virus, Preservative Free, When Administered To Individuals 3 Years And Older, For Intramuscular Use
90658	Influenza Virus Vaccine, Trivalent (Iiv3), Split Virus, When Administered To Individuals 3 Years Of Age And Older, For Intramuscular Use
90660	Influenza Virus Vaccine, Trivalent, Live (Laiv3), For Intranasal Use
90670	Pneumococcal Conjugate Vaccine, 13 Valent (Pcv13), For Intramuscular Use
90671	Pneumococcal Conjugate Vaccine, 15 Valent (Pcv15), For Intramuscular Use
90677	Pneumococcal Conjugate Vaccine, 20 Valent (Pcv20), For Intramuscular Use
90690	Typhoid Vaccine, Live, Oral 1-90691 Typhoid Vaccine, Vi Capsular Polysaccharide (Vicps), For Intramuscular Use
90691	Typhoid Vaccine, Vi Capsular Polysaccharide (Vic Ps) For Intramuscular Use
90717	Yellow Fever Vaccine, Live, For Subcutaneous Use
90738	Japanese Encephalitis Virus Vaccine, Inactivated, For Intramuscular Use
90678	Respiratory Syncytial Virus Vaccine, Pref, Subunit, Bivalent, For Intramuscular Use
90679	Respiratory Syncytial Virus Vaccine, Pref, Recombinant, Subunit, Adjuvanted, For Intramuscular Use
90673	Influenza Virus Vaccine, Trivalent, Derived From Recombinant DNA (Riv3), Hemagglutinin (Ha) Protein Only, Preservative And Antibiotic Free, For Intramuscular Use
90677	Pneumococcal Conjugate Vaccine, 20 Valent (Pcv20), For Intramuscular Use

Code	Description of Services
90686	Influenza Virus Vaccine, Quadrivalent (liv4), Split Virus, Preservative Free, When Administered To Individuals 3 Years Of Age And Older, For Intramuscular Use
90688	Influenza Virus Vaccine, Quadrivalent (liv4), Split Virus, When Administered To Individuals 3 Years Of Age And Older, For Intramuscular Use
90707	Measles, Mumps And Rubella Virus Vaccine (Mmr), Live, For Subcutaneous Use
90714	Tetanus And Diphtheria Toxoids Adsorbed (Td), Preservative Free, When Administered To Individuals 7 Years Or Older, For Intramuscular Use
90715	Tetanus, Diphtheria Toxoids And Acellular Pertussis Vaccine (Tdap), When Administered To Individuals 7 Years Or Older, For Intramuscular Use
90716	Varicella Virus Vaccine (Var), Live, For Subcutaneous Use
90732	Pneumococcal Polysaccharide Vaccine, 23-Valent (Ppsv23), Adult Or Immunosuppressed Patient Dosage, When Administered To Individuals 2 Years Or Older, For Subcutaneous Or Intramuscular Use
90734	Meningococcal Conjugate Vaccine, Serogroups A, C, W, Y, Quadrivalent, Diphtheria Toxoid Carrier (Menacwy-D) Or Crm197 Carrier (Menacwy-Crm), For Intramuscular Use
90736	Zoster (Shingles) Vaccine (Hzv), Live, For Subcutaneous Injection
90746	Hepatitis B Vaccine (Hepb), Adult Dosage, 3 Dose Schedule, For Intramuscular Use
90750	Zoster (Shingles) Vaccine (Hzv), Recombinant, Sub-Unit, Adjuvanted, For Intramuscular Injection
90759	Hepatitis B Vaccine (Hepb), 3-Antigen (S, Pre-S1, Pre-S2), 10 Mcg Dosage, 3 Dose Schedule, For Intramuscular Use
91304	Severe Acute Respiratory Syndrome Coronavirus 2 (Covid-19) Vaccine, Recombinant Spike Protein Nanoparticle, Saponin-Based Adjuvant, 5 Mcg/0.5ml Dosage, For Intramuscular Use
96372	Therapeutic, Prophylactic, Or Diagnostic Injection (Specify Substance Or Drug); Subcutaneous Or Intramuscular
0031A	Immunization Administration By Intramuscular Injection Of Severe Acute Respiratory Syndrome Coronavirus 2 (Sars-Cov-2) (Coronavirus Disease [Covid-19]) Vaccine, DNA, Spike Protein, Adenovirus Type 26 (Ad26) Vector, Preservative Free, 5X10 <sup>10</sup> Viral Particles/0.5MI Dosage, Single Dose
0034A	Intramuscular Administration Of Single Severe Acute Respiratory Syndrome Coronavirus 2 (Covid-19) Vaccine, DNA, Spike Protein, Adenovirus Type 26 (Ad26) Vector, Preservative Free, 5X10 <sup>10</sup> Viral Particles/0.5MI Dosage; Booster Dose

Code	Description of Services
A9150	Non-Prescription Drugs
J0558	Injection, Penicillin G Benzathine And Penicillin G Procaine, 100,000 Units
J0561	Injection, Penicillin G Benzathine, 100,000 Units
J0689	Injection, cefazolin sodium (baxter), not therapeutically equivalent to j0690, 500 mg
J0690	Injection, Cefazolin Sodium, 500 Mg
J0696	Injection, Ceftriaxone Sodium, Per 250 Mg
J0699	Injection, Cefiderocol, 10 Mg
J0702	Injection, Betamethasone Acetate 3Mg And Betamethasone Sodium Phosphate 3Mg
J1100	Injection, Dexamethasone Sodium Phosphate, 1Mg
J1726	Injection, Hydroxyprogesterone Caproate, (Makena), 10 Mg
J1729	Injection, Hydroxyprogesterone Caproate, Not Otherwise Specified, 10 Mg
J2010	Injection, Lincomycin Hcl, Up To 300 Mg
J2402	Injection, Chlorprocaine Hydrochloride (Clorotekal), Per 1 Mg
J2790	Injection, Rho D Immune Globulin, Human, Full Dose, 300 Micrograms (1500 I.U.)
J3490	Unclassified Drugs
S5000	Prescription Drug, Generic

<b>Code</b>	<b>Description of Services</b>
Z0055	Antimonilia Medication For Genital Infection

## Contraceptive Method

Code	Description of Services
A4261	Cervical Cap For Contraceptive Use
A4266	Diaphragm For Contraceptive Use
A4267	Contraceptive Supply, Condom, Male, Each
A4268	Contraceptive Supply, Condom, Female, Each
A4269	Contraceptive Supply, Spermicide (E.G., Foam, Gel), Each
C9803	Hospital Outpatient Clinic Visit Specimen Collection For Severe Acute Respiratory Syndrome Coronavirus 2 (Sars-Cov-2) (Coronavirus Disease [Covid-19]), Any Specimen Source
G0433	Infectious Agent Antigen Detection By Enzyme-Linked Immunosorbent Assay (Elisa) Technique, Antibody, HIV-1 Or HIV-2, Screening
J1050	Injection, Medroxyprogesterone Acetate, 1 Mg
J7294	Segesterone Acetate And Ethinyl Estradiol 0.15Mg, 0.013Mg Per 24 Hours; Yearly Vaginal System, Each
J7295	Ethinyl Estradiol And Etonogestrel 0.015Mg, 0.12Mg Per 24 Hours; Monthly Vaginal Ring, Each
J7296	Levonorgestrel-Releasing Intrauterine Contraceptive System, (Kyleena), 19.5 Mg
J7297	Levonorgestrel-Releasing Intrauterine Contraceptive System (Liletta), 52 Mg
J7298	Levonorgestrel-Releasing Intrauterine Contraceptive System (Mirena), 52 Mg
J7300	Intrauterine Copper Contraceptive

Code	Description of Services
J7301	Levonorgestrel-Releasing Intrauterine Contraceptive System (Skyla), 13.5 Mg
J7304	Contraceptive Supply, Hormone Containing Patch, Each
J7307	Etonogestrel (Contraceptive) Implant System, Including Implant and Supplies
S4993	Contraceptive Pills For Birth Control

## Contraceptive Method-Related Services

Code	Description of Services
11976	Removal, Implantable Contraceptive Capsules
11981	Insertion, Drug-Delivery Implant (Ie, Bioresorbable, Biodegradable, Non-Biodegradable)
11982	Removal, Non-Biodegradable Drug Delivery Implant
11983	Removal With Reinsertion, Non-Biodegradable Drug Delivery Implant
57170	Diaphragm Or Cervical Cap Fitting With Instructions
58300	Insertion Of Intrauterine Device (Iud)
58301	Removal Of Intrauterine Device (Iud)
58562	Hysteroscopy, Surgical; With Removal Of Impacted Foreign Body

## Counseling and Education

Code	Description of Services
90791	Psychiatric Diagnostic Evaluation
90792	Psychiatric Diagnostic Evaluation With Medical Services
90832	Psychotherapy, 30 Minutes With Patient And/Or Family Member
90833	Psychotherapy, 30 Minutes With Patient And/Or Family Member When Performed With An Evaluation And Management Service (List Separately In Addition To The Code For Primary Procedure)
90834	Psychotherapy, 45 Minutes With Patient And/Or Family Member
90836	Psychotherapy, 45 Minutes With Patient And/Or Family Member When Performed With An Evaluation And Management Service (List Separately In Addition To The Code For Primary Procedure)
90837	Psychotherapy, 60 Minutes With Patient And/Or Family Member
90838	Psychotherapy, 60 Minutes With Patient And/Or Family Member When Performed With An Evaluation And Management Service (List Separately In Addition To The Code For Primary Procedure)
90853	Group Psychotherapy (Other Than Of A Multiple-Family Group)
96130	Psychological Testing Evaluation Services By Physician Or Other Qualified Health Care Professional, Including Integration Of Patient Data, Interpretation Of Standardized Test Results And Clinical Data, Clinical Decision Making, Treatment Planning And Report, And Interactive Feedback To The Patient, Family Member(S) Or Caregiver(S), When Performed; First Hour
96131	Psychological Testing Evaluation Services By Physician Or Other Qualified Health Care Professional, Including Integration Of Patient Data, Interpretation Of Standardized Test Results And Clinical Data, Clinical Decision Making, Treatment Planning And Report, And Interactive Feedback To The Patient, Family Member(S) Or Caregiver(S), When Performed; Each Additional Hour (List Separate
96136	Psychological Or Neuropsychological Test Administration And Scoring By Physician Or Other Qualified Health Care Professional, Two Or More Tests, Any Method; First 30 Minutes
96137	Psychological Or Neuropsychological Test Administration And Scoring By Physician Or Other Qualified Health Care Professional, Two Or More Tests, Any Method; Each Additional 30 Minutes(List Separately In Addition To Code For Primary Procedure)
96156	Health Behavior Assessment, Or Re-Assessment (Ie, Health-Focused Clinical Interview, Behavioral Observations, Clinical Decision Making)



Code	Description of Services
96158	Health Behavior Intervention, Individual, Face-To-Face; Initial 30 Minutes
96159	Health Behavior Intervention, Individual, Face-To-Face; Each Additional 15 Minutes (List Separately In Addition To Code For Primary Service)
96167	Health Behavior Intervention, Family (With The Patient Present), Face-To-Face; Initial 30 Minutes
97802	Medical Nutrition Therapy; Initial Assessment And Intervention, Individual, Face-To-Face With The Patient, Each 15 Minutes
97803	Medical Nutrition Therapy; Re-Assessment And Intervention, Individual, Face-To-Face With The Patient, Each 15 Minutes
97804	Medical Nutrition Therapy; Group (2 Or More Individual(S)), Each 30 Minutes
99078	Physician Or Other Qualified Health Care Professional Qualified By Education, Training, Licensure/Regulation (When Applicable) Educational Services Rendered To Patients In A Group Setting (Eg, Prenatal, Obesity, Or Diabetic Instructions)
99406	Smoking And Tobacco Use Cessation Counseling Visit; Intermediate, Greater Than 3 Minutes Up To 10 Minutes
99407	Smoking And Tobacco Use Cessation Counseling Visit; Intensive, Greater Than 10 Minutes
99473	Self-Measured Blood Pressure Using A Device Validated For Clinical Accuracy; Patient Education/Training And Device Calibration
H1010	Non-Medical Family Planning Education, Per Session

# Pathology and Laboratory

Code	Description of Services
80048	Blood Test, Basic Group Of Blood Chemicals
80050	General Health Panel
80051	Blood Test Panel For Electrolytes (Sodium Potassium, Chloride, Carbon Dioxide)
80053	Blood Test, Comprehensive Group Of Blood Chemicals
80055	Obstetric Blood Test Panel
80061	Blood Test, Lipids (Cholesterol And Triglycerides)
80069	Kidney Function Blood Test Panel
80074	Acute Hepatitis Panel
80076	Liver Function Blood Test Panel
81000	Urinalysis, By Dip Stick Or Tablet Reagent For Bilirubin, Glucose, Hemoglobin, Ketones, Leukocytes, Nitrite, Ph, Protein, Specific Gravity, Urobilinogen, Any Number Of These Constituents; Non-Automated, With Microscopy
81001	Urinalysis, By Dip Stick Or Tablet Reagent For Bilirubin, Glucose, Hemoglobin, Ketones, Leukocytes, Nitrite, Ph, Protein, Specific Gravity, Urobilinogen, Any Number Of These Constituents; Automated, With Microscopy
81002	Urinalysis, By Dip Stick Or Tablet Reagent For Bilirubin, Glucose, Hemoglobin, Ketones, Leukocytes, Nitrite, Ph, Protein, Specific Gravity, Urobilinogen, Any Number Of These Constituents; Non-Automated, Without Microscopy
81003	Urinalysis, By Dip Stick Or Tablet Reagent For Bilirubin, Glucose, Hemoglobin, Ketones, Leukocytes, Nitrite, Ph, Protein, Specific Gravity, Urobilinogen, Any Number Of These Constituents; Automated, Without Microscopy
81005	Urinalysis; Qualitative Or Semiquantitative, Except Immunoassays

Code	Description of Services
81015	Urinalysis; Microscopic Only
81025	Urine Pregnancy Test, By Visual Color Comparison Methods
81513	Infectious Disease, Bacterial Vaginosis, Quantitative Real-Time Amplification Of RNA Markers For Atopobium Vaginae, Gardnerella Vaginalis, And Lactobacillus Species, Utilizing Vaginal-Fluid Specimens, Algorithm Reported As A Positive Or Negative Result For Bacterial Vaginosis
81514	Infectious Disease, Bacterial Vaginosis And Vaginitis, Quantitative Real-Time Amplification Of DNA Markers For Gardnerella Vaginalis, Atopobium Vaginae, Megasphaera Type 1, Bacterial Vaginosis Associated Bacteria-2 (Bvab-2), And Lactobacillus Species (L. Crispatus And L. Jensenii), Utilizing Vaginal-Fluid Specimens, Algorithm Reported As A Positive Or Negative For High Likelihood Of
82105	Alpha-Fetoprotein (Afp); Serum
82270	Qualitative; Feces, Consecutive Collected Specimens With Single Determination, For Colorectal Neoplasm Screening (Ie, Patient Was Provided Three Cards Or Single Triple Card For Consecutive Collection)
82465	Cholesterol, Serum Or Whole Blood, Total
82677	Estriol
82681	Estradiol; Free, Direct Measurement (Eg, Equilibrium Dialysis)
82947	Glucose; Quantitative, Blood (Except Reagent Strip)
82948	Glucose; Blood, Reagent Strip
82950	Glucose; Post Glucose Dose (Includes Glucose)
82951	Glucose; Tolerance Test (Gtt), Three Specimens (Includes Glucose)
83020	Hemoglobin Fractionation And Quantitation; Electrophoresis (Eg, A2, S, C, And/Or F)
83021	Hemoglobin Fractionation And Quantitation; Chromatography (Eg, A2, S, C, And/Or F)
83036	Hemoglobin; Glycosylated (A1C)

Code	Description of Services
83037	Hemoglobin; Glycosylated (A1c) By Device Cleared By Fda For Home Use
83525	Insulin; Total
83615	Lactate Dehydrogenase (Ld), (Ldh);
84144	Progesterone
84146	Prolactin
84206	Proinsulin
84436	Thyroxine; Total
84443	Thyroid Stimulating Hormone (Tsh)
84450	Transferase; Aspartate Amino (Ast) (Sgot)
84460	Transferase; Alanine Amino (Alt) (Sgpt)
84478	Triglycerides
84479	Thyroid Hormone (T3 Or T4) Uptake Or Thyroid Hormone Binding Ratio (Thbr)
84702	Gonadotropin, Chorionic (Hcg); Quantitative
84703	Gonadotropin, Chorionic (Hcg); Qualitative
85007	Blood Count; Blood Smear, Microscopic Examination With Manual Differential Wbc Count
85013	Blood Count; Spun Microhematocrit

Code	Description of Services
85014	Blood Count; Hematocrit (Hct)
85018	Blood Count; Hemoglobin (Hgb)
85025	Blood Count; Complete (Cbc), Automated (Hgb, Hct, Rbc, Wbc And Platelet Count) And Automated Differential Wbc Count
85027	Blood Count; Complete (Cbc), Automated (Hgb, Hct, Rbc, Wbc And Platelet Count)
85041	Blood Count; Red Blood Cell (Rbc), Automated
85044	Blood Count; Reticulocyte, Manual
85045	Blood Count; Reticulocyte, Automated
85048	Blood Count; Leukocyte (Wbc), Automated
85049	Blood Count; Platelet, Automated
85302	Clotting Inhibitors Or Anticoagulants; Protein C, Antigen
85303	Clotting Inhibitors Or Anticoagulants; Protein C, Activity
85306	Clotting Inhibitors Or Anticoagulants; Protein S, Free
85379	Fibrin Degradation Products, D-Dimer; Quantitative
85380	Fibrin Degradation Products, D-Dimer; Ultrasensitive (Eg, For Evaluation For Venous Thromboembolism), Qualitative Or Semiquantitative
85384	Fibrinogen; Activity
85390	Fibrinolysins Or Coagulopathy Screen, Interpretation And Report

Code	Description of Services
85610	Prothrombin Time;
85660	Sickling Of Rbc, Reduction
85730	Thromboplastin Time, Partial (Ptt); Plasma Or Whole Blood
86147	Cardiolipin (Phospholipid) Antibody, Each Ig Class
86318	Immunoassay For Infectious Agent Antibody(ies), Qualitative Or Semiquantitative, Single Step Method (Eg, Reagent Strip);
86341	Islet Cell Antibody
86328	Immunoassay For Infectious Agent Antibody(ies), Qualitative Or Semiquantitative, Single Step Method (Eg, Reagent Strip); Severe Acute Respiratory Syndrome Coronavirus 2 (Sars-Cov-2) (Coronavirus Disease [Covid-19])
86336	Inhibin A
86408	Neutralizing Antibody, Severe Acute Respiratory Syndrome Coronavirus 2 (Sars-Cov-2) (Coronavirus Disease [Covid-19]); Screen
86409	Neutralizing Antibody, Severe Acute Respiratory Syndrome Coronavirus 2 (Sars-Cov-2) (Coronavirus Disease [Covid-19]); Titer
86413	Severe Acute Respiratory Syndrome Coronavirus 2 (Sarscov-2) (Coronavirus Disease [Covid-19]) Antibody, Quantitative
86580	Skin Test; Tuberculosis, Intradermal
86592	Syphilis Test, Non-Treponemal Antibody; Qualitative (Eg, Vdrl, Rpr, Art)
86631	Antibody; Chlamydia
86677	Antibody; Helicobacter Pylori
86689	Antibody; Htlv Or HIV Antibody, Confirmatory Test (Eg, Western Blot)

Code	Description of Services
86695	Antibody; Herpes Simplex, Type 1
86696	Antibody; Herpes Simplex, Type 2
86701	Antibody; HIV-1
86702	Antibody; HIV-2
86703	Antibody; HIV-1 And HIV-2, Single Result
86704	Hepatitis B Core Antibody (Hbcab), Total
86706	Hepatitis B Surface Antibody (Hbsab)
86762	Antibody; Rubella
86769	Antibody; Severe Acute Respiratory Syndrome Coronavirus 2 (Sars-Cov-2) (Coronavirus Disease [Covid-19])
86777	Antibody; Toxoplasma
86778	Antibody; Toxoplasma, Igm
86780	Antibody; Treponema Pallidum
86803	Hepatitis C Antibody;
86850	Antibody Screen, Rbc, Each Serum Technique
86885	Antihuman Globulin Test (Coombs Test); Indirect, Qualitative, Each Reagent Red Cell
86900	Blood Typing, Serologic; Abo

Code	Description of Services
86901	Blood Typing, Serologic; Rh (D)
87070	Culture, Bacterial; Any Other Source Except Urine, Blood Or Stool, Aerobic, With Isolation And Presumptive Identification Of Isolates
87081	Culture, Presumptive, Pathogenic Organisms, Screening Only;
87086	Culture, Bacterial; Quantitative Colony Count, Urine
87088	Culture, Bacterial; With Isolation And Presumptive Identification Of Each Isolate, Urine
87102	Culture, Fungi (Mold Or Yeast) Isolation, With Presumptive Identification Of Isolates; Other Source (Except Blood)
87110	Culture, Chlamydia, Any Source
87184	Susceptibility Studies, Antimicrobial Agent; Disk Method, Per Plate (12 Or Fewer Agents)
87205	Smear, Primary Source With Interpretation; Gram Or Giemsa Stain For Bacteria, Fungi, Or Cell Types
87210	Smear, Primary Source With Interpretation; Wet Mount For Infectious Agents (Eg, Saline, India Ink, Koh Preps)
87220	Tissue Examination By Koh Slide Of Samples From Skin, Hair, Or Nails For Fungi Or Ectoparasite Ova Or Mites (Eg, Scabies)
87252	Virus Isolation; Tissue Culture Inoculation, Observation, And Presumptive Identification By Cytopathic Effect
87270	Infectious Agent Antigen Detection By Immunofluorescent Technique; Chlamydia Trachomatis
87340	Infectious Agent Antigen Detection By Immunoassay Technique, (E.G, Enzyme Immunoassay [Eia], Enzyme-Linked Immunosorbent Assay [Elisa], Fluorescence Immunoassay [Fia], Immunochemiluminometric Assay [Imca]) Qualitative Or Semiquantitative; Hepatitis B Surface Antigen (Hbsag)
87389	Infectious Agent Antigen Detection By Immunoassay Technique, (E.G, Enzyme Immunoassay [Eia], Enzyme-Linked Immunosorbent Assay [Elisa], Fluorescence Immunoassay [Fia], Immunochemiluminometric Assay [Imca]) Qualitative Or Semiquantitative; HIV-1 Antigen(S), With HIV-1 And HIV-2 Antibodies, Single Result



Code	Description of Services
87426	Infectious Agent Antigen Detection By Immunoassay Technique, (E.G, Enzyme Immunoassay [Eia], Enzyme-Linked Immunosorbent Assay [Elisa], Fluorescence Immunoassay [Fia], Immunochemiluminometric Assay [Imca]) Qualitative Or Semiquantitative; Severe Acute Respiratory Syndrome Coronavirus (Eg, Sars-Cov, Sars-Cov-2 [Covid-19])
87428	Infectious Agent Antigen Detection By Immunoassay Technique, (Eg, Enzyme Immunoassay [Eia], Enzymelinked Immunosorbent Assay [Elisa], Fluorescence Immunoassay [Fia], Immunochemiluminometric Assay [Imca] Qualitative Or Semiquantitative; Severe Acute Respiratory Syndrome Coronavirus (Eg, Sars-Cov, Sars-Cov-2 [Covid-19]) And Influenza Virus Types A And B
87480	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Candida Species, Direct Probe Technique
87490	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Chlamydia Trachomatis, Direct Probe Technique
87491	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Chlamydia Trachomatis, Amplified Probe Technique
87510	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Gardnerella Vaginalis, Direct Probe Technique
87512	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Gardnerella Vaginalis, Quantification
87529	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Herpes Simplex Virus, Amplified Probe Technique
87530	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Herpes Simplex Virus, Quantification
87535	Detection Test For HIV-1 Virus
87563	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Mycoplasma Genitalium, Amplified Probe Technique
87590	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Neisseria Gonorrhoeae, Direct Probe Technique
87591	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Neisseria Gonorrhoeae, Amplified Probe Technique
87624	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Human Papillomavirus (Hpv), High-Risk Types (Eg, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68)
87625	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Human Papillomavirus (Hpv), Types 16 And 18 Only, Includes Type 45, If Performed

Code	Description of Services
87635	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Severe Acute Respiratory Syndrome Coronavirus 2 (Sars-Cov-2) (Coronavirus Disease [Covid-19]), Amplified Probe Technique
87636	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Severe Acute Respiratory Syndrome Coronavirus 2 (Sars-Cov-2) (Coronavirus Disease [Covid-19]) And Influenza Virus Types A And B, Multiplex Amplified Probe Technique
87637	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Severe Acute Respiratory Syndrome Coronavirus 2 (Sars-Cov-2) (Coronavirus Disease [Covid-19]), Influenza Virus Types A And B, And Respiratory Syncytial Virus, Multiplex Amplified Probe Technique
87660	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Trichomonas Vaginalis, Direct Probe Technique
87661	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Trichomonas Vaginalis, Amplified Probe Technique
87797	Infectious Agent Detection By Nucleic Acid (DNA Or RNA), Not Otherwise Specified; Direct Probe Technique, Each Organism
87800	Infectious Agent Detection By Nucleic Acid (DNA Or RNA), Multiple Organisms; Direct Probe(S) Technique
87801	Infectious Agent Detection By Nucleic Acid (DNA Or RNA), Multiple Organisms; Amplified Probe(S) Technique
87810	Infectious Agent Antigen Detection By Immunoassay With Direct Optical (Ie, Visual) Observation; Chlamydia Trachomatis
87811	Infectious Agent Antigen Detection By Immunoassay With Direct Optical (Ie, Visual) Observation; Severe Acute Respiratory Syndrome Coronavirus 2 (Sars-Cov-2) (Coronavirus Disease [Covid-19])
87850	Infectious Agent Antigen Detection By Immunoassay With Direct Optical (Ie, Visual) Observation; Neisseria Gonorrhoeae
87905	Infectious Agent Enzymatic Activity Other Than Virus (Eg, Sialidase Activity In Vaginal Fluid)
87913	Genotype Analysis Of Severe Acute Respiratory Syndrome Coronavirus 2 (Covid-19) By Nucleic Acid For Identification Of Mutations In Targeted Regions
88141	Cytopathology, Cervical Or Vaginal (Any Reporting System); Requiring Interpretation By Physician (List Separately In Addition To Code For Technical Service)
88142	Cytopathology, Cervical Or Vaginal (Any Reporting System), Collected In Preservative Fluid, Automated Thin Layer Preparation; Manual Screening Under Physician Supervision
88143	Cytopathology, Cervical Or Vaginal (Any Reporting System), Collected In Preservative Fluid, Automated Thin Layer Preparation; With Manual Screening And Rescreening Under Physician Supervision

<b>Code</b>	<b>Description of Services</b>
88150	Cytopathology, Slides, Cervical Or Vaginal; Manual Screening Under Physician Supervision
88155	Cytopathology, Slides, Cervical Or Vaginal, Definitive Hormonal Evaluation (Eg, Maturation Index, Karyopyknotic Index, Estrogenic Index) (List Separately In Addition To Code(S) For Other Technical And Interpretation Services)
88160	Cytopathology, Smears, Any Other Source; Screening And Interpretation
88161	Cytopathology, Smears, Any Other Source; Preparation, Screening And Interpretation
88164	Cytopathology, Slides, Cervical Or Vaginal (The Bethesda System); Manual Screening Under Physician Supervision
88165	Cytopathology, Slides, Cervical Or Vaginal (The Bethesda System); With Manual Screening And Rescreening Under Physician Supervision
88167	Cytopathology, Slides, Cervical Or Vaginal (The Bethesda System); With Manual Screening And Computer-Assisted Rescreening Using Cell Selection And Review Under Physician Supervision
88172	Cytopathology, Evaluation Of Fine Needle Aspirate; Immediate Cytohistologic Study To Determine Adequacy For Diagnosis, First Evaluation Episode, Each Site
88173	Cytopathology, Evaluation Of Fine Needle Aspirate; Interpretation And Report
88174	Cytopathology, Cervical Or Vaginal (Any Reporting System), Collected In Preservative Fluid, Automated Thin Layer Preparation; Screening By Automated System, Under Physician Supervision
88175	Cytopathology, Cervical Or Vaginal (Any Reporting System), Collected In Preservative Fluid, Automated Thin Layer Preparation; With Screening By Automated System And Manual Rescreening Or Review, Under Physician Supervision
88305	Pathology Examination Of Tissue Using A Microscope, Intermediate Complexity
88307	Pathology Examination Of Tissue Using A Microscope, Moderately High Complexity
99000	Handling And/Or Conveyance Of Specimen For Transfer From The Office To A Laboratory
94760	Noninvasive Ear Or Pulse Oximetry For Oxygen Saturation; Single Determination
G0475	HIV Antigen/Antibody, Combination Assay, Screening

<b>Code</b>	<b>Description of Services</b>
U0001	Cdc 2019 Novel Coronavirus (2019-Ncov) Real-Time Rt-Pcr Diagnostic Panel
U0002	2019-Ncov Coronavirus, Sars-Cov-2/2019-Ncov (Covid-19), Any Technique, Multiple Types Or Subtypes (Includes All Targets), Non-Cdc

# Anesthesia

Code	Description of Services
00400	Anesthesia For Procedures On The Integumentary System On The Extremities, Anterior Trunk And Perineum; Not Otherwise Specified
00851	Anesthesia For Intraperitoneal Procedures In Lower Abdomen Including Laparoscopy; Tubal Ligation/Transection
00940	Anesthesia For Vaginal Procedures (Including Biopsy Of Labia, Vagina, Cervix Or Endometrium); Not Otherwise Specified

# Surgical Procedures

Code	Description of Services
55250	Vasectomy, Unilateral Or Bilateral (Separate Procedure), Including Postoperative Semen Examination(S)
56405	Incision And Drainage Of Vulva Or Perineal Abscess
56420	Incision And Drainage Of Female Genital Gland Abscess
56501	Destruction Of Lesion(S), Vulva; Simple (Eg, Laser Surgery, Electrosurgery, Cryosurgery, Chemosurgery)
56515	Destruction Of Lesion(S), Vulva; Extensive (Eg, Laser Surgery, Electrosurgery, Cryosurgery, Chemosurgery)
56605	Biopsy Of Vulva Or Perineum (Separate Procedure); One Lesion
56606	Biopsy Of Vulva Or Perineum (Separate Procedure); Each Separate Additional Lesion (List Separately In Addition To Code For Primary Procedure)
56820	Colposcopy Of The Vulva;
57023	Incision And Drainage Of Vaginal Hematoma; Non-Obstetrical (Eg, Post-Trauma, Spontaneous Bleeding)
57061	Destruction Of Vaginal Lesion(S); Simple (Eg, Laser Surgery, Electrosurgery, Cryosurgery, Chemosurgery)
57100	Biopsy Of Vaginal Mucosa; Simple (Separate Procedure)
58340	Catheterization And Introduction Of Saline Or Contrast Material For Saline Infusion Sonohysterography (Sis) Or Hysterosalpingography
58600	Ligation Or Transection Of Fallopian Tube(S), Abdominal Or Vaginal Approach, Unilateral Or Bilateral
58611	Ligation Or Transection Of Fallopian Tube(S) When Done At The Time Of Cesarean Delivery Or Intra-Abdominal Surgery (Not A Separate Procedure) (List Separately In Addition To Code For Primary Procedure)

Code	Description of Services
58615	Occlusion Of Fallopian Tube(S) By Device (Eg, Band, Clip, Falope Ring) Vaginal Or Suprapubic Approach
58670	Laparoscopy, Surgical; With Fulguration Of Oviducts (With Or Without Transection)
58671	Laparoscopy, Surgical; With Occlusion Of Oviducts By Device (Eg, Band, Clip, Or Falope Ring)

# Cervical Cancer Screening Services

Code	Description of Services
19000	Puncture Aspiration Of Cyst Of Breast;
19081	Biopsy, Breast, With Placement Of Breast Localization Device(S) (Eg, Clip, Metallic Pellet), When Performed, And Imaging Of The Biopsy Specimen, When Performed, Percutaneous; First Lesion, Including Stereotactic Guidance
19082	Biopsy, Breast, With Placement Of Breast Localization Device(S) (Eg, Clip, Metallic Pellet), When Performed, And Imaging Of The Biopsy Specimen, When Performed, Percutaneous; Each Additional Lesion, Including Stereotactic Guidance (List Separately In Addition To Code For Primary Procedure)
19083	Biopsy, Breast, With Placement Of Breast Localization Device(S) (Eg, Clip, Metallic Pellet), When Performed, And Imaging Of The Biopsy Specimen, When Performed, Percutaneous; First Lesion, Including Ultrasound Guidance
19084	Biopsy, Breast, With Placement Of Breast Localization Device(S) (Eg, Clip, Metallic Pellet), When Performed, And Imaging Of The Biopsy Specimen, When Performed, Percutaneous; Each Additional Lesion, Including Ultrasound Guidance (List Separately In Addition To Code For Primary Procedure)
19100	Biopsy Of Breast; Percutaneous, Needle Core, Not Using Imaging Guidance (Separate Procedure)
19101	Biopsy Of Breast; Open, Incisional
19120	Excision Of Cyst, Fibroadenoma, Or Other Benign Or Malignant Tumor, Aberrant Breast Tissue, Duct Lesion, Nipple Or Areolar Lesion (Except 19300), Open, Male Or Female, One Or More Lesions
19125	Excision Of Breast Lesion Identified By Preoperative Placement Of Radiological Marker, Open; Single Lesion
19126	Excision Of Breast Lesion Identified By Preoperative Placement Of Radiological Marker, Open; Each Additional Lesion Separately Identified By A Preoperative Radiological Marker (List Separately In Addition To Code For Primary Procedure)
19281	Placement Of Breast Localization Device(S) (Eg, Clip, Metallic Pellet, Wire/Needle, Radioactive Seeds), Percutaneous; First Lesion, Including Mammographic Guidance
19282	Placement Of Breast Localization Device(S) (Eg, Clip, Metallic Pellet, Wire/Needle, Radioactive Seeds), Percutaneous; Each Additional Lesion, Including Mammographic Guidance (List Separately In Addition To Code For Primary Procedure)
19283	Placement Of Breast Localization Device(S) (Eg, Clip, Metallic Pellet, Wire/Needle, Radioactive Seeds), Percutaneous; First Lesion, Including Stereotactic Guidance
19284	Placement Of Breast Localization Device(S) (Eg, Clip, Metallic Pellet, Wire/Needle, Radioactive Seeds), Percutaneous; Each Additional Lesion, Including Stereotactic Guidance (List Separately In Addition To Code For Primary Procedure)



Code	Description of Services
19285	Placement Of Breast Localization Device(S) (Eg, Clip, Metallic Pellet, Wire/Needle, Radioactive Seeds), Percutaneous; First Lesion, Including Ultrasound Guidance
19286	Placement Of Breast Localization Device(S) (Eg, Clip, Metallic Pellet, Wire/Needle, Radioactive Seeds), Percutaneous; Each Additional Lesion,Including Ultrasound Guidance (List Separately In Addition To Code For Primary Procedure)
57421	Colposcopy Of The Entire Vagina, With Cervix If Present; With Biopsy(S)
57452	Colposcopy Of The Cervix Including Upper/Adjacent Vagina;
57454	Colposcopy Of The Cervix Including Upper/Adjacent Vagina; With Biopsy(S) Of The Cervix And Endocervical Curettage
57455	Colposcopy Of The Cervix Including Upper/Adjacent Vagina; With Biopsy(S) Of The Cervix
57456	Colposcopy Of The Cervix Including Upper/Adjacent Vagina; With Endocervical Curettage
57460	Colposcopy Of The Cervix Including Upper/Adjacent Vagina; With Loop Electrode Biopsy(S) Of The Cervix
57461	Colposcopy Of The Cervix Including Upper/Adjacent Vagina; With Loop Electrode Conization Of The Cervix
57500	Biopsy, Single Or Multiple, Or Local Excision Of Lesion, With Or Without Fulguration (Separate Procedure)
57505	Endocervical Curettage (Not Done As Part Of A Dilatation And Curettage)
57511	Cautery Of Cervix; Cryocautery, Initial Or Repeat
57520	Conization Of Cervix, With Or Without Fulguration, With Or Without Dilatation And Curettage, With Or Without Repair; Cold Knife Or Laser
57522	Conization Of Cervix, With Or Without Fulguration, With Or Without Dilatation And Curettage, With Or Without Repair; Loop Electrode Excision
58100	Endometrial Sampling (Biopsy) With Or Without Endocervical Sampling (Biopsy), Without Cervical Dilatation, Any Method (Separate Procedure)
58110	Endometrial Sampling (Biopsy) Performed In Conjunction With Colposcopy (List Separately In Addition To Code For Primary Procedure)

# Supplies

Code	Description of Services
A4253	Blood Glucose Test Or Reagent Strips For Home Blood Glucose Monitor, Per 50 Strips
A4258	Spring-Powered Device For Lancet, Each
A4259	Lancets, Per Box Of 100